GLOBAL CARDIOVASCULAR HEALTH
UNIVERSITY of WASHINGTON

Rural PRO-CARE
Health Equity Research Network

Primary Care Insight Tool

This tool is designed to evaluate the primary care physician experience in supporting rural patients with heart conditions. Please adapt as necessary.

*What is the provider's experience of **delivering** heart care to patients in rural settings? What are the barriers to providing effective patient care, and what interventions might mitigate those challenges?*

Demographic Questions

- What is your age?
- What is your gender?
- What is your highest level of education?
- What is your race/ethnicity?
- What is your relationship with the patient? How long have you known the patient?
- Do you have your own medical condition(s) that also require care?
- Self-described household income
- Would you say your family/household: struggles to get by, barely get by, lives comfortably, or lives very comfortably?

Patient profile

- We're specifically interested in exploring the experience of providing and receiving heart failure care in the rural context. Roughly what share of your patients would you estimate are living in rural areas?
- Can you paint me a picture of a "typical" heart failure patient you care for—or perhaps a rough sketch of the various "types" of heart failure patients you see?
- Do you think these characteristics are unique to the rural setting, or pretty common across heart failure patients in general? That is, if you were a primary care physician in an urban area, do you think your heart failure patients might have different characteristics?
- Do you feel like your heart failure patients have a good understanding of their condition? Are you generally able to educate them sufficiently, to where they know what actions they need to take and *why*?
- How well do these patients typically adhere to the advice/recommendations that you and their cardiologist provide?
    - Any additions on medication adherence; lifestyle modifications; diet + exercise

Patient-Level Barriers + Facilitators

- What barriers impede your heart failure patients from taking the best possible care of their heart health?
- Are there particular support or resources that help certain patients take better care of themselves and their heart?
    - If you think of a patient who is doing a particularly great job managing their heart failure diagnosis, what resources/supports are they drawing on?

Context of Providing Care

- What is the scope of the heart failure care you provide for patients—what do you typically manage in your practice, and what aspects of care are initiated or managed by a cardiologist?
    - What are the most complex services you offer to your patients with heart failure, and when do you typically refer to a cardiologist?
- What is your relationship with the cardiologist(s) that your heart failure patients work with—how do you coordinate the healthcare you provide for your joint patients?
    - How often do you communicate and via what mode; what is the patient flow of when they see each?
    - Is there anything about this relationship with the cardiologist that you wish could be different, or changes that might improve patient care?
- How comfortable are you with professional society heart failure guidelines? Do you feel comfortable prescribing and titrating all classes of guideline directed medical therapy?
    - Are there any issues with initiating and/or titrating Entresto? Or sGLT2 inhibitors?
- What does follow-up look like after a patient is discharged from the hospital?
    - *A*re appointments made in a timely manner; is there communication from the hospital provider? Are medications filled at the pharmacy?
- Thinking about the rural context of your practice—do you think the scope of care you provide to heart failure patients is different than it would be if you were a primary care physician in an urban area?
    - Have you received any training specific to rural cardiovascular care—continuing medical education or Project ECHO training, for instance?
- And what about treatment approaches to heart failure that you employ—do you think your patients receive different forms of heart failure treatment than what they might in a more urban setting?
    - What is your experience with Entresto and sGLT2i specifically?

Provider Barriers + Facilitators

- Is there anything that makes it more difficult for you to provide optimal care to your heart failure patients—perhaps because of your rural setting, the characteristics of your patients, or the structure of your practice?
    - Are there specific barriers to the initiation and up titration of GDMT medications?
- Do you have any ideas about interventions, or additional support/resources, that might facilitate your being able to provide even better care to these patients?
    - Are there specific things that facilitate initiation and up titration?

Communication

- Are your heart failure patients typically instructed to track things like their blood pressure, weight, and medication adherence?
    - If so, how do they report this information to you, and when? (at appts or in-between)
- Do they generally follow instructions and keep you well-apprised by that information?
    - If not, what do you think keeps them from reaching out?
- What additional information would be helpful to receive from patients in-between appts?
- Do you use any technologies to facilitate communication or even remote monitoring of patients?
- When a heart failure patient reaches out to your office in-between appointments, what are they typically reporting?
- What is the clinic workflow for dealing with that communication? Who fields the call/chart message and how/when does it get to you?
    - How well does this approach work? Do you feel like relevant information makes it way to you in a timely manner?
- Do you have any ideas about how this patient communication workflow could be improved?

Exploring Telehealth Usability + Feasibility

As I mentioned, our research team is exploring the use of a smartphone app designed to facilitate the management of heart failure between patients and their providers. We want to know whether this app would be usable in the context of your patients/clinic and also whether the functions would be useful for heart failure patients and their doctors.

- Thinking about your patient population in heart failure, how realistic is it to think that they could manage a smartphone app that collected heart-related information daily—some via

self-report (such as how they're feeling and whether they took their medications) and some via Bluetooth-enabled blood pressure cuffs and scales?
    - Is the population of interest tech-savvy enough to properly utilize?
    - Do you ever do telehealth visits with your heart failure patients? How well do they manage those logistics?
- And even if they (or a caretaker/support person) could manage the app *logistically*, do you think something like this would be *beneficial* to patients?
    - Would it make it easier to do what they're already doing?
    - Might it influence behaviors that support their overall heart health?
- And what about for you, as their doctor, do you think an app like this could make it easier to help manage care for your heart failure patients?
- Do you have any experience with remote patient monitoring systems or technologies?
    - (If yes) Have you used remote patient monitoring for heart failure?
    - What other conditions have you [remote monitoring devices] used for?
    - What works well and what doesn't work well with remote patient monitoring?
- Would you be interested in implementing an app like this into your practice/as part of your care/protocol?
- If you or your clinic implemented an app like this, what challenges would you anticipate?
- If implemented, what might help ensure the sustainability of an app like this?
- What would be the best-case scenario of how this app could be implemented?
    - Info downloaded automatically to the patient's medical record; patient coordinator role
- Is there anything else we should be considering as we design and begin implementing this app—especially to ensure that it meets the needs of patients and providers in the context of rural areas?
- Are there other tools or educational interventions that might facilitate rural heart failure patients better managing their condition and receiving the optimal GDMT they need?