

Measure Overview and Rationale:

Specialty Pharmacy Turnaround Time (SP-TAT)

Description

The average number of days between a specialty pharmacy receiving a new prescription for a specialty medication and the prescription being ready for pick-up or scheduled for delivery.

A lower average turnaround time indicates better performance.

Additional Information

Intended Use	Performance measurement for specialty pharmacies.
Data Sources	Dispensing system data; clinical or care management system data.
Denominator	The total number of new prescriptions for medications included in Table SP-TAT-A (please see specifications) for each specialty pharmacy.
Exclusions	Prescriptions that received a “Refill too soon” error upon adjudication.
Numerator	The sum of the turnaround times, in days, for all prescriptions included in the denominator for each specialty pharmacy.

Rationale

The use of specialty medicine has grown rapidly in recent decades, fueling parallel growth in the number of specialty pharmacies that serve patients who are prescribed specialty medications.^{1,2} Patients receiving specialty medication are often complex, high-cost, and high-need, necessitating close management from care teams, including pharmacies. Turnaround time (TAT) refers to the time between a specialty pharmacy receiving a new prescription for a specialty medication and the prescription being ready for pick-up or scheduled for delivery.

Prompt treatment initiation is important for optimal management of a variety of complex conditions, and TAT captures an essential element of this process, as patients are not able to begin treatment until their medication is available from the pharmacy. A review of recent randomized trials demonstrated the link between rapid initiation of antiretroviral drugs (including same-day start) and improved outcomes for patients with HIV, including retention, viral suppression at 12 months, and mortality; World Health Organization guidelines recommend that “rapid antiretroviral therapy initiation should be offered to all people living with HIV following a confirmed HIV diagnosis and clinical assessment,” citing high-quality evidence for adults and adolescents and low-quality evidence for children.³ A review of several studies, including multiple meta-analyses, found that early initiation of treatment in early rheumatoid arthritis with disease-modifying antirheumatic drugs, ideally within three months of symptom onset, is linked to higher remission rates and reduced joint damage and disability.⁴ For many types of cancer, recent studies have demonstrated an association between increased time to treatment initiation and worsened outcomes, including increased risk of mortality.^{5,6} Given this body of evidence, minimizing TAT is a critical goal for specialty pharmacies to reduce overall time to treatment and improve patient outcomes.

Studies also demonstrate that through best practices, specialty pharmacies can effectively reduce TAT. For example, evidence suggests that prior authorization is a frequent cause for longer turnaround time.⁷ An integrated specialty pharmacy model at Vanderbilt University Medical Center found that early integration of pharmacists into the care process, which allows them to make initial efficacy recommendations and assist with prior authorization and appeals, ultimately resulted in a 78% decrease in time to medication approval and a 68% decrease in time to medication initiation for patients with hepatitis C.⁸ Additional evidence comparing clinic-based and external specialty pharmacies found that clinic-based pharmacies had significantly shorter TAT, in part due to use of pharmacy liaisons to manage prior authorization and appeals.⁹

References

1. Kober S. The evolution of specialty pharmacy. *Biotechnol Healthc.* Jul 2008;5(2):50-1.
2. Fein AJ. *The 2018 economic report on U.S. pharmacies and pharmacy benefit managers.* 2018. February 2018. Accessed September 20, 2021. <https://drugchannelsinstitute.com/files/2018-PharmacyPBM-DCI-Overview.pdf>
3. *Guidelines for Managing Advanced HIV Disease and Rapid Initiation of Antiretroviral Therapy.* World Health Organization; 2017:19-25:chap 3, Recommendation for rapid initiation of ART. *WHO Guidelines Approved by the Guidelines Review Committee.*
4. Demoruelle MK, Deane KD. Treatment strategies in early rheumatoid arthritis and prevention of rheumatoid arthritis. *Curr Rheumatol Rep.* Oct 2012;14(5):472-80. doi:10.1007/s11926-012-0275-1
5. Khorana AA, Tullio K, Elson P, et al. Time to initial cancer treatment in the United States and association with survival over time: An observational study. *PLoS One.* 2019;14(3):e0213209. doi:10.1371/journal.pone.0213209
6. Liao DZ, Schlecht NF, Rosenblatt G, et al. Association of Delayed Time to Treatment Initiation With Overall Survival and Recurrence Among Patients With Head and Neck Squamous Cell Carcinoma in an Underserved Urban Population. *JAMA Otolaryngol Head Neck Surg.* Nov 1 2019;145(11):1001-1009. doi:10.1001/jamaoto.2019.2414
7. Duey M. Speed-to-therapy insights in specialty pharmacy. Pharmacy Times. Updated November 14, 2013. Accessed September 20, 2021. <https://www.pharmacytimes.com/view/speed-to-therapy-insights-in-specialty-pharmacy>
8. Bagwell A, Kelley T, Carver A, Lee JB, Newman B. Advancing Patient Care Through Specialty Pharmacy Services in an Academic Health System. *J Manag Care Spec Pharm.* Aug 2017;23(8):815-820. doi:10.18553/jmcp.2017.23.8.815
9. Newman B. Trellis Rx outcomes report: oral oncology medication turnaround times. August 13, 2019. Accessed September 20, 2021. <https://www.trellisrx.com/trellis-rx-outcomes-report-oral-oncology-medication-turnaround-times/>