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# Consistent Care Model is Key

A Case Study of Integrated Medication Management at Fairview Health Services



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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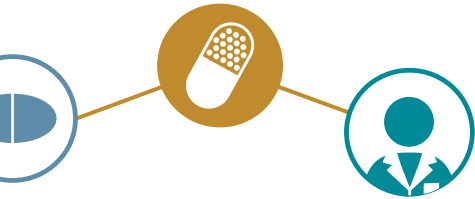
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**Integrated health system with 45 primary care and 55+ specialty clinics.**

- 1,197,426 patients in the health system

**Medication Management within Fairview Health Services**

- Program created in 1997
- 18 clinical pharmacist FTEs
- 30 clinics with medication management services
- 8,411 annual medication management encounters
- Collaborative practice agreements
  - Allergic Rhinitis
  - Anxiety/Depression
  - Asthma
  - Benign Prostatic Hyperplasia
  - Chronic Kidney Disease
  - COPD
  - Diabetes
  - Dyslipidemia
  - GERD
  - Gout
  - Heart Failure
  - Hypertension
  - Migraine
  - Osteoporosis
  - Non-narcotic pain management
  - Smoking Cessation
  - Urinary incontinence

**THE BEGINNING**

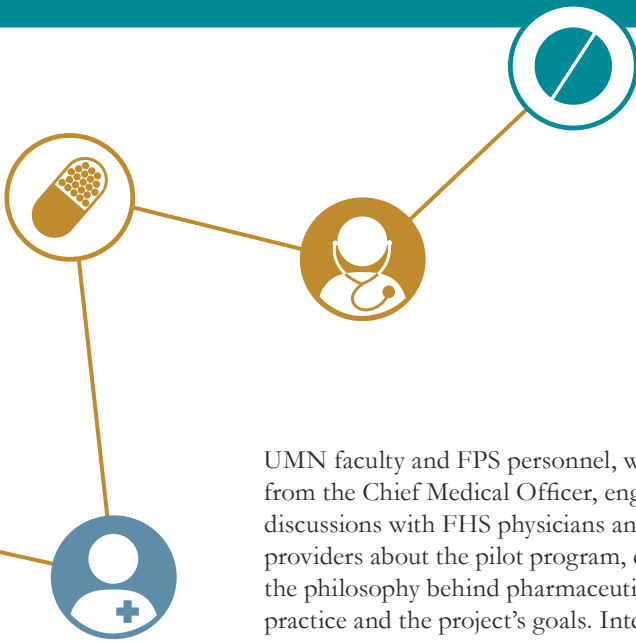
An early partnership with the University of Minnesota College of Pharmacy to implement the pharmaceutical care process, combined with interprofessional team support and results-focused outcomes measurement, has enabled Fairview Pharmacy Services (FPS) to implement comprehensive medication management services. Today, those services are offered in 30 clinics by 21 pharmacists and

“Our CEO at the time was absolutely clear in his vision that it was the right thing to do for patients, whether or not we were budget neutral.”

2 pharmacy residents who engage in nearly 8,500 patient encounters each year. The team’s experiences have been the subject of extensive reports in peer-reviewed publications and the media, and have been recognized with numerous awards, including the American Pharmacists Association Foundation’s Pinnacle Award in 2004.

In 1997, when Fairview Health Systems (FHS) purchased the University of Minnesota (UMN) Hospital, dialogue occurred within the Academic Health Center on ways to leverage the new relationship in partnership with medicine and pharmacy. Pharmaceutical care was in its development stages, and interviewees noted that Fairview and the College of Pharmacy shared a desire to foster its development within the health system. There was a commitment by Fairview’s pharmacy leadership and a corporate budget that supported the initiative being undertaken by Fairview Pharmacy Services, LLC, a separate entity from Fairview Health Systems.

Four practitioners began the pilot program to develop pharmaceutical care practice sites, in conjunction with the UMN College of Pharmacy. In addition, core team members included the FPS retail operations director, the marketing director and a regional manager. From the start, there was support from administrative, physician and pharmacy leaders. One interviewee said, “Our CEO at the time was absolutely clear in his vision that it was the right thing to do for patients, whether or not we were budget neutral.” Further, the Chief Medical Officer was an early and important project champion providing leadership and advocacy, and helping acculturate the medical staff to accept pharmacist care providers. Early on the pharmaceutical care team created a vision for the medication management services during an annual retreat. As one interviewee noted, “We wanted to be nationally recognized for the paradigm shift of pharmacy.”



“We wanted to be nationally recognized for the paradigm shift of pharmacy.”

UMN faculty and FPS personnel, with support from the Chief Medical Officer, engaged in discussions with FHS physicians and other providers about the pilot program, describing the philosophy behind pharmaceutical care practice and the project’s goals. Interviewees noted that medical providers were engaged in these early discussions and were asked about their level of interest in participating in the pilot. In addition to interest and commitment, pilot clinic sites also needed to have a patient population that was complex with respect to medication use. Once clinic sites were selected, medication management services were initially implemented within community pharmacies located within the clinics. However, program leaders quickly observed work-flow issues when medication management and prescription dispensing processes were designed to operate simultaneously. For this and other reasons, the leadership team made an early strategic decision to separate dispensing and medication management services and integrate pharmacists providing medication management services into Fairview’s primary care clinics. Physicians and other clinicians in the pilot sites became

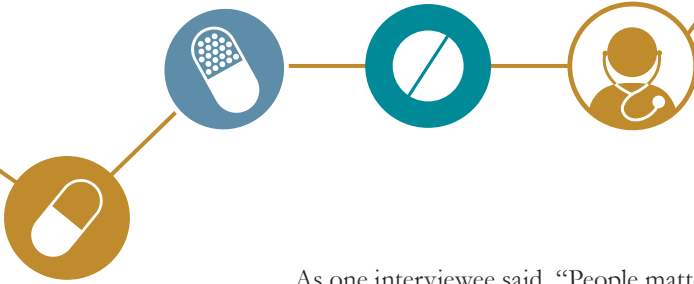
of Pharmacy faculty to clearly define the care process that would be employed by pharmacy practitioners, confirming adoption of a comprehensive, structured patient care process. This commitment to a consistent care process allowed leadership to establish several important implementation strategies. The first was a decision to require all pharmacists who would provide medication management services to complete an in-depth educational program in the pharmaceutical care practice model offered by the UMN. Another strategy adopted was for Fairview pharmacists to utilize a computerized patient care documentation system specifically designed to support the care model (this predated adoption of electronic health records in many practices). The pharmacists also documented in the medical record, so all communication with the team was available to all providers. Now documentation is completed in the health systems electronic medical record. To support consistency across practitioners, a continuous quality improvement process was developed through which pharmacy practitioners would meet monthly to discuss clinical topics,

**In addition to interest and commitment, pilot clinic sites also needed to have a patient population that was complex with respect to medication use.**

champions of medication management services. “Fairly quickly, our most significant problem was that sites that did not have a medication management services practitioner were saying, “I want that,” said one interviewee. But Fairview was still in the pilot project phase and did not have the financial capacity to expand at that time.

Program leaders shared that another critical element to the program’s early success was a decision to collaborate with College

conduct peer review of cases and review their documentation. Interviewees shared that the combination of a baseline educational program, use of a documentation system aligned with the practice model and a peer review process to confirm consistency and quality which drove consistency in the practice and laid the groundwork for future expansion. But they also acknowledged that the vision, commitment and passion for medication management services on the part of the first group of pharmacist providers was also a critical driver of success.



As one interviewee said, “People matter. It’s not all about strategy and techniques.”

Ultimately, the team indicated that the success of the pilot sites proved Fairview and the UMN College of Pharmacy could effectively work together to achieve a new model of care. Collaboration between Fairview and the UMN College of Pharmacy was a new endeavor and simply finding a way to successfully collaborate in patient care was deemed to be an important “early win.” It also demonstrated the medication management services could successfully be integrated into the patient care team and that there was a role for these services.

## EVOLVING BEYOND PILOTS

While the pilot project did receive corporate support from FHS, according to interviewees the fact that FPS is a wholly-owned, diversified business entity created flexibility to invest its own resources to support continued growth of medication management services and do so in a nimble fashion. Because community pharmacies had been present in FHS clinics for several years, existing collegial relationships

“This is a person [pharmacist] I can utilize to help me get quality outcomes and meet cost goals.”

between pharmacists and medical providers also supported acceptance and growth of the service. Building relationships and reporting program results generated interest and momentum for the medication management service, leading medical providers to believe that medication management and a team-based care model was something that deserved

investment. Pharmacy leaders found that there were many physician leaders committed to testing care model innovation and then diffusing it throughout the system, especially during the first few years.

From the pilot project’s holistic approach to providing services to all patients with complex conditions and/or medication regimens in the primary care clinics grew the first collaborative practice agreement (CPAs) in 2003 for lipid management. Soon CPAs for diabetes, hypertension, and other conditions were added. Interviewees noted that the focus on these CPAs solidified medication management services into the primary care process. They also reflected that the initial decision to integrate medication management into primary care, rather than in specialty clinics, was a key factor in growing and implementing integrated, comprehensive medication management services as the holistic approach fit well in the primary care model.

Relationship building and marketing were also factors in growing medication management services. The pharmacists providing the service had strong relationships with the medical staff they interacted with, allowing them to directly discuss medication care plans and develop a trust in their clinical skills. Brochures, videos, and flyers were disseminated throughout the clinics, on the Fairview web site, and during clinic meetings. Medical staff experiences with pharmacists were shared among medical providers, allowing broader groups of physicians to hear, in their peers words, how medication management services had helped to manage patients with complex medication regimens and see improved health outcomes. Medication management issues were integrated into the system’s quality committees, also contributing to growth. One interviewee stated that physicians began to reflect, “This is



“Stories are the most powerful way to make something visible and relatable to other people.”

a person [pharmacist] I can use to help me get quality outcomes and meet cost goals,”

One physician interviewee said, “As soon as they [physicians] experienced working with a pharmacy provider in this manner, they couldn’t imagine why their colleagues wouldn’t also want to have access to pharmacists on their team. It removes a burden we physicians are hesitant to give voice to, which is, given the complexity of disease and more notably the complexity of the many medications involved in treating those diseases, there’s no way I can

important. The pharmacist providers engage patients using motivational interviewing, medication experience, and looking at all angles that could directly involve patient and patient outcomes.

Ultimately, this direct engagement with patients created powerful patient stories and interviewees noted the power of these stories in growing the medication management service. One interviewee stated, “Stories are the most powerful way to make something visible and relatable to other people. The stories of how

“As soon as they [physicians] experienced working with a pharmacy provider in this manner, they couldn’t imagine why their colleagues wouldn’t also want to have access to pharmacists on their team.”

keep track of all of the medications...the side effects...the med-to-med interactions...to have someone who’s there, who sits down with a patient...is a relief. The people who do it...are collegial and relationship-based. That is the single biggest thing early on that made it stick.”

The medication management service’s patient-centered approach also contributed to its success. As an interviewee said, “You can say it’s engaged patients that come to see us, but I think one of the big strengths of the program has been the level of patient involvement, the time that was given to patients, the engagement, the follow up, having one number for patients to call, having that resource. That has played an important role [in success].” Another said, “Patients would say over and over again, “I felt listened to,” “I felt cared for, someone took time for me,” “I knew how to reach them; I had their number.” Empowering patients with direct access to pharmacists versus a model where all the pharmacist’s recommendation flowed through other health providers was

this changed lives, changed things for patients for the better, and for the physicians and nurses who take care of those patients were compelling to medical providers, coupled with the fact that medication management services saved money, prevented hospitalizations and the associated morbidity and mortality, and improved patient functioning.”

With regard to payment for medication management services, Fairview started first with its own employee population. Interviewees said they tested out payment models for their medication management services. This included the establishment of service billing codes for Fairview’s medication management services prior to the American Medical Association’s medication management services CPT codes being developed. Once those were developed, and MN Medicaid and Medicare Part D began reimbursing for medication management services services, Fairview broadened its reach and expanded to other employers. With strong outcomes data collection and reporting, there





was enough evidence and published literature to show that medication management services improved lives and saved money. This allowed FPS to negotiate medication management services into contracts and be reimbursed for providing for care. This opportunity also gave

further advancing medication management. A recent tipping point in the medication management service's development was the creation of Fairview's Accountable Care Organization (ACO), both with commercial plans and a Medicare Pioneer ACO, and their

**This initiative provided an opportunity for Fairview to demonstrate that they could identify high risk patients, provide team-based care, and produce improved outcomes.**

the pharmacy team the intelligence needed to learn where to deploy services to drive value for a payer's clientele.

Success followed and was observed by people external to Fairview. As an example, one interviewee described working with a Ph.D. student which provided outside observations of the team, the process, the patients and the results. The interviewee reflected, "I think that [experience with a Ph.D. student] was very impactful and transformative for our group at the time. We had enough years, we had enough experience, and to be able to have our experience published and have created a model that other people valued helped us realize we were a 'best practice.'"

An environment supportive of team-based care at FHS also helped services grow. C-Suite leadership was absolutely clear in a vision that care model innovation was the right thing to do for patients. That support allowed innovation to occur not just at a pharmacy practice level but rather using it to transform its entire primary care model. This system-wide model transformation provided an opportunity to further integrate medication management. It also created a new financial system for physicians where they were less dependent on volume and more compensated for quality,

narrow network offerings between Fairview and a few local payers. The goal was to manage a population and develop an ACO model in a new risk sharing approach. It also demonstrated how Fairview would use its team-based care to do so. This initiative provided an opportunity for Fairview to demonstrate that they could identify high risk patients, provide team-based care, and produce improved outcomes.

**TODAY**

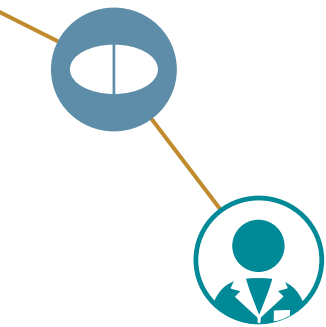
Fairview's work around care model innovation is considered a key component to its success in implementing comprehensive medication management services. A team-based approach to care was and continues to be vital in this process, said one interviewee. They reflected, "We deliver care as a team and when we don't understand that we're a team, it goes poorly. Being explicit about whom teammates are, including the patient, about how we're going to relate together..." This is a tenet that is becoming more deeply embedded in the FHS culture.

Data measurement continues to be an important component of the continuous care model innovation. Interviewees said there is an expectation that clinic managers and medical staff annually receive medication management

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

FOUNDATIONAL
→
FORMALIZED
→
SUSTAINABLE
→

<b>OPERATIONS</b>	Consistent pharmaceutical care practice model		
	UMN pilot in pharmacies	Moved pharmacists into the clinics	
			Mature collaborative practice agreements
<b>RESULTS</b>	Patient stories		
	Clinic specific data	Pilots for condition specific contracts	Population health
<b>RELATIONSHIPS</b>	Relationship marketing		
	Early clinician adopters	Interprofessional teams	
		Provider champions	Care model innovation



outcomes data for the prior year. Fairview now also has the ability to report trend data. This allows the clinic team to see the medication management contribution to their productivity and outcome goals. While reporting is possible on some metrics that are specific to medication management, some areas, such as diabetes, have medication management contributions embedded in primary care measures and cannot be uniquely separated. However, this is not a significant issue, understanding that Fairview is continuing to focus on team-based care.

Hiring the right people with the right skills and mindset continues to be an area of emphasis for the leadership team. As one interviewee said, “People make it work. We have tremendous practitioners. I’m constantly amazed that we get people who have remarkable commitment and passion. We’ve had practitioners do this for as long as I’ve been here and they are still doing it. They seem to be doing it with the same passion they had fifteen years ago. The culture we’ve created and the environment that we allow people to practice in really is the foundation that allows us to achieve a top level of performance year after year.”

As noted above, as FHS has become more engaged in new payer relationships, comprehensive medication management

services are an important part of any discussion. Medication management services are part of the network product offerings, and the sales team recognizes the service needs to be part of the medical benefit. Pharmacy leadership is at the table when new payer models are being created and contracts are being negotiated, speaking to how well medication management is integrated into the overall care model at Fairview. One interviewee said, “We still don’t have it [medication management services] in all of our commercial contracts, but I think this relationship shows a strong foundation for the ACO work and how the team is working together.” The medical staff and administration (finance and operations) have come to view these services as an integral part of the FHS care model.

Now other organizations recognize and seek FHS and FPS expertise in implementing outcomes-based, comprehensive medication management services. As one interviewee stated, “We receive a lot on inquiries and requests from national organizations because we are seen as experts in this arena—especially how we are working as an ACOs. It is interesting and something I didn’t anticipate.” It is a nice affirmation of FPS’s vision created a decade ago at a retreat to be “nationally recognized for the paradigm shift of pharmacy.”



## 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 Fairview, implementation strategies were emphasized as key to the development of medication management services. Measuring and reporting data and a consistent, supportive care model process were also frequently cited as important elements.

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.	●○○

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[Success with a Single Visit Smoking Cessation Intervention](#). The Journal of Family Practice, July 2013 · Vol. 62, No. 07: 334-336.

Webcams connect pharmacists to immobile Minnesota seniors: [Minnesota Public Radio, January 31, 2013](#)

Fairview Partners' virtual visits program, which utilizes Fairview MTM Services, receives Medica's [Raising the Bar Innovation Award](#).

Fairview MTM Services Support Accountable Care: [Pharmacy News, Sept. 15, 2012](#)

One Patient's Story: Since 1997, Fairview MTM has helped more than 9,000 people get better control of their health. Here is a [first-hand account of how MTM made a difference in one person's life](#).

Clinical Collaboration: Fairview Pharmacy Services' Nicole Paterson, PharmD, works collaboratively to standardize and advance pharmaceutical care. [Pharmacy Today, Volume 15, Number 3](#).