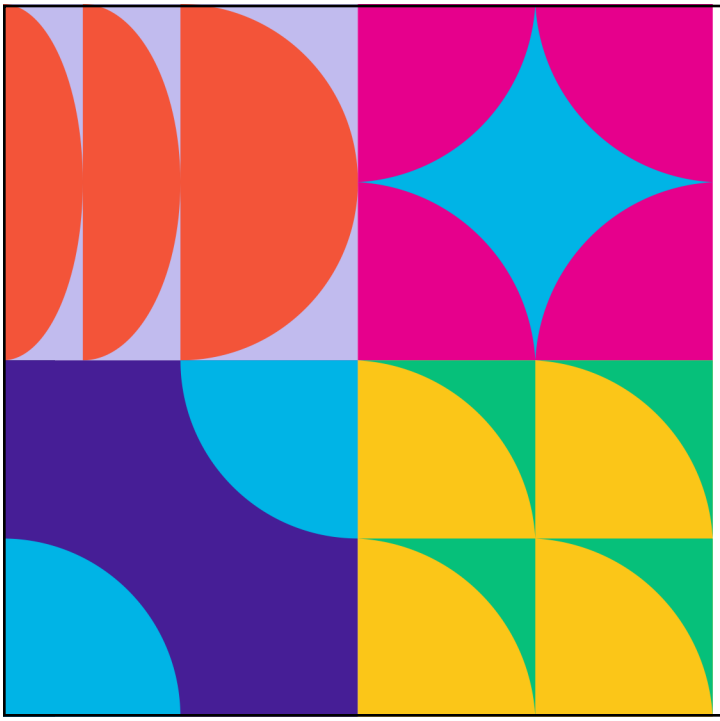


Community Partnerships That Strengthen Rural Pharmacy Care

Jake Galdo, PharmD, MBA, BCPS, BCGP
Nikki Bryant, PharmD

Description

Rural pharmacies are uniquely positioned to expand beyond dispensing by serving as accessible care hubs. Explore how to partner with Community Health Workers (CHWs) and local organizations to strengthen outreach, improve continuity of care, and support sustainable revenue pathways. Evaluate partnership opportunities in your community and determine strategies that strengthen patient engagement and expand care delivery.

Meet the Faculty

Jake Galdo,
PharmD, MBA, BCPS, BCGP
Managing Network Facilitator
CPESN Community Health

Nikki Bryant,
PharmD
Owner
Adams Family Pharmacy/
Preston Family Medicine

Jake Galdo

Jake Galdo, PharmD, MBA, BCPS, BCGP is CEO of Seguridad, where he leads the Choose My Pharmacy quality measurement system, the national standard for community pharmacy quality improvement, value-based care, and patient engagement. He also serves as Managing Network Facilitator for CPESN® Community Health, supporting health equity initiatives and practice transformation for community pharmacies.

Dr. Galdo continues to practice in community pharmacy while developing innovative clinical services and serving on regional and national advisory boards. He is widely published in pharmacy and healthcare literature, earned his PharmD and PGY1 Community Pharmacy Residency from the University of Georgia, an MBA from Samford University, and is board certified in pharmacotherapy and geriatrics.

Nikki Bryant

Nikki Bryant, PharmD is a graduate of Mercer University College of Pharmacy and owner of two independent pharmacies and a rural health clinic serving 14 counties in Southwest Georgia. Her Preston pharmacy and clinic provide the only healthcare access in Webster County, while her Cuthbert pharmacy is the community's only pharmacy. She also helps operate her family's grocery store to support food access in a rural community.

Dr. Bryant is a passionate advocate for independent pharmacy, working with lawmakers to advance pharmacy legislation and improve reimbursement in Georgia. She is currently pursuing a Master of Public Health at Johns Hopkins University and has received numerous state and national awards recognizing her leadership and contributions to the profession.

Disclosures

- Jake Galdo reports financial relationships with Eli Lilly (grant and spouse employment), BMS (grant), Pfizer (grant), and Takeda (grant). All relevant financial relationships have been mitigated.
- Nikki Bryant has no relevant financial relationships with ineligible companies to disclose.
- Jake Galdo and Nikki Bryant disclose that AI tools were not utilized for this presentation.

Funding for this course was provided by Cencora.

Recording, capturing, or sharing any part of this presentation is strictly prohibited. This includes the use of AI note-taking tools, audio/video devices, or screen capture technology. Please help us protect the privacy of our speakers and the integrity of the educational content.

Learning Objectives

Upon completion of this activity, learners should be able to:

- Recognize community health gaps, relevant policy drivers, and partnership opportunities that support expanded services and sustainable revenue in rural or underserved communities.
- Identify collaborators and workforce roles that strengthen outreach, care navigation, and service delivery.
- Examine operational and infrastructure considerations for implementing community-based care partnerships.
- Apply strategies to integrate Community Health Worker support or other partnerships to improve engagement and continuity of care.
- Map a high-level approach to initiate one partnership or service model aligned with workflow capacity, patient needs, and sustainable reimbursement.

Article

25 minute read • 14 August 2023

The role community pharmacies can play in reducing health inequities

By moving into clinical services and becoming part of comprehensive care teams, community pharmacies can improve access to care and reduce health inequities.


George Van Antwerp
United States


Sally Bogus
United States


Jessica Overman
United States


Natasha Elsner
United States

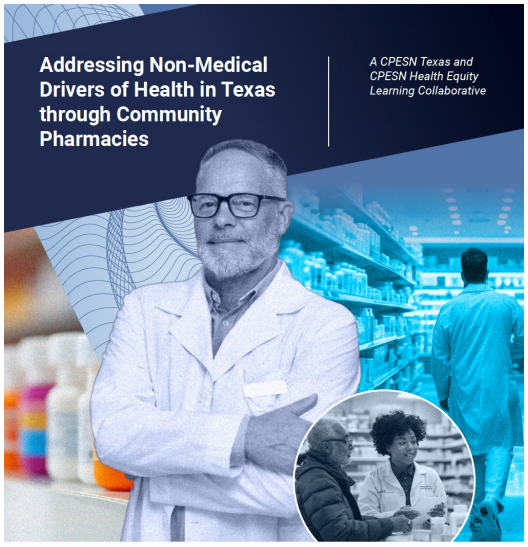
See more

www2.deloitte.com/us/en/insights/industry/health-care/reduce-health-disparities.html

Chronic Disease Management

Preventative Services

Community Health Workers (CHWs)



Addressing Non-Medical Drivers of Health in Texas through Community Pharmacies. Episcopal Health Foundation. www.episcopalhealth.org/research_report/addressing-non-medical-drivers-of-health-through-community-pharmacies-in-texas. April 2025.

Recommendations to Improve NMDH Outcomes in Texas

1. Workforce development

Enhance the Texas pharmacy workforce development by cross training pharmacy technicians as community health workers.

Recent data shows the challenges of pharmacist-provided health-related social need services. Effective health equity services are delivered by community health workers — individuals who live, work, age, and socialize within these communities. The added training for pharmacy techs as CHWs is cost-saving and creates new service models. A major benefit of pharmacy technicians trained as CHW is the unique care model offered— because community pharmacies can't be open with the pharmacist on duty, there is always a clinician six feet away.

Addressing Non-Medical Drivers of Health in Texas through Community Pharmacies. Episcopal Health Foundation. www.episcopalhealth.org/research_report/addressing-non-medical-drivers-of-health-through-community-pharmacies-in-texas. April 2025.

Community Health Worker (CHW)

A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/15/support-for-community-health-worker-leadership

Chicken or Egg?

- Why CHWs?
  - 'CHW' represents a new ***type*** of provider in the pharmacy
- **'How can I bill for my CHW?'**
  - 'How can I bill for my delivery driver?'
  - 'How can I bill for my pharmacist?'
  - 'How can I bill for my nurse practitioner?'
- Existential crisis: depending on the ***location***, CHWs may or may not ***bill*** for services
  - CHW at food bank vs. CHW at clinic vs. CHW at pharmacy
- What is the most valuable contribution of a CHW? **DATA**

Rural Health

A Unique Healthcare Ecosystem

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Ask the Audience:
What challenges exist in rural healthcare?

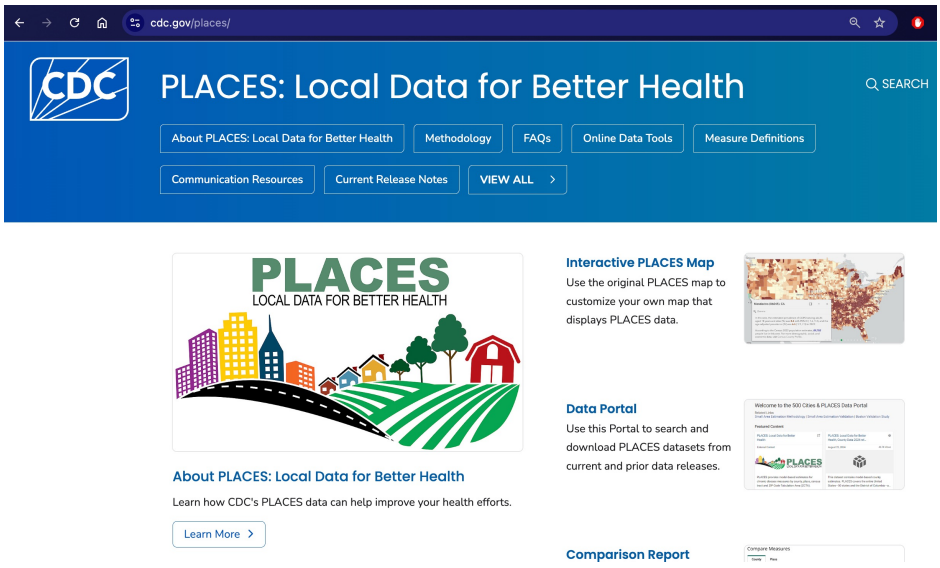
15

Do not edit
How to change the design

What challenges exist in rural healthcare?

ⓘ The Slido app must be installed on every computer you're presenting from

slido



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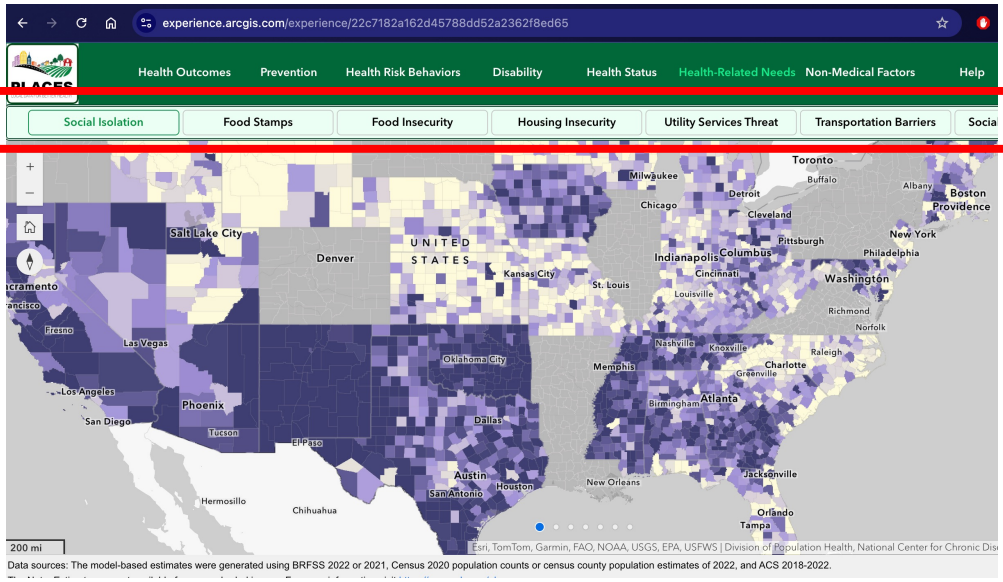
PLACES. www.cdc.gov/places. Accessed May 7, 2026.



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PLACES. www.cdc.gov/places. Accessed May 7, 2026.

Business Development

Questions I recommend asking yourself, your leadership, and your staff:

1. What care gaps exist in our pharmacies' communities?
2. What relationships do we have in our pharmacies' communities?
3. What resources and offerings do we have in our pharmacies that someone may purchase?

Business Development

Words of Encouragement

- ***Relationships matter, and we are often better at relationship-based sales than we give ourselves credit for.***

- **Example Targets:**
  - Local Public Health Departments
  - Community Health Centers
  - Rural Health Clinics
  - Hospitals
  - State Departments of Health
  - Employers
  - Medicaid Programs
  - Managed Care Organizations
  - Medicare Advantage Plans
  - Trade Associations
  - Drug Manufacturers
  - Etc.

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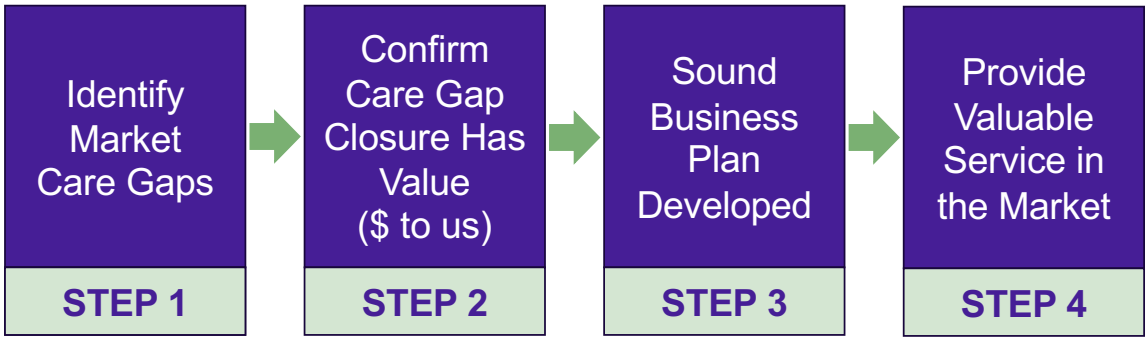
Bottom Line?

Is This Service a Pharmacy Opportunity or a Pharmacy *Network* Opportunity?

Services Business Planning

Our Service Opportunity Determination Logic



Services Business Planning

With This Logic We Often Find…

The service is *REIMBURSABLE* but not *PROFITABLE*

"Grants"

Internally, we categorize all service funding not broadly available as "grant" funding

Pharmacy Opportunities:

- Local Public Health Department
- State Department of Health
- State Trade Association
- Community-Based Organization
- Write Applications After Becoming a Vendor with the State

Network Opportunities:

- National Trade Association
- CPESN
- Life Sciences/Drug Manufacturers
- State Government Programs
- Federal Government Programs
- Foundations

CPESN: Community Pharmacy Enhanced Services Network

Fee for Service *(topic for another day)*

Service assessment is very region, state, and payer/purchaser specific.

Fee for Service *(topic for another day)*

Service assessment is very region, state, and payer/purchaser specific.

What *IS* consistent across all regions, states, & payer/purchasers:

Care Coordination.

Care Coordination

*"Care coordination, a key element for delivery of quality primary care, involves **deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care** to achieve safer and more effective care. This means that the **patient's needs and preferences are known ahead of time and communicated at the right time to the right people across units or sites of care** to provide safe, appropriate, and effective care to the patient."*

Who purchases "Care Coordination"?

- Managed Care Organizations (MCOs)
- Medicare Advantage Prescription Drug Plans (MA-PDs)
- Medicaid
- Rural Health Clinics (RHCs)
- Community Health Centers (CHCs)
- Etc.

www.ahrq.gov/ncepcr/care/coordination.html

Rural Health Transformation

Transforming Rural Healthcare in America

The Rural Health Transformation (RHT) Program was authorized by the One Big Beautiful Bill Act (Section 71401 of Public Law 119-21) and empowers states to strengthen rural communities across America by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem. Through innovative system-wide change, the RHT Program invests in the rural healthcare delivery ecosystem for future generations.

Additional information on how to apply for RHT Program funding will be released via a Notice of Funding Opportunity (NOFO), and funding will be distributed in the form of a cooperative agreement.

Make rural America healthy again

Support rural health innovations and new access points to promote preventative health and address root causes of diseases. Projects will use evidence-based, outcomes-driven interventions to improve disease prevention, chronic disease management, behavioral health, and prenatal care.

Sustainable access

Help rural providers become long-term access points for care by improving efficiency and sustainability. With RHT Program support, rural facilities work together — or with high-quality regional systems — to share or coordinate operations, technology, primary and specialty care, and emergency services.

Workforce development

Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities. Help rural providers practice at the top of their license and develop a broader set of providers to serve a rural community's needs, such as community health workers, pharmacists, and individuals trained to help patients navigate the healthcare system.

Innovative care

Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements. Develop and implement payment mechanisms incentivizing providers or Accountable Care Organizations (ACOs) to reduce health care costs, improve quality of care, and shift care to lower cost settings.

Tech innovation

Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients. Projects support access to remote care, improve data sharing, strengthen cybersecurity, and invest in emerging technologies.

www.cms.gov/priorities/rural-health-transformation-rht-program/overview

Rural Health Transformation

Program Structure

RHT Program funding is $50 billion to be allocated to approved States over five fiscal years, with $10 billion of funding available each fiscal year, beginning in fiscal year 2026 and ending in fiscal year 2030.

- 50% to be distributed equally amongst all approved States
- 50% will be allocated by CMS based on a variety of factors including rural population, the proportion of rural health facilities in the State, the situation of certain hospitals in the State, and other factors to be specified by CMS in the NOFO

	Year 1	Year 2	Year 3	Year 4	Year 5	5 Year Total
National Rural Health Transformation Fund	$ 10,000,000,000	$ 10,000,000,000	$ 10,000,000,000	$ 10,000,000,000	$ 10,000,000,000	$ 50,000,000,000
State Based Fixed Fund Total	$ 5,000,000,000	$ 5,000,000,000	$ 5,000,000,000	$ 5,000,000,000	$ 5,000,000,000	$ 25,000,000,000
State Based Competitive Fund Total	$ 5,000,000,000	$ 5,000,000,000	$ 5,000,000,000	$ 5,000,000,000	$ 5,000,000,000	$ 25,000,000,000
Total Fixed Amount per State	$ 100,000,000	$ 100,000,000	$ 100,000,000	$ 100,000,000	$ 100,000,000	$ 500,000,000

www.cms.gov/priorities/rural-health-transformation-rht-program/overview

Rural Health Transformation

Funding Sources

Use funding to pay for…

- ✓ Transformation of care delivery
- ✓ Improved access to, quality of, and cost of healthcare in rural America
- ✓ Expanded or enhanced services but not duplicate programs
- ✓ Technological & infrastructure investments and startup costs that will have sustainable impact beyond the end of the program

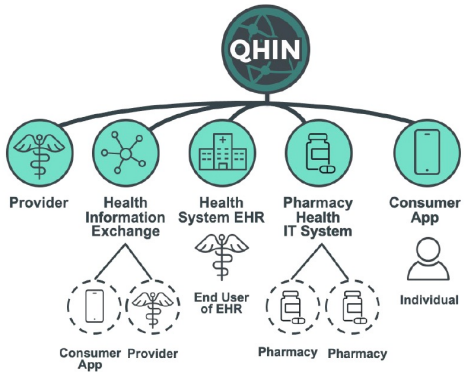
Do not use funding to pay for…

- ✕ New construction
- ✕ Clinical services that duplicate billable services and/or attempt to change payment amounts of existing fee schedules
- ✕ Other specified limitations outlined in the NOFO

www.cms.gov/files/document/rht-program-applicants-webinar-presentation.pdf

Rural Health Transformation

Example of QHIN, Participants, and Subparticipants



In this example, the QHIN supports a broad range of different Participants, including a provider, a health information exchange (HIE), an Electronic Health Record (EHR) system, a pharmacy health information technology (IT) system, and a consumer application that is an Individual Access Services (IAS) Provider.

The members of the HIE and the pharmacy health IT system are Subparticipants.

Individuals can connect to QHINs, Participants, and Subparticipants that choose to be IAS Providers. In this example, one consumer app is a Participant of the QHIN and another consumer app is a Subparticipant of the HIE.

QHIN: Qualified Health Information Network
User's Guide to the Trusted Exchange Framework and Common Agreement – TEFCA; January 2022;
Visit www.RCE.SequoiaProject.org to view the Common Agreement Version 1.

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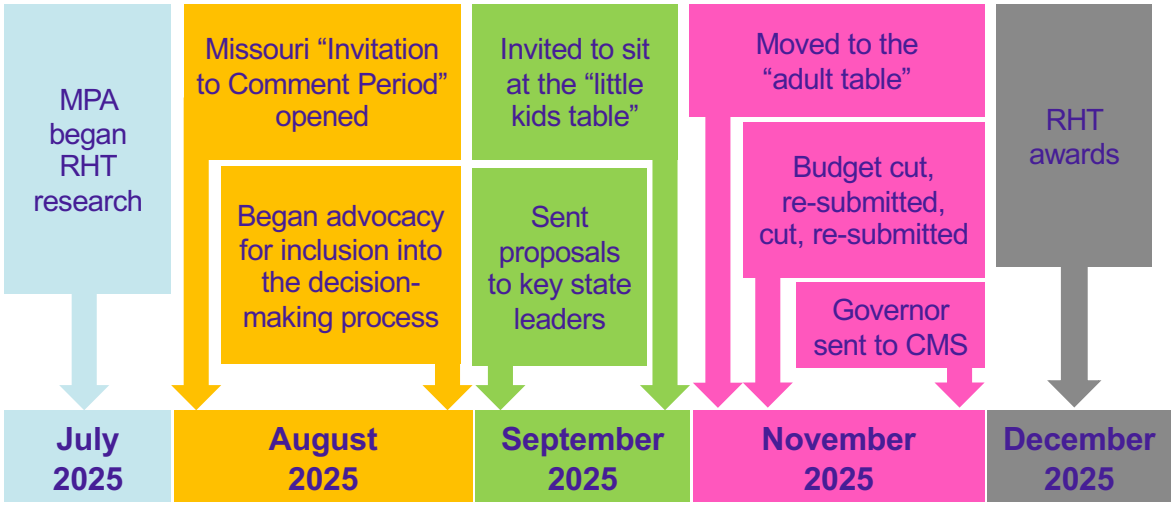
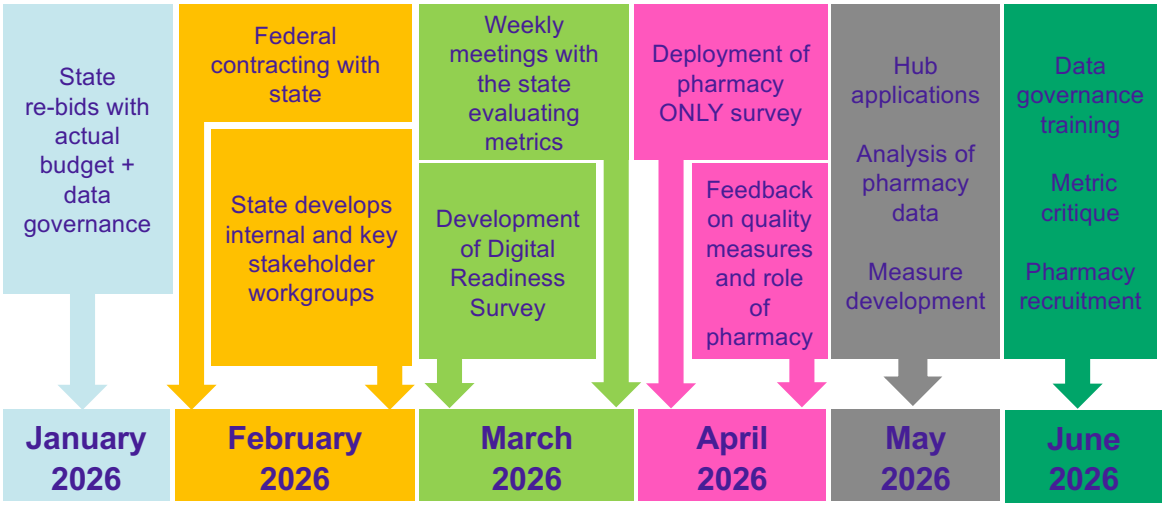
Case Example: Rural Health Transformation Missouri

Missouri - Rural Health Transformation



MPA: Missouri Pharmacists Association

Missouri - Rural Health Transformation



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Case Example: Rural Health Transformation Alabama

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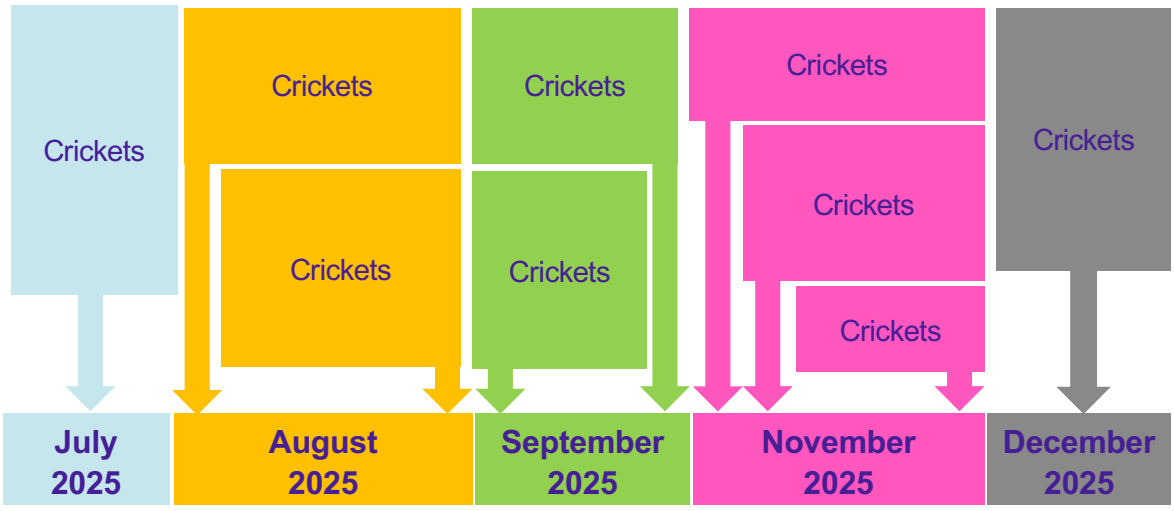
Alabama - Rural Health Transformation



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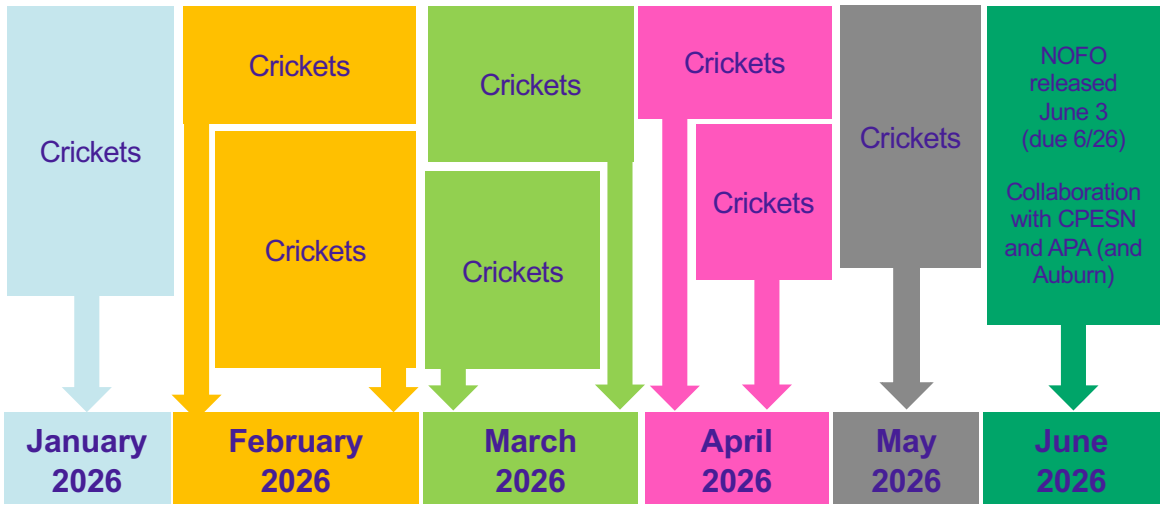
Alabama - Rural Health Transformation



APA: Alabama Pharmacists Association

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Key Takeaways

Rural Health Transformation

- RHT is a state opportunity, not a network opportunity
- In-state relationships have proven very important
- A centralized voice for “pharmacy” opens doors
- If “pharmacy” doesn’t “participate,” then pharmacy is excluded
- Areas where pharmacy can “participate”:

Pharmacy Data Interoperability	Rural Care Access Points	Care Coordination & Gap Closure	Collaboration With Other Provider Types

The National Landscape Snapshot

- Data is the most valuable commodity within pharmacies right now
- RHT is funding data infrastructure ASAP
- CHWs and pharmacies are a unique combination of provider and access to provide care (***and data***)
- Pivot the narrative from ‘how do I bill for…’ to ‘how do we sustain services for…’
  - Marketing/language matters – it’s not ‘delivery,’ it’s ‘access to care’
- **N = 1 will not survive**

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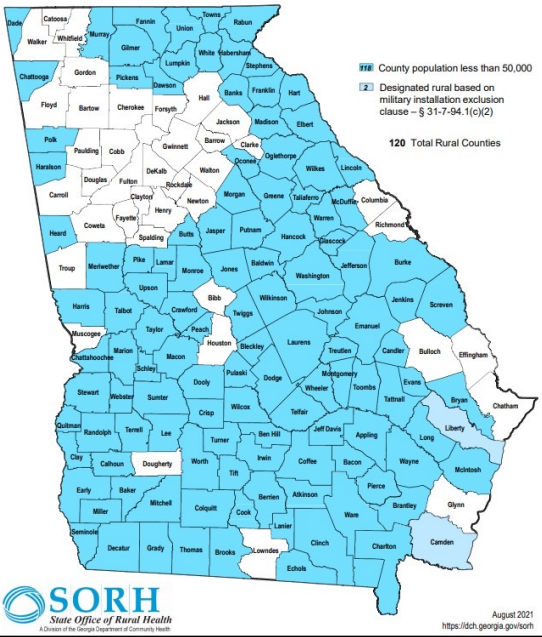
From Rural Health Gaps to Pharmacy Action

Georgia Rural Counties

Rural Hospital Organization Assistance Act of 2017



SORH
State Office of Rural Health
A Division of the Georgia Department of Community Health

August 2021
https://dch.georgia.gov/sorh

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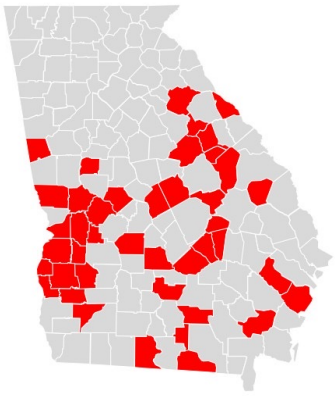
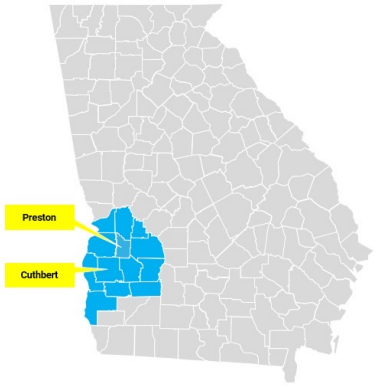
Georgia Pharmacy Landscape

Counties With No Chain Pharmacy



Counties With No Pharmacy

Patients Served



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www.ruralga.org/post/rural-pharmacies-and-patients-at-risk-pbm-practices-pose-risks-to-independent-pharmacies

My Pharmacy, My Community

Adams Family Pharmacy

Adams Family Pharmacy

6381 Hamilton Street
Preston, Georgia 31824
(229) 828-2273

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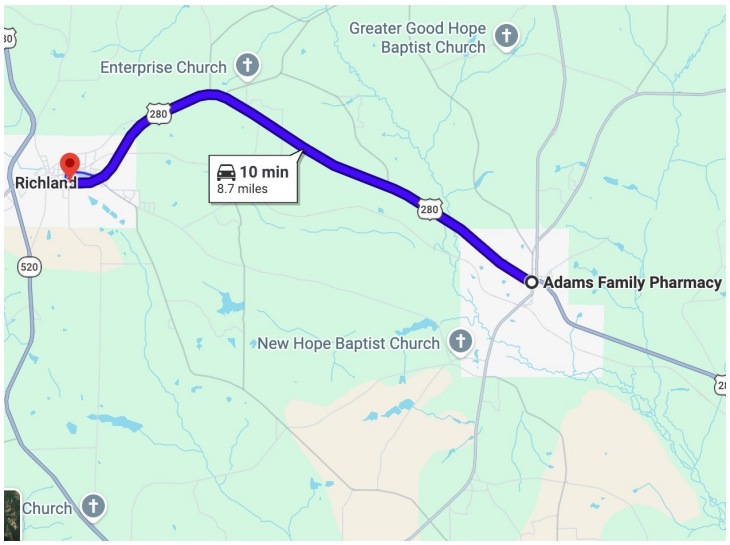
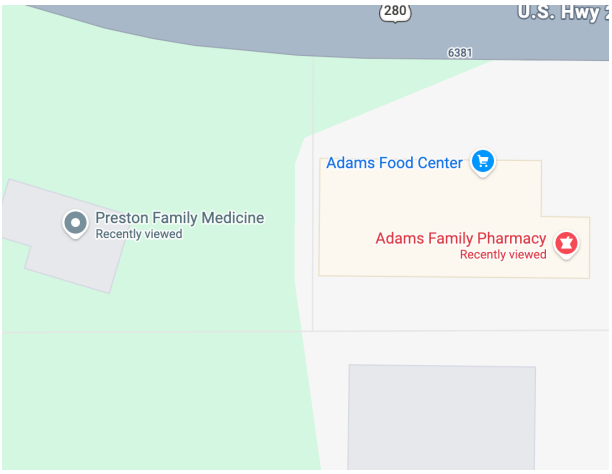
My Pharmacy, My Community



My Pharmacy, My Community



Pharmacists: Community Health Workers Before It Was Cool.

Why Making Friends Improves Patient Care

Become BFFs with other providers

Why Making Friends Improves Patient Care

- Become BFFs with other providers
- Know who holds the CON keys in your counties

CON: Certificate of Need

Why Making Friends Improves Patient Care

- Become BFFs with other providers
- Know who holds the CON keys in your counties
- How will your patients get to where they need to go?

Why Making Friends Improves Patient Care

- Become BFFs with other providers
- Know who holds the CON keys in your counties
- How will your patients get to where they need to go?
- How can you meet the patients where they are?

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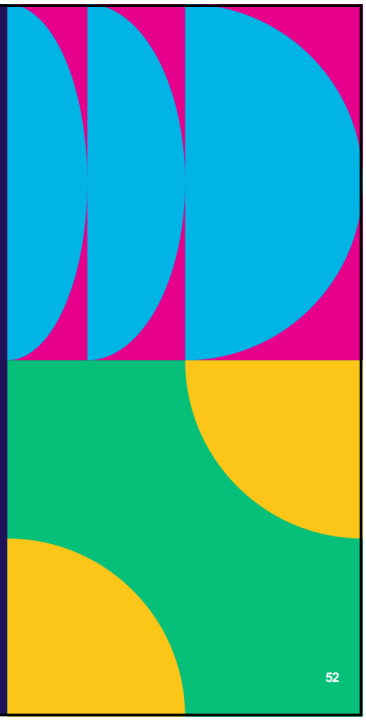
Next Steps



Sustainability Is Broader Than Billing

- Direct CHW billing may vary by state, payer, and program
- Sustainability may come through grants, network programs, public health projects, payer/provider partnerships, or contracts
- Some value may be indirect
  - Improved engagement
  - Reduced care gaps
  - Stronger referral relationships
  - Better continuity of care
- Start by defining the community need and partner value before assuming a payment pathway
- Revenue models for pharmacies should include:
  - Product
  - Service
  - ***Data***

Map One Partnership Opportunity

Choose One Potential Opportunity for Your Pharmacy and Evaluate:

- ❑ **Community Need:** What gap are we trying to address? Is there a RHT NOFO/RFP?
- ❑ **Right Partner:** Who also cares about this problem? Community-based org, university, etc.?
- ❑ **Pharmacy Role:** What are we doing now that no one knows about?
- ❑ **Workflow Fit:** What's the best way to document and transmit?
- ❑ **First Step:** Make a list of community partners and evaluate RHT funding – ***NOW***.

RFP: Request for Proposal

Questions?