



Pharmacy E-prescribing Experience Reporting (PEER) Portal Data Collection Form

Please go to www.pgc.net to access the PEER Portal and enter in your data.

The PEER Portal has been designed to allow practicing pharmacists to share their experiences with e-prescribing technologies. All comments - whether suggestions for improvement or complaints about the process - are welcome. It is very important that pharmacists or their designees completing this questionnaire understand and comply with the following:

- No personally identifiable patient information, otherwise known as protected health information (PHI), should ever be entered or provided in response to the questionnaire. Any questionnaire or response received that appears to contain PHI will be deleted and destroyed immediately in its entirety and will not be used in any manner.
- This portal is not a technical support site. Support issues, such as, by way of example, electronic prescriptions or refill requests not being received by the pharmacy or prescriber to which they were sent, should be reported to the appropriate prescriber or pharmacy technology vendors.
- The purpose of this site is to allow NASPA and SureScripts, the operator of the Pharmacy Health Information Exchange™, to gather detailed information that may be used to improve the quality and effectiveness of electronic prescribing technologies. Pharmacists and technicians using this portal should not expect a direct, personalized communication from SureScripts or NASPA in response to the information that they provide. They can, however, expect that the information will be used to identify trends and systems issues that might need to be addressed or mitigated in order to improve the overall quality and operation of the e-prescribing infrastructure.

Unless noted otherwise all fields are required.

1) & 2) Pharmacist/Technician and Pharmacy Information will need to be input online in case there are other questions.

3) Name of pharmacy computer system, if known: _____

4) Prescriber Information

Name: _____ DEA # (optional): _____

Address: _____

City: _____ State: _____ Zip Code: _____

5) Date and time prescription received by pharmacy: (mm/dd/yyyy) _____ Time _____ a.m. p.m.

6) Prescription Information: Drug Name _____ Strength: _____ Quantity _____

7) Type of electronic prescription (please choose one):

Computer-generated fax to pharmacy _____ Totally electronic prescription sent directly into pharmacy computer _____

8) Please categorize your issue(s) with the electronic prescription you are reporting on (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Drug selection | <input type="checkbox"/> Essential information is missing |
| <input type="checkbox"/> Sig / Directions | <input type="checkbox"/> Prescription contains conflicting information |
| <input type="checkbox"/> Some data fields are used inappropriately | <input type="checkbox"/> Other: _____ |

9) How was issue identified? Pharmacist/Technician Prescriber/Staff Patient/caregiver Other

10) Description of issue encountered - please provide as much detail as possible (NO PHI, please)

Many thanks for your valuable contribution to this effort to improve the e-prescribing process.