Long-Term Care Pharmacy: Then and Now

What vendors see as the key components that give pharmacies the tools to build an LTC business.

Road Trip: Part II
More on What Makes These Pharmacies Successful

PDMPs
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“It definitely improves our workflow efficiency and it’s very easy to use. We’ve tried other counters in the past and they didn’t work well for us. The RM1 works and it’s a great value. We have seven, one for each of our locations.”

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Long-Term Care Pharmacy: Then and Now
by Maggie Lockwood

Long-term care provides unique opportunities for all types of pharmacies. We spoke to three vendors for their perspective on how the practice has changed, thanks to technology, and how technology has evolved to meet the needs of the long-term care pharmacy. story begins on page 17.

Plus: The Best Packaging for Medication Management*, pg. 23
Companies Servicing Long-term Care and Assisted Living, pg. 24

features

Road Trip: Part II
by Bruce Kneeland
The second installment of contributor Bruce Kneeland’s road trip through Arizona, Utah, Idaho, Montana, and Calgary, Canada, during which he visited independent pharmacies where the owners are implementing new programs and automation to better serve their patients.

The Evolution of PDMPs
by Danna E. Droz, J.D., R.Ph.
In 2003, the Harold Rogers PDMP (prescription drug monitoring program) grant program began to offer federal grants to states to implement new PDMPs or enhance older ones. See how PDMPs began the transformation to a primarily public health service.

PharmacyPlusTechnology: Online Content
New to www.computertalk.com, guest blogs from subject matter experts and pharmacists using technology to make their pharmacy better. Learn more and share your thoughts. Right now you can access these articles:

Improve Medication Adherence with BestRx*
by Stephen Barnes, Director of Sales and Marketing, BestRx Pharmacy Software

Mevesi: Turning Your Pharmacy Data into Power*
by Amber Moffitt, Product Manager, Mevesi

Connect and Engage with Your Retail Pharmacy Customers*
by Bill Gallucci, Sr. Strategic Pharmacy Sales Executive, Epicor Software

Amplicare Q&A: Why High-Performing Pharmacies Have DIR Fees*
by Nick Brooke, Industry Relations Director, Amplicare

Business Process Modeling with Integra Logix Can Solve These 10 Challenges*
by Eddie Buchanan, Logix Product Analyst, Integra

pharmacy forward*

C-II Tracking Needs More Than a Three-Ring Binder
With so many manual tasks in pharmacy now automated, Pablo Arias, director, software engineering, Capsa Healthcare, poses the question, why use a log book to track C-II inventory? In his article he outlines the advantages of using the KL1Plus to measure and track this most sensitive inventory.

the back page*

The Trend in Pharmacy Delivery
An interview with BestRx on the direction delivery services are taking in pharmacy. Learn about the latest tools, the rise of third-party delivery partners, and how to decide which delivery model fits your pharmacy.

*Sponsored Content
Independent Pharmacy Study

PioneerRx - Number 1 with Independent Pharmacists.

Direct Opinions market research firm released the results of a 2019 study analyzing pharmacy software usage within the independent pharmacy industry. Results of this study reveal PioneerRx continues substantial leadership within the industry, outperforming competitors such as McKesson, ComputerRx, Liberty, and Rx30.

The goal of this research was to identify market shares, compare customer satisfaction scores, and evaluate competitive switching. The survey was conducted as a double-blind study through a telephone questionnaire. The Hayes Directory was used as a participant pool, consisting of 20,088 independent pharmacies across the United States. Data was collected from 2,007 respondents.

Top Conclusions

- PioneerRx is the Most Installed Software at Opening
- PioneerRx is the First Choice for Conversions
- PioneerRx has the Most Loyal Customers

Software Installations
WITHIN 12 MONTHS PRIOR TO STUDY

Twice as many pharmacies choose PioneerRx over any other competitor.
Back in the ‘70s, when computers were introduced to pharmacy as a way to better process and bill prescriptions, the early adopters were the pharmacy owners who saw an opportunity in servicing long-term care (LTC) facilities. Because the facilities could not justify an in-house pharmacy, they contracted with local pharmacies to provide the prescriptions. The chains weren’t interested at the time in this business. So the independents took the lead.

However, as this business grew, the demands of servicing the facilities increased. All the facilities had unique requirements, ranging from the way they wanted the medication administration sheets to look to the billing requirements. The pharmacies needed a better way to service the facilities as they increased the number of beds served.

These pharmacies were among the first to install stand-alone minicomputers. These computers were expensive, but the pharmacies were bringing in substantial revenue from this business and could afford the investment for long-term care as well as the retail side. The online systems available were not up to the task of handling the requirements of long-term care.

I remember visiting pharmacies in the LTC business. While they had a nice front-end presence and healthy retail prescription business, the owners would take me into the back room or the basement, where there were banks of terminals set up with pharmacists processing the prescriptions for the facilities. Some pharmacies eventually gave up the retail business to focus solely on long-term care.

That’s it in a nutshell. Long-term care was indeed a catalyst for the use of computers in pharmacies. CT
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Together, we are the future of pharmacy.
Micro Merchant Receives APPA Award

Micro Merchant Systems received the 2019 Software Company of the Year award from the American Pharmacy Purchasing Alliance (APPA) for its PrimeRx system. The award, which is based on results of an industry-wide survey, honors PrimeRx for innovation, dedication, and best-in-class service, according to a release from the company. PrimeRx received more than 900 votes from APPA members. With customers in more than 30 states, and growth expected to mean all 50 states are represented in its customer base, PrimeRx is constantly innovating to give pharmacists the tools to be customer focused, says the company’s Ketan Mehta.

ComputerTalk: Congratulations. Tell us about the award.

Ketan Mehta: It came as a surprise. APPA is a buying group with about 1,700 members. They did a survey of members, and the 900-plus pharmacies said PrimeRx was their system of choice.

CT: What do you think led to this recognition?

Mehta: Our focus has always been customer support, and that’s not going to change. This validates our focus.

CT: What are some examples?

Mehta: When we were doing demos of eCare plans, we took feedback to make it much easier for people to generate the plans from within the system. If you look at the processes, pharmacists are worried about how they are going to do these new things, like CPESN, with everything else they are doing. We came out with an innovative solution that fits seamlessly with their workflow. It’s not additional work, it’s technology doing the work for them. Pharmacists are happy to participate in programs that let them have an impact. We package tools — like medication synchronization, creating schedules, refill reminders — and put them in a package where the pharmacists sees, “Oh, if I just follow the workflow, this will work for me.”

CT: How do you balance innovation with the fear of change in the pharmacy?

Mehta: There are a lot of changes coming down the road, such as the new SCRIPT standard that’s coming in January 2020. We balance the fear of these changes by coming out with simpler solutions that allows the pharmacy to accommodate the new changes in their workflow seamlessly.

CT: How do you get customers up to speed on what the system can do?

Mehta: There is a burden of educating the pharmacist and their staff with all these new initiatives, and to help with that we’ve been offering three levels of onboarding for new stores and offering monthly webinars customers can access through a portal, which means pharmacists can learn on their time.

CT: What’s next from Micro Merchant Systems?

Mehta: We want to offer technology that reaches the patient. Our next initiative is an app that lets patients look at their medication history as well as add prescriptions from other pharmacies. When the pharmacists fill a prescription, we do a DUR [drug utilization review] based on all medications, giving the pharmacist a holistic profile. We plan to add payment and tracking technology, as well as counseling and educational videos.

Through the last 30 years the one thing we have learned is that our focus is the customer, the industry is technology, and the domain is pharmacy. As long as we keep improving our technology in the domain, and keep on focusing on the customer, things will continue in a positive direction. CT

QS/1 has announced a partnership with Therigy to improve specialty pharmacy operations between dispensing systems and therapy management software. Specialty pharmacy is the fastest-growing area within pharmacy and can help increase the patient base as well as diversify the business.

“Therigy is widely known for its patient-centric specialty therapy management technology,” says Ed Vess, R.Ph., QS/1’s director of pharmacy professional affairs. “This partnership will give QS/1’s pharmacy customers access to cutting-edge services, allowing them to automate, streamline, and focus on patient management.”

TherigySTM technologies offer a range of resources that give pharmacists the tools required for detailed tracking of patient progress with specialty medications. Combined with QS/1’s NRx pharmacy management system, the interface with TherigySTM helps pharmacies minimize duplicate data entry and improve workflow by tracking dispenses, managing a patient’s care, reporting on outcomes, and running required reports.

Joseph Morse, CEO of Therigy, points out that TherigySTM can electronically receive patient information from QS/1’s systems and automatically populate many of the fields required during the patient onboarding process.

Five out of the seven pharmacies recognized in this year’s McKesson Health Mart awards, including Pharmacy of the Year, have chosen PioneerRx pharmacy software to power their success.

“We are proud to collaborate with such innovative leaders in independent industry news
OmniSYS has acquired STRAND Clinical Technologies. STRAND helps retail pharmacists launch and support clinical services. The company’s intervention, documentation, and education platform supports pharmacies in providing preventative care services and engaging patients with chronic diseases. From clinical billing and education to creating and sending pharmacist eCare plans, STRAND helps pharmacists grow their business by enabling their pharmacies to become health hubs for their communities.

“With a growing population of people with age-related and chronic health conditions, combined with the desire for convenient and accessible care, community pharmacists are uniquely positioned to provide preventative care and low-acuity services traditionally performed in a doctor’s office,” says John King, OmniSYS CEO. “STRAND shares our passion for leveraging the pharmacy setting to improve patient outcomes.”

RxSafe has announced a partnership with UK-based Centred Solutions, Ltd, to deliver adherence strip-packaging automation to the European pharmacy market. Under the agreement, Centred Solutions becomes the exclusive distributor of RapidPakRx in the United Kingdom and the European Union. RapidPakRx enables pharmacies to run a 30-day med cycle at the lowest possible cost, producing single or multimed pouches with accuracy and efficiency. According to RxSafe this is the only adherence strip packaging system designed specifically for retail pharmacy. Pharmacies can custom package patient medications, sorted by day, date, and time. The system requires no “exceptions” trays and no remote tray filling stations to provide better accuracy and speed.

“Centred Solutions is the ideal partner to bring this technology to European pharmacy customers,” says William Holmes, president and CEO of RxSafe.

Datascan has launched a new website, which it considers state of the art, to help independent pharmacies choose the right pharmacy management software. The new website highlights some of the core features and benefits of Datascan pharmacy software and provides viewers with easy-to-navigate information-packed pages.

“With the new website we hope to show our customers, both new and old, that we are the best choice for a pharmacy software partner. With our fresh new look we hope our clients can see that we are innovating the industry not only with our technology and features, but within the Datascan brand as well. At Datascan we remind our customers how important it is to reinvent themselves, and we continue to do the same,” says Kevin Minassian, Datascan president & CEO.

New pharmacy owners can visit www.datascanpharmacy.com/products to see what features Datascan offers and what sets these apart from other pharmacy software providers. For existing pharmacy owners looking to switch to a new pharmacy software provider, the “conversions” page at www.datascanpharmacy.com/conversions addresses common questions and concerns they may have about making the switch. The site offers a step-by-step guide to knowing what to expect during the conversion process.

The new website also includes the Datascan Blog (www.datascanpharmacy.com/blog), which offers valuable information for pharmacy owners along with a section devoted to client success stories from independent pharmacies around the country (www.datascanpharmacy.com/client-success-stories).

The company has also updated its client resource center to give its clients access to exclusive resources, announcements, and even how-to videos that demonstrate how to use and leverage all the features in the pharmacy management software.

Micro Merchant Systems has announced a new module for specialty pharmacy and a white paper on CPESN (Community Pharmacy Enhanced Services Network). PrimeRx now automates the requirements of specialty pharmacy, giving pharmacy staff more time for patient interactions. For pharmacists who want to do more than fill prescriptions, pharmacy eCare plans allow pharmacists to document the scope of services and the favorable impact these have on patient outcomes. The white paper provides an overview of the program as well as an example of a pharmacist eCare plan in practice for asthma.

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feature: pharmacy innovators

Road Trip: Part II

IT IS NO SECRET THAT RUNNING A PROFITABLE pharmacy is harder than ever. But the good news is that it is still possible. I know because I just completed a 3,992-mile road trip and visited nine remarkable pharmacies in Arizona, Utah, Idaho, Montana, and Calgary, Canada. In this issue of ComputerTalk you’ll meet the last four. Information on the first five can be found in the July/August issue (https://www.computertalk.com/road-trip-part-i/). It is my hope, and that of the trip’s sponsors, that something you learn from the pharmacy owners and managers interviewed for this report will inspire you to try something new that will help you be more successful.

ED SNELL’S PHARMACY, Pocatello, Idaho

I met Ed Snell at an American Associated Pharmacies (AAP) meeting in Las Vegas several years ago. I took an immediate liking to him, and it was a thrill to be able to visit him at Ed Snell’s Pharmacy in Pocatello, Idaho.

Snell runs a busy pharmacy supported by an RxSafe and a Parata PillPack unit. He is a compounder and had plans in place to become USP <800> compliant. The pharmacy also features a durable medical equipment (DME) department that includes lift chairs, diabetes shoes, compression hose, canes and walkers, etc., that add to his health care image.

Snell tells me he was one of the first pharmacies to join Associated Pharmacies, Inc. (API), which later merged with United Drugs to become American Associated Pharmacies (AAP), when he attended API’s inaugural meeting at the National Association of Retail Druggists (now the National Community Pharmacists Association) conference in 1988. He has been a member ever since and credits the organization for providing him with both the purchasing power and the business support he needs.

Ed Snell’s Pharmacy is attractive and provides a professional image. Ed Snell, center right, at far right, is a hands-on manager and works closely with his staff to provide a variety of enhanced care services.

As an innovator he has tried a number of enhanced care programs over the years, and was one of the first to purchase a bone

continued on page 10
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“RxMedic’s ARS provides peace of mind regarding patient safety not found in other will call systems. It has helped us utilize the tools in our pharmacy management system better. It’s also the kind of technology that gets patients’ attention.”

**Eric Russo** – Director of Clinical Services at Hobbs Pharmacy in Merritt Island, FL

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Density machine to screen for osteoporosis and to buy a Cholestech unit to screen for high cholesterol. He took the training necessary to become a certified clinical nutritionist in 1995. The pharmacy has a nice display of professional-grade nutritional supplements, which is supported by a trained staff member who sits at a special greeting area right inside the front door.

Idaho has a pharmacist prescribing law, and Snell has taken advantage of that to schedule appointments with many of his diabetic patients; he will take a history and, if appropriate, prescribe and then fill cholesterol prescriptions. He says this not only provides better care for his patients but helps improve his STAR ratings.

Snell feels strongly about two issues. First, that he owns a healthcare center, not just a pharmacy. Second, that the biggest competitive advantage he has is his staff. With a great sense of satisfaction, he told me how his employees consistently go above and beyond, without his prior knowledge, to care for patients. One staff member bought and delivered a winter coat to a patient in need, and another rented a video and stopped in to watch it with a patient who was lonely and going through a tough time.

**ELK HORN PHARMACY**

**Boulder, Montana**

Josh Morris, Pharm.D., owns three pharmacies and is a partner in a fourth in Montana. Elk Horn, where I visited, is a leased-space pharmacy in an independent grocery store in the scenic town of Boulder. He also owns a 4,000-square-foot full-line pharmacy in Whitehall. In 2008 he opened the first telepharmacy in Montana in West Yellowstone. That went so well he is a partner in another telepharmacy.

Josh Morris, Pharm.D., top, opened the first telepharmacy in Montana, which interfaces with his Pioneer-Rx system, and formed a GPO with other Montana pharmacies.

West Yellowstone was the first telepharmacy in Montana, and it is what attracted me to Morris’s operation. Morris opened the pharmacy in 2008 after doing extensive investigation on the technology, regulations, and business practices necessary to operate a pharmacy of that type. He says he grew up in West Yellowstone and thus had an affinity for the town and felt the town was “just right” for the pharmacy.

The pharmacy has three employees and fills about 50 scripts a day. He says that number varies by season, and the pharmacy can be very busy during the summer months. Morris says you’d be amazed at how many people take off on vacations and fail to plan ahead for refills.

Like everyone else Morris has been hit hard by declining third-party reimbursements. He and several other pharmacy owners have formed their own GPO (group purchasing organization), Montana Family Pharmacies. His group is trying to combat the PBMs (pharmacy benefit managers) by actually hiring a representative with health insurance expertise to contact employers and help them opt out of a big national...
PBM by selecting a smaller, more transparent, and pharmacy-friendly one.

Central to the success of a telepharmacy is the right technology. Currently, Morris operates all of his pharmacies on PioneerRx systems, having switched two years ago. He says the PioneerRx team did a great job of integrating its software with the technology provided by Global Media that supports the secure video link necessary for a telepharmacy operation.

One of the major features he likes about PioneerRx is its inventory and purchasing support software. He says the company has created a system that allows him to shop from a handful of alternate suppliers and purchase products at prices lower than he can get from his primary wholesaler. And, he adds, the system has the ability to monitor his generic rebate so that he can stay compliant with his wholesaler’s contract parameters.

SANDSTONE PHARMACIES, Calgary, Alberta, Canada

The Sandstone Pharmacy is a well-merchandised traditional drugstore. The 2,500-square-foot location features OTCs (over the counter items), cards, gifts, seasonal, and other items. These are all carefully merchandised, and the front-end manager uses lots of shelf signs to draw attention to new items and special offers.

Daniel Makas, R.Ph., is the manager of the location I visited in Calgary. It is part of a 20-store chain with locations throughout the Canadian province of Alberta. The small chain has grown by acquisition and thus has a variety of store types, including a 15,000-square-foot store and a small one located in the Calgary airport. The chain strives to be on the cutting edge of pharmacy practice, and the location I visited in Calgary gets involved in a number of pilot programs since it is near the corporate offices.

continued on next page
Bruce Winston, president of the company, says it is in the final stages of evaluating the new scripClip will-call bin system offered by PerceptiMed.

Makas says he has been impressed with how the LED-embedded clips the system uses help him improve customer service. He says that by scanning every finished prescription into the system he is able to find any prescription for any patient in an instant. He especially finds the flashing light helpful as he looks for scripts in what he calls the “owing” area. This is the area where the staff puts prescriptions filled for people for whom they were originally only able to do a partial fill.

One thing stands out from my visit. When the prescription is presented to a patient the pharmacist counsels, the prescription is given to the patient and the patient is directed to the front of the store to pay. This practice helps to improve front-end sales and keeps the conversation at the pharmacy counter focused on the medication.

When I queried Makas about what happens when a patient leaves without paying, he smiles and says, “Yes, it happens, but when we close out the register at the end of the day, we know who didn’t pay and we simply give them a call.” He adds that people apologize and return quickly — and often buy something else. He recommends this practice to any pharmacy interested in improving front-end sales.

Daniel Makas, R.Ph., at right, middle photo, is the manager at Sandstone Pharmacy. The company is involved in a number of pilot programs, and is evaluating the scripClip will-call bin system.

VIC’S FAMILY PHARMACY, Nampa, Idaho

Vic Allen, R.Ph., owns two pharmacies and a DME company in Nampa, Idaho. His flagship pharmacy is housed in a former bank building that he bought and converted a few years ago. He says the physical features of the building serve him very well. The building is on a busy street corner and has a covered drive-up window that his customers love. One thing that really stands out is his digital exterior sign.

The front end of Vic’s Family Pharmacy would best be described as professional. It is clean, well lit, and tastefully laid out. It features a variety of high-end supplements, diabetic shoes, OTCs, and other healthcare items.

While visiting, Allen showed me a new gizmo he is experimenting with called Pointy. It allows him to scan front-end items as they are received and have them automatically posted on the internet so that as people search for a specific item, they can see it is...
These pharmacies have all found ways to incorporate new, healthcare-related services that generate profitable sales and provide consumers with reasons to recommend their pharmacy to their friends, family, and neighbors.

stocked in Vic’s Family Pharmacy. He hopes it will bring in more customers, but since it is not operational yet he says he will just have to wait and see.

Allen serves as a board member for his group purchasing organization, WSPC (formerly Western States Pharmacy Coalition). He says, “WSPC is an excellent business partner. The programs, purchasing contracts, and business advice WSPC provides have made it possible for me to remain profitable.”

Perhaps the most unique service Allen provides is a weight loss program. The program is managed by a certified pharmacy technician who was trained by the sponsoring company. That training includes learning how to use the proprietary equipment to create a customized diet and exercise program and helping patients to set realistic goals. The program includes providing the pharmacy with a special scale and computer program that allow the counselor to capture body composition data such as weight, percentage of body fat, lean muscle, water, and metabolic rate.

The program charges a person an enrollment fee of about $200. Patients are provided with meal planning guides that help them eat a well-balanced meal once a day. Then it calls for them to use the program’s shakes, meal replacement bars, and supplements for their other meals and snacks. Allen says the program works well for most people, and he routinely has 15 people enrolled at any one time.

**TO SUM UP**

Well, there you have it, a glimpse into what nine successful pharmacies are doing to profitably serve their patients. None of the stores would claim to be exceptional. But I would. Judging by what I saw they have all found ways to incorporate new, healthcare-related services that generate profitable sales and provide consumers with reasons to recommend their pharmacy to their friends, family, and neighbors. Here’s hoping that something you read here will inspire you to try something new.

Bruce Kneeland specializes in helping independent community pharmacies to increase sales, improve profits, and simplify their lives. He writes regularly for ComputerTalk. He can be reached at BFKneeland@gmail.com. Read his blog at https://kneelandsnotes.blogspot.com/
The Evolution of PDMPs

THE EARLIEST VERSION OF A PRESCRIPTION DRUG monitoring program (PDMP) started in California with triplicate prescription blanks. In 1940, a prescription for a Schedule II controlled substance had to be written on a state-issued prescription form. The prescriber retained the third copy, the pharmacy received the original and first copy. The original was the pharmacy record, and the first copy was mailed to the state department of justice. The goal was to monitor the dispensing of these highly addictive drugs for doctor shopping by patients and pill mills operated by prescribers.


When Oklahoma was considering triplicate prescription legislation for Schedule II drugs, Bryan Potter, then executive director of the Oklahoma State Board of Pharmacy, noted that prescription data was routinely being transmitted electronically to third-party payers. He suggested that prescription information could also be transmitted to the state to populate an electronic database in lieu of all the challenges associated with paper. The parties agreed, and in 1991 the first version was real time, and the state paid its vendor $0.50 per prescription to upload and maintain the database. (The pharmacies were not paid to transmit the data.)

In 2003, the Harold Rogers PDMP grant program began to offer federal grants to states to implement new PDMPs or enhance older ones. At the same time, physicians and pharmacists began to value information about their patients’ prescription history with controlled substance prescriptions. PDMPs began the transformation to a primarily public health service, as well as a tool for law enforcement purposes.

The expense and challenges of the real-time system were not scalable. As other states began to look at the advantages of an electronic PDMP, they modified the Oklahoma approach to require data to be electronically transmitted but submitted monthly in batch files. Since no file format existed that met the need, the American Society for Automation in Pharmacy (ASAP) created one in 1995 for Massachusetts and has continuously evolved the standard over the years with input from PDMP administrators and other stakeholders. The beauty of the ASAP format was its simplicity and scalability to implement in additional states.

As an aside, Oklahoma abandoned the real-time approach after a few years and switched to batch reporting until it was able to develop its current near-real-time system that is used today.

With electronic data files, the next group of states, including Indiana (1995), Kentucky (1999), Nevada (1997), and Utah (1997), also noted that the cost of receiving and electronic file is the same, regardless of the number of records contained.

By the early 2000s, the use of opioids to treat chronic pain was on the rise. More states saw the value of a PDMP to monitor doctor shopping and inappropriate prescribing. In 2003, the Harold Rogers PDMP grant program began to offer federal grants to states to implement new PDMPs or...
enhance older ones. At the same time, physicians and pharmacists began to value information about their patients’ prescription history with controlled substance prescriptions. PDMPs began the transformation to a primarily public health service, as well as a tool for law enforcement purposes.

**FAST FORWARD**

Today, 49 states have a state-run PDMP, and Missouri has a collaboration of cities and counties that operate a PDMP; the District of Columbia and Puerto Rico also operate programs. All PDMPs collect the same core data for prescriptions dispensed, but added optional data elements in the ASAP standard for a better picture and have expanded prescriptions reported from just Schedule IIs to include Schedules III–IV. Most states now collect Schedules II–V. Almost all PDMPs operate with near-real-time data by requiring pharmacies to report within 24 hours of dispensing.

While we can debate the cause, there’s no doubt that increasing consumption of opioids, both legal and illegal, has created huge challenges for our country. Federal, state, and local governments are faced with expensive public health challenges and are seeking various solutions to this complex, multifaceted problem.

When public officials search for avenues to address the opioid challenge, the value that PDMPs have brought to healthcare comes to mind. It seems natural to expand an already operational program by adding new data. So while the PDMPs originally gathered data only from pharmacies and dispensing practitioners, now they are being asked to collect, and sometimes disseminate, a great deal of new data from new entities with sometimes nonexistent reporting tools or less-than-complete coverage networks. Then the state agencies that operate the PDMPs must bear the expense of developing the mechanisms to receive, store, and utilize the data.

Over the last couple of years, new data has been added or proposed for addition to PDMP databases (see table on next page).

continued on next page
While each of these pieces of data can be beneficial, there will be unintended costs to the PDMP and likely some unintended consequences, at least for some patients.

Several states that mandate use and also allow integrated PDMP data are now reporting significant decreases in opioid prescribing.

The good news on the PDMP front is the rapid expansion of patient reports within the workflow of healthcare practitioners within the last two years. Most states allow or encourage “one-click access” from the home state PDMP by prescribers and pharmacists. A data field or an icon on the electronic patient record positions the data readily available while treating a patient. Current data that is usable at the time of prescribing or dispensing is infinitely more valuable to appropriate decision-making. Patients can be counseled with current PDMP data and referred to additional treatment resources such as substance abuse counseling, detox programs, or residential drug treatment, if appropriate. More than 40 states have approved these integrations into healthcare workflow.

Another development that promotes the use of PDMP data in healthcare is mandatory registration and mandatory queries by prescribers and pharmacists. More than half the states require prescribers and dispensers to check the PDMP data before prescribing or dispensing an opioid. This forces the use of the PDMP data, and either surprises or reassures the practitioners.

Several states that mandate use and also allow integrated PDMP data are now reporting significant decreases in opioid prescribing. So while PDMPs are being challenged on the data end, healthcare practitioners are increasingly using the data available during the medical/pharmacy visit. PDMPs struggled for many years to expand the use of their data by prescribers and pharmacists. Mandatory queries and one-click access have caused the use of PDMP data to soar.

PDMPs and the agencies that operate them will continue to evolve to meet public health needs. If and when the opioid crisis is abated, there will continue to be value in monitoring the use of these necessary, albeit addictive, drugs when they are needed to treat legitimate medical conditions in patients who use them appropriately.

Danna E. Droz, J.D., R.Ph., is the prescription monitoring program liaison for the National Association of Boards of Pharmacy in Mount Prospect, Ill. She can be reached at ddroz@nabp.pharmacy.

**ADDING VALUE**

PDMPs are being asked to collect and disseminate more information. Here’s what’s been added or proposed.

- Naloxone administration by first responders. (What if it turns out the patient is in a diabetic coma? There’s a risk that the patient is “branded” as a drug abuser if the PDMP report is not carefully scrutinized.)
- Naloxone dispensing/sales at pharmacies. (Friends and family members are encouraged to purchase naloxone to be administered to someone else.)
- Noncontrolled substances such as gabapentin or pseudoephedrine (Rx only).
- All prescription drugs. (Often valuable for assessing the patient’s condition, but the volume of data can be a challenge.)
- Diagnosis codes on some prescriptions. (Diagnosis code is now a reportable data element in the ASAP Version 4.2A standard to help explain when a quantity dispensed exceeds a state’s limit. However, the ICD-10 code can only be reported when provided with the prescription.)
- Medical marijuana cards and/or dispensing.
- Controlled substances overdose events.
- Records of prescribing consultation between nurse practitioners and physicians.
- Patient opioid treatment agreements between patients and their prescriber.
Long-Term Care Pharmacy: Then and Now

What vendors see as the key components that give pharmacies the tools to build an LTC business.

Long-term care provides unique opportunities for all types of pharmacies. We spoke to three vendors for their perspective on the technology that gives you the powerful tools to dive into the business.

continued on next page >

by Maggie Lockwood
Vice President | Director of Production
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cover story: LTC Trends

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RECENTLY, WHILE ATTENDING A LONG-TERM CARE

(LTC) software vendor’s customer conference, one pharmacist lamented that everything out there seemed to be trying to keep her from running a successful business — DIR (direct and indirect remuneration) fees, low margins, regulations. The executive at the software company looked at her and said, “We’re working on tools to help you with all of that.”

Vendors have done this for years, responding to the trends in the industry as well as the customer requests for features necessary to build a successful long-term care pharmacy business. According to a 2018 report by Morning Star, it’s estimated that by 2020 more than 12 million people will be in long-term care. Another important statistic is from the CDC (Centers for Disease Control and Prevention): The number of patients in home-based care was 4.5 million as of 2015. The workflows and service offerings that retail pharmacies are offering (MTM [medication therapy management], clinical reviews, adherence packaging, and medication synchronization) easily translate into a homecare-based setting. As one vendor pointed out: many independents already have the tools at hand to start a long-term care business, especially if they’re looking to start small, with group homes or home-based caregivers.

From automating manual tasks, to developing reports that provide business intelligence tools, the vendors we spoke to have decades of experience, and can really see what it was like then, what’s happening now, and where long-term pharmacy is headed into the future.

THE EVOLUTION OF AUTOMATION

Tim Tannert, president of Soft Writers, remembers back to when he began his career as a pharmacist in long-term care pharmacy two decades ago, and while the pharmacy system processed prescriptions, conducted DUR checks, and printed labels, every other aspect of the pharmacy was manual. “We sent and received faxes, and the paper was on spools. When you set it on the counter, it would curl up,” he recounts. “Filling prescriptions was done manually. The most sophisticated automation we had was a pre-pack robot, which allowed us to pack cards with medications with the same NDC [National Drug Code], but they weren’t patient specific. From a workflow perspective, I actually had to manually sign each and every prescription as proof that I had done the final pharmacist review before the cards went out the door.”

Workflows were built around these manual processes. Louie Foster, executive director at Integra, describes a similar situation around faxing and document management. If an order came in via fax, it was entered into the pharmacy system, and depending on the system, may or may not have synced with the toting automation and workflows. Once handed off to a driver, the delivery might have been entered into a third-party system that didn’t loop back with the pharmacy system to track it.

“Pharmacy management software has really evolved from something that initially just saved you time printing labels, so you didn’t have to use white-out,” says Foster, “to the operating system for a pharmacy, much like Windows is for a personal computer.”

Another change in the industry is the technology awareness of not only facility staff, but of patients as well. Foster notes that when he started, facilities were so averse to technology that training videos started with how to use a mouse. Today, you’ll be...
We asked Community Pharmacists what they want...

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*2018 Independent Pharmacy Benchmark Study

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hard-pressed to find a caregiver who doesn’t have a smartphone. “The changes are twofold — not only for the staff, but also how technology is being adopted by the elderly,” he says. “A recent Pew research poll found that close to 70% of elderly citizens, 65 and older, have a smartphone, and they expect that to jump into the 80%-to-85% range in just the next couple of years.”

While in the past pharmacy services existed around the act of dispensing, Tannert sees the industry transitioning to a point where the primary growth driver for pharmacies will revolve around their ability to provide superior clinical services. “With the focus on transition of care, facilities are looking at pharmacies differently than they have in the past,” he says. “It’s much more than the time of the deliveries and the types of packaging that pharmacy would provide. They really need to have the pharmacies as clinical partners to help them manage these patients to ensure the best outcomes.”

The buzz around outcomes means pharmacists reinforce the concept they are the focal point of patient care and are partnering with facilities in this way. A customized workflow in your pharmacy system is an advantage pharmacists have today. At PioneerRx, Paul Carrig, VP for information technology, has seen that in the 10-plus years he’s worked on the system, the profession has moved toward medication adherence and reconciliation, as well as improving communications between patients, the pharmacy, and the facility. Customization of the pharmacy system results in pharmacists adapting to what their facilities want. This all adds up to ensuring the continuity of care is there, and pharmacists can put themselves in the role of patient care manager, thanks to improved communication and customized workflows. “The big areas where the profession is going as a whole include medication reconciliation, adherence, and communication,” says Carrig. “How do you make sure that the continuity of care is there for that patient when they’re transitioning into a facility? How does the pharmacy become that focal point? In the independent retail pharmacy space, the pharmacist is often the focal point of care and the contact between many different groups, and this really is no different.”

Breaking down silos is what Tannert sees as the future, especially surrounding the clinical consulting opportunities in the transition of care. SoftWriters’ new medication regimen review (MRR) software, RxPertise, connects the consultant pharmacist to the pharmacy in real-time, thanks to the cloud. When the pharmacy has the data from the admissions process, the pharmacist is able to review the medications and work with nurses and doctors to ensure patients are on the right medications. “The pharmacy system has become the central nervous system of the pharmacy. It drives everything that the long-term care pharmacy does,” says Tannert. “And the reality is, the pharmacy system is what allows the technology to work as well as it does. With an automated process, you have to make sure the communication to various systems are seamless, that it’s bidirectional, and that it has the functionality that’s needed to make the pharmacy successful.”

**COMMUNICATION**

Modern pharmacy technology is unbelievably sophisticated, Tannert points out. The new technologies drive efficiencies with barcode scanning, document management, and robotics. Electronic medication administration record (eMAR) interfaces have streamlined communication collaboration between facility and pharmacy, resulting in a big jump in eMAR interfaces. “It’s just not enough to have these new technologies — it’s imperative to have a pharmacy system that’s going to allow these technologies to work together seamlessly,” he says.

Tannert has seen a growth in the area of interfaces with eMARS. “It’s mandatory for

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Louie Foster, executive director at Integra: “Pharmacy management software has really evolved from something that initially just saved you time printing labels, so you didn’t have to use white-out, to the operating system for a pharmacy, much like Windows is for a personal computer.”

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**cover story: LTC Trends**

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Secure facility-to-pharmacy communication

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Facilities can connect with a pharmacy using the PrimeCare Pharmacy Management System, allowing staff to submit refill requests and much more.

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these pharmacies to connect to each of their facilities' systems, and all the customers have different eMARS, he explains. Tannert advises asking questions about how patient demographics are sent and if the systems are certified to send controlled substances. Also, how does the information flow into the pharmacy system? “There’s real power and efficiencies for these pharmacies to be able to have these orders come through, enter workflow directly, and be presented to the pharmacist for initial review with very little touch,” he says.

The trend toward deeper integration between the facility's management system and the pharmacy is something Carrig has seen as well. Carrig says there is a bigger uptick in the number of people who don’t want to do paper anymore. “They want to go electronic and just touch that data one time — and have it be shared,” he says.

Sharing that data, which is notoriously difficult in the healthcare environment, is not just associated with documentation. The pharmacists’ need to communicate about patient care with the facilities and providers is what prompted direct secure messaging, says Foster, who has seen this evolve through ONC (Office of the National Coordinator for Health Information Technology) and CMS (Centers for Medicare & Medicaid Services) regulations. Before secure messaging, the patient record would be faxed or stapled to the bottom of the gurney, says Foster. Now imagine if you have new technology on the facility side and the tools coming to fruition allow you to accept this patient with a few clicks, rather than having to type everything in. With secure messaging, clinical and prescription data moves with the patient, or even before, giving pharmacy a niche space to help manage transition of care. It also means pharmacies can get orders ready and out before it’s an overtime issue. “It’s not uncommon for these prescriptions to come in 30 minutes before closing, and the pharmacy is looking at overtime,” says Foster. “Pharmacies are looking for every avenue to save money, because the margins aren’t there to cover all these services. If they can get a copy of that admission prior to the patient even being transported, if they can reduce that overtime spend, it’s going to pay back in spades.”

THE CENTRAL NERVOUS SYSTEM

The pharmacy system is what keeps
The Best Packaging for Medication Management

Medication adherence is a common struggle that can affect even the most alert and organized patients. No person is immune to mixing up medications and dosage frequencies, and the challenge to administering medication correctly only intensifies with age and/or an increasing number of medications prescribed. In a U.S. poll of individuals 65-plus who use medications:

- 51% take at least five different prescription drugs regularly.
- One in four take between 10 and 19 pills each day.
- 57% of those polled admit that they forget to take their medications.

Noncompliance — missing doses or not taking medications as prescribed — is a big healthcare issue. It reduces the effectiveness of a medication and increases the chance of needing more treatment and/or costly hospitalizations.

Helping individuals manage their complex medication regimens within assisted living facilities and nursing homes has its challenges. Studies show that the three main concerns with respect to medication packaging are:

- Efficiency of medication management (freeing up nursing time).
- Accuracy of medication administration (reducing errors).
- Accountability of controlled substances (limiting drug diversion).

Multidose blister packaging addresses these concerns, and is a convenient and intuitive solution for residents and caregivers.

Blister packages have grown in popularity around the world because they simplify an otherwise complicated process. One blister package replaces up to 16 standard medication vials or punch cards, making it much more efficient to administer all the right medications to the right patient at the right time.

All of a resident’s medications are in one neat package and laid out in a way that is understandable to the patient and/or his or her healthcare provider.

Pharmacies use proven SynMed automation to fill blister packs, thereby ensuring all medications are delivered promptly and accurately.

The transition to multidose blister cards for medication management has proven to:

- Increase medication adherence, thereby improving outcomes.
- Cut med pass time by 30% to 50%.
- Reduce errors.
- Be an intuitive solution for both residents and their caregivers alike.

For more information on how SynMed technology addresses medication adherence, go to symmedrx.com/industry-news, or the company’s ComputerTalk Buyers Guide profile at https://www.computertalk.com/buyers-guide/synergy-medical/CT
to run their business in a profitable way,” says Tannert. Here again is where automation of manual tasks is the biggest driver for success in long-term care, he says. It’s not just the efficiencies, but accuracy, too. “With the right technology, by automating the manual tasks, it allows the pharmacies to be both accurate and efficient,” he says. “And that’s what allows them to meet the needs of their customers.”

One example he gives surrounds the game-changing role automation plays in streamlining the dispensing and documentation of controlled substances. This means having the automation to identify, on a daily basis, which of these prescriptions will need refills for which patients, and to automatically send a notice to the director of nursing or to the physician to get those documents signed, as well as track whether or not, through barcode scanning, those signed documents were received back or not. And if they weren’t, to be able to follow up, all without human intervention. This is a game changer, says Tannert.

Managing care goals in the PioneerRx system is a recent feature that Carrig sees as one that applies to long-term care. A customized workflow gives the pharmacy a lot of power, because the system allows the pharmacy to set rules and formularies around what drugs the patients should be receiving from a facility, through to all kinds of care actions associated with that patient. “What’s really exciting, is the emergence of eCare plan standards that allow information exchange with other healthcare systems in a common format,” says Carrig. Ultimately, it will help with communication, but what it also does today is allow the pharmacy to focus on workflow with patient care that can be triggered automatically in the system. “The key is to integrate these tools into common practice in pharmacy. You don’t need a separate task, operations manual, or specialized team member who knows what your pharmacy does for each facility. Instead the system guides you through these processes,” says Carrig.

### CONNECT AND COLLABORATE

Going through the various pieces of what comes together in the long-term care pharmacy landscape, it’s clear the software vendors want to give pharmacists the ability to connect and to collaborate.

Foster says that’s where secure messaging came from. “And that’s not just direct secure messaging, which kind of replaces faxing —
it’s easier to think of direct as direct, secure email,” he says. “We now have the growth of healthcare-focused instant messaging. You may have heard of Mediprocity, TigerConnect, or Qliq, just to name a few off the top of my head, where the clinicians can now communicate. This is working to solve the communication triangle breakdown.” Now the healthcare providers and the pharmacy all communicate via one medium. “They can’t do things like send new orders, but everything else. Believe it or not, clinicians talk about more than just prescriptions,” he says.

All of this points to the same direction: that pharmacists must move beyond dispensing and own the role of the patient manager. This is where medication therapy management fits into the long-term care space, illustrating potential gaps in a patient’s medication history that could lead to hospital readmissions. Carrig says this is the kind of documentation and reporting that retail pharmacists have available to them now, and can serve as a bridge into building long-term care or home-based care adherence programs. “There are many opportunities for pharmacists to get started with the system they have,” points out Carrig. “The way PioneerRx manages reporting and adherence packaging for retail also transitions to the long-term care arena. Without immediately investing in expensive large-scale automation you could market yourself to your local area and get some of those group homes that are more in line with the services you already do on a daily basis, and then see where it goes from there.”

**WHAT’S NEXT?**

The power of the technology in your pharmacy is that it gives you options, and the vendors you work with are always listening to what you might need. Carrig says pharmacists may get impatient when a request isn’t implemented immediately, but the goal is to see how a specific request could result into a new feature that benefits other pharmacies as well. “Like with care plans, or handling adherence packaging, we try to solve problems for our customer base as a whole,” he says.

Interfaces that connect the consultant pharmacist to the pharmacy workflow represent a trend that Integra’s Foster is excited about. These applications are all cloud based, which means data from the consultant

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pharmacist is synced back to the pharmacy system in real time. Tannert says that SoftWriters sees opportunities to drive patient outcomes. "It’s an opportunity for the pharmacy to differentiate itself and to monetize the services," he notes.

This data, clinical and financial, along with care plans, all stream back into the pharmacy system. To truly be successful, the system must tie all these various threads together. There may be a provider sending a secure message, using the IVR (Interactive Voice Response) to ask about a drug price. All these, kept separate, make it hard to prioritize the workload in the pharmacy. It’s easy to miss something. "As technology moves forward, the pharmacy will benefit from having all those tasks collectively placed in a central repository so that everyone in the pharmacy is working from the same list," says Foster.

Is this all pie in the sky? These vendors don’t think so. They are designing systems that help pharmacies to make this routine. At PioneerRx, Carrig says the software can trigger specific workflow for follow-up or intervention so the people can focus on their specific tasks. At Integra, Foster says they have delivery modules that were designed specifically for long-term care, but now help the community pharmacy that’s adding delivery. They also provide analytics that give pharmacists a holistic look at the pharmacy business, from patient management to financial. The power to interface, connect, and collaborate, across the healthcare ecosystem, says Tannert, is what SoftWriters is focused on: "This will allow the pharmacies to reach and exceed their organizational and business goals to be able to compete effectively, maximize their margins, and grow efficiently." CT

Share and Connect
At computertalk.com find a case study on best practices in long-term care and share your questions and experiences in navigating and building an LTC business.
How do you know when your house has a termite infestation? When it is too late! The same holds true with C-II discrepancies and paper logs. So many pharmacies rely on a manual log, and they only discover a problem during an audit or physical inventory. Then it’s usually too late. Too much time has passed. Paranoia can set in (was it employee diversion or an honest mistake?). Plus, your most expensive resource — the pharmacist — is burning time playing forensic accountant.

My frequent travel to pharmacies large and small points to the same conclusion: Discrepancies do happen, and they are manageable only if you have a reliable system in place to deal with the variance at the exact time of occurrence or discovery. Whatever the reason for the inventory gap — a broken tablet or a manufacturer’s shortage — it must be detected and noted that exact moment. And this system must be technology based, not paper based.

One solution that is gaining fast traction is the Kirby Lester KL1Plus. Long trusted as a verification-and-counting device for daily Rx filling, the KL1Plus has a new electronic C-II log. Unlike relying just on the pharmacy management system (PMS) perpetual inventory, the KL1Plus measures inventory to the pill every time the stock bottle is touched.

The power of the KL1Plus electronic C-II log is threefold. First, the system keeps a real-time count. The pharmacy uses the KL1Plus to easily add in every wholesaler delivery of medications to be tracked. Each user signs in with a fingerprint scan to track access, usage, and time. Then, the KL1Plus is used to fill each controlled-med prescription and return-to-stock. Each count can be double-counted, and the workflow also can be set up to require a stock bottle back count. Any discrepancy is flagged immediately, and the employee must provide an explanation (e.g., broken tablet, manufacturer bottle shortage, clinical transfer). We now have pharmacies reporting an excess of pills in manufacturer bottles for the first time.

Second, the KL1Plus provides a 24/7 audit capability via a networked browser. Pharmacy management can query on demand the inventory of any NDC, and review all transactions and adjustments by date, user, and description. Reports also can be customized and scheduled to auto-generate daily audits.

Third, the KL1Plus provides essential time savings. Manual inventory counts are notoriously off because humans are doing the counting. The KL1Plus at heart is a fast, accurate counting machine that performs double, even triple, counts, faster than a tray and spatula. With the electronic browser function, the pharmacist gets the full story in seconds instead of hours sifting through log pages.

Some pharmacies only use the KL1Plus for Schedule II medications. Others use the system for every class of control plus medications of high value. It is a flexible system to track every medication you want to keep on a short leash.

In almost all other facets of community pharmacy, technology has replaced manual methods. We have automatic counting, billing, inventory ordering, IVR. Yet we rely on a three-ring binder for tracking our most sensitive inventory. It is time to finally break away from the false confidence placed in the dog-eared, hand-marked C-II log book, and protect the pharmacy with new technology.

Pablo Arias, Director, Software Engineering, Capsa Healthcare

C-II discrepancies do happen, and they are manageable only if you have a reliable system in place to deal with the variance at the exact time of occurrence or discovery.

SHOULD YOU INVEST IN ELECTRONIC C-II LOGS?

Take a self-survey at https://wp.me/p9LtTd-2kn to decide if a system like KL1Plus is right for your pharmacy.
AS WE GET OLDER, it is interesting to take a step back and watch as professional organizations and societies react to forces in the profession. Often, these reactions can lead to development of policy, new or renewed advocacy efforts, convening of experts in consensus conferences, and a host of other activities. Collectively, these activities address a specific need within the profession. A few examples quickly come to mind from the last several years: development of technician certification programs, the ongoing fight against DIR (direct and indirect remuneration) fees, and the current widespread efforts for pharmacists to be recognized as providers under Medicare Part B. Readers can certainly identify other efforts.

There are numerous forces impacting pharmacy today. Pharmacists’ scope of practice is expanding; some states are changing their laws faster than others. The opioid epidemic continues to receive front-page news, especially with recent legal decisions and the public availability of the DEA’s Automation of Reports and Consolidated Orders System (ARCOS), also known as the “pain pill database.” Customer service remains a critical aspect of community pharmacy. Pharmacists must be aware of recent EPA regulations regarding drug disposal. Pharmacy management system integration with PDMPs and immunization registries poses technical and financial challenges. The list goes on and on.

A nontechnical challenge that has existed for decades has recently received growing attention. This challenge is the physical and mental well-being of those who work in healthcare. The recent focus on this challenge began in the medical profession, but thankfully, awareness and concern have spread to other health professions. Have you or a colleague experienced back issues from standing at a computer for hours? Do you know anyone who feels mentally exhausted after a day behind the counter? Certainly, we all have our challenging days, but the sustained stress that many in pharmacy experience is simply not healthy, mentally or physically. We wonder, why did it take so long to acknowledge that the work of healthcare is contributing to poor health for those who work in healthcare?

Is there an easy solution? No. Are efforts being made to address the problem? Yes. Awareness is the first step. The prominent terms to know are “well-being” (the state of health and happiness) and “resilience” (the ability to recover from challenges). Readers may have noticed these topics in national meeting agendas. Some pharmacy organizations have developed entire initiatives related to these topics. Pharmacy schools are beginning to incorporate initiatives into their informal and formal activities.

Today’s pharmacy students are definitely more “tuned into” these topics than we were.

If we focus on well-being, the complexity of maintaining a sense of health and happiness is readily apparent. It is a complex concept. There are numerous domains of well-being, including physical, emotional, financial, and intellectual. To simplify, we are going to focus on exercising routinely, which is good for mental and physical well-being. We know: Who has time to exercise? We live that struggle every day. For our purposes here, though, we are going to assume that our readers are dedicated to exercising. In fact, we are going to focus on an approach to incorporating technology to support a culture of exercise within the pharmacy.

Everyone enjoys a little competition, right? What about accountability? Do you find that having an accountability partner helps you exercise? Research tells us accountability and competition are great motivators for exercise. Many even use their wearable activity trackers (e.g., Fitbit, Apple Watch) to remind them periodically throughout the day to exercise (a type of accountability). Do you and your co-workers have a wearable activity tracker and/or a smartphone? Of course you do. Well, you only need one more tool to start a pharmacy exercise program: a platform to record the data. We have been using...
the Count.It platform, but there are others that we encourage readers to explore.

**FEATURES TO LOOK FOR**

*What features do we find most useful?* The most important feature is the platform’s ability to pull data (ideally in near real time) from a wide range of activity tracking apps and wearables, specifically those that the pharmacy staff already uses. Selection of a platform that requires specific activity trackers will likely create a barrier to participation among those who do not have a compatible app or wearable device, especially if they would have to purchase a new tracker in order to participate. Requiring someone to purchase an activity tracker is a major participation barrier. Therefore, it is important for the platform to have a free smartphone app, or to be compatible with other free apps (e.g., Fitbit, MapMyWalk) that can track physical activity.

The activities tracked are the next question to consider. The low hanging fruit is steps per day, which is a common metric among platforms. However, what about people who want to swim or bike? What about yoga and other types of exercise that are somewhat stationary? This is an area where we would like to see more development, at least among the free platforms. Count. It tracks swimming and cycling (and dance), but is time a better measure of exercise for an activity like yoga? We believe so.

If competition is a major motivator for your pharmacy staff’s participation, the presentation of data will be important. Ideally, a web- or app-based dashboard will present data that includes participant exercise over a predetermined time, current and former rank among other participants, and progress to goals (if goals have been set). It is also important to consider competition at the individual level. Some participants may be more concerned about improving on their exercise versus competing directly with others. For these individuals, a longitudinal display of exercise — especially in the form of graphs — can be particularly meaningful.

Price is always a consideration. We have found that use of exercise-tracking platforms among small groups of people with a basic set of features is often free. As features such as data down-loads and reward/prize management are added, the platforms become fee based. In our experience thus far, the free service has provided the features we need for a small group of friends to have a fun competition. However, for multilocation pharmacy operations, it may be important to have store-level competitions in which each store competes against the others. Some platforms only include team competitions in the fee-based models. Regardless of the pharmacy setting, we encourage readers to critically consider physical well-being among pharmacy staff. If an exercise initiative fits your pharmacy’s culture, we believe existing exercise tracking platforms can meet your needs. Explore the options and let us know about your experiences and questions. CT

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Pharmacy Requirements for DSCSA Deadlines

THE NEXT IMPLEMENTATION STAGE OF THE DRUG Supply Chain Security Act (DSCSA), also known as the track-and-trace law, begins on Nov. 27, 2019. After this date, wholesalers are required to receive and distribute only serialized prescription drug products. Serialization refers to the assignment of a globally unique identifier on each saleable unit and case pack. The identifier is affixed on product packaging in the form of a two-dimensional barcode that is encoded with the GTIN (global trade item number), serial number, expiration date, and lot number. Distributors and dispensers must be prepared with the appropriate devices to read 2D barcoded products. This information is intended to secure the supply chain by allowing electronic tracking and verification of products at each point of sale. Wholesalers will be required to verify saleable returned drugs before they can re-enter the market. Although this deadline specifically targets requirements for wholesalers, both manufacturers and pharmacies should consider the impact this requirement will have on their operations.

SERIALIZATION AT THE WHOLESALER LEVEL

The DSCSA was enacted on Nov. 27, 2013, with the goal to provide unit-level traceability by Nov. 27, 2023. Earlier steps in the process included requirements for pharmaceutical manufacturers and repackagers to serialize products. Serialization requires unique product identifiers on all packaging, consisting of a 2D barcode and human readable text format containing the product’s GTIN, serial number, expiration date, and lot number. GS1 is a global information standards organization best known for creating a variety of barcode standards. These standards aim to improve business processes and support regulatory requirements. GS1 assigns a GTIN to products once the manufacturer is registered with the organization. For U.S.-based products, the NDC (national drug code) can be converted into a GTIN-14 to be incorporated into the barcode matrix. For human-readable text format, the standard NDC formatting may be used. While the GTIN will not be found in drug compendia databases, it is searchable through the GS1 database.

Now that these serialization implementations have occurred, wholesale distributors will be required to verify serialized product identifiers before products can be restocked and resold. This also involves verification of transaction information, transaction statement, and transaction history (T3) with the returned product. This will help ensure that the product was originally purchased from a wholesaler to identify and prevent illegitimate or unsafe products from re-entering the supply chain. With an implementation date of Nov. 27, 2020, serialization identification requirements at the pharmacy are also fast approaching. Now is the time to ask your pharmacy management system provider what its plans are to meet this deadline.

VERIFICATION ROUTING SERVICE

The DSCSA saleable returns verification requirement will involve additional effort from both the wholesaler and the manufacturer. Wholesalers will need to verify the four key data elements with manufacturers, who then must respond within 24 hours. Currently, wholesalers are mainly positioned to handle data transactions with manufacturers in one direction. It is possible that wholesalers have all the data they need for verification internally. First, they can verify if a product was sold to the customer through original invoices. They may also have data pushed from the manufacturer when the product was purchased. If manufacturer data is not available, the wholesaler will need to submit a verification request to the manufacturer. Ideally, the response will be instantaneous, rather than the 24 hours that the act gives manufacturers to respond.

Using an open verification router service (VRS) has become the industry standard. An automated system has the ability to quickly route and return information needed in the verification process. The Healthcare Distribution Alliance developed the VRS Request and Response Messaging Standard, approving version 1.0 in April 2018 before passing it on to GS1 to complete the standard. GS1 then released
the v1.0.2 Lightweight Messaging Standard for Verification of Product Identifiers in January 2019 to be used as part of U.S. requirements for verification requests and responses. This standard provides a framework allowing multiple VRS systems to work with all stakeholders. Verification router services are currently marketed by multiple supply chain software companies.

When a wholesaler scans the 2D barcode containing relevant identification information or manually enters the four key data elements, the VRS routes the request to the appropriate location where manufacturer data is stored and returns a response. If a proper response is not returned, the wholesaler must investigate if the product has been recalled or obtained from an illegitimate source. Until the issue is reconciled, the product should not be restocked and resold. If a product is suspected to be illegitimate, the wholesaler should quarantine the product in a physically separate area and investigate along with the manufacturer to validate transaction information and transaction history. The wholesaler will either return an illegitimate product to the dispenser who sent it, or have it destroyed based on the manufacturers instructions. Documentation should be retained for all products, including suspect products and those that were deemed illegitimate. Both manufacturers and wholesalers will need to move toward this system to ensure the success of the upcoming saleable returns verification requirement for wholesalers.

**PHARMACY CALL TO ACTION**

*First, pharmacies need to be aware of these upcoming requirements for wholesalers and plan accordingly. Use the months ahead of the November implementation date to review and clean up inventory within the pharmacy and make the necessary returns to the wholesaler. Then, pharmacies should work with their pharmacy management system vendor on gaining the necessary technology and processes in advance of the 2020 deadline.*

Once the DSCSA requirements are complete, the movement of drugs should be traceable across the supply chain. These changes will allow for faster dissemination of information on FDA-recalled products and more efficient detection of illegitimate products if they are introduced into the supply chain. The ideal scenario will be a supply chain that is secured through the use of electronic systems for unit-level traceability.

On Nov. 27, 2020, transactions can only be made for serialized products. Necessary steps may include purchasing new scanning technology to read 2D barcodes and implementing software to interpret data within the barcode. Pharmacies will need to monitor packaging for the proper 2D barcode for products packaged after Nov. 27, 2018. Pharmacies should be aware of specific requirements for investigating suspected illegitimate products. This includes verifying the product’s lot number, transaction history and transaction information, followed by communications with the manufacturer and FDA. Products found to be illegitimate will need to be destroyed.

The final phase of the DSCSA will be implemented in November 2023. Once the DSCSA requirements are complete, the movement of drugs should be traceable across the supply chain. These changes will allow for faster dissemination of information on FDA-recalled products and more efficient detection of illegitimate products if they are introduced into the supply chain. The ideal scenario will be a supply chain that is secured through the use of electronic systems for unit-level traceability.

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Reflections on Technology: Advances Since Apollo 11

IT HAS BEEN AN EXCITING YEAR celebrating the success of the Apollo 11 mission to the moon on July 20, 1969. Where were you on that summer day when history was made? The 50th anniversary documentaries, news reporting, interviews with astronauts and mission control team members, and the celebration held at the Kennedy Space Center were all inspiring and a great reminder of just what a heroic feat that undertaking was. I was nearing my tenth birthday at the time of the landing, which my family watched on our brand-new RCA portable color TV, and could not have processed all the information written about the mission or its success. That is why revisiting the lunar landing during this anniversary has been so meaningful to me.

A point made many times by news reporters during this coverage was that when President John F. Kennedy issued the challenge that America would send astronauts to the moon, the country lacked much of the technology and computing power that would be necessary to plan and execute a successful mission. The president’s challenge led to an incredible undertaking to innovate and create all the parts and pieces that would allow Neil Armstrong, Edwin “Buzz” Aldrin, and Michael Collins to achieve the moon landing and help the mission team members meet this grand challenge.

Today, when I am practicing at the pharmacy, the technology footprint is everywhere.

It was wonderful to hear about this innovation, the people behind it, the culture that created it, and how the mission’s success led to an entire generation of people pursuing science and technology careers, many of my contemporaries among them. One colleague whose entire career was spent in the aerospace industry has been a large benefactor to the National Air and Space Museum and had the privilege of enjoying a private tour of many nonpublic Apollo 11 artifacts, including watching the restoration of Neil Armstrong’s space suit.

When I think about my career in pharmacy, albeit 35 years, not 50, I am also reminded of the tremendous innovations in technology and computing that have truly changed the face of the profession and helped the patients pharmacists serve. My first prescription-filling experience occurred on a standard typewriter. My first association management position included annual meeting invitations prepared for 3,000 individuals by a team of administrative personnel using three-part paper on IBM Selectric correcting typewriters. My MBA management information system course occurred during the advent of the first personal computer. By the time my pharmacist career began, the pharmacy had installed its first computer, compliments of the earliest PBM (pharmacy benefit manager) network that would be processing prescription claims electronically.

Drug utilization review (DUR) was in its infancy. The first item-level database, Medi-Span, was only a decade old. Insurance coverage was growing, but the majority of prescriptions were still paid in cash. Drug interactions and the role of the CYP450 were not commonly understood. The role of genetics in drug metabolism was not mainstream. Small molecule discoveries were growing, but the era of biotechnology had yet to arrive.

The passage of the 1989 Medicare Catastrophic Coverage Act was a key catalyst for the profession’s widespread adoption of computer technology for prescription processing. The growth in prescription medicine as a primary therapeutic modality led to the widespread use of DUR. The profession’s agreement in 1989 that pharmacy’s mission was to help people make the best use of their medicines through the process of pharmaceutical care...
It truly is astounding to think about the innovation and implementation of technology and computing systems during a short few decades. What will the next decades bring?

led to further innovation about how to support this mission and process. By the mid-1990s engineers had created the first pharmacy automation systems, and during the next decade widespread barcode-based workflow management systems were put in place to promote patient safety and reduce dispensing errors. This was fueled in part by the 2000 report, “To Err Is Human: Building a Safer Health System” by the Institute of Medicine (National Academies Press). Integration of clinical and dispensing systems began and is still occurring under the guidance of the Pharmacy Health Information Technology Collaborative with the support and input of leaders from the American Society for Automation in Pharmacy (ASAP). Additionally, further track-and-trace technologies are being implemented as a result of the 2013 Drug Quality and Security Act of 2013.

Today, when I am practicing at the pharmacy, the technology footprint is everywhere. The majority of prescriptions are received electronically, and the pharmacy management systems are designed to allow quick entering of information and adjudication/correction of insurance claims. Data entry double-checking, prescription filling, production verification, and DUR review are all supported by an array of clinical information systems. Forced documentation of DUR issue resolution helps provide clarity across personnel shift transitions. Data verification double-checking is routine. In addition to prioritization and management by computer algorithms, these tasks are increasingly being spread among different pharmacies within a commonly owned entity across a variety of geographic locations. Point-of-sale (POS) systems allow payment processing and help support the business with various features. The best POS software allows the pharmacist to track inventory and sales, manage employees, grow customer relationships, and analyze data. The software is also integrated with outbound systems to drive clinical offerings at the pharmacy.

It truly is astounding to think about the innovation and implementation of technology and computing systems during a short few decades. What will the next decades bring? Like the current administration’s newest challenge to return to the moon, what will pharmacy’s grand challenges be like in the years ahead? It provides much food for thought and discussion with colleagues. CT

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The American Society for Automation in Pharmacy (ASAP) held its 2019 Midyear Conference in Washington, D.C. ASAP conferences bring together technology leaders, key pharmacy associations, and technology-forward pharmacies for two days of focused speaker programming and networking. ASAP will hold its 2020 Annual Conference January 15–17 at The Ritz-Carlton, Amelia Island, Fla. Registration is now open, and the speaker agenda is available at www.asapnet.org/conferences.html. Plus, find the slide decks of the midyear presentations and view two complete presentations online at wp.me/p9LtTd-2jQ.

From left, the American Pharmacists Association’s Isha Shah-John with APhA EVP and CEO Tom Menighan and Rite Aid’s Jermaine Smith. Menighan was on the speaker agenda, with the topic “Provider Status and Healthcare Costs: The Pharmacist’s Role.”

Albertsons’ Marc Allgood, left, and the American Pharmacy Alliance’s John Hobson.

From left, SoftWriters’ Mark Fulton, Lisa Miller, and Shan Bhide.

The National Community Pharmacists Association’s Lisa Schwartz, left, and AmerisourceBergen’s Heather Zenk, who provided a Drug Supply Chain Security Act (DSCSA), aka track and trace, regulatory update.

From left, Stacy Peek from Transaction Data Systems, Dawn White from AmerisourceBergen, and Pharmacy Healthcare Solutions’ Ann Johnson, who spoke on “Digital Therapeutics and the Role of the Pharmacist.” You can view a video of Ann’s presentation at wp.me/p9LtTd-2jQ.

From left, ACAG Consulting’s Annette Gabel and guest Rocco Cuozzo, eRx Network’s Richard Brook with wife Candy Brook, and Elsevier/Gold Standard’s Beau Crenshaw are seen here during the president’s reception.

Speakers included, from left, Tabula Rasa HealthCare’s Tom Wilson, who brought the latest on healthcare APIs; National Community Pharmacists Association CEO Doug Hoey, who addressed efforts to change the pharmacy payment model in his presentation; and Ralph Orr, the director of the Virginia Prescription Monitoring Program, who presented on “Data Quality and Prescription Monitoring Programs: An Essential Partnership.”
The 2019 SoftWriters FrameworkLTC 11th Annual User Conference in Las Vegas featured breakout sessions on three tracks, clinical, technology, and best practices; customer-focused panels; training labs; a busy exhibit hall; and general sessions that highlighted software enhancements as well as previews of what’s coming out in the next few months. Keynote speaker Michael Allosso gave an engaging presentation “You On your Best Day,” on how to improve communication skills not only at the office, but also in every area of life. Paul Baldwin, principal of Baldwin Health Policy Group, highlighted the expanding opportunities of pharmacy based on key trends and initiatives in long-term care pharmacy. The conference wrapped up with a presentation on “Pharmacies of the Future” and the emerging technologies that could be a reality in long-term care pharmacy software sooner rather than later, making an impact on the value of the clinical services pharmacies offer.

Shan Bhide, VP of technology at SoftWriters, with Mark Fulton, clinical product manager. Bhide shared with customers the developments in the company software over the past year, including the launch of the FrameworkFlow mobile application and the pharmacy of the future. Fulton led breakout sessions on the enhancements in FrameworkLTC to support upcoming regulatory requirements.

Susan Clements of Senior Care Pharmacy Services and Travis May and Lisa Bitner of Trinity Pharmacy, were enjoying a reception after “learning a lot” during the speaker program and private training lab session.

SoftWriters’ staff was accessible through the conference to speak with customers and answer questions. Here, Ryan Hodge, left, senior product manager at SoftWriters is pictured with Ryan Walkovich, Grane Rx.

Diane Pupa and Shannon Cregan of LI Script Pharmacy. Pupa was a customer presenter on managing orders using FrameworkECM’s automated workflow.

Julian Beckwith, Pramila Chandora and Rebecca Garman with Managed Health Solutions were interested in learning about billing and reporting as well as performance enhancements to the FrameworkECM.

The exhibit hall was busy throughout the conference. At left, Greg Clarke, marketing specialist at SoftWriters, answers questions about the new FrameworkFlow Mobile application with Sophia Keene, Generation Pharmacy Group. Bottom left, at right, Regan Ceraso, Grane Rx, learns about the newest adherence packaging from Medicine-On-Time’s Peter Benjamin.

SoftWriters President Tim Tannert, second from right, with Rx Partners customers. From left Steve Koziak, Scott Stephens, and Rob Ziegler during the opening reception.

Kyle Janssen and Tyler Johnson of Community Pharmacy Services were excited to learn about FrameworkECM as well.
The Trends in Pharmacy Delivery

Hemal Desai: Independent pharmacies have been leaders when it comes to prescription delivery, and it continues to be very important. Consumers are used to having everything delivered these days, whether it’s meals from Grubhub or DoorDash, or everyday items from Amazon or Walmart. Consumers begin to wonder, “If I can get everything else delivered, why not my prescriptions as well?”

Vikas Desai: Traditionally, it’s been pharmacies in high-population urban areas or ones that work with long-term care facilities that offer this service. From our perspective, we believe that almost every pharmacy should offer delivery service for its customers. Many younger professionals and young families with children are just too busy to visit the pharmacy, so they need delivery at home or to their workplace. We’re used to seeing independents be the leaders when it comes to delivery in the marketplace but we’re also seeing more and more chains starting to adapt and add delivery. I think it’s very important for independents to continue to lead the way when it comes to delivery service.

CT: What’s BestRx offering its pharmacies to support delivery?

Hemal Desai: We have a lot of different options, from the simplest — with not too much technology involved — to the very robust. For pharmacies that just want to keep it simple, we offer the ability to print delivery tickets to collect paper signatures. Then we also have our own delivery apps that work on any iOS or Android device. These are a big step up in functionality, since they allow you to schedule deliveries, notify drivers to come pick up the prescriptions, and collect electronic signatures. For pharmacies that don’t want to manage their own delivery drivers, we have integrations with multiple delivery services such as ScriptDrop, UDS, and iOmni. Finally, BestRx integrates with FedEx and UPS to support mailing prescriptions to patients.

In this roundtable discussion, BestRx’s Hemal and Vikas Desai and Stephen Barnes discuss the direction that delivery services are taking in pharmacy. Learn about the latest tools, the rise of third-party delivery partners, and how to decide which delivery model fits your pharmacy.

CT: What are some examples of delivery challenges?

Stephen Barnes: One good example is being able to prove a prescription was delivered to the patient. The most common way of doing this is by collecting a signature. If you don’t have a good process for this, you create audit risk. Another example is the challenge of determining which deliveries make economic sense for your pharmacy. Can you afford the per-stop charge from a third-party service? Does this mean that you need to set a base for the value of a delivery or only deliver within a certain area? Do you have a process for collecting money owed by a patient for the delivery? How can you plan efficient delivery routes and track delivery progress to ensure that drivers are accountable?

Technology solves a lot of these problems. With our delivery offerings, you can indicate within BestRx if a prescription requires a signature based on criteria such as the medication or price point. Our delivery app can collect payments in the field or let the driver know if an order was paid for in advance.

CT: And then there’s Amazon and PillPack, right?

Hemal Desai: Right. As Amazon begins to scale with PillPack, it’s important for independent pharmacies to keep pushing ahead with their customer service and delivery options.

We have no doubt that independent pharmacies can provide the same convenience with better customer service, building a strong pharmacy-patient connection you’ll never get with PillPack.

CT: Does BestRx only support prescription delivery, or can you also support the delivery of OTC (over the counter) items?

Stephen Barnes: The ability to schedule and track OTC deliveries is one of the features that helps us stand out against our competitors’ offerings. OTC items can be delivered on the same order as a patient’s prescriptions. However, during conversations I’ve had with our customers, it’s clear that many of them have not thought about the opportunity available in delivering OTC items along with prescriptions. Most pharmacists think along the lines of getting prescriptions out the door, but not about ways to increase the overall shopping basket to offset declining prescription reimbursement.

Hemal Desai: This process doesn’t just happen. The conversation needs to be initiated by the pharmacy. Pharmacists know what nutrients are being depleted or what side effects medications can cause. For example, a pharmacist can recommend a calcium supplement in conjunction with a medication. Or recommend sunscreen for those medications causing heightened sun-sensitivity. Bottom line, the pharmacy needs to ask in order to uncover the opportunity.

Vikas Desai: Another great way to increase profitability through OTC delivery is to recommend the private label product instead of the name-brand. Typically, these items have greater profit margin for the pharmacy, and the price point will be more competitive for the patient. By asking a few more questions, you are making your customer’s lives more convenient, you are increasing your overall sale, and you are increasing your profit margin. With BestRx and our delivery app, we tie that all in for our customers. CT
ASAP
2020 Annual Conference
The Ritz-Carlton | Amelia Island, Florida
January 15 – 17

Conference Highlights:

The U.S. Pharmaceutical Market: Trends, Issues, and Outlook
Project IMPACT: Immunizations — New Innovations in Population Health
USP <800> Hazardous Drugs Is Here: What Needs To Happen at the Retail and LTC Pharmacy?
California Consumer Privacy Act: Requirements, Challenges, and Unintended Consequences
The Amazon-Pillpack Venture: The Latest Lessons Learned on the Road: What Pharmacists Are Doing to Succeed
Redefining Medication Access: Focusing Upstream to Improve Adherence and Quality
Fight Tomorrow’s Battle, Not Yesterday’s: How Technology Can Advance Guideline Care Delivery in the Pharmacy
Revisiting Readmissions and Transitions of Care: Current and Future Priorities

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“I love the way Liberty developed a workflow queue system so we can find where a prescription is in the process.”

JIM HRNCIR, Owner, Pharmacist, Las Colinas Pharmacy

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

STACHIA BAXTER, Pharmacy Manager, Roanoke Pharmacy

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

JUDY HARRIS, Owner, Pharmacist, All-Care Pharmacy