

SECTION 1

ACCESS

Access to care is fundamental in allowing patients to achieve successful outcomes. Access may be defined as reaching necessary providers and being able to pay for the care needed. Patient-centered medical homes (PCMH) and neighborhoods focus on the needs of patients as a central component to delivery of care. This may include multidisciplinary team-based care, email communication directly with providers, and flexibility through extended hours or seven-days a week appointment options. PCMH provide key components for coordination of patient care and are usually a component of Accountable Care Organizations (ACOs) discussed in **Section 2**.

Providers must be prepared for patient-centered collaborative care. Successful patient outcomes must be achieved regardless of the patient's health literacy, health status, and socioeconomic considerations. Studies have shown that a positive relationship exists between health literacy levels and an individual's knowledge of available health services and payment, and results in improved overall health outcomes.¹ Individuals who understand their payer coverage are more likely to successfully navigate their financial benefits. Providers, including pharmacists, can help bridge the literacy gaps that may exist between patients and payers.

Pharmacists can clinically and financially assist patients with low health literacy. Community pharmacists are an easily accessible source of clinical knowledge. They may assist patients transition home after an inpatient stay, including navigating new providers and understanding the care necessary for a new diagnosis. The ability to consider the economic, social and cultural issues of the patient population they serve will likely increase pharmacists' success and satisfaction with their profession.

Ultimately, pharmacists have the clinical knowledge to meet heightened demands for patient-centered care and contribute to the growing need for access, cost, and quality-minded health care providers. They will have interactions with different types of providers. These interactions range from providing education, recommending drug therapy, or answering questions. In general, interactions are for the ultimate benefit of the patients and are aimed at improving patient care.

REFERENCES

1. DeWalt DA, Berkman ND, Sheridan S, Lohr KN, Pignone MP. Literacy and health outcomes: a systematic review of the literature. *J Gen Intern Med.* 2004; 19(12): 1228-39. <https://perma.cc/5NLW-A63H>