Conversations That Matter: Rural Pharmacy Engagement and Research Interest

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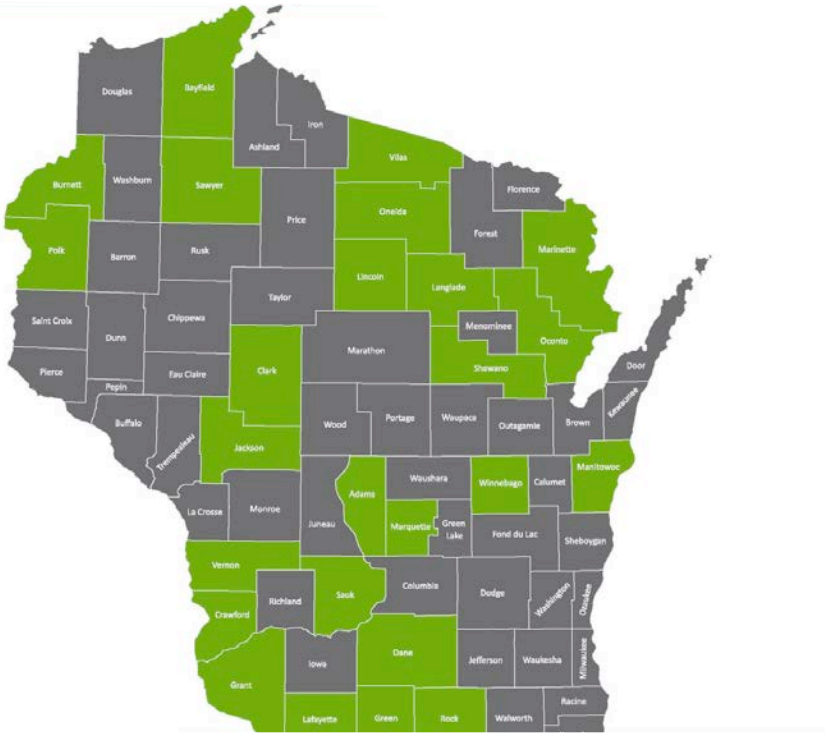
In 2020, the Wisconsin Department of Health Services (DHS) reported that while 25% of Wisconsin's population lives in rural areas, only 11% of Wisconsin's physicians practice in rural areas.[1] A 2025 review found that patients in rural areas had higher mortality rates following hospitalization compared with patients residing in urban areas.[2] Pharmacists are well-positioned to address this gap, as 99.7% of Wisconsin's population lives within 30 minutes of a pharmacy.[3] Medicare claims data from 2016 show that patients visited their pharmacy about twice as often as their primary care provider—13 times per year versus 7.[4] In rural areas, the gap widened to 14 pharmacy visits compared with just 5 primary care visits annually.

FIGURE 1. WPQC Pharmacies Contacted



Rural pharmacies are accessible, offering not only medications but also essential services like comprehensive medication reviews (CMRs), smoking cessation counseling, and chronic disease management.[5,6,7] While pharmacists have the training to provide these services, financial barriers remain a challenge.[8] In Wisconsin, programs like Medicaid Pharmacist Provider Status allow pharmacists to enroll as healthcare providers, enabling them to bill for medical services. Additionally, the Wisconsin Pharmacy Quality Collaborative (WPQC) promotes high standards in medication management and allows participating pharmacies to bill Medicaid for providing CMRs.

Rural populations not only have decreased access to care, but they are also underrepresented in research.[9,10] Community-engaged research through Practice-Based Research Networks (PBRN) has been able to bridge research directly with pharmacists in communities and can be particularly beneficial in rural communities.[11] The Pharmacy Practice Enhancement and Action Research Link, or PearlRx, is the largest PBRN in the country, and connects Wisconsin pharmacy professionals with researchers.[12] The PearlRx Advisory Board includes representatives from all three Wisconsin schools of pharmacy, the Pharmacy Society of Wisconsin (PSW), and a diverse array of pharmacy practice sites, though it is housed in the University of Wisconsin—Madison School of Pharmacy's Sonderegger Research Center for Improved Medication Outcomes (SRC).[13]

Approach to Outreach

As part of our Advanced Pharmacy Practice Experience (APPE) with PSW, our primary rotation project focused on contacting rural pharmacies to gather

information on their involvement in providing enhanced patient care services and to explore their interest in partnering in community health research with PearlRx. To tailor the project to fit within our 6-week APPE rotation, we prioritized contacting WPQC-accredited pharmacies in rural and rural-disadvantaged areas, as defined by the HIPxChange Zip Codes by Rural and Urban Grouping Toolkit.[14] We began by contacting the WPQC Champion at each pharmacy to schedule a brief telephone call. During the telephone call, we asked a series of questions related to their engagement in WPQC and pharmacist provider status, as well as their interest in participating in future research opportunities with PearlRx. Examples of questions posed are listed in Table 1. Within 3 weeks, we met with 34 of the 38 identified rural pharmacies (Figure 1).

Current Engagement with Service Innovation and Billing

Rural community pharmacies are driven by passion to deliver comprehensive and compassionate care to their patients. We found that, on average, pharmacies provided between 5 and 6 non-dispensing services. Some noteworthy service offerings included Continuous Glucose Monitor (CGM) download and analysis, hearing assessments with hearing aid provision, diabetic shoe fitting, Durable Medical Equipment (DME) rentals such as wheelchairs and crutches, Medicare plan assistance by Certified Medicare Specialists, 24-hour on-call pharmacist, and, most surprisingly, teeth whitening. These offerings reflect the innovation of community pharmacies in meeting patients' needs and supporting financial sustainability.

Of the pharmacies contacted, 38% were actively submitting WPQC claims, and 16% were actively submitting medical claims as pharmacist providers. WPQC participation reflects sustained engagement in a well-established program, whereas submission of medical claims indicates a good uptake of a relatively new and complex opportunity. Despite the current rates of involvement, there remains room for growth. Many pharmacies offer services with potential for reimbursement but are not currently maximizing these opportunities. Of the pharmacy representatives we spoke with, 71% reported providing non-dispensing services with reimbursement potential that are currently offered for a cash fee or at no cost. The most common was blood pressure screening (67%), followed by Point-of-Care (POC) testing (21%), smoking cessation counseling (17%), and blood glucose testing (13%).

OUTREACH QUESTIONS

- Which services does your pharmacy currently offer?
- Are you billing for any of your pharmacy's services?
- If you are not billing for any of these services, what barriers are preventing you from doing so?
- Are you interested in coaching from PSW?
- What kinds of health or community issues do you see as important for research in your area?
- How do you think your patients would respond to being invited to join a research study at the pharmacy?

Barriers to Billing

It can be challenging to maintain the high level of care that pharmacies aim to provide to their patients. Even pharmacies that have been billing WPQC and Pharmacist Provider Status claims since the program's inception have expressed challenges with workflow integration. When asked what barriers prevent billing for services, pharmacy team members identified

both system and knowledge barriers. The reported system barriers were time and workload demands (26%), complexity of billing (12%), challenges with workflow integration (12%), Health Maintenance Organization (HMO) provider enrollment and billing issues (9%), and staff training needs (6%). The reported knowledge barriers were understanding what can be billed under provider status (12%), how to bill WPQC claims (6%), how to document medical claims (3%), and how to market enhanced patient care services (3%). These findings underscore the need for targeted support to overcome barriers to billing for services.

Interest in Expanding Services

Despite the challenges associated with implementing WPQC and pharmacist provider status initiatives, many pharmacies expressed interest in expanding their enhanced patient service offerings. These interests included adding new services, transitioning existing services from cash-based models to billable opportunities for Wisconsin Medicaid members (i.e., WPQC, medical billing), and re-engaging with WPQC.

Following the outreach calls, we followed up via email with the pharmacy team member to provide WPQC and pharmacist provider status resources, along with answers to specific questions. Examples of these resources are listed to the right.

RESOURCES PROVIDED TO PHARMACIES

PSW Provider Status Certificate Program
This is the best starting point for getting involved with provider status. The program can be purchased for $475 for PSW members. An implementation guide is provided with the program.

PSW Pulse on Provider Status Newsletter
Subscribe to receive updates on policy, PSW tools, and more!

Medicaid HMO Enrollment Details
Find out enrollment requirements for the HMOs, in addition to a list of all of the covered Medicaid codes.

WI Medicaid Billing Resource Guide
Detailed reimbursement rates for common medical services.

Non-Vaccine Injection Guide
Get started with an accessible service that does not require a CPA.

WPQC Implementation Checklist
Details the steps you need to take to become a WPQC-accredited pharmacy and bill claims.

WISHIN
WISHIN is a statewide information network that allows pharmacies to view EHRs from more than 80% of the hospitals across the state, with this percentage continuing to grow.

Provider Status Resources

WPQC Training Resources

Interest in Research Opportunities

Of the 34 pharmacies, 32 (94%) stated they would be open to serving as sites where patients could be invited to participate in research. This high percentage of interest demonstrates pharmacists' commitment to expanding services to benefit their patients. Reasons for wanting to be involved in research are centered on patients. Many pharmacists stated that the most important factor for supporting a research initiative is whether the opportunity will benefit the patients they serve. While our outreach focused on pharmacies, not pharmacists, we compared the individuals who stated they were interested in research with the current PearlRx members. Just under half of those interested were not previously PearlRx members, highlighting how this project has already expanded the PearlRx network.

It is no secret that community pharmacies currently face financial pressures, reimbursement issues, and staffing shortages. It is important to take these challenges into account when implementing new initiatives. When asked about anticipated challenges to supporting research in the pharmacy, the most common response was time commitment (66%), including the amount of dedicated staff time needed beyond current responsibilities. Other concerns included whether their patient population would want to participate (19%) and whether a pharmacist would need to be directly involved (13%). Knowing these anticipated barriers ahead of time can assist researchers in setting participating locations up for success. Throughout these meetings, pharmacists shared ideas on how researchers can make involvement in these projects feasible—avoiding the busy vaccine season, incorporating projects into the summer months when more student help is available, making data collection flexible over time, and utilizing pharmacy technician support.

Conclusions

As students, the outreach process was initially intimidating, but our comfort levels grew as we realized that these simple check-in conversations often served as catalysts for renewed engagement and meaningful action. We soon realized the importance of providing reminders and resources for programs that may help support long-term

community pharmacy viability, in addition to helping to fill care gaps.

In conclusion, we found that rural community pharmacies are highly interested in expanding enhanced patient service offerings and supporting practice-based research. This interest reflects a strong dedication to advancing patient care and contributing to broader community health. Engaging rural pharmacies in enhanced patient care services and research fosters collaboration that can improve patient outcomes and strengthen connections across communities statewide and nationally.

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