**Community Hospital Transition Program: Pre-Implementation**

1. Are there any specific personnel (roles) in the VHA clinics that are needed to support the transition process of our Veterans back to the VHA PCP setting? (PRISM: Program/intervention-organizational perspective)
	1. Do you feel these roles are in place in the current transition process? (PRISM: Program/intervention-organizational perspective
2. In your opinion, how does the current transition of care impact patient care? Explain
	1. How patient-centered do you feel the current transition process is?
	(PRISM: Program /Intervention- Patient perspective)
3. In your opinion, what does ideal transition of care look like?
	1. How can the ideal transition of care improve patient care?
	2. What resources (personnel, system-wide, order sets, automated computerized items or others) need to be in place for the transition? (PRISM: Implementation and Sustainability Infrastructure)
4. Is transitioning VA patients back to their PCP an important issue for your organization? For you? Please explain.
	1. How much support does the current transition process have from key managers, operational leaders, and clinical partners? (PRISM: Characteristics of Organizational recipients)
5. In your opinion, how does the current transition of care impact patients? Explain
	1. What are the positive consequences?
	2. What are the negative consequences?
	3. How patient-centered do you feel the current transition process is?
	(PRISM: Program /Intervention- Patient perspective)
6. Is this an important process for the your VAMC? Explain.
	1. How much support does the current transition process have from key managers, operational leaders, and clinical partners? (PRISM: Characteristics of Organizational recipients)
	2. In your opinion, does transitioning patients after a non-VHA hospitalization fit in with national VHA priorities? (PRISM: External Environment)
7. In your opinion, what if any, discharge processes of the non-VHA hospital would be important to know for the VA patient to return to the PCP setting?
	1. Are there any specific personnel (roles) in the non-VHA hospitals that are needed to support the transition process of our Veterans back to the VHA PCP setting? (PRISM: Program/intervention-organizational perspective)
	2. Do you feel these roles are in place in the current transition process? (PRISM: Program/intervention-organizational perspective)
8. What priority does transitioning patients after a non-VA hospitalization fit in your daily process?
	1. Is this an important process for the XXXX VAMC? Explain.
	2. In your opinion, does transitioning patients after a non-VHA hospitalization fit in with national VHA priorities? (PRISM: External Environment)

**Multi-modal Pain Management: Pre-Implementation**

1. Please tell me about current chronic pain management services in your clinic?
2. What is your opinion of the patient-centeredness of your clinic in managing chronic pain? (PRISM: Patient perspective)
3. What barriers to multimodal pain care exist at your facility? (PRISM: Organizational perspective)

a. PROBE: Do you have any concerns about the safety of patients, PACT members or yourself related to chronic pain care?

b. (If barriers) Do you have any suggestions for overcoming these barriers?

1. What facilitators to multimodal pain care exist at your facility? (PRISM: Organizational perspective)
	1. Are there facilitators of multimodal pain care not currently available at your facility?
2. Please tell me how clinical/facility leadership is currently engaged in promoting multimodal chronic pain care at your facility? (PRISM: Characteristics of Organizational recipients)

 a. PROBE: How might leadership more effectively support multimodal chronic pain care?

1. Are there currently any clinicians championing multimodal chronic pain care at your facility? (PRISM: Characteristics of Organizational recipients)
2. Who and how are they champions?
3. (If no) do you believe that there are providers that would champion multimodal chronic pain care treatment?
4. What are your thoughts about the benefits to your facility of participating in the Pain SCAN ECHO program? (PRISM: Organizational perspective)
5. If needed: How would participating in Pain SCAN ECHO benefit you or other providers at your site? (PRISM: Characteristics of Organizational recipients)
6. Please tell me how Pain SCAN ECHO has impacted/would impact patient care at your clinic. (PRISM: Patient perspective)
7. Can you tell me about barriers that would hinder Pain SCAN ECHO participation at your facility? (PRISM: Organizational perspective)
8. (If needed) Do you have suggestions for overcoming these barriers?
9. Tell me about facilitators to implementing Pain SCAN ECHO at your facility?
10. Do you believe that leadership at your facility would support primary care provider participation? (PRISM: Characteristics of Organizational recipients)
11. What are your thoughts about your facility participating in a clinical pharmacist pain management program? (PRISM: Organizational perspective)
	1. If needed: How would collaborating with a clinical pharmacist benefit you or other providers at your facility? (PRISM: Characteristics of Organizational recipients)
12. Please tell me how collaborating with a clinical pharmacist would impact patient care at your clinic. (PRISM: Patient perspective)
13. Can you tell me about barriers that would hinder collaboration at your facility? (PRISM: Organizational perspective)
	1. (If needed) Do you have suggestions for overcoming these barriers?
14. Tell me about facilitators to collaborating with a clinical pharmacist at your facility?
15. Do you believe that leadership at your facility would support clinical pharmacist involvement in chronic pain care? (PRISM: Characteristics of Organizational recipients)

**Patient Reported Health Status: Dissemination**

1. Please tell me your opinion regarding the Patient Reported Health Status Capture or PROST for capture of patient reported symptoms prior to elective cath lab procedures.

 **(PRISM: Program (Intervention):** **Organizational perspective**)

* 1. [Note] Be sure to assess positive aspects of PROST.
		1. What are or might be positive consequences of PROST?
		2. How confident are you that PROST will provide these positive consequences and why?
	2. [Note] Be sure to assess concerns of PROST.
		1. In your opinion, what are or might be negative consequences of PROST?
		2. In your opinion, what are or might be unintended consequences of PROST?
1. In your opinion, how does PROST affect patient care?

 **(PRISM: Program (Intervention): Patient perspective)**

1. How does PROST fit best in your current workflow? What would be ideal?

 **(PRISM: Program (Intervention):** **Organizational perspective**)

1. How does the use of PROST affect your job responsibilities/workload?

 **(PRISM: Characteristics of Organizational recipients**)

* 1. What resources, if any, do you need to support patients in the PROST process?
1. What are some facilitators to support patients in the PROST process?
	1. What motivates you to support patients in the PROST process?

 **(PRISM: Characteristics of Organizational recipients**)

* 1. Do you have any “tools”/skills to help you to inform patients to complete PROST? Are there any additional skills needed?

 **(PRISM: Implementation and Sustainability Infrastructure)**

* 1. What types of incentives would encourage providers to support patients in the PROST process?

 **(PRISM: Characteristics of Organizational recipients**)

1. What barriers, if any, do you face to support patients in the PROST process?

**(PRISM: Implementation and Sustainability Infrastructure)**

* 1. Do you have any suggestions to overcome these barriers?