## 4e. MTM Health Department Interview Guide – (Strategy B4)

***Note:*** *Public reporting burden of this collection of information is estimated to average 1.5 hours 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: PRA (0920-20HP)*

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| --- | --- |
| Date of Interview: | MM/DD/YYYY |
| Interviewer: |  |
| State |  |
| Strategies Implemented  (select one): | B4 only  B3 & B4 |
| Interviewee Name: |  |

**Introduction**

*Thank you for taking the time to participate in this interview. My name is [Insert name] and I am with the Deloitte evaluation team. Our team is working with the CDC Division for Heart Disease and Stroke Prevention to evaluate the DP18-1815 Cooperative Agreement - Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke, which we will refer to as the 1815 program. As part of the larger national evaluation of 1815, we are conducting a case study focused on Team-Based Care* *and Medication Therapy Management to better understand how health departments are supporting the development or implementation of guidelines and policies to promote team-based care and medication therapy management within health care settings, as it relates to the prevention and management of high blood pressure and high blood cholesterol.*

*We understand your team is working on [specify strategy B3/B4/ or both]. We would like to hear more about the ways in which you implement these strategies, challenges encountered, other factors outside of the 1815 program that influence your implementation processes or progress you’re making and hear your perspectives on the level of uptake among health care organizations and how it influences patient care and management. The information collected from this interview will be analyzed together with information gained from interviews with others at your health department as well as from other health departments. We also will be conducting interviews with partner sites. Together, these interviews will provide valuable insights on different approaches for promoting team-based care and medication management therapy and which approaches seem to work well in specific contexts.*

*The interview is expected to take no longer than 1.5 hours. Your participation in this interview is completely voluntary. You may choose to skip questions or stop the interview at any time and it will not in any way impact the funding or technical assistance you receive from CDC. All information will be kept secure and any personally-identifiable information will be removed when results are aggregated for analysis.*

*If at any time during the interview you are not clear about what we’re asking, be sure to let me know. We appreciate your candid response.*

*With your permission, we would like to record this interview for transcription purposes.*

***Do we have your permission to record the interview?***

Yes

No

***Do you have any questions or concerns before we start the interview?***

**I. Background**

*I’d like to start with some questions to understand your role within the health department and with respect to supporting the 1815 program.*

*For reference:*

*B4. Medication Therapy Management: Promote the adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification*

***To start:***

1. Can you tell me more about why your health department decided to work on [Strategy B4]?

**Probes:**

* *If state is working on only the TBC strategy:* Can you tell me why your health department is only working on the MTM strategy and not the TBC strategy (B4)?
* *If state worked on TBC under 1305/1422:* To what extent did the work under 1305/1422 influence your approach for strategy B4?

1. Can you tell me about your role in relation to implementing the 1815 strategies related to Medication Therapy Management *(Strategy B4)*?
2. How many years have you been working on programs related to Medication Therapy Management?

**II. Broader State Context**

*I would like to begin by understanding the context for team-based care within your state.*

1. Are there any state-level policies or guidelines that impact the practice of MTM?

**Probe:**

* What type of information are in the policies that describes the various roles and responsibilities of pharmacy team members in clinical settings? For instance, are there any specific state-level policies or guidance as to whether pharmacists/nurses can change medication plans?
* What role has the HD played or is playing in the shaping of these policies?
* Do the partner sites that you work with have additional policies at the health-systems level that facilitate the practice of MTM? Please describe.

1. From your experience, how widespread is the practice of MTM between pharmacists and physicians in your state, specifically for management of patients with high blood pressure, high cholesterol, and supporting lifestyle modification?

**Probe:**

* Where do you see the gaps or deficiencies?
* What are some key successes or exemplary initiatives you’ve seen around MTM?
* How about for management of other chronic diseases?
* What would you say are your team’s primary goals are the practice of MTM for chronic disease management?

1. [Year 3]: What has been the effect of the COVID-19 pandemic on this strategy?

**III. 1815-specific work**

*Now I would like to talk more specifically about your work on Strategy B4 for the 1815 program - - Supporting the adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification.*

1. What types of organizations is your health department working with **to support MTM between pharmacists and physicians?**

**Probe:**

* Can you tell me the types of pharmacies that you are working with (e.g. pharmacy chain, independent pharmacy, pharmacy associations, etc.)?
* How did your health department choose the partner sites that you are working with?
* Did you previously work with these partner sites under 1305 or 1422?

1. What is your team’s role in helping to support MTM between pharmacists and physicians in managing patients’ high blood pressure, high blood cholesterol, and lifestyle modification in your state (under the 1815 program)?

**Probe:**

* How are you helping partner sites with respect to developing policies/guidelines/workflows/ or other processes and systems to promote, expand, or enhance MTM?
* Which types of activities have you found to be most effective or successful in promoting, expanding, or enhancing the adoption of MTM?
* Why do you think that is? Are there specific types of activities that work better in some health settings than others?
* Have you noticed any trends with regards to MTM being implemented within clinical settings such as FHQCs, rural health centers, private practices, etc.?
* What about across different geographic settings such as rural and urban areas? Or areas with differing socio-economic backgrounds?

1. What would you say are the biggest challenges for your team, as the health department, in working with health care organizations to support MTM?
2. What factors or facilitators support your team, as the health department, in working with health care organizations to support MTM between pharmacists and physicians?

**IV. Partner-Site level implementation of MTM policies**

*The next set of questions ask about what the practice of MTM between pharmacists and physicians in patient care looks like at the partner-site level.*

1. What processes or systems have health care organizations and pharmacists put in place to support MTM?

**Probe:**

* To what extent do the sites that you partner with have a collaborative practice agreement?[[1]](#footnote-1)
* What have been some of the best practices that have resulted from these collaborative practice agreements?
* What infrastructure is needed at the health care organization/ pharmacy level to facilitate the practice of MTM?
* In what ways do health care organizations/ pharmacies use health information technology to support MTM?
* In what ways are health organizations/pharmacies tailoring or adapting their MTM approach for priority populations?
* Are there different MTM processes for managing patients with high blood pressure vs managing patients with cholesterol? Please describe the differences.

1. What are the contextual factors that the partner sites you are working with take into consideration as they roll out MTM between pharmacists and physicians?

**V. Complementary Programs**

*Now I’d like to ask about other state-level or wide-reaching initiatives related to promoting or supporting MTM practices.*

1. In addition to the support received from the 1815 program of funding and technical assistance, what other types of support is your state leveraging to support MTM between clinicians and pharmacists?

**Probe:**

* Could you tell me about other wide-reaching initiatives within your state that support the promotion, enhancement, or expansion of MTM between pharmacists and physicians?
* In your opinion, how do these programs work together with the 1815 efforts? How do they complement/supplement each other? Is there any overlap? Any unanticipated challenges in operating multiple programs related to similar strategies?

**VI. Effectiveness and Impact**

*I’d like to hear your opinion about how this work is contributing to patient management.*

1. Can you tell me what types of state health activities have been the most effective in supporting the adoption of MTM between pharmacists and physicians?

**Required Probe:** Can you tell me more why these are the most effective?

1. In your opinion, how does the implementation of MTM affect care and management of patients with **high blood pressure?**
2. In your opinion, how does the implementation of MTM affect care and management of patients with **high cholesterol?**
3. In your opinion, how does the implementation of MTM support **lifestyle modifications** for patients**?**

**VII. Interaction between TBC and MTM Strategies**

*The following questions are going to ask you about the interaction of TBC and MTM strategies.*

1. From the state perspective, do you think it is necessary to have a TBC infrastructure implemented for MTM to be successful?Why or why not?

**VIII. CDC Support**

Is there any additional or specific TA support that would be beneficial to your HD for implementation of either of these TBC strategies? Please describe.

**Wrap up**

Those were all the questions I had for you. Is there anything else you’d like to add that we haven’t had a chance to discuss?

**Close**

***Thank you so much for your time. This concludes our interview about the 1815-funded activities related to the medication therapy management strategies. If you have any additional questions, please feel free to contact Gizelle Gopez,*** [*ggopez@deloitte.com*](mailto:ggopez@deloitte.com)***.***

1. A formal agreement in which a licenses provider makes a diagnosis, supervises patient care, and refers patients to a pharmacist under a protocol that allows the pharmacist to perform specific patient care functions. – CDC’s Collaborative Practice Agreements and Pharmacists’ Patient Care Services. Retrieved: <https://www.cdc.gov/dhdsp/pubs/docs/translational_tools_pharmacists.pdf> [↑](#footnote-ref-1)