

Healthcare questions – Providers - MultiCare

Introduction:

Hi, I'm ___ calling from Wilder Research, an independent evaluation firm in Saint Paul. We are working with Anoka County on the Minnesota Statewide Health Improvement Program (SHIP). You have been identified as a provider associated with [Name of clinic]. [Clinic] has expressed interest in working with Anoka County SHIP staff to increase referrals to community-based resources for patients with identified chronic disease risk factors, including tobacco use, physical inactivity, and poor nutrition. I'd like to ask you some questions about your current referral practices and discuss what types of materials and supports would be most helpful for you and other providers in the clinic. This information will be used by Anoka County staff to assist the clinic in facilitating the connection of patients to community-based resources and measuring the effectiveness of this intervention.

Your participation in this interview is voluntary. Your decision about whether or not to participate will not affect your current or future relations with Anoka County or [Clinic]. If you decide to participate, you may refuse to answer any question or withdraw at any time. Your responses will be kept confidential. Only Wilder Research staff will have access to your individual responses. Your identity will not be connected to any information that is reported.

This interview will last approximately 10 minutes. Is now a good time to talk?

1. Please describe your role/position in the [Clinic].

2. How often do you discuss the following risk factors with patients you see at [clinic]?

Risk Factor	Most of the time	Some of the time	Not often
High BMI	•	•	•
Tobacco use	•	•	•
Nutrition/dietary needs	•	•	•
Exercise/physical activity	•	•	•

3. What are some reasons why you may not address some of the risk factors mentioned above with patients you see at [clinic]?

4. What are the unique needs of the populations served by [clinic] when thinking about referrals? [PROBE: language, religion, dietary, gender, etc]

5. Are there resources or programs within [Clinic] that you refer patients for physical activity?

•¹ Yes. Please list: _____

•² No

For nutrition?

•¹ Yes. Please list: _____

•² No

For tobacco-cessation?

•¹ Yes. Please list: _____

•² No

6. Are there services that are specific to patients with different insurance coverage? If yes, how do you determine which services or resources are the best fit for each patient?

7. Are the services and resources available in [clinic] sufficient to meet the needs of your patients? Are there additional resources that could be helpful for patients? Please describe.

8. When you do talk with patients about risk factors, such as high BMI, smoking, or poor nutrition, how often do you make referrals to another provider (i.e. exercise physiologist, dietician, smoking cessation program)?

Risk Factor	Most of the time	Some of the time	Not often
High BMI	•	•	•
Tobacco use	•	•	•
Nutrition/dietary needs	•	•	•
Exercise/physical activity	•	•	•

9. What are some reasons why you may not provide additional referrals for patients with these risk factors? _____

10. At what point do you decide to make a referral to another appropriate provider, such as a dietician, exercise physiologist, or smoking cessation program? Check all that apply.

- ¹ When a patient requests a referral only
- ² When I identify a serious health concern (such as hypertension or high BMI)
- ³ Before a risk factor becomes a serious health concern (slightly high BMI)
- ⁴ Other: Please describe. _____

11. Are there any clinic guidelines in place for providers making referrals for patients?

- ¹ Yes. Please describe: _____
- ² No

12. Is there a process of system for following up with patients who have received a referral through the clinic?

13. What referral processes, if any, are working well with the [clinic]? What have been challenges to making referrals?

14. Are you aware of community-based programs to which you would refer a patient for **physical activity**?

- ¹ Yes. Please list: _____
- ² No

For nutrition?

•¹ Yes. Please list: _____

•² No

For tobacco-cessation?

•¹ Yes. Please list: _____

•² No

15. Where do you learn of community resources for patients? [PROBE: word of mouth, websites, directories, etc]

16. Which of the following would be most helpful to you in referring patients to community-based resources? Check all that apply.

•¹ Provide easy to use referral forms

•² Collaborate with other healthcare staff to provide referrals to your patients (nurses, clerks, etc)

•³ Provide a list or database of community-based resources

In what format would you prefer? Online database, hard copy directory, etc?

•⁴ Provide information about community-based resources

•⁵ Develop a follow-up system

•⁶ Others:
