

Appendix E. Semistructured Interview Guide (Provider and Clinic Staff)

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Domain 0. Understanding interviewees' clinical / administrative role.

1. Can you tell me a little bit about your clinical background and your role at CHA?
2. How long have you been at CHA? How about in your current role?
3. How much of your role would you say involves direct contact with patients?
4. How about with other types of providers?

Domain 1. Obtaining information on patient preferences and barriers to treatment

***MODIFY FOR THOSE NOT DIRECTLY SOLICITING PREFERENCES (CCMs, Possibly some Director / Practice Manager types) –

- *instead of asking “when you are developing a treatment plan, ask “when providers...how do they learn about...”*
 - *and/or skip to more general questions (SKIP Question 1, 2, 3, MODIFY questions 9,10 about treatment plan)*
 - *and/or focus more on barriers to care and how those are addressed*
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Obtaining Information on patient preferences

1. When you are developing a treatment plan with a patient, how do you learn about your patients’ preferences related to treatment options?
2. Do patients usually volunteer such information?
 - a. If not, how do you ask about their preferences?
3. What are the challenges to asking patients about their preferences in your practice?
4. How useful would it be to you to collect this kind information on preferences routinely at [SHPC], say through a survey that patients could take before coming in to the exam room with you?

Obtaining information on barriers to treatment

5. How often do you obtain information from patients about social, economic, personal or other barriers that may interfere with their treatment plans? Do patients volunteer such information?
 - a. How do you usually ask patients about these barriers? What are the challenges to eliciting this kind information in your practice?
6. If you learn about patients’ treatment barriers, what do you typically do with that information?
7. What types of barriers do you feel you can help with?
 - a. What types of barriers are more difficult for you to address?
 - b. How often are you presented with patients who have barriers you [**can address / cannot address**]?
8. How useful would it be to collect this kind of information on barriers to care routinely, say through a survey that patients could take before coming in to the exam room with you?

Developing a treatment plan

9. How do you use the information regarding preferences and barriers to care that patients share with you in developing a treatment plan?

10. What do you do when a patient does not appear to want to actively engage with you in developing a treatment plan --for example, when a patient asks you few questions, does not express preferences among treatment options, or wants to defer decision making to you?

Domain 2. Patients' experiences of discrimination in health care settings.

1. How often do you and your patients talk about their good or bad experiences in other healthcare settings?

2. In your experience working with patients, how often you see evidence of past experiences of discrimination or unfair treatment in the health-care system (either here at CHA or at other health systems)?

1. How do you usually learn about them?

2. How does knowing about unfair treatment impact how you work with that patient?

3. Does it ever impact your work with other patients?

3. **[DATA ONLY]** As part of this study we surveyed about 1500 people with depression and/or diabetes nationwide. I want to share a few of our findings.

1. We found that for those taking the diabetes survey, 10% of black respondents and 9% of Hispanic respondents had experienced discrimination by medical providers or staff, vs. 5% of white respondents.

2. For those taking the depression survey, people reported discrimination more often: 37% of black respondents had this experience, as well as 21% of Hispanic respondents, and 12% of white respondents.

4. What do you think about these findings?

5. We didn't survey all CHA patients, but do you expect these numbers would compare to patients you see in your practice?

1. What makes you think they would be [**higher / lower / about the same**]?

2. How about in other healthcare settings?

Domain 3. Influence of past discrimination on treatment preferences.

1. **[DATA ONLY]** In our survey, we found that people who had experienced discrimination actually did show different preferences for their treatment, on average.

1. In people with diabetes, those who experienced discrimination were more likely to prefer behavior modification (diet/exercise) over medications than people who hadn't experienced discrimination. In other words, to mostly manage the condition on their own.
2. In those with depression, those who had experienced discrimination were more likely to prefer medications instead of talk therapy vs those who had not experienced discrimination.
2. What do you think about these findings?
3. Is that what you would have expected based on what you see in your own patients or what you know about the research?
4. **[DATA ONLY]** In our project we also talked to 40 people who took the survey and asked them about their experiences with discrimination in health care. Most of these people were from the national sample, although 16 of them were patients who see local providers in the area.
 1. People told us about experiences of being treated unfairly, including because of their race/ethnicity, gender, because English was a second language, income or insurance status, and also because of mental health diagnoses.
 2. Some examples included assumptions that doctors would make about patients' ability or interest to maintain healthy lifestyles, many assumptions about intelligence or abilities of people who had mental health diagnoses, and also patients' likelihood to end up addicted to medications or illegal substances.
 3. Overall, they told us that experiencing discrimination often made them less likely to seek care in the future. People also reported leaving the office, delaying needed care in the future (avoiding certain clinics entirely for example), and avoiding bringing up some issues with their doctors (like pain) to prevent potential misunderstandings.
 5. What's your reaction to these findings?
 6. How often do you see patients with similar experiences?
 7. People that we spoke to said they rarely filed a formal complaint about these experiences or spoke to their doctors about them.
 1. How aware do you think you are of these experiences for your patients, when they have occurred in the past or in other health care settings?

Domain 4. Can elicitation of past discrimination improve treatment plans?

[INTRO] Based on the idea we have just been discussing, in this study, we are interested in determining whether eliciting information about a patient's past discrimination experiences *and* their preferences regarding treatment options might help clinicians and patients create better treatment plans for diabetes and depression.

1. Do you believe that obtaining information about past experiences with discrimination could improve the development of treatment plans?
 - a. If yes, how could this information be used?
2. Do you see any potential downsides to collecting this information?
3. What do you think about the idea of collecting information on past discrimination through a survey that patients could take before coming in to the exam room?
 - a. Would this be helpful?
 - b. If so, how might you be able to use this information?

Domain 5. How to improve preferences/discrimination/barriers elicitation at SHPC/CHA

[INTRO] Now I'd like for us to focus on the more practical issues of how we as a system (CHA) and clinic (SHPC) might go about eliciting the kind of information we have been talking about: preferences, barriers to completing a treatment plan, and past discrimination.

We would welcome any ideas about this but we have been thinking broadly about developing some sort of survey that would ask patients about these issues before going in to clinical encounters with providers. The information from the survey would then be available to providers in the encounter to inform discussions of and development of treatment plans.

1. What do you think about this idea?

[APPROPRIATENESS]:

2. Do you think this would help improve care for your patient population?
3. If so, what problems do you think this might help solve?
4. Are there certain groups of patients you think this would be especially helpful for?
5. Where do you think this kind of quality improvement would rank for CHA as an organization? What other things do you think would be higher priorities right now?

[ACCEPTABILITY]:

6. How do you think providers would feel about having this information?

7. How do you think patients would feel about being asked questions like the ones we've talked about?
8. How do you think providers and patients would react to having a discussion based on the results of these surveys?

[FEASIBILITY]

9. What barriers do you see in gathering the survey data?
10. Now, what barriers do you see to using such data in discussions with patients about setting treatment plans?
11. If implemented, what form do you think would make the most sense for gathering information from this survey: paper, computer screen (or ipad), or in-person?
12. Where do you think would be the best place for patients to take the survey: at home, in the waiting room, or in the office with a provider, nurse, or assistant?
13. When do you think would be the best time for someone to take it? (First visit at CHA, new diagnosis of a condition, before a visit, etc).
14. As a provider seeing patients, how would you want the results communicated to you, and where do you think results should be stored?

Domain 6. Feasibility of discrete choice experiment (DCE)

SKIP FOR COMPLEX CARE MANAGERS

[INTRO]

One way we have used to collect this information in our survey is through a method called a discrete choice experiment or DCE, which comes from marketing research and has been used in medical settings before.

It looks like this (*show survey sample*).

In our case, it consists of pairs of providers under which there are 5 components of care. Each component can vary. As the survey continues, one or more components changes value and the person chooses his/her preferred provider each time. Repeating this multiple times generates data that allow one to rank preferences/concerns about components of care in order of importance to the patient. The provider could use this information about the relative importance of components of care to optimize treatment plans for individual patients.

The output of this DCE process could be a graph of preferences/concerns about different components of care that could be quickly and efficiently be reviewed by the provider when formulating a treatment plan with a patient.

The graph could look something like this: *[show graph made by Ben]*

Now some questions about this:

[APPROPRIATENESS]

1. Thinking specifically about the DCE, how much better or worse do you think it would be at capturing true patient preferences for your patient population than simpler alternatives (like asking patients to rank their preferences themselves)?
2. How might DCE work better than some simpler options? How might it work worse?

[ACCEPTABILITY]

3. What do you think about this “discrete choice experiment” method of elicitation?
4. How would you feel about using this type of method with patients here at CHA
5. How do you think other providers you work with might feel?
6. Thinking of your patients, how do you think they might react to this kind of preference elicitation survey?

[FEASIBILITY]:

- What do you see as potential barriers to using the DCE method (as opposed to other methods) to ask patients about their preferences?
- What are some ways you think that those barriers could be overcome?
- Ultimately, do you think that DCE would be a better way to collect information about preferences and barriers, compared with a traditional survey that collects such information?

How likely do you think this would be to work?