

4a. CQM State Health Department Interview Guide

Note: Public reporting burden of this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-20HP)

Date of Interview:	MM/DD/YYYY
Interviewer:	
State:	
Strategies Implemented (select one):	<input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B1 & B2
Interviewee Name:	

Introduction

Thank you for taking the time to participate in this interview. My name is **[Insert name]** and I am with the Deloitte evaluation team. Our team is working with the CDC Division for Heart Disease and Stroke Prevention to evaluate the DP18-1815 Cooperative Agreement, Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke Cooperative Agreement- which we will refer to as the 1815 program. As part of the larger national evaluation of 1815, we are conducting a case study focused on Clinical Quality Measures to better understand how health departments are supporting the improvement and use of health information technology for better patient management and quality improvement, as it relates to the prevention and management of high blood pressure and high blood cholesterol.

We understand your team is working on **[specify strategy B1/B2/ or both]**. We would like to hear more about the ways in which you implement these strategies, challenges encountered, other factors outside of the 1815 program that influence your implementation processes or progress you're making and hear your perspectives on the level of uptake among health care organizations and how it influences patient care and management. The information collected from this interview will be analyzed together with information gained from interviews with others at your health department as well as from other health departments. We also will be conducting interviews with partner sites. Together, these interviews will provide valuable insights on different approaches for promoting use of electronic health records and health information technology for Clinical Quality Measurement and improved patient management, and help us understand which approaches seem to work well in specific contexts.

The interview is expected to take no longer than 1.5 hours. Your participation in this interview is completely voluntary. You may choose to skip questions or stop the interview at any time and it will not in any way impact the funding or technical assistance you receive from CDC. All information will be kept

secure and any personally-identifiable information will be removed when results are aggregated for analysis.

If at any time during the interview you are not clear about what we're asking, be sure to let me know. We appreciate your candid response.

With your permission, we would like to record this interview for transcription purposes.

Do we have your permission to record the interview?

- Yes
 No

Do you have any questions or concerns before we start the interview?

I. Background:

I'd like to start with some questions to understand your role within the health department and with respect to supporting the 1815 program.

Reference for interviewer:

B1: Promote the adoption and use of electronic health records (EHRs) and health information technology (HIT) to improve provider outcomes and patient health outcomes related to identification of individuals with undiagnosed hypertension and management of adults with hypertension

B2: Promote the adoption of evidence-based quality measurement at the provider level (e.g., use dashboard measures) to monitor health care disparities and implement activities to eliminate health care disparities

1. Can you tell me more about why your state health department decided to work on [Strategy B1, B2, and/or B1 & B2]?

Probe:

- **[If state is only working on B1 or B2, required probe:]** Can you tell me why your state health department is only working on one CQM strategy and not both?
 - What is your program's goals with respect to this strategy/these strategies? What would you like to achieve through this work?
 - To what extent did the work from the previous NOFO(s) affect your approach for 1815?
2. Can you tell me about your role in relation to implementing these strategies? [Strategy B1/B2 of the 1815 program]?
 3. How many years have you been working within this program area (i.e. EHRs/HIT or clinical quality measurement)?

II. EHR and CQM Landscape

We'd like to learn about the EHR landscape in your state, specifically the adoption and use of EHRs/HIT, and the reporting and tracking of clinical quality measures for high blood pressure and high blood cholesterol.

4. From your perspective, how widespread is the adoption of EHRs among the healthcare organizations you work with? What about on a state-wide level?

Probe:

- Are there any trends with regards to adoption and use by the different types of organizations (FHQCs, rural health centers, private practices, etc.)? By geography? By other variables?
- Where do you see major gaps?
- What are the major barriers to adoption and use of EHRs?

5. Could you tell me about the kinds of policies or regulations that are in place in your state to govern the use of EHRs/HIT?

Probe:

- What about your state's policies and regulations in relation to clinical quality measurement?
- How have these policies changed in the last few years?
- Are there any current issues that are being discussed at the state level regarding EHRs/HIT? Please share some examples.

6. [Year 3]: What has been the effect of the COVID-19 pandemic on these efforts?

III. Implementation of CQM Strategies

We would like to learn more about how your team promotes the adoption and use of EHRs for diagnosing, managing, and treating high blood pressure and high blood cholesterol within health care organizations.

7. Can you tell me about the types of healthcare organizations that you are currently working with to further the use of EHRs or clinical quality measures (e.g. FQHCs, managed care organizations, large multi-site hospital systems, independent practices)?

Probe:

- How many healthcare organizations are you working with to implement strategy B1? And how about B2?
- What was your process for selecting the sites that you currently work with on promoting the use of EHRs/HIT or CQMs?
- Did you work with these sites under 1305 or 1422?
- To what extent did the work from the previous NOFO(s) affect your approach for 1815?

8. Can you describe to me at a high level the EHR capabilities of the sites that you work with?

Probe: For example, do EHRs serve as clinical data repositories only? Are they linked to clinical decision support tools (advanced)?

[Ask questions in this section, only if SHD is implementing Strategy B1]

Promoting use of EHRs for patient diagnosis and management:

The following questions are going to ask you about how your team supports health care organizations in the development, enhancement and/or use of EHRs for diagnosis and management of patients with high blood pressure and/or high blood cholesterol.

9. What is your team's role in helping to promote or expand the use of EHRs for management of patients with high blood pressure and high blood cholesterol within your partner organizations (under the 1815 program)?

Probe:

- Does your program subcontract with another organization to implement these activities/interventions at the site-level? Please tell me about the subcontractor role vs your team's role.
 - What kind of assistance are you/ your subcontractor providing to healthcare organizations to support the use of EHR/HIT?
 - Do these activities differ by the type of organization that you are working?
10. What is your perception on how well the organizations you work with use EHRs to guide patient management in general? How about specifically for diagnosing and managing patients with high blood pressure or high blood cholesterol?
11. What are the major barriers or challenges for health organizations to use EHRs/HIT specifically for diagnosing and managing patients with high blood pressure or high blood cholesterol?
Probe: Are there any barriers or challenges for the individual provider in using these HIT to support their patient management processes?
12. What factors facilitate or reinforce health organizations' efforts to use EHRs/HIT specifically for diagnosing and managing patients with high blood pressure or high blood cholesterol?
13. Which types of activities have you found to be most effective or successful in promoting use of EHRs/HIT for managing patients with high blood pressure or high blood cholesterol? Why do you think this is?
Probe: Are there specific types of activities that work better in some health settings than others?

[Ask questions in this section, only if SHD is implementing Strategy B2]

Promote use of clinical quality measures to address health disparities:

The following questions are going to ask you about how your team supports health care organizations in the adoption and use of clinical quality measures to monitor and address health care disparities.

14. What is your team's role in helping to promote or expand the adoption and use of clinical quality measures for high blood pressure and high blood cholesterol within health care organizations (under the 1815 program)?
Probe:

- Does your program subcontract with another organization to implement these activities/interventions at the site-level? Please tell me about the subcontractor role vs your team's role.
 - What kind of assistance are you/ your subcontractor providing to healthcare organizations to strengthen clinical quality measurement for high blood pressure and high blood cholesterol?
 - Do these activities differ by the type of organization that you are working?
15. In your opinion, how are health care organizations using clinical quality measures to identify and track disparities in clinical care and patient outcomes, specifically for high blood pressure and high blood cholesterol?
- Probe:**
- What processes/tools do health care organizations use to identify and track disparities in clinical care and patient outcomes for high blood pressure and high blood cholesterol?
 - What types of support has your team provided to health care organizations to improve the identification and tracking of disparities in high blood pressure and high blood cholesterol care and outcomes across population groups?
 - Which types of activities have you found to be most effective or successful in promoting use of clinical quality measures for monitoring health disparities?
16. How are providers utilizing evidence-based quality measures to **address** health disparities?
- Probe:** Are there differences in the way in which health organizations are using the measures to address health disparities? If so, what are some examples?
17. What are the challenges in monitoring health disparities within health care organizations?
- Probe:** Is there a health care organization that you think is exemplary in their efforts around tracking health disparities, specifically for high blood pressure and high blood cholesterol?
18. Can you share some examples of any interventions that health care organizations you work with have implemented *to address* any identified gaps/disparities in care or health outcomes for patients with high blood pressure or high blood cholesterol?
- Probe:**
- In your opinion, what factors (organizational, cultural, etc.) facilitate such interventions?
 - What was your team's role in supporting this intervention?

[Note: Ask the following questions in this section for all SHDs – regardless of which CQM strategy is implemented.]

Working with health care organizations:

19. As the health department, what would you say are the biggest challenges for your team in working with health care organizations to promote or enhance the use of EHRs/HIT and clinical quality measures?

20. What factors or facilitators support your team, as the state health department, in working with health care organizations to promote or enhance the use of EHRs/HIT and clinical quality measures?
21. What incentives or levers does your team and/or your subcontractor use to support use of EHRs/HIT and clinical quality measures?

IV. Complementary Programs

Now I'd like to ask about other state-level or wide-reaching initiatives related to promoting or supporting clinical quality measurement.

22. In addition to the support received from the 1815 program funding and technical assistance, what other types of support is your state leveraging to **promote the adoption and use of EHRs/HIT and use of clinical quality measures to address health disparities** within health care organizations?

Probe:

- Could you tell me about other wide-reaching initiatives within your state that support the development, enhancement, or expansion of EHRs/HIT and clinical quality measurement, specifically for high blood pressure or high blood cholesterol?
- In your opinion, how do these programs work together with the 1815 efforts? Is there any overlap? Any unanticipated challenges in operating multiple programs related to similar strategies?

V. Effectiveness of CQM Strategies

The following questions are going to ask you about the effectiveness of the CQM strategies' activities/interventions.

23. In your opinion, how has the use of EHRs/HIT affected the **identification** of patients with **high blood pressure** at the provider/practice level? How about patients with **high blood cholesterol**?

Probe: To what extent would you say the use of EHRs/HIT has reduced the gap in health disparities related to **diagnosis** of patients with high blood pressure? How about high blood cholesterol?

24. How has the use of EHRs/HIT affected the **management** of patients with **high blood pressure** at the provider/practice level? How about patients with **high blood cholesterol**?

Probe: To what extent would you say the use of EHRs/HIT has reduced the gap in health disparities related to **care** of patients with high blood pressure (i.e. referral, SMBP, MTM)? How about high blood cholesterol?

25. To your knowledge, have there been any unintended outcomes from implementing the B1/B2 activities/interventions?
Probe: If so, what were they?

VI. Close

CDC Support

26. Is there any additional or specific TA support that would be beneficial to your health department for implementation of either of these CQM strategies? Please describe.

Wrap up

Those were all the questions I had for you. Is there anything else you'd like to add that we haven't had a chance to discuss?

Thank you so much for your time. This concludes our interview about the 1815-funded activities related to the clinical quality measurement strategies. If you have any additional questions, please feel free to contact Gizelle Gopez, ggopez@deloitte.com.