

# Attachment B: Interview Guide

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## Key Considerations for Pharmacies and the Vaccines for Children (VFC) Program

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### Introduction

Each interviewer will review the project context and purpose prior to asking specific questions, as follows:

Hello my name is [name] and [include affiliation]. Thank you for taking the time to speak with us. Before we pursue specific questions, I'd like to provide some context for our conversation and review the project purpose described in the one-pager I sent you when we were scheduling this interview:

- This project is **funded by CDC and commissioned by ASTHO**. I'm part of the team under contract to ASTHO to conduct interviews and prepare a report on what we learn.
- On behalf of CDC and ASTHO, we are trying to **learn about the different opinions, perspectives, and views of various stakeholders** about the key considerations of pharmacy participation and the Vaccines for Children (VFC) program. These stakeholders include: state health department staff including VFC coordinators and field staff as well as pharmacies.
- We would like to know more about what the benefits and barriers might be, as well as any unintended consequences. In each state, there is likely to be some variability. We are trying to be objective, neutral collectors of opinions and understand the reasons for those opinions, in order to help CDC, ASTHO and their partners make informed decisions about pharmacy participation in VFC in the future. We know there are many different points of view and many factors behind those views, but they haven't been systematically collected until now.

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

- We will use these individual interviews to develop an online data collection for immunization program managers to capture key considerations for pharmacies and VFC programs. All of these responses will be analyzed and compiled in a report, to be completed by [Date].

Taking part in this interview is voluntary. You may skip questions that do not apply to you or that you prefer not to answer, and you may the end the interview for any reason. We would like your **permission to record** this interview for transcription purposes. Your responses will be confidential. We will not share the transcripts outside of our data collection and analysis team. Findings in project reports will not be identifiable by any individual respondent. Do you agree to participate?

*[If respondent agrees, interviewer initiates automated recording.]*

Do you have any questions before we get started?

Please follow table below for questions applying to each type of respondent. **All respondents will be asked the questions in Sections 1 and 2 — numbered questions 1-7.**

<b>Type of Respondent</b>	<b>Additional Sections</b> (besides Sections 1 and 2: General Questions and Overall Benefits, Barriers, Key Considerations)	<b>Question Numbers</b> (in addition to questions #1-7, from Sections 1 and 2)
Pharmacy	Section 3	8 - 13
State Vaccines for Children (VFC) Staff	Section 4	14 - 20

## I. General Questions (All Respondents)

1. Could you briefly tell me about your current position and your role/participation in the VFC program?
  - a. How long have you worked in that role (years or months)?
2. Have you been involved with any projects involving **pharmacist/pharmacy** participation with the VFC program?
  - a. If so, how?

## 2. Overall Benefits, Barriers, and Key Considerations (All Respondents)

3. As you know, the VFC program seeks to expand access to childhood immunizations for low-income children by removing cost barriers and providing free vaccine through enrolled VFC providers.
  - a. As you think about **pharmacists** providing childhood/adolescent immunizations through this program, what do you see as the **positive aspects/benefits** of pharmacists' participation in the VFC Program?
  - b. What do you see as the **negative aspects/barriers** to pharmacists' participation in the VFC program?

We'll get to **specific benefits and barriers** in your state/area shortly. For now, we'd just like to hear your **overall** ideas about pros/benefits and cons/barriers.

- c. **Benefits and barriers** — Probe for more details by requesting a more detailed response on each item the respondent volunteers as a benefit or barrier, which could include some of the following. (They are included here for interviewer reference, not to be listed or asked.)
  - Access
  - Coverage
  - Pharmacist skill sets/protocols
  - Public health/pharmacy partnerships
  - Vaccine storage and handling

- Vaccine inventory management (ordering quantities, vaccine wastage and projecting vaccine needs)
  - Resource requirements for state/local public health (compliance visits, etc.)
  - Pharmacy participation in registries/data systems
  - Medical home implications
  - Other
4. Which of these benefits and barriers do you see as specific issues in your state/jurisdiction, and why?
  5. Of all of the benefits/barriers you've shared, what do you feel is the strongest or most compelling argument for pharmacy participation in VFC or non-participation in VFC (in your jurisdiction, or overall)?
  6. Are there any unintended or downstream consequences — e.g., benefits or barriers that may not be likely or obvious — but that may become more important in the future?
  7. What are the key considerations for pharmacy enrollment in the VFC program? (If interviewee requests examples, they could include laws, IIS integration, resources, and workforce.)

### **3. Pharmacy Respondents**

8. What has been the official position of your state pharmacy association on the issue of pharmacists providing vaccines to children?
  - a. Has it changed over time? If so, how?
9. We've asked you about *your* opinions about pharmacy participation in the VFC program. What can you tell us about other views among pharmacists in your state (or among national pharmacy groups that you're part of)?
10. Could you describe any state legislation in your jurisdiction that affects pharmacies' ability to participate in the VFC Program?
11. To your knowledge, have any pharmacies/pharmacists in your state enrolled in the VFC program and then disenrolled?
  - a. If yes, has the reason for disenrollment been documented?

- b. Based on your documentation/knowledge, what is the most frequent reason for disenrollment?
- 12. If you were advising another pharmacy about participation in the VFC program, what factors would you suggest to them to consider as they make a decision to participate or not?
- 13. What are lessons learned from your own experience that you would want to share with other pharmacies? (Or, in hindsight, is there anything you wish you'd known or done differently?)

#### 4. State VFC Program Staff

- 14. We understand that in 2013, your state did (or did not) have pharmacies participating in the VFC Program.
  - a. If **participating**, could you describe when and how you first began working with pharmacies as VFC providers?
    - i. For example:
      - 1. Worked with the association or board of pharmacy ...
      - 2. Worked with individual and/or "chain"...
      - 3. Worked with pharmacies/pharmacists based on patient demographics/coverage (or other factors?) ...
    - b. If **not participating**, what is the reason for non-participation?
- 15. Could you describe any state legislation in your jurisdiction that affects pharmacies' ability to participate with the VFC program?
- 16. To your knowledge, have any pharmacies/pharmacists in your state enrolled in the VFC program and then disenrolled?
  - a. If yes, has the reason for disenrollment been documented?
  - b. Based on your documentation/knowledge, what is the most frequent reason for disenrollment?
- 17. For those that have pharmacies enrolled in VFC, do the training and oversight *needs* differ as compared to other provider types?
  - a. If yes, describe how training and oversight needs differ.

- b. If no, please explain.
  - c. [For those that do not have pharmacies participating in VFC], do you believe that the training and oversight needs would be different for pharmacies as compared to other provider types?
18. Do pharmacies that are enrolled in VFC have any different *requirements* to participate in VFC as compared to other provider types?
19. If you were advising another state health department, immunization, or VFC program about pharmacies and the VFC program, what factors would you suggest to them to consider as they make a decision to participate or not?
20. What are lessons learned from your own experience that you would want to share with other state health departments/immunization programs? (Or, in hindsight, is there anything you wish you'd known or done differently?)

*Thank you very much for taking the time to participate in this interview.*