

CURRENT NEW HAMPSHIRE PHARMACY PRACTICES FOR CHRONIC DISEASE PREVENTION

2019 Survey Results Report of Knowledge, Attitudes, and Inclusion of Medication Therapy Management, Diabetes Self-Management Education and Support, and Collaborative Practice Agreements by Licensed New Hampshire Pharmacists

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of Public Health Services

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REPORT SUMMARY

The New Hampshire Division of Public Health Services (DPHS), through a cooperative agreement with the Centers for Disease Control and Prevention, aims to increase access to and participation in chronic disease prevention and management programs and services throughout the state focused on adults diagnosed with prediabetes, diabetes, hypertension and high blood cholesterol. Important yet potentially untapped resources for this type of work include clinical and community pharmacists.

DPHS collaborated with the New Hampshire Board of Pharmacy, the New Hampshire Pharmacists Association, the New Hampshire Society of Health-System Pharmacists, and Massachusetts College of Pharmacy and Health Sciences, to develop and disseminate a comprehensive survey. Results from this survey offer insight in to the current landscape of pharmacy practice in chronic disease prevention and management services across a number of pharmacy types focusing on: Medication Therapy Management (MTM, see page 3), Diabetes Self-Management Education and Support (DSMES, see page 8), and Collaborative Practice Agreements (CPA, see page 13).

KEY FINDINGS

There is a high level of awareness and perceived importance of MTM in pharmacy practice, yet a low level of MTM implementation across pharmacy types. Top barriers include lack in staff capacity and difficulty integrating MTM in to current workflow.

Respondents report a moderate level of awareness and perceived importance of providing DSMES in pharmacy practice, yet very few pharmacists practice DSMES. Barriers are similar to those associated with MTM; lack in capacity and difficulty integrating DSMES in to workflow.

There is a high level of awareness of the state's statute on CPAs, yet obtaining a CPA is of low importance to a wide range of pharmacy practices. One reason may be due to the majority of pharmacist having little to no experience with the protocols for obtaining a CPAs. Top barriers include lack of time to collaborate with prescribers and differing opinions between pharmacists and physicians regarding the role of the pharmacist.

NEXT STEPS

Awareness and training efforts around pharmacists' role as providers of MTM and DSMES services will be worthwhile. Additionally, efforts towards increasing awareness of pharmacists as essential partners for patients and providers in improving medication adherence and outcomes.

NEW HAMPSHIRE PHARMACISTS SURVEY SUMMARY 2019

Between December and February, 2019, the New Hampshire Division of Public Health Services (DPHS) Diabetes and Heart Disease Program, in collaboration with the New Hampshire Board of Pharmacy, New Hampshire Pharmacists Association, New Hampshire Society of Health-System Pharmacists, and Massachusetts College of Pharmacy and Health Sciences, developed and disseminated the first-ever statewide survey of all licensed pharmacists in New Hampshire.

The purpose of this survey was to:

1. Describe Medication Therapy Management (MTM), Diabetes Self-Management Education Support (DSMES), and Collaborative Practice Agreements (CPAs) for New Hampshire pharmacists
2. Collect baseline data to understand awareness of, attitudes toward, current integration and/or needs for integration of MTM, DSMES and CPAs in to current practice directly from licensed and practicing pharmacists
3. Determine areas where more outreach and/or continuing education and training are needed to support pharmacists around MTM, DSMES and CPAs

Funding for this survey came through a five-year cooperative agreement with the Centers for Disease Control and Prevention (CDC) titled *Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke (CDCRFA-DP18-1815)*. Surveys, like the one reported on below, provide the data required by this CDC cooperative agreement related to measuring New Hampshire's impact on increasing engagement of pharmacists in the provision of MTM or DSMES for their patients diagnosed with prediabetes, diabetes, hypertension, and high blood cholesterol. This data also provides insight in to where resources are needed and should be allocated toward building awareness of and successfully integrating MTM, DSMES, and CPAs in pharmacy practices across the state.

Methods

The 34-question, online survey was disseminated to 2,740 pharmacists licensed in New Hampshire via an anonymous link through SurveyMonkey® between February 25 and May 2, 2019. All licensed pharmacists in the state of New Hampshire representing a wide variety of pharmacy practice types and credentials received an invitation to take the survey from the New Hampshire Board of Pharmacy. Bi-monthly reminder emails were sent to the entire list of pharmacists until the survey closed on May 2, 2019. The complete pharmacist survey can be found in the [appendices](#).

Results

728 licensed New Hampshire pharmacists responded, a 27% response rate which is well above industry standard for external survey response rates (~10-15%). Twenty four (24) retired or non-practicing pharmacists also completed the survey, yet the results presented in this summary include only the responses from currently licensed NH pharmacists (non-retired). Appendices also include pharmacist credentials and continuing education requests.

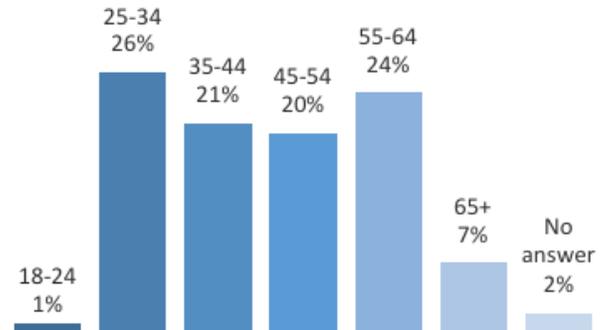
For more information on the survey design, dissemination, and data analysis, please contact Beth Boucher, Senior Management Analyst and Evaluator for *the Chronic Disease Prevention & Screening Section* at the New Hampshire Division of Public Health Services Elizabeth.boucher@dhhs.nh.gov.

DEMOGRAPHICS OF SURVEY RESPONDENTS

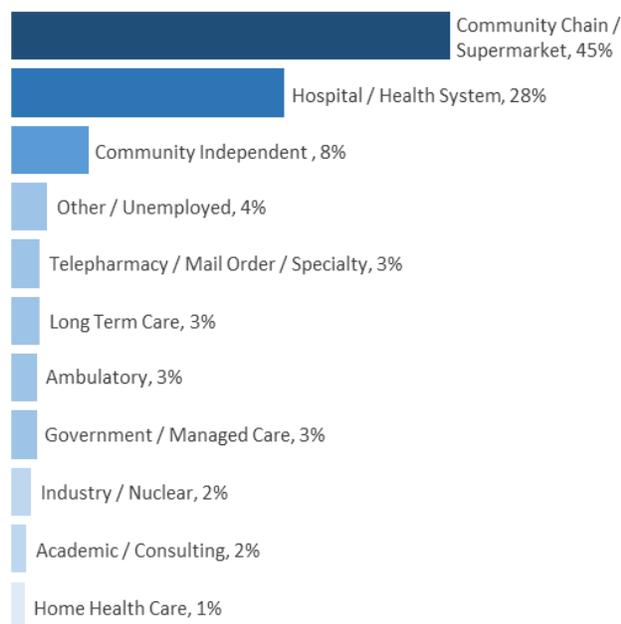
Pharmacists' Titles (n=699)

Pharmacy Supervisor / Manager / Director	30%
Clinical Pharmacist	27%
Operations Pharmacist	26%
Staff / Retail / Informatics Pharmacist	14%
Pharmacist Consultant	2%
Educator / Professor of Pharmacy	1%

Age Ranges (n=696)



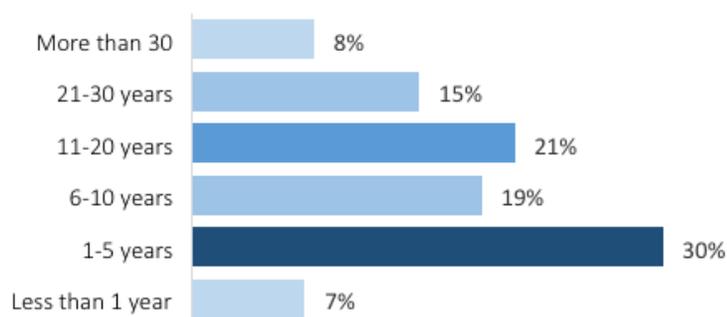
Current Practice Setting (n=717)



It is important to consider respondent demographics when using the following reported results to determine appropriate allocation of resources within New Hampshire's pharmacy field. For this survey, the majority of responses came from pharmacists who:

- Are in managerial or supervisory roles (30%), or are clinical (27%) or operations (26%) pharmacists
- Work in community chain (40%) or hospital/health systems pharmacies (28%)
- Are under the age of 55 (68%); 48% are under the age of 45
- Have been working as a pharmacist for 10 years or fewer (56%)

Pharmacists' Years in Practice (n=699)



PERCEIVED IMPORTANCE, AWARENESS, AND PRACTICE OF MEDICATION THERAPY MANAGEMENT (MTM)

As defined by the American Pharmacists Association (APhA), Medication Therapy Management is a distinct service or group of services that optimize therapeutic outcomes for individual patients independent of, yet can occur in conjunction with, the provision of a medication product.¹

Medication Therapy Management (MTM) encompasses a broad range of professional activities and responsibilities within the licensed pharmacist's scope of practice.

MTM activities listed for survey respondents to select included the APhA's definition with additional items identified by the CDC (*italicized*):

- Administration of medication therapy (not including immunizations)

- Initiation of medication therapy
- Formulation of a medication treatment plan
- Coordination and integration of medication therapy management services within the broader health care management services being provided to the patient
- *Promotion of self-management and lifestyle modification for high blood pressure and high blood cholesterol*
- Modification of medication therapy
- Provision of information (verbal, online or written) including referrals to support services and resources designed to enhance patient adherence with his/her therapeutic regimens
- Monitoring and evaluation of the patient's response to therapy, including safety and effectiveness
- Performing or obtaining necessary assessments of the patient's health status
- Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events

Using the provided definition of MTM, pharmacists were asked to rate the following: level of awareness of their ability to provide this service, perceived importance of this service within their current practice, frequency in implementing the activities identified as MTM service, and any barriers they encounter to learning more about and/or implementing these services.

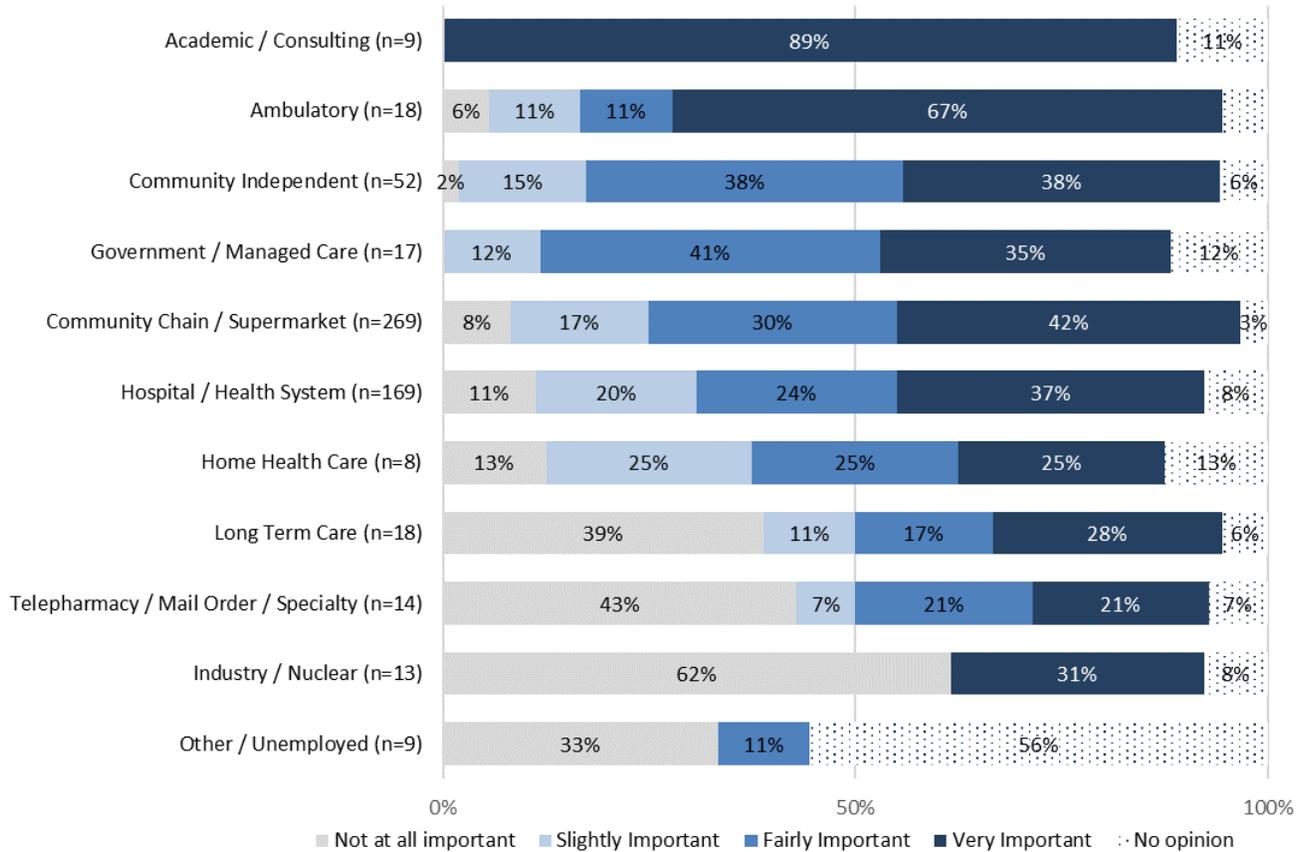
Perceived Importance of MTM in Pharmacy Practice (n=596)

67% report that providing MTM as described in their current practice is important ("Fairly", 27%; "Very", 40%) overall. The level of importance of delivering MTM varies by practice type, however. See Figure 1 on the following page.

¹ Blumi, B., *Definition of Medication Therapy Management: Development of Professionwide Consensus*, J Am Pharm Assoc. 2005;45:566–572.

<https://www.aphafoundation.org/sites/default/files/ckeditor/files/AchievingMTMConsensus-JAPhA-2005-45-566-572.pdf>

Figure 1. MTM Importance by Pharmacy Practice

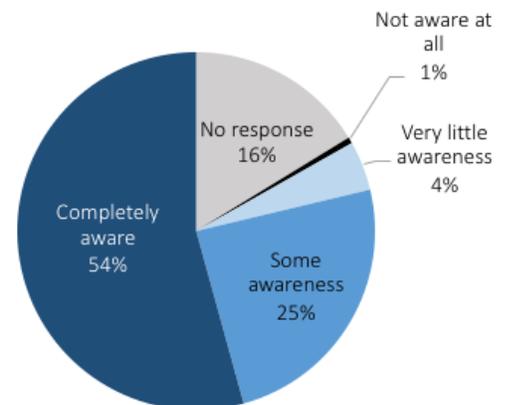


Providing MTM services to patients is perceived to be more important to pharmacists practicing in supermarkets, community chains, independent or walk-in practices, and hospital/health systems. Less importance is perceived by industry, telepharmacy / mail order / specialty, and long term care pharmacists.

Pharmacist Awareness of Ability to Practice MTM Overall (n=715)

Given the high importance rating of providing MTM services from respondents, it is not surprising that there is also a high level of awareness. Most pharmacists (79%) are either somewhat or completely aware of their ability to provide MTM as defined. See Figure 2.

Figure 2. Pharmacist Awareness of Ability to Practice MTM

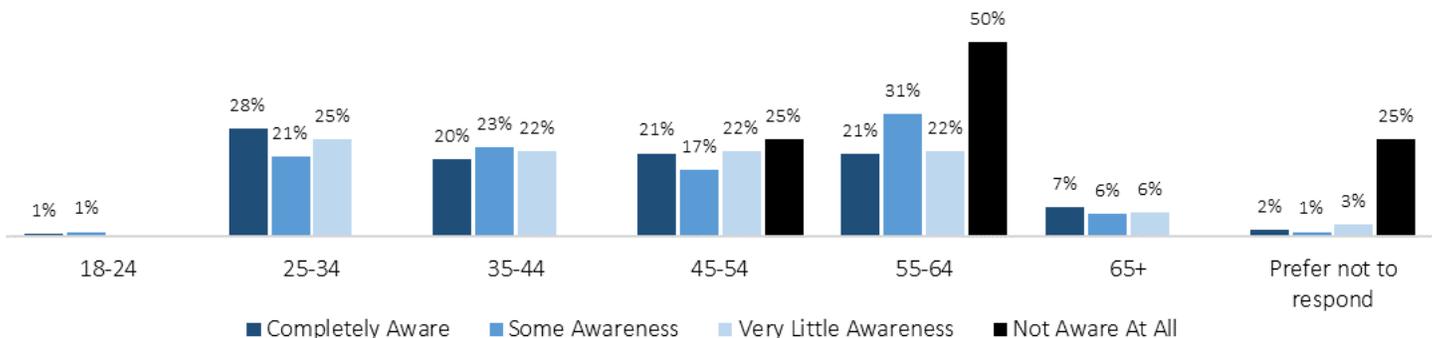


Pharmacists’ Awareness of Ability to Practice MTM by Practice Type (n=715)

When considering areas to focus future MTM awareness outreach, the 5% of pharmacists who report very little to no awareness of their ability to provide MTM include those from home health care, community chain, and hospital / health systems.

Pharmacists' MTM Awareness by Age (n=599)

The age of pharmacists appears to be a factor in level of MTM awareness. Responses show that pharmacists ages 45-64 are much less aware of their ability to provide MTM services to patients than pharmacists ages 44 or younger.



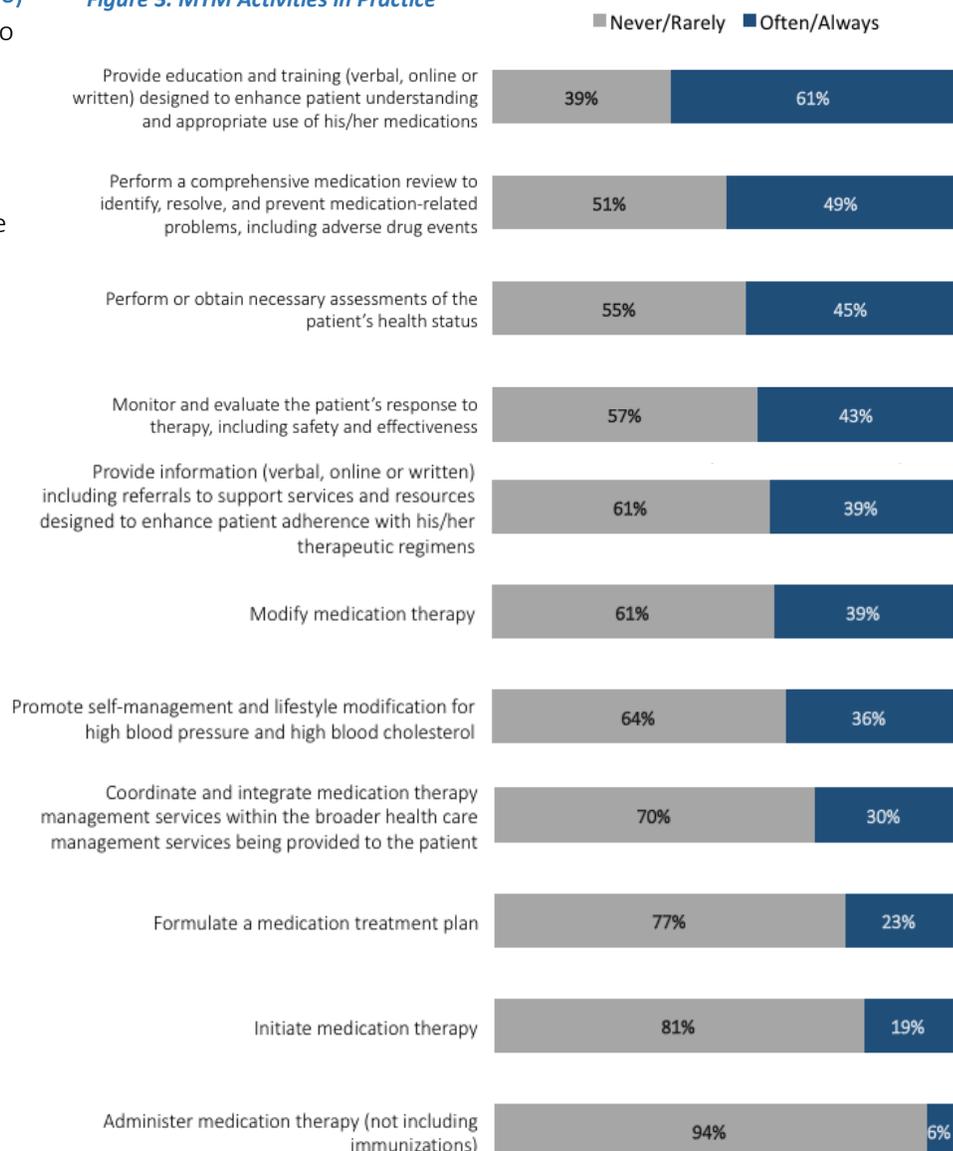
MTM in Pharmacy Practice (n=686)

When respondents were asked to rate the degree to which they implement each activity listed within the definition of MTM, most pharmacists (61%) report they “Often” or “Always” provide MTM services in the form of “education and training (verbal, online, or written) designed to enhance patient understanding and appropriate use of his/her medications.” The remainder of MTM activities are rarely if ever implemented by pharmacists overall.

Figure 3 provides an overview of how frequently all pharmacist respondents report practicing the various MTM activities with patients.

Based on the reported low frequency of most MTM activities by pharmacists, it is worth considering the practice setting, pharmacist scope of practice within that setting, and billing mechanisms in

Figure 3. MTM Activities in Practice

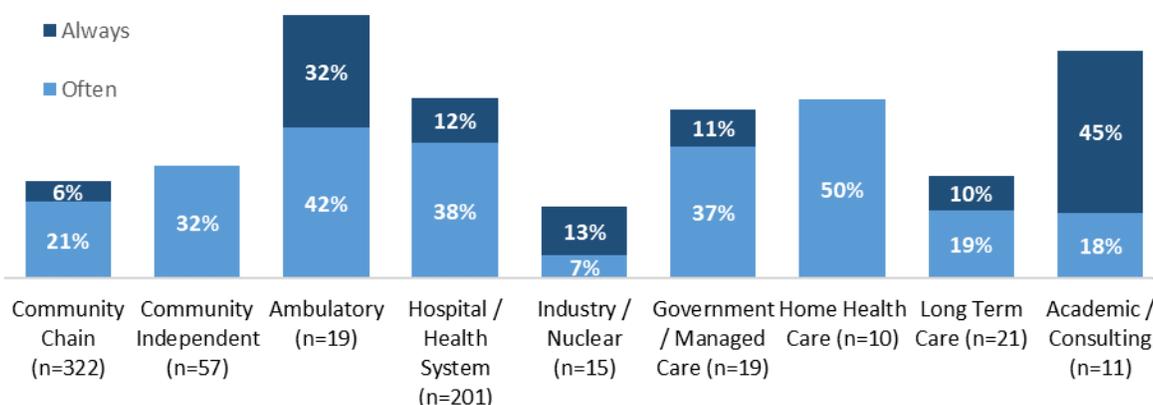


place for MTM services as particular activities may not be appropriate, allowed, or billable. However, when looking at the broader field it appears that any efforts toward providing future professional development related to implementing MTM in pharmacy practice could be useful.

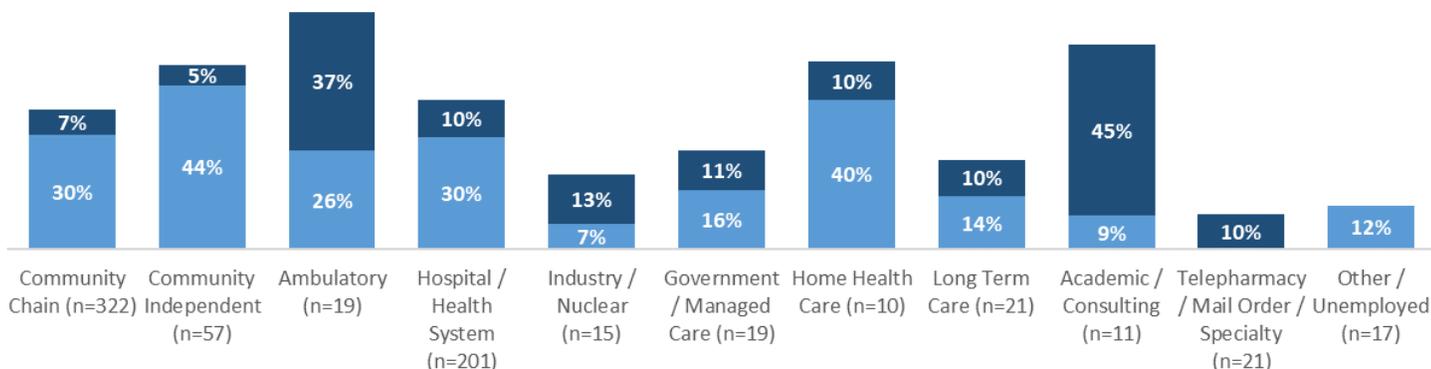
MTM Implementation by Practice Type (n=713)

The series of subsequent graphs provides a breakdown of MTM activities reported to be implemented “Often” or “Always” by $\geq 43\%$ of respondents. Understanding which practice types implement particular MTM activities more often may provide insight on areas where best practices exist and peer-to-peer sharing could occur between those who implement MTM and those who may require more training to improve MTM implementation.

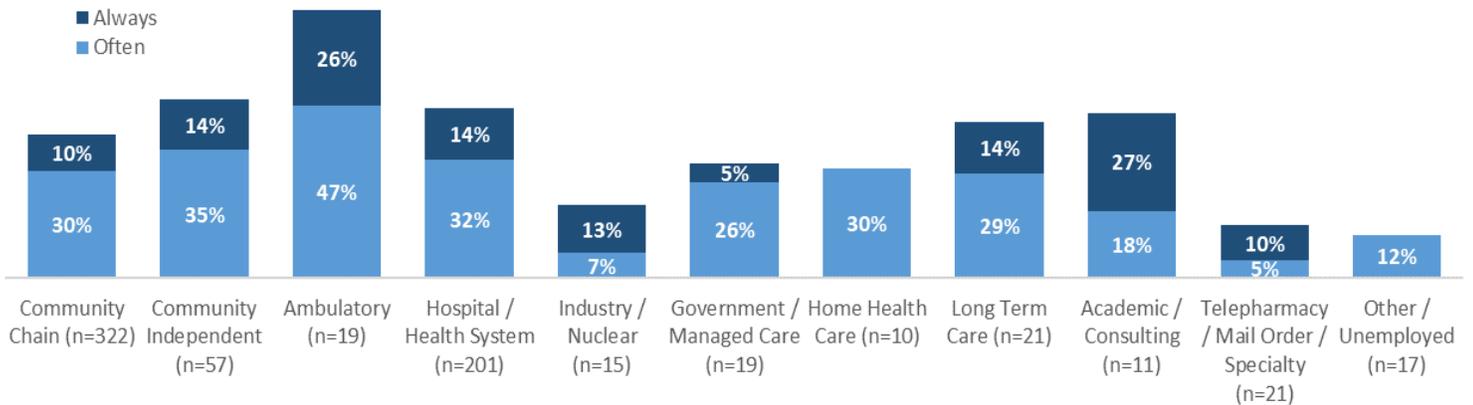
Of the 43% who monitor and evaluate the patient’s response to therapy including safety and effectiveness:



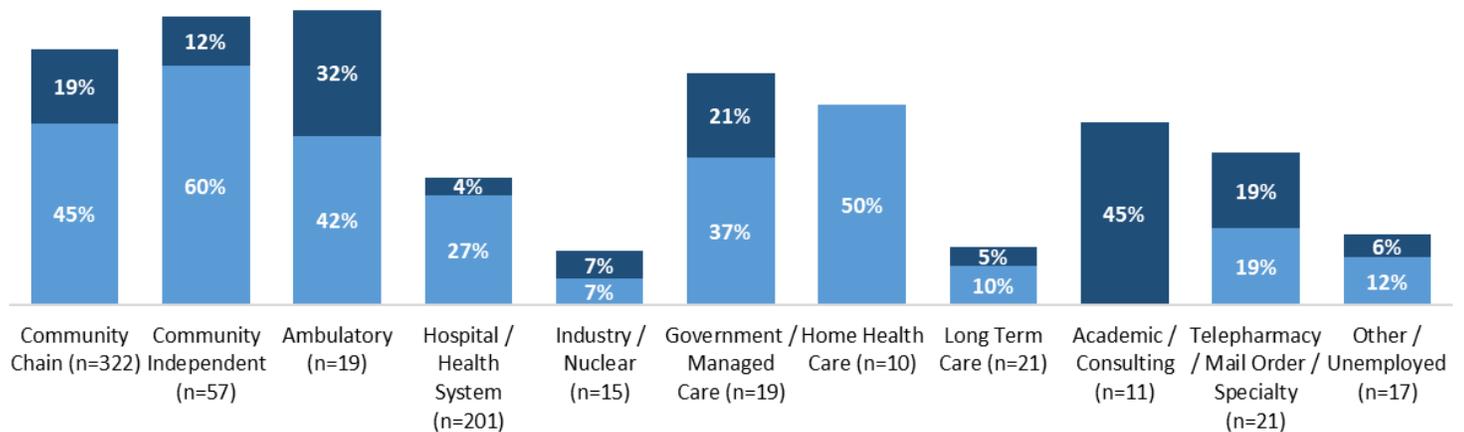
Of the 45% who perform or obtain necessary assessments of the patient’s health status:



Of the 49% who perform a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events:



Of the 61% who provide education and training (verbal, online, or written) designed to enhance patient understanding and appropriate use of his/her medications:

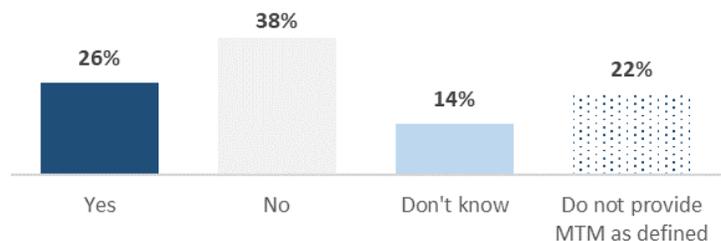


Further investigation in to how the practice types above define and are implementing these aspects of MTM would be worthwhile. Understanding how MTM is integrated in this broad range of pharmacy practice may unveil trends or similarities which could become best practice models.

Pharmacy Billing for MTM (n=591)

Another area for potential training includes pharmacy billing for MTM activities. Figure 4 shows, of those who may currently implement MTM to some degree, only 26% currently bill for these services. 52% either do not bill or do not know if they bill or not. 22% do not provide MTM as defined.

Figure 4. MTM Billing in Pharmacy Practice



Barriers to MTM Implementation in Pharmacy Practice (n=575)

Despite the high level of awareness and perceived importance of MTM in pharmacy practice, there remains a low level of MTM implementation across pharmacy types. To understand why this may be, respondents selected any applicable barriers they may encounter to incorporating MTM in their practices from a pre-populated list and asked to add their own. Below is an overview of the top-ranked barriers identified by all practice types.

- 61%** Lack in staffing capacity (n=350)
- 54%** Difficulty in integrating MTM in to current workflow (n=312)
- 50%** Lack in flexibility with time spent dispensing medications versus counseling patients (n=287)
- 30%** Lack of private / consultation space in practice setting (n=172)
- 30%** Obstacles to billing / collecting payment for services (n=172)
- 22%** Lack in professional training / skill in providing MTM (n=124)
- 9%** Lack in understanding of MTM services (n=53)
- 6%** Lack of evidence to support MTM integration in my practice (n=36)

Other commonly-reported barriers include:

- Lack of patient receptivity to MTM services
- Competing priorities in current practice setting
- Lack in return on investment (reimbursement doesn't match pharmacist's time practicing MTM with patients)
- Absence of provider/prescriber status, and
- Lack of understanding of pharmacist's role by other providers

PERCEIVED IMPORTANCE, AWARENESS, AND PRACTICE OF DIABETES SELF-MANAGEMENT, EDUCATION, AND SUPPORT (DSMES)

The American Diabetes Association defines diabetes self-management education and support (DSMES) as a critical element of care for all people with diabetes². DSMES is the ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care, as well as activities that assist a person in applying and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training. Facilitators of DSMES include registered nurses, registered dietitian nutritionist, or pharmacists with DSMES training, or another healthcare professional holding certification as a diabetes educator (CDE) or Board Certification in Advanced Diabetes Management (BC-ADM).

The overall objectives of DSMES services are to improve patient informed decision-making, self-care behaviors, problem-solving, and active collaboration with the health care team to improve clinical outcomes, health status, and quality of life. An accredited or recognized DSMES program must meet evidence-based standards. The accreditation and recognition processes help ensure that programs are

² https://www.diabeteseducator.org/docs/default-source/practice/deap/standards/nationalstandards_2017.pdf?sfvrsn=2

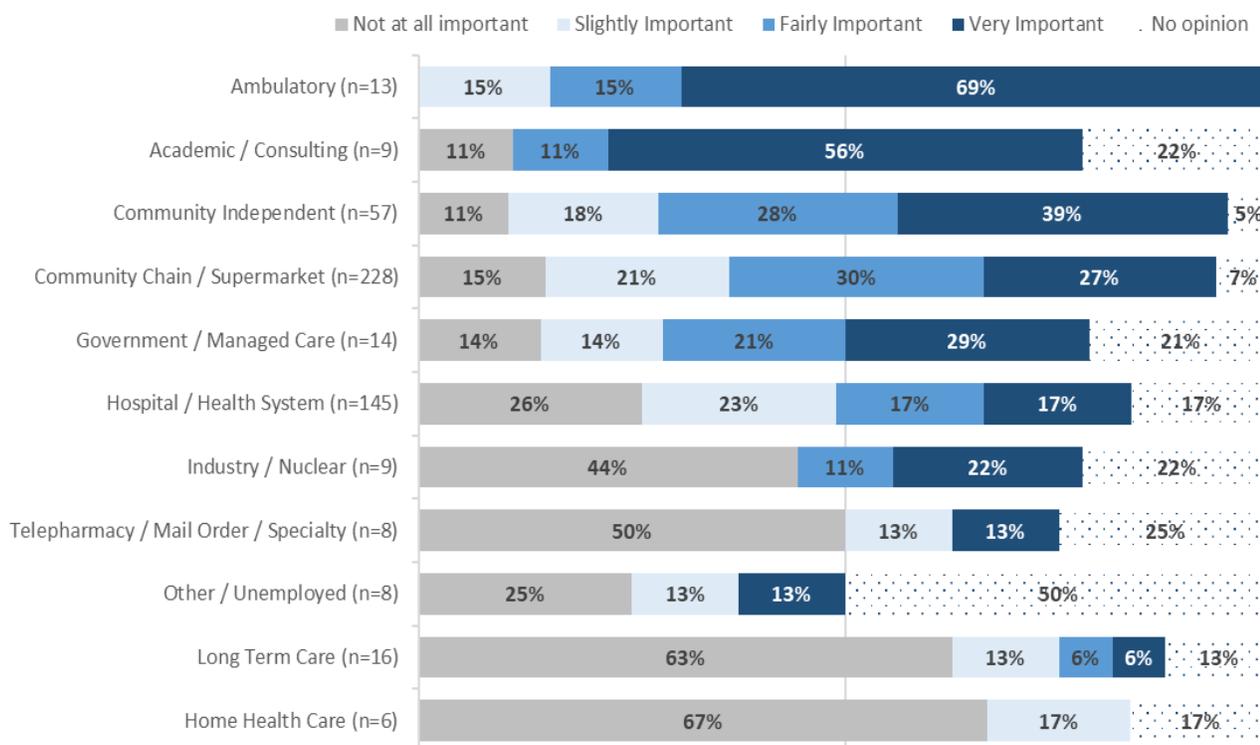
offering quality education and make the services eligible for reimbursement from Medicare, many private health plans, and some state Medicaid agencies.

Based on this definition, pharmacists were asked to rate the following: perceived importance of DSMES within their current practice, level of awareness of their ability to provide DSMES, frequency in implementing DSMES services, and any barriers they encounter to learning more about and/or implementing DSMES with patients.

Perceived Importance of DSMES in Pharmacy Practice (n=507)

As shown in figure 5 below, 47% report that providing DSMES as described in their current practice is important (“Fairly”, 23%; “Very”, 24%). While much lower importance is allotted to DSMES versus MTM services, Figure 5 below demonstrates similarities in terms of a varying level of perceived importance of delivering DSMES by practice type.

Figure 5. DSMES Importance by Pharmacy Practice



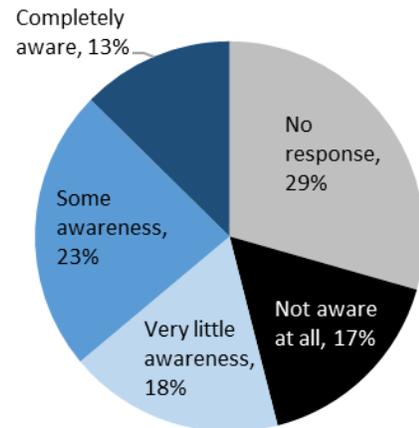
As was the case with MTM services, most pharmacist practicing in community independent / ambulatory, government / managed care, and chain pharmacies find providing DSMES important to their practice.

Pharmacists' Awareness of Ability to Practice DSMES (n=704)

In contrast to the 79% who are aware of their ability to provide MTM, fewer pharmacist (36%) are aware of their ability to provide DSMES for patients. See Figure 6.

When considering areas to focus future DSMES awareness outreach, the 35% of pharmacists who report very little to no awareness of their ability to provide DSMES include those from government or managed care, long term care, home health care, community chain, supermarkets, and hospital/health systems.

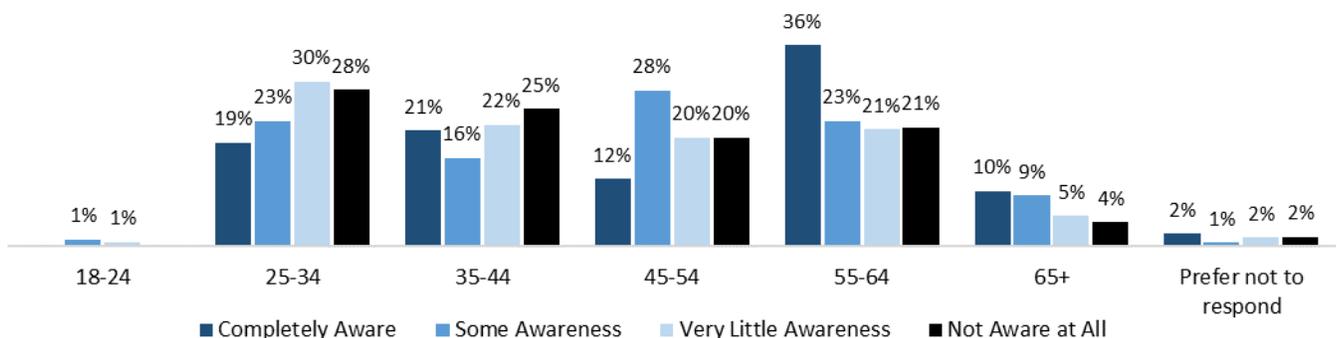
Figure 6. Pharmacist Awareness of Ability to Practice DSMES



Not aware (17%)	Long Term Care (30), Home Health Care (22%), Industry/Nuclear (21%), Community Chain (18%), Supermarket (18%), Hospital/Health Systems (18%), Community Independent (14%), Mail Order/Specialty (13%), Other/Unemployed (7%), Government/Managed Care (6%)
Very Little Awareness (18%)	Home Health Care (33%), Government/Managed Care (33%), Other/Unemployed (27%), Community Independent (20%), Hospital/Health Systems (19%), Supermarket (18%), Community Chain (17%), Long Term Care (15%), Industry/Nuclear (14%), Mail Order/Specialty (13%), Academic/Consulting (8%)

Pharmacists' DSMES Awareness by Age (n=500)

The age of pharmacists does not appear to be a factor in degree of DSMES awareness. Responses show that pharmacists ages 45-65+ are just as (if not more) aware of their ability to provide DSMES to patients than pharmacists ages 44 or younger.



DSMES in Pharmacy Practice (n=484)

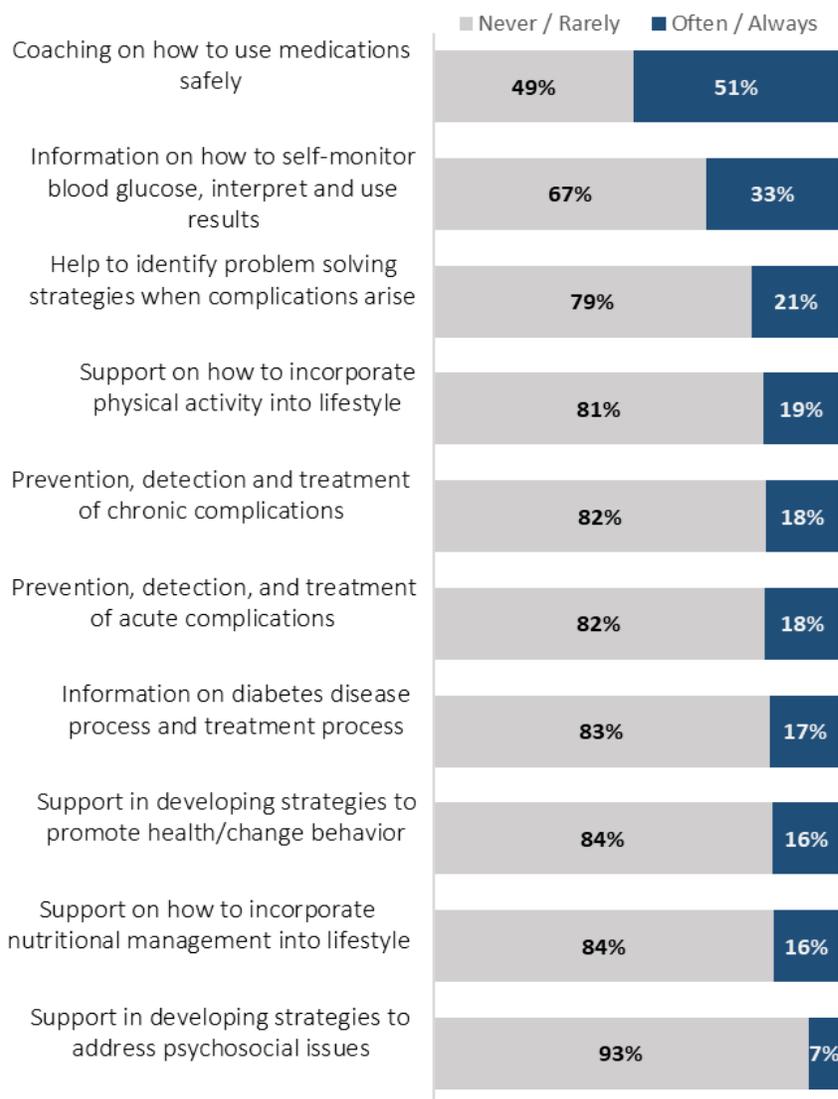
When respondents were asked to rate the degree to which they practice each activity listed within the definition of DSMES, most respondents report to “Never” or “Rarely” provide DSMES as defined (average of 78%). The most frequently practiced DSMES service is “coaching patients on how to use medications safely” (51%).

Figure 7 provides an overview of how frequently all pharmacist respondents report practicing the various DSMES services with patients.

Based on the low frequency of DSMES practice within pharmacies, it is worth considering how DSMES is integrated in to pharmacy education and the expectations of pharmacists’ role. Also worth considering is the pharmacy setting, pharmacist scope of practice within that setting, and billing protocols for DSMES services as particular activities may not be appropriate to the setting, allowed within pharmacists’ scope, or billable.

When looking broadly at the field, it appears that any efforts toward providing future professional development related to understanding and implementing DSMES in pharmacy practice could be useful as it is perceived as important to many- particularly those practicing in community independent, ambulatory, community chain, and supermarket settings.

Figure 7. DSMES Activities in Practice



DSMES Implementation by Practice Type (n=712)

Figures 8 and 9 provide a breakdown of the 51% who report they “Often” or “Always” coach patients on how to use medications safely and the 33% who report they “Often” or “Always” provide information to patients on how to self-monitor blood glucose levels, interpret and use the results. Understanding which practice types are currently implementing DSMES most often may provide insight on best practices,

potential areas where peer-to-peer sharing could occur, or areas where more training is needed to support DSMES implementation.

Figure 8. 51% Provide Coaching to Patients on How to Use Medications Safely

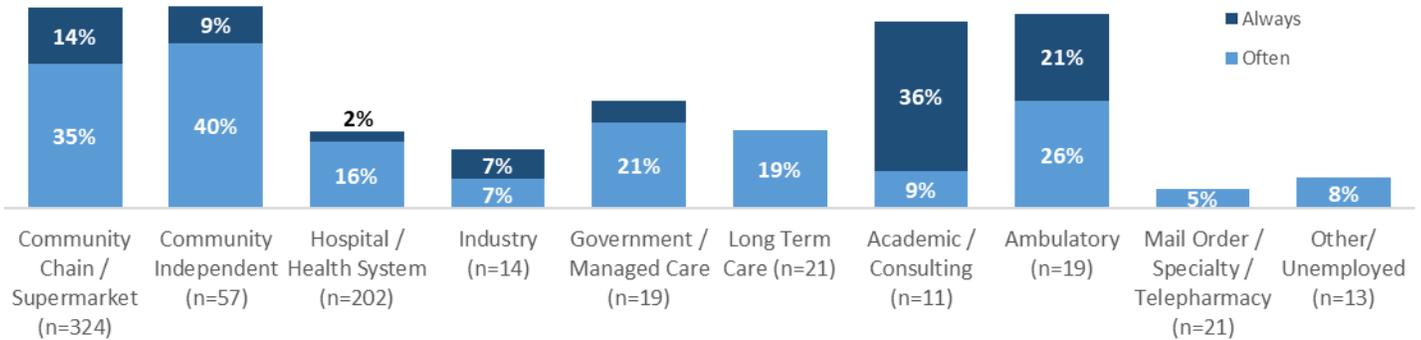
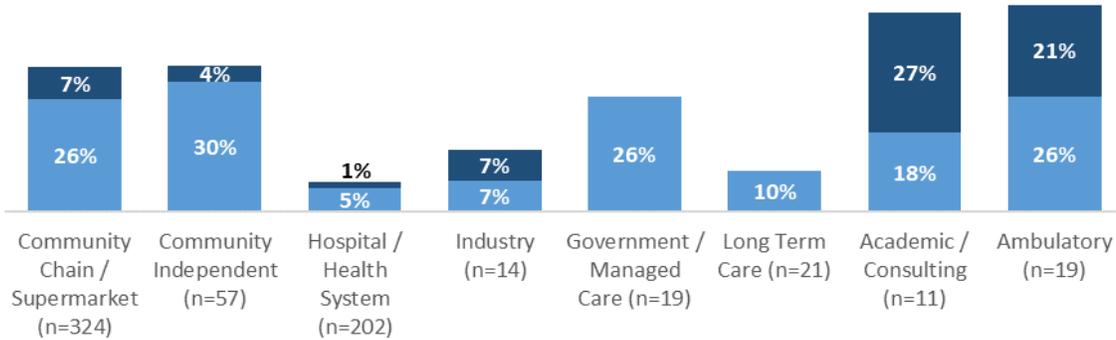


Figure 9. 33% Provide information to patients on how to self-monitor blood glucose levels, interpret and use the results.

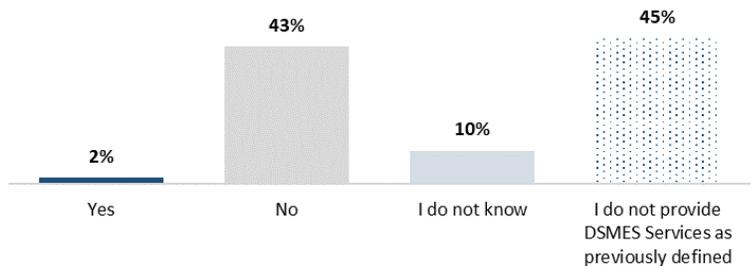


DSMES appears to be happening most often in community chain, community independent and supermarket practices. Understanding how DSMES is interpreted and implemented in these settings could lead to best practice sharing within the field.

Billing for DSMES (n=490)

Another area for potential training or procedural investigation includes billing for DSMES. Of those who implement DSMES in practice (n=270), only 2% of pharmacists bill for these services while 43% do not. See Figure 10.

Figure 10. DSMES Billing in Pharmacy Practice



Barriers to DSMES Implementation (n=702)

Despite the moderate level of awareness and perceived importance of providing DSMES in pharmacy practice, very few pharmacists put DSMES in to practice. To understand the low level of DSMES implementation across pharmacy types, respondents selected as many barriers they encounter to incorporating DSMES in to their practices from a pre-populated list and were asked to add their own. The table below includes the top-ranked barriers by all practice types.

34%	Lack in staffing capacity (n=242)	20%	Lack in understanding of DSMES services (n=139)
30%	Difficulty in integrating DSMES in to current workflow (n=214)	19%	Obstacles to billing / collecting payment for services (n=133)
27%	Lack in flexibility with time spent dispensing medications versus counseling patients (n=193)	18%	Lack of private / consultation space in practice setting (n=125)
26%	Lack in professional training / skill in providing DSMES (n=184)	5%	Lack of evidence to support DSMES integration in my practice (n=32)

Other commonly-reported barriers include:

- Lack of patient receptivity to pharmacy-based DSMES services
- Patient may already be working with a diabetes educator
- Limited by lack of prescribing rights/abilities as a pharmacist Lack of understanding of pharmacist's role by patients other diabetes providers
- No support from management to provide opportunities for training in DSMES

PERCEIVED IMPORTANCE, AWARENESS, AND EXPERIENCE WITH COLLABORATIVE PRACTICE AGREEMENTS (CPAs)

Respondents were presented with the current standards of collaborative practice outlined by the State of New Hampshire statute, which defines a collaborative practice agreement (CPA) as a legal document that establishes a relationship between pharmacists and collaborating physicians that allows for pharmacists to participate in collaborative drug therapy management (CDTM).³

CDTM is an expansion of the traditional pharmacist scope of practice, allowing for pharmacist-led management of drug related problems (DRPs) with an emphasis on a collaborative, interdisciplinary approach to pharmacy practice in the healthcare setting. The terms of a CPA are decided by the collaborating pharmacist and physician. CPAs can be specific to a patient population of interest to the two parties, a specific clinical situation or disease state, and/or may outline an evidence-based protocol for managing the drug regimen of patients under the CPA.⁴

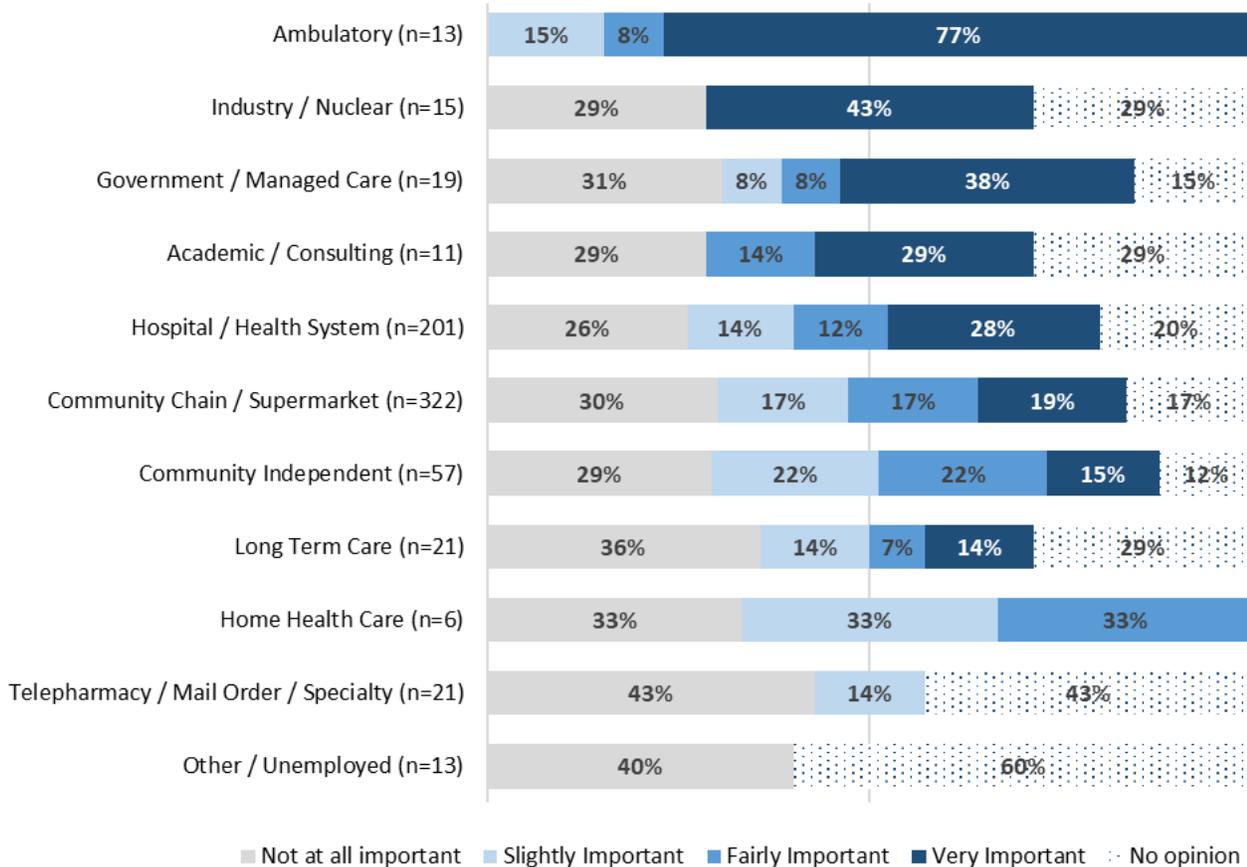
³<https://www.oplc.nh.gov/pharmacy/documents/nh-collaborative-pharmacy-practice-laws-rules.pdf>

⁴<https://www.cdc.gov/dhdsp/pubs/guides/best-practices/pharmacist-cdtm.htm>

Perceived Importance of a CPA in Pharmacy Practice (n=454)

Only 38% of pharmacists report it is important (“Fairly”, 15%; “Very”, 23%) to their practice to have a CPA with a provider. As with MTM and DSMES, the level of CPA importance to pharmacy practice varies by practice type with ambulatory, hospital / health system, industry, and government / managed care pharmacists reporting the most perceived importance. See Figure 11 below.

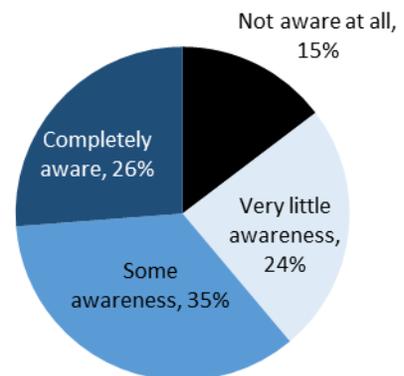
Figure 11. Perceived Importance of CPAs by Pharmacy Type



Pharmacists’ Awareness of Collaborative Practice Agreements (n=450)

The majority of respondents (61%) report they are aware of the State of New Hampshire’s statute for CPAs between pharmacist and providers. Of those who had very little to no awareness of CPAs (39%), the most represented practice types include: home health care (60%), government / managed care (54%), other / unemployed (50%), and supermarket (48%) pharmacists. See Figure 12.

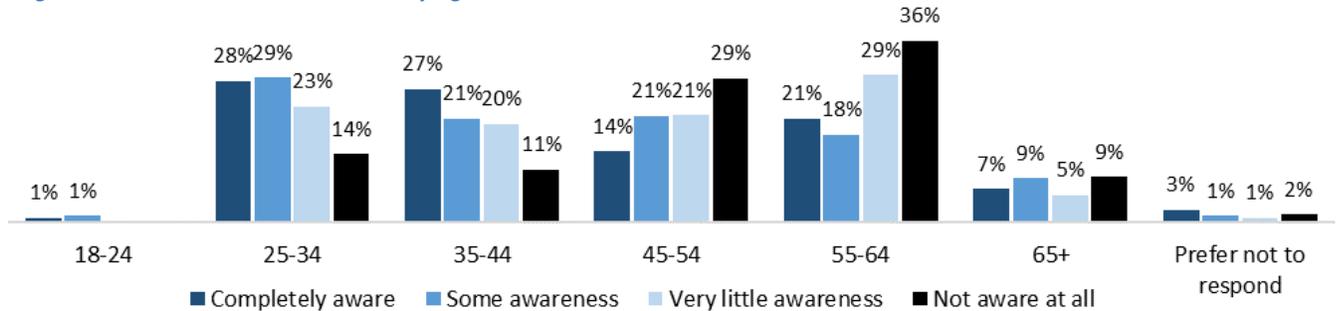
Figure 12. Pharmacists’ Awareness of CPAs



Pharmacists' CPA Awareness by Age (n=457)

There is a high degree of variation in pharmacists' level of awareness of CPAs, and age appears to be a factor. Responses show that pharmacists under the age of 45 are much more aware of New Hampshire's statute on CPAs than pharmacists ages 45-65+. See Figure 13.

Figure 13. Pharmacists CPA Awareness by Age



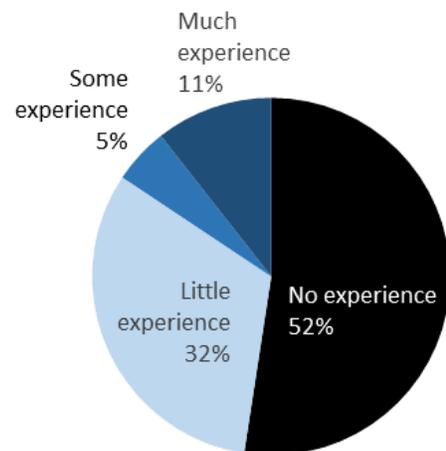
It is worth considering why this may be. Perhaps exploring the current pharmacy student curriculum and whether or not CPAs are discussed as an option more frequently than in the past will provide some insight. Also, there may be an opportunity to educate more tenured pharmacists on their ability to engage in CPAs.

Pharmacists' Experience with CPAs (n=454)

Pharmacists were then asked to rate their level of experience with CPAs based on the following options:

- No experience
- Little experience – Aware of this option but have not gone through the process to obtain a CPA yet
- Some experience – Am currently going through the process of obtaining a CPA
- Much experience – I currently have a CPA with one or more physicians

Figure 14. Pharmacists' Experience with CPAs



Most pharmacists (84%) report having little to no experience with CPAs (see figure 13). Those who report having some or much experience (either they are going through the process of obtaining or have already obtained a CPA with a physician) span a number of practice types including: community chain (14%, n=26), hospital / health system (14%, n=18), community independent / ambulatory (29%, n=16), supermarket (16%, n=4), and government / managed care (16%, n=2).

Barriers to Obtaining a CPA with a Physician (n=666)

Despite the high level of awareness of the state's statute on CPAs, there is a wide-ranging perception that obtaining a CPA is of low importance to pharmacy practice. One reason for this perception may be due to the lack of experience with the protocols for obtaining a CPAs as the majority of pharmacist report having

little to none. Another reason could include the number of barriers to obtaining a CPA. Respondents selected as many barriers they encounter to obtaining a CPA from a pre-populated list and were asked to add their own. The most commonly reported barriers identified by are listed below:

- 25%** Insufficient time to collaborate with one or more physicians to provide care to patients (n=173)
- 21%** Differing opinions between pharmacists and physicians regarding the role of the pharmacist (i.e. supporting medication adherence and insurance approvals versus identifying and managing patients' drug-related problems) (n=149)
- 18%** Lack of compensation for collaboration with physicians (n=128)
- 13%** Process for obtaining a CPA is too cumbersome (n=93)

Other commonly-reported barriers include:

- Lack of education/understanding of what CPAs are and how to incorporate one in to current practice
- In retail, community, or independent pharmacy settings there is a lack of access to clinical patient data and policies that inhibit individuals obtaining a CPA
- Lack of staffing capacity for additional pharmacist responsibilities

LIMITATIONS

While a wide variety of pharmacy practice types were represented in this survey, we do not know if the proportion of respondents from each practice type was equivalent. Therefore, we cannot claim to have a representative sample from any of the practice types.

Survey results presented in this report were collected anonymously, therefore we are unable to follow up with any individual based on their responses to get a better understanding of their experience.

Additionally, responses to the request for a ZIP code of current primary practice setting were not reliable. Therefore, we are unable to conduct geographic analysis or report on areas of pharmacy practice scarcity or abundance in regards to MTM or DSMES services, or CPA agreements from this survey. Other sources of data will be used to identify locations, including interviews and data from the NH Board of Pharmacy.

RECOMMENDATIONS

Responses demonstrate that any effort to increase awareness and understanding around pharmacists' role as providers of MTM and DSMES services within the fields of pharmacy and medicine will be worthwhile. Additionally, efforts towards increasing awareness of pharmacists as potential cooperative partners with providers towards improving medication adherence and medication counseling with patients will also be worthwhile.

Based on the numerous barriers identified by respondents, including pharmacy supervisors, hospital / health systems administrators, health care providers / prescribers, as well as patients in any awareness or education effort regarding the role of pharmacists as MTM or DSMES providers is needed.

Pharmacists Needs for Fully Incorporating MTM and DSMES in to Practice (n=263)

To give some idea of where efforts to increase MTM and DSMES uptake by pharmacists can focus, below is a list of what pharmacists report is needed to fully incorporate both MTM and DSMES in to their practices. The most commonly-reported needs collected from an open-ended survey question include:

1. Time (41%)
2. Capacity (37%)
3. Training (30%)
4. Encouragement from pharmacy/ practice leadership (27%)
5. Adequate return on investment (i.e. revenue generation relative to time spent) for providing these services) (16%)
6. Ability to bill for these services (14%)
7. Engagement / support from pharmacy staff (i.e. pharmacy technicians taking on more to support pharmacists' additional duties) (14%)
8. Appropriate space to provide these services (8%)
9. Support from physicians, payers, and pharmacy board (7%)
10. Materials for these services (6%)
11. Provider status (2%)

Some of these needs are physical: space, materials, staffing. Yet others include attitude, behavior, and even policy change within the pharmacy field and the medical field in general: understanding and acknowledgement of the whole scope of pharmacy practice, time for pharmacists to fulfill that scope, and support from colleagues and professional associations.

In summary, survey responses provide a much-needed resource of information regarding the knowledge, attitudes, and behaviors related to MTM, DSMES and CPAs directly from pharmacists licensed in New Hampshire. The intent of this data is to be a "jumping off" point for further investigation and action by the field of pharmacy in the state, with support from *CDCRFA-DP18-1815* through the New Hampshire Division of Public Health Services.

APPENDICES

Pharmacist Credentials (n=699)

In addition to their credentials as licensed pharmacists in the State of New Hampshire, 52% of respondents are Vaccination Certified, 49% are Doctors of Pharmacy (PharmD). 7% are Board Certified Pharmacotherapy Specialists (BCPS), 3% are Certified Diabetes Educators (CDE), and 2% have their RPh. Other credentials identified (~1% or ≤5 individuals respectively) include:

Board Certified Pharmacotherapy Specialist (BCPS)	7%	Board Certified Oncology Pharmacist (BCOP)	0.4%
Certified Diabetes Educator (CDE)	3%	Asthma Certification (AE-C)	0.4%
Board Certified Geriatric Pharmacist (CCGP)	1%	Board Certified Critical Care Pharmacist (BCCCP)	0.3%
Anticoagulation Specialist (CACP)	1%	Board Certified Psychiatric Pharmacist (BCPP)	0.3%
Board Certified Ambulatory Care Pharmacist (BCACP)	1%	Board Certified Nuclear Pharmacist (BCNP)	0.1%
Board Certified Nutrition Support Pharmacist (BCNSP)	1%	Certified Pain Educator (CPE)	0.1%

Credentials provided by respondents under “Other” Category (n=77)

About 11% of all respondents included credentials not listed within the survey:

MTM	22%	ACLS	1%
Master's of Science	6%	Certificate in Antibiotic Stewardship	1%
MBA	6%	Certificate in Veterinary Pharmacy	1%
PhD (Other)	4%	Certified in Patient Safety	1%
BCCP	3%	Clinical Lipid Specialist (CLS)	1%
JD/Trial Lawyer Pharm	3%	Compounding	1%
Diabetes Certification	3%	DOM	1%
Master Health Services Administration	3%	ENLS	1%
Nuclear	3%	Epic Willow Inpatient Certified Analyst	1%
Healthcare Administration Certificate	1%	FCCP	1%
Informatics Certification (ASHP)	1%	M.Ed., Community Counseling	1%
Kinetics Specialist	1%	MAT therapy and addiction referral	1%

Continuing Education Requests (n=134)

Infusion Therapy	Multi-State CE	New/ Emerging Drugs
Physician Interaction / Communication	Practice / Lab monitoring and management	Immunization/ Infectious Disease/ Vaccinations
Birth Control	Hospital / Critical Care Practice	DSMES/ Diabetes / CDE
Smoking cessation	Billing / Coding	MTM
Antibiotics	CPA	Disease States
Psychotherapy Meds	Local / Onsite / Live Continuing Education	Law
Health Screening	Opioid-related/ Drug Addiction	Medication Basics
Geriatric Care	Pain Management	Prevention/Lifestyle Change
Patient Care	Compounding	CBD/ Cannabis

New Hampshire Pharmacist Practice Survey: 2019

FINAL VERSION: V3

January 24, 2019

INTERNAL OVERVIEW

Survey Purposes:

1. Define Medication Therapy Management (MTM), Diabetes Self-Management Education Support (DSMES), and Collaborative Practice Agreement (CPA) for practicing pharmacists
2. Collect anonymous, baseline data to understand awareness of, current integration of, and needs for integration of MTM, DSMES and CPA directly from pharmacists licensed and practicing in NH.
3. Determine areas where more support and/or continuing education and training may be needed
4. To help gather data needed to report on performance measures required by CDC grant related to increasing engagement of pharmacists in the provision of MTM or DSMES for people with diabetes (i.e. number of pharmacy locations/pharmacists using patient care processes that promote medication management or DSMES for people with diabetes)

Target Audience: All pharmacists licensed and currently practicing in New Hampshire (including telepharmacists)

Timeline:

1. **Friday, February 22:** Survey draft finalized and approved by all partners
2. **Monday, February 25 :** Survey distributed via online link through NH Board of Pharmacy, NH Pharmacy Association, NH Society of Health-System Pharmacists member email list serves
3. **Friday, March 1:** Reminder 1
4. **Thursday, March 14:** Reminder 2
5. **March-April:** Bi-monthly reminders
6. **Thursday, May 2:** Survey Closed

INTRODUCTION

The New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), in collaboration with the New Hampshire Board of Pharmacy, New Hampshire Pharmacists Association, and the New Hampshire Society of Health-System Pharmacists, is conducting a statewide survey of pharmacists. The purpose of the survey is to understand current practices, barriers, and needs related to Medication Therapy Management (MTM), Collaborative Practice Agreements (CPA), and Diabetes Self-Management Education and Support (DSMES) to help increase patient outcomes for those diagnosed with prediabetes, type 2 diabetes, and heart disease over the next five years through a cooperative agreement with The Centers for Disease Control and Prevention (CDC) titled Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke (CDCRFA-DP18-1815).

This survey should take about 12 minutes to complete. The survey is anonymous. Your response is very important as it will help us work to highlight the important role of pharmacists as part of the patient care team, particularly in managing chronic conditions. Once analyzed, summary information will be reported to you electronically before June 2019.

Thank you in advance for your time. If you have any questions about this survey, please feel free to contact:

Marisa Lara, New Hampshire Division of Public Health Services at marisa.lara@dhhs.nh.us

Mike Bullek, Chief of Compliance at the New Hampshire Board of Pharmacy at michael.bullek@nh.gov

Chris Lopez, PharmD, Clinical Pharmacy Specialist and Diabetes Education, Management, and Prevention Coordinator at the New London Hospital/ Newport Health Center at christopher.lopez@newlondonhospital.org

DEMOGRAPHICS

1. What is your current title as a Pharmacist?

- Pharmacist: Operations
- Pharmacist: Clinical
- Pharmacist: Supervisory, Manager, Director
- Pharmacist: Consultant
- Pharmacist: Educator/ Professor
- Other (please specify)

2. What is the primary setting of your Pharmacy practice?

- Community Chain
- Community Independent
- Hospital / Health System
- Supermarket
- Industry
- Government
- Home Health Care
- Long Term Care
- Nuclear
- Academic
- Consulting
- Ambulatory
- Managed Care
- Telepharmacy (*skips to #3*)
- Other (please specify)

3. If you practice telepharmacy, from which state do you practice? (*only seen if "Telepharmacy" is selected*)

4. How many years have you been in your current practice setting?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-20 years
- 21-30 years
- More than 30 years

5. What are your other credentials? (Please select all that apply)

- Board Certified Pharmacotherapy Specialist (BCPS)

- Board Certified Ambulatory Care Pharmacist (BCACP)
- Board Certified Critical Care Pharmacist (BCCCP)
- Board Certified Geriatric Pharmacist (CCGP)
- Board Certified Nuclear Pharmacist (BCNP)
- Board Certified Nutrition Support Pharmacist (BCNSP)
- Board Certified Oncology Pharmacist (BCOP)
- Board Certified Pediatric Pharmacy Specialist (BCPPS)
- Board Certified Psychiatric Pharmacist (BCPP)
- Certified Pain Educator (CPE)
- Certified Diabetes Educator (CDE)
- Asthma Certification (AE-C)
- Anticoagulation Specialist (CACP)
- Vaccination Certified
- Doctor of Pharmacy (PharmD)
- Other (please specify)

6. Please select your age range.

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to respond

7. Please provide the ZIP code of your current primary practice setting.

MEDICATION THERAPY MANAGEMENT (MTM)

Please read the following definition from the American Pharmacists Association then respond to subsequent questions.

Medication Therapy Management (MTM) is a distinct service or group of services that optimize therapeutic outcomes for individual patients independent of, but can occur in conjunction with, the provision of a medication product.

Medication Therapy Management encompasses a broad range of professional activities and responsibilities within the licensed pharmacist's, or other qualified health care provider's, scope of practice. MTM services include but are not limited to the following activities, according to the individual needs of the patient.

8. Before reading the definition of Medication Therapy Management, how aware were you of your ability to provide this type of service for patients?

- Not aware at all
- Very little awareness
- Some awareness
- Completely aware

7. Below is a list of MTM service activities. Please select the frequency in which you practice the following with patients:

Practice Activity	Never	Rarely	Often	Always
Perform or obtain necessary assessments of the patient's health status				
Formulate a medication treatment plan				
Initiate medication therapy				
Modify medication therapy				
Administer medication therapy (not including immunizations)				
Monitor and evaluate the patient's response to therapy, including safety and effectiveness				
Perform a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events				
Document the care delivered and communicating essential information to the patient's other primary care providers				
Provide education and training (verbal, online, or written) designed to enhance patient understanding and appropriate use of his/her medications				
Provide information (verbal, online, or written) including referrals to support services and resources designed to enhance patient adherence with his/her therapeutic regimens				
Promote self-management and lifestyle modification for high blood pressure and high blood cholesterol				
Coordinate and integrate medication therapy management services within the broader health care management services being provided to the patient				

10. In your current practice, how important is it to provide the MTM services described above?

- Not at all important

- Slightly Important
- Fairly Important
- Very Important
- No opinion

11. If you provide any MTM services, do you bill for them?

- Yes (*skips to #12*)
- No
- I don't know
- I do not provide any MTM services as previously defined

12. Which billing code(s) do you use for MTM services? (*seen only if "Yes" is selected above*)

- 99605
- 99606
- 99607
- Other (please specify)

13. What are some barriers to providing MTM to your patients? (Please select all that apply)

- Lack of private / consultation space in practice setting
- Lack in flexibility with time spent dispensing medications versus counseling patients
- Obstacles to billing / collecting payment for services
- Difficulty in integrating MTM in to current workflow
- Lack in staffing capacity
- Not enough evidence to support MTM integration in my practice
- Lack in professional training / skill in providing MTM
- Do not have a good enough understanding of MTM services
- Other (please specify)

DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT (DSMES)

Please read the following definition of DSMES from the American Diabetes Association then respond to subsequent questions.

Diabetes self-management education and support (DSMES) is a critical element of care for all people with diabetes. DSMES is the ongoing process of facilitating the knowledge, skills, and ability necessary for diabetes self-care, as well as activities that assist a person in implementing and sustaining the behaviors needed to manage his or her condition on an ongoing basis, beyond or outside of formal self-management training. Facilitators include registered nurses, registered dietitian nutritionist, or pharmacists with DSMES training, or another healthcare professional holding certification as a diabetes educator (CDE) or Board Certification in Advanced Diabetes Management (BC-ADM).

The overall objectives of DSMES services include improving patient informed decision-making, self-care behaviors, problem-solving and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life. An accredited or recognized DSMES service [must meet evidence-based standards](#). The accreditation and recognition processes help ensure that services are

offering quality education and make the services eligible for reimbursement from Medicare, many private health plans, and some state Medicaid agencies.

14. Before reading this definition of DSMES, how aware were you of your ability to provide this type of service for patients?

- Not aware at all
- Very little awareness
- Some awareness
- Completely aware

15. Below is a list of DSMES service activities. How often do you provide the following to your patients:

Practice Activity	Never	Rarely	Often	Always
Information on diabetes disease process and treatment process				
Support on how to incorporate nutritional management into lifestyle				
Help to identify problem solving strategies when complications arise				
Support on how to incorporate physical activity into lifestyle				
Coaching on how to use medications safely				
Information on how to self-monitor blood glucose, interpret and use results				
Prevention, detection, and treatment of acute complications				
Prevention, detection and treatment of chronic complications				
Support in developing strategies to address psychosocial issues				
Support in developing strategies to promote health/change behavior				

16. In your current practice, how important is it to provide the DSMES services described above?

- Not at all important
- Slightly Important
- Fairly Important
- Very Important

- No opinion

17. If you provide any DSMES services, do you bill for them?

- Yes (*skips to #18*)
- No
- I don't know
- I do not provide any DSMES services as previously defined

18. Which billing code(s) do you use for DSMES services? (*seen only if "Yes" is selected above*)

- G0108
- G0109
- 98960
- 98961
- 98962
- 99211
- 99212
- 99213
- 99214
- 99215
- Other (please specify)

19. Are you currently working with an accredited and recognized DSMES program in New Hampshire?

- Yes
- No
- I don't know

20. Which DSMES program(s) are you working with? (Select all that apply)
(*Seen only if "Yes" is selected above*)

- Upper Connecticut Valley Hospital
- Littleton Regional Healthcare
- Cottage Hospital
- Memorial Hospital
- Integrated Optimal Health
- Children's Hospital at Dartmouth
- Huggins Hospital
- LRGH Diabetes Center
- New London Hospital
- Valley Regional Hospital
- Newport Health Center
- Concord Hospital
- Center for Health Promotion (Concord Hospital program)
- Family Health Center Concord (Concord Hospital program)
- Epsom Family Medicine (Concord Hospital program)
- Family Health Center - Hillsborough (Concord Hospital program)
- Family Tree Health Care (Concord Hospital program)

- Penacook Family Physicians (Concord Hospital program)
- Frisbie Memorial Hospital
- Wentworth-Douglass Hospital
- Wentworth-Douglass Hospital- Endocrinology and Diabetes Consultants
- Wentworth-Douglass Hospital- Strafford Medical Associates
- Monadnock Community Hospital
- Veterans Administration Medical Center
- Dartmouth Hitchcock - Manchester
- Catholic Medical Center
- Elliot Hospital
- Appledore Medical Group
- Good Measures, LLC
- Portsmouth Regional Hospital
- HealthReach Diabetes, Endocrine and Nutrition Center
- Derry Medical Center
- Diabetes Self-Management Program @ SNHMC
- Dartmouth Hitchcock Nashua
- Other (please specify)

21. What are some barriers to providing DSMES to your patients? (Please select all that apply)

- Lack of private / consultation space in practice setting
- Lack in flexibility with time spent dispensing medications versus counseling patients
- Obstacles to billing / collecting payment for services
- Difficulty in integrating DSMES in to current workflow
- Lack in staffing capacity
- Not enough evidence to support DSMES integration in my practice
- Lack in professional training / skill in providing DSMES
- Do not have a good enough understanding of DSMES services
- Other (please specify)

22. Are you providing any of the following services to your Medicare patients?

	Yes	No
Chronic Care Management (CCM)		
Transitional Care Management (TCM)		
Medicare Annual Wellness Visits (AWV)		

23. Which billing code(s) do you use for these services? (*seen only if "Yes" is selected above*)

COLLABORATIVE PRACTICE AGREEMENTS (CPA)

Please read the following definition of CPA and view the standards outlined by the State of New Hampshire statute before you respond to subsequent questions.

A collaborative practice agreement (CPA) is a legal document that establishes a relationship between pharmacists and collaborating physicians that allows for pharmacists to participate in collaborative drug therapy management (CDTM).

CDTM is an expansion of the traditional pharmacist scope of practice, allowing for pharmacist-led management of drug related problems (DRPs) with an emphasis on a collaborative, interdisciplinary approach to pharmacy practice in the healthcare setting. The terms of a CPA are decided by the collaborating pharmacist and physician. CPAs can be specific to a patient population of interest to the two parties, a specific clinical situation or disease state, and/or may outline an evidence-based protocol for managing the drug regimen of patients under the CPA.

24. What was your level of awareness of New Hampshire's statute on Collaborative Practice Agreements before reading the definition and statute?

- Not aware at all
- Very little awareness
- Some awareness
- Completely aware

25. How would you best describe your level of experience with Collaborative Practice Agreements?

- No experience
- Little experience – Aware of this option but have not gone through the process to obtain a CPA yet
- Some experience – Am currently going through the process of obtaining a CPA
- Much experience – I currently have a CPA with one or more physicians

26. In your current practice, how important is it to have a Collaborative Practice Agreement with one or more physicians?

- Not at all important
- Slightly Important
- Fairly Important
- Very Important
- No opinion

27. What are some barriers to obtaining a Collaborative Practice Agreement with one or more physicians?

- Lack of compensation for collaboration with physicians
- Insufficient time to collaborate with one or more physicians to provide care to patients
- Differing opinions between pharmacists and physicians regarding the role of the pharmacist (i.e. supporting medication adherence and insurance approvals versus identifying and managing patients' drug-related problems)
- Process for obtaining a CPA is too cumbersome
- Other (please specify)

NEXT STEPS

28. Would you be interested in attending educational opportunities on MTM, DSMES, and/or CPA to learn how to incorporate or improve your provision of these services within your practice?

- Yes
- No
- I don't know
- No opinion

29. What would you need to be able to fully incorporate MTM and DSMES in to your practice?
30. What are your other continuing education needs?

THANK YOU

Your anonymous and thoughtful responses will be most helpful in determining next steps in how best to provide support to pharmacists in New Hampshire in managing chronic conditions.

If you have any questions about this survey or associated grant, please contact Marisa Lara at marisa.lara@dhhs.nh.gov, Mike Bullek at michael.bullek@nh.gov, or Chris Lopez at Christopher.lopez@newlondonhospital.org