A. Survey Materials for Direct-Care Prescribers

In this appendix, we provide copies of materials used in this study that were sent to direct-care prescribers. Included are a copy of the “Survey on Medication Prescribing within Military Treatment Facilities”; a survey cover letter asking participants to share their experiences with, and opinions regarding, prescribing medications to patients who receive health care coverage through the MHS; three follow-up cover letters requesting participation in the survey; and the script used in a telephone follow-up to solicit prescribers’ participation.
This survey has been designed to capture information about your experiences prescribing medications to outpatients within the Military Treatment Facility (MTF) to which you are currently assigned.

This survey is completely voluntary and RAND will keep all responses confidential, except as required by law. RAND will not give the Department of Defense any information that would link you to your responses. RAND will use the information you provide for health policy research purposes only.

Please note that all the questions in this survey refer to YOUR ACTIVITIES WITHIN THE MTF and not to patients you might see outside the MTF, for example on deployment.
In this first section, we are interested in learning about your experiences writing outpatient prescriptions as an MTF provider and your familiarity with the formulary in use at your MTF.

A formulary is a list of drugs covered under a patient's health benefits as well as the set of rules and procedures (including co-payments) governing the prescribing and obtaining of non-formulary drugs.

1. On average, how many outpatients do you see per week at an MTF? *Your best estimate is fine.*
   
   # of Outpatients:  □ □ □

2. Approximately how many medications do you prescribe per week for these patients? *Please include both new prescriptions and renewals.*
   *(Check One)*
   
   1  □ 20 or fewer outpatient prescriptions per week
   2  □ 21 to 40
   3  □ 41 to 60
   4  □ 61 to 80
   5  □ 81 to 100
   6  □ More than 100 outpatient prescriptions per week

3. How do you know whether a drug you prescribe is included on your MTF's formulary? *(Check all that apply)*
   
   1  □ I look at a printed or computerized formulary list
   2  □ I receive notice from an electronic prescribing menu in the physician order entry
   3  □ I receive feedback from the pharmacy or other sources
   4  □ My patients let me know
   5  □ I rely on my own memory
   6  □ Other (please specify): ____________________________

   8  □ Don't know

4. In general, how familiar are you with: *(Check One Box on Each Line)*
   
   a. The drugs that are listed on your MTF's formulary? .........................
      1 □  2 □  3 □
   
   b. The rules and procedures for prescribing drugs not on your MTF's formulary? ...........................
      1 □  2 □  3 □
5. In the **past 3 months**, how many times have you:  

<table>
<thead>
<tr>
<th>(Check One Box on Each Line)</th>
<th>NEVER</th>
<th>1 - 5 TIMES</th>
<th>6 - 10 TIMES</th>
<th>11 - 20 TIMES</th>
<th>MORE THAN 20 TIMES</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Changed the medication you originally prescribed because the drug was not on the MTF's formulary? ................................................. 0 □ 1 □ 2 □ 3 □ 4 □ 8 □</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Considered prescribing a non-formulary drug but did not because you thought that the request would be denied? ........................................... 0 □ 1 □ 2 □ 3 □ 4 □ 8 □</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Considered prescribing a non-formulary drug but did not because you thought that the process would take too long? ........................................... 0 □ 1 □ 2 □ 3 □ 4 □ 8 □</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Advised patients to obtain a non-formulary drug outside of the MTF? ................................................................. 0 □ 1 □ 2 □ 3 □ 4 □ 8 □</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Been asked by a patient to prescribe a non-formulary drug even though you believed a formulary drug to be just as effective? ........................................... 0 □ 1 □ 2 □ 3 □ 4 □ 8 □</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Been asked by a patient to re-write a prescription from a non-MTF provider in order for it to be filled at the MTF? ................................................ 0 □ 1 □ 2 □ 3 □ 4 □ 8 □</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Been asked by a patient to prescribe a particular drug because the patient had seen it advertised? ........................................... 0 □ 1 □ 2 □ 3 □ 4 □ 8 □</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. In the **past 12 months**, how often did your patients complain to you about their out-of-pocket expenses (e.g. copayments) for their prescriptions?  

*(Check One)*

0 □ Never  
1 □ Seldom  
2 □ Occasionally  
3 □ Often  
4 □ Very often  
8 □ Don't know
7. Suppose a new patient has just moved to your MTF facility service area and is taking a non-formulary drug. Also, assume that a drug in the same therapeutic class is listed on the MTF formulary. In practice, which of the following would you be most likely to do first?

(Check One)

1. ☐ I would convert the patient to a similar drug included on my MTF’s formulary.

2. ☐ I would request approval for the non-formulary drug to continue the prescription.

3. ☐ I would advise the patient to obtain the drug outside the MTF.

4. ☐ Other (please specify) ____________________________

8. Have you ever requested approval to prescribe a non-formulary drug?

(Check One)

☐ Yes ➞ (Go to Question #9)

☐ No ➞ (Go to Question #13)

9. For routine requests for approval to prescribe a non-formulary drug, how long does it generally take for you to learn whether or not your request has been approved?

(Check One)

☐ Less than 1 day

☐ 1 to 2 days

☐ 3 to 5 days

☐ More than 5 days

☐ Don’t know

10. In the past 3 months:

a. How many times did you request approval to prescribe a non-formulary drug? Your best estimate is fine. (IF ‘NEVER,’ WRITE IN ‘00’ AND GO TO QUESTION #13)

   # OF REQUESTS: ☐ ☐ OR ☐ Don’t Know

b. How many times were these requests denied?

   Your best estimate is fine. (IF ‘NEVER,’ WRITE IN ‘00’ AND GO TO QUESTION #12)

   # DENIED: ☐ ☐ OR ☐ Don’t Know
11. Think about the most recent case for which your request for a non-formulary drug was denied:

a. Which of the following actions did you take?

(Check All That Apply)

1□ I appealed the denial.
2□ I resubmitted the request with more information.
3□ I sought approval of a different non-formulary drug.
4□ I prescribed a formulary drug.
5□ I advised the patient to obtain the non-formulary drug outside the MTF.
6□ Other (please specify): ______________________________________________________
8□ Can’t remember

b. How was the patient’s health affected as a result of not getting the non-formulary drug you initially requested?

(Check One)

1□ It’s too soon to tell.
2□ The patient’s health was unaffected.
3□ The patient experienced a minor decline in health status.
4□ The patient experienced a major decline in health status.
5□ Other (please specify): ______________________________________________________
8□ Don’t know / Can’t remember

12. In the past 3 months, how many times have you:

(Check One Box on Each Line)

<table>
<thead>
<tr>
<th>NEVER</th>
<th>1 - 5 TIMES</th>
<th>6 - 10 TIMES</th>
<th>11 - 20 TIMES</th>
<th>MORE THAN 20 TIMES</th>
<th>DON’T KNOW</th>
</tr>
</thead>
</table>
a. Requested approval for a non-formulary drug originally prescribed outside the MTF because the patients wanted to fill the prescription at the MTF? .......... 0□ 1□ 2□ 3□ 4□ 8□

b. Requested approval to prescribe a non-formulary drug because a patient requested it, even though you believed that another drug on the formulary would have been just as effective? ......................... 0□ 1□ 2□ 3□ 4□ 8□
13. With regard to the patients seeking care at your MTF, how strongly do you agree or disagree with the following statements:

(Check One Box on Each Line)

   a. Patients filling prescriptions written by outside providers drain resources from my MTF. ........................................ 1 □  2 □  3 □  4 □  5 □

   b. Re-writing prescriptions that originate from outside to be filled at the MTF is burdensome to prescribers at my facility. ........................................ 1 □  2 □  3 □  4 □  5 □

   c. Direct-to-consumer advertisement prompts my patients to seek care for health conditions that might otherwise go untreated. ................................. 1 □  2 □  3 □  4 □  5 □

   d. Patients' requests for advertised drugs make my job more challenging. ........................................ 1 □  2 □  3 □  4 □  5 □

14. With regard to the formulary at your MTF, how strongly do you agree or disagree with the following statements:

(Check One Box on Each Line)

   a. It is easy to keep track of changes made to the list of drugs on my MTF's formulary. .............................. 1 □  2 □  3 □  4 □  5 □

   b. The MTF's formulary has done a good job keeping drugs up-to-date in the drug classes I would like to prescribe. ........................................ 1 □  2 □  3 □  4 □  5 □

   c. The MTF's formulary helps my ability to prescribe clinically appropriate drugs. .............................. 1 □  2 □  3 □  4 □  5 □

   d. It is important for the MTF to save money, when possible, by choosing the drug with the best value within a therapeutic class............................... 1 □  2 □  3 □  4 □  5 □

   e. My MTF patients can obtain non-formulary drugs when medically justified. ........ 1 □  2 □  3 □  4 □  5 □

   f. The drug restrictions imposed by the MTF's formulary are a necessary component for containing costs. .... 1 □  2 □  3 □  4 □  5 □

   g. Overall, I am satisfied with the non-formulary waiver/approval process in my MTF. .............................. 1 □  2 □  3 □  4 □  5 □
The next several questions ask about your familiarity with, opinion of, and recommendations on the processes and policies that govern the composition of your MTF formulary. For your reference, the MTF’s Pharmacy & Therapeutics (P&T) Committee is the oversight committee which decides what drugs will be covered by the MTF’s formulary. The P&T Committee also establishes policies and procedures governing access to restricted and non-formulary drugs.

15. How familiar are you with the activities of your MTF’s Pharmacy & Therapeutics Committee?  
   (Check One)  
   1 ☐ Very familiar  
   2 ☐ Somewhat familiar  
   3 ☐ Not at all familiar ➞ (Go to Question #17)

16. How strongly do you agree or disagree with the following statements:  
   (Check One Box on Each Line)  
   
   a. The MTF’s Pharmacy & Therapeutics (P&T) Committee is responsive to the concerns of providers. .......................... 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

   b. I have confidence in the ability of the MTF’s P&T Committee to choose for use at my facility the safest and most clinically effective drugs. ............ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

   c. I have confidence in the ability of the MTF’s P&T Committee to choose for use at my facility the drugs with the best value. .............................. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

   d. Overall, I am satisfied with the decisions and actions of my MTF’s ‘P&T Committee. ...................... 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
17. What would make it easier for MTF providers to comply with the MTF’s formulary?

(Check All That Apply)

1 ☐ Feedback on their prescribing patterns

2 ☐ Regular reminders on content of the formulary

3 ☐ Electronic prescribing

4 ☐ Regularly updated formulary lists

5 ☐ Web-based formulary lists for easy access

6 ☐ Better responsiveness to providers concerns regarding formulary content, policies and procedures

☐ Other (please specify):

8 ☐ Don’t know

18. If you had the opportunity, what changes would you make to the content, policies and/or procedures of your MTF’s formulary?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
19. In a typical workweek, how many hours do you spend working at an MTF? Your best estimate is fine.

# OF HOURS: □ □ □

20. On average, what percentage of your time per week do you spend doing each of the following professional activities at an MTF? Your best estimate is fine.

% OF TIME PER WEEK

a. Management or administration ................................................................. □ □ □ %

b. Seeing patients (either by yourself or accompanied by other providers) ................................ □ □ □ %

c. Teaching activities (i.e. giving lectures or clinical tutorials) ................................................ □ □ □ %

d. Research ........................................................................................................ □ □ □ %

e. Readiness ...................................................................................................... □ □ □ %

f. Other professional activities ........................................................................... □ □ □ %

(please specify): .............................................................................................

TOTAL ........................................................................................................... 100%

21. In what type of setting do you see (either by yourself or accompanied by other providers) most of your MTF patients?

(Check One)

1 □ Outpatient clinic

2 □ Hospital inpatient setting

3 □ Other (please specify) ..................................................................................

22. What is your primary discipline?

(Check One)

1 □ Physician ➔ (Go to Question #23)

2 □ Advanced practice nurse ➔ (Go to Question #24)

3 □ Physician assistant ➔ (Go to Question #24)

4 □ Other (please specify) ..................................................................................

(please specify) ➔ (Go to Question #24)
23. If you are a physician, what is your current status?
   (Check One)
   1 ☐ Attending
   2 ☐ Fellow
   3 ☐ Intern
   4 ☐ Resident
   5 ☐ Other (please specify) ________________________________

24. What is your primary area of specialty?
   (Check One)
   1 ☐ Family Practice/Family Medicine
   2 ☐ Geriatrics
   3 ☐ General Internal Medicine
   4 ☐ Internal Medicine subspecialty (please specify) ________________________________
   5 ☐ Obstetrics & Gynecology
   6 ☐ Pediatrics
   7 ☐ Dermatology
   8 ☐ Other (please specify) ________________________________

25. Approximately, how many months or years have you worked at:
   a. The MTF to which you are currently assigned? ____________________________ MONTHS: ___ YEARS: ___
   b. Other MTFs (excluding the one to which you are currently assigned)? ____________________________ MONTHS: ___ YEARS: ___

26. What is your current military pay grade?
   (Check One)
   1 ☐ O-1
   2 ☐ O-2
   3 ☐ O-3
   4 ☐ O-4
   5 ☐ O-5
   6 ☐ O-6
   7 ☐ Not applicable
27. Are you currently:
   (Check All That Apply)
   1 □ Active Duty Personnel
   2 □ Reservist
   3 □ Civilian
   4 □ Other (please specify) ____________________________________________

28. How old were you on your last birthday?  AGE: □ □

Do you have any other comments?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please return your completed survey to RAND in the pre-paid return envelope provided.

Please do not write your name or address anywhere on the questionnaire or the return envelope.

If you have any other questions or if you are missing your return envelope, please call this toll-free number: 1-866-456-1518.

THANK YOU FOR YOUR TIME
Dear <TITLE> <LAST NAME>:

Your assistance is urgently needed! Congress has directed the Assistant Secretary of Defense to evaluate the pharmacy benefits program for patients within the Military Health System (MHS). To this end, the Department of Defense (DoD) has asked RAND, an independent non-profit research organization with extensive experience studying health care systems, to conduct a confidential survey of health care providers who treat MHS beneficiaries.

As a health care provider to MHS beneficiaries receiving care at Military Treatment Facilities (MTFs), you have been randomly selected to participate in this study. The aim of this survey is to learn more about your experiences prescribing medication within your MTF. Your response to this survey will help the DoD better understand how to improve the prescription benefits it offers to military personnel and their families.

Enclosed please find a self-administered questionnaire for you to complete and return in the postage-paid envelope as soon as possible. We want to assure you that your participation in this study is completely voluntary and that RAND will keep all of your responses strictly confidential, except as required by law. While RAND will provide the DoD with a file containing the responses to this questionnaire, RAND will remove, prior to sharing the data with the DoD, all data from the file that would allow for the identification of any specific individual or health care facility. If you have any questions or concerns regarding this study, please call RAND toll-free at 866-456-1518.

I thank you in advance for your participation in this important study.

Sincerely,

Peter A. Glassman, MBBS, MSc

Study Principal Investigator
Dear <TITLE> <LAST NAME>:

Your assistance is urgently needed! In the past week, you should have received in the mail a questionnaire with a blue cover titled **Survey on Medication Prescribing within Military Treatment Facilities**.

This confidential survey of health care providers who treat military health system beneficiaries is being conducted by RAND, an independent non-profit research organization, on behalf of the Assistant Secretary of Defense. This letter is to remind you to take a few minutes to complete and return your questionnaire. If you have already done so, thanks and please disregard this letter.

In the questionnaire packet recently sent to you, a postage-paid envelope was included. Please use this envelope to return your completed questionnaire. If you no longer have this envelope, if you have misplaced your questionnaire, or if you never received the questionnaire in the mail, just call 1-866-456-1518 and another one will be sent to you. Also, if you have any questions or concerns regarding this study, please do not hesitate to call Ana Suarez at this toll-free number.

Thank you again for your time and assistance in this important study.

Sincerely,

Peter A. Glassman, MBBS, MSc
Study Principal Investigator
Dear <TITLE> <LAST NAME>:

**Your input is still needed!** I am writing to you once again to urge you to take a few minutes to complete the enclosed questionnaire on medication prescribing. You were selected as part of a national sample of health care providers who treat beneficiaries of the Military Health System (MHS).

*This is important and timely research.* Your response will enable the Department of Defense’s (DoD) TRICARE Management Activity to consider your experience and opinions in managing pharmacy benefits for patients receiving health care coverage through the Military Health System.

The Assistant Secretary of Defense asked RAND, a private non-profit research organization, to administer this survey. I want to assure you that your participation in this study is *completely voluntary* and that RAND will keep all of your responses confidential, except as required by law. The DoD will not have access to any responses that might identify you or your healthcare facility.

Again, this is a very important study in light of upcoming changes to health care and pharmacy coverage for MHS beneficiaries. By participating in this survey, you can assist DoD’s TRICARE Management Activity in determining how these changes might affect you and your ability to effectively provide quality care for your MHS patients.

If you have already responded to this request, I thank you for your time. If you have not, I would appreciate if you could please do so as soon as possible. We have included a postage-paid envelope for your convenience.

Should you have any questions, please feel free to contact Ana Suarez at RAND. She can be reached toll free at 1-866-456-1518.

Thank you.

Sincerely,

Peter A. Glassman, MBBS, MSc

Study Principal Investigator
Dear <TITLE> <LAST NAME>:

YOur input is still needed! I am writing a final letter to again urge you to tell us about your experiences with and opinions regarding prescribing medications to patients who receive health care coverage through the Military Health System (MHS). If you have already sent back your survey, thank you. If you would like to have your voice heard, please complete and return the enclosed questionnaire as soon as possible. A postage-paid envelope is enclosed for your convenience.

This is important and timely research in light of upcoming changes to health care and pharmacy coverage for MHS beneficiaries. Your response will enable the Department of Defense’s (DoD) TRICARE Management Activity to better understand how these changes might affect the ability of clinicians, like yourself, to effectively provide quality care for their MHS patients.

The Assistant Secretary of Defense asked RAND, a private non-profit research organization, to administer this survey. You were selected as part of a national sample of health care providers at military treatment facilities who treat beneficiaries of the MHS. I want to assure you that your participation in this study is completely voluntary and that RAND will keep all of your responses confidential, except as required by law. DoD will not have access to any responses that might identify you or your health care facility.

Should you have any questions, please feel free to contact Ana Suarez at RAND. She can be reached toll free at 1-866-456-1518.

Thank you!

Sincerely,

Peter A. Glassman, MBBS, MSc
Study Principal Investigator
DOD FORMULARY SURVEY

FOLLOW-UP PROMPTING

TELEPHONE SCRIPT FOR MTF SAMPLE

IF YOU REACH A RECORDING:

1. BASED ON THE GREETING, TRY TO VERIFY THAT YOU HAVE REACHED THE FACILITY/OFFICE OF RESPONDENT.

   1 YES – TRY AGAIN LATER
   2 NO – CODE AS ‘PROB’
   3 NOT SURE – TRY AGAIN LATER; MAKE NOTE UNDER “COMMENTS”

IF A PERSON ANSWERS:

2. Hello, my name is ____________, and I’m calling from RAND, a research organization in <Santa Monica, California OR Arlington, VA>.

   IF NEEDED: Have I reached <HEALTH FACILITY>?

   a. REACHED R’s FACILITY - GO TO #3
   b. DID NOT REACH R’s FACILITY - VERIFY NUMBER; IF WRONG NUMBER, CODE AS ‘WN’ AND BRING TO THE ATTENTION OF SUPERVISOR.

3. I’m trying to reach <RESPONDENT>. Does he/she work at this health facility?

   IF R IS AT THIS FACILITY: Could I please speak with <RESPONDENT>?

   a. R AT THIS FACILITY AND R IS AVAILABLE - GO TO #6
   b. R AT THIS FACILITY BUT R IS NOT AVAILABLE AT THIS TIME – GO TO #4
   c. R DOES NOT WORK AT THIS FACILITY (ANYMORE) – FIND OUT WHEN R LEFT THE FACILITY; GO TO #13 AND CODE AS ‘OA’
   d. DO NOT KNOW – GO TO #13 AND CODE AS ‘PROB’
4. When would be a good time to reach <RESPONDENT>?

ENTER DATE/TIME ON CALL RECORDS

   a. DATE/TIME SPECIFIED – GO TO #5 AND CODE AS ‘SCB.’ INDICATE DATE & TIME GIVEN
   b. NO SPECIFIC TIME – GO TO #5 AND CODE AS ‘SCB’

5. May I leave a message for <RESPONDENT>?

   IF LEAVING A MESSAGE WITH A PERSON:

   My name is ___________ and I’m calling from RAND, a non-profit research organization, regarding a questionnaire we mailed to him/her for a study we are conducting on behalf of the Department of Defense. I would appreciate it if <R> could call me back toll free at (866) 456-1518.

   IF LEAVING A MESSAGE ON VOICEMAIL:

   This message is for <RESPONDENT>. My name is ___________ and I’m calling from RAND, a non-profit research organization, regarding a study we are conducting on behalf of the Department of Defense. We recently sent you a questionnaire and I’m calling to find out if you received it. I would appreciate it if you could call me back at your earliest convenience. The toll free number is (866) 456-1518 and again, my name is ___________. I will also follow up with you soon if you are unable to return my call. I want to thank you in advance for your participation in this study.

   1. LEFT MESSAGE – GO TO #13 (if needed) AND CODE AS ‘LM-P’ OR ‘LM-AM’
   2. UNABLE TO LEAVE MESSAGE – GO TO #13

   IF RESPONDENT COMES ON LINE:

   6. Hello, my name is ___________ and I’m calling from RAND, a non-profit research organization, regarding a study of prescribers we are conducting on behalf of the Department of Defense. We recently sent you a questionnaire asking you about your experiences prescribing medications and I’m calling to find out if you received the questionnaire.
IF NEEDED: The study packet was first mailed to you in early April and then again at the beginning of May. It included a questionnaire and a cover letter explaining the study.

IF NEEDED: This study is part of an extensive effort by the U.S. Department of Defense to improve the quality of the healthcare being provided to military personnel and their families. However, this study is not designed to evaluate individual healthcare providers or health facilities. It simply aims at finding out more about how, in general, military health beneficiaries receive their prescriptions from their providers and the provider’s experience prescribing medications to them.

Participation is completely voluntary, and RAND will keep all of your responses strictly confidential. Please be assured that RAND will not release any information that can be linked to an individual or a facility. Even though the Department of Defense is sponsoring this survey, RAND is working independently. Therefore, your identity is protected.

The success of the study depends on our obtaining a representative sample of health care providers serving military health beneficiaries, so your participation is extremely important. You were selected at random from a national pool of health care providers who treat military health beneficiaries. It should only take you about 15 minutes to complete the questionnaire. We hope we can count on your help.

a. RECEIVED QUESTIONNAIRE AND ALREADY RETURNED IT – GO TO #13 AND CODE AS ‘RC’

b. RECEIVED QUESTIONNAIRE BUT DIDN’T COMPLETE IT YET - GO TO #7

c. STUDY NOT APPLICABLE TO R – GO TO #8

d. NEEDS REMAIL – GO TO #9 AND CODE AS ‘RM’

e. REFUSAL - GO TO #10
IF RESPONDENT RECEIVED QUESTIONNAIRE:

a. When might you be able to return the questionnaire?

IF NEEDED: We would appreciate it if you could complete it as soon as possible since we are scheduled to complete data collection in June in order to meet the deadline for reporting the results of the study to Congress.

1 WILL RETURN – ENTER DATE ON CALL RECORD – GO TO #12 AND CODE AS ‘WC’

2 REFUSAL - GO TO #10

QUESTIONNAIRE NOT APPLICABLE TO R

a. You were selected for this study based on information we received from the TRICARE Management Activity at the Department of Defense, which indicated that you have prescribing privileges at your facility. Can you prescribe medications to the patients you treat?

1 IF YES – GO BACK TO OUTCOMES IN #6 AND FOLLOW SCRIPT FOR OUTCOMES #2, #4 OR #5, ACCORDINGLY

2 IF DOESN’T PRESCRIBE MEDICATIONS OR DOESN’T TREAT PATIENTS – I will make a note of this on our records so that we do not send you any more surveys. GO TO #13 AND CODE AS ‘NE’

REMAIL:

9. I can re-send the study packet to you. We would appreciate it if you complete it and return it as soon as possible since we are scheduled to complete data collection in June in order to meet the deadline for reporting the results of the study to Congress. Let me confirm your mailing address.

a. THE FACILITY ADDRESS ON FILE VERIFIED - GO TO #12

b. CHANGES TO THE FACILITY ADDRESS ON FILE – GO TO #12
REFUSAL:

10. Your participation is critical in order for the results of this study to be as representative as possible of all prescribers who treat military health beneficiaries. We expect the results to be very useful to health care providers, administrators, and policymakers within the Military Health System. It should only take you about 15 minutes to complete the survey. I can assure you, we will not share any identifiable information about individuals or their facilities.
   
a. STILL REFUSES – GO TO #11
b. OBJECTIONS OVERCOME – NEEDS ANOTHER COPY OF SURVEY – GO TO #9 AND CODE AS ‘RM’
   OBJECTIONS OVERCOME – HAS SURVEY – GO TO #12 AND CODE AS ‘WC’

11. I am sorry that you do not wish to participate in this study. May I ask why?
   
   IF NEEDED: Knowing why a prescriber can not or does not wish to participate in this study will help us better understand if, and how, those who do not participate differ from those who do.

GO TO #13, CODE AS ‘R-NI’ AND INDICATE REASON GIVEN IF ANY

IF RESPONDENT SAYS HE/SHE WILL COMPLETE QUESTIONNAIRE:

12. We really appreciate you taking the time to participate in this survey. The study packet includes a self-addressed and stamped envelope for you to return the questionnaire. There is no need for you to write your name or address anywhere on the questionnaire. Please be assured that RAND will keep all of your responses strictly confidential and that RAND will not make your responses public in any way that can be linked to you directly or your facility.

   GO TO #13

13. CLOSING:
   Thank you very much.

   (CODE OUTCOME AND NOTES ON CALL RECORD)