

# **The Key Role of Sole Community Pharmacists in Their Local Healthcare Delivery Systems**

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## **OVERVIEW**

Sole community independent pharmacists provide essential services to residents of small towns and isolated communities. Anecdotal reports indicate their role within the local health care community is often multi-faceted, extending beyond the provision of prescription and nonprescription medications at their retail stores. In 2008, we surveyed 401 community pharmacists that are the only retail provider in their community to document their extended relationships with other health care providers and the additional health care services these pharmacists provide to their patients. Pharmacist-owners in independent pharmacies located at least 10 miles from the next closest retail pharmacy were interviewed to determine the presence in their community of other types of health care organizations that require pharmaceutical support <sup>i</sup> (such as hospitals, long-term care facilities, hospice providers, home health agencies and community health centers), their level of involvement with those facilities, and the types of clinical services (other than dispensing and counseling) the pharmacists offered to their own patients.

## **KEY FINDINGS**

- Most sole community pharmacists (83%) provided important services for other health care providers and facilities in their communities.
- Almost all (92%) of the communities served by a single independent retail pharmacy are also served by at least one other type of inpatient or outpatient health care organization.
- Skilled nursing or long-term care facilities, hospice providers and home health agencies, all of whom serve predominately elderly patients, were the most common types of health care organizations in the communities surveyed.
- Almost half of all pharmacists (42%) offered additional clinical and educational services to community residents including blood pressure checks, screening for cholesterol and osteoporosis, glucose screening and diabetes counseling, tobacco cessation programs, and immunizations.

<sup>i</sup> Private physician practices were not included in this study, as they typically do not provide the type of services that require on-site pharmacy support.

## PRESENCE OF OTHER COMMUNITY HEALTH CARE ORGANIZATIONS

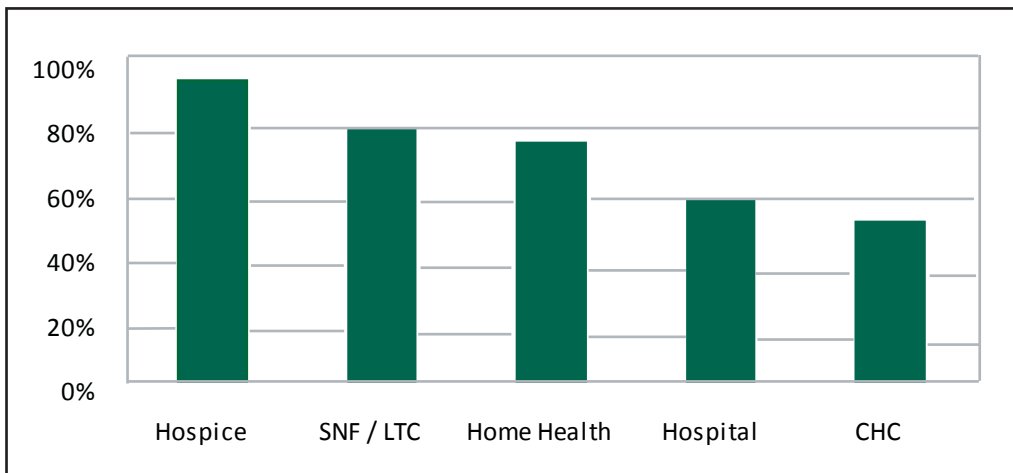
Almost all (92%) of the sole community pharmacists interviewed reported the presence of one or more different types of health care organizations in their community. The most commonly reported were skilled nursing or long-term care facilities (66%), hospice providers (62%) and home health agencies (54%). Fewer communities were served by a local hospital (32%) and community health centers (29%).

The most common types of other health care providers located in these communities – skilled nursing/long-term care, hospice, home health agencies – are organizations whose patients are predominately elderly. While hospitals were reported less frequently in these communities they also provide critical services to the rural elderly. Given the higher use of pharmaceuticals by older patients, the availability of local pharmacy support is critical for health care providers who serve elderly patients.

## PHARMACISTS' INVOLVEMENT WITH OTHER COMMUNITY HEALTH CARE ORGANIZATIONS

The majority of pharmacists (83%) reported working with one or more of the other health care organizations in their community. They provided services most frequently to hospice providers (94%), to skilled nursing or long-term care facilities (79%) and to home health agencies (74%). Services were provided less frequently to local hospitals and community health centers (Figure 1).

**Figure 1. Provision of Services to Other Health Care Organizations by Sole Community Pharmacies** (when other health care organizations are present in the community)



## SERVICES PROVIDED TO OTHER COMMUNITY HEALTH CARE ORGANIZATIONS

Pharmacists were asked about what types of services they provided to other health care organizations in their communities. Not unexpectedly, providing medications was the most common service provided, ranging from 96% who reported providing medications for hospice patients to 69% who provided dispensing services at their local hospital. Some of the other types of services pharmacists reported providing to the different types of health care organizations present in their communities included the following:

### HOSPICE:

- delivery of medications (58%)
- on-call services (54%)
- compounding (39%)

### **SKILLED NURSING FACILITIES/LONG TERM CARE:**

- filling medication cassettes/unit dose dispensing (87%)
- monthly chart reviews (35%)

### **HOME HEALTH:**

- delivery of medications (60%)
- provision of durable medical equipment (40%)

### **HOSPITALS:**

- pharmaceutical inventories (57%)
- billing for medications (24%)
- rounding on hospital patients (12%)

### **COMMUNITY HEALTH CENTERS:**

- dispensing 340B medications (46%)
- counseling diabetic patients (30%).

### **ADDITIONAL SERVICES PROVIDED TO THEIR OWN PATIENTS**

Pharmacists were also asked whether they provided additional clinical services other than dispensing medications and counseling to their own patients. Of the pharmacists surveyed, 42% stated they offered one or more additional clinical services. The most common services provided were blood pressure checks (12.9%), diabetes counseling and blood glucose testing (12.4%), immunizations (9.7%) and providing educational classes or participating in health fairs (8.2%). Other less commonly reported services included offering tobacco cessation programs and providing screening tests for osteoporosis, asthma, hearing, and cholesterol. Medication delivery for their own patients and as a service to other community health care organizations was also frequently reported by these sole community pharmacy providers.

### **DISCUSSION**

For purposes of this study sole community pharmacies were defined as independent retail pharmacies located 10 or more miles from the next closest pharmacy. Despite the distance from other retail pharmacy options, most of the communities in which sole community pharmacists provide pharmacy services have other health care facilities that require pharmaceutical support, ranging from inpatient care providers such as long-term care facilities and hospitals to outpatient providers such as home health agencies and community health centers. All of these health care providers need supportive pharmacy services to function, the most basic being access to medications needed by their patients. Sole community pharmacies provide this support and more to these partner agencies and help ensure access to important health care services for residents of their community.

Sole community pharmacists also provide health monitoring and preventive care services such as blood pressure or glucose screening and immunizations for local residents. These important monitoring functions are particularly valuable in areas where primary care providers are less common and residents may otherwise have to travel long distances for simple screening procedures.

The findings from this study document the important role sole community pharmacists play in their local health care delivery systems, and supports the notion that the survival of sole community pharmacies not only ensures retail access to pharmaceuticals and patient counseling but also, in many cases, access to other important health care services that are particularly needed in communities with limited health care options.

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## STUDY METHODS

A semi-structured interview protocol was used in this study. To be included in the survey, pharmacies had to be independently owned and located 10 miles or more from the next closest pharmacy. A subset of pharmacies likely to meet these criteria were identified using data from the National Council for Prescription Drug Programs, Inc., which contains information about the 74,108 pharmacies in the U.S. with active provider numbers. Pharmacies with the following characteristics were identified: independently owned (including franchise licenses); operating as a community retail pharmacy; the only pharmacy within its ZIP code; and the only pharmacy within a ten mile or more Euclidian buffer from the next closest pharmacy. Application of these criteria resulted in a final sample of 1,148 pharmacies. The pharmacy's eligibility to participate in this study was verified during the initial telephone contact. The study goal was to complete 400 interviews. Attempts were made to contact the owners of all the pharmacies in the sample. No contact was made with 5 pharmacies (no answer or busy signal), for 151 pharmacies the pharmacist-owner was never reached in ten or more attempts, 43 stores were confirmed closed, and 68 did not meet the study criteria. Of the remaining 881 pharmacies, 401 participated for a response rate of 46%.

### **ADDITIONAL NCRHR & PAC AND RUPRI PUBLICATIONS ON INDEPENDENT PHARMACIES AND MEDICARE PART D**

*Available at: [http://www.shepscenter.unc.edu/research\\_programs/rural\\_program/index.html](http://www.shepscenter.unc.edu/research_programs/rural_program/index.html)*

Findings Brief No 87. Sole Community Pharmacies and Part D Participation: Implications for Rural Residents. (2009).

Findings Brief No. 83. One Year In: Sole Community Rural Independent Pharmacies and Medicare Part D. (2007).

Final Report No 92. One Year In: Sole Community Rural Independent Pharmacies and Medicare Part D. (2007).

Final Report No 87. The Experience of Sole Community Rural Independent Pharmacies with Medicare Part D: Reports from the Field. (2006).

*Available at: <http://www.unmc.edu/ruprihealth/>*

Brief No. 2009-2. Rural Enrollment in Medicare Part D is Growing Slowly. (2009).

Brief No. 2008-5. Eligible But Not Enrolled? Potential for Targeting Over a Half-Million Rural Medicare Beneficiaries for Enrollment in the Low-Income Subsidy Prescription Drug Program. (2008).

Brief 2008-2. Independently Owned Pharmacy Closures in Rural America. (2008).

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