

# Interview Questions

## User Interview Henry

Pediatrician doing outpatient and inpatient medicine. Interview patients, physical exams, come with a diagnosis and treatment plan.

What are your thoughts on EHR. Why?

It's good because you don't have to decipher handwriting from different people. Nice to have everything centralized. Can see all charts in one application. Ability to look at prior charts and medical history.

Tell me about a complication or issue that you experienced using EHR.

Sometimes multiple charts exist for the same patient and sometimes those charts might get merged together and become an issue. Providers sometimes don't sign on a timely basis. Steep learning curve and multiple EHR applications and difficult to learn all of them.

Tell me about the benefits of using a EHR in a hospital or clinic.

Convenience of having all information on one computer.

What happens when patients want records sent somewhere else? Has there been any complications with this?

Not really a problem. Just might charge a fee for every page.

Do you prescribe medications through EHR? Has there been Issues with prescribing through HER?

Yes and no problems

What happens when medications are not covered by a patient's insurance? How is this resolved?

Will ask for a prior authorizations or justification. Will ask why they need the medication and tell them that the insurance won't cover and they have to pay out of pocket if its not serious.

What are prior authorizations and why is it required?

There's a standard of medication. Start with cheaper more effective antibiotic medication. If it doesn't work than you progress to the newer medication which is more expensive. Usually start with something over the counter and work your way up.

What do you do when you receive prior authorizations?

Typically fill them out as soon as I receive them.

Justifies that a certain medication didn't work and state why he needs another medication.

What are audits and why do you conduct them?

Usually income tax audits. They make sure everything is ok(documentation of medical records are intact, vital signs, why the patient is here, physical exam, what the assessment is). To make sure no corners are cut.

How is this resolved?

Depends what it is. If they don't cover medication or imaging studies, I'll ask what do you want me to do or what can I do? If its denied straight up and their insurance isn't going to cover it then the patient has to pay out of pocket.

# For Insurance Companies:

## User Interview 4: Paul Cho, Manager of Contracting at UHC

1. What happens when you receive a claim from a provider?

It will hit our system, and our system has rates and specific CPT codes with algorithms loaded. The system knows if it should be paid, and if United is supposed to pay the claim (United is an entity but there are other entities that will be responsible). Sometimes the claim does not have all the necessary info and we will deny the claim. If we are to pay it, then it is automatic payment. (an approved payment within 1 week)

2. How many claims do you have to resolve or reject in a day?

Millions a day

3. What occurs when you reject a claim? Why is a claim rejected?

When we reject a claim, a letter gets sent to the provider saying it was denied for a specific reason and give appeal it.

4. What is the duration it takes for the claim to get resolved? What can speed up the process?

There is a time limit to appeal a claim. Set by the government. If the appeal is bad, then they reject it again and send another appeal.

5. What are some pain points in terms of communication with these doctors on getting these claims resolved?

In regards to United's process, typically the claims process is seamless. The improvement opportunity is education to the provider and knowing what to bill. Lack of education. More knowledge base from the provider. We do not provide education for this. We have claims teams to help with communicating why it was denied.

6. What happens for patients that need coverage for medications that are not covered?

If a prior authorization gets denied, it's an issue being not clinically necessary. That's why we would deny a prior authorization.

7. Can you tell me about anything that can help or improve the current system?

It's all about checks and balances. Education + communication to providers to ensure that claims are approved. Knowledge and communication is key.

## **For Patients (\*patient wanted to be anonymous):**

### **User 6: Interview with Patient**

1. What are your thoughts on how your medical records are handled?

It was all paper charts for the most recent visit. Only parts of it online.

2. What are thoughts on transition from paper charts to digital charts?

I think it will improve the overall industry, making things more efficient, but if the hospital doesn't take care of it, all the information can get hacked.

3. What are your thoughts on the security for medical records?

I want my records to be secure. Security is a high priority.

4. Are you able to keep your own records? How are you able to obtain them?

I would have to ask the doctor for them. It would be easier for me to have control of my records instead of always having to ask a doctor for it.

5. How do you send your records to another doctor?

It took a long time because it wasn't done electronically.

6. When you enter a new doctor office do you have to fill out information again?

It took a long time to input information again because there was manual input to do so. It took around 30 minutes before I was able to finish.

### **User Interview 7: Interview with Patient**

1. Why did you take new medication?

New medicine was just a month old, just cleared trials. Wasn't seeing improvement with previous medicine he was taking for 5-6 years. "Wasn't getting worse but wasn't getting better, just in remission. Previous medicine was highest level of medication on the market for Crohn's. Hopes are that new medicine will help since introducing something new to his body; mixing it up. Medicine was being tested at same hospital as doctor.

2. What did you learn about the new medication?

Has been out for 3 years but wasn't used for Crohn's so medication entered in clinical trials.

3. How long have you been on the new medicine?

Since September/October of last year. Take about a year to sit in the system so don't know yet if it's working. Older medicine is still in bloodstream so can't completely definitive say the new one's working.

4. How has your experience been with your physicians/doctors?

Very hard to difficult to communicate with doctor because he is 1 of 2 top doctors for Crohn's so he does research and study, and spends a lot of time doing experimental research for Crohn's.

"Honestly, how can my doctor be giving me the best treatment without knowing my whole history?"

5. Who are you typically in contact with throughout your treatment?

After appointment, connect with nurses, they monitor him and make sure he doesn't get any side effects. Staff (not doctor) calls him every couple days to check up.

6. How do you feel about the level of contact you have with the staff vs. your doctor?

Because no side effects, ok with staff but if there were bad side effects, then would the doctor step in? Was never explained whether doctor would step in if something did happen.

7. Do you recall a time where you had a problem with treatment? And how was the contact then?

When something went bad, someone did reach out to follow up, staff!

"Rather have doctor reach out, rather talk to the person most knowledgeable especially if there's something wrong"

Nurses are smart but if he asks a certain question, they won't know the answer, and then they have to talk to doctor and get back to him 2-3 days later.

8. How often do you see your doctor/PCP?

See doctor every couple months, only able to get appointments 4-5 months in advance (busy)

9. How are you notified of updates or changes to your record?

When he gets tests done (blood work), he gets an email (he's signed up on the portal) to notify him that test results have been posted. Doesn't check because he can't interpret!

"Like portal, can go in and look at results, but it's not simplified for Joe Schmo, it's all in doctor lingo?"

10. How do you manage your information and progress with your different doctors?

There is no unified system, Cedar has own system, own site and app, have to go through their app specifically. Specialist has separate system. Local doctor has a separate app/system.

Don't download them because it takes up space on his phone (limited storage on phone). And hates waiting for faxes so always asks for hard copy when visiting hospital and files records himself at home.

"It's frustrating that I have to use 3 different apps to communicate with all my doctors"