

January/February 2023



# The Journal

of the Pharmacy Society of Wisconsin



**PSW** IS PART OF  
**YOUR STORY**



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# The Journal

of the Pharmacy Society of Wisconsin

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## UpFront: Why We Tell Stories

by Sarah Sorum, PharmD

**W**e don't remember what people say, but how they made us feel. Stories elicit feelings; they are memorable. They engage our emotions more than any other form of communication. Stories engage our senses, bring us closer together, and move us to feel and act. Audiences are far more moved by stories than by data. It is for these reasons that stories are used to transfer our emotion over to our audiences. Through a story, we can convey our message in a lasting way.

Think of the messages we want to communicate to patients, legislators, and other health care professionals. Think of the messages we want to communicate to future pharmacy professionals about our passion for patient care. Let's tell our stories!

This fall, the PSW Board of Directors, at their annual planning retreat, took time to learn about storytelling.

### How Do We Tell a Good Story?

Key questions you should use in crafting your story:

- Who is your audience?
- After you have shared your story, what do you want your audience to think, feel, and do?
- Who or what will be the main character? (Which character will relate best to your audience?)
- What is the obstacle your main character needs to overcome? (The external conflict)
- What are some unique details that can illustrate your main character's problem?
- What does your pharmacy practice site do to help alleviate the problem?
- How does your main character mentally cope with the situation? (The internal conflict)
- What is your call to action from your audience? (Should the patient use your pharmacy? Should the high school student go into pharmacy school? Should the pharmacy student do a residency with you? What legislation should the legislator

support/oppose? What program should be implemented?)

### We can also share stories of our PSW involvement

I joined the PSW staff in 2007. I was just two years out of school. My now-husband Matt and I had just gotten engaged and were busy planning a wedding. We were living in an apartment right by PSW and both still had student loans. I was hungry to advance in my career and eager for learning and mentorship opportunities. I looked at pharmacy award recipients, speakers, and other leaders as individuals to emulate. In order to succeed in pharmacy leadership, I felt I needed to adopt their mannerisms, attend the meetings they attended (staying up as late as they did), hold the viewpoints they held, and work the hours that they worked.

But the problem was, their mannerisms, viewpoints, and approaches to networking—as mainly extroverts—were not authentic to me. It wasn't until I watched a TED Talk on the power of introverts (shared by a PSW member I was connected with on LinkedIn) that I recognized the power in being authentically me. I didn't need to emulate others to be a strong leader; I needed to tap into my strengths to lead. My leadership was going to look different.

By being connected with a community through PSW, I've grabbed bite-sized information from social media posts, from speakers, from hallway conversations, from email exchanges. This involvement in PSW has shaped who I am.

By opening up and being vulnerable, sharing my insecurities and discomforts, I am able to connect with PSW Board members, other leaders, and students. I now feel that I have a story to share and that my experience in growing my confidence can help others. I openly share my story. By being connected with others whose leadership styles look different, I've become more confident in my uniqueness.

**What can you accomplish by sharing your story? Who can you inspire?**

---

Sarah Sorum is the Executive Vice President & CEO at the Pharmacy Society of Wisconsin in Madison, WI.

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# 2023 PSW CONFERENCES

## 2023 PSW LEGISLATIVE DAY

Thursday, March 30, 2023  
Monona Terrace Convention Center Madison



## 2023 PSW EDUCATIONAL CONFERENCE

April 18-19, 2023  
Monona Terrace Convention Center, Madison

**CHAMPIONS OF CHANGE**

*Blazing a Trail*

## 2023 PSW ANNUAL MEETING

*Soaring to New Heights*



Thursday-Saturday, August 24-26, 2023

La Crosse Center, La Crosse

## Letter From the Editors: Reflections and Gratitude

by Amanda Margolis, PharmD, MS, BCACP, Michael Nagy, PharmD, BCACP

**T**his year, *JPSW* conducted 34 peer reviews among 49 peer reviewers. *JPSW* peer reviewers are volunteers and are committed to ensuring that high-quality articles are published in *The Journal*. Without this volunteer effort, *JPSW* would not be the publication it is today. Please join me in thanking our 2022 peer reviewers!

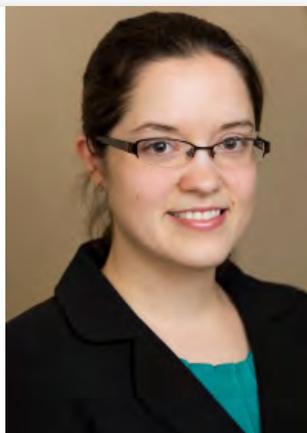
In addition to peer reviewers, *JPSW* requires a significant level of other volunteer support. This includes our authors, peer-review coordinators, and series coordinators, just to name a few. Lastly, we appreciate the guidance and insight the *JPSW* Editorial Advisory Committee consistently offers to improve *The Journal*.

We highly value our role in guiding and offering publishing opportunities to new authors. To that end, this year we focused on the creation of the Emerging Writers Course. This course contains 8 modules, each 20-30 minutes long, which are designed for students, residents, and new writers interested in contributing to *JPSW* and other journals. We thank the content creators and encourage you to review the modules and share them with your trainees.

As the beginning of the year is often a time of reflection, we asked the PSW staff to share what they were passionate about and what excited them in their work for PSW. Here are the responses from the *JPSW* editorial staff:

### Amanda Margolis, Pharmacist Editor of *JPSW*

I am passionate about sharing pharmacist stories and achievements for the betterment of the profession of pharmacy. That is why I have guided *JPSW* to being online with a focus on open access and sharing of information, to widely share innovations and patient improvements beyond PSW readership.



### Michael Nagy, Associate Editor of *JPSW*

As a new staff member for *JPSW*, it excites me to interact with all levels of writers (students, residents, interprofessional colleagues, and new and experienced pharmacy technicians and pharmacists) to provide an opportunity to develop writing skills and provide guidance along their professional journey. I look forward to connecting with all the members and partners of the Pharmacy Society of Wisconsin.



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**Megan Grant, Managing Editor & Creative Content Director of JPSW**

The best part of my job is the opportunity to showcase the amazing work that PSW members do throughout the state in innovative and creative ways. Connecting members from across practice settings, experience levels, and diverse backgrounds—through *The Journal*, PSW conferences, social media, and grant work—is what makes Wisconsin pharmacy the best of the best. I am honored to share that message through printed materials and social media channels, and in *JPSW*.

Be sure to check out the reflections of the PSW staff on page 7 & 8! Please enjoy our yearly update from PSW, and we wish you a happy 2023.

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Amanda Margolis is an Assistant Professor at the University of Wisconsin-Madison School of Pharmacy in Madison, WI. Michael Nagy is an Assistant Professor at the Medical College of Wisconsin School of Pharmacy in Milwaukee, WI.

**Jennifer Pitterle, Copy Editor for JPSW**

As a layperson, I love learning about the new and interesting work happening in the pharmacy community, and thinking about how I can help make that information accessible and friendly to a broad readership. On a more personal level, one of my children was recently diagnosed with an autoimmune disease, and it's been fascinating to come across information in *The Journal* about her condition and her medications.



**2022 Peer Reviewers**

- |                     |                        |                    |                        |
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| Barry Gidal         | Ed Portillo            |                    |                        |
| Brianna Glynn       | Ryan Servais           |                    |                        |

**Thank you!**

## 2023 Staff Spotlight: Reflections and Gratitude



**Danielle Womack, Vice President of Public Affairs**

As a non-pharmacist staff member, I am often asked what motivates me to advocate for pro-pharmacy policy changes. I see pharmacists as critical healthcare team members whose medication expertise plays a vital role in health outcomes for individuals, as well as population and public health efforts. I love working with our members to identify areas in which pharmacists and pharmacy teams can better the lives of their patients and communities.



**Kari Trapskin, Senior Vice President of Practice Transformation**

I feel fortunate and privileged to be able to support PSW members in different practice settings advance their practices through WPQC, CPESN, and provider status implementation. Connecting pharmacist, technician, and student members (and other members!) with resources is energizing, particularly when interprofessional collaborations develop. I feel a lot of pride when members share stories about interactions with patients, community organizations, and prescribers that were facilitated through programs that PSW supports.

**Ellen Brummel, Director of Membership & Events**

I feel passionate about providing members with meaningful, easy, and fun ways to interact with PSW. This includes creating conference experiences that are valuable and enjoyable, making conference registration and membership renewals effortless, and responding to members' questions or concerns promptly and positively whenever possible.



**Chad Nechvatal,**

The people. I've always been so impressed with the incredible people that are members of PSW. When a mission-driven organization is striving to achieve results for great people who become friends, it's no wonder PSW has become such an effective pharmacy family.

**Sarah Pagenkopf, Director of Professional & Educational Services**

I'm most excited to continue to support the work that PSW members have outlined, focused on creating more diverse, equitable, and inclusive opportunities for our membership. Everyone's journey is different; no path to and in pharmacy practice is the same for each individual. And in a space that is safe, supportive, and inclusive, we can learn from one another in ways that will most certainly help us make new and more thoughtful paths into the future. Focusing on diversity, inclusion, and equity helps all voices to be heard and acknowledged; it has the power to remove the weight of imposter syndrome felt by so many; and it inspires more compassionate and supportive care for one another and our patients. The work in DE&I inspires me as a PSW staffer, as a pharmacist, and as a person, while helping others to navigate their path to learning—I'm crafting my own path, inspired in each step as well.



**Helene McDowell, Director of Health Equity Programs & Outreach**

I am very excited about my work at PSW. I work primarily on our public health initiatives, whose aims are to assist underserved, diverse patient populations with complex health care needs. This work focuses on reducing social determinants of health barriers and improving patient global health outcomes, all with the overarching intention of supporting pharmacy practice and the pharmacist's role in chronic disease management. PSW is committed to this work that has proven to be so instrumental in improving patient access, health and literacy, while also providing diverse educational and programmatic opportunities for our members to advance their practice and best care for their patients.

**Ryan Psyck, Grants and Contracts Specialist**

I'm always excited to help organize and coordinate PSW's meetings (Legislative Day, Educational Conference, and Annual Meeting). Getting to have everyone come together in one setting and provide them with a great experience as well as a great atmosphere is always a thrill.



**Kay Schell, Office Manager and Receptionist**

The most rewarding and exciting part of my job has been getting to know many PSW members over the years. I have the privilege of being the one to answer phones and help members with membership renewals, answering questions or directing them to other outstanding staff members who are best qualified to meet their needs. I look forward to getting to know more of our members that call the office or attend PSW conferences in the coming years.



# Successes from the Pharmacy-based Chronic Condition Management Program: 2019-2022

by Lena Swander, MPH, Helene McDowell, MS, Kari Trapskin, PharmD, Shelby Vadjunec, MPH

**M**anaging chronic conditions like hypertension, hyperlipidemia, diabetes, and prediabetes poses major challenges for patients, health care providers, and health insurers in Wisconsin. Community pharmacies participating in the Pharmacy Society of Wisconsin's (PSW) Wisconsin Pharmacy Quality Collaborative (WPQC) are readily positioned to improve chronic condition care and outcomes. PSW launched WPQC in 2008 to align incentives for pharmacies and health insurers. As of this writing, WPQC currently includes 176 WPQC-accredited pharmacies, 317 WPQC-certified pharmacists, and 32 technicians. WPQC-certified pharmacists complete training and receive certification to resolve drug therapy problems, improve adherence, and engage patients in their care through medication therapy management (MTM) service delivery.

MTM is an umbrella term for medication services that include, but are not limited to, comprehensive medication review/assessment (CMR/A), the creation of medication-related action plans, pharmacist referral or intervention, and documentation and follow-up.<sup>1</sup> Research shows that MTM can effectively improve clinical outcomes, including decreases in blood pressure and A1C levels, as well as increases in medication adherence.<sup>2-6</sup>

The Wisconsin Department of Health Services ForwardHealth (Medicaid) program offers an MTM benefit in the form of CMR/A services to eligible members.<sup>7</sup> WPQC certification is required for pharmacists to receive reimbursement from ForwardHealth for CMR/A services. This service involves a WPQC pharmacist evaluating a patient's health status and medications to identify and resolve medication-related issues. If the pharmacist and patient identify concerns, they work with the prescribing provider(s) to resolve them. Partnerships with the Wisconsin

Department of Health Services' Division of Medicaid, the Division of Public Health's Chronic Disease Prevention Program (CDPP), and support from federal and private grants over the last decade aided the promotion and expansion of WPQC programming and CMR/A service delivery. As of June 2022, 141 WPQC-certified pharmacists have received reimbursement from ForwardHealth for 5,028 CMR/A services provided.

In 2018, CDPP was awarded a five-year cooperative agreement from the Centers for Disease Control and Prevention with a focus on engaging pharmacists in MTM delivery to patients with hypertension, hyperlipidemia, diabetes, and prediabetes. CDPP partnered with PSW to design and implement a pharmacy-based chronic condition management program. The concept, implementation, and evaluation of our program was heavily informed by a hypertension-focused medication therapy management pilot implemented in 2017 in partnership with a health insurer, NeuGen. That pilot is summarized and evaluated by H. Thompson et al. in *Preventing Chronic Disease*.<sup>8</sup> The pharmacy-based chronic condition management program described and evaluated in this article also greatly benefitted from established, sound relationships among personnel representing public health, health insurers, and PSW's WPQC pharmacies and pharmacists in Wisconsin.

## Pharmacy-based Chronic Condition Management Program

### Design and Desired Outcomes

CDPP and PSW designed a three-part, iterative pharmacy-based chronic condition management program. Our program was implemented in 11 WPQC-certified pharmacies by 33 pharmacy staff across 10 counties from 2019 to 2022. In total, we documented engagement from 130 patients with prediabetes, diabetes, hypertension,

and/or hyperlipidemia.

Our desired outcomes remained the same across the program iterations, and include:

- Foster patient-pharmacist relationships
- Advance the role of pharmacists in chronic condition management and increase MTM/CMR/A service delivery
- Increase patient interest in diabetes prevention and management programs
- Increase understanding of disease states and positive change in health beliefs
- Increase blood pressure self-management behaviors
- Improve blood pressure readings
- Decrease medication adherence barriers

Our intent was to design a nimble program with the flexibility to change over time. Program elements for each iteration are detailed in Table 1.

### Rationale for an Iterative Design

Program changes between iterations were heavily influenced by the following factors:

- **Funding timeline and evaluation:** CDPP and PSW staff who designed this program envisioned that it would grow and mature over the five-year federal cooperative agreement funding period. Program changes were informed by continuous, rigorous evaluations performed throughout the cooperative agreement. We identified barriers to and successes with operationalizing our program, and routinely examined the unique situational needs of participating WPQC pharmacy staff and patients. For example, during the NeuGen co-morbidity pilot, we reduced the number of CMR/A encounters mid-program from four to two after pharmacists voiced difficulty in engaging patients and

concerns for staff capacity at the originally planned cadence (Table 1).

- COVID-19 pandemic impacts:** Program planning and implementation occurred throughout the initial COVID-19 response, so patient safety and pharmacy staff safety and capacity were primary concerns. Although we required pharmacists and patients to conduct initial CMR/A encounters in person to build patient trust and improve communication, we allowed telehealth delivery—either via HIPAA-compliant health video platform or telephone—for any additional encounters (Table 1). While telehealth offers some solutions for challenges experienced by patients (e.g.,

reducing potential COVID-19 exposure, or eliminating lengthy travel times to appointments), it also poses unique challenges (e.g., requires quality internet connection and technological literacy). To be cognizant of these challenges, we allowed pharmacists and patients to make case-by-case decisions about which CMR/A delivery type was most appropriate for follow-up encounters.

- Designing for unique pharmacy and patient needs:** Our program spanned urban and rural communities across Wisconsin, unique WPQC pharmacy environments with differing staff capacities, and patients with both public and commercial health

insurance coverage (Table 1). We tailored the program to the situational needs of each partner to ensure quality care and programmatic success.

#### WPQC Pharmacy and Patient Engagement

Strategies to engage WPQC pharmacies and patients in our program changed across iterations. However, some components are shared among all three. Across all program iterations, we:

- Used administrative health insurer claims data to identify patients with chronic conditions for patient outreach. Wisconsin ForwardHealth provides a monthly patient identification “push list,” which was used to identify eligible patients in the Medicaid-focused work.

**TABLE 1. Elements of the Three Iterations of our Pharmacist-based Chronic Condition Management Program**

Program Iteration	Partnering Organizations	Targeted Counties	WPQC Pharmacy Staff	WPQC Pharmacy Stipends and Reimbursement	Program Delivery Time-frame	Max CMR/A Encounters	No. Patients* and % of Total by Condition	Surveys Administered
<b>NeuGen Co-morbidity Pilot</b>	Wisconsin Department of Health Services Chronic Disease Prevention Program (CDPP), Pharmacy Society of Wisconsin (PSW), 9 WPQC pharmacies, NeuGen	Crawford, Eau Claire, Grant, Jackson, Langlade, Oconto, Sauk, Vernon	13 pharmacists 7 technicians 1 nurse	Administrative and technology stipends Per-patient, per-encounter payment	July to October 2019	<b>4 Total</b> 2 in-person, 2 phone-based. Reduced to 2 optional phone-based mid-pilot.	<b>Total: 62</b> Hypertension (HTN): 87% Hyperlipidemia (HLD): 52% Diabetes: 27% Prediabetes: 11%	<b>6 in SurveyMonkey®</b> 2 pharmacist-facing 4-patient facing
<b>Cardiovascular Disease (CVD) Program: cohort 1</b>	Wisconsin Department of Health Services Division of Medicaid Services (DMS) and ForwardHealth, CDPP, PSW, 6 WPQC pharmacies, Eau Claire City-County and Oneida County Health Departments	Eau Claire, Oneida	2 pharmacists 2 technicians	Administrative and technology stipends Per-patient, per-encounter payment ForwardHealth CMR/A reimbursement	April to December 2021	<b>3 Total</b> 2 in-person, 1 telehealth	<b>Total: 68</b> HTN: 75% HLD: 54% Diabetes: 65% Prediabetes: 6%	<b>6 in REDCap™</b> 2 pharmacist-facing 3 patient-facing 1 patient satisfaction
<b>CVD Program: cohort 2</b>	DMS and ForwardHealth, CDPP, PSW, 2 WPQC pharmacies, Brown County Health Department	Brown	6 pharmacists 2 technicians		February to June 2022	<b>2 Total</b> 1 in-person, 1 in-person or telehealth. (1 optional brief phone call in between.)		<b>5 in REDCap™</b> 2 pharmacist-facing 2 patient-facing 1 patient satisfaction

\*Represents those with patient-facing survey data with complete chronic condition fields at initial CMR/A encounter.

- Made administrative, technology, and per-patient per-encounter stipends available to pharmacies to offset start-up costs (Table 1).
- Allowed patients participating in at least two CMR/A encounters to be eligible for two \$25 gift cards to a local gas station/convenience store awarded at each encounter.
- Educated pharmacy staff on our program's design, desired outcomes, and WPQC resources specific to diabetes, hypertension, hyperlipidemia, and prediabetes to facilitate tailored patient care.
- Engaged decision-makers at each partnering organization (Table 1) to secure staff commitment and help coordinate day-to-day activities.

Strategies differed mostly between the NeuGen co-morbidity pilot and CVD program iterations. Throughout the CVD program cohorts, we also:

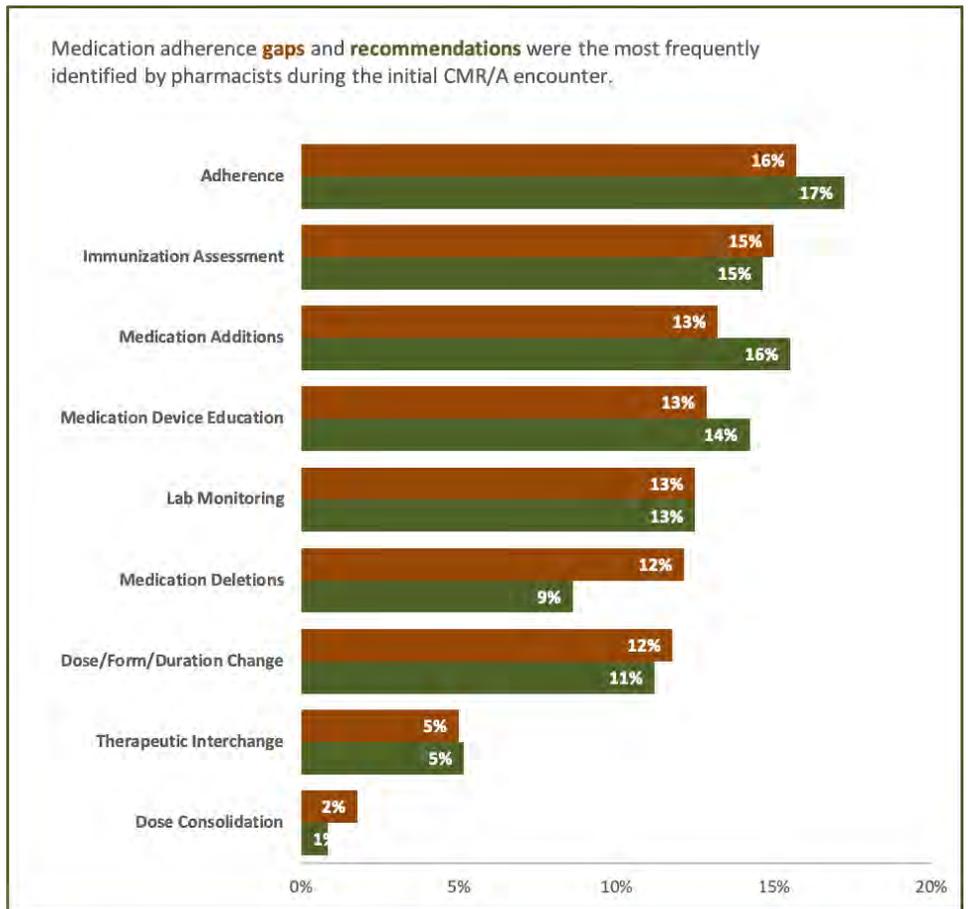
- Held monthly meetings with partnering organizations (Table 1).
- Encouraged pharmacy staff to share program successes and participate in group problem-solving to overcome shared challenges (e.g., managing patient contact and responding to appointment no-shows).
- Facilitated connections between WPQC pharmacies and local health departments at monthly meetings to assist with patient referrals for social determinants of health needs identified during CMR/A encounters.
- Educated pharmacy staff about ForwardHealth member eligibility for CMR/A services, as well as how to conduct a HIPAA-compliant telehealth CMR/A encounter and bill in the ForwardHealth Portal.

## Evaluating Program Outcomes

### Methods

We evaluated our program with respect to the desired outcomes outlined in the Introduction. We analyzed pharmacist- and patient-facing surveys collected from July 2019 through August 2022 (detailed in Table 1) in Tableau Desktop 2021.<sup>4</sup> and Microsoft Excel version 14.0 (Microsoft Corp). Surveys were developed using validated sources and tools, such as

**FIGURE 1. Categories of medication gaps (n=280) and recommendations (n=232) documented by CVD Program participating-pharmacists during initial CMR/A encounters (n=67).**



satisfaction with pharmacist-provided care adapted from Ried et al.,<sup>9</sup> medication adherence barriers from the Brief Medication Questionnaire,<sup>10</sup> and diabetes distress assessment from the Diabetes Distress Scale (DDS-17).<sup>11</sup> We measured patients' self-reported understanding of disease states and readiness for change on a 5-point Likert scale (from 1—*no understanding or not important/motivated* to 5—*very good understanding/important/motivated*).

We also assessed medication care gaps and recommendations documented by WPQC pharmacists during CMR/A encounters, as well as patients' participation rates, satisfaction with care, and interest in diabetes prevention or management programs. We conducted pre-post analyses to evaluate changes in patients' understanding of disease states, readiness for change, frequency in blood pressure self-management tool use, medication adherence barriers, and blood pressure measurements. Up to three blood pressure

measurements were recorded by pharmacists during CMR/A encounters. We considered the initial CMR/A encounter our pre-measurement, and the final CMR/A encounter, which differed by program iteration, to be our post-measurement. To account for missing data, each pre- and post-analysis included only patients with matched, completed survey fields for the variables of interest.

### Results

We present our program's evaluation results with respect to the desired outcomes.

**Foster patient-pharmacist relationships:** 65% of patients (85/130) participated in the max total CMR/A encounters offered by each program iteration detailed in Table 1. Patient satisfaction survey data collected in the CVD program was available for 44 participants. 89% of them (39/44) rated the overall care they received from their pharmacist as 'Excellent' or 'Very good' (39/44), and 100% (44/44) said they'd

recommend the program to a family member or friend.

**Advance the role of pharmacists in chronic condition management and increase MTM/CMR/A service delivery:** 130 patients received a total of 353 CMR/A services during our program. 21 WPQC-certified pharmacists identified 374 gaps in medication-related care. Pharmacists subsequently made 348 recommendations to address identified gaps during CMR/A services. Pharmacists participating in the CVD program also documented the types of gaps and recommendation by category for 67 patients. Medication adherence gaps (16%) and medication adherence recommendations (17%) were the most frequently identified (Figure 1).

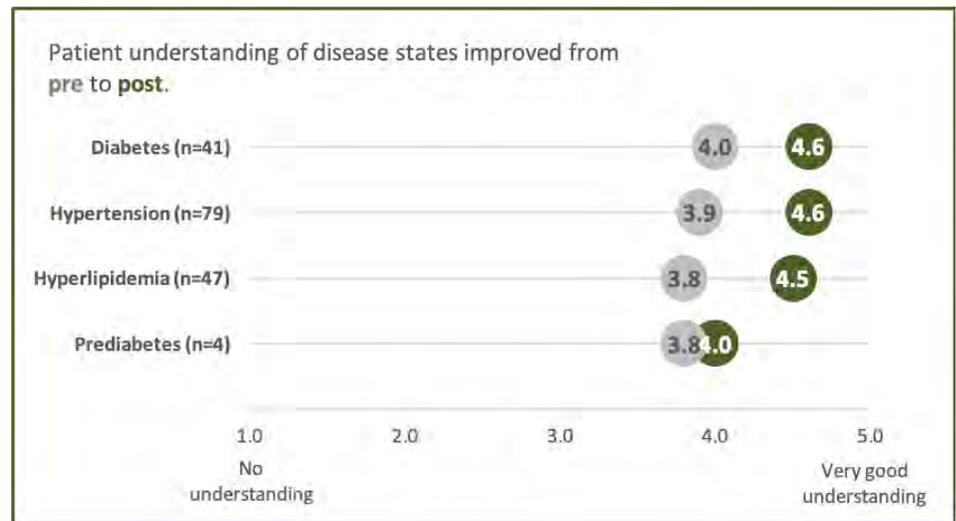
**Increase patient interest in diabetes prevention and management programs:** 24% of patients (31/130) expressed interest in meeting with a dietician. 12% of patients with diabetes (5/42) indicated interest in meeting with a certified diabetes educator, and 39% said they'd met with one in the past (16/42). Of patients with diabetes who had met with a certified diabetes educator, 75% of them (12/16) found it beneficial. Finally, 64% of patients with prediabetes (7/11) expressed interest in the National Diabetes Prevention Program.

**Increase understanding of disease states and positive change in health beliefs:** Patients' understanding of their disease states improved from pre to post, with the largest improvements experienced among those with hypertension and hyperlipidemia (Figure 2). Both groups of patients perceived the importance of managing their conditions, and their motivation to take control of their high blood pressure, high cholesterol, and blood glucose improved (Figure 2).

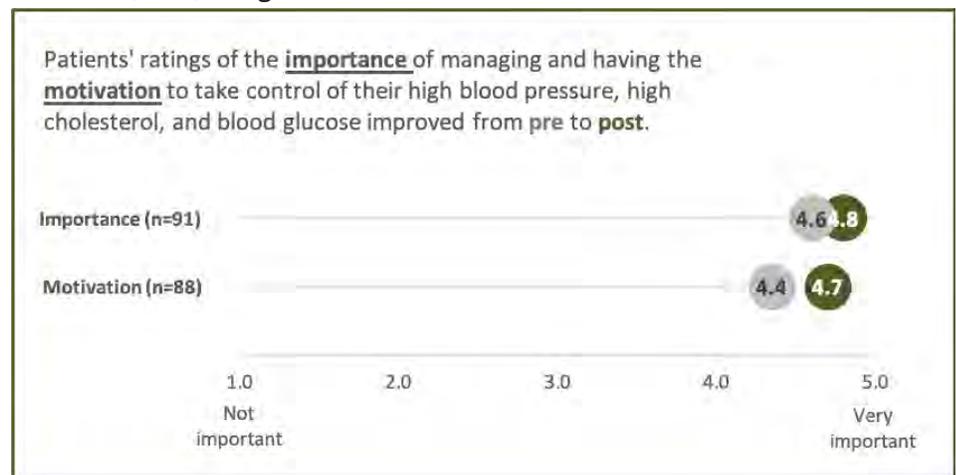
**Increase blood pressure self-management behaviors:** Patients who reported using a blood pressure monitor increased from 33% (31/94) to 91% (86/94) from pre to post. Patients using a blood pressure log to monitor their health increased from 10% (9/94) to 53% (50/94).

The frequency with which patients used blood pressure monitors also improved (Figure 4). Patients reporting daily use of a monitor increased from 9% (8/85) to 45% (38/85) from pre to post. Patients reporting weekly use increased from 13% (11/85) to 35% (30/85) from pre to post.

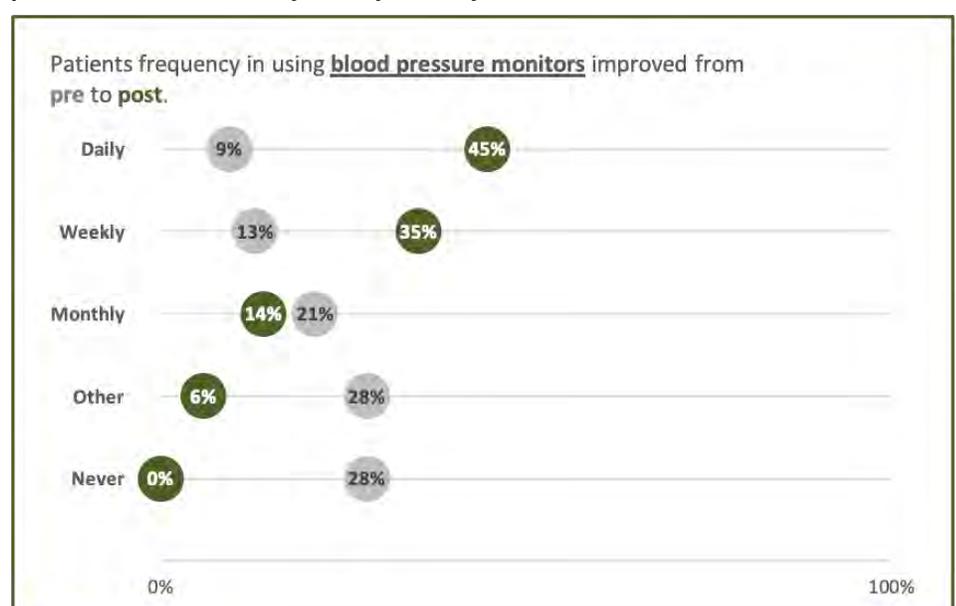
**FIGURE 2. Pre- and post-average patient understanding of disease state ratings (n=total patients).**



**FIGURE 3. Pre- and post-average patient readiness for change importance (n=91) and motivation (n=88) ratings.**



**FIGURE 4. Pre and post percent of patients (n=85) reporting the frequency of blood pressure monitor use (daily, weekly, monthly, other, or never).**



**Improve blood pressure readings:** On average, blood pressure measurements taken by pharmacists during CMR/A encounters reduced. Among patients with matched pre/post data (n=75), average systolic measurements decreased by 4.4mmHg, and average diastolic decreased by 2.8mmHg (Figure 5). Additionally, at pre, 60% of these patients (45/75) had averaged blood pressure measurements in control (<140mmHg/<90mmHg) as compared to 79% (59/75) at post.

**Decrease medication adherence barriers:** 40 patients with matched pre/post data reported at least one medication adherence barrier at their initial CMR/A encounter. Collectively, these patients experienced 65 total barriers (Figure 6). 42 of the 65 barriers reported at pre were no longer present at post, representing a 65% reduction. Remembering doses was the most common barrier reported. 19 patients reported problems remembering doses at pre, and it resolved at post for 58% (n=11).

### Limitations

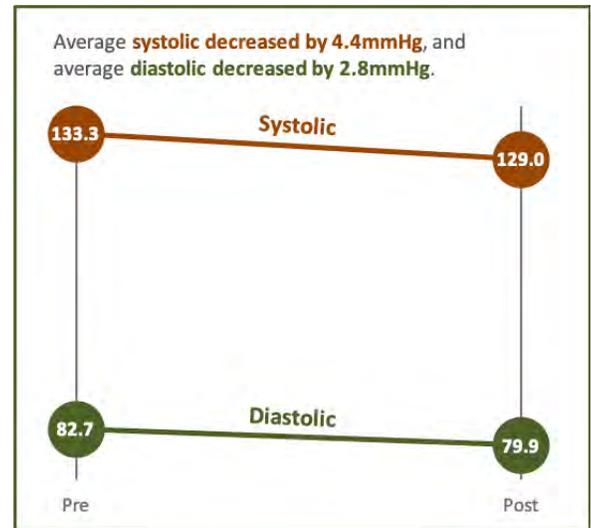
The evaluation of our program has several limitations. The number of patients with complete, matched data differed between analyses and was not controlled for or investigated. Therefore, our findings may be subject to survivorship and availability bias. Additionally, most of our analyses use pre/post data from the patient-facing surveys, and are therefore subject to self-report bias.

Also, our patients were identified from nonrandom samples of NeuGen and ForwardHealth members, and potentially shared similar social, educational, economic, and cultural backgrounds within the respective program iterations. For example, the WPQC-certified pharmacy selection in the NeuGen co-morbidity pilot was based on nonrandom clustering of NeuGen members and aided by PSW's recruitment. Therefore, our results may be influenced by sampling bias.

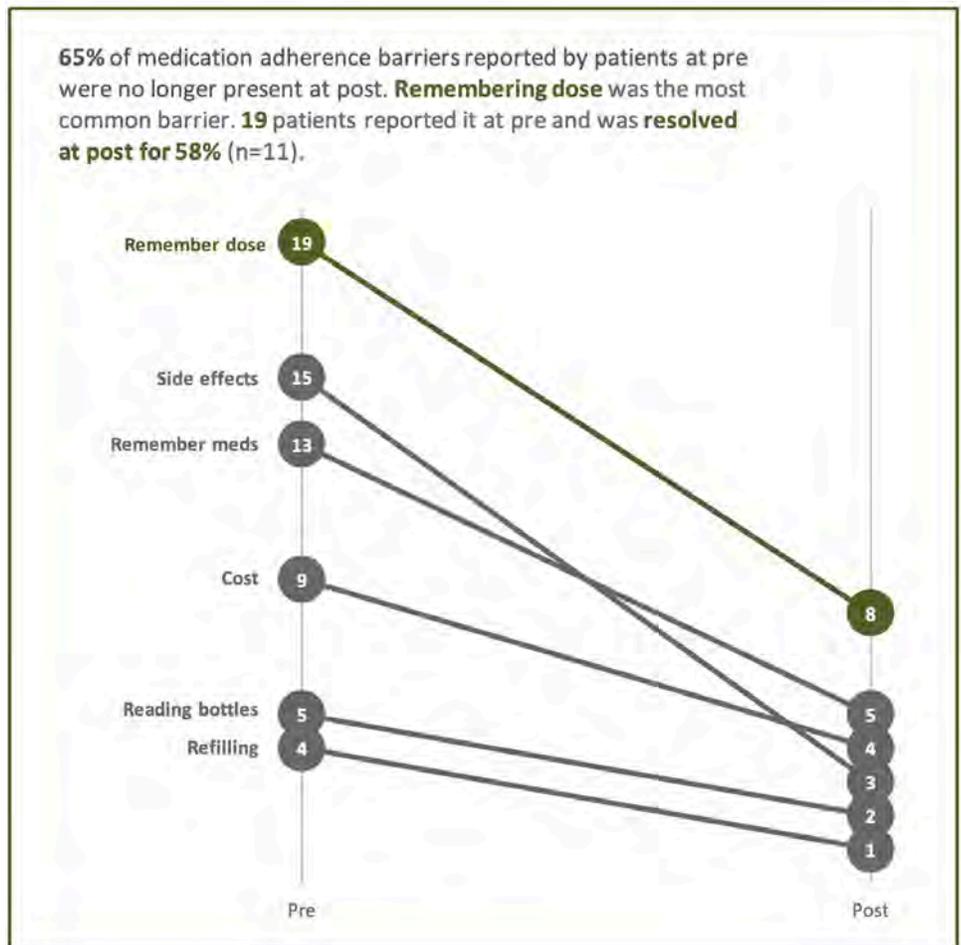
### Discussion

We designed, implemented, and evaluated a successful pharmacy-based chronic condition management program reaching 130 patients in partnership with 33 WPQC-certified pharmacy staff at 11 pharmacy locations across 10 counties. We leveraged the expertise and commitment of

**FIGURE 5 (RIGHT).** Pre- and post-average blood pressure measurements taken by pharmacists (n=75).



**FIGURE 6 (BELOW).** Reduction in total number of patients experiencing medication adherence barriers reported at pre (n=40).



WPQC-accredited pharmacies and WPQC-certified pharmacists, as well as support from public health and health insurers to demonstrate meaningful outcomes toward our program's desired outcomes. Our collaborative program contributes localized evidence to a growing body of literature that demonstrates pharmacist engagement in chronic condition care management

improves patient health behaviors and outcomes. Considering these successes, we've outlined a few of the most integral lessons learned from our experience.

### Lessons Learned

Engaging multiple staff on the pharmacy team, particularly technicians, facilitated program success. Technicians at many

WPQC-accredited pharmacy locations were responsible for initial outreach to patients and facilitated scheduling CMR/A encounters. Additionally, we found dedicated staff time for both pharmacists and technicians necessary to recruit and retain patients. Sites that integrated chronic condition management programs into standard operating procedures and workflow found this was key to achieving efficient implementation. Motivated staff should be involved in continual assessment of WPQC eligibility; in addition, diversifying and cross-training staff who can recruit patients, run reports to identify eligible patients, room patients, and bill contributes to the efficiency and sustainability of these types of clinical programs.

We found both initial and ongoing support provided to pharmacies vital as they expanded services into enhanced chronic condition management. PSW supported participating WPQC-accredited pharmacies during initial educational sessions and in the start-up marketing of the program to patients, but also throughout the duration of their CMR/A encounters. The ongoing support was critical to standardizing program activities across locations.

Additionally, pharmacy-based chronic condition management programming can result in systems change. For example, as a result of our program's activities, one of the participating WPQC-accredited pharmacies now has the ability to use their electronic health record to schedule pharmacy-based CMR/A appointments. The ability for a patient to see the pharmacy appointment along with their other medical appointments is expected to impact patient no-show rates.

Finally, we feel continuous evaluation and a culture of quality improvement across the three program iterations significantly supported improved operations over time.

### Help Sustain Our Efforts

If you are interested in learning more about WPQC accreditation, please visit PSW's [WPQC membership page](#) for more information, or [contact PSW directly](#).

If you are interested in learning more from our pharmacy-based chronic condition management programming, we encourage you to engage with the following PSW resources WPQC-accredited pharmacies used throughout this program:

## Acknowledgements

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We thank the NeuGen and ForwardHealth members for their participation in and valuable feedback on our program. We thank the following WPQC-accredited pharmacies and their staff for their tireless efforts:

- Baraboo Corner Drug - Baraboo
- Black River Falls Clinic Pharmacy - Black River Falls
- Boscobel Pharmacy, Inc. - Boscobel
- Hartig Drug - Prairie du Chien
- Lakeside Pharmacy - Antigo
- Mayo Clinic Health System—Clairemont Pharmacy - Eau Claire
- Nicolet Pharmacy, Inc. - Lakewood
- Peterson Pharmacy - Hillsboro
- Reedsburg Area Medical Center Viking Pharmacy - Reedsburg
- Rhinelander Hometown Pharmacy - Rhinelander
- Streu's Pharmacy – Green Bay

We also extend a special thanks to the following program support staff: Katrina Nordyke, PhD at Brown County Health Department; Janessa VandenBerge, MPH at Eau Claire-City County Health Department; Anne Buchmann at Oneida County Health Department; Hailey Thompson, PharmD with Mayo Health Systems – Rochester, MN; Lexi Davis, MPH at the Wisconsin Department of Health Services; Alan Lukazewski, RPh, Amy Johnson, PharmD, Jared Marx, and Elizabeth Solomon at NeuGen (WEA Trust).

- [Self-Measurement of Blood Pressure \(SMBP\): Education and Billing Guide](#)
- [Guide to Providing Telehealth Comprehensive Medication Reviews](#)
- [Clinical Pocketbook Toolkits: Diabetes, Hyperlipidemia, and Hypertension](#)
- [Collaborative Practice Agreement Toolkit](#)
- [Healthy Recommendations for Adults Toolkit](#)

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Division of Public Health in Madison, WI.

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### References

1. Zagaria MAE. Medication therapy management: status overview, innovation, and practice resources. *US Pharm* 2017; 42(6): 7–9
2. Beran M, Asche SE, Bergdall AR, et al. Key components of success in a randomized trial of blood pressure telemonitoring with medication therapy management pharmacists. *J Am Pharm Assoc*. 2018;58(6):614–621
3. Bluml BM, Watson LL, Skelton JB, Manolakis PG, Brock KA. Improving outcomes for diverse populations disproportionately affected by diabetes: final results of Project IMPACT: Diabetes. *J Am Pharm Assoc*. 2014; 54(5):477–485
4. Tilton JJ, Edakkunnathu MG, Moran KM. Impact of a medication therapy management clinic on glycosylated hemoglobin, blood pressure, and resource utilization. *Ann Pharmacother*. 2018;53(1):13–20

5. Chisholm-Burns MA, Spivey CA, Tolley EA, Kaplan EK. Medication therapy management and adherence among U.S. renal transplant recipients. *Patient Prefer Adherence*. 2016;10:703–709

6. Cheema E, Sutcliffe P, Singer DRJ. The impact of interventions by pharmacists in community pharmacies on control of hypertension: a systematic review and meta-analysis of randomized controlled trials. *Br J Clin Pharmacol* 2014; 78(6):1238–1247

7. ForwardHealth Online Handbook. Covered and noncovered services: medication therapy management. Accessed November 4, 2022. [www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&csa=48&cs=2&cc=642](http://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&csa=48&cs=2&cc=642)

8. Thompson H, Swander L, Cohen R, et al. Hypertension-focused medication therapy management: a collaborative pilot program uniting pharmacists, public health, and health insurers in Wisconsin. *Prev Chronic Dis* 2020;17:200058. DOI: [dx.doi.org/10.5888/pcd17.200058](https://doi.org/10.5888/pcd17.200058)

9. Ried LD, Wang F, Young H, Awiphan R. Patients' satisfaction and their perception of the pharmacist. *J Am Pharm Assoc*; 39(6):835–842

10. Svarstad BL, Chewning BA, Sleath BL, Claesson C. The Brief Medication Questionnaire: a tool for screening patient adherence and barriers to adherence. *Patient Educ Couns* 1999; 37(2):113–124

11. Polonsky WH, Fisher L, Earls J, et al. Assessing psychosocial distress in diabetes development of the Diabetes Distress Scale. *Diabetes Care*. 2005;28(3):626–631

## WPQC Practice Transformation: 2022 in Review



### Facilitating Medication Therapy Management (MTM)

- We began 2022 with a series of comprehensive medication review and assessment (CMR/A) coaching workgroups for pharmacists and technicians to facilitate the provision of CMR/A services for Medicaid patients. These 6 sessions were provided to Community Pharmacy Enhanced Services Network (CPESN) Flip the Pharmacy (FTP) participants and provided a comprehensive review of MTM services, implementation strategies, and Medicaid billing guidance. The sessions were recorded and are available on the PSW website.
- We partnered with Streu's Pharmacy in Green Bay and the Brown County Health Department to provide MTM program services to Medicaid patients with pre-diabetes, diabetes, hypertension, and hyperlipidemia and to develop bidirectional referral processes so pharmacists could refer patients with social determinants of health barriers (SDoH) affecting their medication adherence and quality of life to public health for SDoH support. This program was based on work originally completed in 2021 in Oneida and Eau Claire counties. Replication of this work in 2023 will enable public health departments and community-based organizations to refer patients in need of MTM back to participating WPQC pharmacies in these counties in addition to Rock, LaCrosse, and Jackson counties. 2023 will see these relationships progress and MTM and SDoH bidirectional referrals increase.
- In partnership with the Wisconsin Department of Health Services (DHS) Chronic Disease Prevention Program, PSW completed a comparative outcome analysis of 3 MTM CVD-focused programs conducted between 2019 and 2022. The programs served approximately 130 Medicaid patients and were implemented in 11 WPQC-accredited pharmacies by 33 pharmacy staff members across 10 counties. See full article in this Journal issue.
- In August at the PSW Annual Meeting, we offered 8 educational sessions related to MTM; provider status; motivational interviewing; diversity, equity, and inclusion (DEI); and developing strong pharmacist-PCP communications. More than 250 people joined these sessions.
- In October, we completed Community Pharmacy Foundation-funded work that focused on creating an SDoH assessment tool and referral process between community pharmacies and community-based organizations.
- In November, we began to work with 5 pharmacies in the Kenosha, Racine, and Milwaukee area to launch an asthma program for Medicaid patients that is similar in structure to the CVD-focused MTM programs described above. Up to 150 patients will be provided asthma-focused CMR/A services through this unique work and referred to the Asthma Safe Homes Program when appropriate.



### Community Health Workers (CHW)

- During the first half of 2022, we worked with state and national partners to provide a 4-webinar series intended to increase participants' understanding of the benefits of CHW/pharmacy collaborations and the national CHW Landscape, and to provide an overview of CHW training and the Wisconsin Pharmacy/HUB collaboration and bidirectional referrals model. You can find this Continuing Education series on the [PSW Online CE Webpage](#).
- We are currently developing a training opportunity for pharmacy technicians to be trained as CHWs. The goal is to expand technicians' skill sets to enable them to further assist patients facing significant SDoH barriers that result in poorer health outcomes. We'll share more on this in early 2023.

## WPQC Practice Transformation: 2022 in Review Cont.

### Diversity, Equity, and Inclusion (DEI)

- As part of our organizational commitment to DEI, we have been busy this year providing a series of webinars focused on raising cultural competency for pharmacists, technicians, students, and residents. These sessions included presentations on implicit bias, providing gender-affirming care, caring for the Hmong and Latinx communities, and understanding health literacy. These sessions will continue in 2023 and beyond.

### Provider Status

- To better understand provider status priorities, we conducted a member survey asking what services were highest priority and most likely to be the first services implemented within different organizations. This feedback is being used to inform Medicaid as they begin building the pharmacy medical billing infrastructure.
- We have convened a Provider Status Implementation Task Force to guide the education and implementation of provider status for our members. Members of this team represent community and health system settings.
- This year, we have been working on an implementation guide that will supplement (with Wisconsin Medicaid-specific information) a billing/documentation guide published by the state of Washington that will be made available to pharmacist implementers. This work will be ongoing and developed in alignment with Wisconsin Medicaid.

Happy New Year! Please reach out to [info@pswi.org](mailto:info@pswi.org) with any questions or interest in implementing WPQC, joining CPESN/Flip the Pharmacy, or working on transforming your practice in general. We would be happy to connect you with tools, resources, and other PSW members to assist.



## CREATE IMPACTFUL AND REWARDING EXPERIENTIAL EDUCATION

“I was fortunate enough to have the opportunity to practice at pharmacies across the state. I was able to gain experience in both community and hospital settings during several short and long rotations. - 2022 PHARM D GRADUATE”

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# DECKER-TEMPLE PHARMACY LEADERSHIP CONFERENCE

PRESENTED BY



## Applications Open: 2023 Decker-Temple Leadership Pharmacy Conference

The [2023 PSW Leadership Pharmacy Conference](#) will take place August 3-5, 2023, in Galena, Illinois. The conference, combining professional and social functions over three days, provides an unequalled opportunity for pharmacists relatively new to their profession to develop skills which enable both personal and professional growth. Participants network with fellow selected pharmacists (10 from Wisconsin and 10 from Iowa) as well as the presidential officers and staff leaders of the Iowa Pharmacy Association and Pharmacy Society of Wisconsin while engaging in programming, recreational activities, and issue discussions.

Current PSW pharmacist members within their first 3-15 years of practice who reside and/or practice in Wisconsin are eligible to apply. Pharmacists who are currently a PGY1 or PGY2 resident are not eligible to apply, but are encouraged to apply at a later time. PSW welcomes applications from those who represent diversity in race, color, ethnicity, culture, national origin, sexual orientation, age, gender, gender identity, social class, physical ability/attributes, religious or ethical value systems, language, pharmacy practice area, geographic location, and other perspective shaping backgrounds.

Applicants must demonstrate clarity and vision in responses to application questions. All eligible applications received prior to the due date for submission are reviewed by a panel using a de-identified process. The review panel typically reviews over 50 applications for the conference and ultimately selects ten (10) participants from Wisconsin. Those applicants not selected are encouraged to submit an application the following year.

The [application](#) for the 2023 PSW Leadership Pharmacy Conference is due February 1, 2023.

*Below: 2022 PSW Leadership Pharmacy Conference Attendees; Holly Altenberger, Tom Dilworth, Elizabeth Ebensperger, Marisa Goninen, Carmen Gust, Molly Lehmann, Drea Maier, Tiaha McGettigan, Brigitta Monson, and Courtney Morris.*





# Wisconsin Pharmacy *Foundation*

## 2022 ANNUAL REPORT

### Leadership Development

- Sponsored the [2022 Decker-Temple Leadership Pharmacy Conference](#) for 10 pharmacists from Wisconsin and 10 pharmacists from Iowa. This conference marked 29 years this year!
- Sponsored the annual joint Board Retreat between the Wisconsin Pharmacy Foundation and PSW Boards of Directors to align strategic efforts between two boards; committing to a consistent, high-quality retreat venue and expert facilitator, fosters and promotes the highest-level engagement and productivity from the attendees with the limited time available at the retreat



### Mental Health & Well-being

- Offered weekly group discussion sessions to support well-being to Wisconsin pharmacy personnel by engaging a clinical psychologist to lead the session. These sessions were enabled by a grant from the Wisconsin Department of Health Services awarded to the Foundation.
- Created a new well-being webpage with [resources](#) for pharmacy personnel. The webpage is now available and has been shared nationally.
- Offered a Mental Health First Aid certificate program training in-person and virtually to give pharmacy personnel the skills to help someone who is experiencing a mental health crisis or intervene early to prevent a crisis from occurring.
- Supported pharmacy personnel in recovery by coordinating communications and a venue for monthly hybrid meetings of volunteer-led [Wisconsin Pharmacy Recovery Network \(WPRN\)](#).



PSW Support and Wellness  
Resources

## Practice Transformation – Building Our Tomorrow

- Supported vaccination access expansion, including managing limited-time cost reimbursement to pharmacies for costs related to vaccination management, organizing educational programming, and overseeing the scheduling COVID booster and influenza clinic planning.
- Provided online PSW immunization training to over 290 pharmacists and technicians at no cost during the month of May. This no-cost training was enabled by a grant from the Wisconsin Department of Health Services awarded to the Foundation.
- Offered opioid stewardship-related education and supported academic detailing on naloxone and opioid stewardship at four health-systems.
- Provided \$50,000 to support PSW strategic initiatives to advance equity and inclusion efforts within Wisconsin pharmacy practices, which will include scholarships for expanding PSW membership and conference attendee diversity.



## Supporting Students

- Donated over \$4,460 to PSW to enable student attendance at PSW conferences.
- Honored the legacy of past PSW CEO Chris Decker via the [Christopher Decker Pharmacy Scholarship Fund](#), which was established by the Decker family and further supported by friends, colleagues, and generous donors.
- Hosted the inaugural Chris Decker Scholarship Golf Outing, raising nearly \$50,000 for the Christopher Decker Pharmacy Scholarship Fund and matching the initial gift from the Decker family.
- Awarded the inaugural scholarships for student at Wisconsin schools of pharmacy to Bridget Nelson (Medical College of Wisconsin student), Grace Nixon (University of Wisconsin – Madison student), and Antonio Pusateri (Concordia University of Wisconsin student).

## Education

- Sponsored the PSW Educational Conference & Annual Meeting poster sessions and hybrid event platform app. This annual support makes high-quality programming available to a wider audience.
- Sponsored the purchase of a new, full color copier/printer/scanner to enhance the Foundation's and PSW communications, education, and committee work.



# 2022 Christopher Decker Scholarship Recipients

Chris Decker was the CEO of the Pharmacy Society of Wisconsin for almost 30 years. His legacy of developing a Wisconsin Pharmacy culture of innovation, collaboration, and mutual respect supported pharmacy practice advancement in Wisconsin and beyond. We have all been touched by his story, his positivity, and his call to us to be “Difference Makers.”

The Christopher Decker Scholarship Fund was created in 2022 by the Wisconsin Pharmacy Foundation after a generous contribution from the Decker family and the fund was expanded with the first annual Christopher Decker Golf Outing in June.

The scholarship is intended to recognize future pharmacists who emulate Chris’s legacy of innovation, collaboration, mutual respect, positivity, and his call to us to be “Difference Makers.” Using a new application developed by PSW volunteer

leaders, the applicants answered three questions:

- First, how do you intend to be a difference-maker as both a pharmacist and in your community? Include a description of your efforts toward innovation, collaboration, and mutual respect.
- Second, Chris often quoted Henry Ford by saying, “*There are those that believe they can and there are those that believe they can’t. Usually they’re both right.*” Describe what this phrase means to you and provide an example of a time where you showed perseverance or resilience.
- Third, Chris viewed pharmacy practice with great optimism. What makes you optimistic about being a pharmacist in today’s health care environment, and how will you share that optimism with patients and their loved ones?

Acknowledging Chris’s legacy and connections to the Pharmacy Society of Wisconsin and the Iowa Pharmacy Association, one student from each of the schools of pharmacy in Wisconsin and Iowa will receive a scholarship of \$1,000 each in 2022. Applications were scored by volunteers using a rubric and a de-identified review process.

This year’s Wisconsin recipients are Bridget Nelson from the Medical College of Wisconsin, Grace Nixon from UW-Madison, and Antonio Pusateri from Concordia University Wisconsin. Bridget, Grace, and Antonio were selected as the recipients of the 2022 Christopher Decker Scholarship after demonstrating in their applications that they emulate Chris’s legacy of innovation, collaboration, mutual respect, positivity, and his call to us to be “Difference Makers.”



Bridget Nelson, MPH, MS, MLS, ASCP™  
Medical College of Wisconsin  
Class of 2024



Grace Nixon  
University of Wisconsin – Madison  
Class of 2023



Antonio Pusateri  
Concordia University Wisconsin  
Class of 2023

## CHRISTOPHER DECKER SCHOLARSHIP GOLF OUTING



MONDAY, JUNE 5, 2023  
WILD ROCK GOLF CLUB, WISCONSIN DELLS





## Complaints Against Pharmacy Benefit Managers (PBMs)

Pharmacy Benefit Managers (PBMs) operating in the State of Wisconsin are subject to numerous regulations. Any pharmacy with a business relationship with any PBM may file a complaint if they encounter a violation of compliance with state law. By filing a justified complaint, pharmacies can ensure that laws – designed to maintain fair and equitable treatment of pharmacies across the state – are being followed appropriately.

### To File A Complaint:

[Click here](#) or call (800) 236-8517

Complaints made against a PBM must be enforceable under Wisconsin law.

### Examples of violations include:

- PBM fails to obtain a license with the Office of the Commissioner of Insurance
- PBM fails to update maximum allowable cost pricing information at least every 7 days
- PBM fails to update maximum allowable cost consistent with availability and pricing in the marketplace
- PBM fails to investigate and resolve a maximum allowable cost appeal within 21 days of the appeal, including providing a reason for any denial and an NDC for purchase that is at or below the maximum allowable cost
- PBM fails to provide a pharmacy written notice of any accreditation requirements for network participation or changes its accreditation requirements more than once every 12 months
- PBM retroactively denies or reduces a claim after adjudication, unless the claim was fraudulent, incorrect, or the denial or reduction is otherwise permitted by contract
- PBM fails to follow any of the below fair audit procedures:
  - » The PBM must notify the pharmacy in writing at least 2 weeks before conducting an onsite audit
  - » The PBM cannot conduct an onsite audit within the first 5 business days of a month, unless the pharmacy consents
  - » The PBM must conduct the audit with consultation from a licensed pharmacist if the audit involves clinical or professional judgment
  - » The audit is limited to 250 separate prescriptions
  - » The audit is limited to claims submitted no more than 2 years before the date of the audit
  - » The PBM must allow hospital, physician, or other provider records to validate pharmacy records
  - » The PBM must allow electronic or paper signature logs
  - » Auditors must provide a list of the records reviewed before concluding the onsite portion of the audit
  - » Auditors must allow pharmacies to provide documentation to address discrepancies found in the audit within 30 days of receiving the audit's preliminary report
  - » Interest on a recoupment cannot be accrued or charged between the time of the notice of the audit and when the final audit report is delivered
  - » Dispensing fees must be excluded from calculations of overpayments
  - » Recoupments cannot be charged for a clerical or record-keeping error, including typographical or computer errors
  - » Auditors may not be paid based on a percentage of the amount recovered in the audit
- The PBM's methods or practices endanger the interests of the insureds or the public
- The PBM does not allow, or penalizes, the pharmacist for informing the patient of any differential between the out-of-pocket cost and the patient's cost share under their plan (i.e. gag clause)
- The PBM does not allow the patient to pay the lesser of the patient's cost-sharing amount under the plan or the cash price for the prescription
- The PBM does not provide a patient written notice of a formulary change for a drug the patient is using at least 30 days before the change, unless it is being replaced by a generic in an equal or lower cost-sharing tier

# Vaccinations: PSW's Efforts to Systematically Address Access Since 2017

by Erica Martin, MHA

Since 2017, the Pharmacy Society of Wisconsin (PSW) has made a concerted effort toward addressing vaccination rates in Wisconsin. When PSW started this work, patient vaccination needs were unmet, and there was inconsistent vaccination access across the state. According to data from that time, Wisconsin was under-immunized and not meeting goals for vaccinations. There were vaccination rate disparities related to age, geography, race, and insurance coverage. While this is still the case today, PSW has made significant progress to expand access and to streamline vaccination systems. Through this work, PSW envisions that someday patients can receive life-saving vaccines easily and that they will have access to recommended vaccines in their community.

Our planned interventions are related to removing barriers for pharmacies. Our approach since 2017 has focused on partnerships; training and education; increasing vaccinator capacity; information gathering and research; workflow; and financial support. PSW did not specifically work on patient education or vaccine awareness, as PSW is not a patient-facing organization and there are significant efforts by other groups to complete this work; PSW did not want to duplicate efforts.

Our biggest asset to this work has been PSW's relationships with pharmacy organizations, interdisciplinary partners, academic partners, the Wisconsin Department of Health Services, national pharmacy associations, state healthcare associations, local public health departments, and local immunization coalitions. Our partnerships have grown. When PSW started, PSW had relationships through our individual networks and PSW membership. However, over the years, our relationships have grown in depth and breadth. These relationships were invaluable when the pandemic started. PSW leaned heavily on these relationships. For example,

PSW staff met with Wisconsin Department of Health Services staff daily, if not hourly, during the months when the first COVID-19 vaccine was authorized.

Vaccinator capacity has also increased. When PSW started this work, pharmacists could immunize patients age 6 and up per a protocol per state statute. This limitation caused inconsistent vaccine offerings statewide. It also caused confusion among patients and community partners, because one pharmacy might have offered all recommended vaccines, while a pharmacy one block away offered only the influenza vaccine. After a statutory change, pharmacists can now order and administer recommended vaccinations to ages 6 and up without a protocol. Pharmacists can also immunize patients under age 6 with a prescription. Additionally, pharmacy students and technicians have taken on expanded abilities, which increased the number of vaccinators statewide. Under the US PREP Act Amendments, pharmacists could temporarily order and administer vaccinations for people ages 3-5.

PSW offered a variety of training and continuing education opportunities. When PSW started, PSW's immunization training program was 20 hours, completely paper-based, and was only offered in person twice annually. When it was in person, it lasted a day and a half. While the training was successful at training pharmacists to immunize if they had not previously been trained in school, it was not very accessible to most pharmacists and did not allow for pharmacists to be trained and begin vaccinating at any time. The training is now offered on demand online and can be taken at any time. It's more efficient at 16 hours in length and has more content, including additional sections on pediatric vaccinations and non-vaccine injections.

PSW also offered a standalone pediatric vaccination training for pharmacists previously trained in vaccinations but not pediatric vaccinations.

PSW also offered an on-demand

technician immunization training. There are numerous continuing education sessions on vaccinations that have been offered since 2018 at the PSW conference, in online CE, and in *the Journal*. PSW also held a standalone interdisciplinary vaccination conference in February 2020, which brought together more than 120 interdisciplinary partners to talk about vaccinations. Finally, PSW has also hosted a number of update webinars and answered countless emails with questions about vaccination allowances and process.

PSW knew data would be important to our work. In collaboration with researchers, PSW worked with the Wisconsin Department of Health Services to pull data from the Wisconsin Immunization Registry. PSW used this data and other data to then give information back to the Department so they can make changes that are beneficial to pharmacy. The data has also dispelled many myths about pharmacy vaccinators. It also opened the door during the pandemic to have more honest conversations about what needed to change to smooth the COVID-19 vaccine process.

PSW has made substantial progress in removing systematic barriers to vaccination administration by pharmacy personnel. PSW continues to focus on vaccination access expansion and systematic changes so that Wisconsinites have easy access to life-saving vaccinations in their communities.

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Erica Martin is the former Director of Practice & Population Health Initiatives at the Pharmacy Society of Wisconsin in Madison, WI.



*Year in Pictures*

# 2022 PSW Presidential Address - Inspiring Relationships

by Janet Fritsch, PSW President



**H**ave you ever seen the TV show "The West Wing"? I have, thousands of times! (Ask my kids; I'm not joking.) I also love "The West Wing Weekly," a podcast that goes through every episode in depth. "The West Wing" is about the President of the United States and his aides. In the West Wing, they are constantly faced with problems that need solutions and the many barriers to those solutions. These are a few of the quotes that I feel inspired by:

In one scene, Charlie, President Bartlet's personal aide, is in a group of senior staffers. He is younger and less experienced than the group around him. They are trying to figure out a problem, and he jots down an idea but does not bring it up. President Bartlet sees that and urges Charlie to present his idea. Charlie says, "If this was an idea, somebody would have had it already." President Bartlet responds, "I find fault with that." Each of us should speak up with our ideas.

In another scene, Leo, the chief of staff, is trying to hire Ainsley, an attorney. She is reluctant because she disagrees with the President on many issues. Leo says to Ainsley, "The President likes to hire smart people who disagree with him." "This is a shortened version of a line from "Sports Night," also written by Aaron Sorkin: "If you're smart, surround yourself with smart people who disagree with you." I would change "disagree" to "challenge." If we are smart, and we are, we surround ourselves with smart people who challenge us to work on the idea, work on the solution.

The final quote: "What's next?" President Bartlet uses this phrase often. It means: I'm ready to move on, I'm ready for the next challenge, I'm ready to work on the next problem, I'm ready.

I want to talk about relationships. It's all about the relationship. Relationships affect every part of our lives. Relationships bring us satisfaction and fulfillment.

My most important relationships in my life are here today: My daughter, Paige, who

works with me in the store. She manages the store and buildings. And her husband, Luke, a sixth-grade teacher in Baraboo; and their children, Jaxon and Julia. My daughter, Bethany, a mental health therapist in Sparta; with her husband, Bruce, an attorney in Sparta; and their children, Aubriella and Arianna. My daughter, Karissa, a pharmacist on the cardiology unit at University of Iowa Hospital. Her husband, Sebastian, a media consultant, is in Ecuador, and couldn't be with us today. My mother is here and one of my sisters, Grace. My father and his wife, Leanne, are not able to be here today. I want to recognize my employees for all of the patience and support they have given me through this journey. It is an honor to work beside them. I want to thank my family for their support and love. Building relationships with them has been the most important, most satisfying thing I have done with my life. Thank you so much for sharing this with me today.

I love pharmacy. I love my profession. I love my job. My relationships with my patients make this the best job ever. It fits me. It suits me. I have owned an independent pharmacy in Baraboo for 29 years. Corner Drug is the longest-running retail establishment in Baraboo, started in 1855. I like that legacy. Corner Drug has a history of longevity. There has only been a handful of owners in its almost 170 years, many of them owning for 30 years or more. That longevity has created a culture of long relationships. My pharmacy serves generations of families. Mothers and daughters, fathers and grandsons, great-grandparents.

Let's talk about my origin story in pharmacy. I grew up in Mifflin, a small town in southwest Wisconsin. My high school—Iowa Grant High School—home to UW basketball coach Greg Gard, had a graduating class of 83. I'm not even sure why, or how, I had the courage to go to UW-Madison. It was so different from anything I knew. I had planned on majoring in computer science, although I didn't

really know what that was at the time. Unfortunately, or actually, fortunately, all sections had a waiting list when it was my time to register. I didn't know what to do. What do you do when you are all alone and faced with a problem? Call Mom, of course! When I called my mother, she said, "Well, you have always done well in chemistry, so take a chemistry course." So, I did. I loved it. And it turned out, pharmacy was a very good fit for me.

I had important pharmacists in my career early on—Gary Schill and Brian Olson from Dodgeville; Tom Christianson from Portage; and Syl Budig from Baraboo. Each taught me critical lessons on being a pharmacist and pharmacy owner.

I bought Corner Drug Store in 1993 from Syl Budig. Over the next few years, I acquired the other independent pharmacies in downtown Baraboo and moved to a new location—still Corner Drug, although no longer on the corner. After all, Corner Drug is the longest retail establishment in Baraboo! I eventually partnered with Hometown Pharmacies in 2016.

I have a niche in Baraboo. I am an important part of the healthcare in my community. But my relationships with my patients go beyond my store, go beyond the drugs I dispense to them. My relationships with my patients go to the softball field where I talk to people, who are also my patients, about our children playing softball. It goes to the Al. Ringling Theatre (a beautiful, historic venue in Baraboo) where I share fun events with my patients. It goes to church where I worship with my patients. It goes to the funeral homes where I share the grief of my patients. All of those shared experiences strengthen my relationships with them. Because of that strong and broad relationship, I am better able to serve them. Because of that bond, I am fulfilled, lifted up, and have purpose.

I have a patient we talk to every day on the phone, and sometimes in person. She has a very long medication list and many co-morbidities. She makes many trips to

the ER. She has a relationship with my pharmacists and technicians. Because of that relationship, we have been able to guide her through med changes and surgery. I believe that our relationship with her has decreased the number of ER visits she has. I believe our relationship makes her life better, and it makes my life better. I also hope that with provider status we may be able to bill for the services we provide for her.

In my store, we had a patient a few years ago who was diagnosed with cancer. Sally had surgery to remove part of her mouth. All of my staff worked with Sally's doctors to find medication that worked and that Sally could take. It took all of us to work on PAs, order drugs, and find formulations. We often saw Sally's parents as they took care of her. Sally seemed to be getting better. Then came the news that Sally would be going on hospice care. The entire staff was saddened. We were all a part of Sally's care.

We continued to work with her parents through hospice, working to find treatments that were effective and would be covered by hospice. We all remember the day her father said it would be his last visit to pick up medication for her. The next week, Sally's parents brought flowers to the store. They told me how cared for they felt in my store. They told me that each encounter with each employee had been a comfort to them. Those flowers sat in the store for several days. Each time I walked by the flowers, I thought about Sally and her parents. I thought about our role in the last season of her life. I was touched by her life.

We each feel times of burn-out in our jobs. We each feel times of frustration. I hope that you will look for the times that you are touched by someone's life. I hope that you look for the times that you make a difference in someone's life. I know that each of you is a difference maker. Be sure to look for those times. Those times make the job worth doing. Those times give you satisfaction and purpose.

Now, my origin story with PSW. My good friend, Angel Kubly—you know, the friend you meet in o. chem lab and then sit by in pharmacy school the first day, and end up sitting next to each other through every class, every year, and still are good friends 35 years later, that kind of friend? Anyway, she wanted to join the student chapter of APhA (which is now WSPS), so I joined, too. I didn't participate, though, and I don't think I went to many meetings. After graduation, I was a member of WPhA, or the Wisconsin Pharmacists Association, but I was not active. I then became a charter member of PSW, but again, I was not active. I went to a few annual meetings, but not much else. That is a big regret for me. I wish I would have been more involved earlier in my career. I remember years ago when Medicaid was decreasing reimbursements. It was PSW who went to bat for my business and worked with Medicaid, and came up with a new plan to reimburse pharmacists for quality-improving patient care intervention services—the Pharmaceutical Care Billing Program. I realized then that PSW was essential to me. I needed PSW to work for me, to see what threats there were to my business. So, I continued to be a member, and when PSW introduced the PSW Business Support Program, enabling businesses to support the mission of PSW

through membership, I joined in because I knew how important PSW was for my business. Then came HIPAA. Before I knew what HIPAA was, and certainly before I realized what it would mean to my pharmacy, PSW was developing a plan for me. I remember being in awe of the pharmacists who developed the plan: the forms, the signs, the policies, and put it all on a CD for me. And then had a special conference just to explain it all to me. What would I do without PSW? What vision they had!

Then one day, I received a call from Chris Witzany, a pharmacy school classmate of mine and current president of PSW. He asked if I would consider running for a the PSW Board of Directors. I said yes. What a difference that phone call made to me. Just a, "Hey, I think you would be a good fit here." Just someone reaching out and saying, "Would you like to join us?" Don't ever forget how important it can be to simply reach out to someone. Think about whose shoulder you could tap? Who do you know that would be a good fit for PSW, or PSW leadership?

Turns out, PSW is more than I knew, more than I expected. One voice, one vision. The mantra of PSW. Very catchy, and one of our core beliefs. Our profession is better together. For example, at the Annual Meeting when I first joined the board, I met Lynne Dittman, then current president of PSW. She was so kind to me that weekend as an incoming board member. She became a mentor, a friend. I have that relationship because of one voice, one vision. Without one voice, one vision, how would I have met a hospital pharmacist from the Milwaukee area? At the first dinner of my first board retreat, I sat across the table from Terry Maves. That evening, Terry and I started a friendship over steak and, I believe, chocolate cake, which has grown throughout the years. Terry has been a mentor and a good friend. Without one voice, one vision, how would I have met a pharmacist who worked for United Healthcare from the Fox Valley? Relationships with pharmacists across all practice settings are made because of one voice, one vision.

Being an organization was a radical idea 25 years ago. At the time, we had a hospital pharmacy organization and a community pharmacy organization. Leaders in Wisconsin pharmacy saw the value in

*Below: Janet Fritsch giving her PSW Presidential address at the 2022 PSW Annual Meeting on Saturday, August 27, 2022.*



being one. They saw the value in more efficiently using our resources. Why did the leaders then want one organization when other states were happy with two? Because we are rebels, we are forward-thinking, we are visionaries. We don't settle for the status quo. We don't settle for how we used to practice pharmacy or how other states practice pharmacy.

That was 25 years ago: one voice, one vision. What about now? OVOV 2.0?

These are some of the visionary things PSW pharmacists and technicians have worked on in the last couple years:

There are pharmacists who had the radical thought that pharmacists should be able to bill as a provider. And further, that we should get paid as a provider. These pharmacists, from different practice settings, worked together and we now have provider status in Wisconsin!

There were pharmacists and technicians who were so bold as to think we should be able to immunize. And then some who thought we should be able to immunize children. And then some who thought

student pharmacists and pharmacy technicians should be able to immunize.

There are some pharmacists and technicians who had the confidence to testify at hearings about PBM reform, about technician registration, about immunizations.

There are pharmacists who have the vision of supporting diversity, equity, and inclusion. They worked tirelessly to pursue these core values that PSW upholds.

We have some pharmacists who have the courage to stand up and present at conferences on topics they feel are important for the rest of us to know about.

Back to our beginning quotes:

When you have an idea, do you think, "If this was an idea, somebody would have had it already?" I find fault with that. If you have an idea, tell others about it.

When faced with a problem, do you feel discouraged when you don't know a solution? Remember, we are surrounded by smart people who challenge us. So, challenge each other!

What radical idea do you have to better

treat our patients? What bold initiative do we need to work on to better serve our patients? PSW has a history of rebels, a history of pharmacists who are visionaries, a history of relationships that benefit the patient and the profession. Talk about your ideas, share your vision, form relationships with pharmacists in other practice sites, in other places.

I am honored and humbled to be the next president of PSW. I will strive to work hard on projects that are visionary and forward-thinking. I will encourage all members to work on the radical idea. Thank you to Sarah Sorum, who inspires me. Thank you to all of the staff at PSW who strive to make it happen.

And now as PSW president, I ask you, "What's next?"

---

Janet Fritsch is the President of the Pharmacy Society of Wisconsin in Madison, WI.

*Below: PSW President, Janet Fritsch, and her family at the PSW Awards Banquet at the 2022 PSW Annual Meeting on Saturday, August 27, 2022.*

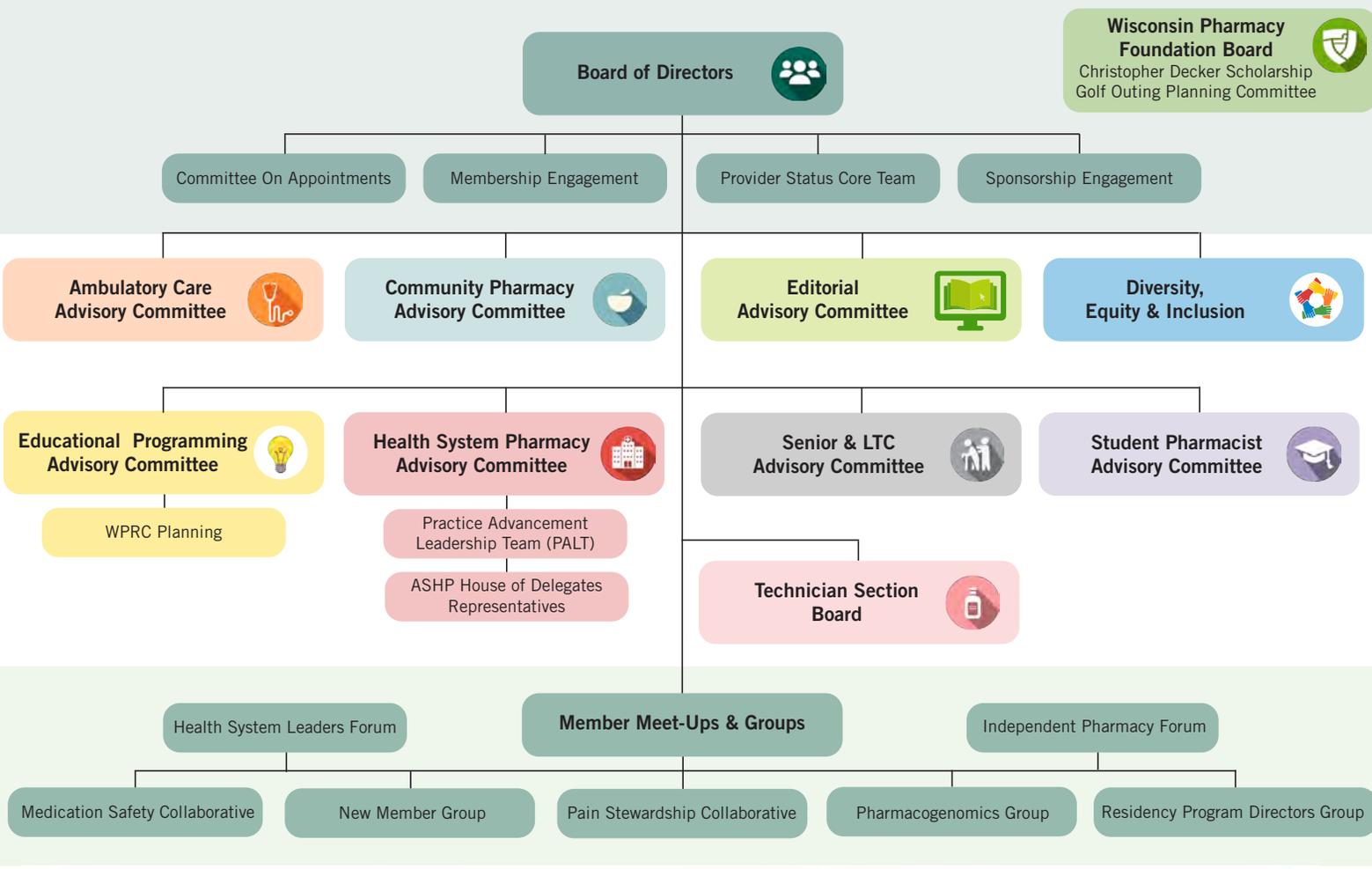


# PSW Organizational Chart

Leadership

Boards & Committees

Member Groups



**Wisconsin Pharmacy Foundation Board**  
 Christopher Decker Scholarship  
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**Are you interested in serving on a PSW committee?**  
 Click [here](#) to complete the PSW Leadership Nominations & Application Form.  
 Applications open until July 1. Resident application submissions open until August 1.



**Pharmacy Society of Wisconsin**

## DIVERSITY, EQUITY, AND INCLUSION

### Organization Recommendations

PSW will support diversity in our membership, equity in opportunities, and inclusiveness in our organization, empowering pharmacists, technicians, and student pharmacists to address systemic racism, and have broader cultural humility in the care of patients.

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