

# HOSP

Health System Owned  
Specialty Pharmacy Alliance

## What is HOSP?





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Specialty Pharmacy Alliance

# Gary Kerr

Chief Pharmacy Officer at Baystate Health and  
President of the HOSP Board



Co - pKa	[OH]	Alpha
7.403.98E-08	2.51E-07	0.201
7.602.51E-08	3.98E-07	0.265
8.001.00E-08	1.00E-06	0.500
8.403.98E-09	2.51E-06	0.715
8.801.58E-09	6.31E-06	0.863
9.001.00E-09	1.00E-05	0.909

# Why HOSP?



- Introduction of Organization – why is HOSP needed?
- Mission
- Organizational Drivers
- Goals

# Mission



- The Health System Owned Specialty Pharmacy Alliance (HOSP) establishes best practices, promotes and advocates for the health system owned specialty pharmacy industry in support of an integrated model that delivers exemplary patient care and exceptional patient outcomes.

# Organizational Drivers



- While the integrated specialty pharmacy model is gaining traction, it needs to evolve and mature in numerous areas.
- It is difficult to find objective, trusted information regarding the integrated specialty pharmacy model.
- Many health care systems do not realize the myriad benefits of the integrated specialty pharmacy model – or how to implement such a model even if they do have an understanding.
- There is an array of issues that could potentially impact the integrated specialty pharmacy ecosystem, yet no singular voice advocating common positions.

# Goals



- Become the face and voice of the integrated specialty pharmacy industry.
- Establish set of industry benchmarks for integrated specialty pharmacies that demonstrate marked improvement in patient care.
- Become the accepted industry source for objective information and knowledge-sharing.

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# Advocacy





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# Tim Affeldt

Vice President of Specialty/Infusion Operations at  
Fairview Health Services and HOSP Board  
Director



Cb - pH[H <sup>+</sup> ]	[OH <sup>-</sup> ]	Alpha	Beta
7.403.98E-08	2.51E-07	0.201	0.000
7.602.51E-08	3.98E-07	0.265	0.000
8.001.00E-08	1.00E-06	0.500	0.000
8.403.98E-09	2.51E-06	0.715	0.000
8.801.58E-09	6.31E-06	0.863	0.000
9.001.00E-09	1.00E-05	0.909	0.000



# Advocacy Efforts



- HOSP's Focus:
  - 340B
  - Payer Access
  - LDD Access
  - Patient Choice
  - DIR Fees
- Good neighbor and coalition-building
- Why does this industry need another organization?

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## Best Practices



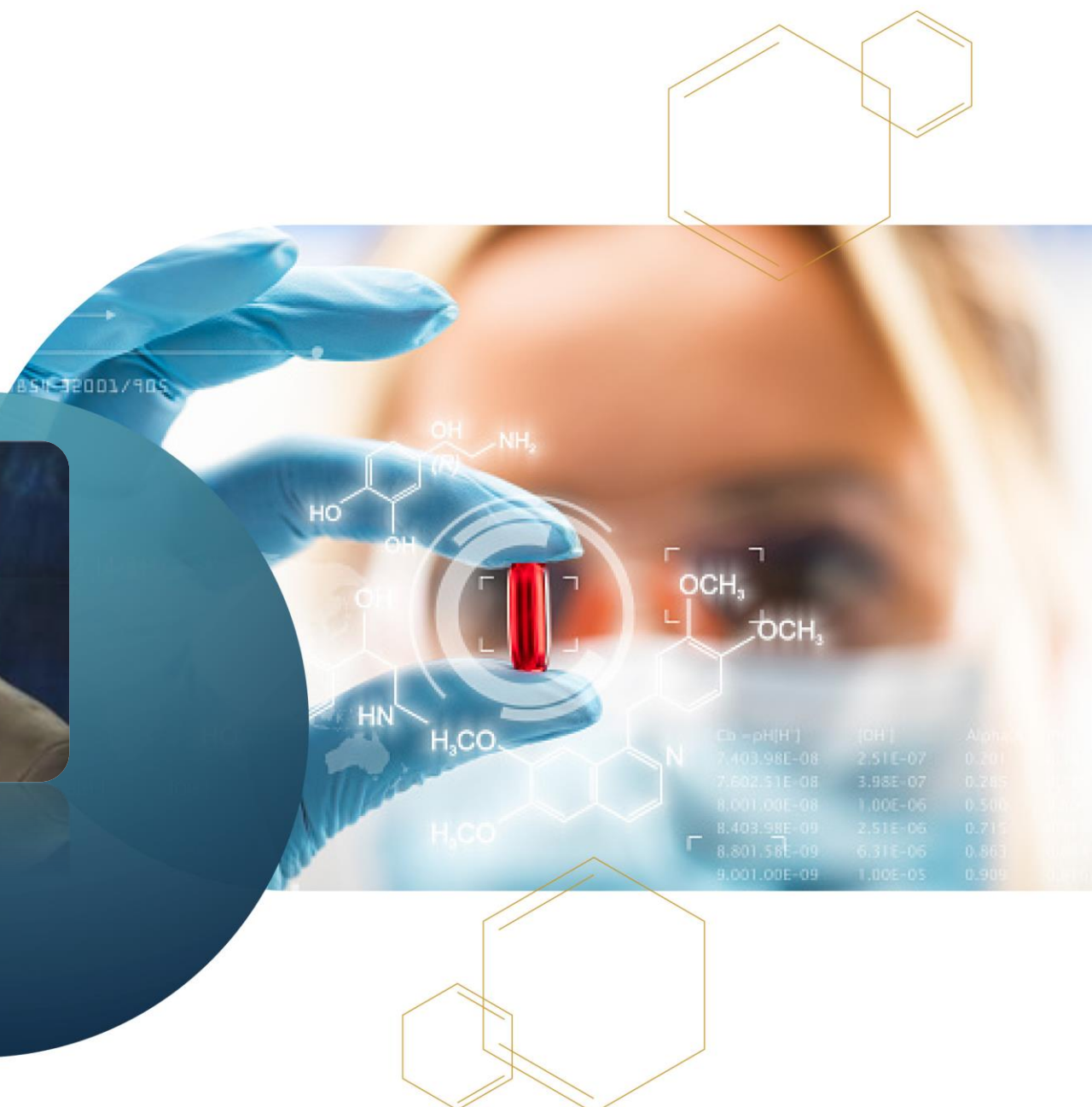


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# Neil Gilchrist



Chief Pharmacy Officer at UMass Memorial  
Medical Center and HOSP Board Director



Co - pH(H <sup>+</sup> )	[OH <sup>-</sup> ]	Alpha	Beta
7.403.98E-08	2.51E-07	0.201	0.075
7.602.51E-08	3.98E-07	0.265	0.102
8.001.00E-08	1.00E-06	0.500	0.196
8.403.98E-09	2.51E-06	0.715	0.281
8.801.58E-09	6.31E-06	0.863	0.354
9.001.00E-09	1.00E-05	0.909	0.389

# Industry Benefit in Sharing Best Practices



- Continued escalation in health care costs
- Growing complexity of specialized care and medications
- Demand for improved quality and outcomes while reducing expense
- Continued competitive market for our patients

# Why Does this Model Work Better?



The Integrated Health System Specialty Pharmacy provides several key advantages

- Access to interact with the patient in clinic
- Direct access to review and document in the electronic medical record
- Collaborative team approach with prescribers and other pharmacists
- Support by organization to drive quality metrics and outcomes

# Demonstrating the Value of Health System Owned Specialty Pharmacy Services



> [J Pharm Pract.](#) 2020 Oct;33(5):605-611. doi: 10.1177/0897190018824821. Epub 2019 Jan 30.

## Adherence to Disease-Modifying Therapies at a Multiple Sclerosis Clinic: The Role of the Specialty Pharmacist

Aimee M Banks <sup>1</sup>, Megan E Peter <sup>1</sup>, Genna M Holder <sup>2</sup>, Jacob A Jolly <sup>1</sup>, Brandon M Markley <sup>1</sup>, Scott L Zuckerman <sup>3</sup>, Leena Choi <sup>4</sup>, Sam Nwosu <sup>4</sup>, Autumn D Zuckerman <sup>1</sup>

## Integrated clinical and specialty pharmacy practice model for management of patients with multiple sclerosis

REBEKAH L. HANSON, MITRA HABIBI, NEHRIN KHAMO, SHERIF ABDOU, AND JOANN STUBBINGS

### ORIGINAL RESEARCH

## Effects of Specialty Pharmacy Care on Health Outcomes in Multiple Sclerosis

Jun Tang, PhD; James Bailey, MD, MPH; Cyril Chang, PhD; Richard Faris, PhD; Song Hee Hong, PhD; Michael Levin, MD; Junling Wang, PhD

# Demonstrating the Value of Health System Owned Specialty Pharmacy Services



## Health care utilization and expenditures among adults with rheumatoid arthritis using specialty pharmaceuticals

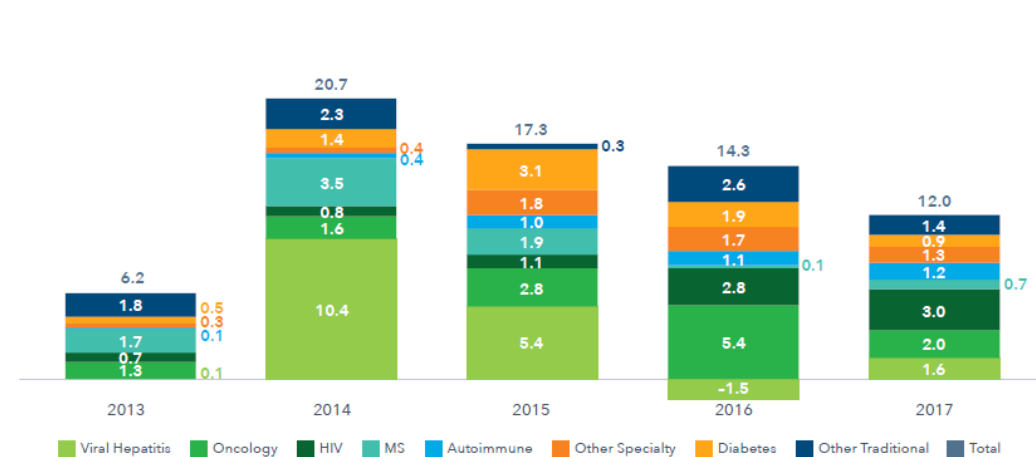
Taehwan Park<sup>a,b,\*</sup>

<sup>a</sup> Pharmacy Administration, St. Louis College of Pharmacy, St. Louis, MO, 63110, USA

<sup>b</sup> Center for Health Outcomes Research and Education, St. Louis College of Pharmacy, St. Louis, MO, 63110, USA

### Spending on new brands has shifted dramatically to specialty medicines, which drove \$9.8 billion of the \$12.0 billion net growth

Chart 7: New Brand Net Spending Growth by Therapy Area US\$Bn

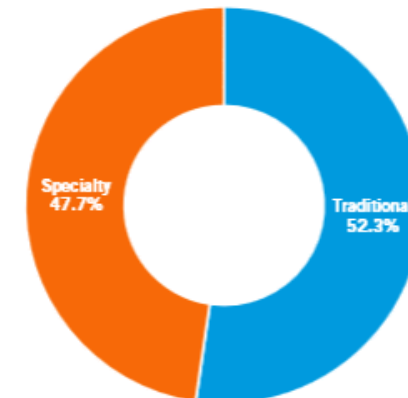


Source: IQVIA National Sales Perspectives, IQVIA Institute, Dec 2017

### Specialty drugs accounted for greater share of total spend than in 2018

Although specialty drugs are used by only 2% of the population, its share of spend jumped from 44.7% in 2018 to 47.7% in 2019, nearly half of all spending on prescription drugs. This was due to new therapies entering the market with few or no competing drugs to drive down prices.

Percent of total drug spend by drug type, 2019



Data source: Express Scripts 2019 Drug Trend Report

# Case Study of Demonstrating Value



Research Letter | Health Policy

## Association of Use of an Integrated Specialty Pharmacy With Total Medical Expenditures Among Members of an Accountable Care Organization

Apurv Soni, BA; Brian S. Smith, PharmD; Thomas Scornavacca, DO; Bill McElnea, MPP; Alice Shakman, MBA; Eric Dickson, MD, MHCM; David D. McManus, MD, ScM

- Retrospective matched cohort study UMass Memorial Medicare ACO
- Patients of all ages receiving care from a specialty dept
  - Enrolled in UMMACO integrated specialty pharmacy (intervention group)
  - Enrolled nonintegrated specialty pharmacy (control group)
- 2-year time period
- Outcome measurement: per-member-per-month costs (PMPM) of TME



# Case Study of Demonstrating Value



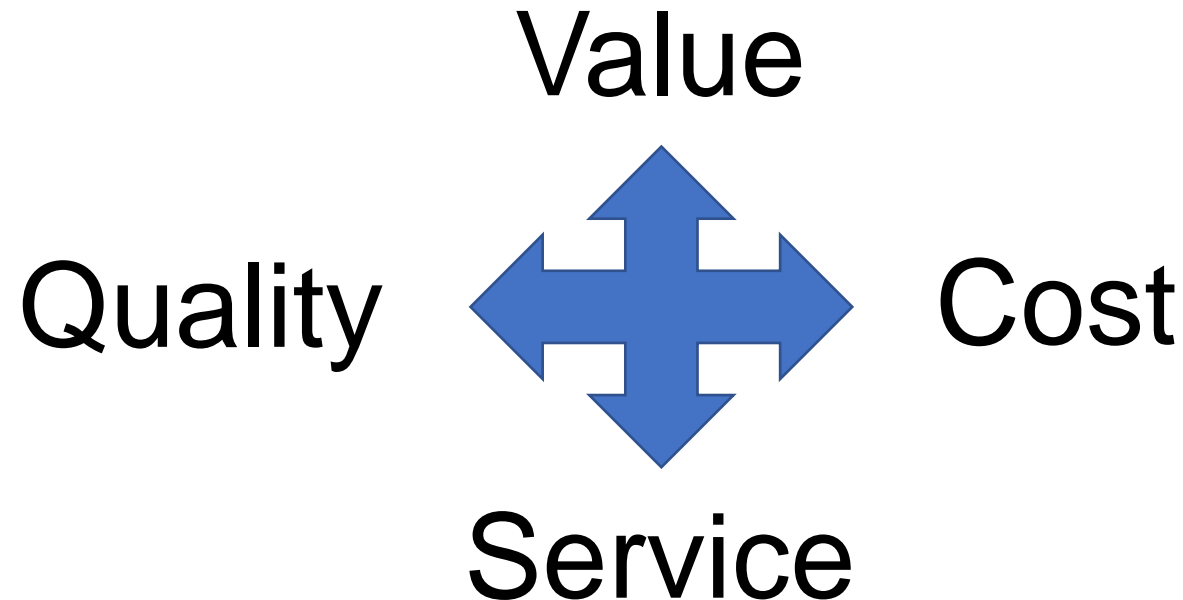
**Table 2. Mean PMPM for Users of Integrated vs Nonintegrated Specialty Pharmacy Among Patients Enrolled in the UMass Memorial Medicare Accountable Care Organization<sup>a</sup>**

Year(s)	Integrated specialty pharmacy use, PMPM point estimate (95% CI), \$		Cost difference point estimate (95% CI), \$	Difference of cost estimate difference (95% CI), \$
	No	Yes		
<b>Annual</b>				
2016	2052 (1113 to 2991)	2121 (304 to 3938)	-69 (-1563 to 1425)	NA
2017	2673 (1966 to 3379)	2132 (369 to 3895)	541 (-854 to 1936)	NA
2018	3059 (2347 to 3771)	1854 (137 to 3571)	1205 (-156 to 2567)	NA
<b>Year-over-year</b>				
2017 vs 2016	621 (-88 to 1329)	11 (-1316 to 1338)	NA	610 (-883 to 2103)
2018 vs 2017	386 (-181 to 953)	-278 (-1550 to 995)	NA	664 (-727 to 2056)
2018 vs 2016	1007 (270 to 1743)	-267 (-1586 to 1052)	NA	1274 (-215 to 2764)

# Collaborating on Best Practices that Support the Industry



- Findings suggest that integrated specialty pharmacy use by patients enrolled in UMMACO was associated with net savings of more than \$1000 per month from 2016 to 2018 compared with matched counterparts within UMMACO who did not use an integrated specialty pharmacy



**Thank You!**



**Questions?**

**<https://hospalliance.org/>**