

Form Approved
OMB No. 0920-New
Expiration Date: XX/XX/XXXX

Using Real-time Prescription and Insurance Claims Data to
Support the HIV Care Continuum

Attachment 10

Phase II interview

Public reporting burden of this collection of information is estimated to average 30 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

Phase II interview

Eligible potential participant information

Name:
DOB:
ID:
Phone:
Zip code:
County:
Health district:
Late ART prescriptions:

MCO information

Participant Medicaid Care Organization (MCO):
Participant program:
MCO phone:

Healthcare provider information

Provider name:
Provider credential:
Provider phone number:

Pharmacy information

Pharmacy name:
Pharmacy phone number:

Notes (prior to call)

Expand

Record notes (optional)

Date and time of call

[Now](#)

* must provide value

The next questions should be conversational. They are designed to develop rapport with the participant.

If the participant is joining the Program Arm in Phase 2, ask the questions below.

We talked earlier about this study helping with your prescribed HIV medication and staying healthy. I'd like to ask you a few questions about this.

These questions will help me connect you to services or resources that could help you. I want to remind you, though, that you do not have to answer any questions. You can end this conversation at any time.

Using your best guess, when was your last appointment with your main doctor?

[Record notes \(optional\)](#)

[Expand](#)

When your doctor prescribes your HIV medication, how do you usually pick it up?

Record notes (optional)

Expand

If the participant joined the Program Arm in Phase 1 and is eligible for Phase 2, ask the questions below.

It was great to talk with you awhile back about taking your prescribed HIV medication and staying healthy. I appreciated that you shared some of your challenges in taking your HIV medication. I hope the resources and referrals we talked about were helpful.

I'd like to ask you a few more questions about taking your prescribed HIV medication. These questions will help me connect you to services or resources that could help you. I want to remind you, though, that you do not have to answer any questions. You can end this conversation at any time.

Using your best guess, when was your last appointment with your main doctor?

Record notes (optional)

Expand

I told you earlier that the study team looked at Medicaid records to understand about prescribed HIV medication. I understand that you have a prescription for:

- [name of late ART prescription(s)]

Sometimes people know these medications as:

- [late ART prescription(s) alternative name(s)]

Some people have told me it is hard to start new medicines. They have also told me it is hard to keep up with their current medicine.

Have picked up prescription refill

Could you tell me if you are currently taking
[name of late ARV medication(s)]?

Probe .

* must provide value

- No - have not picked up prescription refill
- Yes - have picked up prescription refill
- Yes - receiving ART from another source (clinical trial, free sample, leftover pills, etc.)
- No - switched to another medication
- No - have never taken the medication(s)
- No - other reason

Record notes about the reason why the participant is not taking ART. If participant is taking ART, indicate source (optional).

If "other" is checked, explain (required).

Expand

Thank you for this information. We're glad you already have the medications you need.

It seems like you we don't need to refer you to any specific services.

We encourage you to contact your doctor or health insurance plan if you have questions about your HIV medications. Thank you!

Thank participant for participating and end the call.

Expand

If the call is interrupted or the participant needs to call back another time, use this field to schedule a future call.

| Today |

| Now |

Call end time

* must provide value

| Now |

Notes (post call)

Record notes on contact information to be updated.

Expand

Does contact information need to be updated?

Yes

Receiving ART from another source

Could you tell me if you are currently taking
[name of late ARV medication(s)]?

Probe.

* must provide value

- No - have not picked up prescription refill
- Yes - have picked up prescription refill
- Yes - receiving ART from another source
(clinical trial, free sample, leftover pills,
etc.)
- No - switched to another medication
- No - have never taken the medication(s)
- No - other reason

*Record notes about the reason why the participant is not
taking ART. If participant is taking ART, indicate source
(optional).*

If "other" is checked, explain (required).

Expand

**Thank you for this information. We're glad
you already have the medications you
need.**

**It seems like you we don't need to refer
you to any specific services.**

**We encourage you to contact your doctor
or health insurance plan if you have
questions about your HIV medications.
Thank you!**

Thank participant for participating and end the call.

Expand

If the call is interrupted or the participant needs to call back another time, use this field to schedule a future call.

| Today |

| Now |

Call end time

* must provide value

| Now

Notes (post call)

Record notes on contact information to be updated.

Expand

Does contact information need to be updated?

Yes

Switched to another medication

Could you tell me if you are currently taking
[name of late ARV medication(s)]?

Probe.

* must provide value

- No - have not picked up prescription refill
- Yes - have picked up prescription refill
- Yes - receiving ART from another source
(clinical trial, free sample, leftover pills,
etc.)
- No - switched to another medication
- No - have never taken the medication(s)
- No - other reason

*Record notes about the reason why the participant is not
taking ART. If participant is taking ART, indicate source
(optional).*

If "other" is checked, explain (required).

Expand

**Thank you for this information. We're glad
you already have the medications you
need.**

**It seems like you we don't need to refer
you to any specific services.**

**We encourage you to contact your doctor
or health insurance plan if you have
questions about your HIV medications.
Thank you!**

Thank participant for participating and end the call.

Expand

If the call is interrupted or the participant needs to call back another time, use this field to schedule a future call.

| Today |

| Now |

Call end time

* must provide value

| Now |

Notes (post call)

Record notes on contact information to be updated.

Expand

Does contact information need to be updated?

Yes

Have never taken the medication(s)

Could you tell me if you are currently taking
[name of late ARV medication(s)]?

Probe.

* must provide value

- No - have not picked up prescription refill
- Yes - have picked up prescription refill
- Yes - receiving ART from another source
(clinical trial, free sample, leftover pills,
etc.)
- No - switched to another medication
- No - have never taken the medication(s)
- No - other reason

*Record notes about the reason why the participant is not
taking ART. If participant is taking ART, indicate source
(optional).*

If "other" is checked, explain (required).

Expand

**Thank you for this information. We're glad
you already have the medications you
need.**

**It seems like you we don't need to refer
you to any specific services.**

**We encourage you to contact your doctor
or health insurance plan if you have
questions about your HIV medications.
Thank you!**

Thank participant for participating and end the call.

Expand

If the call is interrupted or the participant needs to call back another time, use this field to schedule a future call.

| Today |

| Now |

Call end time

* must provide value

| Now |

Notes (post call)

Record notes on contact information to be updated.

Expand

Does contact information need to be updated?

Yes

Other reason

Could you tell me if you are currently taking
[name of late ARV medication(s)]?

Probe.

* must provide value

- No - have not picked up prescription refill
- Yes - have picked up prescription refill
- Yes - receiving ART from another source
(clinical trial, free sample, leftover pills,
etc.)
- No - switched to another medication
- No - have never taken the medication(s)
- No - other reason

*Record notes about the reason why the participant is not
taking ART. If participant is taking ART, indicate source
(optional).*

If "other" is checked, explain (required).

Expand

**Thank you for this information. We're glad
you already have the medications you
need.**

**It seems like you we don't need to refer
you to any specific services.**

**We encourage you to contact your doctor
or health insurance plan if you have
questions about your HIV medications.
Thank you!**

Thank participant for participating and end the call.

Expand

If the call is interrupted or the participant needs to call back another time, use this field to schedule a future call.

| Today

| Now

Call end time

| Now

* must provide value

Notes (post call)

Record notes on contact information to be updated.

Expand

Does contact information need to be updated?

Yes

Have not picked up prescription refill

Could you tell me if you are currently taking
[name of late ARV medication(s)]?

Probe .

** must provide value*

- No - have not picked up prescription refill
- Yes - have picked up prescription refill
- Yes - receiving ART from another source
(clinical trial, free sample, leftover pills,
etc.)
- No - switched to another medication
- No - have never taken the medication(s)
- No - other reason

*Record notes about the reason why the participant is not
taking ART. If participant is taking ART, indicate source
(optional).*

If "other" is checked, explain (required).

Expand

**Can you talk about what gets in the way of taking
your prescribed medication?**

Check relevant boxes below.

Expand

Barriers to filling ART prescriptions

Substance use disorder (SUD)

- SUD symptoms prevent from taking medications (e.g., withdrawal)
- Spends time/money seeking drugs and does not have time/money to pick up HIV medication

Mental health

- (Psychiatric) symptoms prevent from taking HIV medication(s)
- Unable to get appointment with mental health provider who can help with symptoms

Unstable housing

[Note: Respondent may be on waiting list for housing subsidies or may be receiving a subsidy but still have unstable housing]

- No stable place to store HIV medication(s) in current living situation
- Life feels chaotic without stable housing and having difficulty keeping up with HIV medication regimen
- Prioritizes paying for a stable place to live over paying to access provider or pharmacy refills
- Prioritizes looking for subsidized housing over obtaining and/or filling a prescription for HIV medication(s)
- Prioritizes finding a place to stay each night over filling HIV prescription(s)
- Provides transactional or situational sex in exchange for housing and does not have autonomy to access provider or pharmacy refills

Food insecurity

- Gets hungrier when taking HIV medication(s) but cannot afford to buy more food
- Side effects from HIV medication(s) are worse when don't have enough food but can't afford to buy more
- No easy transport to the grocery store and has to choose between going to the grocery store and picking up HIV medication(s)
- Spends time trying to find food subsidies and forgets or is not able to take HIV medication(s)
- Provides transactional or situational sex in exchange for food and does not have autonomy to access provider or pharmacy refills

Unemployment or unstable employment

- Lost job, or does not have one, and can't afford to access HIV medication(s) (e.g., go to clinic, go to pharmacy)
- Lost job, or do not have one, and do not have the motivation to access HIV medication(s) [intersects with mental health]
- Lost job, or do not have one, and have to spend time looking for a job instead of picking up HIV medication(s)

Other

Expand

Some people find it difficult to keep up with their medicine. It can be difficult at times.

I'm glad we have this chance to think together about resources that might help you take your medication.

Before we do that, I want to mention some information that could be helpful. You may already know that HIV medicine is lifesaving. Research tells us that people who start and keep up with their medicine can live just as long as anyone.

Something that we have learned more recently is that HIV medicine also prevents HIV transmission to others, if taken regularly. It's true.

So these pills can not only improve your health, they can also help you protect other people from HIV.

What questions can I answer about this?

Record any notes (optional)

Expand

I heard you say earlier that...

- (list participant's stated barriers to taking their medications)

...get in the way of taking your HIV medicine. Did I get that right?

If yes, move on. If no, clarify barrier(s) with participant and repeat question.

Great. Let's think together about ways to help with this.

To start, could you tell me about how you think some of these challenges could be addressed?

Respond according to dialogue with participant.

Great. These ideas will be really useful when we think about resources available to address your challenges.

OR

That's ok. I understand that it can be difficult to know where to begin. Let's think this through together.

Interactively problem-solve to engage participant.

It's great to think through this together. Like we talked about, I'd like to link you to some resources that may help you. There are resources available for the challenges we've talked about today.

Could you tell me which of the challenges we've talked about is most important to you?

If participant has difficulty selecting one barrier, offer some encouragement:

I know it can be difficult to choose just one, but just do your best. We will still provide resource information for (all or most or some) of the challenges we discussed.

Select participant-identified primary barrier for direct referral.

Primary barrier:

Which other 1 or 2 other challenges are most important to you?

Select participant-identified secondary and tertiary barrier(s).

Secondary barrier:

Tertiary barrier:

Suggested primary referral:

What type of service was the primary referral?

- MCO
- Community
- Provider
- Pharmacy
- No referral

I heard you say earlier that you would prioritize:

- [list primary barrier]

[referral type] **may be able to help with:**

- [primary barrier]

Would you have time for us to reach out to them right now?

Yes

No

* must provide value

If yes:

Offer cold referral (Go to Cold referral fields below)

If no:

Offer PositiveLinks. (Go to PositiveLinks consent and enrollment form)

Cold referral

Cold handoff for secondary / tertiary referrals

Great! Before we reach out, could I give you other resources to help with:

Yes

No

- [list secondary and tertiary barriers]

* must provide value

If yes:

Recommended [referral type] resource.

Let me know when you're ready for me to give you this information.

Wait until participant is ready.

Your [referral type] can help you with [name barrier]. Their contact information is:

- [referral name]
- [referral facility]
- [referral phone]

[referral information for tertiary barrier] *as needed.*

I'm glad that I could give you that information.

Move on to offering PositiveLinks.

If no: Move on to offering PositiveLinks. Go to PositiveLinks consent and enrollment form.

End call	
Primary referral outcome <i>* must provide value</i>	<input type="radio"/> Successful warm handoff <input type="radio"/> Called, but did not reach resource <input type="radio"/> Rescheduled (LC calls back) <input type="radio"/> Rescheduled (participant calls back) <input type="radio"/> Other
Secondary referral outcome <i>* must provide value</i>	<input type="radio"/> Successful cold handoff <input type="radio"/> Other
Tertiary referral outcome <i>* must provide value</i>	<input type="radio"/> Successful cold handoff <input type="radio"/> Other
<p><i>If the call is interrupted or the participant needs to call back another time, use this field to schedule a future call.</i></p> <p><input type="text" value="Today"/></p> <p><input type="text" value="Now"/></p>	
Call end time <i>* must provide value</i>	<input type="text" value="Now"/>
Notes (post call) <i>Record notes on contact information to be updated.</i>	
Expand	
Does contact information need to be updated?	<input type="checkbox"/> Yes