Charting the Course: Productivity Metrics that Matter in Ambulatory Care

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Pharmacy Forward: Advancing Practice for a Healthier Tomorrow!

OPA Annual Conference & Trade Show April 9-11, 2026

OHIO PHARMACISTS ASSOCIATION

Disclosure Statement

- Jennifer Wick has no relevant financial relationship(s) with ineligible companies to disclose.
- None of the planners for this activity have relevant financial relationships with ineligible companies to disclose.

Learning Objectives

At the completion of this activity, the participant will be able to:

1. Describe the challenges in measuring clinical pharmacist productivity in ambulatory care and the limitations of traditional metrics such as billing and clinical outcomes.
2. Analyze real-world outpatient pharmacy workflows to identify opportunities for tracking meaningful productivity measures using readily available data.
3. Apply principles from The 4 Disciplines of Execution to design or improve a customized productivity dashboard for ambulatory pharmacy practice.

Why Do Metrics Matter?

- Service Planning
- Position Planning
- Consider expansion, optimization, and closure of services

Challenges in Ambulatory Care Metrics

- Lack of practice standardization
- Lack of process standardization
- Benchmarks and Goals
- Resources

Challenges in Practice Standardization

- Differing systems offer differing ambulatory pharmacy services
  - Dispensing (specialty, community, or none)
  - Population health efforts (adherence, CMS STARs, etc.)
  - Specialty areas (cardiology, primary care, oncology, etc.)
  - Financial Design (facility fee, 340B, provider billing, etc.)

Challenges in Practice Standardization

- This becomes an issue as most metrics are derived from the characteristics of your service
- Certain metrics are not helpful to an organization that does not have that component as a part of their ambulatory services
- Data is more readily available on traditional dispensing metrics, but this does not encompass every facet of a pharmacy service

Practice Impacting Metrics

Cheer Clinics

- Cheer Clinics is a health system with a single hospital, 25 clinics, and 3 specialty pharmacies
- Participates in 340B, no quality or population health contracts
- Ambulatory pharmacists see patients on site in their medication management clinic for oncology, pain management, and diabetes and send prescriptions to the in-house pharmacies for processing
- No anticoagulation clinic

Joy Clinics

- Joy Clinics is a health system with a single hospital, 25 clinics, and 2 community pharmacies (not specialty)
- Does not participate in 340B, has many quality contracts and direct RPh billing
- Ambulatory pharmacists see patients on site in existing physician offices for diabetes, hypertension, hyperlipidemia, and asthma/COPD
- 2 anticoagulation clinics

Think Pair Share

Compare and Contrast the Practices

Practice Summary

- Both example systems have dispensing practices, but differ in the kind of dispensing
- The sites differ in their specialty practice areas, with some minor overlap (diabetes)
- Financially, they pull from very different programs

Think Pair Share

How Would this Impact Metrics?

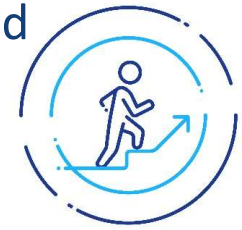
Practice Impacting Metrics Examples

Cheer Clinics

- Metrics related to Rx volume would be useful for the specialty sites and for the clinics who send those Rx
- 340B reporting data would be useful
- Adherence data would be useful
- Diabetes management clinical data would be useful

Joy Clinics

- Metrics related to Rx volume would be useful for the community sites and for the clinics who send those Rx
- Adherence data would be useful
- Diabetes management clinical data would be useful
- Thromboembolism and Time In Range data would be useful
- Provider billing statements would be useful



Lack of Process Standardization

- This creates similar issues, as even across sites with similar services, the metrics may not be the same
- Metrics may also be the same, but the impact on your practice may differ based on the process

Process Impacting Metrics

Cheer Clinics

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Think Pair Share

Compare and Contrast the Processes

Process Summary

- The example systems differ in their processes of attracting Rx from the system – one is driven through a pharmacy clinic, the other through traditional prescribing methods
- The sites differ in their process for implementing clinical pharmacists – dedicated clinic versus in existing sites
- Both systems are monitoring patient adherence, but their underlying process and reason for doing so differs

Think Pair Share

How Would this Impact Metrics?

Process Impacting Metrics Examples

Cheer Clinics

- Metrics related to the profit from each Rx the medication management clinic sends would be useful
- Adherence data for specialty Rx managed by the specialty pharmacy would be useful
- Diabetes management clinical data would be useful, but would likely have lesser impact on service expansion

Joy Clinics

- Metrics related to volume capture from internal clinics would be useful
- Adherence data for patients seeing pharmacists within the clinics under quality contracts would be useful
- Diabetes management clinical data would be useful, and would have high impact on service expansion if part of a quality contract

Benchmarks and Goals

- Not a single standard for where benchmarks or goals come from
- Clear comparators
  - CMS set STAR ratings grading health metrics like adherence and statin use
- Clinical relevance
  - A1c <9% for diabetes
  - BP <140/90 for HTN
- Some metrics, based on internal workflows, will need benchmarked against internal data
  - Historical team performance
  - Comparing staff members to each other (relative success)
  - Can be impacted by changes to records systems, operations, etc.

Resources

- Report availability in existing dispensing software or EMR
- Report writing capabilities
  - May be dedicated report writers, data team, vendor IT team, or you!
  - Skills can be learned if no one is available
- Visibility opportunities
  - Meetings to share with stakeholders may need created
  - Metrics that they want to see, not you

The 4 Disciplines of Execution

by Chris McChesney, Sean Covey, and Jim Huling

- Focus on the Wildly Important
- Act on Lead Measures
- Keep a Compelling Scoreboard
- Create a Cadence of Accountability

The Wildly Important

- Select one goal to focus on at a time
- Doing many things at once creates many things done poorly and can distract staff
- One goal may have multiple metrics, so long as they are each meaningful and not duplicative

Act on Lead Measures

- Some things cannot be measured until it is too late
- A lead measure is something you can act on now, to impact a metric that may not be available for some time
- Ex: adherence scores are real time, but often not available from insurance payors without a lag. A health system can track in real time how many adherence calls their staff complete and referral cases they receive from providers. These actions impact adherence scores, so can be used to gauge how an adherence program is doing

Compelling Scoreboard

- A visual scorecard to track where progress is ensures engagement from those contributing to the goal
- People like to see that they are making an impact
- Helps keep everyone motivated, and focused on the right tasks

Cadence of Accountability

- Regular meetings to hold others accountable for the progress of their measures and contributions to the goal
- Reinforces commitment and appropriateness of the goal as well as the lead measures seen on your scoreboard
- Opportunity for feedback if a measure or goal is not working
  - Ensure enough time has elapsed to properly evaluate measures and goals

Where Do I Start?

- Define your process and goal
  - Who does the work you want to measure?
  - What do they do each day? What is my goal with this data?
  - How is that work measurable?
  - When is a meaningful time period?
  - Why is this data useful to our goals?
- Conduct quality review on specific meaningful metrics
  - Ask others for feedback after presenting a tentative answer to these questions
  - After initial data is available, did it accomplish the goal

Real Life Example

- The Christ Hospital Health Network is a 2-hospital health system with over 200 physician offices and 1 community pharmacy (located in main hospital site)
- There were 7 primary care pharmacist practicing in 40 existing primary care offices, managing a variety of disease states under consult agreements (diabetes, HTN, HLD, etc.) and responsible for medication related quality contract metrics (adherence, statin use, etc.)
- Pharmacists use a combination of in person visits, telephone outreach, and electronic programs/messages to reach patients and providers

Real Life Example – Group Discussion

- Who does the work you want to measure?
- What do they do each day? What is my goal with this data?
- How is that work measurable?
- When is a meaningful time period?
- Why is this data useful to our goals?

Real Life Example

- Who does the work you want to measure?
  - The pharmacists
- What do they do each day? What is my goal with this data?
  - See patients for consult agreements, contact patients regarding quality metrics
  - We want to show that the pharmacists see a significant volume of patients, improve quality metrics, and improve disease state control to justify expansion
- How is that work measurable?
  - Adherence rates, statin use rates, diabetes control rates, number of visits, number of adherence calls
- When is a meaningful time period?
  - Calendar year as most plan metrics are measured in this time frame
- Why is this data useful to our goals?
  - Showing our success and reach helps justify expansion to other specialties
  - Showing our success and reach helps ensure consistency among staff

Real Life Example – Group Discussion

Name Some Potential Metrics

Real Life Example

- Monitoring was broken down into 3 types:
  - Volume Data
    - Number of Visits
    - Number of NonVisit Outreaches
    - Number of Adherence Program Enrollments
    - Number of Staff Messages from Other Departments/Providers
  - Payor Metric Data
    - Adherence Metrics
    - Statin Metrics
  - Clinical Outcome Data
    - Diabetes A1c Control
    - Visits with a Pharmacist to Achieve Control

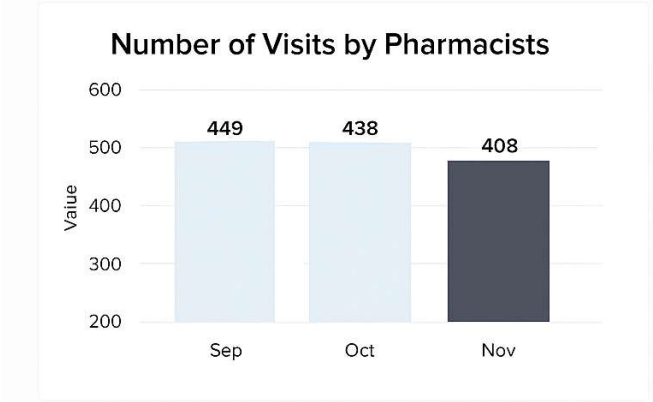
Real Life Example Data Packet

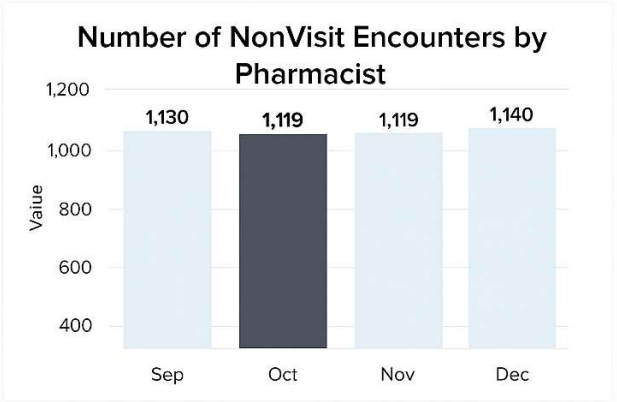
Payor	Measured	# Measures	Performance
Payor A	Med Adherence Statin Use	3 2	DM, HTN, Statin all 4 stars SUPD and SPC 4 stars
Payor B	Med Adherence Statin Use		Updated stars data not provided by payor in time for presentation
Payor C	Med Adherence Statin Use	3 2	DM, HTN 5 stars, Statin 4 stars SUPD 3 star, SPC 5 star

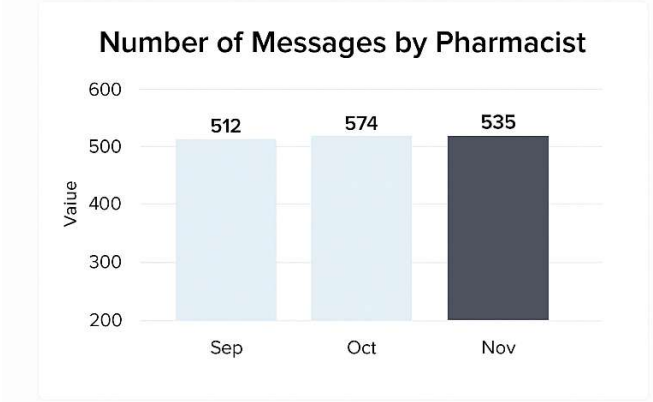
Real Life Example Data Packet

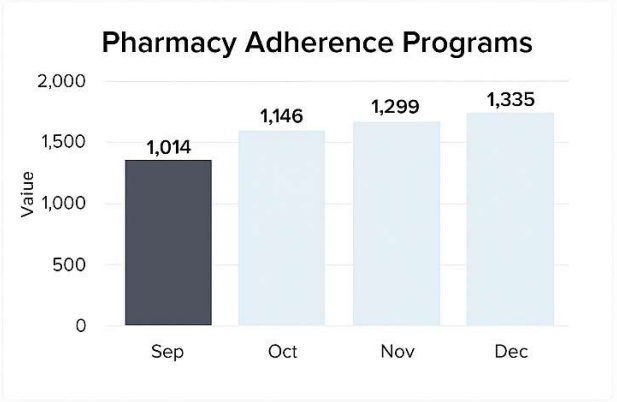
- Q1-Q2 2025 Pharmacy Impact reporting now available
  - Enhanced dashboard in Epic
- Composite Interventions: 13,173
  - Visits: 2528
  - Adherence Outreach: 1353
  - Messages: 3167
  - NonVisit Encounters: 6125

Real Life Example Data Packet









Real Life Example Data Packet

- Average A1c Before Pharmacist Visit for All Patients – 8.74%
- Average A1c After **at least 1** Pharmacist Visit – 7.92%
- Average Number of Pharmacist Visits to Reach A1c Control – 2.38 visits
- Average A1c Before Pharmacist Treatment for Chronic Patients (at least 2 completed visits) – 10.21%
- Average A1c After Pharmacist Treatment for Chronic Patients – 8.19%

Visibility and Accountability

- This is shared at quarterly network quality meeting, all quarterly payor touchpoints, quarterly staff one on ones, and monthly internal staff meetings
  - Data is also available as a visual dashboard to staff
- Data can be broken out by staff member to ensure workload is equally dispersed and to assist staff with yearly goal accountability

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Need More Information?

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