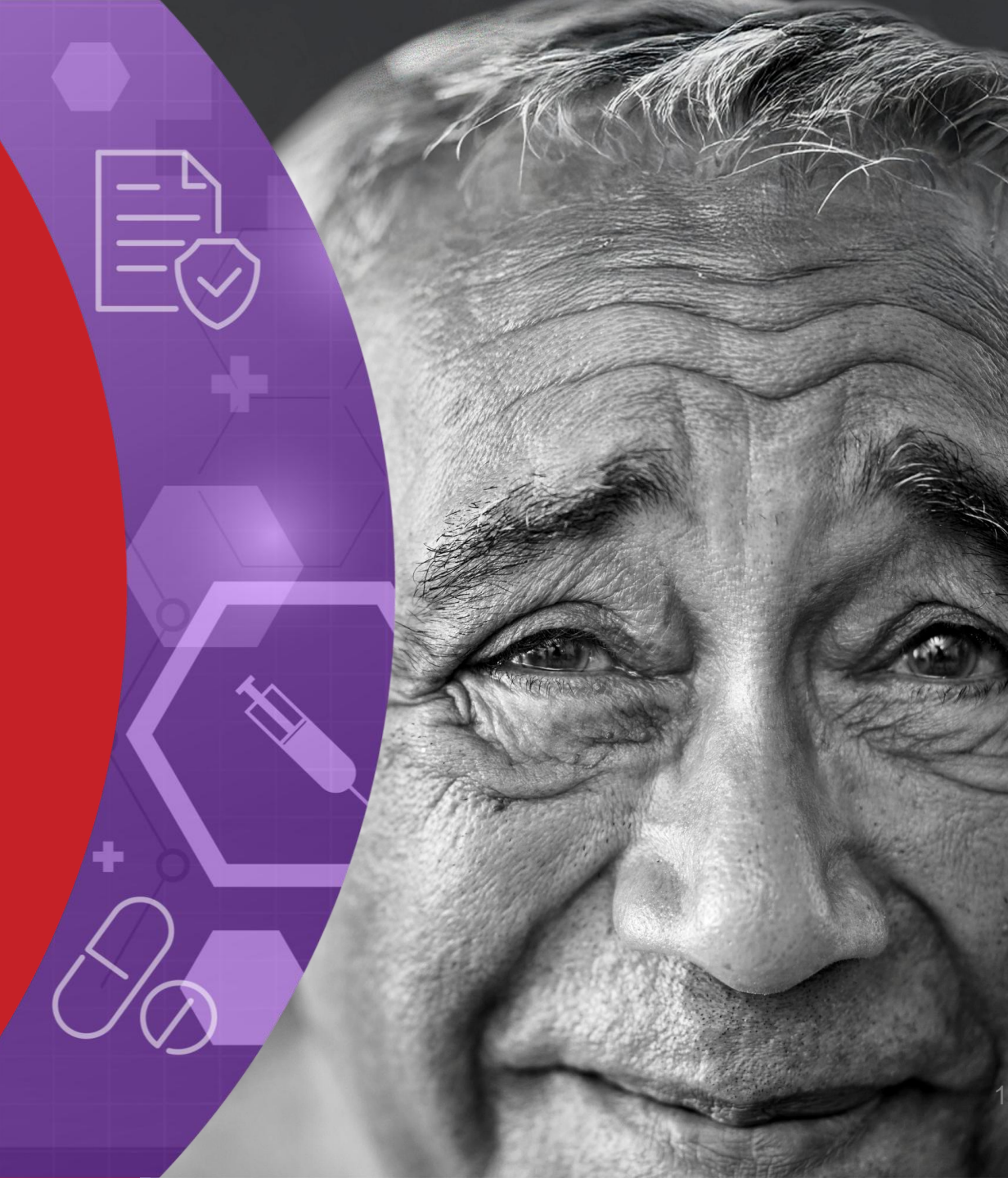
Optimizing Health IT Impact. **For Good.**

A Business Model Framework to Scale Pharmacy-Delivered Clinical Services



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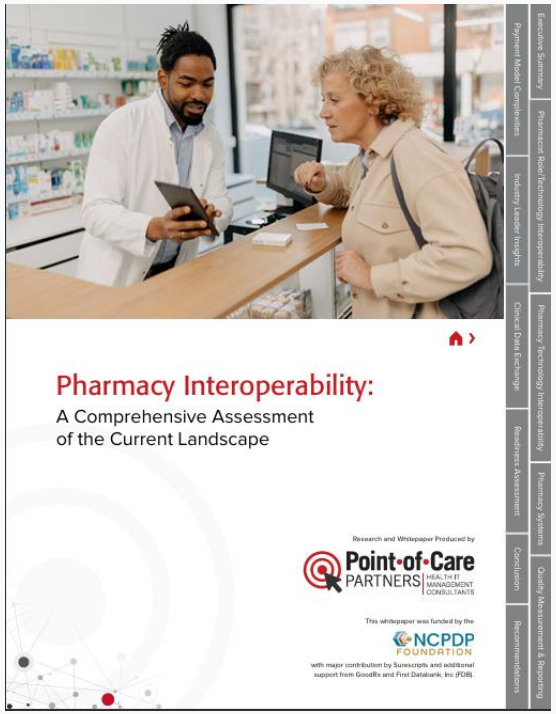
The Whitepapers That Inspired This Webinar

Key Takeaways: Pharmacy Interoperability Whitepaper

NCPDP Foundation research findings on clinical data exchange and workflow integration.



PRIMARY RESEARCH

Read Whitepaper

Embedded in Workflow

- Beyond Portals: Interoperability must move from isolated point-to-point connections to automated, bi-directional data exchange.
- PMS Integration: Clinical data must flow directly inside standard Pharmacy Management Systems during routine dispensing and care delivery.

Harmonizing Standards

- Bridging Standards: Aligning NCPDP standards with HL7 FHIR protocols and national frameworks like TEFCA.
- Ecosystem Connectivity: Connecting community pharmacies with health plan and provider EHRs to close care gaps and track outcomes.

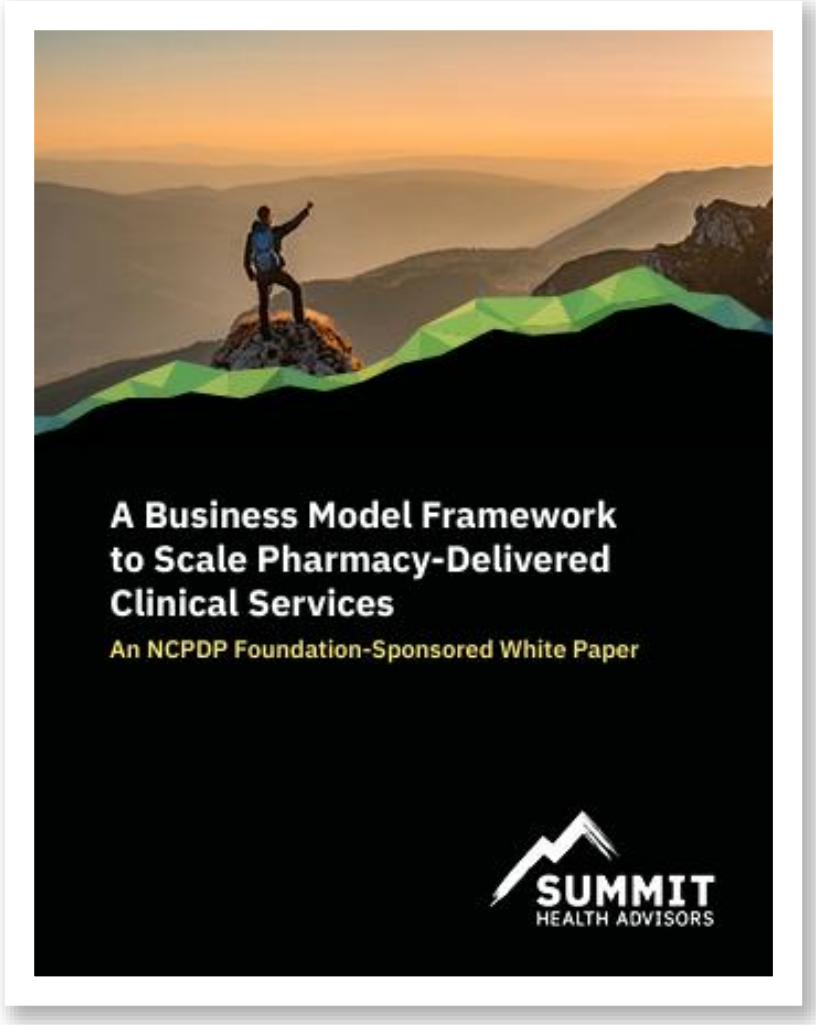
Enabling Scalable Care

- Clinical Data Access: Access to patient histories, lab values, and care plans is essential for advanced practice services.
- Sustainable Model: Standardized documentation and quality measurement provide the proof required for long-term payer reimbursement.

Inspired By....

NCPDP Foundation funded research for "A Business Model Framework to Scale Pharmacy-Delivered Clinical Services". It builds on the award-winning 2024 NCPDP Foundation-funded whitepaper, *Pharmacy Interoperability: A Comprehensive Assessment of the Current Landscape* as well as efforts of national multistakeholder initiatives designed to advance pharmacists' clinical care, particularly in the clinical setting, such as:

- Sequioa Project Pharmacy Workgroup
- Pharmacy Health IT Collaborative



Contributors

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Whitepaper Highlights

Ecosystem Depth

Funded by the NCPDP Foundation; builds upon multi-stakeholder collaborative standards from Sequoia Project, PHIT, and national frameworks.

Informant Insights

Informed by key interviews with over 30 leaders across federal agencies, health plans, regional chains, and independent technology vendors.

Pharmacy Health Alliances for Reimbursable Medical Services (“PHARMS”)

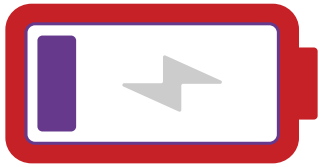
Proposes tactical regional alliances where committed payers and pharmacies align service, technology, and payment structures in parallel.

The Problem We Need to Solve

Problem

Provider Shortages

Rising Health Care Costs



Escalating Burnout

Solution Path With Caveats

- **The Latent Solution:** Community pharmacists are highly trained in medication-related therapeutics, trusted by patients, and reside in nearly every neighborhood.
- **The Scalability Gap:** Despite decades of successful localized pilots, clinical pharmacy initiatives consistently fail to scale in a sustainable, nationwide way.

Why Pharmacists?

- Education and training in medication-related therapeutics
- Accessible in nearly every neighborhood
- Highly trusted by patients
- Sit at the intersection of medication access, patient engagement, and data visibility

> ***"The pharmacist value prop is a pretty good one. We can do it more convenient than urgent care and we can do it cheaper than urgent care."***
>
> ***~ National pharmacy chain executive***

Staggering at the "Cold Start"

Health Plan Fragmentation

Extreme regional and national variability in payer billing, credentialing, contracting, and reimbursement rules creates an insurmountable operational barrier for pharmacies attempting multi-payer deployment.

Low Patient Volume

Without standardized operational pathways across multiple health plans, individual pharmacies fail to reach the consistent clinical service volume required to justify investing in new workflows.

> ***"There's really like a chicken and egg problem around investment. People don't want to invest in the technology until they see payoff, but without investment there's no payoff."***
>
> ***~ Industry association executive***

Pharmacy Health Alliances for Reimbursable Medical Services (“PHARMS”)

Alliances Structured for Efficiency

PHARMS are designed for speed and impact, with a streamlined structure that keeps decision making close to the work, focuses on committed participants and prioritizes rapid, measurable progress.

- Initial Scope and Launch Strategy
- Leadership and Facilitation Model
- Engaged Membership and Commitments

6 Proven Pharmacist-led Models of Care

- Chronic Disease Management
- Medication Therapy Management
- Preventive Care and Immunizations
- Point-of-Care Test and Treat
- Transitions of Care
- Gaps in Care

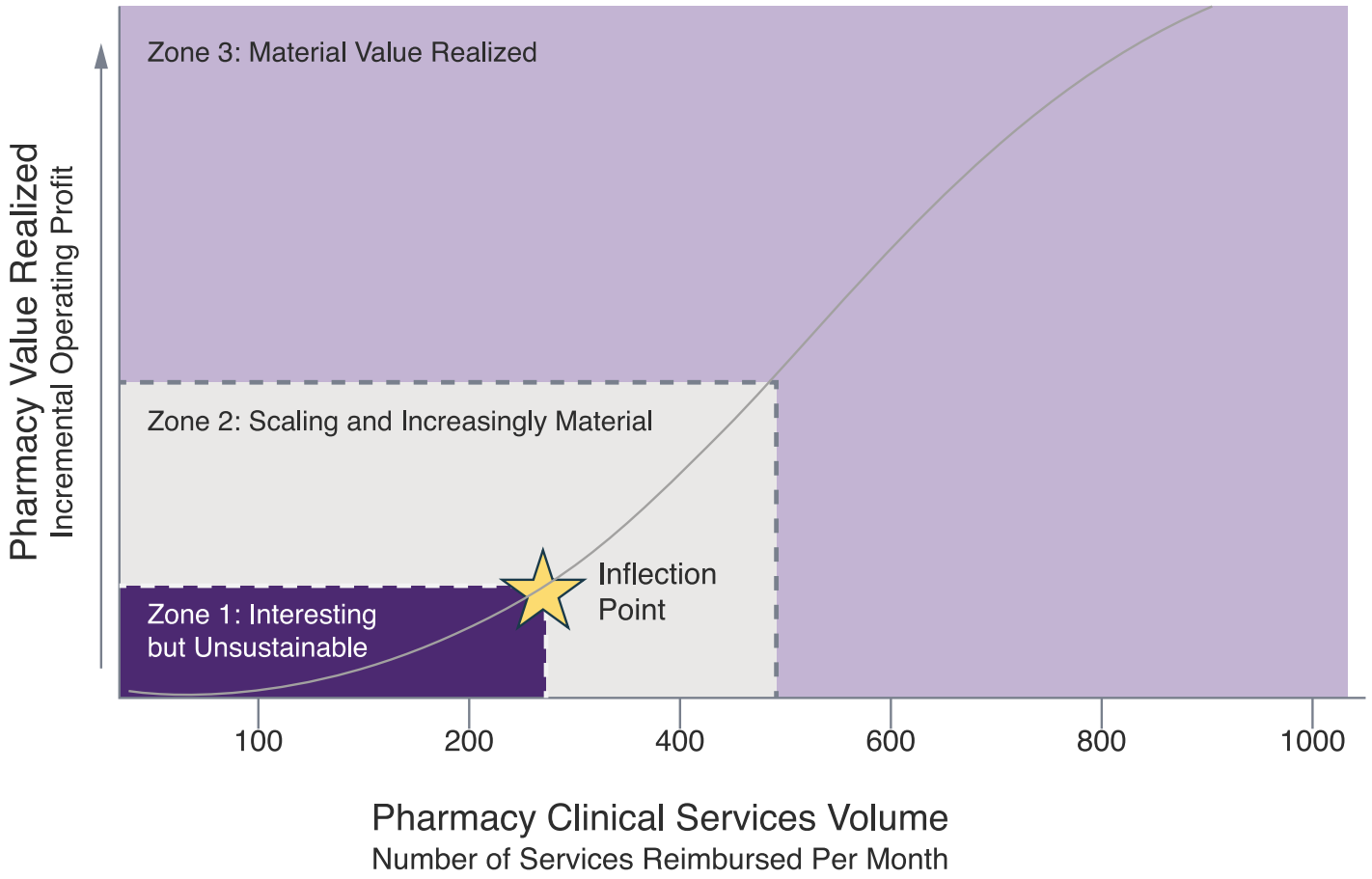
Structural Obstacles

- Reimbursement and contracting complexity
- Credentialing and enrollment delays
- Technology and workflow gaps
- Outcomes measurement and ROI demonstration

> ***"Most pharmacies don't have front office staff, they don't have schedulers, they don't have billers, they don't have the capital to invest. They're not willing to take on the risk."***
>
> ***~ Pharmacy technology executive***

Clinical Services Volume

Illustrative Model: Clinical Services Volume Threshold



> ***"It's a volume game. If you don't have the number of patients, pharmacies just won't see the ROI to stand up new workflows or services. Until you hit scale, claims processing for clinical services looks like a cost center, not a revenue line."***
>
> ***~ Health plan executive***

Barriers Hindering Scalability

High-impact barriers (●) represent presistent, market-wide constraints to significant patient volume. Medium-impact barriers (●) are context-dependent, affecting patient volume in certain geographies or payer segments. Lower-impact barriers (●) exist but exert less influence on early stage volume.

	USE CASE			
	Reimbursement & Contracting Complexity	Credentialing & Enrollment Delays	Technology/ Workflow Gaps	Outcomes & ROI Needs
1 Chronic Disease Management	●	●	●	●
2 Medication Therapy Management	●	●	●	●
3 Preventive Care & Immunizations	●	●	●	●
4 Point-of-Care Test & Treat	●	●	●	●
5 Transitions of Care	●	●	●	●
6 Gaps in Care	●	●	●	●

The Need for a Unified Business Model

Overcoming the cold start problem and enabling clinical services at scale require a shared business model framework between payers and pharmacies, including:

- Agreed-upon service scope aligned with pharmacist licensure
- Standardized credentialing and enrollment processes
- Consistent reimbursement structures and billing workflows
- Unified outcomes measurement

Such alignment can reduce operational friction, enable multipayer participation and build the critical patient volume needed for momentum.

Case Study:

How National Infrastructure and Regional Initiatives Helped Pave the Way for ePrescribing Adoption

Initiatives:

- MA eRX collaborative
- Southeastern Michigan ePrescribing Initiative (SEMI)

Efforts:

- Subsidized software, equipped pharmacies, trained physicians, measured results

Value Prop for Health Plans

For Health Plans, the Value Prop Varies by Line of Business

Line of Business	What They Value Most	High-Value Pharmacist Use Cases
Medicaid	Cost containment, access in underserved areas, avoidable ER use reduction	• Chronic disease management • Opioid management • Tobacco cessation
Medicare Advantage	Quality ratings (Star ratings, HEDIS), adherence, risk adjustment accuracy	• Comprehensive medication reviews • Personalized medication action plans • Adherence monitoring
Commercial (Employer & Individual)	Convenient access, member experience, productivity	• Point-of-care test & treat • Gap in care closures • Chronic disease management
Commercial FFS	Differentiation, service offerings, patient satisfaction	• Point-of-care test & treat • Preventive care and immunizations • Gaps in care closures

Value Prop for Pharmacies

For Pharmacies, The Value Prop Varies by Pharmacy Type

Pharmacy Type	What They Value Most	High-Value Pharmacist Use Cases
Independent	Revenue diversification, local patient loyalty, payer leverage	• Chronic disease management • Medication therapy management • Preventive care and immunizations
Chain	Scale, standardization, payer partnerships	• Point-of-care test & treat • Preventive care and immunizations • Gaps in care closure
Health System	Integration, reduced readmissions, population health	• Transitions of care • Medication therapy management • Preventive care and immunizations

Core Recommendation:

Pharmacy Health Alliances for Reimbursable Medical Services (PHARMS)

- Multiple action-oriented alliances
- Build on local initiatives
- Address and align on 5 core focus areas
- Function as living labs
- Share lessons learned across regions
- Results, outcomes, framework, and case studies should be published

1. **Service Prioritization**
2. **Reimbursement & Contracting**
3. **Credentialing & Enrollment**
4. **Technology & Workflow**
5. **Metrics & Value**

Approach & State Considerations

Evaluating PHARMS Opportunities: Market Viability Factors

Scope of practice opens the door; commercial alignment makes it sustainable.

Commercial & Financial

- **Health Plan Commitment:** Willingness to sign formal agreements, establish clear reimbursement terms, and actively distribute patient rosters
- **Sustainable Reimbursement:** Openness to long-term commercial payment pathways rather than temporary grant funding

Network & Delivery

- **Pharmacy Network Readiness:** Committed staffing, physical consultation space, and pharmacy management system (PMS) capacity
- **Patient Volume Density:** Sufficient attributed, eligible patient lives to overcome the historic "cold start" scaling barrier

Execution Feasibility

- **Stakeholder Alignment:** Active champions across state associations, health systems, and clinical leadership
- **Tech & Workflow:** Essential PMS integration (HIE data exchange evaluated based on specific use cases)
- **Implementation Simplicity:** Low operational complexity for rapid time-to-market

PHARMS Market Prioritization Framework

Establishing the legal foundation before layering commercial readiness.

STEP 1
BASELINE

Regulatory Threshold

Scope of Practice Authority
Prescriptive and protocol-driven care delivery rules

Test-and-Treat Authority
Legal ability to perform clinical evaluation & treament

Provider Status Mandates
Recognized provider status and payment mechanisms

STEP 2
EXECUTION

Commercial Feasibility

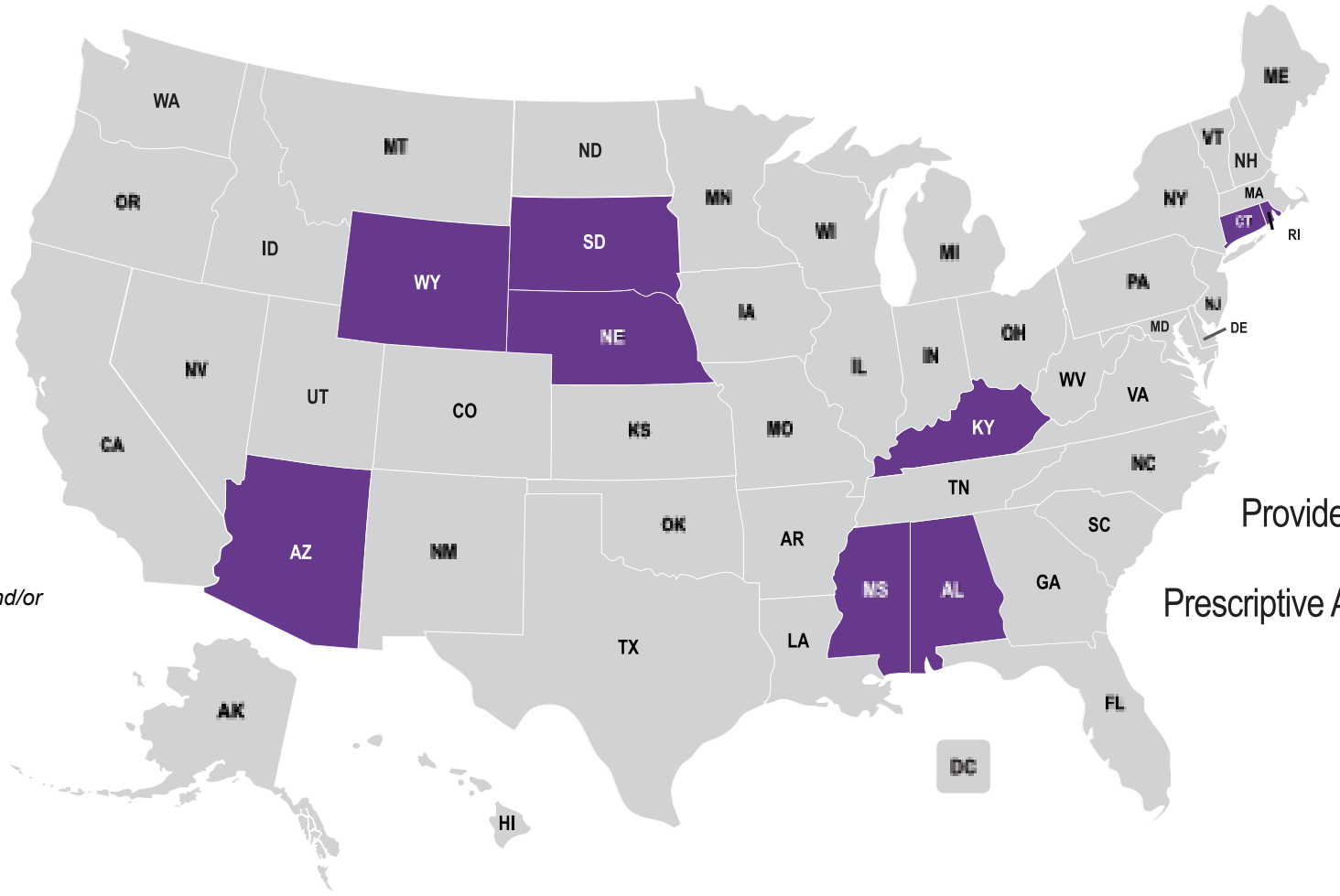
Payer Buy-In (25%)
Contracting pathways & reimbursement commitment

Volume & Network (30%)
Patient volume density & pharmacy footprint

Alignment & Tech (20%)
Stakeholders, baseline HIT, & launch simplicity

Strategic Key: State scope defines what is legally permissible; commercial readiness determines what is financially sustainable.

Pharmacists as Providers



Map illustrates the states in which pharmacists have provider status and/or prescriptive authority.

April 2026

Provider Status Only	0
Prescriptive Authority Only	9
Both	42
Neither	0

Reference: Summit Health Advisors. (2026). *A business model framework to scale pharmacy-delivered clinical services*.
Funded by NCPDP Foundation

State Spotlights–Considerations for PHARMS

Collaborative Practice Agreement

Hybrid: CPA, Standing Orders, and Protocols

Many Standing Orders

Let's Dig Into the Regulatory Resource Center Advanced Pharmacy Practice Portal

Conclusion & Key Takeaways

- The path to scaling is within reach
- Studies show pharmacists can improve outcomes and cost effectiveness
- Wide-scale adoption remains stalled because of
  - Health plan fragmentation in coverage, credentialing, contracting and reimbursement
  - Insufficient patient volume to justify operational investment and demonstrate sustainable ROI
- PHARMS model provides a collaborative structure to develop and operationalize these frameworks
- Call to Action: Health plans and pharmacies work together to build a shared foundation through a practical regional approach

Thank You

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