Improving the Health of South Dakotans through the Prevention and Management of Diabetes, Heart Disease, and Stroke

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At the beginning of Year Two, with the addition of a research coordinator (Ms. Michaela Seiber) and three new Co-Is (Drs. Hunt, Huang, and Van Gilder), the project team separated into three different groups to streamline processes and capitalize on the team's areas of expertise. Thus, the Patient Group, Practitioner Group, and Payer Group were formed, led by Drs. Huang, Middendorf, and Hunt, respectively (Figure 1). In the second half of Year Two, Dr. Erin Miller joined the team as an additional co-investigator, splitting time between the three work groups. Students working on the project were also assigned to work groups based on their areas of interest and team needs. This model, while creating more complex processes, proved to be effective in managing projects and completing outcomes that were not otherwise possible in Year One. Additionally, the project team continued collaborations with departments within the SDSU College of Pharmacy and Allied Health Professions. This transdisciplinary approach included project team members from numerous departments, which strengthened the team and subsequent project activities. The project PI, Dr. Sharrel Pinto, oversees the project team in regard to the project activities, tasks, and workflow (Figure 1).
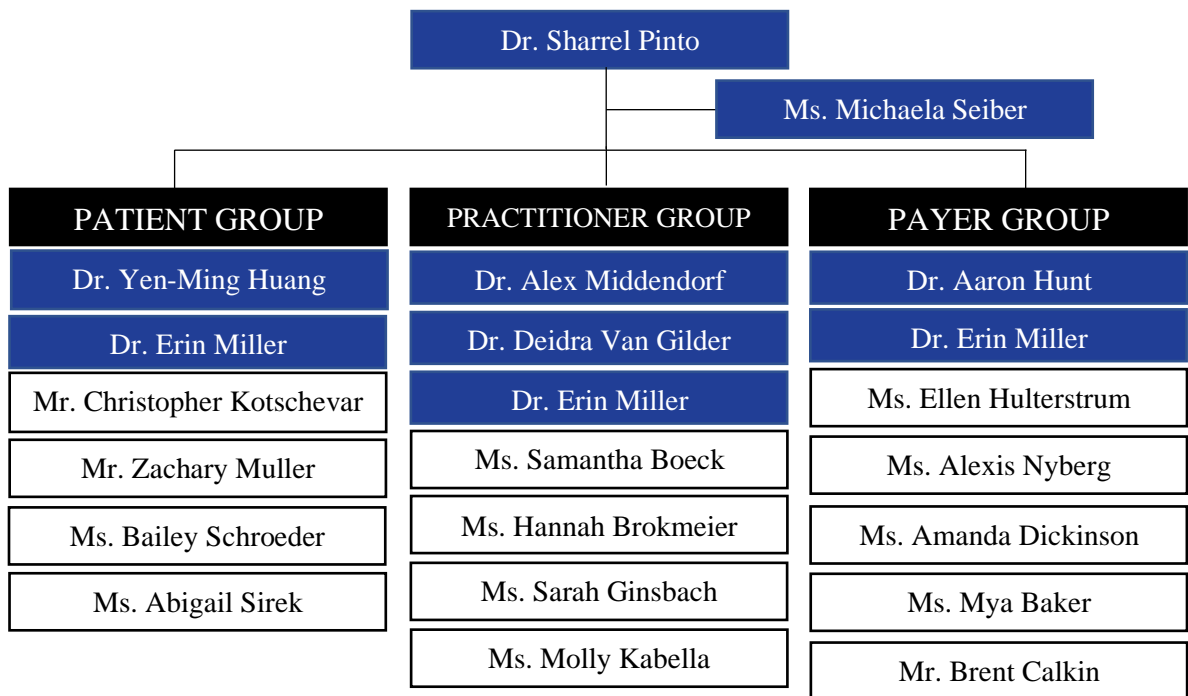

Figure 1. Project organizational chart for Year Two (blue boxes indicate SDSU staff; white boxes indicate students).

This report details Year Two of the five-year project by each project work group, which included the development and presentation of three webinars, six posters, and one PharmTalk, as well as hosting nine American Pharmacists Association (APhA) trainings. Overall, Year Two was focused on developing pharmacists service programs for patients with diabetes and cardiovascular disease (CVD), as well as expanding or completing some of the remaining Year One tasks as new information was discovered, or new organizations became interested in participating. Year Two activities strengthened collaborations formed in Year One, while creating new connections and opportunities for this project to span the boundaries of SD. Year Two was also filled with innovative activities, from filming a commercial to training SD pharmacists, all of which were guided by the findings from the Year One landscape analysis.

The novel coronavirus (COVID-19) resulted in a unique set of challenges and barriers, beginning in Year Two, Quarter Three. Project activities were delayed, some with unknown launch dates, and the team had to find new ways to complete project tasks virtually. Despite these challenges, the team successfully completed numerous Year Two activities and was able to achieve project objectives efficiently.

On March 13, 2020, South Dakota Governor Kristi Noem declared that South Dakota state employees were to work remotely. That same day, South Dakota Board of Regents instructed public universities, which includes South Dakota State University (SDSU), to abide by this instruction, ultimately delaying some project activities as team members and collaborators made this change. All research and projects with

Figure 2. Overview of Select Activities and COVID-19's Effect on Timeline

human subjects taking place at SDSU were also placed on hold; however, the SDSU project team was able to secure approval to keep moving forward with Year Two activities. Subsequently, all SDSU project team members (including students) were asked to create contingency plans and begin thinking ahead to determine how project activities would be affected by the pandemic.

While this pandemic had the potential to severely inhibit the completion of project activities, the team was able to quickly adapt and engage stakeholders to achieve Year Two objectives and goals. As expected, external collaborators were asked to re-prioritize to meet the needs of their organizations, thus delaying meetings and start dates for tasks. The reorganization of the project team into work groups made for a streamlined, effective approach to carrying out project activities or creating contingency plans. Work group leads were able to work closely with stakeholders to determine solutions to move forward with planned meetings, activities, trainings, and events for the remainder of Year Two and into Year Three.
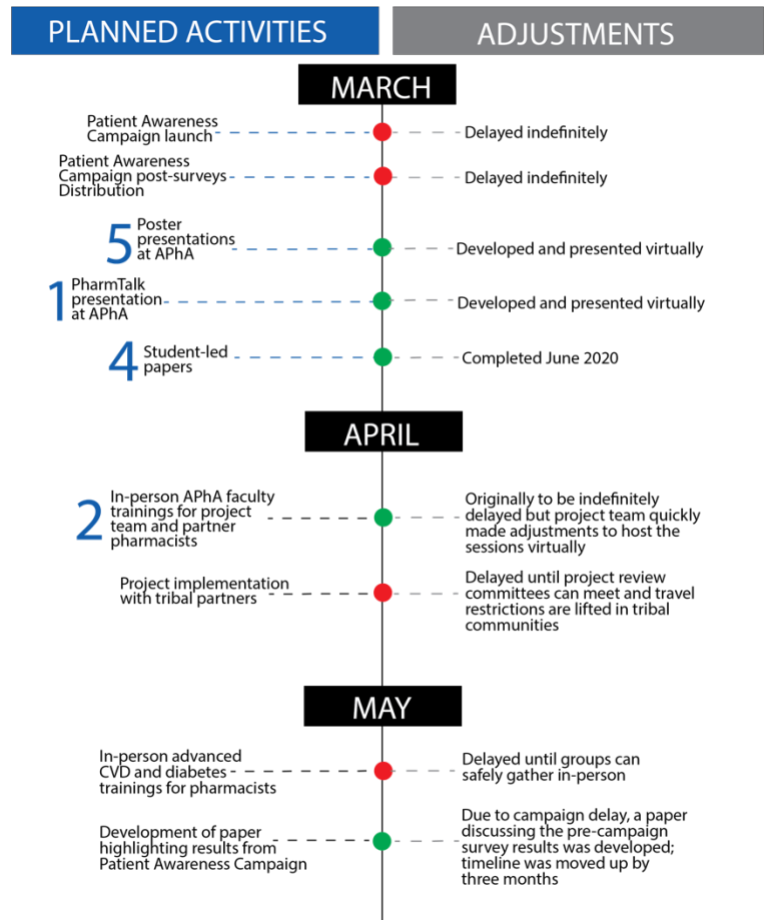
Overview

The Patient Group, led by Dr. Yen-Ming Huang, utilized Year One findings from elicitation interviews (EIs) and focus groups (FGs) to inform the creation of a patient awareness campaign. In Year One, it was largely found that patients representing various demographics and geographical landscapes lacked the awareness and knowledge of available pharmacy-based services, specifically in relation to pharmacists' ability to assist patients in managing chronic diseases. For Year Two, the group worked with several partners to aid in recruitment, development, and completion of major activities.

Goals

The main goal for the Patient Group in Year Two was to develop educational materials, including videos, brochures, and other print materials. This was completed through the creation of the patient awareness campaign. In order to evaluate the effectiveness of these materials, the Patient Group also aimed to develop a pre-post survey to explore patient awareness and knowledge of pharmacists and pharmacy-based services, with an emphasis on medication therapy management (MTM), across the state.

Activities and Outcomes

The Patient Group created a patient awareness campaign, developed pre- and post-campaign surveys, recruited 211 participants (with 180 completing pre-campaign surveys), recorded one 30-second commercial, and created numerous print materials (brochures, palm cards, flyers, etc.) to distribute to patients to increase awareness and knowledge of pharmacists and their services. To evaluate participants' perceptions of pharmacy-based services, specifically to diabetes and CVD management, a 73-item survey was developed based on literature review and prior project findings. Measurements included participants' perceptions of expanded pharmacy services in four constructs, including attitude (14 items), subjective norms (14 items), perceived behavioral control (14 items), and knowledge (16 items). Additionally, sociodemographic and medication information was collected (13 items). The expanded pharmacy services measured in each section covered MTM, medication therapy review (MTR), diabetes education, cost-reduction, and medication adherence. In addition, two items measured participants' past use and intended use of pharmacy services. The data from the pre-campaign survey was analyzed, with results informing the development of the final campaign materials. A paper covering the pre-campaign survey results was developed for publication. Additionally, two posters were presented at the APhA national conference and one presented at the Pharmacy Quality Alliance national conference. The Patient Group also produced a paper that covered the Year One patient results. Presentations and papers are outlined later in the report (Table 1).

Barriers

The barriers this group encountered were largely external and included the delay of the patient awareness campaign launch, which subsequently prohibited the planned distribution of the post-campaign surveys.

COVID-19 Response

The Patient Group faced one of the largest hurdles due to COVID-19; its launch of the patient awareness campaign that was developed in Year Two has been on hold since March 2020. This campaign faced an initial delay in January 2020 due

to review by and further discussion with South Dakota Department of Health (SD DOH) leadership and communication team being extended during the legislative session.

This delay continued when the SD DOH needed to reallocate personnel and time to the COVID-19 response, and the campaign faced an indefinite hiatus. The campaign consisted of a television commercial, patient brochures, and other print materials that required varying levels of review and approval from SD DOH staff who were pulled either part- or full-time into COVID-19 response. The Patient Group utilized the time to collaborate with the South Dakota State Medical Association (SDSMA) and sought feedback from other professionals to create an effective campaign that is ready to launch when it has been fully approved by the SD DOH, which will likely be in Year Three of the project.

This delay allowed the patient group to re-prioritize tasks and move up work on a paper reporting results from the pre-campaign survey that was completed by patients across the state. This paper was originally poised to be completed after the launch of the campaign and the subsequent completion of post-campaign surveys. Findings from the pre-campaign survey reiterated findings from Year One, for example, there continues to be a lack of understanding and awareness of pharmacy-based services. Therefore, the team thought it would be important to share these findings with the broader community. The Patient Group ultimately decided to move forward with the development of a paper to showcase the preliminary findings of patient awareness and knowledge of pharmacists and their services as well as medication behavior.

Overview

The Practitioner Group, led by Drs. Alex Middendorf, Deidra Van Gilder, and Erin Miller, set out to engage stakeholders to develop and implement community-based practice of care models throughout South Dakota (SD). This group capitalized on past relationships with Year One partners, while exploring additional connections with government agencies and other integrated delivery networks (IDNs) in the area to expand access to outside expertise and resources as well as to carry out project activities.

Goals

The Practitioner Group had various goals to accomplish in Year Two, including: reporting Year One findings to stakeholders; hosting APhA trainings; developing MTM policies and procedures with partners; supporting organizations as they expand their pharmacy-based services; forming new partnerships; and addressing Year One barriers that were found during the landscape analysis with practitioners. Additionally, the Practitioner Group planned to engage and target non-pharmacist practitioners in regard to educational activities. Lastly, this group planned to tailor activities to pharmacies classified as Phase 1 (development-ready) or Phase 2 (sites that need training or resources to be development-ready).

Activities and Outcomes

Year Two activities were planned according to the needs identified during the Year One landscape analysis, which found that lack of education regarding pharmacy-based services by non-pharmacist practitioners, such as physicians, and a need for training opportunities for pharmacist practitioners as the critical gaps. To report findings to stakeholders in Year One, tailored briefs were developed for participating organizations. This group also hosted three webinars to enhance knowledge surrounding pharmacy-based services, one directed at pharmacists, one at non-pharmacist practitioners, and one geared toward SD Medicaid practitioners. The Practitioner Group also worked to secure a contract with APhA to provide faculty level trainings for 15 pharmacists in SD, which would allow those pharmacists to train other pharmacists in three topic areas (medication therapy management, cardiovascular disease, and diabetes). Three faculty training sessions and six general training sessions have been held thus far, with plans to train 300 pharmacists in South Dakota in each topic by 2023 (Figure 5). Additionally, recurring bimonthly meetings with partners were established to allow for the creation of policies and procedures, consultation to clarify the value pharmacists add to patients and the organizations, and discussions on sustainability of pharmacy-based services.

For sites classified as Phase 1, the Practitioner Group: engaged staff, practitioners and administrators to develop programs; provided education on MTM and workflow cycles; worked with relevant departments to identify key individuals who would be part of the program; created program algorithms, intake forms, action plans, and continuous quality improvement plans; and developed marketing strategies with sites to roll out marketing efforts. For sites classified as Phase 2, the Practitioner Group: identified resource needs and created mechanisms for identifying resources; conducted one-on-one workflow reflections with key individuals; and created training programs to help facilitate and lead on-site training.

To increase knowledge and awareness of pharmacy-based services for pharmacist and non-pharmacist practitioners, this group developed and presented webinars, posters for regional and national conferences, and papers (Table 1).
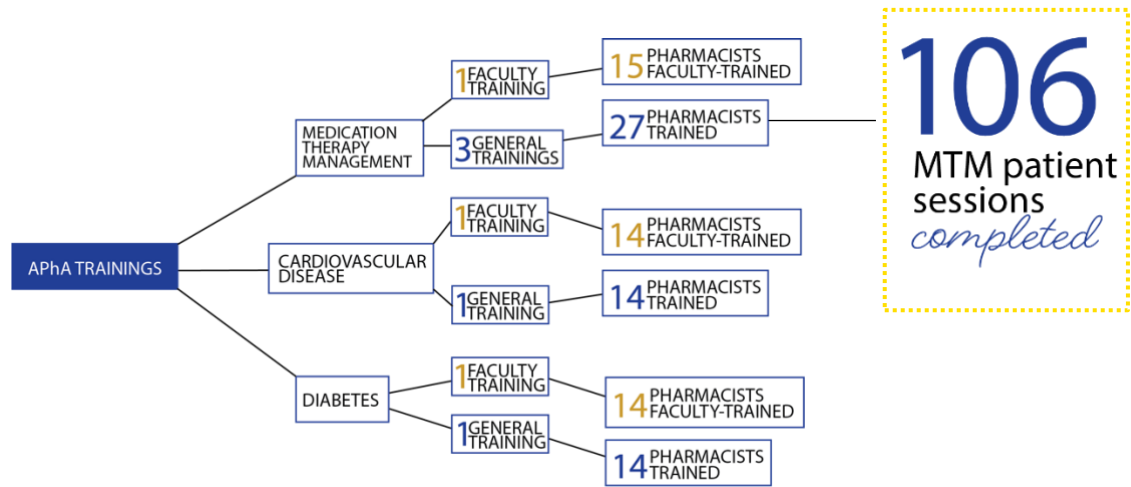
Figure 5. Breakdown of APhA Trainings and MTM sessions conducted.

Barriers

Because of the many partners involved in this work group, the largest barriers came from scheduling conflicts. Some of the Practitioner Group partners worked with patients, therefore, if patient needs increased (i.e. flu season and the beginning of new insurance years), availability to hold meetings and complete activities would quickly change.

COVID-19 Response

The Practitioner Group was set to provide in-person APhA advanced certificate trainings, but due to the CDC recommendations for social distancing and limiting travel, the Practitioner Group worked with APhA to develop virtual training options. To maintain the quality of the training it was required that participants utilize video conferencing to ensure attendance. Additionally, the SDSU faculty took on the responsibility to coordinate and observe the physical demonstration requirements of the trainings. The use of "breakout rooms" within the video conferencing software was used to emulate the group discussion portions of the training. This adaptation allowed the Practitioner Group to maintain timelines and complete faculty trainings as well as offer and facilitate the first general MTM training to SD pharmacists.

In addition to COVID-19 affecting in-person training opportunities, workflow, staffing, and scheduling changes impacting Practitioner Group partners and collaborators caused activities to pause and transition. Meetings and priorities were shifted for many partners and collaborators, leading to some activity timelines shifting, yet everything was completed in Year Two. Since many of this group's partners and collaborators worked directly with patients, their attention was re-directed to keeping their patients and staff safe during the pandemic.

5. PAYER GROUP

Overview

The Payer Group, led by Dr. Aaron Hunt, initiated steps to assist health plans in gaining knowledge about pharmacists, pharmacist-based services, and reimbursement for pharmacy-based services. Year One results revealed that participants in the Payer Group elicitation interviews (EIs) did not fully understand what services pharmacists could provide and how they could assist in managing patients with cardiovascular disease and diabetes. Additionally, health plan representatives were unaware of the policies and procedures surrounding reimbursement for pharmacy-based services. Lastly, the payers are hesitant to implement new programs or policies without data indicating the return on investment for implementing these policies among the local population. These findings from Year One helped guide the Payer Group in its Year Two project activities. The Payer Group continued collaborations with Year One partners, while connecting with numerous experts in the field.

Goals

The Payer Group goals for Year Two included developing educational materials, onboarding additional payers, continued engagement of current payer partners, obtaining non-disclosure agreements (NDAs) with payer partners, and providing consultation and education to payer partners regarding reimbursing for pharmacy-based services. Lastly, the Payer Group planned to disseminate findings from the landscape analysis to relevant payer partners.

Major Activities and Outcomes

The payer group was able to complete several activities to promote planning for the implementation and reimbursement for MTM programs and other pharmacist-provided services in the state. A brief summarizing Year One results was created and disseminated to one payer partner. The team expanded upon the results of the landscape analysis by conducting research on current payment models throughout the US to understand the unique landscape for payers in the state. This was necessary to bring new team members up to date on current status of MTM programs which may be adapted by payers in the state. A major accomplishment achieved during Year Two was expanding partnerships with key payers in the state. This included the signing of an NDA with one partner. This has moved the partnership forward to finalizing data sharing protocols to enhance the team's ability to evaluate programs targeting diabetic or cardiovascular disease patients. Initial discussions with one partner have begun to obtain an NDA and data relevant to the project. In addition, there will be EIs conducted with additional partners in Year Three to gain more insight on the needs and potential solutions. Two additional partners were onboarded, and EIs were conducted. The team has developed several educational materials for payers, pharmacists, and other interested groups. This included a toolkit for pharmacy-provided services to be used by payers and practitioners to clarify reimbursement options and other regulations and requirements for implementation. This toolkit is still in progress and will be updated throughout all five years of the project as rules, regulations, and best practices frequently change. The Payer Group also had a poster presented at the annual APhA conference. Lastly, a paper describing the results from the Year One landscape analysis among payers which highlighted the key barriers in the state, was developed.

The Payer Group identified key third-party organizations that provide MTM management programs, including software to facilitate patient identification, MTM recommendations, drug interaction screening, billing, reimbursement, and other custom services. The team worked with several of these programs including

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OutcomesMTM, Tabula Rasa, PrescribeWellness, and Docstation to hold demonstrations for the project team to understand how they worked. These leading programs are commonly utilized in community pharmacies to manage MTM programs and serve as an effective entity that payers and pharmacy benefit managers can contract with to remove barriers to implementation. Information from the interviews about utilizing these services can be found in the Payer Toolkit.

Barriers

South Dakota has a unique landscape when it comes to health plans, payers, and health systems. Paired with the vastness and rural nature of the state, there were a lot of conversations and learning that needed to take place in order for the project team to fully understand how to navigate the health systems. Across the state, there are a number of health systems and clinics located in rural and urban communities, creating a diverse payer landscape across the state that can pose challenges to equitable access and coverage. As with any project of this kind, these efforts were met with challenges, but it was important to invest time in building relationships to help determine a clear path forward. Despite clear evidence from the literature showing improved return-on-investment (ROI), another barrier has been uncertainty from payers when considering implementing reimbursement for MTM services without data from their plan members showing ROI. This is a key reason for the need to obtain NDAs and data sharing plans to assess any pilot programs and demonstrate the effectiveness.

COVID-19 Response

The Payer Group faced delays in terms of meetings with current partners and new collaborations as health system staff were asked to re-prioritize their efforts and focus on direct patient care. Some collaborators asked for meetings and conversations to be delayed until mid-May, while some were unsure of when they could return to project conversations. This included payers having to develop new policies and procedures to cover telehealth services to ensure access to health services during the pandemic. This demonstrated the strength of health plans to quickly implement changes, which may be an advantage when considering expanding coverage for MTM and the pharmacist delivered services. Overall, the Payer Group was able to continue moving forward with the development of the toolkit, software trainings, and data sharing planning with key partners.

Overview

Despite approximately 10 percent of the state's population being comprised of Native Americans, the largest minority group in SD, there has not been substantial participation from this population in the project thus far. Since a majority of participants in all three work groups were non-Native, there was an increased effort in Year Two to reach this population and recruit for participation in EIs and FGs to capture a more comprehensive picture of diabetes and cardiovascular disease management for all South Dakotans. The project team had begun discussions with some SD tribes in Year One, while a newly formed connection with the Great Plains Quality Innovation Network facilitated a relationship with another tribe

Goals, Activities, and Outcomes

The team had a goal of onboarding two tribes as areas to focus recruitment and participation in EIs and FGs. This would consist of obtaining approvals from tribal boards and committees in order for these projects to take place within reservation boundaries. Alternate project protocols were completed for each site as well as project review applications. Upon completion of these documents, they were submitted to each tribe for respective review. Outreach to urban Indian health centers resulted in a successful collaboration that will allow for expansion of the project to include more partners to represent Native experiences and perspectives in Year Three.

Barriers

Barriers included weather delays, tribal closures, and COVID-19. As both of the tribes that the team intended to work with require additional layers of approvals through in-person review board meetings only, any time there was a delay in the ability of these boards to meet, it resulted in project review delay. Both tribes are working to keep their communities safe and healthy, leading to uncertainties in when they will be relaxing restrictions on in-person meetings and outside visitors.

Overview, Activities, & Barriers

The first year of Flip the Pharmacy Program (FTP) was unlike any other in pharmacy history. As a sign of adaptability in facing COVID-19 and a desire to care for patients, FTP stores rose to the challenge and provided care to patients with diabetes and CVD. Each participating store designed and implemented best practices to ensure patients received medication in a safe and timely manner. Some pharmacies had to completely change workflow to deliver curbside service, mail, or delivery. Pharmacies utilized phone and remote monitoring systems to monitor blood pressure and blood glucose. Pharmacies had to create ways to keep their staff safe during operation and obtain limited supply medications to ensure patients did not have a lapse in chronic medication therapy. This occurred by implementing cleaning and personal protective equipment (PPE) practices as well as using creative and alternate means to secure medications. Point of Care Testing put many community pharmacies on the front lines of the pandemic battle. Change packages and best practice guidelines were shared among stores to ensure that all three of the above-mentioned goals were met.

TITLE	TYPE	LINK
The Role of the Pharmacist in the Healthcare Team	Webinar	Watch
Pharmacists & Health Home: A Discussion	Webinar	Watch
Opportunities to Collaborate	Webinar	Watch
Building Innovative Interprofessional Programs to Address Challenges in Rural Communities	PharmTalk	N/A[1]
Improving Healthcare for South Dakotans with Diabetes and Cardiovascular Diseases: Practitioner's Outlook	Poster	View
Why Rural Health? The Need for Pharmacy Transformation and Innovation in Rural America	Poster	View
Improving the Health of South Dakotans through the Prevention and Management of Diabetes and Cardiovascular Disease (CVD): A Landscape Analysis – The Patient Journey	Poster	View
Improving the Health of South Dakotans through the Prevention and Management of Diabetes and Cardiovascular Disease (CVD): A Landscape Analysis – The Payer Perspective	Poster	View
Improving Awareness of Enhanced Pharmacy Services Among South Dakotans with Diabetes and Cardiovascular Disease: A Quality Improvement Innovation Project	Poster	View
Educating South Dakotans with Diabetes and Cardiovascular Disease on Expanded Pharmacy Service	Poster	N/A[1]
Using the Theory of Planned Behavior to Investigate Patient Awareness and Perceptions of Pharmacy Services in South Dakota, United States of America	Paper	N/A[*, 1]
The Patient's Journey: Barriers and Facilitators to Care in South Dakotans with Diabetes and Cardiovascular Disease (CVD)	Paper	N/A[*, 1]
Barriers and Facilitators to Implementing Reimbursement for Pharmacy Services in South Dakota	Paper	N/A[*, 1]
Improving Healthcare for Patients with Diabetes and Cardiovascular Disease: Practitioner's Outlook	Paper	N/A[*, 1]
"Don't Forget About Us": South Dakota Pharmacists and the Patient Healthcare Journey	Paper	N/A[1]

Table 1. List of Year Two Presentations and Papers and Online Access to Applicable Items.

[*]Under development
[1]Not accessible due to publication and/or organizational requirements

Year Two was a year for strategic expansion, the team split into three sub-groups to effectively engage collaborative partners. As stated previously, this strategic restructuring allowed team members to capitalize on their expertise which resulted in more efficient completion of project activities. This helped the team achieve positive outcomes and enhance overall productivity. The expertise that each of the core team brings to the project has already had substantially positive effects on the quality of work that has been produced in Year Two. Not only were many of the Year Two deliverables completed, but there were numerous activities and outcomes that were able to come to fruition despite a pandemic, thanks to the tenacity of core team members. Findings from Year One illustrated the need for increased awareness and education about pharmacists and the services they can provide; the team was able to use the landscape analysis from Year One to begin implementing programs, supporting partners, and creating educational opportunities to fill gaps that were found (Table 2).

YEAR ONE: IDENTIFIED NEEDS	YEAR TWO: ADDRESSING NEEDS
Non-pharmacist practitioners needed more education on pharmacist expertise and services	Focused educational efforts, such as a development of a webinar, geared toward educating non-pharmacist practitioners on pharmacist background, expertise, and services for patients
Pharmacists expressed a desire to be a more integral part of the healthcare team	In-depth conversations and strategies with partners to empower pharmacists and their administrators to integrate them into the patient healthcare journeys
Pharmacists needed guidance on integrating MTM services into workflow	Development of a webinar delving into MTM and its practical applications; Advanced training for 27 SD pharmacists, including actions, templates, and workflow processes to help implement MTM immediately in their practice
Patients needed more understanding of services pharmacists provide	Development of a thorough patient awareness campaign that will help patients begin to familiarize themselves with these services
Payers understood team-based care but needed help in figuring out how to reimburse pharmacists for their services	Development of a toolkit that will provide detailed instructions, examples, and forms for payers to customize for their needs in reimbursing for pharmacy-based services

Table 2. Major Needs Identified in Year One and Actions the Team took to Address Them in Year Two.

The work each group did separately to create new partnerships, educate and engage stakeholders, and support partners led to innumerable successes in helping others see the importance of pharmacy-based services when caring for patients with diabetes and cardiovascular disease. In addition to momentum gained through focusing sub-group efforts in areas of expertise, the unique perspective of other team members was leveraged to develop creative solutions to roadblocks experienced in each sub-group. The sub-groups will continue to draw on each other's expertise and work together as the project progresses. The team expects many opportunities in the upcoming years for sub-groups to work together to improve health in a large, rural state. Through strong teamwork and collaboration, the team consulted internally to create the best options to engage and support key partners as they work to address a critical health need in the state. The team strategically planned Year Three's activities with the goal to continue advancing the adoption of pharmacist-provided services.

Gaps found across stakeholder groups will only be filled completely by a transdisciplinary approach by all members of the healthcare team; to improve the overall health of South Dakotans through MTM and other pharmacy-based services, it will take a concerted effort from all members of the healthcare landscape. Through the hundreds of conversations, the team has developed recommendations that stakeholders from all facets of a healthcare team or health system can utilize. These recommendations will ultimately help South Dakotans diagnosed with cardiovascular disease and/or diabetes. These patients would benefit from team-based care, such as incorporating care coordination or population health departments into care strategies, to allow all practitioners to practice at the top of their license to reduce burdens and enhance health outcomes. These recommendations are sorted into three categories: **customize support and resources**; **create transdisciplinary relationships**; and **build confidence**.

While these recommendations will be addressed in the coming years of the project, there are ample opportunities for progress to be made externally across the state. Overall, work needs to be done to encourage pharmacists to provide MTM services and for those services to be reimbursed. These two tasks together will create the most substantial change for patients living with cardiovascular disease and diabetes while allowing pharmacists to practice at the top of their degree.

1. CUSTOMIZE SUPPORT & RESOURCES

- Work within organizations to determine gaps in understanding pharmacists and their services
- Create policies, procedures, and processes surrounding MTM delivery
- Implement a standard workflow and delivery of MTM
- Utilize organization-specific data to engage appropriate practitioners to impact care
- Develop organization-specific frameworks to reimburse for pharmacy-based services
- Ensure all members of a patient's healthcare team have access to the information and data they need to effectively manage their diseases
- Build policies and procedures to inspire collaboration and discussion between pharmacist and non-pharmacist team members

2. CREATE TRANSDISCIPLINARY RELATIONSHIPS

- Facilitate relationships between pharmacists and non-pharmacist practitioners to create bidirectional communication and knowledge-sharing
- Look within an organization or local healthcare team to obtain diverse perspectives and feedback on pharmacy-based services
- Work with other departments within health systems that provide care coordination or population health services to identify ways in which various teams including pharmacy can help impact patient care
- Work with other professionals from all facets of care to create webinars, trainings, or resources to educate on practical skills and knowledge
- Connect healthcare providers in traditional care settings with community-based and state resources that currently exist. Examples:
    - o Connecting a diabetes patient with a local diabetes support group
    - o Connecting an ambulatory care nurse to a community pharmacist

3. BUILD CONFIDENCE

- Utilize existing resources to learn more about programs that can manage MTM services
- Attend advanced training (i.e. APhA MTM training) that provide opportunities for direct application of learned skills and knowledge
- Enable patient autonomy by helping them comprehend their medications and therapies so they have meaningful conversations with their prescribers
- Work to increase patient knowledge regarding pharmacy-based care
- Connect patients to pharmacists and empower them to seek out advanced pharmacy services
- Adjust workflow so pharmacists are able to do pharmacist-level tasks, such as MTM, while technicians and other staff can focus on dispensing workflow
- Advocate for MTM and other pharmacy-based services that have been shown to improve medication adherence and overall impact on patient care
- Enable nursing colleagues to connect patients to pharmacists by building strong relationships with local healthcare providers