

# Description and Preliminary Outcomes from a Centers of Excellence Model to Enable Pharmacist-led Health Services on a Nationwide Scale

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## Description of Problem

### Persistent gaps in primary and preventive care across the United States

- The default care model traditionally relies on physician office settings to fulfill routine care activities that can be safely managed by non-physician healthcare professionals
- 95% of Americans live within a five-mile radius of a retail pharmacy store; the trusted, preferred, and accessible healthcare setting for millions of adults in the US
- In addition, Pharmacists report higher job satisfaction when they are empowered to perform a more active role in patient care

## Centers of Excellence (CoE) Framework

### Overview

A newly formed workflow model was designed, developed, and implemented to enable dedicated and streamlined field execution for high-value health services at scale. The overall goal is to improve health outcomes, enhance patient and pharmacist experiences, reduce healthcare costs, and advance health equity; all in alignment with the quintuple aim of healthcare.

Program-dedicated staff are empowered with specialized training, tools, and technological capabilities (e.g., purpose-built dashboards, scheduling tool, consolidation, automation, reporting, etc.) to favorably augment process and patient outcomes.

Centralized stores with dedicated space further enable market-specific clinical services outcomes. Key enablers include workflow simplification, training, technology, talent strategy, and incentives.

### People

Program dedicated staff  
Specialized training  
Clinical expertise

### Process

Workflow simplification  
Talent strategy  
Human-centered design  
Centralized locations

### Technology

Purpose-built dashboards  
Automation, consolidation,  
& reporting

### Tools

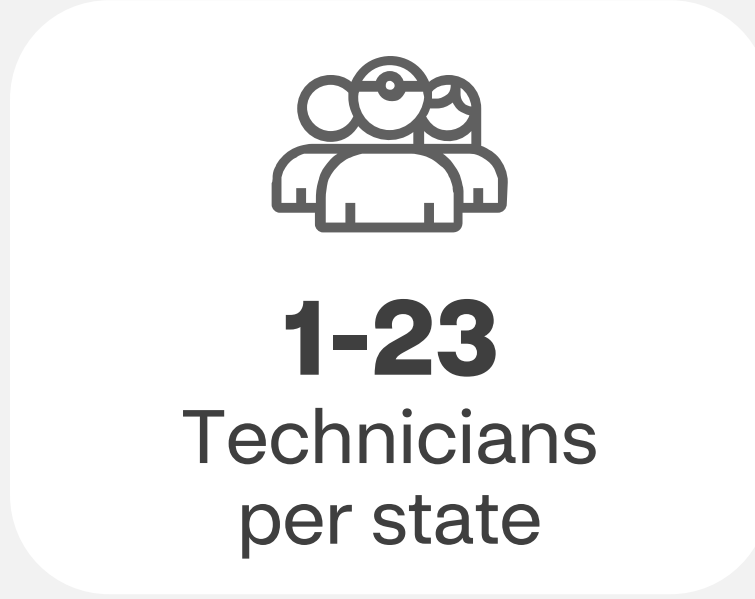
Scheduling tools  
Platforms  
Incentives



## Outcomes

### Implementation

The CoE model was piloted (2023), successfully launched (Feb 2024), and fully scaled (Dec 2024) to enable execution of health services at scale. Retrospective evaluation of operational data characterized post-implementation metrics for the first use case deployed through the CoE model.



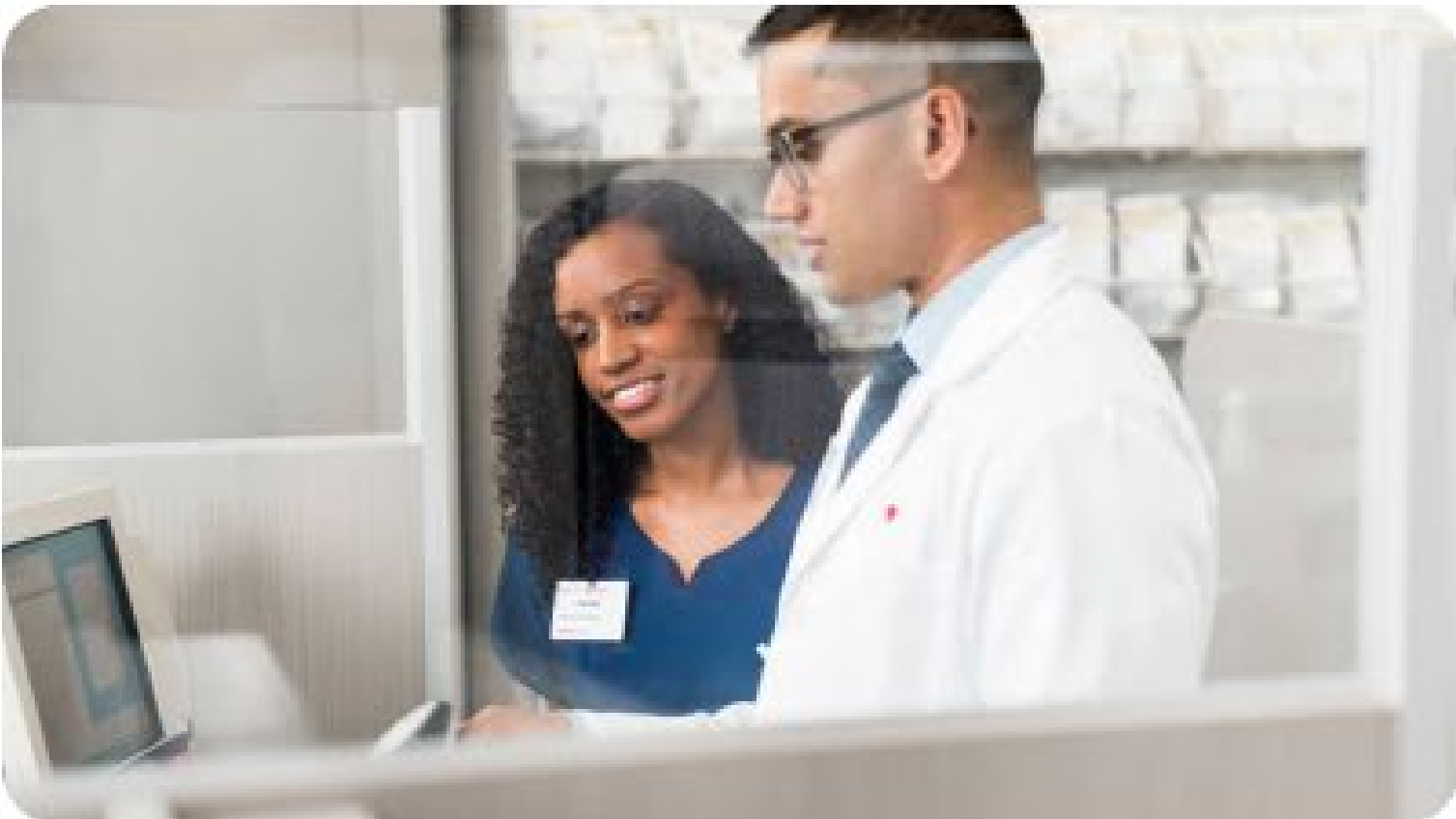
## Real-World CoE Use Case: Comprehensive Medication Review (CMR)

### Optimizing CMR Closure with Enhanced Patient Engagement

Leveraging the CoE framework, CMR capabilities were launched and operationalized across 37 states (as of July 2024).

### Overview

Pharmacist-led encounter to review and document medications, allergies, and chronic conditions with the goal of creating an action plan to resolve medication issues and/or gaps in care.



CoE Pharmacists are offered specialized training to perform CMRs

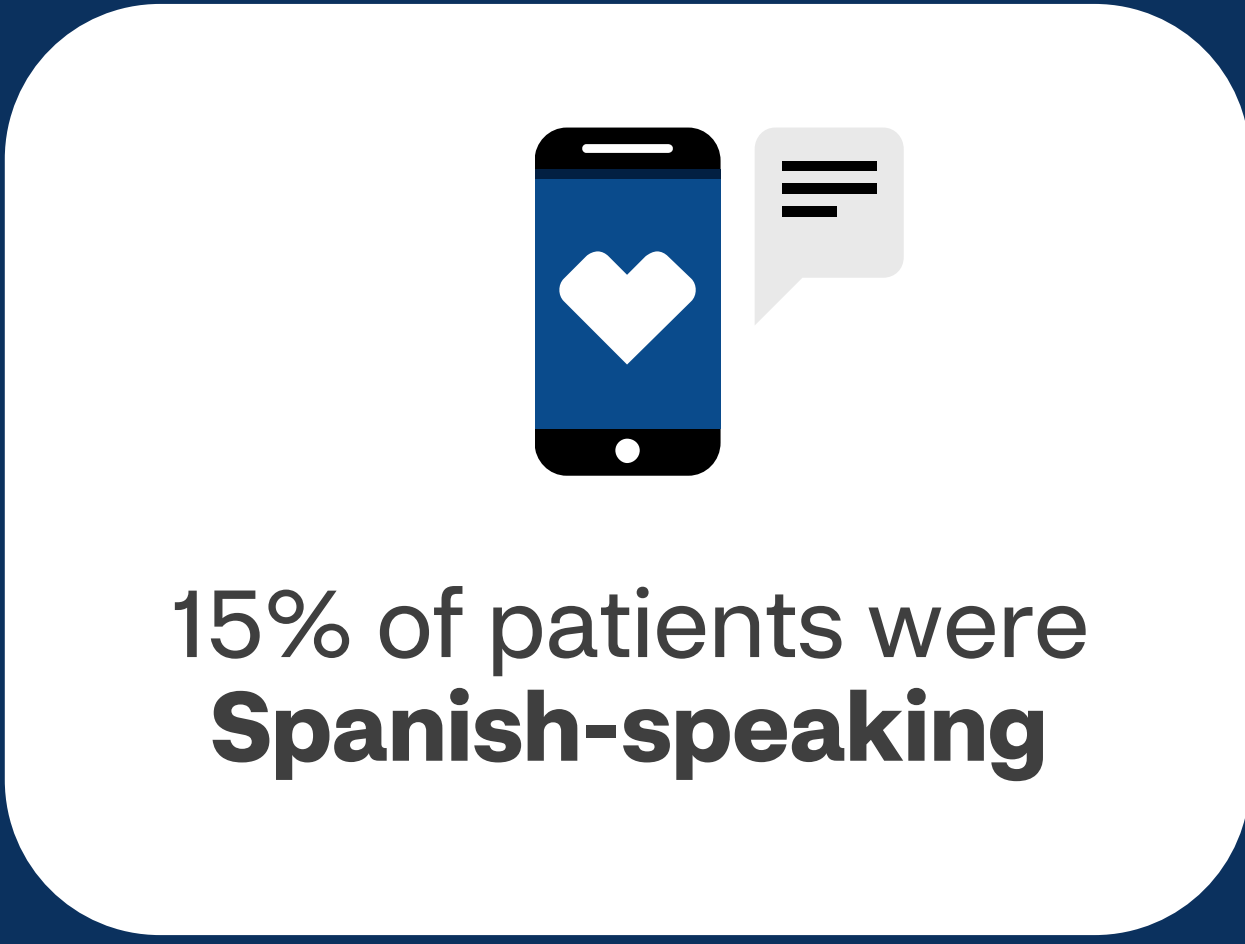
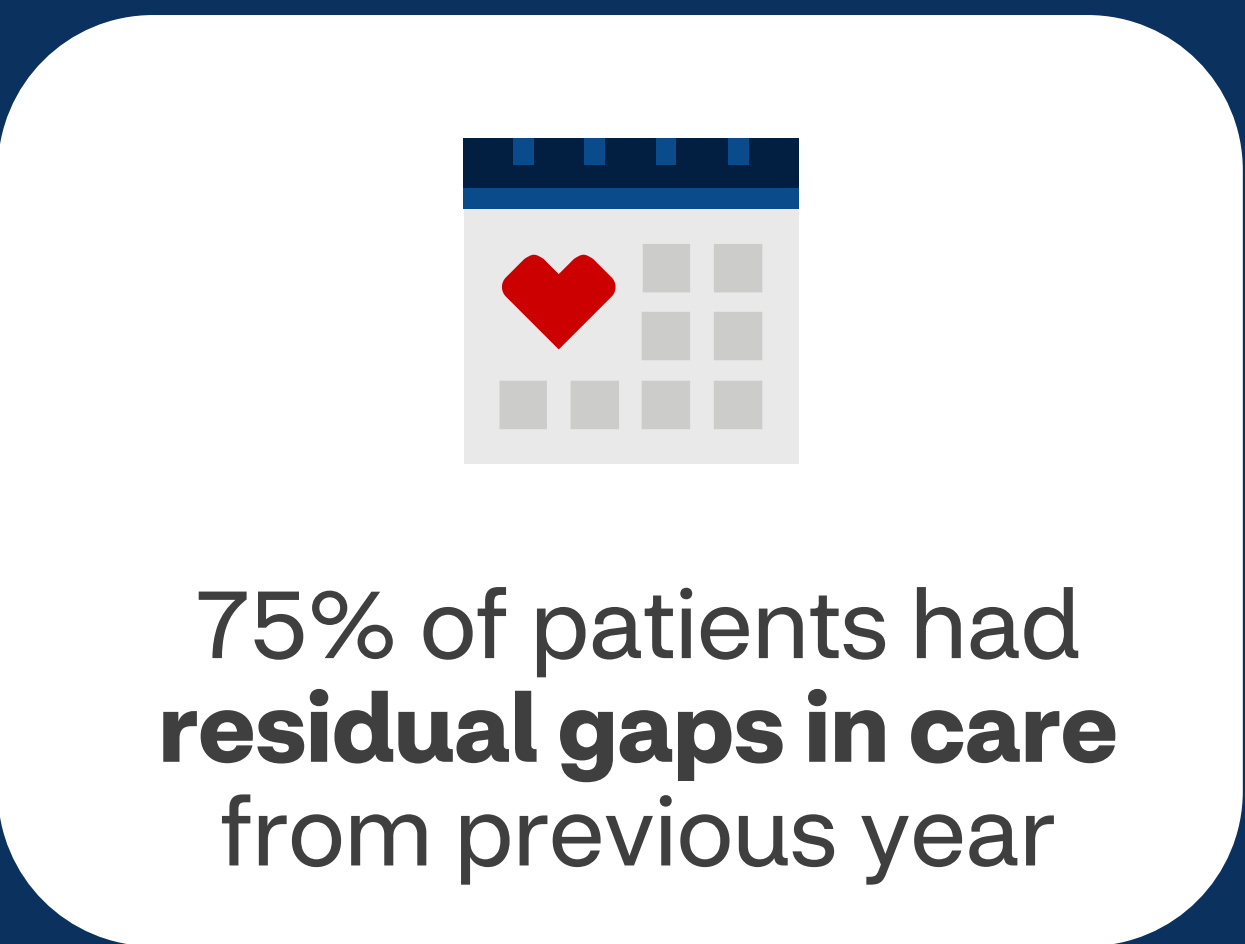
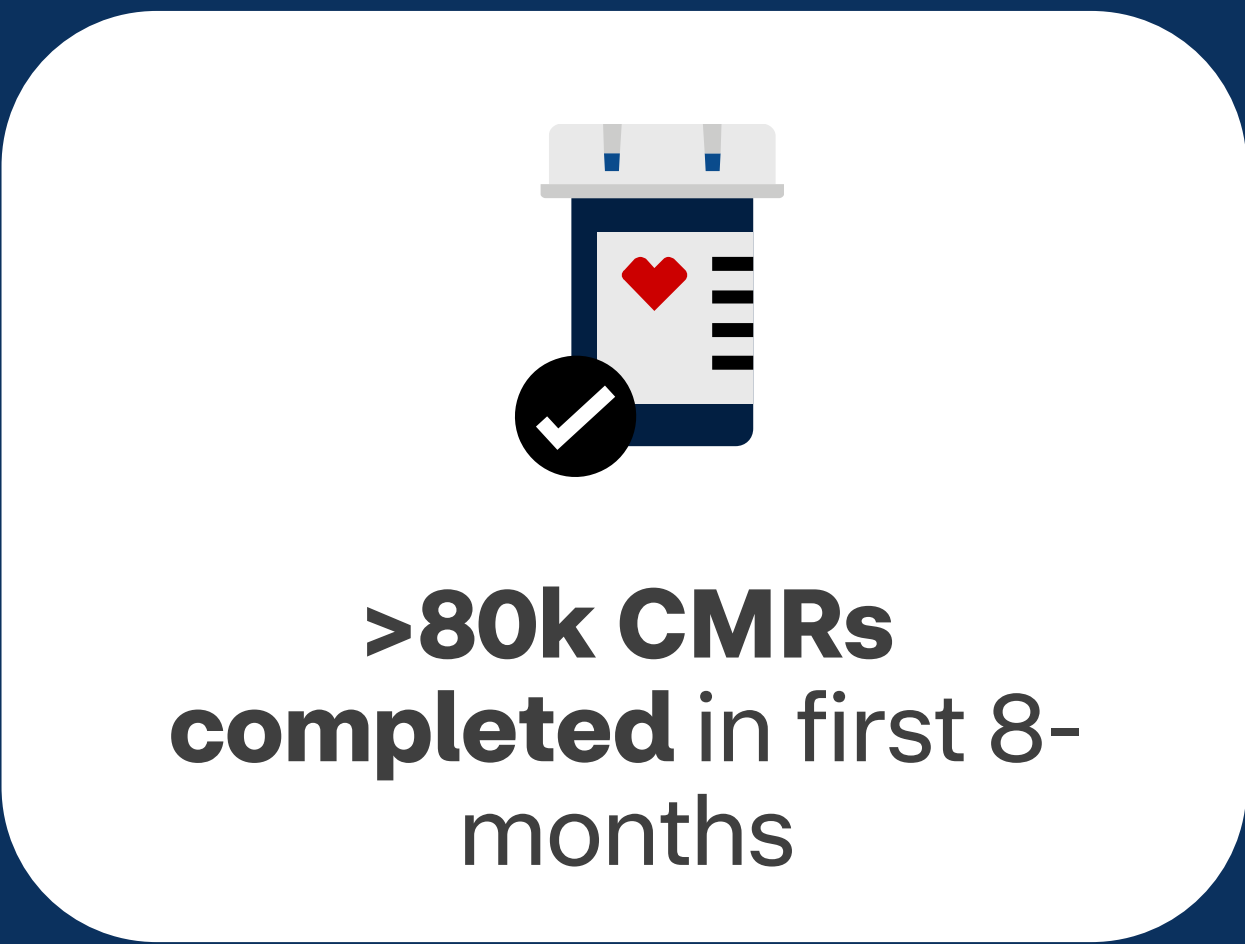
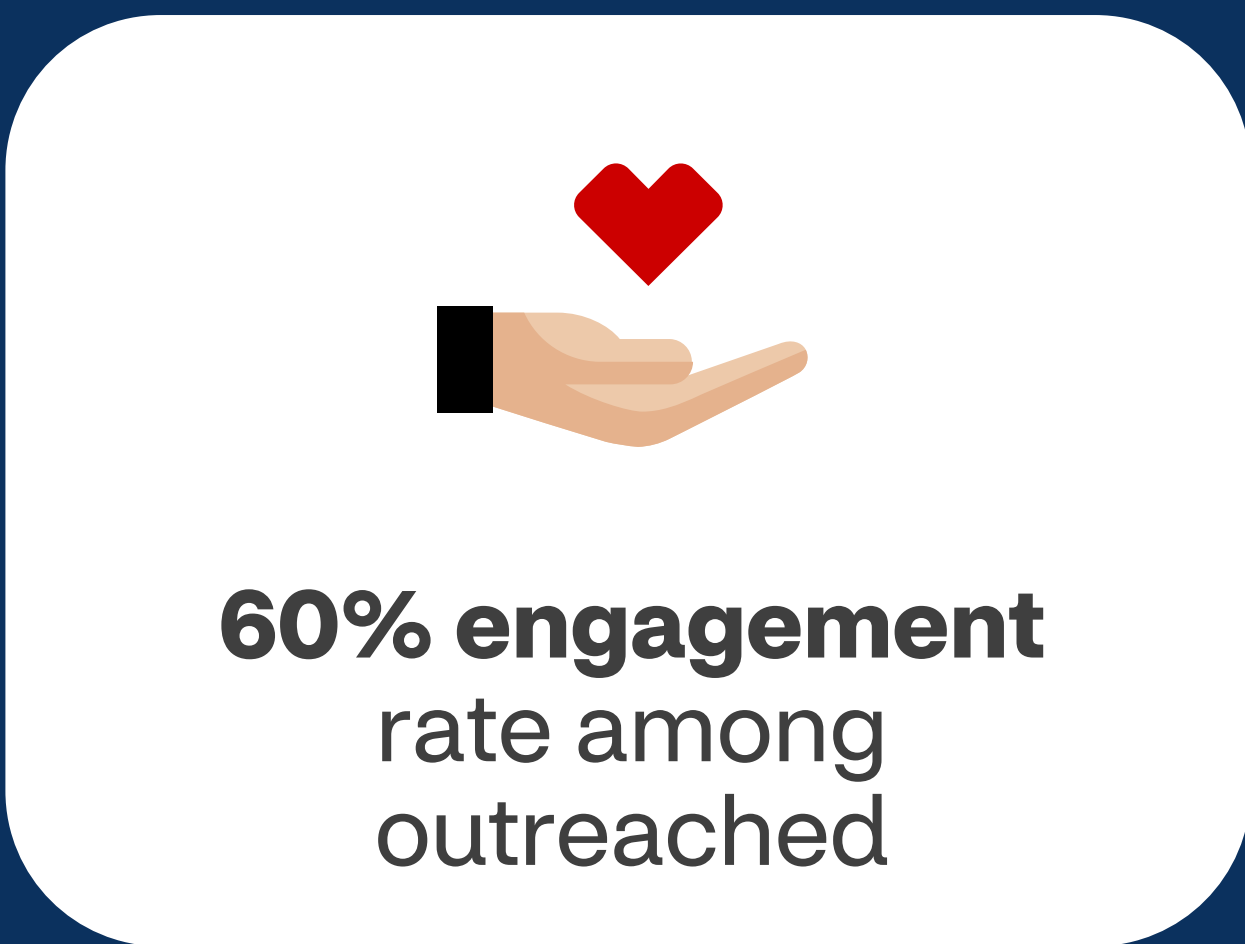


CoE enables opportunity to support patient needs with dedicated workspaces



CoE staff leverages tech-enabled systems for patient outreach and follow-up, including real-time scheduling for health service needs

Successful implementation of an **informatics-based CoE model** for a nationwide retail pharmacy chain **increased access to high-value health care services** and **closed medication-related gaps in care** on a population-wide level



## Fostering Professional Job Satisfaction

CoE Staff Qualitative Feedback

Inspiring

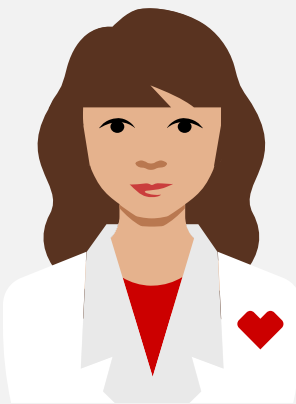
Rewarding

Fulfilling

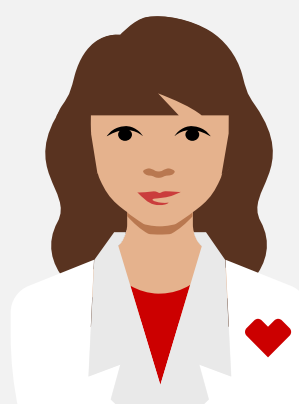
Gratified

Life changing

Impactful



“It’s important for me to be part of the Center of Excellence because that’s what I went to pharmacy school for...is to really have that clinical and one-on-one relationship with patients...and we get to see the value added on a daily basis to people’s lives.” - CoE Pharmacist



“You have to build that relationship with them. It’s not just about getting the appointments done. You actually have to build a connection with them...and that’s what makes it so gratifying, which is why it’s an awesome program.” - CoE Technician