

Abstract

Comprehensive medication management by pharmacists via telehealth in rural primary care: is it feasible and effective?

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AUTHORS



Geoffrey Curran¹ Professor *



Jeremy Thomas² Associate Professor



Shweta Pathak³ Health Services Researcher



Jordana Levitt⁴ Research Assistant



Alyssa Lee⁵ Clinical Pharmacist



Melanie Livet⁶ Researcher

CORRESPONDENCE

*Dr Geoffrey Curran

AFFILIATIONS

^{1, 2} University of Arkansas for Medical Sciences, Little Rock, AR, USA

^{3, 4, 5, 6} University of North Carolina, Chapel Hill, NC, USA

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Abstract

Introduction: Patients with uncontrolled diabetes living in rural communities experience many challenges, including lack of access to needed medication management services. Telepharmacy has been identified as a promising approach for addressing this gap. This presentation describes early insights into the implementation of a Comprehensive Medication Management (CMM) service in seven rural primary care clinics in North Carolina and Arkansas (USA). The CMM service involved two pharmacists meeting remotely with patients in their homes to identify and resolve Medication Therapy Problems (MTPs).

Study Design: This exploratory mixed methods study uses a pre-post design. Data sources include surveys, qualitative interviews, administrative data, and medical records (eg MTPs, hemoglobin A1Cs) collected as part of the first 3 months of a 1-year implementation period.

Methods: Lessons learned were identified through qualitative interviews with six clinic liaisons, review of pharmacists' observations, and open-ended survey questions with clinic staff and providers. Early service effectiveness was informed by MTP resolution rates and changes in patients' A1C levels.

Results: Key insights centered on the perceived benefits of the service for patients and clinics, the importance of patient engagement, access to implementation strategies (eg workflows and technical assistance calls), and the need to adapt the CMM service and implementation strategies to local context. The MTP resolution rate averaged 88% across pharmacists. There was a significant decrease in A1Cs in participating patients as a result of the service.

Conclusion: Although preliminary, these results support the value of a pharmacist-led medication optimization service through remote delivery for complex patients with uncontrolled diabetes.

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