

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) <input type="checkbox"/> Yes, I treat patients with diabetes <input type="checkbox"/> No, I do not treat patients with diabetes **If you answered NO, thank you for participating in this survey! Please fax back your response.**	
Section I Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Age group: <input type="checkbox"/> 18-19 years old <input type="checkbox"/> 40-49 years old <input type="checkbox"/> 20-29 years old <input type="checkbox"/> 50-59 years old <input type="checkbox"/> 30-39 years old <input type="checkbox"/> ≥60 years Occupation: <input type="checkbox"/> MD <input type="checkbox"/> APN <input type="checkbox"/> PA <input type="checkbox"/> RN <input type="checkbox"/> Other (Specify): _____ Years in Practice: <input type="checkbox"/> <5 years <input type="checkbox"/> 11-20 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> >20 years	Section II Are you aware that... • Jewel- Osco community pharmacies consist of pharmacists, technicians, and specialized clinically-trained pharmacists known as Clinical Specialists? <input type="checkbox"/> Yes <input type="checkbox"/> No • Clinical Specialists are pharmacists who are trained to counsel and manage patients with chronic disease states? <input type="checkbox"/> Yes <input type="checkbox"/> No • Clinical Specialists provide appointment-based services outside of workflow for patients to help manage their disease states? <input type="checkbox"/> Yes <input type="checkbox"/> No
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No • Would you be interested in learning more about this program? If yes, please provide office number. <input type="checkbox"/> Yes <input type="checkbox"/> No Office phone: _____ • Based on the information provided, would you be willing to refer patients to our Diabetes Tools Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Section IV a. What types of patients with diabetes would you refer to this type of diabetes education program? (check all that apply) <input type="checkbox"/> Newly diagnosed patients <input type="checkbox"/> Poorly managed patients (A1C not at goal, poor lifestyle habits) <input type="checkbox"/> Patients taking multiple medications <input type="checkbox"/> Patients using insulin <input type="checkbox"/> Certain age groups (check one): <input type="checkbox"/> ≥ 40 y/o <input type="checkbox"/> <40 y/o <input type="checkbox"/> Certain gender (check one): <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> None of the above b. What would prevent you from referring patients to our diabetes education program? (check all that apply) <input type="checkbox"/> Fear of lost services <input type="checkbox"/> Concern that this is not within the scope of pharmacy practice <input type="checkbox"/> Concern that patients would not be interested in such a program <input type="checkbox"/> Lack of knowledge (by physician or nurse) about the service <input type="checkbox"/> Lack of knowledge (by physician or nurse) on how get patients enrolled into this type of service <input type="checkbox"/> Lack of follow-up from the pharmacist regarding patient visits <input type="checkbox"/> Concern that there is no added benefit for patients <input type="checkbox"/> Other (please specify): _____