U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Rural Health
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ORH PROGRAM OVERVIEW

COPD CARE: Clinical Pharmacist Practitioners Increase Rural Veteran Access to Chronic Obstructive Pulmonary Disease Care

Background

The Clinical Pharmacist Practitioner (CPP) Enterprise-Wide Initiative, which started in 2015, also known as the CPP Increase Rural Veteran Access (CRVA) Initiative, affords greater access to medication management services, as well as chronic disease management services to rural Veterans. CRVA uses multiple approaches such as virtual visits into the home, within a Department of Veterans Affairs (VA) Medical Center (VAMC), or to VA Community-Based Outpatient Clinics from a VAMC. CPP is an Advanced Practice Provider that has the authority to provide complete medication management services across a range of common disease states. Optimizing the role of the CPP in working with providers, care teams, and Veterans improves medication use and clinical results as well as access to care.

Medication management decisions are increasingly challenging, and medications are involved in 80% of patient care treatments. These skilled practitioners provide a bridge in the gaps in care. This initiative focuses on Increasing access to CPP providers for rural Veterans by optimizing the role of the CPP provider. More specifically, this initiative emphasizes models of care that demonstrate how CPP providers improve clinical outcomes with positive returns for rural Veterans.

CRVA COPD CARE Locations
Fiscal Year 2023-2025

Chronic obstructive pulmonary disease (COPD) remains one of the leading causes of death in the United States and has a particularly high burden among rural Veterans, who experience greater disease prevalence, symptom severity, and barriers to care. Despite strong evidence supporting COPD management best practices, only one in three patients with COPD receive evidence-based care. Furthermore, while timely healthcare delivery is associated with lower risk of rehospitalization, Veterans residing in rural communities remain least likely to access the healthcare services needed.

Goals and Objectives

The COPD CARE (**C**oordinated **A**ccess to **R**educe **E**xacerbations) program addresses these gaps by integrating primary and specialty care to deliver a coordinated, holistic approach to COPD management. Led by the clinical pharmacist practitioner (CPP), the program embeds evidence-based COPD best practices within the Patient Aligned Care Teams (PACT) across rural Community Based Outpatient Clinics (CBOC).

By leveraging the clinical expertise of CPPs, the primary goal of COPD CARE is to improve access to consistent, evidence-based COPD best practices and promote timely post-discharge follow-up for rural Veterans following a COPD exacerbation.

Methodology

COPD CARE was established in 2015 at the William S. Middleton VA Medical Center, in Madison, Wisconsin. With the support of the Pharmacy Benefits Management Clinical Pharmacy Practice Office (CPPO), Diffusion of Excellence Program, and the Veterans Health Administration (VHA) Office of Rural Health, COPD CARE is active at 50 facilities as of fiscal year (FY) 2025. The CRVA COPD CARE FY2023-2025 cohort consists of 22 PACT CPP spread across 17 unique VA facilities with the goal to utilize CPPs to optimize the care of Veterans with COPD, increase Veteran access to post-COPD exacerbation care with the CPP, and reduce re-exacerbation rates for Veterans with COPD.

Within COPD CARE, Veterans receive:

1. Post discharge Telephone Contact by a PACT Registered Nurse for symptom assessment and transitions of care education within 48 hours of exacerbation.

2. COPD CARE Wellness Visit with CPP to review history, assess symptoms, evaluate medication adherence and inhaler technique, optimize medication regimen, provide education and COPD action plan, order spirometry, labs and place other referrals pulmonary rehabilitation, nutrition, tobacco cessation, and others as applicable with 30 days of exacerbation.

3. On-going Follow-up Visits with CPP or Interdisciplinary Team Member for comprehensive medication management and symptom evaluation, and education emphasizing COPD action plan.

COPD CARE integrates the CPP into PACT practice to increase access for rural Veterans and increase quality of care.

Impact on Rural Veteran Health

- CRVA COPD CARE (FY23-FY25) served over 30K Veterans resulting in over 1154K Comprehensive Medication Management Patient Care Encounters with 77% of those being rural, and 11K COPD Medication Interventions.
- CRVA COPD CARE outperforms VA national averages in several guideline directed COPD therapy medication and vaccination quality indicators. There has been statistically significant and clinically meaningful improvement in the COPD Assessment Test (CAT) symptom scores. Rural patients managed through COPD CARE had an average CAT score improvement of 3.1 points (95% CI: 2.3, 3.8) and urban patients had a CAT score improvement of 2.6 points (95% CI: 2.0, 3.3), with clinically significant and statistically significant reported COPD symptom improvements.
- Initial analysis of COPD CARE pilot sites demonstrated that Veterans enrolled in the program had a statistically significant reduction in all-cause and COPD-related readmissions and death, as well as improved patient access to health care compared with patients receiving standard of care.

> ***"I'm happy you changed my meds. I can breathe again! I was able to get a job and play with my grandchildren without relying on my albuterol inhaler."***
> **~ Veteran**

Key Takeaways

- COPD CARE is an innovative model that highlights interdisciplinary, collaborative, team-based care strategies for COPD practice integration.
- Incorporation of the COPD CARE program aligns with VHA priorities and the needs of rural Veterans.
- Participation in COPD CARE team-based service, led by CPP, resulted in greater access to health care, increased receipt of COPD management best practices, and readmission reduction compared to treatment as usual.

Clinical Outcome	COPD CARE (n= 118)	Control (n=122)	Relative Risk	F chi-square
All- Cause Readmissions	17 (14%)	35 (29%)	0.52	0.007
All- Cause Death	0 (0%)	5 (4%)	-	0.060
COPD-Related Readmissions	9 (8%)	22 (18%)	0.44	0.020
Patient follow-up within 30 days of discharge by Pharmacist or Provider	109 (92%)	60 (49%)	1.88	< 0.001

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