

Concept Testing: HCP Screener

OMB No. 0920-0572
Expiration Date 08/31/2021

Introduction

We are seeking providers interested in participating in an online survey. We are conducting this work on behalf of the U.S. Centers for Disease Control and Prevention, also known as CDC. If you qualify and complete the survey, you will receive \$ [MD: 45, ENDOCRINOLOGIST: 65; OTHER PROVIDER TYPE: 45] as a token of appreciation. To see if you qualify to take a survey about diabetes education, please answer the following questions. These questions will take less than 5 minutes to answer and your answers will be confidential.

I agree to answer questions

I do not agree to answer questions

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0572).



What is your gender?

Male

Female

Other

Are you a...

Physician/MD/DO

Nurse Practitioner

Registered Nurse

Advanced Practice Registered Nurse

Physician Assistant

Other

What is your medical specialty?

General Practice/General Medicine/Internal Medicine/Family Medicine

Endocrinology

Other

Which of the following medical specialty area do you work in?

Endocrinology

Internal Medicine

General/Family Medicine

Other

Are you a Certified Diabetes Educator, a part of the Fellows Program of the American Association of Diabetes Educators, or have a Board Certified-Advanced Diabetes Management credential (BC-ADM)?

Yes

No

What type of practice/health system(s) do you work in?

Solo or two-physician practice (independent)

Physician-owned group practice (independent)

Health care system (employed physician practice) (e.g. HMO, medical school, NGO, hospital or clinic, federal/state/local hospital or clinic, community health center)

Other

How many years have you been in practice?

Under 1 year

2-10 years

11+ years

Are most of your patient 18 years old and older?

Yes

No

Roughly what percentage of the patients you see have type 1 or type 2 diabetes?

Less than 20%

20% or more

Do you serve adult patients with type 1 diabetes?

Yes

No

Now I'd like to ask you some questions about your referral practices. Do you refer your patients with diabetes to a diabetes educator or team of professionals who provide education and support in an individual or group setting?

Yes, I refer to diabetes self-management and support services (DSMES)

No

Do you know if the diabetes education and support you refer your patients to is accredited or recognized by the American Diabetes Association (ADA) or Association of Diabetes Care and Education Specialists (ADCES, formerly known as American Association of Diabetes Educators or AADE)?

- Yes, it is/they are accredited/recognized
- No, it is/they are NOT accredited/recognized
- I don't know

Is this diabetes education program or service within your practice, within your health care system/organization, part of an external organization, or offered online?

Within my practice

Within my health care organization

External organization

Online

Do you work in a rural, urban, or suburban area

Rural

Urban

Suburban

Roughly what percentage of your patients are:

| | 1-24% | 25-49% | 50-74% | 75-100% | Don't know |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Hispanic or Latino | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Asian, Native Hawaiian, or Pacific Islander | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| American Indian or Alaska Native | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Black or African American | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Roughly what percentage of your patients are insured by:

| | 1-24% | 25-49% | 50-74% | 75-100% | Don't know |
|-------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Private insurance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medicare | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medicaid | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Are uninsured | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



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Thank you very much for your time today. You do not qualify for the survey. Thank you for your interest.



Concept Testing: HCP Consent Form

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Identification of Project: Survey with primary care physicians.

Authority for Collecting Data: Section 301 of the Public Health Service Act.

Purpose: The Centers for Disease Control and Prevention (CDC) is the sponsor of this project. FHI 360 is helping with this project. The purpose of the project is to find ways to increase awareness about and participation in diabetes self-management education and support (DSMES) services, and increase referrals from health care providers. What you share may help CDC and its partners better communicate and provide information about diabetes education services.

Procedures: We have asked you to participate in a survey. During the survey, you will be asked your thoughts, opinions, and ideas about DSMES. The survey will last about 15 minutes.

Information Security: There will be a written report based on the findings of the survey. We will keep your responses secure to the extent permitted by law. We will NOT put your name in the report.

Risks: Doing this survey should not place you at any greater risk than you would be at in your daily life.

Benefits, Freedom to Withdraw, and Ability to Ask Questions: This project is not designed to help you personally; however, it may benefit you in understanding some of the barriers to and benefits of referring patients to DSMES services. It is intended to help CDC understand how to communicate certain health-related information to different audiences. You do not have to answer questions that you do not want to answer. You may stop at any time. You will receive \$[45/65 for endocrinologists] as a thank you.

Contact Information of Investigators:

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Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0572).

I agree to participate

I do not agree to participate



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Please provide your honest opinions to the questions.

This survey asks for your opinion on ways to describe and tell people about diabetes self-management education and support services. First you will see draft images. These images would be part of a flyer or poster from a local hospital, pharmacy, or doctor's office. Keep in mind that these are not finished. We want to know what you do and don't like about them so we can make them better.

[CONCEPTS WILL INCLUDE AN IMAGE AND ACCOMPANYING TEXT, SUCH AS A TAG LINE]

[Each person will see two different concepts or "images". After each concept is shown, they will be asked a series of questions. We will rotate the order in which they are shown.]

[First image shows on screen]

This is the first image.

Thinking about diabetes self-management education and support services, how likely do you think you are use these materials to promote these services to your patients with diabetes?

Definitely would not

Probably would not

Might or might not

Probably would

Definitely would

Please use the scale to indicate how much you agree or disagree with the following statements:

| | Disagree strongly | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree strongly |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| This service is made for patients like mine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can do what this suggests | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My patients can do what this suggests | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This grabs my attention | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This is confusing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This is offensive | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This would help me talk with my patients about diabetes self-management education services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I could trust this service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| My patients could trust this service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I already refer my patients to services like what's described | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This shows what my patients need to help them manage their diabetes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This is unique | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This is appealing to me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This is believable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This service cares about my patients and their diabetes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This service is friendly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This service is practical | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This service meets my needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This service meets my patients' needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would tell a colleague about this service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This service seems like something I would like to refer my patients to | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This service seems like something my patients would like to try | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

What, if anything, is confusing, unclear, or hard to understand?

What, if anything, you would change about this?



Now we would like to get your feedback on a second idea.

[Show second image on screen]

Thinking about diabetes self-management education and support services, how likely do you think you are use these materials to promote these services to your patients with diabetes?

Definitely would not

Probably would not

Might or might not

Probably would

Definitely would

Please use the scale to indicate how much you agree or disagree with the following statements:

| | Disagree strongly | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree strongly |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| This service is made for patients like mine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can do what this suggests | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| My patients can do what this suggests | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This grabs my attention | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| This would help me talk with my patients about diabetes self-management education services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I could trust this service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| This shows what my patients need to help them manage their diabetes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| This is believable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This service cares about my patients and their diabetes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This service is friendly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This service is practical | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This service meets my needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This service meets my patients' needs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

This service meets my patients' needs

I would tell a colleague about this service

This service seems like something I would like to refer my patients to

This service seems like something my patients would like to try

What, if anything, is confusing, unclear, or hard to understand?

What, if anything, you would change about this?



Now that you've seen both [images/brands], please tell me which one you liked best?

[Graphic 1]

[Graphic 2]

Why did you like this one best?



We thank you for your time spent taking this survey.
Your response has been recorded.