**Appendices**

**Appendix A: SDoH Assessment Tool\***

1. What language are you most comfortable speaking?

 \_\_\_ English

 \_\_\_ Language other than English (please write) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_ I choose not to answer

2. How confident are you filling out medical forms by yourself?

3. How many people including yourself, do you currently live with? \_\_\_\_\_\_\_\_\_\_

4. What is the highest level of school that you have finished?

\_\_\_ Less than a high school degree

\_\_\_ High school diploma or GED

\_\_\_ More than high school

\_\_\_ I choose not to answer

5. What is your housing situation today?

 \_\_\_ I have stable housing

 \_\_\_ I have semi-stable housing (I stay with family or friends, and move around a lot)

 \_\_\_ I am homeless (I sleep in shelters or on the street most nights)

5b. If have stable or semi-stable housing ask this Q: Are you worried about losing your housing?

 \_\_\_ Yes

 \_\_\_ No

6. Do you feel physically and/or emotionally safe where you currently live?

 \_\_\_ Yes

 \_\_\_ No

 \_\_\_ Unsure

7. What is your current work situation?

 \_\_\_ Unemployed and seeking work

 \_\_\_ Part-time or temporary work

 \_\_\_ Full-time work

 \_\_\_ Otherwise, unemployed but not seeking work (e.g. student, retired, disabled, unpaid caregiver) Please write \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. In the past year, have you been **unable** to get any of the following when it was needed? [Check all that apply.]

 \_\_\_ Yes \_\_\_ No Food

 \_\_\_ Yes \_\_\_ No Clothing

 \_\_\_ Yes \_\_\_ No Utilities

 \_\_\_ Yes \_\_\_ No Childcare

 \_\_\_ Yes \_\_\_ No Any health care (medical, dental, mental health, vision)

 \_\_\_ Yes \_\_\_ No Medicine

9. What is your main health insurance?

 \_\_\_ None/uninsured
 \_\_\_ Medicaid

 \_\_\_ Medicare
 \_\_\_ Other public insurance

 \_\_\_ Private insurance (e.g. through employer)

10. Has lack of transportation kept you from health care appointments, meetings, work, or from getting things needed for daily living? [Check all that apply.]

 \_\_\_ Yes, it has kept me from health care appointments

 \_\_\_ Yes, it has kept me from getting my medicine

 \_\_\_ Yes, it has kept me from non-medical meetings, appointments, work or from getting things that I need

 \_\_\_ No

11. How often do you see or talk to people that you care about and feel close to? (E.g. talking or texting with friends on a phone, visiting friends or family, going to church or club meetings)

 \_\_\_ Less than once a week

 \_\_\_ 1-2 times a week

 \_\_\_ 3-5 times a week

 \_\_\_ More than 5 times a week

12. Stress is when someone feels tense, nervous, anxious or can’t sleep at night because their mind is troubled. How stressed are you?

 \_\_\_ Not at all

 \_\_\_ A little bit

 \_\_\_ Somewhat

 \_\_\_ Quite a bit

 \_\_\_ Very much

13. Feeling overwhelmed is when someone feels like they don’t have enough energy or mental power to handle their personal situation. How overwhelmed are you?

 \_\_\_ Not at all

 \_\_\_ A little bit

 \_\_\_ Somewhat

 \_\_\_ Quite a bit

 \_\_\_ Very much

* 1. 14. Who helps you with your medications?

15. What **challenges** do you havewith taking your medicine? (Use probes as needed.)

 System – not having reliable transportation to get medicine

 Motivation – being unsure if I really need each medicine

 Understanding – not really knowing why I am taking each medicine

 Recall – remembering to take my medicine each day

 Financial – being able to afford all my medicine

16. What would make it easier for you to take your medications?

**\*Note: The same SDoH Assessment Tool was used in both the IA and WI Models with the exception of question 4. Per a CBO suggestion, this question was not used in the WI Model.**

**Appendix B: CBO Interview Guides from IA and WI**

Interview Guide for CBO Employee for SDOH Project

Goal: Examine implementation process, facilitators, barriers, issues, improvements for entire process: initial screen, referral, follow-up etc.

Interviewee Name:

Interviewer Name:

Date:

|  |  |  |
| --- | --- | --- |
| Topic | Iowa Model | Wisconsin Model |
| General Role in Project | Please describe your role in the SDOH project. | Please describe your role in the SDOH project. |
| Specific Role in Project | Please describe how you worked with the pharmacy staff and clients in managing SDOH issues in this project once the pharmacist referred patients to you.Probe: Talk about how you managed SDOH issues within your workflow. | Please describe how you identified and screened patients to refer to the pharmacist. Probe: Talk about how you conducted the screening within your workflow. What patient characteristics were considered? |
| Obstacles to participation | What obstacles did you face when addressing these SDOH issues? Probe: How did you manage these obstacles? Within your organization? Outside of your organization?Probe: What facilitator(s) helped address these SDOH issues?Any difficulties in outreaching to and engaging patients (does patient volume make a difference?) Did dealing with multiple pharmacies and providers impact you? Difficulty reaching patients, not answering phones, unable/not leaving messages, insecure housing, not enough time for pharmacy team, patient time/scheduling | What obstacles did you face when screening patients to refer to the pharmacist? Probe: How did you manage these obstacles? Within your organization? Outside of your organization?Probe: What facilitator(s) helped address these issues?Any difficulties in outreaching to and engaging patients (does patient volume make a difference?) Did dealing with multiple pharmacies and providers impact you? Difficulty reaching patients, not answering phones, unable/not leaving messages, insecure housing, not enough time for pharmacy team, patient time/scheduling |
| Time Commitment | How much time did services take on average? What other time did you spend facilitating outreach, coordination, referrals? | How much time did services take on average? What other time did you spend facilitating outreach, coordination, referrals? |
| Successful case | Please describe a successful case of a client that you experienced. | Please describe a successful case of a client that you experienced. |
| Patient Willingness to Participate | How would you characterize your patients’ willingness to participate in this project?Probe: How willing was the patient to discuss any SDOH issues?Probe: How well did referred patients work with Johnson County Social Services?Probe: Please describe your follow-up with patients having SDOH issues.Probe: Was this project beneficial to patients? | How would you characterize your patients’ willingness to participate in this project? Probe: How willing was the patient to meet with the pharmacist? How engaged were they? Probe: How willing were patients to discuss SDOH during the screening process?Probe: How well did referred patients work with the pharmacy?Probe: What facilitated and impeded patients from working with the pharmacist?Probe: Did the program help patients with their meds? Why or Why not?Probe: How well did referred patients work with your organization?Probe: Please describe your follow-up with patients having medication and SDOH issues.Probe: Was this project beneficial to patients? |
| Relationships with Pharmacists | How would you describe your relationship with the pharmacists you worked with? Probe: How did you best communicate with each other? Probe: What worked and did not related to communicating with each other. What would make the process better?Probe: Was this relationship beneficial to you?Probe: What advice do you have about creating relationships with pharmacists?Probe: What advice do you have about sustaining relationships with pharmacists?How difficult was building trust? Keep promises? Cultural Sensitivity. Considering pharmacist/CBO workload.How helpful has it been to have a facilitator like PSW? What could be improved? | How would you describe your relationship with the project pharmacists? Probe: How did you best communicate with each other? Probe: What worked and did not related to communicating with each other. What would make the process better?Probe: Was this relationship beneficial to you?Probe: What advice do you have about creating relationships with pharmacists? Probe: What advice do you have about sustaining relationships with pharmacists?How difficult was building trust? Keep promises? Cultural Sensitivity. Considering pharmacist/CBO workload.How helpful has it been to have a facilitator like PSW? What could be improved? |
| Organizational Support | How supportive was your organization with this project? Probe: How did resources (e.g., staffing, technology) affect how you did this work?Probe: Did you have sufficient time for this work? Please explain. | How supportive was your organization with this project? Probe: How did resources (e.g. staffing, technology) affect how you did this work?Probe: Did you have sufficient time for this work? Please explain. |
| Recommendations for collaboration | How has your understanding of CBO-Pharmacist collaboration changed as a result of this program? Please describe.Probe: In what ways do SDOH issues influence medication access and use.Probe: What recommendations would you offer to other community-based organizations that are wanting to identify and manage medication/SDOH issues?  | How has your understanding of CBO-Pharmacist collaboration changed as a result of this program? Please describe.Probe: In what ways do SDOH issues influence medication access and use.Probe: What recommendations would you offer to other community-based organizations that are wanting to identify and manage medication/SDOH issues?  |
| Coordination | What do you suggest to improve the SDOH coordination process?Probe: What would you change in the process going forward?Probe: What would make the process work easier? | What do you suggest to improve the coordination process between you and the pharmacist and/or the patient and the pharmacist?Probe: What would you change in the process going forward?Probe: What would make the process work easier? |
| Miscellaneous | Please provide any other comments you have about identifying, referring and collaborating to manage medication issues for patients with SDOH issues.Are you interested in keeping the program going? If no, why not? If yes, what are your plans for keeping the program going? | Please provide any other comments you have about identifying, referring and collaborating to manage medication issues for patients with SDOH issues.Are you interested in keeping the program going? If no, why not? If yes, what are your plans for keeping the program going? |

**Appendix C: Pharmacist Interview Guides from IA and WI**Interview Guide for Pharmacists for SDOH Project

Goal: Examine implementation process, facilitators, barriers, issues, improvements for entire process: initial screen, referral, follow-up etc.

Interviewee Name:

Interviewer Name:

Date:

|  |  |  |
| --- | --- | --- |
| Topic | Iowa Model | Wisconsin Model |
| General Role in Project | Please describe your role in the SDOH project. | Please describe your role in the SDOH project. |
| Specific Role in Project | Please describe how you identified, referred and managed SDOH issues for this project.Probe: Talk about how you managed SDOH issues within your workflow.Probe: Did you involve other people at the pharmacy (staff, techs, etc.).Any difficulties in outreaching to and engaging patients (does patient volume make a difference?) Did dealing with multiple pharmacies and providers impact you? | Please describe how you identified, referred and managed medication issues for this project. Probe: Talk about how you managed medication issues within your workflow.Probe: Did you involve other people at the pharmacy (staff, techs, etc.). Any difficulties in outreaching to and engaging patients (does patient volume make a difference?) Did dealing with multiple pharmacies and providers impact you? |
| Obstacles to performing the Specific Role | What obstacles did you face when addressing these SDOH issues? Probe: How did you manage these obstacles? Within the pharmacy? Outside the pharmacy?Probe: What facilitator(s) helped address these SDOH issues? | What obstacles did you face when addressing medication issues? Probe: How did you manage these obstacles? Within the pharmacy? Outside the pharmacy?Probe: What facilitator(s) helped address medication issues?Probe: Please describe the process you followed to follow-up with prescribers and pharmacies. What facilitated and impeded that process? |
|  | About how much time did coordination of services take? | About how much time did the medication management activities take? What other time did you spend facilitating outreach, coordination |
|  | Please describe a successful patient case you encountered? | Please describe a successful patient case you encountered? |
| Patient response to program | How would you characterize your patients’ willingness to participate in this project?Probe: How willing was the patient to discuss any SDOH issues?Probe: How well did referred patients work with Johnson County Social Services?Probe: Please describe your follow-up with patients having SDOH issues.Probe: Was this project beneficial to patients? | How would you characterize patients’ willingness to participate in this project?Probe: How willing was the patient to discuss medication issues?Probe: Please describe your follow-up with patients having medication issues.Probe: Was this project beneficial to patients? |
| Working with CBO personnel | How would you describe your relationship with the service navigator?Probe: How did you best communicate with each other?Probe: How did you best communicate with each other?Probe: What challenges did to face communicating?Probe: What would have improved communication?Probe: How would you describe the follow-up process with the CBO?Probe: Was this project beneficial to you? | How would you describe your relationship with people from the CBOs?Probe: How did you best communicate with each other?Probe: What challenges did to face communicating?Probe: What would have improved communication?Probe: How would you describe the follow-up process with the CBO?Probe: Was this project beneficial to you? |
| Support from organization |  How supportive was your organization about the goals of this project?Probe: How did resources affect how you did this work?Probe: Did you have sufficient time for this work? Please explain. |  How supportive was your organization about the goals of this project?Probe: How did resources affect how you did this work?Probe: Did you have sufficient time for this work? Please explain. |
| Recommendations for success | What recommendations would you offer to other pharmacies that are wanting to identify and manage SDOH issues? Probe: What aspects of people, tasks, technology, environment or the organization facilitated success in this project?Probe: What aspects of people, tasks, technology, environment or the organization acted as barriers to success in this project? | What recommendations would you offer to other pharmacies that are wanting to collaborate with CBOs to identify and refer patients for medication management? Probe: What aspects of people, tasks, technology, environment or the organization facilitated success in this project?Probe: What aspects of people, tasks, technology, environment or the organization acted as barriers to success in this project? |
| Coordination between CBO and pharmacy | What would you suggest to improve the coordination process between the pharmacy and the CBO? | What would you suggest to improve the coordination process between the pharmacy and the CBO? |
| Working relationship between CBO and pharmacy | What recommendations, if any, do you have to help develop good working relationships between pharmacies and CBOs?Probe: What ideas do you have for pharmacists for establishing relationships with CBOs?Probe: What ideas do you have for sustaining these relationships?How difficult was building trust? Keep promises? Cultural Sensitivity. Considering pharmacist/CBO workload.How helpful has it been to have a facilitator like PSW? What could be improved? | What recommendations, if any, do you have to help develop good working relationships between pharmacies and CBOs?Probe: What ideas do you have for pharmacists for establishing relationships with CBOs?Probe: What ideas do you have for sustaining these relationships?How difficult was building trust? Keep promises? Cultural Sensitivity. Considering pharmacist/CBO workload.How helpful has it been to have a facilitator like PSW? What could be improved? |
| Recommendations for collaboration | How has your understanding of Pharmacist - CBO collaboration changed as a result of this program? Please describe.Probe: In what ways do SDOH issues influence medication access and use. | How has your understanding of Pharmacist - CBO collaboration changed as a result of this program? Please describe.Probe: In what ways do SDOH issues influence medication access and use. |
| Miscellaneous comments | Please provide any other comments you have about identifying, referring and collaborating to manage medication issues for patients with SDOH issues.Are you interested in keeping the program going? If no, why not? If yes, what are your plans for keeping the program going? | Please provide any other comments you have about identifying, referring and collaborating to manage medication issues for patients with SDOH issues.Are you interested in keeping the program going? If no, why not? If yes, what are your plans for keeping the program going? |

**Appendix D: Coded Interviews from IA**SDoH Interview Tabulated Codes – Iowa

|  |  |
| --- | --- |
| **Code Categories** | **Quotes** |
| 1. General roles and processes in project1. CBO processes
2. Pharmacy processes
 | * The coordination and implementation process during our regular meetings in terms of planning and implementation and rolling out this project, determining how to best make referrals, the whole process, and then just being available for Steve should issues arise. [1 CBO2]
* Almost always, Courtney would send me an email, which just contained an attachment of the person's name and contact information. And then I would call that person and have a follow-up conversation with them and whether they ended up getting help or even needing it by the time I called, the results varied with that. [1 CBO1]
* I just paper and penciled it, and then yeah, I just basically printed out the survey itself, and then wrote on it, and then I would take my notes from that survey essentially, then put it into a patient note [1 PH1].
* I would say on average, probably altogether would be 30 minutes [1 PH1].
* So, when they come to pick up prescriptions, we just see if Johnson County reached out to them, [1 PH1]
* When I was trying to identify the patients, I could think of some off the top of my head that could potentially use resources, just because of my background that I've gotten to know with the patients. And then when I think of, say, any other... If you're put in that situation where someone could benefit from that resource off the top of your head, then it's just like talking to them. And most of the time, I started with that, it’s like, Johnson County can offer these services. I don't necessarily say, I want to do a survey with you because of this. I just break it into Johnson County has this offer, because a lot of times patients don't know what is offered out there [1 PH1].
* I had printed out copies of our survey and would just mark down their responses and sometimes I would add a little note if something was interesting or maybe I wanted to circle back to that and ask the patient more questions. [1 PH2]
* Generally, I would call them cold and if they weren't available at that moment, sometimes they would offer to have me call them in a different time. They're like, "I'll be home at such and such a time," if you want to call them. And generally, if I was at work at that time, I would give them a call at that time. [1 PH2]
 |
| 2. Specific roles in project1. CBO roles
2. Pharmacy roles
 | * I'm the navigator at Johnson County Social Services and I'm the receiver of the referrals from [Towncrest 00:00:26] Pharmacy. And it's my job to operationalize the solutions to the concerns that the participants in the study addressed on their intake forms. [2 CBO1]
* So, the call itself would take usually 20 and then whatever I needed to do for them would take maybe another 20. A lot of the people that responded to the study were, like I noted before Bill, were just really lonely and socially isolated and hadn't talked to some people in a long time. So, I feel like any other time in history that I call them might have not been as long as a phone call as it was at this point. [2 CBO1]
* The lady that ended up on my caseload will be vastly more than that, but ... Bill: Yeah. Okay. Steve: That'll end up 10 to 20 hours, but that's the outlier. [2 CBO1]
* My role was to help basically identify patients that fit that specific criterion, the meds sync comprehensive, or their complex score [2 PH1]
* Those types of things. And then identifying those patients and calling those patients to see if they would participate in the survey [2 PH1].
* Then after the survey, I would send that information to Johnson County and document it in our own EMR system [2 PH1]
* Bill: So, you did most of the patient interviews or the surveys? Courtney: Yes [2 PH1]
* Courtney was more involved in finding the patients, and she would hand the patients over to me, and I would call the patients and interact with them on the survey. [2 PH2]
* There was one instance where a patient had questions about a medication. It had just sparked the question. And so then, I just handed the question off to Courtney. [2 PH2]
* Other things related to Towncrest were just like adherence, like you said, and I had offered some advice on that. I had offered some advice on maybe setting an alarm or when you're taking the medication to do it at a time when you're eating. [2 PH2]
* Yeah, just a pharmacy phone. And then, afterwards we would document some of the information in our computer program. [2 PH2]
 |
| 3. Obstacles in performing roles in project1. Limited staff time at CBO
2. Difficulty in connecting with patients in need
3. Staff time OK at pharmacy
4. Identifying patients to target was a challenge
5. Workflow and patient engagement varied
 | * Both me and the aging services guy here will never have enough time. So yeah, it was a burden and I'm way behind on the documentation of it. [3 CBO1]
* We get a lot of interruptions here. It's because we're at the mercy of whoever walks in, which is fine in some ways. But if you block off an afternoon to knock out your SDOH calls, that's not happening. [3 CBO1]
* So that's to be expected. I guess it would be nice if there was actual time to be able to set aside to do it, but that's not a practical ask in my mind. [3 CBO1]
* I mean, I understand that there's limited bandwidth as far as what you can do, but I mean if, let's say, 5 pharmacies or 10 pharmacies in the metro area started doing this? Steve: I could personally keep going with Towncrest. I couldn't be more ... There are just not enough hours in the day. [6 CBO1]
* Steve was hired as a generalist social worker, a navigator to help plug folks into resources and so forth. But he is the only person in the county that really does that. All the other social workers are not as multidisciplinary. They might work in housing or childcare. [11 CBO2]
* He thought it would be helpful that if the pharmacists make sure that they remind the patient that somebody's going to call them. Because he said that people were like, "I don't want to buy anything," you know? [3 CBO2]
* That and communication. Some people never answer their phone. Some people don't respond to voicemails. Some people don't in fact have voicemail. Certain people's phones are off certain times of the months because they can't afford the bill or they run out minutes. That was a way bigger one than I expected [3 CBO1]
* Well, and it shows what a barrage of calls those people get 24 hours a day from those sources. And until you turn 65, you don't get that. It's a thing. It's a real thing. And it's really, really annoying to anyone over 65. And it's really, really, really hard to tease out what's legit from what's BS or just an attempt to get your soc number. [3 CBO1]
* A certain amount of low-income people will never, ever pick up the phone if they don't recognize the number that's calling them. I'm sure that was at least some of it. [3 CBO1]
* Some of the people on the other end of it are ... Some pretty substandard technology, but those are low-income people and they're doing the best that they can. [3 CBO1]
* There was enough time [3 PH1].
* It's just the time needed to complete the surveys can be a little bit more than anticipated, especially the patient is very chatty. Luckily, for them, I have a lot of patience. [3 PH2]
* However, identifying those with the com score of greater than 25, and fitting that criteria enrolled in med sync was slightly more difficult to identify [3 PH1],
* because we were finding that especially when I was looking at what patients that I know, that I've gotten to know, that could utilize that help, those were primarily your thirties and low thirties through really low twenties. It wasn't quite the complexity score that identified it. So that part was, I would say, a little more challenging to find those patients [3 PH1],
* English was not their first language as well [3 PH1].
* Another obstacle was getting that release form signed for those that we deliver for, because oftentimes we'll send multiple ones to them, but they wouldn't send it back [3 PH1].
* Because they were also in our med sync program, when we talk about adherence or recalling, we can see, well you didn't pick this medication up, and we just ask them about, are you still taking it? Those types of things. So, in our workflow, that was just an added extra question I would say [3 PH1].
* We didn't have a lot of issues. It was more along the lines of just willingness of the patient to accept help. And after I had explained actually the efforts Johnson County Social Services made with other patients, then they were more willing. They're like, "Oh, that's what they did." And so that helped it along. [3 PH2]
 |
| 4. Patient response to program/process1. Varied patient willingness to participate
2. Patient concern about time commitment
 | * One lady became convinced, eventually, that I was some type of Medicare scammer and refused to go any further with any of it, [4 CBO1]
* So how would you characterize patients' willingness to participate once you're able to connect with them? Do they seem pretty open to working with you? Steve: For the most part, yeah. [4 CBO1]
* I offered it to one person because he says he takes the bus around, but he says, the weather's getting nicer so that he's going to take his bike and didn't want to do the survey, which is fine [4 PH1].
* It's not a sensitive matter that they wouldn't feel like if someone were around, I didn't want to hear it. It was just one of those things, hey, did Johnson County reach out? And they were like, oh yeah. It was great. They were so friendly [4 PH1].
* People would chime in like, oh my medicine, well, this medication might cost too much. Or I wasn't able to get in for two weeks, that type of thing [4 PH1].
* It depends. There were some patients that were very open to the surveys and with any survey, I feel like patients can be curious about how in depth that you're going to go and what information you're going to use. They're kind of concerned about their information- [4 PH2]
* ... or they're just not willing because they find it a nuisance. But I found, with many of the patients, that I had to kind of build some rapport with them through the survey. And after I built that, then they were a little bit more willing to tell me some things, and I had to explain why Johnson County wanted to help them. Some were more willing to accept help and some were less willing to accept help. [4 PH2]
* Some also viewed Johnson County as like a government entity. And they said that they did not want government help. [4 PH2]
* Sometimes I would tell them that the survey would truly take only five minutes if they answered it straight. But oftentimes, I would be on the phone with a patient for 30 to 45 minutes. [4 PH2]
* I think that it worked fine to ask them when they came in [4 PH1].
 |
| 5. Support from organization1. CBO service navigator supported by other staff

 1. Adequate pharmacy resources support process
 | * Well, one lady, we got her some kind of stop-gap transportation going, but it turned out to be way more than I had time for. So, with her, I just passed her on to a transportation specialist here at the county. And so, she was able to get much more detailed help from her on what she needed to do. [6 CBO1]
* If somebody else, if there's another social worker you could rope in or assign one to each, yeah. I think that would work. [6 CBO1]
* How about Johnson County, your organization? Did you get the support that you felt like you needed to do this work? Steve: Yes. [6 CBO1]
* I would say good supportiveness, because we do so much patient care and other projects that it was just, we have time to do that, and we have the resources capable to do that when technology all works in our favor [6 PH1].
* Angela had explained the protocol to me, and we went through it pretty thoroughly. And then after that, Courtney did give me a little bit of an overview based on the complex scores and how that worked with the patients. It was pretty thorough. [6 PH2]
* I would come in on extra time and sometimes if we had extra students working, they would just have me go make calls, which was great. [6 PH2]
 |
| 6. Recommendations for success1. Pharmacy should inform patient of contact from CBO
2. Pharmacies can resolve some SDoH issues
3. Expand patient group to include more of those in need
4. Refine the SDoH assessment tool and process
 | * On the pharmacy end ... Tell them when you ... Maybe if they could tell them what to expect, that someone is going to call you and someone, their caller ID will say this so don't be afraid to pick up the phone. I mean, that would be particularly useful with elderly, over 65 people, who get a tons of spam phone calls. [7 CBO1]
* So just maybe a one-sentence thing could be read off by the pharmacist when they ... So just a short sentence, like, "Somebody will call you. They won't be selling anything or trying to get you to sign up for anything you don't want to do. They just want to provide information about programs and get on to save you money or to improve your life." [7 CBO1]
* One patient kept forgetting their morning dose, and so reminded them, why don't we just set an alarm on a phone? And then when they came to pick up their prescriptions, we just checked in to say, did you set that reminder [7 PH1]
* If pharmacies were going to be involved, in this, I guess, I know a lot of them don't have a complex for it. Is it for anyone? [7 PH1]
* Adherence, because they're not picking up their medications on time or essentially. Or they're forgetting to take their medication [12 PH1]
* So having them set reminders. And then we offer delivery service, so they can get their medications on a more regular basis instead of having them rely on coming to pick those up. [12 PH1]
* Expand the target patient group. I'll just say low complexity [7 PH1].
* Broaden the patient group, and then maybe revise the tool, condense it a little better [7 PH1].
* I thought it was great for the patients. I would really like to see it expand a little bit to a larger field of patients rather than just based on complex score because there were so many patients that we would see that didn't have a high enough complex score that we knew that we could have helped in some way and... I mean, even with just helping find a therapist or the transportation. It can all be of huge help to patients, and I just would've liked to see it expand a little bit. [7 PH2]
* So, I don't know if it's one thing, if you could have the applications applicable, that if you identify well, here's an application, someone can reach out to you, those types of things [7 PH1].
* I thought the question length was fine. It was more so the last question, I think that one could be more condensed, because that one was more pharmacy related [7 PH1].
* allow the practitioners, your staff to address other questions that are related that you just see that may not be on the tool [7 PH1 ].
 |
| 7. Coordination and working relationship between CBO & pharmacy1. CBO-pharmacy communication needed for success
2. Email between pharmacy and CBO was effective
3. Pharmacy may know more about patients which can help CBO contact them
4. Collaborative working relationship supported process

 1. Timeliness of communication was a facilitator of process
 | * Collaboration is really key for a lot of things that we do, but it also takes more time, and it takes more communication to see positive results. So, I think that that is essential to facilitate this process and be successful with it. [8 CBO2]
* There may be some people that I never will be able to contact. Courtney was able to give me some tips on a couple when I let her know that there was a problem. [8 CBO1]
* facilitators or things that supported you getting this done? Steve: Courtney and Towncrest mostly. She sent 90% of the referrals. And she certainly helped in any way she could to be able to contact the people, too. [8 CBO1]
* I think communication was really key. I think that we're working with two different disciplines that typically don't interact. Perhaps in a hospital setting, I guess I'm not sure about that. But this was new for us and new, I'm sure, for Towncrest as well. So, I think it was definitely a matter of acquainting ourselves with one another, both in the way of the services that we provide and how we would exchange referrals, what the expectations would be. [5 CBO2]
* I would do the Sendinc, which is that secure email [8 PH1].
* Steve would always send a response back that he got it. [8 PH1]
* Steve reached out to them that day and got them an appointment with the Abbey center that week. And helped them set up, this can be your primary care, and this is where you can get everything done. This is where you can get the injections. All you have to do is call this number, everything's set up for you. So, Steve did a really good job of getting that taken care of in a really good timely manner for the patient [8 PH1].
* Steve, as well, sends a note of what all their encounter was. So that's our follow up basis [8 PH1],
* It was just primarily emails [8 PH1].
* I would say I have a better background on the patients, or if I knew of the time of day that worked better, because one person would work a night shift, and I would mention this time of day you could call, he would listen to that. But also, if there was a background, like this patient has trouble hearing these things, that the survey doesn't quite identify, I was able to mention, hey, if you call this person, make sure you speak up, those types of things [8 PH1].
* The last person I sent to Steve, I'm curious to see how that one will go in. And how Johnson County can help out with that, since I know there was multiple obstacles for this patient that wasn't... This one had it on the survey, but also didn't address a lot more. And to see she hasn't gone out of her house in six months, because she's not mobile, and no one's there to help her. So, I don't know if that's something Johnson County can help with, but I was able to give that background to Steve. So, I'm curious to see where that goes moving forward [5 PH1].
* Everyone at Towncrest is always great to work with. They're just a wonderful group over there. [9 CBO1]
* So, until 2014 we used to work with, I think, every pharmacy here. Then I knew the manager of everyone. That has changed drastically since the Medicaid expansion though, and that county aspect of it went away. [9 CBO1]
* I thought Steve and I, we had a good relationship, worked well with each other [9 PH1].
* How busy the pharmacy can get, sending the emails and that coordination worked out great in that sense, because if there were any questions, Steve could just email me, and that was the best form of communication [10 PH1].
* And then that time sensitive matter one, that phone call, that worked out great too. So, I thought that part, really no issues with that [10 PH1].
* One of the student organizations, we took a Saturday to-go-do like a brown bag event at a church, and we were doing some medication reconciliation. And it was really helpful for the patients, and I felt that built a relationship. Sometimes it's just going out into the community and physically meeting with people for them to see how your pharmacy works on a personal level. I think that's what I would imagine in some fashion. [10 PH2]
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| 8. SDOH-related problems and solutions1. Patient needs were identified and addressed
2. Older patients can have unmet needs as program eligibility changes with age

1. Transportation was a primary need identified and addressed
2. Process helped address a variety of patient needs

1. Complexity of patient’s situation can be a challenge
 | * We saw it as an opportunity to reach people who maybe weren't being served. We know that this is an opportunity... [12 CBO2]
* Unexpectedly, only one person so far from the whole study has ended up on my actual caseload. But that doesn't mean a lot of people didn't get help with a lot of things, because they did. But one lady did need, I guess, intensive follow up and consistent follow along, at least for a while, because she's new to our state and new to all the programs here. [12 CBO1]
* The people all genuinely wanted or needed at least some ... If not some specific help, at least some advice on from somebody that does stuff like I do and what be the best thing to do or the cheapest thing to do, or the least risky financially thing to do, things like that. [12 CBO1]
* And we recognize that while Johnson County is resource-rich, particularly in comparison to other communities, we're not particularly resource-rich for older adults. Even older adults who have financial needs, there are really just limited options for them. [12 CBO2]
* Almost all those folks were older individuals. A good many people just had more detailed eligibility questions for stuff like SNAP and Medicaid that DHS wouldn't have time to tell them. And they'd have to sit on hold for the state 800 number for many hours to get their questions answered, if they even could then. So, I that did at least some good. [12 CBO1]
* There were a few elderly patients and one in particular, it was very early on in the study. She did not know about the senior center, and so she had not been connected with them. I think there's some sort of enrollment process maybe as well. And so, Johnson County Social Services got her lined up with the senior center, and so that was really neat. [12 PH2]
* There was a lot of questions about transportation. There was a lot of questions about ... Excuse me, a lot of, I guess, need for ... A lot of people feeling isolated coming out of the tail of the pandemic. Those people all were surprised to learn how much stuff there was at Senior Center, and that's now open. [12 CBO1]
* Transportation was a big one [12 PH1]
* I think overall, especially transportation in having to hear patients, we're missing appointments, because they couldn't get in to see their doctor [12 PH1].
* So, getting them lined up with transportation was, I think, helpful for them, especially for managing care. We're talking any medications that need to be adjusted, because they haven't been seen in a while. It helps with us just checking in, but also getting the patient to see their providers. Another resource that patients liked was the senior center, because they didn't necessarily know how to get involved with it. So that was a good resource for them to actually get out, interact with other [12 PH1].
* So that's like knowing what's out there and understanding how that all works, because I did ask about transportation if there was a wait list, because most people don't want to sign up or give information if they're going to be on a wait list for three months. But there's not a wait list. There's an application process [12 PH1].
* So, I'll just pick the lady I put in my caseload, sir. We're midway through a little bit of a housing search for her and we're helping her apply for a more advantageous kind of Medicaid that they did not have in North Carolina where she came from. I mean, you do have to do a small little bit of employment to get that kind of Medicaid, but she thinks she can work for a family member to qualify for it, which is allowed. So, both those things are fairly time intensive things. So, she already got her application in for an apartment in North Liberty and she's going to get accepted there. Whether she ends up taking that one or we look more, I don't know yet. That's up in the air at the moment. The Medicaid thing, I'm just going to help her clean up the paperwork and that'll be done. [12 CBO1]
* Most of the problems I ran into weren't, I guess, terribly serious, but they were, I guess, very annoying to the individual who had them, put it that way. [12 CBO1]
* As well as the question addressing anxiety, stress, the overwhelmed that was, I would say, patients did identify with that question [12 PH1]
* Those were the big things and then a lack of interactions with others. [12 PH1]
* there was a lot of barriers in that mix where I can see you want the patient needed just more than prescriptions, just being refilled, and needed to be more monitored basis [12 PH1].
* It needed more than just the pharmacies for monitoring [12 PH1].
* I would say the finances’ part was a little bit more tricky to work around. Some did have financial issues and a lot of it stemmed from the over-the-counter medications that they were wanting to take, and they just had trouble affording it. [12 PH2]
* And then, we have some patients that have psychological issues, and it was difficult for them to manage that, and they were already seeking therapy. And so that was just difficult because the therapy was already being met, but It wasn't helping like it should. [12 PH2]
* Well, one of them was a new group home patient that came to us, and their like, not necessarily caretaker, but someone who drives them around and whatnot came in to help. I identify this person as new. They don't know where they're getting their injections. They don't have a psych follow up. And so that part helps identify, we can have those resources, we can do the survey quick. So that one was really helpful [12 PH1].
* I had one patient pushback on it, when they were willing to do the survey, however, when they identified, for example, childcare or work, they would make a comment like, oh, well I don't need help with that, or I don't want help. But they would put I have to stay home and babysit. I have to stay home with the children, because I can't work, and we can't afford daycare. And then when, say work happens, they like, I have a master's degree, I can work, but... Gave a bit, but didn't want any assistance, and refused to sign that release [4 PH1].
* Otherwise, everyone's been really open to the idea of [4 PH1],
 |
| 9. Project outcomes1. Partner recognizes other as a valuable resource
2. Coordination between pharmacy and CBO helps patients in need
 | * So, I think about if we would've had this partnership with the pharmacies. Pharmacies weren't even on my radar in terms of somebody that would have that touch with folks who might be underserved. So yeah, I just think this is a great opportunity for us to connect. [13 CBO2]
* I would certainly advise them to build a connection with pharmacy. Again, I think that this is going to be easier to start with a community pharmacy [13 CBO2].
* But I think this is an opportunity certainly for us to reconnect and get back out to the pharmacies and let them know what we provide. [13 CBO2]
* I had no idea that the county could support its residents in such a neat way, especially by incorporating a pharmacy to contact the patients. The pharmacies, especially independent pharmacies, already have a relationship with patients. And so, like we said, they were already very gracious to us about wanting to do the surveys just because they like Towncrest, and so it was neat to see a community based organization use, us, and then to see the actual services play out in patients getting benefit from that. [13 PH2]
* I think those partnerships are really important. And, like I said, I think folks have a special relationship often with their pharmacist, I will say, particularly in rural communities I know. [11 CBO2]
* I really liked it, because it's knowing what's out there, and that's just a part of educating our patients, because they do ask us questions in that sense, and we should be able to provide them that resource. And beforehand, I didn't know what was out there. And there's a lot out there [11 PH1].
* So, we are looking at hiring another social worker, and I think this is really important. This is our job; this is what we're here to do. So, if other pharmacies got on board and were connecting folks who needed support, then I think it's our job to respond to that, so I would hate to put the brakes on. [13 CBO2]
* So, I think hopefully by doing that social determinant of health survey, we're able to find out where there are some gaps for folks. [13 CBO2]
* I think it's worthwhile. I think it certainly got some contact for people that would never have otherwise entered the system or had access to it or ... Because at 65, a lot of programs go away and a lot of state programs go away. They're replaced by other ones, but the other ones are complicated and difficult to access. So, it's probably good from that perspective that at least those people had someone to have a conversation with. [13 CBO1]
 |
| 10. Next steps1. Expand and continue in Johnson County
2. Work to get uptake in other communities
 | * I think this was intended to be a demonstration to see if we could help identify a need and get folks connected. And that's always our goal. We want folks who are underserved and need support to get that support. So, we will definitely continue to do this, and we'll just document demand if we need, and then we'll continue to make a point that we need to add additional supports and do the best that we can. [13 CBO2]
* Based on this, I'd like for us to try to scale up, and I'm trying to think what the next step would be. I think that one of the things that would be helpful for us is to... This is a great way to reach out to our rural areas like Solon. Lone Tree doesn't have a pharmacy, I don't think. North Liberty has a growing community. There are few social service organizations within those communities, but certainly there are folks that are facing a host of needs. So, I think it's particularly a good opportunity for underserved communities. [13 CBO2]
* I hope you do. And I would be more than happy to speak to the efficacy and the success of this from our perspective. Again, I do hope it continues. I hope that we can expand and look beyond Towncrest. At the very least, we have departmental brochures that explain our services, and I think this is an opportunity for us to get out and provide that information to pharmacists. [13 CBO2]
* And I want to make sure that they're aware over there that just because this grant project is wrapping up doesn't mean that it has to end. That would be really unfortunate. [13 CBO2]
* I don’t know if something might be done with Abbe/Unity Point Mental Health Center. They got that integrated health program there and they’re the primary Medicaid mental health provider in the area. So, I know they’re always looking for referral sources for that integrated health program. And they would run into a lot of people that would be a fit for their program and a good many people wouldn’t be, but I think enough people would be to make it worth their while, or to maybe at least think about it. [11 CBO1]
* I hope they keep going, because if it's helping people, then it's a good thing. So. Steve: Couldn't agree more. [11 CBO1]
* I could definitely see it being very beneficial with that. Especially in the Iowa City area, since I do know that there are other patients that can benefit from the Johnson County resource. And even if it's not the full survey, I think that pharmacists and technicians here can identify what the patient's needs, and be able to tailor it more towards, you mentioned this previously, well they can help out with that. So, I definitely could see it continuing on in the future [11 PH1].
* So, I think it's just a real golden opportunity that pharmacists have to connect folks to resources. I would encourage all pharmacists to reach out to any support services in their community, or to try and build a relationship with a specific provider who might be more of a generalist that can help folks connect within their communities. I just think it's a win-win for everyone. [13 CBO2]
* I think it’s a golden opportunity to connect with folks. I would almost guess that sometimes those pharmacists are on the front line, [11 CBO2]
* Do you know if service navigators are common these days, like across the counties in Iowa or is it … Steve: I think I’m the only one in Iowa. [11 CBO1]
* Some places have what they call housing navigators, so that person primarily looks for housing. But there aren’t very many just generalist social workers that work for county. There’s a lot of general assistance workers, people that just pay rent, utility, stuff like that, [11 CBO1]
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**Appendix E: Coded Pharmacist Interviews – WI**

SDOH Interview Tabulated Codes Wisconsin

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| --- | --- |
| **Code Categories** | **Quotes** |
| 1. General role in the project | * **Lead pharmacist:** My role was to coordinate with PSW, then two coordinators through the CBOs, to make sure that we are providing comprehensive medication reviews to patients based on the referral model that was designed. Basically, connecting those people on the CBO side, the patients, with myself as a pharmacist or with pharmacy students to provide those pharmacy services that were requested. [1 PH1]
* **Student pharmacist:** As part of my student rotation to complete comprehensive medication reviews for patients who were referred to the pharmacy. [1 PH2]
* **All pharmacists:** We would receive an information packet about patients, stating their goals and concerns. It included side effects they might have been having or concerns about their medications, talked about their social & economic status that may be impacting their ability to properly manage their medications. [1 PH3]
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| 2. Specific role in the project  | * **How identified, referred and managed medication issues:** We base it specifically on that wheel for two reasons. It's a very succinct way to think about comprehensive medication reviews. And it's also a way that I was able to grade the students for their rotation during the course of the six weeks they were with us as well. [2 PH1]
* **Managing medication issues & follow-up**: In terms of managing those issues I could make recommendations for things like over-the- counter medications, and we obtain information from the primary care providers and their pharmacies to help triage some of those other issues. So either myself or CBO-H could follow up with the primary care provider typically to make recommendations about the, the medication therapy. [2 PH2] (Case2)
* **Referring Medication Issues To CBO**: We did have to kind of make a judgment call on how we handled those. So, depending on the severity of the medication issue, it could easily have been a patient referral where they contact the provider or they maybe pick up an over-the-counter medication. [2 PH1]
* **Physician referral process:** Based on the patient's ability to use or speak English, we determined how we did a referral. For example, CBO-H would handle a lot of the referrals to the providers because she could translate between the two entities. [2 PH1] (Case 2)
* **Solve med issues:** If it was severe enough, we would contact the provider or even a pharmacy to discuss the medication issue because a lot of these patients didn't fill their medications at our pharmacy. [2 PH1]
* **Workflow/other staff:** It has evolved, but initially what we did was created a day for myself to provide the CMRs where I would effectively do administrative work and then CMR work because we would schedule a maximum of four CMRs in a day and that doesn't quite take up a full day of work. It would remove me from dispensing workflow or vaccine giving workflow to provide those services. Another pharmacist would then work the dispensing workflow. [2 PH1]
* **Role for students:** We brought students in, so the students would shadow me, learn the workflow. And then at the end of the rotation, they'd be able to provide those services really without the need of a pharmacist, just kind of a check in at the end of the CMR to make sure everything's up to snuff and get those phone calls out to whoever we needed to talk to. [2 PH1]
* **Frequency of service:** Then that evolved to providing two days a week with the help of students, because we did have extra help. At one point we had two students for six weeks and so we thought that we could expand the service while they are here. Then we decreased the number of hours that we'd allow that service when they left. [2 PH1]
* **Capacity:** We fortunately had two students who were rotating at the pharmacy. So, we really had a lot of extra hands to help out in the pharmacy. So that really allowed us to set that time aside and really dedicate our whole attention to the patient interaction. [2PH2]
* **Appointment-based:** It was by appointment. I think it was really helpful for us. So, I basically had 45 minutes to an hour blocked off. [2 PH2]
* **Use of Zoom:** The ones that I completed were all virtual, [2PH2] (case 2)
* **Advantages of separate workflow**: I mean, working in a community pharmacy like that, there's constantly interruptions with the phone or patients coming up to the counter, just kind of the usual workflow of the pharmacy. So, trying to go back and forth between pharmacy workflow and interacting with a patient would've made this completely unfeasible, in my opinion, [2 PH2]
* **Advantages of Zoom:** Sometimes it was difficult getting their medication information virtually. So many disadvantages, I can't look at the vial myself and pull the information off of the bottles to collect that information. But the advantage was that CBO-H, who was able to kind of provide that information through the chat, using the virtual platform. [2PH2] (case 2)
* **Med list:** Talking with the patients, trying to gain the most accurate medication list that I could. [2PH3]
* **Pre-CMR work:** We would call the patients ahead of time to try to set up a time for this. And then I would have time set aside for them, the MTM itself, generally gathering the information prior to, I would just kind of work it into my days ahead of time as I could. [2PH3]
* **Med list:** If we could get a medication list ahead of time, just to save on our time during the MTM to really dedicate more towards the management portion rather than the gathering[2PH3]
* **Use of EHR:** And like some of these patients I could find in their EHR system, some of them would be inaccurate and some of them, I couldn't find anything on and was just going in blind. [2PH3]
* **Confirming patients in EHR:** The referral form did not have birthdays. So sometimes finding these patients as well, or even just confirming them when we just had a name[2PH3]
* **Use of HER:** I would run through those packets with as much information as they came with and then try to look up those patients in an EHR. I would try to gather their med list as much as I could. And then setting up times to meet with those patients. [2PH3]
* **Develop plan for patient:** I would kind of go into those plans with some, if there was concerns of medication issues or interactions, having a plan to talk about those and then based on if the patient brought up different side effects or different medications that I didn't know, going into it, kind of looking those up as we go and addressing further concerns as those arose.[2PH3]
* Usually, the patient had a PCP or a PCP and a specialist that they saw for this or that condition. Most patients at least reported to me that they just used a single pharmacy to pick up their medications. [2PH2]
 |
| 3. Obstacles to performing the Specific Role | * **Outreaching and engaging patients in the process**: I think the idea with the referral form was that we could receive that referral form and the CBO staff would not really have to be involved past just referring the patient. I think that is a good thought and it would be a great process. What happens is those patients are expecting a call, but did not have a time or date when that call would happen. And so that led to patient not being home or patient said yes, a week ago and then changed their mind. [2 PH1] (case1)
* **Wasting time engaging patient**: It also led to more of the pharmacy staff providing those calls and kind of wasting time, because the appointments weren't set up. So, the appointment-based model with someone that they know is really ideal in this scenario, to reduce the amount of no-shows, [2 PH1] (case1)
* **No trust with RPh:** CBO hands off the patient to someone they don't know. That patient, I think, has trust in the CBO staff personnel, but loses the trust as it's being passed off. And that reduces the chance that they'll complete the service. [2 PH1] (case1)
* **Pt. misunderstanding service:** I know there was a couple patients we emailed, we never heard anything back. A couple patients I had to leave messages for, or there was no voicemail. And then I know there was one other patient that I got a time all set up. She seemed really excited for it. And then she never answered. And I tried again later on and I never heard back from her. So, I don't know. I don't know where the gap is. I think sometimes is maybe just a misunderstanding of what this all entails and what it means for them and what it means for us. [2PH3] (case1)
* **Missed appointment/reschedule:** We did have a few patients who had to delay their appointments by 10 or 15 minutes or who didn't show up that day and had to reschedule. So, there was a little bit of that, but I think the majority of the patients that I had were there on time and we were able to meet at the expected deployment time. [2PH2] (case1)
* **Bad rapport with patient due to virtual:** I think it might have helped a little bit to be face to face just to kind of have a better connection with the patient, better rapport. I think being in person might help with that a little bit. [2PH2] (case2)
* **Barrier/timeliness talking with patients and providers:** Timeliness with talking with providers, timeliness with talking with patients on both ends, [7PH1]
* **Process to Work with Providers/delay in response**: Just delay in response from providers. You call a clinic and you get on the phone with an administrator. Then you have to wait for that question to be asked to the provider, ultimately. So, you're looking up to 72 hours a lot of the times before you get a response and then on our end, we get busy, the response maybe comes in and we can't follow up with a patient in a timely manner because we're working on other things. So, you could look at a response happening up to a week from when the question was asked [3PH1]
* **Provider Delay:** When I worked in Platteville for my residency and I could walk across the hall to the people working in the clinic and say, hey, did you guys see my note? Or, can I get this done today? That really speeds things up. [3PH1]
* **Obstacles/multiple contacts with providers**: I think just trying to reach out multiple times to the doctor one time, trying to call them or fax them or email to provide multiple ways of contacting those doctors. [3PH3]
* **Process to work with providers/advantage:** A lot of the times if there was a medication issue managed by one provider, and we found an issue with one of their meds that provider was still in that same category with their other diabetes medications. We didn't really have to jump around too much for that. [2 PH1]
* **Need good relationship with providers:** I think if we don’t have a good relationship with the providers, they may see your fax and be like, okay, cool. And then not really have any further follow up or at least communication with the pharmacy. [3PH3]
* **EHR Access/barriers to entry:** We do have access to EHR. The problem is that we don't always know which EHR we need to look at. There are a lot of hoops and barriers you have to jump through just to look someone up and then if you start going into like the psychiatric patients, there's a whole different set of hoops. And if you don't answer it appropriately, you can break HIPAA that way too. So, it's definitely worth a try, but it doesn't always give us a lot of information[3PH1]
* **Translation CMR time:** I wanted to break that down a little bit because we had CBO-H translate and so translations were a lot longer CMRs than the non-translation, which just inherently makes sense. [3PH1] (case2)
* **Translation issues during CMR**: And so, when we would explain medications, CBO-H would say, oh, I don't really know how to say some of those things to our patient because it doesn't translate directly. So, then we'd have to come up with a little bit of a different strategy or I'd have to explain a little bit more in depth to CBO-H an example so they could take that information and kind of whittle it down to explain to the patient a little more clearly and concisely. [3PH1] (case2)
* **Knowing patient facilitates translation:** Translation probably would add on about 20 extra minutes, on average. CBO-H has a relationship with the patients and there is a difference between calling up an interpreter and having them speak over the phone. CBO-H can say that they have worked with this patient for the last three months. They know the patient. So, when I ask a question, CBO-H can translate in a way that the patient will understand a little bit more efficiently. [3PH1] (case2)
* **Set up bubble packing**: this patient was at a pharmacy. Um, she felt like she wasn't being managed appropriately with her medications. We took it upon ourselves to offer up a bubble packing service. We had our delivery driver go pick up her medications that she already had, package them up, start her on the weekly delivery. As far as I know, things are going pretty well. [3PH1]
* **Process to work with Pharmacies:** We provided the service of the CMR and then the patient wanted to use our pharmacy for their medications. Now that wasn't part of this, that was a consequence of talking with the patient. When we tried to transfer those medications to our pharmacy to provide bubble packing service for this patient, there was a big delay because the pharmacy wouldn't transfer the medications to us. I think there was communication issues[3PH1]
* **CBO-H problems with med list:** I would say that sometimes it was difficult to get an accurate med list from the patients. Most of the time they did bring in their medication vials and we were able to get the information that way. Sometimes they reported that they were taking some herbal supplements that we weren't able to identify by name. They could have potentially had drug interactions with the medications that they were taking. [3PH2] (case2)
* **Problems getting med list:** Some patients didn't bring any of their medications with them or they left some and brought some. [3PH2]
* **Med list:** Not having a medication list right away is a big problem. That's kind of one of the biggest challenges I think, and I guess it's difficult to think about how that might be resolved. [7PH2
* **Obtaining med list:** I think we may have contacted the pharmacy once or twice just to get a better picture for exactly how the medications were prescribed that they were taking. Most of the time they had their prescription bottles there. [3PH2]
* **Obstacle/No Med List Before, Incomplete Med List:** We kind of had to make recommendations on the fly because we didn't really get a chance to look at the full patient picture ahead of time. Sometimes they did provide some information with the medication names or even the doses for the medications. But it was usually not a comprehensive list and often missing some information like how they're taking it. [3PH2](case2)
* **Obstacle/Accessing WIR:** One of the things we like to do during the appointments is to check the patient's immunization status and see if they are due for any immunizations, make recommendations that way. And so, checking the WIR is certainly helpful for us to be able to meet that end. We had some problems with getting the dates of birth ahead of time for the patients. So, a lot of the time I had to kind of ask at the beginning of the interview to get the date of birth for the patients, and then during an extra-long translation jump over to the WIR and try to get that logged in and pull up the patient's profile and just kind of work through that as we go. [3PH2] (case2)
* **Value of translator/CBO-H**: I would say CBO-H, having them involved was definitely a facilitator to the entire process. Especially with the medication issues that came up. I think it was helpful to have someone who wasn't just kind of a translator, but someone who the patient had some type of relationship with. [3PH2] (case2)
* **Value of translator/CBO-H:** Having them as someone who maybe the patient trusts. Maybe they don't trust me so much because I'm just a pharmacy student and they don't know me at all before this interaction. Maybe they're a little bit more open to sharing information with CBO-H and by extension to me having CBO-H as an interpreter. [3PH2] (case2)
* **Follow-up CBO-H:** We would upload that to the patient's profile and send that back to the CBO-H as well. They have a very clear summary of what our thoughts and recommendations are, and any interactions with the provider that need to take place that could be done either by CBO-H or by us. In one case when we did want to reach out to a patient's provider, CBO-H asked us to fill out a release form that it was okay for us to contact their provider. [3PH2] (case2)
* **Obstacles/trust/med list:** I think building that trust with patients that don't know us and maybe don't understand what we're trying to accomplish. Gathering that medication list, because sometimes depending on how much they're on or how much they know of their medications that can take up half your time gathering that information. [3PH3]
* **Obstacle/need time:** I think that time is important to have, or at least having people to rely on like the techs to complete part of it that they're capable of completing. {3PH3]
* **Reminders for tasks:** The capability to set reminders for certain days, and then those reminders would pop up. As we would actually complete the MTMs, we could add them into our pioneer system and create those reminders. So that was very helpful. It would say, hey, today is the day you and the patient agreed to follow up on, or you set a reminder that, hey, it's been three days. I haven't heard from the doctor. Let me try again. [3PH3]
* **Time to arrange CMR with CBO-H**: Not too much time. It was done through emails. CBO-H might say I have a person I want to have a CMR. I want them to meet on Thursday. When can you meet? My email response would be what time do you Want to meet? And then she'd say a time and I'd say yes, that's the time slot. These are pretty quick. I would say probably at the most for those types of emails, probably 30 minutes[3PH1] (case2)
* **Time to coordinate CMRs:** If we had to contact the patient by calling them, trying to set up a time, the patient says, I don't know what time I'll call you back. You know, those take a little bit longer. On a busy week it would take about an hour to get all those coordinated. On a less busy week, maybe five, 10 minutes. We might do one or two that week or something. [3PH1] (case1)
* **Time for CMR and Follow Up:** I would guess if you were not translating, those CMRs with completing, follow up phone calls to figure out med issues, probably somewhere between an hour and a half total time for initials. Now follow up with those patients, that was much cleaner and much easier. You know, a lot of follow up might be five to 10 minutes. I think that's because the initial one was so comprehensive that when you got into the follow up, you didn't really have a lot of questions to ask the patient. [3PH1]
* **Time spent:** I probably spent 30 or so minutes ahead of time prepping. Then with the patients themselves, usually 20 to 30 minutes, depending on how the interaction went. Then afterwards adding those new patients in, adding their medications into our system, that could take some time, maybe 30 minutes after, so probably about hour and a half total per patient. [3PH3]
* **Time to complete:** Filling out the visit summary, sending that off to CBO, creating a profile for them, assuming that they're not a patient of our pharmacy, and entering all that information. Honestly, I would say that it probably took an additional 45 minutes to an hour afterwards following through on all of those activities. So not an insignificant amount of time spent on that as well. [3PH2]
 |
| 4. patient response to the program | * **No shows:** We did have quite a few no-shows or patients that just didn't get back to us. Probably three or four of those which is quite a few when you're thinking about it in terms of 10 people. [4PH1] (case1)
* **Agreeable/questions answered:** For the people that said yes to it, they were very agreeable, very much interested in what we had to say and asked a lot of questions. It just kind of shows that these patients aren't getting their questions answered a lot of the times or they're forgetting the answer to their question because they're not having that touchpoint every so often with their pharmacy or physician's office. [4PH1]
* **Agreeable/CBO info:** The patients were very agreeable, honestly. I think that speaks to the CBO staff. I think they framed the medication review in a way that made them want to do it. [3PH1]
* **Problem with translation:** I think it was interesting because the patients who came from CBO-H, who we did translations, the translations don't come over very easily to English. For example, when a patient would talk about anti-anxiety medications or anti-depression, CBO-H only have one word to encompass that whole thought and that word is sadness. [4PH1]
* **Language issues:** Their willingness was high and I think their willingness was high with their prescribers as well. I just think that the system that they used to figure out what medications a patient needed to be taking had some miscommunication. You didn't see that as much with the English-speaking patients. [4PH1] (case1)
* **Type of questions:** I would agree that they, overall, found it helpful. I think they got a lot of answers to their questions and they are not necessarily difficult questions. For example, I'm on ESA, pram. I don't exactly know what that is. Can you tell me what that is? Right. [4PH1]
* **Purpose of CMR:** I think a lot of people get it confused. They think that if you are providing CMRs, you are going to be answering a lot of difficult questions. I don't see it that way. I see it as you are answering a lot of easy questions that build up to making a decision on how to take your medications. [4PH1]
* **Patients supportive:** I would say that patients were generally pretty enthusiastic and interested in taking part in the program. From my experience a lot of the patients that we spoke with were being followed relatively closely by primary care provider and potentially other specialists for their care. [4PH2]
* **Patients curious about service:** I think the patients kind of walked in with expectations and they hadn't really seen anything like this before. So, they kind of were more curious than anything of what kind of intervention this would be and what kind of service we could provide for them. [4PH2]
* **Patients answering questions:** I would say they were generally open to discussing the issues. I never really felt like I was kind of pulling teeth to get information from them. Most of them were pretty forthcoming about the issues that they had. [4PH2]
* **Area for Improvement**: I think this is potentially an area for improvements in the future, in terms of actually following up with the patient themselves. I think that CBO-H did a little bit more in terms of interacting with the patients directly to make sure that the recommendations were followed through for some of these things [4PH2](case1)
* **Patients concerned about long term side effects:** I think something that was brought up by patients on multiple occasions was confirming that there weren't any long-term side effects with the medications that they were taking. I think just having that peace of mind, knowing that their medications are optimized and that this isn't causing a detriment to their health to be on these medications long term. [4PH2]
* **Patient receptive/pain control**: He was very open and accepting to any advice we had and he seemed to really appreciate it and was looking forward to hopefully getting that pain under control. [4PH3]
* **Beneficial project:** I think it's absolutely beneficial project. I really enjoy working with patients and completing MTMs and I think every single one I did, there was some type of positive outcome that came from it. [4PH3]
 |
| 5. Working with CBO personnel | * **CBO-H:** Working with my CBO was almost all through email. CBO-H would set up a lot of the zoom calls. A lot of the pressure of getting the patient in front of the camera to talk with us was taken off of us. I think we both worked very well and were very flexible on how we alleviated that kind of pressure. The other thing I think CBO-H does a really good job of is reassuring the patient that this is what we're talking about. I'm going to follow up with the provider so that I can translate that information back to you when we get that information back. I think that was very helpful because I can't do that. CBO-H could do that and sees that patient often enough where I felt like it was going to get done. So that was a really nice resource. [5PH1] (case1)
* **CBO-M:** CBO-M was a little more like, Hey, I have this patient in front of me. Can I talk, can we talk right now? Can we get this taken care of right now? And I think that's just kind of how CBO-M does things because they get a lot of people that need help and they need help that day or that week. I eventually, I just kind of gave CBO-M my phone number and said, you know, I can try to help if you call me. I can't guarantee that I can get the information done that day. But if you call me when they are in front of you, we can try and work something out. CBO-M communication was a little bit less helpful at the beginning of the project, but has gotten a lot better over the last few months[5PH1] (case1)
* **Appointment based:** I think laying the basis that this is going to be an appointment-based model is the best way to go. Saying that upfront, saying that if a patient isn't at the appointment time, then we're just going to reschedule and trying to take care of this. [5PH1]
* **Appointment based:** This type of service is extremely challenging because it takes so much time to do those initial CMRs. If they were follow-ups and patients that we knew, you could probably get away with a no appointment system. All of these patients were initial CMRs. And I think because of that you definitely have to go off an appointment-based model. [5PH1]
* **Follow-ups not good:** I didn't get a lot of like feedback, I guess. We would send recommendations off and CBO-M might say thanks for sending it. It was kind of on us to provide the follow up. And a lot of the times, I wasn't sure if the patient said yes or no, but we're still in the middle of the project. Maybe those people just weren't available at the time and CBO-M was waiting to hear an answer. I just didn't get a lot of feedback in terms of meeting some of these patients for the second time. We would take it upon ourselves to complete those follow ups based on the things that we needed to get done. [5PH1] (case1)
* **Need a system for CMRs:** CMRs are something that I think is super important that pharmacists do. A lot of the times it's just not getting done because there's no system in place to do it. I mean, you're very busy dispensing medications now. We're very busy giving, you know, thousands of vaccines. [5PH1]
* **Barriers/payment:** You kind of take that risk of meeting with a patient. You're not sure if the reimbursement through Medicaid is going to be enough to cover the time that you spent there, but you hope that the patient will transfer medications in. And that is the secondary business model. Right now, you have prescriptions that are generating profits, as well as potential follow ups or, or working with the patient in the future to get reimbursed for those services. That is where Medicaid is going, is a service-based model. It's not quite there yet. [5PH1]
* **CBO-H work together:** It's always a challenge meeting another healthcare provider, working together for the first time, trying to learn about each other and build rapport. I may have had some difficulties with that at first, but I think towards the end we had a good working relationship and it was certainly a pleasure to work with them[5PH2] (case1)
* **CBO-H communication:** I would say only really positive communications and I also interacted with them on a few occasions over email, to kind of coordinate things and follow up afterwards. [5PH2] (case1)
* **Need fast communication form:** I think that would be one of my recommendations in terms of communication for projects like this is to have some kind of fast form of communication, whether that's text or frequently checking email, because there were a few times where changes needed to be made sort of on the fly or on short notice. Certainly, having a fast and a slow form of communication, like that would be beneficial. [5PH2]
* **Improvement/follow-up:** I think creating a better process for follow up if that's something that we truly think is important for the patients would be ideal. I think it would be sufficient to do that over email to coordinate that but just something that didn't really seem to be in place at the time. [5PH2]
* **CBO understand changes:** I definitely think they understood the concerns and changes we thought were important and why they were important. [5PH3]
 |
| 6. Support from your organization. | * **Establish benchmarks**: I told the owner; this is the amount of time that I want to take to do those things. Are you okay with that? He kind of mulled that over and said, well, this is where we want to go. We're going to have to start by losing some money to get this set up. And then hopefully we can financially be at a place where we'd at least break even to make it worth our time. So we set up a number per week that we wanted to try to bring in to make sure that the workflow and the model was financially beneficial for the organization. [6PH1]
* **Owner set aside time:** The pharmacy owner was obviously very supportive, giving us the opportunity to have that 45 minutes to an hour, to completely block that off. That was very important. [6PH2]
* **Quiet space allocated for CMR:** They had the space for us to be with the patients in a quiet place, which was beneficial for us. They gave us every opportunity to relay any issues we might be having and try to resolve those. [6PH2]
* **Student support:** It was a large time commitment for us, but we had two extra hands, students being there. So, it wasn't really ever an issue for us to put it into the workflow. [6PH2]
* **No access to computers due to pharmacy being busy:** There were some times when there were just a lot of technicians working on the available computers and maybe I wasn't able to complete documentation right away, but usually I think we just tried to submit things within 24 hours[6PH2]
* **Support time:** They were super supportive. They were always flexible on time. Anytime the patient was available, they would make sure I was available to do that. Then they were always making sure I had time to prepare and to work after the process as well, to make sure that everything got documented properly, that follow up was completed. So, I would say they were a hundred percent supportive in it. [6PH3]
* **Org allow EHR access**: The EHR, obviously, like I said, was sometimes helpful. [6PH3]
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| 7. Recommendations for success | * **Site Visit to CBO:** The first is a site visit to the CBO. I have no idea where CBO-M worked out of or how that's set up, same with CBO-H. Part of that is due to COVID. Another part of that is we planned to do a lot of zoom or telephone meetings. So, we didn't really need to do those things. I still think it's beneficial to see how they operate and to meet some of the staff too, so that if you call them or something, they’re wondering, hey, why is this person here? [7PH1]
* **Appointment based-model:** The second thing is the appointment-based model works very well. That's why clinics do this. Physician's office make appointments. [7PH1]
* **Access to student pharmacists:** There definitely were times where we had things blow up at the pharmacy and I wouldn't have had time to meet with a patient. I knew there was a student there so I could bank on them to help me. Having a student from PSW came over to help me organize how we were going to do this. They took about two or three hours to do that. That saved me a lot of time in the long run because everything was all organized and ready to go. [7PH1]
* **Zoom is valuable:** Using Zoom was useful. Could you set up a way to do it without it? I think so, but it would take more time and more resources to do that to be able to go offsite. Zoom was very helpful cuz you could kind of see mannerisms as well and that helped with body language. I don't think this could have been done without it. [7PH1] (case2)
* **Translation and Zoom:** Especially with CBO-H translating, they could be in the same room they could translate and then I can just be in the other end to facilitate my thoughts on things. It was extremely efficient. [7PH1] (case2)
* **Clear process and expectations:** Being very clear about how the process will work and expectations is very important [7PH2]
* **Weekly huddle:** I think it might be beneficial to have a weekly huddle or something like that. The value is to have that set time to discuss any issues that might have come up over the last week. [7PH2]
* **Open communication with CBO/virtual check-ins:** I think probably the most important thing is just to have an open line of communication with the CBO. Being able to share frequently what issues you're having and how we can improve things. And we did obviously have the virtual meetings to discuss those things. And that was helpful. [7PH2]
* **Determine follow-up process/roles:** The other challenge that I would say was the follow up and kind of determining what that might look like and the process for that. [7PH2]
* **Patient expectations that this is first visit:** I think setting the patient's expectations that this is an initial appointment. For any other issues, we might follow up with you again like two to four weeks or something like that to help triage some of that. [7PH2]
* **Build connection with patients via outreach:** I would say my biggest thing is to not only reach out, but to find some way to host an educational event so that you can start building a relationship. We did a falls prevention education at a senior center. And then from that, we had a couple patients that came over and wanted to do an MTM with us because they felt like we really cared about the process and we would be able to help them with their medications. So, making yourself visible and not just accessible is definitely important. [7PH3] (case2)
* **Pharmacist or student pharmacists at CBO to meet patients:** I really like the idea of having the pharmacist at the CBO or students there, just to be able to meet the person that you're chatting with. Not necessarily to complete the CMR, but just to have that face-to-face relationship. I think that would increase the chance that the person would pick up the phone or come in when you scheduled with them. [2 PH1] (case2)
* **More ways to communicate with patients:** In general, the communication with the patient, not being able to get in touch with them. Sometimes their phone was disconnected, or if they don't have a voicemail. Having more ways to reach out to them can be helpful. [7PH3] (case2)
* **Technical staff to collect information:** I think techs could potentially be helpful in gathering information. Like if they could call the patient ahead of time and get a med list or something like that, you know, that would be very helpful too. [2PH3]
* **Med lists:** Not having access to current medication lists, that was a big thing. [7PH3]
* **CBA:** Having some sort of collaborative practice agreement where you could write like seven days of a prescription based on what the patient was telling you to get them started in terms of that transition to get medications transferred over or get a new med list from someone. [3PH1]
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| 8. Coordination between CBO & pharmacy | * **Multiple CBOs is difficult/varying work approach/new working relationship:** I will say it is challenging to have two separate CBOs. I have to work with CBO-M differently than I would work with CBO-H. If you have one point person it might be a little bit easier until maybe it is a little more automated or you work with that person for a long time and then you can add on a second person[8PH1]
* **Use of email:** It was just primarily emails [8 PH1].
* **Be on site to communicate with patients:** If there is a way to set up a time for the pharmacist a student or someone to be on site, to talk to these patients and build an initial trust where these patients may be more willing to complete an MTM, I think that would be really helpful or even just a zoom. It's such a great technology that we have, but I think as an organization, they were very open to having whatever meetings we needed to have together[8PH3]
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| 9. Working relationship between CBO & pharmacy | * **In it to help patients:** I remember that first meeting we had with everyone and CBO-M made a good point about not doing this project because I want to get a research article published. I want to do this project to help the patients. So, you have to market yourself on availability, figuring out ways to help those patients, maybe thinking a little more outside the box than you normally would. You have to be comfortable with going that route. There is going to be people that don't want to do those things or don't want to take on that responsibility and that's fine, but if you're going to, if you're going to try to coordinate something like this, you have to be willing to roll with some stuff, to try to help the patient. [9PH1]
* **Clear expectations:** It's very important that I try to email them back in a timely fashion, you know, 24 hours, and then try to be consistent and setting up expectations beforehand as well saying, hey, you know, I'm not available on Tuesdays, I'm off work that day. I probably won't get back to you on that day, but Wednesday morning I'll get right back to you. [9PH1]
* **Responsive:** Just being very responsive and making sure that if we were going to do something that we did it that day or that week. [9PH1]
* **Role of PSW:** No, it was great. I mean they checked in, sent over a student to help us with some stuff. You know, they kind of had that talk with CBO-M about, we need to make this appointment based versus not appointment based. We figured that out through the process, we really need to change how we're doing things. And I took off of me trying to facilitate some of those topics. In the long run, are they totally necessary? Maybe not, after you build that relationship. But initially it's very, very helpful[9PH1]
* **Initial role of PSW**: That initial trying to get together and make this work is very important, I think. [9PH1]
* **Meet key CBO personnel:** I think it might have been a little bit beneficial to have met CBO-H even for like 10 minutes or something like that, or 15 minutes, just to kind of talk about who we are and what our skills are and things like that. I didn't really know a hundred percent what her role was or what her relationship is with the patients that she's translating on behalf of. [9PH2]
* **Following through**: Doing a good job of following up and carrying through on obligations and things like that, I think is maybe one of the most important things just to keep things going into the future, being a good partner in that way. I think that having huddles and things like that would also help to keep up the relationship, making sure that everyone's on the same page. [9PH2]
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| 10. Recommendations for collaboration | * **Learn about CBO’s:** I had no idea what CBO-M's job was or CBO-H's job really is. I kind of see them like case managers or social workers in a hospital. I'll really see them as a community version of that. And you know, that's not a hundred percent of their jobs. I know they do other stuff, but in this realm, I see them as social workers and really just trying to facilitate access to healthcare and that is extremely important because they have that relationship with the patient where I didn't and that's how we kind of coordinated it, to help that patient out when otherwise that patient might not have been as agreeable to the meeting. [10PH1]
* **Relationships with CBO personnel:** I think of them as a faceless organization with a logo and such. I think that it's really important to think about the individuals that make up that organization. A lot of these organizations are probably led by a relatively small number of people. I think establishing relationships with those individuals is probably the, the most key and important thing in, in having a, a good relationship with the organization as a whole. [10PH2]
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| 11. Miscellaneous comments | * **Workflow.** We chose to make a Gmail folder, like a Google drive folder, through the workplace. So, it is HIPAA compliant and basically gave every patient a virtual folder and we could dump in the referral forms. And we could dump in the information about who we followed up with, what dates, what we talked about. And I was very specific to the project. I wanted to make sure that all the project information was in one spot. But the other thing that you can do is use our software system where we process prescriptions, because we have pioneer RX, we can set up people on med sync and it's just a rolling calendar. So, you can say I wanted to call this patient three days from now and it'll populate in a queue as a reminder. If you wanted to call this patient and you can put in free text notes as well. Not all of those things were done at the right time. That time that you wanted, or right at that moment, some of them were delayed because you get busy. Keeping yourself organized is challenging at the start[11PH1]
* **Software/workflow:** I really like the software that we have. Uh, it's just a matter of doing some of those things. Sometimes they just don't get done. There's not enough time in the day, but the software itself does not fail. It always prompts you to, to contact those people. [11PH1]
* **Benefits of service:** I mean there is still more work that can be improved on. It's very beneficial for the students that I have come in. It's financially beneficial. I mean there isn't really a reason not to do it. Besides that, it's just challenging work[11PH1]
* **Sustainability:** Regardless of insurance, we have to either have a patient pay, you know, the cash price or we have to have them have insurance that covers it. So primarily we need to target the patients that have that insurance. And then if we're requested to provide the service, we'd have to, you know, explain the cash price which is a challenging conversation. Sometimes it takes longer to explain my price than just to do the CMR. [11PH1]
* **Sustainability:** Then secondly is like how much time can we spend towards it? You know, can we realistically ask for two days to do it? That's a lot during the week. Can we even ask for one full day to do it again. We have to figure out what that demand is or if there is any demand without referrals too. [11PH1]
* **Sustainability:** I guess just if there's a way that the CBOs could facilitate more of a way to form a connection between these pharmacists and providers who may not have any other form of communication prior to this experience. Some type of meet and greet or something. I'm big on that kinda stuff. [11PH3]
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| 12. SDOH-related problems and solutions | * **Food Insecurity:** We got a call from meals on wheels to be an access point for people to drop off food and then send it out to people. But I don't think about food insecurity. That doesn't cross my brain when I'm assessing medications or talking with patients and CBO-H and CBO\_M are assessing not only that, but other social determinants of health. [12PH1]
* **Homelessness:** I don't always think about homelessness when I'm assessing medications, but we have a delivery driver. If you're going to be somewhere the same day, every week, we can try and meet you there. You know, something like that to solve that problem, the meals on wheels, you know, that again kind of fell in our lap, but here is a resource call them and see if they can help you out or set you up with something[12PH1]
* **Addressing SDOH in Med Review:** They sent over information on social determinants of help as part of the document that they sent us that sometimes-contained medication, information, patient information. So that information was available, but I don't think we maybe did the best job that we could in thinking about how those social determinants of health might have impacted things like adherence during the patient interaction. I think we kind of more relied on them to help address some of those social determinants of health rather than making that more of a collaborative kind of approach to addressing those things. [12PH2]
* **Using SDOH info:** So, the medications are the primary focus, but I think if we spent maybe just another 10 minutes ahead of time, just thinking about the issues that they might be having. So that information was available, but I think just thinking about how those things might impact the patient's ability to go to the pharmacy or be adherent to their medications, things like that[12PH2]
* **Stigma with SDOH:** I think it's a tough topic for some people. You have to have some level of trust and not just be a blind relationship coming into it, because if you don't know this patient, they may not be willing to tell you that they didn't have food last week because they couldn't afford it. But having someone that they trust already, I think they'll be more open to telling what every trouble that they're having. [12PH3]
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| 13. Project outcomes | * **PSW role:** I think it was nice to have PSW there to kind of hold both sides accountable for the grant. If we were to have issues come along, they would be able to help kind of mediate those conversations and just make sure that that everyone's kind of doing their part to, to make the process the most efficient, [13PH2]
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**Appendix F: Coded CBO Staff Interviews - WI**

SDOH CBO Interview Tabulated Codes Wisconsin

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| --- | --- |
| **Code Categories** | **Quotes** |
| 1. General role in the project | * I was the supervisor of the program itself. [1CBO1]
* I spoke with the clients at the Institute and informed them about the program. I essentially was the one who recruited them. [1CBO2]
* I'm a community health worker. I focus on the social determinants of health. My role is to connect people to programs, resources, and educate them around chronic diseases. [1CBO3]
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| 2. Specific role in the project  | * **How ID clients:** We first looked at clients who took medication via prescription. Then we also looked at those in the past, who've had a medication review with a pharmacist. [2CBO1]
* **Age as selection criteria:** We also looked at their age group too, because we recognize that the older, they are the less chance they spoke English. So, there might be the potential of them not really understanding what their primary physician is prescribing it or why they need to take it. [2CBO1]
* **Screening fit Workflow:** It wasn't too challenging in the sense that we did not have to recruit from outside. These were clients that we already had and the case managers already had their file and kind of knew their clients pretty well. [2CBO1]
* **Internal staff:** We only use internal staff to do the screening. [2CBO1]
* **Screen process:** So, the case manager would refer the person then help fill out the paperwork because they already knew the client. Then Mai Kue would follow up with the client to screen and also then set up the appointment with the pharmacist. [2CBO1]
* I spoke with the case workers, since all clients have case workers, to see if there were any clients that they knew of who were taking medications and who had concerns with adherence or there were other concerns where they couldn't get their medication or they didn't know how to take their medication. [2CBO2]
* **Screening via conversation:** Sometimes I had conversations with them or sometimes they'll ask me questions. If I felt like they were a good candidate for the program, then I would talk to them about the program as well. [2CBO2]
* **Not knowing clients well/Workflow:** I didn't really know many of the clients yet. And so that was kind of tough. In terms of me talking about medication with clients and trying to talk about the program, it's a normal part of what we do here. [2CBO2]
* **Providing health information:** I had many clients come in needing support. Once I do an initial assessment around the social determinants of health and then we talked about their health. [2CBO3]
* **Informing clients about medications:** A lot of people were struggling either trying to figure out what medication works for them, how to get their medication, and they really didn't understand how to take medicine. A lot of people weren’t able to understand, take this two times a day or whatever. They were not sorting their medication out. They weren’t fully knowledgeable about their medication and what medication works with different medication. [2CBO3]
* **Many walk-ins to health center:** I do a lot appointments, but also a lot of walk-ins. Meadowood Health Partnership is community-based health office. So, word of mouth spreads. [2CBO3]
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| 3. Obstacles to performing the Specific Role | * **Misunderstanding of CMR:** The first instruction was to identify some of your clients who take medication and could benefit from the medication review so that they can better understand their medication. Some of the staff took that as identify clients who may be misusing their medication, taking it wrong or abusing medication. So, the first time we asked them, they're kind of like, I don't have anyone because all my clients don't abuse their medication. [3CBO1]
* **Time:** Yeah, I think the obstacle is just finding time to sit with the patient during the CMR. [3CBO1]
* **Virtual a barrier:** But now with COVID, you know, it was done on zoom. I think that probably caused a challenge too, because you're not so much in person you're more on zoom and you're talking to a stream screen instead of a live person. [3CBO1]
* **Language barrier:** I think probably the most important or the call out is the language. That's part of the biggest obstacle. And so, I think if we refer them to the pharmacist and we didn't have the case manager or CBO-H there to facilitate the language, then most likely the client would not use them. Not that they didn't like them, it was just that language barrier. [3CBO1]
* **Do not understand program:** I didn't feel like there were many obstacles aside from them not fully understanding that this is talking with a different provider they would be speaking to and that the provider could help them with. I felt like they understood it once we explained it a couple of times. [3CBO2]
* **One pharmacist:** I definitely think that having the one person was best because then I only had to communicate with one person and I understood how they worked. I understood there's the schedule. If I needed to refer someone, I knew the point person to go to. [3CBO2]
* **Remote CMRs:** If the client was able to come into the center the client and I would zoom with the pharmacist. If they weren't able to come into the center, then I would call the client on the phone, and then I would zoom with the pharmacist. So, we were all on Zoom. [3CBO2]
* **Scheduling:** I think appointments is a very loose thing, time in general, in our community (culture). So, it definitely played a role in preventing me being able to keep consistent with schedules or appointments. [3CBO2]
* **Not knowing clients**: I am new here. I think that me not knowing some clients was a barrier. We didn't meet one on one and some of these clients I've never met one on one or in person that they didn't necessarily have that connection with me. [3CBO2]
* **Zoom calls in center were good:** The coordination aspect of it was definitely easier (conducting Zoom call) if the clients came into the office. [3CBO2]
* **Translation:** They don't really speak English. I think that would've been really hard if I wasn't there to explain things or to be able to translate both ways, to them, and then also back to the pharmacist. [3CBO2]
* **Translation:** It's very interesting because sometimes the clients have ways of saying things, but I'm not like great at it. And so, I think sometimes the pharmacist would say things and I would like say it in English and be like, this is what we mean. Or the client would try to say something to me and I didn't know what they were trying to say. So, I was like, I don't really know what they're talking about or like, this is what they're saying, but I'm not a hundred percent sure what it is in English. [3CBO2]
* **No screening issues:** As far as screening, that was fine. [3CBO3]
* **Connecting client to a pharmacist that the client does not know:** But as far as following up or really getting the patient engaged to see the pharmacist. The pharmacist and I had a great relationship as far as communication, but when a client needs me and I tell them that it will be a pharmacist calling you to do the medication review, it became a disconnect. So that was the only obstacle to continue to reach back to the client. The pharmacists have been trying to call you, they're trying to get in touch with you. [3CBO3]
* **Connecting client to pharmacist with CBO staff present:** A couple of my clients said can they call me while you are here, you know while I'm sitting there? Yeah. They can do that. And we did do that a couple of times. I asked the pharmacist, I sent them an email, and they were able to talk to the clients while I was there. And that's important. Community health workers play a crucial part in building a bridge with other resources. There is so much mistrust out here. If clients feel like they were sitting with somebody that they trust, me being a community health worker and me connecting them with somebody they know I trust and believe in, they were so eager to share. [3CBO3]
* **Value to have pharmacist at health center:** It would have in a sense, but some of time it would be valuable. If a client tells me what date they were coming, and if they came on a certain day, I could have people lined up that were prepared to come with the information they needed. That would work. But then I do have people that walk in and they are struggling. So, I think both ways work. I think it's just about respecting other people’s time. [3CBO3]
* **CBO staff tell clients to trust pharmacist:** And you know, what I tell my clients is I'm very picky about the people I collaborate with. The people that I collaborate have the same values that I have, so you can trust them. [3CBO3]
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| 4. Time Commitment | * I would say it probably took about hour between one and two hours. [4CBO1]
* I would say like maybe four or five hours per client to coordinate with them and meet with the pharmacist. [4CBO2]
* Most of our sessions were like an hour. I would say the initial one was like two hours, so the initials were long, but then the follow ups weren't as long, but yeah, just coordination, getting all the paperwork done, having conversations with them. All of that, but I think talking with the pharmacist was probably the longest. [4CBO2]
* I think about six hours. And the reason why I say six hours, is that hour and a half I'm having this conversation with them. And then that other 30 minutes of completing a form, sending it over to the pharmacy, then that follow up conversation. And then after the medication, they come back to talk saying I really appreciate you getting me connected to the pharmacy. They got this medication, I'm able to get my medication delivered to my house. So, after they get the services, they're coming back bragging on the program, and that's a whole conversation. [4CBO 3].
* **Follow up:** For the follow-up it was just me making sure that he connected with the doctor, making sure that what the doctor told him, I was able to help him stay on that care plan. Me writing the notes for his health improvement to show the doctors. This is where we were at, this is where we, you know, ended up. [4CBO3]
* **Follow up:** So, another follow up was the pharmacist stated that the client needed a blood pressure machine. So, I was able to help the client purchase and teach the client how to take blood pressure, her own blood pressure at home, which was great. And that client was very appreciative because she struggled with getting her medication. And now the pharmacy delivers to her house, so she gets all her medication at her house and doesn't have to worry about going to Walgreens waiting. [4CBO3]
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| 5. Successful Case | * The one where the client shared that when she went to her primary physician, then she started asking more questions about the medication because now she knew the types of question to ask and felt comfortable asking. [5CBO1]
* For this particular client, the medical concerns were managed pretty well. But she needed help with managing her blood pressure. Matt was able to get her a cuff which helped her to be able to have an accurate and to be able to measure it consistently, which I thought was awesome. To help her and then also working with her on knowing how to take her medications or to adhere to the medications and when to take it and when it's most effective. And then also just kind of reminding her this is how you take it. And for her, she felt like there were improvements and she felt better. So, I thought that was really good. [5CBO2]
* I had a client that came from the medic client, and he was a Muslim. He asked if there was a chance, he could come to the community health office because he needed his blood pressure monitored. He said he was really tired and he was losing sight in his eyes. So, I met with him and I was able to take his blood pressure. So, I started questioning him about medication because what he was describing to me, it didn't sound like it was hypertension so much. I find out that this man was a diabetic and he refused to take his insulin because of fatty tissue, fatty animal fat, him being a Muslim. So, I directed him to the pharmacist. They did a medication review. I wrote up a care plan note for his physician, which ended up being my physician. So, I asked his physician to please do an A1C test on him. The pharmacist did, they reviewed, sent it over to the doctor. A couple of weeks later, the man came in. He was a new person. Wow. And he was on his right medication doing well. I started monitoring his blood pressure. It was great. I learned how culture makes a difference. Culture makes a difference even when prescribing medication because you need to know what the myths and beliefs are of people you serve. [5CBO3]
* People say that they don't get the help I need because I'm on Medicaid. But this program makes people feel like they were important and their lives matter. The pharmacist made them understand about their medication and how important it is to take what medication at a certain time. And they learned how to advocate for themselves to that doctor. [5CBO3]
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| 6. Patient’s willingness to participate | * **Easier for clients that met with a pharmacist in the past**: I think overall they were willing to participate again, the ones who have done it in the past, sign me up. I think the newer ones, we had to spend a little bit more time explaining to them the benefits or why we're doing it and then getting them sign up. [6CBO1]
* **Unwillingness**: I think there might have been one or two that did not want to participate. [6CBO1]
* **Interest from clients**: I think for the most part they were open and willing. I think a lot of them were interested and it was an additional support or additional person that they could consult with, or maybe things that they couldn't necessarily say to their doctor who was prescribing the medications. [6CBO2]
* **Self-advocate:** It was also an opportunity for them to advocate for themselves. [6CBO2]
* **Self-advocate:** It was helpful for her because she was able to advocate for what she needed and then we were able to help coordinate and talk with the provider about some of the changes that she wanted to make. I definitely think that for the most part it was a positive thing and it taught them how to like really be able to communicate what it is that they want and not just be like, okay, I'm just gonna go with it and then do what I want after I leave the office.[6CBO2]
* **Focus on meds:** One of the benefits of this program is that it's highly focused on their medication and each one, and I loved how they like went through each medication and talked about the client's perspective on how to take or like they're knowledgeable how to take it, and what it's for, and then educating them about each one specifically, in addition to like side effects. And I don't think the clients get that from the doctor. [6CBO2]
* **Client did not want another provider:** I think the biggest thing would be that adding an additional provider where they were like, okay, that's way too many people that I have to work with. And so, the ones who didn't want to participate, it's because they felt like they received enough information from their provider and that they were able to talk to the prescriber about the medication. So they didn't feel like they needed to meet with an additional person to discuss the medications. [6CBO2]
* **Value in SDOH screening:** We went through each one of them and they were open about it and if there were any concerns, they were able to like discuss it.
* **Building trust with client:** So, every one of the patients said how smart the pharmacist is and how nice they were. And, they are going to call me back. All of the pharmacists that reached out to the client and said they would call them back, they followed through. You don't know how important that was to the client, that the pharmacist said they were going to call me back. And they called me back and they told me this. So, they built trust with the client when they made that attempt and talked to the person and explaining everything, answering the client's questions. They did build trust. [6CBO3]
* **Do clients want to stay connected with pharmacist?** I know for sure after they interacted with the pharmacist, that they wanted to continue. And the reason why I say this is because one of the clients, every time she sees me, she says she is still connected with the pharmacy. {6CBO3]
* **Patients opening up to CBO staff**: People now are crying for help, so it was easy because they already know the work that I'm doing. So, they had no problem. And right now, like today, I had about four people come in here crying. I am a community health worker and I have a reputation and people just open up and they feel real comfortable with letting me know. [6CBO3]
* **Patients not participating after screening/poor handoff**: The only time I felt that it didn't work well was the lack of how they were able to communicate. So maybe a phone got disconnected, or maybe it wasn't a good time to talk, people going through stuff. When people are going through a lot of things, they don't have that mindset of taking their time, really trying to do the things they need to do to get better. But if you catch them in a moment, that's great. They accept the help. So, I think the communication was probably with the phone or they didn't have, a good email or phone number or something like that. [6CBO3]
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| 7. Relationships with pharmacists | * **Staff enjoyed**: I think it went really well. I think CBO-H enjoyed it. They the one that had the most interaction, but from their feedback, it seemed like it went pretty well. [7CBO1]
* **Scheduling:** I think the only one was that trying to schedule since pharmacy was busy. I think later on in the project, they were able to set up some regular time, which then helped I believe. [7CBO1]
* **Quality of pharmacist:** The pharmacist, in the limited interaction I had with them, they seemed like a really down to earth person that was easy to work with. I think that helped alleviate any concerns or stress that elders may have. [7CBO1]
* **Additional meetings with pharmacist:** In addition to the actual intake meetings, maybe carve out some time, maybe once a week for 30 minutes or 15 minutes, just to check in and see how things are going. [7CBO1]
* **Role of PSW:** Yeah, I think PSW was really helpful in helping coordinate those regular check-in meetings. I found those to be really helpful as well to keep us on track. Keeping us moving in the right direction and then trying to address any challenges or troubleshoot too, so that all the partners were there together to kind of say, hey, you know, this is going well, got a little challenge in this area. [7CBO1]
* **Quality of Pharmacist:** I really enjoy working with Matt. I think he's easy to talk to. He's flexible. He's like workable. He's very helpful. He follows through. I really like how they take their notes and they share that with me so that I can follow up with anything with the clients or if there are any questions or if I have to follow up with the psychiatrist or the client that I can just provide them with those notes. I think I would say we have a pretty good relationship, a good working relationship. [7CBO2]
* **How shared info:** The note was in a Google drive that he shared with me. [7CBO2]
* **Scheduling:** For scheduling purposes, I just emailed him. I also had his phone number for any last-minute things. [7CBO2]
* **Responsiveness**: So, it varied. I think by the end of that day or the next day he was able to respond.
* **Forming relationship:** I really think part of it is just open communication, knowing that you're both there to really support and serve the client. [7CBO2]
* **Forming relationship:** Being able to respect that relationship, like this is what he does and this is how can I support that and how can he support what we're doing, which I felt like he did. And he was really understanding if a client had to cancel and we had to switch an appointment. And so, I think it's just that understanding and respect. [7CBO2]
* **Cultural issues:** One was about herbal medications, which is so common with our clients. I didn't even think about that, but when they asked, I was like, oh my gosh, that's something that we should probably like pay attention to since doctors probably don't ask about that and they should pay attention to it. [7CBO2]
* **Monthly meeting to stay connected:** A monthly meeting where everyone comes together and you get to talk about what's going on and they get to talk about improvements or things that have been going well or things that need to be done. [7CBO2]
* **Relationship with pharmacist:** My relationship with the pharmacist was really great. Everybody I worked with on this collaborative partnership were all on the same page and we tried to work together to get the project done and do it in a real positive, excellent way. And that was great. We all had jobs to do, but we all took the time to understand each other, know how to work together. And that transition was great. [7CBO3]
* **Collaborative work:** I've worked with a lot of people and it's real difficult, you know. We used our time wisely. Our meetings were not long. The process was great. The forms were easy to read. The process in creating the forms was great, especially when these forms needed to go out to the clients or me trying to explain how to answer the questions. Everything was real easy and accessible. [7CBO3]
* **Communicating with pharmacist:** We communicated by phone and through email, which was great. I think we answered each other in a timely manner. Any email that I sent to the pharmacist; I got it right back. One day, two days to three days. Our response time was great. [7CBO3]
* **Value of working with a pharmacist:** It would benefit your client in such a major way to have access to a pharmacist to help them review their medication and prescribing, educating them. Educating people is key. Being a community health worker, that is what's needed and will stop many deaths, chronic diseases and illness if someone is educated. And we need more education out here for people to live and to succeed, and to be healthy. [7CBO3]
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| 8. Organizational Support | * **Tablets to aid remote visits:** We were very supportive and one of the things we did was, going virtual, we actually bought tablets just so that it was easier to facilitate those meetings. CBO-H had a laptop too. One of the things we also were trying to do was teach our elders how to use a tablet so that if they had a zoom meeting with their primary care physician, we could then help them log on. [8CBO1]
* **Time:** I felt there was sufficient time. [8CBO1]
* **Coaching/guiding:** I felt like they were supportive. I think the director was more familiar with the program and so they helped coach and guide me a lot through this. [8CBO2]
* **Zoom:** I think everything was in placed. I think what we really needed was the zoom, which we had. I think overall, no issues. [8CBO2]
* **Zoom: I** definitely think that if we had to go to the clinic, it would have definitely required more organizing and more time. I think zoom definitely made it so much easier. It was a very crucial part. [8CBO2]
* **Provide time:** They gave me time to work on this, it's not an additional thing on top of everything else, but it's part of what I do. [8CBO2]
* **Would anything make things better for you?** No, I think this was great. I think that all my work that I was doing with PSW prior to this project and when she came to me about this project, it just built my work and my organization up to be able to have the resources that I had with pharmacists, you know? [8CBO3]
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| 9. Recommendations for collaboration | * **General benefits:** I think we're grateful for the partnership and collaboration. We still feel that it's an important one, particularly for our elders who lack the knowledge of the medication they're taking. So being able to get information and then ask good questions of their primary care physician is valuable. [9CBO1]
* **Focus on what influences medication use:** I think it's important too because med use, there's so many things that influence, from being able to purchase it to hearing stories that they break it in half because they try to make it last longer or they skip every other day. And so, I think it's important to know why they're doing that. [9CBO1]
* **Expand to other vulnerable communities:** I would highly recommend particularly communities of color who might have that language or cultural barrier to have a good understanding of their medication. Also, the refugee community, an immigrant community. They use a lot of herbal medication too. So, knowing herbals that they take, so they don't have negative reactions or taking too much of one thing. [9CBO1]
* **Increased knowledge about pharmacist:** I don't know that a lot of people know that or a lot of people know all that a pharmacy can do or a pharmacist can do. So I think this allows us to be able to inform other people and agencies on how they can help, how they can talk to their clients about, the things that pharmacists can do and help them with. [9CBO2]
* **Value of SDOH screening tool:** The clients who said I can't go get my medications because I don't have money. Or I can't go get my medications because there's no one to take me or I don't know how to talk to the pharmacist. And I think having me, where I was able to translate and communicate, I think that really minimized the gap and it helped address some of those determinants. [9CBO2]
* **Value of SDOH screening tool:** Having that social determinant screener is like a prompt. It helps us to remember to ask those things and to inquire about it and how it impacts medication use and access. [9CBO2]
* **Ease of using screening tool:** And the screener is pretty straightforward, which is also something I like. [9CBO2]
* **How has your understanding of working with a pharmacist changed?** Now that community health workers are on the rise, this collaborative would be a great access to our community and others with vulnerable populations. Just imagine this program offering the same services. It is going to decrease the risk of early deaths for minorities, because now the people will get the education and the knowledge about the medication. And what's so important is what the pharmacist did, the awareness of the client that medication is important, what I'm taking is important for me to know about how I'm taking it, what I'm taking. My clients ask many questions now because of the education that the pharmacist gave them about their medication. [9CBO3]
* **How communicate the program to other CBOs?** So, I think they need to go out into the community, meet community leaders that are doing this work, try to put this program out into the community. They could go to different events, share their knowledge of their program to different communities. Ask communities to be a part set up table talks at libraries. Get on associations website pages and set up meetings so people can come out and learn about the pharmacy program. [9CBO3]
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| 10. Coordination | * **Regular check-ins:** I'll reference my earlier comment about my suggestion to have regular check-ins between the CBO and the pharmacist, that way they can address some of the challenges themselves. [10CBO1]
* **ID clients first, establish schedule:** So, if I could go back and redo this, what I would have done is identified the clients first, before the program started and then be able to schedule it so that I didn't have to like run around and be like, this person needs an initial, this person is on their second review. I think having it better planned out and having the information sent over to the pharmacist so if they needed to contact me for any questions for anything. It would have helped ease the back and forth, the needing to switch things around all that time. [10CBO2]
* **Value of schedule**: I think part of it was also easier for the pharmacist, because they knew that one point person and that's all they needed. It was like, okay, the pharmacist knows who they need to contact if they have any questions or to follow up with a client. [10CBO2]
* **Value of schedule:** Just have the schedule in advance. I think just having that list and having all that done in advance would help the organization, me and also the pharmacist. [10CBO2]
* **Improve timing when client is at health center:** I would say on my days that I am here, if I had an hour time slot and I tell the pharmacist in advance the week before, I'm going to have three or two, two or three clients here, and can we set that time to communicate while the client is in front of me. That would be good. [10CBO3]
* **How connect clients to pharmacist when the clients are at the center:** Yeah, I think Zoom would work. Yeah.
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| 11. Miscellaneous | * **Use for other groups:** And so those are other potential ethnic groups similar to the Hmong community, coming here as refugees, the language barrier, a lot of the elders having PTSD or some mental health challenges, that probably are taking medication and then also using herbal medication because that's culturally what they use. And so, it'd be interesting to kind of see that community and what are similarities and different challenges each one has. [11CBO1]
* **Sustain program:** We are interested in keeping the program going. [11CBO1]
* **Sustain program:** I definitely think this is a great program and so I think it should continue. I think it should be offered to more agencies out there because I don't think a lot of people know what a pharmacist can do and just having that additional person who can go over the medications and help with some of the things that Matt helped us with, like the blood pressure cuff or delivering the medications or just talking about side effects. All of that is very important to our clients. [11CBO2]
* **Working with PSW:** You know what, working with PSW, I have nothing but high remarks for them because they were good educators. They come in and they listened, they watched the way we run our organization. They see how the new program can fit. They are approachable. They are open to ideas. They work to create your idea and let you see it on paper and put all collaborative partners ideas together. [11CBO3]
* **Value of program:** I hope you all do not stop this program and continue to collaborate with me. We helped 20 people. We can do 20 more, you know, and that's 40 people. We save their lives making a difference. This program really made a difference, and I hope it continues and I hope I continue to be your collaborative partner. [11CBO3]
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