Propose an innovative solution for medically underserved populations in Pennsylvania that addresses the shortage of providers in the state.

**Background**

HRSA defines the underserved in 2 ways: medically underserved populations (MUP) and medically underserved areas (MUA). There are four characteristics: ratio of primary care providers (PCP), infant mortality rate, % below the poverty level, and % age 65 and over. Groups and areas are scored on a scale of 1-100 where 100 is completely served. An area with a score under 62 qualifies as MUA. As of 2015, the HSRA established the following information on MUP/MUAs in Pennsylvania:

- MUA/MUPs: 156
- Estimated Underserved population: 165,037

One key factor is the lack of PCPs. In PA, only 33% of physicians practice in primary care. An estimated 1,039 additional primary care providers are required by 2030 to maintain current care standards.

**Objective**

Propose an innovation for mobile pharmacy clinics in Pennsylvania that addresses the shortage of providers in the state.

**Innovation**

CareVan: Sponsored by Project Renewal

**CareVan** = Mobile Medical Treatment option for New York City’s Homeless

**Project Renewal** = Initiative to provide encompassing care for homeless populations

**CareVan: process**

- Operates on a first come first serve basis
- Bus driven, set up appointment for next person in line
- Pharmacist performs Medication Therapy Management (MTM)
- Physician performs primary examination
- Nurse practitioners and physician assistants provide services
- Prescriptions available on site
- Pharmacist performs Medication Therapy Management (MTM)

**CareVan: at a glance**

- Mobile medical unit
- Pharmacist provides MTM services
- Physician performs primary examination
- Nurse practitioners and PA provide services
- Prescriptions available on site

**Pennsylvania Examples**

- University of Pittsburgh: Grace Lansom Pharmacy
- Mission of Mercy: Mobile Medical Clinic
- CareVan: University of Pittsburgh Center for Pharmacy Care

**Pharmacists & Mobile Care**

Pharmacists Improve Clinical Outcomes

In a study of pharmacist-based recommendations on interprofessional team:

- Approximately 92% of pharmacist recommendations are provider approved.
- Improved clinical outcomes in 30% of recommendations.
- For every $1 spent on clinical pharmacist services, $4 cost benefit is seen.

Pharmacists provide unique input on recommendations:
- PharmDs have knowledge different from NPs and PAs
- PharmDs: Therapeutics
- NP/PA: Diagnostics

**Economic Viability of Mobile Pharmacy Clinic**

Pharmacist-run mobile clinic in Montana tested economic viability of van-based mobile care

- Project was not profitable due to no accepted billing method for MTM services.
- Indicates need for provider status legislation for pharmacists to provide sustainable care.

**Pharmacists**

- Improve blood pressure
- Cholesterol levels

**Proposal**

Establish program of mobile care clinics like the CareVan to reach out to underserved populations across the state. These clinics can travel to various underserved areas on a regular schedule, overcoming “travel barriers” that exist for many patients in rural parts of Pennsylvania. Pharmacists can be utilized on the van to provide MTM services, chronic disease management, and physician consultation on new prescriptions to decrease drug therapy problems, making the program cost effective. Provider status for pharmacists would allow these services to be billable in Medicare and Medicaid, reducing reliance on funding and allowing more patients to be seen.

**Discussion**

Legislation is needed for pharmacists to more consistently provide care to underserved communities

- Interprofessional cooperation, university sponsorship
- Initial funding required (van and initial supplies)
- Continued funding if MTM fee-for-service not available
- CLIA certification

**References**


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**CareVan as a Model for Pharmacists Providing Care to PA Underserved Populations**

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