

WPQC Spotlight: Dana Whittlinger

by Moua Lee, 2022 PharmD Candidate

The Wisconsin Pharmacy Quality Collaborative (WPQC) encourages pharmacists to perform comprehensive medication review and assessment (CMR/A) services by combining financial and professional incentives. This spotlight focuses on a pharmacist who has shifted her role over time and is leading the way in providing WPQC CMR/A services at her pharmacy location.

Dana Whittlinger, PharmD, BCACP, and a graduate of UW-Madison's School of Pharmacy 2002, is a medication expert expanding her role. After graduation, she chose to move to the Eau Claire area with her husband, Michael Whittlinger, also a pharmacist. She currently practices in the outpatient pharmacy at Mayo Clinic Health System in Eau Claire, where she is given opportunities to expand pharmacy clinical services. With support from her

leadership and director, she became WPQC-certified and began providing medication therapy management (MTM) services in her department. She has been participating in a cardiovascular- and diabetes-focused program that provides CMR/A services to Medicaid members with support from the local public health department and PSW. She now lives in Fall Creek with her husband and two teenage sons.

Interview with Whittlinger

What has been the most rewarding part of providing CMR/A services to Medicaid members?

Professional satisfaction. We learned about CMRs years ago in training, and now I am one of the pharmacists practicing it. I am in a position to use my pharmacist knowledge. I'm being challenged with learning new tasks and processes, including learning and utilizing the electronic health record (EHR) and telehealth to be more effective and efficient. I have a supportive team of professionals around me. All this inspires me to be a better clinician.

What has been the most challenging part of this process?

The no-shows. There is a ton of behind-the-scenes work that goes into a visit. It's frustrating to coordinate everything, compile documentation and background information for the patient, arrange for time and space for the visits, schedule an appointment, call for an approval, send reminders, review patient history, and then have a no-show. When patients don't show up it can feel very defeating for me.

What public health interfaces have you been able to implement?

We are providing [blood pressure] monitors and teaching to those that need it. We discovered some patients need an extra-large size to be able to read their blood pressures, and we were able to start providing that. We are getting reimbursed for these services offered by the pharmacy. I've provided transportation resources to those who need it. I've provided a CMR/A for a non-English-speaking patient using an interpreter service. I've connected patients with social services to help them



Left: Dana Whittlinger. Below: Dana Whittlinger and family.



make appointments and coordinate other care, as some patients may not know how to navigate this with today's technology. We have MTM pharmacists in other departments, and I have been able to coordinate with them with regards to consistent documentation and communication about mutual patients.

What do you see the WPQC program growing into?

I'm hoping to involve more pharmacists at my institution to provide CMR/As for our patients or even to help identify patients. We will have an ambulatory pharmacy resident starting in 2022, and I hope that individual can become involved as well. We are looking at getting other commercial insurance plans to support this service in addition to the Medicare and Medicaid patients we offer this for.

What would you like to tell other pharmacists who may be hesitant or do not know WPQC?

I know it may feel difficult to start and complete projects in a busy retail or clinic setting, but PSW does listen and will help you find solutions for a real-world pharmacy. [PSW staff Helene McDowell and Kari Trapskin](#) are available for questions if they should arise. PSW has great resources. Participating in their trainings and pilot programs has been helpful. Having support from your own institution is also essential. My director, Michele Richmond, has provided connections, staffing flexibility, and sometimes emotional support when I'm questioning my efforts. My team in the pharmacy permits me time to work, space in the pharmacy to meet [and] support billing, and more. The MTM pharmacists in our other departments were willing to let

me shadow their MTM visits and well as provide instruction for EHR documentation and more.

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