

CLINICAL PHARMACIST IMPACT ON IMPROVING ACCESS TO CARE VIRTUALLY WITHIN A RURAL HEALTH CLINIC

Farrah Zonoozi, PharmD PGY2 KCVA Ambulatory Care Resident

Amy Cummings, PharmD, BCACP

Lauren Wilde, PharmD

LEARNING OBJECTIVE

To develop a reproducible strategy to increase tele modalities within a clinical pharmacy specialist rural health clinic.

BACKGROUND

Since March 2020 coronavirus has altered how primary care is provided within the United States. Primary care face-to-face (F2F) visits have drastically declined since the start of COVID-19 and continue to operate at reduced capacity. Clinical pharmacists are highly accessible health care professionals and can provide F2F comprehensive medication management at a virtual level. More importantly, previous studies concluded higher patient satisfaction with video visits compared to phone when F2F appointments were not available. The aim of this quality improvement project was to improve access and quality of care for Veterans with chronic disease states by increasing tele modalities within a pharmacist rural health clinic.

METHODS

Clinical pharmacists recruited Veterans assigned to the Cameron, Missouri Community-Based Outpatient Clinic (CBOC) into a virtual pharmacist clinic from September 15, 2020 to March 15, 2021. Methods included, but were not limited to, obtaining a list of Veterans that had a previously successful video appointment, Veterans enrolled in home telehealth monitoring, or Veterans with a VA issued iPad. The pharmacist also sent a mass secure message to Veterans enrolled in the online patient portal "My HealtheVet" offering pharmacy services for disease state management upon Veteran request. The primary analysis was percentage increase of pharmacist VA Video Connect (VVC) encounters at the Cameron CBOC from baseline. The secondary analysis was percentage increase of pharmacist VVC encounters at the Cameron CBOC compared to other Clinical Pharmacy Specialists (CPS) clinics per quarter.

RESULTS

Thirty-two patients completed virtual appointments with a CPS from the Cameron CBOC and were included in this study with sixty-five total virtual encounters. The total number of VVC encounters increased from 0% to a total of 18% of all encounters. Virtual visits continued to increase per quarter in all CPS clinics. Compared to other CPS clinics, the Cameron VA clinical pharmacists percentage of VVC encounters were three times higher by the end of the study period.

CONCLUSION

The methods used by Cameron VA CBOC clinical pharmacists increased virtual encounters compared to other CPS clinics.