

The Network Project

We want to hear from all pharmacists licensed in Pennsylvania, regardless of practice setting. Even if you are not currently providing services to patients in community settings, we would like to hear your point of view.

The purpose of this research study survey is to identify pharmacists licensed in Pennsylvania who:

- Currently provide or are interested in providing community-based patient care services (e.g. Medication Therapy Management, immunizations, diabetes education, etc.)
- Are interested in joining a statewide pharmacist practice network focused on providing community-based patient care services

You have received this survey because you are a licensed pharmacist in Pennsylvania. If you are willing to participate, this survey will take approximately 10 minutes to complete.

- The first part of this survey centers on your current role or interest in providing patient care services including: documentation, physical space, patient appointments, barriers to providing care, and training.
- The second part of this survey will ask about respondent demographics and your interest in joining a statewide practice network coordinated by the Pennsylvania Pharmacists Association (PPA).

Your participation is voluntary, and you may withdraw from this survey at any time. You may skip questions if you are unsure or uncomfortable about your answer. You will not receive compensation for your participation.

Your responses will remain anonymous. The collection of this information is for research purposes only. Individual names or contact information will not be produced in any publication. Data collected will be summarized for presentation at any relevant scholarly meetings and in any relevant scholarly publications.

The primary objective of this research study is to identify the number and geographical locations of pharmacists who currently provide or who are interested in providing community-based patient care services and specific services Pennsylvania pharmacists can provide. Additionally, the survey hopes to elucidate the resources pharmacists need to provide these services. The results will serve as baseline data that PPA can use to coordinate a community-based pharmacist practice network. Through this network, PPA can connect pharmacists with training resources and can work with payers towards achieving consistent reimbursement for pharmacist-provided community-based patient care services.

There are two ways to submit this survey:

1. Complete the enclosed paper copy and return in the enclosed postage-paid return envelope.
2. Complete the survey on-line at:

<http://www.pharmacy.pitt.edu/networkproject>

This study is being conducted by Maria Osborne, PharmD at the University of Pittsburgh School of Pharmacy. She can be reached at mosborne@pitt.edu if you have any questions. Thank you for your participation.



The Network Project

For the purposes of this survey, consider the term "community-based patients" to mean those patients who receive services in a community pharmacy and/or those patients found in community settings including, but not limited to:

- physician offices
- institutional-based outpatient clinics
- underserved programs
- faith based clinics
- nursing homes
- non-inpatient based pharmacies

1. Are you currently providing patient care services (e.g. Medication Therapy Management, immunizations, diabetes education, smoking cessation education, other patient chronic disease associated education, etc.) to community-based patients?

- Yes (please go to question 2)
- No, because: (Please choose WHICH ONE of the statements below best explains your work environment, then select your answer below that statement.)
 - I work in the community and I do not currently have an opportunity to provide patient care services, but
 - I am willing to provide patient care services in the future (Please Go to Question 14)
 - I am NOT willing to provide patient care services (Please Go to Question 14)
 - I work in the community and I do currently have an opportunity to provide patient care services, and
 - I am willing to provide patient care services in the future (Please Go to Question 14)
 - I am NOT willing to provide patient care services (Please Go to Question 14)
 - I only work with institution-based patients,
 - However, I would be willing to provide patient care services to community-based patients if my practice setting changes (Please Go to Question 16)
 - I would NOT be willing to provide patient care services to community-based patients if my practice setting changes (Please Go to Question 16)
 - I do not work in a direct patient care environment (e.g. I work in managed care, pharmaceutical industry, mail order, at a college or university setting, etc.)
 - However, I would be willing to provide patient care services to community-based patients if my practice setting changes (Please Go to Question 16)
 - I would NOT be willing to provide patient care services to community-based patients if my practice setting changes (Please Go to Question 16)

2. Are you currently providing patient care services (e.g. Medication Therapy Management, immunizations, diabetes education, smoking cessation education, other patient chronic disease associated education, etc.) as part of the workflow of the dispensing process?

- Yes (Please Go to Question 3)
- No (Please Go to Question 5)



3. Which of the following services do you provide as part of the workflow of the dispensing process? (Please check all that apply.)

Immunizations (18+ years of age)

Medication Therapy Management

Diabetes education

Smoking cessation education

Other:

4. On average, to how many patients do you provide any of the patient care services listed above as part of the workflow of the dispensing process per week?

1-5

6-10

11-20

21-30

30+

5. Are you currently providing any of the patient care services listed above separately from the dispensing process?

Yes (Please select the most appropriate answer below.)

During scheduled patient appointments

During office hours (Please Go to Question 8)

During scheduled patient appointments and office hours

No (Please Go to Question 8)

6. For which of the following services do you schedule individual patient appointments? (Please check all that apply.)

Immunizations (18+ years of age)

Medication Therapy Management

Diabetes education

Smoking cessation education

Other:

7. On average, how many individual, scheduled patient appointments do you have per week?

1-5

6-10

11-20

21-30

30+

Please continue to the next page



8. At how many of your practice sites do you have a semi-private or private space (where discussions with patients can't be overheard so as to maintain patient confidentiality) available to meet individually with patients and their caregivers?

- None
- Few
- Some
- Most
- All

9. Do you routinely document your patient care services as a patient care note or consultation letter?

- Yes - I give a document to:
 - the patient
 - the physician
 - the patient and the physician
 - no one (I only keep a document for my records)
- No

10. Do you have working relationships with physicians in your community who you can discuss a patient's medication-related needs outside of the traditional dispensing process (e.g. adjustment in a patient's medication regimen)?

- Yes - I have a working relationship with:
 - 1 physician
 - 2-5 physicians
 - 6-10 physicians
 - over 10 physicians
- No

Please continue to the next page



11. How often are you being compensated for your patient care services?

None of the time for: (Please check all that apply.)

- Immunizations (18+ years of age)
- Medication Therapy Management
- Diabetes education
- Smoking cessation education
- Other:

Rarely for: (Please check all that apply.)

- Immunizations (18+ years of age)
- Medication Therapy Management
- Diabetes education
- Smoking cessation education
- Other:

Sometimes for: (Please check all that apply.)

- Immunizations (18+ years of age)
- Medication Therapy Management
- Diabetes education
- Smoking cessation education
- Other:

Most of the time for: (Please check all that apply.)

- Immunizations (18+ years of age)
- Medication Therapy Management
- Diabetes education
- Smoking cessation education
- Other:

All of the time for: (Please check all that apply.)

- Immunizations (18+ years of age)
- Medication Therapy Management
- Diabetes education
- Smoking cessation education
- Other:

Please continue to the next page



12. Who has compensated and/or currently compensates you for your patient care services? (Please check all that apply.)

- Medicare Part D [provide plan name(s)]
- PA State Medicaid
- Mirixa
- Outcomes
- APhA 10 City Challenge (Living My Life)
- Employer-based, disease management program
- Patient self-pay
- Medical insurance [provide plan name(s)]
- Non-Medicare Part D pharmacy insurance [provide plan name(s)]
- Other:

13. If you were provided compensation for individual patient appointments, on average how many patients could you see at your practice site(s) per week?

- 1-5
- 6-10
- 11-20
- 21-30
- 30+

14. What barriers prevent you from providing direct patient care services or limit your ability to provide these services? (Please check all that apply.)

- Compensation
- Space to provide care
- Time to provide care
- Additional pharmacist(s)
- Additional non-pharmacist staff
- Support from upper management/administrators
- Physician acceptance
- Patient acceptance
- Other
- Training on how to: (Please check all that apply)
 - provide patient care
 - build a patient care practice
 - receive compensation
 - other

Please continue to the next page



15. For each of the patient care services listed below, please check the box corresponding to your most significant barrier/challenge to providing that service:

Immunizations (18+ years old):

- compensation
- training
- time to provide care
- additional pharmacist(s)
- other

Smoking Cessation Education:

- compensation
- training
- time to provide care
- additional pharmacist(s)
- other

Medication Therapy Management:

- compensation
- training
- time to provide care
- additional pharmacist(s)
- other

Other (please list):

- compensation
- training
- time to provide care
- additional pharmacist(s)
- other

Diabetes Education:

- compensation
- training
- time to provide care
- additional pharmacist(s)
- other

16. Please check all of the following practice environments where you work:

- | | |
|--|---|
| <input type="checkbox"/> Chain pharmacy | <input type="checkbox"/> Community health center |
| <input type="checkbox"/> Grocery store pharmacy | <input type="checkbox"/> Hospital pharmacy |
| <input type="checkbox"/> Mass-merchandise pharmacy | <input type="checkbox"/> Health system pharmacy |
| <input type="checkbox"/> Independent pharmacy | <input type="checkbox"/> Veterans' Administration |
| <input type="checkbox"/> Outpatient clinic | <input type="checkbox"/> Mail order pharmacy |
| <input type="checkbox"/> Physician office | <input type="checkbox"/> Managed care |
| <input type="checkbox"/> Free-care clinic | <input type="checkbox"/> College or university |
| <input type="checkbox"/> Underserved clinic | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Long-term care | |

17. What is your job position or title?

- Staff pharmacist
- Pharmacist manager
- Agency pharmacist
- Faculty
- Clinical pharmacist
- Patient care or MTM pharmacist
- Consultant pharmacist
- Other

Please continue to the next page



18. In what zip code(s) do you work as a pharmacist?

19. What year did you graduate from pharmacy school?

before 1950

1950-1960

1961-1970

1971-1980

1981-1990

1991-2000

2001-2008

20. Are you currently a preceptor for pharmacy students from a college or school of pharmacy?

Yes

No

21. What is your gender?

Male

Female

22. Approximately how many hours per week do work as a pharmacist?

1-10

11-20

21-30

31-40

40+

23. The Pennsylvania Pharmacists Association (PPA) would like to coordinate a statewide pharmacist practice network, focused on providing community-based patient care services. The network would be a collection of pharmacists' names, practice sites, and contact information, along with what community-based patient care services each pharmacist currently provides or is interested in providing. Additionally, PPA could create a resource tool to help pharmacists, physicians, payers, and patients identify what services individual pharmacists can provide and at what practice site(s) these services are provided. Would you be interested in joining a statewide practice network, focused on providing community-based patient care services, coordinated by PPA?

Yes (Please complete the following page.)

No (Thank you for your time and cooperation. Please submit the survey.)

Please continue to the next page



If you are interested in joining the statewide pharmacist practice network, provide your contact information as consent for PPA to contact you. PPA will only use your information for the purpose of forming the statewide network, and will not share your contact information with anyone else. Then, you can either:

- Submit the survey so that your individual survey responses are anonymous. If you choose this option, your survey responses and contact information will be separated upon receipt by a third party who is not an investigator on this research protocol. Your contact information will then be forwarded on to PPA.
- Submit the survey so that your individual survey responses will be linked to your contact information by answering yes to the question on the page with your contact information. This will help PPA focus on the resource needs of individual pharmacists and expedite the formation of the network. If you choose this option, a third party who is not an investigator on this research protocol will make a copy of your survey responses and contact information and forward these on to PPA. Only the survey responses, not your contact information, will be forwarded to the investigators on this research protocol. PPA will not share your contact information or survey responses with anyone else.

Providing my contact information below signifies my consent for the Pennsylvania Pharmacists Association (PPA) to contact me about a pharmacist practice network.

My contact information is as follows:

Name (First MI Last):

Street Address:

City: State: Zip Code:

Phone: () - home cell work other (circle one)

Email: home work

Do you give permission to the University of Pittsburgh to share your individual survey data linked to your contact information with the Pennsylvania Pharmacists Association (PPA)?

- Yes (Thank you for your time and cooperation. Please submit the survey.)
- No (Thank you for your time and cooperation. Please submit the survey.)

