

**2022**

# INDUSTRY TREND REPORT

in Pharmacy Quality



sponsored by Pharmacy Quality Solutions

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# Letter from the CEO

The 2022 Industry Trend Report in Pharmacy Quality (PQS Trend Report) marks our fourth consecutive year of releasing industry trends and insights. This year's results are based on consumer, pharmacy, and payer surveys related to medication-related healthcare quality performance and perceptions on pharmacist-provided services. In aggregate, the findings chronicle changing perceptions, attitudes, and willingness to collaborate between payers and providers. While some of the results indicate how some perceptions and interests remain unchanged despite massive external forces related to a global pandemic, others are encouraging in continuing pharmacy's role as a healthcare provider.

We remain dutifully committed in our belief that the profession of pharmacy is best enabled for change when a common language and demonstrated value through healthcare quality measurement can transcend the profession's own four walls. The PQS Trend Report is one way we try to help contribute and provide guidance for the mutual market opportunities for patients, payers, and community pharmacies to evolve.

For this year's report, we begin with the perceptions consumers have of pharmacists practicing in the community, and their interest and level of comfort to receive additional services beyond medications and products. While the level of trust and comfort patients have with pharmacists remains very high, opportunities still exist to educate the public about pharmacists' training and expertise in healthcare delivery. While it may be assumed within the pharmacy profession that patients understand the scope and breadth of pharmacy health services, the Trend Report findings reveal that patients may be less informed as consumers than expected. Putting a focus on educating patients of what pharmacy could deliver may result in a higher population of informed patients as a driver of future demand.

The Trend Report also highlights how community pharmacies have been increasingly investing in and preparing for future services, as well as willing to engage in different

reimbursement models with shared risk and value. These trends indicate how important the changing role of pharmacy will be as these investments occurred during a time in which the profession has faced a tremendous change in staffing and available personnel resources because of the COVID-19 pandemic.

Finally, we explored the perceptions of health plans and pharmacy benefit managers (PBMs) that represented several insurance lines of business and spanned national to local carriers. Specifically, we examined the challenges payers are having in their pursuit of improving healthcare quality, and which quality measures they believe pharmacists are well positioned to help improve. Over 75 percent of respondents find challenges in knowing which interventions led to the greatest impact on performance, something that focused measurement can help to improve. Additionally, payer respondents also indicated an opportunity for pharmacists to help improve more outcome-related measures such as controlling blood pressure and blood sugar for patients with hypertension and diabetes. These results spotlight a very focused opportunity for collaboration and, we believe, help to point the conversation towards a common language anchored on patients.

We hope you will find the 2022 Trend Report to be an intriguing and useful source to help guide your future strategy in quality improvement. For those pushing for change and pioneering new services, we thank you for your hard work and serving as an inspiration for innovation. Positive change isn't easy, but it's always worth the effort.



*Todd Segal*

**Todd Segal, PharmD**

Chief Executive Officer

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# Introduction for 2022 PQS Trend Report

Each year, PQS produces the Industry Trend Report in Pharmacy Quality to inform healthcare payers, pharmacy providers, and life science organizations on trends and changes the marketplace is making to improve quality. The report is also intended to serve as a resource for organizations developing their quality improvement strategies.

As with the 2019 and 2020 reports, the 2022 report is focused on surveys of consumers, pharmacy organizations, and payers. To track and trend changes over time as accurately as possible, the survey questions were minimally changed. With the results of this year's survey, we now have three data points for most of our survey questions to show trends over time.

We hope that the results and the discussion we present in the report will shed light on consumer perspectives, provide useful information for the improvement of medication-related quality, and equip pharmacy groups and payer organizations to implement new programs—and expand existing ones—to optimize medication use and outcomes.

## METHODOLOGY AND SURVEY DEVELOPMENT

A committee of experts assisted in the drafting of survey questions for the first surveys in the PQS Trend Report. This process was not repeated for the 2022 report as the existing survey questions were maintained and not materially changed.

In the report, specific questions from the surveys may be summarized or paraphrased. Most questions and their results are included in the report, and those chosen were deemed by the authors to be the most significant in informing medication quality and of highest interest for the intended audience.

### PQS INDUSTRY TREND REPORT IN PHARMACY QUALITY TEAM

- Andrew Thorne
- Nancy Chung
- Todd Sega
- Brittany Boyd
- Emily Endres

*Note: The survey questions and summary results from this report do not necessarily represent those of the individuals or organizations working on the PQS Trend Report.*

PQS would like to thank all survey respondents and those who contributed to this report for their dedicated time and commitment towards the profession and in creating opportunities to improve marketplace partnerships. PQS would also like to thank the Pharmacy Quality Alliance (PQA) for their efforts to help coordinate and produce this report.

# 01 2022 Consumer Perceptions Survey

## INTRODUCTION

As with previous years, the consumer-focused section of the Trend Report helps healthcare quality professionals obtain visibility outside of “our own four walls.” In response to the onset of the COVID-19 pandemic, the 2020 Trend Report added questions that assessed consumers’ level of comfort receiving testing and treatment for COVID-19 in various healthcare provider settings. Knowing that the unique circumstances of the COVID-19 pandemic likely had a large impact on perceptions of healthcare generally, this year we added a question that explored if COVID-19 impacted consumers’ trust in healthcare providers to help further understand the influence of the pandemic.

This third edition of the survey allowed us to identify interesting trends and changes in consumer perceptions of pharmacist-provided services from 2019, 2020, and 2022. Throughout this report you will see that comfort with receiving services—including immunizations and testing—from pharmacists remains quite high. This comfort is possibly related to the upward trend in consumers indicating they had received immunizations in pharmacy settings within the last 12 months. Similarly, most consumers also feel comfortable with receiving COVID-19 testing and treatment across healthcare settings, including multiple types of pharmacy settings. Compared with before the COVID-19 pandemic, most consumers’ trust in healthcare increased or remained the same.

In many areas, however, comfort with receiving various services in the pharmacy does show a slight decrease when compared with 2019 and 2020. It is possible that this is related to the shift in demographic composition over the years of the Trend Report. The balance of gender demographics was representative of the general population for the sample of respondents in the 2022 consumer survey. The proportion of survey respondents who identify as female was higher in 2019 and 2020 and was found to be significantly different than this year compared with 2019 ( $p = .001$ ). Other studies have found that women tend to be more comfortable seeking care and also report less satisfaction with providers.<sup>1</sup> The sample’s expressed comfort levels in the 2019 and 2020 reports may have been affected due to the larger proportion of women respondents in these years and may contribute to the decreases seen in our 2022 findings.<sup>2</sup>

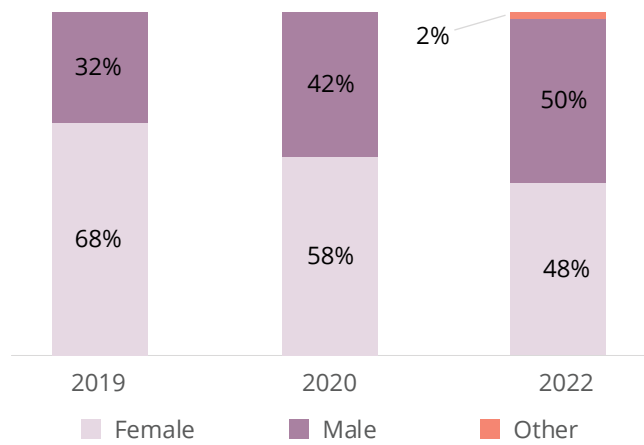
Additionally, the results show that there is a portion of consumers who express comfort receiving services from a pharmacist but never have. This suggests an opportunity to further increase utilization of vaccination and other services in pharmacy settings if we can overcome the barriers that prevent this group from seeking care and testing in pharmacies. Although the pandemic highlighted ways for community pharmacies to provide improved access to care and expanded the scope in which pharmacists can help their patients, many consumers still view the role of the pharmacist today, and in the future, as providing traditional services (e.g., dispensing medications). This finding also supports opportunities to further increase consumer awareness of the range of services pharmacists offer and that pharmacists are qualified to perform them.

# SURVEY APPROACH

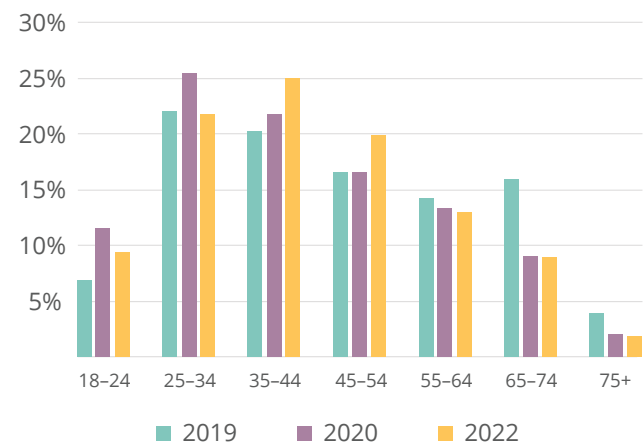
- The survey was targeted towards a large panel of United States consumers aged 18 and older.
- Consumers needed to have visited a pharmacy in the past 12 months to be eligible for survey participation.
- An invitation to participate in the survey was sent to 2,252 consumers meeting the inclusion criteria (i.e., visiting a pharmacy in the last 12 months) from an existing consumer panel through a market research firm. A total of 1,000 consumers completed the survey, and 688 responses were used in the analysis to ensure complete and quality responses.

# RESPONDENT DEMOGRAPHICS

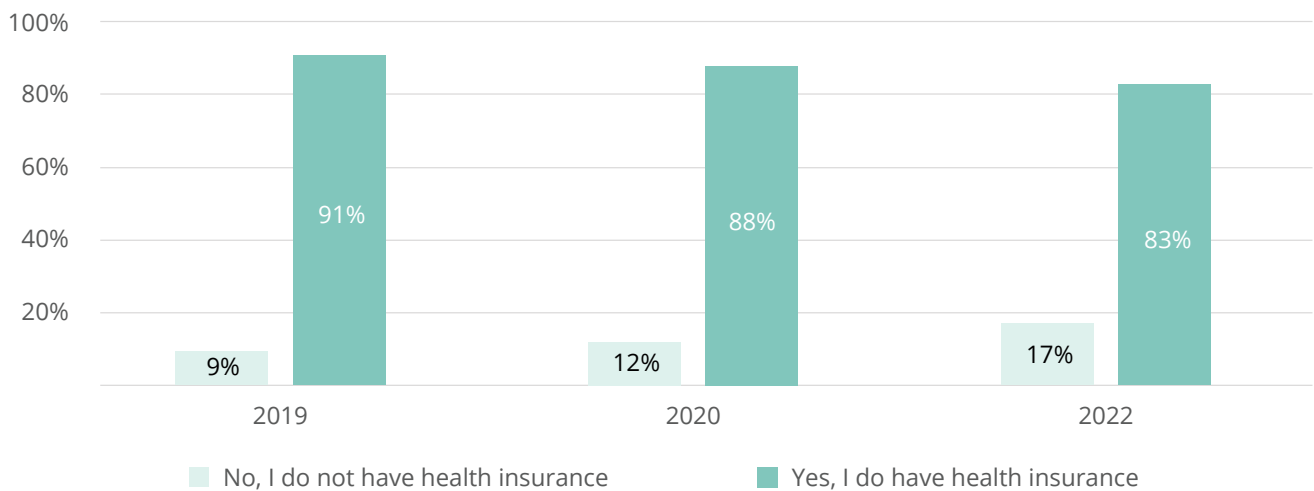
## GENDER



## AGE



## HEALTH INSURANCE

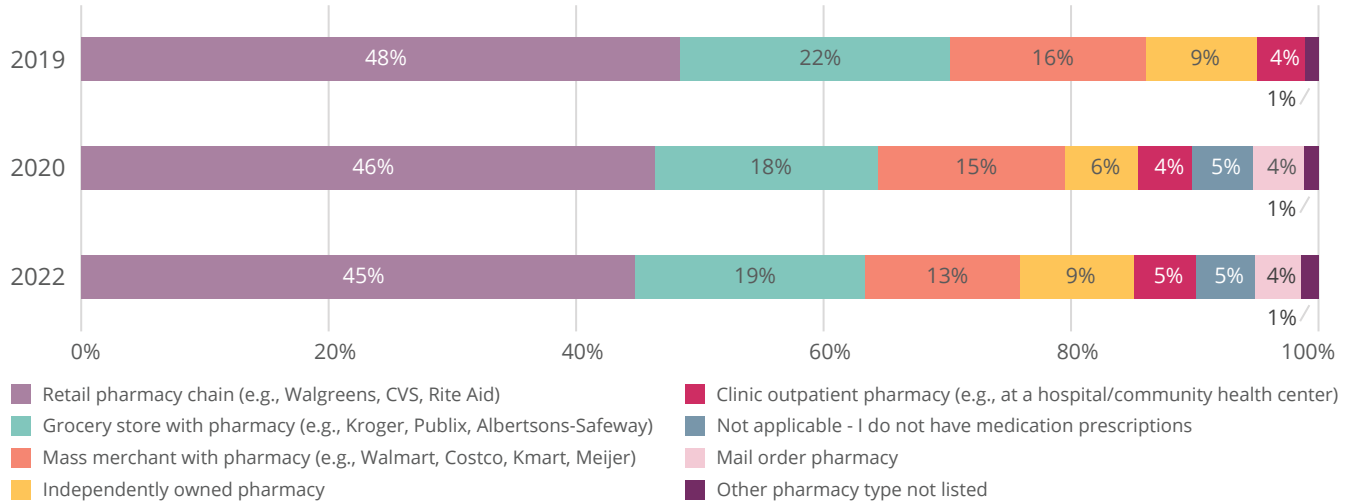


Note: The proportion of survey respondents who identify as female was higher in 2019 and 2020 and was found to be significantly different in 2022 compared with 2019 (chi square test,  $p = .001$ ). Percentages may not sum to 100 due to rounding.

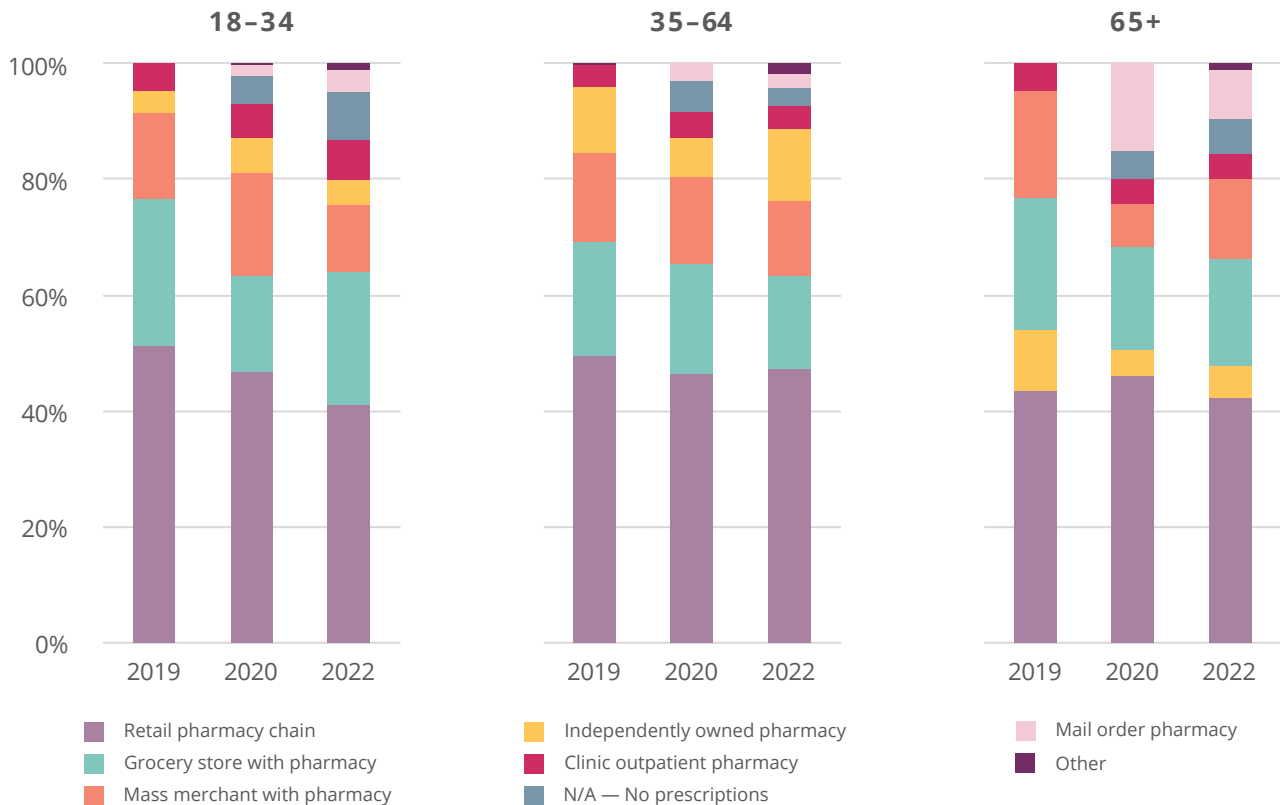
# PHARMACY USAGE AND PHARMACIST-PROVIDED CARE

## PHARMACY TYPE

Which of the following best describes the pharmacy you use most frequently for the purpose of picking up prescriptions or seeing the pharmacist?



## PHARMACY TYPE BY AGE



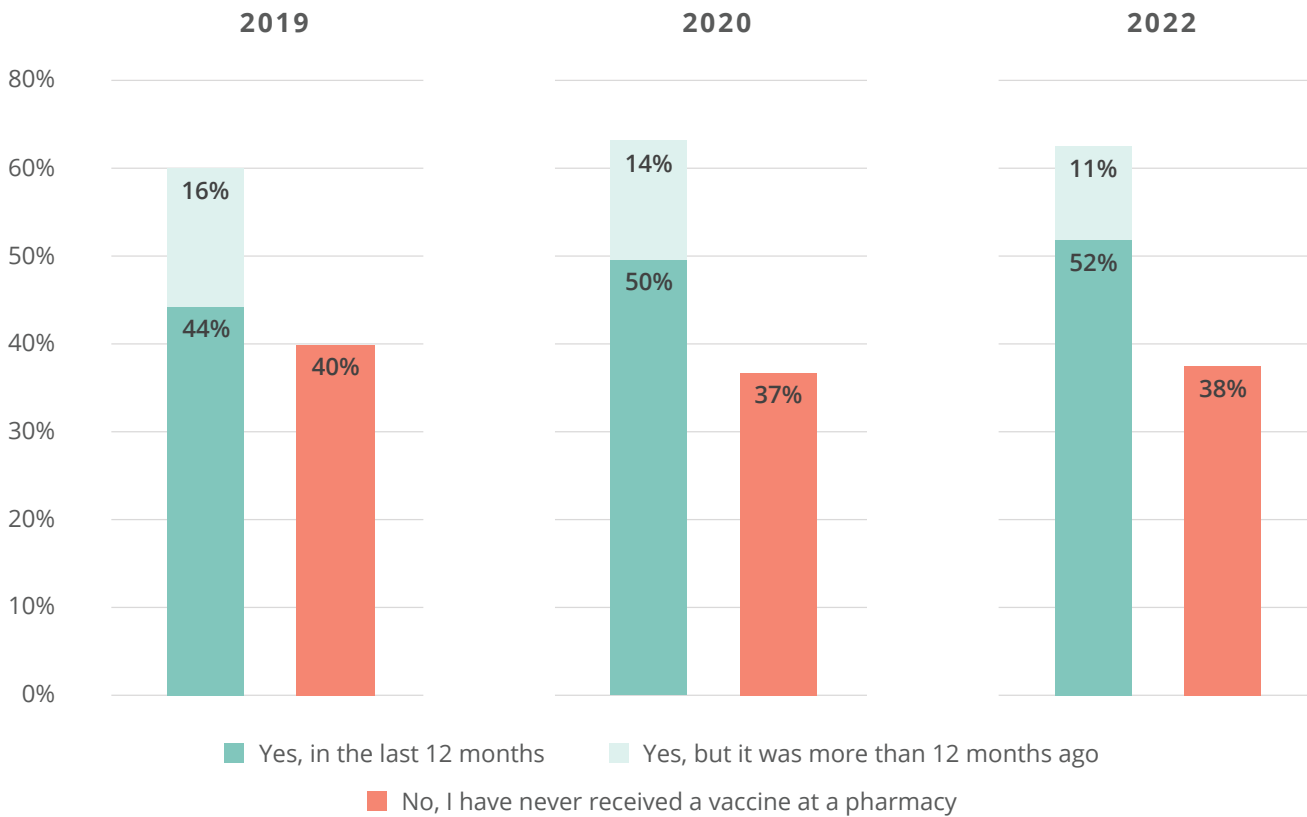
Note: Mail order and N/A (no prescriptions) responses were options in 2019 but were not selected by respondents.

In 2022, consumers reported using mass merchants (e.g., Walmart, Costco) with pharmacies and retail pharmacy chains (e.g., Walgreens, CVS) less often than in 2020 or 2019. Retail pharmacy chains, grocery stores with pharmacies, and mass merchants with pharmacies remain among the most used pharmacy types.

Among all age groups and across all years of the trend report, consumers consistently reported using retail pharmacy chains more than other pharmacy types. However, among the 18- to 34-year-old age group, there is a downward trend in retail pharmacy use (2019: 51%, 2020: 47%, 2022: 41%) and an upward trend in mail order and clinic outpatient pharmacies. Among the oldest age group, there was a spike in mail order use in 2020, with 15% of respondents saying they used mail order pharmacies, but the proportion declined to 8% in 2022, possibly reflecting a partial return of preference in this age group for in-person pharmacy services, though mail order usage still remains higher than in 2019.

## RECEIVING VACCINES AT A PHARMACY 2019–2022

Have you received a vaccine, such as a flu shot, at a pharmacy?



**When comparing 2019, 2020, and 2022, we see a trend of respondents increasingly indicating they had received immunizations in pharmacy settings within the last 12 months, which may be due to the enhanced role of pharmacies during the COVID-19 pandemic. This upward trend in vaccinations in the pharmacy setting underscores the accessibility and convenience of community pharmacies.**

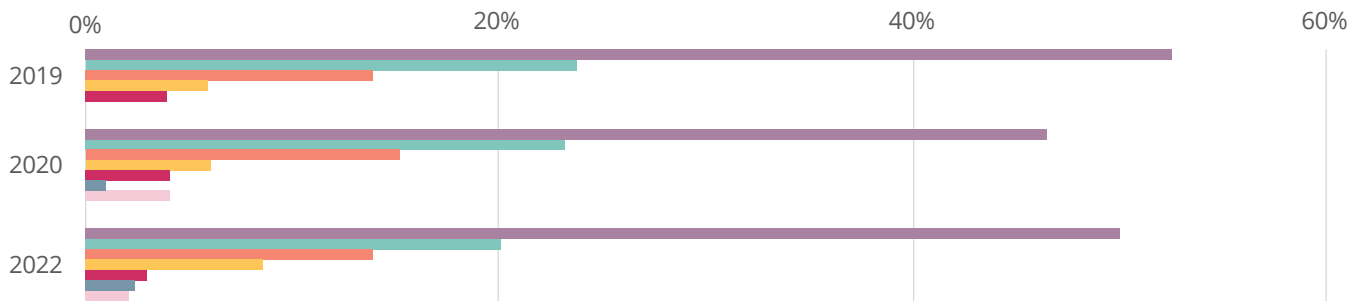


In 2022, a substantial proportion (38%) continued to indicate that they had never received a vaccine at a pharmacy, representing a large opportunity to further increase utilization of vaccination services in pharmacy settings.

## VACCINE BY PHARMACY TYPE

Have you received a vaccine, such as a flu shot, at a pharmacy?

### Yes, within last 12 months



### Yes, more than 12 months ago



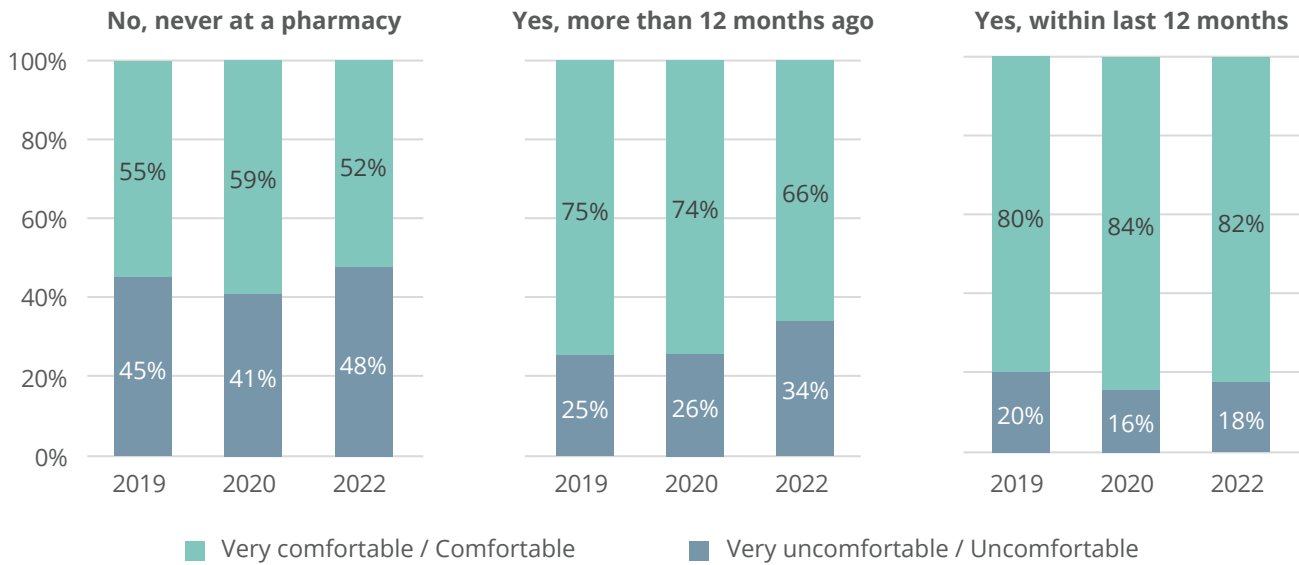
### No, never at a pharmacy



- Retail pharmacy chain
- Grocery store with pharmacy
- Mass merchant with pharmacy
- Independently owned pharmacy
- Clinic outpatient pharmacy
- N/A — No prescriptions
- Mail order pharmacy
- Other

Over the three years surveyed, the majority of consumers who received a vaccine at a pharmacy at any time indicated their primary pharmacy was a retail pharmacy chain. Grocery stores with a pharmacy and then mass merchants with a pharmacy followed after. These results align with the most utilized pharmacy types as seen on page four.

## LEVEL OF COMFORT RECEIVING INJECTIONS FROM A PHARMACIST 2019–2022



In the surveys, respondents were asked two questions related to vaccinations and injections. One question elicited whether they had ever received a vaccine at a pharmacy, while the other asked their level of comfort with receiving injections or “shots” from a pharmacist. This graph displays the level of comfort categorized by whether the respondents had received a vaccine at a pharmacy and how long ago they received it.

In 2022, 38% of consumers indicated they had never received a vaccine from a pharmacy compared with 40% in 2019 and 37% in 2020.



**Among the 38% who stated they had never received a vaccine from a pharmacy, 52% of these individuals said they would be comfortable receiving injections at a pharmacy. This represents an opportunity for pharmacies to capture a reasonably large group of patients who currently are not receiving vaccines from a pharmacy but are willing to receive them.**

To learn more, we asked respondents who said they were uncomfortable receiving pharmacist-administered injections what their reasons were. To see a breakdown of the reasons and the frequency they were chosen by respondents, please see the table on the following page.

The reasons consumers gave for their discomfort with pharmacist-administered injections reveal a gap that patient education could close. Misunderstandings of pharmacist qualifications accounted for 27% and lack of knowledge regarding insurance coverage represented 18% of reasons given.

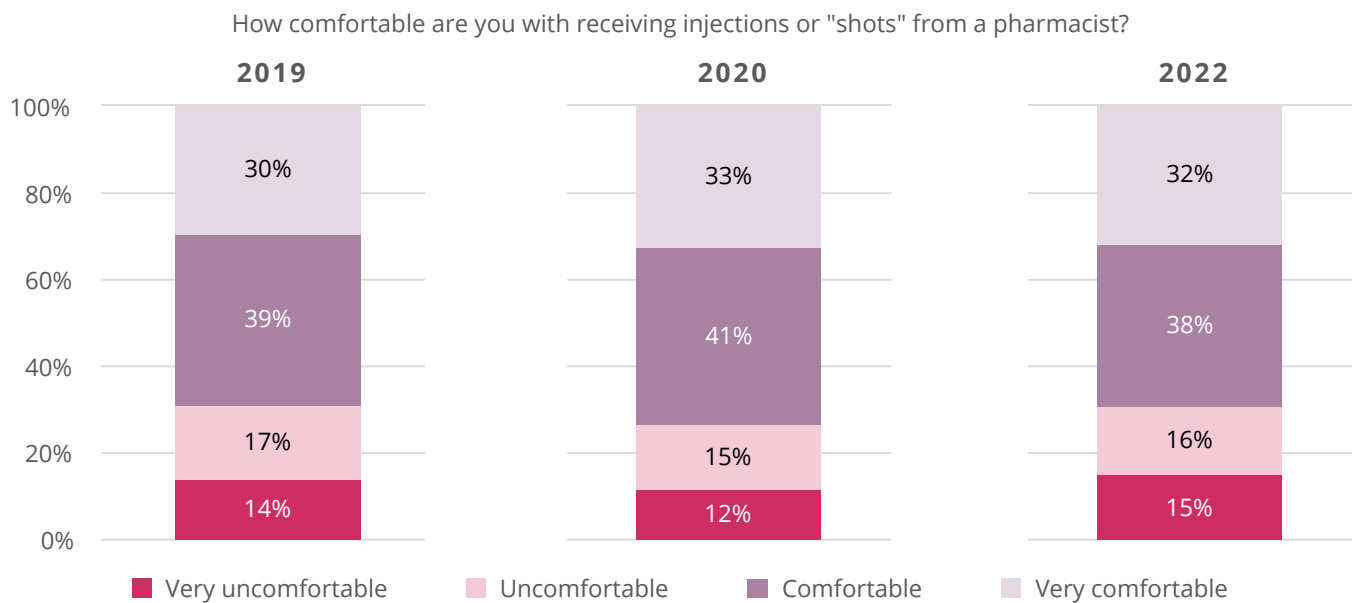
The proportion of consumers indicating that they had a vaccine in a pharmacy more than 12 months ago, and who also indicated feeling very comfortable receiving injections at the pharmacy, decreased from 74% in 2020 to 66% in 2022. This could be representative of the effects of COVID-19 on consumer comfort in healthcare settings in 2021 and could also be influenced by the changing demographics of the Trend Report consumer samples, as discussed in the introduction to this chapter.

## WHY WERE RESPONDENTS UNCOMFORTABLE?

	FREQUENCY OF RESPONSE	PERCENT
Do not receive injections anywhere	73	35%
Did not know pharmacists were qualified to administer injections	58	27%
Do not trust pharmacist to administer injection	54	26%
Did not know insurance currently may cover a pharmacist to administer injection	37	18%
Pharmacies do not have private or secure area to receive injection	36	17%

Note: Percentage is out of 211 respondents in 2022 who selected uncomfortable or very uncomfortable with receiving an injection from a pharmacist; respondents could select one or more reasons.

## LEVEL OF COMFORT RECEIVING INJECTIONS FROM A PHARMACIST



Consumers indicated a slightly decreased level of comfort receiving injections from a pharmacist between 2020 and 2022, which was somewhat surprising considering the administration of large numbers of COVID-19 vaccinations in pharmacy settings in 2021 and 2022.



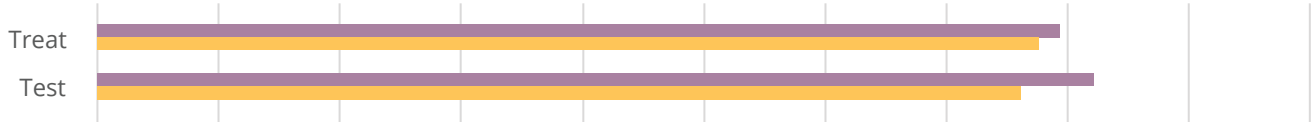
**The majority of consumers responded that they feel comfortable or very comfortable (69%) receiving shots or injections from a pharmacist in 2022, the same proportion who had indicated comfort in 2019.**

## COMFORT WITH COVID-19 TESTING AND TREATMENT STRATIFIED BY HEALTHCARE SETTING

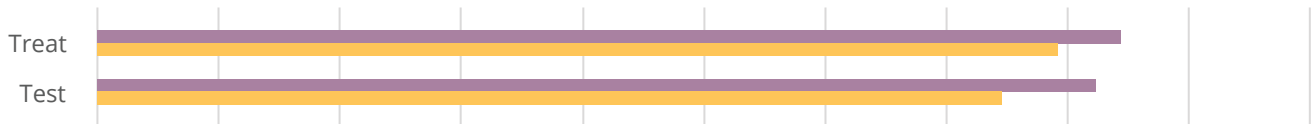
### Primary care office



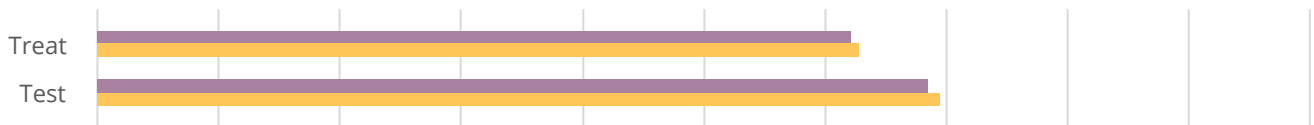
### Urgent care facility



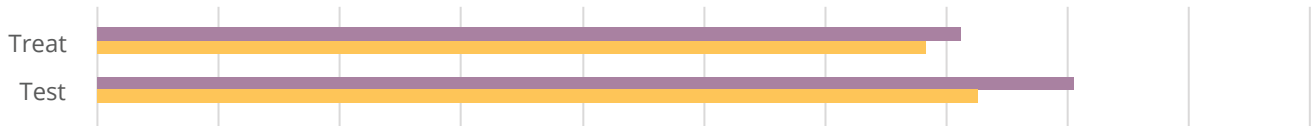
### Hospital



### Pharmacy without a drive-thru



### Pharmacy with a drive-thru



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ 2020 ■ 2022

The majority of consumers reported being comfortable receiving COVID-19 testing and treatment in all healthcare settings. Although a higher proportion of consumers reported comfort in more traditional healthcare settings, approximately two-thirds indicated comfort with COVID-19 testing and treatment in the pharmacy.

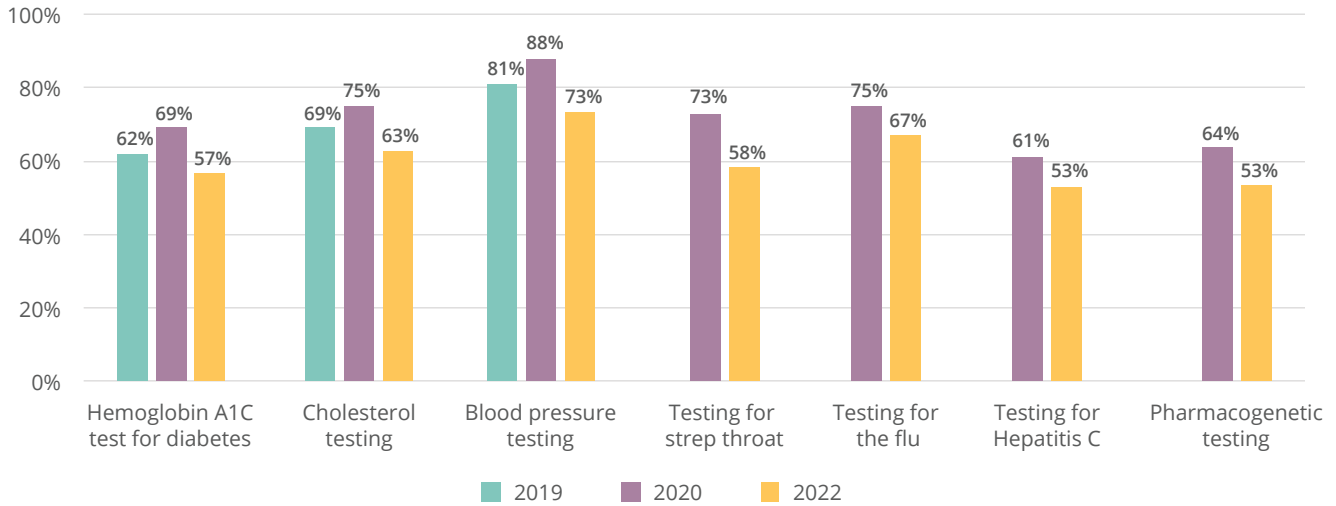
Compared with 2020, the level of comfort for receiving COVID-19 testing and treatment declined across healthcare settings, except in pharmacies without a drive-thru where there was a slight increase.

When the authors of this report were working to revise the existing surveys and hypothesizing the results we might see, we anticipated an increase in comfort with COVID-19 testing and treatment in pharmacy settings, given the number of COVID-19 vaccinations administered in pharmacies through 2021 and 2022. However, this is not what the data have told us; comfort decreased since the 2020 survey (conducted in March of 2020, just after the declaration of the public health emergency). We may be seeing the evidence of competing trends: an increase in utilization of pharmacies for health services fighting against a general trend toward decreased comfort for in-person healthcare services.

# LIKELIHOOD OF RECEIVING A SCREENING TEST BY COMFORT WITH PHARMACIST PERFORMING TESTS



## LIKELIHOOD OF RECEIVING TESTS FROM PHARMACISTS 2019–2022



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 likely they would be to have a pharmacist perform tests related to their condition.

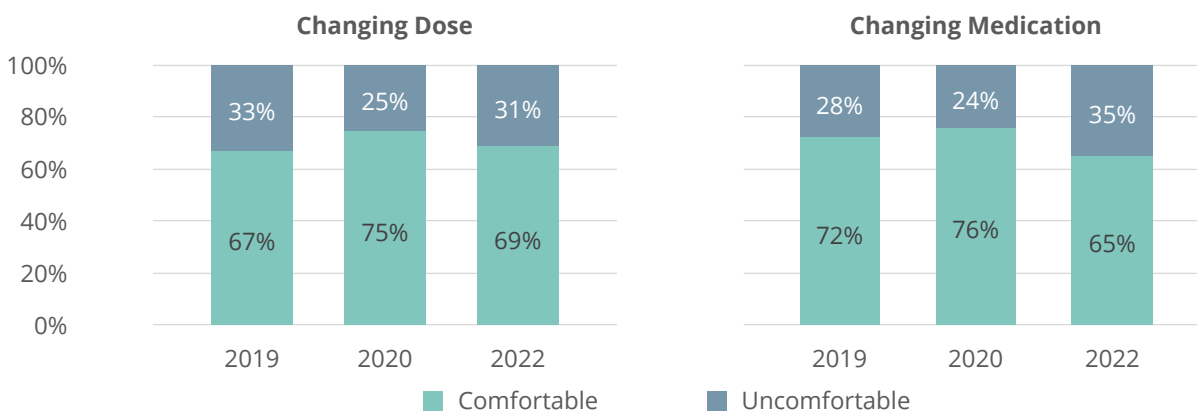


**As in previous years of this survey, consumers indicate the highest likelihood of receiving blood pressure testing from a pharmacist, followed in 2022 by flu and cholesterol testing.**

**In general, the majority of consumers have consistently indicated that they are likely or very likely to receive a variety of tests from a pharmacist.**

Despite this, and similar to other patterns identified in this report, the proportion of consumers indicating likelihood of receiving tests from a pharmacist has decreased slightly between 2020 and 2022 across all testing types. This change was identified in all settings and is not specific to pharmacy settings. Further discussion of possible reasons for this trend can be found in the introduction to this chapter.

## LEVEL OF COMFORT WITH PHARMACIST CHANGING DOSES AND MEDICATIONS 2019–2022



As in the previous question, respondents were requested to imagine if they had a chronic disease and asked how comfortable they would be with a pharmacist working with their provider to change the dose of their medication or change which medications they receive.



**Across all years of the survey, comfort with both clinical interventions from a pharmacist is high.**

Between 2020 and 2022, significant decreases were found for both comfort with changing dose (75% vs. 67%,  $p = .006$ ) and changing medication (76% vs. 65%,  $p < .001$ ). More respondents were comfortable with pharmacists changing the dose (69%) than changing medication (65%) in 2022, but both have decreased since 2020, following a similar trend seen in other questions of this survey.

Among the reasons why respondents felt uncomfortable with a pharmacist working with their provider to change the dose of their medication are the following:

- They did not believe the pharmacist knows enough about their health (50% of respondents who were uncomfortable)
- They did not know pharmacists were qualified to manage dosing (28%)
- A smaller percentage stated that they did not have a relationship with their pharmacist (18%)
- The remaining selected “Other”

Among the reasons why respondents felt uncomfortable with a pharmacist changing which medication they receive are the following:

- They did not believe the pharmacist knows enough about their health (53%)
- They did not know pharmacists were qualified to manage dosing (27%)
- A smaller percentage stated that they did not have a relationship with their pharmacist (16%)



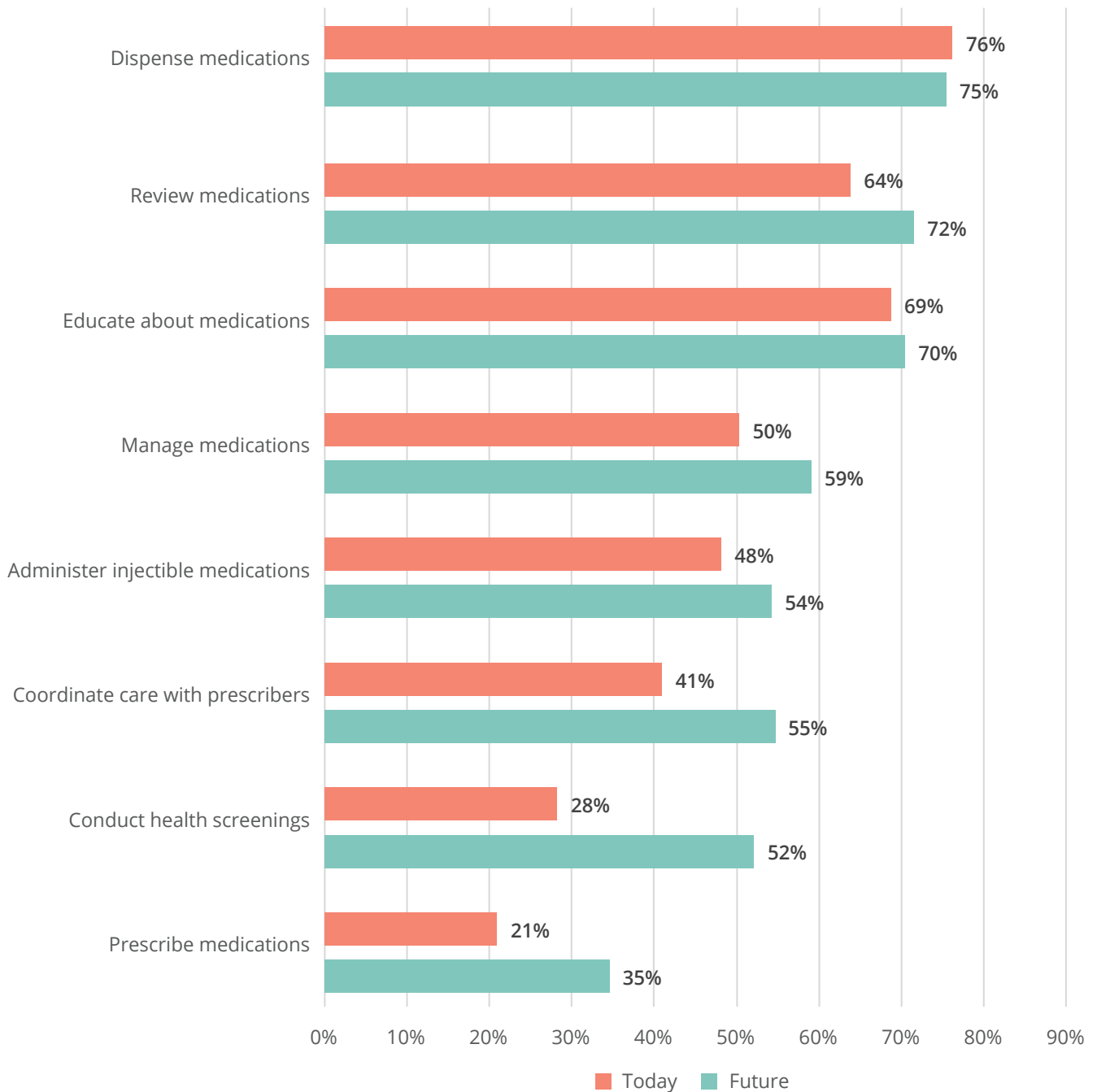
**Pharmacists remain very accessible healthcare professionals, and responses to this question indicate the high level of trust that consumers place in their pharmacists to make appropriate clinical interventions.<sup>3</sup> Despite this, a sizeable group of consumers exist who express some level of hesitation in having their pharmacist engage in clinical aspects of their care. Largely those hesitations are rooted in a lack of awareness of the expertise and qualifications of pharmacists, which should serve as a call for our industry to focus on building relationships with patients and educating them on the abilities of pharmacists.**

# 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.

## PERCEPTION OF PHARMACIST'S ROLE TODAY VS. FUTURE

2019

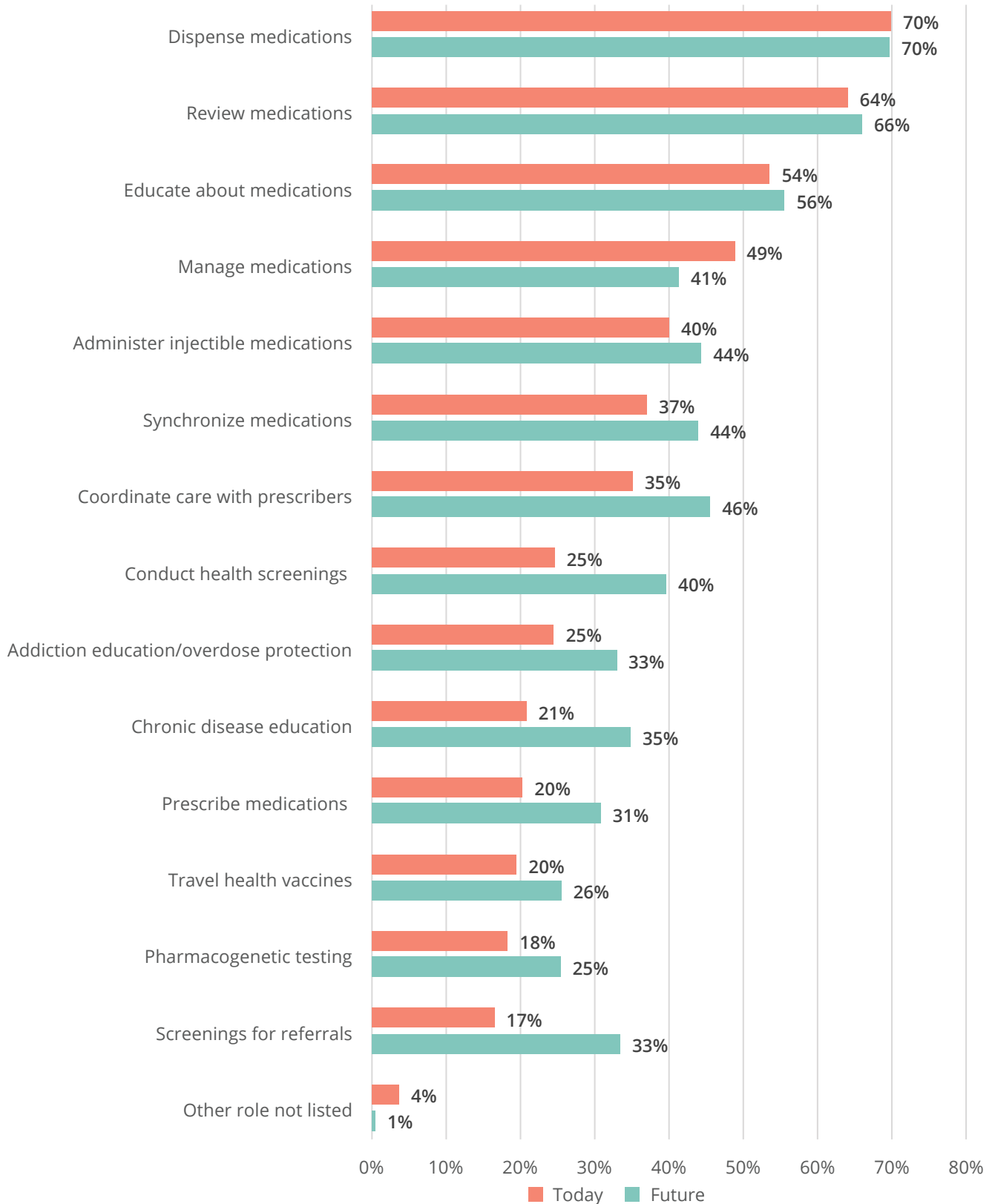


Note: Not all options were given in 2019. Options not presented in 2019 include other role not listed, screenings for referrals, pharmacogenetic testing, travel health vaccines, chronic disease education, addiction education/overdose protection, and synchronizing medications.



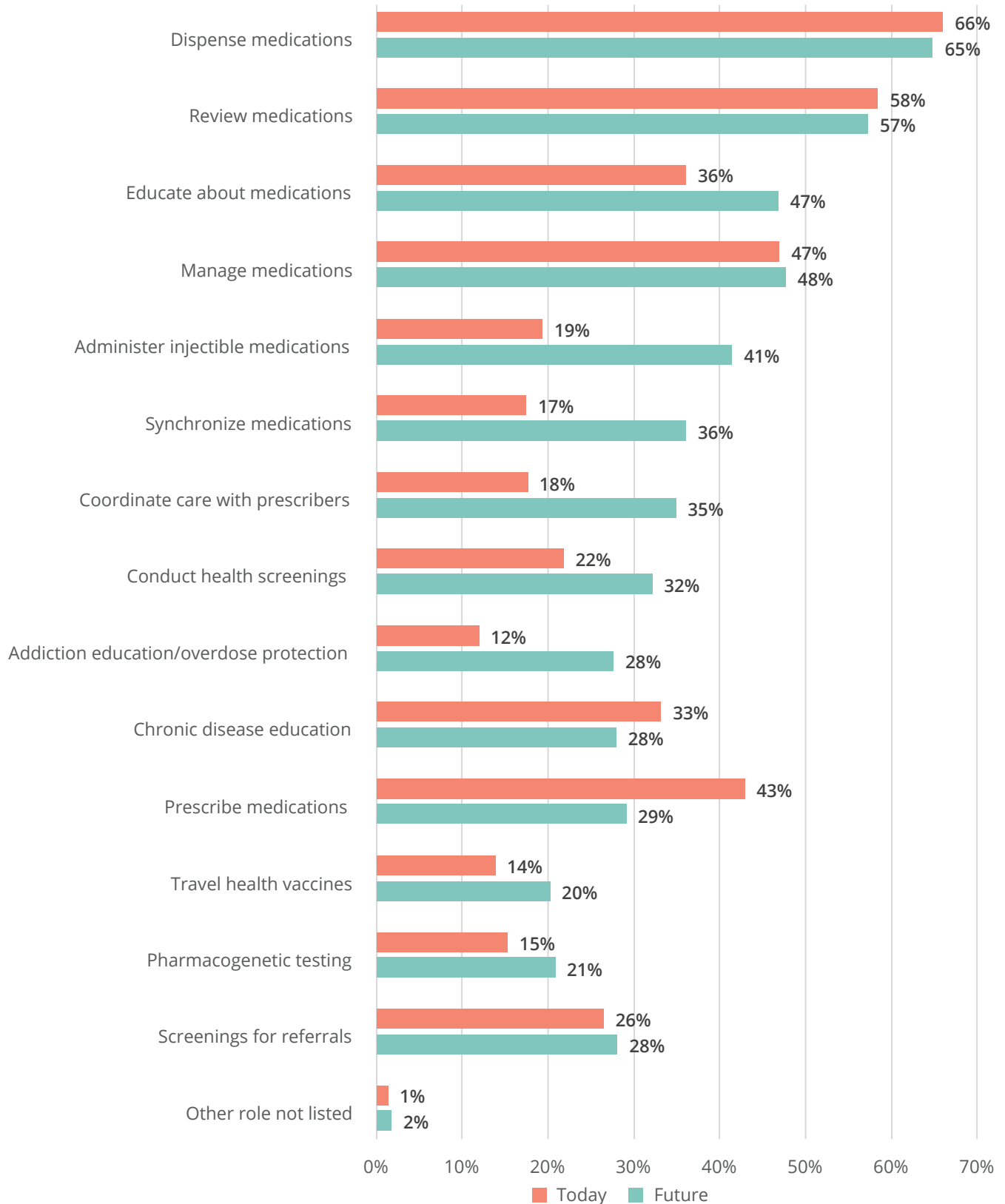
# PERCEPTION OF PHARMACIST'S ROLE TODAY VS. FUTURE

## 2020



# PERCEPTION OF PHARMACIST'S ROLE TODAY VS. FUTURE

2022

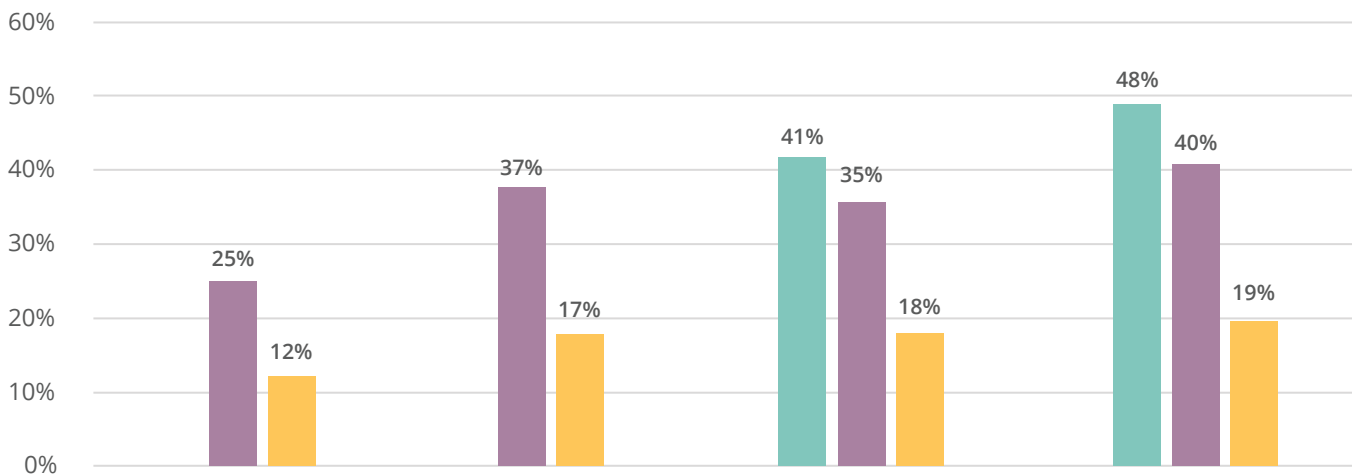


In general, consumers viewed the pharmacist's role today in a similar fashion from 2019–2022, with the three most commonly identified roles being to dispense medications, review medications, and educate about medications.

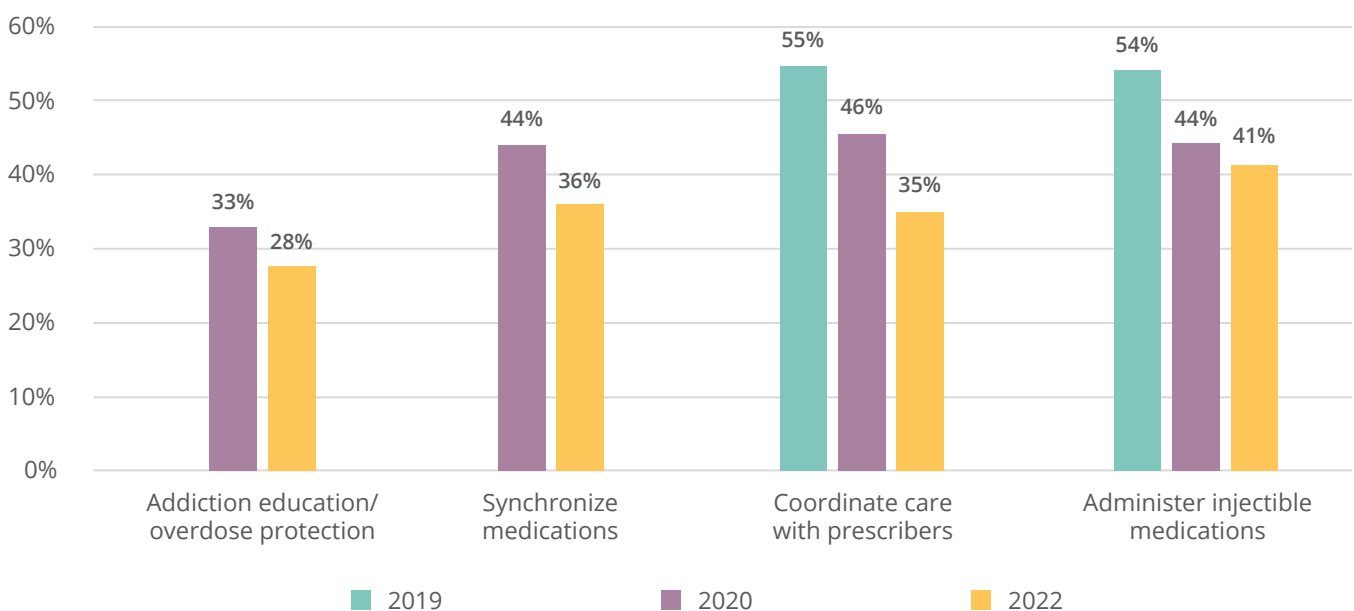


**It is notable that, among some of the less commonly identified roles, consumers indicated the pharmacist's role in the future differs from the role of the pharmacist today, pointing to a future increase in addiction education/overdose prevention and medication synchronization (2020–2022) and in coordination of care with prescribers and administration of injectable medications (2019–2022).**

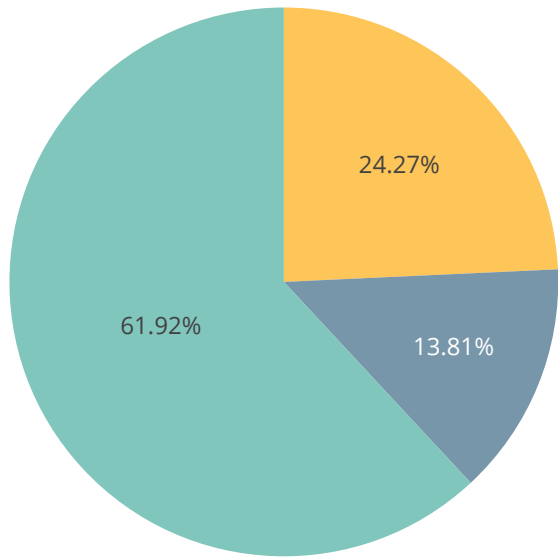
### TODAY



### FUTURE



# TRUST IN THE HEALTHCARE SYSTEM



## Has your trust in healthcare providers been impacted in any way due to COVID-19?

- No, my level of trust has remained the same
- Yes, my trust has increased
- Yes, my trust has decreased

This year, two new questions were added to the survey to ask consumers if their trust in healthcare providers has been impacted in any way during COVID-19. We also asked how their level of comfort with receiving vaccines and approved tests in a pharmacy setting has changed. Most respondents (62%) reported that their level of trust in healthcare providers has remained the same.



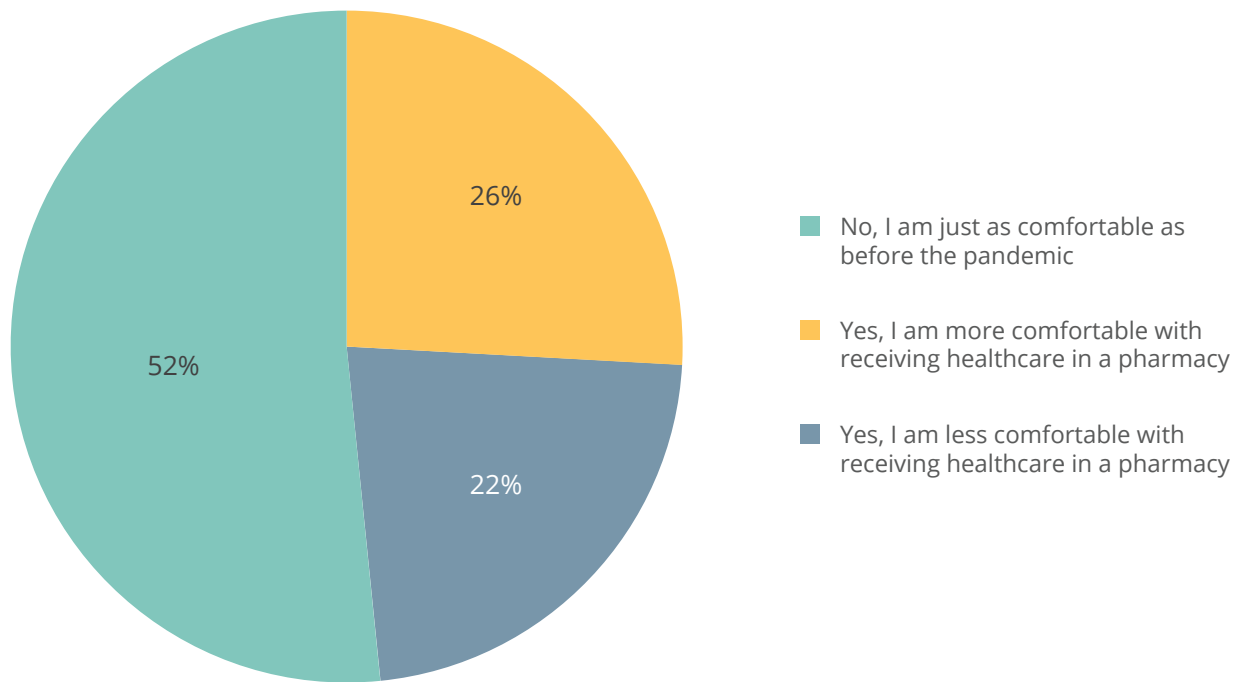
**Changes in trust in healthcare providers moved in a positive direction, with 24% of consumers reporting that their trust has increased since the pandemic compared with 14% who indicated that their trust has decreased.**

Respondents had numerous reasons as to why their trust in the healthcare system had increased. Some reasons include respect for how quickly and how well healthcare workers responded to the challenge of the pandemic. Additionally, healthcare workers showcased their care and compassion for patients by serving patients to the best of their ability, despite the risks and many unknowns.

Respondents also had numerous reasons as to why their trust in the healthcare system had decreased. Some reasons as to why include concern with effectiveness and side effects of COVID-19 vaccines and apprehension regarding the federal government and pharmaceutical companies.

A 2021 study conducted by the nonpartisan and objective research organization NORC at the University of Chicago (NORC) also examined how the pandemic impacted trust in the healthcare system and found similar results, reporting that 56% of the general public's trust in the healthcare system remained the same. In contrast, however, our findings suggest a net increase in trust (trust increased in 24% and decreased in 14%) whereas the NORC study found a net decrease (trust increased in 11% and decreased in 32%).<sup>4</sup> Since the NORC survey was conducted in December 2020 through January 2021, prior to the availability of COVID-19 vaccines, it is possible that our 2022 findings suggest a change in direction toward increased trust compared with the NORC study.

## LEVEL OF COMFORT OF PHARMACY CARE SINCE THE PANDEMIC



**Roughly half of respondents (52%) stated their trust had not changed. About a quarter (26%) of respondents were more comfortable with receiving healthcare in a pharmacy than before the pandemic; however, 22% were less comfortable.**

### References

- <sup>1</sup> Ashley E. Thompson, Yvonne Anisimowicz, Baukje Miedema, William Hogg, Walter P. Wodchis, and Kris Aubrey-Bassler, "The Influence of Gender and Other Patient Characteristics on Health Care-Seeking Behaviour: A QUALICOPC Study," *BMC Family Practice* 17, no. 1 (2016): 1–7, <https://doi.org/10.1186/s12875-016-0440-0>; "Healthy Men," Agency for Healthcare Research and Quality, last reviewed December 2012, <https://archive.ahrq.gov/patients-consumers/patient-involvement/healthy-men/index.html>.
- <sup>2</sup> John Rudoy and Helen Leis, "Females Are Discontent but Darn Proactive about Their Health and Healthcare," *OliverWyman*, March 7, 2019, <https://health.oliverwyman.com/2019/03/females-are-unhappy-but-darn-proactive-about-their-health-and-he.html>.
- <sup>3</sup> Samantha N. Valliant, Sabree C. Burbage, Shweta Pathak, and Benjamin Y. Urick, "Pharmacists as Accessible Health Care Providers: Quantifying the Opportunity," *Journal of Managed Care & Specialty Pharmacy* 28, no. 1(2022): 85–90, <https://doi.org/10.18553/jmcp.2022.28.1.85>.
- <sup>4</sup> NORC, *Surveys of Trust in the U.S. Health Care System*, May 21, 2021, [https://buildingtrust.org/wp-content/uploads/2021/05/20210520\\_NORC\\_ABIM\\_Foundation\\_Trust-in-Healthcare\\_Part-1.pdf](https://buildingtrust.org/wp-content/uploads/2021/05/20210520_NORC_ABIM_Foundation_Trust-in-Healthcare_Part-1.pdf).

# 02 Pharmacy Readiness for Outcomes-Based Measurement

## INTRODUCTION

Pharmacies represent a unique opportunity to impact medication-related outcomes and often have comparatively lower site-of-care costs.<sup>1</sup> We surveyed pharmacy groups to assess their readiness for accepting and supporting programs seeking to improve specific outcomes for chronic diseases as well as participate in value-based arrangements.

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. The results of this year's survey show positive momentum toward pharmacies' comfort and confidence in value-based arrangements and a preference toward utilizing both intermediate and outcome measures, rather than just one or the other. Similarly, more respondents than in previous years indicated a likelihood of contracting with payers for performance-based arrangements and less often indicated a need for training to understand outcome measures. Pharmacies are becoming increasingly prepared to impact medication-related outcomes.

This year's results on testing capabilities for chronic conditions show fewer respondents reporting having no testing capabilities and more saying that pharmacists are recommending tests. This is an impressive finding given that pharmacies have been inundated with providing vaccinations and experiencing resource constraints, further underscoring the acceptance and readiness of pharmacies to assist in improving patient outcomes.

## SURVEY APPROACH AND RESPONDENT DEMOGRAPHICS

A total of 58 pharmacy organizations were surveyed and represent national and regional chains, groups of independents through respective pharmacy services administrative organizations (PSAOs), and other community pharmacies, mail order and specialty pharmacies.

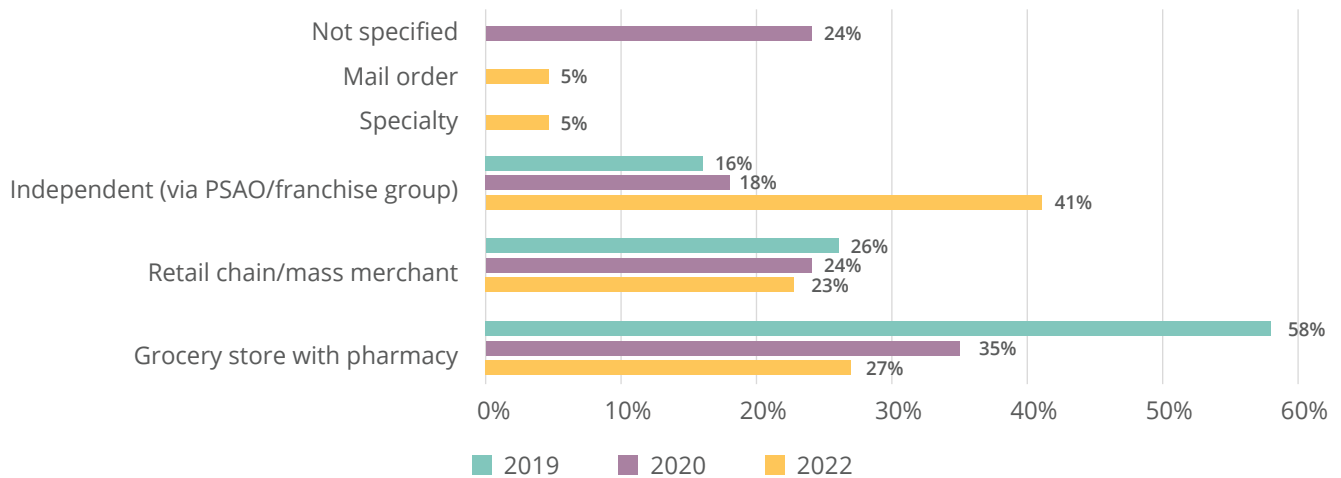
Organizations were asked to have the individual with the most applicable responsibility or oversight related to performance and quality measures respond to the survey for the organization.

A total of 22 organizations completed the survey, representing 57% of community pharmacies in the United States, based on pharmacies indicated as a community/retail pharmacy per the June 2022 release of NCPDP dataQ®.<sup>2</sup>

Throughout the survey, “quality measures” were defined as quality standards to which the organization is held (either directly or indirectly). The measures may be tied to financial incentives and additionally were classified as intermediate outcome or outcome measures. The following are definitions and examples of each type of measure:

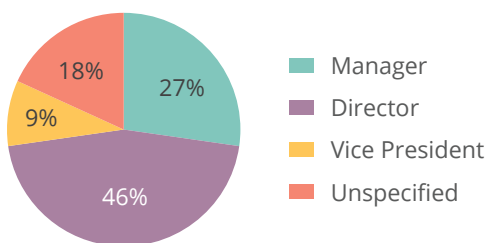
- **Performance measurement:** The process of collecting, analyzing, and/or reporting information related to the performance of an entity against established quality measures to support ongoing quality improvement efforts
- **Intermediate outcome:** A change produced by a healthcare intervention that 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:** A change produced by a healthcare 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)
  - » Value-based contracts: An innovative payment model bringing manufacturers, payers, and/or providers together to provide reimbursement based upon quality measures (i.e., payment based on quality rather than quantity)

### TYPES OF PHARMACY ORGANIZATIONS COMPLETING SURVEY



Note: Specialty pharmacy was not an option in the 2019 Pharmacy Survey.

### 2022 RESPONDENTS' ROLES WITHIN THEIR ORGANIZATIONS



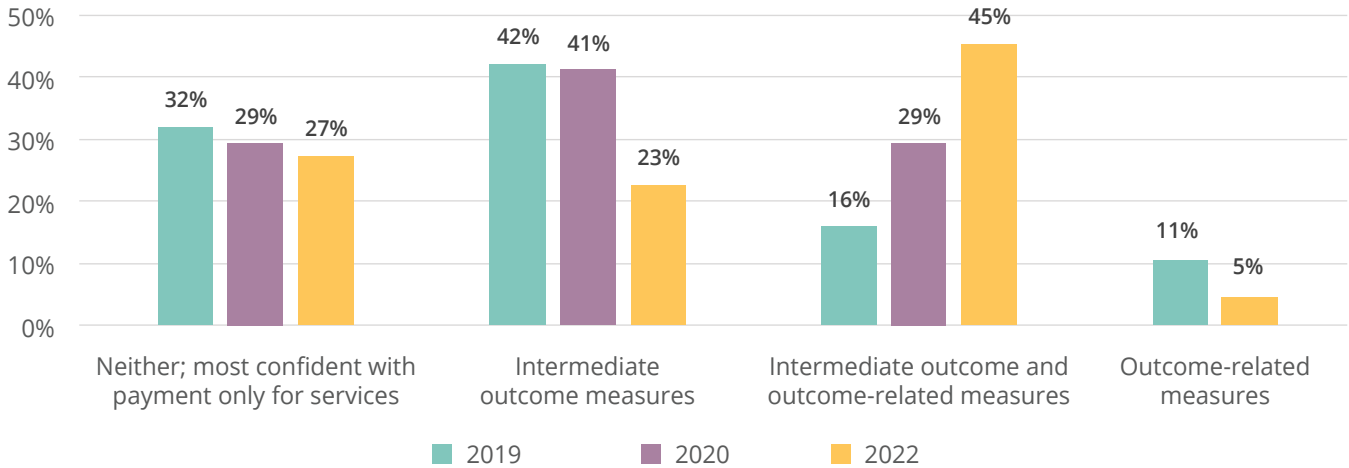
18

AVERAGE YEARS OF EXPERIENCE IN PHARMACY BY RESPONDENTS

# PHARMACY PERFORMANCE-BASED REIMBURSEMENT

## CONFIDENCE IN LINKING PERFORMANCE TO REIMBURSEMENT

If your pharmacy organization were to be held accountable on the basis of quality measures, which option would you feel most confident linking to reimbursement?



Note: 2019 N = 19, 2020 N = 17, 2022 N = 22. 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.

Compared with previous years, in 2022 respondents were most confident with financial accountability tied to both intermediate outcome and outcome measures. There was a decrease in respondents selecting that they were most confident in “payment only for services.”

Accountability tied to both intermediate outcome and outcome measures is also the category to see the largest change over the years of our survey, with a strong trend toward increased preference in reimbursement being tied to both intermediate outcome and outcome-related measures.

In the 2019 Trend Report, 11% of respondents selected that they were most confident with outcome-related measures. No respondents selected this response for the 2020 survey, and 5% of the respondents selected this response in this year’s survey.

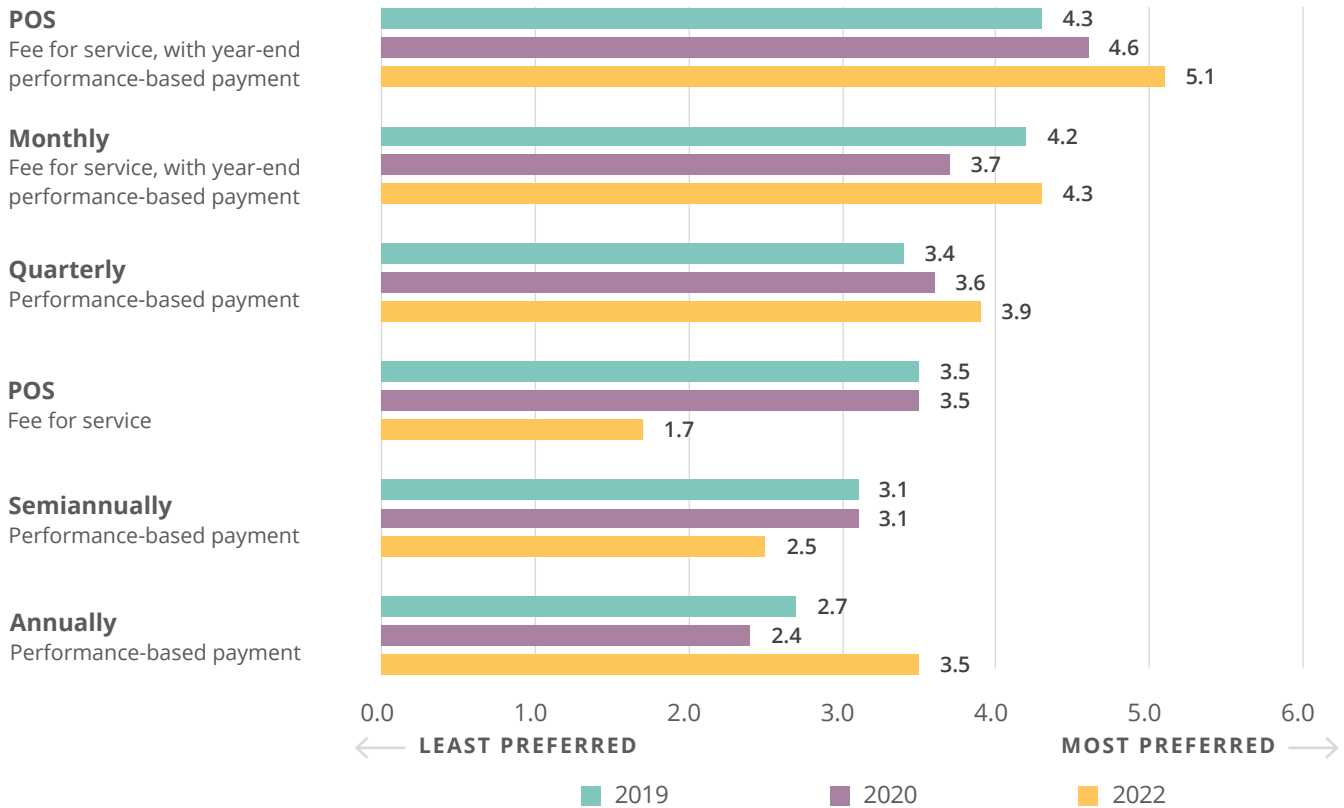


**These data suggest that respondents are aligned with the general momentum toward reimbursement based on outcome measurement, but they also want accountability for performance on the more familiar intermediate outcome measures. This indicates a preference for a landscape of blended risk rather than full accountability for only services rendered or only outcomes-based reimbursement.**



## PREFERENCE FOR PERFORMANCE-BASED REIMBURSEMENT FREQUENCY

If reimbursement were tied to pharmacy performance as measured by patients reaching intermediate outcome or outcome-related performance goals, what reimbursement frequency would you prefer?



Note: 2019 N = 19, 2020 N = 17, 2022 N = 22. Respondents were asked to rank their responses from least preferred (1) to most preferred (6). The weighted rating for each option was calculated by multiplying each score (1–6) by the number of responses for that score. The resulting score is the weighted average calculated by dividing the sum of all weighted ratings by the number of total responses.

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 to 6, with 1 being least preferred and 6 being most preferred.

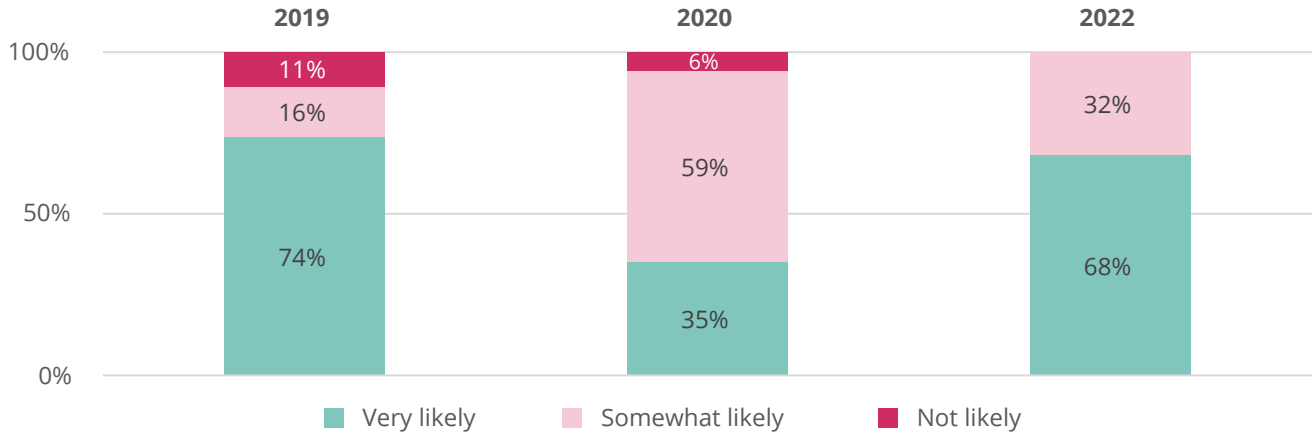
The largest increase in preference was for annual performance-based reimbursement. Most preferred in 2022 was fee for service with year-end performance-based payment, which has had a year-over-year increase in preference. The majority of other options that included a performance-based component also saw an increase in 2022. Fee-for-service-only reimbursement was the least preferred reimbursement model in 2022.



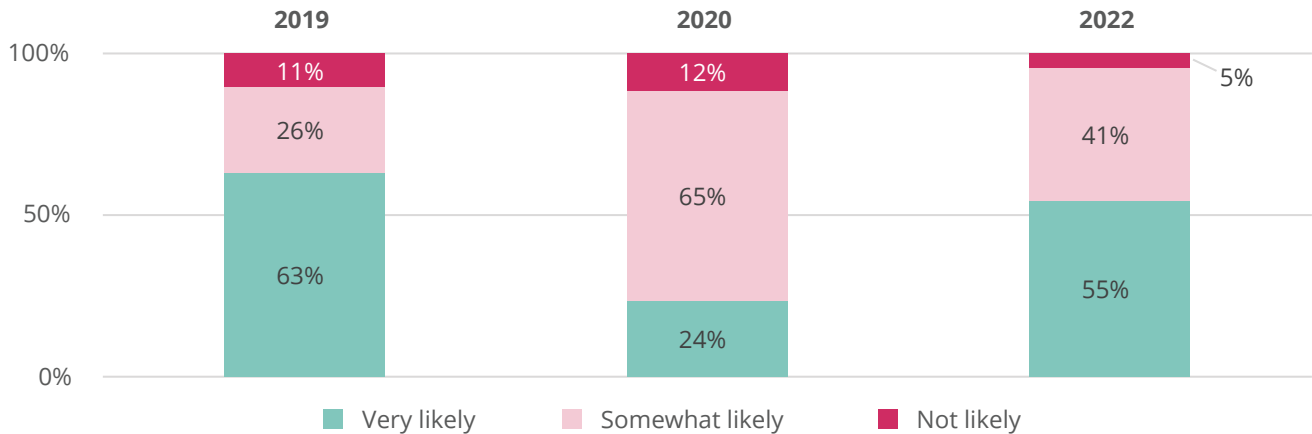
**Pharmacies are indicating a shift in preference away from fee for service and towards a mixed model of reimbursement.**

## LIKELIHOOD OF CONTRACTING WITH PAYERS

If payers (health plan or pharmacy benefit manager) offered to reimburse your pharmacy organization based on new intermediate outcome-related quality measures, how likely would you contract with the payer to support this new initiative?



If payers (health plan or pharmacy benefit manager) offered to reimburse your pharmacy organization based on outcomes-related quality measures, how likely would you contract with the payer to support this new initiative?



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.

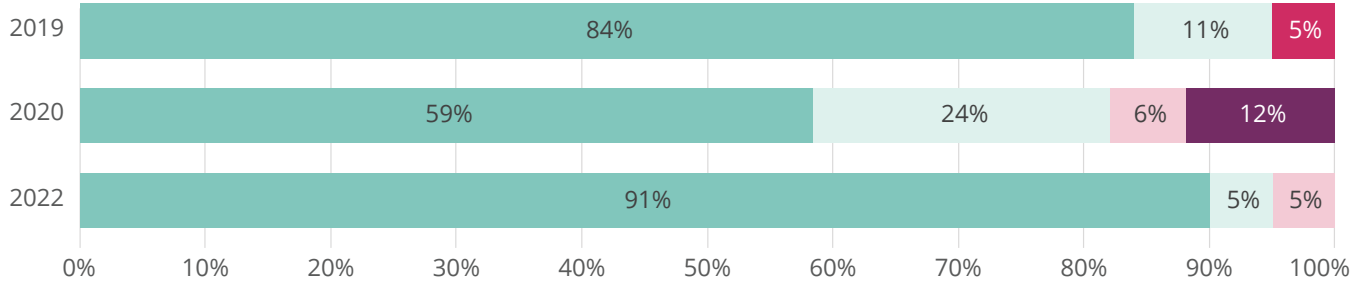
There was a decrease in the proportion of respondents who said they were not likely to support either type of quality measure for a new initiative. In 2022, zero respondents indicated being unlikely to contract with a payer if reimbursement was linked to intermediate outcomes. Similarly, 2022 saw the highest proportion of respondents who said they were very likely or somewhat likely to contract with a payer based on outcome measures.



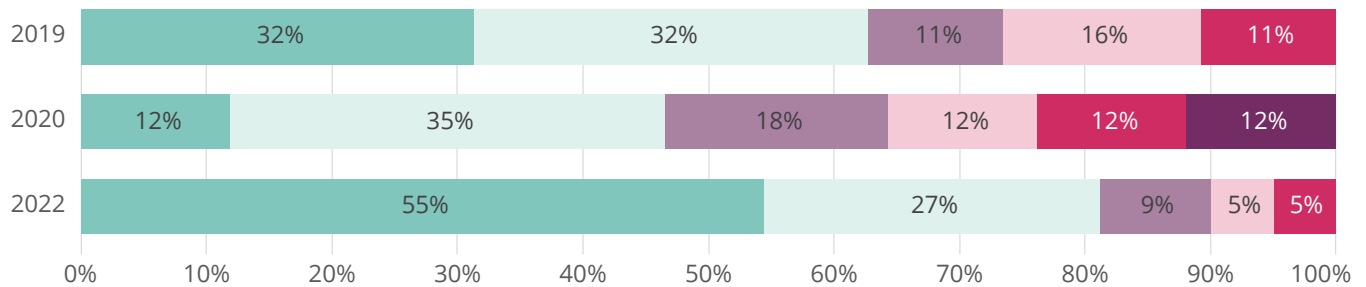
**The data likely represents a shift toward value-based arrangements and an increasing comfort level from pharmacies for engaging in such arrangements.**

## TIMELINESS RELATED TO SUPPORT NEW PERFORMANCE-BASED INITIATIVES

If payers (health plan or pharmacy benefit manager) contracted with your pharmacy organization to reimburse based on new intermediate outcome-related quality measures, how quickly would you be able to support this new initiative?



If payers (health plan or pharmacy benefit manager) contracted with your pharmacy organization to reimburse based on outcome-related quality measures, how quickly would you be able to support this new initiative?



- Currently have ability to support
- Currently no ability, estimate 12 months to support
- Currently no ability, and no ability in next 24 months
- Currently no ability, estimate 6 months to support
- Currently no ability, estimate 12-24 months to support
- No response

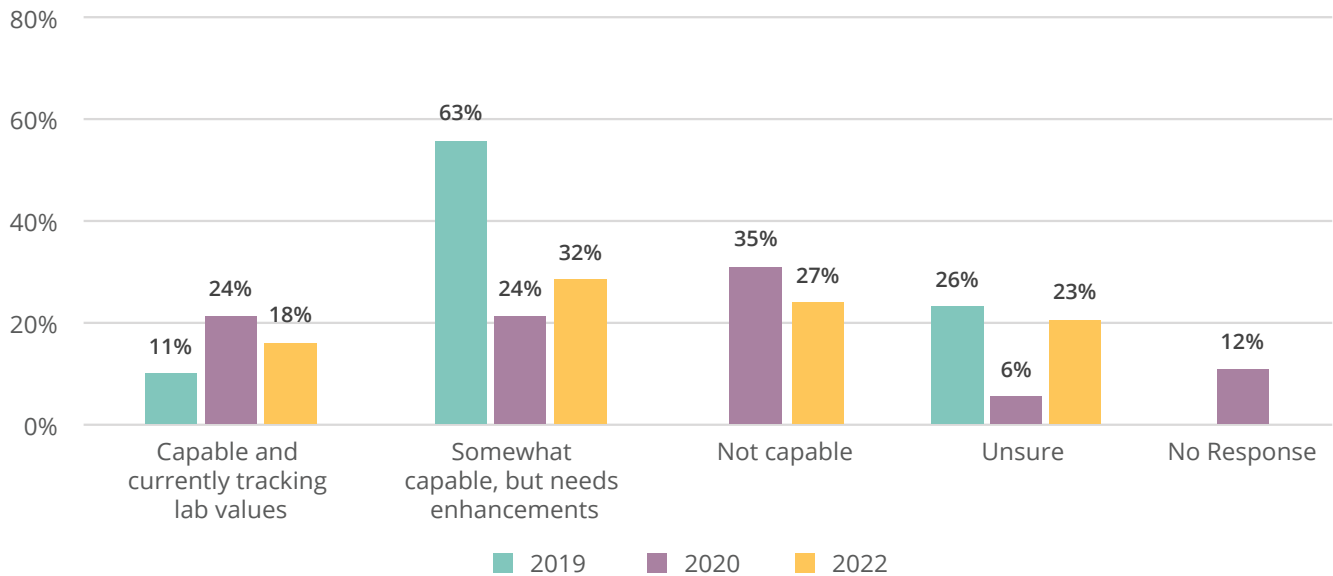
Respondents were asked how quickly they would be able to support new initiatives involving intermediate outcome or outcome-based quality measures if they contracted with payers. In 2022, 91% of respondents selected that they currently have the ability to support new intermediate-outcome related measures, an increase from 59% in 2020 and 84% in 2019. More respondents reported having current capability to support outcome-based quality measures than in 2019 or 2020, with an increase to 55% in 2022.



**The current ability to support these initiatives increased to the highest levels yet for both intermediate outcomes and outcomes-based measures compared with previous years. Despite the challenges related to COVID-19, pharmacies are more likely than ever to be able to support intermediate outcomes and outcomes-based measures.**

## CAPABILITY TO TRACK LAB VALUES THAT SUPPORT OUTCOME-RELATED PERFORMANCE MEASURES

How capable is your current dispensing software system to record and track lab values that may support outcome-related performance measures?



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 these data.

There was a decrease in the proportion of respondents who feel their software is currently fully capable of tracking lab values and a decrease in respondents who reported that their software is not capable. It should be noted that “somewhat capable” was much greater in 2019, decreased by more than half in 2020, then increased somewhat in 2022. It is possible that in 2019 respondents were optimistic that their technology could support pharmacist-provided care. However, recalling that the 2020 survey was conducted within the first few months of the COVID-19 pandemic, we feel that many of those who were optimistic about their system’s capabilities in 2019 were then, in early 2020, faced with the reality of possible workflows they may be tasked with, and this highlighted shortcomings in the ability of the system to handle recording and tracking lab values and test results.

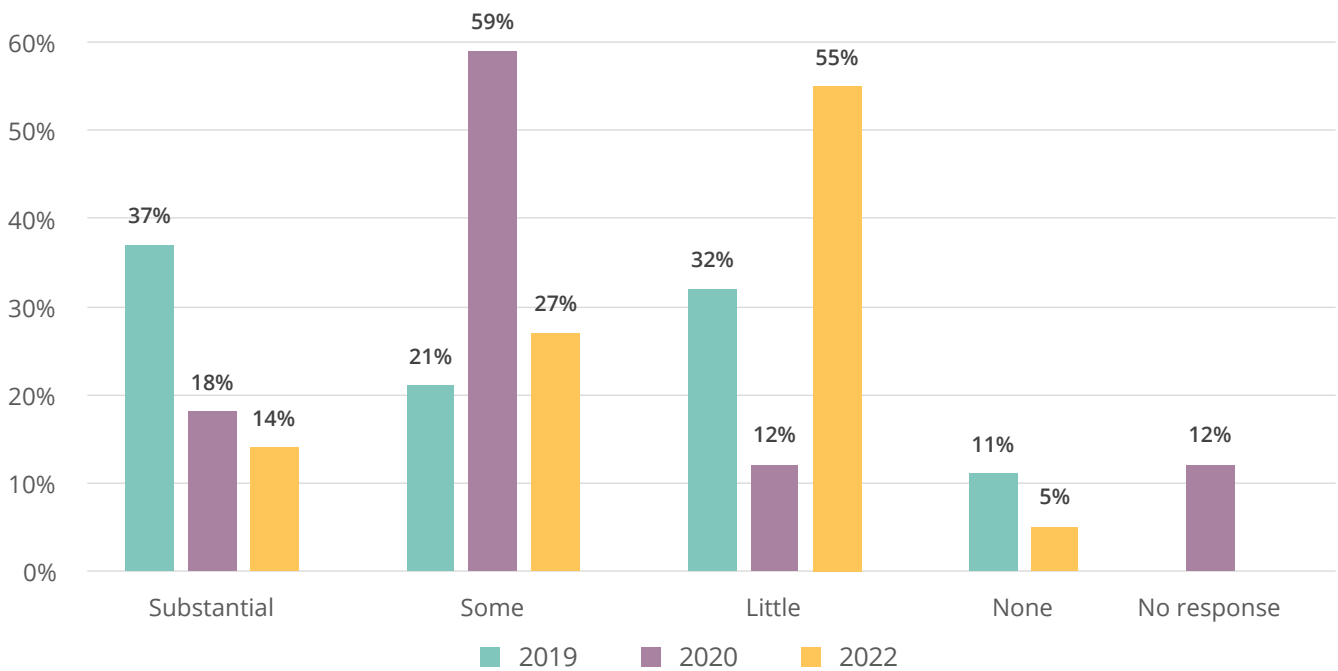


**Comparing 2020 with 2022, the movement from “not capable” toward “somewhat capable” in our survey results may reflect the efforts of pharmacy groups since 2020 to implement systems to capture and track these activities. This trend indicates that more pharmacy groups are prepared for further meaningful implementation of outcomes measures.**

This question represents a key assessment to track over time as pharmacies adopt new standards for interoperability and data exchange with other providers, payers, and health systems.

## TRAINING NEEDS FOR OUTCOMES-BASED QUALITY MEASURES

How much additional training is needed for pharmacist/pharmacy staff members to understand outcomes-based quality measures?



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 all three years.

In 2022, the majority of respondents acknowledged that little training was needed, whereas in 2020 the most frequent response was that some training was needed, and “substantial training needed” was most frequently selected in 2019.



**Over the years, the shift in results suggest that there has been an increase in training to understand outcomes-based quality measures for pharmacists and pharmacy staff members, reflecting business leaders' recognition of the shift in the market toward value-based arrangements. Pharmacies are indicating their staff are better prepared than ever to understand outcome-based quality measures.**

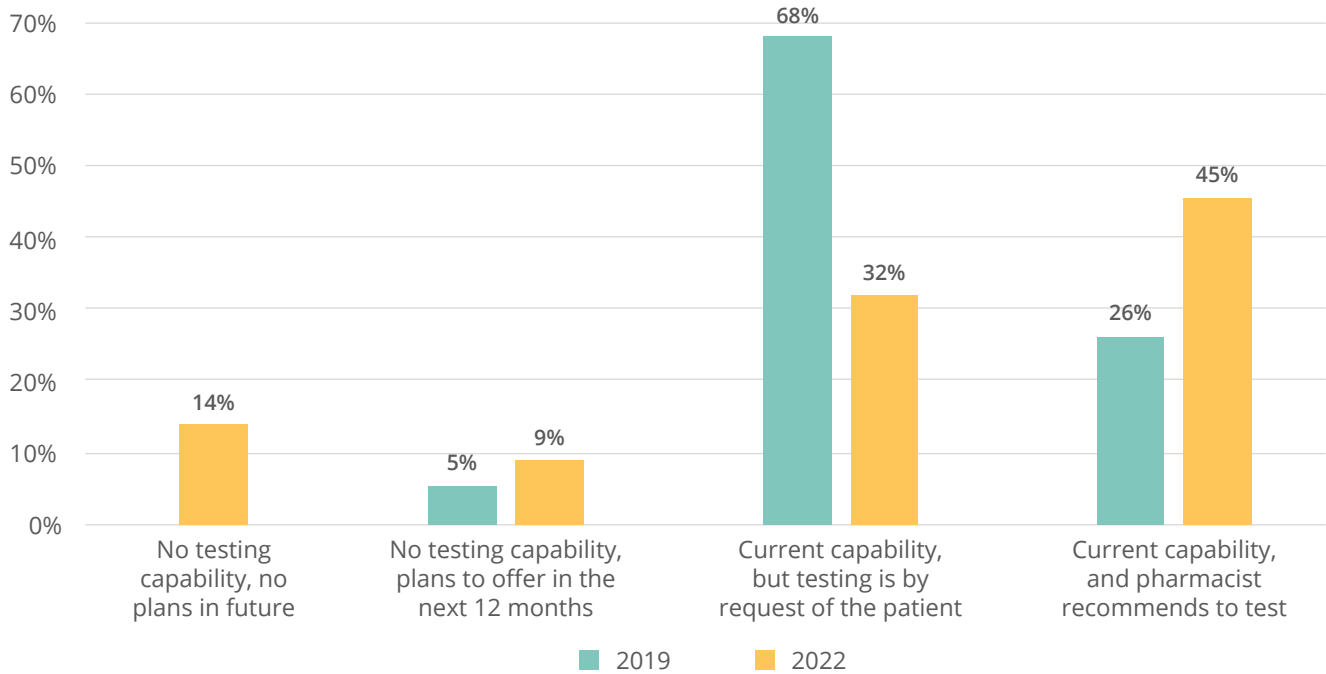
# CAPABILITIES TO SUPPORT OUTCOMES-BASED INITIATIVES AND OTHER TESTING

## PHARMACIES CURRENT CAPABILITY TO TEST

Respondents were asked to indicate the current and future capability to offer testing for lab or biometric data to interested patients. Capacity to offer testing for blood pressure, hemoglobin A1c (HbA1c), and cholesterol levels within the pharmacy was assessed for all years of the survey. Testing for COVID-19 (testing performed in the pharmacy, not take-home tests) was added to the 2022 survey.

### BLOOD PRESSURE

Do patients visiting your pharmacy currently have the capability to test or monitor their blood pressure?



*Note: Data from 2020 were not used due to differences in survey construction. Data from 2019 and 2022 are comparable and presented here. See the 2020 Trend Report for data from 2020.*

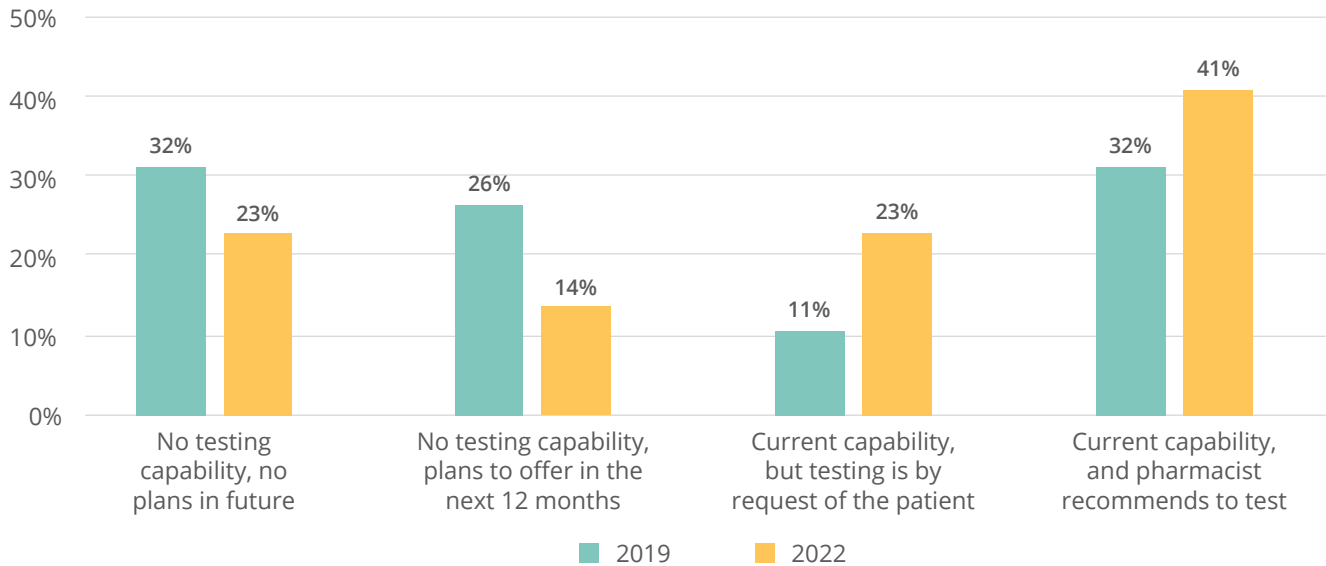
For blood pressure, there was a 19 percentage point increase from 2019 to 2022 in respondents having the current capability and pharmacists recommending the test.



**The data above support the trend toward increased focus on leveraging pharmacists to help patients receive meaningful health testing.**

## HEMOGLOBIN

Do patients visiting your pharmacy currently have the capability to test or monitor their hemoglobin A1c?



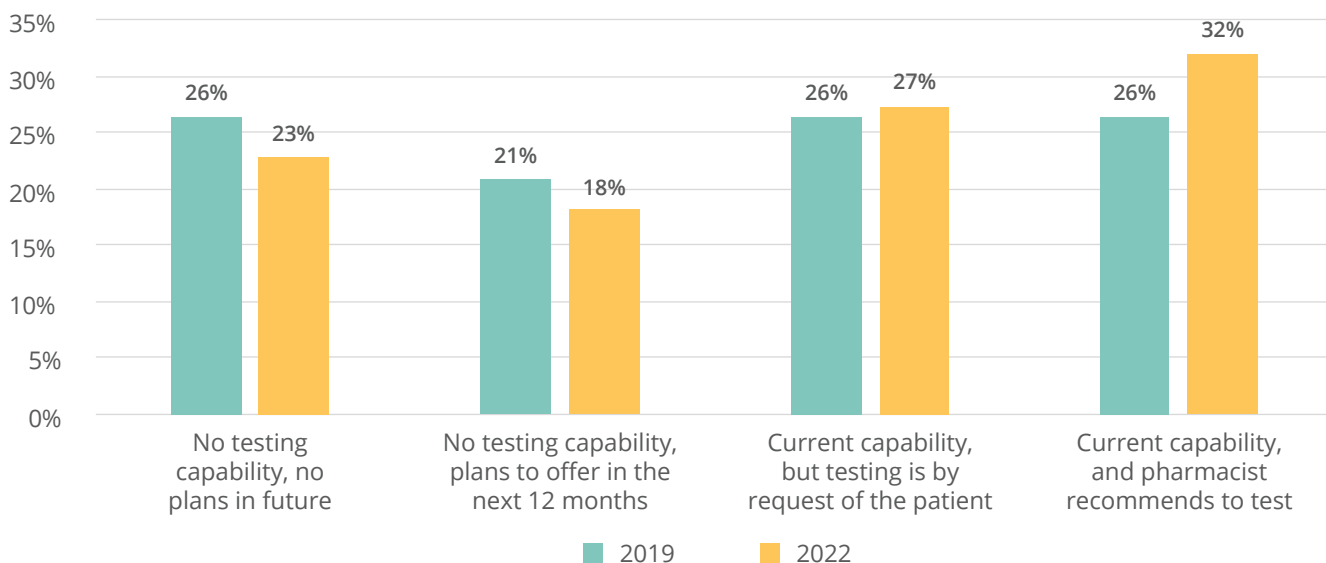
For HbA1c and cholesterol testing capabilities, there was an increase from 2019 to 2022 in respondents reporting that they have current capability, whether it be from the pharmacist recommending to test or by request of the patient.



**Survey responses from pharmacy groups show a general trend toward increased capability for testing in the pharmacy setting.**

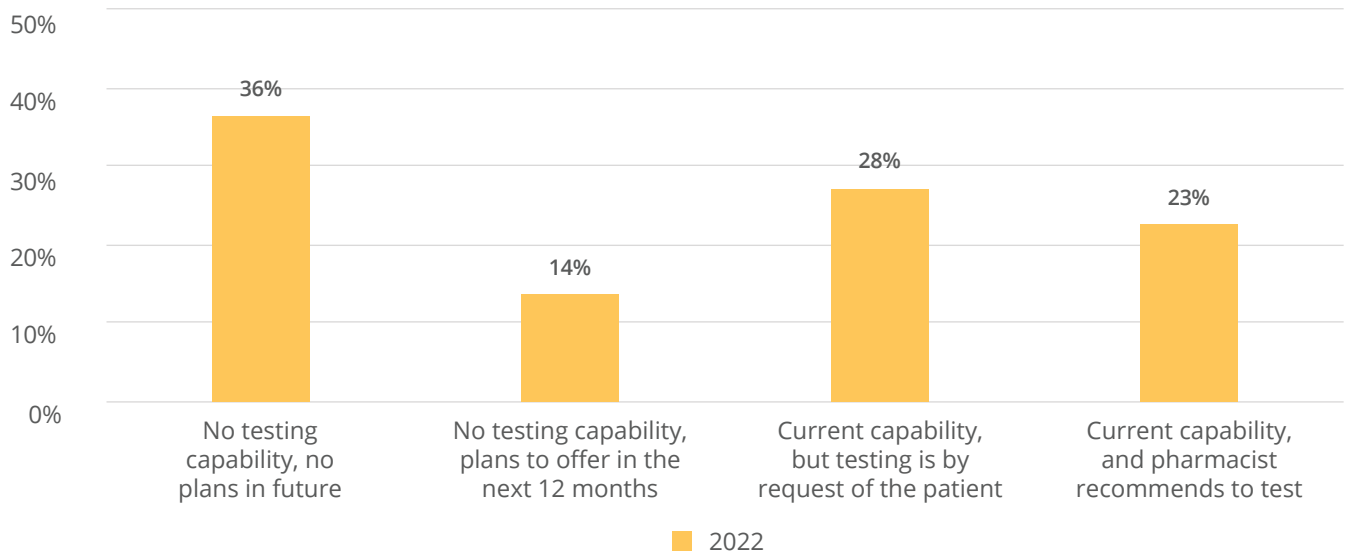
## CHOLESTEROL

Do patients visiting your pharmacy currently have the capability to test or monitor their cholesterol?



## COVID-19

Do patients visiting your pharmacy currently have the capability to test for COVID-19?



When asked about COVID-19 testing capabilities, 33% of respondents reported no testing capabilities with no plans in the future. Approximately 27% of respondents have the capability but testing by request of the patient, and 14% of respondents have no testing capabilities but have plans to offer it in the next 12 months.

Although community pharmacies have been a focal point for COVID-19 vaccinations, our results found that only roughly half of pharmacies have COVID-19 testing capabilities. This is likely due to the government's test-to-treat plan, which at the time of this survey in early 2022 required a physician to be on-site. Even some of the largest retail chain pharmacies have on-site clinics at only a small percentage of their total locations.



**With the rise in availability and public acceptance of FDA-authorized self-administered tests, these responses may reflect some pharmacies selling COVID-19 tests but not administering them to patients. Additionally, mail order and specialty pharmacies, which are first represented in our survey this year, are less likely to provide such services.**

## References

<sup>1</sup> Puneet K. Singhal and Dongmu Zhang, "Costs of Adult Vaccination in Medical Setting and Pharmacies: An Observational Study," *Journal of Managed Care & Specialty Pharmacy* 20, no. 9 (2014): 930–936. <https://doi.org/10.18553/jmcp.2014.20.9.930>.

<sup>2</sup> dataQ, National Council for Prescription Drug Programs, accessed July 8, 2022, <http://dataq.ncdpd.org/>.



# 03 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 progress toward this goal. The Trend Report in Pharmacy Quality illustrates the use of and challenges with quality measures as well as the variation of performance-based arrangements and preferences. 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.

Results suggest that payers often indicated being held accountable for process measures, intermediate outcomes, and assessments of patient experience. Related to the types of value-based arrangements, this year's survey revealed that more than half of respondents have contracts structured with an upside benefit and more than half of respondents have contracts with two-sided risk. Encouragingly, the majority of respondents in all three years of this survey indicated their value-based or outcomes-based contracts with providers were successful.

Quality improvement initiatives seem to be a priority among many payer respondents despite competing priorities related to the ongoing pandemic. Payers have consistently expressed confidence in community pharmacies' abilities to influence vaccination rates and medication adherence measures. Additionally, payers believe that pharmacies can influence the vast majority of the 15 measures presented, which focus on chronic disease management and preventive care. Similar to previous years, care coordination for high utilizers impacted by social determinants of health remains a challenge that payers have expressed difficulty in addressing.

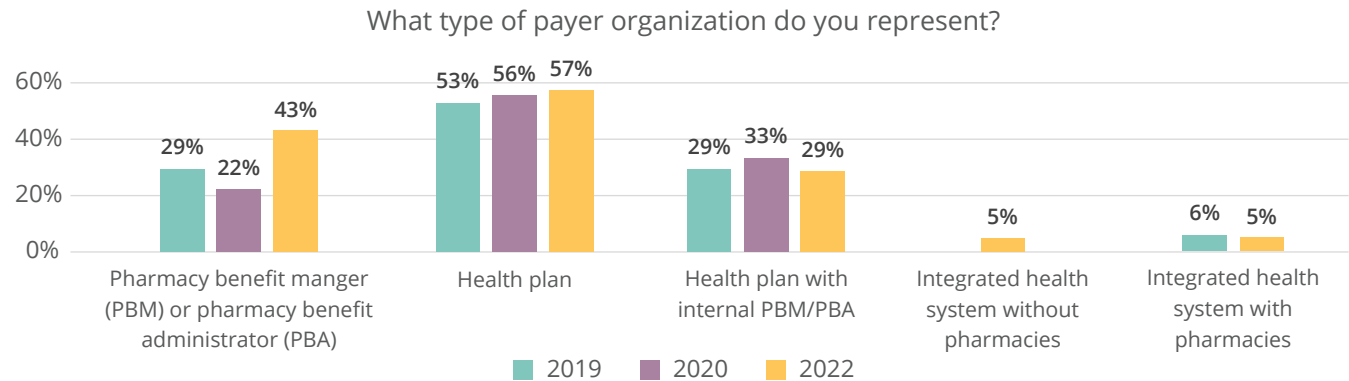
## SURVEY APPROACH AND RESPONDENT DEMOGRAPHICS

- A total of 98 payers (health plans and pharmacy benefit managers [PBMs]) were sent a survey
- A total of 21 payers (21%) completed the survey
- The health plans who completed the survey represent nearly 40 million covered lives

*Note: Covered lives associated with PBMs were excluded from the count 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.

## PAYER ORGANIZATION BY TYPE



Note: 2019 N = 17, 2020 N = 19, 2022 N = 21. Total may not equal 100% due to rounding and because respondents were asked to select all that apply.

There was an increase in respondents who were pharmacy benefit managers (PBMs) or pharmacy benefit administrators (PBAs). This year was the first year that a respondent from an integrated health system without pharmacies completed the survey. In 2022, similar proportions of health plans and health plans with an internal PBM/PBA participated as compared with previous years.

## DEFINITIONS USED FOR THE SURVEY

Throughout the survey, “**quality measures**” were defined as quality standards to which the respondent’s organization is held either directly or indirectly (e.g., by an external regulatory agency). Quality measures could include process, outcome, or performance measures. 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 scores). Examples of government-regulated programs with quality measures may include the Medicare Star Ratings, 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., annual flu vaccine, medication therapy management [MTM], completion rate for a comprehensive medication review [CMR])
- Intermediate (e.g., medication adherence for cholesterol [statins])
- Outcome (e.g., surgical complications, surgical mortality rates)
- Patient experience (e.g., Customer Assessment of Healthcare Providers and Systems [CAHPS surveys])

A “**provider**” in the survey referred to any individual or organization that provides healthcare services. They can be either in network or out of network.

A “**value-based contract**” is a payment model bringing manufacturers, payers, and/or providers together to provide reimbursement using agreed-upon measures or outcomes.

# QUALITY MEASURES AND VALUE-BASED CONTRACTING

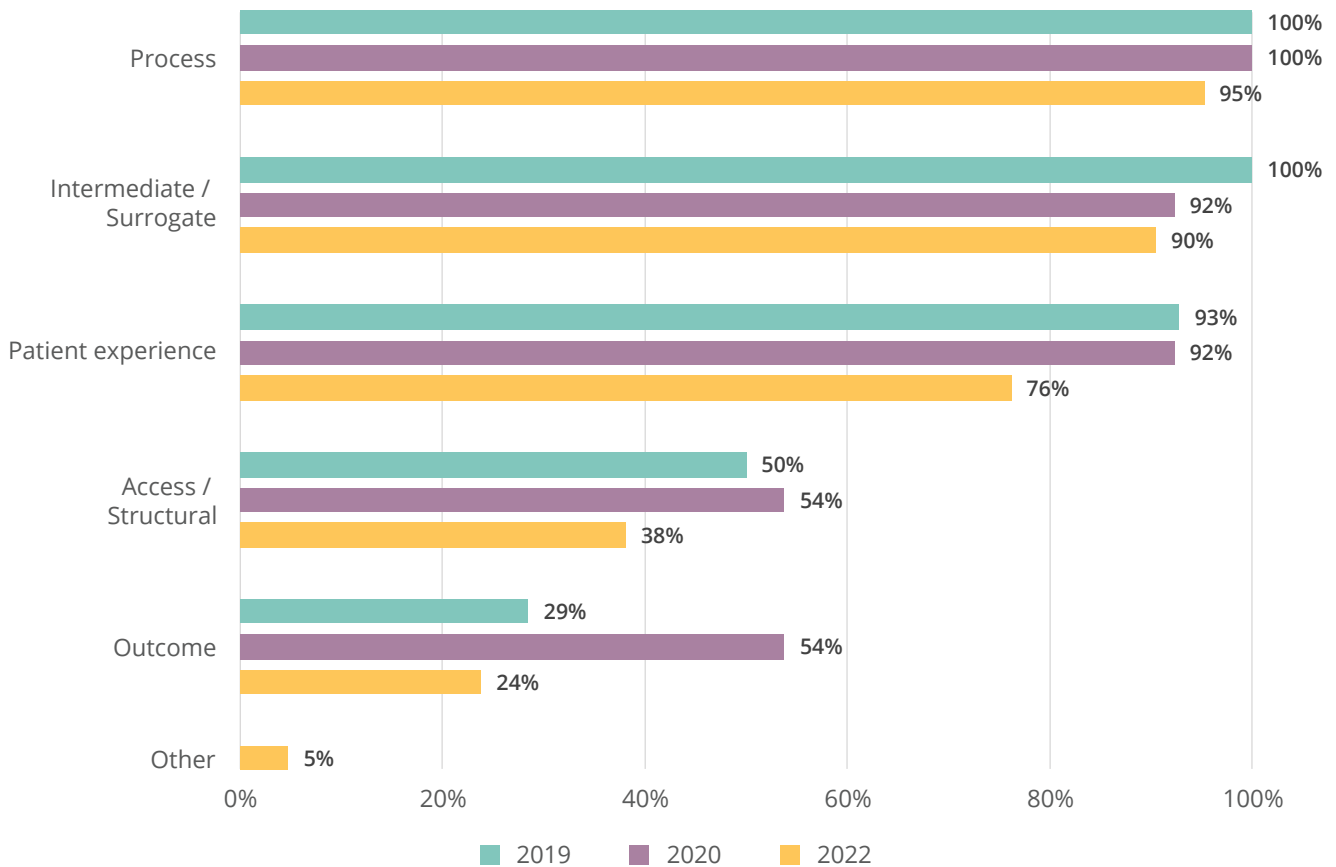
To assess the use of quality measures, respondents were asked if they are accountable, whether internally or externally, for performance on quality measures that may or may not be tied to financial incentives.



**Like 2020, in 2022, all respondents indicated that they are accountable for quality measure performance.**

## TYPES OF QUALITY MEASURES FOR ACCOUNTABILITY

What types of quality measures is your organization held accountable to? Please select all that apply.



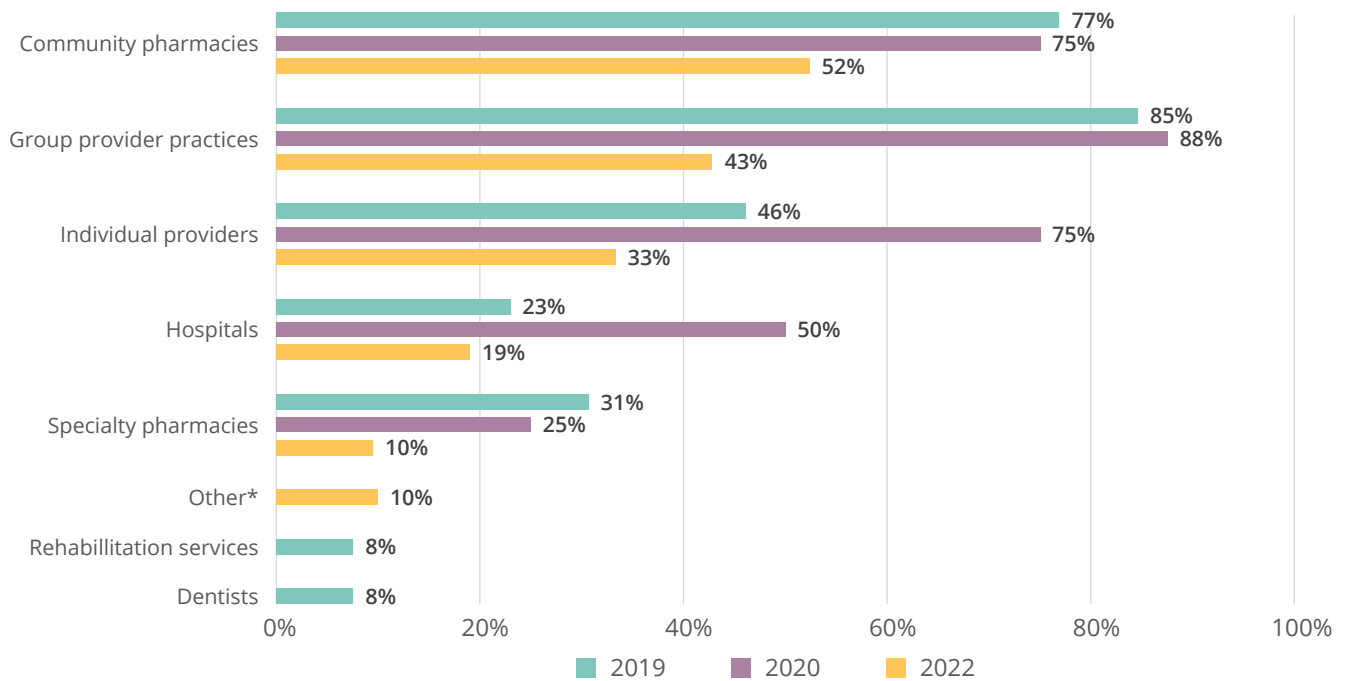
*Note: 2019 N = 14, 2020 N = 13, 2022 N = 21. Respondents were asked to select all that apply.*

Respondents were asked to select the types of quality measures their organization is accountable for.

In general, there was a decrease in respondents indicating that their organization is responsible for each type of measure. The most notable differences were decreases in accountability for patient experience, structural, and outcome measures compared with previous years.

## TYPES OF PROVIDERS WITH PERFORMANCE CONTRACTS

With which providers do you have a value-based or outcomes-based contracts in place related to quality measures?



Note: 2019 N = 13, 2020 N = 8, 2022 N = 21. Respondents were asked to select all that apply.

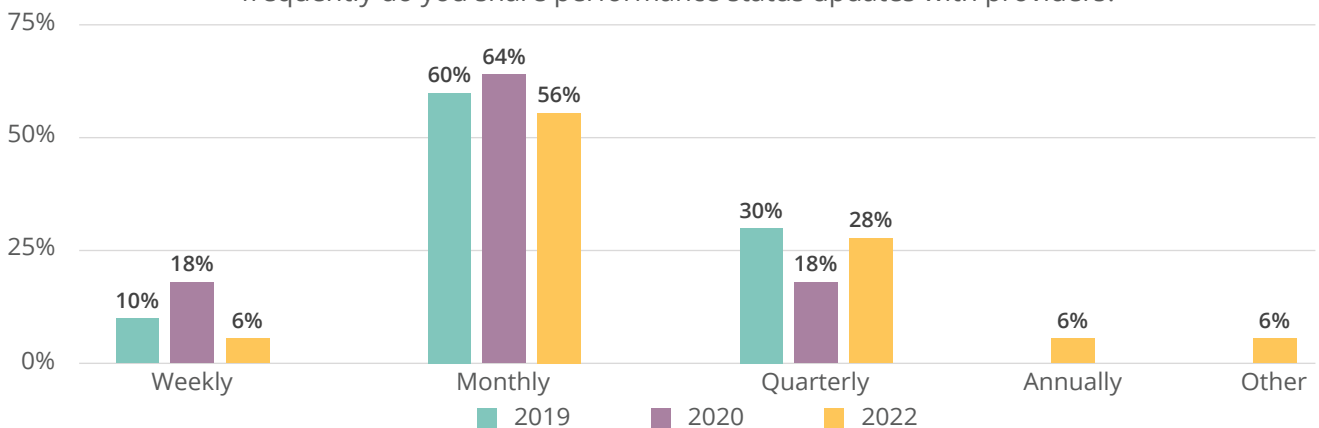
\*Responses of 'Other' include Dermatologists and None.

Respondents were asked to select the providers with which they have value-based or outcomes-based contracts related to quality measures.

The types of providers that payers contracted with, either in a value- or outcomes-based contract, appears to have decreased in 2022 compared with previous years, which could be due to the increased proportion of PBM respondents.

## FREQUENCY OF SHARING PERFORMANCE STATUS UPDATES WITH PROVIDERS

Of the provider(s) with which you have a value-based or outcomes-based contract(s), how frequently do you share performance status updates with providers?



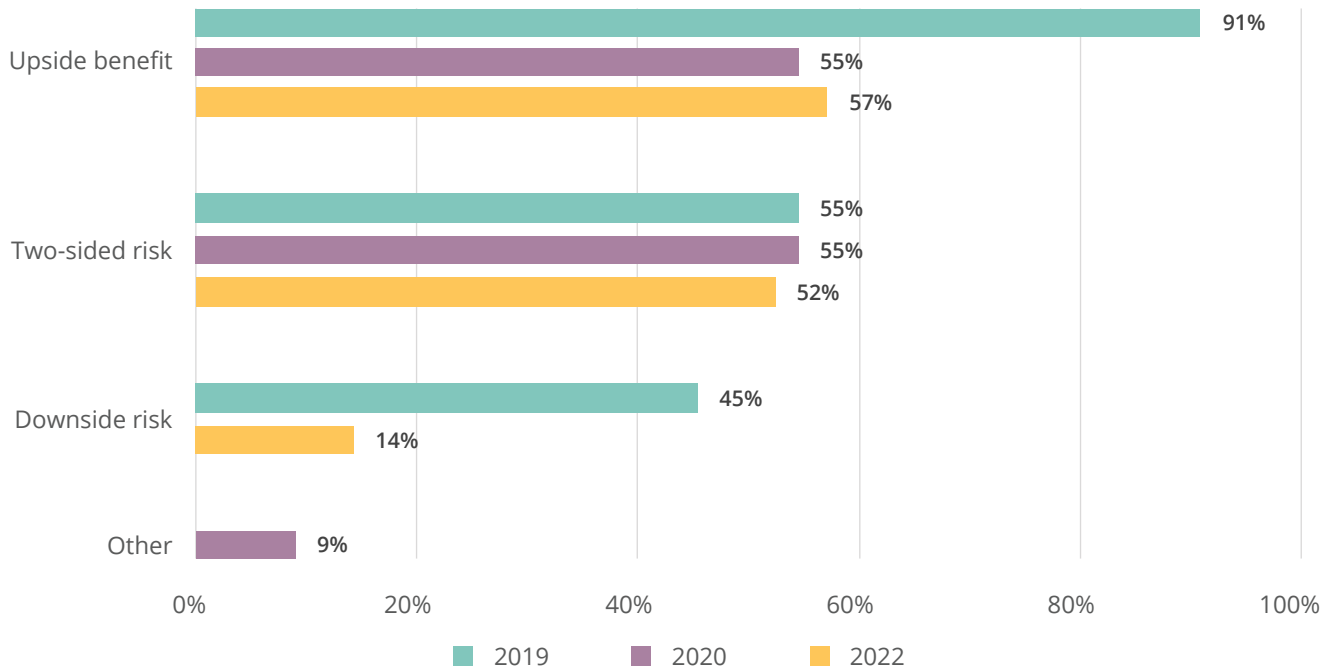
Note: 2019 N = 10, 2020 N = 11, 2022 N = 18. Options receiving no selections in any year: Daily and Semiannually. Options only receiving selection in 2022: Annually and Other.

Respondents were asked to indicate how frequently their organizations share performance status updates with providers for value- and outcomes-based contracts.

Similar to previous years, the majority of respondents in 2022 indicated they share monthly performance updates. Fewer respondents in 2022 indicated they provide data weekly and monthly than in 2020.

## REIMBURSEMENT STRUCTURES

Of the providers with which you have a value-based or outcomes-based contract, what reimbursement structures are used?



Note: 2019 N = 11, 2020 N = 11, 2022 N = 21. 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 that go over the financial benchmark for a care episode or patient 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.

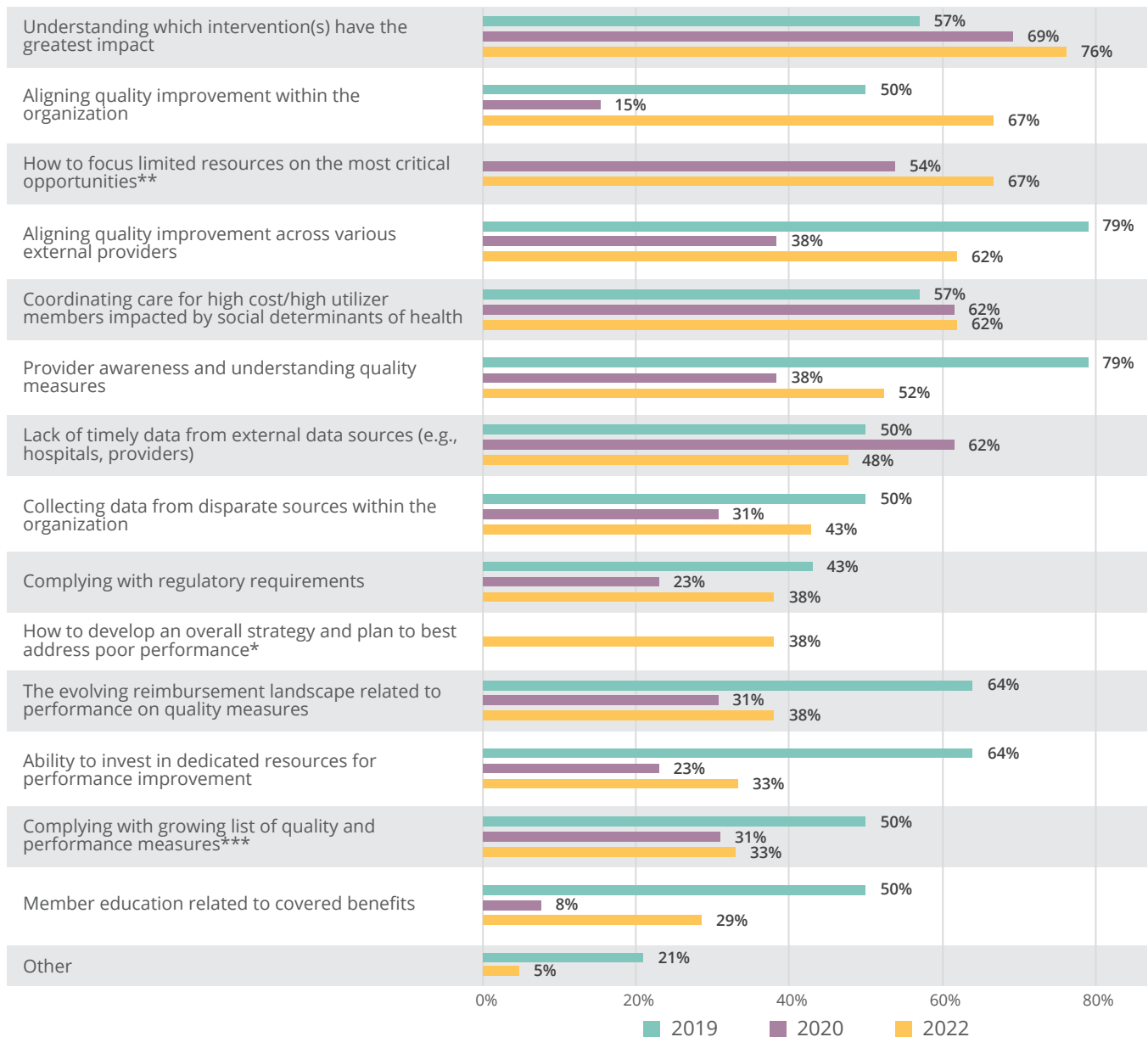
- In 2022, more than half of respondents have contracts structured with an upside benefit and more than half of respondents have contracts with two-sided risk
- In 2022, 14% of respondents indicated having contracts structured with a downside risk, compared with no respondents in 2020

# CHALLENGES AND SUCCESSES WITH PERFORMANCE IMPROVEMENT

Respondents were presented with an initial list of 14 identified challenges to performance improvement and an “Other” response option to allow respondents to include additional challenges not listed. In 2022, a new challenge was included: “How to develop an overall strategy and plan to best address poor performance.” 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.

## GREATEST CHALLENGES TO PERFORMANCE IMPROVEMENT

Payers may face challenges to maximizing performance on quality measures. Indicate which factors represent the greatest challenge(s) to performance improvement for your organization.



Note: 2019 N = 14, 2020 N = 13, 2022 N = 21. Respondents were asked to select all that apply. The phrase “members with low health literacy” was changed to “members impacted by social determinants of health” for the 2022 Payer Survey.

\*New option available for selection in 2022

\*\*New option available for selection starting in 2020

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

This section of the survey comprised 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 they 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.



**As in 2020, the most frequent challenge in 2022 was understanding which interventions have the greatest impact.**

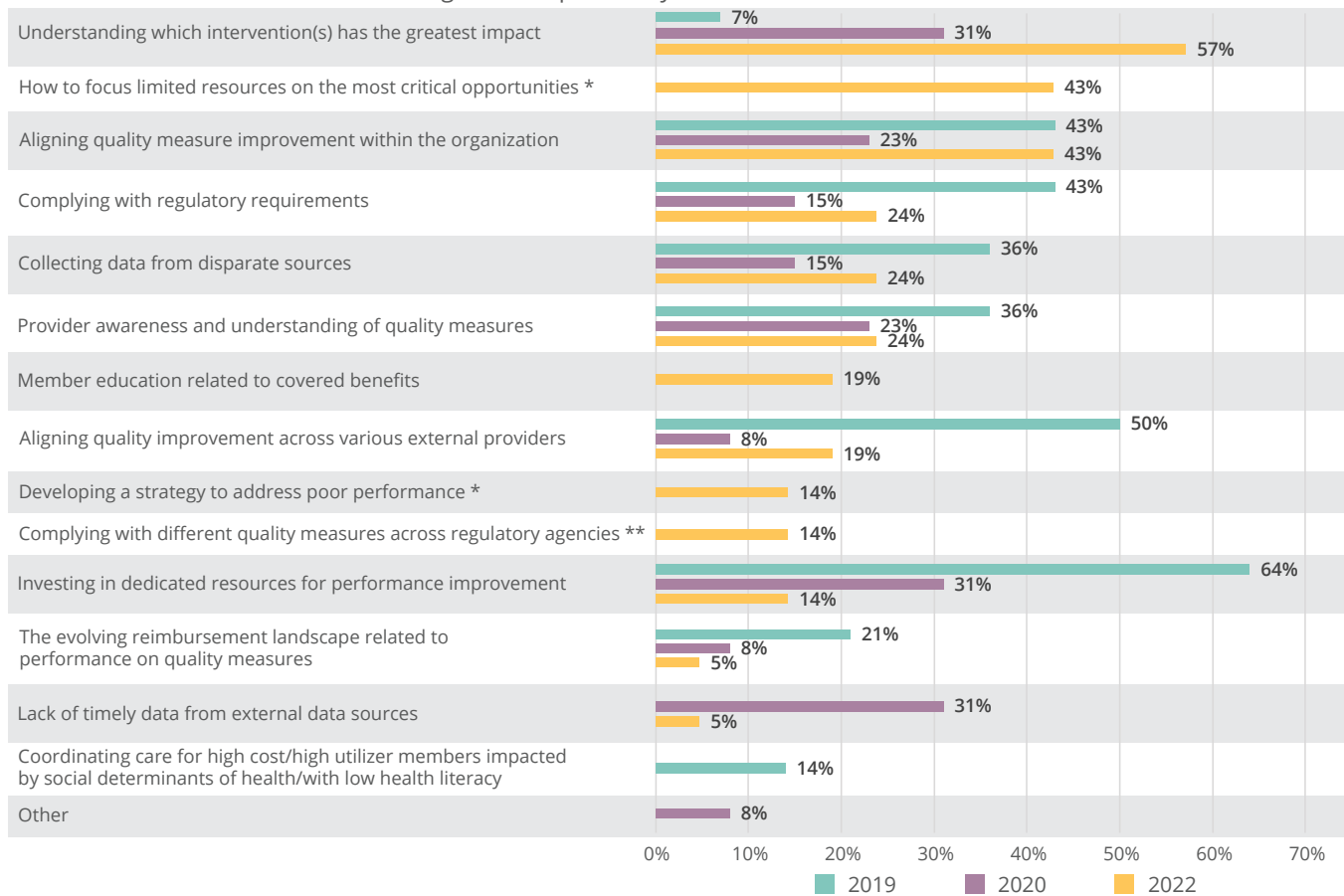
- “How to focus limited resources on the most critical opportunities” was among the most frequently reported challenges in 2020; in 2022, it was tied for second-most selected challenge
- The challenge of “coordinating care for high cost/high utilizer members impacted by social determinants of health” was among the top five challenges in 2019, 2020, and 2022
- “Aligning quality improvement across various external providers” was reported as a challenge by 62% of respondents in 2022, resulting in it being among the top reported challenges, similar to 2019
- “Provider awareness and understanding of quality measures” was more frequently reported as a challenge than in 2020, though not as much as it was in 2019
- Although higher than in 2020, the challenge of the “ability to invest dedicated resources for performance improvement” is much lower than in 2019; with only one third of respondents reporting this in 2022



**Investing in quality improvement initiatives seems to be a priority among many survey respondents, even despite competing priorities related to the ongoing pandemic.**

## CHALLENGES WITH THE MOST SUCCESS OVER THE PAST TWO YEARS

Of the challenges you identified in the previous question, which challenge(s) have you been the most successful in addressing over the past two years?



Note: 2019 N = 14, 2020 N = 13, 2022 N = 21. Respondents were asked to select all that apply.

\*New option available for selection in 2022

\*\*New option available for selection in 2022 and not an option for the subsequent question regarding challenges unable to overcome in 2022



**Although the most frequent challenge in 2022 was understanding which interventions have the greatest impact, this was also the challenge that the most respondents reported they had found success in addressing in the past two years.**

**“How to focus limited resources on the most critical opportunities” was a new option for 2022, and it was frequently cited as an area of success. This is an impressive finding given the ongoing competing priorities for payers.**

The challenge of “aligning quality measure improvement within the organization” has consistently been a challenge respondents feel they can successfully address in all three editions of the trend report.

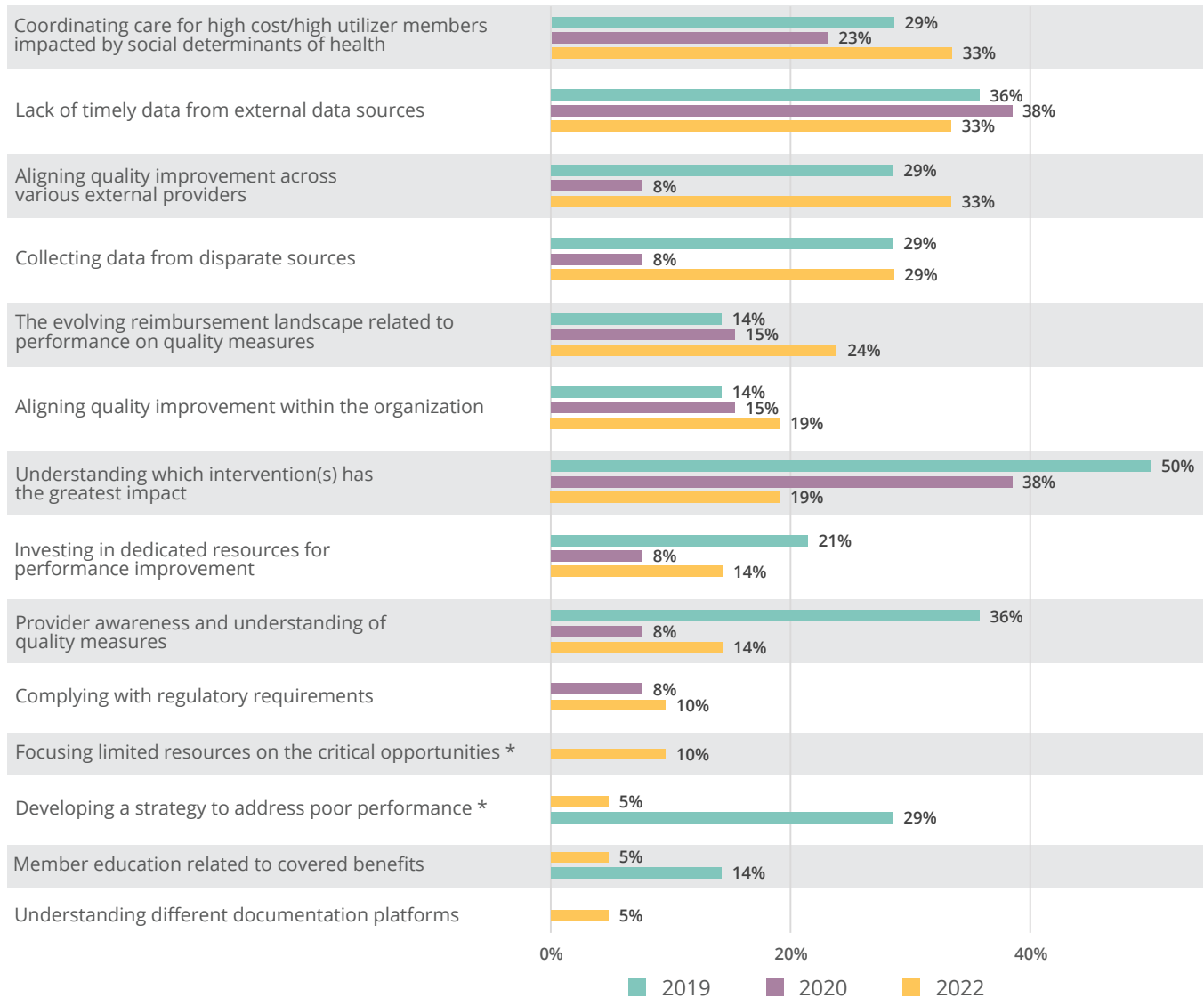
All other responses in 2022 had less than one quarter of respondents selecting a challenge that they most successfully addressed in the past two years.



Notably, “coordinating care for high cost/high utilizer members impacted by social determinants of health” was not selected by any respondents in 2020 and 2022 as a challenge they were successful in addressing. We feel this challenge may receive additional focus from payers in upcoming years.

## CHALLENGES UNABLE TO OVERCOME OVER THE PAST TWO YEARS

Of the challenges you previously identified, which challenge(s) have you been unable to overcome over the past 2 years?



Note: 2019 N = 14, 2020 N = 13, 2022 N = 21. Respondents were asked to select all that apply.

\*New option available for selection in 2022

“Aligning quality improvement across various external providers,” “lack of timely data from external data sources,” and “coordinating care for high cost/high utilizer members impacted by social determinants of health” were all tied at 33% as the most frequent responses in 2022.



**“Aligning quality improvement across various external providers” increased in frequency of response for this question compared with prior years.**

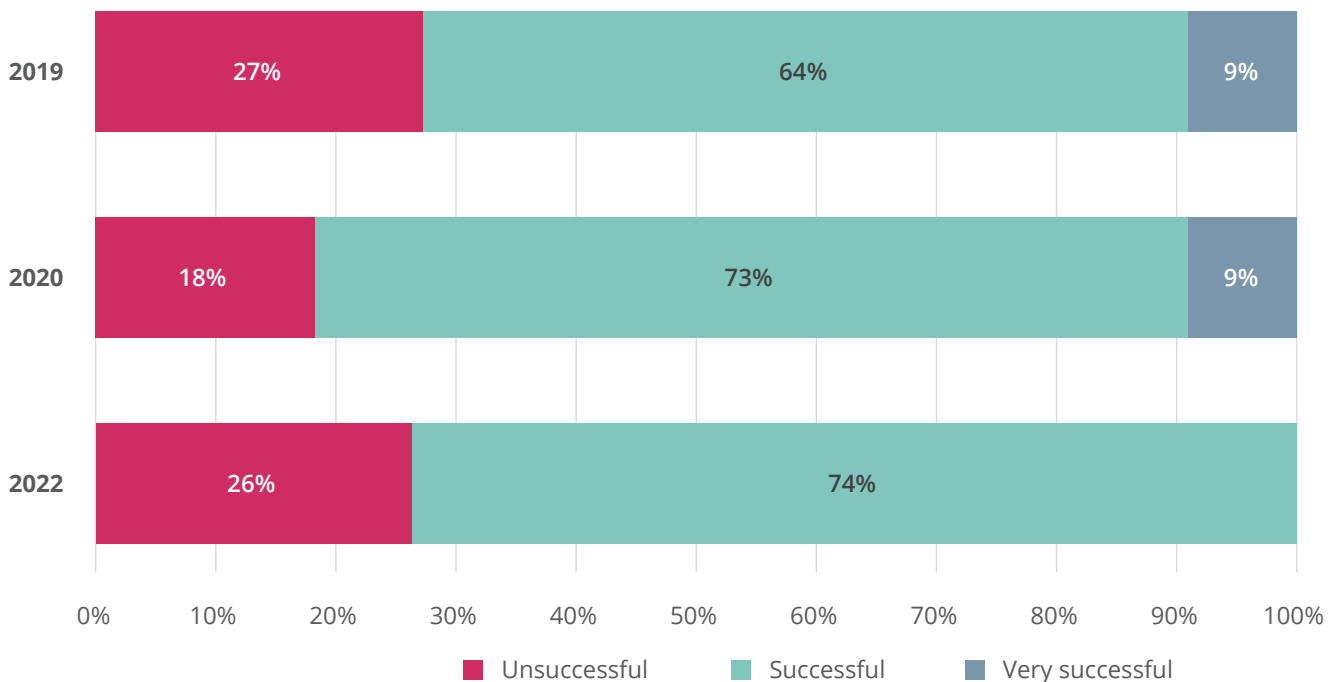
**“Lack of timely data from external data sources” has consistently been reported as a difficult challenge to overcome in 2019, 2020, and 2022.**

**“Coordinating care for high cost/high utilizer members impacted by social determinants of health” has also been reported more frequently in 2022 compared with prior years as a challenge that respondents were unable to overcome.**

“Understanding which interventions have the greatest impact” was the most frequent response in 2019 and 2020 but has been less frequently selected year over year of our survey. In 2022, it was not even in the top five challenges that respondents were unable to overcome. In reference to the prior survey question, this challenge was also indicated most frequently as the challenge respondents have had the most success in addressing.

## SUCCESS OF PROGRAMS ACHIEVING GOALS

When reviewing the impact of your organization's value-based or outcomes-based contracts with providers, how would you rate the success of your programs at achieving the intended goals?



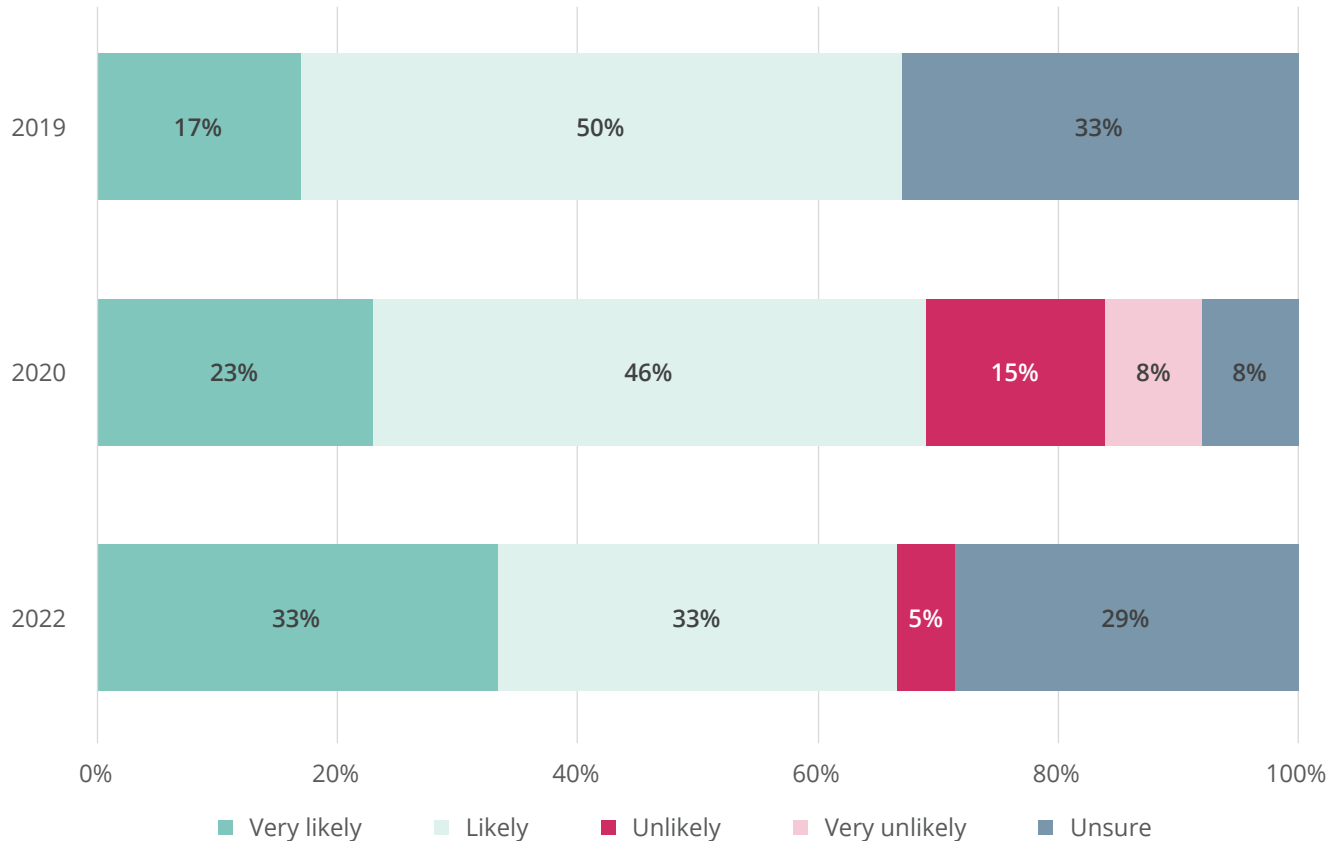
*Note: 2019 N = 11, 2020 N = 11, 2022 N = 19. Option receiving no selections in any year: Very unsuccessful.*

Respondents indicated that their programs were successful in 2019–2022.

# PAYERS AND COMMUNITY PHARMACIES

## LIKELIHOOD TO CONTRACT WITH COMMUNITY PHARMACIES TO PERFORM APPROVED TESTS OR ASSESSMENTS

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, how likely are you to contract with community pharmacies to perform them?



Note: 2019 N = 12, 2020 N = 13, 2022 N = 21.



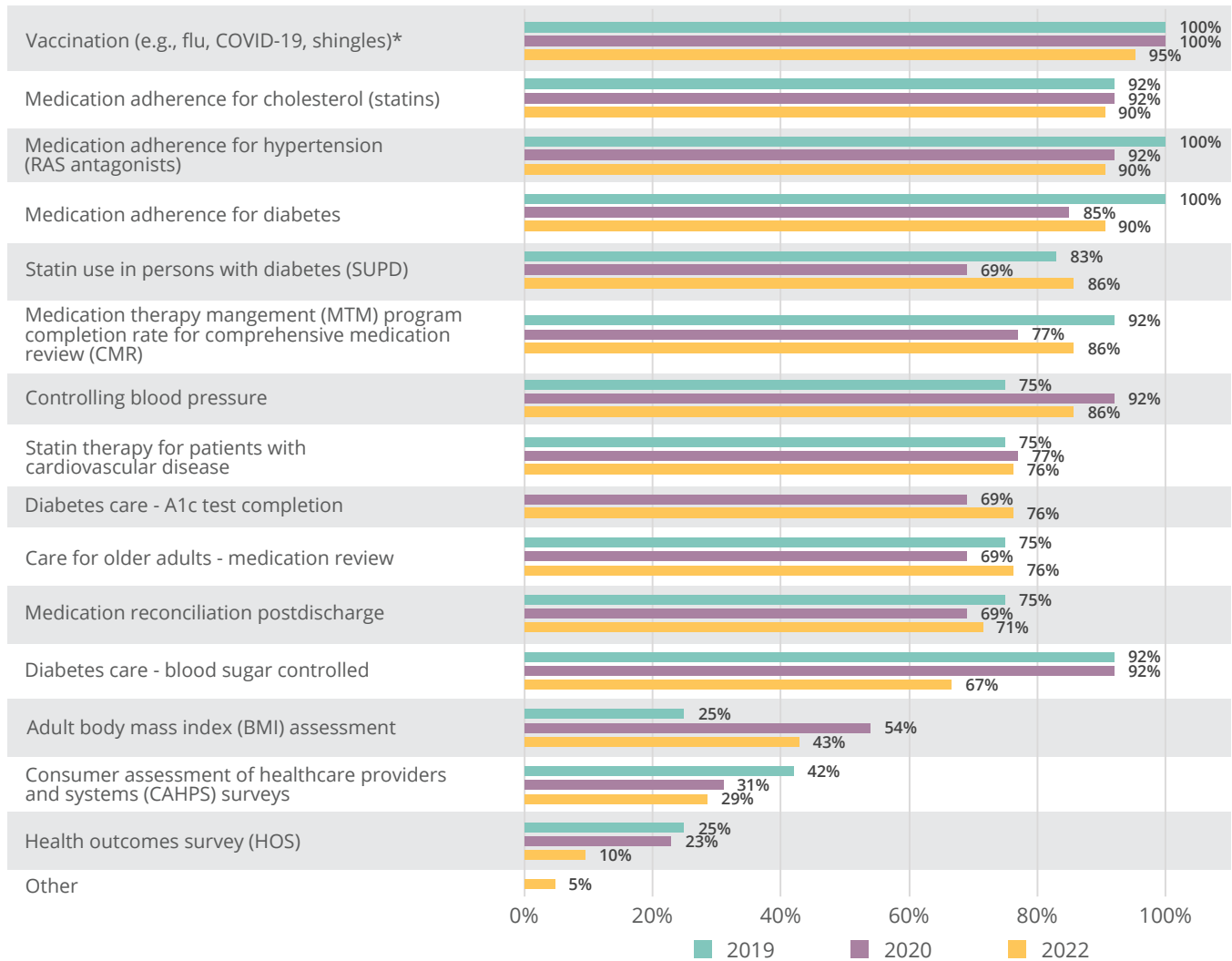
**The majority of respondents indicated they were likely or very likely to contract with community pharmacies to perform biometric data collection if they had the capability in 2019–2022. As reported in the pharmacy chapter of this report, approximately one third or more of pharmacies currently have testing capabilities for blood pressure, hemoglobin, and cholesterol, representing a strong potential opportunity for expanding these pharmacy services.**

Only 5% of respondents in 2020 felt they would be unlikely or very unlikely to contract with community pharmacies to collect biometric test results.

Of note, the proportion of respondents who said they would be very likely to participate has increased each year of the survey. This group now represents a third of respondents.

## MEASURES COMMUNITY PHARMACIES CAN INFLUENCE

Which quality measure(s) do you believe community pharmacies can influence?



Note: Diabetes care - A1c test completion was not an option on the 2019 survey. 2019 N = 12, 2020 N = 13, 2022 N = 21. Respondents were asked to select all that apply. RAS = Renin Angiotensin System.



**Similar to previous years, the majority of respondents in 2022 indicated community pharmacies can influence vaccination rates as well as measures for medication adherence for hypertension, diabetes, and cholesterol.**

**In 2022, similar to previous years, two thirds or more of respondents felt that pharmacies can influence 12 of the 15 measures listed. This finding underscores the confidence of payers in the impact on quality of community pharmacies.**

### References

<sup>1</sup> L&M Poly Research, LLC, Evaluation of the Medicare Quality Bonus Payment Demonstration, February 2016. <https://innovation.cms.gov/files/reports/maqbpdemonstration-finalevalrpt.pdf>.

# About Pharmacy Quality Solutions

PQS is a healthcare quality technology company, connecting healthcare payers and providers who value measurement as the pathway to better patient outcomes. Partners of PQS represent nearly 90% of all Medicare Part D lives and 95% of community pharmacies. PQS delivers quality insights and guidance to support their customers' efforts to optimize the quality of medication management and use for their Medicare, Medicaid, and commercial populations.

PQS' industry-leading platform, EQUIPP®, provides standardized measurement and reporting on key medication use quality measures and value-based reimbursement programs focused on medication adherence, treatment outcomes, and patient safety. For more information, please visit [www.pharmacyquality.com](http://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](mailto:trendreport@pharmacyquality.com).



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