

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

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Abstract

LEARNING OBJECTIVE

To develop a reproduceable strategy to increase tele modalities within a pharmacist rural health clinic.

BACKGROUND

Since March 2020 coronavirus has drastically altered how primary care is provided within the United States. Primary care face-to-face (F2F) visits have drastically reduced since the start of COVID-19 and continue to operate at reduced capacity. As clinical pharmacists, we 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 HealthVet” offering pharmacy services for disease state management upon veteran request. The primary analysis was percentage increase of pharmacist VA Video Connect (VVC) appointments at the Cameron CBOC clinic from baseline. The secondary analysis was percentage increase of pharmacist VVC appointments at the Cameron CBOC clinic compared to other Clinical Pharmacy Specialists clinics per quarter.

STATEMENTS OF CONCLUSION/POTENTIAL OUTCOMES

Data collection and analysis is ongoing. The authors hypothesize improved access to quality care through virtual modalities which may be replicated and diffused to other primary care clinics at the Kansas City VA.