

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

## **Attachment B: Cooperative Partners - 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=13 , Y2=19, Y3=25</b>
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**Cooperative**

- C1. Please briefly describe your organization’s mission, communities and populations served, and services provided (if relevant). What is your and your organization’s role on this effort? [Y1]
- C2. How and why did your organization get involved as a Cooperative partner? [Y1]
- C3. Have you collaborated with any of the Cooperative members or other partners before? What was the nature of this collaboration? [Y1]
- C4. Does the Cooperative include organizations that help to ensure that health disparities are considered and addressed? [Y1]
- C5. In hindsight, are there organizations that should have been included in the Cooperative? What are these and what role could they have played? [Y2-3]
- C6. How has the Cooperative and network 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]
- C7. How satisfied are you with your participation in this effort? [Y1-3]

**Network**

*[Note: if the respondent’s organization had a role with the network, ask the following questions.]*

- N1. How did you identify practices to recruit to the network? Have you collaborated with any of these practices before and if yes, what was the nature of this collaboration? [Y1-3]
- N2. What recruitment strategies and messages (e.g., value proposition) did you use? Which were successful and unsuccessful? [Y1-3]
- N3. Are there practices you thought should be part of the network, but were unable to recruit? What reason did they offer for not participating? [Y23]
- N4. Has the Cooperative been successful in recruiting practices from across the state that serve diverse and vulnerable populations? [Y2-3]
- N5. Did you seek feedback from the network on the needs and resources in the communities and populations served? On the 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 practices that decided to participate in the heart health QI project versus those that did not? If relevant, how did you decide which practices will participate in the QI project? [Y2-3]
- N7. Are you aware of other programs or activities in your state that may have affected recruitment and engagement of practices? [Y2-3]

## QI Strategies

*[Note: if the respondent's organization had a role with the QI support strategies, ask the following.]*

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

QI1. What QI support strategies are planned for practices in the network that are not participating in the QI project? Was the QI directed toward specific topics, such as improving heart health? How and why were these strategies chosen? Were they developed from existing resources or approaches? Have these changed over time, and if yes, how and why? [Y1-2]

QI2. Do you plan to support all the practices in the network in the same manner? If not, how will you decide which practices get which form of support? [Y1-2]

QI3. How did the practices use the QI support? 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]

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

QI4. 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]

QI5. Please describe the nature, type, frequency, background of practice facilitators, type of practice facilitation, and other key support strategies. [Y1-2]

QI6. How are the QI support strategies expected to change QI capacity and reduction of cardiovascular risk (i.e., what is the theory of action/logic model)? [Y1-2]

QI7. What is your view on the effectiveness of the QI support to practices participating in the heart health QI project? What activities were taken to link practices with community-based organizations? Public health? Specialty care? 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]

QI8. For practices that appeared to improve their QI capacity, what factors drove that success? [Y3]

QI9. 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]

QI10. In what way has the Cooperative been successful or not successful in establishing state-level capacity to provide QI support to primary care practices? In delivering QI support to

practices? In achieving reduction of cardiovascular risk as expected? Can you give specific examples? [Y3]

QI11. What other improvements or effects on practices – besides the intended ones – has this QI support strategy had? [Y3]

### **Impact and Sustainability**

IS1. Has the Cooperative launched other QI efforts? If yes, what are these and what role has the grant played? [Y2-3]

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

IS3. To what extent has your organization been impacted by your participation in this cooperative? [Y2-Y3]

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? What about for the network practices that did not participate? [Y3]

### **Lessons Learned**

LL1. Which features of your Cooperative do you see as instrumental to the success of your grant? Which features were problematic? [Y3]

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

LL3. What impacts did the grant have in your state on the delivery of primary care generally and on reducing cardiovascular risk specifically? [Y3]

LL4. What are the most important lessons learned from this effort? Are the lessons applicable to other states or other efforts? [Y2-3]

LL5. What advice would you give other states interested in establishing a Cooperative and delivering state-level primary care QI support? [Y3]

LL6. In hindsight, is there anything you would have done differently to achieve a better result? What, if anything, could AHRQ have done differently to support building state-based infrastructure and to achieve better primary care QI outcomes? [Y3]