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Advancing Standards of Care for People with Bipolar Disorder

The National Council for Behavioral Health
Sunovion Pharmaceuticals
MTM Services

Final Report

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Abstract:

The Advancing Standards of Care for People with Bipolar Disorder helped ten behavioral health organizations implement the evidence based Wellness Self Management group curriculum as well as the DLA20 functional assessment instrument. Individuals with bipolar disorder at each organization attended the group curriculum for six months and the DLA20 was administered at baseline and every 60 days throughout the six month project period.

Overall outcomes included statistically significant improvements in all 20 DLA20 areas of functioning as well as in the overall estimated Global Assessment of Functioning. The subscales with the most consistent statistically significant improvements within individual organizations included: Productivity, Social Network, Coping Skills, Health Practices, Communication, Managing Money, Problem Solving, and Leisure. Nine of the organizations had statistically significant improvements in overall estimated GAF.

The study also found a statistically significant improvement in the frequency of discussions related to health issues between participants and clinical staff.

Finally, the project provided specific insights into improving the level of initial and ongoing engagement in group services for this population.

Introduction

A 2013 survey, administered by the National Council for Behavioral Health, revealed that some utilization management practices often prevent patients from accessing needed medications, including antidepressants and antipsychotics. The survey demonstrated that a majority of psychiatrists reported that insurance plans' prior authorization, fail first/step therapy requirements, and formulary restrictions always or often present a barrier to prescribing needed medications, resulting in worsened medication

compliance, sub-optimal health outcomes, increased emergency department visits, and increased healthcare costs.

Group services, particularly those using evidence based curricula, are an effective and efficient way to address behavioral health needs, and community mental health centers can utilize these approaches to help individuals manage their illness. However, organizations typically find that group engagement levels are low, attendance levels are poor, and dropout rates are high. This is especially so for individuals with Bipolar disorder who, due to their particular symptoms and the cyclical nature of their disorder, are particularly difficult to engage. Organizations also rarely use regularly administered outcome measures to assess the impact of newly implemented clinical practices and/or approaches.

The Advancing Standards of Care (ASC) project sought to examine the impact of carefully implemented evidence based group curriculum on engagement levels and functional outcomes of a cohort of individuals diagnosed with bipolar disorder.

Project Objectives

1. Identify ten organizations prepared to participate in the Advancing Standards of Care project with each organization committing to identify 50 project participants diagnosed with Bipolar disorder.
2. Provide training, coaching, and implementation oversight of the evidence based "Wellness Self Management" (WSM) group curriculum to participating staff at each organization.
3. Provide training, coaching, and implementation oversight of the DLA20 functional assessment tool to participating staff at each organization.
4. Develop and employ a secure data collection application to collect demographic and DLA20 data to determine the impact of the WSM on the functional status participating individuals.
5. Collect and analyze WSM attendance data in order to monitor initial and ongoing engagement in the WSM program.
6. Identify obstacles to initial and ongoing engagement and strategies to overcome these obstacles.

Participating Organizations

In January of 2013 the National council distributed a request for applications for the ASC project. Of those applying the following ten organizations were selected:

Organization	City	State
The Adanta Group	Somerset	KY
Advocate Illinois Masonic Medical Center Behavioral Health Services	Chicago	IL
The Center for Health Care Services	San Antonio	TX

Cherry Street Health Services	Grand Rapids	MI
Highland Rivers Health	Dalton	GA
Johnson County Mental Health Center	Shawnee	KS
Momentum for Mental Health	San Jose	CA
The Providence Center	Providence	RI
Robert Young Center	Moline	IL
Wyandot Center for Community Behavioral Healthcare, Inc.	Kansas City	KS

Project Timeline

The following is an overview of the project timeline and tasks.

Preparation Phase - January – April 6th 2013:

- ☐ Application submission, review, and acceptance of ten participating project organizations.
- ☐ Organizations Identify Project Leads responsible for project implementation at the organization level.

Planning and Training Phase - April 6th – May 31st 2013:

- ☐ Organizations identify clinical provider staff to be trained in the DLA-20 and Wellness Self Management curricula.
- ☐ Each organization identifies 50 individuals (clients) who meet the project criteria and are viable candidates for a weekly group curriculum.
- ☐ Organizations obtain signed informed consent from each individual identified.
- ☐ Organizations develop a crosswalk of individual client names and organizational ID to Project ID for internal use in attendance monitoring and data reporting. No organization client identifiers will be entered into project data system.
- ☐ Organizations enter demographic information and confirmation of informed consent into project database for each of the 50 individuals in the cohort at each organization.
- ☐ Consultants provide three hr Web based training for Project Leads and provider staff identified by each organization to administer the DLA-20 on the DLA-20 functional assessment instrument.
- ☐ Consultants provide 3 hour Web based training for Project Leads and provider staff identified by each organization to facilitate WMS and/or WSM + groups on
  - WSM curriculum (Project Leads and Group Facilitators – 1st 2 hours)
  - Data collection requirements (Project Leads and Group Facilitators - 1st 2 hours)
  - Use of the project Data Collection System (Project Leads Only – Last hour)
- ☐ Each organization duplicates or orders WSM and or WSM+ workbooks in sufficient quantities for each group facilitator and each group participant. (Need available by June 1st)
- ☐ Each organization plans for development and scheduling of WSM Groups (to start first week of June).

Implementation Phase - June 1st – December 10th 2013:

- ☐ Baseline DLA-20, Baseline Satisfaction Measure, administered and entered into project database
- ☐ Wellness Self Management Groups begin and attendance recorded on provided form and then entered monthly into project database.
- ☐ Monthly 90 minute coaching and data review meetings via Web for each organization.
- ☐ DLA-20 administration, submission, and entry every 60 days.

- ☐ End of project administration and entry of satisfaction measure.

Analysis and Reporting Phase – December 11th – January 24 2013

- ☐ Quantitative data reviewed for completeness
- ☐ Data formatted for analysis
- ☐ Data submitted to statistician for statistical analysis at the organization and total cohort levels
- ☐ Tabular and Graphical analysis
- ☐ Qualitative review of all coaching session minutes and post project surveys
- ☐ Develop final report

The Wellness Self Management Curriculum

The Wellness Self Management (WSM) curricula was developed as a collaborative effort among the NYS Office of Mental Health (OMH), the Urban Institute for Behavioral Health - NYC, the OMH Bureau of Recipient Affairs, and the Center for Practice Innovations at Columbia Psychiatry (CPI)

The Center for Practice innovations received a 2010 "Science to Service" award by The Substance Abuse and Mental Health Services Administration (SAMHSA) for development of the Wellness Self Management Program.

The WSM consists of "lessons" that integrate behavioral health and physical health self management information and strategies. Another version, the WSM+ also integrates chemical dependency material and is intended for use with individuals with co-occurring disorders.

Both the WSM and WSM+ were available for use by the ASC project teams.

The table below shows the number of WSM and WSM+ groups implemented and the programmatic settings they were implemented in by organization.

		Number of Groups Initiated		Group Settings			
Organization	**# Final Active Cases**	**WSM**	**WSM+**	**Clinic**	**Psychiatric Rehab**	**Peer Support**	**Other**
Adanta	12	4	0	1	3	0	0
Advocate Illinois	21	0	5	5	0	0	0
Center for HealthCare Services	14	4	0	4	0	0	0
Cherry Street	13	0	4	4	0	0	0
Highland Rivers	38	6	0	0	0	6	0
Johnson County	24	4	1	0	5	0	0
Momentum	14	6	0	0	0	0	6- Case Management
Providence	10	2	3	0	0	0	6-ACT/PAct
Robert Young	22	4	0	0	4	0	0
Wyandot	18	3	1	0	0	0	3

The DLA20 Functional Assessment

The DLA20 was developed by Willa Presmanes M.A., M. Ed and R.L Scott Ph.D. The tool measures functioning in 20 areas of daily living, each on an anchored seven point scale. The DLA also generates an estimated GAF that is highly reliable.

During the implementation phase of the project the DLA20 was administered at baseline, 60, 120, and 180 days.

Initial Engagement and Attrition

The ten participating organizations initially identified 570 prospective participants. Of these, 195 never attended any sessions. An additional 189 participants dropped out at some point after attending at least one session. Sixty percent of this attrition occurred during the first several weeks of group. The following table shows the number never attending, and the number who disengaged by month for each organization.

Attrition by Organization and Month

Organization	Never Attended	June	July	August	September	October	November	Total
AIM	11	8	6	2				27
CHC	55	10	7	3	3			78
CST	28	5	6	4	3	3		49
HRV	0	4	9	4		1		18
JCO	26	2	12	6	5	1	2	54
MMH	30	9	6	5	3	2	3	58
RYC	10	4	4			2	1	21
TAG	16	5	1	1	1	2		26
TPC	5	1	7	5	2	1		21
WYN	14	4	4	1	4	4	1	32
Total	195	52	62	31	21	16	7	384

Removing the 195 participants who never attended any groups leaves a true starting number of 375. Using this adjusted starting number, attrition rate over the 6 months of the study was 50%.

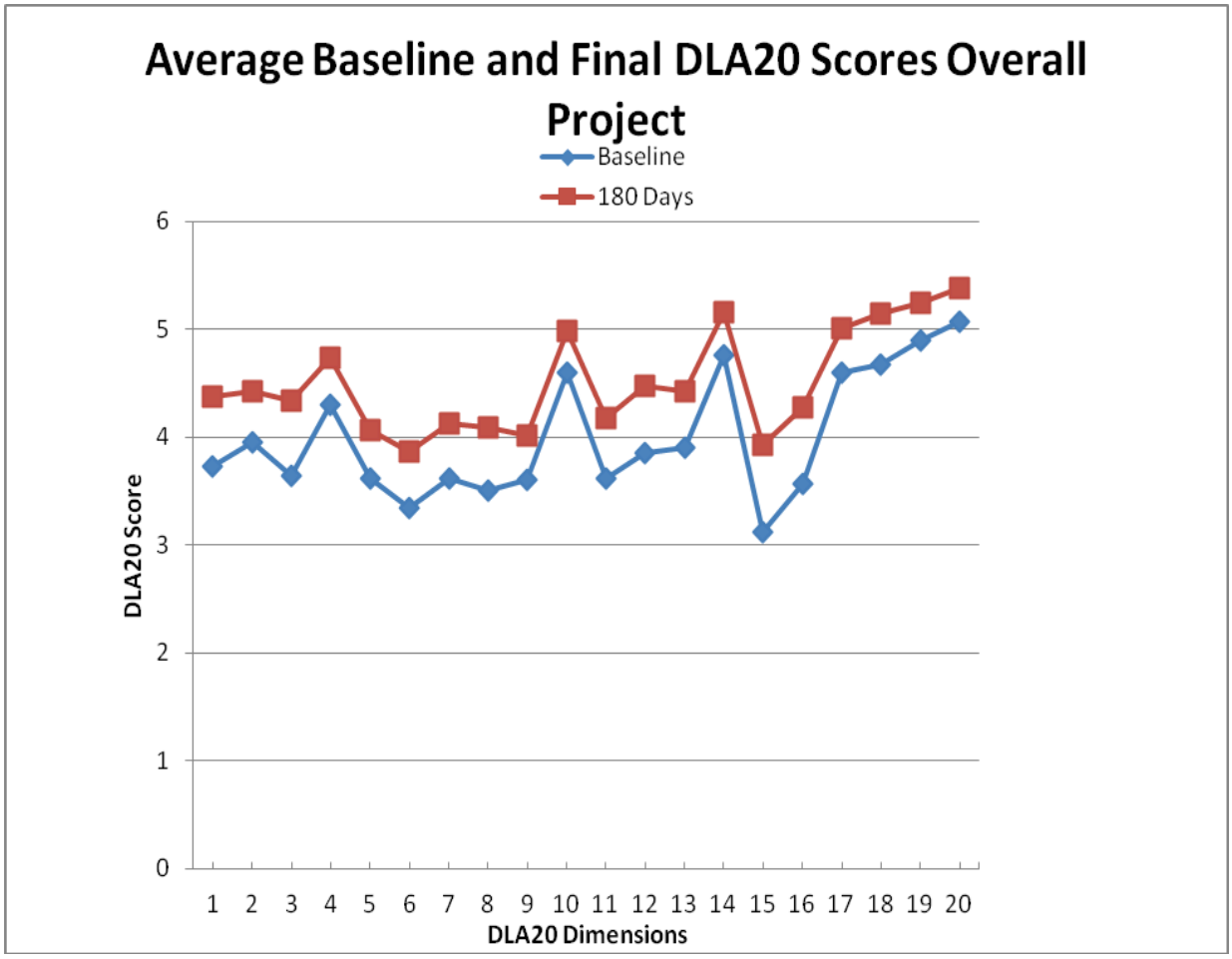
Participants Numbers and Attrition

Initial Starting Group	Final Active Group	Withdrew from Project	Never Attended	Adjusted Starting Group	Adjusted Attrition Number	Adjusted Attrition Rate
570	186	384	195	375	189	50%

The number of participants who completed the entire project period was 186. The following data reflects these individuals. (Note: Demographic Data can be found in Appendix A)

Outcomes: Impact on Participants Daily Functioning

The chart below presents the baseline and 180 day DLA20 results for all 20 subscales. As the chart indicates there was improvement in all areas.



Statistical Analysis

The table below presents the results of a repeated measures analysis of variance of all DLA20 subscales. As the table shows there were statistically significant improvements in all DLA20 areas of functioning as well as in the overall estimated GAF.

DLA20 Statistical Analysis

	Mean DLA20 Score					
Scale	**Baseline**	**60 Day**	**120 Day**	**180 Day**	**F**	**Significance**
1. Health Practices	3.73	3.95	4.08	4.38	32.248	0.000
2. Housing Stability & Maintenance	3.96	4.06	4.20	4.42	14.321	0.000
3 Communication	3.64	3.81	4.07	4.34	36.768	0.000
4. Safety	4.30	4.34	4.48	4.74	14.233	0.000
5. Managing Time	3.61	3.76	3.95	4.07	15.059	0.000
6. Managing Money	3.34	3.47	3.60	3.87	20.755	0.000
7. Nutrition	3.61	3.78	3.94	4.13	20.508	0.000
8. Problem Solving	3.51	3.63	3.85	4.09	29.861	0.000
9. Family Relationships	3.61	3.64	3.82	4.01	12.668	0.000
10. Alcohol/ Drug Use	4.60	4.75	4.93	4.98	9.047	0.000
11. Leisure	3.62	3.75	3.96	4.18	27.023	0.000
12. Community Resources	3.85	4.06	4.23	4.47	26.289	0.000
13. Social Network	3.90	3.99	4.26	4.42	20.590	0.000
14. Sexuality	4.76	4.85	5.06	5.16	16.296	0.000
15. Productivity	3.12	3.30	3.61	3.92	46.358	0.000
16. Coping Skills	3.56	3.76	4.03	4.27	39.292	0.000
17. Behavior Norms	4.60	4.66	4.82	5.01	13.972	0.000
18. Personal Hygiene	4.67	4.79	4.90	5.15	21.217	0.000
19. Grooming	4.90	4.99	5.10	5.24	11.551	0.000
20. Dress	5.07	5.07	5.20	5.38	12.349	0.000
GAF	**39.98**	**41.21**	**43.04**	**45.12**	**87.787**	**0.000**

(Note: All statistical analyses were conducted by Brian Dates Director of Evaluation and Research, Southwest Counseling Solutions)

DLA20 Summary of Individual Organization Outcomes:

The table below summarizes the outcomes for all twenty DLA20 subscales for the 10 participating organizations. Achieving statistical significance at the individual organizational level is a challenge due to the low number of participating cases (Ns) at some organizations. However, an impressive number of statistically significant changes occurred.

The table indicates the number of organization with numerical improvements, declines, statistically significant improvements, and statistically significant declines by subscale. Areas where 6 or more organizations showed improvements are highlighted.

The subscales with the most consistent statistically significant improvements across organizations included: Productivity (8); Social Network and Coping Skills (7); and Health Practices, Communication, Managing Money, Problem Solving, and Leisure (6). Nine of the organizations had statistically significant improvements in overall estimated GAF.

DLA20 Summary of Individual Organization Outcomes:

Scale	Number of Programs Improving	Number of Programs Declining	Number of Programs Improving Significantly	Number of Programs Declining Significantly
1. Health Practices	10	0	6	0
2. Housing Stability & Maintenance	9	1	2	0
3 Communication	10	0	6	0
4. Safety	8	2	3	0
5. Managing Time	9	1	2	0
6. Managing Money	9	1	6	0
7. Nutrition	9	1	2	0
8. Problem Solving	10	0	6	0
9. Family Relationships	9	1	3	0
10. Alcohol/ Drug Use	9	1	2	0
11. Leisure	10	0	6	0
12. Community Resources	9	1	5	0
13. Social Network	8	2	7	1
14. Sexuality	9	1	3	0
15. Productivity	10	0	8	0
16. Coping Skills	10	0	7	0
17. Behavior Norms	9	1	3	0
18. Personal Hygiene	10	0	4	0
19. Grooming	8	2	3	0
20. Dress	8	2	4	0
GAF	**10**	**0**	**9**	**0**

Note: Shaded Areas indicate 6 or more organizations

Participant Feedback Survey

A participant feedback survey was administered to all project participants at baseline and at the conclusion of the project. This survey asked 8 questions relating to their experience with staff at the organization in terms of asking about depression, health, medications, etc. These types of questions can help to assess the level of integration between physical and behavioral health at the practitioner level, as experienced by clients. (Participant Satisfaction-Feedback survey can be found in Appendix B)

The table below summarizes the statistical analysis of the changes in responses to the 8 questions on the survey.

	Mean Score				
Item	**Baseline**	**Posttest**	**t**	**df**	**Significance**
1	3.06	3.08	0.21	184	0.836 (NS)
2	3.12	3.23	1.14	184	0.258 (NS)
3	3.17	3.30	1.65	184	0.100 (NS)
4	3.25	3.16	-0.97	184	0.336 (NS)
5	2.63	2.90	2.56	184	0.012
6	3.43	3.54	0.76	184	0.449 (NS)
7	3.24	3.37	0.82	184	0.412 (NS)
8	3.35	3.57	1.52	184	0.131 (NS)

While there were numerical increases in 7 of the 8 survey items, there was a statistically significant change in only one item of the survey**.** This was question # 4 which was:

1. In the last 12 months, did anyone from the treatment team in this organization talk with you about specific goals for your health?

   __ Never
   __ Sometimes
   __ Usually
   __ Always

The results indicate that clients felt that staff talked had talked to them more about health issues in the 12 months that included the use of the WSM and DLA20 than in the 12 months prior to the project. This finding fits well with the whole person focus of the WSM and the DLA 20.

Lessons Learned

The project shed light on a number of areas that can be of significant benefit to future projects and to organizations planning to implement the WSM and/or DLA20.

Initial Engagement

Challenges:
As indicated earlier in this report, of the 570 cases identified to participate in this project 195 failed to attend any WSM sessions at all. Based on clinician reports and interviews with a number of the clients who backed away from participation, the chief reasons for not participating included:

- The clients didn't want to sit around hearing other people's problems
- Clients with anxiety and social anxiety were hesitant to be in a group therapy situation
- Clients reported being too busy with work, school, childcare, or other obligations
- Transportation, especially in rural areas

Potential Solutions:
Two of the organizations with the best initial engagement levels used all or some of these strategies at the beginning of the project.

- They presented the WSM Curricula as a "Course" rather than as group therapy. The WSM is formatted as a course with chapters, lessons, individual worksheets, and action steps (homework). Presenting the curriculum in this way may have contributed to the high level of initial engagement at these organizations because clients did not believe they would just be listening to other's problems and/or felt less anxious given the "course" format.
- During the recruitment phase one of the organizations held several "Information Sessions" for prospective clients where the WSM Curricula and DLA20 were presented (along with samples) and where questions could be answered. Clients were also given permission at this point to pass on participation.

A number of organizations used incentives to encourage clients to participate at some level. For example gift cards to local supermarkets were provided monthly or bi-monthly to clients who met a certain level of attendance. In several cases these organizations indicated that for future WSM implementation they would just offer the incentives for the first month or two since clients who attend for that period became firmly engaged with the groups.

Transportation vouchers or arrangements were also instrumental in improving attendance for organizations that had the resources. As the groups coalesced members began helping each other with transportation.

Early Engagement

Challenges:

For those participants who did attend at least one lesson, most who dropped out did so very early in the process. Group facilitators reported that they felt the problem was that the introductory lessons were

slow and repetitive. The WSM+ which was developed subsequent to WSM was more evolved and had only 1 introductory session.

Potential Solutions:

- Some organizations combined the first 2 or 3 lessons into one introductory lesson (modeled after the WSM+)
- At the initial lesson organizations can review the overall curricula table of contents so that clients can see that engaging topics are scheduled soon.
- Reorder the sequence of the topics (for example a number of group facilitators recommended covering symptom information first and then problem solving information).
- Follow-up with clients who miss a lesson and offer to make the lesson up with the client so they don't feel left behind.

DLA20

Challenge:

The baseline scoring for the DLA20 in several organizations was unrealistically high and inconsistent with their diagnoses and level of care. In coaching sessions it was reported that some clinicians were essentially having clients score themselves (rather than just being part of the discussion) or felt uncomfortable scoring low because of their strength based orientation. Baseline scores were reviewed and in some cases rescored after further training and coaching.

Potential Solution:

- In future projects and DLA20 training events, clarify that while the DLA20 should be reviewed collaboratively with clients, the scores need to be objective and based on the individual subscale anchors.
- In future projects and DLA20 training events discuss the distinction between strength based approaches and the failure to objectively assess both strengths and weaknesses.

Qualitative Results

At the conclusion of the project all Project Leads, WSM Facilitators, and DLA20 Assessors were invited to respond to a post project survey. In addition minutes were taken during each of the monthly coaching sessions with each organization. The following is a summary of key themes and comments from those sources.
(Note: an excel file containing an informal compilation of all salient comments by organization is available)

General Comments

- The systematic approach of the project was very helpful and is changing our approach to planning in other areas of the organization.
- Organization presented the WSM curriculum to a group of law enforcement officers who came to the organizations for NAMI supported training. They were very excited about the curriculum and thought it would be helpful for their training.
- WSM and DLA20 fit well with wellness focus of organization that has its own primary care clinic.
- Realized the need to change the culture for groups from “come when I want” to “regular attendance is very important”.
- Enabled us to establish a strong foundation for ongoing WSM implementation.
- Some organizations felt that as the project went on the coaching sessions should have been briefer as it is hard to commit staff time on a monthly basis.
- Some organizations felt that additional financial support for materials, incentives, etc. would be helpful.
- Learned great ideas for future implementation that will support greater attendance.
- A number of organizations reported that it would have been helpful to have had more time between the first kickoff meeting and the start of groups in order to plan and recruit better.

Success Stories

- One consumer was nominated to participate on the agency’s Consumer Rights Committee
- Client regained custody of her child
- A number of organizations reported that social relationships developed that extended beyond the scope of the project.
- Client graduated from level of care and moved to a lower LOC.
- A number of clients obtained work or returned to school during the project.
- Participant gained the confidence to start driving in the community again.
- Curriculum and group support helped client maintain herself in her apartment after she left a difficult home situation.
- A client began discussing her gambling addiction which she had been hiding from clinical staff.
- For a number of clients this was the first time in their lives that they had the opportunity to explore their MH diagnoses and develop and understanding of the associated symptoms.
- Client purchased a vehicle so she could get out of the house and end her isolation.
- Several clients who were typically hospitalized on a fairly regular basis remained out of the hospital for the duration of the project.
- One peer previously almost never spoke and her affect was flat for over a year due to unstable living environment. She is now reconnected to her family who are supporting her efforts to get back on her feet. She won the "Best Humor' award at the annual Peer Support Banquet.
- Another peer obtained her driver’s license which was the result of her learning to problem solve and overcome barriers to being reinstated to drive.

WSM Comments

- WSM refocused us on the whole person rather than just symptoms.
- Very engaging and organized curricula.
- For a number of WSM group facilitators this was their first time running a group. The organized curricula and tools gave them confidence.
- Good mechanism for identifying future peer specialists
- WSM allowed us to add a great number of group therapy hours in a short amount of time. We previously struggled with engagement.
- WSM has "freshened up" programming in our IMR Program and provided group opportunity in outpatient services. We will continue to use.
- Structured, recovery oriented protocol is gratifying to clients and helps stabilize even highly volatile symptoms. We have already begun expanding WSM.
- Clients seemed to own this process and the homework proved to be very valuable.
- Loved material and appreciate being introduced to it. Action Planning and structured support will help with interactions and treatment planning objectives…have already begun implementation in other programs.
- Layout of the WSM is biggest take-away for agency. When developing curricula in the future, we have already discussed the structure of the WSM and how helpful they are.
-

DLA20 Comments

- We had been thinking about using DLA20 but didn't start. Project helped give us experience to help sell internally.
- DLA20 use has supported decision to use in overall operation. It helps focus tx on specific functional weaknesses and measures impact.
- Have expanded DLA to other Pilot Program to measure social functioning.
- Great benefit! Very helpful in tracking progress. It provided the opportunity to see what ways we can effectively implement agency-wide. Plan to expand use.
- DLA helped us start educating staff on the changes in the DSM. The breakdown of functional areas was very helpful. Gives a clearer picture of clients' functioning and gave a more holistic picture of clients. Helpful tool but cost of training is high.
- Planning to use DLA across adult services. Will be talking to Willa for training.
- DLA was biggest take-away from the project. Helped staff understand the elements of functioning and tie it in to medical necessity. Would like to incorporate DLA in clinical practice.
- Great tool to really assess functional impairment. With additional oversight from MCOs in Kansas, this tool will greatly help us as we request and justify services needed for consumers.

Summary

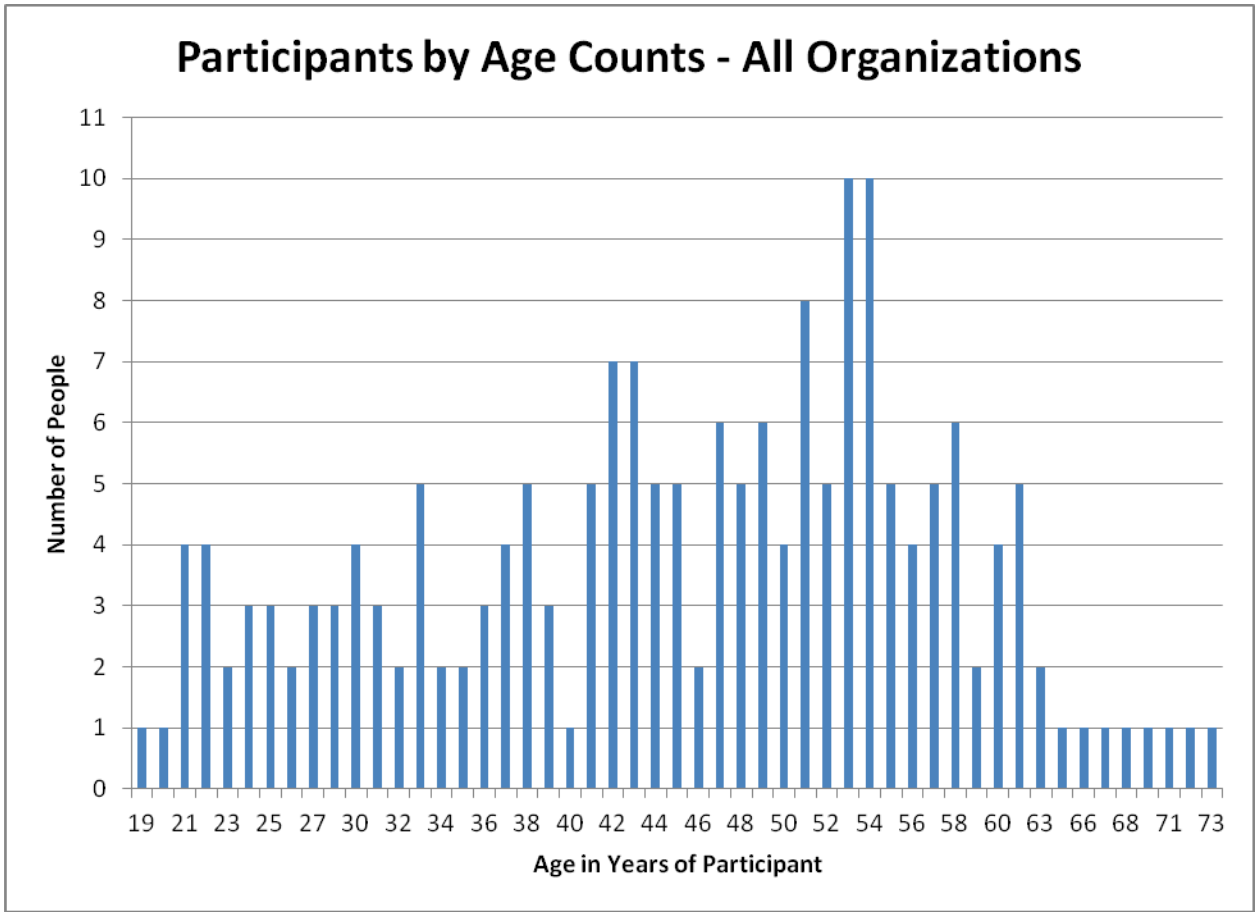
The Advancing Standards of Care for individuals with bipolar disorder project demonstrated that an evidence based group model can engage this challenging population and produce significant functional improvement in a six month timeframe as measure by the DLA20.

The project introduced ten organizations to a new turn-key curriculum as well as the DLA20 functional assessment tool and demonstrated the real life impact of these tools on the loves of consumers.

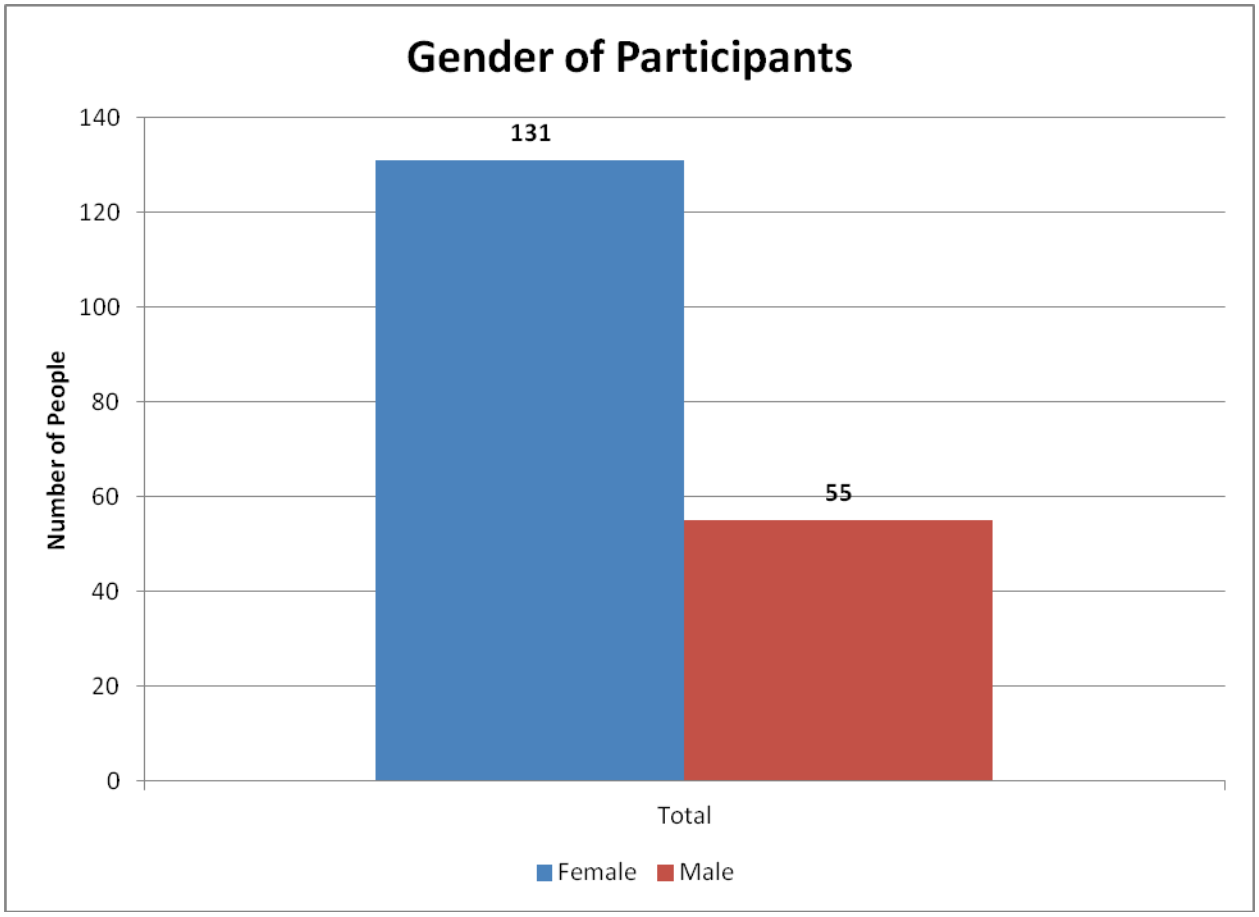
Appendix A

Project Participant Demographics (Participants who completed project)

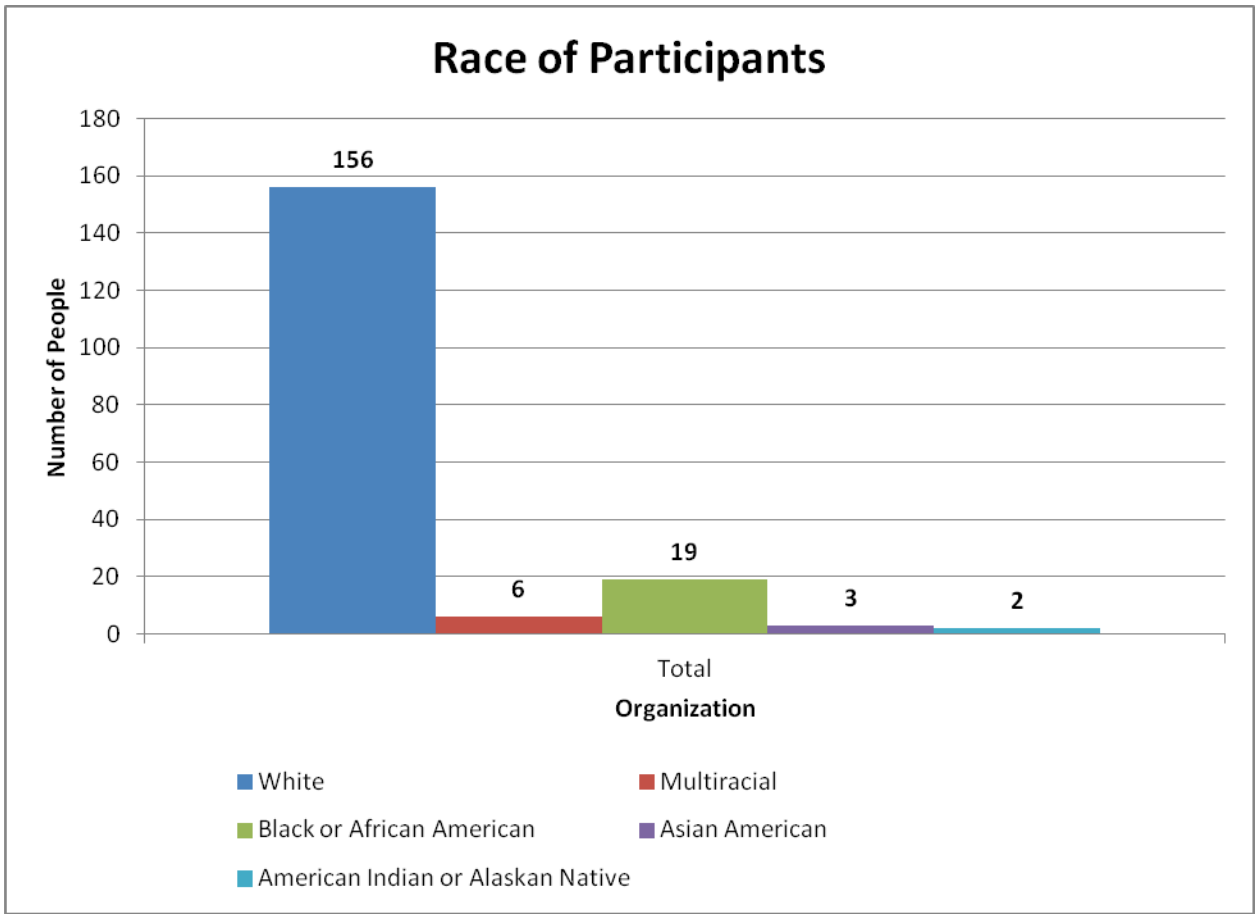
Ages of participants ranges from 19 to 73 with a mean of 43. Below is a frequency distribution of participants' ages.



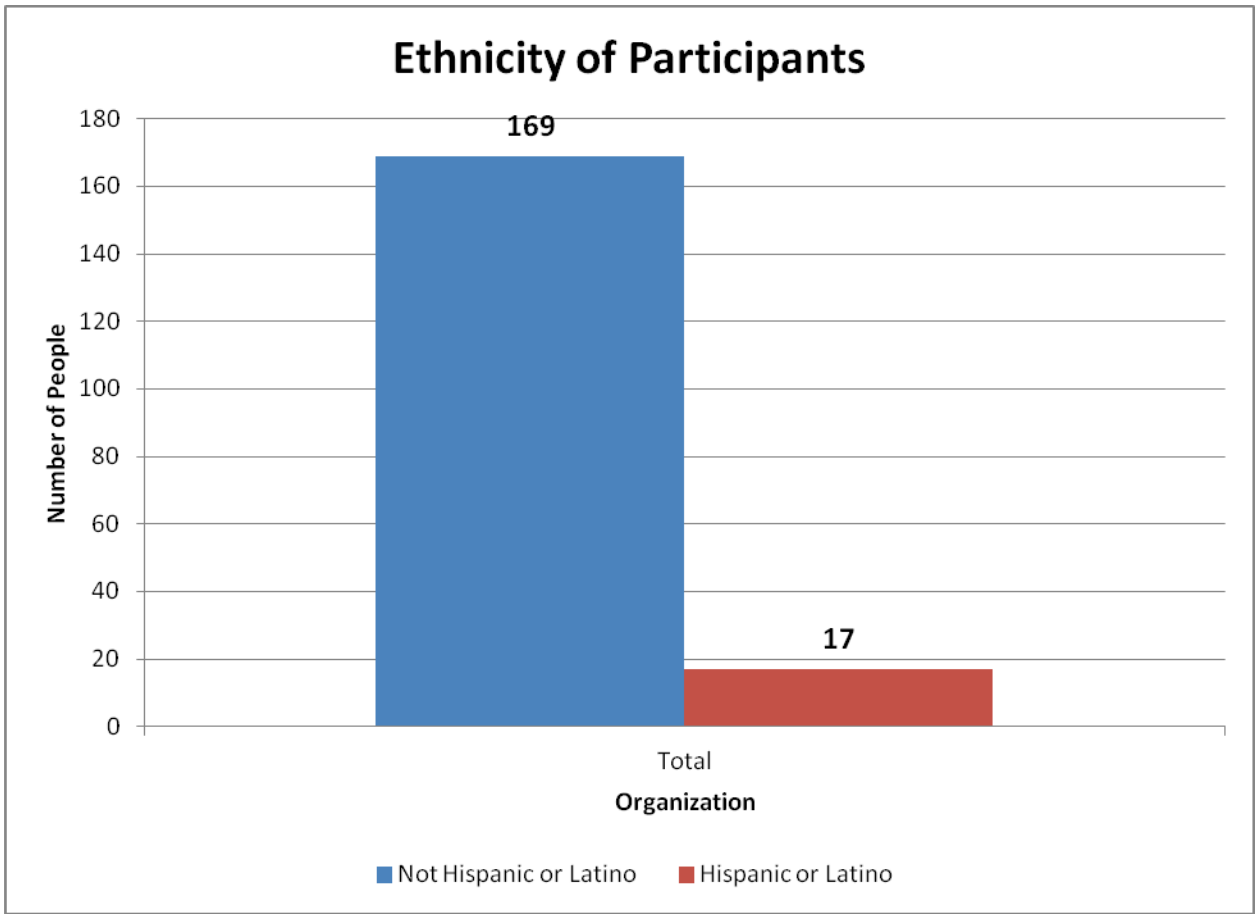
Gender



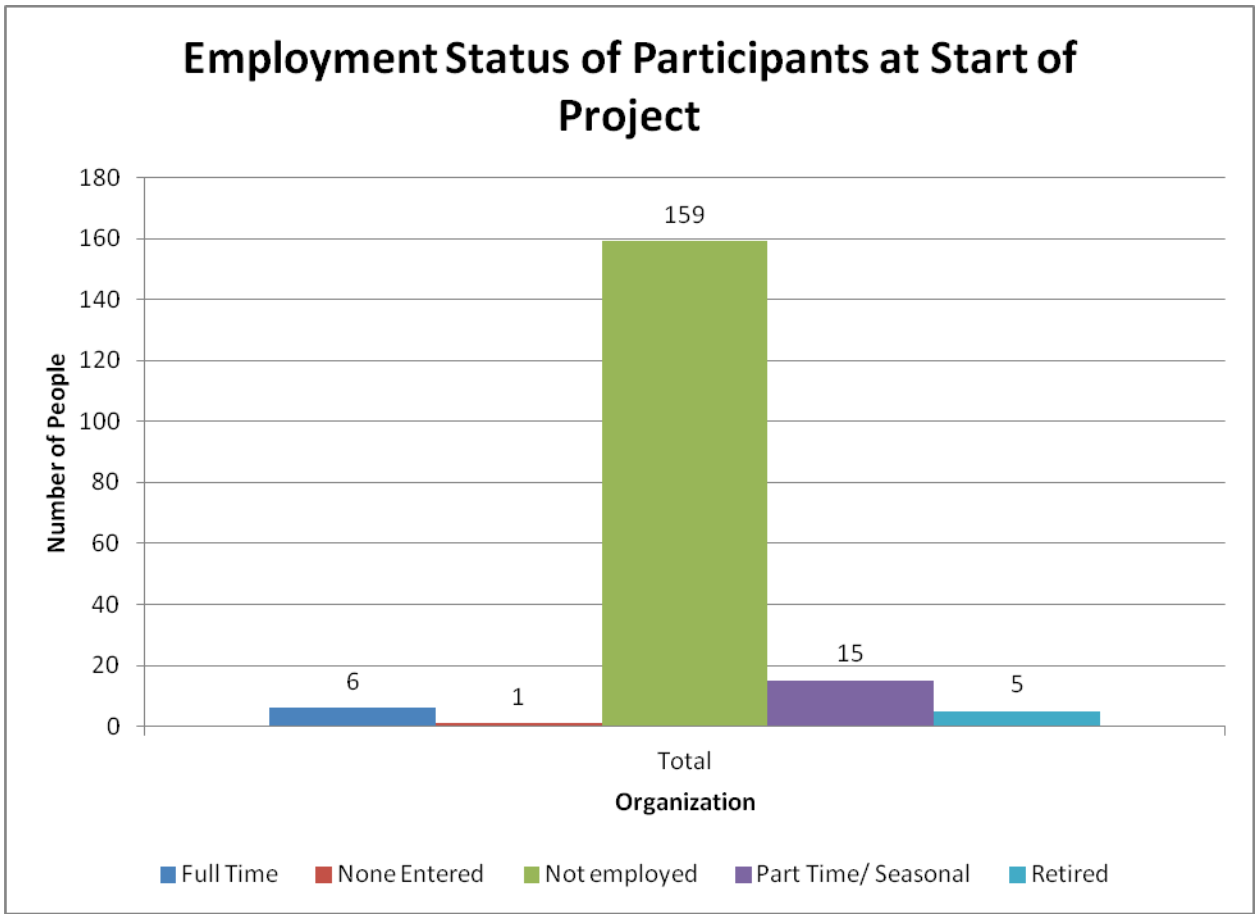
Race



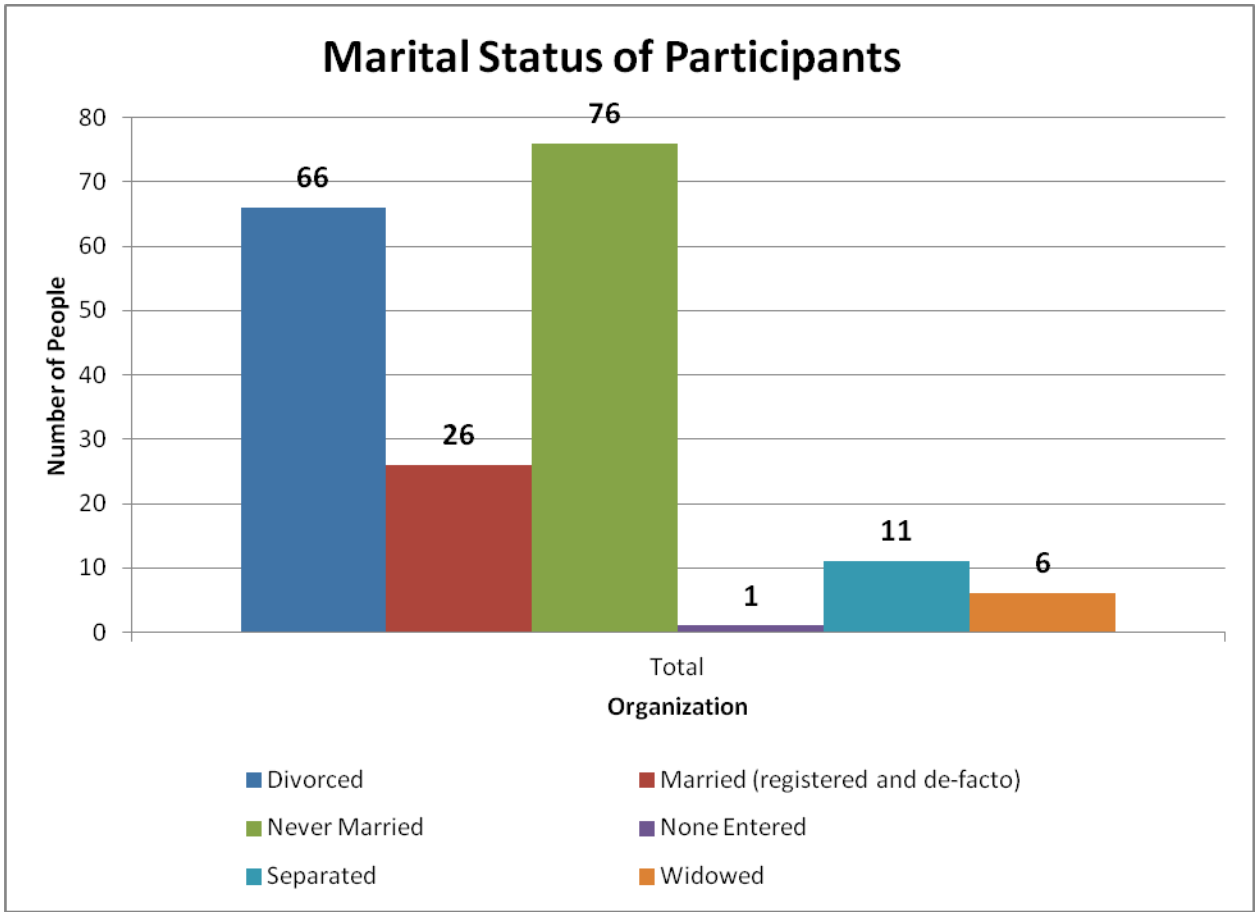
Ethnicity



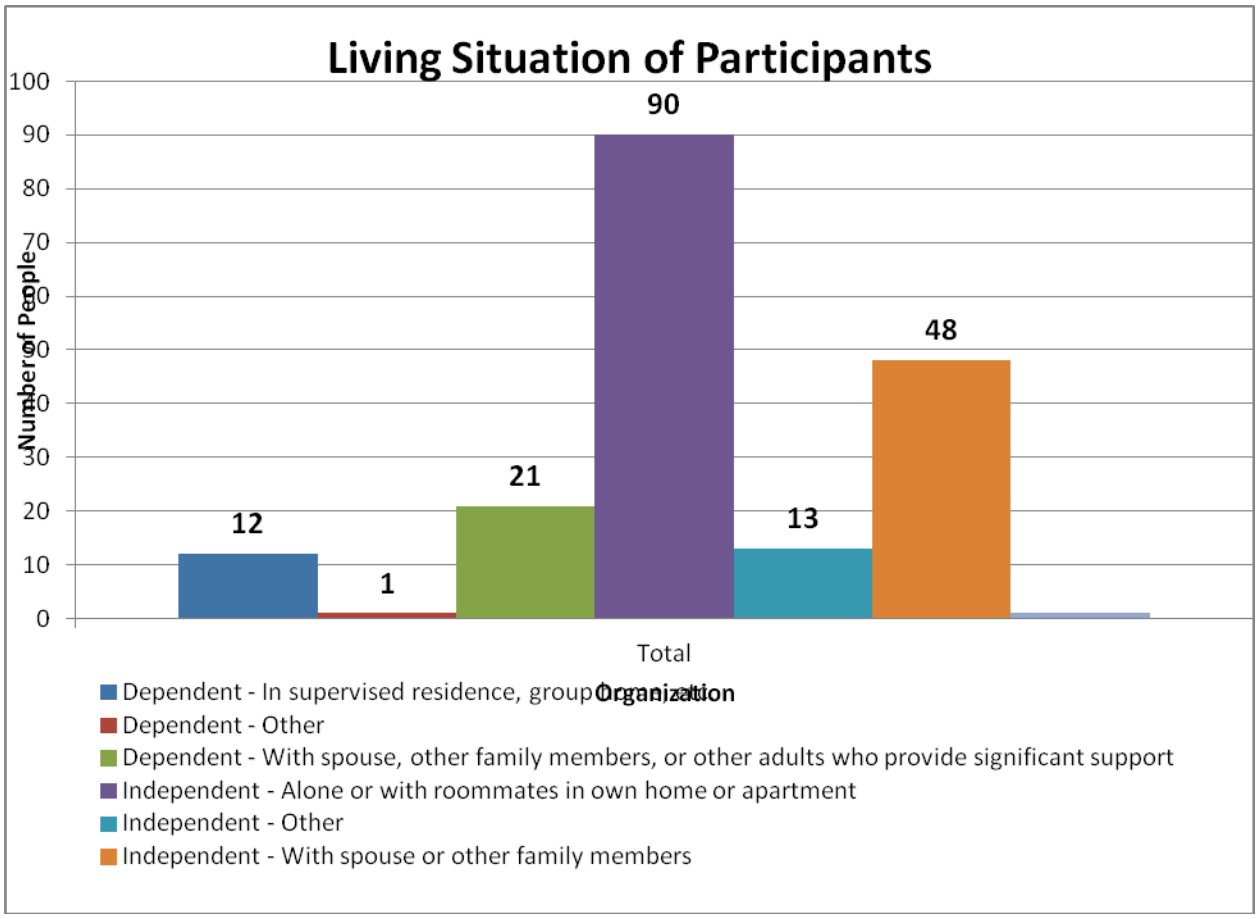
Employment Status Beginning of Project



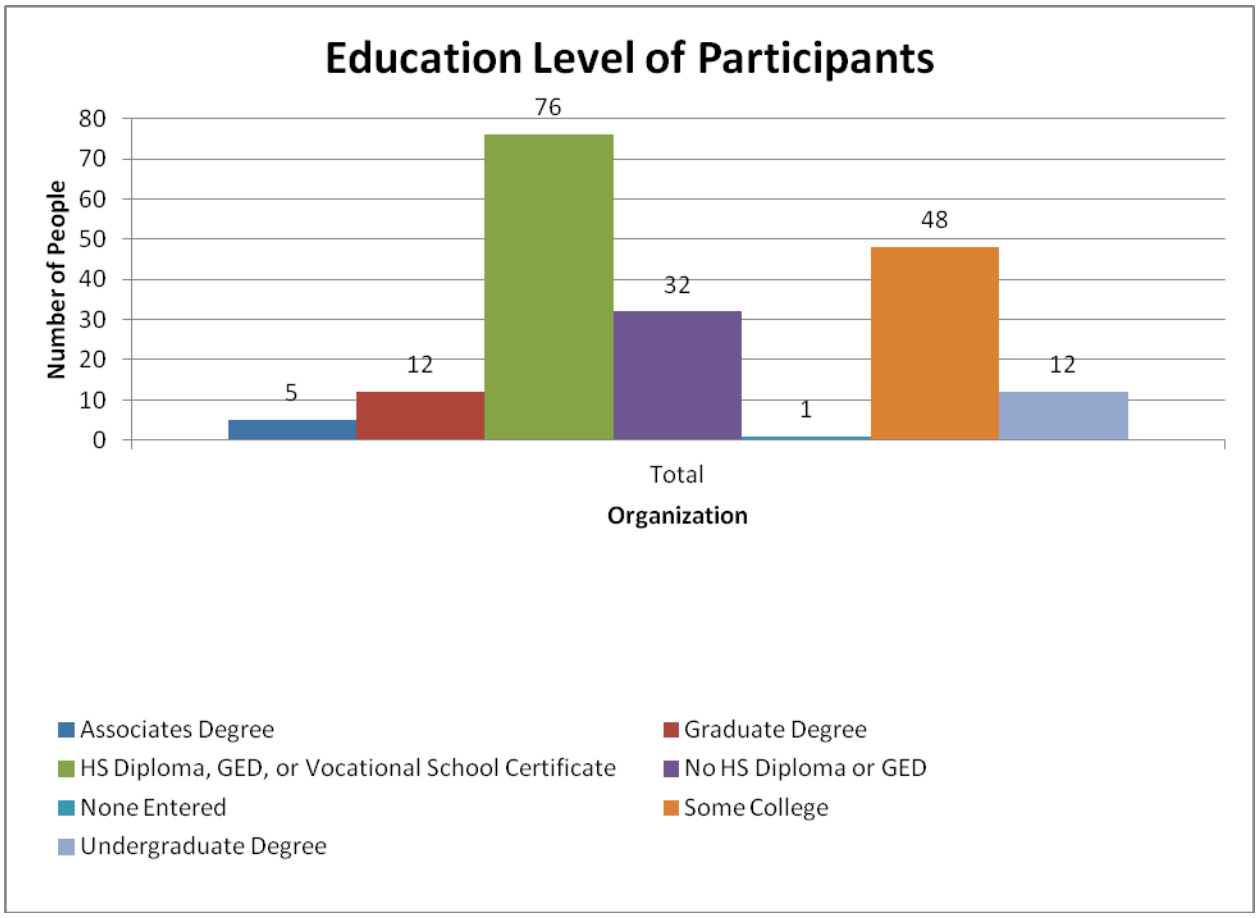
Marital Status



Living Situation

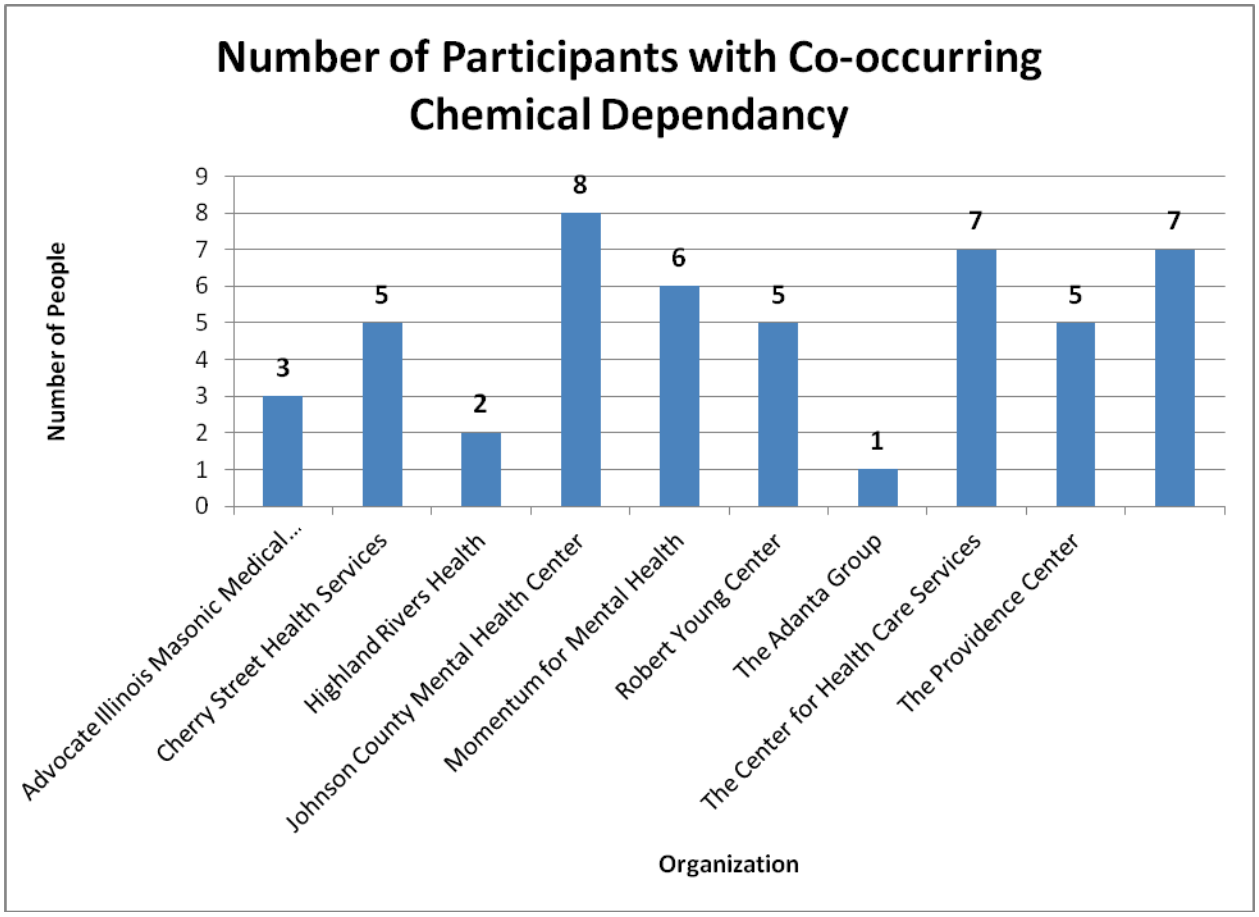


Educational Level

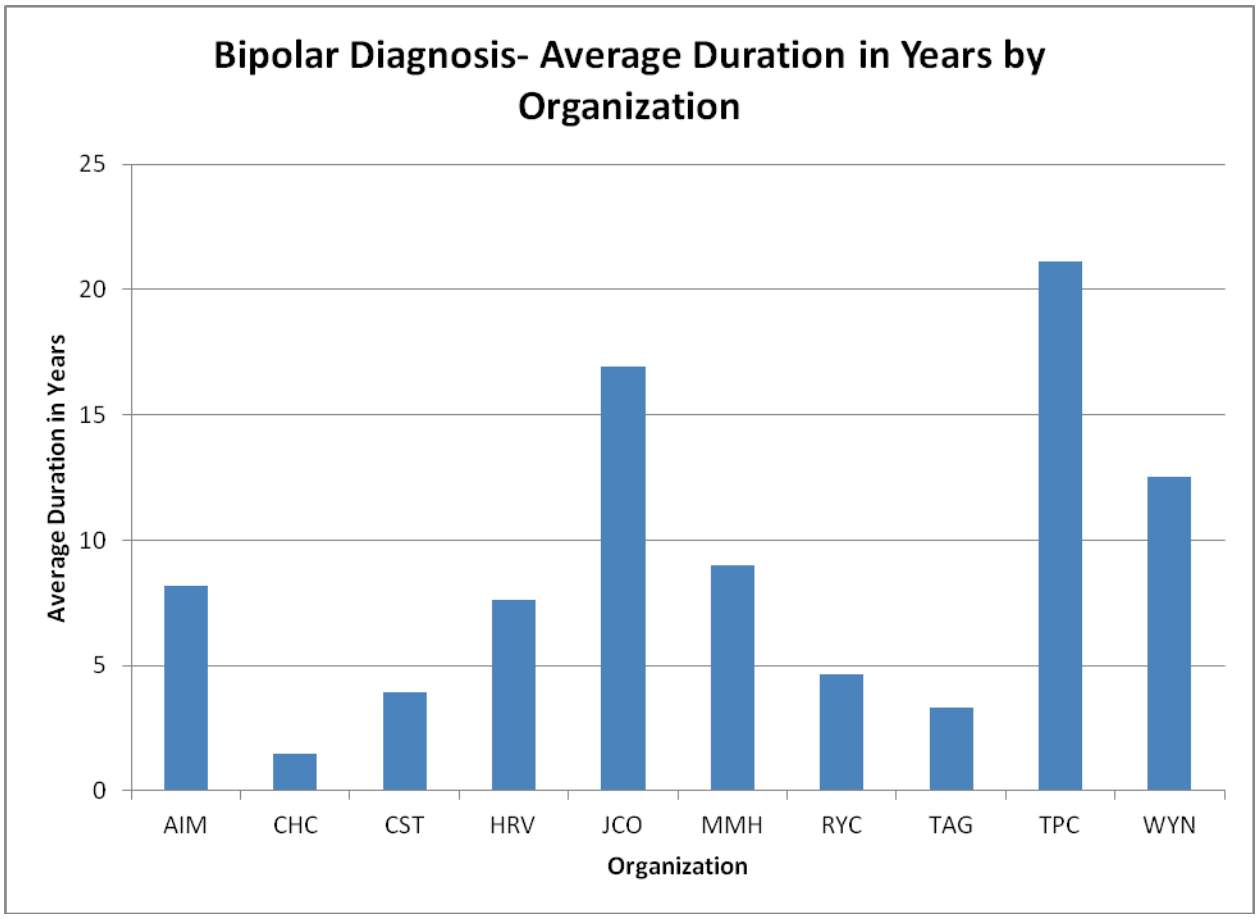


Co-occurring Chemical Dependence Diagnosis

There were 50 participants diagnosed with a co-occurring chemical dependence diagnosis. Below is the breakout by organization.



Duration of Bipolar Disorder Diagnosis



Appendix B

Participant Satisfaction - Feedback Survey

Baseline Survey ☐ Post Project Survey ☐ Survey Date:

Participant Name: _____

Participant Project ID: _____

Please answer the following questions to the best of your ability.

1. In the last 12 months, did anyone from the treatment team in this organization ask you if there was a period of time when you felt sad, empty or depressed?
   __ Never
   __ Sometimes
   __ Usually
   __ Always

2. In the last 12 months, did you and anyone from the treatment team in this organization talk about things in your life that worry you or cause you stress?
   __ Never
   __ Sometimes
   __ Usually
   __ Always

3. In the last 12 months, did you and anyone **from the treatment team in this organization** talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?
   __ Never
   __ Sometimes
   __ Usually
   __ Always

4. In the last 12 months, did anyone from the treatment team in this organization talk with you about specific goals for your health?
   __ Never
   __ Sometimes
   __ Usually
   __ Always

(Continued Next Page)

Advancing Standards of Care Project

Participant Satisfaction - Feedback Survey Continued

Participant Name: _____

Participant Project ID: _____

5. In the last 12 months, did anyone from the treatment team in this organization ask you if there are things that make it hard for you to take care of your health?

__ Never
__ Sometimes
__ Usually
__ Always

6. When you started or stopped a prescription medicine, how much did someone from the treatment team talk about the reasons you might want to take a medicine?

__ Never
__ Sometimes
__ Usually
__ Always
__ NA (not applicable)

7. When you started or stopped a prescription medicine, did someone from the treatment team talk about the reasons you might not want to take a medicine?

__ Never
__ Sometimes
__ Usually
__ Always
__ NA (not applicable)

8. When you started or stopped a prescription medicine, did someone from the treatment team ask you what you thought was best for you?

__ Never
__ Sometimes
__ Usually
__ Always
__ NA (not applicable)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE!

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