

Formative research to inform an education intervention on stroke prevention for a randomized control trial to improve treatment with anticoagulants in patients with atrial fibrillation

Focus Group Question Guide for Providers

I. Introduction

Hello, I'd like to welcome all of you to our focus group discussion and thank you for taking time out of your busy schedule to join us. My name is [Name] and I will be moderating our conversation today.

You all were invited to participate in this group discussion because you're physicians who treat patients with atrial fibrillation. We are interested in hearing your reactions to a draft educational packet of information on stroke prevention geared toward providers who treat patients with AFib. We would like your feedback about different aspects of these materials including their attractiveness, readability, acceptability and persuasiveness. During today's discussion, we will review a letter to providers with AFib, an informational sheet, and an educational brochure. All these materials are currently in draft form. Your input at this early stage in the development process will be extremely valuable in helping us to develop the best materials possible. These materials will be used in a future study to evaluate whether an educational intervention on stroke prevention can improve treatment with anticoagulants in patients with AFib.

In a focus group, there are no right or wrong answers, only opinions, and I'd like to hear from all of you. Please feel free to share your candid thoughts and opinions.

We ask that you do not share information discussed in the group with others outside the group. However, we cannot guarantee that information discussed here will not be shared, so please consider this when sharing information.

I will audio record our discussion today because I want to make sure I don't miss any of your comments. But, I want to assure you that everything you say will be confidential, and that none of your comments will be associated with your name. Your name will not be written in the transcript produced from the recording. All recordings will be destroyed after we publish the findings.

Participating in this group discussion is voluntary. We do not anticipate any risks or benefits from taking part. You can choose not to answer a question or you can stop participating at any time. All participants will receive \$150.00 for taking part in the discussion. Information about who to contact if you have questions about the study, including the Duke IRB, can be found in the informational sheet provided to you.

Finally, please turn off any cell phones or other electronic devices for the rest of our discussion. OK -- Let's get started!

II. Mail handling at their offices

I'd like to start our discussion by hearing from you about how mail is handed at your office. Since the educational packet for providers is sent via the mail, we want to learn more about how mail can actually reach physicians like you and not be thrown out once it is initially received.

1. **How is the mail to physicians handled at your office? That is, if someone sends you a letter, what happens to it once it arrives at your office? [open-ended first, then probe]:**
 - a. Who is the first person to receive the mail?
 - b. What happens to it next?
 - c. How, if at all, is the mail filtered?
 - d. How is it determined which pieces of mail actually make it to your desk?
 - e. **What kinds of mail tend to make it to your desk? What kinds of mail typically don't make it to your desk?**

2. **Now let us say that mail made it through the initial screening process at your office and you were given a stack of mail addressed to you. Tell me what happens next? What is your process for dealing with it? (open-ended. Then probe):**
 - a. **What would make a letter stand out [in a good way] from the rest of your pile of mail?**
 - b. **What pieces of mail would you open and read?**
 - c. **Which kinds of mail would you throw away?**
 - d. **If someone wants to successfully get a letter to you and have you read it, tell me all the things it should be like. Tell me all the things it shouldn't be like.**

Now let us look at the envelope for the informational packet sent to physicians. [Hand out envelopes.]

The "look" of the envelope

3. **What was the first thing you noticed when you looked at the envelope? That is, what first caught your eye?**
 - a. What words come to mind to describe the envelope?
 - b. How "inviting" is the envelope?
 - c. **If you received this envelope in the mail, what would you likely do next? (Open it right away? Wait for later? Throw it away? Other?) Why?**
 - d. **How, if at all, would you change the look of the envelope to make people with AFib more likely to open it?**
 1. **Who should be listed as the organization in the return address? (Inform participants of the organizations involved in the intervention and ask for feedback on which group would be best to use for the return address and reasons why). The options are Duke University, Harvard Medical Care, The Clinical Trials Transformation Initiative, or the FDA.**
 2. **What logo should be listed? (Show participants the logo options and ask for feedback on which would be best to use and reasons why)**

III. Reaction to the draft contact letter

Now please open the envelope. I'd like to talk about the draft letter to physicians, the first piece of paper in the envelope, and hear your input and suggestions for improving it.

The "look" of the letter

4. **What words would you use to describe your first impression of this letter?**
 - a. What is the first thing you noticed when you looked at the letter?
 - b. How eye-catching or inviting do you think it is?
 - c. **What suggestions do you have for improving the look of the letter?**

The content of the letter

Now take a few minutes to read the letter and then we will discuss it. Feel free to mark-up anything on the letter that you want to talk about during our discussion.

5. What are your top-of-mind reactions to the letter?
6. **[Think aloud exercise] Imagine that you have just finished reading this letter. Think aloud for a moment: Tell me all your thoughts – good, bad and indifferent.**
7. **What do you like about the letter?**
8. **What don't you like about it?**
 - a. ***What, if any, concerns would you have if you received this letter in the mail?**
 - b. ***Is there anything offensive or annoying about the letter? If so: What? What can be done to fix this?**
9. **What, if anything, is confusing about it?**
10. **What is your reaction to the "sender" of the letter? The sender will be the health plan that you are associated with for the patients listed in the letter.**
11. **What would you say is purpose of the letter? That is, what action does the letter suggest physicians take?**
 - a. **How clear is the message? [if message is unclear] What should the purpose be (what should be the message)?**
 - b. **How persuasive is it?**
 - c. **What, if anything, do you think would make it more persuasive?**
 - d. **What, if anything, would you do differently, as a result of this letter?**
 - e. **How could this letter be changed that would make you more likely to *want* to take this action?**

12. ***If other physicians like you received this letter, how do you think they would react to it?**
- a. **How would they feel about health plans and the investigators of the study contacting them by mail about their patients?**
 - b. **More specifically, how would they feel about being contacted by health plans and investigators of the study to encourage the use of anticoagulants with their AFib patients at risk of stroke?**
 - c. **How would they feel about health plans having access to the records of their patients for this purpose?**
 - d. **If other physicians received this letter, what do you think they do with this letter after a quick read of it?**
13. **What are some of things from letter that you circled or underlined that you'd like to bring up?**
- a. **What do you think could be different or better about this letter?**
 - b. **Is there anything that could be left out of this letter?**
 - c. **Is there anything you think should be added?**

IV. Reaction to the study informational sheet

Now let us talk about the informational sheet. This is the document that lists Duke University and Harvard at the top. Please take a few minutes to read the informational sheet and then we will discuss it. Feel free to mark-up anything on the informational sheet that you want to talk about during our discussion.

14. **What are your top-of-mind reactions to the informational sheet?**
15. **What would you say is the purpose of the informational sheet? That is, what action does the informational sheet suggest physicians take?**
- a. **How clear is the message?**
 - b. **How persuasive is it?**
 - c. **What, if anything, do you think would make it more persuasive?**
 - d. **What, if anything, would you do differently, as a result of this informational sheet?**
 - e. **How could this informational sheet be changed that would make you more likely to *want* to take this action?**
16. **What are your thoughts on calculating the CHADS-VASc score with your patients? Is this something that providers typically do already? Why or why not?**
17. **What are some of things from the informational sheet that you circled or underlined that you'd like to bring up?**
- a. **What do you think could be different or better about this informational sheet?**
 - b. **Is there anything that could be left out?**
 - c. **Is there anything you think should be added?**

V. Reaction to the information materials

To wrap up our group discussion, I'd like you to look at the educational brochure for physicians. Please take a few minutes to read this piece, and feel free to circle or underline anything you would like to talk about later in our discussion.

Overall reactions to the educational piece

18. What are your overall reactions to the look of this educational brochure?

- a. How "inviting" is it?
- b. How, if at all, would you change the look of these materials?

19. What are your overall reactions to this educational brochure?

- a. What did you especially like?
- b. What did you especially dislike?
- c. Was there anything confusing? Annoying?
- d. What information here would a physician in cardiology already know?
- e. Do you think that any of this information would be new to physicians?
- f. What are the parts of this piece which you marked up to talk about during our discussion?

Section by section reactions

Now let's go through this piece section by section

[Focusing on the myth section – and then the section on what the provider can do]:

20. What are your general reactions about this section?/Is there anything else you'd like to add about this section? (open-ended first, then probe):

- a. What do you like about it? Why?
- b. What don't you like about it? Why?
- c. What do you think should definitely be kept in this section
- d. What do you think should be taken out of this section?
- e. What other changes would you like to see in this section?

[for the section on what the provider can do, ask]:

- a. How persuasive do you find these messages?
- b. How could these messages be more persuasive?
- c. How likely would you be to act on the recommendations in this piece? What might keep you from acting on it?

VI. Closing

We want to thank all of you for taking the time to participate in the focus group today and to give us feedback on this educational packet. Your input will be really valuable as we continue to develop and refine these materials.

21. My last two questions are –

- a. As you know, this is an intervention delivered through the mail. Do you think mail is preferred by physicians or would another communication route be better, such as email?
- b. Is there anything else you would like to say about making a compelling case with physicians for talking with their patients with AFib taking OACs?

Thank you.