

Agenda

The Evolving Regulatory Landscape of Healthcare

Trends in API Use and Patient Access

Trends in Network-Based Exchange

Interoperability in Pharmacy Practice

Evolving Pharmacy Business Processes

Considerations Moving Forward

Who Is Point-of-Care Partners?

We Are THE Nation's Leading Technology, Data Standards and Interoperability Consultants



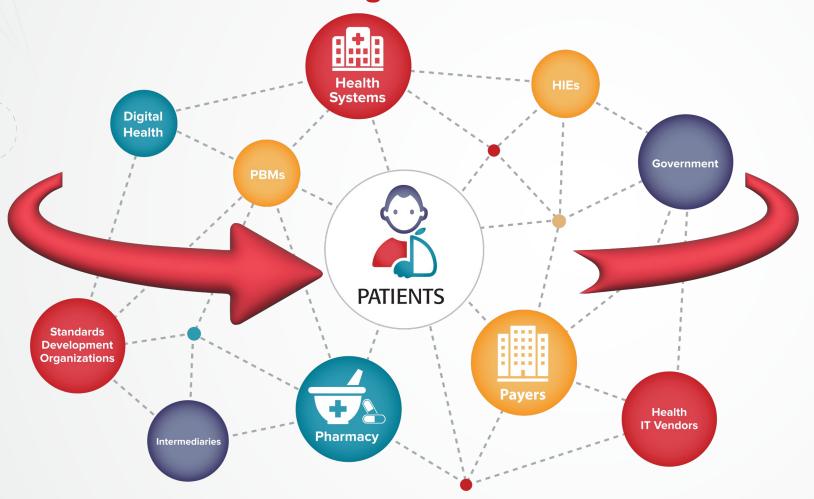
- National, virtual, consultancy since 2002
 (35+ states, 110+ Associates) focusing on healthcare
 critical topic areas across the Payer, Delivery, Health
 IT Vendor, HIE, Government, and Pharma ecosystem
- POCP associates are widely respected national experts, most having > 15-30 years experience in health IT
- Engaged and leadership roles with Standards bodies, Accelerators & Industry Orgs including HL7, NCPDP HIMSS, Da Vinci, FAST, Gravity, and numerous others



What We Do...

- We go deep into critical topic areas like
 - Interoperability
 - Pharmacy interop, specialty automation, advance clinical practice
 - Artificial intelligence
 - Health equity
 - Health IT policy
- Strategy and value engagements
- Interoperability roadmaps (establishing and adjusting)
- Product launch & new market evaluations
- Development of standards and strategy for implementation
- · Automations of prior authorization, RTBC, Specialty Enrollment, REMS
- Program & project management and use case lead role(s)

Leveraging Our 360° View to Transform Health IT Through Collaboration & Strategic Solutions



- Successful transformation requires a well-researched & documented strategy and execution roadmap
- Understanding various stakeholder perspectives provides a holistic approach to strategy development
- How will you handle Interoperability needs such as:
 - Clinical Data Exchange?
 - Price Transparency?
 - Social Determinants of Health?
 - Patient Data Redirection?
 - Value-based Care?

Speakers



Kim Boyd
Senior Consultant
Regulatory Resource Center Lead



Pooja Babbrah

Pharmacy & PBM Practice Lead



Regulatory Journeys and the Expanding Role of Pharmacists

Impact Direction of Health & Human Services (HHS)

Understand stance and influence current client and prospects government relations teams

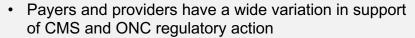


HHS and CMS Leadership



CMS Office of Burden Reduction and Health Informatics (OBRHI)

Advancement of Payer and Hospital patient-specific health data exchange and automation, price transparency through regulation



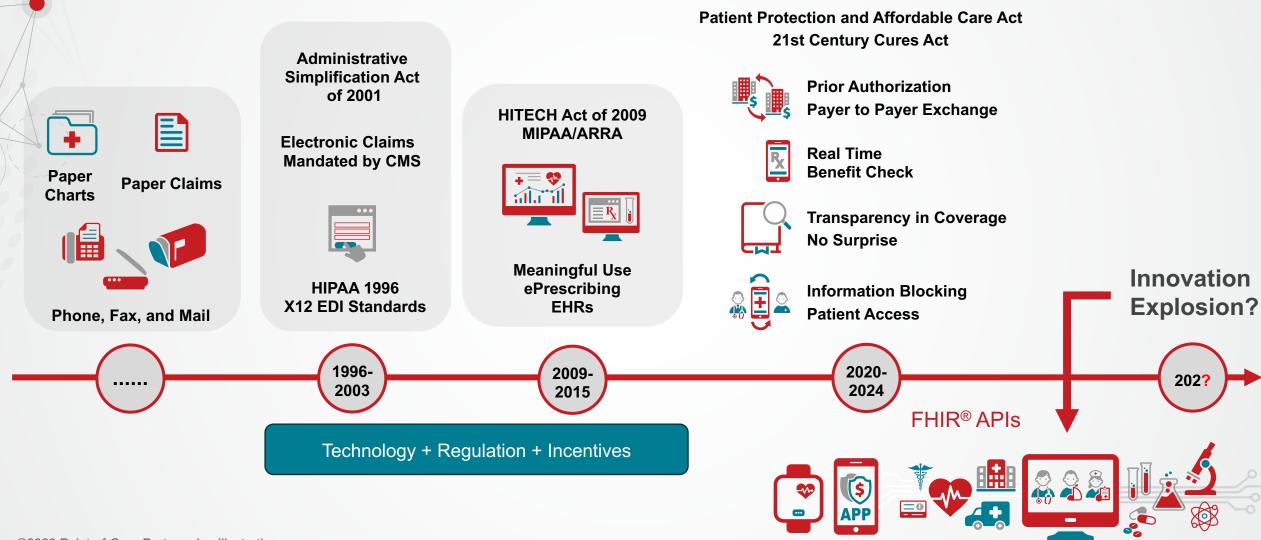
- Various stakeholders are driving change in patientspecific health data exchange and automation, patient consent and privacy regulation, and certification programs vs compliance check the box organizations that behave like regulation is "happening to them"
- Identify public footprint to assess positions on Interoperability, specific use cases and breakdown/focus by Line of Business
- More education on larger ecosystem move to patient driven digital economy and patient-centric data sharing



Office National Coordinator - ONC

Advancement of Provider and Vendor patient-specific health data exchange and automation through regulation and certification

Evolution of Healthcare "Interoperability"



Business Transformation: Healthcare on FHIR

You can easily find a new doctor and make an appointment; do you want to be closer to work or home?



"Your medical appointment is today; Remember no food or drink this morning! Traffic is light; Do you need me to get you a ride?"



I see you have arrived for your appointment; don't forget that flu shot – learn more about why that is important here:

Why should I get a flu shot?

Your lab results and visit notes notes are ready















Here is a reminder to go for your annual exam...

I see you changed doctors since last year; do you want to share your health information from last year with your new doctor before the visit?



You have a \$50 copay – do you want me to pay that from your Apple Wallet?



Congratulations – you have earned 10 Starbucks rewards points

Rate your experience

Here are directions to the outpatient radiology center for that follow up MRI

Expanding Role of Pharmacists: Policy Changes and Expanded Roles

Expanded Authority

Throughout the 2010s (and even now), many states expanded the authority of pharmacists to administer vaccines, creating accessibility for patients

COVID-19

The scope of practice for pharmacists broadened, with more patients seeking care from pharmacists; anticipating increased point-of-care testing and expanded immunizations

Looking ahead

Looking forward to 2030, majority of pharmacists are expected to transition from transactional care to more direct care responsibilities

2009

2010s

2013

2019

2023

2030

H1N1

The widespread outbreak of the H1N1 virus highlighted the role of pharmacists in administering vaccines and counseling patients

Opioid Crisis

Many states implemented or expanded laws to allow pharmacists to dispense naloxone, an opioid overdose reversal medication, without a prescription. This increased access to naloxone and contributed to efforts to reduce overdose deaths

Collaborative Practice Agreements

Delaware becomes the 50th state to pass legislation permitting pharmacists and prescribers to enter in CPAs

https://www.pharmacytimes.com/view/featurefocusvaccinations-0110 https://www.researchgate.net/publication/334173583 Pharmacy Practice and Its Research Evolution and Definitions https://www.fda.gov/media/148538/download https://www.pharmacytimes.com/view/pharmacists-rise-to-the-challenge-of-expanded-roles https://www.pharmacist.com/Publications/Pharmacy-Today/Article/collaborative-practice-now-allowed-in-all-50-states https://www.policymed.com/2022/03/pharmacists-role-to-expand-over-the-next-decade.html

Expanding Role of Pharmacists: Impact on Patient Access



Industry and policy changes have helped **to improve**patient access to healthcare services, especially in rural or
underserved areas



Patients can now receive immediate care for minor ailments, reducing hospital visits



The adoption of telepharmacy has extended the reach of pharmacists, allowing them to provide **consultation**, **medication management**, **and health services remotely**

[&]quot;Expansion of pharmacist roles and collaborative relationships targets enhancement of overall healthcare coordination, increased patient access to care, improved quality and disease and therapy management." Snyder, M.E., Zillich, A.J., Prietula, M. et al. Exploring Successful Community Pharmacist-Physician Collaborative Working Relationships Using Mixed Methods. Innov Pharm. 2010;1(2): Article 16. https://pubmed.ncbi.nlm.nih.gov/22247890/

Expanding Role of Pharmacists: Effect on Core Business Practices



The expanded roles have necessitated changes in **core business practices**



Pharmacies have had to **adapt their business models** to accommodate these services, impacting staffing, workflow, and revenue streams



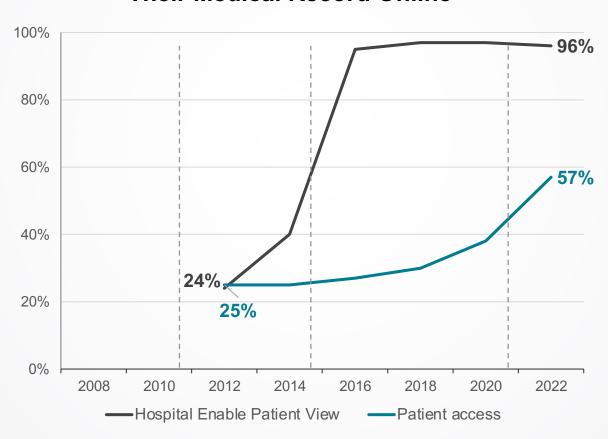
Additional training and certification requirements



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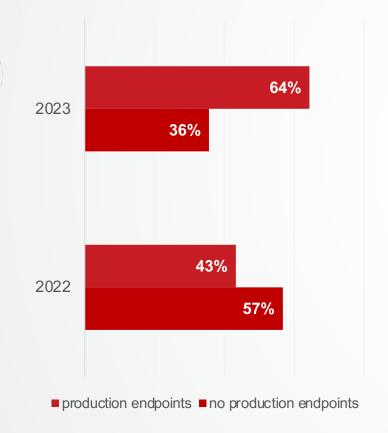
Interoperability and Patient Access

Percent of Americans Reporting They Access Their Medical Record Online



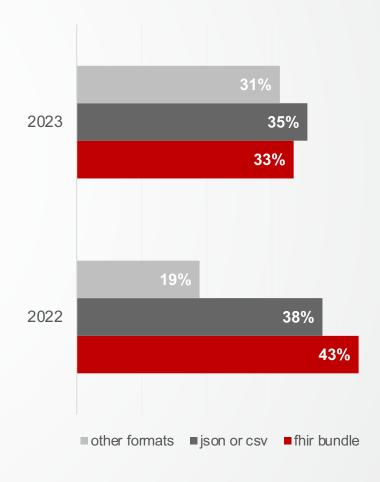
64% of Certified APIs in Production for at Least 1 Endpoint

% of certified APIs in production



% of endpoint lists in data format

- As of this meeting, there are about 30,000 unique API endpoints discoverable through CHPL
 - 85% of these are from 10 certified API developer lists
- Since end of 2022, more endpoints have come online with varied publication format



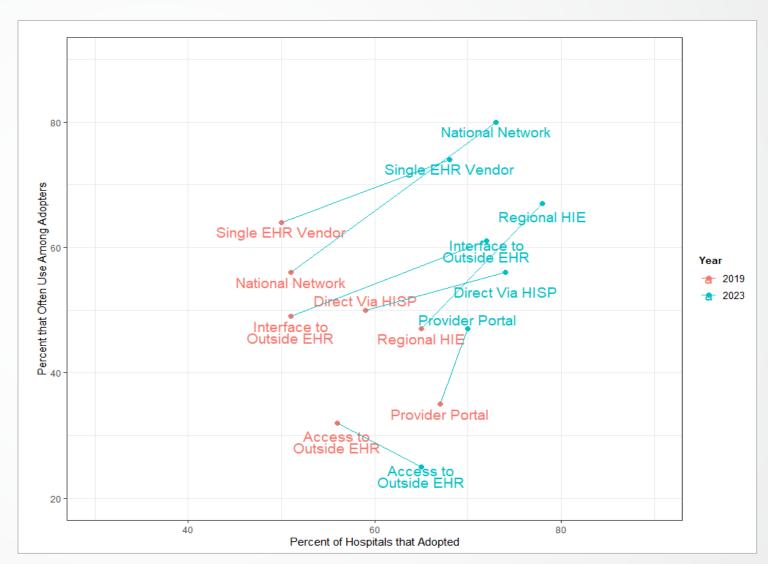
https://www.healthit.gov/topic/interoperability/investments/lantern-project



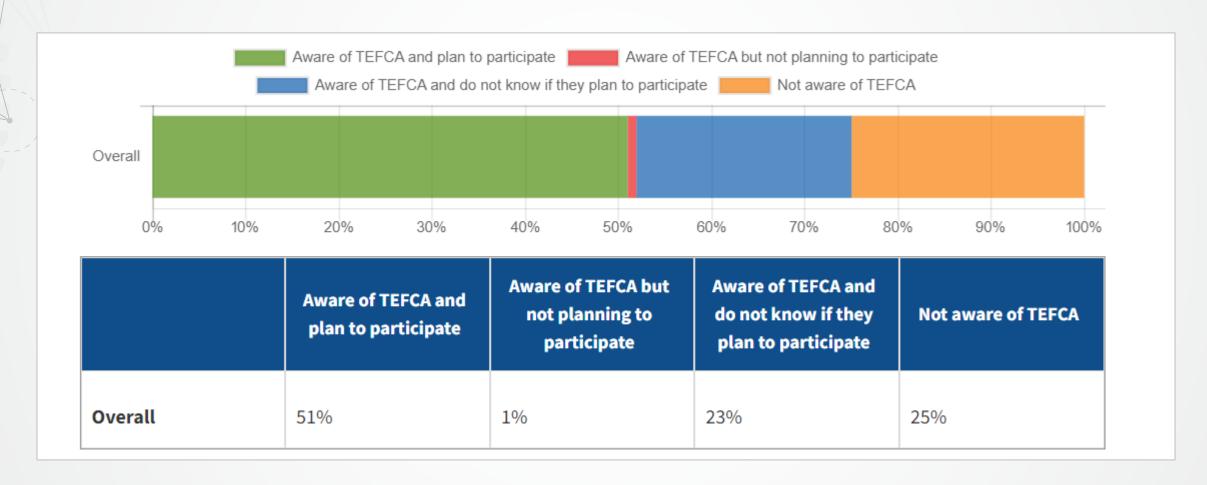
Hospital Methods of Information Exchange, 2019

Frequency of adoption and use of methods of obtaining outside information.

- On average, hospitals had adopted 5.0 of 7 methods of obtaining information and used 2.9 methods often in 2023, up from 4.3 and 2.0 in 2019
- Hospital adoption of methods to obtain information increased for all 7 measured methods between 2019 and 2023
- Frequent use of 6 of 7 methods increased between 2019 and 2023
- Each method was adopted by more than 70% of hospitals in 2023



Awareness of and Plans to Participate in the Trusted Exchange Framework and Common Agreement (TEFCA)





Interoperability in Pharmacy Practice

Enhancing Patient Care and Collaborative Health

The Foundation of Healthcare Interoperability



Healthcare Interoperability

Ability of different healthcare information systems, to communicate, exchange, and use data seamlessly, securely, and effectively¹





In the Pharmacy

Enables real-time bidirectional communication and exchange of medication and clinical data across pharmacies, other healthcare providers, health plans, HIEs, and others

Benefits

Comprehensive patient medical history, enabling better continuity of care and clinical insight to optimize patient care

Addressing Interoperability Challenges in Pharmacy

| Incompatible Health IT Systems and Data Formats | Non-Digitized Records | Lack of EHR Access | Provider Hesitation | Unclear ROI |
|---|---|--|---|--|
| Many pharmacies utilize systems that lack standard interfaces, data types, and terminologies to exchange information with other systems | External records like doctor's notes, hospital discharge summaries are still commonly paper or faxed, requiring manual re-entry into pharmacy systems | Most EHR and HIE systems were not architected with community pharmacies integrated as active participants for data sharing | Some providers (YES, this includes Pharmacists) resist unidirectional data sharing with pharmacies, citing privacy concerns, questioning value without system-wide reciprocity and interoperability | Building interfaces and upgrading technology is costly and time- consuming |

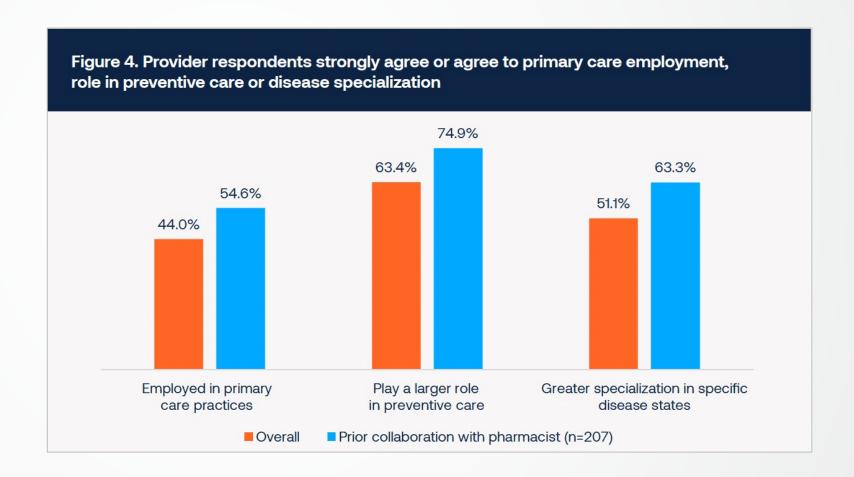
Overcoming these challenges requires multi-pronged collaborative efforts and incentives across healthcare entities



Provider Expectations: Expanded Roles for Pharmacists in Primary Care and Specialty Disease States

Providers expect pharmacists to play a greater role in traditional primary care activities:

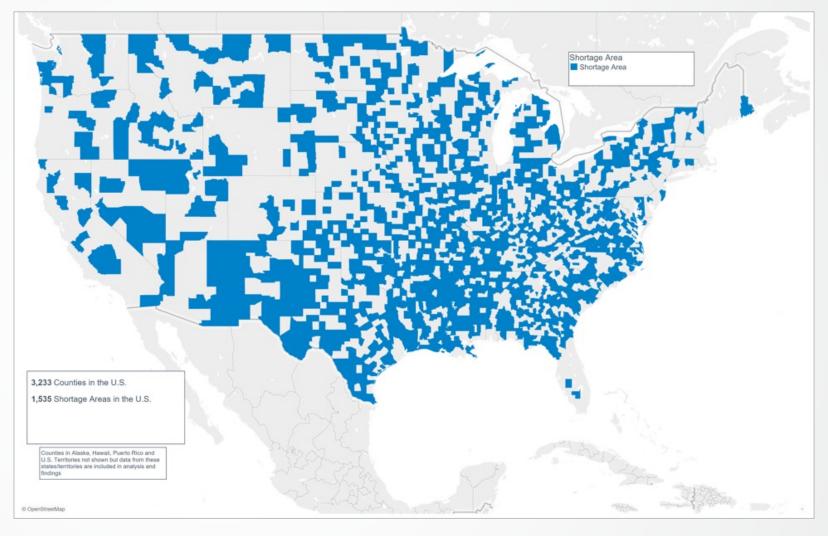
- 63.4% agree or strongly agree that pharmacists will play a greater role in preventive care activities
- 51.1% agree or strongly agree pharmacists will have greater specialization in specific diseases
- 44.0% agree or strongly agree that more pharmacists will be employed in primary care practices, allowing for more direct collaboration



Increasing Need for Interoperability

48% of counties in the U.S. have **<1 primary care provider per 1,500 patients**¹

By 2026, **21%** of U.S. family medicine, pediatric, and obstetrics & gynecology physicians will be retirement-eligible²



Counties with >1,500 people per primary care provider

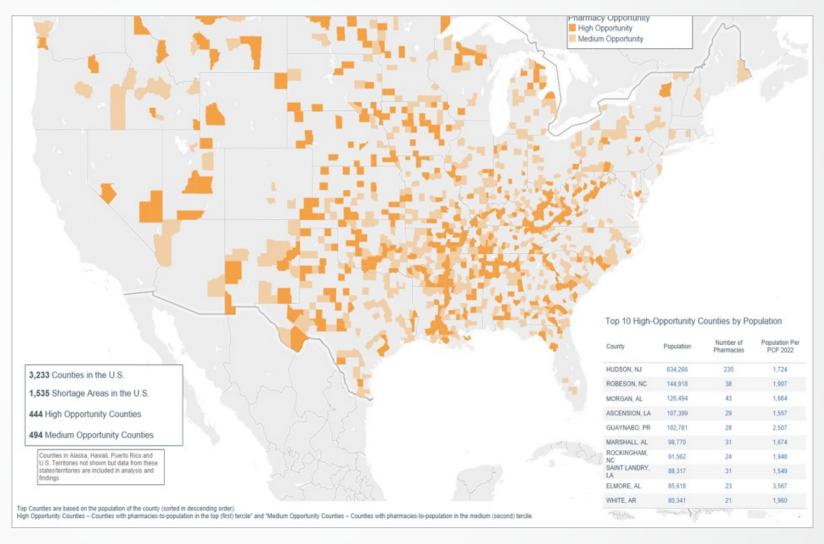
References: 1. Mercer, "U.S. Healthcare Labor Market," 2021. **2.** Surescripts analysis of U.S. Census data and primary care providers using the Surescripts network, January 2023.

Where Could Pharmacies Best Improve Access to Primary Care?

61% of counties with a relative PCP shortage also have a high or medium opportunity for pharmacists to fill gaps¹

More than **30%** of all rural hospitals are **at immediate risk of shutting down**²

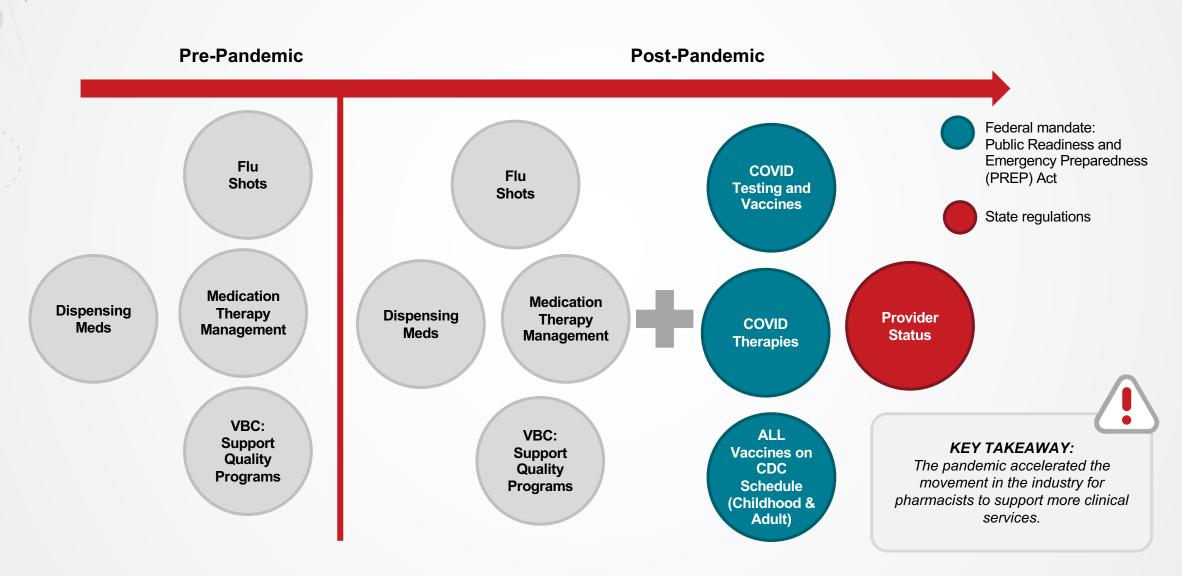
References: 1. Surescripts analysis of U.S. Census data and primary care providers using the Surescripts network, January 2023. **2.** Katie Adams, "Trends That Will Shape Healthcare in 2023: Hospital Closures, Scaling Retail Clinics & More," MedCity News, November 6, 2022.



High- and medium- opportunity counties

Counties with >1,500 people per primary care provider that lie in the first (high) or second (medium) tercile for pharmacies by area

Pandemic Driving a Historical Shift in Pharmacy



Clinical Service Progression

Limited Vaccines

Dispensing Medication

No Clinical

Services

Work harder to fill more Rx, but more Rx leads to more DIR fees.

Manual & Paper-Based

Offers Flu vaccines, but sometimes doesn't document, or bill consistently which eats away profitability.

Multiple Vaccines

Manual & Software Hybrid

Offers COVID and Flu vaccines, but bills vaccines to the Pharmacy Benefit which could lead to less reimbursement and more DIR fees.

Service Type

Operational Process (with example)

Vaccines & Limited Clinical Care

Mixed Software Solutions

Offers COVID-19
Flu, Pneumonia
vaccines, and test to
treat for strep but has
plateaued with existing
technology.

Vaccines & Clinical Care

End-to-End Solution

Offers vaccines, test to treat services and expanding to other services within scope. Regularly bills for medical services and is involved in value-based payment programs.

Evaluating Payment Models

Cash Model (Offerings at Cash)



Patients pay cash for services without health plan involvement



Most flexible model based on convenience and enables operational growth



Affordability for some patients; lack of payer recognition

Fee-for-Service (Medical Billing)



Medical billing software is used (X12 837p format) to bill for clinical services



Same way other providers (MD, PA, NP) bill for CPT codes for office visits and cognitive time



Requires health plan enrollment, credentialing, and contracting

Value-Based Care (VBP Programs)



Value-based contracts share risk and reward for outcomes improvement



Flexible by program design and are focused on achieving goals



Requires geographic density and / or clinically integrated network

Outlook







Examples of Pharmacies Participating in Value-Based Care

Ohio State University

- Part of Comprehensive Primary
 Care Plus an Alternative Payment
 Model (APM) for Medicare
 Patients
- Participate in the Ohio
 Comprehensive Primary Care for Medicaid Patients
- Work with private plans who have similar APMs models; paid on a per-member, per-month basis



Moose Community Pharmacy

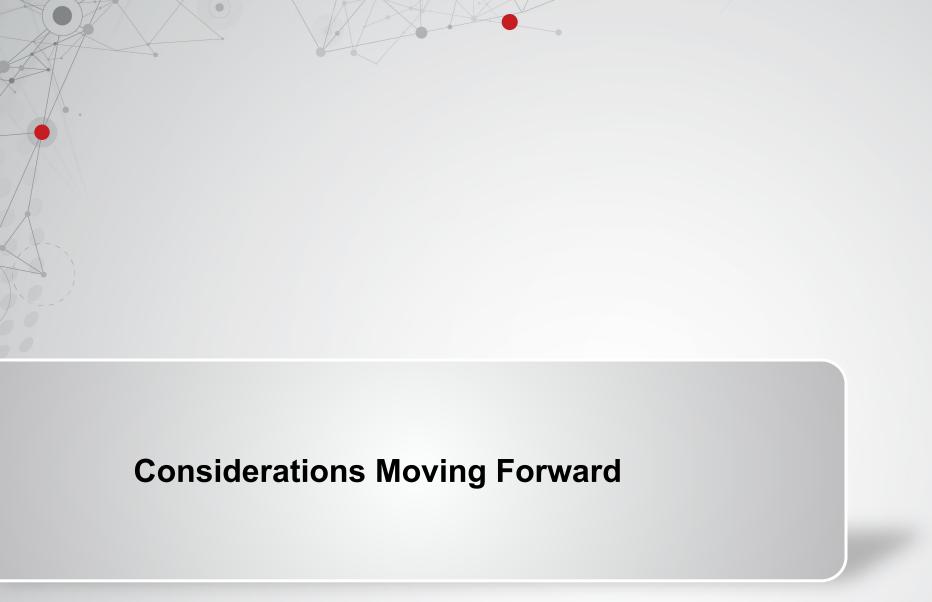
- Partnered with local primary care clinics and self-insured employers to help providers meet quality metrics (eg, diabetes, hypertension, asthma, etc.)
- Part of Community Pharmacy Enhanced Services Network (CPESN) that contracts with payers for various clinical pharmacy services



University of Michigan Medical Group (UMMG)

- Groups of pharmacists embedded in primary and specialty care clinics to provide patient care as part of care team through population health management
- Specific pharmacists looking at patient population across practices to see how they fit into specific quality measures (eg, HEDIS)





ONC Task Force Pharmacy Care and Collaboration Recommendations

The focus of the Pharmacy Interoperability and Emerging Therapeutics Task Force 2023 work was to **support interoperability between pharmacy constituents**, and the **exchange of information necessary for medication management, patient safety, and consumer engagement**. The recommendations represent the views of the HITAC.

Use Case Focus:

- Bi-Directional Access to Individual Patient Data Supporting Testing Through Treatment
- Process
- Incorporate Pharmacists into the Care Team
- Consumer Engagement
- Data-Driven, Medication-Related, Population-Level Interventions
- Pharmacy Quality Measures of Clinical Pharmacy Services
- VBC Quality Measures Cross Care Team
- Public Health
- Patient Safety



Themes and Topics:

- Standards and Data Exchange
- Pharmacist-Other Provider Collaboration and Data-Sharing Needs
- Pharmacist- Public Health Collaboration and Data Sharing Needs
- Pharmacist-Special Settings, Populations, Long-Term Care Collaboration Sharing Needs
- Pharmacist Data Capture
- Information sharing/Blocking
- Jurisdictional Variations of Standards and Rules
- Resources/Funding

https://www.healthit.gov/hitac/committees/pharmacy-interoperability-and-emerging-therapeutics-task-force-2023 https://www.healthit.gov/sites/default/files/page/2023-11/2023-11-09 PhIET TF 2023 Recommendations Transmittal Letter 508.pdf

Overcome Barriers for an Interconnected Pharmacy



Encourage standard terminologies adoption, actively engage and lead in NCPDP



Advance certification requirements and meaningful use definitions for pharmacies



Develop bidirectional data sharing arrangements



Create sustainable funding programs



Collaborate with the medical and standards community and evaluate the impact of the adoption of FHIR® standards



Implement pharmacy-led pilot programs

Considerations

Pharmacy

- How will you adjust your business model to offer more clinical services?
- How do you choose technology partners to support additional clinical offerings?
- How are you collaborating with payers or other providers (such as ACOs) to establish valuebased agreements?

Health Tech Vendors

- What solutions can you offer to better support pharmacy clinical services & data exchange with other care settings?
- Do you understand the workflows for pharmacists engaged in advanced practice roles?
- Are you tracking federal and state-level policies that your solution would need to adhere to for strategic and compliance reasons?

Payers

- Do your current reimbursement models leverage pharmacy clinical services to improve care access?
- Are there health equity programs that could benefit from improved data exchange with pharmacists, who often see patients more frequently than primary care providers?
- How are you incorporating pharmacists into their strategies for meeting and improving quality metrics?

Market Intelligence Approach

BASELINE CONCURRENT



DEEP KNOWLEDGE & UNDERSTANDING

- POCP has conducted thousands of interviews over our 20 years
- We focus only on key industry topics to cultivate a deep understanding
- This baseline knowledge enables us to create insightful discussion guides and ask smart follow-on questions to get our analysis right the first time



VOICE OF THE BUSINESS

- Interview key stakeholders within client organization
- Assess current understanding, skill sets and perspectives on the relevant focus area
- Capture client organizations views, growth/progress opportunities, synergies with current capabilities and how they can be leveraged to meet short and long-term objectives

VOICE OF THE MARKET

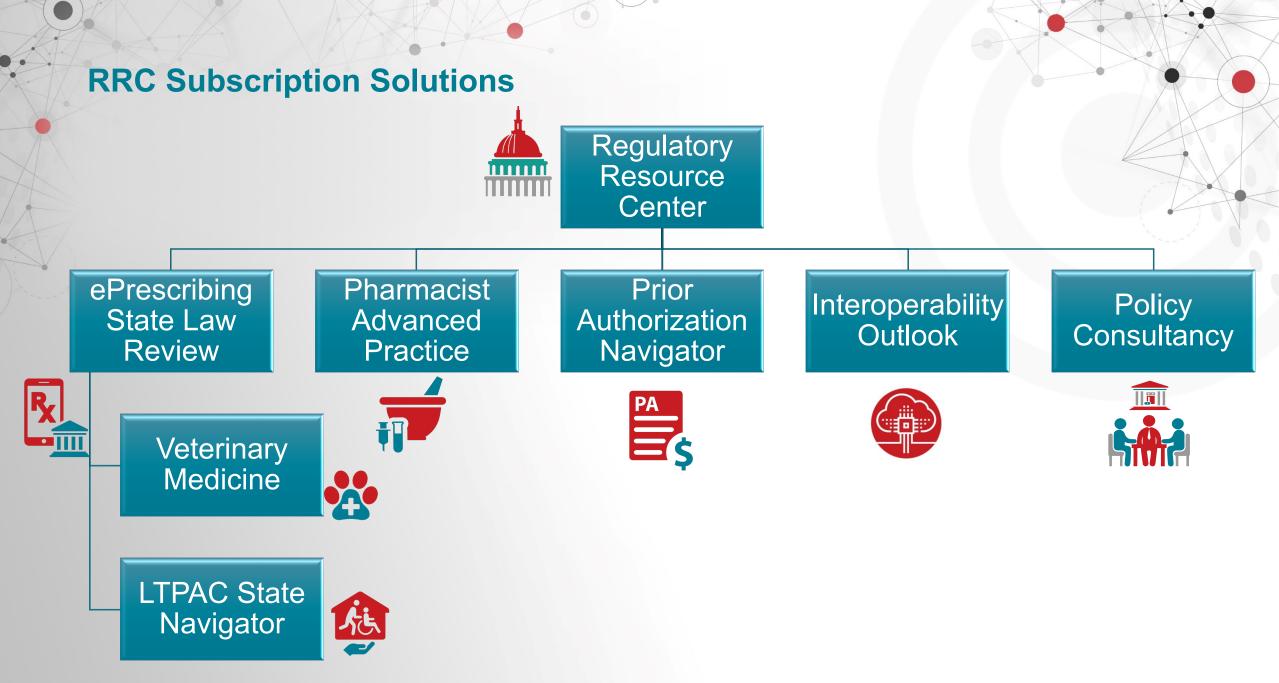
- Interview industry stakeholders to assess industry views & perspectives
- Evaluate alignment and gaps between industry views & approaches with client organization perspectives
- Gain insight on related plans/desires/expectations
- Identify perceived positives and negatives, barriers and openings

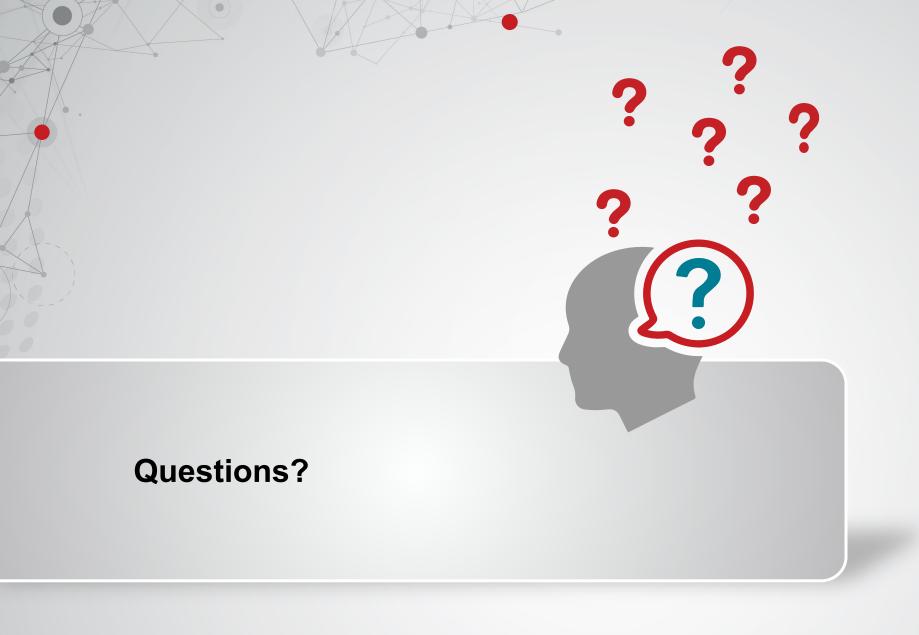
ITERATIVE



ANALYSIS AND RECOMMENDATIONS

- Synthesis views of key internal stakeholders and current clients, and feedback highlighting any views that converge or diverge
- Preliminary assessment of strengths, weaknesses, opportunities and threats with respect to achieving short and long-term goals







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