



The Impact of Specialty Pharmacy on Clinician Allocation

MAXIMIZING PATIENT CARE TIME AND
REDUCING ADMINISTRATIVE BURDEN

KEY CONCEPTS

- Hospitals and health systems are grappling with both intense staffing challenges and margin pressure, and will continue to feel squeezed by reimbursement constraints.
- Burnout and inefficiency are exacerbated when nurses, physicians, and other clinicians are overburdened with prior authorizations (PA) and other administrative responsibilities.
- By integrating the Shields Health Solutions specialty pharmacy care model, hospitals and health systems can minimize the time spent by physicians and nursing staff to complete administrative tasks that are associated with starting patients on specialty medications, enabling clinicians to focus on delivering patient care.

INTRODUCTION

Hospitals and health systems are experiencing a workforce crisis. The burden of prior authorizations (PAs) and other administrative tasks adds to stress, reduced clinician satisfaction, and the risk of burnout.^{1,2} Given the ongoing financial challenges in healthcare, the fact that these activities are non-reimbursable is an added stressor on the system.

An integrated specialty pharmacy solution can help optimize clinician utilization by shifting time-consuming administrative tasks away from nurses and physicians to skilled, specialized pharmacists and clinical support staff.

A HEALTHCARE WORKFORCE IN CRISIS

Burnout, stress, retirements and other factors have led to a healthcare workforce crisis, exacerbated by COVID-19. The industry has seen a wave of staffing departures from physicians, nurses, and other frontline workers, and the new talent pipeline is less robust than it once was.³ In a 2023 survey, hospital CEOs ranked workforce issues as their number one concern, edging out financial challenges for the top spot.⁴

Almost every health system has stories of filling gaps with double shifts and traveling contract nurses. In 2023, McKinsey estimated a shortage of somewhere between 200,000 and 450,000 nurses available for direct patient care.⁵ The U.S. Department of Labor projects that the nation will need an additional 276,700 registered nurses by the year 2030.⁶

A major source of burnout and overall inefficiency is the burden of administrative tasks, including the PA process. Nurses are not alone in this; a 2023 Medscape survey found that 53% of physicians consider themselves burned out, up from 42% in the 2018 report, with the top reason cited, by far, being “too many bureaucratic tasks.”²



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ADDRESSING DISRUPTIONS IN CARE: THE IMPACT OF PRIOR AUTHORIZATION

According to the American Medical Association (AMA), 35% of physicians have dedicated PA staff, yet for many sites, this is not feasible.⁷ Consequently, many administrative tasks fall on the shoulders of anyone available to complete them — often nurses. Given that physicians surveyed estimate the number of PAs completed by themselves and their staff is, on average, 45 per week,⁷ this is a recipe for burnout and inefficiency. The same survey indicates that the time spent per week averages 14 hours, equivalent to nearly 40% of one full time equivalent (FTE) employee. Clinicians with patient care expertise, whether physicians, nurses, or others, are not utilized optimally when their time and attention are directed away from patient care. As they take on extra administrative work, burnout and inefficiency are exacerbated, and care delivery may suffer.



45

PAs Completed
Per Week

Average number of prior
authorizations completed
by physicians and their staff.⁷

Additionally, 94% of physicians note PAs frequently slow down access to care.⁷ While some PAs are straightforward, those for novel or specialty drugs can be time-consuming. In a study of one dermatology department, processing a PA for omalizumab — a biologic medication for severe asthma — occupied 148 minutes from start to finish. The study calculated that the administrative cost involved with the medication was greater than the Medicare reimbursement for the clinic visit associated with the prescription.⁸ PA tasks themselves are not reimbursable and are plagued by unpredictability, like changes to drug formularies and step therapy guidelines, as well as inappropriate denials.

Hospitals and health systems are exploring strategies to deploy clinicians efficiently without compromising care or employee satisfaction. Technological solutions like artificial intelligence (AI) or secure text messaging platforms can expedite the PA process, but these changes take time and come with added risk.

HOW A HEALTH SYSTEM SPECIALTY PHARMACY MODEL CAN HELP

The impact of inefficiencies on patient care can be particularly troubling in a setting where specialty medications are often prescribed. At Shields Health Solutions, experience has shown that these impacts can include:

1

Operational workflow
obstructions that result
in wastefulness and
fragmentation

2

Reduced system ability
to deliver high-quality,
connected patient care

3

Delays in time
to therapy

4

Clinician and
patient confusion

Integrated health system specialty pharmacy (HSSP) programs have demonstrated an ability to deliver leading clinical outcomes and significantly [lower the total cost of care](#) for patients while generating new revenue streams for health systems. Through its own high-touch clinical care model, Shields has found that integrating specialty pharmacy into care management strategies helps address the negative impacts of high administrative burden in specialty clinics.

Health system-based clinical pharmacists are also uniquely positioned to identify and address [social determinants of health \(SDOH\)](#), or the non-medical factors that impact patients' health outcomes and equity. SDOH factors are deeply tied into medication use and outcomes, and the integration of a trusted clinical pharmacist in the screening and referrals for SDOH can ease the burden on other healthcare team members.

THE SHIELDS IMPACT ON REDUCING ADMINISTRATIVE BURDEN

Shields provides hospital and health system partners with a proven, integrated specialty pharmacy approach, laser-focused on patient care. Its flexible model caters to the unique needs of each health system, enabling seamless integration of Shields clinical pharmacists to alleviate the administrative burdens associated with specialty pharmacy prescriptions. This reallocation of resources enables nurses to dedicate more time to clinical duties, allowing them to practice at the top of their license.

Moreover, the turnkey Shields solution streamlines the process of starting patients on specialty medications (PAs, FAs, BI, refill authorization, and more), transferring administrative tasks to highly trained, disease-state specific clinical pharmacists and pharmacy liaisons. Working side-by-side with hospital and pharmacy staff — and placing the patient at the center of a multi-disciplinary care team — the Shields Care Model allows for coordinated care, centralized access to providers and medical information, and improved communication for both the patient and provider. This efficiency not only saves clinics time but has also demonstrated an **average time to therapy (TTT) of 2 days** and enhanced patient satisfaction, evidenced by our network-wide average **Net Promoter Score (NPS) of 82.9**.

The Shields Care Model improves a range of additional metrics surrounding PA. In a study of the impact of an ambulatory clinical pharmacist embedded into an integrated care workflow within a rheumatology clinic, the PA turnaround time fell from an average of 3.4 days prior to integration to 1.5 days after, and 100% of providers surveyed were satisfied with the services.⁹ In a study of pharmacist impact on coverage outcomes in oncology, the PA approval rate rose from 71.1% to 84.3% after integration of an embedded clinical pharmacist, and the appeal approval rate rose from 50% to 72%.¹⁰

From an operational standpoint, Shields has a flexible HSSP staffing model that is optimized based on staff and patient needs. Clinical pharmacists' support can be flexed depending on patient volume, allowing for fractional FTE support and avoiding overstaffing or understaffing. This support is accretive or supplemental; Shields does not replace a health system's own specialty pharmacy employees.

Underpinning the Shields Care Model is TelemetryRx®, Shields' proprietary technology platform purpose-built to solve the problem of disconnected specialty pharmacy care workflows. The system identifies, engages, and enrolls patients throughout the specialty pharmacy continuum, creating a seamless solution for everything from benefits investigations to adherence monitoring and providing advanced analytics for care teams. TelemetryRx's end-to-end, workflow automation software delivers better outcomes for patients by leveraging technology to remove administrative barriers, prevent drug interactions, and suggest clinical interventions that may help decrease costs and unnecessary readmissions.



THE POWERFUL ROLE OF PHARMACISTS IN CLINICAL INTERVENTIONS

In the Shields Care Model, trained and certified clinical pharmacists and liaisons collaborate with hospital physicians and nursing staff to handle medication pre-approvals, financial assistance, and much more, including clinical interventions. Pharmacy-led clinical interventions have been shown to significantly improve time to PA approval, first fill, and time to pick-up.¹¹

Clinical interventions are triggered based on patient risk factors, resulting in therapy adjustments and improved patient clinical outcomes versus the industry standard. Therapy changes can result in significant reduction in avoidable expense and delays in treatment. In 2023, Shields clinical pharmacists performed more than 67,000 clinical interventions, of which 97.8% were accepted by providers.

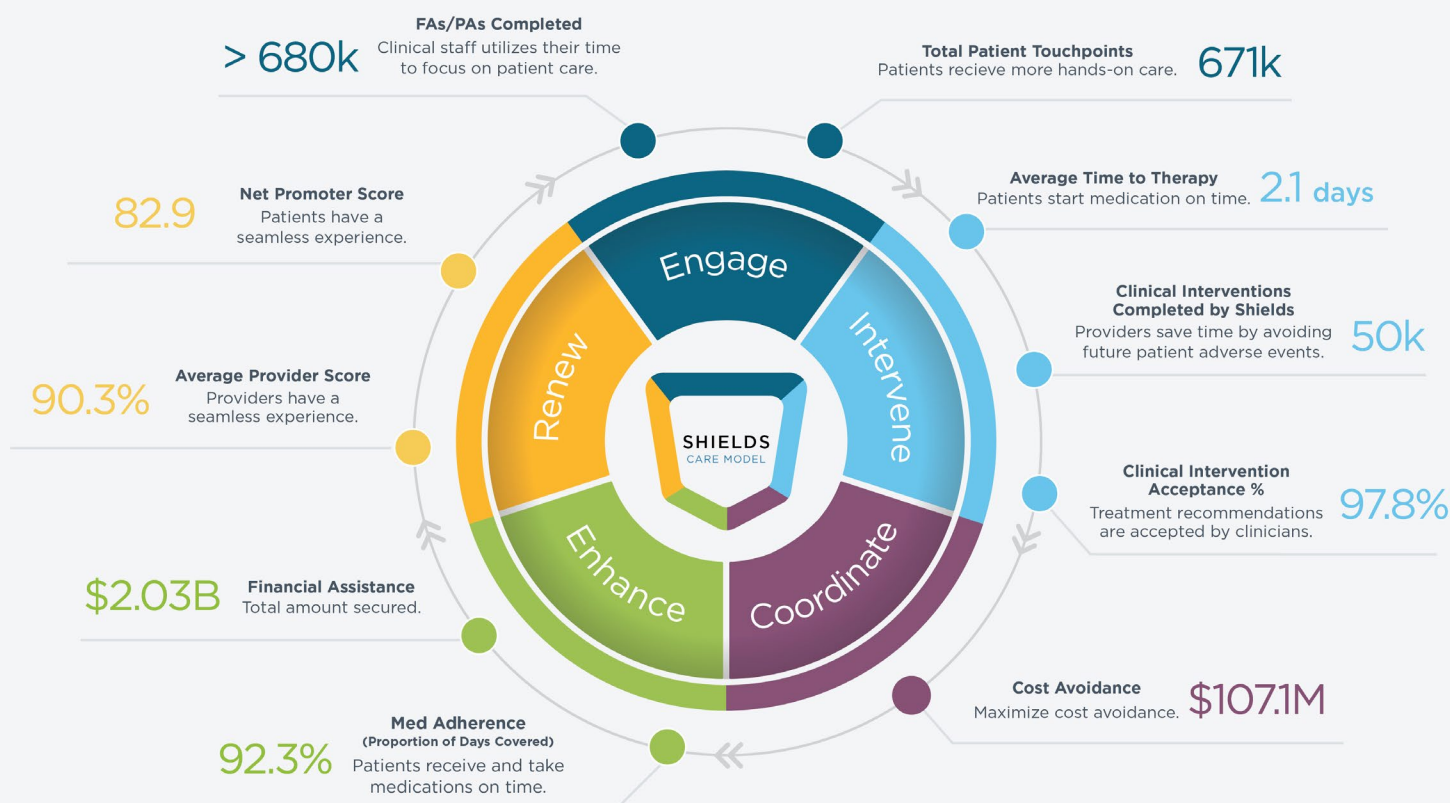


When specialty pharmacists are key members of the care team, they can collaborate with clinicians on drug interactions and facilitate quicker decisions about treatment. Interventions also save providers significant time by virtue of avoiding future patient adverse events, contributing to higher Average Provider Scores (APS) and patient NPS scores.

CLINICAL OUTCOMES OF THE SHIELDS CARE MODEL

The Shields Care Model has demonstrated its benefits across multiple disease states, resulting in quicker access to medications, improved adherence, and positive treatment outcomes. Health outcomes improve, and patient satisfaction scores are higher.

In 2023, Shields completed over 680,000 FAs and PAs that saved clinicians more than 1.5 million hours.





Case Study: Empowering Providers through Workforce Augmentation

PROBLEM

Sentara is a leading health system with 12 hospitals located throughout Virginia and northeast North Carolina. Seeking to further expand its specialty pharmacy services, diversify its portfolio, and reach more patients, Sentara was looking for an innovative solution.

SOLUTION

The Shields Care Model's specialty pharmacy capabilities were customized to meet the unique needs of the health system. It supports Sentara by providing additional resources that offset the administrative burden facing the clinical team, including PAs and helping patients secure financial assistance — enabling Sentara's providers to spend more time with patients, and the health system to explore new growth opportunities.

In 2023 alone, Shields completed more than 15,000 FAs and PAs that saved Sentara clinicians over 8,000 hours, while maintaining an Average Provider Score of 95.7. Moreover, Shields conducted 2,400 clinical interventions, saving Sentara \$4 million in cost avoidance. Patient outcomes continue to demonstrate quality care. Patient enrollment quadrupled from 2021 to 3,300, reflecting increased outreach and accessibility.

Sentara maintained an NPS of 88, with a two-day turnaround for authorizations and an average copay under \$10. Increased efficiency and growth in patients on service has enabled Sentara to explore new service lines and disease states, such as expanding into heart failure, while continuing to provide exceptional patient care to those who need it most.

"The partnership with Shields has been instrumental in our growth trajectory. We were able to achieve substantial cost savings and reach more patients, without sacrificing patient care and provider satisfaction."

TIM JENNINGS

Senior Vice President and Chief Pharmacy Officer of Sentara



CONCLUSION

By integrating the Shields Health Solutions model into specialty pharmacy, hospitals and health systems can minimize administrative tasks for clinicians and redirect nursing staff from paperwork to direct clinical activities. The Shields Care Model centralizes expertise in the PA process and champions quicker medication access, a higher PA approval rate, and improved provider satisfaction. Using the purpose-built TelemetryRx® platform, our clinicians help streamline the specialty pharmacy workflow and elevate patient care. Further, Shields collaborates with its health system partners to not only to ease administrative burdens, but to improve patient and clinician satisfaction.

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ABOUT SHIELDS HEALTH SOLUTIONS

Shields Health Solutions (Shields) is the premier specialty pharmacy accelerator in the country. The Shields Performance Platform, an integrated set of solutions, services and technology, is intentionally designed to elevate payer and drug access for specialty pharmacies, elevate health outcomes for complex patients, and elevate growth throughout the entire health system. As the foremost experts in the health system specialty pharmacy industry, Shields has a proven track record of success including access to over 90 percent of all limited distribution drugs (LDDs) and most (health insurance) payers in the nation; and a clinical model proven to lower total cost of care by 13%. In partnership with more than 80 health systems across the country through national-scale collaboration, Shields has a vested interest in delivering measurable clinical and financial results for health systems.



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