Integrating MTM Provided by Community Pharmacists into a Community-based ACO

Background/Rationale

Relationship to the CPF Mission

The goal of this project is to integrate medication therapy management services (MTMS) provided by community pharmacists into the clinical and health information technology (HIT) infrastructure for Medicaid recipients of a 12-county community-based accountable care organization (ACO). Southern Prairie Community Care (SPCC) of Southwest Minnesota has invited the University of Minnesota College of Pharmacy, the Minnesota Pharmacists Association (MPhA), and the Medication Management Network to collaborate on integrating MTM into the redesigned care delivery and financing system of the 12-county SPCC Accountable Care Organization.¹

This project is submitted for consideration in the Community Pharmacy Foundation (CPF) Focus Grants category. This proposal represents a novel opportunity for the University of Minnesota College of Pharmacy and Minnesota Pharmacists Association to work with CPF to design a major project engaging community pharmacies and pharmacists. The project involves matching in-kind contributions from, and collaboration with, public and private payers in redesigning healthcare delivery and financing.

The objectives of this proposal are to: 1) ensure service level expectations of MTM services provided by community pharmacists, 2) equip pharmacists to function effectively in the SPCC healthcare teams, and, 3) integrate the electronic documentation of community pharmacists providing MTMS into the SPCC HIT infrastructure consistent with HL7 consolidated Clinical Document Architecture (CDA) standards for exchanging electronic structured documents.² The significance of this initiative relates to the application of project findings to the development of a shared savings framework for community pharmacists providing MTMS within the SPCC ACO subsequent to the completion of this project.

This project is aligned with the CPF Mission Statement through research and development that will assist community pharmacy practitioners to function effectively in value-based healthcare delivery and financing systems. The U.S. healthcare system is evolving from fee-for-service financing with no links to quality, to global population-based payments designed to be accountable for both quality and total cost of care.³ Pharmacists who have traditionally functioned independently in community pharmacy settings must now become equal partners in high-performing health teams focused on achieving our three-part national aims. This project will build upon previous outcomes studies funded by the CPF to establish new capabilities for community pharmacists in the delivery of patient care.

The ability to execute this project is facilitated by four beneficial conditions.

- First, is progress that SPCC has made since 2006 to increase local control around service decisions made for the vulnerable people living in the 12-county region. SPCC collaborations toward a global population-based payment system accountable for both quality and total cost of care have been accelerated by support from the Bush Foundation and Beyond the Bottom Line Foundation, and through Minnesota Department of Human Services demonstration projects including the Integrated Health Partnerships (IHP), Minnesota Healthcare Delivery System (HCDS), and State Innovation Models (SIMs) projects.⁴,⁵
- Second, is SPCC’s commitment to integrating medication therapy management services provided by pharmacists into this care model innovation (please see Letter of Support in Appendix A).
- Third, is the Minnesota Medicaid MTM Care Law enacted in 2005 authorizing pharmacist compensation for MTMS.⁶
- And fourth is the strategic partnership assembled for this initiative combining accomplishments of the SPCC team with experts and architects of comprehensive medication management to build an exemplary medication use system. This is just the first step in what is anticipated to be a partnership that will endure throughout a journey toward integrating MTMS provided by pharmacists in care model innovation to achieve our national 3-part aims of better care and better health at reduced expenditures.
**Needs Assessment**

The project needs assessment is presented from both a local and a global perspective. The local needs assessment perspective pertains to improving care and reducing per capita expenditures for citizens of the 12-county SPCC region. The global needs assessment perspective focuses on improving the effective use of medications and reducing drug-related morbidity and mortality in the context of a redesigned healthcare delivery and financing system.

The SPCC community-based care system has engaged multiple providers, payers and stakeholders since 2006 in building capacity to increase local control around service decisions made for the vulnerable people living in the 12-county region. A number of pharmacists have contributed to SPCC work groups and planning committees during this stakeholder engagement process by convincing decision-makers to help patients manage their medications, and by providing outcomes research data on the impact of MTMS provided by pharmacists. Pharmacist engagement in the SPCC stakeholder planning process focused attention on the need for building systems to improve the effective use of medications and to reduce drug-related morbidity and mortality.

The need for this project was also assessed by analyzing SPCC total costs of care generally, and the impact of uncoordinated pharmaceutical costs specifically. SPCC is accountable for the medical, facilities, and pharmacy costs of 18,009 attributable Minnesota Medicaid recipients living in the 12-county region. In the one-way risk sharing agreement with the Minnesota Department of Human Services, it is noted that pharmacy costs constitute nearly one-fourth of total expenditures for these 18,009 Medicaid recipients, which is well above national averages for pharmaceutical expenditures reported by the Commonwealth Fund based on OECD Health Data for 2006. In addition, SPCC has identified a need to access more accurate recipient medication use information in real time.

The need for this project assessed from a global perspective focuses on the impact of a dysfunctional medication use system, and the untapped resource of pharmacists in achieving better care and lower cost. A desirable characteristic of the medication use system our country deserves is one in which patients routinely achieve their drug therapy treatment goals with zero tolerance for preventable medication harms. The $300 billion annual burden of drug-related morbidity and mortality suggests that much work remains to achieve this desirable objective. These unfortunate and ineffective consequences happen without systems in place to ensure that each of a patient’s medications has an intended medical use, is effective and safe, and can be taken as intended by the patient. And a fee-for-service healthcare reimbursement system with no links to quality has contributed to this burden by unintentionally rewarding providers, hospitals and care systems for the unfortunate and ineffective consequences of medication use.

Assessing the need for community pharmacist engagement in value-based healthcare delivery and financing was also summarized recently in a White Paper produced under contract from the Pharmacy Quality Alliance. Applying Value-based Incentive Models within Community Pharmacy Practice presents the landscape for engaging community pharmacists in improving health care quality through innovative care delivery and payment models. Key concepts applied to address needs in this project include arrangements for pharmacists/pharmacies to share savings with ACO Providers, and implementing value-based insurance programs in community pharmacies.

Although reducing the burden of ineffective medication use and drug-related morbidity and mortality may seem like a daunting task, there is a solution. Outcomes studies of MTMS provided by pharmacists have consistently demonstrated improved clinical outcomes, reduced healthcare expenditures, and favorable return on investment. And leaving an antiquated fee-for-service reimbursement system behind in favor of value-based healthcare delivery and financing can only be good news for individuals who take medications. This project is designed to address these needs by ensuring service level expectations of MTM services provided by community pharmacists, equipping pharmacists to function effectively in SPCC healthcare teams, and integrating the electronic documentation of community pharmacists providing MTMS into the SPCC HIT infrastructure.
Capacity, Readiness and Operations

This section of the proposal describes the strategic partnerships assembled to conduct the project. The capacity to successfully execute this project includes a partnership comprised of the SPCC team, the College of Pharmacy/MPhA/Medication Management Network team, and other affiliated individuals and organizations supporting this initiative. The responsibilities of each partner are described below.

Southern Prairie Community Care has a rich history and demonstrated track record working with public and private payers toward achieving national aims. Individuals on the SPCC team committed to the goals and objectives of this project include Mary Fischer, Paul Heyl, Jana Berends-Sletten, and Jennifer Muecke at SPCC, Bill Knutson at Halleland Habich P.A., and Derek Plansky and Bill Leander at Santa Rosa Consulting.

The contributions and background of SPCC team members include:

- **Mary Fischer:** Mary Fischer, CEO, has spearheaded the SPCC care model innovation since inception and she has extensive experience in healthcare administration collaborating with public and private payers. Mary is the engine that drives this exciting initiative, and she is working closely with the Principal Investigator in the design and execution of this project.
- **Paul Heyl:** Paul Heyl is a Regional Operations Manager with SPCC with training and experience in behavioral and mental health care. Paul will be providing guidance for pharmacists working with community care teams and mental healthcare providers.
- **Jana Berends-Sletten:** Jana Berends-Sletten is a Regional Operations Manager with SPCC with training and experience in nursing care. Jana will be making important contributions in providing guidance for pharmacists working with healthcare teams in clinics and hospitals.
- **Jennifer Muecke:** Jennifer Muecke is SPCC Administrative Assistant and she will coordinate SPCC-related activities and information dissemination to program participants.
- **Bill Knutson:** Halleland Habicht PA, a health law, policy, and technical consulting firm in Minneapolis, MN, has provided legal, policy and technical consulting services for SPCC in support of contracting with primary care providers and organizations of the SPCC Joint Powers Agreement. Bill Knutson has a Master’s Degree in Business Administration and has developed the healthcare financing analytical framework for SPCC. Bill will be instrumental in helping to track impact on clinical and economic outcomes, and in providing guidance in building the HIT interface with pharmacists.
- **Derek Plansky and Bill Leander:** Santa Rosa Consulting of Nashville, TN, provides information technology services to the healthcare industry. Derek and Bill have been working with providers and health systems across the 12-county SPCC region in developing bi-directional health information exchange (HIE) capabilities. Santa Rosa Consulting is providing guidance in building the HIE Use Case for the bi-directional exchange of health information with community pharmacists providing MTM services. To build the Community Pharmacy HIE Use Case, Santa Rosa Consulting will help guide community pharmacy-based MTM providers through a series of prerequisite information technology steps on the path to understanding interoperability. These steps include securing SPCC Provider Agreements and Participation Agreements with pharmacists under conditions established by the Minnesota Department of Human Services, creating a technology survey to assess capabilities of community pharmacies, conducting technology site visits to community pharmacy sites providing MTM services, training in the procedures and protocols for accessing the SPCC HIE interface, providing access to recipient’s medical records, and testing the bi-directional HIE interface capabilities.

Individuals on the College of Pharmacy/Minnesota Pharmacists Association team consist of Brian Isetts, Gary Schneider, Amy Pittenger, and Elizabeth (Liz) Cinqueonce. The contributions and background of these pharmacy team members include:

- **Brian Isetts:** Brian Isetts, Professor in the Department of Pharmaceutical Care & Health Systems at the University of Minnesota College of Pharmacy, is a practitioner, educator and researcher dedicated to integrating comprehensive medication therapy management services provided by pharmacists into redesigned healthcare delivery systems. Brian will serve as Principal Investigator collaborating...
Grant Application Ref. ID #70982
Applicant: B. Isetts

closely with the SPCC CEO, ensuring service level expectations of pharmacists providing MTMS,
explaining MTMS to physicians and other healthcare providers, and evaluating clinical and economic
outcomes.

- Gary Schneider is Director of Medication Management Network, formerly the UPlan MTM Network.
The Medication Management Network will have oversight for credentialing pharmacists in the SPCC
region, provide peer mentoring to pharmacists, and assessing and monitoring quality of care delivered
by pharmacists.

- Amy Pittenger is Associate Professor, Department of Pharmaceutical Care and Health Systems, and
Director of Interprofessional Education University of Minnesota, College of Pharmacy, and Lead of
the Phase III (experiential learning) of the 1Health interprofessional curriculum for the University of
Minnesota. Dr. Pittenger is a Master Trainer in the AHRQ TeamSTEPPS national implementation
initiative designed to support the application of evidence-based best practices, tools and strategies that
maximize team performance in the delivery of healthcare. Amy will develop and lead the
interprofessional training for pharmacists, care teams and patient advisors utilizing portions of the
primary care version of TeamSTEPPS.\textsuperscript{14}

- Elizabeth (Liz) Cinqueonce is Executive Director of the Minnesota Pharmacists Association and has
experience working with the State of Minnesota in developing the State’s HIT infrastructure. MPhA
will be responsible for overseeing communications with all pharmacies in the SPCC region and
promoting MTM education for pharmacists in the region.

- Other individuals and organizations with an interest in the success of this project include Shelly Spiro
from the Pharmacy HIT Collaborative, and Dr. Jeff Schiff, Minnesota Medicaid Medical Director, and
Dr. Sara Drake, Minnesota Medicaid Pharmacy Director.

Goals and Objectives

As noted previously, the goal of this project is to integrate medication therapy management services
provided by community pharmacists into the clinical and health information technology infrastructure for
Medicaid recipients of the 12-county Southern Prairie Community Care community-based accountable
care organization. And, the objectives of this proposal are to: 1) ensure service level expectations of
MTM services provided by community pharmacists, 2) equip pharmacists to function effectively in the
SPCC healthcare teams, and, 3) integrate the electronic documentation of community pharmacists
providing MTMS into the SPCC HIT infrastructure.

This project represents an opportunity to build a rational medication use system within redesigned care
delivery that will integrate the resources of pharmacists living and working in these communities. The
pharmacy workforce profile of the 12-county SPCC area includes approximately 80 pharmacists working
in 34 community pharmacies, 15 critical access hospitals, three regional hospitals, and 25 area clinics.
The 12 Minnesota counties in the SPCC area include (from North to South), Swift, Kandiyohi, Chippewa,
Yellow Medicine, Lincoln, Lyon, Redwood Falls, Murray, Cottonwood, Rock, Nobles, and Jackson
County. Pharmacists working in 12 community pharmacies and in 2 clinic pharmacies are credentialed
providers of the Medication Management Network providing MTMS consistent with State of Minnesota
MTM requirements.\textsuperscript{6} In addition, there are other pharmacists in the SPCC area who are completing
MTMS training or are preparing to enroll in MTMS training programs.

The scope of work for achieving the project goal is organized according to the three project objectives.
The project narrative, business plan and timetable are presented in the Methods section describing the
tasks and milestones for this project.

Methods

The methodological approach to be used in this project combines evidence-based medicine with the
science of continuous quality improvement. The relationship of evidence-based medicine to the science
of quality improvement can be described as consistently doing the right thing right. Pawson and Tilley
have pointed out that evidence-based medicine is deeply vested in experimental design using an OXO
evaluation approach of: observe a system (O), introduce a perturbation/intervention (X) to some
participants but not others, and then observe again (O).\textsuperscript{15} Dr. Don Berwick, former CMS Administrator and champion of the Science of Quality Improvement, has noted that the OXO paradigm most commonly applied in the traditional toolkit of evidence-based medicine is, “a powerful, perhaps unequaled, research design to explore the efficacy of conceptually neat components of clinical practice—tests, drugs, and procedures. For other crucially important learning purposes, however, it serves less well.”\textsuperscript{16}

Previous research projects have replicated favorable clinical and economic outcomes of pharmacist integration in comprehensive, team-based medication management. And the evaluation question is no longer if pharmacist integration in care model innovation works, but how do we make it work more effectively and efficiently? The introduction of interprofessional and interdisciplinary systems for establishing a rational medication use system in which patients routinely achieve their goals of therapy with zero tolerance for preventable medication harms is a complex, multicomponent intervention — essentially a process of social change.

An alternative evaluation approach to be applied in this project is known as the context + mechanism = outcome (CMO) model. This evaluation approach accounts for the fact that programs only work insofar as they introduce promising ideas, solutions and opportunities in the appropriate social and cultural contexts.\textsuperscript{15,16} One example of the CMO model currently in use on a large national scale involves concerted rapid cycle quality improvement to reduce medical harms and to decrease readmissions. Early results from collaborations among federal partners and external stakeholders indicate that 560,000 patient harms have been avoided and 15,000 deaths prevented in 2011 and 2012, saving $4.1 billion in costs. These improvements include an 8% reduction in Medicare 30-day fee-for-service readmissions and a 15% decrease in hospital acquired adverse drug events.\textsuperscript{17,18}

**Study Design**

This is a 15 month study that includes a 12-month implementation phase and a 3-month evaluation phase. The study design to be used in this project focuses on three major components. The first component relates to understanding the care capacity of pharmacists working in the 12-county region, and to coordinating service level expectations of MTMS provided by pharmacists. The second component is preparing pharmacists to function effectively in high performing teams. And the third component is integrating the electronic documentation of community pharmacists providing MTMS into the SPCC HIT infrastructure.

Each of these three project components can be viewed as having distinct, but interrelated, plan-do-study-act (P,D,S,A) cycles.\textsuperscript{19} The key action steps, responsible persons, data sources, and evaluation parameters for each of these three project PDSA cycles are described below, and summarized in the Project Business Plan (Figure 1) and the Project Timetable (Figure 2). In addition, the Required CPF Documentation Items checklist is presented in Figure 3.

Ensuring service level expectations of pharmacists providing MTMS is primarily the responsibility of the pharmacy team together with guidance and feedback from SPCC team members. Liz Cinqueonce will coordinate general communications through MPhA. The Medication Management Network will coordinate specific communications among credentialed providers. Initial communications have already occurred through pharmacist engagement on SPCC committees and work groups. In addition, pharmacists throughout the 12-county region were formally introduced to the SPCC Accountable Care initiative last December at the MPhA Pharmacy Night in Morton, MN, in which Mary Fischer, CEO of SPCC, served as the keynote presenter at this meeting. And, an MTMS Webinar was provided by Brian Isetts to SPCC community care teams during a project development retreat in Redwood Falls, MN on July 1, 2014.

MPhA will provide all pharmacists in the 12-county region with the opportunity to take MTM training, if they have not already completed training. Gary Schneider of the Medication Management Network will have oversight for credentialing pharmacists in the SPCC region, providing access to peer mentors, and assessing and monitoring quality of care delivered by pharmacists. Brian Isetts will support MTM providers through on-site quality improvement advisor visits and by assisting pharmacists with physician and health team interactions. Evaluation parameters to be assessed include number of Medicaid
recipients receiving MTM services, number of recipient goals of therapy achieved, number of drug therapy problems resolved, impact on the achievement of SPCC ACO clinical parameters, and impact on the SPCC total cost of care metric.

The SPCC quality of care measures to be applied in this project are the Minnesota Community Measures Project\textsuperscript{20} core measures, and are presented in Table 1. The SPCC benchmark of success for this demonstration project will be based on analyzing patients as their own controls in a pre-, post-project design, and evaluating the clinical and economic outcomes of MTMS recipients in relationship to recipients who do not receive MTMS using an acuity of care and health expenditure predictive analytical tool developed for SPCC in collaboration with Halleland Habich, P.A. In addition, the SPCC shared savings program benchmark of reducing the total cost of care 2% will be used as the goal for reducing medical, facility and pharmacy costs in recipients receiving MTM services.

**TABLE 1: Minnesota Community Measures - Core Measures\textsuperscript{20}**

**Clinic Measures**
- Optimal Diabetes Care Composite
  - HbA1c less than or equal to 8%
  - LDL less than or equal to 100
  - Blood pressure less than or equal to 140/80
  - Tobacco Cessation
  - Aspirin use unless contraindicated
- Optimal Vascular Care Composite
  - LDL less than or equal to 100
  - Blood pressure less than or equal to 140/80
  - Tobacco Cessation
  - Aspirin Use
- Depression
  - Depression Remission at Six Months
- Optimal Asthma Care -- Adult Asthma
  - Well-controlled
  - Not at risk for Exacerbations
  - Current Written Asthma Action Plan

**Patient Experience Measures**
- Consumer Assessment of Healthcare Providers and Systems Clinician and Group Survey (CG-CAHPS): Visit specific tool
- 30-day Hospital Readmissions

Equipping pharmacists to function effectively in high performing teams is an exciting aspect of this proposal. As pharmacists become integrated into the HIT infrastructure, they will have access to critical medical information that has historically been challenging to obtain for community pharmacists. The pharmacy team (Pitenger and Isetts) will work in collaboration with SPCC team members (Heyl and Berends-Sletten) preparing pharmacists to function effectively in health teams to help patients achieve their drug therapy treatment goals and to resolve drug therapy problems.

Fortunately, we have tools, resources and prior experiences to guide us in preparing pharmacists to become valuable team members. For instance, key characteristics and outcomes of comprehensive, team-based medication management have been published.\textsuperscript{11} In addition, there are over 70 pharmacists in Minnesota who are working in clinics such as in the Fairview, Health Partners, Mayo Clinic, Hennepin County Medical Center and Essentia systems to provide MTM services on health teams. Key informants from each of these health systems will be interviewed to gather additional suggestions and recommendations for pharmacists providing MTM services in the SPCC network.
This project will also bring pharmacists, healthcare teams, and patient advisors across the SPCC area together to build relationships and capacity utilizing portions of the primary care version of TeamSTEPPS. The 4-hour TeamSTEPPS training program will be offered at two different times/dates so that pharmacists and SPCC providers can have flexibility in attending this training program. In addition, there will be a few modest scholarships available to community pharmacists working in one-person pharmacies so they can hire a pharmacist to cover their shift while away at this program. TeamSTEPPS Master Trainer, Amy Pittenger, will lead this program with support from Principal Investigator Isetts.

The third component is integrating the electronic documentation of community pharmacists providing MTMS into the SPCC HIT infrastructure. The first step in this process is helping pharmacists to more effectively identify SPCC attributable Medicaid recipients for MTM services. The SPCC pharmacy claims database will be used to match Medicaid patients to area pharmacies using National Provider Identification (NPI) numbers. Pharmacists will then have an accurate list of recipients that are both eligible for reimbursement through the Minnesota Medicaid MTM Program, and attributable to the SPCC network.

Integrating pharmacists into the SPCC HIT infrastructure begins with a technology survey to assess interoperability and compliance with meaningful use standards. Pharmacists participating in this project will be required to sign SPCC Provider and Participation Agreements similar to all other healthcare providers. Results of the technology survey will then be used to structure a technology site visit to each of the 12 MTM network pharmacies in the SPCC area. The technology survey and technology site visits will be conducted by Santa Rosa Consulting. Once interoperability capabilities have been established, Santa Rosa Consulting will lead a Webex training session on procedures and protocols for exchanging electronic health information. The next step will be to provide pharmacies with read-only access to medical records of SPCC attributable Medicaid recipients. And finally, one pharmacy will be selected to test the bi-direction transfer of medical records and MTM documentation.

Sample size, subject characteristics, and subject identification

There are approximately 36,000 Medicaid recipients in the 12-county SPCC area. Of these 36,000 Medicaid recipients, 18,009 recipients are attributable to the SPCC 12-county ACO. Attribution is a method for assigning patients to an ACO based on the utilization history of a patient. Medicaid recipients who are not attributable to the SPCC network typically receive care outside the 12-county area or outside of the SPCC network.

The SPCC total cost of care claims database and predictive analytical tool is capable of describing recipient healthcare characteristics in great detail. This project will contribute to the sophisticated SPCC analytical capabilities by mapping pharmacy claims in relationship to pharmacists providing MTM services. It has been determined in collaboration with SPCC, that having 500 attributable Medicaid recipients enrolled in MTM services over a 12-month period will be a sufficient test of change. Therefore, the 12-month patient enrollment goal for this project is 500 SPCC attributable Medicaid recipients receiving MTM services by the conclusion of this one-year test of change.

Data collection and analysis

As discussed above, SPCC has built their claims database and predictive analytical tool in compliance with Federal and State rules and regulations pertaining to conditions of participation as an Accountable Care Organization under the Shared Savings Program. Claims for MTM services provided by pharmacists to SPCC Medicaid recipients submitted to the Minnesota Department of Human Services will be included in the SPCC database. Inclusion of MTM claims in the SPCC database will facilitate analysis of the impact of MTM services on clinical outcomes and total cost of care.
Business Plan
The project business plan is presented in tandem with the project timetable describing the individuals responsible for completing each project task. This plan presents the project objectives, key action steps, data sources, outcome and evaluation, and responsible individuals.

FIGURE 1: Project Business Plan

<table>
<thead>
<tr>
<th>PROJECT/Objectives</th>
<th>KEY ACTION STEPS</th>
<th>DATA SOURCE</th>
<th>OUTCOME &amp; EVALUATION</th>
<th>PERSON(S) RESPONSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Ensure service level expectations of MTM services provided by community pharmacists</td>
<td>A1 Assessment of baseline MTM practices among pharmacies in the MTM Network</td>
<td>Each site will report number of patients who have received MTM, number of MTM claims submitted, and business plan for expansion</td>
<td>Peer feedback on the current state of practice of each site</td>
<td>Peer feedback: Isetts &amp; Schneider</td>
</tr>
<tr>
<td></td>
<td>A2 Evaluation of on-going practice improvements</td>
<td>MTM claims for SPCC recipients</td>
<td>Receive IRB approval</td>
<td>IRB approval: Isetts</td>
</tr>
<tr>
<td></td>
<td>A3 Peer-mentors assigned to guide pharmacists</td>
<td>Number and type of drug therapy problems resolved</td>
<td>Number of recipients receiving MTM services</td>
<td>Pharmacist mentoring: Isetts &amp; Schneider</td>
</tr>
<tr>
<td></td>
<td>B1 Key informant interviews with ACO pharmacists</td>
<td>% of patients’ goals of therapy achieved</td>
<td>Number of MTM claims submitted</td>
<td>Oversight of MTM claims: Isetts</td>
</tr>
<tr>
<td></td>
<td>B2 Customize ambulatory Team STEPPS training program</td>
<td>PDSA feedback from physicians and care teams</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>B3 Secure venue for training program</td>
<td>Number of SPCC patients enrolled in MTMS in relation to the pharmacy’s business plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Equip pharmacists to function effectively in the SPCC healthcare teams</td>
<td>C1 Map recipient pharmacy claims to MTM sites</td>
<td>Number of drug therapy problems resolved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Integrate the electronic documentation of community pharmacists providing MTMS into the SPCC HIT infrastructure</td>
<td>C2 Administer technology survey</td>
<td>Number of pharmacies accessing SPCC HIT platform</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C3 Conduct technology visits to MTM sites</td>
<td>Successful integration of one pharmacy in bi-directional HIT exchange</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C4 Test interoperability</td>
<td>Final report completed</td>
<td></td>
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</table>

Dissemination Plan
Widespread dissemination of results and experiences is planned for this project. First, this project will utilize the all-teach, all-learn collaboration method of the CMS Innovation Center to facilitate large scale learning and diffusion. Quality improvement and healthcare innovation colleagues across the nation are looking for early results and experiences related to community pharmacy contributions toward the National Quality Strategy and in achieving our three-part national aims. There is a need to publish the
early technology survey findings of this project to expedite the HIT Use Case statement for pharmacist integration, and to establish a track record for national funding opportunities to expand this initiative to other states. Colleagues in the Office of the National Coordinator and at CMS and AHRQ will have great interest in this project and will be informed of this project in the first 2-3 months of the study.

FIGURE 2: Project Timetable

<table>
<thead>
<tr>
<th>Task</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Announcement of award and plans to integrate MTM services across the SPCC 12-county area</td>
<td>1 X</td>
</tr>
<tr>
<td>Baseline inventory of services provided in the 12 pharmacies of the MTM network</td>
<td></td>
</tr>
<tr>
<td>Announcement of MTM training program for pharmacies not yet in the network</td>
<td></td>
</tr>
<tr>
<td>Technology inventory of MTM network pharmacies</td>
<td></td>
</tr>
<tr>
<td>Principal Investigator visit to each of the MTM network pharmacies</td>
<td>X X X X X X X</td>
</tr>
<tr>
<td>Mapping of SPCC Medicaid recipients to MTM pharmacies</td>
<td>X X X</td>
</tr>
<tr>
<td>TeamSTEPPS training program for SPCC care teams and MTM pharmacists</td>
<td>X</td>
</tr>
<tr>
<td>MTM presentations and discussions with SPCC physicians and care teams</td>
<td>X X X</td>
</tr>
<tr>
<td>Recipient MTM services &amp; billing to State of MN</td>
<td>X X X X X X X X X X X</td>
</tr>
<tr>
<td>MN Medicaid meetings</td>
<td>X X X</td>
</tr>
<tr>
<td>Disseminate findings</td>
<td>X X X X X X X</td>
</tr>
<tr>
<td>Impact on clinical measures</td>
<td>X X X X X X</td>
</tr>
<tr>
<td>Total cost of care impact</td>
<td>X X X X</td>
</tr>
<tr>
<td>Project evaluation phase (Months 9-15)</td>
<td>X X X X-15 mo.</td>
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</tbody>
</table>

Figure 3: CPF DOCUMENTATION ITEMS

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
</tr>
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<tbody>
<tr>
<td>IRB Required</td>
<td>Yes, as an Exempt Category 4 study through the University of Minnesota, Human Research Protection Program</td>
</tr>
<tr>
<td>Sustainability</td>
<td>This project will be sustainable in the future because it will provide real world results and experiences related to applying value-based incentive models within community pharmacy</td>
</tr>
</tbody>
</table>
practice. This is important discovery work that is needed to help the profession of pharmacy move into new frontiers in value-based outcomes research, and operationalizing a value-based healthcare delivery and financing model for community pharmacy viability.

**Transferability**
This project is transferable and will be able to be replicated so that others can apply the processes, protocols, and project results to the integration of community pharmacy practice in collaboration with other value-based financing innovations.

**Future implications**
Future research and pharmacy/pharmacist opportunities will be created by understanding the MTMS service level expectations of community-based care teams, establishing tools and resources for community pharmacists to function effectively in high-performing health teams, and by integrating the electronic documentation of community pharmacists providing MTMS into HIT infrastructure.

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**BUDGET**

**Total Budget:** $87,966

**Expense categories**
- Salary & fringe: $45,216 (51%) – Note: Includes MPhA as Service Provider for the Univ. of Minn.
- Consultants (HIT infrastructure): $36,500 (42%)
- Travel: $4,250 (5%)
- Training: $2,000 (2%)

**Itemization:**
- Brian Isetts – 12.5% commitment over 15 months (salary & fringe) = $27,754
- Gary Schneider – 7.5% commitment over 12 months (sal. + fringe) = $8,492
- Amy Pittenger – 3% commitment over 12 months (sal. + fringe) = $4,470
- Isetts Travel = $3,500
- Pittenger Travel = $750
- TeamSTEPPS meeting venue expenses = $2,000
- MPhA = $4,500 (includes $1,000 allocation for RPh stipend to attend TeamSTEPPS)
- Santa Rosa Consulting = $36,500

**In-Kind Contributions (under an existing budget with SPCC):**
- SPCC: Mary Fischer, Paul Heyl, Jana Berends-Sletten, Jennifer Muecke
- Halleland Habicht, P.A.: Bill Knutson

**Proposed Payment Plan:**

It is anticipated that significant expenditures will be incurred during the first few months of the project, including team-based training for the pharmacist/community care teams and for HIT technology assessment services. Whereas salary and fringe benefit expenses of the University of Minnesota could be carried forward for up to six months. Therefore, the following milestone payments are proposed:
- Award announcement = 50% ($43,983);
- Six-month milepost = 35% ($30,788);
- Receipt of project final report = 15% ($13,195).
REFERENCES


July 23, 2014

Community Pharmacy Foundation
c/o CPF Grants Administrator
CommunityPharmacyFoundation.org

Dear CPF Grants Administrator:

The purpose of this correspondence is to submit a letter of support on behalf of the grant proposal titled, Integrating MTM Provided by Community Pharmacists into a Community-based ACO. As the Chief Executive Officer of Southern Prairie Community Care, I can state that we have a need to build accountable medication use into our SPCC community care model innovation.

Pharmacists across the SPCC region have been participating in our work groups and planning committees for a number of years. And now we have a unique opportunity to bring the expertise of medication therapy management services into our aims of better care and better health at lower costs. This grant proposal represents an important step forward in building systems of care supporting the rational use of medications for recipients of our region.

SPCC commits to in-kind contributions in support of this grant proposal. These contributions include the time and talents of Paul Heyl, Jana Berends-Sletten, and Jennifer Muecke on our SPCC staff, and Bill Knutson of Halleland Habicht P.A. We believe that this proposal will help us achieve our care system goals related to improved clinical outcomes and lower cost of care.

In conclusion, I would like to thank you for the opportunity to submit this letter of support on behalf of Professor Isetts and his pharmacy team colleagues for this grant proposal. Don’t hesitate to contact me should you have any questions related to this project.

Respectfully submitted,

Mary E. Fischer

Mary E. Fischer, Executive Director