

Veterans Administration CMM Program Draws Rave Reviews from PCPs—Solving Problems and Increasing Access

One sure way for CMM providers to win the hearts and minds of primary care providers is to solve their problems. That's the approach Ellina Seckel, Pharm.D., BCACP, DPLA, and her team take at William S. Middleton Memorial Veterans Hospital.

The CMM approach there is called chronic disease-state medication management. Nationally in the VA, clinical pharmacy specialist (CPS) hold scopes of practices that allow them to have medication prescriptive authority and modify, start, stop and/or continue medications as per guideline recommendations and the CPS' clinical judgment. They also perform associated physical assessments, order lab tests and place consults for other services. At the Madison VA, CPSs are fully integrated into teams and have full ancillary support allowing them to optimize their time to focus on direct patient care.

Most referrals come from primary care providers; however, team nurses and schedulers also refer patients along with patient self-referral to see a CPS. They treat chronic diseases such as diabetes, hypertension, dyslipidemia, COPD, heart failure, alcohol use disorder, gout, hypothyroidism, BPH and vitamin deficiencies among other conditions. During these visits, chronic disease states are managed and polypharmacy is addressed as appropriate. In addition, there is a growing focus on deprescribing efforts with more appointments being scheduled solely to focus on tapering/discontinuing unnecessary medications.

Across all the primary care sites, there are 16 pharmacists, accounting for 9.3 FTEs. CMM patients are seen at the main hospital site in Madison and at a nearby clinic, but many receive care at one of the satellite sites termed "community based outpatient clinics" (CBOCs). The number of pharmacy students varies. Ten ambulatory care pharmacy residents devote about half their time to comprehensive medication management in primary care, while the rest of resident time is spent in specialty clinics. Medical and clerical staff support clinical pharmacy specialists as part of the larger primary care team.

AT A GLANCE

**William S. Middleton Memorial
Veterans Hospital**
Madison, WI

Person in charge: Ellina Seckel, Pharm.D., BCACP, DPLA

Organization type: VA outpatient ambulatory primary care clinics

Year CMM Launched: A residency program with pharmacy residents practicing CMM began over 30 years ago. In July 2015, the program expanded with additional permanent CPS FTE and transformed into a fully integrated team-based model of primary care co-located with the primary care physicians and other team members.

Number of pharmacists: 16 (9.3 FTEs)

Patient load: Each full-time pharmacist has about 50-60 appointments per week (80% telephone or video and 20% face-to-face).

Number of sites: Seven

Can patients self-refer? Yes

Notable findings:

- Primary care access has improved substantially: CMM services contributed to a 27% reduction in primary care workload, greatly expanding patient access. This earned the Madison VA a "National VA Diffusion of Excellence Gold Status Practice" designation.
- Subsequently, the Madison VA was recognized a second time through the National VA Diffusion of Excellence program for their COPD transitions of care program that significantly reduced COPD readmissions. Most recently, the Madison VA was recognized as a Clinical Pharmacy Practice Office (CPPO) PACT Clinical Pharmacy Platinum Practice.

Comprehensive Medication Management: In Practice

Fully integrated team-based care

Seckel's CMM program is fully integrated with the medical home. Her CPSs meet weekly with the rest of the primary care teams and share information about patients. Also, because they are fully integrated, the clinical pharmacy specialists have been trained to perform physical assessments, such as diabetic foot exams, abdominal palpations, checks for edema, etc.

Clinical outcomes have improved across the clinic, which can be attributed to CMM. Among these are patients with

controlled blood pressure—an average of 7% more patients reaching goals across sites—and significant improvements in patients with uncontrolled diabetes (A1C>9)—an average of 9.5% more patients controlled across sites. Morale and satisfaction have increased among patients and providers, while the program is garnering praise from others on the team. Across all settings, primary care providers consistently share stories of benefit and praise for their CPS team members.

Making a difference: addressing the primary care shortage

Of particular note, Seckel demonstrated that CMM services contributed to an astounding 27% reduction in primary care workload. This integration of CPS into primary care led to significantly increased access in primary care provider schedules. CPSs were able to manage the chronic disease patients, leaving appointment spots open for primary care providers to see more patients with acute or diagnostic needs. More than 250 innovations and improvements were submitted throughout the VA medical facilities in 2015

as part of an effort to replicate and adapt best practices. The VA recognized their CMM practice—one of only 13 selected—making Seckel a “Gold Status Fellow” and the Increasing Access to Primary Care with Pharmacist Providers a “Gold Status Practice.” Since then, with the support of the national Clinical Pharmacy Practice Office (CPPO), the Madison VA practice model has been spread to over 20 other VA sites nationally.

Success factors

Seckel cited three factors contributing to program success.

1. CPSs practicing to the top of their abilities allowing for direct patient care appointments;
2. Full integration within the primary care team;
3. Scope of practice (broad practice agreement).

Seckel shared some of the many provider comments received:

“I can't believe you guys. You would think that I'd be getting used to it by now. [...] The nurses love you guys. The PCPs do, too.”

— Jean Montgomery, MD

“Basically, everyone on the team is functioning at a higher level with pharmacy involvement. [Our pharmacist] brings us the data, and we decide which areas to hit when. It's been super helpful in assisting me to identify where the biggest problem areas are for my team.”

— Erinn Mullan, NP

Lessons learned

1. **Solve problems.** Align CPS direct patient care efforts with a gap or problem needing to be solved.
2. **Relationships are important.** “That means every single person on the team,” Seckel said. It is important to also cultivate relationships with institutional leadership: They need to know you are there to improve clinical outcomes.
3. **Set clear strategic directions.** Create a strategic plan within the clinical pharmacy team and make sure that everyone shares the same vision. “Do a needs assessment with the whole primary care team, then hold a strategic planning session with the clinical pharmacy specialists to react to the needs assessment and create a plan for the future.” We conduct these strategic planning sessions once every one to two years.



Get the medications right

344 Maple Ave. W
Suite 247
Vienna, VA 22180

gtmr.org | info@gtmr.org | (703) 394-5398