MINNESOTA'S
VISION
A Better State of Health

SHIP
Statewide Health Improvement Program

Minneapolis
City of Lakes

Health Care Provider/Staff Focus Group
Informed Consent

Background Information
The Minneapolis Department of Health and Family Support (MDHFS) received a 2-year grant through the Minnesota Department of Health as part of the State Health Improvement Program (SHIP) to begin to develop a mechanism or system for referrals to clinic and community-based healthy eating, physical activity and tobacco cessation programs. Referrals are one component to implement the Institute for Clinical Systems Improvement (ICSI) guidelines for primary prevention of chronic disease and obesity. Kristen Godfrey works at MDHFS and is managing this project. Today's discussion is one of various similar discussions being conducted by MDHFS in Minneapolis clinics. Results from these discussions will allow MDHFS to incorporate your perspectives into the development of appropriate mechanisms or systems to refer patients to clinic and community-based healthy eating, physical activity and tobacco cessation programs.

Procedure
As part of this project, staff from the Minneapolis Department of Health and Family Support, namely Jared Erdmann, will ask you some questions to guide today's discussion. During the discussion, Andrew Pisansky or Kristen Godfrey will take notes. We anticipate that this discussion will last no longer than forty-five minutes.

Privacy
What you say will be summarized along with what others say, so your name will not be connected to what you have said. A summary report will be shared with the public (e.g. clinic providers and administrators, interested community residents, or the funding agency, Minnesota Department of Health).

Voluntary Participation
There is minimal risk to you for participating in this discussion. We will ask you to tell us about your current work practices in a group setting but only as they pertain to this project. We will ask for your opinion about appropriate referral mechanisms and systems and how they might be integrated effectively into your clinic or practice. If at any time you are uncomfortable during the discussion you may leave. If you decide to leave, it will not affect your relationship with Andrew, Kristen or Jared, your clinic or MDHFS.

Consent and Contacts
What questions or comments do you have about what I have said do you have before we begin?

> Later, if you have questions about this project, you may call:
> - Kristen Godfrey, Phone: 612-673-2075
>
> If you have questions about your rights as a participant you may call:
> - Dr. Patricia Harrison, Minneapolis Department of Health and Family Support, Phone: 612-673-3883

By agreeing to join our discussion today, you are telling us that you understand and accept this agreement. **Do you agree to participate?**

07/09/10

Health Care Provider/Staff Focus Group
Questions

1. (Optional) To begin I would like to go around and have each person introduce themselves and tell us briefly what your understanding of a patient referral is and your role in making patient referrals to clinic or community programs?

2. In general, what methods are used at your clinic to refer patients to clinic and community-based resources? **Probe:** What works well? Not so well?

3. Now, I would like you to think about referrals to resources for healthy eating, physical activity and tobacco cessation, how would a referral system to these types of resources be similar or different than what already exists? **Probe:** From what other clinics do?

4. Would the ideal resource referral system to healthy eating, physical activity and tobacco cessation resources look like at your clinic and who would use it? **Probe:** Electronic? Paper? Role of insurance? Within small clinic networks? Statewide?

5. Broader conversations at the systems and state levels are thinking of building upon existing referral systems such as the clinic-fax referral program for tobacco or a clearinghouse such as United Way 2-1-1 or MNHelp.info (home of the senior, veteran, and disability linkage line), what are your perspectives on building healthy eating and physical activity referrals into these approaches? **Probe:** What if the referral system resembled a clinic fax model? A clearinghouse 2-1-1 model? A web-based model?

6. What other factors should be taken into account in developing an appropriate referral system for these patients at your clinic that we have not yet talked about?

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