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### **EXPERIENCE**

## Evaluation of the impact of a residency in an independent pharmacy in rural Mississippi

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ARTICLE INFO	ABSTRACT
Article history: Received 9 June 2016 Accepted 10 March 2017	Objectives: To evaluate the impact of a postgraduate year 1 (PGY1) community pharmacy residency program on clinical pharmacy service implementation and enhancement in a rural Mississippi community.   Setting: An independent rural community pharmacy in Canton, MS.   Practice description and innovation: Delivery of clinical pharmacy services provided by PGY1 community residents 1 day a week to an underserved population during an 18-month period.   Evaluation: Economic impact of a community pharmacy residency on the pharmacy's revenue stream determined by calculating an estimated dollar amount generated by clinical pharmacy services.   Results: By providing services 1 day a week, the residents were able to directly contribute an estimated \$8000 of revenue from vaccinations and medication therapy management services.   In addition, residents provided point-of-care testing, facilitated group education, developed a medication synchronization program, and assisted with physician outreach.   Conclusion: Overall, community pharmacy residencies can contribute to the generation of revenue in rural independent settings and may also offer an opportunity to generate revenue
	in different areas that were not present before residency implementation, thereby improving access to care for patients. © 2017 American Pharmacists Association <sup>®</sup> . Published by Elsevier Inc. All rights reserved.

In rural settings, community pharmacies are generally accessible to patients and often serve as the center for health care advice and information. Trust and care are top priorities for patients, and pharmacists are among the most trusted professionals.<sup>1</sup> Community pharmacists often use student pharmacists and residents to help assess needs and to assist in providing innovative patient care services. Patient care services and staffing provided by residents provide opportunities for revenue generation and cost savings. Residency programs also help to strengthen the level of practice for training sites.<sup>2</sup> Community pharmacists Association,<sup>3</sup> and in 2009 Mississippi joined other programs by creating the first American Society of Health-System Pharmacists (ASHP)–accredited

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postgraduate year 1 (PGY1) community pharmacy residency in the state. Uniquely positioned to service the state's rural population, the University of Mississippi School of Pharmacy wanted to ensure that their pharmacy residents were able to make the greatest impact in the community they served while learning to provide patient care services.<sup>4</sup>

#### Objective

The main objective of this study was to evaluate the impact of a community pharmacy residency program on clinical pharmacy service implementation and enhancement in an independent community pharmacy in rural Mississippi. Secondary outcomes included number of patients receiving immunizations, number of medication therapy management (MTM) visits, impact on prescription volume, and number of patients enrolled in a medication synchronization program.

#### Setting

The study site was Mosby's Drug Store, which is an independent pharmacy in Canton, MS. Canton is a rural town with **Key Points** 

#### Background:

- Community pharmacies are generally accessible to patients and often serve as the center for health care advice and information.
- Trust and care are top priorities for patients, and pharmacists are among the most trusted professionals.
- Community pharmacists often use student pharmacists or residents to help assess needs and assist in providing innovative patient care services.

#### Findings:

- Community pharmacy residencies can assist independent pharmacies in:
  - Developing, expanding, and promoting clinical pharmacy services.
  - Generating additional revenue.
- Community pharmacy residencies may also assist independent pharmacies in:
  - Increasing prescription volume.
  - Improving patient satisfaction.
  - Improving physician outreach.

a population of around 13,000 people. It is located about 30 minutes from Jackson, MS, which serves as the largest medical community in Mississippi. At the time of this evaluation, the pharmacy employed 1 full-time pharmacist, 1 part-time pharmacist, a full-time technician, and a few cashiers. Mosby's Drug Store serves a primarily elderly population, with a high percentage of patients with Medicare coverage.

Two community pharmacy residents provide services for a total of 1 day each week in the pharmacy.

#### Practice innovation

The residency program was longitudinal in nature, and the residents spent one-half to a day per week in each rotation site. In the independent pharmacy site, they were present for a combined 1 full day per week. The residents had additional community pharmacy and ambulatory care rotations outside of this 1 site. The residents provided a variety of services at this particular site: immunizations, group diabetes education, pointof-care screenings, MTM, medication synchronization, and counseling for patients at any time. Although the pharmacy was providing immunizations before the implementation of the residency program, the immunization program was enhanced on the residents' arrival. The residents identified patients appropriate for immunization through screenings, MTM encounters, and recruitment of local business partners for off-site influenza vaccination clinics. The residents began MTM services in September 2013, and the pharmacy became one of the only community pharmacies in the town to provide MTM. Every week the residents used 2 MTM platforms to identify patients and conducted comprehensive medication reviews, targeted intervention programs, prescriber consultations, and patient

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consultations. The immunization program was operated solely by the residents.

The group diabetes education and point-of-care screenings did not occur on a weekly basis, but rather were offered throughout the year as needed. The group diabetes education was provided in the form of a 4-week class with the use of an education tool called the U.S. Diabetes Conversation Maps. This program was facilitated by residents, who led the discussion about diabetes and focused on different aspects of diabetes at each class. Diabetes screenings were also offered through health fairs or on days when patients were able to exchange their meters for new ones and receive a blood glucose screening and assessment in the pharmacy at no charge.

The medication synchronization program was started in June 2014 and was initiated by the residents in conjunction with the pharmacy staff. The synchronization program was done manually and was not incorporated into electronic processing. At the time of this evaluation, there were 90 patients participating in the synchronization program. It allowed the opportunity to identify patients with adherence issues and facilitated MTM sessions and immunization recommendations.

In addition to these services, the residents participated in the staffing of the pharmacy and conducted counseling whenever patients had questions about prescription or overthe-counter products. The residents were involved in different forms of outreach to the community. The residents, along with the pharmacy manager, made visits to providers in the area to develop relationships, identify needs, and market services. Residents also participated in service marketing through radio and newspaper ads and the development of informational flyers. An estimated 40% of the residents' time was spent on MTM, service development, and marketing; 40% working with the synchronization program and staffing; and 20% on immunizations. This time was flexible based on the immediate needs of the pharmacy on any given day.

#### Evaluation

The impact of the community pharmacy residency program was evaluated by an assessment of the number of vaccinations and injections, the numbers of MTM encounters, provider outreach visits, media outreach, and point-of-care screenings provided by residents, and funds generated through these services. The reporting period was from the initiation of services in September 2013 through March 2015. The study authors chose an 18-month reporting period to capture enough time to show the true impact of the services offered. The funds generated were collected in 3 different ways: from the number of vaccines provided by residents, reports from OutcomesMTM, and reports from Mirixa. The number of vaccinations and point-of-care screenings were tallied each time the service was provided and logged in a monthly report given to the residency coordinator. This study was approved by the University of Mississippi Institutional Review Board.

#### Results

During the study period, residents provided many services resulting in an overall increase in revenue for the pharmacy. Download English Version:

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