

Ambulatory Pharmacy OUTLOOK FOR HEALTH SYSTEMS 2018

Benchmark Data from Industry Peers

Optimizing Financial Performance

Increasing Patient Care

Leveraging the Ambulatory Pharmacy
to its Full Potential



Innovative Solutions For a Rapidly Changing Marketplace

The healthcare landscape is continually changing. Adapting is a challenge, especially in the face of slashed budgets, increased regulatory scrutiny, and expectations to do more with less.

Pharmacy Healthcare Solutions can help. We support health systems nationwide to address today's challenges and be well positioned for tomorrow.

- **Ambulatory pharmacy** – a cornerstone for concierge medications to increase medication adherence
- **Transitional care** – reduce costly readmissions
- **Specialty pharmacy** – enhance patient care while creating a significant revenue stream
- **340B compliance** – optimize savings and ensure audit-readiness
- **Pharmacy consolidation** – enhance efficiency in pharmacy processes
- **Patient assistance** – better serve patients while containing costs

Our consultants know your world well. In fact, most are former pharmacists themselves. Since no two health systems are exactly alike, our engagements are tailored to your specific needs and are scalable to expand as your requirements change.

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PHARMACY**



**TRANSITIONAL
CARE**



**SPECIALTY
PHARMACY
DEVELOPMENT**



**340B
COMPLIANCE**



**PHARMACY
CONSOLIDATION**



**PATIENT
ASSISTANCE**

Ambulatory pharmacy is quickly becoming a new strategic profit center for America's health systems – and for good reason.

The pressure is on to perform in a margin-compressed environment. Health systems everywhere are looking for new, innovative ways to reduce expenses and drive revenue. One of the greatest opportunities to advance has existed all along.

Health system ambulatory pharmacies are undergoing a fundamental transformation, becoming a reliable revenue generator for organizations that build and implement proven business strategies around them. From employee capture to specialty programs such as meds-to-beds, transitional care and ambulatory pharmacy can be the springboard to higher performance.

That is the purpose of this report and of Pharmacy Healthcare Solutions (PHS). Our vision is to be a leader in delivering patient-focused, medication-centric and outcomes-driven solutions. We're here to help drive the conversation, offer fresh insights and suggest new strategies.

You're about to get a first-hand look at what pharmacy leaders across America are doing to combat the many challenges that health systems face and the important role that ambulatory pharmacy can play in enhancing the patient experience. The goal is to not only increase health system profits, but also to improve quality of care and patient satisfaction.

On behalf of the entire PHS team, thank you to all who participated in this first-of-its-kind survey of health system ambulatory pharmacy managers and directors. We plan to conduct a follow-up survey next year, so look for our 2019 report to compare results. We would also like to thank the sponsors who helped make this publication possible, including AstraZeneca Pharmaceuticals, Shelving Design Systems, eRX Network and FDS, Inc.

By sharing these insights, this is our opportunity to help advance and elevate the profession of pharmacy. The healthcare paradigm is changing rapidly, and there has never been a better time to become a true strategic asset that supports health system goals. PHS is ready to help you lead the way.



Sincerely,

Matt Wolf
GROUP VICE PRESIDENT
PHARMACY HEALTHCARE SOLUTIONS

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Look for Pharmacy Healthcare Solutions analysis and recommendations at the end of each section.

Survey Methodology

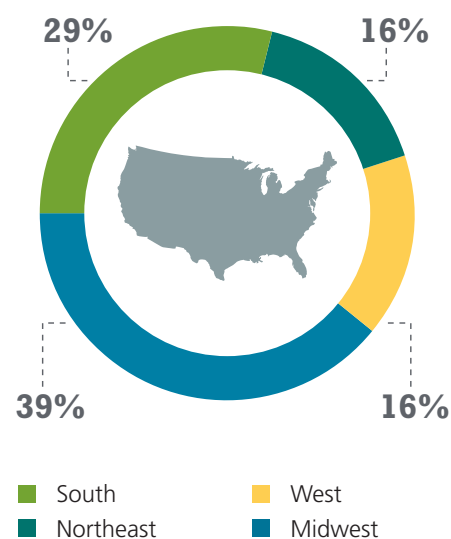
The Ambulatory Outlook for Health System Pharmacies, sponsored by Pharmacy Healthcare Solutions, provides an objective overview of health system-based ambulatory pharmacies in America today. This first-of-its-kind publication is a new source for these pharmacies to benchmark performance against peers. The foundation of this publication is a proprietary survey conducted by PHS of health system-based ambulatory pharmacy stakeholders. Respondents were asked for measurable 2017 financial and clinical metrics related to revenues and expenses by source, clinical program and technology capabilities, specialty pharmacy, and staffing levels. Data was verified for clerical accuracy, not specifically based on audited financial statements. In all, 49 ambulatory pharmacies nationwide completed the comprehensive survey.

Respondent profile

When collecting data for this distinctive publication, PHS requested input from a cross section of hospital-based ambulatory pharmacy corporate, health system and local leaders throughout the United States. Survey responses were aggregated to provide an impartial view of the industry.

The results revealed there is a continuum of successful ambulatory pharmacy practices. The pharmacies represented varied widely in bed size and discharge volume. Of particular note is that hospital-based ambulatory pharmacies are most common in non-profit hospitals, and ambulatory pharmacies often participate in the 340B program.

At PHS, helping health systems improve pharmaceutical care is our only business. We trust you will find the survey data valuable when considering your own ambulatory pharmacy strategy.



45%

Pharmacies in hospitals less than 300 beds

37%

Pharmacies in hospitals with >20,000 annual discharges

71%

Non-profit hospitals

61%

340B covered entities



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Answering the Call for Change

Ambulatory pharmacies are unique in all of healthcare. More than dispensers of medications alone, they are perfectly positioned to enhance the patient's healthcare journey. Pharmacies improve the level of patient care, foster greater satisfaction and increase health system loyalty. To achieve their potential, ambulatory pharmacies must adapt to rapid change and take a more prominent role in meeting health system business goals. The first step is to understand the changes taking place, recognize them as opportunities, and then take confident action.

Shifting perceptions: from cost center to profit center

A traditional view of the "hospital pharmacy" is a functional operation serving inpatient needs. From a financial perspective, it has traditionally been considered a cost center. As the role of pharmacy evolves and on-site ambulatory/specialty pharmacy takes a more prominent role in health system financial performance, a business opportunity is emerging. Indeed, a health system can leverage hospital-based ambulatory pharmacies as profit centers for the organization.

To succeed, the ambulatory pharmacy will require sound business planning and implementation. For pharmacy directors and managers not trained in business operations, these responsibilities can be a challenge. Managing the retail-centric demands and finances of an ambulatory pharmacy can be complex. Without the support of data analytics and reporting, pharmacy leaders lack a foundation for effective decision making. The result is missed revenue opportunities.

According to our survey results, only 30% of ambulatory pharmacies have a data analytics platform. But those that do demonstrate a clear business advantage: 40% of them were able to provide detailed financial reporting on specialty and meds-to-beds services vs. only 21% of those without a data analytics platform. For employee and charity prescriptions, the performance was even higher for those utilizing data analytics: 61% could provide detailed financial analysis for these two business segments.





At PHS, we recognize the challenges with ambulatory and specialty pharmacy. So we design programs and services that share best practices for complex initiatives such as transitional care, 340B programs, specialty pharmacy, meds-to-beds delivery and more. As a result, managers and associates (or those who want to “brush up”) can have the skills and tactics they need to fulfill the hospital or health system's pharmacy goals.

At the heart of these best practices is understanding the hierarchy of unique and critical prescription sources that an ambulatory pharmacy can pursue. **Employee prescription capture** is the foundation, followed by **meds-to-beds** and **specialty services**. Here's a closer look at each.

Keys to Specialty Success

- » Clinic alignment to cost report for 340B attainment
- » Navigator in key specialty clinics
- » Prior authorization completion and patient routing
- » Payer contracting and accreditation
- » EMR access

Building the foundation: employee pharmacy

Employee pharmacy is the baseline for supporting an ambulatory business. Employee prescriptions are a captive audience and predictable revenue stream for health systems. Every dollar spent on employee prescriptions beyond the cost of the drug itself is recycled back into the health system.

There are three keys to employee pharmacy success:

1. Increase employee participation: via HR engagement, open house events, ongoing internal marketing and co-pay incentives.
2. Drive pharmacy plan savings: via formulary management and HR plan design.
 - » Formulary management: Align your hospital contracts (“own-use”) and/or 340B contracts with a preferred custom formulary for employees.
 - » HR plan design: 1) Increase capture through incentives on co-pays and co-insurance; 2) provide 90-day prescriptions via pick-up or mail order; and 3) develop programs to manage high-risk, medication-intensive employees.
3. Contract price advantages: for 340B eligible health systems, gain more favorable gross margins for eligible employee prescriptions (non-340B systems can explore whether the Robinson Patman extension of GPO pricing applies to them).

Generating new revenue: specialty pharmacy

Ambulatory and specialty pharmacy are converging rapidly. In 2017, 729 unique pharmacy locations achieved specialty accreditation from the three major accreditation organizations—almost double the number in 2015.

Why the growing interest in specialty pharmacy among healthcare systems? The specialty pipeline continues to grow at a rapid pace, and these prescriptions typically generate much higher revenue for the pharmacy.

As health systems are under increasing pressure to improve financial performance, a specialty pharmacy can have a significant impact on profitability.

Improving patient loyalty: meds-to-beds to transitional care

The more health systems recognize patients as healthcare consumers, the more vital it is to focus on retention.

Here are the strategies that many health systems are using today to ensure they're recognized as the single source for care across the continuum.

Data connectivity and integration: Capturing the patient journey and improving communications across sites of care via electronic medical records.

White glove models: Including home delivery of medications and coordination of care via home health nursing.

Meds-to-beds programs: improving adherence, lowering readmissions:

About one in five Medicare patients (roughly 2.6 million annually)¹ are readmitted within 30 days of discharge, costing \$26 billion annually. Lack of medication adherence is a major cause of readmissions, and every patient who leaves the hospital without medications in hand is an adherence risk. Health systems can help improve adherence by offering first fills via a meds-to-beds program.

Meds-to-beds programs offer additional benefits as well. They become a bridge to transitional care and support long-term patient relationships. Introduction of these services can improve patient satisfaction scores and enable additional revenue streams.

To build your own meds-to-beds program, take these three steps:

1. Engage with health system key influencers at all levels: C-suite, case management, social workers, physicians and nursing staff.
2. Leverage your EMR and use data analytics to track high-risk patients, monitor engagement activities and measure improvement.
3. Explore technology enhancements, such as e-prescribing and bedside point-of-sale.

Pharmacy-supporting hospital managed care: Some larger health systems have at-risk contracts with health plan payers and can leverage these pharmacy services to support enhanced patient outcomes, which leads to improved financial performance.

The Future is Here!

Today's ambulatory pharmacy is transforming into a patient-centered profit center, embracing employee, meds-to-beds, and specialty opportunities to take a more impactful role in health system business strategy. The key to success is first recognizing the business opportunity — and then taking action. PHS is here to support the journey, every step of the way.

What more can you do to address today's healthcare trends? For further insights and actionable ideas, see the next section of this report for the results of our healthcare survey.

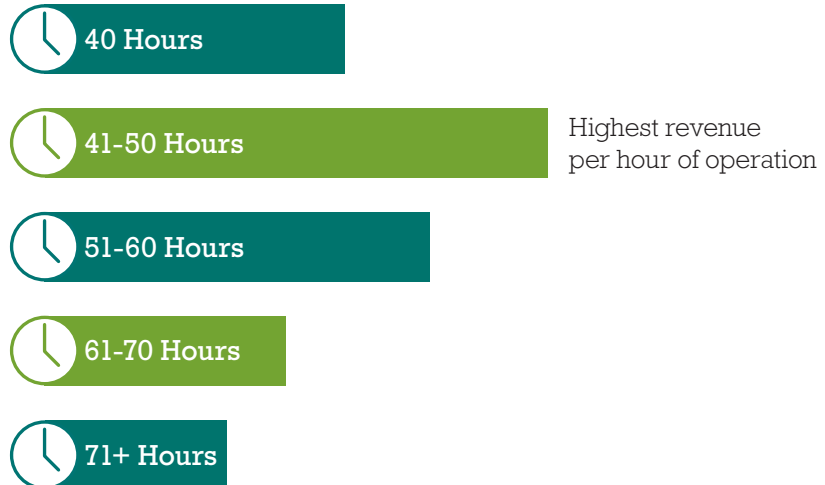
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**Survey
Responses**

Operations and Hours



Distribution of Weekly Hours of Operation



Longer hours do not lead to more profit

Survey results demonstrate that staying open longer does not correlate to higher annual revenues. In fact, the result is quite the opposite.

How long should an ambulatory pharmacy be open each day to best serve the medication needs of patients and employees? It is one of the most basic questions—and the answer may surprise you. Conventional wisdom might tell us that longer hours would lead to higher prescription volume, better service and more profits. But our survey found otherwise.

Pharmacies open longer than an average of 53 hours had:

- » 10% higher staffing costs (based on salary only, excluding benefits)
- » 35% less overall annual revenue

Pharmacies that achieved the highest revenue per hour of operation were open between 40–49 hours per week. As the number of hours open increased, the revenue per hour declined.

PHS Action Plan

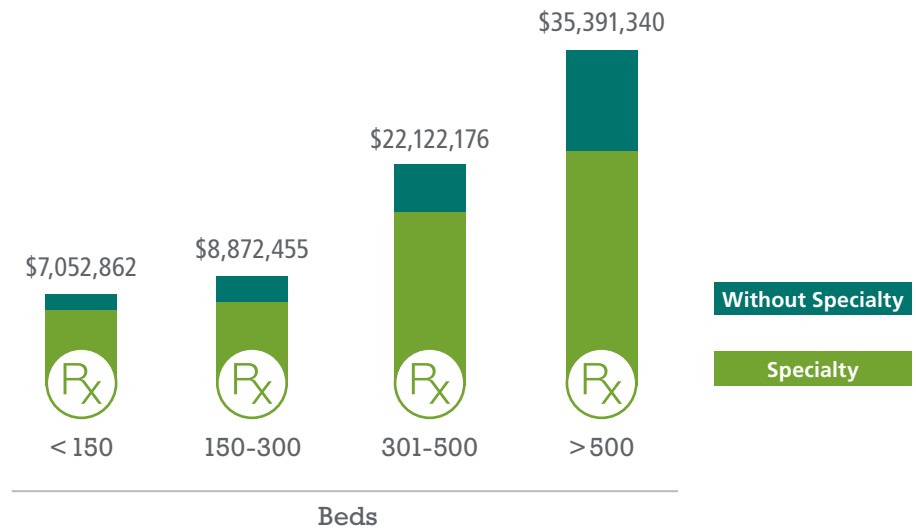
Striking a balance between service levels and patient access is critical to maintain a profitable service line. It's important to educate key stakeholders within your health system on the financial trade off of extended hours of operation.

To set your ambulatory pharmacy hours, take these steps:

- » Gather EMR data that reveals key prescription sources, such as inpatient and clinic discharges by time of day and day of week.
 - » Work with your HR team to determine shift times and number of workers by shift to ensure your ambulatory pharmacy can accommodate prescription drop off and pick up needs for second and third shift employees.
 - » Start with more limited hours of operation and expand based on business need, rather than beginning with expanded hours and then reducing them due to 1) financial underperformance and/or 2) limited prescription volume to support higher staffing levels.
-

Revenue

Average Annual Revenue (Rx and OTC Combined)



Specialty pharmacy drives highest revenue

Ambulatory pharmacies that fill specialty prescriptions have nearly three times the revenue as those that do not.

- » The annual revenue of ambulatory pharmacy (a combination of prescription and OTC medications) is positively correlated with the size of the hospital or health system. The larger the institution, the higher the revenue.
- » Those with more than 500 beds have just over five times the revenue as those under 150 beds: \$35,391,340 vs. \$7,052,862.
- » Most survey respondents do not report specialty revenue separately.

PHS Action Plan

The paradigm within health system ambulatory pharmacy is shifting rapidly with the continued growth and expansion of specialty pharmacy.

With traditional retail pharmacy, the critical success factor was increasing volume and gross margins while reducing labor per script. Today, it's striking a balance between volume and value. A health system ambulatory pharmacy cannot succeed without identifying and generating margin from high cost, high value patients and prescriptions. This is the heart of the specialty pharmacy opportunity.

As a byproduct of this model, an ambulatory pharmacy may see an overall compression on the gross margin percentage of pharmacy operations, but will drive overall higher gross margin dollars from specialty prescriptions.

As you consider a shift into specialty pharmacy, follow these steps:

- » Develop a business case that can be socialized within senior leadership. The goal is to help hospital leaders understand the financial, fulfillment and patient management complexities associated with specialty pharmacy.
 - » 340B can be a major driver of a specialty strategy. Without it, consider a “crawl, walk, run” approach by choosing therapies with lower barriers to entry around payer and product lockouts. Examples include HIV, Hepatitis C and rheumatology.
 - » Develop custom reports and analytics focused on prescription sources. This will enable pharmacy management to better track profitability and staffing, while reporting progress to senior leadership.
-



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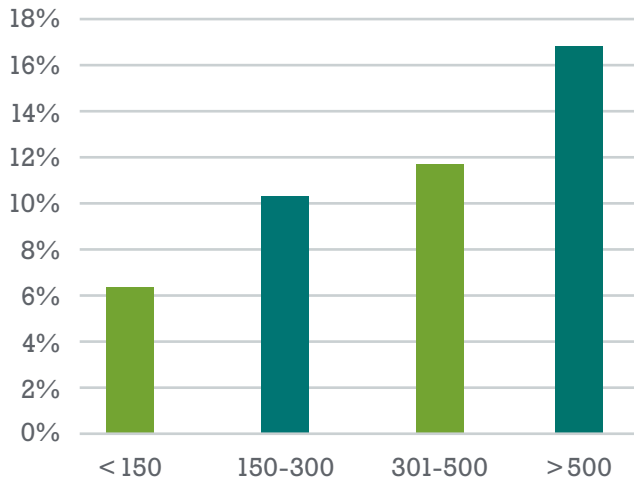
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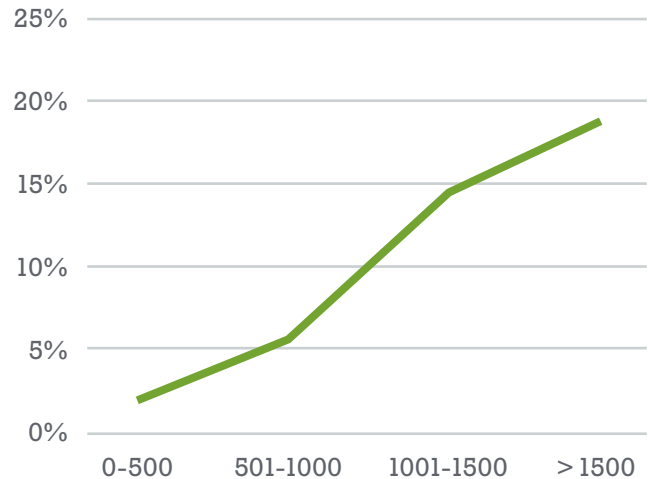
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Profitability

Net Income % by Hospital Size



Net Income % by Weekly Rx Volume



Blended revenue strategy critical to success

Ambulatory pharmacies that take advantage of diversified revenue opportunities are more profitable.

Conversely, survey respondents that do not participate in specialty, employee or meds-to-beds programs have approximately one-fourth the revenue per prescription compared to those that do. In the absence of these programs, in addition to lack of 340B and/or GPO buy side advantages, an ambulatory pharmacy's financial viability could be challenging.

Other key findings

- » Generally, employee prescriptions are filled at lower margins for three reasons:
 1. Employee plan contracts sometimes agree to mail order reimbursement.
 2. Ineligibility of 340B buy side rates.
 3. Lack of access to GPO pricing.
- » Net income increases based on hospital size nearly tripling for hospitals with more than 500 beds compared to those with less than 150.
- » Net income also increases with weekly prescription volume.

PHS Action Plan

With the continued consolidation of Pharmacy Benefit Managers (PBMs) and proliferation of direct/indirect remuneration (DIR) fees, margin compression continues to be a challenge for ambulatory pharmacies. It is critical to seek new sources of revenue, such as specialty pharmacy, meds-to-beds programs, medication therapy management (MTM) and immunizations.

- » Expand into specialty pharmacy organically by aligning with the hospital's centers of excellence—while providing the ambulatory pharmacy with reasonably open access to specialty products and payers.
 - » Educate health system leaders that while specialty drugs have a much lower gross margin percentage, they provide a much higher gross margin dollar value per prescription.
 - » For meds-to-beds programs, target high-risk, medication intense patients and units within the hospital that will provide better financial gains and clinical outcomes.
 - » Capitalize on the health system's "own-use" buy side opportunity, to reduce the cost of goods sold (COGS) for eligible prescriptions and protect already fragile margins.
-

Staffing

Operating Hours by Offering and Volume

	Average RPh FTE/Operating Hour	Average RPh Tech/Operating Hour
Total Blended	2.2	4.3
Specialty	2.4	4.1
Non-Specialty	1.8	4.7
Meds-to-Beds (Yes)	2.5	4.9
Meds-to-Beds (No)	1.3	2.3
Volume Tier		
< 1,000	1.3	2.6
1000-2000	2.5	4.0
> 2,000	3.6	8.5

Greater complexity requires more staff

Health system ambulatory pharmacy is more labor intensive than a traditional retail pharmacy.

In a health system setting, pharmacists must fill a disproportionate number of new vs. refill prescriptions and work with a higher degree of complexity in terms of patients, medications and compounding needs. In addition, services such as specialty pharmacy and meds-to-beds programs add further complexity to staffing needs.

Survey results reveal that:

- » Specialty pharmacy requires more pharmacists, but fewer pharmacy technicians.
- » Meds-to-beds programs require more pharmacists and more pharmacy technicians.
- » As prescription volume increases, staffing requirements naturally do as well.

PHS Action Plan

Establish internal productivity measures for key services areas, such as:

- » Prior authorizations
- » Prescriptions per meds-to-beds associate per shift
- » Patients approached for meds-to-bed services and corresponding "opt in" rates

Report on financial performance of each associated service line, such as specialty pharmacy and meds-to-beds, in order to best gauge performance. This may require custom reporting by your pharmacy information system vendor or acquiring a data analytics package that can provide this level of detail.

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**Optimize
Performance**

Four Opportunities to Optimize Performance

Once an ambulatory pharmacy is up and running as planned, the next step is to make the most of its potential for enhancing patient care, while developing new revenue streams for your health system. In the next few pages, survey respondents share their experiences and best practices around four key ways to increase revenue, support quality outcomes, and increase patient satisfaction.



Employee program

Your most loyal pharmacy customers and strongest brand advocates walk through your doors every day. Survey respondents share how they grow and nurture this important market.

Specialty pharmacy

One of your strongest revenue opportunities is also one of your most effective ways to retain high-value patients in your health system, while helping ensure continuity of care.

Meds-to-beds program

Enhance the patient experience in your health system while promoting adherence by having patients leave your hospital with their discharge prescriptions in hand and discharge counseling completed.

Charity care

Nearly all of our survey respondents offer a pharmacy charity program. Discover the best practices they follow to manage this invaluable service.

Employee Pharmacy

Employee Prescriptions

94%

of respondents reported filling
employee prescriptions

60%

of those reported filling
employee specialty prescriptions

19%

of those reported filling the prescriptions
at pharmacy cost (or cost + overhead)

Average annual
recycled GM/Pharmacy

\$439,764

Per Pharmacy

Average COGS

91.8%

Excluding sites filling at
cost or cost + overhead

Revenue/Rx

Specialty

\$211

Non-Specialty

\$65

Employee prescriptions are the foundation of success

Employees can become the most loyal marketers of your ambulatory pharmacy to other employees and patients. The rewards are clear.

For the health system, a thriving employee pharmacy program boosts revenue significantly. Survey respondents report that an average of \$439,764 per pharmacy in gross margin dollars were recycled back through the health system, instead of losing them to an outside pharmacy. Employees benefit as well, as ambulatory pharmacies focus on maintaining high-touch, white glove services that traditional retail pharmacies do not provide. The result is a win-win for health systems and their employees.

Other key findings:

- » Virtually all survey respondents fill employee prescriptions—and more than half serve employee specialty medication needs.
- » Nearly 20% fill employee prescriptions at cost or cost + overhead.
- » Employee prescription COGS (cost of goods sold) tend to be higher than the blended average of other business subsets such as meds-to-beds programs or specialty pharmacy.

PHS Action Plan

To maximize the value of your employee pharmacy, it's imperative to engage the HR and benefits teams early and often in the employee prescription program. Key actions include:

- » Work closely with your HR team to reveal the true savings generated through employee prescription programs and demonstrate it in a "below the line" illustration on the pharmacy monthly P&L statement or via a stand-alone report.
 - » Consider a loyalty program similar to those offered in typical community pharmacies.
 - » Collaborate with your HR and benefits teams to ensure preferred network access for retail, mail and specialty prescriptions.
 - » Develop co-pay and/or co-insurance incentives that reward employees for using your pharmacy.
 - » Analyze formulary changes that can generate significant employee benefit savings through accessing hospital "own-use" contracting.
 - » Consider adding services such as MTM (medication therapy management) and medication synchronization for employees with complex, medication intense needs.
 - » If applicable, leverage in-system 340B clinics to qualify eligible employees for 340B pricing.
-

Specialty Pharmacy

Average Annual Pharmacy Revenue		Base Salary Benefits and FTE Comparison	
Blended Average for All Respondents	\$10,514,379	Specialty	Non-Specialty
Pharmacies without Specialty	\$ 4,231,881	Average Annual Salary	Average Annual Salary
Pharmacies with Specialty	\$13,285,563	\$884,054	\$754,019
Revenue/Rx		Average RPh FTE	Average RPh FTE
Specialty	Non-Specialty	4	3
\$254	\$84	Average Tech FTE	Average Tech FTE
		7	8

Two-thirds of health systems fill specialty prescriptions

Specialty pharmacies are a significant and growing source of revenue for health systems: survey respondents report annual revenue of more than \$13 million, compared to just over \$4 million for those that do not offer specialty prescriptions. The average cost of these prescriptions are more than three times higher as well: \$254 vs. \$84 per prescription.

Among survey respondents that have a specialty pharmacy:

- » Only 6% are URAC accredited.
- » 94% participate in the 340B program.
- » Only 35% can segregate specialty pharmacy for financial reporting.
- » All report a heavier pharmacist to technician ratio, as well as a larger payroll.



69%

of survey respondents report filling specialty prescriptions.

Even more (85%) fill them for employees.

PHS Action Plan

Providing specialty pharmacy services can be as fruitful as it is challenging. High-performing specialty pharmacies need significant resources to support the clinical and administrative needs of both the patient and prescription. Specialty pharmacies are also expected to provide very detailed and complex reporting and maintain standards for accreditation such as URAC.

While these hurdles are significant and complex, health systems are best positioned to provide an unparalleled, coordinated approach to specialty patient care. Health system ambulatory pharmacies should actively evaluate and pursue a specialty pharmacy strategy.

As you begin the journey, keep these best practices in mind:

- » Focus on growing prescription capture and volume first, and then consider more advanced programs such as accreditation.
 - » As you onboard clinics, work closely on developing workflows that include off-loading their prior authorization burden. While this will be more resource intensive for your pharmacy, the advantage is better care coordination and prescription retention for your health system.
-

Prescription Volume



Weekly Prescription Volume

 Meds-to-Beds	1,335
 Filling Employee Rx	1,144
 Filling Specialty	1,148
 Average of All Respondents	1,114

Meds-to-beds programs account for nearly 80% of non-specialty revenue

Two-thirds of survey respondents have a meds-to-beds program, yielding 21% of total pharmacy revenue and 79% of non-specialty revenue.

Like specialty pharmacy, a meds-to-beds program can be a significant source of additional revenue for a health system. Survey respondents with a meds-to-beds program (but without a specialty pharmacy), generate roughly 2-1/2 times more revenue. Non-specialty prescription revenue is higher for health systems with a meds-to-beds program as well: \$93 vs. \$78 per prescription.

Here is the average annual pharmacy revenue reported by survey respondents:

- » Without specialty pharmacy and without a meds-to-beds program: \$2,564,491.
- » Without specialty pharmacy but with a meds-to-beds program: \$6,740,040.

PHS Action Plan

Meds-to-beds programs are critical to the overall patient experience within a health system. They can lead to increased patient satisfaction and adherence. However, if not implemented and staffed appropriately, it can be challenging to maintain service levels and can quickly become unprofitable.

To create your own meds-to-beds program, take these steps:

- » Initially target nursing units that represent high-risk and high-value patients such as CHF, COPD, orthopedics and oncology. Avoid low acuity and low prescription units such as maternity and same-day surgery.
 - » Work with nursing units that are willing to pilot a meds-to-beds program and capitalize on the success of the pilot to expand to other, more complex nursing units.
 - » Create a program that is highly leveraged on technology (bedside point-of-sale) and technical staff.
 - » Leverage discharge counseling through the ambulatory or decentralized pharmacist.
-

Charity Care



84%

of survey respondents support
pharmacy charity programs.



Vast majority of health systems offer charity care

Of survey respondents, 63% participate in the 340B program and 72% are providing charity prescriptions at cost to their health system. While 78% can provide separate financial reporting for charity prescriptions, many lack the operational capability to capture charity metrics. In some cases, segregating financial reporting for charity care may qualify the health system for a tax advantage or non-profit donation.

In addition, there may be a need for health systems to review their charity programs to ensure compliance with CMS regulations. All health system ambulatory pharmacies must submit to all plans, including charity plans their cost plus a dispensing fee or a standard U&C charge ("usual and customary,") with or without insurance.

PHS Action Plan

Pharmacy charity programs are a vital part of a health system's mission to provide care to all patient populations, including the indigent and underserved. Conversely, if a health system does not have an onsite ambulatory pharmacy, patients have limited access to low-cost or no-cost prescriptions and programs that can be vital to ensuring patient adherence. In addition, the health system may be forced to contract with a local pharmacy that will typically charge a mark-up on these drugs, which increases the financial burden and write off for the health system.

Follow these best practices as you develop your own charity care program:

- » Measure the program value on a regular basis, particularly if you are a 340B institution.
 - » Consider expanding your reach and access into charity care programs and drug replacement programs.
 - » Evaluate a hospital branded medication assistance program that can be administered like a prescription plan through a customized PBM solution. In particular, you'll want the flexibility to:
 - Establish a custom formulary
 - Administer criteria for inclusion and benefit based on financial need
 - Establish a closed pharmacy network that may be limited to the health system ambulatory pharmacy
-

We would like to thank everyone who participated in this year's survey. If you would like to add your voice to next year's survey, email us at solutions@pharmhs.com.