

Attachment H: EDT Implementer (Post-ED Care Providers) Interview Guide

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.

Interview Guide: Post-ED Care Providers

Introductions and confidentiality statement

My name is_____. I want to thank you for participating in this interview. We've been pilot testing a tool to improve the Emergency Department discharge process and care coordination after discharge from ED for the last several months. Can I talk to you more about those efforts?

This discussion is private and confidential. There are no right or wrong answers in this discussion. You are free to refuse to answer any questions. I would like to record this conversation so that I can accurately represent your words in my research. Your name will be de-identified from the recording in other words we will change your name in our research to protect your identity. You are free not to answer any questions. You are free to ask me to turn off the tape recorder at any time. You are free to discontinue the interview at any time.

Do I have your consent? If so please could you say your name on the tape?

1. Tell me about the patients you serve

- What proportion of your patients are referred to you from an ER?
 - How significant is/are the local the ER's as a referral source to you?
 - From where else do you receive most of your referrals
- The intervention that we will be discussing today focuses on patients with 5 risk factors: lack of PCP, substance abuse, mental health, cognitive/physical difficulties, lack of insurance.
 - Which of these risk factors are prevalent in the patient populations you serve?
 - What proportion of your patient population fit these categories?
- What are the patient-level challenges that you most frequently encounter in providing care to patients with these risk factors? (probe for: missed appointments; other failures in following up as instructed; other)
- Are there particular challenges you encounter in treating patients who are referred to you from the ER, as compared with those who are referred by other sources?
- What common problems do your patients experience after they are seen in the ED?
- What are the primary challenges that these patients experience in being able to access your services?
- What are the primary challenges these patients experience in being able to access other needed healthcare services that may lead them to fall back on the ER?

- Are there any needs that your patients might typically have that you are unable to meet? Where else might they go to have these needs met?

2. Tell me about your organization

- What types of services do you offer?
- Do you have the capacity to serve more patients than you are currently serving?
- What are the organization-level obstacles that you most frequently encounter in providing adequate care to your patient population? (probe for: capacity; funding; coordination of care with other providers; other)

3. We are especially interested in understanding more about your relationship with the ER/s in your community

- How many different EDs refer their patients to you?
- How would you describe and characterize current processes for communicating and coordinating with the ER/s in your community?
 - Are these processes standardized?
 - If processes exist, how well do they work?
 - If processes exist, are they the result of specific efforts to ensure or improve coordination/communication or have the processes evolved over time? (OR: Have there been specific efforts to improve the coordination of care between (to and from) the ER and your organization?)
- If you get referrals from more than one ER, please describe any differences in their referral processes or communication/coordination.
- What challenges do you encounter in communicating/COORDINATING with the ER/s?
 - How do these challenges affect your ability to provide care to these patients?
- What features of your operations make it easier or harder to coordinate with the ER?
- Are there any changes that you would suggest to improve communication and coordination on patients that are referred to you from the ER?

4. User's Guide

As we mentioned at the outset, the User's Guide you've graciously agreed to review is designed to help strengthen the pathways and improve the processes for referral of certain patients from the ER to community providers who may best be able to meet their needs. We are interested in your feedback concerning whether, and to what degree, the Guide is likely to improve the successful transfer of patients to your care. With this goal in mind:

- Current Guide: How likely is it that the current content of the Guide will further this goal with regard to patients likely to be referred to you?
 - Are the explicit statements and underlying assumptions reflected in the Guide appropriate and accurate with regard to your services, processes and operations?

- Based on your own knowledge and experience, how well does the User Guide address the needs of patients with the five identified risk factors (types of problems, issues, needs they have)?
- Recommendations for Improvement: How might the content of the Guide be improved?
 - How would you revise the tool to make it more useful for your patients and your organization? (and/or: Can you recommend ways to improve coordination for patients with the identified risk factors for frequent ED use?)
 - Are there aspects of your operations which are not adequately or accurately described? (e.g., characteristics of your operations that are not mentioned that might impact the use of the User Guide?)
 - Do you have any more general recommendations for how the guide might be improved (prompt: for example, additional resources that can be embedded? Other risk groups to include?)
- Other Limitations: The Guide is intended to reduce unnecessary ER revisits and improve patient outcomes in part by improving coordination and communication with community providers.
 - Are there other challenges or problems that do not appear to be addressed by the User's Guide that you would recommend addressing?

4. Conclusion

- Do you have any concluding comments about the User Guide?

Thank you for taking the time to talk with me today.