

*Evaluating the Implementation of PCOR to
Increase Referral, Enrollment, and Retention through
Automatic Referral to Cardiac Rehabilitation (CR) with Care Coordination*

Attachment E

Interviews with Partner Hospital cardiologists

Version: January 8, 2020

Public reporting burden for this collection of information is estimated to last no more than 30 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

1 Purpose of this tool

We will interview cardiologists at eight selected hospitals (one cardiologist at each) about their needs, concerns, and expectations of the program during the second month of the cohort implementation. Toward the end of each cohort's implementation period, in month 11, we will re-interview the same cardiologists to determine whether their concerns were addressed appropriately and adequately.

1.1 Administration

We will interview eight cardiologists, one each from a convenience sample of eight Partner Hospitals, twice: once at the start of the cohort and once at the end. We will select the hospitals based on criteria selected in conversation with AHRQ. For example, we may want to choose hospitals who serve specific populations, or have certain EMRs.

Interviews will be conducted by telephone and will last no more than thirty minutes. Two study staff will participate in each interview; one will lead the interview, and the other will take notes. Interviews will be audio recorded, if the interviewee grants permission to do so, so that study staff can refer back to the interview, if necessary.

1.2 Informed consent

An informed consent document will be provided in the meeting invitation and reviewed at the beginning of the call; consent will be obtained prior to the interview. The document will end with the statement, "If you have questions about the project, contact Cynthia Klein, TAKEheart Project Director, at 404-946-6310, or by email at Cynthia_Klein@abtassoc.com."

[Phone call preliminary language] Hello. Our names are *[introduce yourselves]*. We work at for a research and evaluation firm called Abt Associates.

The Agency for Healthcare Research and Quality (AHRQ) is providing selected hospitals with assistance to increase referrals to cardiac rehabilitation in a project known as TAKEheart. AHRQ hired Abt Associates to evaluate TAKEheart.

TAKEheart Partner Hospitals will do two things to increase referrals to cardiac rehabilitation: one, implement an automatic referral system which identifies patients who are eligible for cardiac rehabilitation, and two, hire or assign a "care coordinator" to follow up with those patients.

TAKEheart also includes a Learning Community, a series of virtual meetings which combine education and peer-to-peer sharing.

You were selected to participate in this interview because your hospital is participating in TAKEheart and, since you are a cardiologist, you play an important role in how the new automatic referral with care coordinator system will work in *[your hospital]*.

Today's interview will last for no more than 30 minutes, and we very much appreciate your time. Your participation is voluntary. You may choose not to answer questions with no penalty. We value your expertise and look forward to learning about your experiences with implementing automatic referrals with care coordinators.

After this interview, we will write a report for AHRQ that summarizes what we learned from talking with you and other cardiologists. The report will be used to...

[For cohort 1] ...improve tools and support provided to a second set of hospitals which will implement an automatic referral with care coordinator and improve the resources which will be made available online for other hospitals to use.

[For cohort 2] ...improve the resources which will be made available online for other hospitals to use.

The reports will not identify the hospitals or the people who participated in the interviews. However, there is a small chance that you could be recognized. We will be sure to keep the information that you share private and do what we can to make sure you to feel comfortable sharing your experiences and opinions.

We will take notes during the interview. We would also like to record the call, so we can listen to it if we have questions when we review the notes. The recording will be deleted when the report is complete. We will not share the recording or a transcript with AHRQ, or anyone else. May we have your permission to record the interview?

[If yes, start the recording.]

[If no, do not record.]

Are there any questions before we begin *[address questions, if asked]*?

1.3 Data collection tool: Interviews with Partner Hospital Cardiologists held at the start of the cohort

1.3.1 TAKEheart Implementation

Let's start at the beginning.

How did you hear about TAKEheart, the initiative to implement automatic referral to cardiac rehabilitation supported by care coordination?

PROBES:

- Were you involved in the decision to join TAKEheart?
- Who [else] was involved in the decision to join TAKEheart? What are their roles in the hospital?
- How did the hospital announce it was starting the initiative?
 - Was it different for the Cardiology Department and other departments?

How would you describe the purpose of TAKEheart?

PROBES:

- Do you personally feel the hospital needs to change its practices relative to referral to cardiac rehabilitation?
- What do you expect with implementation of automatic referral? What benefits or drawbacks do you anticipate?
- What do you expect with adding a care coordinator role to follow *[your hospital]*'s patients through the CR referral process? What benefits or drawbacks do you anticipate?
- How do you think your fellow cardiologists feel about changing their practices relative to referral to CR?

Does *[your hospital]* have a committee to manage TAKEheart, and guide implementation of automatic referral with care coordination at *[your hospital]*, or will it be managed by the Cardiac Rehabilitation "Champion," the main point of contact with the Training team, and probably the person who asked you to do this interview?

- *[If a committee]* What are the roles of the people on the committee?
- *[If the Champion]* Is the Champion a cardiologist? Other clinician? What is their role in the hospital?

How are you involved in TAKEheart, or how do you expect to be involved?

PROBES:

- Are you involved in a role other than direct patient care, for example, hospital administration or quality improvement? In general and specifically for TAKEheart?
- Do you anticipate participating in developing specifications for the automatic referral system?
- Do you anticipate being active in promoting TAKEheart or cardiac rehabilitation in general to your colleagues and other staff?

1.3.2 Knowledge, Attitudes, and Behaviors

The TAKEheart initiative builds on the Million Hearts®/AACVPR Cardiac Rehabilitation Change Package, an action guide developed by the CDC and the American Association of Cardiovascular and Pulmonary Rehabilitation to help hospitals institute an automatic referral process with care navigation support to improve the rates of cardiac rehabilitation for more of their eligible patients. Prior to TAKEheart, were you familiar with Million Hearts or the Cardiac Rehabilitation Change Package? *If yes,*

- What was your impression of Million Hearts?
- Had you used any of the Cardiac Rehabilitation Change Package tools?
- Did Million Hearts affect your perception of cardiac rehabilitation?
- Did Million Hearts affect your perception of access to cardiac rehabilitation?

1.3.3 Referral

What is the current process for referring patients to cardiac rehabilitation?

PROBES:

- Is the EMR or another electronic system used?
- How complex is the process?
- How long does the process take to indicate a patient should be referred?
- Is there a mechanism for indicating that the patient got a referral to a specific program at a specific time? *If not*, Is the patient given a list of cardiac re cardiac rehabilitation programs?

1.3.4 Closing

Thank you very much for sharing your time and thoughts with us; we greatly appreciate it. We look forward to hearing about your experience in TAKEheart in *[December 2020/October 2021]*.

1.4 Data collection tool: Interviews with Partner Hospital Cardiologists held at the end of the cohort

1.4.1 Opening

Hello. Thank you for agreeing to speak with us again. Our names are *[introduce yourselves]* and we work at for a research and evaluation firm called Abt Associates. As a reminder, the Agency for Healthcare Research and Quality, also known as AHRQ, hired our company to evaluate the assistance given to selected hospitals to increase referrals to cardiac rehabilitation. We appreciate your meeting with us to describe *[your hospital's]* experience: one, implementing an automatic referral system which identifies patients who are eligible for cardiac rehabilitation, and two, hiring or assigning someone to follow up with those patients. Our interview will last, at most, 30 minutes.

As we explained when we spoke in *[month]*, we selected *[your hospital]* to participate *[describe characteristic for which the hospitals were selected]*. We are particularly interested in how *[that characteristic]* influenced *[your hospital's]* decisions and experience.

It is important to us to maintain confidentiality because we want you to feel comfortable sharing your experiences and opinions. After this interview, we will write a report that summarizes what we learned. We will not identify any individual, by name or by hospital, or even by state or other possibly identifying characteristic. The report will be shared with staff at AHRQ and will help us improve the resources which will be made available online for hospitals to use in the future.

Your participation is voluntary and you may choose not to answer certain questions. You are the experts and we look forward to learning from each of you about your experiences with implementing automatic referrals with care coordinator. If you have questions about your rights as participants, we invite you to call the Abt Institutional Review Board at 877-520-6835. If you have general questions about this interview or the evaluation project, please contact Lauren Olsho, the Evaluation Team Lead, at 617-520-2326 or lauren_olsho@abtassoc.com. Are there any questions before we begin? *[Address questions.]*

1.4.2 TAKEheart Implementation

When we last spoke, you described your role as it relates to the TAKEheart initiative as *[use 1st interview to inform: clinical only? involved in QI?]* Has your role changed over the last year?

How were you involved in TAKEheart, and did it change from what you expected?

PROBES:

- Did you participate in developing specifications for the automatic referral system?
- Did you participate in promoting TAKEheart or cardiac rehabilitation in general to your colleagues and other staff?

At this time, has *[your hospital]* implemented an automatic referral system? *[If not]* when do you anticipate it being launched?

Has *[your hospital]* filled the care coordinator or liaison role, so there is a point person responsible for guiding patients who are eligible for cardiac rehabilitation through the referral process?

One of the challenges in increasing referral rates is developing a business case for it.

- Would you say that the process affected your – and your colleagues’ – knowledge about payment for cardiac rehabilitation?
- Has it changed your perception of the business case for referring to cardiac rehabilitation?
- Did you learn about more or different options for your patients to access cardiac rehabilitation, whether different CR programs or different types of programming?
- Did *[your hospital]* change its association with any CR programs to garner income from the referrals?

1.4.3 Knowledge, Attitudes, and Behaviors

We are very interested in how the process of implementing automatic referral with care coordinator affected cardiologists, regardless of whether the implementation is complete.

- Would you say that the process affected your colleagues’ awareness of the importance of cardiac rehabilitation, either in general or for specific populations? Did it affect your own awareness?
- Would you say that the process affected your – and your colleagues’ – referral behaviors or patterns? If so, what types or how?
- *[If yes]* Have you seen any change in the impact of those changes?

1.4.4 Referral

[If the hospital has neither implemented automatic referral nor filled a care coordinator position:] Although *[your hospital]* has neither implemented automatic referral nor filled a care coordinator position, have there been any changes to the referral process? If so, what is the current process for referring patients to cardiac rehabilitation? *[See probes below.]*

[If the hospital has either launched an automatic referral system, filled the care coordinator position, or both, frame the next sentence using information provided earlier in the interview about the status of automatic referral with care coordination. For example, “You mentioned earlier that [your hospital] doesn’t yet have automatic referral implemented, but you have hired a care coordinator.”] What is the current process for referring patients to cardiac rehabilitation?

PROBES *[as appropriate]*:

- How intuitive is the process?
- How do you interact with the care coordinator?
- How long does the process take to indicate a patient should be referred?
- Is there a mechanism for you to learn that the patient got a referral to a specific program at a specific time?

Do you consider TAKEheart to have been a success? If so, how, and if not, why?

Would you recommend that other hospitals implement automatic referral with care coordination?

1.4.5 Closing

Thank you very much for sharing your time and thoughts with us; we greatly appreciate your input, which will help use develop materials to support hospitals implementing automatic referral with care coordination in the future.