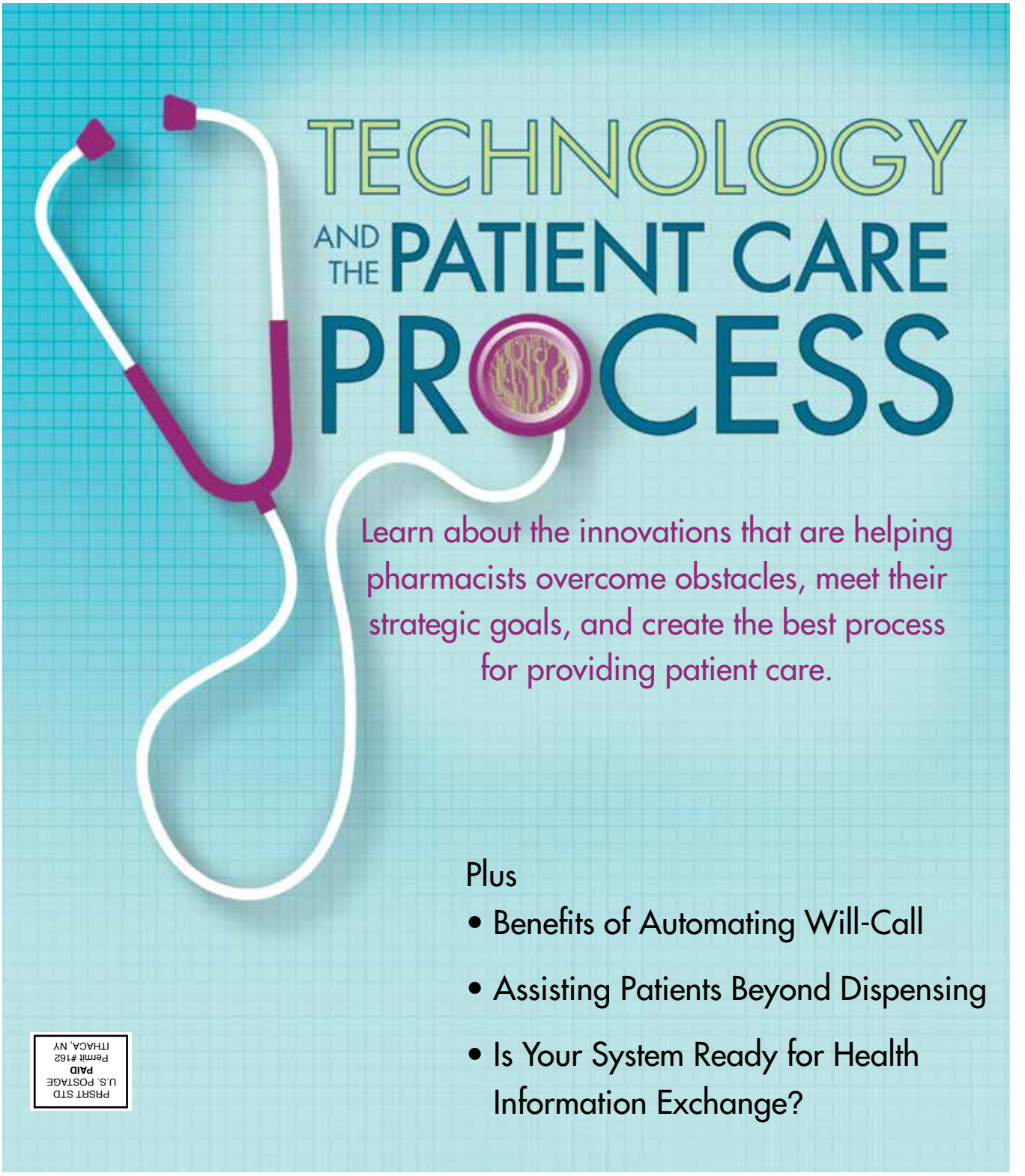
THE INTERSECTION OF TECHNOLOGY AND MANAGEMENT

COMPUTERTALK FOR THE PHARMACIST

Vl. 36 No. 3 May/June 2016



TECHNOLOGY AND THE PATIENT CARE PROCESS

Learn about the innovations that are helping pharmacists overcome obstacles, meet their strategic goals, and create the best process for providing patient care.

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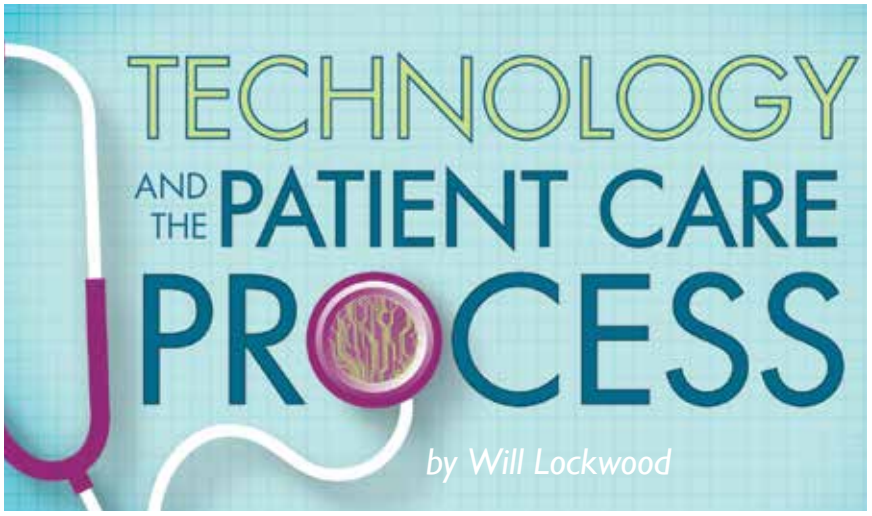

Patient care has become the keyword for the pharmacy profession. From star ratings to MTM and provider status, the trend is to find innovative ways for pharmacists to position themselves as care providers. Of course, this is not yet the primary source of revenue, and it can still be a tricky task for pharmacies to figure out exactly how to create a patient care process. Find out how building a practice based on patient care is entirely possible right now. *Story begins on page 17*

Features

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More on patient care from the cover story, including: *The value-add for LTC facilities and how to support staff; cost savings from paperless medication education; what are the components of a patient intake form? Why you should rethink MTM duties and workflows.*

Plus… The Evolution to Provider of Outcomes-Based Patient Care: *Thoughts from PrescribeWellness CEO Al Babbington*

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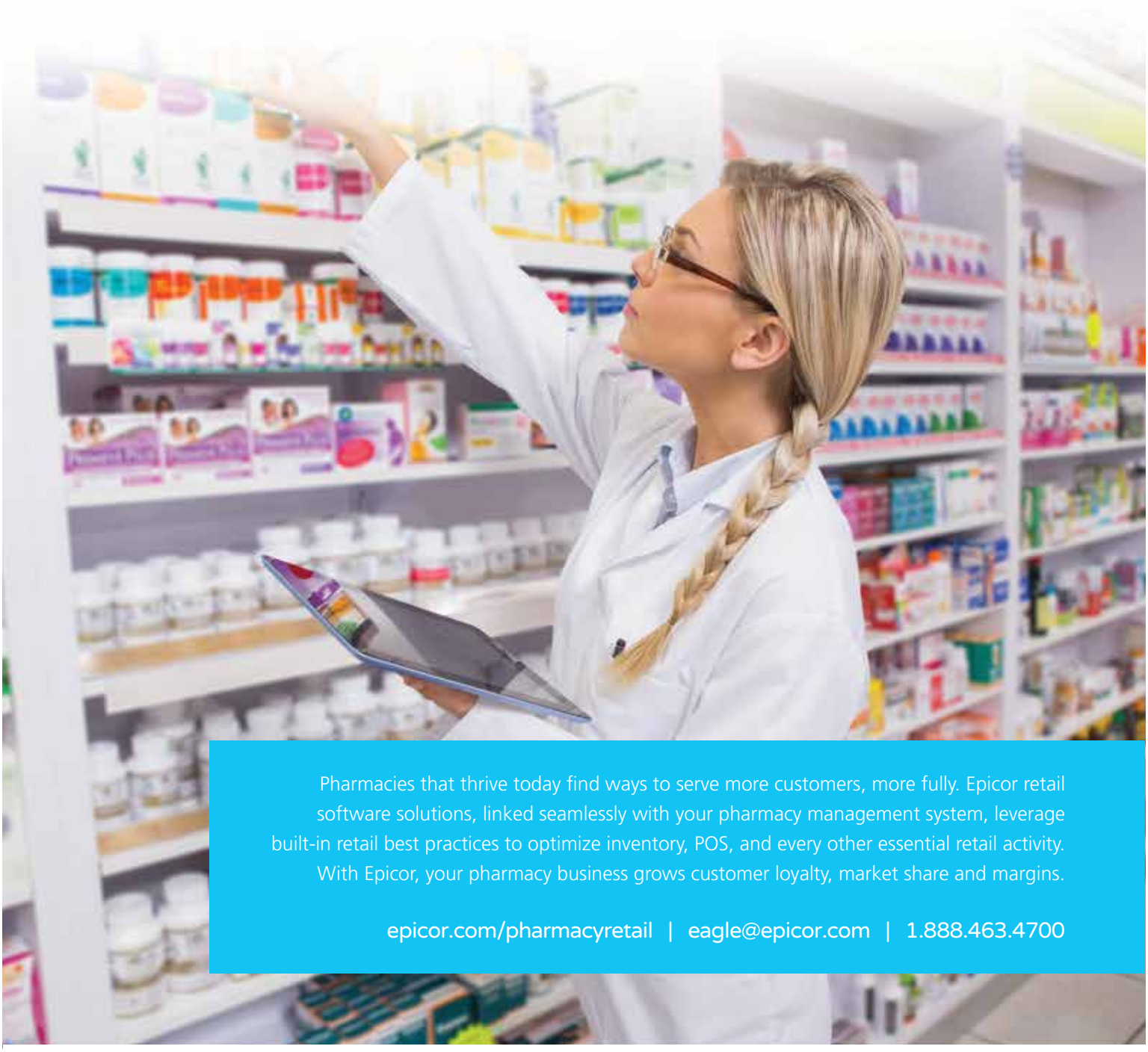
Grow Where It Counts: Loyalty, Wallet Share, And Margins



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It's All in the Data

We hear a lot these days about big data and how this is transforming the high-tech industry. To this point, IBM Chairman, President, and CEO Virginia Rometty called data the new natural resource in her message to shareholders in the company's 2015 annual report. IBM is putting data to work with its Watson computer. If you will recall, Watson won on Jeopardy! in 2011.

Healthcare is one of the markets targeted with Watson, a cloud platform that is gaining traction. IBM has lined up some impressive partners, such as Memorial Sloan Kettering Cancer Center, the New York Genome Center, CVS Health, and Medtronic. The company has also acquired data sets from a population health management leader, a health data analytics provider, and a medical images firm. And this year IBM will acquire Truven Health Analytics, a leading provider of cloud-based healthcare data. Rometty reported that Watson is being trained by the world's leading practitioners and researchers in multiple fields of life sciences, medicine, and healthcare.

I find this to be pretty heady stuff. You noted that CVS Health is a Watson partner. Having pharmacy involved is recognition of the importance of prescription data to the grand scheme of things.

Pharmacy has a wealth of data at its fingertips that should be put to use to improve health outcomes. We are beginning to see this with the focus on adherence and the influence medication synchronization programs can have in driving adherence. Pharmacy has an incentive to get involved here because of the Part D star ratings that can determine whether or not a pharmacy can remain in a Part D plan's network.

It's not surprising that we have so many companies in the pharmacy space promoting adherence solutions. System vendors are addressing this with software that can facilitate identifying people qualified for synchronization of their medications. Med sync programs take time to set up and manage, but what I have heard is that these programs can drive higher refill rates and consequently, more revenue for the pharmacy. So it is a win-win for the patient and the pharmacy.

While we are at it, let's look at point-of-sale (POS) systems. These started out as transaction-processing systems. They have since morphed into sophisticated data analytic systems that help pharmacies improve product selection and inventory turnover. Then we have the loyalty programs that are driven by the data in the POS system. These are the areas where POS systems pay off.

I remember years ago, when I did a lot of speaking, how I would emphasize the value of the data sitting in the pharmacy systems, but this wasn't a priority of the system vendors and users at the time. The priority was on how fast a prescription could be processed and billed. I think my message back then would resonate more so today.

We have come a long way from transaction-processing systems. We now have systems that are data driven to improve the financial health of pharmacies. This is where the emphasis should be placed. CT

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

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■ **PioneerRx** is helping pharmacists facilitate reporting to immunization registries and accessing patient immunization histories with an interface to **Scientific Technologies**' ImmsLink. Pharmacists can also receive "VAC" alerts when a vaccination is due or overdue. ImmsLink is operational in 48 states.

PioneerRx has also announced an interface to **TCGRx**'s adherence packaging technology and perpetual inventory management system.

In addition to these new interfaces, **CARE Pharmacies Cooperative**, has chosen PioneerRx as the preferred software vendor for its 80 member pharmacies.

■ **QS/1** has launched WebConnect 5.0, the latest version of its facility-to-pharmacy communications tool that will help long-term care facilities access patient information and order prescription refills.

According to Kevin Sloan, QS/1 WebConnect market analyst, WebConnect 5.0 allows the facilities to use any tablet or smartphone with Internet access to connect with the pharmacies. "It's faster and straightforward and can save time, improve customer service, and increase productivity," says Sloan.

The company has also announced that it has received certification under the latest Payment Application Data Security Standard (PA-DSS) version 3.1. PA-DSS is the definitive standard used to provide safety through payment applications.

To certify with PA-DSS, point-of-sale vendors must develop a secure payment application that does not allow storage of prohibited information, such as magnetic stripe, CVV, or PIN data, while also adhering to all the industry mandates for the secure handling of credit-card data. "Too many times we heard about retailers dealing with massive security breaches that compromise credit-card data," says Sonny Anderson, VP of systems and development. "Taking the steps to certify on the new 3.1 standard puts QS/1's point-of-sale system at the forefront of credit-card security."

In addition to certification for processing the new chip-and-pin cards using the current EMV standards, it also includes the use of end-to-end encryption for the transmission of card data, along with the tokenization of card data for customers who must store credit-card data for recurring charges. "Another convenience for tech-savvy customers is that Apple Pay and Google Wallet are now supported to make payments," Anderson adds.

■ **Transaction Data Systems**, doing business as Rx30, has announced that it has acquired **Lagniappe Pharmacy Services (LPS)**. Steve Wubker, CEO of Rx30, will head up the combined companies.

Christina McCormack, SVP of operations for LPS will join the Rx30 management team and continue to run the LPS product line.

In commenting on the acquisition, Wubker says, "This acquisition and the recently completed acquisition of **vMEDEX**, which created Rx30's new clinical services division, demonstrate that Rx30 is truly an industry leader on the move."

■ **FDS** has formed a partnership with **OutcomesMTM**, a Cardinal Health company and provider of medication therapy management services. Pharmacists now using the FDS eNGAGE patient management service will be able to view OutcomesMTM patient care opportunities in the eNGAGE patient management system and link directly to a patient case in the OutcomesMTM Connect platform.

FDS also formed a partnership with **American Pharmacies** (APRx) to bring its member pharmacies RxCOMPASS, a business analytics tool powered by FDS' myDataMart. This service provides a deeper look into a pharmacy's operation that can identify key dispensing trends, lost patients, and income opportunities by analyzing dispensing data from the pharmacy management system. It will also let APRx review the aggregate performance of its member pharmacies in order to identify strategies to improve member revenue and profits.

■ **PrescribeWellness** and **QualityCare Pharmacies**, a member-owned buying group managed by the Rochester Drug Cooperative with 800 pharmacies, have formed a partnership. Through the use of PrescribeWellness's cloud-based services, QualityCare Pharmacies will have access to ways to increase patient adherence and improve the star ratings of the pharmacies. "The role of the pharmacist is changing from a dispenser of medication to a champion for health through the appointment-based model," says Al Babbington, president and CEO of PrescribeWellness. "Our solutions elevate the role of the pharmacists by providing them with easy-to-use technology that focuses on the patient and what is important for their health."

■ **VUCA Health** has announced that it placed in the final four selections at the Venture+ Forum pitch competition held during the annual HIMSS conference. Selected as one of 18 presenting companies out of more than 60 healthcare technology startups, VUCA Health pitched its MedsOnCue solution to an expert panel of venture capital investors in the semifinal round.

■ **Mobile Medsoft** has gained the approval from the Arkansas board of pharmacy for use of its MedTablet eMAR and resident point-of-care products in the long-term care market. The MedTablet eMAR product connects the pharmacy and facility in real time using the Apple iPad for program features and the Microsoft Azure cloud for secure data storage. The product is certified by **PrescribersConnection** as an eMAR product that is compatible with transmitting medication orders to the PrescribersConnection certified pharmacy software systems. Direct vendor-to-vendor interfaces are available as well.

■ **Pharmacy First** and **Ateb** have agreed on a partnership that will allow Pharmacy First members to transition their pharmacies to Ateb's Time My Meds integrated medication synchronization solution. Pharmacies using Ateb's Time My Meds program reach above Medicare five-star PDC score thresholds. To complement the Time My Meds program, Pharmacy First members may also bundle Ateb's outbound notification solution to drive script growth. These notifications are displayed in real time and delivered via calls or text messages, based on the patient's preference.

■ **Health Business Systems** is now providing integration to **PharmaSmart**'s blood pressure monitoring system. With this integration pharmacists will have access to the patient readings, captured in real time, in the patient's profile, as well as access to PharmaSmart's website. Pharmacists will also receive reminders to ask patients if they want to enroll in the blood pressure monitoring program. **CT**

Will-Call Automation: The Next Frontier

by Christopher Thomsen

Takeaways from a study conducted by The ThomsenGroup

Technology has proven to be a cost-effective solution to address growing prescription volumes and personnel shortages, while also helping to improve accuracy and patient safety. On the whole, this automation has focused on what we'll call the first 20 feet of the pharmacy dispensing process: from prescription intake through dispensing and out to final verification. Then there's also the technology deployed at the point of payment. Where we have seen a gap is in what we call the last 10 feet of the dispensing process: will-call.

Throwing more bodies into an already overworked and crowded space has not and will not work. Studies continue to show that the increased use of human beings and a lack of standardization only lead to greater inefficiency and an increase in errors. And with the constant pressure to move pharmacists, and many other staff members, out from behind the counter and into an ever-expanding array of patient-related services, we see a real need to focus on the last 10 feet, with will-call technology that is interconnected, not patchwork fixes.

With this in mind, The ThomsenGroup, recently completed a study designed to find out what happens when pharmacies move from manual to automated will-call processes.

Download the study at info.computertalk.com/will-call

Some Background

Up until the late 1990s, the pharmacy will-call process almost always relied on the use of wooden or metal shelves, custom-made drawers, baskets, boxes, and bins, all of which were numbered or alphabetized in an effort to store and retrieve prescriptions for retail and hospital outpatient pharmacies.

But between 1998 and 2004, a number of semi- and fully automated will-call devices were developed. High costs and low reliability kept many of these technologies from establishing any kind of following or success in the market.

Between 2002 and 2005, The ThomsenGroup conducted a series of studies that took some of the first and, more importantly, objective and scientific looks at the areas of order entry, prescription filling, pharmacy layout, workflow and will-call in chain, independent, and hospital outpatient pharmacies. One of first studies, begun in 2003,

was of pharmacy dispensing, workflow and will-call. The purpose of this study was to review the efficiency, productivity, workflow, and accuracy of a retail pharmacy when technology is applied to areas that had previously been 100% manual and changes were made to the pharmacy layout and fixtures, including the use of newer will-call tools such as hanging bags.

What we found at the time was that, 120 days after the new processes, tools, and layouts went in, there were several significant improvements to the filling times and the rate of lost or misplaced prescriptions during filling and in the will-call area.

It was in the will-call area that the study realized some of the biggest changes and gains to productivity and safety. Prior to the installation of the workflow software and the clear plastic hanging bags, one chain pharmacy in the study averaged 12 lost or misplaced prescriptions per day with an average locating time of 9.6 minutes per prescription. In the post-installation phase, the pharmacy averaged only two lost or misplaced prescriptions per day, with an average locating time of 6.2 minutes per prescription, or a reduction of 102.8 minutes per day spent managing will call.

In terms of the efficiency and financial impact, we calculated that there was a potential labor savings of $437 per day, and the ability to remove or redeploy excess labor resulting from productivity improvements.

These findings are consistent with a Medication Safety Alert! put out by the Institute for Safe Medication Practices (ISMP) in its February 2009 *Community/Ambulatory Care* edition (Volume 8, Issue 2) regarding dispensing errors that occur in pharmacy will-call. The ISMP Medication Safety Alert! noted that a growing number of prescription bagging and pickup errors were a concern and there were no systems or protocols in place to catch these kinds of errors before they reached the patient.

The New Generation

Up until about three years ago, we had not raised the technology bar very far, if at all, within the last 10 feet of the pharmacy. In 2014 we began another study of the area, with the goal of taking a closer look at the state of the art. What we found was quite a different situation.

Beyond the clear and colored plastic hanging bags, storage systems with and without lights, and the semiautomated systems, we found some fully automated solutions that employed processes coupling technology, multiple patient

Traditional will-call systems can result in lost or misplaced prescriptions. With RFID technology, the modern will-call system improves the efficiency of the final step in prescription handoff to patients.

identifiers, RFID technology that allows for random storage and retrieval, and a footprint that occupies 30% to 40% less space than manual will-call systems. Modern will-call systems also have the added benefit of supporting improved efficiency in pharmacist interventions at the point of prescription delivery to the patient. For example, they can allow on-demand printing of MedGuides by creating a pharmacist alert that notes that a MedGuide must be provided to this patient for this medication. But rather than printing the MedGuide at that point, with the resulting need for it to follow the prescription through the rest of the dispensing process, the paper is instead printed at or near the dispensing window; that action is recorded, and then both prescription and MedGuide are handed directly to the patient.

The Study

With this background, we then conducted extensive interviews at a variety of retail and outpatient pharmacies in an effort to understand how will-call systems, fully automated and otherwise, are now addressing the many challenges of the last 10 feet. What we found is that these systems continue to show a broad and significant impact, including: Increased productivity; labor and space savings; reduction in prescription dispensing errors; increased customer service and satisfaction; increased MedGuide

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and patient counseling compliance; a better solution for return to stock; addressing of controlled meds storage; and improved accountability.

We looked at four different pharmacy settings — hospital outpatient, chain, independent, and HMO — for examples of just what makes for successful automation of will-call.

Hospital Outpatient Pharmacy

When we asked the director of a Department of Defense outpatient pharmacy about the biggest problems/challenges that his pharmacy faces today, he noted that prescription volumes are enormous (about 1.1 million per year) and that they need to use staff as efficiently as possible, but also provide the best quality and patient counseling.

When we asked about his use of pharmacy technology, he told us that he was a "big believer in technology" and that up until 2008 his will-call used a combination of clear plastic hanging bags and open-faced shelving and filed a patient's order by the last four digits of the Social Security number.

In 2009 the director looked at two different fully automated will-call systems. The first system was a stand-alone unit, but it provided no additional help beyond just will-call storage and retrieval, and was prone to crashing.

The second choice offered a much stronger contribution to the pharmacy's operations. It cut storage space from 400 square feet to 100 square feet. It allowed the pharmacy to reduce both staff and the time needed to retrieve prescriptions from storage and perform inventory and return-to-stock functions.

The second fully automated will-call system solved important safety and pharmacy requirements, like the right drug to the right patient and printing the MedGuides at the time of dispensing the medications to the patient.

This director also highlighted an important impact that effective will-call technology has on the workflow, telling us, "The old paradigm, manual filling or automating with robotics, still means that all of the prescriptions must come together at some point in the workflow process before going to will-call. If not, the breakup of this 'bundle' exacerbates the problem, with the manual storage in bins, open-faced shelves, or in hanging bags. This ability, now, to create a new paradigm of workflow in low-, medium-, and high-volume pharmacies, with this new [will-call] technology, allows you to fill as efficiently as you can, with no need to 'intentionally' bundle your orders, because this system automatically 'bundles' at the time of pickup, efficiently directs you to the proper location, and provides reminders and alerts, without any real or perceived extra effort."

Chain Pharmacy

When we asked a supermarket pharmacy executive to list the biggest problems/challenges that her pharmacy faced, she noted, "Delivering the right prescription to the right patient, providing good customer service and short wait times, and bringing some kind of organization to the chaos of retail pharmacy and the mountains of paper that plague it."

This executive also noted that she had concerns with the return-to-stock process, shrink, and security, and the amount of time and a reliable process for dispensing and recording their CII prescriptions. But when considering a fully automated will-call system, she was faced with the typical corporate obstacles: It must be capable of cutting hours and fitting into the pharmacy's very tight and lean labor model. But, instead, this pharmacy executive approached this project from a different angle and positioned it from a standpoint of improved patient safety, space savings, and a more advanced and professional look for pharmacy.

This chain executive also noted that the cabinet system that they selected was ideal for their store format because it also allowed them to add pharmacist consultation rooms and provide a safety measure that produces a "hard halt" and requires a pharmacist to intervene and dispense certain drugs. She also liked the fact that the new will-call system fixed the lost prescription issue, and allowed her staff to quickly and accurately determine the location and/or disposition of a prescription and reconcile the physical inventory to sold prescriptions in a matter of minutes versus hours.

This executive also noted that, initially, they only looked to implement the solution at pharmacies with weekly prescription volumes of 1,800 to 1,900, but after realizing the labor, space, and inventory savings that can be realized by their new automated will-call system, they are now looking at weekly volumes of 1,400 and lower.

Independent Pharmacy

While many of the independent pharmacies that we talked to about automated will-call systems told us that "they are

just too expensive and do not make sense" we did connect with an owner of two pharmacies who thought that the technology made a lot of sense, for many different reasons.

This owner noted that freeing up the technician and the pharmacist was compelling and provided a fairly good reduction of labor and a decent return on investment (ROI), but he felt that just focusing on this area would limit the buy-in by other independents. This owner noted that what really can and/or must drive today's successful independent pharmacy owner is the need for a defining a "point of difference" if they are going to compete against the larger chain pharmacies. What this owner suggested was to look at technologies, like fully automated will-call systems, as tools that will allow you to develop valuable "points of difference," like:

- Becoming the heart of a patient compliance system.
- Automating communications and reminders with your patients.
- Structuring your pharmacy operations to create excellent and repeatable service levels and programs.
- Streamlining staff cash register duties by tracking prescriptions until they have been paid at the front register.
- Redirecting already limited pharmacist resources to only high-priority duties.

And while safety and accuracy are incredibly important, and at the core of his profession and business, this owner is big on being able to directly impact and help his patients with adherence by, for example, making sure that they receive the correct MedGuides with their medications and understand the importance of the information.

HMO Pharmacy

Based in the Pacific Northwest, the HMO we studied fills all of its outpatient prescriptions manually and, prior to implementing the fully automated will-call system, used the manual plastic basket method, "…with paper labels everywhere." Twenty percent of their patients' prescriptions (refills) come from their own central-fill pharmacy, which is currently filling 4,500 to 6,000 prescriptions per day.

With a new fully automated will-call system in place, productivity and efficiency improved. For example, in-house studies revealed that previous will-call pick times were 25 seconds per prescription, while with the new system it was less than 9 seconds per prescription. Overall, at each location with the fully automated will-call system, they were able to remove 32 hours per week of labor and, subsequently, remove one full-time employee.

This is another case in which the required MedGuides are printed at the time of pickup.

In terms of safety and accuracy, with the previous basket method, this HMO executive noted that he could see six to seven wrong prescription error reports per month. With the new system, the executive notes that "…we have had zero wrong-drug, wrong-prescription, wrong-patient errors, and customer service has improved dramatically." And, "Before our investment in the new fully automated will-call system, three pharmacy staff would have to come in on a Saturday, and it took them five to six hours to complete [filling]. Now, just one or two of our staff can complete the same task in less than an hour and with a higher degree of confidence and accuracy."

The Next Frontier

Every business-savvy pharmacy owner and pharmacy executive knows that personalized patient care and customer service create a competitive edge. And any type of change only makes sense to your pharmacy and business when it allows your staff to spend more time with the patient and advance your pharmacy's profitability, efficiency, and accuracy. So every pharmacy owner and pharmacy executive then asks the question: As good as it might be, how will any new technology help me to better run my business, free up my staff to provide other value-add services, improve my dispensing accuracy and patient safety, and pay for itself over time?

We can all agree that pharmacies cannot plan to meet growing prescription and healthcare-related demands with human resources alone. Our study indicates that the latest generation of will-call automation presents a compelling business case, and is a good candidate to be the next frontier for those pharmacies looking for ever-greater efficiency and accuracy. **CT**

Christopher Thomsen *is president of The ThomsenGroup Inc., and vice president of business development at Kirby Lester. The ThomsenGroup Inc., provides automation expertise and consulting for retail and hospital pharmacies, mail-order pharmacies, pharmaceutical manufacturers, and pharmacy technology companies. You can reach him at chris@thethomsengroup.com.*

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Explore Your Financing Options for Automation Systems

by Jimmy Neil

It's no secret that technology provides a sound ROI for retail pharmacies. Successfully managing the complexities of your operations includes relying on technology solutions for operational excellence.

Pharmacy automation and dispensing technology can enhance reporting and reduce the burden of repetitive tasks for your staff. Automation has been a leading driver of change in the industry; however, investing in new systems can be challenging. Gathering information to make a sound financing decision is the first step in the process.

Determine Priorities

Developing a plan for growth that includes time-saving tools and access to management systems is essential in an innovative market. Every pharmacy — whether a startup or legacy business — has different needs at different stages of growth and transition. Defining your priorities is essential to mapping out a plan for strategic investments in process improvements.

The primary objectives of management automation systems are to save on labor costs, provide administrative efficiencies, and enhance reporting capabilities. Does your pharmacy need to add capacity? Is your goal to increase efficiency? Do you want to free up staff time to have more meaningful conversations with patients? Innovations such as robotics and inventory management systems accomplish these goals. Better yet, they can deliver a return on investment in a matter of months.

Pharmacy Automation Solutions to Consider

- Central-fill solutions, robotic dispensing, and adherence packaging: Automate up to 75% of your routine prescriptions.
- Business services: Move your business to a new level with inventory management, telepharmacy, workflow, adherence packaging, 340B management, and reporting systems.
- Point-of-sale (POS) systems: Simplify your transaction and reporting administration.
- Medication synchronization: Increase patient adherence and compliance with an integrated program that helps manage multiple scripts on a monthly basis.
- Compounding lab: Personalize patient care with fast-growing demand for customized solutions.
- LTC facilities: Expand business to high-volume, multibed healthcare providers.

Staff Time Savings

All automation equipment and management systems are designed to optimize staff for routine tasks. Ideally, these investments allow staff and pharmacists more patient time for additional care, including medication management, vaccination services, front-end sales, and specialty disease consultation.

With any process improvement initiative, consider the cost savings or demands associated with adding services, reducing staff time, or automating other previously hands-on tasks. Most manufacturers and service provid-

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ers assist in determining best practices and estimates of savings through productivity improvements. For example, you may want to calculate savings based on employee time saved through automated prescription refills, telepharmacy, or inventory management tools.

According to *Chain Drug Review*, in a Mar. 13, 2012 article, when Rite Aid automated prescription dispensing, it reported saving 11% in labor costs after just 90 days. *Pharmacy Times* also cites decreased wait times — from 15 to 5 minutes — through successful automation in an October 2012 article. Staff time savings to this extent can open new avenues for your pharmacy. An extra 40 hours a week would allow staff to implement new programs and support sales. And *ComputerTalk* has been reporting on pharmacy adoption of robotics and the productivity benefits derived ever since robotic systems were introduced to pharmacy.

Purchase or Lease?

Once you have identified your automation objectives, options for financing your investment are varied. If you do not have sufficient reserves, weigh the pros and cons of purchasing versus leasing selected automation systems or equipment, as well as the tax ramifications.

Purchasing automation systems has many advantages, but consider leasing when a system is likely to require substantial upgrades over time. While hardware for a compounding lab or dispensing system may provide a 15- or 20-year lifespan, a front-end telemarketing or POS system may have a much shorter lifespan, with fast-changing upgrades and new applications entering the market at regular intervals. Nearly 95% of substantial automation equipment or systems investment costs are less than $350,000; however, high-level sterile labs and expanded services for larger, long-term care, or other multibed facilities can run to $1 million. As a result, most independent pharmacies require some level of financing.

One primary advantage with leasing is that an outdated product typically is returned to the manufacturer at the end of a lease term, and often you'll have the option to buy the equipment or system for a small fee. You'll also want to consider that you can deduct your lease payments as an operating expense from your taxes.

Your options for financing typically include lending directly through a manufacturer, a local financial institution,

or banks that specialize in pharmacy lending. Direct loans through a manufacturer or wholesaler operate much like buying an automobile with a third-party lending institution. Using an established relationship with a local bank can help with traditional Small Business Administration loans, but these banks may not have a thorough understanding of the earning potential or intricacies of community pharmacies. Loans are usually built on standard fees and terms.

A bank specializing in small business loans for the pharmacy industry can often offer reduced fees, lower or no Small Business Administration loan fees, competitive interest rates, reduced collateral requirements, and, most importantly, a dedicated team of experts who fully understand the industry. Developing a relationship with such a bank could also prove beneficial as you continue to grow and require additional capital.

Tax Considerations

Whatever your financing choice, detailed consultation with a tax advisor is essential. Review the ramifications of lease-versus-purchase options, reinvestment of savings, and long-term advantages and disadvantages.

One primary consideration is the Section 179 depreciation deduction on an equipment purchase. For tax year 2016, you may elect to depreciate up to $500,000. If your federal and state tax bracket is 35%, this equates to a cash savings of $175,000. There could also be bonus depreciation and other deductions. For more details go to http://www.section179.org/section_179_deduction.html.

Plan for Change

Build a plan for growth to attract new streams of business and patients through investments that make sense for your community. Take advantage of your relationship with a lending institution that provides expert advice to help achieve patient-centered service goals with automation innovations or service expansion that fits your long-term plans for success. CT

Jimmy Neil *is the general manager of pharmacy lending at Live Oak Bank, Wilmington, N.C. He can be reached at jimmy.neil@liveoakbank.com or 910/212-4951.*

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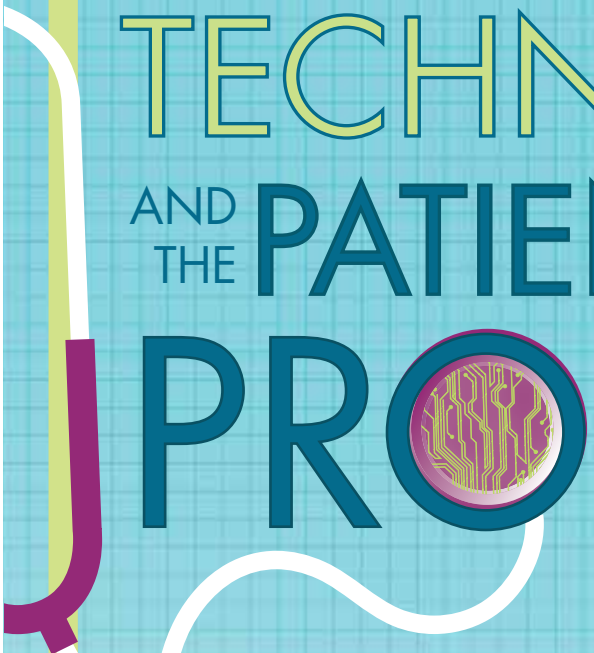
TECHNOLOGY AND THE PATIENT CARE PROCESS



by Will Lockwood

IF YOU HAVEN'T HEARD, THERE'S A CHANGE AFOOT IN PHARMACY PRACTICE. PATIENT CARE HAS BECOME THE KEYWORD FOR THE PROFESSION, IF NOT YET THE PRIMARY SOURCE OF REVENUE TO SUPPORT OPERATIONS. THIS IS THE RIGHT TREND, AND ONE ALL PHARMACIES NEED TO BE FOLLOWING. BUT FOR ALL THE TALK, IT CAN STILL BE QUITE A TRICKY TASK FOR PHARMACIES TO FIGURE OUT EXACTLY HOW TO CREATE A PATIENT CARE PROCESS: WHAT WORKFLOWS NEED TO CHANGE? WHAT ROLES NEED TO BE DEVELOPED? AND WHAT TECHNOLOGIES DO YOU NEED? YOU NEED TO HAVE AN OPEN MIND, BUT BUILDING A PRACTICE BASED ON PATIENT CARE IS ENTIRELY POSSIBLE RIGHT NOW, AS WE'LL SEE.

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CARE FOR ONE PATIENT AT A TIME Amina Abubakar has seen the trend and recognized the need for action early. She's been working for the last couple of years on transitioning from dispensing to more patient-centered models at Rx Clinic Pharmacy. The new dynamic has become very clear to Abubakar: "I've always focused on patients in our pharmacy. This wasn't a shift. It's just been a shift in how we manage certain parts of the care we provide," she says. "Dispensing is just giving patients what the doctor ordered, but the money has shifted to value-based interactions. Providing value by putting the patient in the center can save a lot of healthcare dollars." It was this realization that encouraged her to move Rx Clinic Pharmacy toward the current model of doing chronic-care management for physicians. "This is valuable for them because they're being measured just like we are," says Abubakar. "That similarity has produced a big opportunity for us."

Amina Abubakar, Pharm.D., owner, Rx Clinic Pharmacy, Charlotte, N.C. A seven-year-old independent pharmacy with a focus on patient care and disease state management.

Hobbs Pharmacy has also been working toward adjusting its care model to the new reality, according to Eric Russo. The organizing principle, as Russo explains it, is that any patient care process has to try and fit the solutions to the patient. "We look for different things that are going to help our patient population get better results from their medicine," says Russo. "One of our big focuses has been moving to really engage patients about their medications and their conditions and give them tools to educate themselves and support our counseling."

Care environments are different too, notes Marilyn Goulty. For example, Cutie Pharma-Care serves people in assisted-living facilities and group facilities for people with disabilities that operate under the auspices of the New York State Office of People with Developmental Disabilities (OPWDD). "Many of the caregivers in these facilities are trained in medication passes, but don't have medical training," notes Goulty. "We provide medication management services to these facilities." She also notes that there is a big push in New York state for people to remain in their homes as they age or recover from a hospitalization. This demo-

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graphic, points out Goulty, is also in need of simplified medication regimens and is often dependent on others to get their medications for them and administer them. "We understand this, and we offer synchronization and adherence packaging that means the caregivers can easily see where they are in a day's dispensing. We support this care environment and help relieve the risk of medication error."

THE PROCESS IS CENTRAL The care process at Rx Clinic Pharmacy starts with the new patient intake process. This is when Abubakar's staff takes time to learn about patients: what's brought them to the pharmacy, what medications they're taking, what their medical conditions are, and what their experience has been with their care so far.

While this process should be familiar from its use in physicians' offices, it is not the standard yet in pharmacy. "I was teaching a class on clinical services to other independent pharmacies," says Abubakar. "I got an overwhelming request from people saying, 'Could you share your processes?' I found out that what we do isn't what a typical pharmacy does." The intake process does take time, which may be why more pharmacies don't do it, according to Abubakar. For pharmacies that are continuing to focus more on the prescription rather than the patient, it's going to be hard to perceive the value here. But once you understand that this step is just the first element of a broader patient-centered approach, then you can begin to build your practice around it, as Abubakar has.

As Eric Russo mentioned, an important element of the care process at Hobbs Pharmacy is promoting health literacy, which can be a real challenge. But it also brings great rewards for patients. Typically, paper has been the means for trying to pass along knowledge to patients. But every pharmacist has his or her story about just how futile it can be to hand out what are often thick packets of printed material. "We understand that simply printing the paper patient information isn't a solution for all patients," says Russo. "There are people who either have low literacy or don't retain those records. Too often we actually see the people throw the paper away." In the best of circumstances, paper can be hard for a patient or caregiver to keep organized in any practical way.

Eric Russo, R.Ph., Director, Clinical Services, Hobbs Pharmacy, Merritt Island, Fla. A single-store independent pharmacy with a practice covering general retail, long-term care, and compounding.

RETHINKING PHARMACY Creating a patient care process in your pharmacy can mean reorganizing how your staff works, as well as looking to technology for innovative ways to support your goals. Amina Abubakar has done both at Rx Clinic Pharmacy. "We did an internal assessment and we asked, what are pharmacists doing that doesn't require their license?" she explains. "That's where we started because a lot of the time we hear pharmacists say, 'I don't know how you guys do it. I don't have time to do MTMs [medication therapy management]. I'm on the phone and filling scripts all day.'" And this is true when you are working with a standard pharmacy model. But significant work preparing for MTM interactions can be delegated to technicians, just as much of the dispensing process can be.

"Let's say we get paid $50 for an MTM," says Abubakar. "If preparing for and providing the service takes a pharmacist two hours, then we're already losing money. It's great that the patient is happy, but how can we sustain this? We need to look at efficiency." What Abubakar found was that much of the preparation for an MTM interaction was being handled by a pharmacist, when it could and should be handled by a technician. Another area she identified for improving efficiency was

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the number of times staff members were calling patients. There were calls for sync, calls for MTM, and then even calls for delivery. Clearly there was room to improve, and as a result Abubakar created a position called med sync/MTM technician.

"We said, 'Why don't we add one or two more minutes to the technician's sync call to ask any questions that the pharmacist needs answered for MTM?'" she says. This eliminates the need for an extra call. Rx Clinic Pharmacy is using features in its PioneerRx pharmacy management system to support this new workflow and keep everything organized. "We utilized a feature within PioneerRx called snippets," explains Abubakar. "The snippets are questions created by our pharmacists and based on a disease state. When a technician opens a patient's profile to prepare for a call, she will see the appropriate snippets to ask as well." For example, if a patient has diabetes the snippet will prompt the technician to ask about the patient's last blood sugar and blood pressure readings. This is an efficient and structured way for important data to get into the patient profile. And it also allows the technician to triage a patient if he or she hears something that needs a pharmacist's attention right away.

Abubakar is using PioneerRx to organize Rx Clinic Pharmacy's patients into groups by clinical need as well. "We create a virtual facility in our system," she explains. "For example, we have a facility that groups all the patients that have adherence issues." Another example is the population of HIV patients that the pharmacy serves. "We know adherence for these patients is particularly critical," says Abubakar. "We use the facility function in PioneerRx to make sure that technicians are using the right snippets when they speak with HIV patients. For instance, we need to ask about viral load." The goal is to have the technician collect answers to all the questions a pharmacist would want to ask a specific patient, and get them into the same thread of information for the pharmacist to review before the MTM session. "We do this so that we don't take valuable time from our pharmacists," says Abubakar, "and so that we don't overwhelm patients with phone calls being prompted by different platforms at different times."

Once the technician has recorded the answers to all the snippet questions, he or she then tags the patient with the necessary MTM actions within PioneerRx. All the patients tagged for MTM flow into the pharmacist's MTM queue. "So now the pharmacist knows exactly what the problem is that the patient is facing," says Abubakar, "instead of spending time

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during the MTM doing an interview."

And out of this re-envisioned process grows a real business plan, where technicians are doing all the data collection and entry, and pharmacists are focusing specifically on the billable MTM patient interactions.

CARE IN A COMPLEX ENVIRONMENT Marilyn Goulty also talks about how important technology is for triaging patients in the care process at Cutie Pharma-Care. The pharmacy has created a paperless flow that leverages the FrameworkLTC pharmacy management software from SoftWriters to allow staff visibility into all orders in the system as they are processed. The flow extends into the facilities in two ways.

First, there's the flow of information that comes from deploying the SoftWriters' FrameworkLink portal in the facilities so that nursing staff can log in to see the orders. "This closes a loop," says Goulty. "And it reduces the burden of administrative tasks on the facility so that they have more time for residents.

Daniel Cutie, R.Ph., and Marilyn Goulty, C.P.A, owners of Cutie Pharma-Care in Greenwich, N.Y., a long-term care pharmacy with a staff of 45 serving 1,600 beds from a 3,000-square-foot location.

Second, but no less important, is adherence packaging. Cutie Pharma-Care staff are currently using the manually filled Medicine-On-Time packaging, with plans to move to the company's Versi-Fill II packaging automation soon. The headline benefits of packaging, according to Goulty, are the elimination of a missed medication due to synchronization and the time savings on med passes. "We have found that when a facility switches to Pharma-Care and Medicine-On-Time," she says, "the medication pass time is essentially reduced 50% and there is a huge reducation in medication errors."

Packaging has another benefit, perhaps less obvious, according to Goulty: The organization and synchronization it brings to a patient's medications becomes part of the information flow for the pharmacy and the facility. It all combines, in Goulty's view, to give the pharmacy staff a readily accessible and unified view of a patient's regimen. "The packaging process turns out to be a critical element in ensuring that the pharmacist sees the complete patient," says Goulty "Whether we're running packaging reports that show the full med picture for a patient, or a pharmacist is literally looking at the labels we're printing that show all the medications for each administration time, we're adding an extra level of care and the pharmacist gets to know the patient that much better. This is very important in a long-term care pharmacy because we aren't seeing and interacting with patients the way a retail-focused pharmacy does."

Visit blog.computertalk.com/patient-care and find out more about what these pharmacies are doing to improve patient care.

CutiePharma-Care: The value-add for facilities; supporting residential facility staff.

HobbsPharmacy: Cost savings from paperless medication education.

RxClinicPharmacy: Details on the patient intake form; rethinking MTM duties and workflows; efforts to measure outcomes and health impact.

RECOGNIZING NEEDS Rx Clinic Pharmacy provides an example of how excellence in patient care is firmly rooted in understanding and efficiently serving the specific needs patients have. When this happens, the care process drives adherence and promotes favorable outcomes. There are many components that come into play here, and building a package tailored to the patient's needs comes from having as many tools as possible available within your pharmacy.

So, for example, med sync programs are a great way to organize and simplify the patient's regimen. But it's not the only component of a real patient-focused care program, and not sufficient by itself. In fact, Marilyn Goulty has found that it has been more effective to look at packaging as the adherence driver and sync as a natural outcome of the packaging process. "The software we're using from Medicine-On-Time easily allows us to synchronize the medications," she says. "Patients find it easier to take meds as prescribed and we are offering a higher level of care with multiple levels of checks due to the packaging, the check by a pharmacist when the packages are delivered, and then a third and final one at medication administration."

Eric Russo's experience has also led him to understand that med sync is good, but not the final word in patient care. He was seeing that patients enrolled in the program at Hobbs Pharmacy were getting off schedule after just a few months. This led to a packaging initiative there as

well. But Hobbs Pharmacy has found that it could step up patient care by improving patients' access to educational materials through the MedsOnCue product from VUCA Health. This is a Web-based medication information and patient education tool that's accessed through a QR code printed on each label at Hobbs Pharmacy. This information can replace the paper education materials. "One of the biggest things we're doing with it right now is a patient-safety initiative. We're trying to engage people in their own healthcare. We want patients taking ownership," says Russo. "We can give them a great tool for that with MedsOnCue. It works in a few different ways. For example, we now have a way for people — whether it's the patient, a home care nurse, or the daughter or the son that comes in and helps — to easily identify the pill that's in that bubble. If we're packaging, putting maybe five pills into a bubble, and handing the patient five separate printouts of medication information, it can be very difficult for them to know which of those five pills is the diltiazem or the Coumadin."

This function can be particularly important when the pharmacy sources different generics of the same medication and what the pill looks like changes. "MedsOnCue gives people easy access to the NDC-specific pill image just by scanning the QR code," says Russo. "We even have a bag stuffer that asks, 'Do your pills ever look different?'"

MORE INFORMATION, BETTER CARE But health literacy extends well beyond being able to identify which pill is which. There are really at least three levels. There's the what: What is the pill? There's the how: This can be most important for a device such as an inhaler. And then there's the why: Why is the patient taking the medication? What condition is it addressing, and why is it helping the patient?

Hobbs Pharmacy is leveraging MedsOnCue's video content to provide these three levels of education. This addresses the issues people may have with reading text explanations of a condition or a medication. And video is particularly important for showing how to use a medication, for example inhalers or insulin. Another plus is that the information is integrated together, so that a patient can easily follow a logical path when learning about a prescription. "So, for example," says Russo, "somebody gets a Proventil inhaler, and we can direct them through MedsOnCue to the video of how to use it. Then there's a feature called the 'Inform Me' button. They touch that

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and it takes them to more information, such as a condition video."

This means, according to Russo, that there's ready access to details about diabetes, for example, or high blood pressure. "It's invaluable and really powerful to be able to offer these videos," he says. "And we even find that the pharmacist will pull them up while talking with the patient. Then the patient is getting both that personal interaction with the pharmacist and the support of an on-demand video resource that continues to be easily accessible to them." Russo has found that this rich content helps the pharmacist and patient focus on the topic at hand, and finish the interaction with a higher level of confidence that the patient understands all the important aspects of the care. "Instead of patients starting with the question 'What's this for?'" says Russo, "the videos educate them, and the conversation moves to 'Well, why is it important to take my blood pressure medication?'" The better informed a patient-pharmacist conversation is, the higher the level of care possible.

THE NEW MODEL Building new patient care models turns out to be like dropping a pebble in a pond: The impact creates ripples, in this case benefits that flow out from new and thoughtful approaches to pharmacy practice. For example, the intake process at Rx Clinic Pharmacy has put staff in a position to begin solving problems for patients right away, with benefits radiating from the first point of contact.

Amina Abubakar provides an excellent example when she describes how a new senior patient may come into the pharmacy and mention during intake that he or she's been buying incontinence supplies. "We can tell them that we'll ask for a physician's order for this, and then it will be covered by insurance," she says. That's an improvement for the patient on the one hand, and a boost to the pharmacy's DME department on the other. And this information is often news to the physician.

PATIENT CARE IS NOT OPTIONAL Is a well-thought-out patient care process an option for today's pharmacy? What about the pharmacy of tomorrow? The answer is that it's almost certainly a necessity, since it's where pharmacy is going to be able to provide the most value in the future. "If we can have an impact in the most complex case," says Amina Abubakar, "the ones that are costing the system a lot of money, then we can easily show our impact at improving that care."

Eric Russo envisions an important role for pharmacists in a process that engages the right actors in the patient's care. "What I've found is that when we engage people, we are able to find the right person to be the advocate for the patient's care," he says. We need to be able to easily allow the right people to be informed about the patient's medications and care. We need to take away the barriers from communication. Maybe a patient or caregiver doesn't want to ask questions because she's unsure what to ask, or doesn't want to feel stupid and ask something as basic as why the patient's taking a medication." With the right process in place, patients and pharmacists can engage in more open, more thorough conversations.

The end result is that pharmacies building patient-care-centered practices are going to be recognized as game changers, according to Marilyn Goulty. "Cutie PharmaCare is building up this reputation with facilities," she says. "Our approach has a direct impact on people's health. That's really powerful. It takes everyone working together to make care better. It's not just the nurse at the facility or the people passing the meds, it's also the pharmacy, the techs, and the pharmacists. We are all providing an extra level of care." CT

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

The Spring of 1985 and Now

George Pennebaker, Pharm.D.

Some big changes. Some things never change. It was the spring of 1985. I was trying to figure out what I was going to do next. I knew I was going to be on the University of California's board of regents for the next couple of years. That was going to take some time, but not generate any income. I had a job, but it was kind of running out of steam. I ran into Bill Lockwood at some meeting. He was just starting *ComputerTalk* and suggested that I write a column and that it might generate some consulting business.

I said I would see what I could do. I always admired columnists because they seemed to come up with interesting things to say week in and week out. So I told myself, if you can write three of them this weekend it might work. As I have always been loaded with opinions and advice, it was no problem writing those first three. I had a luggable Otrona computer. I took it to L.A. for the first regents meeting and wrote three columns in one afternoon/evening.

So now it is the spring of 2016. I have been writing these columns every two months for 31 years. This adds up to more than 180 columns. That's lots of advice and opinions. Upon thinking back about what I like to write about, there are some recurring themes:

- Pharmacists need to evolve into focusing on taking care of people instead of taking care of pills. A transition from behind the dispensing counter to "face to face" with the patient is happening.
- Computer systems need to be more user-friendly. Computer system engineers need to spend more time in the pharmacies seeing what works and what does not work.
- Computer system buyers need to know what to look for and what to look out for. They need to remember that they are buying a service — not just hardware and software. And that service is difficult to fire if it doesn't perform well.

So what has happened in those 30 years?

- Pharmacists are doing more patient care. The people who write the laws and rules are recognizing the knowledge levels, the judgmental abilities, and the ready availability of pharmacists. They are making the changes that allow pharmacists to take care of patients as well as pills. You know the list and the

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states, and more are being added (services and states) every year. These are big changes, and some pharmacists are resisting these changes. There are challenges as this happens: reimbursement methods and amounts; availability of hours, appointments, time, additional education.

- Pharmacy systems are more user-friendly. Two reasons: The software and hardware are constantly improving. The users are more computer-friendly.
- I believe that there is greater recognition of the need for buyers of computer services to focus more on the computer company and its principles and principals. More on that in a minute.

A few of us remember the dot-matrix printers, the 300-pound 10-megabyte disk drives, and the paper claims. Those are all gone. Their replacements are amazing and will get even better.

Buyers Guide Issue

The last issue of *ComputerTalk* was the buyers guide. Wow! So many features. So many companies. Several new companies. Many that have been around for years.

Some of the offerings had a narrow focus. Some are trying to do everything that may involve electrons. Pretty soon we will have one that determines the average age of the patrons and adjusts the background music mix and volume to match their comfort zones, as well as checking for drug interactions.

I was struck by the complexity of the decision process. There are so many factors to consider. Everything from the color of the hardware cases to how many "whiz bangs" does the computer do in one "milli-micro second."

Some Decision Steps

It's time to make a "feature" board. Use little sticky notes. One sticky note for each feature you need (or want). Find a good-sized wall and stick them on randomly. Then review the buyers guide issue of *ComputerTalk* to be sure you have thought of everything. After you have a sticky note for each feature, array them in priority order. From "must have" to "fun to have."

Treat the whole decision process as an investigation, a "due diligence" before committing to a partnership. Yes, I said a "partnership." Both you and the computer company will be dependent on each other for many years.

Go to a convention and eliminate the companies populated by people that you do not want on your team. It is important to understand that you are adding a bunch of "employees" that will be impossible to fire. Also narrow down the choices using your feature priority list. Take notes right after each encounter with a vendor.

Go see the top candidates in action. Visit at least one pharmacy using a candidate's system, while it is using the system. The vendor will send you to someone who likes its system. While there, in addition to seeing how the system works, there are two more things to do: 1) Because the person who decided to buy the system will defend his/her decision, talk privately to the technicians and pharmacists using the system and find out what they like or dislike, and 2) ask the users if they know other pharmacies that are using that system. Then go on your own (without the salesperson) to those other pharmacies.

Treat the whole decision process as an investigation, a "due diligence" before committing to a partnership. Yes, I said a "partnership." Both you and the computer company will be dependent on each other for many years.

The big changes are in the hardware and software. The decision process has not changed. 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.*

Information Technology Enhanced Dispensing

Bill G. Felkey, M.S.

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

If this column captures your imagination, we suggest that you acquire the book, *Information Therapy: Prescribed Information as a Reimbursable Medical Service*, by Donald Kemper and Molly Mettler, that was published by Healthwise in 2002. Fourteen years later, this may sound like a very dated reference. The authors, however, were looking ahead and actually imagined that one day we would have the information technology we have in our possession in 2016. Some things are timeless, such as getting the right information to the right person at the right time. We are all pretty familiar with the abbreviations for symptoms (Sx), diagnosis (Dx), treatment (Tx), and of course medication (Rx). We would like you to add information therapy (Ix) to your repertoire.

Imagine the possibilities for getting the right information to the right patient at the right time by incorporating the use of information technology into the dispensing process. Patients fail their medication regimens, as well as their self-care disease management, for three reasons: (1) They don't know what to do; (2) they don't know how to do it; or (3) they are not motivated to do it. In your current pharmacy practice, we assume that your dispensing process assures that you are presenting individual patients with the right drug in the right strength in the right dosage form with the right regimen. If you do all of these verifications and staple a drug information leaflet for each medication to a paper bag, what is your confidence level that the medication will have the intended effect that you, the prescriber, and the patient desire? If your patients are relying on the printed drug information for guidance or help, research suggests they are not getting what they need.

Like the knowledge resources, all you need to do is search for the resources and screen them using your own professional judgment, along with your knowledge of what your patient is seeking for assistance.

If you are old enough to remember the TV series, "The Six Million Dollar Man," at the beginning of every episode an announcer would proclaim, "We can rebuild him. We have the technology." Ladies and gentlemen, in 2016, we too have the technology to rebuild and enhance the dispensing of medications in such a way that people know what to do and know how to do it, and are motivated for self-care management of their medication regimens. Do any of us believe that patients routinely save and refer to the printed information they are given when their medication is dispensed? Do they take this information

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with them when they go out to dinner or on vacation or to an out-of-town business meeting?

Seeing Is Believing

When there are special dosing considerations such as asthma inhalers or even eye drops or eye ointments, are patients fully aware how to quickly and correctly use their medicines? A quick check shows that there are 12,000 videos on YouTube demonstrating metered dose inhaler use, 19,000 eye drop videos, and 10,700 videos for eye ointment use. Should you let patients pick which drug information site on which to rely, or select which video is most appropriate to teach them or their nonprofessional caregivers how to administer the medication? We believe that you can screen available drug information resources and dispense knowledge that is accessible from your patients' portable information device wherever they are, whenever they need it. Many of these resources can even be stored locally on their devices when they find themselves off the grid.

We know that most of our readers use a professional tertiary drug reference on their smartphones. We wonder how many of you have built a set of links on your device for point-of-care teaching that can be performed using your own smartphone or tablet when you interact with patients. We know from research that 82% of your patients prefer to learn by visual means, and when the behavior to be learned requires action, the video resources needed to demonstrate these behaviors can either be accessed or made locally available on your own information technology. We know you value your decision support resources. Are you aware that a similar level of patient-focused mobile apps exist to assist your patients with both knowledge and motivation tools that allow them to cope with their diseases and need for lifestyle changes?

Does your responsibility for patient care stop once the medication is dispensed? Have you also realized the huge problem patients face with incorporating medication regimen adherence, coping with complex regimen dosing times, and remembering to get chronic medication refills in a timely manner? What about complementary lifestyle changes that should occur surrounding new prescriptions or adjusted dosages on existing prescriptions? Consider the two of us. Brent is a younger man who likes to run around his neighborhood on a regular basis. Bill, on the other hand, is showing considerably more wear and tear and had some concerning lab results at the end of last year after enjoying too many holiday celebrations.

Pictured are two "best in class" cell phones representing 2002 and 2016.

In order to get control and turn around his lifestyle choices, Bill adopted an app called Lark. It fills in the motivation requirement for assuring health success. Lark records activity data, meals (which are rated healthy, neutral, or unhealthy), keeps track of weight gain or loss trending, and most of all, provides health education and encouragement. In 90 days, Bill lost 26 pounds and turned his lab report numbers into something his physician responded to with, "These results are breathtaking!"

In the same way that knowledge can be dispensed along with medications, mobile apps are available to address every needed lifestyle change and suggest coping behaviors for every disease being treated in your practice. Like the knowledge resources, all you need to do is search for the resources and screen them using your own professional judgment, along with your knowledge of what your patient is seeking for assistance. Don't expect 100% acceptance from your patient population, but you will find that many will make an honest effort to change their behaviors when they see a caring pharmacist expressing interest in their chief concerns regarding their health. As always, we are open to your comments and questions. **CT**

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Health Information Exchange: Where Does the Pharmacist Fit?

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

Through our current evolution of adopting health information technology, pharmacy has often led the way. We were the first to have real-time claim submission and adjudication. We've led the way in receiving prescription orders electronically. We have adopted technology to facilitate patient communication (refill reminders and requests). As we look at the exchange of health information, pharmacy has an opportunity to continue to lead. While many consider electronic prescribing to be health information exchange, there is much more that can be shared by pharmacists and other providers, such as lab values, immunization administration records, allergy and adverse-event reporting, and documentation of care provided, (i.e., medication management counseling). This information becomes even more critical as the role of the pharmacist continues to evolve, whether through regulation or through our enhanced participation in care teams.

Pharmacies have electronic connections to prescribers that can be leveraged to better share information. But there are challenges.

Pharmacists need to identify their priorities — essentially, what information do they want to exchange and with whom? These priorities may have different drivers, i.e., regulatory requirements, improving patient care, or managing costs and revenue. There is data that can be exchanged — such as immunization records, allergy and adverse-event records, and prescription fill status — that may mitigate each driver. Clearly, the challenges of implementation remain — the costs and resources associated with each new type of information exchange. And all of this has to be balanced with other initiatives and compliance efforts; it is expected that the industry will be required to move to a new version of the NCPDP SCRIPT Standard beginning in January 2017.

While many consider electronic prescribing to be health information exchange, there is much more that can be shared by pharmacists and other providers.

Once the pharmacists have identified their priorities, they will need to determine how they align with the priorities of their trading partners, i.e., prescribers. It is entirely possible that the priorities may not align, or that the timing of exchange with pharmacies will be delayed while prescribers address exchange with other entities first. How is the pharmacy supposed to know what the prescriber's priority is?

The technical components associated with health information exchange (HIE) require inspection. While tremendous gains have been made in developing standards to exchange structured health information, adoption and implementation vary. Systems, including pharmacy systems, need to be able

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to extract and consume structured data. HIE models include public (state run), private, centralized, and federated. Information can be pushed or pulled. Health Level Seven (HL7), an international standards development organization, has created a functional profile for a pharmacy electronic health record (EHR); the criteria are intended to ensure that pharmacy systems are prepared to send, receive, and store patient clinical information. This profile moves pharmacy systems beyond dispensing to health record systems, yet adoption has been limited. Use of the functional profile can also facilitate documentation needed to support medication therapy management (MTM) service claims.

And last but not least, there are financial implications that must be addressed. Investments must be made to enhance systems to support information exchange. Contracts may need to be signed with intermediaries and trading partners, and operating costs may increase. Resources will need to be prepared to handle the additional information being exchanged. As an example, training all staff to be aware that allergy/adverse-event information may now be received on a new prescription, or revising workflow if notifications will be systematically sent to prescribers regarding fill status.

We know from a recent survey conducted by Black Book (http://www.beckershospitalreview.com/healthcare-information-technology/88-of-providers-say-collaborative-hie-initiatives-improving-payer-provider-relations-9-survey-findings.html) that:

- Of respondents, 83% of physician practices and 40% of hospitals said they are still in the planning and catch-up stages of sending and sharing secure, relevant data.
- Of those respondents who self-identified as a prospective HIE user, 57% blamed their reluctance on HIT/EHR vendor connectivity defects and a lack of vendor preparedness.
- In the first quarter of 2016, 88% of hospitals and 95% of payers said collaborative HIEs, where each stakeholder pays for system development and maintenance, are creating more collaborative, trusting relationships.

What's Next?

Pharmacy system vendors and others will continue their efforts to comply with regulatory requirements, such as moving to the next version of SCRIPT. That will allow for more efficient exchange of:

- Allergy/adverse event information — between prescribers and pharmacies.
- REMS information — between prescribers and REMS administrators, before the prescription arrives at the pharmacy.
- Fill status notification — between pharmacies and prescribers, with the prescribers able to specify when they want to receive the notice.

Local and national efforts will continue to catalyze the exchange of health information among care providers. Tracking these efforts through professional associations, state agencies, and national organizations can assist in setting priorities and developing implementation plans. **CT**

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Getting a Handle on Your Inventory

Dave Schuetz, R.P.h.,

There are many benefits to using an inventory management system in your pharmacy. The software needed is probably included in your pharmacy management system. If not, you may be able to purchase an inventory management application that interfaces with your pharmacy system. Inventory management can help ensure the proper amount of product is in stock at the right time, while reducing inventory costs and increasing inventory turns. The inventory management system can also suggest, place, and receive orders, reducing the need to engage a pharmacist or technician in a labor-intensive process.

System setup steps need to be completed before the system can automatically place orders with your supplier. This requires entering on-hand quantities and min and max values or reorder points and quantities in the system for the products currently in your inventory. Entering the correct on-hand quantity and setting accurate min and max values will help keep your inventory management system working efficiently and accurately.

Proper setup of the min and max values or reorder points and quantities allows you to carry the appropriate amount on hand to fill all prescriptions presented between orders and deliveries. Pharmacies may order once a week or five days a week. Therefore, order delivery frequency will factor into the determination of min and max values. Some systems include a feature that looks at drug use over a specified period of time and provides a suggested min and max for each drug. Seasonal drugs like antibiotics during the winter or inhalers for allergy season typically have the min and max values adjusted for the off-season to reorder less to avoid product going "out of date" while on the shelf.

If your system doesn't offer functionality to suggest min and max values, PHSI consultants have explored and developed methods for using drug use data to calculate those values. Our methods look at averages and deviations from the averages, along with other dispensing patterns, to come up with an algorithm to determine the appropriate min and max values.

If you are interested in talking to PHSI about how this can work for you, please contact me using the email address noted at the end of this column.

For the drugs that you use to fill prescriptions for a patient once every 30 or 90 days, your inventory management system may offer a feature that allows for "just in time" ordering. Systems employing an automated refill process can trigger the inventory system to order the drug when it is needed to fill the prescription. Another feature may allow the user to delay the order of the drug until a defined date, usually just before the refill is due.

Addressing Out-of-Stocks

One of the fears of implementing an automated inventory replenishment system is that it will cause the pharmacy to run out of stock. It takes time to build trust in the automated system. Here are a couple of points to remember to help fine-tune the ordering process.

- Make sure the min is not set too low to provide "safety stock." The min quantity should be an amount that is enough to fill prescriptions from

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the time the order is placed until the next order is delivered.

- Make sure the max is not set too low for proper replenishment. The max quantity should be an amount that is enough to fill prescriptions from the time one order is delivered until the next order is delivered.

This is not to recommend that all mins and maxes get bumped up to provide a safety net, because that results in increased inventory investment. Paying attention to and adjusting the individual reorder points and replenishment quantities can help to fine-tune the process.

The goal of fine-tuning the inventory management process is to meet prescription demand without carrying excessive inventory. However, the system should also ensure the total value of the inventory remains consistent, meeting the goals of the business. A measure commonly used to determine the effectiveness of the inventory management process is inventory turns. This is the number of times the pharmacy cycles through or turns over its inventory during a year. It is calculated using the total cost of the drugs sold (COGS, or cost of goods sold) over a year divided by the value of the inventory at cost.

In the example, 12 turns per year indicates the pharmacy theoretically cycles through its inventory once a month. A higher number of turns, such as 20, means a more efficient inventory management process that is not tying up as much money in inventory. A lower number of turns means the amount of inventory could be reduced, thus reducing the amount of money tied up in inventory.

$$\frac{\text{COGS} = \$3{,}600{,}000 \text{ per year}}{\text{Inventory at cost} = \$300{,}000} = 12 \text{ turns per year}$$

The pharmacy's inventory value is usually determined by a physical count of the product on hand. However, your pharmacy system should also keep track of that value as long as the correct product acquisition cost and on-hand quantities are loaded and maintained in the pharmacy system. Along with decrementing the on-hand quantity for each prescription dispensed, the system can also keep track of the COGS for each prescription. Using data from the system, you can calculate your inventory value and inventory turns.

There is also a method to track inventory value on a perpetual basis, which can be performed weekly. Beginning with the value determined by a physical count, add the amount of inventory purchased during the week, using suppliers' invoices. Then subtract the COGS for the week. The result is the current value of the pharmacy inventory.

Managing Price Changes

As mentioned above, the system can calculate COGS for each prescription filled based on the acquisition cost loaded in the system for the drug when the prescription is processed. When the acquisition cost of a drug changes, that should be reflected in the system's cost file. However, once the cost changes in the system, that may affect the cost used when a prescription is filled using a product purchased before the cost change. Some systems may be able to track the exact cost of the product in inventory, accounting for a cost change that occurs while the product is on the shelf.

This situation creates inventory holding gains when the cost increases or holding losses when the cost decreases. Typically with an increase in cost comes an increase in the retail price of the product. However, the real cost of the product on the shelf is still the cost on the invoice when the order was delivered. The cost may have subsequently increased and caused an increase in the retail price; the product has increased in value. Conversely, a decrease in cost may result in a decrease in the retail price of the product. Again, the real cost of the product on the shelf is still the cost on the invoice when the order was delivered.

Because of this, COGS and inventory turns can become inflated or deflated. Some accounting processes require an adjustment to these numbers based on the inventory on hand when the cost changes, so that COGS and inventory turns reported are trued-up. The gain or loss is not "realized" until a prescription is sold to the patient.

Your inventory management system is a tool that will help keep track of your controlled substances by recording the amount of each drug ordered and received and the amount dispensed.

If you thought about needing to reduce or just better control your pharmacy inventory and have not implemented an inventory management system, then you need to check to see what your pharmacy software vendor has to offer either in its system or via an interface to an adjunct application. **CT**

***Dave Schuetz, R.Ph.**, is a consultant at Pharmacy Healthcare Solutions, Inc., with 30 years of pharmacy experience. He can be reached at dschuetz@phsirx.com.*

Conference Circuit

9th Annual Integra Conference

Integra hosted its 9th Annual Conference in Savannah, Ga., earlier this year. Attended by over 85 pharmacies and 28 long-term care companies, the conference provided networking, exhibition, and training opportunities for all participants. In addition to educational Integra product classes, three special sessions were offered: customer speaker Mark Carvajal led a class on the importance of IT in the pharmacy; keynote speaker Jason Young expanded on creating a customer-focused culture, and etherFAX's Quinn Corey presented a course on the new Integra Cloud Fax A2E device. ASCP's CEO Frank Grosso, R.Ph., was joined by Irving Stackpole, R.R.T., for a general session on updates for healthcare providers on Medicare and Medicaid reform. A welcome reception provided an excellent opportunity for business and networking, and an entertaining murder mystery dinner event provided good food and laughter. For details on the 2017 Integra Conference, visit www.integraconference.info.

Steve Matlock and Stephen Bahadur of HealthEx.

Eric Chesson of Priority Dispatch, Inc. and Nick Wilson from GeriScriptRx conversing during a break.

Mason Rothert and Nicholas Magers of Mediprocity with Edermark's Ben Kelly.

Dennis Joy, Ruth Wendt, and Frances Impasto of Forum Pharmacy watch a demonstration by DOSIS's Phillip Clark.

Park Shore Drug attendees Steve Propper, Josephine Gillis, and Katie Muccino, get acquainted with industry speaker Irving Stackpole, R.R.T.

Dana Miller and Kelley Martino from Adler's Pharmacy enjoying the welcome reception.

Brockie Pharmacy attendees Steve Wilson, Betsy Serapiglia, Lyndi Ilyes, Kelly Coleman, and Eric Shelly.

Branden Gardiner from Yardi enjoying a laugh with Forrest Gump and Edwin Arevalo from Skilled Nursing Pharmacy.

Theresa Hinds with Lisa Brannon and Wayne Adams of NSS.

Integra staff Keri Nelson, Shana Mitcham, and Todd Fostvedt enjoying the dinner event with Dave Hicker and Renee Sutton of Mercury Pharmacy, and Angela Prentice and Lori Riney from United Scripts.

Mary Glavan and Denise Salazar from MAC Rx.

Samer Atallah of Remedi SeniorCare with Sudhir Reddy and Chris Corzine from Clayworth Pharmacy.

It's a New World of Communication

An interview with voiceTech's Tim Garofalo

ComputerTalk*'s Maggie Lockwood spoke with* voice*Tech's CEO Tim Garofalo, who covered the newest trends in interactive voice response (IVR) as it evolved from handling phone traffic to providing true interactive data analysis and a communication platform for pharmacy.*

CT: Tell us about the new trend in hosted or cloud-based phone services, how *voice*Tech is positioned to address the trend, and why it's important to pharmacy.

Garofalo: We all know in the last five or so years technology providers in any industry, and customers, are looking at new ways to be more efficient with their budget and with their staffing, and at the same time have access to the newer features and functionality available in today's Web-, VoIP- [voice over Internet protocol] and mobile-based world. Having hosted, cloud-based, or centralized services can be more economical and efficient in many cases; whether it's a hosted phone system or IVR, or an outbound adherence messaging service, or cloud-based communication services that integrate to each other and with the pharmacy. This is not only the trend, but will be the norm in just a few short years. Hosted phone services have better features, whether an owner or pharmacy director wants to log into a portal and change the phone settings, or set the rings to different directions. There is an advantage for someone who says they want an IVR solution and an outbound solution for adherence programs. The databases and software are also out in the cloud, so we don't have to put hardware in the pharmacy; we network the pharmacy to the cloud.

Tim Garofalo

CT: With so much information coming into the pharmacy, tell us how the fusion-Rx dashboard gives pharmacists more control over managing the entire pharmacy.

Garofalo: The administrative dashboard is integrated into the inbound and the outbound communication system, and anyone who has log-in credentials can access the information via their Web browser from anywhere; it's not necessary to be in the pharmacy. Pharmacists can look at the activity for the day, set up specific parameters and forms to track what they are in interested in, and generate reports.

CT: What's new regarding online and mobile prescription services, and what will it mean for the pharmacy communication with customers?

Garofalo: With mobile, it means a number of different things — it doesn't necessarily mean it's a mobile app. It may be a mobile-friendly Web page that can be used on a patient's mobile device. Clicking on an icon or button to receive a form to fill out was easy on the computer; but now the form is mobile friendly, and when it expands a little, patients can tap in the information required. We don't develop the mobile apps; we have recommended vendor partners and *voice*Tech provides the real-time Rx integration path. Sometimes pharmacists say they don't want a full mobile app, just a mobile-friendly website, or Rx refill form, in which case we can step in easily. Whether from a computer or mobile device, pharmacies can offer patients an option to log in to see what prescriptions are in their Rx profile, which is relatively new. We are seeing independent owners, small chains and government clinics starting to get over their sensitivity of providing patients access to view their Rx information online. This will become a staple, or even a requirement to compete with the national chains that have offered it for several years.

CT: As a follow-up, how does Quick-Refill improve the pharmacist-customer relationship?

Garofalo: As time has gone on, we have offered more than just the refill on the mobile device. These are services we offered years ago on the phone, because it offers the interaction, that you can tell a patient there isn't a refill or ask, "Do you want the pharmacy to contact the doctor for you?" This is now possible on the mobile device, either with an app or the mobile form, and it goes further; patients are able to add a message or special request. Independents want to offer that extra level of service, even with retail items. If the patient adds items to their prescription order, the pharmacy can have it bagged and ready to go. We are enhancing the online and mobile side, making it more user friendly for things that made access awkward a few years ago when interacting with the IVR system over the phone.

CT: What technology do you see really coming to the forefront, one that pharmacists will not believe they had lived without?

Garofalo: Our goal is to get pharmacies to move past seeing *voice*Tech as a vendor that only offers IVR. We have experienced positive feedback from our customers after implementing the cloud based services, and the advanced access to information that the dashboard provides. You can set the system up and contact us with questions; we can walk you through the dashboard and answer questions or even screen-share to answer the questions. The fusion-Rx tagline is "The next generation communication and adherence platform." It means full access to the patient and data. It's a totally different ball game. **CT**

To read more from Tim Garofalo on modern communication in the pharmacy, visit www.computertalk.com/backpage.

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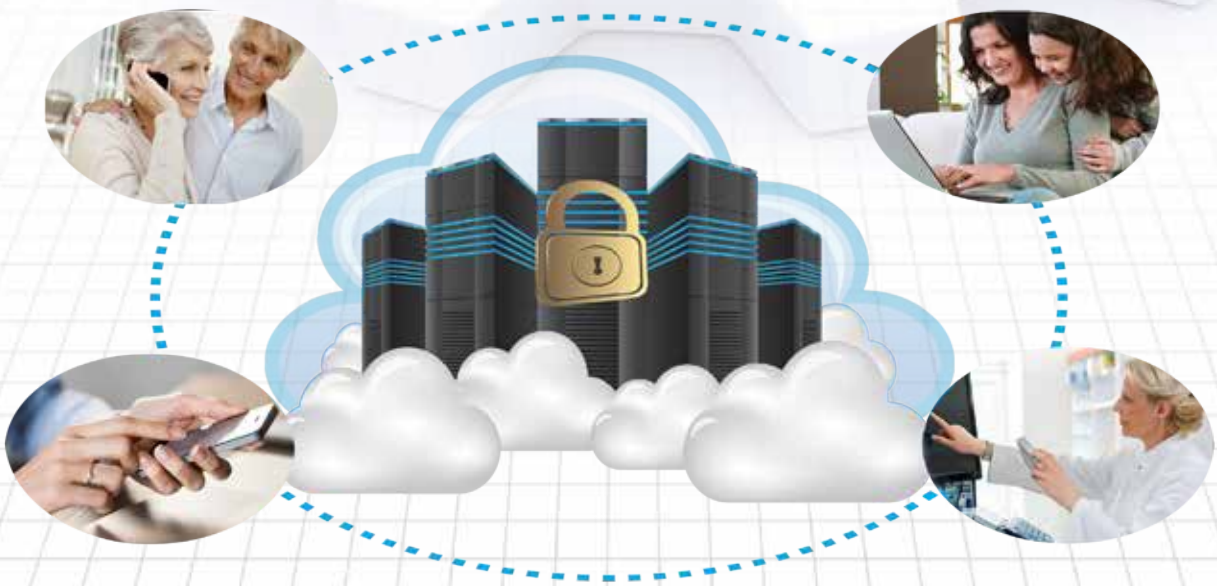

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