

**QUERI Functional Measurement: Semi-Structured Interview Guide – PCP**

- ***PURPOSE OF INTERVIEW:*** To understand 1) the experience of primary care providers around assessing and recording information about the ability of older patients to perform activities of daily living and 2) perspectives on barriers and facilitators to implementing standardized measurement of functional status in routine clinical care
- **Confirm time availability – 30 minutes**
- ***INFORMED CONSENT*** – **mention e-Consent form sent to VA email**
  - ***Voluntary***; participants can
    - Opt out any time, no questions asked
    - Decline to answer questions
    - End the interview
  - ***Confidentiality***
    - No one at facility will be notified about participation
    - Anything said will be kept in confidence
  - ***Privacy***
    - Responses will be kept anonymous
    - Responses will be de-identified and assigned a participant ID number associated with the QUERI FM project
- ***TURN ON AUDIO RECORDER, with permission***

**Domain 1.1 Clinic Structure**

Tell me about the clinic where you work. (Size, patient population, staff, teams, etc.)

**Domain 1.2 Roles and Responsibilities**

What is your position and role in the clinic?

How long have you been working there? What year did you graduate from medical school?

Do you have any specialized training in geriatrics?

**Domain 2. Current Practice for Collection of Functional Status Data**

What is the process in your clinic for gathering information about patients' functional status? Does nursing staff assess functional status?

- If nursing staff collects this information, how is it relayed to you?
- Where is functional status recorded? (Possible answers: clinic note, clinical reminder, Functional Status Reminder, Frail & Elderly, Safety assessment, etc.) Do you follow a standard instrument or template? How do you like using that format?

How long has this been the process at your clinic? Has it changed since you've been working there? Is this process routine or mandated?

How frequently do you assess patients' ability to do activities of daily living? (Possible answers: Annually, at clinical reminder prompt, post-hospitalization, as needed.)

Tell me about how you personally assess patients' ability to perform basic activities of daily living (bathing, dressing, managing medications, etc.)?

- What signs do you look for?
- Which ADL do you typically ask about?

Do you ever ask patients about having difficulty with things like as preparing a hot meal, managing medications, or managing finances (instrumental activities of daily living)? Why or why not?

In what ways might you personally use information about functional status to inform patient care or clinical decision-making. (Possible answers: ordering services, changing care plans, etc.)

Is the information on patients' functional status used by anyone else, either inside the clinic or outside the clinic? By whom? What for?

### **Domain 3. Barriers and Facilitators to Assessing and Recording Functional Status**

#### **3.1 Knowledge & Beliefs (Characteristics of Individuals)**

In your opinion, what roles should different team members play in assessing patients' functional status? (RN does screen, MD follows up on positive screen; MD looks into etiology of functional issue, etc.)

- Follow up: Whose responsibility should it be to assess functional status?
- When looking at functional status data, how would you interpret depending on if the source were a patient, caregiver or nursing staff?

Why do think the VA might want to collect information on older patients' ability to do activities of daily living?

#### **3.2 Patient Needs & Resources (Outer Setting)**

How do older Veterans typically respond to being asked about their ability to do various activities of daily living? What types of questions are the most sensitive or difficult to talk about? In your experience, what is the best way to ask patients about this?

What kinds of services are available to patients to who are experiencing difficulty with physical function or maintaining their independence? Tell me about what services you

typically recommend to patients. Are there other services you would like to see available?  
What about services to support caregivers?

What kinds of obstacles have you run into in terms of referring patients to services?

What specific outcomes would you be interested in seeing related to documentation of functional status?

### 3.3 Compatibility (Inner Setting)

#### If already routinely collecting:

How well does having frontline staff collect information on functional status work in your clinic?

Since you've worked at your clinic, have there been any changes to CPRS templates and/or clinical reminders? How were those changes communicated? How were they received by staff and/or physicians?

#### If not routinely collecting:

How well would it work to have frontline staff, such as LPNs, collect information on functional status?

Since you've worked at your clinic, have there been any changes to CPRS templates and/or clinical reminders? How were those changes communicated? How were they received by staff and/or physicians?

### 3.4 Structural Characteristics (Inner Setting)

#### If already routinely collecting:

What kinds of changes in clinic or IT infrastructure would make it easier for you to utilize functional status information in your clinical care?

#### If not routinely collecting:

What kinds of changes in clinic or IT infrastructure would be needed to accommodate frontline staff assessing and recording functional status? (i.e.: CPRS templates, clinical reminders, etc.).

## **Domain 4. Patient self-assessment**

What are your thoughts on having patients and/or caregivers fill out a paper questionnaire in the waiting room about patients' ability to perform daily activities?

What do you think about having patients record this information on a tablet?

- Perception of patients' experience, ease of using tablets
- Clinic structure (waiting room, where to store tablets)
- Workflow (how/where the info gets recorded and relayed to PCP, problems with technology, etc.)

**Wrapping up**

Do you have any other comments, experiences or insights related to assessment of functional status in older patients?

**Thank you so much for taking the time to talk with me today and for helping improve the care provided to our older Veterans.**

***END RECORDING.***