

Telling Their Stories: Transitioning into Ambulatory Care Pharmacy Practice

by Jennifer J Foti, PharmD, BCACP, Sarah C Ray, PharmD, BCPS, FAPhA, Marcus J Pribyl, PharmD, Maija A Anderson, PharmD

The pharmacy profession consists of many different clinical pharmacy practice areas. Ambulatory care pharmacy continues to be a growing area of clinical pharmacy practice, focusing on chronic disease state management. Ambulatory pharmacy roles may differ by state and employer, defining scope of practice, collaborative practice agreements (CPAs), and credentialing or privileging processes.

Aligning with the 2023 Pharmacy Society of Wisconsin (PSW) theme of “Telling Your Story,” the authors interviewed pharmacists and pharmacy technicians across the state who have made the transition from a variety of different pharmacy practice areas into ambulatory care pharmacy. They highlight their transition experiences and provide helpful guidance for pharmacists or pharmacy technicians interested in transitioning into ambulatory pharmacy practice.



Editor's Note:

Contribution from the PSW Ambulatory Care Advisory Committee (ACAC)

Telling Their Story

Steven Linden, PharmD
Bellin Health, Green Bay, WI

Steven Linden is an ambulatory care pharmacist practicing at Bellin Health in Green Bay, Wis. Prior to his ambulatory care role, he practiced in the intensive care unit (ICU) of a 255-bed hospital for over five years. In that role, he was responsible for rounding with the intensivist, attending traumas, and completing pharmacokinetic dosing. Linden was also an active member of the site's antimicrobial stewardship committee, where he created, implemented, and performed inpatient skin tests to rule out penicillin allergies.

What influenced your pharmacy practice change?

Linden's transition into ambulatory care pharmacy practice was driven by his desire for more flexibility to tend to the needs of his family. In his previous ICU pharmacy role, he worked nights, weekends, and holidays, which is common for inpatient pharmacy practice. Unfortunately, Linden's spouse works a similar schedule, which led to long periods without seeing each other and limited family time. In his current ambulatory pharmacy role, he has more flexibility to be able to spend time with his family.

What is your current ambulatory care role?

In Linden's ambulatory care role, he practices under a CPA, provides patient medication reviews and education, and answers provider medication inquiries throughout the health system. Linden is actively involved in the therapeutic management and maintenance of diabetes, opioid titration, anticoagulation, and polypharmacy with an emphasis on behavioral health. Linden feels appreciated in his role as an ambulatory care pharmacist due to the high level of collaboration, and

interdisciplinary patient care provided within his ambulatory care setting.

The most enjoyable aspect of Linden's ambulatory care role involves interacting with patients, making therapeutic adjustments under a CPA, and ultimately witnessing improved health outcomes for his patients.

What challenges did you face during this transition and what resources did you use?

Initially, when Linden transitioned into ambulatory care, he struggled with using brand medication names, because they are infrequently used in the inpatient setting. Additionally, he had a strong antimicrobial stewardship background but was challenged by the transition to outpatient antibiotic regimens. He needed to refresh his knowledge on available oral therapy options and empiric treatment recommendations used in this setting.

Some tools that he used to ease this transition included disease-state guidelines and primary literature resources such as PubMed and Cochrane Library. The Natural Medicines Database has been helpful for questions related to herbal and supplement therapy questions. Linden found Lexicomp and UpToDate to be great resources to answer more general drug information questions.

What advice would help in making the transition into ambulatory care?

For anyone interested in transitioning into ambulatory care pharmacy practice, Linden recommends staying up to date on disease state guidelines and literature to maintain a strong foundation in clinical knowledge. For those transitioning from inpatient pharmacy practice, he recommends becoming involved in transitions of care. For students, Linden encourages all students to reach out and shadow or choose multiple ambulatory

Below: Steven Linden, PharmD, Bellin Health, Green Bay, WI.





Above: Robert Mueller, PharmD, BCPS, Ascension All Saints, Racine, WI

care rotations while in school to obtain ambulatory pharmacy exposure.

If you are interested in more information, feel free to contact Linden at: stevenevl@gmail.com.

**Robert Mueller, PharmD, BCPS
Ascension All Saints, Racine, WI**

Robert Mueller is a pharmacist who practices in a variety of pharmacy settings in the Milwaukee area. Currently, he is a faculty member at Concordia University Wisconsin School of Pharmacy, where he serves as an Associate Professor in the Department of Pharmacy Practice. Mueller also practices pharmacy in ambulatory care and acute care settings for Ascension Wisconsin.

In his acute care pharmacy role, he attends rounds, maximizes pharmacokinetic dosing, and monitors patients in the hospital. Mueller also serves as a preceptor for Introductory Pharmacy Practice Experience (IPPE) and Advanced Pharmacy Practice Experience (APPE) students, and Postgraduate Year 1 (PGY1) pharmacy residents. With his transition into ambulatory care, he reduced his acute care pharmacy practice to one day per week.

What influenced your pharmacy practice change?

The major influence that pulled Mueller into ambulatory care involved his background in Spanish. He has a bachelor's degree in Spanish and Portuguese studies and is a certified Spanish interpreter through Ascension Wisconsin. Mueller finds fulfillment in using his expertise in the Spanish language within the medical field, but found these opportunities were limited in his inpatient pharmacy role. Mueller was compelled to use this skill in a meaningful way, which led to his interest in ambulatory

care pharmacy serving Spanish-speaking patients.

What is your current ambulatory care role?

Currently, Mueller practices under a CPA to provide medication management services in Spanish to patients with a variety of health conditions, including diabetes, heart failure, hypertension, and hyperlipidemia. With the ability to serve a large Spanish-speaking patient population, he enjoys being able to make an impact on health outcomes and build strong professional relationships with his patients. Mueller is rewarded by the kind, encouraging, and appreciative nature of his patients.

What challenges did you face during this transition and what resources did you use?

Initially, Mueller was challenged by navigating and efficiently documenting ambulatory clinic encounters. He was able to overcome these challenges by shadowing colleagues in similar roles to learn from their experiences about how to manage visits and document efficiently. Mueller also relied on foundational knowledge taught in pharmacy school to improve his essential skills in building patient rapport.

From a clinical perspective, he used specific disease state guidelines and modules from the Pharmacotherapy Self-Assessment Program (PSAP) from the American College of Clinical Pharmacy (ACCP) to help solidify his clinical knowledge. During this transition, Mueller learned to be resourceful to navigate through medication coverage challenges. He uses manufacturer patient assistance programs to ensure patients can acquire the medications they need.

What advice would help in making the transition into ambulatory care?

For anyone interested in ambulatory care, Mueller recommends reaching out to someone who is already practicing in the ambulatory care setting and scheduling a time to shadow. This exposure will offer a better understanding of ambulatory pharmacy encounters and the potential challenges involved in the role. This experience can also help open the door to establish a pharmacy practice mentor relationship.

If you are interested in more information, feel free to contact Mueller at: robert.mueller@cuw.edu.

**Ronda Breckler, CPhT
Froedtert Health's Anticoagulation Clinic,
Milwaukee, WI**

Ronda Breckler is a certified pharmacy technician supporting pharmacists and nurses in Froedtert Health's Anticoagulation Clinic. This clinic provides care to patients across much of eastern Wisconsin. Prior to this role, she spent many years as a Senior Technician in an outpatient pharmacy and also served as a sterile compounding technician in a home health care setting.

What influenced your pharmacy practice change?

Breckler's main motivation for transitioning into ambulatory care pharmacy is her "deep-seated" passion for providing direct patient care. Being able to foster positive, lifelong relationships with patients has been incredibly rewarding in her ambulatory care role. Breckler is grateful for the opportunity to play an important role in helping patients achieve their health care goals.

What is your current ambulatory care role?

Breckler's role as an ambulatory pharmacy technician in Froedtert Health's Anticoagulation Clinic is to provide support to the pharmacists and nurses managing anticoagulation therapy for patients. In this clinic, ambulatory pharmacy technicians perform administrative tasks and follow

Below: Ronda Breckler, CPhT, Froedtert Health's Anticoagulation Clinic, Milwaukee, WI



approved protocols to appropriately assist with patient care and patient education responsibilities.

What challenges did you face during this transition and what resources did you use?

One of the most difficult aspects of starting in ambulatory care was adapting to a new pharmacy practice environment. Ambulatory care is considerably different from other areas of pharmacy. Breckler had to adapt to new workflows, policies, and procedures, and learn to work collaboratively with other health care professionals within the health system. Through this transition, Breckler had to develop a new skill set and knowledge base pertaining to ambulatory care pharmacy. This skill set includes a detailed understanding of anticoagulation medications to triage patient and provider calls and provide patient education within her technician protocol.

Breckler used multiple resources during her transition into ambulatory care, including organizations such as the Pharmacy Technician Certification Board (PTCB) and the National Pharmacy Technician Association (NPTA). These organizations offer a wide variety of resources for continuing education, networking, and professional development, which helped her transition into ambulatory care practice. Additionally, Breckler connected with peers in the ambulatory care field to learn about their experiences and gain insight into the skills that are essential for success in this area of pharmacy practice.

What advice would help in making the transition into ambulatory care?

Breckler encourages anyone interested in pursuing ambulatory care to research the field thoroughly. When the anticoagulation service at Froedtert Health hires new pharmacy technicians, each candidate is offered the opportunity to shadow current technicians to gain a better understanding of ambulatory pharmacy. Networking with peers prior to her transition gave her a small glimpse into what this practice entails. Once she entered ambulatory care pharmacy, she strengthened her knowledge of ambulatory care by reading publications pertaining to the industry. This allowed her to strengthen her communication skills and build confidence in patient interactions.

If you are interested in more

information, feel free to contact Breckler at ronda.breckler@froedtert.com.

**Jen Slaughter, PharmD, BCACP
SSM Health Dean Medical Group,
Madison, WI**

Jen Slaughter is an ambulatory care pharmacist with the SSM Health Dean Medical Group in the Madison area. Prior to transitioning into ambulatory care, she practiced in the community and long-term care pharmacy settings. Within her community pharmacy role, she focused on medication dispensing. Through her long-term care pharmacy role, she collaborated with providers at skilled nursing facilities performing chart reviews and recommending medication therapy changes.

What influenced your pharmacy practice change?

Slaughter's main reason to transition into ambulatory care involved the increased level of independence within this practice setting. In her previous role, she was challenged by identifying drug therapy problems that required provider permission for resolution. Slaughter believes that a pharmacist's training encompasses the ability to identify and remedy drug therapy problems. She focused her career goal on working toward a pharmacy position that provided a higher level of autonomy to allow her to utilize these skills.

What is your current ambulatory care role?

Within Slaughter's ambulatory care role, she practices under broad CPAs to autonomously manage multiple chronic disease states. These broad CPAs allow pharmacists to manage diabetes, anticoagulation, and heart failure in patients. Slaughter also collaborates with the hospital pharmacy team to improve transitions of care models within her health system. One of their goals is to reduce polypharmacy within their patient population to improve outcomes. Slaughter practices with a higher level of autonomy, as the ambulatory care pharmacists within Slaughter's health system are not embedded within the same centralized clinic location. This allows the ambulatory care pharmacists to collaborate with a wide range of patients, providers and medical teams. Currently, Slaughter shares an office with an internal medicine physician, providing direct collaboration with providers and clinic staff.



Above: Jen Slaughter, PharmD, BCACP, SSM Health Dean Medical Group, Madison, WI

Slaughter says patient interactions and building relationships with her patients on a personal level are the most enjoyable aspects of her ambulatory pharmacy role. "When patients see you are taking the time to get to know them and understand their concerns and health goals, they are very grateful."

What challenges did you face during this transition and what resources did you use?

Initially, Slaughter was challenged by her transition into a new ambulatory pharmacy program collaborating with clinic providers and a medical team who were unfamiliar with the ambulatory care pharmacist role. For example, providers inquired about insulin or medication therapy coverage, but she often had an alternative medication therapy recommendation. Slaughter was challenged to go outside of her comfort zone to be more assertive in recommending more appropriate therapy alternatives and setting up a pharmacist consult to provide patient education.

During Slaughter's transition, she took on multiple roles and responsibilities to gain experience in a variety of pharmacy areas. She collaborated with other pharmacists to build connections. She also broadened her scope through additional trainings, such as the American Pharmacists Association's *Pharmacist and Patient-Centered Diabetes Care Certificate*. These opportunities gave Slaughter the ability to expand her disease state knowledge and take on larger roles within her organization.

What advice would help in making the transition into ambulatory care?

For anyone interested in transitioning into ambulatory care, Slaughter recommends fulfilling additional roles



Above: Thomas Welke, PharmD, Bellin Health, Marinette, WI

and responsibilities to build experience in a variety of practice areas. She also recommends taking the necessary steps to enhance clinical knowledge and skills through additional training and certification.

If you are interested in more information, feel free to contact Slaughter at jennifer.slaughter@ssmhealth.com.

Thomas Welke, PharmD Bellin Health – Marinette, WI

Thomas Welke is an ambulatory care pharmacist with Bellin Health, practicing in Marinette, Wisconsin. Prior to his ambulatory care role, he practiced in community pharmacy. He began his career as a staff pharmacist at Walgreens and transitioned into a pharmacy manager role and third shift pharmacist role. In 2019, he moved into the Bellin Health System to open a new community pharmacy in Seymour, Wis.

What influenced your pharmacy practice change?

The major influence that drew Welke into ambulatory care pharmacy was the desire to try something different in the pharmacy profession. He sought a new challenge to expand his pharmacy experience into an area of practice that would allow him to use all the skills gained throughout his community pharmacy career.

What is your current ambulatory care role?

Ambulatory care pharmacists within Welke's practice location are involved in many patient care responsibilities. His primary role includes answering provider medication questions, providing medication therapy management (MTM) services by referral and collaborating with the anticoagulation team. Ambulatory pharmacists like Welke serve a large geographical region covering multiple sites throughout the health system. This is one of the unique aspects of his ambulatory care role, which allows him to collaborate with a wide range of providers throughout the health system to assist in answering questions surrounding a variety of specialties. Welke's ambulatory practice location in a rural setting has allowed him to cross-train in other areas of pharmacy and serve as a resource to other medical teams within his facility.

The most enjoyable aspect of Welke's ambulatory care role includes the new challenges and unique situations that he is involved in every day, and the ability to dig into a clinical problem to provide the best patient care.

What challenges did you face during this transition and what resources did you use?

Initially, Welke was challenged by the change in work functions between community and ambulatory care pharmacy practices. Within his previous role as a community pharmacist, he was responsible for managing prescriptions in time-sensitive queues and providing clinical decisions based upon instinct and historical clinical knowledge, due to limitations in time and information available. In the ambulatory care setting, he has access to patient clinical information, which allows him to complete an in-depth analysis and apply primary literature and disease state guidelines when making clinical decisions.

Through his ambulatory pharmacy role, Welke is challenged by a wide range of clinical scenarios every day, along with learning to navigate the electronic health record (EHR). To help alleviate these challenges, he uses disease state guidelines to apply his clinical knowledge. He also collaborates with other ambulatory pharmacy colleagues as a resource for continued professional learning. This has

paired well with his community pharmacy knowledge of insurance coverage, prior authorizations, and patient assistance programs to help streamline access to medication therapies and enhance patient care.

What advice would help in making the transition into ambulatory care?

For anyone interested in moving into ambulatory care pharmacy, Welke recommends networking with other pharmacists to learn about different areas of pharmacy practice outside of your current role. He encourages you to "go for it" and not be intimidated by a perceived lack of experience, because skills can be transferred from one pharmacy practice setting to another.

If you are interested in more information, feel free to contact Welke at thomas.welke@bellin.org.

Conclusion

Pharmacists and pharmacy technicians can transition into ambulatory care from many different pharmacy practice settings. Pharmacists Linden, Mueller, Breckler, Slaughter, and Welke shared their transition experience, along with the fulfilling patient care they provide within their ambulatory care roles. Pharmacists or pharmacy technicians interested in learning more about ambulatory care pharmacy are encouraged to follow their guidance and reach out for more information.

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Acknowledgements: Steven Linden, PharmD, Bellin Health, Green Bay, WI. Robert Mueller, PharmD, BCPS, Ascension All Saints, Racine, WI. Ronda Breckler, CPhT, Froedtert & The Medical College of Wisconsin, Milwaukee, WI. Jennifer Slaughter, PharmD, BCACP, SSM Health Dean Medical Group, Madison, WI. Thomas Welke, PharmD, Bellin Health, Marinette, WI.