

## ATTACHMENT D3. DISCUSSION GUIDE- STAFF AT PARTNER CLINICAL PROVIDERS

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## WISEWOMAN Evaluation Site Visit Discussion Guide Clinical Providers

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### A. Introduction [4 minutes]

My name is [fill in]. Thank you for your time today. As we mentioned when we scheduled this interview, General Dynamics Information Technology (GDIT) and Mathematica Policy Research are supporting the Centers for Disease Control and Prevention (CDC) in conducting an evaluation of the WISEWOMAN program. The purpose of the evaluation is to find best practices in program implementation and develop evidence of the program's effect on outcomes. This year, we are visiting [five/six/seven] funded programs across the country to meet with administrative staff and clinical and healthy behavior support partners.

This interview will take about 60 minutes. I would like to record the conversation as a back-up for our notes. We will keep the recording private and use it only for reference purposes for this program. We will not attribute any statements or quotes to you without permission. Is it OK for me to begin recording?

[BEGIN RECORDING]

1. First, briefly tell me a bit about yourself and your job.
  - a. What is your position? (IF CLINICIAN: And what kind of medicine do you practice?)
  - b. What are your roles and responsibilities in addition to seeing patients?
  - c. How long have you been in this position?

### B. Clinic Background [15 minutes]

Next, I want to talk to you more about this [clinic/ health center].

2. How many patients do you serve in a month? [EQ I.4]
  - a. Roughly how many of those patients are WISEWOMAN participants?
  - b. What proportion of your patients would call your [clinic/ health center] their medical home?
3. What types of health services are available for patients at [clinic/ health center]? [EQ I.4]
  - a. How about other services, such as health education, mental health, dental, patient navigation, and so forth?
  - b. Do WISEWOMAN participants at [clinic/ health center] have access to any additional types of services (beyond those available to all patients)?

4. Does [clinic/ health center] use any strategies to enhance patients' access to health services (for example, do you offer after-hours consultation, appointments on weekends, secure messaging through patient portals, etc.)? [EQ I.4]
  5. If patients participate in WISEWOMAN, are you likely to know? How would you know? [EQ I.1, I.4]
    - a. Does [clinic/ health center] have any sort of tracking system to indicate whether a patient is also a WISEWOMAN participant?
  6. Of the patients at [clinic/ health center] who are eligible for the WISEWOMAN program, approximately what percentage participate in WISEWOMAN? (In other words, of the women who participate in BCCEDP, what proportion (roughly) participate in WISEWOMAN, as well)? [EQ I.1, I.2]
    - a. *If less than 100%:* Do you have thoughts on why some women who are eligible for WISEWOMAN do not to participate?
  7. How many doctors are on staff at [clinic/ health center]? How many nurse practitioners are on staff? [EQ I.4]
    - a. Does your patient-to-staff ratio enable you to schedule appointments promptly and spend enough time with patients during office visits?
  8. Do you use an electronic health record (EHR) for WISEWOMAN participants? *If yes:* For which activities do you use the EHR? [EQ I.1, I.4, IV.4]
    - a. Do you or somebody else at [clinic/ health center] use the EHR to identify participants who would benefit from referrals to specific healthy behavior support services, such as health coaching, lifestyle programs, or community-based resources?
    - b. Do you use or somebody else at [clinic/ health center] use EHR data to track or monitor clinic-level measures (or outcomes) related to hypertension (such as the percentage of patients with uncontrolled hypertension)?
    - c. Does [clinic/ health center] use the EHR data to identify patients who are eligible for WISEWOMAN but are not yet enrolled?
    - d. If you have an electronic health record (EHR), how does it help you get your work done?
    - e. If you have an EHR, how does it help you to track the services provided and needed among your clinic population?
  9. What other types of non-MDE data does [clinic/ health center] collect for WISEWOMAN participants? [*Interviewer note: this could include data tracked in the EHR or in the WISEWOMAN database*] [EQ I.1, I.4, IV.4]
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- a. How do you use these data?
  - b. How do you share these data with the WISEWOMAN program?
  - c. What challenges do you face collecting or sharing these data for WISEWOMAN?
10. Does your [clinic/ health center] have a protocol in place for identifying patients with undiagnosed hypertension? [EQ I.1, I.4, IV.5, IV.6]
- a. Describe the protocol.
  - b. When did you implement this protocol? Was it implemented for WISEWOMAN, specifically, or is it used for all patients?  
  
*[If implemented for WISEWOMAN, use probes below]*
    - i. What types of technical assistance or support did you receive from WISEWOMAN administrative staff to develop this protocol (if any)?
    - ii. What types of technical assistance or support did you receive from WISEWOMAN administrative staff to implement this protocol (if any)?
  - c. What works well about this protocol?
  - d. What is challenging about this protocol?
11. What proportion of the WISEWOMAN participants that you see have any type of insurance? [EQ I.1, I.4]
- a. Does your [clinic/ health center] help patients enroll in insurance if they are not already insured?
  - b. Among those WISEWOMAN participants who are insured, what are the most common types of insurance?
  - c. What proportion of your insured WISEWOMAN patients are underinsured? (*Note to interviewer: For example, women with very high deductibles or that receive Medicaid but might need additional services like LSPs or HCs that are funded through WISEWOMAN*).
12. Does [clinic/ health center] have patient navigators on staff? [EQ I.1, IV.6]
- a. What are the roles and responsibilities of patient navigators?
  - b. How do they interact with WISEWOMAN clients?
  - c. Do they help clients keep appointments? If so, how?
  - d. Do they help clients complete medical or other referrals? If so, how?
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- e. Do the patient navigators provide different services to WISEWOMAN participants than they provide to other clients/ patients? If so, how?

C. Clinical Services [7 minutes]

13. Please describe the typical sequence in which WISEWOMAN screenings are conducted.

*Probe on the following components: [EQI.1, IV.6]*

Component	Probes
Blood pressure measurement	<ul style="list-style-type: none"> <li>- What types of staff measure participants' blood pressure?</li> <li>- How many measurements are taken?</li> </ul> <p>Can you tell us any challenges associated with collecting blood pressure measurements during WISEWOMAN screenings? How has your [clinic/ health center] addressed these challenges?</p>
Labs	<ul style="list-style-type: none"> <li>- When are labs drawn?</li> <li>- When are lab results shared with participants?</li> <li>- Can you tell us about any challenges associated with drawing labs and/or sharing results with participants? How has your [clinic/ health center] addressed these challenges?</li> </ul>
Health risk assessment	<ul style="list-style-type: none"> <li>- When do participants complete the health risk assessment form?</li> <li>- What type of staff typically conduct the health risk assessment?</li> <li>- Can you tell us about any challenges associated with completing health risk assessment forms? How has your [clinic/ health center] addressed these challenges?</li> </ul>
Risk reduction counseling	<ul style="list-style-type: none"> <li>- When is risk reduction counseling conducted?</li> <li>- What type of staff typically conduct risk reduction counseling?</li> <li>- Can you tell us about any challenges associated with conducting risk reduction counseling? How has your [clinic/ health center] addressed these challenges?</li> </ul>
Clinical referrals	<ul style="list-style-type: none"> <li>- What types of clinical referrals do you make for WISEWOMAN participants who need additional medical attention (for example, cardiology, behavioral health, primary care, etc.)?</li> <li>- Can you share examples of times when patients have received clinical referrals?</li> <li>- Does [clinic/ health center] track or follow-up on clinical referrals? If so, how?</li> <li>- Does [clinic/ health center] use patient navigators to assist with the clinical referral process – if yes, how?</li> </ul>

14. What are the biggest challenges in the screening process? [EQI.1, IV.6]

15. How do you think that the screening process could be improved? [EQ I.1, IV.6]
16. Can you tell me about how your program works to ensure that women continue to return for annual screening visits? [EQ 1.3]
17. What is [clinic/ health center] doing to encourage WISEWOMAN participants to regularly monitor their blood pressure? [EQ I.1, EQIV.5]
- Do you refer participants to programs that encourage blood pressure self-monitoring with clinical support? Who is eligible for these programs?
  - Do you provide blood pressure monitors for participants to use at home?
  - Do you provide tracking sheets to help participants self-monitor their blood pressure with clinical support?
  - What challenges have you encountered in trying to encourage participants to self-monitor their blood pressures and share results?
18. What is [clinic/ health center] doing to help WISEWOMAN participants take medication as prescribed? [EQ I.1, EQ I.4, EQIV.5]
- Do you refer participants to Medication Therapy Management services?
  - Do you do anything else to encourage participants to take medication as prescribed?
  - What strategies have you found to be most effective for encouraging participants to take medication as prescribed?

#### D. Team Based Care [7 minutes]

We are interested in hearing how WISEWOMAN clinics are using team-based care to reduce participants' risk of cardiovascular disease and manage hypertension.

[IF NEEDED: Team-based care is an approach that uses a multi-disciplinary team (including clinicians, nurses, medical assistants, health coaches, pharmacists, social workers, dieticians and other providers) to deliver clinical and health education services to participants. The goal of team-based care is for team members to provide support and share responsibilities of hypertension care to complement the primary care provider's activities.]

19. How does your [clinic/ health center] use team-based care? [EQ I.1]
- Can you give me an example of how you use a team-based approach to help patients manage hypertension?
  - Do you use this team-based approach for all patients you see or just WISEWOMAN participants?
  - How long has the [clinic/ health center] been using this team-based approach?

- d. In what ways (if any) has the WISEWOMAN program encouraged your clinic to use team-based care?
20. Who are the different members of the care team that work with WISEWOMAN participants? [EQ I.1]
- a. What is the role of each of the different members?
21. How do team members communicate with patients and one another to coordinate care for WISEWOMAN participants? (in person, through EHR messaging, care team meetings/ daily huddles, etc.) [EQ I.1]
- a. In general, how effective is this approach to coordinating care?
22. Have you received any training or technical assistance on use of a team-based care approach? [EQ I.1]
- a. If so, can you tell us more about the training/TA you received?
- b. Who provided this training/TA?
- c. Has your [clinic/ health center] done anything else to improve or foster the use of team-based care?
- d. Do you think different or additional training/TA or other support would be useful? If so, what additional training/TA do you suggest?
23. Can you tell me more about any challenges that your [clinic/ health center] has experienced using a team-based care approach? [EQ I.1]
- a. Has there been turnover in care team staff? If so, how have care team members maintained continuity in the team-based care approach despite staff turnover?
24. In your opinion, has using a team-based care model helped your [clinic/ health center] serve patients? If so, how? If not, why? [EQ I.1]
- a. In your opinion, has using a team-based care model helped WISEWOMAN clinics work with participants to manage hypertension? If so, how? If not, why?
- b. What factors have helped your [clinic/ health center] use a team-based care model successfully?
- E. Healthy Behavior Supports [15 minutes]**

Now let's talk about your clinic's referrals to lifestyle programs, health coaching, and other community based resources.

25. How does your clinic determine which WISEWOMAN participants should be referred to healthy behavior support services, such as lifestyle programs, health coaching, and/or other community-based resources? [EQ I.1, IV.4]



- a. Do you or other staff at the clinic decide who to refer to healthy behavior support services?
  - b. Does your clinic use electronic health record (EHR) data or other data to identify women who could benefit from specific healthy behavior support services? If so, can you provide more detail about how this works?
26. How do you determine which clients to refer to lifestyle programs versus health coaching? What about community-based resources? [EQ I.1, IV.4]
27. Do the lifestyle program and community-based providers that your clinic works with ever refer women (who are not participating in WISEWOMAN but may be eligible) to your clinic for WISEWOMAN screening services? [EQ I.1, I.2, IV.4]
- a. If so, how often does this happen?
  - b. If so, how do you encourage lifestyle program and community-based providers to refer women to WISEWOMAN?
  - c. What types of processes do you have in place to make this easier?

### ***Health Coaching***

Next I have a few question specifically about health coaching.

28. Who conducts health coaching with participants? [EQ I.1]
- a. Is this person on-site at the clinic?
  - b. Does this person work with patients who do not participate in WISEWOMAN? If so, in what capacity?
29. How do you determine which participants to refer to health coaching? [EQ I.1]
30. How do women usually react to health coaching? [EQ I.1, IV.3, IV.5]
- a. Do they usually complete health coaching programs? Why or why not?
  - b. What feedback do they provide about their experiences with health coaching?
31. Can you tell me about any strategies your program uses to help keep women engaged with health coaching? [EQ I.3]

### ***Lifestyle Programs***

Now I have a few questions about the types of lifestyle programs that are available for participants.

32. To what types of lifestyle programs does your clinic refer women? [EQ I.1, I.4]

*[Probe for each LSP described]*

- a. What types of services does [LSP] offer participants?
  - b. Can you tell me more about the criteria that your clinic uses when referring women to [LSP]?
  - c. What types of contracts or agreements do you have in place with [LSP]?
33. Which lifestyle programs does your clinic refer women to more frequently? Less frequently? [EQ I.1]
- a. Can you tell me about some of the reasons why women are or are not referred to these programs?
34. Are there any additional lifestyle programs that you would like to be able to offer to participants? [EQ 1.1, 1.4]
- a. Will these programs be offered in the future? Why or why not?
35. How do women usually react to these lifestyle programs? [EQ I.1. IV.3, IV.5]
- a. Do they usually complete them? Why or why not?
  - b. What feedback do they provide about their experiences with lifestyle programs?
36. Can you tell me about how your program works to keep women engaged with lifestyle programs? [EQ 1.3]

### ***Community based Resources***

Now we want to talk about other resources in the community (other than health coaching and lifestyle programs) to which your program refers WISEWOMAN participants.

37. Are WISEWOMAN participants referred to other community-based resources, such as the state Quitline or other resources to support healthy behaviors? [EQ I.1, I.4]
- a. What types of community-based resources are women referred?
  - b. Can you tell me more about the criteria that your clinic uses when referring women to community-based resources?
  - c. How do you track referrals to these resources?
  - d. What type of follow-up happens to see if women used these resources?
38. Which community-based resources does your clinic refer women to more frequently? Less frequently? [EQ I.1, I.4]

- a. Can you tell me about some of the reasons why women are or are not referred to these programs?
39. Can you tell me more about how your clinic originally identified the community-based resources that you now offer to participants? [EQ I.4]
40. Are there any additional community-based resources that you would like to offer to participants? [EQ I.4]
- a. Why have you not been able to offer them to date?

#### F. Professional Development and Training [3 minutes]

Let's talk about the types of trainings or meetings that you might have to attend as part of participating in the WISEWOMAN program.

41. Have you attended trainings or meetings for the WISEWOMAN program? [EQ I.1]
- a. When have you attended these trainings or meetings?
  - b. Are they required trainings or meetings?
  - c. How often do you have to attend these meetings?
  - d. What topics were covered? Can you share some examples?
  - e. Who else/what other types of people attended the training?
  - f. Did all of the attendees work with you or were they from different organizations?
42. To what extent do you find these trainings and meetings to be helpful and effective? [EQ I.1]
- a. Do you think the trainings and meetings help you perform your job better? How so?
  - b. What suggestions do you have to improve the trainings?
43. What types of trainings would you like to see offered that are not offered now? [EQ I.1]

#### G. Community [5 minutes]

Let's talk about the community in which your program operates.

44. Can you describe the demographic, cultural, and linguistic characteristics of your community? [EQ 1.6, II.3]
- a. What languages are most common?
  - b. In addition to language, are there any special cultural considerations for any populations you serve?

- c. What different cultural approaches do you take for each population that your program serves?
45. What are the biggest barriers to cardiovascular health in the community? [EQ 1.6, II.3]
    - a. Are there any resources in the community that help promote cardiovascular health?
  46. From your perspective, has the WISEWOMAN program helped address disparities in cardiovascular health based on race or socioeconomic status? [EQ II.3]
  47. Based on your interactions with WISEWOMAN participants, does it seem that they value WISEWOMAN services? Why? [EQ II.3, IV.5]
  48. Does it seem that women engage in healthier behaviors after they enroll in the WISEWOMAN program? Why or why not? (possible behaviors: healthy diet, exercise, blood pressure self-measurement/ monitoring, use of medication as prescribed) [EQ II.2, IV.1, IV.5]
  49. Can you provide any stories or anecdotes of how the WISEWOMAN program has affected women's health or behaviors? [EQ IV.1, IV.5]

#### H. Wrap-up [4 minutes]

We are almost done. We will ask you a few more questions about your perceptions of the WISEWOMAN program's greatest strengths and weaknesses.

50. From your perspective, what have been the greatest strengths of the WISEWOMAN program in your community? [EQ II.2, II.3, IV.5, IV.6]
  - a. How much of an impact do you think the WISEWOMAN program makes on the community?
51. What have been the biggest roadblocks to the WISEWOMAN program's success? [EQ I.6, II.2, II.3, IV.5, IV.6]
  - a. What resources would help the WISEWOMAN program become more successful?
52. From your perspective, are there components of the WISEWOMAN program that could or will continue after the five-year cooperative agreement ends? [EQ IV.7]
53. Are there any especially interesting or innovative approaches that you have used to provide WISEWOMAN screenings and services? [EQ IV.6]
54. Is there anything else you would like to share with us about your experiences with the WISEWOMAN program?

Thank you for taking the time to speak with us today. If you have any additional questions, please feel free to reach out to us.

