



EDUCATIONAL RESOURCES

From Good To Best-In-Class

Specialty Pharmacy Benchmarks and the Data- Driven Path to Better Outcomes

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 PHARMACY



ACHCU IS A BRAND OF ACCREDITATION COMMISSION *for* HEALTH CARE



The performance opportunity

Health system specialty pharmacies deliver exceptional impact. The question is: can you prove it consistently?

The stakes are rising

Payers, accreditors, and health system leadership demand measurable proof of outcomes: not anecdotes, not best guesses.

Good is no longer enough

Programs that were 'good' five years ago are now baseline. Best-in-class requires structured benchmarking, data visibility, and continuous improvement.

Data is the differentiator

The gap between good programs and great ones is rarely clinical skill: it's the ability to measure, compare, and act on performance data.

The programs that win aren't always the biggest. They're the ones that can see their own performance clearly.

What you'll take away

Five learning objectives designed to move you from measurement to execution.

- What “Good, Better, Best” looks like across key health system pharmacy performance domains
- The benchmark categories that help leaders set goals, track progress, and tell a stronger performance story
- High-impact practices and process touchpoints that drive more consistent outcomes
- How to use data to identify gaps, focus effort, and build an improvement roadmap that sticks
- Where external support services can accelerate progress from measurement to execution

This is not a theory session. Every framework comes with a “What do I do Monday morning” action



Good / Better / Best

A practical framework for specialty
pharmacy performance and outcomes

The performance maturity framework

Where does your program sit today? Where should it be in 12 months?

Good

Meeting standards

Accreditation-ready, basic metrics tracked, reactive quality approach, manual reporting

Better

Driving consistency

Benchmarking against peers, proactive workflows, integrated data, stakeholder dashboards

Best-in-class

Leading with data

Predictive analytics, continuous improvement cadence, outcome-driven culture, industry leadership

Performance domains



Adherence and clinical outcomes



Time to therapy



Quality and accreditation



Patient experience

Most programs live in “Good”. The move to “Better” is about systems. The move to “Best” is about culture.

Domain: Adherence and Clinical Outcomes

The benchmarks that separate reactive monitoring from proactive intervention

Metric	Good	Better	Best
Medication adherence (PDC)	>80% for tracked therapies	>85% with intervention triggers	>90% with predictive risk scoring
Clinical outcome tracking	Basic lab/response monitoring	Standardized outcome measures by therapy	Outcomes-based dashboards with benchmarking
Adverse event detection	Situational patient conversations and reporting	Reactive reporting when flagged	Structured surveillance protocols
Risk stratification	Diagnosis-based tiers	Quality process for accounting for critical timelines in medication-related care	Consistent prioritization protocol for tackling time-sensitive diagnoses first
Intervention documentation	Notes in EMR	Coded intervention types with follow-up	Intervention impact analytics with ROI

PDC above 80% is table stakes. The differentiator is whether you can show the interventions that got you there.

Domain: Time to Therapy and Operational Efficiency

Speed matters. But consistency matters more.

Metric	Good	Better	Best
Referral to first fill	Tracked but variable	<14 days median with outlier review	Best achieve 10 days with <2-4 days with support possible
Prior authorization cycle	Manual submission, multi-day	E-PA for top payers, <48hr target	PA with <24hr turnaround for 90%+
Prescription turnaround	Same-day for most	Same-day 90%+ with exception tracking for critical diagnoses	Reduce patient care abandonment with supported patient access workflows
Inventory/Waste management	Monthly reconciliation	Weekly waste tracking by therapy class	Real-time inventory optimization with demand forecasting
Workflow standardization	SOPs exist but vary	Standardized workflows with compliance audits	Continuous workflow optimization based on data feedback

Best-in-class programs don't just move fast. They can tell you exactly where the delays are and why.

Domain: Quality and Patient Experience

Accreditation readiness and patient-reported outcomes complete the performance picture



Quality and Accreditation

Good

Accreditation maintained, annual self-assessments completed, basic QI projects

Better

Continuous readiness with rolling audits, PDSA cycles tied to benchmarks, staff competency tracking

Best

Quality culture embedded in daily ops, real-time compliance dashboards, external benchmark leadership



Patient Experience

Good

Satisfaction surveys collected, basic complaint resolution process, phone accessibility monitored

Better

Net Promoter Score tracked, proactive outreach programs, multilingual support, patient education library

Best

Patient-reported outcomes integrated into care plans, digital engagement tools, closed-loop feedback with action

Patient experience is the domain most programs skip. It's also the one payers are watching most closely.

Data-Driven Improvement

From benchmarks to action: how leading programs translate numbers into results



Benchmark categories that drive performance stories

Not all metrics are created equal. These categories help leaders set goals and communicate progress



Clinical impact metrics

PDC/MPR adherence rates, clinical response rates, adverse event frequency, intervention counts and types, therapy completion rates

Operational efficiency

Time to therapy milestones, PA cycle time, fill turnaround, referral conversion rate, prescription volume per FTE

Financial performance

Revenue per prescription, cost per clinical intervention, payer mix optimization, denial and write-off rates, 340B capture rate

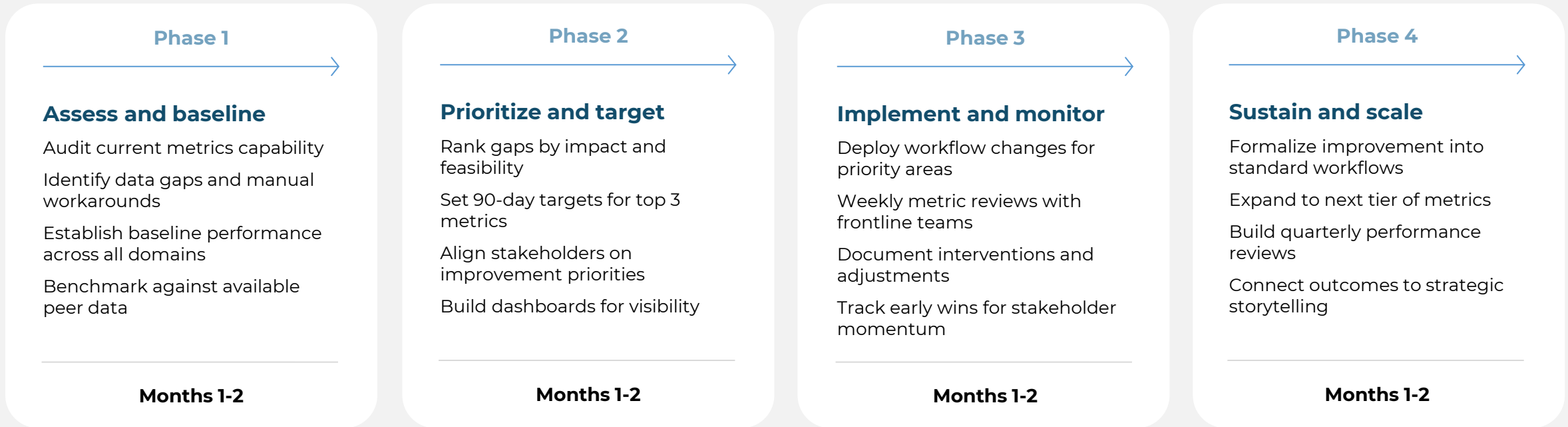
Patient and stakeholder

Patient satisfaction / NPS, referring physician retention, payer scorecard results, accreditation survey outcomes, patient-reported outcomes

The strongest performance story uses all four categories:
clinical + operational + financial + patient voice

From data to action: building a roadmap that sticks

A Four Phase approach to turning performance data into sustained improvement



The roadmap that sticks is the one built around 90-day sprints, not annual plans.

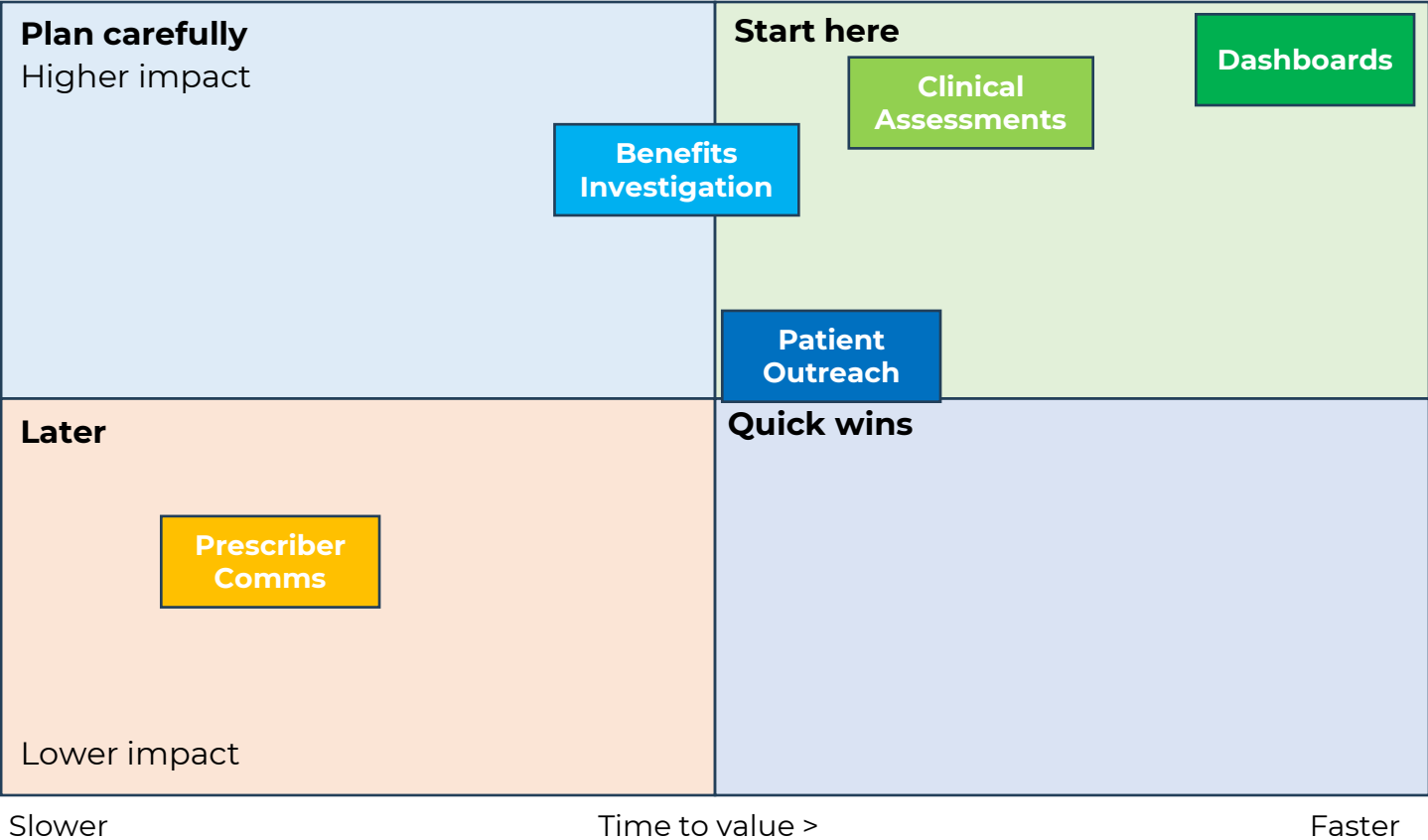
Accelerating the Path to Best-In-Class

High-impact practices and where support services make the difference



Prioritizing what moves the needle

Impact vs. time to value: where to invest first for the biggest performance gains



Priority ranking

	IMP	TTV	RES	CMP	
Daily operational dashboards	5	5	4	5	4.8
Standardized Clinical Assessments	5	4	4	4	4.3
Integrated Benefits Investigation	5	3	3	3	3.5
Proactive patient outreach	4	3	3	3	3.3
Closed-loop Prescriber Comms	3	2	2	2	2.3

Start with dashboards and clinical assessments: highest impact, lowest lift, fastest proof points for stakeholders.

Prioritizing what moves the needle

Scoring high-impact practices by outcome impact, time to value, and resource investment to surface the biggest wins first

Practice	Outcome impact	Time to value	Resource investment	Change complexity	Priority score	Why this ranking
Daily operational dashboards	5	5	4	5	4.8	Fastest win, lowest lift, immediate visibility. Drives behavior change from day one.
Standardized clinical assessments	5	4	4	4	4.3	High clinical impact with moderate build. Templates exist: consistency is the unlock.
Integrated benefits investigation	5	3	3	3	3.5	Massive TTT improvement but requires PA&A workflow redesign and possible partner support.
Proactive patient outreach	4	3	3	3	3.3	Strong adherence gains. Requires staffing model adjustment and outreach protocol build.
Closed-loop prescriber communication	3	2	2	2	2.3	Important for referral retention. Slower ROI: needs EMR integration or structured templates.

Start with dashboards and clinical assessments: highest impact, lowest lift, fastest proof points for stakeholders.

High-impact practices that move the needle

The process touchpoints that best-in-class programs invest in disproportionately

Real-time operational dashboards

Teams that review fill queue, PA status, and intervention metrics daily outperform those reviewing weekly or monthly on every key metric.

Standardized clinical assessments

Consistent assessment templates by therapy class ensure every patient gets the same quality of clinical evaluation. Reduces documentation variability by 60%+.

Integrated benefits investigation

Access and affordability work starts at referral intake, not after the first denial. Programs that front-load BI see 30-40% faster time to first fill.

Proactive patient outreach

Don't wait for the missed fill. Best programs run outreach at day 21 of a 30-day supply, with escalation if no contact by day 25. Reduces non-adherence by 15-25%.

Closed-loop prescriber communication

Automate therapy updates to prescribers at key milestones: start, dose change, adherence concern, therapy completion. Strengthens referral relationships.

Key takeaways

What to take back to your team this week

- Know where you are. Use the Good/Better/Best framework to honestly assess your program across all four domains.
- Pick three metrics. Don't boil the ocean: choose the three benchmarks with the highest gap between where you are and where you need to be.
- Make data visible daily. Teams that see performance data every day outperform those that review it monthly: every time.
- Front-load access and affordability. The biggest time-to-therapy gains come from moving benefits investigation to the front of the workflow.
- Tell the performance story. Data only drives change if stakeholders can see it. Build the dashboard, then build the narrative around it.

Where support services accelerate progress

Translating performance data into action often requires capabilities beyond what internal teams can build alone.

Where programs get stuck

Benchmarking data exists but nobody owns the comparison process

Access and affordability workflows are manual, inconsistent, and slow

Quality improvement projects start strong, but lose momentum at month three

Performance stories can't be told because data lives in silos

Staff bandwidth is consumed by operations, leaving no capacity for improvement

How Accelerate Pharmacy Solutions helps

Analytics and benchmarking: Peer comparison, performance dashboards, trend analysis

Access and Affordability services: PA support, benefits investigation, copay assistance, appeals

Quality program development: QI framework design, accreditation readiness, audit support

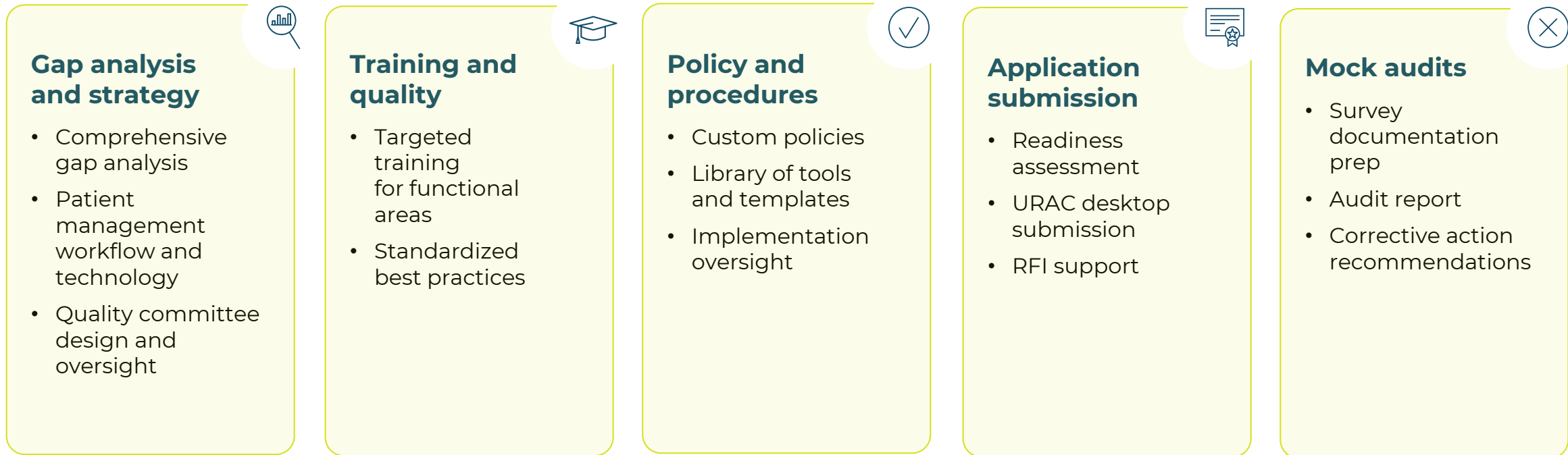
Operational consulting: Workflow optimization, staffing models, process standardization

Performance storytelling: Stakeholder reporting, board presentations, payer scorecards

The fastest path from measurement to execution often runs through a partner who has done it before.

Our accreditation solutions

A portfolio of services that target the biggest accreditation challenges



Project management and pharmacy expertise to create a comprehensive, customized project plan →

Pharmacy accreditation and compliance support

Challenge

Pharmacy access to specialty payer and products requires accreditation.

Solution

End-to-end primary, secondary, and ongoing accreditation compliance readiness services for health system pharmacies helping to reduce administrative time so providers can focus on patient care.

77

pharmacy accreditations and counting

100%

of customers agree that partnering with Accelerate Pharmacy Solutions improved the likelihood of their pharmacy's success with accreditation

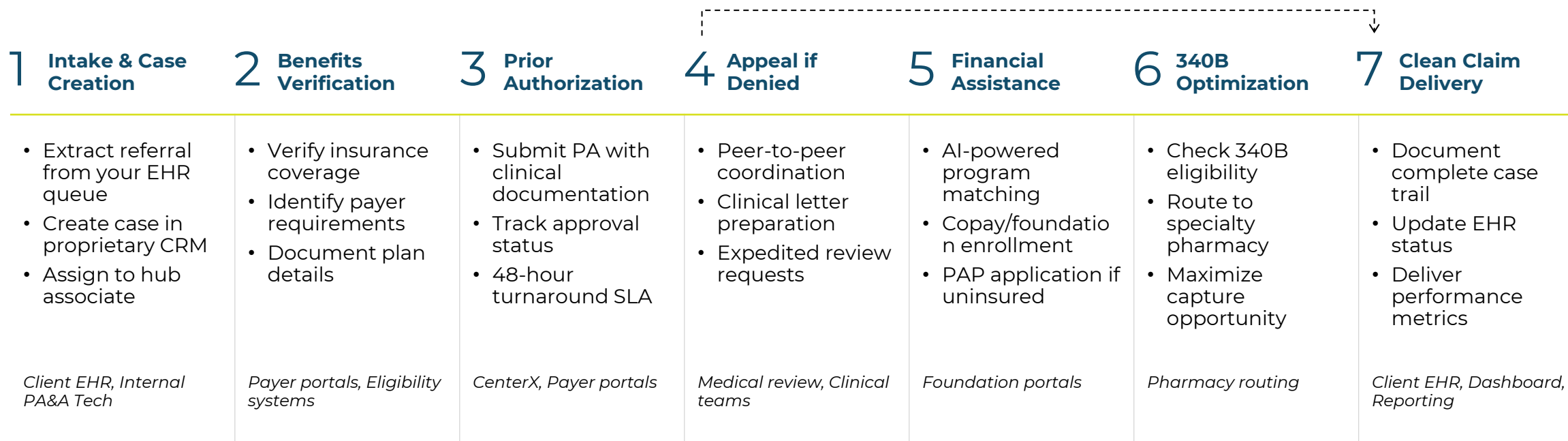
100%

success rate in customers achieving full accreditation

Source: Based on internal Cencora data, 2026

Inside the box: The Financial Clearance Cascade

What our team actually does from referral to clean claim




The Key: This is not linear. Every case runs through a structured cascade until we reach a clean, optimized financial outcome. We don't just check boxes: **we orchestrate the entire journey.**

We manage the complexity

- Benefits verification across 100+ payers
- Prior authorization and follow-up
- Appeal management
- PAP eligibility and enrollment
- Manufacturer coordination
- Copay assistance sourcing
- Charity care enrollment
- EMR documentation
- Renewal tracking
- Denial resolution
- Visibility into patient journey

Your team experiences clarity.

- 
Operational lift
 One team handles offload repetitive access work to dedicated specialists
- 
Faster starts
 Proactive status updates and readiness before scheduling
- 
Revenue growth
 Documentation and readiness signals that support downstream billing workflows

Your providers focus on patient care. We handle everything else.





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Thank you

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