### Pharmacy Practice Needs Assessment 2014

### **Greetings from Husson University School of Pharmacy!**

With Maine being among the most rural and "oldest" states in the nation, the pharmacy practice needs of our state may slightly differ from other states. We believe that identifying these needs will allow us to advance pharmacy practice and better serve our patient populations. We herein ask your help in determining the general pharmacy practice needs in the State of Maine.

As an incentive for participation and to show our appreciation, we offer each survey respondent a \$5 gas card, and a chance to win one of five \$50 cards. Thank you for your time and your valuable input as one of Maine's pharmacy practitioners in these exciting times as healthcare continues to evolve.

Your participation in this survey research is voluntary. The data collected will be both anonymous and confidential (contact information for incentives is separate from the survey and cannot be linked to it). If you refuse to participate, there are no penalties or loss of benefits or services that you are otherwise entitled to. If you decide to participate and then withdraw there are no penalties or loss of benefits or services. Whether or not you choose to participate in this project will have no effect on your relationship with Husson University School of Pharmacy now or in the future. Your participation indicates your consent.

* 1.	What is your primary practice setting?
0	Large retail chain
0	Private / independent retail
0	In-patient hospital care
0	Ambulatory care
$\circ$	Other (please specify)
* 2.	What is your primary responsibility?
<b>* 2</b> .	What is your primary responsibility?  Staff pharmacist
* 2. ○	
* <b>2</b> .	Staff pharmacist
* <b>2</b> .	Staff pharmacist  Management / supervisory (PIC)
* 2.	Staff pharmacist  Management / supervisory (PIC)  Administration (regional / pharmacy director)
* 2.	Staff pharmacist  Management / supervisory (PIC)  Administration (regional / pharmacy director)  Pharmacy store owner

3. Wł	nich of the following credentials have your earned?
□ F	R.Ph.
	PharmD
	Board Certification
	МВА
	סו
	Other (please specify)
4. Ho	w many years have you been practicing pharmacy? (please pick the best answer)
5. Wł	nat is your gender?
O F	Female
0 1	Male
$\circ$	Other
· · ·	Other
	Other  What is the zip code (or town name) of your primary practice location?
* 6. V	Vhat is the zip code (or town name) of your primary practice location?
* 6. V	What is the zip code (or town name) of your primary practice location?  Approximately what percentage of your current patient population do you believe is from a rural location?
* 6. W	What is the zip code (or town name) of your primary practice location?  Approximately what percentage of your <b>current</b> patient population do you believe is from a rural location?
* 6. V	What is the zip code (or town name) of your primary practice location?  Approximately what percentage of your <b>current</b> patient population do you believe is from a rural location?  10% 10% to 25%
* 6. V	What is the zip code (or town name) of your primary practice location?  Approximately what percentage of your <b>current</b> patient population do you believe is from a rural location?  10% 10% to 25% 26% to 50%
* 6. V	What is the zip code (or town name) of your primary practice location?  Approximately what percentage of your current patient population do you believe is from a rural location?  10% 10% to 25% 26% to 50% 51% to 75%
* 6. V	What is the zip code (or town name) of your primary practice location?  Approximately what percentage of your <b>current</b> patient population do you believe is from a rural location?  10% 10% to 25% 26% to 50%
* 6. V	What is the zip code (or town name) of your primary practice location?  Approximately what percentage of your current patient population do you believe is from a rural location?  10% 10% to 25% 26% to 50% 51% to 75%
* 6. V	What is the zip code (or town name) of your primary practice location?  Approximately what percentage of your <b>current</b> patient population do you believe is from a rural location?  4 10%  10% to 25%  26% to 50%  51% to 75%  76% to 100%
* 6. V	What is the zip code (or town name) of your primary practice location?  Approximately what percentage of your <b>current</b> patient population do you believe is from a rural location?  10% 10% to 25% 26% to 50% 51% to 75% 26% to 100%  Which statement is most true for you?
* 6. W  * 7. A  0 1  0 2  0 5  0 7	What is the zip code (or town name) of your primary practice location?  Approximately what percentage of your current patient population do you believe is from a rural location?  10% 10% to 25% 26% to 50% 51% to 75% 76% to 100%  Which statement is most true for you? have worked as a pharmacist in rural locations only

## Potential Pharmacy Practice Needs

Questions 9 - 14 are current practice issues that have been identified during an informal survey of your peers. To what extent do you agree or disagree that the following are challenges in your practice?

## \* 9. Access to healthcare

3. Access to fleatificate									
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A		
Patients cannot afford their medications	0	0	0	0	0	0	0		
Patients live to far from their pharmacy	0	0	0	0	0	0	0		
Patients have limited transportation to their pharmacy	0	0	0	0	0	0	0		
Patients limited access to a prescriber (PCP)	0	0	0	0	0	0	0		
* 10. Opioids	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A		
Misuse of opiates	0	0	0	0	0	0	0		
Diversion of opiates	0	0	0	0	0	0	0		
Store security regarding opiates	0	0	0	0	0	0	0		
Patient access to legitimate use of opiates	0	0	0	0	0	0	0		
* 11. Antibiotic stewardship									
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A		
Over-prescribing of antibiotics by local PCP(s)	0	0	0	0	0	0	0		
Inappropriate prescriber selection of antiobiotic for condition	0	0	0	0	0	0	0		
Patients' adherence to prescribed antibiotic	0	0	0	0	0	0	0		

* 12. Poly-pharmacy										
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A			
Limited opportunity for medication reconciliation	0	0	0	0	0	0	0			
Limited opportunity for follow-up with patient	0	0	0	0	0	0	0			
Inadequate discharge teaching from the hospital	0	0	0	0	0	0	0			
* 13. Special populations: To what extent do you feel that the following populations require additional time / considerations / accommodations from your practice?										
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	N/A			
Older adults	0	0	0	0	0	0	0			
Migrant workers	0	0	0	0	0	0	0			
Veterans	0	0	0	0	0	0	0			
Patients with mental disabilities	0	0	0	0	0	0	0			
Patients with physical disabilities	0	0	0	0	0	0	0			
Patients with low health literacy	0	0	0	0	0	0	0			
Patients with substance abuse / addiction	0	0	0	0	0	0	0			
* 14. Resources at your pharmacy: To what extent do you agree or disagree your practice would benefit from the following  Strongly  Strongly										
	Disagree	Disagree	Slightly Disagree		Agree	Agree	N/A			
More drug information	0	0	0	0	0	0	0			
More staffing	0	0	0	0	0	0	0			
Larger inventory of medications	0	0	0	0	0	0	0			
Tele-pharmacy	0	0	0	0	0	0	0			
15. Please feel free to o to mind. Thank you.	comment re	garding ph	armacy practice	needs identif	ied above	or any others	that come			

# Hot topics

Maine offers a few new programs related to pharmacy practice, and we would like to know your view of these programs. Please take a minute to answer our last page before opting whether to enter our raffle for a \$50 gas card.

16. Collaborative Care A	ct (CCA)					
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
I am familiar with this program	0	0	0	0	0	0
I have a favorable opinion of this program. (Leave this row blank if you are unfamiliar with the CCA)	0	0	0	0	0	0
Comments related to the CCA	welcome:					
17. Drug Take-Back Pro	gram (DTB) Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
I am familiar with this program	0	0	0	0	0	0
I have a favorable opinion of this program. (Leave this row blank if you are unfamiliar with the DTB)	0	0	0	0	0	0
Comments related to the DTB	welcome:					
18. Medication Therapy	Managemen Strongly Disagree	t (MTM) Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
In my practice, we use MTM all the time	0	0	0	0	0	0
I have a favorable opinion of MTM. (Leave this row blank if you are unfamiliar with MTM).	0	0	0	0	0	0
Comments related to MTM we	elcome:					

### 19. Prescription Monitoring Program (PMP)

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
In my practice, we use the PMP all the time	0	0	0	0	0	0
I have a favorable opinion of the PMP. (Leave this row blank if you are unfamiliar with the PMP)	0	0	0	0	0	0
Comments related to the PM	P welcome:					

Thank you for participating in our survey. Your contributions will help better define pharmacy practice needs in the state of Maine. As a token of our appreciation, when you hit the "done" button, you will be taken to a separate survey designed to collect your contact info and enter you into the raffle. The contact info you provide will be used to mail you your gas card. That info cannot and will not be linked back to the responses provided in this survey. Furthermore, providing the contact info is completely optional.