

Your name: _____

Staff ID# _____

Site # _____

Date _____



Team Model of Hypertension Care in African Americans

Pharmacy Staff Survey - 1

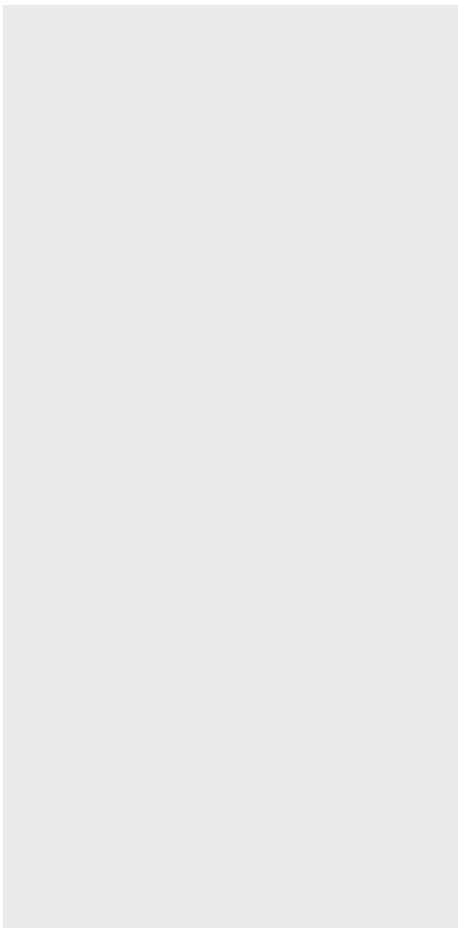
Thank you for participating in this staff survey about hypertension care in African Americans. The survey contains three sections:

- Blood Pressure Monitoring Services in Pharmacy
- Your Pharmacy Site
- Background Information

The survey should take no more than 20 minutes.

When you are done, please put your survey in the postage-paid return envelope and mail it to our research office.

Thank you for your help!



Compiled for the TEAM (Team Education & Adherence Monitoring) Study
University of Wisconsin-Madison, School of Pharmacy

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Section A. Blood Pressure Monitoring Services in Pharmacy

1. A blood pressure monitoring service is when a pharmacy site provides monthly blood pressure checks and works with patients and their doctors to improve medication adherence and blood pressure control. Has this pharmacy site provided a blood pressure monitoring service in the past 12 months?

1 ☐ Yes

2 ☐ No

8 ☐ Don't know

2. How beneficial would it be if your pharmacy site provided a blood pressure monitoring service in terms of each of the following?

<u>Beneficial in terms of...</u>	<u>Not at all beneficial</u>	<u>Moderately beneficial</u>	<u>Very beneficial</u>	<u>Extremely beneficial</u>
a. Improving patients' health.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Increasing patients' satisfaction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Improving pharmacist – patient communication	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Improving pharmacist – prescriber communication.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Demonstrating a new role to the public.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Demonstrating a new role to insurers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Serving as a model for other pharmacies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Bringing more patients into the pharmacy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Recruiting or keeping staff with interest in patient care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Generating additional revenue source	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Increasing staff satisfaction with their work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3. How difficult would it be to provide a blood pressure monitoring service at your pharmacy site in terms of each of the following?

<u>How difficult would it be to...</u>	<u>Not at all difficult</u>	<u>Moderately difficult</u>	<u>Very difficult</u>	<u>Extremely difficult</u>
a. Find adequate space	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Find enough pharmacist time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Find enough technician time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Fit a new program into our workflow	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Obtain practical tools and equipment.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Obtain patient cooperation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Obtain physician cooperation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Obtain support from other pharmacists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Obtain support from other technicians	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Obtain support from our district manager or pharmacy supervisor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Obtain reimbursement for the service	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

4. In general, do you oppose or support community pharmacies providing a blood pressure monitoring service to patients with poor blood pressure control?

1 ☐ Strongly oppose 2 ☐ Oppose 3 ☐ Somewhat oppose 4 ☐ Somewhat support 5 ☐ Support 6 ☐ Strongly support

5. Do you oppose or support your pharmacy site providing a blood pressure monitoring service to patients with poor blood pressure control?

1 ☐ Strongly oppose 2 ☐ Oppose 3 ☐ Somewhat oppose 4 ☐ Somewhat support 5 ☐ Support 6 ☐ Strongly support

6. To what extent is there a need for improved blood pressure control among your African American patients who are receiving medication for high blood pressure?

1 ☐ No need 2 ☐ A little need 3 ☐ Some need 4 ☐ Great need 8 ☐ Uncertain

7. To what extent is there a need for improved medication adherence among your African American patients who are receiving medication for high blood pressure?

1 ☐ No need 2 ☐ A little need 3 ☐ Some need 4 ☐ Great need 8 ☐ Uncertain

8. To what extent is there a need for improved prescribing among your African American patients who are receiving medication for high blood pressure?

1 ☐ No need 2 ☐ A little need 3 ☐ Some need 4 ☐ Great need 8 ☐ Uncertain

9. Of your African American patients receiving antihypertensive medication, what percentage do you estimate...

	<u>0-19%</u>	<u>20-39%</u>	<u>40-59%</u>	<u>60-79%</u>	<u>80-100%</u>
a. Have a bothersome side effect?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Miss at least 25% of the prescribed doses?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Have poor blood pressure control?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

10. If given the opportunity, would you want to participate in a blood pressure monitoring service for your African American patients with poor blood pressure control?

1 ☐ Definitely yes 2 ☐ Probably yes 3 ☐ Not sure 4 ☐ Probably no 5 ☐ Definitely no

Please explain: _____

11. Following are some medical guidelines for lowering blood pressure. In columns I and II, please check how **hard** and how **helpful** you think it would be for your hypertensive patients to follow each guideline.

	I. How hard do you think it would be for your patients to follow this guideline?	II. How helpful do you think it would be for your patients to follow this guideline?
a. Reduce the use of salt or sodium if needed	1 <input type="checkbox"/> Very hard 2 <input type="checkbox"/> Moderately hard 3 <input type="checkbox"/> Not at all hard	1 <input type="checkbox"/> Very helpful 2 <input type="checkbox"/> Moderately helpful 3 <input type="checkbox"/> Not at all helpful
b. Walk or exercise 30 minutes per day 5 days a week	1 <input type="checkbox"/> Very hard 2 <input type="checkbox"/> Moderately hard 3 <input type="checkbox"/> Not at all hard	1 <input type="checkbox"/> Very helpful 2 <input type="checkbox"/> Moderately helpful 3 <input type="checkbox"/> Not at all helpful
c. Eat 5 or more servings of vegetables and fruit a day	1 <input type="checkbox"/> Very hard 2 <input type="checkbox"/> Moderately hard 3 <input type="checkbox"/> Not at all hard	1 <input type="checkbox"/> Very helpful 2 <input type="checkbox"/> Moderately helpful 3 <input type="checkbox"/> Not at all helpful
d. Maintain normal weight or lose weight if needed	1 <input type="checkbox"/> Very hard 2 <input type="checkbox"/> Moderately hard 3 <input type="checkbox"/> Not at all hard	1 <input type="checkbox"/> Very helpful 2 <input type="checkbox"/> Moderately helpful 3 <input type="checkbox"/> Not at all helpful
e. Use alcohol in moderation (no more than 1-2 drinks per day)	1 <input type="checkbox"/> Very hard 2 <input type="checkbox"/> Moderately hard 3 <input type="checkbox"/> Not at all hard	1 <input type="checkbox"/> Very helpful 2 <input type="checkbox"/> Moderately helpful 3 <input type="checkbox"/> Not at all helpful
f. Take blood pressure medication every day	1 <input type="checkbox"/> Very hard 2 <input type="checkbox"/> Moderately hard 3 <input type="checkbox"/> Not at all hard	1 <input type="checkbox"/> Very helpful 2 <input type="checkbox"/> Moderately helpful 3 <input type="checkbox"/> Not at all helpful

12. Following are some services that a pharmacy team can perform for persons with high blood pressure. For each, please rate how helpful you think the service might be in improving blood pressure control in your pharmacy.

<u>TYPE OF SERVICE</u>	<u>Very helpful</u>	<u>Moderately helpful</u>	<u>Not at all helpful</u>
a. Encourage patients to keep track of their BP numbers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Help patients understand their BP goal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Help patients organize or remember their medication.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Help patients to reduce side effects.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Help patients to reduce medication costs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Encourage patients to reduce sodium in their diet.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Encourage a daily walk or physical exercise.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Encourage a diet rich in vegetables, fruit, & low-fat products....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Suggest a change in BP medication or dosage.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Send periodic reports & suggestions to physician	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Regularly ask patients how they are taking their medication	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Assess patient concerns and difficulties in taking medication...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. Encourage patients to take their BP medications every day.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n. Encourage patients to set goals for improving their health.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
o. Contact patients about a late or missed refill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
p. Do regular blood pressure (BP) checks at the pharmacy...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

13. Please estimate the number of patients who received the following services from this pharmacy in the past 6 months. (If your pharmacy did not provide this service, please check 'none')

<u>TYPE OF SERVICE</u>	<u>None</u>	<u>1-10 patients</u>	<u>11-20 patients</u>	<u>>20 patients</u>
a. The patient received regular blood pressure (BP) checks at the pharmacy.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The patient's physician was sent a report with suggestions about how to improve BP control.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The patient was contacted by phone about his or her blood pressure or its treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The pharmacist regularly asked the patients how they were taking their BP medication.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Section B. Your Pharmacy Site

14. How would you describe this pharmacy site in terms of its...

a. Orientation?

Patient	1	2	3	4	5	6	7	8	9	10	Product
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

b. Focus?

Quality	1	2	3	4	5	6	7	8	9	10	Quantity
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

c. Pharmacist's work?

Professional	1	2	3	4	5	6	7	8	9	10	Technical
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

d. Level of pharmacist staffing?

Adequate	1	2	3	4	5	6	7	8	9	10	Inadequate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

e. Level of technician staffing?

Adequate	1	2	3	4	5	6	7	8	9	10	Inadequate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

f. Level of collaboration between pharmacists and pharmacy technicians?

Adequate	1	2	3	4	5	6	7	8	9	10	Inadequate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

g. Level of collaboration between pharmacists and physicians?

Adequate	1	2	3	4	5	6	7	8	9	10	Inadequate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section C. Background Information

15. In what year were you born? ____ (YEAR)

16. Are you male or female? 1 ☐ Male 2 ☐ Female

17. What is your race/ethnicity? (CHECK ALL THAT APPLY.)

1 ☐ African American or Black

4 ☐ Hispanic or Latino/Latina

2 ☐ American Indian/Alaskan Native

5 ☐ Native Hawaiian/Other Pacific Islander

3 ☐ Asian

6 ☐ White

18. How many hours per week do you work in this pharmacy? ____ hours

19. How many years have you worked at this pharmacy site? ____ years

20. How many years total have you worked in community pharmacies? ____ years

21. What is your position at this pharmacy?

1 ☐ Pharmacy technician

2 ☐ Staff pharmacist → SKIP TO Q23.

3 ☐ Manager → SKIP TO Q23.

22. If you are a **pharmacy technician**:

a. What is the highest level of education you have completed?

1 ☐ Some high school

4 ☐ 2-year college or technical school degree

2 ☐ High school graduate or G.E.D.

5 ☐ BS or BA degree

3 ☐ Some college or technical school

6 ☐ Graduate studies or advanced degree

7 ☐ Other → PLEASE SPECIFY: _____

b. What training have you received for your work in pharmacy? (CHECK ALL THAT APPLY.)

1 ☐ Technical/vocational school

4 ☐ Training seminars/workshops

2 ☐ On-the-job training

5 ☐ Certification examination preparation

3 ☐ Distance learning

6 ☐ Training manuals

7 ☐ Other → PLEASE SPECIFY: _____

c. What are your plans about becoming a certified (e.g., PTCB) pharmacy technician?

1 ☐ I am already certified → Year: _____

3 ☐ I am preparing to become certified

2 ☐ I plan to become certified but am unsure when

4 ☐ I currently have no plans to become certified

PLEASE MAIL YOUR SURVEY BACK TO OUR RESEARCH OFFICE. THANK YOU!

23. If you are a pharmacist

a. What training have you received for your work in pharmacy? (CHECK ALL THAT APPLY.)

1 ☐ B.S. Pharm. or B. Pharm. Degree → Year: _____

2 ☐ Pharm.D. degree → Year: _____

3 ☐ M.S. degree → Area: _____

4 ☐ Residency → Area(s): _____

5 ☐ Fellowship → Area(s): _____

6 ☐ Certification program(s): _____

b. In what year were you first licensed to practice pharmacy? ____ (YEAR)

c. How would you rate your **knowledge** of current guidelines for treating hypertension, as recommended by the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)?

Excellent

1 ☐

Very good

2 ☐

Good

3 ☐

Fair

4 ☐

Poor

5 ☐

d. How do you rate your ability to detect and assess nonadherence in hypertensive patients?

Excellent

1 ☐

Very good

2 ☐

Good

3 ☐

Fair

4 ☐

Poor

5 ☐

e. How do you rate your ability to improve medication adherence in hypertensive patients?

Excellent

1 ☐

Very good

2 ☐

Good

3 ☐

Fair

4 ☐

Poor

5 ☐

f. How do you rate your ability to assess and help patients reduce their sodium intake?

Excellent

1 ☐

Very good

2 ☐

Good

3 ☐

Fair

4 ☐

Poor

5 ☐

g. How do you rate your ability to assess and help patients increase their physical activity?

Excellent

1 ☐

Very good

2 ☐

Good

3 ☐

Fair

4 ☐

Poor

5 ☐

h. How do you rate your ability to improve prescriber adherence to the JNC 7 guidelines?

Excellent

1 ☐

Very good

2 ☐

Good

3 ☐

Fair

4 ☐

Poor

5 ☐

i. How do you rate your ability to communicate with your African American patients?

Excellent

1 ☐

Very good

2 ☐

Good

3 ☐

Fair

4 ☐

Poor

5 ☐

24. If you are a **pharmacist**, please describe the staffing at your pharmacy in the last 7 days.
- a. number of staff pharmacists employed _____ FTEs (full-time equivalents, 40 hrs/wk)
 - b. number of technicians employed..... _____ FTEs (full-time equivalents, 40 hrs/wk)
 - c. number of hours/wk pharmacy is open _____ hours per week
 - d. number of hours per day with more than one
dispensing pharmacist on duty at the same time.... _____ hours per day
 - e. average prescription volume per day _____ prescriptions/day

PLEASE MAIL YOUR SURVEY BACK TO OUR RESEARCH OFFICE. THANK YOU!