

Evaluating the Impact of Pharmacist-Led Services on HEDIS Gap Closures within a Clinically Integrated Network of Pharmacies



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BACKGROUND

- Pharmacists are uniquely positioned to improve Healthcare Effectiveness Data and Information Set (HEDIS) metrics through targeted medication management and patient engagement.
- Pharmacist interventions support adherence, close care gaps, and optimize treatment for chronic conditions such as diabetes, cardiovascular disease, asthma, human immunodeficiency virus (HIV), and mental health disorders.
- Frequent patient contact and data monitoring enables timely, outcome-driven care.
- The Community Pharmacy Enhanced Services Network (CPESN) exemplifies this impact as a clinically integrated network of pharmacies focused on delivering enhanced services and improving patient outcomes.

OBJECTIVES

- To evaluate the impact of community pharmacy interventions on the closure of HEDIS care gaps amongst patients attributed by a health plan to assess the role of a clinically integrated network on improving quality metric performance.

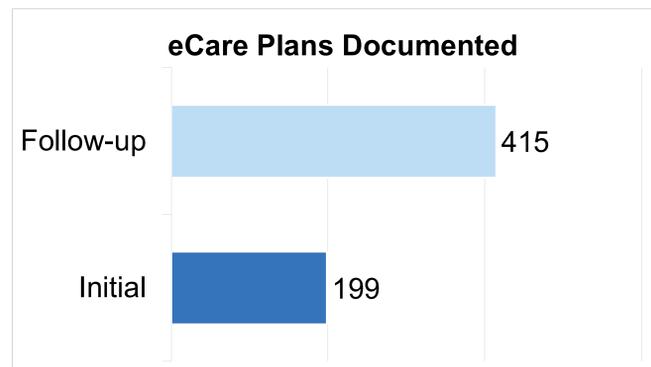
METHODS

Design	Retrospective review
Location	15 CPESN Florida participating pharmacies
Inclusion Criteria	eCare Plan data from 03/2024-12/2024 for patients attributed to participating pharmacies by a Medicaid plan based on prescription fill history and one or more open HEDIS gaps
Methods	<ul style="list-style-type: none"> Pharmacies documented initial eCare Plans, which included the required services of medication synchronization and reconciliation Monthly follow-up eCare Plans captured interventions addressing HEDIS gaps CPESN Florida exported deidentified eCare plan data for analysis At the end of the performance period, the health plan reported HEDIS gap closure rates
Analysis	Descriptive statistics

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eCare Plans

- During the performance period, 199 of 353 eligible members (56.4%) were engaged.
- 526 eCare Plans were received, including 199 initials and 415 follow-ups. The average number of 3.1 engagements per member.



Impact Stories

*This program enabled us to spend time educating patient on the benefits his medication can have on his mental and physical health. We got this patient set up for **medication synchronization and adherence packaging**. This patient has empowered themselves and is **on track to graduate from the behavioral clinic program!***

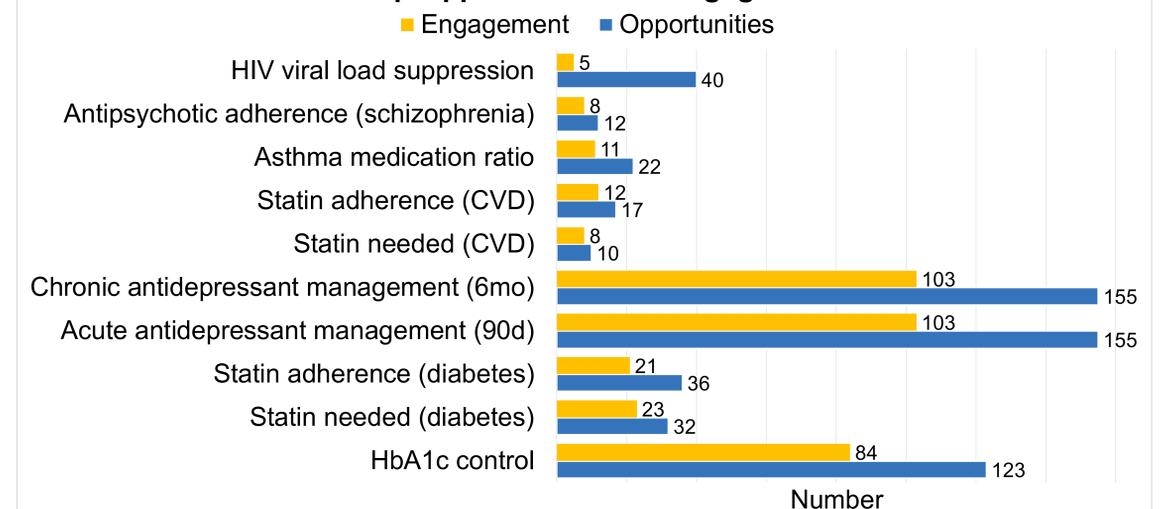
*We had a patient needing A1C POCT from the pharmacy. During the appointment, we discussed her social determinants, transportation issues, and family challenges, mentioning the struggle of her constant trips to the lab for INR readings. I discussed how a Factor Xa inhibitor might be appropriate and has less monitoring. **We consulted with her provider and they made the therapeutic change to that drug class from warfarin. Not only is the outcome better, but it saves her money on ride shares, fewer appointments to the lab/doctor office, and cost savings to the Medicaid program.***

RESULTS

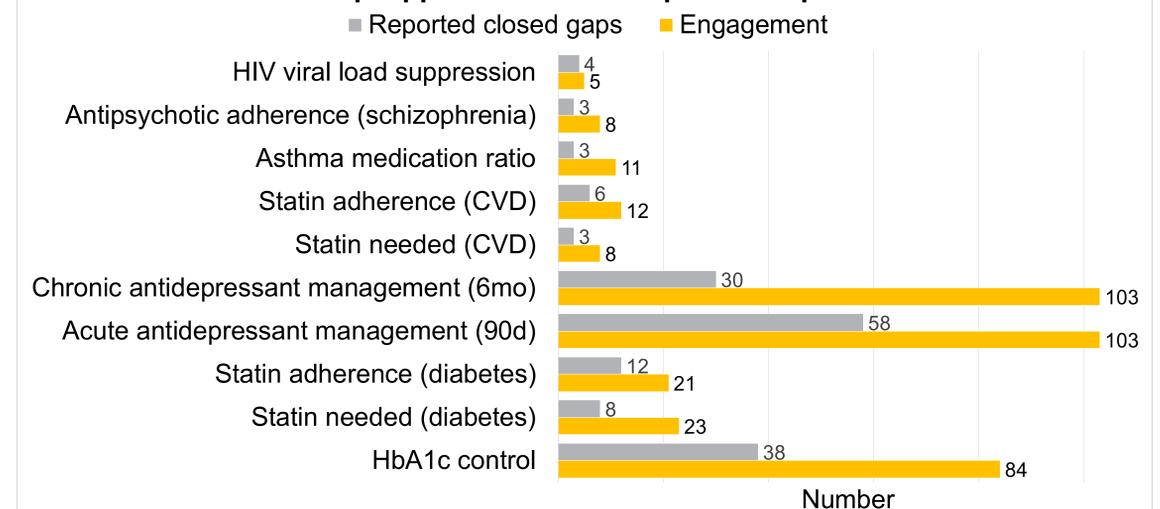
HEDIS Gap Closures

- Of 602 open HEDIS gaps, 378 (62.8%) were addressed.
- Nearly half (165, 43.7%) of the addressed HEDIS gaps were closed.
- Measures with over 50% of care gaps closed included statin therapy adherence, antidepressant management, cardiovascular statin adherence, and HIV viral load suppression.

HEDIS Gap Opportunities vs. Engaged Patients



HEDIS Gap Opportunities vs. Reported Gap Closures



CONCLUSION

- Measures with over 50% of care gaps closed included statin therapy adherence, antidepressant management, CVD statin adherence, and HIV viral load suppression.
- These findings suggest that pharmacy-led interventions can meaningfully improve HEDIS performance and patient outcomes.