

Study of Understanding Pharmacists' Perspectives On Remuneration and Transition towards Chronic Disease Management (SUPPORT-CDM)

Thank you for deciding to participate in this study.

Are you currently practicing in a community pharmacy?

Yes

No (If no, "Thank you. At this time we are only collecting responses from our community-based colleagues" – survey will end).

Questionnaire

Purpose:

We are working with Alberta Health and Wellness to develop a chronic disease management program wherein pharmacists will be remunerated for their clinical services. The purpose of this survey is to evaluate pharmacists' opinions on chronic disease management and alternative remunerations programs. This information will help us to develop a program which is patient-centered and will be supported by pharmacists in Alberta.

Demographics:

1) Please enter the postal code of your primary practice site _____

2) Do you consider that you practice in a rural setting?

Yes

No

3) What type of practice environment do you consider your work to be in?

Independent Pharmacy

Chain/Corporate Pharmacy

4) What position do you hold in your community pharmacy?

Owner

Manager

Staff

5) In what year did you first become licensed to practice pharmacy? Please enter the year:

Chronic Disease Management:

Preamble:

For the purposes of this survey, chronic disease is defined as prolonged illness that does not resolve spontaneously and is rarely cured. Chronic Disease Management (CDM) is defined as proactively addressing chronic conditions early in the disease cycle to prevent further disease progression and reduce potential health complications. Proper management of chronic diseases

can reduce the subsequent need for acute intervention in the future and optimize the overall health and well being of patients.

For example for pharmacy practice, this would include identifying eligible patients, engaging the patient into the CDM program, baseline assessment, life-style counseling, referrals, prescription of medications, ongoing follow-up/ monitoring at regular intervals, documentation, and communication with other health care professionals.

6) What do you view as the ideal **primary** role of the pharmacist in CDM? **Check one only:**

- Consultant (providing advice when patients are referred by a physician back to the physician)
- Primary care provider (being responsible for all aspects of care for disease state in a particular patient).
- Dispensing pharmacist (dispensing and counseling on medications)
- Patient educator (educating patients one-on-one or in groups)
- Other, please specify _____

7) For which of the following chronic diseases are you **most interested** in providing chronic disease management? Choose all which apply:

- Anticoagulation
- Asthma
- Chronic Pain
- COPD
- Diabetes
- Dyslipidemia
- Heart Failure
- Hypertension
- Obesity
- Osteoporosis
- Smoking Cessation
- Other, please specify _____
- None

8) At this moment, for which of the following chronic diseases do you feel **comfortable** providing chronic disease management? Choose all which apply:

- Anticoagulation
- Asthma
- Chronic Pain
- COPD
- Diabetes
- Dyslipidemia
- Heart Failure
- Hypertension
- Obesity
- Osteoporosis
- Smoking Cessation

- Other, please specify _____
 None

9) Given the above example regarding what the provision of CDM can entail, do you feel you are currently providing some level of CDM to patients in your practice?

- Yes
 No

10) If Yes, can you briefly describe it: _____

Educational Support:

Preamble:

Quality continuing pharmacy education has always been a part of professional development for pharmacists. The advancement of pharmacy practice must incorporate educational support to assist pharmacists in building confidence and competence towards optimizing patient care for this new enhanced scope of practice.

For the next two questions, please assume that you will be engaging in providing CDM to patients with hypertension. Please recall that this would include identifying eligible patients, engaging the patient into the CDM program, baseline assessment, life-style counseling, referrals, prescription of antihypertensive medications, ongoing follow-up/ monitoring at regular intervals, documentation, and communication with other health care professionals (i.e., the pharmacist takes responsibility for all aspects of hypertension care).

11) What kind of continuing professional development do you feel you would need to begin to provide CDM services for hypertension? Check all that apply:

- workshop on practice guidelines for hypertension
 preceptorship program (e.g., 3 week rotation with an expert pharmacist in a hypertension clinic)
 ongoing support from an expert pharmacist for hypertension

12) How much time are you willing/able to invest in a hypertension training program?

_____ hours _____ days _____ weeks

Alternate Remuneration Program:

Preamble:

As you are well aware, pharmacies charge a dispensing fee for the professional services provided to patients. However, there is currently no real provision for compensation for enhanced clinical services. Thus, the issue of payment for professional clinical services needs to be addressed.

13) Do you feel that payment for clinical services should be independent of the dispensing fee?

- Yes
- No

14) What type of funding model do you view as an adequate compensation method for your services in managing chronic disease? **Check one only:**

- Payment directly to the pharmacist providing the service
- Payment to the pharmacy
- Sharing of compensation (between the pharmacist providing the service and the host pharmacy)

15) If you were to be treating hypertension, for example, this would involve identifying eligible patients, engaging the patient into the CDM program, baseline assessment, life-style counseling, referrals, follow-up, monitoring at regular intervals, prescription of antihypertensive medications, documentation and communication with other health care professionals. For the purposes of the following questions, please assume that you would receive an initial consultation fee for the first visit (identifying eligible patients and baseline workup of the patient).

(a) What do you think is the most appropriate form of remuneration on a per patient basis for follow-up care for CDM? **Check one only:**

- flat fee (\$x per month)
- fee for service (\$x per visit)
- other, please specify _____

(b) Would you be in favour of a payment for performance (achievement of goals like target blood pressure, etc) in addition to your choice in part a?

- Yes
- No

Assuming that each follow-up visit for a hypertensive patient would take approximately 30 minutes (20 minute visit plus 10 minutes for documentation, administration), what would you expect to receive as remuneration (Please fill in **all blanks for questions (c), (d), and (e)** with a dollar amount):

- (c) flat fee \$_____ per month (the typical hypertensive patient not at target blood pressure would require a visit every 4-6 weeks)
- (d) fee for service \$_____ per visit
- (e) payment for performance (achieving target blood pressure) \$_____ (in addition to (c) or (d))

Enablers and Obstacles:

Preamble:

Under the current pharmacy practice environment, if pharmacists were to engage in chronic disease management, some issues may arise. In order to successfully launch a CDM program, the obstacles need to be identified and addressed beforehand. However, the current enablers are also important factors to consider as they will help determine the success of the CDM program.

16) In your current pharmacy practice site, please rate each of the following from least important (1) to most important (5) **enablers** that would be required for the implementation of a chronic disease management model in community pharmacy?

	Least Important		Neutral		Most Important
Supportive work environment	1	2	3	4	5
Store resources that could be used for CDM	1	2	3	4	5
Pharmacists' own desire to change scope of practice	1	2	3	4	5
Patient demand for increased scope of services available from pharmacist	1	2	3	4	5
Demand from health care system for more involvement from pharmacists in the provision of care	1	2	3	4	5
Prescriptive Authority	1	2	3	4	5

17) Are there other enablers other than the ones listed above?

18) In your current pharmacy practice site, please rate each of the following from least important (1) to most important (5) existing **obstacles** to the implementation of a chronic disease management model in community pharmacy?

	Least Important		Neutral		Most Important
Support from store owner/manager	1	2	3	4	5
Time to engage in CDM services	1	2	3	4	5
Infrastructure	1	2	3	4	5
Staffing Issues	1	2	3	4	5
Lack of reimbursement for services	1	2	3	4	5
Pharmacists' own resistance to change scope of practice	1	2	3	4	5
Physician views – opposing views; potential for conflict of interest	1	2	3	4	5
Patient views – general public unaware of the potential for pharmacy to provide these services	1	2	3	4	5
Difficulty finding eligible patients	1	2	3	4	5

19) Are there other existing obstacles other than the ones listed above?

20) What can you, as a pharmacist, do to address these issues?

Concluding Comments:

21) If you are a rural pharmacist, what do you view as the biggest differences in your pharmacy practice as compared to your urban colleagues?

22) Do you have any other comments?

23) Would you be interested in being contacted for further follow-up? We may wish to ask you a few more questions to gain further insight, or you may wish to speak to us to give us your views.

If Yes, please enter your e-mail address: _____

Thank you for participating! Results from this survey will be made available in the early months of 2008.