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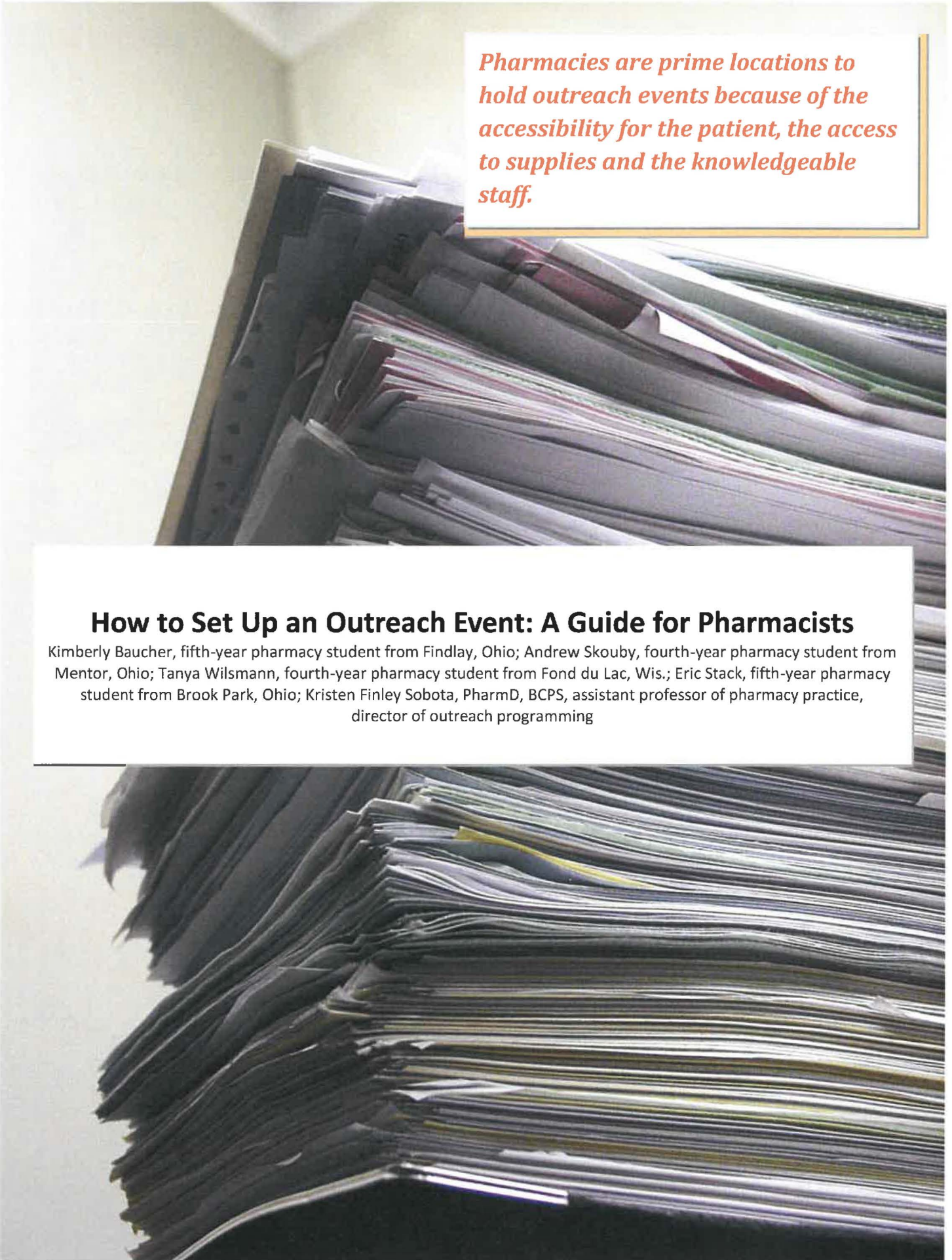
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How to Set Up an Outreach Event: A Guide for Pharmacists

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Introduction

Outreach events are an important part of the health care profession largely due to the fact that they increase the public's awareness of certain diseases and medical conditions. Oftentimes, specific tests can be done during an outreach event which allow for immediate feedback on each patient's condition, in effect enabling individualized education. For example, when screening for diabetes, blood glucose and hemoglobin A1C tests can indicate the status of a patient's condition. At Ohio Northern University Raabe College of Pharmacy, there are 14 different student pharmacy organizations, each of which focuses on at least one outreach program. The American Pharmacists Association Academy of Student Pharmacists (APhA – ASP) has four different “Operations” within the group; each of these focuses on a specific outreach event. The “Operations” are diabetes, immunizations, self-care and Generation Rx. The Student National Pharmaceutical Association (SNPhA) also has different outreach initiatives, such as chronic kidney disease, smoking cessation, and sexually transmitted diseases. Outreach events are important for patient education on common disease states, but the events can also be used as preventive or early detection measures. Students at outreach events can perform tests such as cholesterol, blood glucose or hemoglobin A1C, and osteoporosis screenings; moreover, using these tests, students can identify patients with abnormal values to refer them on for further care. There can also be immunization outreach events in which pharmacists, and student pharmacists, can administer certain vaccines, such as the influenza vaccine, in order to provide preventive measures for a disease within the population. Immunization outreach events are different from other outreach events because they are a form of primary prevention, meaning the goal is to prevent a disease. Most outreaches are secondary prevention, which mainly consists of screening patients in order to find a disease early and get the patient the care they need. Pharmacies are prime locations to hold outreach events because of the accessibility for the patient, the access to supplies and the knowledgeable staff.

Selecting an Outreach Program

Before even starting to plan an outreach, the pharmacist needs to determine the specific topic or disease on which he or she wishes to focus. There are multiple ways to approach this decision. A solid starting point is to determine the specific patient population that is involved, or most at risk, for the chosen disease state. The target patient population may vary based on geographical areas, where certain regions may have a higher prevalence of certain diseases.¹ Establishing an outreach event for a highly prevalent disease state or specific health concern attracts patients that would benefit the most. Likewise, if a certain population in general does not have adequate resources for proper health care, then education, or especially disease state screenings, may be beneficial. This is especially the case for those who are not able to go to a primary care physician on a regular basis. Similarly, an outreach event can be tailored to what the patients feel would benefit their overall health, or if there is a certain topic on which they would like to receive clarification. After determining the outreach event that will address the needs of the target patient population, the pharmacist must market the event. One method involves the pharmacist directly talking to the patients as they come into the pharmacy, either when they are coming to pick up their prescriptions, looking for over-the-counter medications or supplements, or during medication reviews, such as medication therapy management. Alternatively, pharmacists could set up an educational event or disease state screening at a public facility, especially at a community event where the target population may be more likely to attend.² Also, primary prevention could be the target, where education is aimed at the young or healthy population, and the emphasis is directed toward methods to prevent a certain disease state.¹ For example, the importance of calcium and vitamin D supplementation for those at risk for osteoporosis could be emphasized. Overall, there are a number of ways to choose and market an appropriate outreach topic, and they can be tailored to meet various needs of the target population.

Foundational Planning

Once an outreach program has been selected, the pharmacist needs to start planning the foundation for the event. The basics of planning include “who,” “when” and “where.” The pharmacist needs to determine what patient population is being targeted, which often correlates to the specific outreach being performed. For example, for an osteoporosis outreach involving education and providing bone mineral density scans, the pharmacist would want to target women greater than 50 years of age. However, providing education to patients who may currently be at a lower risk can still be highly beneficial, especially if they may develop the disease later in life.¹ Next, the pharmacist would have to decide when he or she wants to perform the outreach. Continuing to use the osteoporosis outreach as an example, the pharmacist may want to pick a time when elderly women would most likely be at the location of the outreach event, such as in the morning or afternoon. An additional factor in selecting a time would be the pharmacy's flow of



patients. The outreach should not interfere with the normal business of the pharmacy, so pharmacist staff must be scheduled accordingly. The location of the outreach needs to be determined, which often will be based on the population of patients being targeted. Additionally, legal considerations must be taken into account while planning an outreach program. If the pharmacist is going to perform any point-of-care tests and counsel the patient about the test results or the disease state, he or she should have a consent form for the patient to complete.³ For certain tests, such as blood glucose, the Food and Drug Administration (FDA) requires a Clinical Laboratory Improvement Amendments (CLIA) waiver. By obtaining the waiver, a given list of tests are not required to undergo regulatory oversight by a laboratory.⁴ Along with the CLIA waiver, the pharmacist should also have a waiver that informs the reader that none of the tests are diagnostic and will only indicate if something is abnormal and further medical care is needed. The pharmacist should encourage any patient with an abnormal value to see his or her primary care provider, possibly prompting the physician to run additional tests or to make a diagnosis. Likewise, if the outreach event is taking place at any facility outside of the pharmacy, then any legal constraints of the utilized facility must be taken into account.¹ Finally, in order for the outreach event to run smoothly, it is imperative to have a properly trained staff. For example, if the health screening is going to perform tests that will involve taking blood from the patient, then it is vital for the staff to be educated about proper precautions to take with needles and aseptic technique.² In summary, foundational planning is the backbone of a successful outreach event.

Compensation

A significant barrier to implementing outreach programs is compensation.¹ In order to convince pharmacists to spend a significant portion of their workday planning and executing a community outreach, a potential compensatory mechanism is desirable. There are several avenues pharmacists can pursue in order to obtain compensation for their outreach efforts, including reimbursement from patient insurance policies and patient self-pay. Some insurance policies provide coverage for their patients to receive pharmacy outreach services.² Due to the incredible differences between plans, the pharmacist should contact insurance companies in order to determine what tests would be covered. By gaining an understanding of how insurances deal with reimbursement for outreach programs, the pharmacist may be able to obtain compensation.

It is likely that the main opportunity to receive compensation is through patient self-pay.² Therefore, the patient must perceive a tangible benefit as a result of the outreach service. This presents the pharmacist coordinator with the challenge of pricing the outreach services reasonably. Without practical, competitive pricing, patients will more than likely prefer to meet with their physician due to the ability of physicians to diagnose and provide additional clinical services.¹ Also, it must be noted that patients located in regions with low socioeconomic status have far less disposable income to spend on health care. In such cases, looking for donations, grants or corporate sponsors to fund these outreach events would be one way to provide for lower income patients. Otherwise, one idea to entice patients to pay would be to require a one-time payment for extended care and analysis. For example, by paying once for a blood pressure outreach, a patient would receive blood pressure monitoring every month from their pharmacist and the peace of mind that pharmacist-physician communication is occurring. This type of outreach would clearly benefit the patient long-term and may convince the patient to purchase the product. Additionally, there is inherent value to the idea that patient education is occurring. Pharmacists have the ability to provide important and insightful tips with regard to disease prevention and management. Advertising a relationship with primary care physicians would likely be enticing to certain patient populations, such as the elderly, who are often plagued by chronic disease states.

Another way to convince patients to invest in outreach services would be to provide a rewards program. One idea for implementation would be via a punch card: every outreach the patient attends and pays for is recorded on the card. Once the punch card is completed, a reward would be earned. The reward should be directed toward the interests of the anticipated patient population of the outreaches. The pharmacy may partner with local businesses to provide the rewards. Oftentimes, small businesses are willing to offer promotions as an advertising mechanism. By utilizing them, a mutual benefit could be achieved where both of the businesses (the one providing the reward and your pharmacy) would see their number of patrons increase. The idea of uniting a population to provide high quality health care should be one of the core goals of a community pharmacy.

However, one possibility that must be considered is the chance that there will be no compensation available for the pharmacist.¹ At this point in time, with many insurance companies unwilling to provide pharmacists compensation for their outreach activities, there is also a high probability that patients will be unwilling to pay for services out of their own pocket. If this is the case, the pharmacist must weigh the idea of providing "free" services to the community within their daily workday. However, it is also critical to consider the notion that outreach programs increase patient traffic into the pharmacy. This simple idea of attendance will likely increase the chance that patients will fill their prescriptions or buy their over-the-counter medications at the pharmacy where the outreach was located. A great way to lower or eliminate costs for an outreach event would be to utilize pharmacy students from local colleges of pharmacy.¹ On-campus student groups often purchase their own supplies to have on-hand for potential outreach events. By forming a relationship with student groups, the pharmacy can minimize overhead costs for the event while also providing quality patient care.

Resources

Once the logistics of an outreach program are determined, the pharmacist must allocate resources in order to ensure the success of the program. This includes allocating staff, providing take-home patient education, and creating a patient informed-consent form. It is critically important to ensure that an adequate amount of qualified staff are available. For the majority of outreach events, an appropriate number of pharmacists and interns should be present to serve the estimated number of patients in attendance. However, the law indicating the number of interns for which a pharmacist can precept and supervise, which varies from state to state, must be considered. Additionally, the pharmacist needs to be aware of the legal tasks of a pharmacy intern, including the specific intern regulations regarding vaccinations. For example, in Ohio, pharmacy interns can only administer the influenza vaccine to patients 18 years of age or older. The pharmacist must be diligent to ensure that proper patient demographics are being obtained so that proper legal procedures may be followed.⁵ Regardless of the specific outreach event, adequate staffing is imperative in order for the patient to have a positive experience.

Additionally, satisfactory training of involved staff must be considered and certain tasks of a pharmacy outreach may require certification (e.g., immunization certification requires Basic Life Support (BLS) certification and completion of a board approved program). Specifically, blood pressure reading, blood glucose testing and HIPAA concerns must be addressed with appropriate training or certification. The Centers for Disease Control and Prevention (CDC) has several accessible training guidelines to ensure that those staffing the outreach program are properly trained.⁶ As a general rule, it must never be assumed that staff members understand the logistics of the outreach. Be sure to talk with every employee involved in the outreach to make sure that they understand the basics of what is being screened or tested for, and to ensure that they are providing accurate information to the patients. Always inform students that asking for help is encouraged and desired when a question arises that they are not completely comfortable answering.

Patient education materials are another resource that must be obtained prior to the start of an outreach. It is critical that patients are provided with tangible handouts that they can re-access when they have questions. These handouts should be simple to read and understand. Always keep in mind the target patient population when designing patient education handouts. These handouts should include the results of the screening that has been conducted. Having access to their specific results allows patients to be more confident in asking questions of their primary care physicians.³ An additional benefit to providing patients with their results is to increase the effort to maintain continuity of care. Patients want to be ensured that their health care team is working together to achieve the highest quality of outcomes. By knowing that there is communication between health care professionals regarding every single screening and test performed, the patient can be put at ease. Pharmacists are the most accessible health care professionals and must be able to tactfully inform patients when their objective lab values are concerning. By voicing these concerns directly with the patients and giving them hardcopy access to these results, physicians will be able to better diagnose conditions and provide more positive therapeutic outcomes. Additionally, it is important to discuss the results of a screening along with what measures can be taken by the patient to improve his or her health status. Educational pamphlets should be supplemental information for the patient, not the sole means of education for the patient.

Lastly, a patient consent form should be considered. These forms may contain a list of any potential drawbacks to the screening process (pressure on the arm, finger pricks, etc.). In addition to physical warnings, it would be prudent to have the pharmacist inquire about any potential medical conditions, prescription medications, or over-the-counter/herbal/dietary supplements that an individual may possess that would be of concern to the specific outreach event. Also, clarify that the outreach process provides screening and testing results only; the results will not be enough to constitute a diagnosis. The form should also include a line recommending that the patient follow up with their primary care physician regarding the results of the tests and the forthcoming discussion with the pharmacist.³



Advertising

The final barrier to implementing a successful patient outreach program is initiating an advertising campaign. In order to make the most of the outreach, a minimum number of patients should be targeted for inclusion. One of the best ways to do this is to have fostered relationships with area physicians who serve patients that would benefit from the outreach. If a positive relationship exists between the two entities, the physicians' offices will often refer their patients to the outreach.¹ Additionally, it may be helpful to begin outreach events with a smaller pilot program. Initially, target a unique subpopulation that would benefit the most from the outreach and allow the program to generate positive word of mouth. This will allow for any forthcoming patient demand to present itself and will give the pharmacist time to readjust for needs that were previously unanticipated.¹ Finally, another simple way to advertise an outreach event is through the use of fliers. Handouts detailing the program can be distributed to patients individually or be posted within the store. This simple advertising technique will increase patient awareness of the program in a cost-effective manner.

Expanding

Once an outreach program has been established, it is then time to consider expansion to other disease states. Programs never become stagnant but are always looking for ways to improve and reach more patients. One way to increase the patient population is to find more locations where the targeted individuals are available. For outreach programs that are aimed at reaching the elderly, civic groups such as the Elks Club might be a potential avenue.⁷ Local schools provide a good access point for those programs that are aimed at younger populations. Another approach to reaching more patients is collaborating with other groups that have similar goals. At Ohio Northern University, several outreach groups have created programs in local pharmacies and grocery stores. In these locations, the outreach event is highly visible and provides a comfortable setting for patients in places they already frequently visit. The different outreach organizations have collaborated to create health fairs and other similar events to provide opportunities for the public to access information concerning various disease states and screening options. By working together, each of these groups can increase their patient population and better serve the community.

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Outreach Example

In order to properly organize an influenza vaccine outreach, many of the steps listed to build a successful program are required. The target population for the influenza vaccine would be all patients over 6 months of age, according to CDC recommendations (although pharmacists can only vaccinate individuals of certain ages based on state laws). It is appropriate to administer the influenza vaccine as soon as it is available; normally administration begins in August/September and continues through January. The location would ideally be one where the target patient population can be found, perhaps a retail or grocery store containing a pharmacy. It would also have to be a location with enough room and privacy available to provide patients with a confidential and sterile environment. The pharmacist should also look into any legal considerations concerning influenza vaccines and make sure their outreach event is in compliance with them. This would include developing an emergency plan for adverse effects, such as anaphylactic shock. In considering compensation efforts, many insurance companies cover influenza vaccines. The pharmacist would need to make sure they have the resources available to work with insurance companies at the outreach event. For patients who are not covered by their insurance, offering the vaccine at a low cost may provide the pharmacist with the opportunity to reach new patients. Determining the resources will depend on the expected number of patients. This includes the number of personnel authorized to administer vaccines, the number of vaccines, educational materials and consent forms. Many of these guidelines are available through the CDC website.⁸ Because pharmacy students are also trained to administer influenza vaccines, it would be ideal to utilize them as personnel for these outreach events. Potential methods for advertisement include the media, the store where the pharmacy is located and through local physicians' offices. Finally, when looking to expand in future years, pharmacists should look for ways to reach additional patients.

Conclusion

Constructing outreach events may appear a daunting task, as they require much work and preparation to implement. However, the possible benefits are immense, being both economically advantageous for the pharmacy as well as clinically effective for the patient. Outreach programs not only help to improve the quality of life for patients living with chronic disease states, but they also help to prevent currently healthy patients from developing preventable disease states through vaccinations, screening and pharmacist provided patient education. Secondly, pharmacists benefit by possibly profiting financially, directly through compensation or indirectly through increasing accessibility to the community, which may aid a pharmacy in augmenting its patient population. Though the task of creating an outreach event is substantial, by following the guidelines and focusing on the goals presented here, pharmacists can provide a clinical service resulting in significant benefit to all parties involved.

References

1. Magill-Lewis J. How to set up a program in osteoporosis screening. *Drug Topics Voice of the Pharmacist*. 2006 Mar 20 [cited 2012 Oct 23]. Available from: drugtopics.modernmedicine.com/drugtopics/Special+Reports/How-to-set-up-a-program-in-%20osteoporosis-screening/ArticleStandard/Article/detail/312507.
2. Hitchens K. How to set up a cholesterol screening program. *Drug Topics Voice of the Pharmacist*. 2005 Nov 21 [cited 2012 Oct 23]. Available from: drugtopics.modernmedicine.com/drugtopics/Miscellaneous/How-to-set-up-a-cholesterol-screening-program/ArticleStandard/Article/detail/200936.
3. Hitchens K. How to set up hypertension screening program. *Drug Topics Voice of the Pharmacist*. 2006 Jun 19 [cited 2012 Oct 26]. Available from: drugtopics.modernmedicine.com/drugtopics/Treatment+Areas/How-to-set-up-hypertension-screening-program/ArticleStandard/Article/detail/335301.
4. U.S. Food and Drug Administration [homepage on the Internet]. Silver Spring (MD): U.S. Food and Drug Administration; [updated 2009 June 19; cited 2012 Oct 23]. Clinical Laboratory Improvement Amendments (CLIA); [about 1 screen]. Available from: www.fda.gov/default.htm.
5. LAWriter Ohio Laws and Rules. [homepage on the Internet]. (OH): LAWriter Ohio Laws and Rules; [updated 2008 Sept 12; cited 2012 Oct 26]. Ohio Revised Code Chapter 4729.41 Section A Part 2. Available from: codes.ohio.gov/orc/4729.41.
6. Centers for Disease Control and Prevention [homepage on the Internet]. Atlanta (GA): Centers for Disease Control and Prevention; [updated 2012 Oct 1; cited 2012 Oct 26]. National Health and Nutrition Examination Survey: Health Tech/Blood Pressure Procedures Manual. Available from: www.cdc.gov/nchs/data/nhanes/nhanes_09_10/BP.pdf.
7. Pugliese T. Public relations for pharmacists. Washington, DC: American Pharmacists Association, 2008.
8. Centers for Disease Control and Prevention [homepage on the Internet]. Atlanta (GA): Centers for Disease Control and Prevention; [updated 2012 Oct 1; cited 2012 Oct 26]. Seasonal Influenza (Flu). Available from: www.cdc.gov/flu/professionals/vaccination/vax-summary.htm.