

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

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Any correspondence regarding this publication should be sent to the publisher, American Society of Health-System Pharmacists, 4500 East-West Highway, Suite 900, Bethesda, MD 20814, attention: Special Publishing.

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Director, Production and Platform Services, Publishing Operations: Johnna M. Hershey, BA

Cover Design: DeVall Advertising

Page Design: David Wade

Library of Congress Cataloging-in-Publication Data

Names: DeRemer, Christina E., editor. | American Society of Health-System Pharmacists, issuing body.

Title: Telehealth : strategies for establishing pharmacy practice models in ambulatory care settings / [edited by] Christina E. DeRemer.

Other titles: Telehealth (DeRemer)

Description: Bethesda, MD : American Society of Health-System Pharmacists, [2021] | Includes bibliographical references and index. | Summary: "Telehealth is a valuable tool for the profession of pharmacy to extend its reach to patients for the provision of medication management and complex patient care. Telehealth services have grown significantly over recent years and have been leveraged expressly during the COVID-19 global pandemic. These services have the potential to improve patient access to care, cost efficiencies, and quality while meeting consumer demand. This book, "Telehealth: strategies for establishing pharmacy telehealth practice models in ambulatory care settings," will serve as a guide to pharmacists who are beginning to implement telehealth services, and will also serve as a valuable resource to those with existing services by providing insight on best practices and revenue opportunities"—Provided by publisher.

Identifiers: LCCN 2021043113 (print) | LCCN 2021043114 (ebook) | ISBN 9781585286911 (paperback) | ISBN 9781585286928 (adobe pdf) | ISBN 9781585286935 (epub)

Subjects: MESH: Pharmaceutical Services | Telemedicine | Ambulatory Care

Classification: LCC RS122.2 (print) | LCC RS122.2 (ebook) | NLM QV 737.1 | DDC 362.17/820285—dc23

LC record available at <https://lccn.loc.gov/2021043113>

LC ebook record available at <https://lccn.loc.gov/2021043114>

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ISBN: 978-1-58528-691-1 (paperback)

ISBN: 978-1-58528-692-8 (Adobe pdf)

ISBN: 978-1-58528-693-5 (ePub)

10987654321

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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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