## **PC CDS Projects - Patient**

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

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| This protocol will be used for patients who may have advised on the development of the CDS for the CDS Pilots, or interfaced with it, if possible. This protocol is contingent on the Pilot involved patients and/or being patient-facing, and will be more fully developed once we know more about the CDS pilots.  |

**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.

**Opening**

* Could you please start by introducing yourself, and your organization?
* Are you affiliated with any patient advocacy groups or organizations?
* Had you heard about the PCOR CDS Initiative prior to this interview?
	+ How did you hear about it?
* Were you involved in any of its components, like the PC CDS LN or the CDS Connect Workgroups?
* 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?

**Development**

* Did you provide any input into the development, implementation or testing of the [CDS artifact name]? If yes, please describe.
	+ What type of input was requested?
	+ Did you find it easy or hard to give input?
	+ Do you think your input was used?

**Use of PC CDS**

* Have you, as a patient or caregiver, used the app or decision support tool?
	+ Please describe the app or tool you use.
	+ Please describe how you access the tool i.e., on your phone, through your personal health record etc.?
	+ Please discuss whether the tool provided helpful information or not?
	+ Did the tool help you discuss [X] with your doctors? If yes, please discuss how.