APPENDIX F.2. PRIMARY INTERVIEW GUIDE

PRIMARY INTERVIEW GUIDE

Patient factors affecting family physicians' prescribing decisions for patients with chronic diseases

Project Title: Patient factors affecting family physicians' prescribing decisions for patients with chronic diseases

Objective: To understand how Toronto family physicians, who practice in hospital-affiliated clinics serving urban neighborhoods, perceive the role of patient racial and socioeconomic factors in prescription conversations and decisions for patients who have chronic diseases.

Questions:

(1) What patient factors do family physicians believe influence conversations and decisions about starting or stopping prescriptions for patients who have chronic diseases?

(2) How do family physicians explain and interpret findings from select studies, which suggest that patient race and socioeconomic status influence prescription medication practices for patients with chronic diseases?

Interview Guide:

1. Can you tell me a little bit about your clinical role and what type of patients you usually see?
2. I am particularly interested in the social context of healthcare encounters. Can you tell me a little more about the demographics of your patients?

    a. If they don't mention race: can you also tell me about the racial and ethnic diversity of your patients?

3. Now I want to talk a little bit about your experience prescribing medications as a physician. Could you think about a patient with a chronic disease you saw during the past two weeks where you either started or stopped a prescription medication? Can you tell me how this conversation went? I am interested in how these conversations go, from your perspective, and it would be great if you could tell me about one or two cases you remember.

    a. I am interested in knowing how your conversations with patients usually go. For example, who initiates the conversation about starting or stopping a prescription? Do you use any conversation starter?
    b. Based on your experience, what factors can influence this conversation?
    c. I imagine that these conversations and decisions are different for different patients. What patient factors or characteristics do you think can affect the conversation and decision making process of whether to start or stop a medication?
    d. How do you weigh your patient's views against your own when making decisions? Can you give me an example?

4. I imagine not all conversations are easy. Can you think of a conversation about starting or stopping a prescription medication that was challenging for you? Can you describe one such conversation and why you found that challenging?

    a. How did you navigate the challenge?
    b. How did you make a decision?
    c. How did you feel about the decision, and how do you think your patient felt?

5. I now want to transition and talk about something different. I am very interested in how socioeconomic factors like patients' employment and education may or may not impact prescription conversations and decisions with patients. .
    a. Do you usually discuss socioeconomic factors with patients when deciding whether to start or stop a prescription medication?
        i. How or why not?
        ii. Example?
        iii. Do you think these factors can influence your conversations with patients? Example?
    b. What about affordability? Do you often discuss this with patients when talking about prescribing a medication?
        i. If yes – how? Tell me a story about a time when you discussed affordability with a patient.
            1. Who initiated the conversation?
            2. How did it influence the decision-making process?
            3. Any challenges?
        ii. If no – why not?

6. Thank you for sharing this with me. This is very helpful so far. As you know, living with low resources, with a low income, it might not be the only factor that can affect healthcare conversations. Identifying as a racialized person might also impact healthcare conversations and decisions. How do you see this based on your experience? Could you tell me a story about a time when you started or stopped a prescription medication for a racialized patient who has a chronic disease? Please think about a different patient other than one you've already told me about.

    a. Who initiated the conversation?
    b. Describe the decision-making process.
    c. Any challenges?
    d. When you reflect on this experience, do you feel that race influenced any part of the conversation?

7. Given your experience as a provider, do you believe that patient race or socioeconomic status can influence decisions about starting or stopping prescription medications? How?

    a. Are there any other social factors that can influence these conversations and decisions with patients?
    b. Have you found that some factors are more important and/or pose more challenges than others?

8. And how do you think clinicians' race and socioeconomic status affects prescription conversations with patients?

9. We have done a review on these issues, and we found that research in Canada shows that patients feel that assumptions about their race and socioeconomic status influence the prescriptions they receive. What are your thoughts about this finding?

    a. What factors might contribute to these patient perceptions?
    b. Do you feel that these research findings have impacted your prescription practices in the past or might impact your practices in the future? Why?

10. Research in the U.S. shows that racial minority patients are less likely than white patients to receive opioid prescriptions for chronic pain. What are your thoughts about this finding?

    a. What factors might contribute to this?
    b. Additional research in the U.S. has found that racial minority patients with chronic diseases and chronic disease risk factors are less likely than white patients to receive prescriptions for cardio-protective drugs such as beta-blockers and statins.
        i. What are your thoughts about these findings?
        ii. What factors might contribute to this?
    c. [If they only discussed access to care or insurance factors]: These findings remain when patients present with the same symptoms at the same hospital with the same insurance. What factors might explain this?
    d. Do you feel that these research findings have impacted your prescription practices in the past or might impact your practices in the future? Why?
    e. While we don't know if the same disparities exist in Canada because of lack of data, what do you think we would find in Canada?
    f. Do you think that having Canadian data would be helpful? Could data inform prescription practices in any way?

11. Earlier, we discussed that sometimes patients may feel that their race unfairly influences prescription conversations and decisions they have with providers. What might be done to address this patient perception?

12. Those are all of the questions I have for you. Is there anything else you would like to add? Is there anything I didn't ask but should have?

Probes: would you give me an example, can you elaborate on that idea, tell me more, would you explain that further, I'm not sure that I understand what you're saying, is there anything else