

“Patients will understand what to expect, what is representative of the best quality care, including a team where everybody contributes in a significant way. Patient’s will recognize all of their care experiences positively and personally valuable.”



Culture Generates Strategy

A Case Study of Integrated Medication Management
at HealthPartners



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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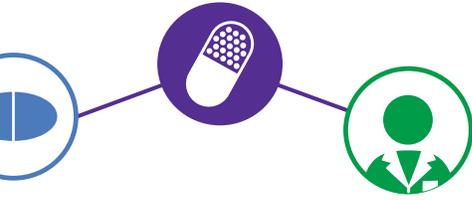
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www.healthpartners.com

Integrated health care organization providing care, insurance, research and education.

Medication Management within HealthPartners

- Program created in 2006
- 8 clinical pharmacist FTEs
- 16 clinics with medication management services
- 7000 annual medication management encounters
- Collaborative practice agreements
 - Asthma
 - Benzodiazepine taper
 - Cholesterol
 - COPD
 - Diabetes
 - Dyslipidemia
 - Hypertension
 - Opioid taper
 - Smoking cessation
 - Therapeutic interchange

THE BEGINNING

At HealthPartners, culture has long been a key driver of their strategy to develop innovative high quality pharmacy services, including integrated medication management, within the organization. A vision based upon achieving the Triple Aim more than a decade ago, combined with a permissive environment to innovate and dedication to transparent quality measurement has led to integrated comprehensive medication management services providing more than 7,000 annual encounters.

A culture and philosophy of team-based care at HealthPartners attracted care providers who had a vision to work together to improve quality. Many physicians who became leaders at HealthPartners had experience working with pharmacists as a part of the health care team in the hospital environment. Physicians could tap into the pharmacist's deep expertise in medications to help achieve their patient treatment objectives. Both medical and pharmacy staff found this clinical experience to be important and rewarding. With the experience came more requests and welcoming

but it isn't. If you have a patient on 12 different medications, even though they may be medically stable, it doesn't mean you're getting the best out of those medications or that the blend or mix is the right one."

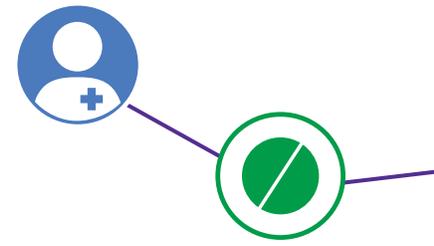
HealthPartners was a leader in HEDIS quality measures and medical leadership quickly recognized the value of pharmacists in helping

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of pharmacists as team members. One of the interviewees referred to the experience with having pharmacists as part of the health care team in the acute care setting as an important precursor to their addition to the team in the primary care setting, stating, "There was nothing about the complexity of the hospital environment that was different in the ambulatory environment. We may think it's less intense; we may think it's less complicated,

to manage quality measures. To improve diabetes and cholesterol management, physicians began to ask pharmacists to assist with patient management which soon led to the development of collaborative practice agreements. More than a decade ago, collaborative practice agreements were initiated for cholesterol management within HealthPartners's clinics, creating the basis for the first formalized medication management in the organization.

When new medical providers were brought into the organization, they learned quickly what a pharmacist added to the care team because everyone in the clinic had experienced it.



Interviewees frequently referred to a set of cultural norms that encourage innovative ideas like medication management to be tested. This included a focus on transparency in measuring and communicating results of new initiatives. Medical staff could see early indicators of how the engaging the medication management program within their practice was improving care. These early successes supported growth and expansion. In addition to improvements in quality, medical staff acknowledged a sense of enhanced professional satisfaction as a function of the program, which generated an eagerness to explore additional areas for quality improvement through the medication management program.

Ultimately, interviewees stated that a key factor for success was the open and collaborative environment cultivated within HealthPartners, which served as a foundation for the pharmacy department to pursue additional opportunities in which it could help drive performance within the organization.

BEYOND LIPIDS

The strong relationship that developed between medical and pharmacy leadership played an important role when the Medicare Part D drug benefit was created in 2006. HealthPartners used their collaborative dyslipidemia management program as the foundation for their Medicare Part D Medication Therapy Management program.

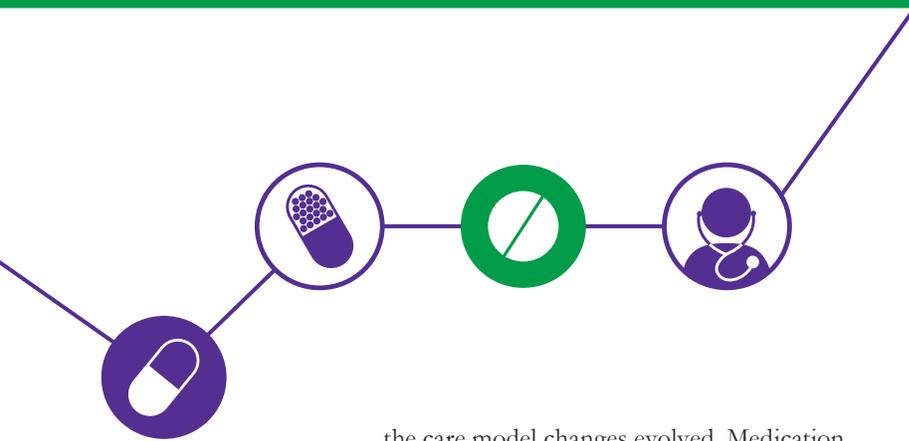
To move beyond the centralized medication management function and become integrated into the clinic care model process, the medication management program manager worked closely with medical leadership to determine how pharmacists could be integrated into the medical team structure. An important decision emanating from these discussions

was that the medication management program expansion would be focused in clinics deemed most likely to support innovative care model process development. An attribute of these clinics was the presence of a strong manager and team within the clinics working towards the same outcomes.

Solid organizational leadership support allowed the teams to build a role for pharmacists into the care model process. Shared accountability and team expectations helped elevate the service provision. Physicians were deeply involved in the development of expanded collaborative practice agreements. When new medical providers were brought into the organization, they learned quickly what a pharmacist added to the care team because everyone in the clinic had experienced it. It became clear that there was an unmet need with respect to quality and patient experience and the expansion process rolled out in a way that allowed team members to immediately see the value of a comprehensive evaluation of medication needs in complex patients.

GROWTH AND EVOLUTION

Developing systems that supported integrated medication management were crucial to the program's success. HealthPartners wanted to make it easy for medical providers to initiate the medication management consult—a goal was that it would be easier to engage the service than not use it. It was recognized that physicians may have a positive view of a service, but because they are juggling many things each day, the process to engage in the service must be simple to be utilized to its potential. Leadership helped prepare practice sites for success by strategically selecting the certain practitioners based on experience and attitude, placing them in roles that would rely on their skills, and then supporting their efforts as



“For the first time in my life someone sat down and paid attention.”

the care model changes evolved. Medication management services advanced quickly and consistently in the organization in part because of the comprehensive approach that included defining electronic medical record documentation expectations, patient referral procedures, and communication systems that supported collaboration within the team.

HealthPartners employs a naming system in which care model process development is “versioned” to keep track of improvements. Changes to the process are supported with training that spans front desk staff to physicians. The entire team is engaged and has a shared vision for what is desired. An interviewee indicated that this comprehensive approach to process improvement that includes all elements of clinic operations was and continues to be a significant contributor to the success in integrating medication management services.

Another key driver for growth has been HealthPartners’ focus on clinical quality

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measurement. Opportunities have come as a consequence of both public reporting of clinical performance on diabetes, blood pressure control, cardiovascular disease and internal reporting on which teams are performing best. According to interviewees, having rigorous data, confidently reported and published, has supported internal acceptance and expansion. They indicated it has also created market and patient expectations. One interviewee described HealthPartners’

vision for market expectations stating that, “patients will understand what to expect, what is representative of the best quality care, including a team where everybody contributes in a significant way and where the patient’s experience is positive in every one of those interactions, and where they recognize value.” Interviewees were unanimous in their belief that across the organization, it is believed that medication management services are a critical component in realizing this vision.

For this reason, capturing patient satisfaction data has been an important part of the quality measurement for medication management services. HealthPartners conducted patient surveys early in service development and recognized very positive results. During the interviews, team members easily recalled memorable quotes from patients, like, “For the first time in my life someone sat down and paid attention.” Interviewees indicated that there were many comments about the perceived value from the medication management visit,

the importance of having someone paying attention to medications and getting new information. Patient satisfaction results were a big influence on service expansion.

Quality service measurement and data collection began with documenting drug therapy problems and patient satisfaction, followed by clinical measures, and finally cost. Interviewees indicated that their measurement strategy evolved “from the easiest metrics to



The team worked to demonstrate lower total cost for those patients receiving medication management services, which then made a powerful case for service growth.



get at” to then moving to more difficult metrics to manage. Ultimately, the team worked to demonstrate lower total cost for those patients receiving medication management services, which then made a powerful case for service growth. Subsequent collaborative practice agreements covering more conditions were developed providing pharmacists with more flexibility and less administrative burdens, and continuing the momentum for expansion. Further, the medication management team engaged people with expertise in centralized disease and case management processes to coordinate referrals since they both were working with complex patients.

While HealthPartners was evolving its care delivery system, the health plan side of the organization was beginning to focus on Medicare Part D and its overall goals as a payer that serves many beneficiaries that do not receive care via HealthPartners clinics and hospitals. The medication management

In these cases, medication management has achieved lower downstream costs via improved disease control that results in reduced ER or hospital use.

team started working with the organization’s provider contracting division to extend the reach of medication management services beyond HealthPartners’ own primary care and specialty clinics to beneficiaries who choose to receive care from health care organizations contracted with, but not owned by HealthPartners. They engaged with community-based physicians and pharmacists sharing models, ideas, and evidence about their impact on outcomes.

FOCUS ON RESULTS

Interviewees spoke frequently about how HealthPartners’ role as both a health plan and care provider has allowed them to comprehensively evaluate medication management services across their membership. It has allowed staff, sometimes in partnership with the HealthPartners’ Institute for Education and Research, to evaluate programs, comparing outcomes between health plan members receiving and not receiving medication management services. Interviewees highlighted how HealthPartners’ measurement system has allowed them to identify examples where medication management services has resulted in an increase in the cost of drugs but resulted in a decrease in the total cost of care. In these cases, medication management has achieved lower downstream costs via improved disease control that results in reduced ER or hospital use.

In one example, an analysis showed an 11:1 return on investment when annualized savings were compared to fully loaded program expenses (including indirect expenses at 60%) for a population of fully-insured patients receiving medication management services compared to a matched self-insured group of patients with no access to medication management services (n=374 each group). There was no difference in pharmacy costs for the groups but there was cost-savings in reduced hospitalizations and emergency department visits.

Another analysis focused on services delivered to patients with diabetes evaluated outcomes over a five-year period among patients receiving comprehensive medication management services (n=296) compared to a control group receiving care without the service (n=370). There was a 20% increase in optimal

“The only complaint is that we don’t have enough [presence of the service]; there’s such value.”



diabetes control with 78 fewer emergency room visits and 36 fewer hospitalizations in the intervention group. Cost avoidance was approximately \$392,000.

Finally, a HealthPartners study comparing home blood pressure monitoring and pharmacist case management to usual care showed significantly improved outcomes in the intervention group. The study, published in JAMA in July 2013, was a cluster randomized trial in 450 adults with uncontrolled blood pressure across 16 HealthPartners primary care clinics with n=222 receiving usual care in 8 clinics and n=228 patients receiving home blood pressure monitors and transmitting data to pharmacists who adjusted antihypertension therapy accordingly. The primary outcome measure was control of systolic blood pressure at 6 and 12 months. Secondary outcomes were change in blood pressure, patient satisfaction and blood pressure control at 18 months. The proportion of patients with blood pressure control at 6 and 12 months was significantly greater ($p < .001$) in the telemonitoring group compared to the control group. Additionally, systolic BP decreased more from baseline among patients in the telemonitoring intervention group at 6 months (-10.7mmHg [95%CI, -14.3 to -7.3mmHg]; $P < .001$), at 12 months (-9.7mmHg [95%CI, -13.4 to -6.0mmHg]; $P < .001$), and at 18 months (-6.6mmHg [95%CI, -10.7 to -2.5mmHg]; $P = .004$). The satisfaction component showed that 98.5% of patients would be willing to recommend the service to friends/family. Further, 87.7% were satisfied or very satisfied with the review having a positive effect (e.g., fewer medication side effects, more effective dosages, better understanding of medications.)

HealthPartners’ performance nationally and in their marketplace has been compelling, and the organization’s leadership reports that

medication management services have been a critical contributor to the improvements recognized in performance improvement.

TODAY

Interviewees indicate that HealthPartners executive leadership has frequently and publicly communicated excitement and pride about the work of the medication management team, providing validation and motivation to continue to innovate. They cite organizational culture at HealthPartners as making it an attractive organization for those who want to be on the leading edge of health care payment and delivery. This foundation and support of leadership at all levels of the organization has allowed medication management to be seen as an important element of achieving the Triple Aim. HealthPartners is focused on the best experience, at the best price and with the best outcomes. As one medical leader noted about medication management services at HealthPartners, “The only complaint is that we don’t have enough; there’s such value.”

Interviewees indicate that the advent of CMS STAR measures and Minnesota Community Measurement (a state-level mandatory health quality reporting entity) are now driving how the medication management program is evolving. HealthPartners staff has also become involved in the Pharmacy Quality Alliance (PQA). HealthPartners wants to share its years of experience in medication management service development and aligned measurement strategies. Interviewees indicate that HealthPartners’ CEO recently challenged the team to be recognized as the best in the nation in optimizing the use of medications for the benefit of their members and patients. This focus on optimizing medication use is the guiding theme for medication management

Conceptual timeline for the growth of the HealthPartners medication management program relating to culture, performance rating, and operations.

FOUNDATIONAL → FORMALIZED → SUSTAINABLE →

CULTURE	Vision of a set of services using clinical expertise to achieve the Triple Aim		
	Permissive environment to innovate		
			Transparency of quality
PERFORMANCE RATING	HEDIS measures	Medicare Part D	MN Community Measurement
OPERATIONS	Care Model Process		
	Dyslipidemia collaborative practice agreement	Formalized medication management in clinic	
		Mature collaborative practice agreements and consistent practice	



services today and HealthPartners is committed to achieving this in a way that is responsive to the needs of the greater community it serves. As an example, HealthPartners is working with employer clients in one rural Minnesota community to integrate its services with the community’s hospital, primary care practice and existing community pharmacy so all are viable, important parts of service delivery.

The team says “it’s really fun work” with “lots of opportunity” to create “high-bar performance” in multiple, different environments weaving in best practices. It represents the next step of HealthPartners journey to continue implementing leading pharmacy services that are recognized and valued.

As one team member reflected on the journey, they stated, “I remember walking in here in my first week (4 years ago)...I could not believe going into a meeting where there wasn’t a healthcare provider present in the room, and everyone knew what medication management was and knew what it was really well. Not just that it’s medication management; they understood. It was amazing to me to see that. That wasn’t my experience prior to being here. Pharmacists, our small little group knew what we were talking about, but nobody else did.”

Site-based bibliography

Margolis KL, Asche SE, Bergdall AR, et al. Effect of home blood pressure telemonitoring and pharmacist management on blood pressure control: a cluster randomized clinical trial. JAMA. 2013 Jul 3;310(1):46-56.

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.¹ This 8-Step Process was further grouped into three distinct stages which we aligned with the identified themes as outlined in the table below.²

At Health Partners, the organizational culture offered a rich environment for medication management services. A supportive care model process and measuring and reporting results were key strategies leading to the success of the program.

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

STAGE OF CHANGE ²	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.