

ENSW Baseline Semi-Structured Interview Guide

INTRODUCTION

Thank you for talking with me/us today.

[Consent process: Prior to starting interview, confirm consent documents have been received and read, ask if there are any questions, and ensure questions have been answered. If documents were not received, go through the verbal consent script, allowing for questions.]

As you know, we are part of the research team for the EvidenceNOW Southwest project. We are interviewing providers and staff from a sample of up to 26 practices in EvidenceNOW— from Colorado and New Mexico. We want to learn more about practice context and how that might affect how EvidenceNOW is implemented and adopted by practices. In particular, we want to hear about what happens internally and externally that might affect how your practice makes changes to improve cardiovascular care for your patients.

I/we have some open-ended questions I'd/we'd like to ask you. There are no right or wrong answers. We really want to hear about your experience, opinions, and thoughts. We will use the information to develop summary reports about what factors may affect the implementation and adoption of EvidenceNOW Southwest. The interview data itself will not be shared with anyone outside of the research team. We will not include names of specific practices, staff, or providers in any reports or publications. If we use any quotations, all identifiable information will be removed.

Of course, this is voluntary and you can choose to not answer a question.

Lastly, we would like to audio record this interview so we have accurate notes. The recording is only for the research team and will be kept confidential. Do I/we have your permission to start the recording?

[Confirm that interviewee agrees to audio recording. If agrees, start recording now; if not, remind them that you will be taking detailed notes].

BACKGROUND

We'd first like to hear about you and your practice.

1) Can you please tell us a little bit about yourself and what your roles are in this practice?

2) [Practice Applicant and/or Practice Lead Only]

What do you think interested you or motivated your practice to sign up for EvidenceNOW Southwest?

PROBE: If respondent doesn't know, ask who might.

CONCURRENT / COMPETING PROJECTS AND CAPACITY

We know that most primary care practices are very busy with patient care and also work on multiple projects, initiatives, or participate in research.

3) How would you describe this practice's past experience with quality improvement (QI) activities?

PROBES: Formal? Informal? What kinds of topics/issues? Tools and processes used?

a) What types of external support, such as a coach or facilitator or IT support, have you had?

b) What other practice improvement initiatives or quality improvement projects is your practice actively participating in now?

c) How do these other initiatives or projects affect your practice's capacity to work on ENSW-specific goals (that is, improving cardiovascular care)?

PROBE: Do you have sufficient capacity to work on all of these programs?

4) How much reserve is there for any new programs and urgent projects that come along?

PRIORITY, LEADERSHIP, AND SUPPORT FOR ENSW

Because practices are busy places with lots of demands on the time and attention of staff and providers, we'd like to understand how ENSW fits in.

5) How important are the objectives (to improve cardiovascular care) of ENSW?

6) How high of a priority is ENSW for you? (low, medium, high)

7) How engaged are providers? Staff? Administration? in ENSW?

PROBE: How would you describe attitudes toward the ENSW project among providers? Staff?

8) Who is the champion--in this practice--for this project? In other words, who is leading the opinions and has strong interest in ENSW?

PROBE: Is there also a [staff][clinician] champion for ENSW?

9) ENSW provides some support in the form of a Practice Facilitator, a CHITA, Regional Health Connectors, and any resources, tools, and guidance they provide. How does this approach fit with your practice's overall approach to how your practice operates and makes changes?

PROBE: How much does ENSW help compared to trying to make changes on your own to meet your goals?

10) What resources has your system or practice provided—such as time, funding, space, or encouragement—to work on ENSW?

11) How is information about ENSW communicated from leadership to the rest of the practice?

12) Do the staff have enough training and experience to make the changes you want to make?

PROBE: What other types of training do your clinicians or staff need that would help this project in your practice?

PRACTICE CHANGE PROCEDURES and PROCESSES

The next set of questions will help us understand how different practices improve and change.

13) How would you describe your practice culture around quality improvement or practice improvement?

PROBE: How much of shared understanding of quality improvement is there in this practice?

14) As you know, reporting your clinical quality measures is an important component of EvidenceNOW. What has been this practice's past experience with documenting and reporting any clinical quality measures not including ENSW?

PROBE: Did you get external help or support with reporting measures?

a) In what ways have you used any clinical quality measures or other clinical data to help make changes or improvements to your clinical practices?

PROBES: Any other types/sources of clinical data (i.e., registry numbers, other EHR measures, population health programs)?

15) [Clinicians only] How does your practice typically integrate new clinical guidelines into routine practice?

PROBES: Who decides which guidelines to work on? How do you hear about it?

16) In general, how have you used a team approach when making changes in your practice?

PROBES: How do you include everyone? How do you plan for or prepare for changes?

17) Looking ahead, what do you think will be the biggest challenges to adopting and implementing the changes or making the improvements you're thinking about for ENSW [refer to PIP and DQIP]?

PROBES: Internal factors—like staffing, policies or procedures, other issues inside the practice? External factors affect your practice's ability to make changes and improvements related to ENSW (includes national, regional, local, and system issues, but are outside of this practice's walls).

PATIENT INPUT

The last few questions ask about input or feedback on the practice from patients, family members or community members.

18) What experience does your practice have in getting regular input from patients, family or community members?

PROBES: Patient advisory council? Patient surveys? Patient input in other ways—QI team, meetings, focus groups?

19) What do you think about having more active participation or input from your patients?

PROBES: Benefits? Burdens?

- a) **How much do you think your patients care about what your practice does to improve cardiovascular care?**

20) [ENHANCED GROUP ONLY] From your PIP/DQIP, it looks like you plan to_____ . What do you hope this will do to improve your practice?

OBSERVATION [approx. 15 mins; questions asked during the walk through, if needed]

Every practice we visit is different. It helps us understand what you talked about if we can actually see where things happen.

- 21) Can you walk us through a typical patient visit?
 - a) Where are any significant bottlenecks that can happen during this process?
 - b) What are the bottlenecks before the patient visit?
 - c) What are the bottlenecks after the patient visit?
- 22) When something urgent comes up with a patient, where do clinicians and staff talk and share critical information?
- 23) How might processes change when you start/continue working on improving [FILL IN WITH PIP AND DQIP GOALS]?
 - a) Who will be most affected by the changes? (patients, staff, clinicians, administrators)
 - b) Are they involved in planning the changes?
- 24) Where do you typically meet as a team or group?
- 25) [OBSERVER: Look for evidence of BCT materials being displayed and used.]