Specialty Pharmacy: The Evolution of the Comprehensive Pharmaceutical Care Model

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OBJECTIVES

• Discuss the history of clinical pharmacy relative to specialty pharmacy

• Explore the IDN- Specialty Pharmacy (SP) from their perspective

• Discuss the challenges and opportunities of specialty pharmacies
Ambulatory care pharmacy practice is the provision of integrated, accessible health care services by pharmacists who are accountable for addressing medication needs, developing sustained partnerships with patients, and practicing in the context of family and community. This is accomplished through direct patient care and medication management for ambulatory patients, long-term relationships, coordination of care, patient advocacy, wellness and health promotion, triage and referral, and patient education and self-management. The ambulatory care pharmacists may work in both an institutional and community-based clinic involved in direct care of a diverse patient population.
History of Ambulatory Care Clinical Pharmacy

- Began in the 1960s in small drug stores
- 1971 - National Center for Health Services Research and Development charged an interdisciplinary task force with development of standards for pharmacists’ clinical practice
- 1971 - Professional pharmacy associations discussed the “clinical aspects of pharmaceutical practice.”
- 1980s - Veterans Affairs recognized ambulatory care pharmacy as a separate service from inpatient
- 1990s - CMS found that “clinical pharmacy services add value to care for both institutionalized and ambulatory patients”
- 1999 - Accreditation of Community Pharmacy Residency Programs
- 2006 - MTM (Medication Therapy Management)
- 2011 - Certification for Ambulatory Care Pharmacy by BPS (Board of Pharmacy Specialties)
Tenets That Frame the Practice of Ambulatory Care Pharmacy

1. Comprehensive medication management within integrated health systems, community pharmacies, and standalone clinical practices
2. A growing work force of qualified and board-certified clinical pharmacists
3. A growing emphasis on specialty and subspecialty training across ambulatory care practice settings
4. Demonstrated improvement in health and care outcomes for patients in ambulatory care settings
Clinical Pharmacy Services – Ambulatory Care (SP)

• When ambulatory care pharmacists engage in patient care to their full capacity, physician time is saved, access to care is improved, and clinical and economic outcomes are enhanced.

• This pharmaceutical care framework demonstrates a firm commitment from the profession to take accountability for health outcomes.
The Current Evolution of Pharmacy in the U.S.

- Rapidly increasing Cost of Drugs - Soliris® can cost patients up to $440,000 a year
- Risk Sharing contracts
- Desire for comprehensive pharmaceutical care
- Pharmacy no longer a cost center
- Shortage of primary care physicians
- Impact of ePrescribing and the available data
Specialty Pharmacy – IDN Perspective

- Risk-sharing contracts
- Potential for additional revenue
- Reducing reliance on providers (MD, PA, NP, etc.) for chronic disease management
- Patient contact/management post discharge
- Improving clinical outcomes and resulting incentives
Specialty Pharmacy - Challenges

- Access to Limited Distribution Drugs (LDD)
- Access to 3rd party payer contracts
- Oligopoly-like environment in PBM markets (Pharmacy Benefits Management) companies – CVS Caremark and ExpressScripts
- Lack of access to 340B pricing for 80%
- Questionable incentives on medical contracts
- Major U.S. EHR systems do not have SP module
- Accreditation
- Overall lack of clarity
Specialty Pharmacy - Opportunities

- Streamlining of patient medical information across systems
- Comprehensive management of patients increases information and knowledge therefore reducing risk and episodes
- Revenue potential
- Due diligent responsibility for providing optimum care (i.e. Cuban system)
- Improved availability of data for trending and risk identification
Accrediting Bodies

- URAC - Utilization Review Accreditation Commission
- ACHC - Accreditation Commission for Health Care
- The Joint Commission
- CHAP – Community Health Accreditation Partner
Management Software (ie: Therigy®)
Functions

- Specialty therapy management programs
- Strategic planning
- Operational build-out
- Policy and procedure implementation
- System implementation
- Quality program development
- Assistance with Accreditation
- Staff training
- Reimbursement support
In 2003, the World Health Organization (WHO) identified medication non-adherence as the leading cause of preventable morbidity, mortality and healthcare costs. When patients get the medications they need, hospitals see improvements in patient satisfaction, clinical outcomes, readmission rates and pharmacy revenue.

Loopback® integrates real-time data from hospital and pharmacy systems to proactively identify and manage patients with elevated medication adherence risk. This provides on-site pharmacy managers with actionable insights to match resources to patient needs by shift, floor and unit. It further provides clinical outcome data to show how an increase in pharmacy fill rates prior to discharge directly improve key clinical measures such as medication adherence scores, patient satisfaction and readmission rates.
The New Liaison Concept

- Strategically incorporated inside clinics
- Provide integrated support to patients with a “hands-on” approach to total quality patient care.
- Work closely with specialty patients to deliver a full continuum of medication adherence support by utilizing various best practices, tools and applications.
- Educate patients of specialty clinics on using the appropriate specialty pharmacy
- Seamlessly integrate with the specialty clinic team (doctors, nurses, staff, etc.) to support specialty patients with their medication protocol.
- Assistance with patient financial needs (i.e patient assistance programs)

courtesy of Shields Health Solutions
Physician notifies liaison of impending therapy

Liaison performs benefits investigation

Liaison completes prior authorization

Liaison explores financial assistance options and identifies copay

Liaison communicates copay to patient and identifies preferred pharmacy & delivery modality

Physician sends ePrescription to contract pharmacy

Liaison instructs pharmacy to refill script

Liaison returns documented PAs and preferred pharmacy to physician

Liaison instructs pharmacist to refill script

Liaison communicates refill call

Liaison performs refill call

Liaison returns document PAs and preferred pharmacy to physician

Liaison / pharmacist engages patient to monitor side effects & medication adherence

Script picked up/delivered to patient

The PRESCRIPTION WORKFLOW
References


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