



Center for Pharmacy Practice Innovation

Helping pharmacists optimize patient outcomes

ANNUAL REPORT
2025-2026

TABLE OF CONTENTS

Mission and Vision	2
CPPI History	3
Director's Message	4
Faculty & Staff	5
• 'Be that person that's a joy to be with'	6
2024-27 Strategic Plan	8
Research	9
• Publications	10
• Research highlights	13
Educate	15
• Introducing Voices in Pharmacy Innovation	16
• CPPI Seminars	19
• Culinary Medicine	21
Advocate	22
• CPPI works to provide resources to expand pharmacists clinical services	23
• VCU Pharmacy faculty shape ADA's 2026 Standards of Care in Diabetes	25
• Navigating the 2026 Cholesterol Guidelines	26
Partners	28
Thank you and Contact	29

MISSION & VISION

Mission: To help pharmacists optimize patient outcomes

 [\(804\) 628-7614](tel:(804)628-7614)

 cpqi@vcu.edu

Vision: Being a leader in transforming ambulatory and community pharmacy practice and advancing pharmacists' roles on patient-centered, collaborative care teams

 <https://cpqi.pharmacy.vcu.edu>

 Center for Pharmacy Practice Innovation

 Center for Pharmacy Practice Innovation

CPPI HISTORY

The **Center for Pharmacy Practice Innovation (CPPI)** at the Virginia Commonwealth University School of Pharmacy was established in late 2015 originally as the Center for Pharmacy Practice Transformation. It evolved in response to a rapidly evolving healthcare landscape focused on value-based, patient-centered care. From the beginning, the Center aimed to develop and evaluate innovative care models that integrate pharmacists into interprofessional teams to improve clinical and economic outcomes. Early collaborations with regional health systems, public health agencies and professional organizations helped establish CPPI as a hub for practice innovation in Virginia.

Under the leadership of **Dave L. Dixon, Pharm.D.** who became director shortly after the Center's founding, CPPI refined its mission to transform care delivery while expanding opportunities for pharmacists in direct patient care roles. This work was especially timely as health systems faced the combined challenges of an aging population, rising rates of chronic disease and shortages in primary care providers. CPPI positioned pharmacists as essential members of collaborative care teams, helping address medication complexity and improve patient outcomes.

In 2016, **Teresa Salgado, Ph.D.** joined the School of Pharmacy and served as CPPI's assistant director for several years. During this time, she contributed to the growth of the Center's research portfolio and efforts to demonstrate the impact of pharmacists in team-based care settings.

In 2022, following a period of co-leadership with Dixon, Salgado was named director of CPPI as Dixon transitioned to serve as chair of the Department of Pharmacotherapy and Outcomes Science. As director, Salgado has emphasized policy and workforce development, particularly in response to new statewide protocols expanding pharmacists' scope of practice. She has outlined a vision of working closely with state and professional organizations to prepare pharmacists for these expanded roles while continuing to evaluate their impact on patient care.

Building on its founding mission, CPPI continues to align research, professional development, and policy initiatives to optimize patient outcomes and further elevate the role of pharmacists within an increasingly collaborative and value-driven health care system.

DIRECTOR'S MESSAGE



Dear friends and partners,

Over the past year, the Center for Pharmacy Practice Innovation (CPPI) has continued to serve as a catalyst for advancing pharmacy practice across the Commonwealth of Virginia and beyond. As a collective, we published 12 peer-reviewed articles and delivered multiple poster presentations and oral communications at major professional meetings. We were also thrilled to expand our team by welcoming two new affiliate faculty members: Dr. Rachel Cloutier from the VCU School of Nursing, who has played an integral role in our culinary medicine program alongside Dr. Sisson, and Dr. John Bentley from the University of Mississippi, who brings deep expertise to our ongoing statewide protocol uptake analysis.

Our programmatic and research initiatives achieved several milestones over the past year. In January 2026, under the leadership of Dr. Dave Dixon, we launched the CPPI podcast – Voices in Pharmacy Innovation – with the goal of amplifying the voices of innovators in pharmacy practice and offering insights and strategies for others to translate research and policy into practice. Additionally, our monthly seminar series continues to reach numerous practitioners and researchers across the state and the nation.

Building on that momentum, CPPI officially launched the Virginia Medicaid Pharmacist Provider Enrollment Guide at the March 2026 VPhA Annual Meeting. This toolkit was reviewed and approved by the Department of Medical Assistance Services (DMAS), and was welcomed with enthusiasm and excitement by the pharmacy practitioner community. We are in the process of piloting the effectiveness of the toolkit and actively recruiting Virginia pharmacists interested in getting credentialed with Medicaid and navigating the process with the help of our toolkit.

We also published the official proceedings from our March 2025 Invitational Summit on State Medicaid Payment for Pharmacist Clinical Services in the Journal of the American Pharmacist Association with the goal of making the lessons learned from the summit accessible to pharmacists and policy-makers in other states.

Finally, and in addition to our work in the community pharmacy space, we continue our collaboration with health systems seeking to demonstrate the value of incorporating pharmacists as part of their primary care team. Our focus has been on demonstrating the impact of expanded billing opportunities and how that can generate significant revenue within an ambulatory care clinic.

Looking ahead, we will continue to work with community pharmacy and health system partners to demonstrate the added value of pharmacists. We will also continue our professional development offerings through carefully selected seminar speakers and podcast guests.

With appreciation,

A handwritten signature in blue ink that reads "Teresa M. Salgado".

Teresa M. Salgado, M.Pharm., Ph.D.
Associate Professor, Department of
Pharmacotherapy & Outcomes Science
Director, Center for Pharmacy Practice Innovation,
Virginia Commonwealth University School of
Pharmacy

FACULTY & STAFF

Leadership



Teresa Salgado, M.Pharm, Ph.D.
Director



Evan Sisson, Pharm.D.
Assistant Director

Core Faculty



John Bucheit, Pharm.D.
Associate Professor



Vasco Pontinha, Ph.D.
Assistant Professor



Sydney Weber
Program Support Assistant



Dave Dixon, Pharm.D.
Professor & Chair



Sarah Wheeler, Pharm.D.
Assistant Professor



Kelly Goode, Pharm.D.
Professor



Dayanjan Wijesinghe, Ph.D.
Associate Professor



David Holdford, Ph.D.
Professor Emeritus

Staff

Affiliate Faculty

Dana Burns, D.N.P.
Lauren Caldas, Pharm.D.
Rachel Cloutier, Ph.D. ****NEW****
Alan Dow, M.D.
Sharon Gatewood, Pharm.D.
Resa Jones, Ph.D.
Lauren Pamulapati, Pharm.D.
Mark Ryan, M.D.
Roy Sabo, Ph.D.
Yongyun Shin, Ph.D.
Marie Smith, Pharm.D.
Kristin Zimmerman, Pharm.D.

'Be that person that's a joy to be with': Notable pharmacy educator, researcher and dedicated mentor David Holdford retires after 31 years

May 2026 | Mary Kate Brogan

Bringing 'wisdom' and 'the element of humor' to the job, the Pharmacoeconomics and Health Outcomes professor rarely gave students THE answer – and that, they say, is what made them better leaders.

Virginia Commonwealth University professor **David Holdford, Ph.D.**, has devoted his career to teaching, writing, and conducting research on how to apply business tools to solve problems in pharmacy. He argues that economics, marketing, and leadership offer pharmacists solutions to achieve the best possible health outcomes for their patients. But his biggest contribution, his students say, has been his mentorship, not in giving them the answers but in helping them discover how to answer life's biggest questions for themselves.

Throughout his career, Holdford has earned national recognition from his peers for his teaching and research, authored six books – and co-edited a seventh – on patient care, leadership in pharmacy and marketing for pharmacists, and served in leadership roles for the American Association of Colleges of Pharmacy, including, most recently, as its treasurer and executive board member on its Board of Directors. Through it all, a lifelong passion for learning and mentorship fueled his pursuit of making the profession better, not just for his students but for the patients they serve.

After more than 30 years at VCU, Holdford, a professor in the Department of Pharmacotherapy and Outcomes Science who has served as the school's director of international programs and a leader for the school's dual degree programs, is retiring this month.



At his retirement celebration in late April, he shared his trademark sense of humor with his colleagues and former students who came from around the country to celebrate him.

"I used to have a real job before I became a faculty member," he joked to laughter from the crowd. "I didn't like that. I didn't like the 'real job.' I like being in academia. Every day I get out of bed and come to work, and I enjoy it. I enjoy what I'm doing."

A few years ago, a serious illness landed Dr. Holdford in the hospital. One of his most recent Ph.D. mentees, Vasco Pontinha (Ph.D. 22), an assistant professor in VCU's Department of Pharmacotherapy and Outcomes Science, had just joined the faculty and was tasked with teaching courses Holdford had been teaching for years.

'How did Dr. Holdford teach this course?' 'Should I make changes?' 'Will he agree with those changes?' 'Is it OK if I step away from his research focus because I need to become an independent researcher myself?'

I remember grappling with all these questions and finally opened the toolkit as if we were having a conversation in his office: 'I trust your judgment to make the necessary adjustment in this course and any other decisions for your career,'" Pontinha said. "I can only hope to mirror his unfiltered and unabated ability to trust his students and colleagues. For me, his legacy is more about how he trained thinkers and problem solvers, and less about metrics of scientific performance."

Holdford shared his gratitude for his peers and for the school's leaders, who joined Diane by his side in the hospital when things weren't looking so good. As for his illness – "I'm conquering it," Holdford says, and now, he is retiring on his own terms, with plans to travel, ride horses, and read non-professional material like history and science fiction.



Read full article at
<https://pharmacy.vcu.edu/news/>

Run your own race

To say Dr. Holdford has had a lasting impact on us would be an understatement. His influence on our center — and on each of our faculty, staff, and students — has been immeasurable.

Our director, Teresa Salgado Ph.D., speaks for so many of us as she shares her personal reflection:

"Dr. Holdford has been a friend and mentor to me since I joined VCU School of Pharmacy in 2016. His wisdom and words of encouragement, 'Run your own race,' will stay with me for the rest of my life."

We wish him the very best on this next adventure!



David Holdford & Lauren Pamulapati



Vasco Pontinha, David Holdford, Teresa Salgado

VCU Pharmacy faculty help shape ADA's 2026 Standards of Care in Diabetes

Dec. 19, 2025 | Sydney Weber

Recommendations from Dr. Dave Dixon focus on addressing and preventing cardiovascular disease, the leading cause of death among people with diabetes.



Last week, the American Diabetes Association released its 2026 Standards of Care in Diabetes, providing updated, evidence-based guidance for diagnosing and managing diabetes and prediabetes across the United States.

The Standards used by more than six million individuals each year – integrate the latest research with input from leading subject matter experts to ensure recommendations reflect current best practices in diabetes care.

Among those experts is **Dave Dixon, Pharm.D.**, professor and chair of the Department of Pharmacotherapy and Outcomes Science at the VCU School of Pharmacy. Dixon served as a subject matter expert for the Cardiovascular Disease and Risk Management section, helping to shape updates focusing on preventing cardiovascular disease in people with diabetes.

“One major change is the updated recommendations on GLP-1–based therapies in light of new evidence demonstrating their benefits in cardiovascular disease prevention,” Dixon said. “The guidelines also reemphasize the importance of blood pressure control, along with consideration of achieving a systolic blood pressure below 120 mm Hg in those with high cardiovascular or kidney disease risk.”

Additionally, Dixon said the updated standards reflect a broader shift in diabetes care toward preventive therapies that reduce cardiovascular disease, the leading cause of death among people with diabetes.

“These guidelines reinforce the importance of comprehensive diabetes care that goes beyond glycemic control alone,” he said.

In addition to Dixon, **John Bucheit, Pharm.D.**, associate professor at the School of Pharmacy, served as an external peer reviewer for the same section of the Standards.

“Our faculty’s contributions are actively setting the standard of care for diabetes patients in the U.S. and around the world,” said K.C. Ogbonna, Pharm.D., M.S.H.A., dean of the School of Pharmacy. “Dr. Dixon is a leading expert in cardiovascular disease management, and we are proud to see him continuing to lead in a way that has the potential to improve the health of millions of Americans.”

“The guidelines reemphasize the importance of blood pressure control, along with consideration of achieving a systolic blood pressure below 120 mm Hg in those with high cardiovascular or kidney disease risk.”



Navigating the 2026 Cholesterol Guidelines With John Bucheit, Pharm.D.

March 28, 2026 | Pharmacy Times

<https://www.pharmacytimes.com/view/navigating-the-2026-cholesterol-guidelines-with-john-bucheit-pharmd>

As the American College of Cardiology's 2026 annual meeting gets underway, updated lipid management guidelines are generating significant discussion among clinicians. Pharmacy Times spoke with **John Bucheit, PharmD, BCACP**, an associate professor at VCU School of Pharmacy, to break down the most meaningful changes—from the return of LDL-C targets to new risk calculators, earlier intervention strategies, and the evolving role of apolipoprotein B in risk assessment.



Q The 2026 guideline marks a shift back to LDL-C targets. What drove the decision to move away from the previous threshold-based approach?

The new LDL targets are more practical. From a practicing clinician's perspective, it's helpful to have a specific number to discuss with patients, and it's helpful for patients to know where they need to go with their LDL and non-HDL cholesterol. This helps both the patient and the clinician make a decision about how aggressive we want to be with lipid-lowering therapy. With that said, the patients who are going to benefit the most are those who achieve the largest absolute reduction in LDL and non-HDL cholesterol—so an absolute reduction in those measures remains important.

Q The PREVENT ASCVD calculator addresses prior concerns about risk overestimation. How do you expect this to change treatment decision-making in practice?

The new PREVENT ASCVD risk calculator has

been validated and studied in a large, modern population which has meaningfully improved our ability to estimate risk. The pooled cohort equation was a good step, but this calculator offers broader and more current validation. What's also notable is that it can be applied to patients as young as 30 years of age, allowing us to better identify risk earlier — and prevention is always the goal. Additionally, this calculator provides a 30-year risk estimate. Even if a patient's 10-year risk appears low, the 30-year risk may still factor into a shared decision-making conversation about initiating treatment.

Q How does apolipoprotein B (ApoB) enhance risk assessment beyond traditional lipid measures, and when should it be prioritized?

There's been considerable discussion about ApoB in these new guidelines. LDL and HDL remain our primary treatment targets; however, the guidelines do identify specific patient populations in whom measuring

ApoB should be considered—including patients with high triglycerides, diabetes, or other select conditions. This will be an individualized decision between the clinician and patient. In these populations, there may be discordance between LDL measures and ApoB, which is an important consideration when trying to ensure we've adequately addressed a patient's residual risk.

Q The emphasis on earlier intervention, even in childhood, is notable. What evidence supports this shift?

Early intervention is important. I want to take a step back and note that approximately 1 in 250 people have familial hypercholesterolemia—a condition that is significantly underdiagnosed. Being able to better identify even young adults or children with this condition is meaningful. The guidelines assign this a category B-R level of evidence, indicating moderate evidence from randomized controlled trials or meta-analyses supporting screening in these populations. We also have FDA-approved medications for use in patients under 18, which provides reassurance regarding their safety profile. The first step for these patients will still be lifestyle modification; pharmacotherapy is considered when clinically indicated, and we have good randomized controlled trial evidence supporting its safety.

Q What are the biggest barriers to implementing these updated recommendations in clinical practice?

The biggest barriers are awareness and education. In terms of pharmacotherapy, while there are therapies in these guidelines not present in the 2018 update, many of those medications have

already been approved for several years. The more significant changes are the return of specific LDL targets and the new risk assessment tools—such as the PREVENT ASCVD calculator, CAC scoring, and ApoB measurement—and helping clinicians understand how to incorporate these into everyday practice. We're here at ACC 2026, and we'll continue to see data reinforcing the importance of lipid targets. The field will keep evolving, but the immediate challenge is making sure both our cardiology colleagues and primary care providers are aware of and aligned with these new recommendations.

2024-27 STRATEGIC PLAN



Research



Educate



Advocate

1 Develop & evaluate innovative care delivery models

Objective 1.1: Work with local health systems to support the implementation of new models.

Objective 1.2: Continuously evaluate engagement with other health system organizations to develop and evaluate innovative care delivery models.

2 Support uptake & dissemination of statewide protocols

Objective 2.1: Conduct research to inform current uptake of statewide protocols.

Objective 2.2: Create the infrastructure to allow future monitoring of statewide protocols uptake.

Objective 2.3: Perform statewide needs assessment of proximity of community pharmacies to the VA population.

3 Increase pharmacy workforce capacity to provide advanced pharmacy services

Objective 3.1: Equip practicing pharmacists with the knowledge, skills and abilities to engage in advanced pharmacy practice.

Objective 3.2: Equip students with the knowledge, skills and abilities to engage in research.

4 Advocate for pharmacy services payment

Objective 4.1: Increase the number of pharmacists billing Medicaid for pharmacist services.

Objective 4.2: To provide evidence needed to support payment decisions by payers.

Objective 4.3: Increase the visibility of CPPI in Virginia.

Research

Advancing pharmacy practice through evidence-based research

We conduct meaningful research. From demonstrating the impact of pharmacists on patient and population health outcomes to promoting the expanded scope of pharmacists in community-based settings, our team conducts research that informs real-world pharmacy practice advancement in partnership with multiple state-level stakeholders across different settings.

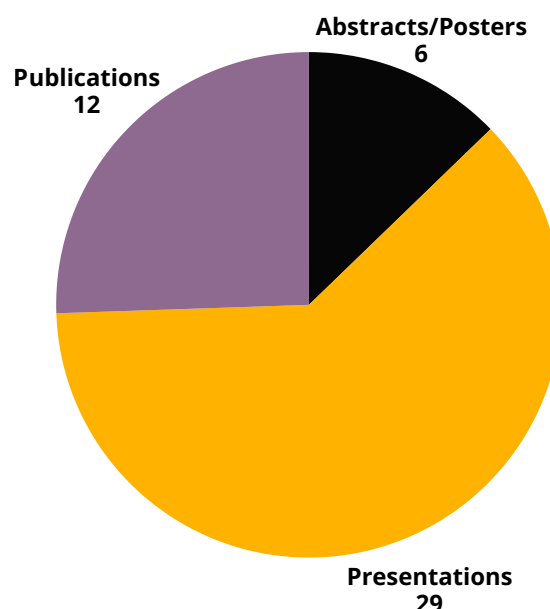


SCHOLARSHIP

29 Oral Presentations

12 Publications

6 Abstracts/Posters



Implementation of Statewide Protocols for Community-based Pharmacist Services in Virginia: A Qualitative Study Using the Consolidated Framework for Implementation Research

J Am Pharm Assoc (2003). 2025 Oct 29;102963

Kelly Goode, Vasco Pontinha, Teresa Salgado served as authors.



Contextual factors affecting implementation of Medicaid billing for community-based pharmacist services in Virginia: A qualitative study

Am Pharm Assoc (2003). 2025 Oct 8;102939

Kelly Goode, Vasco Pontinha, Teresa Salgado served as authors.



Examining the association between medication adherence trajectories and disease-specific clinical outcomes: An analysis focusing on the drug classes included in Part D quality bonus payments

J Manag Care Spec Pharm. 2025 Nov;31(11):1177-1188.

Vasco Pontinha served as an author.



The 2025 Invitational Summit on Medicaid Payment for Pharmacist Patient Care Services: Meeting proceedings

J Am Pharm Assoc (2003). 2026 Feb 13:103049

Marie Smith, John Bucheit, Kelly Goode, Evan Sisson and Teresa Salgado served as authors.



A cross-sectional study of prescribing rates for SGLT2 inhibitors and GLP-1 receptor agonists among primary care clinics with and without embedded pharmacists

J Am Pharm Assoc (2003). 2026 Mar 27:103106

Dave Dixon and Teresa Salgado served as authors.



Impact of Pharmacist-Managed Diabetes Care on Clinical Outcomes in Rural Health Clinics

Annals of Pharmacotherapy. 2026;0(0)

Sarah Wheeler served as first author.



Multidisciplinary teams in clinical lipidology and cardiometabolic care: A National Lipid Association Expert Clinical Review

J Clin Lipidol. 2025 May 29:S1933-2874(25)00283-1

Dave Dixon served as an author.



The Clinical Pharmacist as Principal Investigator – 2026

J Am Coll Clin Pharm. 2025 Nov 27

Dave Dixon served as an author.



State of the union 2026: State-level updates and national trends in pharmacist payment reform

J Am Coll Clin Pharm. 2026

John Bucheit and Sarah Wheeler serve as members of the Advancing Pharmacist Payment Parity Workgroup.



Implementation of a continuous glucose monitoring workflow in a complex primary care clinic

J Am Assoc Nurse Pract. 2026 Jan 1;38(1):38-46

Evan Sisson served as an author.



Pharmacy-Based Immunization Delivery: A Comprehensive History and Current Challenges

J Am Coll Clin Pharm 9, no. 6 (2026)

Jean 'Kelly' Venable Goode served as an author.



Implementation of a Pharmacist-Led Service to Expand SGLT2 Inhibitor Use Beyond Diabetes in the Primary Care Setting

The Science of Diabetes Self-Management and Care. 2026;52(3):243-250

John Bucheit served as an author.

Research highlight

Contextual factors affecting implementation of Medicaid billing for community-based pharmacist services in Virginia: A qualitative study

Authors: Rana Amayreh, Sadia Shah, Jean-Venable Kelly Goode, Maria Thomson, Vasco M Pontinha, Tana N Kaefer, Teresa M Salgado

J Am Pharm Assoc (2003). 2026 Jan-Feb;66(1):102939. doi: 10.1016/j.japh.2025.102939. Epub 2025 Oct 8.

Abstract

Background

In 2023, Virginia mandated Medicaid payment for services provided by pharmacists under statewide protocols. Despite this legislative action, pharmacist registration as Medicaid providers remains limited, delaying access to expanded patient care services.

Objectives

To identify contextual factors affecting pharmacist registration as Medicaid providers and implementation of Medicaid billing for patient care services in Virginia community-based pharmacies.

Methods

Semi-structured interviews were conducted with 16 community-based pharmacists between November 2024 and May 2025. The Consolidated Framework for Implementation Research 2.0 guided interview development and analysis. Interviews explored pharmacists' experiences with Medicaid provider registration, billing procedures, and implementation challenges. Recruitment continued until thematic saturation was achieved. Data analysis employed two-phase inductive and deductive coding, with 2 independent coders analyzing transcripts to

ensure reliability.

Results

Procedural complexity, high implementation costs, and poor system design emerged as major barriers to Medicaid billing implementation in community-based pharmacies, despite recognition of the potential financial benefits (innovation domain). Complex regulatory requirements and financing issues limited perceived viability of the innovation (outer setting domain). Inadequate technical infrastructure, insufficient organizational resources (inner setting domain), and knowledge deficits (individual domain) were described as significant obstacles, with mission alignment serving as a facilitator (individual domain). Pharmacists demonstrated unfamiliarity with credentialing and billing processes, and lack of implementation opportunity, while patients' needs for affordable care access were recognized (individual domain). Implementation processes were consistently problematic across planning, strategy development, execution, and evaluation phases (implementation domain).

Conclusion

Pharmacists and state pharmacist associations must engage with Medicaid agencies, medical societies, and health departments to create policies that support standardized implementation of pharmacist payment. Continued research on patient and population health outcomes will strengthen the case for expansion, and national coordination through a central repository of state legislation, state pharmacy association language, and implementation toolkits.

Educate

Turning ideas into shared learning

Our educational resources connect research, policy and practice. CPPI offers [seminars](#), [podcast conversations](#) and [practical tools](#) that help pharmacists, students, faculty and health care leaders explore emerging issues, share ideas and apply innovative strategies to improve patient care.



Introducing Voices in Pharmacy Innovation

Jan. 6, 2026

Author: Mary Kate Brogan

Every new year, millions of people make resolutions centered around change. But what stands in the way of that change? Many people know what they want to change or why that change is valuable, but one of the greatest barriers, often, is how: How do I make this change?

VCU's Center for Pharmacy Practice Innovation is intent on taking the mystery out of how to make change in pharmacy practice. Their solution? Just listen.



Launched on Jan. 8, the center's new podcast, Voices in Pharmacy Innovation, aims to amplify the voices of innovators in pharmacy practice, offering insights and strategies to translate research and policy into practice in 30 minutes or less.



The podcast, **Dave L. Dixon, Pharm.D.**, says, has been a goal of the center since its inception in 2015. A former director of the Center for Pharmacy Practice Innovation, Dixon serves as the Nancy and Ronald McFarlane Professor of Pharmacy, chair of the Department of Pharmacotherapy & Outcomes Science at VCU School of Pharmacy and now, host of the podcast.

Ahead of the first episode, Dixon sat down with us to share more about what he hopes listeners will get out of this podcast – and why you should add Voices in Pharmacy Innovation to your listening rotation.

Q What motivated you to start this podcast?

It's been a goal of the center to start a podcast since we started the Center for Pharmacy Practice Innovation in 2015. We have always wanted to educate the pharmacy and health care community about how pharmacists can help improve health outcomes. Fast forward to today, the timing seemed right from the standpoint of the center, solidifying itself both locally and nationally. But also, there is so much wonderful work going on in pharmacy practice that there is a void of a platform to really highlight all the great innovation that's going on in the profession, and so we hope to be that voice.

I have listened quite a bit to How I Built This. In that podcast, they bring in

entrepreneurs to talk about how they built their company, and that's what helped with developing this idea. A podcast being readily available to individuals is helpful; it's free, you can listen to it on your commute, while you're doing chores at home or on your run.

Q Who is this podcast for?

With Voices in Pharmacy Innovation, we want to reach pharmacy practitioners – those that are on the front lines doing a lot of this great work but also interested in innovating their own practice. We hope that the ideas are distilled down in each episode in a way that individuals can take bits and pieces and apply to their own practice. We also hope that the podcast reaches leaders in health care, those who are often in the C-

suite making decisions around implementing new clinical services to improve patient care. And finally, we want to reach those involved in health care policy, which is really where a lot of the innovative work ultimately lands in the sense of 'How do we make this the standard of care? How do we make all the wonderful, innovative work that pharmacists do available to the masses?' That's, I'd say, the ultimate goal.

Q What topics are you planning to cover?

Our first episode will feature Jeffrey Bratberg, Pharm.D., who is a clinical professor at the University of Rhode Island and serves on the executive committee for the Center of Biomedical Research Excellence on Opioids and Overdose. Dr. Bratberg is an expert and advocate in substance use disorders, and it's very timely that our first episode will feature him given that January is Substance Use Disorder Treatment Month.

Following our initial episode, we also want to coincide topics with other key events such as Heart Month in February and World Immunization Week in April. So we'll be lining up experts and change agents in those areas in the episodes to come.

Q How does this connect to the mission of CPPI?

The Center for Pharmacy Practice Innovation is really about advancing pharmacy practice through research, education and collaboration with the ultimate goal of improving patient health outcomes. So the podcast will really help amplify the research and the collaborative efforts that are going on in pharmacy practice and then ultimately educate our listeners on the podcast. Listeners will learn about those innovative

practices and how to take bits and pieces of what's going on and apply it to their own practice. The podcast sort of pulls all of those parts – as it relates to research, education, policy, and practice – together into a single platform to disseminate all the great work that's going on in the profession.

Part of what makes this podcast different is that it gets into how you can take action, how you can take this information and use it in your practice. A paper being published is great from a research perspective, but we want to help listeners figure out, 'How can I actually take this and do something with it?'

Q What are you most excited for about this podcast?

I'm excited about the opportunity to have deeper conversations with change makers in the field. Many of these individuals I know, have crossed paths with or have read their work. However, I believe this presents a significant opportunity to provide them with a different avenue to communicate what they've done and how others can implement it in their own practice.

Q When can folks start listening to the podcast?

The first episode comes out this Thursday, Jan. 8. Future episodes will be available on the second Thursday of the month. Episodes will be available on Spotify, Apple Podcasts and YouTube – and on the Center for Pharmacy Practice Innovation's website at cpqi.pharmacy.vcu.edu/podcast.

Episodes are **released monthly on the second Thursday of the month**. You can listen on Spotify, Apple Podcasts and YouTube.





VOICES in PHARMACY INNOVATION

(FY26 Q3 & Q4)



January 2026

Substance use disorder treatment and the evolving role of pharmacists with **Jeffrey Bratberg, Pharm.D.**



February 2026

People, process and technology in cardiovascular care with **Sheila Stadler, Pharm.D.**



March 2026

Advancing pharmacists' roles in primary care with **Marie Smith, Pharm.D.**



April 2026

Navigating pharmacy deserts and expanding scope of practice with **Teresa Salgado, Ph.D.**



May 2026

Advancing community pharmacy practice through innovation, leadership and sustainable clinical services with **Tana Kaefer, Pharm.D.**



June 2026

Expanding access to care through the Cut Hypertension Program with **Crystal Zhou, Pharm.D.**

CPPI Seminars



August 2025

Integrating new Medicaid billing procedures at a charitable health clinic: A ambulatory care pharmacist's experience with John Bucheit, Pharm.D. from the Virginia Commonwealth University



September 2025

Structural racism and disparities in access to essential medicines in the U.S. with Dima Qato, Pharm.D., Ph.D. from the University of Southern California Alfred E. Mann School of Pharmacy and Pharmaceutical Sciences



October 2025

Leveraging community pharmacies as resources to the healthcare ecosystem: A perspective from the CPESN-USA leadership with Troy Trygstad, Pharm.D., Ph.D. from CPESN



November 2025

Exploring the sustainability of pharmacist patient care services with Spencer Harpe, Pharm.D., Ph.D. from Midwestern University, College of Pharmacy



January 2026

Rescheduled for Feb. 16: Collaboration in action: Advocacy, partnership and practice advancement for Kentucky pharmacists with Brooke Hudspeth, Pharm.D. from University of Kentucky, College of Pharmacy



February 2026

Strategies to effectively engage rural community pharmacies in research with Delesha Carpenter, Ph.D. from University of North Carolina, Eshelman School of Pharmacy



March 2026

Pharmacogenomics implementation: Practical considerations & research projects from a health systems & specialty practice perspective with Kristen Ward, Pharm.D. & Amy Pasternak, Pharm.D., University of Michigan



April 2026

COMPKT program: Improving access to kidney transplant with Dana Burns, D.N.P. and Evan Sisson, Pharm.D., Virginia Commonwealth University



May 2026

Role of evidence in policymaking with Sujith Ramachandran, Ph.D. from University of Mississippi School of Pharmacy



June 2026

Uptake of statewide protocols in Virginia: What do early adopters look like? with Teresa Salgado, Ph.D. from Virginia Commonwealth University, School of Pharmacy

Culinary Medicine Healthy Living Project

Bringing people together through food, health and community

The VCU Culinary Medicine initiative is a collaborative program led by the VCU School of Pharmacy Center for Pharmacy Practice Innovation, VCU School of Nursing and The Kitchens at Reynolds Community College. The initiative brings together adults with diabetes and VCU health care students for hands-on cooking classes focusing on diabetes-friendly meal preparation, practical nutrition skills and strategies for managing health in everyday life.

By cooking and sharing meals together, participants create an engaging, supportive community that encourages dialogue about lived experiences, challenges and approaches to diabetes self-management. Participants also report increased confidence in preparing healthy meals, improved understanding of nutrition principles and enhanced empathy among health care students.

The initiative demonstrates a model that simultaneously supports diabetes self-management and fosters meaningful relationships between community members and future health care providers.



Advocate

Championing the evolving role of pharmacists

We raise our voices for pharmacy. CPPI collaborates with professional organizations and community partners to promote the vital role that pharmacists play in patient-centered care. Our research provides a foundation for advocacy efforts that aim to influence policy-making towards accessible care for all Virginians.



CPPI works to provide resources to expand pharmacist clinical services in Virginia

By Sydney Weber

In 2023, Virginia took another step to expand clinical services by requiring Medicaid to pay pharmacists for services delivered under statewide protocols, ensuring pharmacists would be compensated for the expanded clinical services they provide. However, the complexity of Medicaid credentialing and billing processes created practical barriers that prevented many pharmacists from taking advantage of the opportunity, as only 24% of Virginia pharmacists reported using at least one statewide protocol, with minimal pharmacist registration as Medicaid providers.

To better understand these implementation gaps, Teresa Salgado, Ph.D., director of the Center, and Rana Amayreh, Ph.D. (then Ph.D. candidate) conducted two qualitative studies. The first study examined barriers to utilizing statewide protocols in community practice, while the second focused specifically on challenges pharmacists faced with Medicaid credentialing and billing.

Both studies – **“Implementation of Statewide Protocols for Community-Based Pharmacist Services in Virginia: A Qualitative Study Using the Consolidated Framework for Implementation Research”** and **“Contextual Factors Affecting Implementation of Medicaid Billing for Community-Based Pharmacist Services in Virginia: A Qualitative Study”** – revealed similar barriers limiting pharmacists’ ability to fully utilize expanded clinical services.

While statewide protocols could help expand health care access, the studies found that limited resources, workflow challenges and the unique

needs of different pharmacy settings have made implementation difficult. Medicaid billing faces even greater barriers, including procedural complexity, knowledge gaps among pharmacists regarding the credentialing and billing processes and inadequate infrastructure.

“While my research focused on identifying those barriers, I also wanted to develop practical solutions to help pharmacists overcome them so these services could reach the patients who need them most,” Amayreh shared.

Amayreh, in conjunction with Salgado and the CPPI team, has developed – and is in the final stages of testing – a user-friendly toolkit designed to help community pharmacists navigate the complex Medicaid credentialing process.



The toolkit, the Virginia Medicaid Pharmacist Provider Enrollment Guide, breaks the process into three parts:

- **Part I. Group Enrollment:** Enrolling your pharmacy as a Medicaid provider.

- **Part II.** Individual Within a Group Enrollment: Enrolling yourself as an individual provider within your pharmacy (group).
- **Part III.** Credentialing With Individual Managed Care Organizations: Once enrolled as an individual within a group, credentialing is required to receive payment for services delivered through statewide protocols or collaborative practice agreements (CPAs).

CPPI officially launched and presented the toolkit and on March 14, 2026, during the Virginia Pharmacist Association 45th Annual Convention.

Pharmacists interested in piloting and utilizing the toolkit are able to access an online .pdf version upon request through our email cpipi@vcu.edu or through scanning the QR code.

Request the Virginia Medicaid Pharmacist Provider Enrollment Guide by scanning the QR code or emailing cpipi@vcu.edu



VCU Pharmacy Faculty with the Virginia Medicaid Pharmacist Provider Enrollment Guide at the VPhA Annual Convention. From left: VCU Pharmacy Dean, K.C. Ogbonna, Sharon Gatewood, Pharm.D. (CPPI Faculty) Teresa Salgado, Ph.D., Kelly Goode, Pharm.D.



Teresa Salgado, Ph.D. presents the Virginia Medicaid Pharmacist Provider Enrollment Guide at the VPhA Annual Convention

PARTNERS





THANK YOU

Thank you to all of our supporters—partners, faculty, students and collaborators—for helping the Center for Pharmacy Practice Innovation grow and succeed. Your support makes our work possible and helps us improve pharmacy practice and patient care.

Center for Pharmacy Practice Innovation

Helping pharmacists
optimize patient outcomes

 [\(804\) 628-7614](tel:(804)628-7614)

 cpqi@vcu.edu

 <https://cpqi.pharmacy.vcu.edu>

 Center for Pharmacy Practice Innovation

 Center for Pharmacy Practice Innovation

 **VCU**
School of Pharmacy