



# Building A High-Performing Specialty Pharmacy

A 3-Step Strategic Roadmap to Scale Patient Outcomes, Simplify Operations, and Optimize Performance

# What You'll Learn

A strategic roadmap for building and transforming your specialty pharmacy from an underperforming program into a competitive advantage for your health system.

- Why many specialty pharmacy programs fall short of potential
- The unified delivery care model framework
- Real outcomes from peer institutions



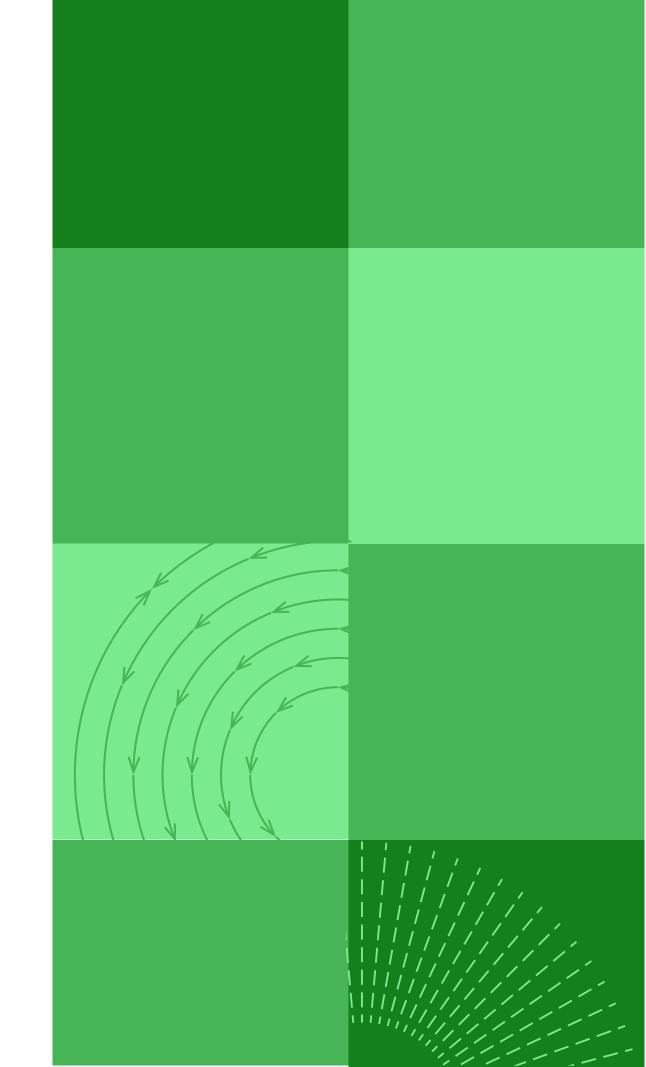


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The content contained within this book is based on Omnicell's experiences working with health systems to help optimize and streamline specialty pharmacy operations. The observations and recommendations reflect insights gained through our partnerships and industry expertise. For supporting materials, including case studies, or additional information, please contact us.





# The Specialty Pharmacy Imperative

Specialty medications now account for more than 50% of U.S. drug spend,\* with costs continuing to rise. For health systems, specialty pharmacy represents more than a revenue opportunity—it's a critical lever for patient access, organizational independence, and long-term financial resilience.

Many health systems struggle with underutilization of entity-owned specialty pharmacies, often capturing only a fraction of their potential volume. High-performing programs demonstrate that significantly greater utilization is achievable. However, traditional specialty pharmacy implementations face extended timelines, with programs often taking years to reach full integration and optimal performance.

Health systems achieving strong specialty pharmacy results demonstrate a common pattern - unifying existing strengths rather than building entirely new capabilities. Successful implementations typically include:

- > Integrated specialty and 340B operations to reduce fragmentation
- Consolidated accountability through unified governance of vendor relationships
- > Performance management that transforms reactive programs into strategic assets

The differentiator often lies not in what capabilities exist, but in how they're organized—through a unified care approach that is designed to optimize existing capabilities, align incentives, and accelerate results.

\*Source: Public Sector HealthCare Roundtable. "Assessing the Unsustainable Cost of Specialty Medications." February 2024.





# Why Current Approaches Fall Short

Despite growing investment, too many health systems remain constrained by an operational model that creates more problems than it solves. The issue isn't resources—it's the fragmented vendor approach that most systems have inherited.

# The Fragmentation Problem

Traditional specialty pharmacy implementations typically rely on multiple disconnected vendors, each operating in isolation.

### **Payor and Network Access**

Limited ability to penetrate payor contracts, specialty networks, and closed networks at specialty levels

### **Manufacturer Programs**

Restricted access to specialty manufacturer programs and limited distribution products

### 340B TPA Challenges

Lack of predictive analytics and inability to maximize 340B identification opportunities

# **Technology Gaps**

Missing operational efficiencies due to inadequate technology infrastructure



# The Downstream Impact: Hidden Costs of Disconnection

This fragmentation can create cascading inefficiencies that undermine performance across three critical dimensions, including:

# **Patient Care Impact**

- Workflow interruptions delay therapy starts and disrupt patient engagement
- > Communication breakdowns create avoidable gaps in care coordination
- Inconsistent service delivery undermines patient trust and adherence

# **Operational Complexity**

- > Staffing shortages and hiring challenges limit program growth
- Lack of specialty pharmacy expertise constrains clinical capabilities
- Staff overwhelmed by external requests, including prior authorizations coming from multiple disconnected sources
- No visibility into performance numbers, preventing data-driven decision-making
- > Compliance risks multiply across fragmented systems

# **Financial Performance Impact**

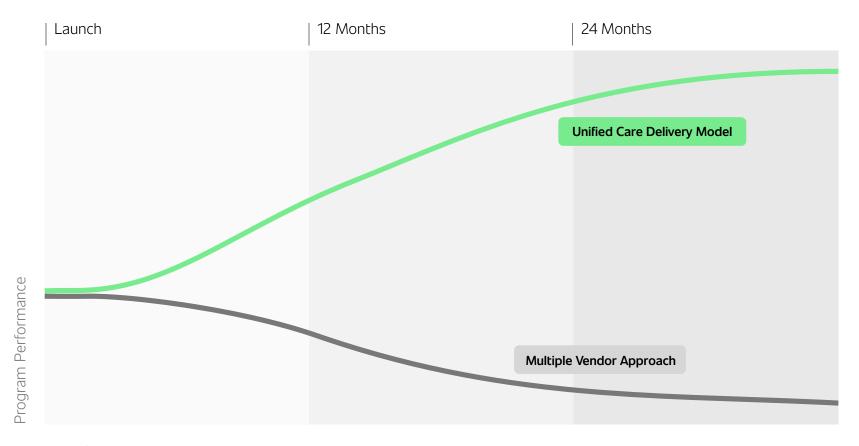
- Poor coordination between specialty pharmacy and 340B operations leads to missed savings
- Multiple vendor relationships increase administrative overhead
- > TPA conflicts: Third-party
  administrators earn higher fees from
  contract pharmacies than health
  system programs, creating misaligned
  incentives\*
- > Care coordination gaps contribute to readmissions that impact Medicare reimbursement and hospital quality scores
- Weakened negotiating position with payors and manufacturers limits reimbursement optimization

\*Source: Drug Channels. "Follow the 340B Dollar: Senator Cassidy Exposes How CVS Health and Walgreens Profit as 340B Contract Pharmacies." May 2025.



# The Independence Risk: How Fragmentation Can Compromise Clinical Control

Perhaps most critically, fragmented vendor relationships may compromise clinical independence. Health systems often turn to national vertical players for operational support, not realizing some of these same entities are competing for their specialty pharmacy business. External partners may push formularies and protocols that limit choice, while reimbursement structures reduce flexibility. Over time, health systems find themselves making decisions based on vendor priorities rather than patient needs—with the very partners they sought for assistance actively capturing prescriptions that should remain within the health system.



Time Since Implementation

Illustrative comparison shown for demonstration purposes. Results will differ based on each health system's operational model, capabilities, and adoption of recommended practices.



Health systems already possess the core components of success—clinical expertise, dedicated teams, infrastructure, and accreditation capabilities. Often, the challenge is that these strengths operate in isolation while critical barriers limit optimization:

- Staffing considerations
- Utilization of their own specialty pharmacy
- Ability to fill prescriptions once utilizing the specialty pharmacy
- Demonstrating clinical outcomes

The solution isn't adding more vendors or accepting longer timelines. It's adopting a fundamentally different approach—one that puts patient outcomes at the center while unifying operations to support seamless care delivery.



# The Unified Care Delivery Model for Specialty Pharmacy

The future of specialty pharmacy success rests on a Unified Care Delivery Model—a strategic framework that integrates specialty pharmacy operations, 340B administration, and network optimization into one cohesive system.

Rather than managing multiple vendors with competing priorities, this model is designed so that modern health systems are partnering with a single accountable entity that aligns incentives around outcomes.







# **Replaces Vendor Fragmentation**

The Unified Care Delivery Model works to consolidate what has traditionally been multiple separate vendor relationships into one strategic partnership. This strategic partnership aligns around health system success metrics:

- > Clinical outcomes and patient satisfaction
- > Financial performance including 340B optimization
- Operational efficiency and staff productivity
- > Regulatory compliance and audit readiness

The result should be simplified governance with clear accountability. Instead of mediating between competing vendor priorities, health system leaders are empowered to focus on strategy and oversight.

# **Aligns Incentives**

Traditional vendor relationships often carry priorities that differ from a health system's — from wholesaleraligned TPAs and retail-oriented PSAOs to inventory-focused distributors and PBMs centered on formulary and benefit administration. The Unified Care Delivery Model includes purpose-built 340B TPA and PSAO services specifically designed for health system specialty pharmacy that aims to align all parties around the same success metrics.

# **Preserves Clinical Independence**

Unlike traditional models where external vendors influence formulary decisions, the unified approach is meant to keep clinical control within the health system. The partner provides operational infrastructure and expertise while clinical protocols, treatment decisions, and patient care standards remain under health system authority.



# **Abhinav Rastogi,**

President and CEO, Temple University Hospital





**Unified operations eliminate silos** between specialty pharmacy and 340B by embedding compliance into daily dispensing, aligning purchasing strategies with clinical protocols and margin optimization, and enabling claims capture without manual intervention.

**Centralized workflows consolidate administrative processes**—prior authorizations, patient assistance programs, benefits investigations—within pharmacy operations, reducing administrative touchpoints for physicians and clinic staff. This helps support providers in dedicating more time to patient care while medication reviews, clinical liaisons, and coordinated care transitions help address factors that contribute to readmission risk and support hospital quality performance.

**Enterprise-wide connectivity** for prescribers, care teams, and specialty pharmacy services across the health system. Referrals move seamlessly from prescribing to dispensing without manual handoffs, ensuring optimal prescription capture while reducing administrative friction.

**Connected technology aims to link** EHR systems, pharmacy management platforms, and 340B workflows—consolidating management of multiple platforms. Real-time data flows enable proactive management and support compliance documentation.



"Having our own specialty pharmacy has helped with initial patient consultation, follow up, and communication, which in turn, has improved patient understanding and adherence. We're now more actively involved in patient care and have a stake in the outcome."

# Olawale Akinwande,

PharmD, Associate Director of Ambulatory, Retail & Specialty Pharmacy, Mount Sinai Medical Center





# Pillar 3 Performance-Driven Engine

You can't manage what you can't measure. The Unified Care Delivery Model offers a comprehensive metrics framework that helps provide visibility into both operational excellence and financial performance and to mitigate potential risks for health systems.

### **Clinical & Operational KPIs**

- > Time-to-therapy and adherence rates
- Provider satisfaction and referral patterns
- Patient engagement and satisfaction scores

# **Financial Performance Analytics**

- > 340B capture rates and savings realization
- > WAC spend monitoring and reduction strategies
- Contract pricing optimization on high-volume medications

# **Strategic Growth Planning**

- Clinic conversion analysis for expanded 340B eligibility
- Market expansion strategies based on referral patterns and competition analysis
- > Payor and manufacturer relationship development intended to provide enhanced access

# "One of the major wins since the partnership is entering into a contract with a major payor that a lot of citizens in our area were insured by. We literally only went live [4 months ago] and we've already unlocked that major payor."

# Darren Evans, PharmD,

VP of Pharmacy Services, Phoebe Putney Health System

# **Continuous Oversight & Risk Management Assistance**

# **Audit Support**

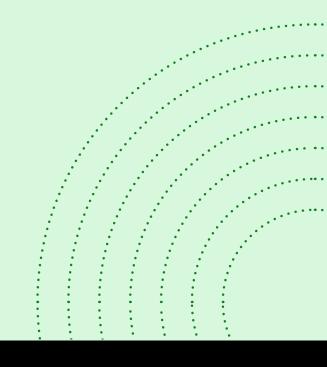
Documentation and support for 340B audits, with expert guidance throughout the process

# **Compliance Monitoring**

Proactive identification of potential compliance gaps and support in resolving them before they become audit findings

# **Network Management**

Contract oversight, reimbursement optimization, and access expansion beyond traditional PSAO services

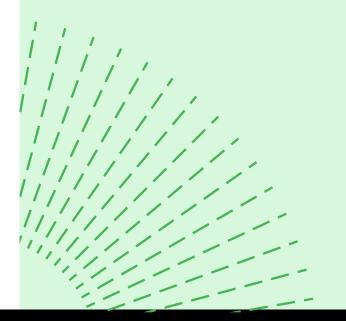


# The Compounding Effect

When these three pillars work together, they create a compounding effect that accelerates results. Single accountability enables faster decision-making and course correction, while integrated workflows helps reduce friction and improve operational outcomes. Performance-driven operations provide the visibility and tools needed for continuous optimization, allowing all three elements to reinforce each other in driving improved business performance.

This isn't just operational improvement—it's strategic transformation that positions specialty pharmacy as a core asset for health system growth and performance resilience.







# From Assessment to Launch: The Implementation Roadmap

The framework is clear. The question is execution. Implementation doesn't have to be complex or lengthy. With data-driven planning and an experienced partner, health systems are able to move from assessment to performance faster than traditional timelines suggest.

Success begins with a comprehensive analysis of the current state and opportunity:





EMR data analysis identifies prescribing patterns, referral flows, and potential leakage points

340B o

340B opportunity assessment quantifies savings potential across eligible encounters



Long-term planning framework that seeks to align specialty pharmacy growth with health system objectives and market dynamics



Competitive benchmarking shows performance gaps and improvement opportunities



Financial modeling provides leadership with clear ROI projections

This foundation creates a tailored implementation playbook specific to each health system's circumstances and goals.



# Two Paths to Rapid Deployment

The implementation approach scales to your starting point. Whether launching a new specialty pharmacy or optimizing an established program, the framework is built to accelerate value realization through proven infrastructure and systematic execution.\*

# For Building a Specialty Pharmacy

- > Streamlined approach to physical infrastructure and location optimization
- Pre-negotiated payor and PBM relationships enable network access from day one
- Clinic prioritization: Data-driven targeting designed to identify highest-value clinical opportunities first
- Integrated licensing, credentialing, and accreditation preparation
- > Technology deployment designed for immediate interoperability

# For Existing Program Optimization

- Workflow consolidation eliminates redundancies across specialty and 340B operations
- > Technology integration replaces siloed systems with unified platforms
- Contract renegotiation expands payor participation and improves reimbursement
- > WAC reduction programs and expected enhancement of 340B capture
- > Strategic engagement tailored to therapeutic classes



### Darren Evans, PharmD,

can you get there."

VP of Pharmacy Services, Phoebe Putney Health System



<sup>\*</sup>Source: Internal Omnicell Analysis. 2025.

# Systematic Execution Across Four Critical Domains

Both implementation paths require orchestration across the same critical domains: vendor relationships, technology integration, therapeutic strategies, and performance monitoring.

# **Vendor relationship** management



Consolidated oversight aims to ensures alignment and accountability

# **Technology stack** integration



Purpose-built platforms connect workflows from prescribing through dispensing

# Therapeutic class strategies



**Performance monitoring** framework

Real-time visibility enables proactive course correction

Payor contracting and manufacturer access that focuses on optimization by drug category

# Day-One Capabilities That Matter

Rather than focusing only on speed to launch, the Unified Care Delivery Model is designed to ensure operational readiness from day one:

# **Immediate Access & Network Participation**

- > Pre-established payor relationships reduce prescription capture delays\*
- > Optimized prior authorization workflows achieve >90% approval rates\*
- > Limited distribution drug access expands treatment options for patients\*

# **Operational Excellence from Launch**

- > Validated clinical protocols intended to ensure consistent, evidence-based care
- > Quality assurance processes position programs for accreditation success
- > Regulatory frameworks that instill compliance confidence during audits

# **Integrated Technology & Analytics**

- > Real-time dashboards give leadership direct visibility into key metrics
- Automated workflows built to eliminate manual processes and reduce error rates
- > Predictive analytics engineered to identify risks and opportunities before they impact performance



<sup>\*</sup>Source: Internal Omnicell Analysis. 2025.

# Measurable Results: What Health Systems Can Achieve

Implementation establishes the foundation. Performance proves the value. Health systems using the Unified Care Delivery Model achieve measurable improvements across patient care, operational, and financial outcomes.

# **Patient Impact**

### **Faster Access**

Accelerated time-to-therapy through streamlined referrals and clinical liaisons

### **Better Adherence**

Improved adherence rates and reduced potential for readmission through medication reviews and patient engagement

### **Care Coordination**

Enhanced quality of care with integrated workflows that are designed to eliminate gaps between prescribing and dispensing

See how Penn Highlands generated \$62 million

**Learn More** 

# **Operational Excellence**

### **Provider Relief**

Decreased administrative burden on physicians through consolidated PA and PAP workflows

# **Staff Productivity**

Reduced manual work through automated processes and integrated systems, allowing clinical staff to focus on patient care

# **Compliance Confidence**

Lower regulatory and administrative overhead through embedded audit support

See how Mount Sinai Medical Center launched a specialty pharmacy in just 7 months

Learn More

# **Financial Performance Impact**

# **Contract Pharmacy Savings**

Multi-fold increases in quarterly savings through optimized purchasing strategies and manufacturer relationship management

# 340B Program Optimization

Significant first-year savings growth through enhanced capture identification and compliance management

# **Network Bypass Savings**

Net savings by accessing direct purchasing opportunities that are not impacted by manufacturer restrictions

# **Claims Identification**

Enhanced qualifying 340B claims identification leading to improved program performance

See how Temple University Hospital eliminated 30-day medication delays

**Learn More** 



# Next Steps: Ready for Excellence

The evidence is clear: health systems implementing the Unified Care Delivery Model for Specialty Pharmacy are expected to achieve faster deployment, stronger financial performance, and improved patient outcomes while preserving clinical independence.

Whether you're building a specialty pharmacy from scratch or optimizing an existing program, the key question remains: are you ready to create a unified approach that is built to deliver peak performance?

The path to specialty pharmacy excellence is defined. The choice to pursue it is yours.

Excellence in specialty pharmacy doesn't happen by chance—it happens with the right partner. We're here to help you unify clinical, financial, and operational performance under one accountable framework.

# Launch or Expand Your In-House Specialty Pharmacy Today

Connect with us to begin your transformation journey, visit us at <a href="https://www.omnicell.com/specialty-pharmacy">www.omnicell.com/specialty-pharmacy</a>









