

Background

- The Academy of Managed Care Pharmacy (AMCP), the AMCP Foundation (AMCPF), and the Joint Research Committee (JRC) published the managed care pharmacy research agenda in the *Journal of Managed Care & Specialty Pharmacy* (Apr. 2020).¹
- The research pillars (Figure 1), and the research priorities within, present opportunities for managed care pharmacy to lead and influence change. They encompass high-priority topics that reflect strong potential to improve health care quality.
- Research pillars and priorities must align to address evidence gaps in managed care pharmacy, to support efforts of managed care organization in evaluating outcomes and – ultimately – to optimize medicine.
- Mapping research priorities onto research pillars will help future focus groups in developing and refining the most essential, specific research questions to raise in 2021-2022.

Figure 1. Four Research Pillars

Real-World Evidence (RWE)	Real-world evidence to inform managed care pharmacy decision making
Value-Based Models (VBM)	Value-based models in managed care pharmacy to address total cost of care
Benefit Design (BD)	Impact of benefit design or utilization management strategies on patient outcomes
Patient Care Services (PCS)	Impact of direct patient care services provided by managed care pharmacy on patient outcomes

- To expand the research agenda in recognition of the current health care environment, JRC added two new research priorities:
 - Address disparities in designing and delivering health care through managed care pharmacy, while considering diversity, equity, and inclusion (DEI) as well as social determinants of health (SDoH).
 - Assess managed care pharmacy programs focused on patient care in response to the COVID-19 pandemic.
- Addition of the two new priorities produced a total of eight priorities (Figure 2).

Figure 2. Eight Research Priorities

Drugs approved in an expedited manner by the FDA as they typically have very limited clinical or economic evidence at the time of launch
Drugs or clinical care services whose price and/or expected use would have a significant impact on the managed care pharmacy budget
Potential opportunities for outcomes-based contracting
Impact of legislative activities and policies
Disease states where there are limited or outdated clinical guidelines
MTM and the impact on clinical outcomes across various patient demographics
Addressing disparities in designing and delivering health care through managed care pharmacy, while considering diversity, equity, inclusion (DEI) as well as social determinants of health (SDoH)
Assessing managed care pharmacy programs focused on patient care in response to the COVID-19 pandemic

Objectives

- To review existing research priorities and identify new priorities as needed.
- To map research priorities onto research pillars.
- To inform development of appropriate research questions that will advance the managed care pharmacy research agenda.

Methods

- Literature reviews were performed to identify areas of prior scholarship and areas requiring more investigation.
- A modified Delphi approach was conducted through multiple rounds between JRC, AMCPF and AMCP leadership.
- This approach enabled stakeholders to:
 - Reconfirm current and newly added research priorities
 - Map research priorities to their respective research pillars
 - Finalize research pillars and research priorities to move forward for question development in 2021-2022.

Results

- Eight research priorities were mapped across the four research pillars. Some of the research priorities aligned with more than one research pillar (Figure 3).

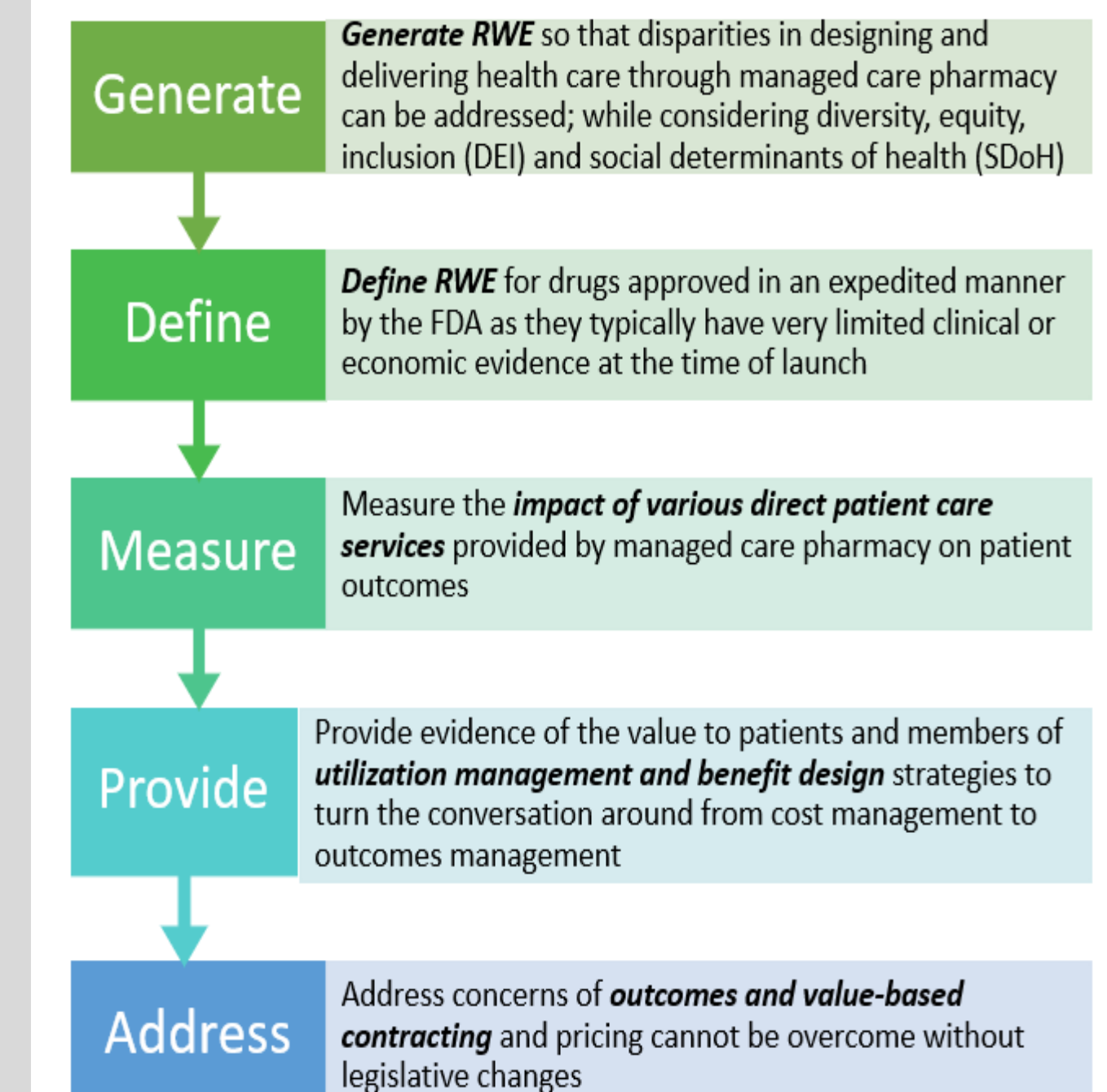
Figure 3. Research Priorities Mapped to Research Pillars

Real-World Evidence (RWE) Real-world evidence to inform managed care pharmacy decision making <ul style="list-style-type: none"> Drugs approved in an expedited manner by the FDA as they typically have very limited clinical or economic evidence at the time of launch Impact of legislative activities and policies Disease states where there are limited or outdated clinical guidelines Addressing disparities in designing and delivering health care through managed care pharmacy, while considering diversity, equity, inclusion (DEI) as well as social determinants of health (SDoH) 	Value-Based Models (VBM) Value-based models in managed care pharmacy to address total cost of care <ul style="list-style-type: none"> Potential opportunities for outcomes-based contracting Impact of legislative activities and policies
Benefit Design (BD) Impact of benefit design or utilization management strategies on patient outcomes <ul style="list-style-type: none"> Drugs or clinical care services whose price and/or expected use would have a significant impact on the managed care pharmacy budget Impact of legislative activities and policies 	Patient Care Services (PCS) Impact of direct patient care services provided by managed care pharmacy on patient outcomes <ul style="list-style-type: none"> Impact of legislative activities and policies MTM and the impact on clinical outcomes across various patient demographics Assessing managed care pharmacy programs focused on patient care in response to the COVID-19 pandemic

Results (cont.)

- Five research priorities were mapped across the four research pillars to develop the final recommendation for advancing the agenda in the coming year (Figure 4).

Figure 4. Agenda Implementation Recommendation for 2021



- The specific research questions to address in 2021-2022 will leverage two research priorities within the RWE pillar.
 - First, to define RWE for drugs approved in an expedited manner by FDA as they typically have very limited clinical or economic evidence at the time of launch.
 - Secondly, to generate RWE so that disparities in designing and delivering health care through managed care pharmacy can be addressed, while considering diversity, equity, and inclusion (DEI) as well as social determinants of health (SDoH).

Limitations

- Due to specific stakeholder input, caution should be exercised when generalizing results.
- Responses to this qualitative research are not measurable making this research process difficult to replicate and quantify.
- Due to the dynamic nature of health care, consensus on research priorities is fluid; this mapping reflects consensus at a point in time.
- Personal experience and knowledge vary by individual, and may influence the interpretation of observations and conclusions.

Conclusions

- Mapping research priorities onto the research pillars was crucial to advancing the research agenda for appropriately targeted research. Through the modified Delphi approach, JRC attained a consensus on research pillar and priority mapping, and on the research priorities most important to advance for specific research question development.
- Implementing the research agenda will close critical evidence gaps, thereby optimizing medicine and improving patient lives.

Next Steps

- In January 2021 two key stakeholder focus groups and a reactor panel proposed, defined and prioritized the most important managed care pharmacy research questions within two RWE research pillar priorities – FDA expedited approval and health disparities.

Next Steps (cont.)

- JRC, AMCPF, and AMCP will advocate for health plans and outcomes researchers to initiate efforts to address these significant issues impacting managed care pharmacy.
- AMCPF will pilot a funded research model to provide grant support for projects that are designed to answer the research questions.
- The top research questions will be initially shared via a networking session at AMCP 2021 Virtual.
- Future publications are planned.

Acknowledgments

- Our deepest appreciation goes to the University of Utah for granting the special gift of a Visiting Scholar sabbatical for Dr. Brixner to advance managed care research.
- A special thank you to the AMCP CEO Susan A. Cantrell, RPh, CAE; AMCP and AMCP Foundation Boards; and the Joint Research Committee for inspiring and continuing to support this project.

Reference

- Gembariski, J, et al. (2020). Top Evidentiary Gaps in Managed Care Pharmacy: A Research Agenda. *Journal of Managed Care & Specialty Pharmacy*, 26(4), 375–381. <https://doi.org/10.18553/jmcp.2020.19372>