## **Characteristics of Pharmacies Survey**

Demographics	
Pharmacy National Provider Identifier (NPI)	
Pharmacy Name	
City	
State	
Zip Code	

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Business Operations		
Which best describes your pharmacy?		
<ul> <li>Single independent</li> <li>Multiple independents (i.e., 2 or more stores under same owned)</li> <li>Grocery store chain</li> <li>Mass merchandiser</li> <li>National chain</li> <li>Regional chain</li> <li>Outpatient health system</li> <li>Federally qualified health center</li> <li>Clinic-based pharmacy</li> <li>Other</li> </ul>	ership)	
What is the total number of licensed pharmacies in your organization or under same ownership?		
How many of these pharmacies are participating in CPESN?		
Please describe your pharmacy type		
What is your pharmacy's primary practice setting?		
<ul><li>Retail pharmacy</li><li>Compounding</li><li>Long-term Care</li><li>Specialty</li><li>Other</li></ul>		
Please describe your pharmacy setting		
What is the average number of prescriptions your pharmacy fills WEEKLY?		
Note: if multiple pharmacies, please answer for pharmacy NPI entered on previous page and submit a new survey for each NPI.		
How many years has this pharmacy location been in operation?		
Does your pharmacy currently participate in the 340B program? (program that requires drug manufacturers to provide outpatient or reduced prices).		
○ Yes ○ No		
Does your pharmacy currently have a certificate of waiver under federal regulatory standards for all clinical laboratory testing. A C risk of incorrect result. Most point-of-care tests are CLIA waived to	LIA waiver allows for use of simple	
○ Yes ○ No		

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prosthetics, orthotics and supplies?
○ Yes ○ No
Is your pharmacy accredited in community pharmacy by the Center for Pharmacy Practice Accreditation (CPPA)?
○ Yes ○ No
Is your pharmacy accredited by the Pharmacy Compounding Accreditation Board (PCAB) ?
○ Yes ○ No
Is your pharmacy accredited by Accreditation Commission for Health Care (ACHC)?
○ Yes ○ No



Which privileges does your pharmacy have as part of a formal signed agreement with either a provider or health-system?

Examples include: collaborative practice agreement, protocol, standing order, consult agreement

	Health System	Specific provider	Not Applicable
Administer Immunizations	$\circ$	$\bigcirc$	$\circ$
Prescribe and dispense naloxone	$\bigcirc$	$\bigcirc$	$\bigcirc$
Initiate medication therapy	$\bigcirc$	$\circ$	$\bigcirc$
Modify medication doses	$\bigcirc$	$\bigcirc$	$\bigcirc$
Discontinue medication therapy	$\bigcirc$	$\circ$	$\bigcirc$



## **Human Resource Management**

This section asks about the number of employees. Full time is defined as 32 or more hours per week.

\*If multiple stores, please answer for one location and complete a separate survey for each location.

Enter the total number of employees at your pharmacy	
Enter the number of non-pharmacy professional staff (e.g. cashiers, billing specialists, and other administrative staff who do not also serve as a pharmacist or pharmacy technician)	
Enter the number of FULL TIME pharmacists Do not include trainees such as residents, students, or interns	
Enter the number of FULL TIME pharmacy technicians Do not include trainees such as residents, students, or interns	
Enter the number of PART TIME pharmacists Do not include trainees such as residents, students, or interns	
Enter the number of PART TIME pharmacy technicians. Do not include trainees such as residents, students, or interns	
How many of your pharmacy technicians are certified by the Institute for the Certification of Pharmacy Technicians (ICPT) or Pharmacy Technician Certification Board (PTCB)?	



## **Human Resource Management**

This section asks about FTE equivalents.

How many full-time equivalents (FTE) for each personnel are employed at your pharmacy? Note: 2 half-time employees equals 1 FTE

**Example: 1 half-time plus 2 full-time = 2.5 FTE** 

Pharmacists	
Pharmacy technicians	
Physicians	
Durable medical equipment specialists	
Registered Dietician	
Physician's assistants	
Nurse practitioners	
Registered nurses	
Dentists	



**Pharmacy Trainees** 

Which best describes how pharmacy students are incorporated at your pharmacy?
<ul> <li>Employed part time throughout the year</li> <li>Experiential rotation</li> <li>Both part-time employment and experiential rotation</li> <li>Neither, we do not have pharmacy students at our pharmacy</li> </ul>
What is the primary role for students employed part time?
<ul> <li>Technician duties in dispensing workflow</li> <li>Starting, improving, or delivering clinical services</li> <li>Equally serve in both technician duties and clinical services</li> </ul>
What is the primary role for students on APPE (Advanced Pharmacy Practice Experience) or IPPE (Introductory Pharmacy Practice Experience) experiential rotation(s) at your pharmacy?
Check all that apply.
<ul> <li>□ APPE: Technician duties in dispensing workflow</li> <li>□ APPE: Starting, improving, or delivering clinical services</li> <li>□ IPPE: Technician duties in dispensing workflow</li> <li>□ IPPE: Starting, improving, or delivering clinical services</li> </ul>
In a given year, approximately how many pharmacy students does your pharmacy host for either introductory or advanced experiential rotations?
In a given year, approximately how many post graduate pharmacy residents train at your pharmacy? Enter "0" if you do not train residents



Division of Clinical Responsibilities
Which description best aligns with how clinical responsibilities are managed at your pharmacy? Check all that apply.
<ul> <li>a. Dedicated full or part time pharmacist(s) for clinical responsibilities ONLY (i.e., with little to no dispensing responsibilities)</li> <li>b. Only one pharmacist works at a time managing both dispensing and clinical responsibilities</li> <li>c. Two or more staffing pharmacists are scheduled at the same time (pharmacist overlap) during which clinical responsibilities are expected to be performed</li> </ul>
<ul><li>○ d. Other</li><li>Please provide any additional clarification on how clinical responsibilities are divided among pharmacists</li></ul>
How many total full-time equivalent (FTE) pharmacists are responsible for clinical responsibilities only?
Does your pharmacy have a clinical coordinator(s) that manages policies, procedures and training of staff?
○ Yes ○ No
How many total stores does the clinical coordinator for this location oversee?
On average, how many pharmacist hours per week arespent on clinical activities?

Do you have one or more technicians who devote some of their time to clinical service duties?

○ Yes○ No○ Not applicable

clinical responsibilities?

clinical responsibilities?

Approximately how many hours per week are 2 pharmacists scheduled at the same time to complete

Approximately how many hours per week are 3 or more pharmacists scheduled at the same time to complete

Please list the technicians' scope of clinical service responsibilities in the box below



## **Technology and Enhanced Services**

Which of the following types of technologies do you use to support enhanced services? (Select all that apply)
<ul> <li>□ Electronic Health Record (EHR) view-only access with local provider(s) or health-system</li> <li>□ Electronic Health Record (EHR) secure messaging access with local provider(s) or health-system</li> <li>□ Electronic documentation of patient care services/interventions</li> <li>□ Integration of MTM Platforms with dispensing system: ability to sign on to MTM billing platform directly from dispensing system</li> <li>□ Synchronization management: computer automation that tracks and prompts to allow for monthly processing of all medications simultaneously</li> </ul>
What references do you use for patient engagement on quality measures?
<ul> <li>☐ Health plan data driven platform (e.g. EQuIPP or direct from payor)</li> <li>☐ Technology platforms using pharmacy data (e.g. Prescribe Wellness, ATEB)</li> <li>☐ Clinical service software (e.g. Creative Pharmacist, Mirixa, OutcomesMTM)</li> <li>☐ Pharmacy dispensing software</li> <li>☐ Do not use performance or quality data</li> </ul>
Do you conduct patient education classes in your pharmacy?
○ Yes ○ No
Is your pharmacy involved in a transitions of care program?
○ Yes ○ No
What CLIA-waived point of care testing do you provide? Select all that apply
☐ Blood glucose ☐ A1c ☐ Cholesterol ☐ Group A Streptococcus (rapid strep) ☐ Influenza A and B ☐ HIV ☐ HCV ☐ INR ☐ other ☐ Not applicable, we do not provide point of care testing
What other point of care testing do you provide?
what other point of care testing do you provide:
Does your pharmacy offer medication synchronization as an enhanced service?
○ Yes ○ No
Which most closely describes your pharmacy's medication synchronization program?
<ul> <li>Alignment of refills only</li> <li>Alignment of refills AND Monthly phone calls to the patient</li> <li>Alignment of refills AND Monthly phone calls to the patient AND Consistent, long-term follow-up with the patient regarding health status (overall and for specific disease states)</li> </ul>

