

2020

**INDUSTRY
TREND REPORT
IN PHARMACY QUALITY**



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PHARMACY QUALITY SOLUTIONS

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LETTER FROM THE CEO

Dear Healthcare Partners:

We have entered a new world in 2020. The healthcare industry has been entrusted to provide care, guidance, safety and reassurance for Americans and the people of the world during these uncertain times. Healthcare workers including doctors, pharmacists, and scientists are teaming up to battle the coronavirus (COVID-19), and they are risking their own lives to save multiple lives in a global pandemic. The way we live as people has changed, and we are dealing with new societal and technological challenges. More than ever, Pharmacy Quality Solutions, Inc. (PQS) understands the importance of collaboration. We currently partner with health plans representing over 90% of Medicare Part D lives and connect with over 95% of community pharmacies. We value our relationships with our industry partners, and we strive to help support and collaborate as we all work together to make a positive impact on the patients that you serve.

By serving as a neutral intermediary, PQS collaborates with payer and provider partners to manage performance information on the quality of medication use. Each year we strive to educate and promote trends, challenges and opportunities in quality improvement. For 2020, the Trend Report in Pharmacy Quality (Trend Report) will address trends and comfort levels that have changed among consumers, pharmacies and payers from 2019 to 2020. New for the 2020 Report, we have also included new questions to evaluate consumers' comfort related to COVID-19 testing and treatment. Consumers once again, trust and believe the pharmacist is a valuable healthcare resource and look for guidance and support from their pharmacist, especially during a year with a pandemic. We will look again at how patients recognize the value of pharmacy and its role in the future of healthcare during these difficult times.

Our survey questions were developed in collaboration with members of the pharmacy profession across several associations and groups alongside support from research partners. Our report will track trends in perceptions, performance, approaches and considerations as they relate to pharmacist-provided services and value-based performance programs across both payers and pharmacy providers.

We hope this second Trend Report will serve the healthcare community well. This is a journey we must take together to optimize value through improved quality, and we are grateful for your readership and support.



A handwritten signature in black ink that reads "A. Jeffery Newell".

Jeff Newell, RPh
Chief Executive Officer,
Pharmacy Quality Solutions, Inc.



A handwritten signature in black ink that reads "T. Sega".

Todd Sega, PharmD
SVP, Development & Strategy,
Pharmacy Quality Solutions, Inc.

TREND REPORT

in Pharmacy Quality

INTRODUCTION

In our second year of the Trend Report in Pharmacy Quality, we are excited to start comparing how responses and perceptions are changing year over year. In order to help track these yearly trends, we've kept many of the questions similar to our inaugural report. Our goal is to help educate the marketplace and inform healthcare payers, pharmacy providers and life science organizations on the trends and changes the marketplace is making to improve quality. In particular, the Trend Report outlines how the consumer-perceived role of pharmacists is changing along with how pharmacies are preparing to support these changes and manage more treatment-related outcomes. The report also summarizes how payers are working towards greater outcomes and advancing quality improvement, while at the same time increasingly interested in partnering with other providers such as community pharmacies.

We hope this report will serve as a reference to help community pharmacies understand how to best engage patients with new services, and additionally recognize types of performance-based programs deployed by payers across various provider types.

For payers, we hope the trend report can help highlight the current and shifting perceptions of patients on the role of community pharmacies and additionally, community pharmacies' readiness for supporting more advanced roles for optimizing medication outcomes.

What should be different or included for next year's report? If you have ideas or comments, we'd like to hear from you! You can share your feedback or ideas at [**trendreport@pharmacyquality.com**](mailto:trendreport@pharmacyquality.com).

METHODOLOGY/ APPROACH FOR SURVEY DEVELOPMENT

The first draft of each survey was developed by PQS staff and external research partners. A committee of experts representing healthcare payers and various types of community pharmacies reviewed and provided feedback using a Delphi method with structured communication and systematic methods.

For each section in the report supported through survey data, the specific questions used to collect the data may be paraphrased and summarized for length and may not reflect the exact question from the survey instrument.

For most sections, not all survey questions were included in the report to help keep the report shorter in length. As a result, questions and data are shown where results were thought to have the most significant impact for the broad, professional audience.

TREND REPORT COMMITTEE MEMBERS

NAME	ORGANIZATION	TYPE
Anne Burns	American Pharmacists Association	Committee Member
Susan Cantrell	Academy of Managed Care Pharmacy	Committee Member
John Beckner	National Community Pharmacists Association	Committee Member
Christie Boutte	National Association of Chain Drug Stores	Committee Member
Sheila Arquette	National Association of Specialty Pharmacy	Committee Member
Kim Caldwell	Pharmaceutical Care Management Association Consultant	Committee Member
Terri Warholak	University of Arizona	Research Partner
Amanda Harrington	Independent Consultant	Research Partner
Project supported by PQS Team Members: Todd Segal & Brittany Boyd		

Note: The survey questions or summary results from this report do not necessarily represent those of the individuals serving on the Trend Report Committee or the organizations they represent.

PQS would like to thank our committee members for their dedicated time and commitment towards the profession and opportunity to improve marketplace partnerships.

Section 1

CONSUMER PERCEPTIONS

INTRODUCTION

As we reflected on the 2019 Trend Report and collected industry feedback from our inaugural report, it was clear that the Consumer Perceptions section of the report carried the highest level of interest and praise. We were thrilled to hear the response and meaningful takeaways as it reinforced our “hunch” that we can all do better to help connect and understand the interests and perceptions of our patients/members.

For this year’s report, we were also pleased to be able to add in two questions related to COVID-19 testing and treatment to help further support the value of this section. Specifically, for the consumer survey implemented in 2020, these questions assessed the level of comfort with consumers in receiving testing and treatment for COVID-19 from various healthcare provider settings.

Improving access to care for COVID-19 testing has proven to be challenging during the pandemic. Historically, community pharmacies have played a major role in providing vaccinations. Per National Association of Chain Drug Stores (NACDS), community pharmacies also have improved access to care for the 34%-53.7% of patients who lack a primary care provider and sought test and treat services in a community pharmacy¹. Based on the history of pharmacies providing quality point of care testing for upper respiratory infections and proving highly accessible and safe locations, we sought to collect consumer perceptions about COVID-19 testing and treatment based on location^{2,3,4}.

As a reminder, this section is to help us all within the profession obtain visibility outside of our own “four walls.” As you’ll notice, the graphs and charts have additional data and PQS has identified interesting trends and changes with consumers’ perceptions from 2019.

SOURCES: ¹Immunization summary, KS CLIA Point of Care Testing. ²NACDS- CA COVID 19 TESTING WAIVER MEMO: ³Buss V.H., Naunton M. Analytical quality and effectiveness of point of care testing in community pharmacies: A systematic literature review. Res. Soc. Adm. Pharm. 2019;15:483-495. doi: 10.1016/j.sapharm.2018.07.013. ⁴Klepser ME, Klepser DG, et al. Effectiveness of a pharmacist-physician collaborative program to manage influenza-like illness. Journal of the American Pharmacists Association. 2016;56(1):14-21. doi:10.1016/j.japh.2015.11.008.

2020 CONSUMER PERCEPTIONS SURVEY

SURVEY APPROACH

- ⦿ A large panel of consumers across the country, who were over the age of 18, were targeted for survey administration.
- ⦿ Consumers needed to have visited a pharmacy in the past 12 months to be eligible for survey participation.
- ⦿ An invitation to participate in the survey was sent to 2,484 consumers from the panel meeting the inclusion criteria. A total of 999 respondents completed the survey (44% completion rate).

RESPONDENT DEMOGRAPHICS

GENDER	
Female	58%
Male	42%
Other	0.2%

REGION	
Midwest	23%
Northeast	25%
Southeast	27%
Southwest	11%
West	14%

HEALTH INSURANCE STATUS (COLLAPSED)	
None	12%
Private	53%
Medicare	26%
Medicaid	9%
Other - Not Listed	0.3%

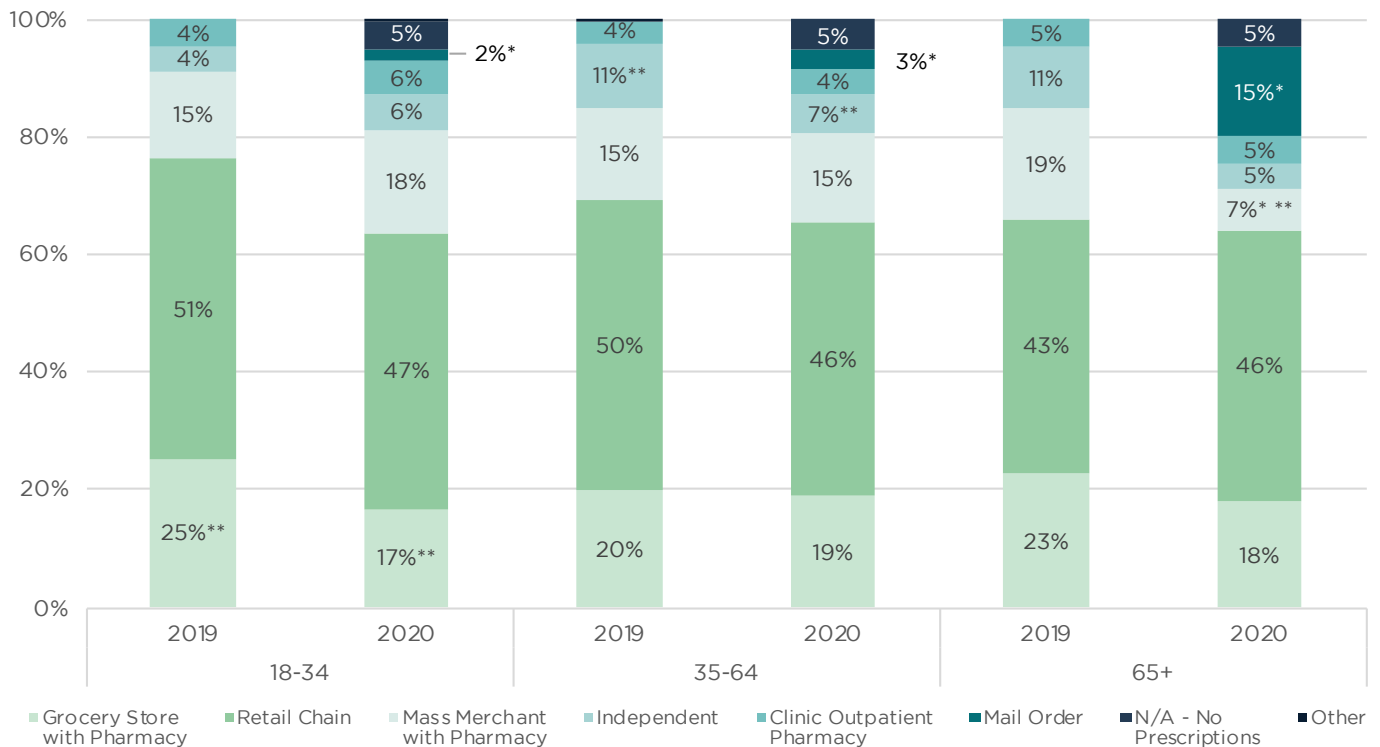
AGE	
18-24 yrs	12%
25-34 yrs	25%
35-44 yrs	22%
45-54 yrs	17%
55-64 yrs	13%
65-74 yrs	9%
75+ yrs	2%

HIGHEST SCHOOL LEVEL COMPLETED	
Less than high school degree	3%
High school degree or equivalent	18%
Some college but no degree	21%
Associate degree	12%
Bachelor degree	30%
Graduate degree	13%
Professional degree	4%

NOTE: Percentages may not sum to 100 due to rounding.

PHARMACY TYPE USED

PHARMACY LOCATION TYPE USED BY AGE



NOTE: Mail order and N/A (no prescriptions) responses were options in 2019, but not selected by respondents. One person in the 18-34 age group in 2019 did not provide a response to which type of pharmacy they frequented. One respondent in both 2019 (35-64 years) and 2020 (35-64 years) selected 'other' (not shown in graph).

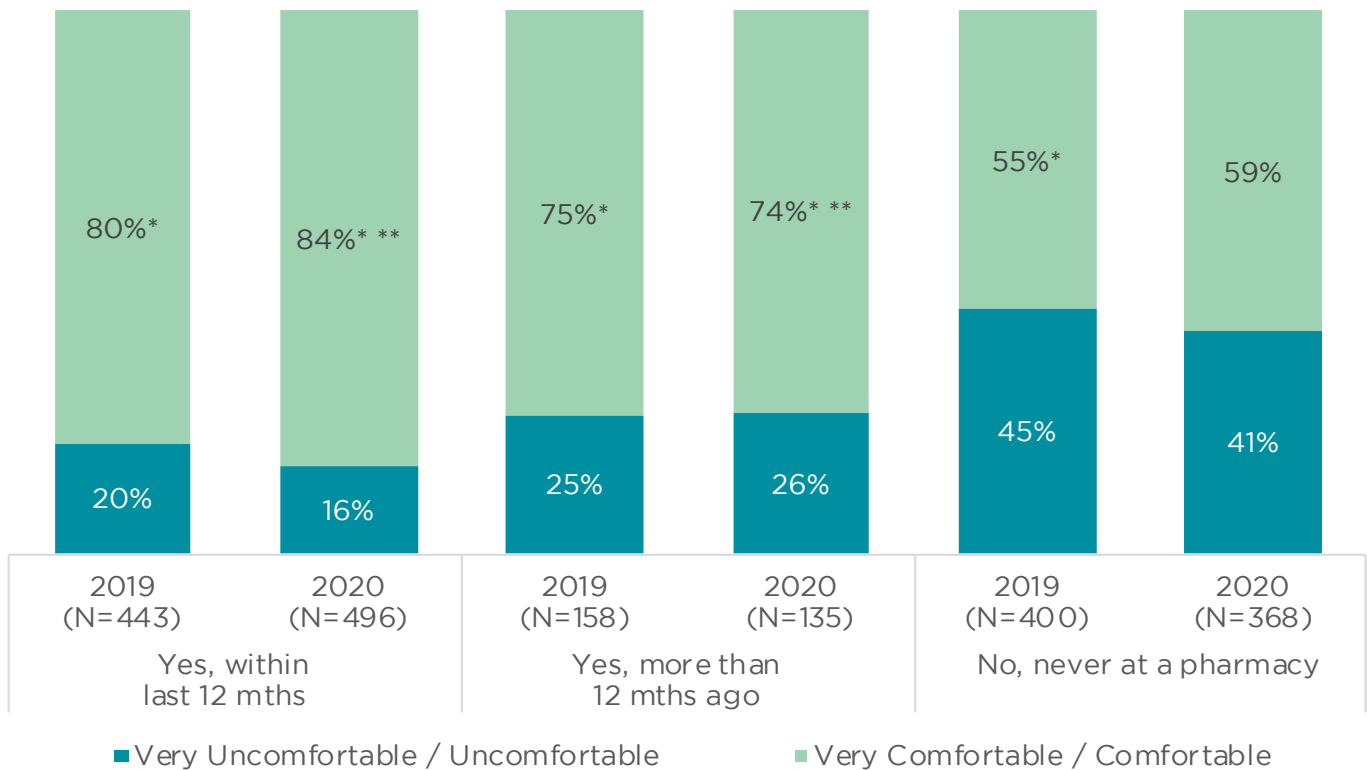
*Within year comparison in difference between age groups of respondents frequenting each pharmacy type, without adjusting for other respondent characteristics; Chi-square, $p < 0.017$ (adjusted for multiple comparisons)

**Between year comparisons in difference between age groups of respondents frequenting each pharmacy type, without adjusting for other respondent characteristics; Chi-square, $p < 0.05$

- 🕒 **2019:** Similar proportion of respondents reported frequenting each pharmacy type across age groups.
- 🕒 **2020:** More respondents aged 18-34 visited mass merchant pharmacies vs. 65+ respondents; respondents aged 65+ reported using mail pharmacy more than younger respondents aged 18-64 (15% compared to 2% among 18-34 and 3% among 35-64).
- 🕒 **2019 vs. 2020:**
 - 🕒 More 18-34-year-old respondents reported frequenting grocery store pharmacies.
 - 🕒 More 35-64-year-old respondents reported frequenting independent pharmacies.
 - 🕒 More 65+ respondents reported frequenting mass merchants with pharmacies.
 - 🕒 In each age group, some respondents reported using mail order pharmacies or having no prescriptions in 2020, whereas none reported using these pharmacies in 2019.

PHARMACY & VACCINE ADMINISTRATION

LEVEL OF COMFORT IN POPULATION RECEIVING VACCINATIONS AT A PHARMACY 2019 VS 2020



NOTE: *Within year comparison in difference (yes vs. no) in comfort level based on receipt of vaccination at a pharmacy, without adjusting for other respondent characteristics; Chi-square, $p < 0.017$ (adjusted for multiple comparisons)

**Within year comparison in difference (yes, ≤ 12 months vs. yes, > 12 months) in comfort level based on receipt of vaccination at a pharmacy, without adjusting for other respondent characteristics; Chi-square, $p < 0.017$ (adjusted for multiple comparisons)

⊙ In the survey, respondents were asked two separate questions about vaccines. One question elicited whether they had ever received a vaccine from a pharmacy, while the other asked their level of comfort with receiving vaccines from a pharmacist. This graph displays the level of comfort based upon whether the respondents had ever received a vaccine at a pharmacy.

⊙ In 2020, 368 respondents (37%) indicated they had never received a vaccine from a pharmacy compared to 2019 where 40% had indicated never receiving a vaccine from a pharmacy. Among the 37% of respondents who stated they had never received a vaccine from a pharmacy, approximately 60% of these individuals said they would be comfortable or very comfortable receiving vaccines at a pharmacy. This represents a growing (compared to 55% in 2019)

Why were respondents uncomfortable?

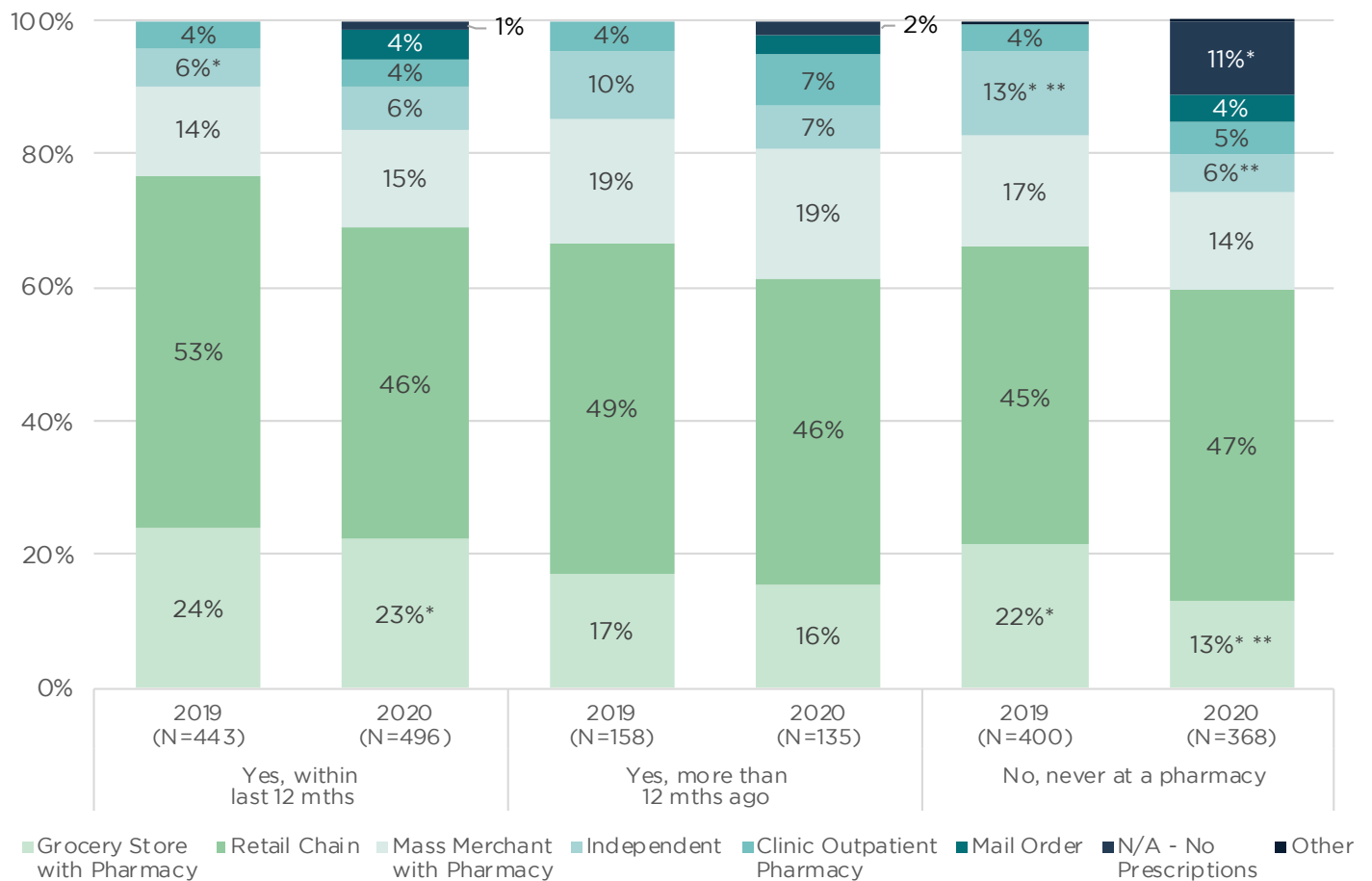
Did not know pharmacists were qualified to administer	84 (32%)
Do not trust pharmacists to administer	83 (31%)
Do not receive injections anywhere	64 (24%)
Pharmacies do not have a private/secure area	63 (24%)
Did not know insurance may cover a pharmacist injecting	50 (19%)
Other reason	20 (8%)

NOTE: Percentage is out of 265 respondents in 2020 who selected uncomfortable with receiving an injection from a pharmacist; respondents could select > 1 reason.

opportunity for pharmacies to capture a missing demographic of patients who currently are not receiving vaccines from a pharmacy but are willing to receive them.

- Among the reasons why respondents felt uncomfortable with pharmacist-administered vaccines were not knowing about pharmacists being qualified to administer vaccines (32%) and/or not realizing their insurance covered pharmacist-administered vaccines (19%). These reasons highlight the gap in patient/member awareness that community pharmacies and payers could address immediately through patient/member education about their benefits and services at community pharmacies.

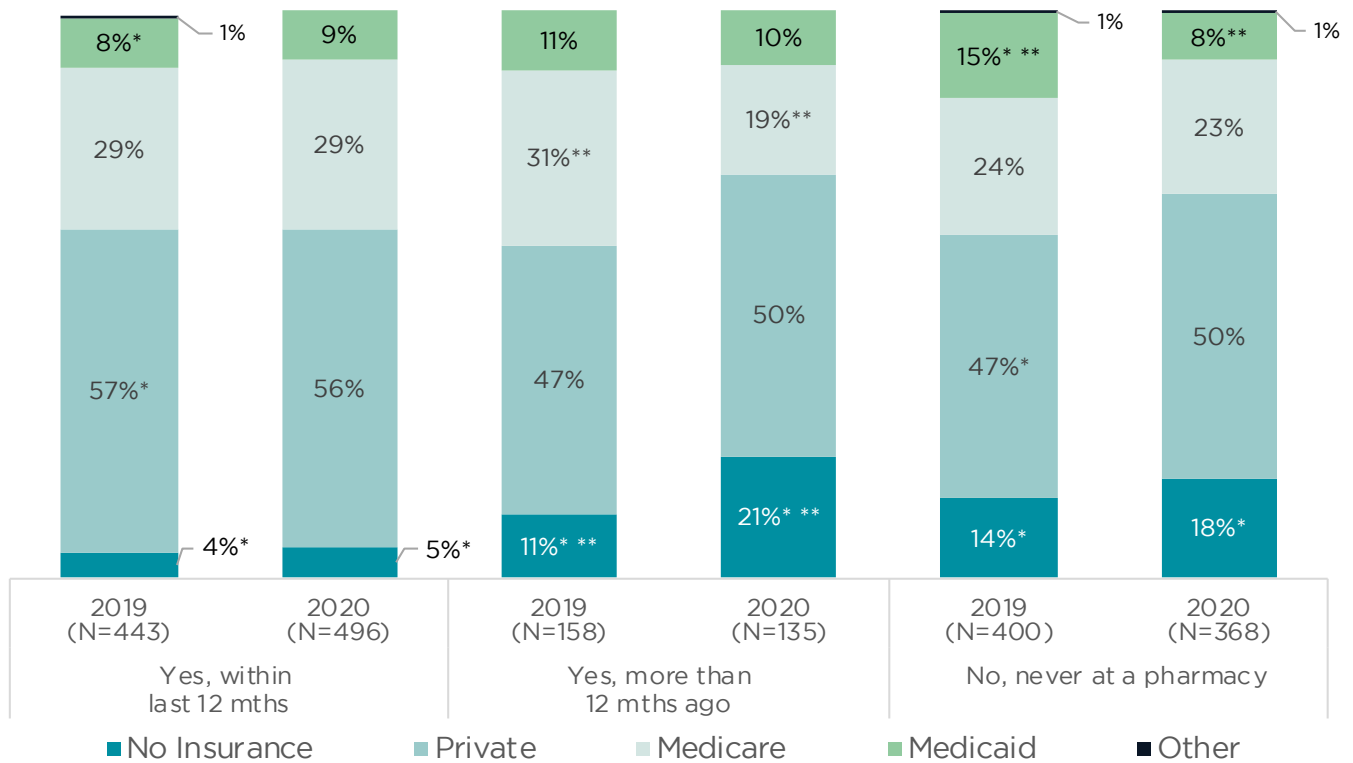
POPULATION RECEIVING VACCINATIONS AT A PHARMACY BASED UPON TYPE OF PHARMACY 2019 VS 2020



NOTE: *Within year comparison in difference in vaccine status of respondents frequenting each pharmacy type, without adjusting for other respondent characteristics; Chi-square, p<0.002 (adjusted for multiple comparisons)
 **Between year comparisons in difference in respondents frequenting each pharmacy type within vaccine status, without adjusting for other respondent characteristics; Chi-square, p<0.05

- For respondents who had a vaccine more than 12 months previously, more reported frequenting mass merchants with pharmacy vs. grocery store.
- Respondents frequently utilizing mail order and clinical outpatient pharmacies followed by independent pharmacies were one of the least frequently reported vaccination locations.

POPULATION RECEIVING VACCINATIONS AT A PHARMACY BASED UPON INSURANCE TYPE 2019 VS 2020



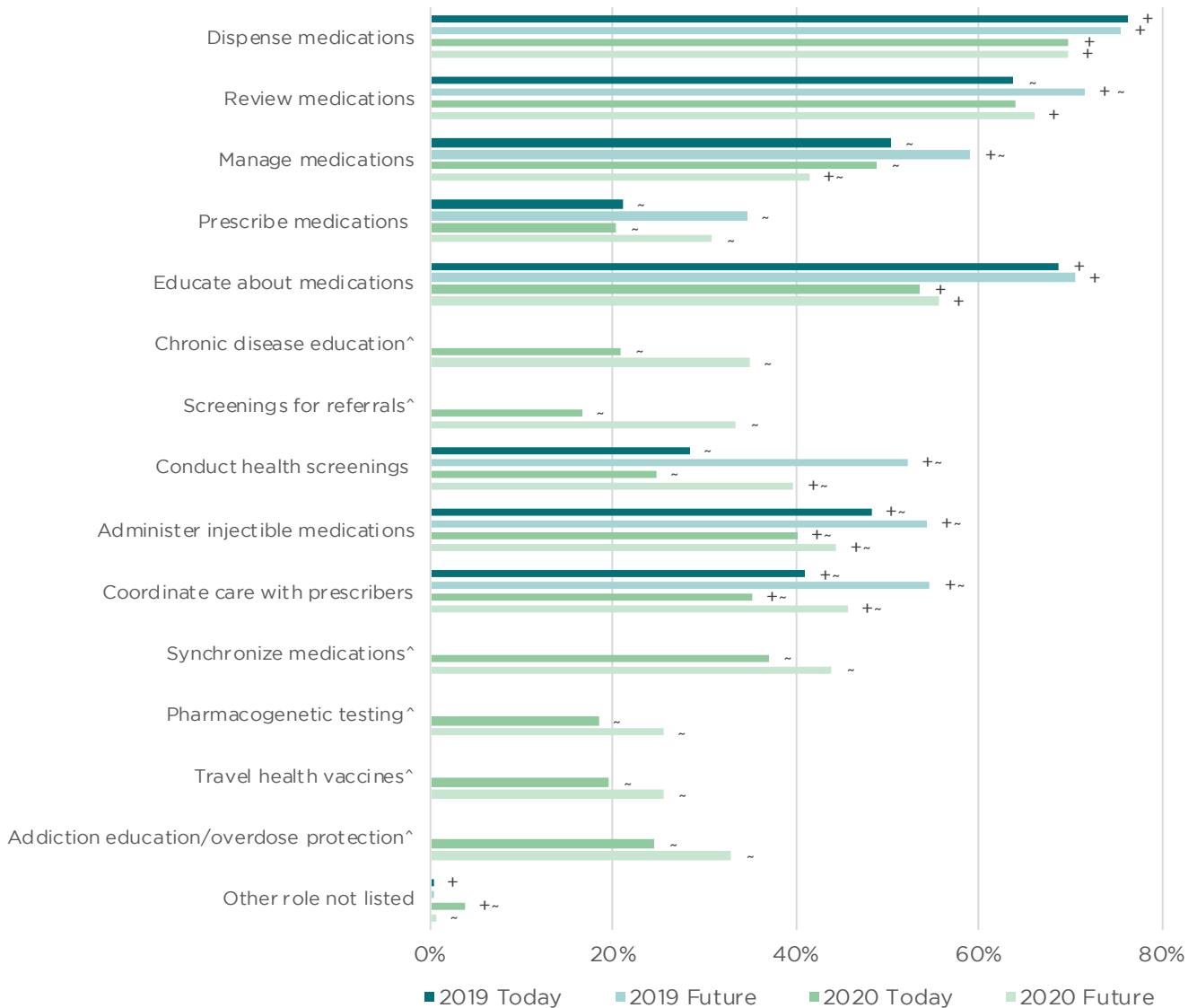
NOTE: *Within year comparison of the difference in vaccine status of respondents with different insurance types, without adjusting for other respondent characteristics; Chi-square, $p < 0.003$ (adjusted for multiple comparisons) (No Insurance 2019 & 2020 comparisons: yes, ≤ 12 months vs. no, never at a pharmacy & yes, > 12 months; Medicaid & private insurance 2019 comparisons: yes, ≤ 12 months vs. no, never at a pharmacy)
 **Between year comparisons in difference in respondents' insurance type within vaccine status, without adjusting for other respondent characteristics; Chi-square, $p < 0.05$

- ⦿ For both 2019 and 2020, fewer respondents who had a vaccine at a pharmacy within the last 12 months reported having no health insurance relative to those who had not had a vaccine within the past year. This could indicate that insurance status plays an important role in whether individuals receive preventative medicine such as vaccines. **While it may be unsurprising that those without insurance are less likely to be getting vaccines, this represents an opportunity for education and highlights the need for pharmacies to advertise or display the cost of vaccines without insurance.**
- ⦿ When comparing 2019 vs 2020, a similar proportion of respondents reported receiving a vaccine in both 2019 (60%) and 2020 (63%).
 - ⦿ Among the respondents who reported receiving a vaccine at a pharmacy within the last year, there were no differences in their insurance status between 2019 and 2020.
 - ⦿ When comparing the respondents who received a vaccine at a pharmacy more than a year ago, there were fewer respondents in 2019 who did not have health insurance but more who had Medicare in 2019 compared to 2020.
 - ⦿ Among the respondents who reported never receiving a vaccine at a pharmacy, more respondents had Medicaid in 2019 compared to 2020.

PERCEPTION OF PHARMACIST'S ROLES

In the survey, respondents were asked how they viewed the role of the pharmacist currently and to think broadly about how a pharmacist could help them or their family both in the present and in the future. Respondents were also asked to select the top three pharmacist roles they believed would be the most valuable in the future.

PERCEPTION OF PHARMACIST'S ROLE: TODAY VS FUTURE, 2019 VS 2020



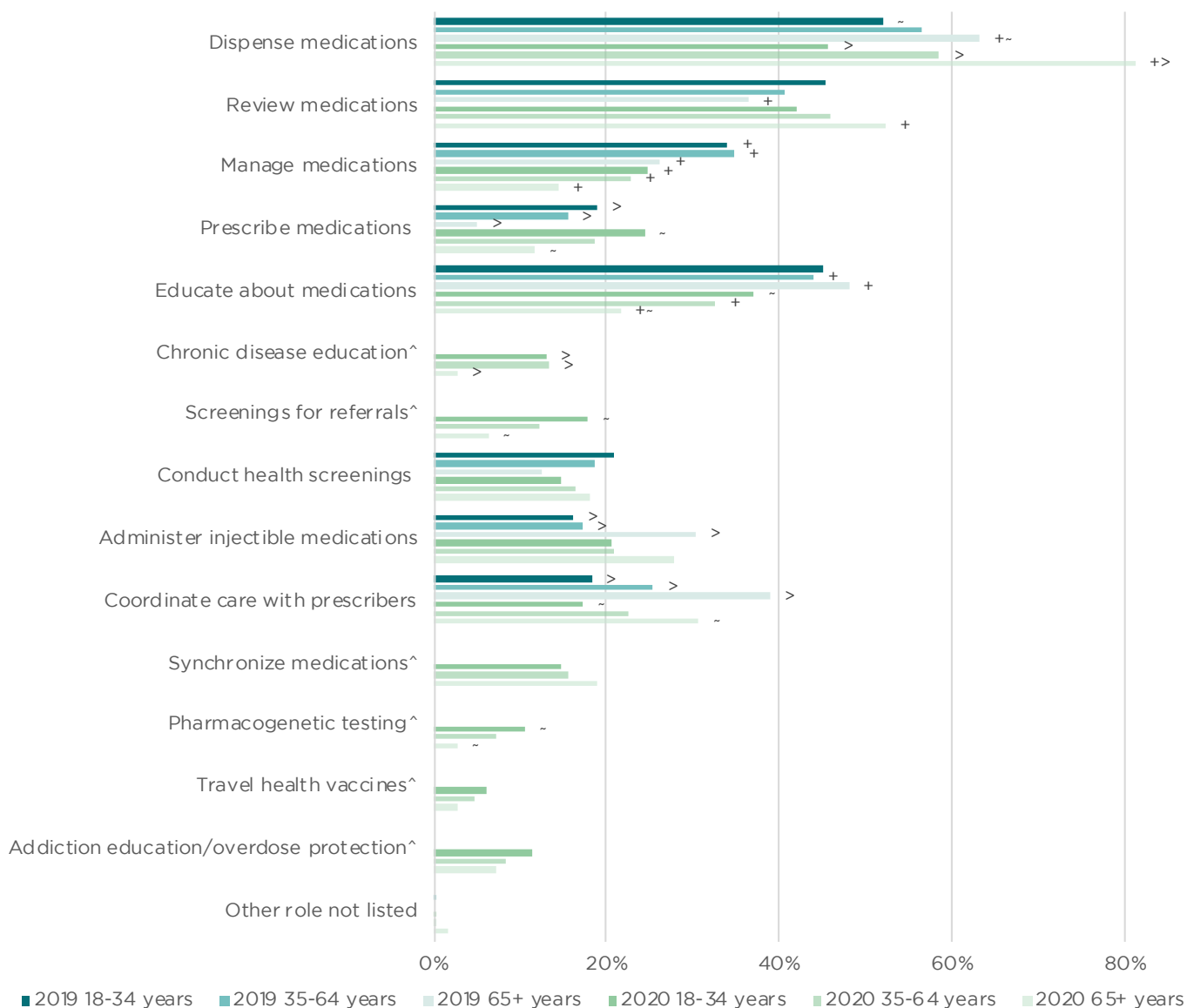
NOTE: ^ Response option included in 2020 survey, but not in 2019 version
 ~ Within year comparison in difference in perception of pharmacists' role today vs. future; McNemar, p<0.05
 + Between year comparisons in difference in perception of pharmacists' role today / future, without adjusting for respondent characteristics; Chi-square, p<0.05

⦿ In this assessment, we analyzed how each individual responded to the question on their perception of the pharmacist's role today and compared those same individuals for how they responded on their perceived role in the future. The results identify the roles they believe would change compared to the perceived roles of today. For the 2020 survey,

several new roles were added based upon stakeholder feedback. Some examples of additional services included medication synchronization, pharmacogenetic testing, travel health vaccines, and others. Due to having more response options in the 2020 survey, the responses in 2020 may appear diluted compared to the same items that were listed from 2019.

- ⦿ Respondents indicated they believed pharmacists' role in managing and educating about medications would remain unchanged in the future, whereas for most other roles, respondents indicated they believed the role of pharmacists would expand in the future; most notable differences were future increases in chronic disease education and health screening conducting/referrals.

MOST VALUABLE FUTURE ROLE OF PHARMACISTS BY AGE: 2019 TO 2020



NOTES (CONT'D ON NEXT PAGE): ^ Response option included in 2020 survey, but not in 2019 version.

NOTES (CONT'D FROM PREVIOUS):

- Within year comparison 18-34 vs. 65+ in difference in perception of pharmacists' top role in the future, without adjusting for other respondent characteristics; Chi-square, $p < 0.017$ (adjusted for multiple comparisons)
- > Within year comparison 18-64 vs. 65+ in difference in perception of pharmacists' top role in the future, without adjusting for other respondent characteristics; Chi-square, $p < 0.017$ (adjusted for multiple comparisons)
- + Between year comparisons for each age group (e.g., 2019 18-34 vs. 2020 18-34) in difference in perception of pharmacists' top role in the future, without adjusting for respondent characteristics; Chi-square, $p < 0.05$

- ⦿ In this assessment, we only compared age groups based upon respondents selecting what they believed to be the most valuable pharmacist role in the future. Respondents were able to pick three roles, so as a result, the information does not indicate that other roles were perceived as not being valuable.

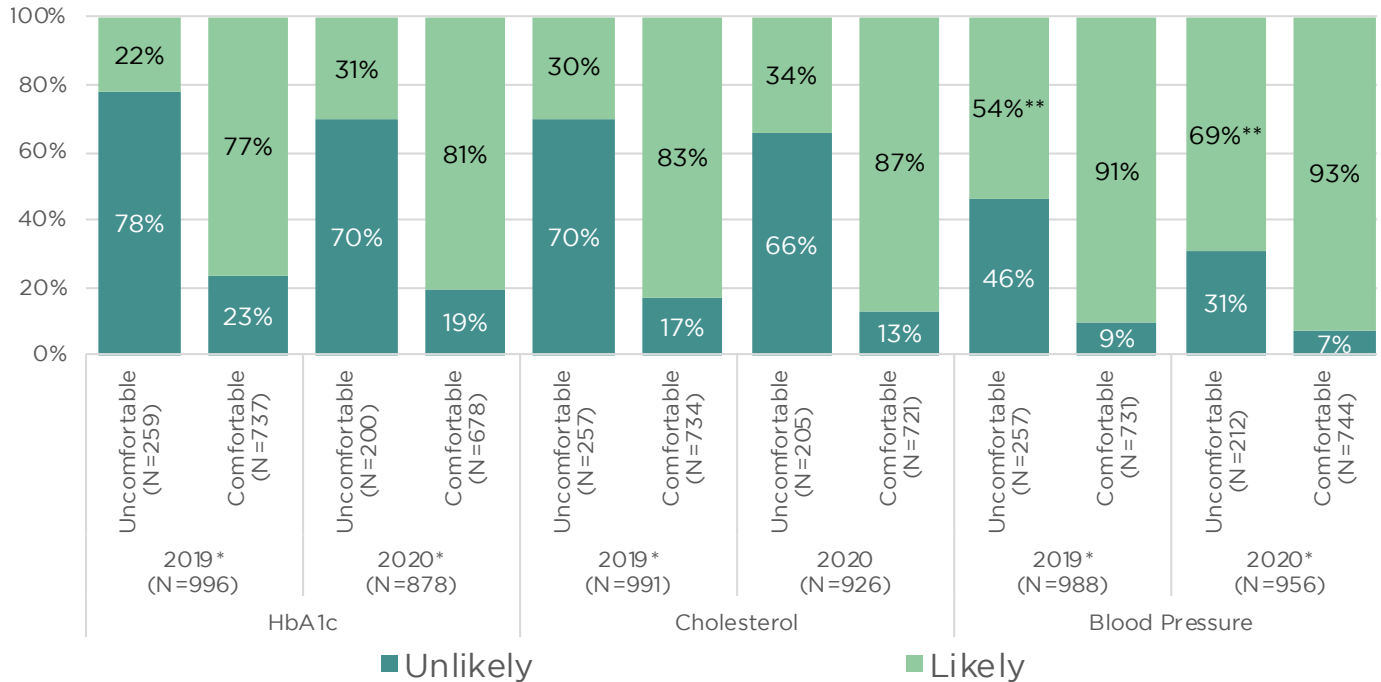
- ⦿ For the 2020 survey, respondents aged 65 and older were more likely to select more traditional roles such as dispensing and reviewing medications compared to those aged 18-64. **Respondents aged 18-34 were more likely to identify roles such as screenings for referrals, managing medications, education, prescribing, pharmacogenetic testing, travel health vaccines, and addition education/overdose prevention compared to respondents aged 65 and older.** This represents an opportunity for education among those older than 64 who may be unaware of the additional services pharmacists can provide.

- ⦿ *For the 2020 survey, the roles that respondents indicated increases occurring between current and future roles included: **prescribing medications (18-34 years of age), chronic disease education, health screenings for referral to physicians, and conducting health and wellness screenings (65+ years of age).***

- ⦿ Overall, a strong opportunity exists to align pharmacy offerings and services with how consumers are viewing the evolving roles of pharmacists for the future.

TESTING FOR CHRONIC CONDITIONS & CARE COORDINATION

LIKELIHOOD AND COMFORT WITH SCREENINGS PERFORMED BY PHARMACISTS 2019 VS 2020



NOTE: In 2019, some respondents did not answer one or both of the questions, which is reflected in the reduced sample size from the overall 1,001. In 2020, there was a response option of not applicable for the likelihood tests; those that selected this response were not included in the analysis, which is reflected in the reduced sample size from 999.

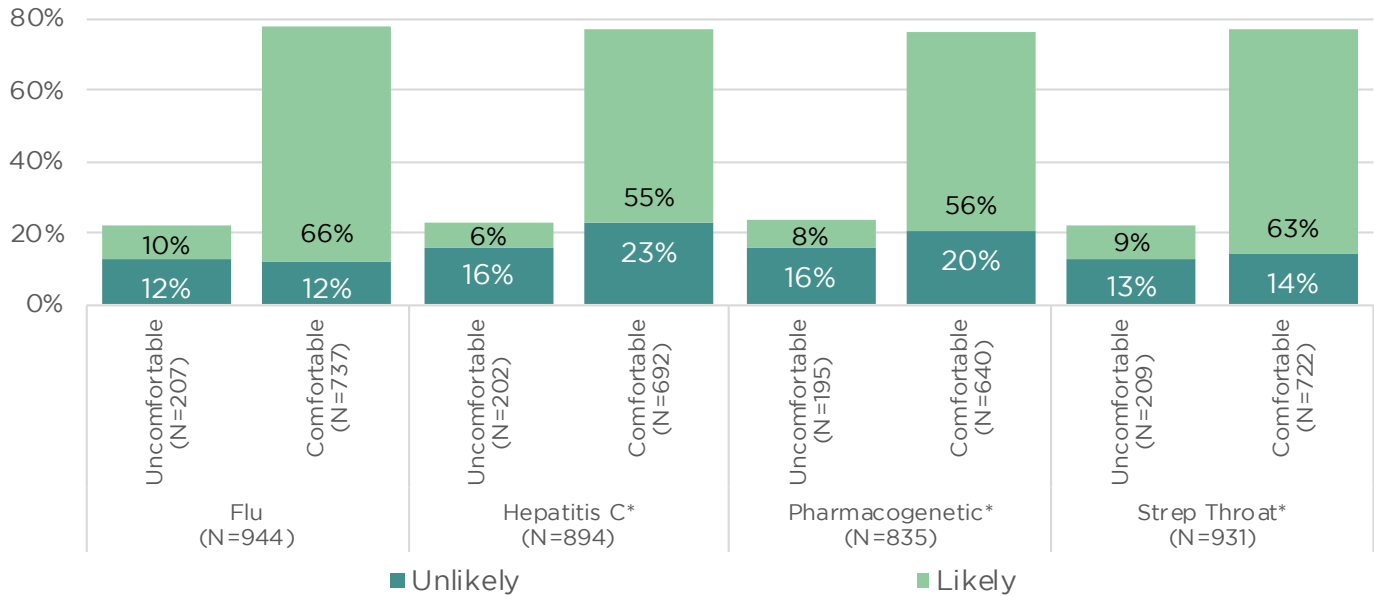
* Within person comparison of consistency between comfort of receiving a test from a pharmacist and likelihood to receive a specific test type from a pharmacist; McNemar, $p < 0.05$

**Between year comparisons in likelihood between those uncomfortable or comfortable with receiving a test from a pharmacist, without adjusting for respondent characteristics; Chi-square, $p < 0.05$

- In this assessment, respondents were requested to imagine they were a patient diagnosed with a chronic condition such as diabetes, high cholesterol, or high blood pressure and were asked how comfortable they would be with a pharmacist performing tests relating to these conditions at a pharmacy. In a separate question, respondents were also asked how likely they would be to have a pharmacist perform these tests. This assessment combines respondents' likelihood and comfort with receiving these tests from a pharmacist.
- In the 2020 survey, approximately 68%, 72% and 74% of respondents stated they would be comfortable receiving hemoglobin A1c, cholesterol and blood pressure testing at community pharmacies, respectively. In 2020, while only 21% of respondents stated they would feel uncomfortable receiving blood pressure testing, 69% of those respondents stated they would still be likely to receive blood pressure testing. This likelihood has increased from 2019, where 54% of the respondents that were uncomfortable said they were likely to receive blood pressure testing.
- This analysis helps community pharmacies and payers review which new disease state testing and monitoring may be most appropriate for investing and developing. The level of comfort and high likelihood even among those who reported being uncomfortable receiving

blood pressure testing at pharmacies indicates the high level of comfort across patients and members if a clinical program was focused on achieving blood pressure control.

LIKELIHOOD AND COMFORT WITH SCREENINGS PERFORMED BY PHARMACISTS - NEW TESTS - 2020 RESULTS

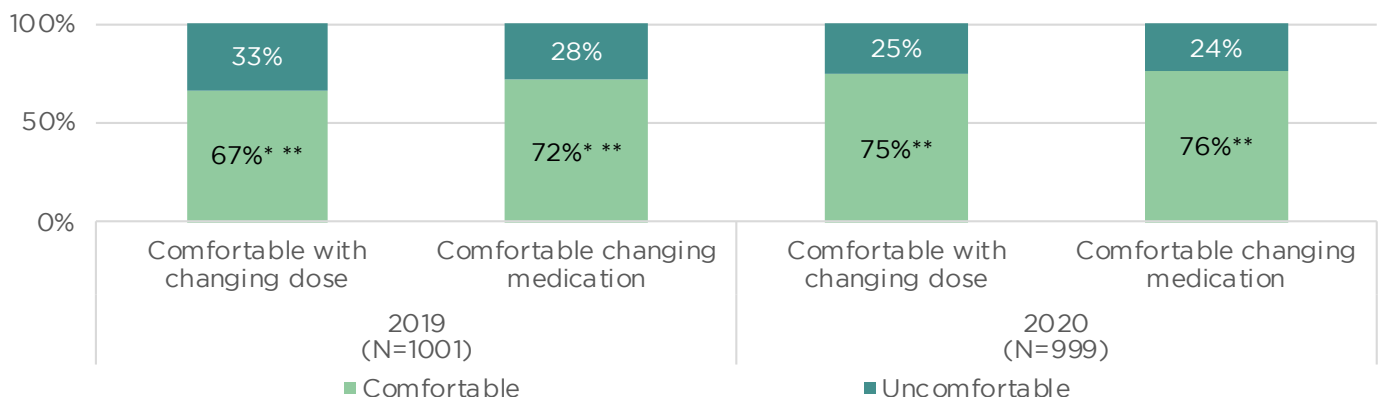


NOTE: In 2020, a response option of “not applicable” was provided for the likelihood tests; those that selected this response were not included in the analysis, which is reflected in the reduced sample size from 999.

* Within person comparison of consistency between comfort of receiving a test from a pharmacist and likelihood to receive a specific test type from a pharmacist; McNemar, p<0.05

- Among the new screenings/tests that were added to the 2020 survey, approximately 75% of respondents were comfortable receiving each type of test. Influenza testing had the highest percentage of respondents indicate they would be likely to receive these tests (75%). While screening for Hepatitis C had the highest percentage of respondents indicating they were unlikely (39%), approximately 70% of respondents indicated they were comfortable receiving the screening test at a pharmacy.

LEVEL OF COMFORT WITH PHARMACIST CHANGING DOSES AND MEDICATIONS 2019 VS 2020



NOTE: *Within year comparison in difference in comfort level between changing dose vs. medication; McNemar, p<0.05

**Between year comparisons in difference in comfort level for changing dose / medication, without adjusting for respondent characteristics; Chi-square, p<0.05

Why were respondents uncomfortable?

CHANGING DOSES	N (%)
Don't believe pharmacist knows enough about me and my health	143 (57%)
Did not know pharmacists were qualified to manage medications	114 (45%)
Do not have a relationship with my pharmacist	69 (27%)
Other reason	6 (2%)
Percentage is out of 253 respondents in 2020 who selected uncomfortable with pharmacist working with prescriber to change a medication dose; respondents could select >1 reason.	

CHANGING MEDICATIONS	N (%)
Don't believe pharmacist knows enough about me and my health	119 (50%)
Did not know pharmacists were qualified to manage medications	118 (49%)
Do not have a relationship with my pharmacist	83 (35%)
Other reason	8 (3%)
Percentage is out of 239 respondents in 2020 who selected uncomfortable with pharmacist working with prescriber to change a medication; respondents could select >1 reason.	

- ⦿ In this assessment, respondents were requested to imagine they are a patient diagnosed with a chronic condition such as diabetes, high cholesterol, or high blood pressure and were asked how comfortable they would be with a pharmacist working with their prescriber to change the dose of their medication. A separate question asked their level of comfort with a pharmacist changing their medication.
- ⦿ When comparing the level of comfort from 2019 to 2020, a higher percentage of respondents indicated they were comfortable with the pharmacist changing their dose and changing their medication (8% higher and 4% higher in 2020 vs. 2019, respectively).
- ⦿ For the 2020 survey, committee members recommended gathering more information to discover the rationale behind the discomfort associated with changing medications or doses. Reasons respondents were uncomfortable were similar between changing medications and changing doses. The top reason respondents were uncomfortable was their perception that the pharmacist didn't know enough about their health. Almost half of the respondents did not know pharmacists were qualified to manage their medications. Not having a relationship with their pharmacist was the reason for discomfort among over a quarter of respondents.
- ⦿ These results help highlight what approaches need to be taken to help patients become more comfortable. Actionable opportunities exist to help consumers understand the level of education pharmacists receive and the medication knowledge pharmacists are equipped to help support and answer.

Section 2

PHARMACY READINESS FOR OUTCOMES-BASED MEASUREMENT

INTRODUCTION

The need to drive value by maximizing outcomes with cost effective approaches has been recognized by many groups including payers, government agencies, healthcare providers and health systems. Community pharmacies are highly accessible and represent a unique opportunity for these groups to impact medication outcomes, coupled with often comparatively lower site of care costs. As a result, it becomes important to assess how prepared community pharmacies are if payers and providers began or expanded collaboration with community pharmacies for value-based contracts.

To help keep the marketplace informed on the progress and advancing capabilities, an annual survey was conducted that illustrates the readiness across the community pharmacy setting for accepting and supporting programs related to improving specific outcomes for chronic diseases.

SURVEY APPROACH & RESPONDENT DEMOGRAPHICS

- ⦿ A total of 35 pharmacy organizations were sent a survey. These organizations represent national and regional chains, groups of independents through respective Pharmacy Services Administrative Organizations (PSAOs) and community pharmacies.
- ⦿ Organizations were asked to have the individual with the most applicable responsibility or oversight related to performance and quality measures respond to the survey for the organization
- ⦿ A total of 17 (48.6%) completed the survey

- Those completing the survey represent a total of 29,100 community pharmacies, which translates to approximately 45% of all community pharmacies in the United States¹

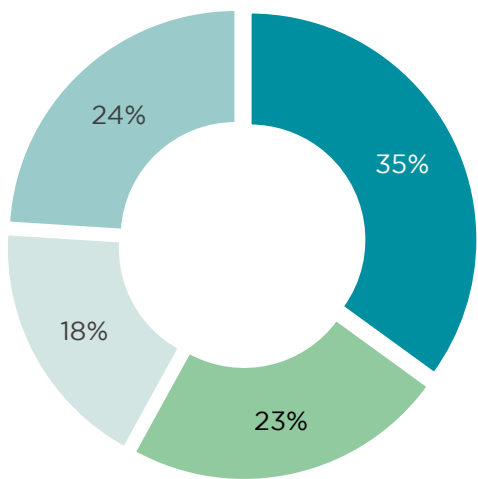
Throughout the survey, “quality measures” were defined as quality standards to which the organization is held (either directly or indirectly). The measures may or may not be tied to financial incentives.

Additionally, measures were classified as intermediate outcome or outcome measures. The following are definitions and examples of each type of measure:

- Intermediate outcome:** Refers to a change produced by a health care intervention that may lead to an improved potential impact to a medical or health-related outcome
 - Medication adherence (lowers risk of developing disease and related complications)
- Outcome:** Refers to a change produced by a health care intervention that leads to a longer-term medical outcome
 - Reduction in blood pressure (lowers the risk of myocardial infarction or stroke events)
 - Reduction in Hemoglobin A1c (lowers the risk of diabetes complications)

SOURCE: ¹ Pharmacies with a type code of 01 (community/retail pharmacy) per the August 2020 release of NCPDP dataQ®

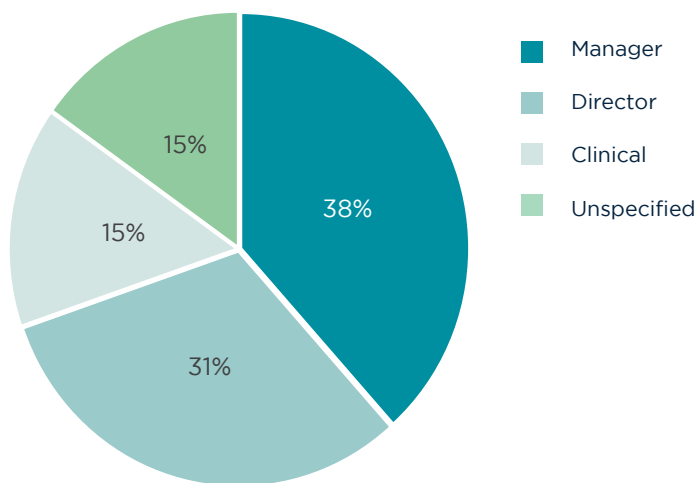
TYPES OF PHARMACY ORGANIZATIONS COMPLETING SURVEY



- Grocery Store with Pharmacy
- Retail Chain/Mass Merchant
- Independent (via PSAO/ Franchise Group)
- Not Specified

17.69
Average years of experience in pharmacy by respondents (Standard Deviation 10.1)

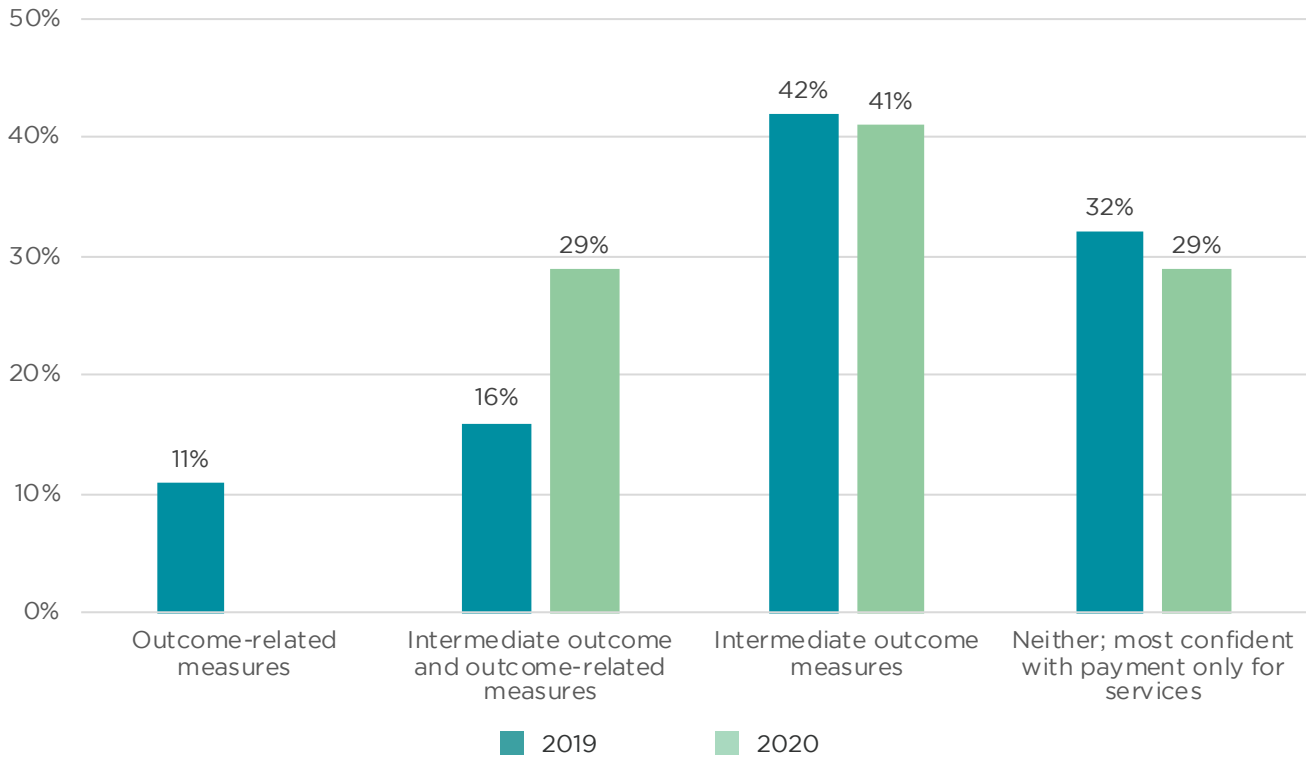
2020 RESPONDENTS' ROLES WITHIN THEIR ORGANIZATIONS



- Manager
- Director
- Clinical
- Unspecified

PERFORMANCE-BASED REIMBURSEMENT APPROACHES

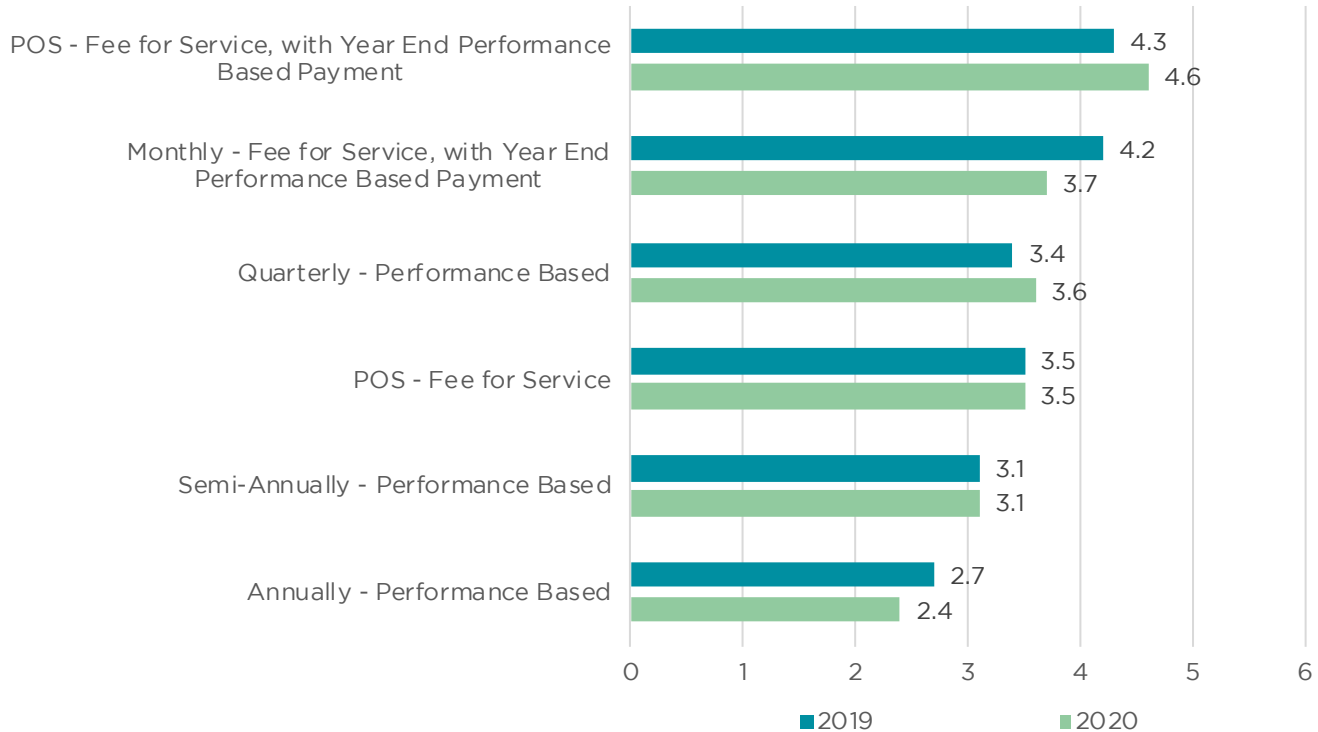
IF YOUR PHARMACY ORGANIZATION WAS TO BE HELD ACCOUNTABLE ON THE BASIS OF QUALITY MEASURES, WITH WHICH OF THE OPTIONS BELOW WOULD YOU FEEL MOST CONFIDENT IN LINKING TO REIMBURSEMENT?



NOTE: 2019 N = 19; 2020 N = 17. Percentages may not sum to 100 due to rounding.

- ⦿ Respondents were asked to select which type of quality measures they would be most confident in if their organization were held financially responsible based upon their performance.
- ⦿ **In similar results from the 2019 Trend Report, respondents were most confident in the intermediate outcome quality measures. These measures are more common in the marketplace than outcomes measures and align with common community pharmacy practice models.**
- ⦿ Compared to 2019 results, a higher proportion of respondents in 2020 selected they would feel most confident with financial accountability tied to both intermediate and outcomes-related measures.
- ⦿ In the 2019 Trend Report, 11% of respondents selected that they were most confident with outcome-related measures. However, no respondents selected this response for the 2020 survey.

IF YOUR PHARMACY-LEVEL PERFORMANCE WAS ASSESSED ACCORDING TO PATIENTS REACHING INTERMEDIATE OUTCOME OR OUTCOME-RELATED PERFORMANCE GOALS AND CORRESPONDING REIMBURSEMENT WAS APPLIED, WITH WHAT REIMBURSEMENT FREQUENCY WOULD YOU BE MOST CONFIDENT?

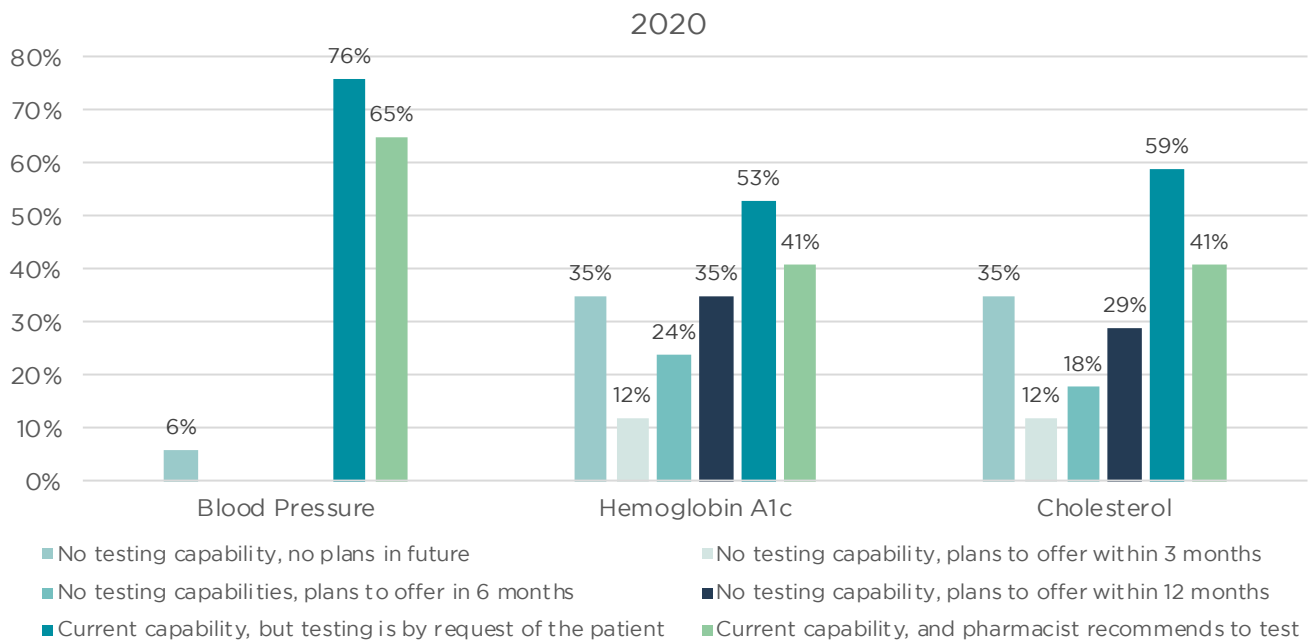
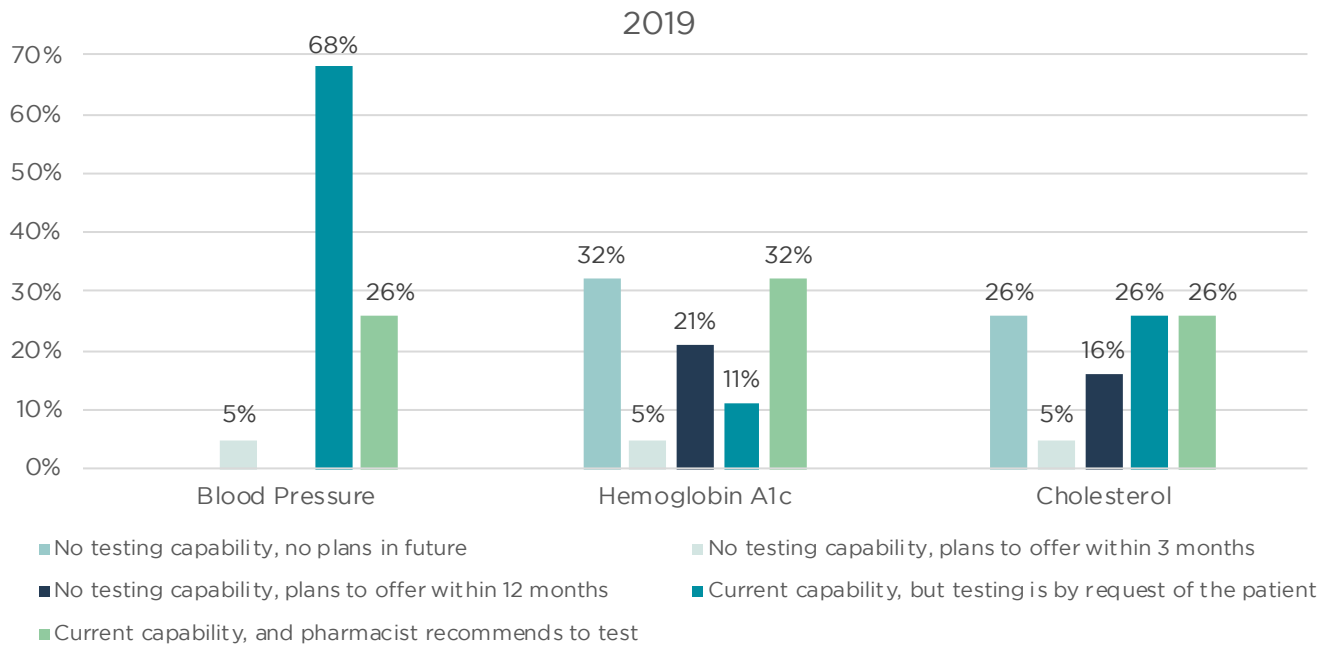


NOTE: 2019 N=19; 2020 N=17. Respondents were asked to rank their responses from most confident to least confident. The Rating Score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses. Scale: 1=Least Confident, 6=Most Confident. POS = Point of Service.

- ⦿ Respondents were asked about a scenario where their organization and/or pharmacies were being evaluated on either intermediate outcome or outcome-related quality measures where a corresponding reimbursement was associated with performance. Respondents were asked to rank the six different scenarios from 1-6 with the highest ranking indicating the scenario with the most confidence.
- ⦿ **Hybrid approaches that include fee for service and pay for performance received the highest confidence ratings in both 2019 and 2020.**
- ⦿ Annual performance-based reimbursement without a fee for service component remained consistent with the lowest scores in both 2019 and 2020.

CAPABILITIES AND TRAINING NEEDS TO SUPPORT OUTCOMES-BASED INITIATIVES

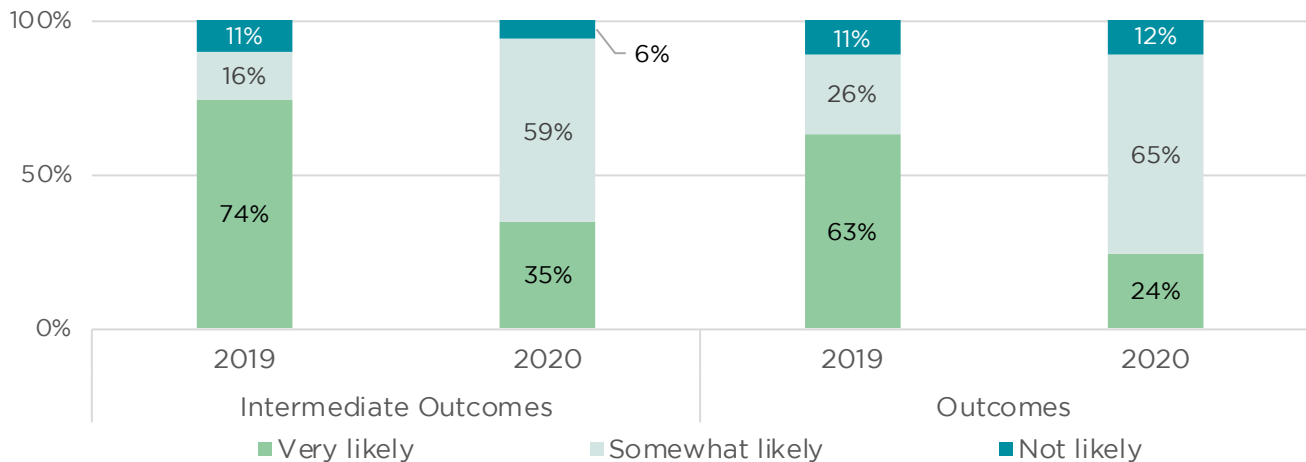
DO PATIENTS VISITING YOUR PHARMACY CURRENTLY HAVE THE CAPABILITY TO TEST OR MONITOR FOR BLOOD PRESSURE, HEMOGLOBIN A1C OR CHOLESTEROL?



NOTE: 2019 N = 19; 2020 N = 17. In the 2019 report, respondents were only asked about their plans to offer testing related to outcomes-based initiatives within 3 months and 12 months. In 2020, respondents were also asked about their plans within 6 months to offer the testing as well. Additionally in 2020, respondents were allowed to pick multiple responses, so the total for each test may be not equal 100%.

- ⦿ Respondents were asked to indicate the current and future capability that patients have if they requested to receive testing for lab or biometric data. The testing capabilities were specifically related to blood pressure, hemoglobin A1c (HbA1c), and cholesterol levels within their pharmacy.
- ⦿ For blood pressure, only 6% of respondents in 2020 indicated that patients do not have a current capability to test during a visit to their pharmacy. The majority of respondents, 76%, indicated that patients have the current capability to request blood pressure monitoring and 65% indicated they monitor blood pressure at the recommendation of the pharmacist.
- ⦿ **For HbA1c and cholesterol testing capabilities in 2020, approximately 53% and 59% of respondents said patients currently can request a test at the pharmacy, respectively. Thirty-five percent said patients do not have the capability to receive a HbA1c or cholesterol test with no plans to support in the future.**

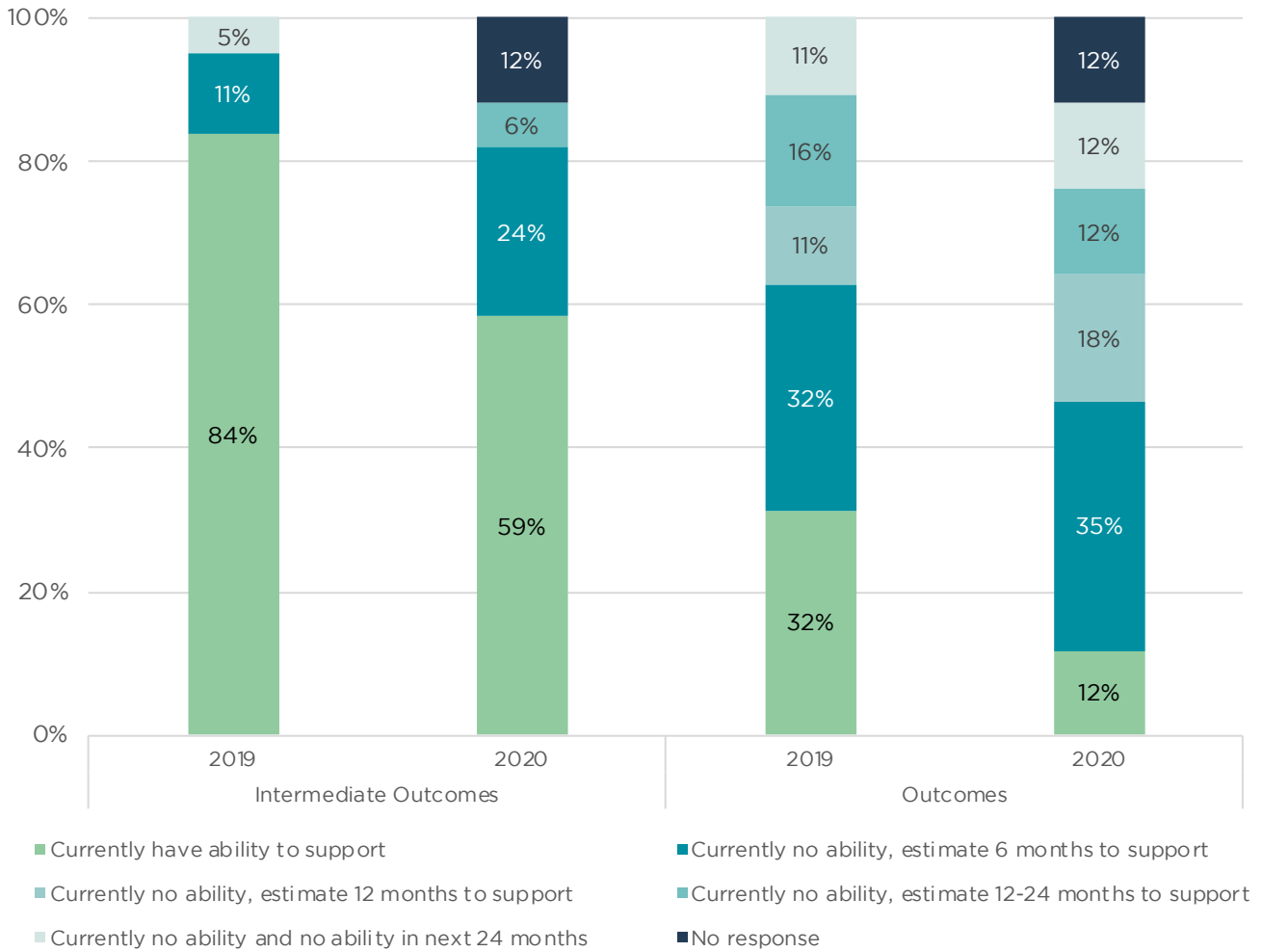
IF PAYERS (HEALTH PLAN OR PHARMACY BENEFIT MANAGER) OFFERED TO REIMBURSE YOUR PHARMACY ORGANIZATION BASED ON NEW INTERMEDIATE OUTCOME-RELATED QUALITY MEASURES OR OUTCOME-RELATED MEASURES, HOW LIKELY WOULD YOU CONTRACT WITH THE PAYER TO SUPPORT THIS NEW INITIATIVE?



NOTE: 2019 N = 19; 2020 N = 17. Percentages may not sum to 100 due to rounding.

- ⦿ Respondents were asked how likely they would be to contract with a payer if their organization were offered reimbursement for a new program or initiative related to either intermediate outcome or outcome-related quality measures.
- ⦿ **The 2019 Trend Report showed most pharmacy respondents were very likely to support either type of quality measure for a new initiative. However, most respondents selected they are somewhat likely to take on a new initiative for either program with a payer in 2020.**
- ⦿ Similar to 2019, not likely to support was the least common response for both types of quality measures in 2020.

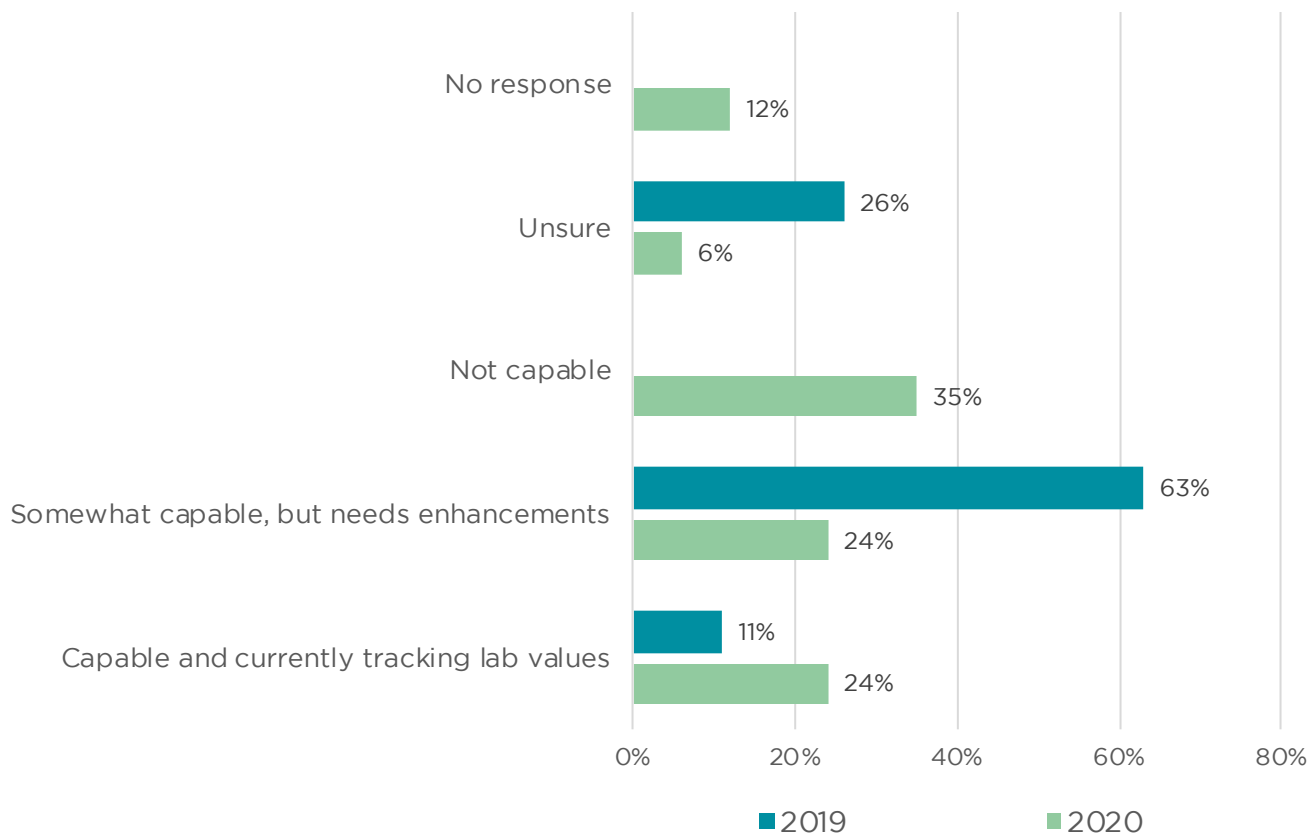
IF PAYERS (HEALTH PLAN OR PHARMACY BENEFIT MANAGER) CONTRACTED WITH YOUR PHARMACY ORGANIZATION TO REIMBURSE BASED ON NEW INTERMEDIATE OUTCOME-RELATED QUALITY MEASURES OR OUTCOME-RELATED QUALITY MEASURES, HOW QUICKLY WOULD YOU BE ABLE TO SUPPORT THIS NEW INITIATIVE?



NOTE: 2019 N = 19; 2020 N = 17.

- ⦿ Respondents were asked how quickly they would be able to support new initiatives involving intermediate outcome or outcome-based quality measures if they contracted with payers.
- ⦿ Similar to the 2019 Trend Report, respondents most commonly selected they currently have the ability to support intermediate outcomes.
- ⦿ **The current ability to support these initiatives was lower in 2020 for both intermediate outcomes and outcomes-based measures.**
- ⦿ For outcomes measures, most respondents indicated they currently have no ability to implement these measures but could at varying time intervals.

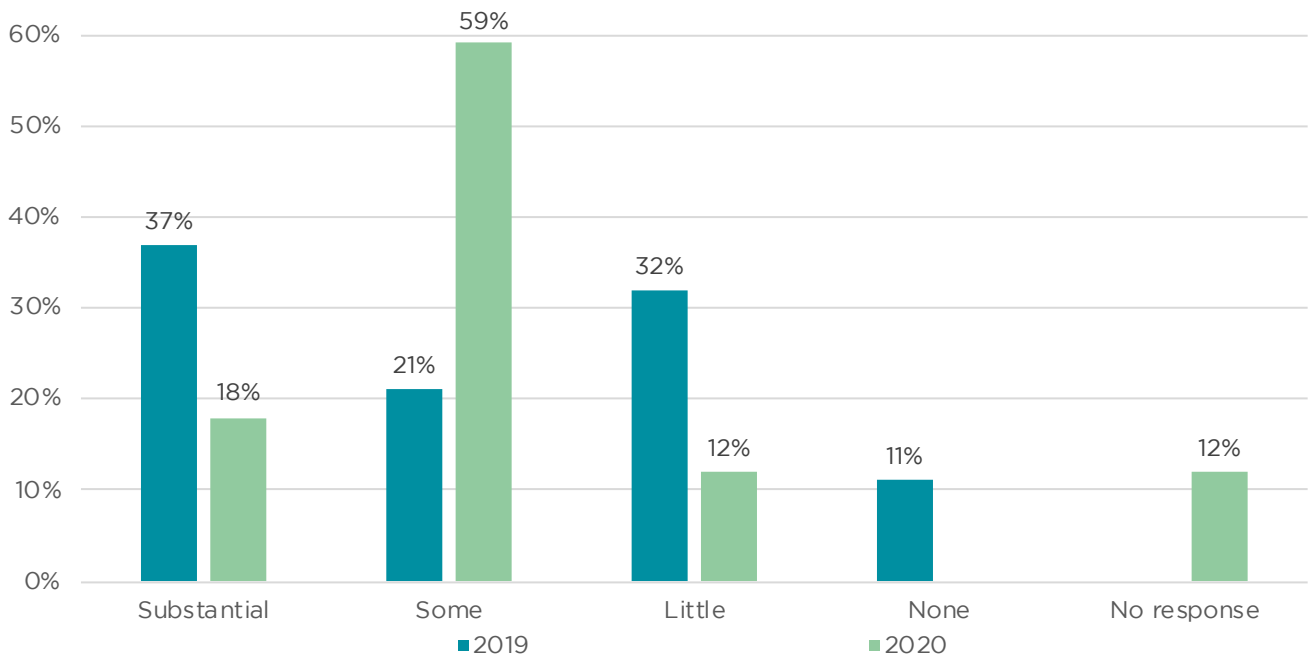
HOW CAPABLE IS YOUR CURRENT SOFTWARE SYSTEM TO RECORD AND TRACK LAB VALUES THAT SUPPORT OUTCOME-RELATED PERFORMANCE MEASURES?



NOTE: 2019 N = 19; 2020 N = 17.

- ⦿ As lab values are a key element to many outcome-based quality measures, respondents were asked to consider the current capabilities of their pharmacy management and dispensing software systems to record this data.
- ⦿ There was an increase in the proportion of respondents who felt their software is currently capable of tracking lab values. In 2019, 11% of respondents felt their software was capable compared to 24% in 2020.
- ⦿ Additionally, 24% of respondents for the 2020 survey compared to 63% of 2019 respondents believed their current system is already somewhat capable but would need enhancements in order to maximize the ability to record and track lab values.
- ⦿ **The most frequent selection in 2020 indicated their software is not currently capable of supporting lab values. This is an increase from last year when no one chose this response.**
- ⦿ This question represents a key assessment to track over time as pharmacies adopt new standards for interoperability and data exchange among other providers, payers, and health systems.

HOW MUCH ADDITIONAL TRAINING IS NEEDED FOR PHARMACY STAFF MEMBERS TO UNDERSTAND OUTCOMES-BASED QUALITY MEASURES?



NOTE: 2019 N = 19; 2020 N = 17.

- ⦿ While many respondents indicated being somewhat or highly likely to contract with payers on new initiatives related to outcomes-based measures, organizations have recognized the need for additional training and education for pharmacists and pharmacy staff. Respondents were asked how much additional training would be needed for pharmacy staff to understand outcomes-based quality measures.
- ⦿ **Most respondents indicated training was needed at least to some degree in both 2019 and 2020.**
- ⦿ The majority of respondents acknowledged some training was needed in 2020, whereas in 2019 the most frequent response was that substantial training was needed.

Section 3

PAYER CHALLENGES AND OPPORTUNITIES WITH PERFORMANCE IMPROVEMENT

INTRODUCTION

Payers share an underlying, fundamental goal to improve the lives of those they serve. Quality measures have become an integral way to assess this mission and impact core goals. The inaugural Trend Report in Pharmacy Quality last year helped lay the foundation for perceptions about quality measures from the payer's perspective. With the second edition this year, comparisons can now be made to evaluate these strategies, so payers and providers alike can continue to recognize opportunities for patients to optimize care.

The following section contains key insights from payers related to the types of quality programs they have implemented, the challenges they face, and perceptions regarding community pharmacy's role in performance improvement.

SURVEY APPROACH & RESPONDENT DEMOGRAPHICS

43

THE TOTAL NUMBER OF PAYERS* SURVEYED REPRESENTING NATIONAL AND REGIONAL HEALTH PLANS AND PBMS

*Health plans and pharmacy benefit managers (PBMs)

44%

A TOTAL OF 19 RESPONDENTS COMPLETED THE SURVEY

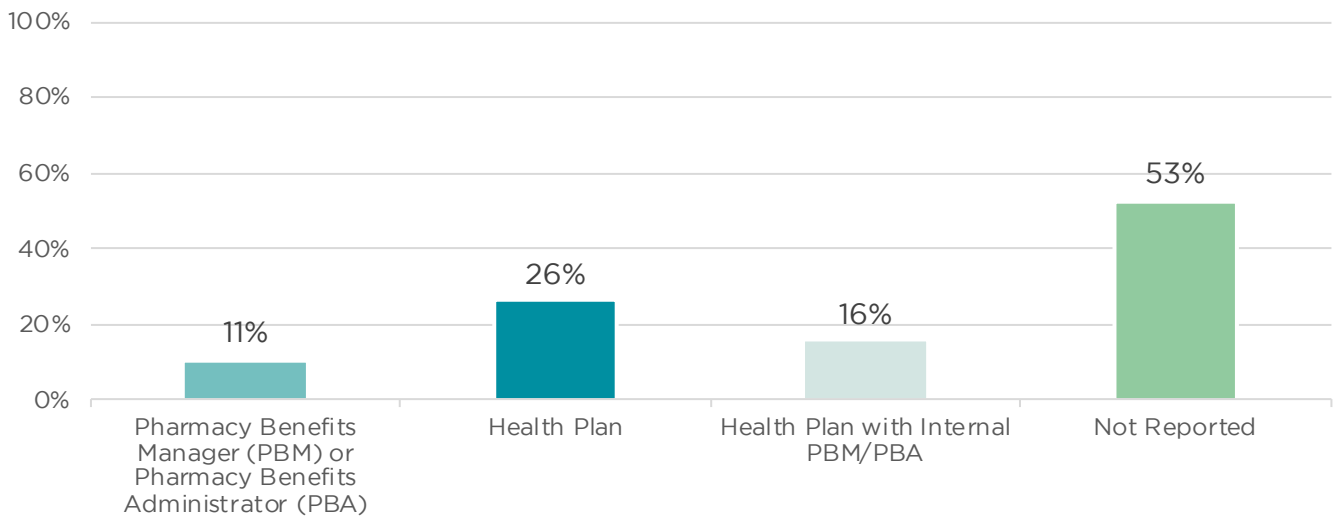
70 MILLION

APPROXIMATE NUMBER OF COVERED LIVES REPRESENTED BY HEALTH PLAN RESPONDENTS WHO COMPLETED THE SURVEY*

*Covered lives associated with PBMs were removed from the total amount of covered lives to prevent double counting.

Organizations were asked to have the individual with the most applicable responsibility or oversight related to quality measures and value-based contracting with network providers respond to the survey for the organization.

PAYER ORGANIZATION BY TYPE



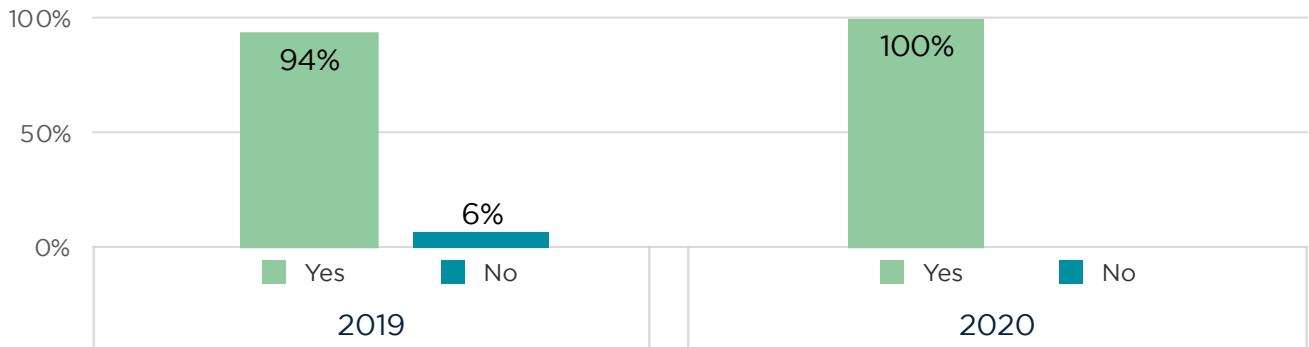
NOTE: N = 19. Total may not equal 100% due to rounding and because respondents were asked to select all that apply.

DEFINITIONS USED FOR THE SURVEY

- ⦿ Throughout this survey, **"quality measures"** will be defined as quality standards to which your organization is held either internally or externally. These measures may or may not be tied to financial incentives (e.g., could be reported on a quality rating report publicly available and/or be associated with bonus payments based on performance). Examples of government-regulated programs with quality measures may include the Medicare Star Ratings System, a Quality Rating System for Healthcare Exchange/Marketplace, or Managed Medicaid.
- ⦿ The following quality measure classifications were used in this section of the survey:
 - Access/structural (e.g., ratio of providers to patients, use of electronic medical records)
 - Process (e.g., Medication Therapy Management completion rate for a comprehensive medication review)
 - Intermediate/surrogate (e.g., Medication adherence)
 - Outcome (e.g., surgical mortality)
 - Patient experience (e.g., Consumer Assessment of Healthcare Providers and Systems surveys)
- ⦿ A **"provider"** in the survey referred to any individual or organization that can provide healthcare services which are either in-network or out-of-network.
- ⦿ A value-based contract is an innovative payment model bringing manufacturers, payers and/or providers together to provide reimbursement based upon agreed upon measures or outcomes.

QUALITY MEASURES AND VALUE-BASED CONTRACTING

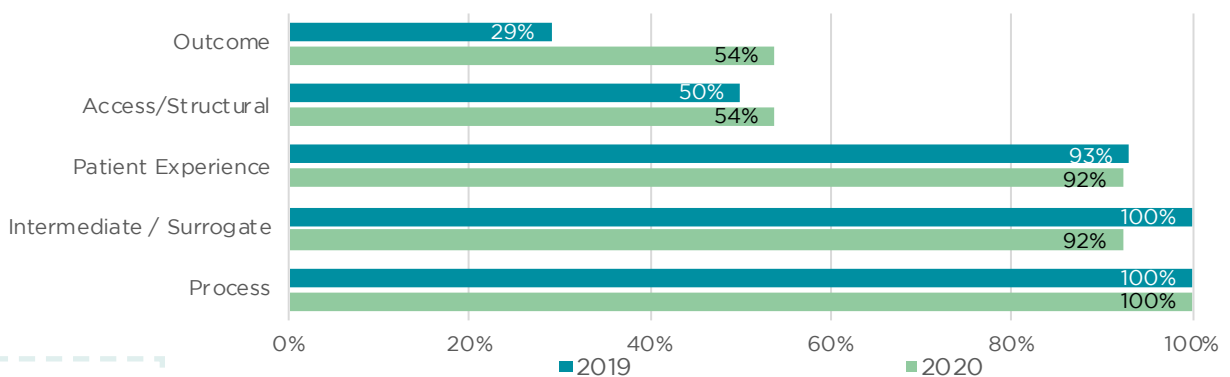
IS YOUR ORGANIZATION ACCOUNTABLE FOR PERFORMANCE/ OUTCOMES RELATED TO QUALITY MEASURES AND EVALUATED ACCORDING TO CERTAIN THRESHOLDS?



NOTE: 2019 N = 17; 2020 N=19.

- To assess the commonplace of quality measure use, respondents were asked if they are internally or externally held to quality measure thresholds that may or may not be tied to financial incentives.
- In 2020, all respondents indicated they are accountable for quality measure performance. This is similar to last year where nearly all respondents indicated this.**

TO WHAT TYPE OF QUALITY MEASURE(S) IS YOUR ORGANIZATION HELD ACCOUNTABLE?



Options receiving no selections in either year: Other

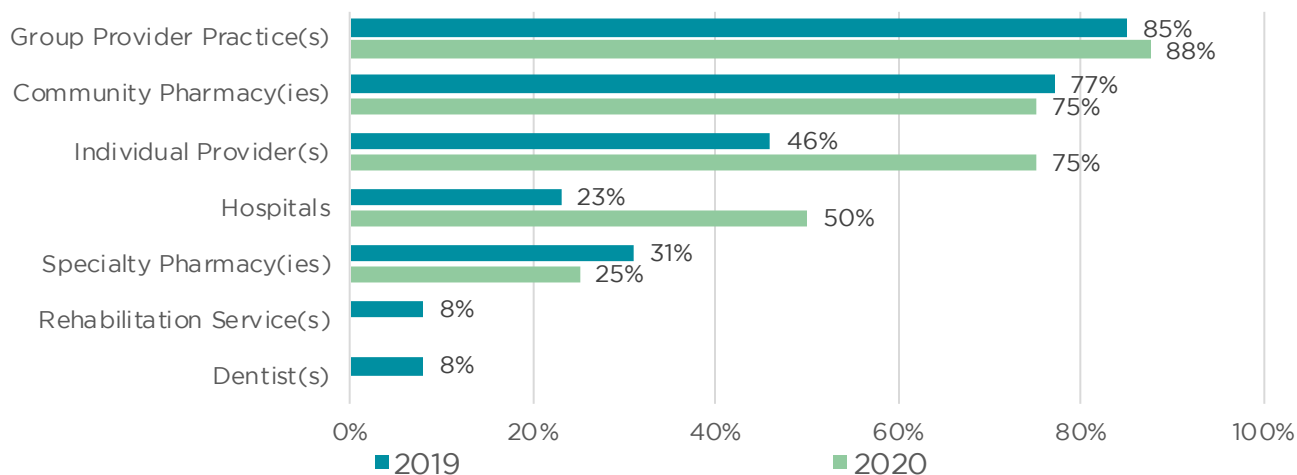
NOTE: 2019 N=14; 2020 N = 13. Respondents were asked to select all that apply.
Access/Structural (e.g., ratio of providers to patients, use of electronic medical records)
Process (e.g., Medication Therapy Management completion rate for a comprehensive medication review)
Intermediate/Surrogate (e.g., Medication adherence)
Outcome (e.g., surgical mortality)
Patient Experience (e.g., Consumer Assessment of Healthcare Providers and Systems surveys)

- Respondents were asked to select the types of quality measures their organization is accountable for.
- In general, most response rates were similar in 2019 as in 2020 with over 90% of all respondents indicating their organization is responsible for process, intermediate/

surrogate, and patient experience measures.

- One notable difference in 2020 is 54% of respondents indicated they are responsible for outcome measures compared to 29% in 2019.

WITH WHICH PROVIDER(S) DO YOU HAVE A VALUE-BASED OR OUTCOMES-BASED CONTRACT(S) IN PLACE RELATED TO A QUALITY MEASURE(S)?

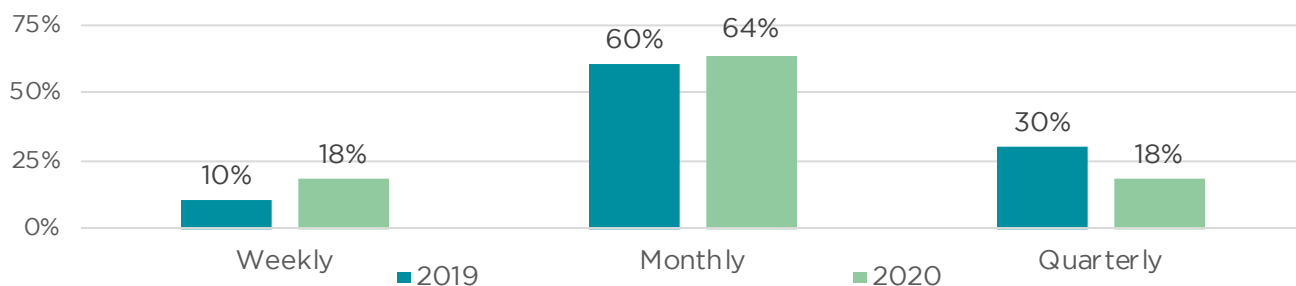


Options receiving no selections in either year: Optometrists, Urgent Care Centers, and Other.

NOTE: 2019 N = 13, 2020 N = 8. Respondents were asked to select all that apply.

- Respondents were asked to select which providers they have value-based or outcomes-based contracts related to quality measures.
- Respondents in 2020 indicated group provider practices and community pharmacies were the two most common provider groups they contract with, which was similar to the trend seen in 2019.
- The observed rates that these payers contracted with individual providers increased to 75% in 2020 from 46% in 2019. The observed rate for hospitals increased to 50% in 2020 from 23% in 2019.

OF THE PROVIDER(S) WITH WHOM YOU HAVE A VALUE-BASED OR OUTCOMES-BASED CONTRACT(S), HOW FREQUENTLY DO YOU SHARE PERFORMANCE STATUS UPDATES WITH PROVIDERS?

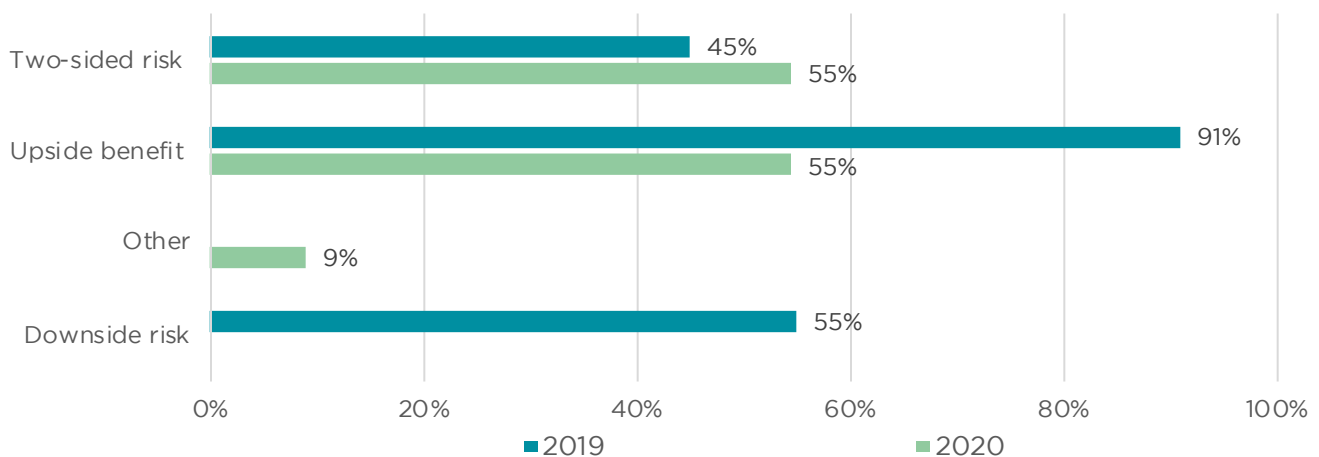


Options receiving no selections in either year: Daily and Annually.

NOTE: 2019 N = 10; 2020 N = 11

- ⦿ Respondents were asked to indicate how frequently their organizations share performance status updates with providers for value and outcomes-based contracts.
- ⦿ **Similar to 2019, the majority of respondents in 2020 indicated they share monthly performance updates.**
- ⦿ Fewer respondents in 2020 indicated they provide data quarterly than in 2019. Instead, there were slightly higher observed rates for providing updates weekly and monthly.

OF THE PROVIDER(S) WITH WHOM YOU HAVE A VALUE-BASED OR OUTCOMES-BASED CONTRACT(S), WHAT REIMBURSEMENT STRUCTURE(S) ARE USED?



Note: 2019 N = 11; 2020 N = 11. Respondents were asked to select all that apply.
Upside Benefit = providers are eligible to earn all or a percentage of any healthcare savings their care incurs; no risk/penalty for not meeting performance thresholds, just missed bonus amount
Two-sided risk = combination of upside benefit and downside risk
Downside risk = providers who incur actual care costs for a care episode or patient that go over the financial benchmark must refund the payer for all or a portion of the losses; withheld amount whereby provider performance determines the percentage of withheld dollars that can be earned back

- ⦿ Respondents were asked to describe the reimbursement structure for value-based and outcomes-based contracts.
- ⦿ Approximately half of respondents in 2020 have at least 1 contract structured with a two-sided risk or upside benefit.
- ⦿ **No respondents indicated having contracts structured with a downside risk compared to 55% of respondents in 2019.**

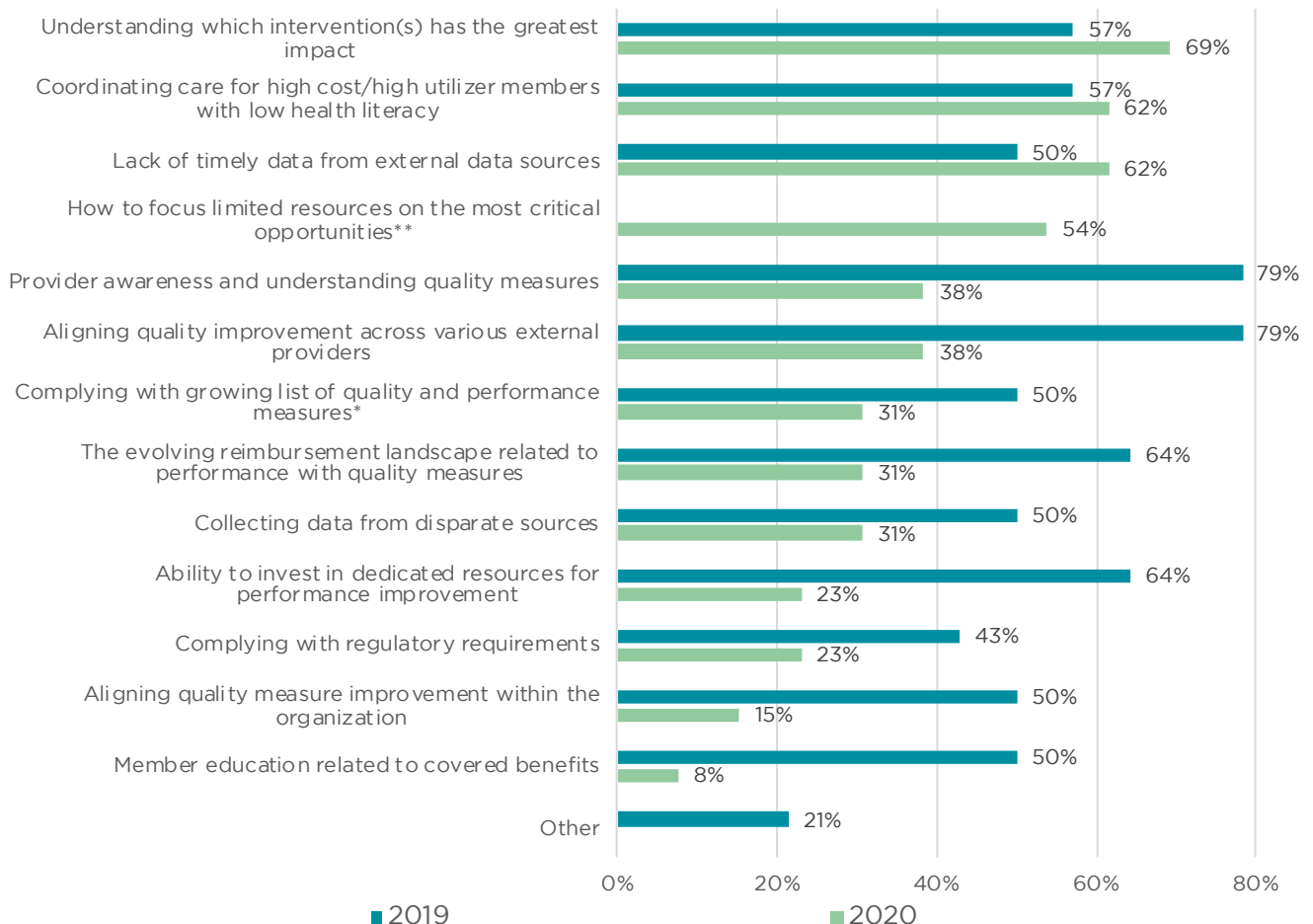
CHALLENGES AND SUCCESS WITH PERFORMANCE IMPROVEMENT

Respondents were presented with an initial list of 13 identified challenges, including an “other” response option. The list was developed through common challenges identified in published literature or other publicly available reports that had been commissioned by government agencies such as the Centers for Medicare and Medicaid Services.¹

There were three different questions involving all or a subset of these challenges whereby respondents were first asked to select all factors that represented their greatest challenges with performance improvement. Respondents were then asked to identify which of the challenges they had previously identified and believed were most successful in overcoming over the past two years. Lastly, respondents were asked to select which challenges they have been unable to overcome over the past two years. The graphs on the following pages illustrate the responses to these questions.

SOURCE: ¹ L&M Policy Research, LLC. Evaluation of the Medicare Quality Bonus Payment Demonstration. <https://innovation.cms.gov/files/reports/maqbpdemonstration-finalevalrpt.pdf>. Accessed 9/17/2020.

PAYERS MAY FACE CHALLENGES TO MAXIMIZING PERFORMANCE ON QUALITY MEASURES. INDICATE WHICH FACTOR(S) REPRESENT THE GREATEST CHALLENGE(S) TO PERFORMANCE IMPROVEMENT FOR YOUR ORGANIZATION.



NOTES (CONT'D ON NEXT PAGE): 2019 N = 14; 2020 N = 13. Respondents were asked to select all that apply.

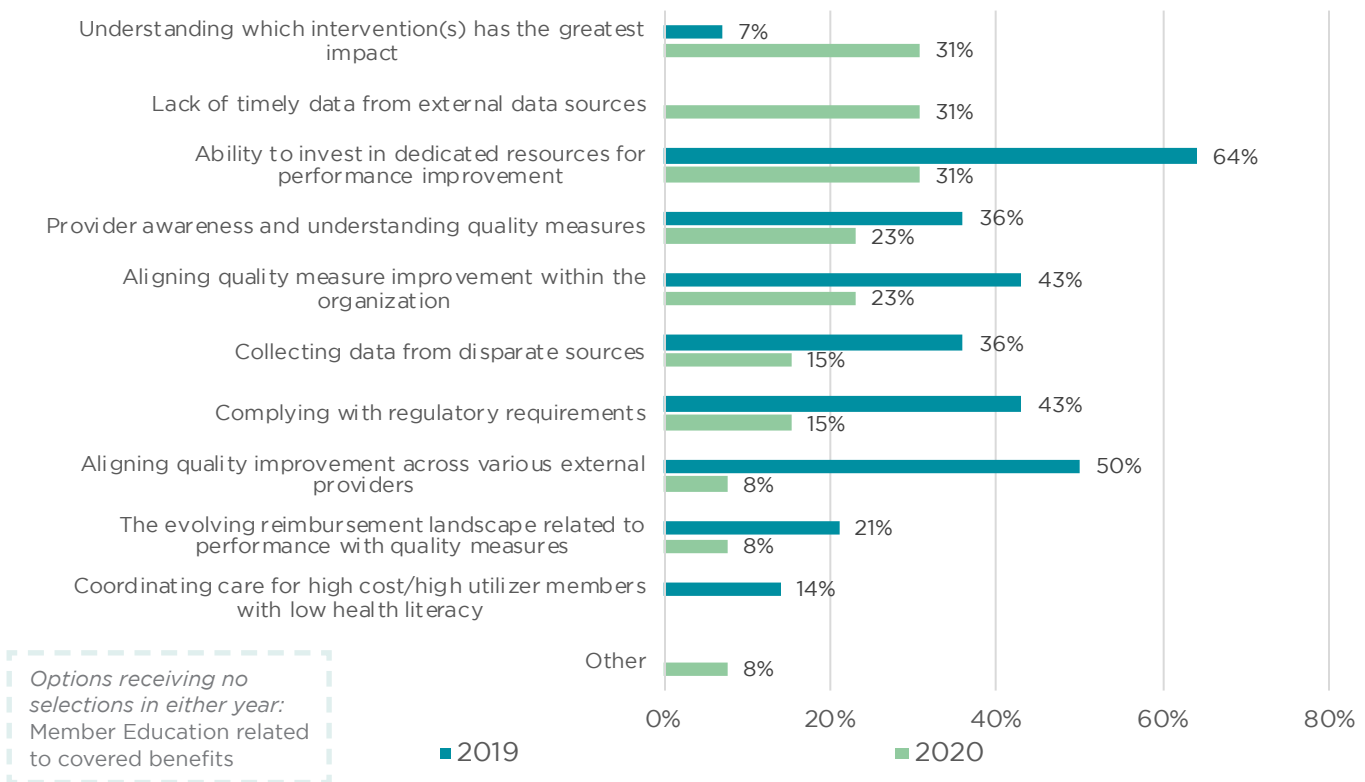
NOTES (CONT'D FROM PREVIOUS):

*Not an option for the subsequent questions regarding most successful challenge or challenge unable to overcome

**Not an option in 2019 for the greatest challenge and not an option for the subsequent questions regarding most successful challenge or challenge unable to overcome

- ⦿ Respondents were asked to select which performance improvement challenges were the greatest to overcome for their organization.
- ⦿ In 2020, respondents indicated not knowing which interventions yield the greatest impact as the greatest challenge.
- ⦿ **For challenges listed on the survey both years, all but three had higher observed rates in 2019 than in 2020.**

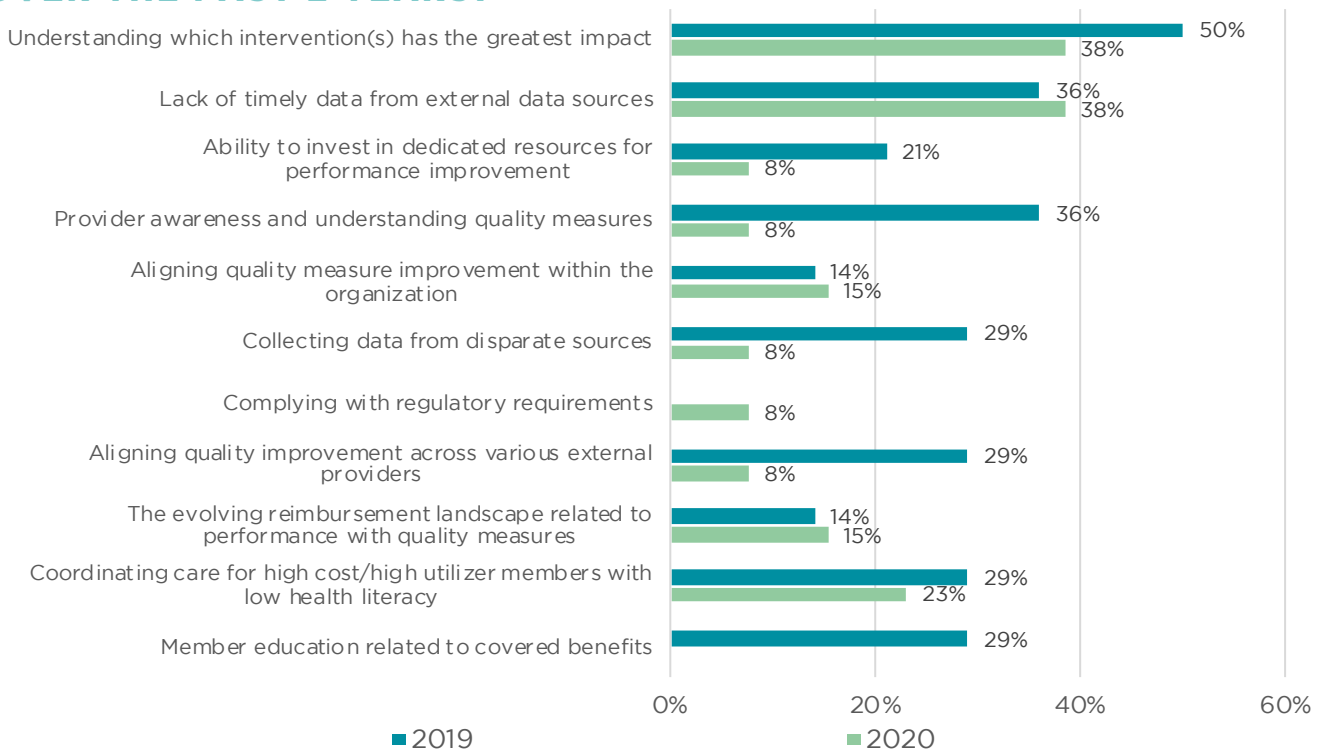
OF THE CHALLENGES YOU IDENTIFIED IN THE PREVIOUS QUESTION, WHICH CHALLENGE(S) HAVE YOU BEEN THE MOST SUCCESSFUL IN OVERCOMING OVER THE PAST 2 YEARS?



NOTE: 2019 N = 14; 2020 N = 13. Respondents were asked to select all that apply.

- ⦿ Respondents were asked to select which performance improvement challenges their organization has been most successful overcoming in the past two years.
- ⦿ **In 2020, the most frequent challenges indicated were identifying which interventions have the greatest impact, lack of timely data, and inability to invest dedicated resources for performance improvement. All three were selected by 31% of respondents.**
- ⦿ All but three challenges had a higher observed rate in 2019 than in 2020.

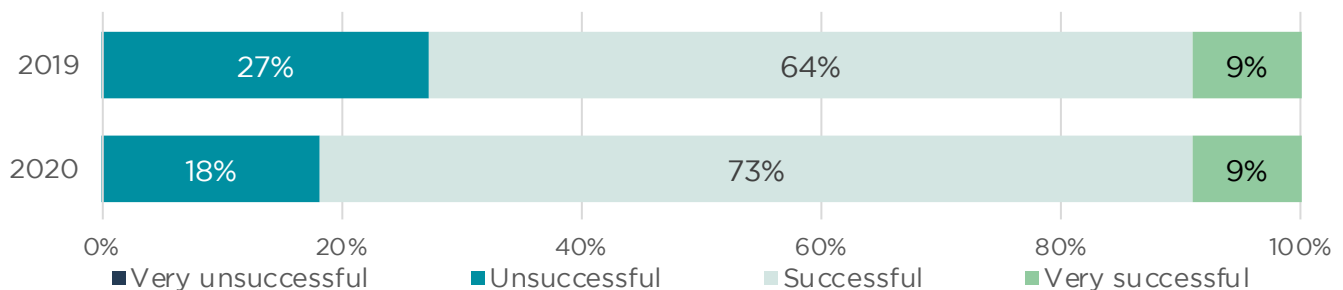
OF THE CHALLENGES YOU IDENTIFIED IN THE PREVIOUS QUESTION, WHICH CHALLENGE(S) HAVE YOU BEEN UNABLE TO OVERCOME OVER THE PAST 2 YEARS?



NOTE: 2019 N = 14; 2020 N = 13. Respondents were asked to select all that apply.

- ⦿ Respondents were asked to select which performance improvement challenges their organizations have been unable to overcome in the past two years.
- ⦿ Understanding which interventions have the greatest impact was the most frequent response or tied for the most frequent in both 2019 and 2020, respectively.
- ⦿ **Interestingly, the two challenges respondents indicated in 2020 most frequently as challenges their organizations were unable to overcome were also the two challenges organizations selected most frequently as those they were able to successfully overcome.**

WHEN REVIEWING THE IMPACT OF YOUR ORGANIZATION'S VALUE-BASED OR OUTCOMES-BASED CONTRACT(S) WITH PROVIDER(S), HOW WOULD YOU RATE THE SUCCESS OF YOUR PROGRAMS AT ACHIEVING THE INTENDED GOALS?

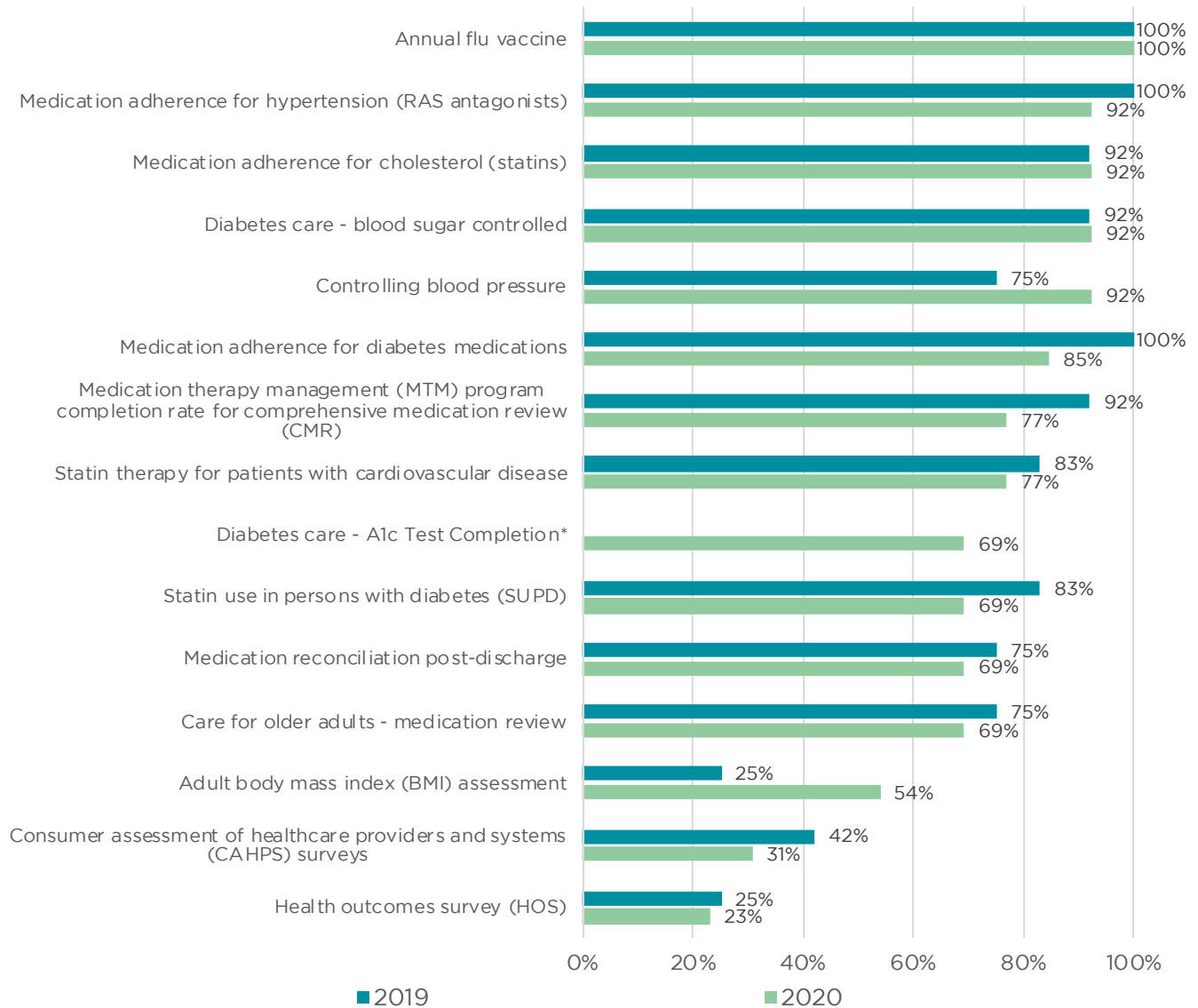


NOTE: 2019 N = 11; 2020 N = 11

- ⦿ Respondents were asked to rate their organization's success with value-based or outcomes-based contracts with providers.
- ⦿ **Of those who responded, the majority of respondents indicated their programs were successful in both 2019 and 2020.**

PAYERS & COMMUNITY PHARMACIES

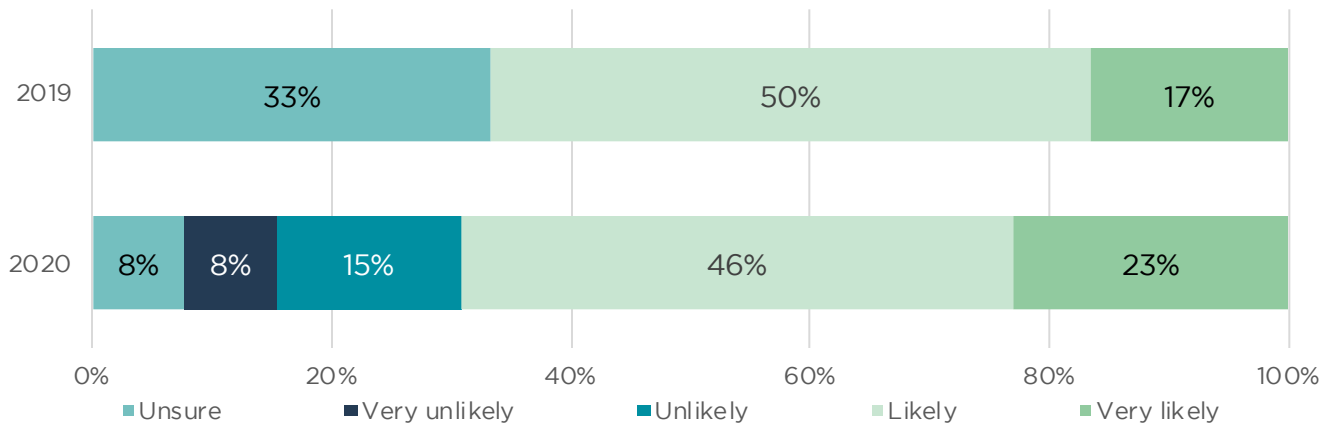
WHICH QUALITY MEASURE(S) DO YOU BELIEVE COMMUNITY PHARMACIES CAN INFLUENCE?



NOTE: *Not an option on the 2019 survey. 2019 N = 12; 2020 N = 13. Respondents were asked to select all that apply. RAS: Renin Angiotensin System.

- ⦿ Respondents were asked to select which quality measures from a predetermined list they believed community pharmacies could influence.
- ⦿ Similar to 2019, all respondents in 2020 indicated community pharmacies can influence annual influenza rates.
- ⦿ **Nearly all respondents indicated medication adherence for hypertension and diabetes were impactable by community pharmacies in both 2019 and 2020.**
- ⦿ Completion of an A1c test in patients with diabetes was a new quality measure added to the 2020 survey and 69% of respondents indicated they believed community pharmacies could impact this measure.

IF COMMUNITY PHARMACIES COULD SUBMIT AGREED UPON EVIDENCE OF BIOMETRIC TEST RESULTS OR PHYSICAL ASSESSMENT FINDINGS FOR A QUALITY MEASURE IN ACCORDANCE WITH DATA SOURCE MANDATES (E.G., POINT OF CARE TESTING FOR HEMOGLOBIN A1C AND SUBMIT TESTING RESULTS; BLOOD PRESSURE MEASUREMENT FOR BLOOD PRESSURE CONTROL), HOW LIKELY ARE YOU TO CONTRACT WITH COMMUNITY PHARMACIES TO PERFORM THE SERVICE?



NOTE: 2019 N = 12; 2020 N = 13

- ⦿ Respondents were asked to indicate how likely their organization would be to contract with community pharmacies to perform biometric testing for quality measures assuming the pharmacies had the capability to submit data in accordance with data source mandates.
- ⦿ **The majority of respondents indicated they were likely or very likely to contract with community pharmacies to perform biometric data collection if they had the capability in both 2019 and 2020.**
- ⦿ In 2020, 23% of respondents indicated they were unlikely or very unlikely to contract with community pharmacies to collect biometric test results whereas no one selected these options in 2019.

Special Report

INSIGHTS ON COVID-19 TESTING AND TREATMENT

INTRODUCTION

Within the 2020 consumer survey, PQS added two additional questions to assess consumers' level of comfort with receiving COVID-19 testing and treatment at various healthcare provider settings. Some of the initial results were shared in the Pre-Release of the Trend Report, released on April 30th. This section of the Trend Report incorporates the initial findings with some additional insights related to comfort and visit frequencies to pharmacies.

COVID-19 RELATED QUESTIONS FROM CONSUMER SURVEY:

1. If you suspected exposure to the Coronavirus (i.e. COVID-19) and rapid testing was available, what level of comfort would you have in **receiving testing** at the following healthcare settings?

Healthcare settings presented included: Community pharmacies with drive-thru capability, Community pharmacies without a drive-thru capability, Hospitals, Urgent cares facilities, Primary care provider offices

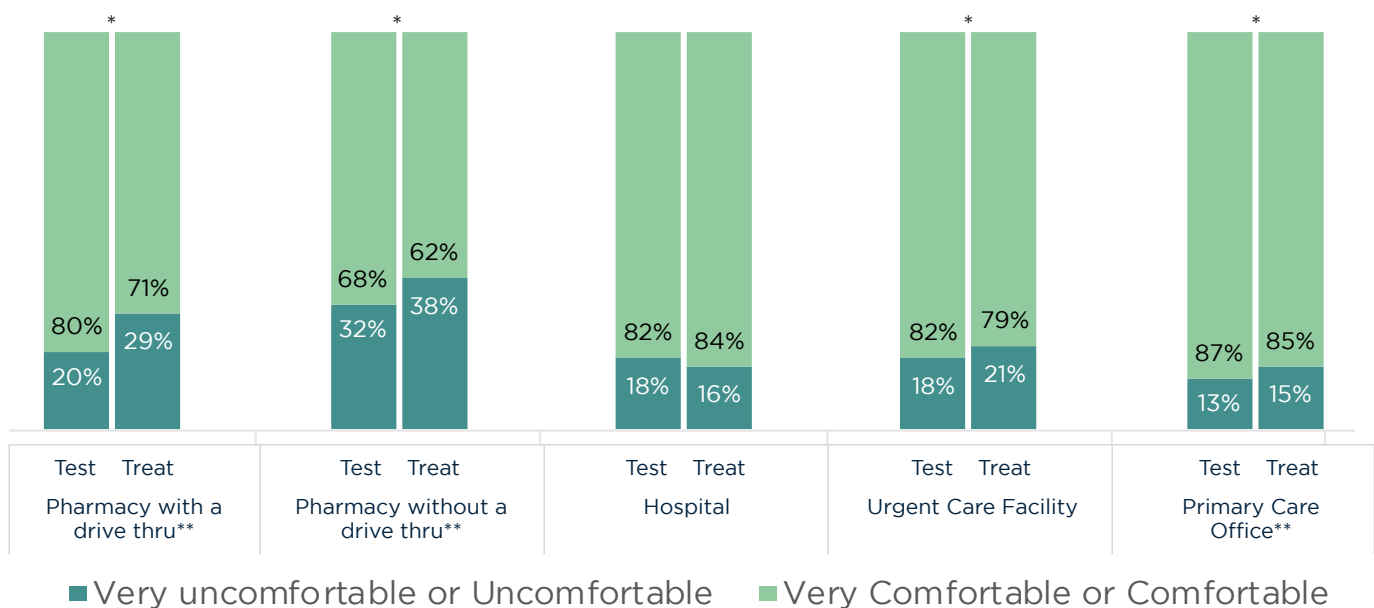
2. If you had a confirmed diagnosis of the Coronavirus (i.e. COVID-19) and treatment was available, what level of comfort would you have in **receiving treatment** at the following healthcare settings?

Healthcare settings presented included: Community pharmacies with drive-thru capability, Community pharmacies without a drive-thru capability, Hospitals, Urgent cares facilities, Primary care provider offices

RESULTS:

- Respondents reported being more comfortable receiving COVID-19 testing vs. treatment for all setting types, with the exception of hospitals where there was no difference in comfort levels.
- Respondents reported being more comfortable receiving testing at a pharmacy with a drive-thru vs. one without a drive-thru.
- Respondents reported being less comfortable receiving testing at a pharmacy with a drive-thru than at primary care sites but had a similar comfort level receiving testing at a pharmacy with a drive-thru compared to hospitals and urgent care facilities.
- Respondents reported being less comfortable receiving testing at a pharmacy without a drive-thru compared to all other testing sites (pharmacy with a drive-thru, hospital, urgent care, and primary care).

COMFORT WITH COVID-19 TESTING AND TREATMENT BY HEALTHCARE SETTING (N=999)

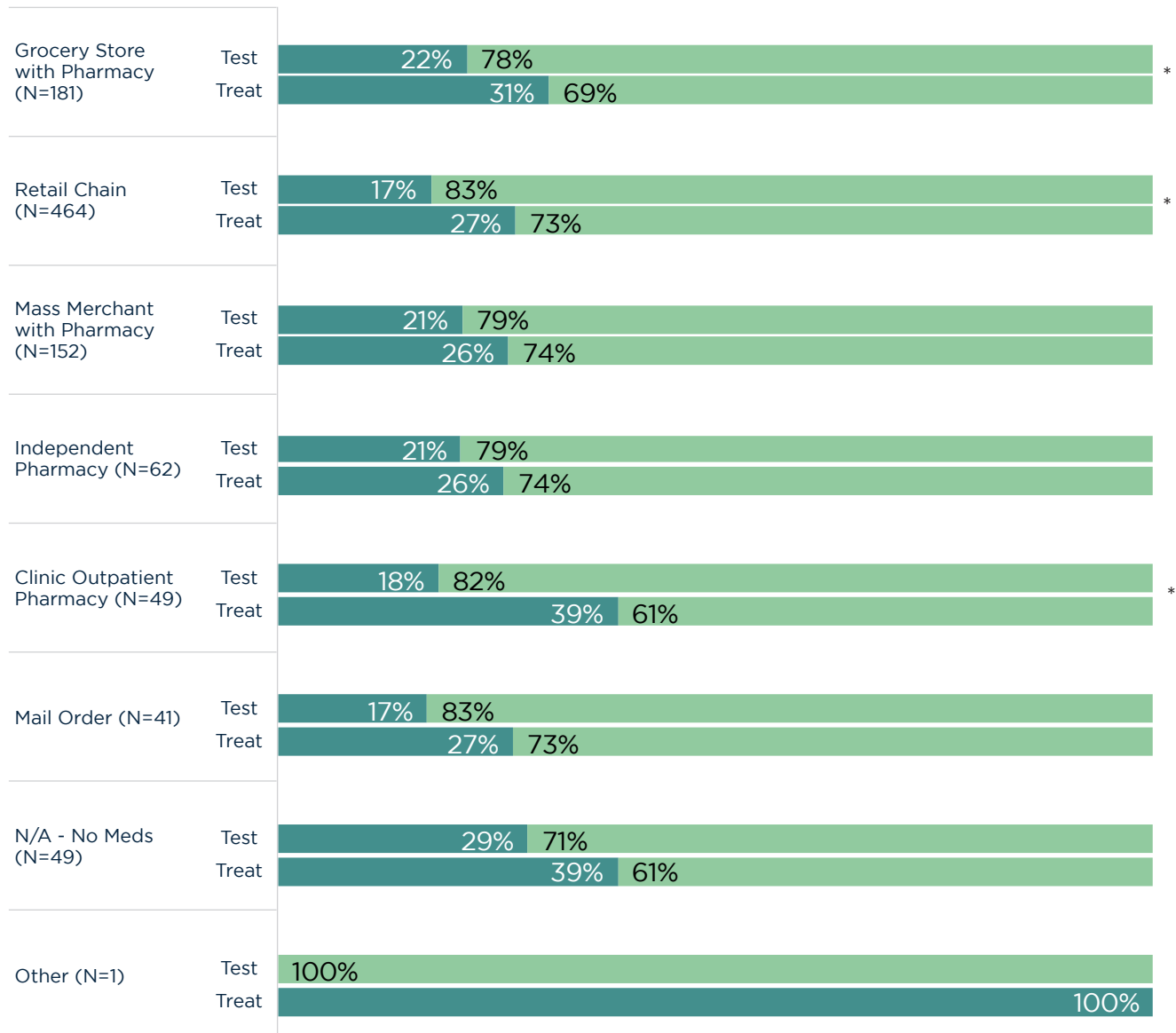


NOTE: *p<0.05 based on McNemar's test of association between test/treatment between site types.
 **p<0.05 based on McNemar's test of association between comfort with testing vs. treatment at each site type within respondents.

Respondents' reported level of comfort with COVID-19 testing and treatment at a pharmacy with a drive-thru was further assessed based on the type of pharmacy they frequented most often. The following chart outlines the level of comfort with testing and treatment based upon various pharmacy types.

- Respondents frequenting grocery store, retail chain, and mass merchant pharmacies reported more comfort with testing at a pharmacy with a drive-thru vs. receiving treatment.
- Regardless of which pharmacy respondents frequented, they reported similar comfort levels with receiving COVID-19 testing or treatment at a pharmacy with a drive-thru.

COMFORT WITH COVID-19 TESTING AND TREATMENT AT A PHARMACY WITH A DRIVE-THRU BY PHARMACY MOST FREQUENTLY USED



■ Very uncomfortable or Uncomfortable ■ Very Comfortable or Comfortable

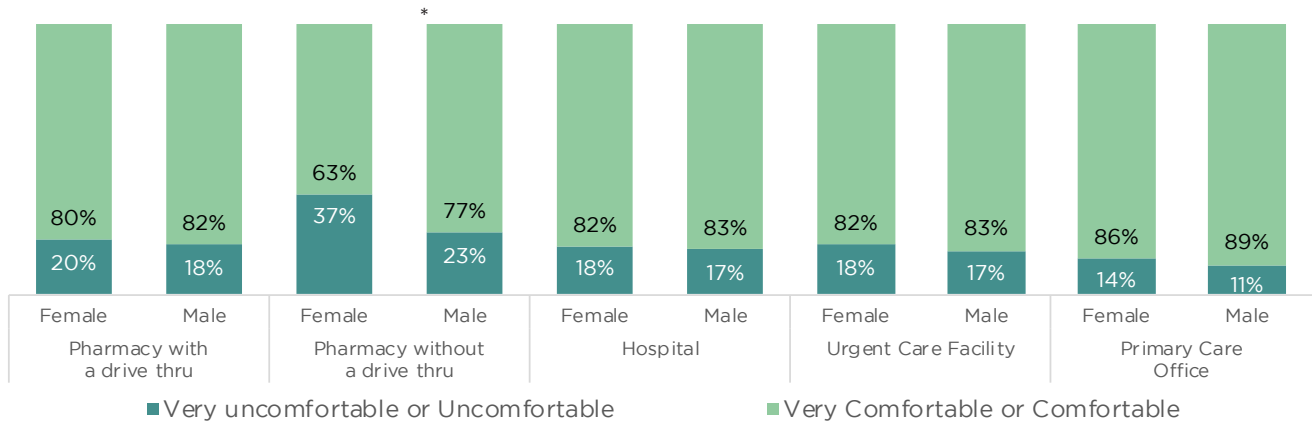
NOTE: *p<0.05 based on McNemar's test of association between comfort with testing vs. treatment at each site type within respondents.

Respondents who reported higher levels of comfort with COVID-19 testing at pharmacies with drive-thru capabilities were more likely to:

- ⦿ be comfortable receiving injections from a pharmacist (4.5 times more likely compared to those who were uncomfortable)
- ⦿ have some college education (1.6 times more likely than those without college education)
- ⦿ report their race as “white” (1.6 times more likely than non-white)

Males and females had similar comfort levels with receiving COVID-19 testing at various sites, with the exception of more men being comfortable receiving testing at a pharmacy with no drive-thru.

COMFORT WITH COVID-19 TESTING BY SITE & GENDER



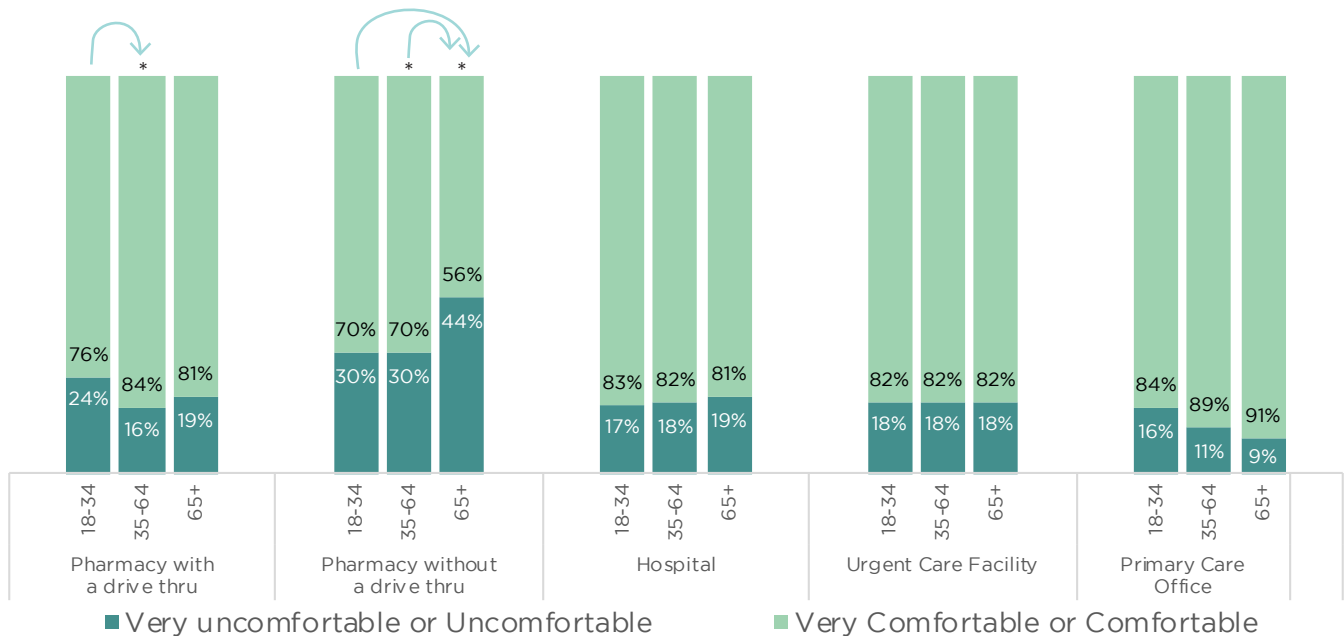
NOTE: 2 people responded 'other' gender type; 1 reported comfort and 1 discomfort with testing at a pharmacy with a drive-thru; both reported discomfort with testing at all other sites.

*p< based on chi-square test of association between gender and COVID-19 testing comfort at each site.

When differences between age groups were further assessed:

- There was no difference in reported COVID-19 testing comfort at hospitals, urgent care, and primary care among respondents of different ages, without adjusting for other respondent characteristics.
- Respondents aged 18-34 reported being less comfortable receiving testing at pharmacies without a drive-thru vs. respondents aged 35-64. The eldest group of respondents reported being less comfortable than other respondents to receive testing at pharmacies without a drive-thru.

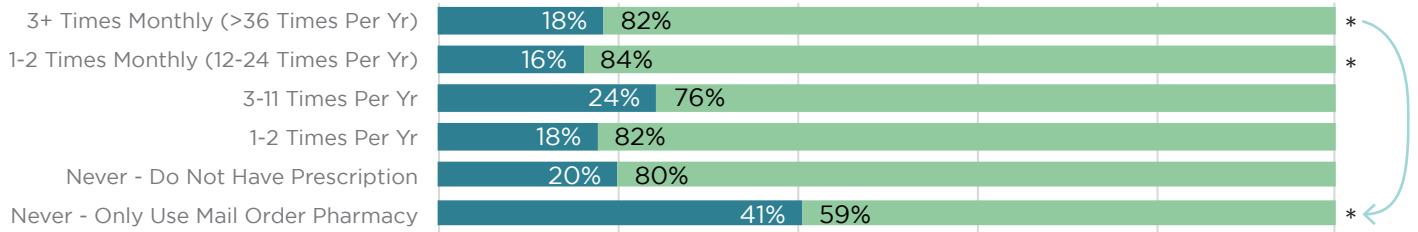
COMFORT WITH COVID-19 TESTING BY SITE & AGE



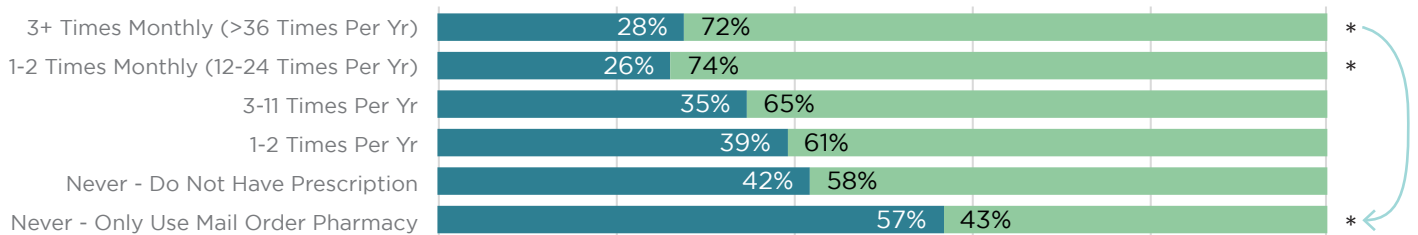
NOTE: *p<0.016 based on chi-square test of association (adjusted for multiple comparisons) between age groups and COVID-19 testing comfort at each site.

COMFORT WITH COVID-19 TESTING BY SITE & PHARMACY VISIT FREQUENCY

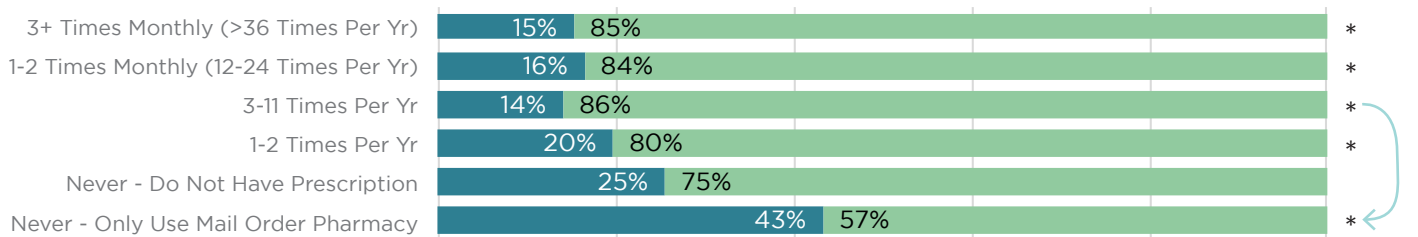
Pharmacy With a Drive-Thru



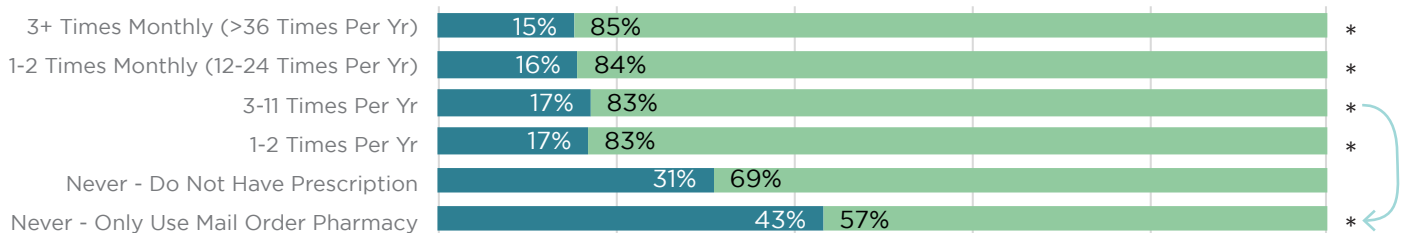
Pharmacy Without a Drive-Thru



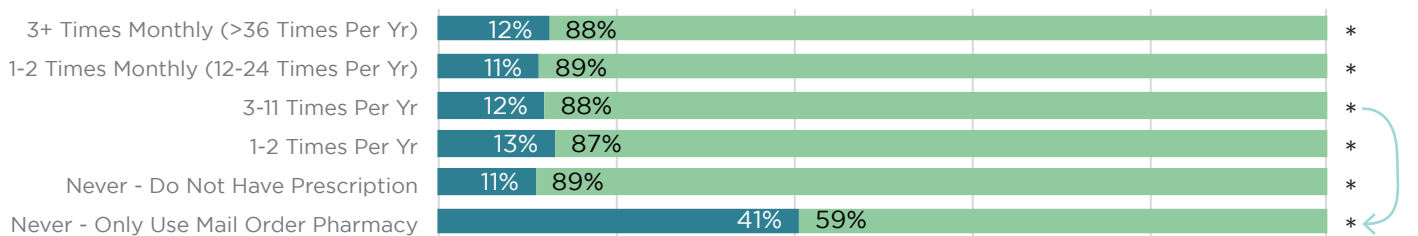
Hospital



Urgent Care Facility



Primary Care Office



■ Very Uncomfortable or Uncomfortable
 ■ Very Comfortable or Comfortable

NOTE: * p<0.0033 based on chi-square test of association (adjusted for multiple comparisons) between pharmacy visit frequency and COVID-19 testing comfort at each site, without adjusting for other respondent characteristics.

Respondents' reported comfort levels of COVID-19 testing at different pharmacy locations were further assessed by the frequency of pharmacy visits. The above chart outlines the level of comfort with testing at different sites by the number of times the consumer visited a pharmacy.

When frequency of pharmacy visits was further assessed:

- ⦿ Respondents who indicated the use of mail order as their primary type of pharmacy were less likely to be comfortable receiving COVID-19 testing at all possible testing locations compared to respondents who visited a physical pharmacy on a monthly or more basis. **This represents a key opportunity for payers to help educate members who may be using a mail order pharmacy to inform about other testing locations and options.**
- ⦿ For pharmacy testing settings, respondents who selected they use mail order most frequently as their pharmacy indicated they were less likely to be comfortable receiving COVID-19 testing compared to respondents who visited a pharmacy at monthly.
- ⦿ For hospitals, urgent care, and primary care testing settings, respondents who selected they use mail order most frequently as their pharmacy indicated they were less likely to be comfortable receiving COVID-19 testing compared to respondents who visit pharmacies.

TAKEAWAYS:

Per the NACDS, approximately 38 million adults received flu vaccinations in a community pharmacy during the 2018-2019 influenza season. Convenience and accessibility of pharmacies allows for opportunity to increase the number of patients who receive vaccinations annually. Based on respondent feedback, we have provided three key takeaway points to improve patient care during the COVID-19 pandemic.

- ⦿ Invest in indoor and outdoor advertising at your pharmacy to promote COVID-19 testing to in-store customers and those passersby who may frequent your store less.
- ⦿ Aim to have a minimum of three to four positive interactions with patients per year to increase the likelihood of comfortability with health care services provided by your pharmacy. Medication therapy management, physical encounters, and telehealth services/interactions should all be strongly considered to help maximize interactions.
- ⦿ Invest in social media marketing to educate patients who may not have frequent interactions with your pharmacy about health care services offered to expand your reach.



PHARMACY QUALITY SOLUTIONS

ABOUT PHARMACY QUALITY SOLUTIONS

Pharmacy Quality Solutions (PQS), is the leading provider of performance management services representing nearly 90% of Medicare lives and 95% of community pharmacies. PQS delivers the quality insights and guidance necessary to support its customers' efforts to optimize the quality of medication management and use for their Medicare, Medicaid and commercial populations. PQS connects medication use stakeholders to actionable, quality information in a consistent and reliable fashion, allowing them to move more quickly from measurement to improvement. Its industry-leading platform, EQuIPP®, provides dependable measurement and reporting on key medication use quality measures, including addressing medication adherence, gaps in care, and patient safety. PQS provides measurement insights that are timely, actionable, and simply understood. For more information, please visit www.pharmacyquality.com.

WHAT SHOULD BE DIFFERENT OR INCLUDED IN NEXT YEAR'S REPORT?

If you have ideas or comments, we'd like to hear from you! If you'd like to participate and would be willing to serve as a resource for feedback on next year's report, please let us know. You can share your feedback or ideas at trendreport@pharmacyquality.com.



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