B. Survey Materials for Purchased-Care Prescribers

In this appendix, we provide copies of materials used in this study that were sent to purchased-care prescribers. Included (in this order) are a copy of the “Survey on Medication Prescribing and Prescription Drug Benefits”; a survey cover letter asking participants to share their experiences with prescribing medications to their patients in general and to TRICARE patients in particular; a follow-up cover letter requesting participation in the survey; a cover sheet used to get the recipient’s attention that was inserted on top of the third follow-up mailing packet; the third follow-up cover letter; and the script used in a telephone follow-up to solicit prescribers’ participation.
Department of Defense Military Health System

Survey on Medication Prescribing and Prescription Drug Benefits

You were selected to receive this survey as a managed care support contractor under the Department of Defense (DoD) TRICARE program. This survey has been designed to capture information about your experiences prescribing medications to outpatients and your opinions regarding prescription drug benefits.

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

The public reporting burden for this collection is estimated to average 20 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0720-0024) 1215 Jefferson Davis Highway, Suite 1204, Arlington, Va. 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control.

Center for Military Health Policy Research
RAND
1200 South Hayes Street
Arlington, Virginia 22202-5050

OMB Control: 0720-0024 Expiration Date: 6/30/2003
In this first section, we are interested in learning about your overall experience writing outpatient prescriptions for ALL of your patients, not just your TRICARE patients.

1. On average, how many **outpatients** do you see per week? *Please think about all of your patients, not just your TRICARE patients. Your best estimate is fine.*
   
   # OF OUTPATIENTS:  

2. Approximately how many medications do you prescribe per week for these **outpatients**? *Please include both new prescriptions and renewals.*
   
   *(Check One Only)*

   1. None
   2. 1 to 20 outpatient prescriptions per week
   3. 21 to 40
   4. 41 to 60
   5. 61 to 80
   6. 81 to 100
   7. More than 100 outpatient prescriptions per week

THE NEXT QUESTIONS IN THIS SECTION INQUIRE ABOUT YOUR EXPOSURE TO FORMULARIES AND PREFERRED DRUG LISTS:

A **formulary** is a list of drugs covered by a patient's health insurance plan as well as a set of rules and procedures for obtaining medically indicated drugs not covered on the formulary list (i.e. non-formulary drugs).

A **preferred drug list** contains drugs that require lower patient co-payments compared to drugs not included on the list (i.e. non-preferred drugs). In many cases, physicians must request a waiver before a patient can obtain medically indicated non-preferred drugs at the lower co-payment rate.

3. In the past 3 months, have you prescribed medications for outpatients whose drug benefits are based on either formularies or preferred drug lists?
   
   *(Check One Only)*

   1. Yes ➔ *(Go to Question #4, next page)*
   2. No ➔ *(Skip to page 7, Question #17)*
   3. Don't know ➔ *(Skip to page 7, Question #17)*
4. How many different formulary lists have you encountered over the past 3 months?
   (Check One Only)
   1 □ None → (Skip to Question #7 on this page)
   2 □ 1 to 2 formulary lists
   3 □ 3 to 5 formulary lists
   4 □ More than 5 formulary lists
   (Go to Question #5 on this page)

5. How familiar are you with:
   (Check One Box on Each Line)
   VERY
   FAMILIAR    SOMewhat
   FAMILIAR    NOT AT ALL
   FAMILIAR

   a. The drugs that are included on these formularies?......................... 1 □ 2 □ 3 □

   b. The rules and procedures for prescribing non-formulary
      drugs? ................................................................. 1 □ 2 □ 3 □

6. Please estimate the percentage of your outpatients that are covered by these formularies:
   (Check One Only)
   1 □ None
   2 □ Less than 10%
   3 □ 10% to 24%
   4 □ 25% to 50%
   5 □ More than 50%
   8 □ Don't know

7. How many different preferred drug lists have you encountered over the past 3 months?
   (Check One Only)
   1 □ None → (Skip to Question #10, next page)
   2 □ 1 to 2 preferred drug lists
   3 □ 3 to 5 preferred drug lists
   4 □ More than 5 preferred drug lists
   (Go to Question #8 on this page)

8. How familiar are you with:
   (Check One Box on Each Line)
   VERY
   FAMILIAR    SOMewhat
   FAMILIAR    NOT AT ALL
   FAMILIAR

   a. The drugs that are included on these preferred drug lists?................. 1 □ 2 □ 3 □

   b. The rules and procedures for prescribing non-preferred
      drugs? ................................................................. 1 □ 2 □ 3 □
9. Please estimate the percentage of your outpatients that are covered by these **preferred drug lists:**

*(Check One Only)*

1. None
2. Less than 10%
3. 10% to 24%
4. 25% to 50%
5. More than 50%
6. Don’t know

THE REMAINING QUESTIONS IN THIS SECTION REFER TO BOTH FORMULARIES AND PREFERRED DRUG LISTS. ALTHOUGH THE TWO ARE NOT EXACTLY THE SAME, THE RULES AND PROCEDURES FOR OBTAINING NON-FORMULARY DRUGS APPLY IN MANY INSTANCES. WE ARE INTERESTED IN HOW THESE RULES AND PROCEDURES AFFECT YOUR PRACTICE IN GENERAL.

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

*(Check One Box on Each Line)*

<table>
<thead>
<tr>
<th>a. changed the medication you originally prescribed because the drug was not on the patient’s health plan formulary/list of preferred drugs?</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></td>
<td>0 ☐</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>8 ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. considered prescribing a non-formulary/non-preferred drug but did not because you thought that the request would be denied?</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></td>
<td>0 ☐</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>8 ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. considered prescribing a non-formulary/non-preferred drug but did not because you thought that the process would take too long?</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></td>
<td>0 ☐</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>8 ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. been asked by a patient to prescribe a non-formulary/non-preferred drug even though you believed the formulary/preferred drug to be just as effective?</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></td>
<td>0 ☐</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>8 ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. requested approval to prescribe a non-formulary/non-preferred drug because a patient requested it, even though you believed that another drug on the formulary would have been just as effective?</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></td>
<td>0 ☐</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>8 ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. been asked by a patient to prescribe a particular drug because the patient had seen it advertised?</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></td>
<td>0 ☐</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>8 ☐</td>
</tr>
</tbody>
</table>
11. Have you ever requested approval to prescribe a non-formulary/non-preferred drug?
   *(Check One Only)*
   
   1 □ Yes ➔ *(Go to Question #12 on this page)*
   
   0 □ No ➔ *(Skip to Question #14, next page)*

12. In the past 3 months:
   
   a. How many times did you request approval to prescribe a non-formulary/non-preferred drug? *Your best estimate is fine.* *(If ‘never,’ write in ‘00’ and skip to Question #14, next page)*
   
   # OF REQUESTS: ______ OR 8 □ Don’t Know

   b. How many times were these requests denied? *Your best estimate is fine.* *(If ‘never,’ write in ‘00’ and skip to Question #14, next page)*
   
   # DENIED: ______ OR 8 □ Don’t Know

13. Think about the most recent case for which your request for a non-formulary/non-preferred 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 / non-preferred drug.
      
      4 □ I prescribed a formulary / preferred drug.
      
      5 □ Other *(please specify): ____________________________*
      
      8 □ Can’t remember

   b. How was the patient’s health affected as a result of not getting the non-formulary/non-preferred drug you initially requested?
      *(Check One Only)*
      
      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
This section asks for your opinion regarding drug formularies, including their content and governing procedures and policies, as well as their impact on day-to-day clinical practice. For your reference, a Pharmacy and Therapeutics (P&T) Committee is the oversight committee which decides what drugs will be covered by a formulary or preferred list, and establishes the policies and procedures governing access to non-formulary/non-preferred drugs.

14. How strongly do you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>NEITHER AGREE NOR DISAGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>b.</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>c.</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>d.</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>e.</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>f.</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>g.</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>h.</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
<tr>
<td>i.</td>
<td>1 ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
<td>5 ☐</td>
</tr>
</tbody>
</table>
15. Which of the following statements best describes what you currently do in your daily practice to determine which drugs have been included in a formulary or a preferred drug list under a patient's health plan?

(Check One Only)

1. I look at a written formulary or preferred drug list from the patient's insurer/health plan.

2. I go to the website of the patient's insurer/health plan.

3. I know by memory most of the common drugs that are covered by my patients' insurers/health plans.

4. I write what I think is on the formulary/preferred drug list and assume that a pharmacist will call me if it is not.

5. If I don't know, then I ask my staff to find out if a drug is covered.

6. I think that it is the patient's responsibility to determine whether a drug is on a formulary or a preferred drug list and to let me know if it is not.

7. Other method (please specify): ____________________________________________________________

16. What would make it easier for providers to comply with a formulary/list of preferred drugs?

(Check All That Apply)

1. Feedback on their prescribing patterns

2. Regular reminders on content of formulary

3. Electronic prescribing

4. Regularly updated formulary list

5. Web-based formulary list for easy access

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

7. Other (please specify): ____________________________________________________________

8. Don't know
Please tell us your opinion regarding direct-to-consumer advertisement of and tiered co-payment systems for prescription drugs.

17. How strongly do you agree or disagree with the following statements:

(Check One Box on Each Line)

<table>
<thead>
<tr>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>NEITHER AGREE NOR DISAGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Direct-to-consumer advertisement prompts my patients to seek care for health conditions that might otherwise go untreated.</td>
<td>1  ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
</tr>
<tr>
<td>b. Patients' requests for advertised drugs make my job more challenging.</td>
<td>1  ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
</tr>
<tr>
<td>c. A tiered co-payment system, in which a patient pays more for non-formulary/non-preferred drugs, promotes cost-effective prescribing.</td>
<td>1  ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
</tr>
<tr>
<td>d. A tiered co-payment system, as described in Q17c above, places an unfair burden on patients.</td>
<td>1  ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
</tr>
<tr>
<td>e. A tiered co-payment system, as described in Q17c above, limits the effect of drug advertising.</td>
<td>1  ☐</td>
<td>2 ☐</td>
<td>3 ☐</td>
<td>4 ☐</td>
</tr>
</tbody>
</table>

As you know, you were sampled for this survey because you have provided treatment services to military beneficiaries under a TRICARE managed care support contract. The questions in this section inquire about your professional practice as it relates to TRICARE beneficiaries.

18. Which of the following best describes your contractual arrangement to treat TRICARE patients?

(Check One Only)

1 ☐ TRICARE Prime
2 ☐ TRICARE Extra
3 ☐ TRICARE Standard
4 ☐ Other (please specify): _______________________________
8 ☐ Don’t know
19. How long have you been treating TRICARE patients?

_Choose One Only_

1 □ Less than a year
2 □ 1 to 5 years
3 □ More than 5 years
8 □ Don’t know

20. Approximately what percent of your outpatients are TRICARE patients?

_Choose One Only_

1 □ Less than 10%
2 □ 10% to 24%
3 □ 25% to 50%
4 □ More than 50%
8 □ Don’t know

21. What is the zipcode of your practice location where you see most of your TRICARE patients?

ZIP CODE: ________ OR 8 □ Don’t Know

22. In general, for how many of your TRICARE patients do you know where they fill the prescriptions you write?

_Choose One_

1 □ All
2 □ Most
3 □ Some
4 □ Only a few
0 □ None
23. To the best of your knowledge:

a. Can TRICARE beneficiaries obtain prescriptions at no cost at their local Military Treatment Facility (MTF) as long as the medication is listed in that MTF’s formulary?...........................................
   
   YES
   NO
   DON'T
   KNOW
   1 ☐
   0 ☐
   8 ☐

b. Do TRICARE beneficiaries pay different co-payments depending on where (e.g. MTF, retail pharmacies, or mail order program) they choose to fill the prescriptions you write?...........................................
   
   YES
   NO
   DON'T
   KNOW
   1 ☐
   0 ☐
   8 ☐

24. Please indicate how often the following occur:

a. Your TRICARE patients complain about certain drugs not being available at their MTF pharmacy. ................................. 0 ☐
   NEVER
   SOMETIMES
   OCCASIONALLY
   OFTEN
   VERY
   OFTEN
   DON'T
   KNOW
   1 ☐
   2 ☐
   3 ☐
   4 ☐
   8 ☐

b. Your TRICARE patients complain about certain drugs not being available through the TRICARE mail order drug program. ......... 0 ☐
   NEVER
   SOMETIMES
   OCCASIONALLY
   OFTEN
   VERY
   OFTEN
   DON'T
   KNOW
   1 ☐
   2 ☐
   3 ☐
   4 ☐
   8 ☐

c. Your TRICARE patients complain to you about their out-of-pocket expenses (e.g. co-payments) for prescriptions. ................................. 0 ☐
   NEVER
   SOMETIMES
   OCCASIONALLY
   OFTEN
   VERY
   OFTEN
   DON'T
   KNOW
   1 ☐
   2 ☐
   3 ☐
   4 ☐
   8 ☐

d. You advise your TRICARE patients to go to their MTF to have their prescription filled. ........... 0 ☐
   NEVER
   SOMETIMES
   OCCASIONALLY
   OFTEN
   VERY
   OFTEN
   DON'T
   KNOW
   1 ☐
   2 ☐
   3 ☐
   4 ☐
   8 ☐

e. Your TRICARE patients ask you to prescribe drugs that they have seen advertised. ................................. 0 ☐
   NEVER
   SOMETIMES
   OCCASIONALLY
   OFTEN
   VERY
   OFTEN
   DON'T
   KNOW
   1 ☐
   2 ☐
   3 ☐
   4 ☐
   8 ☐

25. How satisfied are you that your TRICARE patients can get any drug, when clinically indicated?

*(Check One Only)*

1 ☐ Very satisfied
2 ☐ Satisfied
3 ☐ Not satisfied
8 ☐ Can’t say
This last section inquires about the scope of your practice and your background.

26. In a typical workweek, how many hours do you spend doing professional activities? Your best estimate is fine.

[ ] [ ] [ ]

# OF HOURS:

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

<table>
<thead>
<tr>
<th>% OF TIME PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Management or administration</td>
</tr>
<tr>
<td>b. Seeing patients (either by yourself or accompanied by other providers)</td>
</tr>
<tr>
<td>c. Didactic teaching (i.e. giving lectures or clinical tutorials)</td>
</tr>
<tr>
<td>d. Research</td>
</tr>
<tr>
<td>e. Other professional activity</td>
</tr>
</tbody>
</table>

(please specify): ____________________________

TOTAL ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...
30. If you are a physician, what is your current status?
   (Check One Only)
   1 ☐ Completed training (i.e. staff, attending and/or in private practice)
     In Training → 2 ☐ Fellow
     3 ☐ Intern
     4 ☐ Resident
     5 ☐ Other (please specify) ______________________________

31. What is your primary area of specialty?
   (Check One Only)
   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) ______________________________

32. How would you characterize the make-up of the outpatient practice where you spend most of your patient care time?
   (Check One Only)
   1 ☐ Solo practice (i.e. where you are the only health care provider)
   2 ☐ Single-specialty group (i.e. where you practice with other health care providers in your same specialty area)
   3 ☐ Multi-specialty group (i.e. where your practice with other health care providers from different specialty areas)
   4 ☐ Other (please specify) ______________________________

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

   OVER →
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 TRICARE Management Activity (TMA) to evaluate the pharmacy benefits program for patients within the Military Health System (MHS). To this end, TMA 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 who treats patients covered by MHS through TRICARE, you have been randomly selected to participate in this study. The aim of this survey is to learn more about your experiences prescribing medication to all of your patients in general and to your TRICARE patients in particular. *Your response to this survey will help the Department of Defense (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. This should take you approximately 20 minutes. If you have any comments regarding this burden estimate or any other aspect of this collection of information, please contact the Department of Defense, Washington Headquarters Services, Directories for Information Operations and Reports (OMB control: 0720-0024), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

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 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. Even if you only see a few patients covered by the Military Health System, your participation is still critical to the success of this research study.

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 DoD’s TRICARE Management Activity 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 health care facility.

If you have already responded to this request, I thank you for your time. If you have not, we would appreciate if you could please do so as soon as possible. We have included a postage-paid envelope for your convenience. This should take you approximately 20 minutes. If you have any comments regarding this burden estimate or any other aspect of this collection of information, please contact the Department of Defense, Washington Headquarters Services, Directories for Information Operations and Reports (OMB control: 0720-0024), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

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
***PLEASE READ***

HAVE FORMULARIES AFFECTED YOUR PRESCRIBING PRACTICES?

WHAT DO YOU THINK ARE THE PROS AND CONS OF FORMULARIES?

_The Department of Defense Military Health System would like to hear your thoughts on these and other questions regarding formulary systems!_

You were randomly selected for this study from among a group of providers who in the past have treated patients covered by TRICARE, the insurance program for military retirees and their families as well as for dependents of active duty military personnel. The Department of Defense (DoD) TRICARE Management Activity, the entity which oversees this insurance program, is considering significant changes to the prescription benefits it offers its beneficiaries. To help inform these changes, Congress has mandated DoD to conduct a survey of providers who treat TRICARE beneficiaries to assess their experiences prescribing medication within a formulary system and their opinions regarding such systems. RAND, a non-profit research organization, is conducting this survey on behalf of DoD.

We have included a postage-paid envelope for your convenience. This should take you approximately 20 minutes. If you have any comments regarding this burden estimate or any other aspect of this collection of information, please contact the Department of Defense, Washington Headquarters Services, Directories for Information Operations and Reports (OMB control: 0720-0024), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302.

We 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. If you have any questions or concerns regarding this study, please call RAND toll-free at 866-456-1518.

THANK YOU!
TO: <TITLE> <FNAME> <LNAME>

FROM: Dr. Peter Glassman, Study Principal Investigator

RE: Department of Defense Study on Medication Prescribing and Formulary Systems

I am writing to you one more time in a final plea to ask you to share your experiences with and opinions of the formularies that you deal with in your daily practice.

We understand your time is limited. However, any information you can provide will help RAND in assisting the Department of Defense to determine the rules and procedures governing TRICARE pharmacy benefits.

Your help is urgently needed. You were randomly selected for this study from among a small group of providers who have submitted claims to TRICARE. Even if you do not currently see TRICARE patients, your responses represent other prescribers who treat military dependents in community settings.

As you know, TRICARE (formerly known as CHAMPUS) is the insurance program for military retirees and their families and for dependents of active duty military personnel. The Department of Defense (DoD) will be making changes to the TRICARE formulary in the near future. RAND is conducting on behalf of DoD a congressionally mandated survey of prescribers to assure that their comments and experiences are taken into consideration.

You may recall that in early October you received, via Federal Express, a questionnaire entitled Survey on Medication Prescribing and Prescription Drug Benefits. Completing the survey should take you approximately 20 minutes. If you have any comments regarding this burden estimate or any other aspect of this collection of information, please contact the Department of Defense, Washington Headquarters Services, Directories for Information Operations and Reports (OMB control: 0720-0024), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. We 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.

To request an additional copy of the questionnaire or if you have any questions regarding this study, please call Ana Suarez toll free at 1-866-456-1518. Or you can contact me directly at 310-478-3711 ext. 48337 or by e-mail at peter.glassman@med.va.gov. THANK YOU!
DOD FORMULARY SURVEY
FOLLOW-UP PROMPTING
TELEPHONE SCRIPT FOR TRICARE 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>. I’m trying to reach <RESPONDENT>. Is he/she available?

   IF NEEDED: Have I reached <R’s> office?
   1 INFORMANT DOES NOT KNOW R - VERIFY NUMBER; IF WRONG NUMBER, CODE AS ‘WN’ AND BRING TO THE ATTENTION OF SUPERVISOR.
   2 R DOES NOT WORK AT THIS OFFICE/CLINIC ANYMORE - GO TO #5
   3 R AT THIS NUMBER BUT R IS NOT AVAILABLE AT THIS TIME – GO TO #3
   4 R AT THIS NUMBER AND R IS AVAILABLE - GO TO #6

3. When would be a good time to reach <RESPONDENT>?
   a.
   1 DATE/TIME SPECIFIED – GO TO #4; INDICATE DATE & TIME GIVEN
   2 NO SPECIFIC TIME – GO TO #4

4. 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 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 – CODE AS ‘LM-P’ OR ‘LM-AM’
2 UNABLE TO LEAVE MESSAGE – CODE AS ‘SCB’

5.
a. How long ago did <R> change offices?

Do you have <R’s> new phone number and address?

1 DATE OF DEPARTURE GIVEN AND/OR PHONE NUMBER GIVEN – CODE AS ‘PROB’ AND INDICATE INFORMATION GIVEN
2 NOT KNOWN – CODE AS ‘PROB’

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 mailed to you in early July. 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 health care 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 submitted claims to TRICARE for services provided to patients covered by TRICARE. 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 – 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
e. REFUSAL - GO TO #10

IF RESPONDENT RECEIVED QUESTIONNAIRE:

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

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

1 WILL RETURN – ENTER DATE ON CALL RECORD – CODE AS ‘WC’ AND GO TO #12
2 REFUSAL - GO TO #10
IF R SAYS QUESTIONNAIRE NOT APPLICABLE:

8. 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 submitted a claim to TRICARE for services provided to a patient covered by TRICARE. If you see any TRICARE patients and if you have prescribing privileges, then you are eligible to participate in this study.

   a. IF YES TO SEES TRICARE PATIENTS AND HAS PRESCRIBING PRIVILEGES – GO BACK TO OUTCOMES IN #6 AND FOLLOW SCRIPT FOR OUTCOMES #2, #4 OR #5, ACCORDINGLY
   b. IF DOESN’T PRESCRIBE MEDICATIONS OR DOESN’T TREAT ANY TRICARE PATIENTS –
      I will make a note of this on our records so that we do not send you any more surveys.
      CODE AS ‘NE’

REMAIL:

9. I can re-send the study packet to you. Let me confirm your mailing address.

   a. ADDRESS ON FILE VERIFIED - CODE AS ‘RM’ AND GO TO # 12
   b. CHANGES TO ADDRESS ON FILE – CODE AS ‘RM’ AND GO TO #12; INDICATE CHANGES TO ADDRESS ON CALL RECORD

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
   c. OBJECTIONS OVERCOME – HAS SURVEY – CODE AS ‘WC’ AND GO TO #12
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.

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. We would appreciate it if you complete it and return it as soon as possible since we are scheduled to complete data collection in August in order to meet the deadline for reporting the results of the study to Congress. 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.

Thank you very much.

(CODE OUTCOME AND NOTES ON CALL RECORD)