

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

<p>Prior to beginning this survey, please indicate whether you treat patients with type 1 and/or type 2 diabetes. (Check one)</p> <p><input type="checkbox"/> Yes, I treat patients with diabetes <input type="checkbox"/> No, I do not treat patients with diabetes</p> <p>**If you answered NO, thank you for participating in this survey! Please fax back your response.**</p>																	
Section I	Section II																
<p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Age group:</p> <table> <tr> <td><input type="checkbox"/> 18-19 years old</td> <td><input type="checkbox"/> 40-49 years old</td> </tr> <tr> <td><input type="checkbox"/> 20-29 years old</td> <td><input type="checkbox"/> 50-59 years old</td> </tr> <tr> <td><input type="checkbox"/> 30-39 years old</td> <td><input type="checkbox"/> ≥60 years</td> </tr> </table> <p>Occupation:</p> <table> <tr> <td><input type="checkbox"/> MD</td> <td><input type="checkbox"/> APN</td> </tr> <tr> <td><input type="checkbox"/> PA</td> <td><input type="checkbox"/> RN</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (Specify): _____</td> </tr> </table> <p>Years in Practice:</p> <table> <tr> <td><input type="checkbox"/> <5 years</td> <td><input type="checkbox"/> 11-20 years</td> </tr> <tr> <td><input type="checkbox"/> 5-10 years</td> <td><input type="checkbox"/> >20 years</td> </tr> </table>	<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	<input type="checkbox"/> MD	<input type="checkbox"/> APN	<input type="checkbox"/> PA	<input type="checkbox"/> RN	<input type="checkbox"/> Other (Specify): _____		<input type="checkbox"/> <5 years	<input type="checkbox"/> 11-20 years	<input type="checkbox"/> 5-10 years	<input type="checkbox"/> >20 years	<p>Are you aware that...</p> <ul style="list-style-type: none"> Jewel- Osco community pharmacies consist of pharmacists, technicians, and specialized clinically-trained pharmacists known as Clinical Specialists? <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> Clinical Specialists are pharmacists who are trained to counsel and manage patients with chronic disease states? <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> Clinical Specialists provide appointment-based services outside of workflow for patients to help manage their disease states? <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Section III	Section IV																
<ul style="list-style-type: none"> 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? <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> 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? <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> Would you be interested in learning more about this program? If yes, please provide office number. <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Office phone: _____</p> <ul style="list-style-type: none"> Based on the information provided, would you be willing to refer patients to our Diabetes Tools Program? <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>a. What types of patients with diabetes would you refer to this type of diabetes education program? (check all that apply)</p> <p><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</p> <p>b. What would prevent you from referring patients to our diabetes education program? (check all that apply)</p> <p><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): _____</p>																