urac®
30 Years of Setting the Standard in Health Care

2023

SPECIALTY PHARMACY PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

February 2024

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EXECUTIVE SUMMARY

400
Reporting Organizations

43M+
Specialty Prescriptions Dispensed

Performance Highlights

- There was a 4% increase in the number of reporting organizations but a 10% decrease in the specialty prescription dispensed volume
- There was a 96% reporting response rate for specialty pharmacy organizations
- There was a significant improvement with call abandonment performance (from 4.23% to 2.73%)
- Most dispensing errors continued to be due to incorrect quantity or incorrect instructions
- The leading cause of errors in distribution was prescriptions dispensed with correct patient address but delivered to the wrong address

Turnaround Time

~ 6.22 days
To fill a prescription

Call Abandonment Rate

2.73%
Of calls abandoned

Dispensing Accuracy

99.98%
Of prescriptions *dispensed* with no errors

Distribution Accuracy

99.88%
Of prescriptions *distributed* with no errors

Presented in this report are the 2022 measurement year (2023 reporting year) results based on URAC's Specialty Pharmacy Accreditation program performance measures.

URAC includes performance measures in multiple accreditation programs to align and harmonize with national priorities for healthcare quality and delivery improvement. Our priority of consumer protection and empowerment drives our measurement efforts on outcome measures, composite measures, and flexible measures collection. With the emphasis of the ACA on affordable, quality health care and access, it is imperative that performance measurement programs are in place to ensure that savings from cost cutting efforts in health care are not at the expense of the quality of care delivered to patients. The information provided by measures of performance can help stakeholders monitor the quality and accessibility of care across the nation.

Performance measurement for the 2023 reporting year aligns with Phase 2 of URAC's measurement process where mandatory performance measures are subject to an external data validation process. The data validation program identifies areas of opportunity for improvement and ensures ongoing compliance conformity to program standards. By requiring organizations to submit audited performance measures annually, URAC ensures accurate and reliable data for organization-to-organization comparisons. These audited performance measure results become publicly available via aggregated, de-identified reports.

Organizations are required to report data for services covered under the scope of each accreditation. There are 4 mandatory measures and the option to report data for 2 exploratory measures. Results are reported to URAC separately for each accreditation.

Below is the list of measures for 2023 reporting.

MANDATORY MEASURES

1. Call Center Performance© (DTM2010-04)
2. Dispensing Accuracy© (MP2012-06)
3. Distribution Accuracy© (MP2012-07)
4. Turnaround Time for Prescriptions© (MP2012- 08)

EXPLORATORY MEASURES

1. Complaint Response Timeliness© (PH2021-01)
2. Overall Consumer Satisfaction© (PH2021-02)

DATA VALIDATION PROCEDURES

Data validation vendors (DVV) identified any materially inaccurate submissions. Additionally, Kiser Healthcare Solutions, LLC corrected for any data entry and duplicate submission errors based on manual data review and cleaning, documented at the end of this report.

Kiser Healthcare Solutions executed standard procedures for data cleaning and validation prior to finalizing the results presented in this report. All organizations' measure submissions were reviewed for measure component quality. For example, numerators and denominators were checked against rates to ensure accuracy. Also, minimum, mean, median, and maximum rates were benchmarked nationally and regionally to ensure accuracy and to identify potential issues at an individual submission level.

Basic guidelines for identifying valid submissions:

- Measure denominator is greater than zero
- DVV has not deemed the measure submission as materially inaccurate
- Organization has stated it is submitting the measure

Basic guidelines for aggregate rates:

- Measure denominator is greater than or equal to 30
- DVV has not deemed the measure submission as materially inaccurate
- Organization has stated it is submitting the measure
- Minimum of 5 reporting organizations

RESULTS IN AGGREGATE

A total of 400 URAC-accredited Specialty Pharmacy organizations reported 2022 measurement year data for the 2023 reporting year. The total number of specialty prescriptions dispensed across all specialty organizations was 43,772,751 with the number of specialty prescriptions dispensed ranging from 32 to 13,187,601. Most organizations reported dispensing less than 100,000 specialty prescriptions, with one-half of organizations dispensing less than 16,000 specialty prescriptions **(Figure 1)**. The South represented the largest number of organizations, and the West represented the least **(Figure 2)**. More than one-quarter of organizations represented all four regions.

Around half of the organizations (n=182) reported dispensing at least 99% specialty drugs, however, not all reporting organizations dispensed mainly specialty drugs. The most common type of specialty drug dispensed was for Rheumatoid Arthritis, followed by Hepatitis **(Figure 3)**. The most common type of "Other" specialty drug dispensed was for Pulmonary, followed by Hematology **(Figure 4)**.

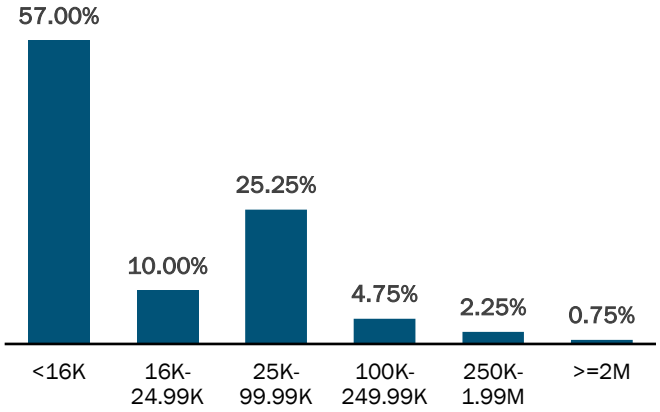


Figure 1. Reporting by Program Tier Size

# of prescriptions dispensed per organization (n=400)

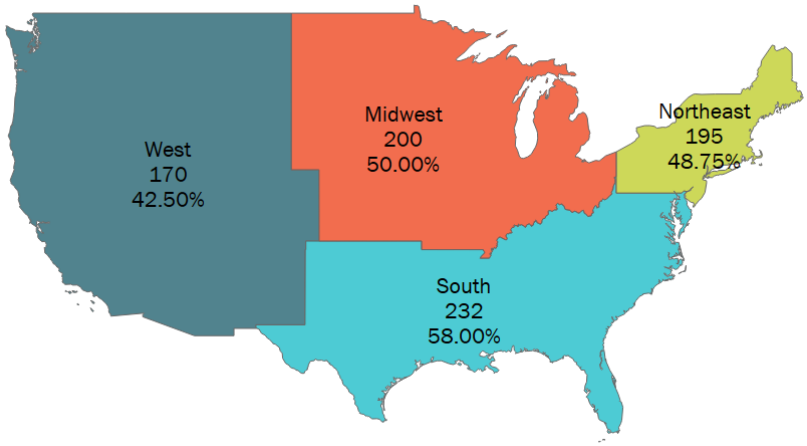


Figure 2. Regional Areas Served

% of reporting organizations by region (n=400)

Note: Multiple responses accepted.

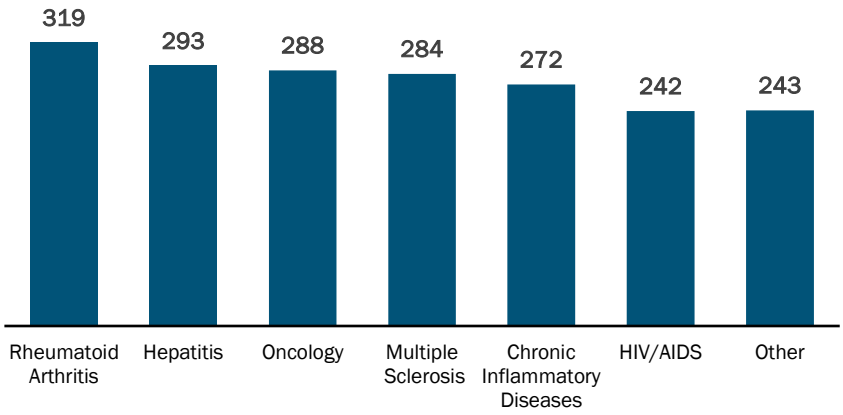


Figure 3. Types of Drugs Dispensed

Note: Multiple responses accepted.

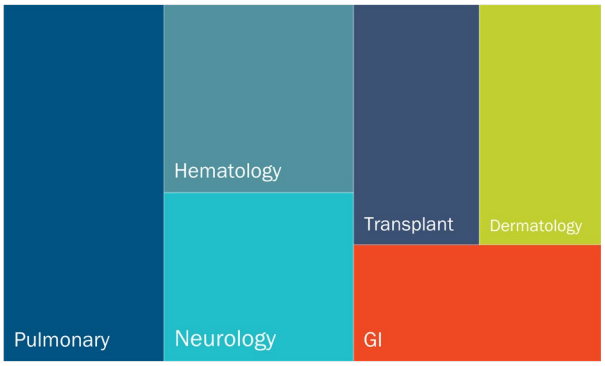


Figure 4. Top Drug Types Defined as "Other"

Note: Multiple responses accepted.

Pharmacy Composition

In the 2023 reporting year, URAC requested that pharmacies self-identify their pharmacy type for future analysis. Most pharmacies reported themselves as independent or university/ hospital health system organizations. One fourth of the organizations who reported "Other" indicated themselves as a Specialty Pharmacy, which does not identify the pharmacy further. The remaining responses in this category included types such as FQHC Community Health System and Medically Integrated Clinic. While organizations identified as Large Chain represented around 3% of the reporting organizations, they accounted for more than 38% of the dispensing volume **(Figure 5)**.

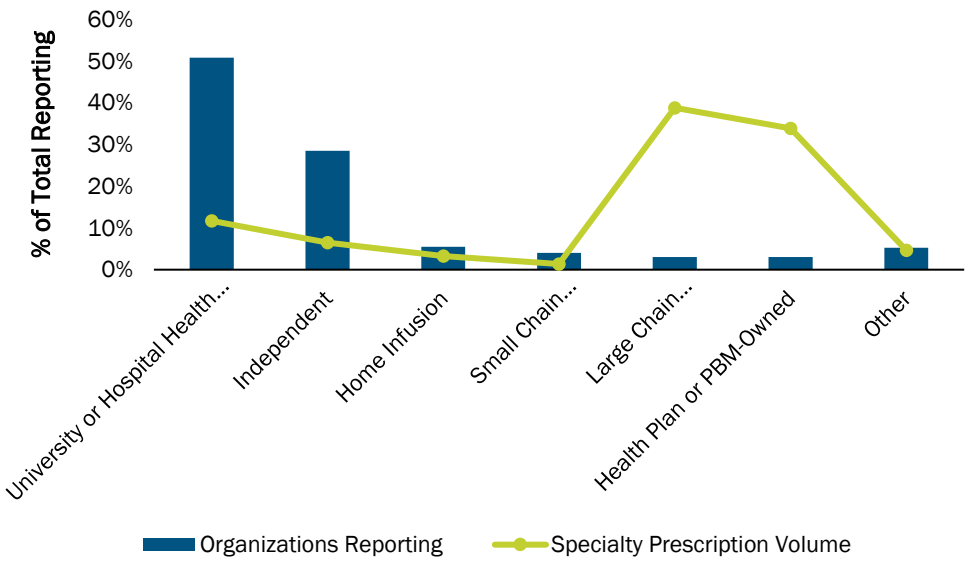


Figure 5. Pharmacy Composition

% of reporting organizations (n=400)

Documented Clinical Interventions

Reporting on documented clinical interventions was first introduced during the 2021 measure reporting year. Organizations were asked to report the number of clinical interventions tracked within their organization in each of the following categories: Drug Utilization, Mental Health, Pain, and Other. More than half of organizations (63.25%, n=253) reported clinical interventions of any type. The total number of documented clinical interventions reported was 5,516,346, split across four clinical intervention types. Most clinical interventions pertained to Drug Utilization (90%), while Mental Health and Pain accounted for less than 1% of interventions. Health Plan or PBM owned specialty pharmacy types represented the greatest percentage of total interventions **(Figure 6)**.

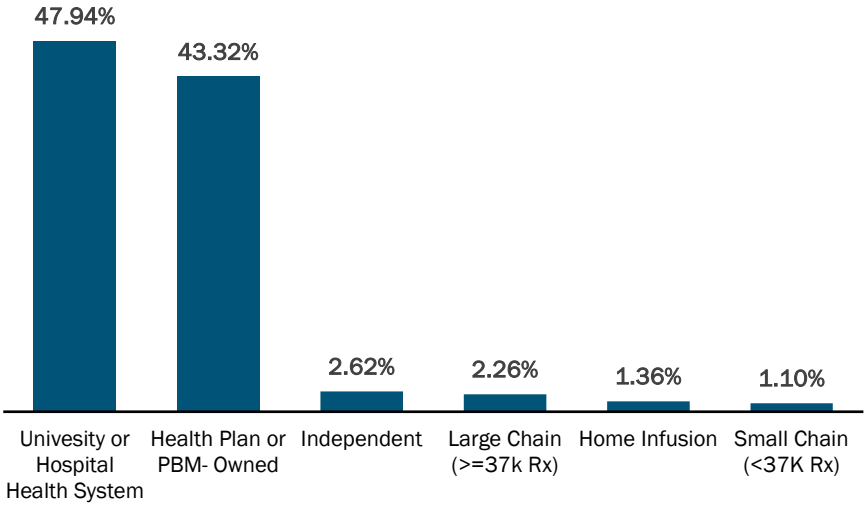


Figure 6. Documented Clinical Interventions by Pharmacy Type

% of reporting organizations (n=253)

CALL CENTER PERFORMANCE (DTM2010-04)

Measure Description

This *mandatory* measure has two parts:

- Part A evaluates the percentage of calls during normal business hours to the organization's call service center(s) during the measurement period that were answered by a live voice within 30 seconds.
- Part B evaluates the percentage of calls made during normal business hours to the organization's call service center(s) during the reporting year that were abandoned by callers before being answered by a live customer service representative.

For Part A, a higher rate represents better performance. **For Part B, a lower rate represents better performance**.

There is no stratification for this measure; results are reported across all populations.

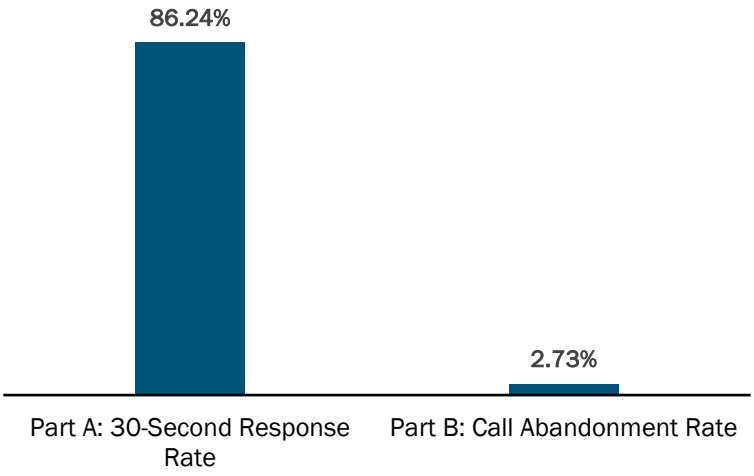


Figure 7. Call Center Performance Aggregate Summary Rates

Summary of Findings

Based on 385 submissions, there were 381 valid data submissions that reported both parts A and B of this measure. Two organizations reported 100% (all calls answered within 30 seconds) for Part A and the lowest performer answered 3.5% of calls within 30 seconds. More than half of reporting pharmacies indicated a call abandonment rate less than 3% with three pharmacies reporting 0% (no calls abandoned) for Part B.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
30-Second Response Rate	47,543,138	55,128,387	86.24%	87.52%	382
Call Abandonment Rate	1,510,530	55,391,526	2.73%	3.62%	384

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
30-Second Response Rate	3.47%	75.41%	83.32%	90.99%	95.77%	97.84%	100%
Call Abandonment Rate	42.06%	7.73%	4.07%	2.53%	1.53%	0.74%	0%

DISPENSING ACCURACY (MP2012-06)

Measure Description

This *mandatory* six-part measure and composite roll-up assesses the percentage of prescriptions that the organization dispensed inaccurately. Measure parts include:

- Part A: Incorrect Drug and/or Product Dispensed
- Part B: Incorrect Recipient
- Part C: Incorrect Strength
- Part D: Incorrect Dosage Form
- Part E: Incorrect Instructions
- Part F: Incorrect Quantity

For all parts, a lower rate represents better performance.

Each part of this measure is calculated at the individual prescription level, not at the order level (i.e., if an order contains three prescriptions, those three prescriptions are each counted separately in each denominator).

There is no stratification for this measure; results are reported aggregated across all populations.

Dispensing Error Rate

0.01468%
All Error Composite

14.7 errors
Per 100k Prescriptions Dispensed

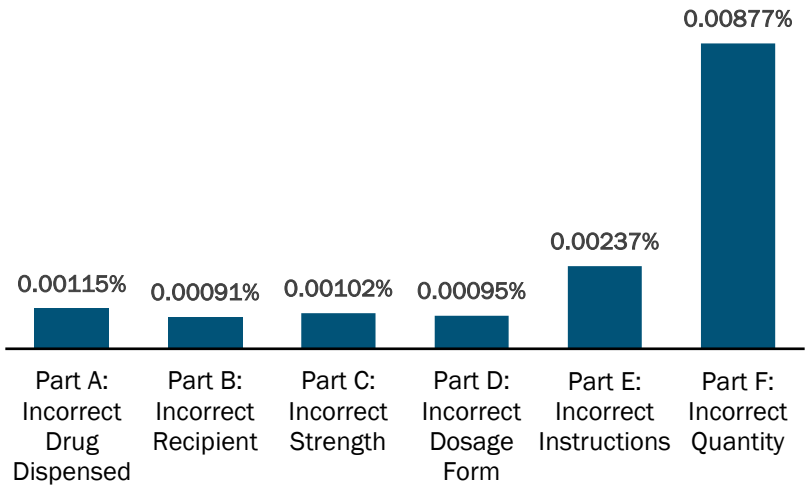


Figure 8. Dispensing Error Types
Aggregate Summary Rates per dispensing error sub-part

** Most dispensing errors are due to incorrect quantity & incorrect instructions.*

Summary of Findings

Based on the data submitted for over 49.6 million specialty prescriptions, the average number of drug dispensing errors was 14.7 per 100,000 prescriptions dispensed (99.98% of prescriptions dispensed with zero errors). The highest performing pharmacies reported zero dispensing errors. Conversely, the lowest performing pharmacy reported 769 drug dispensing defects per 100,000 with the leading cause of errors in dispensing accuracy reported as being due to incorrect quantity dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
7,279	49,574,894	0.01468%	0.03623%	399

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.76923%	0.08104%	0.04971%	0.02054%	0.00245%	0%	0%

Part A: Incorrect Drug Dispensed

Based on the 399 submissions received, the average number of incorrect drugs dispensed was 1.1 per 100,000 prescriptions dispensed (a 15% improvement compared to prior year). Two-thirds of pharmacies (n=259) reported zero errors due to incorrect drug, while the lowest performing pharmacy in this sub-measure reported 411 incorrect drugs dispensed per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
572	49,574,894	0.00115%	0.00362%	399

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.16978%	0.00715%	0.00106%	0%	0%	0%	0%

Part B: Incorrect Recipient

Incorrect recipient accounts for the lowest number of dispensing errors. Of the 399 submissions, there were 286 valid data submissions that reported zero errors due to incorrect recipient. The lowest performing pharmacy reported 125 drugs dispensed to incorrect recipient per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
453	49,574,894	0.00091%	0.00363%	399

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.12555%	0.01194%	0.00136%	0%	0%	0%	0%

Part C: Incorrect Strength

Of the total valid submissions, about two-thirds of pharmacies (n=279) reported zero errors due to incorrect strength. The lowest performer reported 90 prescriptions dispensed with incorrect strength per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
395	38,606,723	0.00102%	0.00333%	399

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.09066%	0.01030%	0.00143%	0%	0%	0%	0%

Part D: Incorrect Dosage Form

About two-thirds of valid data submissions (n=298) reported zero dispensing errors due to the incorrect dosage form being dispensed. The lowest performer reported 47 incorrect dosage forms dispensed per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
366	38,606,723	0.00095%	0.00211%	399

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.04717%	0.00673%	0.00009%	0%	0%	0%	0%

Part E: Incorrect Instructions

Prescriptions dispensed with incorrect instructions were the second most common cause of dispensing errors, after incorrect quantity, with an average of 2.37 errors per 100,000 prescriptions. More than half of pharmacies (n=233) reported zero errors in dispensing due to incorrect instructions. The lowest performing pharmacy reported 598 drugs dispensed with incorrect patient instructions per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
1,177	49,574,894	0.00237%	0.00635%	399

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.59829%	0.01560%	0.00537%	0%	0%	0%	0.59829%

Part F: Incorrect Quantity

Results showed that there were more than four times as many incidences of prescriptions dispensed with the incorrect quantity than any other error type. More than one-third of pharmacies (n=161) reported zero errors due to incorrect quantity dispensed, while the lowest performing pharmacy reported 512 drugs dispensed with incorrect quantity per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
4,350	49,574,894	0.00877%	0.01785%	399

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.51282%	0.04696%	0.02294%	0.00515%	0%	0%	0%

DISTRIBUTION ACCURACY (MP2012-07)

Measure Description

This *mandatory* two-part measure and composite assesses the percentage of prescriptions delivered to the wrong recipient.

- Part A assesses the percentage of prescriptions mailed with an incorrect address.
- Part B assesses the percentage of prescriptions mailed with a correct address that were not delivered to the correct location.

For all parts, a lower rate represents better performance.

Each part of this measure is calculated at the individual prescription level, not at the order level (i.e., if an order contains three prescriptions, those three prescriptions are each counted separately in each denominator).

There is no stratification for this measure, results are reported aggregated across all populations.

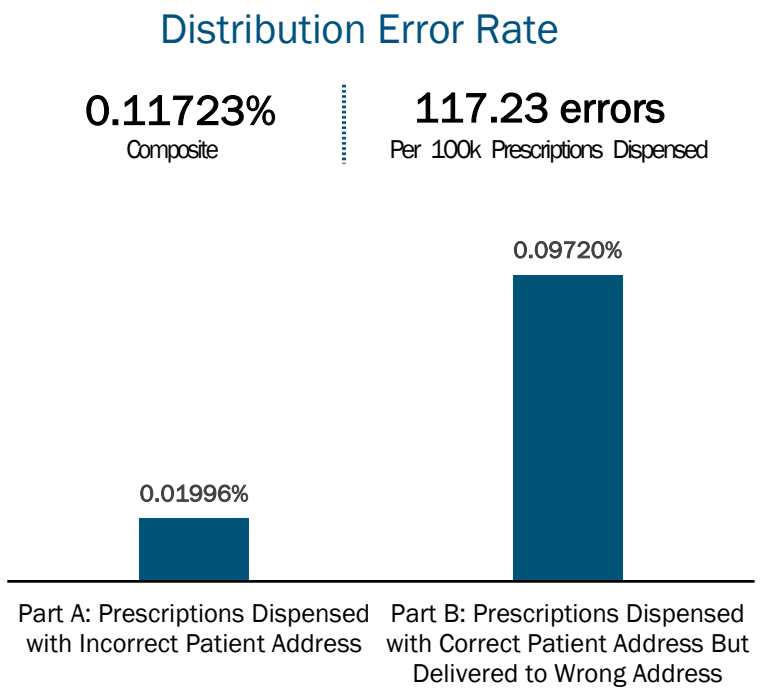


Figure 9. Distribution Error Types
Aggregate Summary Rates per distribution error sub-part

**Most distribution errors are due to prescriptions being dispensed with the incorrect patient address.*

Summary of Findings

A total of 399 organizations reported valid distribution accuracy results for each measure sub-part. Results showed that pharmacies had approximately eight times as many errors in the distribution of a prescription than in dispensing. The highest performing pharmacies had zero distribution errors. Conversely, pharmacies in the 10th percentile reported over 113 distribution defects per 100,000 prescriptions dispensed. The lowest performing pharmacy reported 432 distribution defects per 100,000 prescriptions dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
58,025	49,497,996	0.11723%	0.04320%	399

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.43248%	0.11345%	0.05332%	0.02442%	0.00531%	0%	0%

Part A: Prescriptions Dispensed with Incorrect Patient Address

Distribution errors caused by a prescription being dispensed with the incorrect address were five times less prevalent than errors in the delivery of the prescription (Part B). Of the 399 submissions, approximately one-third (n=131) reported zero errors attributed to an incorrect patient address. The lowest performing organization reported 315 incorrect patient addresses per 100,000 prescriptions dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
9,881	49,497,996	0.01996%	0.02359%	399

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.31579%	0.06199%	0.02887%	0.00938%	0%	0%	0%

Part B: Prescriptions Dispensed with Correct Patient Address but Delivered to Wrong Location

Pharmacies performing in the top 25th percentile (n=150) for this sub-measure reported zero errors due to prescriptions dispensed with the correct patient address being delivered to the wrong location. In contrast, the lowest performer reported 296 prescriptions delivered to the wrong location per 100,000 dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
48,113	49,497,996	0.09720%	0.01947%	399

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.29658%	0.05736%	0.02398%	0.00656%	0%	0%	0%

TURNAROUND TIME FOR PRESCRIPTIONS (MP2012-08)

Measure Description

This *mandatory* three-part measure assesses the average speed with which the organization fills prescriptions.

- Part A measures prescription turnaround time for clean prescriptions
- Part B measures prescription turnaround time for prescriptions that required intervention
- Part C measures prescription turnaround time for all prescriptions

For all parts, a lower rate represents better performance.

Parts A and B of this measure are mutually exclusive; if a prescription requires an intervention, it is counted in Part B; when it becomes clean, it is not counted again in Part A. The unit of analysis in this measure is individual prescriptions, not orders (which may include multiple prescriptions).

There is no stratification for this measure, results are reported across all populations.

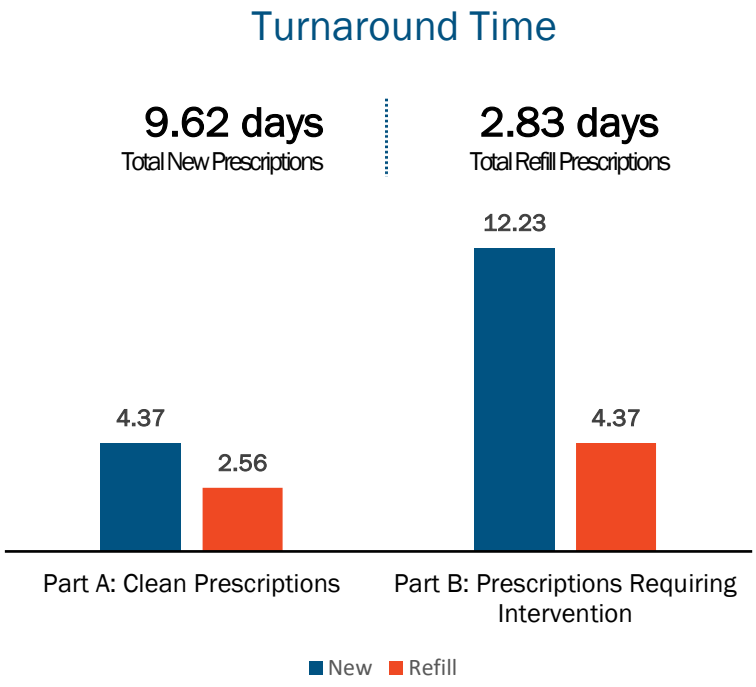


Figure 10. Turnaround Time Aggregate Summary Rates

Summary of Findings

There were 365 pharmacies that reported URAC's turnaround time measure with 266 organizations submitting valid data for all parts of the measure. Based on the data submitted, the average total time to fill specialty pharmacy prescriptions was 6.22 business days. Results indicate that refill prescriptions were filled more quickly, with specialty pharmacies taking more than three times as many days to fill a new prescription compared to refills. Pharmacies with the fastest turnaround time filled a prescription in one business day, while one-quarter of pharmacies took more than five days.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part C1: All Prescriptions - New	150,989,709	15,695,146	9.62	4.31	361
Part C2: All Prescriptions - Refill	84,246,315	29,800,970	2.83	2.54	363

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part C1: All Prescriptions - New	25.88	9.89	5.02	2.79	1.89	1.32	0.29
Part C2: All Prescriptions - Refill	12.62	4.51	3.09	2.12	1.38	1.08	0.37

Part A: Clean Prescriptions

Several pharmacies were able to fill prescriptions in one business day, however most reporting pharmacies required more than two days to turnaround new, clean prescriptions.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A1: Clean Prescriptions - New	22,753,513	5,207,909	4.37	3.58	325
Part A2: Clean Prescriptions - Refill	64,929,829	25,349,767	2.56	2.43	344

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A1: Clean Prescriptions - New	28.40	7.79	3.99	2.44	1.56	1.16	0.35
Part A2: Clean Prescriptions - Refill	22.89	4.13	2.96	1.91	1.28	1.02	0.37

Part B: Prescriptions Requiring Intervention

Based on the data submitted, the average time to fill all prescriptions requiring interventions was approximately 8 days, with less than 35% of submissions requiring more than five days to fill. Compared to last year, there was an almost 20% increase in the number of days to fill a new prescription requiring intervention.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part B1: Prescriptions Requiring Intervention - New	127,846,936	10,449,396	12.23	5.51	325
Part B2: Prescriptions Requiring Intervention - Refill	19,062,463	4,361,146	4.37	3.42	292

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part B1: Prescriptions Requiring Intervention - New	37.10	12.24	6.93	3.84	2.43	1.53	0.24
Part B2: Prescriptions Requiring Intervention - Refill	15.59	6.28	4.27	2.85	1.68	1.15	0.36

COMPLAINT RESPONSE TIMELINESS (PH2021-01)

Measure Description

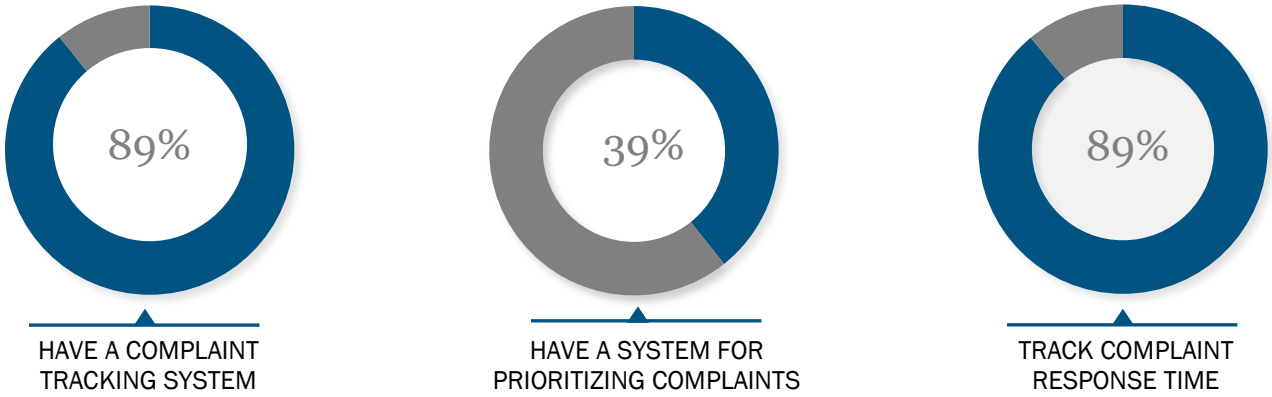
This *exploratory* two-part measure assesses the following:

- Part A assesses the percentage of consumer complaints to the case management program to which the organization responded within the time frame that the program has established for complaint response.
- Part B assesses the average time, in business days, for complaint response.

A lower rate represents better performance for Part B. Responses with a denominator of less than 30 complaints are included given ideal performance is fewer complaints.

Summary of Findings

A total of 56 organizations submitted data for this measure. While most organizations reported having a system for tracking complaints less than half of those pharmacies are able to prioritize complaints. Approximately 90% of the reporting organizations indicated that complaint response time is tracked. Additionally, 20% (n=11) of pharmacies reported no complaints received in the collection year.



Part A: Percentage of Complaints Responded to Within Program-Specified Timeframe

There were 45 organizations that submitted valid data for this measure and 99.30% of complaints were addressed within the program-specified timeframe. Once received, complaints were responded to within 2 business days (1.4 days).

Part B: Average Time for Complaint Response

Based on the data submitted, the target number of days for complaint response established by each organization ranged between one and thirty business days. The most frequently reported goal timeframe was five business days, however the actual time for complaint response was 1.4 business days.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: Complaint Response Within Program Timeframe	991	998	99.30%	99.28%	45
Part B: Aggregate Summary Time for Complaint Response (Days)	1,373	983	1.40	2.62	44

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: Complaint Response Within Program Timeframe	97.58%	98.94%	100%	100%	100%	100%	100%
Part B: Aggregate Summary Time for Complaint Response (Days)	1.76	1.65	1.46	1.27	1.00	0.02	0.02

OVERALL CONSUMER SATISFACTION (PH2021-02)

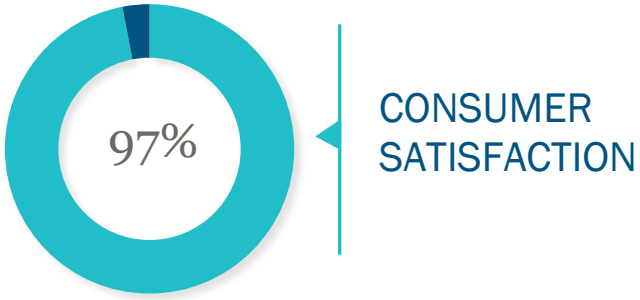
Measure Description

This *exploratory* measure assesses percentage of program participants who completed a consumer satisfaction survey and reported that they were "satisfied" overall with the pharmacy program during the measurement period.

There is no stratification for this measure, results are reported across all populations.

Summary of Findings

Of the 51 organizations that submitted data for this measure, 41 organizations submitted valid data for both measure sub-parts. **Based on the data submitted, overall consumer satisfaction was 96.92%, with a survey response rate of 10.94%.** Most pharmacy organizations (71% of respondents) reported the use of internally developed surveys for consumer satisfaction **(Figure 11)** with surveys being mostly administered by mail and online **(Figure 12)**.



Survey Methodology

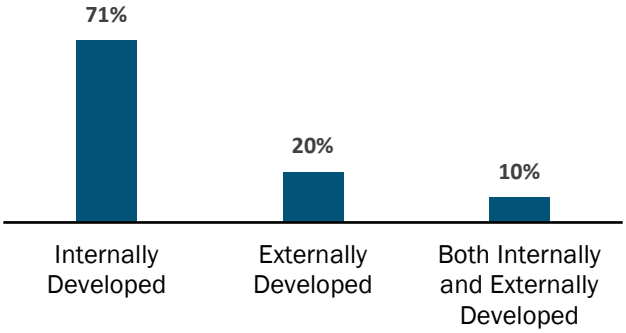


Figure 11. Development of Survey

% of reporting organizations (n=51)

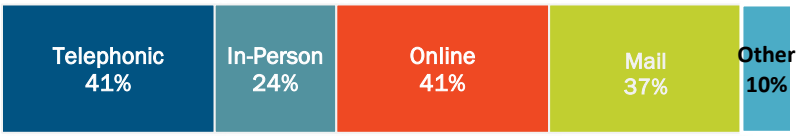


Figure 12. Survey Administration Method

% of total responses received (n=78)

Note: Multiple responses accepted per organization.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Overall Consumer Satisfaction	19,840	20,471	96.92%	97.18%	41
Survey Response Rate	18,655	170,543	10.94%	52.31%	48

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Overall Consumer Satisfaction	83.86%	92.65%	96.43%	98.53%	100%	100%	100%
Survey Response Rate	0.40%	4.95%	16.31%	44.33%	100%	100%	100%