

## Farm Bureau Pharmaceutical Case Management (PCM) Study Pharmacist Follow-up Survey

The purpose of this brief survey is to identify barriers and facilitators of pharmacists' ability to provide PCM to Farm Bureau beneficiaries. Please complete the survey and return it to Kate Puetz at Iowa Pharmacy Association (fax: 515-270-2979). It should take you *less than 5 minutes* to complete. Your feedback is valuable for understanding the situation facing pharmacists in trying to provide PCM services. **Thank you for your assistance.**

Please use the following scale to indicate your level of agreement with each statement regarding your ability to provide PCM services during the Farm Bureau study.

Very Strongly Disagree 1	Strongly Disagree 2	Disagree 3	Neutral 4	Agree 5	Strongly Agree 6	Very Strongly Agree 7
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- \_\_\_\_\_ 1) I had inadequate time to provide PCM services.
- \_\_\_\_\_ 2) Staffing levels did not allow me to provide PCM services.
- \_\_\_\_\_ 3) Dispensing activities were too heavy to support me providing PCM services.
- \_\_\_\_\_ 4) I do have sufficient experience to provide PCM services.
- \_\_\_\_\_ 5) I do not really know how to provide PCM services.
- \_\_\_\_\_ 6) I was unable to collect the patient information I needed to provide PCM services.
- \_\_\_\_\_ 7) My pharmacy does not have a useful follow-up system for PCM services.
- \_\_\_\_\_ 8) Patients that I asked about PCM services declined to participate.
- \_\_\_\_\_ 9) I am concerned about local physician resistance to me providing PCM services.
- \_\_\_\_\_ 10) Billing for PCM services was difficult to figure out.
- \_\_\_\_\_ 11) My pharmacy lacks a system to document PCM services that is easy to use.
- \_\_\_\_\_ 12) There were too few PCM patients to justify the cost of providing PCM services.
- \_\_\_\_\_ 13) The management at my pharmacy does not support provision of PCM services.
- \_\_\_\_\_ 14) It was difficult to identify a patient as being eligible for PCM services.
- \_\_\_\_\_ 15) Patients that were eligible for PCM services really didn't need them.
- \_\_\_\_\_ 16) My pharmacy has inadequate space for providing PCM services.

17) For how many patients did you provide PCM services in the Farm Bureau PCM study? \_\_\_\_\_

18) How many patients were assigned to your pharmacy in the Farm Bureau PCM study? \_\_\_\_\_

19) Which of these services were provided at your pharmacy in the past year? (Check all that apply)

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|---|---|
| <input type="checkbox"/> Medication therapy management  | <input type="checkbox"/> Asthma/COPD management     |
| <input type="checkbox"/> Immunization                   | <input type="checkbox"/> Anticoagulation management |
| <input type="checkbox"/> Smoking cessation              | <input type="checkbox"/> Diabetes management        |
| <input type="checkbox"/> Bone mineral density screening | <input type="checkbox"/> Dyslipidemia management    |
| <input type="checkbox"/> Cholesterol testing            | <input type="checkbox"/> Hypertension management    |

20) Please tell us about the primary employment setting (where you spend the most time) where you provided or intended to provide PCM services.

A. Primary Employment Setting (check only one):

- A. Independent Community Pharmacy (fewer than 4 stores under the same ownership)
- B. Small Chain Community Pharmacy (4 to 10 stores under the same ownership)
- C. Large Chain Community Pharmacy (more than 10 units under same ownership)
- D. Mass Merchandiser (i.e. Big Box store)
- E. Supermarket Pharmacy

B. What is the average number of prescriptions dispensed per day? \_\_\_\_\_

C. How many other staff members, typically, are on duty and are working in close proximity with you during the greatest proportion of your workday? Please fill in the number for each type of employee.

- Pharmacists
- Pharmacy Technicians
- Clerks

21) The level of PCM services provided in this study was lower than expected. Why do you think that occurred?

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Thanks a lot for your responses. Please fax the survey to Kate Puetz at IPA (fax: 515-270-2979).