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MAY/JUNE 2019 FOR THE PHARMACIST

Specialty Pharmacy: High Tech, High Touch

Why this area of pharmacy requires a unique combination of software and personalized patient management to optimize outcomes.

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FOR THE PHARMACIST

May | June 2019
The intersection of technology and management.

COVER STORY

Specialty Pharmacy: High Tech, High Touch

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

Why this area of pharmacy requires a unique combination of software and personalized patient management to optimize outcomes. story begins on page 15

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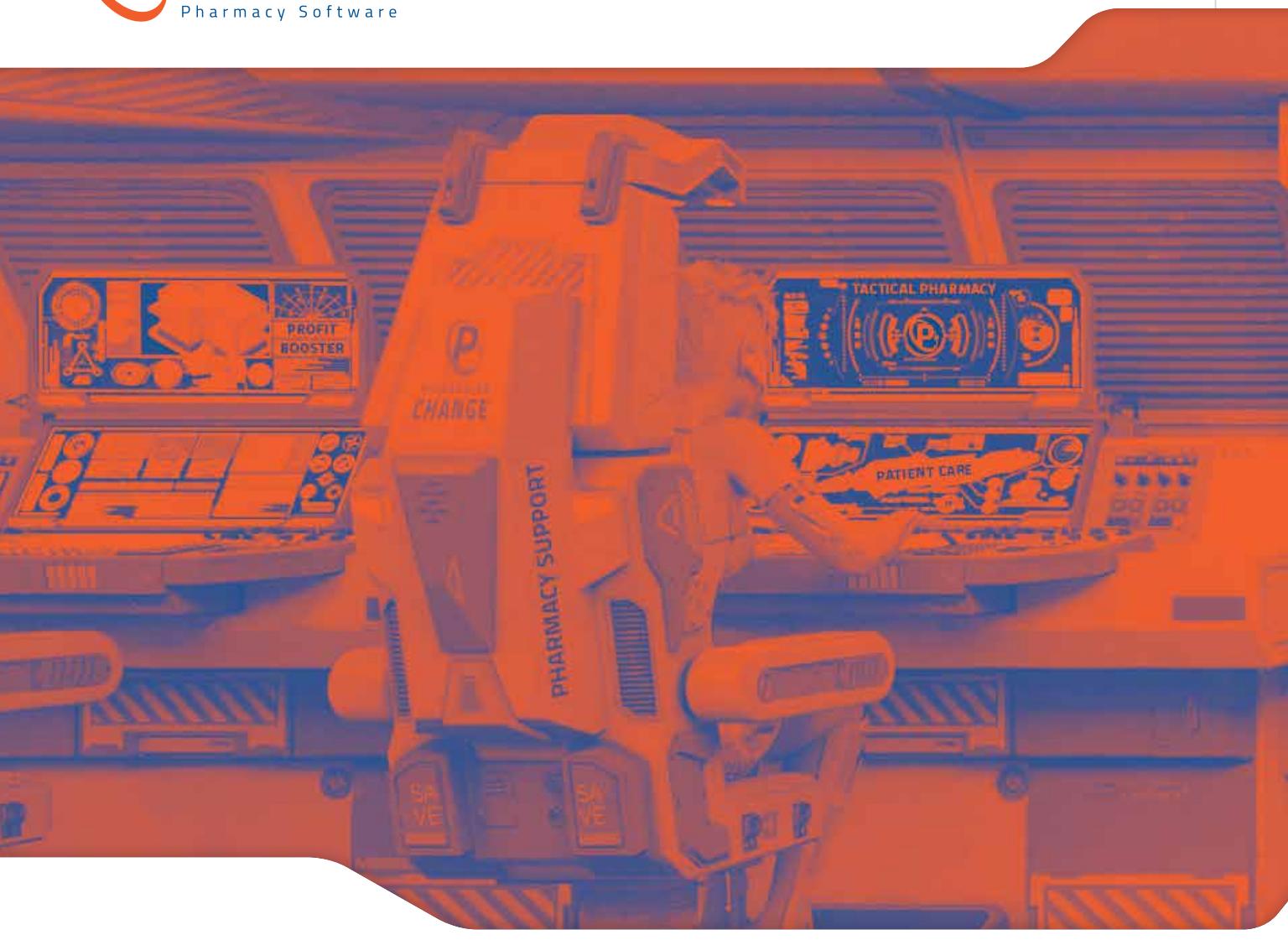

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A Few Thoughts

THESE ARE RELATIVELY QUIET TIMES in the pharmacy technology sector. We are not seeing breakthrough advances like we once did. Think robotics, interactive voice response (IVR), mobile apps. But since it is now a lot easier to transfer the data from one system to another, pharmacy owners are not tolerating inadequate system support. There is less reluctance to go to a new vendor, knowing that data transfer can be safely done. In addition, there is still interest in upgrading software or adding interfaces if it means providing a new service. Medication synchronization is a good example here.

On the downside, we do know how DIR (direct and indirect remuneration) is having its unintentional impact on community pharmacy, and I include chains as well as independents. I am amazed that the federal government hasn't done something to put a halt to the financial damage this has inflicted on pharmacies. If the PBMs (pharmacy benefit managers) aren't careful, they will have a shrinking network of pharmacies for their plan sponsors. Not so much perhaps in the heavily populated areas where chains enjoy a big footprint, but in the rural areas where the large chains lack a major presence.

And Amazon poses a new threat with its PillPack acquisition and free shipping. Amazon has now formed a partnership with JPMorgan Chase and Berkshire Hathaway for the prescription benefit. Amazon is also going after sales of glucose monitors and blood pressure cuffs. The company has already siphoned off a lot of pharmacy business, selling health and beauty aids and over-the-counter products at very low prices.

The big chains are vulnerable to the shifting tides. A recent *Bloomberg Businessweek* article (April 22 issue) stated that, "insurers are pitting pharmacy chains against one another as they seek to lock in low prescription costs. In the past, if a health plan left a major chain out of its network, it risked alienating members who may have fewer pharmacies nearby. Now there's no such reluctance." The thinking is that there are plenty of pharmacies around to pick up the slack — true in the major metropolitan areas.

And with generic drug prices, pharmacies are losing the high margin cushion they once enjoyed with these products. Then we have consumers who are more price-sensitive. They don't have the pharmacy loyalty they once may have had. They will go where they can get the best price.

The one bright spot for pharmacies is on the technology side. Without the technology being used to increase efficiency, reduce errors, improve adherence, and provide sundry other benefits, there would be far fewer pharmacies open for business these days. **CT**

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

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QS/1 is offering a compliance packaging solution from **Integral Rx,** a division of the JM Smith Corporation, to help patients improve compliance by grouping their medications by the day and time of day that each group needs to be taken.

"This bi-fold blister card is unique because it can be assembled by the pharmacy staff," says Kathy Allison, Integral Rx's business development manager. "The pharmacy only needs a color laser printer to provide their patients with this special service."

The pharmacist can then print and apply the M108 label to the compliance package as an additional reminder about what prescriptions to take and what time to take them.

"Pharmacists can play a crucial role in improving the compliance rates of their patients," says Ed Vess, QS/1's director of pharmacy professional affairs. "Using the M108 label routine, pharmacies can fill a variety of medications, along with directions for use, and apply them to the specialized medication adherence packaging."

The QS/1 M108 label is formatted to work with the Integral Rx packaging and includes easy-to-read directions, as well as the patient's name, drug, a picture of the drug for easy identification, and warning messages. A picture of the patient can also be printed on the label to help long-term care facilities identify the patient.

Micro Merchant Systems, through its PrimeRx pharmacy management system, has been named the 2019 software company of the year by the American Pharmacy Purchasing Alliance (APPA). This award is based on the results of an industry-wide survey for innovation, dedication, and best-in-class service. PrimeRx received almost 970 votes from APPA members and was clearly the preferred favorite in a category that included several industry-leading competitors.

"We are very pleased and gratified by this honor," says Akbar Merchant, owner and president of Micro Merchant Systems. "The APPA award is especially meaningful because it reflects the attitudes of independent pharmacy managers, who are the individuals most qualified to rate different pharmacy software companies."

Tabula Rasa HealthCare (TRHC) announced that it has acquired **PrescribeWellness**, a leading cloud-based patient relationship management solutions company that facilitates collaboration between more than 10,000 pharmacies with patients, payers, providers, and pharmaceutical companies.

The acquisition supports TRHC's goal of expanding medication risk mitigation programs in community pharmacies. And it also enables TRHC to further participate in Medicare Part D medication therapy management programs that require or can benefit from the involvement of community pharmacists.

TRHC also announced that it has contracted with one of the largest health insurers in Arkansas. The partnership, through TRHC's PrescribeWellness subsidiary, will improve quality and performance outcomes for eligible plan members by leveraging community pharmacists to improve medication adherence and address gaps in care.

"TRHC always has been focused on creating reimbursement opportunities for pharmacists providing clinical services. This partnership is a great example of our progress toward that goal. It is very exciting and serves as initial validation of our rationale for the acquisition of PrescribeWellness," says Calvin Knowlton, Ph.D., chairman and CEO of TRHC.

VIP Pharmacy Systems has rolled out its latest software release, which features a switch to Medi-Span from Wolters Kluwer for the clinical database. This change provides VIP users with an even more robust set of clinical tools and services built into the VIP pharmacy and LTC management systems. The latest release also features the RX2U mobile app for prescription delivery.

Pharmacy is not just about filling prescriptions; it's also about running a business with an increasing list of standards and regulations. From accreditation to payer contracts, pharmacies need best practices that are standardized, documented, and shareable. This can be especially true in specialty pharmacy with pharmaceutical manufacturers. Jonathan Ogurchak, who worked in the business operations of a specialty pharmacy for many years, experienced this firsthand, and founded **STACK for Pharmacy** in 2019 to handle the rigors of running a pharmacy.

"STACK is designed for any pharmacy that wants to alleviate the time drain and labor costs associated specialty accreditation, payer contracts, and performance goals," he explains.

STACK, which Ogurchak describes as a "pharmacy information ecosystem," is a cloud-based management program. Pharmacy owners can upload employee lists and tag who handles key business functions. STACK can push to a staff member the information required for his or her specific position in the company. Accreditation standards are curated and available in the platform, so you can easily tag documents

Jonathan Ogurchak

continued on page 8

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to prove your compliance with those standards.

"Compliance is generally an additional job for a pharmacy employee, who can have his or her own way of maintaining the records of specialty pharmacy accreditation or other operating procedures," explains Ogurchak. "If that person leaves, then a new person has to interpret the system, or start a new process. STACK gives pharmacies a standardized format to follow."

STACK has standards for leading pharmacy accreditation organizations; manages licensure renewals for the facility and individuals; organizes contracts and guides staff on compliance issues; allows for uploading pharmacy-specific training requirements as well as tracking employee progress; and facilitates personnel management.

People in the News

Sonny Anderson, VP of technology for **QS/1**, has been elected president of the **American Society for Automation in Pharmacy (ASAP)**.

Sonny Anderson

"Sonny has been an active member of ASAP for a number of years and has been involved in various initiatives, more specifically our involvement with prescription drug monitoring programs. He brings to the board an understanding of ASAP's mission and a background in IT that is certain to benefit the organization," says Bill Lockwood, executive director of ASAP.

In his role, Anderson hopes to increase participation of pharmacy management software vendors as well as technology vendors that provide interfaces to enhance pharmacy automation.

"I am delighted to be the 15th president of ASAP," says Anderson. "The list of past presidents is impressive and distinguished. As someone who has spent his entire career as a participant in the creation of technology solutions for pharmacy, this is a true honor for me. I look forward to the opportunity of serving such a great organization, its members, and future members."

Anderson holds a bachelor's degree from the University of South Carolina in computer science and an M.B.A. degree from the Moore School of Business at USC. He joined QS/1 in 1983 as an application programmer.

Ann Johnson

Melissa Krause

Ann Johnson, Pharm.D., and **Melissa Krause, Pharm.D.**, have joined **Don Dietz, R.Ph.**, and **Tim Kosty, R.Ph.**, as partners in Pharmacy Healthcare Solutions, LLC. Johnson and Krause have been with the company for eight and 13 years respectively.

Retail Management Solutions (RMS) has announced the promotion of two long-term team members to the positions of director of sales and director of marketing.

Brian Hillman

Brian Hillman has stepped into the role of director of sales. He has been with RMS for over 20 years, cultivating a wealth of industry knowledge through his work with the RMS implementation and support teams. According to RMS President Brad Jones, Hillman's years of experience make him uniquely qualified to fit pharmacies with new point-of-sale solutions.

Karen Deckard, who recently celebrated 10 years with the company, has been named director of marketing. "With a background focusing on customer success, Deckard brings a distinctive perspective to the marketing role," says Jones. "She will be combining her industry expertise with her experience as RMS' primary content creator in her new role."

Karen Deckard

Transaction Data Systems, parent company of the Rx30 and Computer-Rx pharmacy management systems, announced the addition of **Adam Wallace** to the executive team as chief technology officer.

Adam Wallace

An experienced leader of software product development organizations in high-energy, growth-oriented settings ranging from start-ups to Fortune 100 companies, Wallace brings to the company a track record of aligning technology teams with business goals to deliver successful software solutions.

"After an exhaustive search for the right fit to continue driving TDS forward as a technology leader in the industry, Adam Wallace's experience, innovation-focused mindset, and solid visionary approach to leadership made him the clear choice to lead the technology teams at Transaction Data Systems going forward," says TDS CEO Jude Dieterman. **CT**

Prescription Monitoring Programs: **Making the Reports Meaningful**

by Danna E. Droz, J.D., R.Ph.
Contributor

PRESCRIPTION MONITORING PROGRAMS (PMPs), also known as prescription drug monitoring programs (PDMPs), continue to be important sources of information in the fight against opioid abuse and overdose deaths. While much of the harm is now attributed to illegal drugs instead of prescription drugs, policymakers continue to seek additional ways to use PMP data and increase the availability of that data to prescribers and dispensers of prescription drugs. The recently released 2019 National Drug Control Strategy report describes PMPs as proven means to increase accountability in opioid prescribing and prevent adverse interactions with opioids from multiple providers. Therefore, it is increasingly important to understand the data that goes into a patient's PMP report and is sent to prescribers and dispensers.

In my last article (January/February issue) I identified the patient, the prescriber, and the dispenser as critical data fields reported to the PMP that can lead to errors or discrepancies in the reports you request.

I return to the premise that all data in the pharmacy system is based on a hand-written prescription, a telephone conversation, or a facsimile document that is transcribed, or is transmitted electronically from a prescriber. The data from all of these sources can be amended as needed during prescription processing to create a legally complete record.

I return to the premise that all data in the pharmacy system is based on a hand-written prescription, a telephone conversation, or a facsimile document that is transcribed, or is transmitted electronically from a prescriber. The data from all of these sources can be amended as needed during prescription processing to create a legally complete record.

DATE OF BIRTH

While date of birth seems fairly straightforward and unchanging, data entry can result in transposed digits or "fat-finger" errors. Fat fingers is jokingly used to describe the instance where a finger accidentally strikes an adjacent key either on the keyboard or on a numeric keypad. It can occur at either the prescriber or dispenser level. Such errors are fairly easy to recognize and usually easy to correct.

The most difficult errors in the date of birth field arise when the patient's third-party payer has recorded an incorrect date of birth. I've seen these errors, and there seems to be no explanation or pattern for how they occur. Moreover, these errors are difficult to correct because the pharmacy has to use the payer's data in order to be reimbursed. These errors then become part of the pharmacy's permanent record.

PATIENT ADDRESS AND TELEPHONE NUMBER

The issues with patient address are obvious — people move. While this cannot be programmed, there are some things that pharmacists can do to minimize the number of address issues.

First, confirm the patient's current address at each visit. While this seems obvious, based on my experience it doesn't always occur when prescriptions are picked up.

The other action that is beneficial is to be aware of default settings in the pharmacy system. I've seen too many instances of the same patient's address being attributed to multiple locations. For example, a patient living in a tri-state area might have the following addresses on his or her PMP report:

123 Main Street, Some Town, Pa.
123 Main Street, Any Town, Ohio
123 Main Street, Another Town, W.V.

Further investigation often reveals that a pharmacy system has a default setting in

continued on next page

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the patient's address field that auto-populates the city, state, and ZIP to be the same as the pharmacy's city, state, and ZIP. A better practice would be to remove such defaults or train pharmacy staff to ensure that the city, state, and ZIP information is accurate for each patient.

Patient phone number errors have similar characteristics. Today, many people do not change their phone number, especially cell phone numbers, so that helps. However, the pharmacy system may insert a default area code. Since some patient data-matching algorithms rely heavily on phone number to distinguish among multiple James Smiths, having a correct phone number, including area code, is vital.

DATE WRITTEN

Back in the old days, most patients got their new prescriptions filled on the same day that the prescriptions were written. In addition, the date written was usually of little concern, as the date of processing was the primary concern for most purposes. Many pharmacy systems were designed to insert today's date by default into a prescription record. If not changed at the time of processing, the pharmacy record and the resulting PMP data will show the date written to be the same as the date of processing. While often correct, an error is created if these dates are actually different.

The date written is being utilized today to determine prescriber compliance with state prescribing laws. For example, when a state has mandated that prescribers query the PMP prior to prescribing an opioid, the prescriber's regulatory authority may request data from the PMP to determine whether their licensees requested a report for every opioid prescription written. The date written should match the prescriber's patient record. In the long run, it takes less time to enter the date written as the prescription is processed than to search later for prescriptions that match up to prescriber records in response to the agency's request or subpoena.

> All of these discussion topics reinforce the fact that a PMP is not a panacea for the opioid problem, nor is it a repository of completely factual data. It's a tool for gathering additional information that must be combined with nonprescription information in order for a healthcare professional to assess a patient's situation.

And then there's the problem of prescribers who don't date the prescription. While this used to be a common occurrence with hand-written prescriptions, it is much less frequent with electronic or computer-printed prescriptions.

DATE SOLD VERSUS DATE PROCESSED

Another change from the old days: Pharmacies used to fill prescriptions and deliver (relinquish possession) of the drugs on the same day. Today, the pharmacy landscape is very different. E-prescribing, central-fill, auto-refill, and delivery processes frequently result in a processing date that is different from the date that the patient takes possession of the drugs (date sold).

Since the purpose for creating a PMP is to provide information related to a person's possession of the drugs, the date of actual receipt by the patient/patient's agent is important. Some pharmacy systems can separate the date that a pharmacy processes the prescription from the date that the patient takes possession, but apparently many cannot. If the pharmacy has a point-of-sale system and can report to the state PMP both dates or only when a patient picks up the drugs, that is ideal. If the pharmacy cannot separate these instances, it is critical that the pharmacy at least correct the PMP records by submitting a deletion to the PMP whenever a prescription is not picked up or is transferred to another pharmacy after reporting that it was processed. The latter could happen when the pharmacy processes the prescription, and then two days later, the patient decides he or she wants it transferred to another pharmacy. In the meantime, the pharmacy may have reported this prescription to the PMP, especially in states that require reporting within 24 hours. It would be a best practice to amend the PMP record whenever the pickup date is different from the processing date, but this would require drastic changes to pharmacy workflow.

Fortunately, date-written and date-sold errors are relatively minor in most cases. But they contribute significantly to the overall perceptions that PMP data is rife with errors and that changes in data collection are warranted.

DRUG SOLD

Errors related to the drug that leaves the pharmacy are relatively rare because

most PMPs rely on the NDC number to identify the drug, strength, and form. Problems can arise, particularly with an electronic prescription where the drug form field has been truncated in the software. According to pharmacists, prescribers may select the drug and strength correctly, but the form of the drug may be hidden or abbreviated. If the error is not detected until the prescription is delivered to the patient (a few days later), the PMP report may include the NDC of the drug prescribed, not the NDC of the one finally processed and sold.

The other drug-type problem occurs when the drug has been repackaged. The PMP software systems use national NDC databases to convert the NDC number to a drug name, strength, and form for the patient's PMP report. If the repackager applies a new NDC number to the labeling (as required by the FDA), the new NDC number may not be recognized. The PMP may accept the data and show a "drug unknown" message on the patient report, or the PMP may reject the record.

VETERINARY PRESCRIPTIONS

One of the most perplexing debates in PMP circles today is about veterinary prescriptions. Historically, many PMPs did not address veterinarians, since these prescriptions would likely be reported by the pharmacy. Other PMPs recognized that veterinarians can be and are scammed by pet owners to obtain drugs for personal consumption, and so required reporting of controlled substances dispensed from stock at the veterinary office, hospital, or clinic. One of my favorite law enforcement officers has related his first-hand experience with a dog that was taught to cough on demand, resulting in a prescription for hydrocodone. Obviously, the problem was the animal's owner and not the animal. There are a few issues that arise. The debate is over these issues (see the sidebar, above).

TO SUM UP

All of these discussion topics reinforce the fact that a PMP is not a panacea for the opioid problem, nor is it a repository of completely factual data. It's a tool for gathering additional information that must be combined with nonprescription information in order for a healthcare professional to assess a patient's situation. It's not easy. The best thing that pharmacists can do is strive for accuracy in the prescription records that are reported to their PMP and share their knowledge about PMPs with prescribers and policymakers. **CT**

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

VETERINARY PRESCRIPTIONS

- ❑ What name should be on the prescription for the animal? Many states' pharmacy laws mandate a format, but I've never seen it enforced. Often the pharmacy owner will decide, or the processing pharmacist will develop a format that works for him or her.
- ❑ How does the pharmacy identify the prescribing veterinarian if he or she has no DEA number? Also, as I understand it, vets cannot get an NPI (National Provider Identifier) number. Some states now require the PMP to have a database of state veterinary license numbers that is added to their PMP software and is continually updated. This works for in-state queries but may not work for out-of-state queries.
- ❑ Can the veterinarian query the PMP on the animal's owner? The owner is not a patient of the vet, so PMP laws may not allow it. HIPAA allows providers to access a patient record, but the vet is not treating the owner, so that is problematic.
- ❑ If a state's PMP law allows or requires the vet to consult the PMP before prescribing for an animal, the PMP must be able to separate prescriptions for the animal from prescriptions for the owner. If the PMP report is on the patient, how are veterinary prescription identified? The ASAP (American Society for Automation in Pharmacy) standard allows reporting whether the prescription is for a human or an animal, and if an animal, then the name of the animal can be reported as well. The pharmacy systems must make provision for the capture of this information at the time of processing the prescription. In addition, the PMPs must have a way to include prescriptions for animals on the owner's reports.
- ❑ What about the controlled substances or drugs of concern that are dispensed by the vet? If the state requires that these be reported to the PMP, a vet's computer system could be programmed with the ASAP reporting standard, just like pharmacy systems. Then the controlled substances file can be submitted to a PMP electronically. Depending on cost and volume, vets always have the alternative of writing prescriptions (just for these PMP drugs) to be filled at a pharmacy instead of dispensed at the clinic.

POC Testing: A Bridge to Delivering Guideline Care

by Jesse Rue, Pharm.D., BCPS

***COMPUTERTALK'S* SEPTEMBER/OCTOBER 2018** cover story, "Opportunity at the Point of Care," described the current state of point-of-care (POC) testing opportunities and the incredible work being done with rapid strep and flu testing, immunizations, pharmacogenomics, and more.

The question becomes, how does pharmacy take those POC processes and weave them into the larger healthcare narrative? How does one marshal the potential of POC testing at the community pharmacy to drive not just efficiency and cost savings, but also to profoundly move the needle on improving chronic disease care delivery?

It is our belief that pharmacies will increasingly use POC testing to create their own opportunities for enhanced services. That is the work that will generate true value for the healthcare system at large by improving overall care quality. As such, POC must be part of a larger goal, a piece of the story we tell prescribers and payers across the country.

THE VARIABILITY PROBLEM

Variability in healthcare is an expensive problem, but one that community pharmacy is uniquely suited to help solve. Care guidelines should be the solution to this problem, but a recent National Institutes of Health (NIH) grant, "Strategies to Increase Delivery of Guideline-Based Care to Populations with Health Disparities," described how dismal guideline uptake can be in primary care:

"Despite the research supporting the use of evidence-based practice recommendations, clinical practice guidelines are rarely universally implemented in routine clinical care, resulting in gaps between recommendations and actual clinical practice. For example, despite the potential deaths prevented with implementation of cardiovascular disease guidelines, only 50–60% of patients with cardiovascular disease risk factors receive recommended treatment. Only 50% of primary care physicians are aware that there are chronic obstructive pulmonary disease (COPD) guidelines; even among those who are aware of the clinical practice guidelines, only 25% actually use them. The reasons for the failure to implement guidelines are clearly multi-faceted." (NIH PAR 18-133 Background, grants.nih.gov/grants/guide/pa-files/par-18-133.html.)

THE GUIDELINES AS A STRATEGY

For the pharmacist, measuring care against guidelines demystifies a patient's chronic care plan. Discussing any discrepancies in current care with a patient within the context of guidelines may elicit detailed discussion about history or purposes behind a given course of therapy. For example, a patient with seemingly improper statin intensity may recall an intentional dose decrease due to side effects that may not have been top of mind without the review from the pharmacist.

No medical professional is capable of completely keeping up to date with all practice changes and standards. This presents pharmacists with a great opportunity to integrate into chronic care delivery. Understanding the guidelines is a good start, but POC testing has given pharmacists a unique avenue to make the right kind of care actually happen.

OPERATIONALIZE IT

POC allows a pharmacist to identify gaps and problems, monitor what is being done to fix them, enrich the patient medical data, and take greater responsibility for patient care plans. POC testing is particularly valuable for pharmacies and their patients when it's focused on assessing adherence to evidence-based treatment guidelines.

There are patients who do not enjoy access to high-quality primary care. Pharmacists not only help manage chronic care through traditional dispensing processes, but can also fill gaps in the lab-monitoring plan for patients through POC testing, collaborative practice agreements (CPAs), and the right technology.

With that data in hand, pharmacists have the most current information needed to help their patients navigate their chronic care plan with their primary care provider. If a patient does not have high-quality primary care, the impact of the pharmacist is multiplied.

Regardless of where a pharmacy is located, POC testing is an excellent opportunity to use CPAs to grant pharmacists authority to take action on therapy

problems immediately.

The impact pharmacy has on improving vaccination rates, another area of opportunity at the point of care, is well documented. While more pharmacies are using various solutions and procedures to screen for potential vaccination needs, the opportunity to screen for guideline care gaps remains largely untapped.

Many pharmacies have had great success in using influenza vaccination or Medicare Part D visits to identify needs for additional vaccinations. Those same visits are also great opportunities to identify and engage with patients who may benefit from guidelines interventions, which may result in a need for POC cholesterol or A1c testing, for example.

DOCUMENT IT

Regardless of pharmacy POC strategy, having a proper documentation system is critical — CPAs must be housed, patient information must be documented, and the tools used to enhance guideline care quality must be accessible to pharmacist users.

In North Dakota, the MTM Express platform, which is a product of my employer, About the Patient, has been heavily utilized due to it being the documentation platform for several clinical services for payers in the state. With design roots as a medical record for community pharmacies, it is flexible enough to meet many different needs for various practices, from POC testing documentation to a guideline support engine for pharmacists.

"As with anything in pharmacy, the proper tools are essential," says Mike Schwab, executive vice president of the North Dakota Pharmacists Association. "We've learned that using the guideline suite and patient education modules within the platform increases pharmacist confidence regardless of location or pharmacy and offers great ways to integrate students and technicians into delivering advanced care in the community pharmacy."

The proper tools and ability to document their own POC data in a medical record format has given pharmacists confidence in their own skills and grown their credibility with patients and prescribers.

Schwab maintains that one cannot be a true drug therapy expert without moving into the arena of additional responsibility for the quality of care provided, and POC is a foundational building block. "Just as there was some reluctance to adjust workflows to start immunizations, once pharmacists make use of POC and guideline care delivery, they regret waiting so long to start," he says. "They really see the value they have in creating a true healthcare delivery environment for their patients."

THE BRIDGE FROM REGULAR TO IDEAL CARE

Pharmacies are the intersection of patient, prescriber, and community. It's no longer enough to be a single provider on an island — the future belongs to those who collaborate to bring the best in quality to patients at every step of their journey.

When presented with the proper information, tools, and authority, pharmacists are answering the call to improve care quality across the country in some novel ways.

Truly, the accessibility of the community pharmacy is just beginning to be leveraged — the next few years offer some exciting opportunities for advancing clinical community pharmacy.

POC has incredible potential but is far from the answer itself. It needs to be coupled with a level of clinical rigor that fixes the guideline care gap that exists currently.

It may be that POC testing is the bridge that starts to connect guideline care decisions, MTM (medication therapy management) interventions, and enhanced services at the pharmacy. It's undeniable that patients respond to physical services, which is why POC is such a powerful relationship building tool. It's immediate and tangible, it elevates pharmacy as a healthcare provider in the eyes of the patients, and the movement toward quality elevates community pharmacy in the eyes of prescribers, health systems, and payers.

When community pharmacy reaches that point, POC testing ceases to be another service line to be offered and becomes transformative for community pharmacy practice. **CT**

Jesse Rue, Pharm.D., B.C.P.S., is clinical coordinator for the About the Patient program, part of the North Dakota Pharmacy Service Corporation in Bismarck, N.D. The program was created to enable pharmacists to provide disease state management for patients to enable them to live their best, healthiest life. You can contact him at jrue@aboutthepatient.net.

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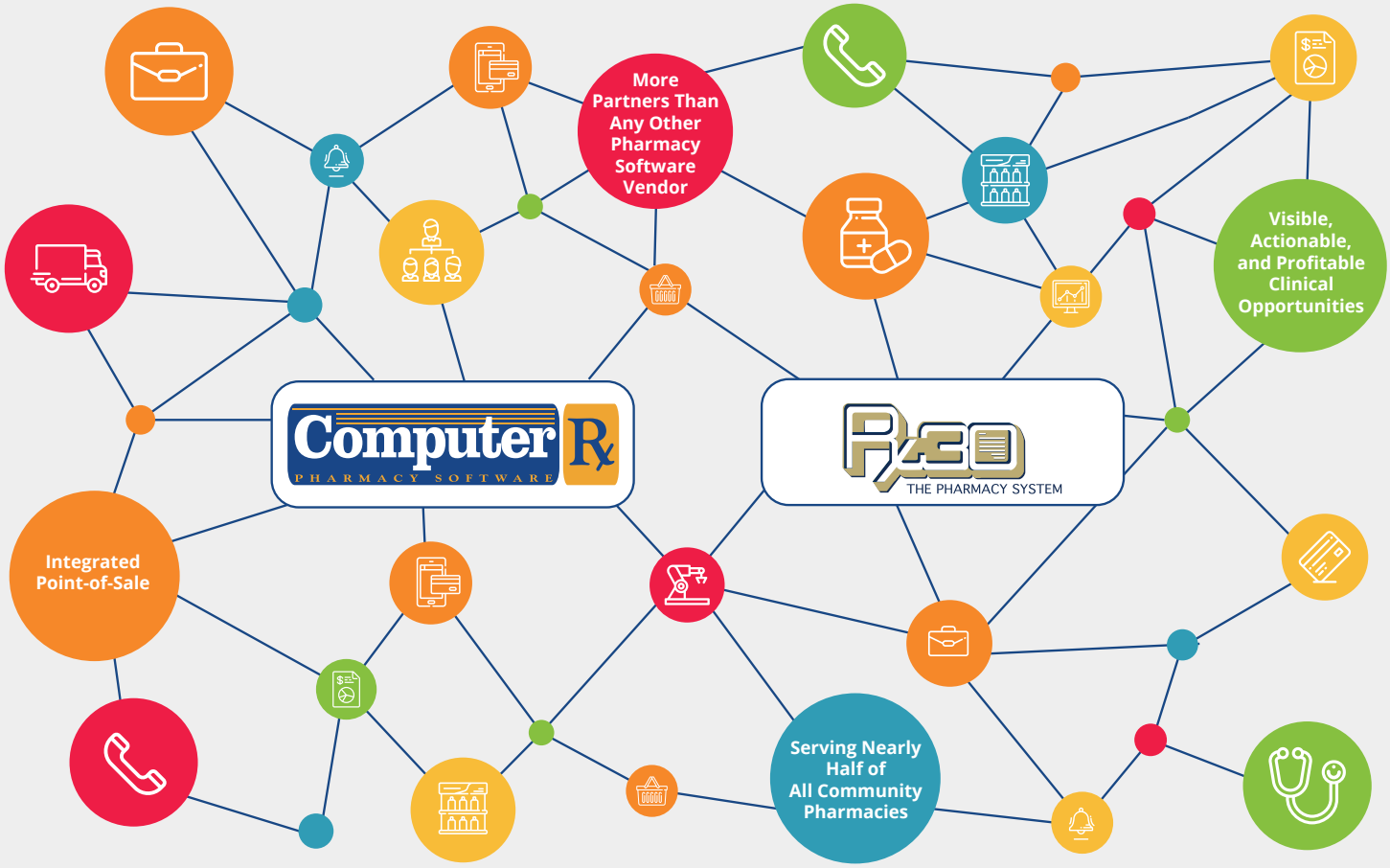

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Specialty Pharmacy: High Tech, High Touch

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

THE SPECIALTY PHARMACY MARKET CONTINUES TO GROW, and with 60% of the drugs in phase 3 clinical trials considered specialty drugs, 47% of the pharmacy industry's revenues are projected to come from specialty drugs by 2022, according to the "2018-19 Economic Report on Pharmaceutical Wholesalers and Specialty Distributors" (Adam J. Fein, Ph.D., Drug Channels Institute, October 2018). While there is not a single definition of what a specialty drug is, they generally are described as prescription drugs that are difficult to manufacture and require special handling or administration, have limited distribution, target a narrow group of chronic diseases, are costly, and require ongoing clinical support. What are the current market dynamics, and what technology needs are required to be successful in the specialty space? *ComputerTalk* set out to explore this question through interviews with specialty pharmacy players.

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Specialty Market Trends

In its report, "Medicine Use and Spending in the U.S.: A Review of 2017 and Outlook to 2022," IQVIA provides insights into the specialty market space (www.iqvia.com/-/media/iqvia/pdfs/institute-reports/medicine-use-and-spending-in-the-us-a-review-of-2017-and-outlook-to-2022.pdf). See the key highlights in the box at right.

In his article "The Top 15 Specialty Pharmacies of 2018: PBMs Keep Winning" (April 9, 2019; www.drugchannels.net/2019/04/the-top-15-specialty-pharmacies-of-2018.html) Adam Fein estimates that in 2018, retail, mail, long-term care, and specialty pharmacies dispensed about $146 billion in specialty pharmaceuticals. Clearly the specialty market has come of age since its early beginnings, and significant consolidation is happening in the marketplace. In his blog, Fein notes that the top four companies' share grew from 66% in 2017 to 70% in 2018. He attributes this growth partly to: (1) the pro forma combination of Express Scripts and Cigna, (2) CVS Health's acquisition of five specialty pharmacies, and (3) OptumRx's acquisition of Avella Specialty Pharmacy and Genoa Healthcare. "Avella and Cigna had both appeared on their 2017 list of the largest specialty pharmacies," he says. He further notes that independent specialty pharmacies in 2018 faced slowing growth and mounting competitive pressures. Smaller specialty pharmacies struggled to access specialty medications within payer and PBM (pharmacy benefit manager) networks.

Specialty and the Community Pharmacy

The management of the specialty drug spend continues to be a top priority for plan sponsors, according to the April 2018 "EMD Serono Specialty Digest: Managed Care Strategies for Specialty Pharmaceuticals." This includes determining the value of specialty therapies and ensuring their clinically appropriate use. Plans are increasing their use of utilization management and prior authorization to control specialty spend. The services the plans report valuing the most include specialty dispensing and patient services. Perhaps not surprisingly, specialty pharmacies employ high-tech, high-touch means to address clinical outcomes, and their operational requirements are different from the traditional distribution environment.

Jim and Dorinda Martin

"The specialty pharmacy business is not an assembly line. It requires a lot of high touch," notes Dorinda Martin, R.Ph., Pharm.D., a partner in Martin's Specialty Pharmacy in Austin, Texas; this community pharmacy has been in the neighborhood for 61 years. Martin is also a member of the board of directors for the Community Pharmacy Association. The specialty practice, which was established in 2015, currently occupies approximately one-third of the building and has dedicated staff, technology, and inventory. Martin's has two other Austin-area locations in Dripping Springs and Bee Cave, Texas.

Martin's moved into the specialty pharmacy space in partnership with a manufacturer of a specialty product that needed to build a distribution network. "There are really two primary indepen-

"Medicine Use and Spending in the U.S." IQVIA Report Highlights:

- Spending continued to shift from traditional to specialty medicines, with that segment accounting for 46.5%, or $407, of the $876 per person per year spent on medicines.
- The specialty share of net spending across institutional and retail settings grew from 24.7% in 2008 to 46.5% in 2017.
- Growth will be driven primarily by the large number of new medicines, many of which will be specialty and orphan drugs.
- Specialty drugs compose 1.9% of total prescription volume, but account for 37.4% of spending within the retail and mail-order distribution channels.
- In the nonretail setting, specialty drugs account for 60% of invoice spending and 2.3% of standard unit volumes.
- The largest percentage of new medicines launched in the last five years has been specialty drugs, and specialty share of spending has risen.
- New brand spending has experienced a dramatic shift to specialty, driving $9.8 billion of the $12 billion net growth.
- Of 42 new active substances launched in 2017, 32 were for specialty treatments.

dent providers for that manufacturer in Texas," notes Martin.

"As we moved into the specialty space, we had to build out a number of services," she says. These include:

- Prescription confirmation.
- Co-pay assistance and benefits investigation, including denial and appeal programs.
- Refill reminders to patients.
- Side-effect management.
- Lab coordination and treatment updates.
- Monthly patient status reports.

Initially, the operation used a pharmacy technician who was trained specifically in specialty pharmacy. They now have three pharmacy technicians and three pharmacists who rotate through the specialty pharmacy. "Our business has grown to over 500 specialty prescriptions a month," notes Martin, "and we primarily have grown the business by marketing our services to area physicians so we can continue to care for our patients on these medications."

> "For us, any drug with a cost of more than $1,000 is automatically driven from the community pharmacy to the specialty pharmacy environment."
>
> – Dorinda Martin, R.Ph., Pharm.D.

Services cross a variety of therapeutic areas, including, cancer, hepatitis C, rheumatoid arthritis, HIV/AIDS, multiple sclerosis, cystic fibrosis, organ transplantation, human growth hormone deficiencies, and hemophilia and other bleeding disorders, and encompass about 25 specialty medications. "For us,

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any drug with a cost of more than $1,000 is automatically driven from the community pharmacy to the specialty pharmacy environment," says Martin.

"We started our specialty practice from ground zero; the slow and steady growth allowed us to transition into many of the high-touch activities that we now provide on a larger scale. We incorporated these activities without really realizing what they were going to cost in the future on a larger scale," she says. Specific areas of operation that Martin's addressed as it developed its specialty pharmacy included:

- Accreditation, certification, and training (Martin's is accredited by the Accreditation Commission for Health Care).
- Pharmacist education and training.
- Patient care services, counseling, and training.
- Tracking and reporting patient adherence and outcomes.
- Storage, handling, and delivery.
- Reimbursement requirements.
- Website forms.
- Computer software and additional specialty software.
- Staffing.

"At the beginning we had a manual system in place to document care plans, timetables, and follow-up. We called it our war room. It did not take long for us to realize we could not continue to operate in a paper environment. Imagine when you go to a physician or dentist's office and observe the walls of patient records. We didn't have room to do that," says Martin.

They used their Computer-Rx pharmacy management system to process the prescriptions, but it did not have the capability to manage patient care plans and the needed follow-up for specialty prescriptions. Martin and her partner decided to participate in a specialty pharmacy conference to explore possible solutions. "We decided to purchase software to support the specialty pharmacy patient care process," she says. A long-term contract was not required, and the flexibility of a month-to-month fee allowed them to determine if the technology was a

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fit. Martin's Specialty Pharmacy is not integrated back to any physician practice EHRs (electronic health records), and so staff members communicate patient care information by phone, fax, or email, based on the physician's preference.

Product dispensing requires double data entry in both the Computer-Rx system and the specialty pharmacy software, because they are not integrated and the specialty pharmacy system cannot adjudicate claims.

Across the industry, the average time it takes for patients to receive their specialty medication from a large specialty pharmacy operation is three to six weeks after it is prescribed, according to Martin. "This statistic demonstrates the intensity of the fill process," she says. "However, an independent pharmacy can turn these prescriptions around a lot faster. We are usually able to do so in two days. It all depends on the drug and the plan, and how much info is required on the prior authorization. Another factor is the disease state; if the patient has to have a failed attempt on another product, that's a big delay." Going through the exercise of measuring actual time required to fill a specialty prescription brings attention to and heightens awareness of the cost. "This is very helpful when trying to calculate the true return on investment of staff time. It takes us 25 minutes to refill a specialty prescription," says Martin.

Martin's uses its own delivery service as well as UPS, depending on where the patient is located. Manufacturer reports are completed at the manufacturers' web portals and populated with data that is tracked in the specialty pharmacy software system.

Martin and her partner are exploring additional technology solutions that could be integrated, now that the business has grown. "We definitely operate at a much higher level of customer touch and one-on-one service with specialty patients versus community pharmacy patients," she says, "And that requires a different technology solution."

Scaling up with Specialty Pharmacy

PANTHERx has taken a different approach to its specialty business. PANTHERx ranked as the twelfth largest specialty pharmacy in 2018, with estimated revenues of $0.7 billion, according to Drug Channels. The company was founded in 2011 with a corporate vision to be "THE Rare Disease Specialty Pharmacy." This independently owned specialty pharmacy has been honored as the fastest-growing company in Pittsburgh, where it is headquartered. It is a closed-door pharmacy with three locations in Pennsylvania and Ohio.

Tim Davis

Senior Vice President and Head of Business Development Tim Davis shared PANTHERx's story at a recent American Society for Automation in Pharmacy (ASAP) conference. He noted the company's focus on being service-oriented, nimble, and efficient, as it primarily grows through partnerships with manufacturers.

PANTHERx is accredited by the Accreditation Commission for Health Care, the Center for Pharmacy Practice Accreditation, and URAC, and also carries the National Association of Boards of Pharmacy's VIPPS accreditation, indicating an online pharmacy's compliance with state and federal laws and regulations.

Carlos Correa

What began as a retail operation with a retail pharmacy management system and basic telephony and accounting platforms has evolved to a paperless specialty pharmacy with a specialty pharmacy management system with specialty workflow technology (SWFT), integrated telephony, hardened security, internal and external dashboards, and expanded contracting alignment. "Flexibility is important," notes PANTHERx's Senior Vice President of Technology Carlos Correa. "We have to be able to make changes to our systems to meet our manufacturer partner requirements. We can set up our systems with forms and documents that meet those needs and then guide how patients are onboarded into the system by our patient care coordinators."

PANTHERx has a number of specialized roles within the specialty pharmacy workflow, including:

- Patient care coordinator.
- Insurance resolution specialist.
- Provider relation liaison.
- Clinical pharmacist.
- Clinical nurse specialist.
- Order management technician.
- Fulfillment technician.

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"Core to our operation is specialty software and a custom-built system we call Specialty Workflow Technology (SWFT). The specialty software is our patient record, and SWFT is a workflow solution that guides our staff's interaction with our patients. The two systems are tightly integrated. Together, these systems manage all interactions with the patient," says Correa.

Like Martin's, PANTHERx systems are not integrated back into any physician EHR systems. Prescriptions are primarily sent to PANTHERx via eScripts or fax and entered into the specialty software system. Prior to scheduling an order, an insurance resolution specialist ensures any needed prior authorizations or other data necessary for the patient's insurer is entered into the patient's record. Once completed, the patient is entered into a SWFT queue for the appropriate patient care coordinator to call and begin working the order. SWFT will guide the responsible PANTHERx staff through the process. If this is a new patient, the process is a complete on-boarding process to gather required information. If it is an existing patient, it can be as simple as confirming insurance information and shipping address. SWFT is configured to include any scripting that the partner requires when PANTHERx staff interact with the patients (e.g., any specific questions to ask or information to provide).

All medications that PANTHERx manages are stocked in inventory based on the number of patients on each medication and refill metric and tracked in the specialty software. "One of the biggest differences in our operation from a typical retail pharmacy is that we are closed door, and all patient medications are shipped. The shipping and tracking process is very intense, and we have systems set up for our patient care coordinators to view and confirm delivery," says Correa. PANTHERx partners with Federal Express for its medication fulfillment shipping. Product shipping is tracked frequently within the fulfillment side of the operations, often every 10 minutes. The integrated specialty software and SWFT systems were designed to allow monitoring of patient adherence metrics and adverse drug reactions while also providing clinical support and clinical/medication education so that patients receive the best care possible.

Patients report high satisfaction with PANTHERx's services. The company was named the top overall specialty pharmacy in patient satisfaction for two consecutive quarters in 2017 in the Zitter Health Insights Patient Satisfaction Survey, which assesses all specialty pharmacies in the United States. It was also the winner of the Specialty Pharmacy Patient Choice Award in the non-PBM/payer category for 2016 and 2017. Most recently, PANTHERx was awarded the National Association of Specialty Pharmacy (NASP) Specialty Pharmacy of the Year in 2018. Company leadership notes that the awards reflect PANTHERx's mission, vision, and values. That vision is that PANTHERx will become the national leader in specialty pharmacy for rare and devastating conditions by providing unrivaled care to its patients, service to its providers, and attention to its partners.

"Our solutions are customized for our partners in order to provide the best service possible for our patients," notes Correa. PANTHERx Specialty's focus is to partner with manufacturers of medications for rare disease. They are the exclusive specialty provider for numerous companies and medications. "We collect data based upon our contracts with individual manufacturers. Data may be reported daily, weekly, or monthly, depending on the manufacturer's need. Data is collected and sent electronically to the manufacturer through data aggregators contracted by the manufacturers, or directly to the manufacturers," Correa says. "There is no standard format or EDI [electronic data interchange] transaction set. Data is encrypted and sent via SFTP," he notes. "The requested data is not always unique when you look at different aggregators/manufacturers. We do work with the manufacturers to define data file formats. It can be time-consuming to set up reporting for an aggregator."

Correa notes that "pharmacy management systems aren't necessarily built for the specialty pharmacy space," and that "a lot has to be done to make it happen." As Tim Davis notes, partners are looking for better ways to solve patient dilemmas and drive outcomes.

The specialty pharmacy business is expected to continue significant growth in the coming years, driving toward half the prescription marketplace. Different systems are required to meet data needs and drive patient outcomes than systems found in the traditional pharmacy marketplace. In this growing pharmacy sector, flexibility and customization are keys to success. **CT**

Marsha K. Millonig, B.Pharm., M.B.A., is president and CEO of Catalyst Enterprises, LLC, and an associate fellow at the University of Minnesota College of Pharmacy Center for Leading Healthcare Change. The author can be reached at mmillonig@catalystenterprises.net.

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I Hate Hate

George Pennebaker, Pharm.D.

THIS COLUMN NORMALLY IS SPECIFIC to pharmacies and pharmacists, and to computer systems and the people who make them. This time it is about everyone. The subject is important because it has become a driving force in our world.

There is so much hate in the world. I think we ought to stop and consider its impact on so much of what we do each day, what causes it, and what we can do about it.

First, let's define the word and the problem. My dictionary says: "Hate — the emotion of intense dislike; a feeling of dislike so strong that it demands action."

Road rage is a familiar example. Someone gets mad at a driver who did something that was wrong in the eyes of the observer. The observer decides to take action and does something dangerous and stupid. The result can be disastrous and totally beyond the offence of the first driver.

Road rage is an extreme. What about getting upset with a co-worker or someone you have to deal with every day? "Dr. So-and-so's receptionist puts me on hold without even finding out why I called. I'll fix that by calling every 15 seconds."

Hate begets hate. Mad about the dangerous driver? It becomes easier to get mad at the waitress who spills your coffee 10 minutes later. After a string of these, one can be just mad — at everything and everybody.

It seems that every day there is another news item about someone doing something because of hate. It may be just one person or a huge group or a small group that has developed hate — a "dislike so strong that it demands action."

> If you, like me, believe that hate is not good, we should search for a way to reduce or disable it.

Hate is contagious. A person who is harboring hate transmits the hateful feeling to others. It may be a totally different hate or an opposite hate, but the hateful feeling is generated in others just because it is there. He hates. So I, agreeing or not, must also color my position with hate in order to survive in the hateful environment.

I am focusing on hate because it keeps appearing in so many places. It happens in individual person-to-person situations as well as in international relationships, and everywhere in between. Too often, we don't recognize it for what it is.

Hate is demanding. By definition it searches for drastic actions that respond to it. Those actions can be safe or they can be dangerous. The "gut" reactions tend to be dangerous.

If you, like me, believe that hate is not good, we should search for a way to reduce or disable it. Not easy. If one rallies behind the haters of hate, one becomes a hater. Oops! (Hence the title of this column.)

I expect that the only way to deal with hate is to gather small groups of haters and the hated and get them to talk it out. That is not easy to do. Just getting them all into the same room can be a challenge. And generating a calm discussion can be difficult. Recently, I have seen several TV news programs that have gathered and guided such groups. Those conversations have developed deeper understandings of the issues at hand, as well as an occasional conversion of individuals who have recognized the validity of another's views.

More often, a discussion that includes the various faces of an issue creates a position that all can agree to, while some individuals may still harbor problems with the result.

Perhaps such discussions can move matters from hate/vengeance, to mad/walk away, to mild irritation.

Of course, if opposing positions continue to exist, it is time for a vote. I think that the freedom to vote is one of our basic freedoms. It must be sustained regardless of views that would restrain that freedom.

Meanwhile, I will vote against hate. **CT**

George Pennebaker, Pharm.D., is a consultant and past president of the California Pharmacists Association. The author can be reached at george.pennebaker@sbcglobal.net; 916/501-6541; and PO Box 25, Esparto, CA 95627.

Social Companion Robots and Medication Adherence

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

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

IN DISNEY'S 2014 ANIMATED feature film "Big Hero 6," Baymax is a personal healthcare companion robot equipped with artificial intelligence (AI). He is programmed with thousands of medical procedures and has medical equipment, such as a defibrillator, built into his frame. He is also able to carry loads of medications and other medical supplies that can be accessed as needed. Using a quick, noninvasive scan, Baymax can obtain vitals, diagnose injury or disease, and subsequently begin treatment for nearly any ailment, on the spot. Along with the physical assessment and treatment, he can also carry on meaningful conversation, provide education, and give words of encouragement, when needed. (To top it all off, Baymax doubles as a superhero, after a little change in programming, of course). While thought-provoking and awe-inspiring, this is a far cry from reality. Currently, if you even have a personal robot at all in your home, it most likely cleans your floors, and that's it — other than possibly scaring your pets. If you wanted to chat, it couldn't hold up its end of the conversation. If you were looking for specific information, its zig-zag pattern of movement across the room wouldn't provide it. And if you needed healthcare-related assistance, forget about it. However, this is all changing, and possibly much faster than you think.

Globally, the personal robot market is expected to reach over $34 billion by 2022, driven primarily by an aging population and declining technology costs. Within the general personal robot space, there are many different specific domains. For instance, in addition to the personal cleaning robots mentioned above, there are personal robots for entertainment, education, security, companionship, personal transportation, and handicap assistance. Additionally, there are a few healthcare companion robots on the market today. Healthcare companion robots interact socially with patients, with the intent of providing or improving some aspect of healthcare. They are often meant for at-home use, but not always. For instance, there's QTrobot, an expressive, 2-foot tall humanoid robot that is used by therapists and educators to teach children with autism spectrum disorder about emotions, communication, and other social skills. Then there's PARO, a robotic baby harp seal that is used in hospitals and nursing homes as a therapeutic tool. Here, we will discuss existing healthcare companion robots that, in addition to other functionalities, offer assistance related to medication adherence.

MABU

Produced by Catalia Health, Mabu is an AI-powered healthcare companion robot designed for at-home use to help patients deal with chronic illness, such as congestive heart failure, rheumatoid arthritis, and chronic kidney disease. At a height of about 12 inches, Mabu consists of a plastic upper torso holding a small tablet-like touchscreen, and a head with eyes that blink and make eye contact. It's immobile and designed to sit on a patient's tabletop or kitchen counter. Mabu's AI combines psychology and medical best practices to have short (two to three minute), tailored conversations with the patient on a daily basis. While these conversations provide patient education and assessment, they also adapt to the patient's particular behaviors and preferences and focus on relationship building to deepen long-term engagement and improve patient care. The built-in touchscreen can be used to display and gather information during these conversations. Mabu can assist patients with overall care management, including medication adherence, education, and tracking progression of disease. It can remind patients to take medications, ask them how they feel, and contact a caregiver, if needed.

Mabu is powered by Catalia Health's Wellness Engagement Platform, enabling reminders and daily conversations to be delivered and carried out on patients' mobile phone when, for instance, they are away from home and the physical Mabu device. A summary of data collected by Mabu is shared securely with the patient's healthcare team, providing insights regarding the patient's health, progress, and adherence to treatment. In October 2018, Catalia Health joined the American Heart Association's (AHA's) Center for Health Technology and Innovation's Innovators Network, with the

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aim of delivering guideline-based medical care in an innovative, effective, and scalable manner to those with heart-related ailments, such as heart failure. Currently, Mabu is only available through select healthcare providers and ongoing programs, with cost dependent on the healthcare provider. Although Catalia Health's website mentions pilot programs, we could find no peer-reviewed publications regarding the effectiveness of Mabu in terms of medication adherence or other outcomes.

PILLO AND PRIA

Pillo is a voice-controlled, healthcare companion robot with a total wellness program meant for at-home use by those living with chronic illness. Pillo is similar to Mabu in several ways. It is about the same size, immobile, and meant to sit on a table or countertop. Pillo has a circular digital touchscreen on top of a hollow base. Like Mabu, Pillo incorporates AI to interact with and learn patients' preferences over time. Pillo's programming includes a daily engagement journal as well as risk tracking. It can deliver medication reminders and other alerts, as well as additional health information, such as the nutritional value of food. It can also play music, give weather updates, set alarms and timers, and answer a variety of questions unrelated to health. In this way, Pillo has functionality similar to an Amazon Echo.

Pillo also incorporates medication storage and scheduled dispensing via an onboard 28-compartment wheel-shaped pill organizer. Medications are dispensed into a cup that is placed under the screen in the hollow base. With a built-in camera, Pillo uses facial recognition to ensure medications are dispensed to the right patient, enabling one Pillo device to be used by multiple users. Pillo also allows users to make and receive video calls that, in addition to calling family and friends, may be used for remote intervention. Pillo's companion mobile application, Pillo Health, allows users to see their medication schedule, track health data, set alerts and reminders, chat with Pillo, and share information with their healthcare team, all on the go. Pillo can also be set to alert caregivers and loved ones of any missed doses. As expected, data and analytics collected by Pillo are shared securely with the patient's healthcare team, and can then be acted upon as needed. Currently, Pillo is only available through select healthcare organizations, with no mention of cost. Like Mabu, we found no peer-reviewed publications regarding the effectiveness of Pillo.

Given that these companion robots focus heavily on medication adherence, integration with community pharmacies makes sense.

The makers of Pillo have collaborated with Stanley Black & Decker to produce Pria, a subscription-based medication management system. Pria looks identical to Pillo and appears to have essentially the same functionality. A primary difference is that Pria specifically aims to help loved ones and other caregivers, aside from primary healthcare providers, remotely assist elderly patients so that they may maintain their independence for longer. Caregivers use the Pria Home Care Companion mobile app to schedule medication dispensing, receive alerts when doses are missed, and make video calls to the Pria device. Although currently unavailable, Pria will be sold through select retailers, including Amazon. The cost of the subscription service is currently set at $39.99 per month.

It is early times for healthcare companion robots, but they are making their way to market and, ultimately, our kitchen counters. This is exciting, no doubt, but we have yet to see the impact such tools can have in terms of boosting medication adherence and improving patient outcomes. In addition to evidence of effectiveness, there are additional features that we would like to see incorporated in our soon-to-come robot companions. At the top of that list is integration with community pharmacies. Although Mabu and Pillo both send data and analytics to the patient's healthcare team, pharmacy was not mentioned in the information we looked at. Given that these companion robots focus heavily on medication adherence, such integration makes logical sense. That said, we know we may be a bit ahead of the curve, and we fully expect to see this integration as these products are further developed, refined, and brought to market.

So what are your thoughts? Do you have any experience with social companion robots? Have your patients used them or asked you about them? We welcome your comments and suggestions. **CT**

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Wholesaler Agreements: Pricing Caveats

by **Dave Schuetz**, R.Ph.

AS A PHARMACY OWNER/MANAGER, there are a plethora of agreements that you will review, negotiate, and sign on a regular basis. The most important agreement may be with your primary wholesaler specifying drug pricing. Although a diligent review should be performed before the agreement is signed, what steps are you taking after the agreement is in place to ensure that the terms are being met? A regularly scheduled review is imperative to ensure that guarantees are being met.

WHOLESALER AGREEMENTS

A pharmacy-wholesaler agreement is a multifaceted agreement, with various parameters defining the invoice pricing for pharmaceuticals. Pricing parameters for brand-name products are the easiest to understand, because pricing is usually based on a published value, available from Medi-Span or First Databank, such as wholesale acquisition cost (WAC). The wholesaler will provide your pharmacy with a discount off WAC that is likely based on purchase volume and mix of business. The agreement may establish a starting point and then offer a greater discount when purchase volumes reach higher thresholds. Pharmacy owners or managers need to monitor their purchase volume to ensure that the tiered discount is provided when the pharmacy reaches a purchase threshold. You should also ensure there is access to published pricing that includes WAC, which is typically available in the pharmacy practice management system's drug pricing file. Knowing the discount and WAC, you can spot-check wholesaler invoices to ensure that the invoice price for branded pharmaceuticals reflects the negotiated discount off WAC.

This also makes it easier to understand how the brand acquisition cost relates to PBM (pharmacy benefit manager) reimbursement rates, which for branded pharmaceuticals is based on another published value, average wholesale price (AWP). For brands, there most often is a set relationship between AWP and WAC, which is as follows:

AWP = WAC + 20% (or WAC times 1.2)
WAC = AWP – 16.667% (or AWP times 0.8333)

You can estimate the profitability of branded pharmaceuticals for a PBM contract when the reimbursement rate and the wholesaler brand discount are known. The following table provides some comparisons:

Brand Acquisition Cost		PBM Brand Reimbursement Rate
WAC – 0%	Is the same as	AWP – 16.667%
WAC – 1%		AWP – 17.500%
WAC – 2%		AWP – 18.333%
WAC – 3%		AWP – 19.167%

Knowing the WAC discount on brand pharmaceuticals purchased from your wholesaler will allow you to understand how a PBM's aggressively discounted reimbursement rates will affect pharmacy profits; this facilitates reviewing PBM contracts and the pricing addendums that impact reimbursement rates.

GENERIC SOURCE PROGRAMS

Generic pricing is more difficult to understand, since the best price a wholesaler will offer for generics is not typically based on a value published by Medi-Span or First Databank. Wholesalers developed "source" programs so pharmacies can access lower generic pricing than the pharmacies could access if they were buying on their own. Wholesalers use a bidding process that allows the distributors in the generic

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marketplace to submit their lowest price. The wholesaler selects the generic manufacturer or distributor with the lowest price and guaranteed availability for the source program.

Your pharmacy should receive a source program formulary with pricing on a regular basis from your wholesaler. You should use the formulary to spot-check wholesaler invoices to ensure that the invoice prices for generics are correct. It is also important that you stick to products in the source program to maximize profitability. Purchasing "nonsource" generics with higher invoice prices can lead to reduced profits or losses. PBMs are usually aware of source program prices and will establish MAC prices in the same neighborhood. You should also review invoices for nonsource program generics and return those items for full credit. If the wholesaler is out of stock of the ordered source program item and substitutes an off-program item, the wholesaler should offer your pharmacy the source program price for that item.

GENERIC REBATES

Wholesalers offer postpurchase rebates that lower the final cost of the generic product. The agreement with the wholesaler may stipulate that a rebate is paid to your pharmacy if certain volume or spending milestones are attained. The wholesaler may pay or credit your pharmacy based on specified time frames, such as quarterly. It is important that you understand the rebate structure in the agreement and estimate what your pharmacy has earned based on the business transacted with your wholesaler.

By verifying financial terms, you can proactively identify discrepancies and bring them to the wholesalers' attention for resolution. This enables you to also assess other factors affecting prescription profitability and provide insight to negotiate better terms in future agreements.

Rebates may also come into play in determining profitability of generic prescriptions. You may encounter a generic prescription that is generating a loss based on the wholesaler's invoice price and the PBM's reimbursement rate, but after the postpurchase rebate is included, the prescription becomes profitable. There are times when your pharmacy's invoice cost for a generic is higher than the published WAC, which should be questioned. The wholesaler may inflate the invoice cost, believing postpurchase rebates will allow you to ultimately generate a profit. It is important that you remain vigilant regarding this scenario and not assume the postpurchase rebate will make your pharmacy whole. Generic invoice prices that are higher than a PBM's reimbursement or higher than the published WAC should be investigated and brought to the wholesaler's attention.

Negotiating agreements with well-defined terms is imperative for pharmacies. Detailed, clear contract language makes it easier to conduct internal audits to ensure that contractual terms are being met or exceeded. By verifying financial terms, you can proactively identify discrepancies and bring them to the wholesalers' attention for resolution. This enables you to also assess other factors affecting prescription profitability and provide insight to negotiate better terms in future agreements. **CT**

Dave Schuetz, R.Ph., has been working in pharmacy for over 30 years, with expertise in pharmacy practice management, electronic ordering systems operations, testing, training, documentation, and deployment. He also specializes in pharmacy database and drug file management, and serves as a subject matter expert in pharmacy data warehousing. The author can be reached at dschuetz@phsirx.com.

Yes, You Do Need a Customer Loyalty Program

Do you have a customer loyalty program in your store? According to the Gartner Loyalty 2018 research, only 44% of retailers offer loyalty programs. I'm frequently asked about customer loyalty, so it seems like a good time to discuss why loyalty programs have become necessary and how to create a great program that gives you a competitive advantage.

Do I really need a loyalty program?

I would argue yes! Volumes of research show the important role customer loyalty programs play in customer retention. Most of you compete every day with grocery and pharmacy chains, and almost all of them offer loyalty programs. The good news: There are still a lot of poorly run programs that don't truly create loyalty. So you have a great opportunity to design something personal and differentiate yourself from the big box stores.

Here are some important statistics to consider:

- Customer retention statistics: Gartner points out that attracting new customers costs between five to 25 times more than keeping an existing one; repeat customers spend 33% more than new customers; and 80% of your future profits will come from just 20% of your existing customers.
- Consumer engagement statistics: 52% of customers will join a loyalty or VIP program; over 70% of millennials and pre-millennials are members of loyalty programs; and 82% of Gen X is active in at least one loyalty program (blog.accessdevelopment.com/2018-customer-loyalty-statistics#retail).

As you can see, these programs are expected by the younger generations, but additional research shows that most of these

Brad Jones

Spoiler alert: Most of you are already creating loyalty whether you have an official program or not. How do I know? Because an industry analysis by Boehringer Ingelheim showed independent pharmacies number one (compared to chains, clinics, mass merchants, and grocery) in all three of the survey's customer satisfaction categories: filling of medications, convenience, and wait times.

programs miss the boat. Create something fun and exciting, and you will set yourself apart.

What impacts consumer loyalty?

So, what differentiates between a successful and unsuccessful loyalty program? Well, it's not really a big surprise. It turns out that knowing your customers, catering to their needs, and making them feel special makes a giant difference.

In fact, 66% of Americans view the customer experience to be as important as quality or price in the retail interaction, and customer service to be as important as product quality and price when making a purchase (blog.accessdevelopment.com/2018-customer-loyalty-statistics#lmktg).

Spoiler alert: Most of you are already creating loyalty whether you have an official program or not. How do I know? Because an industry analysis by Boehringer Ingelheim showed independent pharmacies number one (compared to chains, clinics, mass merchants, and grocery) in all three of the survey's customer satisfaction categories: filling of medications, convenience, and wait times (www.ncpanet.org/pdf/pulse_2013.pdf).

Since you are already well on your way to a successful customer loyalty program, let's look at a bit more research before I make a few suggestions.

If you're like most of us, you belong to at least one loyalty program that doesn't impact your loyalty. In fact, 65% of consumers admit they actively engage in fewer than half of their loyalty programs, and 41% with fewer than a quarter (blog.accessdevelopment.com/2018-customer-loyalty-statistics#retail). Additionally, studies show that consumers are less likely to engage in loyalty programs that treat everyone the same. One-size-fits-all programs, fail at tailoring rewards to products and services important to the individual. Instead, they offer discounts on products the person doesn't purchase, and they don't differentiate between various customer categories. I'll talk more about that later.

And one last important survey result (I will use this in my recommendations below): Over 60% of consumers feel that receiving

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surprise gifts or discounts related to the things they purchase is the most important attribute of a loyalty program.

Let's build a program.

How do I build a successful customer loyalty program?

As an independent business owner, you have an opportunity to make a connection with your customers in ways most chains cannot. While there definitely is a portion of the population that buys solely on price, it turns out they don't represent the majority. In fact, long-term loyalty is typically earned by creating relationships, both personal and transactional. A good loyalty program addresses both.

No more statistics!

The first step in creating a great program is differentiating your customers. For the most part, they fall into one of three categories: those who are not price sensitive and shop with you for convenience; those who are price sensitive but will shop with you due to convenience; and those who are loyal for nonprice reasons.

Most of you can identify the people in the third group, so I'll address them first. These are typically the people who come in to say hi. They're the ones whose families have shopped with you for generations. They know you and have a personal connection. Your loyalty program needs to respect them with a personal touch. Create a special loyalty level for these people. Make the name something special. Be creative. Make it fun. Make it a special club! Send a handwritten note periodically. Give them something free. Offer them a coffee while they wait. And make sure you train your new staff members about these people and how important they are to your business! A great loyalty program acknowledges these people in a very special way, differently from everyone else.

A great loyalty program is less about software and more about creativity and excitement. You and your staff must buy into your program and make it fun for your customers. People love surprises, and the best programs keep the surprises coming! Most importantly, great programs increase both sales and profits.

The first group, those who aren't price sensitive and shop for convenience, need a bit of an incentive to shop with you for products they can also purchase at other convenient locations, like the grocery store. These people are likely buying much of their OTC (over-the-counter) and HBA (health-and-beauty-aid) products at the grocery store where they shop once or twice a week. As you create your loyalty program, you should not only reward them with discounts and rewards for the things they purchase, but also attempt to expand their basket with incentives to purchase OTC and HBA items they don't normally purchase. Your goal with this group is to expand the size of their baskets when they get to the counter.

The second group, price sensitive and shopping only for convenience, is usually identified by their unwillingness to join your program. Design your program to offer them an incentive to come back and purchase the same item or item category again at a discount. If they bring the coupon back, offer them an immediate discount on their entire purchase (not just the coupon) if they sign up for your program. These people need immediate rewards to get them interested in becoming loyal.

While this may sound difficult, good loyalty software can do all of this easily. A great loyalty program is less about software and more about creativity and excitement. You and your staff must buy into your program and make it fun for your customers. People love surprises, and the best programs keep the surprises coming! Most importantly, great programs increase both sales and profits. **CT**

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TDS Technology Health Experience Conference

MORE COVERAGE AVAILABLE: https://wp.me/p9LtTd-206

Nearly 1,000 pharmacy professionals and more than 40 exhibiting partners attended the inaugural Technology Health Experience (T.H.E.) Conference in St. Louis, Mo. Attendees enjoyed networking, educational courses taught by industry and business leaders, and Computer-Rx and Rx30 pharmacy software training labs and classes. With more than 120 sessions, T.H.E. focused on delivering an educational experience centered around technology tools that support pharmacy success. Attendees also had an opportunity to learn how Transaction Data Systems, parent company of Computer-Rx and Rx30 pharmacy management software, is dedicated to helping them continue to be successful through innovation and support in the constantly changing independent pharmacy industry.

The Prime Partner Exhibit Hall let TDS partners and attendees network throughout the conference.

Attendees learned more about the Computer-Rx pharmacy management system.

Attendees visited with exhibitors such as RxSystems.

Andrew Kleinmann, TDS Product Manager, gave Rx30 users a preview of upcoming product enhancements.

TDS CEO Jude Dieterman spoke on the history and future of Transaction Data Systems, above left, while TDS Chief Strategy Officer and Chief Pharmacist Monty Rogers spoke of TDS' plans to help independent pharmacies succeed.

Attendees enjoyed dinner and drinks at the welcome reception in the beautiful and historic Grand Hall of Union Station.

Kimberley Carroll moderated the "Hear from Your Peers: A Fireside Chat with Pharmacy Owners" panel.

Tabula Rasa HealthCare: From Start-up to Case Study

Tabula Rasa HealthCare, based in Moorestown, N.J., recently participated in the Mid-Atlantic Health Care IT Forum 2019 in Philadelphia, hosted by Pepper Hamilton LLP in partnership with the Philadelphia Health IT Circle, and served as a role model and case study for early-stage healthcare technology ventures. Brian Litten, Tabula Rasa's chief strategy growth officer, presented at the conference. ComputerTalk *checked in with him for details and to find out what's next for the company.*

ComputerTalk: Brian, Tabula Rasa is a publicly traded company, and quite a success story for venture investing in the Philadelphia area. Clearly, you brought a valuable story to tell the early-stage companies at the conference.

Brian Litten: Yes, we did. The main purpose of the conference was to showcase new healthcare technology and to serve as a forum for early-stage businesses to make their case to potential venture investors. Two of the investors participating on the panel were in fact early-stage investors for Tabula Rasa, and we all thought it would be a great opportunity to show what a business could look like at the other side of the IPO process, and share our success story with the participants attending the program.

CT: And you haven't been resting on your laurels. Tabula Rasa has been very active in acquiring other healthcare tech companies that are a strategic fit. What are some of the recent acquisition highlights?

Litten: We have been very active and focused on elevating the role of the pharmacist across multiple care settings, made possible by the acquisition of different capabilities throughout the care continuum. Some recent acquisition highlights include the acquisition that we completed in September of 2017 of SinfoníaRx. SinfoníaRx is the largest independent provider of medication therapy management solutions. SinfoníaRx allows us to take our medication risk identification and mitigation technology, MedWise, and introduce it very rapidly across a network of pharmacist call centers throughout the country. The SinfoníaRx call centers are associated with schools of pharmacy at the University of Arizona, the University of Texas at Austin, and The Ohio State University. Those call centers make 5 million patient and prescriber calls a year, so being able to work with SinfoníaRx is a way of accelerating the delivery of medication risk mitigation services to a larger population.

Tabula Rasa's Brian Litten

We have been very active and focused on elevating the role of the pharmacist across multiple care settings, made possible by the acquisition of different capabilities throughout the care continuum.

Tabula Rasa has also expanded into the hospital and community pharmacy markets through its recent acquisitions of DoseMeRx and PrescribeWellness, respectively. DoseMeRx precision dosing software enables hospitals to customize the dose of parenteral, or intravenous, medications for each patient, resulting in improvements to mortality, risk, and outcomes; it also saves hours of pharmacists' time performing manual calculations. And just this past March, we completed our acquisition of PrescribeWellness, a leading cloud-based patient relationship management solutions company for community pharmacies. By integrating MedWise into the PrescribeWellness platforms, we are able to employ our medication risk mitigation solution in nearly 11,000 community pharmacies across the country. There are 275 million patients in the United States living within five miles of a PrescribeWellness pharmacy, so we have ample opportunity to advance patient care and optimize the safety and efficacy of medication regimens through our call center pharmacists and trusted community pharmacists, who are now equipped to have more informed face-to-face discussions with patients nationwide.

CT: You've also launched something new in-house, your Scientific Precision Pharmacotherapy Research & Development Institute. How is that driving your strategy?

Litten: Tabula Rasa's technology delivers very complex scientific algorithms that involve pharmacy principles related to pharmacokinetics and pharmacodynamics. It's all protected by patents, but we will never rest on the science that we've developed. We're continually investing in research and development of new tools and solutions to optimize medication regimens to improve patient outcomes, reduce utilization of healthcare services, lower healthcare costs, and manage risk.

The Scientific Precision Pharmacotherapy Research & Development Institute is a case in point. It's an investment that aims to help us go beyond the tools that we provide to our clients. **CT**

Read more from Brian Litten at wp.me/p9LtTd-20K and find takeaways from the conference, work to address adverse drug events (ADE) internationally, and Brian's outlook for pharmacy technology innovation.

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