

Global Access to Non-Communicable Disease Care

# **Situational Analysis of Non-Communicable Diseases**

## **Qualitative Assessment**

### **Draft Focus Group and Interview Protocols**

June 2018

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# HEALTHRISE NCD PATIENTS

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## FGD PROTOCOL

- Objectives:** To assess access, experience, attitudes, and behaviors related to NCD care among HealthRise NCD patients.
- Methodology:** Focus Groups (8-10 participants each). If unable to gather a complete focus group, triads, dyads, or individuals may be interviewed.
- Target participants:** NCD patients of different sociodemographic backgrounds:  
Group 1: Female Somali  
Group 2: Male Somali  
Group 3: Male and Female Latino  
Group 4: Male and Female English speaking
- Recruitment strategy:** HealthRise NCD patients coming into the health care facility for an appointment will be asked at reception/check-in if they would be willing to participate in a focus group as part of the study. If positively inclined, a member of the study team will be on hand (before or after the appointment) to answer any questions and to review consent. Consenting patients will be asked to attend the focus group session on a given date and time at the specified location. Written informed consent will be obtained at the start of the interview. The session will be audio recorded for transcription and analysis.

## FGD TOPIC GUIDE

### ***Beliefs about and Attitudes toward Diabetes and Cardiovascular Disease***

*Interviewer please say:* We are interested in understanding how you view chronic diseases, specifically diabetes and hypertension.

- In your own words, what is diabetes?
- Who can get diabetes?
- Are there things a person can do to prevent getting diabetes? If so, what?
  - Probe: Why might a person not do these things?
- How can someone know if they have diabetes?
- What happens if diabetes is not treated?
  
- In your own words, what is hypertension (a.k.a., high blood pressure)?
- Who can get hypertension?
- Are there things a person can do to prevent getting hypertension? If so, what?
  - Probe: Why might a person not do these things?
- How can someone know if she or he has hypertension?
- What happens if hypertension is not treated?

### ***Knowledge Regarding Diagnosis and Treatment***

*Interviewer please say:* Now, we would like to better understand how you came to know of your condition and your thoughts regarding treatment.

- How did you learn that you had a health condition that needed treatment?
  - Probe: What were the key factors that encouraged you to seek care and treatment?
  - Probe: Do you get regular check-ups or exams (preventive care) even when you are feeling OK?
    - i. Probe: If not, why?
    - ii. Probe: If yes, where and why?
  
- How is diabetes treated?
- What are some things that help people treat their diabetes effectively?
- What are some things that make it difficult for people to treat their diabetes?
  - Probe: If you have diabetes, what have you found particularly helpful or challenging in treating your condition?
- Is it possible for someone with diabetes to enjoy a high quality of life? Explain.
  
- How is hypertension treated?
- What are some things that help people treat their hypertension effectively?
- What are some things that make it difficult for people to treat their hypertension?
  - Probe: If you have hypertension, what have you found particularly helpful or challenging in treating your condition?
- Is it possible for someone with hypertension to enjoy a high quality of life? Explain.

### ***Care Experiences***

*Interviewer please say:* Next, we would like to hear more about your experiences obtaining care and your responses to advice from healthcare professionals.

- What has been your experience in obtaining care across different care settings in your community?
  - Probe: Are you generally satisfied with the health care that you receive in your community? Why or why not?
  - Probe: Do you feel you are treated with respect when you go to a hospital or clinic?
- When you seek health care, from a doctor or other type of provider, do you generally follow the advice you are given?
  - Probe: Do you adhere to your NCD treatment plan?
    - i. If yes, what are the key factors that encourage/support your adherence?
    - ii. If not, why not? (e.g., cost, lack of understanding, lack of belief in efficacy, too difficult/complicated etc.)
- Whose medical opinion or advice do you trust most in the community? (Doctors, Nurses, CHW's, traditional/faith healers, etc.)
  - Probe: Does this differ depending on the situation/need? Explain.

### **HealthRise Specific Questions**

*Interviewer please say:* We are also interested in understanding the influence of health programs in your community.

- Have you heard of HealthRise? If so, what is it?
- Compared to the period before March 2016, have you observed or experienced any differences in health services provided or the quality of health services provided? Explain.
- Again, compared to the time before March 2016, what have you learned regarding diabetes, hypertension, or living a healthy lifestyle generally.
- Have you heard of community paramedics or community health workers?
  - Probe: If so, what are they and how do you think they differ from one another?
  - Probe: What kind of reputation do they have in the community?
- Were you offered visits by a community paramedic or community health worker?
  - Probe: What were your initial thoughts about receiving their services?
  - Probe: What did or does your primary care provider say about them?
- Have you received visits from community paramedics or community health workers?
  - Probe: If so, how often do they visit and what do they do during their visits?
  - Probe: How have their visits affected your ability to manage your health and your quality of life in general?
  - Probe: What do you like and dislike about this service?

### **Patient Empowerment**

*Interviewer please say:* Finally, we would like to hear your thoughts regarding your general quality of life and sense of control over your condition. Compared to how you felt about your condition two years ago...

- How has your outlook on life as a person living with diabetes or hypertension changed?
- Do you feel better equipped with the knowledge and resources that you need to control your condition? If so, can you provide an example and how it is important?
- Do you have a more clearly defined plan for how you will manage and treat your condition?
- Are you better able to adhere to medication schedules? If so, can you provide an example?
- Are you better able to maintain positive lifestyle changes? If so, can you provide an example?

- Are you better able to control your diabetes or hypertension related stress? If so, how do you assess this and what explains the changes?
- Do you think your condition is better controlled?

# HOUSEHOLD-BASED FRONT-LINE HEALTH CARE PROVIDERS

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## IDI PROTOCOL

- Objectives:** To assess the impact of the HealthRise program on community paramedic and community health worker empowerment, their integration into the medical system, and their perception of the program's impact on patient care and outcomes.
- Methodology:** Individual interviews and or dyads or triads of the same type of care provider.
- Target participants:** Community paramedics and community health workers who were employed by the HealthRise grant and participated in home visits. We plan to conduct up to three interviews with each type of provider.
- Recruitment strategy:** Request scheduling assistance from the program director or the program coordinator. Sessions will be audio recorded for transcription and study. Oral informed consent will be obtained at the start of the interview.

## IDI TOPIC GUIDE

### ***Provision of Healthcare and Other Health-Related Services***

*Interviewer please say:* We are interested in understanding the provision of healthcare and other health-related services in your community.

### ***Provider Roles and Challenges***

*Interviewer please say:* First we would like to know about your role in providing care to patients with chronic diseases.

- Can you provide a brief overview of your role in providing care to NCD patients – both within the HealthRise program and any outside community activities/responsibilities?
- What do you find to be the most challenging aspect of working in healthcare in your community?
  - Probe: Specifically with respect to the identification and care (treatment/care management) of diabetes and CVD?

### ***Identification and Treatment of NCDs in the Community***

*Interviewer please say:* We are also interested in your perceptions of care for patients at the community level.

- How would you describe the relationship between healthcare workers and the community?
  - Probe: Are health care professionals trusted? Sought for advice and guidance?
- How has the HealthRise program influenced the relationship between healthcare workers and the community? Examples?
- What are the key issues that support or hinder the quality of care across different care settings in your community?
  - Probe: Specifically in providing care for diabetes and CVD?

### ***HealthRise Impacts on Provider Empowerment & Practice***

*Interviewer please say:* Now we would like ask you questions regarding the HealthRise program's impact on your work and practice.

- How would you describe the HealthRise program in your setting?
- Did you work as a community paramedic or community health worker prior to HealthRise?
  - Probe: If so,
    - Do you feel better resourced or supported? Explain.
    - Has the HealthRise program changed your relationship with clinic-based providers? Explain.
    - How has the HealthRise program changed your workload?
  - Probe: If not, what did you do previously?
- Did you receive any training through the HealthRise program?
  - Probe: If so,
    - How many?
    - What were the topics?
    - Were they sufficient?
    - How would you rate the quality?
    - Was there anything that you felt was missing?
  - Probe: If not, did you want training?
- What have you learned through the HealthRise program?



- Probe: Clinically? About the health system? About your patients? About yourself?
- Compared to the time before you were involved with HealthRise, do you feel more knowledgeable or otherwise better equipped to help diabetes and CVD patients live healthier lives? Explain.
- How has participation in the HealthRise program changed your pre-existing practices or perspectives?
- How would you describe your relationship with clinic-based care providers who also care for your patients?
- How often do you communicate with clinic-based care providers?
  - Via email?
  - On the phone?
  - In person?
- How often do you communicate with the care coordinator?
  - Via email?
  - On the phone?
  - In person?
- How has the quantity and quality of communication with the care coordinator and or clinic-based providers changed since the start of HealthRise?
- Do you have read and write access to the patient medical records?
  - Probe: If so, how often do you read the records?
  - Probe: If so, how often to you add notes to the records?
  - Probe: If so, do you have confidence that the clinic-based provider will make use of your comments?

***General Assessment of HealthRise and Ideas for Improvement***

*Interviewer please say:* Finally, we would like to ask a few questions regarding the HealthRise program overall.

- Do you think the HealthRise program has led to quality of life improvements for patients living with diabetes and hypertension? Explain.
- Do you think the HealthRise model should be used more broadly? Explain.
- What could have made the HealthProgram better?
- What evidence or measures should be used to assess whether the HealthRise program was a success?

# CLINIC-BASED FRONT-LINE HEALTH CARE PROVIDERS

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## IDI PROTOCOL

- Objectives:** To gather information on access to NCD care and experiences in the provision of that care from the perspective of NCD care givers. To assess the impact of the HealthRise program on clinic-based care providers (e.g., physicians, nurses, physician assistants, etc.), the benefits of care coordination, the value of home based visits, and their perception of the program’s impact on patient care and outcomes.
- Methodology:** Individual interviews and or dyads or triads of the same type of care provider.
- Target participants:** At least one clinician from HealthFinders and two clinicians from partnering medical systems (Allina Health, District One Hospital, Northfield Hospital, or Clinics, and Mayo).
- Recruitment strategy:** Direct care providers that provide care to HealthRise NCD patients at facilities recruited into the study will be asked to voluntarily participate in a one-on-one interview during (or just before or after) normal working hours. An initial communication about the overall study will come from facility management, explaining the purpose of the study and that both providers and administrators/management at the facility will be asked to participate. Follow-up communication to relevant staff will come from either facility management or the research team directly, depending on the arrangements made facility by facility. Volunteers will be asked to schedule the interview on a specified date and time and will be informed of the purpose of the discussion as well as the nature of the questions (i.e., non-sensitive and non-personal) ahead of time—and that the session will be audio recorded for transcription and study. Oral informed consent will be obtained at the start of the interview.

## IDI TOPIC GUIDE

### ***Provision of Healthcare and Other Health-Related Services***

*Interviewer please say:* We are interested in understanding the provision of healthcare and other health-related services in your community.

### ***Provider Roles and Challenges***

*Interviewer please say:* First, we would like to know about your role in providing care to patients with chronic diseases.

- Can you provide a brief overview of your role in providing care to NCD patients – both within your health facility and any outside community activities/responsibilities?
- With regard to identification and care for diabetes and CVD, what do you find to be the most challenging aspect of working in healthcare in your community?

### ***Identification and Treatment of NCDs in the Community***

*Interviewer please say:* We are also interested in your perceptions of care for patients at the community level.

- How would you describe the relationship between healthcare workers and the community?
  - Probe: Are health care professional trusted? Sought for advice and guidance?
- How has the HealthRise program influenced the relationship between healthcare workers and the community?
- What are the key issues that support or hinder the quality of care across different care settings in your community?
  - Probe: Specifically in providing care for diabetes and CVD?

### ***HealthRise Impacts on Provider Empowerment & Practice***

*Interviewer please say:* Now we would like to ask you questions regarding the HealthRise program's impact on your work and practice.

- How would you describe the HealthRise program in your setting?
- How has the HealthRise program changed your workload?
- Did you receive any training through the HealthRise program?
  - Probe: If so,
    - How many? Were they sufficient?
    - How would you rate the quality?
    - Was there anything that you felt was missing?
  - Probe: If not, did you want training?
- What have you learned through the HealthRise program?
  - Probe: Clinically? About the health system? About your patients? About yourself?
- Compared to the time before you were involved with HealthRise, do you feel more knowledgeable or otherwise better equipped to help diabetes and CVD patients live healthier lives? Explain.
- How has participation in the HealthRise program changed your pre-existing practices or perspectives?
  - Probe: Has it led to more paper work? Improved patient relationships?
- How would you describe your relationship with community paramedics and or community health workers who also care for your patients?

- How often do you communicate with community paramedics and or community health workers?
  - Via email?
  - On the phone?
  - In person?
- How often do you communicate with the HealthRise care coordinator?
  - Via email?
  - On the phone?
  - In person?
- How has the quantity and quality of communication with the care coordinator and or household-based providers changed since the start of HealthRise?
- Do you read notes from community paramedics and community health workers that are in the medical record? Why or why not?

***General Assessment of HealthRise and Ideas for Improvement***

*Interviewer please say:* Finally, we would like to ask a few questions regarding the HealthRise program overall.

- How would you compare your HealthRise patients and non-HealthRise patients?
  - Probe: With regard to adherence (keeping appointments and taking medications)?
  - Probe: With regard to improved outcomes (controlled blood pressure and controlled A1c)?
- Do you think the HealthRise program has led to quality of life improvements for patients living with diabetes and hypertension? Explain.
- Have you observed any tangible benefit of incorporating community paramedics and community health workers into NCD care provision? Explain.
- Do you think the HealthRise model should be used more broadly? Explain.
- What could have made the HealthRise program better?
- What evidence or measures should be used to assess whether the HealthRise program was a success?

# HEALTH CARE FACILITY ADMINISTRATION/MANAGEMENT

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## IDI PROTOCOL

- Objectives:** To assess understanding of the HealthRise program, its impact on operations and care provision, and potential impact on plans for the future.
- Methodology:** Interviews
- Target participants:** Top level managers (both clinical and non-clinical) from partnering health systems (Allina Health, District One Hospital, Northfield Hospital & Clinics, and Mayo).
- Recruitment strategy:** The chief executive, medical, and operations officers at facilities that have partnered with HealthFinders will be asked to voluntarily participate in an interview by the study team. We will rely on the HealthFinders program director or coordinator to introduce the evaluators to the top level managers. The evaluation team members will contact these individuals directly to schedule a mutually convenient time for the interview (either one-on-one or collectively). Oral informed consent will be obtained at the start of the interview. The session will be audio recorded for transcription and analysis.

## IDI TOPIC GUIDE

### ***Identification and treatment of NCDs within your facility***

*Interviewer please say:* We would like to learn more about provision of healthcare at your facility.

- Does your facility partake in any outreach activities within the community to help educate, inform, and identify diabetes and CVD? (Currently, or planned for future). If yes, please describe.
- Does your facility provide any counseling or coaching services to patients with diabetes and CVD in addition to medical treatment?
  - Probe: If not, is this available elsewhere?
- Are there other programs working in or with your health facility that focus on supporting those with diabetes or hypertension?
  - Probe: If so,
    - How many?
    - What is the scope of their services?
    - How does HealthRise complement or compete with other existing programs?

### ***HealthRise Impacts on Provider Practice***

*Interviewer please say:* Now we would like to ask you questions regarding the HealthRise program's impact on your work and practice.

- How would you describe the HealthRise program in your setting?
- How has the HealthRise program affected daily operations for care providers and or administrators?
- What has HealthRise's coordinated care emphasis meant for your institution's care provision?
- Have you observed any tangible benefit of incorporating community paramedics and community health workers into NCD care provision? Explain.

### ***General Assessment of HealthRise and Ideas for Improvement***

*Interviewer please say:* Finally, we would like ask a few questions regarding the HealthRise program overall.

- Do you believe the HealthRise program has improved patient care and outcomes? Explain.
- Do you think the HealthRise program should be continued or expanded?
- Is your institution considering making any changes in response to its experience with the HealthRise program? Explain.
- What could have made the HealthRise program better?
- What evidence or measures should be used to assess whether the HealthRise program was a success?

## HEALTH SYSTEM OFFICIALS/POLICYMAKERS

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### IDI PROTOCOL

- Objectives: To gather information on the potential long-term systemic impacts of the HealthRise program.
- Methodology: Interviews
- Target participants: Health officials at the city, district, regional and state levels, as relevant by site.
- Recruitment strategy: We will ask our local collaborators as well as the chief executive, medical, and operations officers at facilities recruited into the study to help us to identify appropriate health officials for interview, and possibly to assist us with introductions and/or contact information. Oral informed consent will be obtained at the start of the interview. The session will be audio recorded for transcription and analysis.

## IDI TOPIC GUIDE

### ***Personal Roles and Relationships and Understanding of HealthRise***

*Interviewer please say:* We would like to begin with a few questions regarding who you are and what you know about the HealthRise project.

- What is your organization and role?
- What relationship, if any, do you as an individual have to the HealthRise program, the Medtronic Foundation, or Medtronic Corporation?
- When and how did you first learn about the HealthRise program?
- How would you have preferred to learn about HealthRise?
- In your own words, how would you describe the HealthRise program?
- What elements, if any, are unique in the HealthRise program?

### ***HealthRise Partnership and Coordination***

*Interviewer please say:* Now we would like to ask a few questions regarding the HealthRise program's integration into the health system.

- From your perspective, did HealthRise seek to build partnerships with public institutions (e.g., public health department)? Explain.
- What were some of the successes and challenges in HealthRise's attempts to coordinate with the larger medical and public health community?
- Are you aware of any other programs or interventions that are addressing diabetes and hypertension among underserved populations in your jurisdiction?
  - Probe: If so,
    - How many?
    - Can you briefly describe their scope (target population, interventions, duration)?
- How did the HealthRise program complement or duplicate existing health system programs or activities?
- Are you aware of the CDC 1422 grant?
  - If so, how would describe the relationship between the HealthRise and 1422 programs?
  - Was there integration or harmonization with regard to indicators, interventions, or other aspects of the programs? Explain.
    - Probe: If not, should there have been?
  - Was there opportunity for synergy between the two programs? Explain.
    - Probe: If so, was it realized?

### ***Current and Past impact***

*Interviewer, please say:* We would like to now ask a few questions about the influence and impact of the HealthRise program to date.

- Are you aware of any specific changes in government or health system policies that are, at least in part, due to the HealthRise program? Explain.
- Has HealthRise led to observable shifts in government or key stakeholder interest or attention given to NCDs generally, hypertension and diabetes in particular, or the role of CPs/CHWs and enhanced care coordination in NCD care? Explain.
- Are you aware of organizational relationships, or relationships between individual key stakeholders, that developed due to HealthRise and may not have developed otherwise?



- Can you think of any other ways that HealthRise may have had an impact above and beyond its impact on individual participants?

### **Future Plans**

*Interviewer please say:* Next, we would like to ask you about potential impact on future programming.

- Has HealthRise helped build the evidence base for inclusion of community paramedics and community health workers in NCD care provision? Explain.
- Do you think the HealthRise program should be continued or expanded?
  - Probe: If so, are there specific populations that you think would benefit?
- Is your organization currently planning or contemplating working toward the integration of some of the core elements of HealthRise (i.e., use of CPs and CHWs and or enhanced care coordination)?
- What evidence or measures should be used to assess whether the HealthRise program was a success?
- Based on what you know currently, what are some of the HealthRise program's successes and what could have made the HealthRise program better?
- What are the ways that HealthRise project, or future similar projects, could maximize their policy impact?

### **Dissemination**

*Interviewer please say:* Next, we would like ask a few questions regarding dissemination of the results of the HealthRise program.

- Would you be interested in viewing the results of the HealthRise impact evaluation when it is complete?
  - Probe: Would you be willing to share the names of additional individuals who would be interested in these results?
- What would be the best forum for sharing the results of the impact evaluation with you and key policy makers in your area?

### **Conclusion**

*Interviewer please say:*

- Finally, Could you suggest additional key stakeholders, health system officials, or policy makers that we should interview regarding the HealthRise program?