

**DIABETIC EYE DISEASE EDUCATION AND RESOURCE
NEEDS OF PHARMACISTS DISCUSSION GROUPS:
FINAL REPORT**

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I. Introduction

A. Purpose of the Study

Diabetes has reached epidemic proportions in the United States and prevalence rates are expected to increase over the coming years. Most people with diabetes develop diabetes complications, one of which is diabetic eye disease, particularly diabetic retinopathy.

Pharmacists play a critical role on the team of health care providers that cares for people with diabetes. Pharmacists are highly trusted professionals and enjoy a reputation of being excellent channels for communicating information about diabetes complications. In fact, many pharmacists are also Certified Diabetes Educators. Through this study, the NEI intends to determine pharmacists' needs regarding diabetic eye disease education, and what resources and materials would be most useful to pharmacists and their patients.

B. Goals of the Study

The goals of this evaluation effort are:

1. To carry out informational discussions with practicing pharmacists to determine the diabetic eye disease education and resource needs for themselves and their patients.
2. To analyze data and put forth recommendations for future DED Pharmacy Program activities.

Key questions to be addressed included:

1. Are pharmacists counseling/educating patients with diabetes about diabetic eye disease and glaucoma?
2. What materials would be helpful resources for pharmacists counseling patients about avoiding diabetes complications, specifically, diabetic eye disease? What content should be included? Is it reasonable for pharmacists to provide diabetic eye disease materials to their patients? What materials do they think patients would like?

3. Are pharmacists in need of, or interested in, continuing education opportunities related to diabetic eye disease? If so, what formats are best?
4. What other recommendations do pharmacists have for the NEI as it continues program and material development activities to inform the public about diabetic eye disease and the importance of yearly comprehensive dilated eye exams for people with diabetes?

In order to meet the goals and answer the key questions, a study design was developed that comprised four tasks:

Task 1: Identify and recruit pharmacists practicing in community pharmacy, chain drug store, and health system (ambulatory) settings to participate in information-gathering meetings held in the Washington, DC, metropolitan area.

Task 2: Develop a meeting discussion guide.

Task 3: Conduct informal discussions with two groups of pharmacists each from Maryland, Virginia, and the District of Columbia.

Task 4: Prepare a report of the findings and recommendations.

II. Methodology

A. Introduction

To meet the project goals identified above, two discussion groups were conducted with licensed pharmacists in the Washington metropolitan area. Both groups were conducted in a meeting room at the Willard hotel in Washington, DC. A trained moderator facilitated the discussions.

B. Recruitment

In order to recruit pharmacists to participate in one of the two discussion groups, ORC Macro project staff contacted, via e-mail, three pharmacy associations to obtain their commitment to:

- Post a request on their listserv for their members to participate in one of two informational meetings to be conducted by the National Eye Institute, and/or
- Identify pharmacists who they think may be interested in participating in this effort.

The three associations that were contacted were the Maryland Pharmacists Association, the Virginia Pharmacists Association, and the Washington, DC, Pharmaceutical Association.

The message for listserv posting was e-mailed to each of the associations (see Appendix A). This message contained a brief description of the meetings, the purpose, and dates they would be held. Interested pharmacists were given the name, phone number, and e-mail address of a project staff person to contact if they were interested in participating. The posting also stated that the meeting would last approximately two hours, and each participant would receive a \$150.00 honorarium for his/her participation.

The Virginia Pharmacists Association posted the message on their Website and calendar, and included it in their message alert. The Maryland Pharmacists Association e-mailed the message to all their members. The Washington, DC, Pharmaceutical Association did not have a Website or listserv. The president of the association personally contacted members and provided a list of 10 pharmacists as possible recruits.

The project recruiter was instructed to recruit 12 pharmacists to guarantee nine participants in each discussion group. The recruiter received 12 e-mail messages from pharmacists in Maryland and Virginia who were interested in participating in a discussion group, and contacted pharmacists on the list provided by the Washington, DC, Pharmaceutical Association. The recruiter contacted each pharmacist (n=22) by telephone and used a screener to determine whether the pharmacist was eligible to participate (see appendix B for screener).

Anyone who was not a licensed pharmacist was eliminated. Pharmacists were also eliminated if they answered yes to one of the following:

- Worked in a hospital pharmacy
- Were retired
- Did not work in a pharmacy located in Maryland, Virginia, or Washington, DC

- Did not speak English fluently
- Worked for, or had an immediate family member who worked for, the NEI or any other Federal, state, or local agency that is responsible for eye care
- Had participated in a discussion group, mock jury, or other market research study in the past year.

Seven of the pharmacists were eliminated for one of the above reasons, and two others did not return the recruiter's call. A total of 13 pharmacists was recruited, seven for the 9:00-11:00 am group, and six for the 7:00-9:00 pm group. Six pharmacists showed for the morning group and five showed for the evening group.

C. Advantages and Drawbacks of Group Discussion Methodology

This project incorporated group discussion methodology, as it is the most appropriate research technique to collect formative and "information-rich" data. Group discussions are flexible for exploring respondent awareness, behavior, concerns, beliefs, experiences, motivation, operating practices, and future plans related to a particular topic or issue. They are particularly helpful for generating an in-depth understanding of issues, since a skilled moderator can amplify individual responses through group comments or individual feedback. A skilled moderator can also follow up or probe certain tangents or views that were unanticipated in the design of the discussion guide, often yielding new information or additional nuances of existing information.

Despite its many advantages, group discussion methodology is not without limitations. Findings from discussion groups are not quantitative, nor can they be generalized to the target population as a whole.

D. Discussion Guide

A discussion guide was developed to obtain feedback from pharmacists regarding interactions with their patients, their efforts to counsel and/or educate patients about diabetic eye disease and glaucoma, and materials and resources that would be useful to them and their patients. The discussion guide is included in appendix C.

Prior to the discussions, the project director reviewed the discussion guide with the moderator. This review prompted the revision of some questions and the addition of probes for clarity.

E. Conduct of the Groups

As participants registered, they were asked to sign an informed consent form prior to participating in the discussion. A copy of the informed consent can be found in appendix D. All participants signed this form. Both discussion groups were audiotaped.

III. Demographics of Participants

The participants described in this section are the 11 pharmacists who participated in the two discussion groups. As mentioned in the *Recruitment* section above, 13 pharmacists agreed to participate in the groups. Two pharmacists (one per group) did not show up for the discussion groups.

Four of the pharmacists said they worked for a chain drug store, four worked in a community pharmacy, and the remaining three pharmacists worked in a health care pharmacy. The majority of pharmacists who participated were female (n=7). Of the 11 pharmacists who participated in the discussion groups, seven worked in Maryland, three worked in Washington, DC, and one pharmacist worked in Virginia.

IV. Findings

A. Pharmacists' Interaction With Patients

Pharmacists were asked how often they talk with or counsel their patients. Responses ranged from "not too often" to "we counsel every patient that comes in." Of the pharmacists who participated in these two discussion groups, those who worked in community pharmacies appear to spend more time counseling patients than the pharmacists who work in chain drug stores. A pharmacist who works in a clinic said "because I work in a clinic, the nurses are all around so I don't talk to every patient. Either the nurse or I would talk to them, but frequently it's the nurse because there are more nurses than pharmacists." Other pharmacists said they talk to approximately 30 to 50 percent of their patients, often to elderly patients.

Pharmacists said patients typically ask questions about the following:

- Over-the-counter medications

- Drug interactions
- Purpose of the medication
- Side effects
- Times to take the medication
- Insurance.

Several pharmacists said that when the patient's doctor changes the dosage, or requests a generic drug instead of the name brand drug the patient is used to seeing, they make a point of counseling the patient to ensure he/she understands the change. This procedure is especially followed for the elderly. One pharmacist commented, "If something is visually different, they tend to not take it or not trust the fact that this may still be the same medication."

A pharmacist said that most of his counseling is done on the phone, not in-person. Another pharmacist added, "We're starting to get more on the phone because people are dealing with mail order and can't get answers and then they call us for answers." Others noted that due to the Health Insurance Portability and Accountability Act (HIPAA) regulations, pharmacists are reluctant to offer counsel or answer questions about prescriptions if someone other than the patient picks up the prescription. Therefore, the patient often calls the pharmacist later.

B. Pharmacists' Effort to Counsel/Educate Patients About Diabetic Eye Disease and Glaucoma

Pharmacists were asked about their efforts to counsel patients about diabetic eye disease and glaucoma. They provided information about the frequency of these discussions, the type of information shared, and obstacles or barriers they encountered. The findings are presented below.

1. Diabetic Eye Disease

Pharmacists were asked how often they have an opportunity to talk to patients with diabetes and/or their family members about the complications of diabetes. Responses seemed to vary, depending on whether the patient was a newly diagnosed diabetic. For newly diagnosed patients, some pharmacists train patients how to use the glucometer.

- ✚ "I do [counsel] pretty regularly because we have one doctor that just writes for a glucometer and gives them a prescription and sends them to the pharmacy, but they don't ever educate them on how to use them. So I program a lot of

glucometers and at that time I'll sit down and I'll talk to them about side effects, things to look for, especially because it's a lot of the pre-diabetes where they just want to monitor their blood sugar. They haven't started taking medications."

- ✚ "I do [counsel] mostly in the setting of training someone in how to use the glucose monitor when they're first diagnosed. And usually with a regular diabetic patient, the complications become a subject during the treatment thing, but not initially. Initially they're on overload. They're worried about – especially if they've been diagnosed as needing insulin. They're pretty much in a shell-shocked situation and overloading them with too much at first probably isn't a great idea.

Some pharmacists offer their opinion about why they do not educate patients about the complications of diabetes. Responses included:

- ✚ "If anything, I would talk more about how to take their medications and if they're on a lot of medications, [ask] if they're using a pill box. More on compliance, adherence issues, but not about complications, rarely or never."
- ✚ "I really don't feel that the retail setting is the place to educate about complication or things of that nature because ...if you get 30 seconds, you want to just make sure that they're taking their medication. It's like you have 30 or 45 seconds to say what you've got to say and I believe that compliance or adherence is more of an issue."

A pharmacist in health care settings reported that she relies on diabetes educators to educate persons with diabetes about complications.

Several pharmacists mentioned that they do counsel patients when they notice patients are late in refilling their medications. "They can lay their hands on the bottle and make a 30-day supply last 60 days. They're going to stretch their medication because the cost of the medication is an issue." Another participant also agreed that cost is an issue and said, "People who have no insurance or people who have limited insurance, very high co-pays, will sometimes do exactly that [not refill their prescriptions each month]."

Pharmacists were asked what diabetic eye disease is. Most pharmacists were uncertain about what constituted diabetic eye disease. When asked, participants offered the following responses:

- ✚ “Macular degeneration”
- ✚ “Glaucoma”
- ✚ “Cataracts”
- ✚ “Retina problems”
- ✚ “Blurry vision for the retinopathy”
- ✚ “Floaters in the eye.”

Pharmacists were further asked if they talk to their patients about diabetic eye disease and the importance of getting a dilated eye exam. One pharmacist said, “retinopathy of course is diabetically [sic] induced.” He tried to think of what medications are prescribed. Another pharmacist responded that there aren’t any medications; rather laser treatment is used for diabetic retinopathy.

One pharmacist said that people have “become more sophisticated and they realized that problems long-term with their eyes are as important as their extremities. And I’ve seen more questions in the last couple of years, whether it’s because [of] education or because the physicians are mentioning it more, it’s become a bigger concern.”

Most of the pharmacists do not initiate discussions with their patients with diabetes about the importance of having a dilated eye exam. When asked why not, participants said:

- ✚ “I think because the questions that come up specifically from patients are the more tangible things like I’ve got this tingling sensation in my leg and those are the things that you’re drawn to, the things that they can feel.”
- ✚ “I don’t think I know what a dilated eye exam is.”
- ✚ “With the health literacy issue, you don’t want the point to get lost in saying a dilated eye exam. You want to stick to the eye exam. Ask your doctor about an eye exam, would be easier for the patient to remember because when you start using extra words or bigger words, they lose – you don’t want them to lose the point.”
- ✚ “There’s a whole lot to talk about when a patient is coming in on diabetic medication, and I don’t know that it’s something that naturally comes up in the

discussion when we're going through, unless there is something specifically related to the treatment that I've offered them that would lead me to have to talk to them about that."

2. Glaucoma

Most pharmacists said in a typical week they do not counsel patients with glaucoma and/or their family member(s) about the disease or its detection. Many pharmacists said that patients with glaucoma know they have the disease and have been counseled by their eye doctor and/or primary care physician. "They [patients] know how to take their eye drops. They really don't have any questions and it's not a disease state that I would usually initiate discussion about."

Pharmacists do alert their patients of suspected drug interactions. Several pharmacists expressed concern that patients purchase their drugs from many pharmacies and therefore, the pharmacist cannot monitor interactions between their glaucoma medications and other drugs they may be taking. Some pharmacists mentioned that "younger folks" tend to shop around and that "elderly patients will stick to one pharmacy and one pharmacist over the years."

One pharmacist said that if someone refills a prescription for eye drops before the normal time, she will make sure the patient knows how to put the drop in their eyes, as they may be wasting the medicine. If the person is elderly, she will suggest that a caregiver administer the drops.

Most questions patients ask are about whether they can still use their drops if they forgot to refrigerate the drops, and questions about spacing and dosing. One pharmacist commented that patients with glaucoma are "well-informed" by their provider. "They don't want to lose their sight. They're following up." He continued by saying, "...so I don't see much opportunity for me to really be of assistance to them without being educated. Maybe I need to be educated properly on what more I should be doing besides medication storage and administration questions."

3. Barriers to counseling patients and/or family members about diabetic eye disease and glaucoma

Pharmacists were asked to identify obstacles or barriers to counseling and educating their patients about the complications of diabetic eye disease and glaucoma. The barriers or obstacles can be grouped into five categories:

- Disinterest
- Language
- Health literacy
- Lack of time
- Space/HIPAA regulations.

Sample verbatim responses are shown below.

Disinterest

- ✚ “People just don’t want to hear about it.”
- ✚ “I work in a chain pharmacy where my company has offered diabetic tours ... I, as the pharmacist, have to speak to a group of people who have registered at that time. They only ask about the machines, not about disease state... They are more concerned over how to use that machine and the food.”
- ✚ “They [newly diagnosed patients] are more concerned about interaction than anything else and, of course, the food—what foods to eat. They don’t care about the disease state because at that point they’re just so overwhelmed by the fact that they’ve had it. That’s the only obstacle that I see, and how to use the machine, the blood, pricking themselves.”
- ✚ “People initially are not interested in the long-term deleterious side effects of diabetes. They’re interested in what am I going to eat for dinner.”

Language

- ✚ “[Language] is a big problem at the free clinic. Different languages.”
- ✚ “Language barriers are significant in certain areas where you may have a population ...such as a population of Hispanics where diabetes is more and more of a problem.”
- ✚ “As a trained pharmacist you have to be able to break it down [messages] to a level [that patients can understand] when language is an issue ... because you’re more talking to them and not handing out a pamphlet, you know that their comprehension is there.”

Health Literacy

- ✚ “We have literacy problems.”
- ✚ “I think literacy. As they get older, they understand a lot less. It’s definitely a problem when you have an older community and they don’t know what you’re talking about.”
- ✚ “...sometimes when you speak to a patient, you’re not 100 percent sure you’re talking at the level that they need to hear, but they’re shaking their head that they understand what you’re saying and you have to hope that you have done it in the correct manner.”
- ✚ “Lack of intelligence on the public’s part. They don’t know what you’re talking about.”
- ✚ “Even with the younger population...I’m looking at 18 to 40, if you’re looking at educational issues ... in Glen Burnie, I find that I really have to break things down to an elementary level so that they comprehend what I’m saying. I always have an easier time trying to educate at that level, in a Glen Burnie type of area. When I worked in the other end of the spectrum, they just feel you’re not the person to provide that education for them. Either they already know it all or they’ll go to their doctor for that information.”

Lack of Time

- ✚ “Time.”
- ✚ “I really just do not have the time because the people can’t understand, you can make it basic enough where it can be on a third-grade level where people can understand the basics of what they need to do, but I really don’t have the time to do that for them.”
- ✚ “I think that’s true of 90 percent of retail settings that you do not have time to counsel patients properly. I know I definitely don’t.”

Space/HIPAA Regulations

- ✚ “There is no privacy in a retail setting to have these discussions. And with HIPAA, you’re not supposed to have an open forum. And it’s very hard not to do that.”

- ✚ “We’ve got one small counseling area, but when you’ve got a fairly tight area, with people standing so close to each other, it’s sometimes difficult to get space to have a conversation.”

When asked what could be done to overcome some of these barriers, some pharmacists suggested distributing patient education materials written at an easily understandable level. Another pharmacist said, “Well, the ultimate goal is going to be if we can convince the insurance companies and the Federal government that they ought to pay for counseling.”

C. Materials and Resources

1. Materials and resources available to pharmacists and their patients

Pharmacists were asked where they get information about diabetes and diabetic eye disease. Several pharmacists indicated that very little information is available that is specific to diabetic eye disease. However, they knew where to go to get information about diabetes. Websites mentioned that are good sources of information include:

- National Eye Institute
- U.S. Pharmacist
- National Institutes of Health
- Mayo Clinic
- National Community Pharmacists Association
- American Diabetes Association
- American Association of Clinical Endocrinologists.

Other comments regarding the use of the Internet to obtain health information include:

- ✚ “I went on to the NEI site on the Internet, which I think is excellent. It’s definitely customer driven. The trouble is I don’t know how many of my seniors have computers.”
- ✚ “I would say bringing up the Internet. I think that from a pharmacy standpoint, we don’t have a lot of materials to hand [out] because there is a literacy [issue] there that may be a barrier. So like the National Eye Institute, NIH, the Mayo

Clinic, they have some real great resources. If it's a child picking up for their parent, I ask them if they have access to the Internet and I write down Websites."

✚ "I'll refer people to Websites and I know the ones to provide them more information, but I don't have the materials."

In addition to the Internet, pharmacists mentioned other sources of health information:

- Read diabetes journals to get clinical information
- Read journals published by the pharmacy associations
- Talk to pharmaceutical representatives
- Read patient package inserts
- Attend educational seminars
- Complete continuing education courses.

The U.S. Pharmacist's journal was mentioned by several pharmacists as providing good information. One pharmacist said, "[the journal] has great diagrams, great explanations of different conditions, not just eyes." Pharmacists were able to find information about diabetes from these Websites, however, pharmacists pointed out that few articles contain information specific to diabetic eye disease. When asked whether the articles included information about diabetic eye disease, one pharmacist said, "No. That would be a good one to have. I haven't seen that." Another pharmacist said, "Not as a specific issue [diabetic eye disease], but mentioned as part of a general overall thing. If you could encourage them to do one on just diabetic eye disease, I think it would be very helpful to all pharmacists."

Pharmacists were asked about materials and resources that are available to patients with diabetes and/or their family members and caregivers. Three retail pharmacists mentioned that their pharmacy has a diabetic health magazine, brochure, or pamphlet. One participant said, "Since I'm more grocery based, we do have diabetic health magazines that come out and it's on the counters for customers free of charge." This brochure is available in English and Spanish and comes out approximately every six months. Another pharmacist said her retail pharmacy (Walgreens) has disease-related brochures. A pharmacist working at CVS mentioned that CVS has a pamphlet on diabetes care that patients can pick up. This pharmacist said, "Like I don't make sure that it goes in everybody's bag. It's available for patients to access if they want it. I

don't force it on patients. I feel like the most effective communication is the one that you do verbally and that just time is the issue on that because what you say sticks."

The only patient materials many pharmacists have are the patient packet inserts that come with prescriptions. Some pharmacists expressed concern that their patients may not understand the inserts. No one appeared to be familiar with brochures or pamphlets about diabetic eye disease or glaucoma. One pharmacist was concerned about all the papers people are given and thinks that most patients don't read the inserts, but throw them away.

2. Materials and resources that pharmacists recommend

Pharmacists offered several ideas about the types of information that their patients may find helpful:

- Pamphlet
- Handout
- Checklist—questions to ask the doctor
- Quarter-sized flyer (folded in fourths)
- Reminder card
- Magnet for refrigerator
- Direct consumer marketing on television—an infomercial.

Some pharmacists thought it would be helpful to have a comprehensive pamphlet about eye diseases available for their patients. Another pharmacist said, "Something that's very basic, that's very concise and broken down such that anyone could read it is ideal." She went on to suggest, "Specific to eye disease, more information on the I-caps and the herbals that physicians and ophthalmologists are actually recommending specific for that eye disease and why they're giving them." Another pharmacist continued by saying for macular degeneration, ophthalmologists are "writing for mostly I-caps. And everyone's taking it and I don't think anyone's really aware of the contents. And they're already taking so many other vitamin supplements and sometimes, you know like for instance, with Vitamin E, you're going over the amount that's now considered to be safe. A breakdown of that would be [a] nice educational piece."

Other comments included:

- ✚ “A chart that says how to recognize the signs and symptoms of your vision going. Or even if you have a chart like, do things look blurry now. Just some bullet points so a patient will know how to recognize it and basic information about how often you should go to exams, the type of doctor that you should see. [This should be] put on a basic flyer like a quarter sized ... so that it’s just small [and you] could put in as a bag stuffer.”
- ✚ A reminder card. “I just want the patients to remember four basic things: ask your doctor to refer you to the ophthalmologist, ask your doctor to refer you to the podiatrist; ask your doctor to refer you to a dietician or nutritionist.”
- ✚ “A reminder chart that also includes things just to monitor over the course of the year and what questions you should ask your doctor.... Something that they can take with them because, you walk into a physician’s office and you’re completely overwhelmed.”
- ✚ “I’d like to see a pamphlet that we could put in the bag with the diabetic medicine. The pamphlet should have general information.”
- ✚ “A card that says I have diabetes and I need to ask questions one through ten now that I’m here. That prepares them to be more proactive on their own behalf, especially with your older population that just assumes what the doctor says goes.”
- ✚ “You could also do magnets because people are always going to the refrigerator, so something on the refrigerator.”
- ✚ A patient handout. “A patient handout is something the patient can walk out with. It’s not something I would place on the counter. It should be a folded piece of paper. We’re talking about something that fits on the shelf. If it doesn’t fit on the shelf, forget it. It’s going to get thrown away. Understanding your eye disease.”
- ✚ “...the checklist idea, to do like bullet style, simple. A checklist but make sure diabetic eye disease is one of probably the higher ups on the list because that is something that has been missed so easily or put on the back burner...compared to other diabetic complications.”

- ✚ “A pamphlet with a big eye on it ... with other little bullets at the bottom of it so it’s comprehensive. I think the magnet is the best idea because you see it on the fridge. It reminds you every time you go.”
- ✚ “My favorite think is to staple something onto the bag that I want them to see. And the way my staff knows I want to see them is I put, ‘see the pharmacist’ on the front of the bag. And it’s highlighted.” Another person said, “I have a sticker that says that. It’s my cue that I want the patient to come over to the side when they’re finished and discuss their ...”
- ✚ “I envision something that might say, information is available to you at an 800 number...and here’s a little card that pulls off that you can pop in the mail, a postage-free card if they want further information mailed directly to their home.”
- ✚ “I think something more like, not cardboard but thicker, shiny, laminated, things like that will look nice and [are] more easy for someone to look at. They might think, oh, this might [be] the difference [whether or not patients read the information].”
- ✚ “I think direct consumer marketing that you see for the drug commercials on TV. Maybe that might be a form to get this information out like from the NIH [is] to make an infomercial, a real quick one that, are you a diabetic, to make sure that you’re getting appropriate followup with your eye practitioner ... all the doctors that I know and I hear hate those commercials, but they’re so effective and they give into those requests from the patients.”

Pharmacists were not interested in posters, saying they had no place to display them and did not have the storage room to distribute them. Most pharmacists also did not think having special prescription bags for diabetic patients was feasible. “Clerks wouldn’t know that this is a diabetic medication...and you stuff in some person who has a prescription that is not diabetic into a diabetic, it really doesn’t make sense.” Others mentioned that the bags are often ripped open and thrown away. However, one pharmacist said, “I don’t see any problem with it. I think it could go out to everybody. Somebody may know somebody or may recognize symptoms. I think it would be a good idea.”

When asked whether they could distribute any materials developed, pharmacists gave different responses, depending on the type of pharmacy they worked in. Chain drug

store pharmacists uniformly said they **were not** permitted to distribute any materials to patients unless the materials were approved by their corporate office. In terms of these two discussion groups, pharmacists working in community pharmacies appear to be able to make decision about what materials to display and distribute. It was not clear whether health care pharmacists had the same latitude.

Specific comments from chain drug store pharmacists included:

- ✚ “The materials that I’m more likely to hand out is the stuff that comes from CVS Corporate Office, as opposed to drug reps bringing it in or me being proactive and bringing it in myself. If the Eye Institute gave us like a CE program and then followed that up with materials sent from Corporate say that this is what, because we’re doing like a whole eye disease push, then that would be something that would be great and supportive so that I have the knowledge to answer the questions and then I can just give out the materials to them.”
- ✚ “You have to go through, in the chain pharmacies, the Corporate Office because Walgreens, they won’t allow us to do anything extra or put anything in those bags they haven’t approved. They don’t even allow drug reps to come into their chains.”
- ✚ “Everything has to go through Corporate. And that should be understood because before you even put any time and effort ... I feel like unbiased material will go well but you know, the distribution of the materials needs to be already considered first if you want to get it out there.”
- ✚ “At Target everything has to be consistent. I mean, everything from the way the store’s set up, to the [way the] pharmacy is set up, to the way we work with our patients and so if it’s happening – they’ll do test stores and such so if you work [together], they’ll test it out in a few different areas to see how it goes over, and then if it works well and people are receiving it well, then it goes nationwide.”

Chain drug store pharmacists did say that if the Corporate office approved a brochure, they would be able to place them in their “holding racks.” Space did not appear to be an issue. Another pharmacist said she placed brochures/flyers next to the blood pressure cuff “because a lot of people use it and we have space there.” Others said they use most materials as “bag stuffers.”

3. Materials in other languages

Pharmacists were asked whether it would be helpful to have published materials available in Spanish. All pharmacists responded “Yes!” A few pharmacists indicated that it would be helpful to have materials in Chinese, Russian, and French. One pharmacist suggested a toll-free number where the person could ask to speak to someone in a specific language.

Pharmacists were unanimous in their agreement that foreign-language materials should be printed separately from English ones. They thought dual-language materials would be “too bulky.” They suggested offering the patient both Spanish- and English-language materials if it was not clear which one the patient would prefer. Pharmacists also mentioned that the font size should be large enough for patients, particularly elderly patients, to read.

4. Continuing education for pharmacists

The pharmacists who participated in the discussion groups were interested in free continuing education opportunities related to diabetic eye disease. When asked what format(s) would be the best, four options were mentioned:

- Online (Pharmacist’s Letter¹)
- In-person seminars
- DVD presentation
- Paper and pencil/written material.

Specific responses included:

- ✚ “I prefer either online or the seminar where you go and sit. I don’t like written ones.”
- ✚ “Online or active. I don’t like written ones. I do them, but I don’t like them. I prefer either online or the seminar where you go and sit.”
- ✚ “What I prefer is a live presentation ... so you can ask questions ... but the reason why I don’t go to most live presentations is time. You work 10-hour days

¹ *Pharmacist’s Letter* is an independent service, providing unbiased information to subscribers, who are its sole means of support. No advertising of any kind is accepted. Pharmacists can earn continuing education credits built around the information contained in the *Letter*. This service is called *CE-in-the-Letter*.

and then you have to try to fit in a live presentation. It's not always easy so my preferred choice is online."

✚ "[Being] online has become so common today, but of course some of these older people can't deal with that too much. Printed material, yes. You can pass that type of thing out to the person."

✚ "It it's online, I print it out."

✚ "Why not have a DVD presentation walking through NIH talking about a different condition and making it tie in with a CE?"

✚ "I prefer live CE programs whether it's part of an all-day CE or it's a dinner program. I would be least likely to go online or do a paper one that comes to the pharmacy."

✚ "I did a Pharmacist Letter CE online and that's great because, like I said, it's pretty short and to the point. But I prefer live interaction with people because I always have questions."

✚ "I have all the Website and free CE sites but I would much rather go listen to a talk or if there's some conference or something I'm going to be at, but online, no."

One pharmacist said that many of the live presentations are given by pharmaceutical companies. She felt their information is "so unbelievably biased." Another person said, "The majority of the CEs are sponsored by drug companies. So if it was like the National Eye Institute, I think we would feel the information we're getting is not biased."

A pharmacist suggested that a continuing education (CE) course be developed that is "case-study based. Have a true patient case, when someone walks into your pharmacy, this is the scenario of how you – I think that makes it a much more interactive..." Another pharmacist wanted a CE course developed that deals with pharmacology rather than physiology. He said, "What I like to see is not physiological so much because we really don't deal with physiology, we deal more with pharmacology and medicine and drugs. NIH tends to elude that and they don't focus on pharmacists' point of view. Like diabetes [sic] retinopathy is a physiological thing, but we also want to know how medicine affects all the new line of drugs. You know, what's coming, new investigational drugs, because that's what NIH is all about."

Pharmacists mentioned that CE requirements vary by state. The District of Columbia and Maryland require 30 CEs every two years and Virginia requires 14 each year. Some states require a certain number of hours of live CEs. Pharmacists also mentioned that the Maryland Board of Pharmacy has a 30-hour diabetes certificate program.

When asked about the length of the course, the pharmacists in one discussion group suggested the course last for a maximum of one to one-and-a-half hours. The second discussion group said two hours. That group felt that an hour CE was not worth the time and effort...they would have to take too many courses to meet their requirement. This group said it would also consider going to an all-day seminar once a year.

D. Pharmacists' recommendations to the NEI

When asked for other suggestions about ways to encourage pharmacists to talk to their patients with diabetes about diabetic eye disease, some pharmacists indicated that they just don't have enough time in the pharmacy setting. Pharmacists could, however, make presentations at health fairs, senior centers, assisted-living homes, etc. Specific suggestions included:

- ✚ "I know cost is an issue, but I would say encourage your pharmacists or maybe have some situations where you would pay a pharmacist a stipend or something like that to actually go out into the community and do some health education type talks, because sometimes you can't convey what all you're going to say or get done in the pharmacy setting."

- ✚ "[Pharmacists] could do a lecture series or health fairs at senior citizens' homes ... because it's still the same pharmacists that you use in the neighborhood so their word is going to be reputable, but you have a little bit more time."

One pharmacist mentioned Medicare Part D, "which is supposed to have a medication management component. This component may allow the reimbursement of pharmacists who provide education about a patient's medications. So providing these pamphlets now would be very timely or information now would be timely because that's supposed to go into effect when Medicare Part D goes in."

Pharmacists suggested that the NEI collaborate with pharmacy associations and organizations. The suggestion was made that the NEI create a CE on diabetic eye disease that could be offered at national or regional meetings. Several pharmacists indicated that they only take "free CEs" offered online.

Others said the NEI should target primary care provider sites such as clinics, and provide them with publications that can be put in the waiting rooms. "They would also be great a place to advertise, promote healthy eyes."

A pharmacist thought that the "biggest bang for your [NEI's] buck would be CEs ... and for a big spread, CEs and collateral materials" [handouts for patients].

Another pharmacist mentioned National Diabetes Month and suggested "we should bombard the patients with all these things because we haven't heard much about retinopathy. During that month, just put those materials out, neuropathy, retinopathy, so that they're more alert and aware. And also, if you get in contact with diabetes health magazines, put that in there, too." Another person followed up and said, "a nice advertisement in the right paper that says this is diabetic month, if you're a glaucoma patient and you're diabetic, are you asking your pharmacists and the doctor the right questions? And offer them a 1-800 number or the kinds of questions they should be asking."

Finally, a pharmacist said that holding similar discussion groups is a helpful reminder to pharmacists about the importance of talking to their patients with diabetes about diabetic eye disease.

V. Summary and Recommendations

Diabetes is one of the most significant health problems facing our Nation. It imposes an enormous burden on public health and is a serious threat to healthy vision. In 1992, the National Eye Health Education Program (NEHEP), coordinated by the NEI, developed and disseminated information designed to help pharmacists provide information to their patients with diabetes. In 2005, the NEHEP was interested in reassessing the diabetic eye disease education and resource needs of pharmacists and their patients.

Two discussion groups were held in March 2005, with pharmacists in the Washington, DC, metropolitan area. These pharmacists were employed in three settings:

- Chain drug store
- Independent community pharmacy
- Health care pharmacy (ambulatory)

The groups were conducted to help the NEHEP find answers to the questions below based on the beliefs and viewpoints provided by pharmacists who participated in this study.

1. Are pharmacists counseling/educating patients with diabetes about diabetic eye disease and glaucoma?

The findings reveal that pharmacists are counseling and educating their patients with diabetes about diabetes in general. Pharmacists also train newly diagnosed diabetics on how to use glucose monitors. Pharmacists, particularly pharmacists in community pharmacies, provide information about compliance and adherence issues. Pharmacists in health care settings often rely on the nurses and/or diabetes educators who work with patients. Chain drug store pharmacists said they have limited time to counsel and more often answer questions posed by their patients. Pharmacists who worked in community pharmacies tended to spend more time counseling patients.

Regardless of the pharmacy setting, the pharmacists who participated in these two groups had little knowledge about diabetic eye disease. The term “diabetic retinopathy” was rarely mentioned. Several pharmacists made a point of saying they are more concerned with pharmacology and not physiology. One pharmacist said, “Like diabetes retinopathy is a physiological thing, but we also want to know how medicine affects all the new line of drugs.”

Pharmacists who participated in these groups do not initiate discussion with their patients with diabetes about the importance of a dilated eye exam. One pharmacist did not know what a dilated eye exam is, others thought it was a health literacy issue that patients don’t understand the terminology, and still others simply said it never comes up in discussion.

Pharmacists seemed to be more knowledgeable about glaucoma, possibly because pharmacies sell glaucoma medications. They spend time educating patients and their family members about how to administer the drops, potential drug interactions, dosing, and other related topics. They indicated that patients with glaucoma are “well informed” by their providers. Pharmacists speculated that patients with glaucoma are very concerned about not losing their sight.

Obstacles to counseling and educating patients included lack of patient interest, language barriers, health literacy issues, a lack of time for pharmacists to counsel, and HIPAA regulations.

Recommendations:

Pharmacists have the potential to educate their patients about the complications of diabetes, specifically about diabetic eye disease and glaucoma, but only if they are educated themselves about these diseases. To help educate pharmacists, NEHEP should consider preparing and disseminating the following:

- Factsheets about diabetic eye disease and glaucoma including tips for counseling patients.
- A two-hour continuing education course specific to diabetic eye disease and the complications of diabetes.
- Articles that can be published in pharmacy association newsletters and other trade publications.

2. What materials would be helpful resources for pharmacists counseling patients about avoiding diabetes complications, specifically, diabetic eye disease? What content should be included? Is it reasonable for pharmacists to provide diabetic eye disease materials to their patients? What materials do they think patients would like?

Pharmacists indicated that they have limited information and materials about diabetic eye disease. Several chain drug stores publish and disseminate brochures about diabetes, but other than an occasional reference about vision loss as a complication of diabetes, there is little information in the brochures specific to diabetic eye disease. Most pharmacists research health topics on the Internet to educate themselves. Some pharmacists provide their patients with a list of Websites for them to obtain more information about diabetes.

U.S. Pharmacist was mentioned as an excellent source for clinical information and CE courses for pharmacists. Other sources of health information include pharmaceutical representatives, patient package inserts, and seminars.

Since space is at a premium in most pharmacies, pharmacists suggested small flyers or pamphlets that could be put on the pharmacy shelf next to the diabetes medications. Reminder cards, questions to ask your doctor, and magnets were also suggested. Pharmacists who work in independent community pharmacies said they would put this information in the bag or staple it to the outside of the prescription bag. Pharmacists working in retail drug stores could not use any products developed until they first received approval from their corporate office.

No pharmacists were interested in posters and most did not think that printing prescription bags with diabetic eye disease messages was viable. Most pharmacists think that patients do not look at what is printed on the bag, but that they rip open the bag and throw it away.

The pharmacists who participated in the discussion groups could not specify the content of what they thought should appear on the flyer, or handout. However, they did recommend that the information/messages be simply and “patient friendly.”

Recommendations:

In light of the pharmacists’ comments, the existing information for pharmacists should be reviewed to determine whether any products should be updated and/or reprinted. Because language and health literacy were identified as barriers, careful consideration should be given to the wording used in any products developed. Content and calls to action must be clear and simply written. Most materials produced should be small enough to fit on a pharmacy shelf next to diabetes medications and placed in or stapled to prescription bags. Materials should be printed separately in English and Spanish.

In order for materials to be distributed at chain drug stores, collaboration with corporate representatives of the major chain drug stores should be sought. Meetings/discussions should be initiated before any products are developed.

Prepare a PowerPoint presentation for pharmacists, complete with speaker’s notes that pharmacists can use in their communities.

Articles about diabetic eye disease should be submitted to the major pharmacy associations for their newsletters and other pharmacy related magazines and journals.

3. Are pharmacists in need of, or interested in, continuing education opportunities related to diabetic eye disease? If so, what formats are best?

The pharmacists who participated in the discussion groups were very interested in having the NEI create a continuing education course on diabetic eye disease for them. Unlike some of the CE courses developed by pharmaceutical companies, they thought one written by the NEI would be unbiased and very informative. One pharmacist said, “I think the key is the [CE] is coming from the National Eye Institute, not a drug company [pushing its products]. While there are plenty of CE courses available to pharmacists, it appears that a course focused on diabetic eye disease has not been developed for pharmacists.

Most pharmacists said they prefer CE courses offered in-person or online. One person suggested making the CE available on a DVD, and other pharmacists said they would still prefer to read a hard-copy version of the course.

Recommendation:

In collaboration with a pharmaceutical association, NEHEP should explore opportunities to create and distribute a free two-hour CE course for pharmacists about diabetic eye disease that would be made available online and, if feasible, on CD-ROM. The NEHEP may want to consider offering this course “in-person” at national pharmacy association meetings.

4. What other recommendations do pharmacists have for the NEI as it continues program and material development activities to inform the public about diabetic eye disease and the importance of yearly comprehensive dilated eye exams for people with diabetes?

When pharmacists were asked what final recommendations they would offer the NEHEP, several pharmacists reiterated that their schedule does not afford them adequate time to initiate discussions and counsel their patients. Also, many patients are simply not interested in being counseled due to language barriers, health literacy issues, or discomfort with talking to their pharmacists in an open area. Thus, some pharmacists recommended that the NEHEP provide them with information that they could use to make presentations in the community at health fairs, senior centers, assisted-living homes, and nursing homes. They hoped that they could be compensated for their efforts.

Pharmacists also suggested that the NEHEP collaborate with pharmacy associations and organizations to create a free-CE course on diabetic eye disease. Printed materials could also be distributed to pharmacists after they complete the CE for pharmacists.

Pharmacists recommended that the NEHEP promote National Diabetes Month to pharmacists with materials for themselves and their patients. They also suggested the NEHEP write articles for publication in journals, newsletters, and magazines that promote National Diabetes Month.

Recommendation:

NEHEP should review the pharmacists’ recommendations and decide which, if any, are feasible to move forward with.

Appendix A
Message for Listserve Posting

Message for Listserve Posting

The National Eye Institute (NEI), part of the National Institutes of Health, is interested in the opinions of pharmacists in determining what types of diabetic eye disease materials would be helpful to them and their patients. The NEI is conducting two meetings with pharmacists who work in a variety of settings in the Washington, DC, on Monday, March 21, 2005.

If you are interested in participating in one of these meetings, please contact Ms. Ceres Wright at 301.572.0435 or e-mail her at Karen.C.Wright@orcmacro.com. She will give you more information and can let you know the exact time and location. The meeting will last no more than 2 hours. You will receive a \$150.00 honorarium for your participation. The NEI appreciates your time and effort in support of this endeavor.

The National Eye Health Education Program (NEHEP), coordinated by the NEI, is a public-private partnership to develop and implement health education programs that encourage early detection and timely treatment of diabetic eye disease and glaucoma and the appropriate treatment for low vision. The pharmacy program, one component of the Diabetic Eye Disease Education Program, is designed to inform pharmacists about diabetic eye disease and provide them with information and educational materials to share with their patients who have diabetes.

Appendix B
Pharmacists Screener

Assessment of DED Education and Resource Needs of Pharmacists: Pharmacist Screener

Recruitment Criteria

The study sample will include pharmacists in the Washington metropolitan area who work in a chain drug store, health system pharmacy, or community pharmacy. A total of 24 pharmacists will be recruited to participate in one of two meetings (no more than 12 pharmacists per group).

Washington, DC

Meeting 1: 12 pharmacists (who work in a chain drug store, in a health system pharmacy, and in a community pharmacy)

Meeting 2: 12 pharmacists (who work in a chain drug store, in a health system pharmacy, and in a community pharmacy)

Time: 9 to 11 am 8:30 – continental breakfast

Time: 7 to 9 pm 6:30 – light dinner

General Notes

- The participants should be licensed pharmacists.
- All participants must be able to read and understand English.
- Persons who work at or have worked at, or have an immediate family member who works for the National Eye Institute or any state or local government agency responsible for eye care shall be excluded.
- Participants shall not have participated in a focus group, discussion group, or other qualitative research study during the past year. Participation in telephone surveys is allowable.
- Participants will be paid \$150 each for participating.
- Each meeting will last approximately two hours.
- Refreshments (light snacks) will be offered to participants.
- Discussion groups will be audiotaped.
- The identity of the participants will remain confidential.

Scheduling

Both meetings are scheduled for Monday, March 21, 2005. The times for the meetings are:

9 to 11 am 8:30 – continental breakfast

7 to 9 pm 6:30 – light dinner

at the Willard Hotel at 1401 Pennsylvania Avenue, NW, Washington, DC.

Introduction

Thank you for calling to find out about the meetings that the National Eye Institute is conducting with pharmacists on March 21st. We are conducting research to gather information from pharmacists to determine the diabetic eye disease education and resource needs that pharmacists and their patients have. This research is being conducted by ORC Macro on behalf of the National Eye Institute (NEI) of the National Institutes of Health (NIH). I have a few questions to ask you and then I would be happy to answer any questions you may have.

Screening Questions

1. Are you a licensed pharmacist?
 - Yes ▶ continue
 - No ▶ terminate (thank respondent politely)

2. What type of pharmacy do you work for?
 - Chain drug store pharmacy ▶ continue
 - Community pharmacy ▶ continue
(e.g., independent pharmacy)
 - Health care pharmacy
(e.g., pharmacy in HMO, clinic)
If yes: Is the pharmacy located
in an ambulatory facility?
If yes: ▶ continue
If no (at a hospital) ▶ terminate (thank respondent politely)
 - Retired pharmacist ▶ terminate (thank respondent politely)
 - Refused ▶ terminate (thank respondent politely)

3. Where is the pharmacy you work at located? [Read responses]
 - Maryland
 - Virginia
 - Washington, DC
 - If none of the locations above ▶ terminate (thank respondent politely)

4. Do you speak English fluently?

- Yes ▶ continue
- No ▶ terminate (thank respondent politely)

5. Have you or any member of your immediate family ever worked for the National Eye Institute or any other Federal, state, or local agency that is responsible for eye care?

- Yes ▶ terminate (thank respondent politely)
- No ▶ continue

6. In the past year, have you participated in any discussion groups, mock juries, or other market research studies? [**Participation in telephone surveys is allowable.**]

- Yes ▶ terminate (thank respondent politely)
- No ▶ continue

Invitation

We would like to invite you to participate in a discussion with one of our researchers to talk about the education and resource needs that pharmacists and their patients have about diabetic eye disease. The discussion will last approximately two hours and will be audiotaped. Your participation and everything you say during the discussion will remain confidential. Your name will not be used in any results from this research.

The discussion group will take place on:

Monday, March 21, 2005, at [insert location and times]

You will receive \$150 for participating in this discussion.

Additionally, continental breakfast/light dinner will be served before the discussion begins. Are you interested in participating in this discussion group?

- Yes ▶ continue
- No ▶ terminate (thank respondent politely)

For all respondents ask: Do you have any questions that I can answer?

Personal Information

I would like to send you a confirmation letter and directions to the [insert name of hotel]. In order to do so, would you please tell me your name, mailing address, e-mail address (if available) (or fax number) and a phone number where you can be reached:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____ (optional)

Date of discussion group: _____

Time of discussion group: _____

We are only inviting a limited number of pharmacists, so it is very important that you notify us as soon as possible if you are unable to attend. Please call me at 301.572.0435 if this should happen. We look forward to seeing you on March 21, 2005, at [x:xx a.m./x:xx p.m.]. Thank you for your time.

Appendix C
Pharmacy Discussion Guide

Pharmacists' Discussion Guide

Welcome, Introductions, and Opening

Welcome

Good morning/afternoon/evening, my name is [insert name] and I will be your facilitator for this discussion. I am employed by a management consulting firm located in Maryland. Our client is the National Eye Institute, or the NEI. The NEI is one of the 27 institutes and centers at the National Institutes of Health, referred to as NIH. Pharmacists play a critical role on the team of health care providers that cares for people with diabetes. The National Eye Institute is interested in learning about what diabetic eye disease information and resource materials would be most useful to you and your patients. I want to let you know that I am not an expert in eye care, rather I am an independent moderator trained to facilitate our discussion.

Introductions

Before we begin, let's introduce ourselves. As I mentioned, I am [insert name]. My job is to ask you questions and, if needed, to ask you to clarify your response. It is important for you to know that there are no right and wrong answers here.

Let's begin on my left and move around the table. Tell me your first name and what type of pharmacy you work in: a chain drug store, independent community pharmacy, or a pharmacy located in a health care setting.

Ground Rules

Now I would like to talk a little bit about our ground rules for today's discussion. Ground rules are our guidelines for operating today so that we can complete our task in a manner that is respectful of everyone and provides all of you with the opportunity to express your thoughts safely and confidentially.

- You have been invited here to offer your views and opinions.
- **Everyone's** participation is important.
- Please speak **one** at a time.
- As I said before, there are **no** right or wrong answers.
- It's **okay** to be critical of the topic presented and to disagree but be willing to offer your own views and opinions.
- This session will be audiotaped. This recording allows us to capture everything that is being said today, which we will need to write our report to the National Eye Institute.

(If there is a one-way mirror, mention that there are observers in the next room and mention who the observers are and why they are behind the mirror. Also mention where the audio equipment is located, if it is not obvious.)

- Please, only use your first name when speaking.
- All of your answers will be **confidential**, so feel free to say exactly what is on your mind. Nothing will be attributed to any particular person in our report.
- After the discussion group is over, stop by the receptionist's desk to pick up your incentive. There will also be some information and materials available from the National Eye Institute.
- If anyone needs to use the rest room, they are located [specify]. There is no need to stop the discussion.

Do you have any questions before we get started?

Discussion

I. General Interaction with Clients

Let's begin by talking about your interactions with your patients/clients.

1. How do you refer to the people who pick up prescriptions from you? (Patients? Clients?)
2. How often do your patients/clients (by that I mean the person picking up a prescription) ask to speak to you?
 - Probe: What types of questions do they ask?
(About their illness or disease? How to administer or take the drug? How to prevent complications their medications or disease?)
 - In general, is the person who picks up the medication the same one who takes the medication?
3. During a typical day, what percentage of your time do you spend answering questions?

II. Counseling/Educating Patients About Diabetic Eye Disease and Glaucoma

1. In a typical week, how often do you have the opportunity to **counsel or educate** patients **with diabetes** and/or their family member(s) about the complications of diabetes?
2. When you discuss diabetes with your patients/clients, how frequently would you say that you initiate the conversation/are proactive in sharing information?

Probe:

- Please describe the type of information you share with patients.
 - What types of illnesses do you see as falling under the general category of “diabetic eye disease?”
 - Do you talk to patients/clients about diabetic eye disease?
 - If yes, what information do you share? Do you talk about diabetic retinopathy? Glaucoma? Cataract? [All of these are types of diabetic eye disease.]
 - In your opinion, how important is it for diabetics to have annual dilated eye exams?
 - Do you talk with your patients/clients about the importance of having an annual dilated eye exam?
 - [If no] What are some of the reasons you do not talk to them about this?
 - If no, what information do you share? Are there particular reasons why you did not discuss diabetic eye disease?
3. In a typical week, how often do you have the opportunity to counsel or educate patients with **glaucoma** and/or their family member(s) about the disease, its detection, and treatment?

Probe:

- Please describe the type(s) of information you share with patients.
- What type(s) of information do your patients ask you about glaucoma? Do patients ask questions about:
 - Their medication?
 - How to put drops in their eye(s)?
 - How often to get a dilated eye exam?

- If you don't share information about glaucoma, are there particular reasons why you did not discuss this eye disease?
4. What are some obstacles or barriers to counseling/educating patients and/or family members about the complications of diabetes and glaucoma?
[Examples: not enough time, do not have enough information about diabetic eye disease to counsel or educate, not part of my job, etc.]

Probe:

- How have language or literacy issues prevented you from educating patients?
 - How feasible is it that you will have time to talk to patients with diabetes about the importance of having an annual dilated eye exam?
5. After hearing what everyone said, what could be done to overcome these obstacles (or barriers)?

III. Materials

Let's talk about materials and resources that would be useful to you and your patients.

1. What types of educational materials do you use to guide your conversations with patients about health issues, especially diabetic eye disease and related illnesses?

Probe:

- Where do you get information about diabetes (complication of diabetes) and diabetic eye disease? (NIDDK, NEI, the pharmacy association, American Diabetes Association, the Web, other)
 - In what format are these materials? [e.g., pamphlet, brochure, printout from the Internet]
 - What content is included? Do the materials include information about diabetic eye disease?
2. What materials would be helpful resources for you to have when counseling patients about avoiding diabetes complications, specifically, diabetic eye disease?

Probe:

- If the National Eye Institute developed materials for pharmacists, how likely would you be to read/use them?

3. Is it reasonable for pharmacists to provide free diabetic eye disease brochures (or other materials) from the National Eye Institute to patients with diabetes?

Probe:

- What content do you think should be included?
- What materials do you think patients would like to use?
- In what format do you think patients like to receive health information? (tri-fold brochure, etc.)
- Would the company/pharmacy you work for let you display these materials on the counter or someplace else?
- If **not reasonable**: What are the barriers or obstacles you would encounter if you tried to give away brochures/pamphlets, etc?

4. What other types of materials might be helpful?

5. If materials were developed for patients, would it be helpful to have them available in Spanish?

Probe:

- If yes, what do you think your Spanish-speaking patients would prefer:
 - Separate English and Spanish materials?
 - One dual language pamphlet/brochure?

6. Are pharmacists in need of, or interested in, continuing education opportunities related to diabetic eye disease?

Probe:

- If yes, what format(s) are best? (e.g., online, paper and pencil, through the mail, etc.)
 - How long should the course be? – 1 hour, 2 hours, more?
 - What else can you tell us about making a diabetic eye disease continuing education opportunity attractive and useful to pharmacists?
- If no, why not?

Final Questions

Before we end our session today, I want to check with my client and see whether there is anything else I need to ask or clarify. I'll be right back.

1. What other suggestions would you offer about how the NEI can encourage pharmacists to talk to their patients with diabetes about diabetic eye disease?
2. What other insights and recommendations do you have for the NEI as it continues to develop programs and materials to inform the public about diabetic eye disease and the importance of having people with diabetes get a yearly comprehensive dilated eye exam?
3. Finally, if there were one thing that the NEI could do to address pharmacists' education and resource needs about diabetic eye disease, what would it be?

On behalf of the NEI, I wish to thank all of you for your input today.

Appendix D
Informed Consent

Informed Consent

ORC Macro is conducting a discussion group study on behalf of National Eye Institute (NEI) to gather information about what types of diabetic eye disease materials would be most useful to pharmacists and their patients.

You have been invited to participate in a discussion with other pharmacists who work in the District of Columbia, Maryland, and/or Virginia. A report of the results from all of the discussions will be prepared and submitted to the National Eye Institute. Before you agree to join in this discussion, please review and consider the conditions listed below:

- Participation in this group discussion is completely voluntary.
- The discussion will no more than 2 hours.
- Any questions you have about this study will be answered before the group discussion begins.
- The discussion will be audio taped.
- The discussion will be observed by project staff from the NEI and ORC Macro.
- We ask you to avoid using your last name during the focus group.
- Your name will not be used in any reports about this group and no quotes will be attributed to you.
- You may choose not to answer questions that you do not want to answer.
- You may choose to leave the group at any time for any reason.
- You will receive \$150 to compensate you for your time.

Your signature below indicates that you understand the conditions stated above and agree to participate in this group.

Signature _____

Witness _____

Date _____