

FINAL

ULCER TREATMENT TELEGROUPS WITH PHARMACISTS
JUNE 26 AND 30, 1997
National Center for Infectious Diseases, U.S. Centers for Disease Control and Prevention

MODERATOR DISCUSSION GUIDE

BACKGROUND AND INTRODUCTIONS (10 minutes)

Good evening everyone. My name is _____. Thank you for joining the conference call. As you know from the call inviting you to participate, I have been asked to talk with you about a variety of things related to ulcer disease. Specifically, I want to learn more from you tonight about what you may have read or heard about a bacterium that causes ulcers. Then we'll talk about your opinions on various aspects of patient education on this topic.

Before I pose any questions, I want to go over just a few guidelines that will help us complete the discussion in the allotted time of about an hour:

- Please bear in mind that this is an opinion study with no right or wrong answers. I encourage you to be candid about your personal view on any of the topics that come up.
- Because we are on the phone, please state your name before you answer a question. That may feel awkward at first, but will become easier as we proceed.
- I am having our discussion recorded. And, as a back-up to the tape, I have asked a few people who are interested in our discussion to listen in and take notes for me.

Let's begin now with INTRODUCTIONS so everyone can hear who is here. All of you have in common your profession as registered pharmacists and your employment in a retail [chain/independent] pharmacy. As I call on you, please tell us your name as you would like everyone to address you during the call. And tell us also where your pharmacy is located. [Calls on first person on the list...] _____, I'll start with you.

DISCUSSION TOPICS

1. AWARENESS OF *H. PYLORI*: (10 minutes)

Medical researchers have discovered that a bacterium, not stress or spicy foods, is the leading cause of peptic ulcers. What have you heard?

Moderator will probe pharmacists' responses to determine whether or not they have heard about the bacterium, can name it as *H. pylori*, etc. To those who are familiar with it:

[If not already mentioned...] **What about *medications* prescribed for treating *H. pylori*?** [assuming it has been named by now]

[Depending on how large the group is, moderator may probe awareness of medications further with a question such as...]

It is my understanding that FDA has approved three regimens. Can you fill me in on these?

Tell me *where* you heard about *H. pylori* and treatment for it. Was the information designed specifically for pharmacists?

Moderator will probe responses to determine: if they have read/heard about *H. pylori* from professional pharmacist literature, other health/medical information sources and/or whether they have seen information targeted directly to consumers; awareness of workshops or other educational programs for pharmacists, APhA's self-test about *H. pylori*, etc.; and whether available information is "getting through."

Are you seeing more prescriptions for treating *H. pylori* among your customers? [Moderator may probe to determine whether pharmacists think of "customers" or "patients."]

Thinking about what you have read or heard to date, which of the following statements would you say you agree with more:

TELEGROUPS WITH PHARMACISTS RE ULCERS/H. PYLORI: Discussion Guide

Information about *H. pylori* and medications for treating it has been sufficiently available for me to *feel fairly well-informed*; OR

I do not feel as well-informed as I would like to about *H. pylori* or medications for treating it.

For those of you who said you would like more information, what *advice* do you have about:

The key issues or questions that information should cover; and

The formats that work best for you: for example, would you prefer to see information *in print*? If so, what type: newsletter or bulletin; inserts for a 3-ring binder; etc. What about cassette tapes or other non-print formats? Do you typically review information like this at work or at home?

Moderator will probe responses to obtain as much detail as possible about preferred formats/learning environment.

And what about where/from whom you would expect to obtain information. For example: would you expect to obtain information about this from professional associations such as APhA, particular pharmaceutical firms, the CDC, all of these, other sources?

2. NATURE OF CONTACT WITH PATIENTS: (15-20 minutes)

Thank you for that background. Now I'd like to learn more about the nature of interaction you as pharmacists have -- or don't have -- with customers these days. I know that opportunity for direct contact with customers varies in different pharmacies, so I'd like to hear from all of you: are there opportunities for direct contact with customers when they call or come in to fill prescriptions or purchase over-the-counter medications?

Moderator will explore responses with probes such as:

***How often* do you have an opportunity to talk with customers directly such as in the examples you have just described for me?**

Do questions or concerns come up *in person in the pharmacy, over the phone, or both*?

TELEGROUPS WITH PHARMACISTS RE ULCERS/H. PYLORI: Discussion Guide

Are there *other personnel* that patients might talk to first (e.g., a cashier or pharmacy assistant)? In other words, how would someone typically reach you personally?

Are there some *examples* you can give me of things customers bring up with you either in general or about ulcers in particular?

For example, are questions or concerns typically about symptoms, prescription/OTC medications, etc.

On questions or concerns about medication, what do people typically ask about? For example: side effects, efficacy, dosage, interaction with other drugs, etc.?

[If not mentioned...] Has anyone ever asked you about *GI problems such as heart burn or ulcers*?

What about *H. pylori* or about ulcers being caused by a bacterium? Do patients ask about this? [If yes...] Did you get a sense of where they had heard about it? (e.g., from their physician? From consumer media? Another source?)

I've focused on what patients bring up with you. Let's talk about *opportunities for you to bring up things with patients*. In others words, instead of them asking you questions, are there any opportunities for you to initiate a discussion or provide unsolicited information?

For example: Is there typically any opportunity for you to notice that a particular customer frequently buys OTC medications for heartburn or other GI problems — such as Tagamet®, Pepcid® or Zantac®. What about opportunity to ask people about that or to suggest that they consult a physician?

Or similarly, have there been any opportunities to inform patients about *H. pylori* or suggest that they ask their physicians about it?

[If yes...] How did patients respond to this information?

If you told someone that ulcers are caused by a bacterium, what do you think his or her reaction would be?

TELEGROUPS WITH PHARMACISTS RE ULCERS/H. PYLORI: Discussion Guide

Any other actions you have been able to take to help these patients understand their *H. pylori* treatment? Increase their compliance?

[If not mentioned...] **Have you seen any *patient education* materials about ulcers, *H. pylori* or medications for treating it -- such as literature to display or provide to a patient if they ask about this?**

If yes, where did the information come from?

Does it serve a useful purpose?

[Moderator will probe to determine if, in general, pharmacists receive information/formats that are specifically *not useful*.]

Is there other patient education information that is needed? Such as...

Are there formats that would be easier for pharmacies to display or distribute? What about something like refrigerator magnets? Dosing cards?

Are any formats better or worse than others in terms of what is easiest for patients to read and understand?

Moderator will also probe to determine pharmacists' latitude to acquire/display information vis a vis corporate decisions.

3. NATURE OF CONTACT WITH SPECIAL AUDIENCES: (5-10 minutes)

[NOTE: This section may be skipped if time is tight.]

So far, we've talked about customers very broadly. Let's talk a little bit about specific groups of customers. [Moderator will adjust wording if this has already come up.] **For example:**

I know that OBRA 1990 -- or the Omnibus Budget Reconciliation Act -- mandated that pharmacists provide counseling for MEDICAID PATIENTS when they receive prescriptions:

**Has that had an impact on your practice? [If yes...] How so?
Are there any unique considerations or challenges in fulfilling this mandate with Medicaid patients?**

TELEGROUPS WITH PHARMACISTS RE ULCERS/H. PYLORI: Discussion Guide

I am also interested in SENIOR PATIENTS. Are there specific challenges you have encountered in addressing their questions and concerns — or in trying to provide them with information about their medications?

4. ADVICE/SUGGESTIONS RE *H. PYLORI* PATIENT EDUCATION: (10 minutes)

We are almost out of time now so I'd like to begin wrapping up to be sure I understand some of the key points you have been making.

Let's start with some of the *challenges* you've described about providing patient education information. [Moderator will adjust wording if this does not fit with tone of discussion.] **Can you summarize for me what you would say are top challenges in general?**

[Probe if necessary...] **For example:**

Time constraints

Limited opportunity for contact with patients

Limited privacy for conversation

Patient disinterest

And how about on *H. pylori* specifically?

Do you have any suggestions for what could help make it easier or more possible for pharmacists to provide patients with information about *H. pylori* and medications for treating it?

That is all the time we have. Thank you all very much for participating this evening. Your input will be very valuable to CDC -- and your honorarium will be mailed to you very shortly. Goodnight.

TOTAL TIME: @60 minutes