

PHARMACIES: SEMO Rx Pharmacies and SEMO Rx Care Coordination (Charleston, Mo.)

EDUCATION: University of Missouri-Kansas City School of Pharmacy, 2002

CONFRONTING HEALTH CARE CHALLENGES:

“We’re in the southeastern corner of the state within the Mississippi River delta – catfish, sweet tea, diabetes, hypertension, and all of that. We’re close to a few metropolitan areas, too, but where we live, work, and practice makes the poorest counties in the state list each year. Take all of this together, and it represents a lot of acute and chronic health concerns, and primary care is hard to get to. It’s no surprise to anyone that the most complex patients in the country are the ones who are typically hardest to engage – the most disconnected with health care, the most at risk, the costliest, the ones that contribute to negative quality measures for provider groups and health plans. Basically, the ones who struggle to overcome the social determinants of health (SDoH) that affect them. There is also a subset of that population that is just not reachable by a call center and requires local engagement. Those people need a front door to health care, and that’s where our pharmacies come into the picture.

Since pre-COVID-19 days, we have had nine pharmacy techs cross-trained as community health workers (CHWs) to help us with our efforts around SDoH. We coordinate with local public health departments and state health authorities to make it happen, and we’re doing it throughout a CPESN health network called CPESN Health Equity. It’s working really well because it’s about local access and relationships. We’ve got over 200 members in this CPESN group, and all of the pharmacies involved are marketed to have a SDoH worker on staff for screenings, referrals, education, vaccinations, and so on.

Our own corporate footprint allows us to work with a diverse group of communities with a diverse group of key staff members. That helps us bolster our services. It helps us with opportunities to learn best practices with local partners, too. From a revenue standpoint, we’ve found that there are local partners who offer us opportunities to share grants or resources. Going broader, CPESN Missouri and CPESN Health Equity are

partnering on a vaccine hesitancy initiative. That’s been appealing to both statewide and local public health officials for lots of reasons, not least of which because we have community health workers.”

HELPING AT-RISK PATIENTS TAKE THE FIRST

STEP: “The first step is not always talking to a pharmacist – although we are one of the most trusted health care professionals for lots of years now, there is still some ‘white coat syndrome’ there. So, the first step, for us, is actually for patients to talk to a community health worker – a peer-to-peer liaison who knows the community, the people in the community, the problems of the community, and community resources. Their skill is to help meet people where they are, whether that’s vaccine hesitancy or lack of transportation, and it can take as many as seven different engagements to get them to agree. That’s not something a pharmacist can do, necessarily, so that’s why community health workers excel in that role.

It’s been rewarding to see our at-risk patients get the help they need, and it’s been rewarding to see community health workers be able to talk to other people in the community – at a church meeting or a fish fry or at a barber shop. The equity piece is the key to all this outreach to me. Equity is social. It’s financial, too. But, what it comes down to is ensuring that patients in any community have optimized care and ensuring that no patient is excluded from care. That’s why our community health workers are so important – because they are the faces of the community.”

GOING BEYOND SCREENINGS: “One of the frustrating things I see when I talk to health plans or I go to conferences is that the focus is usually on screenings, which are the starting points of an SDoH initiative. Screenings are great, don’t get me wrong, but there has to be a step beyond that. There has to be a referral or action after the screening. That’s how pharmacies build credibility in the community. Our CPESN Health Equity pharmacists and CHWs are the experts on their communities – because they have that credibility, and that’s the real opportunity here.

On the horizon for us is a couple of things. Quality measures that drive reimbursement for health care delivery are things local-based community pharmacies can positively impact. Incorporating SDoH screenings into regular pharmacy practice is the way for us to get more integrated with everyone, from health plans to state governments, provider groups to local not for profits. Pharmacies aren’t used to looking at measures outside

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Tripp Logan, PharmD

an interview with William Richards

Photos by Malory Wagner