

Open Payments Recruitment Guide – Teaching Hospital Representatives

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Recruitment Overview

Teaching hospitals that checked data in last year	6
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- Participants should be recruited for 45-minute individual interviews.
- All participants must:
 - Be able to join a Zoom meeting online.
 - Have personally checked their hospital's data in Open Payments in the past year.
- Only one participant per hospital can be included in the study.

Recruitment Script/Questions

Hello, we are holding interviews on behalf of the Centers for Medicare and Medicaid Services or CMS to gather information from teaching hospital administrators that will help CMS improve one of its programs. The interviews will take place over Zoom and will last about 45 minutes. Everything will be kept confidential and anonymous. It's a great opportunity to share your feedback and help improve our federal health programs. We also are offering \$75 to say "thank you" for participating in the interview if your hospital allows you to accept that. May I ask you a few questions to see if you are eligible to participate? This will take just less than 5 minutes. [IF RESPONDENT INDICATES THAT THIS IS NOT A GOOD TIME, SCHEDULE A CALL BACK TIME.]

Core Eligibility Questions

1. Can you join an online Zoom meeting for the interview? This requires having access to a computer or tablet with high-speed internet.
 - ☐ Yes
 - ☐ No **[End: *Thank you for your time. We are only able to recruit people who can join a Zoom call.*]**

[Recruiter: If candidate is not familiar with Zoom, you can use this description: Zoom is a way to join a video discussion. All you have to do is click on a link that we will email to you. You have to have speakers and a camera on the computer or tablet you use.]

2. In the past year, did you personally go into the Open Payments system online to affirm or dispute your hospital's payment data? [If needed: *Open Payments is a national program that makes information about payments health care providers and teaching hospitals receive from drug and other companies publicly available online.*] The options are:
 - ☐ Yes
 - ☐ Someone else did it. Specify job title of other person: _____ **[If possible, obtain other person's name and contact information, and end: *We are only able to recruit people who have personally checked Open Payments data in the past year.*]**
 - ☐ No **[End: *Unfortunately, you don't qualify for the study. We are only able to recruit people who have personally checked Open Payments data in the past year.*]**

Scheduling

3. Could you participate in a 45-minute interview on [exact date/time or a range]?
 - ☐ Yes
 - ☐ No **[End: *Thank you, you do qualify, so if your schedule clears up, please let me know.*]**

Contact Information

4. What is your email address so we can send your invitation to the interview with the Zoom link?

Email address: _____

5. What is the best telephone number to reach you?

Telephone #: _____

Thanks for agreeing to participate! Please mark your calendar for [date/time]. We will send you an invitation by email with the Zoom link and a consent form to sign in advance. Just as a reminder, you will have to join from a computer or tablet with Internet access in a quiet place where you can participate for 45 minutes. The screen on a smartphone won't be big enough. When you go into Zoom, please enter only your first name so that is what appears on screen. If you cannot make the call for some reason, please contact me as soon as possible. My number is XX. Thanks again. We appreciate your input.

Interview Consent for Health Care Providers/Teaching Hospital Administrators

PROJECT DESCRIPTION

You are being asked to participate in an interview. This form describes the purpose, procedures, benefits, risks, and precautions related to the interview. It also describes your right to withdraw from this project at any time. A member of the project team is available to read through this form with you and discuss all the information if you wish.

- **Project Sponsor:** This project is sponsored by the Centers for Medicare and Medicaid Services (CMS).
- **Project Purpose:** The purpose of the project is to better understand what health care providers and hospital administrators think about a CMS program.
- **Procedures:** You are being asked to participate in an interview to discuss programs and other topics of interest to you and health care consumers. A researcher will interview you privately. The interview will take place over the web and telephone. The discussion will take about 45 minutes. Up to 48 participants will be interviewed. We would like your approval to audio record the interview. The audio recording will let the researcher focus on what you have to say instead of taking notes.
- **Cost to Participants and Compensation:** There is no cost to you for participating in this interview. You will receive [\$150 for primary care; \$225 for specialists; \$75 for teaching hospital administrators] as a token of appreciation, which will be sent after completing the interview.
- **Benefits:** There are no direct benefits to you for being interviewed, although you may find it interesting or learn something new. Your thoughts and opinions will help improve government health programs.
- **Discomforts and Risk:** The risks due to being in the project are very small. There might be social or work consequences if what you say becomes known to others. However, this is very unlikely because we will store all data securely and will keep all information safe and private.
- **Voluntary Participation:** Your participation is voluntary. If you choose to take part, you have the right to stop and/or not answer a question at any time.
- **Confidentiality:** Any information collected during the interview will stay private and will be kept in secure files. Although we will record the discussion, the audio recording will be transcribed and then erased. Names of participants will not be written down on paper transcripts—they will be kept separately in secure files. Only the evaluation team working on this project will have access to your personal information. The final data that CMS will receive will not include any participant names and will be aggregated (grouped together with all responses) to ensure that your individual responses cannot be linked to your personal information. The results of this project may be presented at meetings or in published articles. However, your name will never be included.
- **Questions and Contact Information:** We will answer any questions you have about the interview before you take part. The researcher carrying out this project is _____. If you have questions later, you may contact _____. You will be given a copy of this form to keep.

If there is any part of this consent form that you do not understand, ask the researcher before signing.

AUTHORIZATION

I have read this consent form about the interview or it was read to me. I understand the possible risk and benefits. I know that being in this project is voluntary and that I can stop at any time. I choose to be in this project. I have received a copy of this consent form.

Signature: _____

Print Name (participant) _____ Date _