

Quantifying Efficiencies - Clinician

This protocol will be used for clinicians involved in the adaptation or implementation of CDS artifacts at specific sites, or clinicians who have used these artifacts.

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?
- What is your personal background with implementing CDS artifacts for use in a health system?
- 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 involved? What has been your experience with it?
- To what extent are you familiar with CDS Connect and the repository of CDS artifacts? What has been your experience of it?
- What is your understanding of PC CDS?

Project

- Would you please describe your role in the adaptation and implementation of the CDS artifact at your health system?
- 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? Do you use this artifact? How often?
 - How does it affect your workflow?
 - Has implementing this artifact affected patient care? How so?
- Do you have colleagues who use this artifact? If yes, what has been their reaction?
- Roughly, how many patients have been affected by the CDS?
 - Were they aware of the CDS?
 - If yes, how did they interact with the CDS?
- To what extent has the CDS artifact impacted the value of the care you deliver? Quality? Safety? Efficiency?
- Was the adaptation and 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, please describe how you are using it?
- Has the CDS artifact been implemented more broadly within your health system? If yes, please describe how you have expanded the implementation of the CDS artifact.
- Have you shared the CDS artifact with anyone outside of your health system? If yes, with whom?

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?