Title: Retrospective Evaluation of the Economic and Clinical Impact of Community Pharmacist-Driven Pharmacy Benefit Management Services

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Background: Community pharmacists are in a unique position to drive value-based health care. Sona Benefits is a registered pharmacy benefits management (PBM) partner offering services to self-funded plan sponsors. Sona Benefits offers a full suite of PBM services including pharmacist-provided medication management and chronic condition health coaching (e.g., diabetes, hypertension).

Objectives: The primary objective of this study was to evaluate the economic impact for beneficiaries and plan sponsors of Sona Benefits, defined as the change in total medical and prescription expenses per member per year (PMPY) and the change in cost per prescription from baseline for all plan beneficiaries. The secondary objective was to evaluate the clinical impact of PBM services on enrolled patients, defined as change in A1C, weight and blood pressure.

Methods: Patients were eligible for inclusion in this retrospective review if they were beneficiaries of Sona Benefits from October 1, 2016 through September 30, 2017. Economic outcome measures included change in total medical and prescription expenses PMPY and change in cost per prescription from baseline for all plan beneficiaries regardless of when plan benefits were utilized. Medical and pharmacy claims data, available through Sona Benefits third-party administrators, was used to assess these costs. Change in clinical outcome measures (hemoglobin A1C, weight, blood pressure) was assessed for patients who participated in two or more quarterly health coaching sessions. Descriptive statistics were used to assess demographic, economic, and clinical data.

Results: Prescription expenses were reduced from $1,219.72 to $858.57 PMPY and medical healthcare expenses were reduced from $5,910.76 to $4,290.30 per PMPY from baseline. This represents a total decrease of $1,981.61 PMPY in healthcare expenses. A reduction in average price per prescription from $95.10 to $61.88 was observed. Improvements in clinical measures for patients enrolled in health coaching services were observed, including a mean change in hemoglobin A1C from 7.5% to 7.2%, a mean change in blood pressure from 126/76 mmHg to 122/73 mmHg, and a mean change in weight from 204.6 lb to 203.6 lb. Between the initial and final health coaching visits, the percentage of patients at hemoglobin A1C goal increased from 47% to 53%, and percentage of patients at goal for blood pressure increased from 58% to 78%.

Conclusions: Inclusion of community pharmacist in PBM service delivery produced economic benefits for plan sponsors. Further evaluation is needed to determine long-term clinical impact for patients enrolled in health coaching services.