



Facilitating Pharmacist and  
Community-based Organization  
Collaboration to Improve Medication  
Management by Addressing Social  
Determinants of Health

**IMPLEMENTATION TOOLKIT**



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# PROGRAM OVERVIEW

*"Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."*<sup>1</sup>

The information and resources included in this implementation toolkit are a result of a pharmacist-provided, community-based program intent on improving medication access and therapy adherence related to social determinants of health (SDoH) barriers that affect patients' health outcomes. Two models of collaboration involving community pharmacists, community-based organizations (CBOs), and a county social service agency were tested. In both models, a tool for assessing and identifying SDOH barriers that limit medication therapy access and adherence was developed and tested.

The intent of this implementation toolkit is to provide pharmacists, community-based organizations and public health/social service entities with the information needed to develop assessment and communication systems that will enable bidirectional referrals to improve medication access and management and reduce SDOH barriers experienced by patients and clientele.

## Program Partnership & Funding Source

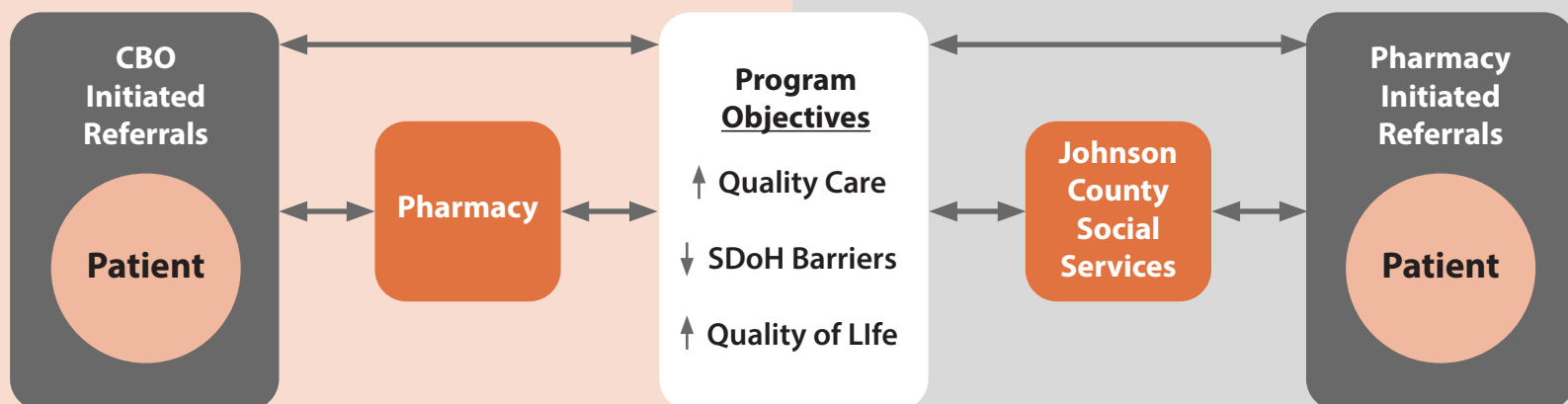
This program is a collaborative partnership between the following WI and IA partners:

- The Pharmacy Society of Wisconsin (PSW)
- University of Wisconsin Madison School of Pharmacy - Sonderegger Research Center (UWSOP)
- Meadowood Health Partnership (Madison, WI)
- The Hmong Institute/Hmoob Kaj Siab (Madison, WI)
- Fitchburg Family Pharmacy (Fitchburg, WI)
- Towncrest Pharmacy (Iowa City, IA)
- University of Iowa College of Pharmacy (UICOP) (Iowa City, IA)
- Johnson County Social Services Department (JCSS) (Iowa City, IA)

## Program Models

### Wisconsin

### Iowa



## **Program Objectives**

Desired outcomes of the program included:

1. Demonstrating the essential role of pharmacists in facilitating patient education, medication adherence, disease management and reduction of SDoH barriers.
2. Increasing the number of pharmacists providing medication management (MTM) services to promote patient medication access and adherence.
3. Reducing the number of patients experiencing SDoH barriers as they relate to medication access, management and adherence.
4. Developing assessment resources and communication systems to facilitate ongoing bi-directional referrals between pharmacists, county, and community-based organizations to address SDoH needs.
5. Developing an implementation toolkit to be used for future pharmacy practice education and dissemination opportunities.

## **Partner Outreach and Engagement**

The two pharmacies that participated in this program were existing partners in other SDoH/MTM programs conducted by the principal partners in this initiative. The same was true for the two participating CBOs and JCSS. Outreach and engagement efforts included meetings with the pharmacies and CBOs to explain the intended objectives of the program, participation reimbursement, program resources, and operational support.

## **Partner Education and Operational Support**

Several educational sessions were held with pharmacy personnel, CBO and JCSS staff. Educational sessions were tailored to each model being tested. The sessions detailed the following:

- Program expectations
- Eligible patient identification
- Comprehensive medication review processes
- SDoH screening and assessment process
- Referral processes and documentation
- Bidirectional communication processes
- Pharmacy and CBO follow-up processes
- HIPAA-compliant protected health information (PHI) sharing
- Reporting requirements

While some of the relationships between programmatic partners were established with a trusted history, there were also new relationships to be developed. This was especially true in the WI model between the CBOs and the pharmacist. Ongoing monthly meetings were held to cultivate these relationships, build trust, address operational questions, improve cultural competency and ensure patient confidence, quality care and support. All meetings and programmatic communications were facilitated by the primary partners.

# SOCIAL DETERMINANTS OF HEALTH (SDOH)

## ASSESSMENT MODELS

### Iowa Model

The Iowa model was a pharmacy-based assessment and referral model. A community pharmacist conducted a comprehensive medication review (CMR) for underserved patients. The CMR included using the grant-developed SDoH medication assessment tool as part of the review process. Then, for any identified SDoH-related problems affecting medication access, the pharmacist referred the patient to the local social service agency. At the service agency, a service navigator connected the patient to resources to address the SDoH obstacle(s) and communicated this information back to the pharmacist. In this model, the community pharmacist identified the SDOH-related obstacle(s) and referred the patient to a county social service agency where the patient was connected to needed resources.

**Model Forms** - These forms can be adapted and used in any pharmacy practice setting to align with standard operating procedures.

Iowa Model: SDoH Comprehensive Medication Review Screening Protocol	
<input type="checkbox"/>	1. Towncrest pharmacist targets and flags patients with high complexity (Iowa Medication Complexity Score >25) (IMECS) and Medicaid or other public aid/pharmacy discount card. Patients living in a group home will be excluded.
<input type="checkbox"/>	2. Towncrest pharmacist meets with patient to conduct medication assessment and check SDoHs. a. The pharmacist orally administers the SDoH screening tool. Patients with IMECS score 25-40 will have SDoH assessment at time of med sync. Patients with IMECS > 40 will have SDoH assessment at time of CMR. b. The pharmacist provides a med assessment and develops a care plan, as needed. c. Any identified SDoH-related obstacles are discussed with the patient. When a referral is indicated, the pharmacist gets permission from the patient to send their contact information to the Johnson County Social Services service navigator. Also obtain patient signature on Towncrest Pharmacy Medical Release of Information form. Delivery driver will obtain signature for Medical Release of Information as needed.
<input type="checkbox"/>	3. Towncrest pharmacist uses secure email to communicate SDoH-related obstacle(s) to the Johnson County Social Services (JCSS) service navigator. The SDoH-related obstacles will be listed in a referral form or in a copy of the patient's completed SDoH tool. Note to JCSS also includes signed Medical Release of Information form. a. JCSS service navigator will contact and work with the patient/client to address SDoH-related obstacle(s). After making a plan to address SDoH obstacle(s), JCSS service navigator develops and securely emails Towncrest pharmacist with plan of action. Pharmacist documents plan in the pharmacy clinical documentation system.
<input type="checkbox"/>	4. As needed, JCSS service navigator can refer a client in need of medication management services. A secure email will be sent to the pharmacy describing the patient's situation, patient contact information and a Medical Release of Information form. The pharmacist will follow the pharmacy's usual processes for conducting a comprehensive medication review with the referred patient.

**Iowa Model: SDoH Comprehensive Medication Review Screening Protocol (Cont.)**

<input type="checkbox"/>	<p>5. 1-month and as needed follow-up</p> <p>a. Towncrest pharmacist securely emails the JCSS service navigator about the status of the plan for the client to address SDoH issues. The pharmacist documents plan status and impact (i.e. progress note).</p> <p>b. Towncrest pharmacist discusses the status of medication use and SDoH issues with the patient. The pharmacist documents patient status and impact.</p>
<input type="checkbox"/>	<p>6. Towncrest pharmacist maintains all patient documentation for the study and provides the documentation to the study staff.</p>

**Towncrest Pharmacy – Johnson County Social Services  
Communication & Referral Form: SDoH-Related Obstacles**

Date: \_\_\_\_\_

Pharmacist ID: \_\_\_\_\_

Patient name	
Patient alternate contact name (if applicable)	
Patient address	
City, State, Zip Code	
Patient telephone	
Referral consent completed (Y/N)	
Patient preferred mode of contact (phone, text, email)	
Patient email	
SDoH-Related Obstacles to Medication	

# IOWA: Social Determinants of Health 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

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

**15. What challenges do you have with 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?**



# Towncrest Pharmacy – Johnson County Social Services

## Patient Authorization for CBO Referral and Comprehensive Medication Review

Privacy Recommendation: Obtaining patient authorization is recommended to ensure the patients' HIPAA rights are protected.

### **TOWNCREST PHARMACY**

2306 MUSCATINE AVENUE, IOWA CITY, IA 52240

PHONE (319) 337-3526, FAX (319) 337-5271

#### **AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_

I, the undersigned, do hereby grant permission for the above named pharmacy to  obtain from or  release to:

\_\_\_\_\_  
(Name of person or institution the information will be coming from)

The following information from the patient's clinical record:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this information will be used for the purpose of:

- Providing information to allow pharmaceutical care to be provided to the patient
- Providing information to the physician regarding the care provided by the pharmacist.
- Supporting the payment of an insurance claim.
- Other: \_\_\_\_\_

This authorization will be valid for the duration of services unless otherwise specified below.

*I understand that I may revoke this consent at any time by sending a written notice to the above named pharmacy. I understand that any release which has been made prior to my revocation which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality. I understand that I may receive the disclosed information by contacting the above named pharmacy.*

\_\_\_\_\_  
Signature of Patient or Patient's Authorized Representative

\_\_\_\_\_  
Relationship of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pharmacy Representative/Date

#### **Specific authorization for release of information**

**Protected by state or federal law-** I specifically authorize  
By writing my initials beside the category and signing below,  
the release of data and information relating to:

- Substance abuse \_\_\_\_\_ (Please initial)
- Mental Health \_\_\_\_\_ (Please initial)
- AIDS/HIV \_\_\_\_\_ (Please initial)

\_\_\_\_\_  
Signature and date of Patient or Patient's Authorized Representative

- Release mailed or information sent \_\_\_\_\_  
Signature/Date

#### **Prohibition on Redislosure**

This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse, by state law for mental health records or HIV/AIDS related records, federal requirements (42 CFR Part 2) and state requirements (Iowa Code chs.228/141) prohibit further disclosure without the specific written consent of the patient, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse, mental health or HIV/AIDS information.

## Wisconsin Model

The Wisconsin model is a CBO-based assessment and referral model. In WI, CBOs performed a project-developed needs assessment, using the SDoH medication assessment tool, and then referred clients with medication problems to a community pharmacist who completed a comprehensive medication review. The pharmacist worked with the client and CBO staff to address the medication issue(s) related to the identified SDoH barriers. In this model, the community pharmacist was a resource utilized by the client and CBO staff.

**Model Forms** - These forms can be adapted to be used in any CBO environment and pharmacy practice setting to align with standard operating procedures.

WI Model: SDoH Comprehensive Medication Review Screening Protocol	
<b>Client Eligibility Criteria</b>	<ul style="list-style-type: none"> <li>• WI residents with known medication access barriers working with the partnering CBOs</li> <li>• Community-based organizations (CBO) feel patient would benefit from a comprehensive medication review (CMR) and medication management</li> </ul>
<input type="checkbox"/>	1. CBO personnel identify client needing a pharmacist-provided CMR. If client is interested, CBO explains details of the service including: <ol style="list-style-type: none"> <li>a. Purpose, benefit and flow of the CMR process</li> <li>b. Client keeps their doctor and current pharmacy/pharmacist</li> <li>c. Who the pharmacist is that will complete the CMR for this program</li> <li>d. How often the pharmacist will follow-up with the patient</li> </ol>
<input type="checkbox"/>	2. After the client agrees to participate, the CBO completes the following: <ol style="list-style-type: none"> <li>a. CMR authorization (release of PHI)</li> <li>b. Client demographics</li> <li>c. Current medication barriers</li> <li>d. Other SDoH barriers</li> <li>e. Short summary of patient needs</li> </ol>
<input type="checkbox"/>	3. CBO personnel refer client to pharmacist for CMR: <ol style="list-style-type: none"> <li>a. CBO sends email to pharmacist informing them a referral is being faxed</li> <li>b. CBO faxes completed referral form</li> <li>c. CBO discusses referral with pharmacist → as needed based on pharmacist request</li> </ol>
<input type="checkbox"/>	4. Pharmacist/pharmacy staff schedules CMR appointment with client and completes the following: <ol style="list-style-type: none"> <li>a. Pharmacist and client agree on date and time and preferred method for reminder (phone, email, text)</li> <li>b. Client chooses type of CMR → in person, video, telephone</li> <li>c. Pharmacist reviews client referral form prior to appointment</li> <li>d. Pharmacy staff prepares the CMR paperwork:               <ol style="list-style-type: none"> <li>i. Intervention details document</li> <li>ii. Medicaid MTM/CMR authorization form (if needed)</li> <li>iii. Personal Medication List/Medication Action Plan</li> </ol> </li> </ol>
<input type="checkbox"/>	5. Pharmacist meets with client and completes the following: <ol style="list-style-type: none"> <li>a. Remaining SDoH questions related to medication issues/problems on the referral/screening form</li> <li>b. CMR and addresses all client questions/concerns</li> <li>c. Personal Medication List/Medication Action Plan (if possible)</li> <li>d. Explains next steps to client including scheduling of follow up visit if applicable</li> </ol>

**WI Model: SDoH Comprehensive Medication Review Screening Protocol (Cont.)**

<input type="checkbox"/>	<p>6. Within 1 week after CMR has been completed, the pharmacist communicates the care plan to CBO personnel, prescribers and dispensing pharmacy:</p> <ul style="list-style-type: none"> <li>a. Pharmacist communicates any suggested medication modifications to the prescriber</li> <li>b. Pharmacist asks the prescriber to contact the dispensing pharmacy with approvals and any other modifications</li> <li>c. Pharmacist sends SDoH screening tool back to CBO personnel, they discuss plan of action to address SDoH issues, and relays the medication changes made</li> <li>d. Pharmacist completes Personal Medication List/Medication Action Plan (if not yet completed) and mails to client</li> <li>e. Pharmacist communicates the results of the CMR to the client’s dispensing pharmacy including the plan to address SDoH issues</li> <li>f. CMR billing to Medicaid (if applicable)</li> <li>g. Pharmacist documents agreed on plan/next steps on the SDoH referral form</li> </ul>
<input type="checkbox"/>	<p>7. The pharmacist’s first follow-up (approximately 1-month) activities include:</p> <ul style="list-style-type: none"> <li>a. Pharmacist contacts the CBO, client, prescriber and dispensing pharmacist: <ul style="list-style-type: none"> <li>i. Check on client status</li> <li>ii. Assess if there have been any effects of the recommended medication interventions</li> <li>iii. Assess and address any client follow-up concerns and questions</li> <li>iv. Assess status of SDoH issues and resolutions</li> </ul> </li> <li>b. Pharmacist contacts prescriber if needed</li> <li>c. Pharmacist facilitates bidirectional communication with CBO, prescriber and dispensing pharmacy</li> <li>d. Pharmacist documents follow-up information in the project tracking system</li> </ul>
<input type="checkbox"/>	<p>8. The pharmacist’s second follow-up (approximately 3-months) activities include:</p> <ul style="list-style-type: none"> <li>a. Pharmacist contacts CBO personnel to review and update plan on medication-related SDoH issues</li> <li>b. After talking with CBO, pharmacist contacts the client to review status of medication adherence, questions, medication-related SDoH issues (as needed)</li> <li>c. Pharmacist completes the following as needed: <ul style="list-style-type: none"> <li>i. Pharmacist contacts prescriber</li> <li>ii. Pharmacist facilitates bidirectional communication with CBO, prescriber and dispensing pharmacy</li> </ul> </li> <li>d. Pharmacist documents follow-up information in the project follow-up tracking system including: <ul style="list-style-type: none"> <li>i. Client status – health, medication, SDoH changes</li> <li>ii. Medication plan status, changes, new recommendations and impact</li> <li>iii. Any other concerns/pertinent information</li> </ul> </li> </ul>
<input type="checkbox"/>	<p>9. The pharmacist’s third follow-up (approximately 6-months) activities are same as the 3-month follow-up activities. Additional follow-ups are at the discretion of the pharmacist.</p> <ul style="list-style-type: none"> <li>a. All follow-ups are documented in the project tracking system</li> </ul>
<input type="checkbox"/>	<p>10. The pharmacist maintains all patient documentation for the project and provides the documentation to the project team at end of program for outcome analysis</p>

# Patient Authorization for Pharmacy Referral and Comprehensive Medication Review

Privacy Recommendation: Obtaining patient authorization is recommended to ensure the patients' HIPAA rights are protected.

1. I understand that the community organization \_\_\_\_\_ will share my information with the \_\_\_\_\_ (*Pharmacy Name*) for the purposes of reviewing my medications and assisting me with medication management, and any other social service needs that may be identified.
2. I understand that I am eligible to receive up to three follow-up visits with the pharmacist if needed.
3. I understand that by signing this authorization, the pharmacy/pharmacist has my permission to contact my physician(s) and regular dispensing pharmacy about health and medicine-related issues from my medication review. If the pharmacy/pharmacist has access to my online electronic health records, the pharmacy/pharmacist may review these records, as needed, for medication management. The pharmacy has permission to keep a copy of my health assessment and medicine-related recommendations for follow-up and monitoring.
4. I understand that by signing this authorization, the pharmacy/pharmacist will send a copy of this report and any recommendations to the community organization to further assist me as needed.

Name of Patient (please print): \_\_\_\_\_

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Obtaining Consent (please print): \_\_\_\_\_

Signature of Person Obtaining Consent: \_\_\_\_\_ Date: \_\_\_\_\_

# WISCONSIN'S COMMUNITY BASED ORGANIZATION (CBO) - PHARMACIST REFERRAL FORM

## Pharmacy Information

Pharmacy Name:	Pharmacy Address:
Pharmacist Name:	Pharmacist Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Fax
Pharmacy Telephone:	Pharmacy Fax:

## Community Based Organization (CBO) Information

Date of Referral Intake:	Referring CBO Name:
Referring CBO Partner Name:	CBO Partner Preferred Method of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Fax
CBO Partner Telephone:	CBO Partner Fax:

## Community Based Organization (CBO) Information

Patient Name:	DoB:	Referral Consent Completed: <input type="checkbox"/> Yes
Patient Alternate Contact Name (if applicable):	Patient Preferred Method of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email	
Patient Address:	City, State, Zip Code:	
Patient Telephone:	Patient E-mail:	
<b>Best Time to Reach the Patient:</b> Day of the Week: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun      Time of Day: <input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> PM		

## Medication Barriers

<b>What is/are the patient's medication related barrier(s)?</b> <input type="checkbox"/> System (Access) <input type="checkbox"/> Motivation <input type="checkbox"/> Understanding <input type="checkbox"/> Recall <input type="checkbox"/> Financial	<b>Current Medications:</b>	<b>Current Status:</b>
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# Wisconsin's Social Determinants of Health (SDoH) Assessment Tool

<p><b>1. What language are you most comfortable speaking?</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Language other than English (please write)</p> <p>_____</p> <p><input type="checkbox"/> I choose not to answer</p>	<p><b>2. How confident are you filling out medical forms by yourself?</b></p> <p><input type="checkbox"/> Not confident at all</p> <p><input type="checkbox"/> Somewhat confident</p> <p><input type="checkbox"/> Completely confident</p> <p><input type="checkbox"/> I choose not to answer</p>	<p><b>3. How many people including yourself, do you currently live with?</b></p>
<p><b>4. What is your housing situation today?</b></p> <p><input type="checkbox"/> I have stable housing</p> <p><input type="checkbox"/> I have semi-stable housing (I stay with family or friends, and move around a lot)</p> <p><input type="checkbox"/> I am homeless (I sleep in shelters or on the street most nights)</p> <p><input type="checkbox"/> I choose not to answer</p>	<p><b>5. Do you feel physically and/or emotionally safe where you currently live?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> I choose not to answer</p>	<p><b>6. What is your current work situation?</b></p> <p><input type="checkbox"/> Unemployed and seeking work</p> <p><input type="checkbox"/> Part-time or temporary work</p> <p><input type="checkbox"/> Full-time work</p> <p><input type="checkbox"/> Unemployed but not seeking work (e.g., student, retired, disabled, unpaid caregiver)</p> <p>Please write:</p> <p>_____</p> <p><input type="checkbox"/> I choose not to answer</p>
<p><b>7. In the past year, have you been unable to get any of the following when it was needed? [Check all that apply.]</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Food</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Clothing</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Utilities</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Childcare</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Medicine</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - Any health care (medical, dental, mental health, vision)</p> <p><input type="checkbox"/> I choose not to answer</p>	<p><b>8. What is your main health insurance?</b></p> <p><input type="checkbox"/> None/uninsured</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> Other public insurance</p> <p><input type="checkbox"/> Private insurance (i.g., through employer)</p> <p><input type="checkbox"/> I choose not to answer</p>	<p><b>9. Has lack of transportation kept you from health care appointments, meetings, work, or from getting things needed for daily living? [Check all that apply.]</b></p> <p><input type="checkbox"/> Yes, it has kept me from health care appointments</p> <p><input type="checkbox"/> Yes, it has kept me from getting my medicine</p> <p><input type="checkbox"/> Yes, it has kept me from non-medical meetings, appointments, work or from getting things that I need</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I choose not to answer</p>
<p><b>10. Does the amount of time you interact with others (E.g. talking, texting, "Zooming" with friends on a phone or tablet; visiting friends or family; going to church or club meetings) meet your needs?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I choose not to answer</p>	<p><b>11. Stress is when someone feels tense, nervous, anxious or can't sleep at night because their mind is troubled. How stressed are you?</b></p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Somewhat</p> <p><input type="checkbox"/> Very Much</p> <p><input type="checkbox"/> I choose not to answer</p>	<p><b>12. 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?</b></p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Somewhat</p> <p><input type="checkbox"/> Very Much</p> <p><input type="checkbox"/> I choose not to answer</p>

<p><b>Other SDOH Barrier:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No medical home/ access</li> <li><input type="checkbox"/> Housing/homelessness</li> <li><input type="checkbox"/> Food insecurity</li> <li><input type="checkbox"/> Financial/Insurance</li> <li><input type="checkbox"/> Transportation</li> <li><input type="checkbox"/> Employment</li> <li><input type="checkbox"/> Child Care</li> </ul>	<p><b>Current Status:</b></p>	<p><b>Has a referral to services been made?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Waitlisted since: _____</li> </ul>	<p><b>Current Status:</b></p>
<p><b>Other SDOH Barrier:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No medical home/ access</li> <li><input type="checkbox"/> Housing/homelessness</li> <li><input type="checkbox"/> Food insecurity</li> <li><input type="checkbox"/> Financial/Insurance</li> <li><input type="checkbox"/> Transportation</li> <li><input type="checkbox"/> Employment</li> <li><input type="checkbox"/> Child Care</li> </ul>	<p><b>Current Status:</b></p>	<p><b>Has a referral to services been made?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Waitlisted since: _____</li> </ul>	<p><b>Current Status:</b></p>
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<p><b>Additional Referral Notes:</b></p>			
<p><b>Completed by:</b></p>		<p><b>Date:</b></p>	
<p><b>Date referred to Pharmacist:</b></p>			

## Pharmacist Assessment

**13. Who helps you with your medications? (List/describe)**

- Self  
 Child  
 Spouse  
 Professional/Pharmacy  
 Other \_\_\_\_\_

**14. What challenges do you have with taking your medicine? (Use probes as needed.)**

- System (Access)  
 Motivation  
 Understanding  
 Recall  
 Financial

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

**Pharmacist Action Plan:**

**Date sent back to CBO:**

### Follow-Up

	Pharmacist Follow-up Notes:	CBO Follow-up Notes:
<b>1 month follow-up date:</b>		
<b>3 month follow-up date:</b>		
<b>6 month follow-up date:</b>		



# IMPLEMENTATION ISSUES AND LESSONS LEARNED

As community-based organizations (CBOs) and community pharmacies collaborate to address social determinants of health (SDoH) issues and medication-related problems (MRPs) within a community, it is important that these two stakeholders develop efficient and effective strategies to work together. This collaboration requires a commitment to working with each other, developing processes that integrate within their own standard operating procedures, and following through on agreed upon processes. This project studied two different models—a CBO initiating model (Wisconsin) and a pharmacy initiating model (Iowa). Though these are different models of initiating SDoH and medication management services, the overarching lesson learned is that each CBO and community pharmacy is unique and collaboration requires communication, commitment, and creativity to successfully work together. By doing so, patients’ needs are better addressed and desired health outcomes are achieved. The following table includes implementation issues and corresponding lessons learned by Iowa and Wisconsin project teams.

Implementation Issues	Lessons Learned
<p><b>Time Matters</b></p> <ul style="list-style-type: none"> <li>• Be explicit about the time it takes to implement a new program/initiative</li> <li>• Pharmacy staff and CBO partners are too busy to remain engaged if it takes too much time to integrate the program into standard care</li> <li>• Commitment by both partners is key</li> <li>• Organizational priorities change</li> <li>• Personnel change over time is inevitable</li> </ul>	<ul style="list-style-type: none"> <li>• Review stakeholder benefits of working together up front</li> <li>• Clearly define program objectives</li> <li>• Clearly define pharmacist/CBO roles and responsibilities</li> <li>• Understand that building pharmacy-CBO trust and relationships take time</li> <li>• Maintain consistent communication with pharmacy team and CBOs (i.e., project team meetings)</li> <li>• Use frequent and varied communication methods (i.e., email, texting, Zoom, telephone and informal 1:1)</li> <li>• Follow through with the established process</li> </ul>

(Continued on next page)

## Implementation Lessons Learned (Cont.)

Implementation Issues	Lessons Learned
<p><b>Organizations Have Complex Barriers &amp; Competing Priorities</b></p> <p><b>Pharmacy</b></p> <ul style="list-style-type: none"> <li>• Limited pharmacist time</li> <li>• Overextended clinical workload</li> <li>• Support staff shortages (i.e., technicians)</li> <li>• Competing organizational priorities</li> <li>• Difficulties in contacting/scheduling patient population for care</li> <li>• Difficulties in contacting CBO partners</li> <li>• Lack of common documentation/data sharing system between pharmacy and CBO (may require double documentation)</li> </ul> <p><b>CBO</b></p> <ul style="list-style-type: none"> <li>• Limited capacity at the community organization</li> <li>• Community partners have many clients with complex needs</li> <li>• Difficulties in contacting/scheduling patient population for CBO intake</li> <li>• Lack of community resources to address SDoH needs</li> <li>• Patient lack of trust in the system to really help them</li> <li>• Lack of common documentation/data sharing system between pharmacy and CBO (may require double documentation)</li> </ul>	<ul style="list-style-type: none"> <li>• Practice transformation is key to success by optimizing staff and technology to free up pharmacists to provide clinical services (including SDoH assessment)</li> <li>• Optimize practice management strategies including medication synchronization and the appointment-based model to improve practice efficiencies to allow for incorporation of clinical services (including CMRs and SDoH assessments)</li> <li>• SDoH is best incorporated into the pharmacist's work-up of drug therapy (PWDT) for the patient</li> <li>• Implement referral processes and patient workup into workflow → must be easy/convenient</li> <li>• Utilize existing systems as much as possible</li> <li>• Flexibility is important – the model may need to change depending upon the best process for the CBO or pharmacy</li> <li>• Utilize entire staff to implement new initiative and engage patients whenever possible</li> <li>• Understand pharmacy-public health challenges/ demands</li> <li>• Understand that CBO priorities are changing constantly</li> <li>• Anticipate delays due to other resource priorities. Availability can change quickly and frequently</li> <li>• Understand cultural mores and beliefs</li> <li>• Ensure data collection process determined from initiation</li> <li>• Overcommunicate data collection requirements and expectations</li> </ul>
<p><b>Sustainability</b></p> <ul style="list-style-type: none"> <li>• The new program/initiative must easily integrate into organizational standard operating procedures to:             <ul style="list-style-type: none"> <li>» Minimize work flow disruption</li> <li>» Reduce staff burden</li> <li>» Impact patient care</li> <li>» Advance practice</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Align program processes with existing organizational standard operating procedures</li> <li>• Utilize existing systems whenever possible</li> <li>• Create simple tools to facilitate program integration</li> <li>• Communication between pharmacy and CBOs is crucial to ongoing success</li> <li>• Work with project management partner to streamline process and communication (e.g., state pharmacy association)</li> <li>• Solicit and respond to partner feedback to facilitate program integration and sustainability</li> <li>• Conduct ongoing process improvement PDSA</li> <li>• Make ongoing informed changes</li> <li>• Ensure adequate compensation for participating organizations</li> </ul>

# RECOMMENDED BEST PRACTICES

This section focuses on project best practices from the community pharmacy perspective. As the lessons learned section highlighted, both the CBO and the community pharmacy experience unique challenges which may require workflow modifications, education of staff, and a commitment to work together to develop a sustainable and effective collaborative working relationship.

- 1. Develop collaborative working relationships between key individuals at the pharmacy and community-based organization.**
  - a. Initial face-to-face meetings
  - b. Set the expectation at the beginning of the relationship to commit to and sustain the collaboration with each other
  - c. Identify patients who can benefit from the intervention
    - i. Pharmacy initiated model
      1. Patients who are utilizing Medicaid or are considered dual eligible
      2. Stratifying patients based on medication complexity (IMeCs)<sup>2</sup>
        - a. Initial focus on medium and high risk patients
    - ii. CBO initiated model
      1. Patients at risk of medication-related issues
  - d. Develop a mutual communication plan
    - i. Information to be shared (SDoH and medication-related issues)
    - ii. Signed patient release of medical information
  - e. Secure transmission of protected health information
    - i. HIPAA secure portal
    - ii. HIPAA secure messaging service
  - f. Use additional communication methods as needed to supplement information (secure and HIPAA compliant)
  - g. Create standardized forms to be used between CBO and pharmacy (communication forms and SDoH assessment)
  - h. Follow up communication between CBO and pharmacy whenever intervention is completed to close the communication loop
  - i. Monitor and follow-up as needed to ensure issues continue to be resolved or to identify new issues (SDoH or medication-related)
  - j. Schedule regular check-ins to ensure communication/system is functioning as planned between pharmacy and CBO
  - k. Commit to continuing the collaboration
- 2. Create pharmacy infrastructure to support medication management and SDoH services during normal workflow**
  - a. Optimize medication synchronization and appointment-based model strategies
  - b. Utilize standardized screening tools
  - c. Optimize pharmacy technicians, support staff, and technology to “free-up” pharmacists to provide clinical services to patients
  - d. Document patient care services including SDoH information into a clinical record (e.g., eCare Plan) to provide ongoing patient monitoring and follow-up
  - e. Advocate for payment for SDoH services for both CBO and pharmacy

### 3. Train pharmacy staff regarding SDoH screening

- a. Sensitivity of information
- b. What to communicate to patients on why this information is being collected
- c. Inform patients on how this information will be used to help improve their care and health outcomes
- d. Cultural competency
- e. Staff to be trained include pharmacists, pharmacy technicians, community health workers (CHW), and student pharmacists

### 4. Patient Encounter

- a. Utilize the Pharmacists Work-up of Drug Therapy (PWDT) model<sup>3</sup>
  - i. Systematic process to collect patient clinical information
  - ii. Identify and resolve medication-related problems (MRPs)
- b. Incorporate SDoH screening/information into the “work-up”
  - i. Screening can be performed by pharmacist or other trained staff
- c. Ensure that the patient is informed
  - i. Inform patient why you are collecting/monitoring this information
  - ii. Inform patient how this information will be used to improve their health outcomes
  - iii. Inform the patient who the information is being shared with
  - iv. Have patient sign medical release of patient information
- d. Ensure that patient contact information is current including the best times to be contacted
- e. Ensure patient is aware that someone from the CBO/pharmacy will be reaching out to them
- f. Utilize effective interpersonal communication techniques including active listening, empathetic response, and feedback strategies
- g. Document patient encounter into clinical record (e.g., eCare Plan)
- h. Share information (securely) to CBO/pharmacy
  - i. Follow and monitor to ensure MRPs and SDoH issues are resolved

## References

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3. Strand, L. M., Cipolle, R. J., & Morley, P. C. Documenting the clinical pharmacist's activities: back to basics. *Drug Intelligence & Clinical Pharmacy (1988)*. 22(1):63-67