**Appendix. Semi-structured interview guide.**

While some chronic conditions can acutely worsen and result in hospitalization, we will be discussing the management of a chronic condition for patients who are hospitalized for another cause. Examples of chronic conditions include: diabetes, hypertension, osteoporosis, cardiovascular disease, addiction, asthma, sickle cell anemia.

1. Tell me about your approach to the management of a non-acute or subacute chronic diseases while a patient is in the hospital for a reason not directly related to that disease?
   1. How do you decide how to manage these patients
      1. Why do you choose to (or not choose to) directly manage other chronic conditions for hospitalized patients?
   2. What are some of the advantages to doing such chronic disease management care for patients hospitalized for another cause?
   3. What are some of the disadvantages to doing such chronic disease management care for patients hospitalized for another cause?
   4. What do you see as the role of inpatient providers to do such chronic disease management care for patients hospitalized for another cause?
      1. Are there specific factors that may influence this decision?
      2. How does your opinion differ if the patient has a PCP or other usual outpatient provider who you know?
      3. How does your opinion differ if the patient has a PCP who you do not know?
      4. How does your opinion differ if the patient has no known PCP?
      5. How does your opinion differ if the care is related to a quality metric that is measured?
         1. If needed, can give example: some organizations measure smoking cessation counseling rates for all hospitalized patients.
   5. What are barriers to do such chronic disease management care for patients hospitalized for another cause?
2. Specifically, for patients with heart failure, what is your approach to managing their heart failure when they are hospitalized for a different reason?
3. Think of a time where you cared for a patient with heart failure who was hospitalized for another cause, had an indication for an evidence based medicine such as an ace-inhibitor or beta-blocker, and was not on that medication? tell me about that time
   1. What did you do?
   2. What might you do differently?
4. Are there scenarios in which you might consider starting a heart failure patient hospitalized for another cause on an ace-inhibitor or beta-blocker?
   1. Why or why not?
   2. What are potential barriers (or limitations) to do such chronic heart failure care for patients hospitalized for another cause
   3. What do you see as the benefits to doing heart failure care when a patient is hospitalized for another cause?
   4. What do you see as the risks/harms to doing heart failure care when a patient is hospitalized for another cause?
   5. Are you familiar with evidenced based therapies for heart failure?
      1. If yes, can you tell me a bit about them?
5. We are developing an electronic health record order set targeting inpatient providers (such as doctors, PAs, NPs). The tool will suggest providers start evidence based heart failure medications for patients who are not already on them.
   1. How might you use this type of tool?
      1. If they said would not, then ask why?
   2. What aspects of a tool would you find most helpful?
      1. For example:
         1. identification of appropriate patients
         2. recommendations for specific medications
         3. availability of expert support
      2. Are there other components you would like to see?
   3. Would your relationship with a patient’s PCP influence how you use the tool?
      1. How do you typically communicate with patients’ PCPs?
6. In the context of your current workflow, when would be a good time for such a reminder to be delivered through the electronic health record?
   1. Specifically, what time within the hospital course? For example, admission, discharge, 24-48 hours after hospitalizations
   2. Specifically what time of day? For example, before morning rounds, after lunch
   3. Specifically, timing related to computer work flow? For example, when opening a chart, when entering other orders, when ordering other medications
7. When do you typically enter patient orders in the electronic health record?
8. Is there a time of day when you sit at the computer to do charting, orders, and other EHR activities for an extended period? If so, approximately when and for how long?