## **Interview Guide for Pharmacy FIT Pilot: Patients**

#### **Respondents: Patients**

Thank you for agreeing to speak with me today for a study being conducted by the XXXX. We want to understand the perspectives of patients, pharmacists, and primary care providers on distributing fecal immunochemical test kits, also known as FIT kits, for colon cancer screening in pharmacies. We are also talking to other patients, pharmacists, and primacy care providers.

Before we get started, did you receive the information sheet that has more information about this study? [Review the information sheet with participant]

Do you have any questions before we start the audio-recording?

[CONSENT PROCESS – For patients, consent may take a long time (10-15 mins). This will especially be the case if we consent over telephone. We will need to account for this process in the overall timing of the interview (if we expect the interview to be 60 mins, then we should be prepared for the entire process to take 75 mins and let participants know that).]

# START RECORDING AFTER PARTICIPANT HAS READ THE INFORMATION SHEET AND YOU'VE MENTIONED THAT YOU WILL BE AUDIO-RECORDING

#### PROMPT

Today I will be asking you questions about your experiences using a pharmacy for health care needs. I will start by asking you a few general questions about how you use the pharmacy and talk to a pharmacist. I will then ask you questions about your thoughts on getting a new kind of medical service through a pharmacy.

#### PHARMACY ACCESS AND USE

- 1. What pharmacy do you use?
  - [If participant uses more than one pharmacy]
    - Could you describe each pharmacy that you use?
      - Is it an independent pharmacy? Is it often busy when you go there? Where is it; is it in a neighborhood, a shopping mall, etc? Is it easy to park there?
    - Why might you use one of these pharmacies instead of another?
    - Which of these pharmacies do you use most often?
      - [For the remainder of the interview, ask the participant to think about the pharmacy they use most often]
  - [If the participant only uses one pharmacy]
    - Can you describe the pharmacy?
      - PROBE: Is it an independent pharmacy? Is it often busy when you go there? Where is it; is it in a neighborhood, a shopping mall, etc? Is it easy to park there?
- 2. About how far, in miles, do you live from the pharmacy you typically use?
  - How long does it take you to get to the pharmacy?
  - What kind of transportation do you use to get to the pharmacy?
  - Does someone else go for you? If so, how are you related to that person?

- 3. How convenient are the pharmacy hours for you?
- 4. In the past year, how often did you go to the pharmacy to pick up prescriptions? How often did you go for other reasons?
- 5. What personal health topics have you discussed with a pharmacist?
  - If patient discusses medication use/counseling, ask: What are health topics other than medication use/counseling you have discussed with a pharmacist?
  - PROBE: If not, why?
- 6. Have you ever gotten any medical services in a pharmacy? Why/why not? [Offer examples if requested: flu shots, Minute Clinic, nutrition counseling, acute care advice for illnesses or injuries]
  - [PROBE FOR PARTICULAR SERVICES]
    - Tell me about how it went.
      - When was this?
      - How did you find out the service was offered in the pharmacy?
      - Did you have to pay?
      - How long did it take for you to get the service?
    - How comfortable did you feel getting the service at the pharmacy?
  - PROBE: Did you know you could get other types of medical services at the pharmacy?
- 7. Have you ever gone to your pharmacy to pick up something and have someone from the pharmacy offer you another service?
  - [Probe on other services such as flu shots, vaccinations, etc.]
  - If so, who offered you the service? For example, has someone, like a cashier, offered you something like a flu shot?
  - If so, how did you feel about that?

For the rest of this interview, I'll be asking specific questions about your experiences with colon cancer screenings. I'll also ask about your thoughts on getting a type of home-based colon cancer screening at pharmacies.

- 8. Have you ever been screened for colon cancer?
  - PROBE: What type of screening did you get?

## **PROMPT – TRANSITION**

Colorectal cancer, also called colon cancer, is one of the most common cancers diagnosed in men and women age 50-75 in the US. It is also one of the most common causes of cancer deaths in the US.

We can look for signs of colon cancer even if you don't have any symptoms, using a few different kinds of tests. This is often called screening. All the recommended screening tests are very good at finding colon cancer early when it is more treatable.

One type of test is a colonoscopy, which is done by a doctor using a device that looks inside your colon for growths called polyps that can sometimes lead to cancer. Another test is called a fecal immunochemical test (also known as FIT tests). It looks for hidden blood in your stool, or poop, which can sometimes be a sign of cancer. For this test, you collect a very small amount of poop with the testing kit tools and mail it back to the lab. This test can be done at home. If the test is positive, a colonoscopy is required. Usually, you get a FIT from your doctor. However, other types of health care providers like insurance companies are sending or giving out FITs to patients who need them. We are interested in learning about how patients feel about getting a FIT from a pharmacist.

- 9. Before our interview today, were you aware that you could do a screening test for colon cancer at home? (skip this question and go to probe if they used a FIT kit before)
  - PROBE → If they got a FIT: Who gave you the FIT kit? What did you think of using it? Did you return your kit?
- 10. How do you feel about doing a screening test for colon cancer at home?

# ATTITUDES ABOUT PHARMACY-BASED FIT SCREENING

- 11. What do you think about a pharmacist talking to you about whether FIT screening is right for you? This discussion might include things like your health history, how to do the kit, how to return the kit, and answering any of your questions.
  - How would you feel about discussing colon cancer screening in a pharmacy?

Imagine you got a FIT kit from your pharmacist.

- 12. How would you feel about getting a FIT kit from your pharmacist?
  - There are different ways that you could receive a FIT test, such as in person, by mail, and delivery. How would you want to receive a FIT from your pharmacy?
  - What would be the easiest way for you to return the completed kit? In person? By mail?
- 13. Is there somebody that you see regularly for health care?
  - [If yes]: If you were to take a FIT kit from a pharmacist, whose responsibility is it to tell your health care provider that you received a FIT kit? The pharmacists'? Yours?
  - [If no]: If you were to take a FIT kit from a pharmacist and you don't have a health care provider, how would you feel about a pharmacist connecting you with a doctor?
- 14. If your test results are normal, you do another FIT screening in a year. If your test results are abnormal, you would need to get a colonoscopy to figure out what might be causing the blood in your poop. Who would you want to hear from about your FIT results?
  - PROBE: if they don't say pharmacist  $\rightarrow$  What do you think about getting the results from the pharmacist?

## **RELATIVE ADVANTAGE**

Now that we've talked through the process of getting a FIT screening at a pharmacy:

15. What are pros of your pharmacy providing FIT screenings to you? Cons?

## CLOSING

16. Is there anything we did not talk about that you would like to share about colon cancer screening though pharmacies?

## **DEMOGRAPHIC INFORMATION**

Before we end today, I have a few questions about your background.

17. What is your age?

18. Are you ...? Male or Female

19. Which one or more of the following would you say is your race?

- \_\_\_\_\_White
- \_\_\_\_\_Black or African American

\_\_\_\_Asian

\_\_\_\_Native Hawaiian/Other Pacific Islander

\_\_\_\_\_American Indian or Alaska Native

- \_\_\_\_Other (Please specify\_\_\_\_\_)
- 20. What is your ethnicity?
  - \_\_\_\_\_ Hispanic

\_\_\_\_\_ Non-Hispanic

- 21. What is your highest level of education achieved?
- 22. What is your zipcode?

Thank you for your thoughts and your time.