

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

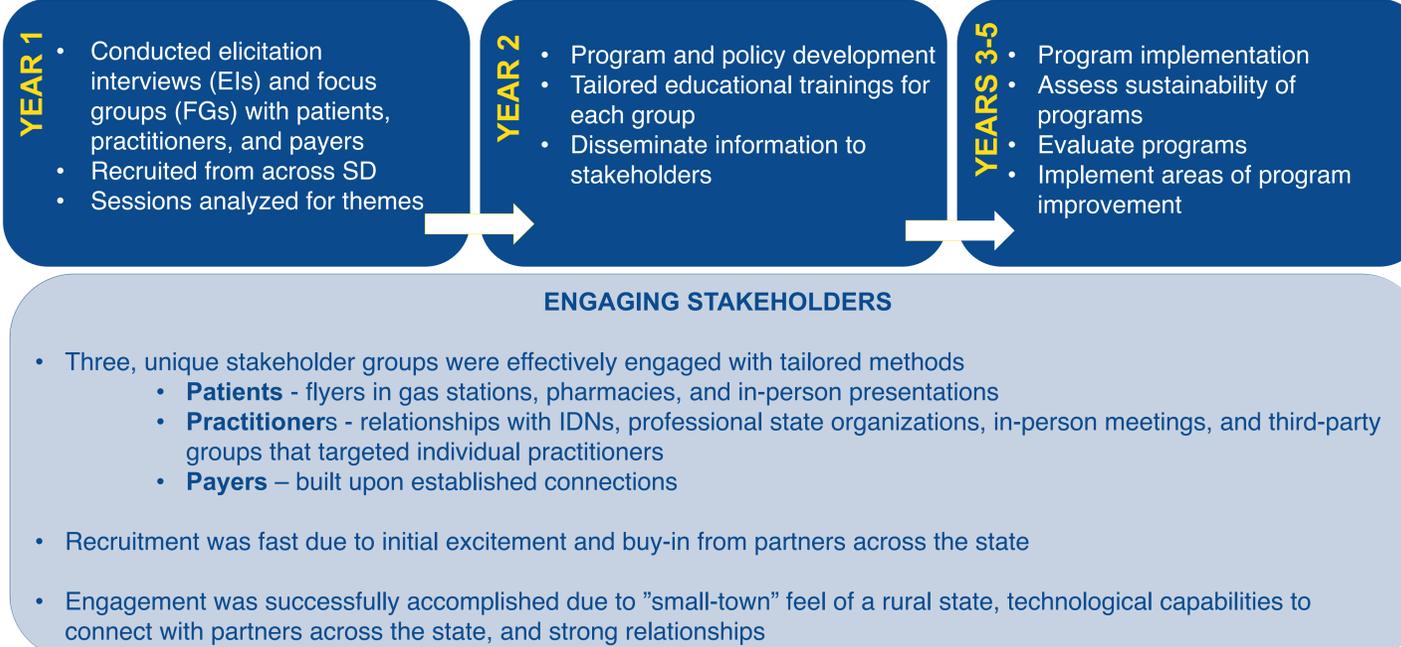
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INTRODUCTION

- 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



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)	PRACTITIONERS (n=69)	PAYERS (n=5)
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Payers expressed the need for: <ul style="list-style-type: none"> ➢ 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
<p>"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</p>	<p>"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</p>	<p>"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</p>
<p>"How are you going to take care of your diabetes if you can't get the things you need?" -Patient</p>	<p>"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</p>	<p>"I can know insurance policies down to the nitty gritty, but I don't know anything about medications." -Health Plan Executive</p>

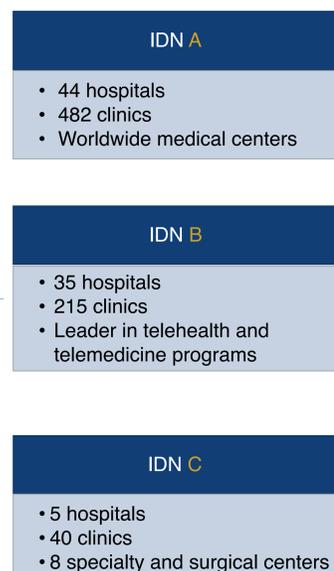


Figure 1. Overview of SD integrated delivery networks (IDNs)