Appendix A Survey to identify barriers that prevent office-based referrals for community pharmacist-led diabetes education programs

Prior to beginning this survey, please indicate whether you treat patients with type 1 and/or type 2 diabetes. (Check one)
☐ Yes, I treat patients with diabetes  ☐ No, I do not treat patients with diabetes  
**If you answered NO, thank you for participating in this survey! Please fax back your response.**

<table>
<thead>
<tr>
<th>Section I</th>
<th>Section II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender: ☐ Male  ☐ Female</td>
<td>Are you aware that…</td>
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</tbody>
</table>
| Age group: | • Jewel-Osco community pharmacies consist of pharmacists, technicians, and specialized clinically-trained pharmacists known as Clinical Specialists?
| ☐ 18-19 years old  ☐ 40-49 years old |
| ☐ 20-29 years old  ☐ 50-59 years old |
| ☐ 30-39 years old  ☐ ≥60 years |
| Occupation: | ☐ Yes  ☐ No |
| ☐ MD  ☐ APN |
| ☐ PA  ☐ RN |
| ☐ Other (Specify): __________________ |
| Years in Practice: | ☐ Yes  ☐ No |
| ☐ <5 years  ☐ 11-20 years |
| ☐ 5-10 years  ☐ >20 years |

Section III

- Were you aware that Jewel-Osco offers a 6-month diabetes education program called "Tools for Living Healthy with Diabetes" that consists of: a 3-hour group education class with other patients with diabetes mellitus, 2 A1c tests (one at baseline and again at 6 months), 4 individual patient visits focusing on medication management, nutrition, and physical activity?
  ☐ Yes  ☐ No

- Were you aware that this service is currently free to all patients who use One-Touch testing supplies or has a minimal cost for non-One-Touch users?
  ☐ Yes  ☐ No

- Would you be interested in learning more about this program? If yes, please provide office number.
  ☐ Yes  ☐ No
  
  Office phone: _______________________

- Based on the information provided, would you be willing to refer patients to our Diabetes Tools Program?
  ☐ Yes  ☐ No

Section IV

a. What types of patients with diabetes would you refer to this type of diabetes education program? (check all that apply)
  ☐ Newly diagnosed patients
  ☐ Poorly managed patients (A1C not at goal, poor lifestyle habits)
  ☐ Patients taking multiple medications
  ☐ Patients using insulin
  ☐ Certain age groups (check one):  ☐ ≥ 40 y/o  ☐ <40 y/o
  ☐ Certain gender (check one):  ☐ Males  ☐ Females
  ☐ None of the above

b. What would prevent you from referring patients to our diabetes education program? (check all that apply)
  ☐ Fear of lost services
  ☐ Concern that this is not within the scope of pharmacy practice
  ☐ Concern that patients would not be interested in such a program
  ☐ Lack of knowledge (by physician or nurse) about the service
  ☐ Lack of knowledge (by physician or nurse) on how get patients enrolled into this type of service
  ☐ Lack of follow-up from the pharmacist regarding patient visits
  ☐ Concern that there is no added benefit for patients
  ☐ Other (please specify):__________________________