Positioning Pharmacy for Success:

Getting the Most Out of Technology in 2017

Technology vendors give their take on the products and software features that pharmacists can start using right away to advance their pharmacy and boost their bottom line. pg 15

Plus...

The Challenges of Specialty Pharmacy

How Good Marketing Can Pay Off

Stepping Up to the Opioid Crisis
In the past 4 years, almost a third of independent pharmacy owners who have purchased new pharmacy software chose PioneerRx. That is more than double the sales of any other pharmacy system.

Discover How You Can Win

Schedule a demo today

www.pioneerrx.com    |    (866) 201-8958    |    sales@pioneerrx.com
Integrate for success with FrameworkLTC® pharmacy management software from SoftWriters.

- Answer the growing demand for capable integration
- Enjoy the added efficiencies of bi-directional communication
- Help facilities improve their star ratings with complete, instant updates

“We chose FrameworkLTC because it was clearly the most capable in terms of being able to connect to a wide variety of facility-based systems.” - NM

Connect and grow with SoftWriters today.
Positioning Pharmacy for Success:
Getting the Most Out of Technology in 2017
by Will Lockwood

We end 2016 with our survey of vendors to gauge the areas where they see growth and opportunities for community pharmacy in the year ahead. As you consider the challenges you want to overcome, and the growth you’d like to see, consider the way technology could position you to make your next move to set the board for success in 2017. The good news is there are many options.

Story begins on page 15

FEATURES
8 | Marketing: A Key Business Builder
by Bruce Kneeland

To succeed in a competitive marketplace, pharmacists need not just to offer products and services for patients, they also need to develop a cost-effective plan to let people know about these services. Find out what the essentials of an effective marketing program are, and how you can use them to boost pharmacy performance.

12 | Pharmacy Offers Transition of Care to Build Successful Niche
by Maggie Lockwood

Steve DiLollo, Pharm.D., took a personal interest in transplant medicine, and the pharmacy’s position to coordinate care with doctors, to develop a transplant medicine program at Colonia Natural Pharmacy. With customized reports in the pharmacy’s management system and the help of outbound IVR, DiLollo is using the medication therapy management skills retail pharmacists use for their traditional patients to care for patients on complex drug regimens.

BACK PAGE
40 | Helping Pharmacists — Helping Patients*

Medicine-On-Time has long recognized the importance of patient adherence. In this interview VP of Sales and Marketing John Hassell describes a company poised to give pharmacy new software tools in 2017 to continue to be on the forefront of adherence programs.

*Sponsored Content
QS/1®’s SharpRx Pharmacy Management System is a completely new approach to pharmacy that works intuitively, so it’s easy to learn and use, allowing employees to be productive quickly.

Use the touchscreen, keyboard or mouse to access user-friendly icons and multiple screens for easy multitasking. With the tools you need for e-Prescribing, PMP reporting, prior authorization and more, SharpRx packs efficiency into one affordable and easy-to-use system. The future of pharmacy is here.


QS/1®’s SharpRx Pharmacy Management System is a completely new approach to pharmacy that works intuitively, so it’s easy to learn and use, allowing employees to be productive quickly.

Use the touchscreen, keyboard or mouse to access user-friendly icons and multiple screens for easy multitasking. With the tools you need for e-Prescribing, PMP reporting, prior authorization and more, SharpRx packs efficiency into one affordable and easy-to-use system. The future of pharmacy is here.

To learn more about QS/1’s new SharpRx Pharmacy Management System, visit www.qs1solutions.com/SharpRx, call 866.860.1332 or scan the code.
When the federal government decided to provide financial incentives to physicians and hospitals to install electronic health record (EHR) systems, this sounded like a way to jump-start the use of computer technology in order to improve patient care and make it a more efficient process. But the financial incentives were predicated on the use of these EHRs in a meaningful way, based on the federal government meaningful use requirements.

There was another reason to push the use of EHRs. This was interoperability to allow sharing of patient information from different systems.

The federal government has poured billions of dollars into the EHR meaningful use program. The government is now auditing physician practices and hospitals to verify their attestation that they are using the systems according to the meaningful use requirements.

But are EHRs improving efficiency? From what I have read there have been more negatives than positives on this point. These systems are increasing the time spent per patient encounter, answering all the prompts that come up on the screen. This is eating into the profits of a physician practice, since not as many patients can be seen during office hours.

As far as the interoperability of systems goes, this is a far cry from reality. Health information exchanges (HIEs), by design, were supposed to facilitate interoperability, but different EHR systems still cannot readily exchange data. Moreover, the health information exchange model requires a buy-in from all the players in order to provide the financial support needed to keep these exchanges viable. My take is that quite a few HIEs are not seeing the buy-in.

In pharmacy there is growing interest in having more data on a patient’s medical history than just the drugs prescribed. There is interest in having access to diagnoses and lab test results. There is interest in being involved in transition of care when a person is discharged from the hospital. There is interest in being involved in chronic care management.

The computer systems used today in pharmacy are still very much transaction-processing systems at their core. However, what I see is a trend in building in more patient care functionality. While transaction processing will still be the backbone of these systems to serve one role of pharmacy — filling prescriptions and handling the insurance billing — these systems are being built out to accommodate EHR and patient management functionality.

It would be nice to see pharmacists become recognized providers under Medicare. I feel one way to help this cause is to demonstrate how the pharmacy management systems are evolving to enhance the role of pharmacists in transition of care and chronic care management. Also, there are already current procedural terminology (CPT) codes specific to pharmacy. I give pharmacy credit for moving forward without government financial incentives.

Bill Lockwood, chairman/publisher, can be reached at wal@computertalk.com.
Putting the Pieces Together to Guarantee You’re the Star in Your Community

FIVE STAR RATING

Medication Synchronization
Medication Therapy Management
Time Driven Workflow
Patient Communication
Adherence Tools
Secure Care Team Communication APP

Experience Rx30’s Pharmacy Management System today, and see firsthand how Rx30 can ensure your Five-Star performance.

800-289-7930 | www.Rx30.com | sales@Rx30.com
**Rx30** has announced that it has combined with **Computer-Rx**. Steve Wubker, CEO of Rx30, will lead the combined businesses. Roger Warkentine, founder of Computer-Rx, will stay on as an advisor. Lauren Warkentine, COO of Computer-Rx, will become president of Computer-Rx. The remaining Computer-Rx and Rx30 leadership teams will remain in place. Each platform will continue to run independently.

“The combination of Rx30 with Computer-Rx brings together two of the most well-respected, fastest growing pharmacy platforms in the industry,” says Wubker.

**QS/1** is launching a new document management system, QDM, to help pharmacies better manage documentation. The QDM system will be integrated into QS/1’s NRx pharmacy management system and allow pharmacists to customize and automatically populate information on forms.

QDM goes beyond traditional document management programs where you scan and save documents for future reference, according to Charles Adams, QS/1 market analyst. “QDM is a communication tool that can be used to assess patients, track therapeutic programs, and improve outcomes,” he says. It can be used to create documents such as immunizations, prescription transfers, patient profiles, and medication synchronization. And it can be used to create any number of document queues and automatically route documents. All documents are encrypted when stored on the QDM server, adding a layer of security to protect patient privacy.

The company also announced the release of an interface from its workflow process to the eNGAGE patient management platform. The eNGAGE platform, from **FDS**, is used to manage patient-focused activities, including five-star measures, prescription synchronization, medication therapy management events, immunization opportunities, and patient safety measures.

QS/1 will offer this functionality within its NRx and PrimeCare pharmacy management systems. Jon Bell, market analyst for QS/1, says he sees this as an additional tool to increase patient adherence.

**Smith Drug Company** has introduced a variety of services designed to give independent retail pharmacies access to offerings and information that have previously only been available to major chains. Under the HealthWise Pharmacy umbrella, these offerings include a specialty-at-retail pharmacy network and clinical solutions, consulting services, long-term care solutions, marketing intelligence, OTC merchandising and branding solutions, and an intuitive predictive ordering solution to optimize inventory.

In the area of specialty pharmacy, the network gives pharmacies access to training and programs to provide their patients with specialty pharmaceuticals, customized to the individual patient, for diagnoses such as cancer, multiple sclerosis, HIV, and CID.

**Kirby Lester**’s parent company, **Capsa Solutions**, is now ISO 27001:2013 certified. This certification benefits its extended-care and pharmacy automation businesses.

ISO is a network of national standards, consumer advocates, and government agencies from 163 countries. To receive this certification, companies must pass and maintain strict guidelines and examinations by an accrediting organization. The ISO 27000 family of standards focuses on information security management.

Also, Kirby Lester has announced updates to its tablet counter devices, KL1 and KL1Plus, with features to meet the national need for increased prescription accuracy, record keeping, and time and cost reduction for prescriptions filled.

**Retail Management Solutions** has integrated the **Ortho Molecular Products** Digital Replete Pharmace software into its point-of-sale system. The new software will assist pharmacists in making dietary supplement recommendations when filling prescriptions, thereby reducing the incidence of drug-induced nutrient depletion in patients.

A recent study by **IMS Health**, based on its National Prescription Audit and government mortality data,
found that the combined implementation of mandated provider review of state prescription drug monitoring program (PDMP) data and pain clinic legislation decreased the amount of opioids prescribed by 8% and prescription opioid overdose death rates by 12%.

The National Association of Boards of Pharmacy, through its PMP InterConnect program, increases the value of PDMPs by allowing authorized users to access PDMP data across state lines for a more complete profile of a person’s use of opioids and other controlled substances of abuse.

The American Society for Automation in Pharmacy (ASAP) developed the standard that PDMPs require pharmacies to use to report controlled substances dispensed. ASAP has released an updated version of its 4.2 standard that adds data elements to improve the information reported to PDMPs.

The latest version of Epicor’s Eagle system now includes enhancements that will enable retailers to take full advantage of leading-edge cloud technologies. The new Eagle release leverages cloud technology in several ways. Among these is that it helps retailers securely store scanned accounts-payable documents in the cloud. It uses the cloud to reach customers about rainchecks. And it helps make staff scheduling easier, faster, and more accurate, to reduce labor costs.

The company has also announced that its new Eagle Mobile+ solution allows physical inventory counting with any mobile device, with no specialized software required. CT
Marketing: A Key Business Builder

by Bruce Kneeland

As pharmacy evolves from its historical dispensing role to a more clinical one, it appears that one little-discussed obstacle stands in the way of progress. That little-discussed obstacle: marketing!

Deciding on what services to provide, and helping patients understand, accept, and even pay for services is the core function of marketing. And advertising is only one small element of this task.

There are many definitions of marketing, and professionals argue passionately about the differences. But the one I like for community pharmacy is:

"Marketing is the process of identifying what customers want or need, and then finding a way to get them to know about, have an interest in, and utilize the product or service while generating a profit sufficient to justify the effort."

A careful read of this definition will reveal that identifying what new services you can provide is a key function of marketing.

One example of a pharmacy finding a way to fill an untapped need is NuCara Pharmacy, an innovative 22-store chain headquartered in Conrad, Iowa.

About four years ago NuCara spearheaded a telepharmacy pilot project. Tapping into the expertise of TelePharm, Inc., it opened a satellite location in Zearing, Iowa, population 550. According to Brett Barker, VP of operations for NuCara, the pilot has worked out well, as the small community has responded enthusiastically to the innovative pharmacy.

Roby Miller, founder of TelePharm, which was recently acquired by Cardinal Health, says opening this type of pharmacy involves dealing with a complicated set of regulatory, technical, and operational issues. But, he adds, finding the right location is one of the most critical success factors.

The site in Zearing has proven to be ideal, says NuCara's Barker. He says the town has a county health clinic that was eager to add a pharmacy. Barker says that in the beginning the pharmacy was located in the town's government-run clinic, but after a few months NuCara remodeled an adjacent building, and today the pharmacy looks very much like any other apothecary pharmacy.

The pharmacy is managed by a certified pharmacy...
Successful Marketing

Technician and contains a typical assortment of prescription medications. When patients present a prescription, the technician enters it into the telepharmacy system, pulls the medication from the shelf, counts, pours, and affixes a label. The remote pharmacist then checks all the work for safety and accuracy. At the point of delivery the remote pharmacist engages with the patient for counseling via a HIPAA-compliant and encrypted video feed.

Efforts to promote the telepharmacy to the community have included bag clippers, newspaper ads, press releases, and direct mail. But the real key to success has been word of mouth. Barker says that since people no longer need to make the 40-mile round trip to the nearest traditional pharmacy, they readily share the good news with others. What’s even better, says Barker, is that the convenience of the new location has dramatically reduced the number of prescriptions written by the clinic that were never even taken to a pharmacy to be filled, due to the long trip.

Patti Storey, R.Ph., is the founder and owner of Storey Marketing, a boutique marketing firm that specializes in helping pharmacies create and implement cost-effective marketing plans. In close consultation with pharmacy management, her company helps determine what programs would work best for the pharmacy and then creates and implements a variety of print, broadcast, and digital communications, including website design and social media posting.

“A marketing plan,” she says, “should include goals and objectives, along with a budget and other key metrics.” And, she says, the goals should include many things beyond just how many new scripts the pharmacy fills. For example, she says, one can measure the number of marketing calls, new patients served, or how many patients enroll in a new service or refer a friend.

Storey makes mention of visiting doctor offices as a marketing strategy, which in my experience is too little used. To help in that regard, McKesson’s Health Mart marketing team has developed a variety of local marketing tools, and among them is their Physician Outreach Program.

This web-based application lists all the prescribers in a pharmacy’s trade area and ranks them by the number of prescriptions they write and what percentage of those scripts are being filled in your pharmacy. Next, the program provides a variety of marketing materials that have been specifically designed by a professional ad agency to speak to the needs of prescribers. And it provides a way to track all your doctor marketing efforts and monitor the results of those visits.

According to Aemad Aslam, Pharm.D., owner of Mid-Cities Health Mart Pharmacy in Hurst, Texas, “Being able to access this type of data is phenomenal. Finding prescriber specialties and being able to download this data to Excel is extremely useful for marketing activities.”

continued on next page
Some aspects of marketing are facilitated by technology, and others require creative talents for producing marketing materials. But another key attribute, according to Jeff Key, president of PioneerRx, is attitude.

**Keep It Simple**

For example, Key mentions the subject of medication synchronization. He suggests that too often pharmacists overcomplicate the service when talking with patients, because they are uncomfortable when they are “trying to sell” a new service. His adage: “Don’t sell, just tell.” As a corollary, he tells how doctors don’t ask if you want a prescription, they simply write it and then tell you what it does. The same, he says, applies to medsync. Tell the patient what it is, how it helps, and then enroll them in your program.

Key also suggests that pharmacists need to think more often about ways they can engage patients and provide them with reasons to recommend their pharmacy to others. Doing simple things like walking around the counter to thank them for trusting you with their healthcare or to recommend a specific product can make a big difference, he says.

To help with that, Key says, PioneerRx has programmed a feature into its software that ranks the top 25% of a pharmacy’s patients, according to their purchase history, as either gold, silver, or bronze customers. This ranking is displayed in the dispensing queue and also pops up on the point-of-sale screen and prompts the staff to pay a little extra attention to their most profitable customers.

New technologies are making it possible for pharmacies to say and do things now that were not possible just a few years ago. Two examples are social media and mass customization.

One of the things AmerisourceBergen is providing members of its Good Neighbor Pharmacy (GNP) program is support with Facebook. According to Chrissy Lane, VP of marketing for GNP, well-done social media is one of the most affordable and effective ways for community pharmacy to attract and retain customers. And to that end GNP has invested heavily in this area, with the goal of positioning its pharmacies as the “go-to place for healthcare service,” Lane says.

---

**Marketing for Success: Essentials**

Patti Storey, R.Ph., and founder of Storey Marketing, has crafted a white paper especially for *ComputerTalk* readers. It provides insights into a variety of marketing techniques that will help independent or small-chain pharmacies create an effective marketing plan. It includes details on topics such as:

- How to set proper goals.
- The importance of branding and messaging.
- Why you need to be consistent throughout your print, website, e-marketing, and social media.
- Why you should use multiple channels for the greatest reach.

You can access Storey’s white paper at: [www.computertalk.com/storey](http://www.computertalk.com/storey)
One key to GNP’s success, Lane says, is the effort it makes to develop appropriate content, post it in a timely manner, and constantly measure how well various messages are being received. By doing that it is constantly improving the effectiveness of its posts.

Trish White, of White’s and Harry Race pharmacies in Sitka, Alaska, says, “We’ve gotten our feet wet with social media on our own and had moderate success with reaching our community, but with the expertise and energy of Good Neighbor Pharmacy talent, we have reached quadruple the amount of folks. Money, time, energy, and talent well spent.”

When it comes to mass customization, one program GNP supports is PrescribeWellness. Lane says the PrescribeWellness service interfaces with the pharmacy system and carefully sorts through patient data looking for specific markers. Then the software reports its findings to pharmacy staff, who review the findings. And when approved by management, the service calls each patient and delivers a carefully worded message in the prerecorded voice of the pharmacist. Calls go out to patients on a subject specifi-}

ally appropriate to them, such as refill reminders and invitations to flu clinics or some other healthcare event.

Theresa Tolle, Pharm.D., owner of Bay Street Pharmacy in Sebastian, Fl., says that the most remarkable thing she has seen with the PrescribeWellness service is the happy birthday calls the system makes. She says people often tell her she is the only one who remembered them on their birthday.

To succeed in today’s competitive marketplace, one must do two things: provide products and services people want or need, and find cost-effective ways to let people know about them. Good marketing can help you identify such services and help you let the people in your area understand how they will benefit from using your pharmacy. CT

Bruce Kneeland is an industry consultant who helps retail pharmacies better serve their patients. He can be reached at bfkneeland@gmail.com.
Pharmacy Offers Transition of Care to Build Successful Niche

by Maggie Lockwood

A stint working in hospital pharmacy piqued the interest of Steve DiLollo, Pharm.D., in the clinical and collaborative areas of pharmacy. Now he operates a transitional-care practice alongside the traditional pharmacy at Colonia Natural Pharmacy.

Before adherence was a buzzword in the independent pharmacy world, Steve DiLollo, Pharm.D., director of specialty services at Colonia Natural Pharmacy in Colonia, N.J., 30 miles southwest of New York City, saw an opportunity perfectly suited to the clinical training of pharmacists and to a personal interest of his: providing clinical care for transplant patients. 

Transplant medicine is an example of the pharmacist taking retail expertise in medication therapy management (MTM) and applying it to a high-risk patient base. For transplant patients, compliance with immunosuppressive therapy is vital to survival and to avoiding emergency readmissions to the hospital. The workflow of patient engagement, refill reminders, patient education, and MTM is where DiLollo finds the usual routines of the pharmacy staff apply to a specialized clinical niche.

“Traditionally, an independent is your mom-and-pop store,” says DiLollo. “You know the people, and you can end up taking care of generations of customers. I wanted to transition that same relationship to the population of patients that were facing a dire medical situation and, thanks to a transplant, this population has a second chance. It’s so important that transplant patients are compliant to their medications. When they are compliant, it enhances their life, and we can give them the tools and care and compassion that we give all our patients.”

Part of the Team

Pharmacists are considered a part of a transplant patient care team, according to the Centers for Medicare and Medicaid Services (CMS), which requires every transplant center to identify an “individual trained in pharmacology,” which is generally a pharmacist. Recognizing drug-drug interactions, monitoring, and managing the immunosuppressants and other essential post-transplant medications, pharmacists are trained to educate patients on the reason why medication compliance is so important.
DiLollo had worked in the independent setting for 13 years when, in 2011, he happened to talk with a hospital pharmacist colleague who mentioned the issues surrounding transitions of care with transplant patients. The hospital pharmacy filled the discharge scripts, but what happened after that? DiLollo thought his staff at Colonia could offer more.

“I thought we could meld a clinical and retail setting, that the clinical care needed to offer patients with complex medication regimens wasn’t out of the scope of what we could handle in a retail setting,” says DiLollo. “This was something that hadn’t been done by independents. Even my friends in high corporate positions at hospitals told me it was innovative.”

What started as a personal interest for DiLollo is now a division of Colonia Natural Pharmacy. The first step was developing relationships with transplant doctors at Philadelphia hospitals. He knew his pharmacy could handle the ongoing needs of the patients, and in particular, support the necessary compliance work through automation in the pharmacy. From the first hospital and patient in 2011, Colonia now serves 240 patients per month, from Hahnemann University Hospital, Einstein Medical Center, and Thomas Jefferson University Hospitals in Philadelphia, as well as the Christiana Health Care System in Delaware. According to DiLollo, it’s been harder to work in the New Jersey market, as the hospitals in that state do everything in-house with their transplant patients. The Colonia Natural Pharmacy staff had to get certified in each of the states it serves, as well as obtain Medicaid licenses and work out agreements with insurance companies.

DiLollo says he may never meet his patients, but he and his staff speak with his patients over the phone, and the relationship is very important. With the initial conversation, DiLollo outlines the services that his pharmacy can offer, and while patients can be hesitant, DiLollo says 97% of his customers have stayed on as the pharmacy’s long-term patients.

“My goal is to take care of a patient who is at risk even if he gets a fever. I want to make sure at the end of the day that we’ve helped someone who might not get the same care without us,” he says.

**Technology as the Foundation**

The medication synchronization and management model that Colonia already offered its retail patients meant DiLollo had the process in place to manage the ongoing medication regimens of transplant patients. He did increase his staff, but it was his pharmacy management system and IVR system that allowed him to develop a proactive program to help his patients. The functionality in Colonia’s HBS system has provided the necessary foundation for the transplant business to increase. Without the support of the vendor, DiLollo says, the staff would have been stretched too thin, as Colonia is a busy retail pharmacy. As of late 2015, the transplant business accounted for 10% to 15% of the pharmacy’s prescription volume, and 2015 was the year in which DiLollo saw the most growth, as referrals continued to increase.

Colonia Natural Pharmacy uses the HBS system to manage patient profiles and provide patient care more efficiently. The process begins with a new patient profile and a review of the medications the patient is taking and when the refills are due. “When offering specialty care like this, tracking adherence is vital, since these are life-sustaining immunosuppressant drugs that must be taken every day without fail and at certain times,” says DiLollo.

Many patients are on three medications or more. At first

*continued on next page*
DiLollo’s staff called patients each month to confirm refills. This was a manual process — reviewing patient profiles and calling the patient and doctors for any changes and scheduling delivery. But as the service grew, DiLollo instituted a proactive refill reminder. With the HBS system, the Colonia staff groups patients in a transplant category and runs a report for a specific point during the month. The staff makes phone calls based on the list. “This would be a monumental task if done manually, since patients can be on between six and 20 medications,” DiLollo says.

With the increase of e-prescriptions, DiLollo says these feed right into the HBS system, along with faxes through the TeleManager IVR. A function that HBS added for Colonia’s transplant division is a pop-up reminder when the patient is on his or her last refill. The pop-up asks if the staff would like to contact the doctor. This is set a month before the refill is due so the staff has plenty of time to handle any changes in therapy and the medication is ready to ship at the right time.

The relationship between the Colonia staff and its patients is a good one — all patients get a branded Colonia Natural Pharmacy bag with the first order of medications, and DiLollo has seen it in waiting rooms when he’s visiting with doctors. Patient training has paid off — patients have been known to call the pharmacy if they feel they haven’t gotten their regular call from the staff. The TeleManager IVR lets patients leave a message, and the Colonia staff can email the tech-savvy patients. DiLollo says the staff is careful with health information, so there isn’t a lot of detail in the email, but the communication is important. Patients email the pharmacy and ask when some medication is due, and then the staff can call them back.

Although billing isn’t much different than with a typical patient, reports allow the Colonia staff to organize refills and MTM by patient, by when the refill is due, and by when to bill. DiLollo will have a report run based on allowable refill date or billing date. Managing delivery is also important, as medications need to ship on a weekday and arrive when the patient is home.

On the clinical side, DiLollo has customized quarterly reports that evaluate side effects from the drugs. Sometimes patients have side effects they forgot to mention to the doctor, or something is bothering them, and the survey can tease those issues out. Then the pharmacy staff can contact the physician when necessary.

“When I started this, I thought we could get a handful of patients, and that would be great,” DiLollo recalls. “But we’ve seen exponential growth. The only way to do this well is to commit to this category of patients, and this has built our reputation as being able to handle them. It shows me we are doing something right.”

Maggie Lockwood is VP and director of production at ComputerTalk. She can be reached at maggie@computertalk.com.
Positioning Pharmacy for Success:
Getting the Most Out of Technology in 2017
by Will Lockwood

There’s a never-ending need to think several moves ahead when it comes to pharmacy’s opportunities for growth. What will your patients need in the coming year? What are the trends you should have your eye on? How will you overcome challenges, expected and unexpected? And what technology will position you to take not just your next move, but set the board for continued success?

continued on next page
Our Look at the Year Ahead attempts to give you some new ideas or encourage you to run with some that have been on the back burner. We find out from a range of technology vendors what they see as the top technologies driving pharmacy success in 2017, and what key trends you should be sure to watch.

Driving Workflow and Efficiency

First and foremost, the message continues to be that the pharmacy model is changing — and has to change. You can’t rely on prescription dispensing to carry you into the future, but most pharmacies are also not in a position to let up on the volume. In order to balance the demands, there’s more of a need than ever to shift prescription-dispensing efforts onto technology solutions. This will remain a priority in 2017.

As a result, there will be a strong focus on continuing improvements to workflow that standardize and streamline pharmacy operations, as Hemal Desai, president of BestRx, puts it. GSL Solutions’ CEO Shelton Louie sees pharmacies looking to add technology in the coming year that can provide labor savings, efficiency, accuracy, and improved customer service. “They are going to be looking for technology that allows the right person to do the right job,” says Louie.

Matt Noffsinger, senior vice president of business development and sales for TCGRx, sees new inventory management tools being implemented to lower the cost of filling a script — one way he sees for combating the continuing pressures on prescription margins. This is an area where CarePoint’s Director of Client Services Rachel Cupp sees pharmacies with a need to better apply the technology they already have. “Inventory management continues to be one of the more underutilized modules in many pharmacies,” says Cupp. “Not taking advantages of inventory also very much limits the opportunities for effective business analytics and improved financial performance.”

Overall, the focus will be on what drives efficiency, notes Mike Gross, Retail Management Solutions’ vice president of sales and marketing. “Pharmacy owners are looking to put dollars into technology that can make them more profitable, or improve their service level,” says Gross. “As

continued on page 18
Turn time spent counting into time spent with patients.

Your time is critical and expertise invaluable. From the power of robotics to an automated counting system, RxMedic® has a time-saving solution for you.

Four dispensing solutions. Countless benefits.

**RxMedic RM200®**

The only true auto-calibrating cells in the industry, the RM200 can be custom configured from 112 to 224 cells and features universal vial change out and bulk loading.

**RxMedic RM64®**

RM64 can fill up to five prescriptions per minute. Combining speed with accuracy in a space-saving footprint, the RM64 can automate up to 64 of the top drugs in a pharmacy.

**RxMedic ADS®**

The RxMedic ADS robot can fill up to 80% of daily prescription volume with 256 removable cells that label and cap vials, and a configurable 200+ vial collating area.

**RxMedic ACS®**

The RxMedic ACS can support 12 to 96 oral solids and is available in countertop, endcap and freestanding models with multiple safety features for accurate dispensing.

See the future of pharmacy automation and what it can do for you. Visit rxmedic.com or call 800.882.3819.
margins on prescriptions get tighter, they will be looking for ways to make themselves more efficient while staying competitive in their local marketplace.”

This reliance on technology for driving the dispensing process will support a clear and continuing trend toward patient services. Services, such as medication therapy management (MTM) and adherence programs, are placing a real premium on pharmacists’ time, according to William Humphries, marketing coordinator for Rx-Medic. This is in turn going to drive investment in 2017 in technology that will allow them to perform these duties while still maintaining the dispensing volume that sustains a pharmacy. “Investing in automation from full-blown robotics to tabletop counters will free up time behind the counter to help pharmacists get in front of the customer,” says Humphries.

Opportunity in Specialty

THERE WILL ALSO BE OPPORTUNITY IN THE burgeoning area of specialty pharmacy, where excellence in medication dispensing and patient support intersect, but also where the demands on pharmacy for the right balance of time and effort really ramp up. “The first, and easiest, step here is to free up staff to perform in this area through implementation of robotic dispensing,” says scriptPro’s President and CEO Mike Coughlin. “The next step is to implement efficient workflow systems, again to free up time.”

Coughlin foresees a growing interest in adding to clinical documentation and case management capabilities. “Ultimately, more powerful, integrated pharmacy management systems are required to participate at higher levels in the specialty pharmacy space,” he says. “This power will be required to manage the cases and provide the documentation and reporting required by manufacturers and payers to enable access to specialty medications.”

It’s an area that has quite a few pharmacies looking to position themselves for success, according to BestRx’s Desai. He reports seeing more clients investing in technology to support specialty dispensing, and taking a strategic view of the large upfront cost of getting into the specialty market. “Once they pass the initial hurdles, the rewards are there due to the high margins on specialty drugs,” says Desai.

The Old and the New

WHAT TOOLS WILL BE MOST CRITICAL FOR ATTAINING the right balance of dispensing volume and patient-focused care opportunities? There are quite a few, and the good news is that some are already part of modern pharmacy technology offerings; others are easily accessible through the growth of cloud-based services, and no matter what there’s a great array of choice out there in the current technology market, with competition driving innovation.

As mentioned earlier, one instance of a long-standing technology that can have a strong workflow benefit is dispensing automation. “If you can verify count quantity, easily recall that data in the future, and ensure that there are absolutely no over- or under-counts happening by mistake,” says Kirby Lester’s Senior Marketing Manager Mike Stotz, “then this has a real impact on improving your workflow by making sure you are dispensing correctly the first time.”

For something newer, there are offerings that take advantage of the rise of the web and the cloud as ways for pharmacies to access software. Mike Sosnowik, president of PharmSaver, sees great promise in the efficiency drivers that can be delivered to pharmacy this...
way. For example, he points to generic pharmaceuticals, the focus of a great deal of attention in recent years and no small amount of angst as prices jumped all over the place. While the generic market has calmed down, Sosnowik’s opinion is that it will continue to be the most important market segment and that it’s the pharmacies that use tools to ensure generic profitability that will thrive. “Though in their infancy, pharmacy analytics, purchasing comparison systems, relationship management tools, and prospective reimbursement tools are keys to success in this environment,” says Sosnowik.

And once you’ve got the inventory purchased at the best price, TCGRx’s Matt Noffsinger points to inventory management systems as an important way for pharmacies to track what’s in stock down to the pill. “This is data that really drives proper filling and billing,” says Noffsinger.

Pharmacies should also look at automation that has an impact on will-call, an area that hasn’t seen much change in most pharmacies over the years. There are innovations out there, though. For example, inventory systems such as those using a pick-to-light process can make sure the correct prescriptions get into the correct patient’s hands. These are gaining popularity, according to RxMedic’s William Humphries. “In many pharmacies there may be common patient names such as Mary Smith,” he explains, “so automated will-call systems ensure the correct Mary Smith receives her medication. This can be an affordable piece of technology that allows pharmacies to gain time and efficiency.”

The systems can also be an important component for keeping an eye on your controlled substances, according to GSL’s Shelton Louie. He emphasizes that inventory and will-call systems need to work together to ensure you have proper storage, tracking, and staff accountability for controlled substances from the time medications are delivered to the pharmacy by the wholesaler until they are safely in the correct patient’s hands. “Fully automated will-call systems bring technology to the last 10 feet of pharmacy prescription dispensing and improve accuracy, accountability, efficiency, and customer service,” says Louie.

Adherence and Performance

THE TRENDS AROUND PATIENT ADHERENCE and pharmacy star rating performance will continue to

continued on next page
hold center stage in 2017. Our survey results suggest that several technologies, including patient messaging and engagement tools, as well as med sync, MTM, and packaging, will be foundational for pharmacies’ efforts to position themselves for achievement here.

Jeanne Van Dyke, voiceTech’s director of marketing and business development, sees communication as a relevant focus for the pharmacy profession overall, and driving patient engagement will be vital for determining how pharmacies fare with the star rating requirements. And if you haven’t really gotten going here yet, BestRx’s Desai suggests keeping it simple to start with: “Text and email reminders for refills and prescription pickup are simple ways for pharmacies to increase adherence as well as volume,” he says, “which in turn leads to increased profits.”

Bob Jones, director of pharmacy systems solutions for AmerisourceBergen, is anticipating continued investment in this area. “For example,” says Jones, “our PSAO partners with PrescribeWellness to provide our members with these types of solutions through our Patient Engagement Center. They also have additional options like personalized outbound patient messaging, medication synchronization, and a Medicare Part D plan selection tool.”

And don’t forget the impact that packaging can have on adherence, especially in the retail setting, where it’s still not a common practice. “With the continued focus on adherence, pharmacy owners should consider investing in some type of adherence packaging to attract new patients and support their synchronization efforts while ultimately improving patient outcomes,” says Jones. “Based on pharmacy size it could be a semi-manual filling solution or a totally automated robotics solution, such as pouch packaging.” And, notes Jones, providing adherence packaging promotes customer loyalty, too, since once your patients get a look at the convenience and benefits of packaging, they are less likely to go elsewhere.

Better Patient Care, Better Pharmacy Business

IMPROVED ADHERENCE HAS A SIGNIFICANT positive financial impact for pharmacies, too, for example by generating more fills over the course of a patient’s therapy and affording more opportunities for providing additional services such as MTM, immunizations, or Part D plan selection help. Jon Bell, lead retail market analyst for QS/1, emphasizes that the financial advantages for pharmacies embracing an outcomes-oriented model are all rooted in having a positive impact on patients. “A greater focus on outcomes leads to better patient care and more loyal patients,” notes Bell. “And, as we’ve seen with the CMS five star ratings, physicians will often seek out pharmacies that can help the physician improve quality.”

Bell recommends that pharmacies keep an eye on one topic in particular that he sees driving everything around pharmacy performance: outcome-based payments. “This is what’s driving adherence and the healthcare information technology needed to improve and document outcomes,” says Bell. In his view, pharmacy management systems will become more important than ever as pharmacists look to technology to aid the pillars of performance — med sync, patient education, and patient reminders and communications — while also creating the documentation payers require.

Another important trend in 2017 will be the leverage to build a better organized, appointment-based service model. This is something for which your pharmacy may
Q: What is the Yardi Pharmacy Network?

A: It is an exclusive network of pharmacies located throughout North America connected by the Yardi eMAR™ system.

Q: What features does Yardi eMAR offer?

A: Member pharmacies connect to senior communities using Yardi eMAR, enabling real-time online resident medication information sharing, automated prescription fulfillment orders, and secure, streamlined communication with pharmacy staff. Our software allows pharmacies and senior living communities to replace paper MARs, reducing risk and errors and cost, with a complete eMAR solution built into our industry-leading electronic health records platform, Yardi EHR™

Key Benefits of Yardi eMAR

- Exposure to thousands of senior living providers utilizing the Yardi Senior Living Suite™
- Affordable, streamlined medication processing
- Improved resident safety and compliance
- Reduced risk of managing complex medication regimens
- Seamless medication administration processes and workflows
- An enterprise-class eMAR solution fully integrated to Yardi
- An enhanced eMAR solution built on ALMSA’s proven platform
- Increased customer loyalty and retention
- Co-marketing opportunities with Yardi

Q: Why join the Yardi Pharmacy Network?

A: Get noticed by thousands of long-term and post-acute care providers by integrating with the Yardi Pharmacy Network and Yardi eMAR. Member pharmacies are part of a network able to capitalize on the increasing number of senior living providers who have adopted Yardi’s complete suite of senior living solutions.

Q: How to join the Yardi Pharmacy Network?

A: Becoming a member of our exclusive network of pharmacies is easy.

Contact us at 800.866.1144 or pharmacy@yardi.com to begin the certification process. Or if you want to learn more about Yardi eMAR visit yardi.com/emar.

Social. Mobile. Smart

YARDI

To learn more, call 800.866.1144 or visit www.yardi.com/emar
already have laid the groundwork, according to Ateb's President and CEO Frank Sheppard. He sees that the key to providing value-based care and increasing patient engagement is to transition to the appointment-based model (ABM) using medication synchronization programs that smooth and organize workflow and afford pharmacies with structured and scheduled opportunities to engage patients.

Taking all this into consideration, Datascan’s President Kevin Minassian offers some sound advice: Pharmacies should not expect to make do with their existing technology. Minassian emphasizes that pharmacists should be taking a close look at the market in order to update older technology and ensure they have the latest tools at their disposal.

The transition to a service-based model will require that pharmacies learn to tell their story to patients and prescribers effectively, something technology can help with as well, according to Robert Terrell, product manager for PocketRx. “The first step for pharmacies is marketing their services and educating customers,” says Terrell. In conjunction with this, Terrell notes that there’s also a growing emphasis on technology that helps pharmacies deliver and manage their enhanced service offerings. “It’s evolving into utilizing more interactive technology to help deliver these solutions,” he says.

Data and Analytics

As the need grows to engage more effectively with patients, and as pharmacy practice grows ever more complex, the depth of insight into operations and patient populations via pharmacy data will be a key piece for success in 2017.

Ateb’s Frank Sheppard sees a critical need for pharmacies to analyze their existing data. “Pharmacies can better understand their current patient population,” says Sheppard. “They can identify any lapsed patients and develop appropriate strategies to retain their patients. They can identify patients that require interventions and proactively drive engagement to improve...
adherence in an affordable manner.” Leveraging big data and predictive analytics will empower pharmacies to practice a more proactive workflow, in Sheppard’s view.

SoftWriters’ Heather Martin, vice president of sales and marketing, makes the point that how you consume your data and timely access to insights are critical areas pharmacies will want to look to in 2017. “Fully integrated data analytics tools allow for easy distribution and consumption of information,” says Martin. “Real-time dashboards and historical reporting features are essential for operators striving to identify patients in need of additional services and for identifying opportunities to improve operational efficiencies and financial performance.” These are the same tools that can be used to reinforce customer service commitments and value, notes Martin.

POS Power

BUT DON’T JUST LOOK TO YOUR PHARMACY

management and clinical systems for data, advises Mike Gross, Retail Management Solutions vice president of sales and marketing. He notes that point-of-sale (POS) systems are powerful data collection and analysis tools for pharmacy. They can help identify areas with strong margins and give the pharmacy a competitive advantage by offering a higher level of customer service than what the competition may offer. “POS gives insight into how the store is performing,” says Gross. “You can learn who the best customers are, and where to invest in goods and services, or more importantly, where not to invest. It can give insight into staffing levels, employee performance, and even help determine store hours, but only if used correctly.”

Loyalty programs are another area that should be on pharmacies’ radar for 2017. Epicor’s Senior Product Marketing continued on next page
Manager Keith Lam notes that these programs are also driven by POS data and analytics. “Every retail pharmacy should be using POS data to find their best customers and determine how to continue to provide the higher-class service and the unique products independents can offer,” says Lam. Loyalty analytics will amplify the already powerful sales and product movement data coming from a POS system by providing insight into not just what’s moving, but which customers are buying what. Your next move is then identifying other, complementary products you can sell, including wellness and alternative medicine products, according to Lam.

And the impact is significant, according to Retail Management Solutions’ Mike Gross. “Rewarding your best customers and offering an attractive loyalty program is a very popular trend,” says Gross, “because it not only drives incremental revenue, but increases customer visit frequency beyond what may be typical with 90-day refills.”

Get Secure, Get Mobile

THERE ARE SEVERAL OTHER POS AND FRONT-END trends to keep an eye on. One is Europay, MasterCard, and Visa (EMV) and payment security, according to Epicor’s Lam. “Independent pharmacies are lagging behind in getting EMV implemented to protect their patients’ credit card information,” says Lam. “As they implement EMV, they may also invest in other payment security features, like point-to-point encryption and tokenization that encrypts all bankcard information at point of insertion/swipe, so no useful bankcard information can be stolen from the pharmacy’s retail system.”

Then there’s mobile POS, which may be growing to be a competitive necessity these days but which Lam reports seeing only sparing use of so far. Still, he expects growth here as retail pharmacies look to the technology for deliveries and health-system pharmacies for bedside checkout.

Retail Management Solutions’ Mike Gross sees a real strategic benefit for pharmacies willing to invest in a newer technology like mobile POS. “Typically, pharmacies wait for customers to come to the counter to make a purchase,” says Gross. “Retailing today means you have to be

Trends to Track in 2017

Telepharmacy will support remote-dispensing sites and off-site consultations by disease-state-trained pharmacists.

Mandates for electronic prior authorization (ePA) will grow and become the preferred PA process for most large plans/PBMs.

A greater focus on controlled substance abuse and diversion.

The CMS mega rule on conditions of participation for skilled nursing facility operators will drive changes in how pharmacies will support new facility reporting requirements.

END trends to keep an eye on.

-covered story | The Outlook

continued from previous page

continued on page 26
Technology investments that make everyone smile.

When you install a ScriptPro Robotic Prescription Dispensing System, 40–70% of your daily prescription volume is covered, allowing your pharmacy staff to be front and center – right where they should be. Build loyalty and foster meaningful counseling, all while your investment works quietly in the background.

The results are happy customers, increased revenue, and an overall superior pharmacy experience. ScriptPro Robotics. Technology you can count on so your customers can count on you.
everywhere your customer is, including the counter, at curbside, or even at their front door. By leveraging mobile POS technology, a pharmacy can improve its customer service by getting out to assist where its patient base is.”

Finally, you should not forget the revenue and profit opportunities available in a pharmacy’s front end, according to Datascan’s Kevin Minassian. “Independents’ revenues are still 90% prescription and only 10% front end,” says Minassian. “Building adherence in the back is great, but finding ways to promote and sell more in the front end will really build revenue streams and diversify profits.”

Building prowess in your front-end business creates a real opportunity. As you solidify your operational strengths and learn more about your patients’ needs, you can then leverage that knowledge into being a smart pharmacy where you have just the things your patients want and need just in time for each visit they make to your store.

Keeping It Simple
YOU MAY BE WONDERING WHERE TO START, however. There are a lot of powerful tools out there and some big concepts to approach, such as adherence and performance. But don’t feel overwhelmed and just step away. Educate yourself about what your current systems can do, and start with small steps there. For example, Liberty Software’s Jeremy Manchester points out that workflow features have been available in pharmacy software for years. “But we still see established, high-volume pharmacies not using workflow,” he says. “They aren’t using RPh1 check and final product check, for example. These busy stores are the ones that have the most efficiency to gain from these type of workflow features. Change is always hard, but workflow can really improve a pharmacy’s organization and productivity.”

Datascan’s Kevin Minassian has similar advice. “It amazes me how much technology is built right into so many pharmacy
management software products,” he says, “and yet our clients don’t know about the advanced features and technology within.” According to Minassian, a review of your current software is likely to turn up many of the tools that drive adherence, as well as ways to automate tasks. “Use all the technology in your software,” advises Minassian. “Especially when so many of us are including it at no additional cost. You’re basically already paying for it.”

Sharing, Liking, Tagging

ANOTHER AREA THAT LIKELY GIVES MANY pharmacies pause is social media. Maybe you aren’t so excited about it, or maybe you don’t even really know what it is and how it works. But it’s a key area in which to put your message out there and educate patients, current and potential, about the levels of service and attention they can expect. Indeed, voiceTech’s Jeanne Van Dyke says that social media is typically overlooked by pharmacies as a valid vehicle for reaching out to their patients. That’s something that needs to change in 2017, according to TeleManager Technologies’ Paul Kobylevsky, who sees a big need for patient-oriented digital and social media with a cloud-based connectivity.

But there’s a real chicken-or-egg problem here. “These services are widely used by large chains, but not so much by independent pharmacies,” says Kobylevsky. “It is a Catch-22 situation. Independent pharmacies don’t have the time and ability to maintain and promote these services and apps. As a result, patients don’t use them to the fullest extent, and pharmacies in turn don’t see a reason to invest further time and resources in them, since they do not see enough return on investment.” This is completely wrong, in Kobylevsky’s view, because these social apps and other digital media technology are the strong preference for many patients for receiving communications that can impact critical areas such as adherence.

The Hot Markets

WHAT ABOUT THE MARKET AREAS WHERE pharmacies can apply their efforts to the best effect in 2017? We got a range of responses from the technology vendors, suggesting that there’s good opportunity for pharmacies looking for growth.

In line with the highlighted trends, a strong focus on the patient and providing services that are competitive differentiators will continue to be a key to success. This may take the form of an emphasis on outstanding customer service; on pharmacist consultations that afford opportunities for providing therapies and clinical interactions at the pharmacy; or on opportunities such as expanding product offerings in the growing alternative health-and-wellness market.

High-growth areas such as specialty pharmacy and 340B will also continue to rapidly evolve, with opportunity for those pharmacies prepared to comply with the specialized demands of these market segments. There should also be reason to see investment by traditional retail pharmacies in long-term care (LTC) services, while the definition of LTC will continue to evolve to include more patient settings, such as home care, a market that is large and growing. Finally, continuity of care will see attention from retail, long-term care, and hospital pharmacies.

Making Your Move

THERE’S NEVER A GOOD TIME TO BE AT A loss for your next move in pharmacy, and 2017 will be no exception. It may be the time to rev up your services, getting med sync or immunizations going. Or you may decide to revamp the workflow in your pharmacy, add automation, or move into specialty. It will take a good strategy and a firm grasp of the technology pieces available for you to make these moves successfully. The good news is that the board is full of options, and the biggest job is deciding just which move to make.

Will Lockwood is VP and a senior editor at ComputerTalk. He can be reached at will@computertalk.com.
Medi-Thrift Pharmacy is a small-town retail pharmacy that’s been in business in LaFayette, Ga., since 1979. In this interview, co-owners Neal Florence, R.Ph., and Heather Staton, Pharm.D., discuss why this was the year to finally make the investment in robotic dispensing in the form of a Kirby Lester KL60.

ComputerTalk: How long had you been looking at robotic dispensing?

Neal Florence: We’ve been looking for five or six years. Every convention that we went to, we’d check the different vendors out. Until this year, automation wasn’t a big need because we have had enough pharmacy techs to be able to handle our business. However, we recently lost a tech, and that led to our decision to go with robotic dispensing this fall.

CT: What was at the top of your list for automation?

Florence: Accuracy, first and foremost. Another feature we wanted was automation that labels the bottle. We wanted the bottle to be essentially ready to go out to the patient, except for the final verification, of course.

CT: So you are looking to the robotics to take on a significant role in your dispensing flow.

Florence: Yes. The simple fact is that we have reached the point where we still have to fill scripts, but the key is to do so as inexpensively and quickly as possible so we can focus on other growth areas.

Heather Staton: We have realized that we need this help to ensure we have more accuracy and an easier fill situation for prescriptions, while we are doing so much with our pharmacists in counseling, giving injections, and handling MTM [medication therapy management]. We’re also looking to put our technicians into other roles relating to patient compliance and assisting with MTM. By utilizing robotics, we are looking at taking some of the tasks of counting and putting pills in vials off of them so we can focus more of their time on these other areas of patient care.

CT: What were the factors that led you to select the KL60 in particular?

Staton: We’ve used Kirby Lester tablet counters for a long time. We use the KL1Plus now, and we know Kirby Lester has a good interface with our software system from PioneerRx. Our experience has given us a high level of comfort with Kirby Lester. We are confident that the KL60 will live up to our expectations.

CT: Why did you choose a 60-cell version over, say, the 100-cell version?

Florence: Well, it was a big decision whether to go with the KL60 or the KL100. Staton: They say that with the KL60 you’re getting 35% to 45% of your prescriptions filled by the robot. When you go up to the KL100, you’re getting 45% to 55%. We felt that the KL60 would meet our goal of having the robot filling at least one prescription for every order we have in a basket. When we looked at our drug list, we could see that we’d get the efficiency that we needed from the KL60, and we realized we wouldn’t hit those extra cells in the KL100 as often as we’d want to.

CT: Any key decision-making tips for pharmacists looking at automation needs?

Florence: You have to figure out how to fit the robotics into the pharmacy. You need to have a plan for how to pay for it. You need to think about how to get an ROI [return on investment]. All this comes into play. You have to be able to afford it with your cash flow, because it is equipment that requires a substantial investment. We also will readjust our prescription flow to make sure we are using our technology and staff well.

Staton: I just think you have to look at your business needs. I don’t think robotics is for every pharmacy. That’s why we’ve taken our time making the decision. We had to be confident that we’re going to maximize ourselves by doing this, and that we’re not just doing it because we want to. You want to make sure that it will work in your workflow, that it will work with your other systems. With our interface now, we feel like it will work much better than it may have three or four years ago, because Kirby Lester’s got a solid two-way interface with our computer system. You’ve just got to make sure it’s the right timing and the right fit for your current business model, and be ready to adjust a little bit if you need to.
Yesterday was my 80th birthday. Several times I said, “Thank you for the first 80 years — they have been great. I am looking forward to the next 80. There is still much to do.”

However, this is also a time to look back on what has gone on since 1936. What follows are a few of the things that have impressed me.

My dad had high blood pressure. The drug of choice was phenobarbital. He hated it because it made him drowsy. During one of his “vacations” from phenobarbital he had a stroke that caused his death. Now we have a long list of drugs to deal with blood pressure. Drowsiness is seldom a problem. That is just one example of the huge number of advances in drug therapy.

We had a telephone at our suburban house. Trinidad 2-0926. Listen for the dial tone, put your finger in the “TUV (8)” hole, turn the dial clockwise, let it spin back, then put your finger in the “PQRS (7)” hole; then the “2” hole, etc. If you were lucky it would work. If you needed to call someone in another city, you dialed “0” and talked to an operator. Now, you poke your cell phone (which you can do just about anywhere) and tell it to “Call Jane,” who could be anywhere else in the world.

Conventions are still at hotels. Back then, just outside of the meeting rooms there was always a row of telephone booths. They are all gone. Same with airports. Same with street corners. No more telephone booths.

Automobiles. I learned to drive in a 1936 Ford. Stick shifts were all that was available. Now we drive cars that accelerate automatically to a preselected speed with the flip of a button and slow down and stop automatically if the car in front of you slows and stops. Of course you can now make phone calls and get told when and where to turn to get to your destination.

Healthcare is changing. M.D.s are not...
the gods that they used to be. They may be team leaders, but their god image is going away. That is because the provision of healthcare is a cooperative activity. Each specialist has a role to play. The age of the overeducated, underused pharmacist is finally going away.

When I started practicing pharmacy we had manual typewriters that had little clips to hold those little labels on the platen of the typewriter. We had little label lickers that had to be filled with water every morning. ALL of the prescriptions were handwritten. Oops, some were printed by the drug manufacturers and given to the physicians, ready to sign. Some of our “best” patients had charge accounts. Meaning, if we were lucky, they paid later. The rest paid $-CASH-$. However, cash was seldom over $5.00. Prescription drugs were sold for $0.95. Yes, 95 cents. Or $1.95. Or $2.49. The last digit was always a 5 or a 9. Price was generally based on the cost of the drug, plus 50%, plus a small fee. However, all of those prices were subject to change based on what we thought the pharmacy down the street was charging.

People price-shopped. So if someone asked for the price of a prescription, the pharmacist was likely to write his (mostly male pharmacists) price on the prescription in code. PHARMOCIST: $1.95 was written on the prescription as PSM. The next pharmacist knew not to charge more and sometimes charged a nickel less.

The drugs were cheap. But they also were primitive; nowhere near the sophisticated drugs we have today. Third parties did not exist. The first insurance programs of any significance were the welfare/Medicaid programs. In the ’60s and ’70s others started popping up. Most used the “shoebox” method. The patient gathered receipts in a shoebox and every now and then sent in a stack to the insurer. That was a mess also. Voila! The National Council for Prescription Drug Programs (NCPDP) was created. The NCPDP created the “universal claim form.” Which was great, except it had to be filled out by hand because the boxes where data was entered were not lined up horizontally.

Those of us who were putting together pharmacy computer systems (early 1970s) got that fixed so we could print out the forms with our primitive dot-matrix printers.

**Computers: Then and Now**

Which brings up the pharmacy computer world. The first one I tried to sell depended on a voice line going to somewhere in Pennsylvania from a terminal in California. I carried that terminal around to do demos. We dialed the number (often fingers in the holes), stuck the phone in the terminal’s cradle, typed in data, and waited for Pennsylvania to reply. Sooner or later something that looked like a label would print out on lousy paper. I didn’t sell any (thank goodness), but I got hooked on the idea.

My brother Chad was (and is) an electronics genius. He built computers before Jobs and Wozniack put together Apple 1. We got to talking and decided we could build a pharmacy computer. We, and a couple of others, created (created is the right word) the first stand-alone pharmacy computer system. Lots of stories about midnight oil, primitive programming, printer nightmares, minor victories, etc. Maybe sometime I will write the whole story as I remember it. Too long for here.

I marvel at where the pharmacy computer world is now. Fast, comprehensive, easy-to-use systems are making pharmacies the most efficient component of the healthcare world.

I am looking forward to observing (and participating in) the changes to come. That’s the next 80. CT

George Pennebaker, Pharm.D., is a consultant and past president of the California Pharmacists Association. The author can be reached at george.pennebaker@sbcglobal.net; 916/501-6541; and PO Box 25, Esparto, CA 95627.
Do You Know What You Don’t Know?

We absolutely know you don’t have time to have your head in the clouds, envisioning a future scenario where technology allows you to morph your practice into another unanticipated level. We also fear that many of you are spending most of your waking moments in the weeds of survival in your practice, while changes are afoot that can dramatically impact your business. In fact, you may not even be aware of opportunities that are developing in your own community. Answer this question: Can you describe your practice as being part of an integrated delivery system?

An integrated delivery system (IDS) is a network of healthcare organizations that is owned or tightly affiliated with a large provider, such as a local health system or a powerful physician network. Many IDSs have an HMO component, while others are a network of physicians only, or of physicians and hospitals. Thus, the term is used broadly to define an organization that provides a continuum of healthcare services for patients in a defined population or community. Larger communities can hold two or more competing networks or systems, where you may want to seek integration with only one, or both, depending on what is best for your patients and your practice. Many physicians maintain privileges in multiple hospitals, but just like them, you may encounter challenges brought about by different electronic health records and communication standards being employed in each system.

Do you see your pharmacy operations as a big enough player in your community that larger organizations are going to seek you out and propose cooperation, collaboration, or affiliation with them in their future planning? Do any of these larger organizations see any potential of your practice beyond the distribution of medications and perhaps durable medical equipment? IDSs will typically either purchase, build, or affiliate with providers that are needed to help them offer some level of population health. Ask yourself, if the largest employers in your community were enlisted by an IDS in a contract that did not utilize your practice, would this impact your practice significantly? Some of you can say “no” to this question, because you are too small, too rural, or too near to retirement to care. This column is being written for the rest of you.

Meet the People

We advocate that each of you take the time to have a meeting with key members of your local health system and the administrative staff of any significant physician networks in your community, if they are so organized. You may want to go as a pharmacy practitioner or as a representative of a local pharmacy network of providers. In either case, the key players in the health system would include, of course, the CEO, if you want to know how regulatory changes are impacting how the health system is planning strategic and tactical moves in the near future.

continued on next page
source will also allow you to discover how the insurance industry changes that are ongoing right now may impact your community. Are you aware that insurance companies are attempting to merge, and that three companies may soon insure one-half of the covered lives in our nation? Would you like to know what your health-system CEO sees as the implications of new regulations and insurance company changes, and how straddling the transition from fee-for-service to population health is impacting his or her health system?

You have probably read in a previous column that we advise an informal meeting with the chief information officer (CIO) for your health system. Larger physician networks will probably have a similar position being filled. Hopefully, we don’t have to tell you how important connectivity with other providers and with patients is to your practice. Are you aware if a provider portal is available in your community? Do you have access to it? Are you aware of a patient portal that could either be branded or selected from third-party offerings in that sector? Have you ever asked your patients if they are participating in a portal where they would give you access to their information directly? Would the ability to see lab results, diagnoses, and care notes improve your ability to serve your patients’ needs more effectively and efficiently?

We can still state from a tongue-in-cheek posture that, “The nice thing about information standards is that there are so many to pick from.” After you meet with the information technology officer, you will be able to communicate to your pharmacy management system vendor the exact standards being employed, and examine connectivity opportunities that result from this information. There are so many ways now to move data from one disparate system to another that can be employed. The only way this will occur is when you acquire the necessary parameters to achieve it.

Another key group from health systems is the discharge planner personnel that are working locally with your patients. Do these individuals know how you can assist patients during the handoffs from acute care to ambulatory care? Do your patients know when they schedule procedures in your hospital that they can request that discharge documents be forwarded electronically so that you can facilitate the assistance with the medications, postsurgical supplies, and home care appliances that may assist them with their transition needs back home? Again, do these people know you and what you can do?

The last key individual we want you to talk with is the patient who darkens the door of your pharmacy. Do these individuals know how you can assist patients during the handoffs from acute care to ambulatory care? Do your patients know when they schedule procedures in your hospital that they can request that discharge documents be forwarded electronically so that you can facilitate the assistance with the medications, postsurgical supplies, and home care appliances that may assist them with their transition needs back home? Again, do these people know you and what you can do?

We recommend that you ask the question, “When you think about everything that is going on with your health and the health of those you care about, what is your biggest concern right now?”

We recommend that all of these patient questions should be preceded by you asking the question, “When you think about everything that is going on with your health and the health of those you care about, what is your biggest concern right now?” If you have the courage to ask this question, and then address the issue posed with the services that you are already equipped to provide, you may be pleasantly surprised with how this interaction will open the doors to many opportunities for your practice. The title of this column could be called “click bait,” to get you to read where we were going with this title. If you are still reading this, you know that we are open to helping you by continuing the conversation and by answering any questions you may have. Feel free to reach out to us.

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

Finding and implementing solutions regarding specialty pharmacy is taking on increased importance, as these products account for a growing percentage of the annual healthcare spend. According to the Express Scripts 2016 Drug Trend Report, based on 2015 data: “Today 37.7% of drug spend is for specialty medications, with the number expected to increase to 50% by 2018 and continue to grow from there.” This growth, which includes biosimilars, is anticipated to continue for the foreseeable future. The combination of new, expensive products used to treat chronic conditions experienced by a large part of the population will have a significant impact on the healthcare budget.

The term “specialty pharmacy” has a variety of meanings. To some, it means expensive medications; to others, it means a pharmacy that focuses on medications to treat certain disease states. What we know is that there are challenges facing all healthcare stakeholders when it comes to “specialty.” The industry has not yet agreed upon definitions for “specialty medication” or “specialty pharmacy,” although the definitions that do exist have some consistent themes.

Regardless of the definition, the issues surrounding specialty are impacting many stakeholders and causing a flurry of industry activity. There are conferences, webinars, and white papers devoted to the topic.

Insurance Plans’ Concerns

The pipeline is replete with specialty and biosimilar products. Insurance plans are looking for ways to manage the increasing trends, and are implementing tools such as prior authorization, preferred

continued on next page
provider networks, and member cost-sharing programs. Insurance plans are also looking to pharmacies to report on any coupon or co-pay assistance that may be applied, so that the member’s cost share reflects his or her actual out-of-pocket expenditure. They are also looking at models that tie the financial terms of their agreements with the manufacturer’s to clinical performance.

Pharmacy Concerns

New arrangements are being formed between community pharmacies and specialty pharmacies, allowing the community pharmacy to dispense the product and maintain its patient relationships. This can be confusing to patients and prescribers, who may not know that the community pharmacy has an agreement with the specialty pharmacy, and has directed the prescription to the specialty pharmacy.

Pharmacies are often trying to obtain the prior authorization, yet with new ePA (electronic prior authorization) requirements in place in some states, may not be able to electronically submit the request or be notified of the outcome.

Many products have a risk evaluation and mitigation strategy (REMS) associated with them, which are FDA-required parameters that must be met prior to dispensing. Identifying and complying with these requirements takes additional resources.

Reporting requirements continue to evolve. Pharmacies often have to report a number of metrics to the manufacturer, from dispensing data to care coordination efforts. Some states now require the pharmacy to report the dispensing of a biosimilar to the prescriber.

Manufacturers’ Concerns

Manufacturers remain focused on ensuring their products receive preferred formulary status, and reducing or eliminating barriers to patient access. They have invested heavily in resources to assist in getting the claim paid, primarily through the use of hubs that facilitate obtaining prior authorization and identifying financial assistance resources for patients. They are also working with insurance plans to develop agreements that incorporate clinical outcomes.

Patients’ Concerns

Many specialty products have costs that range from several hundred dollars, to potentially several hundred thousand. With the increase in high deductibles and/or co-insurance plans, the patient financial responsibility can be overwhelming or insurmountable. Patients may not understand network limitations or know how to identify the financial assistance available to them via manufacturer co-pay assistance programs or charitable foundations. Patients have been able to use the financial assistance programs without the payer knowing, but as efforts to report those assistance amounts to the payer grow, patients may still struggle to pay their annual cost share.

Technical Support

Adding to these concerns are the operational inefficiencies and system deficiencies that exist in the specialty arena. Prescriptions are rarely transmitted electronically, as is
common for ambulatory and inpatient medications, but primarily via a faxed intake form. Prescribers don’t know if a prior authorization is needed, or if the patient’s plan requires use of certain pharmacies. Their system may not discretely capture information needed to obtain payer approval, such as genomics data. REMS requirements can vary by product, and determining the requirements can be challenging. Pharmacies are verifying benefits via web searches and telephone calls. Pharmacies may find themselves no longer able to manually submit a prior authorization request, depending upon plan constraints or regulatory requirements. Specialty products may require supplies for administration, or patient education before treatment begins, so multiple orders may be needed. Coordinating various orders can be challenging for the pharmacy, especially if it has to work with a homecare agency to determine when the medication can be provided to the patient. All of these manual processes negatively impact speed to therapy, operating costs, and stakeholder satisfaction.

Efforts are being made to address these concerns. A recent article in Specialty Pharmacy Times outlines some of the work being done: http://www.specialtypharmacy-times.com/news/improving-specialty-pharmacy-speed-to-therapy-should-be-an-industry-priority.

Even with the industry coming together to develop solutions, implementation isn’t imminent. If the solution involves a new standard, or a new version of a standard, then regulations may need to be published that require the industry to use the new standard. Programming to support the new standard has to occur, followed by training for end users in workflow changes. If the solution doesn’t involve system changes, or isn’t required by regulation, the process and timeline could be more complex and longer. Everyone working in healthcare today is accustomed to doing more with less, and recognizes that priorities are often set externally. Adapting to meet the needs associated with specialty pharmacy is no different.

**Marsha K. Millonig, R.Ph., M.B.A.,** is president of Catalyst Enterprises in Eagan, Minn. The firm provides consulting, research, and writing services to the healthcare industry. The author can be reached at mmillonig@catalystenterprises.net.

---

**Index of Advertisers**

<table>
<thead>
<tr>
<th>Company</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Society for Automation in Pharmacy</td>
<td>Inside Back Cover</td>
</tr>
<tr>
<td>Best Computer Systems</td>
<td>16</td>
</tr>
<tr>
<td>Health Business Systems, Inc. (HBS)</td>
<td>19</td>
</tr>
<tr>
<td>Integra</td>
<td>24</td>
</tr>
<tr>
<td>Kirby Lester</td>
<td>28</td>
</tr>
<tr>
<td>Manchac – DOSIS</td>
<td>26</td>
</tr>
<tr>
<td>Medicine-On-Time</td>
<td>40, Back Cover</td>
</tr>
<tr>
<td>Micro Merchant Systems</td>
<td>7</td>
</tr>
<tr>
<td>Net-Rx, An MHA Solution</td>
<td>18</td>
</tr>
<tr>
<td>PioneerRx</td>
<td>Inside Front Cover</td>
</tr>
<tr>
<td>PrescribeWellness</td>
<td>11</td>
</tr>
<tr>
<td>QS/1</td>
<td>3</td>
</tr>
<tr>
<td>RxMedic</td>
<td>17</td>
</tr>
<tr>
<td>Rx-Net</td>
<td>20</td>
</tr>
<tr>
<td>ScriptPro</td>
<td>25</td>
</tr>
<tr>
<td>SoftWriters – FrameworkLTC</td>
<td>1</td>
</tr>
<tr>
<td>TCGRx</td>
<td>23</td>
</tr>
<tr>
<td>TeleManager Technologies</td>
<td>14</td>
</tr>
<tr>
<td>Transaction Data – Rx30</td>
<td>5</td>
</tr>
<tr>
<td>voiceTech</td>
<td>22</td>
</tr>
<tr>
<td>Yardi</td>
<td>21</td>
</tr>
</tbody>
</table>
The Changing Dynamics of Opioid Prescriptions

Pharmacists are increasingly facing new challenges with managing and dispensing controlled substance medications. Market and regulatory changes have been taking place with controlled substances, including the new opioid guidelines, electronic ordering of CIIs using the Drug Enforcement Administration’s Controlled Substance Ordering System (CSOS), and increased availability and utilization of prescription drug monitoring programs (PDMPs). It is challenging for pharmacists to stay up to date on the opioid situation because of the constantly evolving software and guidance.

In March 2016, the Centers for Disease Control and Prevention (CDC) published updated guidelines on prescribing opioids for chronic pain. Although the guidelines primarily serve physicians, it is beneficial for all healthcare practitioners to understand the guidelines and their ramifications. The guidelines include 12 recommendations; paraphrased, as shown on the next page.

With the new changes in prescribing, pharmacists may face increased responsibilities, but see more opportunities for patient interaction. Patients will be more likely to receive nonopioids or lower doses when starting opioid therapy. Because of these changes, pharmacists may play an increased role in communicating breakthrough pain to physicians. Pharmacists can also proactively discuss naloxone with their patients and identify high-risk patients.

For some pharmacies, it may make sense to collaborate with clinics that require their patients to sign pain contracts. Pain contracts, or pain treatment agreements, are agreements between patients and physicians. The contracts develop a baseline of understanding between the two parties to facilitate treatment and improve dialogue. More physicians are now requiring their patients to sign pain contracts prior to initiating long-term opioid therapy. One contract clause may require the patient pledging to use a single pharmacy for all controlled substance medications. This allows the pharmacy-physician team to better manage a patient’s therapy and monitor for drug misuse. The PDMP programs can expose patients that violate this agreement clause. For pharmacies looking to get more involved in opioid management, use of PDMP data is an excellent avenue to explore.

All healthcare practitioners should educate themselves on the new opioid guidelines and assess where they can have an impact. Diligently utilizing PDMP information on prescribers and patients will help to control misuse and abuse.
Access Integration

Although using these systems may add time to dispensing, PDMPs are highly effective at reducing prescription opioid overuse, abuse, and diversion. PDMPs allow healthcare workers, including physicians and pharmacists, to collect, monitor, and analyze dispensing data related to scheduled substances. This information can be used to help detect cases of overuse or inappropriate prescribing. Currently, 49 states have operational PDMPs. Using the PDMP-provided data not only limits pharmacists’ legal culpability, but also improves patient care. As the functionality of pharmacy management systems evolves, more pharmacies will have PDMP access integrated into the pharmacy management software, creating a seamless process.

continues on next page
For PDMP data to be effective, it has to be used. An August audit by the State of Ohio Board of Pharmacy found that one-third of Ohio physicians were either not registered or not properly using the state’s PDMP. Over 12,000 physicians were violating the policy requiring them to check patients’ prescription histories before prescribing opioids. The audit findings show that the top 25 identified physicians failed to run reports on over 7,500 patients. Consequently, the State Medical Board of Ohio will focus on these top offenders. Increased physician registration and training on using the PDMP data should reduce these policy violations in the future.

**Better Inventory Control**

Technology has already vastly improved the controlled substance ordering process. Because of the CSOS, pharmacies are more likely to order controlled substances daily or multiple times per week. Previously, the inconvenience of using the DEA’s paper Form 222 often led to weekly ordering for pharmacies. Weekly orders caused fluctuating inventory levels with peaks and troughs. With daily ordering, these peaks and troughs are much less pronounced. The improved efficiency and increased ordering frequency resulting from the CSOS reduces pharmacy inventory carrying cost and limits the potential for theft, as less product is in stock at any given time. Equally important, the CSOS helps pharmacies stay within the DEA’s ordering algorithm, since large orders and high inventory levels are much less common.

Without the combined efforts of physicians, pharmacists, payers, and government, it will be unlikely that efforts to curb the overuse and abuse of opioids will be effective. The breadth of this epidemic necessitates a multifaceted approach encompassing prescribing, dispensing, and regulation. All healthcare practitioners should educate themselves on the new opioid guidelines and assess where they can have an impact. Diligently utilizing PDMP information on prescribers and patients will help to control misuse and abuse. Pharmacists should also be educated on the use of naloxone and create a referral plan to assist patients struggling with opioid abuse. 

---

**Ann Johnson, Pharm.D.,** is a consultant with Pharmacy Healthcare Solutions, Inc., which provides consulting solutions to pharmaceutical manufacturers, PBMs, retail pharmacy chains, and software companies on strategic business and marketing issues. Her current emphasis is in analytics and pricing reimbursement, financial models, drug compendia review, indirect manufacturer contracting, contract review, and market research. Ann can be reached at ajohnson@phsirx.com.
SoftWriters’ 8th Annual FrameworkLTC Users Conference

Customers gathered in San Antonio for the company’s 8th annual users conference in September, which focused on “Delivering Success.” The agenda featured presentations on events in the long-term care pharmacy market, a variety of breakout sessions, demonstrations of the new FrameworkPOD management solution, and an exhibit hall that featured more than 30 vendor partners.

The conference featured a variety of speakers, including Alan Rosenbloom, left, who talked with attendee Charles Platz of Managed Health Solutions. Rosenbloom gave a presentation on the impact of politics and policy on the long-term care pharmacy.

SoftWriters’ President and CEO Tim Hutchison, left, was available throughout the conference to catch up with attendees.

Nancy Mlinarik, left, sales consultant, and Heather Martin, VP, sales and marketing, showed how owners can highlight their key differentiators to potential customers during the sales process and gain new business.

Michael Clasen and Becky Kehoe of Hartig Drug were excited to attend the conference again.

SoftWriters’ Dustin Harbison with customers Amy Booher, left, of PharmBlue, and Deb Meehan, right, of Medication Management Partners.

Attendees Kara Clanton, Nita Allen, and Lorraine Reid said they were interested in FrameworkPOD, the newest addition to the FrameworkLTC solution set.

The conference featured speakers during the general sessions and plenty of opportunities for customers, SoftWriters’ staff, and vendor partners to get together and reconnect during networking events.

Speakers and the SoftWriters’ executive team and staff spent time catching up with customers during the networking reception. From left, Jennifer Tarwacki, Grane Rx; SoftWriters’ VP and COO, Tim Tannert; Kristin Buzon and Ryan Kowach, also with Grane Rx; and speaker Kevin Boles.

SoftWriters’ Lisa Ready, third from left, shown with the team from Dougherty’s Pharmacy.

Tony Vargas, Susan Bloch, and Mark Heil.

Enjoying the evening reception from Guardian Pharmacy are Susanna Gilmore, Kailee Lynch, Taylor Driscoll, Philip Boyd, and David Martin.

Long-time customers look forward to the networking at the conferences. From left are Steve Koziak and Paula Carlock of Rx Partners with Jim Ryan, Erin North, and Ramesh Kc of Community Pharmacy Services.
Helping Pharmacists — Helping Patients
Adherence Trend Addressed with Medicine-On-Time Solutions

Medicine-On-Time has long recognized the importance of patient adherence. In this interview with ComputerTalk’s Maggie Lockwood, VP of Sales and Marketing John Hassell describes a company poised to give pharmacy the software tools in 2017 to continue to be on the forefront of adherence programs.

ComputerTalk: Adherence is the current trend in the pharmacy profession. Medicine-On-Time has long been known as an innovator in this area. What enhancements will you announce in 2017?

John Hassell: Your first question is a good one, and I could spend this entire interview discussing enhancements that have already taken place and those being rolled out in 2017. Most people in the industry think of us simply as a packaging company — the one with the calendar cards that are color-coded by medication administration time. While that is true, our customers, many of whom have been with us for more than 20 years, think of us as an adherence solutions company that is supported by the industry’s first multidose compliance package. Our pharmacy customers would tell you that they choose Medicine-On-Time because of the software that drives the entire solution. Most pharmacy professionals don’t realize that we have been syncing prescriptions and managing pharmacy workflow for 30 years. Ultimately, our solution benefits anyone who manages a complex medication regimen.

Back to the main part of your question: Without going into too much detail, I can share with you that we are rolling out an entirely updated software platform (MOTNext) that is extremely intuitive and includes all the features that our customers value, such as charting forms, MSRs, and MARs. At the same time, the architecture allows for easy integration with industry partners, such as pharmacy management system vendors, as well as automation providers, such as Synergy Medical. We also offer our own scalable automation solution, which seamlessly interfaces with our software and gives pharmacists the benefits of efficiency and accuracy.

CT: Tell us the value in adherence packaging to pharmacy.

Hassell: I think the value has been well-established over the past several years. Through several well-published studies and countless journal articles, we know that patients participating in an adherence program will fill and take their chronic medications about three to four more times per year than those patients that are not enrolled in an adherence program. Because these patients typically fall into one or more of the top three or four disease states, they typically take seven or more meds. Those extra fills add up over the course of the year. The pharmacy generates more revenue, but more importantly, the patient stays well longer, and nursing home and hospital admissions and re-admissions are reduced. A tremendous amount of money is saved but most importantly, the patient remains independent longer and is able to enjoy a better quality of life.

CT: What do pharmacists like about the Medicine-On-Time approach to adherence?

Hassell: I believe that our customers value how MOT fits into their workflow and positively impacts scheduling, inventory, drug forecasting, and any other operational areas. We also strive to keep our customers 100% in compliance with existing and upcoming state board regulations. They also appreciate the fact that MOT software provides them with an abundance of reports and forms that their customers value tremendously, especially in adult daycare and group homes.

CT: Pharmacists are able to charge to offer this type of service — how is that working out as a revenue stream?

Hassell: That’s a great question, Maggie, and it’s one that we receive all the time. The fact is that many MOT pharmacies have been charging a service fee for our solution for over 20 years. Some charge as little as $5.00 per month, while others charge as much as $40.00 or more. At the same time, some pharmacies don’t charge at all but are glad to pick up the additional revenue created through extra fills. It really depends on market demographics.

As I am sure you are aware, some states are now paying an additional fee for Medicaid patients within specific disease states that receive multidose packaging. We are seeing the same more frequently with traditional health plans as well. In fact, one plan is currently taking $5.00 off the top and allowing pharmacies to earn back what they should have received to begin with. I am aware of a few pharmacies that will only accept patients that are covered under this plan if they agree to utilize MOT to manage their complex therapies. I believe that says a lot about the confidence our customers have in our solution and our company.

Read more from John Hassell on the impact of adherence packaging and the value of pharmacy in the healthcare ecosystem at www.computertalk.com/bp/mot.
New Schedule for the 2017 Annual Conference

Conference begins Wednesday, January 18th, with the speaker program in the mornings on Thursday, January 19th and Friday, January 20th. Thursday afternoon will feature extended networking time.

Conference Highlights

The Current Trends in the U.S. Pharmaceutical Market
Understanding the Patient Safety Act
Online Pharmacy Certification and the Use of Top-Level Domains
Communicating Pharmacy-Based Immunization Data to IIS
The 2016 Election and Its Effects on the Pharmacy Environment
Invited Speaker: ONC/CMS on HITECH Medicaid Onboarding of Pharmacy Providers
DIR Fees: Frustrating Pharmacies
EPCS and Pharmacy Applications
The Importance of POS Data
Community Pharmacy Accreditation
Lessons from a Community Pharmacy Road Trip

Register today by visiting www.asapnet.org/registration.html and participate in the most relevant conference in pharmacy on technology.
Proven, simple solutions for medication management for 30+ years.

Medicine-On-Time is a leader in the medication adherence market, pioneering innovations in medication synchronization, industry leading multi-dose pharmaceutical packaging software, color-coded calendar cards for compliance packaging, automation solutions and more. With more than 250 million prescriptions filled across the US, Medicine-On-Time is committed to improving patient quality of life through safe, accurate solutions to medication management.

Contact Us Today!
MedicineOnTime.com | 800-722-8824