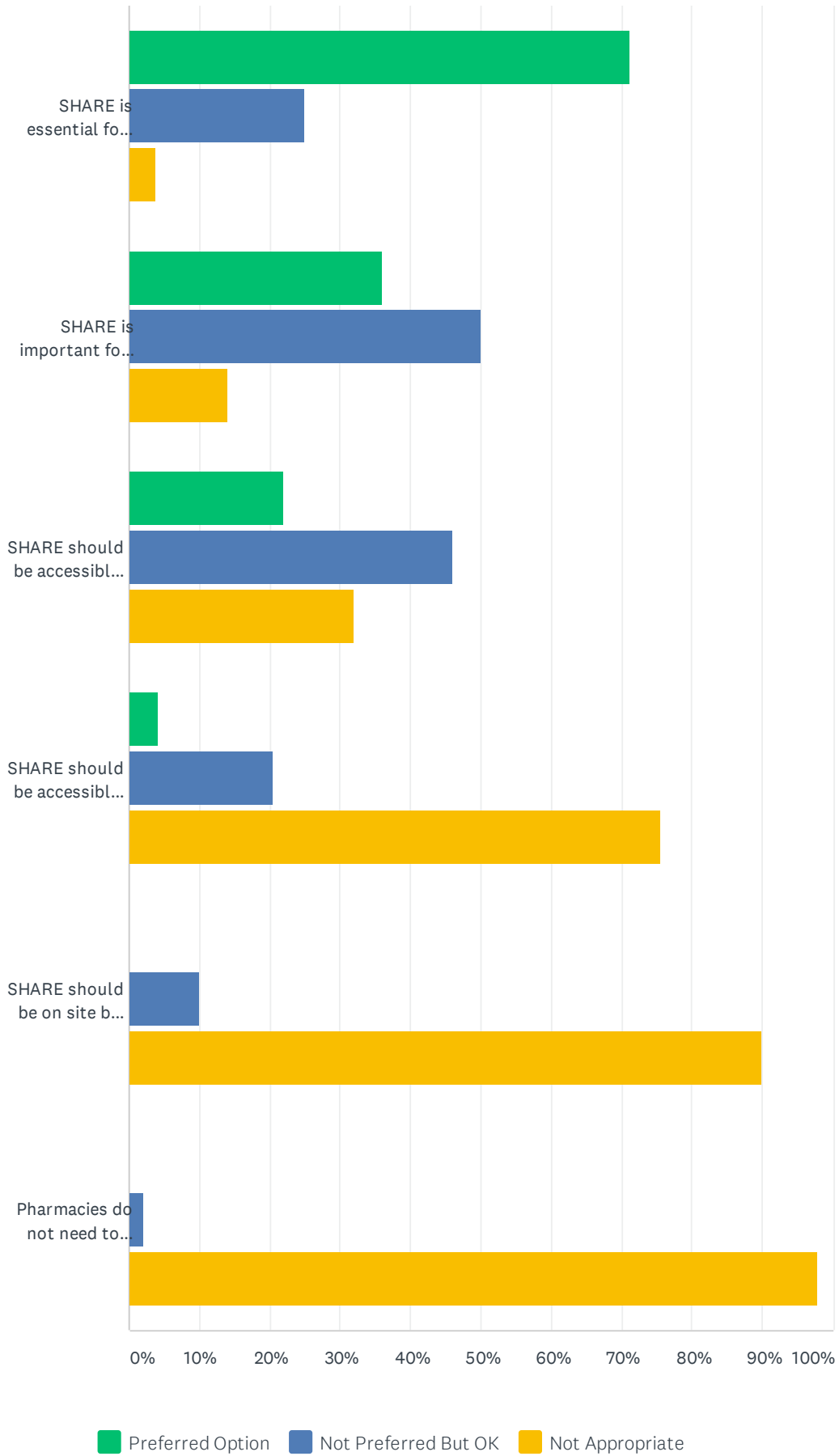


Q1 How should SHARE be integrated in community pharmacy practice?

Answered: 52 Skipped: 1

Panel of Peers Survey - Sept 17, 2021



Panel of Peers Survey - Sept 17, 2021

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
SHARE is essential for both prescribing and dispensing and should be accessed regularly throughout the day.	71.15% 37	25.00% 13	3.85% 2	52
SHARE is important for prescribing but only needs to be checked occasionally for dispensing.	36.00% 18	50.00% 25	14.00% 7	50
SHARE should be accessible and checked every now and then.	22.00% 11	46.00% 23	32.00% 16	50
SHARE should be accessible but it rarely needs to be accessed.	4.08% 2	20.41% 10	75.51% 37	49
SHARE should be on site but not every pharmacist needs access or have active login credentials.	0.00% 0	10.00% 5	90.00% 45	50
Pharmacies do not need to have access to SHARE.	0.00% 0	2.00% 1	98.00% 49	50



Panel of Peers – Reflections From Select Panel Members Sep 17, 2021

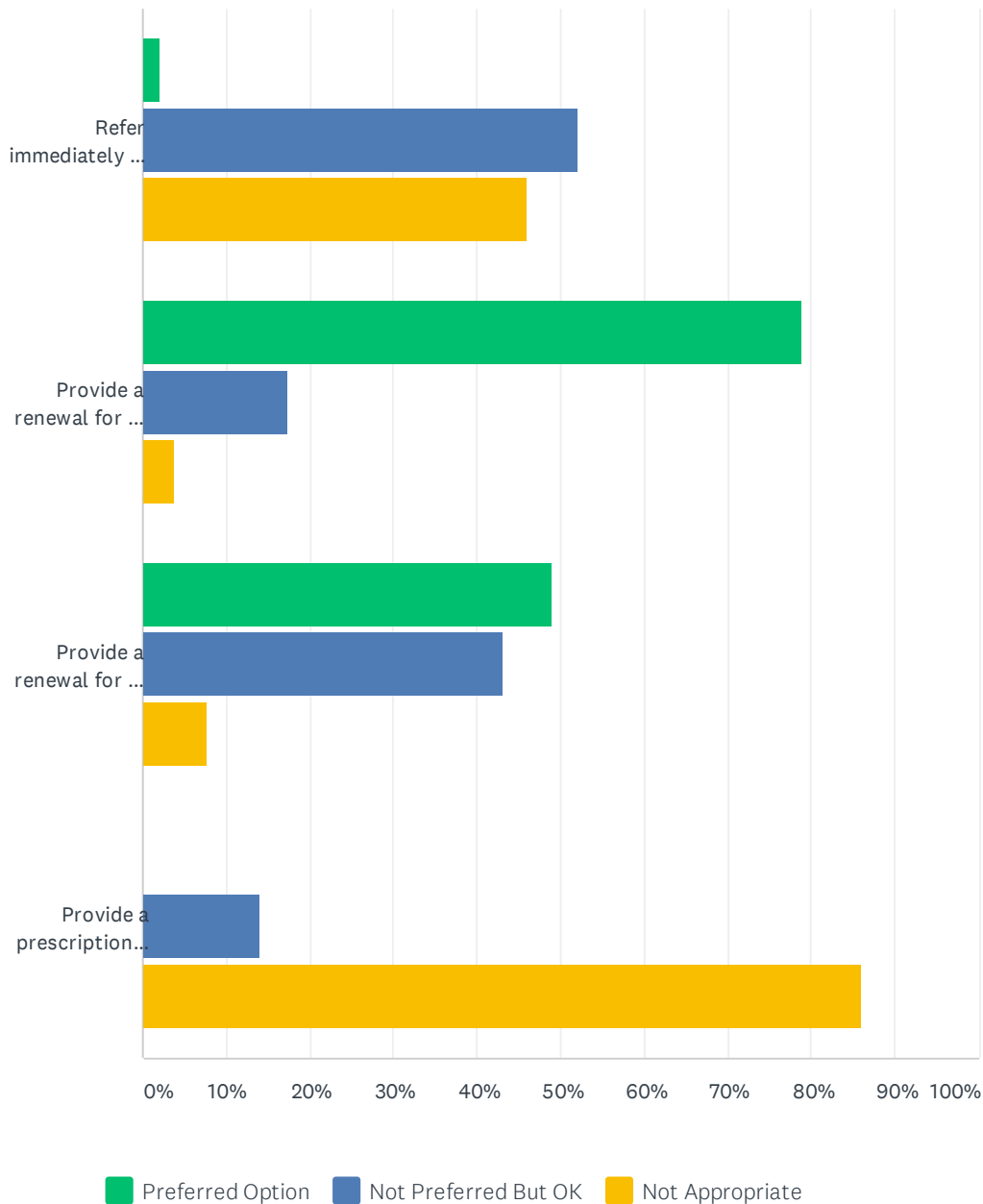


Question 1

- Need to have access to SHARE on site and check on a regular basis but not all the time.
 - Pharmacy does not need to have access to SHARE – 98% Not Appropriate (HIGHEST CONSENSUS STATEMENT IN ALL PANEL OF PEERS SURVEYS)
 - Pharmacy should have access but not everyone needs to have login credentials – 90% Not Appropriate
 - Pharmacy should have SHARE but rarely needs to access it – 75% Not Appropriate
 - 71% - Preferred – SHARE is essential for both prescribing and dispensing and should regularly checked throughout the day.
 - It is frequently required especially for prescribing services.
 - There are specific situations in dispensing where access is beneficial.
 - It is important for both prescribing and dispensing but checking for every prescription fill would be a poor use of time. Software enables recording of some data in the patient file (Kroll Charting)
 - I have seen many Renewal Prescriptions NOT written or written for a limited quantity due to data found in SHARE. The pharmacist initially was going to extend them unchanged but changed their mind after reviewing labs.
 - Pharmacists may avoid looking at SHARE because they are concerned about liability about seeing the result. For many therapies, pharmacists renewing prescriptions without checking SHARE put patients at risk, INCREASES personal liability and the liability of the owner of the pharmacy. For many drugs, it would be more appropriate to refer a patient to a pharmacy with SHARE than to prescribe Renewals without it.
 - It is not possible to accurately do a clinical check on certain medications without SHARE when dispensing (e.g. dose of cephalexin/Macrobid in patients with renal impairment, K+ (levels with Septra/ACE/ARB, QT risk evaluation), INR warfarin).
 - Checking the dose is a pharmacist responsibility. Renal function matters.
 - Some therapies require labs to be assessed annually. If we have looked at TSH in April and it's fine, we don't need to keep looking in May, June, July etc.
 - Having SHARE better integrated with pharmacy software would be beneficial.

Q2 TR is a 35 yo female with hypothyroidism. She runs out of refills on her Synthroid and doesn't have an appointment with her family doctor. She normally gets three months with 3 refills. You check SHARE and the last time she had blood work was 2 years ago which she confirms is probably accurate. She says she's a little tired but she's busy. She displays no other signs or symptoms of hypo/hyperthyroidism. Her other medical history is unremarkable. ASSUME A NON-COVID-19 STATE WITH USUAL ACCESS TO BLOOD WORK. What would you do?

Answered: 53 Skipped: 0



Panel of Peers Survey - Sept 17, 2021

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer immediately to her family doctor for bloodwork.	2.00% 1	52.00% 26	46.00% 23	50
Provide a renewal for 1-2 months and refer to her family doctor for blood work.	78.85% 41	17.31% 9	3.85% 2	52
Provide a renewal for 1-2 months and fax the doctor to request an order for blood work now for future assessment.	49.02% 25	43.14% 22	7.84% 4	51
Provide a prescription at the current dose for 3 months and a refill.	0.00% 0	14.00% 7	86.00% 43	50



Panel of Peers – Reflections From Select Panel Members Sep 17, 2021



Question 2

- General consensus that labs should be ordered but providing a short-term supply is appropriate
 - 79% - Preferred – provide 1-2 months supply and refer to MD for blood work
 - Only 2% Preferred – Immediate referral with no prescription
 - 86% thought giving 3 months and 1 refill was Not Appropriate
 - 49% Preferred – giving 1-2 months and faxing to the doctor to see if the blood work would be ordered now for review at next appointment
 - No emergency symptoms so immediate referral not needed.
 - If there is no recent blood work it should be ordered.
 - The physician may not order the test without the initial appointment given their standards, unless there was a collaborative relationship with the physician.
 - Pharmacist should be able to order blood work