

Telehealth: Strategies for Establishing Pharmacy Practice Models in Ambulatory Care Settings

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PREFACE

"When we think of cheetahs, we think about their ability to go fast. What we don't often think about is their ability to change directions while going fast, or the way they get back up to speed once they've had to pivot to maintain performance."

John C Maxwell

During the COVID-19 pandemic, many healthcare "cheetahs" have been fighting this virus; both inside and outside the hospital. Due to the rapid pace for evolving strategies and information discoveries, healthcare professionals had to become adaptable and pivot practices quickly to not only target care to those affected by the virus but also simultaneously adjust management tactics and delegation of resources to maintain care for chronic, stable health needs. Despite the availability of telehealth as a care platform for years, the pandemic shifted its utility to a level never reached previously or even considered necessary. The capability for remote access served as a tool for the ambulatory pharmacy "cheetahs" to pivot and regain speed quickly.

An example: In a large, integrated healthcare system in Utah (Intermountain Healthcare), embedded ambulatory pharmacists were able to make the rapid shift to delivering care via telehealth during the early days of the COVID-19 pandemic. Their work helped bridge an important care gap while other healthcare professionals established telehealth processes. The smooth and quick transition to telehealth was facilitated by insightful preparation, value-based payment models, and professional flexibility of the pharmacists. The growth of pharmacist-delivered telehealth is filling an important need to simplify and increase patient access to care.

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