



What role might pharmacists play in value-based pricing models?

Pharmacists already play a significant and evolving role in value-based pricing models, particularly through networks like the Community Pharmacy Enhanced Services Network (CPESN®). Since its inception in 2016, CPESN has operated within value-based agreements across a broad network of 3,500 pharmacies in forty-eight states. These pharmacies are clinically integrated and performance-based, focusing on improving patient outcomes and reducing the total cost of care. Their programs demonstrate positive benefits for patients, commercial insurers, health plan sponsors, Medicare MCOs, state Medicaid programs, MCO's, ACO's and others.

CPESN pharmacists deliver high-touch, patient-centered services. Their care planning activities commonly focus on medication therapy management, chronic disease support, and adherence programs. They work closely with Medicare and Medicaid plans, contributing to quality metrics such as HEDIS gap closures. Pharmacists also serve as connectors to other health services and resources, enhancing patient access to care.

Through frequent, scheduled interactions and motivational interviewing, pharmacists address real-world barriers to medication adherence, such as side effects, cost, and lifestyle challenges. This leads to better medication use, improved health outcomes, and higher patient satisfaction—key components of successful value-based care models.

A well-structured value-based clinical program should utilize a two-pronged approach. The first component involves a fee-for-service (FFS) model, where pharmacists document and are reimbursed for their direct clinical care activities with patients. The second component is a value-based agreement that captures the collective impact of the pharmacy network, aligning services with clearly defined outcome measures set by the program sponsor.

Under this framework, pharmacists would be credentialed by the program sponsor, similar to physicians and advanced practice registered nurses (APRNs). Only those pharmacists providing clinical care—not those solely engaged in dispensing—would be eligible to submit FFS claims. This structure gives insurers, and plan sponsors greater control over spending, ensuring that resources are directed toward high-value, patient-focused clinical services.

Ed Schreiner Jr., RPh.
Vice President of Network Development
Northeast Pharmacy Service Corporation

 ed@northeastpharmacy.com