

University of Massachusetts Medical School  
**eScholarship@UMMS**

---

Center for Health Policy and Research (CHPR)  
Publications

Commonwealth Medicine

---

2013-06-16


## Linda Cabral and Laura Sefton on Utilizing Survey Data in a Traditional In-Person Interview

Linda M. Cabral  
*University of Massachusetts Medical School*

*Et al.*

**Let us know how access to this document benefits you.**

Follow this and additional works at: [https://escholarship.umassmed.edu/healthpolicy\\_pp](https://escholarship.umassmed.edu/healthpolicy_pp)

 Part of the [Health Services Research Commons](#), and the [Quantitative, Qualitative, Comparative, and Historical Methodologies Commons](#)

---

### Repository Citation

Cabral LM, Sefton LA. (2013). Linda Cabral and Laura Sefton on Utilizing Survey Data in a Traditional In-Person Interview. Center for Health Policy and Research (CHPR) Publications. Retrieved from [https://escholarship.umassmed.edu/healthpolicy\\_pp/150](https://escholarship.umassmed.edu/healthpolicy_pp/150)

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Center for Health Policy and Research (CHPR) Publications by an authorized administrator of eScholarship@UMMS. For more information, please contact [Lisa.Palmer@umassmed.edu](mailto:Lisa.Palmer@umassmed.edu).

## Utilizing Survey Data in a Traditional In-Person Interview

Greetings. We are Linda Cabral and Laura Sefton from the University of Massachusetts Medical School, [Center for Health Policy and Research](#). We are part of a multi-disciplinary team evaluating the [Massachusetts Patient Centered Medical Home Initiative](#) (MA-PCMHI), a state-wide, multi-site demonstration project engaging 46 primary care practices in organizational transformation to adopt the PCMH primary care model. To adopt a mixed methods approach, this evaluation utilizes 1) multiple surveys targeted at different stakeholders (e.g., staff, patients), 2) analysis of cost and utilization claims, 3) practice site visits, and 4) interviews with Medical Home Facilitators (MHFs).

We wanted to connect data from the [TransforMED's Medical Home Implementation Quotient](#) (MHIQ) survey with our MHF interview data. We did this to better understand the practices' MA-PCMHI experience. MHFs provide a range of technical assistance to aid their assigned practices in their transformation process, making them a great source of information about their practices' transformation. In an effort to triangulate our evaluation findings, we presented the MHIQ results to the MHFs as part of a traditional semi-structured interview. Presenting site specific survey data to MHFs served the following purposes:

- It allowed for MHFs to share their reflections on why their practices scored the way they did on various domains;
- It prompted MHFs to point out major differences between their assigned sites;
- Focused the MHFs on providing practice-specific information; and instead of generalities across all the sites to which they were assigned
- MHFs provided insight into some of the strengths and limitations of the survey instrument.

### Lessons Learned

- Sharing survey data and having respondents reflect on it during the course of an interview, connecting data, proved to be a very helpful strategy. Specifically, we received more detailed responses from interviewees by asking “Why do you think Practice ABC scored a 5 on the care coordination module”? vs. “What can you tell me about how Practice ABC is implementing care coordination?” MHFs would make the case for or against why a practice scored the way they did on a particular domain.
- Involving the MHFs as “experts” on their assigned sites increased the MHFs’ investment in the evaluation process and their willingness to participate in future evaluation activities.

### Hot Tip

- We held these MHF interviews prior to doing practice site visits. The practice-specific information that MHFs shared with us deepened our familiarity with the sites prior to conducting site visits.

### Rad Resources

- [Qualitative and Mixed Methods Provide Unique Contributions to Outcomes Research](#)
- [National Institutes of Health's Best Practices for Mixed Methods Research in the Health Sciences](#)