

**2005 Telephone Interview
Protocol
NHSC Pharmacists**

Draft

May 9, 2005

Scope of Services

I would like to start by discussing the types of services you provide at the clinic.

1. What types of services do you provide on a routine basis (at least once a week)?
[Check off services mentioned by respondent and probe for the services not mentioned. Make sure to emphasize these are only services they provide at least once a week.]

Provide on Routine Basis

- | | | |
|----|---|-----|
| a. | Do you dispense medications to patients | ___ |
| | Prepare the prescription orders | ___ |
| | Transfer medications to patients | ___ |
| b. | Do you provide counseling ¹ to patients? | ___ |
| | With each new prescription provide | |
| | Written information about the prescription | ___ |
| | Oral counseling | ___ |
| | With each refill | |
| | Written information about the prescription | ___ |
| | Oral counseling | ___ |
| | Disease management for a defined condition | ___ |
| | Which conditions? _____ | |
| | Individual counseling | ___ |
| | Group counseling | ___ |
| | What is the general content of this counseling? | |
| | _____ | |

¹ Counseling can include discussing the purpose of the medication and importance of complying or adhering to instructions, side effects and how to manage them, drug interactions, and techniques to improve compliance or adherence with instructions.

c. Do you provide drug utilization review services? _____

Check records

To ensure patient still needs medication _____

To ensure the dosage is appropriate _____

For adverse drug reactions or interactions _____

For indications that patient is not complying or
adhering to the prescription _____

d. Do you participate in public health initiatives (e.g.,
smoking cessation programs, health education, and
immunizations)? _____

Please briefly describe the initiatives

e. Do you provide consultative and education services to
providers? _____

Within the clinic _____

At other sites in your clinic's network _____

Outside your clinic and clinic network _____

f. Do you have any pharmacy management responsibilities? _____

Pharmacy director _____

Formulary management _____

Drug utilization review _____

g. Do you provide any other types of services on a routine
basis? **[If yes, please describe]** _____

2. Do you have prescribing authority?

3. Are there any types of services that you wish you could provide, but do not?

[If yes] What are they?

[If yes] What prevents you from providing these services?

4. During a typical week, how many hours do you work at this clinic?

5. **[If the pharmacist dispenses prescriptions on a routine basis]** How many prescriptions do you fill during an “average” day?

6. Typically, who transfers prescription medications to patients?

Probe for:

Registered pharmacist
Pharmacy assistant or technician
Other clinicians

7. **[If the pharmacist provides disease management services on a routine basis]** How many patients do you see during an “average” day?

8. Do you represent pharmacy services on any type of planning committee?

[If yes] Please tell me about this committee.

Contributions to the Site

9. Has your presence at the clinic resulted in the addition of new services?

[If yes] What are those new services?

10. Has your presence at the clinic resulted in the expansion of preexisting services to clinic users?

[If yes] Which services did you expand?

11. Have you implemented any quality of care initiatives since you started working at this clinic?

[If yes] Please describe.

12. Have you introduced any type of primary care program for clinic patients or the community?

[If yes] Please describe.

Process of Care

Next, I would like to talk about how you are integrated into the process of care at this clinic.

13. Do you ever co-manage patients with other clinical staff (non-pharmacy clinical staff)?

[If yes] What types of patients do you co-manage?

14. **[If the pharmacist dispenses prescription medications on a routine basis]** Where do most of your prescription orders come from?

Clinic staff
Other clinics in your network
Providers outside of your network

15. **[If the pharmacist provides disease management services on a routine basis]** What proportion of your patients come from each of the following sources?

Referrals from clinic staff
Referrals from other clinics within the same network of clinics
Referrals from providers outside of your clinic's network
Self referrals

16. Do you ever participate in an interdisciplinary care team?

[If yes] What is the purpose or goal of the team?

What other types of providers are included in the team **[probe for physicians]**?

How frequently does the team meet?

Recruitment

I would now like to discuss what motivated you to work in a medically needy area.

17. How did you learn about the NHSC?

18. Why did you decide to apply for a NHSC loan repayment award?

19. Were you already working at the clinic at the time you applied for the NHSC loan repayment award?

[If yes] When did you start working at this clinic?

20. Did you have experience serving medically underserved populations prior to your NHSC obligation?

[If yes, probe for when this experience occurred]

School

Internship

Residency rotation

Preceptorship

21. Why did you decide to work at this clinic?

[If pharmacist does not mention the role of the loan repayment award] What role did the NHSC loan repayment award play in your decision to accept the position at this clinic?

22. Would you have [worked/continued to work] at this clinic if you had not received the loan repayment award from the NHSC?

Retention

Next, I would like to discuss your future plans.

23. Do you plan to continue to work at this clinic after your NHSC obligation ends?

[If yes] How long do you plan to continue working at this clinic?

[If no] Do you expect to continue working in a medically needy area?

24. Do you think clinics in underserved areas have a hard time retaining pharmacists?

[If yes] What factors make it difficult?

[If yes] What kinds of strategies do you think clinics in underserved areas should use to retain pharmacists?

25. Do you think your presence has helped this clinic retain other clinical staff, such as:

Physicians
Physician assistants/nurse practitioners
Mental health providers
Other pharmacy staff
Other

[If yes to any of the disciplines] Why?

Pharmacist Satisfaction

Now, I'd like discuss your satisfaction with your work environment and the NHSC.

26. Using any number from 0 to 10 where 0 is the worst working environment possible and 10 is the best work environment possible, what number would you use to rate the working environment at this clinic? **[Probe for reasons behind the rating.]**

27. How satisfied are you with your NHSC experience?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

28. Is your experience with the NHSC loan repayment program what you expected?

[If no] How does your experience differ from your expectations?

29. Would you recommend the NHSC loan repayment program to other pharmacists?

[If yes] Why?

Background Information

To conclude, I need to get a little bit of information about you.

30. What is your age?

31. Are you male or female?

32. Are you of Hispanic or Latino origin or descent?

33. What is your race? **[Mark all that apply]**

White

Black or African-American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

Other

34. Where did you grow up?

Town (or City) name: _____

County name: _____

State name (or Foreign country): _____

Is this a(n):

Rural area

Small town

Inner-city area

Suburban area

35. What type of education/training have you completed?
