

## Quantifying Efficiencies – Informaticist

This protocol will be used for Site Specific Informaticists.

### 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.
  - o 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.

### **Opening**

- Could you please start by introducing yourself, and your organization?
- To what extent are you familiar with the AHRQ PCOR CDS Initiative and the Quantifying Efficiencies program?
  - How did you hear about it and how were you involved?
  - What has been your experience with it?
- To what extent are you familiar with CDS Connect and the repository of CDS artifacts?
  - What been your experience using it?
- What is your understanding of PC CDS?

### **Project**

- Would you please describe your role in the integration/implementation of the CDS artifact developed through the Quantifying Efficiencies program at your health system?
- Who was involved within your health system in selecting the CDS from the Repository and adapting it for local use?
- Would you please estimate the level of effort (FTE or hours) on the part of the following types of staff to integrate the CDS artifact into your EHR, and the amount of time that was involved in the effort?
  - Clinicians
  - Informaticists
  - Quality Improvement staff
  - Other
- To the extent that the CDS was designed to be patient-centered, what have you observed about this aspect of the CDS that is similar or different than other types of CDS?
- Did you anticipate any technical challenges to implementing your CDS artifact?
  - Did you encounter these challenges?
  - Did you identify additional challenges while implementing your CDS artifact?
- What types of providers did you intend to have use this artifact?
- Was the implementation of the artifact from CDS Connect more or less efficient than past CDS projects? What was more efficient? What was less efficient?
- Have you/the pilot site continued to use the artifact since the contract concluded?
  - If yes, has continuing to use the artifact resulted in additional technical work? If so, please describe
- Has the CDS artifact been implemented more broadly within your health system? If yes, please describe.
- Have you shared the CDS artifact with anyone outside of your health system? If yes, with whom? Based on your experience implementing CDS artifacts, are there any technical considerations that developers need to address when adapting artifacts from CDS Connect for a local environment?

### **Implementation Resources**

- Were there any resources available through CDS Connect to help implement the CDS at your site?
- Have the resources available through CDS Connect addressed known barriers and facilitators to CDS incorporation and routine use in care delivery?
  - Which ones were most helpful?
  - What types of resources would help overcome these barriers?

### **Closing**

- To what extent do you think the PCOR CDS Initiative has made a contribution to the development of this PC CDS?
  - What about the Quantifying Efficiencies component specifically?
- To what extent do you see CDS Connect disrupting the field of CDS development and encouraging more developers to make shareable, standards-based, interoperable CDS?
  - How so?