

# Caring for the Whole Patient

## The Case for the Health System Specialty Pharmacy Coordinated Care Model

**Specialty pharmaceutical products are becoming the new “normal.”** By 2022, nearly 50 percent of all drugs will be in the specialty category.<sup>1</sup> Payers report that for 2016, specialty drugs accounted for 32 percent of pharmacy costs<sup>2</sup> and 22 percent of medical benefit costs.<sup>3</sup> With these statistics, coordinating patient care is essential in keeping patients on therapy and costs down. With value-based payments gaining in interest, the demand for clinical outcomes and coordinated care is a top priority.

**Specialty pharmacies are “special” because they provide a high touch patient experience,** ensuring better adherence and side effect management for costly medications. Since specialty products are the future of pharmacy, more and more pharmacy channels are adding specialty pharmacies, including retailers, physician practices and health systems. Access challenges remain, however, due to manufacturer and payer network restrictions.

### Health System Specialty Pharmacies

Health systems are one of the fastest growing channels participating in specialty pharmacy. In fact, one in five health systems report having a specialty pharmacy in 2017.<sup>4</sup>

Health systems have heavily invested in this space because they see first-hand how coordinated care positively affects patients and improves overall care with reduced side effects, faster time to treat and high patient satisfaction scores.

### Understanding the Whole Patient

Unlike standard specialty pharmacies, health system specialty pharmacies have the benefit of understanding

## Fast Facts

- Almost **half of large hospitals** (>600 beds) now **operate a specialty pharmacy**<sup>5</sup>
- **1 in 5 hospitals** report having **internal specialty pharmacy** capabilities<sup>4</sup>
- Areas of growth for health system specialty pharmacies include **gastroenterology, rheumatology** and **hematology/oncology**<sup>4</sup>
- **Fee-for-value frameworks are changing the rules**, and if health systems don't have access to specialty products, it can result in fragmented care
- **Integrated delivery networks (IDNs)** are often **excluded from manufacturer and payer contracts** due to a perceived inability to provide patient data, as well as geographic coverage<sup>6</sup>

“

This is about medication management and patient management—not a transaction. We have more patient focus so we can show better adherence, better time to treat and better time on therapy.”

Richard Demers  
Chief Administrative Officer, Ambulatory Pharmacy Services  
University of Pennsylvania Health System

“

Make the specialty pharmacy a one-stop shop for our patients. We do all of the patient education and documentation in their electronic health record—this simplifies care and is a safer process.”

Despina Kotis,  
Director of Pharmacy  
Northwestern Medicine

the whole patient by accessing a patient’s electronic health record (EHR) and working directly with the doctors to be an active member of the care team. Doctors value this synergistic relationship as their patients can get on the right therapy faster.

### The Benefits of Pharmacist-Driven Care

Health system specialty pharmacists are highly trained professionals and most have gone through an intensive residency program before joining the care team. These pharmacy staff actively follow up with patients to monitor their adherence and well-being, and also help patients find assistance programs even if they are not filling their specialty prescription. As Despina Kotis, director of pharmacy, Northwestern Medicine states, “It’s the right thing to do.” Even more, as health systems are measured on value-based care and penalized on readmissions, they are responsible for the whole patient journey.

### Access Challenges

Health system specialty pharmacies may be growing, but challenges of being included in manufacturer and payer networks remain. Many manufacturers’ trade teams are lean and can’t keep up with the growing number of specialty pharmacy players and generally focus on the pharmacy benefit manager (PBM)-owned pharmacies and major independents. However, there is an increasing number of manufacturers who work specifically with health systems due to the patient population and the multiple sites of care needed for coverage.

Similarly, payers typically include only the larger specialty pharmacies in their network as specialty pharmacy services

are not widely differentiated, and they have limited time to vet individual specialty pharmacies.

### Opportunities for Value Demonstration

Health system specialty pharmacies have a real opportunity to show the value of coordinated care through comprehensive reporting that leverages real-world evidence, patient satisfaction and positive outcomes, leading to true value-based contracts and patient-centered programs. With a leading market position in specialty pharmaceuticals, AmerisourceBergen is a conscious connector; connecting providers and their patients with critical therapies. We also bring manufacturers, payers and providers together to uncover new ways stakeholders can realize the full value of specialty pharmaceutical therapies and reduce the total cost of care.

**Ask us about a specialty pharmacy assessment from our consulting team. Visit [ihocnetwork.com](http://ihocnetwork.com) to learn more.**



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Ms. Chambers has more than 25 years of sales, operations, marketing and executive management experience in the healthcare and consulting industries. She has held a variety of senior-level marketing positions at major pharmacy retailers and with healthcare providers. She brings unique perspectives in market strategies for patients, providers and suppliers having worked with all three segments.

### References

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- <sup>2</sup> Adam J. Fein, PhD, *The 2017-18 Economic Report on Pharmaceutical Wholesalers and Specialty Distributors*, October 2017, accessed January 2018 at [drugchannelsinstitute.com](http://drugchannelsinstitute.com)
- <sup>3</sup> EMD Serono, 13th Edition *EMD Serono Specialty Digest 2017*, May 2017, accessed January 2018 at [specialtydigestemdserono.com](http://specialtydigestemdserono.com)
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- <sup>5</sup> Craig A. Pederson, BSPHarm, PhD, FAPhA, Philip J. Schneider, MS, FASHP, FFIP, FASPEN, et al., ASHP National Survey of Pharmacy Practice in Hospital Settings: Prescribing and Transcribing – 2016, *American Journal of Health-System Pharmacy*, July 2017, accessed January 2018 at [ajhp.org](http://ajhp.org)
- <sup>6</sup> Adam J. Fein, PhD, *The 2016-17 Economic Report on Pharmaceutical Wholesalers and Specialty Distributors*, September 2016, accessed January 2018 at [drugchannelsinstitute.com](http://drugchannelsinstitute.com)