Supplement. PATIENT COST-OF-MEDICATIONS SURVEY

Date: ____________

Survey type:

- Baseline survey
- Post survey

Research Staff ID: ____________

Site: ____________

What is your age?

Are you male, female transgender, or other?

- Male
- Female
- Transgender
- Other
- No answer/refused
  - If other, what is your gender?

What race do you consider yourself to be?

- White
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- More than one race
- Other (specify)

Do you consider yourself Hispanic or Latino?

- Yes
- No

Education: What is the highest degree or level of school you have completed?

- Less than high school
- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Trade/technical/vocational training
What type of health insurance do you currently have?

- Medicare
- Medicaid
- Both Medicare and Medicaid
- Private insurance
- Other (specify)
- None

What is your approximate monthly family income before taxes?

- $1000 or less per month
- $1001-$2000 per month
- $2001-$3000 per month
- $3001-$4000 per month
- $4001-$5000 per month
- $5001-$6000 per month
- $6001-$7000 per month
- More than $7000 per month
- No answer/refused

How many different prescribed medications are you currently taking regularly? (do not include vitamins, aspirin, or antibiotics). ____

- 0__
- 1__
- 2__
- 3__
- 4__
- 5 or more___

How much do you typically pay ‘out-of-pocket’ per month for all your prescription medications? $___

In the past 12 months.....

A) Have you ever skipped doses to make a medication last longer? (yes or no)
B) Have you ever **taken smaller doses** of medication to make the medication last longer? (yes or no)

C) Have you ever **failed to fill** a prescribed medication because of cost? (yes or no)

D) **Spent less money on food, heat, or other basic needs** so that you would have money for medicine? (yes or no)

During your visit you just had did anyone discuss the cost of your medications with you? (yes or no)

Did anyone make suggestions on ways to reduce your medication costs? (yes or no)

- If yes, what were the suggestions?

Have you ever tried out any of those suggestions? (yes, no, n/a)

- If yes, which suggestions have you tried?
  
  What did you do?
  
  Did it help? (yes, no, n/a)
  
  If no, why didn’t you try them?

How likely do you think it is you will try out any of the suggestions?

- Very likely
- Likely
- Unsure
- Unlikely
- Very Unlikely
- n/a
Medication Costs Training Session

A Team-based Approach To Integrating Cost-of-Medication Conversations Into Primary Care

Funded by: The Robert Wood Johnson Foundation

Overview

- Why do medication costs matter?
- How can you help?
- What are feasible strategies?
- Next Steps
Why do medication costs matter?

- Medication costs represent a significant portion of patient out-of-pocket (OOP) costs and affect patient adherence.
- Patients wish that their primary care clinicians would discuss ways to reduce their medications with them.
- Clinicians are willing to do so but are concerned about time.

How do medication costs effect patients in your practice?
Patients who report using any medication cost cutting methods

- Yes: 62%
- No: 38%

Patients who report ever failing to fill a medication because of cost

- Yes: 24%
- No: 76%
Patients who report having a conversation about medication costs during their current office visit

- Yes: 12%
- No: 88%

How can you help?

- Routine screening by staff
- Ask all patients taking chronic medication (e.g. “Is the cost of any of your medications a burden for you?”)
- Consider adding to the medication reconciliation process
- Relay this information to the provider
- Brief strategies for the PCP
- More complex strategies for care managers
How can we help?

- We will share strategies and resources with you.
- We will work with your practice to adapt these strategies to the workflow of your practice.
- We will assess (and report back to you) nursing staff and clinician beliefs about what worked, what didn't, why, and suggestions for improvement!

What are feasible strategies?
Does patient have insurance?

- Yes
  - Is there a deductible?
    - No
      - Medicare: Do they qualify for EPIC or Extra Help?
        - Yes
          - Provide enrollment forms or refer to Lifespan
        - Yes
          - Medicaid: Is there a spend down?
    - Yes
      - Check formulary coverage ([http://www.formularylookup.com](http://www.formularylookup.com)) or MMT app
      - Make sure pharmacy has correct insurance on file

- No
  - Submit bills to county or set up pooled trust (SW referral)

Check Walmart $4 list for generic alternatives
Check [www.goodrx.com](http://www.goodrx.com) for coupons (patient must print coupon)
Check [www.needymeds.org](http://www.needymeds.org) for patient assistance programs and coupons (brand name drugs)
Check [www.rxoutreach.com](http://www.rxoutreach.com) (discount mail order pharmacy, mostly generic drugs)

Are all of the current medications necessary?

- Yes
  - Consider **generic alternatives**, particularly those available on $4 list. **Insulin: regular, NPH, and 70/30 available for $25 per vial at Walmart**
  - If adherence will not suffer, consider prescribing ½ tablet of higher dose
  - Prescribe combination tablets when cheaper
  - Consider **alternative agents** in the class which may be **lower cost, lower tier (MMT)** or offer assistance options

- No
  - De-prescribing trial

*Consult Jineane Venc, PCN clinical pharmacist, for assistance de-prescribing or identifying lower cost alternatives*
Thoughts on these strategies?

Suggestions to consider

- Establish your own written office policies and procedures
- Familiarize yourself with how to use web-based tools
- Create shortcuts on your computer for resources and/or bookmark them on your smartphones
- Share what you learn with each other and with us
Based on what we have shared today…

- What are the major barriers to implementing these suggestions?

- What are your thoughts on how to address them?

Based on what you *learned* today…

What will you do differently?
Our next Steps

- Monthly newsletters
- Check-in’s
- Key Informant Interviews (~3 months from now)
- Patient Surveys (~3 months from now)
- Share what we have learned!

Hyperlinks

- [http://www.formularylookup.com](http://www.formularylookup.com)
- [http://i.walmart.com/i/if/hmp/fusion/generic
  druglist.pdf](http://i.walmart.com/i/if/hmp/fusion/generic
  druglist.pdf)
- [www.goodrx.com](http://www.goodrx.com)
- [www.needymeds.org](http://www.needymeds.org)
- [www.rxoutreach.com](http://www.rxoutreach.com)
- [http://www.deprescribing.org](http://www.deprescribing.org)
Thank you!
COST-OF-MEDICATIONS

GUIDING QUESTIONS FOR THE KEY INFORMANT INTERVIEWS

Welcome—Explain purpose of the interview

- Thank you for agreeing to do this interview. My name is [NAME], and I'll be talking with you today.
- As you know, this project is being funded by the Robert Wood Johnson Foundation.
- The purpose of this interview today is to learn more about your experiences with and recommendations related to the Cost of Medications Conversations (CMC) training you participated in ___ months ago.
- The interview will last about 20 Minutes

Ground Rules

- Everything you tell us will be confidential. To protect your privacy, we won't connect your name with anything that you say.
- At any time during our conversation, please feel free to let me know if you have any questions or if you would rather not answer any specific question. You can also stop the interview at any time for any reason.
- Please remember that we want to know what you think and feel and that there are no right or wrong answers.
- I will be taking notes during our conversation is that OK?

Background

- I'd like to begin by asking you some questions about your current job.
- What is your position at [name of the practice]? What are your major responsibilities in your current position?
- How long have you been with [name of the practice]?
- Can you tell me a bit about your work and experience as it relates to patient and Cost of Medications Conversations with patients? (Probe particularly for aspects of current job that relate to this)

Best Practices and Implementation

- What particular strategies for engaging patients in Cost of Medications Conversations have both you and your practice used (or what factors were present) that were successful?
- What strategies were not so successful?
- Were there any particular resources you have used that were provided in the training?
- What about any that were not a part of the training?
- Are there any resources you think would be helpful moving forward?
- What is needed to get everyone in the practice to "buy in" to the CMC training? Practice leadership? Clinicians? Nurses? Other staff? Patients? Families?
Is there anything that should have been covered, that was not covered, during the development process?
What additional information or guidance should be included in the Training?
How would you foresee using the Web recorded training sessions? What format would be most useful?
What are the best ways to disseminate the Training?
What assistance would be needed to implement the tools and resources? What are the best ways to sustain those efforts?
Is there anything else that you would like to add about any of the topics that we've discussed or other areas that we didn't discuss but you think are important?

Thank you for your time and participation in this interview. The information that you provided to us will be very helpful in this project.

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