

Request for Approval under AHRQ’s Generic Clearance “Questionnaire and Data Collection Testing, Evaluation, and Research for the AHRQ” (OMB Control Number: 0935-0124)

TITLE OF INFORMATION COLLECTION: AHRQ Publicity Center Patient-Centered Outcomes Research Awareness Campaign Health Care Provider Concept Testing

PURPOSE:

To use focus groups with health care provider (HCPs) to test four (4) text-only engagement strategies and up to 12 creative executions of the strategies (text and graphics). These executions, designed to look like draft advertisements, will be further developed into an awareness campaign for English-language HCPs as a part of an AHRQ Publicity Center Patient-Centered Outcomes Research Awareness Campaign (PCOR). These focus groups will also be used to test the most recent version of the consumer advertisement (developed after a previous round of research). A total of 10 focus groups consisting of 9 HCPs each will be conducted.

The AHRQ patient-centered outcomes research awareness campaign is a multi-media campaign to make research-based comparative health information recognizable for consumers and HCPs and motivate both groups to seek out AHRQ resources. Concepts will be tested for comprehension and satisfaction with HCPs through the use of focus groups. A later research phase, to be submitted under another OMB clearance request at a later date, will be held for Spanish-language consumers.

Each of the 4 engagement strategies will have 2 to 3 creative executions (see Table 1, below, for concepts and corresponding executions) that will be tested with the audiences, for up to 12 creative executions (see Attachment D – Creative Executions). With audience feedback, AHRQ can determine if the creative executions are understood by the audience and if they are motivating.

Table 1: Engagement Strategies and Creative Executions

Engagement Strategy	Creative Executions
Time Saver	<ol style="list-style-type: none"> 1. When you’re in the business of saving lives, you appreciate anything that can save you a few minutes. 2. Research faster. Treat better.
Built For You	<ol style="list-style-type: none"> 1. Comparative effectiveness research served the way you like it. 2. Comparative effectiveness research that cuts to the chase (without scalpel).
Shared Language	<ol style="list-style-type: none"> 1. What you tell patients about treatment options. Is not always what they hear. 2. Comparative effectiveness research that fosters better doctor-patient communication. 3. I think I might need a micturoscopy.

<p>Combined Platform Messages</p>	<ol style="list-style-type: none"> 1. Why check out a new research source when you feel good about what you're using now? 2. Compare and explain treatment options with surgical precision.
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Concepts and their executions will be tested in 90 minute focus groups located in both urban (Baltimore) and rural/suburban (Atlanta) locations.

This submission covers data collection as a result of screening participants for inclusion in the focus groups and conducting the focus groups (see Attachment A – Screening Questionnaire and Attachment B – Focus Group Moderator Guide). The screening instrument will be completed by as many as 320 persons to reach the desired focus group sample size. In order to participate, potential participants must be willing to answer questions and meet certain criteria such as:

- For how many years have you been in practice?
- Do you access the internet or other online resources on a computer or via mobile technology (iPhone/iPad, Android, Blackberry, etc.) for professional use?
- When diagnosing a patient with a new condition, how likely are you to refer him or her to specific patient information resources?

Prospective participants will then be asked a series of demographic questions such as their:

- Age
- Race/Ethnicity
- Gender

A trained focus group moderator will use a semi-structured moderator guide (Attachment B – Focus Group Moderator Guide) to guide discussion. Before entering the focus group room, respondents will read and sign a consent form (Attachment C – Focus Group Consent) and have an opportunity to ask questions.

DESCRIPTION OF RESPONDENTS:

Respondents will be a mix of health professionals who have been in clinical practice for a mixed number of years.

A health care professional is defined as someone who makes treatment decisions and/or educates about treatment decisions: doctors (MDs), physician assistants, nurse practitioners or registered nurses.

Health care professional focus groups will be further segmented based on openness to patient involvement in treatment and treatment decisionmaking as seen in Table 1, below.

Table 1: Focus Group Audience Segmentation (n=10 groups)

Segment	Baltimore (urban)	Atlanta (rural/suburban)
Doctors	2 <i>Segmented into one "open" and one "closed" group</i>	2 <i>Segmented into one "open" and one "closed" group</i>
Physician Assistants/Nurse Practitioners	2 <i>Segmented into one "open" and one "closed" group</i>	2 <i>Segmented into one "open" and one "closed" group</i>
Registered Nurses <i>(not segmented by open/not open)</i>	1	1

"Open" health care professionals are those health professionals that are "very likely" or "somewhat likely" to refer a patient to a specific patient-information resource.

"Closed" health care professionals are defined as those health professionals that are "unlikely" to refer a patient to a specific patient-information resource.

TYPE OF COLLECTION: (Check all that apply)

Customer Comment Card/Complaint Form

Usability Testing (e.g., Website or Software

Focus Group

Customer Satisfaction Survey

Small Discussion Group

Other: Screening Questionnaire

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Doris Lefkowitz

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

AHRQ will offer eligible persons \$150 as an incentive to participate in the 90 minute focus groups. Participants will be specialized healthcare professionals in clinical practice who will be required to attend the group during hours they may normally be seeing patients. In order to take part in these activities, participants will have to find transportation to a centrally-located facility and will also be reimbursed for their transportation and parking costs. Although it may be possible to conduct this study while providing a smaller incentive amount to participants, experience suggests that doing so would increase the resources needed for recruiting participants with the desired clinical background, thus increasing the overall project cost to the government.

Category of Respondent: Private Sector

BURDEN HOURS

The screening questionnaire will be completed with 320 HCPs; 90 are expected to both screen-in and agree to participate in the focus groups (10 groups with 9 HCPs per group). The screening questionnaire is estimated to take 5 minutes to complete, although many may screen-out before completing all the questions. The focus groups will last 90 minutes.

Form Name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Screening Questionnaire	320	1	5/60	27
Focus Groups	90	1	1.5	135
Total	410	na	na	162

FEDERAL COST: The estimated annual cost to the Federal government is \$106,000

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
[X] Yes [] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

For recruitment of respondents, we will use a professional focus group recruitment firm in each city (Baltimore and Atlanta). Respondents will come from the facility database of healthcare providers who have previously indicated their willingness to participate in a focus group. They will be contacted initially by phone (see Attachment A for the introductory telephone script).

The recruiters will use the screening questionnaire to further select the appropriate respondents (see Attachment A – Screening Questionnaire). This will ensure that selected respondents meet study criteria and have not recently participated in a similar focus group.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

List of Attachments:

Attachment A – Screening Questionnaire

Attachment B – Focus Group Moderator Guide

Attachment C – Focus Group Consent Form

Attachment D – Draft Advertisements