

# Rural Pharmacy Practice Offers Professional Satisfaction with Rewarding Patient Relationships

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**A**s pharmacists and providers of healthcare, we have daily opportunities to serve patients of unique and varied backgrounds, beliefs, diagnoses, socioeconomic circumstances and healthcare access challenges. One particular population garnering a great deal of recent political attention, and experiencing healthcare disparities at a concerning rate, are patients from rural communities. There are many challenges associated with providing healthcare access to residents of rural communities. One of these challenges is a shortage of healthcare providers, especially primary care physicians. The patient to primary care provider ratio in rural communities is 39.8 physicians to 100,000 individuals compared to 53.3 physicians to 100,000 in urban areas.<sup>1</sup> The prevalence of physician assistants and nurse practitioners is higher in rural communities, which may help to compensate for the lack of physician presence.<sup>2</sup>

In addition to the shortage of healthcare providers, socioeconomic factors contribute to healthcare disparities that affect rural areas. The Robert Wood Johnson Foundation's model of Social Determinants of Health note that health begins in homes, schools, and neighborhoods.<sup>3</sup> Social and economic factors such as education, employment, income, family and social support, and community safety is the largest contributing factor to good health.<sup>3,4</sup> The 2016 Key Findings Report on County Health Rankings published by the Robert Wood Johnson Foundation and the University of Wisconsin highlight health disparities based upon county rurality.<sup>4</sup> Rural counties have higher rates

of drug overdose deaths, particularly in Northern Appalachia and parts of the West and Southwest. Moreover, injury deaths are more likely in rural counties than in urban counties. Those residing in rural communities have a higher burden of chronic disease such as hypertension, and diabetes, and include a disproportionate number of seniors.<sup>1,5</sup>

Rural communities comprise approximately 20% of the total United States population and are present in every state in the nation.<sup>6</sup> A significant number of rural residents receive healthcare insurance coverage through either state or federally sponsored programs. Medicaid provides health insurance coverage to approximately 24% of the rural population, while an additional 23% are covered through Medicare.<sup>7,8</sup> The per capita income, on average, is \$9,242 lower in rural areas compared to average per capita income in the United States. This value is even greater for the minority population. Another obstacle rural residents encounter is transportation difficulties. Patients and their families often travel significant distances to receive healthcare services.<sup>7</sup> These combined circumstances can lead to serious consequences including reduced access to healthcare services, lower quality of care, and overall suboptimal health of individuals in rural communities compared to urban areas.<sup>1</sup>

The continued opportunity for pharmacists to impact the lives and health of rural communities are ever present and create satisfying and clinically challenging experiences. Pharmacies and pharmacists are often more accessible in rural communities than primary care providers.<sup>9</sup> The increased need for chronic

condition management and medication therapy management for the growing elderly population in rural communities, places pharmacists in a unique position to improve healthcare access and outcomes in collaborative ways.<sup>10</sup> The American Society of Health System Pharmacists' Small and Rural Hospital Section Advisory Group (SAG) provides guidance and resources to assist pharmacists in small and rural health care settings in meeting patient needs. Members of this group represent communities across the country and serve the needs of rural residents in a variety of roles. These pharmacists have great stories to tell related to their personal and professional satisfaction as rural healthcare providers. The following are two such stories.

## Profile 1

Pharmacist: Codee Peterson, PharmD

Site Description: Aspirus Medford Hospital and Clinics is located in rural northern Wisconsin in Medford, a city with a population of approximately 4,300.

The Aspirus Medford campus includes a 25-bed critical access hospital, emergency department, urgent care, ambulatory clinic, dialysis center, outpatient infusion center, outpatient pharmacy, and a long-term care facility. The hospital services provided include emergency department, telehealth electronic intensive care unit (eICU), general surgery, internal medicine, obstetrics and birthing center.

Currently, inpatient pharmacy staffing hours are 10 hours/day (0700-1730), 7 days/week. Staffing includes supporting the long-term care facility, outpatient infusion center and hospital services. The health system's flagship hospital provides the after-



*Above: Medford Hospital in Medford, WI.*

hours remote hospital pharmacy coverage from 50 miles away.

Practicing as a pharmacist in a small, rural setting provides many gratifying opportunities within pharmacy. I have the opportunity to offer pharmacy expertise in many areas. At a small site, you really need to keep up on all areas of medicine for the services your site provides. For me, this includes a wide variety of subjects, ranging from geriatrics, emergency medicine, internal medicine and oncology.

I love being able to form close relationships with providers and members of the healthcare team. Our inpatient hospital service is staffed by mid-level practitioners, nurse practitioners and physician assistants. These providers have the expectation that the pharmacist is included in the care of the patient. The pharmacist is sought after for medication recommendations, medication dosing consults, and education. We also respond to codes and other emergency department needs. Every day is different, which I really enjoy.

In the outpatient/ambulatory side, I am able to provide services to patients that I know would likely not have access to care

due to transportation and time restraints. We provide outpatient infusion services to patients that may otherwise have to travel close to two hours round trip for treatments. The ability to work with these patients and offer them services is very humbling.

Working in a small facility also provides me opportunities not commonly offered to a staff pharmacist in a larger facility. I am able to utilize my leadership background by being involved in regulatory work and medication safety improvement initiatives. I use my experience working in a tertiary care center by providing guidance and education on medications used in our newly opened telehealth eICU and being a lead member of our local antimicrobial stewardship team.

## Profile 2

Pharmacist: Randy Steers, PharmD, Officer in the United States Public Health Service, Choctaw Nation

Site Description: Choctaw Nation Health Care Center, Talihina, Oklahoma with a city population of approximately 1,100.

The Choctaw Nation Health Care

Center, located in Talihina, Oklahoma, is a 140,000-square foot healthcare facility with 44 hospital beds for inpatient care and 52 outpatient exam rooms. The health care center serves as the hub of health care services covering almost 11 counties in southeastern Oklahoma.

Working in a small hospital has many advantages. In my opinion, the greatest advantage of all is being able to get to know those around you, such as your pharmacy staff, nurses, providers, dietitians, housekeepers, maintenance workers, IT staff, and administrators. Another benefit is listening and learning from those with whom you have developed relationships. I have learned a great deal from these individuals in both work and life matters.

Taking care of patients in a rural setting offers me a great deal of personal and professional satisfaction. When caring for patients in a small or rural setting, you get to know your patients on a personal level, and equally your patients know you. Because of this relationship, there is a high expectation of you as a health care provider and as member of the community. I love the fact that when I talk to a patient it is not just about the medicine in their bag,

but it also includes discussing their family, vacation, life's joys or problems, or whether or not they have caught any fish lately.

There is a need in rural America for high quality health care, and I am glad to be a part of the United States Public Health Service and serve the Indian Health Service through the Choctaw Nation of Oklahoma.

The experiences described by our colleagues above are just two descriptions of the rewarding roles of pharmacists practicing in rural and small communities. Scanning the nation, we find innovation and interprofessional practice models are becoming integral to improving the quality and accessibility of healthcare for rural patients. In Western North Carolina, the Mountain Area Health Education Center, in collaboration with the University of North Carolina – Chapel Hill, has created an innovative “embedded pharmacist” model within many of their primary care locations serving small and rural communities. The pharmacists offer chronic condition management, pharmacotherapy consults, performs Annual Wellness Visits, function as Clinical Pharmacist Practitioners and run an osteoporosis service.<sup>11</sup> Other small and rural hospitals are beginning to bridge the divide between inpatient and ambulatory care, recognizing the value of pharmacists medication expertise in the primary care space.

Innovative community pharmacy practices are also a resource to provide primary care services to rural communities. In Cascade, IA, Mercy Family Pharmacy, a rural community pharmacy collaborated with an Advanced Registered Nurse Practitioner (ARNP) at the on-site family medicine clinic to manage patients with hypertension. This unique team-based relationship resulted in improved health outcomes, with an average decrease in SBP of 24 mmHg and DBP of 12 mmHg.<sup>12</sup>

As evidenced by our practitioner profiles and the examples above, it is clear that pharmacists can be, and often are, on the leading edge of creative, interprofessional healthcare partnerships that extend well beyond the walls of the clinic, the pharmacy and the hospital. Contrary to popular belief, rural pharmacy practice offers great rewards and benefits to health providers, while creating meaningful



**Above:** Care team at Aspirus Medford Hospital utilizing telehealth technology. Included in the photo from left to right; Ryan Nadboralski, MSN, APNP, Dr. Ana-Maria Hubert, MD (on computer screen), Codee Peterson, PharmD, Jessica Faude, BSN, RN, Gordon Wix.

and long-lasting patient relationships. It is also clear that there are innovative and growing opportunities to provide advanced pharmacy services to our rural communities. The health disparities experienced by our rural communities remind us all to strive to increase their access to high quality and equitable healthcare.

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