



COMPLETED GRANT SYNOPSIS

Facilitating Pharmacist-Community-based Organization Collaboration to Improve Medication Management by Addressing Social Determinants of Health

Kari Trapskin, Helene McDowell, David Mott, Randall McDonough, William Doucette
 Pharmacy Society of Wisconsin, University of Wisconsin School of Pharmacy, Madison, WI
 Towncrest Pharmacy, University of Iowa College of Pharmacy, Iowa City, Iowa

Objectives

Obstacles to effective medication management can include health literacy and other social determinants of health (SDOH) such as food insecurity and transportation challenges. Together, community pharmacists and community-based organizations (CBOs) are well positioned to collaborate and address issues related to SDOHs. A need exists to develop, implement and evaluate collaborative models between community pharmacists and CBOs to screen for and resolve SDOH issues and medication related problems (MRPs).

Primary objectives of this two-state initiative include:

1. Establishing two models of collaboration involving community pharmacists and CBOs to address patients having challenges with medication therapy related to SDOH.
2. Implementing and evaluating community pharmacist-CBO collaboration models.
3. Developing a best practices implementation package containing an implementation tool kit and best practices for SDOH-related collaborative relationships between community pharmacists and CBOs.

Methods

Study Design

Study design

We conducted a series of meetings between project team members, community pharmacists and CBO personnel to establish collaborative working relationships between the community pharmacists and CBO personnel. The meetings in Wisconsin included the Pharmacy Society of Wisconsin (PSW), Meadowood Health Partnership (Case 1), Hmong Institute (Case 2) and the University of Wisconsin. The meetings for the Iowa model involved Towncrest Pharmacy, Johnson County Social Services (JCSS) and the University of Iowa.

The Wisconsin model (i.e., CBO-initiated model) started with staff from two CBOs (Case 1 & Case 2) screening broadly for client needs and referring those with medication concerns to a pharmacist at Fitchburg Family Pharmacy. The pharmacist then would coordinate a comprehensive medication review (CMR) for the patient. Conversely, the Iowa model (i.e., pharmacy-initiated model) started with a pharmacist screening a patient for SDOH-related obstacles to medications. The pharmacist would refer needful patients to the service coordinator at the CBO, who would assist them in addressing the identified SDOH issue(s).

After the collaborative models operated for six months, researchers conducted interviews with pharmacy and CBO personnel involved in the project. The interview topics were CBO-pharmacy model operations, patient response to the model and recommendations for improvements in the collaborative models. Interviews were recorded, transcribed and each transcript was coded with subsequent themes identified by two researchers on the study team.

Descriptive statistics were calculated for de-identified patient data describing SDOH issues and medication problems collected from each of the collaborative models. Also, case reports were developed for each of the collaborative models using the de-identified patient data and the thematic analysis of the interviews. An implementation package containing a

For further information and/or materials on this grant, please visit

www.CommunityPharmacyFoundation.org and submit your inquiry through [Contact Us](#).

	tool kit and a description of best practices was developed to guide use of either of the CBO-pharmacy collaboration models.
Study endpoints	<ol style="list-style-type: none"> 1. Implementation and evaluation of two collaborative models involving at least 50 patients, total, across the models. 2. Development of the implementation package tool kit and description of best practices.
Results	
<p>CBO-initiated Model (Wisconsin) For Case 1, the CBO staff screened 13 clients, with 7 of these receiving a CMR at Fitchburg Family Pharmacy. The mean number of SDOH issues experienced by the seven clients was 6.4. In Case 2, 10 clients were screened by the CBO, referred and received a CMR at Fitchburg Family Pharmacy. The mean number of SDOH issues across these clients was 2.9. Overall, the pharmacy participants said that patients/clients viewed the experience as positive. The biggest obstacle mentioned by pharmacists in Case 1 was a lack of trust between clients and the pharmacists. As a result, some clients did not respond to pharmacist phone calls to establish CMR appointment times or clients did not show for scheduled appointments. In Case 2, translation was viewed as an obstacle, as English was not the primary language for many of these clients. Often pharmacists had to talk with the translator to describe clinical situations which added time and difficulty. Another obstacle was not having access to a complete medication profile, since Fitchburg Family Pharmacy was not the usual pharmacy for most clients. Lastly, pharmacists would like to have regular meetings with CBO staff to assure success and resolve problems with the program.</p> <p>Pharmacy-initiated Model (Iowa) Towncrest Pharmacy screened 39 patients for the presence of SDOH-related obstacles to optimal medication use. Six of these patients only had affordability issues that were managed by the pharmacy. Also, 23 other patients had SDOH-related issues identified at the pharmacy and were referred to Johnson County Social Services. At JCSS, the service navigator contacted referred patients to discuss the SDOH issues listed in the referral. The most common SDOH-related obstacles identified with this group of patients were high levels of stress, feeling overwhelmed, not enough interactions with others and lack of transportation. The mean number of SDOH-related obstacles was 2.5. Overall, the CBO and pharmacy staff members thought the program was beneficial to the patients. One obstacle identified at the CBO was their staff not having enough time to fit the new work into their workflow. Also, the navigator had difficulty reaching some of the referred people by phone. Patient responses to this SDOH screening and referral process were varied. Some patients were open to participating in the screening, while others were somewhat reluctant. The pharmacy staff was able to share patient information with the CBO service navigator using secure email. The service navigator and the lead pharmacist established a collaborative working relationship that supported the coordination needed for the referral process.</p>	
Conclusion	
<p>General Findings Both CBO-pharmacy collaboration models were effective in identifying clients in need of medication management services or patients with SDOH-related obstacles to medication optimization. Of the 62 patients/clients screened, 46 had SDOH-related obstacles or medication concerns identified. Relationships between the CBO and pharmacy personnel were key to planning and implementing these CBO-pharmacy collaborative processes. The project team facilitated dialog to establish the working relationships. Also, for some patients and clients, limited trust in the referred partner reduced the coordination process. It is believed that education of patients and clients of the benefits of the CBO-pharmacy collaboration could reduce the limited trust issues. Participants in the CBOs and pharmacies were optimistic about this collaborative approach. Both suggested further work with these models, especially in communities with fewer resources, such as rural counties. In communities where CBOs lack resources to conduct the SDOH screening, pharmacists could develop ways to conduct the SDOH screening and referral. The sustainability of these models has not been examined and could be a key future project.</p>	