## **PC CDS Learning Network: Steering Committee**

Form Approved  
OMB No. 0935-XXXX  
Exp. Date XX/XX/20XX

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| This protocol will be used for Non-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.
  + 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.
  + 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?
* How did you hear about AHRQ’s PCOR CDS Initiative and the PC CDS LN?
* Why did you join the Steering Committee?
* How would you describe the role of the executive committee and its members in relationship to RTI's Leadership?
* What is your understanding 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?
  + What about the PC CDS LN specifically?

**Stakeholders**

* What did you think about the composition of LN? Were there any stakeholder groups that were over or under represented?

**Learning Activities**

* Did you participate in any of the PC CDS LN's learning activities (e.g. annual meetings, workgroups)?
* What was your experience like participating in these activities (e.g. annual meeting, webinars)?
  + What did you hope to achieve from this activity?
  + What did it accomplish?
  + What were some challenges with doing the activities?
  + Did you observe anything that you considered to be innovative about [x] activity?
  + Is there anything you would do differently or any lessons learned you would share with others trying to do something similar?
* With regard to the workgroups, what were the primary objectives of these workgroups?
  + Did the workgroup meet these objectives? Why/Why not?
  + Did you find these activities constructive?
  + What were the barriers and facilitators encountered by each of the workgroups as they worked to achieve the objectives?
* To what extent did your participation in these learning activities impact your work outside of the PC CDS LN?
* Which of the PC CDS LN's activities were most effective at generating interest in CDS?

**Dissemination**

* Did you contribute to any of the PC CDS LN's tools/reports (e.g. the environmental scan, AFA framework, Trust Framework, Opioid Action Plan)?
  + Would you please describe your role in the development?
  + Would you please describe the process for creating the tool/report?
  + Could you talk about the intended audience for the tool/report?
  + 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?
* Have the PC CDS LN's dissemination efforts reached the right audiences? If not, who was missed?
* What were the barriers and facilitators to disseminating the workgroups products?

**Impact**

* Has the PC CDS LN had an impact on…
  + …you or your organization? Why or why not?
  + …the field of CDS development? Why or why not?
  + …attitudes toward or interest in shareable, standards-based, interoperable, patient-centered CDS? Why or why not?
* 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 LN impacted other aspects of AHRQ's PCOR CDS Initiative?

**Sustainability**

* What are you expecting in terms of the sustainability of the PC CDS LN or its activities?
  + Are you actively planning to sustain any of the activities? How?
  + How do you see the PC CDS LN in the future?
* 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.