



SPECIALTY PHARMACIES AND CLINICAL INTERVENTION OUTCOMES

Pharmacies play a key role in an expanding national push for data-driven quality care

Health care reform has been a hot topic for decades, with leaders and advocates constantly struggling to decide which care and payment models are best for patients, providers and payers. Recent trends require interdisciplinary care teams to use data from various sources, including electronic health records, to inform and adjust care plans.¹ All parties are searching for the answer to: *How do we know the treatment ordered by the provider is effective and works for the patient, while optimizing cost?*

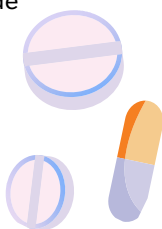
According to Shawn Griffin, MD, President and CEO of URAC, a national health care accrediting organization, “The next era of health care in this country is about focusing on the value of the care provided in ways that patients understand. We must move beyond the days of fee-for-service care.”

Specialty pharmacies are a critical part of these interdisciplinary teams and are charged with not only dispensing medication but also with collecting data that can inform care, educating patients and providing a higher level of care than is needed for non-specialty drugs. And specialty drugs are a large part of health care expenditure, accounting for 50% of total drug spending in the United States and over \$300B in 2021.² So, while there is no doubt that specialty pharmacies are important for patient care, **how do they prove their value when more eyes than ever are on their efforts?**

THE NEXT LEVEL IN PATIENT CARE.

Because of their close relationships with patients and providers, specialty pharmacies look more closely at how patients respond to medications, including adverse reactions and adherence rates. When a medication isn't working well for a patient because it's causing nausea or a patient can't take it at a specific time, specialty pharmacists conduct clinical interventions by working with providers to change the dosage, timing or prescription to improve adherence.

According to Heather Bonome, PharmD, URAC's Director of Pharmacy, “Clinical interventions by specialty pharmacies play a key role in improving medication adherence, preventing side effects and preventing hospital admissions due to adverse reactions or inappropriate treatment.” Since specialty medications are often prescribed for diseases such as cancer, multiple sclerosis and auto-immune disorders³, patients depend even more on these drugs being effective.



But is it enough to simply help a patient use an app for medication adherence or change a medication dosage? Not in today's health care environment.

SPECIALTY PHARMACIES ARE FEELING INCREASED PRESSURE TO TRACK THE CLINICAL INTERVENTIONS THEY PROVIDE.

When URAC updated its accreditation standards for specialty pharmacies in 2022, they added a requirement that accredited pharmacies include aggregate data from tracking their clinical intervention outcomes. Payers and manufacturers see URAC's accreditation as an independent validator of health care quality; many of these entities require specialty pharmacies to be accredited by URAC to be in network or receive specialty drugs for distribution.

And URAC's new standards require specialty pharmacies to demonstrate what they'll do if the services they are providing *aren't* working for their patients. "We want to make sure you are putting the right steps in place to correct or update any interventions that aren't working," notes Bonome. Adds Griffin, "Continuous quality improvement is what we look for in any organization we accredit. We want organizations to show better patient outcomes over time."

SO HOW DOES A SPECIALTY PHARMACY BEGIN TRACKING CLINICAL INTERVENTION OUTCOMES?

Jennifer Donovan, PharmD, Vice President of Clinical Services for Shields Health Solutions, offers three important steps for starting to track the outcomes of clinical interventions.



DESIGN

Determine what data to collect and why you are collecting the data. Donovan recommends evaluating the literature to assess what types of pharmacist interventions are most impactful. Then, determine the anticipated outcome associated with the type of intervention. Finally, assign a value to each intervention type according to what is reported.

IMPLEMENT

Create standardized documentation and training resources. Donovan and her team developed a standardized intervention activity within the patient management platform to ensure documentation is captured categorically. They provide definitions and examples of each category to ensure clinicians track interventions systematically.

EVALUATE

Connect the dots between data and outcomes. Donovan's team uses their intervention data and clinical outcomes (reported by the patient or documented in the electronic health record) to validate the structure of the clinical program. Donovan shared that a recent study showed a 13% reduction in total medical expenditure among those patients who utilized a Shields partner's health system specialty pharmacy and received care from those integrated providers compared to those who used an external specialty pharmacy.⁴

"We believe that engaging with patients allows pharmacists to intervene and identify problems sooner," says Donovan, thus saving costs and sparing patients from unnecessary complications.

WHAT WILL WE SEE IN THE NEXT FEW YEARS?

"URAC's updated standards for accreditation are going to push organizations to collect more informed data, which will help them better demonstrate their value to payers and manufacturers," says Bonome. "As specialty pharmacy continues to grow and more organizations are looking at the work these pharmacies do, it will be more important than ever to track this detailed level of patient care."

REFERENCES

¹ <https://www.healthit.gov/faq/what-are-advantages-electronic-health-records>

² <https://aspe.hhs.gov/sites/default/files/documents/88c547c976e915fc31fe2c6903ac0bc9/sdp-trends-prescription-drug-spending.pdf>

³ <https://www.healio.com/news/rheumatology/20220317/surge-in-specialty-drug-use-largely-driven-by-autoimmune-disease>

⁴ Soni A, Smith BS, Scornavacca T, McEInea B, Shakman A, Dickson E, McManus DD. Association of Use of an Integrated Specialty Pharmacy With Total Medical Expenditures Among Members of an Accountable Care Organization. *JAMA Netw Open.* 2020 Oct 1;3(10):e2018772. doi: 10.1001/jamanetworkopen.2020.18772. PMID: 33021648; PMCID: PMC7539116.