A BUSINESS DEVELOPMENT TOOL FOR COMMUNITY PHARMACY IN RURAL HEALTH

Final Report to the
COMMUNITY PHARMACY FOUNDATION
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Principal Investigator
Harry P. Hagel, BS Pharm, MS Pharm
Washington, DC

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BACKGROUND

A review of both the professional literature and consideration of a significant amount of anecdotal evidence makes several conclusions inescapable. First, it is apparent that community pharmacy, especially in rural areas, continues to experience decline in number of pharmacies and financial viability. Poor financial performance due to trends in declining reimbursement for prescription fulfillment and difficulty in recruiting pharmacist professionals in rural areas places access to community pharmacy services at risk for millions of Americans. However changes in health delivery and payment systems in the past several years and growing acceptance of the evidence demonstrating positive contributions by pharmacists to patient outcomes has created new opportunities for community pharmacists practicing in rural communities. Unfortunately, most pharmacists either have scarce time or limited skills and resources to explore and capitalize on potential business opportunities.

FINANCIAL HEALTH OF RURAL PHARMACY

A 2007 policy brief published by the RUPRI Center for Rural Health Policy Analysis reported there were 7,455 independently owned rural pharmacies in the United States.[1] Of those, 2,019 are the only pharmacies in their community and of those, 1,044 are located at least 10 miles from the next nearest pharmacy (which by definition is in a different community). Lower volume and higher drug acquisition costs place rural pharmacies in a very precarious financial environment considering that the majority of revenue is often linked to prescription drug sales.

Increasing competition from mail-order and Internet suppliers further reduce prescription volume coupled with increasing lower reimbursement rates from Medicare Part D prescription drug plans and other pharmacy benefit management companies. In fact, a 2007 study conducted by The North Carolina Rural Health Research & Policy Analysis Center and The RUPRI Center for Rural Health Policy Analysis[2] described overall financial position of a random sample of 51 rural community pharmacies following Medicare Part D implementation as follows:
- 31 percent (n=16) were good, strong or excellent;
- 47 percent (n=24) were stable, average or fair; and
- 22 percent (n=11) were poor, declining or unstable.

When comparing their current financial position to six months previous, responses were as follows:
- 53 percent (n=27) were the same;
- 37 percent (n=19) saw a decline; and

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[1] http://www.unmc.edu/ruprihealth/Pubs/PB2007-6_PharmLocBrf_1127.pdf
[2] http://www.shepscenter.unc.edu/rural/pubs/finding_brief/FB83.pdf

- 10 percent (n=5) saw an improvement

This data supports the assertion that financial viability is a concern for a large number of community pharmacies. Fortunately, the current health reform environment and the desire to improve the cost-effectiveness of health care delivery offers multiple opportunities for rural community pharmacy as identified below:

RURAL HEALTH OPPORTUNITES FOR COMMUNITY PHARMACY

Opportunity 1. Rural Hospitals
A December 2005 report by the Upper Midwest Rural Health Research Center indicated that 46% of rural hospitals surveyed reported having a pharmacist on site less than 40 hours per week, and 17% shared a pharmacist with another hospital.[3] The vast majority (88%) of hospitals rely on a staff pharmacist on call as their primary means of pharmacist consultation after normal business hours... Community pharmacies have the potential to not only provide assistance with traditional pharmacy procurement and safety, but also additional clinical services focused on formulary management and medication therapy management could greatly assist rural hospitals in managing costs and improving quality of care.

Opportunity 2. Patient-Centered Primary Care Medical Homes
The Patient-Centered Primary Medical Home model for health service delivery is predicated on the assumption that an integrated and collaborative system of care will reduce costs and improve quality of care. Further, the medical home concept promotes evidence-based practices, enhanced coordination of care, greater safety, and more complete and effective use of the specialized knowledge and skills of those professionals working as part of the medical home patient care team. The imperative for optimal medication use outcomes, quality and safety clearly supports the need for pharmacist integration. A white paper jointly prepared by the national pharmacy organizations offers supportive evidence.[4] The Patient Centered Primary Care Collaborative web site[5] maintains a listing of all demonstration projects by State along with participating providers, purchasers and other partners that community pharmacists can utilize to identify potential contacts to explore opportunities for collaboration.

Opportunity 3. Accountable Care Organizations
The accountable care organization (ACO) has become an increasingly advocated model for health care reform that typically centers on multi-specialty group practices that are clustered

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[3] http://www.uppermidwestrhrc.org/pdf/medication_safety.pdf
[4] http://www.accp.com/docs/positions/misc/IntegrationPharmacistClinicalServicesPCMHModel3-09.pdf
[5] http://www.pcpcc.net

around local hospitals as an extended hospital medical staff In general there are three essential characteristics of ACOs:
- The ability to provide, and manage with patients, the continuum of care across different institutional settings, including at least ambulatory and inpatient hospital care and possibly post acute care;
- The capability of prospectively planning budgets and resource needs; and
- Sufficient size to support comprehensive, valid, and reliable performance measurement.

In exchange for investing in this reformed health care provider structure, the ACO members will share in the savings that results from their cooperation and coordination. Thus, ACOs can theoretically act as a reform tool by incentivizing more efficient and effective care. This would help to combat the current perverse incentives of overutilization and overbuilding of health care facilities and technology.

Much like medical homes, pharmacists can play a key role in guaranteeing an ACO's success by ensuring appropriate medication use; reducing adverse drug events, preventing hospitalizations and helping patients manage chronic conditions. Community pharmacists in rural areas must pro-actively reach out to hospitals and providers, to demonstrate why and how their services can support the goals of existing or planned ACO's. In November 2010, the National Association of Chain Drugs Stores submitted comments to the NCQA supporting the need for pharmacist inclusion in ACO criteria.[6]   In addition, the Brookings-Dartmouth Accountable Care Organization Toolkit released in January 2011 includes numerous references to medication use and the role of pharmacy in ACO management of patient safety, costs and quality.[7]

Opportunity 4. 340B Drug Pricing Program
Two major developments in the 340B drug pricing program offers expanded opportunity for community pharmacies to partner with a covered-entity to provide pharmacy services under a contract pharmacy arrangement. In April 2010, new published guidelines allow for a covered-entity to utilize multiple contract pharmacies. In addition, the Affordable Care Act signed into law by President Obama expanded 340B program participation to critical access hospitals, sole community hospitals and rural referral centers that are typically located in rural areas.

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[6] http://www.nacds.org/user-assets/pdfs/2010/newsrelease/11_19_NCQA_ACO_comments.pdf
[7] https://xteam.brookings.edu/bdacoln/Documents/ACO%20Toolkit%20January%202011.pdf

PROJECT OBJECTIVES

This project sought to equip community pharmacists and their pharmacy practice sites with a consolidated source of information and tools to support expansion of existing business endeavors in rural health delivery systems. Specifically the project focused on the following key objectives:

1. Compile State-by-State profiles, accessible via a designated web-portal, of rural health priorities, practice regulations and potential collaborative partners to assist rural community pharmacies in identifying opportunities and securing agreements to provide expanded pharmacy services.
2. Develop a comprehensive, self-guided, web-based tool to help rural pharmacies, plan implement and track business development activities.

METHODOLOGY

A rural pharmacy focused, web-based portal was created to: 1) facilitate educating pharmacists on emerging health system delivery models; 2) identify the rural health priorities and opportunities in their respective States and; 3) provide tools to support development, implementation and tracking of a new business venture. In addition, the web-based business development tool was designed to collect and report critical utilization and practice data to help national pharmacy and rural health associations support pharmacist integration in rural health patient care delivery systems.

NATIONAL ADVISORY COMMITTEE

Staff representatives from national pharmacy organizations were convened at the outset of the project to ensure that the planned web portal components would address key needs and issues of their respective pharmacist members and the pharmacy profession at-large. Individuals from the American Pharmacists Association, National Community Pharmacy Association, National Alliance of State Pharmacy Associations, American Society of Health-System Pharmacy and Food and Marketing Institute participated in the initial development and planning meeting held in October 2011.

INFORMATION RESOURCES

Concise descriptions of business opportunities for rural pharmacists and pharmacies were drafted and included on the *RuralRx* web portal. Additional resources were identified and included as web links to information available through various national pharmacy organizations and government agencies. The information resources were not intended to be an exhaustive list or duplicate already cataloged information by other organizations. Rather, the information

was intended to serve as a "window" to aid the user in locating information to address their specific interest area, knowledge gap or potential business opportunity.

INDIVIDUAL STATE PROFILES

340B Covered-entities and Medicare Hospitals

Data for each state was compiled for integration into the web portal using publicly available databases filtered specifically for State ZIP Code areas with majority populations living 60 minutes or more from urban areas of 50,000 or more people; and 45 minutes or more from urban areas of 25,000-49,999 people.

The covered-entity database available on the Health Resources and Services Administration Office of Pharmacy Affairs was used to identify organizations that participate in the 340B drug discount program. Medicare registered rural hospitals where identified using a public database maintained by the Centers for Medicare and Medicaid Services.

State Rural Health Survey Results

A survey of individual State Offices of Rural Health was completed in July-August 2012 with the cooperation of the National Organization of State Office of Rural Health. The survey was designed to identify perceived availability and importance of pharmacy services in each state as well as rural health care priorities. The state survey results were used to identify potential service gaps in each State based on low perceived availability and high perceived importance.

Pharmacist Practice Authority and State Health Data

Specific pharmacist practice authority and other key health care data for each state were summarized using State fact sheets compiled by the National Alliance of State Pharmacy Associations and the American Pharmacists Association.

SELF-ASSESSMENT AND BUSINESS OPPORTUNITIES

To help pharmacists identify their individual strengths and weaknesses related to rural health opportunities a self-assessment tool was created to allow the pharmacist to indicate their knowledge and expertise in specific business opportunity areas. The pharmacist's self-assessment responses were matched to the rural health survey results for the pharmacist's State to identify preliminary areas of opportunity or focus. Opportunity is defined as the pharmacist having expertise or knowledge in a specific area where a gap in service may exist.

ACTION PLANNING

Completing all the necessary work tasks towards new business development requires a well conceived and detailed action plan. An action plan template to guide the pharmacist was included on the RuralRx web portal that can be downloaded as a Word document for customization or maintained on-line to allow multiple users to track and document their pharmacy's progress.

RESULTS

A web portal was launched that assembles and organizes information, resources and tools to assist community pharmacists and pharmacies in identifying and acting on business development opportunities in rural health.

The public web site, found at www.rxcaresystems.com/ruralrx includes the following features:
- Survey respones for individual State Offices of Rural Health
- Searchable database of 340B participating covered-entities located in federally designated rural areas in each State
- Searchable database of Medicare registered hospitals located in federally designated rural areas in each State
- Key practice regulations and data for each State
- General information resources on medication therapy management, accountable care organizations, patient-centered medical homes, contracted clinical and distributive services for hospitals, immunizations and 340B contract pharmacy services.
- An interactive self-assessment that identifies opportunities for business development based upon pharmacist knowledge/expertise and rural health priorities for selected State.
- An on-line business development action plan template.

Individual pages of the *RuralRx* web portal are included in the appendices pages that follow.

COMMUNICATION PLAN

To ensure pharmacists are aware of and utilize the RuralRx web portal, individuals who participated in the national advisory group will be requested to utilize their respective organization communication channels to alert and inform their members. In addition, the project director's professional Link-In network contacts will be alerted and asked to disseminate information about the web portal to their contacts or affiliated organizations. Google analytics will be used to track web portal usage.

COMMUNITY PHARMACY BUSINESS DEVELOPMENT IN RURAL HEALTH

Business Opportunities	Information Resources	State Reports	Create Your "RuralRx Plan"	HOME

ABOUT THIS WEB SITE

This rural pharmacy focused web portal was created to facilitate information access on emerging health system delivery models, identify the rural health priorities and opportunities in individual States and provide a comprehensive and interactive tool to support development, implementation and tracking of a new business venture.

Key components of this site are divided into specific content areas that can be directly accessed using the hyperlink tabs at the top of this page. Each content area is described below:

Business Opportunities
A discussion of broad business opportunities for practice expansion/development in rural health delivery systems.

Information Resources
A searchable compilation of useful links to information and resources applicable to pharmacy practice development, rural health, safety net pharmacy and health care delivery models.

State Reports
Access detailed information on rural health priorities, MTM related pharmacy practice guidelines, accountable care organizations, patient-centered medical homes, rural hospitals and safety net providers in each State.

Create Your "RuralRx Plan"
An interactive tool that allows you to complete a self-assessment that when compared to rural health priorities and gaps in your State will identify potential business opportunities. This section also includes business development action plans that can be customized for your practice.

ACKNOWLEDGEMENTS

SPECIAL THANKS

Login to Edit your RuralRx Plan
UserID

Password

Get Plan

Create a New RuralRx Plan (click here)

Direct Questions or Comments to:
Harry P. Hagel, Project Director
E-mail: hphagel@gmail.com

COMMUNITY PHARMACY BUSINESS DEVELOPMENT IN RURAL HEALTH

Business Opportunities for Community Pharmacy In Rural Health

Rural Hospitals

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  - The ability to provide, and manage with patients, the continuum of care across different institutional settings, including ambulatory and inpatient hospital care and possibly post acute care;
  - The capability of prospectively planning budgets and resource needs; and
  - Sufficient size to support comprehensive, valid, and reliable performance measurement.

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340B Drug Pricing Program

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[1] http://www.uppermidwestrhrc.org/news/010406.html

[2] http://www.accp.com/docs/positions/misc/IntegrationPharmacistClinicalServicesPCMHModel3-09.pdf

[3] http://www.pcpcc.net

[4] http://www.nacds.org/user-assets/pdfs/2010/newsrelease/11_19_NCQA_ACO_comments.pdf

[5] http://www.hrsa.gov/publichealth/clinical/patientsafety/index.html

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E-mail: hphagel@gmail.com

COMMUNITY PHARMACY BUSINESS DEVELOPMENT IN RURAL HEALTH

Suggested Information and Education Resource Links

Medication Therapy Management

APhA MTM Central

APhA MTM Digest

ASHP Medication Therapy and Patient Care

Pharmacist Immunizations

APhA Immunization Center

Guidelines for Pharmacists Role in Immunizations (ASHP)

340B Drug Discount Program

HRSA Office of Pharmacy Affairs (HRSA/OPA)

340B University

340B Prime Vendor Program

Accountable Care Organizations

Centers for Medicare and Medicaid Services (CMS)

- *Regional Offices*

Pharmacists Role in Accountable Care Organizations (ASHP)

Pharmacists in Accountable Care Organizations (AMCP)

Patient-centered Primary Care Medical Home

Expanding the Role of Pharmacists in Medical Homes (AACP)

Pharmacist Involvement in a Patient-Centered Medical Home (ASHP Case Study)

Defining the Medical Home (PCPCC)

Rural Hospitals

Small and Rural Hospital Resource Center (ASHP)

Outsourcing Hospital Pharmacy Services Guidelines (ASHP)

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E-mail: hphagel@gmail.com

COMMUNITY PHARMACY BUSINESS DEVELOPMENT IN RURAL HEALTH

State Rural Health Survey Results

Each State has a rural health office charged with assisting rural communities in building health care delivery systems. These offices vary in size, scope, organization and in services and resources they provide. The responses summarized in this report were submitted by the selected State rural health office or division and are intended to help rural community pharmacies identify potential service expansion, development or collaboration opportunities. For an aggregate report (click here).

select state   -   Go

Pharmacist Practice Authority and State Health Data

The information in this report is summarized with permission from Fact Sheets developed by the National Alliance of State Pharmacy Associations. Full text versions of individual State fact sheets can be found at www.naspa.org. Because individual state rules can change, it is highly recommended that you review specific and current rules in your State.

select state   -   Go

Medicare Registered Hospitals

View a listing of Medicare registered hospitals located in State ZIP Code areas with majority populations living 60 minutes or more from urban areas of 50,000 or more people; and 45 minutes or more from urban areas of 25,000-49,999 people.

select state   -   Go

340B Covered-Entities

View a listing of 340B covered-entities located in State ZIP Code areas with majority populations living 60 minutes or more from urban areas of 50,000 or more people; and 45 minutes or more from urban areas of 25,000-49,999 people.

select state   -   select entity type   -   Go

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STATE RURAL HEALTH & COMMUNITY PHARMACY SURVEY SUMMARY

Please Note: The responses summarized below were submitted by the selected State rural health office or division. The results are intended to help rural community pharmacies identify possible service expansion, development or collaboration opportunities.

STATE: SD (10/23/2012)

Pharmacy Service Description	Perceived Availability	Perceived Importance	Service Gap
Medication adherence counseling	Some	High	Yes
Affordable medication access assistance.	High	High	
Chronic disease management services (i.e. diabetes, asthma, hypertension)	Some	High	Yes
Provide immunizations to high risk patients. (i.e. influenza, pneumococcal)	High	High	
Pharmacy services to 340B entities under the public health service act.	High	High	
Provision of drug distribution pharmacy services under contract to rural hospitals. (i.e. inventory, order entry/review)	Some	High	Yes
Provision of clinical pharmacy services under contract to rural hospitals. (i.e. formulary management, patient safety)	Some	High	Yes
Provision of medication therapy management services to ambulatory patients	Unsure	High	Yes
Conduct wellness screening and patient education.	Some	High	Yes

Rural Health Focus Area	Importance to Rural Health Efforts
Medication Use Improvement	
Medication reconciliation	VHigh
Medication adherence	Very High
Medication access/affordability	Very High
Narcotic opioid use/abuse	Very High
Care Coordination and Process Improvement	
Care transitions	Very High
Chronic disease management	Very High
Diabetes prevention or management	Very High
Tobacco use/smoking cessation	Very High
Mental health service access/quality	Very High
Women's health (contraception, HPV, etc.)	Very High
Alcohol or drug abuse	Very High
Senior care (independent living, medication use, etc.)	Very High
Sexual health (STD treatment or prevention)	Very High
HIV care/screening and prevention	Very High

Immunizations (any patient group or type)	Very High
Children's health (care access, childhood immunizations, etc.)	Very High
Oral health	Very High
Delivery System Improvements	
Primary care provider recruitment/access	Very High
Community pharmacy access	Very High
Pharmacist recruitment/staffing	Very High
Pharmacy service quality	Very High
Enhancing overall quality of care	Very High
Improving access to health services	Very High
Nurse recruitment/staffing	Very High
340B drug discount program participation	Very High
Quality Improvement Organizations	Very High
Accountable care organization development	High
Patient-centered primary care home advancement	Very High
Sustaining viability of rural hospitals	Very High
Improving access to emergency medical services	Very High
Fostering interdisciplinary community integration	Very High

Additional Comments:

Direct Questions or Comments to:

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E-mail: hphagel@gmail.com

PHARMACIST PATIENT CARE AUTHORITY AND STATE HEALTH DATA

Please Note: The information in this report is summarized with permission from Fact Sheets developed by the National Alliance of State Pharmacy Associations. Full text versions of individual fact sheets can be found at http://naspa.us. For detailed and most current pharmacy practice rules please refer to specific State pharmacy regulations using the web link provided. In addition, the user is reminded that this report contains 2007 data and is intended for general market assessment purposes as part of a more comprehensive business plan.

STATE: Minnesota
Board of Pharmacy website: http://www.phcybrd.state.mn.us

Collaborative Drug Therapy Management	Yes	
Pharmacist Immunizations		
Age range vaccination allowed	>10 for influenza. >18 for all others	
Vaccines allowed	Any Vaccine	
Vaccination authorization	Protocol or standing order	
Vaccine administration routes	Any	
Additional Health Data	**State**	**National**
Total population	5149317	n/a
Percent of population not in metropolitan area	18%	29%
Percent of adults >65 receiving flu shot	76%	71%
Percent of adults >65 receiving pneumococcal vaccine	71%	61%
Yearly outpatient prescriptions	52991429	n/a
Average yearly outpatient prescriptions per person	10.29	12.00
ER Visits per 1000 population	332	445
Medicare 30-day re-hospitalization rate	18%	20%

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E-mail: hphagel@gmail.com

MEDICARE REGISTERED RURAL HOSPITALS

Please Note: The following Medicare registered hospitals are located in State ZIP Code areas with majority populations living 60 minutes or more from urban areas of 50,000 or more people; and 45 minutes or more from urban areas of 25,000-49,999 people.

State	Zip	County	Hospital	Type	Ownership	ER Service
ND	58367	ROLETTE	**PRESENTATION MEDICAL CENTER** ROLLA 7014773161	Critical Access Hospitals	Voluntary non-profit - Private	Yes
ND	58270	WALSH	**FIRST CARE HEALTH CENTER** PARK RIVER 7012847500	Critical Access Hospitals	Voluntary non-profit - Private	Yes
ND	58730	DIVIDE	**ST LUKE'S HOSPITAL** CROSBY 7019656384	Critical Access Hospitals	Voluntary non-profit - Private	Yes
ND	58249	CAVALIER	**CAVALIER COUNTY MEMORIAL HOSPITAL** LANGDON 7012566100	Critical Access Hospitals	Voluntary non-profit - Other	Yes
ND	58413	MCINTOSH	**ASHLEY MEDICAL CENTER** ASHLEY 7012883433	Critical Access Hospitals	Voluntary non-profit - Private	Yes
ND	58495	MCINTOSH	**WISHEK COMMUNITY HOSPITAL** WISHEK 7014522326	Critical Access Hospitals	Voluntary non-profit - Private	Yes
ND	58801	WILLIAMS	**MERCY MEDICAL CENTER** WILLISTON 7017747400	Critical Access Hospitals	Voluntary non-profit - Church	Yes
ND	58421	FOSTER	**CARRINGTON HEALTH CENTER** CARRINGTON 7016523141	Critical Access Hospitals	Voluntary non-profit - Private	Yes
ND	58639	ADAMS	**WEST RIVER REGIONAL MEDICAL CENTER-CAH** HETTINGER 7015674561	Critical Access Hospitals	Voluntary non-profit - Private	Yes
ND	58474	DICKEY	**OAKES COMMUNITY HOSPITAL** OAKES 7017423291	Critical Access Hospitals	Voluntary non-profit - Private	Yes
ND	58533	GRANT	**JACOBSON MEMORIAL HOSPITAL & CARE CENTER** ELGIN 7015842792	Critical Access Hospitals	Voluntary non-profit - Private	Yes
ND	58623	BOWMAN	**SOUTHWEST HEALTHCARE SERVICES** BOWMAN 7015235265	Critical Access Hospitals	Voluntary non-profit - Private	Yes
ND	58054	RANSOM	**LISBON AREA HEALTH SERVICES** LISBON 7016835241	Critical Access Hospitals	Voluntary non-profit - Private	Yes
ND	58601	STARK	**ST JOSEPH'S HOSPITAL & HEALTH CENTER** DICKINSON 7014564000	Critical Access Hospitals	Voluntary non-profit - Church	Yes
ND	58401	STUTSMAN	**JAMESTOWN REGIONAL MEDICAL CENTER** JAMESTOWN 7012521050	Critical Access Hospitals	Voluntary non-profit - Other	Yes
ND	58220	PEMBINA	**PEMBINA COUNTY MEMORIAL HOSPITAL** CAVALIER 7012658461	Critical Access Hospitals	Voluntary non-profit - Private	Yes
ND	58852	WILLIAMS	**TIOGA MEDICAL CENTER** TIOGA	Critical Access Hospitals	Voluntary non-profit - Private	Yes

340B Hospitals and Health Centers in Rural Areas

Please Note: The following 340B covered-entities are registered with the HRSA Office of Pharmacy Affairs and are located in State ZIP Code areas with majority populations living 60 minutes or more from urban areas of 50,000 or more people; and 45 minutes or more from urban areas of 25,000-49,999 people. To view the full entity record in the OPA database (click here) and enter the 340B ID in the corresponding search field. The full record will provide detailed information including affiliated sub-division organizations and registered contract pharmacies associated with the covered-entity.

State - Zip	340B ID	Covered-Entity Name-City-Contact	Type
ND- 58054	CAH351311-00	**LISBON AREA HEALTH SERVICES** LISBON JILL MCRITCHIE / Phone: 7016836438	CAH
ND- 58060	CAH241377-02	**ST. FRANCIS MEDICAL CENTER** MILNOR LORI MEYER / Phone: 2186430265	CAH
ND- 58249	CAH351323-00	**Cavalier County Memorial Hospital** Langdon Lawrence Blue / Phone: 7012566180	CAH
ND- 58301	CAH351333-00	**THE MERCY HOSPITAL OF DEVILS LAKE** DEVILS LAKE KIM HURLY / Phone:	CAH
ND- 58367	CAH351316-00	**Presentation Medical Center** Rolla Mark C. Kerr / Phone: 7014773161	CAH
ND- 58368	CAH351332-00	**Heart of America Medical Center** Rugby Erik Christenson / Phone: 7017765455	CAH
ND- 58421	CAH351318-00	**CARRINGTON HEALTH CENTER** CARRINGTON JESSE RUE / Phone: 7016523141	CAH
ND- 58474	CAH351315-00	**OAKES COMMUNITY HOSPITAL** OAKES Monica Ptacek / Phone: 7017423833	CAH
ND- 58540	CAH351303-00	**Garrison Memorial Hospital** Garrison Dean Mattern / Phone: 7014636505	CAH
ND- 58545	CAH351310-01	**HAZEN MEMORIAL HOSPITAL DBA SAKAKAWEA MEDICAL CENTER** Hazen Michelle Wolf / Phone: 7017487249	CAH
ND- 58545	CAH351310-00	**HAZEN MEMORIAL HOSPITAL DBA SAKAKAWEA MEDICAL CENTER** HAZEN MARCIE SCHULZ / Phone: 7017487287	CAH
ND- 58575	CAH351304-00	**Community Memorial Hospital** Turtle Lake Kathy Hanson / Phone: 7014482331	CAH
ND- 58601	CAH351336-00	**ST. JOSEPH'S HOSPITAL AND HEALTH CENTER** DICKINSON RICK BOEHM / Phone: 7014564380	CAH
ND- 58639	CAH351330-00	**West River Health Services** Hettinger Susan Hallen / Phone: 7015676090	CAH
ND- 58801	CAH351334-00	**MERCY MEDICAL CENTER** WILLISTON David Sandberg, RPh / Phone: 7017747433	CAH

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COMMUNITY PHARMACY BUSINESS DEVELOPMENT IN RURAL HEALTH

| Business Opportunities | Information Resources | State Reports | Create Your "RuralRx Plan" | HOME |

CREATE YOUR RuralRx BUSINESS DEVELOPMENT ACTION PLAN

Step 1. Practice Self-Assessment

In order to provide patient services that can improve medication use as well as generate additional revenue for your pharmacy, the first step to business development is to determine your readiness to provide various services and pursue new business opportunities. The practice self-assessment is designed to help you identify and resolve any gaps that may exist between your current practice and any potential new services.

Complete a Self-Assessment

Your Record ID will be your 2-letter State abbreviation, the pharmacist license number and 4-digit PIN you selected when you completed your self-assessment.   Please use the following format: with no spaces or hyphens: (StateAbr-LicenseNumber-PIN)

Enter Record ID [   ] **View Report**

Step 2. Identify Business Opportunities

After completing your self-assessment you will be able to view/print a business opportunity report based upon your current knowledge/experience and rural health profile for your State. To view this report you will first have to complete the self-assessment in Step 1. Your Record ID will be your pharmacist license number and 4-digit PIN you selected when submitting your self-assessment. Please do not include any spaces or hyphens when entering your Record ID.

Enter Record ID [   ] **View Report**

Step 3. Prepare an Action Plan

Creating an action plan to guide business development activities is a useful tool to identify specific work tasks, assign staff, set target dates and track progress. Select from the following options:

Create and maintain an on-line action plan for on-going project management. *(click here)*

Download an action plan template as Word document that can be edited and customized. *(click here)*

Direct Questions or Comments to:
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RURAL HEALTH AND COMMUNITY PHARMACY SELF-ASSESSMENT

Back

Date Completed: 11/8/2013   select state

Enter your pharmacist license number (numbers only)   **Enter a 4-digit numeric PIN:**

Important: Your license number and PIN will be required to view your business opportunity report. Please record for future use.

Please indicate the level of knowledge and experience with each of the following pharmacist services and healthcare delivery models. Click the service or model description to view additional explanatory text.

PHARMACIST SERVICE	Knowledge Level High = confident, well informed Some = can describe/discuss Minimal = minimal to no knowledge			Experience Level High = regularly provide service Some = provide service infrequently Minimal = minimal to no experience		
Medication adherence counseling	○ High	○ Some	○ Minimal	○ High	○ Some	○ Minimal
Affordable medication access assistance	○ High	○ Some	○ Minimal	○ High	○ Some	○ Minimal
Chronic disease management (diabetes, asthma, hypertension, etc)	○ High	○ Some	○ Minimal	○ High	○ Some	○ Minimal
Provide immunizations to high risk patients. (i.e. influenza, pneumococcal)	○ High	○ Some	○ Minimal	○ High	○ Some	○ Minimal
Pharmacy services to 340B entities under the public health service act.	○ High	○ Some	○ Minimal	○ High	○ Some	○ Minimal
Provision of drug distribution pharmacy services under contract to rural hospitals. (i.e. inventory, order entry/review)	○ High	○ Some	○ Minimal	○ High	○ Some	○ Minimal
Provision of clinical pharmacy services under contract to rural hospitals. (i.e. formulary management, patient safety)	○ High	○ Some	○ Minimal	○ High	○ Some	○ Minimal
Hospital in-patient clinical services (formulary assistance, medication management)	○ High	○ Some	○ Minimal	○ High	○ Some	○ Minimal
Conduct wellness screening and patient education.	○ High	○ Some	○ Minimal	○ High	○ Some	○ Minimal
HEALTHCARE DELIVERY MODEL	Knowledge Level High = confident, well informed Some = can describe/discuss Minimal = little to no knowledge			Experience Level High = current or previous practice in model Some = planned or implemented model Minimal = little to no experience		
Patient-centered Primary Care Medical Home	○ High	○ Some	○ Minimal	○ High	○ Some	○ Minimal
Accountable Care Organization	○ High	○ Some	○ Minimal	○ High	○ Some	○ Minimal
340B Contract Pharmacy	○ High	○ Some	○ Minimal	○ High	○ Some	○ Minimal

Submit

Direct Questions or Comments to:
Harry P. Hagel, Project Director
E-mail: hphagel@gmail.com

RURAL HEALTH AND COMMUNITY PHARMACY BUSINESS DEVELOPMENT

BUSINESS OPPORTUNITY SUMMARY REPORT

Self-Assessment Date: 7/20/2013   **Record ID:** 1234561234

Based upon your self-assessment responses and state survey profile the following summary table identifies business development areas that warrant consideration for your pharmacy practice site.

PHARMACIST SERVICE	OPPORTUNITY EXISTS - based upon a perceived gap in services and "high" pharmacist expertise or knowledge.	POTENTIAL EXISTS - based upon a perceived gap in services and "some" pharmacist expertise or knowledge.	RESEARCH FURTHER - based upon a absence of service gap in services but "high" pharmacist expertise and knowledge.
Medication adherence counseling	X		
Affordable medication access assistance		X	
Chronic disease management (diabetes, asthma, hypertension, etc)			
Provide immunizations to high risk patient (i.e. influenza, pneumococcal)			
Pharmacy services to 340B entities under the public health service act.			
Provision of drug distribution pharmacy services under contract to rural hospitals. (i.e. inventory, order entry/review)			
Provision of clinical pharmacy services under contract to rural hospitals. (i.e. formulary management, patient safety)			
Hospital in-patient clinical services (formulary assistance, medication management)		X	
Conduct wellness screening and patient education.			
HEALTHCARE DELIVERY MODELS	RESEARCH FURTHER - based upon "high" pharmacist expertise or knowledge.		
Patient-centered Primary Care Medical Home	X		
Accountable Care Organization	X		
340B Contract Pharmacy	X		

COMMUNITY PHARMACY BUSINESS DEVELOPMENT IN RURAL HEALTH

Create a New Action Plan

Enter a Title for your Action Plan

Enter New UserID

Enter New Password

State   **Zipcode**

Email Address (used only in the event you forget your UserID or password)

[Create Plan] [Reset]

Login to Begin/Edit Your Plan

UserID

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Direct Questions or Comments to:

Harry P. Hagel, Project Director
E-mail: hphagel@gmail.com

COMMUNITY PHARMACY BUSINESS DEVELOPMENT IN RURAL HEALTH

ACTION PLAN TITLE: Hagel Pharmacy Wishek, ND

Goal 1. Finalize business development opportunity to pursue. | View/Edit Objectives | Print

Goal 2. Initiate discussions with business collaborators/partners. | View/Edit Objectives | Print

Goal 3. Develop service model components/methods. | View/Edit Objectives | Print

Goal 4. Project Revenue and Expenses | View/Edit Objectives | Print

Goal 5. Finalize/secure contracts with collaborators/partners. | View/Edit Objectives | Print

Goal 6. Prepare staff and practice to provide new service. | View/Edit Objectives | Print

Goal 7.   Implement new services. | View/Edit Objectives | Print

Goal 8.   Initiate quality improvement and service management functions. | View/Edit Objectives | Print

Direct Questions or Comments to:

Harry P. Hagel, Project Director
E-mail: hphagel@gmail.com

COMMUNITY PHARMACY BUSINESS DEVELOPMENT IN RURAL HEALTH

ACTION PLAN TITLE: Hagel Pharmacy Wishek, ND

Goal 1. Finalize business development opportunity to pursue.

Work Task 1.
Review self-assessment results.

Person Assigned:	Target Date:	Completion Date

Progress Notes:

Work Task 2.
Review rural health state survey results to identify opportunities and rural health priorities.

Person Assigned:	Target Date:	Completion Date

Progress Notes:

Work Task 3.
Identify feasible business development service options including patients and potential collaborators/partners that can be served by your pharmacy.

Person Assigned:	Target Date:	Completion Date
Harry P Hagel		

Progress Notes:

Work Task 4.
Seek and review relevant resources and information to ensure appropriate knowledge and understanding of business development area.

Person Assigned:	Target Date:	Completion Date

Progress Notes:

Work Task 5.
Identify potential collaborators/partners.

Person Assigned:	Target Date:	Completion Date

Progress Notes:

Work Task 6.
Convene internal and external stakeholders to obtain input and finalize business development target strategy.

Person Assigned:	Target Date:	Completion Date

Progress Notes:

Submit Changes   Reset

Direct Questions or Comments to:
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E-mail: hphagel@gmail.com

COMMUNITY PHARMACY BUSINESS DEVELOPMENT IN RURAL HEALTH

Supported by a grant from the Community Pharmacy Foundation. Visit www.rxcaresystems.com/ruralrx

RURAL PHARMACY BUSINESS DEVELOPMENT ACTION PLAN

Pharmacy Name: _____   Date Prepared: _____

Goal 1. Finalize business development opportunity to pursue.				
Work Task/Activity	**Person Responsible**	**Target Date**	**Completion Date**	**Comments/Notes**
Review self-assessment results.				
Review rural health state survey results to identify opportunities and rural health priorities.				
Identify feasible business development service options including patients and potential collaborators/partners that can be served by your pharmacy.				
Seek and review relevant resources and information to ensure appropriate knowledge and understanding of business development area.				
Identify potential collaborators/partners.				
Convene internal and external stakeholders to obtain input and finalize business development target strategy.				

Goal 2. Initiate discussions with business collaborators/partners.

Work Task/Activity	Person Responsible	Target Date	Completion Date	Comments/Notes
Prepare summary profile of potential partners that will be contacted.				
Formulate potential service options to discuss with potential partner.				
Determine key contact person within collaborator/partner organization.				
Identify potential shared contact to facilitate introduction to key contact in potential partner organization.				
Request meeting to discuss medication use issues within the collaborator/partner population of patients.				
Schedule and conduct initial meeting to explore partner needs related to medication use. (costs, safety, outcomes, inventory management, accreditation, compliance, reimbursement, etc)				
As soon as possible after meeting prepare and send written communication to partner summarizing meeting and next steps.				

Goal 3. Develop service model components/methods.

Work Task/Activity	Person Responsible	Target Date	Completion Date	Comments/Notes
Outline key steps/processes for anticipated service offering including patient identification, referral, recruitment and follow-up.				

Work Task/Activity				
Identify service units that will be used for billing/reimbursement and performance tracking.				
Evaluate gaps in current pharmacy staff capacity and capabilities to deliver services.				
Determine actions and timeline required to address identified gaps in capacity and capability.				
Identify quality and performance metrics required to continuously evaluate, monitor and report service delivery.				

Goal 4. Project Revenue and Expenses

Work Task/Activity	Person Responsible	Target Date	Completion Date	Comments/Notes
Identify and project cost of any capital improvements and investments. (office space, equipment, technology)				
Determine costs to complete necessary staff development/education. (attendance at training programs, professional meetings)				
Determine what additional staff hours and costs will be required to deliver service. (project additional pharmacist, technician or administrative resources (hours and cost)				
Project number of billing units to be generated by new services. (patient encounters, on-site service hours if hospital service contract)				
Determine direct and indirect per unit costs to deliver service.				
Calculate required per unit reimbursement/fees needed to cover costs and desired profit margin.				

Goal 5. Finalize/secure contracts with collaborators/partners.				
Work Task/Activity	**Person Responsible**	**Target Date**	**Completion Date**	**Comments/Notes**
Draft service description document to share with potential collaborator/partner.				
Adjust service model based on partner input/comment. (repeat work tasks under goal 3)				
Adjust revenue and expense projections (repease work tasks under goal 4)				
Develop and submit proposal for services to collaborator/partner.				
Prepare and execute contractual agreements.				

Goal 6. Prepare staff and practice to provide new service.				
Work Task/Activity	**Person Responsible**	**Target Date**	**Completion Date**	**Comments/Notes**
Recruit and hire additional staff				
Complete staff development/training.				
Purchase additional equipment or other resources necessary to deliver and evaluate service.				
Implement new staffing schedule and workflow modifications.				

Work Task/Activity	Person Responsible	Target Date	Completion Date	Comments/Notes
Finalize patient referral and recruitment methods.				
Develop informational and patient materials needed to provide service.				
Finalize data tracking, billing and reporting systems.				

Goal 7. Implement new services.

Work Task/Activity	Person Responsible	Target Date	Completion Date	Comments/Notes
Launch new work flow and staffing model required for new service at least 30 days prior to initiation of new service.				
Begin patient recruitment and service offering.				
Initiate billing procedures for defined service units.				

Goal 8. Initiate quality improvement and service management functions.

Work Task/Activity	Person Responsible	Target Date	Completion Date	Comments/Notes
Review metrics and activity data weekly to identify areas that require adjustment/improvement.				
Generate monthly reports for internal use and communication to partner as specified in final contract.				