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RESEARCH

Pharmacists' perspectives on prescribing hormonal contraception in Washington, DC, with a focus on young people

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ABSTRACT

Objective: To assess pharmacists' interest, comfort level, training needs, and barriers to prescribing hormonal contraceptives, particularly in the context of serving young people in Washington, DC.

Design: In this mixed-methods study, we conducted a focus group discussion with pharmacists in February 2017, which was analyzed thematically using inductive and deductive coding. In January 2018 to June 2018, we conducted a survey with pharmacists, which was analyzed using descriptive statistics.

Setting and participants: Community and outpatient pharmacists in Washington, DC.

Outcomes measures: Pharmacists' interest and comfort level to begin prescribing hormonal contraception, particularly in the context of serving young people.

Results: A total of 6 pharmacists participated in the focus group discussion, and 82 pharmacists participated in the online survey. In the survey, 59% of pharmacists were interested in prescribing hormonal contraception as independent practitioners and 63% through collaborative practice agreements; focus group participants believed that other pharmacists might be less likely to participate. In addition, focus group and survey respondents reported high levels of comfort with activities related to prescribing hormonal contraception, including 96% of survey participants reporting comfort taking blood pressure and 93% reporting comfort counseling young women on hormonal contraceptive methods. Only 25% of pharmacists reported having a private consultation space that provided both visual and auditory privacy. To ensure that pharmacies were ready to implement this service, pharmacists identified multiple concerns that needed to be addressed, including workload, liability issues, compensation, and a need for additional training on hormonal contraceptive methods, and how to counsel young people on them.

Conclusion: Pharmacists in Washington, DC, are interested in and comfortable with activities related to prescribing hormonal contraception, including to young people. However, to become ready to offer these services, pharmacists desire additional training, and pharmacies need to ensure confidentiality for young people and address pharmacists' concerns about workload, liability, and compensation.

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Background

An increasing number of states have passed legislation granting pharmacists the ability to prescribe hormonal

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contraception. As of June 2019, pharmacists in 12 states, and Washington, DC, can prescribe hormonal contraception, but they have different policies on how pharmacists can provide this service.¹ In some states such as New Hampshire and Tennessee,^{2,3} pharmacists can only provide hormonal contraception prescriptions when specified by a collaborative practice agreement with a physician. In other states such as California⁴ and Oregon,⁵ pharmacists can independently prescribe hormonal contraception under a state-wide protocol. With the passing of the Defending Access to Women's Health Care Services Amendment Act of 2018, Washington, DC, began permitting pharmacists to independently prescribe hormonal contraception.⁶ Although a separate law was passed in 2012

Key Points**Background:**

- Pharmacist provision of hormonal contraception has the potential to increase access to contraception, especially among young people who face unique barriers to accessing contraception.
- An increasing number of states have passed laws allowing pharmacists to prescribe hormonal contraception. In 2018, a legislation passed in Washington, DC, granted pharmacists the ability to independently prescribe oral contraception, the patch, and the ring, and the implementation of this service is planned to start soon.
- There is no information on the degree of interest, comfort level, or training needs among pharmacists in Washington, DC, to begin prescribing hormonal contraceptives to patients, particularly young people.

Findings:

- Interest in prescribing hormonal contraception either through a collaborative practice agreement or as an independent practitioner is relatively high among pharmacists working in Washington, DC.
- Pharmacists reported high levels of comfort with measuring blood pressure, assessing medical history and risk, counseling on sexually transmitted infections, counseling on proper use of contraceptive methods, and counseling adolescents in particular on contraception methods. Pharmacists, however, desire additional training to identify contraindications to contraceptive use, additional education about hormonal contraceptive methods in general, and training on counseling and prescribing to young people and adolescents in particular.
- Pharmacies can prepare to implement these services by addressing pharmacists' concerns about workload, liability, and compensation and addressing young people's concerns about privacy and confidentiality.

allowing pharmacists in Washington, DC, to enter into collaborative practice agreements with clinicians to prescribe hormonal contraception,⁷ pharmacists could not use these agreements because associated regulations were not finalized until August 2018, 7 months after passing the Defending Access to Women's Health Care Services Amendment Act.⁸ Pharmacists in Washington, DC, will be able to prescribe contraceptives independently under a district-wide protocol. Implementation of pharmacist prescribing services in Washington, DC, has been planned to start soon, and pharmacists will be able to prescribe oral contraception, the patch, and the ring to people of all ages.⁷

Pharmacists' level of interest in offering hormonal contraception prescriptions, as well as the speed of implementing

pharmacist prescribing services, varies by state. In California, for example, interest in prescribing contraceptives among pharmacists was initially high, with 1 study finding that most surveyed pharmacists (73%) working in community pharmacies were interested in prescribing contraception.⁹ However, the implementation of prescribing services in this state has been slow with one study reporting that 10–12 months after pharmacists could begin prescribing hormonal contraception in the state, only 11% of pharmacies actually offered this service.¹⁰ Another study found that only about a third of California pharmacies not offering the service planned to do so in the future.¹¹ Previous research has found that pharmacists are concerned about the following issues related to prescribing hormonal contraception: time constraints, liability, shortage of staff, reimbursement for the service, the need for additional training, workflow disturbances, lack of patient medical records, gaps in contraceptive knowledge, resistance from physicians, and the potential for women to forego other health care services.^{12–16}

However, in other states such as Oregon, pharmacist prescribing services were quickly and smoothly implemented. This was, in part, a result of the development of a standardized and comprehensive training program on contraceptive provision for pharmacists, as well as an effective payment system allowing pharmacists to be reimbursed by medical insurers.¹⁷ In addition, interest in offering prescribing services was high among pharmacists in Oregon. One study found that over half of the surveyed pharmacists were interested in offering prescribing services for contraception if they were provided with reimbursement and training, and almost 40% intended to offer contraceptive services once legislation took effect.¹³

This model of contraceptive prescribing has the potential to remove barriers individuals encounter when trying to obtain contraception at a clinic, such as cost and transportation challenges and not having a regular physician. Although pharmacist prescribing of contraception is expected to increase access and convenience for people seeking contraception, young people in particular face a wide array of barriers to accessing contraception compared with adults, including concerns about privacy and confidentiality,¹⁸ which prevent some young people from receiving the needed sexual and reproductive health care.¹⁹ In pharmacies, this may lead to young people feeling intimidated about approaching a pharmacist for contraceptive care, and past studies have documented young people's concern about confidentiality in pharmacies, especially related to parental involvement and insurance disclosures.^{20,21} In addition, young people under the age of 18 years are barred from obtaining contraception from pharmacists in some states.²² Young people have unique contraceptive care needs and concerns, and although one study has shown that pharmacists are interested in providing preconception care to female adolescents,²³ no research has explored pharmacists' readiness to prescribe contraceptives to young people.^{12–15}

Objective

The goal of this mixed-methods research study was to inform the implementation of pharmacist prescribing services in Washington, DC, by exploring pharmacists' level of interest in offering this service, comfort with activities related to

prescribing, training needs, and barriers to begin offering this service. We assessed both general considerations regarding implementing pharmacist prescribing services in pharmacies in Washington, DC, and particular issues related to prescribing to young people, who were defined as those aged younger than 24 years.

Methods

This mixed-methods study was conducted in 2 phases. The first phase gathered qualitative information from pharmacists through a focus group discussion. The second phase involved an online quantitative survey with pharmacists. We used focus group findings to develop the survey and to contextualize its findings.

To recruit pharmacists for the focus group, we compiled a list of 140 pharmacies in Washington, DC, by searching the CARE Pharmacies Cooperative Inc website,²⁴ Yelp, Google, and the online version of the Yellow Pages²⁵ in the fall of 2016; this list was as close to a census of pharmacies in DC as possible. We called, e-mailed, or visited all pharmacies on our compiled list with invitations to participate in the focus group about pharmacist prescribing in Washington, DC. All registered pharmacists in Washington, DC, were eligible to participate. One focus group discussion with pharmacists was held in February 2017 and was conducted by Dr Katcher, a female-identifying pediatrician with a focus on adolescent health, with a student research assistant who was taking notes. The facilitator had no previous relationship with the participants. The facilitator described the goal of the study before the focus group started. The focus group discussion lasted approximately 90 minutes and took place at Howard University. All participants provided written informed consent and received \$25 for their time. Pharmacists were not given the opportunity to see the transcript after the focus group discussion or to comment on the findings.

The focus group followed a discussion guide that included the following topics: current contraceptive services offered by pharmacies, training needs for pharmacists interested in prescribing hormonal contraception, pharmacists' views on offering this service, and implementation of pharmacist prescribing services in pharmacies. Probes relating to offering services to young people included asking about the training that pharmacists needed to serve this population, barriers to implementing this service for young people, their thoughts on information sharing for young people, how to maintain confidentiality, and what would make the program a success for young people.

The focus group discussion was recorded and transcribed verbatim, and identifying information was redacted. A codebook was developed on the basis of themes in the focus group discussion guide and was adjusted to include any topics that emerged from the discussion iteratively. The transcript was analyzed thematically using inductive and deductive coding by 1 coder using the Dedoose qualitative software (Dedoose Version 8.1.8 [2018], Los Angeles, CA). Three researchers then summarized each coded theme and included key quotes by participants. Because participants were not identified by names in the transcripts, we were unable to specify the

number of participants who agreed or disagreed with a certain opinion.

The second phase of the study included a survey assessing pharmacists' interest in and comfort with prescribing hormonal contraception. The survey was fielded from January 2018 to June 2018 using Qualtrics survey software (Qualtrics, Provo, UT). Pharmacists were eligible if they worked in an outpatient pharmacy (including hospital or ambulatory pharmacies) or a community pharmacy in Washington, DC. Using the list of enumerated pharmacies previously described, pharmacies were contacted to confirm that they were still operating (28 were deemed closed). Research assistants visited 110 out of the 112 pharmacies on the list, informing pharmacists about the study and asking if they would be interested in participating in the anonymous survey. Pharmacists were given the option of taking the survey in the pharmacy using a provided tablet or completing it later online. If they opted to take the survey later, research staff followed up with pharmacists a week later in person or by phone. Only the first names of pharmacists were recorded, and there was no link between pharmacy or pharmacist information and any information captured in the survey. Research staff inquired about the number and availability of all pharmacists working at a pharmacy with the aim to ask as many DC pharmacists to participate as possible. In addition, information about the study was disseminated via e-mail to listservs of pharmacists in Washington, DC. Pharmacists could choose to enter a raffle for 1 of two \$100 gift cards that were available for participating in the survey.

The survey instrument was based on a previous survey conducted by Landau et al.¹⁴ and on the themes that surfaced from our study's qualitative findings (Appendix 1). The goal of this survey was descriptive; we aimed to describe interest in prescribing hormonal contraception in addition to assessing comfort with activities related to prescribing, motivations for wanting to prescribe hormonal contraception, perceived barriers to providing this service, and desired trainings. Our primary outcome of interest was interest in prescribing hormonal contraception, either as an independent practitioner or through a collaborative practice agreement. In addition, we analyzed pharmacists' level of comfort in performing tasks to ensure that a patient was an appropriate candidate for hormonal contraception (measuring patient's blood pressure and asking risk assessment questions about patient's medical history) and counseling patients on sexually transmitted infections (STIs).

In addition, we analyzed pharmacists' comfort with counseling young women, including adolescents, on contraception and whether pharmacists wanted additional training that addressed adolescent and teen needs in particular. Moreover, we asked pharmacists to report on the level of privacy available in their pharmacies for consultations and whether they would be willing to answer questions young people had about their contraceptive method after their visit.

We captured the characteristics of participating pharmacists in the survey including gender, age, years of practice, pharmacy type, and advanced training. To analyze pharmacists' advanced training, anyone who selected that they participated in any of the options under advanced training (Fellowship, postgraduate year [PGY]-1, PGY-2, and other)

were considered to have completed some form of advanced training. Those who did not select any advanced training were assumed to have no advanced training.

We analyzed data descriptively and performed bivariate tabulations with interest in prescribing and the characteristics of pharmacists and pharmacies. Survey data were analyzed using Stata 15 (StataCorp, College Station, TX) and the R statistical software (R Core Team, 2019).

This study was approved by the Allendale Investigational Review Board and the Howard University Institutional Review Board.

Results

One focus group with 6 pharmacists was conducted. Half of the pharmacists practiced in the same geographic area (the Shaw/Howard University vicinity within Washington, DC). Pharmacists ranged in their years of practice from 6 months to 15 years. Half of the pharmacists worked at a community pharmacy, and the other half worked in pharmacies within other health care institutions.

A total of 89 surveys were completed. We excluded 2 respondents who reported that there were no pharmacists working at the pharmacy on a daily basis and no prescriptions filled weekly. Because we were primarily interested in understanding pharmacists' interest in and level of comfort prescribing contraceptives, we also excluded respondents who did not answer both the questions about their interest in prescribing and their level of comfort with activities related to prescribing hormonal contraception ($n = 5$). Our final sample included 82 participants.

Fifty-nine surveys were completed in person and 23 were completed online. The sample was split almost evenly between pharmacists identifying as women (48%) and men (52%) (Table 1). Seventy-four percent of pharmacists reported working for a chain pharmacy. Most pharmacists (55%) were aged 30–39 years and 54% had been practicing as a pharmacist for fewer than 5 years. Twenty-nine percent of respondents reported any advanced training. Most pharmacists worked in a high-volume pharmacy, with 86% of pharmacists reporting that they worked in pharmacies that filled more than 500 prescriptions per week. Seventy-six percent of respondents reported that their pharmacy had 1 to 2 pharmacists in the pharmacy daily.

Interest in prescribing hormonal contraception

Several pharmacists in the focus group discussion thought that only about 20% of other pharmacists would be willing to prescribe hormonal contraception and that most interested pharmacists would be young. Talking about the older generation of pharmacists, a participant said “Until we weed out my generation... it will be a challenge.” However, another pharmacist thought pharmacists would become more open to the idea after seeing other pharmacists integrate this practice.

Survey results revealed relatively high interest in prescribing hormonal contraception (Table 1). Fifty-nine percent of respondents reported being interested in prescribing hormonal contraception as an independent practitioner, 63% reported interest in prescribing through collaborative practice, and 43% were interested in both these mechanisms (data not shown). A

larger proportion of pharmacists who were male, aged 30 years or older, had at least 5 years of practice, worked at a pharmacy that filled fewer prescriptions per week (≤ 1000), and worked at a pharmacy that had a higher number of pharmacists working daily (≥ 3) were interested in prescribing hormonal contraception as independent practitioners than pharmacists who were younger than 30 years, had fewer than 5 years of practice, worked at a pharmacy filling more than 1000 prescriptions per week, and worked at a pharmacy with fewer pharmacists working on a daily basis (< 3).

Motivations to prescribe hormonal contraception

When asked about incentives that would motivate pharmacists to prescribe hormonal contraception ($n = 81$), 70% of survey respondents thought that expanding pharmacists' scope of practice would incentivize provision, 65% reported that receiving a fee for service would be motivating, and 64% thought that the opportunity for professional development would encourage pharmacists to prescribe contraceptives. One focus group participant echoed, “What I'm saying is there is a way to be able to incentivize a pharmacist to get them motivated to do it... You have to go to some kind of certification program, educational program to say ‘okay, I am certified to do this’... The company should be able to pay those pharmacists.” In the focus group, when asked how much pharmacists should be compensated, 1 person thought they should be paid the same as a physician performing the same work, and others cited the amount pharmacists charged for other services, such as influenza vaccinations. Beyond these incentives, 54% of survey participants reported that a major motivator for pharmacists was the ability to address an important public health issue.

Comfort levels with activities related to prescribing hormonal contraception

In the focus group, participants expressed different levels of comfort with regard to using a checklist to prescribe contraception to new users. Several participants thought a checklist would be helpful and easy to use, whereas 1 pharmacist thought a checklist would be insufficient to identify conditions that patients themselves may not know they have. Focus group participants were comfortable taking patients' blood pressure and counseling them on a range of contraceptive methods. In addition, survey respondents reported high levels of comfort with measuring blood pressure, assessing medical history and risk, counseling on STIs, and counseling on proper use of contraceptive methods (Figure 1).

Barriers to prescribing hormonal contraception

To assess readiness at both the individual level and pharmacy level, pharmacists participating in the survey and focus group discussion were asked to identify the biggest barriers to prescribing hormonal contraception under current pharmacy operations (Figure 2). Seventy-three percent of survey respondents cited their current workload as the primary barrier and 54% cited liability concerns. In addition, pharmacists highlighted the need for additional training (37%) and concerns about being compensated for their time (35%) as other

Table 1

Online survey of participants and their pharmacy's characteristics by interest in prescribing hormonal contraception as an independent practitioner or through a collaborative practice agreement

Characteristic	Total sample (N = 82); n, (%)	Interest in prescribing contraceptives as an independent practitioner (n = 81); n, (%)	Interest in prescribing contraceptives through collaborative practice (n = 81); n, (%)
All pharmacists	82 (100)	48 (59)	51 (63)
Sex (N = 82)	—	—	—
Women	39 (48)	20 (49)	26 (90)
Men	43 (52)	28 (67)	25 (59)
Type of pharmacy (n = 81)	—	—	—
Chain	60 (74)	33 (56)	35 (59)
Independent	13 (16)	9 (69)	8 (62)
Other	8 (10)	6 (75)	7 (88)
Age (y) (N = 82)	—	—	—
20–29	18 (22)	10 (56)	14 (78)
30–39	45 (55)	28 (62)	27 (60)
40–49	10 (12)	7 (70)	5 (50)
≥ 50	9 (11)	5 (63)	5 (63)
Y of practice (N = 82)	—	—	—
< 5	44 (54)	19 (43)	30 (68)
≥ 5	38 (46)	23 (62)	21 (57)
Advanced training (N = 82)	—	—	—
Fellowship	2 (2)	1 (50)	1 (50)
Residency: PGY-1	17 (21)	11 (65)	11 (65)
Residency: PGY-2	6 (7)	5 (83)	4 (67)
Other advanced training	6 (7)	4 (67)	5 (83)
Any advanced training ^a	24 (29)	15 (63)	16 (67)
Services offered at pharmacy (N = 82)	—	—	—
Chronic condition management	20 (24)	14 (70)	16 (80)
Emergency contraception ^b	27 (33)	22 (85)	24 (92)
Immunizations	63 (77)	39 (63)	38 (61)
Medication therapy management	45 (55)	31 (69)	32 (71)
Pharmacogenomics	1 (1)	1 (100)	1 (100)
Smoking cessation	34 (41)	20 (61)	25 (76)
Weight management	5 (6)	4 (80)	4 (80)
Volume of prescriptions at pharmacy per wk (n = 78)	—	—	—
≤ 500	11 (14)	7 (64)	9 (82)
501–1000	34 (44)	23 (68)	21 (88)
1001–2000	26 (33)	14 (56)	15 (60)
2001–5000	7 (9)	4 (57)	4 (57)
Daily number of pharmacists in pharmacy (n = 80)	—	—	—
0 ^c	1 (1)	0 (0)	0 (0)
1–2	61 (76)	35 (42)	38 (63)
≥ 3	18 (23)	12 (67)	12 (67)

Abbreviation used: PGY, postgraduate year.

Note: ^aParticipants who skipped this question were counted as not having any advanced training.

^bEmergency contraception services were not defined in the survey.

^cIt is possible that the pharmacist that reported 0 as the daily number of pharmacists at the store may only be working part time.

top potential barriers to offering the service. The least prevalent barrier was a lack of personal interest from pharmacists themselves (3%). In the focus group, participants identified similar concerns regarding workloads, liability issues, and compensation. In addition, some focus group participants were worried about the possibility of patients foregoing routine preventive care.

With regard to workload, several pharmacists in the focus group stated that they would not have time to counsel and prescribe hormonal contraception because of their current workload, whereas others disagreed that lack of time would be a barrier because they thought that prescribing contraceptives would not take “any more time than a flu shot.” Several focus group participants believed that reluctance to

delegate work to a technician was a primary reason for why some pharmacists had a very heavy workload and thought the relationship between pharmacists and technicians would have to change for contraceptive prescribing services to be successful. As 1 participant described, “The problem is that sometimes we [pharmacists] are control freaks and we don't really allow the technicians to do everything that they should do.”

Some participants did not understand the need for contraceptive prescribing services:

“I mean, I don't have a problem with it if it's definitely that shortage as far as people can't get to the OB-GYN or they can't afford to go to the doctor. That's what I'm not

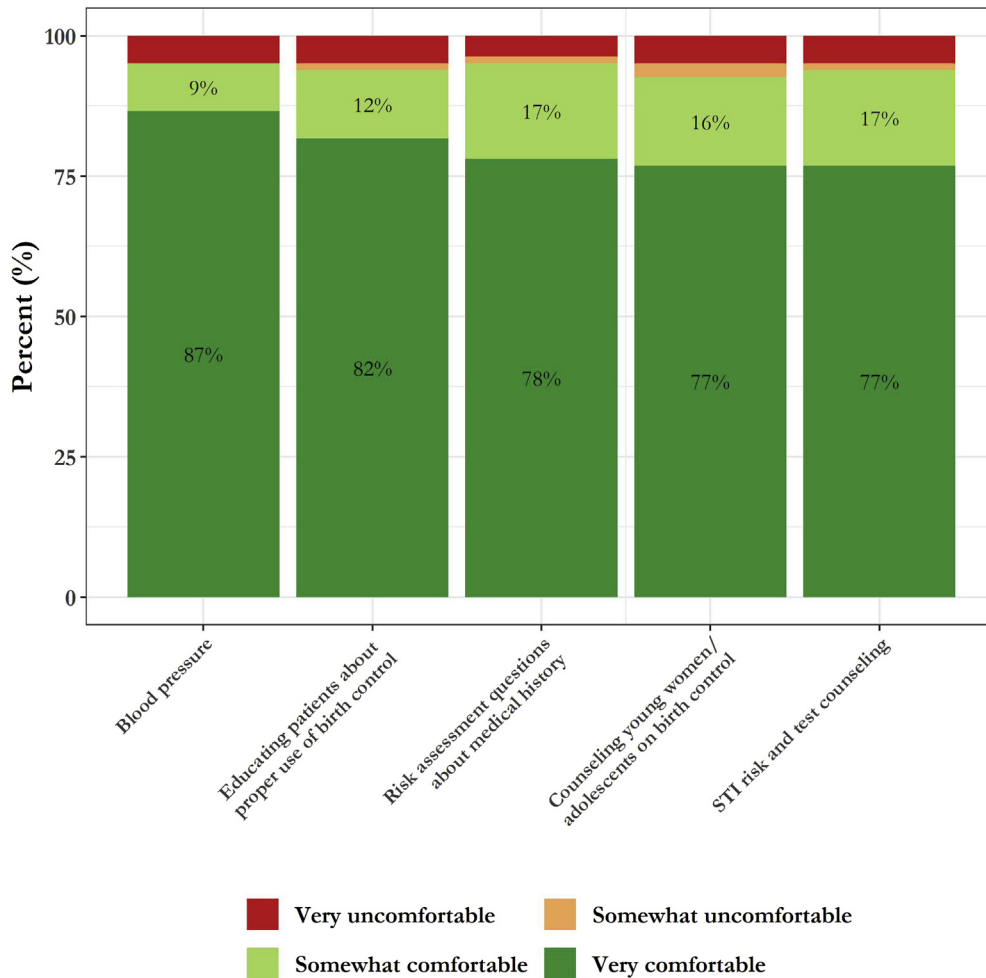


Figure 1. Online survey participants' comfort with activities related to prescribing hormonal birth control, n = 82.

understanding. Like why is there a need for pharmacists to actually do this?"

Pharmacists hoped that the general public would trust pharmacists to prescribe hormonal contraception. A pharmacist described the following: "The first phase is we have to believe, as a state, as a society, as a community, we have to believe that pharmacists are able to provide this service. Do we believe in that? That's the first thing."

Training needs

When asked what areas of additional training or education they would like to receive if they were to prescribe hormonal contraception (n = 79), 67% of surveyed pharmacists wanted additional training on helping patients select the best method of contraception, 59% wanted additional training to identify contraindications to use, and 54% wanted more general information about hormonal contraceptive methods. Four percent of respondents did not desire any additional training. Participants in the focus group discussion wanted similar trainings to those cited in the survey results and wanted

training on contraceptive adverse effects. Sixty-six percent of surveyed pharmacists wanted training in the form of a certificate program, 54% reported interest in a webinar-style training, and 54% were interested in in-person training or seminars. Forty-eight percent of pharmacists reported being interested in an online self-directed training.

Prescribing hormonal contraception to young people and adolescents

In the focus group discussion, pharmacists shared their ideas about how to best provide hormonal contraception and reproductive health care information to young people. Several participants acknowledged that pharmacists should not be judgmental or assume that they know patients' needs when providing information.

When presented with the idea that simply approaching a pharmacist may be a barrier for young people, participants had different ideas on how to address this issue. One focus group participant thought that approaching male pharmacists would be particularly difficult for young women and suggested that pharmacy staff should ideally be a mix of different genders. One

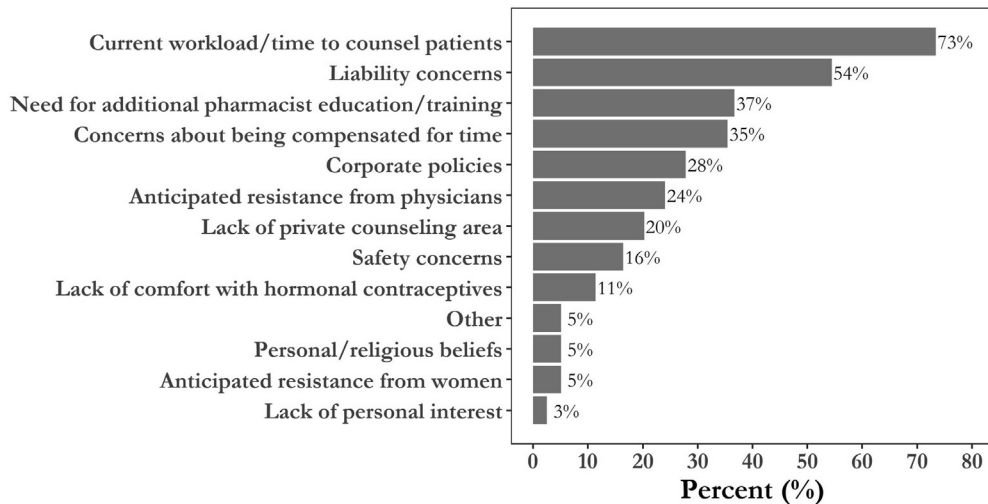


Figure 2. Online survey participants' barriers to implement pharmacist prescribing of hormonal contraception, n = 79.

participant thought a self-administered checklist would be helpful for young people to convey more confidential information and another thought a private consultation area would make them more comfortable. In survey results (n = 75), 11% of pharmacists reported only having over-the-counter space for consultations, 61% reported having space with visual privacy, and 27% reported having a space with auditory privacy. Twenty-eight percent reported having a separate space for consultations but without visual or auditory privacy. Only a quarter of pharmacists reported having both visual and auditory privacy. At the time of the survey, 57% of pharmacists reported having some mechanism for patients to schedule an appointment at the pharmacy before visiting the pharmacy, which could allow young people to avoid having to approach pharmacists to ask for contraception consultations in person.

In the survey, 93% of pharmacists were comfortable counseling young women on contraceptive methods (Figure 1); however, 58% wanted training in counseling and prescribing to adolescents and teens in particular. In addition, 89% (n = 79) were interested or willing to answer questions that young people might have about their contraception after leaving the pharmacy. Focus group participants expressed the desire for more information about state laws on the age to consent to sexual and reproductive health services.

Focus group participants with experience counseling young people on contraception noted that privacy and confidentiality were extremely important to adolescents, and participants had different ideas about ways to ensure the privacy of young people. One participant thought young people could request that their prescription not be picked up by anyone else, especially as parents often pick up prescriptions for the entire family. Others thought that young people would wait in person for their prescription or go to a different pharmacy than their family pharmacy. Pharmacists thought they could suggest young patients that they pay in cash if privacy was an issue and help them find the most affordable option. Although participants thought pharmacists should be compensated for providing prescribing services, they also thought contraception should be affordable or free, especially for young people.

Focus group participants discussed ideas to best communicate to patients that pharmacists could prescribe hormonal contraception. Suggestions included having pharmacies display stickers that could also be placed in each prescription bag and promote the service in various languages. One pharmacist thought that young people should learn about the availability of this service at schools. With regard to communicating about contraceptive options and directions for use, pharmacists thought such information should be available in different languages and in a variety of formats (e.g., printed materials, videos, websites, mobile applications, and face-to-face communication).

Discussion

Pharmacists in this study expressed interest in prescribing hormonal contraception and high levels of comfort in performing activities needed to prescribe. Although pharmacists identified potential barriers such as liability, workload, and compensation, they reported being motivated by the potential for this service to address a public health need, to provide them with an additional source of income, to expand their scope of practice, and to create an opportunity for professional development. These findings support previous research showing that common motivators for offering prescribing services were increasing access to contraception, helping reduce unintended pregnancies, and increasing pharmacists' scope of practice.²⁶ Pharmacists were interested in additional training on how to prescribe and counsel patients on hormonal contraception, and expressed a particular desire to make sure that their services were youth friendly.

These results suggest that DC pharmacists may be willing to prescribe hormonal contraception to patients of all ages and support the findings of other studies showing that interest in prescribing hormonal contraception is high among pharmacists.^{14,15} However, our results highlight that not all pharmacists understand the need for hormonal contraceptive prescribing services in their community, and this may impact the willingness of some pharmacists to offer such services. There is a need to make pharmacists aware of the barriers individuals, particularly young people, encounter when

seeking contraception and how pharmacists can play a key role in expanding contraceptive access.

Previous research has demonstrated that pharmacist prescribing services have the potential to be an important source of care for people seeking contraception,²⁷ but specific concerns of young people need to be addressed to ensure they are comfortable and willing to obtain contraception from pharmacists. To meet the needs of young people, pharmacies should work to ensure that a private consultation space is available and that materials made available for clients are offered in multiple formats. Trainings on how to provide contraceptive services to adolescents and young people should address how to use nonjudgmental, plain language and different considerations about payment and privacy that may be particularly relevant to young people.²¹ This study suggests that pharmacists' willingness to participate in trainings is high, especially if provided in a variety of formats.

Although our findings reveal that many pharmacists feel comfortable performing the tasks required to educate patients on contraception and prescribe an appropriate contraceptive method, previous research suggests that pharmacists need resources to feel comfortable integrating these tasks into pharmacy workflows.¹² Pharmacies may benefit from a protocol that addresses the needs of young people in particular. As this service is implemented throughout Washington, DC, additional research should seek to understand how well services are being implemented in independent and chain pharmacies and whether patients, including young people, are using and satisfied with this service.

There are several limitations to this study. First, we could not identify how many pharmacists worked at the same pharmacy. Thus, some pharmacy-specific concerns or information about services offered may not be representative of DC pharmacies. Given that we visited 110 of the 112 identified pharmacies, we believe that the number of pharmacists surveyed is a large proportion of the total number of community pharmacists in Washington, DC; however, there is no publicly available count. Because the survey was anonymous and we had no way of determining if we had a representative response, it is possible that survey respondents were more (or less) favorable toward pharmacist prescribing of hormonal contraception. We did not pilot the survey instrument; however, many questions were based on a previously fielded survey. Although the focus group provided meaningful context to our survey results, we were only able to conduct 1 focus group owing to challenges recruiting pharmacists. We could not identify quotes in the focus group by speaker, limiting the nuance permitted by our analysis. The definition of teenagers, adolescents, and young people were not provided to study participants, and we relied on participants' own understanding of this language in answering these questions. Finally, our sample only included pharmacists and no other pharmacy staff. It is important to understand any concerns that pharmacy technicians or other staff members may have when contributing to the provision of this service and ensuring that pharmacies and pharmacists are youth friendly.

Conclusion

Interest and comfort in prescribing hormonal contraception is high among DC pharmacists. For implementation to be

successful, especially to make services available to young people, regulators and pharmacy staff need to address issues concerning liability, workload, and compensation. To ensure that services are youth friendly, private consultation spaces are needed. Pharmacists should receive education on why pharmacist prescribing services could increase access to hormonal contraception, in addition to particular training on how to counsel and prescribe to young people.

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Supplementary data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.japh.2019.12.006>.

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