Advancing Kidney Health through Optimal Medication Management

Learning & Action Collaborative

Our Vision

Every person with Cardiovascular-Kidney-Metabolic (CKM) Syndrome receives optimal medication management through team-based care including a pharmacist to ensure their medications are safe, effective, affordable and can be taken as intended.

LAC Goals

Foster learning and action to ensure best practices in medication management for patients with CKM syndrome.

Advance the inclusion of pharmacists on interdisciplinary care teams **to bridge the gap** between Nephrology, Cardiology, Endocrinology and Primary care for patients with CKM syndrome by implementing *CMM services.

Demonstrate **value of the pharmacist** within value-based payment and fee-for-service models.

Tools & Resources

Progress and Outcome Tracking

- Determine measurement strategies
- Track outcomes with customizable templates
- Develop a Team Performance Story

Implementation Science

- Support your team with a dedicated learning coach
- Track progress and outcomes for accountability

Learning Collaborative

- Monthly all-teams and coaches meetings for accountability and problem solving
- All-team in person meetings to celebrate team accomplishments

*Comprehensive Medication Management (CMM) Course

- Define CMM Philosophy of Practice
- Deliver the CMM Patient Care Process
- Review CMM Practice Management Tools

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Each team is guided by an Implementation Coach.

Successful Implementation Team:

3-4 Members; Pharmacist required

Other members: physician, nurse, administrative and/or IT staff

Team Expectations:

Up to 8 hours a month for entire team

Pharmacist completes CMM training

Administrative support & champion(s) are identified

Coach

Expert in implementation science

Field Experts

in CKM, CMM practice, and revenue for pharmacists

Team Deliverables

Increase CKD screening & diagnosis

Medication Therapy Problems (MTPs) identified & resolved

Initiation of GDMT for CKM (RASi, SGLT2i, nsMRA, GLP-1 RA)

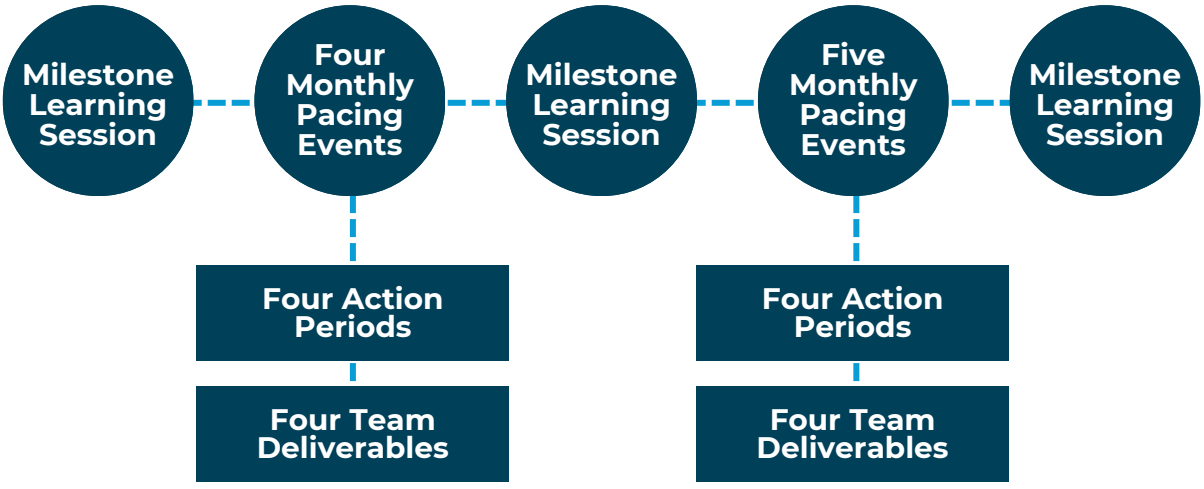
Planning and Design Phase: 4 Months

Development of CMM program foundation and preparation for implementation

PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4
Assessing Team Readiness	Building a CMM Practice	Establishing Improvement Strategies	Finalizing Your Bold Aims

Implementation Phase: 12 Months

Pace program delivery and progress in generating measurable results toward achieving bold aims



Milestone Learning Sessions	Monthly Pacing Events	Team Deliverables	Action Periods
Orient, share ideas and plans with all teams; celebrate successes	Focus on specific implementation steps sharing progress (team and coach)	Assignments that align with planning & implementation themes to foster accountability	Guided by coaches & focus on planning and implementing work by the team

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What was achieved in LAC 1.0 (Cohort 1)?

The inaugural 16-month LAC 1.0 cohort successfully integrated pharmacists into seven diverse U.S. interprofessional teams spread across the country to deliver Comprehensive Medication Management (CMM) for CKM syndrome.

Performance Theme Achievement Rates

At completion in October 2025, teams achieved stellar progress in critical actions across the four foundational pillars of implementation performance themes:

Establishing Structure	Delivery System Implementation	Measurement & Refinement	Demonstrating Value, Scale-Up, & Spread
99% *of critical actions achieved*	***98%*** *of critical actions achieved*	***86%*** *of critical actions achieved*	***79%*** *of critical actions achieved*

Key Clinical & Operational Deliverables

- **Broad Impact**: 6 teams successfully launched pilot CMM services, evaluating between 34 and 216 chronic kidney disease (CKD) patients per site. One team built an effective case for launching CMM services in the future.
- **CKD-related MTP Identification**: Across all sites, pharmacists identified and addressed hundreds of Medication Therapy Problems (MTPs)—ranging from 45 to 490 MTPs per team.
- **GDMT Uptake**: Optimization of Guideline-Directed Medical Therapy (GDMT) saw gains across four major drug classes:
  - SGLT2 inhibitors led the expansion (up to 124 patients initiated in a single team).
  - Significant increases in RASi, GLP-1 RAs, and nonsteroidal MRAs across all teams.

LAC 1.0 Sparking National Interest

Findings have already been or will be disseminated at major national forums, including:

- 2025 ASHP Midyear Meeting
- 2026 American Society of Nephrology (ASN) Saving Kidneys, Hearts, and Lives Session
- 2026 National Kidney Foundation Spring Clinical Meeting
- 2026 ASN Cardiovascular-Kidney-Metabolic Care Full Day Session
- Multiple manuscripts in process

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Why does funding AKHOMM's Learning & Action Collaborative 2.0 matter?

Despite the availability of life-saving therapies for CKM, significant barriers prevent optimal patient outcomes. **AKHOMM's LAC directly addresses persistent gaps in the care of individuals with Cardiovascular-Kidney-Metabolic (CKM) syndrome** where medication management remains siloed, suboptimal, inequitable, and often misaligned with clinical guidelines.

Providing support to AKHOMM allows for direct impact on gaps and opportunities including:

Suboptimal screening of patients for CKM

Urine albumin to creatinine ratio (uACR) and estimated glomerular filtration rate (eGFR) are necessary to identify individuals who have chronic kidney disease (CKD), an important group with CKM.

Guideline-directed medical therapy (GDMT) uptake is unacceptably low

Renin-angiotesin system inhibitors (RASi) have been known to benefit CKD, heart failure and diabetes. These are underprescribed and often discontinued in response to hyperkalemia, despite the availability of patiromer and sodium zirconium cyclosilicate, new potassium binders.

Newer medications with clear benefits in CKM including sodium glucose transport-2 inhibitors (SGLT2i), finerenone, and glucose-like peptide - 1 receptor agonists (GLP-1 RAs) are often avoided due to clinical inertia and cost barriers.

Medication-related disparities abound in CKM care

Lack of access to care and education are contributing factors.

Practices need practical strategies to integrate pharmacists

While many providers acknowledge the value of clinical pharmacists, they often lack the resources and models needed to integrate pharmacists effectively into their team across primary care and specialty practices.

Value-based models are changing the paradigm

Providers need help implementing a pharmacist into the team to provide CMM in persons with CKM to focus on appropriate initiation of medications and to make sure each medication is effective, safe and can be taken by the patient as intended.