

## Pre-Medicare Eligible Individuals' Decision-Making In Medicare Part D: An Interview Study

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### Abstract

#### Objectives

*The objective of this study was to elicit salient beliefs among pre-Medicare eligible individuals regarding (1) the outcomes associated with enrolling in the Medicare Part D program; (2) those referents who might influence participants' decisions about enrolling in the Part D program; and (3) the perceived barriers and facilitators facing those considering enrolling in the Part D program.*

#### Methods

*Focused interviews were used for collecting data. A sample of 10 persons between 62 and 64 years of age not otherwise enrolled in the Medicare program was recruited. Interviews were audio taped and field notes were taken concurrently. Audio recordings were reviewed to amend field notes until obtaining a thorough reflection of interviews. Field notes were analyzed to elicit a group of beliefs, which were coded into perceived outcomes, the relevant others who might influence Medicare Part D enrollment decisions and perceived facilitators and impediments. By extracting those most frequently mentioned beliefs, modal salient sets of behavioral beliefs, relevant referents, and control beliefs were identified.*

#### Results

*Analyses showed that (1) most pre-Medicare eligible believed that Medicare Part D could "provide drug coverage", "save money on medications", and "provide financial and health security in later life". However, "monthly premiums", "the formulary with limited drug coverage" and "the complexity of Medicare Part D" were perceived as major disadvantages; (2) immediate family members are most likely to influence pre-Medicare eligible's decisions about Medicare Part D enrollment; and (3) internet and mailing educational brochures are considered to be most useful resources for Medicare Part D enrollment. Major barriers to enrollment included the complexity and inadequacy of insurance plan information.*

#### Conclusion

*There are multiple factors related to decision-making surrounding the Medicare Part D enrollment. These factors include the advantages and disadvantages of enrolling in Part D, facilitators and barriers to enrolling in Medicare Part D, and significant individuals and groups for pre-Medicare eligible individuals.*

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### Background

The rapid growth of elderly population and the high prevalence of chronic disease among the elderly population have significantly increased outpatient prescription utilization. Consequently, elderly people without continuous prescription drug coverage face high out-of-pocket spending and might lack access to prescription drugs.<sup>1-3</sup> To address this concern among the elderly population, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 established an outpatient prescription drug benefit for Medicare beneficiaries that took effect on January 1, 2006.<sup>4</sup>

The Medicare Part D program provides a voluntary outpatient prescription drug benefit for Medicare beneficiaries through either Medicare Advantage prescription drug plans (MA-PDs) or stand-alone prescription drug plans (PDPs).<sup>4</sup> MA-PDs are comprehensive insurance plans that incorporate outpatient prescription drug benefits into Medicare Advantage plans (known as Part C, which provides a full range of services covered under Medicare Part A and Part B). PDPs are stand-alone private plans that only offer Medicare Part D prescription drug benefits. Like other Medicare programs (A, B&C), the Medicare Part D program is for people age 65 or older; people under age 65 with certain disabilities; or people with End-Stage Renal Disease (ESRD). In addition, Medicare beneficiaries must have Medicare Part A and/or Part B to join a Medicare prescription drug plan.<sup>5</sup> There is a wide range of Medicare Part D drug plans available for Medicare

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beneficiaries each year. In 2009 alone, there are 1,689 PDPs and 2,861 MA-PDs available for Medicare beneficiaries nationwide. Beneficiaries in each state have the option of at least 45 stand-alone PDPs and various MA-PDs.<sup>6</sup> In addition to various drug plan options, the designs of drug benefits vary widely across Part D plans and demographic areas in terms of premiums, deductibles, and gap coverage.<sup>7,8</sup>

Since the Medicare Part D program took effect, the enrollment in this program has increased from 22.5 million in 2006 to 26.7 million in 2009; however, the proportion of beneficiaries with no drug coverage remained the same over the last four years, about 4.5 million or 10% of beneficiaries.<sup>8</sup> Studies suggest that the wide range of drug plan options and the complexity of drug benefits in the Medicare Part D program may have discouraged enrollment in the Medicare Part D program.<sup>9,10</sup> For instance, a national study found that 73% of seniors agreed that “the Medicare prescription drug benefit is too complicated” and 68% of them favored simple drug benefits with fewer drug plan options.<sup>11</sup> Given the significant challenges of enrolling in the Medicare Part D program, there is a need to gain a better understanding of the decision-making process surrounding Medicare Part D enrollment, especially in those years immediately preceding older adults’ initial eligibility for this program.

Numerous studies have been conducted to investigate factors associated with consumer choices in health insurance plans. They have investigated variables such as demographic characteristics, health status, insurance plan performance, health plan attributes, and the value of information.<sup>12-16</sup> However, based on Expected Utility Theory, most studies assume that consumers are able to make rational choices given available information.<sup>17</sup> This assumption has been questioned in the health care context.<sup>18,19</sup> In addition, existing studies focus on using econometric modeling approach to estimate the trade-off between price and other health plan attributes within Medicare population, which are also based on the assumptions of Expected Utility Theory.<sup>14,16,20,21</sup> On the other hand, research examining the roles of attitudes and beliefs in health insurance choices is rare, especially for the Medicare Part D program. Our study used a theory-based approach to analyze decision-making surrounding Medicare Part D enrollment within the pre-Medicare eligible population (persons 62-64 years of age). To our knowledge, this is the first study to attempt to investigate the cognitive process involved in enrollment decisions in Medicare Part D as well as the first study we are aware of that has been conducted within the pre-Medicare eligible population. An understanding of the decision-making process among these individuals has the potential to enhance enrollment interventions in the Medicare Part D program.

The Theory of Planned Behavior (TPB) was selected as the basis for conducting this study (See Appendix 1).<sup>22</sup> This theory proposes that individual behaviors can be predicted by behavioral intentions. In turn, behavioral intentions, as a central concept in the model, are determined by three categories of psychosocial constructs: (1) behavioral beliefs and attitudes toward the behavior, which represent expectations and evaluations of behavioral outcomes; (2) normative beliefs and subjective norms, which stand for perceived behavioral expectations of others; and (3) control beliefs and perceived behavioral controls, which refer to facilitators or impediments of the behavior.<sup>22,23</sup> The TPB has been widely applied in a wide range of healthcare settings, such as predicting blood donation intentions, estimating condom use intentions, examining the predictors of breast self-examination, and investigating intentions to seek cancer screening.<sup>24-27</sup> Meta-analyses covering various behavioral domains indicated that the TPB performed at least moderately well in predicting individual intentions and behaviors in several contexts.<sup>28,29</sup>

### Objectives

The specific objective of this study is to elicit salient beliefs from the pre-Medicare eligible population underlying Theory of Planned Behavior (TPB) constructs (attitudes, subjective norms, and perceived behavioral controls) likely to predict enrollment intentions in the Medicare Part D program. These salient beliefs include (1) the outcomes of enrolling in the Medicare Part D program (behavioral beliefs); (2) those individuals or groups who might influence participants’ decisions in enrolling in the Medicare Part D program (normative beliefs); and (3) the perceived barriers and facilitators to enroll in the Medicare Part D program (control beliefs).

### Methods

This study employed an exploratory, qualitative design. Study participants took part in one-on-one, focused interviews with the primary author.

### Participants

Ten pre-Medicare eligible persons between 62 and 64 years of age were recruited between May and Aug 2009 through flyers posted around the campus of the University of Minnesota. The flyer briefly described the goal of this study, the eligibility requirements for participants, and the procedure for the interview. In addition, participants were informed that they would receive a \$20 gift card after the interview for taking part in the study. The recruitment was terminated when there was no more new information obtained through interviews. An Institutional Review Board (IRB) approval to conduct this qualitative study was obtained

from the University of Minnesota Human Subjects Research Review Committee.

#### *Interview procedures*

Semi-structured interviews were conducted face to face by the first author. Participants were informed that their participation was completely voluntary and that their responses would remain confidential before the interview. Then twelve questions were asked to elicit their behavioral, normative and control beliefs underlying their enrollment intentions of the Medicare Part D program. Key questions were developed based on the work of Ajzen and Fishbein<sup>30</sup> and Sutton<sup>31</sup> (See Appendix 2). During the interviews, interviewees were prompted by the interviewer to provide additional information if their answers needed to be elaborated. For example, the interviewer asked “Could you think one more advantage of enrolling in Part D program?” to elicit additional data. In addition to key questions (question 4-11) that were used to elicit their behavioral, normative and control beliefs, opening questions (question 1-3) and ending question (question 12) were included to obtain demographic and supplemental information. The interviews ranged from 40 to 60 minutes. The full record of interviews was audio taped digitally and field notes were taken concurrently during interviews.

#### *Data analysis*

Individual interviews were transcribed verbatim by the first author. Interview transcription and analysis followed procedures recommended by Ajzen and Fishbein<sup>30</sup> and Halcomb and Davidson.<sup>32</sup>

Step1: Audio recorded interviews were reviewed repeatedly to amend and revise field notes until they provided a thorough reflection of interviews.

Step2: Given a detailed record of field notes, important meaning units (a word or a sentence) were identified and the texts were condensed to develop a group of beliefs. These beliefs were coded into three categories: behavioral beliefs, normative beliefs and control beliefs. Meanwhile, the frequency of each belief was counted. Then beliefs with similar meaning in each category were grouped together. Finally, grouped beliefs in each category were ordered by frequency.

Step3: Modal salient sets of behavioral beliefs, normative beliefs, and control beliefs were identified by extracting those most frequently mentioned beliefs in each category. The extraction procedure followed the 75% rule of Ajzen and Fishbein.<sup>21</sup> They suggest that salient beliefs need to “include as many as beliefs as necessary to account for a certain

percentage (e.g. 75%) of the frequency of all beliefs elicited (the least arbitrary decision rule)”.<sup>30</sup>

## **Results**

#### *Characteristics of participants*

Demographic information for the ten pre-Medicare eligible participants in this study is summarized in Table 1. As shown, most participants were white and in good or excellent health status. However, only half of them reported having stable health insurance. Three participants had no insurance and two participants received Consolidated Omnibus Budget Reconciliation Act (COBRA) health insurance (an extension of health insurance from former employers).

#### *Salient beliefs of intentions*

Based on the focused interviews with these ten participants, nine salient behavioral beliefs, five normative beliefs, and eight control beliefs were finally identified as salient beliefs underlying enrollment intentions of the Medicare Part D program. Table 2 presents a summary of modal behavioral, normative and control beliefs.

#### *Behavioral beliefs*

There was general consensus among pre-Medicare eligible individuals that Medicare Part D would provide them drug coverage and save money on their medications. In addition, financial and health security in their later lives was regarded by most interviewees as a main advantage of Medicare Part D. For instance, one participant noted “...knowing I am getting older, knowing I will have a need for drugs in the future, and not knowing what the timeline is, I think I should get at least some Part D drug coverage. It is security”. Another participant said “When people get older, you might have health related issues; the bill can be expensive. Enrolling in Part D can avoid financial disaster.”

Meanwhile, there were three main concerns regarding Medicare Part D. The first was that Medicare Part D might result in high monthly premiums. They said: “Premiums possibly are more than I want” and “It [the premium] may cost me more when I just take a few generic drugs.” Another major concern was that Medicare Part D might not cover their medications. One of interviewees asked “How come some drugs are not covered, how come drugs are covered at different levels in Medicare Part D?” Many participants thought that Medicare Part D plan formularies with limited drug coverage would be disadvantageous for them. Finally, the complexity of the Medicare Part D program was regarded as one of its primary disadvantages. One interviewee noted that “It [Medicare Part D] is overwhelming and way too

*complicated. There are so many different plans that are really not different sometimes."*

In addition to the three main disadvantages they perceived, factors such as "the instability of Medicare drug plans", "the complex enrollment process" and "doughnut hole" were often considered unfavorable. For example, one participant said: *"Every year they have to re-deal with the whole thing, and plans change every year. Plan that works for you last year might not work for you this year."* Regarding the 'the complex enrollment process of Medicare Part D', one participant told us that *"The pain in the neck is that you have to sit down over a few days and really pay attention to find information and check with providers."* In addition, "doughnut hole" was also regarded as disadvantageous. One interviewee explained *"(We) have to calculate medications month by month to avoid the 'doughnut hole'; I think any additional payment [through the 'doughnut hole'] probably would be significant for people with restricted income."*

#### *Normative beliefs*

In our interviews, there were no individuals or groups that participants knew of who might disapprove of them enrolling in Medicare Part D. Most interviewees said that immediate family members (mostly spouses and parents) and friends were most likely to influence their decisions about enrolling in Medicare Part D. One participant explained: *"(I have) peer pressures from every one. People I know think I should enroll; this is something you need to do..."* Another influential factor was social pressure from the general public. Another interviewee said: *"Most people, especially in the Midwest, think you should enroll to get insurance..."* In addition, medical professionals (doctors and pharmacists) and senior organizations were the groups that participants thought might influence their decisions in enrolling in Medicare Part D.

#### *Control beliefs*

The incomprehensibility of Medicare Part D drug insurance information and lack of comparative information among different Part D drug plans were described as major barriers to enrolling in the Medicare Part D program. One participant noted that *"It [Medicare Part D] is overwhelming, way too complicated";* while another said that *"There are too many options, too many things to think about, too many possibilities"*. In addition, an interviewee explained: *"Compared with other programs, it is not easy to find information to compare options (in Medicare Part D)."*

Two factors reported helpful to pre-Medicare eligible individuals in enrolling in Medicare Part D were on-line information and mailed education materials. Most participants

agreed that websites could help them find information to assist with enrollment in Medicare Part D. Meanwhile, they mentioned that informational brochures with an understandable layout would make it easier for them to enroll in a Medicare Part D drug plan. Other facilitators included "talking with friends who are making the same decisions", "talking with people who are already in Medicare Part D", "consulting with insurance companies", and "consulting with senior organizations or community groups". According to one of our interviewees, *"The only place to get unbiased information is senior organizations, [like the] senior information center, area agency on aging, state board on aging, and senior federation, senior centers."*

#### **Discussion**

This study suggests that pre-Medicare eligible individuals have very limited knowledge regarding the Medicare Part D program. The aspects that they were most familiar with were "a prescription drug program for seniors", "a confusing and complex program", and "doughnut hole". One of participants said that *"If I am an uninformed senior citizen, I would have no clue what anybody is talking about."* The reason for this may be that some pre-Medicare eligible individuals still have drug coverage, either with employer-sponsored insurance or a spouse's insurance plan. Therefore, they might not be concerned with Medicare Part D and not informed regarding the program.

Overall, this sample of pre-Medicare eligible individuals had favorable attitudes toward the Medicare Part D program. Most of them believed that Medicare Part D would save money and provide drug coverage; however, they frequently expressed concerns regarding this program related to their individual situations, such as high monthly premiums, inadequate drug coverage, and the drug coverage gap. One interviewee explained that *"It [Medicare Part D] works very differently for individual people, extremely differently. It works well for people who have really few drugs and who take a lot of generic drugs or for people who hit the catastrophic benefits. For most people in the middle, it [Medicare Part D] is very expensive."*

Given the complexity of the Medicare Part D program, it is not surprising to find that many pre-Medicare eligible individuals are confused about this program. Although many know of some information resources they could turn to regarding this program, they think it is still difficult to understand this information and enroll in an appropriate drug plan. One interviewee said: *"I have heard very little about it. But the little bit I heard is it is very complicated."*

The strength of this qualitative study is that interview questions were developed based on a health behavior theory.

Theory-based interviews greatly facilitated the content analyses by providing a framework for coding elicited beliefs. However, the results may have been influenced by several limitations. First, only ten participants were recruited in the study. Sample size was decided by reaching the point of data saturation. However, Francis and colleagues proposed that a minimum 10 interviews be conducted for initial analysis with three more consecutive interviews without new information emerging necessary as 'stopping criteria'.<sup>33</sup> Thus, the set of beliefs elicited from only ten interviewees might not be an exhaustive listing. Second, most of our participants were healthy and white with half having no stable insurance. These demographic characteristics are not likely to reflect the demographics of the general pre-Medicare eligible population in Minnesota and might limit the generalizability of the results.

The purpose of this qualitative study was to elicit salient beliefs from the pre-Medicare eligible population regarding the Medicare Part D program. Further research using a quantitative study design and a larger random sample is needed to assess the association between these beliefs (factors) and the enrollment intentions of the pre-Medicare eligible population.

### Conclusion

This study yielded valuable information regarding factors related to decision-making surrounding Medicare Part D enrollment decisions among pre-Medicare individuals. These factors include the advantages and disadvantages of enrolling in Medicare Part D, facilitators and barriers of enrolling in Medicare Part D, and those significant individuals for pre-Medicare eligible individuals. By establishing a theory-based model, this study presented a useful analysis tool for consumer choices in the health insurance context. Furthermore, based on an understanding of the decision-making process of the Medicare Part D enrollment, practitioners might assist Medicare beneficiaries in optimizing their Medicare drug plan choices.

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**Table 1**  
Study Participant Descriptive Information (n = 10)

<b>Categories</b>	<b>Groups (No. of participants)</b>
Age	62 yrs (4)
	63 yrs (4)
	64 yrs (2)
Gender	Male (4)
	Female (6)
Race	White (9)
	Non-white (1)
Insurance status	Insured (5)
	COBRA (2)
	Uninsured (3)
Health status	Excellent / No medications (4)
	Good / 1-3 medications (5)
	Fair / Over 3 medications (1)

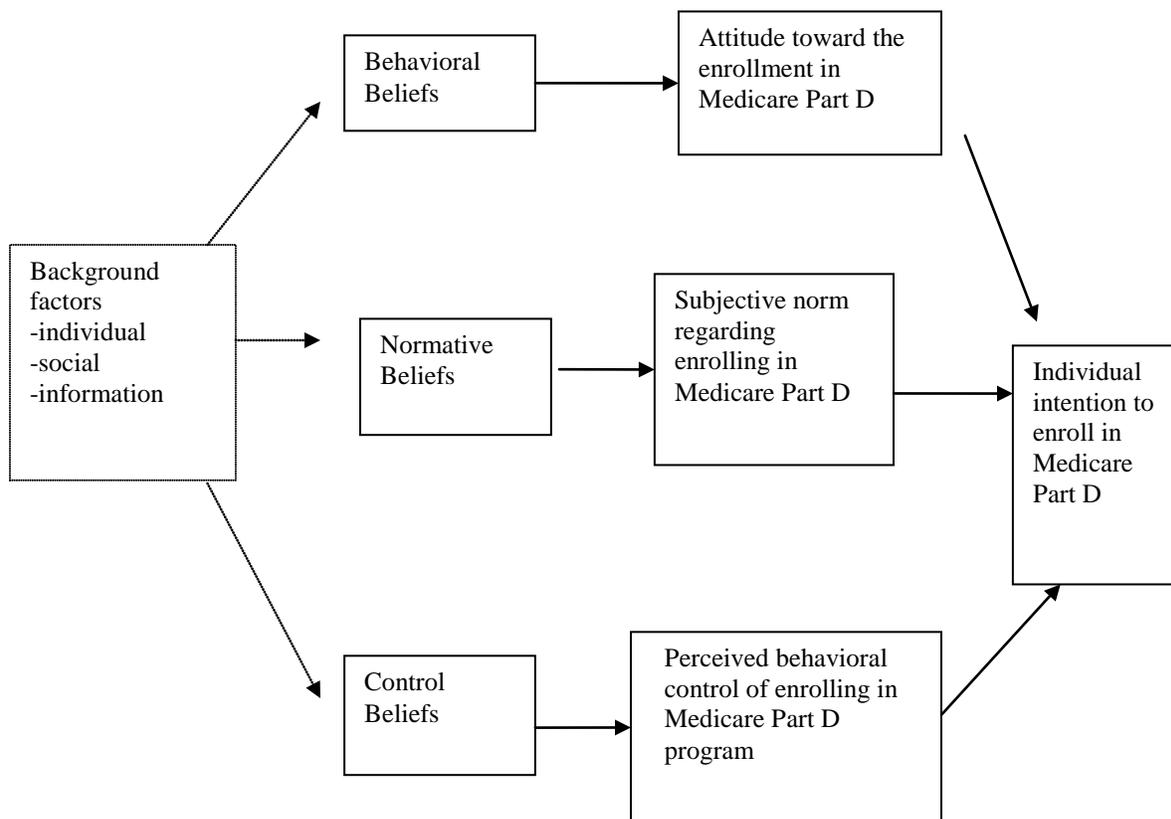
**Table 2**  
Summary of Modal Salient Beliefs for Attitudes, Subjective Norms and Perceived Behavioral Controls

Categories	Salient beliefs for “enrolling in Medicare Part D”	
<b>Behavioral beliefs</b>	<b>Advantage or likes (N)</b>	<b>Disadvantage or dislikes (N)</b>
	<ul style="list-style-type: none"> <li>* Save me money on medications (10)</li> <li>* Provide me drug coverage (10)</li> <li>* Provide me financial and medical security in my later life (7)</li> </ul>	<ul style="list-style-type: none"> <li>* Monthly premium could be high (7)</li> <li>* Only provide me with limited drug coverage (6)</li> <li>* The complexity of Medicare Part D would make me confused (6)</li> <li>* Medicare Part D drug plans would change every year (4)</li> <li>* Drug coverage gap (Donut hole) would be disadvantageous (4)</li> <li>* Takes too much time and effort to enroll in Medicare Part D (4)</li> </ul>
<b>Normative beliefs</b>	<b>Disapproval</b>	<b>Approval or Influential (N)</b>
		<ul style="list-style-type: none"> <li>* Immediate family members (including parents, and spouses) (7)</li> <li>* Friends (7)</li> <li>* The general public (6)</li> <li>* Doctor or Pharmacist (5)</li> <li>* Senior organizations (AARP, Area Agency on Aging, Senior Centers and etc.) (4)</li> </ul>
<b>Control beliefs</b>	<b>Barriers (N)</b>	<b>Facilitators (N)</b>
	<ul style="list-style-type: none"> <li>* It is hard to understand Part D drug insurance information. (9)</li> <li>* It is difficult to obtain adequate information comparing drug plan options. (7)</li> </ul>	<ul style="list-style-type: none"> <li>* Online information (7)</li> <li>* Mailing education materials (7)</li> <li>* Talking with friends who are making decisions (5)</li> <li>* Talking with people who are already in Medicare Part D (5)</li> <li>* Consulting with insurance companies (4)</li> <li>* Consulting with senior organizations or community groups (4)</li> </ul>

\* Note: number in parentheses is the number of participants from which belief was elicited.

Appendix 1:

The Structural Model of The Theory of Planned Behavior



Adapted from Ajzen’s TBP model (2006)  
Source: <http://people.umass.edu/aizen/tpb.diag.html#null-link>

**Appendix 2**

## Open-ended questions used in interviews

1. Could you briefly introduce yourself?
2. Could you tell us how you will pay for your prescriptions when you are 65 years old or when you are retired?
3. What is your impression about the Medicare prescription drug program?
4. 4. What do you think would be the advantages for you to enroll in the Medicare prescription drug program?
5. What do you think would be the disadvantages for you to enroll in the Medicare prescription drug program?
6. What do you think would make it easier for you to enroll in the Medicare prescription drug program?
7. What do you think would make it difficult for you to enroll in the Medicare prescription drug program?
8. Are there any groups or people who would approve of you enrolling in the Medicare prescription drug program?
9. Are there any groups or people who would disapprove of you enrolling in the Medicare prescription drug program?
10. 10. What would you like about enrolling in the Medicare prescription drug program?
11. 11. What would you dislike about enrolling in the Medicare prescription drug program?
12. 12. Is there anything more you want to say about the Medicare prescription drug program?