

MEDICAL COLLEGE OF WISCONSIN SCHOOL OF PHARMACY STUDENT WRITING CLUB:

# Business Member Spotlight: Enterprise Anticoagulation Clinics

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**W**ith five locations throughout the Greater Milwaukee area, Froedtert Health's Anticoagulation Clinic services excel at providing high-quality care to a diverse patient population. These clinics use an interprofessional model to deliver patient care. Pharmacists, nurses, and pharmacy technicians work together to appropriately manage patients on warfarin in four physical clinics and a call center. Jordan Spillane, PharmD, is the Director of Ambulatory Pharmacy Services for Froedtert Health. Dr. Spillane completed her PGY1 pharmacy practice residency at the Northwestern Memorial Hospital in Chicago and her PGY2 in health-system administration at the Jesse Brown VA Medical Center. She then began working at Froedtert Health and rose to become its Director of Ambulatory Pharmacy Services. When asked what kept her in Wisconsin and at Froedtert, Dr. Spillane informed us, "the people and the fact that everyone focuses on patient care."

Jennifer Hardman, PharmD, works closely with Dr. Spillane as the supervisor of Froedtert's Anticoagulation Clinic. Dr. Hardman is originally from Wisconsin but finished her PharmD in Cincinnati and completed an ambulatory care residency at the University of Illinois in Chicago (UIC). She stayed in Illinois for nine years before eventually returning home to Wisconsin. Dr. Hardman was drawn to Froedtert because of "the great reputation and dedication to expanding ambulatory pharmacy services." She has been at Froedtert for 12 years, serving as the Anticoagulation Clinic supervisor for the last two.

## Day to Day Practice

The Anticoagulation Clinic conducts a daily average of over 100 face-to-face visits and over 200 phone visits which means "there is never a typical day," Dr. Spillane stated. Many staff members are trained to work in more than one clinic site, which allows for staffing flexibility and job variety. During phone or face-to-face visits, clinicians follow-up and manage patients' warfarin and provide education and possible lifestyle recommendations. In the clinics, clinicians bring patients to rooms similar to a primary care clinic. Once there, clinicians ask patients a set of questions focused on diet, medication changes, and their current health. Clinicians then use a point-of-care device to obtain the patient's international normalized ratio (INR) and provide a plan based on the results. At the call center, clinicians receive INR results from a Froedtert lab, a facility, a home care service, or from self-testing patients reporting results to a third party. Over the phone, clinicians ask patients the same questions as in clinic visits, then provide a plan to the patient over the phone or by electronic message. To manage results, the nurses follow a detailed protocol and the pharmacists follow a collaborative practice agreement.

## Raising the Bar

What distinguishes this service from many other health services is the patient flexibility it provides. Patients can decide if they would like to have their INR checked at clinic appointments and discuss their warfarin plan in person, drop in at any Froedtert lab location for an INR draw or test their own INR at home and report their INR readings. "The face to face appointments are great for people that live near the clinics, and the other options are convenient for those that may not be

able to make the drive," Dr. Hardman explained. "Since our clinic solely focuses on anticoagulation, we have systems in place to ensure patients get excellent care and do not fall through the cracks" Dr. Hardman stated. Patients have their INR tested at least every 8 weeks depending on the consistency of their INR results. This allows clinicians and technicians to build personal bonds and relationships with their patients, which is evident by the clinics' very high customer satisfaction scores for in-person and phone encounters.

Teamwork is at the center of the model currently used by the Anticoagulation Clinic. Communication has been key to ensure that every staff member is following the same procedures and providing high-quality patient care. "There's a lot of communication over the phone and electronically," Dr. Hardman explained about the dialogues between clinics. With no physicians or nurse practitioners at the clinics or call center, a collaborative practice agreement and nurse protocol provides an environment for pharmacists, technicians, and nurses to use all their skills to collaborate and create patient-specific plans. This provides all three professions great opportunities in patient care that they likely wouldn't see in other healthcare settings.

## Overcoming Bumps in the Road

Every member of the Anticoagulation Clinic team offers feedback and suggestions to improve care. Dr. Hardman is continually taking those suggestions and working with her team to optimize clinical outcomes, workflows, technology and scheduling. One recent example was developing specific parameters around INR draws on Friday. The Anticoagulation



Above: Froedtert & The Medical College of Wisconsin Specialty Clinics building in Milwaukee.

Clinic rotates coverage of an after-hours service, and the responsibility for reviewing late Friday results falls on this pharmacist. As the volume of late Friday results was continuing to increase, the volume of work was becoming too much for the after-hours staff to manage. By developing a clear process for Friday lab draws, it reduced the number of results coming in after hours. This process improves patient satisfaction because patients are getting a follow-up call in a more timely manner, and improved staff satisfaction by reducing overwhelming work volumes on Friday afternoons.

"We are constantly striving to make sure everyone is performing at the top of their license or training," Dr. Spillane stated. She added that Dr. Hardman has worked to see what duties pharmacy technicians can do which might enhance the work done by the nurses and pharmacists. This would allow for the clinicians to focus more on clinical duties, further improving the clinic workflow and providing technicians the opportunity to conduct high-level services.

## Moving Forward

Within the Froedtert Health system, there are currently 4,000 patients on warfarin with only a small number who are still being managed by their primary care provider. The current plan for the growth of the Anticoagulation Clinic is to educate the remaining patients and providers about the benefits and advantages of using an anticoagulation service. To manage that growth, Dr. Hardman noted the challenges of maximizing the function of the current staffing model, extending INR intervals in a safe and appropriate manner, and further exploring direct-acting oral anticoagulants

(DOACs) to provide the best care for patients.

Dr. Spillane explained that Froedtert is constantly changing to improve workflow and patient care, and Dr. Hardman added that new guidelines and medications drive these constant changes and create opportunities at the clinics. In the long term, Dr. Hardman hopes to broaden the scope of the clinic to include DOAC monitoring as the use of these medications becomes more widespread. Additionally, as healthcare embraces telemedicine, the clinics need to continually look at the best ways to bring care to their patients.

With their combined years of experience in ambulatory pharmacy and clinic management, Dr. Spillane and Dr. Hardman offered valuable advice for individuals and other practice sites interested in implementing anticoagulation or similar services. From an individual aspect, Dr. Spillane stressed the importance of leadership and direct communication. These traits often include being open to new tasks, challenges, feedback, and practicing self-awareness of one's current skills while recognizing opportunities for improvement. Dr. Hardman stated that keeping the patient's best interest in mind is key to being successful in providing the best care. Dr. Hardman further explained, "without patients, there would be no jobs in the healthcare field; therefore, it is crucial to keep patients as the top priority."

From a practice site aspect, Dr. Spillane suggested focusing on two main topics. The first is information technology (IT) and other ancillary services. This means ensuring clear communication with both the IT department and lab, having

physician champions, and involving front-line staff in the process. During a major clinic transition in 2016, Dr. Hardman was a clinic staff member involved in integrating several independently operating anticoagulation services under one umbrella. Dr. Spillane stated that Dr. Hardman's perspective was beneficial as she was able to provide details and screenshots to demonstrate how different decisions would impact patient care. The second topic to focus on is change management. Change management involves a collection of approaches to prepare and support individuals and teams to successfully adopt change. During the 2016 clinic merge, it was crucial for Dr. Spillane to schedule time for all staff to learn about the changes and to meet, build relationships and put names to faces. Human Resources also participated in these meetings to facilitate conversations regarding how to manage change, acknowledging that everyone processes change differently, and how to be empathetic towards different perspectives. Moving forward, effective communication will always be a key component in improving clinic morale and workflow, as well as overall patient care.

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*Acknowledgements: We would like to thank Karen MacKinnon, BPharm, R.Ph. and Amy Kaczmarowski, MD for editing the publication. We would also like to thank Jordan Spillane and Jennifer Hardman for their time and assistance.*