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MAY/JUNE 2020 FOR THE PHARMACIST

Key Features that Power Workflow Efficiency

Here's what the system vendors and users have to say.

story begins on page 13

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FOR THE PHARMACIST

May | June 2020
The intersection of technology and management.

Key Features that Power Workflow Efficiency

We polled system vendors and users to find out which features and applications increase operating efficiency.

story begins on page 13

by the *ComputerTalk* editorial staff

pharmacy forward*
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Bill Lockwood
Chairman | Publisher
Bill can be reached at
wal@computertalk.com

Staying Connected

WITH THE COUNTRY IN A STATE OF HOME confinement due to the COVID-19 pandemic, we can be thankful for the technology we enjoy and use on a daily basis. The virtual office has allowed many businesses to continue operating, albeit not in a normal sense. In healthcare we have seen where telemedicine has come into vogue. There has been a surge in the use of telemedicine in order to keep patients connected with their physicians. The April 20 issue of *Barron's* had an article titled "Medicine's Next Revolution Is Digital." The article states that the Cleveland Clinic saw virtual-care visits jump to 60,000 a month from just 3,000. Can you imagine what it would be like if we didn't have the technology that we have become so dependent upon?

State and federal regulations on the use of telemedicine have been relaxed in light of the pandemic. Medicare, which limited reimbursement to its use in rural areas, has lifted this restriction. And New York state, for example, now allows out-of-state physicians to use telemedicine.

For pharmacy there is long overdue recognition of the critical role it plays in the healthcare ecosystem. Pharmacies have been exempt from the forced closures of so many other businesses — patients must have access to their medications. Moreover, pharmacies are equipped with the technology tools to stay patient connected. Reminder calls to pick up a prescription are driven by the pharmacy management system. Refills can be ordered through the pharmacy's website or by phone, enabled by an interface with an interactive voice response system that sends these prescriptions into the queue for filling. Mobile apps are used to confirm receipt for those prescriptions delivered to the patient's home. Billing of these prescriptions is technology driven. There is also use of online counseling with patients. And telepharmacy has been in use in some rural areas of the country.

The importance of the partnership of technology vendors and the pharmacies they serve has never been more striking. Pharmacies were on the leading edge in adopting the use of technology back in the day, and because of this are now are in a position to serve their patients with uninterrupted service.

In closing, on a personal note, one thing that upsets me is how the pandemic has disrupted education with the closing of schools and colleges and universities across the country. I have a granddaughter who is a freshman at Yale. She came home for spring break and hasn't been back on campus since. She is concluding her first year via online classes, which is not the same as face-to-face classes, by any stretch of the imagination. Yet her academic work has not come to a standstill, thanks to the internet. Just one more example of how technology is allowing us to get by in these trying times. **CT**

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Transaction Data Systems (TDS) has announced the results of an analysis of trends in their community pharmacy network. They report that recent data provides proof that independent pharmacies have increased their involvement in patient care during the COVID-19 pandemic.

TDS, through its network of more than 8,000 independent pharmacies, has seen a rapid increase in patient interactions across its network. Also, as a result of the pandemic TDS has seen a 33% year-over-year increase in prescription processing.

"We are proud to support our independent pharmacy clients through this unprecedented time. While our clients continue to work tireless hours, we have been able to dynamically improve support and decrease open support tickets by 74% through moving our valued TDS associates to a fully remote business model. We appreciate our dedicated pharmacists and pharmacy technicians battling this pandemic on the front lines and are doing everything we can to do our part to support them," says TDS president, Kevin Lathrop.

QS/1 has developed a new interface to **Integra**'s DeliveryTrack for its SystemOne and Point-of-Sale systems. The company sees this as a game changer for community pharmacies trying to improve, or begin offering, delivery services.

The interface seamlessly connects to DeliveryTrack 6.1, offering an array of delivery services through a low-cost, cloud-hosted version of DeliveryTrack. Combining these two platforms streamlines the process and saves money for the pharmacy.

Among its many features, DeliveryTrack 6.1 gives the pharmacy prescription-level verification of the delivery process. What is scheduled to go out with a driver makes it out the door and onto a route with auditable proof of delivery that flows back to the pharmacy in real time. It also offers integration with national carriers for delivery.

The interfaces to SystemOne and Point-of-Sale allow for counseling messages and driver's license scanning for controlled substances. Pharmacies can also structure reports to manage drivers, keep track of delivery volumes, and take care of reconciliation and inventory updates.

Smith Technologies, the parent company of QS/1 and Integra, was acquired by Francisco Partners in March. The company will remain headquartered in Spartanburg, S.C. With this ownership transition, Smith Technologies has been renamed RedSail Technologies.

Community Care of North Carolina (CCNC) has announced the appointment of Tom Wroth, M.D., MPH, as CCNC's new CEO, come July 1. Dr. Wroth succeeds Dr. Allen Dobson, founding CEO and the principal architect of CCNC's nationally recognized primary care delivery system. He will remain as CCNC's appointment to the board of directors of both the Community Care Physician Network (CCPN), one of the largest clinically integrated networks (CINs) with more than 3,000 independent primary care clinicians, and Community Pharmacy Enhanced Services Networks (CPESN), a national CIN of independent pharmacists that now operates in 45 states.

Wroth

Dr. Wroth joined CCNC in 2005 as a senior clinical consultant, a post he held while serving as chief medical officer of Piedmont Health Services. In 2012, he was the physician chosen for appointment to the North Carolina Community Care Network board by the Federally Qualified Health Centers. He was named chief medical officer in 2016 and chief operating officer in 2018.

Dr. Wroth, a practicing physician, is a graduate of Columbia University College of Physicians and Surgeons, and completed his residency in family medicine and preventive medicine at the UNC School of Medicine. He earned his master's degree in public health from the University of North Carolina's Gillings School of Global Public Health.

EPIC Pharmacies has entered into a four-year partnership with **ERxDirect** for the integration of its pharmacy technology platform into EPIC Pharmacies' network of more than 1,500 community pharmacies. ERxDirect's services include claims processing and editing, real-time insurance verification, electronic prescriptions, medical and vaccination claims billing, and other services.

"This partnership is helping pharmacies find growth solutions outside of traditional models," says EPIC Pharmacies CEO Jay Romero, R.Ph. "The future of pharmacy needs innovative solutions, and this partnership is a stepping stone for a stronger future for community pharmacies."

The telemedicine service offered by ERxDirect is one solution that has been launched with EPIC Pharmacies. The company has recognized that while big-box corporate chains are often considered the front lines of healthcare, it was critical

to place more attention on supporting independent pharmacies. Connecting pharmacists and local medical providers on a single telemedicine platform is viewed as serving them well beyond the COVID-19 pandemic.

EPIC has also announced a co-marketing agreement with **PerceptiMed.** The two organizations will work together to introduce the benefits of PerceptiMed's scripClip will-call automation system.

Updox has installed its healthcare collaboration platform in **Medical Plaza Pharmacy**, a two-location chain in northern Mississippi. The Updox platform provides pharmacies with an all-in-one solution for acquiring new patients, engaging existing patients, and collaborating with prescribers via electronic documents and patient communications.

"We're the leading technology partner for electronic communications and patient engagement across healthcare, traditionally for physicians and now for pharmacists. Our collaboration platform connects more than 50,000 providers and 150 million patients across the nation, using next-generation communications solutions such as video chat, HIPAA-compliant text messaging, and broadcast patient messaging," says Michael Morgan, Updox CEO.

Digital marketing services and branded websites, new offerings from Updox, help pharmacies grow their digital presence. The Updox digital marketing services include social media advertising, search engine optimization, digital analytics, and review management. The company finds that many pharmacies have an online presence but are moving to a more comprehensive platform with solutions specifically designed for clinical healthcare.

"The first place anyone goes to for information is online, so having a strong digital presence is essential in today's market," says Andy Null, R.Ph., manager of Medical Plaza Pharmacy. He says he was looking for ways to become more efficient and grow future business. "Updox offered us a next-generation, clinically based platform to promote our business services online so we can focus on face-to-face interactions with patients to answer questions, provide clinical care, and support medication adherence."

With document management from Updox, Medical Plaza Pharmacy has eliminated costs for paper, toner, and phone lines. Pharmacy communications arrive into a consolidated Updox inbox, where they can be easily reviewed, routed, and processed electronically. New prescriptions, refill requests, information requests, and prescriber notes can all be received and archived by the pharmacy and shared between locations.

Datarithm has announced that 37 new pharmacy clients since January are using its inventory management tools.

The Datarithm tools include automated wholesaler returns, store-to-store transfers, and automated monthly re-order point optimization. Together these have proven to reduce prescription drug inventories, improve turns, and elevate fill-rate levels. Datarithm automatically re-calculates optimal order points monthly for every item/group, based on changes in the pharmacy's dispensing. These new order points are then automatically uploaded to the pharmacy management system. Datarithm also provides analytics for each location from the cloud.

In attesting to the value of the service, Bryan Kiefer, owner of three pharmacies in Missouri, says, "In the 10 months that we have been with Datarithm, our inventory has gone down 26%, or $175,000, for our two pharmacies using the service. We just do the minimum, and know that we can do more to further decrease inventory." Kiefer's third location is now scheduled for the Datarithm service.

A new feature being introduced by **MicroMerchant Systems** allows for remote payment of prescription copays and capture of signatures to confirm delivery. Pharmacists can sign up and register to set up a credit-card account. They can then log into a website, type in the name of the patient, see all the prescriptions for that person, and then choose the prescription that needs a copay collection. The patient will have the option to pay the copay online and, if choosing to do so, a secure page will open where a credit card can be used for payment. The receipt can be emailed. This will then allow scheduling of deliveries once the copay is paid.

"With deliveries we have also addressed signature capture with COVID-19 distancing in place," says Ketan Mehta, MicroMerchant CEO. Here a text message is sent and the patient can click on the URL to see the prescription, sign for it, and click "Submit," at which time the signature is saved in the PrimeRx system for that prescription. The ability to send the request for a signature is independent of the delivery process, so it can be used at any time.

This is seen as a solution to avoid putting pharmacy staff at risk. **CT**

Read more at https://www.computertalk.com/category/pharmacy-news/

Flip the Pharmacy: A Fundamental Change for Community Pharmacy

by Ed Vess, R.Ph.
Director, Pharmacy Professional Affairs, RedSail Technologies

Aiming to transform community-based pharmacies, Flip the Pharmacy is a practice model that moves from a dispensing-centric to a patient-centric pharmacy model.

THE COVID-19 PANDEMIC has made healthcare an international focus as bureaucrats and scientists debate the best mechanism to control the spread of the virus and treat those impacted. While routinely undervalued, pharmacists have long been the most available healthcare professionals for much of our population, and as healthcare facilities experienced enormous operational challenges, the unsung passion and commitment of community pharmacists emerged.

Pharmacies have been quick to adapt workflow to protect, and care for, their patients and staff while simultaneously reaching out to support other members of the healthcare team. Federal and state regulations restricting pharmacy practice have been relaxed to leverage pharmacist services to improve the response to COVID-19. Through this public health emergency, pharmacists have provided policymakers a better understanding of their true value.

Pharmacists willing to take on more responsibility to improve patient care is not a new concept. In June 2019, the Community Pharmacy Foundation (CPF) and the Community Pharmacy Enhanced Services Network (CPESN) announced a five-year partnership, aiming to transform community-based pharmacies through a new dynamic program, Flip the Pharmacy (FtP). The goal of the program is to provide the scale to "flip" pharmacy from a professionally unsustainable, point-in-time, prescription-level practice model to a professionally sustainable, longitudinal, patient-level practice model.

> While pharmacy deals with many challenges, what a great opportunity to be part of the movement changing our practice to better serve our patients, communities, healthcare partners, and profession.

For years, community pharmacy advocates have dedicated resources and efforts to innovative practice models showing better clinical outcomes and lower overall healthcare costs. Though evidence exists, we've never been able to gain enough scale to

The Six Domains of Flip the Pharmacy

- **Domain 1:** Leveraging the Appointment-Based Model
- **Domain 2:** Improving Patient Follow-up and Monitoring
- **Domain 3:** Developing New Roles for Non-Pharmacist Support Staff
- **Domain 4:** Optimizing the Utilization of Technology and Electronic Care Plans
- **Domain 5:** Establishing Working Relationships with Other Care Team Members
- **Domain 6:** Developing the Business Model and Expressing Value

make a significant impact in the payment and policy model.

TRANSFORMATION DOMAINS

FtP provides a structured process with enough intensity and duration to support the pharmacy after the transformation process is complete. This 24-stage transformation process uses local support and practice transformation coaches that help ensure accountability with specific, measurable, attainable, relevant, and timely (SMART) goals across the following six transformation domains shown on the previous page.

PROGRAM GOALS

Over the five-year partnership, FtP aims to graduate more than 1,000 pharmacies through a two-year transformation process, modeled after similar Center for Medicare & Medicaid Innovation efforts in primary care practices across the country. Additional program goals include:

- Non-product-based reimbursement revenue.
- Care Plan submissions.
- Screenings for behavioral health conditions.
- Reductions in systolic blood pressure and HbA1c percentages.
- Lowered cholesterol in patients with associated chronic conditions.
- Completion of social determinants of health screenings.

IMPLEMENTATION

The change packages used by practice transformation coaches are available to any pharmacy interested in transforming its practice setting. Change packages, available on the website and link below, are released monthly and are designed to build upon the successes and challenges of previous packages.

COVID-19 Change Packages

View #1: Protecting Pharmacy Workforce and Patient Communications (March 24, 2020)

View #2: Triage COVID-19 Patients and Care Plan Development (April 8, 2020)

View #3: Applying for a CLIA Certificate of Waiver (April 17, 2020)

See complete change packages at wp.me/p9LtTd-3dC

ADAPTABILITY

In April, the FtP program rapidly adjusted change package content to address the immediate needs of community pharmacy practice created by COVID-19. Pharmacy teams are using care planning and clinical documentation skills developed during the first progression (October 2019 – March 2020) to support their patients during this unprecedented time.

GETTING STARTED IN YOUR PHARMACY

In the early stages of the program, Troy Trygstad, executive director of CPESN, described it as a residency program for community pharmacies. That statement continues to prove true, and the COVID-19 pandemic has further emphasized the benefit and need. For the pharmacy wanting to get started, or further expand what it has in place, the greatest support will be found by joining the CPESN network. While a grant covers the costs of coaches for those recipients, many networks are leveraging other resources to support interested pharmacies. For those not ready to join CPESN, the Flip the Pharmacy website provides information and change packages for anyone interested.

While pharmacy deals with many challenges, what a great opportunity to be part of the movement changing our practice to better serve our patients, communities, healthcare partners, and profession. **CT**

Ed Vess, R.Ph., is director of Pharmacy Professional Affairs for RedSail Technologies (QS/1 and Integra). He can be reached at ed.vess@redsailtechnologies.com.

LEARN MORE:

www.communitypharmacyfoundation.org
www.cpesn.com
www.flipthepharmacy.com

The Sudden Rise of Telehealth

by Paul Baldwin
Principal,
Baldwin Health Policy Group

Suddenly the slow but steady growth in the industry has been upended by an unprecedented demand for services. Once the crisis is over, and it will eventually end, what will be the effect on telehealth in the United States?

A J.D. POWER SURVEY conducted in July of 2019 revealed that only 9.6% of the population had ever used telehealth to communicate with a healthcare provider over the previous year. The other side to what seems to be a pretty low adoption score is that those who have used telehealth are among its most enthusiastic supporters.

Experts make the analogy between telehealth and the adoption of mobile banking technology. Consumers tended to be somewhat slow to adopt that option, but once they had experienced it they took to it with gusto.

CMS (Centers for Medicare & Medicaid Services) defines telehealth (or telemedicine) as the exchange of medical information from one site to another through electronic communication to improve a patient's health. Historically, the benefit has been covered by Medicare Part B and has been limited to Medicare beneficiaries who live in a designated rural area and when they leave their home to go to a clinic, hospital, or other designated facility for the service.

Medicare and Medicaid embraced telehealth slowly as regulators struggled with coding issues and the number and types of services that could be delivered by telehealth. Medicare Advantage organizations began using their discretion to encourage telehealth whenever practical. CMS began loosening the restrictions in 2019 to allow for virtual visits by beneficiaries with providers through virtual check-ins, where a patient initiates a contact with a provider through a patient portal.

> Enterprising pharmacies should consider proposing this type of service to Medicare Advantage programs where CMS is likely to allow the practice as a means of keeping beneficiaries out of hospitals.

RESPONDING TO A NEW NEED

Then came COVID-19. Emergency rooms are filled with highly contagious patients, and physician offices are forced to scale back to protect patients and staff from infection. Nursing homes have been forced to close their doors to nonresidents, and attending physicians find their schedules cannot accommodate nursing home visits. Assisted-living facilities have limited access by nonresidents while residents may have difficulty getting appointments for routine medical follow-up care and for new appointments.

The federal government has responded by requiring nursing facilities to limit access by nonresidents and by suspending the requirement for in-person physician consultations with residents, determining that telemedicine consultations would be an acceptable alternative. Assisted-living facilities are not regulated as healthcare facilities by the federal government, so state and local laws and regulations determine the level of access to healthcare providers.

As the healthcare system quickly became overloaded, CMS began allowing state Medicaid programs, through a Medicaid 1135 waiver, to pay for virtual visits with physicians, nurse practitioners, psychologists, and

clinical social workers and allowed providers to waive patient cost sharing. As of early April, more than 40 states had been granted Medicaid waivers to provide enhanced telemedicine services.

As you can imagine, the popularity of telehealth has skyrocketed. Suddenly, the slow but steady growth in the industry has been upended by an unprecedented demand for services. Telehealth companies have had difficulty in meeting the crush of requests for appointments as they scramble to add staff and bandwidth.

PAYMENT: THE MISSING ELEMENT

The missing element, at this point, is coverage for telepharmacy services to beneficiaries of Medicare and Medicaid. The reasons for this may be related to the lack of provider status for pharmacists under Medicare and the patchwork nature of state regulation of telepharmacy. About two-thirds of all states have laws and regulations that specifically authorize the operation of telepharmacy operations. Among those, many limit the operation of telepharmacy to rural areas and some prohibit the operation of a telepharmacy that is located near another pharmacy.

While the broad definition of telepharmacy includes remote dispensing, there appears to be an opportunity for pharmacists to provide counseling and drug regimen reviews through a telehealth portal. Enterprising pharmacies should consider proposing this type of service to Medicare Advantage programs where CMS is likely to allow the practice as a means of keeping beneficiaries out of hospitals.

WHAT THE FUTURE HOLDS

Once the crisis is over — and it will eventually end — what will be the effect on telehealth in the United States? No one knows for sure, but we can imagine that the large numbers of consumers who have had a positive experience will find this a good alternative to in-person care and the industry will begin a new expansion. Those who found the process time-consuming and frustrating may abandon the concept and opt for the tried-and-true personal approach.

The jury's out on how this will change long-term care, but we should see more facilities begin to add telehealth to their service menu, even if only for the next crisis. **CT**

Available at computertalk.com:
An in-depth interview with Paul Baldwin

"We're thrown into the deep end of the pool and asked to swim and adopt a new technology fairly quickly," says Baldwin. "I think ultimately we'll probably adopt telemedicine faster because of the way it was made available to us as an option."

Watch the entire video and leave your thoughts on the topic at wp.me/p9LtTd-3fW

Paul Baldwin is a veteran healthcare policy and government relations executive. With 30 years of experience in pharmaceuticals and pharmacy, he is still an avid learner about what makes healthcare policy work for industry and for the public. Read more from him at his website, www.baldwinhpg.com. He can be reached at paul@ltcpharmacy.net.

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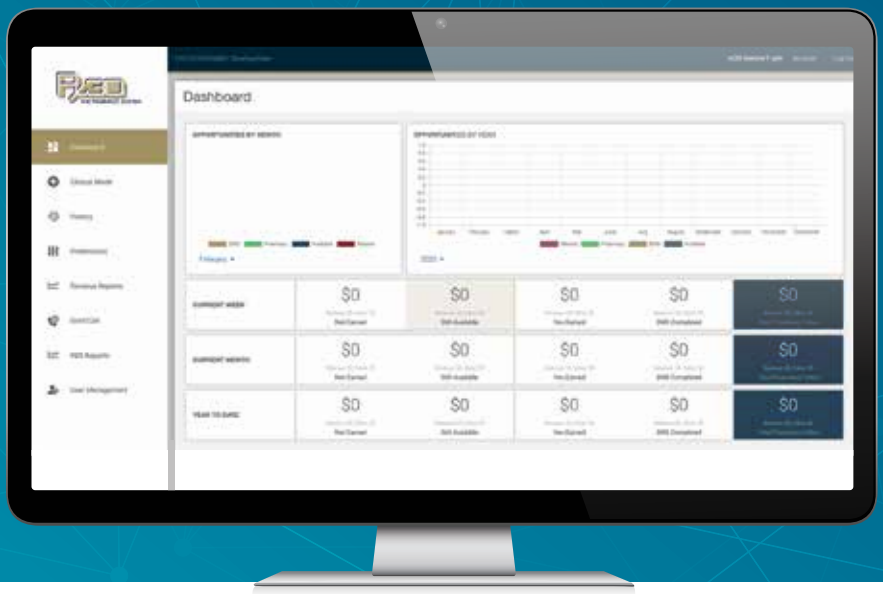

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Key Features that Power Workflow Efficiency

by the *ComputerTalk* editorial staff

continued from previous page

Simplifying Pickup

Larry Brantley, is owner and CEO of RxMaster, Rogers, Ark. Brantley points to a feature in his system called Sack-It. Before, if you had six prescriptions for three people in the same family, he says, you would put all six in a bag and staple six prescriptions receipts to the outside of that bag. Then at the cash register, you would be counting on the tech to diligently scan each one of those receipts and hope one isn't missed.

With Sack-It, Brantley explains, when the prescriptions come through the quality control screen, the pharmacist verifies them and opens a sack. As the pharmacist verifies each prescription, it is dropped into the sack. And when that's done, the pharmacist hits a button called Closed Sack. And at that point the system generates one receipt that goes on the outside of the bag that lists the number of prescriptions for each patient. Optionally, the system may be configured to restrict one patient per sack. If the patient is flagged for texting, a text is sent to the patient letting him or her know the order is ready. The patient doesn't want to get six messages, for example, for all the prescriptions in the sack.

The receipt indicates which prescription is for each patient and the total amount due. And it shows the location where the prescriptions are in will-call — or if in the refrigerator or a locked drawer because there's a controlled substance.

When the patient comes in, the system tells the techs exactly the location of that sack so they can go straight to it. According to Brantley, this not only speeds up the checkout process, but also ensures that one scan is all it takes to collect the amount due.

Chrissy Barr, Pharm.D., owner of The Medicine Shoppe in North Little Rock, Ark., and an RxMaster user, reinforces Brantley's opinion on Sack-It. Barr says, "I enjoy the Sack-It feature. One, it makes it easier when patients pick up their prescriptions because you only have one thing to scan. Two, when the Sack-It receipt prints out it shows you how many prescriptions are in the sack for each patient (husband, wife, etc.). Three, it makes it easier when patients call and want a total. You don't have to stop and add receipts up. Finally, we also use it in our delivery system. We keep the Sack-It receipt until the payment comes back so we can use it to ring it up. The Sack-It feature also sends the patient a text letting them know their prescription is ready — another wonderful feature."

But she also points to the RxQue, where she can see everything everyone has used their app for — website as well as eScripts. It's all in one place.

Calming Down the Filling Process

Joe Romph, B.S.Pharm., one of the owners of Paw Paw Village Pharmacy in Paw Paw, Mich., which has been in business for about 35 years, has taken steps to bring in two technologies from RxSafe to ensure optimal dispensing workflow. First is a twin-tower RxSafe 1800 unit that is the primary stock bottle storage and prescription-filling workflow station. Second is RxSafe RapidPakRx, which automates filling strip packaging for patients.

"The RxSafe 1800 has really calmed down the whole filling process," notes Romph. He's storing and filling about 80% of his prescription volume using the towers, and all this can be run by just one technician. "We used to have four or five technicians pulling stock bottles, counting, and labeling at multiple counters. If the wrong medication was pulled it took time to correct that. We no longer have these issues since most prescriptions are filled at the RxSafe station, and one other technician can easily pull any that are not in the RxSafe."

The improvement to workflow efficiency starts when receiving new wholesaler orders. A technician scans each bottle into the RxSafe database and puts them in a tote for loading into the RxSafe 1800 as time allows. At filling, a technician processes incoming prescriptions in the PioneerRx pharmacy system and places labels in a basket for the pharmacist to check. That basket then goes to the RxSafe filling station. There the technician scans the labels, establishing the

sequence in which they'll be filled. RxSafe 1800 pulls the stock bottles automatically, choosing those closest to expiration first, and collects them at the outport, which opens to present each stock bottle only when a prescription is again scanned. "You know you are getting the right medication because this is all driven by the NDC number in the bar code," notes Romph.

"Rxsafe actually has scales that weigh each bottle," says Romph. "It knows how much each tablet weighs and it alerts us if the bottle is too light going back in. We find this is particularly important for keeping careful track of controlled substances." The staff can make a note in the system to explain a discrepancy, such as from removing a foil seal, cotton, or desiccants. The accounting is highly accurate. "We dispense from 1,000-count bottles of Norco," notes Romph, "and when we come to the end of a bottle, the count by weight is ordinarily within one or two tablets."

The RapidPakRx system fills from cartridges and checks each tablet or capsule against the known size of the product before pushing it into the pouch only if it's a match. The pouches are automatically sized according to the number of medications packaged in them, and Romph says that the system will allow up to 20 medications in one pouch. He can set RapidPakRx to fill as many pouches as necessary for a patient's medication regimen, though he generally sticks to four per day. "If a patient wants a medication separated out, for example, one that has to be taken once a week before any other medications, that's easy. It's totally customizable, and it's both very user-friendly for our technicians and customer friendly," he says.

The combination of RxSafe and RapidPakRx has allowed Paw Paw Village Pharmacy to be competitive by reducing labor hours. "We're open 55 hours a week and fill about 3,000 prescriptions," explains Romph. "We used to run 96 hours of pharmacist time a week. Now we're running 55, and continuing to expand our services."

Barcode-Driven Will-Call

Andrew Finney, Pharm.D., is the owner of Perkins Drugs and Gift Shop, with two locations in Gallatin, Tenn. The pharmacy first opened in 1895 and has the honor of being the longest continually operating business in town. Finney became the sole owner in 2012.

Finney makes it a point to keep a sharp eye on pain points in his pharmacy's workflow. That's what led him to bring in scriptClip will-call automation from PerceptiMed.

"We run a pretty robust medication synchronization service," says Finney, "and so we have a lot of patients who will come in once a month to pick up anywhere from five to 15 or 20 medications at one time." If the staff has trouble locating prescriptions in will-call, and if they end up missing one, then that's contrary to the whole point of med sync.

continued on next page

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With this in mind Finney is using scripClip to make will-call as efficient as possible. "Our customer service team scans prescriptions into scripClip using the barcode our PioneerRx system prints and then has the goal of loading all of a patient's prescriptions into just one scripClip bag," explains Finney. "Right there we generally eliminate the frustration of having multiple bags or trays for the same patient."

scripClip then speeds up retrieving bags when patients arrive. "We enter some basic patient identifiers at the will-call workflow station, and the right bag lights up," Finney says. "We are able to go and retrieve that bag very, very quickly." From there it's a simple matter of running the transaction through the PioneerRx point-of-sale system, which records the sale and communicates back to the pharmacy management system that the prescriptions have been completed.

"The scripClip system is simple," says Finney. "There are really just those two points at which we interact with it, checking the prescriptions in by scanning the barcodes and then retrieving the bag when the patient arrives, and we are getting a massive boost to our workflow efficiency that makes a great impression on our patients."

Customizing the Workflow

Randy Burnett, QS/1 senior product manager, PrimeCare and NRx, finds the workflow module that basically handles order entry, verification, med dispense, quality assurance, and delivery or will-call an efficiency module. He says that's a nice way of segregating work, depending on the pharmacy. It's completely customizable based on the queues that are turned on to segregate the work, based on the number of employees in the pharmacy.

Another method, he says, is the pharmacy-at-a-glance dashboard that allows the staff to see where all the prescriptions are. This can be used to see what has to be processed and how many electronic prescriptions have come in. It's another visual way to organize the work to maximize moving people around to tackle different areas that need attention when they back up. Within that module, thresholds can be set. You can see if there are four e-prescriptions that are in the queue, and then somebody needs to pay attention to those. The colors can be changed from red, yellow, or green for visual recognition on the screen.

"If we really get into efficiencies" says Burnett, "then I think there are several things that can happen. I would say a big one is the ability to autofill refill. This is another component within workflow that can be turned on. When a prescription comes in via a mobile request or the IVR, the system processes that through the prescription dispensing process, performs the adjudication, and prints the label for the vial. This eliminates several steps by having the system do these things. Part of the automation is also the clinical aspect. If there was a new medication added since the last time the patient got a refill, for example, and there are any issues with the prescription, it's dumped to an error queue and will wait to be reworked. Another example is if there is a problem with the third-party process. Again, the pharmacist can quickly identify the issue and take care of it.

"If we dig a little deeper into automation, we have our automated health minder. Customers can sign up to automatically refill their prescriptions. Now we take out having to call to start the refill process. And you can take it a step further from an automation standpoint with work dropping into queues based on when the next refill is due."

While inbound prescriptions by IVR have been around for a while, the idea that these are dropped into a specific queue seems to be a place where there can be real efficiency.

Flipping the Model

Dan Cichy, Pharm.D., is director of pharmacy at Evergreen Pharmacy in West Allis, Wisc., which services patients in long-term care, with an emphasis in specialty pharmacy. "Our patients have unique needs," says Cichy, "so our workflow is quite different."

Evergreen Pharmacy has built its operations using a technology suite from Integra, including PrimeCare for managing prescription filling and DocuTrack for document and communications management. As it turns out, both have tools to manage workflow. Cichy notes that Evergreen pharmacy has been relying primarily on DocuTrack for workflow management, largely because of the high

degree of customization it offers. But as the pharmacy grew from five to 20 to 25 employees, Cichy realized that he needed to flip the model and run workflow from PrimeCare.

"Manufacturers and payers are looking for how efficiently you're doing things," says Cichy. "They are looking for data that shows strict adherence to process and a quick turnaround for a prescription order, for example, to give us access to limited distribution medications."

This led to a choice: end up pulling data from both systems to create workflow reporting and aggregate it using spreadsheets, which is not efficient, or move over to letting PrimeCare exclusively manage workflow. "Because we are committing to using PrimeCare for workflow," explains Cichy, "we're avoiding the need to build our reporting to payers and manufacturers from several workflow data sets with details that may not be labeled a hundred percent the same way. That's a lot of time saved from not having to figure out, okay, what goes where to send these reports."

Flipping the model means that workflow remains efficient. "PrimeCare's workflow blocks give us the most efficient and easily reported way to create a precise record of the steps our staff takes," says Cichy. PrimeCare's workflow blocks also ensure that the staff can't skip workflow steps, he notes.

"I think you can reach a point, as we have here," says Cichy, "where you take a look at your pharmacy technology and how you can best use it to create an efficient workflow that meets your business needs, and what the other players in the market are asking for. We're very pleased that we have a suite of software from Integra that's allowed us to grow using one set of workflow tools in DocuTrack, and now successfully meet the evolving demands of the market by pivoting to using PrimeCare's workflow blocks. This is a big reason why we're glad we're using products from one technology provider."

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Enhancing the Level of Care

Rob Nichols, Pharm.D., BCPS, a pharmacist at Greenwood Pharmacy in Waterloo, Iowa, says his pharmacy sets a high bar with its standards of patient care and is always looking to be on the leading edge. Recently, the pharmacy has been using MedWise from Tabula Rasa HealthCare to enhance the level of care. "The MedWise platform has been really helpful because it allows for the most comprehensive review of a patient's medication safety profile," says Nichols. "It allows us to have a clear understanding of risk profile information so that we can make recommendations to reduce medication risks and thus reduce the total healthcare spend."

Nichols explains that Greenwood Pharmacy is using MedWise as part of an enhanced medication therapy management program. "We have a group of patients from one of the Medicare drug plans enrolled in a pilot program with us," says Nichols. "The workflow goes like this: We have a pharmacist resident and a clinical pharmacist who attach what we call a workflow note within our Computer-Rx pharmacy system to the patients in this program. This note travels with a patient's prescriptions all the way through the dispensing process, right up to the point of sale."

At this point the note is a prompt for the support personnel to ensure that the patient talks to a pharmacist. The pharmacist, as Nichols explains it, has been able to use Medwise to do a really quick, but comprehensive, medication reconciliation that includes the time of day when people are taking certain medications.

"Doing this med rec within MedWise allows us to capture information, that really opens up a whole new story of the true risk of drug interactions and side effects," says Nichols. "We are also able to capture any nonprescription medications and evaluate the whole regimen in key areas, whether it be cytochrome P450

continued on page 20

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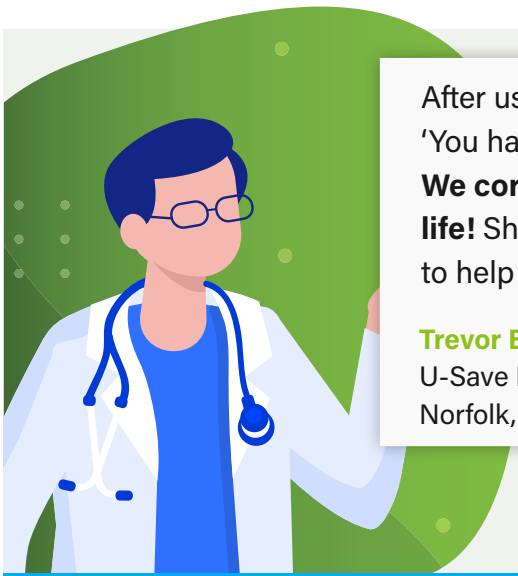

After using the MedWise system with a complex patient, she said 'You have helped me find out a lot about my medications!' **We corrected her medication issues, and she has a new lease on life!** She is fiercely loyal to our store, and trusts me wholeheartedly to help her when needed.

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continued from page 18

drug interactions, anticholinergic burden, sedative burden, side effect risks, or long QT syndrome risk. We can see at a glance where the highest risk is within a patient's medication regimen, and whether it is a drug interaction risk or if it's something like anticholinergic burden risk." This, he also finds, increases efficiency.

MedWise is critical for being able to bring a complete and highly detailed picture of medication safety risk into the pharmacy's workflow, and then PrescribeWellness, another Tabula Rasa HealthCare solution, makes the step of communicating recommendations to prescribers or patients highly efficient as well. The pharmacist documents in the eCare plan within PrescribeWellness the recommendations derived from MedWise, and the eCare plan is readily and easily shared with prescribers. Nichols reports great success in getting recommendations accepted because these tools within the pharmacy's workflow permit the clinical pharmacist to develop them rapidly and communicate them effectively and at just the right time to prescribers.

Addressing an Evolving Payment Workflow

Keyur Shah, R.Ph., M.Sc., co-owner along with Ritesh Shah, R.Ph., of Marlboro Medical Arts Pharmacy in Marlboro, N.J., opened the pharmacy two and a half years ago in a building that also houses an urgent-care clinic and a family medical practice. This is his first time as a pharmacy owner.

As it became clear that he'd have to implement measures to protect his staff and his customers during the COVID-19 pandemic, he quickly realized that he needed new tools to keep workflow moving efficiently yet maintain his connection with his patients. One area Shah found particularly challenging was payment processing.

continued on page 22

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

RxMedic

continued from page 20

"We started by asking patients to give us the card number over the phone," explains Shah. "Then we'd take them their prescriptions and other items as they waited outside. Some patients were a little hesitant. They were concerned that giving us the number on the phone was not safe. So we tried going out to get the credit cards, but then we had to wash our hands so often or change gloves." Both methods were certainly disrupting the pharmacy's workflow, notes Shah.

Then Shah recalled the tools he'd seen during his work at other major retailers that offered the option for patients to pay and sign on their phones. "I said to myself, why can't we bring that to our pharmacy?" Shah says. "And I reached out to our pharmacy system vendor BestRx about this, and they were immediately interested in developing this."

BestRx rolled out the new feature by the end of March. "It's one of the best improvements we have in our software," says Shah. Here's how it works. When pharmacy staff scan prescriptions and OTC (over-the-counter) items at the point-of-sale (POS) system, they now see an option to request an online payment by text or email. Patients see the message within seconds and simply click on a link to be taken to a payment page, which also includes their transaction details.

They can make notes on the payment, select pickup or delivery, and also, importantly, sign the payment. "The signature is very important," says Shah, "because that's proof that the medication is sold."

Once payment is made, the transaction is quickly updated in the BestRx POS system and the receipt is printed. "We'd been using the new online payment for a couple of days," says Shah, "when I took another idea to BestRx for improving this new workflow step." What Shah asked for was to have the patient's name printed at the bottom of the receipt, to aid in matching receipts with orders. "Within a couple of hours they updated that in their system," he says. "Now we can see the name as well as any notes at the bottom of the receipt."

Shah has been very pleased with this new payment feature. It's been critical for maintaining efficiency during the pandemic, and Shah sees it being a plus down the road too. "We have many 55-plus communities in our neighborhood," he says, "and they have actually been ordering their basic supplies from me now, like toilet paper and laundry detergent." This new payment option makes this so much easier.

Efficiency Through Integration

Chris Fitzmaurice, Pharm.D., is ScriptPro's director of industry data resources. Fitzmaurice homes in on the company's Advanced Pharmacy Clinical Services (APCS). As he explains it, the key feature of APCS is the integration that it has with its pharmacy management system. This feature, he says, increases the efficiency of the pharmacy. Messages prompted on the pharmacy management system side will indicate that there is a patient who is eligible for a clinical program. The system then asks if the pharmacist or technician would like to

continued on page 24

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enroll the patient and, if so, they can do it and move on with the workflow. On the clinical side, says Fitzmaurice, "We've really tried to eliminate as much as possible duplicate data entry. APCS pulls all the patient data from the pharmacy management system so the patient's demographic information, their prescription information, their insurance, their providers, all that information is already integrated into the system."

The integration also gives the status of where a patient's prescriptions are in the process. If the staff is performing a clinical task then, says Fitzmaurice, they can easily access information to know that the patient's prescription is at verification and just waiting for a pharmacist to verify or the prescription is ready to go and it's being stored in the refrigerator because it's a cold-ship item. This level of integration avoids jumping back and forth between multiple systems or using a system that's been set up with a series of spreadsheets that requires reentering all that information.

"I think the thing that I'm most proud of, beyond the integration, is the fact that we've really honed it specifically for pharmacies and pharmacists," says Fitzmaurice. "I lead a team of clinical pharmacists that designs and builds out our clinical assessments. We try to include disease or drug information that might be relevant to educate patients when counseling them. We have really done as much as we can to focus on what's relevant to a pharmacist and the patient."

Prepacking for Efficiency

Susan Swepston, R.Ph., is the general manager at Remedi SeniorCare Pharmacy of Charlotte, Charlotte, N.C., and she's been in long-term care pharmacy for about 35 years. That experience led her to recognizing Pillvac as the right solution for one of her pharmacy's significant workflow pain points — prepacking controlled substances.

Remedi SeniorCare has the goal of

having 75% of medications prepacked in counts of 30, 28, or 14. "These medications are ready on a shelf when prescriptions come in," explains Swepston, "and all we have to do is take one off the shelf and apply a prescription label to it, rather than take the time to package as it's dispensed." Prepacking is then a huge time saver and really an absolutely necessary workflow step for efficiency in a long-term care pharmacy. And while Remedi SeniorCare of Charlotte does have a large prepacking machine in the main pharmacy dispensing area, this was not a viable solution when it comes to controlled substances.

"I'd worked with a suction-based prepacker in my previous pharmacy," notes Swepston, "and found it was a good tool to have." So when she saw Pillvac, a small unit that uses suction rather than gravity to fill prepacks, she knew it was a good option to meet the needs of her pharmacy. Pillvac resembles a vacuum cleaner and has a piece of plexiglass with 30 suction points attached to the end of a hose. There are several of these attachments, with different-sized suction points. So if you need more suction to lift larger pills, you could switch attachments. Swepston has found that staff can really just use a suction point of one size for all the pharmacy's needs.

"Before getting Pillvac we were hand-filling narcotics prepacks," Swepston explains, "and that's slow and time-consuming. I didn't want to bring medications out from the control's room and onto the floor to use our large prepack machine. That machine can also break pills. Pillvac does not do this. Broken pills are something we really need to avoid, since we're trying to keep an exact count on narcotics." But perhaps the most important feature, according to Swepston, is that the Pillvac unit is very small. "It's portable and does not need a permanent footprint in the pharmacy," she says.

Pillvac has become a critical piece of the workflow for ensuring that the pharmacy is meeting its prepacking goals. It's very simple, as Swepston sees it: "The more prescriptions that we can have available in prepack, the more efficiently the pharmacy runs."

Looking for Positive Impact

Alexander Miguel, VP of operations at Transaction Data Systems (TDS), says when pharmacists think about implementing a new workflow, they should evaluate what's in the system in order to pick the feature that will have the most impact. "It's important to understand how a wide range of features and benefits can positively impact the specific

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business. When a pharmacy makes any changes to their workflow, the end goal is to maximize profitability and efficiency. The workflow system should handle the repetitive and time-consuming tasks for a pharmacy, freeing up the staff to handle patient care. Less time is spent at the computer, and more time is spent with the patient," says Miguel.

Some important questions to ask may include the following:

- Are the features scalable for growth?
- How will the pharmacy have to adapt its day-to-day operations with the changes being implemented?
- Once the workflow is implemented, are all the features required 100% of the time? For example, do the same workflow steps have to be performed on a slow day or when you are short staffed?
- Will software enhancements in the pharmacy management system affect the workflow?
- What role does the point-of-sale system play in workflow? For example, are multiple pickup signatures required?
- What about bin management options?
- Can the workflow options be unique to each store in a multiple-location setting?

What sets TDS apart, says Miguel, is its ability to leverage a large feature set with leading industry partners to give the pharmacy the ability to adapt as needed to their own changing environment and save costs in the process.

"The Clinical 360 portal from TDS is also a huge benefit in powering efficient dispensing and clinical workflows," says Miguel. "It's extremely valuable to deliver these clinical opportunities to increase patient outcomes right into the pharmacy management software, where the prescriptions are being filled, refilled, edited, and verified. The single sign-on capability helps to make the completion of these opportunities as seamless as possible."

New Features for New Workflows

Bianca Bradshaw, Pharm.D., the owner of Elmore Pharmacy in Red Bluff, Calif., found the response to COVID-19 workflows were in the system already and just required communicating with her vendor. "We have been able to deploy several new features that PioneerRx rolled out as it became clear pharmacy workflows were going to have to change," says Bradshaw. "The first new feature eliminates the need for patients to be at the point of sale to sign for prescriptions. PioneerRx was quick to put a convenient little tab in the system that lets us just click to enter COVID-19 in the signature field. This has increased efficiency wonderfully. Without this tab there's the question: What do we put in the signature field? Is everybody entering the same thing? Are they putting COVID or 19 in there? Are they putting just CV? Pioneer solved that problem for us."

Bradshaw has also used her pandemic response as a motivation to finalize setting up the PioneerRx delivery app, which runs on a mobile device. "In our case we're using an iPad mini, and we didn't quite have it all set up, but the pandemic was a push to finish that," she says. This has been very important for the pharmacy's efficiency with demand for delivery increasing. "Our delivery driver can drop the prescriptions, watch the patient come get them, put COVID-19 down for the signature, and he's good to go. He doesn't have to have any physical contact with the patient," she says.

The flow for accepting payments has changed as well; Bradshaw has been pleased by the ability to assure her patients that she can securely store their credit-card details. "We are having to take credit cards over the phone for payment now," she says. "I've been able to confidently tell patients that we can't see the card number after we enter it the first time, but that it will still be available for us to charge without having to take it down again." **CT**

There you have it, snapshots of how the technology used is increasing the efficiency of a pharmacy. The evolution of technology over the years has brought with it a number of benefits in coping with increased prescription volume, immunizations, adherence programs, and the like.

Read more on workflow efficiency at wp.me/p9LtTd-3fN

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Simple Technology Fits Today's Urgent Needs

The response to COVID-19 has caused pharmacy managers to divert staff, money, and energy. Ken Savoie spent hours brainstorming with a local carpenter to improvise a drive-thru window for his Opelousas, La., pharmacy. Brian Kim had to hire a delivery driver quickly for his Leonia, N.J., pharmacy. Capital improvements and staff expansion were not in either one's 2020 strategic plans or budget. All the while, their pharmacies saw spikes in prescription volume and quantity.

These busy pharmacies sought a plug-and-play solution. Hence, Capsa Healthcare noted a significant spike in its Kirby Lester KL1 counter sales directly attributable to the COVID-19 response. The reason is logical: The KL1 is easy, fast, and tiny, and needs no training or interfacing. It instantly takes pressure off staff members who are now counting more 90-day fills with less time to spare.

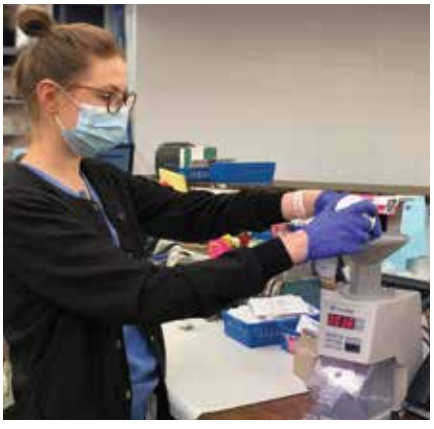
Number-One Feature: Simplicity

JJ Apothecary, which Kim manages, had previously hand-counted every prescription. The strain started to build when customers began requesting more three-month fills (even six months). "My number-one thing was simplicity. Could we take it out of the box and start using it? Could we disassemble and clean it quickly? Was it easy to learn?" Kim says. "A machine could handle counting and save us hours, and wouldn't bog us down — this was an easy decision."

Savoie, who owns three Ken's Thrifty Way pharmacies, has used Kirby Lester counters for years. "Our newest store's volume increased exponentially. The fastest solution was to add another 'Kirby.' We did not need elaborate technology, since we have all our computer checks in place. We just needed a good counter," Savoie says.

Ken Savoie, R.Ph.
Owner, Ken's Thrifty Way
"Our newest store's volume increased exponentially. The fastest solution was to add another 'Kirby.' We did not need elaborate technology, since we have all our computer checks in place. We just needed a good counter."

These two pharmacies are part of a recent trend. "We are counseling pharmacies dealing with new challenges to make fixes that don't add more stress," says Geoff Dutcher, sales manager for Capsa Healthcare. "In times like this, the simplest tool often is the best." The Kirby Lester range of products includes more complete scan verification, C-II inventory, and robotics that can provide workflow relief, error-elimination, and strategic long-term solutions. Dutcher expects that as pharmacies adjust to the "new normal," demand for robust automation will begin to climb.



Sydney Jarrell, Pharm.D., with Ken's Thrifty Way, using a KL1 counting device.

About the Kirby Lester KL1 counting device

The Kirby Lester KL1 is the pharmacy industry's smallest, simplest, and fastest tablet counter. With a footprint about the same size as a counting tray and only 14 inches high, it fits into the most crowded dispensing station or narcotics vault. The KL1 counts almost any tablet or capsule quickly, conveniently, and accurately. It is ideal for narcotics management and physical inventory counting, and superior in every way to manual counting. Cleaning is simple and quick.

Also, consider the Kirby Lester KL1Plus, which combines the fast counting of a KL1 with scan verification to ensure the right NDC and quantity are being filled for each specific patient. The KL1Plus keeps a record of each fill up to 10 years, and includes C-II log and inventory functions. **CT**

Keeping It Personal While Keeping Safe: Pandemic Response and Your Pharmacy POS System

I've spent the majority of my 57 years in and around independent pharmacy. I feel like there's always been a very personal flow to a pharmacy/patient interaction. It usually starts with a greeting and exchange of pleasantries, catching up on news, families, and other personal items. We scan prescriptions, OTC (over the counter) products and other sundries. Then we finalize the transaction by accepting payment and capturing signatures and saying "See ya next time." It's personal, not transactional.

Of course, the specifics have changed over time. New regulations add new pieces to the process: additional signatures, ID checks, and behind-the-scenes interfaces requesting approval for things like PSE (pseudoephedrine) products. At its core, though, point-of-sale (POS) interactions with your patients have always been made up of key components, completed in a predictable order.

These beginning, middle, and end stages have been part of a relatively unchanged workflow since the beginning of retail pharmacy. This stability in process doesn't come from a resistance to change, but because it works well. It allows for a personal connection with each patient while making sure that every transaction adheres to applicable regulations. Today, pharmacies find themselves in an unprecedented situation, where standard practices are being upended. In order to keep patients and staff safe, the transaction workflow must change to accommodate a "social distancing" interaction, supporting less personal models like home delivery, curbside delivery, and drive-thru windows.

Until recently, it's likely that most customer interactions in your pharmacy were initiated by a customer walking through the door and eventually to the drop-off window or cash register. Today, for safety's sake, this beginning stage has changed for many of you. The beginning interaction is often over the phone. Greetings and pleasantries seem far less personal but are no less important.

by Brad Jones, President and CEO, Retail Management Solutions

"We all want to reduce the time of interaction and the chance of infection. A speedy transaction is more appreciated than ever."

Even in-person transactions are now behind plexiglass, making them feel more distant. Suddenly, our interactions seem more transactional and less personal. We all want to reduce the time of interaction and the chance of infection. A speedy transaction is more appreciated than ever. Your POS system can help with the efficiency. But you're still the ingredient that makes it personal. Here are some ideas:

Consider storing credit cards using tokenization.

This reduces physical device interactions and the chances of contamination. Tokenization is the industry standard for securely storing credit card information for card-not-present transactions. With tokenization, the patient's card information is stored in an encrypted fashion at the processor level, and you are provided a token that can be stored with the patient record on the POS and used for future transactions.

Consider preparing orders prior to a customer's arrival.

It reduces physical interaction time. In the event signatures are not required: This allows you to scan, bag, and charge the patient's prescriptions before they come inside or call for pickup curbside. It eliminates interaction with physical devices like payment and signature pads, and the resulting chances of contamination. It reduces the interaction time between patients and staff. In the event signatures are required: You can use your POS system's ability to save and recall transactions to scan and bag the order in advance. When the patient arrives curbside or comes into the pharmacy, you can scan the receipt to recall the transaction, tender to the token (or accounts receivable account), and capture the signature on the signature pad in the store or on a wireless signature device curbside. Once again, you've reduced the interaction time.

Consider offering curbside pickup and home delivery.

If you aren't offering this service, COVID-19 might finally be the catalyst to do so. Today, curbside and home delivery not only offer a safer way to do business, but they are necessary to compete. While these workflows may seem dramatically different from anything we're used to, they help you achieve the same end goal: being there for your patients; supporting their health and wellness; improving their outcomes; and protecting you, your staff, and your patients without sacrificing service, compliance, or efficiency. **CT**

pharmacy forward

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Meeting Pharmacy Purchasing Needs During a Crisis

by Mike Sosnowik
President, PharmSaver

I am sure over the years we have all in our own way expressed the thought of "having seen it all." Retail pharmacy by its very nature puts you in every type of situation imaginable. On top of that, when it comes to the challenges inherent in purchasing the medications for your pharmacy, you come across market shortages, reimbursement challenges, prior authorization battles, and multitiered co-pays. But now in hindsight those all pale in comparison with the recent pandemic declaration.

With the outbreak of COVID-19 each of us has had to deal with runs on products, (hydroxychloroquine and azithromycin, for example) refill timing and quantity issues, general market fear of generic product shortages industry wide, and general fear bordering on panic. Unfortunately, we have seen much of the traditional distribution channels be either unprepared or incapable of reacting to many of these demands. How does limiting a pharmacy to quantities based on the past three to six months' purchasing history (pre-pandemic) help to meet the current demand during a crisis? The net result is having orders where items are either short-shipped or cut after the fact and not shipped at all.

Over the last five to 10 years we have seen some dramatic changes in the pharmaceutical distribution model and how pharmacies use distributors. Whereas in the past one relied either exclusively (95% or more) on your primary vendor, we have seen pharmacies looking for other alternatives. The evolution in technology and market pressures has spurred the rise of analytic purchasing pharmaceutical platforms. While a significant number of pharmacies have "taken the plunge" and given these a try, some still seem to be skeptical as to their utility.

Now the COVID-19 pandemic strikes, and all bets are off. The old distribution system is put to the test and proves inadequate. While the traditional primary vendor still relies on a system where you place your order and hope for the best; the new multiwholesaler platform approach like PharmSaver's functions very differently.

Let's recap how an analytics platform works: A number of wholesalers/distributors have the ability to upload and maintain in a real-time manner catalogs through a cloud-based platform. Pharmacies can use these platforms either in a manual or preferably automated fashion. The advantage of automation is the ability to shop for the best opportunities by price, NDC specificity, package size, or general availability while maintaining compliance with any contractual obligations that pharmacies may have with their primary vendor.

Once items are identified and assigned to a distributor, this being done based solely on rules that are preset by the pharmacy, wholesaler/distributor orders are created. In using a platform such a PharmSaver, not only are all of the above accomplished, but when that order is placed the system uses a "web service" that actually checks and confirms inventory in real time. This capability confirms that the quantity placed is both actually in stock and is now allocated to your pharmacy. The system will also advise pharmacies if either a full quantity is not available, (for example, the order is for 10 but only eight can be confirmed), or will let a pharmacy know that in an order for six only three will ship, as this is the wholesaler's limit on this particular product. With this information available in real time, the pharmacies can move on to check out the edited order and/or, additionally, look to other distributors for the balance of product they require to meet their needs. The power of this instantaneous inventory check and order confirmation results in the PharmSaver system regularly delivering fill rates of 99.5% and above.

The generic pharmaceutical market has been and will continue to be a commodity market. With no time constraints one can manually go from vendor to vendor and often successfully find a lower price. However, is there really any instance where you have no time constraints. The reality of running an independent pharmacy is that time is your most valuable commodity and the one where you have the greatest challenges in management. Tools that can both save time and increase efficiency can and do prove themselves invaluable.

In conclusion, while each of us fervently hopes that we never come close to what we have been experiencing with COVID-19, we have learned that we need to be cognizant and prepared. Additionally, going through this situation we have seen firsthand the utility of the analytic purchasing approach. Finally, our premise is that these trying times have truly validated both in concept and practice the utility of using the right analytics platform to enhance your business. **CT**

Telepharmacy During the COVID-19 Pandemic and Beyond

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

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

THE COVID-19 PANDEMIC

has significantly impacted the world in many ways, and its repercussions will no doubt continue to be felt for years to come. It may seem like it's all negative at the moment, and it certainly is the most significant global health and economic event of most of our lives, but time will tell if any good will result. While the lives lost and personal hardships brought about by the pandemic are truly devastating, and there is no positive spin to place here, there may be some lessons learned. In business, it could be that this experience forces us to make changes in business, education, and healthcare practices that, when reflected upon in the not-too-distant future, are objectively seen as legitimate alternatives. Necessity is the mother of invention. The temporary move to remote meetings, remote education, and remote healthcare delivery was a necessary one. But this seemingly temporary shift that we were all forced to make may lead to the discovery of better, more effective approaches and new best practices, resulting in lasting change and progress. One specific area in the world of pharmacy that is being impacted significantly, at least temporarily, and that is in need of advancing, is telepharmacy. Telepharmacy has the potential to increase healthcare delivery while decreasing viral spread. We will define telepharmacy, view its scope before and during the current pandemic, and discuss telepharmacy solutions that you can implement today.

TELEPHARMACY BEGINNINGS

Telepharmacy, which falls under the umbrella of telehealth, refers to the remote delivery of pharmaceutical care and services through the use of information and communication technologies. For instance, telepharmacy can potentially be used to deliver various aspects of medication therapy management, chronic disease management, transitions of care, and ambulatory care, all remotely. It can be used for remote order-entry review and IV-admixture review at inpatient facilities. Telepharmacy can be used extensively in retail settings. For instance, an off-site pharmacist using a complete telepharmacy solution can remotely review prescriptions and supervise on-site technicians to ensure proper procedures are followed, including in the dispensing of medications. Remote patient counseling and drug utilization review are other common telepharmacy use cases, both in inpatient and outpatient settings. Of course, state and federal regulations must be followed regarding the implementation and utilization of telepharmacy solutions, a point we will revisit shortly.

TELEPHARMACY BENEFITS

Telepharmacy, when properly implemented, offers many potential benefits to pharmacies, pharmacists, and patients. Regarding pharmacies and pharmacists, benefits may include reduced operating costs, increased operational efficiency, the enhanced clinical role of pharmacists, and the ability to work remotely. In regards to patients, telepharmacy expands access to healthcare services, primarily in rural and medically underserved areas, eliminating barriers to patient care and improving patient outcomes. Another obvious benefit for patients, pharmacists, and pharmacy staff during the current COVID-19 pandemic is that telepharmacy eliminates the need for face-to-face contact, thereby decreasing infection risk and helping to "flatten the curve." In this way, it enables patients safe access to their pharmacist, while also protecting pharmacists and pharmacy staff from infection. Acknowledging this, the CDC recommends that pharmacists make every effort to use telehealth and telepharmacy strategies when "providing patients with chronic disease management services, medication management services, and other services that do not require face-to-face encounters." Pharmacists have traditionally been the most accessible members of the healthcare team. And during this time, patients may be even more reliant on pharmacists for care, given that access to other healthcare providers and services may be limited. In rural areas, pharmacies may be the only location open for essential healthcare needs.

Although telepharmacy has the potential to expand the delivery of effective

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healthcare services, regulations have historically impeded implementation. As we all know from experience, healthcare is heavily regulated, with the primary purpose of protecting patients. Overall, this is a good thing, but it does have unintended consequences, such as creating barriers to the delivery of healthcare services. Unlike in education and most other businesses outside of healthcare, a pharmacist cannot simply hop on FaceTime, Zoom, or Skype to provide billable services to a patient, at least under normal circumstances. Compliance must be maintained, as appropriate, with Joint Commission standards, HIPAA and other federal regulations, and state regulations, which vary by state. That said, the Secretary of Health and Human Services (HHS), was recently (March 2020) given authority to waive certain restrictions on telehealth during a declared public health emergency, such as the current COVID-19 pandemic. In response, the secretary loosened restrictions regarding the types of devices that can be used for telehealth. As a result, providers can in fact use services such as FaceTime, Zoom, or Skype on their personal devices (e.g., phone, tablet, laptop) to deliver services remotely, currently. But this is a temporary exception, only allowed during declared public health emergencies.

The COVID-19 pandemic has also moved some state boards of pharmacy to temporarily update regulations specifically regarding the application of telepharmacy. Leading pharmacy organizations, including the American Pharmacists Association, the National Association of Chain Drug Stores, and the National Community Pharmacists Association, released a joint set of policy recommendations that are "critical to addressing the COVID-19 pandemic," many of which relate to telepharmacy, and many state boards of pharmacy have made changes to expand the role of telepharmacy, allowing more activities to be performed remotely. For example, Alabama and Georgia have authorized remote order verification under certain circumstances, and both Tennessee and Texas have authorized the use of telepharmacy for patient counseling, whether or not in-person counseling was performed prior. Again, allowable activities vary by state, and regulations continue to evolve, so be sure to check your state board's website for the most up-to-date information for your location. Also, keep in mind that most changes are temporary, and will likely be reversed after the declared public health emergency ends.

SOLUTIONS AVAILABLE

There are fully compliant telepharmacy and telehealth solutions currently available that, depending on your needs and current setup, you could implement and use during the COVID-19 pandemic and beyond. ScriptPro Telepharmacy is a complete telepharmacy system that integrates with other ScriptPro pharmacy systems. It includes workflow, prescription dispensing, and electronic tracking controls with audio-visual connection to remote pharmacies, allowing a pharmacist to oversee a technician and counsel patients from a distance. Other solutions focus primarily on services related to virtual patient contact and counseling. TalkWithYourDoc.com, recently launched by Get Real Health (a subsidiary of CPSI), is a web-based telehealth solution that enables videoconferencing and remote file-sharing between patients and providers. It is EHR (electronic health record) agnostic, can connect to many patients' medical devices, and includes both Android and Apple apps. CPSI is offering TalkWithYourDoc.com free of charge to all healthcare providers in the United States, through the end of 2020. CGM ELVI is a similar product produced by CompuGroup Medical. It works with any EHR, offers web-based videoconferencing and file-sharing, and includes Android and Apple apps. It also incorporates a virtual waiting room.

THE TIPPING POINT

We are happy to see regulations being relaxed in order to accommodate telehealth and telepharmacy services, even if the changes are only temporary, as these modalities of healthcare delivery have the capability of expanding care while at the same time limiting viral spread. However, we hope to see permanent regulatory changes that eliminate barriers to the implementation and utilization of telepharmacy — especially across state lines — and that improve patient care, such as the continued ability to use FaceTime, Skype, Zoom, and similar services that are familiar to patients. Might it be that this pandemic is the tipping point for many of the telepharmacy services that pharmacists are uniquely qualified to provide? So, what experience do you have with telepharmacy? What tools have you used or considered using? We welcome your comments. **CT**

Joshua C. Hollingsworth, Pharm.D, Ph.D., is an assistant professor, Pharmacology and Biomedical Sciences, Edward Via College of Osteopathic Medicine, Auburn Campus, and Brent I. Fox, Pharm.D., Ph.D., is an associate professor in the Department of Health Outcomes Research and Policy, Harrison School of Pharmacy, Auburn University. The authors can be reached at jhollingsworth@auburn.vcom.edu and at foxbren@auburn.edu.

CCPA: Requirements and Consequences

Tim Kosty, R.Ph., M.B.A.

ON JANUARY 1, California implemented the California Consumer Privacy Act (CCPA) that was passed in 2018. The CCPA was a compromise in place of a more aggressive approach passed in a 2017 ballot initiative. The ballot initiative was rescinded as part of the negotiations to pass the CCPA. Here we review the reasons California politicians felt the need to pass the CCPA, specific provisions, and the potential impact on consumer privacy laws.

CONTROL OVER CONSUMER INFORMATION AND USE

Two high-profile programs illustrate the consumer privacy issues. *The Wall Street Journal* reported on Google's "Project Nightingale" (*WSJ*, Nov. 11, 2019). Google contracted with Ascension to obtain patient healthcare data from Ascension's 2,600 hospitals, doctors' offices, and other facilities. As a result of that project, 150 Google employees have access to data on millions of patients with the stated purpose to "design new software, underpinned by AI (artificial intelligence) and machine learning, that zeroes in on individual patients to suggest changes to their care," says the *WSJ* article.

Google's project goals are "ultimately improving outcomes, reducing costs, and saving lives," says Tariq Shaukat, president of Google Cloud. Google is not charging Ascension for the project. Ascension stated that "it hopes to mine data to identify additional tests that could be necessary or other ways in which the system could generate more revenue from patients," according to the article. This program is protected under the healthcare operations exemption under HIPAA. However, how many Ascension patients would proactively agree to share their personal healthcare information with Google?

The second example, reported in the *WSJ* on Aug. 22, 2019, concerns the disclosures made by FamilyTreeDNA to the FBI. According to author Amy Dockser Marcus, the FBI approached the FamilyTreeDNA president about helping solve heinous crimes by using the genetic information from the company's customers to generate investigative leads. When a match was found, the FBI was provided information on the customer, including contact information and percentage of DNA in common with the suspect. FamilyTreeDNA received an avalanche of negative publicity and was forced to publicly apologize for its actions in an attempt to placate customers.

These examples bring up two questions:

What have I signed up for?

How do you create regulations and plan for advances in technology?

Consumers seem to value convenience over privacy. For example, how many readers have read the cookie or privacy policy of their favorite websites? I haven't met anyone who reads these policies; we are more interested in the information we are seeking than protecting our web-surfing habits. These issues led California to debate and pass the CCPA.

CALIFORNIA CONSUMER PRIVACY ACT OF 2018

The California Constitution includes the following:

- The right of privacy among the "inalienable" rights of all people, "a legal and enforceable right of privacy for every Californian."
- Allowing consumers to control use of their personal information.
- The reasonable expectation of privacy even when citizens disclose their personal information to a third party.

The findings and declarations in the CCPA preamble state:

- Businesses profit from buying and selling personal information for commercial purposes.
- Californians have lost control over their ability to protect and safeguard their privacy; that's why the CCPA needed to be passed and implemented.
- Consumers are in a position of relative dependence on businesses that collect their information.

Consumers should be able to control the use of their personal information and stop businesses from selling it.

CALIFORNIA CONSUMER RIGHTS

The following list is a summary of the CCPA main provisions concerning consumers' privacy rights:

- The right to know what personal information (PI) a business has collected

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about them, where it was sourced from, what it is being used for, and whether it is being disclosed or sold and to whom.

- The right to "opt out" of allowing a business to sell their PI to third parties
- The right to have a business delete their PI, with some exceptions.
- The right to receive equal service and pricing from a business, even if they exercise their privacy rights under the CCPA.

BUSINESSES REQUIRED TO COMPLY WITH THE CCPA

The CCPA applies to businesses that conduct business in California. One of the following three criteria must be met.

- Annual gross revenues of $25 million.
- Buys or sells the personal information of 50,000 or more consumers.
- Derives 50% or more of its annual revenue from selling consumers' PI.

Not-for-profits, small companies and/or those that don't traffic in large amounts of personal information, and do not share a brand with an affiliate that is covered by the act, will *not* have to comply with the act.

RIGHT TO SAY NO TO THE SALE OF PERSONAL DATA

A business that sells consumers' personal information must disclose that information to consumers for the consumer to have the right to opt out. The consumer has the right, at any time, to direct a business that sells personal information about the consumer not to sell the consumer's personal information. A business that received notice from a consumer not to sell the consumer's personal information shall be prohibited from doing so. Finally, consumers can reverse course and authorize sale of PI after they have opted out.

BUSINESS COMPLIANCE

Businesses required to comply with the CCPA must make available to consumers two or more designated methods for submitting requests for information — at minimum a toll-free telephone number and a website address. Businesses must disclose and deliver the required information to a consumer free of charge within 45 days after receiving a verified request. Businesses must ensure all individuals responsible for handling consumer inquiries about the business's privacy practices are informed of all the requirements. Finally, a business is not required to provide information to the same consumer more than once in a 12-month period.

EXEMPTIONS

The CCPA lists several exemptions to the law. Specifically, it does not apply to:

- Protected health information (PHI) that is collected by a covered entity governed by HIPAA. Requirements for handling and managing PHI and the covered entity from the federal privacy rule shall apply.
- Businesses that collect and sell a consumer's personal information if every aspect of such commercial conduct takes place entirely outside of California.
- Cooperation with law enforcement agencies concerning conduct or activity that the business reasonably and in good faith believes may violate federal, state, or local law

PHARMACY IMPACT

The impact on pharmacy operations with the CCPA should be minimal with the HIPAA exemption. However, the CCPA will impact big retailers, with their consumer loyalty programs and other consumer engagement strategies. The CCPA will require retailers with operations in multiple states to decide whether to implement separate California processes or adopt the new CCPA across all states to ease administrative overhead. At a minimum, the CCPA raises awareness on patient privacy concerns and should cause management and their IT departments to revisit security processes and procedures.

UNINTENDED CONSEQUENCES

Time will tell whether the CCPA will be a model consumer privacy law for other states to adopt similar laws or privacy regulations. For businesses that must comply, the CCPA will create higher administrative costs, including internal auditing of compliance with new policies and procedures. The CCPA will create litigation exposure that will likely be tested sooner rather than later. Will this be a new secret shopper service that tests companies' compliance? Finally, the CCPA has the potential to slow down innovation leveraging the latest technology and data analytics.

WILL IT IMPROVE CONSUMER PRIVACY CONTROLS?

The CCPA will likely have a minimal impact on changing consumer behavior. Consumers want convenience and are willing to give their personal information to businesses that provide the services desired. There will be some consumers who opt out and force businesses to demonstrate compliance. The result is that technology will keep changing faster than legislation can hope to keep up. **CT**

Tim Kosty, R.Ph., M.B.A., is co-founder of Pharmacy Healthcare Solutions, and has more than 30 years of pharmacy experience, predominantly in upper-level management. He can be reached at tkosty@phsirx.com.

Welcome to the "New Normal"

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

MANY OF US MAY NOT have imagined the global situation with COVID-19. It is impacting all aspects of our professional and personal lives. Getting accustomed to the "new normal" of social distancing and stay-at-home orders during the COVID-19 pandemic is likely challenging for many Americans. Addressing the pandemic has turned homes into classrooms and places of business on a widespread basis, and the role of technology as a backbone cannot be understated.

When we are able to move through managing the pandemic response and emerge on the other side, there must be some lessons to learn from this pandemic, both in the near and long term. And I would like to challenge all of us to think about how our personal and professional lives may become better as a result of what we are learning from this unprecedented experience. Also, consider how our states and country may take what we've learned and apply it to enhancing health business and care processes and practices in the future.

We are witnessing new measures being implemented in the pharmacy (and all retailing) and healthcare community that may serve to provide better access to care, at lower cost and in a more sanitary environment. Examples include more flexibility for patients to visit with their providers through a variety of technologies and media, the emphasis and expansion of telehealth visits, and expanding pharmacy delivery services.

We are learning to change and adapt more quickly. In the past four weeks, in the pharmacies where I have been working, numerous innovative preventive measures have been implemented rapidly, including:

- Emphasizing curbside and drive-thru usage.
- Implementing social distancing procedures using a variety of visual markings/signage and clear barriers to contact.
- Using new protocols to manage and control viral exposure in the pharmacy, including processes to minimize frequent surface contact, including signature logs.
- Rapid updating of systems to ramp up medication delivery services.
- Hourly handwashing and workstation sanitizing.
- Using personal protective equipment.
- Working with patients to manage medication needs to avert creating shortages.
- Providing remote counseling, education, and ongoing follow-up.

Out of necessity, pharmacists have now created an environment that is more attuned to infection control but that still allows us to provide patient care. Perhaps some long-term improvement and efficiencies will be the result of this new normal?

Pharmacy stands to benefit as well from states easing access to pharmacist-provided services and from other waivers that will allow us to "step up to the plate" during these challenging times. I believe patients are becoming more appreciative of our advice and counsel as they seek to assess their situation and home environment. Pharmacists are using their compounding skills to ease the shortage of hand sanitizer. They are providing careful assessment and recommendations to patients to ease panic and hoarding behavior. They have been approved to order and administer COVID-19 tests to their patients by the Department of Health & Human Services (HHS) (see: www.hhs.gov/about/news/2020/04/08/hhs-statements-on-authorizing-licensed-pharmacists-to-order-and-administer-covid-19-tests.html). And the profession will be on the front lines of providing immunizations when a COVID-19 vaccine is introduced.

THE MARCH TOWARD A VACCINE

The rapid development of a COVID-19 vaccine is underway by several firms, and the Gates Foundation is directing funds to an innovation generator. When a vaccine is approved, pharmacists stand ready to put their immunization services into overdrive to meet what will no doubt be high

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demand throughout the globe. I reflected on this important role in my January/February *ComputerTalk* column.

Not everyone agrees, however. During Minnesota Pharmacy Legislative Day in Saint Paul several weeks ago (with COVID-19 not yet declared a pandemic) we shared our day with the anti-vaccine parental rights group that was lobbying for expanded choice in whether to vaccinate their children. We were prepared to have a respectful conversation and had a genuine interest in listening to their concerns without judgement and sharing the Capitol's halls with respect. Unfortunately, the other group was not as respectful. While they did give us a wide berth and refused to engage in any conversation, they had no issues "photobombing" our group picture on the Capitol steps with their placards and signs and shouting negative statements at us for our role in providing immunizations.

In many of our meetings, legislators expressed concern about the group's lobbying and messaging and thanked us for being there and for our support of public health. They showed us the primary talking points from the anti-vaccine group, including their concern about the rigorousness of the vaccine approval process, the inability to directly sue vaccine manufacturers, and the slowness of seeking relief through the National Vaccine Injury Compensation Program (VICP). The VICP is a federal "no-fault" system designed to compensate individuals or families of individuals who have been injured by covered childhood vaccines, whether administered in the private or the public sector. The protesters have abandoned arguments about vaccines and autism because of the scientific evidence that has emerged showing no links between them, so they have substituted other arguments in their place. Expanding immunization exemptions for parents is unlikely to happen in our state, especially in light of the continued occurrence of measles cases and now the coronavirus outbreak.

All states require most parents to vaccinate their children against some preventable diseases, including measles, mumps, rubella, and whooping cough, in order to attend public school. These laws often apply to those in private schools and day care facilities as well. There are often medical exemptions, and the majority of states also allow exemptions for religious reasons. Seventeen states permit other exemptions — allowing families to opt out of school vaccination requirements for personal or philosophical reasons. California, Mississippi, and West Virginia prohibit nearly all exemptions.

The recent COVID-19 outbreak and the related health risks have made many wonder, where is the balance between the protection of public health (and herd immunity) and personal liberty? The courts have repeatedly held that when a public health intervention is necessary to safeguard the majority of the populace, individuals generally can be required to give up some personal liberty, particularly if that liberty is tied to a government benefit like school. Regardless of the protests against stay-at-home orders, the fact remains that widespread testing and vaccination will be necessary for us to get beyond the new normal.

When a COVID-19 vaccine is introduced through this amazing innovation, I wonder how the anti-vaccine parental rights group will react and if they will continue to protest against immunization mandates. Perhaps that will be determined by how close to home COVID-19 strikes. Stay tuned. **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.

COVID-19 Resource Page

www.computertalk.com/covid-19-resources/

Deploying Pharmacy Technology in the COVID-19 Response

A sampling of what technology vendors are doing to support pharmacists: wp.me/p9LtTd-2WH

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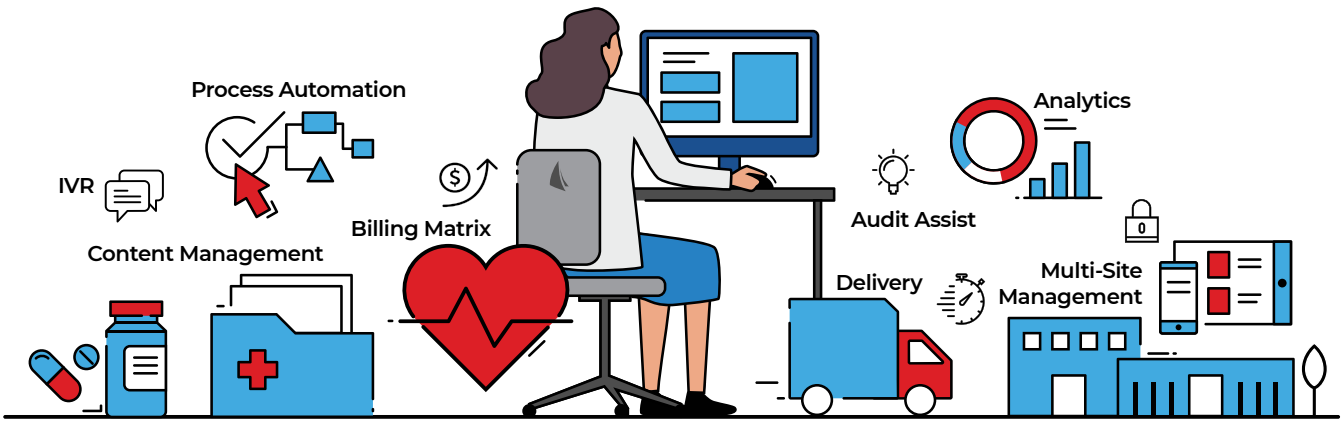

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