



UNIVERSITY of HAWAII at MĀNOA  
HEALTHY HAWAII  
EVALUATION TEAM

# Evaluation of Comprehensive Medication Management Service Pilot Projects at Two Private Practices on O'ahu

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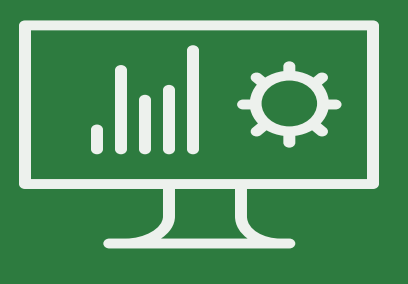

## Evaluation Overview

Medication Therapy Management (MTM) is a program in which pharmacists review patients' prescribed and over-the-counter medications to improve management of patients' chronic conditions. Comprehensive Medication Management (CMM) expands on MTM by encouraging pharmacists and providers to collaborate on medication therapies to help patients meet their health goals. The Hawai'i Department of Health's Chronic Disease Prevention and Health Promotion Division (CDPHPD) received Center for Disease Control funding (CDC 1815) to pilot CMM for hypertension management at two private practices on O'ahu. Two organizations, Derigo Health ("Derigo") and the Daniel K. Inouye College of Pharmacy (DKICP), collaborated with the private practices to implement these pilot projects in March 2021 to March 2022.

## Evaluation Objectives

The University of Hawai'i's Healthy Hawai'i Evaluation Team (HHET) was contracted by CDPHPD to examine these organizations' implementation efforts to understand what successes and barriers occurred, and to gather lessons learned for future replication of CMM programs in Hawai'i.

## Methods

-  HHET conducted semi-structured key informant interviews through Zoom with six personnel who implemented the pilot programs
-  Interviews were recorded, transcribed, reviewed, and thematically coded to describe the implementation processes and activities essential for future replication and/or expansion of CMM services
-  HHET used the Ecological Framework, a framework used in implementation science to explain the multilevel operational factors that affect effective program implementation

## Key Findings

-  The pilot projects spanned 1.5 years, including pre-implementation planning and finalizing formal agreements and implementation of CMM service, which was approximately seven months at Site 1 and one month at Site 2
-  Derigo's facilitating capacity and DKICP's clinical expertise, along with active participation from the physician at Site 1 led to the successes at this practice
-  There were challenges with organizational capacity and readiness that resulted in the principal parties at Site 2 quitting their agreements during the course of implementation. Due to lack of participation in evaluation activities from the physicians at Site 2, our ability to fully understand the reasons for non-successes at that site was limited
-  The significant lessons learned were that private practices' organizational capacity and readiness to implement need to be assessed for fit and relevance in the initial implementation stage, a longer implementation timeline is needed for setting up formal agreements and CMM service, and organizations providing supports and CMM service require high level of operational and technical resources to replicate this effort in other communities.

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