

**Form Approved:    OMB No:    Exp. Date:**

## **Attachment A: Grantee and Cooperative Leadership Interview Protocol**

The following are semi-structured questions to be asked in a telephone interview.

Interviewer name: \_\_\_\_\_

Respondent organization: \_\_\_\_\_

Respondent name: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer initials: \_\_\_\_\_

### **Consent Script**

We are conducting interviews to learn about the [Cooperative name] model and network engagement approach to supporting primary care practices. Abt Associates, a research company, is doing the interviews for the Agency for Healthcare Research and Quality (AHRQ), which is part of the Department of Health and Human Services.

If you agree to be interviewed, we will:

- Ask you questions about your Cooperative and network, its quality improvement (QI) strategy, impact and sustainability, and lessons learned.
- Not share your interview with anyone outside of our study team, which includes our sponsors. When we publish our results, we will generally talk about our combined findings from across our interviews. We won't use your name or otherwise identify you, unless you give us permission to do so.

Before this interview you should know the following:

- This interview should take about 60 minutes to complete.
- You do not have to participate in this interview.
- If you decide not to take part in this interview, there will be no effect on your professional relationship with AHRQ, Abt Associates, or your organization.
- If you participate in this interview, you can skip questions or stop answering the questions at any time.
- There is no cost to you for doing this interview.
- The principal risk of this interview is you could say something to us that you later regret having said. There is also a small risk that someone could find out what you tell us. The team has many procedures in place to reduce this risk.

May we record this interview? The recording is a backup to the notes and will be deleted in the end of this project.

Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Number of questions to be asked each year</b>	<b>Y1=12, Y2=20, Y3=23</b>
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## Cooperative

C1. What is your role on this effort? [Y1]

C2. Please describe how the Cooperative was established and organization of the Cooperative and the roles of each member. [Y1]

C3. How did you decide which organizations should become part of the Cooperative? [Y1]

C4. Are there organizations that you were unable to recruit into the Cooperative? What reason did they offer for non-participation? What role would they have played? [Y1]

C5. In hindsight, are there organizations you should have included in the Cooperative when it was formed? What are these and what role would they have played? [Y3]

C6. To what extent has the Cooperative built upon existing governance structure, roles, programs, and relationships of its partners? Has there been consolidation, coordination, or other indications that organizations throughout the state are reducing duplication or competition and coming together to support primary care practices? [Y1-3]

C7. Was the Cooperative formed as originally conceived? Why or why not? [Y2]

C8. How has your Cooperative changed in the past year, if at all, and why? What impact have these changes had on the Cooperative's capacity to provide QI support to primary care practices throughout the state? [Y2-3]

C9. What aspects of the Cooperative's internal operations are working well? What challenges have you encountered? [Y2-3]

C10. To what extent and in what way has the Cooperative been successful in establishing state-level capacity to provide QI support to primary care practices and achieving the goal of being state-wide and encompassing the state's primary care QI activities? [Y2-3]

C11. What were the barriers or challenges to establishing state-level capacity? How were these addressed, if at all? Is work still needed to address it? [Y2-3]

## Network

N1. How did you identify practices to recruit to the network? Have you collaborated with these practices before and if yes, what was the nature of this collaboration? [Y1-2]

N2. What recruitment strategies and messages (e.g., value proposition) did you use? Which were successful and unsuccessful? [Y1-2]

N3. Are there practices you thought should be part of the network, but you were unable to recruit? What reason did they offer for not participating? [Y2]

N4. How has your Cooperative been successful in recruiting practices that serve diverse and vulnerable populations? [Y2]

N5. Did you seek feedback from the network on proposed aspects of the heart health QI project (e.g., QI strategies)? How did you obtain that feedback? Did you conduct a needs assessment? [Y2]

N6. Were the strategies different for recruiting practices to participate in the heart health QI project versus those for recruiting practices to the network in general? [Y2]

N7. In retrospect, what strategies might you have used to make practice recruitment and engagement more effective and why? Could you have implemented these strategies at the time? [Y3]

## QI Strategies

The following questions are regarding practices **participating** in the heart health QI project

QI1. What QI support strategies does the Cooperative plan to/is using to support practices **participating** in the heart health QI project? How and why were these strategies chosen? Were they developed from existing resources or approaches? [Y1-2]

QI2. Please describe the nature, type, frequency, background of practice facilitators (PFs), and other characteristics of the practice facilitation (or other key support strategies) provided to practices? [Y1-2]

QI3. What are the outcome goals the QI strategies are intended to address and how are they expected to change QI capacity and reduction of cardiovascular risk (i.e., what is the theory of action/logic model)? [Y1-2]

QI4. What is your view on the effectiveness of the QI support to practices participating in the heart health QI project? To what extent has participation contributed to improved QI capacity and reduction of cardiovascular risk? Can you give specific examples of successes and failures? [Y3]

QI5. For practices that appeared to improve their QI capacity, what factors seemed to drive that success? [Y3]

QI6. For practices that did not appear to improve their QI capacity, what factors seemed responsible for that failure? How did you address these barriers, if at all? Or how could these barriers be addressed if at all? [Y3]

QI7. Are you aware of other programs or activities in your state that may have affected practices' ability to improve QI capacity and heart health? [Y3]

QI8. What other improvements or effects on practices – besides the intended ones – has this QI support strategy had? [Y3]

The following questions are regarding practices that are in your network but are **not participating** in the QI project

QI9. What QI support strategies does the Cooperative plan to/is using to support network practices that **did not participate** in the heart health QI project? How and why were these strategies chosen? Were they developed from existing resources or approaches? [Y1-2]

QI10. Were all the practices in the network supported in the same manner? If not, how did strategies differ and why? [Y1-2]

QI11. What is your view on the effectiveness of the QI support to practices in the network? To what extent has participation contributed to improved QI capacity? Can you give specific examples of successes and failures? [Y3]

### **Impact and Sustainability**

IS1. What impacts did the grant have in your state on the delivery of primary care generally? [Y3]

IS2. What do you see as the long-term impact of this grant? [Y3]

IS3. What additional sources of funding have you secured for the Cooperative over the past year? What sources have you secured or anticipate securing for the future? [Y2-3]

IS4. Which components of the QI support infrastructure you have put in place do you anticipate will be sustained after the grant and why? [Y2-3]

IS5. Do you expect some or all of the practices participating in the heart health QI project to continue pursuing QI if QI support ends? What leads you to that conclusion? [Y3]

### **Lessons Learned**

LL1. What do you see as instrumental to the success of your Cooperative? What led to its challenges or failures? [Y3]

LL2. What do you see as the strengths and weaknesses of your QI support model? How could it be improved? [Y3]

LL3. What are the most important lessons learned from this effort? Is there anything you would have done differently? Are the lessons applicable to other states or other efforts? [Y2-3]

LL4. What advice would you give other states interested in establishing a Cooperative and delivering state-level primary care QI support? [Y3]

LL5. What could AHRQ have done differently to support building state-based infrastructure and to achieve better primary care QI outcomes? [Y3]