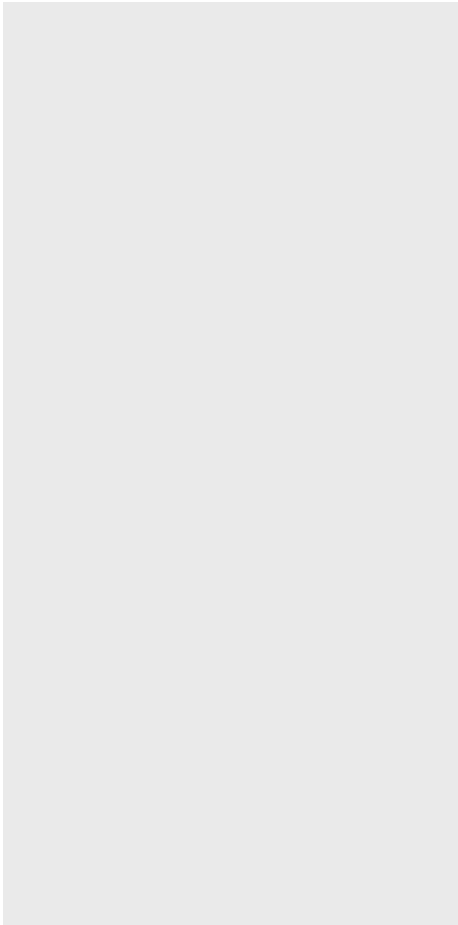


Your name: _____

Today's date: _____

Pharmacy staff ID:

Pharmacy site ID:



Team Model of Hypertension Care in African Americans

Pharmacy Staff Follow-up - 2

Thank you for participating in this follow-up survey about hypertension care in African Americans. This survey contains four sections:

- Blood Pressure Monitoring Services in Pharmacy
- Your Pharmacy Site
- Skills and Interest in Blood Pressure Monitoring
- Your Evaluation of the Intervention Program

The survey should take no more than 15-20 minutes.

When you are done, please put your survey in the postage-paid return envelope and mail it to the UW Survey Center.

If you have questions, please feel free to contact us.

Bonnie Svarstad, PhD, Professor Emerita and Principal Investigator
Tel: 608-265-2128; email: blsvarstad@pharmacy.wisc.edu

Pam Palmer, RPh, Associate Researcher
Tel: 608-263-9664; email: papalmer@pharmacy.wisc.edu

Kerryann DiLoreto Oliver, M.S., UW Survey Center, Project Director
Tel: 608-265-6598; email: kdiloret@ssc.wisc.edu

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. 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?

☐ No need ☐ A little need ☐ Some need ☐ Great need ☐ Uncertain

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

☐ No need ☐ A little need ☐ Some need ☐ Great need ☐ Uncertain

3. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Miss at least 25% of the prescribed doses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have poor blood pressure control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Type of Service	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The patient's physician was sent a report with suggestions about how to improve BP control.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The patient was contacted by phone about his or her blood pressure or its treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The pharmacist regularly asked the patients how they were taking their BP medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Patients were given a blood pressure card or tracker to help them keep track of their BP numbers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Patients were given a leaflet to help understand their BP goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Patients were given a list of tips or a pill organizer to help remember their BP medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Patients were given a leaflet to help understand the effects of sodium and tips for reducing their intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Patients were given a leaflet to help understand the benefits of physical activity and tips for increasing it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Patients were given a leaflet to help understand the benefits of eating vegetables, fruit, & low-fat products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Pharmacy staff used a brief form or checklist to help identify patient concerns and barriers to adherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Pharmacy staff used a brief form or checklist to help patients assess their lifestyle and set goals for change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Pharmacy staff contacted patients about late or missed refills for their BP medication.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B. Your Pharmacy Site

6. How would you describe your pharmacy site in terms of its...

a. Current 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"/>	

b. Current 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"/>	

c. Current 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"/>	

d. Current 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"/>	

7. 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/week 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

Section C. Skills and Interest in Blood Pressure Monitoring

8. What is your position at this pharmacy?

- ☐ Pharmacy technician → SKIP TO QUESTION 10 on the next page
☐ Staff pharmacist or pharmacy manager

9. If you are a pharmacist, how would you rate your current level of knowledge or ability in the following areas of hypertension care?

a. Your knowledge of current guidelines for treating hypertension, as recommended by JNC 7

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Your ability to detect and assess nonadherence in hypertensive patients

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Your ability to detect and assess patient concerns and barriers to adherence in an efficient manner

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. Your ability to improve medication adherence in hypertensive patients

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Your ability to assess and help patients reduce their sodium intake

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f. Your ability to assess and help patients increase their physical activity

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. Your ability to improve prescriber adherence to the JNC 7 guidelines

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. Your ability to provide physicians with a written report and appropriate suggestions for addressing adherence issues, side effects, and poor blood pressure control

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GO TO QUESTION 10 on the next page

10. How would you rate your level of knowledge or ability in the following areas?

a. Your knowledge of factors that can affect the accuracy of blood pressure readings

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Your ability to obtain accurate blood pressure readings

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Your ability to communicate with your African American patients

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Strongly oppose	<input type="checkbox"/> Oppose	<input type="checkbox"/> Somewhat oppose	<input type="checkbox"/> Somewhat support	<input type="checkbox"/> Support	<input type="checkbox"/> Strongly support
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Please explain: _____

12. As you know, the study pharmacies were assigned randomly to one of two study groups. Was this pharmacy assigned to the intervention group or the control group?

- ☐ Intervention group → **SKIP TO QUESTION 15 on the next page**
☐ Control group → **GO TO QUESTION 13**

13. 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?

<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Probably yes	<input type="checkbox"/> Not sure	<input type="checkbox"/> Probably no	<input type="checkbox"/> Definitely no
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Please explain: _____

14. After all data have been collected, the researchers plan to offer a no-cost, no-obligation continuing education program for study teams from control pharmacies. Would you want to participate in a CE program on current methods and guidelines for blood pressure monitoring services in pharmacy?

<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Probably yes	<input type="checkbox"/> Not sure	<input type="checkbox"/> Probably no	<input type="checkbox"/> Definitely no
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Control pharmacy staff members are now finished with this survey.

THANK YOU FOR YOUR HELP!

Please return in the postage-paid envelope to the University of Wisconsin Survey Center.

Section D. Your Evaluation of the Intervention Program

NOTE: Please complete this section if your pharmacy was assigned to the intervention group.

15. How difficult was it to implement the TEAM Blood Pressure Program in terms of the following?

How difficult was it to...	<u>Not at all difficult</u>	<u>Moderately difficult</u>	<u>Very difficult</u>	<u>Extremely difficult</u>
a. Reach most patients and schedule the first visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Motivate most patients to attend the first visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Maintain regular attendance by most patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Find adequate space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Find enough pharmacist time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Find enough technician time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fit the BP clinic(s) into your workflow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Use the new tools and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Obtain support from other pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Obtain support from other technicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Obtain support from district manager or supervisor ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Obtain physician cooperation, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Obtain good medication adherence in most patients...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Address most adherence issues, barriers, concerns ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Help patients make at least one lifestyle change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Meet goal BP in most patients within 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Maintain TEAM morale despite various challenges ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Lack of adequate space can be a problem in all pharmacies. Please describe how your team addressed the space issues when implementing the TEAM Program at your pharmacy.

a. Where did your team usually meet with patients during the initial consultation (first visit)?

b. Where did your team usually meet with patients during the BP Goal Check (follow-up visit)?

c. Did you use a TEAM poster/easel or other method of addressing privacy issues? Please explain.

17. Based on your observations, how useful was each of the following tools? *(If you have no experience with the tool, please leave the item blank).*

a. Health Checklist for assessing patients' health history, lifestyle, and goals.

Not at all useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Extremely useful
------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	-----------------------------

b. Brief Medication Questionnaire (BMQ) for assessing adherence issues and patient concerns

Not at all useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Extremely useful
------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	-----------------------------

c. Automatic monitor for measuring blood pressure

Not at all useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Extremely useful
------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	-----------------------------

d. Blood Pressure Tracker for increasing patient awareness and self-monitoring

Not at all useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Extremely useful
------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	-----------------------------

e. TEAM Action Plan for documenting blood pressure, problems, and interventions

Not at all useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Extremely useful
------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	-----------------------------

f. Patient Tool Kit for educating patients about BP numbers, drugs, salt, walking, and DASH diet

Not at all useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Extremely useful
------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	-----------------------------

g. BP Goal Check for monitoring patient progress, adherence, and concerns

Not at all useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Extremely useful
------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	-----------------------------

h. Appointment book, cards, and reminders for maintaining regular patient attendance

Not at all useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Extremely useful
------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	-----------------------------

i. Request for Medication Review for reporting BP, adherence issues, and suggestions to MD

Not at all useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Extremely useful
------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	-----------------------------

18. No-show appointments can be a problem in all professional settings. Please estimate how often your team took the following steps to prevent or reduce “no-show” appointments.

How often did your team...	<u>Rarely or never</u>	<u>Sometimes</u>	<u>Usually</u>	<u>Always</u>
a. Schedule appointments to coincide with refill dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mail a reminder about first visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Call 1-2 days in advance to confirm appointments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Leave phone message if no one was at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Note “best times to call” in the appointment book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use appointment book to note steps taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Place rescheduling call within 48 hrs of “no-show”.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Mail “We Missed You” note, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Based on your observations, how beneficial was the TEAM Program in terms of the following?

Benefits in terms of...	<u>Not at all beneficial</u>	<u>Moderately beneficial</u>	<u>Very beneficial</u>	<u>Extremely beneficial</u>
a. Lowering patients’ blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Improving patients’ health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Increasing patients’ satisfaction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Improving pharmacist – patient communication.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Improving pharmacist – prescriber communication....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Demonstrating a new role to the public.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Increasing patients’ awareness and understanding.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Increasing patients’ motivation and interest in their health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Increasing your professional satisfaction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Overall, how rewarding was your experience with the TEAM Blood Pressure Program?

Not at all rewarding	1	2	3	4	5	Extremely rewarding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Why do you feel this way? _____

21. Following are some tasks that are part of the TEAM Program. Please estimate from your observation how often each task was performed by technicians or pharmacists at your site. Also, please indicate to what extent your team discussed who should carry out each task, and how much agreement there was for this decision.

TASKS	Technician	Pharmacists	Level of discussion for the assignment of tasks	Level of agreement after any discussion
<i>Example:</i> <i>Welcome patients</i>	<u>85</u> % (of the time)	<u>15</u> % (of the time)	<input type="checkbox"/> Not at all <input checked="" type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> High
a. Call to make initial appointment	_____ %	_____ %	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
b. Remind patient about future visits	_____ %	_____ %	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
c. Print profiles	_____ %	_____ %	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
d. Collect information using Health Checklist and BMQ forms	_____ %	_____ %	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
e. Measure BP at first visit	_____ %	_____ %	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
f. Discuss BP goal with patient	_____ %	_____ %	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
g. Address adherence issues, barriers and concerns	_____ %	_____ %	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
h. Discuss and set patient goal/plan	_____ %	_____ %	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
i. Provide feedback and reinforcement to patients	_____ %	_____ %	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
j. Schedule follow-up appointments	_____ %	_____ %	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
k. Measure BP at follow-up visit	_____ %	_____ %	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
l. Collect medication information using BP Goal Check	_____ %	_____ %	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
m. Contact no-show patients	_____ %	_____ %	<input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High

22. How did your team schedule patients during the TEAM Program?

a. How many BP clinic sessions per month did you usually schedule for initial consultations (first visits)? _____ clinic sessions per month

b. How many BP clinic sessions per month did you usually schedule for BP Goal Checks (follow-up visits)? _____ clinic sessions per month

c. When did you usually hold BP clinic sessions? Please list the usual hours and days of the week.

d. How did you handle scheduling conflicts if the patient was unable to come at these times?

23. If given the opportunity, would you want to participate again in the TEAM Blood Pressure Program?

☐ Definitely yes

☐ Probably yes

☐ Not sure

☐ Probably no

☐ Definitely no

Please explain: _____

24. What change(s), if any, would you make in the TEAM Blood Pressure Program?

Thanks again! Please return in the postage-paid envelope to:
University of Wisconsin Survey Center
630 W. Mifflin St. B174
Madison, WI 53703