computertalk
JULY/AUGUST 2020 FOR THE PHARMACIST

2020 Chain Market Report

Key findings from our annual survey on where the chains stand with technology.

story begins on page 19

Clinical Services in the Pharmacy During COVID-19

Be like Miral-

Save valuable time without losing valuable space.

Do you need affordable and reliable tabletop counting technology but lack counter space? The RM1™ is a compact, vision-based tabletop counting system perfect for growing or space-limited pharmacies. The RM1 quickly and accurately counts solid oral medications, has an easy-to-clean surface and saves you valuable time without taking up scarce counter space. Less than 8 inches tall and lightweight at only six pounds, the RM1 packs efficiency and affordability into one powerful and portable automated counting system.

See the future of pharmacy automation and what it can do for you.
Visit rxmedic.com or call 800.882.3819.

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

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

RxMedic

Framework LTC®
A SoftWriters Solution

CASE STUDY SPOTLIGHT:

Gayco Healthcare Maximizes Pharmacy Potential with FrameworkECM™

The Challenge:

Gayco Healthcare prides itself on making life better for long-term care residents in their local and neighboring communities. Gayco subscribes to the Entrepreneurial Operating System (EOS), and uses Culture Index to identify, manage, and motivate staff to reach their fullest potential.

With digital tools, Gayco feels confident in delivering pharmaceuticals with integrity and excellent customer service. There are still challenges, however, that Gayco feels it could overcome with the right resources in place.

"What we need are systems, software, and platforms that make what we do easier, more reliable, efficient, and it has to be spot on."

Jon Martin, *Chief Operating Officer*

The Solution:

Gayco partnered with FrameworkECM, the leading content management system, to simplify processes while improving business practices.

The implementation of FrameworkECM has brought improvements to Gayco's workflows, centralized order processes, and changed the way they can do business.

Revolutionize the way you manage documents at scale with the power of FrameworkECM, a FrameworkLTC solution, by visiting frameworkltc.com today.

THE RESULTS

- ☑ Increased pharmacy velocity with **53% of refills coming into the system cleanly**, without need for additional handling from staff.
- ☑ **Automated workflows replace manual oversight** of folders and documents so the team can focus on customers, not clicks.
- ☑ **One global process maximizes staff potential**, making training easier and building confidence to the team.
- ☑ Order entry has **increased production per hour**.
- ☑ **Barcoding functionality** now saves time and manual triaging effort by automatically moving documents to where they belong.

frameworkltc.com
412.492.9841
cam@softwriters.com

computertalk®
FOR THE PHARMACIST

July | August 2020
The intersection of technology and management.

by ComputerTalk *Staff*

In our annual survey of the chains we find that technology-based solutions have become more important than ever. Despite the disruption the coronavirus has caused, pharmacy and its technology partners appear to have weathered this unprecedented event, and continue to invest in technology solutions to increase the efficiency of the workplace. story begins on page 19

Plus... Boosting IVR's Benefits

A robust IVR system is a given in busy pharmacies today, and when it's integrated with a phone and pharmacy system there are additional benefits. Erich Cushey, co-owner of a three-store chain, shares how his IVR system has allowed his pharmacy to grow. pg. 23

departments

pharmacy forward*

features

Sign up for our weekly eNewsletter at
www.computertalk.com/enews-signup/

*Sponsored Content

PioneerRx Pharmacy Software

Not All Pharmacy Systems are Created Equal

WERE YOU PREPARED FOR CRISIS?

PioneerRx prepares its pharmacies to thrive - no matter the changing conditions. With a strong foundation of robust, yet agile software, your pharmacy can be ready for any situation.

During this pandemic, PioneerRx has equipped pharmacies to adapt workflow to operate more efficiently and better serve patients.

- Electronic patient education with video for all customers
- Best practices guide for curbside, drive-thru, and delivery workflow
- Two-way SMS / MMS patient communication in workflow
- Photo and GPS delivery confirmation to eliminate signature capture
- System notification of orders in process without a credit card on file

Request Demo: 866.201.8958 · **PIONEERRX.COM**

computertalk for the Pharmacist
www.computertalk.com
Volume 40, No. 4
July/August 2020

ComputerTalk (ISSN 0736-3893) is published bimonthly by ComputerTalk Associates, Inc. Please address all correspondence to ComputerTalk Associates, Inc., 492 Norristown Road, Suite 160, Blue Bell, PA 19422-2339. Phone: 610/825-7686. Fax: 610/825-7641.

 Annual subscription in U.S. and territories, $50; in Canada, $75; overseas, $95. Buyers Guide issue only: $25 Printed by Cummings Printing.

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

Letting the Docs Dispense

THAT WAS THE HEADLINE OF a *Wall Street Journal* editorial on June 12. "Instead of forcing patients to stand in line at a drugstore to fill their prescriptions, it would be easier and cheaper if these patients could get their meds directly from the doctors prescribing them," was the opening statement in the editorial.

This position by the *Journal* shocks me. I am glad that the American Pharmacists Association and the National Community Pharmacists Association sent a joint letter to the editors of the *Journal* taking issue with this position.

It seems to me that the editors did not do their homework before penning such an absurd editorial. Can you picture physicians putting up with DIR (direct and indirect remuneration) fees or PBM (pharmacy benefit manager) audits, investing in and maintaining inventory, and taking on all the other responsibilities of pharmacies, not to mention complying with DEA regulations and reporting to PDMPs (prescription drug monitoring programs)? Bottom line: I don't think it would be "easier and cheaper" to shift the burden to prescribers.

Also, the electronic health record systems used in physician practices would have to be reconfigured to do what the pharmacy systems now do to process and bill prescriptions. The medical community is not awash in cash to absorb this cost. This just isn't going to happen.

Then there is the refill issue. The IVR (interactive voice response) systems and websites would need to be refreshed to allow ordering refills and sending reminders that these prescriptions are ready for pickup.

A physician practice would be faced with increasing its staff and its overhead to handle prescription dispensing. So where would the cost savings come from?

One thing that would be lost with physician dispensing would be the ability to sync up prescriptions for refills, when the patient is seeing physicians in different specialties. Med sync is something pharmacies have implemented to increase medication adherence and improve outcomes.

It is obvious that the editors at the *Journal* are not aware of the investment pharmacies have made in technology to run an efficient operation and provide a high level of patient care. **CT**

Take your pharmacy beyond the box with...

Retail Management Solutions

We'll support you every step of the way with innovative point-of-sale based tools, for your unique pharmacy.

Curbside, Delivery and Drive-thru solutions available.

www.rm-solutions.com

1.877.767.1060 | sales@rm-solutions.com | Follow us on Facebook, LinkedIn and Twitter

PharmSaver has announced that it will alert pharmacies when savings are available by changing the package size of an item in the shopping cart and will also display saving opportunities by switching to a different manufacturer.

The company has also implemented additional search options for selecting drugs beyond the standard name and NDC (national drug code) lookups. Pharmacies can search by GPI (generic product identifier) to find all generic equivalents with a match on the last six digits of the NDC to return only matching NDCs. A search can also include keywords like AND, OR, and NOT, or use the wildcard "*" to search for the best price, short-dated product, or brand items from a single wholesaler.

Special shipping requirements for hazardous or heavy items that may require ground shipping, even if minimum overnight shipping requirements are met, are seen immediately in the shopping cart. A special icon will display refrigerated items requiring special handling that may require a slightly earlier checkout or may not be shipped until the next business day.

PharmSaver says that all of these features are available to pharmacies at no cost and are designed to save time.

Pharmacies now have the ability to wirelessly collect patient copays through **Micro Merchant Systems'** newly released PrimeRxPAY functionality. This provides a solution for pharmacies looking for a way to offer contactless transactions, with the added benefit of seamless records management.

"PrimeRxPAY was originally intended to provide patients with a convenient, flexible option for completing their copay transactions," says Akbar Merchant, the company's president and owner. "Instead, given the critical circumstances in which pharmacies now operate, PrimeRxPAY will serve as essential tool in allowing pharmacies to provide a contactless payment experience."

The way it works is that a patient receives an automatic text or email notification that a copay is due. The message includes a URL link that directs the patient to a secure payment portal. Once the patient's credit card information is submitted, the copay is processed through an online payment processing service. Once this is completed, funds are automatically deposited in the pharmacy account and a patient receipt is generated. PrimeRxPAY is available to PrimeRx users at no charge.

Capsa Healthcare has announced that its **Kirby Lester** KL-SR robot features newly designed universal cassettes with virtually no chance for human error when changing a medication. The KL-SR robot eliminates the common problem with traditional pharmacy robot cassettes. Self-calibrated cassettes are convenient, but are subject to falling out of calibration and miscounting, thus requiring regular re-calibration. And pre-automated cassettes are NDC specific, so new cassettes could be needed after a wholesaler medication source switch.

According to the company, the KL-SR bridges that gap by using digital image processing technology to auto-calibrate cassettes. All cassettes can be calibrated to a new NDC on-site at any time. The medication database contains precise measurement for common NDCs, and any cassette will auto-adjust and lock in while docked in the KL-SR cassette station. Cassettes also have a dual-lock security feature to prevent unauthorized access.

Christopher Thomsen, VP of business development for pharmacy automation, sees the KL-SR as a market changer. "The KL-SR is essentially the first new vial-filling robot in more than a decade. Every other robot before has been just incremental improvements," he says.

The KL-SR automates 108 high-moving tablets or capsules, which account for 50% or more of daily prescriptions. The KL-SR is the eighth new product launch in a decade for Capsa Healthcare's Kirby Lester brand.

Change Healthcare, headquartered in Nashville, Tenn., has acquired Fort Worth-based **PDX**. According to the announcement, this transaction complements Change Healthcare's acquisition of eRx Network. The combination of Change Healthcare, eRx Network, and PDX is viewed as resulting in faster, more integrated development and cross-selling opportunities for Change Healthcare's combined portfolio of pharmacy network, software, and analytics solutions.

"For over 30 years, PDX has played a critical role in helping pharmacies streamline operations and leverage automation and business intelligence — essential elements in an increasingly competitive retail pharmacy landscape," says Neil de Crescenzo, president and CEO of Change Healthcare.

RxMaster Pharmacy Software has reported that it has integrated PDMP (prescription drug monitoring program) data into the pharmacist workflow to provide real-time data at the point of care. RxMaster automatically analyzes controlled substance data in a patient's history in real time to provide patient risk scores and

detailed usage reports. According to Larry Brantley, CEO of the company, this integration allows for a more efficient clinical workflow-based solution.

"The RxMaster Pharmacy Software allows a pharmacist to quickly access a patient's complete PDMP history during the fill process, without the hassle of having to log in to the PMP website to remain compliant with state regulations. The pharmacist can quickly identify patients who may be at risk," says Brantley. The new feature is available to all RxMaster users.

Datarithm reports that it has continued to impress pharmacies with its comprehensive suite of inventory management software. The technology provides a complete view of the enterprise, as well as individual stores, with a drill-down capability. Additionally, the 24/7 cloud-based system means the data can be accessed from anywhere, eliminating the need to be on site.

The company combines advanced algorithms, dispense histories, and trend analyses to forecast future demand and then automatically resets replenishment points based on forecasted demand and store preferences. Applications such as store-to-store inventory transfers, "dead" inventory management, reorder point calculations, and automated wholesaler returns make managing a multichain inventory seamless. "We pioneered the development of store-to-store inventory transfer— a faster, more effective way to allocate the medications an enterprise may or may not need to reduce overall costs while increasing cash flow," says David Belinski, CEO.

Datarithm inventory management software is designed to free up pharmacists' time and provide more control of the prescription drug inventory in one easy-to-use hub. Learn more at www.datarithm.co.

RedSail Technologies and **OmniSYS** are partnering to deliver clinical services to community and long-term care pharmacies.

OmniSYS has developed an intelligent, patient-centric solution that identifies gaps in a patient's immunization history as well as opportunities to offer companion vaccines. In addition, OmniSYS provides guided documentation to capture all the elements necessary for reimbursement and reporting, and manages the entire claim process from submission to remittance and proactive denial management. "Through our new RedSail Advantage program, our customers can sign up for services offered by OmniSYS that will allow them to provide additional clinical services, create new revenue streams, and operate at the top of their license," says Kraig McEwen, CEO of RedSail Technologies.

Many clinical services offered through the pharmacy can fall under medical coverage. Immunizations would be one such service.

"As partners, we are committed to working together to ensure that RedSail customers have all the necessary tools to provide clinical services, such as immunizations and point-of-care testing, and receive maximum reimbursement for their time and expertise," notes John King, OmniSYS CEO.

Yale University has developed an app called **Hunala** that aims to be "Waze for coronavirus." Led by Sterling Professor Nicholas Christakis, a physician and social networks expert, with colleagues in the Yale School of Engineering and Applied Science, the free app provides a daily snapshot of personal and regional risk for COVID-19 based on data from the Centers for Disease Control and Prevention (CDC) and users' self-reported health and demographic information.

Just as Waze relies on crowd-sourced data to provide real-time updates of traffic conditions in order to redirect drivers to less-congested routes, Hunala relies on daily inputs from users to provide a real-time look at coronavirus risk based on individuals' associations, activities, and health status. The app's effectiveness at assessing COVID-19-related risks improves as the number of users grows. Within two weeks of the app's launch 3,000 people had signed on.

When users download Hunala, they are prompted to enter basic information about themselves, including location, age, health history, prior positive tests for COVID-19, and whether they've been in large gatherings in the past 24 hours. Each day, the app asks users for updated information. In return, it adjusts two color-coded dials, one representing their regional and one their personal risk, from low (blue) to high (red).

During sign-up, users also list people from their phone contacts who are close family and friends. These contacts receive notification that someone they know has joined Hunala and an invitation to join. A person's social network helps the app assess risk because the disease spreads from person to person. Hunala can be downloaded at hunala.yale.edu.

"A person closer to the center of the network is at higher risk," says Christakis. "Popular people are more likely to get infections early in the epidemic." **CT**

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

Six Things Every Pharmacist Should Know About CPESN Networks

by Bruce Kneeland

Part one of a two-part series on the success of the Community Pharmacy Enhanced Services Networks, a program that allows a pharmacy of any size to expand its scope of practice and open doors to new revenue streams.

THE CPESN MOVEMENT IS PRIMARILY directed toward small-chain and independent community-based pharmacies. Still, the success of the program is having a ripple effect on many other aspects of the profession. That's because CPESN networks are successfully expanding the scope of pharmacy practice and at the same time opening up doors to important new revenue streams.

So, no matter your practice setting, here are six things every pharmacist should know about the CPESN program.

ONE: CPESN USA is the first clinically integrated network (CIN) of pharmacies. A CIN is a sophisticated legal arrangement that allows a network's leaders to sign contracts for services the network provides. The CIN legal structure provides antitrust exemptions, allowing separately owned pharmacies to work together under tightly regulated boundaries.

For the past four years CPESN USA has been working with forward-thinking pharmacy owners all across the country and helping them form local CPESN networks. According to Joe Moose, Pharm.D., owner of Moose Pharmacy in Concord, N.C., and a leader in the movement, a key factor for the success of the movement is local leadership.

Joe Moose

As of July 1, 2020, CPESN USA says it has 49 local networks and more than 2,500 participating pharmacies.

Another foundational principle of CPESN USA is that of vendor neutrality. This means any pharmacy that qualifies can join without regard to which pharmacy dispensing system, group purchasing organization, wholesaler, or franchise system it uses. While some wholesalers or buying groups have taken a lead in organizing a network, as a condition of their charter they cannot require the pharmacy to become a customer or member of their organization.

Troy Trygstad

The good news, according to Troy Trygstad, Pharm.D., M.B.A., Ph.D., executive director of CPESN USA, is that thousands of pharmacies are already providing the kinds of services required. "Our job," he says, "is to pull them together into a branded network that can be presented to payers."

TWO: Moose says that too many pharmacy owners incorrectly think the goal of CPESN networks is to help improve third-party reimbursement. As an owner of several retail pharmacies, he'd love to see PBM (pharmacy benefit manager) reimbursement improve. But he says that thinking CPESN will help with PBM payments would be a mistake.

Instead, he says, the goal of the program is to show payers that the enhanced services pharmacies provide actually lower the cost of healthcare. Much of this is accomplished as the enhanced services that participating pharmacies provide reduce the number of emergency room visits, lessen nursing home admissions, or help patients control their blood pressure and thus prevent strokes — as just some examples. Moose says, "We can definitely

continued on page 10

Pharmacist eCare Plan Functionality Active in the Marketplace

Thank You to Our **16 Technology Companies** with eCare Plans Active in the Marketplace

AZOVA™ · assurecare™ · BestRx Pharmacy Software · Datascan pharmacy inc. · DocsInk connecting the docs® · DocStation · FDS · habitnu · Liberty Software · OmniSYS · Pharmetika · PioneerRx Pharmacy Software · PrescribeWellness · PrimeRx Micro Merchant Systems · Transaction Data Systems · PCS ComputerRx

Prescription-Level
Moment-In-Time

FtP

Patient-Level
Care Plan-Over-Time

Thank You to Our **10 Program Partners** for Supporting Flip the Pharmacy

AZOVA™ · BestRx Pharmacy Software · DocStation · FDS · Liberty Software · OmniSYS · PioneerRx Pharmacy Software · PrescribeWellness · Micro Merchant Systems · QS/1®

Moving beyond Filling Prescriptions at a Moment in Time, to **Caring for Patients** over Time

Pharmacist carePLAN INITIATIVE
www.ecareplaninitiative.com

Community Pharmacy Foundation
www.communitypharmacyfoundation.org

continued from page 8

make the case to payers that pharmacies should be compensated for these services out of the medical benefit, not the prescription benefit, side of the healthcare budget. That is the central goal of CPESN pharmacies."

Moose says there are two other critical things for pharmacies to know. First, that every participating pharmacy pays a participation fee to be in the network and enjoy its benefits. The fee supports quality and operations initiatives that make the pharmacy and the network look different, and thus be more attractive to payers. Currently, that fee is $95 per month for every pharmacy location included in the program.

Next, prospective participants should know that CPESN USA is a pharmacy provider-driven organization. That means managers and owners of participating pharmacies recruit new members, and then everyone in the network works to find payers. Participating pharmacies look to CPESN USA for network development tools, payer engagement training, and legal support.

One network leader, Amy Schmidt with North Star Pharmacy and Infusion in Cheyenne, Wyo., says she likes to tell pharmacy owners joining her network to think of CPESN USA as the coach of a sports team. The coach comes up with the plays and trains players on their specific tasks. But when the game starts the coach sits on the sidelines. It is up to the player to block the opponent or to make the catch. She adds, that means being a CPESN pharmacy involves much more than paying the participation fee and reading memos. Schmidt says pharmacy owners need to be actively engaged or the program isn't likely to succeed.

Amy Schmidt

THREE: The program is working, says Chris Antypas, Pharm.D., president of Asti's South Hills Pharmacy in Pittsburgh, Pa. Antypas is actively engaged in the Pennsylvania Pharmacists Care Network (PPCN), the CPESN network in his state. He says that in 2019 PPCN renewed its enhanced services contract with Gateway Health. The program involves 90 pharmacies that provided services to 2,885 unique patients, and every pharmacy got paid for providing the services.

Chris Antypas

The Gateway Health contract calls for PPCN members to provide comprehensive medication reviews (CMRs) to patients enrolled in Gateway Health's managed Medicaid program. While the payment details are confidential, Antypas says the amount is significant enough that nearly all the pharmacies that participated in the 2018 contract agreed to participate in the extension.

continued on page 12

QS/1®

NRx® gives community pharmacists power to be more.

As a community pharmacist, we know you have many responsibilities. You deserve a pharmacy management system that's ready for whatever you need. Nobody else comes close to NRx's comprehensiveness, hundreds of interfaces, 24/7 emergency support, or ability to adapt to your evolving needs. We know community pharmacy, and we build NRx to help you become everything you want to be.

Go for NRx. / qs1.com/NRx / 800.231.7776

continued from page 10

CPESN USA reports that networks in Iowa, Missouri, New York, Pennsylvania, South Carolina, and Wyoming, as well as others, have contracts paying pharmacies for services. In their monthly introductory webinar, CPESN USA leaders show a PowerPoint slide of the various types of payer programs. The slide shows that some of the ways that payment comes to pharmacies are as fee-for-service, per-member-per-month, and for meeting performance metrics that improve the HEDIS (Healthcare Effectiveness Data and Information Set) measure.

In addition to being an owner in a progressive pharmacy, Antypas has picked up a second job as the director of pharmacy solutions for Henderson Brothers, an employer benefits broker and consulting firm in Pittsburgh. In talking about his role in helping companies contract for health benefits, he says he has gained a deeper appreciation for the plans, programs, and organizational support CPESN USA provides.

Still, he adds, health insurance is a huge business with lots of moving parts. Antypas says, "Winning the battle against the big PBMs will require thousands of pharmacy owners working together. I see no better way to accomplish this than through the CPESN movement."

CPESN USA has come a long way since its founding in 2016. Forty-nine CPESN networks have more than 2,500 participating pharmacies. Over 20 of those networks have active payer contracts paying their pharmacies for providing enhanced care services.

In the next issue of *ComputerTalk* you will learn about three more aspects of the program, including the launch of EngageRx. This is the marketing program that pulls it all together and, according to Troy Trygstad, will take the program to the next level. **CT**

Bruce Kneeland is an industry expert who focuses on helping pharmacists find new and better ways to serve patients. He can be reached at BFKneeland@gmail.com.

Be like Eric –

Change how you do business with automated will-call.

The RxMedic® Automated Retrieval System (ARS®) is an electronic will-call system that helps you more effectively store, organize, retrieve and return prescriptions to stock. Utilizing unique hanging bags with LED lights, the ARS helps you easily identify prescriptions for pick-up and allows you to keep same-household prescriptions together. Even better, this simplified system works with most pharmacy management systems.

See the future of pharmacy automation and what it can do for you. Visit rxmedic.com or call 800.882.3819.

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

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

RxMedic

Clinical Services in the Pharmacy During COVID-19

by Ghada Abdallah, R.Ph.

A lot of work and effort goes into creating a successful immunization practice, but it's totally worth it.

IT'S ALL HANDS ON DECK WITH the current COVID-19 crisis our nation is facing. Pharmacies have been identified as essential healthcare providers. This has to be the most stressful time ever experienced for many of us in healthcare. Yet pharmacists and technicians show up to work every day, doing their part. Many state pharmacy associations are providing guidance to pharmacies in their state on how to safely conduct COVID-19 testing in their stores. Point-of-care testing is a newer clinical service that some pharmacies have adopted for such diseases as influenza, strep throat, and now COVID-19.

IMMUNIZATIONS AND POINT-OF-CARE TESTING

Immunizations in the pharmacy are the clinical service that preceded point-of-care testing. Twenty years ago it was unheard of to get a flu shot at a pharmacy. Now, according to the National Community Pharmacists Association, 73% of community pharmacies offer immunizations.

Immunizations play a vital role in the health of communities. By providing immunizations, pharmacies can not only help people stay well by preventing infectious diseases, the service also provides much-needed revenue to pharmacies. As the race to find a vaccine for COVID-19 continues, it is imperative for pharmacists to step up to the plate and do as much as we can to keep our communities healthy.

As of June 26, 2020, the United States leads the world in the number of COVID-19 cases and deaths, with over 2.4 million confirmed cases and more than124,000 deaths. Putting this in perspective, this exceeds the number of annual deaths due to drug overdoses and influenza combined. Dr. Robert Redfield of the CDC (Centers for Disease Control and Prevention) estimates that 5% to 8% of Americans have been infected by the virus. New Zealand has now had several new cases of COVID-19, even after having been declared coronavirus free on June 8, which suggests that the virus will continue to infect populations until there's a vaccine.

Providing immunizations could become a critically essential function of pharmacy if a vaccine for COVID-19 becomes available in the foreseeable future. Everyone who does not already have immunity will need to be vaccinated against COVD-19. I doubt that our healthcare system will be able to handle all that volume in a short period of time. COVID-19 necessitates taking all precautions to keep staff safe and healthy while offering a unique opportunity to promote and maintain the health of the community.

ESTABLISHING A PHARMACY IMMUNIZATION PROGRAM

I set up my first immunization clinic at Park Pharmacy near Detroit in 2006 (we had three stores over an 11-year period, the last of which we sold to CVS in 2017). Over the years it evolved from just flu shots to flu, pneumonia, and zoster, and finally we added a full line of other vaccines, including travel vaccines. We met the demand of local doctor's offices, churches, and the community at large. During the height of the H1N1 pandemic in 2009 we also vaccinated pediatric patients to meet demand from pediatric offices that could not handle the volume and referred many patients to us.

continued on page 16

Tabula Rasa HealthCare

Get MedWise™ certified to deliver medication safety services

Create new opportunities for your pharmacy!

Advance your role in medication safety and preventive healthcare during this unprecedented time of focus on medication risk. MedWise, paired with the PrescribeWellness platform, can help you deliver personalized medication therapy for improved outcomes and optimize workflow.

MedWise™

Get results that benefit you and your patients!

- Offer additional clinical services to enhance patient care and improve your competitive advantage
- Help further present pharmacists as comprehensive care providers
- Reduce risk of accumulative, multi-drug interactions
- Help reduce risk for preventable hospitalizations and emergency room visits
- Keep patients connected to your practice

In a peer-reviewed study of nearly 2,000 patients, the odds of an adverse drug event were found to increase by 8.6% per unit of MedWise Risk Score™. Further, each unit was valued at $1,037 in medical costs, including 3 ER visits and 2 hospitalizations per 100/member/year. MedWise certified pharmacists support the reduction in risk score to improve patient outcomes.

Bankes, D.L.; Jin, H.; Finnel, S.; Michaud, V.; Knowlton, C.H.; Turgeon, J.; Stein, A. Association of a Novel Medication Risk Score with Adverse Drug Events and Other Pertinent Outcomes Among Participants of the Programs of All-Inclusive Care for the Elderly. Pharmacy 2020, 8, 87.

Want to know how you can transform your pharmacy practice?

Contact us at sales@trhc.com today. Learn more at trhc.com/our-solutions.

TabulaRasa HealthCare®

Backed by science. Proven outcomes. Documented savings.

Tabula Rasa HealthCare (NASDAQ:TRHC) is a leader in providing patient-specific, data-driven technology and solutions that enable healthcare organizations to optimize performance, including medication regimens to improve patient outcomes, reduce hospitalizations, lower healthcare costs, and manage risk.

Tabula Rasa HealthCare | 1-866-648-2767 | sales@trhc.com | trhc.com

continued from page 14

Having an established immunization practice gave Park Pharmacy an advantage over its competitors and allowed for natural expansion into other clinical areas. By word of mouth a group of psychiatrists heard about this service and started referring patients who needed their shots injected once a month. The agreement was that the pharmacist fills those prescriptions and injects the patient with the needed medication. Simultaneously, a collaborative practice agreement with local physicians to administer monthly naltrexone injections for opiate addiction was another easy add-on clinical service. Point-of-care testing was the next logical step. Building clinical programs into a pharmacy expands opportunities to serve the physician community and patients in a meaningful way. Employee morale also improves by giving pharmacists a chance to flex their clinical muscles.

Thorough preparation is key to a successful immunization practice. It is easiest to start with influenza. Spring is the ideal time for pharmacists to prepare for an influenza immunization clinic at their pharmacies. Preparation can take several months, and orders must be placed with vendors to ensure shipping and receipt of product at the right time. As of yet, we don't know how COVID-19 will affect the influenza vaccine supply.

GROWING AN IMMUNIZATION PROGRAM

From there, the practice of immunizing at a pharmacy can easily grow to include more and more vaccines. A few things to consider when growing the practice are employee training and mental readiness. Any pharmacist or technician who administers vaccines should ideally take the immunization course offered by the American Pharmacists Association (APhA). If you are the manager of hospital outpatient pharmacies, your education department could potentially provide this training in house, but keep in mind it's a 20-credit course with APhA and there is home study and live training involved. Most newly graduating pharmacists have already been trained.

A lot of work and effort goes into creating a successful immunization practice, but it's totally worth it. I graduated from pharmacy school in May 2002. The prior winter, a student colleague and I embarked on a challenge called Operation Immunization, a collaborative effort developed by APhA's Academy of Student Pharmacists (APhA-ASP) and the Student National Pharmaceutical Association (SNPhA). At that time most pharmacies were not offering immunizations, so we decided to focus our effort on an educational campaign. Since we were both pharmacy interns in an area where many people were not fluent in English, we decided to work on a bilingual brochure that stressed the value of vaccines and the seasonal flu shot. Our work garnered recognition at the 2002 APhA annual meeting. That award still hangs in my office today. It brings me satisfaction to glance at it and know how far we have advanced the practice of immunization in pharmacies since then. **CT**

MORE IDEAS FOR IMMUNIZATION PROGRAMS

Visit computertalk.com: wp.me/p9LtTd-3gh

Ghada Abdallah, R.Ph., is a clinical pharmacist at Beaumont Health in Royal Oak, Mich., and an independent pharmacy and business consultant. Prior to joining Beaumont she owned and operated her own pharmacies for 11 years. She can be reached at ghadaabdallah7997@gmail.com.

Competing on Convenience, Winning Customer Loyalty in the Digital Age

by John King

Whatever technology you invest in, it should enable a personalized and cohesive brand experience that enables you to engage patients on their terms.

ADVOCATES OF RETAIL pharmacy often reference the fact that 96% of Americans live within five miles of a local pharmacy — the inference being that physical proximity provides convenience and ready access to quality, affordable healthcare. And while this may be true, it masks an emerging issue that pharmacies must address if they want to remain competitive and thrive in the future. That issue is the changing nature of how consumers define convenience.

A VIRTUAL STOREFRONT IS THE NEW STANDARD OF CONVENIENCE

Even prior to the COVID-19 pandemic, consumers have shown an increased desire to shop, interact, and make purchases online. Consider the fact that the compounded annual growth rate of e-commerce in retail pharmacy is 17.3%, compared to an industry growth rate of a mere 2.7%. Consumers are no longer "voting with their feet," they're voting with their thumbs! People are increasingly turning to digital storefronts as their first choice for convenience. And if these trailing indicators alone don't convince you, consider the impact of high-speed networks.

With consumers facing so many options to get their prescriptions, how can you create a digital experience that sets you apart and creates a strong sense of patient loyalty?

Experts forecast that by 2025, half of North America's mobile connections will be running on 5G. Why does this matter? It matters because they're fast! 5G networks support data transfer rates of up to 100 megabits per second (Mbps). To put that into perspective, that is 2.7 times faster than today's 4G networks. This will not only accelerate the adoption of mobile technology and digital communications, it will also fundamentally change how we use that technology to share information and conduct business.

The virtual pharmacy, while always important, has now become critical. Your patient's digital experience may be their only interaction with your pharmacy in the months ahead. And with consumers facing so many options to get their prescriptions, how can you create a digital experience that sets you apart and creates a strong sense of patient loyalty?

Read on to learn more about key emerging trends and how pharmacies can leverage them to thrive in our increasingly digital age.

IT'S TIME TO LEAVE PAPER BEHIND

I'm going to start with the simplest recommendation from a technology standpoint but one that also tends to challenge us the most in healthcare — our continued reliance on paper. While many functions in the pharmacy have become digital, there are still a few key paper-based processes that can have a negative impact on your patient's experience.

continued on next page

continued from previous page

Take immunizations, for example. Your patients are likely still filling out consent forms using a clipboard and pen. These paper forms not only cost you time and money to manage, store, and share with others, they are also inconvenient for your patients. And while paper forms may have been considered a minor inconvenience six months ago, now some patients may choose to walk away altogether instead of touching a shared surface. Thankfully, there are solutions available today that can integrate within your workflow and make the entire process digital. Move your consent forms and other patient documentation online, and let patients complete them on their own mobile device or tablet. This will not only put their minds at ease, it will also save you time and money.

MAKE IT PERSONAL

If you have ever watched "The Terminator" movie, you know that it's only a matter of time before computers take over. All kidding aside, machine learning technology is not a threat. It is the driving force behind how you can make messaging with your patients more personal.

In a recent study from Accenture, 91% of consumers say they are more likely to shop with brands that provide relevant offers and recommendations. So what does it mean to personalize communications in the context of pharmacy? It's about having the ability to target specific audiences, create relevant content, and make better recommendations in order to build deeper relationships. It's more than sending a patient a birthday text or simply providing refill reminders. It's about making patients aware of pharmacy services that are relevant to them based on their unique health conditions.

For example, when a diabetic patient is refilling a prescription, you should proactively inform him or her about any DMSE (diabetes self-management education) support or counseling that your pharmacy offers. Or let patients know that they should consider getting immunized for PHEUMOVAX 23 based on known gaps in their immunization history.

Patient communication technology should do more than simply answer your phones or send out text reminders. The right technology partner can, and should, help you stand apart from the competition and personalize your patient's experience.

VOICE ASSISTANTS ARE THE FUTURE

The utilization of digital voice assistant technology (i.e., "Hey Google" or "Alexa") is growing at an exponential rate and well on its way to becoming the preferred user interface for virtual communication. In fact, this year, 50% of all internet searches are forecasted to be voice initiated, and by 2022, 55% of all U.S. households will leverage this technology, creating a $40 billion industry.

Market data shows that consumers are rapidly adopting voice assistant technology, although pharmacies are not yet capitalizing on it. But this will change, because voice assistant technology is an ideal solution for the pharmacy consumer. Natural language processing allows people to engage the "virtual pharmacy" on their terms, phrasing questions and requests in a way that makes sense to them and not having to follow the structured workflow of an IVR (interactive voice response) or be constrained by a limited set of SMS (short message service) text responses.

Voice assistants in pharmacy will ultimately give patients the ability to securely access, review, and request medications in real time. As you consider replacing your IVR or telecom infrastructure, ensure that you're investing in a platform that will support new trends in communication.

THE TAKEAWAY

Convenience is no longer about physical proximity. As you contemplate strategies to win and retain pharmacy customers, you need to think about your virtual storefront. Whatever technology you invest in, it should enable a personalized and cohesive brand experience that enables you to engage patients on their terms. **CT**

John G. King is the CEO of OmniSYS. You can learn more about OmniSYS at omnisys.com or on Twitter or LinkedIn.

2020 Chain Market Report

by the *ComputerTalk* editorial staff

Despite the disruption the coronavirus has caused, pharmacy and its technology partners appear to have weathered this unprecedented event. Pharmacies continue to invest in technology solutions to increase the efficiency of the workplace, while invoking new approaches to not only improve patient outcomes but also increase prescription volume.

continued on next page >

continued from previous page

THAT SAID, WE FOUND THAT, IN THE MAIN, chains continue to add new interfaces and applications to the pharmacy systems. In one case, this involved a smartphone app to improve customer service. From an operational standpoint, we found adding automation to the filling process and packaging of prescriptions to improve medication adherence were steps taken. Ways to improve inventory management through an interface were also mentioned.

Two chains reported plans to upgrade the pharmacy system to the latest version. One reason given was to fix bugs in the software and come into compliance with legal requirements. Another was to have more interfaces. On balance, our survey indicates satisfaction with the support being received by the current vendor.

However, this was not without a wish list of what chains would like to see added. Here we found one chain that would like an easier way for two-way communication with patients and another a way to streamline medication synchronization. Adding a hybrid module to document patient encounters and bill medical insurance from the same platform was mentioned. Embracing cloud architecture made the wish list as well.

Robert Acord
Director of Pharmacy
Harps Food Stores

Med sync "smoothes out prescription volume, which allows us to staff more efficiently."

SAVING MONEY

The technology vendors are saving pharmacies money. The med sync program at the pharmacies in Harps Food Stores is an example of this. According to Robert Acord, director of pharmacy, "this smoothes out prescription volume, which allows us to staff more efficiently." David Cippel, president of Klingensmith's Drug Stores, points to an inventory management program from Datarithm he installed that reduced his prescription drug inventory at his seven locations by $150,000 between January and June.

Better inventory management was noted by more than one chain as a focus because of the cash it can free up.

Receiving electronic prescriptions rather than paper prescriptions was cited by one chain as saving time, and thus money, in prescription processing.

INCREASING PRODUCTIVITY

IVR has traditionally been reported

continued on page 22

RxSafe, LLC

Are your pharmacy customers demanding "touchless delivery"?

Give them what they want...

plus improved adherence and more profits.

> *As the number of coronavirus cases continues to rise in the U.S. and consumers increasingly isolate themselves as a preventive measure, touchless delivery is likely to become a standard delivery practice.*
>
> *– Forbes, March 16, 2020*

RxSAFE®

To take advantage of this rising trend, call **877.203.7187** or visit **www.covidrx.com.**

continued from page 20

as having high impact on pharmacy productivity, and we find this the case again in this year's survey. This phone interface avoids disruptive calls when filling prescriptions and has been attributed to reducing medication errors as a result. Saving time and labor is a big attraction of these systems. Another benefit is that IVR can be an important component of clinical care through reminder calls that prescriptions are ready for pickup. A few chains have or are planning to install a more current system from Vow.

Automation of manual tasks is also a winner. Cippel says that the installation of Eyecon units has helped his med sync program: "Pharmacists can check med sync cycles much faster than pre-Eyecon. Not having to visually check each vial doubles the speed — knowing that every barcode was scanned delivers peace of mind." Eyecon was mentioned by another chain as improving productivity.

A central-fill program also made the list as having a positive impact on pharmacist productivity in high-volume locations.

At Evans Drugs and Kirksville Pharmacy, located in Missouri, Kevin McCullough, owner of this five-store chain, sees his pharmacy system interface to CoverMyMeds as a timesaver. "By having this link with the prescription claim, we can pull the data and send it directly to the insurance plan or provider. This allows us to get medications that need prior approvals approved much quicker than before, and this enhances the experience with our patients, staff, and medical providers," says McCullough.

When one weaves it altogether, technology-based applications are increasing productivity and saving money.

David Cippel
President
Klingensmith's Drug Stores

Robust reporting in the PioneerRx pharmacy system allows for data mining "like never before."

INTERFACES

What do chains look for before installing a new interface to the pharmacy system? Obviously, the cost factors in, and this determines the return on investment or how quickly the pharmacy can see results. But these aren't the only considerations. We found that the company's technical proficiency and proven track record for successful interfaces can play a role. And the positive impact it can have on workflow improvement and job satisfaction is also a consideration. Adding scope to the pharmacy practice through an interface, for example for specialty pharmacy, can factor in as well.

SPECIALTY PHARMACY

We found an even split here with chains that have gone into the specialty pharmacy business and those that have not. Where chains are dispensing these high-dollar drugs, in a few cases the current pharmacy system can handle the documentation and billing requirements, with only one chain reporting the installation of a separate system. Specialty pharmacy is viewed as a new revenue opportunity for pharmacy, but not without its challenges.

IMPROVING CLINICAL CARE

Chains are taking the area of clinical care seriously. This is best

continued on next page

spotlight: Boosting IVR's Benefits

by Maggie Lockwood

A robust IVR (interactive voice response) system is a given in busy pharmacies today, handling inbound call volume and supporting clinical and loyalty programs through outbound messaging. Erich Cushey, co-owner with his wife Tina of Curtis Pharmacy, a three-store community pharmacy in southwestern Pennsylvania, says that what gives more power to his IVR system is the integration of his phone system with his PioneerRx pharmacy system, all provided through Vow.

The Cusheys are fourth-generation owners of the original pharmacy in Washington County. They have opened from scratch a second store in Washington, Pa., and just this spring purchased a third store, Hunters Pharmacy, in Connellsville, Pa., about an hour away. The stores range in size from 3,000 to 5,000 square feet, with a front end, compounding, and med sync, which has seen an increase in response to the coronavirus pandemic. Med sync made it easier to handle the workflow in the pharmacy, and reduced the number of trips to the pharmacy for patients.

"Our sync program was doing well, but now it has gotten even better," Erich Cushey says.

Cushey says he uses the IVR for the traditional outbound will-call pickup reminders, customer campaigns around Medicare signups, and flu shot reminders. Where Cushey sees the biggest efficiencies is through the connectivity among his stores, thanks to the unified phone system and a virtual private network (VPN) that Vow built. The VPN, says Cushey, has meant he can take advantage of more features in his pharmacy system. The pharmacy staff can access the system at each store, check on a prescription's status, and send prescriptions to another location. A new shared-inventory feature from PioneerRx gives all workstations access to the three stores' inventory. When a patient calls the pharmacy, the Vow system's interface with the pharmacy system automatically pulls up the patient profile based on the phone number. Call routing is seamless as well: Staff can transfer calls rather than ask the patient to hang up and make the call.

Erich and Tina Cushey

This connectivity was a key reason Cushey decided to install RxSafe automation this spring. When he was looking to invest in the automation, Cushey knew he wanted all the stores to have the ability to send scripts to the RapidPak in a central-fill model. He worked with Vow on the integration with the pharmacy system and RapidPak. The automation handles over 250 patients a month now, and Cushey predicts that will increase when the Hunters store comes on later this year, as it has long-term care beds. And the Cusheys hope to add new retail customers to the packaging program.

"As it turned out, since we were already a VPN, we were already connected," he says. "It's pretty slick, actually, that we can have a robot in one store, feeding it from two others remotely, and pulling from the common inventory."

With the reduced phone bill, a better IVR, and a phone system that integrates seamlessly with PioneerRx, Cushey says his experience with Vow has been a successful one. When a store has been damaged, either because of a robbery or flooding, Vow has worked quickly to transfer call traffic and provide access to backup files so the operating stores could pick up the prescriptions from the store that was offline. "The flexibility that Vow gives us is incredible," he says. "For a smaller operation like ours, they're really our back-office IT." **CT**

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

continued from previous page

Kevin McCullough
Owner
Evans Drugs and Kirksville Pharmacy

"Our investment in automation and robotics hopefully allows us to be a competitor for a long time in the future."

illustrated by what McCullough is doing in this area. "Our newest feature is the addition of more clinical data that we are currently beta testing," he says. "This includes the ability to add to the patient profile all diagnosis codes pulled from electronic prescriptions to build up these profiles to get more accurate DURs [drug utilization reviews] and things like the ability to apply patient weights to gather more appropriate dosing."

MEDICATION SYNCHRONIZATION

This is an area that has caught on in a big way with pharmacies of all stripes. All but one chain in the survey reported having a med sync program operational. One reason is that it can increase prescription volume while benefiting patients who take their medications as directed. This was the consensus once again this year.

One chain reported that it would like to see an application that would improve batch processing for med sync prescriptions.

NEW OPPORTUNITIES

Chains have their eye on opportunities that can increase the value of the services offered, while also bringing in new revenue. It is a mix of the clinical side and the dispensing side of the equation. See what we heard in the box on the next page.

At Klingensmith's, Cippel says that through the robust reporting he has access to in his PioneerRx pharmacy system he can "data mine like never before." He gives as an example identifying insulin-dependent patients with specific insurance plans to switch to more profitable pen needles, syringes, lancets, and alcohol swabs. This,

continued on page 26

Chain Focus: The Power of Point of Sale

Check out bit.ly/RMSPOS and listen to our podcast with Retail Management Solutions' Brad Jones to learn how a point-of-sale system can give your multiple-location pharmacy an edge by centralizing reporting, driving front-end profits, and saving money on payment processing.

Plus, how and why to think like a large retailer when you are approaching point-of-sale systems.

It’s time to invest in your pharmacy’s future.

When you install a ScriptPro Robotic Prescription Dispensing System, 30–60% of your daily prescription volume is covered, allowing your pharmacy staff to be front and center – right where they should be. Build loyalty and foster meaningful counseling, all while your investment works quietly in the background.

The results are happy customers, increased revenue, and an overall superior pharmacy experience. Discover the right ScriptPro robot for your pharmacy’s specific needs at www.scriptpro.com/CT-retail.

Let’s get started today!

800.673.9068 | www.scriptpro.com |

ScriptPro®

continued from page 24

he says, "delivered $10,000 to $12,000 in additional gross margin every month so far this year, versus 2019."

THE CHALLENGES

As one might suspect, direct and indirect remuneration (DIR) was at the forefront of the challenges pharmacies are faced with these days. DIR fees are having a negative impact on cash flow and margins, and have pharmacies operating in the dark on reimbursement after prescription claims have been adjudicated. DIR fees go hand-in-hand with the low reimbursement for prescriptions covered by drug plans.

Not a pretty picture. But pharmacies find workarounds to keep the doors open. This is best summed up by McCullough when he talks about the automation in his pharmacy, which includes systems from ScriptPro, Synergy Medical, and Kirby Lester.

"Decreased reimbursement and DIR fees have impacted pharmacies significantly compared to 10 years ago, along with the increased cost of labor. Our investment in automation and robotics hopefully allows us to be a competitor for a long time in the future," McCullough says.

Technology-based solutions have become more important than ever to the chains. **CT**

Note: We do not disclose the identity of the individuals or chains they represent unless we have approval to do so. Those quoted gave approval.

New Opportunities

What We Heard in the 2020 Survey

- Clinical programs.
- Extended days' supply for cash.
- Convert med sync patients to strip packaging to take advantage of combo contract reimbursement.
- Building the framework to get reimbursed for managing medications and eCare Plans.

In the current crisis you want to get patients out of the pharmacy as fast as possible.

scripClip features 70% faster retrieval from will-call and checkout.

No searching through (or touching) many bags to find the right one!

In a COVID-19 world, scripClip is MUST have technology in your pharmacy.

scripClip: right med, right bag, right patient every time

scripClip™ WILL CALL AUTOMATION

PerceptiMed®

perceptimed.com • sales@perceptimed.com • 888.872.5803

See a demo at perceptimed.com/ctdemo

Think Fast: Keeping Up with Drug Price Data

ComputerTalk's Will Lockwood checks in with Trygve Anderson, Elsevier VP of commercial pharmacy, about drug price analytics and the dynamics of drug price data.

ComputerTalk: How does the reality of drug price changes differ from the conventional wisdom?

Trygve Anderson: Medication use continues to rise in the United States, with Americans filling 5.8 billion prescriptions in 2018, according to IQVIA. That amazing statistic was the impetus that got Elsevier started on a project to analyze our own drug database around drug pricing.

For most of us, we seem to focus on "This drug now costs x as of some date y" and rarely do we step back and take a macro view. This project gave us the opportunity to do that.

We discovered that 4.5 million price changes were processed in 2018, including all publicly available price types.

If we break that down a bit, that means on average there were more than 12,000 price changes every day.

As we dug into the data, we also discovered another surprising fact. Historically, January 1 has long been assumed to be the busiest day of the year for drug price changes. It isn't! We found the busiest day is March 1. The next two busiest days by volume were June 1 and September 1.

One interesting point is that price changes often fell on a Saturday — a traditional non-business day for many companies.

Our study shows that 28% of all drug price changes occur Friday through Sunday. When we factor in that approximately 70% of all price changes arrive after 3 p.m., the Friday price changes are essentially

Trygve Anderson

"Given that timeliness is critical to accuracy, it is not hard to imagine the impact on a business if you are using outdated pricing data."

weekend changes. This point represents over 2 million price changes occurring on the weekend and on holidays.

CT: What's the impact for pharmacies, when they can't keep up with price changes?

Anderson: Given that timeliness is critical to accuracy, it is not hard to imagine the impact on a business if you are using outdated pricing data. With all this dynamic data, relying on a pricing source that can deliver changes fast and accurately in order to be current is absolutely necessary. Drug pricing that lags for days or even weeks is unacceptable in today's world, as it can lead to misguided analysis and inaccurate reimbursements, and in the long run will affect financial performance.

CT: How does Elsevier help pharmacies create a toolbox to address price changes?

Anderson: Elsevier's Gold Standard Drug Database's pricing offering is an integrated data deliverable that fuels smarter price analysis, business intelligence, and insight to improve operational performance.

ProspectoRx is a digital tool for drug pricing analysis and the only pricing tool that provides access to real-time pricing data. We leverage market-leading timeliness, superior price type coverage, and modern data architecture to facilitate actionable business insights.

With ProspectoRx you have immediate access to important pricing data. Our intuitive user interface provides a quick way to build queries into the pharmaceutical industry from the simple to complex. You can save those personalized queries for efficiency and consistency or export the result of your queries for any and all analytics to expand business intelligence capabilities and drive better and more informed pricing decisions.

The Predictive Acquisition Cost (PAC) methodology helps you operate in a complex environment by offering turnkey solutions for solving common drug pricing analytic problems. Using predictive analytics, PAC can provide insight into a drug's true acquisition cost by establishing a pricing range to help determine the performance of pricing contracts, control costs, solve pricing challenges, and guide reimbursement rates. **CT**

For more information go to www.elsevier.com/clinical-solutions/drug-information or speak to a drug information specialist. You can also listen to the Elsevier Drug Information Podcast Series at bit.ly/ctdppodcast.

Beyond COVID-19: Potential Impacts of the Pandemic on Pharmacy

Brent I. Fox, Pharm.D., Ph.D.
Joshua C. Hollingsworth, Pharm.D., Ph.D.

IT IS THE MIDDLE OF SUMMER, and our attention should be focused on upcoming vacations, extended trips to spend time with family, or even spending time at the lake/pool/beach (you pick) this weekend. Instead, we continue to live with the ongoing effects of the coronavirus pandemic. As states loosen restrictions, people are certainly taking different approaches to the pandemic. Some are still in strict "lockdown" mode with their immediate families, while others are loosening the quarantine's grip. In Auburn, Ala., which is the epitome of a small college town, we are actively planning for the upcoming academic semester. As small numbers of students are also returning for brief summer terms, we wonder if the recent news of a local bartender and 24 students testing positive for coronavirus is a precursor of the fall semester. We hope not.

Telepharmacy during the pandemic was the topic of our previous column. Telepharmacy provides a clear example of the value of information technology during unusual circumstances. Patients need to connect with their pharmacists, and pharmacists need tools to support their medication management activities — from afar. We acknowledge the existence of learning curves in telepharmacy (and other information technology) activities implemented in a short time frame due to the pandemic. However, if we are honest with ourselves, patients need to connect with their pharmacists, and pharmacists need tools to support their medication management activities regardless of the pandemic. This reality prompted us to consider what the future might hold.

Patients need to connect with their pharmacists, and pharmacists need tools to support their medication management activities regardless of the pandemic. This reality prompted us to consider what the future might hold.

A few weeks ago, one of your authors was asked if he was over 65 when he tried to enter a pet store. Surely his mask "masked" his youthful appearance. After regaining his composure, the reason for the question was apparent. Many businesses have implemented "senior shopping" hours to allow seniors and other potentially at-risk populations to shop when crowds are small. All pharmacies we have encountered have implemented similar hours, including grocery stores. The rationale behind these designated hours seems reasonable and is probably appreciated by the customers.

Could this stick? Might the designation of specific times for specific subgroups of the population be so attractive that patients demand it beyond the pandemic? We can envision patient demand for senior shopping hours continuing, but we also see challenges in selecting which group(s) has designated shopping times. This is one change that we are interested in monitoring when the pandemic is behind us.

POLICY CHANGE

One of the earliest policy changes during the pandemic was actually not a federal policy change. It was a request from the secretary of Health & Human Services (HHS) encouraging governors to loosen requirements and allow healthcare professionals to practice across state lines. As you know, healthcare professionals' licenses are granted at the state level. In March, when it became apparent that the demands of the pandemic could potentially exceed healthcare workforce capacity at local levels, HHS identified cross-border practice as an important tool in addressing the impending capacity challenges. This request was intended to support care delivered over distance (i.e., telehealth) as well as in-person care. According to our

continued on next page

sources, 49 states and Washington, D.C., allow some form of cross-border practice. The current challenge with cross-border practice is the lack of standardization of regulations. For long-term cross-border practice to be practical, a common approach will be necessary to avoid the inevitable confusion that exists when each state controls healthcare professional licensure. We anticipate a return to pre-pandemic licensure practices.

Prior to the pandemic, vaccine administration was one of the most visible examples of successful advocacy for pharmacists' services. As pharmacists, we believe it makes sense that the most accessible healthcare professional would provide this service. We are certainly glad to see pharmacists' role as immunizers continue to grow. We fully believe that pharmacists must play a major role in administering the COVID-19 vaccine when it becomes available. While the time frame for vaccine availability is not completely known, the impending demand is easy to anticipate. Millions of doses will need to be administered in a short time period. Various pharmacy organizations are currently advocating for authorization allowing pharmacists to administer the COVID-19 vaccine when it becomes available. In fact, New York state recently passed legislation adding the COVID-19 vaccination to the list of vaccines that pharmacists can administer. This is a good thing for patients and for pharmacy.

ADAPTING WORKFLOWS

However, we believe this may bring to light a challenge faced in community practice, especially in independent pharmacies. Reporting rates to immunization registries among community pharmacies are low. Is it likely that the COVID-19 vaccination will be added to the list of vaccines children must receive prior to attending school? Documentation will be necessary. Is it possible that, at least in the short term, some employers may require proof of COVID-19 vaccination prior to employees returning to work? If this happens, documentation will be necessary. Workflow integration will be key to ensuring efficient and timely reporting to immunization registries.

Regardless of provider status, we ask ourselves, if pharmacists can administer COVID-19 tests, why not tests for the flu or step throat? Why not initiate treatment for these conditions when tests results are positive?

Related to this, pharmacists have now been authorized to order and administer COVID-19 tests approved by the FDA. This is significant, due to the accessibility of community pharmacies. It is important to note that this authorization addresses the liability associated with testing but does not address reimbursement. As a result, several pharmacy organizations are working to grant pharmacists emergency status as providers under Medicare Part B. Regardless of provider status, we ask ourselves, if pharmacists can administer COVID-19 tests, why not tests for the flu or step throat? Why not initiate treatment for these conditions when tests results are positive?

HOPE FOR POSITIVE CHANGE

Finally, several restrictions related to pain management medications were lifted due to COVID-19. The rationale for these changes makes sense. However, history has shown us that some people will take advantage of others' good intentions. We believe that community pharmacists will need to give heightened attention to the PDMP (prescription drug monitoring program) and to their interactions with patients who need help with pain management.

We continue to monitor the impact of the coronavirus pandemic, both locally and nationally. It has been inspiring to read stories of those who have sacrificed to help others, including pharmacists who have rapidly adapted to changing rules and regulations to ensure their patients receive the care they need. As a profession, we face an evolving reality that will likely not reach a sense of normalcy until a vaccination is widely available. It is our sincere desire that this experience will bring about positive change for the healthcare system and those it serves. Please let us know your thoughts. **CT**

Brent I. Fox, Pharm.D., Ph.D., is an associate professor in the Department of Health Outcomes Research and Policy, Harrison School of Pharmacy, and Joshua C. Hollingsworth, Pharm.D., Ph.D., is an assistant professor, Pharmacology and Biomedical Sciences, Edward Via College of Osteopathic Medicine, Auburn Campus, Auburn University. The authors can be reached at foxbren@auburn.edu and jch0010@auburn.edu.

An Organization Worth Joining

"I have been a member for two and a half years. Coming into the organization, I have been impressed with every conference. We're a small organization, but ASAP sets the trends for the future in pharmacy and how delivery to patients is going to come through with automation and technology.

"What we have with ASAP is all the top leaders from companies in the industry. You will see this if you come to the conferences and engage in the presentations. It's a great gathering of brilliant people looking at how to move the industry forward and prepare for the future. More than ever, we need these minds to look at how to handle the future. We are in the right place to make it happen.

"We have to innovate now, and that is a huge opportunity for ASAP."

Jermaine Smith, R.Ph., Senior Director, Legislative and Regulatory Affairs, Rite Aid, ASAP Board Member

ASAP is the technology organization for vendors and pharmacists.

ASAP keeps you in the mainstream of legislative developments impacting pharmacy.

ASAP conferences always get rave reviews, and members receive special registration rates.

Save the Date

The 2021 Annual Conference

January 13–15
The Don CeSar
St. Pete Beach, Florida

Learn More

Go to **asapnet.org** for membership information and the current roster of members.

JOIN ASAP TODAY!

ASAP
American Society for Automation in Pharmacy
492 Norristown Road • Suite 160 • Blue Bell, PA 19422
610.825.7783 • Fax 610.825.7641
www.asapnet.org

CMS Announces New Part D Insulin Savings Plan

Alan Sekula, Pharm.D.
Ashley Gibbons Ellek, Pharm.D.

MEDICATION ADHERENCE

MEDICATION ADHERENCE is a known issue that can impact both patient outcomes and overall healthcare cost. This is especially true for patients on multiple chronic medications and is worse when no generic options are available. Patients with diabetes who are dependent on insulin often fit into both categories. A 2017 study published in *JAMA Internal Medicine* found that 25.5% of patients with diabetes reported cost-related insulin underuse.

The Centers for Medicare & Medicaid Services (CMS) understands this issue, resulting in its announcement of the Part D Senior Savings Model. Beginning in 2021, three pharmaceutical manufacturers and over 1,750 Medicare Part D plans will participate in the new model to offer a variety of insulin products at no more than $35 per month for Medicare beneficiaries. According to CMS, the new model is projected to save over $250 million in five years for the federal government, with the expense to be picked up by insulin manufacturers.

BENEFIT TO PATIENTS

Medicare beneficiaries enrolled in an enhanced plan in 2020 will likely see large fluctuations in their insulin costs throughout the year as they move through the various Medicare Part D cost-sharing phases. In the example below, beneficiaries would pay more than $35 each month for insulin, until they reach the catastrophic phase.

1. **Deductible Phase:** Pay the fully negotiated drug cost up to a maximum of $435.
2. **Initial Coverage Phase:** Potential for $40 to $50 copay per 30 days' supply of insulin until total out-of-pocket drug costs reach $4,020.
3. **Coverage Gap:** 25% coinsurance on the negotiated price of the prescription until the out-of-pocket limit of $6,350 is reached.
4. **Catastrophic Phase:** 5% of the negotiated price of the prescription.

Patients with diabetes often require multiple chronic medications that increase their out-of-pocket costs mentioned above.

SENIOR SAVINGS MODEL DETAILS

Under the Part D Senior Savings Model, beneficiaries will have predictable monthly insulin costs of $35 or less through the deductible, initial coverage, and coverage gap phases. These reduced out-of-pocket costs should lead to improved adherence, better health outcomes, and decreased total healthcare costs. Beneficiary insulin costs in these plans will no longer count toward their deductible.

In order to take advantage of this savings opportunity, Medicare Part D plan beneficiaries using insulin will need to enroll in a participating Part D plan during open enrollment beginning Oct. 15, 2020. Before enrolling, patients should utilize the Medicare Plan Finder to ensure they select a Part D plan participating in the new program and that their insulin product is on the plan's formulary.

CHANGES FOR MEDICARE PART D PLANS

The Medicare Part D sponsors voluntarily participating in the Part D Senior Savings Model will be offering consistent patient copays throughout the beneficiary's annual coverage to non–low-income subsidy beneficiaries. Due to the reduction in patient out-of-pocket expense and the focus on avoiding increasing premiums, the sponsor and CMS will be experiencing increased costs. Previously, the sponsor did not incur costs in the deductible phase because it was entirely the beneficiary's responsibility. With the introduction of the Senior Savings Model in 2021, these volunteer sponsors will be paying a portion of the insulin cost in the deductible phase. The initial coverage may change for certain insulin products by moving from a higher tier to a $35 copay. Other insulins may be offered by the plan at consistent copays that are less than $35. For insulins that continue to be at less than $35, the plan does not incur any additional cost in the initial coverage phase. The plan will also incur costs during the coverage gap to reduce the patient responsibility to $35 or less. The table on the next page explains the difference for participating plans.

Participating manufacturers will provide discounts to reduce some of those increased costs experienced by the sponsor. Plan sponsors may also reduce costs through DIR fees from participating pharmacies. No major changes to DIR fees are expected, and the impact between plan years should remain constant.

The voluntary model's performance period for plans will begin Jan. 1, 2021, and is expected to last for five years. Medication adherence will be evaluated for beneficiaries taking the participating manufacturers' insulin products over the period. CMS will also measure any impacts on Part A, Part B, and Part D utilization and spending. Plan sponsors stand to gain if the program generates reduced medical spend for beneficiaries with diabetes that is greater than their increased insulin costs.

Description of Phase	2020 Sponsor	2021 Sponsor	Plan Change
Deductible	No costs or low cost	Costs after patient copay	Increase in costs (before rebates and DIR [direct and indirect remuneration])
Initial Coverage: High-Tier Insulin	Low costs due to beneficiary portion	Higher costs due to lower beneficiary copay	Increase in costs (before rebates and DIR)
Initial Coverage: Low-Tier Insulin	High costs	High costs	Minimal or no change
Coverage Gap	Low costs	Additional costs	Increase in cost (before rebates and DIR)

Table 1. Patients with diabetes often require multiple chronic medications that increase their out-of-pocket costs. With the introduction of the Senior Savings Model in 2021, volunteer sponsors will be paying a portion of the insulin cost in the deductible phase. This shows the difference between participating plans.

Current Medicare program design disincentivizes Part D plans to offer lower cost sharing in the coverage gap. Any plan benefits in the coverage gap reduce the manufacturer support, and the offered benefits are paid by the plan. These costs are then passed on to beneficiaries in the form of higher premiums, which would disincentivize beneficiaries from selecting the plan. The voluntary savings model avoids this cycle and permits plans to enhance benefits for insulin in all phases without the premium increases.

CMS is incentivizing the voluntary Medicare Part D plan participation through optional risk corridors in the first two years. The current risk corridor first threshold is 5%, which can be reduced to 2.5% if the plan opts in. The actual spending will vary from the target spending on the initial bid. Any variation within 2.5% of the target spending is the plan's responsibility. If the actual spend is greater than 2.5% of the target, the sponsor is only responsible for 50% of the spend above the 2.5% threshold. The overspending risk is shared with CMS at a lower threshold. The same is true if the plan ultimately experiences reduced costs; CMS will benefit with a greater portion of the savings.

The model is not available for plans providing only "basic" Part D coverage, for dual eligible special needs plans (D-SNPs), or for Part D coverage offered through several other types of plans (e.g., PACE plans, employer/union only direct plans, or Medicare-Medicaid demonstration plans).

LOOKING AHEAD

If the model proves to be successful, we may see an expansion of the program to include additional drug classes. Ideally, these would include classes made up of brand-only maintenance medications for chronic conditions. An expanded model would require participation from additional manufacturers willing to offer greater discounts on select products.

While this model may work for Medicare Part D, we do not expect to see it expand into commercial health plans. Patients with commercial insurance have the opportunity to use manufacturer-sponsored copay reduction cards to reduce their out-of-pocket costs on brand medications. Copay reduction card use is not permitted with Medicare Part D coverage. Insulin manufacturers offer a variety of programs to lower patient copays, potentially providing over $100 in savings per month. As medication costs rise, health plans and manufacturers continue to provide new opportunities for all patients to access insulin at more affordable prices. **CT**

Alan Sekula, Pharm.D., and Ashley Gibbons Ellek, Pharm.D., are consultants at Pharmacy Healthcare Solutions (PHSL). Sekula's experience is comprised of community, hospital, specialty, long-term care, and managed care pharmacy. Ellek has experience in retail pharmacy, managed care, specialty, and hospital pharmacy at various institutions. The authors can be reached at asekula@phsirx.com and aellek@phsirx.com.

Insights on the Latest Industry Trends

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

THE LATEST PHARMACEUTICAL MARKET DATA paints an interesting picture of the pharmacy landscape, especially new data showing the impact of COVID-19. Industry watcher Doug Long, vice president of industry relations for IQVIA, provided market insights during a May webinar hosted by *Drug Store News*. Doug is a frequent presenter at major industry meetings throughout the year, and his latest online presentation was in place of the NACDS annual meeting program, which was canceled due to the pandemic.

Much has changed since the last market update I heard in January at the American Society for Automation in Pharmacy's (ASAP) annual conference. In the webinar Doug presented data for the year that ended in March, showing some impact of COVID-19, compared to the trends ASAP attendees heard about in January, which were for the year that ended in September 2019.

IQVIA has been tracking a number of data sets, and its most recent white paper, "Monitoring the Impact of COVID-19 on the Pharmaceutical Market," was published May 15 with data comparisons through May 1. Analysis was against the industry averages for the baseline period of Jan. 1, 2020, through Feb. 28, 2020.

Not surprising is the growth in dispensing of 90-day prescriptions compared to the prior year, although that growth is slowing.

LEARN MORE

IQVIA's recent report "Monitoring the Impact of COVID-19 on the Pharmaceutical Market," is available online at

https://www.iqvia.com/library/white-papers/monitoring-the-impact-of-covid-19-on-the-pharmaceutical-market

It is Long's opinion that many patients will continue to opt to receive a 90-day supply going forward, even after the pandemic. This will impact future prescription trends.

Telemedicine visits have skyrocketed since March, and telemedicine visits for attention deficit hyperactivity disorder (ADHD), depression, and migraine treatment are now above pre-COVID levels. Telemedicine visits produce significantly fewer new prescriptions for patients than office visits, so there has been downward movement on prescription numbers in the past two months. There was significant growth in total prescriptions during the first quarter, peaking the week ending March 27, then falling below expected annual averages. Total prescriptions have now increased again the first two weeks of May, reaching weekly averages of approximately 69 million. That compares to typical weekly averages of 79 million.

There also has been a slight increase in the number of written prescriptions (versus e-prescribed or telephone orders) signaling that some patients are returning to office visits. Another indicator of increasing office visits is growth in pediatric vaccine sales.

Adult vaccine sales for SHINGRIX, Prevnar 13, PNEUMOVAX 23, and Gardasil are still lower than the baseline levels, at about 27% of peak sales the week ending Feb. 28, 2020.

As states begin to reopen, IQVIA reports slight upticks in elective, nonemergency procedures, but these are highly variable based on geography, with most growth in cardiac, orthopedic, and GI (gastrointestinal) procedures.

Overall consequences of the pandemic on healthcare dynamics and outcomes include:

- ❏ Sharp declines in office visits and lab diagnostics.
- ❏ New diagnoses are down, as are new therapy starts across nearly every therapeutic category.
- ❏ Telehealth volume has surged, but visits do not match those office visits lost.
- ❏ Providers of routine care and nonemergency procedures are being financially impacted.

As the pandemic subsides, Long noted, it will be interesting to see how the backlog of care visits is handled and at what point they return to normal levels.

Turning to the broad year-to-year market overview for the period ending in March 2020, Long noted highlights (shown in box at right).

NEW DRUG LAUNCHES

Interestingly, U.S. new product launches continued to trend upward with 50 for 2019, which included 26 orphan drugs. Late-stage pipeline growth is also being driven by specialty and niche therapies across a range of diseases. On the generic side, ANDAs (abbreviated new drug applications) have reached record highs. Long noted that 2023 will see numerous molecules and biologics losing exclusivity, so it is anticipated that there will be many generic introductions that year. Between 2020 and 2023 there will be a $165 billion decline due to patent loss versus $93 billion for 2015–2019.

THE FUTURE PICTURE

Looking ahead, Long said that net total spending growth will average 3% to 6% over the next five years, while invoice growth will grow between 4% to 7%. Key trends for pharmacies will continue to be reimbursement, access to specialty products, and addressing Drug Supply Chain Security Act (DSCSA) requirements.

Reimbursement continues to dominate the advocacy agenda for the profession because of the severe impact of direct and indirect remuneration (DIR) fees. A number of pharmacies have closed, and the National Community Pharmacists Association (NCPA) reported a decrease of 142 in the number of independent pharmacies in its 2019 *NCPA Digest*. The 2020 digest will be out in the fall, with highlights to be presented at NCPA's annual meeting, which is still scheduled to be held in Nashville, Oct. 17–20. It will be interesting to see the trends for 2019, prior to the pandemic. We will also have new requirements for dispensers under the DSCSA taking effect in November. I plan to write about them, related opportunities for operational improvement, and the outcomes associated with the FDA's DSCSA pilot projects in a future column. **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.

MARKET TRENDS

What's happening as of March 2020

- U.S. medicines' total market growth reached 6.7%, less than the growth of 7.4% in the retail and mail-order segments.
- Specialty drugs are driving market growth at 10.6%, while the traditional market is growing at 0.9%.
- Oncology, autoimmune, and diabetes therapies were responsible for over 50% of the positive absolute growth in the United States and are 40% of recent new product launches.
- Anticoagulants, diabetes, and respiratory therapies are strong drivers of growth in the retail sector, while oncology, autoimmune, and HIV therapies are driving growth in the specialty sector.
- Over the 10 years between 2009 and 2018, net per capita spending on prescription drugs grew only $44, but within that spend, specialty nearly doubled while traditional drugs declined in sales.
- Although per capita spending rose slowly, the percent of patient out-of-pocket costs for outpatient prescription drugs versus hospital care was 47% versus 34%, leading Long to posit that this may drive the perception of significant growth in prescription drug costs. Additionally, the proportion of patient costs paid through deductibles and co-insurance continues to grow.
- Adjusted prescription growth rate was 7.3% for the year-to-date ending in March 2020 (normalized for a 30-day supply).
- 87.4% of prescriptions are dispensed for unbranded generics, but they only accounted for 19.8% of spending in 2019.

QS/1 Customer Conference Goes Virtual

LEARN MORE ABOUT THE iQ VIRTUAL SERIES: https://iqvirtualseries.com/

In just six weeks, QS/1 shifted its 2020 annual customer conference to an online program, the iQ Virtual Series, giving customers product training, industry education and CE, an exhibit hall, and conversations with RedSail Technologies leadership.

More than 700 customers registered for the virtual series, which is being held on different dates this summer and early fall.

During Series 1, held in late June and early July, attendees met the new RedSail leadership team, heard a legislative presentation by repeat speaker Brad Kile, learned about digital marketing, and were able to network with peers and visit with vendor partners in a virtual exhibit hall. Product analysts gave comprehensive product updates around the newest features in NRx, SharpRx, and PrimeCare. During panel discussions, QS/1 customers shared how their pharmacies responded to the COVID-19 public health emergency.

Matt Osterhaus, R.Ph., FASCP, owner, Osterhaus Pharmacy, top left, led a customer panel on the response to COVID-19. He was joined by, clockwise from center top: Gavin Duley, Pharm.D., owner, Caney Drug; Nicole Maywright, Pharm.D., regional director, SSM Health Pharmacy; Jason Turner, Pharm.D., owner, Moundsville Pharmacy; and Kelly Sutherland, R.Ph., director of pharmacy, Penn State University.

The program kicked off with a roundtable discussion with RedSail leadership. CEO Kraig McEwen shared the vision for the company, with a focus on next-generation technology through an emphasis on investing in new platform development. McEwen also announced the company's expansion of clinical services through partnerships and acquisitions.

Mike McManus, executive VP of sales, said the company will look for ways to help customers navigate the changing business landscape. "We think this movement to patient-focused clinical services is important, and it is up to us to help you move through that," he said.

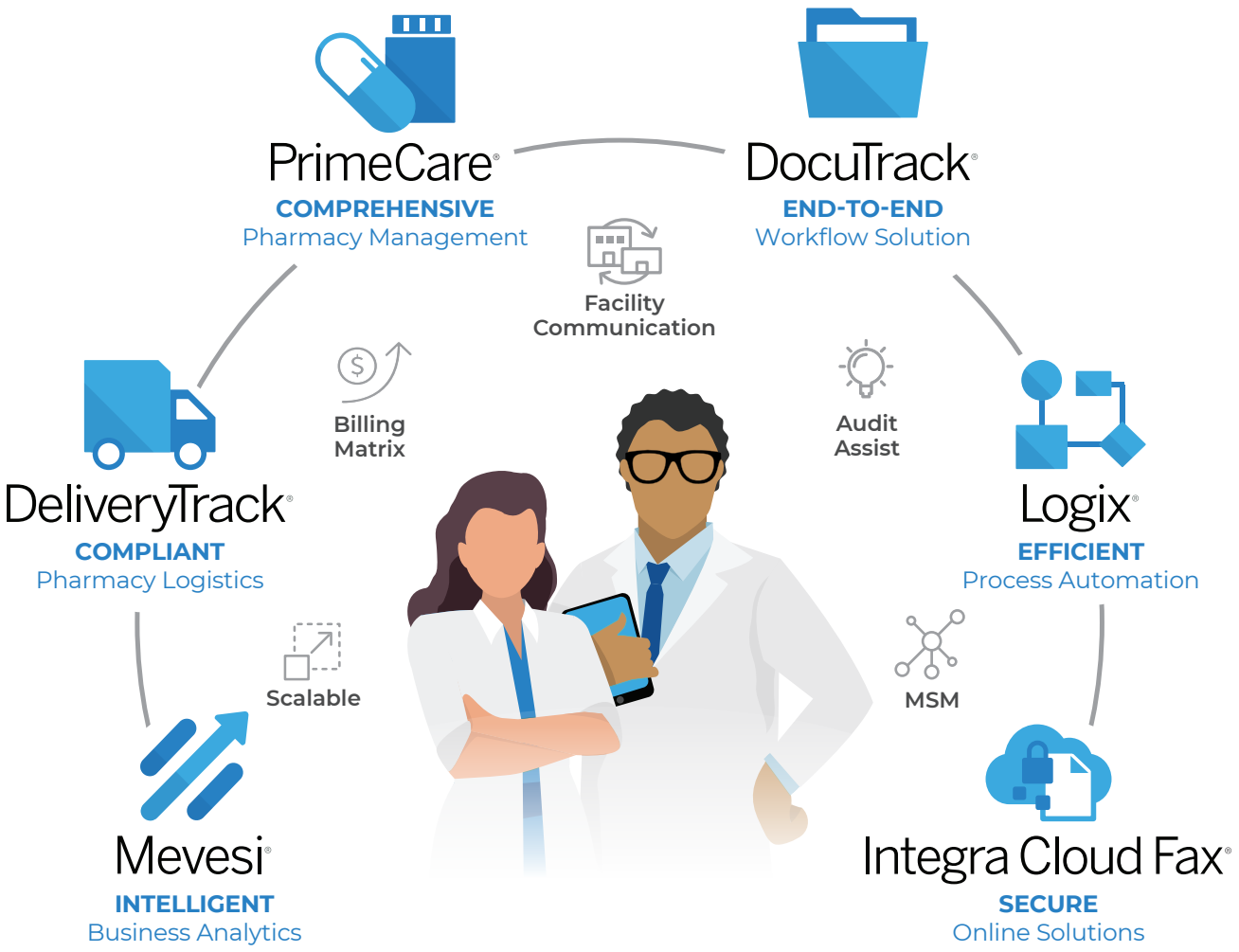
Brad Kile, Ph.D., president of the Dumbarton Group, gave a presentation titled, "COVID-19 Government Response: Opportunities for Pharmacists and Pharmacies." Kile started with the topic of drug pricing reform, which has lost its momentum in Congress because of the pandemic. One area that has rapidly expanded, with possible long-term staying power, is telehealth, as the Centers for Medicare & Medicaid Services (CMS) modified regulations to make telehealth appointments easier in order to reduce in-person office visits. The recent authorization to administer point-of-care tests for COVID-19 — and when it's available, a vaccine — are both developments that could move pharmacists closer to receiving provider status.

Peer panels for both community and long-term care pharmacies gave firsthand accounts on the best practices learned from COVID-19. On the retail side, Matt Osterhaus, R.Ph., FASCP, owner of Osterhaus Pharmacy, moderated a panel that represented a community pharmacy, a university campus pharmacy, and a regional health-system pharmacy. Each pharmacist described how his or her pharmacy had adjusted to stay-at-home orders, adapting workflow functions like remote signature capture to handle curbside delivery and home deliveries. The health-system pharmacy representatives described how they have had to adhere to the rules of their health centers and how they interact with patients. Med sync also came up as a way to manage workflow and reduce the number of visits patients make to the pharmacy.

It wouldn't have been a QS/1 conference without a lot of time with QS/1 staff highlighting the newest features in NRx, SharpRx, and PrimeCare. Topics included using eCare Plans in NRx and PrimeRx; HealthMinder, CycleRx, and MobileRx features in SharpRx; and the PrimeCare billing matrix.

The first series ended with "Digital Marketing for Any Budget," presented by Peter Lamotte, senior VP, and Molly Hefka, media planner and buyer, with the Chernoff Newman Marketing Agency in Charleston, S.C. Lamotte and Hefka explained the tools to use, from email marketing to online advertising; which metrics to monitor; and how to ensure any size budget is put to good use to achieve a pharmacy owner's marketing goals. **CT**

integra® Suite



Realize Your Potential

Our innovative suite of software solutions allows you to optimize your pharmacy for peak performance, generate more profits, and most importantly serve your patients better!

866.257.4279 | TheIntegraSuite.com

PHARMACY IS COMPLICATED.

YOUR SOFTWARE SHOULDN'T BE.

Pharmacy software that works with your pharmacy's workflow – not against it.

Liberty Software is dedicated to helping community pharmacies enhance patient care, increase patient safety, and improve profitability.

Liberty
SOFTWARE

PHARMACY SOFTWARE FOR
PHARMACY SUCCESS

View a demo now at www.libertysoftware.com or call us at 800-480-9603