

Behind the Scenes:  
Timely and Effective  
Qualitative Analysis and  
Dissemination Tools

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HSR&D COIN

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U.S. Department  
of Veterans Affairs



**VACE**  
VA COLLABORATIVE  
EVALUATION CENTER

**VHA** | OFFICE OF  
RURAL  
HEALTH

DENVER  
SEATTLE CENTER OF  
**INNOVATION**  
FOR VETERAN-CENTERED & VALUE DRIVEN CARE



# Poll 1

What best describes your primary research role?

1. Investigator
2. Qualitative interviewer
3. Qualitative analyst/methodologist
4. Project coordinator
5. Other (write in)



## Disclaimer:

This is about our analytic process and creation of dissemination products, not a specific project or analytic method

# Agenda

## Who we are

- VACE - Evaluation Group overview

## Analytic process

- Focus on organization, teamwork

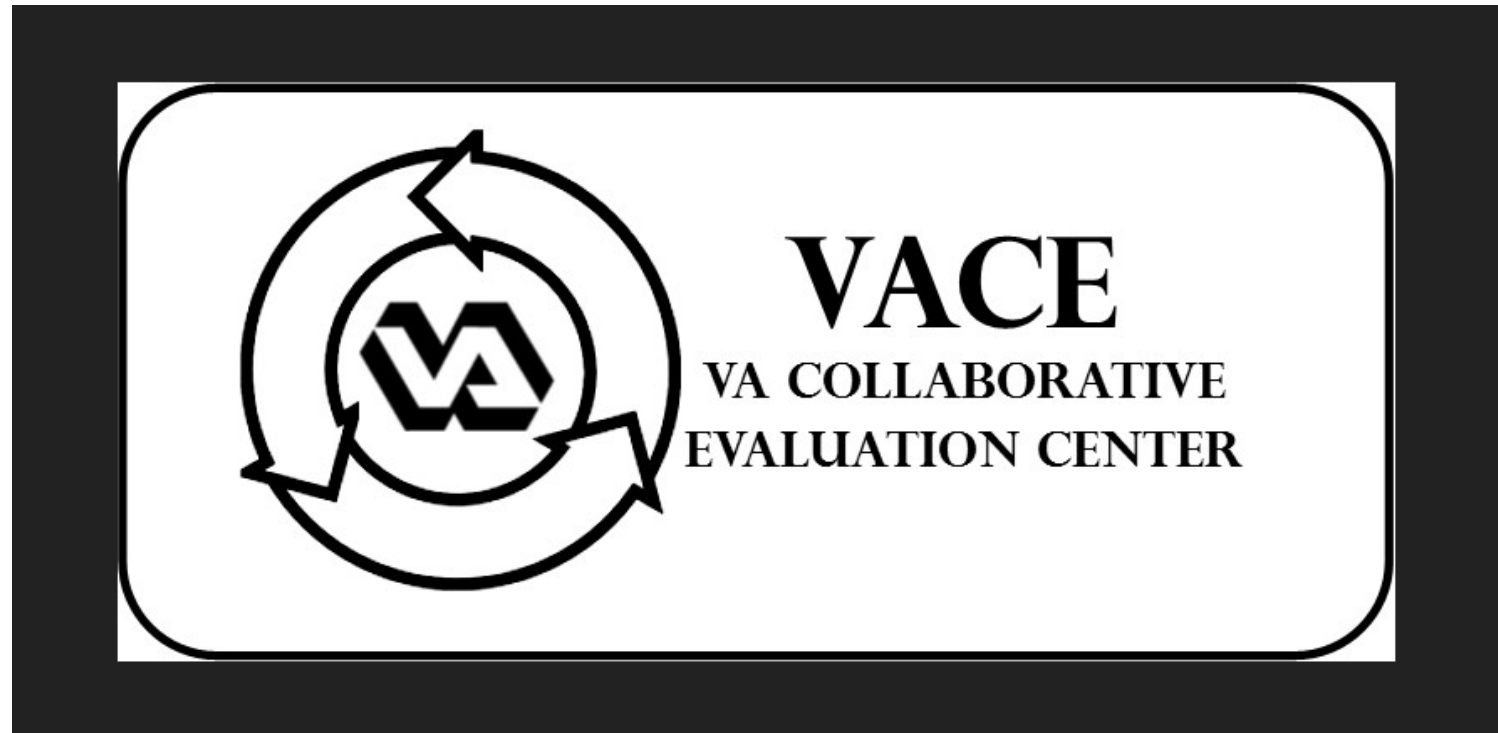
## Deliverables

- Slidedoc: Operational partners
- Infographic: Veteran stakeholders

## Lessons learned

## Questions/Wrap-up

# Who we are

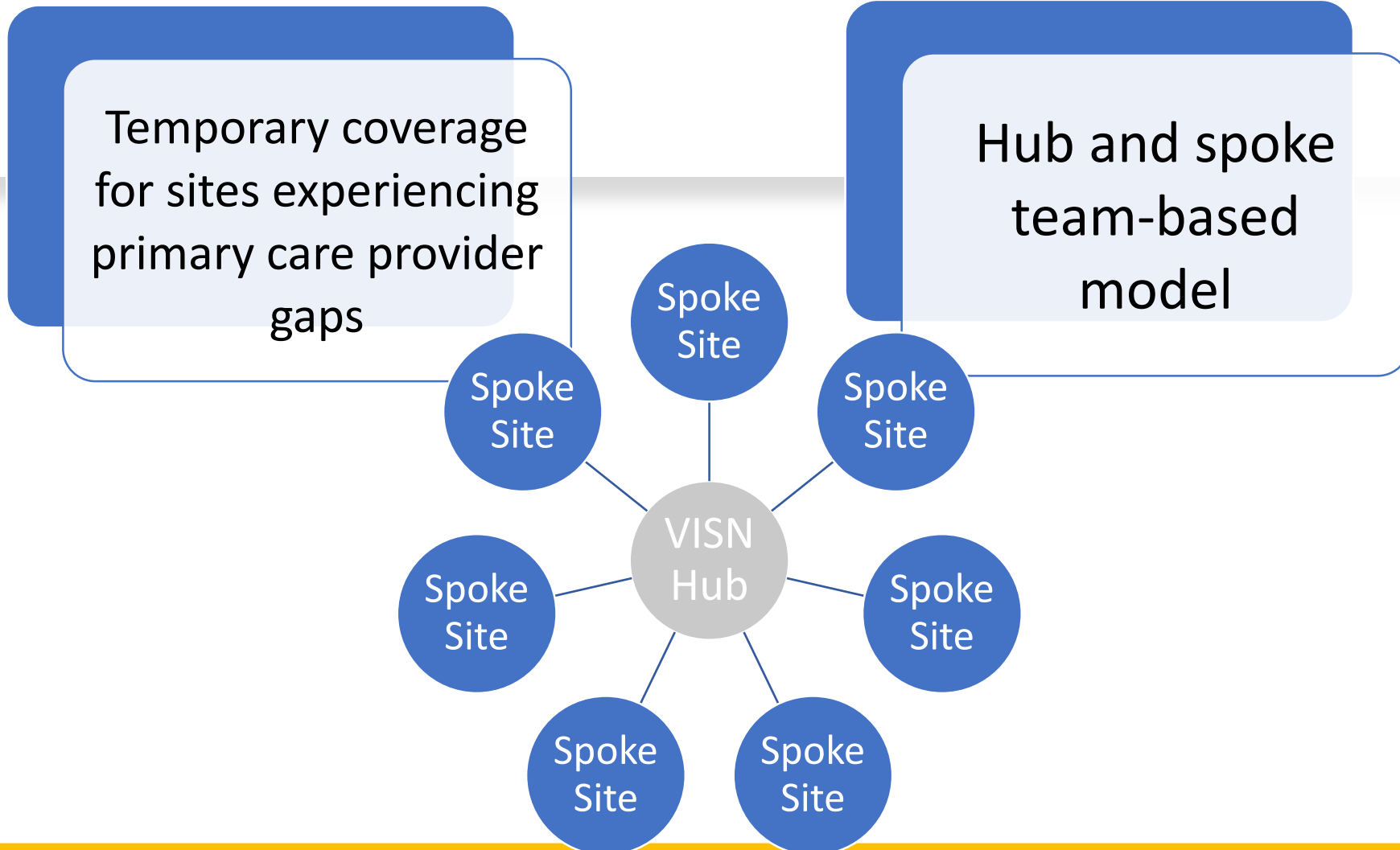


## VACE Goals

- Direct impact on practice and policy
- **Timely and effective...**
  - Analysis
  - Dissemination
- **Create more user-friendly deliverables**

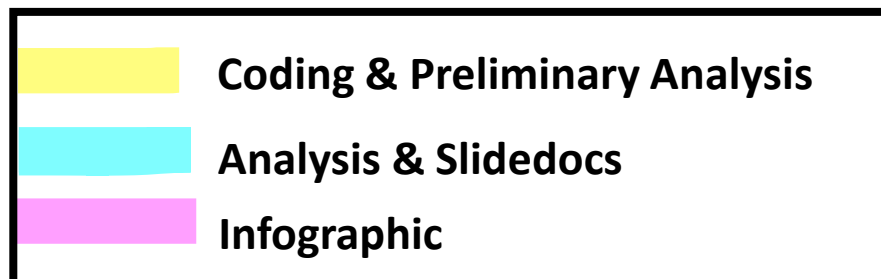
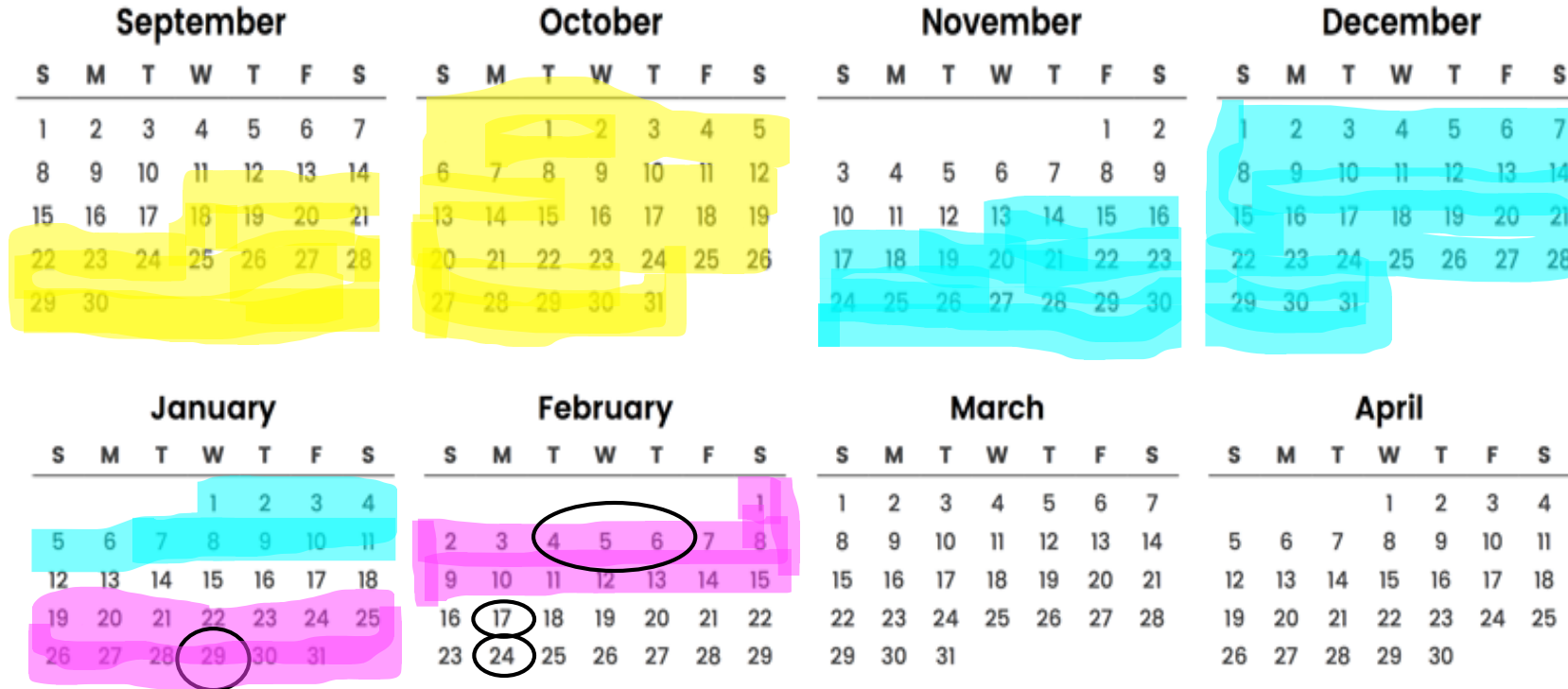


# What is V-IMPACT?





# Timeline of Deliverables



## Poll 2

- How would you describe your approach to data analysis, especially when working in a team?
  1. I have no idea
  2. My approach is unstructured and somehow we make it happen
  3. My approach is somewhat structured but somewhat unclear at times
  4. My approach is highly structured with an SOP for everything
  5. Other (fill in the blank)

## VACE Goals

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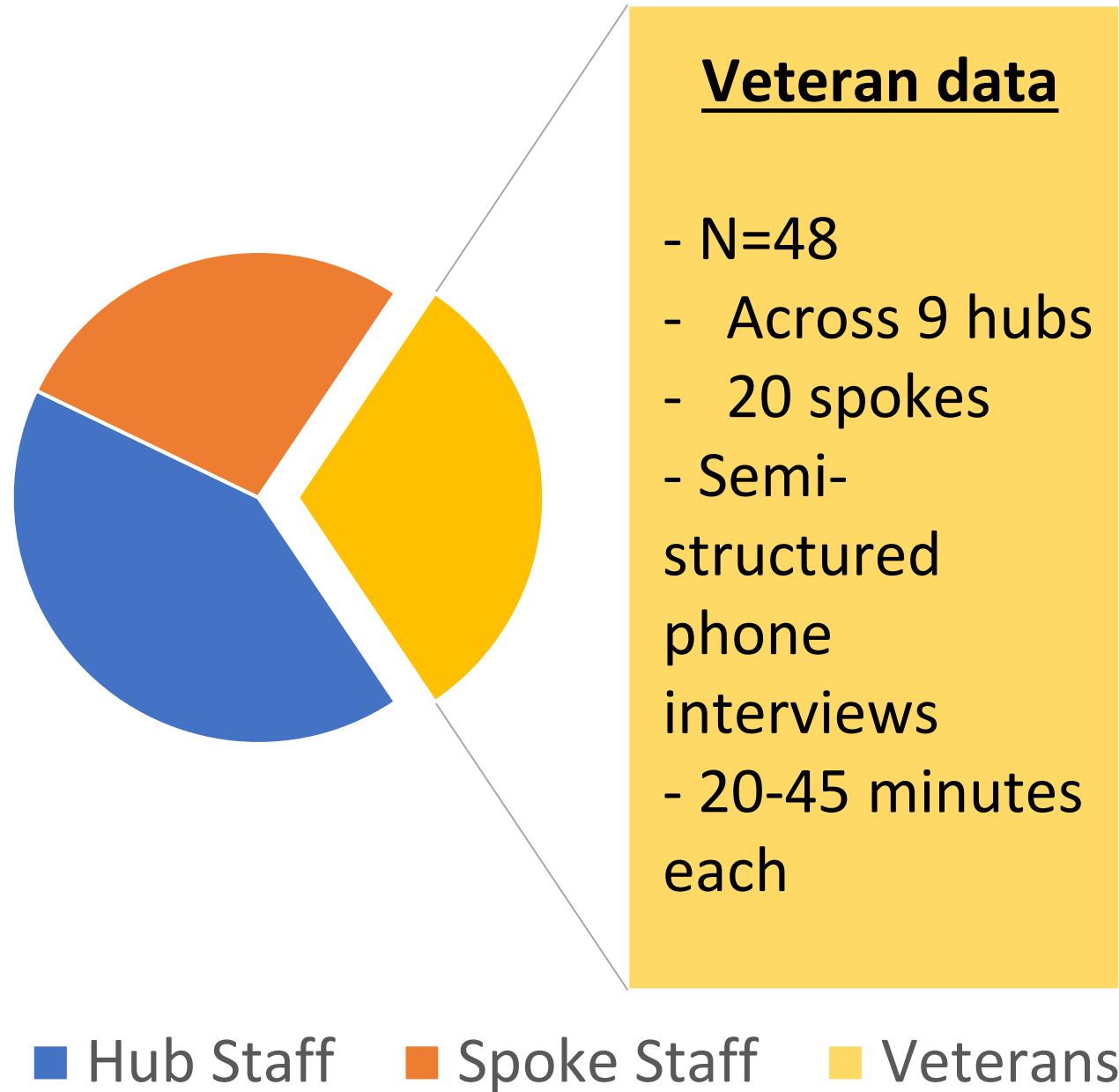
# Efficient\*

# Qualitative Analysis

\*/ə'fiSHənt/ achieving maximum productivity with minimum  
wasted effort or expense (<https://www.lexico.com/en/definition/efficient>)

*Getting it done, quickly!*

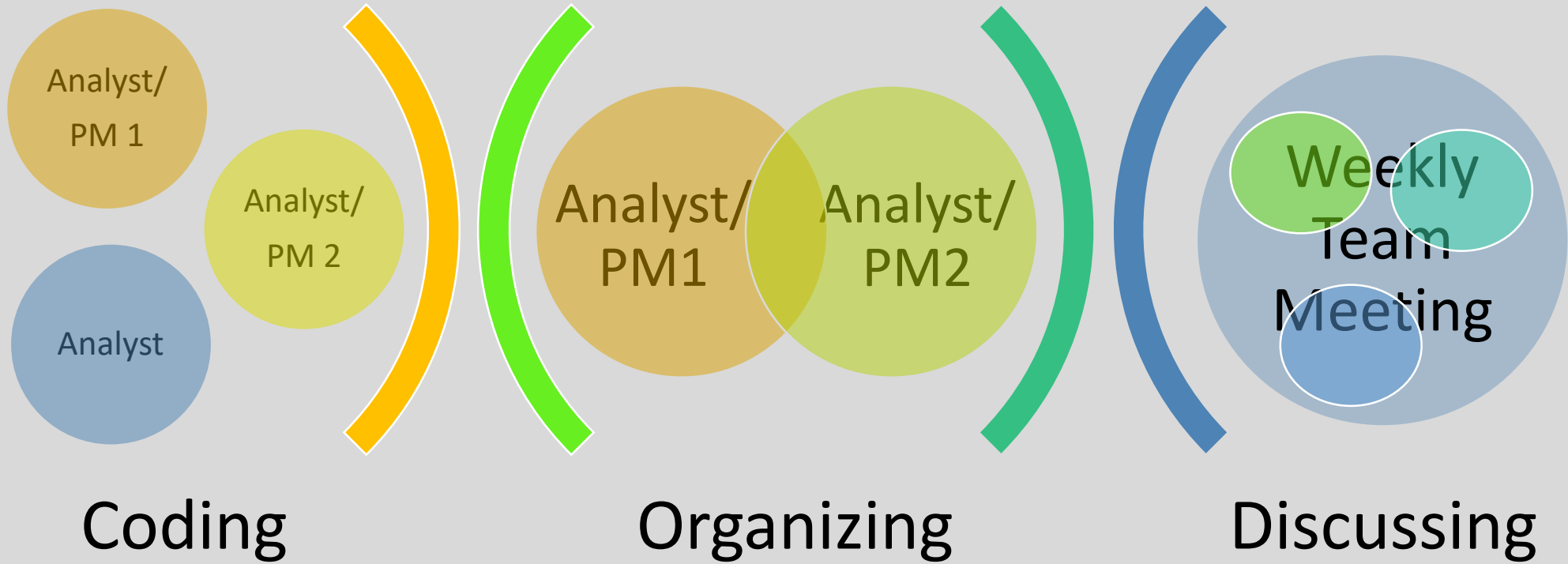
# Qualitative Data Collection



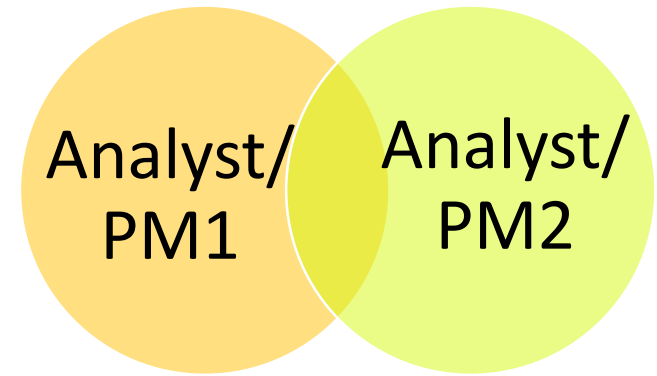
# Qualitative Data Analysis



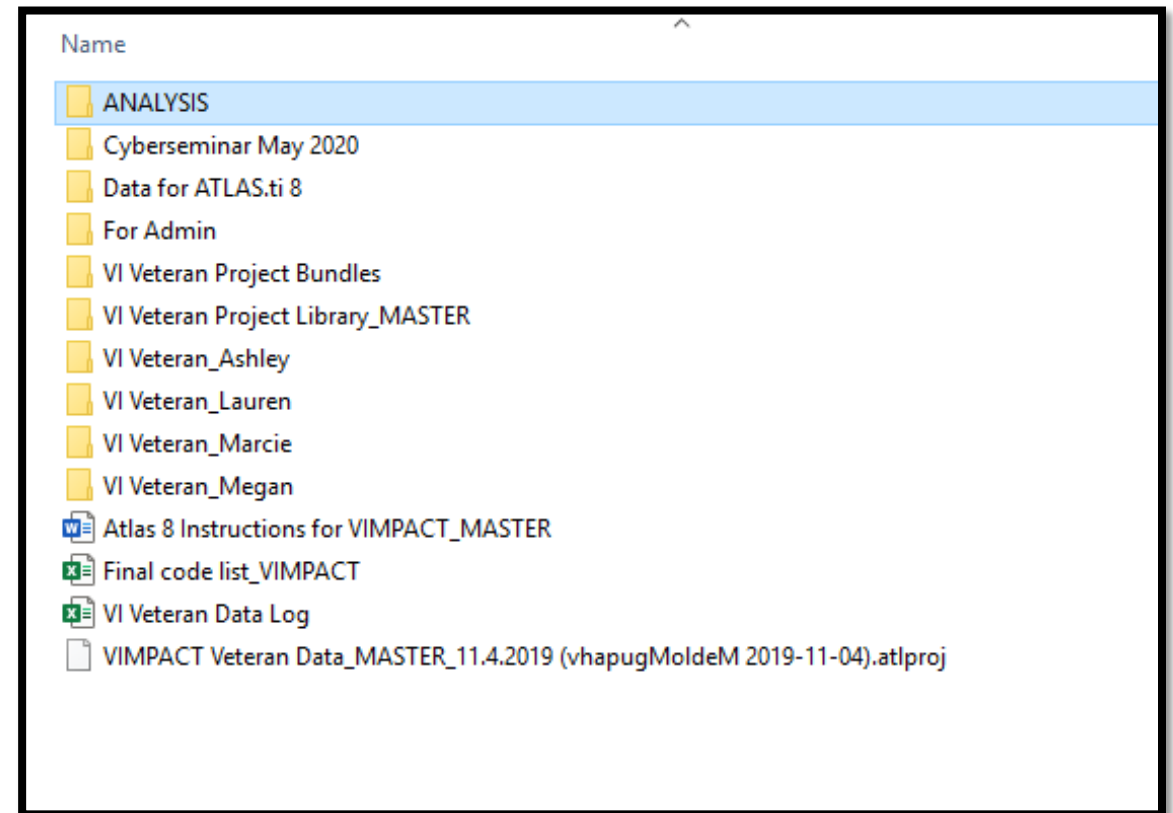
- ATLAS.ti version 8
- Deductive and inductive content analysis (Elo & Kyngäs, 2008)



# Pre-project organization - Folders

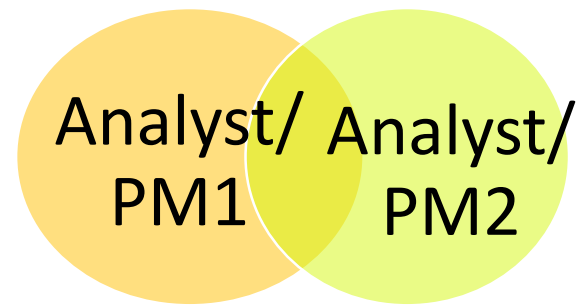


- **Before coding:**
  - Folder structure
  - Data log
  - Split up transcripts
  - Create ATLAS.ti 8 project bundle





# Pre-project organization – Data Log



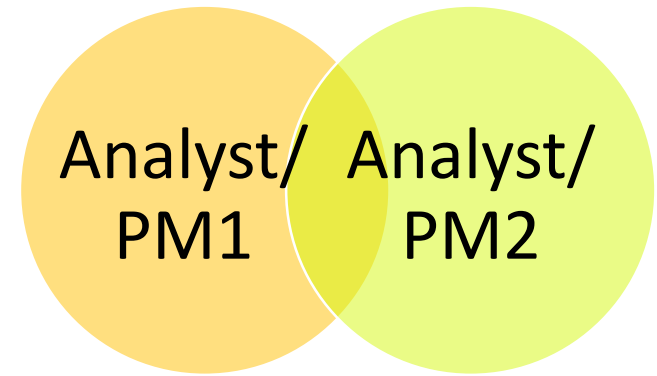
- **Tracked:**
  - Interview transcription
  - Quality assurance
  - Upload to ATLAS.ti
  - Coder assigned
  - Coding status

**All Veteran transcripts		Project Admin ONLY				For Analysts	Project Admin ONLY			For Analysts	
1	Project ID	Audio file to transcription folder (Y/N)	Transcript saved to study folder (Y/N)	File length	Assigned QA (Name)	Transcript QA'd (Status, Date MM-DD-YYYY)	Transcript uploaded to Atlas (Y/N)	Document# (ID#)	Assigned coder (Name)	Transcript coded (Status, Date)	Notes
2											
3		Y	Y	00:32:25	Megan	Complete, 10-15-2019	Y	22	Megan	Complete, 10-15-2019	
4		Y	Y	00:29:56	Lauren	Complete, 10-03-2019	Y	14	Lauren	Complete, 10-03-2019	*Note: no interv until 5:00 minu
5		Y	Y	00:21:33	Megan	Complete, 10-23-2019	Y	37	Megan	Complete, 10-23-2019	
		Y	Y	00:13:33	Lauren	Complete, 10-04-2019	Y	15	Lauren	Complete, 10-04-2019	

# During project organization



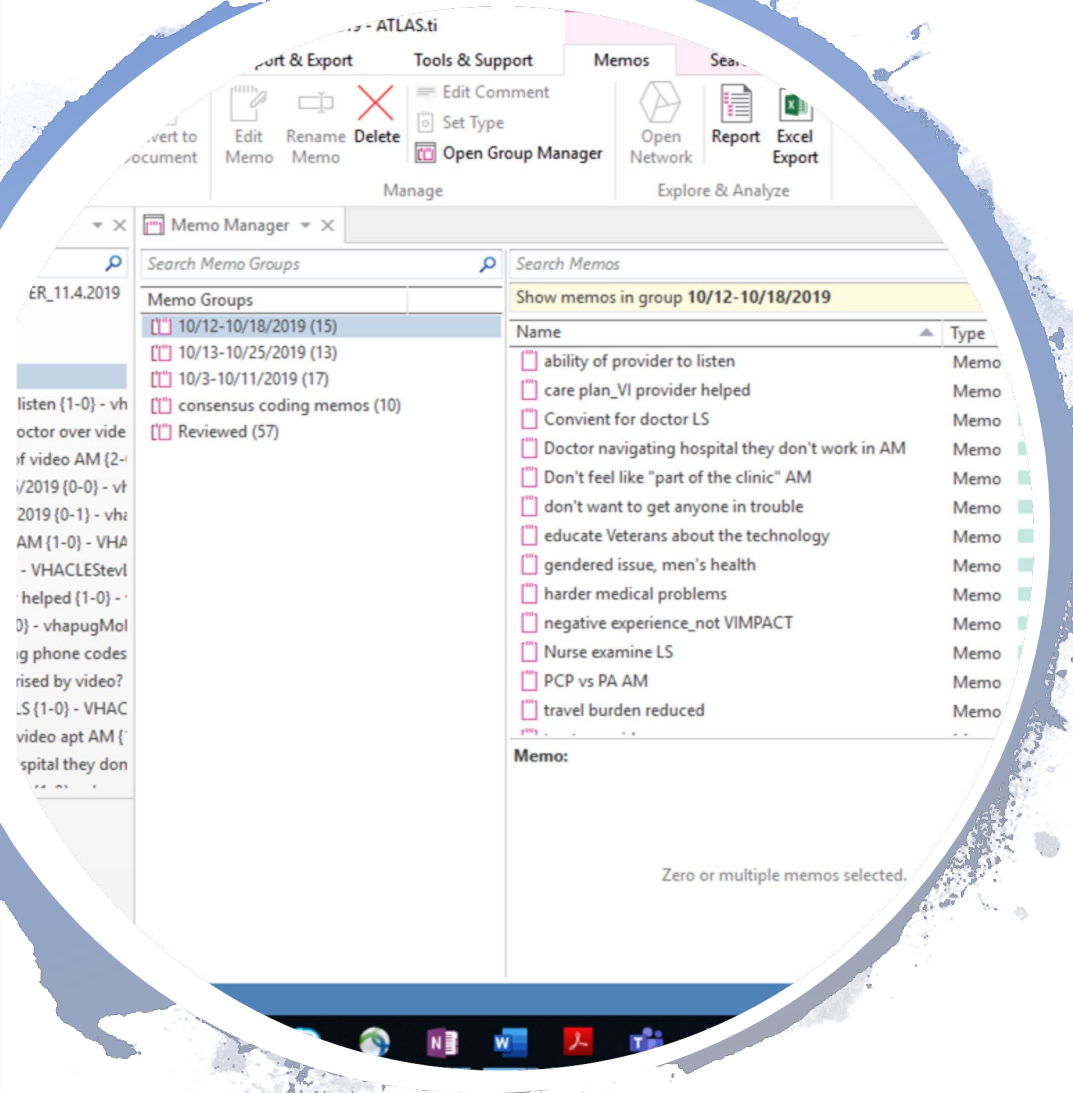
Figure 2: Steps 3 and 4: Combining the work of all team members and distributing it again



## Before meeting

## After meeting

# Discussing – Weekly Team Meeting



- **Meeting – 90 min. analysis**
  - Three of six total team members
- **Reviewed...**
  - New codes
  - Codes to edit
  - Memos, put into weekly memo group
- **Analytic memo**

# Final analysis for deliverables

Code Groups	
◇◇ Barriers_MM (11)	
◇◇ Care coordination_LS (6)	
◇◇ Description of video visit_AM (13)	
◇◇ Expectations_MM (3)	
◇◇ Facilitators_MM (7)	
◇◇ Non-VA Care_AM (2)	
◇◇ Nurses_LS (4)	
◇◇ Opinion of VIMPACT_video care_MM (19)	
◇◇ Other (6)	
◇◇ Patient role in care_MM (5)	
◇◇ Perception of providers_LS (16)	
◇◇ Perception of VA_AM (4)	
◇◇ Purpose of VIMPACT_MM (9)	
◇◇ Quotes (1)	
◇◇ Recommendations from Vets_LS (5)	
◇◇ Relational aspects of care_AM and MM (19)	
◇◇ Tech acceptability/readiness_LS (7)	
◇◇ Time_AM (8)	
◇◇ Travel_MM (4)	
◇◇ Types of VI appointments_LS (7)	
◇◇ Video vs Other VA Care Comparison_AM (16)	
◇◇ Z_Consensus Codes 1 (56)	

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Division of labor

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Mini-report/summary on categories

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Reports to larger qual group

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Reports → Deliverables

## Poll 3

- Do you disseminate your findings beyond traditional formats (manuscript, conference poster, written internal report)?
  1. Yes
  2. No

## Poll 4

- Who do you disseminate your findings to?
  1. Operational partners
  2. Scientific community
  3. Participants
  4. The general public
  5. Other (write in)

## VACE Goals

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  - Dissemination
- **Create more user-friendly deliverables**

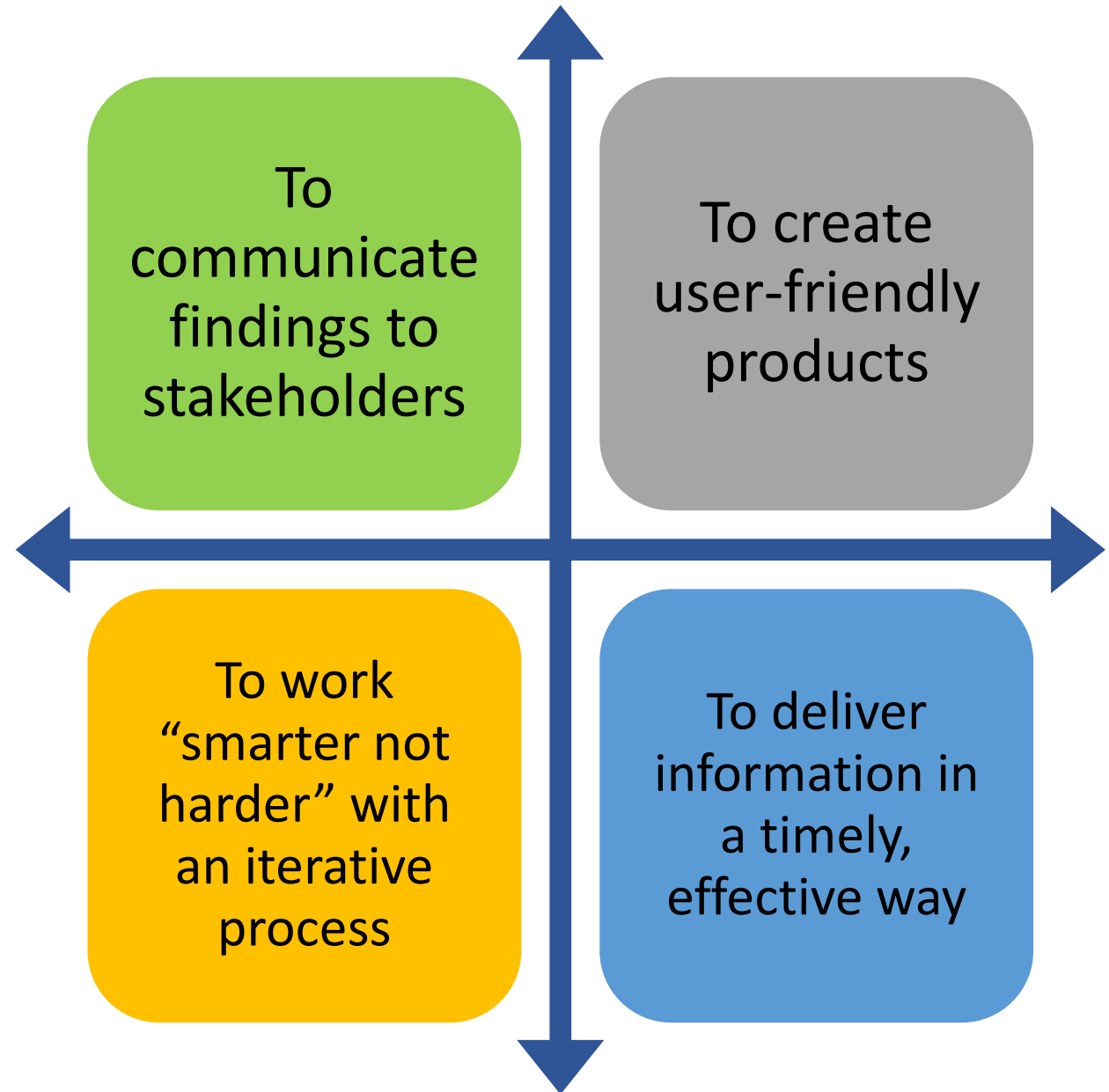


# Deliverables

*Beyond the report...*



What were  
our goals?



# Deliverable 1: Slidedoc for Operational Partners

*Beyond the report...*



*Slidedoc*

# Overview of Slidedoc\* as tool

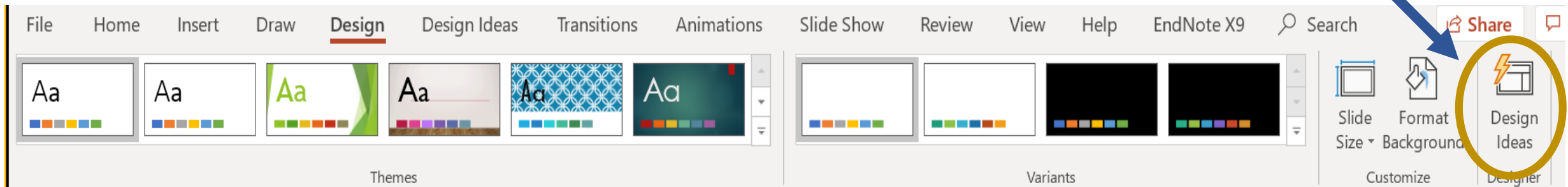
- Meant to be **READ**
- Can be read non-linearly
- If presented, amend it!

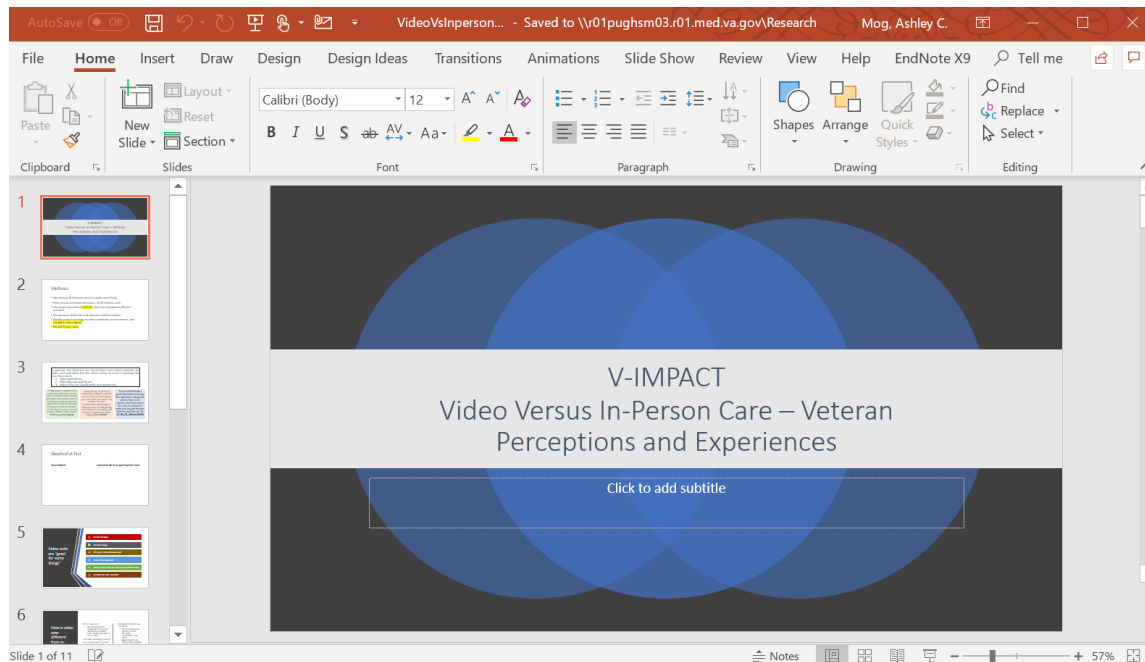
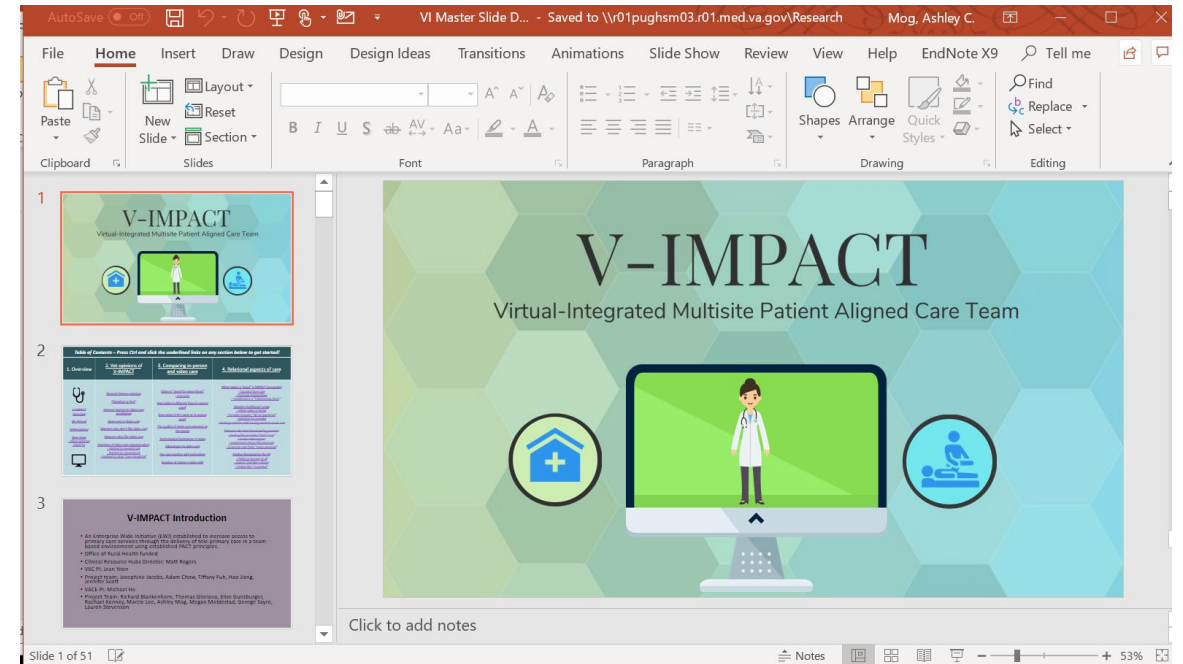
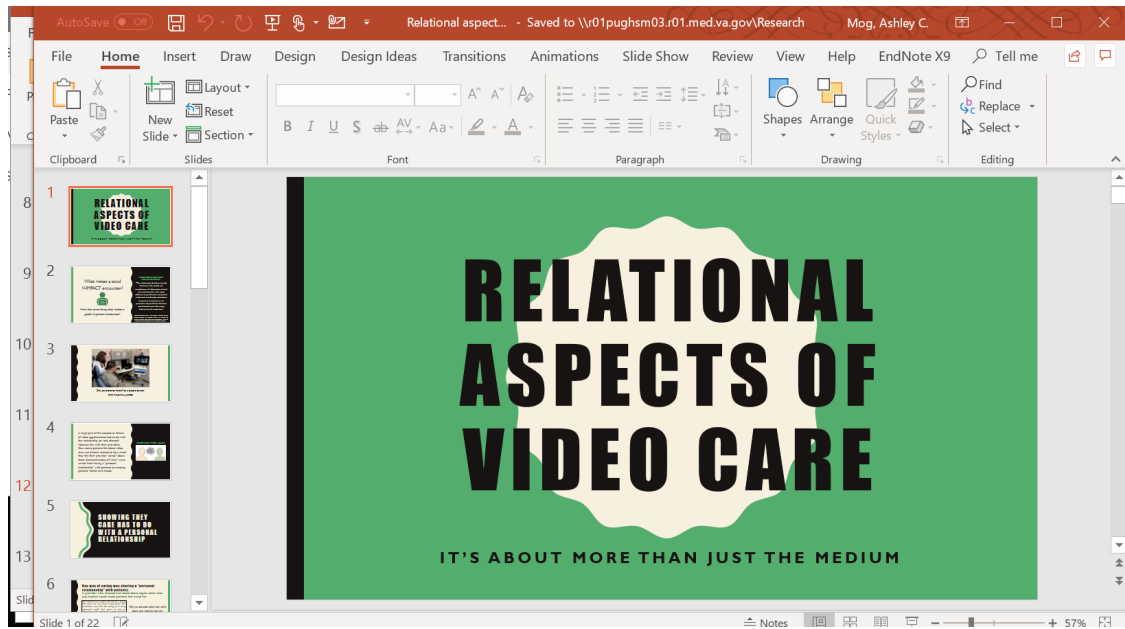
\*Nancy Duarte, "PowerPoint Presentations vs. Slidedocs"

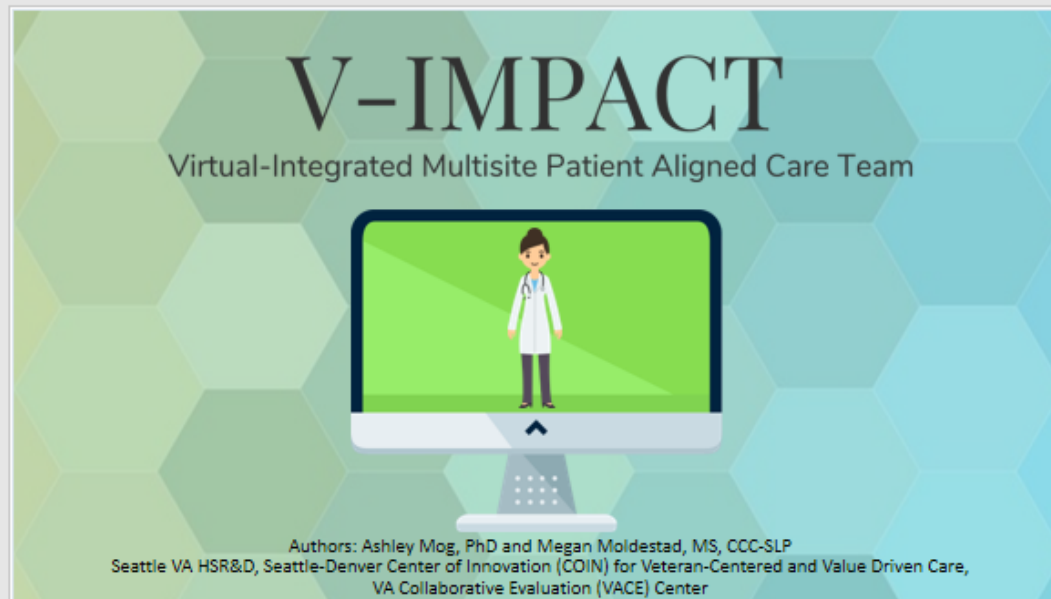
<https://www.duarte.com/powerpoint-presentations-vs-slidedocs/>

How did we create this?

Microsoft Office Suite “**Design Ideas**”  
Enthusiasm and creativity!



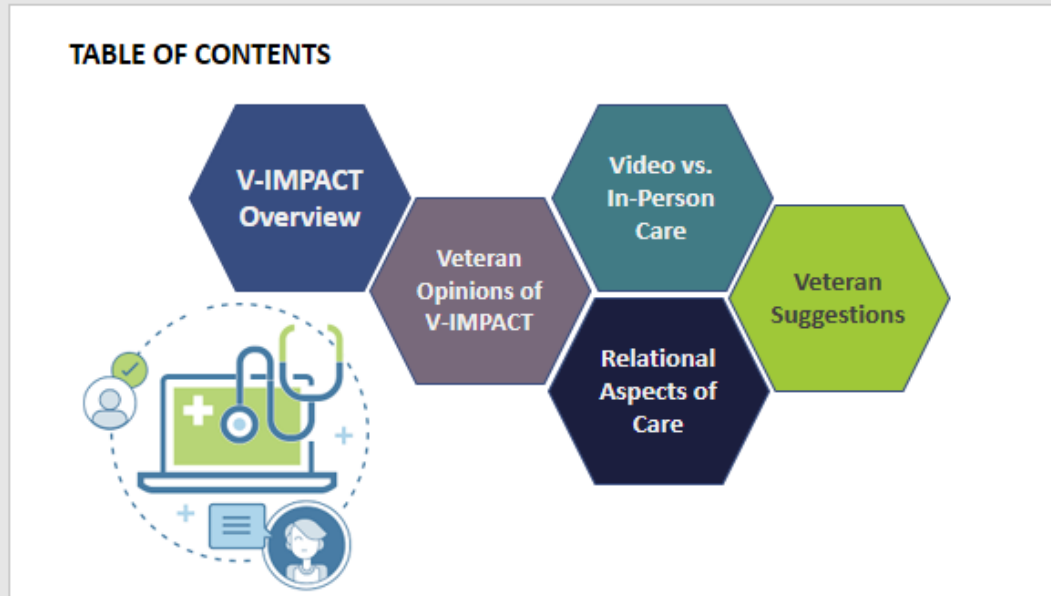




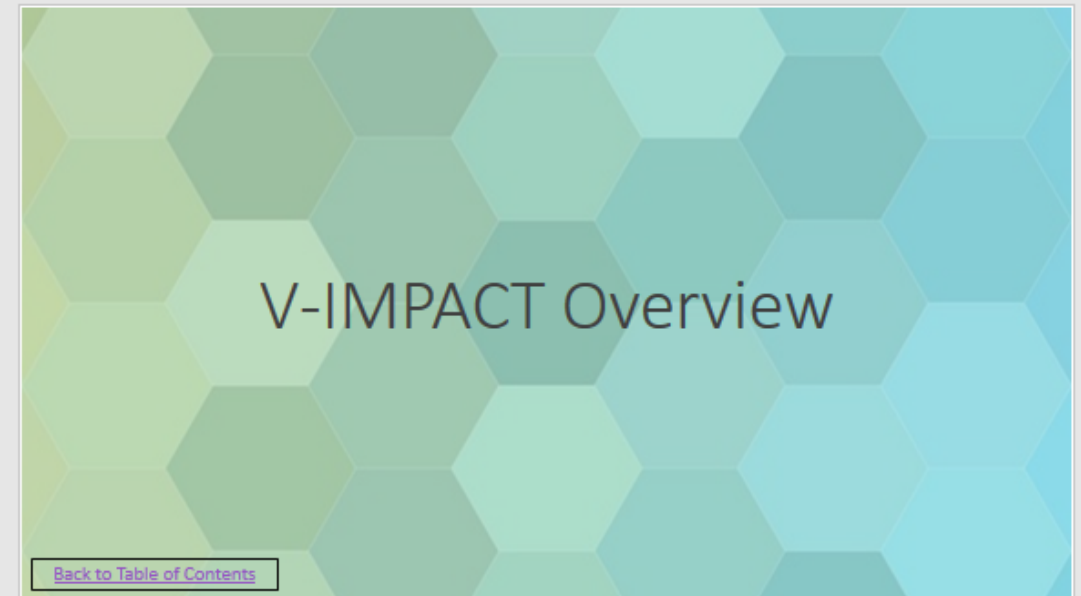
1



2



3



4



## What care “should be”

Some Veterans’ opinion of video care changed when they had an appointment that matched their conceptions of what care “should be.”

So, it’s just one of those things. **You try to take and find somebody that will care about what they’re doing, and not just put you on the conveyor belt to send you on to the next area.** ...This [V-IMPACT PCP] actually asked what consult you need and what you did the last time you were at one of the other clinics. He wanted to know how long it took to get through the clinics when you started to make the appointment, until you seen the doctor in those clinics. And some of them just kind of throw you out there to the wolves. –Veteran

Well, if somebody goes out there and the Primary doctor is not there, and they have to see a new doctor, then, you know, you’re just starting over again, because they don’t know about your history, or anything like that, and I don’t care what’s on the paperwork, there’s confidentiality between your doctor and yourself. And then you go to a new doctor, and you’re going to do the same thing over and over again. **To be comfortable with them and trust, trust is a lot.** It is to me, I don’t know. In my opinion, they should have more video like that, that way they could take care of more people. But, that’s just my opinion. –Veteran

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## Veteran names for V-IMPACT

*Veterans referred to V-IMPACT in a variety of ways...*

“Teletubby thing”

“TV doctor”

“doc in a box”

“doctor over the internet”

“telecom doctor”

“rental doctors”

“video doctoring”

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## Comparison between in-person and video care

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## Video is “good for some things”

The majority of Vets we interviewed preferred in-person care but said video care is “good for some things.” There was no one thing/diagnosis that video was “good for” as this varied across Veterans.

However, most Veterans thought it was good for appointments that didn’t require hands-on care. This included mental health appointments, medication refills or reviews, or for some, simple procedures like taking labs or initial appointments with a specialist that are discussion-based.

A few Veterans felt their care was delayed because of video. For example, one Veteran had a neuroma that wasn’t diagnosed until she sought non-VA care to see someone in person to palpate the neuroma.

Other Veterans felt they got better care over video. One woman felt her shingles diagnosis was handled better over video because she could do a walk-in appointment and the doctor could easily visualize the rash on her abdomen. If she had gone to the ER, she thought the diagnosis (and treatment) would have been delayed.

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## Presentation to operational partners

- Discussed dissemination plans
- Internal and external dissemination



# Deliverable 2: Infographic “One-pager” for Veterans

*Why haven't we done this before?*

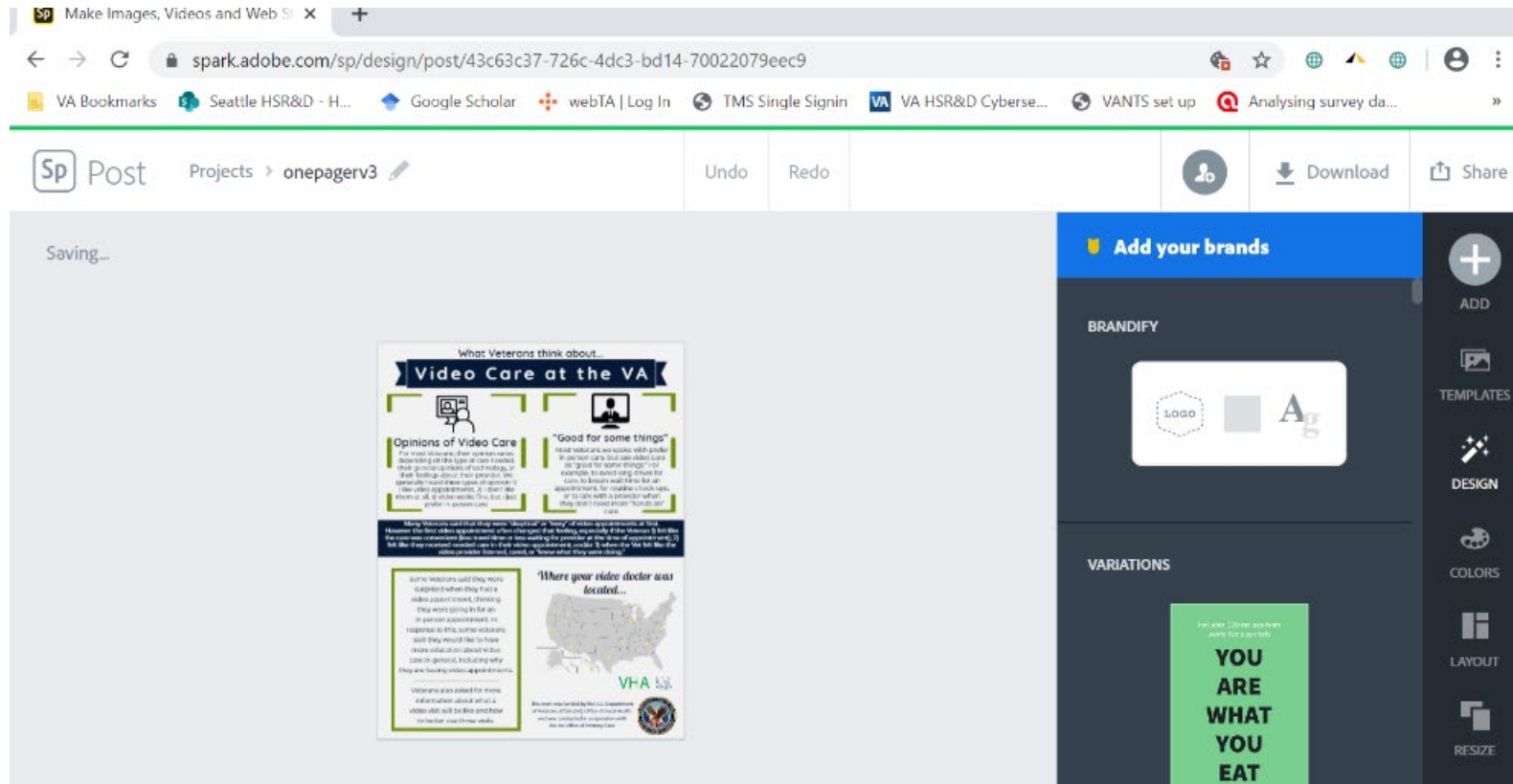
Why did we do this?

Veterans were  
asking and  
we figured out  
a way to make  
it happen!



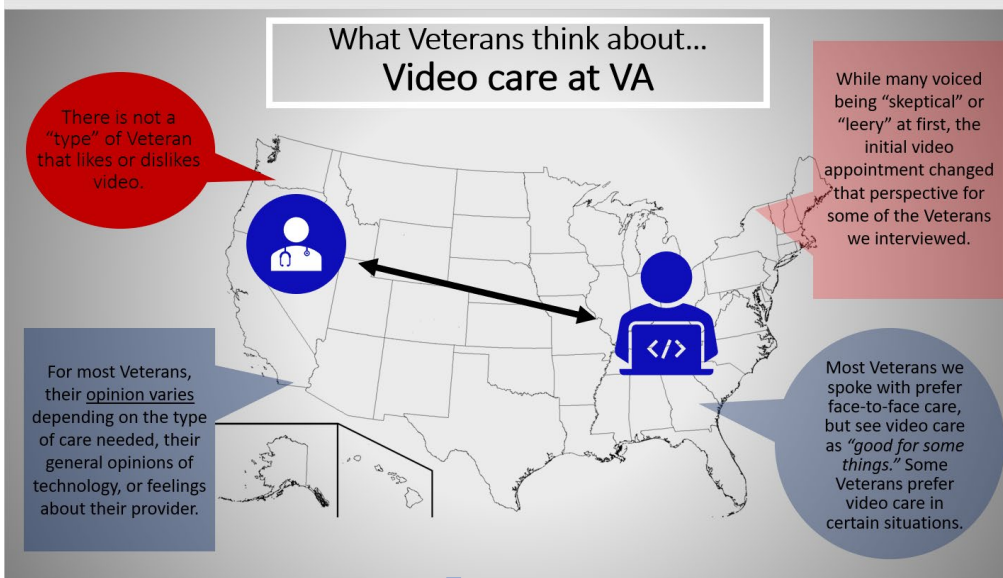
# Overview of Infographic\* tool

An infographic is a collection of **imagery, charts, and minimal text\*** that gives an easy-to-understand overview of a topic.

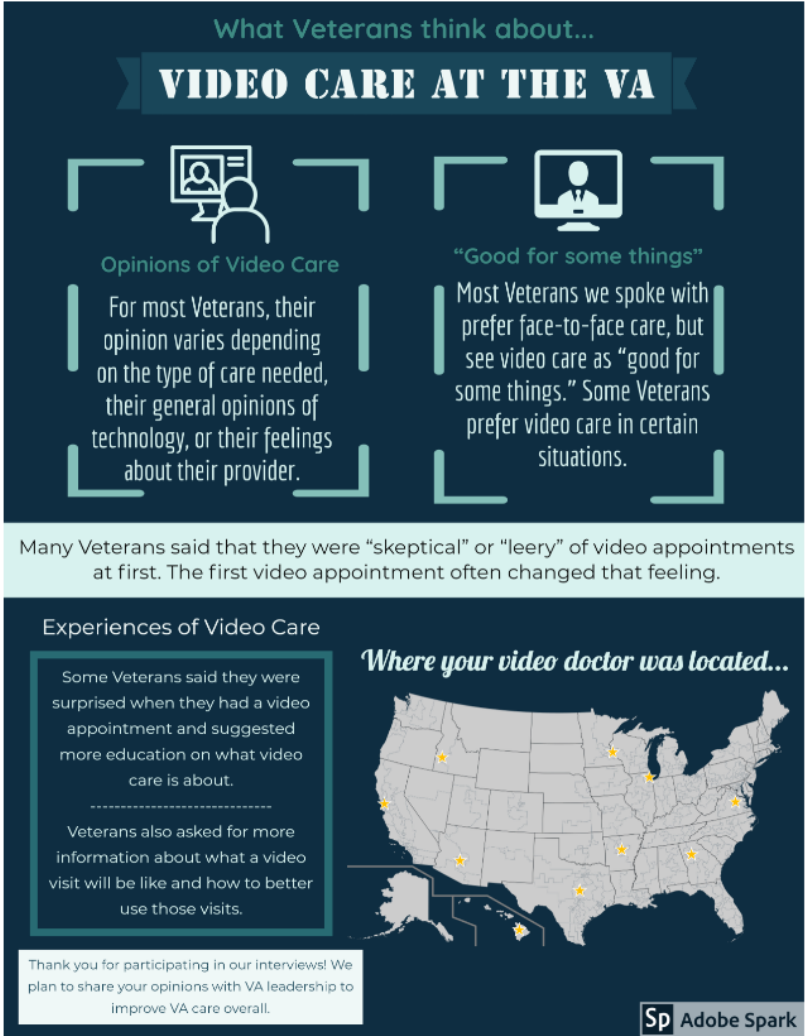
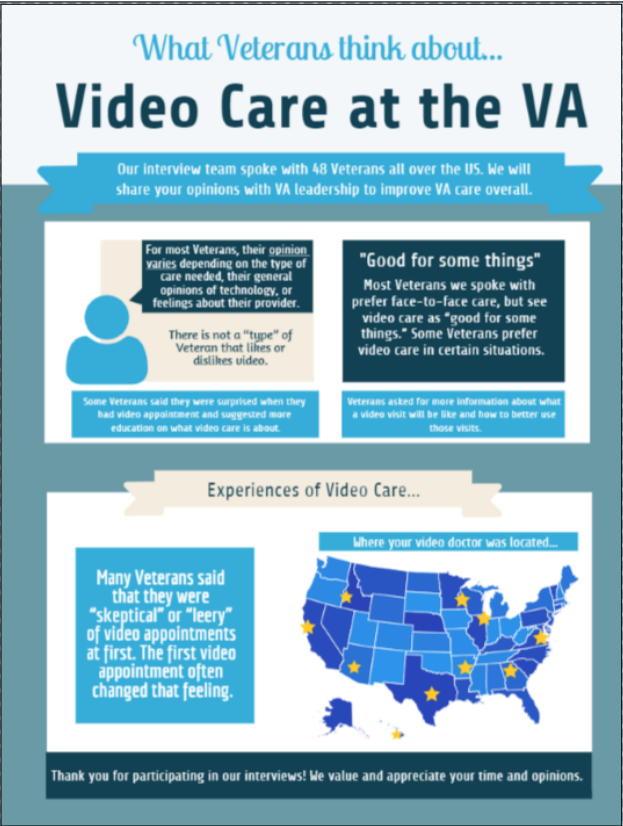


How did we  
create this?

Infographic templates  
Enthusiasm and creativity!



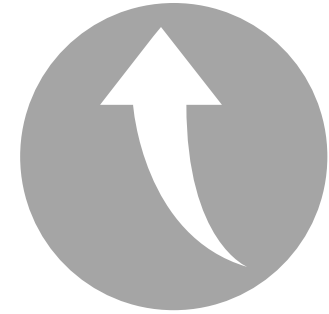
# Evolution of Infographic



# Accessibility considerations



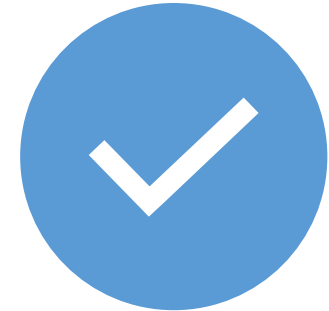
TRANSLATED INTO  
PLAIN LANGUAGE



TEXT SIZE



COLOR CONTRAST



RIGHT DEPTH OF  
INFORMATION



DEPARTMENT OF VETERANS AFFAIRS  
VA Puget Sound Health Care System  
1660 South Columbian Way  
Seattle, WA 98108-1597



Insert address

January 6, 2020

Insert name

Last year our team interviewed you and 47 of your fellow Veterans across the United States about your experiences receiving **Video Care at the VA**. We spoke with you over the phone and asked for your opinions and suggestions on how to improve the quality of care that Veterans receive at the VA.

We wanted to give you an idea of the results of these interviews. The enclosed document is a summary of our findings and may or may not reflect your opinions.

We want to thank you again for your time and help on this evaluation. If you have any questions or concerns, you may call directly at 206-277-6587 and ask for Megan Moldestad or me at 720 857-XXXX.

Sincerely,

Michael Ho, MD, PhD  
Co-Director, Denver-Seattle Center of Innovation for Veteran-Centered and Value-Driven Care

Enclosure: Video Care at the VA

What Veterans think about...

## Video Care at the VA



### Opinions of Video Care

For most Veterans, their opinion varies depending on the type of care needed, their general opinions of technology, or their feelings about their provider. We generally heard three types of opinion: 1) I like video appointments, 2) I don't like them at all, 3) Video works fine, but I just prefer in-person care.



### "Good for some things"

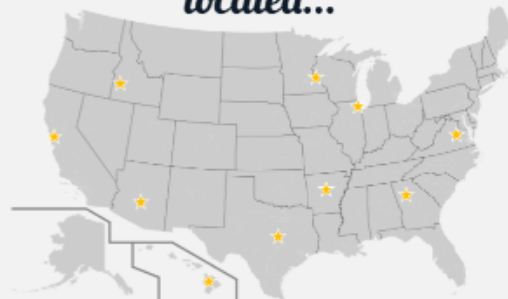
Most Veterans we spoke with prefer in-person care, but see video care as "good for some things." For example, to avoid long drives for care, to lessen wait time for an appointment, for routine check-ups, or to have talk with a provider when they don't need more "hands on" care.

Many Veterans said that they were "skeptical" or "leery" of video appointments at first. However the first video appointment often changed that feeling, especially if the Veteran 1) felt like the care was convenient (less travel time or less waiting for provider at the time of appointment); 2) felt like they received needed care in their video appointment; and/or 3) when the Vet felt like the video provider listened, cared, or "knew what they were doing."

Some Veterans said they were surprised when they had a video appointment, thinking they were going in for an in-person appointment. In response to this, some Veterans said they would like to have more education about video care in general, including why they are having video appointments.

Veterans also asked for more information about what a video visit will be like and how to better use those visits.

### Where your video doctor was located...



VHA | OFFICE OF RURAL HEALTH

This work was funded by the Office of Rural Health, Department of Veterans Affairs and was conducted in cooperation with the VA Office of Specialty Care.



# Poll 5

- Are you still with us?
  1. Yes
  2. No
  3. Partially
  4. Not sure

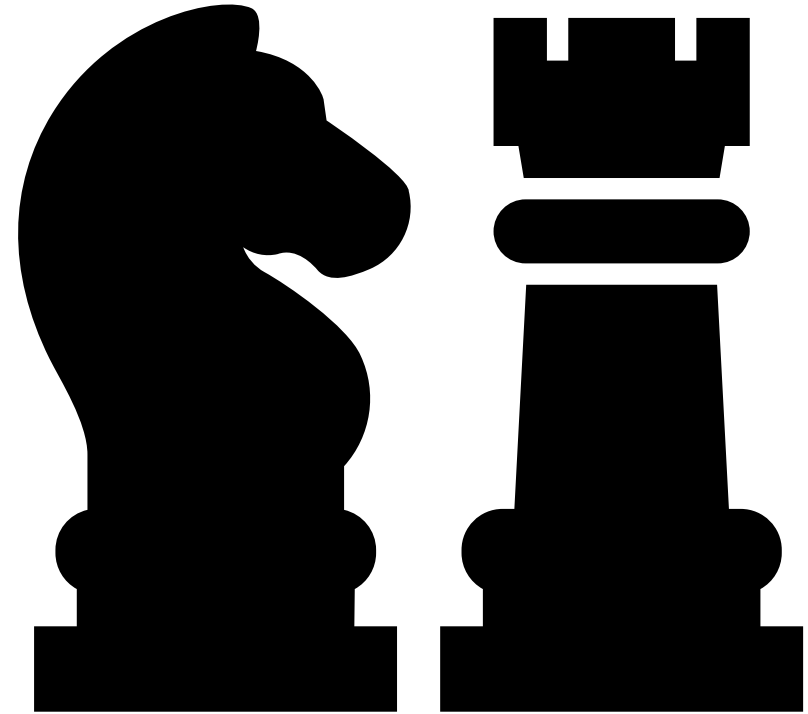




# Lessons Learned

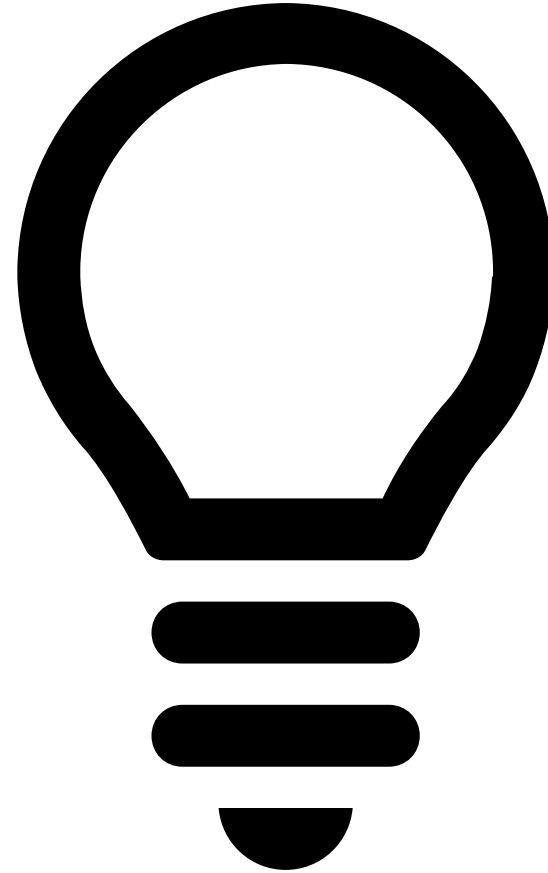
# Lesson 1:

## Be strategic from the start



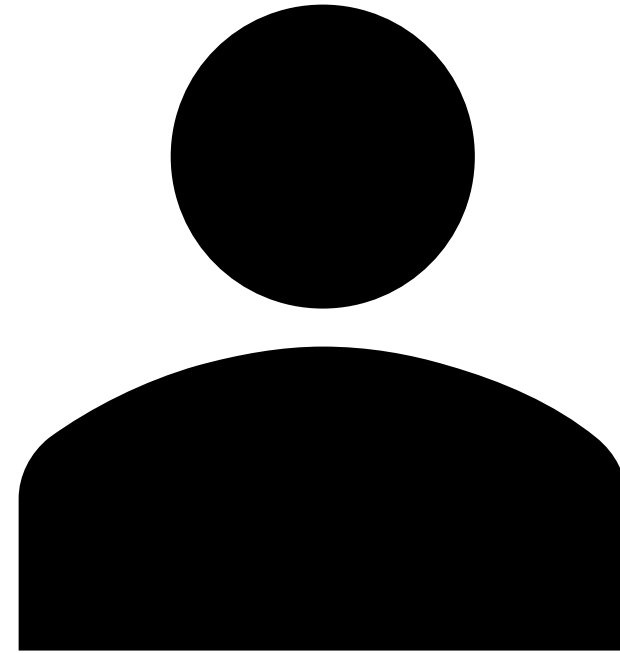
# Lesson 2:

## Explore innovative approaches



# Lesson 3:

Participants are  
stakeholders, too





Questions? Comments?

More questions about our  
process? Email us at  
[megan.moldestad@va.gov](mailto:megan.moldestad@va.gov)  
and [ashley.mog@va.gov](mailto:ashley.mog@va.gov)



# References

- Duarte, N. PowerPoint Presentations vs. Slidedocs.  
<https://www.duarte.com/powerpoint-presentations-vs-slidedocs/>
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<https://venngage.com/blog/what-is-an-infographic/>
- US General Services Administration. Create Accessible Digital Products.  
<https://www.section508.gov/create>