Type of case manager:  □ KBC Inpatient  □ KBC Outpatient  □ KBC TOCC
□ GHP Clinic  □ GHP SNF  □ Other: ______________________

Day of interview: _______________________________________

Gender:  □ Male  □ Female

Time of interview:  Beginning: _________________  End: _________________

Total duration of interview: _________________________

Interviewers (circle initials):  PC  PH  BA  ASH  RC

Please note: these questions are open-ended to encourage the respondent to discuss topics related to the study. In such discussions, additional questions and prompts may be used to encourage the respondent to fully explain his or her answer. These questions and prompts include “Can you tell me a bit more?” “I’m not sure I quite understand about [repeat respondent’s words],” “You said [repeat respondent’s words], could I ask you a bit more about that?” or “Could you explain more about what you meant in saying [repeat respondent’s words].”

Introduction:

In collaboration with Geisinger Health System, our research team at the University of Wisconsin received a grant from the Office of the National Coordinator for Health Information Technology to evaluate the implementation of the health information exchange and the medical home model.

You are being invited for this study because you are a case manager and we are interested in your work activities as they relate to the medical home model. Participation in this study is voluntary. You may change your mind at any time and discontinue your participation in this study. [Hand out another copy of the information sheet to the case manager, if s/he would like to see one.]

There is minimal risk associated with this interview. No identifying information will be collected. Only researchers associated with this project will have access to the information gathered.

Do you have any questions about the study? Are you willing to proceed with the interview?

Do you mind if I audiotape the interview?
1. Training
   1.1. Can you please tell us, what about your initial training….  
   □ …was helpful?  
   □ …do you wish would have been handled different? Or you felt should have been covered that was not?

   1.2. Similarly, what about your ongoing training…  
   □ …was helpful?  
   □ …do you wish would have been handled different? Or you felt should have been covered that was not?

2. Health IT – What health IT applications do you use?  
   □ Describe how you use them.  
   □ Do these software/technologies help or hinder your ability to do your job? How?

   2.2. Case Management software (i.e. Wisdom).  
   □ In what way(s) do you find Wisdom useful to you as a [type] case manager? (Can you give us specific examples?)  
   □ What about Wisdom is difficult to use? Why? (Can you give us specific examples?)

   2.3. Health Information Exchange (i.e. KeyHIE)  
   □ Do you use KeyHIE very much?  
   □ In what instances do you use KeyHIE? (Please be specific.)  
   □ (If appropriate) Why don’t you use KeyHIE?

   2.4. EHR [Questions will vary based on the type of CM and the EHR(s) the CM has access to.]  
   □ How does using your “local” EHR [specify] help you in your work?  
   □ Are there any issues (e.g., physical access, downtime) you face that interfere with your ability to efficiently use or access the “local” EHR? Please explain.  
   □ What other EHRs (beside your “local” EHR) do you use? How do you use it/them?  
   □ Are there other EHRs you wish you had access to? Why?
3. **Other Work System Obstacles and Facilitators**

3.1. Role definition

- □ Do you believe that your role is well enough defined for patients and families to understand what you do? Why?
- □ What could be done to better define your role for patients and families?
- □ How does this affect your interactions with patients and families?
  - □ In a positive way?
  - □ Negatively?
- □ Do you believe that clinicians understand your role as a [type] case manager? What makes you believe that?
- □ What could be done to help clinicians better understand your role?
- □ How does a clinician’s understanding of your role affect your interactions with them?
  - □ In a positive way?
  - □ Negatively?

3.2. People support/resources

- □ In what way do you receive support from your colleagues and supervisors (e.g., regular communication, staff meetings, float CMs, MMAs)? How is this helpful? (e.g., decreases workload, new ideas)
- □ What support do you wish you received (that you currently do not receive)?

3.3. Tools

- □ What resources (electronic or paper-based) do you find most useful to you as a [type] case manager? How or when do you use them?
- □ Are there any other resources you wish were available to you as a case manager? What ones? Why?

3.4. Physical Environment

- □ What about your physical environment (e.g., work space, desk, phone) makes it easy to accomplish your work?
- □ What about your physical environment could be improved to make it easier to accomplish your work?

3.5. Organization set-up/design

- □ What issues at the [hospital/clinic] that you faced when you began as a case manager, have since been resolved? (e.g., policies and procedures)
- □ Are there any issues of this sort that persist?

- □ What issues associated with the set-up or design of the Beacon program that you faced when you began as a care manager have since been resolved?
- □ Are there any issues of this sort that persist?

⇒ Continued, Work System Facilitators and Obstacles
3.6. Tasks (e.g., patient identification, awareness of patient discharge, additional effort due to EHR/documentation limitations)

☐ Were there issues of patient identification, awareness of patient discharge, EHR (or paper) documentation or other tasks that you faced when you began as a case manager? [If yes] How have they been resolved?

☐ Do any of these or similar issues persist?

☐ Do you experience challenges in performing other tasks?

☐ Is your workload an issue for you? If so, how do you deal with it?
4.ADT Alerts

4.1.1 Inpatient Care Managers/Admission

Let’s talk about a known Beacon patient who has been admitted to the hospital. [The following questions are not about identifying whether a patient is a Beacon patient; they are about the admission of a known Beacon patient and how this information is shared.]

- How do you know that a Beacon patient has been admitted?
- Who tells you that the patient has been admitted?
- How do they communicate with you?

There may have been instances when you did not learn about a Beacon patient being admitted until sometime later.

- Can you tell us about these instances?
- How did you find out about the admission? When?
- Did that cause any problems? Yes/No. Why?

4.1.2 Inpatient CMs/Discharge

Let’s talk about a known Beacon patient who has been discharged from the hospital.

- How do you know that the Beacon patient has been discharged?
- Who tells you that the patient has been admitted?
- How do they communicate with you?

There may have been instances when you did not learn about a Beacon patient being discharged until sometime later.

- Can you tell us about these instances?
- How did you find out? When?
- Did that cause any problems? Yes/No. Why?

4.1.3 Inpatient CMs/Transfer

Let’s talk about a known Beacon patient who has been transferred from one hospital to another hospital.

- How do you know that the Beacon patient has been transferred?
- Who tells you that the patient has been transferred?
- How do they communicate with you?

There may have been instances when you did not learn about a Beacon patient being transferred until sometime later.

- Can you tell us about these instances?
- How did you find out? When?
- Did that cause any problems? Yes/No. Why?

⇒ ADT Alerts/Outpatient CM
4.2.1 **Outpatient Care Managers/Admission**

Let’s talk about one of your Beacon patients who has been *admitted* to the hospital.

- How do you know that your patient has been admitted?
- Who tells you that your patient has been admitted?
- How do they communicate with you?

There may have been instances when you did not learn about your patient being admitted until sometime later.

- Can you tell us about these instances?
- How did you find out? When?
- Did that cause any problems? Yes/No. Why?

4.2.2 **Outpatient Care Managers/Discharge**

Let’s talk about one of your Beacon patients who has been *discharged* from the hospital.

- How do you know that your patient has been discharged?
- Who tells you that your patient has been discharged?
- How do they communicate with you?

There may have been instances when you did not learn about one of your patients being discharged until sometime later.

- Can you tell us about these instances?
- How did you find out? When?
- Did that cause any problems? Yes/No. Why?

➔ Conclusion
4. Conclusion

I have a few wrap-up questions.

- What is your overall impression of the Beacon project?
- What has worked/not worked for you as a case manager in the Beacon project?
  - Do you have any specific recommendations for the Beacon project?
- What else do you think I should be asking you?
- Would you like to add anything else to our discussion?

If, when I review my notes I think of something I should have asked you or need clarification on, do you mind if I contact you? How should I contact you, by email or phone?

Thank you for your participation!