

4b. CQM Health Department Group Discussion Guide

Note: Public reporting burden of this collection of information is estimated to average 2 hours 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 currently 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-20HP)

Date of Discussion:	MM/DD/YYYY		
Facilitators:			
State:			
Strategies Implemented (select one):	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> B1 & B2
Number participants in group:			

Introduction

Thank you for taking the time to participate in this discussion. My name is [Insert name] and I am with the Deloitte evaluation team. Our team is working with the CDC Division for Heart Disease and Stroke Prevention to evaluate the DP18-1815 Cooperative Agreement - Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke - which we will refer to as the 1815 program. As part of the larger national evaluation of 1815, we are conducting a case study focused on clinical quality measures (CQM) to better understand how state health departments are supporting the improvement and use of health information technology for better patient management and quality improvement, as it relates to prevention and management of high blood pressure and high blood cholesterol.

We have convened this group to hear your perspectives on how well the implementation of the 1815 CQM strategies is progressing within your partner sites, challenges encountered, factors outside of the 1815 program that influence the implementation of these strategies, and your thoughts about the effectiveness of these strategies in changing organizational level processes and their contribution to patient care and management. The information gathered from this discussion will be analyzed together with information gained from individual interviews we conducted with some of you as well as your colleagues within partner sites, and other health departments. The information you share will provide valuable insights on different approaches for promoting use of electronic health records and health information technology for CQM and improved patient management, and help us understand which approaches seem to work well in specific contexts.

This discussion will take no longer than 2 hours. Your participation in this group discussion is completely voluntary. You may choose not to respond to questions at any time and it will not in any way impact the funding or technical assistance your organization receives from CDC. All information will be kept secure and any personally-identifiable information will be removed when results are aggregated for analysis.

If at any time during the group discussion you are not clear about what we are asking, be sure to let me know. Please answer questions based on your own knowledge and experience. We appreciate your candid answer.

With your permission, we would like to record this group discussion for transcription purposes.

Do we have your permission to record? (ask everyone)

- Yes
- No

Do you have any questions or concerns before we start the discussion?

Welcome and Participant Introductions (10 mins)

We would like to welcome you all to this group discussion. Thank you again for agreeing to participate. So we can get to know who is in the room, let's go around and introduce ourselves. Please tell us your name, your position, and your role with the CQM strategies within your health department.

Verifying the Logic Model

We will start our discussion today by reviewing and validating a theory of change of how the CQM strategies are supported by your health department, how they are implemented at the partner-site level, the organizational and behavioral changes observed at the partner-site level because of these activities, and how these changes support patient care and management. We would also like to understand other programs/initiatives beyond 1815 that contribute to CQM efforts within healthcare organizations and how these other initiatives interact with the 1815 activities. We will walk through each of the strategy-specific logic models as a framework for our discussion.

For Health Departments implementing Strategy B1 (60-90 mins)

[Show the B1 Logic Model on the screen]

HD-supported activities [Activities]

Starting on the left-hand side of the B1 logic model...

1. Can you describe to me the types of activities that your health department is supporting regarding the adoption and use of EHRs and HIT?

Perspective on site-level changes [Short-Term Outcomes]

2. As a result of the support your team is providing to healthcare organizations, what types of changes are taking place at the organizational level within these sites?

Probe: Are there other organizational-level changes not reflected in the logic model?

3. To what extent do you think these organizational-level changes are affecting the quality of patient care and management among their patients?
4. How might those changes be affecting the **identification** of patients with high blood pressure? How about patients with high blood cholesterol?
5. How might those changes be affecting the **management** of patients with high blood pressure? How about patients with high blood cholesterol?

External Factors [Inputs/Context]

6. What state policies related to EHRs/HIT might influence these activities and organizational level processes?
7. What are other initiatives that may also affect the use of EHRs/HIT for management of patients with high blood pressure or high blood cholesterol?
8. Are there any other contextual influences that need to be taken into consideration regarding these strategies among the sites that you currently partner with?
Probe [Year 3]: What has been the effect of the COVID-19 pandemic on the activities and strategies?
9. What organizational level factors influence the use of EHRs/HIT for diagnosing and managing patient with high blood pressure and high blood cholesterol?

Impact [for the Y4 and Y5 discussion only]

10. Over the past three years, since implementing these interventions, what changes have you seen in referral of patients with high blood pressure to lifestyle change programs?
Probe: How has the use of EHRs/HIT influenced these changes?
11. How would you say the use of EHRs/HIT influences health outcomes for patients with high blood pressure? How about for patients with high blood cholesterol?
12. What other outcomes have you observed as a result of implementing the 1815-funded strategy B1 activities?
Probe: Were these surprising? Why or why not?

For Health Departments implementing Strategy B2 (60-90 mins)

[Show the B2 Logic Model on the screen]

HD-supported activities [Activities]

Starting on the left-hand side of the B2 logic model...

1. Can you describe to me the types of activities that your health department is supporting regarding the use of CQMs to specifically address health disparities?

Perspective on site-level changes [Short-Term Outcomes]

2. Because of the support you are providing to healthcare organizations, what types of changes are taking place at the organizational level within these sites to improve clinical quality measurement?
3. To what extent do you think these site-level changes related to CQM are helping to identify disparities in clinical care and management for patients with high blood pressure? How about for patients with high blood cholesterol?
4. What types of interventions or QI efforts have your partner sites developed or implemented to address any identified disparities in clinical care or health outcomes for patients with high blood pressure? How about for patients with high blood cholesterol?

External Factors [Inputs/Context]

5. What state policies might influence these activities and organizational level processes around clinical quality measurement?
6. What other initiatives may also affect the adoption of clinical quality measurement for high blood pressure or high blood cholesterol?
7. Are there any other contextual influences that need to be taken into consideration regarding these strategies among the sites that you currently partner with?
Probe [Year 3]: What has been the effect of the COVID-19 pandemic on the activities and strategies?
8. What organizational level factors influence the use of clinical quality measures to monitor and address health disparities?

Impact [for the Y4 and Y5 discussion only]

9. Over the past three years, since implementing these interventions, what changes have you seen in the **identification or diagnosis** of patients with high blood pressure, from different population groups? How about the diagnosis of patients with high blood cholesterol, from different population groups?
10. Over the past three years, since implementing these interventions, what changes between different population groups have you seen in the **referral** of these patients with high blood pressure to lifestyle change programs? How about the referral of patients with high blood cholesterol, from different population groups?

11. In your opinion, how does tracking and reporting of clinical quality measures affect **disparities in clinical care** for patients with for high blood pressure and high blood cholesterol? Why?
12. In your opinion, how does tracking and reporting of clinical quality measures affect **disparities in clinical outcomes** for patients with for high blood pressure and high blood cholesterol? Why?
13. What other outcomes have you observed as a result of implementing the 1815-funded strategy B2 activities?
Probe: Were these surprising? Why or why not?

Exit

14. Is there anything else you would like to add about the implementation of these CQM strategies or their outcomes?

Close

Thank you so much for your time. This concludes our group discussion about the 1815-funded activities related to the clinical quality measurement strategies. If you have any additional questions, please feel free to contact Gizelle Gopez, ggopez@deloitte.com.