

# Impact of a Health System Specialty Pharmacy on Patient Engagement and Clinical Outcomes Post-Transition of Management

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## BACKGROUND

- Specialty medications are complex therapies with stringent requirements for access, on-treatment safety monitoring, and optimization to achieve therapeutic outcomes.
- The specialty medication market's rapid expansion currently outpaces medication access and care coordination, leading many health systems to establish specialty pharmacies to address this growing care gap.
- With the health system specialty pharmacy (HSSP) model, pharmacists are integrated within health systems where they can access electronic health records (EHRs) and work closely with providers to provide comprehensive, patient-centered care leading to better clinical outcomes and financial benefits to patients, payers, and the health system.<sup>1</sup>
- The Routine Assessment of Patient Index Data 3 (RAPID3) is a validated patient-reported outcome measure survey recommended by the American College of Rheumatology to assess disease activity and quality of life for patients with rheumatoid arthritis (RA).<sup>2</sup>
- The hemoglobin A1c test estimates a patient's average blood glucose over the previous three months.<sup>3</sup> For patients with type 2 diabetes, a 1% reduction in A1c equates to a diabetes-related total healthcare cost savings of \$736 per year.<sup>4</sup>

## OBJECTIVES

- To quantify a HSSP's impact on patient engagement and clinical outcomes
- To identify best practices for HSSPs in designing an effective specialty pharmacy program

## METHODS

### Study Design

Single center, retrospective, descriptive analysis evaluating pharmacy growth and clinical outcomes post-transition of HSSP management

Risk Stratification Criteria for Patients with Diabetes Mellitus (DM)

High Risk	Low Risk
<ul style="list-style-type: none"> <li>A1c <math>\geq</math> 10</li> <li>Received proactive, high-touch clinical education and support from pharmacists</li> <li>Graduated to low risk when A1c &lt; 8</li> </ul>	<ul style="list-style-type: none"> <li>A1c &lt; 10</li> <li>Received personalized clinical support and education from HSSP staff</li> </ul>

### Setting

United Health Services Hospital, Binghamton, NY

### Study Period

From October 2022, when HSSP transition of management occurred, to January 2023

### Data Collection and Endpoints

- Total active patients by month: patients being clinically managed by HSSP team
- Total dispensed therapies by month: therapies being filled at HSSP
- Monthly financial assistance awarded
- A1c: change from baseline to most recent in which at least three months had elapsed
- RAPID3: collection rate of RAPID3

### Analyses

Descriptive statistics were utilized to analyze endpoints. All data was pulled from a series of clinical and operational dashboards that provide a comprehensive overview of a given key metric or outcome.

## RESULTS

Figure 1: Total Active Patients



Figure 2: Total Dispensed Therapies



Figure 3: A1c Reduction by Risk Stratification

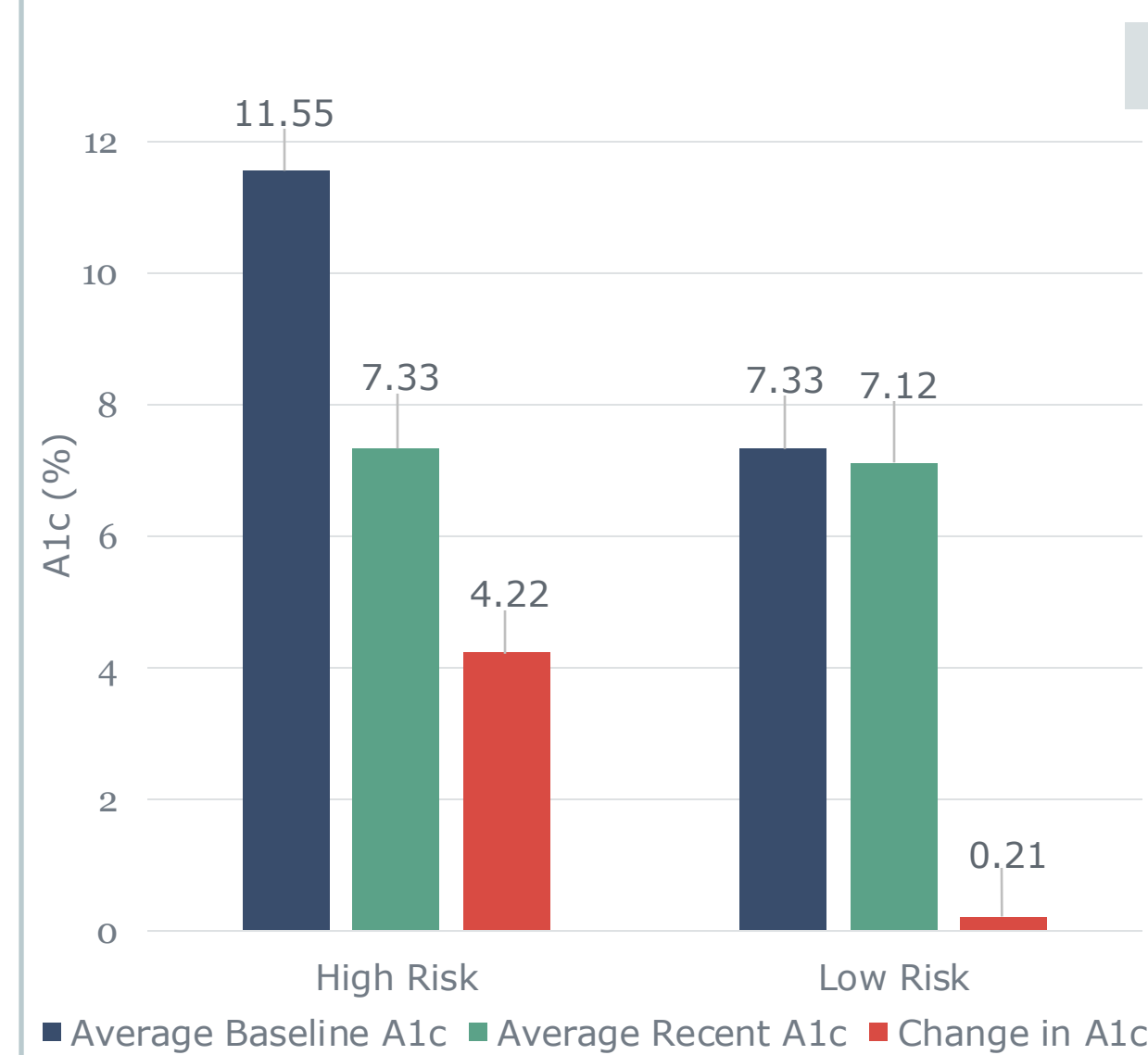


Figure 4: Risk Improvement

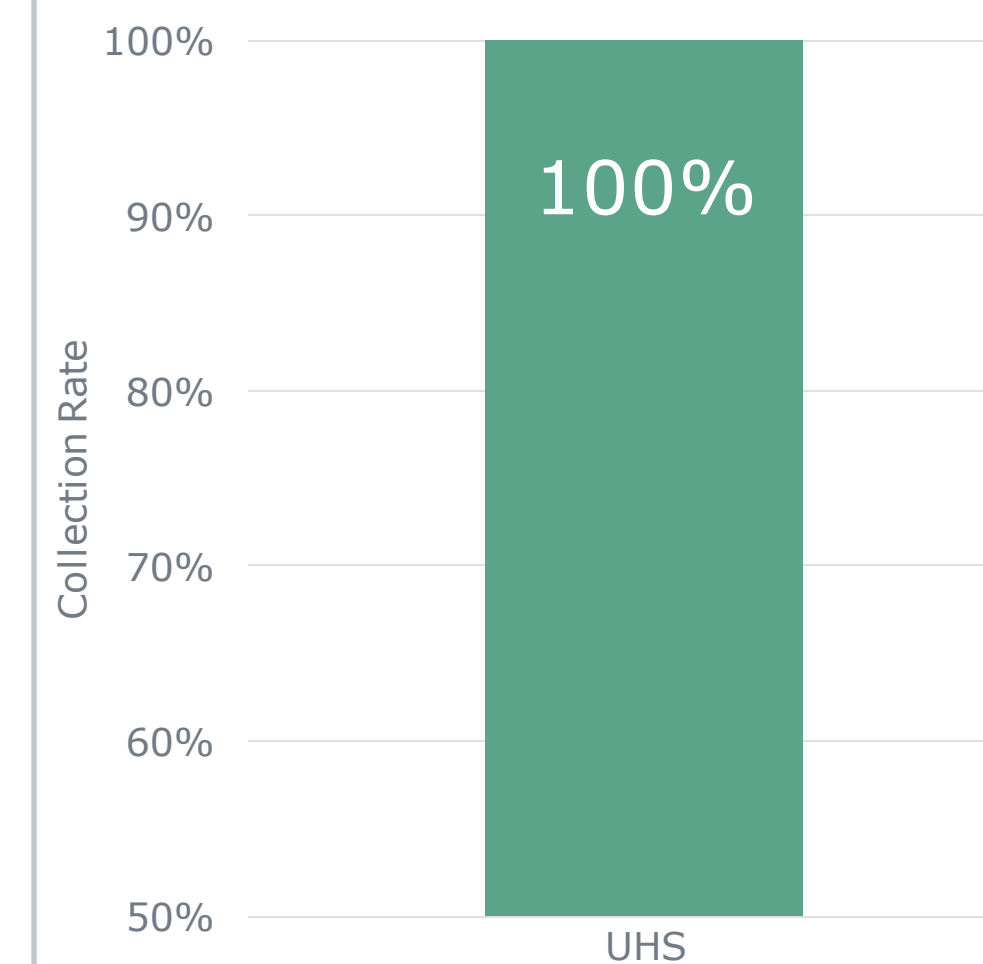
Average Baseline A1c	11.55
Average Recent A1c	7.33
Change in A1c	4.22

100% of high-risk patients graduated to low risk after enrollment into HSSP services

Figure 5: RAPID3 Collection Rate

Patients actively enrolled in HSSP services who have a RAPID3 assessment collected and documented.

Time: October 2022 – January 2023



### For the study period:

- Total active patients and specialty prescriptions grew by 41.8% and 26.8%, respectively
- The HSSP secured over \$6.1 million in financial assistance for patients
- Pharmacists collected RAPID3 scores for 100% of eligible patients with RA to assess and monitor disease activity
- For patients with DM:
  - 100% of patients that met high-risk criteria graduated to low risk
  - The average A1c reduction for high-risk patients was 4.22

## CONCLUSIONS

### Identifying Best Practices

- Pharmacist integration within the health system
- Utilization of advanced technology for data collection
- Medication access support including financial assistance
- Benchmarking and monitoring of clinical outcomes

### Improving Outcomes

- Continuous monitoring of clinical outcomes
- Utilization of a systematic approach to identify patients not at goal for a particular outcome
- Identification of opportunities for improvement via clinical dashboards

### Future Direction

- Implement pharmacist-led transitions of care program
- Grow patient base by expanding into other disease states and clinics
- Seek opportunities to grow payor access network
- Expand services to patients with payor and limited distribution drug access barriers

## DISCUSSION

- HSSPs enhance the patient experience and improve medication access and clinical outcomes.
- Health systems can optimize HSSP growth and results with a care model that integrates pharmacists and leverages advanced, EHR-integrated technology to support patient management and reporting.
- Identifying best practices for HSSPs helps to drive changes and facilitate health system growth.

## REFERENCES

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