

# Provider Interview Guide

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## Introduction Script

*Hello, my name is <insert name of interviewer>. I am a <insert position and company>. The CDC has contracted with NORC at the University of Chicago to implement different elements of the STEADI community-based fall prevention initiative in primary care clinics. The study hopes to:*

- Provide evidence of STEADI's impact on falls and health care costs over a one year period,*
- Provide evidence regarding less resource intensive implementations of STEADI,*
- Translate these research findings into estimates of the cost-effectiveness associated with STEADI,*
- Provide a wealth of quantitative and qualitative information on the implementation of STEADI in clinical settings*

*We are interested in asking you some questions about the implementation of STEADI to provide lessons learned to other health organizations. The results from the study will be used to better understand the barriers and facilitators to implementing the various components of STEADI and to improve the implementation of STEADI in reducing falls and fall injuries in a primary care setting.*

*Your participation in this study is voluntary. If there are any questions you prefer not to answer, we can skip them, and you can end the interview at any time. We value your input regarding the ways to implement STEADI. All of your responses will be kept private and we will not report anything about you individually. We expect this interview to last 60 minutes.*

Do you consent to be interviewed for this study? [ ] Yes [ ] No

If No: *I understand, thank you for your time*

**\*\*End interview\*\***

If Yes: *Thank you for participating in the study.*

*Do you mind if I record the interview to ensure accurate note taking? You can still participate if you don't want the interview to be recorded. [ ] Yes [ ] No*

*We will destroy the audio recording when the study is completed.*

*If you have any questions about the study, please contact the NORC Project Director, David Rein, at (404)-240-8402. If you have questions about your rights as a research participant, you may call the NORC Institutional Review Board Manager toll-free at 1-866-309-0542.*

Can you please tell me your name, position, a brief job description, and the number of years you have worked at [NAME OF CLINIC]?

Name:	_____
Position Title:	_____
Brief job description:	_____
Years at Clinic X:	_____

## Questions that explore fidelity

First we would like you to help us get a better sense of how the STEADI initiative is working in your clinic.

1. How do you know whether you should implement the fall prevention intervention with a patient?  
Prompts: Does the Medical Assistant tell you before seeing a patient? Were you given a schedule? Flag in Tonic?
2. For patients that are assigned the fall prevention intervention, can you please walk us through a typical patient visit? How is this different from patients NOT assigned the fall prevention intervention?
  - a. What about with respect to patient assessment?
  - b. What about with respect to decision-making on falls prevention?
3. Prior to this study, did you discuss fall prevention with your patients? Currently, do you find yourself discussing fall prevention with patients not assigned to the fall prevention intervention?
4. Has COVID-19 affected the way you think about falls prevention in your practice?

## Questions on ease of use

*This second set of questions will ask about how easy the STEADI falls prevention intervention is to use.*

5. Can you describe any challenges you have experienced while addressing fall risks identified by the STEADI nurse?
  - a. Integrating the STEADI intervention into the patient visit?
  - b. Entering data into the EHR?
  - c. Changing your workflow?
6. What adjustments have you had to make to get implementing fall prevention to work for you in your patient encounters?
7. Does conducting appointments via telemedicine complicate or facilitate using information from STEADI to implement the falls prevention decisions you make?

## Questions about time

*This next set of questions will ask you to consider how long implementing fall prevention takes.*

8. On a typical visit, how long does it take you to go through the risk assessment summary with the patient provided by the nurse?
  - a. How long is a typical visit for patients not assigned to STEADI?
9. Do you feel like you have enough time to review and address each risk?

10. Which aspect of the risk assessment summary takes the most time to review and address?
11. Which aspect of the risk assessment summary do you feel like you need to rush through or skip over?
12. Any general thoughts about time and capacity with regards to implementing fall prevention?

## Questions about communication between providers and nurses

*The next set of questions asks about communication with the STEADI nurse regarding the STEADI patient.*

13. How is STEADI assessment information relayed to you (from the STEADI nurse)?
  - a. Electronically (via EHR)? Verbally (on the phone)? Some combination?
  - b. What STEADI information is relayed during the hand off?
  - c. Are STEADI recommendations discussed via e-mail or phone? If so, how and when are they discussed?
  - d. How long does reviewing the STEADI information usually take?

## Questions about perceived efficacy

*The next set of questions asks about patient knowledge, awareness, and behavior.*

14. To what extent do you feel like you are effectively increasing patient knowledge and awareness about falls through the STEADI initiative?
  - a. Do you think your patients are becoming more aware of how to prevent falls?
    - i. Can you give some examples of why you think this?
  - b. What information do you think resonates the most with your patients?
    - i. Can you give some examples of why you think this?
  - c. Do you think there is anything more you could do to increase knowledge and awareness of falls?
15. To what extent do you feel like you are able to influence your patient's behavior with respect to fall prevention?
  - a. Can you give some examples?
16. Do you believe the fall prevention interventions prescribed to your patients are beneficial?
  - a. Can you give some examples?

## Questions about patient engagement

*This last set of questions asks about patient engagement.*

17. To what extent have you been able to establish a rapport with your patients while implementing fall prevention?
18. What approaches to connecting with or engaging patients have worked well?
  - a. What approaches haven't worked very well?
19. To what extent have you been able to gauge whether or not your patients are absorbing fall prevention information?
  - a. Overall, how well would you say your patients absorb information? Can you share some examples?

20. How do you think your patients view fall prevention?
- a. Do they think it's important?
  - b. Do they believe they can prevent falls?
  - c. Do they seem to want to follow medical advice or are they resistant?

### Termination Script

*Thank you for taking the time out of your schedule to speak with us today. The information you provided, and your experiences, will help inform our evaluation. We appreciate and value your contribution. Thank you.*