

Telephone Interview Questions

Section 1: This interview is composed of 16 questions, which are yes/no and multiple choice.

1.) Do you conduct group classes in addition to one-on-one services? (If no, skip to section 3) Y___
N___ _

Section 2: The following questions relate to the online survey section about your satisfaction rating with the attendance at your DSME group classes.

2.) What is the average length of your DSME group program (how many session or days and hours per session)?

of weeks the session runs_____

hours each session_____

sessions each week_____

3.) In an effort to increase attendance, have you experimented with your program format or scheduling times? Y___N___

If yes, which changes have you tried and what were the results?

4.) Yes or no: Which of the following do you include in your group program?

- Support person living with someone who has diabetes Y___N___
- Pre-diabetes Y___N___
- Type 1 DM Y___N___
- Type 2 DM Y___N___

5.) Please identify any patient barriers that you feel influence attendance at your DSME program.

- Lack of transportation Y___N___
- Too expensive Y___N___
- Insurance will not cover costs Y___N___
- Classes offered at inconvenient times Y___N___
- Client doesn't think it's needed Y___N___
- Client uncomfortable in group setting Y___N___
- Other (please specify): _____

6.) Please identify any educator or program barriers that have an influence on attendance at your DSME group program.

- Lack of financial support Y___N___
- Lack of administrative support Y___N___
- Lack of meeting space Y___N___
- Lack of referral source Y___N___
- Other (please specify): _____

Section 3: The following questions relate to the online survey section about your satisfaction rating with the presentation or activity methods you use to educate participants.

7.) Which of these ADA or AADE content areas do you address in your groups?

- Healthy eating Y___N___

- Physical activity Y___N___
- Taking medications Y___N___
- Using blood glucose monitoring for self-management decisions Y___N___
- Preventing, detecting and treating complications Y___N___
- Diabetes disease process Y___N___
- Goal setting Y___N___
- Problem solving Y___N___
- Coping with psycho-social issues Y___N___

8.) Can you speak a little more specifically about how you accomplish goal setting and problem solving? Which topic areas above haven't you addressed and why?

Section 4: The following questions relate to the online survey section about your satisfaction rating with the quality assurance tools you use for program evaluation.

9.) What quality assurance tools or data collection methods do you use to evaluate the effectiveness of your program? (* Can we identify your DSME site with your response to this answer? Y___N___)

10.) Do you have ideas or wishes to improve your quality assurance efforts? Y___ N___. If yes, please describe.

Section 5: The following questions relate to the online survey section about your satisfaction rating with your participant's success with accomplishing behavior change goals.

11.) What are the most common behavior change goals identified by clients?

12.) Are there certain behavioral goals that are more challenging for clients to achieve than others? Y___N___ Please identify:

Section 6: Reimbursement by insurance payers

13.) Is your program accredited by the ADA? Y___N___

14.) Do you receive 3rd party reimbursement for:

One-on-one counseling? Y__N__

Group Sessions? Y__N__

If yes, who are the most common insurance payers you receive reimbursement from?

- Medicare
- Medicaid
- Blue Cross/ Blue Shield
- MVP
- CIGNA
- Other (please specify):

15.) Do you find that some insurance payers are more difficult to collect reimbursement from? Y___N___

If yes, which insurance payers do you have a difficult time receiving reimbursement from?

- Medicare
- Medicaid
- Blue Cross/ Blue Shield
- MVP
- CIGNA
- Other (please specify):

16.) Since first receiving reimbursement for your DSME services, have you experienced any changes in reimbursement? Y___N___ If yes, what have these changes been and how have they affected your program?

Part II:

During the second part of this interview, we will be discussing the self-management support literature and asking you about your knowledge and beliefs about self-management support.

1.) Are you familiar with the Stanford Chronic Disease Self Management Program?

Y___N___

- If so, are you familiar with the skills that are taught from this program?

Y___N___

- Are you referring any of your clients to this program? Y___N___

- Have you had clients that have participated in this program? Y___N___

2.) Do you have any thoughts (favorable or unfavorable) about this program?

3.) What are your current concerns about this program?

4.) Stanford has developed a diabetes-specific self-management program, titled Diabetes Self Management Program (DSMP), stemming from the evidence based CDSMP. The Stanford DSMP can become part of your DSME program with assistance from the Vermont Department of Health. Would you be interested in learning more about this program? Y___N___