

Appendix D – Pilot Test Interview Protocol for Ambulatory Care Providers

AHRQ – Building Diagnostic Safety Capacity

Provider Interviews – Patient and Family Engagement Resource Pilot Test Evaluation

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MedStar Health Research Institute (MHRI) will conduct interviews and/or focus groups with providers from up to twenty (n=20) practices. Evaluation will be completed within 3-6 months after implementation of the Patient and Family Engagement Resource.

- 120 cognitive interviews with ambulatory care providers (up to 6 providers per practice x 20 practices); each interview will last approximately 45 minutes

Recruitment Criteria

We will aim to recruit providers and practice staff in the following manner:

- Providers and practice staff who have been exposed to the PFE Resource
- Diversity among practice staff and providers

MHRI staff will work with the practice coordinators to identify individuals to participate in the interviews.

Interview Goals

The goals of the focus groups/interviews will be to:

- Obtain feedback on the intervention Guide materials
- Obtain feedback on the barriers and facilitators encountered for the Guide
- Obtain feedback on satisfaction with the Guide
- Obtain feedback on receptivity and enhancements to the Guide to improve adoption

Materials

- Copies of the PFE Resource materials
- Informed consent documents
- Documentation for participant stipends
- Digital recorder

Location

Interviews will take place at the primary care practice at a time convenient to the provider and/or practice staff members. Interviews may also take place over the phone to enhance ability to recruit and retain clinicians.

Informed Consent Procedures

Participants will complete the informed consent process prior to starting the interview.

Participant Stipends

None.

Each interview will take no more than 45 minutes.

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 45 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.

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WELCOME AND INTRODUCTION

- Thank you for agreeing to speak with me!
- My name is [INSERT NAME OF INTERVIEWER] and I am here to ask you a few questions about the AHRQ's Patient and Family Engagement (PFE) resource to improve diagnosis.
- With your permission we will also be audio recording the session. This will help make sure that we don't miss anything that you say and can share with other people who are working on this project. The recording will be deleted after we have the notes transcribed and we are sure that all of your comments are accurately.
- TODAY/TONIGHT I will be asking you questions about your experiences with the AHRQ's Patient and Family Engagement (PFE) resource to improve diagnosis.
- Everything you say here will be kept confidential and included as part of our assessment of the feasibility of implementing the AHRQ's PFE resource to improve diagnosis into practice. We will not share your name or attribute any of your words directly to you.
- Do you have any questions before we begin? Ok, great. Let's get started.

DIAGNOSIS

1. How would you describe the impact of the AHRQ's PFE resource on the diagnostic process in your personal practice?
 - a. Why do you think that it was improved/not changed?
 - b. Can you share with me any thoughts on what could be improved as part of the PFE resource that could make it more effective?
 - i. What about changes to the patient poster? Agenda setting tool?
 - ii. How about the implementation planning toolkit?
 - iii. Training toolkit? What worked well? What would you do to improve it?
 - c. How difficult was it to implement the strategy of allowing the patient to have the first minute of the clinical visit to tell their story?
 - i. What impact do you feel this strategy had?
 - ii. Did you learn anything more from it compared to your usual practice?
 - iii. What was the patient's response to this approach? How did you handle that?
2. In your opinion as a **healthcare provider (doctor, nurse practitioner)**, what would you say are the most important things for patients to know or think about when it comes to improving diagnosis?
 - a. Can you describe how this PFE Resource helped you to achieve this?
 - b. What could or should we do differently to make this more effective?

Thank you for sharing. I now want to speak with you a little more about patient engagement.

3. From your experience, how did the PFE Resource materials support engagement from the patient and or their family in the diagnostic process?
 - a. Can you describe any barriers to engagement that you observed?
 - b. How would you describe the level of engagement you had with patients and families after you implemented the PFE Resource?
 - c. From your perspective, what part of the intervention made the greatest impact?

Now I would like you to consider the materials that you have in front of you for this next series of questions.

4. Can you describe for me how you used the (Planning toolkit, patient resources, training toolkit)?
 - a. Did you find it helpful?
 - b. Was the process difficult to follow?
 - c. Was the training and education about how to use the PFE Resource appropriate? What changes would you make to improve it?
 - d. Did you feel like you needed more information about how and/or why you should use the PFE resource?
5. What about the format of the materials? Is there a better way for us to think about presenting the materials?
 - a. To patients? To clinicians? To Administrators?
 - b. What about an electronic version? If you had this on your phone or another electronic mobile device would that help?

Is there anything else you would like to share about your experiences with the materials? If not, let's move on to learning more about your experiences with the PFE Resource.

6. When you were first given the PFE Resource what did you think?
 - a. How did you feel about using it?
 - b. Can you describe your practice's implementation process?
 - c. How did you make decisions on which elements of the PFE Resource to use?
7. How easy or challenging did you find the PFE Resource implementation to be?
 - a. Were any elements of the PFE Resource that were easier or harder to implement? If yes, can you describe which ones and what made them more challenging?
 - b. What can we do to make them more effective? Easier to implement? More relevant to your practice's workflow or patient population?
8. What was the best thing about the Resource from your perspective?

9. What was your least favorite thing about the Resource?
10. What would you have changed about the Resource to make it more user friendly?
11. What do you think your patients felt about having these tools available to them?
 - a. Can you give me an example of a patient experience that was positive?
 - b. How about a negative one? Is there anything that could have been done to make it a more positive experience for that patient?
12. What about your practice staff? Where they on board with the change?
 - a. Did they like the new approach?
 - b. Was it difficult to get buy-in from them?
13. Those were all the questions I had today. Are there any questions that I should have asked that I did not?

Thank you for your time and participation in this interview. Your comments will be very helpful to this project!