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September/October 2018 FOR THE PHARMACIST

Opportunity at the point of Care

There are many benefits in being prepared for point-of-care opportunities, from addressing public health issues to building care-based relationships with patients to ensuring medications are effective and side effects minimized.

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How to prevent them? Know your software.

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Healthcare Ready has had a big hand in this.

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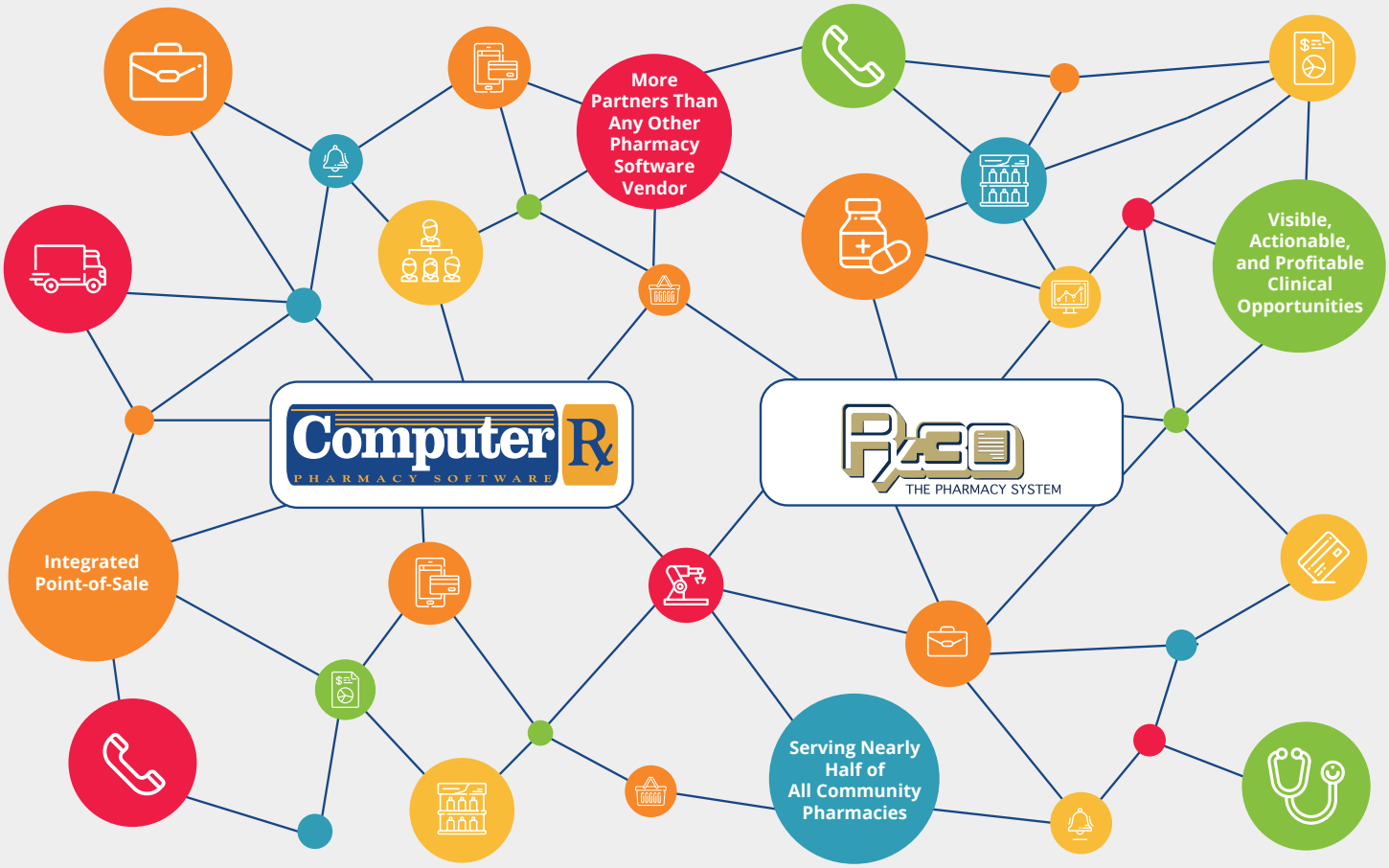
Your Software Vendor as Your IT Department

Your Pharmacy Management System Should Faciliate Your Success



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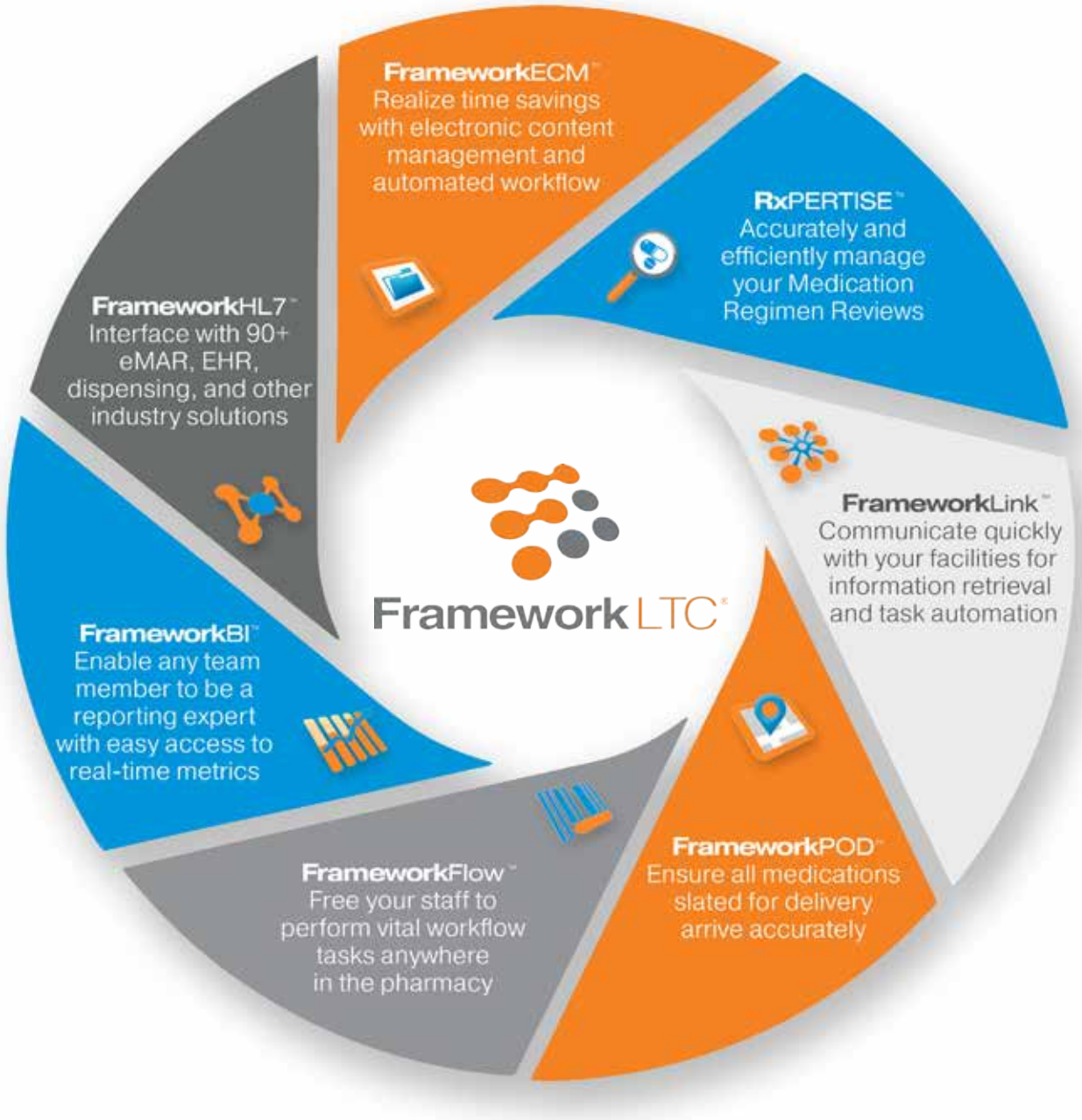

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FOR THE PHARMACIST

Sept | Oct 2018
The intersection of technology and management.

Opportunity at the point of Care

by Will Lockwood

There's a great deal of opportunity at the point of care for community pharmacies looking to leverage their accessibility and their clinical expertise in the areas of immunizations, Clinical Laboratory Improvement Amendments (CLIA)-waived testing, and pharmacogenomic testing. Find out how, with the right tools, data, and workflow, pharmacies are making a difference by building care-based relationships with patients, and ensuring that medications are effective and side effects minimized. Story begins on page 13

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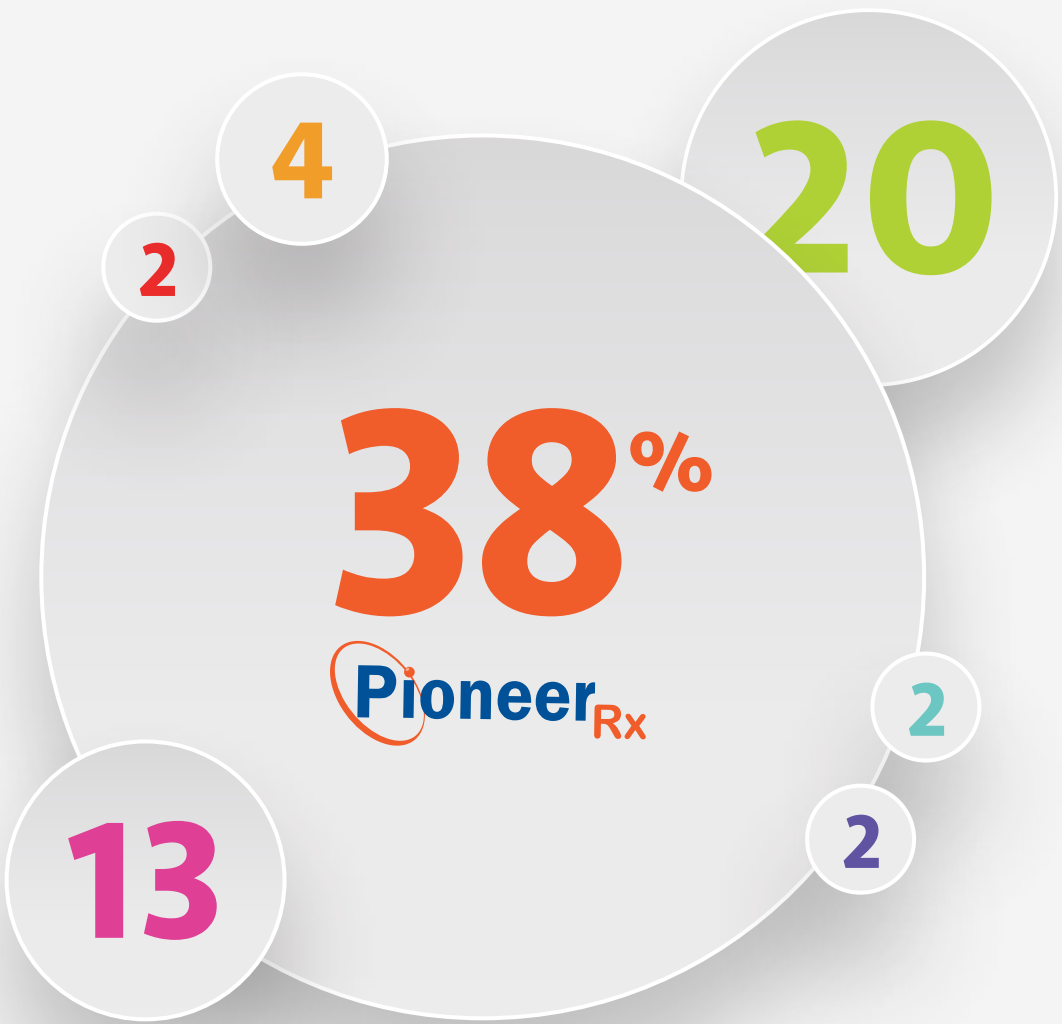

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Evolution

WHEN WE STARTED *ComputerTalk* 38 years ago, the use of computer technology in pharmacy was in its infancy. Two reasons why pharmacists didn't eagerly embrace computers were the cost and what I call "fear of the unknown."

However, the core business of a pharmacy is its prescription business. And prescriptions are transactions that are processed and stored. This is where automation made a lot of sense. So as word got out that the computer was saving time, and the price point of these systems started to drop, the demand for pharmacy management systems perked up. Another catalyst was the growing number of prescriptions covered by insurance. The hassle of handling the paper claims soon became a very time-consuming effort, and the electronic submission of these claims was something the computer could be programmed to easily handle.

Since then we have come a long way. Robotics used for dispensing prescriptions came onto the scene. This caught on with pharmacies doing a high prescription volume. Then we had the introduction of interactive voice response (IVR) systems that reduced the disruption of ringing phones to order refills and allowed pharmacists and technicians to concentrate on filling prescriptions. Fewer disruptions can be correlated with fewer errors. I would imagine that the pharmacies not using IVR these days are in the minority.

And we started to see the beginning of what I call feeder applications. The first of these were the drug interaction modules that the system vendors integrated into prescription processing. This was the beginning of the trend to build in more clinical functionality to the systems.

Today there are several companies that add value to the pharmacy management systems with programs that address patient adherence to their medications. Other feeder applications that have been introduced simplify the prior authorization process, handle electronic prescriptions, and address ways in which pharmacy owners can do a better job running their pharmacies.

When front-store point-of-sale (POS) systems were introduced, these were promoted as a way to improve product mix, turnover, and pricing accuracy at the registers through barcode scanning. Here again it took a while for pharmacy owners to recognize the benefits. Today POS systems are a common fixture in pharmacies of all stripes. Where am I going with all of this? To me it is evident that computer technology has changed the face of pharmacy for the better. It has helped pharmacists be better practitioners of their profession and better managers of their pharmacies.

The pages of *ComputerTalk* are filled with stories on how pharmacy owners are using the technology at their disposal to better serve their patient population base and benefiting financially. As we move forward I cannot help but believe that we will see a continuation of innovative applications that support the profession. **CT**

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Miral Patel, RPh – Owner, Curlew Pharmacies, Clearwater, FL

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industry news

QS/1 has announced that it is among the first pharmacy management systems to participate in the **Surescripts** Early Adopter program with the new SCRIPT standard, version 2017071. The Centers for Medicare & Medicaid Services (CMS) has set a date of early 2020 for mandatory use of the new standard. "QS/1 has been at the forefront of every initiative in the electronic transmission of medical data," says Kevin Welch, president of Smith Technologies and chief technology officer for JM Smith Corporation. "As CMS moves forward with SCRIPT standard version 2017071, QS/1 will work with our partners at Surescripts to ensure we are giving community pharmacy the tools they need to handle e-prescriptions in the new format before the January 2020 deadline."

FDS has entered a partnership with **American Associated Pharmacies** (AAP) to provide AAP members with a business analytics tool to improve pharmacies' profitability. ProfitAmp provides business intelligence and a unique level of detail that cannot be obtained with other business intelligence tools, according to the company.

ProfitAmp delivers a deeper look into pharmacy operations, including an analysis of dispensing data through the pharmacy management system to identify key dispensing trends, lost patients, and income opportunities. "FDS is committed to helping pharmacies improve efficiency while positively impacting their bottom line, a mission that aligns well with AAP's goal of providing member pharmacies with tools to enhance profitability, streamline operations, and improve care quality," says Tracie Heyrman, AAP VP of preferred partners.

"We take pride in the continued confidence and trust that AAP has placed in FDS products and services, and look forward to delivering true value to its member pharmacies," says Rich Bukovinsky, EVP of business development for FDS.

AAP is a member-owned cooperative with over 2,000 independent pharmacies.

The board of directors of **Amplicare** has appointed Matt Johnson, Pharm.D., who is a co-founder of the company, as CEO. Johnson holds a Pharm.D. degree from Wingate University. With that announcement, Flaviu Simihaian, Amplicare's other co-founder, will assume the role of chairman of the board and step down from his role as CEO. The company also announced that Jess Eberdt has joined the board of directors. Eberdt has experience with start-up and high-growth healthcare companies.

Matt Johnson

Canadian Business and *Maclean*'s once again ranked **Synergy Medical** among Canada's fastest-growing companies, with a 2018 ranking of 397 on the 2018 Growth 500 list. Synergy Medical is based in Longueuil, Quebec, and from 2008 has been designing, manufacturing, and installing automated systems that allow pharmacies to efficiently and accurately prepare compliance packs — specialized pill boxes that enable patients to adhere to their medication regimens.

The **Independent Pharmacy Cooperative** (IPC) has announced a new educational collaboration with **ADAPT Pharma, Inc.**, to expand availability and increase awareness of naloxone, an opioid overdose emergency treatment, while educating pharmacists and pharmacy technicians about opioid overdose. A new pharmacy-training online video will provide the necessary knowledge to educate patients and caregivers about the potential dangers of prescription opioids, and the importance of having naloxone on hand.

Death rates from drug overdoses in the United States have been on an exponential growth curve that began at least 15 years before the mid-1990s' surge in opioid prescribing, suggesting that overdose death rates may continue along this same historical growth trajectory for years to come, according to a **University of Pittsburgh Graduate School of Public Health** analysis published in *Science*.

The type of drug and the demographics of those who die from overdoses have fluctuated over the years. When the use of one drug waned, a new drug filled in, attracting new populations from different geographic regions at faster rates. These findings suggest that, to be successful, prevention efforts must extend beyond control of specific drugs to address deeper factors driving the epidemic.

"The current epidemic of overdose deaths due to prescription opioids, heroin, and fentanyl appears to be the most recent manifestation of a more fundamental, longer-term process," says senior author Donald S. Burke, M.D., Pitt

Public Health dean and UPMC-Jonas Salk Chair of Global Health. "Understanding the forces holding these multiple individual drug epidemics together in a tight upward exponential trajectory will be important in revealing the root causes of the epidemic, and this understanding could be crucial to prevention and intervention strategies."

Managed Health Care Associates (MHA) and **SoftWriters**, operating as part of MHA since 2015, announced that SoftWriters will be responsible for the support, delivery, and further development of RxPertise, medication regimen review software for consultant pharmacists specializing in long-term care.

"When we made the decision to have SoftWriters become part of MHA's strategic long-term care pharmacy offering, it was front-of-mind to not only build best-in-class integrated offerings, but to also recognize that some of our members are utilizing RxPertise through other pharmacy operating systems. Our ultimate goal is to demonstrate that the integrated offering of SoftWriters and RxPertise provides tremendous value longer term, while still supporting a stand-alone version of RxPertise for those utilizing other pharmacy operating systems," says Michael J. Sicilian, president of MHA.

From a SoftWriter's perspective, Tim Tannert, R.Ph., who is president of SoftWriters, notes, "RxPertise is a great fit with our strategic initiatives. We are committed to the long-term care pharmacy space and to enabling our customers as well as customers who use other pharmacy operating systems with the tools they need to compete, while making operations more efficient. Supporting RxPertise also makes for a great example of our collaboration to integrate and leverage our software solutions for the market."

Kicking off the sixth annual **National Association of Specialty Pharmacy** (NASP) meeting in September, NASP Executive Director Sheila Arquette, R.Ph., announced the industry's two highly anticipated awards that recognize the best in the business of specialty pharmacy. NASP represents healthcare industry leaders, working on behalf of retail and specialty pharmacies, drug distributors, PBMs (pharmacy benefit managers), hospital systems, and pharmaceutical manufacturers on legislative and regulatory efforts to advance the practice of specialty pharmacy, and by promoting education and certification of specialty pharmacists. These peer-nominated and reviewed awards go to the individual and organization that have done the most to advance patient care and the practice of specialty pharmacy, as well as uphold the values of NASP over the past year.

Of the more than 1,200 association members, **PANTHERx** was named Specialty Pharmacy of the Year, for embodying the practice of pharmacy in the field of specialty, based on community involvement, patient satisfaction, cost management, innovation in the field, and quality/performance improvement initiatives, which includes patient care and outcomes, disease state and therapy management, and patient engagement. Additionally, former CEO of Avella Specialty Pharmacy and NASP past president Rebecca Shanahan, Esq., was honored with the Distinguished Service to Specialty Pharmacy award, recognizing her exceptional and sustained leadership within the specialty pharmacy industry and NASP.

"Millions of Americans suffer from some of the most devastating and complex diseases, depending on specialty pharmacists to deliver knowledgeable, skilled and caring services to help them manage their sickness," Arquette says. "Specialty pharmacy provides a crucial and unique service to the most vulnerable patients in the country, ensuring they have access to the life-changing medications they need, along with the necessary support to succeed with complex treatments. This year's NASP award honorees are exemplary representatives of the specialty pharmacy industry. Both recipients demonstrate an inspiring commitment to making quality care accessible to their patients, and today we commend them for their efforts." **CT**

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Pharmacy Errors: 1,000x Too Many?

by Matthew Catanzaro, R.Ph.
Contributor

IN A PROFESSION WHERE THE

expectation is 100% accuracy, the reality is inconsistent with this goal. Different values are cited across the internet, but by and large 99.7% accuracy is considered a standard in the practice of pharmacy. Any pharmacist will tell you that while making three mistakes in 1,000 prescriptions filled is reasonable, they also fear the outcomes of those three mistakes. In a litigious society where everyone is a target, pharmacists are expected by the courts, patients, and employers to be perfect.

The reality is that pharmacy doesn't stack up very well against general industry standards for accuracy, either. Six Sigma is the most common metric and statistical science for an acceptable error rate in the world of manufacturing, for example. It states that to not lose consumer confidence, one must have no more than 3.4 defects per million. Unfortunately, pharmacy is coming closer to 3,000 mistakes/defects per million, which is certainly less than ideal.

In light of this, how do we as a profession work toward reducing errors even further? We've all been schooled on the basic concepts, such as rereading the hard copy against the label with checkmarks, checking the NDC of the label against the bottle (commonly using the middle four digits), and using technology such as machines and pill counters to assist in getting the proper amounts ready for dispensing. Here are some concepts that go beyond the common suggestions and may help you reduce errors in your environment.

KNOW YOUR SOFTWARE

It sounds silly, but the first step in knowing what errors you are going to encounter is to understand the limitations of the software you are using. One example is short codes. We all use them when applicable, but is the short code going to give you erroneous data? Does "1QD" give you "capsules" when you need "tablets"? Does it give you totally wrong information when dealing with topical versus ophthalmic solutions? A number of software solutions allow you to set up 1T versus 1C for tablet versus capsule, but all this means is that staff members are more apt to give you a bad set of directions as they get in the habit of typing one short code over another. Understanding how the software crafts the SIG will help you watch out for wording that is incorrect.

Here are some concepts that go beyond the common suggestions and may help you reduce errors in your environment.

Knowing the software is not limited to knowing the sig or short codes, but also involves how the drug itself is selected. More is better, but folks get lazy, and so instead of typing five characters to limit their field of options, they will only use three and try to select from the list. Getting into the habit of trying to spell the drug name out as much as possible will help keep the bad options off the grid. If available, an additional help may be found if the drug selection field allows for a search that includes strength as well as name. Inputting, "HYDRO 50MG" versus "HYDRO 500MG" is the difference between seeing options of HCTZ 50mg and HYDREA 500mg. While this isn't identified as a common error, the list of HYDRO items is no doubt long, even in the smallest of pharmacies. The goal in drug selections is to narrow the criteria as much as possible, and thus narrow the possibility of an error.

RECOMMENDATIONS

Some recommendations the makers of every good piece of software should consider adding, if they don't have it already, are:

- ❑ A "fuzzy logic" search. There are times when we are faced with a poorly written prescription and the first few letters are illegible. Being able to search by a portion of the word as well as the strength and dosage form enables the user to see valid options and make the mental connections of how a provider may have been writing the letters. Thus, searching Prozac 20mg capsules by "*zac 20 cap" (where * is a wild-card character meaning anything can be before the characters following it) may help you or your staff understand the first letter is a P and not an L, or in some other language. Pharmacists are excellent detectives, and good software should allow us to hone those skills more.

- ❑ An alternate name search by default. Searching for the HIV drug Biktarvy is great, if the prescriber writes that name. If he or she happens to write bictegravir/emtricitabine/tenofovir in some order, the tech probably has no chance of finding the drug, and the pharmacist is most likely pulling up reference material to determine what it is. With so many drugs coming to market so quickly, the ability to search by whatever

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the prescriber wrote and get back reasonable matching results is priceless from a time and labor standpoint. Searching available brand and generic fields, even if the generic has yet to be brought to market, is valuable to a good technician.

❑ Ability to add warnings within the software. Being able to add a caution flag or to stop or slow down a specific technician or all staff members on recurring mistakes can be helpful in preventing them. While you never want every drug tagged in this manner, as it becomes "white noise," having a targeted approach toward using flags for error prevention can help with drug selection, package size confusion, days' supply issues for insurance claims, and proper sig code selection, among other concepts.

Having a targeted approach toward using flags for error prevention can help with drug selection, package size confusion, days' supply issues for insurance claims, and proper sig code selection, among other concepts.

These types of warnings should always be more than a simple "OK" acknowledgement. Instead, they should be something that stops the user and is logged so that it is clear the warning was observed and overridden.

❑ The ability to "force" dispensings in a certain package increment. The staff should never have to remember how many grams are in a Ventolin, ProAir, or Qvar inhaler. The software should tell them and, in cases like these, the software should have the option to force and check those values. The concept of sending a partial package for anything other than an oral medication should be challenged by the software.

In certain circumstances and environments, it may be possible to request software changes to assist in your company's error prevention efforts. While not everyone has that luxury, taking advantage of it can allow someone to craft concepts that go beyond standard alerts. One such example is a drug barrier string. The concept of this is to disallow selection of a given drug until enough characters have been typed to essentially "unlock" the drug. This concept is unique in that it helps prevent errors at the point of entry and forces users to pay attention and adhere to limitations placed upon them. This change to computer concepts moves the system from being a glorified typewriter to a quality tool that helps one proactively block and reduce error options. **CT**

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

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SPEED SCRIPT

Your Software Vendor as Your IT Department

by Maggie Lockwood
ComputerTalk
VP, Senior Editor

MOST PHARMACISTS KNOW their software vendors can write an interface. But there's more to software than just having an interface installed. There is a whole realm of IT support available to those pharmacists who don't have a dedicated person, or the expertise to manage routers, network security, and PCI compliance. It's important to ask your vendor about services beyond software.

Kari Pastorek, R.Ph., who co-owns Grafton Drug, in Grafton, N.D, with Beth Wharam, Pharm.D., looks to Speed Script to provide IT support. Since installing the Speed Script pharmacy management system in 2008, following buying the pharmacy in 2006, Pastorek has called on Speed Script staff regularly for in-store and phone-based network support. Grafton Drug, serving a town with a population of around 5,000, is a retail pharmacy that caters to everyone in the area: walk-in patients, nursing homes, and those needing special packaging in group homes and home care. Because of its rural location, the staff will also do some mail order. Busy running the clinical and business side of the pharmacy, Pastorek needed expertise and support managing her computer network and the security side of the business.

"I'm not a computer person, I'm a pharmacist, and we don't have a local IT person — Grafton is a small, rural area," explains Pastorek. "I pretty much use Speed Script as my IT staff. I will call them for any issue, from the fax machine, to point of sale, to an interface with the robotic system."

"We need someone who understands the whole system, not just one part of it."

– Kari Pastorek, R.Ph.

Pastorek has several examples of when she's called Speed Script CEO Chuck Welch and asked for help.

With PCI (Payment Card Industry Data Security Standard) requirements, Pastorek turned to Speed Script. She had a lot of questions about the compliance requirements, and didn't understand the explanations from the third-party company she was using to verify the point-of-sale (POS) system. Frustrated, she called Chuck Welch, CEO of Speed Script. "Chuck had an employee call me and answer my questions," recalls Pastorek. "I feel really comfortable with Speed Script monitoring all of it. We get busy, and I don't have to think about it." She says that while PCI compliance requires a quarterly audit of the system, Speed Script does a monthly audit, so she knows ahead of time if there is a vulnerability in the system. "I don't want it to be easy for a hacker to get into my system. I want the data to be protected," she says.

At Speed Script, this type of IT support is not out of the ordinary. With a new system install, Speed Script will replace the pharmacy's router with a Speed Script router that is configured for the pharmacy and create a secure VPN (virtual private network) connection with the Speed Script network. This gives Speed Script support personnel the ability to connect with the pharmacy's servers without opening the network to a potential threat, if left running. Speed Script sends a hardware technician on-site for the install, to make sure all the other networking hardware is performing optimally. Sometimes, the company advises replacement of the remaining hardware. Also, as a pharmacy grows, Speed Script will make sure the pharmacy has the proper switches and networking equipment.

"When you install a system, pharmacists should be looking for someone who is going to partner with them for the growth of the pharmacy," says Welch.

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"While we are a smaller vendor, we can still give one-on-one support. Plus, the customers have access to anyone in the company to discuss thoughts and issues, and to talk about new services needed."

At Grafton, when the pharmacy's iPad was experiencing inconsistent wireless access, Pastorek called Speed Script. The pharmacy staff uses the iPad to help customers look at Medicare Part D drug plans, and the process was inefficient, with the wireless going down all the time. Speed Script sent someone to evaluate the situation. "Apparently, we had our router in a bad location, and that is why we weren't able to connect to it," says Pastorek. "Moving it to a new location has made a big difference. It also made it so we could add another workstation in the pharmacy that could run off of the wireless network."

Grafton Drug stocks a complete line of prescription and OTC medications and offers delivery, mail-order, clinical services and medication disposal.

Another example is when Pastorek installed security cameras. She was concerned about any breaches to the network that could lead to hacking of her pharmacy, and about credit card data being compromised if the security system wasn't tied to the pharmacy network properly. She asked the security company to talk to Speed Script first. "I always question anyone who deals with our network and ask them to talk to Speed Script," says Pastorek. "We need someone who understands the whole system, not just one part of it. I feel like when I call Speed Script, I can depend on them to figure out any problem." **CT**

Maggie Lockwood is VP and senior editor at ComputerTalk. *She can be reached at maggie@computertalk.com.*

Get the Support you Need

Speed Script CEO Chuck Welch on IT services that pharmacists should look for.

ComputerTalk: Can you share advice pharmacists could use to know they are getting the best IT support for their monthly fee?

Chuck Welch: If a pharmacy is looking for a new system, they should be looking at all of the hardware they are getting. Our system includes the server, battery backup, all the peripherals, and the main router for the store. If a customer has a lot of workstations, we have different switches we can add to make things work. One of the biggest things we do for our customers is the router. It is a VPN (virtual private network) router that is configured to keep a consistent connection to a concentrator here at our office. That way, we can offer a lot of different services that work over a secured connection — like our SSLTC eMAR (electronic medication administration record) system, off-site backups, customer support, and other services.

CT: How does a vendor work as an IT partner, to keep the pharmacy's system running and safe?

Welch: Speed Script builds the network and systems to support the customer and manage their network. With all the other issues going on in pharmacy today, pharmacy owners do not need to worry about the router installed and their data being kept safe. We install the routers and set them up to connect with our systems through a secure VPN tunnel. We have seen where pharmacies have changed vendors and don't even know the password to their router. The router is the firewall to the internet and should be viewed the same way as setting the alarm when they leave the pharmacy. We have seen pharmacies where the router is open to the internet or is some kind of homegrown router that does not support much security at all.

Read more online at wp.me/p9LtTd-1jx.

Opportunity at the point of Care

Community pharmacy has long been a crucial point of care, providing not just medications, but also ready and broad access for patients to answers while supporting physicians' practices by taking work out of their offices. Here we'll learn about the current state of opportunity at the point of care in two areas: immunizations and CLIA (Clinical Laboratory Improvement Amendments)-waived testing. Find out how, with the right tools, data, and workflow, pharmacies are making a difference by addressing public health issues, building care-based relationships with patients, and ensuring that medications are effective and side effects minimized.

by Will Lockwood
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Pharmacy has done a good job so far, offering an alternative to physicians and clinics as the go-to immunization source for many people.

Immunization Impact

Immunizations are a common offering in pharmacy today, and that's a very good thing. But what if pharmacy could easily check a patient's immunization status at the point of care and have the chance to act immediately to provide missed immunizations? That's a question the American Pharmacists Association Foundation's Project IMPACT Immunizations initiative addressed, and one that pharmacies are addressing in practice.

Gary Petruzzelli, Pharm.D.

"As a profession, we're challenged to improve immunization rates," says Gary Petruzzelli, Pharm.D. "Pharmacy has done a good job so far, offering an alternative to physicians and clinics as the go-to immunization source for many people. But even with the success to date, there's still plenty of room for the pharmacy industry to help improve the overall immunization rate for adults."

Providing services for the local brands it supports, Retail Business Services saw an opportunity: If a pharmacist could easily identify with a high level of accuracy people who need immunizations and then provide the shots on the spot, there would be a wide range of benefits. First there's the sheer convenience for the patient – there's no appointment needed and pharmacy-based immunizations are usually the most cost-effective option, notes Petruzzelli. In fact, for many immunizations, there's no copay. "In our experience, we've seen great success with this approach," says Petruzzelli. "Pharmacies have really improved their vaccination rates, but as industry, we still have room to improve."

VMS generates alerts using such elements as claims data, known patient data points, CDC guidelines, and perceived gaps in immunization history.

"VMS is an excellent example of the kind of intelligent solutions Retail Business Services looks for when sharing best practices with local brands," says Petruzzelli. Alert fatigue is a real issue in pharmacies, with edits and halts popping up throughout the prescription filling and claims submission process. Ignoring an alert can be dangerous, but it can also mean losing an opportunity to good for the patient. "VMS is accurate to the point where, when pharmacists see an immunization opportunity alert come up, they have real confidence that this is in fact a patient who needs, for example, a pneumonia shot," explains Petruzzelli.

The easiest people to reach with this program are existing pharmacy patients, of course. But Petruzzelli notes that pharmacies can also use VMS to leverage the opportunities that come from their location within grocery stores. "The local brands we serve have folks who are in their grocery stores every day who are not pharmacy customers. We see this as a chance to draw their attention to immunization services and then have a tool like VMS available to the local brands' pharmacies to ensure that they can offer the immunizations their customers may need. This helps keep communities protected from preventable diseases."

For example, Petruzzelli says, flu shots can serve as a trigger to check for immunization gaps. "We've heard from the local brands we support that they see a huge influx of folks — both their existing pharmacy patients and grocery customers — coming to them ahead of flu season," he says, "and that's proven to be a great opportunity for them to use VMS to check the consumer's whole immunization history. At that point it's really easy for the local brand pharmacists to talk to consumers about other recommended

vaccines and offer those immunizations during that same visit. In terms of best practices, this is the best time to ensure consumers get a vaccination, since we all know that when somebody leaves, it can be hard to get them to come back in a timely manner."

VMS works right within the pharmacy management system as well, without requiring pharmacy staff to have yet another app open. "The last thing we want is to provide the local grocery brands we serve a system that a pharmacist has to log into," says Petruzzelli. "It's really critical that systems integrate into our existing workflow and the alert hits right on the adjudication screen. This allows pharmacists to more easily interact with their patients, and make proper recommendations."

So what's the impact been on the conversion rate, or the rate at which pharmacists are able to successfully address patients' gaps in immunizations? "The companies we serve have seen roughly a 30% pneumonia conversion rate, which is really incredible," says Petruzzelli. This means that three out of 10 patients who come into the pharmacy for some other reason and are lacking a pneumonia immunization end up leaving with one. What's key here is focusing the pharmacists on asking just those patients that VMS has identified as highly likely to need the immunization. It may not always be right — the data showing that a patient has in fact been immunized already may not have been recorded yet — but this targeted approach is much more efficient than asking everyone over 65, and creates an effective and positive feedback loop that motivates pharmacy staff.

A good conversion rate is also a valuable data point for proving value to managed care plans, which Petruzzelli says are starting to look more and more at immunization rates as quality measures. "Pharmacies can use these rates to differentiate then and to show the kind of care they are able to provide," says Petruzzelli.

This ends up being a case study in what pharmacy can do for patients. "I think the companies we serve are some of the best out there from a clinical perspective," says Petruzzelli. "They really focus on helping patients be healthy."

It's also worth pointing out that there's a real financial benefit to improving immunization rates. It's absolutely in the health plan's best interest to pay for that pneumonia shot, as opposed to paying for the pneumonia visit to the hospital. "It's very rare these days to have a situation in healthcare where everybody wins," says Petruzzelli. "But this is one. Pharmacists are able to give a pneumonia shot that might not have happened otherwise, and at zero cost to the patient. They then get reimbursed from the health plans, and the health plan's finances are strengthened because people are staying out of the hospital. It may sound cliche, but I always think of my grandmother. She was able to be at my wedding because she had dedicated healthcare providers who were focused on keeping her well. There's a grandmother or grandfather who can be identified as a candidate for an immunization using VMS, and he or she may be able to attend a grandchild's wedding because of a renewed drive for immunization. An immunization program makes business sense. But there's such an impact on patient health, too."

The pneumonia immunization requires

continued on next page

The American Pharmacists Association Foundation's Project IMPACT Immunizations Pilot Summary of Key Findings

- For every study patient who requested an influenza vaccination from the pharmacy, an additional 1.45 vaccines were forecasted as due at the point of care.
- 33.5% of the identified unmet vaccination needs were resolved during the six-month study period.
- 95.3% were administered by the pharmacist at the point of care.
- 4.7% were resolved at a patient-initiated follow-up visit.
- There was a 41.4% increase in the number of vaccines administered as a result of this innovative model of care.

Source: online.liebertpub.com/doi/pdfplus/10.1089/pop.2017.0049

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two shots one year apart to be fully effective. So the immediate point-of-care opportunity is literally just half the battle. Pharmacies can use VMS to send targeted HIPAA-compliant mailers to patients. "We find that our older patients really appreciate this reminder," says Petruzzelli. "People genuinely appreciate getting something in the mail that says, 'Hey, we care about you. We want to make sure you're healthy.' The companies we've worked with on VMS have gotten a lot of positive feedback on these reminders, and they're able to track the conversions on these mailers as well. We find that the mailers more than pay for themselves."

Getting Your CLIA Waiver

Percentage of Pharmacies with CLIA Waivers
Supermarkets – 43%
Traditional Chains – 24%
Independents – 5%
Mass Merchants – 4%
Source: www.ncbi.nlm.nih.gov/pubmed/26508268

As Easy as 1, 2, 3

Community pharmacies also have a great opportunity at the point of care for providing a range of CLIA-waived tests, according to Steve Hoffart, Pharm.D. Hoffart opened Magnolia Pharmacy in Magnolia, Texas, almost 16 years ago, and he describes his independent pharmacy as a hybrid. "We do traditional retail pharmacy along with compounding, immunizations, and MTM [medication therapy management]," says Hoffart. "We are a clinically integrated pharmacy, and we do a lot of point-of-care testing." This is a service that supports Magnolia Pharmacy's appointment-based model for health and wellness, weight loss, nutritional, and hormone therapy programs.

Steve Hoffart, Pharm.D.

While Magnolia offers a wide range of tests, Hoffart points to two relatively new tests that not only happen in the pharmacy but also return results while the patient waits: rapid strep and flu testing. "These are valuable tests to offer our patients, and for pharmacies that aren't offering them yet, it's super easy to get going," says Hoffart. Think about it. Every pharmacy has people walk into the store, looking pretty under the weather and headed for the cough-and-cold section. Can you ask these people if they'd like to be screened for the flu? "We have the ability to do that," says Hoffart.

Hoffart makes use of screening tools and forms that are provided by the test manufacturer, and which make training

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staff and implementing the program into the daily workflow really easy.

Here's how it works at Magnolia Pharmacy. Patients complete a screening form for flu symptoms that uses a points system. If the person has enough points to make it possible that he or she has the flu, a staff member collects some basic information and uses a nasal swab to take a sample for the test. Hoffart reports that the process provides a rapid result with a very high level of accuracy, and identifies if it's type A or B flu.

Magnolia Pharmacy staff can then show confirmed flu patients the best over-the-counter and ancillary products to treat the symptoms. This includes a specialty at Magnolia Pharmacy: pharmaceutical-grade supplements that work to bolster the immune system during the flu season. "We've carried these products for many, many years during cough, cold, and flu season — especially during the flu season. If somebody has the flu during it, they'll come in, and we start them on these products just like we would start them on a prescription medication," says Hoffart. "We've found that the time for symptom relief is just as good, if not better."

Hoffart has had great success alleviating flu symptoms with this combination of testing and OTCs, and reports that a lot of local physicians would really rather his pharmacy do the screening for the flu. "This is something they know we do accurately, and they know that we help patients feel better," he says. "It also helps to keep flu patients out of the doctor's waiting room, where they may make other patients or even staff sick, too."

> Think about it. Every pharmacy has people walk into the store, looking pretty under the weather and headed for the cough-and-cold section. Can you ask these people if they'd like to be screened for the flu?

There are times when it's important to refer a flu patient to his or her doctor, Hoffart notes. "You use your clinical knowledge," he says. "Some patients come in, and upon screening you find out that they have diabetes, hypertension, asthma, or COPD, and those high-risk patients must go to their physician." But the great thing about offering the initial screening and testing in the pharmacy is the easy access point for patients. "They don't have to make an appointment with us," says

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Immunization Messaging:

Tips for Success from OmniSYS's Todd Fisher, R.Ph., Pharmacy Innovation

- Workflow is an important factor. Programs that require pharmacists to take extra steps or alter their normal workflow are unlikely to be successful.
- Messaging should be targeted, and both patient and vaccine specific.
- Establish confidence by educating staff that alerts mean vaccines are both clinically necessary and covered by the patient's insurance.
- Train staff to recommend the appropriate vaccine, and avoid asking if the patient has already received the vaccine.

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Hoffart. "It's a quick test, and we either get them going on OTCs or we confirm they need to visit the doctor with the result of our screening."

Bacteria or Virus? It Matters

Magnolia Pharmacy also offers rapid strep testing, which is very similar to the flu test in its implementation and is just as critical, in Hoffart's view. Here's another group of people who aren't feeling well: They've got a sore throat and are miserable, and they want to know if it's strep. "When we started offering this test, I spoke to a lot of our local elementary schools," says Hoffart. Certainly, it's not unusual for a child to end up in the school nurse's office with a sore throat, which then necessitates a strep test. "I wanted schools to know that these kids didn't have to wait for a doctor's appointment or sit in an urgent-care waiting room, but instead a parent could bring them right into Magnolia Pharmacy. We do the same throat swab as the doctor's office completes, and within a matter of minutes we know whether it's strep or not."

Hoffart has found that local doctors still want to be the ones to prescribe antibiotics for strep, but the testing at Magnolia Pharmacy helps ensure that only people with confirmed cases of strep go in to see the doctor. "I understand that prescribers don't want to do a protocol to allow us to prescribe antibiotics," says Hoffart, "especially with something like strep, which can have serious clinical outcomes if not treated properly. But what I have done is work with our local physicians to ensure that they will accept our strep test results and not retest at added cost and time."

More Online:

Going Beyond POC: Get a rundown of other tests Steve Hoffart is having success with at Magnolia Pharmacy wp.me/p9LtTd-1j4

Amina Abubakar, Pharm.D., runs a very forward-thinking operation at Rx Clinic Pharmacy in Charlotte, N.C. She's offering flu and strep testing as well. In her view, there's an important public health aspect to the ease and speed of pharmacy flu testing.

"Patients only have a 48-hour window to really respond to antiflu medications," she says. "That's why pharmacy accessibility is the key. People can just walk in, and we can find out if they have the flu or a cold right now." North Carolina law requires pharmacies like Rx Clinic Pharmacy to have collaborative practice agreements with specific providers, rather than a blanket protocol, and Abubakar has found that a number of physicians are interested in creating these agreements, which permit the pharmacy to prescribe and dispense Tamiflu based on a positive test result. "Taking action to provide Tamiflu as soon as possible, once we have that first encounter with a flu patient and get a positive test result, is helping us prevent further spread of the flu and prevent deaths and complications. We do have occasions when we don't have that agreement, and then we will call the prescriber and let them know we have a positive test and can ask for a phone or faxed prescription. But it's best when we can close the gap and provide treatment immediately," says Abubakar.

Amina Abubakar, Pharm.D.

And while she has focused on point-of-care (POC) testing that delivers immediate results, Abubakar feels strongly about another test she offers at Rx Clinic Pharmacy that may not provide immediate results, but makes a huge impact on a patient's well-being. This is a cheek swab for pharmacogenomic testing. "We see patients all the time for whom therapy is clearly just not working," says Abubakar. "The prescribers we work with will refer patients like this to us, and we'll also find patients who start a new therapy and are back in the pharmacy a week later telling us that they still don't feel right." These patients immediately become candidates for Rx Clinic Pharmacy's pharmacogenomic testing, which does have to go out to a lab for analysis, with results back in about a week. The panel that comes back is usually very enlightening, according to Abubakar. "A lot of times

we find out exactly why the patient was having issues," she says. "And we now have the blueprint we need to optimize care. We consider this test to be one of our most important services. It's a cornerstone of our personalized medication review process, and it gives us key data we can use as part of our efforts to act as care coordinator with all of a patient's providers."

Preparing for the Test

What steps should you take if you want to get started with POC testing? Kevin Day, Pharm.D., has put in the work to find out, and he's willing to share his experience. After serving as the executive resident at the National Community Pharmacists Association, Day returned to his father's pharmacy, Day's Miami Heights Pharmacy in Cincinnati, Ohio. The store has recently celebrated 28 years as a family-owned independent pharmacy, and Day has gotten going on the buyout process as he learns the ropes of running a pharmacy.

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Resources

Information on CLIA-Waived Tests:
www.acponline.org/practice-resources/business-resources/laboratory-proficiency-testing-program/clia-waived-testing

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POC testing has been on his radar for some time. Day defines the opportunity very strictly as tests for which results can be generated at the point of care in the pharmacy. He's been in the process of preparing Day's Miami Heights Pharmacy to provide flu and strep testing this season, and offers some insight for pharmacists who are also looking to get their POC testing up and running. First of all, he notes that these are well-established tests, and that pharmacists have access to the same tests as doctor offices, minute clinics, ERs, and the like.

The fact that this same testing can be easily available at the pharmacy is significant, in Day's view. "We see a combination of trends limiting patient access to care," he says, "such as high-deductible plans and increasingly restricted networks that can mean patients only have access to a small selection of physicians, urgent cares, or ERs. In many cases community pharmacies can take on an important role by providing the access patients need and at a reasonable cost — certainly at a much lower cost than walking into an ER."

Kevin Day, Pharm.D.

And this tremendous access and cost-effectiveness impresses physicians, too, in Day's experience. "We're starting to see firsthand how much physicians really appreciate that we're offering flu testing," he says. "They really understand that ready access to testing in the community pharmacy is an excellent way to address a potentially very serious condition like the flu without overwhelming their offices."

The support Day's seen from doctors has been even greater for strep testing, in fact. Day notes that there's actually very little strep that circulates through adults in this country. The majority of patients who go in to see a healthcare professional with a sore throat do not have a bacterial infection, but they still frequently leave with a prescription for antibiotics. "Antibiotic stewardship is critical," he says. "We're not in a world anymore where we can use just-in-case antibiotics for millions of patients who don't need them."

The first step to getting started with POC testing is applying for a CLIA waiver using the Centers for Medicare & Medicaid Services (CMS) form 116 (www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012169.html). "This is an incredibly easy process for pharmacy," says Day. "The form is only 10 pages, including all of the instructions." A pharmacy doesn't even complete the entire form, since what you're applying for is waiver status. Still, Day emphasizes that it's important to plan ahead, since the process can take a couple of months from start to finish: You submit the form, get a coupon back with the fee you owe, submit that payment, and only then do you get

More Online:

Kevin Day's Thoughts on Testing and Care Planning and Documentation Software: wp.me/p9LtTd-1j4

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your waiver. Again, it's not hard, but you have to stay on the ball to ensure you're prepared, for example, for flu season.

It's not hard, but you have to stay on the ball to ensure you're prepared, for example, for flu season.

Another key piece of advice from Day is to be very clear on both federal and state laws. "These laws determine your scope of practice," he says. "You can have collaborative practice agreements set up with prescribers and you also need to have documented protocols for your pharmacy." This protects your pharmacy and allows you to ensure that your staff are following a strict set of rules when providing testing and taking any resulting actions.

"For example, let's look at strep," says Day. "Patients who have a sore throat often want antibiotics even if the test comes back negative. So even if you have the ability to provide those antibiotics through a collaborative practice agreement, for example, you want to have a protocol that clearly states you will not dispense when the test is negative — because you're going to get pressured the same way that I think other practitioners do to write for antibiot-

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Case Study: New York Pharmacy Sees Boost from SMP App

Rossi Pharmacy, in Brooklyn, N.Y., started an immunization program at the beginning of 2018 to meet patient expectations and stay competitive with large chains. Rossi Pharmacy was able to search the state immunization registry to find out, for example, that 200 of its patients were eligible for non-influenza-related vaccines, but there was no efficient way to notify them. Even with cold-calling, the pharmacy was averaging only four immunizations per month. "In New York City, everything has to be incredibly fast-paced, and we needed a faster way to service patients that didn't involve taking time to access a separate system," says Ambar Keluskar, Rossi Pharmacy's supervising pharmacist. Then Keluskar got a solution in a new feature in the store's BestRx pharmacy management software that integrates immunization registry access directly into the workflow via a partnership with Script Management Partners (SMP). SMP connects pharmacists with their state or local Immunization Information Systems (IIS) Registries and report immunizations in real-time, with no further intervention or communication required. "The BestRx immunization module has dramatically enhanced our immunization program," says Keluskar. "The first day we went live with the BestRx immunization module, the pharmacy did more vaccinations than it had in the previous month."

Ambar Keluskar, Rossi Pharmacy's supervising pharmacist.

With this access, Rossi Pharmacy staff can see real-time data on a patient who should have a flu shot or a booster for a shot. A good example of how this is effective, says Sam Pizzo, co-founder of SMP, is Shingrix, a shingles vaccine from GlaxoSmithKline. "It requires two doses six months apart. Many patients would get the first vaccine and not think to get the second," he says. "Through the SMP integration, independents can check to see if a patient has both doses and, if not, have a conversation right at the point of care."

Pharmacies often encounter two stumbling blocks when enrolling in the IIS registries: paperwork and state-specific requirements. Pizzo says that SMP streamlines this time-consuming process with expertise in what's required in each state. **CT**

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ics. You want to point to your protocols and say without doubt, 'I'm sorry, that's outside of my scope of practice.'"

Day further recommends putting a lot of work into being ready for that first patient who walks in and needs a flu or strep test. "These people aren't feeling well and they're coming to you for help," he says. "If you aren't 100% ready for how to quickly screen the patient, provide the test, answer questions, and provide recommendations for care, then you run the risk of losing that patient's confidence. You can't have her end up sitting in your pharmacy for two hours instead of 30 minutes because your staff isn't well trained and doesn't know the procedures." Day suggests running mock cases to make sure you really have the whole process figured out, including how you're going to document what you've done.

1,400

That's a big number and represents a big opportunity for pharmacy, in Kevin Day's opinion. That's because 1,400 is the number of CLIA-waived tests out there.

"Not all of these tests are really appropriate for pharmacy," says Day. "But there are many with very simple collection methods that are reasonable for pharmacies to consider. We've been doing whole blood tests for a long time, with glucose, A1c, and triglycerides monitoring." Day takes a strategic view and sees these tests as more than just additional services at the pharmacy level. "Testing gives us a real opportunity to create our own patient data," he says. "When I went to pharmacy school, we talked a lot about the need for pharmacists to access patient data, and the assumption was that we'd be given access to data other providers collected. But I say, why not flip that and collect the data ourselves, at pretty negligible cost and potentially great benefit to patients? In an outcome-driven world, if you're going to treat a patient with an A1c of 10 differently from one with an A1c of 7, then why not do the test and be sure you have that data? I think there is a ton of opportunity there, especially for pharmacies that want to be a healthcare destination and really want to integrate with the rest of the healthcare team. Get the data that you need from the patient. If it means an extra nasal swab or a finger prick, so be it. That can be the standard of practice, and it will benefit pharmacy and our patients."

Testing is all about creating another touch point with your patients, according to Hoffart, one in which you can show how pharmacy integrates with the healthcare system and makes a positive impact on patient lives.

There's so much opportunity here that it might seem a little overwhelming at first. "I think a lot of pharmacists say, 'How do we make this work in our busy day?'" says Steve Hoffart. "I think it's like immunizations. When pharmacies start doing those, there's a learning curve, and it takes a little effort to get the process down. But once you begin, then it becomes such an important part of your business, and you find out that some of your best clinical interactions with patients come when you immunize or complete a screening test." Testing is all about creating another touch point with your patients, according to Hoffart, one in which you can show how pharmacy integrates with the healthcare system and makes a positive impact on patient lives. **CT**

Read more from our cover story online at wp.me/p9LtTd-1j4.

Centers for Disease Control and Prevention CLIA Website:

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pharmacy forward

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Immunization Opportunity: **Workflow Optimized, System Driven**

BestRx Pharmacy Software has recently announced a partnership with Script Management Partners (SMP) to help pharmacies better manage their immunization programs, in terms of both opportunities and reporting. In this interview BestRx President Hemal Desai talks about the challenges independent pharmacies face in identifying and converting on immunization opportunities, as well as managing the different reporting requirements for each state registry.

ComputerTalk: Why is a strong immunization program important for an independent pharmacy?

Hemal Desai: First, immunizations create a great additional revenue stream for pharmacies. Second, they also help to build patient loyalty when your patients know they can come to you to get certain immunizations rather than having to make a doctor's appointment. Third, they really position pharmacy in the clinical space in the patient's mind. Something that they used to have done in the physician's office, well, that's now happening at the pharmacy. Finally, we're finding that a successful immunization program opens the door to allow the pharmacy to provide additional services.

CT: What's the new partnership with Script Management Partners bring to the table?

Desai: It's about getting immunization tasks into the pharmacy system workflow and ensuring they are as automated as possible. When a BestRx pharmacy user signs up with SMP, we're then able to sync up patient prescription and immunization histories within the pharmacy system profile with SMP, which then is able to query and report to the immunization registries. Our goal was a system-driven approach that's completely within the workflow. You're not going to a different portal or having to log into a separate program.

BestRx President Hemal Desai

CT: So you're bringing this into the pharmacy system workflow. How exactly?

Desai: Whenever the pharmacy works on a patient, either when you're filling a prescription, viewing the patient's profile, or even more critically when you have the patient in the pharmacy, an alert pops up within the workflow announcing any immunization opportunities available for the patient.

These alerts are especially valuable when you have the patient in front of you at the pharmacy, what we can call the point of care. This is when you can make the biggest impact on the conversion rate, particularly when pharmacy staff are well trained to engage patients on the topic and explain that an immunization will just take a minute and that it's also really important.

This same alert system can also present a list of a range of other clinical opportunities that are available for that patient, who is present at that very moment.

You also need to be able to automate the reporting process. It's a real burden if a pharmacy gives an immunization and documents it within BestRx, for example, but then has to go over to the registry portal and do the data entry again. We understood these problems and we needed to find a way to streamline all of this.

CT: Tell us more about where the immunization data is flowing from and where it's getting reported to.

Desai: The data on immunization opportunities comes from SMP, and they are handling the integration and data exchange with all the various state immunization registries. That was one of the key things for BestRx users. They don't have to have that data exchange set up with a registry in order to submit a query on a patient. Being able to check the registries easily is critical, since a patient may have gotten an immunization elsewhere and we don't want to generate an alert for an opportunity that isn't actually there.

The immunization data is a two-way flow, of course. Pharmacies also need to report to the registries when they give an immunization. Our partnership with SMP is also allowing us to automate the process and bring it into the BestRx workflow.

Whenever a pharmacy submits an NDC for an immunization, we automatically pop up a window that allows you to enter additional information that you don't normally need, such as the administration site and who administered the vaccine. That information is then automatically reported to the appropriate state registry in real time. If you end up reversing the claim for the immunization, then that's reported to the registry too. There's no need to set aside time for collecting and submitting immunization records.

CT: Anything else readers should know about this partnership?

Desai: Yes, I want to mention that all this comes with little cost to the pharmacy. There's only a $99 setup fee from SMP to get started. There are no transaction fees for the registry queries or reporting, and it's all done directly from the BestRx software. **CT**

For more information visit www.bestrx.com.

LTC Stat Dose and C-II Security — at a Practical Cost

Automated dispensing cabinets (ADCs) have long been a mainstay in acute care settings, but their adoption into LTC (long-term care) pharmacy has been a slow, expensive process — until now. Capsa Healthcare's Product Manager Chris Miller shares his insight with ComputerTalk *after 20 years in the pharmacy industry. His experience can help an LTC pharmacy owner/manager identify the right level of security when providing stat doses and controlled substances onsite in the LTC facility.*

ComputerTalk: It's somewhat shocking that in so many LTC facilities, pharmacies actually store stat dose medications — even narcotics — in a plastic tackle box.

Chris Miller: Most who've worked in the LTC pharmacy industry would acknowledge that change is slow to come. That's changing.

CT: How prevalent is the "tackle box"?

Miller: Still more than 50% are using the tackle box. It's cheap, it's the status quo, and again, we are averse to change. It's a huge misconception that the tackle box is cheap, however. It is incredibly costly when you take an honest look at how much an LTC pharmacy spends in stat dose runs and missed billings.

But the blame is partially on technology manufacturers; we weren't listening. The solution for several years was to build tank-like automated dispensing cabinets, or ADCs. That was fine for hospital floors, but prohibitive for LTC. So if a closed-door pharmacy operator knows about ADCs, he or she frequently has misconceptions and outdated assumptions. Like ADCs cost a fortune. Or you can't get your ROI (return on investment). Or they're best for dispensing in a hospital, but not in an LTC facility.

NexsysADC

Chris Miller
Capsa Healthcare Product Manager

CT: And those misconceptions aren't true?

Miller: Maybe five, 10 years ago they held water, but not today. It took us a while, but now, if you look at the type of ADC that's designed for LTC pharmacies, it is like night and day.

CT: And you think Capsa has come to the right technology solution?

Miller: Absolutely. ADC manufacturers were missing the big needs of scalability, affordability, simplicity, and security. They may have offered two or three, but never all four.

CT: Tell us what makes NexsysADC different.

Miller: The top need was security, but at a reasonable cost. Before, low-cost medication storage solutions were all light on features, and easy to skirt around. They were kind of an open free-for-all to access anything. So we developed a system that had the right levels of security, especially for narcotics, but we didn't over-engineer it. In a word, it's "practical."

The second problem we fixed was how easy it was in a normal workflow for a nurse to get to the right dose. If you make a process too stringent, people will find a work-around, or they'll hate the system. That's no good for the facility or the pharmacy. So with NexsysADC we simplified how nurses get to the exact dose they need, instead of putting up too many barriers.

CT: NexsysADC is a new product. How has feedback been?

Miller: It's what pharmacies and their customers wanted in price and features. The pharmacies are impressed by how much value they're getting from NexsysADC, compared to the bigger, older ADC platforms. It helps them stretch their technology budget much further.

CT: "Technology paralysis" is a real thing, where pharmacy operators see the value of a new system, but can't get off the fence. What's your advice?

Miller: Honestly analyze what your pharmacy spends (or wastes) every single week to do stat runs, especially if your customers are more than 15 minutes away from the pharmacy. How much is it costing you to get meds out there outside of the normal run? How much time is wasted on missed billings? How many hours do you need to devote an employee to managing stat doses? You'll reduce those costs immediately with NexsysADC — your business will run more smoothly, and your customer will be thrilled with your level of service. ROI is easily obtained within a few months in hard dollars, on top of the soft benefits like customer retention and better control of your inventory. **CT**

Why It Is Finally Time to Eliminate Manual Stat Doses
Online Exclusive: A white paper by Joseph Sabino, R.Ph.
wp.me/p9LtTd-1j8

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Managing LTC Pharmacy Complexity with Process Automation

A long-term care pharmacy staff's day is filled with multiple, detailed, and repetitive processes that require constant time and attention, and even then can be quite error-prone. In this interview with Integra LTC Solutions' Louie Foster, we learn more about how the company's newest version of Logix process automation further extends the range of applications for this powerful and flexible tool.

Louie Foster
Executive Director Product Management
Integra LTC Solutions

ComputerTalk: Louie, what will pharmacies be excited about with Logix 3.0?

Louie Foster: There are three areas I think are particularly exciting. First, we've addressed document fax/send failure processing. Depending on the destination and error, Logix 3.0 automatically guides DocuTrack users to select a task, automatically loads the failed document, and walks the user through canceling the fax or direct message, resending, or selecting a new address/fax number for sending the document.

Second, Logix 3.0 gives DocuTrack users the ability to select multiple associations and start a process with that batch of associations, streamlining repetitive tasks such as sending out one notice listing multiple prescriptions of the user's choice.

Third, we've created an entirely new way to do work in DocuTrack. With many automations, the process reaches a point where the user needs to provide input. Tasks can now be created and automatically assigned to users who can provide that necessary input, allowing DocuTrack to continue on with the workflow running in the background.

CT: What makes Logix so flexible?

Foster: The key is that Logix is extensible without requiring a developer to build an application or the customization. It can plug into a wide variety of software systems with very little work, even if we haven't encountered the software system before. It can even pull data from the web, digest it, and pass it along as the trigger for a communication or to guide the workflow process scenario. Logix can make it so that no matter what messaging platforms a facility or prescriber is using, messages can be exchanged and each side — the pharmacy and the other party — will receive them natively in whatever application they're using.

This is actually important within the pharmacy as well, since departments are often using different applications to manage their messaging. For example, one pharmacy can have different departments using different applications to manage their workflow. The pharmacists and technicians use DocuTrack, while customer service uses Salesforce. The pharmacy does not want to add Salesforce for each technician and pharmacist due to cost, as well as adding another application that staff have to monitor. Logix can be used to bridge these gaps, allowing something that may originate in Salesforce, say a coverage determination request, to move to DocuTrack for the pharmacy staff, and once completed, move the case forward in Salesforce, triggering the customer service staff to call the patient with the results.

CT: Tell us more about how this actually happens. How do you give Logix the instructions so that it knows what to do?

Foster: A pharmacy can map rules and processes in Logix to do whatever the pharmacy needs. It handles highly complex rules without compiling software or paying a developer to customize an application. One of the things we consistently hear from new Logix clients is that they were surprised at how many things were missed by staff prior to implementing the software.

CT: What are some other good examples of new process automation tasks?

Foster: Logix 3.0 provides innovative steps for new and existing processes. We've got a long list of newly automated processes. There's intelligent task routing and Logix-driven guidance through complex, multistep processes to ensure there are no errors. There's DIRECT secure email and Slack messaging. We've added the ability for Logix to read data from PDFs in DocuTrack, and further addressed some areas in document handling such as automatically making copies and loading the right document for the process at hand.

We've built a new integration for QS/1 users, who can now search that system for prescription status, or new prescriptions that came in for an escalation that matches the NDC or generic code.

And finally, you can now access external applications via web services and take advantage of advanced electronic prescription collation.

CT: That's quite a list. The pharmacy is getting a really hard worker here in Logix, right?

Foster: Yes, that's right. And the return on investment is pretty impressive: as quick as six months. Most systems can't promise something like that. But the great thing about Logix is that the numbers are what I call highly actionable and the impact is really visible. You quickly realize how many tasks you don't have to attend to anymore. **CT**

PLACEBOS

From the Latin "I shall please."

George Pennebaker, Pharm.D.

IT IS A WELL-ESTABLISHED fact that placebos work. It is mind-boggling how well they work. One could say, "No matter what is wrong, start with a placebo and see if it works."

Physician: "What color aspirin do you have?"

Pharmacist: "Red, white, and green."

Physician: "Give her 30 of the green ones, one prn severe pain."

That's the way it worked when I first became a pharmacist (1960). We never put the name of the drug on the label. All the label had was the prescription number, the patient's name, the prescriber's name, and the directions. (Take one tablet when needed for severe pain.)

We had tablets that looked like Percodan, others that looked like Nembutal and Seconal. And others I don't remember. (It's been 60 years!)

It was very difficult for patients to find out anything about the drugs they were taking. They didn't know the name. Even if they did, to look them up they would have to find a book that only existed in the pharmacies or physicians' offices. If anyone asked the pharmacist about anything, they were told "Ask your doctor."

Thank goodness we now tell patients the name and expiration date along with the directions, and provide multipage handouts that fully explain everything the patient needs to know. Very often the full FDA brochure is still stuck to the top of the bottle handed to the patient.

Thank goodness we now tell patients the name and expiration date along with the directions, and provide multipage handouts that fully explain everything the patient needs to know. Very often the full FDA brochure is still stuck to the top of the bottle handed to the patient.

To quite properly top it off, pharmacists are required to spend some time with the patient counseling them about each prescription drug they receive.

I am exceedingly pleased with these changes. Their impact on patient care and outcomes is huge. However, it has really complicated the use of placebos.

They are difficult to prescribe. About the only way is to prescribe a drug that is used in the newly diagnosed condition, but prescribe a very low dose. Then explain to the patient that the low dose should work, and if it doesn't we can increase it until it does work. If the low dose does work, maybe it's the right dose and maybe it is the placebo effect. We will never know.

It has also complicated the drug-testing process. We all know that one of the tests is to split the test group in two, give half of them the drug, and the other half a look-alike placebo. That seems simple, but what about the placebo effect?

Double-blind studies where the testing prescriber does not know which patients are getting placebos help a lot. But it is still difficult. There is still a significant "placebo effect."

In *Time Magazine*'s September 3 – 10, 2018, issue there is a long and rather complete article about placebos. I suggest

WEB RESOURCES:

Read the *Time Magazine* article at time.com/5375724/placebo-bill-health-problems/

that interested readers get a copy of that article.

The article points out that people believe that more expensive or "new" drugs must be better. All new drugs are more expensive, therefore they must be much better than the older, cheaper ones. In fact, one of our national programs automatically covers new drugs only because the manufacturers convinced the law writers that everything new is better. I don't believe "better" is one of the criteria for FDA drug approval of a new drug.

Just today I talked to a friend who was getting one of those more expensive new drugs for hypertension. He said it was causing him problems (which was understandable). I asked if he had ever taken HCTZ for his hypertension. He said no. I said, ask your physician if you could have a diuretic instead of this other stuff. It's cheaper, it works, and it has few side effects. I'll be interested in talking to him next week to see what happened.

Recently, new therapies and new drugs have been developed that are truly breakthrough developments. The innovative science that is bringing these to us is amazing. Some of it is even a bit scary, such as the gene-changing techniques that really get to the core of life's existence. However, no matter how significant the products that these breakthroughs may provide, when they are given to the patient there is still the placebo effect.

Good medical services treat the patient, often by curing the disease. But curing the disease involves treating the patient as a first priority.

A VERY PERSONAL STORY

In the early '60s I was the chief pharmacist in a small hospital. We had a little emergency room where, if someone arrived, the charge nurse would look at the patient and if it looked serious she would grab the first physician she saw to look at the patient. This time the physician looked at the five-year-old child, talked to the parents, and said, "Get the pharmacist."

The nurse ran to the pharmacy and told me I was needed in the emergency room. I locked up the pharmacy and ran to the ER. A quick glance told me that the child lying on the gurney was in bad shape; the M.D. was totally lost, the nurse was very anxious, and the two parents were frantic. The physician introduced me as "Dr. Pennebaker, our pharmacologist." I asked what had happened, and they said she had eaten a "fly cake." My mind raced faster than is believable and I said, "Give her some atropine." The nurse asked how much, and I said, "Whatever is in the single-dose vial in your hand." Soon the child responded and became visibly better.

She was admitted to the hospital and was given atropine whenever she needed it. She was doing well until an "expert" on poisonings was brought in. The atropine was canceled and a "new," totally different approach was ordered. Nobody told me what was going on until I found out that the patient had passed away. To this day I am distressed that I was not more aggressive in pursuing her treatment.

While this last story is not really about the placebo effect, it is about not paying attention to the patient while applying the most recent technology to the disease.

Technology is producing amazing things. We must also integrate the human factor whenever we use it.

Moreover, the evolution of life, with its totally beyond-belief ability to survive, is indescribable. **CT**

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Healthcare Applications of Wearable Activity Trackers

Joshua C. Hollingsworth
Pharm.D., Ph.D.

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

WE BOTH HAVE A FITBIT

device, although Brent's is a bit newer (jealous much?). We use them casually, tracking steps and sleep, and receiving alerts and notifications that we'd otherwise receive on our phone. However, while some may only see glorified pedometers with a few bells and whistles, we see the great potential that consumer wearable activity trackers have in terms of healthcare and health and wellness. Consumer wearable activity trackers are wireless-enabled technology devices, such as Apple Watch, Fitbit, Garmin, Jawbone UP, Polar, and others, that are used to — well — track users' activity. As the adoption, functionality, and accuracy of consumer wearables increase, the potentially meaningful healthcare implications and applications of these devices are becoming more and more clear.

FIRST OFF, WHAT ALL CAN THESE DEVICES DO CURRENTLY?

The functionality of consumer activity trackers varies by device and has expanded greatly since their space in the market was first created. Using a built-in accelerometer, all of these devices track steps and sleep. In fact, when the first Fitbit debuted in 2009, this was all it could do. However, over the past nine years, multiple sensors have been added, increasing the number of features and functionality offered by the devices. These include calculating heart rate and rhythm via an optical heart rate monitor, tracking floors traversed via an altimeter, and tracking location via built-in GPS. Not all consumer activity trackers come fully equipped and, generally speaking, higher-priced models offer more functionality. Most models also have a screen (color or grayscale) used to display activity data as well as the date and time. Depending on the model, the screen can also be used to provide call, text, and calendar notifications and display the user interface to apps running on the device. Given all the patient-generated activity and heart data these devices can capture, we can envision multiple healthcare-related use cases. We'll get to that in a minute. But before that, how accurate is the data?

HOW ACCURATE ARE CONSUMER WEARABLE ACTIVITY TRACKERS?

Several studies have assessed the accuracy of many of these devices, returning mixed results. Some consistently overestimate activity, and others give consistent underestimations. While some are more accurate than others, none have been shown to be as accurate as their clinical-grade counterparts. This definitely limits current clinical applications of consumer wearables, but it does not eliminate them completely. For measures such as steps and sleep, relative changes over time and in relation to medical therapy or behavioral interventions are highly valuable, as long as the measures are reliable (i.e., consistent). For heart rate and rhythm, on the other hand, reliability and accuracy are both pertinent to clinical use, such as detecting dysrhythmias and related medication adverse effects. These latter use cases would make consumer wearables true medical devices, and they would therefore require FDA approval. To this end, Apple has launched a heart rate study in partnership with Stanford Medicine. The primary focus of the study is detection of serious arrhythmias, such of atrial fibrillation, by the Apple Heart Study app, and anyone with an Apple Watch who meets the inclusion criteria can opt in. (As we go to press, Apple announced the Apple Watch 4 was cleared by the FDA to alert users' to irregular heart rhythms. Read more about this development at www.computertalk.com.) In the meantime, a band for the Apple Watch — the KardiaBand — has received FDA approval as a Class II medical device. The band, which retails for $199 and replaces the stock Apple Watch band, is the first FDA-cleared, clinical-grade EKG of its kind.

HEALTHCARE APPLICATIONS

There are many healthcare applications for these devices and the real-time, longitudinal health data they generate. While their use and potential benefit in health behavior change and related interventions are easy to imagine, there are many other healthcare use cases that are directly related to the management of medication use (i.e., behavioral versus medical interventions). Let's briefly explore both camps.

Health behavior change is a key focus of wearable activity trackers. They aim to

increase user awareness related to activity and sleep levels, with the ultimate aim of facilitating behavior change that promotes health and wellness. Personally, our Fitbits work for us in this way. We check our activity and sleep regularly, and make adjustments accordingly. We both find it bothersome to see that, late in the evening, we have only taken a couple thousand steps, and we have modified our behavior and habits accordingly to ensure this rarely happens. Sleep is a similar situation. When we see in the Fitbit app that we have only gotten about six hours of sleep for the past few nights, sleep becomes more of a priority. Despite our anecdotes, study findings are mixed in terms of the effects that using an activity tracker has on individuals' health behaviors over the long term.

Combining the use of these devices with health and wellness coaching seems to be a more powerful behavioral intervention as compared to device use alone, although further study is still needed. Some of the newer activity trackers include built-in coaching apps that guide users through workouts and other routines. Separately, there are HIPAA-compliant platforms, such as Nudge, that allow patients to sync their wearable device data to a web dashboard, making it accessible by a health coach or other healthcare provider. The patient-generated data can then be used by the provider to generate discussion and provide accountability to patients in terms of meeting their health behavior goals. Given that, for most chronic disease states (e.g., diabetes, hypertension, dyslipidemia) guidelines recommend focusing on lifestyle factors and behavior change as first-line therapy, we expect to see increased adoption and use of such platforms in patient care in various settings.

Now let's consider potential medication-related use cases for these devices. One obvious example is use by patients with atrial fibrillation or similar dysrhythmias that are detectable by the activity tracker being utilized. Once the dysrhythmia is detected, the patient and his or her physician could be notified of the issue, and the patient could be given guidance on next best actions (e.g., take your pill-in-the-pocket). Similarly, the effectiveness of antiarrhythmic medications could be assessed over time, leading to efficient medication optimization. As another example, unrelated to heart rate and rhythm, consider the patient who is prescribed a sleep aid due to difficulty sleeping through the night. Sleep data from this patient's activity tracker could be algorithmically analyzed before and after initiation to assess the effectiveness of the medication. Or how about the patient with a disease state such as rheumatoid arthritis or multiple sclerosis? Could a dip in activity and sleep, automatically detected by the patient's activity tracker, of course, be used as an early sign of a flare up, and thereby enable early initiation of pharmacotherapy to decrease both the duration and severity of the event? Or what about use in drug clinical trials? Activity trackers could serve as an additional objective data source for sleep, physical activity, heart rate, and so on.

Of course, in order for most of these use cases to become a reality, more studies are needed, and the data generated by activity trackers would have to make its way into the pharmacy management system or EMR (electronic medical record) and be analyzed algorithmically. A quick search of ClinicalTrials.gov shows that multiple studies are indeed underway with various foci. And in terms of EMR integrations, surprisingly, this too is already underway. In April of this year, Fitbit and Google announced an initiative aimed at deeper integration into the healthcare system, with specific focus on incorporating user Fitbit data into the EMR. Also earlier this year, Apple announced Apple Health Records, an update to the existing Health app that allows users to see their medical data from various providers alongside their patient-generated data. The focus in the latter case seems to be putting EMR data in the hands of patients, rather than patient-generated data in the hands of healthcare providers, but it is definitely a start. Additionally, standards such as HL7 FHIR (Fast Healthcare Interoperability Resources) offer promise to bring patient-generated data into proprietary vendor systems.

Consumer wearable activity trackers show great promise for application in healthcare. Their functionality is expanding, and their reliability and accuracy are being honed. They offer unprecedented access to patient-generated data that, after being run through the right algorithm, is sure to provide meaningful signals to be acted upon. What is your experience with consumer wearable activity trackers? Have you ever used them in a healthcare context? We welcome your comments and questions. **CT**

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When Disasters Happen, Pharmacy Responds

Marsha K. Millonig
B.Pharm., M.B.A.

AT THE TIME OF THIS WRITING, Hurricane Florence is getting ready to make landfall on the East Coast between North Carolina and Virginia with a changing pathway and the potential to stall over the region, creating massive flooding. Hurricane Helene is not far behind and is headed toward the United Kingdom, while tropical storms Isaac and Joyce are swirling in the Atlantic with future potential for more disasters. Tropical Storm Olivia has made landfall in Maui — the first ever to do so — while the Big Island of Hawaii is in recovery from Hurricane Lane, a Category 3 storm with 120 mph winds that hit the island a few weeks ago. The good news is that pharmacy has been responding even before these storms hit, ensuring that patients have been able to access medication and treatment in spite of the impending damage.

Much has changed in pharmacy's disaster response since Hurricane Katrina's devastation in 2005. At that time, millions of dollars in monetary and pharmaceutical donations were distributed by a variety of nonprofit and response organizations, as well as manufacturers, wholesalers, and other private-sector companies. But there was little coordination between them.

As a result of the Katrina experience, Rx Response was established by the American Red Cross and the trade associations comprising the bio-pharmaceutical supply chain. It has grown since its inception and has evolved into Healthcare Ready.

Without a central point of contact to coordinate collaboration between the pharmaceutical supply chain and the government, issues arose. Medical deliveries were held up at check-points, while hundreds of phone calls between government officials, and random contacts within individual companies, asked many of the same questions. Resolving questions or tackling obstacles proved time-consuming and wasteful.

PREPAREDNESS PHILOSOPHY

As a result of the Katrina experience, Rx Response was established by the American Red Cross and the trade associations comprising the bio-pharmaceutical supply chain. It has grown since its inception and has evolved into Healthcare Ready.

Healthcare Ready notes that it "helps to strengthen healthcare supply chains through collaboration with public health and private sectors by addressing pressing issues before, during, and after disasters."

It also serves as the convener of industry and government, helping to provide solutions to critical problems that impact patient health. Many best practices for healthcare preparedness and response have been developed from this effort. The group's preparedness philosophy is centered on the need to strengthen healthcare systems, versus building contingencies that may or may not ever be needed. Its vision asserts that "building the resiliency of our communities supports health and creates economic strength so that if disaster strikes quality of life

The following tip sheet titles are available:

Preparing for a Natural Disaster

Staying Healthy During a Natural Disaster

Returning Home After a Natural Disaster

returns to normal as fast as possible. Working together, we ensure that we are stronger than the next disaster."

DISASTER FEARS AND READINESS

In June, Healthcare Ready released results of a survey that showed, for the third consecutive year, that Americans fear natural disasters more than terrorism, global pandemic, or cyber attack combined, yet are poorly prepared for disasters.

The survey included 1,127 adults, and it found the number who expressed concerns about natural disasters (33%) continues to exceed those who worry about terrorist attacks (15%), cyber attacks (8%), environmental disasters (5%), or disease outbreaks (13%).

Healthcare Ready's resources can address these issues. I was reminded of this critical resource during Hurricane Lane when I received an emergency response email update announcing that Healthcare Ready's Rx Open was activated and engaged.

Rx Open is an interactive map that helps patients and providers find nearby open pharmacies in areas impacted by disaster. The interactive map is at right.

In addition, Healthcare Ready has other resources, including tip sheets and Rx on the Run, which is a personalized wallet-sized card, available in both English and Spanish, for capturing prescription information.

Ensuring our patients have access to their medications during a disaster is critical, and Healthcare Ready can help. If you or your colleagues want to connect with Healthcare Ready, or need assistance, contact alerts@healthcareready.org or 866/247-2694 or visit www.healthcareready.org. **CT**

Healthcare Ready's Findings:

- Only 35% of Americans could list all their prescription details, including dosage, if they had to evacuate their homes without their medications or medical supplies, down from 2017 (38%).
- Twenty-five percent of Americans reported they could only go two to three days without access to their medications or medical equipment before they began to experience negative health outcomes.
- More than half of Americans (53%) do not have any emergency preparation plans in place, yet 42% are concerned about an emergency happening.
- Americans are almost equally divided in their belief that a disaster could impact them in the next five years, with 51% perceiving it as very or somewhat likely, and 49% believing it is not very or not at all likely.

Resources for patients to have access to their medications during a disaster. Above, Rx Open, a map of open pharmacies; and at left, Rx on the Run is a printable wallet card that documents important medical information.

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Importance of Correct Data in Health IT

Melissa Krause
Pharm.D.

Ann Johnson
Pharm.D.

EACH YEAR, MERRIAM-WEBSTER adds new words to its time-honored dictionary. In 2018, those terms included "predictive," "haptics," and "force quit." In a similar way, the vocabulary of health information technology (IT) is constantly evolving, requiring the drug compendia, which function like dictionaries of drug data, to update regularly. When a manufacturer prepares to launch a new product, the manufacturer submits clinical and pricing data to drug compendia providers. These compendia providers include the following:

- Wolters Kluwer Health's Medi-Span
- Hearst Health's First Databank
- Cerner Multum
- Elsevier Gold Standard
- Truven Health Analytics' Red Book

Compendia compile and provide drug data to their customers that utilize drug information in health IT. Drug compendia contain data on tens of thousands of products, including the product's NDC and/or other identifiers such as UPC or UDI; naming; pricing; packaging; manufacturer; therapeutic categorization; dosage form; route of administration; and a host of other fields.

For pharmacies, compendia provide the product data that drives the pharmacy management systems. These systems include drug pricing and groupings of pharmaceutically equivalent drugs for product selection, while also providing numeric fields, like usual dose and duration, that can be used to calculate the days' supply based on a given quantity of drug. Compendia also provide clinical data, including therapeutic classification. For payers, these companies provide the data to run their claims adjudication software and include drug price and data to determine whether a drug is a brand or generic (which can sometimes differ from one compendium to another; more on that later). For electronic health records (EHRs), compendia supply the drug data needed for electronic prescribing and medication histories.

For pharmacies, compendia provide the product data that drives the pharmacy management systems.

Occasionally, a drug will be launched with confusing or potentially error-prone information listed in one or more of the compendia. Different outcomes for the relevant stakeholders include the following:

WHOLESALER

Wholesalers rely on the drug compendia for their pricing information and proprietary therapeutic categorizations. The frequency of compendia updates (daily versus weekly) can affect the rebate amounts and charge-back liabilities that wholesalers owe pharmacies and manufacturers. Wholesalers also consult the drug compendia to determine which products have been categorized as being either pharmaceutically or therapeutically equivalent. Pharmaceutically equivalent refers to products that have the same active ingredient; strength or concentration; route of administration; and dosage form. Therapeutically equivalent means that products are pharmaceutically equivalent and bioequivalent, as determined by the FDA. For therapeutically equivalent products, wholesalers can identify products for source program consideration.

PHARMACY AND PHARMACY MANAGEMENT SYSTEM VENDORS

Issues at the pharmacy can arise when products are grouped together in the compendia in unexpected ways. One of the more obvious ways this can occur is when two products are grouped together and displayed as product selection options for one another when they are not therapeutically equivalent. It's a common misconception that just because two products are grouped together (sometimes described as having the same GPI [generic product identifier, as used by Medi-Span]; GCN/GSN [generic code number/generic sequence number, as used by First Databank], or similar compendia grouping), that they are substitutable for each other. This is often true, but the FDA's Orange Book ratings and state substitution laws play a key role as well. The compendia group together products that are pharma-

Manufacturers should practice strategic compendia readiness throughout their launch planning.

ceutically equivalent. Sometimes, the therapeutic use/indication can also influence whether products are grouped together. However, just because two products are deemed to be pharmaceutically equivalent does not mean that they are therapeutically equivalent and substitutable.

PRESCRIBER

As pharmacists, we're familiar with different types of errors and the confusion that can arise when e-prescriptions arrive at the pharmacy. These can include the wrong patient, wrong drug, and confusing or incorrect patient instructions, among others. However, some cases can stem from how drug products are listed in the prescriber's EHR (electronic health record) system. For example, we've seen cases where a product name was too long for the EHR system to display the full name. This cut off portion of the name that differentiated two similarly named products, can result in prescribers inadvertently choosing one product when they intended to choose another. The product name needs to be clear and easy to differentiate not only from "look alike, sound alike" drugs, but also from other dosage forms of the same product.

PAYER

For payer adjudication systems, issues can arise when the payer considers a product to have a generic substitute available but the pharmacy submitting the prescription does not. This can occur when the payer and the pharmacy subscribe to different compendia. For most prescription drugs, it is clear whether a generic exists for a given brand product. However, in some unique instances, the way a company interprets compendia data may lead one company to determine that a generic is available while the other company determines that no generic is available. This scenario may occur when there is an "authorized generic" available with no other ANDA (abbreviated new drug application)-approved generics. In some compendia, such as First Databank, authorized generic products may be considered multisource because the product is technically available from more than one source, e.g., the innovator manufacturer and its authorized generic partner. However, in other compendia, such as Medi-Span, an authorized generic with no ANDA-approved generics available may be viewed as more brand-like because the product is essentially the brand packaged in a "generic" bottle. Both compendia are providing accurate information about the product; however, the information may lead compendia customers to view the same product differently.

WHAT CAN PHARMACISTS DO?

On electronic prescriptions, if multiple similarly named products exist or multiple dosage forms of the same product are available (such as drugs that are available in both a vial and an injector device, or in a capsule and a tablet), pharmacists can check to see if the patient has received the product previously. By checking the patient's profile or asking if the patient received a sample, pharmacists can help determine the intended product to be dispensed. If that does not provide enough clarity, the pharmacist should contact the prescriber to confirm the intent.

If adjudication questions arise, pharmacists can check with the PBM (pharmacy benefit manager) to identify the correct quantity or brand/generic designation to prevent underpayment or risk of overpayment that could create an audit recoupment situation.

WHAT SHOULD MANUFACTURERS DO?

Manufacturers should practice strategic compendia readiness throughout their launch planning. Manufacturers can project during the early stages of product development how their product may appear in the compendia once it is approved and on the market. Manufacturers need to clearly delineate to healthcare professionals and patients what the product is, how to use it, and how to tell it apart from drugs that may look, sound, or be used in a similar way. Preparing for compendia listing and subsequent publishing throughout health IT is an important step in the product development and launch process. **CT**

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SoftWriters 2018 Users Conference

The long-term care pharmacy system's theme: "A Framework for Your Future."

Highlights of the conference included networking with peers, the SoftWriters team, and industry sponsors. SoftWriters sent one-third of their team to present, train, and interact with customers. Customers experienced product training on topics of their choice and best-practice consulting — over the course of the conference, staff conducted more than 100 one-on-one appointments.

Keynote speaker Robbie Bach, innovation expert, former chief Xbox officer for Microsoft, and author of *Xbox Revisited: A Game Plan for Corporate and Civic Renewal*, shared proven business and leadership principles from his journey innovating within the larger Microsoft construct to help participants drive change and position their organizations as disruptors before someone else "Ubers" them.

The MHA RxPertise module, which SoftWriters will now support, was available for customers to see in the exhibit hall, and RxPertise team members led several of the clinical breakout sessions.

Attendees also heard their peers share best practices leveraging the FrameworkLTC suite of solutions in the customer panel session, and enjoyed networking during exhibiting receptions and events.

The 2019 SoftWriters Users Conference will be held in Las Vegas Sept. 17–19.

Registration will open by January 2019.

From left, SoftWriters' product and development team: Brian Dunar, Shan Bhide, Brendon Gonzalez, Ryan Hodge, and Ryan Huber.

Attendees mingle with sponsors, including Libby Mann from DOSIS.

SoftWriters' Dorothy Green discusses functionality with Angela Phillips and Melissa Harris from Northside Pharmacy.

Samia Rahman from MChest Institutional Pharmacy Group, Aaron Drake, Skilled Care Pharmacy; and Mitch Gaffigan, In Touch Pharmaceuticals check in at the conference.

Featured speakers included, clockwise from top left, SoftWriters President Tim Tannert; MHA's Michelle Templin giving an update on legislative affairs for LTC pharmacy; and the keynote speaker, Robbie Bach.

The team from Verdugo Plaza Pharmacy: Larry Wong, Nicholas Phan, Yiu-Man Leung, and Jacqueline Koleong.

The team from AlixaRx meets with SoftWriters' Nancy Zimmerman and Jackie Maitland to discuss best practices.

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