

THE PHARMACIST CAN SEE YOU NOW

Evolving rural health to improve
equitable access to care



EVERNORTHSM
HEALTH SERVICES

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More than 46 million people, or 14% of the U.S. population, live in rural areas across the country

Introduction

More than 46 million people, or **14% of the U.S. population**, live in rural areas across the country. While each individual and every community is unique, collectively people who live in rural areas often face similar health care issues. They are **less likely** to have access to affordable care and digital health services, more likely to encounter difficulties finding a local **health care provider**, and more likely to experience **chronic health conditions**, among other issues. Additionally, more than **14% of people who live in rural areas live in poverty**, which means they are also likely contending with several additional challenges, including inadequate housing and transportation, lack of access to healthy food, discrimination, and systemic classism. For many, optimal health and well-being may appear out of reach, but it doesn't have to be.

Independent (including franchised) pharmacies make up **more than three quarters** of pharmacies in rural areas, and in many communities, they are the closest health care provider. Rural pharmacies are often at the center of the communities they serve and are uniquely well-positioned to improve equitable access to care. Many serve as the physical access point for routine preventive care, immunizations, treatment of illnesses, chronic condition management, and more. They also have the potential to serve as a digital access point for more advanced consultation and care.

Expanding the role of rural community pharmacies can help address long-standing health inequities and drive better health, convenience, and affordability at the individual and community health levels. In addition, expanded care and service offerings will increase pharmacy revenue, improving financial sustainability and supporting local economic growth. At scale, employers and other payers will see better health outcomes and improved affordability and, ultimately, a more sustainable health care system.

The state of rural health

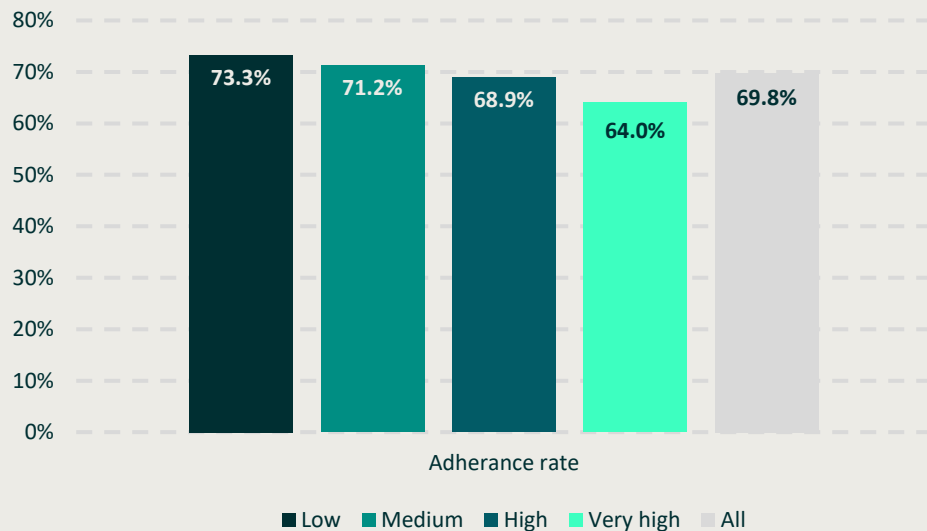
Health inequities compound, putting people and communities at increasing risk

Although the makeup of individual communities and the issues they face vary, people who live in rural areas are **more likely to experience chronic disease** and **more likely to struggle** to adhere to a treatment plan and effectively manage that disease.

People living in underserved areas are **12% less likely to adhere to medications**

For example, an analysis of people with diabetes living in medically underserved areas, including those in rural communities, shows they are **12% less likely to adhere** to medication than patients living in other areas. People living in rural communities are also more likely to die prematurely from all five leading causes of death among U.S. adults: heart disease, cancer, accidental injury, respiratory illnesses, and stroke. Nationwide, health disparities between rural and urban areas **tripled** from 1999 to 2019, and in 2019 rural areas had a **20% higher death rate**.

Diabetes medication adherence rate for people diagnosed with Type 2 diabetes, based on assessment of local social needs



*Social needs were defined by the Evernorth Social Determinants of Health Index

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Disparities are present before birth and compound. A lack of access to maternal health care can result in [negative outcomes](#), including premature birth, low birth weight, maternal mortality, and more. According to a [2022 March of Dimes](#) report, up to 6.9 million women and almost 500,000 births annually in the U.S. are in areas where there is low or no access to maternity care. Using maternal mortality as one proxy for overall maternal health, there are [29.4 maternal deaths](#) per 100,000 in the most rural areas versus 18.2 in urban areas.

Nearly a quarter of children ([24%](#)) who live in non-metro areas live in poverty, putting them at increased risk for negative health outcomes including [psychiatric disorders and chronic illness](#). Rural children also [face a greater risk of injury](#) – accidental and intentional, fatal and nonfatal – including suicide, motor vehicle crashes, and more. Most alarming is the rate of death by suicide, which in 2022 was 54% higher for rural youth aged 15-19 than for their urban counterparts and [increased 74% from 2010 to 2022](#).

Drivers of health inequities

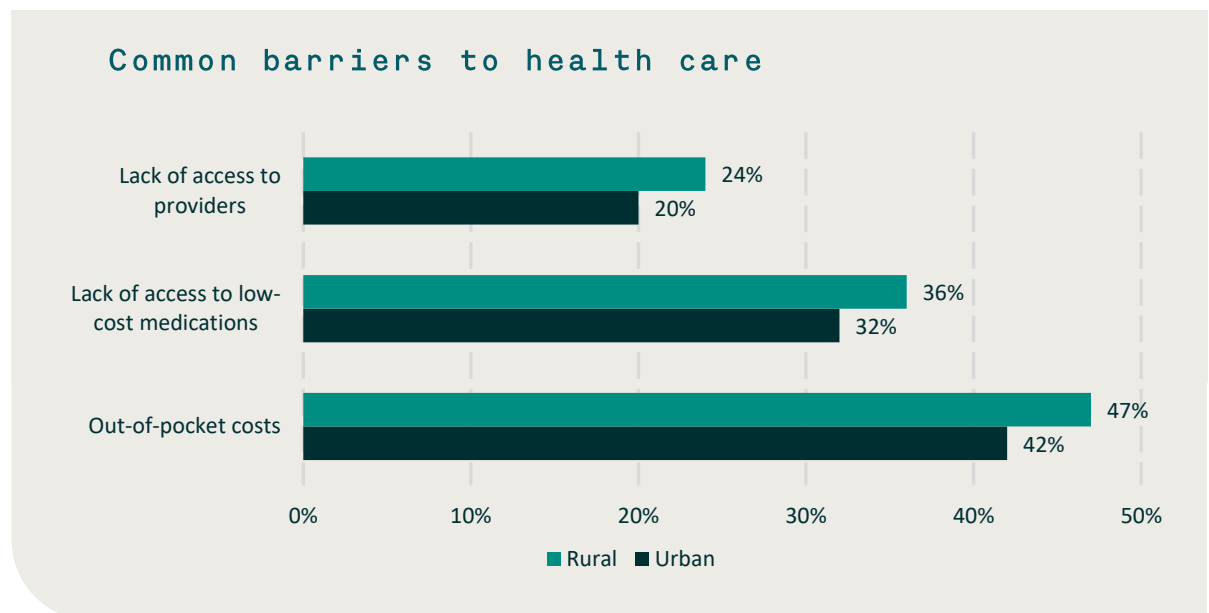
While many factors contribute to health inequities in rural America, chief among them is the critical shortage of health care providers. [Fewer than 10% of physicians](#) practice in sparsely populated areas and there are significantly fewer primary care physicians available compared to urban areas.

The lack of health care professionals expands beyond physicians to include nurse practitioners, physician assistants, medical specialists, mental health care providers, and non-clinical support staff. As of June 2023, more than 65% of primary care provider [Health Professional Shortage Areas](#) (HPSAs) and 60% of mental health HPSAs were rural areas. Rural residents feel the shortage according to an Evernorth/Ipsos Health Equity study, with rural respondents more likely than suburban to say that lack of access to providers who are conveniently located negatively impacts their ability to stay healthy (24% vs. 20%).



Lack of reliable transportation can also be a barrier. In a 2019 study, one of every four people living in rural areas said they could not get the health care they needed, with about a quarter citing that the potential site of care was **too difficult to get to or too far away**. This is particularly problematic for the estimated one million rural Americans who **do not have access to a car** and for whom public transportation is often unavailable or unreliable. In fact, **just 3% of rural residents** use public transportation on a regular basis.

Cost, too, negatively impacts access to health care as **45% of rural residents** reported that traveling for health care is a financial burden. About the same percentage of people in rural areas (47%) cite out-of-pocket health care costs as a barrier to care compared to 42% of people in urban areas, according to an Evernorth/Ipsos Health Equity study. Access to low-cost medications is a barrier for 36% of rural residents compared to 32% of urban in the same study.



And, despite the high rate of suicide and mental health issues in rural areas, **many residents may be reluctant** to seek mental health care, due to shame or embarrassment around having a mental health condition and fear of a lack of anonymity. Additionally, while digital mental health care would offer anonymity, **many rural Americans lack access** to advanced broadband and therefore the ability to use digital health services. They also have a **lower rate of both digital and health literacy** when compared to people living in urban areas.

Independent pharmacists as community care providers

Pharmacists can help close gaps in care, address social determinants of health

While chain pharmacies represent most pharmacy locations in the U.S., [most people living in rural areas](#) rely on independent pharmacies for access to medication. And, of the more than 1,800 active retail clinics within pharmacies in 44 states, only about 2% are in rural areas, meaning rural residents will not be able to take advantage of the onsite clinics or health care hubs that major pharmacy chains are opening.

Pharmacy as the frontline of care



In upstate New York, nine pharmacy locations [piloted](#) a social determinants of health screening, allowing pharmacists to identify needs that might interfere with patient health (e.g., someone who is having trouble affording both food and diabetes medications.) The program leveraged the trust that rural customers have in their community pharmacy to connect them to the resources they need. The pharmacists received payment for completed screenings and for improved outcomes after connecting patients to services.

Rural pharmacists are rooted in their communities, not only as health care providers but as business owners, employers, and neighbors

Research shows [community pharmacists are more accessible to rural patients](#) than other health care providers may be. Many rural pharmacists are rooted in their communities, not only as health care providers but as business owners, employers, and neighbors. They often have a deep understanding of their community's needs, from the most prevalent disease states to social determinants of health to any cultural sensitivities or family dynamics that may exist.

The proximity and more frequent interactions can build trust, enabling pharmacists to provide additional care and services more effectively, including behavioral health screenings, healthy lifestyle coaching – such as weight management and smoking cessation – and social determinants of health (SDOH) screenings to identify and connect people to resource needs (e.g., food, housing, social connectivity). In their role, they often serve as the first-contact provider and are well-positioned to expand their responsibilities – and they may be happy to do so. A [2022 survey of pharmacists](#) revealed that those practicing in small chain and independent pharmacies report the highest level of professional engagement and lowest levels of work exhaustion and interpersonal disengagement. The opposite was true for respondents working in larger retail pharmacies.

Beyond dispensing prescriptions, pharmacists have proven they are proficient at administering vaccinations, providing advice on medication adherence and interactions, and, depending on state law, prescribing some medications. They are often part of a patient's overall health care team and are confident in their ability to [expand the care](#) they currently provide to include diagnostic services, such as conducting tests for viruses (e.g., flu, strep) and additional basic care for other conditions (with additional training).

This confidence intersects with patients having a high level of trust in pharmacists to undertake activities beyond simple medication dispensing. With the adoption an appointment-based model, pharmacies can effectively provide more comprehensive health care services.



Appointment-based pharmacy care at-a-glance



Mrs. Jones visits her community pharmacy nearly every other day. One day, she picks up her blood pressure medication. Three days later, she picks up her diabetes medication, and the next day she returns because she forgot she needed to pick up an inhaler. The pharmacist talks with Mrs. Jones and schedules an in-person care appointment.

During the appointment, the pharmacist asks her how she's feeling, how she is managing her medications, and if she has glucose monitoring supplies. The pharmacist also checks Mrs. Jones' blood pressure, gives her a vaccine she's missed, and does a social determinants of health screening. The pharmacist synchronizes Mrs. Jones' medications, so they are available for pick-up at the same time and reminds Mrs. Jones about scheduling her annual wellness exam with her primary care doctor.

Appointment-based pharmacy care improves care access, affordability, and treatment adherence. It also provides safety, convenience, and social connectivity and builds on physician interactions to improve quality of life and health.

Rural independent pharmacists as digital care connectors

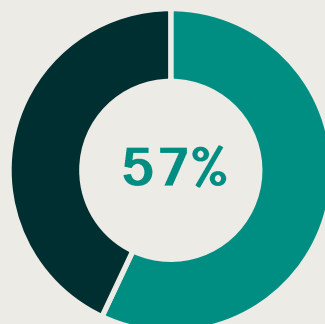
By leveraging technology independent pharmacies can promote public and individual health

Virtual health has the potential to improve access to care for many Americans, however at least 22% of people who live in rural areas do not have reliable high-speed internet. Given the increasing reliance of pharmacists on technology to process prescriptions and interact with the health care system, a dependable internet connection is essential. With it, rural pharmacists can play a crucial role as digital care connectors for community members, providing access to health care services when an in-person physician visit is not necessary or is not feasible.

In addition to patient care, virtual health can facilitate provider-pharmacist consultations, continuing education, and administrative functions that advance the ability for pharmacists to deliver expanded services.

Moreover, new digital technology and greater access can improve earlier disease diagnoses and ongoing disease management. People who live in rural areas are receptive to the idea, as evidenced by an Evernorth/Ipsos Health Equity study which revealed that 57% of agreed that virtual consultations could replace in-person visits, especially if it leads to reduced costs (41%), free follow ups (34%), or long-distance care (32%). As positive experiences with telehealth increase, it is expected that more people will embrace this mode of health care delivery.

Rural residents are receptive to virtual care



57% agree that virtual consultations could replace in-person visits

Many pharmacists can easily **diagnose, prescribe, and treat** common health conditions

Expanding access to physicians, specialists, and subspecialists through virtual care means rural communities have access to a broader range of **health care and services**. This includes psychiatry and behavioral health services, opioid use disorder, obstetrics, pediatric services, dermatology, cardiology, oncology, and more. In a 2019 study of Medicare beneficiaries with one or more chronic conditions, access to specialists accounted for 55% and 40% of the rural-urban difference in **preventable hospitalizations and mortality**, respectively.

Rural pharmacists serving as digital care connectors can help revolutionize health care access in rural areas. By leveraging technology, independent pharmacies can promote public and individual health, improving patient outcomes, reducing burdensome challenges like transportation issues, and enhancing the overall quality and reach of health care services in underserved communities.

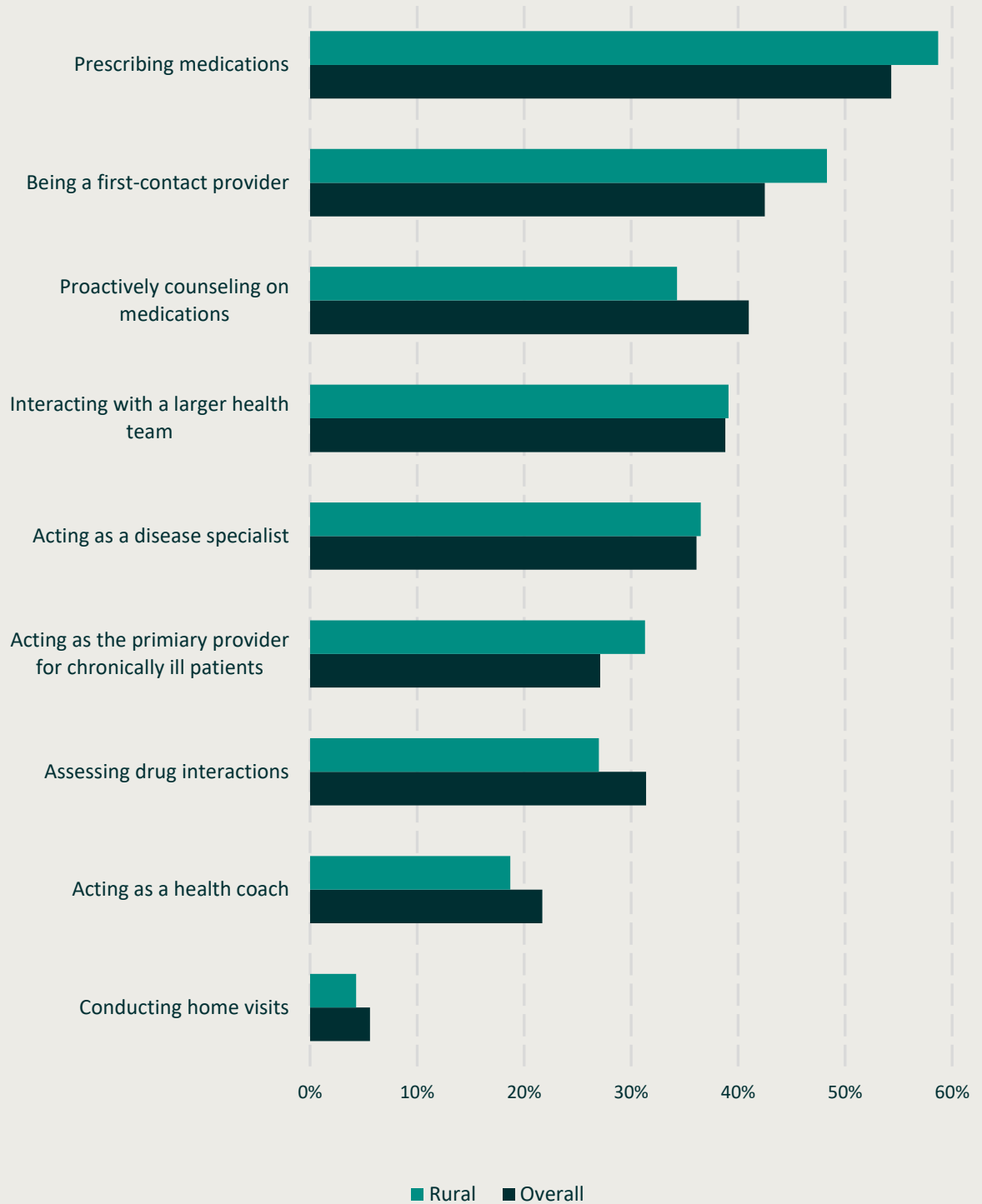
Pharmacists are highly trained and trusted health partners

To practice, pharmacists must meet rigorous education and licensing requirements, some of which are common across states and many that vary by state. Most pharmacists hold **Doctor of Pharmacy degrees** (PharmD) and are considered medication experts, having received far more training in this area than medical doctors (MD). Many also have considerable experience and when enabled to practice at the top of their license, they can easily diagnose, prescribe, and treat common health conditions.

In the 2022 **Prescription of Trust** report, pharmacists were asked about the field of pharmacy care by 2030. More than half (59%) of rural pharmacists surveyed say they will prescribe medicines for acute conditions, nearly half (48%) agree they will be a first-contact provider, and nearly one-third (31%) agree they will serve as the primary provider for chronically ill patients. In addition, nearly four in ten (39%) say they will interact with a larger health team.



Pharmacists predict expanded role by 2030



The path forward

Advancing payment mechanisms to accelerate change

An enhanced pharmacy care delivery model will require new payment and reimbursement structures. At a high level and at the most basic, pharmacies have operated in a retail model receiving reimbursements based on the prescriptions dispensed. Now, as the independent pharmacy landscape evolves to a service model, the payment model will need to evolve as well. Pharmacists will need to be compensated for the care and services they provide. They will need to be recognized as eligible reimbursable providers for Medicare and Medicaid. While the public health emergency designation during the pandemic helped advance this cause, there is much more work to do.

In the interim, there are other ways pharmacists may be compensated for expanded services. They may be able to participate in payer-led [increased reimbursement opportunities](#) as well as [value-based contracting, relationships with local employers,](#) and [equity-centered payment models](#).

Transforming rural health care through community pharmacies

The benefits of having the pharmacist in rural communities at the center of care go beyond the individual, the pharmacy, and the community; it is good for the entire health care system. The community pharmacist is embedded in the communities they serve and have unique insights into the health and well-being of the people they serve. They are uniquely well-positioned to intervene early, deliver preventive care and screenings, help manage chronic diseases, identify behavioral health concerns, and potentially prevent a person from needing hospital care – all of which leads to better health while reducing unnecessary costs. In addition, as pharmacists provide more services and treat more patients, they increase their own earnings, bringing financial stability and other economic benefits to the community.

Reimagining rural health through the delivery of care and services at independent pharmacies is feasible and effective. At scale, employers and other payers will see better health outcomes and improved affordability, and ultimately, a more sustainable health care system.

76% of rural patients consider the pharmacist an important part of their health care team