

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

Attachment F

Interviews with Partner Hospitals that withdraw

Version: January 8, 2020

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1 Purpose of this tool

Partner Hospitals that withdraw could provide important information about the quality and content of TAKEheart training and technical assistance, barriers they faced in implementing automatic referral with care coordination, and specific contextual factors relevant to implementation.

2 Administration

The Training and Technical Assistance Team will (a) document the Partner Hospital's intent to withdraw in the Implementation Log when it confirms that a hospital's intent and (b) inform the Evaluation Team, which contact the hospital's CR Champion within a week to schedule an interview. Interviews will be conducted by telephone. Most interviews will last less than 20 minutes including informed consent. Two study staff will participate in each interview; one will lead the interview, and the other will take notes on a laptop computer. 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. We will interview up to nine hospitals. If more than nine hospitals withdraw, we will not interview the tenth or subsequent withdrawers.

3 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 your hospital has chosen to withdraw from TAKEheart and we hope to learn from your experience.

Today's interview will last for no more than 20 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 hospitals. 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]*?

4 Data collection tool: Interviews with Partner Hospitals that withdraw

Thank you for your time helping us understand *[your hospital's]* decision to withdraw from TAKEheart.

4.1 Background and context

Interviewer: Prior to the interview, collect the Action Plan for the hospital from the Implementation Team and, if the interview takes place after the first Survey of PH Champions, the results of that survey. In this section, frame the questions to confirm the information in the Action Plan. Start by saying, "First, we would like to confirm or correct some background information."

Were you the TAKEheart Champion?

If the respondent is the Champion: Were you involved in TAKEheart from when it started in [month specific to the cohort]? If not, when did you join the initiative?

What was *your/the Champion's* role in *[your hospital]*?

Probes:

If a clinical role, is Champion currently providing clinical services?

Involved in Quality Improvement?

On IT staff?

In a management role?

If the Champion's current role is not clinical: Do your/the Champion have clinical training? [Or: "Our understanding is that the champion is a trained [degree]/does not have clinical training. Is that correct?"]

Probes:

Specific degree

With or without a focus on cardiology

What EMR is used by *[your hospital's]* cardiology department?

Did *[your hospital]* have prior experience customizing an EMR?

Probes:

Does the cardiology department have this experience, or just other departments?

Is the cardiology department represented in hospital administration?

Are CR referral performance measures currently collected and reported by *[your hospital]*? y/n

At *[your hospital]*, was there a group of people who collectively were responsible for implementing automatic referral to cardiac rehabilitation with care coordination, or were you entirely responsible, or was your experience somewhere in between?

4.2 Withdrawal

Please tell me about *[your hospital's]* decision to withdraw from TAKEheart. What prompted the decision? For example, was the decision precipitated by a specific event or was the decision made over time?

Probes: Who was involved in decision to withdraw?

Did specific circumstances make it clear that *[your hospital]* would not be able to implement automatic referral, or implement in a reasonable time frame?

Did specific circumstances make it clear that *[your hospital]* would not be able to hire a care coordinator, or hire in a reasonable time frame?

Did you find it challenging to increase awareness of the importance of cardiac rehabilitation?

Was there resistance among the staff?

Did the fact the technical assistance would end contribute to your decision - that is, did decision-makers think *[your hospital]* could not make meaningful progress after TAKEheart support ended?

Some patient populations have much lower cardiac rehabilitation enrollment rates than others, even after referral. Were there any aspects of your patient population that factored into your decision to withdraw?

4.3 Training and Website

If you have time, we'd be very interested in your opinions about the TAKEheart training and resources. Do you mind if I ask a few questions about them before jumping to the last few questions? *[If no, skip to next section.]*

TAKEheart training centers on a series of monthly webinars. We included a list of the webinars in the meeting invitation to help you remember. The first was “Welcome to the TAKEheart Initiative and the Benefits of Increasing Cardiac Rehabilitation” in January and the most recent was *[name the most recent webinar from the table]*.

Training Module	Date
1 <i>Welcome to the TAKEheart Initiative and the Benefits of Increasing Cardiac Rehabilitation</i>	1/30/2020
2 <i>System Change: Foundations and Leadership</i>	Tbd
3 <i>System Change: Implementation and Teamwork</i>	Tbd
4 <i>Building and Implementing a Successful Automated CR Referral System</i>	Tbd
5 <i>Collecting and using data to Improve CR Uptake and Effectiveness</i>	Tbd
6 <i>Defining the Care Coordinator Role, Hiring Criteria, and Training and Integrating a Care Coordinator</i>	Tbd
7 <i>Accommodating Patient Needs, Improving CR Accessibility, Affordability, and Acceptability</i>	Tbd
8 <i>This is harder than I Thought: Troubleshooting a CR Referral System</i>	Tbd
9 <i>Empowering Patients: Motivational Interviewing, Self-Management Support and Patient Follow Up</i>	Tbd
10 <i>Home based Cardiac Rehab Programs: What Works and Why?</i>	Tbd

Did you or others in *[your hospital]* participate in any of these webinars?

If you or others attended some or all of the webinars, what can you tell me about how useful they were to implementing automatic referral with care coordination?

Probes: [If they indicate a webinar was useful] Each webinar has a companion guide intended to help hospitals apply the information learned in the webinar. Did you use the companion guide, and was it useful to you in implementing automatic referral with care coordination?

[Ask of all.] Each webinar is followed by a Partner Hospital Peer Action Group meeting, in which hospitals discuss how to apply what they learned on the webinar. Did you attend the Action Group meeting? Was the discussion useful?

TAKEheart has a private website on which Partner Hospitals can share materials and discuss activities. If you used the private website, what did you use it for?

Probes: Did you make connections with other hospitals who could help you implement automatic referral with care coordination?

4.4 Closing questions

Despite withdrawing from TAKEheart, do you feel that participation in TAKEheart was beneficial for *[your hospital]*? Please tell me about any benefits *[your hospital]* experienced.

Is there anything TAKEheart could have done to better support *[your hospital]* that would have helped you continue with TAKEheart?

Is there anything else you would like to tell me about why *[your hospital]* withdrew from TAKEheart?

Contacts

We work on the evaluation of TAKEheart. Would you be interested in speaking with a TAKEheart staff person in more detail about the issues we have discussed? *If yes*, May we give TAKEheart your name and contact information, so they can reach out to you?