

Attachment B2

Interviewer:	_____
Date:	_____
Letter sent:	_____
Reconfirmation Call:	_____

Group:

**SCREENER FOR FOCUS GROUPS
NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS**

**CALL INTO PRIVATE PRACTICES
RECRUIT NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS TO SEPARATE
GROUPS**

**RECRUIT 8 PER GROUP >>RECRUIT ONLY 1 PER PRACTICE
NEED GOOD MIX BY SMALL AND LARGE PRACTICE**

Hello, I'm _____ with _____, an independent marketing research firm. We are not selling any product or service. We are conducting a research study among health professionals on behalf of the U.S. Department of Health and Human Services and would like to include your views. My questions will only take a few minutes. May I speak with (name)?

1. First, do you, or does any member of your household or immediate family work for, or receive any compensation from:

A market research company _____

An advertising agency or public relations firm _____

The media (TV/radio/newspapers/magazines) _____

The federal government _____

A company that provides IT support (including systems and software) to medical practices or hospitals _____

For a health insurance provider _____

For a managed care organization _____

As an employee or advocate at an organization that focuses on health

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(Such as the American Cancer Society) _____

[IF "YES" TO ANY >> GET SPECIFICS AND HOLD]

2. What is the specialty of the practice where you work?

**MUST BE GP/FP/IM/PED TO QUALIFY
[ATTEMPT MIX, BUT RECRUIT MAX. 2 PEDS]**

2A. *[ASK IF IM ONLY...]*

What percentage of the practice is for primary care?

_____ % **[MUST BE AT LEAST 50% TO QUALIFY]**

3. How long have you been in your field?

_____ >> **[MUST BE AT LEAST 2 YEARS TO QUALIFY] [NEED GOOD MIX]**

4. Do you currently work in a private practice?

Yes _____

TERMINATE >> No _____

4A. What percentage of your time is spent seeing patients in a private practice versus time spent in hospitals, clinics, or in academia?

_____ % >> **[MUST BE AT LEAST 50% TO QUALIFY]**

[NOTE: MUST BE IN PRIVATE PRACTICE & SPEND AT LEAST 50% OF THEIR TIME SEEING PRIVATE PRACTICE PATIENTS TO QUALIFY. IF WORK ONLY IN A PUBLIC SETTING - IN A HOSPITAL, CLINIC, OR IN ACADEMIA >> TERMINATE]

4B. What is the name of the practice where you work?

_____ >> **MAX 1 PER PRACTICE**

5. How many doctors, physician's assistants, and nurse/nurse practitioners are in your practice?

Doctors _____

Physician's Assistants + _____

Nurse or Nurse Practitioner + _____

Total = _____

IF TOTAL IS LESS THAN 8 > RECRUIT AS SMALL PRACTICE
IF TOTAL IS 8 OR GREATER > RECRUIT AS LARGE PRACTICE
NEED GOOD MIX OF SMALL AND LARGE PRACTICES REPRESENTED

6. Please tell me your age. _____ [NEED MIX]

7. [Record Gender] [ATTEMPT MIX]

Male _____

Female _____

8. Have you ever attended a focus group discussion? By that we mean an informal, round-table discussion, conducted by a professional moderator, in which you were asked your opinions regarding a product, a service, or advertising?

ASK A-C >> Yes _____

INVITE TO GROUP >> No _____

A. How many of these groups have you attended?

B. What was/were the topics discussed?

C. How long ago was the last one of these groups you attended?

[INVITE TO GROUP]

Thank you for answering my questions. As I mentioned, we are conducting a study on behalf of the US Department of Health and Human Services among health professionals regarding electronic health records. Your input is critical to the success of the project.

In order to accomplish our research objective, we would like to invite you to take part in an informal, group discussion to be conducted on [DATE] at [TIME]. The discussion will be lead by a professional moderator and will last **1.5 hours** or less. We are confident that you will enjoy the exchange of information and will find it beneficial.

As a token of appreciation for sharing your views, you will receive a [AMOUNT] cash incentive at the time of the discussion. If you prefer, we can donate the [AMOUNT] to a charity of your choice.

We can only invite a select number of health professionals to take part. Can we schedule your participation?

[If yes, read.....]

If you need glasses for reading or watching TV, please bring them with you to the discussion.

[Record Group]

Group/Date/Time:

ID# _____

NAME: _____

PRACTICE NAME: _____ **(RECRUIT MAX 1 PER)**

ADDRESS: _____

CITY: _____

ZIP CODE: _____

PHONE: (DAY) () _____

(EVE) () _____

(FAX) () _____

(CELL) () _____

(EMAIL) _____