

# **Transmitting and Processing Electronic Prescriptions: Experiences of Physician Practices and Pharmacies**

## Appendix 1

**Interview Protocol 1 – Physician Practice IT Administrator or Office Manager**

**Interview Protocol 2 – Physician Practice Medical Director or Physician User**

**Interview Protocol 3 – Pharmacy Pharmacist-In-Charge**

## Interview Protocol 1 – Physician Practice IT Administrator or Office Manager INTRODUCTION

Thank you for agreeing to speak with us today. As you know, we are calling from the Center for Studying Health System Change (HSC), a non-partisan health policy research organization in Washington, DC. (*If respondent has participated in previous studies acknowledge participation.*)

HSC is conducting this study with funding from the Agency for Healthcare Research and Quality (AHRQ) exploring the effective use of electronic prescribing (“e-prescribing”) in physician practices and pharmacies. We would like to explore:

- Selected features of the practice’s e-prescribing system and how they are being used by physicians in the practice including:
  - physician access to medication histories, formulary information, and generic medication alternatives, and,
  - ability to send prescriptions electronically to pharmacies; and,
- How e-prescribing is affecting communication between physician practices and pharmacies.

Because of the focus on physician practice-pharmacy communication, as we explained when scheduling this interview, we are interviewing practices with e-prescribing that send prescriptions *directly from their e-prescribing system to pharmacies electronically, instead of by fax*. This is often referred to as electronic data interchange. To confirm, does your practice send prescriptions electronically?

*If Yes: Thank you for confirming.*

*If No: We apologize for the miscommunication. Unfortunately, we will not be able to include you in our study at this time. Thank you for willingness to participate in our study. We would appreciate your referral to a practicing physician who sends prescriptions to pharmacies electronically.*

We have 30 minutes scheduled for this call. Does that still work with your schedule?

We plan to publish the results of the study and will be happy to send you a copy of the study when it is released.

Before beginning, we would like to remind you about how we will use the information you provide. We will not reveal your name or your organization’s name or share copies of interview notes with anyone outside of our research team. We may include respondent comments in reports and publications but will not attribute the comments to specific individuals or organizations. We also have a system to mark specific comments as off-limits for public reports. If any of the information we cover today falls into this category, please let us know and we will mark the information as off-limits in our notes. Your participation in this study is voluntary. If at any time you do not feel comfortable answering a question, or do not know the answer, please let us know and we will move on. Do you have any questions before we begin?

Public reporting burden for this collection of information is estimated to average 30 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, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

**Q.AEX.A. Physician Practice Background Information** [If missing any background information, ask as appropriate]

Q.AEX.A.01. How many locations does the practice have?

Q.AEX.A.02. How many physicians are in the practice?

Q.AEX.A.03. What are the specialties of the physicians in the practice?

Q.AEX.A.04. Is the practice physician-owned, hospital-owned, an academic/faculty practice or other?

**Q.AEX.B. Background Information on Practice's E-Prescribing system:**

To start out, we would like to ask you some basic questions about the practice's e-prescribing system.

Q.AEX.B.01. What e-prescribing vendor and product is being used by the practice?

Q.AEX.B.01.a. What version of the product does the practice have?

Q.AEX.B.02. Is the e-prescribing system a stand-alone system or is it a component of an electronic medical record (EMR) system?

Q.AEX.B.02.a. *If it is stand-alone:* Does the e-prescribing system have an electronic interface with a practice management system or EMR to transfer patient demographic data?

Q.AEX.B.02.b. *If not stand-alone:* How is patient demographic data entered into the system?

Q.AEX.B.03. Is the e-prescribing system fully implemented across all the locations and physicians in the practice?

Q.AEX.B.03.a. What month and year was the system first implemented?

Q.AEX.B.03.c. Are all of the physicians in the practice with access to the e-prescribing system using it routinely to write prescriptions for all their patients? If not, why not?

Q.AEX.B.04. How frequently does the physician practice update or upgrade their e-prescribing system?

Q.AEX.B.05. Does the practice have an internet portal or other online technology where patients can manage their prescriptions? [Probe on the main features (e.g. request prescription renewals, view medication list, etc).]

**Q.AEX.C. Understanding How E-Prescribing System Features Are Used in Physician Practices** [*Note to Interviewer: Only ask the questions in the subsections below as needed based*

*on respondents' answers to prior questions and, for vendors, our knowledge of the systems and services they sell. Use text in parentheses as appropriate depending on respondent type.]*

Q.AEX.C.01. Could you briefly walk us through how the e-prescribing system is used in your practice to write new prescriptions and transmit them to the pharmacy? (For each step in the process, indicate who in your office uses the system (e.g. office staff, nurses, or physicians).)

Q.AEX.C.01.a. How does the process vary for renewals?

**We would like to ask you some more detailed questions about certain features of e-prescribing systems:**

**Q.AEX.C.A. Access to third-party patient medication histories**

Q.AEX.C.A.01. Do physicians have access via the e-prescribing system to information on patient medication history from a third-party vendor, such as Surescripts, at the time they are writing a prescription?

Q.AEX.C.A.01.a. *If no:* Why not?

Q.AEX.C.A.01.d. *If yes:* For what proportion of patients is this information available, approximately? Are there any groups of patients for whom data are not available (e.g. Medicare, Medicaid, uninsured, etc)?

Q.AEX.C.A.01.e. *If yes:* What vendor provides the medication history data and what is the source (e.g. adjudicated claims data, pharmacy dispensed prescriptions)?

Q.AEX.C.A.01.f. *If yes:* How often is the information that the physicians see updated?

Q.AEX.C.A.02. What are the major factors, if any, facilitating physicians' use of third-party patient medication histories in this practice?

Q.AEX.C.A.03. What are the major challenges, if any, to physicians in this practice using third-party patient medication histories? [Probe on how, if at all, the practice has addressed these challenges.]

**Q.AEX.C.B. Access to patient-specific formulary information**

Q.AEX.C.B.01. Do physicians have access via the e-prescribing system to patient formulary information from a third-party vendor at the time they are writing a prescription?

Q.AEX.C.B.01.a. *If no:* Why not?

Q.AEX.C.B.01.e. *If yes:* For what proportion of patients is this information available, approximately? Are there any groups of patients for which data are not available (e.g. Medicare, Medicaid, etc)?

## Interview Protocol 1 – Physician Practice IT Administrator or Office Manager

Q.AEX.C.B.01.f. *If yes:* What vendor provides the formulary data and what is the source?

Q.AEX.C.B.01.g. *If yes:* How often is the information that the physicians see updated?

Q.AEX.C.B.02. What are the major factors, if any, facilitating physicians' use of patient formulary data in the e-prescribing system?

Q.AEX.C.B.03. What are the major challenges, if any, to physicians using patient formulary data in the e-prescribing system? [Probe on how, if at all, the practice addressed these challenges.]

### **Q.AEX.C.C. Access to generic medication information**

Q.AEX.C.C.01.b. What vendor provides the e-prescribing system's medication database?

Q.AEX.C.C.01.c. How often is the information that the physicians see updated?

### **Q.AEX.C.F. Physician practice-pharmacy communication including electronic transmission of prescriptions**

Q.AEX.C.F.01. When did your practice start sending prescriptions directly from the e-prescribing system to pharmacies electronically using electronic data interchange?

Q.AEX.C.F.01.c. For prescriptions transmitted electronically, does the practice monitor if the prescription has been received by the pharmacy and if so, how?

Q.AEX.C.F.01.d. Approximately what proportion of the practice's prescriptions is sent electronically using electronic data interchange? Approximately what proportions of the practice's prescriptions are sent by other methods such as print, phone, manual or computer-generated fax?

Q.AEX.C.F.01.e. What are the most common reasons for using other methods to send prescriptions other than electronic transmission?

Q.AEX.C.F.01.g. How do the Federal Drug Enforcement Agency's restrictions on the electronic transmission of prescriptions for controlled substances affect the method the practice uses to send prescriptions (e.g. if one of the patient's prescriptions is for a controlled substance)?

Q.AEX.C.F.01.f. Of the retail and mail order pharmacies most often requested by patients, which ones accept prescriptions sent electronically and which ones do not?

Q.AEX.C.F.02. Among pharmacies that accept electronic prescriptions, how are renewal authorization requests typically sent to your practice (e.g. electronically via electronic data interchange, by computer-generated fax, by manual fax, by phone or other)?

## Interview Protocol 1 – Physician Practice IT Administrator or Office Manager

Q.AEX.C.F.02.a. Does the practice typically receive any (other) electronic communications from pharmacies that accept electronic prescriptions (e.g. delivery confirmation, notification of whether the patient picked up the prescription, change requests)?

Q.AEX.C.F.02.b. Does the practice typically use the e-prescribing system to respond to these notifications electronically via electronic data interchange (e.g. sending electronic renewal authorizations, denials, cancellations, changes)?

Q.AEX.C.F.03. What are the most common reasons physicians and pharmacists communicate about prescriptions that are computer-generated, whether sent electronically via electronic data interchange or by other means? [Probe on how these reasons differ for retail and mail-order pharmacies.]

Q.AEX.C.F.03.a. How do reasons for communications about computer-generated prescriptions differ from non-computer generated prescriptions?

Q.AEX.C.F.03.b. When a prescription that has been sent electronically via electronic data interchange is not received at the pharmacy, what, if any, procedure is used to identify and resolve the transmission problem? [Probe on whether the practice communicates with the e-prescribing system vendor and with the electronic e-prescription routing service provider such as Surescripts (e.g. via the Surescripts website link they provide to report problems).]

Q.AEX.C.F.04. What are the major factors, if any, facilitating use of electronic prescribing with pharmacies?

Q.AEX.C.F.05. What are the major challenges, if any, to using electronic prescribing with pharmacies? [Probe on how, if at all, the practice or pharmacies addressed these challenges.]

Q.AEX.C.F.06. What, if anything, do you hear from pharmacists about the benefits or challenges of electronic prescribing?

### **Q.AEX.C.G. Other**

Q.AEX.C.G.01. What, if any, changes are planned related to the e-prescribing system or how it is used? Are there any other changes you would like to see?

### **Q.AEX.D. Impact of E-prescribing Feature Use**

Q.AEX.D.02. What have been the perceived effects of using electronic prescribing on (practice or pharmacy) operations and patient care? Probe if necessary on:

Q.AEX.D.02.a. Overall practice efficiency?

Q.AEX.D.02.c. Volume and type of phone communications with pharmacies about new prescriptions and renewals?

Interview Protocol 1 – Physician Practice IT Administrator or Office Manager

**Q.AEX.L. Wrap Up**

Q.AEX.L.01. Are there any other issues you would like to discuss?

Q.AEX.L.02. If needed: Can you suggest other physician practices and/or pharmacies in your community using electronic prescribing that we could speak with?

## Interview Protocol 2 – Physician Practice Medical Director or Physician User INTRODUCTION

Thank you for agreeing to speak with us today. As you know, we are calling from the Center for Studying Health System Change (HSC), a non-partisan health policy research organization in Washington, DC. (*If respondent has participated in previous studies acknowledge participation.*)

HSC is conducting this study with funding from the Agency for Healthcare Research and Quality (AHRQ) exploring the effective use of electronic prescribing (“e-prescribing”) in physician practices and pharmacies. We would like to explore:

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  - physician access to medication histories, formulary information, and generic medication alternatives, and,
  - ability to send prescriptions electronically to pharmacies; and,
- How e-prescribing is affecting communication between physician practices and pharmacies.

Because of the focus on physician practice-pharmacy communication, as we explained when scheduling this interview, we are interviewing practices with e-prescribing that send prescriptions *directly from their e-prescribing system to pharmacies electronically, instead of by fax*. This is often referred to as electronic data interchange. To confirm, does your practice send prescriptions electronically?

*If Yes: Thank you for confirming.*

*If No: We apologize for the miscommunication. Unfortunately, we will not be able to include you in our study at this time. Thank you for willingness to participate in our study. We would appreciate your referral to a practicing physician who sends prescriptions to pharmacies electronically.*

We have 45 minutes scheduled for this call. Does that still work with your schedule?

We plan to publish the results of the study and will be happy to send you a copy of the study when it is released.

Before beginning, we would like to remind you about how we will use the information you provide. We will not reveal your name or your organization’s name or share copies of interview notes with anyone outside of our research team. We may include respondent comments in reports and publications but will not attribute the comments to specific individuals or organizations. We also have a system to mark specific comments as off-limits for public reports. If any of the information we cover today falls into this category, please let us know and we will mark the information as off-limits in our notes. Your participation in this study is voluntary. If at any time you do not feel comfortable answering a question, or do not know the answer, please let us know and we will move on. Do you have any questions before we begin?

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**Q.AEX.B. Background Information on Practice’s E-Prescribing system:** To start out, we would like to ask you some basic questions about the practice’s e-prescribing system.

Q.AEX.E.03. Is the practice participating in any programs that help finance the e-prescribing system (e.g., e-prescribing initiative sponsored by a health plan or the state; pay-for-performance program with e-prescribing component sponsored by Medicare, Medicaid or health plan)? [Probe on details of participation]

**Q.AEX.C. Understanding How E-Prescribing System Features Are Used in Physician Practices** [*Note to Interviewer: Only ask the questions in the subsections below as needed based on respondents' answers to prior questions and, for vendors, our knowledge of the systems and services they sell. Use text in parentheses as appropriate depending on respondent type.*]

Q.AEX.C.01. Could you briefly walk us through how the e-prescribing system is used in your practice to write new prescriptions and transmit them to the pharmacy? For each step in the process, indicate who in your office uses the system (e.g. office staff, nurses, or physicians).

Q.AEX.C.01.a. How does the process vary for renewals?

**We would like to ask you some more detailed questions about certain features of e-prescribing systems:**

**Q.AEX.C.A. Access to third-party patient medication histories**

Q.AEX.C.A.01. Do physicians have access via the e-prescribing system to information on patient medication history from a third-party vendor, such as Surescripts, at the time they are writing a prescription?

Q.AEX.C.A.01.a.*If no:* Why not?

Q.AEX.C.A.01.b.*If yes:* How is the feature used in writing a patient’s prescriptions? [Probe on any differences between new prescriptions and renewals.]

Q.AEX.C.A.01.c.*If yes:* How is the third-party patient medication history displayed?

Q.AEX.C.A.01.d.*If yes:* For what proportion of patients is this information available, approximately? Are there any groups of patients for whom data are not available (e.g. Medicare, Medicaid, uninsured, etc)?

Q.AEX.C.A.01.e.*If yes:* What vendor provides the medication history data and what is the source (e.g. adjudicated claims data, pharmacy dispensed prescriptions)?

Q.AEX.C.A.02. What are the major factors, if any, facilitating physicians’ use of third-party patient medication histories in this practice?

Q.AEX.C.A.03. What are the major challenges, if any, to physicians in this practice using third-party patient medication histories? [Probe on how, if at all, the practice has addressed these challenges.]

**Q.AEX.C.B. Access to patient-specific formulary information**

Q.AEX.C.B.01. Do physicians have access via the e-prescribing system to patient formulary information from a third-party vendor at the time they are writing a prescription?

Q.AEX.C.B.01.a. *If no:* Why not?

Q.AEX.C.B.01.b. *If yes:* How is the feature used in writing a patient's prescriptions? [Probe on any differences between new prescriptions and renewals.]

Q.AEX.C.B.01.c. *If yes:* What formulary information is displayed and how is it displayed?

Q.AEX.C.B.01.d. *If yes:* What type of information about patient out-of-pocket costs is provided, if any?

Q.AEX.C.B.01.e. *If yes:* For what proportion of patients is this information available, approximately? Are there any groups of patients for which data are not available (e.g. Medicare, Medicaid, etc)?

Q.AEX.C.B.01.f. *If yes:* What vendor provides the formulary data and what is the source?

Q.AEX.C.B.02. What are the major factors, if any, facilitating physicians' use of patient formulary data in the e-prescribing system?

Q.AEX.C.B.03. What are the major challenges, if any, to physicians using patient formulary data in the e-prescribing system? [Probe on how, if at all, the practice addressed these challenges.]

**Q.AEX.C.C. Access to generic medication information**

Q.AEX.C.C.01. In what ways, if any, does the e-prescribing system support generic prescribing by physicians?

Q.AEX.C.C.01.a. How are these features used in writing a patient's prescriptions? [Probe on any differences between new prescriptions and renewals.]

Q.AEX.C.C.01.b. What vendor provides the e-prescribing system's medication database?

Q.AEX.C.C.01.c. How often is the information that the physicians see updated?

Q.AEX.C.C.02. What are the major factors, if any, facilitating physicians' use of e-prescribing tools to support generic prescribing?

Q.AEX.C.C.03. What are the major challenges, if any, to physicians' use of e-prescribing tools to support generic prescribing? [Probe on how, if at all, the practice addressed these challenges.]

**Q.AEX.C.D. Access to additional information to complete prescription**

Q.AEX.C.D.01. Once the medication is selected, how do physicians use the e-prescribing system to fill in the remaining prescription information (e.g. dosage form and strength, quantity, patient instructions and other parameters) to complete the prescription, (e.g. use of tools such as drop-down menus, templates)?

Q.AEX.C.D.02. Does the e-prescribing system have any tools to help physicians review and identify problems with the information in the prescription (e.g. missing information, e-prescribing a controlled substance) before the prescription is sent (e.g. a tool such as a "review screen")?

Q.AEX.C.D.02.a. *If yes:* How is the feature used in writing a patient's prescriptions? [Probe on any differences between new prescriptions and renewals.]

Q.AEX.C.D.03. What are the major factors, if any, facilitating physicians' use of these tools to complete prescriptions?

Q.AEX.C.D.04. What are the major challenges, if any, to physicians using these tools to complete prescriptions? [Probe on how, if at all, the practice addressed these challenges.]

**Q.AEX.C.E. Clinical decision support alerts**

Q.AEX.C.E.01. Do physicians have access via the e-prescribing system to clinical decision support tools, such as drug-drug interactions, at the time they are writing a prescription?

Q.AEX.C.E.01.a. *If no:* Why not?

Q.AEX.C.E.01.b. *If yes:* How is the feature used in writing a patient's prescriptions? [Probe on any differences between new prescriptions and renewals.]

**Q.AEX.C.F. Physician practice-pharmacy communication including electronic transmission of prescriptions**

Q.AEX.C.F.01. When did your practice start sending prescriptions directly from the e-prescribing system to pharmacies electronically using electronic data interchange?

Q.AEX.C.F.01.a. How is the feature used in writing a patient's prescriptions?

Q.AEX.C.F.01.b. When prescriptions are sent electronically to the pharmacy, are copies of prescriptions typically printed out for patients?

## Interview Protocol 2 – Physician Practice Medical Director or Physician User

Q.AEX.C.F.01.d. Approximately what proportion of the practice's prescriptions is sent electronically using electronic data interchange? Approximately what proportions of the practice's prescriptions are sent by other methods such as print, phone, manual or computer-generated fax?

Q.AEX.C.F.01.e. What are the most common reasons for using methods to send prescriptions other than electronic transmission?

Q.AEX.C.F.01.g. How do the Federal Drug Enforcement Agency's restrictions on the electronic transmission of prescriptions for controlled substances affect the method the practice uses to send prescriptions (e.g. if one of the patient's prescriptions is for a controlled substance)?

Q.AEX.C.F.02. Among pharmacies that accept electronic prescriptions, how are renewal authorization requests typically sent to your practice (e.g. electronically via electronic data interchange, by computer-generated fax, by manual fax, by phone or other)?

Q.AEX.C.F.02.a. Does the practice typically receive any (other) electronic communications from pharmacies that accept electronic prescriptions (e.g. delivery confirmation, notification of whether the patient picked up the prescription, change requests)?

Q.AEX.C.F.02.b. Does the practice typically use the e-prescribing system to respond to these notifications electronically via electronic data interchange (e.g. sending electronic renewal authorizations, denials, cancellations, changes)?

Q.AEX.C.F.03. What are the most common reasons physicians and pharmacists communicate about prescriptions that are computer-generated, whether sent electronically via electronic data interchange or by other means? [For physicians and vendors, probe on how these reasons differ for retail and mail-order pharmacies.]

Q.AEX.C.F.03.a. How do reasons for communications about computer generated prescriptions differ from non-computer generated prescriptions?

Q.AEX.C.F.04. What are the major factors, if any, facilitating use of electronic prescribing with pharmacies?

Q.AEX.C.F.05. What are the major challenges, if any, to using electronic prescribing with pharmacies? [Probe on how, if at all, the practice or pharmacies addressed these challenges.]

Q.AEX.C.F.06. What, if anything, do you hear from pharmacists about the benefits or challenges of electronic prescribing?

**Q.AEX.C.G. Other**

Q.AEX.C.G.01. What, if any, changes are planned related to the e-prescribing system or how it is used? Are there any other changes you would like to see?

**Q.AEX.D. Impact of E-prescribing Feature Use**

Q.AEX.D.01. On a five-point scale with 1 being not important and 5 being extremely important, how would you rank the importance of the following e-prescribing features to this practice:

Q.AEX.D.01.a. Access to complete patient medication history including prescriptions written outside the practice?

Q.AEX.D.01.b. Access to up-to-date patient formulary information?

Q.AEX.D.01.c. Access to tools that support generic prescribing such as information on generic medication alternatives at the time of prescribing?

Q.AEX.D.01.d. Tools to support complete prescriptions (without missing data)?

Q.AEX.D.01.e. Ability to electronically transmit prescriptions to and receive renewal authorization requests from pharmacies?

Q.AEX.D.01.f. Ability to communicate electronically with pharmacies about other issues such as change requests?

Q.AEX.D.02. What have been the perceived effects of using electronic prescribing on (practice or pharmacy) operations and patient care? Probe if necessary on:

Q.AEX.D.02.a. Overall practice efficiency?

Q.AEX.D.02.b. Physician efficiency?

Q.AEX.D.02.c. Volume and type of phone communications with pharmacies about new prescriptions and renewals?

Q.AEX.D.02.d. Physician prescribing behavior including prescribing of generics and medications on formulary?

Q.AEX.D.02.e. Prescribing safety and quality?

Q.AEX.D.02.f. Patient satisfaction and medication use?

**Q.AEX.E. Impact of Policy Initiatives on E-prescribing Implementation and Use**

Q.AEX.E.02. How, if at all, do federal and state policies and private sector initiatives related to e-prescribing affect your practice?

**Q.AEX.L. Wrap Up**

Interview Protocol 2 – Physician Practice Medical Director or Physician User

Q.AEX.L.01. Are there any other issues you would like to discuss?

Q.AEX.L.02. If needed: Can you suggest other physician practices and/or pharmacies in your community using electronic prescribing that we could speak with?

## Interview Protocol 3 – Pharmacy Pharmacist-In-Charge

### INTRODUCTION

Thank you for agreeing to speak with us today. As you know, we are calling from the Center for Studying Health System Change (HSC), a non-partisan health policy research organization in Washington, DC. *(If respondent has participated in previous studies acknowledge participation.)*

HSC is conducting this study with funding from the Agency for Healthcare Research and Quality (AHRQ) exploring the effective use of electronic prescribing (“e-prescribing”) in pharmacies and physician practices. We would like to explore several topics in-depth including:

- How e-prescribing is used by pharmacy staff; and,
- How e-prescribing affects communication between pharmacies and physician practices.

Because of the focus on pharmacy-physician practice communication, as we explained when scheduling this interview, we are interviewing pharmacies that receive at least some prescriptions *electronically from physician practices, instead of by fax*. This is often referred to as electronic data interchange. To confirm, does your pharmacy receive prescriptions electronically?

*If Yes: Thank you for confirming.*

*If No: We apologize for the miscommunication. Unfortunately, we will not be able to include you in our study at this time. Thank you for willingness to participate in our study. We would appreciate your referral to a pharmacy which receives at least some prescriptions electronically from physician practices.*

We have 60 minutes scheduled for this call. Does that still work with your schedule?

We plan to publish the results of the study and will be happy to send you a copy of the study when it is released.

Before beginning, we would like to remind you about how we will use the information you provide. We will not reveal your name or your organization’s name or share copies of interview notes with anyone outside of our research team. We may include respondent comments in reports and publications but will not attribute the comments to specific individuals or organizations. We also have a system to mark specific comments as off-limits for public reports. If any of the information we cover today falls into this category, please let us know and we will mark the information as off-limits in our notes. Your participation in this study is voluntary. If at any time you do not feel comfortable answering a question, or do not know the answer, please let us know and we will move on. Do you have any questions before we begin?

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## Interview Protocol 3 – Pharmacy Pharmacist-In-Charge

**Q.AEX.F. Pharmacy Background Information** [If missing any background information, ask as appropriate]

Q.AEX.F.01. Is this pharmacy independently owned?

Q.AEX.F.02. How many locations does this pharmacy have? How many locations are in [site]?

Q.AEX.F.03. Approximately how many full time equivalent (FTE) pharmacists work at this pharmacy location? Approximately how many FTE pharmacist technicians work at this pharmacy location? [Probe on how many pharmacists and technicians at this location are temporary workers or are floaters whose work assignments change regularly.]

Q.AEX.F.04. How many prescriptions are dispensed per week in this location, on average?

**Q.AEX.G. Background Information on Pharmacy's IT Systems:** To start out, we would like to ask you some basic questions about your IT systems.

Q.AEX.G.01. What IT vendor and product does the pharmacy use to support e-prescribing functionality, such as the receipt of electronic prescriptions in the pharmacy management system?

Q.AEX.G.01.a. What version of the product does the pharmacy have?

Q.AEX.G.02. How frequently does the pharmacy update or upgrade the e-prescribing system?

Q.AEX.G.03. For pharmacies with multiple locations: Do all locations have the same IT systems that support electronic prescribing?

Q.AEX.G.04. Are prescriptions being accepted electronically in the pharmacy management systems in all the pharmacy's locations?

Q.AEX.G.04.a. What month and year was your pharmacy location first able to receive electronic prescriptions?

Q.AEX.G.04.b. If not fully implemented: What is the timeline for full implementation?

Q.AEX.I.01.e. What fees, if any, does the pharmacy pay for enabling and using e-prescribing features?

**Q.AEX.H. Understanding How E-Prescribing System Features Are Used in Pharmacies**

Q.AEX.H.01. Could you briefly walk us through how pharmacy staff receives new prescriptions generated from physician e-prescribing systems, enter them into the work queue and fill them? Please indicate the ways in which computer generated prescriptions are handled differently from non-computer generated prescriptions.



## Interview Protocol 3 – Pharmacy Pharmacist-In-Charge

Q.AEX.H.01.a. How does the process for handling prescriptions generated from physician e-prescribing systems vary for renewals?

Q.AEX.H.01.b. How does staff, including temporary workers and floaters, learn how to receive and process electronic prescriptions?

Q.AEX.H.02.a. Approximately what proportion of all prescriptions at this location are prescriptions received electronically via electronic data interchange directly into the pharmacy's computer system, not as computer-generated faxes? Approximately what proportion of all prescriptions at this location are prescriptions generated by physician e-prescribing systems but received via other means such as from patient, phone, manual or computer-generated fax, etc.?

Q.AEX.H.02.b. How do the Federal Drug Enforcement Agency's restrictions on the electronic transmission of prescriptions for controlled substances affect the method by which this location receives prescriptions generated by physician e-prescribing systems (e.g. if one of a patient's prescriptions is for a controlled substance)?

### **We would like to ask you some more detailed questions about certain features of e-prescribing systems:**

Q.AEX.H.03. Does your pharmacy have the ability to send electronic renewal authorization requests to practices with electronic prescribing?

Q.AEX.H.03.a. *If yes:* How does pharmacy staff use this feature?

Q.AEX.H.03.b. *If yes:* Approximately what proportion of all renewal requests to physician practices with e-prescribing are sent electronically via electronic data interchange? Approximately what proportion of responses to those electronic renewal requests is sent back electronically via electronic data interchange from those physician practices to the pharmacy?

Q.AEX.H.04. Do you typically send other types of electronic messages besides renewal authorization requests to practices with e-prescribing (e.g. delivery confirmation, change requests)?

Q.AEX.H.04.a. *If yes:* How does pharmacy staff use this feature?

Q.AEX.H.04.b. *If yes:* How frequently is this feature used?

Q.AEX.C.F.03. What are the most common reasons physicians and pharmacists communicate about prescriptions that are computer-generated, whether sent electronically via electronic data interchange or by other means? [For physicians and vendors, probe on how these reasons differ for retail and mail-order pharmacies.]

## Interview Protocol 3 – Pharmacy Pharmacist-In-Charge

Q.AEX.C.F.03.a. How do reasons for communications about computer generated prescriptions differ from non-computer generated prescriptions?

Q.AEX.C.F.03.b. When a prescription that has been sent electronically via electronic data interchange is not received at the pharmacy, what, if any, procedure is used to identify and resolve the transmission problem? [Probe on whether the pharmacy communicates with the e-prescribing system vendor and with the electronic e-prescription routing service provider such as Surescripts (e.g. via the Surescripts website link they provide to report problems).]

Q.AEX.H.05. If a prescription is written for a brand-name medication when therapeutically-equivalent generic medications are available and “Dispense As Written” is not indicated, does the pharmacy typically make a generic substitution or consult the prescribing physician about the possibility of a substitution?

Q.AEX.H.06. What are the major factors, if any, facilitating the receipt and processing of electronic prescriptions?

Q.AEX.H.07. What are the major challenges, if any, to receiving and processing electronic prescriptions? [Probe on how, if at all, the pharmacy and staff [in this site] addressed these challenges.]

Q.AEX.H.08. What, if anything, do you hear from physician practices about the benefits or challenges of e-prescribing?

Q.AEX.H.09. What, if any, changes does the pharmacy have planned related to its e-prescribing capabilities or how it is used? Are there any other changes you would like to see?

### **Q.AEX.D. Impact of E-prescribing Feature Use**

Q.AEX.D.02. What have been the perceived effects of using electronic prescribing on pharmacy operations and patient care? Probe if necessary on:

Q.AEX.D.02.a. Overall pharmacy efficiency?

Q.AEX.D.02.b. Pharmacist and technician efficiency?

Q.AEX.D.02.c. Volume and type of phone communications with physician practices about new prescriptions and renewals?

Q.AEX.D.02.d. Physician prescribing behavior including prescribing of generics and medications on formulary?

Q.AEX.D.02.e. Prescribing safety and quality?

Q.AEX.D.02.f. Patient satisfaction and medication use?

### **Q.AEX.E. Impact of Policy Initiatives on E-prescribing Implementation and Use**

## Interview Protocol 3 – Pharmacy Pharmacist-In-Charge

Q.AEX.E.02. How, if at all, do federal and state policies and private sector initiatives related to e-prescribing affect your pharmacy?

Q.AEX.C.F.06. What, if anything, do you hear from physicians about the benefits or challenges of electronic prescribing?

### **Q.AEX.I. Market Trends**

Q.AEX.I.01.a. Which local, regional and national retail pharmacy chains have the largest share of the pharmacy market in [site]? Do any of those stand out as having particularly high or low rates of e-prescribing?

Q.AEX.I.01.c. What are the reasons some pharmacies are not accepting prescriptions electronically via electronic data interchange?

### **Q.AEX.L. Wrap Up**

Q.AEX.L.01. Are there any other issues you would like to discuss?

Q.AEX.L.02. If needed: Can you suggest other physician practices and/or pharmacies in your community using electronic prescribing that we could speak with?