

## 2009 KASPER SURVEY

The Kentucky Cabinet for Health and Family Services has contracted with the University of Kentucky to conduct a survey of health care providers. The information will be used to evaluate the Kentucky All Schedule Prescription Electronic Reporting Program (KASPER) and improve health care in Kentucky.

**The survey is for the pharmacist whose name is on the envelope.** You may skip any question that you do not want to answer and may write comments next to any question or on a separate page. Your answers are anonymous and your name will not be used in any report.

Please return the survey using the postage paid envelope within the next two weeks. **If you prefer, you can submit your answers online using the enclosed note card with information regarding the online survey.**

If you have any questions about the survey please call the University of Kentucky survey team at 800-238-0356. If you have any questions about your rights as a volunteer in the research, contact the Office of Research Integrity at the University of Kentucky at 1-866-400-9428. Thank you for your assistance.

### **Section 1: Questions about the Kentucky All Schedule Prescription Electronic Reporting Program (KASPER)**

1. The KASPER program allows pharmacists to request information about a patient's controlled substance prescription history. Since the inception of KASPER, have you or anyone in your pharmacy made any requests for information regarding a patient's controlled substance prescription history?

Yes → Please go to next question.

No → What is the primary reason you have not used KASPER? *Check all that apply:*

<input type="checkbox"/>	I do not have internet access to request KASPER reports at my practice site.
<input type="checkbox"/>	Setting up an account is cumbersome.
<input type="checkbox"/>	Information in the report is not current.
<input type="checkbox"/>	Paperwork is too time consuming.
<input type="checkbox"/>	KASPER report is not necessary.
<input type="checkbox"/>	The reports are not available instantaneously.
<input type="checkbox"/>	Other _____

*(Please skip to section II, question 6)*

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2. Who requests the KASPER reports at your pharmacy?

<input type="checkbox"/>	I request the report myself.
<input type="checkbox"/>	Another pharmacist requests the report.
<input type="checkbox"/>	A technician or intern requests the report.
<input type="checkbox"/>	Other _____

3. Approximately how many KASPER reports have you utilized in the past (1) month?

Total number \_\_\_\_\_ → Of these reports, how many influenced your decisions about dispensing? \_\_\_\_\_ (# of cases)

4. In general, the information in the KASPER report:

<input type="checkbox"/>	Confirmed my decision to dispense a controlled substance(s).
<input type="checkbox"/>	Altered my decision to dispense a controlled substance(s).
<input type="checkbox"/>	Did not impact my decision to dispense or not dispense a controlled substance.

5. On average, how long does it currently take to receive a KASPER report after submitting a request: *Check one only:*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-5 minutes	6-15 minutes	16-30 minutes	More than 30 minutes	Don't know

### **Section II: Impact of Prescription Monitoring Programs such as KASPER on Practice**

6. Thinking about your general dispensing patterns in the past year, which of the following best describes your controlled substance dispensing:

<input type="checkbox"/>	My controlled substance dispensing <b>has not</b> changed <i>(Please skip to question 7)</i>
<input type="checkbox"/>	My controlled substance dispensing has <b>increased</b> because: <i>(please check all that apply):</i> <input type="checkbox"/> I feel more confident in making controlled substance dispensing decisions <input type="checkbox"/> Implementation of KASPER <input type="checkbox"/> My practice site has changed <input type="checkbox"/> Other _____
<input type="checkbox"/>	My controlled substance dispensing has <b>decreased</b> because: <i>(please check all that apply):</i> <input type="checkbox"/> Media coverage of prescription drug abuse and diversion <input type="checkbox"/> Implementation of KASPER <input type="checkbox"/> Increased law enforcement activity related to prescription drug abuse and diversion <input type="checkbox"/> Fear of law enforcement investigation of my practice <input type="checkbox"/> Fear of licensing board investigation of my practice <input type="checkbox"/> My practice site has changed <input type="checkbox"/> Other _____

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6a. If your dispensing has changed, has it impacted your ability to manage your patients' conditions? *Check one only:*

<input type="checkbox"/>	Yes, there has been a <u>positive impact</u> on my ability to help my patients manage their conditions.
<input type="checkbox"/>	Yes, there has been a <u>negative impact</u> on my ability to help my patients manage their conditions.
<input type="checkbox"/>	No, there has been no impact on my ability to help my patients manage their conditions.

7. As a result of KASPER, do you believe that your controlled substance prescribing/dispensing behaviors are being monitored more closely? *Check one only:*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Why? \_\_\_\_\_  
 \_\_\_\_\_

8. Have you ever been contacted by another health care professional (HCP) regarding the contents of a patients' KASPER report?

- Yes → Please go to question 8a.
- No → Please go to question 9.

8a. If yes, the information provided by the HCP was:

<input type="checkbox"/>	Helpful in making prescribing decision(s).
<input type="checkbox"/>	Not helpful in making prescribing decision(s).

**Section III: Practice Information**

9. In what city/county do you currently practice? \_\_\_\_\_  
 (If you practice in more than one city/county, please report the one that you spend the majority of your time in.)

10. What best describes your practice site?

<input type="checkbox"/>	Independent pharmacy
<input type="checkbox"/>	Chain pharmacy
<input type="checkbox"/>	Supermarket pharmacy
<input type="checkbox"/>	Hospital pharmacy
<input type="checkbox"/>	Other _____

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11. On average, how many controlled substance prescriptions do you dispense a day?  
 \_\_\_\_\_(#of prescriptions)

12. In what year did you receive your professional degree? \_\_\_\_\_

13. Effectiveness is often defined as producing a desired result. To what extent do you feel KASPER is an effective tool to:

<b>A.) Reduce drug abuse and diversion in Kentucky?</b>	<b>B.) Reduce doctor shopping in Kentucky?</b>
<input type="checkbox"/> Not effective at all	<input type="checkbox"/> Not effective at all
<input type="checkbox"/> Somewhat ineffective	<input type="checkbox"/> Somewhat ineffective
<input type="checkbox"/> Somewhat effective	<input type="checkbox"/> Somewhat effective
<input type="checkbox"/> Very effective	<input type="checkbox"/> Very effective
<input type="checkbox"/> I have no experience	<input type="checkbox"/> I have no experience

14. All dispensers of controlled substances are required to transmit data to KASPER every 7 days. How difficult is it for your practice to transmit the data?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. How could KASPER simplify the process to transmit data?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Would you be willing to transmit the data on a daily basis?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Not Sure

What additional workload would be required?\_\_\_\_\_

\_\_\_\_\_

**THANK YOU FOR COMPLETING THIS SURVEY. PLEASE RETURN IT USING THE ENCLOSED ENVELOPE AS SOON AS POSSIBLE.**