

EVALUATION OF COVERAGE TO CARE

Appendix C

Case Study: Explanation of Consent and Semi-Structured Interview

(CMS-10632; 0938-New)

NOTE: This interview protocol is annotated to show (1) headers for each module and the objective for that section; and (2) question numbers and instructions to the interviewer.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average **[Insert Time (hours or minutes)] (Expiration Date)** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. *******CMS Disclaimer*****Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained.**

OMB No.: 0938-XXXX

Expiration Date: MM/DD/YYYY

EXPLANATION AND INFORMED CONSENT FOR SEMI-STRUCTURED INTERVIEW

[NOTE: Consent will be translated and provided in the language of the case study]

The Centers for Medicare & Medicaid Services (CMS) Office of Minority Health (OMH) within the Department of Health and Human Services (DHHS) is funding a study to evaluate From Coverage to Care (C2C). This study is being conducted by the RAND Corporation. The purpose of the study is to provide information that CMS may use to maximize the impact of C2C at the local, state and national levels moving forward and to assess whether and how C2C improves consumer outcomes. The objectives of the survey are to:

1. Understand the spread and uptake of C2C;
2. Learn what organizations did with C2C materials and messages;
3. Learn how consumers used C2C materials and messages; and
4. Assess the extent to which C2C is associated with changes in outcomes such as health insurance literacy and care utilization.

Purpose of this study

Findings from this study will provide the CMS Office of Minority Health with a picture of how C2C is currently being spread and used within communities and the impact it is having, as well as identifying opportunities for improvement or expansion of C2C.

Procedures

CMS is also interested in learning more about how C2C materials are being used in communities where English is not the primary language. As a result, we are speaking with several staff from organizations in your community, to gain a better, more in-depth understanding of how C2C is being used in your community and the impact it is having. This interview will take about 45 minutes.

Potential risks and discomforts

The risk to participation in this study is minimal. In any written reports of the data obtained from this survey, your responses will be combined with others and reported together. If quotations are used in any reports, they will not be connected to an individual or organization. Identifiable information that you provide will not be shared with anyone outside of the RAND project staff without your permission, except as required by law. At the end of the study, we will destroy any information that identifies you as a participant.

Potential benefits

Although there are no immediate benefits to you for answering the following questions, your participation in this study will provide important information that will help CMS OMH improve C2C moving forward.

Confidentiality

We will not collect any identifiable information, thus confidentiality will be maintained, except as required by law. Should you choose not to participate in this study, information on your refusal will not

be released to CMS or your organization. The data collected through this interview will be summarized in aggregate form, grouped with data others provide for reporting and presentation.

Interview responses will be stored securely on the investigators' password-protected computers. Any hard copies of the data will remain in possession of the principal investigator in a locked office. All data will be destroyed (i.e. shredded or erased) after a minimum of five years after data collection.

Compensation

You will receive a compensation of \$75 (exact amount to be determined depending on site selection) upon completion of this interview as a thank you for your time. At the end of the interview, you will be provided with a link to access the gift card.

Right to withdraw and questions

Taking part in this interview is voluntary and you may choose to skip any questions that you do not want to answer. While your participation is voluntary, we do hope you will decide to contribute to this important study. Your participation is extremely important to help us better understand the impact that C2C is having and how the program may be improved moving forward.

Participant rights

If you have any questions or comments about the study please contact Tom Concannon (tconcann@rand.org, 703-413-1100 x 8615). If you have any questions about your rights as a research participant, you may contact the RAND Human Subjects Protection Committee (HSPC) by phone at (310) 393-0411 or by email: hspcadmin@rand.org.

This research has been reviewed according to the RAND Corporation HSPC procedures for research involving human subjects.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Do you agree to participate in this study?

Yes → proceed to survey

No → Thank you for your consideration

CONTACT INFORMATION

OBJECTIVE OF MODULE A. To obtain contact information of staff who participate in the study.

Interviewer: Before we begin, it would be helpful to obtain some information on your background and role in your organization.

A1: Name _____

A2: Title _____

A3: Organization Name _____

A4: Contact Phone Number _____

A5: Contact Email _____

A6: Interviewer Name _____

A7: Interview Date and Time _____

A8: Can you tell me a little more about your organization like size, number of locations, population served?

A9: What are your responsibilities or activities for C2C within your organization? [NOTE: this is just the participants roles. Questions about how the organization uses C2C are below.]

Probe:

- *Product orders*
- *Training within organization*
- *Sharing with consumers or other organizations*

LEARN ABOUT C2C AND DECISION TO USE

OBJECTIVE OF MODULE B. To obtain information about how the organization learned of C2C and to help answer the research questions:

- **What are effective strategies for dissemination from CMS to organizations?**
- **Which C2C materials/messages did they use?**
- **What factors influenced what materials/messages organizations decided to use and how to use them?**

Interviewer: I would now like to ask you a few questions about how you and your organization learned of C2C.

B1. To start off, please briefly describe how you/your organization learned about C2C.

Probe (if not covered):

- *When did organization learn about it*
- *Through what means (e.g., CMS contact, webinar, professional group, community partner)*

B2. Have you heard about C2C since then, through other means?

Probe:

- *What means (e.g., CMS contact, webinar, professional group, community partner)*
- *When/timing/frequency*
- *Did you hear about it from any other sources?*

B3. Your organization placed an order(s) for C2C materials in [language]. Can you tell me about why you decided to order the specific C2C materials you did?

[NOTE TO INTERVIEWER: We will have information on what, when, and how many they ordered to customize this question]

Probe:

- *Content*
- *Language*
- *Other?*

B4. Have you used any of the C2C materials available on the website, such as the videos, or the customizable versions of the C2C materials?

IF YES-> B4.a. Which ones? How have you used them?

B5. Have you made any modifications to C2C or adapted it in any way for your use? For example, some organizations have used the information to develop a course for its clients on health insurance.

IF YES-> B5.a. Please tell me more about that. How did you adapt it? How do you use the adaptation with consumers? What gaps did this adaptation fill?

Probe:

- *Request materials/slides/etc.*

DISSEMINATION TO CONSUMERS

OBJECTIVE OF MODULE C. To describe how organizations are disseminating and using C2C materials with consumers and to help answer the research questions:

- **What did organizations do with C2C materials and messages?**
- **How did organizations use the materials with consumer and what are best practices?"**

Interviewer: I would now like to ask you some questions about how your organization has used the C2C materials with consumers.

C1. Can you tell me how you disseminate, or give out, C2C information to consumers? Please include all of your approaches, such as putting them on a table for people to take, or handing them out.

Probe:

- *Obtain detail information on all responses—e.g., if handed out: where, when, how frequently, who hands out.*
- *Relative emphasis/use of each mode (e.g., mostly pass out in person, but a few on a resource table)*
- *Is there any guidance or requirements for how, when, and where C2C materials should be disseminated?*

C2. What dissemination strategies have worked well for sharing this information with consumers? Are there approaches you think are more successful?

- C3. Has your organization offered any training on where, when, or how C2C is to be used?
IF YES -> C3.a. Can you tell me more about the training? Who gives it? Is the training required?
- C4. What could CMS do, change, or add to C2C to help you disseminate C2C to consumers?

DISSEMINATION TO OTHER ORGANIZATIONS

OBJECTIVE OF MODULE D. To describe how organizations are disseminating or sharing C2C with other community organizations or stakeholders, and to help answer the research questions:

- **How did organizations share the information with other organizations (e.g., spread within community)?**
- **What are best practices for spread within a community?**

Interviewer: The last set of questions asked you about how you have used the materials with consumers, or individuals you serve. I would now like to ask you a few questions about how you may have shared C2C with other organizations or colleagues within your community, or perhaps more broadly.

D1. Have you, or anyone else in your organization, shared C2C materials or messages with other organizations or stakeholders in your community? This could be, for example, through personal communication (e.g., email) or discussing it at a meeting, or posting it to a listserv.

Probe:

- *Obtain detail information on all responses—e.g., how many reached, types of organizations reached, method of dissemination, were specific resources shared or C2C more broadly*
- *What about with organizations or colleagues outside of your community, like through professional societies*

D2. What do you consider to be “best practices” or more effective ways at sharing C2C, or information like C2C within your community?

D3. What could CMS do, change, or add to C2C to help you disseminate C2C to other organizations or stakeholders within your community?

PERCEPTIONS OF C2C AND PERCEIVED IMPACT

OBJECTIVE OF MODULE E. To assess organizational perceptions of the value of C2C to the organization, consumer, and community and to assess the perceived impact. Also helps to address the following research questions:

- **Which materials/messages did organizations find most helpful and why?**
- **Which of the materials/messages did consumers find helpful (if known)?**

Interviewer: I’d now like to talk with you about what you perceive to be the value of C2C, both for your organization, and for the individuals you serve.

E1. Overall, can you talk about the value of C2C for your organization? How does it align with your organization’s mission and objectives? Does it fill a gap for this type of information within your community?

E2. Are there specific C2C materials or messages you find particularly helpful? Why?

E3. In thinking about the population you serve, do you see this as a valuable resource for them? Why or why not? Have you seen any changes in understanding or health-seeking behaviors as a result of sharing this information with them?

AREAS FOR IMPROVEMENT

OBJECTIVE OF MODULE F. To assess opportunities for strengthening C2C moving forward.

Interviewer: I would like to conclude our interview by asking you about ways you think the C2C program could be strengthened.

F1. In thinking about the C2C resources you have seen or used, do you have recommendations to improve them?

F2. What do you see as gaps in C2C? Are there products or messages you wish were available? This could include special topics that you would like covered, or different products or ways to share the information?

F3. Do you have recommendations for CMS on how to better disseminate C2C to similar organizations or communities like yours? What is the best way to reach organizations like yours who might not yet know of our use C2C?

F4. What can CMS do to make it easier for you to use C2C resources and messages?

Interviewer: Thank you again for taking the time to speak with me today. Do you have any additional questions or comments for me about C2C before we conclude?

IF YES->ANSWER

IF NO-> Great, thank you.