# Attachment E: Member Checking (Validation) Session Interview Guide

Form Approve

OMB No: 0920-xxxx

Exp. Date: xx-xx-xxxx

Public Reporting burden of this collection of information is estimated at 1 hour, 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 NW, MS D-74, Atlanta, GA 30333; Attn:  PRA (0920-xxxx).

The following are semi-structured questions to be asked in a telephone group session.

Interviewer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent #1 name and role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent #2 name and role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent #3 name and role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent #4 name and role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent #5 name and role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission to record: Y/N Interviewer initials: \_\_\_\_\_

## Consent Script

We are holding this member checking session to obtain your input on our mixed-methods evaluation findings. Abt Associates, a research company, is doing the assessment for the Centers for Disease Control and Prevention (CDC), which is part of the US government.

If you agree to participate in this session, we will:

* Discuss and validate our findings from the evaluation

Before this interview you should know the following:

* Your participation is voluntary.
* This session will take approximately 60 minutes to complete.
* You do not have to complete the session.
* If you participate in this session, you can stop answering the questions at any time.
* There is no cost to you for participating in this session.
* You can refuse to take part in this session without any effect on your professional relationship with CDC or your organization.
* The principal risk of participating in this session is a small risk of loss of confidentiality. The team has many procedures in place to reduce this risk.
* This study has a “Certificate of Confidentiality” from the CDC to protect your privacy. Unless you consent, researchers cannot share or release information that may identify you[[1]](#footnote-1), with a few exceptions[[2]](#footnote-2) (please see footnotes).

May we record this session? Yes \_\_\_\_\_ No \_\_\_\_\_

## Session Questions

Prior to the session, participants will receive a document describing key findings from the evaluation data. The following topics will be discussed during the sessions:

1. This is our understanding of ‘how’ you implemented guidelines or policies regarding chronic pain management that may include the use of opioids; safer opioid prescribing; and medication treatment for opioid use disorder. Is there anything incorrect – either not a strategy your system used or one that we missed? Please describe.
2. In this trend analysis of your QI measures, we saw this initial ‘uptick’ in Y period. Do you have any insights on this particular uptick? Is this due to the start of [insert implementation strategies]? If not, what was happening at this point?
3. In this trend analysis of your QI measures over X period of time, do you have insights on why there were peaks/troughs in Y period?
4. It is our understanding from interviews that this peak/trough in Y period was due to Z. Is that a fair assessment? If not, what is your sense of what happened in Y period?
5. Does this match your understanding of [finding]? Is it accurate and valid?
6. Are these themes consistent with your experience?
7. Is this how you would describe [finding]?
8. Does this seem, on the face of it, valid? Why or why not?
9. What important observations/themes are not captured?
10. Is there anything we haven’t asked you that would be important for us to know as we consider these results?
1. Unless you consent, researchers cannot release information that may identify you for a legal action, a lawsuit, or as evidence. This protection applies to requests from federal, state, or local civil, criminal, administrative, legislative, or other proceedings. As an example, the Certificate would protect your information from a court subpoena. [↑](#footnote-ref-1)
2. The Certificate does not protect your information if a federal, state, or local law says it must be reported. For example, some laws require reporting of abuse, communicable (contagious, infectious) diseases, and threats of harm to yourself or others.  The Certificate cannot be used stop a federal or state government agency from checking records or evaluating programs. The Certificate does not stop reporting required by the U.S. Food and Drug Administration (FDA). The Certificate also does not stop your information from being used for other research if allowed by federal regulations.

Researchers may release your information when you consent. For example, you may give them permission to release information to insurers, your doctors, or any other person not connected with the research.  The Certificate of Confidentiality does not stop you from releasing your own information. It also does not stop you from getting copies of your own information.  [↑](#footnote-ref-2)