Patient satisfaction with a pharmacist-provided telephone medication therapy management program

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Abstract

Background: Patient satisfaction with medication therapy management (MTM), a required component of the Medicare Part D benefit, is an important outcome to consider when evaluating MTM programs.

Objective: To measure patient satisfaction with a pharmacist-provided telephone MTM program.

Methods: The study design was nonexperimental and cross sectional. A survey was mailed to Scott & White Health Plan Medicare Part D beneficiaries (n = 60) who received telephone MTM in 2007. The survey was composed of 15 Likert-scaled questions (1 = strongly disagree to 5 = strongly agree) that assessed satisfaction with MTM. Descriptive statistics were used for quantitative data analysis. A qualitative content analysis of patients’ responses to 3 open-ended questions was also conducted.

Results: The response rate for the survey was 80% (47 of 59). Study participants were 70.8 (+/7.9) years old, and most were white (84.1%) and female (54.3%). The alpha coefficient for the satisfaction scale was 0.88. Overall mean satisfaction score was 4.0 (+/0.6), with items ranging from 3.6 to 4.3. The highest level of agreement (mean = 4.3) was with the following statements: (1) I can easily contact my pharmacist when I have questions or concerns; (2) My pharmacist adequately answers my questions; and (3) I am content receiving MTM over the telephone. The patients agreed least (mean = 3.6) with the following statements: (1) When necessary, my pharmacist has encouraged me to receive preventive health care services; and (2) When needed, my pharmacist refers me to other health care providers.

Conclusions: Most of the beneficiaries were satisfied with their MTM care. The positive response to telephone MTM is important because Medicare Part D plans are using the telephone as a method of MTM
delivery. Education regarding the pharmacist’s role in preventive care and pharmacist follow-up with non-pharmacist health care providers may lead to greater satisfaction levels.

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### Introduction

Patient satisfaction has become a key component of evaluating the quality of health services provided by all health care providers, including pharmacists and payers. Because pharmacists pursue medication therapy management (MTM) provider recognition by Medicare Part D plans, measuring patient satisfaction with pharmacist MTM services is important to provide support for the value of pharmacist services. In fact, a survey of MTM providers and payers reported that patient satisfaction was perceived to be a significant factor in determining the value of MTM, and an MTM consensus document listed patient satisfaction as a measure that can support the overall effectiveness of an MTM program. Furthermore, the Centers for Medicare and Medicaid Services (CMS) 2010 Call Letter listed satisfaction as an outcome that may become a requirement for Part D MTM Programs to collect and report to CMS in the future. Currently, MTM best practices are not established and there is much variability in the design and delivery of MTM services among Part D plans. MTM eligibility differs by beneficiaries’ number of chronic diseases, number of Part D medications, and total Part D medication costs, and MTM is delivered via face-to-face or telephone consultations or by educational mailings. Therefore, measuring satisfaction with MTM services is essential to help inform MTM design and delivery as best practices evolve.

Few studies have measured satisfaction with pharmacist-provided telephone services. Kaiser Permanente of Colorado conducted a survey of patient satisfaction with a telephone/mail Clinical Pharmacy Cardiac Risk Reduction Service (CPCRS), and patient satisfaction was also assessed in a pharmacist-managed lipid clinic that was conducted via the telephone in a Veterans Affairs medical center. These studies reported that patients had a high level of satisfaction with pharmacist telephone services. There is little data regarding pharmacist-provided telephone MTM to Part D beneficiaries. However, a recent study reported that MTM participants perceived telephone consultations to be helpful and convenient. It is important to continue to examine patient satisfaction, as the role of the pharmacist expands to include more direct patient care activities, such as MTM, with various types of service delivery. In particular, evaluating patient satisfaction with MTM services can help contribute to the development of patient-centered MTM best practices and provide support for Part D plans and other payers to recognize pharmacists as MTM providers. This descriptive study examined patient satisfaction with a telephone MTM program provided by Scott & White Health Plan (SWHP), a regional Part D health care plan.

### Methods

**SWHP’s MTM program**

In 2007, the SWHP Part D plan administered an opt-in, pharmacist-provided, telephone MTM program to eligible beneficiaries (ie, beneficiaries with ≥2 medications, ≥2 chronic diseases, and Part D medication costs of at least $1000 per quarter). Eligible beneficiaries were mailed a brochure that described the MTM program and invited them to participate. Interested beneficiaries called SWHP to schedule an MTM appointment. About 18,000 beneficiaries were enrolled in the SWHP Part D plan, and 1999 beneficiaries (11.7%) were eligible to participate in MTM. Six percent (123 beneficiaries) of the eligible beneficiaries received an MTM consultation from a SWHP pharmacist. MTM providers included 3 clinical pharmacists and 1 managed care pharmacy resident. All the MTM providers completed standardized MTM training before conducting MTM consultations.

The MTM program aimed to optimize beneficiaries’ medication and health outcomes by identifying and resolving medication and health-related problems. The MTM framework created by the American Pharmacists Association and National Association of Chain Drug Stores Foundation served as a model for the
program, which consisted of the following 5 components: (1) Medication Therapy Review (MTR); (2) Personal Medication Record (PMR); (3) Medication Action Plan (MAP); (4) Intervention and Referral; and (5) Documentation and Follow-up. The MTM pharmacist reviewed all the medications during the telephone MTR to identify medication and health-related problems and provided recommendations for optimizing patients' medication regimens. Preventive care needs were also assessed. A patient-specific MAP and PMR were mailed to all the participants after the MTM session. The MAP summarized recommendations for resolving medication and health-related problems that were identified and discussed during the MTR and reinforced education provided during the MTR. A detailed description of the SWHP MTM program has previously been reported.19

Survey instrument

A questionnaire (see Appendix A) was developed to measure patient satisfaction with the SWHP MTM program. The questionnaire assessed patients' level of agreement (1 = strongly disagree to 5 = strongly agree) with 15 questions regarding satisfaction with the SWHP MTM program. Not applicable was also a response choice on the survey. The questionnaire directions instructed participants to evaluate satisfaction with the recent pharmacist-provided telephone MTM consultation. The questionnaire was adapted from a telephone/mail survey previously used to assess patient satisfaction with telephone pharmacist services.15

The questionnaire included items that evaluated the overall program (eg, I am satisfied with the care that I receive for my medication management from my clinical pharmacist at Scott & White) and items that evaluated specific elements of the program (eg, My clinical pharmacist at Scott & White provides helpful information on my treatment goals). The following 3 open-ended questions were also included: (1) What would you change or improve about MTM? (2) What do you like best about MTM? and (3) Please provide any additional comments about your experience with MTM.

Demographic (ie, age, gender, race) and patient health status-related characteristics (ie, number of medications, number of chronic diseases) were collected by SWHP pharmacists during the MTM consultation and/or from the patient’s electronic chart. Additional information collected on the survey included number of years the patient had been a SWHP member and the patient’s education level. Two clinical pharmacists and 4 health service researchers reviewed the survey for content. Slight modifications to improve survey content were made based on the responses from reviewers. Study approval was obtained from The University of Texas and SWHP Institutional Review Boards.

Study sample and data collection procedures

The patient satisfaction survey was a component of a study that evaluated the impact of telephone MTM on medication-related problems. Therefore, the sample for the patient satisfaction survey was composed of SWHP Part D beneficiaries who received an MTM consultation in 2007 and verbally consented to participate in the study. All the 123 beneficiaries who received an MTM consultation from a SWHP pharmacist in 2007 were considered for participation in the study. Ninety-five patients met eligibility criteria for the study, and 60 patients verbally consented to participate in the study. A total of 35 patients declined (n = 23) or withdrew (n = 12) from the study, whereas 28 patients were ineligible for the study. The main reason for study withdrawal was concern about breach of confidentiality. Reasons for ineligibility included patients who resided in nursing homes, patients without a telephone, Spanish-speaking patients, patients who did not want to participate in the comprehensive medication review (ie, only had specific questions regarding co-pays) or complete all of the MTM program components, and patients > 89 years old. The participants who completed the study that evaluated the impact of MTM on medication-related problems, which included the patient satisfaction survey, received a pillbox and $10 gift certificate to a local restaurant.

A cover letter, questionnaire, and a self-addressed stamped envelope were mailed to study participants by a researcher at The University of Texas 2 weeks after the patient’s telephone MTM consultation. No follow-up attempts were made for nonresponders. Study participants were asked to mail the completed questionnaires to researchers at The University of Texas. A code number linking the questionnaires to the patient’s name was included on the survey; however, the survey was confidential. No other information
regarding the subjects’ identities was collected on the questionnaire.

Data analysis

Descriptive statistics (means, standard deviations, and frequencies) were used to analyze patients’ responses to the survey. An alpha coefficient was calculated to assess reliability, and a scale mean was calculated to assess overall satisfaction with the MTM program.

A qualitative content analysis was conducted to categorize patient responses to the 3 open-ended questions. The unit of analysis was a sentence or phrase (depending on how the patient wrote responses). It was possible for a patient remark to be placed in more than 1 category if there was more than 1 sentence or phrase. For example, the comment, “I would like to get my prescription costs lowered. I have not been contacted by the first pharmacist regarding getting some of my prescriptions changed to generic,” was coded in 2 categories (ie, Cost and Response Timeliness). However, if the comment had 2 phrases or sentences that were related such as, “My allowance ran out in June. Paying has become more difficult,” it was coded in 1 category (ie, Cost).

Two researchers conducted the content analysis independently and then compared results during a consensus meeting. The researchers had 86%, 75%, and 79% agreement for categorizing patient comments for Question 1, Question 2, and Question 3, respectively. Any discrepancies were discussed and resolved. It was common for the researchers to describe a category with similar words. For example, 1 researcher categorized the comment “It might be helpful if...”
calls were every quarter" as Frequency of Service, whereas I described it as Increase Contact with Pharmacist. The researchers discussed and agreed to call this category Increase Contact with Pharmacist. Each comment was discussed in this manner. A previous report that described dimensions of patient satisfaction with medical care was used as a guide to make final decisions about category names.20

Results

A total of 60 surveys were mailed and 1 survey was returned without any responses to the survey questions. This was considered to be a nonresponse to the survey. Forty-seven completed surveys were received to yield a response rate of 80% (47 of 59). Most of the study participants were white (84.1%), female (54.3%), and had been a SWHP member for 5 or more years (65%). The study participants were 70.8 (±7.9) years old, were taking 12.8 (±3.4) medications, and had 6.5 (±2.4) disease states. The alpha coefficient was 0.88 for the 15 patient satisfaction items. Respondents were generally satisfied with the program as indicated by an overall scale mean of 4.0 and item mean values ranging from 3.6 to 4.3. The highest level of agreement (mean = 4.3) was with the following 3 statements: (1) I can easily contact my clinical pharmacist at Scott & White when I have questions or concerns; (2) My clinical pharmacist at Scott & White adequately answers my questions; and (3) I am content receiving MTM over the telephone. Patients agreed least (mean = 3.6) with the following 2 statements: (1) When necessary, my clinical pharmacist at Scott & White has encouraged me to receive preventive health care services; and (2) When needed, my clinical pharmacist at Scott & White refers me to other health care providers to resolve medication therapy problems. Table 1 depicts the mean (±SD) for each question in the survey.

Patients also responded to 3 open-ended questions regarding their MTM experience. As a result of the content analysis, patient responses were divided into the following categories: No Changes, Cost, Increase Contact with Pharmacist, Response Timeliness, Mode of MTM Provision, Interpersonal Manner, Pharmacist Competence, Satisfied, Education, Did Not Meet Expectations, Uncertain, and Other. Categories were only used if applicable to responses to a particular question. For example, the Cost category was only applicable to patient responses to open-ended questions 1 and 2. Below is a summary of patient responses for each question. A variety of quotations from patient responses to each question are included to represent multiple perspectives regarding patients’ MTM experience.

What would you change or improve about MTM? Sixty-eight percent (32 of 47) of respondents replied with 36 comments to this question (see Fig. 1). The most common type of comment made by patients (n = 8) was in the Cost category. The patients requested more information about how to decrease medication costs and an explanation of the impact of the Medicare Part D coverage gap on medication costs. Seven patients made comments that were categorized as No Changes, and 5 patients were Uncertain about changes or improvements to the MTM program: “I haven’t had enough experience in the program,” and “My experience is not enough to make judgment.” Patients (n = 4) also expressed satisfaction with the service. One patient wrote, “I am completely satisfied with the program. My telephone interview was very good and helpful.” Other patients (n = 3) indicated a desire to Increase Contact with Pharmacist: “I would do this every 6 months to help people with their medications,” and “Have them check up on you after you start a new med.” A few patients (n = 3) noted a concern about response timeliness, “Send written report in a timely manner.” One patient made the following remark related to Patient Empowerment, “I’m more confident about my medications.”

What do you like best about MTM? Most of the patients (38 of 47) answered this question, providing a total of 40 comments (see Fig. 2). The most common type of comment made by patients (n = 10) was in the category Education. Patients appreciated receiving updated medication-related information and developed an increased understanding of their medication regimens. Six patients made comments related to Mode of MTM Provision. Patients viewed the telephone as a convenient method of receiving MTM. One patient commented, “I like the convenience of telephone calls,” and another patient liked “That it is handled over the telephone.” Additionally, 5 patients perceived the pharmacists’ Interpersonal Manner positively. One patient wrote, “The girl that called me was very nice and helpful.” Another responded, “Everyone has tried to help in any way they can.” Patients (n = 4) also commented on Pharmacist Competence. One patient stated, “It helps me to
know that one person is looking at all my medications," and another wrote, “The pharmacist told me there were no drug interactions.” Three patients made remarks related to Patient Empowerment. One patient indicated, “I feel secure in the way that I take my meds and that I am not taking something I should not take,” and another patient liked, “Being treated like a person, not just another prescription.” A few patients (n = 3) were Uncertain about the MTM service and indicated that more experience was necessary to provide feedback. One patient reported that he/she did not perceive value from the service (Did Not Meet Expectations), “Don’t see any result of the way the system is conducted.”

Please provide any additional comments regarding your experience with MTM. Sixty percent (28 of 47) of patients provided additional feedback (33 comments) regarding their MTM experience (see Fig. 3). The most common type of comment

Fig. 1. Frequency of patient comments by category for the open-ended question: What would you change or improve about medication therapy management?

Fig. 2. Frequency of patient comments by category for the open-ended question: What do you like best about medication therapy management?
(n = 10) was in the category, Interpersonal Manner. Patients expressed that they were pleased with the level of service provided by pharmacists during the MTM consultation. The following are comments from 2 patients, “Everyone has been very cooperative and friendly in assisting me with answering my questions,” and “The person is always polite and easy to talk to.” The second most common comment made by patients (n = 5) was in the category Satisfied. One patient remarked, “I look forward to participating in MTM on a long-term basis,” and another wrote, “I was very happy about this program.” Four patients were Uncertain about the service, indicating that the service was still new, and more experience with the service was necessary. Pharmacist Competence was viewed positively by 3 patients. One patient noted, “I have high regard for the knowledge of pharmacists,” and another said, “She was clear, she sounded informed. I like people who know what they are talking about.” Two patients remarked that Response Timeliness could be improved, whereas 1 patient was pleased with Response Timeliness. Also, 2 patients indicated that the program Did Not Meet Expectations, “It’s not what I thought it would help me with!” and “Basically a waste of time and money.” Finally, 1 patient suggested that pharmacists increase the number of contacts, and 1 patient perceived the telephone to be a favorable method of MTM delivery.

Discussion

Most of the patients who participated in this study were satisfied with their MTM care. In addition, they indicated satisfaction with receiving MTM over the telephone. These findings parallel those of another Part D MTM program patient satisfaction study, whereby patients overwhelmingly (93%, n = 147) agreed that it was convenient to talk to the pharmacist on the telephone and better understand drug treatment. Similarly, 86.7% (n = 491) of the patients in the Kaiser Permanente telephone/mail CPCRS agreed or strongly agreed that they were content receiving services via the telephone. Written comments from patients in the present study also indicated that telephone consultations as a method of MTM provision were viewed as convenient.

Although patients were content receiving MTM via the telephone, 83% (39 of 42) also agreed or strongly agreed that they would be willing to go to SWHP in person to learn more about their medications. Comparatively, 70.8% (n = 491) of patients participating in the CPCRS were willing to meet face-to-face with their clinical pharmacy specialist, and only 21.9% (n = 105) of patients enrolled in a pharmacist-managed telephone lipid clinic were interested in face-to-face services. The variability in these study results may indicate a need for Part D plans to offer a variety of MTM delivery methods. The patients who are not interested in receiving face-to-face services may be more willing to receive telephone services as an alternative. Additionally, telephone services may be beneficial for patients with transportation barriers or poor health. These results also indicate that a combination of telephone and face-to-face consultations may be beneficial to patients. For example, an initial face-to-face consultation with subsequent telephone follow-ups may be
one strategy for Part D plans to consider when determining how best to use the various types of MTM delivery. Overall, the patients in the present study responded positively to telephone MTM, which is important because Part D plans are using the telephone as a method of MTM delivery. However, additional research is needed to compare MTM delivery methods (eg, face-to-face vs telephone) and to obtain patient preferences for MTM delivery to design MTM programs that meet patients’ needs.

In addition to evaluating medication-related problems, SWHP’s MTM program assessed health-related problems that included an evaluation of preventive care needs. Because preventive care was one of the health-related needs emphasized during the MTM consultation, it was surprising that patients were fairly neutral about pharmacist recommendations to receive preventive health care services. Preventive care needs were also highlighted in the MAP, which was mailed to each patient. These results may indicate a need for more pharmacist follow-up and encouragement with regard to preventive care recommendations. It is also possible that the question was not interpreted correctly by study participants, or the patients did not view the pharmacist as having a role in preventive health care. It is not surprising that patients were moderately satisfied with pharmacist referrals to other health care providers because SWHP’s MTM pharmacists resolved many medication and health-related problems during the MTM session. If necessary, patients were expected to follow-up with their physician.

Patients had the opportunity to give suggestions for changes or improvements to the MTM program, and most of the respondents’ comments were in the Cost and No Changes categories. Patients commented that they were interested in learning how to decrease medication costs and requested more information about how features of the Part D benefit design such as the coverage gap (ie, donut hole) impacted medication costs. These remarks suggest that it is important for pharmacists who provide MTM to be familiar with patients’ formularies and Part D plan features to help patients manage their medication costs. In settings similar to SWHP, pharmacists are likely to be knowledgeable about the Part D formulary and plan features. However, this may be more challenging for pharmacists in other settings, such as community pharmacy, because they may be providing MTM to patients from various Part D plans.

Patients also made comments that indicated No Changes to MTM were needed, which is similar to patient responses to a question regarding areas for improvement in the CPCRS survey. It is noteworthy that patients participating in MTM or other pharmacist-provided programs report being satisfied with the current level of service. However, because MTM is a new service for Medicare beneficiaries, they may not know what to expect from the service. Additionally, for all the 3 open-ended questions in the present study, a small number of patients were Uncertain about the program, which may indicate that more experience with the program was necessary. MTM may be patients’ first encounter with a pharmacist that does not involve dispensing services; therefore, patients may need more education regarding the purpose and scope of MTM, and about pharmacists’ role as MTM providers. In fact, 1 study that examined Part D beneficiaries’ perceptions of pharmacists and their role as MTM providers reported that 93% (n = 504) were unaware of the acronym MTM and the term medication therapy management. Furthermore, 70% did not perceive a need for the service after a definition was provided, 58% believed pharmacists were “good candidates for providing MTM,” and only 18% were willing to participate in a pharmacist-provided MTM program. These results coincide with another study, which reported that one of the barriers to MTM implementation is lack of patient awareness about the benefits of MTM. The profession must continue to promote MTM and other pharmacist services to expand patients’ perceptions of the role of a pharmacist and increase patient awareness of pharmacy services such as MTM.

Patients were also asked to indicate which component of the MTM program they liked best. Ten patients made positive remarks about the medication-related education received during the consultation and/or mail. In another study that evaluated patient satisfaction with a pharmacist-provided lipid clinic conducted primarily via the telephone, 83.8% (n = 105) of patients considered the education materials provided by pharmacists to be beneficial. Patients in the CPCRS study also favorably viewed education. On the basis of the feedback from patients in these studies, education materials appear to be an appealing component of pharmacist services and may be one way to encourage patients to participate in pharmacist services.

Limitations

An unanticipated technical problem with the SWHP’s MTM database occurred during the study
period, which resulted in a 6-week delay in mailing the written MAP for about 15 study participants. The delay may have influenced these patients’ response to the timeliness item in the questionnaire. Also, the delay may have impacted written feedback to the open-ended questions. It is also possible that selection bias occurred in this study. SWHP Medicare beneficiaries that opted-in to the MTM program participated in this study. The patients may have viewed pharmacist services more positively compared with those who did not enroll in the MTM service. Additionally, a small number of patients were surveyed in a regional Medicare Part D health care plan, which limits the generalizability of the study results. The results also may not be generalizable to MTM services with different delivery methods (ie, face-to-face). Finally, although the survey was reviewed for content, the modified survey was not pretested with a group of MTM eligible patients. An additional pretest with MTM eligible patients may have identified any problems with interpretation of the survey questions, especially because the authors were concerned that the question regarding pharmacist preventive health recommendations may have been misinterpreted by patients.

Conclusions

Overall, patients were satisfied with the telephone MTM program, which is important because Part D plans are using the telephone as a method of MTM delivery. Furthermore, these results suggest that for some patients MTM can be delivered via the telephone without compromising patient satisfaction. Although patients reported being satisfied with the current level of services, it is important to continue to obtain patient feedback to learn how to best engage patients in pharmacist-provided services such as MTM and to provide information about MTM design and delivery. More research is needed to identify factors that influence patients’ preferences for types of MTM delivery and to compare patients’ satisfaction with face-to-face and telephone services. Also, increasing patient awareness about the extent of MTM, including the pharmacist’s role in preventive care, and pharmacist follow-up with other health care providers, may lead to greater satisfaction levels.

References

Appendix A

Survey of patient satisfaction with telephone medication therapy management (MTM) services provided by a clinical pharmacist from Scott & White

Section I. Satisfaction with MTM

Please check the box that corresponds with your level of agreement with the following statements about MTM services recently provided to you over the telephone by a Scott & White pharmacist.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MTM has positively affected my decision to remain a member of Scott &amp; White.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. I am satisfied with the care that I receive for my medication management from my clinical pharmacist at Scott &amp; White.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. I can easily contact my clinical pharmacist at Scott &amp; White when I have questions or concerns.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. My clinical pharmacist at Scott &amp; White adequately answers my questions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. My clinical pharmacist at Scott &amp; White provides me with information about what to do if I experience side effects from my medications.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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(continued)
6. The care that I receive from my clinical pharmacist at Scott & White is unique from other health care providers who, in the past, have given me information about my medications.

7. I am content receiving MTM over the telephone.

8. The amount of information I received during my MTM session was the right amount for phone call.

9. I would be willing to come to my Scott & White clinic to see my clinical pharmacist in person to learn more about my medications.

10. When necessary, my clinical pharmacist at Scott & White has encouraged me to receive preventive health care services.

11. My clinical pharmacist at Scott & White follows up with me in a timely manner.

12. When needed, my clinical pharmacist at Scott & White refers me to other health care providers to resolve medication therapy problems.

13. My clinical pharmacist at Scott & White explains things in a way that I am able to understand.

14. My clinical pharmacist at Scott & White provides helpful information on my treatment goals.

15. Participating in MTM has increased my understanding of my medication regimen.
Section II. Demographic information

1. How many years have you been a Scott & White member?
   - Less than 1 year
   - 1-2 years
   - 3-4 years
   - 5 or more years

2. What is the highest level of education you have received?
   - Less than high school
   - High school
   - College
   - Graduate school

3. What would you change or improve about MTM?
   __________________________________________
   __________________________________________

4. What do you like best about MTM?
   __________________________________________
   __________________________________________

5. Please provide any additional comments about your experience with MTM.
   __________________________________________
   __________________________________________

Thank you for your participation in this survey! Your information will help us improve MTM at Scott & White!