

## Attachment B6: Interview Protocol 6 – E-prescribing System Vendor Representative

### 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 physician practices and pharmacies. We would like to explore several topics in-depth including:

- Specific features of the products and services you provide and how they are being used by physicians including:
  - physician access to medication histories, formulary information, and generic medication alternatives, and,
  - ability to send prescriptions electronically; and,
- How e-prescribing affects communication between physician practices and pharmacies.

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.

**Q.AEX.K. Background on Vendors**

Q.AEX.K.02. Please list the names of the e-prescribing products you sell. Indicate whether product is stand-alone or part of an electronic medical record (EMR) product.

Q.AEX.K.07. Which major physician and pharmacy e-prescribing vendors use your products or services?

**Q.AEX.C. Understanding How E-Prescribing System Features Are Used in Physician Practices** [*Note to Interviewer: Only ask the questions in the subsections below as needed based on respondents' answers to prior questions and, for vendors, our knowledge of the systems and services they sell. Use text in parentheses as appropriate depending on respondent type.*]

Q.AEX.C.01. Could you briefly walk us through how the company's e-prescribing systems would be used by physicians to write new prescriptions and transmit them to the pharmacy?

Q.AEX.C.01.a. How does the process vary for renewals?

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

**Q.AEX.C.A. Access to third-party patient medication histories**

Q.AEX.C.A.01. Do physicians have access via the e-prescribing system to information on patient medication history from a third-party vendor, such as Surescripts, at the time they are writing a prescription?

Q.AEX.C.A.01.g. *If yes:* Is this service optional? Is an additional fee charged?

Q.AEX.C.A.01.b. *If yes:* How is the feature used in writing a patient's prescriptions? [Probe on any differences between new prescriptions and renewals.]

Q.AEX.C.A.01.c. *If yes:* How is the third-party patient medication history displayed?

Q.AEX.C.A.01.d. *If yes:* For what proportion of patients is this information available, approximately? Are there any groups of patients for whom data are not available (e.g. Medicare, Medicaid, uninsured, etc)?

Q.AEX.C.A.01.e. *If yes:* What vendor provides the medication history data and what is the source (e.g. adjudicated claims data, pharmacy dispensed prescriptions)?

Q.AEX.C.A.01.f. *If yes:* How often is the information that the physicians see updated?

**Q.AEX.C.B. Access to patient-specific formulary information**

Q.AEX.C.B.01. Would physicians have access via the e-prescribing system to patient formulary information from a third-party vendor at the time they are writing a prescription?

Q.AEX.C.B.01.i. *If yes:* Is this service optional? Is an additional fee charged?

Q.AEX.C.B.01.b. *If yes:* How is the feature used in writing a patient's prescriptions? [Probe on any differences between new prescriptions and renewals.]

Q.AEX.C.B.01.c. *If yes:* What formulary information is displayed and how is it displayed?

Q.AEX.C.B.01.d. *If yes:* What type of information about patient out-of-pocket costs is provided, if any?

Q.AEX.C.B.01.e. *If yes:* For what proportion of patients is this information available, approximately? Are there any groups of patients for which data are not available (e.g. Medicare, Medicaid, etc)?

Q.AEX.C.B.01.f. *If yes:* What vendor provides the formulary data and what is the source?

Q.AEX.C.B.01.g. *If yes:* How often is the information that the physicians see updated?

### **Q.AEX.C.C. Access to generic medication information**

Q.AEX.C.C.01. In what ways, if any, would the e-prescribing system support generic prescribing by physicians?

Q.AEX.C.C.01.a. How are these features used in writing a patient's prescriptions? [Probe on any differences between new prescriptions and renewals.]

Q.AEX.C.C.01.b. What vendor provides the e-prescribing system's medication database?

Q.AEX.C.C.01.d. *If yes:* Is this service optional? Is an additional fee charged?

Q.AEX.C.C.01.c. How often is the information that the physicians see updated?

### **Q.AEX.C.D. Access to additional information to complete prescription**

Q.AEX.C.D.01. Once the medication is selected, how would physicians use the e-prescribing system to fill in the remaining prescription information (e.g. dosage form and strength, quantity, patient instructions and other parameters) to complete the prescription, (e.g. use of tools such as drop-down menus, templates)?

Q.AEX.C.D.01.a. *If yes:* What is the source of medication data and instructions?

Q.AEX.C.D.02. Does the e-prescribing system have any tools to help physicians review and identify problems with the information in the prescription (e.g. missing information, e-prescribing a controlled substance) before the prescription is sent (e.g. a tool such as a "review screen")?

Q.AEX.C.D.02.a. *If yes:* How is the feature used in writing a patient's prescriptions? [Probe on any differences between new prescriptions and renewals.]

### **Q.AEX.C.E. Clinical decision support alerts**

Q.AEX.C.E.01. Would physicians have access via the e-prescribing system to clinical decision support tools, such as drug-drug interactions, at the time they are writing a prescription?

Q.AEX.C.E.01.a. *If no:* Why not?

Q.AEX.C.E.01.b. *If yes:* How is the feature used in writing a patient's prescriptions? [Probe on any differences between new prescriptions and renewals.]

**Q.AEX.C.F. Physician practice-pharmacy communication including electronic transmission of prescriptions**

Q.AEX.C.F.01. Does the e-prescribing system have the ability for physicians to send prescriptions directly from the e-prescribing system to pharmacies electronically using electronic data interchange?

Q.AEX.C.F.01.a. How is the feature used in writing a patient's prescriptions?

Q.AEX.C.F.01.c. For prescriptions transmitted electronically, can the practice monitor if the prescription has been received by the pharmacy and if so, how?

Q.AEX.C.F.01.e. What are the most common reasons for using methods to send prescriptions other than electronic transmission?

Q.AEX.C.F.01.h. How do the Federal Drug Enforcement Agency's restrictions on the electronic transmission of prescriptions for controlled substances affect the method by which the e-prescribing system sends prescriptions (e.g. if one of a patient's prescriptions is for a controlled substance)?

Q.AEX.C.F.02.a. Does the practice have the ability to receive any (other) electronic communications from pharmacies that accept electronic prescriptions (e.g. delivery confirmation, notification of whether the patient picked up the prescription, change requests)?

Q.AEX.C.F.02.b. Does the practice have the ability to use the e-prescribing system to respond to these notifications electronically via electronic data interchange (e.g. sending electronic renewal authorizations, denials, cancellations, changes)?

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.]

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 practice 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.C.G. Other**

Q.AEX.C.G.01. What, if any, changes are planned related to the e-prescribing system? Are there any other changes your customers would like to see?

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

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

Q.AEX.D.01. On a five-point scale with 1 being not important and 5 being extremely important, based on your interactions with your customers, how would you rank the importance of the following e-prescribing features to physician practices:

Q.AEX.D.01.a. Access to complete patient medication history including prescriptions written outside the practice?

Q.AEX.D.01.b. Access to up-to-date patient formulary information?

Q.AEX.D.01.c. Access to tools that support generic prescribing such as information on generic medication alternatives at the time of prescribing?

Q.AEX.D.01.d. Tools to support complete prescriptions (without missing data)?

Q.AEX.D.01.e. Ability to electronically transmit prescriptions to and receive renewal authorization requests from pharmacies?

Q.AEX.D.01.f. Ability to communicate electronically with pharmacies about other issues such as change requests?

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

Q.AEX.E.02. How, if at all, do federal and state policies and private sector initiatives related to e-prescribing affect the ability of pharmacies and physician practices in [site] to effectively implement electronic prescribing?

**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?