

## MUI Initiative Evaluation

### Practice Facilitator Focus Group Discussion Protocol (Base Year)

#### Introduction

Thank you for taking part in this virtual focus group today. My name is [Interviewer name] and I'm from the RAND Corporation. I'm also joined by [Note-taker name] who will help with taking notes. We are a private, not-for-profit research organization that has been contracted by the Agency for Healthcare Research and Quality (or AHRQ) to evaluate the overall *Managing Urinary Incontinence* (or MUI) initiative of which your project, [Grantee project name], is a part.

The purpose of our evaluation is to examine experiences and other data across all five MUI grantee projects on how to improve the dissemination and implementation of evidence-based urinary incontinence (or UI) treatment for women in primary care practices.

We want to emphasize that we are not evaluating your individual project, [Grantee project name], but are here *to learn from your experiences* providing direct assistance to primary care practices and/or their providers and patients with implementing improvements in UI care.

We'll be specifically asking you questions on topics including the:

- Types of technical assistance, resources, and support you provide to primary care practices, and which appear to be more and less helpful.
- Challenges that primary care practices experience in implementing evidence-based screening, treatment and referrals for UI, and whether these vary for different types of practices, and
- Effectiveness of strategies for providing technical assistance, resources, and support to practices.

#### Ground Rules and Informed Consent

Before we begin, I would like to review a few important considerations for our discussion.

- a. Participation in this focus group discussion is completely voluntary. Your decision to participate or not in the focus group will not affect your participation in [Grantee project name] or your employment in any way.

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. 242md(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Your participation is voluntary and all of your answers will be kept confidential to the extent permitted by law. Public report burden for this collection of information is estimated to average 60 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.S

- b. I am going to ask you several questions and I'd like to give everyone a chance to share their opinions. We **do not have to go in any particular order**, but we do want everyone to take part in the discussion. We ask that only one person speak at a time.
- c. We're **interested in your opinions** and whatever you have to say is fine with us. There are **no right or wrong answers**. We are just asking for your opinions based on your experience with the [Grantee project name] project thus far. As I mentioned, we are here to learn from you.
- d. Don't worry about having a different opinion than someone else. But please **do respect each other's answers or opinions**.
- e. If there is a **particular question you don't want to answer**, you don't have to. Just say "pass".
- f. Feel free to treat this as a discussion and to ask questions of each other and to respond to what others are saying, whether you agree or disagree.
- g. We will treat your answers as **confidential**. We are only going to **use first names** during the discussion, and we will not report information in any way that could be attributable to you. We also ask that each of you respect the privacy of everyone that is participating in the focus group today and not share or repeat what is said here in any way that could identify anyone in the group.
- h. We are **recording** the discussion today and also taking notes because we don't want to miss any of your comments. However, once we start recording, we will not use anyone's full name and we ask that you do the same.
- i. After the focus group, we will summarize the main findings from all our focus groups and will present the summary report to AHRQ. As I mentioned, we will not include your names or any other information that could identify you in that report or any other publications we write. To keep this information confidential, we will encrypt our notes and recording of this interview, store them on secure computer servers, and destroy the recordings and any other individually identifying information at the end of the MUI initiative.
- j. If there is anything that you don't feel comfortable sharing as part of the group but would like to tell us, you can call us or send us an e-mail.
- k. While we cannot provide you with a financial incentive for taking part in this interview, we appreciate that you have agreed to participate. This focus group gives you an opportunity to share your insights and feedback in an anonymous fashion to help all projects in the MUI initiative and inform how best to help primary care practices improve their care for UI.

If you have any questions or concerns about our evaluation or about the focus group, or if you would like to share any other information with us, please contact me at [[mendel@rand.org](mailto:mendel@rand.org)] / [[nmalika@rand.org](mailto:nmalika@rand.org)] or at (310) 393-0411, ext. [7194/8204].

If you have any questions or concerns about your rights as a research participant, please contact the RAND Human Subject's Protection Committee toll free at +1 (866) 697-5620 or by emailing [[hspcinfo@rand.org](mailto:hspcinfo@rand.org)]. If possible, when you contact the Committee, please reference Study #2022-N0035.

Finally, this discussion is going to take about an hour, and we ask that you stay for the entire meeting.

**Does anyone have any questions before we start?**

**START RECORDING**

## Discussion Questions

### *PARTICIPANT INTRODUCTIONS*

Now I'm going to call out the first name of each of the persons we have on the line. When I call your name, please tell us about (a) your position or role you play working with primary care practices for the [Grantee project name] project, and (b) about how many practices you have worked with.

### *REACH*

First, we're curious if any of you were involved in recruiting primary care sites for the project. If so:

- 1) What were the biggest challenges in recruiting primary care practices for [Grantee project name]?
- 2) What strategies did you find most effective for recruiting primary care practices?
- 3) How representative are the practices recruited for [Grantee project name] compared to the types of practices the project attempted to recruit, and why?

### *PROCESS*

Now, we have a few questions about the nature of the assistance and support that you provide:

- 4) What types of technical assistance, resources, and support do you provide to primary care practices in [Grantee project name]?  
*Probe on the technical assistance components and resources described in the background summary for [Grantee project].*
- 5) How do the types of assistance and resources you provide differ among primary care practices that you support, and why?  
*Probes: How is the support varied or tailored for different types of practices (e.g., rural vs urban, large vs small), their capacity for practice improvement, or their UI care for women at their start of the project?*
- 6) How has your background prepared you for your role providing direct assistance to primary care practices in [Grantee project name]?
  - a. Have you provided similar support and assistance in the past? Please describe.
  - b. How well did you know the practices involved in [Grantee project name] before the project began? Had you worked with any of the practices before?

The next questions are about working with primary care practices:

- 7) How many times a month do you typically contact a primary care practice in [Grantee project name]?
  - a. What ways do you tend to contact practices (for example, by phone, email, or in person, by webinars, or collaborative or group calls)?

- b. Who in the practices do you tend to contact?
  - c. How does the frequency, people, and ways you contact sites vary?
- 8) What kind of system, if any, do you have for tracking the progress of practices in the [Grantee project name] project, or for identifying practices that might need more or less assistance?
  - 9) What are the main *challenges* you have faced in engaging and supporting practices?
  - 10) What *strategies* or *conditions* have most facilitated engaging and supporting practices?  
*Probes: Proximity to practices; previous connection to practices; visiting in person or other strategy for building relationships; champion for UI improvement at a practice; etc.)*

Now we're going to ask about how practices are doing with improving UI care:

- 11) What types of support or resources have practices found *most helpful*, and why?  
*Probes: How does this vary for different practices?*
- 12) Thinking about primary care practices that have made good progress implementing the tools and changes promoted by [Grant project name], what *sets them apart or is key to their success*?
- 13) Thinking about primary care practices that have been struggling to implement the tools and changes promoted by [Grant project name], what tends to *trip them up or hold them back*?

*IMPACT*

- 14) What to you will mark whether a practice is a successful participant in [Grant project name]?  
*Probes: What changes in UI care would it have implemented? What would care look like? What would change for patients?*
- 15) What can practices do now to help ensure that successful changes and improvements to UI care will be sustained?
  - a. How well are practices you're working with been doing these things to ensure sustainability?

*WRAP UP*

- 16) What do you see as the major lessons so far from [Grant project name] for promoting evidence-based UI treatment for women in primary care?
- 17) What suggestions might you have for helping improve the assistance, resources, and support that [Grant project name] provides to primary care practices?
- 18) Is there anything we haven't discussed about the [Grant project name] project or MUI initiative that you'd like to share?

**Thank you again for participating in our evaluation for the MUI initiative. We really appreciate your time and insights today.**