Appendix D: Telephone Interview Guide for Infection Preventionist, Clinic Director, or Other as Referred

Interviews to begin 7 weeks after OMB approval [Date TBD pending OMB approval]

Health Department Access to Electronic Health Records EXPLORATORY IN-DEPTH INTERVIEW SCRIPT FOR Healthcare Facilities

I. INTRODUCTION

Hello, [RESPONDENT NAME], my name is ________. Thank you for taking the time to share your opinions with me. We'll be spending the next 30 minutes discussing your experiences with granting access to electronic health records (EHRs) in your healthcare facility to health departments (HDs). We are interested in your experience during the 2012 fungal meningitis outbreak, but we are also interested in your experience with outbreaks or other situations where you might have experience with HD seeking access to electronic health records in your healthcare facility. There are no right or wrong answers to the questions I'm going to ask you, as we are requesting your opinions only. Please feel free to take as much time as you need to give a response that you are happy with. While some questions may be hard to answer, please provide your frank opinion. If you don't understand the question, please let me know, and I will ask it another way. This is not a test, so feel free to say you don't know or don't have an opinion to offer.

I am conducting interviews in fifteen states across the U.S. and the information I gather will be used by the Centers for Disease Control and Prevention and the Association of State and Territorial Health Officials in the development of report related to HD access to EHRs. Your responses will also be used to help us build a toolkit to help state HDs address your needs and perspectives when they request EHR access. The toolkit will provide perceived barriers, recommendations to overcome those barriers, best practices that support EHR access, and practical tools such as templates, memorandums of understanding (MOUs), and policies. The toolkit will be distributed to HDs, healthcare facilities, and other stakeholders to support awareness and strengthen relationships between public health and clinical care. These activities will facilitate the quick and efficient identification of cases during public health investigations and protect the health and safety of patients.

Before we begin, I wanted to go over a couple of items:

• First, I want to make sure you know that this interview is **voluntary**. You can decline to participate in the interview. You can decline to answer any question, and "I don't know"

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is a perfectly acceptable response to any question. There are no right or wrong answers, and we are interested in your frank opinion.

• Second, the information you provide will be anonymized so that information cannot be attributed to you or your facility. The responses of all of the individuals I speak with will be reported as a group or at the state level and nothing will be attributed to any one person or organization.

I will be audio-recording our conversation to ensure that I capture all the information that you share and so I can listen to what you have to say and not worry about taking notes. The recording helps me in writing my report and is used for that purpose only. After our interview has been transcribed the audio-recording will be destroyed.

Do you have any questions? May I begin?

II. Background

1. What is your official title?

- a. What are your current responsibilities?
- 2. I want to start the interview by asking you to think back to the fungal meningitis outbreak. We recognize that you might not have been involved in this outbreak, but you may have been asked for other information, or been involved in another outbreak where the health department requested EHR access. Think back to that experience and focus on the process you went through to get the HD access; from getting them into the system, helping them find the information they needed, and the EHR support they needed throughout the outbreak investigation from you and others. Think about what was the process like. What went well. What areas of that process were more challenging. Now I'd like to follow up with some specific questions about that process you're envisioning.

III. Electronic Health Record Access

1. What has been your experience with the HD requesting, accessing, and using EHRs from your healthcare facility?

Probes:

Infection Preventionist and Clinic Director

- A. What has been your role in providing EHR access for your HD?
- B. Why was getting the HD EHR access important?
- c. How quickly was the HD granted EHR access after their request?
- D. When the HD got access to your healthcare facilities' EHR system, what was it like for them using it?
 - a. Did someone from your facility need to be present while they were using the system?
- E. What kind of access to the EHR did the health department have?
 - a. Remote, or onsite?
 - *b. Did they want remote access?*
 - i. If they requested remote access and it was not granted, why?
- F. Have you had any previous experiences with the HD requesting EHR access from your facility, such as during an outbreak?
 - a. Was this experience recent?
- G. What was their access like?
 - *a.* How much of the patient's record could they see (part, whole?)
 - b. If partial, what information was restricted, and why?
 - c. Were there any other limitations?
- н. How did having the HDs access to the EHRs help or hinder your work?
- When the HD accessed the EHR how easily were they able to get the information they needed?
 - *a.* Were you able to help them find the information they needed if they requested or required support?
 - b. Were you aware of how to use the EHR system to support data collection during the investigation? (i.e. if they needed to query the system, or export information)
- What was your relationship like with this health department before, during, and after they requested electronic health record access?

IV. Electronic Health Record Access

2. What does giving the HD access to your facilities' EHRs mean to you?

Probes:

Infection Preventionist and Clinic Director

- A. What does giving the HD access to your facility's EHRs include?
 - *a.* Did the health department have access to one EHR system that has all records or did they have to use multiple systems?
 - i. What EHR system do you use?
 - b. Was there an expiration date for access?
 - c. If the HD had to visit different sites, how did access differ across clinical care facilities?
 - d. Was there a process for access (for example, did the health department have to submit a request that specified a symptom, characteristic, diagnosis, lab finding, or name) or were they able to simply request access?
- B. What does giving HDs access to your facility's EHRs not include?
- c. Were there other routine practices that required someone else, inside or outside of your healthcare facility, to access EHRs?
 - a. Are there other practices that could inform this type of access during an outbreak conducted by someone else, inside or outside, your healthcare facility (i.e. internal audits such as those for vaccinations, accreditation or certification, or billing certification)?
- D. What does giving the HD access to your facilities EHR look like past, present, or future?

3. What were some of the barriers [real or perceived] you encountered when the health department requested and/or got electronic health record access? [actual hurdles you experienced and things you thought would be hurdles]

Probes:

- A. What real and perceived barriers did your healthcare facility have in granting the health department access, if any?
 - a. Were there any real and perceived barriers from the HD side in granting access?
- B. What kinds of barriers [real and perceived] did your healthcare facility have in supporting access, if any (e.g. technological or other)
 - a. Were there any real and perceived barriers from the HD side in supporting access?
- c. What kinds of barriers [real or perceived] did your healthcare facility have related to legal issues or state law requirements in granting HDs access to EHRs?
 - *a.* If yes: who would you recommend we follow up with to learn more about these issues.
- D. What kinds of barriers [real or perceived] did you have related to the use of the data by the HD for analysis and decision making?
- E. What kinds of barriers [real or perceived] did you have related to the HD having the authority to access electronic health records, if any?
- F. What kinds of barriers [real or perceived] related to patient privacy, if any?
- G. What kinds of barriers [real or perceived] did you have related to security, if any?
- H. What kinds of barriers [real or perceived] did you have related to your relationship with the HD, if any?
- I. What kinds of concerns [real or perceived] did you have related to the HD finding information that would trigger a separate investigation from the HD?

4. What are the greatest lessons that you learned when HDs requested and/or got EHR access at your facility?

Probes:

Infection Preventionist and Clinic Director

- A. Upon reflection, what do you wish had been set in place BEFORE the HD requested EHR access? What do you wish you had known about (or known more about)?
 - a. Are you currently working on a plan to address any of these lessons learned?

B.	differently now that you weren't doing before they asked to access your facility's EHR?
C.	Is there anything you would have done differently before the HD requested EHR access?
	5. From your perspective as a healthcare facility, what do you need from HDs that would make granting access to EHRs feasible?
1	Probes:
	Infection Preventionist and Clinic Director
	A. What suggestions do you have for HDs requesting EHR access?
	a. What suggestions do you have for your healthcare facility or others when HDs are requesting EHR access?

- B. What EHR functions/features were helpful or could be helpful for the HD to have in place?
 - a. What EHR functions/features were helpful or could be helpful for the healthcare facility to have in place?
- c. What software programs were helpful; what weren't?
 - a. Please describe how these programs were used (e.g., analysis, data sharing, reporting, visualization, algorithmic).
- D. Do you have particular tools, best practices and/or lessons learned that you feel are valuable to other health care facilities for responding to similar situations?
 - a. Would you be willing to share the tools with us you identified as valuable?

This concludes our discussion. Thank you so much for your participation. Your work here will make a difference.