

Why Rural Health? The Need for Pharmacy Transformation and Innovation in Rural America

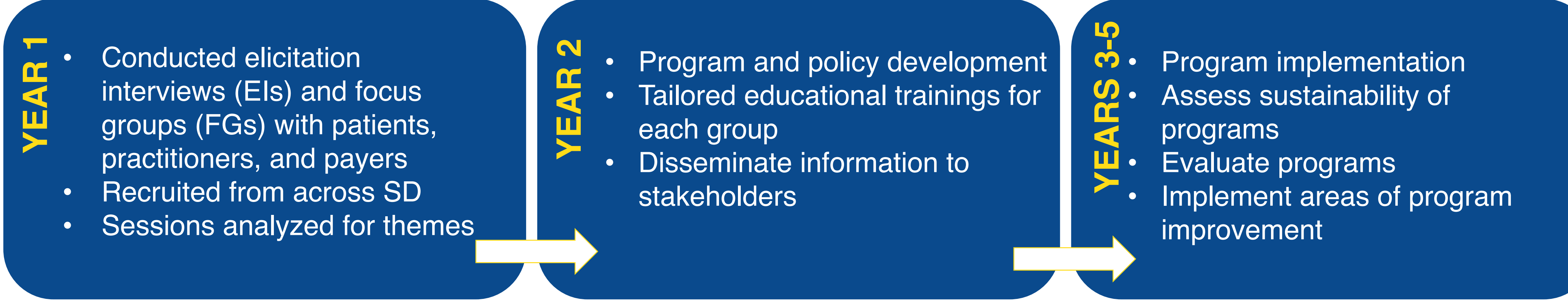
Sharrel Pinto, BSP Pharm, DMM, MS, PhD¹ | Department Head | Hoch Endowed Professor for Community Practice
Amanda Dickinson, BSPS | Lead Student | PharmD Candidate 2020
Alex Middendorf, PharmD, MBA² | Assistant Professor

¹Department of Allied and Population Health; ²Department of Pharmacy Practice

INTRODUCTION

- In South Dakota's (SD) 66 counties:
 - 45% are rural (<36 people per square mile)
 - 52% are frontier (<6 people per square mile)
- Patients in rural areas have poorer health outcomes for multifactorial reasons, including access
 - 8% of SD adults have diabetes
 - Heart disease is the leading cause of death in SD, and stroke is the fifth
 - CVD costs SD \$981 million annually
- Healthcare access is a problem in SD
 - CDC designated 2/3 as Health Professional Shortage Areas
 - 8% of hospitals are critical access
 - Average distance to a routine healthcare appointment in SD/ND/MT/WY is 42 miles, but 64% of SD residents live within 15 minutes of a pharmacy
- SD has three integrated delivery networks (IDNs) with underutilized tools and resources to serve the state's unique population (Figure 1)

METHODS



ENGAGING STAKEHOLDERS

- Three, unique stakeholder groups were effectively engaged with tailored methods
 - **Patients** - flyers in gas stations, pharmacies, and in-person presentations
 - **Practitioners** - relationships with IDNs, professional state organizations, in-person meetings, and third-party groups that targeted individual practitioners
 - **Payers** – built upon established connections
- Recruitment was fast due to initial excitement and buy-in from partners across the state
- Engagement was successfully accomplished due to "small-town" feel of a rural state, technological capabilities to connect with partners across the state, and strong relationships

OBJECTIVES

- Explain why rural South Dakota has a need for pharmacy transformation and innovation
- Show why South Dakota has the appropriate infrastructure needed to lead the nation in innovative rural pharmacy practice

DISCUSSION & IMPLICATIONS

- Patients**
 - Patients were frequently unaware of services provided by pharmacists, such as MTM
 - Developing an awareness campaign to cover this gap
- Practitioners**
 - Many primary care providers (PCPs) mentioned a need to be more of a "one-stop" experience for patients, but space, time, and money are limited
 - Many PCPs were unaware of the services pharmacists can provide to help them
 - Developing education for practitioners on what pharmacists can do (using APhA training and webinars) so they will utilize pharmacists more
 - Pharmacy stakeholders will begin to take the lead in expanding their roles and offering clinical services
 - Working with pharmacy stakeholders to standardize pharmacy services
- Payers**
 - Making connections with local and regional payers to identify their needs and how pharmacists can help
 - Developing a "toolkit" to educate payers on what pharmacists can do and how to reimburse clinical pharmacy services
- Overall**
 - The state's rural nature hinders access to care due to distance and the nature of patients' vocations, but the innate community of a rural area enables multi-level relationship building leading to collaborations available in a larger, more populated state

RESULTS

PATIENTS (n=50)

- More than half of patients were from rural communities
- Almost half of patients heard about the study from a newspaper ad
- Patients were unaware of Medication Therapy Management (MTM) and enhanced pharmacy services such as medication packaging or synchronization

"I think they need to be allowed more time with individual patients. You know, the scheduling people every 10 to 15 minutes, especially adults, well who have multiple issues. I just think that's not quite right and not to anybody's benefit."
-Patient

"How are you going to take care of your diabetes if you can't get the things you need?"
-Patient

PRACTITIONERS (n=69)

- Non-pharmacist practitioners were largely unaware of the services pharmacists are trained to provide
- Pharmacists already have great connections with their local providers but are lacking in either resources or a strategy to expand their practice
- Expressed how telehealth capabilities helped them

"We have a very unique site...we're able to visit with our practitioners on site...we go into our local clinic and we do a monthly presentation...we talk about new services we offer...and [answer] questions the providers may have."
-Pharmacist

"We are going to have video access and phone access to a pharmacist to help those patients who have questions."
-Registered Nurse in Coordinated Care

PAYERS (n=5)

- Payers expressed the need for:
 - Education on reimbursement models for pharmacy-based services
 - Effective communication for beneficiaries and practitioners
 - Covering services that improve holistic wellness and health outcomes
- Were aware of how pharmacists could benefit the patient healthcare journey, especially in rural settings

"Traditionally, this has been the role of only the physician. This isn't working. Pharmacists could take the burden off providers, allowing them more time to provide valuable patient visits."
-Health Plan Representative

"I can know insurance policies down to the nitty gritty, but I don't know anything about medications."
-Health Plan Executive

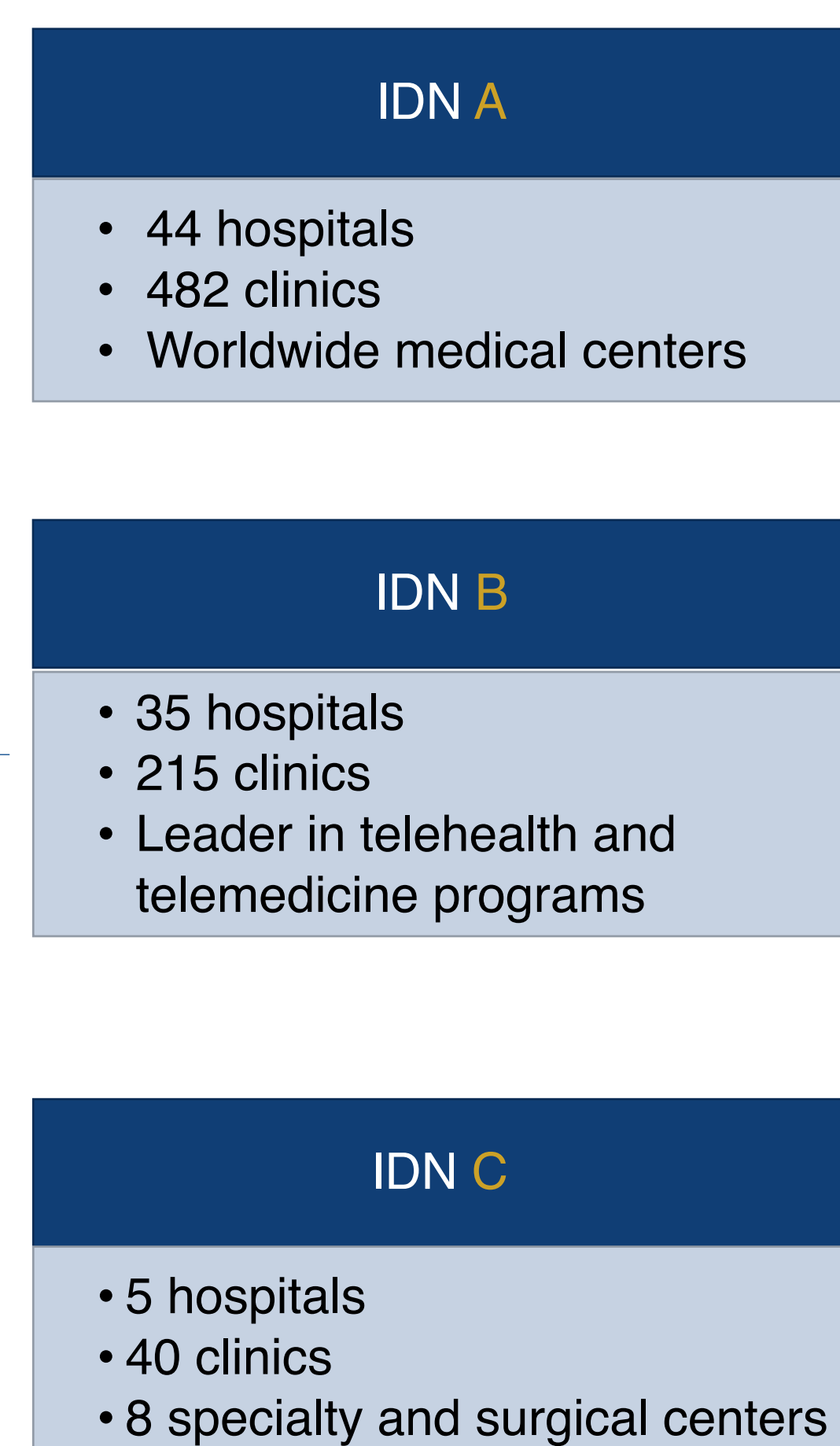


Figure 1. Overview of SD integrated delivery networks (IDNs)