A qualitative evaluation of medication management services in six Minnesota health systems

Todd D. Sorensen, Pharm.D., Department of Pharmaceutical Care and Health Systems, College of Pharmacy, University of Minnesota, Minneapolis, MN.

Deborah Pestka, Pharm.D. (Ph.D. student), Social and Administrative Pharmacy, College of Pharmacy, University of Minnesota, Minneapolis, MN.

Lindsay A. Sorge, Pharm.D., M.P.H., BCACP, College of Pharmacy, University of Minnesota, Minneapolis, MN.

Margaret L. Wallace, M.S., Pharm.D., BCACP, HealthEast Care System, St. Paul, MN.

Jon Schommer, Ph.D., Department of Pharmaceutical Care and Health Systems, College of Pharmacy, University of Minnesota, Minneapolis, MN.

Purpose. The initiation, establishment, and sustainability of medication management programs in six Minnesota health systems are described.

Methods. Six Minnesota health systems with well-established medication management programs were invited to participate in this study: Essentia Health, Fairview Health Services, HealthPartners, Hennepin County Medical Center, Mayo Clinic, and Park Nicollet Health Services. Qualitative methods were employed by conducting group interviews with key staff from each institution who were influential in the development of medication management services within their organization. Kotter's theory of eight steps for leading organizational change served as the framework for the question guide. The interviews were audio recorded, transcribed, and analyzed for recurring and emergent themes.

Results. A total of 13 distinct themes were associated with the successful integration of medication management services across the six healthcare systems. Identified themes clustered within three stages of Kotter's model for leading organizational change: creating a climate for change, engaging and enabling the whole organization, and implementing and sustaining change. The 13 themes included (1) external influences, (2) pharmacists as an untapped resource, (3) principles and professionalism, (4) organizational culture, (5) momentum champions, (6) collaborative relationships, (7) service promotion, (8) team-based care, (9) implementation strategies, (10) overcoming challenges, (11) supportive care model process, (12) measuring and reporting results, and (13) sustainability strategies.

Conclusion. A qualitative survey of six health systems that successfully implemented medication management services in ambulatory care clinics revealed that a supportive culture and team-based collaborative care are among the themes identified as necessary for service sustainability.

Am J Health-Syst Pharm. 2016; 73:307-14

Medication management services have been found to improve patient outcomes and have a positive return on investment[1-4]; yet, the growth of medication management services delivered by pharmacists and the evolution of compensation for these services have lagged.[5] Despite these challenges, some organizations have successfully pursued, adopted, sustained, and expanded medication management services. Little research has systematically explored what has allowed these innovators to successfully drive change in their institutions.

The diffusion of innovation theory describes the stages of adoption of a new technology or service, and each stage is defined by a group of individuals or organizations that is motivated to change by a distinct set of factors.[6] Successful integration of a new technology or service occurs through adoption by sequential individuals or groups within the target population. Once the innovation has been developed by innovators and early adopters, the "early majority" will engage the innovation and likely produce innovation sustainability. In

Address correspondence to Dr. Sorenson (soren042@umn.edu).

DOI 10.2146/ajhp150212

the case of medication management services, understanding the factors that produced successful integration of these services by early adopter organizations can build momentum toward the sustainability and successful development of such services.

John Kotter's organizational leadership theory established a model of eight steps that must be addressed by leaders in order to successfully create change in systems or within organizations.[7,8] Applying this framework to understanding how organizations successfully establish medication management services may support the identification and dissemination of strategies critical for the success of other pharmacy leaders seeking to establish these services in their own organizations.

The objective of this study was to describe the factors and influences that led to adoption, sustainability, and growth of medication management services within six Minnesota health systems that have established robust medication management programs.

KEY POINTS

- Studying the success of innovators and early adopters can produce guidance for medication management program development.
- The studied organizations that developed successful medication management programs followed organizational change principles consistent with a model articulated by John Kotter.
- The themes identified through this research supplement and add context to the recommendations produced by the 2014 ASHP Ambulatory Care Summit.

Methods

This study was a qualitative evaluation that used semistructured group interviews and thematic analysis. This methodology was chosen for its ability to provide rich descriptions of a complex phenomenon, engage participants, and provide an initial exploration into the factors that result in the success of medication management programs.

Six Minnesota health systems with well-established medication management programs were invited to participate in the study: Essentia Health, Fairview Health Services, HealthPartners, Hennepin County Medical Center, Mayo Clinic, and Park Nicollet Health Services. Collectively, these health systems employ 70.25 pharmacist full-time equivalents (FTEs) dedicated to comprehensive medication management across a total of 94 outpatient clinics. Services across these organizations produced nearly 50,000 medication management encounters in 2013.

Group interviews with each organization included pharmacy department leaders, at least one physician leader who had experience with program development (typically a medical director), and other key stakeholders deemed important by pharmacy leaders to convey the organization's experience with program development. A letter of invitation was sent to the medication management program leader at each health system describing the project, outlining the characteristics of desired participants, and requesting confirmation of the organization's participation. After the organization's acceptance and before the scheduled group interview, a brief survey was forwarded to the program's point of contact to enhance our initial understanding of each organization's services, requesting demographic information about the health system's medication management program, including the number of pharmacist FTEs committed to the program, the number of annual patient encounters, and the citations of any published studies based on the medication management program (Table 1). This study was deemed exempt from review by the institutional review board at the University of Minnesota.

Group interviews. An interview guide was developed using an organizational change framework defined by Kotter.[7] Questions were based on Kotter's eight steps for leading organizational change and the degree to which the organization applied these ideas to the development of its medication management program. The semistructured interviews were conducted based on previously published principles.[9,10]

The interview guide asked each group to consider strategies and successes within the early, middle, and late stages of program development. Interviews occurred at each health system between September and December 2013, with each interview lasting approximately 90 minutes. Each interview was audio recorded, and field notes were taken during each session. Participants did not receive any incentives for participating other than the provision of refreshments during the interview.

Thematic analysis. Thematic analysis of the interviews was based on a combination of steps previously described elsewhere.[11-13] Recordings were transcribed verbatim, and the resulting text was analyzed in descriptive and interpretive manners. One member of the research team served as the primary coder, coding all six transcripts. Three secondary coders reviewed and coded two transcripts each. Coding enables researchers to organize and group similarly coded data into categories or families because they share some characteristic.[14]

After independently coding one transcript each, the group met to discuss and confirm emerging themes and interpretations of certain interview responses. Interview transcripts and field notes were used by the research team to refine and define main themes. Themes were extracted by determining convergence and external divergence (i.e., themes were identified if they were internally con-

sistent but distinct from one another). The participant statements referring to a particular theme were grouped and further compared with initial key ideas.

After any differences were reconciled, the remaining transcripts were coded and grouped by themes until data saturation occurred. The term *saturation,* when used in qualitative research, describes the point where ideas are being repeated and no new information is being received.[8] Interpretations of the resultant themes were discussed among study investigators. Agreement was negotiated as a valid interpretation of the text; this discussion was driven by the study objectives and consistency of emergent themes.

Transcripts were reviewed several times to ensure that all themes were accounted for and differentiated. When the final analyses were compared, all investigators agreed on the major themes. In addition, the initial results were shared with the study participants to verify the credibility and interpretation of the findings. In qualitative research, this is considered to be the most critical technique for establishing credibility.[15]

Results

A total of 13 distinct themes were associated with the successful integration of medication management services across the six healthcare systems. Identified themes clustered within three stages of Kotter's model for leading organizational change: creating a climate for change, engaging and enabling the whole organization, and implementing and sustaining change (Figure 1). A description of each theme is presented below. Formal definitions for each theme are presented in the appendix.

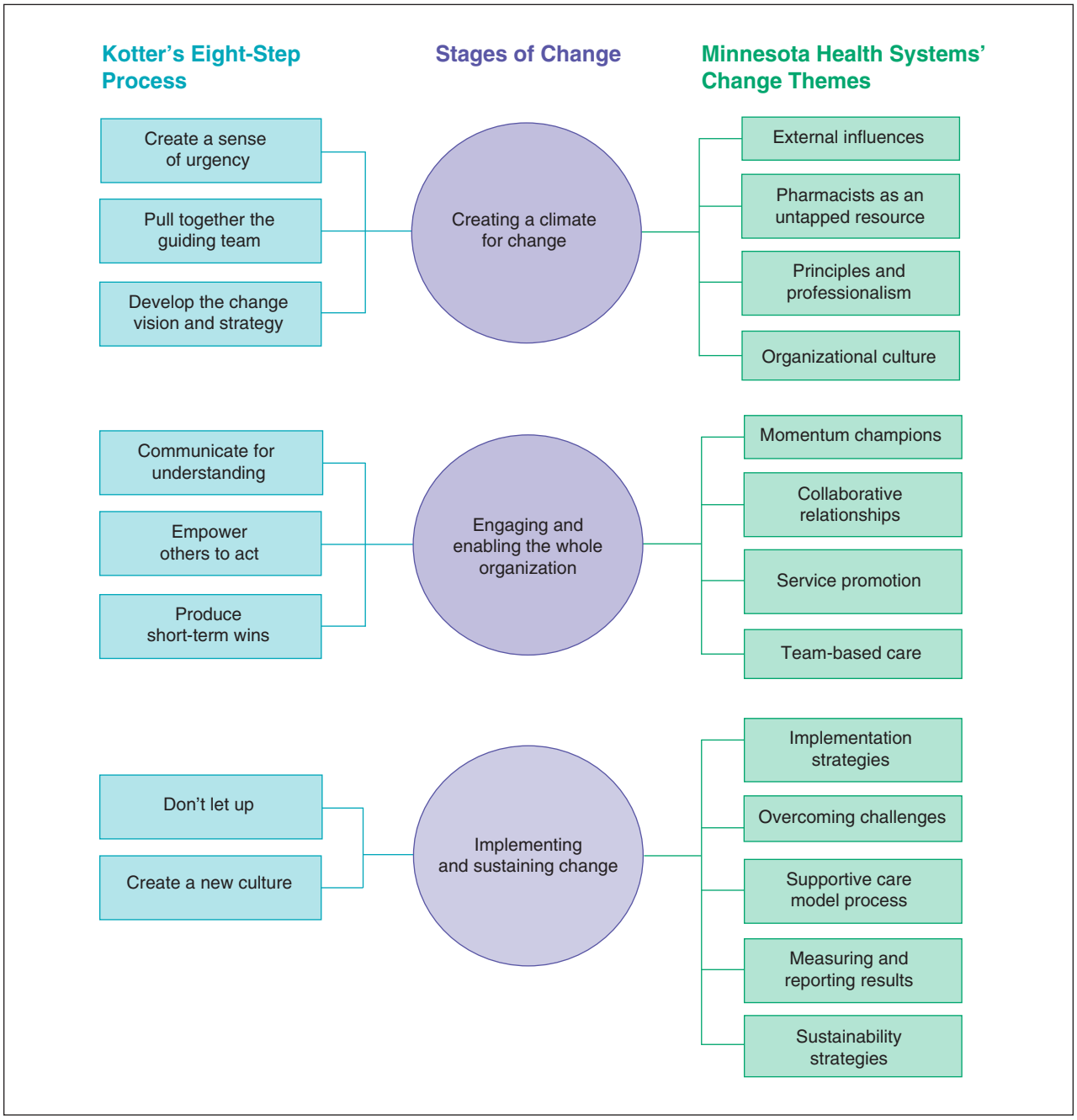
Creating a climate for change. Four themes were identified based on responses to questions about formally initiating medication management services within the organization: external influences, pharmacists as an untapped resource, principles and

Table 1. Demographics of Participating Health Systems and Their Medication Management Programs[a]

Variable	Essentia Health	Fairview Health Services	HealthPartners	Hennepin County Medical Center	Mayo Clinic	Park Nicollet Health Services
Organization type	Large IHS	IHS with 45 primary care and over 55 specialty clinics	Integrated health care organization providing care, insurance, research, and education	Disproportionate-share/ safety-net IHS	IHS	IHS
No. patients in system	443,000	1,197,426	NA	100,000	1,165,000	400,000
Year medication management program started	2004	1997	2006	Coordinated program across service lines: 2006 Oncology: 1998 HIV: 2000 Transplant clinic: 2002	2003	2011
Current pharmacist FTEs	5.5	18	8	12	17.15	9.6
No. clinics with medication management services	12	30	16	14	8	14
No. annual medication management encounters	2,400	8,411	7,000	10,000	7,300	4,634

[a]IHS = integrated health system, NA = not applicable, FTE = full-time equivalent

Figure 1. Alignment of identified themes with Kotter's stages and steps for change in organizations.



professionalism, and organizational culture.

External influences. There were many factors outside of the pharmacy leadership that triggered the development of medication management programs, including policies or structures (e.g., quality reporting requirements, cost of service accounting). Examples of external factors include the introduction of quality indicators such as the Healthcare Effectiveness Data and Information Set and the recognition of medication therapy management by Medicare Part D. Other influences include partnerships with a college of pharmacy and the transition toward becoming an accountable care organization.

Pharmacists as an untapped resource. One of the contributing factors leading to the development of medication management programs was the realization within the organizations

that problems existed in the care delivery system that could be most effectively addressed by pharmacists.

Many healthcare systems began asking pharmacists for help with certain disease management programs (e.g., diabetes, anticoagulation, HIV), but all study sites eventually adopted a model consistent with comprehensive medication management.[16]

Principles and professionalism. A driving force that led to implementation of medication management programs was the moral commitment that providing medication management services was the right thing to do for patient care. The moral commitment and the organization's vision then created roles that were highly desirable to many pharmacists.

Organizational culture. Another overarching theme that was identified as supporting program success was the open and accommodating culture present within the organizations. This culture helped to create an environment supportive of innovation and the piloting of new ideas. Organizations also cultivated an environment for improving patient care. This led to the welcoming of programs, such as medication management, that contribute to quality care and patient safety while reducing costs. This type of culture and its impact are illustrated by the following interviewee's statement: "The culture we've created and the environment that we allow people to practice in really are the backbone of the fact that, year after year, we get results."

Engaging and enabling the whole organization. The next step occurred during the initial development and expansion of medication management services within the health systems. Several themes contributed to program success and growth during this phase, including the importance of "momentum champions," existing collaborative relationships, service promotion, and team-based care.

Momentum champions. Participants spoke to the importance of having positional leaders outside of the pharmacy department support their medication management services. These momentum champions were key in establishing programs and moving them forward. This is illustrated by the following statement: "Another key to success is an engaged, active clinic leader . . . somebody who understands the big picture, drives the program, and drives his or her team—really important."

Collaborative relationships. In order to facilitate the implementation of medication management services, the health systems discussed how crucial it was to have strong, existing relationships with medical providers. Participants also frequently commented on how integral trust with clinic staff was in starting medication management services.

Service promotion. Participants also described how the early success of the medication management program allowed the services to sell themselves within organizations. They relied heavily on word of mouth among patients and members of the healthcare team to promote the medication management program.

Team-based care. An important factor that contributed to the success of medication management services was the organizations' ability to embed pharmacists within the healthcare team. It was discussed how beneficial it was to have pharmacists readily available and how this helped to cement them as part of the team.

One participant noted the following:

> We have a Pharm.D. now, and this is just within the last six months or year, embedded right in the care team, so they are available all day long there. When they're not seeing patients they're right in that care team at a work station and all day long providers can stop by, ask a question.

The mindset of the staff was also mentioned as an important factor. Participants highlighted the importance of an environment that welcomes and supports teamwork and also noted that the success of medication management was greatly dependent on hiring pharmacists who worked well in teams and were passionate about providing services at the highest level of their clinical abilities.

Implementing and sustaining change. Once medication management was established, steps were taken to continue to sustain and build the services within the organizations. Several themes were identified that illustrated the importance of implementing and sustaining change to support medication management services, including implementation strategies, overcoming challenges, supportive care model process, measuring and reporting results, and sustainability strategies.

Implementation strategies. One of the key implementation strategies identified was imbedding the medication management service within primary care.

Overcoming challenges. There were several challenges that organizations had to overcome while developing their medication management programs. For some, there was an issue of "turf" between pharmacists and other providers and the fear of change. Another challenge was trying to start medication management services in the retail pharmacy setting. It was also acknowledged that mistakes were made in the development and implementation processes. One participant regretted that the vision and strategy were communicated only to physicians and not to the support staff.

Supportive care model process. Critical to the success of medication management services is a supportive care model process. This includes administrative tools such as collaborative practice agreements, documentation standards, and a referral process. Furthermore, participants noted that a critical element to a successful program is the ability to share resources in large organizations as well as having a consistent practice model for medica-

tion management services across all pharmacist providers.

Measuring and reporting results. Necessary to the support and continuation of medication management services was practitioners' ability to collect data that supported the services they were providing. Study participants also relied on patient satisfaction surveys and testimonials from patients who received medication management services. "This wasn't just idle work that we were able to measure and demonstrate . . . this was good work in concert with what clinic providers were doing on behalf of patients."

Sustainability strategies. Now that medication management services are well established within the healthcare systems, the health systems are developing strategies to expand and optimize resources. One strategy is to target the right patient population. The current strategy for some organizations is to maximize the use of the pharmacists they have before hiring additional pharmacists.

In addition to the results presented here, original transcripts from focus groups were used to prepare comprehensive case studies for each organization and are publicly available.[17]

Discussion

In 2012, Appelbaum et al.[18] evaluated the literature regarding the change model proposed by Kotter[7] in *Leading Change*. Kotter's process was developed from his business experience, so when *Leading Change* was published in 1996, there was minimal literature to support it. The analysis of Appelbaum et al. demonstrated that the eight-step process was supported with literature, but the order in which the steps are performed is not as important and each step does not need to be completed for successful change to occur.

The 13 themes identified in this study paralleled Kotter's eight-step process for change. Interview questions did not use specific terminology from the model (to avoid introducing a bias toward application of the model), so responses could not be linked directly to each of the eight steps. However, the themes that emerged clearly aligned with each of the three stages of organizational change, and individual themes echoed several steps from the model. As a result, we propose that Kotter's model for organizational change provides an effective framework for organizations seeking to establish medication management services, and the themes identified in this study provide an important link to the application of the model into practice.

Medication management services have been demonstrated to improve healthcare quality and medication safety.[19] While this model of care has existed in some settings since the 1960s, the past half-century has not seen widespread adoption of this model of care.[20] However, significant opportunities for expansion of medication management services are anticipated due to the adoption of new care delivery and payment models, such as the patient-centered medical home and accountable care organizations.[21] The integrated health systems that participated in this study have well-developed medication management services, and their experiences may help pharmacy leaders in other organizations seize opportunities for medication management service development. To our knowledge, this is the first study to explore and define themes that drive success in medication management service development via the narrative of individuals from all levels of multiple organizations who have implemented successful and sustainable programs.

The 2014 ASHP Ambulatory Care Conference and Summit brought together ambulatory care pharmacy leaders to develop a long-term vision for ambulatory care pharmacy services.[22] The consensus recommendations that emerged from this summit were organized into four domains: (1) defining ambulatory care pharmacy practice, (2) patient care delivery and integration, (3) sustainable business models, and (4) outcomes evaluation. Parallels exist between the consensus recommendations and the themes identified in this analysis. Domain 1 echoes our themes of team-based care and the importance of supportive care model processes. Domain 2 aligns closely with the themes of team-based care, strategies for sustainability (e.g., targeting the right patients), pharmacists as an untapped resource (e.g., pharmacists sharing the responsibility for the care of patients), and the need to actively promote the service. Domains 3 and 4 recommend measuring and reporting data resulting from the inclusion of pharmacists in the care team, which is also a theme that emerged from this study. The results of this study may work in concert with the ASHP recommendations in helping those achieve the goals of advancing patient care and maximizing pharmacists' role in caring for patients.

Despite the fact that a lack of compensation and pharmacist provider status are often named as barriers to the sustainability of medication management services,[23-25] these issues were not overtly mentioned by participants and thus no theme related to this topic emerged in this analysis. While pharmacists have been able to bill for medication management through Minnesota Medicaid since 2006,[1] Medicaid is not a major payer for five of the six health systems interviewed. It appears that the catalyst for establishing and growing medication management services within these health systems is likely rooted in a strong commitment to the vision for pharmacists' professional responsibility for providing pharmaceutical care and a core desire to be on the leading edge of this practice. This is consistent with the traits associated with innovators and early adopters in the diffusion of innovation theory.[6] Individuals and organizations in these categories tend to be more focused on ideas and opportunities than on an immediate payoff. They are more willing to take risks and challenge norms. There was

an awareness on the part of the study participants that direct compensation (e.g., fee-for-service payment) was unlikely to achieve a positive return from a financial standpoint in the short term; however, this was not viewed as a deterrent early in program development. This is not to say that compensation and recognition for services are not important to these groups, but they were not primary points of focus. With programs now firmly established, pharmacy leaders in these organizations are focused on aligning services with emerging compensation systems that reward the organization as a whole through pay-for-performance and shared savings. It is likely that issues of compensation and recognition will serve as more significant factors in engaging and motivating the "early majority," a group less willing to assume risks associated with being on the leading edge of an innovation.

With respect to the transferability of these findings, the medication management programs evaluated in this study were implemented in large integrated health systems. As a result, the practice settings were conducive to establishing collaborative relationships and a team-based approach to care. They also have advantages with respect to justifying medication management services via the impact had across the full span of a patient's healthcare experience (e.g., acute and ambulatory care, care transitions), citing influences external to pharmacy such as health reform and the proliferation of accountable care organizations. Therefore, the themes identified in this study may not be applicable to all pharmacy practice settings, as other settings may not easily support this sense of collegiality or be positioned to recognize the value of the service across a care continuum. However, because these issues were cited as key ingredients for success by study participants, they must be considered by all pharmacy practice settings to achieve sustainable medication management programs.

In addition, the small number of participating health systems limits the generalizability of the results. Additional research is needed to determine if these results occur in all types of practice settings and other health systems outside of Minnesota. While this work is focused on organizations operating in a common geographic location, we believe the findings represent concepts and strategies that would apply to the development of medication management services in a broad array of organizations.

Due to the subjective nature of qualitative research, another consideration is researcher bias. We engaged multiple researchers in the coding and theme development process to limit individual biases, but all members of the research team are pharmacy trained and well versed in the utility of medication management services, which may have contributed to our interpretations of the results.

Conclusion

A qualitative survey of six health systems that successfully implemented medication management services in ambulatory care clinics revealed that a supportive culture and team-based collaborative care are among the themes identified as necessary for service sustainability.

Disclosures

Funding for this project was provided by the Peters Endowment for Pharmacy Practice Innovation, University of Minnesota. Dr. Wallace was supported by a National Research Service Award from the Health Resources and Services Administration (T32HP10010-19). The authors have declared no potential conflicts of interest.

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Appendix—Definition of themes associated with success in achieving medication management service integration

Theme	Definition
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 the practice of medication management; programs designed to meet community measures (e.g., Healthcare Effectiveness Data and Information Set)
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
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 providers and staff that facilitated the implementation of medication management services
Service promotion	Creating buy in from providers, patients, and financial stakeholders; spreading the service through word of mouth, mailings, brochures, and other methods; 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
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
Supportive care model process	Administrative tools used to establish a process that fosters success of medication management services (e.g., service consistency, documentation standards, referral processes, resource sharing, collaborative practice agreements)
Measuring and reporting results	Having data to support medication management services; creating transparency of data; measuring patient satisfaction
Sustainability strategies	Postimplementation strategies to expand and optimize services (e.g., optimizing resources, establishing goals, ensuring financial sustainability)