



# Achieving Better Healthcare Outcomes with the Health System Specialty Pharmacy (HSSP) Model

Summary of the Health System Owned Pharmacy Alliance (HOSP Alliance) White Paper:

[\*Best Practices: The Health System Specialty Pharmacy Integrated Care Model: Delivering Patient-Centric Care\*](#)

**HOSP**

Health System Owned  
Specialty Pharmacy Alliance

The HOSP Alliance's recent [Best Practices white paper](#) demonstrates that the Health System Specialty Pharmacy (HSSP) model is proving to be driving exceptional healthcare outcomes. The integrated HSSP model enables specialty pharmacy teams to provide high-level patient-centric care and produce world-class clinical and operational outcome metrics. The model does this by fully integrating a specialty pharmacy's IT infrastructure within the electronic medical record (EMR) system, allowing direct access to patient laboratory data as well as patient progress notes. These unique capabilities elevate the HSSP model to a gold standard.



### Key benefits of the HSSP model include:

- **Better Clinical Outcomes:** Studies show that HSSPs meet or exceed national benchmarks for outcomes. Patients experience faster access to medications due to efficient coordination of patient care with the care team, leading to improved quality of life, fewer acute care visits, and quicker alleviation of disease symptoms.<sup>1,2</sup>
- **Excellent Patient Satisfaction:** HSSPs receive very high Net Promoter Scores (NPS) indicating “excellent” customer satisfaction and patient experience. This is attributed to one-on-one patient-pharmacy relationships, face-to-face communications with clinicians, patients, and caregivers, and the ability to efficiently address barriers to specialty medications.
- **Higher Provider Satisfaction:** HSSPs streamline clinic workflow, increase medication access, improve all-around communication, and enhance patient care, leading to higher provider satisfaction rates and better overall care.<sup>3</sup>
- **Faster Time to Treatment (TTT):** HSSPs achieve significantly faster TTT, often measured in hours instead of weeks<sup>4</sup>, which is crucial for patients with conditions requiring immediate treatment.
- **Decreasing Inequity:** HSSPs are committed to reducing healthcare inequities by providing creative financial assistance and additional support options for patients, including assistance with food, nutrition, and transportation.
- **Substantially Lowering Costs:** HSSPs have lower total medical costs compared to non-integrated specialty pharmacies. Frequent touchpoints with pharmacists allow for timely interventions, leading to fewer acute care visits and lower overall costs.





The white paper emphasizes the need to make limited distribution drugs more widely accessible to HSSPs and to increase HSSPs' access to their patients who face barriers to accessing out-of-network specialty pharmacies. The following highlights summarize the HOSP Alliance White paper's key HSSP model benefits:

## HSSPs are quietly generating world-class clinical and operational outcome metrics.

### Better Clinical Health Outcomes

HSSPs consistently meet or surpass national outcome benchmarks. By truly excelling in coordinating patient care, they provide faster access to medications. The direct relationship between prescribers and the system specialty pharmacy facilitates swift prior authorization and financial assistance, leading to high adherence rates, improved quality of life, fewer acute care visits, and quicker relief from disease symptoms.

### Excellent Patient Satisfaction

Net Promoter Score® (NPS) surveys gauge the likelihood of individuals recommending a product or service to their acquaintances. While NPS scores in various non-healthcare industries are often abysmal, HSSPs consistently achieve scores in the 80s, signifying "excellent" customer satisfaction and a strong likelihood of patients recommending HSSPs to others.

This success stems from bona fide personalized patient-pharmacy relationships, direct face-to-face interactions with clinicians, patients, and caregivers, genuine human connections with a commitment to follow through, and the seamless resolution of barriers concerning specialty medications.

## Many HSSPs regularly exceed 90: Specialty pharmacies have a Net Promoter Score (NPS) of 59, while HSSPs lead among the specialty pharmacy subtypes with an NPS of 845

### Higher Provider Satisfaction

According to a recent survey,<sup>6</sup> healthcare providers highlighted four areas where HSSPs outperform external specialty pharmacies:

- Streamlining clinic workflow and reducing provider burden.
- Enhancing medication access.
- Improving communication.
- Elevating patient care.

HSSPs maintain consistent relationships with their local healthcare teams, allowing them to regularly assess provider satisfaction through surveys, meetings, and casual interactions. This ongoing dialogue facilitates continuous workflow care process improvements, resulting in higher provider satisfaction rates and improved patient care.

### Faster Time to Treatment (TTT)

HSSPs significantly reduce the time to treatment (TTT) for patients needing specialty medications. While the average TTT is 22 days, HSSPs achieve a remarkable 24-to-48-hour TTT, critical for patients with certain cancers requiring quick initiation of oral chemotherapies.

To expedite therapy, ensure adherence, and alleviate patient burdens, HSSPs have dedicated staff to secure copay assistance through drug manufacturers' programs<sup>6</sup>. Additionally, some HSSPs offer medication assistance program coordinators who help patients promptly apply for grants from disease-specific foundations. The coordinators also monitor fund availability and identify new grants. As a final option, HSSP staff can help patients enroll in manufacturer patient assistance programs, providing free drugs when other financial assistance options are not available.

## **With HSSPs, time to treatment is often measured in hours instead of weeks — a difference that can mean life or death for some patients.**

### **Decreasing Inequity**

HSSPs have a fierce dedication to breaking down healthcare inequities. Often, they supplement creative sourcing of financial assistance for food, nutrition, and transportation to reduce social and economic barriers for patients. The impact of these interventions can be profound, improving clinical outcomes and quality of life.

### **Substantially Lowering Costs**

Emerging research is finding that HSSPs are associated with lower total medical costs compared to nonintegrated specialty pharmacies. The lower costs of the HSSP model are, in part, associated with the level and frequency of pharmacist engagements with patients. These touchpoints, often face-to-face interactions inside the clinic, allow pharmacists to address health and medication issues. By intervening to improve care, they can lower costs through fewer acute care visits and faster alleviation of disease symptoms.

For example, in a study of HSSP pharmacist interventions on specialty hematology/oncology patients at the Cleveland Clinic Specialty Pharmacy, 547 interventions brought a total cost

avoidance of \$1,508,131, with “discontinuation of therapy” representing the highest cost savings.<sup>7</sup>

In a similar analysis of pharmacist interventions in 2020 across 26 HSSPs, 7,393 interventions with 56,772 patients on specialty medications brought a total cost avoidance of \$15,292,883.<sup>8</sup>

## **Frequent touch points allow HSSP pharmacists to address health and medication issues.**

Another recent study found that, after matching on age, sex, and level of care and adjusting for comorbidities, per member per month costs were similar at baseline for HSSPs and nonintegrated care group pharmacies — but two years later HSSP specialty pharmacy per member monthly costs decreased by \$267, while the nonintegrated care group monthly costs increased by \$1,007 per month.<sup>9</sup>

### **Making the HSSP System Model Even More Effective**

HSSPs have the potential to further increase their impact by addressing two opportunities.

One opportunity is improving access to limited distribution drugs (LDDs). Delays in treatment initiation occur when patients are forced to use external pharmacies to fill prescriptions for LDDs. For instance, a study on dalfampridine, an oral LDD medication for MS walking difficulties, showed that patients took 22 days to begin treatment before the HSSP gained access to the drug. However, after the HSSP gained access, the time was reduced to just 1 day.<sup>10</sup>

The second opportunity for HSSPs to strengthen their patient-centric care approach and enhance healthcare outcomes is expanding their reach to out-of-network specialty pharmacy patients.

Together, these opportunities hold great potential for enabling HSSPs to revolutionize healthcare.

## **KEEP LOCAL AND REGIONAL CARE LOCAL AND REGIONAL!**

[Click here](#) to access free of charge the full HOSP Alliance white paper, [Best Practices: The Health System Specialty Pharmacy Integrated Care Model: Delivering Patient-Centric Care](#). The white paper exemplifies HOSP Alliance's dedication to disseminating its work within the U.S. healthcare ecosystem.

## Why join the HOSP Alliance? Because we're your niche organization

HOSP Alliance is the niche national association representing the interests of the health system owned specialty pharmacy (HSSP) industry. [HOSP Alliance membership](#) is your gateway to helping shape our industry. Using multiple forums and methodologies, members continually identify, develop, and effectively share best practices that improve patient outcomes and demonstrate metrics that further quantify why onsite

health system specialty pharmacies provide unparalleled and truly patient-centric care. And they use this information to advocate for the integrated specialty pharmacy model. Together, Alliance members are unstoppable. To learn more about membership, visit <https://hospalliance.org/become-a-member/>.



# NOTES

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