

EDITORIAL

Expanding comprehensive medication management considerations to include responses to the social determinants of health within the *BD Helping Build Healthy Communities Program*

1 | SOCIAL DETERMINANTS OF HEALTH AND INEQUITY IN THE UNITED STATES

With the growing awareness of the inequities in society in the United States of America, there has been an increase in the push to identify novel solutions to address the health consequences that result from these systemic issues.^{1,2} One of the inequities underserved populations often encounter is limited access to healthcare services. Because of the limited or lacking health insurance coverage many of these populations face, they often rely on Federally Qualified Health Centers (FQHCs) to manage their outpatient needs. As part of FQHCs efforts to improve the clinical outcomes of their clients, they have a long history of establishing novel services which try to respond to the unique needs of these populations.³ Many of these novel efforts are in line with the Institute of Medicine's (IOM) 2019 recommendations to integrate Social Determinants of Health (SDOH) into healthcare delivery.⁴ The SDOHs refer to the places where people live, work, learn, and play in addition to their access and quality of health care. The US Department of Health and Human Services has also reinforced the importance of SDOHs by establishing goals, objectives, and indicators within the Healthy People 2020 and Healthy People 2030 national framework that encourages initiatives which "create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."⁵ With the emergence of this focus on responding to SDOH needs as part of the broader healthcare system, there is a unique opportunity for pharmacies/pharmacists to integrate responses to SDOH into care especially within FQHCs. Through this commentary, the ongoing transition of pharmacy from MTM to more expansive patient centered CMM responding to SDOH, along with a case example of the role funders can play in supporting novel initiatives which could advance policy in supporting the role of pharmacists/pharmacies in addressing the needs of low-income populations will be discussed.

2 | INTEGRATION OF SOCIAL DETERMINANTS OF HEALTH INTO COMPREHENSIVE MEDICATION MANAGEMENT

Following similar trends of promoting more patient-centered care, clinical pharmacy practice has transitioned its narrow focus on medication optimization through the medication therapy management (MTM) approach to the comprehensive medication management (CMM) approach. CMM expands upon the medication optimization practices within MTM primarily by standardizing the process for optimizing medications and working with other members of the interdisciplinary team to ensure that each medication has an appropriate indication, is effective for the condition, can help in achieving clinical goals, is safe, and the patient can adhere to the regimen.⁶ Because of CMM's documented positive impact in improving patient outcomes, FQHCs have been including CMM services in the care for their patients, especially for diseases which require more complicated medication regimens like diabetes mellitus.⁷⁻¹¹ Accompanying this transition to patient-centered CMM, is a growing push to apply the recommendations of the IOM and Healthy People 2030 to integrate SDOH into all aspects of the pharmacy workflow.⁵ Prominent examples of this integration of responses to SDOH can be found within various pharmacy practice settings. For example, CVS has committed \$114 million to provide support for affordable housing and Walgreens has initiated pilot programs which refer patients to social work, behavioral support, and other appropriate resources as part of the pharmacy workflow.^{12,13} Several CMM programs have also modified their practice to integrate responses to SDOH as the COVID-19 pandemic exacerbated already worsening inequities for low-income populations. This includes efforts to provide screening for SDOH during in person and telehealth visits from clinical pharmacists with the goal of connecting patients to the appropriate resources.^{14,15} While there is limited published literature describing these efforts, pilot programs have demonstrated high levels of acceptance and patient satisfaction.¹⁴⁻¹⁷

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3 | EXAMPLE OF PHILANTHROPIC FUNDERS PROMOTING INTEGRATION OF SDOH INTO CMM

With the growing urgency of addressing these inequities, philanthropic funding agencies can play a vital role in providing timely support for novel initiatives that have not yet been scaled up or recognized as the standard of care. An example of the role philanthropic funding can play in supporting novel initiatives can be seen through the support provided by BD (Becton Dickinson and Company), a for profit biopharmaceutical company, and Direct Relief, a not-for-profit humanitarian organization, to advance MTM and subsequently CMM at FQHC's since 2013. Their support has been used to create the BD *Helping Build Healthy Communities* (HBHC) program (<https://www.directrelief.org/work/bdhhbc/>) which has provided over \$5.8 million in grants to support 39 FQHC programs across America. In a recently completed retrospective analysis of grant awardees for the years 2017 to 2019, statistically significant reductions in glycosylated hemoglobin (HbA1c) were observed across nine clinics which served 2502 patients.¹⁸ While there has been considerable success from HBHC's past investments in MTM/CMM, previous and current FQHC partners have been mentioning how they have used the flexible funding provided through HBHC to pilot novel initiatives which allow clinical pharmacists to incorporate considerations for the broader needs of their patients beyond clinical care.¹⁸ This effort has been supported by the integration of clinical pharmacy activities across multiple different disciplines within FQHC's making clinical pharmacists uniquely positioned to connect different services which may positively impact the overall health of patients, particularly those with chronic health needs. The interconnectedness of pharmacist services makes them an underutilized aspect of the healthcare system as healthcare funding agencies continue to shift to value-based care payment models which tend to prioritize the quality of services delivered as opposed to the quantity of services. With the growing awareness that only 20% of health outcomes are a result of access

to and quality of clinical care, there are considerable opportunities for pharmacists to increase the value of their services within this payment model by helping clinics more efficiently respond to the broader social determinants of health which drive 80% of patient health outcomes.¹⁹ Pharmacies and pharmacists can respond to the broader needs of low-income populations through their frequent interactions within community pharmacies and the expanding role within FQHCs. These efforts could also be financially supported by the emergence of Z-codes to document reimbursable activities related to social, economic, and environmental determinants within the approved set of ICD-10 codes. The utilization of Z codes to facilitate reimbursement of SDOH services, represents another underutilized reimbursement strategy that pharmacies can leverage to sustainably reimburse the growing portfolio of vital patient-centered activities that pharmacies and clinic based pharmacists can offer.^{14,16,20-22} With recent reports suggesting that only 1.59% of Medicare beneficiaries had claims using Z-codes, the incorporation of services related to the social determinants within the pharmacy workflow could fill an unmet patient need while also representing a potential source of revenue for pharmacy-based providers serving patients with Medicare and Medicaid-based insurance.^{14,16,22,23} These novel and underutilized reimbursement strategies combined with pending legislation, such as HR 2759, which seeks to development reimbursement structures for clinical pharmacists providing care in underserved areas, can help support the expansion and scale up of clinical pharmacist activities at FQHCs.²⁴

4 | USING PHILANTHROPIC INVESTMENT TO SPUR LASTING CHANGE

It is with this backdrop that the HBHC project sought to reinforce their commitment to promote lasting changes which address the broader SDOH challenges patients relying on FQHCs face in their request for applications in 2020. This change in focus has helped the

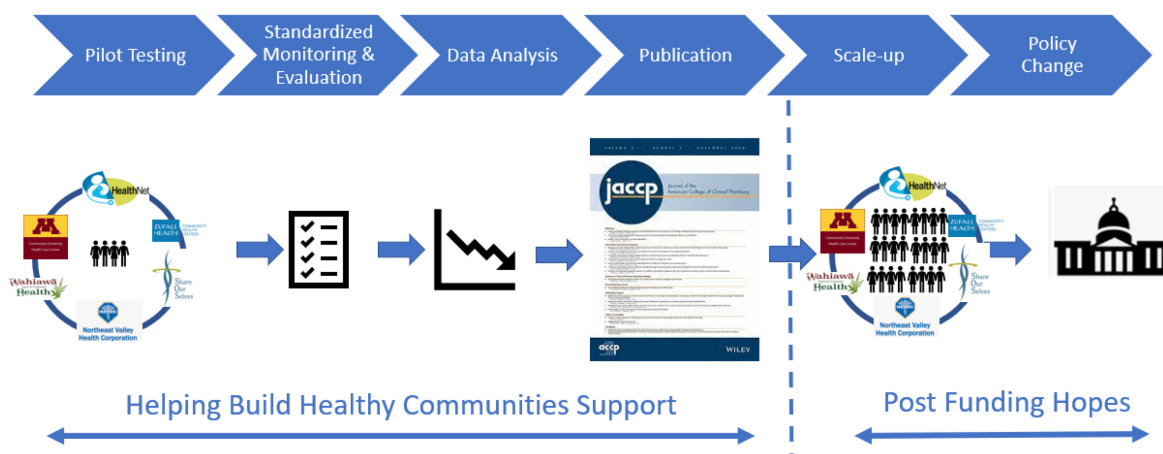


FIGURE 1 Framework for advancing comprehensive medication management services through the Helping Build Healthy Communities program

HBHC program transition from a program previously focused on advancing MTM to a patient centered CMM program which more holistically addresses the needs of low-income populations.

As part of the commitment to promote lasting and more durable change, additional investments were made to structure the HBHC program to maximize the potential for demonstrable success in the short and long term as illustrated in Figure 1. This included a more intentional effort to monitor the impact of the pilot programs in a standardized fashion with the goal of enhancing dissemination of these novel pharmacist led activities. It is also hoped that these efforts would stimulate longer term benefits after the period of funding by informing subsequent scale up efforts and providing additional evidence to support policy change.

5 | IMPLEMENTING THE REVISED PROGRAM

During the review process for applicants meeting the eligibility criteria in Table 1, an additional scoring criterion was added which evaluated the responsiveness of the proposals to addressing inequities related to the broader SDOHs. This newly added emphasis was even more important in this grant cycle as the COVID-19 pandemic associated restrictions have disproportionately impacted low-income patients with chronic diseases, such as diabetes.^{25,26}

This resulted in the receipt of 84 applications from programs across the United States with the vast majority focusing on providing more accessible remote care to overcome care limitations during the COVID-19 pandemic and integrating community-based health workers into the healthcare system to better respond to the unique needs patients may have. As seen within Figure 2, awardees from across the United States used the funding to support a variety of activities including formal assessment of SDOH, inclusion of more culturally aligned community health workers, development of CMM telehealth services, and more intensive remote monitoring of chronic diseases. Awardees received funding in January 2021 and have been tracking their progress using a collaboratively developed monitoring framework, which collects data on clinical outcomes and patient participation in interventions designed to address different social determinants of health as illustrated in Figure 1. Upon completion of the yearlong effort, in-depth analyses will be completed to evaluate the impact of different

TABLE 1 Eligibility criteria for applicants

Eligibility criteria
<ul style="list-style-type: none"> • Must conduct activities in at least one of the 50 states, Washington DC, or US territories (Puerto Rico, the US Virgin Islands, and other territories) • Possess a Nonprofit Tax ID/EIN • Applicants must be federally qualified health centers, or look-alikes • Must be a National Association of Community Health Centers organizational member • Past Award winners may reapply if they have not received funding in the past two award cycles

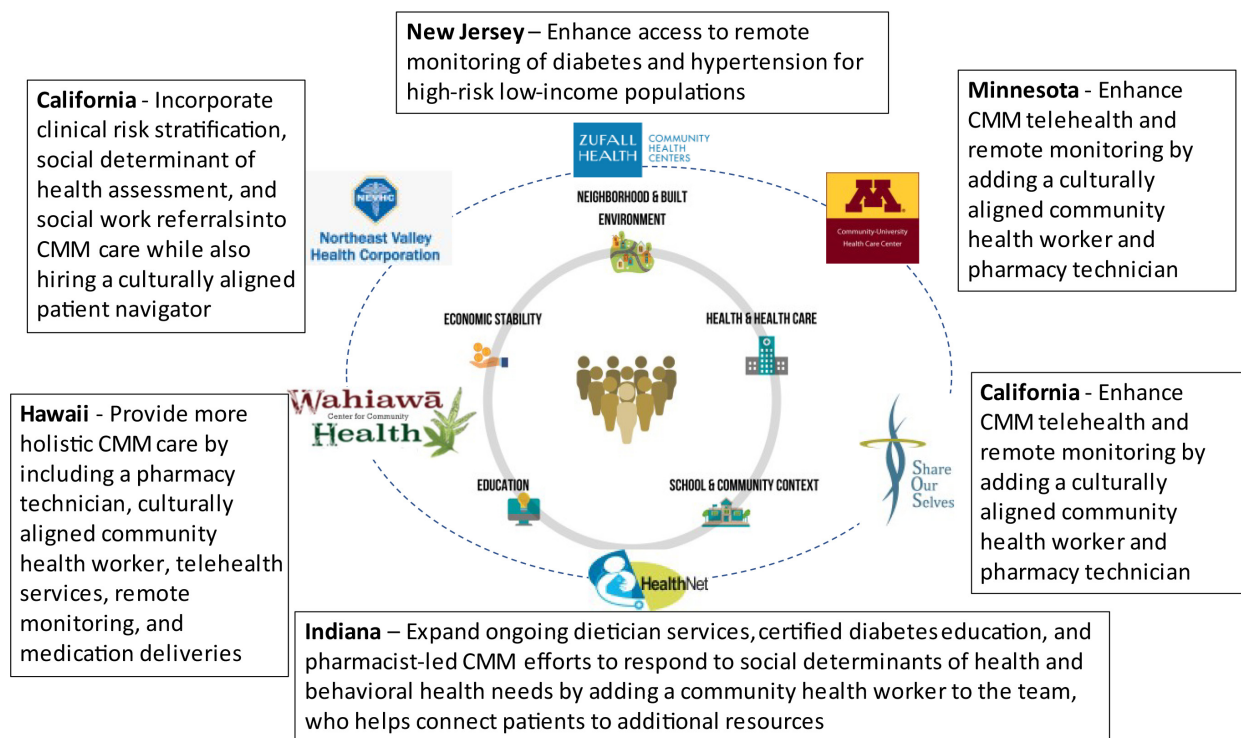


FIGURE 2 Incorporation of social determinants of health within the comprehensive medication management activities of the 2021 BD Helping Build Healthy Communities awardees. CMM, comprehensive medication management

SDOH interventions combined with CMM on different chronic disease clinical markers such as glycosylated hemoglobin and blood pressure.

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6 | FUTURE STEPS


Future in-depth evaluations of the change in clinical outcomes observed through programs like HBHC will help provide much needed evidence on the potential value of clinical pharmacists in comprehensively addressing the needs of low-income populations. Based on the positive preliminary results and favorable response from the 2021 grantees, the HBHC program intends to continue building upon this approach by supporting additional pharmacy programs which integrate SDOH considerations into the pharmacy workflow. It is hoped that the continued investment and concomitant evaluation will hasten the expansion of impactful and sustainable pharmacy-based care strategies and policies which more directly address the myriad challenges underserved populations face in improving their health.

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CONFLICT OF INTEREST

Sonak Pastakia serve as a consultant for Direct Relief and the other authors declare no conflicts of interest.

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