

## **AN INTERVIEW GUIDE FOR EMPLOYEE ASSISTANCE PROGRAM DATA SYSTEMS**

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Name of interviewer(s): \_\_\_\_\_

Interview date: \_\_\_\_\_

Program name: \_\_\_\_\_

Names, titles, and telephone numbers of program employees attending the session:

Name	Title	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The data in this module corresponds to fiscal year: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

Throughout the data collection process, please answer all questions as they pertain to the treatment program for the above fiscal year (henceforth referred to as "the fiscal year").

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For fiscal year: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

**NOTE:** Project summary and introduction. To be provided by individual grantees.

## A. GENERAL QUESTIONS

We'd like to start by asking you some general questions about the management information system (MIS) at **[EAP name]**.

- A1. Does your MIS consist of a single data system, or multiple data systems? Are you familiar with all data systems comprising your MIS? \_\_\_\_\_  
\_\_\_\_\_
- A2. What software do you use to maintain your MIS (e.g., MS Access, DBase, SAS, MS Excel, custom software)? \_\_\_\_\_  
\_\_\_\_\_
- A3. Do counselors enter the data directly into a computerized database, or are data entered by data entry personnel from hard copy forms? \_\_\_\_\_  
\_\_\_\_\_
- A4. Do you have experience creating data files or data extracts from your MIS? By a data extract, we mean writing all records for a given individual to an electronic file, not creating a report summarizing activity for a group of clients. \_\_\_\_\_  
\_\_\_\_\_
- A5. If you were to provide us with a data file, what type of file could you provide us (e.g., block ASCII, MS Excel, DBase)? \_\_\_\_\_  
\_\_\_\_\_

## B. INTEGRATION WITH OUTSIDE PROVIDERS

A key aspect of evaluating workplace interventions is understanding how EAP use affects other types of health care utilization. To understand this, we would like to track the health care services received by **[EAP name]** clients as a result of their EAP contact. So now we'd like to ask you a few questions to find out how much information from various providers you have, and how that data may differ from the other data you might provide us.

- B1. Can you tell us if a client was referred by the EAP to an external provider? \_\_\_\_\_  
\_\_\_\_\_

B2. Can you tell us the number of external providers to which a client was referred? \_\_\_\_\_

\_\_\_\_\_

*For fiscal year:* \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

B3. Can you tell us if the client went to those providers, and if so for how many visits? \_\_\_\_

\_\_\_\_\_

B4. Can you tell us if the external providers to which a client was referred were covered by the client's health insurance? \_\_\_\_\_

\_\_\_\_\_

B5. Can you provide us with information on the type of external providers to which a client was referred? By type of provider, we mean broad categories such as social worker, psychologist, or addiction specialist. \_\_\_\_\_

\_\_\_\_\_

B6. Can you provide us with information on the type of treatment given by external providers? By type of treatment, we mean broad categories such as inpatient alcohol treatment or outpatient mental health counseling. \_\_\_\_\_

\_\_\_\_\_

### C. CONFIDENTIALITY – PATIENT IDENTIFYING INFORMATION

Because of the sensitive nature of our data request, we want to be sure that we protect the confidentiality of the involved patients. So now we'd like to ask you some questions about patient identifying information and confidentiality issues.

C1. Part of our research requires that we receive patient level data from you and merge that with patient level data from other sources. In order to do this we need to use a patient identifier that uniquely distinguishes one patient from another. The client's Social Security number might be an example of such an identifier. Can you provide us with such an identifier? What do you call that identifier? \_\_\_\_\_

\_\_\_\_\_

C2. What assurances of confidentiality do you require to release this identifier to us?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For fiscal year: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

### D. DATA AVAILABILITY

Next, we'd like to ask you some questions about the availability of certain broad types of data. By availability, we mean that you would be able to provide us with the data in an electronic file.

D1. Can you provide us data on *specific* cases? That is, could you generate an electronic file that has one record per case? By a case we mean a single treatment episode for a single client such that some client's may have multiple cases. \_\_\_\_\_  
\_\_\_\_\_

If not, what level of data can you provide us? \_\_\_\_\_  
\_\_\_\_\_

D2. Although we want to examine individual cases, it is important that we understand how these cases combine to form a single client's treatment history. Can you provide us with information that links multiple cases to a single client? \_\_\_\_\_  
\_\_\_\_\_

D3. Can you provide us with data on non-case contacts with a worksite? By non-case contacts we mean activities such as discussions with supervisors not related to a specific client, supervisor training sessions, or health promotion fairs. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For fiscal year: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

**E. AVAILABLE DATA FIELDS**

Now we'd like to ask you about the availability of specific data fields. Which of the following data elements do you have?

**Client Demographic Data**

Data Variables	Available Electronically ?	Notes
Unique client ID		
Link to employee		Can be the same as the unique ID if the client is the employee, if the client is a dependent of the employee, this field should identify the employee.
Employee's worksite		
Date of birth		
Sex		
Race/Ethnicity		
Education		
Marital status		
Relation to employee		E.g., spouse, child

For fiscal year: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Date Year Month Date Year

### Case History Data

Data Variables	Available Electronically ?	Notes
Case open date		
Source of referral to the EAP		E.g. supervisor, self, spouse, etc.
Presenting problem		
Primary diagnoses		
Number of contacts with the client by type		E.g., number of counseling sessions, number of telephone consultations, etc.
Number of contacts with the supervisor regarding the client		
Services provided by the EAP		E.g., short-term counseling, legal aid, financial counseling, etc.
Number of external providers referred to		
Type of each external provider		E.g., social worker, psychologist, psychiatrist, etc.
Treatment modality of each external provider		E.g., inpatient, outpatient, self-help

each external provider		
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For fiscal year: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

**Case History Data Continued**

<b>Data Variables</b>	<b>Available Electronically ?</b>	<b>Notes</b>
Number of visits to each external provider		
External providers' participation in the employee's health insurance plan		E.g., covered with a copay, covered with a deductible and coinsurance, not covered, etc.
Client's compliance with EAP treatment recommendations		

**Non-Case Data**

<b>Data Variables</b>	<b>Available Electronically ?</b>	<b>Notes</b>
Date of non-case contact with supervisor		
Supervisor's worksite or employer		
Issues discussed during supervisor contact		
Dates of supervisor training sessions		

training sessions		
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For fiscal year: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year                      Month Date Year

**Non-Case Data Continued**

Data Variables	Available Electronically ?	Notes
Worksite at which training occurred		
Number of attendees at each session		
Number of EAP staff at training session		
Dates of other worksite activities		
Description of activity		
Worksite at which activity occurred		
Number of attendees at each activity		
Number of EAP staff at activity		

For fiscal year: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
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So that we can better understand the information you've just given me, please send me a test file with the data items we've just discussed for approximately 100 cases. This test file is the best way for me to verify my understanding of your data system. Could you please send this test file to me at:

Grantee contact  
 address line 1  
 address line 2  
 address line 3

Do you have any questions regarding this test file?

## F. HISTORICAL RECORDS

An important part of understanding a population's willingness to use an EAP is the historical EAP utilization rate for that population. Obtaining historical data will allow us to determine this utilization rate. Also, historical data allow us to examine changes in the treatment patterns of the EAP with regard to changes in the managed care contracts of the employer. Thus, we'd like to collect historical data going back at least 5 years.

- F1. Does your current data system include historical information for the last 5 years?
- a) Yes. Does your data go back even farther? How far back? \_\_\_\_\_
- b) No. How far back does your data go? \_\_\_\_\_
- F2. Is there any reason why some historical data may be lost between now and the start of any data collection, because of routine or periodic data purges, for example? \_\_\_\_\_

## G. TRANSFERRING DATA

Finally, we'd like to ask some questions about transferring the data from **[EAP name]** to us. Because the data files we are requesting may be large, we would prefer to receive compressed data files on a single electronic medium such as tape or CD ROM.

- G1. Could you write the data files to tape or diskette? If so, please list all formats for both tape and diskette (e.g., 8 mm tape or 3.5" diskette). Please include CD ROM if you can write data to that medium. \_\_\_\_\_

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G2. Are you familiar with file compression utilities such as PKZip? Please list all utilities you have used. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

G3. Are you familiar with any backup utilities such as Microsoft backup? Please list all utilities you have used. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To facilitate our understanding of your data system, we'd like to see a printed list of all data fields available on your MIS (including definitions of those fields and definitions of any codes used). Could you please include this list with the test file we discussed previously? Do you have any questions concerning this interview, the test file, or the list of available data fields that we've requested?

\_\_\_\_\_  
\_\_\_\_\_

Thank you for your time. This interview has been very helpful.

**COMMENTS SPACE**

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