

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)

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)

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.

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

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.

| 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
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| 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
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| 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.)
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| 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
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Probe .

* must provide value

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| Now |

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* 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 not picked up prescription refill

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

Probe .

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(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 (barrier list begin)

ART

- | | | |
|--|---|--|
| <input type="checkbox"/> Doesn't understand medication's purpose | <input type="checkbox"/> Doesn't understand prescribed regimen | <input type="checkbox"/> Recent change to regimen |
| <input type="checkbox"/> Doesn't need medication because feels healthy | <input type="checkbox"/> Taking HIV medication reminds participant that living with HIV | <input type="checkbox"/> Concerned that medication not working |
| <input type="checkbox"/> Feels worse when takes this medication | <input type="checkbox"/> Worried about side effects | <input type="checkbox"/> Ran out of refills |
| <input type="checkbox"/> Using alternative treatments | | |

Adherence

- | | | |
|--|--|---|
| <input type="checkbox"/> Forgot to fill prescription(s) | <input type="checkbox"/> Forgot to take medication(s) | <input type="checkbox"/> Lost or dropped pills |
| <input type="checkbox"/> Trouble opening the pill bottle | <input type="checkbox"/> Difficulty keeping track of all medications | <input type="checkbox"/> Trouble swallowing medication |
| <input type="checkbox"/> Does not want to take many HIV pills | <input type="checkbox"/> Does not want to take HIV medication(s) multiple times each day | <input type="checkbox"/> Difficulty taking HIV medication(s) at work or include in daily schedule |
| <input type="checkbox"/> Tired of having to take HIV medication(s) [treatment fatigue] | <input type="checkbox"/> Sometimes does not have access to medication | |

Structural

- | | | |
|---|--|---|
| <input type="checkbox"/> The pharmacy is out of stock of this medication | <input type="checkbox"/> Does not have transportation to pick up medication | <input type="checkbox"/> Has transportation but the drive there is too long |
| <input type="checkbox"/> Has transportation but costs too much to get there | <input type="checkbox"/> Pharmacy hours prevent medication pick up | <input type="checkbox"/> Process of refilling medication is challenging |
| <input type="checkbox"/> Childcare issues make it difficult to pick up medication | <input type="checkbox"/> Medication costs too much | <input type="checkbox"/> Does not trust or feel supported by the health care system (Medicaid or MCO) |
| <input type="checkbox"/> Does not trust or feel supported by the health care provider | <input type="checkbox"/> Has difficulty contacting the doctor for prescription refills or renewals | <input type="checkbox"/> Insurer does not contract with pharmacy so that prescription can be filled |
| <input type="checkbox"/> Does not have a license/ID so cannot drive to pick up prescription | | |

Social

- | | | |
|---|--|--|
| <input type="checkbox"/> Does not want pharmacy staff to know of HIV status | <input type="checkbox"/> Does not want family/friends/roommates to know HIV status | <input type="checkbox"/> No private/comfortable place to take medication |
| <input type="checkbox"/> Does not feel supported in home and/or community | <input type="checkbox"/> Does not have a support system of other PLWH | |

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 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).

<p>Primary referral outcome</p> <p>* must provide value</p>	<p><input type="radio"/> Successful warm handoff</p> <p><input type="radio"/> Called, but did not reach resource</p> <p><input type="radio"/> Rescheduled (LC calls back)</p> <p><input type="radio"/> Rescheduled (participant calls back)</p> <p><input type="radio"/> Other</p>
<p>Secondary referral outcome</p> <p>* must provide value</p>	<p><input type="radio"/> Successful cold handoff</p> <p><input type="radio"/> Other</p>
<p>Tertiary referral outcome</p> <p>* must provide value</p>	<p><input type="radio"/> Successful cold handoff</p> <p><input type="radio"/> Other</p>
<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> <u>Today</u> </p> <p> <u>Now</u> </p>	
<p>Call end time</p> <p>* must provide value</p>	<input type="text"/> 
<p>Notes (post call)</p> <p><i>Record notes on contact information to be updated.</i></p>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p style="text-align: right;">Expand</p>
<p>Does contact information need to be updated?</p>	<p><input type="checkbox"/> Yes</p>