



Sample WVP Pre-implementation Focus Group

1. Introduction (10 minutes):

- [Facilitator] introduces self and welcomes the group
- If focus group is part of a study, [Facilitator] checks that everyone is done with completing their informed consent form, **reviews verbally the consent form and that the meeting today is confidential**, etc. All forms are collected before session begins.
- [Facilitator] checks that everyone has completed the Pre-Implementation Provider Survey. Those who have not can complete it after the group.
- [Facilitator] reminds participants where the restroom is and encourages them to get a beverage/snack now before we begin the group.
- [Facilitator] briefly restates the purpose and length of the focus group and asks each person to introduce themselves (if necessary).
- Each participant introduces themselves (if necessary).

[Facilitator] **quickly reviews the focus group “ground rules”**:

- (1) Confidentiality – both their responsibility and the research team
- (2) Not naming names of patients, doctors, hospitals or other providers
- (3) No cross-talk or arguing with the input of others.
- (4) The role of the facilitator to move and deepen the dialogue (might interrupt or redirect at times, etc.).
- (5) The session is being audio-taped (if necessary)

2. Opening Discussion (10 minutes):

- What one thing do you find rewarding about the well-child visit? What one thing do you find frustrating?
- On a scale of 1 to 10 (10 highest), what is your current level of familiarity with the Well-Visit Planner Intervention?
Do you understand how the Well-Visit Planner will be implemented?
- On a scale of 1 to 10 what is your overall assessment of the quality of well-child care currently provided in their office?
- How many of you have participated in quality measurement and improvement activities that are focused on well-child care? (raise hands)
- Name one thing about prior quality improvement activities that you thought was good.
Name one thing that did not go well.
- Have you used parent surveys before to assess or drive improvements in health care quality? (raise hands)
- On a scale of 1 to 10, how valid and useful is information and engagement of parents in measuring and improving well-child care?

3. Discussion of the Well-Visit Planner (15 minutes)

- Give providers an overview of the process using the WVP Implementation Toolkit and other materials.

Activity #1: Review of Office Work Flow

- Draw on white board an Office Map of the participating clinic outlining the process through which a patient is seen for a well-child visit in their clinic.

- Here is an example of one practice work flow notes (you can also use the sample *Questions To Determine Office Work Flow*):

Arriving for the visit/checking in

1. Parent arrives for appointment and checks in with one of three receptionists who also collects any co-pay, updates demographic information.
 - a. Given at check in: depending on age they get a lead screening that they complete, or TB screening. Parent doesn't fill out anything in waiting room unless it relates to demographic or insurance, it is one of the forms mentioned above or unless they are a new patient and they complete a medical history.
2. Parent takes a seat in the waiting room.

Visit begins with Clinical Staff

3. Clinical Staff (nurse or medical assistant) calls parent/child to the vision/hearing room for testing and performs age-specific vision, hearing tests
4. Clinical Staff takes child to treatment room for other vitals
5. The Clinical Staff measures height/weight, blood pressure, and usually some age-specific 'measurements' to take and fills this in on the electronic patient intake form as well as a paper visit specific form referred to as the 'visit form'. (10-15 minutes for this portion of visit). Clinical Staff leaves electronic patient intake form 'on hold' on the pediatrician's desktop and leaves.

Pediatrician portion of well-child care visit occurs

6. Pediatrician comes in and reviews electronic intake form, completes physical exam and talks about age-specific developmental milestones, risk behaviors, answers questions the parent may have, goes through the growth chart, documents this on the electronic parent intake form and the 'visit form', orders any immunizations and lets parents know the Clinical Staff will be back in/leaves. Pediatrician puts the electronic patient intake form on 'hold' on the Clinical Staff's desktop with instructions for follow-up? (10-25 or 30 minutes for pediatrician portion of visit, depending on visit & parent concerns). If there are no shots or labs to be drawn a pediatrician will send the parent/patient on their way.

Clinical Staff performs immunizations if applicable and visit ends

7. Clinical Staff comes in with "Boat." The boat has the appropriate immunizations in it. Clinical staff gives immunization educational sheets/pamphlets to parent.
8. Clinical Staff or physician gives parent the paper copy of the Visit Form to take home, answers any questions and tells parent when to schedule their next visit.
9. Parent leaves and no formal check out is done at this time. They may stop to schedule an appointment on his/her way out.

- Once the process is outlined and everyone agrees on the Office Map, outline and discuss any concerns or issues related to the implementation of the Well-Visit Planner.
 - Where and when is it best to provide the survey and instruction to the parent so that it is least disruptive to the visit for the parent? For the provider?

4. Discussion of the Intervention to be Implemented (25 minutes)

- Give providers an overview of the Well-Visit Planner intervention to be implemented in their site.
- Refer to the Office Map produced in the previous activity.

- Present and review a sample *InterventionDiagram*.
 - Are the providers familiar with all aspects of this intervention?
 - What, if any, are their concerns regarding the intervention itself or its implementation?

5. Discussion of details of the Bright Futures Guidelines and the visit and topical focus for the Well-Visit Planner (25 minutes)

- Describe the visits to be focused on (4, 6, 9 month, etc.).
- Review the relationship between the Bright Futures guidelines and the Well-Visit Planner
 - What are provider perceptions and opinions of the well-child visits selected for evaluation and survey administration?
 - Using Activity #2, obtain feedback from providers on the priority topics recommended for well-child visits to be focused on in this study , especially as they relate to the revised edition of the Bright Futures Guidelines.

Activity #2: Card Sort of Well-Visit Planner Content

- Use the *Guide to Topics and Questions Asked* to make the cards
- What aspects of care do health care providers think are most important to measure to inform provider’s quality improvement efforts and to address in the parent-centered interventions?

Objectives:

- Understand what aspects of pediatric health care are most valuable in receiving feedback about providers’ current performance so that they could **improve the care** they provide for young children and their families. Are these the same as they would recommend for the parent-centered Well-Visit Planner tool?

Materials

- Providers are each given a set of multi-colored cards, each representing a Well-Child Care Visit Topic aligned with clinically recommended aspects of care...
- Explain to group what each one is and what it represents (do not spend more than 10 minutes). Engage the group in light conversation so that there is a sense of understanding.

Instructions for Card Sort Exercise:

- Explain to provider group that we are trying to understand what information they think is most important for health care providers to collect from parents to help improve the preventive care that they provide young children.
- Ask the health care providers to sort the cards into two piles.
 - The pile on the right should be the cards with the information they think is more important to receive feedback from parents to inform their improvement efforts.
 - The pile on the left should be the cards with the information they think is least valuable for providers to receive feedback from parents to inform their improvement efforts.
 - Pick two cards from each pile that measure the most valuable and least valuable aspects of care to be measured to inform pediatric clinicians’ quality improvement efforts.
 1. Place a #1 next to the cards you placed in your “More Valuable” pile
 2. Place a #2 next to the cards you placed in your “Less Valuable” pile
 3. Place a star next to the TWO cards you picked as the “Most Valuable”
 4. Place an “X” next to the TWO cards you picked as the “Least Valuable”

Card Sort Discussion

- Ask group to list their two most important and two least important topics.

- Ask for more detailed questions about why they picked specific items?
- Ask group an open-ended question about whether there was anything missing.

6. Final Discussion and Wrap-up (5 minutes)

- The focus group moderator will wrap-up the focus group session by asking if the providers feel there are any topics related to the Well-Visit Planner that have not been covered, or if they have any concerns they would like to address at this or another time.
- Once all members of the group have spoken and discussion has ended, the moderator will thank the group for their time and participation; ensure they have contact information for the WVP project leaders and CAHMI Staff in the case that they have additional questions after this session; and ensure that all provider surveys were collected.