THE FUTURE OF PHARMACY SURVEY

RESULTS SUMMARY

Texas Pharmacy Association distributed a survey and supplemental document regarding provider recognition for pharmacists from April 25, 2014 to May 5, 2014. TPA would like to thank all of the respondents for participation and contribution, and as promised, is providing the results to the survey in the information below. TPA would also like to thank pharmacist interns, Brian Lestico from the University of Texas at Austin College of Pharmacy, and Christy Evans from Midwestern University College of Pharmacy—Glendale, Arizona for conducting and analyzing the survey.

DEMOGRAPHICS

The survey collected 658 responses total for demographics, which presented a diverse representation of Texas pharmacists and associated professionals.

PROVIDER RECOGNITION

The survey received 653 responses to the following question:

“Thirty-four states recognize pharmacists as providers in some fashion, but in Texas the definition of healthcare providers is not consistent. Do you think Texas should pursue provider recognition for pharmacists?”

The majority (95.41%) of respondents expressed favor in the pursuit of provider recognition for pharmacists.
The survey received 651 responses to the following question:

“Do you think ANY pharmacist should be able to become qualified to manage certain disease states or therapies under statewide protocol?”

The majority (81.41%) of respondents agreed, and were then prompted with another series of questions concerning which topics should be managed under statewide protocol (without regard to limitations or additional training that may or may not be required).

The columns below represent the topics supported by at least 75%, 50%, or 25% of the respondents.

<table>
<thead>
<tr>
<th>Supported by &gt;75%</th>
<th>Supported by &gt;50%</th>
<th>Supported by &gt;25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>- All immunizations per CDC</td>
<td>- Opioid Antagonists (Naloxone)</td>
<td>- Acute Coronary Syndrome</td>
</tr>
<tr>
<td>- Nicotine Replacement Therapy</td>
<td>- Dyslipidemia</td>
<td>- Chronic Stable Angina</td>
</tr>
<tr>
<td>- Self-administered Hormonal Contraceptives</td>
<td>- Anticoagulation</td>
<td>- Heart Failure</td>
</tr>
<tr>
<td>- Travelers Medications per CDC</td>
<td>- Skin Conditions</td>
<td>- Anemia</td>
</tr>
<tr>
<td>- Hypertension</td>
<td>- Hormone Replacement Therapy</td>
<td>- Gout</td>
</tr>
<tr>
<td>- Diabetes</td>
<td>- Osteoporosis</td>
<td>- Infectious Disease</td>
</tr>
<tr>
<td>- Allergic Rhinitis</td>
<td>- TB Skin Test</td>
<td>- Insomnia</td>
</tr>
<tr>
<td>- Cough/Cold</td>
<td>- Smoking Cessation (other than NRT)</td>
<td>- Thyroid Disorders</td>
</tr>
<tr>
<td></td>
<td>- Weight Loss</td>
<td>- Benign Prostatic Hyperplasia</td>
</tr>
<tr>
<td></td>
<td>- Allergic Conjunctivitis</td>
<td>- Erectile Dysfunction</td>
</tr>
<tr>
<td></td>
<td>- Asthma</td>
<td>- Overactive Bladder</td>
</tr>
<tr>
<td></td>
<td>- COPD</td>
<td>- PUD</td>
</tr>
<tr>
<td></td>
<td>- Constipation/Diarrhea</td>
<td>- IBD</td>
</tr>
<tr>
<td></td>
<td>- GERD</td>
<td>- IBS</td>
</tr>
<tr>
<td></td>
<td>- Nausea &amp; Vomiting</td>
<td>- Pain</td>
</tr>
<tr>
<td></td>
<td>- Motion Sickness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Migraine/Headaches</td>
<td></td>
</tr>
</tbody>
</table>
LAB TESTS

The survey received 595 responses to the following question:

“In California, ALL pharmacists are now allowed to order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies in coordination with a patient’s primary care provider or diagnosing prescriber. Do you think ALL pharmacists should be able to order and interpret lab tests?”

Collectively, the majority (86.55%) of respondents selected “yes.” Ultimately, more (60.5%) respondents felt that limitations and/or training should be required, rather than ordering and interpreting labs independently of physicians.

ADMINISTRATION OF INJECTABLE DRUGS OR BIOLOGICS

The survey received 595 responses to the following question:

“In California, SB 493 allows ALL pharmacists to administer drugs and biologics when ordered by a prescriber. Previously, this was limited to oral and topical administration. SB 493 allows pharmacists to administer drugs via other methods, including by injection. Do you think ALL pharmacists should be able to administer drugs or biologics, including injectables (e.g. B-12 shots, testosterone shots, long acting injectable antipsychotics, etc.)?”

Collectively, the majority (86.56%) of respondents selected “yes.” Ultimately, more (50.76%) respondents felt that limitations and/or training should be required.
The survey received 595 responses to the following question:

“States such as New Mexico, North Carolina, and most recently, California have established an ‘advanced pharmacist’ with an expanded scope of practice compared to all other pharmacists (e.g. Advanced Practice Pharmacist in California). Pharmacists must meet certain criteria to acquire these advanced designations. Do you think Texas should adopt a pharmacist role similar to the ‘advanced pharmacists’ described in the provided summary?”

Collectively, the majority (85.21%) of respondents selected “yes.” Ultimately, more (56.64%) respondents felt that limitations and/or training were not necessary.

The survey received 595 responses to the following question:

“New Mexico’s Pharmacist Clinicians and California’s Advanced Practice Pharmacists (‘advanced pharmacists’) allow pharmacists to perform physical assessments. Pharmacist Clinicians require a 60 hour physical assessment course. Do you think ALL pharmacists should be able to perform physical assessments of patients?”

Collectively, the majority (82.69%) of respondents selected “yes.” Ultimately, more (50.25%) respondents felt that limitations and/or training should be required.
The survey received 595 responses to the following two questions:

Question 1:
“Many states, including Texas, allow collaborative drug therapy management (CDTM). CDTM involves pharmacists entering into collaborative practice agreements. In Texas, there are restrictions to certain practice settings for sections of CDTM that pertain to implementation and modification of drug therapy, including prescriptive authority. Do you think CDTM in Texas should be expanded to all practice settings?”

The majority (74.96%) of respondents expressed favor in expanding the CDTM practice settings.

Question 2:
“Currently, Texas allows all ‘properly qualified and trained pharmacists’ to enter into collaborative practice agreements. What type of pharmacists should be allowed to participated in collaborate practice? (Select all that apply)”

The majority (65.55%) of respondents felt that pharmacists participating in CDTM needed to have training, additional education, or experience. Many respondents expressed that pharmacists participating in CDTM should have the “advanced pharmacist” title (44.37%) or practice in a specific setting (38.15%). Almost ¼ of respondents (25.55%) believed that any pharmacist could be allowed to participate in CDTM.
The survey received 595 responses to the following question:

“The following states allow pharmacists to obtain DEA numbers for prescribing controlled substances: New Mexico, North Carolina, Montana, California, Massachusetts, Minnesota, North Dakota, and Washington. Do you think pharmacists with prescriptive authority under collaborative practice agreements should be able to acquire a DEA number to prescribe controlled substances?”

Collectively, the majority (71.1%) of respondents selected “yes.” Ultimately, more (38.66%) respondents felt that limitations and/or training should not be required, but were closely opposed by 32.44%. Almost ¼ of the respondents (24.71%) were not in favor of Texas pharmacists receiving DEA numbers.

CONCLUSION

To recap, this survey sought to identify the opinions and desires of pharmacists regarding recognition as providers and the future of pharmacy practice. Below are listed the key results from this survey.

The majority of pharmacists are in favor of:

- Texas pursuing provider recognition for pharmacists (95.41%)
- Becoming qualified to manage certain disease states or therapies under protocol (81.41%)
- Ordering and interpreting lab tests (86.55%)
  - With limitations and/or training (60.5%)
- Administering injectable drugs or biologics (86.55%)
  - With limitations and/or training (50.76%)
- Texas adopting a role similar to the “advanced pharmacists” (85.21%)
- Performing physical assessments of patients (82.69%)
  - With limitations and/or training (50.25%)
- Expanding collaborative practices to all practice settings in Texas (74.96%)
- Requiring pharmacists to have training, additional education, or experience to participate in collaborative practice agreements (65.55%)
- Allowing pharmacists with prescriptive authority under collaborative practice agreements to acquire a DEA number (71.09%)