2024

SPECIALTY PHARMACY PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

February 2025

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EXECUTIVE SUMMARY

422
Reporting Organizations

46M+
Specialty Prescriptions Dispensed

Year Over Year Highlights

- There was a 5% increase in the number of reporting organizations and a 7% increase in the specialty prescription dispensed volume
- There was a 99% reporting response rate for specialty pharmacy organizations
- Most dispensing errors continued to be due to incorrect quantity or incorrect instructions
- The leading cause of errors in distribution was prescriptions dispensed with correct patient address but delivered to the wrong address

Turnaround Time

~ 6.01 days
To fill a prescription

Call Abandonment Rate

2.76%
Of calls abandoned

Dispensing Accuracy

99.99%
Of prescriptions *dispensed* with no errors

Distribution Accuracy

99.90%
Of prescriptions *distributed* with no errors

Presented in this report are the 2023 measurement year (2024 reporting year) results based on URAC's Specialty Pharmacy Accreditation program performance measures.

URAC includes performance measures in multiple accreditation programs to align and harmonize with national priorities for healthcare quality and delivery improvement. Our priority of consumer protection and empowerment drives our measurement efforts on outcome measures, composite measures, and flexible measures collection. With the emphasis of the ACA on affordable, quality health care and access, it is imperative that performance measurement programs are in place to ensure that savings from cost cutting efforts in health care are not at the expense of the quality of care delivered to patients. The information provided by measures of performance can help stakeholders monitor the quality and accessibility of care across the nation.

Performance measurement for the 2024 reporting year aligns with Phase 2 of URAC's measurement process where mandatory performance measures are subject to an external data validation process. The data validation program identifies areas of opportunity for improvement and ensures ongoing compliance conformity to program standards. By requiring organizations to submit audited performance measures annually, URAC ensures accurate and reliable data for organization-to-organization comparisons. These audited performance measure results become publicly available via aggregated, de-identified reports.

Organizations are required to report data for services covered under the scope of each accreditation. There are 4 mandatory measures and the option to report data for 3 exploratory measures. Results are reported to URAC separately for each accreditation.

Below is the list of measures for 2024 reporting.

MANDATORY MEASURES

1. Call Center Performance© (DTM2010-04)
2. Dispensing Accuracy© (MP2012-06)
3. Distribution Accuracy© (MP2012-07)
4. Turnaround Time for Prescriptions© (MP2012-08)

EXPLORATORY MEASURES

1. Complaint Response Timeliness© (PH2021-01)
2. Overall Consumer Satisfaction© (PH2021-02)
3. Clinical Intervention Acceptance Rate© (PH2023-01)

DATA VALIDATION PROCEDURES

Data validation vendors (DVV) identified any materially inaccurate submissions. Additionally, Kiser Healthcare Solutions, LLC corrected any data entry and duplicate submission errors based on manual data review and cleaning, documented at the end of this report.

Kiser Healthcare Solutions executed standard procedures for data cleaning and validation prior to finalizing the results presented in this report. All organizations' measure submissions were reviewed for measure component quality. For example, numerators and denominators were checked against rates to ensure accuracy. Also, minimum, mean, median, and maximum rates were benchmarked nationally and regionally to ensure accuracy and to identify potential issues at an individual submission level.

Basic guidelines for identifying valid submissions:

- Measure denominator is greater than zero
- DVV has not deemed the measure submission as materially inaccurate
- Organization has stated it is submitting the measure

Basic guidelines for aggregate rates:

- Measure denominator is greater than or equal to 30
- DVV has not deemed the measure submission as materially inaccurate
- Organization has stated it is submitting the measure
- Minimum of 5 reporting organizations

RESULTS IN AGGREGATE

A total of 422 URAC-accredited Specialty Pharmacy organizations reported 2023 measurement year data for the 2024 reporting year. The total number of specialty prescriptions dispensed across all specialty organizations was 46,897,711 with the number of specialty prescriptions dispensed ranging from 31 to 13,971,543. Most organizations reported dispensing less than 100,000 specialty prescriptions, with over one-half of organizations dispensing less than 16,000 specialty prescriptions **(Figure 1)**. The South represented the largest number of organizations, and the West represented the least **(Figure 2)**. More than one-quarter of organizations represented all four regions.

Around one-third of the organizations (n=145) reported dispensing at least 99% specialty drugs, however, not all reporting organizations dispensed mainly specialty drugs. The most common type of specialty drug dispensed was for Rheumatoid Arthritis, followed by Oncology **(Figure 3)**. The most common type of "Other" specialty drug dispensed were for Pulmonary and Hematology **(Figure 4)**.

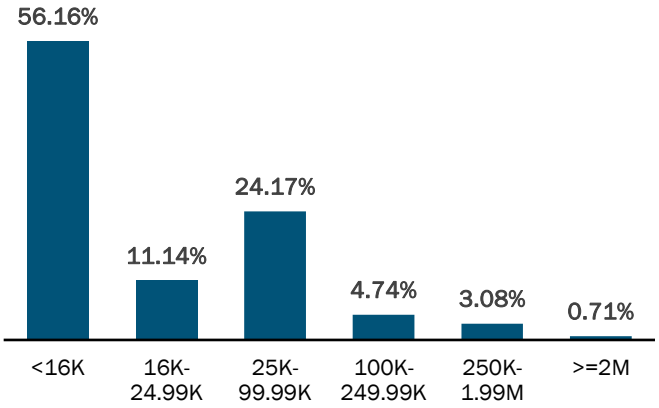


Figure 1. Reporting by Program Tier Size

# of prescriptions dispensed per organization (n=422)

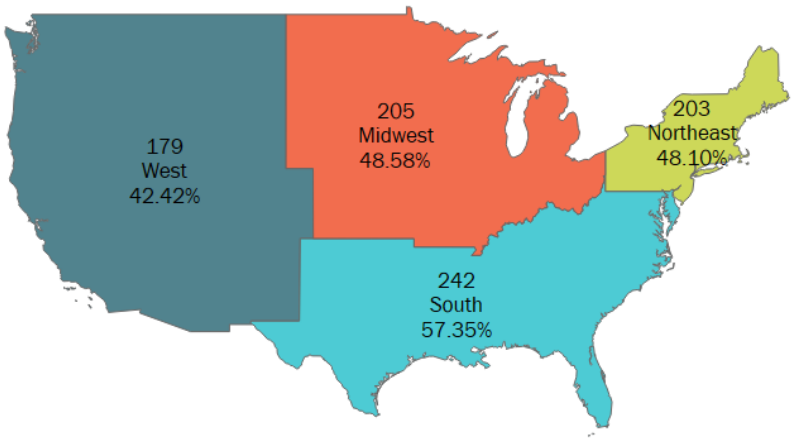


Figure 2. Regional Areas Served

% of reporting organizations by region (n=422)

Note: Multiple responses accepted.

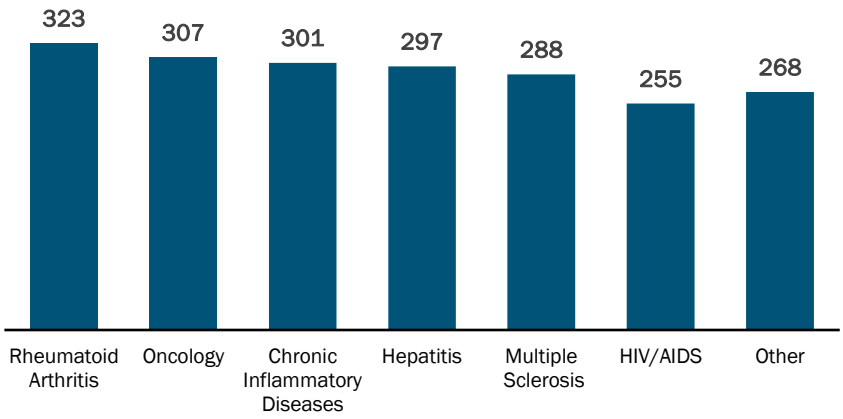


Figure 3. Types of Drugs Dispensed

Note: Multiple responses accepted.

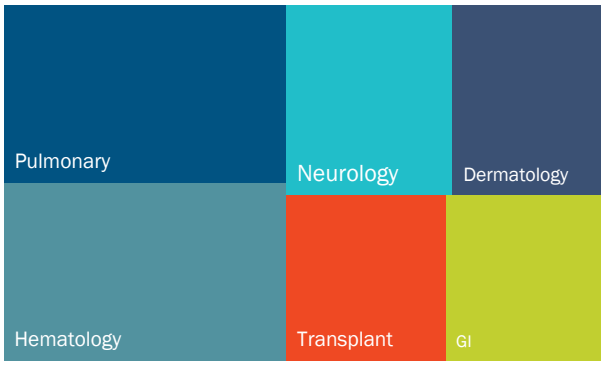


Figure 4. Top Drug Types Defined as "Other"

Note: Multiple responses accepted.

Pharmacy Composition

In the 2024 reporting year, URAC requested that pharmacies self-identify their pharmacy type for future analysis. Most pharmacies reported themselves as university/ hospital health system or independent organizations. One fourth of the organizations who reported "Other" indicated themselves as a Specialty Pharmacy, which does not identify the pharmacy further. The remaining responses in this category included types such as FQHC Community Health System, Medically Integrated, Clinic, and Hemophilia Treatment Center. While organizations identified as Large Chain represented around 3% of the reporting organizations, they accounted for more than 38% of the dispensing volume **(Figure 5)**.

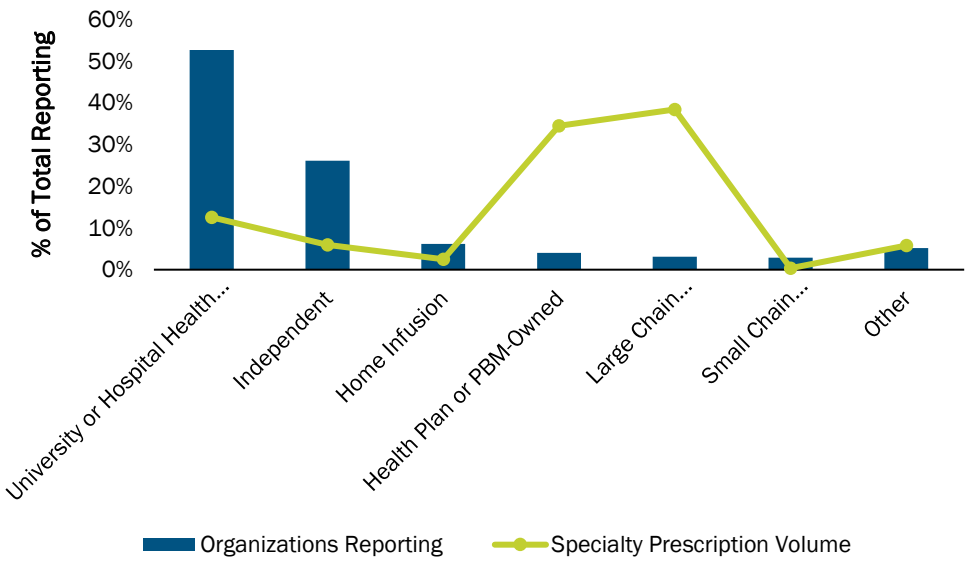


Figure 5. Pharmacy Composition

% of reporting organizations (n=422)

CALL CENTER PERFORMANCE (DTM2010-04)

Measure Description

This *mandatory* measure has two parts:

- Part A evaluates the percentage of calls during normal business hours to the organization's call service center(s) during the measurement period that were answered by a live voice within 30 seconds.
- Part B evaluates the percentage of calls made during normal business hours to the organization's call service center(s) during the reporting year that were abandoned by callers before being answered by a live customer service representative.

For Part A, a higher rate represents better performance. **For Part B, a lower rate represents better performance**.

There is no stratification for this measure; results are reported across all populations.

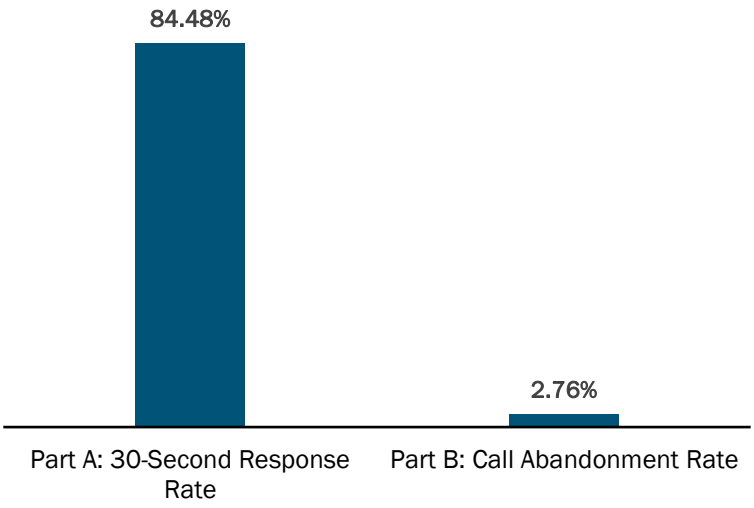


Figure 7. Call Center Performance Aggregate Summary Rates

Summary of Findings

Based on 397 submissions, there were 393 valid data submissions that reported both parts A and B of this measure. Two organizations reported 100% (all calls answered within 30 seconds) for Part A and the lowest performer answered 25% of calls within 30 seconds. More than half of reporting pharmacies indicated a call abandonment rate less than 3% with three pharmacies reporting 0% (no calls abandoned) for Part B.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: 30-Second Response Rate	44,732,567	52,952,134	84.48%	88.78%	394
Part B: Call Abandonment Rate	1,464,367	53,004,703	2.76%	3.34%	396

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: 30-Second Response Rate	25.39%	78.20%	84.99%	91.30%	95.95%	97.94%	100%
Part B: Call Abandonment Rate	41.47%	5.91%	4.10%	2.55%	1.46%	0.71%	0%

DISPENSING ACCURACY (MP2012-06)

Measure Description

This *mandatory* six-part measure and composite roll-up assesses the percentage of prescriptions that the organization dispensed inaccurately. Measure parts include:

- Part A: Incorrect Drug and/or Product Dispensed
- Part B: Incorrect Recipient
- Part C: Incorrect Strength
- Part D: Incorrect Dosage Form
- Part E: Incorrect Instructions
- Part F: Incorrect Quantity

For all parts, a lower rate represents better performance.

Each part of this measure is calculated at the individual prescription level, not at the order level (i.e., if an order contains three prescriptions, those three prescriptions are each counted separately in each denominator).

There is no stratification for this measure; results are reported aggregated across all populations.

Dispensing Error Rate

0.01477%
All Error Composite

14.8 errors
Per 100k Prescriptions Dispensed

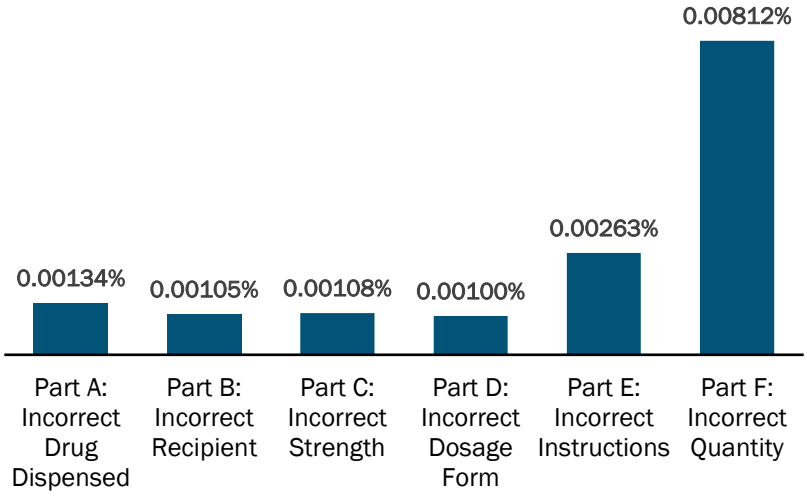


Figure 8. Dispensing Error Types
Aggregate Summary Rates per dispensing error sub-part

** Most dispensing errors are due to incorrect quantity & incorrect instructions.*

Summary of Findings

Based on the data submitted for over 53.5 million specialty prescriptions, the average number of drug dispensing errors was 14.8 per 100,000 prescriptions dispensed (99.99% of prescriptions dispensed with zero errors). The highest performing pharmacies reported zero dispensing errors. Conversely, the lowest performing pharmacy reported 1,204 drug dispensing defects per 100,000 with the leading cause of errors in dispensing accuracy reported as being due to incorrect dosage form.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
7,907	53,548,948	0.01477%	0.04265%	421

MIN	10TH	25TH	50TH	75TH	90TH	MAX
1.20482%	0.09517%	0.04606%	0.01915%	0.00521%	0%	0%

Part A: Incorrect Drug Dispensed

Based on the 421 submissions received, the average number of incorrect drugs dispensed was 1.3 per 100,000 prescriptions dispensed (a 18% decline compared to prior year). More than two-thirds of pharmacies (n=302) reported zero errors due to incorrect drug, while the lowest performing pharmacy in this sub-measure reported 350 incorrect drugs dispensed per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
719	53,577,963	0.00134%	0.00430%	421

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.35021%	0.00764%	0.00098%	0%	0%	0%	0%

Part B: Incorrect Recipient

Of the 422 submissions, there were 287 valid data submissions that reported zero errors due to incorrect recipient. The lowest performing pharmacy reported 81 drugs dispensed to incorrect recipient per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
561	53,578,450	0.00105%	0.00422%	422

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.08110%	0.01428%	0.00278%	0%	0%	0%	0%

Part C: Incorrect Strength

Of the total 422 valid submissions, more than two-thirds of pharmacies (n=298) reported zero errors due to incorrect strength. The lowest performer reported 157 prescriptions dispensed with incorrect strength per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
450	41,787,906	0.00108%	0.00324%	422

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.15798%	0.00717%	0.00133%	0%	0%	0%	0%

Part D: Incorrect Dosage Form

Incorrect dosage form accounts for the lowest number of dispensing errors. More than two-thirds of valid data submissions (n=305) reported zero dispensing errors due to the incorrect dosage form being dispensed. The lowest performer reported 1,204 incorrect dosage forms dispensed per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
417	41,787,906	0.00100%	0.00540%	422

MIN	10TH	25TH	50TH	75TH	90TH	MAX
1.20482%	0.00704%	0.00099%	0%	0%	0%	0%

Part E: Incorrect Instructions

Prescriptions dispensed with incorrect instructions were the second most common cause of dispensing errors, after incorrect quantity, with an average of 2.63 errors per 100,000 prescriptions. More than half of pharmacies (n=235) reported zero errors in dispensing due to incorrect instructions. The lowest performing pharmacy reported 215 drugs dispensed with incorrect patient instructions per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
1,408	53,578,450	0.00263%	0.00745%	422

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.21598%	0.01921%	0.00612%	0%	0%	0%	0%

Part F: Incorrect Quantity

Results showed that there were more than four times as many incidences of prescriptions dispensed with the incorrect quantity than any other error type. More than one-third of pharmacies (n=158) reported zero errors due to incorrect quantity dispensed, while the lowest performing pharmacy reported 604 drugs dispensed with incorrect quantity per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
4,351	53,578,450	0.00812%	0.01840%	422

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.60490%	0.04548%	0.01980%	0.00558%	0%	0%	0%

DISTRIBUTION ACCURACY (MP2012-07)

Measure Description

This *mandatory* two-part measure and composite assesses the percentage of prescriptions delivered to the wrong recipient.

- Part A assesses the percentage of prescriptions mailed with an incorrect address.
- Part B assesses the percentage of prescriptions mailed with a correct address that were not delivered to the correct location.

For all parts, a lower rate represents better performance.

Each part of this measure is calculated at the individual prescription level, not at the order level (i.e., if an order contains three prescriptions, those three prescriptions are each counted separately in each denominator).

There is no stratification for this measure, results are reported aggregated across all populations.

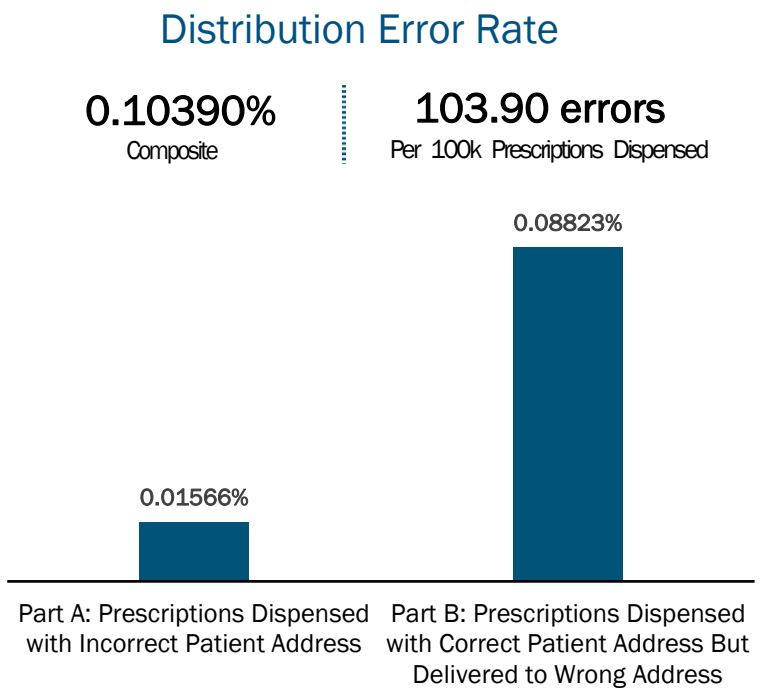


Figure 9. Distribution Error Types
Aggregate Summary Rates per distribution error sub-part

**Most distribution errors are due to prescriptions being dispensed with the incorrect patient address.*

Summary of Findings

A total of 422 organizations reported valid distribution accuracy results for each measure sub-part. Results showed that pharmacies had approximately seven times as many errors in the distribution of a prescription than in dispensing. The highest performing pharmacies had zero distribution errors. Conversely, pharmacies in the 10th percentile reported over 109 distribution defects per 100,000 prescriptions dispensed. The lowest performing pharmacy reported 786 distribution defects per 100,000 prescriptions dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
55,618	53,530,092	0.10390%	0.04474%	422

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.78610%	0.10985%	0.06214%	0.02324%	0.00529%	0%	0%

Part A: Prescriptions Dispensed with Incorrect Patient Address

Distribution errors caused by a prescription being dispensed with the incorrect address were five times less prevalent than errors in the delivery of the prescription (Part B). Of the 422 submissions, approximately one-third (n=140) reported zero errors attributed to an incorrect patient address. The lowest performing organization reported 250 incorrect patient addresses per 100,000 prescriptions dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
8,384	53,530,092	0.01566%	0.02354%	422

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.25000%	0.06075%	0.03370%	0.01009%	0%	0%	0%

Part B: Prescriptions Dispensed with Correct Patient Address but Delivered to Wrong Location

Pharmacies performing in the top 25th percentile (n=150) for this sub-measure reported zero errors due to prescriptions dispensed with the correct patient address being delivered to the wrong location. In contrast, the lowest performer reported 786 prescriptions delivered to the wrong location per 100,000 dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
47,231	53,530,092	0.08823%	0.02119%	422

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.78610%	0.05351%	0.02514%	0.00822%	0%	0%	0%

TURNAROUND TIME FOR PRESCRIPTIONS (MP2012-08)

Measure Description

This *mandatory* three-part measure assesses the average speed with which the organization fills prescriptions.

- Part A measures prescription turnaround time for clean prescriptions
- Part B measures prescription turnaround time for prescriptions that required intervention
- Part C measures prescription turnaround time for all prescriptions

For all parts, a lower rate represents better performance.

Parts A and B of this measure are mutually exclusive; if a prescription requires an intervention, it is counted in Part B; when it becomes clean, it is not counted again in Part A. The unit of analysis in this measure is individual prescriptions, not orders (which may include multiple prescriptions).

There is no stratification for this measure, results are reported across all populations.

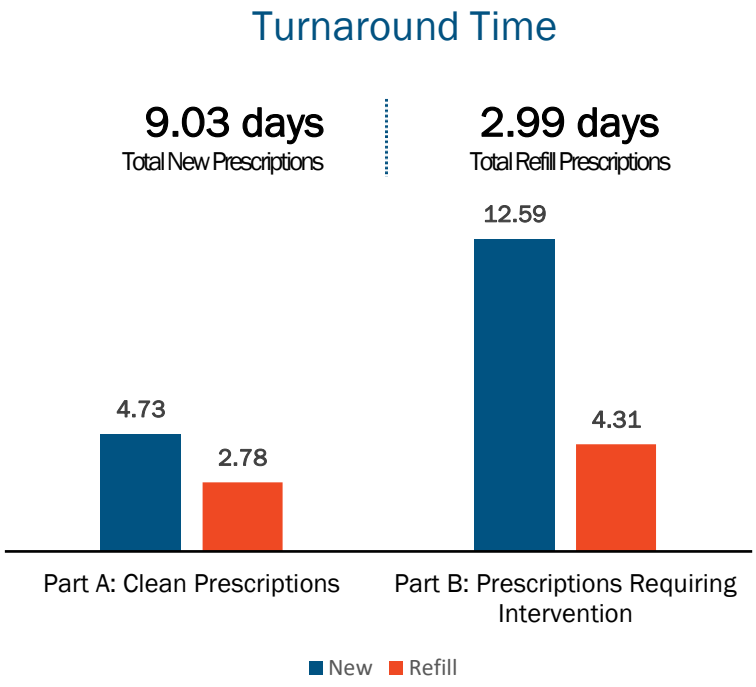


Figure 10. Turnaround Time Aggregate Summary Rates

Summary of Findings

There were 386 pharmacies that reported the turnaround time measure with 291 organizations submitting valid data for all parts of the measure. Based on the data submitted, the average total time to fill specialty pharmacy prescriptions was 6.01 business days. Results indicate that refill prescriptions were filled more quickly, with specialty pharmacies taking more than three times as many days to fill a new prescription compared to refills. Pharmacies with the fastest turnaround time filled a prescription in one business day, while about one-quarter of pharmacies took more than five days to fill a new prescription.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part C1: All Prescriptions - New	155,417,242	17,202,756	9.03	4.01	383
Part C2: All Prescriptions - Refill	94,854,029	31,673,069	2.99	2.47	384

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part C1: All Prescriptions - New	27.78	9.04	4.68	2.79	1.91	1.32	1.00
Part C2: All Prescriptions - Refill	12.98	4.23	3.07	2.16	1.38	1.07	1.00

Part A: Clean Prescriptions

Several pharmacies were able to fill prescriptions in one business day, however most reporting pharmacies required more than two days to turnaround new, clean prescriptions.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A1: Clean Prescriptions - New	36,092,813	7,636,013	4.73	3.25	347
Part A2: Clean Prescriptions - Refill	75,074,181	27,019,795	2.78	2.28	362

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A1: Clean Prescriptions - New	27.14	6.32	3.56	2.38	1.62	1.14	1.00
Part A2: Clean Prescriptions - Refill	13.03	3.85	2.74	1.95	1.31	1.02	1.00

Part B: Prescriptions Requiring Intervention

Based on the data submitted, the average time to fill all prescriptions requiring interventions was approximately 8 days, with around 80% of submissions requiring more than 2 days and 29% of submissions requiring more than five days to fill.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part B1: Prescriptions Requiring Intervention - New	118,917,583	9,445,722	12.59	5.05	345
Part B2: Prescriptions Requiring Intervention - Refill	18,953,188	4,396,186	4.31	3.29	312

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part B1: Prescriptions Requiring Intervention - New	42.07	10.01	6.36	3.69	2.33	1.58	1.00
Part B2: Prescriptions Requiring Intervention - Refill	13.53	6.10	4.32	2.74	1.74	1.15	1.00

COMPLAINT RESPONSE TIMELINESS (PH2021-01)

Measure Description

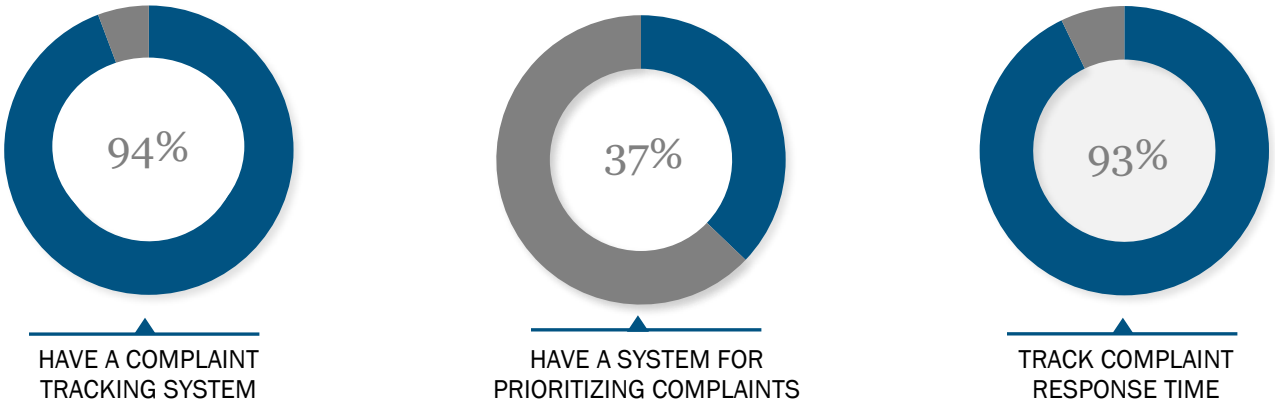
This *exploratory* two-part measure assesses the following:

- Part A assesses the percentage of consumer complaints to the case management program to which the organization responded within the time frame that the program has established for complaint response.
- Part B assesses the average time, in business days, for complaint response.

A lower rate represents better performance for Part B. Responses with a denominator of less than 30 complaints are included given ideal performance is fewer complaints.

Summary of Findings

A total of 70 organizations submitted data for this measure. While most organizations reported having a system for tracking complaints less than half of those pharmacies are able to prioritize complaints. More than 90% of the reporting organizations indicated that complaint response time is tracked. Additionally, 17% (n=12) of pharmacies reported no complaints received in the collection year.



Part A: Percentage of Complaints Responded to Within Program-Specified Timeframe

There were 57 organizations that submitted valid data for this measure and 98.19% of complaints were addressed within the program-specified timeframe. Once received, complaints were responded to within 2 business days (1.4 days).

Part B: Average Time for Complaint Response

Based on the data submitted, the target number of days for complaint response established by each organization ranged between one and thirty business days. The most frequently reported goal timeframe was five business days, however the actual time for complaint response was 1.4 business days.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: Complaint Response Within Program Timeframe	1,628	1,658	98.19%	98.73%	57
Part B: Aggregate Summary Time for Complaint Response (Days)	2,317	1,649	1.40	1.64	56

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: Complaint Response Within Program Timeframe	71.05%	90.26%	98.55%	100%	100%	100%	100%
Part B: Aggregate Summary Time for Complaint Response (Days)	5.21	2.01	1.61	1.18	1.00	0.40	0.02

OVERALL CONSUMER SATISFACTION (PH2021-02)

Measure Description

This *exploratory* measure assesses percentage of program participants who completed a consumer satisfaction survey and reported that they were "satisfied" overall with the pharmacy program during the measurement period.

There is no stratification for this measure, results are reported across all populations.

Summary of Findings

Of the 64 organizations that submitted data for this measure, 50 organizations submitted valid data for both measure sub-parts. **Based on the data submitted, overall consumer satisfaction was 97.77%, with a survey response rate of 19.18%.** Most pharmacy organizations (73% of respondents) reported the use of internally developed surveys for consumer satisfaction **(Figure 11)** with surveys being mostly administered by telephone, mail and online **(Figure 12)**.

Survey Methodology

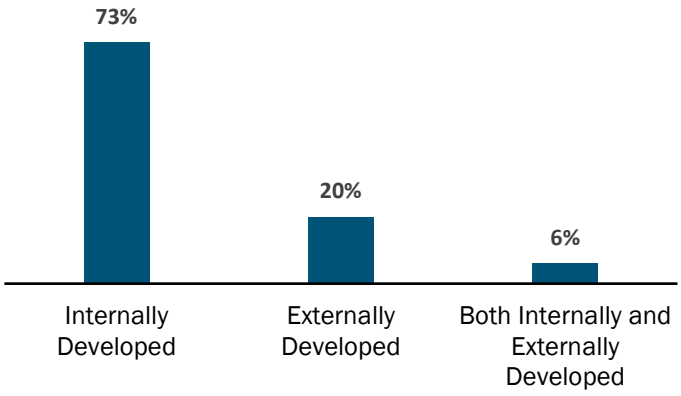


Figure 11. Development of Survey

% of reporting organizations (n=64)

Respondents were asked about the methodology used to send surveys to consumers. Most organizations (72%) selected 'other' and indicated surveys are randomly sampled in other timeframes (e.g., quarterly, at time of service) **(Figure 13)**.

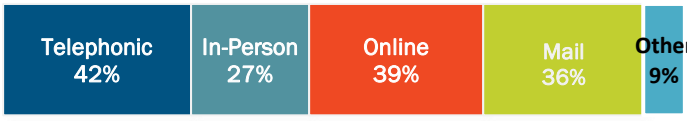


Figure 12. Survey Administration Method

% of total responses received (n=98)

Note: Multiple responses accepted per organization.

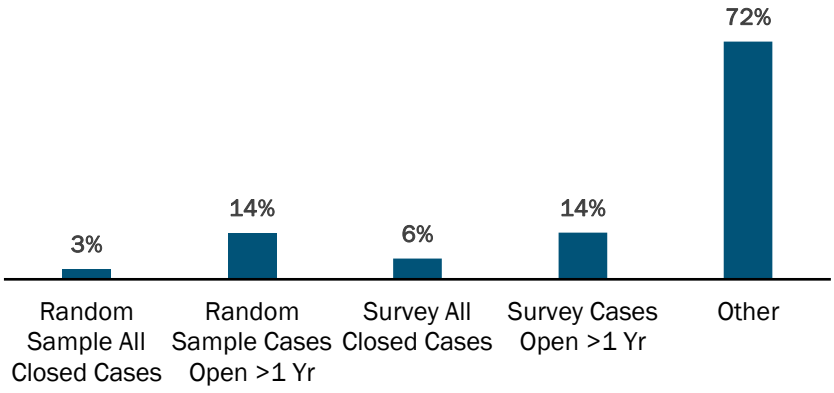


Figure 13. Consumer Survey Method

% of total responses received (n=64)

Note: Multiple responses accepted per organization.

2024 SPECIALTY PHARMACY: AGGREGATE SUMMARY PERFORMANCE REPORT

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Overall Consumer Satisfaction	49,476	50,607	97.77%	97.56%	52
Survey Response Rate	44,117	230,040	19.18%	46.11%	57

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Overall Consumer Satisfaction	80.00%	92.99%	96.42%	99.00%	100%	100%	100%
Survey Response Rate	0.36%	3.29%	10.21%	29.60%	92.37%	100%	100%

CLINICAL INTERVENTION ACCEPTANCE RATE (PH2023-01)

Measure Description

This *exploratory* measure assesses percentage of clinical interventions that were fully or partially accepted by the prescriber during the measurement period

There is no stratification for this measure; results are reported across all populations.

Clinical Intervention Acceptance Rate

69.09%

The 39 valid submissions for this measure reported an aggregate summary rate of 69.09%.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
25,727	37,236	69.09%	74.14%	39

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.38%	12.58%	69.15%	93.14%	97.93%	100%	100%

Strategies for Clinical Intervention

Respondents were asked about the Clinical Intervention strategies employed by their organizations. Most organizations (64%) selected 'Combined' (educational and behavioral) strategies for clinical intervention **(Figure 14)**.

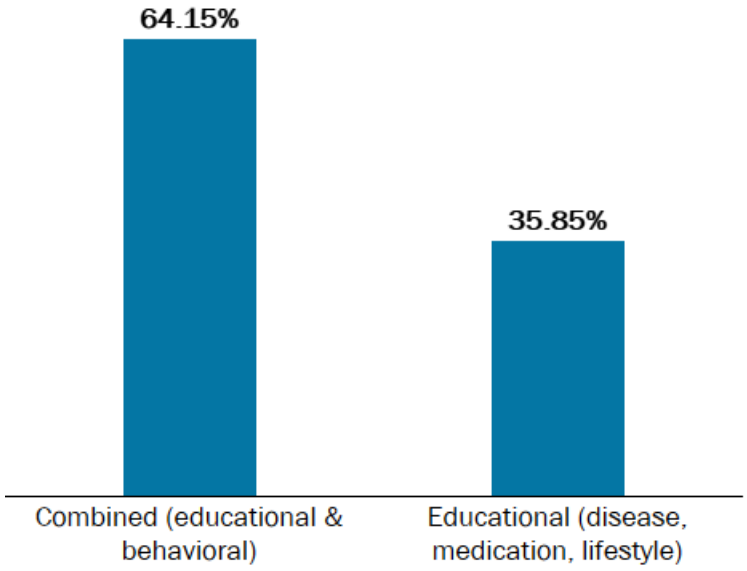


Figure 14. Strategies for Clinical Intervention
% of reporting organizations (n=39)