



Survey

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Senior PharmAssist Pre-EHR Survey

This survey is currently LOCKED to prevent invalidation of collected responses! Please [unlock](#) your survey to make changes.

▼ Default Question Block

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Q1



Thank you for completing this Pre-Electronic Health Record (EMR)/ MedLink Survey Pharmacist are asks to respond to these questions when they provide "usual care" (not using EHR/MedLink "pre"). 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.

No EHR. Pharmacist responds after SPA counseling session when not using the EHR.

Q2

Please enter your First and Last Name.



Q3

Patient Research ID#



[Add Block](#)

▼ Block 2

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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.)



	Yes	No	Don't Know
A. Indication-unnecessary medication therapy <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Indication – Needs additional 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"/>

Q6 2) Interventions/recommendations.



J. Non-MTM related.

- Other Rx \$ assistance - Drug manf. PAP MedAssist, Duke SW, LCHC, etc.
- Insurance: Medicare/NC SHIP 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

Q7 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:

Q8 4) (Level of agreement) This visit had a meaningful impact on this individual participant's care (or health or quality of life)



	S Disagree	Disagree	Agree	S. Agree
This visit had a meaningful impact on this individual participant's care (or health or quality of life)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9

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



	S. Disagree	Disagree	Agree	S. Agree
a. I had enough time to provide services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I had enough information to provide services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I had adequate access to providers to communicate recommendations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10

No EHR. Pharmacist responds after SPA counseling session when not using the EHR.

Access to the following information would have changed or enhanced my recommendations to the **participant/caregiver** today: (Select all that apply)



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

Q11

Access to the following information would have changed or *enhanced* my recommendations to the participant's **provider** today: (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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