

## Physicians Moderator Guide - ROUND 2

### Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current 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 NIH, Project clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

### Introduction: 3 mins

Thank you for taking time out of your busy day to participate in this discussion. My name is Marci Karth Better, and I'm going to facilitate our conversation today. Before we get started I'd like to briefly go over some housekeeping items.

It's valuable for me to hear all points of view, so please talk one at a time and let everyone have more or less equal "air time."

To maintain confidentiality, we'll use first names only (no last names) during our conversation, and I'll report the findings in summary form, never connecting an individual's comment with an individual's name.

You'll notice I have observers and note takers in the background. They are developers of communication products for health professionals and the public. They want to hear your honest feedback—whether positive, negative, or neutral—on some online information products. They will remain quiet throughout the session; though, they may send me notes to probe further on an issue so that we can be sure to gain valuable feedback.

It is also important to note that I am not a staff member of the organization who is sponsoring this session. You can feel free to say what is on your mind and know that you are not hurting anyone's feelings.

I'd like to record this session so I can make sure I'm accurate with my report writing.

**Do I have your permission to record our discussion?** [confirm verbal permission by ALL participants]

Let's take a moment to go around the virtual table and introduce ourselves. Please say your first name only, what you do, and the type of practice you are in. [If licensing is a concern (i.e., no addiction license/certification), note that it's fine, this is exactly why we are talking with you.]

### Setup: 2 mins

- I am here today to learn how you and others in your field manage the care of adult patients whose alcohol consumption has become risky or unhealthy.
- The goal is to develop evidence-based tools to help you address problems that you and other professionals in your position may face when managing the care of patients with problematic drinking.

- As I ask the questions to follow, I'd like to know not only your thoughts, but also how you think your colleagues might respond.

## **Part 1: Specifics about the practice-handling of referrals: 10 minutes**

-

I'm interested in learning what it is like in your practice – how you manage the care of adult patients with alcohol consumption problems.

- A. Once you determine that a patient's drinking is a concern that needs your attention, what do you do next?
- B. [If not mentioned] Are referrals to professional alcohol treatment services made in your practice?
- C. How do you decide which services to recommend?
- D. What challenges do you face related to making these referrals? Probe: Challenges finding good places or providers? Challenges with patient acceptance of the referral?

## **Part 2: The NIAAA Alcohol Treatment Navigator: 10 minutes**

### **Alcohol Treatment Navigator**

We'd like your feedback on an online tool designed to help people find good quality alcohol treatment. It is called the Alcohol Treatment Navigator, and it has been produced by the National Institute on Alcohol Abuse and Alcoholism, which is a component of the National Institutes of Health.

The Alcohol Treatment Navigator was designed for individuals and their families, but the NIAAA thinks that health professionals like yourselves could make good use of it, too – either as a resource to share with your patients, or to help you make referrals to providers in your community. I'm going to show you a short presentation about the Navigator and once it's over will ask you several questions to get your feedback.

#### **[Show #1 - Navigator Video]**

- A. What is your initial impression of the Navigator?
- B. Could you envision using it in your practice? In what way?
  - a. Probe: Would you tell your patients about it?
  - b. Probe: Would you use it yourself to find referrals?

### **Clinician Landing Page**

Within the Navigator, the NIAAA is developing an area specifically for clinicians, which will include resources for your practice as well as resources for your patients.

#### **[Show Page #1 - Clinician Landing Page]**

- A. This is rough mock-up of the first page of the new health professionals' section. There will be information and resources for your practice as well as for you to provide to your patients.
  - a. What are your initial thoughts about this concept of a special page for health professionals? Any recommendations at first glance?

## Strategy/Not Locator

I'm going to walk through how to use the Navigator and show you some of the resources NIAAA is considering developing for clinicians.

### **[Show Pages 2-5 - Strategy-Not Locator]**

Walk through each page, then gain feedback.

**[Page 2]** The Alcohol Treatment Navigator is really a search strategy – not a locator. It's a tool for searching various resources to find high quality providers offering evidence-based alcohol treatment.

**[Page 3] Step 1** involves searching a set of directories of trusted professional organizations to find providers near you who offer evidence-based treatment. For any given patient, you may seek one or more of the referral options noted here, depending on the level of care needed. The Navigator can help you find the ones highlighted in yellow. Is this part clear?

**[Page 4] Step 2** involves calling the providers you find through your searches. The Navigator gives you a set of questions to ask and answers to listen for, so you can make sure they offer evidence-based care and meet the needs of your patient population. You may wish to organize the details you learn using the Treatment Options Chart. Is this part clear?

**[Page 5] Step 3** involves choosing the best options based on your calls and transferring them to a referral list. The Navigator provides a fillable Referral List Template you can use if desired.

- A. What are your thoughts about what I've just shared? Probes: How *doable* do you think this process is? Any additional concerns or questions? How *important* do you think this process is?
- B. How likely is it that you—or someone in your practice--would use the Navigator to build a referral list? Who in your practice would be most likely to do the legwork using the Navigator?
- C. Second, IF likely, then how likely is it you would use forms such as the Referral Template here to help do the job?
- D. Is there anything you would suggest to improve the process or tools?

## Part 3: Clinician Core Resource – 15 minutes

We're going to shift gears a bit. Up to now we've focused on finding alcohol treatment for patients who need it. Now we'll focus more broadly on alcohol and its effects on health in general. We'd like to show you a different tool now in development.

### **[Page #6 Clinicians Core Resource Landing Page]**

This is called the Clinicians Core Resource for Alcohol. Its goal is to provide a strong clinical knowledge foundation regarding alcohol and health, both for new clinicians and perhaps to fill in some gaps for established clinicians. Each of these 11 topic areas would link to an article with easy-to-scan takeaway messages.

- A. Content: What are your thoughts about the 11 topic areas in the "Knowledge Bank"?
- B. Is there anything that draws your interest?
- C. Audience: Who do you think this content will be most useful for?

D. Name: What do you think of the name, Clinician's Core Resource for Alcohol?

**[Page #7 Clinicians Core Resource Article Page]**

We'd like your impressions of this sample article, which represents one of the 11 topic areas I just showed you. You'll note there are three main components here: A box at the top with a short clinical vignette and brief commentary, then body text that's largely bulleted, then a box with clinical takeaways at the end.

- A. What do you think of the different components of this sample article? Anything to add? (Probe: how important would it be, for example, to add visuals such as infographics?)
- B. What would be the maximum number of pages you'd hope for, in such an article?
- C. If NIAAA were to produce an audio version of this, how likely would you be to listen to it? Would you be more or less likely to listen to it rather than to read it?
- D. If this were a CME activity, how would that influence your likelihood of reading or listening to the content? (Probe: Again, for CME, prefer audio or written?)
- E. Who do you think this would be most useful for?
- F. Do you have other recommendations as to the content and how it is presented? What would appeal to you?

## Part 4: Outreach Recommendations 10 minutes

**[Page #8: Landing Page and Clinician Core Resource Tool]**

- A. Channels: How do you learn about new resources and tools similar to these, that you find useful in your practice? Probes: Ask for top examples of journals, websites, meetings, CE providers, word of mouth, and other means.
- B. Messaging: What would you tell your colleagues about each of these tools?
  - a. First, what would you tell them about the Treatment Navigator?
  - b. And what would you say about the Core Resource?