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 9**

**Phase I 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)

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| --- | --- | --- |
| **Phase I 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)  Record notes (optional) | | Expand |
| Date and time of call I Now J  \* must provide value | |  |
| *The next questions should be conversational. They are designed to develop rapport with the participant.* | | |
| **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?** | Expand  Record notes (optional) | |

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| **When your doctor prescribes your HIV medication, how do you usually pick it up?** | Expand  Record notes (optional) |
| **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 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.*  I Today J  I Now J | |
| Call end time I Now J  \* must provide value | |
| 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**

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| --- | --- |
| **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 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.*  I Today J  I Now J | |
| Call end time I Now J  \* must provide value | |
| Notes (post call)  *Record notes on contact information to be updated.*  Expand | |
| Does contact information need to be updated?  Yes | |
|  | |

**Switched to another medication**

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| --- | --- |
| **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 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.*  I Today J  I Now J | |
| Call end time I 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 never taken the medication(s)**

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| --- | --- |
| **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)  these medications  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 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.*  I Today J  I Now J | |
| Call end time I Now J  \* must provide value | |
| 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 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.*  I Today J  I Now J | |
| Call end time I 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 |

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| --- | --- | --- |
| **Barriers to filling ART prescriptions (barrier list begin)** | | |
| **ART** | | | |
| Doesn't understand medication’s purpose | Doesn't understand prescribed regimen | Recent change to regimen | |
| Doesn’t need medication because feels healthy | Taking HIV medication reminds participant that living with HIV | Concerned that medication not working |
| Feels worse when takes this medication | Worried about side effects | Ran out of refills |
| Using alternative treatments |  |  |
| **Adherence** |  |  |
| Forgot to fill prescription(s) | Forgot to take medication(s) | Lost or dropped pills |
| Trouble opening the pill bottle | Difficulty keeping track of all medications | Trouble swallowing medication |
| Does not want to take many HIV pills | Does not want to take HIV medication(s) multiple times each day | Difficulty taking HIV medication(s) at work or include in daily schedule |
| Tired of having to take HIV medication(s) [treatment fatigue] | Sometimes does not have access to medication |  |
| **Structural** |  |  |
| * The pharmacy is out of stock of this medication | Does not have transportation to pick up medication | Has transportation but the drive there is too long |
| Has transportation but costs too much to get there | Pharmacy hours prevent medication pick­ up | Process of refilling medication is challenging |
| Childcare issues make it difficult to pick up medication | Medication costs too much | Does not trust or feel supported by the health care system (Medicaid or MCO) |
| Does not trust or feel supported by the health care provider | Has difficulty contacting thedoctor for prescription refills or renewals | Insurer does not contract with pharmacy so that prescription can be filled | |
| Does not have a license/ID so cannot drive to pick up prescription |  |  | |
| **Social** |  |  |
| Does not want pharmacy staff to know of HIV status | * Does not want family/friends/roommates to know HIV status | No private/comfortable place to take medication |
| Does not feel supported in home and/or community | Does not have a support system of other PLWH |  |
| **Other** | Expand | |

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| --- |
| **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?**  Expand  Record any notes (optional) |

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| **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 hos 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 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 | |

*Go to Referral Script for warm handoff to recommended referral then return here for post-call wrap-up (below).*

|  |
| --- |
| Primary referral outcome Successful warm handoff  \* must provide value Called, but did not reach resource  Rescheduled (LC calls back)  Rescheduled (participant calls back)  Other |
| Secondary referral outcome Successful cold handoff  \* must provide value Other |
| Tertiary referral outcome  Successful cold handoff  \* must provide value Other |
| *If the call is interrupted or the participant needs to call back another time, use this field to schedule a future call.*  I Today J  I Now J |
| Call end time  \* must provide value |
| Notes (post call)  *Record notes on contact information to be updated.*  Expand |
| Does contact information need to be updated?  Yes |
|  |



