

# PHARMACY PRACTICE NEWS

Operations & Management

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## ‘Shark Tank’ VA Pharm Finalists Help PCPs Focus on Acute Care

*By Karen Blum*

In 2014, the primary care clinic at the William S. Middleton Memorial Veterans Hospital, in Madison, Wis., was in a bind. Six of its 30 primary care providers (PCPs) left the practice within a short time to retire or take on other positions, leaving low morale and the remaining staff struggling to serve the patients. On top of that, this was around the same time that VA hospitals in Phoenix and other cities came under fire for their long wait times for patients to see physicians.



Clinical pharmacist specialist Daniel Langenburg, PharmD, works with a patient as part of a primary care provider “extender” program.

But with creative restructuring of staff, including hiring additional clinical pharmacy specialists to help manage patients with chronic diseases, the clinic has improved employee satisfaction and opened up same-day access for new and existing patients. The

Patient Aligned Care Team (PACT) program, through which clinical pharmacy specialists took over more than one-fourth of primary care appointments, has been so successful that it was one of 13 finalists in a national “Shark Tank”-style VA competition of innovative ideas to improve access. The program is now considered one of the VA’s “gold status” projects to be replicated at other centers.

“It’s been sort of a whirlwind, but it’s been really exciting,” said Ellina Seckel, PharmD, the PACT program manager at the hospital. “I don’t know of any other time that a front-line employee has so quickly been able to have work recognized, and then also to become a mentor for other sites and have this practice be spread intentionally across the system.”

#### ADVERTISEMENT

### **Demand Grows for Pharmacists**

The hospital program’s success resulted from a chain of processes.

While brainstorming ways to recover from the 2014 staff departures, the remaining employees compiled a wish list of items that, if implemented, could help improve access for patients. “It became very clear that part of that list could be accomplished by increasing the number of pharmacists, because they had skills in those areas,” said Alan Bridges, MD, the hospital’s chief of staff.

Pharmacists within the VA system who have the appropriate education and training are authorized to write prescriptions for diseases they manage, Dr. Seckel noted. She explained that although some of the participating pharmacists had residency training in order to reach this scope of practice, a residency is not required; rather, “it is one modality by which appropriate education and training is obtained.”

In August that year, the Veterans’ Access to Care through Choice, Accountability, and Transparency Act (H.R. 3230), passed by the House and Senate, allocated \$16 billion in supplemental funding for the VA, including \$6 billion to increase the number of VA staff system-wide. Dr. Bridges and his colleagues used some of their approximately \$2 million share to bring on four clinical pharmacy specialists (total to 6.7 full-time employees) as well as additional nursing staff and gap provider teams to back up providers on vacation or on leave for other reasons.

Dr. Seckel, who completed two years of postdoctoral residency training in primary care and clinical leadership, directed the pharmacist efforts starting in July 2015. What stands out about the program, which assigned one clinical pharmacy specialist to every three PCPs, “is the way we use our pharmacists in primary care really to the top of their scope and abilities,” she said, with pharmacists managing patients with chronic diseases such as hypertension, diabetes, gout, thyroid disease, vitamin deficiencies, osteoporosis, high cholesterol or benign prostatic hyperplasia autonomously within a team including the physician and nurses. Once a patient receives an initial diagnosis and any necessary initial prescriptions, the pharmacist assumes care of the patient, including adjusting medicines as needed, freeing up physicians to see patients with acute or diagnostic needs. All visits are documented in the electronic health record, and teams meet weekly or as needed to share patient updates.

#### **PACT Pharmacist Positives**

**13.8% ↑**

in chronic diseases clinic use

Saved PCPs

**20 minutes**

on average for every new patient

Took over

**27%**

of follow-up appointments.

PCPs unanimously requested more pharmacists, yielding

**4.0 new PACT**

clinical pharmacy specialists.

Source: Ellina Seckel, PharmD

The program was built through a four-step process, Dr. Seckel said. First, she conducted an educational campaign, explaining the clinical pharmacy specialists’ abilities at staff meetings and preparing a handout with the specialists’ names and photos.

“Since this is a role for pharmacists that is very different from what people believe pharmacists do or see in the private sector, it was really important that all of our PCPs and everyone on the teams understood what the pharmacists were capable of,” she said. “This resulted in a 14% increase in referrals to the pharmacists. Just by educating our teams, we saw them sending more patients.”

Next, they assigned the clinical pharmacy specialists to specific teams and positioned these specialists in the main clinic so they were within the same physical space as the primary care teams. Surveys to assess how the teams were responding to the clinical pharmacy specialists demonstrated a significant increase in satisfaction: 90% of the PCP

respondents noted an increase in satisfaction with the addition of more PACT pharmacist support, Dr. Seckel noted. Others reported enhanced communication and morale after adding the specialists.

The third intervention involved having clinical pharmacy specialists call all new patients a week before their first appointment. During these calls, the specialists take a medical history and do any necessary medication reconciliation to compile an accurate medication list. The pharmacists also switch any medications not on the VA formulary to equivalent alternatives that are on formulary. In addition, they preorder laboratory tests so PCPs have those results at the time of the visit, and in some cases such as diabetics with uncontrolled blood sugar, they make medication changes so “when [patients] see their PCP, they’re cleaned up, tuned and ready to go,” Dr. Seckel said.

“What we found is that this phone call priming saves 20 minutes on average for every new patient visit,” she noted. “That’s 20 minutes that the PCPs can then reallocate to other patients with acute needs, or address other issues they have to deal with throughout the day.”

Lastly, Dr. Seckel and her colleagues tracked how many appointments the pharmacists could see for the PCPs, looking at notes for patients needing follow-up appointments for chronic disease management and, with the approval of the PCP, assumed care for these patients. Ultimately, the pharmacists took over 27% of follow-up appointments.

The feedback from the PCPs “has been outstanding,” Dr. Bridges said (sidebar). “They love having the assistance of the clinical pharmacy specialists, and they know that their patients are getting better care because there’s improved access.”

Although there was some initial concern about causing confusion among patients, explaining that she is a pharmacist working as part of a team to manage their care puts patients at ease, Dr. Seckel said.

“I have a lot of patients who call me Dr. Pharmacist Ellina or pharmacy doctor,” she said. “It’s really a transformative way to deliver care. Patients know they’re supported by a whole team of providers, so they really enjoy it and love the relationships they can create.”

Then, last November, as the program was taking off, Dr. Seckel saw an email from the VA announcing a “Shark Tank”-style best-of-breed competition requesting that employees submit promising practices that improved access, care provision or employee engagement. Dr. Seckel sent a quick summary, and then a couple of months later received another email saying her project had made the top 40 of more than 250 submissions.

From there, Dr. Seckel participated in several additional competitive rounds. First, she had to create a two-minute video about PACT and participate in a 30-minute telephone interview, which advanced the program to the top 20. Finally, she created a three-slide PowerPoint presentation and participated in an online conference with the other 19 finalists and 40 medical center directors who served as the “sharks.” These officials bid resources, such as costs for one employee to implement a project at their own site. The 13 projects receiving the most bids, including Dr. Seckel’s, are now considered gold status projects supported by the VA.

Through the bidding process, the medical center director at the VA health system in El Paso, Texas, was inspired by PACT enough to put her in touch with Lawrence Salvatti, PharmD, a clinical pharmacist specialist in his system. Dr. Seckel met with Dr. Salvatti and traveled there to help set up a similar pilot a few weeks ago.

Dr. Salvatti said he and his pharmacist colleagues already were managing some chronic disease patients, but Dr. Seckel provided a streamlined way for them to expand in an organized manner, including a revised daily schedule to get more done efficiently each day. They too are now calling new patients before first clinic visits following a protocol similar to the Madison hospital, which saved 8.25 hours of time divided among three PCPs within the program’s first month.

“This is going to expand the role of the clinical pharmacist specialist by allowing for a much broader spectrum of chronic disease state services that we are already capable of providing,” he said. “Increasing the pharmacists’ role is taking advantage of a wealth of knowledge that is available to be utilized which will in turn lead to greater job satisfaction for the clinical specialist striving to do the most he or she can for the patient.” There are five clinical pharmacist specialists at his center currently.

Dr. Seckel said she has also heard from 25 other sites asking how to replicate the program at their centers. “It’s been exciting for me ... to see such an emphasis from national VA leaders in truly wanting to make things better. They’ve really put resources into making

sure this diffusion is successful,” such as hiring facilitators to participate in phone calls with the El Paso system, “and not just saying, ‘You guys go talk about it among yourselves and make it work.’

“It’s great to have the attention for our hospital but also a big win for the pharmacy profession to bring attention to what pharmacists are capable of with advanced training models, and then ultimately the ripple effect that this has on patients,” Dr. Seckel said. “Ultimately, that’s why we’re here. I’m just really excited to see this take off.”

## VA Pharms Get Rave Reviews From PCPs



Clinical Pharmacy specialists practicing in the Patient Aligned Care Team (PACT) program at the William S. Middleton Memorial Veterans Hospital, in Madison, Wis., have clearly won the hearts and minds of their primary care provider (PCP) and nurse colleagues. Here is a sampling of comments made by respondents to a survey conducted by the program's pharmacy coordinators:

*'Anita, just got your first pre-new visit drug review. That is GREAT! Tremendous help. Let me know if there is anyone I should email to let them know that this alone makes you worth your weight in gold. I.E. Thanks.'*

—Sean Alwin, MD

*'I just wanted to let you know—we have been LOVING [the] pharmacy presence in resident clinic. Our residents are getting great learning, our patients are getting increased access and the whole team is working well together. I sent several complicated pharmacy questions this week and got such detailed, appropriate patient management help. We are truly grateful!'*

—Christine Kolehmainen, MD

*'Here are my thoughts/observations on what's changed with the expanded [PACT] pharmacy role:*

- *Improved PACT huddles with more focus on data-driven changes for the panel and for individual patients.*
- *Decrease in patients with [hemoglobin] A1c >9%.*
- *Decrease in patients with high ASCVD [atherosclerotic cardiovascular disease] risk who are not on a statin.*
- *Improvement in prescription drug monitoring for patients using opioids*

- *Having the pharmacist perform followup appointments for titration of levothyroxine/alpha-blockers means the PCP does not have to see those patients. This allows the PCP to see other patients with acute issues.*
- *Decreased the amount of time I spend submitting NF [nonformulary] consults.'*

—Erinn Mullan, NP

*'I can't believe you guys. You would think that I'd be getting used to it by now. Andrea Jones just came in and offered me a cookie. She was beaming and said, "My" pharmacist brought them in. The nurses love you guys. The PCPs do too. Two days ago Polly Boynton said to me that "Ellina is my hero." You guys are really lifting peoples' spirits and making them happy to be part of the team. In my entire career, I have never seen four people come into a large group and energize it like you all have.'*

—Jean Montgomery, MD

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*The sources reported no relevant financial relationships.*