Attachment N

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

PC CDS Projects – Site Leader

This protocol will be used for principal investigators for the U18s and Opioid-related CDS pilots as well as the task lead for NORC's PC CDS Pilot.

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?

Opening

- Could you please start by introducing yourself, and your organization?
- What is your personal or organizational experience with CDS Development?
- Had you been involved in any of the other components of the AHRQ PCOR CDS Initiative, like the Learning Network or CDS Connect, including its workgroups?
    - How did you hear about the Initiative?
    - How long were you involved, and what were those experiences like?
- 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 your pilot specifically?

Grants/Contracts

Overview

- How did you select the clinical guidelines that informed your CDS or the CDS artifact from the CDS repository that you adapted for your CDS?
- What did the artifacts target (e.g., settings, conditions, populations)?

Leveraging CDS Initiative Resources

- Did you use the CDS authoring tool? If yes:
    - Would you please describe your experience using the authoring tool?
    - Did you have to make any additional adjustments to the CQL code produced by the authoring tool or was it "ready to go"?
- Did you use any artifacts that are available through CDS Connect Repository for this project? If yes, which ones and how? please describe your experience
    - Did you build on or modify the existing CDS artifact?
    - Were there any limitations or barriers to using the artifact?
- Did you use any of the resources available through the PC CDS Learning Network such as the Analytic Framework for Action or the Opioid Action Plan? If yes, please describe your experience how did you used the resources?
- Did you engage in other PC CDS LN activities such as the workgroups, annual meetings, and webinars? If yes, which activities did you participate in? How frequently did you participate?

[For MedStar and RTI]:

- How does your work on other components of the CDS Initiative (Quantifying Efficiencies for Medstar and Learning Network for RTI) relate to your work on this project?

Development

- Did you engage clinicians in your development process? If yes, please describe.
- Did you receive input from patients/patient advocates in your development process? If yes, please describe their input.
- Do you incorporate patient/caregiver preferences through your CDS artifact? If yes, how so?
- [For MedStar and RTI Opioid Contracts:] How does the CDS development process of a patient-facing versus a clinician-facing CDS tool differ?
    - Is one more challenging than the other? Why/Why not?
    - Is one more time consuming?
- [For MedStar and RTI Opioid Contracts:]: Are there any special considerations that go into the development of CDS for chronic pain? Can you describe them?
- How were the "CDS five rights" (information, person, intervention, channel, and workflow) addressed in the development and implementation of your CDS artifact?
- How does the development of shareable, standards-based, publicly available CDS differ from the development of CDS that is not intended to be shared?

Implementation

- Did you use APIs to integrate CDS into pilots sites EHR? How?

Dissemination

- How do you plan to share the CDS with others?
- Will you be submitting the artifact to CDS Connect?
- Are there any other products planned for public dissemination resulting from this project aside from the CDS artifact itself?
    - Can you describe them and the audience?

Impact

- How many clinicians accessed the artifact?
- 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?
- Have you/the pilot site continued to use the artifact since the contract concluded? If yes, how are you currently using the artifact?
- Has the CDS artifact been implemented more broadly within your health system? If yes, how have you expanded the use of the CDS artifact?
- Have you shared the CDS artifact with anyone outside of your health system? If yes, with whom?
- Are there plans for sustained use of the CDS after the project period ends? Why or Why not?