

Medication Therapy Management Beneficiary Telephone Interview Script

Hello, my name is [NAME], calling from Econometrica, Inc. May I please speak with [BENEFICIARY NAME]?

WHEN RESPONDENT IS ON THE PHONE:

[IF DIFFERENT THAN PERSON WHO ORIGINALLY ANSWERED THE PHONE] Hello, my name is [NAME], calling from Econometrica, Inc.

We recently sent you a letter about a telephone interview that we are doing on behalf of the Centers for Medicare & Medicaid Services (CMS).

CMS asked us, Econometrica, to find out if Medicare Part D members are satisfied with the written summary forms that are given to them after a comprehensive medication review. The summary forms include:

- A Cover Letter,
- A Medication Action Plan with what you can do to make the best use of your medications, and a
- Personal Medication List that has all the medications you're taking and why you take them.

If you are not satisfied with the summary forms, we want to hear from you on how to make them better.

[IF RESPONDENT INDICATES THAT THE SUMMARY HAS NOT BEEN RECEIVED]:
We are still very much interested in your opinions about the documents that you may have received in person or in the mail.

The interview will take about 20 minutes to complete and has been approved by the Office of Management and Budget under control number 0938-1185.

In order to help us review what we talked about, we would like to record this call. Do we have your permission to record your voice during this interview? **[IF "NO," DO NOT RECORD; CONTINUE WITH INTERVIEW AND WRITE DOWN KEY ANSWERS AND HIGHLIGHTS.]**

Your opinion will help make the medication review process better for you and other Medicare drug plan members.

We would now like to ask you questions about each of the summary documents.

QUESTIONS

- Cover Letter
 - Q1: If the cover letter was removed from comprehensive medication reviews, would you feel that this would be bad? Why? Why not?
 - Q2: Would you be more satisfied if you could speak to a different pharmacist after your medication review (rather than the one who gave it to you already)?
 - Q3: On a scale from 1 to 10, with 1 being the least satisfied and 10 being the most satisfied, how satisfied are you overall with the cover letter? [Ask for a number between 1 and 10.]
 - Q4: What other changes would you like to make the cover letter better?

- Medication Action Plan
 - Q5: Are you satisfied with how long the Medication Action Plan is?
 - Q6: Do you feel that the “What I did and when I did it,” “My follow-up plan,” and “Questions I want to ask” spaces are useful? Should they be removed? Why? Why not?
 - Q7: One change that we are thinking about is to take out all the boxes you see in the Medication Action Plan and replace them with lists. [DIRECT RESPONDENT TO VIEW VISUAL AID DOCUMENTS #1 and #2 AT THIS TIME.] You can see that “What we talked about,” “What I need to do,” and “My follow-up plan” are taken out of the boxes, and in their place now are just two lists. Do you think this is a good idea? Why or why not?
 - Q8: On a scale from 1 to 10, with 1 being the least satisfied and 10 being the most satisfied, how satisfied are you overall with the Medication Action Plan?
 - Q9: What other changes would you like to make the Medication Action Plan better?

- Personal Medication List
 - Q10: Are you satisfied with how long the Personal Medication List is?
 - Q11: Are you satisfied with the way the medication directions are printed? Do you have trouble knowing what they mean sometimes?
 - PROBE: If so, what would you do to change that?
 - Q12: If you are taking a lot of medications, the Personal Medication List will be very long. Would you like to see a different, shorter Personal Medication List for large numbers of medications?
 - If “Yes,” PROBE: How would you make it shorter?

- o Q13: Do you feel that the “Date I started using it,” “Date I stopped using it,” and “Why I stopped using it” spaces are useful? Should they be taken out? Why? Why not?
- o Q14: On a scale from 1 to 10, with 1 being the least satisfied and 10 being the most satisfied, how satisfied are you overall with the Personal Medication List?
- o Q15: What other changes would you like to see made to the Personal Medication List to make it better?
- Overall
 - o Q16: Are you satisfied with the order of the documents?
 - o Q17: On a scale from 1 to 10, with one being the least satisfied and 10 being the most satisfied, how satisfied are you with all of these documents?

WRAP UP

Thank you for speaking with me today! Your feedback will help make the forms easier to use.

Again, my name is [NAME] and you can reach me at [TOLL-FREE TELEPHONE NUMBER] or by email at [EMAIL ADDRESS] should you have any questions or comments you want to send to me after we end our call.