PC CDS Learning Network: Leader

This protocol will be used for AHRQ Project Officers, RTI CORE Team, and Executive Steering Committee Members.

Introduction/Consent

- Introduce members of group.
- Thank you very much for your time today.
- NORC at the University of Chicago is a not-for-profit research organization, and we are working with the Agency for Healthcare Research and Quality (AHRQ) as the independent evaluator of the Patient Centered Outcomes Research (PCOR) Clinical Decision Support (CDS) Initiative.
- I am going to be leading this interview, but others may chime in with follow-up questions.
- Just a few things before we get started.
 - O Your participation is voluntary and you can conclude the discussion at any time. We are interested in your opinions it is completely okay for you not to answer any questions that you do not want to. There are no wrong answers to the questions I will ask.
 - O We will not attribute anything you have to say as coming from you personally. We will keep your name confidential in any summaries or reports we make available to AHRQ or the public.
 - You are also free to make comments "off record" in which case we will only consider them as background.
 - We have scheduled this meeting to last [x] minutes. **If you need to stop for any reason**, that is fine. We know you are busy and may schedule a follow up interview or e-mail you to address any unanswered questions. We appreciate your participation.
- We have **a member of our team from NORC taking notes** so we can write our reports, and we would like to make an **audio recording** to help make sure we capture everything correctly. The notes and recording will only be used by NORC to write our reports.
- Do you offer your consent to participate in the interview, and are you okay with us recording our conversation?
- Do you have any questions before we begin?

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure. Public reporting burden for this collection of information is estimated to average XX 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, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857.

Overview

- Could you please start by introducing yourself, and your organization?
- Can you describe your background in the field of CDS/ CDS development?
- How did you hear about AHRQ's PCOR CDS Initiative and the PC CDS LN?
- Would you please describe your role in/involvement with the PC CDS LN?
- What was your involvement in the development of the PC CDS LN model and concept?
 - O What was your original understanding of the goals/objectives of the PC CDS LN
 - O What was your expectation of how the PC CDS LN would achieve these objectives?
 - Was your level of involvement what you expected?
- What is your understanding of PC CDS?
 - To what extent is patient/caregiver/patient advocate's engagement important to the development of PC CDS?
- To what extent do you think the PCOR CDS Initiative has made a contribution to the development of this type of CDS?
 - O What about the PC CDS LN specifically?

[For AHRQ leaders]

 Were you involved in the development of the RFP for PC CDS Learning Network? If yes, can you talk about why AHRQ felt it was important to fund the development of a PC CDS LN?

Was there prior work that AHRQ was involved with/funded which influenced the concept of CDS Connect?

What were your original goals for the PC CDS LN? How did they shift over the course of the project?

Stakeholders

- What kinds of stakeholder groups were engaged in the PC CDS LN?
 - o Why were these stakeholder groups important to include in PC CDS LN activities?
 - O Did the type stakeholders vary by type of PC CDS LN activity (e.g., workgroups, annual meetings, webinars, etc.)? If yes, how so?
- Were there any stakeholder groups that were over or under represented in the PC CDS LN? If yes, how so?
- In retrospect, do you wish that you had engaged any additional stakeholders?

Environmental Scan/AFA Framework

- Did the Environmental Scan and the resulting AFA Framework inform, or set the trajectory for other Learning Network activities?
- Prior to the development of the AFA Framework, was there any framework that existed that addressed the translation of evidence into CDS/PCCDS?
- How was the environmental scan disseminated and to whom?
- Based on the current landscape of PC CDS, is there anything about the AFA Framework that needs to be revised or updated?
 - What kind of feedback have you received on it?
- Is the framework having an impact on the field?
- What impact do you hope it will have?

Learning Activities

- Based on our document review and conversations with AHRQ, we are aware that the PC CDS LN engaged in a
 variety of collaborative learning activities, such as annual meetings, webinars, and workgroups. Did the PC
 CDS LN conduct any additional learning activities?
- We understand that in the first year of the Learning Network, there was a focus on developing a definition of Patient-Centered CDS, can you describe how the final definition shaped the approach to subsequent learning activities?
- What were the primary objectives of the workgroups?
 - O How did people come to lead or be part of each workgroup?
 - Were they selected or did you put out a call for participation?

- O Why and how did you select the topics that you did for each of the workgroups?
- O How did you decide what products would come out of each workgroup?
- O What were the barriers and facilitators encountered by each of the workgroups as they worked to achieve their objectives?
- I would like to go through the remaining activities (e.g. annual meeting, webinars) and discuss:
 - O What did you hope to achieve from this activity?
 - o What did it accomplish?
 - O What were some challenges with doing the activities?
 - O What was your experience like leading/coordinating these activities?
 - O Did you observe anything that you considered to be innovative about [x] activity?
 - O Is there anything you would do differently or any lessons learned you would share with others trying to do something similar?
 - O Where there any notable barriers and facilitators to carrying out these activities?
- Which types of learning activities were most effective at engaging each stakeholder group?

Dissemination

- Based on our understanding, the PC CDS LN engaged in a number of dissemination activities including the
 publication of the environmental scan, AFA framework, trust framework, opioid action plan, and a patient
 experience blog, a special issue of eGEMS, as well as conference presentations, such as AMIA. Did the PC
 CDS LN engage in any other dissemination activities that we missed?
- I would like to go through each one, and ask:
 - O Would you please describe your role in developing this tool/report?
 - O Would you please describe the process of creating the tool/report?
 - O What was the intended audience for the tool/report?
 - To what extent did this product reach its intended audience?
 - O What was the dissemination strategy for this tool/report?
 - What impact do you hope that this tool/report will make, and have you observed any impact of it to date?
 - o From your perspective, what were the relative strengths and weaknesses of each tool/report or process of creating that product?
- Is there anything else from PC CDS LN that you had hoped to disseminate or that you plan on disseminating in the future? If yes, please discuss.
- From your perspective do you believe that the activities of the PC CDS LN reached stakeholders beyond those that you directly engaged? How? Which audiences?
 - O Are there any important stakeholder groups that you were not able to engage? If yes, please discuss.
- Are there notable barriers and/or facilitators to dissemination? If yes, please describe.

Patient and Clinician Engagement

- Did you engage clinical staff (e.g. Health IT staff, clinicians) in the PC CDS LN? How?
 - O How did clinical staff's contributions effect the activities and products of the PC CDS LN?
- To what extent did you engage patients or patient advocates in the PC CDS LN? How?
- How did patient/caregiver/patient advocate's contributions affect the activities and products of the PC CDS LN?

Impact

- Has the PC CDS LN had an impact on...
 - o ...you or your organization? Why or why not?
 - o ...the field of CDS development? Why or why not?
 - o ...attitudes toward or interest in shareable, standards-based, interoperable, PC CDS? Why or why not?
- From your perspective, have the activities of the PC CDS LN (e.g. trust framework) impacted other components of AHRQ's CDS Initiative?
 - Are there any other examples of how the PC CDS LN impacted other aspects of AHRQ's PCOR CDS Initiative?

- Were the activities of the PC CDS LN informed by other non-AHRQ collaborative initiatives working to advance the field of evidence-based CDS?
- To your knowledge did the activities of the PC CDS LN feed into or inform other non-AHRQ collaborative initiatives working to advance the field of evidence-based CDS?

Sustainability

- What are you expecting in terms of the sustainability of the PC CDS LN activities?
- Are you actively planning to sustain any of the activities and how?
- How do you see the PC CDS LN in the future?
- Can you describe the work that went into developing a Sustainability Plan? Who was involved?
 - O Have you developed a plan for carrying out the Sustainability Plan?
- Since the PC CDS LN initiative ended, have you continued working with other members of the group? On what?
- Are there any barriers and/or facilitators to sustaining the work of the PC CDS LN? If yes, please describe.