

OFFICE OF BURDEN REDUCTION & HEALTH INFORMATICS (OBRHI) GOVERNANCE AND IMPACT ANALYSIS GROUP (GIAG)

FOCUS GROUPS – MODERATOR’S GUIDE

DATE: AUGUST 3, 2022

Instructions

Introductory text written in black should be read to participants verbatim.

The question wording is intended as a guide for the focus group moderator but does not need to be read verbatim; however, the topics included should be discussed. Sub-bullets written in blue are included as supplemental probes for the moderator to use, if needed.

Overview [5 Minutes]

Welcome everyone; we are glad that you’re here for this focus group session. We recognize you all have very busy schedules and a lot of demands on your time, so we very much appreciate you making time for this discussion. We will be sure to keep our discussion within the hour timeframe.

My name is _____ and I’m joined by my colleague(s) _____ from Booz Allen Hamilton. The Centers for Medicare & Medicaid Services (CMS) has contracted with Booz Allen to better understand the experience of Medicare- and Medicaid-enrolled healthcare providers. CMS is the federal agency responsible for overseeing the Medicare, Medicaid, and Health Insurance Marketplace programs. Your responses in this focus group session will help CMS learn about:

Provider experiences with implementing telehealth; and

Provider experiences with, and perspectives on, collecting patient data around social determinants of health.

CMS will use this information to identify opportunities to improve provider experiences across their programs.

Before we begin, I need to read a brief disclosure statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it provides a valid OMB control number. The valid OMB control number for this information collection is 0938-1185 (Expires 11/30/2022). This is a voluntary information collection. The time required to complete this information collection is estimated to average one hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, you can write to CMS. If anyone would like the mailing address, we can provide this information. [If needed: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.] Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Réna McClain.

We want to hear from everyone and get a variety of perspectives – so feel free to be open, share different points of view, and let us know if you need a question clarified or repeated. We ask that you be considerate so everyone can contribute to the discussion. Also, we might call on individuals to help manage the time and balance the input across the whole group. We have a lot to cover, so we may need to switch to a different topic to ensure that we cover everything.

Please note that throughout our discussion, there's no right or wrong answers – we're just looking for your feedback. Please feel free to speak up even if you disagree with someone else here. It's OK to disagree, as it's helpful to hear different points of view. Please be respectful of other participants.

We will be recording this conversation today, and staff from CMS may watch this discussion. We will use these recordings to help us prepare a final report summarizing the information shared. The information you share during our discussion will be kept private and will only be used for the purpose of understanding providers' experiences and perspectives. To protect everyone's privacy, please do not repeat anything that you hear during this session.

During our discussion, we ask that you mute yourself when you're not speaking. If possible, we also ask that you turn your cameras on so that we can see your non-verbal expressions. We understand that might not be possible for everyone.

If you encounter any technical issues, please contact my colleague _____. You can message them through the Zoom chat or by telephone at XXX-XXX-XXXX.

Before we begin, does anyone have any questions?

Focus Group Session

Section 1: Introductions [10 Minutes]

First, I would like each of you to briefly introduce yourself, sharing your first name, location, medical specialty, and your favorite vacation spot.

Section 2: Implementing Telehealth [20 Minutes]

Thank you for those introductions.

As I previously mentioned, I want to talk a little about your experiences using telehealth during the COVID-19 pandemic. For purposes of our discussion, we're focusing on telehealth appointments conducted using videoconference technology via a laptop, tablet, or smartphone, as well as audio-only telehealth appointments, such as those conducted by telephone.

First, I'd like to go around and have each of you tell us a little bit about your experience using telehealth. For example, were you using telehealth prior to COVID-19? Did you implement it at the start of the COVID-19 pandemic? Are you still using telehealth? Were you using videoconferencing or audio-only visits? Or have you not used telehealth?

For those that have used telehealth, can you tell us about your experiences when you first started using telehealth?

What was it like getting the technology setup? What challenges did you or your patients encounter with the technology?

What other challenges have you faced as you began or expanded the use of telehealth? Were these challenges expected or unexpected?

How do you decide what appointments to conduct using telehealth? Are there specific conditions or factors that inform when you use telehealth?

[IF PREVIOUSLY USED, BUT NO LONGER CONDUCTING TELEHEALTH] What drove your decision to stop using telehealth?

[IF NO telehealth] For those that don't use telehealth, what (if any) concerns do you have? What is the primary reason(s) you have chosen not to implement it?

What changes, positive and negative, did you experience in your practice after implementing telehealth?

What, if any, things were affected? For example, were things like care quality, patient-provider relationships, process of care, or finances affected?

[IF NO telehealth] For those who don't use telehealth, do you have any concerns around impact? What, if any, benefits do you see from using telehealth?

Can you tell us what you think has worked well and what has not worked well in your implementation and use of telehealth?

What do you think are the benefits and challenges of using video telehealth vs. audio only telehealth?

Section 3: Collecting Patient Data [20 Minutes]

Next, I'll ask questions about your experiences collecting patient information on social determinants of health.

For the purposes of this session, "social determinants of health", or "SDOH", refers to the social, economic, and physical conditions in which people are born, live, work, and age that impact their health. Some patients have risks and needs related to SDOH that create challenges to achieving their highest level of health, like not having a stable place to live or not having enough healthy food to eat. I am interested in hearing about your experiences with collecting patient information on these needs and risks, as well as information on patient demographics, like race and ethnicity, sexual and gender identity, and disability status.

Please first tell us whether your practice collects either social risks and needs or demographic information, and if so, what information is collected.

Does your practice collect information on social risk factors like food instability, social isolation, or financial difficulties?

How is this information collected? For example, is this self-reported information on a patient form, or does a nurse or medical assistant collect this information from the patient? [IF multiple methods, try to capture who does what and when, e.g., before the visit, during the visit, each visit, or annually]

Are there certain types of information that are more sensitive and thus are more challenging to collect?

Does your practice have any plans to expand the types of information being collected? Why/why not?

[IF PRACTICE DOES NOT COLLECT SOCIAL RISK FACTORS IN STANDARDIZED MANNER] If information about social risk factors arise during the course of your visit, would you document that information in your notes?

Regardless of how you learn this information, is this information entered into your practice's electronic health record (EHR)?

Are you familiar with Z-codes? If so, do you use them? If not, why not?

What is being done with the information that is collected?

For example, is risk or needs information used to connect patients to resources?

[IF NOT BEING USED TO CONNECT PATIENTS WITH RESOURCES] What would make it easier for you to connect patients with these kinds of resources?

Do you use the information to inform your quality improvement efforts?

Overall, do you think it is helpful for your practice to have this kind of information?

Is there anything else that you would like to add about collecting patient demographics and SDOH-related information that we haven't yet covered?

Conclusion [5 Minutes]

We're almost at the end of our discussion, so I want to check: Are there any additional comments that you have about the topics we discussed?

Those are all of the questions that we have for you today. Thank you very much for taking the time to talk with us and for sharing your thoughts.