

FINAL, 1-5-98

**ULCER TREATMENT TELEGROUPS WITH PHYSICIANS
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**

**RECRUITMENT SCREENER
(January 26 and 27, 1998)**

NAME: _____

CITY/STATE: _____

GROUP #/DATE/TIME: _____

TO CALL FOR TELEGROUP: _____

PHONE # FOR CONFIRMATION: _____ FAX _____

Group #1: Private practice/no treatment for *H. pylori*. [Pronounced: “‘H’ PIE-LORE-EE”] NO TREATMENT = physicians who indicate that they have prescribed antibiotic therapy for eradicating the *H. pylori* bacterium in *1/3 or fewer* of the patients they have treated for peptic ulcer symptoms in the last year. [Physicians who say they have treated between 1/3 and 2/3 of patients should be SCREENED OUT; not eligible for any group.] (Please try not to duplicate states in private practice groups 1 and 3.)

Group #2: Managed care/no treatment for *H. pylori*. (Please try not to duplicate states or managed care organizations (MCOs) in groups 2 and 4.)

Group #3: Private practice/TREATMENT for *H. pylori*. TREATMENT = physicians who have prescribed antibiotic therapy for eradicating *H. pylori* bacterium in *2/3 or more* of the patients they have treated for ulcer symptoms.

Group #4: Managed care/TREATMENT for *H. pylori*.

ONCE PROSPECTIVE PHYSICIAN PARTICIPANT IS REACHED:

Hello, my name is _____ from JRA Marketing Research. We are conducting an opinion research study about ulcer disease. The opinion research is sponsored by the National Center for Infectious Diseases of the U.S. Centers for Disease Control and Prevention -- CDC. Physicians whose practices fit the criteria for the study will be invited to participate in a teleconference lasting a little over an hour in length with physicians like yourself on January 26 or 27 at [TIME IN PROSPECT'S ZONE]. To thank participants for their time, we will pay an honorarium of \$125. This is strictly an opinion research study -- not a sales effort.

I have a few brief questions that will help me make sure I have a good mix of practices and backgrounds represented:

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1. Is your practice or your principle place of employment:

In a private practice setting *[Continue for appropriate group]*
[Try not to duplicate states]

In a managed care organization
(Name of MCO: _____)
[Try not to duplicate states or managed care organizations]

2. Are you employed as a physician in any other paid capacity, such as with a consulting or pharmaceutical firm, government agency, or other organization?

Yes *[Thank and terminate]*
 No *[CONTINUE]*

3. In the last year or so, have you treated:

Fewer than 25 patients for peptic ulcer symptoms *[Thank and terminate]*
 25 or more patients for peptic ulcer symptoms *[CONTINUE]*

4. Of those you have treated for peptic ulcer symptoms, FOR WHAT PERCENTAGE did you prescribe antibiotic therapy to eradicate the bacterium, *H. pylori*? [PRONOUNCE AS “ ‘H’ PIE-LORE-EE”]

[Do not read...]

33% or less (or “1/3 or less”) *[CONTINUE for “NO TREATMENT” GROUP]*

34 - 67% (or “1/3 to 2/3”) *[Thank and terminate]*

68% or more (or “2/3 or more”) *[CONTINUE for “TREATMENT” GROUP]*

5. Thinking about your overall patient base (not just the patients you have treated for peptic ulcer symptoms), would you say that...

At least 10% of your patient base is eligible for Medicare *[CONTINUE]*
 Less than 10% is eligible for Medicare *[Thank and terminate]*

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6. How long have you been in practice?

___ 5 years or less

___ 6-15 years *[Recruit a mix]*

___ More than 15 years

7. Which of the following terms best describes the area where you practice. Is it:

___ Mostly urban

___ Mostly suburban *[Try to recruit a mix if possible]*

___ Mostly rural

___ A mix of two or more: (Please identify: _____)

INVITATION:

We would like to you to participate in a telephone discussion with other physicians about ulcer treatment. Are you available for about one hour and 15 minutes beginning at X [TIME IN PARTICIPANT'S TIME ZONE] on [DAY/DATE]?

Thank you very much. We look forward to the discussion. Only a small number of physicians will be included, so we are counting on your participation. If you are unable to participate, please let us know as soon as possible so that we may find someone to take your place.

[Record the following at beginning of screener]

May I have a fax number where I can send you confirmation.

And the address where you would like your honoraria check sent.

What phone number would you like to be reached for the conference call?

And is there a different number where we should give you a confirmation call?

Thank you again.