Strategies to Expand Value-Based

PHARMACIST-PROVIDED CARE

Action Guide

for Community Pharmacists, Healthcare Payers and Other Stakeholders

Dear Colleagues:

The U.S. healthcare system continues shifting to value-based care with a focus on efficient, coordinated care that meets the needs of patients. Aligned with this shift, community pharmacy practice is transforming from product reimbursement and fee-for-service models to pay-for-performance models in which quality, value, and patient outcomes are measured and incentivized.

This care delivery transformation provides pharmacies and pharmacists expanding opportunities to partner with payers and other healthcare stakeholders in delivering essential, high-quality and cost-effective care.

Pharmacist-provided care is value-based care, where outcomes — including medication adherence, clinical status and patient satisfaction — can be tracked and measured. Pharmacist-provided care can transform the pharmacist's role in healthcare from a medication dispenser to an indispensable clinical care team member. From medication synchronization to diverse clinical services, pharmacist-provided care is the future of pharmacy and patient-centered healthcare.

Pharmacists and payers share the same goal. Both want to improve patient outcomes. Now is the time for pharmacies and payers to align their efforts and develop sustainable partnerships that are mutually beneficial and advance high-quality patient care.

This guide contains actions that pharmacists and payers can take to foster the adoption of pharmacist-provided care and help patients live healthier, longer lives. There are 15 recommended actions: five for pharmacists, five for payers and five for pharmacists and payers to pursue together. The actions are shaped by an industry survey of more than 50 community pharmacy chain organizations, pharmacists, healthcare payers, and technology vendors and a multi-stakeholder roundtable convened by the Pharmacy Quality Alliance (PQA). Along with additional resources, this guide is also available online at PQAalliance.org.

The goal of this action guide is to spark conversation and collaboration between community pharmacy organizations and healthcare payers. As a leading actor and stakeholder in our nation's healthcare system, we encourage you read the report and engage your colleagues within and beyond your organization. From the frontlines to the boardroom and from clinical practice to research and policy, your ideas, commitment and effort are the key to expanding value-based pharmacist-provided care.

As your partner, PQA is proud to provide this guide to support collaboration across the healthcare system to expand the adoption of pharmacist-provided care in our shared quest for high-value care.

Laura Cranston, RPh
Chief Executive Officer

PQA
Pharmacy Quality Alliance

Strategies to Expand Value-Based Pharmacist-Provided Care

Action Guide for Community Pharmacists, Healthcare Payers and Other Stakeholders

Pharmacists are the clinicians most accessible to patients and are uniquely positioned to provide clinical care that effectively engages patients in medication management and chronic disease management. Centered on patient engagement, pharmacists deliver high-quality, affordable care in accessible community settings that improve patient outcomes. The pharmacist-provided care includes the collection of patient information, assessment of patients, the identification of intervention opportunities, the proactive engagement of patients in services such as medication synchronization, medication therapy management, immunizations, point-of-care testing, chronic disease management, and appropriate follow-up for monitoring and evaluation.[1]

VALUE-BASED PHARMACIST-PROVIDED CARE

Pharmacist-provided care serves the needs of patients, payers and other healthcare stakeholders. It is a value-based care model, where outcomes, including medication adherence, clinical status — such as blood pressure or hemoglobin A1C levels — and patient satisfaction, can be tracked and measured. As our healthcare system transitions from fee-for-service to value-based care, pharmacists have expanded opportunities to sustainably partner with payers and other healthcare stakeholders in delivering essential, cost-effective care.

> Pharmacist-provided care can transform the pharmacist's role in healthcare from a medication dispenser to an indispensable clinical care team member. From medication synchronization to diverse clinical services, pharmacist-provided care is the future of pharmacy practice and patient-centered healthcare.

AN EXPANDED MODEL OF CARE

Medication synchronization is a community pharmacy-based service that simplifies the prescription refill process by enabling patients to pick up all their medications in a convenient, single visit. Medication synchronization can improve medication adherence and create opportunities for expanding patient care in the pharmacy to improve patient outcomes in complex chronic diseases.[2,3] Today, pharmacists are estimated to provide medication synchronization services to more than 3.5 million patients in the United States.[2] Two-thirds of Medicare beneficiaries have comorbid chronic conditions and more than 40 percent of Americans over the age of 65 report having taken five or more medications in the past 30 days.[4,5] Many of these patients would benefit from medication synchronization. The enrollment of fee-for-service Medicare beneficiaries in a medication synchronization program has been associated with improved adherence and reductions in healthcare utilization.[2]

Medication synchronization is frequently implemented as part of a holistic approach to patient care with regular engagement between the pharmacist or pharmacy staff and the patient before, during and after prescription pick-up times.[3] A departure from transactional prescription fulfillment, this operating model empowers community pharmacy chain organizations to expand pharmacist-provided care to meet the needs of patients, payers and other healthcare stakeholders.

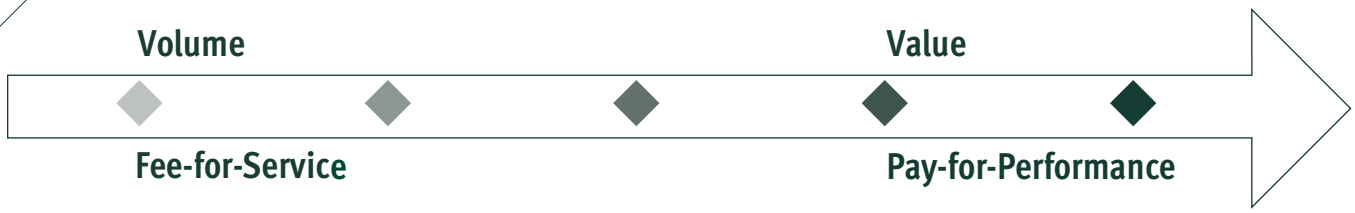
A Call to Action

This guide contains actions that pharmacists and payers can take to foster the adoption of pharmacist-provided care and help patients live healthier, longer lives. There are 15 recommended actions: five for pharmacists, five for payers and five for pharmacists and payers to pursue together. The actions are based on surveys of pharmacists, payers, and technology vendors — along with a roundtable convened by the Pharmacy Quality Alliance (PQA), the "Sync-to-Serve Task Force." Individual pharmacy chain organizations, pharmacists and payers can consider undertaking one or more of these actions as they deem appropriate for their circumstances.

In addition to actions, the report contains real-world examples of successes and challenges of implemented pharmacist-provided care programs. Valuable insights on trends in pharmacy practice and details on the surveys and roundtable are also included to support the recommended actions. PQA is a neutral convener prepared to support the collaboration of stakeholders and welcomes feedback on the recommended actions as it continues work to expand awareness and support adoption of pharmacist-provided care.

Trends

Five key trends in the industry and practice emerged in the survey responses from community pharmacists, payers and technology vendors. The trends are reflective of healthcare in transition from fee-for-service and a volume-basis to pay-for-performance and a value-basis. The following trends are foundational to the recommended actions of this guide and offer additional context for those recommendations.



Transformation

The practice of community pharmacy is transforming from a foundation in product reimbursement and fee-for-service models, to pharmacy pay-for-performance and models in which quality and value are measured and incentivized. The transition to these emerging payment models includes incentives for improving health outcomes, enhancing patient experience and reducing the total cost of care for patients, payers, providers, and the healthcare system. Healthcare payers are changing their existing relationships with community pharmacy partners to develop clinical programming in chronic disease states such as hypertension, dyslipidemia, diabetes, asthma, mental and behavioral health, cardiovascular disease (e.g. congestive heart failure, coronary artery disease, stroke), and pain management and opioid use.

Data

Standardization in data utilization, provider system interoperability and accessibility, management of the increasing volumes of data and limitations to the actionability of the information are only a few of the broad data challenges. Pharmacy organizations and payers encounter these challenges in the improvement of medication adherence, health outcomes, operational efficiencies and business results. Pharmacies are also burdened by the testing of scalability, predictability and measurability of new solutions prior to widespread implementation. Additionally, payers are encountering inefficiencies when having to creatively solve for individual integration issues. The channels to support the exchange, flow and integrity of data among pharmacists, payers, providers, and patients exist, but need to be further developed before broader marketplace adoption can take place.

Outcomes

The organization of value-based pharmacy networks and the use of pay-for-performance models for pharmacies has grown rapidly over the last five years in a market increasingly focused on value and outcomes. The ongoing transition of care and reimbursement to a value basis is shifting the focus of pharmacists and payers to outcomes and activities to achieve those outcomes. Pharmacists and payers have begun to collaborate in the identification of shared outcomes and development of clinical programming, value initiatives, and performance incentives. A focus on outcomes and the vertical integration of performance measure sets is predicted to support this alignment such that value extends into both the pharmacy benefit and the medical benefit through optimizing treatment outcomes.

Alignment

Pharmacists and payers are committing resources to improve care through a variety of strategies, including patient and pharmacist education; technology vendor partnerships; data analytics; enhanced services program development; and business intelligence support. The desired outcomes, goals, metrics, and incentives are often misaligned between pharmacists, payers, providers, and patients. As a result, business operations, financial, and clinical strategies within an organization are also misaligned with those external to the organization relating to managed care, health systems and community pharmacies.

Collaboration

Collaborations between community pharmacists, healthcare payers, technology vendors and other stakeholders are becoming more critical in a market, industry and practice that continues to consolidate, vertically integrate and expand. The long-term viability and successful implementation of partnerships has become increasingly dependent upon the right people establishing trust and transparency, focusing on meaningful shared goals, establishing longitudinal relationships, sharing risk and coordinating successful implementations. Collaboration is the common element in the solutions and strategies to achieve the shared goals in value-based reimbursement arrangements and aligned clinical, humanistic and financial outcomes. Organizations acting as a neutral convener have emerged as a key element for success in early collaborations.

Healthcare Payers

Healthcare payers, including health plans and insurance companies, can consider taking five actions to strengthen partnerships with pharmacists to deliver value-based pharmacist-provided care that improve patient outcomes. The perspectives of the pharmacists and payers participating in an industry survey and multi-stakeholder roundtable are the basis for these recommendations.

PAYERS: ACTIONS TO EXPAND PHARMACIST-PROVIDED CARE

1 Form risk sharing partnerships with community pharmacies in a sustainable way to deliver patient care.

Healthcare payer organizations can partner with community pharmacies in value-based, risk sharing partnerships that reward pharmacists for providing evidence-based clinical care that improves patient health and reduces the burden of chronic disease. When successful, these partnerships can provide models of financially sustainable, pharmacist-provided patient care that can be replicated throughout the healthcare system. Increased payer support of these patient care services will accelerate pharmacists' progressive transformation to value-based care and the ability of pharmacy organizations to meet the needs of patients and payers.

Partnering to Close Medication Adherence Gaps

A national payer engaged a regional pharmacy to improve patient adherence to medications that impact plan performance on Medicare Part D Star measures. The arrangement featured shared risks and investments. The plan depended on the pharmacists to close adherence gaps and the pharmacy invested in patient-centered medication management services. The pharmacist was paid a performance bonus for each plan member who achieved the adherence goal.

Source: Sync-to-Serve Survey Responses

2 Implement hybrid reimbursement models with pharmacists that combine fee-for-service with value-based care.

Sustainable partnerships with payers in the provision of pharmacist-provided care provides pharmacists with the opportunity to diversify and strengthen revenue streams in today's competitive healthcare market. Building on and separate from dispensing services, a combination of fee-for-service and pay-for-performance arrangements can help pharmacy organizations sustainably transition to a value-based business model. These arrangements have shown promise in some Medicare Part D programs, specialty pharmacies and chronic care management programs.

Hybrid Reimbursement for Medication Synchronization

A national payer and pharmacy organization implemented a hybrid reimbursement model to leverage the benefits of medication synchronization. The payer shared data with the pharmacy organization to identify a small group of high-risk patients and paid the pharmacist an enrollment and monthly fee per member to maintain a patient's participation in a medication synchronization program. The payer paid for supporting care, such as immunizations and medication therapy management. Additionally, the pharmacist received a performance-related bonus when shared outcomes goals, such as medication adherence, were achieved. Technology platforms provided capabilities for patient prioritization, care management, documentation, and data sharing. Payments to the pharmacist were made through these platforms.

Source: Sync-to-Serve Survey Responses

3 Establish a system-wide infrastructure to support value-based contracts.

A well-designed, system-wide infrastructure for tracking the progress of pharmacists and pharmacy organizations and reimbursing them in pay-for-performance agreements with payers is needed to accelerate adoption of value-based service models. An infrastructure focused on quality metrics, pharmacist performance goals and patient outcomes will align the needs of pharmacists and payers and foster greater care quality and efficiency. Furthermore, a system-wide model that is secure, transparent and interoperable will support consistent care across patient populations and enable the broader use of value-based contracts.

Healthcare Payers

4 Improve data sharing to enhance pharmacists' role in outcomes-based healthcare.

The channels to share data between payers and pharmacists exist, but shared investment and collaboration is required to leverage them and optimize patient care and outcomes. Linking pharmacy data with other clinical care data and payer claims data through improved infrastructure and sharing agreements will position pharmacists to play a greater role in outcomes-based healthcare. Collaborations and joint investments among pharmacists, payers and technology vendors can improve access to and utilization of standardized healthcare data to inform patient care. By integrating pharmacy data with other clinical data, including diagnoses, procedures, screenings and laboratory results, pharmacists can be positioned to provide patient care that is more holistically evaluated for its impact on patient outcomes.

Data Exchange Channels Exist

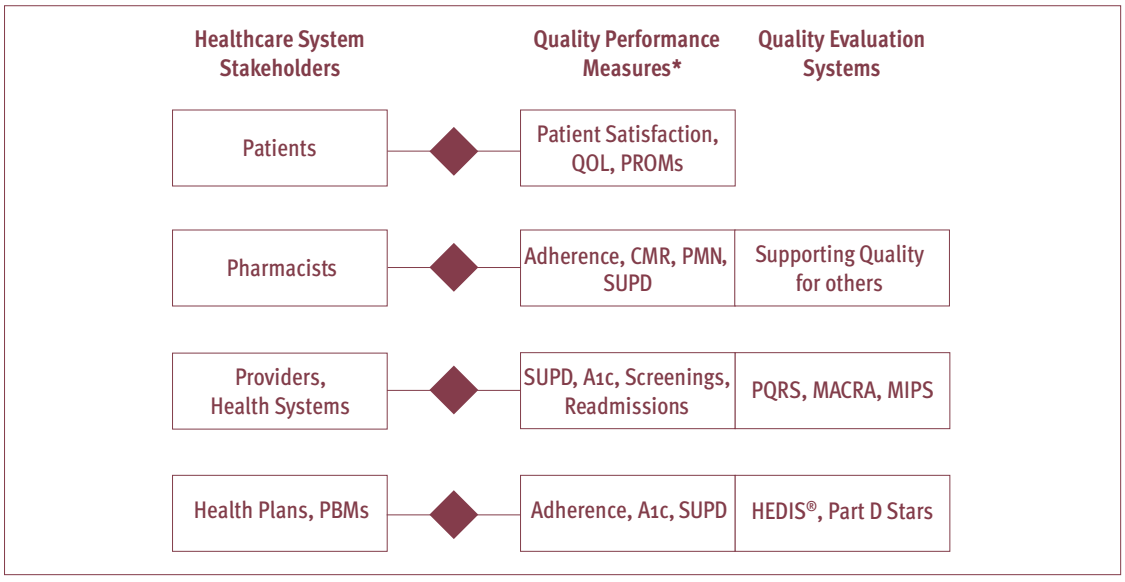
Payer and pharmacist collaborations have made lab or biometric data, such as hemoglobin A1C values for patients with diabetes, available to front line pharmacists. By knowing their patients' A1C level, according to industry guidelines and endorsed performance measures, pharmacists can assess which patients need pharmacist-provided care such as additional education and resources to achieve a normal A1C level.

Source: Sync-to-Serve Survey Responses

5 Use outcomes-based quality performance measure sets to align pharmacy services in vertically-integrated clinical care.

Vertical integration in healthcare can create efficiencies and provide higher-value care, but its success depends on aligning efforts and quality improvement across the care continuum. The development of outcomes-based performance measures and their use with structural and process measures as part of vertically-integrated measure sets will provide pharmacists opportunities to further demonstrate their value in team-based care, as the clinicians most accessible to patients. In a healthcare system that is becoming increasingly vertically integrated, health plans, pharmacy benefit managers (PBMs), pharmacists and other clinical care providers and patients all have a role to play in the delivery of team-based, high-quality care.

Figure 1: A Model for Vertical Integration in the Delivery of High Quality Diabetes Care



*Not limited to the listed Quality Performance Measures examples

QOL: Quality of Life; PROMs: Patient Reported Outcomes Measures; Adherence: Proportion Days Covered (PDC) to oral anti-diabetic medications, SUPD: Statin Use in Persons with Diabetes; CMR: Comprehensive Medication Review; PMN: Primary Medication Non-Adherence; PQRS: Physician Quality Reporting System; MACRA: Medicare Access and Chip Reauthorization Act of 2015; MIPS: Merit-based Incentive Payment System; HEDIS: Healthcare Effectiveness Data and Information Set; Part D Stars: Medicare Part D Star Ratings System

Community Pharmacists

Community pharmacists can consider taking five actions to advance pharmacist-provided care through standardizing services and supporting education, advocacy and marketing. The perspectives of the pharmacists and payers participating in an industry survey and multi-stakeholder roundtable are the basis for these recommendations.

PHARMACIES: ACTIONS TO EXPAND PHARMACIST-PROVIDED CARE

1 Implement a pharmacy operating model focused on pharmacist-provided care.

Pharmacy operating models that center on patient engagement best position pharmacists to offer clinically relevant and financially sustainable pharmacist-provided care, as the marketplace shifts to value-based care. Medication synchronization, when implemented as part of a holistic approach to patient care, is an effective and proven foundation for transitioning to a pharmacist-provided care model. However, the use of volume-based prescription fulfillment and reimbursement models limits the expansion of pharmacist-provided care. This threatens pharmacists' position as valuable clinical care team members, who serve the needs of patients, purchasers and payers and demonstrably improve outcomes.

Value-Based Payment in Pharmacy Practice

Pharmacists and their research partners, who have been early adopters of value-based, pharmacist-provided care models, say the transition has:

- established new partnerships with payers, employers and other clinicians;
- improved medication adherence and clinical outcomes in complex chronic diseases;
- increased patient participation in preventive health services, such as immunizations;
- improved performance on quality measures; and
- decreased total cost of care and patient utilization of care.

Source: Sync-to-Serve Survey Responses

2 Train frontline pharmacists to successfully transition to a pharmacist-provided care model.

Many frontline pharmacists are not confident they have the education and resources to successfully transition to a pharmacist-provided care model.[6] To help them embrace this model, pharmacist employers should provide training programs that keep clinical skills current, explain new reimbursement processes and outline processes to overcome information technology and data access issues necessary for evaluating and caring for patients. Trainings should ensure pharmacists understand the quality measures by which health plans are evaluated and the implications for pharmacist-provided care delivered in partnership with payers.

Training and Reimbursement: The Chicken or The Egg

Pharmacy organizations are hesitant to invest in training and education to support frontline pharmacists in the transition to pharmacist-provided care models until it is clear that care will be reimbursed. At the same time, payers are hesitant to reimburse for this care until they are confident pharmacists are appropriately trained and educated. Pharmacy organizations and payers together should share risk to solve this challenge.

Source: Sync-to-Serve Survey Responses

3 Optimize efficiencies and efficacy of care delivery to allow pharmacists to be profitable while delivering valuable care.

In the shift to value-based care, pharmacists must identify a sustainable balance between the time and resources required to provide quality patient care and the reimbursement for those services. Pharmacists should partner with payers to develop efficient and effective care delivery that improve outcomes and appropriately reward pharmacists. By leveraging clinical practice guidance and standardized checklists and toolkits from credible organizations like the American Pharmacists Association, pharmacists and payers can determine which efficient and high-value care services to incentivize.

Community Pharmacists

4 Standardize patient engagement and care delivery to provide consistent clinical care and optimal outcomes across diverse patient populations.

Pharmacies organizations should standardize how pharmacists engage patients and provide clinical care, including medication synchronization, medication therapy management, medication optimization and other services and interventions. This standardization should occur within and across chains of pharmacies. A consistent care process across pharmacies at a fundamental level will provide patients and payers with positive, predictable and reliable care experiences with optimal outcomes without inhibiting innovation or problem solving.

5 Educate stakeholders about pharmacists as essential, effective and accountable care providers.

Pharmacies, pharmacists and the professional and trade associations that represent them should expand efforts to promote community pharmacies as essential and effective settings for patient care. Backed by a growing set of case studies and data that demonstrate the value of pharmacist-provided care, stakeholders throughout healthcare can benefit from care delivery partnerships with pharmacists, including:

- insurers and other payers pursuing high-quality, low-cost care;
- other clinicians and providers seeking effective team-based and accountable care partnerships;
- employers and other health care purchasers designing care benefits;
- patient and caregiver organizations seeking patient-centered services; and
- foundations and advocates focused on accessible, affordable care.

Pharmacist-Provided Care as a Total Cost of Care Solution

A pharmacy chain connected with employers, providers and payers to educate each stakeholder group on the role pharmacists could play on the clinical care team. These education efforts led to the establishment of agreements between providers, payers, and employers in which pharmacists provided care to lower the total cost of care for patients and employers. Payers targeted patients and selected high-performing network pharmacies to deliver pharmacist-provided care. Pharmacists provided patient-centered disease state management care and used telepharmacy to address the needs of rural patients. The pharmacies were evaluated on their performance and contribution to lowering the patients' total cost of care compared to the previous year.

Source: Sync-to-Serve Survey Responses

ACCESS THIS ACTION GUIDE AND SUPPORTING RESOURCES ONLINE AT

www.PQAalliance.org/pharmacist-provided-care

Pharmacists and Payers Together

Pharmacists and payers together can consider taking five actions to develop and implement scalable pharmacist-provided care models. The perspectives of the pharmacists and payers participating in an industry survey and multi-stakeholder roundtable are the basis for these recommendations.

PHARMACIES AND PAYERS TOGETHER: ACTIONS TO EXPAND PHARMACIST-PROVIDED CARE

1 Identify clinical areas to expand the use and demonstrate the value of pharmacist-provided care.

Pharmacists and payers should identify areas where patient-centered, pharmacist-provided care can be used more broadly to improve patient outcomes. From addressing medication and immunization gaps to managing chronic conditions or promoting smoking cessation, there are numerous clinical areas ripe for improvement initiatives that can demonstrate the value of pharmacist-provided care. In identifying and developing care programs, pharmacies and payers should establish: clear goals; program responsibilities; implementation requirements; and appropriate reporting, measurement, incentives and reimbursement. The programs developed and validated through pilot initiatives can inform the refinement of best practices, accreditation standards and clinical care guidelines.

Pharmacist-Provided Care in Additional Clinical Areas and Disease States

A regional payer and pharmacy chain established shared risk in delivering pharmacist-provided care to improve the medication adherence of patients with asthma. The pharmacy was paid an enrollment and monthly per member fee to maintain a patient's participation in a medication synchronization program. A performance bonus payment was made for each plan member who achieved the mutually agreed adherence goal. Other priority disease states under consideration by the payer and pharmacist include:

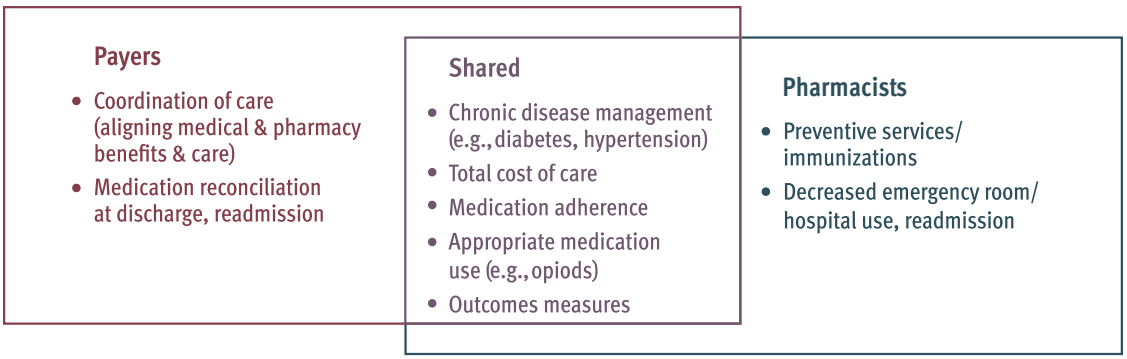
- mental and behavioral health;
- cardiovascular disease (e.g., congestive heart failure, coronary artery disease, stroke); and
- pain management and opioid use.

Source: Sync-to-Serve Survey Responses, Sync-to-Serve Task Force Discussion & Activities

2 Identify shared patient outcomes and goals for pharmacists and payers.

Pharmacists and payers together should identify shared goals for patient outcomes. Shared goals will facilitate the development of specific care programs, clear metrics for evaluating care and appropriate incentives and reimbursement for care. Chronic disease management, for example, is a growing area of clinical need, where pharmacist-provided care can improve quality of life and reduce healthcare costs. Goals for patient populations should be similar across payers to support pharmacists in the standardization of patient engagement for different segments of the populations. Pharmacists and payers can jointly determine which interventions are most valuable for the payer's patient population and how use should be measured and compensated. See Figure 2 for prospective outcomes goals. Neutral organizations, such as multi-stakeholder quality organizations, can assist in the identification of shared outcomes by convening public and private payers, pharmacists and other stakeholders to achieve consensus. These organizations can also help resolve data reporting issues similar to those outlined below.

Figure 2: Shared Outcomes and Goals of Pharmacists and Payers



Source: Sync-to-Serve Task Force Discussion & Activities

Pharmacists and Payers Together

The Collaboration Opportunity in Point-of-Care Testing

Pharmacist-provided point-of-care testing can be aligned with the delivery and quality measurement of clinical care for many diseases and conditions. However, pharmacy point-of-care data is not currently accepted in HEDIS® reporting requirements. The exclusion of this relevant, clinical data limits payers' ability to understand and value a pharmacist's contribution to payers' achievement of HEDIS® measures. Pharmacists can accurately and effectively perform point-of-care tests, such as A1C tests, which is why payers would like to use this data in HEDIS® reporting. With appropriate compensation, pharmacists are ready to provide these tests as part of patient care.

Source: Task Force Discussion & Activities

3 Align strategies among pharmacists and payers to integrate the value of pharmacist-provided care.

Clinical, operational and payment strategies need to be aligned among pharmacists and payers spanning Medicare, Medicaid and commercial plans. This alignment will allow pharmacist-provided care models to match the care requirements and goals of diverse payers. Vertical alignment also may address some of the legal, regulatory and contractual barriers that prevent the greater use of pharmacist-provided care.

4 Implement pharmacist-provided care in all community pharmacies.

With increasing emphasis throughout healthcare on patient outcomes and paying for value, pharmacist-provided care is a sustainable and effective model that moves beyond fee-for-service to value-based care. It should be implemented in all community pharmacies. Pharmacists and payers should begin by identifying the shared patient populations who would most benefit from pharmacist-provided care. Implementation should be expanded in unison with the payment for care to ensure the sustainability of clinical programs. Patient engagement in pharmacist-provided care offers pharmacists a way to provide useful, cost-effective care that meets the needs of payers and patients; especially high-risk patients with multiple chronic conditions taking multiple medications. Payers should coordinate the promotion of pharmacist provided care with pharmacies to prevent patient confusion of available programs and further enable this patient engagement. The sharing of risk between pharmacists and payers is essential to support the delivery of pharmacist-provided care through pharmacies in socio-economically challenged areas.

5 Prioritize patients to receive pharmacist-provided care across all payers.

High-risk and vulnerable patients benefit the most from pharmacist-provided care. To improve population health and lower overall healthcare spending, the highest-risk and most vulnerable patients should be prioritized for pharmacist-provided care, regardless of payer. Pharmacists and payers should collaborate to identify, prioritize, engage and care for these patients. Pharmacies and payers must improve information sharing to prioritize patients, establish reasonable performance expectations, and ensure appropriate pharmacy staffing and resources. By prioritizing patients based on their needs, pharmacist-provided care can support the best individual and population health outcomes, regardless of payer. Prioritizing and caring for high-risk patients in a multi-payer environment requires consideration of these issues, when establishing contract terms and benchmarks.

Challenges and Recommended Solutions for Priority Patients

Pharmacy A receives a list of 10 priority patients from Payer 1, a list of 10 priority patients from Payer 2, and a list of 10 priority patients from Payer 3. The Pharmacist at Pharmacy A now has 30 priority patients, but only 15 priority patients can receive an intervention on a single day based on the current staffing and resourcing capacity of Pharmacy A. Partnerships between pharmacies and payers with the following elements are required to enable pharmacists to provide care to all 30 priority patients and meet the benchmarks of all three plans:

- Improved sharing of patient information to facilitate prioritization by pharmacists
- Reasonable performance expectations from payers
- Appropriate staffing resources available in pharmacies to meet the needs of the contracted populations

Source: Sync-to-Serve Survey Responses

PROJECT DESCRIPTION

The recommendations of this action guide were based on the results of two project phases: 1) completing an intel gathering survey and tour, and 2), convening an industry task force.

SYNC-TO-SERVE SURVEY (PHASE 1)

PQA surveyed the representatives of more than 50 community pharmacy organizations, pharmacists, healthcare payers, and technology vendors to define and understand industry-wide practices and trends as they relate to pharmacist-provided care, medication synchronization, the appointment-based model, value-based pharmacy networks, pharmacy pay-for-performance, and pharmacy performance tracking.

SYNC-TO-SERVE INDUSTRY TASK FORCE (PHASE 2)

PQA convened more than 25 industry experts to broadly discuss the successes and opportunities in the relationships and collaborations between community pharmacies and healthcare payers and the information gathered in Phase 1 of the report.

PQA thanks the many quality stakeholders who participated in the survey process and Task Force effort. We appreciate your commitment of personal and organizational resources, wisdom, expertise, openness, and frankness in support of this project's success.

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The perspectives and opinions of this report do not necessarily represent those of the individual S2S Task Force members nor the organizations they represent.

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Appendix:

Citations

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