Evaluating Pharmacists’ Comfort Level and Knowledge About Prescribing Hormonal Contraceptives In A Supermarket Chain Pharmacy

Lio I, Remines J, Goode J
Virginia Commonwealth University and Kroger Pharmacy - Roanoke, VA

**Background:** In 2011, nearly half (45%) of the 6.1 million pregnancies in the United States each year were unintended; nearly 5% of reproductive-aged women (15-44 years) have an unintended pregnancy each year.¹ According to the American Congress of Obstetricians and Gynecologists, the most common limitations to appropriate contraception include access and cost.² Pharmacists can now combat contraceptive access limitation with pharmacists in California, Oregon, and Colorado currently having the right to prescribe hormonal contraceptives without a prescription. It is in the foreseeable future that pharmacists across all states will gain the same right to prescribe hormonal contraceptives.

**Objectives:** To compare community pharmacists’ comfort levels and knowledge prescribing hormonal contraceptives before and after a training session and to identify perceived barriers and resources needed to prescribe hormonal contraceptives

**Methods:** In this prospective, convenience sample survey study, 350 pharmacists in the Mid-Atlantic Division of Kroger (which spans parts of Kentucky, North Carolina, Ohio, Tennessee, Virginia, and West Virginia) will be surveyed before and after a training session through Qualtrics©. The survey consists of Likert scale questions derived from the literature such as rating comfort on prescribing by contraceptive type and by different methods, knowledge comfort, eight knowledge assessment questions with case-based scenarios, and perception of barriers and resources needed in order to prescribe hormonal contraceptives. The training session is a one hour continuing education incorporating information from the survey knowledge questions including side effects of different oral contraceptives, dosing as it relates to different concentrations of estrogen and progestin, and choice of therapy as it relates to other medical conditions. Data will be analyzed using descriptive statistics and a t-test will be used to compare pre-and post-survey information. Pre-surveys will not be included if post-surveys were not completed as identified by a unique identifier code.

**Preliminary results:** There was a 58.3% response rate for the pre-survey. Pharmacists averaged 14 years in pharmacy practice and were 66.3% female. Liability concern was the greatest barrier identified by 40.5% pharmacists in order for them to prescribe hormonal contraceptives. Pharmacist knowledge about hormonal contraception was 37.5% before the training session. If allowed as a scope of practice in their state, an average of 7.2% of pharmacists were extremely comfortable prescribing any type of hormonal contraceptive (oral, transdermal, injectional, or intravaginal).

**Preliminary conclusions:** Pharmacists have a lack of knowledge and perceived lack of comfort with prescribing hormonal contraceptives if allowed in their state of practice without a training session.

**References:**