

Ogilvy CommonHealth Behavioral Insights
Understanding Obstructive Sleep Apnea
Physician Post-Visit Interview Guide

Thank you for your participation in our research. The purpose for our discussion today is to understand your perspective of your discussions with participating patients who have been diagnosed with OSA and are experiencing excessive sleepiness, including your approach to managing them. All of your responses will be kept confidential.

GENERAL QUESTIONS [10 MINUTES]

In the first part of this interview, I would like to talk about your general treatment and practice patterns. During the second part, I will ask you questions about each individual patient that participated in the research.

1. What factors or indications are discussed between you and a patient when considering a diagnosis of excessive sleepiness for a patient who has been diagnosed with OSA?
 - a. Do you use any clinical markers to assess patient symptoms?
 - b. If CV health has not been discussed, ask: How does the cardiovascular health of a patient influence your assessment of OSA?

2. What tools or routine intake questions do you use to assess or quantify the degree of your patients sleepiness?

3. How do you explain excessive sleepiness/excessive daytime sleepiness to your patients? [use terminology that physician uses]
 - a. What terminology or metaphors do you generally use?
 - b. Do you discuss impacts of excessive sleepiness on the patient's daily life such as missing work? Why or why not?
 - c. Do you discuss the risks of excessive sleepiness such as the risk of falling asleep while driving, or not being able to care for a child? Why or why not?
 - d. Do you discuss impacts of excessive sleepiness on the patient's physical or psychological health? Why or why not?
 - e. Do you ever discuss patient's fears or frustrations about dealing with excessive sleepiness? Why or why not?

4. What is your typical treatment plan for patients with OSA and excessive sleepiness?
 - a. Why is this your typical treatment plan?
 - b. What impact has the introduction of new therapies had on your treatment approach?
 - c. Do you review data from the CPAP machine, including raw data, to guide treatment?

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- d. Do you consider if a patient is using their CPAP fewer hours than prescribed (even if nightly) when making your management plan?
 - e. How do you think treatment options could be improved and further developed in the future?
5. What does successful treatment of excessive sleepiness look like?
6. How often do you monitor patients you are treating for excessive sleepiness?
- a. How do you assess if your patients are adherent and compliant with their treatment plan?
 - b. What triggers do you look for that indicate treatment change is needed?
 - c. What tools, if any, do you use?
7. Do you use any techniques to help your patients remember treatment instructions?
8. Are you the primary resource for your patients for education on OSA and/or excessive sleepiness?
9. When you monitor patients who have OSA with excessive sleepiness, how, if at all, do you monitor changes in the condition over time?

Now, I would like to speak with you more specifically about the patients you treated who participated in the study. For analytic purposes, I will be asking the same set of questions for each patient that participated in the research. I ask that you have their chart handy for reference if needed. Let's begin with patient #__.

PATIENT'S CONDITION AND QUALITY OF LIFE [13 MINUTES]

- 1. What brought this patient to see you in the office today?
 - a. When were they formally diagnosed with OSA?
 - b. Were you the physician that diagnosed them?
- 2. What was the single most important thing you discussed with this patient today?
- 3. Do they experience what you would consider excessive sleepiness/excessive daytime sleepiness? Please explain.
 - a. Have you or another physician formally diagnosed them with excessive sleepiness? Please provide any details you can on this.

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4. When did this patient first start having problems with excessive sleepiness? *(Probe for number of months/years ago)*
 - a. Please describe what you believe they were experiencing and how it impacted their daily life. *(Probe for the primary symptoms they were experiencing that made them seek medical attention, severity, impact on daily activities)*
 - b. How long were they experiencing symptoms of excessive sleepiness before they first spoke to you or another doctor about it? *(Probe for number of months/years)*
 - i. *If it was you*, what did you discuss during that first conversation?
 - c. What was the symptom or event that you believe finally drove them to seek medical help?
5. Tell me about your baseline assessment for this patient. *(Probe for testing/measures, work, emotional state, social, QoL/daily activities)*
 - a. What did you discuss with them? *(Probe for daily impact and treatment plan)*
6. What steps did this patient take from when they first went to a doctor to get help, to when they got a diagnosis? *(Probe for tests/measures, treatment experiences)*
 - a. What were their concerns when they were diagnosed/when you started treating them?
 - b. Do you believe they differentiate their OSA and excessive sleepiness?
7. How has their condition changed over time? *(Note: it is important to understand the patient's experiences with excessive sleepiness. Probe for current symptoms and severity leading to what they experience today.)*
8. How do you believe their excessive sleepiness has impacted their life? *(Probe for daily and long-term impacts on their daily routine, work, social, family life)*
 - a. Do you believe their excessive sleepiness has impacted their moods or how they see themselves? Please explain.
 - b. What do you believe are their fears and/or frustrations about being tired during the day? *(Probe for things like impact on work, driving/accidents, impacted relationships, issues with memory, physical symptoms like headaches, responsibilities such as taking care of family members, skipping or declining social engagements)*
 - c. Do you believe they are concerned that they will fall asleep unexpectedly at home, while driving, taking care of a child, or at work? Why/why not?

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- d. Do you believe they have discussed this with family or friends? *(Probe for who)*
 - i. *If no*, what do you think prevents them from discussing this with others?
(Probe for comfort level discussing it, other's receptiveness)
 - e. Do you believe they have discussed this with any other healthcare professional?
(Probe for who and why)
9. On a scale of 1-5, with 1 being not at all, 2 being minimally, 3 being moderately, 4 being very, and 5 being extremely, how impacted do you feel this patient's daily activities are in regards to being sleepy/tired by day?

TREATMENT: CURRENT, FUTURE, AND GOALS [10 MINUTES]

10. Prior to any changes you may have made today, how have you been treating this patient's OSA and their excessive sleepiness? *(Probe for CPAP, any other medication, behavioral therapy, other devices, etc.)*
- a. When did they start using a CPAP? *(Probe for exact number of months/years)*
 - i. What do you think their experience has been with their CPAP treatment?
 - ii. How often is this patient supposed to be using their CPAP? *(Probe for treatment plan including number of hours per night)*
 - iii. Do you believe this patient has any issues with compliance or adherence?
 - b. Do you believe using their CPAP has improved their excessive sleepiness? *(Probe for extremely, very, moderately, slightly, not at all)*
 - c. *If the patient is taking medication prior to today's visit*, what medication(s) are they currently prescribed for their excessive sleepiness?
 - d. *For each current treatment with the exception of CPAP (e.g. medication, behavioral therapy, other devices, etc.) ask:*
 - i. What did you tell the patient regarding this treatment? *(Probe for benefits, how it works, how to take it, side effects, etc.)*
 - ii. Did you or the patient first bring this treatment up?
 - 1. *If patient initially asked*, do you know how they found out about this treatment option?
11. Were any new treatments for this patient's excessive sleepiness started or changes made to their current treatment during today's visit? *(Probe for treatments started, stopped, dosage increased/decreased, etc. Also include any kind of behavioral changes that were discussed as "treatment.")*
- a. *If yes*,
 - i. Which treatments were started, changed?

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- ii. What did you tell the patient regarding this new treatment or change?
(Probe for benefits, how it works, how it's administered, anticipated side effects, etc.)
- iii. Were they aware of this treatment before the discussion today?
- iv. Do you think they have any unanswered questions or concerns?
- v. How confident are you that this start/change will address the patient's excessive sleepiness? *(Probe for low, moderate, or high level of confidence and why they feel that way)*
- vi. Do you believe the patient plans to start/change their treatment as discussed today? *(Probe for why/why not)*

12. What does successful treatment look like for this patient? In other words, what are you trying to achieve by treating their excessive sleepiness?
- a. How confident are you that treatment will address this patient's excessive sleepiness? *(Probe for extremely, very, moderately, slightly, not at all)*

WRAP-UP [2 MINUTES]

13. Was there anything else you hoped to discuss today but did not have the opportunity to talk about? *(Probe for details)*
- a. *If yes, what prevented you from bringing up that topic?*
14. After your visit today, what do you believe this patient will do? *(Probe on whether they will be returning for a follow-up, and next steps for reaching their goals)*

TOTAL INTERVIEW TIME: 25 MINUTES
