

CLINICIAN PRE-IMPLEMENTATION INTERVIEW

Interviewer: *Hi, my name is _____ and I am _____ with the SPARC Study. Thank you for agreeing to participate in this interview. As you may know, we are interested in learning how to best introduce anticipatory guidance topics around substance use during well-child visits. Your insights will be very helpful to us as we design a strategy to implement this type of prevention in pediatric primary care.*

[Show information sheet]

As shown in the information sheet, this interview is voluntary and confidential, and the information will not be shared outside of the research team. You are free to decline your participation at any point during this study. The interview will take about 45-60 minutes to complete. It will be audiotaped and stored securely on a secure drive. We will not include a video recording. At the end of this interview, a gift card will be offered in appreciation of your time.

[Start recording and obtain verbal consent.]

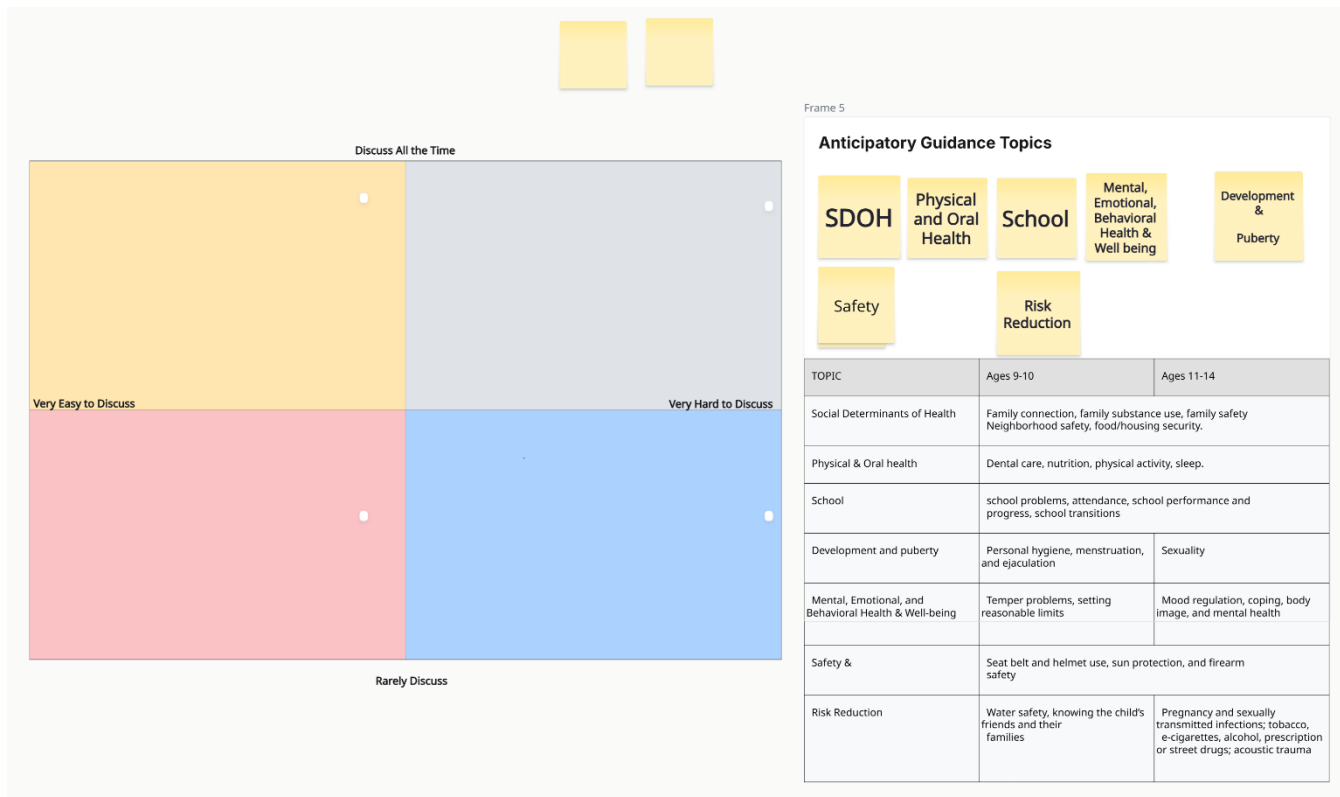
Do you agree to participate in this interview? Please state your name and whether you agree. Thank you for your verbal consent.

Before we begin, do you have any questions for me about this project in general?

A. GRAND TOUR on ANTICIPATORY GUIDANCE

Interviewer: *We are interested in learning about your experiences providing anticipatory guidance to patients during well-child visits for children aged 9 to 12 years. The American Academy of Pediatrics' Bright Futures Guidelines outline anticipatory guidance topics recommended for each age-based well-child visit. Some of the topics that are suggested for this age group are listed here: (Show list on screen).*

You will notice a grid wherein you can place each anticipatory guidance topic in a grid based on how easy/hard the topic is to discuss during well child care and how often/infrequently you discuss the topic during a typical well child visit. To start, can you drag and drop the topics into the quadrant that best reflects your practice and thoughts around the anticipatory guidance topic?



1. What are some of the factors that led you to choose [XYZ] as challenging to discuss?

PROBE on:

- Clinician-level factors (e.g., knowledge, previous education, attitudes/beliefs).
- Caregiver/patient-level factors (perceived levels of stigma, cultural factors, competing priorities, parents having time)
- Clinic-related factors (nursing/medical assistant support, resources/tools available in clinic)
- Regulatory/policy-level factors (insurance/reimbursement, confidentiality laws, documentation requirements, etc.)

2. What do you think would help make providing anticipatory guidance around these topics easier? PROBE on:

- Clinician-level factors (e.g., knowledge, previous education, attitudes/beliefs).
- Caregiver/patient-level factors (perceived levels of stigma, cultural factors, competing priorities, parents having time)
- Clinic-related factors (nursing/medical assistant support, resources/tools available in clinic)
- Regulatory/policy-level factors (insurance/reimbursement, confidentiality laws, documentation requirements, etc.)

3. What are some of the factors that led you to choose [XYZ] as something you frequently discuss during well-child visits? PROBE on:

- Clinician-level factors (e.g., knowledge, previous education, attitudes/beliefs).
- Caregiver/patient-level factors (perceived levels of stigma, cultural factors, competing priorities, parents having time)

- Clinic-related factors (nursing/medical assistant support, resources/tools available in clinic)
- Regulatory/policy-level factors (insurance/reimbursement, confidentiality laws, documentation requirements, etc.)

B. SUBSTANCE USE-RELATED ANTICIPATORY GUIDANCE

Now I'd like to ask a few questions on risk reduction and safety, specifically around anticipatory guidance around substance use.

- 4. What are some of the factors that led you to place substance use-related topics (SDOH, risk reduction, safety) where you did?**
- 5. In an ideal world with unlimited time, how would you talk to 9-12-year-old patients and families about substance use prevention? What would you tell them?** PROBE on caregiver, child-focused messages, whether they say the same thing to both of them, who they primarily direct advice to
- 6. Thinking back to recent well-child visits with 9 to 12-year-old patients, in which situations would you most likely share this anticipatory guidance around substance use [age, co-occurring problems, etc.]?**
 - a. What gets in the way of sharing this anticipatory guidance?
 - b. What would make it easier to share this anticipatory guidance with patients and families?

C. CLINICAL DECISION SUPPORT TOOLS and WORKFLOWS AROUND GGC

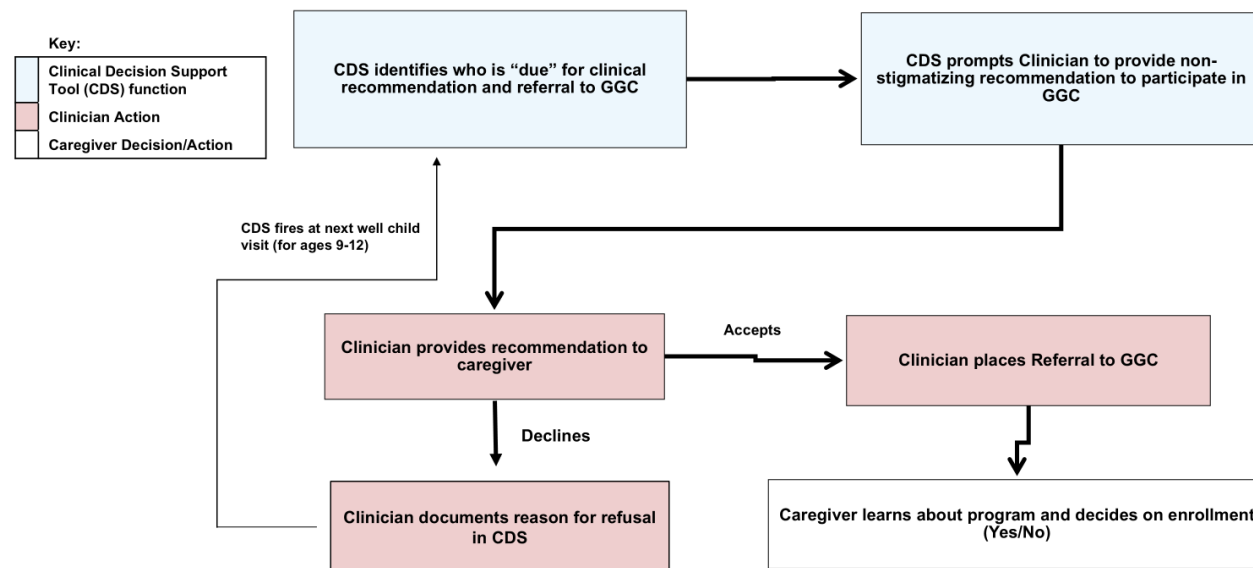
Interviewer: *I really appreciate you sharing these insights. I have one more topic I'd like to ask your opinion on. As part of this project, we are trying to improve access to a family-based universal intervention to prevent substance use, Guiding Good Choices (GGC). GGC is an evidence-based intervention that can be delivered by trained behavioral health clinicians. During this program, in five or six sessions, parents and caregivers can learn how to help reduce risky behavior in the teen years. This program emphasizes strong family bonds and communication as key for substance use prevention.*

- 7. What do you think would make your patients' families interested in attending parenting groups that focus on parenting skills that support substance use prevention?**
- 8. What barriers may caregivers face in participating in this intervention?**
- 9. What factors may motivate caregivers to enroll in this intervention?**
 - c. Probe on SDOH [eg cost, childcare, housing stability, transportation, virtual options, language options, days/times that work best]

Interviewer: Thank you for sharing this feedback. We are trying to figure out how best to design a clinical workflow to support FQHC-based pediatric clinicians in potentially recommending this program to parents during physical exam visits for 9- to 12-year-old patients. For this project, we are trying to design a clinical workflow that includes the use of a clinical decision support tool to remind clinicians to discuss the program with caregivers during well-child visits and a referral process to link caregivers to the program.

[SHOW WORKFLOW]

A potential workflow...



10. What components or processes would need to be changed in this workflow to fit into your FQHCs' workflow?

- Would any staff roles or responsibilities need to be changed to implement this clinical workflow?

11. What FQHC workflows would need to be changed to deliver this model of care?

- Probe on: [physical infrastructure/space needs, technology/EMR needs]

Do you have any other thoughts you would like to share with us today

Interviewer: Thank you so much for taking the time to share your experiences. We truly appreciate your feedback and expertise.