New Models of Primary Care Workforce and Financing

Case Example 3

Fairview Health Services

AHRQ
Agency for Healthcare
Research and Quality

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Introduction

The Agency for Healthcare Research and Quality (AHRQ) contracted with Abt Associates and its partners, the MacColl Center for Health Care Innovation and Bailit Health Purchasing, to conduct research on innovative ways to configure primary care workforce teams that can deliver fully comprehensive, high-quality care to the U.S. population. The purpose of the research is to offer models of primary care teams and the associated costs for consideration and discussion by policymakers and providers in the field of health services delivery. To explore existing innovative workforce configurations, AHRQ and the Abt project team conducted a literature review, explored extant data sources, convened a Technical Expert Workgroup of national experts in primary care workforce, and conducted site visits to primary care practices with innovative workforce configurations.

The case example report which follows provides an in-depth look at the workforce configuration of Fairview Health Services' Edina Clinic, a primary care clinic within the Fairview system delivering high-quality, comprehensive medical and medication therapy management (MTM) services (located at 6545 France Ave., Suite 150, Edina, MN 55435). Team members visited the practice on June 18–19, 2015. The data discussed below were collected on or prior to the visit and reflect calendar year 2014.

Why Fairview's Edina Clinic?

The Edina Clinic is an internal medicine clinic within Fairview, an integrated health system with more than 40 primary care clinics and more than 55 specialty clinics. Fairview is also a Pioneer Accountable Care Organization (ACO). Fairview was selected because it uses a team-based care model that fully integrates comprehensive MTM services provided by pharmacists, uses well-established electronic population health tools, and incorporates telehealth and home care into services. The Edina Clinic was selected because of the complexity of its patients' conditions and their high medication use, and because it is an internal medicine primary care clinic. The pharmacist-provided MTM services, which won the 2004 American Pharmacists Association Foundation's Pinnacle Award[1], are well integrated into care at the Edna Clinic and other location. The longstanding use of well-defined primary care teams at Fairview was further standardized in 2008 when the Care Model Innovation (see Model of Care section) was implemented[1].

Overview of the Practice

The Edina primary care clinic is housed on two floors: a main clinic with the front desk, exam rooms and other resources, a smaller office space for additional telephone triage, and a medical record storage area. The clinic is connected to the Fairview Southdale Hospital by a tunnel.

The main clinic has a waiting room with space for three front-desk staff; a nurse-led clinic for international normalized ratio (INR, the blood test for monitoring patients on anticoagulation therapy such as warfarin); a provider's office; and two pods where unit coordinators, medical

assistants (MAs), and registered nurses (RNs) sit. The MTM pharmacist, pharmacy resident, and student are located in a separate space closer to the pharmacy exam room. The MTM pharmacist meets one-on-one with patients in a dedicated clinic exam room, but is close enough to the pods to facilitate communication with the other providers and staff. Telehealth is used to provide MTM pharmacy services via Webcam across the Fairview system. Because of its proximity to the hospital, Edina's patient population includes many individuals recently discharged from the hospital and older patients.

A retail pharmacy on the first floor serves patients from the Edina clinic and other clinics within the medical building and the neighborhood. In addition to traditional medication dispensing, Fairview Pharmacy Services has an agreement with the Fairview Medical Group (consisting of Fairview's primary care clinics) allowing the retail pharmacists to refill certain prescriptions for Fairview clinic patients without provider approval based on a protocol. The pharmacy also provides other clinical services such as blood pressure checks and immunizations that are documented in the electronic health record (EHR).

Fairview requires each clinic to engage at least two patients as advisory partners; currently, Edina has two patient partners.

Patient Population Description and Practice Panel Size

In 2014, Edina cared for 12,184 unique patients (individuals assigned to a specific provider); the number of patient visits was 16,398.

About 80.7% of patients have commercial insurance, 0.6% are on Medicaid, and 17.1% are on Medicare. A small number (1.6%) are self-insured. These numbers reflect the higher-than-average education level of Edina patients, according to the staff. Fairview Southdale Hospital employees also tend to use Edina as their primary care clinic because it is close to the hospital. Edina's population is 44% men and 56% women. Age demographics appear in the following table.

Age Range	Percentage of Edina's Patient Panel
18-24 years	3.4%
25-34 years	14.0%
35-44 years	12.7%
45-54 years	15.7%
55-64 years	19.2%
65+ years	35.0%

Primary care providers and care coordinators are assigned acuity-adjusted panels, which are determined by the product of panel size and average panel risk. As a part of its population health management activities, Fairview uses Symmetry software to analyze EHR information to generate a profile for each patient's condition and a risk score. This software uses Epic data on ambulatory charges, pharmacy orders, and inpatient, outpatient, and emergency department

charges for the most recent 12 months. Patients are classified into episode-treatment groups that are aggregated for reports used for population management.

The risk scores are a barometer of a patient's medical complexity only and do not reflect utilization. Recently, Fairview has combined patient risk scores with their 12-month emergency department and inpatient utilization to prospectively identify patients most likely to seek hospital services in the future, whether or not they are medically complex.

Panel statistics are updated monthly, using the most recent weekly risk scores, and appear in the panel report and management reports that monitor panel size. Below, we outline the panel sizes and roles of each of the Edina clinic staff.

Primary Care Providers (MD/NP/PA)

Edina has several part-time PAs, one of whom has a patient panel. Most patients are empaneled to an MD or the PA. An NP and another PA conduct independent visits, but are not empaneled; they are available for same-day visits for the patients of other PCPs. Provider panel sizes are calculated using provider full-time equivalents (FTEs) and the acuity-adjusted risk score of those patients. Provider-empaneled active patients are those whom the provider has "touched" either virtually, by phone, or in person in the past 18 months.

The acuity-adjusted panel size for RNs and social workers (SWs) responsible for care coordination is 70 patients per 1 FTE for highly complex patients and 100–150 patients per 1 FTE for moderately complex patients.

MTM Pharmacist:

The MTM pharmacist is considered a provider in the Fairview system. The pharmacist splits time between two clinics (0.6 FTE at the Edina clinic and 0.4 at another Fairview clinic). Due to the lower FTE and level of intensity required for each patient, the pharmacist's panel size (i.e., active MTM patients) is smaller than panels of providers (MD/NP/PA) and allied health professionals. MTM pharmacy-empaneled active patients are those: (1) whom the pharmacist has seen in the past 12 months and is actively following up (i.e., are coming in for scheduled followup visits) or (2) who have a follow-up plan. Patients are removed from the list when they decline followup, die, or are not reachable after three contact attempts. The pharmacist has 330 active MTM patients in the panel and conducts about 100 visits per month (not unique patients). The MTM pharmacist has a resident and student, depending on the time of year.

Certified Diabetes Educator

Edina has a Certified Diabetes Educator (CDE) who conducts independent visits with patients. Though Edina does not track exact CDE panel size, the average full-time CDE sees 20–30 diabetes patients per week and typically follows patients for 2–3 months.

INR Clinic

The INR clinic, which monitors and manages patients on anticoagulant medication, is nurse led, but supervised by a clinical pharmacist external to the Edina clinic. RNs working in the clinic have their own patient appointment schedules. They care for 400–500 active patients.

At Edina, staff who support both primary care teams include the MTM pharmacist with resident and student, CDEs, care coordinators, INR nurses, a part-time podiatrist,

and a part-time x-ray technician. Additional staff members include one or two nurses who work on refills and triage calls in both the main clinic and the smaller office space.

Model of Care

Fairview has worked to standardize clinic workflow across the system. Since 2008, Fairview clinics have followed a Care Model Innovation initiative using defined staff roles and responsibilities across all their primary care clinics. According to the American Board of Internal Medicine Foundation, "the core concept [of the Care Innovation Model] is to preserve physician effort for physician level work by leveraging the teamwork and to improve the contributions of each member of the team."[2] Productivity and patient-centered care are major drivers of this model. Clinic workflow is largely standardized through the use of "care packages" (see EHR Use and Data Collection section) that are revisited and updated regularly by central management and a multidisciplinary team. Quality improvement (QI), care coordination, and the MTM pharmacy program, among others, are overseen by central management and have staff at both the central management and clinic level.

Comprehensive Medication Therapy Management Services

Comprehensive MTM services began at Fairview Health Services in 1997 as a pilot program with four practice sites.[3] The program expanded to 22 pharmacists providing MTM across 30 Fairview clinics with financial support from Fairview Health Services and Fairview Pharmacy Services. Today, MTM services are reimbursed by Minnesota Medicaid, Medicare Part D plans, employers, and other private insurers.

To increase standardization of MTM services across Fairview clinics, the program is managed centrally by Fairview Pharmacy Services. All MTM pharmacists are required to complete a certificate course at the Peters Institute of Pharmaceutical Care at the University of Minnesota, where they learn the pharmaceutical care model.[4] This ensures that all pharmacists have a consistent philosophy and process for pharmaceutical care.[5]

Currently, MTM pharmacists have collaborative practice agreements (CPAs)[6] for approximately 15 conditions. These CPAs allow pharmacists to initiate, modify, or discontinue drug therapy for numerous medical conditions using protocols. Many of Edina's physicians said the MTM pharmacists' ability to modify medications is one of their greatest assets to the care team.

According to the MTM pharmacist at Edina, the role of the MTM pharmacist is "to help patients get the most from their medications." A published account of an MTM patient care visit at Fairview described the responsibilities of MTM pharmacists as following a systematic process to promote optimal outcomes.[5] MTM pharmacists assess all patient conditions and medications, identify drug-related needs, promote appropriate medication by preventing or identifying and resolving drug-related problems, document therapeutic outcomes, and collaborate with the care team.

> "Pharmacists [at Fairview] document each patient interaction by following a scripted and logical sequence of events, and documenting all drug therapy problems from indication to adherence."
> –Nicole Paterson, PharmD, Fairview MTM pharmacist

The MTM pharmacist at the Edina clinic stated that a typical MTM visit also involves:

- discussing the patient's expectations and hopes for the visit
- describing the MTM service and explaining why the patient has been referred
- reviewing population health questions (e.g., demographics, substance use, allergies)
- performing medication reconciliation throughout the visit by disease or condition
- printing and discussing the patient summary, which the patient takes home

MTM pharmacists document drug interactions in the Fairview EHR. (The MTM pharmacists originally utilized their own computerized patient care documentation system that was specifically designed to support the pharmaceutical care model. This system pre-dated adoption of EHRs in many of the clinics.)

The MTM pharmacist teaches fellow Edina staff members, the MTM pharmacy residents, and pharmacy students how to optimize medication use and achieve therapeutic outcomes. The pharmacist also triages patient calls or questions from staff about medication usage and side effects (see Team Building section). Finally, continuous QI processes are in place across the Fairview MTM program that includes monthly discussions of clinical topics, peer review of cases, and quality control of pharmacist documentation.[1] These responsibilities are accomplished within the 0.6 FTE at the Fairview Edina Clinic.

Workforce Configuration

Exhibit 1. Fairview-Edina Team FTEs and Roles

FTE	Clinical Staff Workforce Category/Role
7.25	MD
2.0	NP
6.3	RN–primary care and/or triage
1.0	RN–care coordinator
1.0	PA
11.4	MA
0.6	SW
0.6	MTM Pharmacist
1.0	Nutritionist
0.4	CDE
0.3	Podiatrist
1.2	X-Ray Technician
FTE	**Business Operations Support Workforce Category/Role**
1.65	Clinic Manager, MD Lead, Patient Care Supervisor, and Patient Information Supervisor
1.0	Coder*
N/A	General Accounting Staff (payroll and other general accounting)*
N/A	Information Technology Staff*
N/A	Housekeeping, Maintenance, Security*
FTE	**Front Office Support Workforce Category/Role**
7.6	Medical Receptionist
2.0	Medical Records
0.2	Administrative Assistant

MD=medical doctor; NP=nurse practitioner; RN=registered nurse; PA=physician assistant; MA=medical assistant; SW=social worker; MTM=medication therapy management; CDE=certified diabetes educator; N/A=not applicable; * managed centrally

Edina clinic staff are divided into two pods configured as:

- Six providers (MDs, NPs, and PAs) who rotate to ensure that each person has one administrative day per week. On an average day, four providers are seeing patients, and two are on call for urgent care. Providers conduct 36 hours of patient care and 4 hours of administrative work each week.
- Seven MAs (six paired with a provider every day and one paired with the PAs). Generally, each MA works with each provider every week.
- One to two nurses who triage calls received by the pod.

Care Coordinator and Referrals

Interviewees said that care coordination is a priority for Fairview. Financial and staff resources are dedicated to this task at the central management and individual clinic levels, and inpatient and outpatient settings. As patients transition from inpatient to outpatient care, care coordinators update notes in the EHR so anyone with access can see the patient's status. MTM notes for patients seen by the pharmacist are also in the EHR and available for all staff to view.

MTM Coordinators

The MTM department employs two non-health care professional coordinators to help with recruitment, scheduling, and billing/coding. These coordinators also schedule referrals that are placed for patients at high risk for readmission. As patients are discharged, MTM coordinators reach out to patients to schedule an appointment with the MTM pharmacist. Ideally, appointments are within 7 days of discharge. The coordinators also help with population health management, using risk scores to identify patients who are good candidates for MTM services.

Edina has a Care Coordinator team of a full-time onsite RN and SW who split time between two or three clinics. Patients are referred to the SW for home safety or financial concerns and to the RN for clinical concerns.

MTM Pharmacist

Most of Edina's MTM patients are referred by Edina's primary care providers and other health care professional staff (especially MAs and RNs) for a specific reason (e.g., uncontrolled diabetes or new diagnosis). Hospital and clinic RN care coordinators often refer recently discharged patients with multiple medication changes or specific conditions such as heart failure or chronic obstructive pulmonary disease to the MTM pharmacist. MTM coordinators also identify patients who are high risk, not meeting therapy goals, or are in risk-based contracts. When possible, the MTM pharmacist also conducts chart reviews to identify Edina patients who might benefit from MTM services.

Two MTM coordinators work out of the MTM business office to facilitate scheduling appointments with pharmacists.

Providers (MD/NP/PA)

Edina's patient referrals are managed directly by the clinic front desk staff.

The Fairview primary care network is divided into regions staffed with one referral person per region. For time-sensitive referrals received by Edina, the Edina RNs who triage calls care for the patient to the best of their ability. Most referrals to Edina providers are from fellow Edina staff or recent discharges from Fairview Hospital who do not have a primary care provider and are encouraged to establish care at Edina.

INR Clinic

The INR Clinic is open four days a week. The clinic is led by one or two RNs who are supervised by a pharmacist who trains them and develops protocols for them; however, only RNs, and not the pharmacist, see patients. Currently, the INR clinic has a patient population of around 400 active Edina patients. RNs note medication changes in the EHR.

Workflow

Fairview primary care clinics have a standardized workflow (see Model of Care section). At Edina, each pod is responsible for its pre-visit planning, rooming, patient visit, and followup.

Each week, the unit coordinator updates the pod's whiteboard that shows MD–MA pairings for upcoming days. The pairs rotate daily so that all MDs and MAs develop a working relationship, which ensures that patient care is efficient, regardless of daily staffing. The ratio of MDs to MAs is 1-to-1 with an additional MA. The MA who is not paired with a provider serves as a "bobber" who floats through the pod filling in where needed; this MA rooms patients and processes refills and prior authorizations, among other tasks.

Pre-visit planning begins several days before a scheduled appointment. An MA calls patients to remind them of upcoming visits and asks them to answer population health questions over the phone or electronically using MyChart, a personal health record portal. In the afternoon each day, the MA prints a "super roomer" form for each patient a provider will see the next day. The form is from the Epic EHR and provides the patient's status across all quality indicators based on age and preventive and chronic-condition health needs. Patients who enter the Edina clinic the following day are greeted and checked in by the front desk staff. A notification from the EHR appears on the provider's schedule to tell the MA the patient has arrived. The MA calls and rooms the patient. The provider knows the patient is being roomed through a computer system and usually uses this time to review the super roomer form and enter standing orders. Once the MA completes the EHR note, the provider enters the room and the MA exits.

During the visit, the provider reviews health maintenance needs, conducts the exam, and makes a care plan with the patient. The provider reviews the plan with the patient and prints it for the patient to take home. The MA returns to administer injections, enter referrals, or offer a warm handoff to the lab, the INR clinic, the x-ray technician, or the MTM pharmacist.

In addition to care visits, staff members triage calls and coordinate/manage care. In separate, smaller office space, RNs and additional front desk staff answer the 1,000+ phone calls received each day. RNs rotate throughout the clinic, attending to walk-in patients and processing refills.

To make a care coordinator referral, providers send a note via the EHR to their pod. The referral is triaged, based on the patient's needs, to the appropriate care coordinator.

Exhibit 2. Fairview-Edina Team Tasks and Roles

Tasks	Roles Included
Pre-visit planning, chart scrubbing	MAs communicate with the patient and print the "super roomer" prior to the visit.
Checking patients in	Front desk staff check patients in.
Rooming the patient	MAs are typically responsible for rooming the patient, but RNs assist as needed.
Ordering lab tests and collecting vital signs	MAs, MDs, PAs, NPs, MTM RPh, and RNs. Lab technicians order certain labs, but do not perform vitals.
Delivery of routine preventive services	Typically, MAs deliver these services, but RNs deliver more complex preventive services as needed.

Tasks	Roles Included
Medication reconciliation or management	*Medication Reconciliation:* All staff who interact with the patient do this at every visit. MAs complete this during provider visits (and providers often confirm); RNs often do this on the phone; MTM RPhs and CDEs do this at every visit. *Medication Management:* Typically, patients are referred to the MTM RPh (or pharmacy resident) but providers also do this.
Reviewing and reconciling problem list	MAs review the super roomer with patients before the provider visit. Providers regularly review patient problem lists.
Patient navigation	RN care coordinators and SW help with medical and safety needs of patients across care settings.
Self-management goal setting and action planning	Patients newly diagnosed with diabetes are referred to a CDE to set nutritional goals. For more complex cases, patients are referred to an RPh (or RPh resident).
Patient telephone /email followup	MAs typically do this unless it requires a highly medically complex discussion. RNs typically handle more complex followup calls or emails.
Injections and venipuncture	MAs perform injections after the provider completes the exam. Venipuncture is in the lab or in the exam room by lab staff.
Triaging phone calls and emails	Front desk staff and RNs are primarily responsible for this.
Care and transition management of high-risk patients	RN care coordinators and the SW help with financial and transportation needs. Care coordinators from Fairview Hospital communicate with Edina's care coordinators to ensure physicians are aware their patients have been discharged and appropriate followup visits are scheduled. For medication concerns, patients are referred to the MTM pharmacist.
Referral management	RN care coordinators track and follow up on referrals.
Independent visits by non-providers (RN, MA, health coach)	NPs, PAs, RNs, MTM RPh, SW, and CDE conduct independent visits. RNs who run the INR clinic meet with patients independently. RNs typically stationed in pods meet with walk-ins experiencing emergencies or displaying complex issues when providers (MDs, NPs, and PAs) are not available. CDE conducts billable independent visits with patients.

MA=medical assistant; RN=registered nurse; MD=medical doctor; PA=physician assistant; NP=nurse practitioner; MTM=medication therapy management; RPh=registered pharmacist; CDE=certified diabetes educator; SW=social worker

Team Building and Training

The Care Model Innovation (see Model of Care section) requires that all team members understand the clearly defined goals for care and the tasks allocated to each role. All staff members are trained to use QI methodology and collect QI data. Fairview provides ongoing training at both the central management and clinic levels.

At Edina, the full care team (both pods) engages in weekly huddles, monthly staff meetings, and social celebrations. Ad hoc huddles are called for important care issues. All staff members are expected to be present at huddles. During huddles, new workflows are introduced and opportunities for improvement are discussed. Once a month, during care team huddles, the MTM pharmacist discusses changes in drug indications and best practices. Staff meetings are to discuss protocols and other items and address team interpersonal issues or improve morale through the use of team-building consultants, who are Fairview educators or partners. Occasionally, community partners such as the Alzheimer's Association are invited to present new information on topics relevant to Edina's patients.

Because the MTM Pharmacy program is managed centrally, much information shared by the Edina MTM pharmacist during team huddles is from a monthly 3.5-hour meeting with all Fairview's MTM pharmacists to discuss "clinical pearls" on a specific topic as well as operations, billing, and teamwork. Newsletters on new medications or new drug indications and a newsletter about medication tips/guideline reviews are distributed monthly.

Access, Comprehensiveness, and Quality

Access

Edina's physical location makes it easy for patients recently discharged from the Southdale Hospital to be seen by primary care providers. The onsite retail pharmacy, INR clinic, podiatrist, x-ray technician, MTM pharmacist, and care coordinators (RN/SW) ensure timely access to care, education, and medication. Telehealth services increase access to MTM services at Edina and other Fairview clinics, including for the homebound.[7]

Comprehensiveness

Fairview funds a mobile team of NPs and other staff who provide home visits when necessary. Edina providers can refer their patients to this service. Currently, telehealth (as virtual Webcam visits) is used for initial and followup assessments. Some telehealth patients receive this care because of their participation in Fairview's home care program, in which they are assigned a nurse who visits their home. During these visits, the nurse uses a laptop Webcam to connect the patient to the MTM pharmacist. Telephone calls are also offered. Many transition-of-care visits are accomplished via phone. In addition, Fairview nursing homes have Webcams installed in television sets in patient's rooms for easy access to telehealth.

Community Linkages

The Edina clinic works closely with the Alzheimer's Association to provide additional education and support to its patients. Alzheimer's Association staff regularly attend staff huddles to help Edina staff learn about new clinical guidelines and ways to better support their patients with Alzheimer's disease.

EHR Use and Data Collection

Fairview has a mature version of the Epic EHR system. Edina uses Epic to communicate with both patients and the care team, conduct pre-visit planning, and carry out QI. Patients are strongly encouraged and given support to sign up for the MyChart patient portal and provide updated health information. When they do, a "super roomer" patient status report can be updated and printed before patient visits. Otherwise, data from the most recent visit is printed before visits. Notes made by all care team staff at each step of the patient visit are accessible by all staff. Interviewees said that providers and staff use these notes to know when to conduct warm handoffs. The MTM pharmacist also makes notes directly into the EHR. Fairview has developed "care packages," which are structured protocols within the EHR, to inform providers' assessments, treatments, and plans such as assessment questions to ask or standard lab orders.

Care packages are available for 13 conditions including diabetes, adult preventive care, attention deficit hyperactivity disorder, chronic obstructive pulmonary disease, heart failure, migraine, and chronic kidney disease. Care packages are based on guidelines and the literature. They are for use across Fairview, overseen by a central process, and updated twice yearly.

Quality

QI at Fairview is centrally supported, and clinics are required to conduct ongoing QI using Plan-Do-Study-Act cycles. Clinic leadership is ultimately accountable for quality and routinely receives quality reports from central management. Reports are provided in a dashboard format and can be accessed daily. Quality data are updated monthly. Fairview Clinics consolidated data are reviewed monthly at an internal quality meeting.

Quality reports contain a compilation of all measures Fairview is required to report and are used by central management and Edina leadership to evaluate staff performance. Edina leadership also uses the reports to compare clinic-level outcomes to other Fairview clinics. Fairview Health Services ACO metrics are also found in these dashboards. A population health tool helps the organization better identify high-risk patients, provide team-based care, and improve outcomes across the entire system.[1,8]

MTM pharmacists are also encouraged to review reports and work to improve quality for their patient panels. For example, they may set up an internal Epic report to identify patients who are not meeting therapy goals. Other reports include patient panel characteristics (e.g., demographics, number of and leading conditions, number of and leading medications); drug therapy problems (e.g., number of and specific problems such as "dose too low" or "needs additional therapy"); resolution of problems; and specific quality measures such as for asthma, diabetes, and ischemic vascular disease.

Implications for Primary Care Staffing Models

Well-defined roles and respect for all team members' contributions to patient care are key contributors to the comprehensiveness and quality of care provided at the Edina clinic. The expanded role of MAs affords providers more time for patient care and the ability to engage with QI efforts. Similarly, the value of the MTM pharmacist—who meets one-on-one with patients and is responsible for comprehensively addressing their medication-related needs—is an essential part of Fairview's model. At Edina, the MTM pharmacist is viewed as a provider along with MDs, NPs, and PAs. CPAs allow the pharmacist to perform specific patient care functions independently (e.g., initiate or discontinue a medication or modify the dosage), which gives MDs, NPs, and PAs more time for other patient care activities. The primary care team at the Edina Clinic also benefits from the services provided by central management (e.g., primary care and MTM referrals, quality reporting and monitoring, development of structured protocols in the EHR for specific conditions). Finally, integrated care and improved care coordination is facilitated at Edina through colocation. The Edina clinic benefits from being part of the Fairview Hospital system with colocation of onsite services such as comprehensive MTM, x-rays,

podiatry, anticoagulation through an INR clinic, and a retail pharmacy. These features facilitate the delivery of comprehensive, high-quality primary care.

Fairview has scaled up from four pilot sites providing comprehensive MTM services to 30 clinics in 15 years. Fairview is an exemplar primary care practice in its utilization of MTM to address and improve patients' health. Fairview recognizes that standardizing staff roles and functions across the Fairview system is feasible. Using their integrated Epic system and continuous QI, Fairview anticipates further standardizing care coordination, the MTM pharmacy program, protocols, and workflows across the entire system.

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