

VA HSR&D Cyberseminar

Spotlight on Women's Health

Qualitative Methods in Rapid Turn-Around Health Services Research

Alison B. Hamilton, PhD, MPH

Research Health Scientist & Lead, Qualitative Methods Group

HSR&D Center for the Study of Healthcare Innovation,

Implementation & Policy

VA Greater Los Angeles Healthcare System

December 11, 2013



CSHIIP

Center for the Study of Healthcare
Innovation, Implementation & Policy

Thank you

Dr. Ray Maietta

Dr. Barbara Bokhour

Dr. Susan Zickmund

My VA qualitative research teams

Participants from 2012 & 2013 ResearchTalk/UNC
Qualitative Research Summer Intensives and 2013
ResearchTalk Qualitative Data Analysis Camp

Poll question #1

How familiar are you with qualitative methods?

- Very
- Somewhat
- Not very
- Not at all

Objectives

- To provide a rationale for the tailoring of qualitative methods for rapid-cycle projects
- To address research design and analysis strategies
- To provide concrete suggestions for employing these strategies, using examples from a one-year Women's Health Services-funded project



Why do we need a tailored approach
for rapid projects?

What do we mean by “rapid”?

Rapid Assessment Process (RAP)

- “intensive, team-based *qualitative inquiry* using triangulation, iterative data analysis and additional data collection to quickly develop a *preliminary understanding* of a situation from the insider’s perspective” (Beebe 2001)
 - Rapid = “minimum of four days...maximum of six weeks”
- Rapid projects in HSR = projects of one year or less
- Rapid ≠ rushed!

Why rapid qualitative methods?

- Most common critique of qualitative research is that it “takes too much time”
- Health services research and implementation research increasingly rely on qualitative methods
 - Constricted timeframe
 - Frequent demand for products
 - High expectation of rigor

When might you need a rapid approach?

- Specific timeframe
 - Funding is for a year
 - Deliverables are due on a certain date
- Need for products/progress, e.g.
 - Competition/pressure to publish
 - Need data for preliminary studies section of a proposal
 - Need to provide partners (operations, community, etc.) with rapid feedback
- Use of qualitative data for other aspects of study/project
 - Inform each phase of data collection
 - Need to make real-time modifications to an implementation strategy
 - Need qualitative data to inform quantitative measures/instruments
 - Need to understand unexpected discoveries/findings
- Striking while iron is hot (time-sensitive issues/developments)

Traditional (not so rapid) vs. rapid qualitative methods

Traditional	Rapid
May be more constructivist --More exploratory, inductive	May be more positivist --More explanatory, deductive
Continuous data collection	Multiple time point or punctuated data collection: analyses inform each other
Long-term engagement in setting, with participants	Rapid, often minimal and time-limited engagement
Descriptive, broad-based, and interpretive	Initially specific/targeted and often explanatory; interpretive later
Data analysis occurs after data collection	Data analysis occurs during data collection
May not be compatible with a mixed methods study (time constraints)	May be well-suited for a mixed methods study

What is unique about rapid qualitative research?

- Approach is “telescoped” and action-oriented
- A pragmatic need for qualitative data exists, e.g., to describe:
 - The environment where an intervention will be implemented
 - The process that occurs while the intervention is underway
 - “Usual” care, services, practices
- Typically and preferably conducted by teams
- Typically need to draw data quickly from multiple sources; often triangulate with quantitative data
- Potentially less time to critique, reflect, synthesize



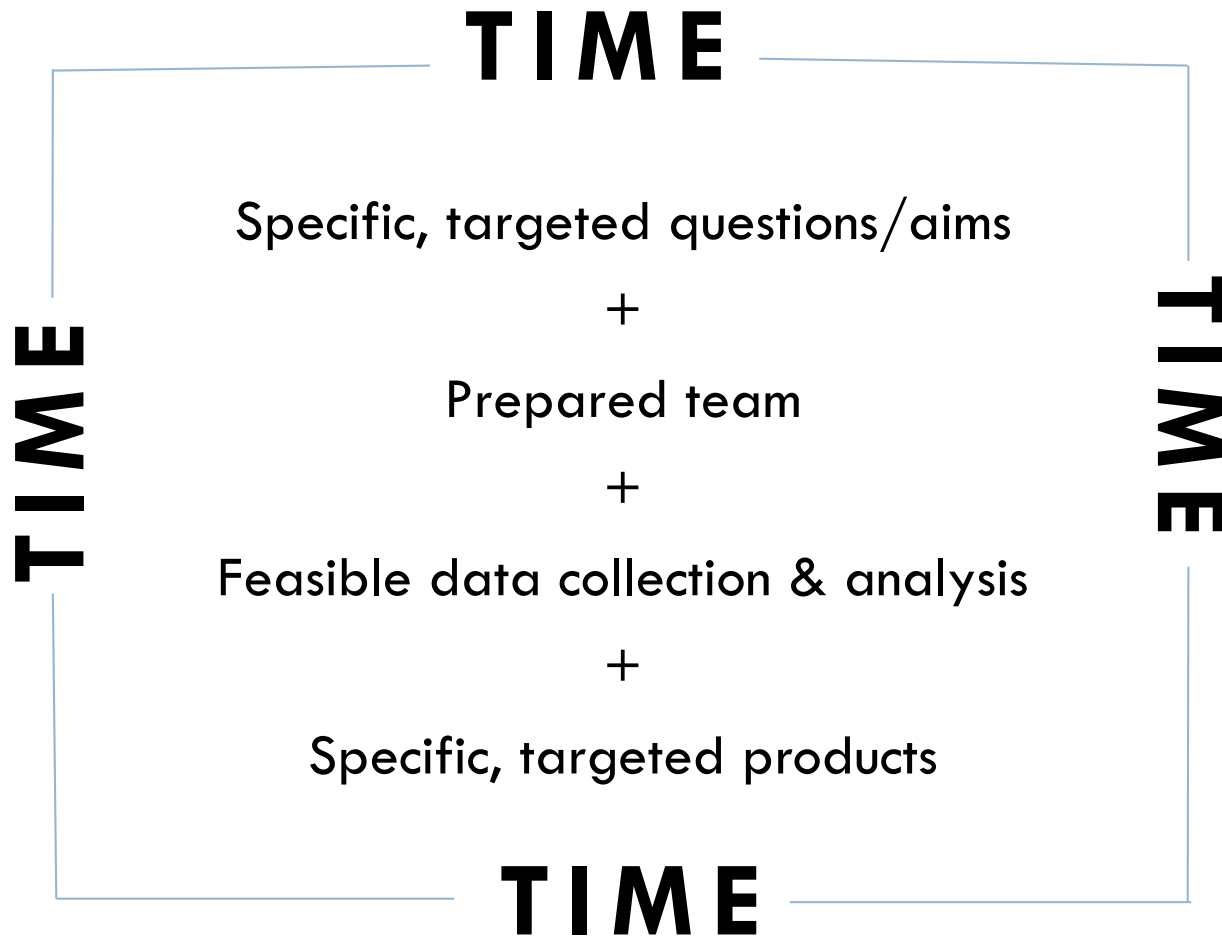
How can we tailor qualitative methods for
rapid-cycle projects?

Designing a rapid qualitative study

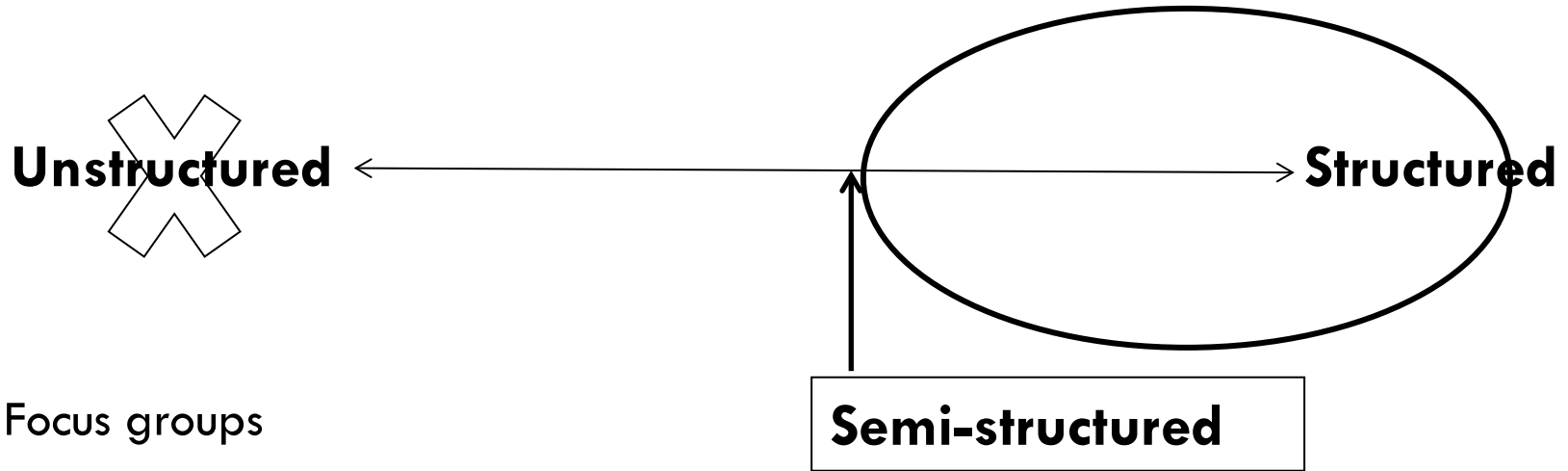
Why rapid?

- What are key research questions/specific aims?
- What guides your rapid study (theoretical/conceptual framework)?
- What will be your sources of data (i.e., what data will you collect, from whom)?
- When will you collect data (when in project, how often, logic behind timing)?
- Who will collect data (training of team, size of team)?
- How will you analyze the data (team-based approach, approach to data, timeframe for analysis)?
- Who will receive your results, when, and how?
- How will you tell the story/stories of your data?

Designing a rapid qualitative study: matching up the pieces



Choosing your qualitative methods



- Focus groups
 - Could use activities
- Semi-structured interviews
 - Could contain rating/ranking questions
 - Could limit sample to key informants, key stakeholders (e.g., purposeful sampling)
- Observations
 - Could use templates

Example: VA Women's Health Services Telehealth Project (FY12)

Timeframe: <One year total, including IRB submissions, formation of team, site visits, analysis

Aim: To investigate VA women's health telehealth efforts in order to inform next steps with these services

Team: Nine individuals with varying levels of qualitative methods experience (some with none)

--Interview leads + observers

Data collection: In-person or telephone semi-structured interviews with key stakeholders at selected Women's Health Practice-Based Research Network (PBRN) sites across the US

Priority products: Final report for WHS; presentations to inform Women's Health CREATE

VA WHS Telehealth Project: interview guide

- Semi-structured, brief, prioritized, targeted, flexible
- *Example question:* What kinds of services are available to women Veterans at this clinic?
 - Is PACT in place in the women's clinic? If so, can you describe how or whether PACT differs from how primary care was delivered prior to PACT? Have any adjustments been made to meet women's needs within the PACT model? If so, can you describe those adjustments?
 - Are any services integrated, such as primary care and mental health? Can you describe how that works?
 - Are you aware of any services that are available via telehealth? There is interest at Central Office in developing more telehealth-delivered services, such as tele-gynecology. Do you have any thoughts on that idea?



How can we analyze qualitative data rapidly?

Rapid data analysis: some considerations

- Rapid analysis may need to be supported by individuals with limited/no qualitative methods background
- Data analysis NOT limited to coding
 - Rapid data analysis necessitates systematic approaches *other than coding*
- Data reduction is needed to turn *preliminary* analyses around quickly
- Rapid data analysis *does not preclude* future, more time-intensive, “formal” analysis (e.g., inductive coding)

Rapid data analysis: reducing the data

- “Data reduction is not something separate from analysis. It is *part of analysis*. The researcher’s decisions—which data chunks to code and which to pull out, which evolving story to tell—are *all analytic choices*. *Data reduction* is a form of analysis that sharpens, sorts, focuses, discards, and organizes data in such a way that “final” conclusions can be drawn and verified.” (Miles & Huberman, *Qualitative Data Analysis: An Expanded Sourcebook*, 1994, p. 11)
- Remember to “keep the words,” don’t strip the data from the context in which they occurred

Rapid analysis steps at a glance

Step 1: Create a neutral domain name that corresponds with each interview question

Step 2: Create a summary template for use by the team

Step 3: Take the summary template for a “test drive” and assess its usability, relevance, etc.

Step 4: After consistency has been established across the team of summarizers, divide up the transcripts across the team and summarize

Step 5 : Transfer summaries into a matrix (respondent x domain)

****Tailor this process to meet your team's needs/styles and the goals of your project****

How to reduce the data: templated summaries

- Initially develop a templated summary of each data collection episode, according to a relatively small set of pre-determined domains (with space for the unexpected)
 - Domains should mostly line up with interview guide

Steps for creating a templated summary

Step 1: Create a *neutral* domain name that corresponds with each interview question

Sample Interview Question	Domain
Are you aware of any services that are available to women via telehealth?	Telehealth services/telegynecology
Is PACT in place in the women's clinic? Have any adjustments been made to meet women's needs within the PACT model? If so, can you describe those adjustments?	PACT
Are any services integrated, such as primary care and mental health? Can you describe how that works?	Integrated services, e.g., PC-MHI

Steps for creating a templated summary (cont.)

Step 2: Draft a summary template for use by the team

TRANSCRIPT SUMMARY

PREPARED BY: Alison

SITE: abc

RESPONDENT ROLE: PCP

TELEHEALTH/TELE-GYN

PACT/WH-PACT

INTEGRATED SERVICES, e.g., PRIMARY CARE-MENTAL HEALTH

Steps for creating a templated summary (cont.)

Step 2 continued:

- Include “Other observations” at the end, for material that doesn’t fit into the domain
- Include space at end for important quotations

Steps for creating a templated summary (cont.)

Step 3: Take the summary template for a “test drive”

- Have team members use the template for the same subset of transcripts
- Assess template:
 - Are the domains intuitive/ “findable” in the data?
 - Are any domains missing, incorrectly labeled, etc.?
 - Is it easy to use?
 - How long does it take to complete it?
 - Should take about an hour to complete

Steps for creating a templated summary (cont.)

Step 3 continued:

- Compare summarizing “styles” across the team
- Assess for:
 - Similarities/differences in volume of information per domain
 - Use of direct quotes (should be minimal)
 - Notes regarding absence of content
 - Recommend noting “question wasn’t asked” or “question was asked but not answered”
 - Notes regarding depth on a particular domain
 - Recommend noting “this interview has a lot of data on this topic,” “great quotes in this transcript,” etc.

Steps for creating a templated summary (cont.)

Step 4: After consistency has been established across the team of summarizers, divide up the transcripts/data across the team and summarize; could divide up by site, by role, etc.

TRANSCRIPT SUMMARY

PREPARED BY: Alison

SITE: abc

RESPONDENT ROLE: PCP

TELEHEALTH/TELE-GYN

- Strong telehealth bcs large rural pt pop
- Telegyn is “feasible” bcs peripheral devices can be attached to global media carts

PACT/WH-PACT

- Happy with PACT, but “stressful for my RN”
- Understaffed (LVNs)
- Need to start implem 10% panel size reduction for WVs
- 60 mins for WV appts will be a “tough one”

Steps for creating a templated summary (cont.)

What makes for a good summary?

- Brief (no more than 2 pages)
- Organized
- Thorough (major points captured)
- Readable
 - * Anyone reading the summary should get a sense of what the respondent said
- Useful (e.g., provides pointers for what's in the transcript)

Instructions for preparing transcript summaries (handout)

Preparing Transcript Summaries

1. The summary heading should have the name of the lead interviewer and any other interviewers in the room, if possible. The date of the data collection episode should also be included. Please record the name of the person preparing the summary.
2. It is most useful to stick to keep the domains in order to easily move the information into a matrix (i.e., don't change the structure of the template).
3. Information not relevant to the pre-set domains should be included under "Other," or you can create your own domain if something is coming up consistently. The latter should be communicated to the team.
4. Quotes are often times better *if they are concise*. Or, you can paraphrase and include key quotes at the bottom of the summary (and put "see quotation below" next to paraphrase).
5. Paraphrasing should be used for complicated/long answers.
6. This is a minimally interpretive process; remember you are trying to generate bullet points about the key domains such that *anyone reading a summary would get a general sense of what was discussed*.
7. If there is no information for a given domain, indicate why: was the question asked but not answered? Was the question asked and the person responded something along the lines of, "I don't know." Or was the question not asked? Documenting the absence of data is important for the assessment of data collection consistency.
8. This should only take about an hour for a 45-60 minute interview transcript. If you are spending hours on one summary, you are probably thinking too much, interpreting, OR the template is not working as planned. Please let the team know if summarizing is taking a long time.

Displaying your data using the summaries

Step 5: Transfer (copy & paste) summary points into a matrix (e.g., respondent x domain)

“Matrices streamline the process of noting simultaneously and systematically similarities, differences, and trends in responses across groups of informants” (Averill 2002, p. 856)

- They make the “synthesis and summary of important findings accessible to audiences who might otherwise never take the time to examine the voluminous data generated by the interview process, domain analysis, and thematic analysis” (p. 864)

Data display (cont.)

- Displays are “designed to assemble organized information into an immediately accessible compact form so that the analyst can see what is happening and either draw justified conclusions or move on to the next step of analysis...”
- “...the creation and use of displays is not separate from analysis, it is a *part* of analysis.”

(Miles & Huberman, *Qualitative Data Analysis: An Expanded Sourcebook*, 1994, p. 11)

Data display (cont.)

- Set up matrix in format that makes sense for purpose of analysis (e.g., by site, by role, by wave of data collection, etc.)

	TELEHEALTH/TELEGYN	PACT/WH PACT	INTEGRATED SERVICES
SITE 1	<i>[Could summarize this domain here]</i>		
Interview 1	<ul style="list-style-type: none"> •Strong telehealth bcs large rural pt pop •Telegyn is “feasible” bcs peripheral devices can be attached to global media carts 	<ul style="list-style-type: none"> •Happy with PACT, but “stressful for my RN” •Understaffed (LVNs) •Need to start implem 10% panel size reduction for WVs •60 mins for WV appts will be a “tough one” 	<ul style="list-style-type: none"> •Made space in WH for MH providers •Looking forward to psychol coming on board in WH soon
Interview 2	<ul style="list-style-type: none"> •Telegyn “could be done” and could be a “meaningful thing,” but it would still require review of pt chart to make sure it’s appropriate for the pt 	<ul style="list-style-type: none"> •MH should be “seen as inextricably part of that PACT” •“Having a gender-specific PACT is certainly a good idea” 	<ul style="list-style-type: none"> •Have care management and co-located care •PC-MHI “still needs to ramp up”

Matrix analysis: what can the matrix do for you?

With the matrix, you can:

- Quickly peruse content of any given domain
 - Get a sense of variation
- Assess gaps in information
 - Assess why those gaps exist: Question not asked?
Question didn't work well?
- Develop memos (e.g., what themes are you noticing?)
- Develop summaries of domains, sites, types of respondents, etc.

What can you do with your rapid analysis?

- Divide up the labor of reviewing transcripts
 - Can be done by individuals who don't have qualitative training
- Assess quality of data collection across team
- Obtain a quick understanding of the major findings
 - Especially important if you did not collect all of the data
- Use summaries to inform subsequent waves of data collection
- Prepare reports/presentations
- Develop codebook that is informed by depth and breadth of data related to each domain

Sample slide from presentation (based on matrix)

PACT

- PACT mostly happening at VAMC level
- Teamlet composition varies
 - “Hybrid” teams with >1 PCPs (part-timers)
 - Structure of care for women as a minority—a lot of people practicing part time in the WH setting
 - Residents pose a problem for continuity measures
 - Perception that sharing staff doesn’t work
 - Difficult for specialty services to meet staffing requirements
- Questions/concerns about impact of PACT on PC-MH integration
- Importance of pharmacist involvement
 - At some sites, pharmacist goes to women’s team meetings
 - Pharmacists critical for reviewing women’s meds

Poll question #2

Are you using a similar approach to what's been described during this cyberseminar?

- Yes
- I think so
- No, but I plan to try it
- No, I don't think it will work for my projects

Hallmarks of credible (rapid) QDA

- ❑ ~~Prolonged~~ SYSTEMATIC engagement with the data
- ❑ Presentation of clear evidence grounded in the data
- ❑ Cross-cutting themes
 - or when theme is rare, clear rationale for inclusion as critical
- ❑ Team-based approach with discussion and consensus on themes and preliminary conclusions

The WHS FY12 Telehealth Project Team



Ms. Ismelda Canelo

Dr. Ann Chou

Dr. Kristina Cordasco

Dr. Alison Hamilton

Dr. Jodie Katon

Dr. Ruth Klap

Dr. Sabine Oishi

Dr. Danielle Rose

Dr. Jessica Zuchowski

With ongoing support from Dr. Elizabeth Yano, Ms. Britney Chow,
and Ms. Jennifer Peralta

Acknowledgements



Funding for the Women's Health Services Telegynecology Project
generously provided by VACO Women's Health Services

Special thanks to:

Drs. Patty Hayes and Sally Haskell for supporting our efforts

Dr. Susan Frayne for facilitating connections with WH PBRN sites

Respondents from the participating PBRN sites

Some helpful references

- Averill JB. Matrix analysis as a complementary analytic strategy in qualitative inquiry. *Qual Health Res.* 2002 Jul;12(6):855-66.
- Bokhour BG, Solomon JL, Knapp H, Asch SM, Gifford AL. Barriers and facilitators to routine HIV testing in VA primary care. *J Gen Intern Med.* 2009 Oct;24(10):1109-14.
- Brown DR, Hernández A, Saint-Jean G, Evans S, Tafari I, Brewster LG, Celestin MJ, Gómez-Estefan C, Regalado F, Akal S, Nierenberg B, Kauschinger ED, Schwartz R, Page JB. A participatory action research pilot study of urban health disparities using rapid assessment response and evaluation. *Am J Public Health.* 2008 Jan;98(1):28-38.
- Burks DJ, Robbins R, Durtschi JP. American Indian gay, bisexual and two-spirit men: a rapid assessment of HIV/AIDS risk factors, barriers to prevention and culturally-sensitive intervention. *Cult Health Sex.* 2011 Mar;13(3):283-98.
- Devers KJ. How will we know "good" qualitative research when we see it? Beginning the dialogue in health services research. *Health Serv Res.* 1999 Dec;34(5 Pt 2):1153-88.
- McMullen CK, Ash JS, Sittig DF, Bunce A, Guappone K, Dykstra R, Carpenter J, Richardson J, Wright A. Rapid assessment of clinical information systems in the healthcare setting: an efficient method for time-pressed evaluation. *Methods Inf Med.* 2011;50(4):299-307.
- Palinkas LA, Horwitz SM, Green CA, Wisdom JP, Duan N, Hoagwood K. Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Adm Policy Ment Health.* 2013 Nov 6..
- Patton MQ. Enhancing the quality and credibility of qualitative analysis. *Health Serv Res.* 1999 Dec;34(5 Pt 2):1189-208.
- Sobo EJ, Billman G, Lim L, Murdock JW, Romero E, Donoghue D, Roberts W, Kurtin PS. A rapid interview protocol supporting patient-centered quality improvement: hearing the parent's voice in a pediatric cancer unit. *Jt Comm J Qual Improv.* 2002 Sep;28(9):498-509.
- Sobo EJ, Simmes DR, Landsverk JA, Kurtin PS. Rapid assessment with qualitative telephone interviews: lessons from an evaluation of California's Healthy Families Program & Medi-Cal for Children. *Am Journal Eval.* 2003 **Sep**;24(3):399-408.
- Solomon PL, Tennille JA, Lipsitt D, Plumb E, Metzger D, Blank MB. Rapid assessment of existing HIV prevention programming in a community mental health center. *J Prev Interv Community.* 2007;33(1-2):137-51.

Questions?

Alison B. Hamilton

alison.hamilton@va.gov