**Appendix 1  
F****ocus Group Moderator Guide**

**WELCOME**

Thank you for coming to participate in our focus group discussion today.

You’ve been invited to participate because you receive health care at Cleveland Clinic. We are interested in hearing what you think about preventive care recommendations that are tailored specifically to each patient. We are also interesting in hearing thoughts about talking with physicians about preventive care recommendations and how you might make decisions about them.

We are recording the discussion so that we can accurately capture what was said. No one will be personally identified on the typed transcript.

Please help yourself to refreshments.

The bathrooms are located...

**GUIDELINES**

I’m going to review a few guidelines for our discussion today.

1. We will do everything we can to ensure that you feel as comfortable as possible sharing your thoughts during the focus group today.
2. We value your privacy and ask that everything that is said in this room remain confidential between us.
3. This is an informal focus group so please feel free to speak up when you want to contribute to the discussion.
4. We have a lot to learn from you in a short amount of time so I may redirect our conversation if we get off track. Also, we want everyone to have the opportunity to contribute to the discussion so please try to keep your comments to the point.
5. We are not trying to reach agreement during the focus group today. We recognize that people differ in their opinions and we hope that you feel free to disagree with each other during the discussion. However, we do ask that you be respectful of each other, even if you disagree with what is being said.
6. Please mute your telephones and electronic devices to minimize interruptions.

Are there any questions?

**Let’s get started with brief introductions.** Please say your first name and tell us about a hobby or activity you enjoy.

**INTRODUCTION**

One of the challenges in primary care is how to talk about preventive care.  By “preventive care,” I mean things that are likely to improve your health in the long-term, say in 5 or more years from now, but may not matter much beforehand.  For example, if you’re 50 years old and “feel fine,” you may visit your physician and decide to lower your blood pressure.  That decision will help to prevent a heart attack, stroke, or kidney disease in the future.  But \*tomorrow morning\*, you will probably feel the same as you do today.  So preventive care is hard, because you don’t see an immediate benefit, and it’s largely an investment in your future health.

As health care professionals, we often have too many things to recommend to patients with too little time.  For example, even in an annual physical, a physician may only have 10 minutes to discuss why it is important for a patient to lose weight, quit smoking, take new medicines to lower blood pressure and cholesterol, get blood sugar checked, and get screened for various cancers.  That’s a lot to cover in 10 minutes!

Often, patients are overwhelmed or annoyed by this laundry list, and pick just 1 or 2 things to do.  Or maybe more to the point, patients usually don’t \***want**\* to pick more than 1 or 2 things, because everyone has a life outside the physician’s office and other things they would rather be doing.  **So, we recognize that it’s really important to help patients make informed decisions about the tradeoffs between various preventive care services.** For example, if a patient decides to take her cholesterol medicine and cuts back on her salt intake, but decides \***not**\* to get screened for colorectal cancer or lose weight, we want to make sure that patient really understands the benefits and risks of those decisions.

Today, we would like to talk with you about an idea we have to help patients and physicians discuss preventive health recommendations and to help patients make informed decisions about them.

**BACKGROUND**

Let’s consider Mrs. Smith.  She’s not a real patient, but there are lots of patients like her.  Mrs. Smith is a 50-year-old woman who smokes, is overweight, has high blood pressure and high cholesterol, and doesn’t eat many fruits and vegetables.  For now, the only preventive care she chooses is to get a regular mammogram.  Now, Mrs. Smith’s physician gives her a handout like this [***pass out Graph D***], and tells her that these are the most important things she can do to improve her long-term health.

**GRAPH D**

**Let’s take a look at this graph.** You can see by the height of the bars that, in the opinion of Mrs. Smith’s physician, the 3 most important things that she can do to improve her long-term health, \***in order**\*, are to quit smoking, lose weight, and lower her blood pressure.  So if Mrs. Smith picks only 1 thing to do, her physician would like that to be to quit smoking.  If she picks only 2 things to do, her physician would like those to be to quit smoking and lose weight, and so on.  If you look at the height of the bars, you can also see that quitting smoking is about twice as important as losing weight – that’s because the blue bar is about twice as tall as the red bar – and losing weight is about twice as important as lowering her blood pressure – again, that’s because the red bar is about twice as tall as the green bar.

Importantly, no two patients would have the same chart. That’s because, if you’ve been to the doctor in the last few years, you may have noticed that your medical record is now electronic, or stored on a computer. We would use that information to create a different chart for each patient. So it’s really individualized for each patient’s particular situation.

Of course, it’s up to each patient how closely they want to follow these recommendations – or if they want to follow them at all. Our thought **is that this graph may help set the stage for better communication between patients and their physicians about preventive care.**

**QUESTIONS**

**Presentation format**

* What do you think of **how** the information is presented in this graph? Is it understandable?
* What would you change about this graph? (*Probe as needed*: Is there anything that you would change to make it easier to read? Is there anything that you would change to make it easier to understand?)

**GRAPH A**

**Alternatively, let’s take a look at this graph.** Instead of showing numbers for how much longer Mrs. Smith would be expected to live from preventive care, this chart simply shows “More Important” or “Less Important”. Everything else is the same as in the first graph.

* Do you like this graph better or worse than the first graph? Why? (*Probe as* *needed* with the earlier questions.)

**GRAPH B**

**This graph takes a different perspective**, which is for 100 people just like the patient, Mrs. Smith, how many of them would we expect to live for at least 20 more years, if they engage in various preventive care services. For example, if 100 people just like Mrs. Smith do nothing differently from how they’re doing it now, then we would expect 44 of them to live for at least 20 years. If 100 people just like Mrs. Smith quit smoking, then we would expect 56 of them to be alive in 20 years, and so on.

* Do you like this graph better or worse than the first 2 graphs? Why? (*Probe as needed* with earlier questions.)

Also, in this graph, notice that there is a “Do Everything” bar, which combines all the preventive services together, meaning that if 100 people just like Mrs. Smith did **all** of the things on this graph, then we would expect 63 of them to be alive in 20 years.

* What do you think of the “Do Everything” bar? (*Probe as needed*: Is it too much information? Would you like to see it on the earlier graphs? Would you like to see something similar for different combinations of services, for example, quit smoking and lose weight [but nothing else], or would that be too much information?)

**GRAPH C**

**Finally, this graph presents the same information but rephrases it in terms of “true age”.** What we mean by that is, suppose that Mrs. Smith is 56 years old but her health is similar to most other 64 year olds. Then we would say that her “true age” is 64 years old. In this chart, we show how much younger her true age would be by doing each preventive care service. For example, if she quit smoking, then her true age would be 4 years younger, or 60 years old (64 minus 4).

* Do you like this graph better or worse than the other graphs? Why? (*Probe as needed* with earlier questions, and if needed, for any revised thoughts on a “Do Everything” bar.)

**Risk perceptions** *[Refer to Graph D]*

* In your opinion, do you think this graph suggests that quitting smoking is much more important than losing weight, a little more important, about the same, or less important than losing weight? What about lowering blood pressure vs. eating a healthier diet and exercise?

It’s the opinion of Mrs. Smith’s doctor that each of these services is important, but some are more important than others. So, if you look at “Get a Mammogram” – that’s the pink bar to the far right – a mammogram is still important, but at least for Mrs. Smith, less likely to help her live longer than the other preventive services on this chart.

* Do you think the chart communicates this well? How would you change this chart, if at all?

**Behavioral intentions**

* Would you like to see a graph like this tailored for you based on **your** health information?
* In what ways would a graph like this be useful to you?
* What does the visual presentation of these preventive health recommendations add above and beyond hearing about them from your physician?
* Is there any additional information you would like to see included in a graph like this?
* How do you foresee using the graph to help you improve your health? How helpful do you think a graph like this would be in motivating you to improve your health?

**User experience**

* How trustworthy is the information presented in the graph?
* Do you think it is meaningful to compare preventive health services based on their ability to help you **live longer**?
* Would you rather see a comparison of preventive health services based on their ability to improve your **quality of life**? (*If need an example*: One reason to lower your blood pressure is to reduce the risk of a stroke. In our chart, we consider strokes that might kill Mrs. Smith, but not the strokes that she might survive from, even if they might leave her in a wheelchair or unable to communicate. So if we were to include quality of life, then the blood pressure bar would probably be higher. On the other hand, Mrs. Smith probably won’t like taking a blood pressure medicine every day, so we would also have to adjust her quality of life down a little for that.)

**Implementation**

* Would you like to discuss a graph like this with your physician?
* Would you consider discussing a graph like this with a nurse instead, who might have more time than your doctor? What are the potential advantages of discussing it with a nurse versus a physician? What are the potential disadvantages…?
* Ideally, when would you like to receive a graph like this? Would you like to see this information before your visit? What would be the advantage of getting it before your appointment? How might you like to receive it beforehand (MyChart a week before, at the waiting room registration desk when you check-in your appointment, something else?) (*Probe as needed*: Would you read it before your appointment? Do you think it would make you more anxious if you received it beforehand?)
* What would be the advantage of getting it from your physician during your appointment? Do you think you would pay more attention to it if you received it before or during your appointment?
* What information, if any, would you like to take home with you after your appointment (just the graph, or also printed information that describes your individualized preventive care recommendations)? How much extra information would you like (examples: 1 page total, 3-4 pages that might take 10 minutes to read).
* What potential challenges do you foresee in discussing a graph like this during a primary care visit? What suggestions do you have for overcoming those challenges?

**We have a few minutes left. Does anyone have any final thoughts to share?**

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