

SUPPORTING STATEMENT A: INCENTIVES

No honorarium will be provided for participants answering screening questions. An honorarium of \$40.00 will be provided to participating healthcare providers as a token of appreciation for their involvement.

SUPPORTING STATEMENT: B COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Respondent Universe and Sampling Methods
2. Procedures for the Collection of Information
3. Methods to Maximize Response Rates and Deal with Nonresponse
4. Tests of Procedures or Methods to be Undertaken
5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Background:

Information is being collected by the National Chlamydia Coalition (NCC) as part of their continuous quality improvement efforts to maintain up-to-date and useful resources for healthcare providers. The NCC is a coalition of healthcare providers and key stakeholders devoted to improving rates of chlamydia screening among sexually active young women in accordance with recommendations made by the Centers for Disease Control and Prevention, (CDC) and United States Preventive Services Task Force. Although information is not being collected at the specific behest of CDC, the NCC is solely funded by CDC through a cooperative agreement.

1. Respondent Universe and Sampling Methods

Purposive sampling will be used to recruit primary care providers for participation. Members of the NCC will refer eligible providers (i.e., a mix of general practice physicians, family practice physicians, and internal medicine physicians who provide routine care for patient audiences for whom screening is recommended; nurse practitioners and physician assistants working in primary care settings; and, RNs in primary care settings).

Final selection of providers will also be based on geographic dispersion, variability in practice setting, and physician/nurse designation to ensure a wide variety of provider types are represented. Participants will be administered a screener to verify eligibility

2. Procedures for the Collection of Information

Primary care providers will answer a short series of screening questions to evaluate their eligibility to participate. Based on feedback from selected primary care providers who do not have a focus on sexual or reproductive healthcare delivery, the National Chlamydia Coalition will modify existing online resources (<http://ncc.prevent.org/info/healthcare-providers>) designed to help primary care providers increase appropriate screening of sexually active young women for chlamydia. Per feedback from primary care providers who have accessed the resources online, materials will be modified as needed to make the resources more accessible and useful for providers who do not have a focus on sexual and reproductive healthcare. The intent is to improve

resources so that they will be of greater use to healthcare providers who provide general primary care above and beyond those healthcare providers with a focus in sexual or reproductive healthcare.

Selected participants will be provided with a case study. This case study will direct them to use the NCC website to seek answers questions that might arise in their clinical encounters in order to determine the ease of use and relevancy of existing resources on the NCC website. Information on this experience will be collected via telephone focus groups led by a moderator. A note taker will be used to take notes on the group's discussion. Qualitative analysis will be used to elicit key themes and important points. Data will not be published but will be used by project staff to inform modifications and changes to existing online resources. PII will be collected for the purposes of distributing an honorarium to participants (\$40). Completion of the screener, review of the online resources, and participation in the discussion group will take up to 2 hours on the part of participants. This project does not require IRB review but has received a determination of non-research by the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at CDC.

3. Methods to Maximize Response Rates and Deal with Nonresponse

Not applicable

4. Tests of Procedures or Methods to be Undertaken

Not Applicable

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

No consultations were undertaken.