THE INTERSECTION OF TECHNOLOGY AND MANAGEMENT
COMPUTERTALK
FOR THE PHARMACIST
Vl. 32 No. 1 January/February 2012

Digital Channels That Engage Patients

Digital marketing channels are significantly changing how pharmacists interact with their patients. From websites to email and social media, hear what pharmacists are using. Story begins on page 19.

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In This Issue:

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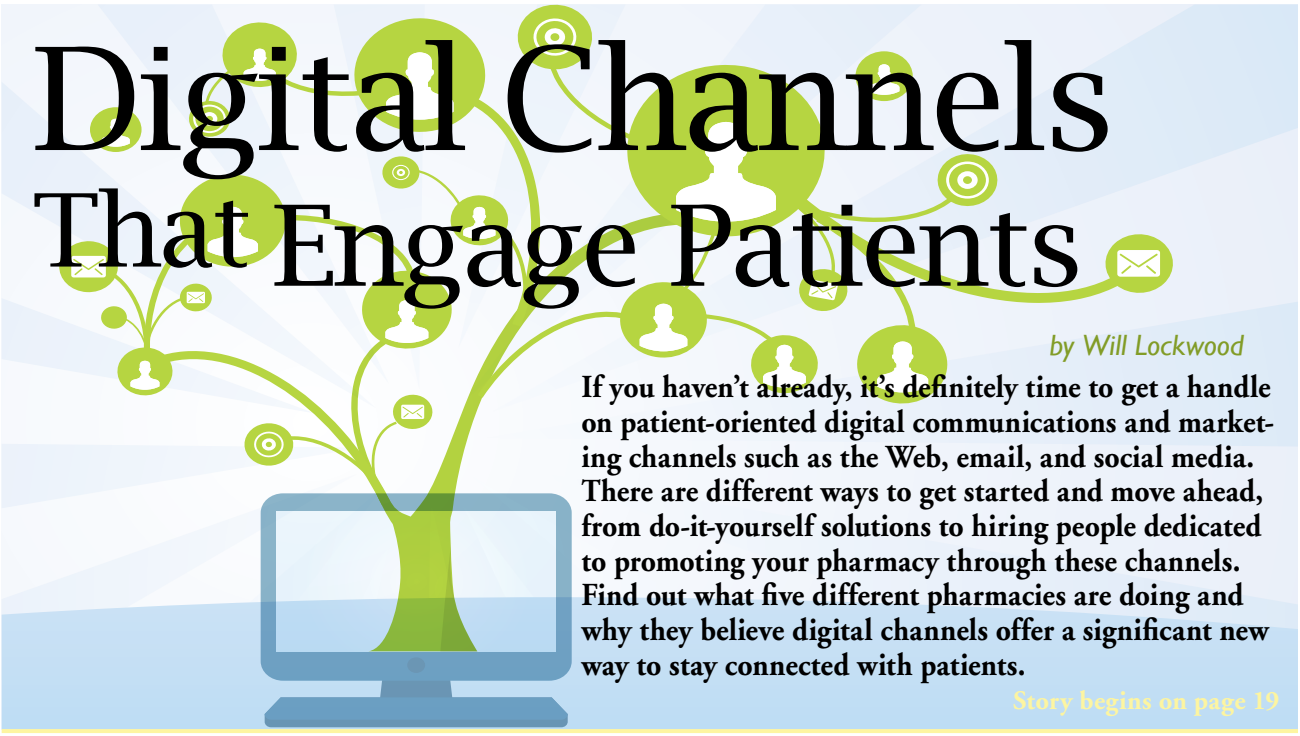
Digital Channels That Engage Patients



by Will Lockwood

If you haven't already, it's definitely time to get a handle on patient-oriented digital communications and marketing channels such as the Web, email, and social media. There are different ways to get started and move ahead, from do-it-yourself solutions to hiring people dedicated to promoting your pharmacy through these channels. Find out what five different pharmacies are doing and why they believe digital channels offer a significant new way to stay connected with patients.

Story begins on page 19

Features

12 **Connecting to Community Is Key to Growth**
by Maggie Lockwood
Kapler's Pharmacy recently celebrated 65 years in business. Owner Sam Kelly isn't resting on her laurels, though. She's expanded OTC offerings and opened a sister store featuring recycled and "green" products. She's looking to her POS system to position this independent pharmacy for the future.

15 **The E-Prescribing Learning Curve: One Pharmacy's Experience**
by Will Lockwood
Pharmacists Marge and Rick McCoy are receiving the majority of new prescriptions electronically at their Lopez Island Pharmacy. This has turned their practice into something of a laboratory in which they are seeing what happens when this important technology is put into broad use. Not surprisingly, it turns out that there's a lot of work to be done when you completely revamp the way prescriptions flow from prescriber to pharmacy. Find out what the McCoys are seeing, and how they are working with local prescribers to get e-prescribing to reach its full potential.

Departments

4 *Publisher's Window*
A Word About ASAP
6 *Industry Watch*
8 *Exclusive Web Content*
36 *George's Corner*
Pedigrees and Such
38 *Technology Corner*
Practice Opportunities to Consider in 2012
40 *Catalyst Corner*
Positive Technology News Starts 2012
42 *Viewpoints*
Ways to Address Medication Adherence
45 *Conference Circuit*
The American Society of Consultant Pharmacists 2011 Annual Meeting and Exhibition
American Society for Automation in Pharmacy 2012 Annual Industry & Technology Issues Conference
44 *Index of Advertisers*
48 *Websites to Visit*

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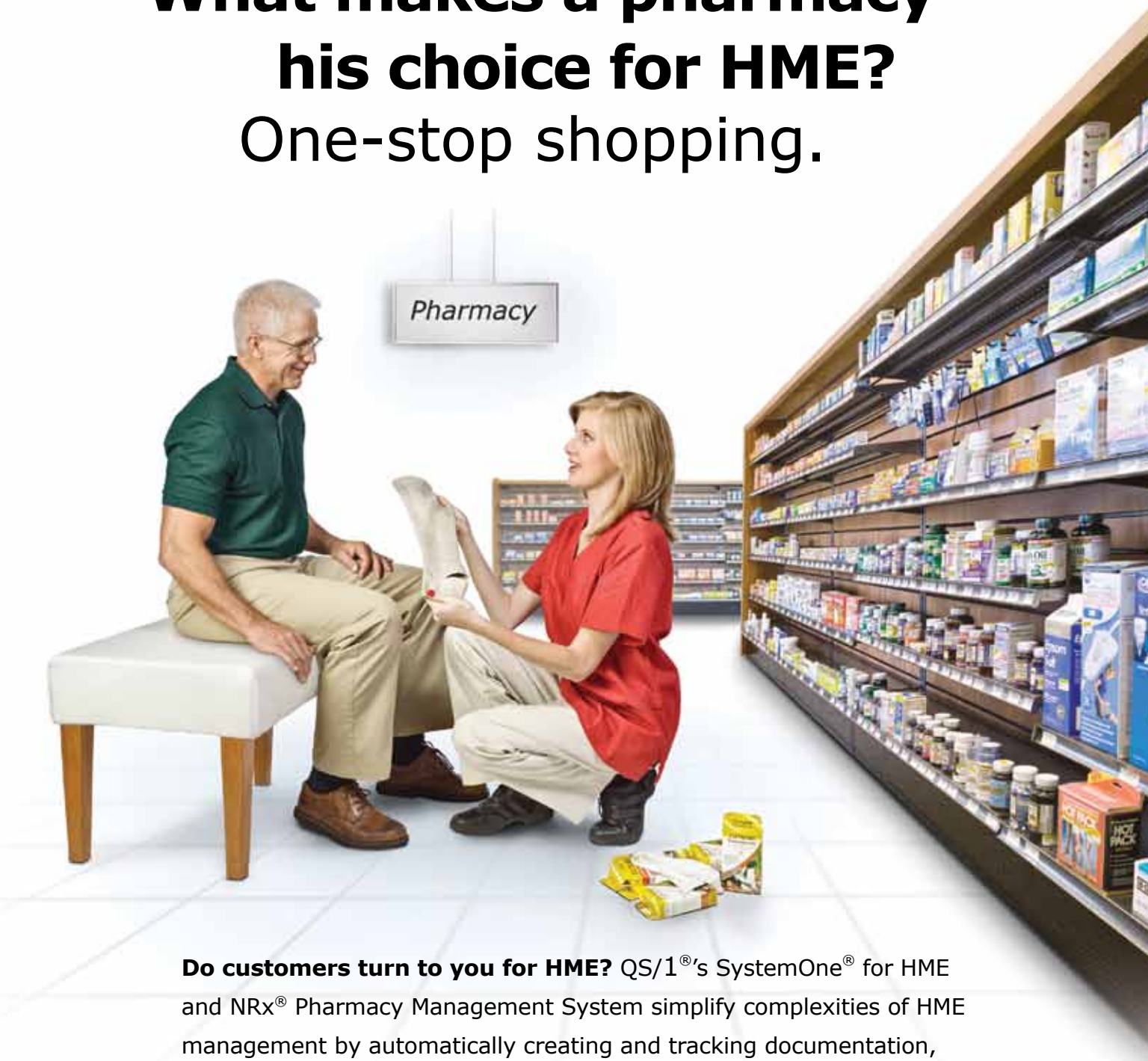

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Member
ASAP
2012

publisher's window

Bill Lockwood

A Word About ASAP

The American Society for Automation in Pharmacy (ASAP) is now in its 25th year. I mention this because I had a hand in the formation of this organization and have served as its executive director over the years. Currently ASAP has a membership of close to 200 corporations and organizations.

ASAP holds two meetings a year. We just concluded our winter annual meeting in January and will have our summer midyear meeting in June, in Philadelphia, where the organization was formed.

The ASAP meetings always get rave reviews from those attending, for both the quality of the speaker program and the locations we choose. On the latter, the January meeting was held at the Don CeSar in St. Pete Beach, Fla. The summer midyear meeting will be held at the Ritz-Carlton in Philadelphia.

ASAP has made a mark for itself in the area of prescription-monitoring programs. Every state in the country with a prescription-monitoring program uses the standard ASAP developed to allow pharmacies to report controlled substances dispensed. The organization also developed a standard for reporting sales of pseudoephedrine products.

Topics covered at the recent meeting included a review of system requirements in an outpatient hospital setting, the cost savings involved in short-cycle dispensing, an update on the issues being addressed at the state pharmacy association level, what goes into the development of an award-winning website, what's involved in an audit of pharmacy system software in order to comply with the DEA requirements to accept electronic prescriptions for controlled substances, and an update on security and privacy under the HITECH act, to name a few.

One presentation that captured the interest of the audience was given by the Web administrator at Mayo Clinic. Here we were introduced to the next level of social media, which involves virtual worlds using 3-D objects and real-time group collaboration. It is just amazing how far we have progressed with social media.

There was also a presentation given by a very dynamic speaker on the way to determine the most profitable items being sold to the most profitable customers for any business profit center or pharmacy location. This included a look at best total service value and lowest total cost-to-serve so a pharmacy can make sustainable profits. In my mind, the content delivered would have benefited every pharmacy owner.

I guess where I am going with all of this is that if any of the technology companies you deal with are not members of ASAP, they should not only join the organization but attend the meetings as well. And if you are part of a chain with its own IT department, it would be worth the time to be involved with ASAP. I should add that ASAP meetings are approved for continuing education credit.

That said, I encourage you to visit the ASAP website (asapnet.org) to see the membership roster. It is an impressive list. You can also view the presentations from the January meeting. And as we get closer to the June meeting, you might want to check the agenda for that as well. **CT**

***Bill Lockwood**, chairman/publisher, can be reached at wal@computertalk.com.*

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Industry Watch

Talyst Rolls Out New Products

New to the Talyst lineup are its automated storage and pharmacy-grade refrigeration system, AutoCarousel HD, and an Apple iOS application that complements its AutoPharm Enterprise software.

The refrigerated AutoCarousel consolidates medications as part of a pharmacy's inventory system and is designed for health systems that need to store items in a temperature-controlled environment.

The mobile app can be accessed on an Apple iOS device to provide improved pharmacy efficiency. "Pharmacists are extremely busy and need tools that streamline their pharmacy operations," says Carla Corkern, CEO of Talyst. "With AutoPharm Mobile, users will have more access to their inventory in remote areas across their health system."

United Supermarkets to Install Fillmaster Plus

United Supermarkets, the Texas-based operator of 43 pharmacies, and **FLAVORx**, makers of medication flavor choice and taste improvement systems, have agreed to a chain-wide rollout of the new Fillmaster Plus dispensing technology from FLAVORx.

With this new device, pharmaceutical reconstitution, which in many cases is a manual process, can be done at the push of a button. When a prescription bottle is scanned using the Fillmaster Plus, the unit displays the medication's name, volume, and strength, as well as the amount of purified water it needs for reconstitution. This process reduces the risk of dispensing errors, and at the same time reconstitution is accomplished in a matter of seconds.

The new system also gives pharmacy staff the ability to customize the taste of liquid medications, based on the child's or parent's preference.

Roadmap for Pharmacy HIT Integration Now Available

The Pharmacy e-Health Information Technology Collaborative has released a white paper entitled *The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care*. The roadmap formalizes the priorities of the pharmacy profession for the next four years to assure that electronic health records facilitate safe and effective medication use. It also provides guidance to provider organizations, policymakers, vendors, payers, and other stakeholders involved in the integration of pharmacy health information technology into the national HIT infrastructure.

The roadmap includes documentation of pharmacists' roles in care delivery, electronic prescribing, medication therapy management, and immunizations. It describes how pharmacists can contribute to the meaningful use of electronic health record quality measures and the certification requirements of a pharmacy electronic health record system.

"The roadmap is a comprehensive document encompassing pharmacists' meaningful use of electronic health records in all practice settings," says Shelly Spiro, director of the eHIT collaborative.

The document is available free of charge at www.pharmacyhit.org.

ScriptPro Receives Best-in-Class Award

The healthcare IT research firm **KLAS** recently published its annual report, *2011 Best in KLAS Awards: Software & Professional Services*. The report showed that **ScriptPro** customers ranked the company's SP Central pharmacy management system first in the category of software solutions for pharmacy retail outpatient.

Reports compiled by KLAS represent the opinions of people in organizations who actually use the products being evaluated.

In commenting on the award, Mike Coughlin, president and CEO of ScriptPro, says, "KLAS ratings are the acid test of how we are doing versus customer expectations. There are many choices to be made by the medical community in selecting technology platforms. KLAS provides a strictly objective evaluation to help healthcare managers make informed decisions."

KLAS is a research firm specializing in monitoring and reporting on the performance of healthcare vendors. The company works together with more than 4,500 hospitals and 2,500 clinics to provide an overview of vendor performance in the industry.

continued on page 8

"The ROI is very good and the products are top quality."

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Industry Watch

continued from page 6

Surescripts Offers Toll-Free Line

Independent pharmacies needing help with e-prescribing can now call a dedicated toll-free number (877/877-3962) to connect with a Surescripts certified pharmacy technician to help resolve problems and provide personal follow-up.

This new service is not intended to replace the support that pharmacists get from their pharmacy system vendor. The toll-free line has been set up to help address urgent or persistent issues, where Surescripts may be of assistance.

MatchRx Sees Surge in Users

In the less than two years since its formation, MatchRx has gained the support of 1,400 pharmacies looking for a better way to manage inventory.

This is a B2B Web-based pharmacy marketplace that allows independent pharmacy owners to connect with other independent pharmacy owners to bring buyers and sellers together to move unused inventory. "With MatchRx pharmacists no longer have to wait for the bottom 20% of their inventory to expire before returning products through a reverse distributor," notes John Kello, CEO of the company. According to Kello, more than 20 state pharmacy associations and buying groups have endorsed MatchRx.

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On the Future of E-Prescribing
More from the interview with pharmacist Rick McCoy of Lopez Island Pharmacy near Seattle.

Listening to Customers
Micro Merchant's Akbar Merchant talks about the company's development process and new Web refill offering.

Med Management Technology Adds Feature to QuickMAR

The latest development in its QuickMAR medication management software suite is a pharmacy dashboard to improve communication between pharmacies and long-term care facilities.

The new module enables pharmacies to directly monitor patient medication status by receiving updates as caregivers enter information in participating facilities, as well as real-time updates on a resident's status. The pharmacy also receives notification when a medication needs to be refilled or is discontinued.

Speed Script Offers Mobile App

A partnership between Praeses, a provider of mobile apps for the pharmacy market, and **Speed Script** will give Speed Script users the option to offer a refill service through the PocketRx app for a mobile device from Praeses.

PocketRx includes features for customizing phone screens with the pharmacy logo and contact information, as well as barcode scanning to make the refill process easier. The application has been integrated with the Speed Script pharmacy management system.

The PocketRx app runs on the Apple iPhone and Android platforms. Windows Phone 7 and BlackBerry versions are scheduled for future release.

Epicor Adds Functionality to Eagle Release 21

A lot of new functionality has been added to the latest release of the **Epicor** Eagle point-of-sale system.

Release 21 provides dynamic real-time graphical views of business information via dashboards, scorecards, and "reports at a glance." The Epicor Eagle inventory planner supports improved synchronization of supply and demand for reduced stockouts and overstocks to

continued on page 10

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Industry Watch

continued from page 8

lower carrying costs, and it brings four powerful new tools to the sales counter. These include an intuitive touchscreen terminal, a new consumer display, a biometric fingerprint reader for log-in, and a digital receipt feature.

In addition, new mobile functionality has been added that supports the iPad, iPhone, iPod Touch, and Android mobile devices. With this app, managers can receive alerts and respond to override requests from any location. The Eagle Mobile POS introduced is a wireless checkout station that allows store personnel to check out customers from the aisle.

NABP Adds to PMP InterConnect Users

The latest states to sign on for the National Association of Boards of Pharmacy's NABP InterConnect service are Michigan and Connecticut. This facilitates the sharing of data between state prescription-monitoring programs (PMPs). Michigan and Connecticut join Ohio, Indiana, and Virginia as users. In just the first few months of operation, there have been more than 71,000 out-of-state prescription reports processed through NABP InterConnect by Ohio, Indiana, and Virginia.

PMPs in Arizona, Kansas, Mississippi, New Mexico, North Dakota, South Carolina, Utah, and West Virginia have signed a memorandum of understanding with NABP to participate in the interstate sharing service.

NABP anticipates that more than 20 states will be sharing data using InterConnect in 2012.

New Pouch Verification from TCGRx

The latest product launch from TCGRx is InspectRx, a pouch verification device and collation unit. "InspectRx is a tool that customers can use to greatly improve efficiencies and accuracy during the inspection and manifesting process of filling scripts through pouch automation," explains Duane Chudy, CEO of TCGRx.

InspectRx provides visual inspection of 60 pouches per minute, identifies incorrect medications, and flags exceptions for pharmacist review. It offers inspection with an indexed system organized by day and passtime for easy reference and provides images of each side of the medication pouch. The optional collation unit further improves the capabilities of InspectRx by sorting, rolling, and cutting medications by patient and isolating any pouches that are determined to contain errors.

RxTran Expands Foreign Languages Offered

RxTran now offers a comprehensive database of written SIG translations in Arabic, Bengali, Chinese (simplified and traditional), French, German, Greek, Haitian Creole, Hindi, Italian, Korean, Polish, Portuguese, Russian, Spanish, Tagalog, and Vietnamese.

This vast database of foreign-language SIGs helps pharmacists communicate prescription information to patients with limited English proficiency for a low monthly subscription. The RxTran software-as-a-service provides an online library of pretranslated label information to print either directly onto the prescription label or in supplemental form. These translations have been reviewed through RxTran's ISO-certified, five-step quality-control process.

RxTran also allows pharmacists to dial a toll-free number to be able to communicate with patients who do not speak English.

ECRS Builds Interface with QS/1 System

Pharmacies using the QS/1 NRx pharmacy management system will now have the option of an interface with **ECRS**'s CATAPULT point-of-sale (POS) system. This interface will provide bidirectional communication between the two systems and merge all pharmacy and grocery department business data into a centralized repository. The bidirectional interface includes the tracking of prescriptions sold, co-located prescription data for retrieval, signature prompts, centralized storage of signatures, and real-time will-call bin management.

The interface will provide grocery retailers with pharmacy departments better coordination of the two systems. Star Super Market and Discount Pharmacy, a four-store grocery chain located in the Huntsville, Ala., area, served as the pilot site for the project between the two companies.

ECRS has also announced the introduction of a mobile point-of-sale

solution that is driven by the company's Java-based retail transaction server technology. Close to 100% of the features found in the company's traditional POS system are available on the mobile device.

OmniSYS Service Expands to All 50 States

OmniSYS has expanded its diabetic self-management training (DSMT) and Medicare Part B billing service to all 50 states. Medicare covers DSMT training services for beneficiaries related to all aspects of diabetes. The OmniSYS billing service provides real-time transaction edits for Medicare eligibility, DSMT coverage limitations, allowable pricing, and remittance processing.

In order to participate, a pharmacy's DSMT program must be accredited by the American Diabetes Association, the American Association of Diabetes Educators, or the Indian Health Service.

OmniSYS also announced OmniLINK Advantage, which it describes as a high-touch patient prescription adherence program. According to the company, the program's interaction model increases adherence and improves medical outcomes through a series of patient interactions that include customer care calls, refill reminders, and educational mailings.

The company has found that its patient-interaction model can increase patient retention by over 30% as a result of customer care representatives guiding patients through the Medicare maze and diabetes management support that builds customer loyalty. It has also found that the reacquisition of lost patients has a win-back success rate of 35%.

"We are uniquely positioned to manage this type of program given our 25-plus years of experience interacting with diabetic patients, pharmacies, and manufacturers," says Tricia Fringer, president and CEO of OmniSYS.

Prior Authorizations Made Easier

Armada Health Care has announced ApproveRx, a Web-based platform that streamlines the prior authorization process by expediting communication between pharmacies, prescribers, and payers. Using traditional methods, prior authorizations can take several days and involve hours of effort from pharmacies and prescribers. ApproveRx improves turnaround time by facilitating accurate completion of prior authorization forms for virtually all insurance plans and drugs, eliminating time-consuming phone calls and faxes.

Lawrence Irene, a pharmacist and CEO of Armada, says, "We have made the entire process electronic, from form selection and completion, through tracking submissions and status. And, because it requires only a standard browser, ApproveRx can be immediately integrated within existing workflows, making it an easy-to-deploy tool."

The way it works is that after a user enters a drug name and insurance plan, ApproveRx locates the required insurance or PBM prior-authorization form from a central repository of thousands of documents. Users can leverage ApproveRx's address book feature to pre-populate forms with existing patient data for faster completion. The forms are then submitted to a prescriber or health plan for approval using the ApproveRx's e-fax capability. The process of transferring data between prescribers, pharmacies, and health plans is HIPAA compliant to protect patient privacy. Forms may also be completed in hard copy. ApproveRx also provides a dashboard feature to track authorization status to reduce abandoned prescriptions.

ASAP Updates PSE-Tracking Standard

The American Society for Automation in Pharmacy (ASAP) has added functionality to its pseudoephedrine (PSE)-tracking standard that allows a retailer to query a PSE database prior to a sale, without having to provide product detail, to determine whether a person has reached his or her quantity limit.

The new version (V1.1) also allows the acknowledgment when a sale is blocked that the product was in fact not sold. This functionality has been added in the event states decide to require that this information be reported.

The organization responded to a request from Appriss, which handles the PSE-tracking systems for a number of states, to add the new feature in order to accommodate inquiries before the sale by swiping a person's driver's license to determine quantity limit and then reporting this information to the states via the ASAP format. CT

Connecting to Community Is Key to Growth

A beach town pharmacy owner builds the vision for her pharmacy around her POS system.

by Maggie Lockwood

On a chilly evening in December, the otherwise quiet shore town of Beach Haven, N.J., on Long Beach Island (LBI), was festive. People milled along the sidewalk outside Kapler's Pharmacy, enjoying ice cream sodas from the pharmacy's original soda fountain recipe, refreshments, and a spin around the block on a tram. The celebration is an annual one for Kapler's, an after-hours pre-Christmas shopping and community-building event started by owner Samantha "Sam" Kelly. December 2011, though, marked the milestone anniversary of 65 years for the pharmacy, which under Kelly's ownership has expanded its OTC offerings and now has a sister store, called regenerate, that features recycled and "green" products. Kapler's POS system is one piece to Kelly's business strategy, which takes into account not only the realities all independents face, but life in a small town with a largely seasonal clientele.

"You have to be community oriented, and it's more fun this way," says Kelly. In a small town, this means finding ways to support local charities and stay on top of current trends. In a beach town, it also means capitalizing on summer sales and offering unique, personalized service that keeps customers calling and clicking through the pharmacy's website during the off season. Kelly has embraced various technologies to help her stay connected at both the brick-and-mortar and cyber levels (to read more about Kelly's cyber marketing and presence, see the cover story).

Celebrating a community institution: Neighbors gathered outside Kapler's during the pharmacy's 65th anniversary party in December.

Blending History with Vision

Kelly is the third owner of the store, which is in the heart of the one-square-mile beach town. Kelly worked at Kapler's growing up. When she bought the store 10 years ago, she rebuilt the wood fixtures along the walls, and has since put on display the antique bottles she found during the remodeling process. Although the soda fountain was removed by a previous owner, Kelly found fountain menus and made items from them for the anniversary party. This all fits with her philosophy to make her pharmacy a community hub and a fixture in the lives of her customers, whether they are on island or off.

Putting the Vision into Action

Kelly's niche in nutritionals and front-end items means the technology that holds her store together is her CAM Commerce Solutions POS system. At Kapler's, the 3,000-square-foot store has shelves stocked with a diverse product line, from basic OTC products to high-end beauty items, beach town staples that grandparents will grab when the family is in town, and nutritional and homeopathic lines.

One goal, says Kelly, is to be the place her customers go to for advice and purchases when it comes to homeopathic medicine. The store's website focuses on this, and Kelly brings in speakers and develops her own knowledge on the topics so that her customers will go to her for consultations.

"The trick is how to let my customers buy their vitamins and other homeopathic items from my store so I control inventory," she says.

Beach Haven mayor Charles Maschal reads the town's proclamation recognizing Kapler's 65th anniversary. Kapler's window displays featured antique jars found during renovation.

Sam Kelly at Kapler's Pharmacy counter with her husband, Tom, at right, and son, Max, during the anniversary party.

POS Facilitates Growth

To manage a diverse selection and combination of pharmacy and nonpharmacy items, Kelly says the key is to know what the POS system can do to automate the inventory management process.

"We scan everything into the POS; there are no stickers," she says. "If I had someone walk around the store to manage the inventory, it would require hours of time, and then you'd have the room for human error. We go through, and it may take a day to set up the min/max order points from season to season. Thank goodness for auto-order in the summertime. You can't be out of Tylenol July 4th weekend."

Since the script volume swings between 100 to 120 a day in the winter and then up to 180 in the summer, Kelly doesn't use automatic drug order. During the busy summer season, HBS's e-prescribing interface with Surescripts is a timesaver, since there is a high percentage of new scripts and transfers. She also uses the HBS/POS signature capture interface that records the signature, price, and Rx number.

"You have to have automatic order in August," Kelly says. "You literary have eight weekends to make it, and if you don't have inventory in because it hasn't been ordered, you will miss the sale. You have the one chance, and because of the POS ordering, you won't miss it. That's huge. That's really helped us eliminate products that don't move."

A Year-round Service

In the off-season months, Kelly says, her yearly POS reports give her a guide on ordering. She adjusts the numbers so the store isn't carrying as much of a seasonal product or one that a specific customer asks for when visiting Beach Haven. At the same time, she knows if a particular customer comes to her store for a specific product. Then

continued on next page

The classic and the current. From top left: Angela Vetri at Kapler's pharmacy counter; above, Patti Ann Mazzeo rings up a purchase down the street at regenerate; below, Frannie Bossard at Kapler's front counter.

continued from previous page

she carries it, because the customer knows Kapler's has it.

"I'm working on setting up a profile for them in the POS system because I run the house charges through POS," says Kelly. "Once we have a customer profile, with the nutritional supplements they are taking, we can get our customers what they need on a year-round basis. In the winter we have so much time to talk to people, and our customers will call from Florida, Arizona."

"When we reevaluate products, we use CAM to see what sold during the year," says Kelly. "We can run the reports, or check item by item, and we can see what sold. I pull items that aren't selling and move around the inventory. The POS system does really help inventory management. With automatic ordering on the front end, the min/max creates an automatic order to our wholesaler."

"Many things are one-time things, and we can scan and enter them in the system without min/max ordering," she says. "If something comes up as a good seller, then I'll add it to min/max. We can tweak the POS, and there's really a lot we can do with it."

The Community Connection

Inventory management is just one way POS supports Kelly's business strategies, one of which is to put Kapler's in the heart of the LBI community. And while it helps with the bottom line, it's also fun. Kelly uses her community connection to build buzz and support for important causes, and then lets her POS system support the programs. One example of her efforts is the town's support of the Save the Frogs (http://www.savethefrogs.com/) campaign, which included Kelly working with the town to have a national frog day as part of the pharmacy's efforts to raise funds to protect frogs. To allow customers to support the frog project or other local charities, Kapler's staff uses wooden coins to track donations by customers at the register, coding the charities in the POS system and the amount of each coin donation. After the donation is rung up, it stays in the system until the end of the month, when Kelly runs a report and writes a check to the charity.

As part of her commitment to the community, and to generate other revenue, Kelly branched out to a storefront two doors down to open regenerate (www.goregenerate.com). All the items on the store's shelves donate to the community in some way. There are fair trade and recycled products, or fun items like a line of dolls that allow the purchasers to donate a percentage of sales to local charities. Kelly ran a POS cable to the new store, loaded in the barcode merchandise, linked the donation codes to the system, and tracks everything as she would do with medications and OTC items.

During December's anniversary party, though, it was the people who were showcased, with both stores filled with neighbors catching up and shopping. A barbershop quartet roved between Kapler's and regenerate to perform. Customers were given chances at discounts at the cash register, and gift baskets were raffled off every few minutes. Before cutting the anniversary cake, Sam Kelly and Kapler's were recognized by the mayor with a proclamation. In short, there was the kind of buzz everywhere that Kelly has worked so hard to generate and that has been the backbone of Kapler's success. CT

Maggie Lockwood *is a senior editor at* ComputerTalk. *If you have a pharmacy you think others would like to read about, please email the author at maggie@computertalk.com.*

The E-Prescribing Learning Curve: One Pharmacy's Experience

by Will Lockwood

Marge and Rick McCoy can speak firsthand about the changes that the new system brings both to the relationship between physicians and pharmacists and to the prescription-filling process in the pharmacy.

Pharmacists Rick and Marge McCoy have what they call an unusual practice at Lopez Island Pharmacy near Seattle. First, they are located on an island, 15 miles long, two miles wide, and only accessible by boat or plane. Second, the community-owned health clinic is visible from their back door, leading them to spend their days interacting with both patients and the providers at the clinic — a physician, a nurse practitioner, and a physical therapy department, all managed by the local hospital. "We have full access to the clinic," says Rick McCoy. "All this makes us very heavily patient oriented."

This close relationship with the island's primary providers has led to another situation that likely makes Lopez Island Pharmacy different: The McCoys report receiving 90% of new prescriptions, with the exception of controlled substances, electronically since the clinic installed its new practice management system last year. "We've hit the tipping point with e-prescribing," says Rick McCoy. As a result, the McCoys, who counts themselves as advocates for e-prescribing and technology in general, now have a wealth of experience with e-prescribing at least as it works in their practice. You'll note that we are talking about new prescriptions, and Rick McCoy is quick to point out that the clinic has yet to turn on the functionality for refills, for reasons that we'll delve into later.

Marge and Rick McCoy have found their close relationship with Lopez Island physicians has led to 90% of new prescriptions coming in electronically.

Starting with New Prescriptions

The thing Rick and Marge report being most worried about as the clinic began ramping up e-prescriptions was the prepopulated directions for use. "On a written prescription we usually translated the doctor's written direc-

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tions for use so that they made sense," says Rick McCoy. "With an e-prescription, the software automatically prepopulates these directions for use, or sigs, and I was afraid this would cause a lot of trouble." For example, the McCoys can see e-prescriptions come in with "1 tab po qd" as the sig, something unintelligible to practically any patient. And that is what would print on the prescription label, unless Rick or Marge changed it to "Take one (1) tablet by mouth once daily." "Of course we modify any directions for use that come in this way," says Rick McCoy, "but I'm sure some larger-volume providers simply accept and print what comes through."

While these directions for use have in fact turned out to pose a problem, they are far from the only thing wrong with the e-prescriptions that the McCoys see coming into Lopez Island Pharmacy.

The Details

"We see all kinds of errors," says Rick McCoy. "The big ones are wrong drug, wrong strength, and wrong directions for use. But the most common thing wrong is a mismatch between the drug pick and the directions for use." For example, he explains that they'll get a prescription for lisinopril 20 mg, which is the default dose populated by the clinic practice management software. However, the dose area will read "10 mg/day," and the directions for use will read "one tablet daily." The result is a call to the physician for clarification. Then there are e-prescriptions that could have errors generated by the clinic software with no such obvious contradiction. The McCoys' detailed knowledge of their patients means they catch this kind of mistake, but

Lopez Island Pharmacy has recently moved into a new location that is heavily networked and wireless, and includes 14 Rx30 workstations.

there's still a real risk in faulty information in an e-prescription for an acute condition or a new or vacationing patient — in which cases the McCoys don't have history to go on. For example, the McCoys report receiving e-prescriptions for one patient that included a cough syrup, which the patient knew nothing about. "Of course, we cancelled it and let the clinic know," says Rick McCoy. "But if this had been sent to a mail-order facility it would have been filled and sent out without checking." Another, and very serious example, was an e-prescription for warfarin that was sent for the wrong patient. "The consequence, had this been given to the patient, could have been fatal," says Rick McCoy.

And sometimes the stuff that comes through simply makes no sense at all. "We just had the experience the other day of a practitioner sending an e-prescription for a medication that's primarily for veterinary use, and then isn't even commercially available in the U.S.," says Rick McCoy. "This shouldn't be in the practitioner's database. He shouldn't be able to choose it by mistake."

Investigating

While the source of these errors has since become clear to the McCoys, they first had to do a little sleuthing. "We had to sit down and look at the clinic's system to realize what was going on," says Rick McCoy. "We realized that they were using a system that offered a huge number of choices for a given drug, some of which looked right, but are injectables or drop solutions or something." What's happening, in the McCoys' view, is that the roles doctors and pharmacists have traditionally played are getting changed. "Suddenly, the doctors are being told to do data entry for prescriptions and they're being asked to choose from lists full of extraneous medications and doses," says Rick McCoy.

Rick McCoy had sensed the issues that could result from deploying a huge, unedited drug database. They even offered to give the people setting up the clinic's software a list of the top 200 drugs that the physician there prescribes. "We said we could put these in the practice management system as favorites," explains Rick McCoy. "We even offered to enter the details for them. Well, they turned us down because the hospital pharmacy staff was doing it for all the different practices." Rick and Marge didn't argue, but they did point out that hospital pharmacies and community pharmacies are different. And they turned out to be very right.

Education Is Key

With all this in mind, the McCoys report doing a lot of work with the Lopez Island clinic providers to ensure the e-prescribing process they have in place is effective and safe. So whenever the McCoys see one of these errors, they print out a copy of the prescription and put it in folders that they keep for the clinic's prescribing practitioners. "Then we can walk over to the clinic at the right time and

continued on page 18

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continued from page 16

talk through the errors with them," says Rick McCoy. "It's getting better and better as our providers are learning from the errors that we're pointing out to them. But the way we look at it, if we're catching all these errors, then imagine what's getting through elsewhere. We don't fill every prescription on the island, and when they push the button and send a prescription over to a high-volume pharmacy on the mainland, what they send through may really be what gets dispensed." This is a concern that was reinforced for the McCoys when they learned during the course of their conversations with the clinic providers that, while they are keeping up a steady dialogue to clarify e-prescriptions, the clinic providers get many fewer calls from other pharmacies also getting their e-prescriptions.

The Refill Issue

And why is the clinic sending only new prescriptions electronically? What about refills? Well, it ultimately comes down to the process of implementing the new practice management software. According to the McCoys, the hospital that sponsors the clinic decided that it would operate under the assumption that the medication histories in its patient files are the correct ones. "We told them that when it comes to refills, we know our records are right, based on our traditional way of working with paper prescriptions," says McCoy. "But they told us that they couldn't assume that our records are perfect. They said they had to rely on the doctors' records."

The McCoys' new pharmacy.

The result was that the providers' records were entered into the new practice management system by hand, with a few serious problems resulting, in Rick McCoy's opinion. First, the hospital's approach means that the medication information used may not be as up-to-date as what's in the patient's pharmacy system profile. Second, if the medications were patient-reported, they may or may not be right. Third, any difficulty reading doctors' handwriting could create errors. "So imagine what may have happened when they took a chart on a complicated patient and entered the whole drug history," says Rick.

Rick thinks that in the end the clinic would have been better off not entering historical data on their patients, at least as far as drugs go. "I think back to the early 80's, when we first computerized," he says. "We basically started live one day and built from there. If we had tried to hire outside help to go back and enter Rx's off of the old paper records, we would have had the same problem. They could and should have done just name, address, allergies, etc., and been better off."

The McCoys report that another reason the clinic still doesn't want to take electronic refills is that the patient information from the pharmacy system has be identical to what's in the provider system to generate a match.

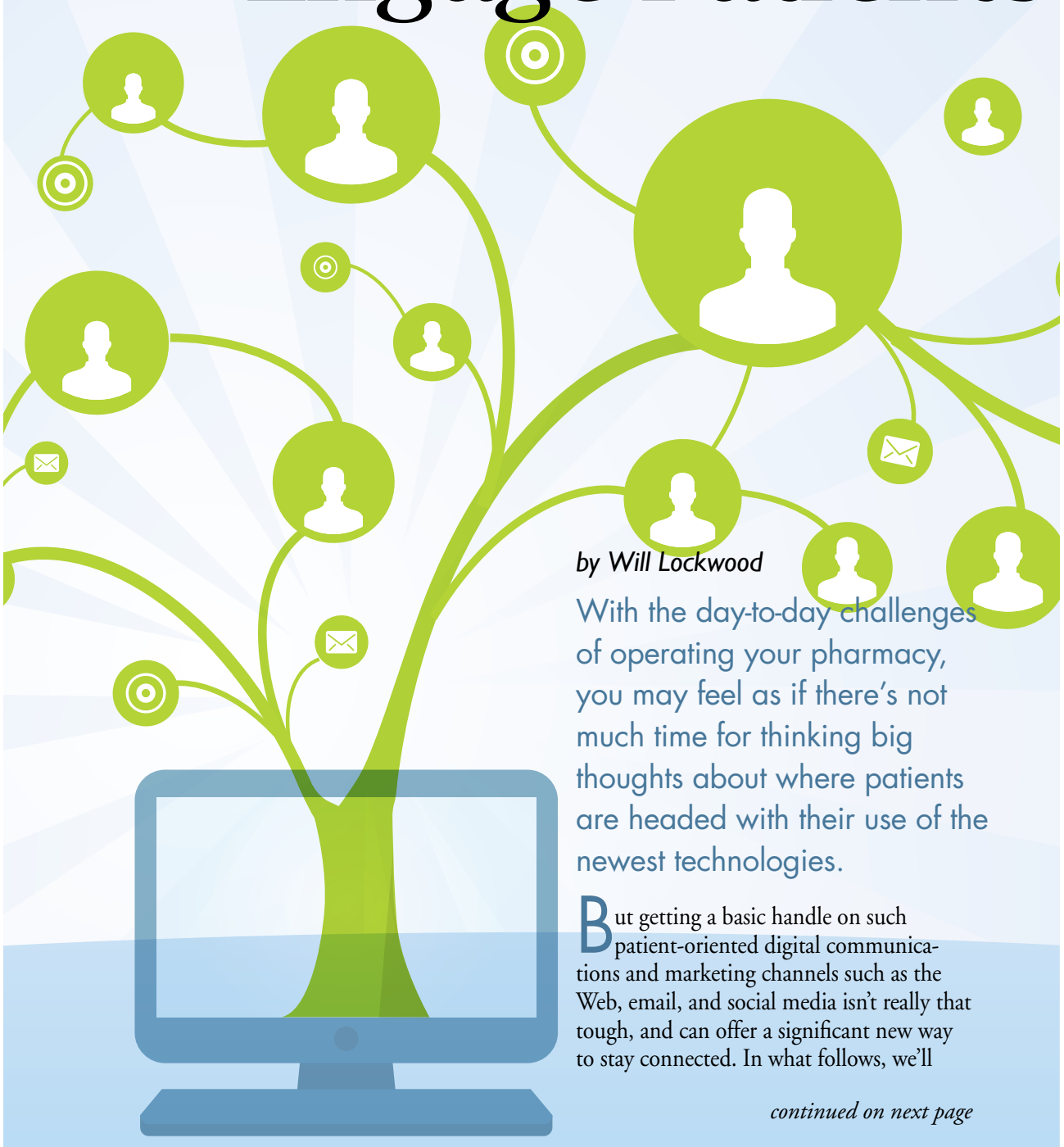
Keeping an Eye Out

The McCoys' experience has led them to insist that pharmacists need to be very aware of what's coming in on e-prescriptions. "The amount of effort we've had to put in since we began getting the majority of our new prescriptions electronically has been a close second to all the work we did in those early days of Part D," says Rick McCoy. "We've had to rework so many prescriptions two and three times." Not only does this take up valuable time, but there's the standard fee for each transaction, which has caused the McCoys' processing fees to jump quite a lot. The reality, then, is that implementing a new system such as e-prescribing can be slow going.

With the number of e-prescriptions growing exponentially, the McCoys have days when they are optimistic and days when they aren't so optimistic. "We seem to have good days and then bad days," says Rick McCoy. "A bad day a few weeks ago was when the clinic was sending e-prescriptions, but due to communications issues they had no way of knowing they weren't getting out. We were receiving other orders from other providers but the clinic system was putting everything into a pending status. We only found out about it when patients starting showing up wondering where their meds were. We're quicker now to check with the clinic to see if they are sending things out." And while e-prescribing is creating what Rick and Marge McCoy describe as a ton of work, they are continuing to work with the clinic providers to learn from each other every day. "It is eventually going to get better," says Rick McCoy. **CT**

Will Lockwood *is senior editor for* ComputerTalk. *He can be reached at will@computertalk.com.*

Digital Channels That Engage Patients



by Will Lockwood

With the day-to-day challenges of operating your pharmacy, you may feel as if there's not much time for thinking big thoughts about where patients are headed with their use of the newest technologies.

But getting a basic handle on such patient-oriented digital communications and marketing channels such as the Web, email, and social media isn't really that tough, and can offer a significant new way to stay connected. In what follows, we'll

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find out what's working for several different pharmacies. Then you can jump in, if you're still on the sidelines, or improve your game, if you're already in the thick of it.

Traditional Channels

If it's possible to talk about any digital marketing and communications as traditional, then a website and email qualify. Ideally, every pharmacy should have these tools at its disposal.

Jeremy Goodell
Wilkinson Pharmacy

Wilkinson Pharmacy, which has eight retail pharmacies and a closed-door long-term care pharmacy in central and southwest Missouri, has had a website for quite a number of years, according to its director of information systems, Jeremy Goodell. "It started out saying who we are, where, and how to contact us," Goodell says. Over the last six years, though, Wilkinson Pharmacy's site has expanded to include a variety of features, leveraging a platform and content from Living Naturally. The site now includes a range of information about all the group's offerings, wellness and nutrition information, store specials and coupons, and e-commerce. It also offers Web refills via a link to a secure Wilkinson Pharmacy page hosted by pharmacy system vendor QS/1. Goodell reports that the Web is also a platform for collecting emails for the pharmacy's e-newsletter campaigns.

Pharmacist Sam Kelly, owner of Kapler's Pharmacy on Long Beach Island, N.J., finds that digital channels, such as the Internet and social media, provide her with a way to maintain her community presence with a mobile customer base. In fact, she reports focusing on her pharmacy's Web presence this year. "As I'm looking for areas to grow, the website is perfect for our store in a shore resort. It tells customers we're still here even when they are not," says Kelly.

Kapler's Pharmacy is also offering e-commerce on its website for a wide variety of nutritional supplements and OTC health items. Like Wilkinson Pharmacy, Kapler's uses Living Naturally. "This lets our customer go online and see what's in stock," says Kelly. Kapler's site also offers affiliate links and a link to track blood pressure readings patients can record at an in-store kiosk. These are all ways to help maintain a connection not only with local patients, but with Kelly's patients who vacation on the island as well. "Because of the Web and Facebook, we have summer people who call us to hold a specific item for them when they come back," says Kelly. "It's neat to

continued on page 22

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continued from page 20

see I haven't totally lost my summer population."

Sam Kelly
Kapler's Pharmacy

While a website clearly has many uses, it can also be a little unwieldy to update with any regularity. "What I'm learning at seminars is that websites are too slow in the age of the newsfeed," says Kelly. "But I think they are still a critical way to get information to customers and to offer a digital sales channel."

In fact, the relatively static nature of most websites led Peninsula Pharmacies, with five locations in southwest Washington, to take a slightly different approach. According to marketing director Blair Brewe, Peninsula Pharmacies' website is built on a blog-based website platform from WordPress, which is simple and inherently easy to update. "New content on your website keeps people coming back," explains Brewe. She has also incorporated a Twitter feed right into the home page as yet another easy way to keep content fresh. Brewe reports another interesting tool in use by Peninsula Pharmacies: a service called ThumbReady that allows for easy optimization of the pharmacies' website for mobile devices. This means that all of the key content, including easy access to refills, is available to patients who are big users of smartphones and tablets at www.penpharmrx.mobi.

Peninsula Pharmacies has made its website mobile-device friendly.

E-Newsletters

Email, a long-established digital channel, can be a good way to stay in touch with patients with news and health content via yet another method. And these days emails reach patients not only at home, but also on the go via smartphones. Email marketing can be very effective because patients have to opt in to receive these messages. Peninsula Pharmacies has clerks collect email addresses at checkout, and also uses its website and its social media channels. Wilkinson Pharmacy, also using email lists for e-newsletters, collects addresses both in the pharmacy and on its website.

Of course, content is the trick, and there are two ways to approach it. Peninsula Pharmacies' Brewe develops her own content and uses templates and mailing list management from MailChimp to run a monthly e-newsletter. This is a supplement of the content that appears on Peninsula Pharmacies website, according to Brewe: community health news, links, photos, and specials. "We also promote our e-newsletter with a link in our Facebook page sidebar," says Brewe.

Wilkinson's Goodell takes a slightly different approach, using an e-newsletter and mailing list management from Living Naturally, the same company that supports the website. "They actually put together the newsletter for us," explains Goodell. "It's tied to the health content on our

continued on page 24

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continued from page 22

site. We approve it and it then goes out to everyone on our list with a click."

Branching Out

And while there's good opportunity to connect with patients on the Web and through email, these aren't necessarily the best channels for everyone. In fact, Middleport Family Health Center in Middleport, N.Y., one of eight pharmacies in a group run by pharmacist Steve Giroux, hasn't had a whole lot of success to date with its website. "We have one," says Giroux, "but it's not as fresh as it could be, and we've spent more or less money at times trying to keep it up to speed and trying to make sure our page comes up high in the search engine listings." Giroux is hoping for more impact from a brand-new effort to move Middleport Family Health and two other pharmacies in the group into social media.

Steve Giroux
Middleport Family Health Center

The Latest

Understanding why pharmacies are making the jump from these more traditional digital channels to social media is fairly simple. As Blair Brewe points out, Facebook has 750 million users. "This includes our customers and our community," she says. "It's important for us to be on there so that we can join the conversation."

Another powerful perspective comes from Jeremy Goodell at Wilkinson Pharmacy. The tornado that devastated Joplin, Mo., last May offered a chance for the local Wilkinson location to experience the power of digital channels for reaching people. "A third of the town was gone, including infrastructure such as telephones," says Goodell. "And not only were people's homes gone, but many of the places that they called for oxygen, or picked up their medications from, were completely gone, as well as their transportation." Goodell reports that two things immediately became the lifeline to the community — a radio group and Facebook. Wilkinson Pharmacy was able to remain in operation and was able to use digital channels as one way to get the word out immediately to those in need of medications, oxygen, and supplies. "We were there, open, and able to deliver wherever needed," says Wilkinson. "And we needed Facebook to get our message out there so that we could help."

continued on page 26

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Where the Patients Are

For Steve Giroux, getting into social media offers the opportunity to meet his patients where they already are. "I'm sure there's a fair percentage of our patients using social media these days," says Giroux, "even though our pharmacies' populations are generally older and live in rural areas, if we can expand our opportunity to offer service, then it is worth upgrading our digital presence."

He's jumping in to this arena by launching a Facebook presence through new entrant Keep Your Pharmacy Open (KYPO). Support from a vendor with expertise in social media as well as pharmacy was important to Giroux, as was a turnkey product offering. "Social media isn't something that I've dabbled in at all," he admits. "But I have family members and friends who use it, and I know it is something that is growing rapidly. I felt this was an opportunity to have a presence, without having to have a lot of expertise or experience." Giroux's early experience with social media includes a test $10 voucher for a prescription offered through Facebook, which provided satisfying confirmation that he's heading in the right direction. "I have talked to people who are aware of the offer," he says. "And then the idea, of course, is that those who know about it will spread the word to others."

Pharmacist Martin Kendra, owner of Birdsboro Pharmacy in Birdsboro, Pa., had an early gut feeling about social media's importance. "I suggested Good Neighbor Pharmacy have a presence on Facebook a while back," he says. "Something in my head said that this was something that was going to be popular." Kendra, who is 56 and admits to getting his feel for social media from his teenage sons, says that he got some pushback to this suggestion from the other guys in the room. "They were not into social media or they were in their 60s," he says. "I said, it's not about what you guys like to do, it's more what clients are doing." Finally, Kendra went ahead and created a Birdsboro Pharmacy page on his own, where he's now sharing health hints and recipes, as well as advertising products. He suggests making health information more topical by making it seasonal. "Like during this time of year, I'll promote a study about seasonal affective disorder," he says. "And we offer the lamps to help manage this."

Middleport Family Helath Center has just gotten started with a Facebook page in order to make sure it has a presence where its patients are.

Getting Dynamic

Jeremy Goodell reports that

continued on page 28

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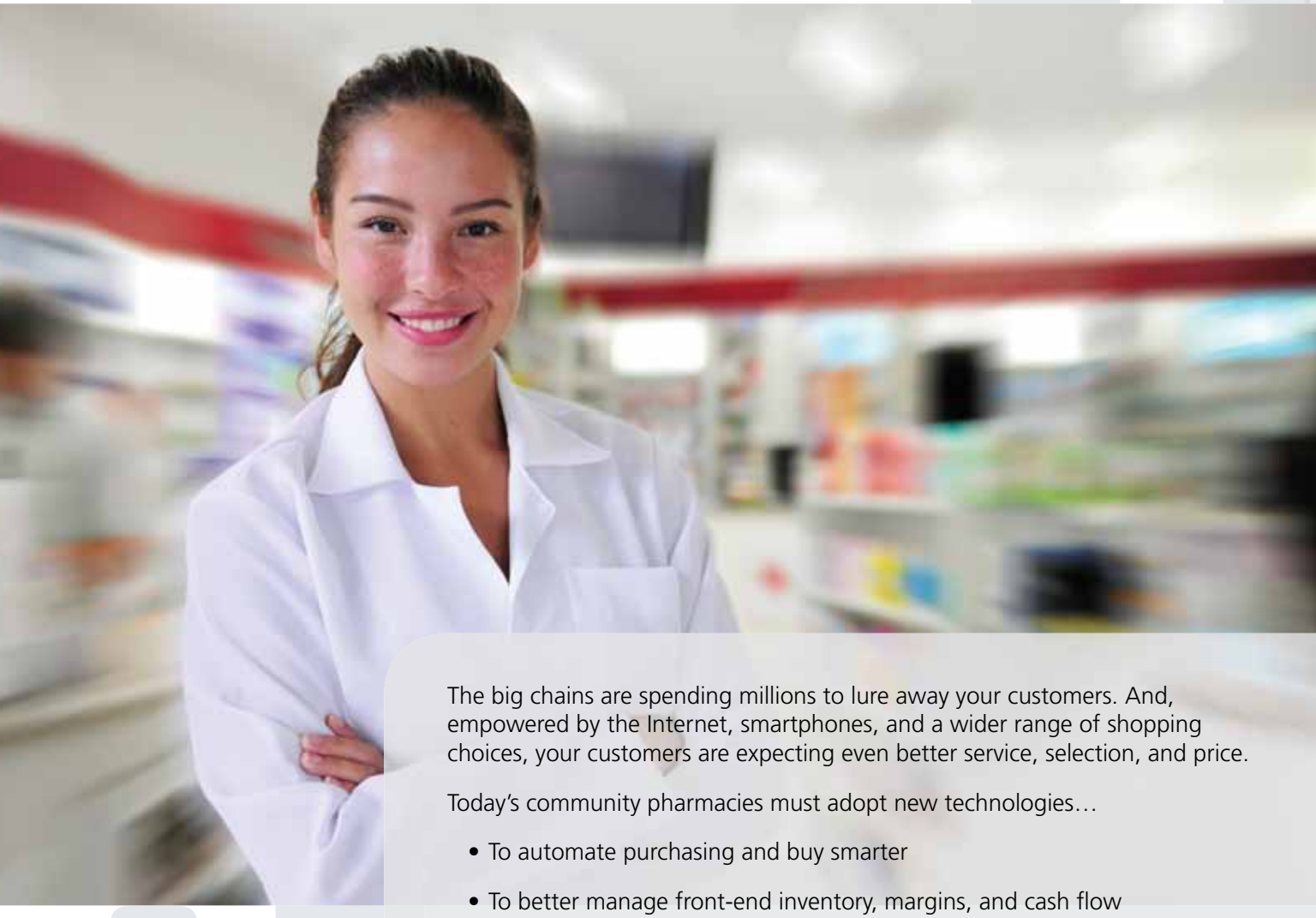

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continued from page 26

Wilkinson Pharmacy has been focusing on Facebook over the course of the last year. "We like the way it can give us a more dynamic, real-time interaction with our customers," he says. "We're actually dedicating more resources to promoting this in 2012. We want to drive customers to this as a resource, as a way to interact with our pharmacies."

One thing Goodell likes about Facebook is that it is HTML driven, which allows him to insert links. Based on this, he has recently been able to add the pharmacy's refill request link into the left-hand menu of its Facebook page. But while this is an important feature, in Goodell's mind, he says that learning how to add links to Facebook wasn't exactly easy. "It took a lot of research to figure out how to do this, for some reason," he says. This may be a result of the fact that Facebook's pages generally serve individuals, who aren't likely to have the same interest in customizing as a business. In the longer term, Goodell is interested in expanding Wilkinson's e-commerce offerings to be available on Facebook as well as its website. "But from what we see right now it's too labor-intensive to do this," he says. "Instead, we focus on trying to post compelling offers to drive people to our stores and maybe to our website's e-commerce. But we're keeping our eye on this."

Learn Your Market

ANOTHER THING THAT GOODELL AND THE MANAGEMENT at Wilkinson have really grown to appreciate is the demographic information that Facebook can provide. "It can break things down by geographic area, age ranges, and gender," he says. "For example, we found out that 75% of our followers are female, which is information that then helps us post more appealing offers and content."

Blair Brewe has put a couple of interesting promotional campaigns in place for Peninsula Pharmacies. One example is a supplement of the week, which is offered at 20% off to the pharmacies' fans on Facebook, to its Twitter followers, and to those receiving the e-newsletter. There's also a program Brewe calls "discounts and donations." "This offers 20% off a product line, and then an additional 20% donated to a

Blair Brewe
Peninsula Pharmacies

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local cause," she explains. "For example, in January all Beanpod Candles were 20% off, and we donated 20% of the sales to the Boys & Girls Club." Brewe reports that this has gotten a lot of really great feedback on Facebook. These are programs designed to encourage people to keep an eye out for Peninsula items in their news feed and visit the pharmacies' Facebook page regularly. "We then also announce events, share photos, and ask questions to engage fans," continues Brewe.

Sam Kelly's weekly posts to the Kapler's Pharmacy Facebook page include a fact about a medication, an item of the week such as a sale item or a new product, or a trivia question that customers can answer to receive a prize when visiting the physical pharmacy.

Attracting Fans

Of course, just because you are using social media doesn't mean anyone is paying attention to you. As Steve Giroux puts it, "While I'm confident that our patients are using social media, I'm not yet sure whether they think of their community pharmacy as being in that space." Fortunately, there are some good, basic strategies for building a following.

Wilkinson Pharmacy has begun with what Jeremy Goodell calls a grassroots effort. "We want to build a base of followers out of our staff's friends," he explains. "Now what we're seeing is our staff's friends are turning around and sharing the posts and the promotions with their friends. We believe we can start small and try to build through simple, inexpensive methods." Wilkinson Pharmacy's page had around 121 fans at last check, but what Goodell focuses on is the network these people represent. "The way I see it, our current fan base means that we have the chance to reach 29,000 people every we time post to Facebook," he says.

Sam Kelly's approach to building her fan numbers involved engaging in a friendly competition with her husband, Tom Kelly, and his Medicine To Go pharmacy in Forked River, N.J., to see who could get more "friends" on Facebook. Kapler's won, but more importantly, Sam Kelly says, the contest was fun for the staff and the community.

Martin Kendra has made "Find us on Facebook" an integral part of his website. He's also using in-store an-

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Martin Kendra
Birdsboro Pharmacy

continued from previous page

nouncements and signage, and direct mail through Valpak. "We have a QR code on the label so that the people, mostly teenagers, who know what to do with it instantly go to our Facebook page," says Kendra. "It's a curiosity thing, too. You can make a QR code go anywhere."

In-Pharmacy Methods

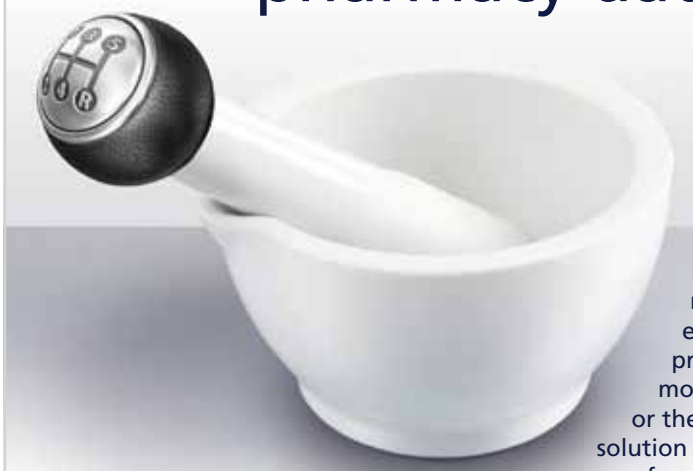
DON'T FORGET ANOTHER VERY BASIC WAY TO BUILD awareness of your new digital efforts: using in-pharmacy signage and messaging. Peninsula Pharmacies and Middleport Family Health Center are both using this method to help build a core of followers. "We use signage by the checkout and we are planning on getting buttons for our clerks to wear that will ask customers to like us on Facebook," says Peninsula's Brewe. "The checkout is really the prime space to get people's attention."

Birdsboro Pharmacy promotes its Facebook presence right on its website.

Steve Giroux, who is just in the beginning stages of trying to promote his pharmacies' new social media presence, expects to do so not only through in-store notices, but also through other avenues provided by KYPO. "My understanding is that these will include reaching out to the local media and creating opportunities to have other businesses and professionals market through the Facebook page," explains Giroux. If all goes well, according

continued on page 32

Finally. Some forward thinking in pharmacy data management.



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continued from page 30

to Giroux, this cross-promotional effort will also defray some of the cost of the KYPO program. "There's already a lot of this co-marketing going on in our community through a business association," he says. "And we've always done prescription bags on which we sell space to other professionals and businesses in the community. So I think there will be some significant interest in this." He sees it as an additional channel for creating connections within the business community and to area residents who may or may not be patients. "This is another way to try to leverage the multiplier effect of social networks," he says.

Practical Considerations

BUILDING AND MAINTAINING A GOOD WEBSITE REQUIRES time and at least some amount of money, as does developing a quality e-newsletter and email list. Social media such as Facebook seems to offer one advantage:

Wilkinson Pharmacy's Facebook page has a link in the left-hand menu that lets patients submit refills requests to any of its eight locations.

Setting up a page doesn't cost any money. Of course, there's still time needed to make the page engaging and useful. So no matter what digital channels you use, you should realize that there is an ongoing need to dedicate resources to them in order to get the most out of them. "When you start getting really developed in Facebook, you have to decide if you are going to have someone devoted to working with it, and just how much time you want dedicated to it," says Jeremy Goodell.

For example, Martin Kendra reports that he takes responsibility for Birdsboro Pharmacy's content, and typically spends from five to 10 hours a week keeping it up to date. And Peninsula Pharmacies' Blair Brewe dedicates time in her marketing activities every day to looking for content for social media outlets and the website.

At Wilkinson Pharmacy, the work with Facebook is divided up between the four people who have administrative access to the company's page. Fortunately, it is relatively simple for all company posts to flow through one of these people. "All our store managers have to do is send us an email if they have a promotion," says Goodell, "and we'll get it out there." For example, each store has a whiteboard posted at the entrance, and the store manager posts a special there each week; this special also now gets posted on Facebook. "What's nice," says Goodell, "is that putting these announcements up is a simple matter of cutting and pasting. It's that simple."

Blair Brewe advises developing a calendar to keep you organized. "I know that my newsletter goes out the first Friday of every month," she says. "I know

continued on page 34

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continued from page 32

that every Monday I'm going to talk about our specials on Facebook and Twitter. I know that every Tuesday and Thursday I'm going to post a link to a relevant health content item. Of course, you can be flexible if there's breaking news." Blair notes that there are also applications out there that let you schedule tweets or Facebook posts, which can help you to plan ahead. "You will also want to have all the apps on your phone," she advises. "That's always helpful for me. I can post on the go."

Top Tips

Of course, digital communications channels and social media make it very easy to learn interactively. In that spirit, we asked the people profiled here to share their top tips.

One thing that's clear is that the great variety of content and the dynamic nature of digital channels allow pharmacies to develop a personality, something that is useful for keeping patients engaged. This is something that

One thing that's clear is that the great variety of content and the dynamic nature of digital channels allow pharmacies to really develop a personality, something that is useful for keeping patients engaged.

Martin Kendra has made a point of, but he also offers a word of caution. "Make your presence on Facebook seem as though your business has its own personality," he says. "But don't let your own persona show or use it for politically motivated reasons." Kendra, for example, emphasizes his expertise in both diabetes education and natural healing through vitamins and organics to personalize Birdsboro's page. "We get a lot of likes and interest because of that," he says.

You also want to take advantage of the way these tools help you stay connected to your community, advises Kendra. "This is Birdsboro's drugstore," he says. "And we live in Birdsboro. It's very important to use every means at your disposal to show that you are part of your community."

Sam Kelly has had success sharing her sense of humor through her Facebook page, another good way to inject some personality. One of her best ads over the summer, she said, was when Long Beach Island was hit by an earthquake, a tornado, and a hurricane, all in the same week. She promoted a product she sells — a tin can of emergency underpants — with an ad that said you never know when you'll need them, but when you do, you do, and customers could pick them up at Kapler's. "It was one of my best ads," she says. "We had people call about it."

Jeremy Goodell recommends making your digital content as interactive as possible. "We're working on putting up poll posts that will let our followers pick the next promotional discount," he says. "Our ultimate goal is to keep people checking in. Get them engaged and give them a reason to keep an eye out for our posts, and then come into the store."

Blair Brewe has two sets of suggestions. For the technologically savvy user, she suggests keeping in mind that social media is just a communications tool. "I've read about people trying to calculate an ROI," she says. "This

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is almost impossible." Instead, Brewe recommends focusing on conversion rates. For example, look at what happens when you run a special: Are you selling more of the product you are promoting? Of course, she points out, you need the technology in your pharmacy to measure variations in sales at the item level. "Things like clicks and numbers of fans are good metrics," she continues, "but you really want to be able to test whether what you are posting is generating real results through action in your pharmacies."

And for those people out there who aren't into social media, she offers this: Keep in mind that it is about quality over quantity. Post relevant and engaging items. This is what will keep people coming back. "You don't have to post something every hour," she says. And remember that social media in particular gives your patients a chance to be heard. "Ask your fans and customers questions," Brewe advises. "When we ask our fans what they want from us, what they would like to see us carry in our stores, they love it."

The Kapler's Pharmacy Facebook page lets owner Sam Kelly stay in touch with both local and distant customers.

Leaving No Stone Unturned

Perhaps the most important takeaway, however, is that digital communication channels and social media, in particular, are here — and people are using them. They are using them on their computers at home, and many are carrying them in their pockets, with the apps on their mobile devices. As Wilkinson Pharmacy's Jeremy Goodell puts it, "We're trying to adapt as the ways to reach our customers evolve. We live in a smartphone world, and the tools are out there to put an inexpensive, real-time ad in a customer's pocket."

Peninsula Pharmacies' website is built on a blog-based platform and incorporates a Twitter feed, making for a more dynamic space.

And don't underestimate your patients' interest in or access to digital media. As the cross-section of pharmacies in this story shows, use of the Web, email, and social media isn't restricted to certain demographics or market areas. "Until recently, I would have been one of the many who say, 'I don't think my patients are very computer savvy,'" admits Giroux. "But that's very naïve, because even my wife is on Facebook all the time, communicating with kids and family. I think there's a lot of that out there."

Ultimately, don't be afraid of these new technologies, which offer one more way to create service opportunities with your patients. And don't make life too complicated for yourself. "Look for an opportunity to get involved and get your feet wet," says Steve Giroux. "We are all already spending money on advertising and promotion to attract patients to our pharmacy and make them aware of our services, and if there's another avenue that allows us to do that, then, boy, we need to know about it." **CT**

Getting Connected
Want to visit these pharmacies' websites and Facebook pages to see first-hand what they are doing? All the links are in the Exclusive Web Content section of computertalk.com.

Will Lockwood *is senior editor for* ComputerTalk. *He can be reached at will@computertalk.com.*

Pedigrees and Such

George Pennebaker, Pharm.D.

We just brought home a new dog. Her name is Ellie. She is a delightful pup with very sharp teeth. We are supposed to register her with the American Kennel Club (AKC) and we soon will. That way she will have a pedigree on some official register. I don't know why she needs this, because we promised to have her spayed and she won't have any heirs to pass her pedigree on to. I am sure some avid dog lovers will soon tell me why I need to register her.

Meanwhile, the pharmaceutical world is trying to figure out how to keep track of every bottle of every drug that is produced. I am sure there are more of those than there are dogs, and I know the drugs have a more complicated sequence of owners than dogs do, so I will drop the comparison.

Tracking Keeping track of every bottle is a good idea. We need to know where they came from, where they have been, where they are, and where they end up. If you track the legitimate ones it is much more difficult to get illegitimate ones into the system and to the patient.

California's legislature has decided that this is a California problem that can be solved in California. I think it is a national problem that needs to be solved on a national level. It is probably really a worldwide issue that should be dealt with on a worldwide basis. After all, drugs are manufactured all over the world and are shipped all over the world.

We all know it will be a long time before we can get every nation where drugs are manufactured to agree on some kind of worldwide system. So what about a national system? The FDA is working on it, and they have been making some progress. However, it is not clear when they may get it done, since it does not appear that there is a time mandate they must meet.

Leading the Charge California, on the other hand, has mandated that a system be in place by 2015. For something of this magnitude that is not very far off. The California State Board of Pharmacy has been given the task and the authority needed to get a system in place.

Recently, the California state board held hearings on the subject. FDA representatives were there and presented their progress on the matter, including suggestions about some of the details. The main thing they suggested is that each manufactured or repackaged container should have its own unique identification that would have two parts. The first would be the NDC number of the product. The second would be 20 characters assigned by the manufacturer that would identify the specific package. This big number would be barcoded and could be read by any barcode reader. That all seems feasible. The numbers would all be sent by the manufacturer to some huge database where every time they are read the location would be recorded. Each purchaser would be required to read the number and send it to the database each time a

There is one difficult problem that must be overcome. Governmental entities such as the FDA and state boards of pharmacy have important roles to play as developers of systems and enforcers of drug quality laws. They need to be involved in the development of the data and communications standards.

package changes hands, thus creating a pedigree for every bottle of every drug.

The huge database is a huge enterprise. I suppose if Facebook can keep track of everywhere all of its users are and what they are saying, then maybe such a database can possibly be constructed and maintained. I would have to ask who is going to support its cost, since it would not have the same revenue stream enjoyed by Facebook.

Back to those 20 characters. I hope they will include the lot number and the expiration date. That would enable automation of recalls and retrieval of expired products. Enough room would still be available for a specific identification of each container.

It was a pleasant surprise to see that the vendors of all of the radio frequency identification (RFID) hardware and software did not seem to be at this hearing. At previous hearings they were pitching their products as being the best solution but were not able to respond well to questions about the costs and practicalities of their solutions.

It is important to recognize that if each container has a unique number, when that same number is in more than one place at the same time, then one of them has to be a fake. That is the simplest and most important aspect of the system.

I firmly believe that leadership in the development of this new data element must be taken by the National Council on Prescription Drug Programs (NCPDP). The organization has the experience, status, and credibility, as well as having the process in place that is needed to obtain consensus on such an important project. However, there is one difficult problem that must be overcome. Governmental entities such as the FDA and state boards of pharmacy have important roles to play as developers of systems and enforcers of drug quality laws. They need to be involved in the development of the data and communications standards. They need to be able to go to NCPDP meetings. However, getting the travel money needed to attend the meetings is close to impossible. Without the NCPDP, the standards will be arbitrary and one-sided government solutions. Without the involvement of governmental people, a key component/user will not be represented. Will someone please figure out how to get everybody to the NCPDP meetings?

Last, but not least, the California State Board of Pharmacy is legally obligated to have a pedigree system in place by a certain date. The California board will do it alone if other entities do not do it first. It will not be the first time that California has developed something that other states have used and the nation has adopted as its solution to a difficult problem. Other interested parties will not be excluded from the discussions and decisions, but they will need to come to California because that is where the meetings will be.

If you need a Sacramento tour guide, let me know. CT

***George Pennebaker, Pharm.D.**, is a consultant and past president of the California Pharmacists Association. He can be reached by email at george.pennebaker@sbcglobal.net.*

Practice Opportunities to Consider in 2012

Brent I. Fox, Pharm.D., Ph.D.

Bill G. Felkey, M.S.

Your position places you on the frontlines of healthcare. Through your daily interactions with patients, you have the opportunity to have a significant impact on people's health. Obviously, we are not telling you news that you are not already well aware of. In our position, we focus on trends and developments in the healthcare space, especially developments related to health information technology and its relationship to pharmacy practice. With the new year having recently been ushered in, we are going to devote this column to several developments that relate to pharmacy practice.

Pharmacists as Providers As a profession, pharmacy has a rich history of "preaching to the choir," especially when it comes to getting the word out about pharmacists' impact on patients' health. While we are consistently rated as having high ethical and moral standards by the general public, we continue to lack recognition as providers under the Social Security Act. Some advancement in pharmacists' status have occurred through legislation, such as the Medicare Modernization Act of 2003. However, we are still not viewed as providers eligible for reimbursement that is consistent with our impact on patients' health. As of this writing, we are following a petition to change pharmacists' provider status. The petition, found at http://chn.ge/tbSAjq, is currently 8,215 signatures short of the designated 25,000 required prior to its submission to the president, Congress, and other governing groups. We are writing to encourage you to review and consider signing the petition.

Combating the Medication Adherence Problem One of the areas where pharmacists are positioned to greatly improve healthcare behaviors is the national problem of medication adherence. Adherence seems to be a topic that simply will not go away. This is with good reason. You are probably familiar with the statistic: As many as 75% of Americans do

Connecting Online

Links to websites referenced in this article:

Petition to recognize pharmacists as healthcare providers: http://chn.ge/tbSAjq

Website with tools to help pharmacists' patients address adherence problems: www.scriptyourfuture.org/hcp

Two sites with mhealth tools that address health and wellness issues: http://www.text4baby.org/ and text2quit.com

Brent Fox and Bill Felkey's new blog: http://www.pharmacy-informatics.com

not always take medications as prescribed, leading to a host of clinical problems and unnecessary financial expenditures. One estimate suggests that medication nonadherence costs Americans $290 billion each year. The National Consumers League initiated the *Script Your Future* campaign (www.scriptyourfuture.org) last year to increase awareness about the importance of medication adherence.

The three-year campaign focuses on helping the general public understand why it's important to take medications as prescribed, centering on three chronic disease groups: cardiovascular, diabetic, and respiratory. We know that the best way to help patients remember to take their medications is the method that they prefer. The campaign subscribes to this approach by using a variety of methods to reach patients, including wallet cards, action plans, and online tools. While many of the tools are designed to enable patients to address adherence without the assistance of a healthcare professional, the campaign also engages providers to combat medication nonadherence.

Go to www.scriptyourfuture.org/hcp to review the tools available to help you help your patients address the adherence problem. Tools are both general in nature, focusing on medication management, and specific in nature, focusing on individual diseases (for example, diabetes, hypertension, and COPD). The tools are simple and efficient in their efforts to encourage and educate patients about disease states and self-care. For example, maybe you have a patient who would benefit from scheduling a daily text message reminder to take a medication. Or maybe a patient newly diagnosed with asthma could benefit from watching the video on inhaler use. The variety of resources and tools warrant that you take a few minutes to check out the site and see what may fit your practice. You may even want to add the *Script Your Future* widget to your website to promote the program and steer your patients to the resources described above.

Texting for Health In some cases, pharmacists are able to directly assist their patients in managing medications and their health. In other cases, patients need help more often than when they visit the pharmacy, or they need help when they cannot reach a pharmacist. Last year, we started following a resource that fits in this category of helping patients manage their health regardless of time or place. It is found at www.text4baby.org. As the URL indicates, this service focuses on pregnancy health. At text4baby, individuals can register to receive text messages focused on maintaining a healthy pregnancy and caring for a baby during the first year of life. The goal is to help expectant mothers know what to do during pregnancy, and to help them in the care of their baby after birth. Due to the support of many sponsors, text messages in the program are free as long as the recipient has service with a participating carrier (www.text4baby.org/index.php/about).

We also know that pharmacists are pressured for time to ensure accurate, safe dispensing while also meeting their patients' "face to face" needs. We are encouraged by the development of new resources because they may fit the needs of patients and pharmacists alike.

Similarly, Text2Quit (text2quit.com) is a free service to help smokers kick their habit. Currently, it is only available through employers, health plans, and public health departments. The service requires an initial enrollment that allows the user to establish a desired stop date and identify top triggers; it gathers other information to tailor the text message program to the individual's unique circumstances. Unlike text4baby, message and data rates do apply for texts received as part of the Text2Quit program.

Helping Pharmacists Keep Up Text4baby and Text2Quit are examples of mHealth tools that address health and wellness issues without the limitations of business hours and provider availability. We view these tools as supplements to the services that a pharmacist provides. We know that, in general, the public trusts pharmacists (because they rate us highly for ethics and morals). We also know that pharmacists are pressured for time to ensure accurate, safe dispensing while also meeting their patients' "face to face" needs. We are encouraged by the development of the resources above because they may fit the needs of patients and pharmacists alike. The challenge, as we see it, is for pharmacists to keep up with these emerging resources. We view it as our responsibility to keep you informed. You can always turn to *ComputerTalk*, email us, or check out our blog at www.pharmacy-informatics.com. **CT**

***Brent I. Fox, Pharm.D., Ph.D.**, is an assistant professor, and **Bill G. Felkey, M.S.**, is professor emeritus, at the Department of Pharmacy Care Systems, Harrison School of Pharmacy, Auburn University. They can be reached at foxbren@auburn.edu and felkebg@auburn.edu.*

Positive Technology News Starts 2012

Marsha K. Millonig, R.Ph., M.B.A.

There have been a number of positive news reports related to health technology already in 2012. Ranging from healthcare quality and electronic health records/meaningful use to e-prescribing, they signal continued interest in embracing technology to improve healthcare.

The year started with the Centers for Medicare and Medicaid Services (CMS) releasing quality measures for the Medicaid program (http://federalregister.gov/a/2011-33756), required by a provision in the Affordable Care Act (ACA). The final rule, published in the Jan. 4, 2012, *Federal Register*, contains 26 initial core quality metrics for Medicaid-eligible adults. CMS must now develop a standardized reporting format by Jan. 1, 2013, so state Medicaid agencies and managed-care providers can voluntarily report on the measures; these can then be tested and further developed. CMS will publish technical specifications for reporting by September 2012. The original proposal included 51 quality metrics, and more were proposed during the comment process in early 2011. The Agency for Healthcare Research and Quality (AHRQ), in conjunction with the National Advisory Council for Healthcare Research and Quality, reviewed comments and adopted 26 measures. The metrics have been derived from a number of existing programs and accreditation sources, including the National Committee for Quality Assurance (NCQA), HEDIS, Medicare, meaningful use for electronic health records (EHRs/MU), the Physician Quality Reporting System (PQRS), and the shared-savings program. Those pertinent to medication use are in the box at right.

CMS must begin annually publishing recommended changes to the initial core measure by 2014, as well as report to Congress by September 2014. Of special note is the consistency of measures across varying reporting systems, including the meaningful use of EHRs. CMS has released a manual on getting started with meaningful use that is accessible at http://www.asapnet.org/downloads/CMS_Meaningful_Use_Beginners_Guide.pdf. The manual covers

Shared-Savings Program Medication Use

Prevention and health promotion using NCQA measures.

- Flu shots for adults age 50-64.
- Medical assistance with smoking and tobacco cessation.

Management of chronic conditions using NCQA adopted measures (unless otherwise specified).

- Controlling hypertension.
- Comprehensive diabetes care: LDL-C screening and HA1c.
- Antidepressant medication management.
- Adherence to medications for individuals with schizophrenia.
- Annual monitoring for patients on persistent medications.

program basics, who is eligible and how to participate, and the MU objectives, and includes a resource library. CMS has paid more than $527 million in Medicare EHR incentive payments and $711 million in Medicaid EHR incentive payments as of Oct. 31, 2011. The American Society for Automation in Pharmacy provided this information to members in December, and it will be a topic at the June 2012 conference.

While pharmacies and pharmacists are not directly eligible for EHR incentive payments, their services arguably contribute toward physicians and hospitals achieving meaningful-use goals. To help ensure this happens by integrating pharmacist-provided patient care services into the nation's health IT agenda, the Pharmacy Electronic Health Information Collaborative released its *Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care* in December. A webinar about the roadmap, and the report itself, the first pharmacy HIT strategic plan, can be downloaded at http://www.pharmacyhit.org/. I encourage every pharmacy system vendor to do so and begin assessing what system changes and enhancements might be planned to meet the roadmap's objectives.

And patients are ready to use and share their EHRs, according to the results of two studies reported in the Jan. 3, 2012, issue of the *Annals of Internal Medicine*. A Harvard Medical School/Beth Israel Deaconess Medical Center study examined expectations of more than 37,000 patients and more than 170 primary-care doctors, prior to the launch of their electronic record system, OpenNotes. Participants were in Boston, Pennsylvania, and Seattle. Patients were overwhelmingly enthusiastic about OpenNotes, with more than 90% responding favorably, regardless of whether they planned to enroll to use it. While 35% of the patients had privacy concerns, another 22% were interested in sharing record information with a family member, physician, or other health professional. Some physicians were less positive, with 37% opting not to use the system because of time concerns in answering patient questions and patient access causing them to censor their notes. Among physician users, views were much more optimistic that the system would lead to better patient care. The second study, of 18,000 users of the Veteran's Affairs system's online record HealtheVet, found four out of five users would want to designate someone to have access to their records, primarily a spouse. Results led primary study author Dr. Donna Zulman, of the VA Palo Alto Health Care System, to conclude that "health systems need to be developing these record systems that allow patients to share their health information with care givers and other providers."

Seventy percent of community pharmacists and 73% of health-system pharmacists have a positive overall business view for 2012, thanks in part to new technology. Here's to a great start to 2012!

Further news of the positive impact of health technology was in the December when *The Wall Street Journal* reported on a forthcoming Surescripts report that shows e-prescribing may boost patient adherence to medication regimens. Surescripts researchers worked with pharmacies and PBMs to compile information on 40 million "first fill" prescription requests issued between 2008 and 2010. They compared the percentage of patients who picked up e-prescriptions with the percentage who picked up prescriptions issued by paper, phone, or fax. Key findings showed that 76.5% of patients pick up e-prescriptions, compared to 69.5% of patients with prescriptions issued by paper, phone, or fax. Surescripts noted that e-prescriptions currently represent about one-third of all eligible prescriptions in the United States. Surescripts added that the number of physician offices that e-prescribe has increased by 72% over the last year, partly because of federal incentive payments for health IT adoption.

The rise in e-prescribing and EHR implementation are considered positive factors for pharmacy in 2012, according to the annual *Drug Topics* business outlook survey of community and health-system pharmacists. Seventy percent of community pharmacists and 73% of health-system pharmacists have a positive overall business view for 2012, thanks in part to new technology. Here's to a great start to 2012! CT

***Marsha K. Millonig, R.Ph., M.B.A.**, is president of Catalyst Enterprises, LLC, located in Eagan, Minn. The firm provides consulting, research, and writing services to help industry players provide services more efficiently and implement new services for future growth. The author can be reached at mmillonig@catalystenterprises.net.*

Ways to Address Medication Adherence

Melissa Sherer Krause, Pharm.D.

Medication nonadherence, along with suboptimal prescribing, drug administration, and diagnosis, costs the nation $290 billion per year, according to the New England Healthcare Institute; this number represents 13% of total healthcare expenditures. At the January 2011 meeting of the American Society for Automation in Pharmacy, Clarence Lea, who is a pharmacist and VP and chief marketing officer for HCC and FDS, shared these definitions as part of his presentation on medication adherence:

- **Adherence:** the act of filling new prescriptions or refilling prescriptions on time.
- **Compliance:** the act of taking medication on schedule, or taking medication as prescribed.
- **Persistence:** the act of taking medication for the duration prescribed.

For simplification, I am going to use adherence to collectively refer to the concepts of adherence, compliance, and persistence. I will provide an overview of current pharmacy-based adherence programs, ways to overcome barriers to adherence, and suggestions for using technology to improve medication adherence. There are three main types of pharmacy programs that target improving medication adherence: autorefill, refill reminders, and refill synchronization.

Autorefills and Refill Reminders

Pharmacies can leverage technology to help improve patient adherence. Currently, many pharmacists are using autorefill programs through their pharmacy management systems to help patients refill their prescriptions on time. Patients typically opt-in to this service and choose how they'd like to be notified when their prescriptions are ready. Refill reminder choices include phone or email, though some pharmacies are expanding these technology options to include SMS text messaging. Text messaging services can serve as a different type of reminder to encourage patients to pick up their medications after they have been filled. The key is to give patients the choice on how they would like to be notified.

Refill Synchronization

The National Community Pharmacists Association (NCPA) recently launched the Simplify My Meds program to help independent pharmacists improve patient adherence by coordinating all patient refills for maintenance medications on the same day of the month. Simplify My Meds is more robust than other courtesy refill systems because it includes a "mini medication reconciliation" process. This is a once-a-month patient phone consultation that reinforces adherence and helps the pharmacist monitor any recent changes in drug therapy or hospitalizations. The program streamlines pharmacy workflow by scheduling patient refills for dispensing on the same day and making the workload more predictable.

According to NCPA, some pharma-

cies have found ways to leverage their software system autofill and reminder features to help facilitate the program, while others prefer a more low-tech paper-based accordion file and a calendar. Others are using iPad apps to run the program. These apps include Appigo's Todo Task Manager (approximately $4.99), which is a task management app that can be used to set up reminders for every patient. Pharmacy staff can program the app to send a "review call" reminder one week before the patient's refill date, which prompts the staff to pull the patient's electronic chart and call the patient to review/update the medication list. NCPA has also developed a patient chart template that can be used with the Apple Numbers app for the iPad and iPhone.

NCPA's CEO, Doug Hoey, explains that pharmacies using a model similar to Simplify My Meds found a 30% increase in prescription volume, a 50% decrease in labor costs, and $1.87 per-script increase in gross margin. NCPA offers its members an online adherence impact calculator that is intended to help pharmacists calculate the financial return of adherence incentives.

While the NCPA numbers appear positive, there are several challenges in the implementation, operations, and measuring of outcomes that could impact real-world results. One is to balance workflow by changing the date when maintenance prescriptions are filled. One would expect that a large proportion of patients would want their refill date to be the first of the month. Many patients, especially seniors and others who receive government benefits, get their prescriptions filled at the beginning of each month when they receive their check. Some patients may also find it natural to start their new bottle of medication at the start of the month; changing this pattern could potentially decrease adherence. In addition, some patients may be accustomed to receiving their prescriptions on a particular day of the week, which may coincide with transportation availability.

Patients may find it challenging to pay for all of their medications at the same time. For this reason, many patients space out their refills so that they can budget for them. Pharmacies that provide charge accounts should expect to see an increased use to help patients cover the cost of getting all of their maintenance medications on the same day. But pharmacies will need to call third-party plans to request the one-time short-fill of each medication. If a patient's plan does not cover this one-time cost, the short-fill will place an additional cost burden on the patient.

All pharmacy staff members should participate in identifying patients who might be interested in the program. These include those taking multiple maintenance medications, or who call at the last minute for refills, go on extended vacations (snowbirds), or live in long-term care or assisted-living facilities. It can also be the caregiver who signs up for the patient. This identification process does not address a patient's unique barriers to adherence, such as forgetfulness, financial constraints, lack of perceived effectiveness of the medications, and concerns about side effects.

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Software programs designed to address adherence are starting to take into account individuals' barriers to adherence. Psychological or internal barriers to adherence include lack of perceived effectiveness of the medication, suboptimal understanding of the medication's role in their drug therapy, distrust of healthcare providers, and/or cultural perceptions regarding medication use. Some patients experience a combination of barriers. Adherence programs should take into account each patient's barriers and provide solutions for addressing these issues. Otherwise, the program may attempt to address an adherence barrier that is not an issue. While forgetfulness is certainly one barrier to adherence, and initiatives to address this are important, programs that focus solely on "reminders" miss the mark for more complex issues impacting adherence.

Overcoming Barriers The *Pharmacist's Letter* offers its subscribers a medication adherence toolbox that points out the many barriers to adherence and proposes solutions to help overcome them. Some examples include using decision aids to help patients understand the risks and benefits of the medication, "positive framing" to explain the likelihood of side effects, and selecting well-tolerated medications to help reduce nonadherence due to side effects.

In addition to professional organizations and publications, some pharmaceutical manufacturers are taking steps to address adherence issues. For example, Boehringer Ingelheim conducted a medication adherence study in 2009 and identified 11 different "dimen-

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sions" of nonadherence, which included issues such as "interpersonal discomfort and social barriers," "denial and fear," and "distrust of healthcare providers," in addition to the more commonly perceived barriers to adherence previously discussed. Boehringer Ingelheim developed sample strategies and tactics to address each of the 11 barriers (accessible at www.pharmacysatisfaction.com/patient-adherence.jsp), and conducted a pilot program applying these in a real-life pharmacy environment. The program uses online survey technology to evaluate an individual's barriers to adherence, and then identifies patient-specific interventions to improve the likelihood of providing effective solutions.

What You Can Do Pharmacies, software vendors, and industry partners need to continue working to create efficient adherence programs using technology, where appropriate, to target an individual's barriers to adherence.

Medication adherence initiatives support the efforts by pharmacy organizations to have pharmacists named as healthcare providers under the Social Security Act. This designation is critical to opening up additional opportunities for clinical services. If that's not incentive enough, pharmacists should consider the potential for increased sales as a result of improved adherence.

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Even modest increases in adherence can lead to significant returns for pharmacies. Prescribers also stand to gain from adherence, through direct payment incentives as well as "honor roll" status. If pharmacies do not take advantage of this opportunity, someone else will. In the next issue of *ComputerTalk* this column's focus will be on different metrics used to measure adherence and potential market changes that you could see from PBMs and Medicare Part D plans to incentivize pharmacies to improve patients' adherence. **CT**

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Index of Advertisers

ASAP ..... 48, Inside Back Cover
Cerner Etreby 31, 48
Computer-Rx 22
DAA Enterprises 29
Emdeon 17
Epicor (Formerly Activant) 27
FDS 23
HBS ..... Back Cover
HCC Pharmacy Solutions 21
Infowerks Data Services 30
Kirby Lester 28
McKesson Pharmacy Systems 48
Manchac Technologies 26
Micro Merchant Systems 24
QS/1 ..... 3, 9, 48
Retail Management Solutions 25, 48
RxMedic 33
Rx-Net-Inc 32
ScriptPro 7
SoftWriters 1
Speed Script 37
TeleManager Technologies 34
Transaction Data – Rx30 ..... Inside Front Cover, 48
Two Point Conversions, Inc. 20
*voice*Tech 5

The American Society of Consultant Pharmacists 2011 Annual Meeting and Exhibition

by Will Lockwood

The American Society for Consultant Pharmacists held its 2011 Annual Meeting and Exhibition in Phoenix, Ariz. The event offered a prime opportunity for pharmacists looking for the latest in long-term care technology to see what's on offer.

▲ Representing McKesson were, from left, Robert Cannon, Erin Deavours, Pam Burch, and Kimberly Murphy.

▲ Vicki Einhellig of Good Day Pharmacy with Integra's Raymond van Rooyen.

▲ From left, Talyst's Jason Spears and Tom Davy, with attendee Keith Lee and Spiro Consulting's Diana Quach.

▲ Emissary Technologies' Polly Kirkwood and Timothy Renz.

▲ Net-Rx's Chad Hammerstrom, left, and Paul Butler with PharMerica's Gregory Kaupp.

▲ Pharmacist Joy Higa with Catalyst Healthcare's Frank Fabian, left, and Harv Johal.

▶ Manchac's Jade Sillaban, left, with Lane Sieman from Surety Pro.

▲ Med Management Technology's John Purnell, left, and David Atkinson with William Thompson, right, from Thompson LTC Pharmacy.

▲ Manning the HBS both was Andy Rinius.

▲ Parata's Paul Shelton, left, with Jeffrey Freese of Trenne Pharmedco.

▲ Prodigy Data Systems' Tim Fitchett, left, with two attendees.

▲ QS/1's Jim Hancock and Sue Whitehead with a group of attendees.

▲ ALMSA's James Southerland, left, and Bill Southerland.

▲ CaraSolva's Geoff Cooper, left, and Scott Simpson with pharmacist Aketi Sturghill.

▲ SoftWriter's Tim Tannert and Mary Sprole.

◀ TCGRx's Jim Spernow, right, during a product demonstration.

American Society for Automation in Pharmacy 2012 Annual Industry & Technology Issues Conference

by Will Lockwood

The American Society for Automation in Pharmacy (ASAP) held its 2012 Annual Industry & Technology Issues Conference in St. Pete Beach, Fla. The conference was organized around a far-ranging speaker program, and afforded ample opportunity for attendees to network. You can download the presentations by visiting www.asapnet.org.

The Speakers

▲ From left: Doug Long of IMS Health provided his annual look at the trends in the U.S. pharmaceutical market; Stuart Kerskey from Pharmacy Healthcare Solutions, a division of AmerisourceBergen, presented on technology needs in ambulatory-care pharmacy; and Pharmacy Healthcare Solutions' Tim Kosty gave the pharmacy perspective on prior authorizations.

▲ From left, TCGRx's Jae Chung presented his research on the impact of short-cycle dispensing at the pharmacy and in the nursing home; Brian Kaihoi gave a look at Mayo Clinic's different ventures into digital environments via the Web, social media, and virtual worlds; and Becky Snead gave an update on the state legislative and regulatory trends being tracked at the National Alliance of State Pharmacy Associations.

▲ From left, Merrifield Consulting's Bruce Merrifield returned to the program to offer his expertise on finding the prescription for commodity hell via customer niche centricity; ASAP's executive director Bill Lockwood and Indiana University's Rebecca Salerno. Salerno gave attendees a look at how to create world-class digital experiences on the Web; and CoverMyMeds' Ron Fine brought his expertise to bear on the audit requirements for systems creating or receiving e-prescriptions for controlled substances.

▲ Attendance for the conference was strong, with a cross-section of technology vendor executives, pharmacists, and associations represented.

◀ Medco Health Solutions' Mary Jo Carden, far left, brought attendees up to speed on the regulations protecting patient health information; at left, Ed Crimmins from Kindler & Crimmins spoke on the benefits of active inventory management. The program wrapped up with an interactive panel discussion featuring, from left, Chip Harmon of Florida Medical Clinic Pharmacy, Ed Meyer of Center Pharmacy LTC, and Howard Smith of the Florida Hospital outpatient pharmacy division. Epicor Software's Bruce Kneeland, at right, moderated the panel.

Attendees took time to talk during breaks in the speaker program.

▲ *voice*Tech's Duane Smith, left, with Paul Dyas from PDX-pc1-Freedom Data.

▲ Mayo Clinic's Jerry Christenson, left, and PharmaTrust's Matt Sneller.

◀ From left, TeleManager Technologies' David Dixon and Paul Kobylevsky with OPUS-ISM's Donna Mirocco.

▲ From left, Costco Pharmacy's Fred Floyd, Epicor Software's Bruce Kneeland, and Frank McCree from Carolinas HealthCare System.

▲ The team from SoftWriters, from left, was Chris Anderson, Tim Tannert, Chris Delposen, and Tim Hutchison.

▲ Advanced Pharmacy's Jim Moncrief, left, and Gary Schoettmer, right, with NCPDP's John Klimek.

▲ Debbie Simmons from Elsevier/Gold Standard with Innovation Associates' Tim Limer, and Alecia Lashier, right.

▲ *voice*Tech brought a full complement of team members from its nearby headquarters. Included from left are Darla Day, Marina Valencia, Tom Williams, Tim Garofalo, Christine Holderby, Levi Enmeier, Jerry Bowen, Joan Bobowiec, and Duane Smith.

▲ McKesson Pharmacy Systems' Mark Sancrainte, left, with Mark Wilgus from Supplylogix.

▲ In this group, from left, Retail Management Solutions' Brad Jones, AmerisourceBergen's Bob Jones, and Cerner Etreby's Phil Beck.

▲ From left, Andrew Charter from the LDM Group with Casey Robb and Cathy Philipski from Emdeon.

▲ Mayo Clinic's Brent Ferguson, left, with TCGRx's Mark Hoffman.

▲ From left, David Sanford from Rexam Prescription Products, Simon Banfield from PMSI, and Stacy Kaufman from ScriptChek.

▲ From left, Charles Brinkley from FDS, Annette Gabel from Medco Health Solutions, Leann Lewis from FDS, and Richard Brook from Emdeon.

▲ Ateb's Steve Roberts with Jeff Dietch from Infowerks.

▲ Fresenius Medical Care Rx's Nancy Blake and Michael Ganter.

▲ The National Association of Boards of Pharmacy's Robert Cowan, left, with Jeremy Hume of KeyCentrix.

▲ Speed Scripts' Chuck Welch, left, with Emdeon's Paul Hooper.

▲ Rite Aid's Mike Podgurski, left, with McNeil Consumer Healthcare's Dan Ramirez.

▲ Steve Kennedy from AmerisourceBergen, left, with HCC's Clarence Lea.

websites to visit

American Society for Automation in Pharmacy

www.asapnet.org

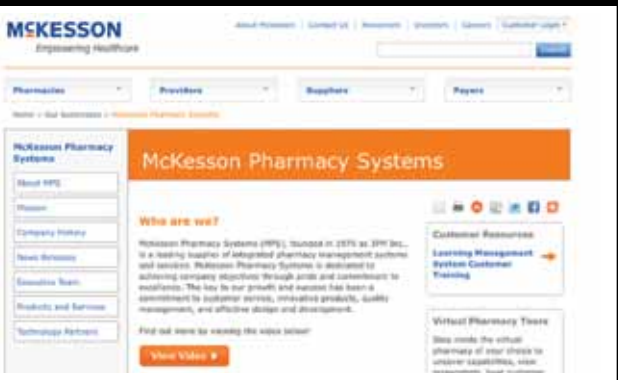
Cerner Etreby

www.cerner.com/etreby

ComputerTalk for the Pharmacist

www.computertalk.com

McKesson Pharmacy Systems



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Tim Hutchison, President/CEO, SoftWriters, Inc.
President, American Society for Automation in Pharmacy

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