

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.

Acknowledgment: This case series is a product of the Peters Chair for Pharmacy Practice Innovation at the University of Minnesota College of Pharmacy. Funding for this project was provided by the Peters Endowment for Pharmacy Practice Innovation, Department of Pharmaceutical Care and Health Systems, University of Minnesota.

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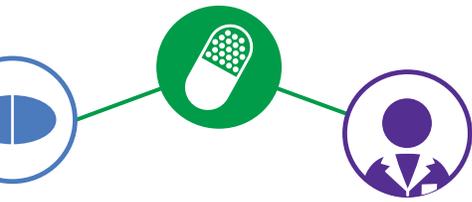
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Graphic Design: Maria Nocenti

Published: September 2014

**Margaret Wallace was a primary care research fellow supported by a National Research Service Award (N.R.S.A) from the Health Resources and Services Administration (T32HP10010-19).*



THE BEGINNING

Recognizing an opportunity to integrate comprehensive medication management services in the institution's emerging healthcare home model, the Park Nicollet Health System pharmacy leadership team leveraged a small grant from the institution's foundation into a program that now is embedded in 14 clinics and generates nearly 5,000 patient encounters annually. The medication management program and its utilization are rapidly growing. Increased pharmacist availability, service locations, and new processes are leading to growth in the number of patients who receive medication management services and the volume of medication related interventions.

The initial ideas for medication management program development evolved when the Park Nicollet Foundation invited the pharmacy leadership team to participate in a meeting with a local senior citizen group exploring innovative ways to provide care to an elderly population. The pharmacy team outlined the

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concept of medication management services integrated into the primary care team, creating initial interest on the part of Foundation leaders who suggested that the pharmacy team apply for a grant to begin a service pilot.



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Integrated Health System

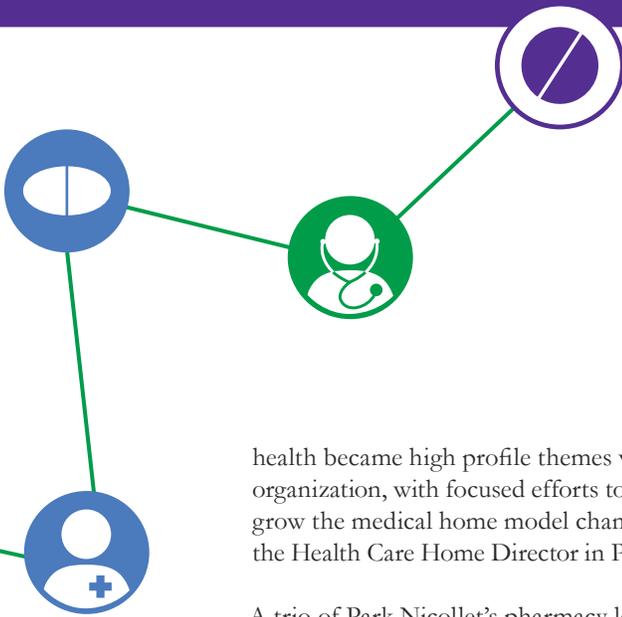
- More than 400,000 patients cared for in 2013
- 21 primary care clinics
- 45 specialties offered

Medication Management within Park Nicollet

- Program created in 2011
- 9.6 clinical pharmacist FTEs
- 14 clinics with medication management services
- 4,634 medication management encounters in 2013
- Collaborative practice agreements
 - Asthma
 - Diabetes
 - Dyslipidemia
 - Hypertension
 - Smoking cessation

Previously the pharmacy leadership team had focused on implementing medication management services within Park Nicollet's outpatient pharmacies. “We focused on the pharmacies because at that time, there was some, albeit very limited, payer compensation for services in that setting,” noted one interviewee. However, the limited compensation opportunities combined in a traditional fee-for-service environment were barriers to the service's growth. “Year after year we tried to secure resources to expand the service in the outpatient pharmacies, but the detachment from the rest of the care team and limited leadership support were too much to overcome.”

At the time, care models that embraced a team-based approach were becoming a focus at Park Nicollet. In the late 2000s, seeds were planted for the emergence of this model through a physician group demonstration project which included defined roles for nursing and certified diabetes educators within a healthcare home design. Care coordination and population



health became high profile themes within the organization, with focused efforts to expand and grow the medical home model championed by the Health Care Home Director in Primary Care.

A trio of Park Nicollet’s pharmacy leaders (inpatient, outpatient and drug utilization pharmacy directors), met with the Health Care Home Director and made a compelling case for including medication management services in the expanding medical home model. “She shared her vision of the model and the forthcoming Park Nicollet pioneer accountable care organization (ACO) and the needs associated with those models,” said one member of the leadership team. “She was concerned about medication access and managing high-risk patients. We explained how we could meet those needs through the medication management service. We highlighted evidence from the literature and also patient success stories from a similar

management services implementation forward. Eventually, working strategically with senior level administrators at Park Nicollet and its foundation, the pharmacy leadership team found that it was establishing a “web of influence” that grew to include the Chief of Primary Care, regional medical directors, clinic-level leaders and the organization’s payer relations group.

“The Park Nicollet Foundation grant, which created a partnership with the University of Minnesota Ambulatory Care Residency Program, made it possible for us to get two residents versus one pharmacist. That was huge from my perspective,” said one interviewee. “Instead of initiating the service in just one clinic, we were able to do so in two sites.” The team’s intent was to have the residents introduce medication management services and create a foundation for service growth. “Then the Health Care Home group’s FTE allowed

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service offered in a different institution.” By showing how medication management aligned with the overall goals of the medical home initiative, the director became a strong advocate for implementing medication management services, and committed funding to support a new pharmacist position to provide the services.

The intersection of the Park Nicollet Foundation grant and healthcare home opportunities provided important synergy and momentum to expand medication

us to hire an experienced pharmacist with leadership skills to lead program development. At that point, we were off and running.”

GROWTH AND EVOLUTION

With a medication management program director in place and support of many Park Nicollet leaders, the groundwork was in place for rapid growth and expansion. “We had this perfect storm of really great leadership: somebody who’s done it and knew what she was

“We noted that other health systems in our market were already ahead of us with respect to medication management and collectively we said ‘Let’s go.’”



doing combined with really great practitioners who needed her leadership and were thrilled when she got here. That pairing is what made this explode the way it did,” reflected one pharmacy team leader. “Even before implementation of the service, the groundswell of support was there. But without the right people or without the key positions, it wouldn’t have gone as quickly or as well.”

A committee was formed to guide service development and implementation. In addition to the pharmacy leadership, the committee included primary care clinic operations and health care home group leadership. While physician staff representatives were not on the initial committee, they were supportive because of the pharmacy team’s earlier one-on-one communications and relationship building. In those communications, the pharmacy team emphasized a service model that integrated the pharmacist into the patient care team. One interviewee noted that this message resonated with the clinicians because it contrasted with the experience they had getting “random” communications from pharmacists outside of the Park Nicollet system.

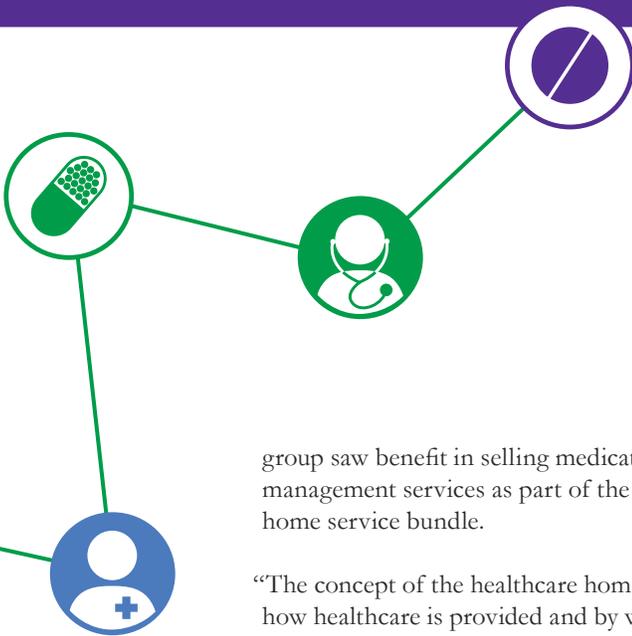
With the initial funding resources in place for the core medication management team, pharmacy leaders expanded their efforts to engage other senior leaders to gain support for ongoing operational costs and additional expansion. “We approached these conversations together, the three different pharmacy leaders [inpatient/outpatient pharmacy operations and the medication management director]. We noted that other health systems in our market were already ahead of us with respect to medication management and collectively we said ‘Let’s go.’ I think that message came through to system leadership, too,” reflected on interviewee.

As the web of influence grew, new advocates emerged. One unexpected advocate was the inpatient nursing director, who understood the service parameters and helped create organizational alignment for the new medication management service team. The medication management team also worked closely with care coordination staff to gain their confidence and support. “They became important advocates for our services within the clinics,” said one interviewee. Clinicians that began experiencing the service also became advocates, sharing their experiences with colleagues through their committee service and other venues.

The team began to discuss the medication management service with Park Nicollet’s payer relations group, knowing that any changes to contracts and services often required a 12-month lead time. One interviewee reflects, “They picked up on the value of the service right away. The integrated model (vs. the community pharmacy-based model) helped us

“They [payer relations] picked up on the value of the service right away. The integrated model helped us have a different discussion with payers.”

have a different discussion with payers.” A goal was to show payers how the team-based model could increase the success rate of their investments in medication management. The discussions centered on improving quality and reducing costs. Ultimately the payer relations



“It allowed us to show what an efficient, effective, highly-functioning team looked like.”

group saw benefit in selling medication management services as part of the medical home service bundle.

“The concept of the healthcare home changes how healthcare is provided and by whom it is provided. It brings in all sorts of new, previously unavailable resources into a team base and the patient is triaged within that team to the right resource—and that resource doesn’t always have to be a physician. That’s the key. We all will have to learn to get the patient to the right resource, and hopefully, that resource alignment reduces costs. That’s how you impact cost while providing optimal care for the patient,” stated one interviewee. Another reflected, “It’s about sharing the care.”

OPERATIONALIZING THE SERVICE

The medication management implementation plan called for regionalizing patient access to the service. The Health Care Home Director assisted in identifying clinics where the leadership would be supportive of integrating medication management services. “We very deliberately wanted to regionalize patient access

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and there were significant gaps,” said one interviewee. Sites were identified that had a large patient base or that were aligned with the organization’s Medicare ACO population. Once a clinic was selected, the pharmacist for that site was oriented onsite with other clinic team members with a defined set of

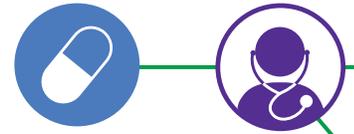
expectations of service offerings. The Park Nicollet team has defined a medication management practice model and established standards for documentation. Interviewees said this ensures all practitioners are practicing the same way. “From my previous experience, it is crucial to clearly define what the pharmacists do as part of the medication management service across sites,” said one interviewee. “This ensures that all staff have the same experience working with the pharmacy team. Our goal is consistency across the organization.”

Another key operational element was use of the system’s electronic health record. The medication management director worked with the EHR support team to streamline service documentation. Another goal was to efficiently collect practitioner productivity data. “We created a dashboard that allows us to measure the extent each pharmacist’s time is being utilized to provide direct patient care. In healthcare, data drives us. Thus having a constant stream of data on our services has been critical to support service expansion.”

The pharmacy leadership was able to secure additional FTEs by building a solid case to the Park Nicollet Chief Operating Officer. “We used an aircraft carrier analogy to explain the concept of an interprofessional care team that included the pharmacist,” noted one interviewee. “It allowed us to show what an efficient, effective, highly-functioning team looked like. And we related this to the medical home.” The COO’s son happened to be in the Navy and stationed on an aircraft carrier. After the presentation, the COO became an advocate for service expansion with other Park Nicollet leaders. With his support, additional FTEs were approved.

In addition to data, the team noted that patient stories have also played an important role in

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service expansion. One interviewee stated, “We have had individual patient successes that stemmed from our ability to help them sort through complicated medication regimens.” The team highlighted one patient who is very comfortable with speaking in front of groups and has willingly shared her medication management experiences to promote the service. “Everything we do, we touch a patient. It’s multiple team members; it’s never just one person’s contribution. However, patient stories can be more illustrative of what a pharmacist can do and sharing that with leadership can help move that vision forward.”

TODAY

Services are now integrated within 14 of the system’s 21 primary care clinics. Expanding services is a shared responsibility between the clinic leadership and the pharmacist practitioner who practices at the clinic. The goal is to work with the individual clinics to maximize and fill the pharmacists’ patient care schedule. Periodically the medication

and care management meetings that occur at the clinics and the clinic staff want the pharmacist to be there to provide their input,” notes one interviewee. That can be difficult when the pharmacist is not there full time. A Drug Prescribing Update program update is presented to the primary care clinics in the Park Nicollet system annually. It provides information on ambulatory drug prescribing habits, trends and impacts on overall healthcare costs. The program also provides a description of the medication management service, where services are being provided and reinforces the patient referral process. “It’s interesting because in some of the clinics where the service has not yet been implemented, the clinic team has taken a vote to declare, ‘We want this.’ We have to carefully explain the implementation strategy to the physicians and nurses. Clearly, though, they see the value that the pharmacist resource brings to them and their patients,” said one interviewee. “The care model movement toward coordination and the medical home has allowed many to recognize the value that a pharmacist can bring to a care team.”

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management director meets with clinic leadership and shares pharmacist utilization data. Sites become informed and goals are set to increase the pharmacists’ time in direct patient care activities. The pharmacy team shared that two clinic locations have a pharmacist five days a week while others only have a pharmacist two or three days a week. Several of those clinics would like to expand that to full time and goal setting assists this process by managing expectations and settings performance benchmarks. “There are planning

Today, work continues on identifying where the medication management team can bring the greatest value to the Park Nicollet system. The conversation is engaging both inpatient and outpatient services and a recent focus has been on bridging these two settings with care transitions strategies. Data is guiding the next round of service expansion—data allows pharmacy leadership to compare and contrast outcomes in various areas of the system and to project the value of the pharmacist on the patient care team. Highlighting this, one

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

	FOUNDATIONAL	FORMALIZED	SUSTAINABLE
OPERATIONS	Pilot in pharmacies	Clinic-based medication management	
		Consistent pharmaceutical care practice	
		Health Care Home integration	
		College of Pharmacy partnership	
RESULTS		Patient stories	
		Accountable care contracts	
		Population health	
		Tracking medication management interventions	
RELATIONSHIPS	Existing relationships with pharmacies	Relationship marketing	
		Evolution of team-based care	
		Leadership support	



interviewee stated, “We are designing our evaluation practices to show alignment of medication management services with our quality and cost of care initiatives. That analysis contributes to meeting the health system’s goals of improving quality while lowering costs.” But they also note that, in the end, it all comes back to the services provided to patients. “The data we look at is population level, but we have to remind ourselves there are many individual patients reflected in the data. We are conscious about the fact that we improve health one patient at a time, and that in turn improves health across a population.”

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

Actively promoting the medication management program was the principal approach used by Park Nicollet. Measuring and reporting results, a supportive care model process, and developing strategies for sustainability were also frequently cited as central to the growth 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.