

SIDEBARS:

PATIENT INTERVIEW GUIDE1

PRIMARY CARE PHYSICIAN INTERVIEW GUIDE3

INTERVIEWER ADHERENCE WITH COREQ STANDARDS5

Patient Interview Guide

INTRODUCTION

My name is _____ with Kaiser Permanente Center for Health Research. I appreciate you volunteering to spend time with us today.

We are asking you to participate in one 45- to 60-minute research interview. During the interview, you'll be asked questions that will help us better understand your experiences with sedative medication use. We will also ask you your thoughts about discontinuing sedative medication use. You will be shown some educational materials aimed at providing education about sedative medication use, insomnia, and ways to slowly stop taking sedative medications. We will ask what you think about these materials.

We will use your input to help us improve programs at Kaiser Permanente to help other patients like you in the future.

You should have received an information sheet from us explaining the study. Let's review the material in the information sheet and answer any questions you may have.

If we have your permission, we will now begin the interview.

The following questions do not have any right or wrong answers. Please answer them to the best of your ability.

GENERAL QUESTIONS ABOUT SEDATIVE MEDICATION USE

1. In the past year, have you taken a sedative medication, which are medications primarily used for the treatment of insomnia? Examples of sedative medications include Ambien [zolpidem], Lunesta [eszopiclone], and Sonata [zaleplon].
 IF NO SEDATIVE MEDICATION USE, THANK THE PATIENT FOR HIS/HER TIME AND END INTERVIEW.
 IF YES, CONTINUE WITH INTERVIEW.
2. Are you currently taking a sedative medication?
 IF YES TO 2, ASK QUESTIONS 3 TO 6 AND THEN GO TO QUESTION 14.
 IF NO TO 2, SKIP TO QUESTION 7.
3. Which medication are you taking?
 - a. How long have you been taking it? How many times did you fill your sedative medication in the last year?
 - b. Please describe your routine. For example, do you use it once in a while or every night?
4. Why were you prescribed a sedative medication?
 - a. Did your doctor suggest that you start taking a sedative medication? Did you request a sedative medication?
5. Have you had any possible adverse or negative effects from your medication? Please describe.
 - a. Have you ever felt confused or groggy after taking it?
 - b. Have you lost your balance or fallen after taking it? If yes, how often did you feel like this?
6. Have you ever considered the option of stopping to take your medication: Why or why not?
 - a. What do you see as the barriers or challenges to stopping your medication?
 - b. What might motivate you to stop the medication?

QUESTIONS ABOUT SEDATIVE MEDICATION DISCONTINUATION (IF PATIENT ANSWERED NO TO QUESTION 2, CONTINUE WITH QUESTION 7 THROUGH REST OF INTERVIEW)

7. Which medication did you take?
8. How long were you on your sedative medication before you stopped taking it? How did you use it (every day, as needed)?
9. Why were you prescribed a sedative medication?
 - a. Did your doctor suggest that you start taking a sedative medication? Did you request a sedative medication?

10. Did you have any possible adverse effects from your medication (eg, falls, confusion, feeling groggy)? How often did you feel like this?
11. Why did you stop taking your medication?
12. How did you stop? Did you quit all at once (“cold turkey”) or did you slowly reduce your medication use until you stopped altogether (also known as “tapering”)?
 - a. What was hard or challenging for you when trying to stop use of the medication?
13. What were the good and bad consequences of stopping your sedative medication? (**PROMPT FOR PARTICULARS:** Do you still have sleep issues? Do you have more energy? Are you more alert? Have better balance?)

QUESTIONS ABOUT THE PRESCRIBING OF SEDATIVE MEDICATIONS

14. What information were you given—written and/or verbal—regarding the use of sedative medications?
 - a. When did you receive this information: When you were prescribed the medication, when you filled the prescription, or both?
 - b. Who provided you with this information?
15. **If prescribed for insomnia (in Question 4 or 9):** Were strategies to treat your insomnia other than sedative medications discussed with you? What kind of strategies? (**PROMPT FOR PARTICULARS AROUND COGNITIVE BEHAVIORAL THERAPY OR SLEEP HYGIENE.**)
16. Did your doctor or someone else tell you how long you would be taking your medication?
17. Did your doctor or someone else mention anything about you becoming dependent on your sedative medication? Did they mention any possible side effects of taking the medication?
18. Did your doctor or someone else give you advice on how to quit taking your sedative medication? If yes, what kind of advice did your doctor give you?
19. What else would you have liked or found helpful in understanding and managing your sedative medication use and/or insomnia? (**PROBE:** Did you receive enough information/education about sedative medication options? What else would you have liked? Was the information you were given consistent, or did you feel like there were mixed messages from different sources like your primary care doctor, another doctor, pharmacists, and written information?)

DISCUSSION OF THE EDUCATIONAL MATERIALS (BROCHURE)

[Provide brochure mailed or emailed (will send a PDF if the participant has an email address) when interview is scheduled]

20. What is your general reaction to the content of information provided in the brochure?
21. Is there anything missing you feel needs to be included in the brochure?
22. Do you have any concerns about the information being presented or how it is presented? Would this information be helpful in other situations or at a different time (eg, at the time a patient is prescribed a sedative medication)?
23. Any other advice regarding content or layout?
24. Do you feel that this information would be helpful to you? Why or why not?

FINAL QUESTIONS

25. Is there anything else you would like to share about your experience with taking sedative medications?
26. Is there anything else you would like to share about educational materials or information that you feel is needed for helping patients understand their sedative medication use?

Primary Care Physician Interview Guide

My name is _____. I'm from the Kaiser Center for Health Research. I appreciate you volunteering to spend time with us today.

At the Center for Health Research, we are conducting research on an evaluation of a Kaiser Permanente Northwest (KPNW) quality improvement project being led by Clinical Pharmacy Services that aims to educate patients 64 years and older about their sedative medication use and encourage discontinuation of that use. These medications include eszopiclone (Lunesta), zaleplon (Sonata), zolpidem (Ambien), or zopiclone (Imovane).

As part of this study, we would like to interview physicians who prescribe sedative medications to their patients. These interviews will help us gain insight into barriers and facilitators to the deprescribing and discontinuation of sedative medication use among older patients; develop more effective patient educational materials; and understand challenges to adoption and maintenance of an educational intervention such as this.

Because this potentially impacts care for some of your patients, we would like to hear your thoughts about barriers and facilitators to the deprescribing and discontinuation of sedative medication use among older patients; how to make patient education materials more effective; and challenges to adoption and maintenance of an educational intervention such as this.

During the discussion you will be asked questions that will help us better understand:

- the process of prescribing sedative medications to patients 64 years and older and the deprescribing of these medications
- challenges you face or concerns you may have for a sedative medication deprescribing intervention
- your thoughts on some patient educational materials about sedative medication use among older patients

You should have received an information sheet explaining the study. Before we start the interview, let's review the material in the information sheet and answer any questions you may have.

If we have your permission, we will now begin the interview.

WARM-UP QUESTION/BACKGROUND

1. How long have you been a primary care provider at KPNW?
 - a. What is the best guess of your panel size?
 - b. How many patients older than 65 years are on your panel? Or, what percentage of your panel is made up of patients older than 65 years of age?

AWARENESS OF HIGH-RISK MEDICATION USE AND DRUGS TO AVOID IN THE ELDERLY

2. When you hear the following terms, in the context of your care of older patients—*high-risk medication use, potentially inappropriate medication use, drugs to avoid in the elderly, or polypharmacy*—what do they mean to you?
 - a. Do you use any particular/specific resources or criteria to evaluate the risks of medication use in older adults? Please describe. **[IF INTERVIEWEE ASKS FOR AN EXAMPLE:** An example is the Beers Criteria from the American Geriatrics Society, which outlines medications that are potentially inappropriate for older adults.]

TRANSITION

Nonbenzodiazepines (also known as Z-drugs and henceforth referred to as sedative medications during this interview) are not recommended for use among patients 65 years of age and older because of limited evidence of long-term efficacy and increased risk of adverse events such as falls, fractures, and cognitive decline. However, their use is common among this age group. These medications include eszopiclone (Lunesta), zaleplon (Sonata), zolpidem (Ambien), or zopiclone (Imovane).

The following questions relate to your beliefs about current practices around prescribing sedative medications. We are hoping that the responses to these questions will help with the ongoing development and implementation of a pharmacy quality improvement program that will help educate older adults about their sedative medication use and engage them in shared decision making around the discontinuation of these medications or reductions in the duration of their use.

CURRENT PRACTICES AND BELIEFS REGARDING SEDATIVE MEDICATION USE AMONG OLDER ADULTS

- b. Under what circumstances have you prescribed sedative medication to the older adults on your care panel?
 - a) How often does this come up and for what common reasons?
 - b) Is it driven more by patient request or your suggestion?

- c. Think back to an older patient (roughly 65 years of age or older) that you've recently seen who has issues with insomnia. How do you currently manage that insomnia?
 - a) Do you provide information about sleep hygiene or other approaches?
 - b) Do you prescribe sedative medications to your patients 64 years and older to help with insomnia?
 - c) What processes do you use to come to a decision about whether or not you prescribe a sedative medication to an older adult?
- d. How do you manage patients who are prescribed sedative medications? Do you monitor their insomnia?
 - a) How do you monitor potential adverse effects of the medication (eg, falls, cognitive issues, feeling groggy)? How often do you hear reports from older patients about negative events following use of these medications?
- e. When you prescribe a sedative medication, on average, how long do you intend for the patient to be "on" the medication?
 - a) How do you set expectations for the patient regarding how long s/he should expect to be taking the sedative medication?
 - b) What are some of the barriers you face to withdraw sedative medications in older adults?
- f. How do you provide guidance to help your patients quit taking sedative medications? Do you discuss tapering off with your patients? If so, what are your suggestions?
 - a) What type of resources or suggestions have you found helpful in the past?
- g. Under what circumstances have you referred older patients who are taking a sedative medication or other "high-risk" medication to a pharmacist? Why or why not?
 - a) Do you seek any other help in managing chronic medication use among your older patients?

DISCUSSION OF THE INTERVENTION AND INTERVENTION MATERIALS (BROCHURE)

Clinical Pharmacy Services is currently testing an intervention to inform older patients about their sedative medication use, engage them in decision making about their sedative use, and help them to taper their use. To accomplish this, a pharmacist is sending a letter and brochure to patients and, for certain patients, the pharmacist is calling the patients to counsel them about their sedative medication use. **[PROVIDE THE BROCHURE—WILL EMAIL PDF OF BROCHURE TO PHYSICIANS UPON SCHEDULING OF INTERVIEW AND DURING INTERVIEW IF NEEDED.]**

- h. What is your general reaction to the content of information provided in the brochure?
 - a) Is there anything missing you feel needs to be included in the brochure?
 - b) Do you have any concerns about the information being presented or how it is presented? Would this information be helpful in other situations or at a different time (eg, at the time a patient is prescribed a sedative medication)?
 - c) Any other advice regarding content or layout?
- i. Do you have any recommendations for pharmacists providing counseling to older adults about their sedative medication use?
- j. Do you feel that this intervention will be helpful to you? Why or why not?
 - a) To your patients who are receiving sedative medications? Why or why not?
 - b) Would you like to see an intervention like this continued at KPNW? Why or why not?
- k. We plan to interview older patients who are or were taking sedative medications and who received the intervention.
 - a) What do you believe are important questions or topics for us to explore with these patients?

OTHER CONCERNS

- l. Do you have any other concerns related to high-risk medication use among the elderly that may be addressed through pharmacy or other Health Plan interventions? Are there other high-risk medications that you would like KPNW to focus on?
- m. Given there is an overall movement toward reducing polypharmacy and potentially inappropriate medication use among older patients, what do you believe needs to be put in place to help meet this goal?
 - a) What system-related supports or changes are needed?
 - b) What patient-related supports or changes are needed?
 - c) What would help you manage your older patients' medication use?
- n. Is there anything else you would like to share on this topic?

Interviewer Adherence with COREQ Standards

DOMAIN 1: RESEARCH TEAM AND REFLEXIVITY

Personal characteristics

Interviewer: Inga Gruss

Credentials: PhD

Occupation: Anthropologist/Health Services Researcher

Sex: Female

Experience and training: Carried out ethnographic research including interviews in a variety of settings

Relationship with participants

Relationship established: PCPs and patients were selected randomly; no relationship existed before the interviews

Participant knowledge of the interviewer: Participants did not know the interviewer

Interviewer characteristics: Interviewer had not conducted any prior research about deprescribing sedative medications

COREQ = Consolidated Criteria for Reporting Qualitative Research; PCPs = primary care physicians.