DESCRIPTION OF POST-TESTING FOCUS GROUPS

1) Participants

Each of the four PBRNs involved in the study will recruit 8-10 individual physicians or staff from the five network practices that have participated in the pilot testing of MEADERS and will identify a mutually convenient time for these participants to dial into a toll free access number for a 45 minute discussion of their experiences using MEADERS. A moderator will be selected to lead each of the four focus groups. (A total of 32-40 participants is anticipated.)

2) Role of Moderator

The moderator for each of the group discussions will begin by outlining the goals of the session and assuring the participants that the comments made during the call will not be directly attributed to any one person or PBRN. The moderator will then ask each participant to identify themselves and describe if and how they use information technology in their practice. This will serve the purpose of breaking the ice and establishing a comfort level within the group. It will also provide the moderator with context on the comfort level of participants in the use of information technology. The names of the participants will not be recorded in the notes taken during the session.

The moderator will take special care that the group interaction process is maintained by introducing select questions for discussion, encouraging maximum participation by all discussants, and channeling conversation rather than participating actively in the exchanges. At the same time, the moderator will be alert for strong personalities that might dominate the group while keeping the discussion on target. To accomplish this, the moderator will follow a group discussion guide, which includes questions to stimulate discussion on key topics of interest. The moderator may, however, introduce additional questions in response to a particular theme identified during the process.

3) Questions for the Guide

The following questions will be used by the moderator to guide discussion, although additional questions may be added:

1) To what extent are computers an integral part of your daily practice? ~~Did you use computers more or less than usual during the pilot testing? Was this a result of MEADERS~~Please describe any changes that occurred in your use of computers during the pilot testing. What factors attributed to those changes?~~?~~
2) How easy (or challenging) was it to know which events should be reported, and how did this change with increased use of the system?~~Did you have any difficulty knowing which events should be reported? Did this change (become easier) with increased use of the system?~~

~~3)~~

4) When reporting an event, ~~how often did~~ what factors influenced whether you ~~go~~went beyond the minimal requirements for reporting by filling in free text fields?
5) To what extent were the feedback reports generated by MEADERS useful (or not useful) in the efforts of your practice to improve the quality of care?
6) Tell us about any system changes within your practice that have been made (or planned) as a result of feedback received.
7) ~~T~~In what way and to what extent did your awareness of medication errors and adverse drug events change as a result of using MEADERS?
8) ~~Have~~ Please describe if (and how) your experiences with the reporting system ~~in any way~~have affected your decision-making or drug prescribing habits~~?~~.
9) Has your practice observed any changes in drug-related patient safety indicators (e.g., calls from pharmacists about questionable dosage or possible drug interactions, reports from patients) as a result of using MEADERS? If so, please describe.
10) ~~To what extent is~~How useful was MEADERS ~~useful~~ in your practice? Please describe any benefits you see in continued use of the system (or a similar system) in primary care practices. What factors limited its usefulness?