



AMCP
Foundation

ACCESS, AFFORDABILITY, AND ADHERENCE:

ADDRESSING DISPARITIES IN MEDICATION USE

A Blueprint for Action based on the AMCP Foundation
Symposium, held on December 3-4, 2024 in Dallas, Texas

With Appreciation to our Sponsors

AMCP Foundation is grateful to the organizations that collaborated with us on the Symposium. Their support facilitated the live meeting, pre-symposium webinar, and creation of this blueprint for action.

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Background

AMCP Foundation

AMCP Foundation advances managed care pharmacy to improve health outcomes by promoting research, education, and leadership development. Initiatives, such as the Emerging Trends and the Best Poster competitions, facilitate the application of medication-related research. AMCP Foundation cultivates future leaders through immersive experiences for student pharmacists, including the National P&T Competition and managed care internships. Established in 1990 as a 501(c)(3) nonprofit, the Foundation is the philanthropic arm of the Academy of Managed Care Pharmacy (AMCP). Learn more at www.amcpfoundation.org.

AMCP

AMCP is the professional association leading the way to help patients get the medications they need at a cost they can afford. AMCP's diverse membership of pharmacists, physicians, nurses, biopharmaceutical professionals, and other stakeholders leverage their specialized expertise in clinical evidence and economics to optimize medication benefit design and population health management and help patients access cost-effective and safe medications and other drug therapies. AMCP members improve the lives of nearly 300 million Americans served by private and public health plans, pharmacy benefit management firms, and emerging care models. Learn more at www.amcp.org.

AMCP Foundation Symposium

In 2019, AMCP Foundation launched its first research symposium to tackle pressing healthcare issues. These events have addressed topics such as social determinants of health and data drivers fostering innovations in oncology, emphasizing collaboration among diverse stakeholders.

The 2024 Symposium "Access, Affordability, and Adherence: Addressing Disparities in Medication Use", continues this tradition by exploring strategies to address disparities in medication use and outcomes.

AMCP Foundation gratefully acknowledges the partnership and support of Genentech, Eli Lilly, Johnson and Johnson Innovative Medicine, and Moderna throughout the planning and development of this symposium.

Attendees

The symposium convened a select group of ~125 stakeholders to foster meaningful dialogue and collaborative problem-solving on critical issues. Participants represented a diverse range of perspectives and expertise, spanning key sectors including health services research, partner and sponsoring organizations, health plans and pharmacy benefit managers, patient advocacy organizations, state Medicaid agencies, employer benefit coalitions, employer benefit consultants, government agencies, research-based institutions, policymakers, professional associations, community pharmacies, charitable pharmacies, and recognized thought leaders.

Format

The program included a pre-symposium webinar, followed by a 1.5-day in-person event in Dallas, TX. The symposium featured:

- Keynote and panel presentations to share insights, best practices, and case studies of innovation in action;
- Breakout sessions for interactive, participant-driven discussions;
- Networking opportunities to foster meaningful connections among diverse group of attendees.

Content

SESSION TITLE	FOCUS
Pre-symposium webinar	
Pharmacoequity Measurement Framework	Discuss and present a novel pharmacoequity measurement framework
In-person symposium	
Opening Remarks	Opening remarks by Susan Cantrell (CEO, AMCP) setting the stage for the symposium
Fireside Chat	Discuss problems, and innovative, scalable solutions to address disparities in medication use
Addressing Access & Affordability Challenges to Cell & Gene Therapies	Discuss access and affordability challenges related to cell and gene therapies
Keynote: Trained Trusted Messengers (Vaccine Misinformation)	Discuss strategies to counter vaccine misinformation
Breakout Session #1	Interactive sessions focused on participant-driven discussions and solution-sharing.
The Role of Charitable Pharmacies	Discuss role of charitable pharmacies in mitigating barriers to medication access
Addressing Disparities in Biomarker Driven Precision Oncology	Discuss the role of biomarker driven precision oncology and identify potential disparities in its application
The Impact of Pharmacy Closures	Discuss impact of pharmacy closures and explore sustainable models for pharmacy access in underserved communities
Addressing Disparities in Diabetes Treatments	Discuss disparities in utilization of diabetes technology
Breakout Session #2	Interactive sessions focused on participant-driven discussions and solution-sharing

Pre-Symposium Webinar

A pre-symposium webinar presented a novel framework designed to systematically measure pharmacoequity. Essential to this framework are clear definitions of core concepts:

Health equity refers to the ideal state in which everyone has a fair and just opportunity to attain their highest level of health. It is focused on efforts to address avoidable inequalities, injustices, and elimination of health disparities.¹

Health disparities are observable differences that adversely affect disadvantaged populations.²

Pharmacoequity refers to a health system and policy goal where all patients – regardless of race, ethnicity, socioeconomic status, or availability of resources – have access to the highest quality, evidence-based medicine.³

The pharmacoequity measurement framework is anchored in the patient medication-use journey. This structured approach recommends measuring disparities across five domains through the patient journey, enabling a granular examination of potential disparities at each stage. The domains include:

- Access to healthcare services
- Prescription generation
- Primary medication nonadherence
- Secondary medication nonadherence
- Medication monitoring

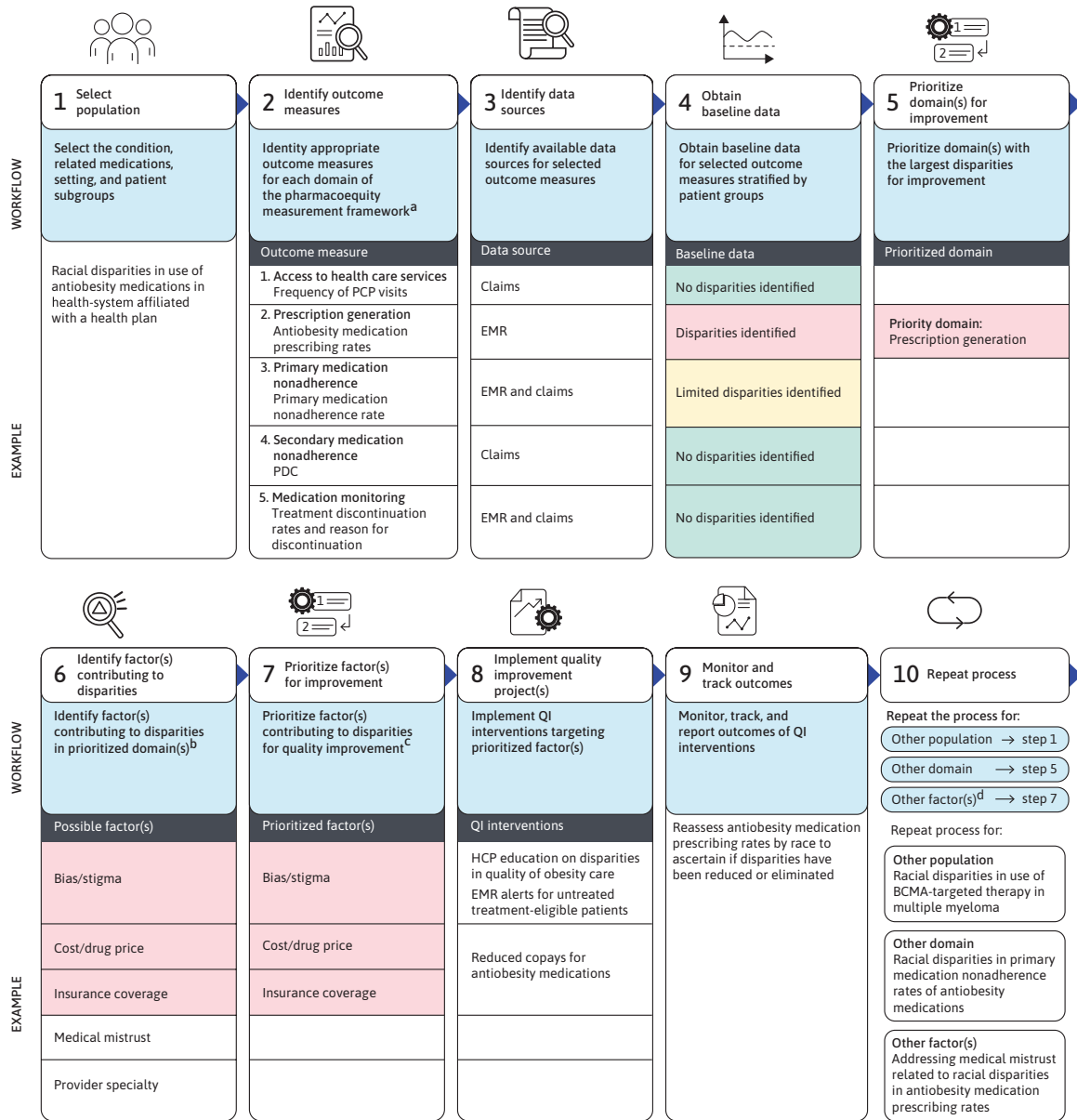
The framework is intended to be used with a practical implementation workflow (see image on next page). This enables population health stakeholders to identify disparities, implement targeted interventions, and monitor progress towards achieving pharmacoequity. For detailed information, please refer to the associated [publication](#) and [webinar recording](#).

1 U.S. Centers for Disease Control and Prevention. What is Health Equity? Accessed from <https://www.cdc.gov/health-equity/what-is/index.html>

2 National Institute on Minority Health and Health Disparities. Accessed from <https://www.nimhd.nih.gov/about/strategic-plan/nih-strategic-plan-definitions-and-parameters.html>

3 Essien UR, et al. JAMA. 2021;326(18):1793-1794

Implementation Flowchart of Pharmacoequity Measurement Framework⁴



^aBased on literature and data availability.

^bBased on literature, prescriber surveys, patient/community perspectives, and organization experience.

^cBased on organization experience, capabilities, and patient/community perspectives.

^dIn prioritized domain.

BCMA=B-cell maturation agent; EMR=electronic medical record; HCP=health care provider; PCP=primary care provider; PDC=proportion of days covered; QI=quality improvement.

In-Person Symposium

The in-person symposium built upon the foundation laid by the pre-symposium webinar, providing a forum for interactive discussions and collaborative problem-solving. The symposium brought together diverse stakeholders to address the complex challenges related to:

- Fireside chat⁵;
- Cell and gene therapies;
- Vaccine misinformation;
- Biomarker driven precision oncology;
- Pharmacy closures and charitable pharmacies;
- Disparities in diabetes treatments.

Attendees were divided into 11 breakout groups, each assigned two topics from the list above. This structure allowed for focused discussions on assigned topics from the list above within each group.

To guide the discussions and ensure a consistent approach across all groups, a structured roadmap template was provided to attendees and facilitators of the breakout groups. This template prompted participants to consider the following key areas for each assigned topic:

- **Problems:** Identification of the core challenges and barriers related to the topic.
- **Solutions:** Brainstorming and documenting potential solutions to address the identified problems.
- **Implementation Considerations:** Discussion of practical steps, resources, and potential obstacles related to implementing the select proposed solutions.

Designated scribes in each group documented the discussions. Following the breakout sessions, these notes were collected and analyzed to identify recurring themes, key insights, and potential areas for action. This qualitative and thematic compilation forms the basis of the results presented in the following sections.

5 Explored diverse topics: the expanding roles of community health workers and pharmacy technicians in care delivery; the need for better patient experience data, including the potential role of community pharmacy to capture this data; the value of localized care for hard-to-reach members; the budgetary implications of GLP-1 medications; and the interoperability challenges and opportunities for community pharmacies.



Cell and Gene Therapies

Cell and gene therapies (CGTs) present a promising approach for the treatment of diseases, including cancer, and other genetic and rare disorders. However, several factors currently limit their broad adoption. This section synthesizes insights into a holistic list of challenges, actionable strategies, and considerations for designing, and scaling select solutions to advance access and utilization of CGT.

Challenge Area 1: Patient-Related Barriers

Problems:

- **Lack of Awareness and Education:** Many patients lack a clear understanding of CGT. This knowledge gap can contribute to mistrust, fears related to the perception of genetic modification (“this therapy will change my genes?”) and anxieties about fertility.
- **Hesitancy and Low Uptake:** Despite insurance coverage, patients are hesitant to pursue CGT due to fear and lack of understanding. This is associated with low utilization rates.
- **Transition Gaps:** The transition from pediatric to adult care presents significant challenges for young patients, notably limited access to specialized providers. This is associated with a heightened risk of mortality in young adulthood (ages 18-25).

Solutions:

- **Comprehensive Patient Education:** Develop educational materials and programs that address patient fears, explain the science in plain language terms, and highlight potential benefits. Materials should be tailored to different learning styles, literacy levels, cultural beliefs.
- **Targeted and Personalized Community Outreach:** Partner with patient advocacy groups and disease-specific medical societies to build trust and tailor education to community needs. This includes addressing cultural sensitivities and language barriers.
- **Pharmacist-led Care Coordination:** Utilize dedicated pharmacists/ pharmacies with experience in care coordination, transitions of care, and advanced medication management services to provide personalized counseling and address concerns unique to patients receiving CGT. This includes regular follow-up, medication management, and support for navigating the healthcare system.

Challenge Area 2: Access and Infrastructure Limitations

Problems:

- **Disparities in Utilization:** CGT utilization is lower in community settings compared to academic centers, creating inequities in access.
- **Limited Geographic Access:** Patients in remote areas face barriers to accessing CGT due to location and affordability. Travel costs, time off from work, and lack of local providers can create significant obstacles.
- **Lack of Infrastructure:** Non-academic treatment sites often lack the infrastructure to support CGT, including specialized equipment, trained personnel, and advanced clinical pharmacy services.

Solutions

- **Invest in Infrastructure:** Expand CGT capacity in community settings by providing resources and training. This includes government funding for equipment, personnel, and facility upgrades.
- **Telehealth and Remote Monitoring:** Utilize technology to improve access for patients in remote areas. This can include virtual consultations, remote monitoring of patients, and online education.
- **Address Transportation and Other Health Related Social Need (HRSN) Barriers:** Explore solutions to help patients overcome transportation and other HRSN (e.g., financial strain, health literacy, etc.) challenges. This could involve partnering with transportation providers, providing financial assistance for travel, or establishing satellite clinics in underserved areas. Additionally, adjacent solutions should be considered for all HRSNs faced by any individual patient and family/caregivers.



Cell and Gene Therapies Are a Quickly Growing Class of Innovative Therapies

22 FDA Approved CGTs
(Nov 2024)

60+ expected CGT-indication
approvals by 2032

105,000+ CGT-eligible patients per year by 2032

Source: NEWDIGS. Cell and Gene Therapy Pipeline

Challenge Area 3: Affordability Barriers

Problems:

- **High Cost:** The high price of CGT creates affordability challenges for patients and payers.
- **Shift towards Public Insurance:** Increased reliance on public insurance programs (e.g., Medicaid, Health Insurance Marketplace) for CGT coverage poses challenges to long-term budget sustainability. The high cost of these therapies may strain government resources, potentially impacting access for other beneficiaries or necessitating difficult resource allocation decisions.
- **Limited value-based contracting/ Innovative payment models:** Resources and expertise are lacking to implement value-based contracts for CGT at scale. This makes it difficult to align incentives and ensure that payment is tied to patient outcomes.

Solutions:

- **Value-Based Contracting:** Develop and implement value-based contracts that incentivize positive outcomes and share risk between payers and manufacturers. This requires collaboration between payers, providers, and manufacturers to define appropriate metrics and payment structures.
- **Payment Reform:** Explore alternative payment models that better reflect the value of CGT. This could include outcomes-based payments, subscription models, or annuity payments.
- **Risk-Pooling Innovation:** Develop new risk-pooling mechanisms to improve financial sustainability. This could involve government-sponsored reinsurance programs, risk-sharing agreements between payers, or innovative financing models.
- **Cross-Sector Collaboration:** Foster collaboration between payers, providers, manufacturers, and policy stakeholders to align incentives and improve care coordination. This includes sharing data, streamlining administrative processes, and developing shared decision-making tools.

Implementation Considerations

Implementing Patient Education and Support Programs

- **Personalization:** Develop tailored educational materials and outreach strategies that resonate with diverse patient groups, considering cultural competencies and language barriers.
- **Engagement:** Employ interactive tools, peer support networks, patient testimonials, and best practice examples to foster active participation and build trust.
- **Accessibility:** Utilize various communication channels (e.g., online platforms, mobile apps, community events) to reach patients where they are.
- **Training:** Equip pharmacists and other healthcare providers with the communication skills and knowledge needed to effectively deliver care-coordination services and address patient concerns about CGT.
- **Collaboration:** Establish clear roles and responsibilities for payers, providers, and advocacy groups to ensure seamless coordination.

Implementing Value-based Contracts

- **Data Infrastructure:** Investment in robust data collection and analysis systems is required to effectively capture long-term patient outcomes, account for inter-patient variability, and generate actionable insights.
- **Performance Metrics:** Define clear and measurable performance metrics that are relevant to patient outcomes and aligned with the value proposition of CGT.
- **Risk-Sharing:** Develop innovative risk-sharing models that balance the financial interests of payers and manufacturers while incentivizing high-quality care.
- **Payment Models:** Explore flexible payment models (e.g., outcomes-based payments, subscription models) that accommodate the unique characteristics of CGT.
- **Legal & Regulatory:** Address legal and regulatory barriers to value-based contracting, including data privacy concerns and restrictions on payment models.
- **Stakeholder Alignment:** Facilitate open communication and collaboration between payers, manufacturers, providers, and patients to ensure shared understanding and commitment to the value-based approach.

Key Success Factors for Scaling

- **Patient-Centricity:** Prioritize patient needs and preferences in all aspects of program design and implementation.
- **Cross-Sector Collaboration:** Foster strong partnerships and communication channels between stakeholders.
- **Data-Driven Decision Making:** Utilize data and analytics to inform program development, monitor performance, and drive continuous improvement.
- **Agility & Adaptability:** Remain flexible and adapt strategies as needed based on real-world evidence and evolving market dynamics.

Broad implementation of CGTs necessitates the development and execution of targeted strategies to address existing barriers. Scaling targeted solutions, such as innovative payment models, enhanced patient engagement initiatives, and robust data infrastructure, can facilitate the effective integration of CGTs into clinical practice and across patient populations where unmet need exists. Interdisciplinary collaboration among stakeholders will be essential to optimize the delivery and accessibility of these therapies for eligible patients.



Vaccine Misinformation

Although vaccines have significantly advanced public health, their ultimate impact is predicated on widespread and equitable adoption. The dissemination of inaccurate information regarding vaccines presents a challenge to immunization programs.

This report draws upon key insights shared by Dr. Todd Wolyynn, MD, MMM, FAAP, Executive Director, Trusted Messenger Program, Public Good Projects. Dr. Wolyynn underscored the necessity of comprehending the nuanced distinctions among misinformation, disinformation, and malinformation, particularly as they relate to vaccines.

- **Misinformation:** False information that is spread, regardless of intent to mislead
- **Disinformation:** False information that is knowingly spread to deceive
- **Malinformation:** Genuine information that is spread to cause harm, often by taking information out of context or weaponizing it

Additionally, Dr. Wolyynn highlighted the AIMS method (Announce, Inquire, Mirror, and Secure) as an effective communication technique for healthcare providers to engage patients in conversations about vaccines, address their concerns, and build trust.

This section analyzes the multifaceted issues related to vaccine hesitancy and access, outlining potential strategies and considerations for scaling interventions to improve vaccine confidence and equitable distribution.

Challenge Area 1: Vaccine Hesitancy

Problems:

- **Misinformation & Mistrust:** Misinformation can fuel mistrust in vaccines and healthcare providers.
- **Fear & Misconceptions:** Fear of side effects and misconceptions about vaccine ingredients can contribute to hesitancy.
- **Negative Perceptions:** Vaccines are sometimes associated with negative outcomes due to misinformation.

Solutions:

- **Empowered Trusted Messengers:** Implement a “train-the-trainer” program to equip trusted community members with the skills and resources to deliver accurate, evidence-based vaccine information.
- **Community-Based Dialogue:** Conduct listening sessions to understand community concerns and address vaccine hesitancy, starting with less controversial health topics to build trust.
- **Inclusive Communication:** Utilize the AIMS method (Announce, Inquire, Mirror, Secure) to engage patients in conversations about vaccines.

Challenge Area 2: Access and Delivery

Problems:

- **Limited Access:** Barriers to access include location, cost, and appointment availability.
- **Missed Opportunities:** Lack of proactive scheduling for subsequent doses leads to missed opportunities for vaccination.
- **Digital Divide:** Limited digital connectivity can hinder access to vaccine information and resources.

Solutions:

- **Increased and Diverse Access Points:** Expand access through various channels, including pharmacies, community health centers, and mobile clinics.
- **Proactive Scheduling:** Implement systems for proactive scheduling of follow-up appointments.
- **Digital Connectivity:** Improve digital access to vaccine information and resources.

Challenge Area 3: Countering Misinformation Campaigns

Problems:

- **Misinformation Campaigns:** Massive amounts of misinformation and fear-mongering can create confusion and mistrust.
- **Attacks on Evidence-Based Campaigns:** Attacks on vaccine awareness campaigns silence essential, evidence-based messaging.

Solutions:

- **Rapid Response & Community Partnerships:** Utilize media and community partnerships to counter misinformation and expose attacks.
- **Training & Empowerment:** Train healthcare providers and community health workers to effectively address misinformation.
- **Accelerated Research Dissemination:** Publish peer-reviewed articles and utilize pre-peer review dissemination to share accurate vaccine information quickly.

Implementation Considerations

Accelerating Evidence Generation and Dissemination

- **Policy & Legal Frameworks:** Advocate for policies that penalize malicious misinformation campaigns and improve transparency of research practices.
- **Community-Academic Partnerships:** Foster collaborations between community members, health service researchers, and academia to ensure research is relevant and addresses community needs.

Key Success Factors for Scaling

- **Community Ownership:** Ensure that solutions are driven by and tailored to the needs of the community.
- **Collaboration & Partnerships:** Foster strong collaborations between healthcare providers, community leaders, public health agencies, and other stakeholders.
- **Data-Driven Evaluation:** Continuously monitor and evaluate the effectiveness of interventions using data and community feedback.
- **Adaptability & Flexibility:** Remain adaptable and adjust strategies based on evolving challenges and community needs.

Overcoming vaccine hesitancy and ensuring equitable access requires a multi-pronged approach that addresses the root causes of mistrust, expands access to vaccines, and actively combats misinformation. By scaling solutions such as community-based education initiatives, leveraging trusted messengers, implementing proactive scheduling systems, and utilizing the AIMS communication technique, we can foster vaccine confidence and improve immunization rates. Collaborative efforts among healthcare providers, public health agencies, community leaders, and policymakers are essential to ensure that vaccines reach all who need them, safeguarding individual and public health.



Biomarker Driven Precision Oncology

Precision oncology offers a promising approach to improving cancer care by tailoring treatment based on individual patient genetic profiles. Biomarker testing is essential to help identify patients who may benefit from targeted therapies. However, several factors limit the broad and equitable implementation of biomarker testing in oncology. This section analyzes the challenges associated with biomarker testing, proposing potential solutions and examining considerations for scaling these solutions to improve patient access to precision oncology.

Challenge Area 1: Testing Access and Infrastructure

Problems:

- **Limited Test Availability:** Access to appropriate biomarker testing is limited due to lack of coverage and availability. This disparity is worse in community settings due to the complexity of test ordering and interpretation, sample acquisition, and coverage options which can exacerbate existing health inequities.
- **Lack of Advanced Biomarker Testing Capabilities:** Many healthcare providers cannot access the advanced biomarker tests needed to identify specific mutations for targeted therapies.
- **Inadequate EMR Infrastructure:** EMR (electronic medical record) functionality can be variable or lacking to support appropriate test selection, clinical decision support for test appropriateness, and clear, understandable reporting of test results within the platform.
- **Insufficient Infrastructure for Sample Handling:** Many healthcare settings lack the infrastructure for proper sample collection and preparation, which impedes tissue acquisition by national testing companies.
- **Insurance Coverage Challenges:** Biomarker testing often faces inconsistent insurance coverage. Furthermore, sample collection is typically not reimbursed, potentially leading to increased non-reimbursed healthcare costs.

Solutions:

- **Expand Coverage & Infrastructure:** Advocate for improved insurance coverage, health economics and outcomes research (HEOR) analyses, and investment in infrastructure to expand evidence-based access to advanced biomarker testing, ensuring equitable access for all patients, as appropriate clinically, regardless of location and ability to pay.
- **Standardize Protocols:** Develop and implement standardized testing protocols, result interpretation protocols, and referral pathways to ensure consistency and efficiency in testing processes and interpretations, potentially identifying and reducing disparities.
- **EMR Accessibility and Integration:** Make the standardized testing protocols, result interpretation protocols, and referral pathways widely available to all EMR vendors for incorporation into interfaces that genomic profiling labs can plug into. Ideally, these standardized interfaces should be available to all without undue barriers.
- **Engage Community:** Partner with community organizations and patient advocacy groups to conduct outreach and education campaigns, utilizing various communication channels to reach diverse patient populations.
- **Expand HEOR in Precision Medicine:** Precision biomarker diagnostics offer the potential to reduce therapy waste and improve cost-effectiveness by guiding therapy selection. Further research, including total cost of care studies by disease and over an episode of care, is needed to fully assess these impacts.

Challenge Area 2: Knowledge and Understanding

Problems:

- **Complex Information:** Patients and some health systems lack understanding of precision oncology and biomarker testing, including complex genetic data interpretation and treatment options.
- **Pace of Information:** Advancement in science is outpacing awareness of diagnostic innovations.

Solutions:

- **Plain Language Resources:** Develop plain language, targeted educational resources for patients, providers, and health systems and implement training programs to enhance knowledge and expertise in precision oncology.
- **Staff Training and Education:** Provide comprehensive training programs, continuing education credits, and mentorship opportunities to strengthen knowledge of precision oncology and biomarker testing.

Challenge Area 3: Affordability

Problems:

- **Financial Toxicity:** The high cost of precision oncology drugs and testing, coupled with limited insurance coverage, can create significant financial barriers for patients and health systems.

Solutions:

- **Expand and Standardize Coverage:** Advocate for policies to reduce costs and expand insurance coverage for precision oncology testing, including ensuring all necessary stakeholders have adequate reimbursement for the work required. Alternative payment models like value-based contracting could be a solution.

Challenge Area 4: Care Coordination and Navigation

Problems:

- **Fragmented Care:** Patients face challenges navigating a complex healthcare system to obtain necessary testing and treatment, often lacking coordinated care and support.

Solutions:

- **Streamline Care Pathways:** Develop clear care pathways for precision oncology and provide navigation support to guide patients through the complexities of the healthcare system, ensuring timely and appropriate care.
- **Develop Process Guidelines:** Advocate for the development and implementation of clear clinical guidelines for biomarker testing, outlining appropriate use, collection standards, and interpretation of tests with a focus on ensuring solutions are available at the point of care.

Implementation Considerations

Key Success Factors for Scaling

- **Patient Empowerment:** Prioritize patient engagement and empowerment by providing clear plain language accessible information, supporting shared decision-making, and addressing patient concerns and preferences throughout their care journey.
- **Technology & Infrastructure:** Invest in robust technology infrastructure, including advanced genomic testing platforms, integration into EMR systems, data analytics tools, and telehealth capabilities, to support the widespread adoption of precision oncology.
- **Effective Collaborations:** Foster strong collaborations among diverse stakeholders, including patient advocacy organizations (e.g., BiomarkerLIVE, Biomarkers Consortium), community organizations, American Cancer Society chapters, healthcare providers, technology organizations, payers, policymakers, and HEOR researchers, to ensure coordinated efforts and maximize impact.

Expanding access to biomarker testing and ensuring its equitable implementation requires a multi-pronged approach that addresses financial barriers, enhances knowledge and awareness, streamlines care coordination, and empowers patients. By actively promoting education, developing targeted resources, advocating for policy changes, and fostering collaborations among stakeholders, we can overcome these challenges and unlock the full potential of precision oncology. Ultimately, the goal is to ensure that all patients as clinically appropriate, regardless of their background or location, can benefit from personalized cancer care.



Pharmacy Closures and Charitable Pharmacies

Pharmacies are essential pillars of the healthcare system, providing critical access to medications, clinical services, and public health support. However, the pharmacy landscape is facing evolving challenges, including closures, financial strain, and limited access in underserved communities. This report delves into the multifaceted issues affecting pharmacy viability and explores potential solutions to ensure equitable access to medications for all. This includes examining the role of charitable pharmacies in serving vulnerable populations and bridging gaps in access. By addressing the root causes of pharmacy closures and access challenges, and supporting innovative models like charitable pharmacies, we can foster a more sustainable and equitable pharmacy ecosystem that meets the needs of all communities.

Challenge Area 1: Pharmacy Closures and Sustainability

Problems:

- **Pharmacy Deserts:** Many communities, particularly rural and underserved areas, lack adequate access to pharmacies. This creates significant barriers to obtaining medications, receiving essential healthcare services, and managing chronic conditions.
- **Lack of Provider Status:** Pharmacists lack recognized provider status, hindering their ability to bill for clinical services like medication therapy management, immunizations, and chronic disease management. This limits their revenue streams and potential to contribute fully to patient care.
- **Commodity Perception:** Pharmacists are often viewed primarily as dispensers of medications, rather than integral members of the healthcare team. This perception undervalues their clinical expertise and limits their ability to provide comprehensive patient care, while also getting reimbursed.
- **Pharmacy Network Limitations:** Current pharmacy networks often prioritize contracts and pricing with participating pharmacies. PBM networks often do not differentiate based on pharmacist-delivered clinical services.

Solutions:

- **Provider Status:** Advocate for policies that grant pharmacists provider status, enabling them to bill for a wider range of clinical services. This would enhance their financial sustainability and incentivize the provision of comprehensive patient care.
- **Value Communication:** Develop programs and resources that empower pharmacists to effectively communicate their value to patients, payers, and other healthcare providers. This includes demonstrating their impact on medication adherence, chronic disease management, and overall healthcare costs.
- **Outcome-Based Payment:** Advocate for payment models that reward pharmacists for achieving positive patient outcomes, such as improved medication adherence, reduced hospitalizations, and better disease control. This would align incentives with quality care and recognize the value of pharmacist interventions.
- **Business Model Toolkit:** Create a comprehensive toolkit that outlines various innovative pharmacy business models, including strategies for establishing and sustaining charitable pharmacies. This resource would provide guidance on diversifying revenue streams, securing funding, and collaborating with partners.

Challenge Area 2: Charitable Pharmacy Development

Problems:

- **Funding:** Charitable pharmacies often struggle to secure sustainable funding due to limited revenue streams and reliance on grants and donations. Demonstrating return on investment (ROI) can be challenging, further hindering fundraising efforts.
- **Inventory:** Charitable pharmacies face challenges in obtaining medications, including navigating drug donation regulations, managing limited resources, and ensuring consistent availability of essential medications.
- **Payer Collaboration:** Establishing collaborations with payers can be difficult, as payers may have concerns about the financial sustainability of charitable pharmacy models, and the public perception of steerage towards such safety-net resources among the insured population.
- **Grant Processes:** Securing grant funding can be challenging due to complex application procedures, stringent reporting requirements, and competition for limited resources.

Solutions

- **Health System Partnerships:** Foster partnerships between charitable pharmacies and health systems (particularly in primary care) to leverage resources, expertise, and patient populations. This could involve integrating charitable pharmacy services into existing healthcare delivery models.
- **Payer Engagement:** Explore innovative payer partnerships to support charitable pharmacy operations and ensure access to medications for vulnerable populations.
- **Pharma Collaborative:** Establish a collaborative network among pharmaceutical companies to facilitate medication donations, provide financial support, and address drug access challenges for charitable pharmacies.
- **State-Level Support:** Advocate for state-level policies and initiatives that provide financial incentives, streamline regulations, and support the development and sustainability of charitable pharmacies.

Challenge Area 3: Evolving Pharmacy Practice Models

Problems

- **Patient Experience Data:** There is a significant gap in patient experience data, hindering a comprehensive understanding of patient needs and preferences.
- **Localize Care:** There is a critical need for better localized care models tailored to the specific and often unique needs of individual communities, particularly for hard-to-reach and vulnerable populations.
- **Interoperability:** Community pharmacies face persistent interoperability challenges in effectively collaborating with health plans and public health entities, hindering seamless care coordination and information exchange.

Solutions

- **Standardize Screening:** Develop standardized metrics and methods for collecting patient experience data within pharmacies, and referral pathways connecting patients with necessary resources in the community.
- **Community Health Workers:** Develop clear pathways for integrating community health workers and pharmacy technicians into care teams and communities.

Implementation Considerations for Playbook for Charitable Pharmacy Development

Personnel and Collaboration

- **Legal Compliance:** Engage state agencies to ensure compliance with state and federal regulations related to pharmacy practice, drug dispensing, and patient privacy (e.g., HIPAA). This collaboration ensures the charitable pharmacy operates compliantly and identifies opportunities to influence future policies.
- **Advocacy Groups:** Partner with patient advocacy organizations and disease-specific groups to leverage their expertise in navigating healthcare systems, accessing resources, and advocating for patient needs. This collaboration can enhance patient support and outreach efforts.
- **Pharmacy Schools:** Collaborate with schools of pharmacy to establish student rotation programs, provide training opportunities, and engage faculty expertise in areas like medication therapy management and clinical service development. This collaboration can provide a pipeline of trained personnel and access to specialized knowledge.
- **Free Clinics:** Establish partnerships with free clinics and community health centers to co-locate services, expand reach to underserved populations, and integrate medication access with primary care services. This collaboration can create a more holistic and accessible model of care.

Operational Considerations

- **Space:** Secure adequate and appropriate physical space to house pharmacy operations, including dispensing areas, consultation rooms, storage for medications, and potentially space for patient education or support groups. Consider accessibility for patients with disabilities and proximity to other healthcare services.
- **Data Collection:** Implement robust data collection systems to track patient demographics, medication utilization, clinical outcomes, and financial performance. This data is essential for demonstrating impact, securing funding, and optimizing pharmacy operations.
- **Pilot Programs:** Conduct pilot programs to test innovative service delivery models, such as telehealth consultations, medication delivery services, or specialized clinics for specific disease states. This allows for iterative improvement and evidence-based decision-making.

Community Engagement

- **Media Outreach:** Utilize local media outlets, press releases, and community events to raise awareness of the charitable pharmacy's services, build trust, and attract patients and volunteers.
- **Social Media Engagement:** Engage communities through social media platforms (e.g., Facebook, Twitter, Instagram) to share information, promote events, and foster a sense of community.
- **Pop-up Clinics:** Offer pop-up clinics in convenient locations, such as community centers or churches, to provide accessible medication counseling, health screenings, and education to underserved populations.
- **Community Partnerships:** Collaborate with churches, community organizations, and social service agencies to reach vulnerable populations, address social determinants of health, and provide wrap-around support services.

Key Success Factors for Scaling

- **Clarity & Accessibility:** Provide clear, concise, and accessible information for potential implementers, using plain language, visual aids, and user-friendly formatting. Ensure the playbook is easily understandable for individuals with varying levels of experience and expertise.
- **Comprehensive Guidance:** Cover all key aspects of developing and operating a charitable pharmacy, including legal considerations, organizational structure, financial management, medication procurement, patient care services, and community engagement strategies.
- **Flexibility & Adaptability:** Allow for customization and adaptation of the playbook based on local needs, resources, and regulatory environments. Provide examples and case studies of different models to illustrate flexibility.
- **Stakeholder Engagement:** Involve diverse stakeholders in the development and dissemination process, including pharmacists, patients, healthcare providers, payers, community leaders, and advocacy groups. This ensures the playbook is relevant, comprehensive, and responsive to community needs.
- **Sustainability Focus:** Emphasize strategies for achieving long-term financial and operational sustainability, including diversifying funding sources, building partnerships, optimizing resource utilization, and demonstrating value to funders and policymakers.

Strengthening the pharmacy sector and ensuring equitable access to medications requires a collaborative approach that involves pharmacists, healthcare providers, payers, policymakers, and community stakeholders. By advocating for provider status recognition, implementing outcome-based payment models, and fostering innovative business practices, we can enhance pharmacy viability and expand access to care. Charitable pharmacies play a vital role in providing a safety net for vulnerable populations and can serve as a model for community-based care.



Disparities in Diabetes Treatments⁶

Continuous glucose monitoring (CGM) provides real-time glucose data, offering a valuable tool for diabetes management. However, disparities in access and utilization limit the full potential of CGM. This section analyzes the factors contributing to these disparities, outlining potential strategies and considerations for scaling solutions to broaden access to CGM technology.

Challenge Area 1: Access and Adherence

Problems:

- **Access Disparities:** Unequal access to CGM devices and ongoing supplies based on factors like income, insurance coverage, and geographic location.
- **Adherence Challenges:** Difficulties in maintaining consistent CGM use potentially due to cost, complexity of the technology, discomfort with the sensor, or personal preferences.
- **Prior Authorization:** Burdensome prior authorization processes required by insurance companies can create delays and barriers to CGM access, often requiring extensive documentation.
- **ROI Uncertainty:** Uncertainty in return on investment for select patient populations with diabetes, particularly those with type 2 diabetes not on insulin therapy, can make payers hesitant to expand coverage.

Solutions

- **PCP Engagement:** Educate PCPs on the benefits of CGM and implement in-office workflow strategies to improve CGM utilization, especially for underserved groups. This includes providing resources and support for prescribing and onboarding CGM therapy.
- **Pharmacy Access:** Explore dispensing CGMs through pharmacies to increase availability and convenience. This can leverage the pharmacists' expertise in patient education and medication management.
- **Streamlined Approvals:** Eliminate or significantly streamline prior authorizations for insulin-using patients to expedite CGM access. This reduces administrative burden for both patients and providers.
- **Data Analysis:** Use EHR data to identify gaps in CGM access and target interventions effectively. This allows for data-driven decision-making and personalized outreach.

⁶ Focused on continuous glucose monitoring

Implementation Considerations

Patient Engagement

- **Community Outreach:** Engage community stakeholders to promote CGM awareness and use within their communities. This leverages existing social networks and cultural understanding.
- **Peer Support:** Create online communities and leverage existing forums like ADA chapters for peer learning and support. This allows patients to share experiences and learn from each other.
- **Educational Materials:** Develop plain language patient-facing resources in multiple languages and formats, including videos and infographics, to cater to diverse learning styles and literacy levels.
- **Personalized Support:** Offer tailored training and address individual patient concerns about CGM use, including cost, technology, and lifestyle adjustments.

Key Success Factors

- **Patient Empowerment:** Prioritize patient engagement by providing clear and accessible information, supporting shared decision-making, and addressing concerns and preferences throughout their care journey.
- **Provider Engagement:** Educate and train healthcare providers on the benefits of CGM and best practices for prescribing and supporting patients.
- **Collaboration:** Foster strong collaborations among healthcare providers, payers, community organizations, and patient advocacy groups (e.g., ADA chapters) to maximize reach and impact.

Expanding access to and utilization of CGM requires a comprehensive and collaborative approach that addresses systemic barriers, empowers patients, and equips healthcare providers with the necessary tools and knowledge. By scaling solutions such as education programs, streamlined approval processes, and community-based outreach initiatives, we can bridge the gap in CGM access and improve diabetes outcomes. Collaborative efforts among healthcare providers, payers, policymakers, technology developers, and patient advocacy groups are essential to ensure that the benefits of CGM are available to all who need them, ultimately improving the lives of individuals living with diabetes.

Key Themes from the Symposium

Several key themes emerged from across the breakout sessions, highlighting crucial considerations for effective healthcare interventions and improved patient outcomes. These overarching themes, detailed below, emphasize community engagement, trust-building, localized care, and strategic communication.

- **Involvement of Advocacy Organizations and Community Leaders:** Meaningful engagement with established advocacy organizations is essential for successful healthcare initiatives. These organizations possess valuable expertise, established networks within specific communities, and a deep understanding of patient needs. Their involvement ensures that programs are designed and implemented with sensitivity to the lived experiences of those they serve, maximizing impact and fostering trust. Furthermore, advocacy organizations can play a critical role in raising awareness, mobilizing support, and advocating for policy changes that improve access to care.
- **Trusted Messengers:** The utilization of trusted messengers, including community members and pharmacists, is vital for building confidence and promoting program uptake. Individuals are more likely to believe and act on information received from sources they perceive as credible and relatable. Trusted messengers, who share similar backgrounds, experiences, and cultural understanding with the target population, can effectively communicate health information, address concerns, and dispel misinformation. This approach is particularly crucial in communities where there may be historical mistrust of healthcare systems or government agencies.
- **Keeping Care and Interventions Local:** Localizing care and interventions through the use of community health workers, pharmacies, and other accessible healthcare services is crucial for reaching underserved populations and ensuring program sustainability. Community health workers can provide culturally competent outreach, education, and support, bridging the gap between patients and the healthcare system. Pharmacies, as readily accessible points of care, can play a key role in medication management, health screenings, and patient counseling. By leveraging existing community resources, healthcare interventions can be tailored to meet specific local needs and integrated seamlessly into existing healthcare infrastructure.
- **Proactive and Responsible Social Media Engagement:** Social media platforms offer powerful tools for countering misinformation, connecting with patients, providing education, and raising awareness about health issues. A proactive and strategic social media presence can enable healthcare providers and organizations to disseminate accurate information, address patient concerns, and engage in two-way communication. By actively monitoring social media channels, it's possible to identify and address misinformation quickly, preventing it from spreading and undermining public health efforts. Furthermore, social media can be used to build online communities, share patient stories, and promote healthy behaviors.
- **Health Literacy:** Health literacy is essential for creating a more equitable healthcare system. By fostering health literacy, patients are empowered to make informed decisions about their care, adopt healthier behaviors, and confidently navigate the complexities of the healthcare system. This includes building health insurance literacy, enabling individuals to understand their benefits and make sound choices about their coverage. Increased health literacy drives greater patient engagement, better adherence to treatment plans, and ultimately transforms patients into active participants in their own care. This shift towards patient empowerment leads to improved health outcomes for individuals and contributes to the creation of healthier communities.

Attendee Feedback

Following the symposium, a post-conference survey was distributed to attendees to gather feedback on the event's quality, relevance, and impact, as well as to gauge interest in future initiatives. The survey, which achieved a response rate of approximately 37% (n=32), explored various aspects of the symposium, including the relevance of the topics covered, the effectiveness of symposium, and the potential value of learning networks focused on specific areas of interest. The results of this survey, summarized below, provide valuable insights into attendee priorities and preferences.

- **High Quality & Relevance:** 94% of respondents rated the symposium's overall quality and content as excellent or very good, with 94% also finding the topics extremely or very relevant to their professional interests.
- **Learning Network Interest:** 94% believe a learning network focused on disparities in medication use and access would be valuable. "Pharmaco-equity measurement framework" and "diabetes management" emerged as top priority topics for such networks.
- **Desired Learning Network Deliverables:** Stakeholder collaborations (84%), webinars (60%), and collaborative research opportunities (60%) were identified as the most desirable deliverables from learning networks.
- **Continued Engagement:** 84% of respondents expressed interest in continued involvement in the planning and participation of learning networks.
- **Effective Networking:** 84% reported the symposium was highly effective in fostering meaningful discussions and connections.

Appendix

Speaker List (in alphabetical order)

NAME	TITLE	COMPANY
Rebekah Angove, PhD	Executive Vice President of Research and Evaluation	Patient Advocate Foundation
Stuart Beatty, PharmD, MPAL, FAPhA	Dean	Ohio Northern University Raabe College of Pharmacy
Terry Cothran, DPh	Senior Pharmacy Director	Oklahoma Health Care Authority
Jasmine Gonzalvo, PharmD, CDCES, FADCES	Director, The Chris and Theresa Dimos Director of the Center for Health Excellence, Quality, and Innovation at Purdue University	Purdue University
Laura E. Happe, PharmD, MPH, FAMCP*	Editor-in-Chief	JMCP
Deanna Horner, PharmD, BCPS	Chief Pharmacy Officer	Waltz Health
Donney John, PharmD	Executive Director	NOVA ScriptsCentral
Ira Klein, MD, MBA	VPMA, Payer Relations	Tempus Labs
Helen Kourlas, PharmD, BCPS	Assistant Vice President, Clinical Strategies Pharmacy Department	Healthfirst
Kimberly Lenz, PharmD, MBA, FAMCP	Chief Pharmacy Officer	UMass Chan Medical School and MassHealth
Tripp Logan, PharmD	Lead Luminary	CPESN Health Equity
Michael Manolakis, PharmD, PhD	Senior Vice President	Aon
Kristi Mitchell, MPH*	Co-founder and CEO	Atlas Clarity LLC
Joshua Moore, PharmD	Director of Pharmacy	MO HealthNet
Pranav Patel, PharmD, MS*	Vice-Chair	AMCP/AMCP Foundation Joint Research Committee
Margaret Scott, MS, MPH, RPh	Principal	Avalere
Mark Trusheim, MS	Strategic Director	NEWDIGS, Tufts Medical Center
Norris Turner, PharmD, PhD	President & CEO	Turner Healthcare Quality (THCQ) Consulting, Inc.
Shamonica Wiggins Mayes	Independent Patient Advocate	Freelance Advocacy & Consulting
Dave Walton, MBA	CEO	T1D Exchange
Lalan Wilfong, MD	Senior Vice President, Value Based Care	Thyme Care
Todd Wolynn, MD, MMM	Executive Director	Public Good Project - Trusted Messenger Program

*Speakers indicated presented in the Pre-Symposium Webinar on November 21, 2024.



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675 N. Washington Street • Suite 220 • Alexandria, VA 22314
703-684-2600