**Improving the Treatment of Rural Pancreatic Cancer Patients**

**Provider interview guide**

*Read provider consent script here*

**OVERVIEW OF INTERVIEW TOPICS**

In this interview, I will ask you a series of open-ended questions to get your perspectives about several topics related to clinical care collaboration. These topics include:

- Introduction
- Section 1: Background
- Section 2: Perceptions about the Cancer Continuum of Care
- Section 3: Opportunities to Address Rural Cancer Patient Needs
- Wrap-up/Conclusion

**Introduction**

*Optimal treatment for pancreatic cancer involves multi-disciplinary care from numerous specialized providers including medical oncologists, surgeons, gastroenterologists, pain specialists, and primary care physicians. The purpose of our research is to understand the needs of providers caring for rural pancreatic cancer patients and how to improve their ability to meet their needs and advocate on their behalf. The next few questions are about your experience with and opinions about the treatment for pancreatic cancer patients and the factors that affect the quality of pancreatic cancer care, particularly for rural cancer patients.*

**Section 1: Background**

- To start, what is your role and department at ([rural practice]/[high volume center])?
- How long have you served in this role?
- What is your role in relation to treating pancreatic cancer patients undergoing treatment at [high volume center]?
- Approximately how many patients with pancreatic cancer did you treat in the past year?
- **For [high volume center] providers (HVCP)**: Approximately how many of those patients were rural?
- **For community-based, rural providers (CBP)**: Approximately how many of those patients did you refer to [high volume center] for further care?

**Section 2: Perceptions About the Cancer Continuum of Care**

*(Topic: What does the continuum of care look like for pancreatic cancer patients?)*

- **HVCP**: What does the process look like when a CBP refers an individual to you who has or who is suspected to have pancreatic cancer?
    - For example, what would be a reason a rural pancreatic cancer patient would be referred to [high volume center]?
    - Can you tell me about an instance when this referral process went smoothly?
        - What do you think helped make this specific referral go smoothly?

- **CBP**: Can you describe what the process looks like when you refer a pancreatic cancer patient to [high volume center]?
    - For example, what would be a reason you refer a pancreatic cancer patient to [high volume center]?
    - Can you tell me about a time when this referral process went smoothly?
        - What do you think helped make this specific referral go smoothly?

- **BOTH**: Are there things that are frustrating or challenging about the referral process and/or treatment coordination between CBPs and HVCPs?
    - If yes, what do you think should change?
    - If no, what do you think helps facilitate the referral process?

- **BOTH**: What type of information is exchanged between rural CBPs and HVCPs during ongoing treatment and follow-up care?
    - How is patient information shared?
    - Are there other types of information that you wish providers would send you?

- **BOTH:** What opportunities are there to improve care coordination for rural cancer patients?
    - Does your department have a plan to address any of these inefficiencies?

- **BOTH**: Are there differences in how rural CBP and HVCPs care for patients with pancreatic cancers? How so?
    - Probe: Are there gaps related to knowledge around screening, diagnosis, treatment, and follow-up?

- **BOTH:** What resources, education, or training is missing that would improve coordination between CBPs and HVCPs treating pancreatic cancer patients?
    - What would these resources or programs look like?

**Section 3: Opportunities to Address Rural Cancer Patient Needs**

- **BOTH**: What challenges or barriers do you think rural pancreatic cancer patients face accessing specialty care at [high-volume center] (e.g., condition-specific, economic, transportation)?

- **BOTH:** What do you think would help rural patients navigate the referral process, treatment, or follow-up?

*Patient Navigator Questions:*

- **BOTH**: What are your thoughts about having patient navigators help rural pancreatic cancer patients?
    - How do you think they could help?

- **BOTH**: Do you think rural cancer patients are receptive to the idea of having a patient navigator?
    - (a) to communicate with their providers?
    - (b) manage their treatment plans?
    - (c) to schedule follow-up appointments?
    - (d) help with insurance problems or conflicts?

*Tumor Board Questions:*

- **BOTH:** Do you participate in pancreatic cancer tumor board meetings?
    - If yes, continue to next question.
    - If no, would you like to learn more about how to get involved?

- Can you describe the structure of your pancreatic cancer tumor board?
    - When do you meet?
    - What types of physicians or other kinds of providers participate in these meetings?
    - Who leads these meetings?
    - Are patient navigators involved in the tumor board discussions?
        - If not, has your tumor board considered inviting them to be part of your team meetings?

- What information is collected during these meetings and how is this information disseminated to the team?

- In your opinion, what impact do tumor boards have on the quality of care or coordination of care for patients with pancreatic cancer?

- Do you see opportunities to improve the effectiveness of your tumor board meetings to help with the treatment of rural patients with pancreatic cancer?

**Wrap-up/Conclusion**

- **BOTH**: Is there anything else you would like to tell us about treating rural pancreatic cancer patients or coordinating care between rural CBPs and HVCPs?
- **BOTH**: Thank you for your time and participation! Your comments are extremely helpful to our study.