

“Essentia is moving more aggressively to accountable care than most health systems in the country...We are trying to move out of the fee-for-service world into the accountable world.”



# Success Through Teamwork

A Case Study of Integrated Medication Management at Essentia Health



UNIVERSITY OF MINNESOTA

College of Pharmacy

PETERS CHAIR FOR PHARMACY PRACTICE INNOVATION

## This case study is one in a series describing medication management program development in six integrated Minnesota health systems.

This series includes case studies for: Essentia Health, Fairview Health Services, HealthPartners, Hennepin County Medical Center, Mayo Clinic, and Park Nicollet Health Services.

Across these health systems, we explored the evolution of medication management services and the factors that influenced the design of each institution's care model. We also investigated how leaders established the program's presence as a priority service and sustained organizational support for the service.

Data was collected via semi-structured interviews with key stakeholders within each health system. A separate publication outlines results of a thematic analysis of these interviews. These case studies represent a summary of the interviews with each individual organization, providing a narrative of the organization's program development experience.

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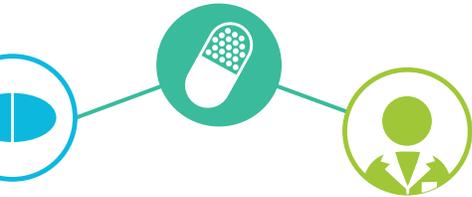
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## THE BEGINNING

The idea of placing a clinical pharmacist within the internal medicine department to educate patients about their medicines had been percolating among pharmacy and medical staff leaders at Essentia Health for some time. The catalyst for moving ahead with comprehensive medication management services was the opening of a satellite campus of the University of Minnesota College of Pharmacy on the University of Minnesota-Duluth campus. College administrators and faculty approached system leaders with a goal of developing clinical training sites. This collaboration was the beginning of an evolving process of integrating medication management services within the health system which is leading the way in structuring around pay-for-performance and accountable care.

One interviewee noted that once the decision was made to begin developing medication management services, its early offering was supported by Essentia pharmacy leadership based on the belief that offering the services “was the right thing to do.” A faith in the value of medication management services and mounting evidence in the literature that

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showed pharmacist intervention in patients’ care improves overall health outcomes led pharmacy department leaders to establish a budget that would support the introduction of the service in an internal medicine clinic.

As part of the initial service offering, a pharmacist was located in the internal medicine clinic and educated patients on the



[www.essentiahealth.org](http://www.essentiahealth.org)

**Large integrated health system, covering a large geographic area including northern Minnesota, northern Wisconsin and North Dakota.**

- 443,000 patients in the health system

**Medication Management within Essentia**

- Program created in 2004
- 2.5 clinical pharmacist FTEs
- 3 Residents
- 12 clinics with medication management services
- 2400 annual medication management encounters
- Collaborative practice agreements
  - Dyslipidemia
  - Hypertension

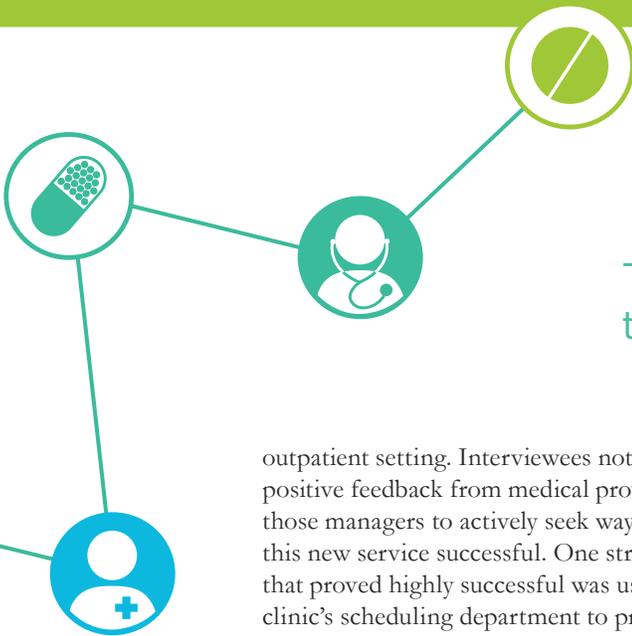
new medications immediately after they were prescribed. This later evolved into the addition of a clinical pharmacist from the College, which catalyzed further growth of the program.

## GROWTH AND EVOLUTION

Interviewees said that during the service’s initial period with the faculty member, the service operated as a consultative model. The pharmacist conducted chart reviews to identify patients who were not meeting their treatment goals. They made recommendations to the patient’s primary care provider on how the medication management services could help

the patient reach goals. She was also involved in clinic operations and conducted education to teach the clinic staff how to correctly review a medication list and elicit information from the patients.

This experience led clinic managers to become very supportive of the clinical services provided by the pharmacist in the



## Target criteria identified patients taking 6-10 medications.

outpatient setting. Interviewees noted that positive feedback from medical providers led those managers to actively seek ways to make this new service successful. One strategy that proved highly successful was using the clinic's scheduling department to prescreen patients who met criteria for medication management services and schedule separate appointments for comprehensive medication management visits before or after an already-established primary care visit. Target criteria identified patients taking 6-10 medications and scheduled for their annual physicals, those with post-acute care follow-up appointments, and those with chronic conditions including diabetes and asthma. Interviewees noted that

**“Schedulers would review patient charts for those with appointments and call the patients that met the criteria. Suddenly, our schedules were full.”**

the state of Minnesota's mandatory quality reporting system (“Minnesota Community Measurement”) and its focus areas for measurement was an influential factor for Essentia staff when developing the criteria.

“Schedulers would review patient charts for those with appointments and call the patients that met the criteria using a pre-written script. Suddenly, our schedules were full,” noted one interviewee.

The scheduling system and patient targeting process were key to the services growth. Also at this time (2007-2008), Essentia Health added a pharmacy residency program. This allowed for an expansion of service delivery, creating more consistent coverage and building further momentum for the program.

A formal return on investment (ROI) analysis of medication management services through Minnesota Medicaid and other payers was conducted when an additional pharmacist position was being considered. The ROI was positive based upon a projection of 10 medication management services visits per day and the associated expected revenue from a billable patient mix of Medicare Part D and Minnesota Medicaid. The ROI projection was too optimistic with the resulting revenue less than anticipated to cover a portion of the position's cost. However, the position was created because the leadership was committed to keeping medication management services available to patients because it is “the right thing to do.”

Once the medication management was staffed at a level that provided consistent availability of pharmacist time for patient care appointments, the leadership team began to focus on protocol development for lipid and hypertension management. A universal collaborative practice agreement that addressed several clinical areas was developed and became an important administrative tool that supported the medication management care process. An interviewee pointed out that a unique roll out strategy was employed, by which all physicians were initially included in the collaborative agreement with the medication management pharmacists and then given the option to “opt out” of that agreement. Having the right staff who could build relationships with the medical staff was critical, according to one interviewee. The ability to create strong relationships with a core set of medical providers who realized success collaborating with the pharmacy staff led to those providers telling their colleagues about their experiences. This built momentum and led to greater success. As one interviewee reflected, “I tried to find one core medical provider to team up with when I started in the clinic, requesting that they provide some

Patients would frequently make comments after visits with the pharmacy staff such as, “This is one of the best visits I’ve ever had.”

patient referrals. Once she was onboard and saw that her patients were having good outcomes and were happy with the visits, she told one of her colleagues, ‘I’ve been using the pharmacist to see a lot of my patients and it’s going really well. Maybe you should do some referrals.’”

Another key factor to the service’s success was patient testimonials. Interviewees said patients would frequently make comments after visits with the pharmacy staff such as, “This is one of the best visits I’ve ever had.” Consistently positive responses from patients to their physicians helped move the whole program along, including staff acceptance and support. Interviewees stated that medical providers feel the value added because some of the burden of managing a patient’s medications is lifted and it promotes a team approach to care.

One interviewee reflected on this growth of team-based care by sharing that the medication management service has evolved in part due to Essentia’s philosophy that each team member should be practicing at “the top of their license.” Caring for the patient is shared among

2012 to participate in the Medicare Shared Savings Program as an Accountable Care Organization (ACO) with more than 33,000 covered lives. in 2012. Essentia's ACO is one of only six in the nation to receive ACO accreditation from the National Committee for Quality Assurance. As of January 2013, Essentia provides ACO care to more than 100,000 patients through multiple payer contracts.

## TODAY

Pharmacists are now embedded in the care team, with consistent availability every day in multiple clinics in the Essentia Health system. When they are not seeing patients, they are accessible to other team members at a work station within the clinic. Staff frequently request “curbside consults.” The permanent presence of pharmacists in the clinic allows nurses to triage questions related to patients calling in to the clinic. Further, the pharmacist is able to conduct pre-physician visit consults with patients. As one interviewee said, this has been another source of service growth,

Essentia Health is actively pursuing expansion of the medication management service through the use of televisits by the pharmacists, extending medication management services to rural areas.

team members who include physicians, mental health providers, nurses, therapists, and others. Pharmacists and comprehensive medication management services are integrated into this team approach to practice, which is becoming integral to Essentia Health’s accountable care strategy. Essentia Health was chosen in July

contributing to the maturity of the care model. Now, Essentia Health is actively pursuing expansion of the medication management service through the use of televisits by the pharmacists, extending medication management services to rural areas served by the organization.

## Conceptual timeline for the growth of the Essentia medication management program relating to operations, relationships, and results.

	FOUNDATIONAL	FORMALIZED	SUSTAINABLE
OPERATIONS	Clinic-based medication education by pharmacists	Partnership with the College of Pharmacy	
			Systematic scheduling of high-risk patients
		Collaborative practice agreements	
RELATIONSHIPS	Collegiality among health care team members		
	Early clinician adopters	Clinic and leadership champions	
RESULTS	Patient stories		
	Medication costs		MN Community Measurement
			Accountable care contracts
			Pay-for-performance

Today, with the emphasis on quality and pay-for-performance, Essentia Health is actively measuring the medication management service interventions and other quality metrics, dedicating a pharmacist to this task. Currently, process measures are the focus, reporting the number of patients that have been seen, the interventions made, and drug therapy problems identified. Moving forward, interviewees say they will begin looking at ways to link the pharmacist interventions to the health system's clinical dashboard.

Recently, the pharmacy team at Essentia Health began working with Stratis Health (Minnesota's CMS Quality Improvement Organization [QIO]) to create systems for data collection and measurement around medication management in conjunction with other health systems in the state. Interviewees noted that this is part of Essentia's response to the evolving landscape that emphasizes "pay for performance."

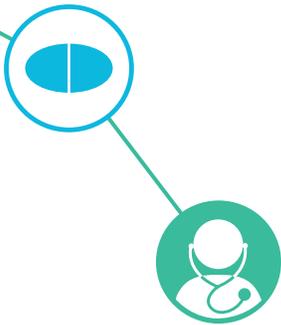
From a strategic standpoint, staff at Essentia Health state that they are moving more aggressively to accountable care than many other health systems in the country. The organization participates in the Medicare Shared Savings program noted earlier, and the state of Minnesota's Health Care Delivery

System demonstration program, a pilot of Minnesota Medicaid that is testing alternative health care delivery systems, including ACOs. They also have numerous pay-for-performance contracts with other payers. Interviewees note that they are aggressively moving past fee-for-service to accountable care models is driving a focus on quality measurement and a motivation to reconsider the organization's care delivery model. Another noted, "An organizational focus on the Triple Aim of total cost of care, patient experience, and quality is giving us an opportunity to show that medication management services is an important quality lever for Essentia Health."

As one pharmacist who was interviewed noted, "When I go to a conference for a week and people call my cell phone and say, 'Where are you? You're missing. I have questions. I need you.' To know that team members actually notice when I'm gone is a big deal for me. It's a sign that our services are truly valued and an indispensable part primary care within Essentia."

**Site-based Bibliography**

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## Themes Associated with Service Integration

The information for each case study included in this series was gleaned via semi-structured interviews with key program leaders from each of the six participating health systems. Thematic analysis revealed 13 themes across the health systems. Each took a unique approach in the development of medication management services, but with few exceptions, each theme was identified by all of the health systems as part of the process.

A component of this work was to explore the health systems' service development efforts in relationship to John Kotter's 8-Step Process for Leading Change.<sup>1</sup> This 8-Step Process was further grouped into three distinct stages which we aligned with the identified themes as outlined in the table below.<sup>2</sup>

At Essentia Health System, the importance of the team environment was emphasized as key to the success of the medication management services. Enabling and engaging the whole organization had the greatest frequency of reference.

FREQUENCY KEY	
Not Discussed	○○○
Occasionally Cited	●○○
Frequently Cited	●●○
Area of Emphasis	●●●

STAGE OF CHANGE <sup>2</sup>	THEME	DEFINITION	FQ
Creating a Climate for Change	External Influences	Stimulating factors outside of pharmacy leadership such as changes in the organization, policies, or structure that contributed to the implementation of medication management services within the organization; relationships with outside parties (e.g., the University) that lead to initiating medication management services; programs designed to meet community measures (e.g., HEDIS).	●○○
	Pharmacists as an Untapped Resource	Recognizing the untapped experience and expertise of pharmacists; recognizing problems that existed in care delivery that could be most effectively addressed by pharmacists; disease state management programs that first started using pharmacists (e.g., anticoagulation, diabetes, HIV).	●○○
	Principles and Professionalism	The moral commitment that providing medication management services was the right thing to do for patient care drove program initiation; the organization's vision created roles highly desirable to many pharmacists.	●○○
	Organizational Culture	An organizational environment that is supportive of innovation, piloting new ideas and strives to improve patient quality and safety while reducing cost.	○○○
Engaging and Enabling the Whole Organization	Momentum Champions	Individuals that were key in establishing and moving medication management services forward; leadership support and enthusiasm; gathering key players.	●○○
	Collaborative Relationships	Existing relationships with medical staff and health care staff that facilitated the implementation of medication management services.	●○○
	Supportive Care Model Process	Administrative tools used to establish a process that fosters success of medication management services (creating service consistency; documentation standards; referral processes; resource sharing; collaborative practice agreements).	●●○
	Service Promotion	Creating buy-in from providers, patients, and financial stakeholders; spreading the service through word of mouth, mailings, brochures, etc.; Identifying patient advocates willing to share their medication management stories.	●●○
	Team-Based Care	Working in a team environment in which pharmacists are recognized as valued members of the team; making pharmacists accessible; embedding pharmacy services into the team; hiring the right people for the job who are passionate about providing services at the highest extent of their clinical abilities.	●●●
Implementing and Sustaining the Change	Implementation Strategies	Purposeful actions to ensure a successful initiation of medication management services within the organization.	●○○
	Overcoming Challenges	Hurdles and barriers that hindered the implementation or expansion of medication management services; acknowledging mistakes that were made along the way.	●●●
	Measuring and Reporting Results	Having data to support medication management services; creating transparency of data; patient satisfaction.	●○○
	Sustainability Strategies	Post-service implementation strategies to expand and optimize services. This includes optimizing resources, establishing goals, ensuring financial sustainability, etc.	●●○

### References

1. Kotter J. Leading Change. Boston: Harvard Business School Press; 1996.
2. Cohen DS. The Heart of Change Field Guide. Boston: Harvard Business School Press; 2005.