



Senior PharmAssist Post-EHR Survey

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▼ Default Question Block

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Q1



Thank you for completing this POST-Electronic Health Record (EMR)/ MedLink Survey Pharmacist are asks to respond to these questions when they provide "usual care" when they are using electronic health record (EHR) ("post"). Seniors interviewed should all be first-time participants (vs. repeats visits) and all will be seeing Duke providers for primary care services.

Please note: Responses are required for each question and are kept completely confidential. Thank you in advance for your support.

Pharmacist responds after SPA counseling session when using the EHR.

Q2

Please enter your First and Last Name.



Q3

Patient Research ID#



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Q4

1) Time (approx. minutes)



a. Preparation time

b. In-person/face to face time

c. Post-visit/follow up time

Total

Q5

2) Interventions/recommendations. (Select all that apply – including what other staff does.)



- A. Indication – unnecessary medication therapy
- B. Indication – unnecessary medication therapy
- C. Effectiveness – Ineffective medication
- D. Effectiveness – Dosage too low
- E. Effectiveness – Needs additional monitoring
- F. Safety – Adverse medication reaction
- G. Safety – Dosage too high
- H. Safety – Needs additional monitoring
- I. Adherence

	Yes	No	Don't Know
A. Indication – unnecessary medication therapy <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Indication – unnecessary medication therapy <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Effectiveness – Ineffective medication <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Effectiveness – Dosage too low <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Effectiveness – Needs additional monitoring <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Safety – Adverse medication reaction <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Safety – Dosage too high <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Safety – Needs additional monitoring <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Adherence <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13

2) Interventions/recommendations.

J. Non-MTM related.



- Other Rx \$ assistance - Drug manf. PAP MedAssist, Duke SW, LCHC, etc.
- Insurance: Medicare/NC SHIIP counseling
- Nutrition: Food pantry/MOW/SNAP referral
- Housing: DHA, etc.
- Financial assistance: Medicaid, MQB, emergency assistance, Duke hardship, etc.
- Personal safety: DSS/APS
- Referral to community pharmacist
- Other: Please Specify

Q12

3) If intervention/recommendation made, how did you communicate with the provider? (Select all that apply.)



- Med-Link inbasket message
- Secure email
- Fax
- Hard copy letter
- Phone
- Other: Please Specify:

Q11

4) (Level of agreement) This visit had a meaningful impact on this individual participant's care (or health or quality of life)



This visit had a meaningful impact on this individual participant's care (or health or quality of life)

S Disagree	Disagree	Agree	S. Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7

5) (Level of agreement) Resources for providing SPA services:



- a. I had enough time to provide services.
- b. I had enough information to provide services.
- c. I had adequate access to providers to communicate recommendations.

S. Disagree	Disagree	Agree	S. Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12

EHR specific questions. Pharmacist responds after SPA counseling session when using the EHR.



(Level of agreement)



- 1) The visit took longer because I used of the EHR.
- 2) I changed what questions I asked the senior/caregiver based on use of the EHR.
- 3) I changed the interventions I offered to the participant based on use of the EHR.
- 4) I changed the recommendations I made to the provider based on use of the EHR.

S. Disagree	Disagree	Agree	S. Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10

5) Which of the following items in the EHR were useful in today's interview? (Select all that apply)



- PCP visit notes
- ED or hospitalization data
- Labs
- Radiology reports
- Medical problem list
- Medication list
- Other: Specify

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