

Attachment B8: Interview Protocol 8 – Other E-prescribing Experts

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:

- Physician access to medication histories, formulary information, and generic medication alternatives;
- Physician ability to send and pharmacist ability to receive prescriptions electronically; and
- How e-prescribing affects communication between physician practices and pharmacies.

We have 30 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 30 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.J. Background on the Organization

Q.AEX.J.01. Please describe your organization's activities, including those related to e-prescribing.

Q.AEX.I. Market Trends

Q.AEX.I.02. To what extent are physicians in this market adopting and using e-prescribing systems to write prescriptions? To what extent are these practices sending prescriptions electronically via electronic data interchange?

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

Q.AEX.I.01.d. What are the reasons some pharmacies that accept prescriptions electronically via electronic data interchange do not send renewal requests or other communications electronically?

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 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?

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 would receive 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.

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

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

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

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

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

Q.AEX.D.02.b. Physician or pharmacist and technician efficiency?

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Q.AEX.D.02.c. Volume and type of phone communications with pharmacies or 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

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?