



Thank you for your interest in the ACCP PBRN.

This form is intended for viewing purposes only. To complete the registry, go to <http://www.accpri.org/pbrn> All submissions must be made online.

Step 1: Pharmacist Information

1a. Name Address Address City: State/Province: Zip/Postal Code: Phone: E-mail Address:

1b. Are you a member of ACCP?

YES NO If yes, and you belong to an ACCP PRN; please select your ACCP PRN affiliations. Check all that apply.

- AMEDPRN CRITPRN GLINPRN OCECPRN AMBUPRN DINPRN HMONPRN PAINPRN CARDPRN EDTRPRN IMTRPRN PEDIPRN CNSYPRN EMEDPRN INDUPRN PKPDPRN CADMPRN ENDOPRN INFDPRN WOMNPRN GERIPRN NEHPRN

1c. Primary contact name, if different than pharmacist completing this registry.

Name: Country: Address 1: Address 2: City: State/Province: Zip/Postal Code: Phone: E-mail Address:

1d. Are you currently involved in clinical research as an investigator or sub-investigator or study coordinator?

YES NO

1e. The number of years since your terminal degree or training is ? years

1f. Do you have clinical research experience? Check all that apply.

- No experience Principal Investigator Co- or sub-investigator Study Coordinator Resident or Student research project Other

1g. In which types of human subjects research have you participated? Check all that apply.

- None Practice-based Research Clinical Research Industry sponsored Phase I-IV trial Educational or Behavioral Health Research (e.g. Survey Research) Other

1h. How long has it been since you last worked on a human subjects' research project? Years

If you have no experience, leave blank.

1i. Have you taken human subjects' protections training? If you are unsure, leave blank.

Yes No

1j. If yes, what year did you last complete training?

Click on the "Finish" Button. Step 1 of the Registry is complete.

Step 2. Register Your Clinical Practice Site(s):

You will be asked to make your own list of practice sites. There are sites already in the Registry. Sites are listed by Zip Code.

Search by zip code to find if your site is already in the Registry.

- If you find your site listed, add it to your profile. To add a site to your profile, click the "Add Site" link to the right of the site name. It will appear in your list of sites. If your site is not already listed, click on the "Add Clinical Site link

2a. Your Practice Sites

Listed below is/are the clinical site(s) you selected. To edit your practice information for a particular site, click the "pencil" icon. To remove a site from your list, click the "trash can" icon. Add Clinical Site

Site 1 Address Site 2 Address Street City, State Province, Country, Zip

If you practice at more than one site, and would like to do PBRN research at more than one site, please add each site to your profile. You will answer the same questions for each site, one site at a time. Begin answering questions for Site 1.

2b. Please select your clinical practice site affiliation/ownership (select one)

- Community hospital or health system Inpatient Outpatient University hospital or academic medical center Inpatient Outpatient Managed care organization Community health organization Long-term care facility Community pharmacy University school of medicine or facility practice plan Federal government Other. If other, please specify

2c. Is this practice site located in an urban or rural area? Choose one.

Urban--Places of 50,000 or more people and their adjacent and contiguous urbanized areas.

Rural--The Census Bureau's classification of "rural" consists of all territory, population, and housing units located outside of urban areas.

2d. What are the patient methods of payment for the site? Total should be 100%. If you are unsure of the percentage, please estimate.

- Private health Insurance Private health Insurance (fee for service Medicare Medicaid Uninsured Other

2e. What is the ethnic distribution of patients seen at the site? Total should be 100%. If you are unsure, please estimate. The minimum categories for ethnicity in the 2010 Census are: Hispanic or Latino and Not Hispanic or Latino; (http://www.census.gov/population/www/socdemo/race/racefactcb.htm). Hispanic/Latino is not considered by the U.S. Census bureau as a racial category. Rather it is an ethnicity.

- Hispanic or Latino Not-Hispanic or Latino

2f. What is the racial distribution of patients seen at the site? Total should be 100%. If you are unsure, please estimate. Patients of Hispanic/Latino origin may be of any race. Estimate the race of your Hispanic/Latino patients and add them into the appropriate respective Census race categories listed below.

- White, Caucasian Black, African-American Asian Native Hawaiian/Other Pacific Islander American Indian/Alaska Native Other

<p>2g. Do you use Electronic Medical/Health Records in your practice?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2h. If yes, what is the name of your system?</p> <p>_____</p> <p>2i. Do all clinicians and staff have access to e-mail at your practice site?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2j. With regard to patient charts, which characterizes your practice site?</p> <p><input type="radio"/> Paper charts only—all records are handwritten.</p> <p><input type="radio"/> Totally paperless system for charting, billing, coding and outside reports.</p> <p><input type="radio"/> Hybrid system or both paper and electronic media.</p>	<p>2k. For your practice site, please select the option that best describes your site. If you are unsure on an item, leave it blank.</p> <p>Select one: Paper---Totally Paperless---Hybrid System</p> <p><input type="radio"/> Record vital signs</p> <p><input type="radio"/> History and physical exam</p> <p><input type="radio"/> SOAP notes</p> <p><input type="radio"/> Consultant notes</p> <p><input type="radio"/> X-Rays</p> <p><input type="radio"/> EKG reports</p> <p><input type="radio"/> Billing system</p> <p><input type="radio"/> Laboratory</p> <p><input type="radio"/> Discharge notes</p> <p><input type="radio"/> Pharmacy data</p> <p><input type="radio"/> Medication reconciliation</p> <p><input type="radio"/> Outside reports, consultation</p> <p><input type="radio"/> Dictation/transcription</p> <p><input type="radio"/> Patient education materials</p>	<p>2l. What is the name and address of the Institutional Review Board of Human Subjects Review Committee for this site?</p> <p><input type="checkbox"/> I don't know if my site has an IRB</p> <p><input type="checkbox"/> My site does NOT have an IRB</p> <p><input type="checkbox"/> Name of my IRB: Phone: Address 1: Address 2: City: _____ State: _____ Zip: _____ - _____</p> <p>2m. Does your institution accept approval from a central IRB, (i.e. one that is not affiliated with your institution) for studies done at your site?</p> <p><input type="checkbox"/> I don't know</p> <p><input type="checkbox"/> No, my site's IRB must also approve the study</p> <p><input type="checkbox"/> Yes, it is possible.</p>	<p>2n. With regard to computers that are accessible by the clinical pharmacist within the clinical setting, please check all that apply with regard to software capabilities</p> <p><input type="checkbox"/> Word processing</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> E-mail access</p> <p><input type="checkbox"/> Internet access</p> <p><i>Proceed to Step 3.</i></p> <p><i>If you practice at more than one site, and want to register both sites, you will be given the opportunity to enter your other site information <u>after</u> you complete Step 3.</i></p>
<p>Step 3: Your Clinical Practice</p> <p><i>The next series of questions refer to the services you provide at each site.</i></p> <p>Your Clinical Practice</p> <p><i>Please answer the following set of question regarding your clinical practice at _____</i></p> <p>3a. Check ONE box beside the statement which best describes your work at the above site.</p> <p><input type="checkbox"/> I provide clinical pharmacy services at this site. Go to question 3b.</p> <p><input type="checkbox"/> I do not have direct patient-care responsibilities at this site, but have access to their patients for clinical research purposes. If you check this box, your Step 3 registration for this site is now complete.</p> <p><input type="checkbox"/> Neither one. Go to question 3b.</p>	<p>3b. List the number of half days you spend providing clinical services, including time spent with students or residents during their clinical experiences.</p> <p><i>For the registry purposes, clinical services are defined as time spent in the provision of patient-focused care.</i></p> <p><i>Do NOT include time spent in administrative, classroom or dispensing functions.</i></p> <p>_____ Half Days per week</p> <p>_____ Patients seen per week</p> <p>3c. What percentage of your patients are?</p> <p>_____ % Pediatric</p> <p>_____ % Adult</p>	<p>3d. In a typical week, how many HOURS do you spend in the following clinical service activities?</p> <p>_____ Independent patient management (e.g.: pharmacist-run anticoagulation or lipid clinic)</p> <p>_____ Collaborative care with a physician (e.g.; pharmacist working within a medical group practice or on rounds)</p> <p>_____ Curbside consultation with a physician</p> <p>_____ Precepting students, residents or fellows in inpatient, ambulatory or clinical research settings.</p>	<p>3e. How many HOURS in a typical week do you spend dispensing medications?</p> <p>_____ Hours</p> <p>3f. How many HOURS do you spend in administrative functions in a typical week?</p> <p>_____ Hours</p> <p>3g. How many HOURS do you spend in the conduct of research in a typical week?</p> <p>_____ Hours</p>
<p>3h. Which tests do you perform/order? This does not include interpretation of results only. Check all that apply.</p> <p><input type="checkbox"/> Blood Glucose</p> <p><input type="checkbox"/> Hemoglobin A1c</p> <p><input type="checkbox"/> HIV testing</p> <p><input type="checkbox"/> Lipid Profile</p> <p><input type="checkbox"/> Liver function test (LFT)</p> <p><input type="checkbox"/> Metabolic panel (e.g., Chem-7, Chem-20)</p> <p><input type="checkbox"/> Microalbuminuria/Proteinuria</p> <p><input type="checkbox"/> PT/INR</p> <p><input type="checkbox"/> Urinalysis</p> <p><input type="checkbox"/> Other, please list _____</p>	<p>3i. Which of these conditions do you routinely manage within your practice site? Check all that apply.</p> <p><input type="checkbox"/> Anticoagulation</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> COPD</p> <p><input type="checkbox"/> Diabetes Mellitus</p> <p><input type="checkbox"/> Heart Failure</p> <p><input type="checkbox"/> HIV/AIDS; other infectious diseases</p> <p><input type="checkbox"/> Hyperlipidemia</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> Pharmacotherapy/Poly-pharmacy</p> <p><input type="checkbox"/> Smoking cessation</p> <p><input type="checkbox"/> Other If other, please specify _____</p>	<p>3j. Which of the following is present in your current clinical setting? Check all that apply.</p> <p><input type="checkbox"/> Collaborative practice agreements</p> <p><input type="checkbox"/> Scope of practice documents</p> <p>3k Do you charge for clinical services rendered (include "incident to billing")?</p> <p>___ Yes ___ No ___ Don't know</p> <p>3l. If yes, how much was billed in 2008? \$ _____</p> <p><i>Step 3 is complete. That completes the registry.</i></p> <p><i>If you practice at more than one site, please go back and answer Steps 2 & 3 questions for your next clinical site.</i></p>	<p>Thank you for completing the Registry.</p> <p><i>As a separate item, you are being asked to participate in a research study. The purpose of the research study is to provide a summary description of the pool of pharmacists/sites/clinical practices within the ACCP PBRN Registry. Composite group information may be published but you will not be identified by name. Your individual information (i.e.: name, address, phone & e-mail) will not be shared outside of the ACCP staff, nor included in the data analysis. Your participation in the research arm is completely voluntary, and will not affect your ability to fully take part in the ACCP PBRN Registry. This study has been approved by the University of California, San Diego, Human Research Protections Program (#090253). For questions, please contact Principal Investigator, Grace M. Kuo, PharmD, MPH at (858) 822-7751 or UCSD Human Research Protections Program at (858) 455-5050.</i></p> <p><i>Please check one below.</i></p> <p>___ Yes, I agree to participate in the research arm.</p> <p>___ No, I don't want to participate in the research arm, but want to be part of the ACCP PBRN Registry.</p>