

Focus Group Questionnaire

Goal: Understand stakeholder perspectives and concerns associated with decisions related to who gets what medical resources and when during emergencies.

Notes: The bolded categories serve as an internal categorization to prioritize questions and will not be shared with participants. Safety Net Clinics or Facilities focus groups and Consumer Advocacy focus groups share the same questions.

Participants:

- **Safety Net Clinics or Facilities and Consumer Advocacy Groups:** Providers or administrators from Federally Qualified Health Centers (FQHC), free health clinics/charitable clinics, rural health clinics, safety net hospitals and local public health department
- **Consumers:** Vulnerable populations and/or historically marginalized groups including those who are uninsured, low-income, persons with disabilities, LGBTQ+, Black, Hispanic, Latino, or Tribal origin, rural populations, older adults, parents or caregivers of children with ongoing illness or disabilities, and veterans

Definitions:

For purposes of some of the questions asked in this focus group, we use the term rationing of care. The goal of rationing is for everyone to receive some level of care, but they may not receive the same access to medical resources (such as beds, ventilators, nurses, etc.) that they would have received if there was not a crisis.

Crisis standards of care plans: Crisis standards of care plans are the guidance for medical providers when medical resources are limited so providers can allocate resources in the fairest way.

Medical Resources: Staff, supplies (e.g., beds, medication PPE, ventilators), facilities and health care services.

Focus Group Questions	
<u>Provider and Consumer Advocacy Group Questions (90 minutes):</u> Equity, Triage and Clinical Decision Making 1. What is the first thing that comes to mind when you hear the word “rationing of care”? 2. Versions by Focus Group: a. Provider Language: If your local hospital had to ration medical care, what would worry you most?	<u>Consumer Questions (60 minutes):</u> 1. What is the first thing that comes to mind when you hear the word “rationing of care”? 2. If your local hospital had to ration medical care, what would worry you most? a. How might this impact your decision to seek medical care? 3. How should people find out their local hospitals are facing shortages and may need to ration care?

<p>b. Advocacy Group Language: If hospitals had to ration medical care for consumers, what would worry you most?</p> <ol style="list-style-type: none"> 3. How should people find out their local hospitals are facing shortages and may need to ration care? 4. When medical resources are limited, what do you think would be the best way to decide who gets what medical resources and when? <ol style="list-style-type: none"> a. Who should be the one to make that decision? b. What information should be available to those making the decision? c. What barriers do you see to implementing these decisions? d. What do you think the role of community members should be in that decision? 5. Is it possible to make fair decisions about who gets what medical resources and when? Why or why not? 6. What groups of people could be at greatest risk of not having all their medical needs met when care is being rationed? 7. How do you feel about dedicating greater medical resources to people who have historically been less able to access medical care and/or health-supporting resources? <ol style="list-style-type: none"> a. When, if at all, would this be appropriate? b. What would be the best way to address the healthcare needs of populations that have been historically marginalized or made vulnerable? 8. What ethical considerations should be used to determine who gets scarce resources and who does not? 9. Should policies about rationing of care be implemented at local, regional or state level? Explain why. 	<ol style="list-style-type: none"> 4. When medical resources are limited, what do you think would be the best way to decide who gets what medical resources and when? <ol style="list-style-type: none"> a. Who should be the one to make that decision? b. What information should be available to those making the decision? c. What do you think the role of community members like yourself should be in that decision? 5. Is it possible to make fair decisions about who gets what medical resources and when? Why or why not? 6. What groups of people could be at greatest risk of not having all their medical needs met when care is being rationed? 7. How do you feel about dedicating greater medical resources to people who have historically been less able to access medical care and/or health-supporting resources? When, if at all, would this be appropriate? 8. Are there any other considerations around who gets what medical resources and when that you feel are important to share?
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<p>Staffing</p> <p>10. What strategies can be implemented to augment the staffing necessary to maximize quality of care during rationing of care?</p> <p>11. When care is being rationed, how should this be communicated to facility staff, patients, and the community overall? <i>(Advocacy Groups will NOT be asked about facility staff)</i></p> <p>12. Are there any other considerations around who gets what medical resources and when that you feel are important to share?</p> <hr/> <p>Additional Optional Questions (as time allows):</p> <p>13. What support should the state provide to keep providers informed related to state and federal crisis standards of care guidance?</p> <p>14. What are some potential strategies for maintaining transparency around crisis standards of care?</p>	
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*Prior to the focus groups, participants will be asked to complete a short anonymous survey that will capture demographics information and their experiences with access to care during the COVID-19 pandemic to understand the composition of focus group participants in aggregate.