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The Trifecta Effect: Enhancing Member Outcomes Through Collaboration between Payers, Providers, and Pharmacies

Overview

Strengthening collaboration between health plans, providers, and pharmacies through improved communication, data sharing, and value-based care models can significantly enhance member experience and health outcomes while reducing total costs.

This article highlights the need for payer-pharmacy-provider collaboration supported by improved communication and data sharing and aligned incentives within value-based models.

Pharmacies are poised to play an increasingly pivotal role in patient care as health plan strategies and care models move towards more integrated approaches. As the most [frequently](#) visited point of care, pharmacies are uniquely positioned to support healthcare delivery through [care management programs](#), adherence programs, health screenings and assessments, social determinant surveys, vaccinations, medication, and health education. They must be supported through [data integration](#) and incentivized to achieve success across these expanded roles.

Introduction

Under traditional approaches to care delivery, US healthcare cannot keep up with overall care needs and associated costs. Value-based care models have been implemented by payers and embraced by providers to produce better care outcomes and reduce total costs. However, these models are proving to not be as effective without integrating pharmacies as [collaborative partners](#) in prevention and care management.

In the United States, 129 million people live with at least one chronic illness. Nearly 120 million adults have hypertension, and 100 million are affected by obesity. Additionally, over 38 million people have diabetes. These chronic conditions not only reduce quality of life but also lead to more severe health complications, significantly increasing the demand for healthcare services and resources, ultimately significantly driving up costs.

[Value-based care models](#) aim to mitigate these negative effects and improve health and quality of life for vulnerable populations. To achieve this, they emphasize preventive care, primary care, wellness, care management, and medication adherence. Yet, such models are premised on a tightly coordinated care delivery model that reaches patients in their daily lives (avoiding visits to acute care settings when possible) while promoting treatment adherence and healthy behaviors.

Primary care providers and health plans face significant challenges in engaging patients beyond the walls of clinics and hospitals. Pharmacies, however, are uniquely positioned to bridge this gap. With 95% of Americans living within five miles of a pharmacy, these locations are easily accessible. Importantly, many Americans report a strong sense of [trust](#) and rapport with their pharmacists, often surpassing their connection with other healthcare providers. This proximity and trust make pharmacies a vital resource for extending care to patients where they live and work.

Pharmacists are the most accessible of all healthcare providers. According to Valliant et al. (2022), [pharmacists have on average twice as many interactions with patients compared to their primary care providers](#). With their frequent patient interactions, pharmacists create opportunities for consistent care that other providers cannot match. They are also uniquely capable of conducting critical health screenings, post-screening recommendations, identifying potential drug interactions, educating, and optimizing treatment plans. Their trusted role makes them ideal for fostering the level of engagement necessary for effective adherence and lifestyle changes.

Health plans that harness the expertise and accessibility of pharmacists can significantly advance [chronic care management](#) and close critical care gaps. Achieving this requires:

- ✓ Collaborative care models
- ✓ Incentives for pharmacy services
- ✓ Seamless data integration
- ✓ Expanding quality measures to include the role of pharmacists
- ✓ Enhanced member engagement

With these strategies, health plans can more accurately identify care gaps, target interventions with precision, track outcomes in real time, and optimize the use of healthcare resources.

The Current State of Healthcare Collaboration

The healthcare ecosystem often operates within silos, with fragmented interactions across key stakeholders, limiting the full potential for collaborative, patient-centered care.

Payers engage with providers primarily through claims processing and reimbursement mechanisms. This transactional relationship often lacks the depth needed to foster sustained, collaborative care that addresses patient needs holistically.

Providers communicate with pharmacies primarily through e-prescribing and medication reconciliation processes, failing to leverage the full capabilities of pharmacists in the care continuum.

The payers and pharmacies are largely facilitated by pharmacy benefit managers (PBMs), focusing primarily on medication coverage and reimbursement, rather than integrating pharmacists into broader care coordination efforts.

The resulting gaps in care coordination increase the risk of medical errors, duplicate tests and procedures, delayed diagnoses, poor chronic disease management, and reduced patient satisfaction.

The financial implications are significant. A 2021 report in *Health Affairs* reveals that \$175 billion could be saved with improved care coordination. Care coordination has been shown to reduce hospital admissions by 25% (NEJM Catalyst, 2022). For every dollar spent on medication adherence, healthcare costs decrease by \$7 (AJMC, 2020).

Several significant barriers impede collaboration:

- Misaligned incentives (e.g., fee-for-service models prioritizing volume over value)
- Data silos and lack of interoperability between EHRs and claims systems
- Privacy concerns and restrictive interpretations of HIPAA regulations
- Lack of standardization in processes and protocols across organizations
- Time constraints faced by healthcare professionals

Strategic Models for Improving Collaboration

PCMHs The Patient-Centered Medical Home (PCMH) model is a team-based approach that emphasizes coordinated, comprehensive care. Pharmacists are integrated into the care team, allowing for seamless communication and collaboration with other care providers. With shared patient information, pharmacists can make informed recommendations and help develop and monitor individualized care plans, particularly for patients with chronic conditions.

Blue Cross & Blue Shield of Rhode Island (BCBSRI) implemented a PCMH model in which pharmacist integration was critical. By initially focusing on managing one disease state, pharmacists built trust with physicians and gradually expanded their services to additional chronic diseases. Clinical outcome improvements, such as decreased hospitalizations and emergency department visits, demonstrated the cost-saving value of pharmacists and supported the expansion of clinical pharmacy services to other disease states. The phased approach enabled pharmacists to pay their salaries virtually through cost savings to the organization.

ACOs

Accountable Care Organizations foster payer-provider collaboration through care coordination, data sharing, and financial incentives. [Advocate Medical Group](#) included pharmacists in its ACO to provide comprehensive medication management services. Pharmacists identified areas of care need including improved management of comorbid conditions. Reductions in hospitalization followed, encouraging further collaboration, care outcome improvements, and cost savings.

Proof Points

Collaboration has shown potential to significantly improve outcomes across several key areas:

Medication Adherence

Collaborative medication therapy management programs have shown a 25% improvement in adherence rates (Journal of Managed Care Pharmacy, 2023).

Care Coordination

Integrated care models have been shown to reduce emergency department visits by 35% (NEJM, 2023).

Chronic Disease Management

Collaborative diabetes management programs have achieved a 1.2% reduction in HbA1c levels (Diabetes Care, 2023).

Chronic Disease Management

Pharmacist interventions led to significant improvements in blood pressure control, lipid management, and medication adherence in patients with cardiovascular diseases. (Journal of the American Heart Association)

Preventive Care

Pharmacy-based immunization services significantly increased vaccination rates, particularly for influenza and pneumococcal vaccines. (Journal of the American Pharmacists Association)

Preventative Care

Coordinated screening programs have increased cancer detection rates by 25% (Journal of Clinical Oncology, 2023).

Access to Care

Payer-provider telehealth initiatives have increased rural patient access by 50% (Journal of Rural Health, 2023).

Medication Management and Safety

Pharmacist-led medication reviews significantly reduced the number of drug-related problems and improved patient knowledge about their medications. (The Annals of Pharmacotherapy)

Key Challenges and Considerations of Pharmacy Integration and Collaboration

Despite the clear benefits of pharmacy collaboration, integration is impeded by a number of key factors.

- **Reimbursement:** The cost of dispensing medications has increased while reimbursement has decreased. Pharmacists lack the capacity to coordinate and manage care without specific incentives. Sustainable reimbursement models are critical.
- **Training and Workflow Integration:** Pharmacists may need additional training to fully participate in coordinated care models. Workflow adjustments and data interoperability will be critical to enable bidirectional communication between care teams.
- **Data Privacy and Security:** Increased data sharing necessitates robust privacy and security measures to protect patient information.
- **Resistance to Change:** Some healthcare stakeholders may resist changing established practices and roles.

Special Importance of Technology Integration

Shared platforms that enable real-time information exchange between pharmacies, health plans, and other providers are critical.

Pharmacists need access to the physician/clinic/hospital EMR to facilitate more comprehensive medication reviews, identification of negative drug-related effects, and overall care management. Continuous monitoring and real-time adjustments to treatment plans facilitate care management and reduce the risks of medication errors. Data sharing also helps identify individuals vulnerable to social determinants and triggers targeted interventions.

Secure messaging systems enable insight-rich clinical referrals and bidirectional communication. This helps pharmacists participate in personalized counseling and support and contribute to more tailored and effective treatment plans.

Tech-enabled platforms facilitate seamless care team collaboration through real-time information sharing, virtual huddles, and structured communication workflows.

AI will increasingly facilitate communication and targeted intervention by flagging providers in real time, improving patient monitoring, streamlining scheduling and ordering, processing large amounts of data needed to identify at-risk individuals and populations, and facilitating earlier intervention, proactive care, and prevention.

Digital health tools, apps, and patient messaging systems will help with medication pickups, adherence, reminders, education, and payment. Telehealth and monitoring tools will further enhance care management and engagement.

Conclusion: The Time is Now

The value of payer-provider collaboration has been proven. Including pharmacists in existing care models will exponentially increase their value. With their special role in the community and their trusted relationships with patients, pharmacists are uniquely capable of enhancing care management, care quality, patient engagement, and data collection through enhanced medication management, adherence, and therapy optimization.

Payers can take the lead in provider-pharmacist collaboration by creating structured frameworks. To get started payers can:

- ✓ Identify potential physician and pharmacy partners
- ✓ Determine clear use cases and shared vision and goals
- ✓ Develop a phased approach with one disease or condition as focus, then expand as success warrants and trust and collaboration build
- ✓ Define roles and responsibilities
- ✓ Set clear quality and activity measures with checklists
- ✓ Establish a technology platform for data sharing and communication with the capacity for expansion to new tools like monitoring, patient communication apps, AI, etc.
- ✓ Adopt incentives that meaningfully reward measures, quality, efficiency, and patient satisfaction

By integrating the strengths of payers, providers, and pharmacies, these collaborative efforts promote patient-centered care, improve health outcomes, and reduce costs.

How Can Innovaccer Help?

[Innovaccer's EQUIPP platform](#) is designed to integrate pharmacy data with claims and clinical information, creating a comprehensive 360-degree view of patient care. [Innovaccer's tech-enabled platforms](#) facilitate seamless care team collaboration through real-time information sharing. Get in touch with our experts to see the product in action.

About PQS

PQS aligns healthcare payers and pharmacies to achieve their shared goals of better patient outcomes and healthcare quality performance. As a neutral, trusted intermediary supporting the evolution of value-based care, PQS facilitates nationwide pharmacy-based care through our partners and the EQUIPP® platform. Utilizing deep clinical pharmacy knowledge and over a decade of performance management experience, we help clients develop strategies, implement quality improvement programs, and optimize the quality of healthcare for their populations served. For more information on how PQS can support you, please visit www.pharmacyquality.com.