

**Pharmacist Credentialing Views and Perceptions Survey**  
**APhA Draft – October 17, 2017**

**Eligibility**

2. Do you currently hold an active pharmacist license?

1Yes

2No

**[THANK AND TERMINATE]**

**Patient Care Services**

3. Do you currently provide patient care services (i.e. immunizations, targeted medication interventions, medication reviews, medication management, disease management, disease education services) beyond services typically provided with traditional dispensing or distribution traditional dispensing?

1Yes

2No

4. Please provide a 1-2 sentence description of your practice. (Optional.)

[Free form response.]

**[IF YES]**

5. What type of services do you provide? (Select all that apply.)

Q5\_1Immunization

Q5\_2Targeted medication interventions

Q5\_3Comprehensive medication reviews

Q5\_4Medication management

Q5\_5Disease management

Q5\_6Pharmacist Prescribing for acute or chronic conditions understanding order, state

Q5\_7Patient care services under a protocol, or collaborative practice agreement

Q5\_8Therapeutic drug monitoring/management

Q5\_9Point of Care Testing Services

Q5\_10Travel Health

Q5\_11Other (specify) \_\_\_\_\_

6. On average, please estimate the percentage of time you spend daily providing these services.

\_\_\_\_\_ %

7. How important is it to you that pharmacists (or their employers) get reimbursed for the patient care services provided by pharmacists?

1Very important

2Somewhat important

3Not too important

4Not at all important

**Credentialing**

Credentialing is a process that requires health care providers to document their professional credentials, expertise and qualifications (i.e. academic degree, licensure, advanced training, CE, etc.) in order to be reviewed and evaluated by relevant entities. Private and public payers require credentials on an ongoing basis to determine eligibility to provide patient care services and reimbursement for those services. Physicians and other health care providers are generally required to re-attest to the accuracy of their credentials 3-4 times annually. Credentialing may also be a requirement for employment, payment and reimbursement of services.

9. How familiar are you with the credentialing requirements of health care providers?

- 1Very familiar
- 2Somewhat familiar
- 3Not too familiar
- 4Not at all familiar

10. How important do you think credentialing is to the profession of pharmacy?

- 1Very important
- 2Somewhat Important
- 3Not too important
- 4Not at all important

11. If payers require pharmacists to be credentialed to provide and be reimbursed for patient care services as they do for other health care providers, how willing would you be to provide the information needed for credentialing?

- 1Very willing
- 2Somewhat willing
- 3Not too willing
- 4Not at all willing

12. Does your employer (or do you if you are self-employed) track each of the following types of information for their pharmacists?

	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
12.1 Licensure			
12.2 Sanctions			
12.3 Advanced training			
12.4 Continuing education			
12.5 Other (specify) _____			

13. As an individual health care practitioner, what systems do you use to track your continuing education, trainings, certifications (BPS, CDE, etc.), or licenses? (Select all that apply.)

- Q13\_1NABP CPE Monitor
- Q13\_2Pharmacist Letter CE Tracker
- Q13\_3State-specific third-party platform
- Q13\_4Employer based tracking system (any forms including paper, fax, email or web page)
- Q13\_5Self-tracking system on employer-based platform
- Q13\_6I don't track this information
- Q13\_7Other (specify) \_\_\_\_\_

14. How satisfied are you with the system(s) you use to track your continuing education, trainings, certifications (BPS, CDE, etc.), or licenses?

- Very satisfied
- Somewhat satisfied
- Not too satisfied
- Not at all satisfied

15. Please explain the reason for your level of satisfaction or dissatisfaction with tracking system.

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16. How important is it for you to have a central location to house your credentialing information (i.e. certifications, CE, trainings, or licenses)?

- Very important
- Somewhat important
- Not too important
- Not at all important

17. Most other health care professionals are required by payers to document their credentials, expertise and qualifications for payment. Do you agree or disagree that pharmacists should also be required to do so to obtain payment for services?

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

18. Are you currently or have you ever been credentialed by a payer? (Select all that apply.)

- Yes, currently credentialed
- Yes, credentialed in the past
- No
- Don't know/Not sure

**[IF YES CURRENTLY/PAST]**

19. What type of credentialing information were you asked to provide? (Select all that apply.)

- Q19\_1Demographic Information (name, location, unique identification numbers)
- Q19\_2Pharmacist Licensure
- Q19\_3Educational Background
- Q19\_4Continuing Education
- Q19\_5Advanced Training Programs and Certifications
- Q19\_6Employment Information
- Q19\_7Advanced Credentials
- Q19\_8Collaborative Practice Agreements
- Q19\_9Residency
- Q19\_10Other (specify) \_\_\_\_\_

20. How many advanced training and certifications beyond pharmacist licensure do you have? (e.g. Immunization Training Certificate, BPS Certification, Certified Diabetes Educator)

Enter 0 if you do not have any or are not sure.

Category	Number of advanced credentials/certifications/CEs
1Disease State/Direct Patient Care	
2Academia (ex:curricular design/precepting/etc.)	
3Administration/Management/Industry (leadership/management/etc.)	
4Pharmaceutical Sciences (ex: Biotechnology/Research/etc.)	
5Pharmacotherapy Skills (ex: compounding/IV)	
6Board Certifications	
7Other (please specify): _____	

21. Rate your level of support for each of the following organizations to be able to access your credentialing information (i.e. advanced training and certifications, continuing education, other professional qualifications, and licenses) as part of the credentialing process.

	Strongly Support	Somewhat Support	Somewhat Oppose	Strongly Oppose
1Your Employer				
2Private Payers (Health Plans, Insurers, etc.)				
3Government Payers (Medicaid, Medicare)				

22. Rate your level of support for each of the following organizations to be able to access elements of your credentialing information for purposes that may be relevant to them.

	Strongly Support	Somewhat Support	Somewhat Oppose	Strongly Oppose
1State Boards of Pharmacy				
2Academic Institutions				
3Researchers				
4Professional Organizations				

23. How concerned are you about the access and security of your professional credentialing information?

- 1Very concerned
- 2Somewhat concerned
- 3Not too concerned
- 4Not at all concerned

**[IF VERY OR SOMEWHAT CONCERNED]**

24. For which of the following types of information do you have concerns regarding the access and security of your professional credentialing information? (Select all that apply.)

- Q24\_1Demographic Information (name, location, unique identification numbers)
- Q24\_2Pharmacist Licensure
- Q24\_3Educational Background
- Q24\_4Continuing Education
- Q24\_5Advanced Training Programs and Certifications
- Q24\_6Employment Information
- Q24\_7Advanced Credentials
- Q24\_8Collaborative Practice Agreements
- Q24\_9Residency
- Q24\_10Other (specify) \_\_\_\_\_

25. What are the reasons for your concerns regarding the access and security of your professional credentialing information?

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26. What type of credentialing information do you believe your employer should have access to? (Select all that apply.)

- Q26\_1Demographic Information (name, location, unique identification numbers)
- Q26\_2Pharmacist Licensure
- Q26\_3Educational Background
- Q26\_4Continuing Education
- Q26\_5Advanced Training Programs and Certifications
- Q26\_6Employment Information
- Q26\_7Advanced Credentials
- Q26\_8Collaborative Practice Agreements
- Q26\_9Residency
- Q26\_10Other (specify) \_\_\_\_\_

27. If a nationwide, centralized, secure pharmacist credentialing data storage and verification service was created to house your credentialing and other professional information (to keep track of CE, verify your license and certification status, etc.), what pieces of information would you want it to contain? (Select all that apply)

- Q27\_1Demographic Information (name, location, unique identification numbers)
- Q27\_2Pharmacist Licensure
- Q27\_3Educational Background
- Q27\_4Pharmacy Degree
- Q27\_5Other degrees (non-pharmacy)
- Q27\_6Continuing Education
- Q27\_7Advanced Training Programs and Certifications
- Q27\_8Current employment
- Q27\_9Past employment
- Q27\_10Advanced Credentials
- Q27\_11Collaborative Practice Agreements
- Q27\_12Residency
- Q27\_13Other (specify) \_\_\_\_\_

28. If such credentialing platform (as mentioned above) was provided as a free service to pharmacists, how likely are you to use the service?

- Very likely
- Somewhat likely
- Not too likely
- Not at all likely

29. How familiar are you with a new service called Pharmacy Profiles?

- Very familiar
- Somewhat familiar
- Not too familiar
- Not at all familiar

**[IF VERY/SOMEWHAT FAMILIAR]**

30. Please provide a short description of what you understand the new service called Pharmacy Profiles to be.

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**Demographics:**

31. In what year did you receive your pharmacist license? (Please provide four digit year.)

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32. In what state is your primary pharmacy practice?

33. In what type of setting are you currently primarily practicing? (Select all that apply.)

- Q33\_1Chain pharmacy (4+ units)
- Q33\_2Supermarket pharmacy
- Q33\_3Mass-merchant pharmacy
- Q33\_4Independent pharmacy (1–3 units)
- Q33\_5Mail-service pharmacy
- Q33\_6Hospital/Institutional (inpatient) pharmacy
- Q33\_7Clinic (outpatient) pharmacy
- Q33\_8Ambulatory care clinic
- Q33\_9Consultant pharmacy
- Q33\_10Managed care pharmacy
- Q33\_11Pharmaceutical industry
- Q33\_12Nuclear pharmacy
- Q33\_13Long-term care pharmacy
- Q33\_14Physician office-based practice
- Q33\_15Specialty pharmacy
- Q33\_16Academia (College or school of pharmacy)
- Q33\_17Association/Regulatory
- Q33\_18Federal/Military/Department of Defense pharmacy
- Q33\_19Residency/Fellowship/Postgraduate training
- Q33\_20Currently not working
- Q33\_21Other (specify) \_\_\_\_\_

34. What is your job title? (Select all that apply.)

- Q34\_1Staff Pharmacist
- Q34\_2Pharmacy Manager
- Q34\_3Pharmacy Owner
- Q34\_4Clinical Pharmacist
- Q34\_5Director of Pharmacy
- Q34\_6Clinical Services Coordinator
- Q34\_7Consultant Pharmacist
- Q34\_8Corporate executive manager
- Q34\_9Regional manager
- Q34\_10Federal pharmacist
- Q34\_11Faculty
- Q34\_12Pharmacy Benefits Manager
- Q34\_13Resident/Fellow (postgraduate training)
- Q34\_14Other (specify) \_\_\_\_\_

35. Please indicate your gender.

- 1Male
- 2Female