

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

FOCUS GROUPS – ELIGIBILITY SCREENER

DATE: OCTOBER 7, 2022

Throughout this document, text shown in brackets is intended for recruitment purposes and is not intended for respondents.

Introduction

The Centers for Medicare & Medicaid Services (CMS) is the federal agency responsible for managing the Medicare and Medicaid programs. CMS is conducting a series of focus groups with healthcare providers, including physicians, physician assistants, and nurse practitioners, to better understand their experiences. Information collected during these focus groups is critical to help CMS better incorporate the perspectives of healthcare providers into future changes to its policies and programs.

We are asking you to answer a few questions to assess your eligibility to participate in these focus groups. Answering these questions and participating in the focus groups is completely voluntary. This information is being collected for statistical purposes only and will only be used for administering the focus groups, such as assessing your eligibility to participate, providing your incentive payment, and developing findings.

All focus groups will be conducted by videoconference and will last for approximately one hour. These focus groups will be recorded to allow the team to better summarize the key feedback. Focus group participants will receive an [INCENTIVE AMOUNT (\$) FOR PROVIDER TYPE] incentive for participating in the focus group.

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays 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 15 minutes 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, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** 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.*

Eligibility Questions

- 1. Are you a physician, physician assistant, or nurse practitioner?
 - Physician
 - Physician assistant
 - Nurse Practitioner
 - [For all other types of providers, GO TO INELIGIBLE.]

- 2. Which of the following best describes your main work setting?

[IF NEEDED: We recognize that you may practice in multiple practice settings, but we are interested in the setting where you spend the majority of your time.]

[NOTE: A practice can be classified as outpatient, even if it is physically located at a hospital facility or campus.]

- Individual outpatient practice
- Group outpatient practice or clinic
- Inpatient practice/hospital → [GO TO INELIGIBLE]
- Other, specify: _____

- 3. On average, about how many patients do you see each week?

_____ patients per week
[If less than 35 patients, GO TO INELIGIBLE]

- 4. Are you currently enrolled as a provider serving Medicare and/or Medicaid patients?

[NOTE: Medicaid is known by different names in each state.]

- Yes
- No → [GO TO INELIGIBLE]

- 5. In what state and county is your primary practice located?

[Review provided Excel spreadsheet to determine whether the participant practices in a rural setting. Counties not in the spreadsheet are not considered rural. Categorize respondents into one of the following groups:

- Rural
- Not Rural]

[Demographic and Background Information: For all remaining questions, we are seeking to have each group include a diverse range of backgrounds.]

6. We want to ensure that we are including healthcare providers whose patient population includes higher rates of patients from historically disadvantaged communities. This includes providers whose patient population includes high rates of individuals with Medicaid or who are racial and ethnic minorities.

Does your patient population include a high rate of patients from historically disadvantaged communities?

- Yes
- No

7. Do you practice at a Federally-Qualified Health Center (FQHC) or a FQHC Look-Alike?

- Yes
- No

[NOTE: If Q6 or Q7 = Yes, then clinician should be assigned to focus group with underserved community.]

8. How many years have you been in practice?

- 3 – 10 years
- 11 – 20 years
- More than 20 years

[NOTE: Strong preference for each group to include diverse range to include physicians with varying years of experience.]

9. Are you...

- Male
- Female
- Unspecified, or another gender identity

10. Are you of Hispanic, Latino/a, or Spanish origin?

- No, I am not of Hispanic, Latino, or Spanish origin
- Yes, I am of Hispanic, Latino, or Spanish origin
- Prefer not to answer

11. What is your race? [Mark all that apply]

- White
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander
- Prefer not to answer

12. What is your medical specialty?
- Allergy and Immunology
 - Dermatology
 - Internal or Family Medicine
 - Neurology
 - Obstetrics and Gynecology
 - Oncology
 - Pediatrics
 - Physical Medicine and Rehabilitation
 - Psychiatry
 - Urology
 - Other: _____

[NOTE: All focus groups should include a mix of internal/family medicine and specialists.]

13. Telehealth visits can be conducted using videoconference technology, as well as audio-only. Do you currently conduct any of your patient visits as telehealth visits?
- Yes → GO TO Q15
 - No

14. [IF NOT CURRENTLY USING TELEHEALTH] Since the start of the COVID-19 public health emergency, have you ever conducted patient visits using telehealth?
- Yes
 - No

15. Social determinants of health (SDOH) describes the range of social, environmental, and economic factors that can influence health status. Some patients have social risks and needs (e.g., housing instability, food insecurity, lack of reliable transportation) related to the SDOH that create challenges to achieving their highest level of health. Does your practice currently collect information about your patients' social risks and needs?
- Yes
 - No
 - Unsure

[INELIGIBLE]

Thank you for your interest in participating in the focus groups; however, you do not meet the eligibility criteria.

[ELIGIBLE]

Thank you very much for providing that information. Based on your responses, you are eligible to participate in the focus groups.

Please note that during the focus group you should be at a location with a strong internet connection and have a computer or tablet that you can use to participate. During the focus group, you will be asked to turn on your camera so that the moderator can see your non-verbal expressions.

With that in mind, we are conducting the focus group on [DATE] at [TIME]. Would you be available to participate at this time?

- Yes
- No → [GO TO UNAVAILABLE/GROUP FULL]

As I previously mentioned, we would like to record these focus groups to allow us to summarize the feedback that you provide. All of your feedback will be kept confidential. Do we have your consent to record the focus group discussion?

- Yes
- No → [END] Thank you for your willingness to participate; however, consenting to recording of the conversation is a requirement to participate.

Obtain contact information:

Name: _____

Telephone Number: _____

Email Address: _____

[UNAVAILABLE/GROUP FULL - Use this script if the current date/time doesn't work for the provider or if we have reached max number for particular group.]

Thank you for your willingness to participate in the focus groups. While we don't have a date and time that work for your schedule, would you be willing to provide your contact information so that we can follow up if our schedule changes?

[IF YES] Obtain contact information:

Name: _____

Telephone Number: _____

Email Address: _____

[GROUP FULL - If we have reached max number for particular group.]

Thank you for your willingness to participate in the focus groups. Unfortunately, we already have a number of participants that match your responses, and it is important that our conversations include clinicians from a diverse range of backgrounds. Would you be willing to provide your contact information so that we may follow up if one of our currently scheduled participants becomes unavailable?

[IF YES] Obtain contact information:

Name: _____

Telephone Number: _____

Email Address: _____