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Evaluation of specialty pharmacy productivity metrics to create an updated standardized productivity tool

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Evaluation of specialty pharmacy productivity metrics to create an updated standardized productivity tool

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Background

- Health system specialty pharmacy has been growing rapidly over the past 10 years, and specialty medications are expected to exceed 50% of overall drug expenditures in the U.S. in 2021.[1]
- Specialty pharmacy market is expected to face many challenges due to restricted access to payer networks and limited distribution drugs, 340B drug pricing program changes, and shrinking reimbursement from payers.[2]
- Standardized specialty pharmacy performance measures are developed and widely used as a part of accreditation program, however productivity measures are less standardized and mostly developed internally.
- Creating an efficient staffing model with high productivity is important for specialty pharmacy to improve its sustainability, while maintaining high quality of patient care and satisfaction.

Purpose

- Evaluate the work processes of the Access, Pharmacist, Call center, Centralized data entry, and Production teams at health system specialty pharmacy to create and implement a new standardized productivity tool that would objectively quantify pharmacist and pharmacy technician time spent completing daily functions based on patient- and prescription-specific productivity factors and volume.

Objectives

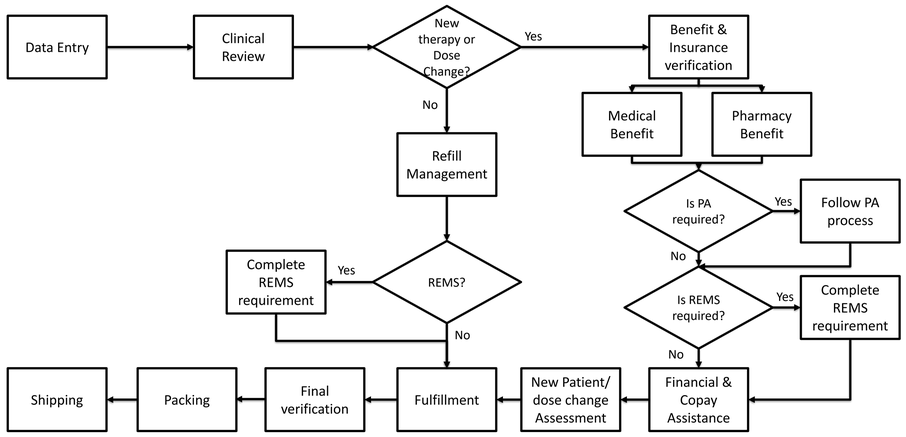
- Review and understand current work process of specialty pharmacy to accurately capture staff productivity at health system specialty pharmacy
- Identify various factors that can influence productivity of each work process within a specialty pharmacy
- Develop a method to accurately incorporate various productivity factors into a standardized productivity tool
- Study Endpoints
  - Primary endpoint: time to complete each task without including wait time
  - Secondary endpoints:
    - Productivity factors
    - Quarterly volume/quantity of each task

Methods

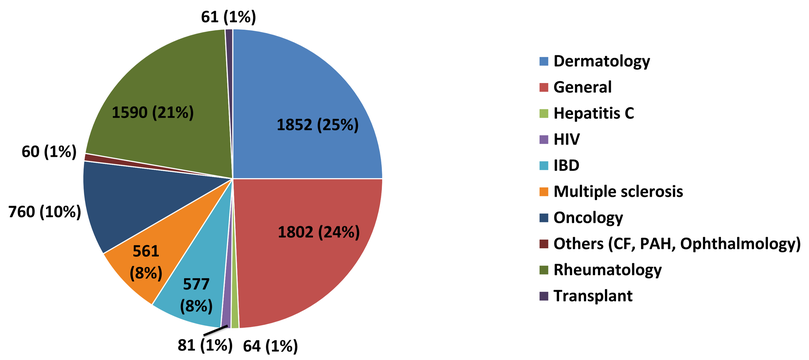
- Study design
  - Single-centered quasi-experimental implementation study
- Inclusion criteria
  - Specialty pharmacy staffing pharmacists and pharmacy technicians
- Exclusion criteria
  - Specialty pharmacy management, billing specialist, pharmacy purchaser, and front desk staff

Result

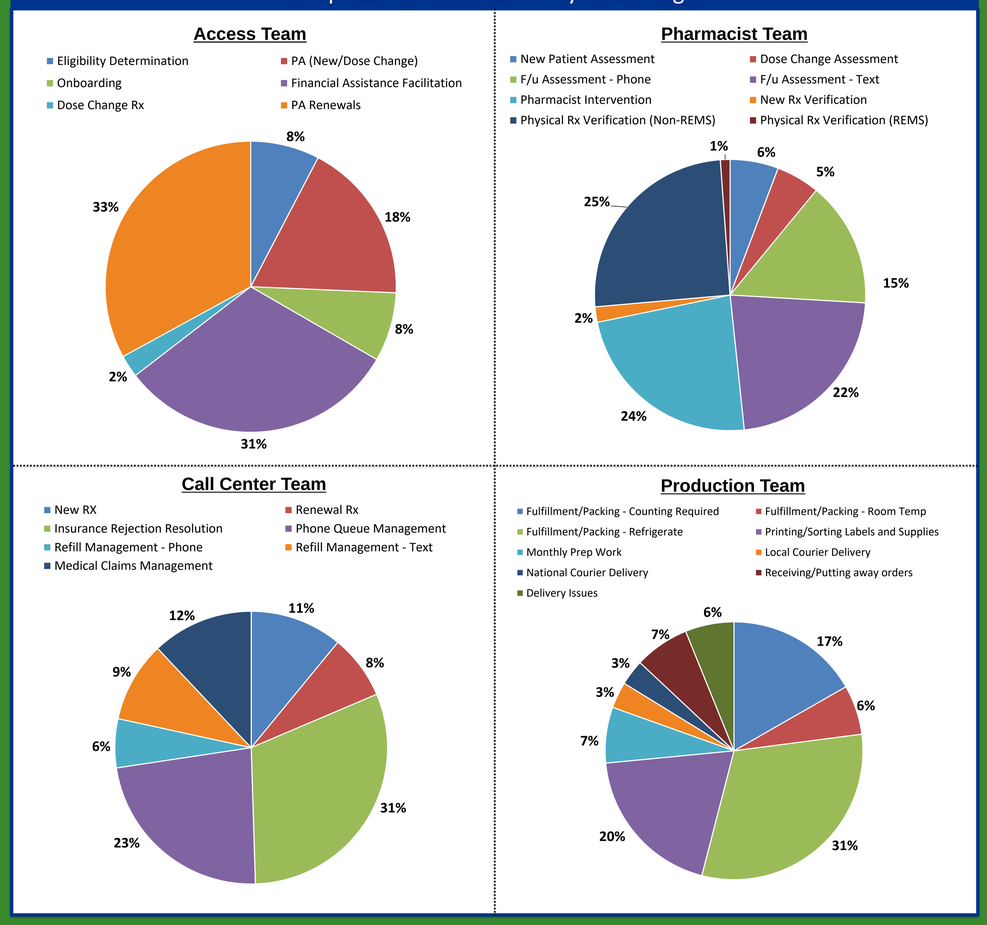
Figure 1: Specialty Pharmacy Prescription Workflow



Graph 1: Patient Distribution by Therapeutic Categories



Graph 2: Task Breakdown by Percentage



Discussion

Results

Table 1: Productivity Factors Identified

Productivity Factors	Related Teams	Impact/required task
New patient/1st Fill	Assess	Onboarding process
	Pharmacist	New patient assessment
	Production	Lengthens production time (creating new profile)
Type of Insurance	Call Center	Certain insurance requires additional information
Medical claim	Call Center	Extends call duration
Enrollment of text messaging service	Call Center	Shortens refill management calls
REMS	Pharmacist	Lengthens patient review & physical verification
	Call Center	Lengthens work process
Fulfillment type	Production	med requiring count > fridge > non-fridge item
Fridge vs. non-fridge	Production	Fridge item required additional packing time
Financial Assistance	Access	Additional step required
Prior authorization requirement	Access	Additional step required
Address mismatch between software	Call Center	Additional step required
	Production	Additional step required
Insurance issue (expiration, etc.)	Call Center	Lengthens work process
Local vs. National Courier	Production	National courier services requires additional labels
Missing information	Access	Lengthens work process
Chemo agents	Production	Packaging takes longer

- Differences in general workflow and patient population of each specialty pharmacy create difficulty in developing a standardized productivity tool that can be used universally.
- It is important to identify patient- and pharmacy-specific factors that create variability in productivity (refer to Table 1).
- By using different methods (e.g. using an average, or applying a ratio), these productivity factors can be included in a productivity calculator.

Limitations

- This study was conducted at a specialty pharmacy within a large non-profit health-system.
- Due to the small sample size (n), collected time to complete task data may not be an accurate representation of the pharmacy.
- The result of this productivity tool was based on Q1 2022 data. Therefore, follow up data should be gathered to reinforce findings from this study and update the productivity calculator.
- Developing an internal benchmark for each task can further improve measuring productivity.

Conclusion

- By applying productivity factors into measured productivity data (e.g. time to complete each task), a standardized productivity tool can be developed.
- A standardized productivity tool can objectively quantify pharmacist and pharmacy technician time spent completing daily functions and provide an estimate of necessary FTE requirement within each pharmacy team.
- Each specialty pharmacy should create its own productivity tool and develop internal benchmarks to accurately measure productivity.
- Once an internal benchmark is developed, it can be used to compare specialty pharmacy metrics nationally.[3]

References

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