

Improving Health Care for South Dakotans with Diabetes and Cardiovascular Diseases: Practitioner's Outlook

Sharrel Pinto, BSP Pharm, DMM, MS, PhD¹ | Department Head | Hoch Endowed Professor for Community Practice

Molly Kabella, BSPS | PharmD Candidate 2021

Alex Middendorf, PharmD, MBA² | Co-Investigator | Assistant Professor

Chamika Hawkins-Taylor, PhD³ | Assistant Professor

¹Department of Allied and Population Health; ²Department of Pharmacy Practice; ³Xavier University of Louisiana

INTRODUCTION

- Rural South Dakotans may travel more than 50 miles for a primary care provider (PCP) appointment, but 64% of the population commute just 15 minutes to the nearest pharmacy and 81% are within a 30-minute drive.¹
- Pharmacists tend to be an underutilized resource for patients to receive healthcare services, despite ease of access compared to their PCP.
- Pharmacist provided services may include immunizations, medication therapy management (MTM), services, disease state management, diabetes education, and point-of-care testing
- Providing MTM services may lead to positive patient health outcomes, reduced healthcare costs, increased medication adherence, and increased quality of life.^{2,3,4,5,6,7} Such findings justify further exploration into routine and widespread MTM implementation

OBJECTIVES

- Identify attitudes and perspectives on the role that pharmacy currently plays in providing care through clinical services including Medication Therapy Management (MTM)
- Identify the barriers faced by South Dakota pharmacist and non-pharmacist practitioners when treating patients with diabetes and cardiovascular disease

METHODS

RECRUITMENT

- Recruitment was facilitated by project team with stakeholders and/or by third-party agencies that contacted SD practitioners caring for patients with diabetes and/or CVD:
 - Connect US Health – online portal for healthcare professionals nationwide to log professional history and achievements to bring professionals together
 - Eagle One – mixed media marketing and networking organization
- Practitioners included pharmacists, physicians, diabetes educators, dietitians, and advanced practice providers (APPs)

DATA COLLECTION

- Semi-structured 1.5-hour one-on-one elicitation interview (EI) sessions or 3-hour focus group (FG) sessions were conducted by project team members
 - EI sessions were face-to-face or via telephone/web meetings
 - FG sessions consisted of a mixed group of practitioners
- All sessions were audio recorded and later transcribed verbatim
- Sessions were conducted during a 3-month period from April 2019 through June 2019

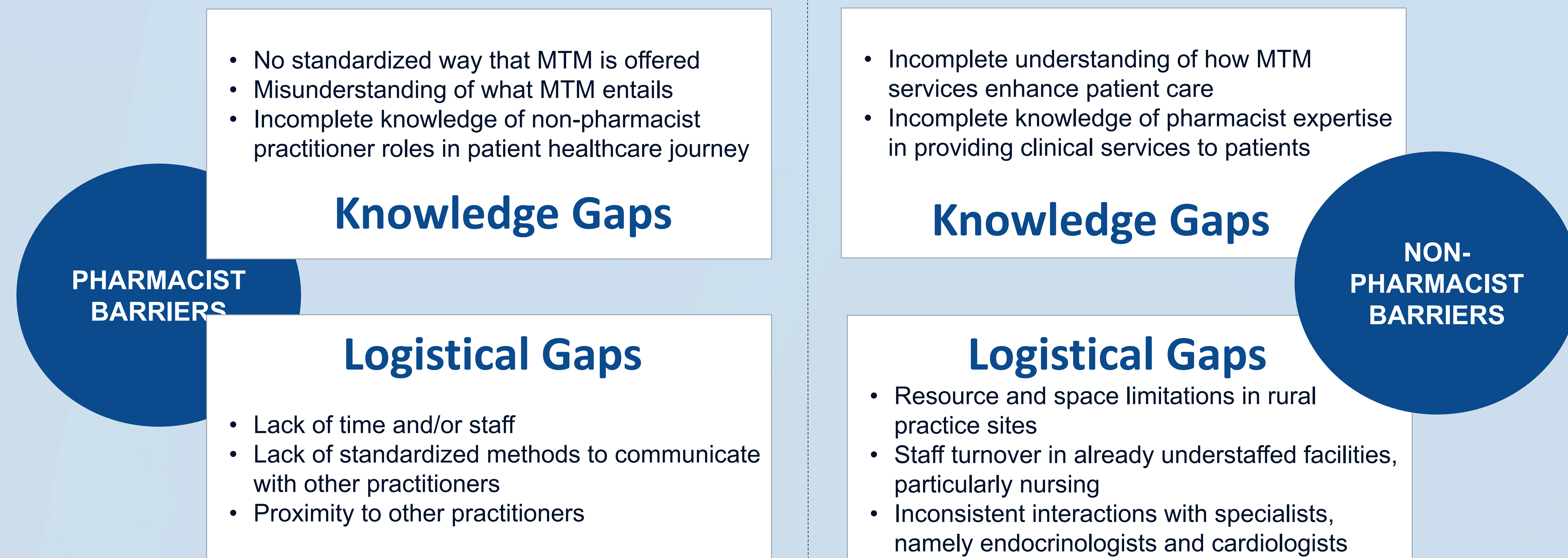
DATA ANALYSIS

- Qualitative analysis of content was performed using NVivo
- Team members coded transcripts and identified recurring themes
- Following thematic analysis, descriptive statistics were performed in Microsoft Excel

Provider Type	Participants (n=69)
Pharmacists	35
APPs	4
Dieticians	11
Diabetes Educators	5
Physicians	1

Provider Setting	Participants (n=69)
Urban	39
Rural	30

Results



“My challenge is making sure that everyone knows I’m there. Many providers in rural communities aren’t quite sure what all a pharmacist can do for them and their patients.”
–Community Pharmacist

“Pharmacists are left out of the discussion a lot of the times. Don’t forget about us and bring us into the conversation and the patient healthcare journey.”
–Ambulatory Care Pharmacist

“There’s not enough time in the day to truly cover everything you want to cover and to make sure that people do understand what you’re saying, the severity of what you’re trying to explain to them about this diagnosis”
–Certified Nurse Practitioner

“I think a lot of times nurses maybe just get busy and, um, don’t stop and think about, ‘Oh that person would really benefit from a referral to the dietitian.’ or ‘You know, that person is really struggling with their medication management. They should really go see a pharmacist.’”
–Dietitian

DISCUSSION & IMPLICATIONS

- Detailed briefs will be created and disseminated to help stakeholders understand the impact of Year One findings on their organization to facilitate strategic goal setting
- Routine meetings will be scheduled with these stakeholders, with the goal of standardizing pharmacist care delivery processes and further integration into the health care team
- Recruitment strategy will be developed to increase pharmacist participation in existing training offerings on MTM, diabetes, and cardiovascular disease with goals of widespread uptake across the state
- Statewide initiative will be developed to educate both pharmacists and non-pharmacists on MTM and roles pharmacists can play in delivery of patient care