Online Supplement

Original Research Primary Care Provider Experience With Proactive E-Consults to Improve COPD Outcomes and Access to Specialty Care

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Supplement 1: Additional qualitative interview study details

Non-clinical staff trained in qualitative interviewing conducted the interviews (E.E. and J.M.). None of the interviewers had a background in primary care or pulmonary medicine or had existing relationships with any interviewee. Prior to each interview, we informed participants that their participation was voluntary, that participation would not impact their employment, and that they could stop the interview at any time. Interviews lasted approximately 30 minutes and were audio-recorded, transcribed verbatim to facilitate analyses and then de-identified.

Qualitative analysis was conducted by health services researcher (G.S.), a VA pulmonary physician (L.J.S.), a VA primary care physician (W.G.W.), and two trained members of the study staff (E.E. and J.M.). Two analysts coded interviews simultaneously. During coding, two analysts (E.E. and J.M.) initially coded the same three interviews independently, met to resolve coding differences and reached consensus on the initial codebook. Thereafter, the analysts independently coded separate transcripts and met weekly to reach consensus around new codes and code definitions. After reviewing the codes, all analysts (E.E., J.M., G.S., L.J.S., and W.G.W.) met and identified themes that cut across participants and categories. We included measures to promote trustworthiness.^{12,13} To track analytic activities, we maintained minutes of meetings, content coding within transcripts, and memos of questions that arose during analysis and decisions made around coding.

Supplement 2. Primary Care Provider Interview Guide

Interviewer Name: Date: Time Start: Time End:

Hello [Dr./Mr./Ms. interview participant name],

My name is [interviewer name]. We are interviewing providers of patients who have participated in the InCasE intervention in order to get your perspective on the program. We won't identify you as a participant, nor will we identify your site in any of our reports. The call will take approximately 30 minutes. Your participation in this interview is voluntary. You can stop the interview at any time and let me know if you'd rather not answer a particular question.

Do you have any questions?

In order to make sure we capture all of the information you give us, we would like to record this call. The audio-file for the recording will be stored directly to a restricted access file on the VA secure network. Is this okay with you? Since we are recording, please do not refer to specific patients by name. [Hit record button.] Okay, to confirm, I'm starting the recording. Is this ok with you?

1. Are you familiar with the InCasE Program?

IF YES: Please describe the program for me.

IF NO: The InCasE study began in May 2015. The intervention was developed by a team of primary care, pulmonary, pharmacy, and palliative care providers to decrease rates of hospital readmissions and mortality among Veterans discharged for COPD exacerbations.

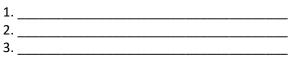
After patients are discharged for a COPD exacerbation, the study team reviews the patient's CPRS record and provides a summary of recommended COPD treatments, medication, and follow-up through a CPRS note. They also enter any recommended orders for the provider to review, and then sign, modify, or decline.

a. Are you familiar with this program?

Note: if still not familiar with this program, **PAUSE RECORDER** and list patients seen as part of the intervention.

Our records indicate that you have received InCasE recommendations for some of your patients. Do you recall this?

IF NO Provide patient full name & last 4.



I am now going to turn the recorder back on, remember that because we are recording, please do not refer to any patients by name. RESUME RECORDER

If provider is still not familiar with the program, skip to question 8.

- 2. Please tell me about your experience with .
- 3. [As needed] How well does the InCasE intervention fit with your practice? [Feasibility]
 - a. [If needed] What, if anything, about the InCasE intervention fit with your work-flow?
 - b. [If needed] Was there anything about the InCasE intervention that did not fit with your work-flow?
- 4. [As needed] How easy or difficult was it to implement the InCasE recommendations? [Feasibility]
 - a. [If needed] Were there any challenges to implementing the InCasE recommendations?
 - b. [If needed] What, if anything, helped to implement the InCasE recommendations?
- 5. [As needed] How satisfied have you been with InCasE? [Acceptability]
 - a. [If needed] Was there anything about InCasE that you found satisfying?
 - b. [If needed] Was there anything about InCasE that you were dis-satisfied with?
- 6. [If needed] Can you tell me about InCasE's effect on patient care. [Effectiveness]
- 7. [If needed] What future do you see for InCasE? [Feasibility]
- 8. Would you like to see the approach used in InCasE extended to other disciplines?
- 9. Do you have any questions for us, or is there anything else you would like to add?

Thank you for participating in this interview.

[Generic prompts: If responses are limited or require clarification, probes may be used to elicit more detailed responses. Probes should use words or phrases presented by the participant using one of the following formats:

1. What do you mean by _____?

- 2. Can you tell me more about _____?3. Can you give me an example of _____?
- 4. Can you tell me about a time when _____?

Supplement 3. Primary Care Provider Survey

Provider Full Name This survey is intended for primary care providers involved in the INtegrating Care After Exacerbation of COPD (InCasE) intervention. The purpose of this survey is to evaluate how the intervention is working for patients discharged from your facility for a COPD exacerbation. For each item below, please rate the strength of your agreement or disagreement with the statement. If you choose not to answer an item, please note it below.									
Submit Survey	currently filling survey	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree	Not Applicable	Prefer Not To Answer	Clear Selection:
1. Training for the InCaseE intervention has been adequate.		0	0	0	0	0	0	0	clear
2. The InCaseE intervention has increased my workload.		0	0	0	0	0	0	0	clear
3. The intervention was helpful to me.		0	0	0	0	0	0	0	clear
4. I feel that the InCasE intervention process respects the role of the primary care provider in patient management.		0	0	0	0	0	0	0	clear
5. InCasE clinicians respond to my questions about their recommendations in constructive ways.		0	0	0	0	0	0	0	clear
6. The InCasE intervention has improved patient access to specialty care.		0	0	0	0	0	0	0	clear
 The InCasE intervention has improved coordination of care between primary and specialty care providers. 		0	0	0	0	0	0	0	clear
8. The InCasE intervention has improved the quality of care for our patients.		0	0	0	0	0	0	0	clear
9. As a provider, I find participating inInCasE to be a satisfying component of my role in patient care.		0	0	0	0	0	0	0	clear
10. Optional. Provide any add	ditional comments or insights into	o the InCa	sE interve	ntion below	W:				
Submit Survey currently filling survey									