Pharmacist-Led Pharmacotherapy Clinic to Strengthen 340B Compliance and Reduce 30-Day Readmissions

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Background

The 340B Drug Pricing Program is a federal program that enables eligible healthcare organizations to purchase outpatient drugs at significantly reduced prices from drug manufacturers. These cost savings help hospitals to stretch limited federal resources by expanding services and providing more affordable medications to low-income and uninsured patients. The 340B Program requires participating hospitals to meet program-integrity obligations, including annual recertification, cooperation with the Health Resources and Services Administration (HRSA) and manufacturer audits, and maintaining auditable records and inventories of all 340B and non-340B drugs. Key statutory compliance risks include diversion (dispensing 340B drugs to individuals who are not patients of the covered entity) and Medicaid duplicate discounts, both of which demand robust encounter/prescriber linkage and claims controls. As manufacturers continue to restrict program leverage by limiting outside (contract) pharmacy use, and as rebate-based oversight expands, hospitals face greater operational and documentation burdens to remain audit-ready under these requirements (American Hospital Association, 2025; Knox et al., 2022).

At Salinas Valley Health, the prescription capture rate, which is the proportion of 340B eligible outpatient prescriptions that are filled through the entity-owned retail pharmacy, remains at the current institutional baseline. This suppresses savings and reduces the organization's ability to consistently meet 340B documentation and audit readiness expectations by making eligibility linkage and documentation less consistent. Low capture rates limit both patient access to affordable medications and the hospital's ability to demonstrate compliance under 340B audit standards. Barriers included limited physician referrals, lack of patient and staff education, and need for operational oversight.

Medication therapy management is a distinct pharmacist-provided service model to optimize therapeutic outcomes. Pharmacotherapy clinics are pharmacist-managed, referral-based ambulatory clinics embedded in health system outpatient settings that provide ongoing medication adjustment and disease management (American Pharmacists Association Foundation, n.d.; Marte et al., 2024).

At Salinas Valley Health, limited integration of pharmacist-led services created both compliance gaps and underutilization of pharmacy expertise. As such, the use of pharmacotherapy clinics and medication therapy management services were explored to improve outcomes and 340B compliance. These services face adoption challenges in community hospitals (Harris et al., 2022). Hohmeier et al. (2019) found that workflow, reimbursement, and staffing limitations were major barriers to medication therapy management implementation. What is not known is how local culture, referral pathways, and system support influence clinician engagement with pharmacotherapy clinic models in the hospital setting.

Purpose Statement

The purpose of this quality improvement initiative is to evaluate a pilot pharmacotherapy clinic aimed at enhancing 340B compliance and prescription capture, strengthening interdisciplinary collaboration, and reducing 30-day all-cause readmissions among targeted chronic disease and transition-of-care populations.

Methods

Guided by the Theory of Planned Behavior (TPB), which holds that behavioral intention is shaped by attitudes, perceived social norms, and perceived behavioral control (Ajzen, 1991; see Figure 1), the project will (a) elicit clinicians' beliefs about pharmacist-led services; (b) assess normative influences from peers, leadership, and patients; and (c) quantify perceived control barriers such as referral pathways, electronic health record (EHR) workflows, staffing, and training. Using TPB as an organizing framework, we will map belief-level findings to practical change strategies (e.g., targeted education, streamlined referrals, order set optimization, role visibility) to increase intention and actual adoption of pharmacotherapy clinic services. Expected outcomes include a reduction in 30-day all-cause readmissions and an increased prescription capture rate at the entity-owned pharmacy.

Figure 1

Theory of Planned Behavior Applied to Pharmacotherapy Clinic Initiative

Attitudes	Subjective Norms	Perceived Control
Pharmacists and physicians value MTM/PTC services for improving outcomes.	Peer and leadership support; patient expectations encourage participation.	Workflow efficiency, EHR design, and staffing capacity influence ease of adoption.

Shape Intention to Adopt PTC

Behavior:
Implementation of PTC
- **Increased prescription capture**
- **Reduced 30-day readmissions**

Note. MTM = medication therapy management; PTC = pharmacotherapy clinic; EHR = electronic health record

Setting & Population

This initiative will occur at a mid-sized disproportionate share community medical center. Participants include inpatient, outpatient, and retail pharmacists, as well as hospitalists, primary-care physicians, and specialists involved in chronic disease and transition of care management. Intervention: Launch of a pharmacist-led pharmacotherapy clinic in coordination with the entity-owned retail pharmacy to deliver medication therapy management and ensure compliant 340B prescription capture.

Data Plan and Timeline

Baseline data will be collected for 6 months prior to implementation (January-June 2026). The pilot will run from July-December 2026, followed by a 3-month evaluation and dissemination period (January-March 2027).

- Prescription Capture Rate: Extracted monthly from retail pharmacy dispensing data and compared to baseline capture (institutional baseline)
- 30-Day Readmissions: Pulled monthly from the quality analytics dashboard for pharmacotherapy clinic participating patients, stratified by diagnosis and discharge unit.
- Physician Survey: Administered pre-launch and 3 months post-launch using the Openness Toward Organizational Change Scale to measure attitudes toward pharmacist integration
- Pharmacist Interviews: Semi-structured interviews at baseline and 6 months post-launch to assess workload, legitimacy, and visibility
- Leadership Reflections: Narrative feedback from compliance, quality, and operations leaders regarding readiness and sustainability
- Triangulation and Integration: Quantitative and qualitative results will be compared using convergence coding—aligning capture data and readmission trends with emergent attitude and workflow themes.

Ethical Considerations

This project qualifies for Institutional Review Board exemption review under the medical center's Research Oversight Committee, with approval expected before the July 2026 launch.

Results

Institutional baseline data for the prescription capture rate at the entity-owned retail pharmacy and all-cause readmission rate among chronic disease and transition-of-care discharges were reviewed. Early engagement activities indicate high pharmacist willingness to participate, tempered by workflow and EHR constraints. Physicians report support for pharmacist-led management but uncertainty about referral pathways. Incremental increases in prescription capture and reductions in readmissions are expected during the pilot phase as interdisciplinary collaboration improves (see Table 1).

Table 1

Planned Measures and Anticipated Outcomes

Domain	Measure	Baseline	Anticipated Outcome
Operational	Prescription capture rate at entity-owned pharmacy	Institutional baseline	Incremental increase in capture rate
Clinical (Patients)	30-day hospital readmissions (chronic disease, medication transitions)	Baseline pending	Reduction with MTM/PTC support
Physician Engagement	Openness Toward Organizational Change Scale (OTOCS)	Baseline survey	Improved openness to pharmacist integration
Pharmacist Engagement	Interview themes: workload, legitimacy, visibility	Qualitative	Increased willingness, barriers identified
Leadership Perspective	Feedback from compliance & operations leaders	Baseline narrative	Recognition of PTC as compliance firewall

Note. MTM = medication therapy management; PTC = pharmacotherapy clinic

Conclusions

Preliminary analysis suggests that favorable clinician attitudes alone are insufficient to sustain pharmacist-led medication therapy management and by default pharmacotherapy clinic services (Pestka et al., 2022; Xiao et al., 2024). System-level reinforcement, clear referral pathways, and operational infrastructure are required to achieve durable change. Early implementation indicates that pharmacotherapy clinic participation enhances interdisciplinary communication, improves medication reconciliation accuracy, and positions the organization to meet future HRSA rebate and 340B compliance demands. From a patient perspective, improved continuity of pharmacotherapy management is expected to reduce medication-related readmissions and strengthen post-discharge follow-up. For the hospital, embedding pharmacotherapy clinic services aligns pharmacy operations with institutional quality and safety goals while demonstrating readiness for evolving federal oversight.

Next Steps

Formal data collection will begin in July 2026 with interim findings used to refine referral processes, improve clinician engagement, and inform an enterprise-level plan for sustainable pharmacist integration into chronic disease and transition-of-care pathways.

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