

**MSSP Staff Questionnaire:
Community-Based Medication Management Intervention**

To better improve services for MSSP clients, we would like to solicit your feedback regarding the operation and functioning of the Community Based Medication Management Intervention. Please take a few minutes to complete and return this survey, as your responses will help us understand your experience with implementing medication management in the MSSP program.

*The Community-Based Medication Management Intervention has been abbreviated to **MM Intervention***

1. Are you a (*please check one*):
 - Social worker
 - Nurse
 - Pharmacist
 - Other _____
2. What is your highest academic level achieved?
 - AA
 - Bachelor's Degree
 - Master's Degree
 - Doctorate
3. Are you licensed in your profession?
 - Yes
 - No
4. How long have you been working in your profession?
 - Less than one year
 - One to three years
 - Four to six years
 - Seven to nine years
 - Ten or more years
5. Are you currently employed in an MSSP program at either Partners in Care or Huntington Senior Care Network?
 - Yes
 - No
6. How long have you been working (*or worked*) in MSSP?
 - Less than one year
 - One to three years
 - Four to six years
 - Seven to nine years
 - Ten or more years
7. What is (*was*) your average caseload size per month, including new clients and those currently enrolled? _____
8. How much previous experience do you have with *any type* of medication screening and management intervention?
 - None
 - Some
 - A lot
9. How much previous experience do you have with implementing a research-tested intervention into clinical practice?
 - None
 - Some
 - A lot

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10. Please indicate (*circle*) how much you agree or disagree with the following statements on a scale from 1 to 5 where 1 = “*strongly disagree*” and 5 = “*strongly agree*.” If you don’t remember or cannot comment, indicate N/A (*not applicable*) in the last column.

<i>Statement</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
MM Intervention training was adequate	1	2	3	4	5	N/A
Training tools and protocols helped me learn and implement the MM Intervention	1	2	3	4	5	N/A
Additional training on the MM Intervention would have been helpful	1	2	3	4	5	N/A
My questions about the MM Intervention were addressed in a timely manner	1	2	3	4	5	N/A
The MM Intervention administrative team provided assistance when needed	1	2	3	4	5	N/A
It is important to me that this intervention was tested in a research setting	1	2	3	4	5	N/A
Computerized screening of medications helped me identify potential problems	1	2	3	4	5	N/A
Completing the medication follow-up form was easy	1	2	3	4	5	N/A
Completing the medication follow-up form was time consuming	1	2	3	4	5	N/A
My clients were aware that their medications were screened for potential problems	1	2	3	4	5	N/A
My clients appeared pleased that medication screening and management were offered as part of MSSP	1	2	3	4	5	N/A
Over time, I became comfortable with implementing the MM Intervention	1	2	3	4	5	N/A

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11. Please indicate (*circle*) how much you agree or disagree with the following statements on a scale from 1 to 5 where 1 = “*strongly disagree*” and 5 = “*strongly agree.*” Again, if you don’t remember or cannot comment, indicate N/A (*not applicable*) in the last column.

<i>Statement</i>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
Medication management is typically part of my scope of practice	1	2	3	4	5	N/A
Medication issues and solutions should be discussed in case conferences	1	2	3	4	5	N/A
I contacted my clients’ physicians to inform him/her of a potential medication problems	1	2	3	4	5	N/A
I was able to help adapt the MM Intervention to how case management operates in MSSP	1	2	3	4	5	N/A
The MM Intervention fit easily with my other case management activities	1	2	3	4	5	N/A
In general, the MM Intervention helped my clients reduce/avoid medication problems	1	2	3	4	5	N/A
My role in the MM Intervention was clear	1	2	3	4	5	N/A
The MM Intervention was useful and worthwhile	1	2	3	4	5	N/A
I would like the MM Intervention to be an ongoing service provided by MSSP	1	2	3	4	5	N/A

12. Please list any *benefits* you or your clients experienced from the MM intervention:

13. Please list any *challenges* you or your clients experienced during the MM intervention:

14. Please provide any feedback or suggestions that you think would improve the MM intervention:

Thank you very much for your assistance!!!