Integrating Community Pharmacists and Clinical Sites

for Patient-Centered HIV Care

**Attachment 11a Staff Communication Form**

**Staff Communication Questionnaire**

Purpose: A key component of the Patient Centered HIV Care Model project is “communication and collaboration” between pharmacists and medical providers. The project aims to describe the communication between the project pharmacist and medical provider that occurs throughout the project, as well as explore the relationship between communication and project outcomes. Please note that, for purposes of this questionnaire, the term *“medical provider”* includes physicians, nurse practitioners, and physician assistants.

Instructions**:** Unless otherwise noted, select one response to each of the following questions that best describes the frequency, importance, patterns, and barriers to communication with a medical provider.

*\** For the purpose of this questionnaire, the phrase “*patient’s medication therapy*” refers to clinical aspects of the patient’s medication therapy, such as medication recommendations based on indication, identifying preferred or optimal therapies, drug interaction management, dosage adjustments, side effect management, or polypharmacy issues; but does not refer to refill authorizations, prior authorizations, or similar issues.

**Communication Frequency**

Prior to project implementation, which of the following best described the frequency at which you discussed a patient’s medication therapy\* with a medical provider?

1. Never
2. < 1 time per month
3. 1 or 2 times per month
4. 1 time per week
5. > 1 time per week

Currently, which of the following best describes the frequency at which you discuss a patient’s medication therapy\* with a medical provider?

1. Never
2. < 1 time per month
3. 1 or 2 times per month
4. 1 time per week
5. > 1 time per week

**Communication Importance**

Prior to project implementation, how would you rate the level of importance (or meaningfulness) of your communication with a medical provider, *as it related to discussing patient care and treatment issues?*

N/A- Not applicable because I did not communicate with a medical provider

1. Not at all important
2. Low importance
3. Moderately important
4. Very important

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Currently, how would you rate the level of importance (or meaningfulness) of your communication with a medical provider, *as it relates to discussing patient care and treatment issues?*

N/A- Not applicable because I did not communicate with a medical provider

1. Not at all important
2. Low importance
3. Moderately important
4. Very important

**Appendix B.4:**

**Pharmacist Completed Communication Questionnaire (page 2 of 2)**

**Communication Patterns**

Please select the most common mode of communication by which you are contacted by a medical provider to discuss a non-urgent/routine issue related to a patient’s medication therapy:

* + In person (e.g. during clinic hours, morning huddle, or team case conferences)
	+ Telephone (live)
	+ Telephone (message)
	+ Email
	+ Secure text message
	+ Fax
	+ Written letter

Please select the mode of communication by which you prefer to be contacted by a medical provider to discuss a non-urgent/routine issue related to a patient’s medication therapy:

* + In person (e.g. during clinic hours, morning huddle, or team case conferences)
	+ Telephone (live)
	+ Telephone (message)
	+ Email
	+ Secure text message
	+ Fax
	+ Written letter

Please select the most common type of medical provider with whom you communicate about patients’ medication therapy:

* + Physicians
	+ Nurse practitioners
	+ Physician assistants
	+ Registered or licensed practical nurse
	+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Communication Barriers**

Currently, are you encountering any barriers to efficient and meaningful communication with a medical provider, *as it relates to a patient’s medication therapy\**? **(Select all that apply**)

* + No, I am not encountering any communication barriers at this time.
	+ I am generally unavailable to speak directly to the provider when called.
* Medical provider is difficult to contact in person.
	+ Medical provider is difficult to contact by telephone.
	+ Medical provider does not return my phone calls promptly (within 24 hours).
	+ Medical provider does not return my emails promptly (within 24 hours).
	+ Medical provider does not routinely contact me by my preferred method of communication.
	+ The success of communication is highly dependent on the specific medical provider with whom I am communicating.
	+ Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_