White Paper

Coordinated Care:
The Value of Patient and Provider Satisfaction within Health System Specialty Pharmacies
Coordinated Care

As specialty medication therapies become a bigger part of the pharmaceutical landscape, there has been a growth in health systems entering the specialty pharmacy space. The movement by health systems to the provision of these therapies is important to patients as this is an extension of the care model. Specialty medications offer an important shift in therapies for patients. The industry is now at the point where there is a shift from symptom management therapies to disease-modifying drugs. The enhanced level of patient-focused care that health systems provide is key to a patient’s success on these therapies. In addition to the improved level of care, health systems can capitalize on the potential revenue as a way to finance this infrastructure. With access to their integrated electronic health record (EHR) and ability to serve as a central hub for provider-led patient care, health systems are a logical fit for delivering patient-centered, clinically-coordinated specialty pharmacy services.

Patients taking specialty medications often require high-touch, specialized support to minimize adverse events, mitigate financial barriers and improve therapy compliance and adherence. Health system specialty pharmacies (HSSPs) not only provide this required level of service but also minimize transition points for both patients and providers. Moreover, the continued rise of value-based contracting increases the pressure on health systems to control the quality and execution of patient care, making HSSPs an ideal partner for delivering end-to-end support that improves patient outcomes.

A HSSP’s value, however, extends beyond the financial benefits it can provide to a health system. As a key stakeholder in a HSSP, providers recognize the importance of an in-house specialty pharmacy in enabling greater efficiency and a comprehensive approach to patient care. To better understand the true value of an HSSP for patients and providers, in 2018 the Integrated Health Systems Outcomes Coalition (IHOC) collaborated with five large health systems (>600 beds) to conduct provider and patient satisfaction surveys. IHOC aggregated the patient and provider survey data to uncover key insights about the role HSSPs play in improving the patient experience.
Because of the constant pressure to increase productivity while providing the highest quality care, health system providers rely on their HSSPs to serve as a trusted and convenient solution to improve speed-to-therapy. The integrated EHR enables prescriptions to flow in a coordinated and automated way from discharge to pharmacy, improving efficiency and allowing providers additional time to focus on patient care.

**HSSP integration:**

The 2018 IHOC provider satisfaction results validate the important role HSSPs play in provider care delivery. According to the survey, 99 percent of the 130 providers surveyed feel that having a specialty pharmacy integrated within their health system is important or extremely important to them and their patients. One provider shared,

“Having a dedicated pharmacist in our division, who works closely with me and my patients, has been a game changer. It has tremendously improved patient care and my productivity, effectiveness and well-being.”
**Speed-to-therapy:**

Because access to the patient’s EHR ensures easy access to key patient information, HSSPs can quickly process prior authorizations and expedite prescription dispensing, enabling patients to start therapy sooner – typically within the first 24-72 hours after the prescription is received. Eighty-four percent of providers surveyed expressed they are extremely and very satisfied with how quickly their HSSP processes patients’ specialty prescriptions. One of the surveyed providers noted satisfaction with the HSSPs collaboration: “The staff has been extremely helpful with getting patients started on new medications,” the provider said. “[The] staff is also excellent in communication with providers.”

**Clinical coordination:**

As part of the patient’s care team, the HSSP partners with providers in a clinically-coordinated way to provide support throughout the patient’s therapy journey. One provider added that “having an on-site specialty pharmacist to help us with oral chemotherapy has proven to be a valuable resource not only for our team but also for patients and their safety.” Providers are pleased with their HSSP’s level of clinical expertise and their ability to provide collaborative care to patients.

82% of providers are extremely and very satisfied with the care coordination provided by their HSSP

90% of providers are extremely and very satisfied with their health system pharmacists’ knowledge of medications and disease states impacting their patients

76% of providers are extremely and very satisfied with their HSSP’s ability to help improve patient adherence

**Overall, providers report a 93 percent satisfaction rating towards their HSSP and feel that an integrated specialty pharmacy adds value to the care they provide their patients.**

Shared EHR access eliminates patient care silos and allows the provider and health system specialty pharmacist to work as part of a synergistic team to improve speed-to-therapy, eliminate unnecessary transition points and reduce access and adherence barriers. In addition, the shared EHR works as an integrated communication media for all of the caregivers to get the most up to date information on medication-related issues.
While not a direct indicator of quality, high patient satisfaction is correlated with better clinical outcomes and effective care-team communication. According to a report on patient experience and health care outcomes in the New England Journal of Medicine, “Patient-reported measures not only are strongly correlated with better outcomes but also largely capture patient evaluation of care-focused communication with the health care team.”

Health systems recognize the importance and value of patient satisfaction on loyalty, positive market recognition and engagement in their care as a driver for patient choice. In fact, 54 percent of health system executives list patient satisfaction as one of their three top priorities.

Of the 354 patients surveyed by IHOC, 97 percent are satisfied with their HSSP. Patients’ satisfaction with their HSSPs stems in large part because patients are pleased with their HSSP across a variety of measures.

**HSSP engagement:**

One reason for this high satisfaction is the relationships patients form with their health care team – a differentiating factor for HSSPs. One HSSP patient noted, “It is wonderful that I have competent, caring individuals working as a team to improve my health.” When patients were asked to provide feedback on their HSSP, interactions with their HSSP staff ranked high. According to the survey, 98 percent of patients are satisfied with the helpfulness of their pharmacy staff, and 97 percent view their HSSP as having the highest level of customer service.
The patient survey results also convey that patients like personalized interactions with members of their care team. This is in part because 93 percent of patients interact with their HSSP at least once a month with many interacting considerably more, as much as once per week. While these numbers do not largely differentiate from interaction points with non-HSSPs, frequent touch-points create a strong bond between the patient and the health system as a whole. Patients report that team-based care improved their comfort in asking clarifying questions, raising concerns about their medication regimen and collaborating in developing their treatment plan. Patients rated their HSSPs ability to address questions and concerns effectively favorably.

Adherence support:
This level of coordinated care and support among HSSPs resonates strongly with patients and results in better adherence to therapy. One recent study by the CDC showed that patients working with a HSSP had an 89 percent medication adherence rate compared with 74 percent for patients filling prescriptions at specialty pharmacies outside of their health system. The support patients receive from their HSSP helps them remain on their medication longer so they can achieve the greatest outcomes from their therapy.
While survey results show that providers would like to keep patient prescriptions within the health system, specialty prescriptions are often routed to non-health system specialty pharmacies based on how manufacturer and payer networks are established. To lower costs and maximize revenue, payers and manufacturers create limited distribution networks that direct patients to preferred specialty pharmacies. These networks are in place to collect data, control supply and streamline operations. However, these networks often reduce and, in some cases, eliminate patient and provider choice for filling specialty prescriptions.

Payer and manufacturer access challenges result in providers being forced to triage their patients’ specialty pharmacy service outside of their health system’s ecosystem, making it harder for health systems and providers to control the quality of care and support their patients receive. Moving prescriptions out of the health system also results in EHR gaps, fragmented care and more confusion for the patient.

Patient and provider satisfaction survey results show that HSSPs can deftly handle patient assistance and eligibility issues as well as patient questions and care on a holistic level, resulting in faster time to treat and fewer patient complaints. These satisfaction results are important data points for payers and manufacturers to consider when deciding to include HSSPs in their networks. With HSSPs on track to become the fastest growing sites of care over the next five years, it will be incumbent on payers and manufacturers to include them as part of their channel strategy because of their unique ability to provide the highest level of coordinated, specialized patient care.

**Why provider and patient satisfaction matters**

Coordinated Care

Coordinated Care

**Why provider and patient satisfaction matters**

While survey results show that providers would like to keep patient prescriptions within the health system, specialty prescriptions are often routed to non-health system specialty pharmacies based on how manufacturer and payer networks are established. To lower costs and maximize revenue, payers and manufacturers create limited distribution networks that direct patients to preferred specialty pharmacies. These networks are in place to collect data, control supply and streamline operations. However, these networks often reduce and, in some cases, eliminate patient and provider choice for filling specialty prescriptions.

Payer and manufacturer access challenges result in providers being forced to triage their patients’ specialty pharmacy service outside of their health system’s ecosystem, making it harder for health systems and providers to control the quality of care and support their patients receive. Moving prescriptions out of the health system also results in EHR gaps, fragmented care and more confusion for the patient.

Patient and provider satisfaction survey results show that HSSPs can deftly handle patient assistance and eligibility issues as well as patient questions and care on a holistic level, resulting in faster time to treat and fewer patient complaints. These satisfaction results are important data points for payers and manufacturers to consider when deciding to include HSSPs in their networks. With HSSPs on track to become the fastest growing sites of care over the next five years, it will be incumbent on payers and manufacturers to include them as part of their channel strategy because of their unique ability to provide the highest level of coordinated, specialized patient care.

---

1. Proprietary Source.
5. Andrea B. Neiman, PhD; Todd Rupar, PhD, et al., CDC Grand Rounds: Improving Medication Adherence for Chronic Disease Management - Innovations and Opportunities, Centers for Disease Control and Prevention; November 17, 2017, accessed April 2019 at cdc.gov
Katie McMillen, PharmD, MPH  
**Senior Director, Operations, IHOC**

Dr. Katie McMillen is the senior director of IHOC operations where she oversees data integration and research projects that demonstrate the value of health system specialty pharmacies. Additionally, she facilitates initiatives for members of IHOC to achieve their key strategic goals and supports the mission of the coalition in improving patient outcomes and achieving access to specialty products.

Before IHOC, Katie served as the director of pharmacy for the oncology service line and specialty pharmacy services at Froedtert and the Medical College of Wisconsin where she was responsible for the strategic development and operational execution of three dedicated cancer centers, three community infusion sites and inpatient oncology services across the system. While at Froedtert, she developed and managed Froedtert’s URAC-accredited specialty pharmacy program. Before Froedtert, Katie worked as an operations manager at the University of Pittsburgh Medical Center where she also completed a two-year health care administration residency.

She earned a PharmD and MPH with an emphasis in pharmacy administration from the University of Pittsburgh.

---

Richard F. Demers, RPh, MS, FASHP  
**Chief Administrative Officer, Ambulatory Pharmacy Services, University of Pennsylvania Health System**

As the chief pharmacy executive, Richard Demers is responsible for all ambulatory pharmacy services across the health system which includes infusion, retail and specialty pharmacy services. He directs all ambulatory pharmacy services across six hospitals, nine retail pharmacies and three infusion satellites in the health system. While chief administrative officer, the department of pharmacy received a “Best Practices Award” from ASHP in 2013 recognizing the professional practice model developed at HUP.

Richard is recognized as a Fellow of the American Society of Health System Pharmacists (ASHP). He has served as the president of the Pennsylvania Society of Health System Pharmacists. He is currently the president-elect of the Pennsylvania Pharmacists Association.

He earned his BS at Northeastern University, an MS in hospital pharmacy from The Ohio State University and his residency in hospital pharmacy from OSU Hospitals. After completing his postgraduate training, Rick served as assistant director of pharmacy at OSUH for four years. He then practiced as director of pharmacy at Exeter Hospital in Exeter, New Hampshire.
About IHOC

The Integrated Health Systems Outcomes Coalition (IHOC) is committed to supporting and improving the access, value and delivery of quality care for patients receiving specialty medications through a unique partnership between health systems, manufacturers, payers and supply chain partners. IHOC, an independent LLC created by AmerisourceBergen, is using actionable data to demonstrate the value of coordinated patient care services provided by the health system specialty pharmacy.

Visit ihocnetwork.com to learn more.