

Patient Perceptions of the Delivery of Health Care Through the Use of an Electronic Health Record

FOCUS GROUP MODERATOR'S GUIDE

I. INTRODUCTIONS AND GROUND RULES (15 MINUTES)

A. Introduction (2 minutes)

Thank you for coming today. First, let me introduce myself and tell you a little bit about what we'll be doing here today.

- My name is _____, and I work for Mathematica Policy Research, an independent research firm based in Princeton, New Jersey that conducts policy research and surveys for a variety of clients.
- Today's discussion is part of a study we're working on for the Office of the National Coordinator for Health Information Technology, which is part of the U.S. Department of Health and Human Services (HHS).
- The goal of the study is to learn more about how the use of computers to manage patient care in physician practices has affected the delivery of health care in the United States.

We've asked you here today to talk about your perspective of the quality of care you receive from your doctors and other health care providers who may use computerized systems to manage patient care.

B. Disclosures (2 minutes)

Before we get started, I would like to explain how a discussion group works:

- I will be leading the discussion and my colleague(s) will be taking notes to help us remember what we are hearing.
- The session is being audio-taped so I can write an accurate report; no one other than our staff will have access to this tape.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average 90 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

- Everything you say will be kept confidential. Your name will not be used in the report or associated with any of your comments. We will also not discuss your comments with your doctors. We will be using first names only during our discussion.
- The Office of the National Coordinator for Health Information Technology will not know who participated in the discussion or who said what. We are looking for “what was said” rather than “who said what.”

C. Ground Rules (2 minutes)

- There are no right or wrong answers. Every opinion counts and we are interested in hearing from everyone, especially if you think something different from what others in the group are saying.
- Feel free to talk with one another and have an open discussion, but do not discuss what people in the group say after you have left the group.
- However, please speak one at a time and in a voice at least as loud as mine (this is so the tape recorder can pick up what you are saying).
- Please do not talk with the person next to you while someone else is talking (it makes it hard to hear what is being said and we will miss what you are saying).
- Since we have a lot of material to cover and I want everyone to have a chance to speak, I may have to interrupt you at some point. Please don’t take it personally.
- There is no smoking allowed. Also, please turn off your cell phones or put them on vibrate. If you do receive a call during the discussion, please step outside the room so we can continue the discussion without interruptions.
- (Point to restrooms/refreshments)
- You will be paid at the end of the discussion group.

D. Self-Introductions (8 minutes)

- Before we start the discussion, let’s go around the room and introduce ourselves.
- Please introduce yourself using your FIRST NAME ONLY and then tell us three things:
 - How long ago was your most recent visit to your primary care doctor or health care provider?
 - How much time did the doctor spend with you during that visit? and
 - Are you generally satisfied with the care you receive from that doctor?
- I’ll start. Hi, my name is Ann. I last saw my primary care doctor X months ago. She/he spent about 10 minutes with me during that visit, and I am generally satisfied with the care I receive from him/her.

II. USE OF EHRs IN HEALTH CARE ENCOUNTERS (60 MINUTES)

What do you know about electronic or computerized health records, also known as EHRs (these are longitudinal electronic records of patient health information generated by one or more encounters in a care delivery system)?

- How are they used in doctors' offices?
- What are some of the potential benefits to using EHRs? PROBES:
 - How can EHRs help a doctor to track patient progress? (FOR EXAMPLE, THE COMPUTER COULD HELP SEND REMINDERS FOR PATIENTS WITH CHRONIC CONDITIONS)
 - How can EHRs improve communication between doctors and other health care providers?
 - In what ways can EHRs help to prevent medical errors? (FOR EXAMPLE, ELIMINATE ERRORS DUE TO SLOPPY HANDWRITING)
 - How could computers be used to help doctors diagnose patients and plan treatments? (FOR EXAMPLE, PROGRAM COMPUTERS TO PROVIDE EVIDENCE-BASED TREATMENT PLANS OR IDENTIFY POTENTIALLY DANGEROUS MEDICATION INTERACTIONS)
 - How could use of computers make health care more cost-effective?
- What are some of the potential drawbacks to using EHRs? PROBES:
 - What types of concerns might there be around privacy and data security? (FOR EXAMPLE, SYSTEMS SHARING INFORMATION ABOUT PATIENTS THAT PATIENTS DO NOT WANT TO BE RELEASED OR ELECTRONIC RECORDS BEING OVERRIDDEN)
 - If the doctor spends time looking at the computer screen, how does the lack of eye contact effect communication between the patient and provider?
 - What types of errors might arise when using computers to place orders or fill prescriptions?
 - What would be some drawbacks of doctors becoming too reliant on computers? (FOR EXAMPLE, DOCTORS MAY NOT TRUST THEIR INTUITION)
 - In what ways might the use of computers drive up health care costs?

How many of you have a primary care doctor that uses an EHR for your care—not for billing or making appointments? (OBTAIN A COUNT)

- What does your doctor use them for? PROBES: Does the doctor use them to ...
 - Enter notes into a computer?
 - Provide prescriptions?
 - Communicate with patients or other health care providers?
 - Order blood tests or other types of tests?

- View x-rays or results from other procedures?
- Do anything else on the computer? (ask to describe)
 - How are data entered into the EHR?
 - How many of your other doctors or health care providers use EHRs?
 - Are your other health care providers able to share information with your primary care doctor?
 - Have you noticed differences between doctor's offices that use EHRs versus those that don't (those that use paper charts)?

How does the use of EHRs in the doctor's office affect the care you receive?

- How does the use of EHRs affect the amount of time your doctor spends talking with you or listening to you during a visit?
- How has the use of EHRs affected your ability to obtain prescription medications?
- What effect has the use of EHRs had on your ability to learn the results of lab or other diagnostic tests?
- What effects have EHRs had on your ability to schedule appointments or obtain referrals?
- How has the use of EHRs affected the coordination of care between your primary care doctor and other health care providers?
- Can you think of any other effects of EHRs on your health care that we have not yet discussed?

Overall, do you think that doctors who use EHRs provide better care, provide worse care, or is the care they provide about the same as doctors who use paper charts? (GET A COUNT OF EACH) PROBE: Please explain your reason for responding the way you did.

III. WRAP-UP (15 MINUTES)

I want to stop for a moment and summarize what I am hearing from all of you to see if I understand what you are saying.

Check a few points that have been made and confirm with participants.

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Would you like to add anything regarding * * * before we finish?

IV. ACKNOWLEDGE (1 minute)

Thank you for arranging your day so you could participate in this discussion group. We appreciate your help. [NAME NOTE-TAKER] will give you your payment. Thanks again and have a good day!