

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 conducting on behalf of the Centers for Medicare & Medicaid Services (CMS).

CMS asked us, Econometrica, to gather opinions of Medicare Part D members about some possible changes to the processes of comprehensive medication reviews and/or targeted medication reviews you may have received through the your Part D plan's Medication Therapy Management program.

The call will take about 20 minutes to complete. This survey 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.

Beneficiary Telephone Interview Script Questions

1. Orientation to the CMR for beneficiaries
 - a. **Q1. After talking with the MTM provider (e.g., your pharmacist), do you feel that you understand more about your medications?**
 - i. Yes
 - ii. No
 - iii. Don't know
 - b. **Q2. Did this meeting help you:** [check all that apply]
 - i. Change how you take your medications to get the most benefit from the drugs you take?
 - ii. Improve your overall health?
 - iii. Other
2. Non-structural changes to SF
 - a. **Q3.** [Refer respondent to mock-up SF visual aids. This includes the Medicare & You printout.] **Did you know that the *Medicare & You* handbook has a section that helps explain what these documents are and what to do with them?**
 - i. Yes
 - ii. No
 - iii. Did not know *until now*
 - iv. Other (explain)
 - b. **Q4.** [Direct respondent to refer to appropriate spot on the mock-up MAP] **Are the instructions that appear under your name on the medication action plan (MAP) easy or difficult to understand?**
 - i. Very easy
 - ii. Easy
 - iii. Neutral
 - iv. Difficult
 - v. Very difficult

- c. **Q4.1.** For all responses to Q4 that are *not* “Very easy”, PROBE: **What should be in the instructions to make them easier to understand?**
- d. **Q5.** **Based on the instructions you see on the completed MAP, do you know which boxes you should fill in?**
 - i. Yes
 - ii. No
 - iii. Not sure
- e. **Q6.** [Direct respondent to refer to *appropriate spot* on MAP] **For “My follow-up plan” – what would you write in that box?** [Open ended]
- f. **Q7.** [Direct respondent to refer to the mock-up personal medication list (PML) document at this time] **Are the instructions that appear under your name on the PML easy or difficult to understand?**
 - i. Very easy
 - ii. Easy
 - iii. Neutral
 - iv. Difficult
 - v. Very difficult
- g. **Q7.1** For all responses to Q7 that are *not* “Very easy” – PROBE: **What should be in the instructions to make them easier to understand?**
- h. **Q8.** **Based on these instructions, do you know which boxes on the completed PML you have to fill in?**
 - i. Yes
 - ii. No
 - iii. Not sure
- i. **Q9.** **In the PML, for each of your medications there is a box that says “Why I use it.” What information do you want to go in this box?** [Open ended].
- j. **Q9.1.** PROBE: **Do you want the official term for your health condition in this box? Would you rather have it in plain words (e.g., hypertension or high blood pressure)?**
- k. **Q10.** Your pharmacist fills in a lot of the MAP and PML for you. Sometimes your pharmacist may include the *goals* of taking your medications. For example, if you

are taking a medication for arthritis, a goal might be to relieve your pain so you can walk up the stairs more easily. These are called ‘goals of therapy’ and at this time pharmacists do not have to include them. **Do you feel that pharmacists should include the goals of therapy in the MAP or PML (in addition to everything else they have to write in)?**

- i. Yes
- ii. No
- iii. Don’t know/unsure

l. **Q11. Where should the ‘goals of therapy’ go? In the PML, or the MAP?**

[Direct respondent to both mock-up documents if needed]

- i. PML
 - 1. Q11.1. PROBE: Why?
- ii. MAP
 - 1. Q11.2. PROBE: Why?
- iii. Both
- iv. Don’t know

m. **Q12. In the past, we have heard from other individuals that say they would like it if their pharmacist prints out a smaller list of their medications that can be folded up and put into a wallet or purse for easy carrying. At this time your pharmacist *does not have to* print these wallet cards. **Do you think pharmacists should be encouraged to print these wallet cards along with the other documents after a CMR?****

- i. Yes
- ii. No
- iii. Maybe
- iv. Not sure

3. Post-CMR Delivery of SF

a. **Q13. After you talk with your pharmacist, he or she provides you with information using the forms we just reviewed. **How did you receive your forms after talking with your pharmacist (i.e., after the medication review/CMR)?****

- i. Given to me in person

- ii. Mailed to me
 - iii. My caretaker received them on my behalf
 - iv. Other
 - b. **Q14. On a scale from 1 to 10, how satisfied are you with this method of getting these documents?** [Scale]
 - c. **Q15. Do you feel these documents help you:** [check all that apply]
 - i. Change your approach to making your medications work better for you?
 - ii. Improve your overall health?
 - iii. Achieve your goals of care?
4. Electronic SF
- a. At this time, the documents that you get from your pharmacist after a CMR are in paper form. Sometimes they are given to you in person or sometimes they are mailed to you. We want to know your thoughts on *other* ways to deliver these documents to you that do not require paper.
 - i. **Q16. Would you like to get these documents through your computer by visiting a website (like a Web portal)?**
 - 1. Yes
 - 2. No
 - 3. Don't know
 - 4. Don't have a computer / don't have access to a computer
 - ii. **Q17. Would you like to get these documents through your smart phone – through an application (“app”)?**
 - 1. Yes
 - 2. No
 - 3. Don't know
 - 4. Don't use apps
 - 5. Don't have a smart phone / don't have access to smart phone
 - iii. **Q18. What other ways (besides paper) would you prefer to receive these documents?** [Open ended]
 - iv. **Q19. Do you think these electronic methods – such as the Web and phone apps - will be safe with your health information?**

1. Yes
2. No
3. Don't know/doesn't apply

5. General Closure Question

- a. **Q20. Thank you for spending some time with me today. We appreciate hearing what you have to say and have one last question. What would you suggest to make talking with the pharmacist or the papers you receive afterward more valuable to you?**

WRAP UP

Thank you for speaking with me today! Your feedback is very valuable.

Again, my name is **[NAME]** and my email address is [EMAIL ADDRESS] should you have any questions or comments you want to send to me after we end our call.