CDC HPV Provider Material Testing, Phase III Telephone Interview Guide

I. BACKGROUND AND INTRODUCTIONS (2 minutes)

Γhank you for agreeing to speak with me today.	My name is _	– please
feel free to address me as		

Today, I am looking forward to hearing your thoughts about a new resource being developed by the Centers for Disease Control and Prevention, or CDC. CDC is undertaking an HPV (or human papillomavirus) awareness and education initiative for members of the general public, patients and health care providers.

As part of this initiative, the resource we'll be looking at today – which may be produced as a pamphlet or pocket guide – is intended to update providers on the latest HPV science and help support patient education in clinical settings by providing specific information about the natural history of HPV, HPV transmission and prevention, risk factors for HPV infection, HPV diagnosis, cervical cancer prevention, and patient counseling.

Our discussion today will be recorded, and a few people from CDC's team may listen in and take notes. Their phone lines are on listen-only mode, so they will not be able to comment or respond to questions. The discussion should last about 60 minutes.

Let me assure you that your responses will be kept confidential. The notes and the recording of our discussion will <u>not</u> identify you by name, and your name will not be provided in any way to CDC. In the interest of confidentiality, you have the option of using a name other than your own during our call. Some people choose to go by their first name only. You can do whatever is most comfortable for you.

First, let me confirm that you received the package of materials that was sent to you. If NO, need to reschedule interview for a later time after reviewing materials.

If YES: OK, great. You'll need that in just a few minutes. Do you have it in front of you? Can you tell me what items are in it?

Have you had an opportunity to review all of them? If NO, need to reschedule interview for a later time after reviewing materials. If YES: How long did that take you?

B. Current Practices and Information Sources (7 minutes)

Objective: To gather information on current provider screening practices for cervical cancer and testing practices for HPV. Also to gain insight into where providers got the information that influences current practices, and if there are specific educational materials they find helpful in their practices.

First, I'd like to talk for a few minutes about your current practices relating to HPV and cervical cancer screening. We recognize that primary care providers need to cover many different topics in any given visit.

- To what extent do you have the need or opportunity to talk with patients about topics related to HPV or cervical cancer?
- What is your current approach to cervical cancer screening for female
 patients with <u>no</u> risk factors for cervical cancer? If needed, probe about how
 approach changes based on patient risk and how they define a patient's risk
 level.
- In your practice, do you conduct Pap tests for your female patients?
- If yes: What cytology method do you use routinely (conventional or liquidbased Pap test)?
- In your practice, do you conduct HPV DNA testing for your female patients?
- In your practice, do you conduct colposcopy for your female patients?
- What organizational guidelines do you use for cervical cancer screening (age to be screened, screening interval, HPV testing)? Offer examples only if asked:
 - American Cancer Society (ACS)
 - American College of Obstetricians and Gynecologists (ACOG)
 - U.S. Preventive Services Task Force (USPSTF)
 - American Academy of Family Physicians (AAFP)
- What are the primary influences that have helped to shape the practices you just described?

LISTEN FOR / PROBE ONLY IF NEEDED:

- Medical training or continuing medical education
- Medical conferences (probe for specific ones)

- Practice setting or employer guidelines
- Clinical guidelines (probe for specific ones)
- Professional/medical literature (probe for specific sources)
- Colleagues (how; whether particular specialties)
- Patients (how; e.g., questions about HPV testing, or reactions to HPV diagnosis)
- Are there any materials or tools you have found useful in effectively conveying the current understanding of HPV (types of HPV, transmission, etc.) or guidelines about HPV to primary care professionals like yourself?

PROBE: Formats, sources, etc. What makes them useful?

 Are there any materials or tools you have found useful in explaining to patients about what HPV is and how it is transmitted? What about materials on what an HPV diagnosis may mean, or how they might talk to their partner about an HPV diagnosis? What about materials on HPV's link to cervical cancer or the importance of follow-up when cervical abnormalities are detected?

PROBE: Formats, sources, etc. What makes them useful?

C. REACTIONS TO POCKET GUIDE CONTENT (@43 minutes)

Objective: Obtain reactions to content of a pocket guide for primary care providers about HPV.

The package you received in the mail contained several items. They should be labeled. The first one we are going to talk is a Word document that should be labeled "Clinicans' Educational Pamphlet on Genital Human Papillomavirus (HPV," and says DRAFT across each page. It contains possible content for a pamphlet or pocket guide CDC is developing for primary care providers. Later, we'll look at some possible designs for the pocket guide, but for now, we'll focus on the content. Do you have the content document in front of you?

I'd like to walk through each section and find out what information was useful and/or confusing and how we might improve it.

Content Sections

Why is HPV Important? / What is HPV? / Types of HPV /
How Common is HPV? / What Are the Risk Factors for
Acquiring a Genital HPV Infection? / How is HPV Transmitted? /
Natural History of Genital HPV Infections
What is the Risk Associated with Genital HPV Infection? /
Prevention of Genital HPV Infection?
Counseling People Infected with Genital HPV / HPV Vaccines / (6 minutes)

Prevention of Cervical Cancer
HPV DNA Testing / Clinical Management Issues / Algorithm for Pap Test (11 minutes)

For each section, discuss:

What is your initial reaction to the information?

Listen for statements (or lack thereof) that include: glad to have the information, interesting, easily understood, well written, thorough, relevant, or confusing.

PROBE:

- What did you think of the format/organization and tone of the information?
- What information did you think was confusing or unclear?
- Was it too much or too little information?
- What additional information would you want after reading this?
 (Listen for more information on a specific topic covered in the content, testing, etc.)
- Did this information address your information needs? Would this information be useful to you? If so, under what circumstances/when would you use it?
- What were the main messages for you?

PROBE: [Ogilvy to highlight for interviewers, key points in each content section and share with CDC for approval]

• Were the main points easy to understand on first reading? Why? Why not?

[After talking through all sections of the content:]

- Do you think the information here increased your understanding of HPV?
- PROBE: Why or why not?
- What would you most likely do after receiving this information?
- Would information like this be useful to you or others in your practice?

PROBE: Why or why not?

- How could it be improved?
- CDC has developed HPV materials for the general public, so it's possible you may receive calls or questions from your patients in response to CDC's

efforts and those of other organizations. In light of this, does the piece you've read provide sufficient information to address likely patient questions? What other or additional information would you want?

D. REACTIONS TO POCKET GUIDE DESIGNS (5 minutes)

Objective: Obtain reactions to variations of possible designs for a provider pamphlet about HPV. There are two versions of the design.

Now I'd like to talk about the two other items you received in your packet. They are possible designs for the CDC HPV provider pamphlet, and the content we just talked about would become the text of the pamphlet, when it's finalized. Do you have the two designs in front of you?

Let's talk about the designs. [Rotate order, so look at Design A first in half of the interviews, and Design B first in the other half. Moderators will alternate the order of testing among their own interviews.] First, take a look at the piece labeled DESIGN A, and the one labeled DESIGN B and think about which one you prefer. Do you need a minute to look them over? OK, tell me:

[If asked: In the actual designs, any photos would be placed next to appropriate text.]

Which one is more interesting/appealing to you, and why?

PROBE: [Moderator will gather the following information <u>only</u> about the version that was preferred.]

- o What do you think about the overall look of it?
- o What about the way it's organized appeals to you?
- o Is there anything unappealing to you?
- o What do you think about the colors?
- o What do you think about the highlight boxes, tables, and graphs?
- What was your initial reaction to the clinical images? Would you rather see more images of cervical cancer, abnormal Pap tests, or genital warts? Fewer? Why?
- Should there be more charts and graphs, or images? Fewer?
- o Would it be more useful if there were tabs for various sections?
- For the algorithm charts (at the end of the content we just reviewed):
 Would you like to see a heavier type of paper so they're easy to locate? Or have those pages perforated, designed as a tear-off?
- And the other design you have what about it did not appeal to you? In what ways could we improve this design?
- CDC is considering providing this information for primary care providers as a pocket guide in a size similar to the mockups you have. Would you use something like this in your practice? Why or Why not?

• What other types of pieces would you be more likely to use in your practice?

PROBE: [Moderator will get Yes / No responses to each type of piece listed below.]

- o An algorithm or decision-tool wheel or chart?
- Patient brochures: Low-literacy? Language/culturally specific?
- Patient counseling or interpersonal relationship tip sheet/guide
- A memo pad with key points about HPV or the clinical algorithms printed in the background?
- A Web site or a CD-ROM?
- Would you use a toolkit or a combination of multiple pieces about HPV- e.g., a pocket guide, a patient counseling tipsheet, an algorithm/decision tool, and a poster? Or a poster and a CD-ROM? Why or Why not?
- What would make you more likely to keep a pocket guide like this from CDC and not discard it once you've read it?

E. Information Sources (3 minutes)

Objective: Determine best sources for reaching providers with information about HPV resources.

• What are the best ways for CDC to reach <u>you</u> with information about this HPV resource? I am interested in how you find out about particular materials or tools that you would want to use, or that you may have used in the past? Clarify that we are not asking about reaching their colleagues or patients but THEM personally.

PROBE: [Moderator will not read this list.]

- Web sites (Which ones?)
- Journal articles/ads (which ones? Types of content? Print/online?)
- Conferences (Which ones? Sessions? Exhibit hall information?)
- Professional associations (Which ones?)
- Continuing Medical Education (CMEs) (Which ones? Have you done online CME, from what source?)
- Colleagues (Others in primary care? OB-GYNs? Specialists?)
- Pharmaceutical rep model (information delivered by reps)

- o Direct mail (what type, how to prevent it from being tossed out)
- o Advertisements (placement, format, commercial vs. PSA)

F. Conclusion

Our time is just about up. Is there anything else that you would like CDC to hear in regard to helping you keep current about HPV, HPV testing and clinical management, patient counseling, patient materials, or the best ways to provide you with information about it?

Well, we've gone through all the questions I have. You've been very helpful. You'll receive an honorarium by check in the mail, in about 4-6 weeks. You should have received a FedEx envelope in your package. Please use this to mail back the materials we've just discussed, plus any written comments you may have made. Thank you very much for your time and insights.