Date: __ __ / __ __ / __ __   ID#: __ __ __ __

SEAHEC Pharmacy Environmental Survey

Section A: Patient Services
Please respond yes or no according to whether or not your pharmacy provides each service on at least a <u>monthly</u> basis.
[Circle YES or NO]

Adherence & Convenience		
A1: **Refill Reminders**	YES	NO
A2: **Adherence Packaging**	YES	NO
A3: **Home Delivery**	YES	NO
A4: **Medication Synchronization**	YES	NO
Patient Education		
A5: **Multilingual Staff**	YES	NO
A6: **Tobacco Cessation Education**	YES	NO
A7: **Substance Misuse Education Program**	YES	NO
A8: **Disease State Management Program** *[If YES, complete attached follow-up questions after A24]*	YES	NO
A9: **Community Health Educational Events outside the pharmacy, such as health fairs, church services, sporting events, etc.**	YES	NO
Clinical Services		
A10: **On-Site Immunizations**	YES	NO
A11: **Off-Site Immunizations**	YES	NO
A12: **Comprehensive Medication Review specifically reimbursed through Medicare Part D plans**	YES	NO
A13: **Emergency Contraception Sold**	YES	NO
A14: **Blood Pressure Screening**	YES	NO
A15: **CLIA-Approved Point of Care Testing** *[if NO, skip to A16]*	YES	NO
A15.1: **COVID-19 screen**	YES	NO
A15.2: **Influenza screen**	YES	NO
A15.3: **Lipid screen**	YES	NO
A15.4: **Blood glucose screen**	YES	NO
A15.5: **A1c screen**	YES	NO
A15.6: **INR screen**	YES	NO
Additional Services		
A16: **Durable Medical Equipment Sales & Billing**	YES	NO
A17: **Home Visits Excluding Deliveries**	YES	NO
A18: **Medication Compounding**	YES	NO
A19: **Syringes Sold Without a Prescription**	YES	NO
A20: **Naloxone Dispensed Without a Prescription**	YES	NO
Select Clinical Services Reimbursed by CMS **For the last part of this section, the following four selected services are reimbursed only through the Centers for Medicare & Medicaid Services (CMS) and are each associated with specific Current Procedural Terminology (CPT) codes** *[CPT codes are available for clarification upon interviewee's request]*		
A21: **Annual Wellness Visit** CPT: G0438, G0439	YES	NO
A22: **Chronic Care Management** CPT: 99490, 99439, 99487, 99489	YES	NO
A23: **Transitional Care Management** CPT: 99495, 99496	YES	NO
A24: **Remote Patient Monitoring** CPT: 99453, 99454, 99457, 99458, 99091	YES	NO

Section B: Enhanced Dispensing Authority

In accordance with recent legislature, pharmacists have recently been granted increased authority to dispense, deliver, or administer certain drug therapies without a prescription from a doctor. For the following therapies, if your pharmacy is planning to offer the therapy or already offers the therapy without a prescription from a doctor, please answer "yes". If your pharmacy is not planning to offer the therapy, please answer "no".

B1: **Influenza vaccine for children aged 10 to 18 *without* a prescription**	YES	NO
B2: **Nicotine Replacement Therapy**	YES	NO
B3: **Oral and/or Transdermal Contraceptives**	YES	NO
B4: **Prenatal Vitamins**	YES	NO
B5: **HIV Post-exposure Prophylaxis (PEP)**	YES	NO
B6: **Glucagon to treat severe hypoglycemia**	YES	NO
B7: **Does your pharmacy offer or plan to offer the administration of long-acting injectable medications (LAIs) *with a prescription* from a doctor?**	YES	NO

Section C: Expansion of Services

In focusing on the southeast region of North Carolina, one of the goals for the UNC Eshelman School of Pharmacy is to help community pharmacies increase their role in participating in the health of their communities. Would your pharmacy benefit from continuing education programs provided by UNC on any of the previously discussed services? You can select up to 5 for your pharmacy, and I would be happy to run through the list of services again for you. *[Enter up to 5 responses below]*

Which of one of these services is the highest priority for your pharmacy to receive help in providing? *[Circle highest priority item]*

C1:
C2:
C3:
C4:
C5:

Section D: Pharmacy Student Engagement

D1: **Does your pharmacy offer rotations for Introductory Pharmacy Practice Experiences (IPPEs) for PY1 through PY3 student pharmacists?**	YES	NO
D2: **Does your pharmacy offer rotations for Advanced Pharmacy Practice Experiences (APPEs) for PY4 student pharmacists?** *[If D1 and D2 are both "no", skip to D6]*	YES	NO

D3: **What percent of the time do pharmacy students on rotation spend engaged in technician duties in the dispensing workflow?**
     a. **0%**
     b. **1% - 24%**
     c. **25% - 49%**
     d. **50% - 74%**
     e. **75% - 99%**
     f. **100%**		

D4: **What percent of the time do pharmacy students on rotation spend on starting, improving, or delivering clinical services?**
     a. **0%**   *[Skip to D6]*
     b. **1% - 24%**   *[Continue to D5]*
     c. **25% - 49%**   *[Continue to D5]*
     d. **50% - 74%**   *[Continue to D5]*
     e. **75% - 99%**   *[Continue to D5]*
     f. **100%** *[Continue to D5]*		

D5: Could you provide some examples of clinical services that pharmacy students on rotation help to deliver?		
D6: As the UNC Eshelman School of Pharmacy expands its focus to southeastern North Carolina, does your pharmacy have the capacity to accept more students on rotations?	YES	NO
D7: **Does your pharmacy have a PGY1 residency program?** *[If NO, skip to D8]*	YES	NO
D7.1: **Does your pharmacy offer an accredited PGY1 Community-based Pharmacy Residency program?**	YES	NO
D7.2: **Does your pharmacy offer an accredited PGY1 Managed Care Pharmacy Residency program?**	YES	NO
D7.3: **Does your pharmacy offer an accredited PGY1 Health Systems Pharmacy Residency program?**	YES	NO
D8: **Is your pharmacy interested in starting a new residency program?**	YES	NO

Section E: Integration of Care

E1: Does your pharmacy employ one or more clinical pharmacy practitioners (CPPs) entered in a collaborative practice agreement (CPA) with a physician or medical practice? *[If NO, skip to E3]*	YES	NO
E2: **Is your pharmacy's CPP affiliated with one or more particular specialty area?** *[If NO, skip to E3]*	YES	NO
E2.1: **What specialty area or areas is your pharmacy's CPP affiliated with?**		
E3: Does your pharmacy have reading access to patient electronic health records (EHR)? *[If NO, skip to Section F]*	YES	NO
E3.1: **Which EHR platform or platforms does your pharmacy have access to?**		
E3.2: **Does your pharmacy also have read-write access to patient EHR?** *[If NO, skip to section F]*	YES	NO
E4: **Does your pharmacy document clinical encounters in the EHR?** *[If NO, skip to Section F]*	YES	NO
E5: **Is your pharmacy reimbursed for documenting clinical encounters in the EHR?** *[If NO, skip to Section F]*	YES	NO
E5.1: **What types of services are your pharmacy reimbursed for documenting in the EHR?**		

Section F: Non-Pharmacist Personnel

F1: **Does your pharmacy employ any health professionals besides pharmacists?**

YES   *[Complete Section F]*

NO   *[Skip to Section G]*

For each non-pharmacist health profession, please answer "yes" if your pharmacy employs at least one professional, and answer "no" if your pharmacy does not employ any professionals.

F2: **Registered Nurse (RN)**	YES	NO
F3: **Licensed Practical Nurse (LPN)**	YES	NO
F4: **Occupational Therapist (OT)**	YES	NO
F5: **Physical Therapist (PT)**	YES	NO
F6: **Physician Assistant (PA)**	YES	NO
F7: **Nurse Practitioner (NP)**	YES	NO
F8: **Social Worker (SW)**	YES	NO
F9: **Registered Dietician (RD)**	YES	NO
F10: **Durable Medical Equipment (DME) Specialist**	YES	NO

Section G: Demographics

G1: **Does your pharmacist employ one or more Certified Diabetes Educators (CDE)?**	YES	NO
G2: **Is your pharmacy part of the practice-based research network Rural Research Alliance of Community Pharmacies (RURAL-CP)?**	YES	NO
G3: **Is your pharmacy part of the Community Pharmacy Enhanced Services Network (CPESN)?**	YES	NO
G4: **Would you like to learn more about CPESN through UNC continuing education programming?**	YES	NO
G5: **Would you like to learn more about RURAL-CP through continuing education programming?**	YES	NO

Section G, Continued

G6: **Would you describe your pharmacy as a community pharmacy, an outpatient health system pharmacy, or a clinic-based pharmacy?**
 	
   a. Community pharmacy   *[Continue survey]*
   b. Outpatient health system pharmacy   *[End survey]*
   c. Clinic-based pharmacy   *[End survey]*

G7: **Would you consider your pharmacy to be an independent pharmacy with 4 or fewer locations under the same owner, or a chain pharmacy with more than 4 locations under the same owner?**
 	
   a. Independent pharmacy
   b. Chain pharmacy

G8: **How many full-time pharmacists does your pharmacy employ?**
G9: **How many pharmacy technicians does your pharmacy employ?**
G10: **Estimate the number of prescriptions your pharmacy fills in an average weekday.**