Intersecting Diffusion of Innovation Theory with Implementation Science to Drive Value in Payer-Provider Partnerships.

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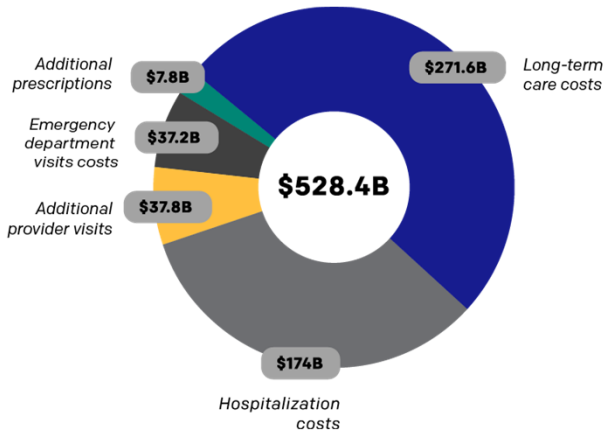
Objectives for this session

- Discuss strategies that are recognized as drivers of the adoption of innovations.
- Connect strategies to Diffusion of Innovation Theory and Implementation Science.
- Describe the application of implementation strategies to a payer-pharmacy provider initiative.

The Medication Management Problem: $528B in Avoidable Costs



$175,648,702 per U.S. County

Millions invested annually on programs that don't work

Variation in systems, capacities and leadership region-to-region

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Where I'm coming from…

- Decades observing limited pursuit of opportunities in pharmacy.
- National (HRSA / CMS) effort to drive adoption of clinical pharmacy services (2008-2012)
- Alliance for Integrated Medication Management (2012-present)
- Co-PI of national study applying implementation science to practice of comprehensive medication management.
- Lead of regional implementation strategy for a pay-for-performance collaboration between a regional health plan and community pharmacists

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Question to health plan: *Several of the health plans in your service area are choosing to pay pharmacists for patient care services. What would it take for you to do the same?*

Response: *We operate in several states. We don't believe we can engage enough organizations to build a network that will create access for a majority of our beneficiaries*.

Turning *Policy Promise* into *Practice Impact*

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University of Minnesota

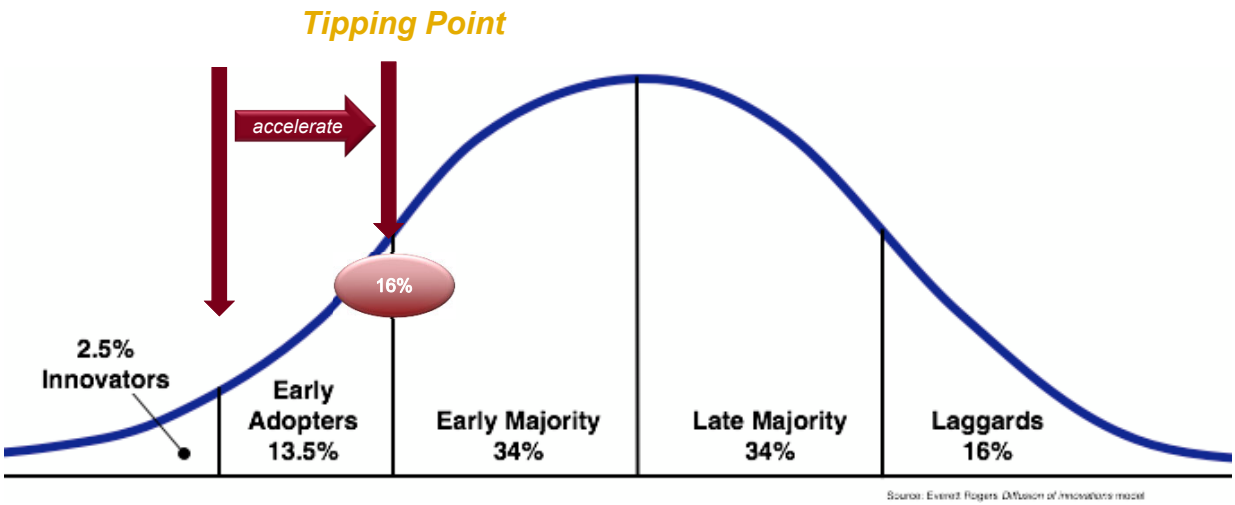
Diffusing vs. Disseminating an Innovation

Vs.

Health Affairs. 2018:27(2).

- *Diffusion Of Innovations Theory, Principles, And Practice.*
- *Learning Collaboratives: Insights and a New Taxonomy from AHRQ's Two Decades of Experience*

Diffusion of Innovation



A recognized factor that drives diffusion of an innovation is:

A. Money/compensation

B. Reducing regulatory barriers

C. A social system for adopters

D. Goal setting by adopters.

Answer: C

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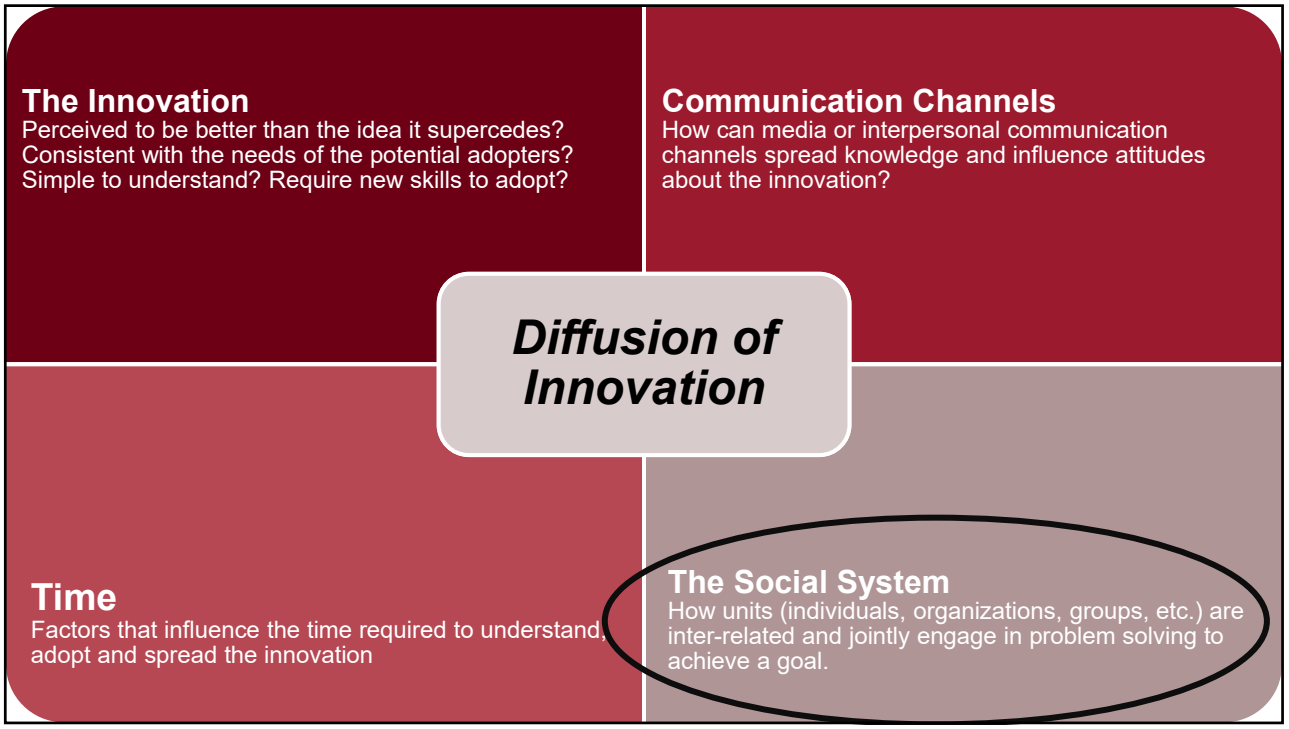
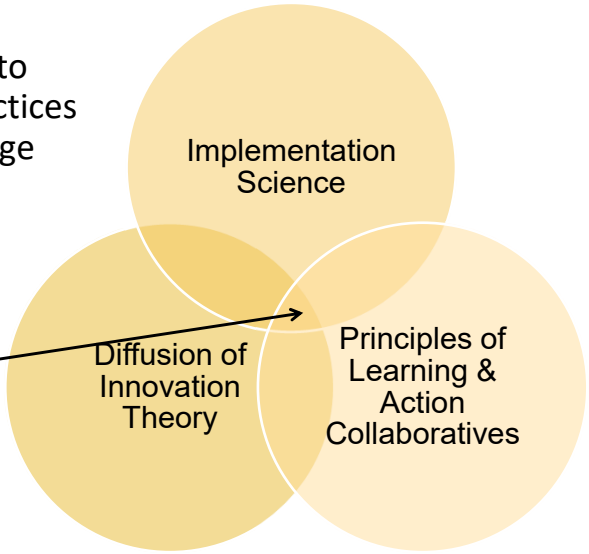


Diffusion is the natural spread of ideas

Dissemination is the conscious effort to spread new knowledge, policies, and practices to target audiences or the public at large

Purposeful action, achieving intended results, in an accelerated timeframe.



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Implementation in an Organization vs. a Community

Focus of Implementation	Complexity of Stakeholders	Variability in Context	Diffusion of Innovation	Coordination and Governance	Scaling and Sustainability
Single Organization	Homogeneous	Uniform	Direct	Streamlined	Contained
Across a Community	Diverse	Variable	Decentralized	Complex	Systemic
Strategies for Accelerating Implementation Across a Community	Engagement - public forums, coalitions, partnerships. Cross-sector collaboration is critical to gaining buy-in from multiple actors.	May require adapting strategies to fit the needs of each setting rather than a one-size-fits-all approach	Leverage social networks and community influencer. Build social proof and local examples of success to drive adoption	Establish structure (i.e., coalition) that oversees implementation, resolve conflicts, and ensures accountability.	Develop a multi-level implementation plan that addresses policy, funding, and infrastructure needs at the community level

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Strategies Supporting Acceleration of Implementation

Community Organizing	Stakeholder Communication	Program Implementation	Partner Motivation/Engagement
• Coalitions • Multi-stakeholder workgroups • Communities of practice • Action collaboratives	• Campaigning • Opinion leaders • Social network mapping/targeting • Cascade diffusion • Peer learning networks • Social media • Events	• Organizational Readiness assessment • Implementation coaching • Educational programming • Implementation cycles/feedback loops • Adaptation to local context	• Fiscal incentives • Recognition programs • Accountability coaching • Performance measurement systems

Turning *Policy Promise* into *Practice Impact*

- Collaborative vs. Isolated
- Active vs. Passive
- Strategic vs. Random
- Organized vs. Individualized
- Many vs. Few
- Committed vs. Half-hearted
- Value-Based vs. Transactional

The HealthPartners Challenge

HealthPartners®

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HealthPartners Perspective on Medication Management Services

- Integrated health care provider and health insurance company
- Analyses: To determine if the comprehensive medication management (CMM) program has a positive effect on the total costs of care for fully insured members who have been identified as eligible for the program and have enrolled to participate
- Methods: Matched case/control analysis approach
  - Matched members from the fully insured MTM enrolled case study group to members of a self insured control group based on demographics as well as pre-invitation utilization information
    - Adjusted clinical groups, reimbursement amount, gender, age, CDC grouping sum
    - 374 matched members

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HealthPartners Perspective on Medication Management Services

Results: Return on investment of 11:1 when annualized savings were compared to fully loaded expenses (including indirect expenses at 60%).

- Repeated analysis in 2016, same results

Key Environmental Factors

- Common patient care process (CMM) – "fidelity" of service
- Face-to-face assessments
- Competency of practitioners
- Service integrated with medical providers
- Integration with EMR
- Population management – targeting highest utilizing patients

The Challenge

Program Structure

- FFS payment (commercial, Medicare Advantage, MN Medicaid)
- Commercial and Medicare advantage supplemented by performance-based payment focused on:
  - BP and A1c control
  - Tobacco status
  - Beneficiary engagement
- Beneficiary attribution, CPT codes, documentation via Continuity of Care Document (CCD)
- Significant participation by integrated health systems, limited in community pharmacies

→

- Modest beneficiary engagement
- Limited clinical impact
- Value not achieved

Slice of PIE

Optimizing Meds, Creating Value, Transforming Practice

HealthPartners

University of Minnesota College of Pharmacy

UNC Eshelman School of Pharmacy

AIMM Alliance for Integrated Medication Management

HealthPartners MTM Network
Community Pharmacies

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Application of Implementation Support Structures in Slice of PIE

Slice of PIE
Optimizing Meds, Creating Value, Transforming Practice

18-Month Learning Collaborative (Oct 2019-Mar 2021)

- Facilitated "all teach/all learn" environment
- Coaching
- Pacing events / Live events (clinical and administrative)
- Implementation supports
  - Care process self-assessment
  - Practice management self-assessment
- Payer-Provider partnership
  - High-risk member attribution
  - Value-based payment
  - Detailed service definition / audits

Levitt JM, et al. *Community pharmacists' experience relying on select implementation strategies in the delivery of comprehensive medication management.*

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Aim and Outcomes

Slice of PIE
Optimizing Meds, Creating Value, Transforming Practice

Bold Aim: To improve individual health and demonstrate reduced patient care costs through engaging at least 1,000 patients in an initial and at least one follow up pharmacist encounter by December 31th, 2020.

Implementation Outcomes

Penetration
Proportion of beneficiaries receiving service

Adoption
Variation in rates of penetration across participating organizations.

Fidelity
Care Process / Documentation of Assessment

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Implementation Outcome: *Penetration*

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- 478 of 1240 (38.5%) attributed beneficiaries – recording of any service via CCD file

Clinical Indicator	Diabetes Cohort	CVD Cohort	Other Attributed
Tobacco Status Recorded	38.1%	46.3%	31.2%
Blood Pressure Documented	29.7%	43.9%	27.9%
A1c Documented	28.6%	-	-

Farley JF, et al. *Implementation outcomes associated with a value-based care model of comprehensive medication management in community pharmacies.*

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Implementation Outcome: *Adoption*

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Penetration by Site by Cohort

Site	Diabetes Cohort				CVD Cohort			Other Attributed		
	N	A1c (n,%)	BP (n,%)	Tobacco (n,%)	N	BP (n,%)	Tobacco (n,%)	N	BP (n,%)	Tobacco (n,%)
1	129	51, 30	58, 45	62, 48	81	50, 62	48, 59	203	72, 36	74, 37
2	42	3, 7	2, 5	42, 24	28	3, 11	0, 0	85	0, 0	0, 0
3	172	29, 17	31, 18	42, 24	37	11, 30	11, 30	22	5, 23	8, 36
4	91	11, 12	12, 13	13, 14	28	7, 25	7, 25	18	2, 11	3, 17
5	41	25, 61	36, 57	21, 51	29	21, 72	27, 93	21	15, 71	19, 91
6	63	24, 38	18, 27	15, 24	11	2, 18	6, 55	6	2, 33	2, 33
7	41	7, 17	7, 17	3, 7	10	1, 10	2, 20	17	1, 10	6, 35
8	20	0, 0	0, 0	0, 0	6	0, 0	0, 0	31	0, 0	3, 10
9	22	22, 100	22, 100	22, 100	9	8, 89	8, 89	21	8, 89	16, 76
10	21	12, 57	11, 52	10, 48	5	4, 80	4, 80	2	4, 80	2, 100

Farley JF, et al. *Implementation outcomes associated with a value-based care model of comprehensive medication management in community pharmacies.*

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Measuring practitioner fidelity to the comprehensive medication management model is important in order to:

A. Ensure stakeholder engagement and buy-in during the implementation process.
B. Support adaptation of the service to different care settings.
C. Create consistency in resource allocation required by organizations delivering the service.
D. Ensure that the service is implemented as intended, to achieve the same outcomes observed in previous evaluations.

Answer: D

Implementation Outcome: *Fidelity – Care Process*

Essential Functions and Operational Definitions

1. **Collect** and Analyze Information
2. **Assess** Information and Formulate Problem List
3. **Develop** Care Plan
4. **Implement** Care Plan
5. **Follow-up** with the Patient

CMM Patient Care Process Self-Assessment [online version]

Access the interactive CMM patient care process self-assessment (log in required).

www.optimizingmeds.org

Slice of PIE
Optimizing Meds, Creating Value, Transforming Practice

Blanchard CM, et al. *Establishing a Common Language for the Comprehensive Medication Management Patient Care Process: Applying Implementation*

Implementation Outcome: *Fidelity – Care Process*

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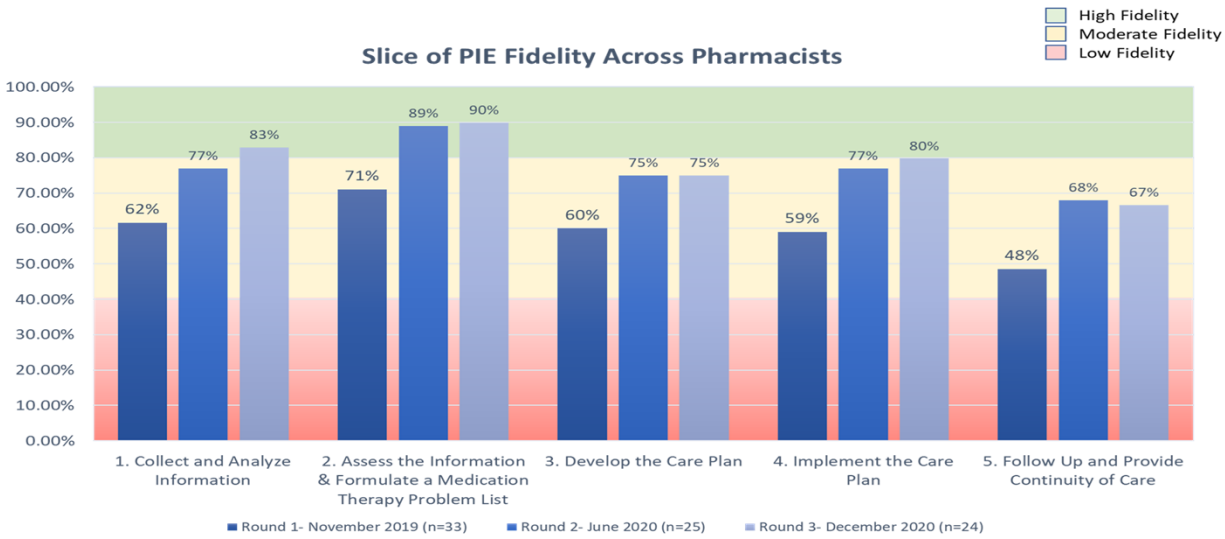

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Implementation Outcome: *Fidelity – Assessment*

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Initial Assessments

- 157 (24%) beneficiaries with diabetes received all three assessments
- 102 (42%) beneficiaries with CVD received BP and tobacco assessments

Follow-up

- 28/107 (26%) CVD with initial BP had record of second assessment
- 48/91 (25%) diabetes w/ second BP assessment
- 23/184 (12.5%) with initial A1c had documentation of second assessment

Farley JF, et al. *Implementation outcomes associated with a value-based care model of comprehensive medication management in community pharmacies.*

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Population Management

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Clinical goals achieved at baseline and follow up

Characteristic	Diabetes Cohort		CVD Cohort		Other Attributed	
	Baseline at Goal	Follow-up at Goal	Baseline at Goal	Follow-up at Goal	Baseline at Goal	Follow-up at Goal
Blood Pressure	87%	93%	89%	96%	90%	86%
A1c	87%	80%	-	-	-	-
Smoking Status	93%	83%	91%	82%	82%	85%

Farley JF, et al. *Implementation outcomes associated with a value-based care model of comprehensive medication management in community pharmacies.*

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The most valued implementation acceleration strategy from the perception of the "Slice of PIE" Action Collaborative was:

A. Access to printed resources

B. Implementation coaching

C. Synchronous education sessions

D. Contact with health plan personnel

Answer: B

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Participant Perceptions of Implementation Strategies

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- Coaching
- Community of Learning
  - COVID adaptations
  - Communicating w/ medical providers
  - Billing and documentation
- Pacing Events
  - Monthly webinars focused on accelerating adoption/collective cohort progress
- Measurement and feedback
  - Patient care process self-assessment

Resources/Topics Requested
- Additional billing and documentation resources
- Education on health plan audit processes
- Attributed beneficiary risk scores
- Increased frequency of progress reports

Levitt JM, et al. *Community pharmacists' experience relying on select implementation strategies in the delivery of comprehensive medication management.*

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Take Aways

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- Increased community pharmacy engagement (early adopters)
  - Lack of isolation, support structures
- Over-estimated practitioner readiness
  - Little experience with CMM
  - Lack of understanding how to partner with health plan
  - Lack of infrastructure (IT, access to information)
  - Limited capacity for data management
- Experience/findings to inform future efforts
- Limits on degree to which a health plan can guide network providers

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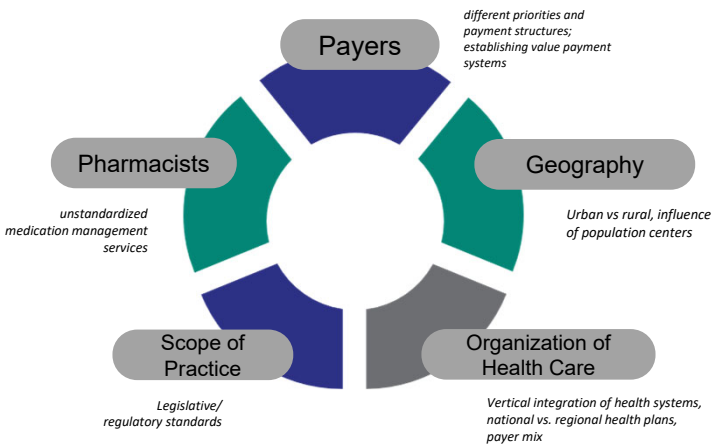
Transformation Zone

- Concept developed by National Implementation Research Network (NIRN)
- Differentiates vertical vs. horizontal efforts to scale transformation
  - **Vertical efforts** create the structures, systems, and leadership to ensure that transformation is supported across the larger system
  - **Horizontal efforts** ensure that those at the local level are adequately supported, empowered, and engaged in the process of implementing evidence-based practices.

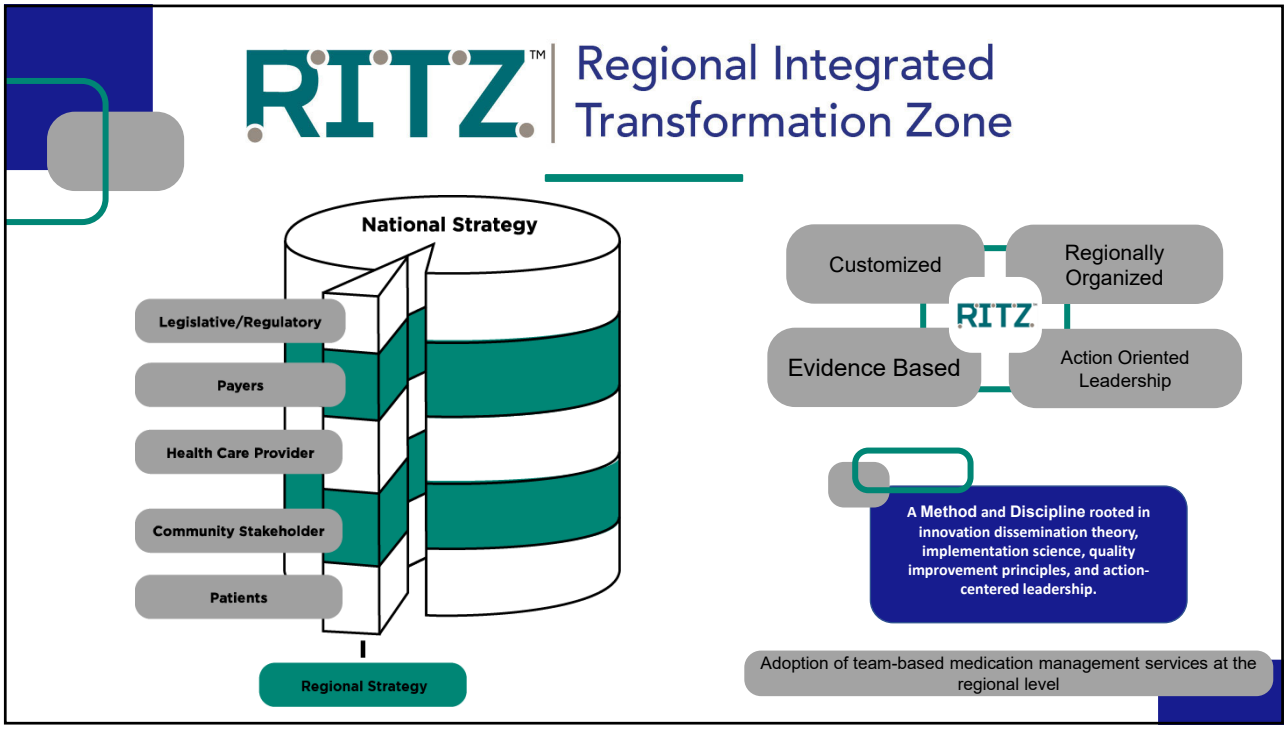
AIMM

What We Learned:
Every Healthcare Community is Unique/Different



SYNERGY is needed between all stakeholder groups at the community level!

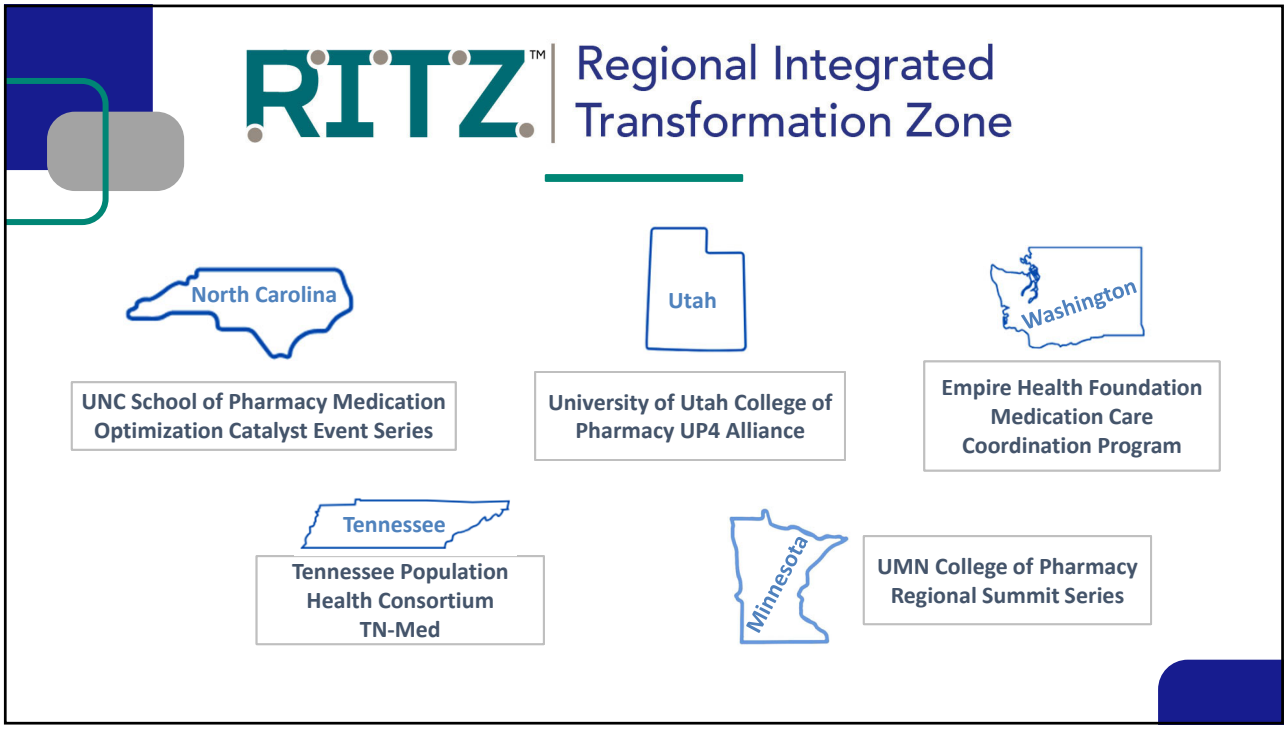
AIMM



An example of a "regional transformation zone" is:

A. Convening and collaboration among a spectrum of a system's stakeholders.
B. A managed network of pharmacy service providers.
C. A health plan pilot project for implementing services with payment.
D. A government sponsored program aimed at improving a public health metric.

Answer: A



Conclusion

- There is opportunity in pharmacy, adoption is limited
- Are we consistently applying the lessons of Diffusion of Innovation and Implementation Science in our profession?
- Payer-provider partnerships must be leveraged for both implementation and payment to create value.
- Environmental variability across the country necessitates a regional strategy that customizes practice transformation to the opportunities available in a region.