

## Attachment B3: Interview Protocol 3 – Pharmacy Pharmacist-In-Charge

### INTRODUCTION

Thank you for agreeing to speak with us today. As you know, we are calling from the Center for Studying Health System Change (HSC), a non-partisan health policy research organization in Washington, DC. *(If respondent has participated in previous studies acknowledge participation.)*

HSC is conducting this study with funding from the Agency for Healthcare Research and Quality (AHRQ) exploring the effective use of electronic prescribing (“e-prescribing”) in pharmacies and physician practices. We would like to explore several topics in-depth including:

- How e-prescribing is used by pharmacy staff; and,
- How e-prescribing affects communication between pharmacies and physician practices.

Because of the focus on pharmacy-physician practice communication, as we explained when scheduling this interview, we are interviewing pharmacies that receive at least some prescriptions *electronically from physician practices, instead of by fax*. This is often referred to as electronic data interchange. To confirm, does your pharmacy receive prescriptions electronically?

*If Yes: Thank you for confirming.*

*If No: We apologize for the miscommunication. Unfortunately, we will not be able to include you in our study at this time. Thank you for willingness to participate in our study. We would appreciate your referral to a pharmacy which receives at least some prescriptions electronically from physician practices.*

We have 60 minutes scheduled for this call. Does that still work with your schedule?

We plan to publish the results of the study and will be happy to send you a copy of the study when it is released.

Before beginning, we would like to remind you about how we will use the information you provide. We will not reveal your name or your organization’s name or share copies of interview notes with anyone outside of our research team. We may include respondent comments in reports and publications but will not attribute the comments to specific individuals or organizations. We also have a system to mark specific comments as off-limits for public reports. If any of the information we cover today falls into this category, please let us know and we will mark the information as off-limits in our notes. Your participation in this study is voluntary. If at any time you do not feel comfortable answering a question, or do not know the answer, please let us know and we will move on. Do you have any questions before we begin?

Public reporting burden for this collection of information is estimated to average 60 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

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**Q.AEX.F. Pharmacy Background Information** [If missing any background information, ask as appropriate]

Q.AEX.F.01. Is this pharmacy independently owned?

Q.AEX.F.02. How many locations does this pharmacy have? How many locations are in [site]?

Q.AEX.F.03. Approximately how many full time equivalent (FTE) pharmacists work at this pharmacy location? Approximately how many FTE pharmacist technicians work at this pharmacy location? [Probe on how many pharmacists and technicians at this location are temporary workers or are floaters whose work assignments change regularly.]

Q.AEX.F.04. How many prescriptions are dispensed per week in this location, on average?

**Q.AEX.G. Background Information on Pharmacy's IT Systems:** To start out, we would like to ask you some basic questions about your IT systems.

Q.AEX.G.01. What IT vendor and product does the pharmacy use to support e-prescribing functionality, such as the receipt of electronic prescriptions in the pharmacy management system?

Q.AEX.G.01.a. What version of the product does the pharmacy have?

Q.AEX.G.02. How frequently does the pharmacy update or upgrade the e-prescribing system?

Q.AEX.G.03. For pharmacies with multiple locations: Do all locations have the same IT systems that support electronic prescribing?

Q.AEX.G.04. Are prescriptions being accepted electronically in the pharmacy management systems in all the pharmacy's locations?

Q.AEX.G.04.a. What month and year was your pharmacy location first able to receive electronic prescriptions?

Q.AEX.G.04.b. If not fully implemented: What is the timeline for full implementation?

Q.AEX.I.01.e. What fees, if any, does the pharmacy pay for enabling and using e-prescribing features?

**Q.AEX.H. Understanding How E-Prescribing System Features Are Used in Pharmacies**

Q.AEX.H.01. Could you briefly walk us through how pharmacy staff receives new prescriptions generated from physician e-prescribing systems, enter them into the work queue and fill them? Please indicate the ways in which computer generated prescriptions are handled differently from non-computer generated prescriptions.

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Q.AEX.H.01.a. How does the process for handling prescriptions generated from physician e-prescribing systems vary for renewals?

Q.AEX.H.01.b. How does staff, including temporary workers and floaters, learn how to receive and process electronic prescriptions?

Q.AEX.H.02.a. Approximately what proportion of all prescriptions at this location are prescriptions received electronically via electronic data interchange directly into the pharmacy's computer system, not as computer-generated faxes? Approximately what proportion of all prescriptions at this location are prescriptions generated by physician e-prescribing systems but received via other means such as from patient, phone, manual or computer-generated fax, etc.?

Q.AEX.H.02.b. How do the Federal Drug Enforcement Agency's restrictions on the electronic transmission of prescriptions for controlled substances affect the method by which this location receives prescriptions generated by physician e-prescribing systems (e.g. if one of a patient's prescriptions is for a controlled substance)?

### **We would like to ask you some more detailed questions about certain features of e-prescribing systems:**

Q.AEX.H.03. Does your pharmacy have the ability to send electronic renewal authorization requests to practices with electronic prescribing?

Q.AEX.H.03.a. *If yes:* How does pharmacy staff use this feature?

Q.AEX.H.03.b. *If yes:* Approximately what proportion of all renewal requests to physician practices with e-prescribing are sent electronically via electronic data interchange? Approximately what proportion of responses to those electronic renewal requests is sent back electronically via electronic data interchange from those physician practices to the pharmacy?

Q.AEX.H.04. Do you typically send other types of electronic messages besides renewal authorization requests to practices with e-prescribing (e.g. delivery confirmation, change requests)?

Q.AEX.H.04.a. *If yes:* How does pharmacy staff use this feature?

Q.AEX.H.04.b. *If yes:* How frequently is this feature used?

Q.AEX.C.F.03. What are the most common reasons physicians and pharmacists communicate about prescriptions that are computer-generated, whether sent electronically via electronic data interchange or by other means? [For physicians and vendors, probe on how these reasons differ for retail and mail-order pharmacies.]

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Q.AEX.C.F.03.a. How do reasons for communications about computer generated prescriptions differ from non-computer generated prescriptions?

Q.AEX.C.F.03.b. When a prescription that has been sent electronically via electronic data interchange is not received at the pharmacy, what, if any, procedure is used to identify and resolve the transmission problem? [Probe on whether the pharmacy communicates with the e-prescribing system vendor and with the electronic e-prescription routing service provider such as Surescripts (e.g. via the Surescripts website link they provide to report problems).]

Q.AEX.H.05. If a prescription is written for a brand-name medication when therapeutically-equivalent generic medications are available and “Dispense As Written” is not indicated, does the pharmacy typically make a generic substitution or consult the prescribing physician about the possibility of a substitution?

Q.AEX.H.06. What are the major factors, if any, facilitating the receipt and processing of electronic prescriptions?

Q.AEX.H.07. What are the major challenges, if any, to receiving and processing electronic prescriptions? [Probe on how, if at all, the pharmacy and staff [in this site] addressed these challenges.]

Q.AEX.H.08. What, if anything, do you hear from physician practices about the benefits or challenges of e-prescribing?

Q.AEX.H.09. What, if any, changes does the pharmacy have planned related to its e-prescribing capabilities or how it is used? Are there any other changes you would like to see?

### **Q.AEX.D. Impact of E-prescribing Feature Use**

Q.AEX.D.02. What have been the perceived effects of using electronic prescribing on pharmacy operations and patient care? Probe if necessary on:

Q.AEX.D.02.a. Overall pharmacy efficiency?

Q.AEX.D.02.b. Pharmacist and technician efficiency?

Q.AEX.D.02.c. Volume and type of phone communications with physician practices about new prescriptions and renewals?

Q.AEX.D.02.d. Physician prescribing behavior including prescribing of generics and medications on formulary?

Q.AEX.D.02.e. Prescribing safety and quality?

Q.AEX.D.02.f. Patient satisfaction and medication use?

### **Q.AEX.E. Impact of Policy Initiatives on E-prescribing Implementation and Use**

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Q.AEX.E.02. How, if at all, do federal and state policies and private sector initiatives related to e-prescribing affect your pharmacy?

Q.AEX.C.F.06. What, if anything, do you hear from physicians about the benefits or challenges of electronic prescribing?

### **Q.AEX.I. Market Trends**

Q.AEX.I.01.a. Which local, regional and national retail pharmacy chains have the largest share of the pharmacy market in [site]? Do any of those stand out as having particularly high or low rates of e-prescribing?

Q.AEX.I.01.c. What are the reasons some pharmacies are not accepting prescriptions electronically via electronic data interchange?

### **Q.AEX.L. Wrap Up**

Q.AEX.L.01. Are there any other issues you would like to discuss?

Q.AEX.L.02. If needed: Can you suggest other physician practices and/or pharmacies in your community using electronic prescribing that we could speak with?