

## Draft Key Informant Interview Guide: Grantees

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Thank you for taking the time to speak with us today. Our aims today are to engage in a discussion about your participation in the AHRQ Unhealthy Alcohol Use initiative, the engagement of your grantee team, and your activities with primary care practices. Our conversation will cover your experiences in recruitment, practice facilitation, and implementation of the UAU initiative with adult populations, as well as your internal evaluation efforts. We have developed a set of questions to guide our discussion, but please feel free to raise additional issues or elaborate on areas you feel are important to our understanding of the initiative and your experiences with it. Information collected during these interviews will be compiled and summarized in order to evaluate the initiative and may be incorporated into future recommendations.

*[Interviewer note: Numbered questions can be used to guide the interview and conversation. Based on background data already collected, not all questions will be asked of every interviewee. Sub-bullets beneath questions are prompts to assist you and need only be asked when additional information is needed.]*

### **Team Members**

1. Please describe the grantee team, including roles of various members and partners.
2. Describe any changes made to the team members or partners over [Year 1/Year 2/Year 3] of the initiative?

### **Intervention Characteristics**

*Prompt:* In many of the following questions we'll be asking you about your engagement with primary care practices. When responding, please describe your overall experience with all practices, though if you have specific occurrences or practices you would like to highlight, please feel free to do so.

3. Please describe the team's implementation of screening, brief intervention, referral to treatment (SBI/RT), or medication-assisted therapy (MAT) at primary care practices and any major changes within the past year?
  - Describe any differences in SBI/RT and MAT implementation between different practices/cohorts/waves?
  - What motivated changes that have been made?

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average XX minutes per response, the estimated time required to complete the survey. 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: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857.

4. What was the original plan to recruit practices [for each wave/cohort, if applicable]?
  - What changes have been made to the recruitment approach over time?
  - Please describe any incentives that were/are offered for practices to join the study?
5. Describe any barriers/challenges that have been encountered when recruiting practices to implement SBI/RT and MAT.
  - What was particularly challenging?
  - What surprised you?
6. What are the key motivating factors for practices to join?
7. What types of resources (e.g., financial, administrative, staffing, other) are provided to practices to support dissemination and implementation of the initiative/study?
8. What types of resources (e.g., financial, administrative, staffing, other) are provided to increase the likelihood that SBI/RT and MAT will continue beyond this implementation period?

#### **Outer Setting**

9. How have regional or statewide initiatives or policies influenced the team's ability to recruit practices or implement this SBI/RT and MAT (either positively or negatively)?
  - Which initiatives or policies helped or hindered practices' ability or motivation to participate?
10. How have issues related to particular payers (e.g., Medicaid, commercial plans, Medicare) or coding and reimbursement for SBI/RT or MAT influenced how the team designed or implemented the UAU initiative?

#### **Inner Setting**

11. What types of practices have been the easiest to recruit? What types have been the most difficult? (1C)
  - *Prompts, if needed:* features related to practice size, geographic region, ownership, past participation in other initiatives, patient population, other?
12. How has the team engaged practice leadership as part of the recruitment process?
  - Has engagement with leadership continued throughout the period of active implementation?
  - If yes, how frequently? What precipitates engagement?
13. Looking across practices that have participated in this initiative, what are the most important internal practice infrastructure, policies, capabilities, or other factors that have proven helpful in implementing the initiative?
14. Looking across practices that have participated in this initiative, what are the most important internal practice infrastructure, policies, capabilities, or other factors that have presented challenges in implementing the initiative?

15. Looking across practices that have participated in this initiative, what are the most important factors that facilitated disseminating and implementing patient-centered outcomes research?
16. Looking across practices that have participated in this initiative, what are the most important barriers that were encountered in disseminating and implementing patient-centered outcomes research?
17. [Since you began this initiative/since our interview last year], what types of changes have practice facilitators observed at practices to support the delivery of SBI/RT and MAT?
18. In primary care practices, what factors or barriers do you see, or hear from practice facilitators that impact successfully increasing the number of patients receiving SBI/RT, MAT, or referral to specialty care?

**Characteristics of Individuals**

Practice Staff

19. What types of clinical and non-clinical staff do the practice facilitators engage with within participating practices?
  - Allow interviewee to respond, then prompt with specific types of staff if not initially identified.

	Clinician (MD, DO, PA, NP) Behavioral health clinician (e.g., psychologist, counselor, social worker, licensed clinical social worker, licensed mental health counselor, chemical dependence and addiction counselor)
	Other clinical staff providing direct patient care (e.g., RN, LPN/LVN, medical assistant, certified medical assistant, medical technician)
	Office manager
	Front/back office staff (those in practice operations and not directly involved in patient care, e.g., receptionists, appointment schedulers, billing staff, data analysts, etc.)
	Peer provider (e.g., certified peer specialist, peer support specialist, peer recovery coaches)
	Pharmacist (e.g., PharmD, clinical pharmacist, pharmacy technician)
	Other, specify: _____

- What types of feedback do you receive from practice facilitators on their relationship with practice staff?
  - What staff member was the key driver behind the practice participating?
20. Please describe the key roles of clinical and non-clinical staff necessary for the delivery of SBI/RT and MAT?
    - What variations have been found across practices in how clinical and non-clinical staff implement the SBI/RT and MAT?
    - What clinical or non-clinical staff fill key staff roles (e.g., medical versus behavioral clinicians, specialty providers, non-clinical staff with SBI/RT and MAT training?)

21. In general, what type of clinical and non-clinical staff members have been easiest to engage in implementing SBI/RT and MAT?
  - What characteristics or factors have facilitated engagement with clinical and non-clinical staff?
22. In general, what type of clinical and non-clinical staff have expressed the most pushback regarding implementing SBI/RT and MAT?
  - Why have they expressed pushback?
  - What characteristics or factors have served as a barrier to engagement with clinical and non-clinical staff?

#### Practice Facilitators

23. What qualifications did the team look for when recruiting practice facilitators (or partnering with organizations that provide practice facilitation)?
24. What characteristics facilitate successful engagement between practice facilitators and practices?

### **Implementation**

#### Practice Facilitation/Coaching

25. Describe the training provided to practice facilitators/coaches for implementing the unhealthy alcohol use initiative into primary care practices?
26. Please walk me through the steps that practice facilitators/coaches take when initially engaging a new practice?
27. Following the initial contact, about how often do practice facilitators/coaches communicate with each practice?
  - Daily     Weekly     Monthly     Quarterly     Other (specify \_\_\_\_\_)
  - Is this level of communication sufficient for the practice facilitator? Why or why not?
  - Is this level of communication sufficient for the practices? Why or why not?
  - How does this communication typically take place – in person, by email, or by phone?
  - What kind of support do practice facilitators/coaches provide to practices?
28. How does the grantee team monitor practice facilitator/coach engagement with the practices?
  - How are variations in the engagement approaches across practice or practice facilitators addressed?
  - How do practice facilitators provide data, updates, or feedback?
29. What training or resources (if any) are provided to practices to help them tailor or adjust their approach to screening, referral to treatment, brief intervention, or MAT to particular patient populations:
  - For example, what training or resources (if any) are provided to practices to help them tailor or adjust their approach to patients based on age (e.g., adolescents, young adults, or older adults)?

- What training or resources (if any) are provided to practices to help them tailor or adjust their approach to patients based on race or ethnicity (e.g., Hispanic, Black/African American, White)?
  - What training or resources (if any) are provided to practices to help them tailor or adjust their approach to patients based on language preference or proficiency (e.g., limited English proficiency)?
  - What training or resources (if any) are provided to practices to help them tailor or adjust their approach to patients based on sex or gender (e.g., male, female, transgender, gender non-conforming)?
  - Are any adjustments or special considerations made for women of childbearing age (i.e. those who could become or are potentially pregnant)?
  - Are any adjustments or special considerations made for patients based on visual or auditory disabilities (e.g. blindness, deafness)?
  - Are any adjustments or special considerations made for patients who have or are experiencing trauma or adverse childhood experiences?
  - What training or resources (if any) are provided to practices to help them tailor or adjust their approaches to other specific patient populations?
30. What feedback have the practices provided on the training and resources?
31. How often is training on implementing SBI/RT and MAT processes offered? What is this training process for new clinical and non-clinical staff receive this training?

#### Data and Quality Improvement

32. Please describe the quantitative and qualitative data you are able to provide practices on their performance in implementing SBI/RT and MAT?
- What is the data sharing process?
  - Who (e.g., quality director, clinical director, etc.) is responsible for sharing the performance data within the practice?
  - How is performance data shared with clinical and non-clinical staff?
  - How often is performance data provided to practices?
  - How are practices responding to and/or using these data?
33. What challenges have you encountered in obtaining aggregate data from practices about the number of patients who have been screened for unhealthy alcohol use, received a brief intervention, were referred to treatment, or initiated medication-assisted therapy?
- Which metric(s) has/have been the most challenging to collect?
  - What could make the challenging metric(s) easier to collect?
  - Which metric(s) are the most meaningful for distinguishing performance and helping practices improve?
  - How were you able to overcome these challenges?

#### Evaluation

34. In addition to the process measures, what other primary outcome measures is the team tracking in the internal evaluation of the initiative?
35. What analyses have the team performed on data to date?

- Describe any general trends or findings that you feel comfortable sharing at this time.
- What have you found to be surprising or unexpected?

36. What would you do differently in the future?

**Wrap Up**

37. Are there any additional key lessons learned or best practices you would like share with us?

38. What other experiences would you like to share with us regarding your experience with implementing this initiative?