Business Solutions That Make a Difference

Clinical, operational, and financial services that pharmacists can fold into their business plans to support their pharmacy’s growth. page 15

On the Cusp of Change
How one pharmacist is making CPESN pay off.

How to Improve Immunization Rates
Hear what one company is doing to increase pharmacy revenue through immunizations.

Merger Mania
What it all means to pharmacy as we move forward.

Evaluate Your Pharmacy System Using Metrics
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- Mackenzie Farr, COO and Pharmacist, Community Pharmacy Services, Inc.

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You’ve got to have a plan for your pharmacy. No matter how good or how broad an array of technology you have, or how on top of it your staff is, you still need to be giving serious thought to getting the most out of these assets in order to power your business. Story begins on page 15.

Plus...

**Improving Adult Immunization Rates** Empowering Pharmacies and Patients with Information. Page 22

**Know Your Options: Printing in Pharmacy** Don’t overlook the valuable role your printer plays in your pharmacy workflow. Page 26

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**Getting Things Done: Putting Process Automation to Work in LTC Pharmacy**

Saliba’s Extended Care Pharmacy looks to Integra LTC Solutions’ Logix to help automate communication tasks, maximizing efficiency to not only survive but to thrive.

**It Makes Sense: Enhanced Inventory Control with a Counting Machine**

Recent changes in state laws show inventory rules will likely tighten before they relax. In this case study, two pharmacies demonstrate how tablet counters put accuracy and time savings into inventory management.

**Technology-Guided Packaging: Better Med Organization at Masonic Villages**

Pharmacy manager Don Brindisi, R.Ph., at Masonic Villages was already a big proponent of adherence packaging and automation by TCGRx when he saw the SmartCardRx at a trade show last summer.

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**Beyond Dispensing: The Shift in Pharmacy Practice**

Ketan Mehta, of Micro Merchant Systems in Syosset, N.Y., has a clear message for independent pharmacy owners: Pharmacists need to practice spending less time behind the computer and more time on patient adherence and outcomes.
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“It definitely improves our workflow efficiency and it’s very easy to use. We’ve tried other counters in the past and they didn’t work well for us. The RM1 works and it’s a great value. We have seven, one for each of our locations.”

Miral Patel, RPh — Owner, Curlew Pharmacies, Clearwater, FL
Monetizing Privacy

WHAT IS DISTURBING TO ME is how an individual's privacy is being compromised of late. It seems like a day doesn't pass without reading about ransomware dealing with a person's medical information. Hackers have fine-tuned the art of invading the computer networks of clinics and hospitals in the quest for making a profit from the theft. To underscore our vulnerability, the April 30 issue of Bloomberg Businessweek showed the results of Verizon Communication Inc.'s 2018 Data Breach Investigations Report. The top three most likely threats are personal, payment, and medical. This was based on data collected by Verizon from 67 organizations around the world for the 12 months ended Oct. 31, 2017.

A person's medical record has monetary value. But a person's personal data is being monetized in other quarters as well. Facebook has gotten a lot of negative press for the use of its data by Cambridge Analytica (which has since shut down), — a classic example of how personal data can be monetized. In this case it involved the data on some 87 million Facebook accounts. This is called data mining. And a company by the name of Palantir Technologies, founded by Peter Thiel, a Stanford Law School graduate and one of the co-founders of PayPal, has developed highly sophisticated algorithms that can be used to monitor an employee's every move, inside and outside the place of employment.

In the healthcare world we have HIPAA to contend with. One aspect of this federal legislation is to protect a person's medical record information. HIPAA also details the security procedures that covered entities must comply with to protect the person's privacy. I advise every pharmacy owner to have his or her security procedures in compliance with the HIPAA requirements well-documented and routinely refreshed, to avoid any penalties that might be incurred by the Office for Civil Rights should the pharmacy be subjected to an audit as a result of a security breach. The Office for Civil Rights is cleaning up with the fines it is levying on covered entities that fail to comply with HIPAA.

There are two aspects to the privacy issue. One is data that is hacked, and the other is data that is mined. Combined, these are the forces behind a person's life no longer being private. We also live in a world where identity theft lurks in the shadows. The Equifax and Target data breaches were headline news. We just do not know how many people were adversely affected as a result.

It is amazing what companies know about us. What products we buy, when we buy them, our demographics. Our lives seem to be an open book. And there have been countless stories about people who post things on their Facebook page that have caused lost employment opportunities. One caveat is to watch what you post so it doesn't come back to haunt you.

Is there a quick fix to the privacy issue? I doubt it. CT
We make it this easy to identify a patient’s medication risk.
SoftWriters, a Managed Health Care Associates company, has announced that Shantanu (Shan) Bhide has joined the company as VP of technology. Shan joins SoftWriters with more than 20 years of experience delivering software product and solutions to a broad range of customers. Tim Tannert, president of the company, states, “Shan is a great addition to our executive team. His role represents SoftWriters’ ongoing commitment to the long-term care (LTC) pharmacy space and specifically listening to our customers and developing our solutions around their needs. Shan will lead the effort to evolve our best practices for our product management, quality assurance, and development processes.”

J M Smith Corporation has announced that its leading innovative technology solutions will now be under the leadership of Kevin Welch. Saul Factor, R.Ph., who was president of QS/1, will lead the wholesale distribution business units Smith Drug Company and Burlington Drug Company. “There is perhaps no one in the industry better prepared to lead Smith Drug Company than Saul Factor,” says Alan Turfe, CEO and chairman of J M Smith Corporation. “Saul is a pharmacist with experience in every facet of the industry, from patient care to manufacturing and distribution to sales and marketing.” “The decision to align our technology offerings under one leader was made to further enhance our customer focus. Kevin is a highly respected technology leader with a passion for moving pharmacy forward. Under his guidance, QS/1 and Integra customers can expect a commitment to technology excellence and responsiveness,” says Turfe. Welch was named chief technology officer for J M Smith Corporation in 2017. He became part of J M Smith Corporation with the acquisition of Integra, which he founded in 1997. Welch holds degrees in mathematics, computer science, operations research, and engineering management from Stanford University, and has served in senior positions at Genentech, Symantec, and Microsoft. During his career he has designed and developed many industry-leading software applications and systems.

QS/1 has received Level 2 capability from Community Care of North Carolina for the Pharmacist eCare Plan. The eCare Plan is a program that standardizes documentation of patient information and facilitates the exchange between healthcare providers and pharmacists. The goal is to advance care coordination, improve patient outcomes, and reduce overall healthcare costs.

“The Pharmacist eCare Plan is a standard endorsed by the Pharmacy Health Information Technology Collaborative and serves as a standardized, interoperable document for exchanging medication-related activities, and plans, and goals for individuals needing care,” says Troy Trygstad, Pharm.D., Ph.D., VP of pharmacy and provider partnerships for Community Care of North Carolina. “It is exciting that QS/1 can provide this capability for their pharmacy customers who can begin participating in clinical documentation and care planning workflows for all of their patients and sharing of data with other care team members. This is the future of community-based pharmacy practice.”

“Giving pharmacists the ability to collect and share patient data validates the role they play in the healthcare chain,” says Ed Vess, R.Ph., QS/1 senior manager for customer markets and services. “QS/1 has been an advocate of this program and worked to help give pharmacists a bigger voice. This information will allow all involved to see the progress, or setbacks, in the patient’s health.”

TCGRx has acquired ARxIUM’s Panasonic FastPak pouch packaging business line. This move extends TCGRx’s industry position by providing increased penetration into the hospital market as well as continued expansion into Canada.

Automated pouch packaging is a core competency of TCGRx, as the company has installed over 700 packaging units since its inception in 2006. TCGRx Founder and Executive Chairman Duane Chudy was also the founder of the legacy business that TCGRx acquired from ARxIUM. TCGRx based its next generation ATP 2 punch-packaging technology on the FastPak EXP. As a result, all of the current solutions offered by TCGRx, including its InspectRx medication imaging system, are compatible and can be leveraged.
by pharmacies to lower costs and increase production.

OmniSYS has formed a strategic partnership with Scientific Technologies Corporation. The partnership will provide OmniSYS with access to immunization history from all participating state and jurisdictional immunization information system (IIS) registries. This information, combined with OmniSYS’s proprietary data set, will enhance the company’s OmniLINK Vaccine Management Solution (VMS), enabling pharmacies to grow their immunization business while improving vaccination rates among the populations they serve.

“During the most recent immunization season we had over 20,000 pharmacies utilizing VMS to target Medicare patients eligible for pneumococcal vaccinations. Participating pharmacies realized significantly statistical improvements in their immunization rates, with one out of four flu shot patients receiving the appropriate companion pneumococcal vaccine,” notes John King, CEO of OmniSYS.

The National Association of Boards of Pharmacy (NABP) says that NABP PMP InterConnect is the answer to the White House call for national interoperability of prescription drug monitoring programs (PDMPs). In March the White House announced its plan to reduce demand and overprescribing of opioids, in part by leveraging federal funding to support states using a national interoperable PDMP network. PMP InterConnect, operational since 2011, currently processes over 17.8 million requests and 39 million responses per month for the 45 participating states. This is a highly secure network to allow cross-state sharing, enabling authorized users to access more comprehensive data for appropriate prescribing and dispensing of controlled substances.

Prior to the White House announcement, NABP convened a Congressional briefing and presented details on the history, success, and future of PMP InterConnect to approximately 30 staff members from U.S. Senate offices and committees. In addition, details on how the program enhances efforts to combat drug diversion, abuse, and addiction were discussed. This briefing, “Prescription Drug Monitoring Programs — Scaling Up: One-Click Access. Expanding the Next Generation of Technology to All Providers,” was presented by Danna Droz, J.D., R.Ph., prescription monitoring program senior manager at NABP; Ralph Orr, program director of Virginia’s PDMP; and Jeffrey Forman, M.D., F.C.C.P, M.H.C.D.S., chief medical officer, population health, of Bayview Physicians Group.

The value of the existing network is evidenced by the 380 facilities in 33 states that enable point-of-care, one-click access for healthcare providers. Additionally, eight states — Arizona, Indiana, Kansas, Massachusetts, Michigan, Ohio, Pennsylvania, and Virginia — have provided or have committed to provide one-click access for every prescriber and pharmacist in the state.

PMP InterConnect is offered free of charge for participating states. More information can be obtained by going to www.nabp.pharmacy/PMP.

Innovation, makers of PharmASSIST pharmacy automation solutions, has announced the passing of company founder and chairman, Joseph “Harry” Boyer, after a long illness.

Boyer founded the company in 1972 as a research and development engineering, technical services, and manufacturing firm. He shifted Innovation’s focus to pharmacy automation in 1995 and launched the company’s PharmASSIST automated prescription dispensing product in 1997.

While at the helm of Innovation, Boyer earned such notable achievements as the New York State Small Business Person of the Year and the Broome County Chamber of Commerce Small Business Person of the Year. He also developed a strategic partnership with Binghamton University’s internationally renowned Thomas J. Watson Institute of Systems Excellence (WISE). The Innovation and WISE teams have collaborated on numerous technological initiatives, and this industry/academia relationship continues to flourish with ongoing work in the fields of big data analysis, visual process simulation, and artificial intelligence. Boyer’s work with the university was acknowledged in 2011 when he received the Binghamton University Technical Innovator of the Year award.

Capsa Healthcare has released NexsysADC, its next-generation technology for secure medication man-

continued on next page
Management and dispensing in the long-term care environment. NexsysADC is designed for the onsite storage and organization of controlled medication and first doses/e-kits at these facilities, at a fraction of the price of alternative automated dispensing systems, according to the company. NexsysADC is scalable for any volume of extended-care facility, as well as in specialty-care settings, including surgery centers, critical-care clinics, rehabilitation facilities, and health network medical campuses. The cloud-based system gives full control to the LTC pharmacy, yet greatly streamlines the nursing staff’s efficiency in accessing the right medication for the right patient at the right time. “The new NexsysADC makes sense for so many providers focused on the perfect balance of features and fast ROI for medication dispensing in the facility. This technology will maximize their budget’s buying power,” says John Himmelstein, Capsa’s VP, extended care.

Mutual Drug has announced a new clinically integrated pharmacy provider network called Mutual CPESN (Community Pharmacy Enhanced Services Networks). “We plan to improve the care delivered to North Carolina patients by integrating with multidisciplinary care teams and leveraging the skills and relationships of community pharmacies,” says Patrick Brown, Mutual CPESN lead network facilitator. Mutual CPESN is an affiliated network of CPESN USA, which currently serves 38 affiliated networks across 35 states. In addition to representing pharmacies in North Carolina, Mutual CPESN will work to support CPESN efforts in other states where Mutual Drug operates, including South Carolina, Virginia, and West Virginia.

Integrating community pharmacies into care teams supporting complex patients was pioneered by Community Care of North Carolina under a three-year cooperative agreement with the Centers for Medicare & Medicaid Innovation. Mutual CPESN will build on that experience for the benefit of North Carolina patients. CT

Visit www.computertalk.com/pharmacy-news/ for the most recent updates.
On the Cusp of Change

THIS MIGHT SOUND FAMILIAR to many of ComputerTalk’s regular readers: A pharmacist who has found the sweet spot of combining technology efficiency with human expertise to fully serve a diverse community. An award-winning mix, really, and one that pharmacist-owner Tiffany Barber, Pharm.D., R.Ph., has embraced at Hillsborough Pharmacy and Nutrition in Hillsborough, N.C. In this community 15 miles west of Durham, the pharmacy is part of daily life, and Barber’s commitment to the community is through the lens of pharmacist provider.

The belief that community pharmacists are the backbone of the healthcare industry, doing more than just checking prescriptions, has been Barber’s business philosophy since buying the pharmacy in 2011. She has crafted a business plan for her pharmacy that reflects the movement toward pay-for-performance as opposed to pay-to-fill. The pharmacy is participating in the Community Pharmacy Enhanced Services Networks, known nationally as CPESN USA and locally as Mutual CPESN, as well as a clinic pilot program sponsored by the UNC School of Nursing and North Carolina Mutual. Barber’s commitment to the community, and to bettering pharmacy through participating in the CPESN program, earned her Community Care Pharmacist of the Year for her state in 2017. Barber is rolling all these little pieces together into what many industry experts are saying pharmacy has to do going forward.

“I have always loved community pharmacy,” Barber says. “Our customers know I know them and that we work as a team with their doctors to come up with what’s best for them. To win this award makes me proud for community pharmacy. To win is very humbling.”

Forward-Thinking

Hillsborough Pharmacy and Nutrition is an example of a pharmacy that is moving to the clinical world. It fills between 250 and 275 prescriptions a day, almost 40% of which are for Medicaid patients. The pharmacy sees patients, regardless of their insurance, and triages over-the-counter products versus a recommendation to go to the doctor. It offers delivery and adherence packaging to a small population, as well as a curated OTC (over the counter) department, including herbal supplements and vitamins. Last year, Hillsborough Pharmacy agreed to be the pilot location for the UNC clinic, carving out a third of its 1,000-square-foot space for that purpose. Hillsborough Pharmacy can access the health system’s Epic EHR system to review health records and support the transition from the hospital to home.

This program is the second clinical-based pilot Barber has engaged in. Hillsborough Pharmacy is entering its fourth year in a CMS grant that started the CPESN program. In North Carolina, the network is Mutual CPESN, through the Mutual Drug Company. All participating pharmacies offer the standard CPESN clinical services, and many offer enhanced services such as adherence packaging and home delivery. When participating in an integrated network, pharmacies can engage with payers to receive payment for the money payers save when the cost of patient care is lower. A grant from the Center for Medicare & Medicaid Innovation (Innovation Center) pays for pharmacists to offer patient-centered services that improve the health outcomes of complex patients. Enhanced services include medication reconciliation, clinical medication sync, immunizations, clinical medical reviews (CMRs), and personal medication records. Pharmacy management systems can communicate with care management systems, and pharmacists can document their clinical encounters right in the system. Barber’s pharmacy management system, VIP, interfaces with the eCare Plan from PrescribeWellness, one of the eight validated eCare vendors. Community Care of North Carolina (CCNC) has continued on next page
SPOTLIGHT: CPESN

Community pharmacists participating in the Mutual CPESN® Network (and all 39 local CPESN Networks by the end of the year) create care plans for high-risk patients that are designed to improve outcomes related to medication use and coordinate with other care team members. This effort uses existing standards adopted by medical providers in electronic medical records to develop an electronic ‘pharmacy’ care plan or Pharmacist eCare Plan. A Pharmacist eCare Plan is a shared document detailing a patient’s current medication regimen and health concerns, including drug therapy problems and medication support needs, in addition to the pharmacy’s interventions and the patient’s health outcomes over time.

Being able to efficiently and effectively create and share care plans is crucial to integration with the larger care team. The Pharmacist eCare Plan standard allows pharmacists to generate care plans within the technology already in use in the pharmacy and utilizes existing standards for data exchange. Documenting their work using Pharmacist eCare Plan capabilities allows community pharmacies to clearly demonstrate the nature of their contributions to patient care to care team members, payers, and other partners.

Twenty-five technology companies from the pharmacy industry have participated in Pharmacist eCare Plan training with six having achieved Level 2 and Level 3 (advanced) Capabilities with Active Medications. Seven other technology companies have partnered with those that have achieved that same capability level. For a list of these companies, visit https://www.cpesn.com/ecare-plan/.

25 technology vendors participating in the Pharmacist eCare Plan, which uses existing standards adopted by medical providers in electronic medical records to develop an electronic pharmacy care plan.

“Pharmacists help make changes to prescriptions and counsel patients, but we aren’t getting paid. People don’t know we are doing this,” explains Barber. “The Innovation Center grant has further solidified our place in the healthcare system so the doctors know they can look to us to help dose the medicine or talk them through something or recommend a formulary medicine. Helping doctors with the medication therapy has been good for patients and doctors.”

Hillsborough Pharmacy has definitely been an outstanding participant in CPESN, according to Trista Pfeiffenberger, the network’s director of quality and operations. Not only has Barber adopted the eCare Plan, but over the four years of the program, Barber has developed a dynamic relationship with local physicians, who see the value in her staff monitoring patients for clinical measures like blood sugar levels.

“If pharmacists are identifying drug problems and making recommendations to providers, essentially they are doing the type of activities that warrant eCare Plans,” says Pfeiffenberger. “Pharmacists want to document these interventions — it’s just as relevant in physician practice.”

Technology-Supported Care

The ability to offer personal attention with on-demand data comes from Hillsborough’s VIP system. VIP gives staff access to important patient data in the course of the regular workflow, and allows Barber to focus her energy on clinical decision-making. The key to being successful in CPESN is documenting clinical interventions while in the pharmacy workflow and then delivering the reports to providers and payers. Patient data is updated regularly in VIP, giving Barber’s staff immediate access to a patient’s medication information, health information such as when the patient was released from the hospital, and what referrals might be useful.

Barber says the VIP system presents patient insurance information, medication regimens, and risk scores. This is a huge help, as Barber can immediately see the likelihood of hospitalization based on the risk score when a patient is in the pharmacy. A pharmacist can make a recommendation for vaccination based on the immunization history provided by VIP. Barber documents all the care her staff provides in the eCare Plan from PrescribeWellness, which records the clinical interventions and shares the data in a standard format with the CPESN network. VIP loads all patient data into the PrescribeWellness platform, making documentation for the eCare Plan seamless. All pertinent data regarding each patient is already populated and the pharmacist simply documents the type of intervention. eCare plans are immediately sent electronically to CCNC to justify the pharmacy’s value-based care and receive payment. Barber also runs phone campaigns, immunizations, adherence, and Medicare Part D enrollment programs through PrescribeWellness. Although you have to go to a separate platform to document, VIP makes it simple through data sharing and implementation of risk scores. The VIP system is fast and straightforward in processing prescriptions. “VIP helps us because we spend very little time on the
actual computer,” she says. “It’s really easy to process the script so that the insurance is out of the way. We can be really present with the patient.”

The pharmacy’s staff includes Barber, who is the pharmacy manager, two part-time pharmacists, and a part-time clinical pharmacist. Barber has shared the clinical pharmacist for the past year and a half, as she builds clinical services as part of the CPESN program. The goal is a full-time clinical pharmacist with a support technician. Currently, a clinical technician floats between traditional pharmacy routines and then helps the clinical pharmacist with adherence packaging, checking electronic health records (EHRs) to see if the medication list has changed, calling the patient for an update, and setting up deliveries.

The clinical pharmacist is constantly reviewing patient records in OutcomesMTM and Mirixa. The more patients the pharmacy manages well, the more patients are sent to the pharmacy. “If the insurance companies see pharmacies are working with the patients with high-risk health needs, and they are staying healthy, this increases star ratings and the insurance companies will continue to send us patients,” says Barber. “When we first started this, we didn’t know how much work the clinical pharmacist would have. We’ve seen there really is a need here, and how this is going to be the future of the pharmacy.”

On the Cusp of Change

Barber sees that the biggest challenge for community pharmacy is having enough prescription volume to pay for the clinical pharmacist. The old model of pharmacy is not sustainable, as reimbursements are constantly cut and pharmacy moves to the pay-for-performance model. And while getting paid for these services is still lingering out there as the big “what if,” Barber says pharmacy has no choice but to embrace the move to showing quality outcomes.

“We’ve got to build clinical services and get paid for that,” she says. “We know when we look at what we can do as pharmacists that we can impact the healthcare landscape.”

Maggie Lockwood is a VP, staff writer, and director of production at ComputerTalk. Her pharmacy profiles serve as case studies on the power of technology. See more photos of Tiffany Barber and her pharmacy and staff at www.computertalk.com/barber-feature

Pharmacist eCare Plan Now Active in the Marketplace

Eight Technology Vendors Have Pharmacist eCare Plan Functionality

Clinical documentation through the Pharmacists eCare Plan is an important step for interoperability and connecting pharmacists with the rest of the health care community.

Eight Technology Vendors Have Pharmacist eCare Plan Functionality

Empowering Community Pharmacies to Improve Care Coordination and Health Outcomes with Use of Pharmacist Electronic Care Plans

For more information visit cpesn.com/ecare-plan
Pharmacy System Metrics: Getting the Right Software, Hardware, and Workflow

IT IS NO SECRET THAT PHARMACY margins are shrinking and pharmacists are expected to do more and more to try to keep profits in. In the past few decades, the practice of pharmacy has changed with the times, but one companion has been ever present: the computer. As practitioners, we often accept the computer system as is in our setting, and frequently only look to other aspects of the business for cost savings and profitability boosts. But the computer and computer systems are one aspect that can have huge ramifications on your output and overhead expenses, and it’s worth it to take a close look at just where your systems may be helping or hindering you.

There are many ways to look at computerization and how it can be improved in your practice setting. Traditionally, the hardware is one of the easier items to get upgraded, and new hardware can absolutely make an impact on your technology’s performance. But don’t underestimate the impact of software, workflow, or even data entry shortcuts to increase work efficiency. Let’s look at ways in which both hardware upgrades and attention to your software and workflow can help make a difference.

In an age where computers become obsolete in a few short years, has your practice setting kept up with and replaced your computers in keeping with that trend? Hardware, such as the computer or server doing the heavy lifting, can be expensive, but how expensive is it to keep obsolete computers? In our practice in 2012, we took a control group of 24 technicians on computers that were five years of age or greater. These computers were communicating with a central server to push and pull data from the core database, but a reasonable amount of processing was done at the terminal level as well. After replacing the terminals with new models, we saw a little more than 10% increase in output. The replacement models were not top of the line. In fact, they were bare-bones processors, but because technology had improved in that time frame, the most basic of models was a substantial improvement over what was being used. In our practice, this improvement saved salary dollars, since that 10% increase in output was like getting an additional technician’s worth of production for every 10 technicians we employed. Our return on investment on the project was a little under three months. The intangible values of this enhancement were that staff felt appreciated in being given new computers, and their increased production served to help their quality of life, as business demands were more easily met. Overall, we saw improved morale, making for a better work environment. It was unquestionably a win for management, ownership, and employees.

Beyond hardware, consider your software. It is difficult to know if slowness and delays experienced are related to hardware, software, or some other factor such as internet connectivity. Choosing the right software is a very personal and business-specific decision. While pharmacists are not expected to be information technology specialists, it serves anyone purchasing software to dig in for a better understanding of the company supplying the software, the platforms it runs on, and the underpinning architecture, to make certain it is keeping up with the 21st century. A number of software companies have been in business since the 1980s, but that doesn’t mean you want 1980s’ programming and structure. That can degrade performance and make it difficult to improve your productivity. The last thing anyone wants to do is take the time and effort to review, buy, install, and train on software only to find out in six to 18 months that the company is defunct or that the software is being abandoned in favor of an upgraded structure.

Next, let’s consider concepts around workflow, which may depend upon the layout of your environment. Sometimes it is impractical to have a consistent flow to the work, but don’t ignore evaluating this. Many of the larger retail pharmacies have developed a workflow plan and have expectations of how staff should function. Organized workflow helps to reduce errors and increase efficiency. This may be very evident to anyone working in a busy store, but what can be overlooked is how the software is designed in conjunction with the flow. As a rule, people dislike change, and this is important to keep in mind when you bring in a new software system, since you are likely bringing in a
new workflow with it. That's because trying to shoehorn existing processes into a new system is a recipe for disaster at best and complete failure at worst. It is best to learn how the software company envisions its product being used. The vendor will have extensive experience with how its customers use the system and, if asked, can most likely help you understand the best ways to function using the software. If possible, ask to visit existing software users to see how they function, and get their feedback and experiences with the software. While this is an expense in time and research, it will pay off if you find that customer support is lacking or that the billing component of the software is rife with errors. Don't ignore the workflow within the software itself, either, as this is just as important as how the software is envisioned to function within the pharmacy. For example, some software places the provider at the top of the screen, while others place it at the bottom. Make sure that the logical flow of order entry works for your staff and how they are trained.

Good software should have shortcuts and best-practice guidance. Shortcuts are ways to get from one screen to the next or to trigger an event. Shortcuts should be clearly indicated within the help menus of the software or as a “hover over” tip that can act as a reminder to staff. Using a mouse should be minimized as much as possible during data entry, which means it should be relatively easy and logical to navigate the screen via a series of tabs, reverse tabs, and enter/return keys for completion of a given field. The ultimate goal is to allow the typist to move through the fields without being inhibited. Shortcuts are not just confined to special keys on the keyboard, but also include concepts such as searching the database. When looking for patients, searching by phone number or insurance ID is always going to be more reliable than searching by name, especially if the name is common. This same concept holds true for drug searches. Learn how the software searches for items and use as many tricks as are offered so that the drugs brought back on the search are minimized. If the software allows search criteria to include dosage forms or strengths, get staff members in the habit of using these fields when they are able. The closer you get in a query to the drug you desire, the less chance of a mistake getting selected.

All of that stated, why be bothered upgrading at all? If it works, then that is truly all one needs, correct? To exemplify how drastic a difference a computer system can make, consider the following assessment we performed. In a practice setting with the same pool of pharmacists, all of whom were expected to do the same duties and at the same level of scrutiny but using two different software systems, we found one system led to a performance metric average of 41.75 prescriptions per hour, while another rated at 96.5 per hour.

The evaluation indicated that a good pharmacy system can equate to 1.3 full-time equivalent (FTE) of pharmacist time savings. These values can most certainly be offset by system costs, but it is evident that a computer system really can allow you to do more with less help. The concept of saving one-third of your pharmacist’s time is a huge advantage in settings where there are limited resources available. Unfortunately, the above study did not afford a comparison for the technician staff, as their duties were substantially different.

Taking a good look at your current or prospective pharmacy software, keeping hardware up to date, and understanding the best ways to implement and use them for your pharmacy’s workflow should be embraced by anyone wishing to be more profitable. Cutting-edge technology should always be acquired with due diligence, but once proven, that technology could be the salvation for tight margins. Pharmacy should never be afraid to explore new options.

Matthew Catanzaro, R.Ph., is director of correctional services at Diamond Pharmacy in Indiana, Pa. He can be reached at mcatanzaro@diamondpharmacy.com.

Some basic details of the comparison study:

**Pool of pharmacists:** 43

**Time frame:** One year

**Duties:**

- Compare in an electronic fashion the data entered to the prescription image/order for accuracy.
- Validate that the technician entered information versus the prescription.
- Clinically screen the order for interaction and appropriate dosage.
- Indicate the prescription is acceptable to move onto fulfillment, or reject with direction on how to correct.

Matthew Catanzaro, R.Ph., is director of correctional services at Diamond Pharmacy in Indiana, Pa. He can be reached at mcatanzaro@diamondpharmacy.com.
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You’ve got to have a plan for your pharmacy. No matter how good or how broad an array of technology you have, or how on top of it your staff is, you still need to be giving serious thought to getting the most out of these assets in order to power the business. Better business leads to more and better care opportunities for your patients, too. In this story, we’ll find out from three pharmacy owners not just what technology they’re using to make the most of their business, but just how they’re leveraging it.

*continued on next page*
TOP TOOLS AND SERVICES

At Drug World Pharmacies, President and CEO Heidi Snyder is making the most of the Elevate Provider Network, AmerisourceBergen’s pharmacy services administrative organization (PSAO), and as a member of Good Neighbor Pharmacy (GNP).

Snyder is the second generation to run Drug World Pharmacies, with locations in Cold Spring and Croton-on-Hudson, New York. One location is a full-line pharmacy, and one is a department in a supermarket. Her son, Mark Snyder, works in the business as well.

Elevate and GNP make a suite of critical services available, according to Heidi Snyder, ranging from expert guidance via business coaching to comprehensive data-supported business and clinical metrics, to services such as claims reconciliation and marketing support with a dedicated advertising budget. It’s a big portfolio that underpins much of what happens at Drug World Pharmacies, which works in concert with Rx30’s pharmacy management software and a point-of-sale system from Summit. “These are tools that allow us to work on our business, rather than in it,” says Snyder. “We use Elevate not just to help ensure day-to-day tasks like reconciliation, inventory management, and clinical interactions with patients get done right, but to set the strategy for our business as well.”

Pharmacist Cliff Holt’s flagship Hurricane Family Pharmacy in Hurricane, Utah, has been open for nine years. Over that time, Holt has built the business with the intelligent use of a technology suite that addresses the needs of the pharmacy’s three main components: retail dispensing, a compounding lab, and what Holt calls the adherence lab, which is where he does medpacks and strip packaging. “We started with me, one tech, and two cashiers,” Holt says. “We now have 38 employees, among whom are six full-time pharmacists, 14 technicians, two RNs, and three delivery drivers. We’re now one of the busier independents in Utah.”

Holt’s focus is on efficiency, and he’s found that the best way to achieve this is by minimizing distractions — forget multitasking. Holt is leveraging PioneerRx pharmacy software linked to remote staff via a VPN (virtual private network), a voice over internet protocol (VoIP) phone system, the Beacon pharmacy inventory management from TCGRx, and dispensing automation from Parata and Eyecon to create an environment in which pharmacists and technicians place their full attention on the task at hand.

And finally, there’s Carter High, R.Ph., who is director of legislative affairs for...
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Best Value Pharmacies and owner of the Rhome, Texas, location. Best Value Pharmacies is a collection of 14 pharmacies that seeks to leverage the advantages of chain operations while keeping the independent mindset that centers each pharmacy firmly in its community and brings a level of services to patients that the big-box stores just cannot provide.

Best Value Pharmacies built out a multilocation management platform on Computer-Rx pharmacy software and a proprietary workflow engine. High’s Rhome Pharmacy will also be piloting enhanced pharmacy services documentation tools via CPESN USA (Community Pharmacy Enhanced Services Network), with the goal of rolling these out across the group.

**GETTING THE MOST FROM YOUR TEAM**

While technology’s role is central in pharmacy, we’re going to start by talking about the people. This is fitting, since Heidi Snyder puts such a strong emphasis on hiring the best team members at Drug World Pharmacies and then empowering them to do their best each day. She has also found a lot of value in making extensive use of the business coaching Good Neighbor Pharmacy offers. “The coaching helps us really focus on areas we can work on to see the most improvement,” says Snyder. The coach typically reviews key data with Snyder at each session. “You can learn an awful lot about your business in a short period of time from the data,” she notes. But just as important as learning about your business is

Sharing Data: The Future of Community Pharmacy

A number of pharmacy vendors are moving ahead with integrating the Pharmacist eCare Plan into their system. QS/1, for example, recently achieved Level 2 eCare Plan capability. Just what is the eCare Plan? “The Pharmacist eCare Plan is a standard endorsed by the Pharmacy Health Information Technology Collaborative and serves as a standardized, interoperable document for exchanging medication-related activities, plans, and goals for individuals needing care,” says Troy Trygstad, Pharm.D., Ph.D., VP of pharmacy and provider partnerships at Community Care of North Carolina. With Level 2 capabilities, Trygstad notes, vendors can provide the capability for their pharmacy customers to begin participating in clinical documentation and care planning workflows for all of their patients, as well as the sharing of data with other care team members. “This is the future of community-based pharmacy practice,” says Trygstad.

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Lynn Connelly, R.Ph. – QS/1 Customer since 1984
getting an outside perspective and motivation. “You can talk about what you know you need to do in your pharmacy,” says Snyder, “but when you know your coach is going to follow up, you’re so much more motivated to get to work.”

The coaching can motivate across the business, too. “There’s something for everyone — from the cashier, to the pharmacist, to the technician, to me and Mark,” she says.

For example, Snyder called an all-hands meeting for one of the business coach’s visits, which motivated all of Drug World Pharmacies’ team members to think about a part of the business they wanted to tackle. “Somebody picked up social media, somebody picked up antibiotic calls, somebody picked up taking pictures and posting them,” says Snyder. “Somebody picked up doctor detailing. There are really so many different parts of the pharmacy that can benefit from the attention of a motivated team member.” Just one more good example from that meeting with the Good Neighbor Pharmacy business coach: Team members came away understanding how valuable it is to the pharmacy’s bottom line to look for opportunities to add a complementary OTC (over the counter) product to a customer’s purchase.

And then there’s the built-in networking effect of bringing in the business coach, who sees and shares what’s working at other GNP pharmacies. Snyder herself is always ready to share where she’s having success, too. “We don’t have to run our stores alone,” she says. “There are so many resources out there for you, whether it’s what a PSAO like Elevate Provider Network can bring, or a conversation you have with your fellow pharmacy owners. Why reinvent the wheel when you can learn from other pharmacists and other owners?”

**TYOH… What’s That?**

It stands for Toot Your Own Horn, and it’s the motto at Drug World Pharmacies. It means do something good for the business and its customers, and don’t be shy about letting everyone know. “It’s part of our bonus plan for our pharmacists and managers,” says Snyder. “And it’s also something that we encourage all our team members to do.” For example, a team member received a gift card as a reward when she took the initiative to put together chocolate roses with tissue paper and a piece of string, with the idea that they’d sell better in a bundle. If you aren’t encouraging your team members to TYOH, why not?

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Every year, millions of adults are hospitalized and thousands of adults die from vaccine-preventable diseases. Improving immunization rates is a critical public health issue, and it begins with helping patients understand which vaccinations they need in order to be immunized from life-threatening diseases.

The pharmacy is a logical setting for educating patients on recommended vaccines and improving immunization rates. Patients visit their pharmacy five times more often than they visit other healthcare providers, and pharmacists consistently rank among the most trusted professionals in the United States. This combination of patient access and patient trust perfectly positions pharmacists to make a positive impact on immunization rates. In addition, proposed mergers like CVS and Aetna will start to drive even more people to the pharmacy for immunizations and other clinical services, as risk-bearing entities look for convenient, lower-cost settings of care for their membership.

Although 25% of all influenza vaccinations are now administered in the pharmacy, less than 3% of patients who receive a flu shot also receive an appropriate companion vaccine. Improving outcomes begins by empowering people with information — patients need to understand which additional vaccines they need beyond influenza, and pharmacists need reliable, actionable data in order to educate patients appropriately on these opportunities.

Historically, determining patient indication for a particular vaccine required accessing data from multiple sources — confirming ACIP (Advisory Committee on Immunization Practices) guidelines, validating a patient’s immunization history, and verifying eligibility based on the payer’s requirements — which was time-consuming and disruptive to the pharmacy’s workflow. The entire process is reminiscent of the Seinfeld episode where George Costanza believes he’s calling a “movie phone” service to inquire about upcoming show times, which in actuality is nothing more than his friend Kramer on the other end trying to guess which movie a caller wants information on. A better solution is to harness the power of technology in order to synthesize the data and simply tell the pharmacist, when appropriate, what vaccine is required. Or as Kramer famously blurts out at the end of the movie phone scene, “Why don’t you just tell me what movie you want to see!”

During the 2017–2018 immunization season, OmniSYS proved the efficacy of personalized, targeted recommendations from the pharmacist for flu companion vaccines. Pneumococcal vaccination rates increased from an industry average of only 3% to over 23% when pharmacists were provided with accurate, actionable information that was both patient and vaccine specific. 20,000 pharmacies utilized our vaccine management service, which identified 800,000-plus companion vaccine opportunities and resulted in over 180,000 pneumococcal vaccines being successfully administered. And for patients who chose not to receive the companion vaccine during the initial encounter, the pharmacy was able to follow up with targeted educational outreach.

The role of the pharmacy is evolving. Pharmacies that are able to embrace this evolution will not only grow their business, but also make a positive impact on adult immunization rates and overall population health.

John King is the chief executive officer of OmniSYS. He focuses on driving innovation and delivering high-impact solutions that enable customers to grow their businesses. With over 25 years of sales and operational expertise in healthcare and information technology, John has devoted his career to advancing health through the creation and adoption of innovative solutions.
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Rather than seeing these departures as a problem, Holt saw a solution. Why not use his VoIP phone system to its utmost and route calls to these two technicians working remotely? And why not connect them to the PioneerRx pharmacy system over a VPN? Now one technician working remotely answers calls from opening until 4 p.m., and the other handles the calls until closing. When you call, there’s no indication that you aren’t reaching the pharmacy itself. The technician on duty typically concludes 80% of the calls that get routed to a person by the IVR (interactive voice response), and can easily transfer the rest. And she’s otherwise in a distraction-free environment that allows her quickly to enter prescriptions that are called in and work e-prescribing, fax, and refill queues.

As Cliff Holt shows, you can achieve some impressive results by taking advantage of the connectivity available these days. Getting the 14 Best Value Pharmacies locations that are spread over 200 square miles connected has been a big challenge, according to Carter High. But it’s a challenge that the group has met. Over time the group’s CTO, Jason Carter, has been able to use the pharmacy management system and the pharmacy’s workflow software to build a centralized flow of data on everything from fills and prescription inventory to clinical intervention opportunities and financials.

High offers several good examples of the impact of this connectivity. First, on the inventory side, the centralized data means that Best Value Pharmacies has group-level insight via reports and can task one manager with, for example, finding out what’s not moving in one store but may actually be in high demand at another location.

Then on the clinical side, the group can gain a unified view of medication therapy management (MTM) activity at the different locations. “We use both Mirixa and OutcomesMTM,” says High, “and we’ve established a centralized, HIPAA-compliant feed of all the local data from these platforms. Our stores do have some patient overlap, and so we can see all of our MTM opportunities across the pharmacies and make sure that just one pharmacist is managing the MTM, rather than a patient getting calls from different pharmacies that both have him in their systems.” Much of this data flow is facilitated by the

continued on page 27
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When we think of pharmacy technology, we typically think of improvements to robotics, pill counters, or IVR (interactive voice response). Printers are simply a means to an end, and not thought of much until there is a problem with one in your pharmacy. And most people in our industry think of printing as something done only for prescription labels and patient advisory leaflets. Certainly these are the most important uses, but additional requirements often drive how printers are used.

First, a little history. In the early years, printers were dot matrix. Then the introduction of laser printers brought fast, quiet, flexible printing to our industry. Yet dot matrix had one advantage over laser — it was far less expensive. I mention this because it is worth noting that we are willing to pay more in certain instances if the benefits are strong enough.

Today, almost all pharmacies use a combination of laser printers and thermal printers. Until thermal printers were introduced, laser printed everything in pharmacy, and still could today if needed (CVS is the lone holdout that continues to use laser exclusively). So why add a second (thermal) printer, when lasers can technically handle all of a pharmacy’s printing needs? For two reasons. First, lasers are far more expensive to run and maintain than thermal. Ever hear anyone say how much they enjoy paying for the toner cartridges? Thermal has no consumables. And when you need maintenance on a laser, it is far more expensive. A new drum and the service to install it are very expensive and require a technician. The primary part you replace on a thermal printer is the print head. But this is a fraction of the cost of the laser drum, and can be accomplished in two minutes without a technician. Plus, the printer head lasts longer than a laser drum.

One big advantage of bringing thermal printers into a pharmacy is that, quite simply, the less you use a laser printer, the better for your bottom line. However, the primary reason that most pharmacies use thermal printers is because it improves the workflow. With thermals, you can separate out the printing tasks and move your lasers from the beginning of the fill process to the end. Think of how many times you must reprint a vial label. Now you don’t need to reprint all of the patient advisory information along with it.

These are the primary benefits behind pharmacies using laser and thermal printing. But what about the other uses for pharmacy printers? Lasers are still the best solution for printing in-store administrative reports. And they are often used for the shelf labels, and sometimes for the shelf talker displays, which are changed frequently. But even when we come to these secondary uses, it turns out that you have options.

Some pharmacies choose to print shelf labels with their lasers. This works fine, but puts added use on these expensive printers and wastes labels. The labels come in sheets, and quite often you only print part of a sheet, then have to throw out the remaining labels. Other stores choose to print the shelf labels at each store, but using different, portable thermal printers than the ones in their pharmacies. This may cost more in the short run, but provides for immediate label changes when needed, and is highly efficient. Finally, some stores contract out this printing job, and have a service bureau do it for them with very high volume printers.

As you can see, there are more choices than most people think of when it comes to printers in pharmacies, and that is why my company is often asked to study an individual chain’s needs and suggest what combination of printers and methods would work best for them. Technology continues to change, and pharmacies need to change with it.

Wes Moffett is president of Printed Solutions, which specializes in helping pharmacies deploy printers and labels that improve workflow and save money. He can be reached at wesm@printedsolutions.com.
Carter High, R.Ph.,
director of legislative affairs,
owner Best Value Pharmacies,
Rhome, Texas.

pharmacy’s workflow software, which gives CTO Jason Carter the ability to build customized flows without the need for a lot of IT infrastructure.

High notes that another service that Best Value Pharmacies has found invaluable for facilitating its multilocation model is HIPAA-compliant email and cloud storage from Entrvst. The pharmacies use these services for quickly and securely communicating about clinical and operational issues, and for uploading documents such as invoices and receipts to the cloud. “This makes a wide range of documents easily accessible for our central office,” says High. “It keeps everyone on the same page.”

Staying on the same page while operating multiple locations is a top priority for Cliff Holt, too. He’s found reporting, reconciliation, and pricing services from Pharm Assess to be invaluable for keeping an eye on his entire enterprise. “I use these services more as the owner, than my staff does at store level,” says Holt. “But it really does help me to be able to have a weekly snapshot of everything that’s going on.”

**USING SPACE WISELY**

Running out of space is often a good problem for a pharmacy to have. It usually means it’s growing. But that doesn’t make it any easier to solve, with typical solutions being a move or a remodel. Cliff Holt has been fortunate enough to have this issue at Hurricane Family Pharmacy, and was planning to do a
major remodel before he had a chance encounter with technology that offered him a different course.

“I was out at TCGRx’s home office in Wisconsin,” says Holt. “I was there looking for new packaging automation, but kept looking over at this model pharmacy setup they had with this shelving system that I thought was so cool.” This was Beacon, a modular, high-density storage system that uses pick- and put-to-light technology to manage prescription inventory. “We brought this in about a year and a half ago, instead of doing a remodel,” says Holt. “We installed over the weekend and immediately reduced our footprint for drug storage by 50%, with a lower cost than construction and no dust.”

Beacon didn’t just impact prescription storage either. It has a direct effect on filling efficiency as well, according to Holt, by ensuring that a product that isn’t handled by automation is just steps from the filling counter. “We have 50% of our scripts coming out of our robot,” he says. “The next 25% to 30% are within reach of the filling stations because we have storage drawers beneath the counter. And then everything else is simply three steps away in the Beacon shelving.” While on the theme of efficiency, Holt made a point to mention that what isn’t counted by the robot goes through an Eyecon tabletop counter. “I would never have a pharmacy without one,” he says. “We have three Eyecons in Hurricane, and I’ve got at least one in all the rest of my stores.”

**LET YOUR TECHNOLOGY DO THE THINKING**

There’s another big change that comes from using Beacon, notes Holt. Inventory is now assigned to shelf locations by computer logic, which means that he can let software do the work of figuring out the best, most efficient location for each bottle. The system then simply directs the staff to the correct bottle for filling each prescription by lighting up an LED, of which there are seven different colors allowing for up to seven technicians to be at work at the same time — plus, there’s a mobile unit. This system means that there’s no struggling to keep things alphabetized and no dealing with issues such as opening a second bottle of an expensive drug because the staff didn’t see the one that was already open. And the software directs the staff to the best bottles to fill from, such as return-to-stock or those with the shortest expiration dates.

**KEYING ON INVENTORY**

While Cliff Holt has seen a big impact from this new way of organizing his physical inventory, he has also found tools for managing ordering to be important. Hurricane Family Pharmacy has recently started using OrderInsite as part of a set of services offered by its new buying group. “We can seamlessly order from three different wholesalers, not just our primary,” says Holt. The process begins with the suggested order generated by PioneerRx, which is then brought into OrderInsite and divvied up into three buckets that optimize for availability, pricing, and other parame-
Cliff Holt’s pharmacy system vendor, PioneerRx, has made an intentional push toward making clinical services an integral and efficient part of the community pharmacist’s practice. A prime example is med sync, which allows for so much more than refills — it becomes the foundation for a pharmacy’s clinical services. Aside from a proven adherence boost, med sync helps the pharmacist incorporate chronic disease management services into the monthly refill call. Care plans give pharmacists another powerful tool to document clinical activities, with the pharmacy gaining the ability in PioneerRx to automatically start care goals based on specific criteria and longitudinally track patients on their journey to better health.

**Care Plans as Powerful Tools**

Another area where data is going to be king is in patient care and clinical interactions. Once pharmacists take action, the next challenge is to document it, creating a new trove of data that will be a major asset to your pharmacy.

**DATA, DATA, DATA**

There’s so much data available within your technology, it takes some thought...
to be sure you are using it effectively. There’s nothing worse than spending your time digging down into the wrong details for your financial reports, for example. According to Carter High, Best Value Pharmacies uses its centralized flow of data to review a variety of financial metrics both by location and group wide when needed. Among these metrics are reimbursement per unit or per prescription and dollar amount spent on payroll to produce a given amount of revenue.

At Drug World Pharmacies, Heidi Snyder is also keeping a close eye on the data. “You can improve your business, whether it be sales, profit, or finding which doctors have prescribed the most,” she says. That last example is interesting, and shows how your pharmacy data can really help set a strategic direction. Snyder lists several questions you can answer through your prescription and prescriber data. Are you seeing as much prescribing as last year? What’s your profit per prescription per doctor? Are there doctors working in specialties for which some prescriptions have more profit than others?

### DOCUMENTING CARE

Another area where data is going to be king is in patient care and clinical interactions. Snyder is already putting technology to work in this area, with the pharmacists at Drug World Pharmacies having access through the Elevate Provider Network to PrescribeWellness. “We get access to data about our patients’ adherence through this and that enables us to see the best opportunities for med sync, for example” says Snyder. “We can see the people who have missed refills or who meet certain criteria, such as the number of medications or specific disease states. This kind of real data is one of the reasons that our pharmacies consistently rate with five stars. Our pharmacists see this data and they take action.”

And once your pharmacists are taking action, the next challenge is to document it, creating a new trove of data that will be a major asset for your pharmacy. Carter High is getting out in front of this need by making Rhome Pharmacy the Best Value Pharmacies pilot location for CPESN USA’s enhanced pharmacy services model using the Pharmacist eCare Plan data standard. “This is the tool that we really need for documenting the care interactions we’ve always had with our patients and the advice we’ve always provided to prescribers, as well as the more structured interactions like MTM or med reconciliation,” says High. “We see the enhanced clinical services networks as central to really solidifying the good relationships we have with physician offices by creating a record of how we’re helping their patients get positive outcomes.”

### DO YOUR DOLLARS MAKE SENSE?

With the wide array of technology out there for better managing such varied aspects of pharmacy operations, there’s one thing to be careful about, notes Carter High, who is a
member of the National Community Pharmacists Association’s technology committee. He reports that an interesting theme has come out of recent conversations in that group. “There are so many add-on services these days,” says High. “This is good, because if you have a need, there’s probably a solution out there for it. But two problems come up when you sign up for a variety of these. First, you find yourself moving out of your pharmacy management software a lot and into another tool, whether it’s software on your servers or a cloud-based product. That disrupts your workflow. Then on the financial side, we see our margins getting ground down by all these ancillary fees. You bring these tools on to get a job done, but at the end of the month you’ve spent another $2,000 on top of your core platform fees, and that can make it really challenging to keep your level of service up or even keep your doors open. So one thing to remember is that you really have to watch your dollars and cents.”

CONCLUDING THOUGHTS

There’s never a good time to stop looking for ways to improve your pharmacy operations. As long as you plan on turning the lights on tomorrow, you should be thinking about what to do next. “It’s very easy to just get to work at 8 a.m. and leave at 6 or 7 and realize that, well, I didn’t touch my goals at all,” says Heidi Snyder. Her Drug World Pharmacies offers a great example of what you can do when you are willing and eager to bring in an outside perspective and find the partners who can bring you the services your pharmacy needs to succeed.

Track Order Entry to Eliminate Errors

Eliminating distractions and keeping your focus on order entry is a key way to address one of the major challenges to eliminating dispensing errors. That’s because the most common error activity that is tracked happens at the order entry stage, according to data from SoftWriters, whose FrameworkLTC pharmacy management system can record occurrences at all steps an order passes through, broken down by employee or error type. Are you tracking internal errors as they happen and getting the valuable insight into where the errors are occurring in your pharmacy?

There’s never a good time to stop looking for ways to improve your pharmacy operations. As long as you plan on turning the lights on tomorrow, you should be thinking about what to do next.

Cliff Holt’s advice is to not be afraid to do things a little differently. “I have a ton of technology in my stores,” he says. “And I’m always ready to pull the trigger on the next thing. We build a piece at a time, but we learn with each step and can apply all that as we open new stores.” As each element of Holt’s operation proves itself, he can then package together the right pieces and ramp up a new location quickly. “I have the confidence to say, OK, this is the technology suite that goes into one of our stores,” he says.

Keeping an eye on the horizon is important too, notes Carter High. “Enhanced clinical services networks are the biggest thing out there for us right now,” he says. “I think this is going to be really interesting. As we gain the ability to bill for more services, we’re going to see how we can turn that big wheel and demonstrate just how effectively we are complementing physicians and other providers in improving care for our patients.”

Will Lockwood is a VP and senior editor at ComputerTalk. You can reach him at will@computertalk.com.
Saliba’s Extended Care Pharmacy, a Guardian pharmacy, is a closed-door long-term care (LTC) operation that provides pharmacy services to care facilities ranging from assisted living to behavioral health and skilled nursing. As is typical in LTC pharmacy, documents come in by fax or e-prescribing. Saliba’s Extended Care Pharmacy uses Integra LTC Solutions’ DocuTrack document management system, which greatly improves efficiency by creating paperless workflow. Still, there are a lot of time-intensive, repetitive tasks that put a real burden on pharmacy staff. Take, for example, refill authorizations.

In the past the workflow for this at Saliba’s Extended Care Pharmacy, according to president and owner John Saliba, R.Ph., put all prescriptions needing refill authorization in a workflow queue. Pharmacy protocol required that the staff fax authorizations to the doctor’s office up to three times, with the staff then making a phone call if there was no response. Each action in this protocol required a technician’s time: to enter the original refill authorization request, to initiate the faxes, and to update the number of faxes sent and the status of the request. The queue could stretch to 500 or 600 requests that the staff was managing, each at its own stage in the protocol.

That was the past, though, and John Saliba has now put Integra’s Logix process automation to work on this process. So now, as soon as the pharmacy prints prescriptions that need refill authorization, they go right into the queue in DocuTrack, and Logix automatically runs the protocol, faxing the requests at regular intervals until the limit is reached.

When the request is granted, Logix alerts the pharmacy staff. If there’s no response from the prescriber after three tries, then Logix changes the status to “need to call,” at which point a human steps in. “Our technicians only need to focus on those particular prescriptions that require a call now,” says Saliba. “We’re down to somewhere between 100 and 200 prescriptions that need a technician’s attention.”

That’s process automation making a huge reduction in work, and that means that those people who were managing refill authorizations before can be deployed to some higher-complexity function. “That’s better for them, and it’s better for the company,” says Saliba.

You don’t have to be a process automation expert to set up Logix with the right triggers and steps, either, notes Saliba. “I’m very good from an operations perspective,” he says. “I know what I want to see happen, but I’m not the person who would be able to figure out how to set it up. But the nice thing about it is, all we have to do is decide what we want done. And then Integra works with us to build the rules within Logix to run things.”

Process automation is taking a central, strategic role at Saliba’s Extended Care Pharmacy. “We’re looking to automate as many tasks as we can and to aggressively reinvent our business,” says Saliba. “Our challenge over the next year or so is to make sure that we keep on top of everything Logix can do and leverage it to the greatest level that we possibly can.”

On the shortlist is automating the pharmacy’s prior authorization process and some of the communications that it has with its customers — for example, when a prescription is not going to be refilled for various reasons. “There are ways for Logix to help us automate these tasks and keep track of them more efficiently,” says Saliba. “We can’t control certain aspects of the operating environment, like reimbursements, but what we can do is focus on maximizing our efficiency so that we’re able to not only survive but thrive, as we’re tasked with doing more and more with less.”

Plus: Integra LTC Solutions’ Louie Foster on the power of Logix process automation to address:

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- The need for a clear ROI from your technology investment.

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When the California State Board of Pharmacy revised its regulations to mandate a quarterly physical count of Schedule II medications starting April 1, it raised eyebrows. And concerns. And awareness. That’s good, says Virginia Herold, executive officer of California’s board. “I can’t say the new policy was warmly accepted across the whole state,” she says. “And I acknowledge that physical counts are a lot of work. But we are strongly concerned that too many pharmacies are estimating — not physically counting. We are doing this in the interest of public safety, and helping pharmacies keep themselves out of trouble.”

California used to mandate biennial C-II counts (the same as the DEA), so the move to quarterly was a bold statement. Is the Golden State setting a new standard? Will more state boards require more frequent counts and levy stricter penalties for non-compliance? That remains to be seen. Says Herold, “When it comes to opioid control, we are all looking over the fence seeing what our neighbor is doing.”

In other words, inventory rules will likely tighten before they relax. What does this mean for pharmacy managers? More frequent counts drain staff time, thus impacting profitability. Pharmacy management is tasked with finding the most economical, time-saving method possible, since physical inventory should be done during off-hours when prescription filling can’t deplete stock levels. Hand-counting is more time-consuming during a physical inventory (taking 2 to 3 times longer) and significantly less accurate than a bench-top counting device (95% versus 99+%). In an age where pharmacies are mired in red tape for being off even one Norco, why would pharmacies consciously opt for the higher risk of a tray and spatula? There are three commonly cited reasons: 1) habit, 2) fear of new technology, and 3) cost. All three reasons are feeble at best, and dangerous at worst, says David Adsit, director of pharmacy operations for Gouverneur, N.Y.-based Kinney Drugs. “To err is human, and if you’re counting by hand, the chances for error are a lot higher than a machine,” Adsit says. “You couple that with the efficiency and time savings, and it just doesn’t make sense to NOT use a counting machine.”

Kinney Drugs, which operates 77 pharmacies in New York state and 22 in Vermont, has used Kirby Lester counters since the late 1980s. The tabletop-sized machines are as vital to Kinney’s inventory strategy as any computer software. And their fleet of pill counters gets plenty of work; every Kinney location performs monthly C-II inventory counts and quarterly C-III to C-V counts, supervised by a pharmacist. Additionally, Kinney pharmacies back-check every narcotic stock bottle with the counting machine immediately after every Rx fill. “By maintaining solid control, we are preventing narcotics from getting into the wrong hands. The chances of something being stolen or lost is dramatically reduced. It’s a powerful deterrent,” says Adsit.

Gordon Wong, owner of Knolls Pharmacy, Pacific Palisades, Calif., knows some of his colleagues are scrambling with California’s new inventory frequency rule. He’s even received calls to borrow his Kirby Lester counter. “I don’t know how anyone could do a physical inventory count without a tablet counting device,” Wong says. “Without my Kirby last Saturday when I did my inventory, I would have been one unhappy guy. Easily it would be double the time, and more than double the worry.”

Albertsons-Safeway pharmacies in California and across the country know they’re well-situated for inventory accuracy. Since 1973, they’ve standardized on Kirby Lester counters, now in all 2,100 locations. “The time saved as well as the improved counting accuracy provides our pharmacists more time to counsel and educate patients, leading to a win-win situation for everyone involved,” says Dain Rusk, Albertsons group VP of pharmacy operations. CT
The Masonic Villages of Pennsylvania provide a full continuum of retirement living, personal care, and nursing services at five locations across the state. The Masonic Villages Pharmacy services its Elizabethtown, Lafayette Hill, and Warminster locations. The 1,400-acre Elizabethtown campus serves over 1,870 residents in retirement living, personal care, a 453-bed skilled-nursing and memory support facility that includes a 48-bed transitional care for short-term rehab, and a children’s home. Pharmacy manager Don Brindisi, R.Ph., is a big proponent of adherence packaging, and the pharmacy has used TCGRx’s ATP® and InspectRx® automation to provide residents with strip packaging for some time now. Until recently, the pharmacy was still packaging weekly plastic pill organizers for 80 to 90 residents completely by hand.

Until, that is, Don Brindisi, R.Ph., pharmacy manager, saw TCGRx’s new SmartCardRx™ light-guided packaging technology at a trade show last summer. Brindisi’s first reaction was, “How soon can we have it?” SmartCardRx enables the pharmacy to fill up to four cards at a time, whether for one patient or multiple patients, using a variety of multimed blister card styles. At Masonic Villages, this means gaining a level of efficiency and accuracy that allows the pharmacy to fill and dispense a four-week supply for residents at one time. Providing residents a four-week supply helps them stay independent and adherent with just one visit to the pharmacy each month. Multimed blister cards are a big plus for residents, and they’ve become exponentially easier and safer for the pharmacy to produce, now that the process is driven by SmartCardRx with a sync program layered on top. The staff no longer needs to manage the average of 12 prescriptions per resident as they come due for refills at different times over the course of the month. “We would spend time refilling the medications one by one and then have to spend time to fill all the actual plastic pill organizers,” says Brindisi.

Brindisi sees the efficiency and accuracy of SmartCardRx coming from the barcode-driven, fill-to-light technology. First, the barcoding: A staff member scans the barcodes on the blister trays to assign to that patient order, then scans the medication stock bottle, which ensures the right drug and right dose for the right patient. This ensures that the technician is filling with the specific NDC that’s being billed for. After the medication bottle is scanned, the lights guide the technician to drop the medication into each blister by illuminating the appropriate blisters on-screen, as well as under each patient tray. The pharmacist check is just as smooth, driven by the same combination of barcode scanning and lights. “At final verification, the pharmacist selects the order to be checked, and SmartCardRx visually identifies the type and number of pills that should be in a blister cell,” says Brindisi. “If anything’s not right, then you can’t go any further. That’s big for preventing errors.”

“Cost justification has been easy to see,” says Brindisi. “What used to take two technicians and a pharmacist an entire day, now takes one tech and a pharmacist just an hour or two.”

Masonic Villages’ approach of offering different adherence packaging to meet the needs of different residents illustrates an important fact: There isn’t one packaging methodology that’s going to fit all patients. “I think you have to offer multiple methodologies,” says Brindisi, “but you also have to find the ways to do this as efficiently as you can. The accuracy and speed of SmartCardRx that comes from barcode scanning and the fill-to-light process makes a major difference for us. When we can take a packaging option like multimed blister cards that we know our residents want, and that we know is vital to their adherence and make the whole process around it easier for our pharmacy, that’s a big win for us.”

To learn more about TCGRx and SmartCardRx, visit www.tcgrx.com/products/smartcardrx.

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**SPONSORED CONTENT**

Technology-Guided Packaging: Better Med Organization at Masonic Villages

When Don Brindisi, R.Ph., saw TCGRx’s new SmartCardRx packaging technology at a trade show last summer, his first reaction was, “How soon can we have it?”
I HAVE A PET PEEVE. I expect it is one of your peeves as well. Maybe together we can figure out what to do about it.

It concerns the public media. We all see it every day. It is mildly irritating for many and very bothersome for some. My reaction is frustration and higher blood pressure every time I see it.

DRUG ADVERTISING!

You will find it everywhere, every day, in newspapers, magazines, and especially on television.

There are two types of drug ads: those that advertise prescription-only drugs and those for nonprescription drugs and other medical products.

PRESCRIPTION-ONLY DRUGS

Prescription drug ads usually end with happy couples dancing and prancing on the seashore or in sylvan meadows, or holding hands in bathtubs.

The ads claim that the product is some percentage better than its competitors. Often there is statistical “data” that is difficult to fathom. Statistical claims are easy to manipulate unless subjected to rigorous criteria coming from scientific methods.

Each ad ends with “Ask your doctor about …”. Responsible prescribers are faced with a dilemma: Either prescribe the product or try to talk the patient out of it. If it could cause harm to the patient, the prescriber will explain that and not prescribe the requested product. If not harmful, even if it does no good, or is more expensive than alternatives, prescribers will often prescribe it just to keep the patient happy. A happy patient comes back; an unhappy patient does not.

Understand that the United States is the only country that allows the advertising of prescription drugs.

The next time you spend an evening watching TV, count the number of drug ads versus ads for other products. When reading your favorite magazine, count the number of pages devoted to drug ads versus ads for other things. Most print prescription drug ads are three pages, only one of which is read. TV ads have a long list of reasons to not take the product; these reasons are rapidly read while people are dancing on the seashore. If you don’t watch TV much, check out CNN or “60 Minutes.”

Why do we have this problem? Money. Follow the money. Drug companies spend billions of dollars every year on ads. These ads sell the products very well. If they didn’t, billions would not be spent. Media companies obviously like the income. So the perpetrators (manufacturers and media) want to keep it the way it is. They spend another “huge bunch” of dollars making sure it stays the way it is. Any politician who even thinks out loud about the problem would be harming campaign resources ($$).

I once tried to get a newspaper that does investigative reporting to investigate the economics of the drug industry. Boy, was that a dead end.

NONPRESCRIPTION PRODUCTS

Here’s an idea that I have that could make lots of money if the media is used well. The product would be called “No-
bleed” for people who have nosebleeds. It would be a very small tube of tinted petroleum jelly. The active ingredient name I would use is “petrolatum” (just different enough to confuse) and the chemical name of the tint chemical. I would do a mass email-Facebook-Twitter search for people who often have nosebleeds. Provide the “bleeders” with a sample and require that they tell me how well it worked. I will acquire a lot of testimonials.

Put those testimonials into an advertising program. Refer people to a website that has a video that extols the product values and testimonials. End the video by telling them how to buy it online for at least $20 a tube (plus shipping and handling).

Then get ready to go to the bank.

I know that sounds silly, but take a close look at some of the ads in magazines and newspapers and on TV. Things as silly as the above example are being promoted. Those ads would not last for long if they were not successful.

Our country is famous for the “snake oils” sold from the back of horse-drawn wagons in the 1800s. Some had dangerous stuff in them. All were sold

Here’s an idea that I have that could make lots of money if the media is used well. The product would be called “No-bleed” for people who have nosebleeds. I know that sounds silly, but take a close look at some of the ads in magazines and newspapers and on TV. Things as silly as the above example are being promoted.

using the advertising techniques of the time — printed flyers and, especially, testimonials. It worked then. It still works now.

**WHAT TO DO?**

The first step is education. No one should graduate from high school without knowing how to analyze promotional materials. That includes some basic understanding of statistics as well as how to determine the veracity of written and oral statements.

A most important change would be to require that the adverse effects of the product receive the same emphasis as the positive aspects. Adverse effects need to be just as bold and included in the body of the first page of written materials and the first paragraphs of verbal materials.

However, those two changes are difficult to achieve and have limited impact. More effective actions are needed. Do you have any ideas? I would like to see them. No matter how silly or impractical they may seem, please share them with me. Perhaps we can get something going that is beneficial to our country’s people.

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**Index of Advertisers**

<table>
<thead>
<tr>
<th>Advertiser Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>AmerisourceBergen</td>
<td>14</td>
</tr>
<tr>
<td>American Society for Automation in Pharmacy</td>
<td>17</td>
</tr>
<tr>
<td>BestRx Pharmacy Software</td>
<td>21</td>
</tr>
<tr>
<td>CPESN</td>
<td>19</td>
</tr>
<tr>
<td>Integra</td>
<td>23</td>
</tr>
<tr>
<td>Kirby Lester</td>
<td>27</td>
</tr>
<tr>
<td>Liberty Software</td>
<td>25</td>
</tr>
<tr>
<td>OmniSYS</td>
<td>29</td>
</tr>
<tr>
<td>PharmSaver</td>
<td>33</td>
</tr>
<tr>
<td>PioneerRx</td>
<td>34</td>
</tr>
<tr>
<td>Printed Solutions / SATO America</td>
<td>32</td>
</tr>
<tr>
<td>QS/I</td>
<td>37</td>
</tr>
<tr>
<td>RxMedic</td>
<td>41</td>
</tr>
<tr>
<td>Rx Systems, Inc.</td>
<td>36</td>
</tr>
<tr>
<td>ScriptPro</td>
<td>38</td>
</tr>
<tr>
<td>SoftWriters</td>
<td>40</td>
</tr>
<tr>
<td>Speed Script</td>
<td>43</td>
</tr>
<tr>
<td>TabulaRasa HealthCare</td>
<td>45</td>
</tr>
<tr>
<td>TCGRx</td>
<td>49</td>
</tr>
<tr>
<td>Transaction Data – Rx30</td>
<td>Inside Front Cover</td>
</tr>
<tr>
<td>VIP Pharmacy Systems</td>
<td>Inside Back Cover</td>
</tr>
</tbody>
</table>
All sectors of the pharmacy market are impacted by these proposed mergers.

MERGER MANIA HAS accelerated in the healthcare market, and pharmacy is a key factor driving these new alignments. Recent mergers that have caught our eye include:

- CVS/Aetna
- CIGNA/Express Scripts
- Albertsons/Rite Aid
- Walmart/Humana

All sectors of the pharmacy market are impacted by these proposed mergers. Whether we are employees of one of these companies, submit claims to the PBMs (pharmacy benefit managers) or health plans, or have our insurance coverage from one of these healthcare giants, we will be directly affected by the new business models and alliances being created. Three out of four (exception: Albertsons/Rite Aid) of these mergers are vertical integration plays that will influence the supply chain, concentrating power in larger organizations. As this column is written, the Federal Trade Commission (FTC) has not approved or challenged these mergers. A key dynamic, in our opinion, will be the expanded data pool for these organizations to mine and make better, more informed decisions for themselves and, hopefully, their patients.

All of these mergers forecast administrative costs savings by consolidating office functions — i.e., you don’t need two accounting departments. Assuming these corporate giants can decide on a single administrative location, headquarters, etc., there will be millions or billions saved by reducing overhead. Let us look at these mergers in greater detail by grouping these new mega-entities by business type and examine the impact on pharmacy.

VERTICAL INTEGRATION: RETAILER ACQUIRING AN INSURER

CVS/Aetna and Walmart/Humana

Both CVS and Walmart are purchasing a health insurance company with the expectation that the retailer would gain a preferred pharmacy network position for patients to obtain their prescriptions. CVS drives 70% of its retail sales via the pharmacy department, while Walmart Pharmacy is an estimated 5% of sales. The expected increased capture rate of prescriptions for the insurance lives will increase prescription volume for these chains and negatively impact the prescription volume for the other chains. Another benefit is that CVS and Walmart employ hundreds of thousands of people who could now have their healthcare insurance directed to their new partner.

Both sets of merger partners point to a new healthcare model that will be created to drive patients into the retailer’s locations to receive primary care services. The ability to motivate patients to seek healthcare at retail locations will be an interesting benefit design and marketing challenge. Sharing of data between merger partners could drive programs offering patients healthy choices, incentives for healthy lifestyles, monitoring of unhealthy patterns, and even insurance rates based upon this information. Perhaps loyalty programs could have crossover activities between the retailer and the insurer.

Finally, in both situations, there is an existing long-term business relationship between CVS and Aetna and between Walmart and Humana. What is the risk to CVS and Walmart in these situations? Losing a big client! These mergers ensure that CVS will not lose Aetna for its PBM services, and that Walmart and Humana will continue their strong marketing programs, especially in Medicare Part D.

Retail pharmacies should expect more difficult access to Aetna and Humana patients as preferred networks are created and/or expanded. Reimbursement rates will become

continued on next page
more aggressive, and performance networks that reward positive health outcomes should become a standard offering. It should be easier for CVS/Aetna or Walmart/Humana to hit the performance standards, because they will have access to medical, pharmacy, and front-end utilization data.

VERTICAL INTEGRATION: HEALTH INSURER BUYING A PBM

CIGNA/Express Scripts

Watching CVS partner with Aetna and knowing that OptumRx is connected with UnitedHealthcare, it is not surprising that CIGNA targeted Express Scripts (ESI) for acquisition. This will enable CIGNA to provide comparable service offerings and access to data, and level the playing field with its two largest competitors. Once CIGNA can detach from its current PBM, OptumRx (legacy Catamaran), the company will leverage operating efficiencies, data sharing and data mining, and enhance clinical offerings. Again, retail pharmacy should expect more limited networks, perhaps performance networks, all accompanied by more aggressive base reimbursement rates, unless you are a “high performer.”

ESI has marketed itself as an “independent” PBM, and that will now change. It will be interesting to see how CIGNA competitors that are using ESI for PBM services will react. Will they keep their business at ESI, or look for alternatives? No doubt CIGNA/ESI will insist there is a fire wall between organizations, but direct competitors may have a different perspective.

HORIZONTAL INTEGRATION: TWO RETAILERS MERGING

Albertsons/Rite Aid

This coming together of a large supermarket operator with pharmacies and the remaining 2,000 pharmacies of Rite Aid has no vertical integration. Albertsons can use Rite Aid’s PBM, EnvisionRx, for claims processing or attempt to sell the business to pay down the large debt of the combined organizations. Usually when an acquisition is announced, the shares of the target company rise with the expectation that the offer will be a premium to the current share price. Unfortunately for Rite Aid shareholders, the opposite has occurred, and the stock price is down almost 30% since the merger was announced. Rite Aid shareholders continue to suffer financially and may not vote to approve the merger.

Reducing administrative overhead by combining headquarters may prove challenging. But the opportunity to cross-sell Rite Aid private-label items in Albertsons stores and Albertsons private label foods in Rite Aid stores should prove profitable. The number of pharmacies will be comparable to Rite Aid before the divestiture of 2,000 pharmacies to Walgreens. The access to additional data will not be as compelling as the health insurer mergers, but can still provide insights into changing consumer dynamics.

IN SUMMARY

The FTC is the wild card in these mergers. Will the FTC agree with the potential synergies that the merger partners have identified, or view them as reducing competition? We are actively watching the Department of Justice in its review of AT&T’s planned acquisition of Time Warner for insight into the outcome of the proposed healthcare mergers. If these mergers are all approved, the emergence of a few large players may continue to drive market consolidation as smaller competitors decide if they can compete in this market or must align with one of the big-three health insurers to survive. This is the core question the FTC is wrestling with, and all stakeholders will be lobbying to influence its decision. Either way, the healthcare market will continue to undergo dramatic changes, and pharmacy must adapt to the outcome. What changes are required will be a topic for a future column. CT

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High-, Low-, and No-Tech Approaches to Medication Adherence

“DRUGS DON’T WORK IN patients who don’t take them,” as former U.S. Surgeon General C. Everett Koop, M.D., famously said. Medication adherence — the extent to which a patient takes medication as prescribed — is requisite for their therapeutic effects to be fully realized, including the minimization of disease progression and the risk of major sequelae. For instance, adherence to antihypertensive medications that properly manage blood pressure can decrease the risk of heart failure, coronary heart disease, stroke, peripheral arterial disease, and renal disease. Since most medications are given in oral form, such as pills, capsules, etc., and are dosed only once or twice daily, one may think that adherence would be a nonissue. But as pharmacists and pharmacy technicians, we know that this could not be further from the truth. It is estimated that three out of four Americans are nonadherent to their prescribed medications, and adherence generally decreases as the pill burden, or number of prescribed medications, increases. Medication nonadherence greatly increases mortality and healthcare costs. In the United States, it is estimated that about 125,000 deaths and $100 billion to $289 billion in medical costs per year are directly linked to medication nonadherence.

There are several approaches available that are meant to address medication adherence, all with varying degrees of evidence as to their effectiveness. Some approaches are low-tech. Others are bleeding-edge technology. The approach chosen depends greatly on the patient, his or her perceived barriers, and the medication. Seeing as this is a column about technology, we’ll start with the high-tech approaches and work our way down.

Digital pills. A digital pill is a medication embedded with a sensor that transmits adherence data (i.e., if and when the medication was taken) through a patch worn by the patient to a mobile app. Patients can use the app to access the data themselves. They can also allow caregivers and healthcare providers access to the information through a web-based portal. We discussed digital pills in the previous installment of this column, including the first digital pill, Abilify MyCite, which was approved by the FDA in November of 2017. Something we did not mention is that, according to the drug’s labeling, its ability to improve medication adherence has not been shown. Still, one can easily see the value in such a system. And, specific to antihypertensive medications and blood pressure management, there is evidence of benefit when the adherence data from digital pills is shared with pharmacists. In a small study by Kevin Noble and colleagues, that was published in the Journal of the American Pharmacists Association in 2016, they found that such a system helped them identify and subsequently counsel those patients who were not achieving adequate blood pressure control due to nonadherence. As more digital pills come to market, we expect to see more robust studies exploring their effect on medication adherence.

Smart pill bottles. Smart pill bottles incorporate sensors, either in the bottle or the lid, that record actions related to the bottle itself (such as removal of the lid) and timestamp each time an action is taken. In the case of smart pill bottles that record the lid being removed, each opening and closing serves as a surrogate marker for medication administration. Smart pill bottles are commonly used in research to simply track medication adherence. However, since they can provide medication alerts and reminders, and their data can be shared with healthcare providers and caregivers, smart pill bottles can also be used in efforts to enhance medication adherence. Available products include Medication Event Monitoring System (MEMS) Caps, AdhereTech, and Pillsy, among others. Similar to digital pills, smart pill bottle systems can be used to identify and subsequently counsel nonadherent patients. Unlike digital pills, these systems can be used with any medication dispensed in a vial.

continued on next page
Mobile apps. Yes, there’s an app for that. In fact, according to a 2015 study by the University of Arkansas for Medical Sciences, there are over 450 medication adherence apps. And this number has surely increased since 2015. These medication adherence apps offer varying functionality, such as scheduled reminders, drug interaction warnings, refill alerts, health marker tracking (e.g., blood glucose, blood pressure, etc.), and sharing of data with caregivers and healthcare providers. The aforementioned study identified the following free apps as being the most trustworthy: Mango Health, MyMeds Medication Management, MediSafe Meds and Pills Reminder, and Dosecast Medication Reminder. Mobile apps such as these can be used by patients to improve their medication adherence.

Text messaging. We covered the use of text messaging in pharmacy in a previous installment of this column. When used alone, scheduled text messages can be used to remind patients to take their medications at the appropriate time. This approach has been shown to significantly improve medication adherence, at least in the short term. Text messaging could also be combined with digital pills or smart pill bottles, allowing an approach that targets medication nonadherence as it occurs. Given that nearly every adult now has a mobile phone, text messaging is a wide-reaching and relatively inexpensive approach to enhancing adherence.

Pillboxes. Although they are low-tech or no-tech, inexpensive and easy-to-use pillbox organizers may improve medication adherence. Pillboxes are useful for presorting medications into separate sections for days of the week and times of day. This sorting can be done by a caregiver, a healthcare provider, or patients themselves. Pillboxes simplify matters when it comes time to actually take the medication. Pillboxes are especially useful for forgetful patients, as they can verify whether they have taken their medication for the day by visually inspecting their pillbox. Medicine-On-Time is a similar and effective solution, with the added benefit of having the filling pharmacy prepackage complex medication regimens into calendar cards. The calendar cards resemble pillboxes that are clearly labeled and color-coded to indicate the time of day that the medication should be taken. In addition to low-tech pillboxes, smart pillboxes are also available. They function very similarly to smart pill bottles and can be used to remind patients when and how to take their medications, monitor when the medication is taken, and generate dashboards and reports that can be shared with caregivers and healthcare providers.

Patient counseling. Although there is no technology involved, we would be remiss if we did not mention the importance and power of a pharmacist talking to his or her patient when it comes to medication adherence. In order for patients to take a medication appropriately, they must be fully informed as to what this entails. It is common for patients to stop taking a medication because they feel that it is no longer necessary or that it is not working. Thus, informing patients as to expectations in terms of duration of therapy and signs of effectiveness is very important. Addressing patient-specific barriers is also crucial. Forgetfulness is a top-cited barrier for many patients. To address this, help patients identify appropriate context cues that can be used to remind them to take their medication. For instance, if the medication is to be taken every morning, and your patient drinks coffee every morning, then mentally anchoring the taking of the medication to drinking his or her morning coffee can be helpful. Further, the medication can be kept near the coffee so that it will be seen when the coffee is being prepared. Other common barriers to consider include costs and adverse effects or fear thereof.

Here we have covered several approaches that can be used to improve medication adherence. Some, such as digital pills, digital pill bottles, and text messaging, are generally driven more by healthcare providers, while others, such as the use of pillboxes and mobile apps, can be driven by patients, providers, or both. No matter the approach used, patient counseling is crucial to setting expectations and addressing barriers. What approaches do you take when working with patients to address medication adherence? Let us know. We welcome your comments and questions. CT

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Mergers and PBM Pricing

IN THE PAST FEW YEARS, the healthcare industry has seen a tremendous amount of merger and acquisition activity. Consider the following proposed corporate couplings: Anthem and Cigna, Aetna and Humana, Walgreens and Rite Aid, Centene and Fidelis, CVS and Target, Catholic Health Initiatives and Dignity Health. Some of these went through; others were scuttled due to regulatory constraints. All of these changes are driven by a desire to increase market presence, revenue, and relevancy. Some are within a channel, such as CVS’s acquisition of Target’s pharmacies and Omnicare, and Walgreens’s acquisition of Duane Reade, Boots, and some Rite Aid locations. Others are what are considered vertical integration, such as Centene’s stake in RxAdvance, or Cigna’s proposed merger with Express Scripts. Prime Therapeutics is owned by a number of Blue Cross Blue Shield plans and has a strategic alliance with Walgreens that is designed to address both retail and specialty network needs. Many of these proposals are starting to generate concern about transparency and consumer access, and the issues are rearing up in legislatures across the country.

Health plans, hospitals, pharmacies, and PBMs (pharmacy benefit managers) are all joining forces, hoping that by offering a complete continuum of services, they will be able to leverage their purchasing power and massive amounts of data into effective, efficient methods of improving care delivery and outcomes. CVS Health is likely to be a significant case study. CVS pharmacies that provide services through retail, specialty, long-term care, and mail-order channels, coupled with convenience clinics, a pharmacy benefit manager, and pending approval of the company’s deal with Aetna, access to networks of hospitals and clinics, and insurance provision, are the most significant “soup-to-nuts” example the industry has seen.

BENEFITS?

What remains to be seen is what benefits these megamergers will deliver to patients and purchasers. We all know the challenges today — cost transparency, affordability, access, quality outcomes, interoperability — and skepticism abounds as to the realistic solutions these mergers might bring. Will networks continue to narrow, offering patients fewer choices, perhaps at better costs? Will the providers in these narrower networks have the capacity to build relationships with patients and provide more optimal care? Or will increased coordination and data sharing result, delivering the desired outcomes? Another consideration: If the big payers — Aetna, Cigna, Anthem, Humana, United HealthCare — all own a PBM, what options are left for the smaller payers? Can they stay independent? Will they trust that ESI, CVS, Optum, etc., will protect their data appropriately? And what of the new players, like Amazon, Berkshire Hathaway, and JPMorgan Chase? There’s no question that the leadership of these organizations is successful, but will that success transfer to the complex healthcare environment? Sure, Amazon can likely deliver a prescription quickly (the drone will always beat the drive-thru window). And JPMorgan Chase is familiar with electronic transactions in a highly regulated environment. Warren Buffett is, by any accounting, a brilliant businessman who has seen success across many industries. Their announcement of the formation of a new entity that would provide care for their employees sparked speculation (and some volatility in the stock market). Few details were provided, though leaving industry experts to ponder the options. Would Amazon really open a pharmacy division, and leverage its size to negotiate significant discounts from manufacturers? Would its technology be able to be applied to the complexity of healthcare transactions, with numerous code systems and vocabularies? The three companies employ about one million people; is that large enough to disrupt the status quo, or will their new partnership offer services to others?

IMPACTS

These same questions can be asked from the perspective of independent or regional pharmacy chains. How will they differentiate themselves and re-
main viable in this new megamerger world? Such pharmacies are perhaps best positioned to present themselves as community providers and patient advocates, as they long have. Developing new relationships with physicians and working with payers to demonstrate the value they deliver through the care they provide will be critical to their relevance. Practicing at the top of their license and ensuring they can efficiently exchange data with physicians and payers will go a long way in ensuring survivability in this merger-manic environment.

While this recent spate of merger plans may seem new or unprecedented, it’s worth remembering the industry has seen some changes like this before. SmithKline Beecham’s (now GlaxoSmithKline) $2.3 billion purchase of Diversified Pharmaceutical Services (now Express Scripts); Lilly’s purchase of PCS (now CVS Health, formerly Caremark); and Columbia/HCA in the hospital space are just a few of the mergers that rattled the industry years ago.

**PBM REGULATION**

But the recent activity is attracting attention. Concerns are being raised about the impact on consumers, and a rash of PBM-related legislation has been introduced around the country, including in my home state of Minnesota. Let me provide an example. How many times do pharmacists see a patient pay more for his or her medication than necessary, all because they are prohibited from telling patients about ways to save money? This probably happens multiple times a day, leaving the pharmacist frustrated and reaching for an antacid or pain reliever.

These situations are now being heard by legislators, who are introducing bills that will address some of the related activities behind these situations, whether price increases by manufacturers or contract provisions that prevent pharmacists from sharing information about less expensive alternatives.

Many states are introducing legislation, often referred to as the “No Gag Rule on Pharmacists Act” that will prohibit health insurance companies and PBMs from contractually preventing pharmacists from telling their customers about cheaper ways to buy prescription drugs.

These bills generally have bipartisan support and would allow pharmacists to tell patients when their usual and customary (cash) price is less than the co-pay determined by the patient’s insurer. This situation often arises when the prescription is for a generic drug but could also apply to therapeutic alternatives. Too many times a less-expensive alternative is available, yet patients don’t know, or aren’t comfortable enough to ask their doctor or pharmacist about this.

Pharmacies have been subject to clawbacks, when the difference between the actual cost and the co-pay is recouped by the pharmacy benefit manager. As an example, if the patient’s co-pay is $20 and the pharmacy’s cash price is $10, the PBM expects that the $20 would have been collected and will claw back the $10 difference. Multiply that $10 by hundreds of patients and thousands of pharmacies, and it’s easy to understand the motivation behind the contract language. What’s the line from Jerry Maguire — “Show me the money”?

Pharmacies need to submit the claim to determine the PBM pricing. If they then reverse the claim, not only does that take extra time and likely result in an additional transaction charge, the PBM loses the clinical data associated with that claim and can’t accurately perform drug utilization review for the member in the future.

Fifteen states have either approved (Connecticut, Georgia, Maine, North Carolina) or introduced (Arizona, California, Florida, Minnesota, Missouri, Mississippi, New Hampshire, New York, Pennsylvania, South Carolina, Virginia, Washington) legislation that would eliminate these practices. These states, and others, have introduced 80 bills this year that would impose regulations on PBMs. Included in these bills are language regarding transparency and new standards for PBM pharmacy reimbursement, customer charges, rebate revenue, and PBM limitations on pharmacist communication with customers about costs. More information can be found on the National Academy for State Health Policy website (https://nashp.org/state-legislative-action-on-pharmaceutical-prices/).

Mainstream media is watching as well. Recent articles in the Detroit Free Press, The New York Times, The Salt Lake Tribune, and the Washington Examiner, among others, have all helped to educate the public about these issues. Personally, I’ve talked with several reporters on the issue. It will be interesting to see the outcome of state and federal legislation on this and whether the attention may impact merger approval. Stay tuned!

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Idea Exchange 2018

Computer-Rx held its Idea Exchange in April in Oklahoma City.

The event featured more than 20 lab sessions to give customers hands-on experience with system features, and time with exhibitors and Computer-Rx staff. The keynote presentation was given by former head of Disney University Doug Lipp. Attendees and Computer-Rx staff capped off the conference with fun and networking at Computer-Rx customer appreciation night.

Pharmacy professionals gain valuable insights into software and solutions available to support and improve their pharmacy operations.

Attendees investigate the RxSafe PakMyMeds solution, one of many exhibitors.

Exhibitors at Idea Exchange engage with attendees, sharing how their products and services help pharmacies.

Quality Assurance Tester Kenny Millemon demonstrates Computer-Rx innovations and new features to attendees.
Beyond Dispensing: The Shift in Pharmacy Practice

Ketan Mehta, of Micro Merchant Systems in Syosset, N.Y., has a clear message for independent pharmacy owners: Pharmacists need to practice spending less time behind the computer filling scripts and more time on patient adherence and outcomes. Here, he shares how he works with his customers to get the most out of the PrimeRx system to support this shift in pharmacy practice.

ComputerTalk: Pharmacists feel the pressures of a changing business. But you feel they should embrace new practice models. How can they do this?

Ketan Mehta: Up until a few years ago, the prevalent pharmacy business model was, more or less, “fill and bill,” with some patient engagement. Now, with more focus on outcomes, pharmacists need to change their mindsets and incorporate creative thinking around how to effectuate desired outcomes for patient health. This entails embracing a pharmacy system that automates routine tasks as much as possible so that the pharmacist can concentrate on engaging with patients. For instance, managing refills is a big part of any pharmacy. Why not utilize technology to automate the entire refill process — from monitoring due refills, to getting authorization from patients, to refilling authorized prescriptions automatically. The idea is not to shy away from technology, but to take advantage of its expansive functions that will increase efficiency and give you more time to devote to running your business and creating revenue.

CT: What sort of time does a more streamlined workflow free up?

Mehta: We’re talking about saving between one to two hours a day that pharmacists can use and put into managing their business. They could spend more time reviewing inventory reports on products that are selling and move them to a more prominent part of the store. They might want to spend the extra time reviewing their most profitable patients, not just the ones with the most scripts, or set up a med sync program for the patients where it makes the biggest difference. Focus on reconciliation. Spend time on important decisions that will enhance the operations of your pharmacy.

CT: This is where you are coming from with “go beyond dispensing?”

Mehta: Pharmacists need to adjust their mindsets and look beyond just dispensing. Look to what your pharmacy system can do and combine its features together, from intake to dispensing, all throughout the process. Manage your pharmacy as a business, and you’ll find the money. When you invest in technology, you are adding the capacity to optimize your workflow by doing more with less, which will pay huge dividends in the long run. Pharmacists play an important role in the equation for success by bringing their own creativity in and determining how to spend their valuable time and focus.

CT: Do you have an example of a pharmacist who’s done this?

Mehta: I have plenty of examples. We have a pharmacy that had a straightforward goal — to improve its star ratings and reduce its DIR [direct and indirect remuneration] fees. We worked with the pharmacist to review high-risk patients, set up attainable goals, implement med sync, and apply an appointment-based model (ABM). This allowed the pharmacy to counsel patients in a more comprehensive manner, leading to better outcomes for the patients. We also walked them through various methods of documenting interventions that demonstrate how their actions are helping the patient move toward his or her set goal. We helped the pharmacy automate the refill process and customized workflow for them, enabling more communication and touch points with the patients through automated text messages for dose alerts, refill reminders, ready-for-pickup messages, appointment confirmations — the whole nine yards. This increased patient loyalty allowed the owner to better manage inventory and streamline workflow. Eventually, the pharmacy started seeing an improvement in business, better compliance, and reduced penalties through DIR fees and audits.

CT: Your message is one of being proactive and innovative.

Mehta: In my opinion, this is the time to invest in the right technology for your business. I always tell customers, instead of focusing on cost, invest in technology and automation. The resulting time saved, accuracy, and efficiency of operations will outweigh the money invested — it is as simple as that.

The entire healthcare industry is in a flux, which can be daunting, as you have to constantly change the way you work and operate. But this disruption can also have an upside if you are willing to embrace the change and innovate to stay ahead of the curve. We need to look ahead, beyond dispensing.

To learn more about Micro Merchant Systems Inc., visit their 2018 company profile page at computertalk.com or visit www.micromerchantsystems.com.
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