Virtual Assistants as Health and Wellness Tools
Five ideas for tapping the potential of the Amazon Echo and the Google Home in pharmacy.

Making Your Own Rules
How one pharmacy is setting up business and clinical edits in the pharmacy system to address the new world of pharmacy.

How A Performance-Driven Workflow Pays Off
Leveraging workflow gives a boost to one pharmacy’s synchronization program.

Is POS the Essential Business Tool for Pharmacy?
If you’re not maximizing the use of your POS system you could be losing precious dollars. pg. 15
Putting the Pieces Together to Guarantee You’re the Star in Your Community

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Fifteen or 20 years ago, point-of-sale systems were considered by many as “glorified cash registers,” and their primary benefit was in the front end. These days, as margins continue to decline, and pharmacy owners need to offer more services to their customers, the POS system has emerged as an essential business tool for a successful pharmacy. **Story begins on page 15**
IT’S TIME TO

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The Three Legs of the Stool

OVER THE YEARS the pharmacy management system (PMS) has become the workhorse in a pharmacy in more ways than one. Let me tell you why.

The PMS addresses three important areas: operations management, clinical management, and financial management.

Operations management is all about prescription processing. As a byproduct of this we have clinical management, where the system checks for any drug interactions, generates the drug monograph, and updates the person’s prescription profile. Financial management enters the picture with the billing of the prescription to the person’s insurance plan, decrementing the drug inventory as prescriptions are filled, and then (through an electronic data interchange [EDI] interface with the pharmacy’s wholesaler) transmitting orders to replenish stock, taking advantage of just-in-time inventory — both an operations and a financial benefit.

The PMS has provided an unprecedented level of efficiency in a pharmacy. But it is the interfaces with other systems and services that make the PMS even more valuable. The interface to robotic dispensing systems is one example of this. Robotics has taken pharmacy to an entirely new level of efficiency. But there is other value in such an interface. It assures accurate counting of the prescriptions and provides safeguards to ensure the right drug is being dispensed.

Another example of how interfaces with the PMS work to improve pharmacy operations is the interface to interactive voice response (IVR) systems. Here pharmacists and technicians are not taking phone calls while processing prescriptions — one less distraction to prevent prescription errors. But the benefit of the IVR interface goes beyond this. It contributes to the clinical area, namely, improving medication adherence through a reminder call that a prescription is due for a refill and a reminder call to pick up that prescription when ready.

Still another example is the interface to a point-of-sale (POS) system, which is the focus of the cover story in this issue. The interface with the PMS allows prescriptions to be rung up at the POS terminal along with front-end purchases. It documents when a prescription was picked up and left the pharmacy — such bidirectional flow between the PMS and POS system is where the greatest benefits are derived.

What I am seeing is a trend toward interfaces that can enhance the pharmacist’s role in patient care. With more emphasis on transition of care, chronic care management, and collaborative care arrangements, the prescription data and patient demographics in the PMS can be applied in an interface to a pharmacy-specific electronic health record that would increase the value of a pharmacist as a healthcare provider.

I could go on with more examples of how the PMS serves to address what I call the three legs of the stool — operations, clinical, and financial management — but I think you get the point from what I presented here. CT
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Brent Dehring – Co-director at Partnership Health Center, Missoula, Montana

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QS/1 has become the first pharmacy management system vendor to partner with Appriss Health for use of its NARxCHECK program. Integration of NARxCHECK into the pharmacy’s workflow provides pharmacists with real-time access to data collected by prescription drug monitoring programs (PDMPs). NARxCHECK provides insight into a person’s controlled substance use with risk scores.

“It’s a unique exchange of information that can alert of possible overuse or abuse of prescription drugs,” says Ed Vess, senior manager of market analysts for QS/1 and president of the South Carolina Pharmacy Association. “Pharmacists can access PDMP data and NARxCHECK metrics from within the QS/1 pharmacy management system.”

With this integration, QS/1 improves the exchange of information between Appriss Health and the pharmacy to analyze a patient’s prescription profile against PDMP data.

One of the benefits of NARxCHECK is that PDMP data can be shared across state lines. If a patient is having prescriptions filled in other states where this information is exchanged with Appriss Health, it can potentially share that data with the pharmacist as well.

Omnicell has signed an agreement to acquire Ateb, together with its Canadian affiliate Ateb Canada, Ltd. According to Omnecell, Ateb is the industry’s leading provider of pharmacy-based patient care solutions and medication synchronization, with over 15,000 independent and chain pharmacies in the United States and Canada using Ateb solutions. The shared portfolio supports the Omnecell mission of increasing patient access to medication adherence solutions to simplify management of chronic conditions.

Omnicell reported that it would acquire Ateb for approximately $41 million, subject to certain adjustments, in an all-cash transaction. Ateb recorded approximately $27 million in revenue during the 12-month period ended Sept. 30, 2016.

Capsa Solutions, a leading provider of medication management systems, pharmacy automation, and mobile computing carts, has announced that it has expanded its popular Vintage Series medication carts and cabinets for senior living facilities.

Vintage accommodates a growing trend among senior living facilities to move away from institutional settings toward homelike surroundings. The new Vintage Series includes a tech-ready medication cart to mobilize electronic health record management; an integrated slide-out keyboard and mouse drawer; and multiple mounting solutions for tablet, laptop, or all-in-one computers. It also has expanded medication cart capacity, with up to 900 punch cards, in-room medication cabinets, and base skirt options to surround the medication cart base to hide wheels but still maintain simple maneuverability.

“Extended care facilities don’t have to look like a hospital, or even a healthcare facility. Baby boomers have redefined their preferences for what senior living spaces should look like. Today, there are designer choices, and the growing popularity of our Vintage line reflects their choice for a warm, comfortable, home-like environment,” says John Himmelstein, VP of sales for Capsa.

Surescripts is expanding its medication management services to deliver messages and alerts directly into the provider’s electronic health record (EHR) during the patient visit. The more than 6,300 providers using software from Agastha, Aprima Medical Software, MedConnect, and PrognoCIS will have near real-time data about how a patient is doing on his or her medication regimen.

Surescripts’ Medication Management for Adherence provides a closed-loop feedback and collaboration between physician and payer, and is optimized in the EHR workflow for the physician to use during the patient visit.

“Medication nonadherence takes a huge toll on the patient’s well-being, as well as the cost of care. But physicians can only address the issue if they are armed with the correct information when it matters most — during the patient’s visit,” says Tom Skelton, CEO of Surescripts. “Our network’s unrivaled connectivity revo-
solutionizes the use of valuable insights from payers, combined with innovative EHR technologies that enhance patient outcomes, giving physicians a digital snapshot of whether or not their patients are adhering to their medication, so that they can intervene when needed.”

TCGRx has announced that it has initiated the development of a new pharmacy automation device that will allow for the filling of unit-dose and multidose cards, in addition to the pouch packaging that TCGRx is already well-known for. The device, known as the PillBot, with the ability to package medication in both pouch and blister formats, is scheduled for release this year.

“The market is constantly evolving for our pharmacy partners. They need flexibility to provide packaging options that will gain and retain business without the need to invest in multiple automation devices,” says TCGRx President and CEO Duane Chudy.

SoftWriters has announced the launch of a point-of-delivery software solution, FrameworkPOD. FrameworkPOD goes beyond traditional delivery software with integration to SoftWriters’ pharmacy management system FrameworkLTC to allow pharmacies to save time and money by eliminating manual steps and bringing more functionality, connectivity, and communication to every delivery.

“We take delivery one step further from signature capture and route optimization. Do the drivers have the right medications? Do they have the right totes? With integration into FrameworkLTC, FrameworkLink and FrameworkECM, the biggest feature is driver optimization and accuracy,” says Tim Tannert, COO of SoftWriters. “With the introduction of FrameworkPOD, SoftWriters is proud to have the first and only fully integrated, scalable solution set for LTC pharmacies.”

Industry Plan Ahead Calendar

ComputerTalk is dedicated to helping pharmacy owners and managers know about and successfully deal with the latest trends and issues in the industry. That is why ComputerTalk encourages our readers to attend trade shows.

To that end ComputerTalk is including an Industry Plan Ahead Calendar in both our print and online services. In print we’ll feature the name of the show and identify the hosting organization, along with the date and location where the event is to take place. Visit the ComputerTalk website for more information about the event, such as the specific venue, prominent presenters, featured entertainment, or educational programs, along with registration details.

We hope you’ll find this new editorial service useful. To make the Plan Ahead Industry Calendar more useful, please contact Bruce Kneeland, editorial contributor, at: bfkneeland@gmail.com

Upcoming Shows

March 2017


MHA Business Summit, MHA – Managed Health Associates, Las Vegas, Nev., March 29 - 31

Computer-Rx Idea Exchange, Computer Rx, Oklahoma City, Okla., March 31 – April 1

April 2017

The IPC Independent Pharmacy Conference, The Independent Pharmacy Cooperative (IPC), Scottsdale, Ariz., April 6 – 8

The AAP Annual Conference, AAP – American Associated Pharmacies, Kissimmee, Fla., April 27-29

Access the Updated Calendar at http://info.computertalk.com/plan-ahead-industry-calendar
How a Performance-Driven Workflow Pays Off

ADHERENCE AND MEDICATION

synchronization programs are buzz words in pharmacy — and have been for several years. Clearly these programs benefit the patient and can influence the pharmacy’s star rating. But how do they benefit a pharmacy? The potential of an adherence-based workflow came to pharmacy owner Jason Turner, Pharm.D., in 2013. Although he offered medication synchronization at Moundsville Pharmacy, it wasn’t a major part of his business. Following a meeting in Kentucky where David Nau, then president of the EQuIPP organization, talked about star rating measures and how these were impacting healthcare, Turner saw an opportunity in adherence. “I could see that if quality and measuring outcomes was the direction this industry was going to go, and if these quality measures were in fact reasonable,” he recalls, “then we needed to start performing specifically in those measures and ensuring we were developing our programs and services to be a high performer in the Medicare arena.”

Located near Wheeling, W.Va., Moundsville has been in operation since 1981. Turner joined the pharmacy as a pharmacist in 2000 and became owner in 2012. In 2014, the pharmacy was relocated to a newly constructed, modernized, and patient-focused pharmacy design. It was also around that time that Turner purchased a second location in Sistersville, W.Va. Today the pharmacies have different prescription volume, but the goal is the same: to process between 55% and 60% of their prescription volume through a robust medication synchronization program.

“Our goal is to consolidate many of the prescription-driven tasks into two days per week, so that we can better incorporate performance-driven tasks into our weekly workflow using multiple members of our staff,” he says. “The future of pharmacy revolves around a performance-driven pharmacy workflow, one that is based on medication synchronization.” The time invested to develop and expand a medication synchronization program is compensated for by the increase in volume from the current customer base. If you get 100 patients enrolled in the program, there is a high likelihood that you are going to add up to an additional 2,000 prescriptions annually. “If a pharmacy truly expands its program to control 50% of its volume, with 500 to 1,000 patients enrolled in the program, there is the potential to expand the prescription volume up to 10,000 to 20,000 prescriptions annually — just by helping existing patients become more adherent to the medications that improve their health and decrease their risk of complications and hospitalizations,” Turner says.

PERFORMANCE DRIVEN

As Turner built a workflow focused on performance, the goal was to increase patient enrollment in the sync program by 10% each quarter. As the program expanded, Turner looked at Moundsville’s physical space, which was originally about 1,500 square feet. Turner moved all the med sync processes together, which proved to be an effective change, and filled them two days a week. “We learned early on that separating the process had a tremendous value to pharmacy, as it took the volume away from the primary workflow,” he says. “It separated our staff into two teams.

continued on page 10
Three things suffer when patients aren’t compliant with their medications – their health, your profits and your Five-Star Quality Rating. QS/1® offers multiple tactics to keep all strong. Pharmacists benefit from Five-Star reports to identify non-adherent patients and tools for automating refills. Patients benefit from online, mobile and text refill and pick-up reminders to keep them on track. All of which lead to healthier patients, a healthier rating and a healthier bottom line.

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on certain days of the week — making everyone more productive because they weren’t competing for the same resources, like counter space, printers, and phones.”

“What we found through Sistersville Pharmacy is that while they have smaller space and less staff, they were still able to accomplish the same goals — a separate synchronization workflow, two days per week, to process about 55% of our prescription volume,” says Turner, who now trains other pharmacists on implementing synchronization workflow. “We developed a pencil-and-paper model that integrates with technology to achieve a high level of success. We try to train pharmacists that, regardless of the size of their pharmacy, they can do it.”

Medication synchronization is really a customer service program. Staff calls patients regularly to review their medication list and any changes. Automation and technology create the efficiencies and time needed to make these personal connections. A ScriptPro SP 200 and Kirby Lester counters, both with barcode technology, support efficient and accurate counting. Turner uses CoverMyMeds for prior authorization services, and for now, simple cold-seal packaging for patients requesting compliance packaging. QS/1’s pharmacy system handles reporting, refilling, and the workflow through three modules. Turner says that by collaborating with QS/1, he has been able to take the practice to the next level. “We are currently using what I would consider the majority of the ‘bells and whistles’ of the QS/1 NRx system and the point-of-sale system to be high performing in both our pharmacy management and in our pharmacy workflow,” he says. The NRx Tickler File feature helps to schedule prescription refills when they’re due, and they generate late refill reports using the Health-Minder report. “We’re trying to tackle adherence using a variety of the features in NRx and services in our pharmacies,” Turner says. Turners says there are about 930 patients in the med sync program, with the same amount of staff as three years ago, when they first started the process. Consolidating patient interactions is about having productive interactions, not fewer. “When we have interactions with patients, they are more productive, with positive outcomes for the patient,” he says. “It’s our role to answer their questions, or help them understand their condition or their disease, and offer them additional solutions.”

**AN EFFICIENT PROCESS**

The pharmacy’s performance-driven workflow wasn’t always as robust as it is today. Turner explains, “Initially, the program was focused on enrolling as many patients into the program as possible.” As the program expanded, he started using more of the features in QS/1.

The staff uses QS/1’s Health-Minder to identify nonsync patients who are late to refill on Medicare-monitored medications. The Moundsville staff contacts these patients to provide adherence counseling, Turner explains: “We call patients and use adherence counseling techniques to talk to the patients about how they are doing and what may be reasons they miss taking their medication, and then offer the best solutions for the patient.” Once a patient is in the adherence program, the prescriptions are flagged by the QS/1 system and processed each month with QS/1’s InstantFill process, which drops the refill prescriptions into a queue to fill and adjudicate the claim with fewer key punches from the pharmacy staff. The workflow module, Pharmacy-at-a-Glance, has made the day-to-day management more efficient, allowing the staff to see

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**AN EFFICIENT PROCESS**

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when the quality assurance queue is backing up, or when pharmacists need to redirect themselves to checking prescriptions rather than perhaps spending time on clinical or management tasks.

“The workflow has really changed how we manage our prescription volume,” says Turner. “All of our pharmacists use Pharmacy-at-a-Glance; it allows us to get to the pharmacy workflow sections quickly, and the system is designed to allow us to enter ticklers and notes quickly.”

**IMPROVED PERFORMANCE, IMPROVED ADHERENCE**

Improved performance with an adherence program can mean a difference in fees charged to the pharmacy by third parties. Turner gives the example of a network that charges a $5 holdback on claims. For a low-performance pharmacy, that will have a detrimental impact on that pharmacy’s balance sheet. A high-performance pharmacy can earn back that $5 holdback, plus an additional $1, and that can have a positive impact on the pharmacy. In other words, processing 5,000 claims can cost the pharmacy $25,000 in holdbacks with low performance, says Turner, but it can earn the high-performing pharmacy an additional $5,000. In other third-party models, the fees assessed on the pharmacy can actually vary by up to 2% based on the performance of the pharmacy.

Another financial benefit that may not be obvious is the reduction in the time staff spends on patient checkout and home delivery. For Moundsville Pharmacy, with over 900 patients enrolled, it has reduced patient checkouts by 1,800 per month and eliminated over 400 deliveries monthly, compared to when it didn’t have a sync program. That equates to about 80 point-of-sale checkouts per day and 20 deliveries per day — which gives the staff time to do other things.

“Insurances aren’t paying pharmacies any more money to check patients out multiple times throughout the month,” says Turner. “Pharmacies need to develop processes and a workflow that consolidate those interactions for maximum efficiencies and cost-effectiveness.”

Better adherence with a medication sync program is a win-win for both the patient and the pharmacy. “While better adherence improves the patient’s health, a well-designed synchronization program will improve customer service and create more positive interactions and relationships between the pharmacy and the patient,” says Turner.

Identifying medications due for refill in advance allows the pharmacy time to order inventory, resolve insurance issues and prior authorizations, and request refills from the prescriber — all reducing the need for multiple visits by the patient.

“Pharmacists need to creatively look at their workflow and their staff to develop new and efficient processes and better solutions to the existing challenges we all face in pharmacy operations,” says Turner. “Synchronization offers a solution and a foundation to additional solutions that address a number of pharmacy management challenges, but it must be implemented effectively and expanded to a high percentage of the prescriptions to achieve the ultimate success for the pharmacy.”

See a checklist for a performance-driven workflow at www.computertalk.com/moundsville.
PHARMACY HAS MOVED
rapidly to a point where software systems need to support a wide range of patient care and workflow scenarios, and even successful, profitable fill-and-bill has become a complex rules-based task. There are a number of technology solutions designed to organize workflow and track tasks, as well as long-standing edits to help ensure that only clean claims get transmitted. But it seems as if the clinical, claims, and business practice contingencies a pharmacy needs to address are ever increasing, with the rules varying by drug, payer, and patient.

LOGIC FOR YOUR PHARMACY
This is where Tim White, R.Ph., has seen great value in a feature he’s recently activated in the PioneerRx pharmacy management software that has powered Hardy-White Pharmacies for going on five years. This is something called manual edits, which White describes as customizable logic within the pharmacy software.

This brings a level of pharmacy-specific customization to the workflow logic that, according to White, in years past you’d have had to ask a developer to implement. “Now we have it in our own hands to be able to design the rules we need, which is wonderful,” he says. And even though manual edits are fairly new to Hardy-White Pharmacies, White’s already seeing a positive clinical, operational, and even financial impact.

EVER DO A LITTLE PROGRAMMING?
So what exactly are manual edits? As White describes them, they are logic-driven rules based on categories that he and his staff are able to develop themselves within the PioneerRx pharmacy system. There are then filters within the categories. An edit sets up a gate in the workflow that can work in several different ways. It can simply record that an action was taken, generate an alert and track an event, or put a stop on the flow, with an override required to ensure the correct action is taken. No matter how the manual edit is set, data goes into a postedit queue, which is the basis for reporting that lets the pharmacist manager review what’s been going on.

PROACTIVE, NOT RETROACTIVE
Previously, Hardy-White Pharmacies had worked to track various clinical interventions and workflow tasks, but this was mostly done by using search-and-report features within PioneerRx. “This was a retroactive process,” says White, “versus being proactive with these manual edits. Now it’s ensuring we can take action in the workflow, rather than after the fact. I think it really helps you, particularly in the clinical environment, to see opportunities proactively.”

RIGHT QUESTIONS, RIGHT TIME
One such clinical intervention is immunizations. For example, Hardy-White Pharmacies has deployed manual edits for identifying people who should be receiving Pneumovax or Prevnar, based on age. “The edit is set to collect everybody 65 and over in a category,” explains White. “We then filter for the people who
don’t already have one of these vaccines recorded in their profiles. Note that we’re using both an inclusion and exclusion logic here.” The impact of this manual edit was immediate, notes White. “In just the first two days after we implemented the rule on Prevnar 13, we were alerted to 36 opportunities,” he says. The manual edit has brought a level of confidence to Hardy-White Pharmacies that the staff is consistently addressing opportunities for providing pneumonia shots, while the system-driven prompt means that the staff can keep the focus on the patient, where it belongs.

Administering vaccinations is a good example of a key opportunity for pharmacies to expand their scope of practice, but one that brings with it rules and protocols that fall outside the typical prescription-dispensing flow. For example, Hardy-White Pharmacies need to populate the ethnicity field in the patient record when giving a vaccination. “What we did was set up this edit to create a work stop that requires us to be sure this field is populated,” says White. He notes that this is important for several reasons: Patient profiles are populated with the right data, while at the same time the staff is able to ask only the specific group of patients for which it’s needed. What could otherwise be a data collection task that’s burdensome for staff and possibly annoying for patients becomes a streamlined process that happens with the right patients at the right time.

The manual edit has brought a level of confidence to Hardy-White Pharmacies that the staff is consistently addressing opportunities for providing pneumonia shots, while the system-driven prompt means that the staff can keep the focus on the patient, where it belongs.

NEW APPROACHES, NEW RULES

White offers another example of how Hardy-White Pharmacies are using manual edits to help address the needs of a cutting-edge field, pharmacogenetics. “We’re getting ready to enter a pilot trial,” says White, “and we need rules within PioneerRx that will help us consistently identify patients on medications with pharmacogenetic equations. For example, we are setting up categories for medications that are known to be metabolized with certain enzyme cascades.” Then, according to White, the edit applies logic that compares this drug category to a patient category to check if patients have actually had the pharmacogenetic test performed.

SOLUTIONS FOR THE MOST CURRENT PROBLEMS

There is one more manual edit that Tim White has on his list, and it’s a major one that gives Hardy-White Pharmacies the ability to address the direct and indirect remuneration (DIR) fees that have been bedeviling pharmacy. “This is actually one of the first edits we put in,” says White. “We have basically been able to put in a block on specific medications for a certain payer that we had found were creating serious DIR fee situations and losing us a lot of money.”

The edit puts a hard stop on any order for one of these medications that will be adjudicated under this particular contract. The goal then becomes for staff to find the best way to get the patient access to the drug therapy, while also ensuring that the claim isn’t processed at a loss for Hardy-White Pharmacies. “What this does is give us the chance to address this before we submit a claim,” says White. “We should never be in a situation where we’re paying the PBM [pharmacy benefit manager] to fill a prescription, which is what these DIR fees for.
fees can amount to.” And White has found that there can in fact be several options, once you understand a contract. For example, there are cases where the DIR fee only impacts the generic. In other cases, White finds that the pharmacy needs to recommend a therapeutic substitution. “It took us a few months to realize what was going on with this contract,” says White, “but we identified the problem and we have been able to use the manual edits in PioneerRx to set rules that mean we avoid taking unfair and avoidable losses on dispensing certain drugs.”

**STARTING SIMPLE**

Hardy-White Pharmacies’ application of manual edits is a perfect example of letting software systems handle the kind of tasks they are ideally suited for: addressing logical processes the right way every time. But the key element here is that White and his staff get to build these themselves to suit Hardy-White Pharmacies’ particular and evolving needs, rather than having to put in a developer request.

The prospect of getting under the hood of the pharmacy system like this may be a little daunting, of course. We're not all computer programmers, and how can we be sure the edits get the right results and not unanticipated outcomes? Tim White’s advice is not to worry too much. “The first point would be to identify things that you’re missing on a consistent basis, that you know you need to address,” he says. “Then think about what processes you need to involve to correct these issues. The nice thing on the PioneerRx system is it does allow you a little trial and error. We can create a particular rule and test it in small batches. Then we can go ahead and modify it, if needed. We do also ask questions of our PioneerRx rep if we're building something complicated. She really knows the system and can point us in the right direction.” The end result is a practical set of tools for giving Hardy-White Pharmacies the means to efficiently and rapidly solve problems, without needing to have a programmer’s skills to do it.
When I first started working with retail pharmacies back in the early ‘70s, a high-tech pharmacy consisted of a Royal typewriter, a bottle of correction fluid, and a roll of clear Scotch tape. The modern pharmacy management system, with its ability to manage prescription files, organize patient profiles, bill third-party payers, and check for drug interactions, has truly become the essential professional tool for pharmacy.

Is POS the Essential Business Tool for Pharmacy?

If you’re not maximizing the use of your POS system you could be losing precious dollars.

by Bruce Kneeland
Bruce can be reached at bfkneeland@gmail.com

continued on next page >
Chichi Ilonzo Momah, Pharm.D., Springfield Pharmacy in Springfield, Pa. Momah has learned to review POS data on front-end sales on a routine basis to make changes based on facts, not feelings.

BUT AS MARGINS CONTINUE TO decline, and patients demand even more personal services, I had to wonder if a point-of-sale (POS) system has emerged as the essential business tool for pharmacy.

According to Robyn Amberg, a freelance marketing consultant, the answer is yes. And, she says, professional services are a must for any successful pharmacy. "But," she adds, "in order to provide these services, pharmacies also need to meet payroll, purchase supplies, and pay the rent. That clearly means every community pharmacy needs to be run like a business."

Olin Sykes, owner of Sykes and Company, a CPA firm based in Edenton, N.C., and specializing in serving independent pharmacy, says he tells his clients that having, and using, a POS system is one of the most critical business decisions they can make. Sykes adds that managing from POS system reports, knowing your margins by department, and consciously making decisions designed to improve sales and profits are all critical. "If you are not doing that you are literally throwing money out the window," according to Sykes.

Fifteen or 20 years ago many pharmacy managers dismissed POS systems as "glorified cash registers." The feeling was that a POS system's primary benefit was in the front end and its most appealing feature was eliminating the need to put price stickers on front-end merchandise. But since most community pharmacies do 90% or more of their sales in the pharmacy, the value of this feature did not make for a compelling sales argument.

Little by little, as margins eroded, savvy pharmacy owners started to understand the value of many features a POS system has for the prescription department. Today the NCPA Digest, sponsored by Cardinal Health, reports that nearly 85% of pharmacies have a POS system.

Key functions of the system that accrue to the benefit of the pharmacy department are, according to Adam McCown, Pharm.D., a partner at Medmetrics Pharmacy in Chandler, Ariz., handling credit/debit cards, processing flexible spending account (FSA) cards, and being able to capture signatures for third-party audits, HIPAA privacy policy, PSE (pseudoephedrine) log sheets, and OBRA '90 counseling requirements.

McCown says he purchased his POS system somewhat reluctantly, since he was opening a pharmacy with very little front end. But, he says, the people at PioneerRx were persuasive on the benefit of the system to the pharmacy, so he included it when he purchased his pharmacy management system. Now, he says, he can't imagine running his mostly compounding pharmacy...
Jeff Harrell, Pharm.D., is the owner of a small chain based out of Ilwaco, Wash.

Front-end price updates mean prices reflect promotions, manufacturer price changes, or even suggested changes in price due to seasonality or market opportunities.

One example: With four retail stores, he has assigned one person to focus on doing front-end price updates. This means that his prices are always updated to reflect promotions, manufacturer price changes, or even suggested changes in price due to seasonality or market opportunities.

When it comes to the front-end, Justin Buckland, market analyst for QS/1, has two comments that might help pharmacy managers think more carefully about ways their POS system can help.

First, Buckland says, he suspects too many community pharmacies fail to realize that while the front-end might only represent 5% to 10% of sales, it accounts for 80% to 90% of a pharmacy’s image. The way a pharmacy’s front end looks and how merchandise is presented are critical marketing functions, he says.

Another opportunity, according to Buckland, is in implementing strategic pricing. He says QS/1 supports the zone pricing services of the Hamacher Resources Group, which enables pharmacies to select price zones that will maximize both sales and profits. Pricing things right is important for both profit and image, according to Buckland.

Harrell works hard to professionalize his pharmacies, and has taken advantage of his QS/1 POS system to do just

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that. When people come in to pick up their prescription, his pharmacy team counsels them at the pharmacy counter. Then the team places the prescription in a plastic container and directs the patient to the cash register up front for final checkout. This method, Harrell says, separates the pharmacist from the cash register; and since the sale has not yet been concluded, patients are more likely to purchase other items. This is a process that would not be possible without a POS system, Harrell says.

**WHEN IT COMES TO MANAGING**

the front end, few pharmacies do a bigger or better job than Zitomer Pharmacy in New York City. The visually impressive operation encompasses 15,000 square feet on three floors, including 5,000 square feet of toys in an upscale Manhattan location.

Frank Vella, VP of pharmacy operations for Zitomer, says that despite the size and scope of the store, pharmacy is still the cornerstone of the business. As a testament to that, he says, one key feature of his POS system is that it supports 3,500 house charge accounts.

But, Vella says, “We have a very big seasonal business, so it’s important to have our usual inventory, seasonal, and postseasonal inventory at appropriate stock levels.” To that end Zitomer recently upgraded to an Epicor Eagle POS system and, according to Vella, the new system has enabled them to im-

Justin Buckland
QS/1 Market Analyst

Pricing inventory right is important for both profit and image.
prove sales and margins due to better retail pricing algorithms. And, he says, they have done this while reducing front-end inventory by 15%.

Ojai Rexall Drug owner Dutch Atchley, R.Ph., of Ojai, Calif., chimes in on the value of inventory control. This well-established 5,000-square-foot full-line pharmacy prides itself on its gift section. Atchley says that with the constantly eroding margins in the pharmacy department, he and his management team have worked hard to find niche products, promotions, and merchandizing techniques that add to both the pharmacy’s profits and the hometown feel.

To that end they make sure they enter every item into their POS system. This includes vendor and item number quantity, along with color, size, and style when available. While they don’t devote all their time to the POS system, Atchley says he has three full-time people trained to manage various POS functions. In addition to his primary wholesaler, he sends and receives orders electronically with American Greetings, Leanin’ Tree, and a general merchandise supplier, L&R Distributors.

With all the data in his Retail Management System’s (RMS) POS, Atchley can use movement history to more effectively gauge promotional buys. For example, when it comes to seasonal items he can see not only what he bought last year but also how much of it he sold at pre-sale, sale, and closeout prices.

Atchley, who has been in the business for 40 years, says that in his opinion, “The only way community pharmacies are going to survive is to manage the data.” He says now that things are set up, he can place orders, update prices, adjust min-max reorder points, and stay in stock on fast movers — all in a matter of minutes.

Rob Tinsley is the VP of pharmacy services for the Independent Pharmacy Cooperative (IPC). A major part of what he does is coach pharmacy managers on ways they can take full advantage of technology to provide professional services and improve profitability. He is a proponent of the management philosophy, “If you can’t measure it, you can’t improve it.” Thus he finds himself encouraging pharmacy owners to take greater advantage of the POS they already own.

To reinforce the importance of a POS system, Tinsley says that the reports a POS provides should serve as the foundation for almost every business decision a pharmacy makes. To the list of capabilities not already mentioned he

POS CHECKLIST
You can download it for free at www.computertalk.com/POSChecklist.

One of the primary goals of this article is to encourage ComputerTalk readers who already own a POS to take full advantage of their system. To help with that goal, Retail Management Solutions has created a special POS user’s checklist.
adds that a POS system helps with staff scheduling and perpetual inventory, opens the door to mobile applications, and is being used very successfully in improving sales of products that are of specific importance to specific patients.

**BECAUSE MOST MODERN POS** systems interface so well with the pharmacy’s prescription processing system, information on prescription medications can flow to the POS system screen and facilitate a number of patient care programs that also increase OTC sales. For example, it was found that PioneerRx has a program with FLAVORx that prompts pharmacy staff to offer medication flavoring at the time of patient pickup, if flavoring had not already been requested when the prescription was dropped off. This works in many cases, as many pharmacies do not reconstitute liquid antibiotics until the patient comes in to get the medication. QS/1 has a program that identifies drug nutrient depletion opportunities and prompts the staff to suggest appropriate products.

Rob Tinsley, VP of Pharmacy Services, Independent Pharmacy Cooperative

Tinsley encourages pharmacy owners to take greater advantage of the POS they already own.

Regarding nutrient depletion, RMS recently announced a program with Ortho Molecular Products. According to Mike Gross, VP of sales and marketing for RMS, the two companies report that the pilot program saw a fourfold increase in the sales of Ortho Molecular Product’s professional-grade nutrients, such as their probiotic and
CoQ10. This free module identifies a drug nutrient depletion opportunity and then posts a message on the POS terminal alerting pharmacy personnel to recommend a specific product when the patient picks up his or her prescriptions.

Along these lines, QS/1’s Buckland suggests that pharmacists should be asking their patients what over-the-counter (OTC), vitamins, and natural remedies they take. He says they have created a way for this information to be entered into the pharmacy management system to aid in patient counseling or in providing other enhanced-care services. The pharmacist can also program the system to remind technicians to ask about OTCs. Buckland says that another reason for this feature is QS/1’s concern that potential negative interactions between an Rx and OTCs is an overlooked area. He cites as examples the recent switch of Rhinocort and Flonase to OTC status. “Just because they no longer require a prescription doesn’t mean negative interactions won’t happen” he says. With this thought in mind, Buckland also challenges pharmacists to think of creative ways they can hold onto sales of meds switched, such as by reminding patients of the value of having the

continued on next page

Mike Gross, VP of Sales and Marketing Retail Management Solutions

Mobile tablets are a great way to provide a curbside pickup service for pharmacies unable to offer drive-up windows.
Pharmacist check for drug interactions.

Loyalty programs are often perceived as the holy grail or killer application, and the desire to gain such a capability has been a primary driver in getting many pharmacies to purchase a POS.

Springfield Pharmacy’s Momah says she has implemented a simple yet effective loyalty program. Enrolled customers get one point for every dollar spent in the front end, and one point for each prescription. The points accumulate on her flexTRAX POS system, and when a customer gets to 100 points, they can be redeemed for $5 worth of front-end purchases. She says the program seems to be well received, and it draws more attention to front-end purchases. And, she adds, not having to bill a third-party payer is an added benefit to increased front-end sales generated by her loyalty program.

PioneerRx’s president, Jeff Key, says one simple thing PioneerRx does that seems to help is to rank patients by purchases. Patients ranked in the top 25% of a pharmacy’s sales are identified on both the pharmacy and POS screens, alerting staff that the particular customer they are waiting on is a VIP. The hope, according to Key, is that pharmacy personnel will make an extra effort to provide a little extra personal attention to this customer.

Epicor’s senior product manager, Keith Lam, prefers to call loyalty programs “patient engagement programs.” He suggests that pharmacies find ways to tailor the program to fit the unique personality of their pharmacy. Then, he says, they should use the data in the system to provide rewards and other offers that fit the profile of a particular patient. For example, he says, some customers may prefer to receive offers based on a particular characteristic, such as being a veteran or senior citizen. Or, he says, it could be based on product purchases such as vitamin or cosmetic purchases. “The more you can do to customize your rewards, the more effective your program will be,” he says.

And once again from Adam McCown, who noted how important it is that you get email addresses and text numbers: Enrolling people in a loyalty program is a way to gather them in a socially acceptable manner. Robin Amberg advises including birthdates on the enrollment forms, as her experience has shown.
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“RxMedic’s ARS provides peace of mind regarding patient safety not found in other will call systems. It has helped us utilize the tools in our pharmacy management system better. It’s also the kind of technology that gets patients’ attention.”

Eric Russo – Director of Clinical Services at Hobbs Pharmacy in Merritt Island, FL
ence with PrescribeWellness indicates that sending people a Happy Birthday greeting is a great way to impress them and get referrals.

WHAT’S TRENDING IN POS?

According to IPC’s Tinsley, one of the next big things in technology is mobile. RMS’s Gross agrees. He says mobile tablets are a great way to provide a curbside pickup service for pharmacies unable to offer drive-up windows.

Another way pharmacies benefit is by having pharmacy personnel take the mobile device with them onto the sales floor. He says that this has proven to be particularly useful for items that sell better with a professional consult, like nutritionals, DME (durable medical equipment), or diabetic supplies. And, he says, mobile devices have proven useful in sidewalk sales.

Epicor’s Lam says that one great application they promote is special orders. Because the Epicor POS system can access wholesaler and other vendor catalogs, pharmacy staff can consult with customers about items not normally stocked and then order them right from the POS system. The POS system prints a barcoded label right at the cash register.

When the special item is received and scanned, the system alerts the receiving clerk that the item is a special order. The item can then be put in a will-call area. The system also texts the customer to let him or her know the product has arrived. This process, according to Lam, ensures that special orders are not put on a shelf someplace and lost.

One final mention on what’s trending. QS/1, GSL Solutions, and PerceptiMed — and perhaps others — are actively marketing automated will-call bin management systems that tie into POS systems. The goal is to simplify, speed up, and improve accuracy for both the prescription pickup and the return-to-stock process.

Tung Nguyen, Pharm D., manager of Alisal Pharmacy in Salinas, Calif., has installed the ScripClip system from PerceptiMed. This system supports several types of prescription bags, all of which are equipped with multicolor-capability LED lights activated by a wireless transmitter. When a patient presents for a prescription, the clerk enters his or her name on the POS screen, and a color-coded light flashes in the handle of the hanging bag containing the waiting patient’s medication.

Nguyen says that filled bags are put on his will-call bin rack in random order, as his staff no longer needs to move bags around to find a spot in alphabet order. He says the system supports multiple registers, as it automatically identifies each POS register with a different-colored light, preventing a clerk from accidentally picking up another clerk’s flashing prescription bag. And if a patient has medications in two or more bags, the system directs the staff member to all of them. Then it dou-

ScripClip system from PerceptiMed supports several types of prescription bags, all of which are equipped with multicolor-capability LED lights activated by a wireless transmitter.

Keith Lam, Senior Product Manager, Epicor

“The more you can do to customize your rewards, the more effective your program will be.”
ble-checks that all items are accounted for at the register.

SO THERE YOU HAVE IT: The ComputerTalk case for how and why a POS system has become the essential tool for the business of pharmacy. The challenge, as always with any technology purchase, is deciding how much power you need and how many bells and whistles you want to pay for.

But since most retail pharmacies, big or little, old or new, already own a POS system, the bigger challenge for most pharmacy managers is determining how to take full advantage of the POS systems they already own. Doing so will help them run a more efficient and profitable business. CT

Bruce Kneeland is an industry consultant who helps retail pharmacies better serve their patients. He can be reached at bkneeland@gmail.com.

DISASTER PREPAREDNESS CHECKLIST

You can download it at www.computertalk.com/disaster-check-list

Check out the NCPA Foundation’s Disaster Preparedness Resource suggestions to help minimize the potential consequences of a disaster and access to the Pharmacy Disaster Support Center for disaster-specific checklists, resources, and tools related to preparedness, response, and recovery user’s checklist.

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Zitomer Pharmacy Gains Strong Financial Improvements

Zitomer Pharmacy opened its doors in the 1950s as an upscale New York City pharmacy. Since then it has grown into a unique shopping destination and a landmark on Manhattan’s chic Upper East Side. Located on Madison Avenue, Zitomer prides itself on carrying trendy, current, must-have items, while also maintaining a wide selection of prominent brands. In this interview with ComputerTalk’s Will Lockwood, Frank Vella, VP at Zitomer, describes why the business moved over to a new point-of-sale technology platform, and a few of the benefits it has gained as a result of the switch.

ComputerTalk: What led your business to implement a new retail pharmacy technology solution?

Frank Vella: Zitomer Pharmacy strives to offer an unparalleled level of customer service and maintain the industry’s most knowledgeable staff. To preserve our quality service levels, we decided to move away from an antiquated software system and implemented the Epicor Eagle N Series retail business management solution.

We wanted to find a point-of-sale (POS) system that would reduce our security concerns, streamline inventory management, improve billing operations, and better manage our nearly 3,500 house charge accounts. Epicor was a perfect fit. We can already see that our customer service levels are improving because we are able to spend less time on tedious back-office tasks, and more time with our customers.

Also, with mounting concerns about data breaches in retail, we wanted a system that would address security — not only in our back-office operations, but also our front-end POS. For example, implementing proper security at POS to limit price overrides and decrease return fraud. We were also concerned with credit-card and security breaches to our house account personal information. Epicor has a solid history of protecting businesses, which is a big reason we selected their Europay, MasterCard, and Visa [EMV] enabled security solutions. When we feel secure as a business, that trickles down to our customers. With Epicor, we can tell them we are doing all we can to keep their information safe.

CT: Strong inventory management is crucial for any business, especially when it comes to sometimes daunting pharmacy inventory. How did this business objective come into play when selecting the Epicor solution?

Vella: As a family-owned and -operated business with three shopping floors and over 15,000 square feet of retail space — including a 5,000-square-foot children’s toy area — strong inventory management is crucial for Zitomer’s success. We have a very big seasonal business, so it’s important to have our usual inventory, seasonal, and postseasonal inventory at the appropriate stock levels. Robust inventory management was a key functionality we liked about the Epicor system. By utilizing the Epicor Eagle Inventory Planner solution, we now have better control of our inventory. We can keep tabs on our inventory and make adjustments to carry the right items at the right time. In the first year of implementing Epicor solutions, better reporting helped us cut our inventory by 15%, which improved our cash flow. We were able to free up approximately $100,000 in cash flow for our business.

We also use the Epicor Compass tool for other reporting. For example, we find it instrumental to generate reports with Compass to see what product lines are selling the best. This helps us determine which orders to place for next year’s inventory. This saves us money and gives us peace of mind that we’ll have the products that our customers want.

CT: Customer loyalty has always been a hot topic for retail pharmacy. How is Zitomer doing in regards to loyalty?

Vella: To be successful in the independent pharmacy space, retailers must have access to up-to-the-minute information anytime, anywhere. One of the biggest benefits of the Eagle N Series system is the real-time information. It’s quick, easy to use, stores all the information we need, and we can share that information with our customers to help increase loyalty.

The system’s information capture capabilities and email receipts functionality have been big pluses for our customer base. This has been one way that we have been able to build our email list, and because we have such a high-traffic business, there are many customers who would probably never have heard from us. With email receipts and customer information, we’re able to track them better and send them relevant promotions — which engages the shopper, increases traffic to our stores and website, and builds true customer loyalty.

CT: How does your pharmacy keep up-to-date with current, must-have items, while also maintaining a wide selection of prominent brands?

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Virtual Assistants as Health and Wellness Tools

We have a family member who uses a pill box but still has trouble remembering if that day’s medication was taken. It would be very powerful if patients could ask their virtual assistant if they took their medication that morning.

An item commonly found across virtually every list we read is the Amazon Echo. An alternative to the Echo, the Google Home, entered the market more recently, but it is also a virtual assistant. At the core, these devices include omnidirectional speakers and multiple microphones with noise cancellation and far-field voice recognition. They are, of course, wirelessly connected to home Wi-Fi networks. This means that you control the Echo and Home through spoken commands. These virtual assistants can also connect to home automation systems to control the temperature and lights. Other functions include alarms, traffic and weather reports, turning on the coffee machine, and requesting a ride from Uber. Oh, and we forgot to mention that they can play your favorite songs. The Home is more visually appealing than the Echo, but the Echo currently has more capabilities. We are excited to follow these two tech giants as they compete with each other in the virtual assistant space in 2017.

**SPEAKING OF CAPABILITIES**

We envision health- and wellness-related uses of these devices. While these capabilities are not currently available, we can see great potential in their development. Here are five desirable, health-related uses for virtual assistants, in no particular order.

**Medication adherence.** Of course, we are going to start our list with a hugely important challenge to your patients and to society as a whole. Imagine the Echo (or Home) serving as an interactive reminder that it is time to take a scheduled medication. We know that patients also forget if they took their medications. In fact, we have a family member who uses a pill box but still has trouble remembering if that day’s medication was taken. It would be very powerful if patients could ask their virtual assistant if they took their medication that morning. We anticipate that this type of feature would be relatively easy to implement through modification of existing virtual assistant apps or accessing the patient’s currently preferred app, personal health record, or similar tool. Virtual assistants can transfer voice requests for things like prescription refills and medical supplies onto a smartphone shopping list that will be carried to the pharmacy.

**General information and reminders.** Both the Echo and Home can currently provide up-to-date reports on the news, traffic conditions, and sports. We would like to extend this information provision function to focus on daily health tips. The tips would be specific to the user’s health status and chronic conditions. For example, general tips related to diabetes and diet — delivered at regular intervals — may help enable better decision-making at meal and snack time. This feature could be tied to a feature that is currently available — recipe suggestions. Again, for the patient with diabetes, the virtual

continued on next page
It is exciting to envision the health-related potential of the latest consumer electronics devices, especially because of the accessibility of these devices.

Health-related weather reports. This idea is similar to the previous feature. Echo and Home can currently provide local weather reports. We envision weather reports that incorporate the patient’s conditions and medical history. This could be especially important for patients with asthma, for example. Prior to embarking on their day, patients could use the virtual assistant to obtain the weather and pollution forecasts and hopefully prevent the need to use a rescue inhaler. Or, for patients in high UV light areas, the virtual assistant can remind those who are listening about the importance of sunscreen usage.

Messaging between users. Mobile phones have completely changed the way we communicate. First, we were able to stroll along the beach with our brick-size bag phone in hand. We thought we were so cool! We realized how uncool we were when phones that almost fit in our pockets were introduced. These were then followed by phones that actually fit in our pockets. We then went from PDAs with no phone capabilities to smartphones. This ushered in the era of text messages. We can debate the value and distractive nature of text-based communication, but it is difficult to argue the popularity of this form of communication. Now we can speak our text messages, which helps with the safety factor while driving.

But we would greatly value the ability to speak to our virtual assistant and have the message sent to someone else — either in our home or across the country. We would value even more being able to send a message to our forgetful relative regarding his medication usage. Yes, we can do this with a text message, but sometimes the message needs to be sent when we are not able to grab our phones. Or, another health-related messaging use would be to receive public health notifications from the CDC and other authoritative groups.

Convergence. The ultimate value of virtual assistants is as a convergence portal for health-related uses. Imagine adding your genetic history to the weather example above. Not only would Echo report the UV level for the day, but your genetic predisposition to melanoma can also be included in developing a personalized risk assessment. This could be a powerful way to strengthen the message regarding sunscreen. Or, in the asthma example, not only are weather and pollution data useful inputs, but add in longitudinal data regarding rescue inhaler usage under similar conditions. And then include the individual’s daily schedule, which includes club soccer, an event that has previously induced an asthma attack. As a final example, for a patient with diabetes, the virtual assistant analyzes medication and diet information from a smartphone app, blood glucose readings from a Bluetooth glucometer, and longitudinal weight data from a wireless scale. A scan of the patient’s personal health record reveals his or her last check-up from the primary care doctor. All this data results in specific, targeted recommendations to improve the person’s diabetes management and overall health.

Assistant would automatically recommend health-conscious meal plans.

Brent I. Fox, Pharm.D., Ph.D., is an associate professor, and Bill G. Felkey, M.S., is professor emeritus, in the Department of Health Outcomes Research and Policy, Harrison School of Pharmacy, Auburn University. They can be reached at foxbren@auburn.edu and felkebg@auburn.edu.
**Potpourri**

I TOLD THE LOCKWOODS that I wanted to wait until after the election before writing my next column. I have waited. The election is over. I am a fourth-generation proud Californian. I am one of the voters who were disappointed. My local daily newspaper has three front-page stories today. All three are trying to examine what might occur over the next few years. I’m not going to do that. I believe that times of change are times of opportunity. We will have lots of opportunities ahead. Let’s all focus on finding them and working on them.

So, having said what I am not going to say, what is this column going to be about?

*Potpourri: A miscellaneous collection. In this case a collection containing a variety of things to think about as we move forward.*

In the ‘60s I had a boss who was more of a mentor than a boss. He was a physician in charge of a group of four or five health professionals who were creating all of the rules for California’s Medicaid program. We had a lot of fascinating and difficult things to work on. One day I went into his office and said, “I have a problem.” He immediately responded with, “I don’t need any more problems. I need solutions. Come back when you have a solution.”

That is a strong message. Everyone who has a boss (we all do) needs to understand the implications of that message. Go to work on the problem. When you have a solution, take it to your boss and present both the problem and the solution. If there is more than one solution, decide which one is the best, and tell your boss the best one — always ready to discuss alternatives if needed.

No matter where you are, there will always be problems to work on. However, I prefer to phrase it a bit differently: There will always be solutions to create.

- It looks like our future will have a significant need for solutions.
- It is often said that the experts should make the decisions.
- Who are the experts?
- “An expert is a person who knows more and more about less and less, until becoming the ultimate expert who knows everything about nothing.”

Don't become an ultimate expert. Always be willing to listen, as well as willing to share your expertise. Listening is the most important part of a conversation. Everyone needs to listen to what others have to say. That is the only way to create solutions that work — work because as many factors as possible have been included in the solution.

Write. As I graduated from pharmacy school (1961), I clearly remember being so happy that I was not going to have to write any more term papers. I was also a bit ambitious and wanted to move up in my profession. I soon got a job running the pharmacy in a small but ambitious hospital. Within a couple of months I found myself writing term papers.

I had presented an idea to my boss (another mentor) a couple of times, and he said, “You don’t understand something unless you have written it down.” I went back to my desk and started writing. About halfway down the first page I realized that my idea would not work. Writing forces one to think through the subject. Without the writing process, all one has is a half-baked idea.

Technology is going to generate solutions that will impact what we do. To my mind there are two major areas: artificial intelligence and automation.

Artificial intelligence is going to help us make decisions. As it gets better, our decisions should get better. The question is, where does it take over, and who controls it? Those are big questions that will need lots of writing to understand, as well as innovative solutions.

Automation will take over many functions. Anything that is routine for you will rapidly become routine for a machine. Pharmacists and others who work in pharmacies do a lot of routine things. Need I say more?

All of these reactions to, and creations of, change will take term paper type development and analysis. They cannot be dealt with using T-shirt, bumper sticker, and baseball cap slogans. It's time to get out your thinking cap, writing device, and communication talents. There are movers and shakers and those who are moved and shaken. Which one are you?

**A POLITICAL NOTE**

It’s not about who you voted for. It’s about what you are going to do now that the votes have been counted. If your candidate won, what are you going to do to help those promises be responsibly fulfilled? If your candidate lost, what are you going to do to responsibly stop those promises being fulfilled? CT

George Pennebaker, Pharm.D., is a consultant and past president of the California Pharmacists Association. The author can be reached at george.pennebaker@sbcglobal.net; 916/501-6541; and PO Box 25, Esparto, CA 95627.
OVER THE PAST FEW months, the price of drugs has gotten a lot of attention. It was an issue on Capitol Hill, on the campaign trail, and in newspapers, magazines, and television. We’re all familiar with the names Shkreli and Bresch. With all this discussion, there are still no easy answers. Pharmacists are often on the front line, dealing with patients who may be surprised when the cost of their medication has risen, often drastically, since the last time it was filled, or patients who may abandon a first fill because they can’t afford it. The most expensive medication is the one the patient doesn’t take.

While items considered “specialty” drugs often get more attention due to their higher costs, patients are also struggling to pay for those medications that are less expensive, but still out of reach. With pharmacy benefit plan designs more frequently including higher deductibles, patients may be responsible for the first several thousand dollars in costs per year. Prescriptions that may be several hundred dollars per month, or per fill, are not always attainable for patients.

Public pressure is likely to continue, and we’ll have to wait and see what the new Congress and administration choose to do to address this public health issue. Some companies are not waiting to respond. Allergan and Novo Nordisk recently announced their commitment to limit the size and frequency of their price increases.

As with other elements in healthcare, drug pricing has gotten more complicated.

The manufacturer may have invented the product, or paid for the intellectual property that allows it to sell the product. It will want to recover development costs, and cover the costs associated with producing and marketing the product, maintaining regulatory compliance, etc. Beyond covering costs, the desire and pressure for increased revenue and profit continues to grow, often driven by stockholders. As seen during recent Congressional testimony, there is a visceral reaction to frequent and significant price increases without a corresponding rationale, such as the cost of raw goods.

The manufacturer will invest in marketing its product. Years ago, that marketing occurred directly to the prescriber. Today, manufacturers are building brand awareness not just with prescribers, but also with patients, via direct-to-consumer advertising, websites, and support services. Many manufacturers offer patient assistance programs (coupons, co-pay cards) to help offset patients’ out-of-pocket expenses. They are also marketing their product to the payer. Obtaining preferred formulary status is a key priority for most manufacturers, as it helps to drive market share. Offering rebates is one way to achieve preferred status. The rebates are paid to the pharmacy benefit manager (PBM), and may or may not be shared with the plan sponsor (e.g., health plan, employer); the patient rarely, if ever, is able to directly benefit from the rebate dollars.

According to a article published in late summer 2016 in the LA Times (see link on next page):

• When you have a generic drug with eight suppliers you would expect the prices to go down,” said Dana Goldman, director of USC’s Leonard D. Schaeffer Center for Health Policy & Economics.

• Unlike nearly every other developed nation, the U.S. allows drug manufacturers to set their own prices, a policy that has resulted in overall medicine costs being far higher than elsewhere. Increasingly, insurers are passing the cost along to patients through higher deductibles.

• According to the federal Health and Human Services Department, prescription drugs now account for almost 17% of personal healthcare expenditures — up from about 7% in the 1990s.

• Brand-name medicines are protected from competition by their patents, and they are still the primary driver of rising drug spending. When the patents expire, other companies can sell the medicines as generics, which in the past has usually caused the price to plummet.

• Instead, today the price of an increasing number of generic drugs with multiple manufacturers is rising.

• For example, eight of the 10 drugs that had the biggest percentage price hikes in 2014 were generic medicines made by multiple manufacturers, according to information published by the federal Medicare program.

Impact of Drug Prices

Marsha K. Millonig, B.Pharm., M.B.A.
the product, and marketed it to pre-
scribers and payers, it has to get to the
patient. There are companies that serve
as wholesalers/distributors that assist in
that process. These companies ensure that
the product gets from the manufacturer’s
production facilities to the pharmacy for
dispensing to the patient. Pharmacies
often have a preferred distributor that
they work with, or may be contractually
obligated to work with (usually for chains
or pharmacy services administrative or-
ganizations [PSAOs]).

Once the product is in the pharmacy,
the price it’s actually “sold” for is depen-
dent on a number of factors: the price
the manufacturer charges, plus any fees
the distributor assesses and the fees the
pharmacy is able to add (e.g., dispensing).
The claim submitted to the payer results in
the price to be charged to the patient (as-
suming the patient has and uses insurance
coverage). If the price presented to the
patient, whether the pharmacy’s usual and
customary charge or the price determined
by the payer, is more than the patient can
afford, the cost to the healthcare system
is much greater. The patient who doesn’t
take his or her medication is likely to have
other, more expensive interactions with
the healthcare system.

As pharmacists, what can we do? Obvious-
ly, dispense a generic whenever possible.
Suggest therapeutic alternatives to the
prescriber, especially if the prescriber
has selected a product that isn’t on the
formulary. Let your patients know that
there may be financial assistance avail-
able, either through coupons or discount
cards, or through foundations that provide
assistance based on need. While there
are restrictions for government program
(Medicare and Medicaid) beneficiaries,
it is worth exploring. Most (brand-name)
manufacturers offer some sort of program
for their products, even if it isn’t a
“specialty” medication.

It’s worth keeping in mind that if you
use a coupon to assist a patient, there’s
potentially an additional transaction fee
associated with submitting that “claim,”
as well as the cost of time to submit, plus
any time spent researching the coupon.
And payers are starting to realize that they
don’t know if a patient uses a coupon —
and they want to have that information.
They view it as impacting the patient’s
true out-of-pocket expense, and will likely
explore ways to reconcile that information,
similar to the TrOOP (total out-of-pocket)
processes in place for Medicare Part D
beneficiaries. CT

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The Outlook for 2017

WITH THE TUMULTUOUS election behind us, our thoughts turn to a new year and the challenges that lie ahead. The Trump administration has promised to repeal and replace Obamacare, but the specific changes will be negotiated in the new Congress. President Trump promises to lower business and personal taxes, and that should inject additional dollars into the private sector as people and businesses have more money to spend and invest. These changes should be beneficial for the economy while also creating new opportunities and challenges for the pharmacy industry.

INDUSTRY CHALLENGES
We see continued pressure on pharmacy margins as payers continue to negotiate lower reimbursement rates with pharmacies. This situation will be impacted by the transition of fee-for-service Medicaid programs to cost-based reimbursement. Regulations require that state Medicaid programs in their state plan amendments take into account both the cost of the product and the professional dispensing fee in their reimbursement request to the Centers for Medicare & Medicaid Services (CMS). CMS has promised to evaluate the total reimbursement for the pharmacies before approving the plan amendments. Pharmacy will have to be diligent in evaluating the changes and educating its U.S. representatives on the impact these will have on pharmacy access. We do not expect to see this shift to cost-based reimbursement extend beyond Medicaid to commercial plans or Medicare Part D, at least in 2017.

Pharmacy owners will face tough decisions in 2017 on whether or not to participate in preferred networks.

PREFERRED PHARMACY NETWORKS
Medicare Part D plans have implemented preferred pharmacy networks for approximately 80% of the beneficiaries covered. These networks require a deeper discount for the preferred designation and include direct and indirect remuneration (DIR) that has been problematic for pharmacies. The DIR fees charged to the pharmacy retrospectively have had a negative effect on pharmacy profitability. Prescriptions that were apparently dispensed at a profit turn into a loss months later. In response, NCPA and NACDS support proposed legislation (S. 3308/H.R. 5951) to prohibit Medicare Part D plan sponsors/PBMs (pharmacy benefit managers) from retroactively reducing payment on clean claims submitted by pharmacies under Medicare Part D, therefore eliminating retroactive DIR fees. The proposed legislation would require Part D plans to provide a DIR fee at the time of dispensing to enable the pharmacy to determine its total reimbursement. These bills are expected to be reintroduced in the next Congressional session.

We expect payers to continue to look for ways to leverage pharmacy providers to lower their costs and improve patient outcomes. The next step would be for pharmacies to accept risk-based reimbursement based on their clinical performance, e.g., Medicare Part D star ratings. Pharmacies must evaluate these potential opportunities to determine if they can manage the risk reviewing controllable versus noncontrollable issues. For example, a noncontrollable issue would be single-source brand price inflation. A controllable variable would be the generic efficiency rate expressed as a percentage that represents the times a generic is dispensed when a substitutable alternative is available.

Pharmacy owners will face tough decisions in 2017 on whether or not to participate in preferred networks. Options include participating in the open network, if possible, and then marketing directly to patients the benefits they receive from utilizing your pharmacy services. Since DIR fees have been a detriment to profits in 2016, pharmacy owners may decide to avoid these fees in 2017 and beyond.

DRIVING EFFICIENCY
The three main business drivers of financial results in the pharmacy are reimbursement rates, purchasing (cost of goods sold), and labor costs per prescription. Pharmacy reimbursement is for the most part not controllable, as many third party offers are take-it-or-leave-it propositions. Close focus on purchase effectiveness and ensuring that generics are purchased on contract to
deliver the lowest net cost are essential. Technology solutions have been employed to lower the labor costs per prescription. These efficiencies, such as IVR systems, robotic dispensing, and med synchronization, enable pharmacies to dispense more prescriptions with the same labor input. We expect new innovations such as the Tech-Check-Tech pilot that will be launched in Wisconsin in 2017. This pilot will evaluate the accuracy of certified pharmacy technicians performing the second verification step in the dispensing process, instead of pharmacists. If successful, this will lower dispensing costs in the retail setting in a few years.

Enhancements to electronic health record systems should continue to move the decision-making on prior authorizations, step edits, and quantity edits to the point of prescribing. These changes will result in fewer prescriptions that require exception processing, leading to lower costs of dispensing. But these changes will be gradual and will also benefit prescribers, with reduced prior authorization forms to fill out and fewer calls from pharmacies.

CLINICAL SERVICES

Clinical service opportunities will be expanded in 2017. Pharmacy has done a great job of incorporating immunizations into its service offerings. Medication therapy management (MTM) has been less successful, mainly due to a paucity of cases per pharmacy and a reimbursement rate per minute that yields fewer gross profit dollars compared to dispensing prescriptions. In 2017, some states will be permitting influenza and strep testing under a collaborative practice agreement. In 2017, pharmacists should be closely monitoring these nondispensing pharmacist-provided services to measure patient uptake, profitability, and the ability to rapidly replicate across retail pharmacy.

INDUSTRY CONSOLIDATION

We expect industry consolidation to accelerate in 2017. Lower reimbursement rates are one reason we have seen an accelerated consolidation of pharmacies. We expect the Walgreens/Rite Aid deal to close in the first quarter of 2017. But 500 to 1,000 pharmacies must be divested before the FTC approves the deal. The financial press has reported that Fred’s Pharmacy will purchase 865 stores.

There has also been consolidation in the PSAO (pharmacy services administrative organization) industry, with the formation of Arete Pharmacy Network, which combined H. D. Smith's Third Party Network and American Associated Pharmacies United Drugs. Arete Pharmacy Network announced the acquisition of RxPride, which was formerly owned by the Minnesota-based pharmacy-buying group Smart-Fill Management Group, Inc. These acquisitions enable the organization to reduce administrative costs across a larger membership base.

CHANGE IS THE CONSTANT

The pace of change continues to accelerate, and the ability to adapt and revise strategies and tactics based on limited information is critical. The potential repeal and replacement of Obamacare would likely create new healthcare products that enable patients to pick the one that best meets their family’s needs. This may require pharmacy owners to market their services by documenting their value to attract new patients. We see flat-to-negative growth in the number of retail pharmacies. Replacement locations for profitable, aging locations will be the extent of most new pharmacy openings.

Pharmacy has to improve labor costs, which is something that pharmacy has the most control over. We expect to see an emphasis here in 2017. Many pharmacists would like to practice at the “top of their degree,” which means providing clinical, nondispensing activities. Pharmacies taking a risk on Medicare D star ratings will need to invest in additional clinical services. It would not surprise us to see a bifurcation develop, where some pharmacists focus only on nondispensing clinical activities that generate a lower return compared to dispensing prescriptions. To maintain a similar net profit margin, a corresponding adjustment to pharmacist compensation may be implemented in the near future.

While 2017 will present changes on the political front, we should not be surprised to see changes that reshape the pharmacy landscape. We will share our viewpoints on these changes as they unfold.

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The American Society for Automation in Pharmacy (ASAP), held its 2017 Annual Conference at The Ritz-Carlton on Amelia Island, Fla., with the focus during the two days on a CE-approved speaker program and networking. The conference saw record attendance from the executive ranks of a wide array of pharmacy technology vendors, as well as pharmacies and national pharmacy organizations. ASAP conferences afford the technology vendors, in particular, an opportunity to connect and strategize without the pressure of an exhibit hall to attend to. You can view the full list of attending companies and organizations, as well as download presentations from the program, by visiting www.asapnet.org/2017-annual.html.

AmerisourceBergen’s Jason Money gave his take on the new administration, and what the current political environment means for pharmacy.

The American Pharmacists Association’s Mitch Rothholz gave a presentation titled “Supporting the Immunization Neighborhood: Communicating Pharmacy-Based Immunization Data to IIS.”

QuintilesIMS’s Doug Long brought his annual assessment of the current trends in the U.S. pharmaceutical market to the conference.

Jeff Hedges of R.J. Hedges & Associates presented on “Understanding the Patient Safety Act.”

Reelected to the board were Rite Aid’s Mike Podgurski, left, who will serve as president, and AmerisourceBergen and Good Neighbor Pharmacy’s Bob Jones, who will serve as vice president.

QuintilesIMS’s Ed Feltner, left, and RxINNOVATION’s Clarence Lea.

Donna Mirocco, left, and Christina McCormack from Lagniappe Pharmacy Services.

SoftWriters’ Lisa Miller, left, and Computer-Rx’s Lauren Warkentine, both newly elected to the ASAP board.

Bob Candelora, from Retail Insights, brought his expertise to the speaker program on the importance of point-of-sale data to both the pharmacy and the manufacturer.

AmerisourceBergen’s Jason Money gave his take on the new administration, and what the current political environment means for pharmacy.
Don Dietz, from Pharmacy Healthcare Solutions, Inc., left, and Marty Allain, from the National Association of Boards of Pharmacy (NABP), were both on the speaker program. Dietz covered the hot topic of direct and indirect remuneration (DIR) fees, while Allain described NABP’s efforts to combat illegal internet pharmacies with a new certification process.

Surescripts’ Ken Whittemore, left, and speaker Jerry Cox from IdenTrust, part of HID Global. Cox outlined security issues with electronic prescribing for controlled substances.

From left, AIDS Healthcare Foundation’s Phil Ho, Scott Carruthers, and Jeremy Zellers.

Best Computer Systems’ Vikas Desai, left, and RxWiki’s Alan Stickler.


From left, The speakers kept the attendees engaged.

Epicor Software’s Bill Gallucci and Jessica Haider.

Pharmacy Health Information Exchange’s Sam Pizzo, left, and Jeremy Manchester from Liberty Software.

Ateb’s Steve Roberts, left, with Brent Ferguson from Mayo Clinic Pharmacy.

VUCA Health’s Wuhong Li, left, and QS/1’s Sonny Anderson, a newly elected board member.

From left, Change Healthcare’s Ryan Kelly and RJ Padgitt with PDR Network’s Patrick Hawthorne.

Simply Connect’s Nate Tyler, left, and Integra’s Louie Foster.

Sandi Fernandez, Pat Marshall, and Dan Sarrels, all from Costco Wholesale.
Three-Clicks-or-Less Philosophy Drives User Experience at Computer-Rx

Computer-Rx has long been a leader in pharmacy technology. Late last year, the company announced that Lauren Warkentine had been appointed president. ComputerTalk writer Bruce Kneeland caught up with Warkentine to learn about her goals as she takes over leadership of the company.

ComputerTalk: Lauren, as the new president of Computer-Rx, what are your major goals?

Lauren Warkentine: Well, first I want your readers to know I have been with Computer-Rx since its founding and have worked in most departments of the company. That said, my highest priority is to ensure the culture of our company remains focused on our core principle — that being, “What can we do to help pharmacists take better care of patients and be financially viable?”

As we move forward we’ll continue to focus on our long-standing goal of making the user experience as simple as possible. One of our development mantras is, “Can it be done in three clicks or less?”

CT: Can you say anything about the new corporate alignment with Rx 30?

Warkentine: Sure. The combination of our two companies is exciting. Both companies have grown rapidly over the past few years, so we have a great platform to build on. And we feel the corporate cultures are very similar, friendly, innovative, and customer focused.

Both companies will continue to sell, support, and enhance their specific product offerings. The new structure will provide economies of scale for back-office operations such as finance and human resources. Savings in those areas will allow us to develop new products and services. It’s too early to speculate on what those might be, but our management teams are starting to discuss these opportunities.

Our new facility is built to withstand an F5 tornado. And the section of the facility that houses our servers and backup generator is able to withstand a direct hit. Our new building is built to ensure our customers have uninterrupted service no matter what type of weather we have in Oklahoma.

CT: You’ve helped hundreds of pharmacies recover from disasters. Any words of advice?

Warkentine: I know no one likes to think about it, but having a disaster plan is critical. Vandalism, fire, theft, or loss of power are possible even if you are not in a tornado, flood, or hurricane zone. And systems for protecting and retrieving your data are absolutely critical.

We have procedures in place to proactively look for customers who are in an area about to be hit by severe weather. And we are prepared to help; for example, we have hardware staged and ready to ship overnight to help them get back up and operating quickly. And, of course, we can help restore lost data from our backup systems.

CT: You have your annual Idea Exchange coming up in March. Any comments on that event?

Warkentine: Except for Christmas this is my most enjoyable time of the year! The meeting is designed to be fun, informative, and practical.

Idea Exchange is open to any pharmacy, regardless of what pharmacy system they use. We have a variety of industry and business trends classes. It is fun to see people at our event comparing notes and sharing success stories.

Another unique feature is having owners send key personnel to be trained on specific aspects of our systems. They can take classes from our product managers and interact with other users. Front-end managers learn how to use our POS system, and pharmacy technicians learn faster and better ways to perform their duties. We work hard to provide ways for people to gather together in small informal groups. This is a wonderful event, and we invite your readers to look over the event brochure and think about coming.

CT: To read more from Lauren Warkentine on the company, visit computertalk.com/back-page. For details on the conference, visit http://www.winrx.net/idea-exchange.
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“I love the way Liberty developed a workflow queue system so we can find where a prescription is in the process.”

JIM HRNCIR, Owner, Pharmacists, Las Colinas Pharmacy

“What I really like about them is if we have something that isn’t working for us, we can call them and say what can you guys do to help us do it better.”

STACHIA BAXTER, Pharmacy Manager, Roanoke Pharmacy

“The system is user friendly and because every pharmacy is different, they will customize it to your needs.”

JUDY HARRIS, Owner, Pharmacists, All-Care Pharmacy

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