computertalk
SEPT/OCT 2020 FOR THE PHARMACIST

LTC: Weathering the Challenges

Can Technology Help?

story begins on page 13

More on What Pharmacists Need to Know About CPESN

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 automated workflow and electronic 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.

Get your free demo of FrameworkECM today by visiting: FrameworkLTC.com.

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
sales@softwriters.com

computertalk® FOR THE PHARMACIST

September | October 2020

The intersection of technology and management.

COVER STORY

LTC: Weathering the Challenges

Can Technology Help?

by the *ComputerTalk* editorial staff

Traditionally, our September/October issue looks at trends in long-term care (LTC). This year the context may be different due to the COVID-19 pandemic, but in interviews with a variety of stakeholders, the foundation of LTC pharmacy — pharmacy systems, interfaces, and automation — has provided the resources to adapt to the new way of servicing facilities, and in some cases, this shift has created improvements that might not have come about otherwise. **Story begins on page 13**

plus...

COVID-19 Driving Pharmacy Automation* Multidose blisters with automation preparation serve to limit the touches during production and greatly reduce the bedside administration time for the caregiver. **pg. 18**

LTC Pharmacy: In It for the Long Term Lou Ann Brubaker, president of Brubaker Consulting, talks about the shifts in long-term care and the impact on pharmacies and the software they're using. **pg. 21**

pharmacy forward

back page

departments

features

*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. 5
Sept/Oct 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

The Big Three

I refer to Amazon, Google, and Facebook as the big three. Which leads me to an eye-opening article I read in the September issue of *Harper's Magazine* titled "The Big Tech Extortion Racket." The article refers to these companies as the "middlemen."

The corporate business model in all three is about ownership — ownership of data and the discriminatory practices that are used. It is about pay to play. The author of the article, Barry C. Lynn, compares the Amazon model to that used by the railroads in the 19th century. Discriminatory pricing was rampant due to the monopoly the railroads enjoyed, until the passage of the Sherman Antitrust Act in 1890. However, Lynn makes the case that the federal government is turning a blind eye to the business practices that exist with these three internet giants. Lynn says that Amazon's founder and CEO Jeff Bezos's message to sellers is simple: I control the road to the market. If you want to ride, you pay what I demand.

Now let's turn to Google. The article states that in 2018, an Irish technologist named Dylan Curran downloaded the information Google had collected about him. He found that Google had collected 5.5GB of data on his life, or the equivalent of more than three million Word documents. He found every Google ad he ever viewed or clicked on, every app he ever launched or used and when he did it, every website he ever visited and what time he did it. They also had every image he ever searched for and saved, every location he ever searched for or clicked on, every news article he ever searched for or read and every single Google search he made since 2009, as well as every YouTube video he had ever searched for or viewed since 2008. Google's model has enriched the company to the tune of $135 billion from advertising revenue in 2019.

Between Google and Facebook, according to the article, they captured some two-thirds of online ad revenue in 2019. And these two companies hold considerable sway over their advertisers in terms of pricing power. This is a good example of disruptive innovation.

Amazon has changed the way we buy things. Google has changed the way we have access to information that we never had before, and Facebook has facilitated online social interactions. The internet is the backbone for all of this.

I give credit to the founders of these three companies for what they created. Now they find themselves in a position of power that I don't believe they ever imagined would be a result of their creations. But to read Lynn's article is cause for concern. **CT**

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®

ScriptPro has been awarded a contract from the **U.S. Department of Veterans Affairs** (VA) to use the ScriptPro Inventory Management (SIM) software to manage pharmacy inventories for the entire VA enterprise. According to ScriptPro CEO Mike Coughlin, "This experience gives us a clear understanding of the needs of VA pharmacies, and SIM is an example of our motivation and dedication to meet those needs."

This is the culmination of an effort that started in 2008 when the U.S. Office of Inspector General issued an audit report calling for better management of VA drug inventories. ScriptPro responded by working with the VA Leadership and front-line personnel to develop a government-ready inventory management solution that functions inside the SP Central robotics-enabled workflow platform that, according to the award, "is currently installed in over 90% of VA pharmacies and the inventory management system, upon which SIM is based, delivers best-in-class inventory management functionality." Coughlin explains that ScriptPro adapted SIM from its commercial sector SP Central software that powers pharmacies in leading hospitals in the United States and other countries. "This adapted version has undergone several years of testing in almost 50 VA pharmacies," he says.

Transaction Data Systems (TDS) is working with **Waystar** to provide claims processing for pharmacists delivering patient care services. This arrangement with Waystar evolved from the U.S. Department of Health & Human Services authorizing pharmacists to administer COVID-19 tests.

Matt Hawkins, CEO of Waystar, says his company provides a streamlined claims processing service. He sees pharmacies becoming a larger player in the care delivery model. TDS President Kevin Lathrop finds the arrangement with Waystar as simplifying the billing complexities that can expand the business model of pharmacies beyond that of medication dispensing.

Waystar provides cloud-based technology to simplify the revenue cycle by removing friction in the payment process. The company has won Best in KLAS or Category Leader every year since 2010 and earned multiple number-one rankings from Black Book surveys since 2012. The Waystar platform supports more than 450,000 providers, 750 health systems and hospitals, and 5,000 payers and health plans.

PioneerRx has received accreditation by **Veracode Verified** that validates the level of security embedded with a provider's software development process.

"Companies like PioneerRx that invest in secure coding processes and follow our protocol for a mature application security program are able to deliver more confidence to customers who use their software," says Asha May, director of customer engagement at Veracode.

PioneerRx has a development team that actively updates and maintains the software system to mitigate any risk for its customers.

Tabula Rasa HealthCare (TRHC) has signed a letter of intent with the **American Society of Consultant Pharmacists** (ASCP) to jointly offer TRHC's medication safety software, MedWise, to the pharmacist membership of ASCP.

ASCP's Chief Executive Chad Worz, Pharm.D., BCGP, says, "Innovative tools, like MedWise, can increase the value of ASCP's consultant pharmacists' work to improve medication safety for senior care patients and residents of long-term care facilities by providing critical insight into the medications being prescribed and consumed."

TRHC's MedWise is a proprietary medication safety technology that helps pharmacists manage and optimize regimens by presenting meaningful opportunities to mitigate risks. Benefits include simultaneous multidrug analysis and identifying, resolving, and preventing adverse drug events.

"For every dollar spent on prescription medication in this country, we spend more than another dollar trying to address medication-related problems," says TRHC Chairman and CEO Calvin Knowlton, Ph.D. "We believe this collaboration with ASCP, which also provides pharmacists the opportunity to become certified MedWise Advisor pharmacists, will improve medication safety, prevent adverse drug events, and reduce total cost of care, while also strengthening and building relationships with patients and healthcare teams." **CT**

INDUSTRY NEWS ONLINE:
Updates every
1st & 3rd Monday at
www.computertalk.com/category/pharmacy-news/

AMERICAN SOCIETY FOR AUTOMATION IN PHARMACY

ASAP

THE LEADING FORUM ON TECHNOLOGY FOR THE PHARMACY MARKET

2021 Annual Conference is going virtual

JANUARY 14-15

Special Registration Fee

$500

Many conferences have been forced to go the virtual route due to the pandemic, and with successful participation, we trust the virtual ASAP experience will be as rewarding as ever.

CONFERENCE HIGHLIGHTS:

- U.S. Pharmaceutical Market: Trends, Issues, and Outlook
- Mapping the ASAP PDMP Implementation Guides to HL7 FHIR
- State Legislative Update
- What's Behind the Lack of Success for Pharmacists' Clinical Services?
- Current and Future Prescription Drug Monitoring Programs and the Benefit to Pharmacy
- SCRIPT 2017071: Nifty New Features for a New Decade and the Uptake
- Innovation Without Provider Status
- Federal Legislative Update: What to Expect in 2021
- The Role of the Pharmacist in a Dynamic Healthcare Environment

TO REGISTER, VISIT ASAPNET.ORG TODAY!

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

Six Things Every Pharmacist Should Know About CPESN Networks

by Bruce Kneeland

This is the second part of a two-part series outlining six things every pharmacist should know about CPESN networks. In* ComputerTalk*'s July/August issue, we covered three out of the six in part one. It's available online as text or an audio file/podcast at computertalk.com.

IN 2016, A MAJOR new effort was announced at the NCPA Annual Convention, called the Community Pharmacy Enhanced Services Networks, or CPESN. The goal of the program, according to Troy Trygstad, Pharm.D., M.B.A., Ph.D., executive director of CPESN USA, is to organize pharmacies that provide enhanced care services into a coordinated network that will enable them to get paid for providing these services.

CPESN USA is jointly — and equally — owned by Community Care of North Carolina, a 501c3 organization, and the National Community Pharmacists Association (NCPA). Learn more about the organization at wp.me/p9LtTd-3ts.

FOUR: EngageRx is the latest and boldest step yet in the maturation of CPESN USA. Launched this summer, the program pulls all the elements of the program together. It provides local networks with the training and marketing materials they need to more successfully contract with payers.

Troy Trygstad

Trygstad says, "EngageRx is the 'next big thing' for CPESN networks."

The professionally produced brochure and inserts outline a variety of enhanced care programs. The inserts describe how a particular pharmacist-provided service benefits patients, prescribers, and payers in measurable ways. Trygstad says that EngageRx provides CPESN participating pharmacies with the ability to present a program that is branded for each specific enhanced care service. For example, the program provides a specific "sell" sheet for services such as care synchronization or diabetes management.

Trygstad emphasizes that EngageRx is more than flyers and brochures. Participating pharmacists using the materials must first take a 10-hour training course that provides them with technical information and sales skills training. And, he adds, a PowerPoint presentation and digitized version of the materials are also available to facilitate formal presentations and effective follow-up. All of this is supported with a customer relationship management (CRM) software package that helps network leaders track the progress of each potential new client.

Trygstad believes this is the most sophisticated and comprehensive sales and marketing program ever provided to community-based pharmacy owners and managers.

FIVE: To be a member of a local network, pharmacies must demonstrate they can provide a core set of enhanced services. According to Trygstad this requirement is central to the idea of a clinically integrated network. This means that when a payer contracts for services it can be assured every pharmacy in the network can provide them.

The CPESN website, www.cpesn.com, provides a list and explanation of what these core services are. Trygstad says that some of these may seem pretty basic, but when you are competing with mail-order pharmacy sometimes things that seem basic are actually pretty important.

"For example," Trygstad says, "as simple as it sounds, the first requirement is that the pharmacist be available for face-to-face consultation." Next, the program calls for participating pharmacies to review all medications a patient takes and take action to prevent medication-related complications.

Other enhanced care services include monitoring a patient's immunization record and offering to provide vaccines when needed. If the pharmacy cannot provide the immunization, the pharmacist is to refer the patient

to a facility where it can be provided. Medication synchronization is also on the list.

Every participating pharmacy must have a private consultation area as well. The key takeaway: While all of these services are valuable, they are not out of reach for the average pharmacy and are far superior to what mail-order pharmacies provide.

SIX: One novel requirement is that every CPESN pharmacy must be capable of, and actively use, a pharmacy eCare plan. According to Trygstad, eCare plans are kind of like the glue that holds all the different elements of the program together.

An eCare, or electronic care, plan is a place to create, organize, and document all the interventions and services the pharmacy provides to patients receiving enhanced care. Since an eCare plan is so important, CPESN USA has worked with system vendors and arranged for many of them to build a plan into the pharmacy management system. Other technology companies, such as STRAND (now part of OmniSYS), PrescribeWellness, and AZOVA, have developed eCare functionality that integrates with pharmacy management systems. As of the time of this writing, 15 companies are certified by CPESN USA as having met their eCare standard.

According to Robyn Amberg, senior business development manager with PrescribeWellness, a TRHC company, eCare plans are an essential "next step" for the profession. Amberg says that every time she visits a physician, the doctor documents her diagnosis, recommendations, and prescriptions into an electronic health record (EHR). She says that if pharmacists want to be paid for providing cognitive services, they must learn not only to provide them, but to document them as well.

The format for storing and sharing eCare plans has been coordinated with the Pharmacy Health Information Technology (HIT) Collaborative. CPESN USA-approved eCare plan templates meet all industry standards for functionality, interoperability, and HIPAA regulations. The ability to provide eCare plan functionality for pharmacies serves as a perfect example of the need for pharmacy system vendors and other technology providers to support and develop interfaces.

Recorded on an eCare plan are clinical assessments, treatment recommendations, lab results, counseling provided, identified drug therapy problems, and actions taken to remedy them. Then, once in digital format, these reports can be shared electronically with providers, and the providers can respond electronically.

With the aid of eCare plans CPESN networks are now able to capture the data and produce the documentation necessary to support billing payers — not PBMs — for services rendered. And none of this would happen as well or as rapidly without the network, or be as valuable on an individual pharmacy basis rather than as the total value of the combined network. This is, according to Trygstad, "a big deal."

CONCLUSION

Yogi Berra, the late, great New York Yankees baseball player and erstwhile philosopher, is sometimes credited with the saying, "The future ain't what it used to be."

For generations the goal of retail pharmacy has been to fill more prescriptions. It is now obvious this is no longer the primary determinant of success. The time has come for pharmacies to provide, document, and bill for services that lower healthcare costs and help patients live healthier lives. CPESN networks seem to me to be the profession's best hope for accomplishing that task. Here's hoping, no matter what your practice setting, that you'll take time to investigate and support the movement. **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.

Long-Term Care: **A New Set of Challenges**

Ed Vess, R.Ph.

Paul Baldwin

No sector of the healthcare industry has been affected more than long-term care over the past year. What are the keys to success going forward? Marketing your pharmacy's unique offerings and continuing to push for provider status.

A YEAR AGO COVID-19 was not on anyone's radar screen. Our assumption was that the near future would be like the near past. Then we were suddenly facing a once-in-a-lifetime pandemic that has wreaked havoc on both the national economy and the healthcare industry. Such is the nature of all crises: We never see them coming.

No sector of the healthcare industry has been affected more than long-term care (LTC). The sector was already suffering from decreases in resident population, new Medicare Part A payment models, and increasing pressure from Medicare managed care. The virus accelerated these changes as nursing homes suspended new admissions and hospitals canceled elective surgeries that required rehabilitation. On top of that, nursing homes seemed to be ground zero for the spread of the virus and were forced to spend more on protective equipment, training, and staffing.

The years ahead look to be more of the same, with occupancy rates continuing their plunge. The American Health Care Association sponsored a survey that suggests that more than 70% of nursing homes predict they will not be able to sustain operations at the current pace over the next year.

Long-term care pharmacies have experienced a substantial reduction in prescription volume as nursing home occupancy plummets, while costs related to compliance with the new infection control regimens have spiked. The industry's revenues have not been hurt quite as much as retail, but both sectors have lost business to mail order, the only pharmacy sector that has seen increases in utilization.

For pharmacies that have not diversified into home- and community-based services, the future is almost completely tied to the fate of the institutional sector. As nursing homes go, so go these pharmacies.

The number of pharmacies that have a primary National Provider Identifier (NPI) taxonomy code for long-term care pharmacy continues to grow. While growth is not robust, it appears that entrepreneurs see opportunity in the sector. The larger threat comes from new companies, fueled by venture capital, that are poised to capture share by the aggressive implementation of technology platforms to deliver medicines just in time at lower cost.

Key to success in the future will be the ability to differentiate one pharmacy from another. Independent pharmacies currently spend less than 1% of revenue on marketing, while experts recommend budgeting 5% to 8% of revenue. This is challenging in a period of decreasing revenue, but cutting costs alone is unlikely to reverse the fortunes of the LTC pharmacy sector.

A SEAT AT THE TABLE

The American Society of Consultant Pharmacists (ASCP) reports that long-term care pharmacies now have an official seat at the table in the federal government's Operation Warp Speed campaign and are seeking a leading role in ensuring rapid distribution of future COVID-19 vaccines to eldercare facilities. T.J. Griffin, R.Ph., senior VP of PharMerica's LTC Pharmacy, was selected to serve as a representative of ASCP and all of LTC pharmacy on a committee charged with implementing the White House's COVID-19 vaccine acceleration program, according to a recent ASCP announcement.

The committee is charged with how to deploy 400 million doses of the vaccine to logistical sites across the country for rapid distribution to pharmacies once the vaccine is cleared for use. The existing relationship LTC pharmacies have with nursing homes and assisted-living facilities make them ideal agents as they can leverage their existing delivery chain.

OPPORTUNITY FOR PHARMACY

An increasing number of LTC pharmacies are adding immunization administration programs to their service offerings to the facilities they serve. With an increased societal awareness of respiratory infections, this year's influenza immunization rates are expected to improve significantly. Many pharmacists will use this as an opportunity to identify deficits in their patients' immunization history. A significant number of patients have not completed the Centers for Disease Control and Prevention (CDC) recommended series of vaccines. Most prevalent in this area would be the pneumococcal vaccines recommendations.

As pharmacists across the spectrum stepped up to the challenge of the COVID-19 pandemic, we can hope policy-makers have taken note of the value pharmacists bring to our nation's health system. Pharmacist provider status is a benefit for all.

Pharmacy is uniquely positioned for the proposed documentation and reporting of COVID-19 vaccines. Vaccine administration reporting to state immunization registries and primary care providers is a standard of practice for most immunizing pharmacists. The vaccine history lookup and scheduling of doses are easily implemented in the pharmacy workflow.

Pharmacists are seeing benefits from offering additional clinical services to eligible patients. Diabetes self-management education and support (DSMES) have been shown to be cost-effective by reducing hospital admissions and readmissions. Many states require all public and private health insurance plans to cover diabetes self-management education and training (DSME/T). Consultant pharmacists are in a prime position to make this part of their clinical review process. Pharmacist intervention in other programs has also shown patient improvement. Reimbursement is payer specific and will often depend on the residence type of the patient.

As pharmacists across the spectrum stepped up to the challenge of the COVID-19 pandemic, we can hope policy-makers have taken note of the value pharmacists bring to our nation's health system. Pharmacist provider status is a benefit for all. **CT**

Ed Vess, R.Ph., is director, pharmacy professional affairs, at RedSail Technologies, where he develops and maintains professional relations with pharmacy organizations representing community, institutional, and long-term-care pharmacists. He can be reached at ed.vess@redsailtechnologies.com. Paul Baldwin is a veteran healthcare policy and government relations executive with 30 years of experience in pharmaceuticals and pharmacy. He can be reached at paul@ltcpharmacy.net.

What is your experience?

Visit wp.me/p9LtTd-3tv to share your thoughts on the trends in long-term care pharmacy.

CULTIVATE CUSTOMER RELATIONSHIPS.

WATCH BUSINESS GROW.

IMPLEMENT THE SOFTWARE THAT BOLSTERS SUCCESS.

Pharmacists who use the adaptive, intuitive, user-friendly software BestRx offers definitely reap the benefits. Because our simple-yet-sophisticated technology lets them turn their attention to more important things: namely, strengthening customer relationships—and growing.

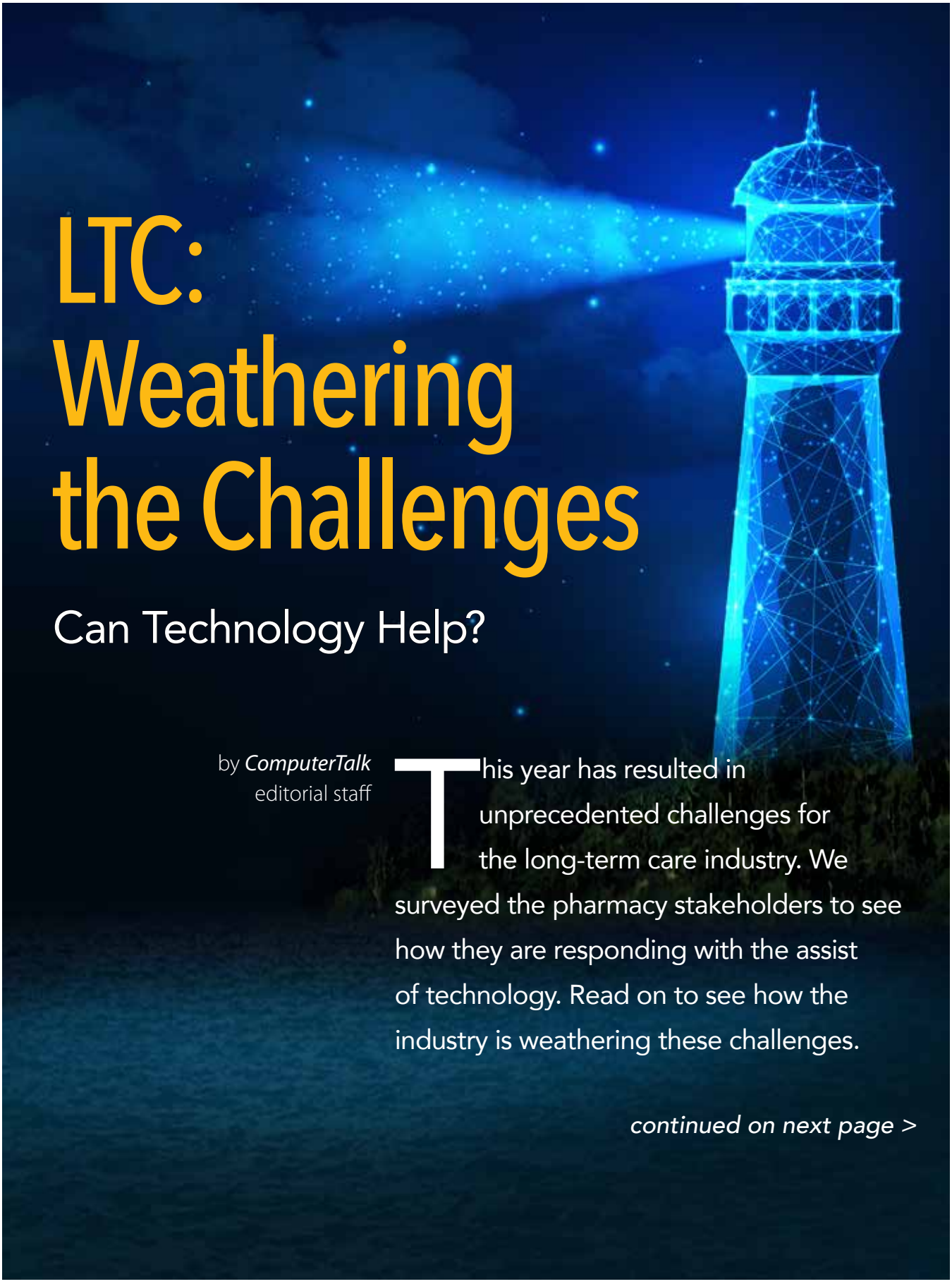
FIRST-TO-MARKET FEATURES

EASY TO USE PLATFORM

#1 IN SOFTWARE SUPPORT

BestRx PHARMACY SOFTWARE™

At The Heart of Growth



LTC: Weathering the Challenges

Can Technology Help?

by *ComputerTalk* editorial staff

This year has resulted in unprecedented challenges for the long-term care industry. We surveyed the pharmacy stakeholders to see how they are responding with the assist of technology. Read on to see how the industry is weathering these challenges.

continued on next page >

continued from previous page

Trena Weidmann, R.Ph., is the owner of **P & S Pharmacy**, a long-time pharmacy fixture in Corsicana, Texas. Long-term care (LTC) has been part of the offerings for years, and Weidmann decided to convert her LTC operations to a closed-door pharmacy in 2006.

Trena Weidmann, R.Ph.

She serves various types of local LTC facilities, though one challenge has been corporate rollups that have led to prescriptions being filled by the facility owner's corporate pharmacy, which is often some distance from Corsicana. Still, in these cases, Weidmann has been able to maintain a niche providing a local backup for emergencies and first fills for new residents.

When Weidmann switched over to PioneerRx she wanted to maintain the continuity of running the same software in her retail and LTC pharmacies, which has worked out well for her. Among the key tools within the system, as she reports, is being able to group patients by facility and then process prescriptions by individual facility, set up various billing cycles, and produce medication administration records (MARs), though she notes that many facilities have moved to electronic MARs (eMARs) at this point.

Weidmann was in the process of getting PioneerRx connected to one facility's eMAR last year, so that the facility could meet its goal to order medicines without calling. That effort ended when the facility changed owners and decided not to continue with eMARs, though Weidmann is glad to know that she has the capabilities within PioneerRx to connect if needed.

Next on her list is PioneerRx's ability to print special labels both for single-dose packaging, used in skilled nursing facilities, and for multidose adherence packaging, which is an important service for the group homes that P & S Pharmacy serves for people with cognitive disabilities. "These group homes are not staffed by skilled nursing providers," she explains, "and the residents are active and work in the community during the day. So they benefit greatly from the independence afforded by the multidose packaging that P & S Pharmacy provides."

continued on page 16

Join the Market Leader in Connecting Community Pharmacy

Interested in implementing unique care offerings to reach new patients and expand your pharmacy's revenue streams? Find how innovative software solutions from Rx30 and Computer-Rx move beyond traditional pharmacy dispensing software to ensure a Total Pharmacy Solution for all aspects of your business.

Ready to learn more?

Contact us today for a custom demonstration.

(800) 289-7930
sales@rx30.com
rx30.com

Transaction Data Systems
Rx30 Computer Rx
Pharmacy Focused, Solution Centric

(800) 647-5288
sales@computer-rx.net
computer-rx.com

cover story: LTC challenges

continued from page 14

Returning to the topic of creating groups within the software, Weidmann is able to segment not just by facility, but also to create subgroups of residents with those facilities, for example by wings. "This way we can fill prescriptions and manage patients one wing at a time," says Weidmann, "instead of having to do the whole nursing home at once. It's very helpful for us to be able to manage our filling volume this way, so we're staying organized and efficient. I can remember days when we filled the prescriptions for every resident at a facility on the first of the month." The ability to organize and pace the prescription filling means that the staff always has the time to provide service and address any issues as they arise.

Finally, Weidmann appreciates PioneerRx's ability to record immunizations and report to the state registry. "We do a lot of vaccines for group homes," she explains, "and everything has to be recorded and reported electronically to the state." This capability is only going to be more important, notes Weidmann, when a COVID-19 vaccine becomes available.

Tom Hyde, R.Ph., is founder and CEO of **Procare LTC**, which serves a variety of facilities in New York, Connecticut, Rhode Island, Massachusetts, and Ohio from five pharmacies.

Procare LTC has been working with IND Consulting for about 10 years now, which offers data entry, consulting, and technology

Tom Hyde, R.Ph.

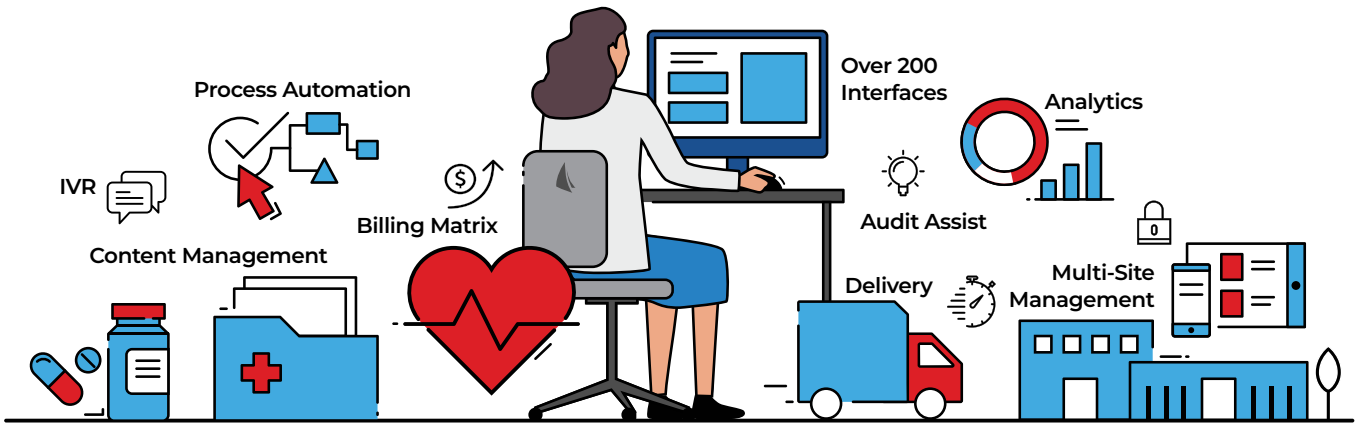
solutions. "We started out with IND to bring on remote operators that would allow us to outsource some highly repetitive data entry tasks," says Hyde. "From there we started to integrate with them more and utilize a number of their services to supplement our own internal teams." For example, Hyde explains, IND Consulting can help Procare LTC handle certain billing rejects or, depending on state laws, enter an order for Procare LTC during times of peak demand or after hours and queue it up for a pharmacist to see.

continued on page 18

integra® | PrimeCare®

Boost Your Operating Performance

Streamline daily processes and improve efficiency by breaking down your workflow into segmented tasks, making it easier to monitor operational flow and ensure your pharmacy is operating at peak performance.



Billing Matrix

Free up your pharmacy staff with our industry-leading Billing Matrix. Automatically assign price plans and charge accounts based on the facility and track multiple pay status changes and concurrent coverage. The patient Billing Matrix also assists with automating prescription rebills to ensure everything is billed correctly due to payer status updates or changes.

Multi-Site Management

Multi-Site Management (MSM™) allows you to perform administrative tasks that affect all your pharmacy locations. MSM uses central prescriber and drug databases – eliminating redundancy. Centralize claims reconciliation for quicker, more efficient company-wide claims processing and troubleshooting.

Comprehensive Interfaces

PrimeCare offers more than 200 interfaces in the institutional space that will help keep your pharmacy competitive. Choose from a variety of solutions and services that improve efficiency and enhance customer engagement.

866.257.4279 | PrimeCareAdvantage.com

continued from page 16

Procare LTC can even bring on extra, remote pharmacist-level staffing on demand, as state laws allow, using PODS, or Pharmacist On Demand Services, a sister company to IND Consulting. "We may use this if we are short pharmacist staff," says Hyde, "or when we are seeing growth. IND and PODS can help queue up a lot of that data and take a lot of the burden off my internal team so our team can still be customer facing." PODS is also crucial as an after-hours and emergency support resource. "If something happens at 4 o'clock in the morning," says Hyde, "they can handle that call for us."

IND Consulting's staff is well trained in using Procare LTC's technology suite, including its FrameworkLTC pharmacy management system from SoftWriters. "We have workflows where our on-site staff are in different parts of a building. So in reality, if we are leveraging IND Consulting and PODS remotely, the workflow would be the same. As long as you can be compliant in allowing people to come into your system remotely, it works very smoothly," says Hyde.

IND Consulting has also provided Procare LTC with network and IT infrastructure services, again supporting and expanding on the capabilities of in-house resources. "Managing our IT is a 24/7 job, and the IT support team we'd otherwise need to maintain in-house would be significant."

Medplus Solutions operates an LTC pharmacy in an 18,000-square-foot facility located in San Juan, Puerto Rico. The pharmacy currently services around 500 facilities and 10,000 beds, ranging from assisted living to mental health and cognitive disabilities and skilled nursing.

Sultan Yassin, Pharm.D., president of Medplus Solutions, reports that the pharmacy has just implemented the MedWise medication decision support platform from Tabula Rasa HealthCare, rolling it out in August. As a new process, Medplus is working with physician partners to get widespread adoption from the medical community on the recommendations they are able to make based on MedWise.

Sultan Yassin, Pharm.D.

"Over the past nine years that we've been in the LTC space, we've continually tried to raise the bar in terms of our services and our patient safety offerings," Yassin says. "We started off doing some basic analytics for which, based on the patient profile, we would send out questionnaires to facility nurses with the goal of assessing fall risk. And our clinical pharmacists had also developed some basic algorithms to identify potentially misused psychotropic medications. We made a substantial

impact, but we were looking for something where we could do more for our patient population."

MedWise brings sophisticated decision support and recommendation tools to Medplus pharmacists, as well as the MedWise Risk Score that stratifies the patient's risk. It's not, as Yassin puts it, a simple input-output solution, but a framework within which pharmacists apply their knowledge of pharmacology and their analytical skills. "As a pharmacist, when you think of medication safety or medication safety systems," explains Yassin, "you typically think of DUR [drug utilization review] systems where you type in a prescription and you get severity-ranked errors or possible drug interactions. But MedWise is much more nuanced, and pharmacists have to really understand the pharmacokinetic principles behind things like competitive inhibition — and they have to consider just which therapies are truly relevant given the patient's disease states in order to be able to leverage the tool to its maximum potential."

MedWise provides extensive training, with Medplus Solutions pharmacists being one of the first cohorts to take part in the new Tabula Rasa University online. "There's 16 hours of training followed by a series of group discussions of example cases led by the Tabula Rasa University pharmacists. We get to learn about both the science and the art of using MedWise. I think it was actually very gratifying for our pharmacists to use all their skills this way," says Yassin.

MedWise can be applied both retrospectively and in real time. "We're currently doing weekly reviews in MedWise," says Yassin, "and moving toward daily, and then eventually real time." Once the tool is applied in real time — and this is particularly important, according to Yassin — pharmacists will be able to provide prospective recommendations whenever there's a transition of care or a therapy change. "We will be able to see if a change results in a

continued on next page

cover story: LTC challenges

continued from previous page

significant shift in the MedWise Risk Score and focus our attention on developing recommendations in those cases."

As MedWise becomes the standard of care at Medplus Solutions, Yassin expects to generate important outcomes data that will prove the benefits of the pharmacist's recommendations. "That really is part of our goal," he says. "We want to be able to document and demonstrate impact. And then we would like to work with Tabula Rasa to jointly publish results and outcomes. We're very much looking forward to being able to share those results with the rest of the world and show the impact we can have."

LTC Rx is located in Chippewa Falls, Wisc., where it services about 2,000 LTC beds, according to owner **Paul Winger, R.Ph.** This pharmacy produces both bubble packs and strip adherence packaging, currently using RxSafe's RapidPakRx for the strip packaging. "The reason we added RapidPakRx," says Winger, "is because of the ease of checking the strips and a better quality of packaging than the previous strip packaging automation we had." He also highlights a much easier time changing NDCs (National Drug Codes).

Paul Winger, R.Ph.

Amanda Pfeiffer, the LTC Rx staff member who works the most with RapidPakRx, notes that it uses packaging that has paper on one side and a clear plastic on the other, rather than plastic on both sides. This simple difference has a lot of benefits.

Amanda Pfeiffer

"First," says Pfeiffer, "the printing goes on the paper side, and it is much easier to read than when it is on plastic. The strips are also much easier to open and reseal if there are any changes that need to be made. And it runs through the machine much more smoothly, without the bunching up, which was an issue with plastic on both sides."

Winger reports a huge difference in the ease of checking the packaging produced by RapidPakRx, which is the result of having automated vision inspection built right into the technology. "With our old packaging robot the vision inspection was a separate machine," notes Winger. "And it wasn't cheap, so we didn't have it. And even if we did invest in it, it required the additional step of feeding the filled strips in for inspection, rather than being integrated into the technology like it is with RapidPakRx."

"We probably spend about a third of the time checking now," Pfeiffer adds. "RapidPakRx's visual inspection can tell if a pouch has been misfilled and also flags pouches in which it's not able to differentiate between drugs for whatever reason. Though the automation fills very accurately, so these checks are really kept to a minimum." When there is an issue, LTC Rx pharmacists are just checking the exceptions, with the potential errors marked clearly by the system, and using a large-screen TV to do it. "It really cuts down on the strain and monotony of the pharmacist check," says Pfeiffer.

There's one final highlight of the automation that's bringing greater efficiency, according to Pfeiffer. And that's a much easier process for loading in a new medication if there's a change to the NDC. "We use a micrometer to measure a new pill and enter the dimensions into RapidPakRx," Pfeiffer says. "And then the machine takes pictures from several different angles and learns what that specific NDC

looks like. Then we're dialed in and ready to keep going."

Alpha Drugs consists of two pharmacies in Anaheim, Calif. The business splits 40%/60% between retail and long-term care pharmacy, where the focus is residents in assisted living facilities, skilled nursing homes, and group homes. **Dave Patel, Pharm.D.**, is a pharmacist in this family business started by his father.

Alpha Drugs has recently moved to using BestRx pharmacy management software for both sides of the business. As Dave Patel tells it, Alpha Drugs had been a long-term customer of a pharmacy software vendor that was bought out by a large corporation. After one false start with a new vendor, Patel, who has a background in pharmacy informatics, went about developing a detailed list of requirements. The goal was to have everything set up, filtered, and tagged within the system so that the repetitive work of serving 20-plus nursing homes is as automated as possible.

Dave Patel, Pharm.D.

"I brought this list of needs to vendors who we thought could potentially provide us with software that would work both for our retail and LTC businesses," explains Patel. "Some said right away that they didn't have and didn't plan to roll out the LTC features we needed, some beat around the bush promising they could get them done. When I was talking with Hemal Desai at BestRx, I asked him about a specific feature we needed and he was back to me about five days later, saying, yeah, we did it." That led Patel to go through his whole list of needs with BestRx. "I told them that, if you're willing to work with us to expand your software," says Patel, "I'm happy to help you build out the LTC capabilities."

continued on next page

LTC Pharmacy: In It for the Long Term

Lou Ann Brubaker

Lou Ann Brubaker is the president of Brubaker Consulting, a company she founded in 1988 to exclusively serve post-acute care and related ancillary and technology companies. She spoke with ComputerTalk's *Maggie Lockwood about recent happenings in skilled nursing facilities (SNFs) and the impact on pharmacies and the software they're using.*

ComputerTalk: What trends are you seeing this fall, Lou Ann?

Lou Ann Brubaker: Last October there was a major shift in the Medicare reimbursement program. We went from the prospective payment system (PPS) to the patient driven payment model (PDPM). Where once skilled facilities drove revenue based upon the number of therapy minutes per resident/per week, the focus is on individualizing care based upon clinical need *and* co-morbidities. Therapy is now just another cost center. It's forcing skilled facilities to look hard at more complex services like wound care, oxygen therapy, and IVs. It's important that pharmacies understand the shift in the payment model because medications are reimbursed separately from nursing and social services, and Medicare predicts increased pharmacy spend under PDPM.

CT: Will there need to be increased documentation and patient-specific information to support SNF clients?

Brubaker: Absolutely, at the facility level, it's far more than just charting care. It's more directly tying clinical pathways to care plans and more real-time risk assessments for things like falls. I think this will force pharmacies to look hard at what's the real level of sophistication in the software they're using and how it can be leveraged as a value-add in their services. How does the pharmacy software interface with what's being used in my facility? What can you bring to my attention sooner?

The next target in that interface ought to be what the pharmacy can do to streamline a facility's processes and take routine tasks off the facility table in respect to medication management. As a facility I'm caring for people who, 15 years ago or so, would have been in the hospital. Current SNF admissions have a ton of co-morbidities. Nobody is coming in just because they had a broken hip. If they're well aged they'll be supported with home- and community-based services following hospital discharge. I need my clinical staff to be providing clinical care — spending less time on the administrative.

CT: What are other ways pharmacists can provide values?

Brubaker: A good example is provision of a quarterly business review. If I'm an owner of 10 nursing facilities, I don't want you to give me the overall enterprise level of information. I want you to show me where I have outliers in certain performance areas. If I've got one or two facilities that are really requesting a ton of stat deliveries, we may have a problem.

What data can your pharmacy provide about my attending physicians' prescribing habits? Who should I be concerned about regarding antibiotic overutilization? Who isn't consistently following formularies, or is less inclined to take my consultant pharmacist's recommendations? I can't address things operationally in the aggregate — you've got to help me with the granular information.

The bottom line is that anything that a pharmacy can do to look for opportunities, using current algorithms in its pharmacy software, to help facilities then drill down and save money in terms of a Medicare Part A resident, is invaluable. My margins are thin — I'll look at any opportunity to improve them. If you can help me do that through your unique expertise, I'll marry your pharmacy. **CT**

Read more from Lou Ann Brubaker at wp.me/p9LtTd-3sJ. She welcomes questions and conversation at brubak97@aol.com.

cover story: LTC challenges

continued from previous page

At the top of Patel's list was the need to be able to tag and sort data more extensively than was typical for retail filling. "For example, we need to be able to sort patients into groups and queue their prescriptions by facility and even by wing within a facility," says Patel. "We also need to be able to distinguish between medications that are cycle and noncycle billing, so that we can avoid the trouble that comes from short filling to match the cycle for things like creams or inhalers or for cases where there are frequent medication changes."

Patel reports that BestRx was able to develop all of these features, and more. As a result, once patients are correctly tagged and filtered into queues, the LTC workflow at Alpha Drugs goes very smoothly. For example, when a new prescription comes in, it's tagged as LTC and cycle or noncycle, and then it's automatically pulled into the correct facility MAR, and with the correct administration timing for that facility.

"Overall, it's really about how we can customize the information that we're managing within BestRx but control when and whether it's actually outputted to, for example, a MAR or label or submitted for billing," says Patel. "These are just not features that you would ever need in a purely retail system, basically."

Johanna Readinger is the director of operations for **Guardian Pharmacy of Indiana** in Indianapolis, where she oversees the various aspects of the business, such as pharmacy scheduling and IT projects.

Most recently, Readinger has been focusing on ensuring the highest level of accuracy of outgoing orders. To address this she's focused both on the tote-filling and delivery steps. Readinger reports seeing great benefits from using the delivery tote-filling steps of the workflow in Integra PrimeCare pharmacy management software. This is a barcode-driven step to match a batch of medications to the delivery tote that they are supposed to go into. If it is not the right tote, there's an alert. "Once we have a positive match between the prescription and tote barcodes," says Readinger, "we have the confidence that all the right meds are in the right tote and they are going to make it to the correct facility."

Johanna Readinger

Readinger wants to be able to track that delivery step as well, and has recently begun using Integra DeliveryTrack. "DeliveryTrack gives us real-time access to where our drivers are in their routes," she says, "and instant access to details such as who at a facility signed for a delivery, at what time they signed, and what was in the order." This has really streamlined operations and reduced the time spent on phone calls from facilities following up on details about a delivery.

Readinger points to another area in which Guardian Pharmacy is relying on PrimeCare to manage complexity in LTC: billing matrices. "We need to make sure that we have all the payers in a patient's billing matrix," she explains, "and then that we have medications coded correctly as primary payer, secondary payer, etc. This helps us reduce the amount of time that is involved in rebilling."

A good example of this are hospice medication lists, which are added to a billing matrix for patients newly admitted to hospice. "Those medications that are tagged for that list are then billed automatically to the hospice, as opposed to being billed to the primary payer," says Readinger.

Finally, Readinger notes that there's been a boom in demand for eMAR interfaces, with Guardian Pharmacy adding five such interfaces over the last few years. "Many facilities are interested in getting away from pen-and-paper medication administration records," she notes. "So I've spent a lot of time working with the interface department at RedSail Technologies, Integra's parent company, on this."

In the end Readinger says the big challenge for her continues to be maintaining good communication between the facilities and the pharmacy. "We are constantly working to meet and exceed expectations for facilities," she says, "and tools like DeliveryTrack, tote-level workflow tracking, and eMAR interfaces are all part of an effective communications cycle."

Sterling Long Term Care Pharmacy

primarily packages in single-dose bubble cards for assisted-living facilities and nursing homes. The Worthington, Minn., location packages approximately 3,000 prescriptions a week in about 4,500 bubble cards. "We are always looking for ways to increase productivity," notes **Amy Paradis, Pharm.D.**, pharmacy manager in Worthington. This led to deploying Pillvac at all four Sterling Long Term Care Pharmacy locations three years ago, and more recently adding packaging robotics.

Amy Paradis, Pharm.D.

"We moved from manually filling prepacks to using Pillvac," says Paradis. "The productivity gains have been impressive. With Pillvac we can fill four or five cards in the same amount of time it took to fill one card manually." This has allowed Sterling Long Term Care Pharmacy to expand the amount of prepackaging it does and to take on cycles for the other pharmacies, all at the same staffing level.

Another important benefit has been that Pillvac gives Sterling Long Term Care Pharmacy a tool to address USP <800> requirements for handling of hazardous drugs. "We have very specific requirements to meet for all the drugs we dispense that are on the NIOSH [National Institute for Occupational Safety and Health] lists," says Paradis. "For example, staff have to wear gloves to handle them, which we always do anyway in our pharmacy. We also need to address the possibility of pill dust contamination, which can mean needing to dispense in a separate area. And then we have to clean any equipment used to fill hazardous drugs before we use it again." Pillvac addresses a number of these requirements, notes Paradis. First, since it uses suction to pick up pills, it's also vacuuming up any pill dust and capturing it using a HEPA filter. Second, there are special and clearly labeled hazardous drug trays that staff use on Pillvac whenever they are packaging NIOSH list drugs. Finally, it's easy to clean the trays and change the HEPA filter when finished. Another benefit of the suction-based technology, reports Paradis, is that techs need to use less personal protective equipment when prepackaging NIOSH drugs, which has been important during the COVID-19 pandemic.

As noted earlier, Sterling Long Term Care Pharmacy has recently added blister card packaging automation as well. The robot serves, however, as a complement to Pillvac rather than a replacement. This is in part because while the robot has the advantage of being able to run in off hours, it is, in fact, slower at filling cards than staff using Pillvac. It also does not work well for all medications. "For example, if the pill is the wrong shape or too powdery," says Paradis "then it's better to prepack it with Pillvac."

And Paradis has also found that staff members using Pillvac are more consistently accurate. "It's very easy to see if you have missed a capsule in those bubble cards," she says.

continued on next page

continued from previous page

Taylor Drug has a combination shop in Arkansas City, Kan., with retail, long-term care, DME (durable medical equipment), and compounding, and a closed-door shop in Oklahoma City, Okla. Owner **Jonathan Taylor, Pharm.D**., says the pharmacies are significantly different, but both use the Speed Script pharmacy management system.

The Oklahoma City location serves 100% intermediate care patients who are intellectually and physically disabled and living in a variety of settings. The groups serving these homes are under the umbrella of the Development Disabilities Service Division. While the pharmacy services approximately 1,000 beds between the two locations, most patients take multiple medications, resulting in a higher overall prescription volume. Taylor says the volume is such that his pharmacy is on the verge of installing a robot.

Jonathan Taylor, Pharm.D.

Taylor uses the Speed Script web-based eMAR module with about half his intermediate care clients. He says clients like the ability to log in and access real-time data on the pharmacy services.

Some of his clients allow the pharmacy to access the facility's eMAR to update orders and discontinued scripts or modify dispense times. Through his contract the pharmacy is compensated for the work.

Although Taylor Drug has used adherence packaging for about 10 years, Speed Script recently wrote an interface to the system that eliminated the need to enter patient and prescription data twice. "Orders that are entered into the pharmacy system get transmitted directly to the packaging system," says Taylor. "It streamlines the process and gives me more confidence that I don't have to verify the second input. That's a major weight off our shoulders."

When COVID-19 hit his facilities, Taylor immediately bulk-compounded hand sanitizer using 80% alcohol and ordered PPE (personal protective equipment). The Speed Script compounding module made it easy to bill for the hand sanitizer. While they did bill their facilities, on the retail side

the pharmacy donated these supplies to area first responders. "I wanted to be able to offer this service to my community, and it was easy with the compounding module," he says.

Serving the intermediate care patients, as well as offering compounding to retail, doctor's offices, and vets, are examples of the diversification Taylor says pharmacy needs today to thrive. He also uses Speed Script to manage a med sync program for retail patients, in addition to the intermediate care patients. Taylor praises his buying group (the Compliant Pharmacy Alliance) as a key to helping profitability. "I think there is a lot of hope in being a pharmacist. I'm not going any place," he says.

The COVID-19 situation has had dramatic and possibly long-term effects on the long-term care pharmacy business, says **Randy Peck, R.Ph.**, principal, **Peck Purchasing Consultants**, near Chicago, Ill. He says that at the height of the pandemic, census in many homes was down by 40% or more. Rehab, which is a big part of LTC today, and an important revenue driver, is down by 90% or more.

Randy Peck, R.Ph.

"I'm seeing pharmacies down anywhere from 25% to almost 40% of their typical volume," says Peck. "Obviously, it puts a significant crunch on cash flow and profitability for the pharmacies."

With all this going on, pharmacies are also tied to performance contracts with their primary wholesalers. Peck will help pharmacies evaluate their purchasing practices and advises on finding the sweet spot to meet their prime vendor agreements to save money on generics through the use of tools such as PharmSaver.

"It's a matter of survival right now — and a tool that can deliver savings, help you manage your prime vendor agreement to its utmost, and not take up much time with your staff is just an enormous benefit right now," says Peck.

The comparison tools PharmSaver offers aren't new to the long-term care space, but the pandemic has accelerated their use and importance in keeping a business running.

With patient census down, pharmacies can't meet both top-line targets and generic compliance. Wholesalers are also penalizing pharmacies for not complying with contracts, with brand discounts as well as rebates being cut. The reimbursement-driven model that's been in place for years is putting even more margin pressure on pharmacies during the pandemic.

"Depending on your brand and generic mix at a particular pharmacy, it could be the case that, well, yes, we will be giving up two tenths of a percent or a quarter of a percent on brands," says

continued on next page

continued from previous page

Peck. "But when you quantify those dollars, versus what you might pick up saving 50%, 60%, and in some cases, 75% on a generic or a basket of generics, then it more than offsets the move to a lower tier."

When the pharmacy gives the range they want to achieve to PharmSaver, the software presents the best options, comparing the primary wholesaler's pricing with other wholesalers. The staff can then add items to a shopping basket and see what the savings will be and how it impacts their contractual requirements.

You have the ability to identify to PharmSaver your brand and generic discounts, the rebate tier that you're targeting, and the minimum percentage savings or dollar savings that you're looking for, says Peck. And when you export a file from your prime vendor, that file denotes which generic is a source generic or not. The PharmSaver algorithm shops against the net price that the pharmacy is ultimately going to pay, rather than the invoice price.

Typically, Peck says, customers save twice what they spend on PharmSaver. One client, who just started using PharmSaver in December, has told Peck that without the service he would not have been able to keep his pharmacy afloat with the significant decrease in script volume because of the pandemic.

"A tool like PharmSaver was always valuable, but with the situation that most people are facing in their long-term care pharmacy business these days, it's even more critical," says Peck. "The savings are real and fairly immediate."

PCA Pharmacy, based in Louisville, Ky., has been serving the LTC community since 1994. The company has grown over the years, says **Lance Miller, R.Ph.**, VP of operations, through organic growth, joint ventures, and acquisitions, to nine pharmacy locations and 525 employees that service about 32,000 patients in 13 states. They have used the SoftWriters system in one of the pharmacies since 2007 and have started transitioning more locations to the platform.

"It's hard to be an independent pharmacy in today's market, and so we look for partnerships in our markets that fit our culture and can provide us with an advantage. From our perspective, it's an advantage to all of our long-term care customers to have insight into what they need and how we can help them. Due to our joint venture relationships, we gain the advantage of being able to do trial processes, see how they work, and then branch out into the marketplace with the new processes to assist our current customers and potentially attract other customers," says Miller.

One example is the "Meds to Home" program, where the pharmacy follows patients after discharge from a facility to increase adherence. "We wanted to ensure patients were compliant by providing them with a 30-day supply of their medications when they discharge home," says Miller. PCA developed processes around the logistics on the facility side, to have the information in a timely manner and get the meds to patients prior to them going home. They also have created a meds-to-beds program that provides a three-day supply of medications to the patient upon admission to the skilled nursing facility from the referring hospital partners. They partner with the hospitals to coordinate this process so the residents have what they need during their transition.

Lance Miller, R.Ph.

"It's been beneficial for both sides," says Miller. "In these times, the hospital partners are looking for ways to reduce the risk of recidivism and obtain additional revenue as well."

Miller says SoftWriters offers efficiencies in both workflow and billing that led him to install Framework at a second location. A key reason is the ability for the PCA business analytics team to easily create dashboards to monitor key performance.

"Data is key going forward," he says. "It's going to help our pharmacies and our customers by providing information to run their businesses better. Framework's SQL back end attracted us because we have immediate access to the information we need."

The interface to EMR (electronic medical record) and electronic emergency kit systems keeps the pharmacy system current on medication orders and usage from the emergency kits. When the facility accesses the kits, the information is transferred directly to PCA pharmacies, and they can bill automatically as well as refill the medication as it is used. This ensures the facility doesn't have to delay therapy for a patient because it doesn't have a medication in stock.

The Framework dashboard also tracks where prescriptions are in the workflow at each step, from order entry to delivery. Miller says this lets the staff adjust in real time to be able to handle any problems, ensuring consistent delivery to the facility and building trust.

"It allows the facility to manage its workday better," Miller says. "The nurses know when the delivery is arriving, and that allows them to spend their time on more important processes around patient care."

As pharmacy moves to the forefront as potential vaccination sites, LTC pharmacies are looking into how to provide this service to their patients. Miller says that since many skilled nursing facilities have nurses on site who administer vaccines, PCA Pharmacy is looking at

continued on page 28

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.

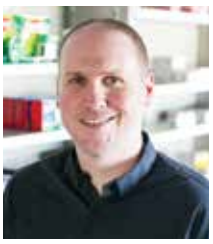
Tabula Rasa HealthCare (NASDAQ:TRHC) is a leader in providing patient-specific, data-driven technology and solutions that enable healthcare organizations to optimize performance, including medication regimens to improve patient outcomes, reduce hospitalizations, lower healthcare costs, and manage risk.

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

continued from page 26

different scenarios, either with flu vaccines or a COVID-19 vaccine, of how they can assist with distribution and administration of these services and products.

Andrew Mize, Pharm.D., bought **Debbie's Family Pharmacy** in Rogers, Ark., six months ago after working at a local independent. He signed the ownership papers on March 2, and on March 15 he made the decision to close the pharmacy's retail lobby temporarily and offer just delivery and drive-thru.



Andrew Mize, Pharm.D.

The pharmacy came with the RxMaster system, and Mize says he feels it's been flexible. He's adapted features to the new COVID-19 workflow, which includes medication sync for LTC facility patients and single delivery order sheets that are searchable back in the pharmacy.

Debbie's has a dedicated long-term care side that serves facilities throughout Northwest Arkansas.

The workflow syncs patients to allow for monthly deliveries, and for additional deliveries of inhalers or new orders such as antibiotics.

With the RxMaster fill history, the staff can run a patient profile and, depending on the facility, send the order to a ScriptPro robot. "Obviously our fast movers are in the robot, and that definitely saves a lot of time," Mize says.

There is a distinction between the retail and LTC divisions of the pharmacy, but both use RxMaster. "In the store it's a doorway between the two, and they are vastly different processes for how the workflow is handled," says Mize.

Sensitive to the fact that facilities did not want a COVID-19 outbreak, Mize worked with each to know their protocols. His pharmacy may have made multiple deliveries during the course of the day, Mize says, but the pharmacy shifted to sync patients and now makes one delivery.

One feature that has been indispensable during the COVID-19 crisis is the house accounts. Copays are applied when the prescriptions are processed, along with any other supplies for that month, and the charges are put through to the house account. An ACH draft or a credit-card payment is charged at the end of the billing cycle.

The pharmacy prints a sheet with all the medications for patients who are on delivery for that day, which requires just one signature. "While we're able to store the paper list, we can access the list in RxMaster," says Mize. "We can look up when a prescription was filled and sort by facility to see when it was delivered."

The facility staff will call if they can't find something, and Mize says the search feature lets his staff look up when the order was delivered and signed for.

Interfaces with PointClickCare and QuickMAR give Debbie's access to the facility records, making it easy to review any changes to a patient's medication list.

RxMaster's ability to identify low insurance reimbursements has helped the pharmacy's finances. "When insurance reimbursements are too low, you can set a certain reimbursement percentage and RxMaster will alert you if it's ever below that," says Mize. "If insurances are paying you at usual and customary, you know you may need to go back and look at your cash prices. If set too low and insurances will pay you more than that, it's very obvious because it pops up a box in front of you as soon as that happens."

Mize says any special pricing that is saved when those scripts are processed, the system defaults to that same price.

The internal calendar is a feature Mize relies on for managing prescription processing. It's easy for everyone to see what's important each week. Also, patients are cross-referenced by facility, giving the staff two ways to look up a patient when conducting medication reviews.

Since he's new to long-term care, Mize will ask the facilities questions about issues and possible solutions. With flu immunizations, he hopes to expand his offerings going into the fall and pursue new clients. He sees long-term care as a way to grow his business.

One example of the customized approach that the pharmacy offers is the delivery schedule. Prior to COVID-19, the drivers would go to the nurse's station in the facility. To reduce the amount of time nurses spend meeting drivers at the door, Mize says the pharmacy has gone to once-a-day delivery, unless there is an emergency.

There you have it, a resilient response to unprecedented times. And technology is a leveraging factor. How has your pharmacy responded? Share your story at wp.me/p9LtTd-3sx. **CT**

pharmacy forward

SPONSORED CONTENT

Should Technology Be a Priority for Your LTC Pharmacy?

Three questions to ask before integrating a new solution.

For many long-term care (LTC) pharmacies, offering value-added services while maintaining the bottom line can be a challenge.

When considering new technology for your LTC pharmacy, ask yourself these three questions:

Deciding Where to Invest: Will the up-front investment pay off in efficiencies?

Tech trends to consider: software solutions for order intake, delivery, real-time inventory management, workflow, and automation systems

The technology that powers LTC pharmacies can improve efficiency. It can also be exceedingly expensive. The first priority when introducing a new piece of technology into an LTC pharmacy is choosing where to spend money. For example, do you want to add automation to increase fills, or would you rather optimize inventory management to improve cash flow?

The right tool speeds up processes, but the wrong one can cause extra steps and waste time and money. Do your research to determine the best use of resources.

Automation technology offers LTC pharmacists tremendous value in the form of time, efficiencies, and compliance — and those are just a few of the advantages. Pharmacy robots automatically fill several different blister packs, vials, and pouches. This may require two different machines, so pharmacies must consider staff workload if they only have the funds to purchase one. While these machines represent a high initial output of capital, they can do the work of a number of pharmacy technicians. Employees can then turn their focus to tasks that require specialized attention.

On the software side, order intake, real-time inventory management, workflow documentation, and medication delivery can all be tracked via various programs. Cost is also a consideration, as some software platforms can cost tens of thousands of dollars (and that's before system upgrades, add-ons, and new applications). When the systems work in harmony, pharmacists, providers, and payers communicate seamlessly to ensure LTC patients get the care and medications they need quickly and efficiently.

Marc Johnson
Key Account Director
Long-Term Care
AmerisourceBergen

Setting up the System: What will it take to integrate?

Tech trends to consider: POS (point of sale) software, ordering systems, workflow management

Once a LTC pharmacist decides on the best use of funds, the second priority is to make sure chosen systems work together and are secure. All ordering and inventory and POS software must integrate. It can be a struggle, though, to find systems compatible with a pharmacy's workflow. Product demonstrations, trial periods for software, and word of mouth from other pharmacists who have successfully used the technology are great ways to hear feedback on potential solutions before making the jump.

The Payoff: What is the end value for the pharmacy, facility, and patients?

Tech trends to consider: inventory management, compliance monitoring, claims, and billing systems

The third priority is to make sure the technology brings value to the pharmacist and his or her partners in care. On the safety side, some technology can track regulations and alert if a pharmacy is out of compliance. RFID badges can monitor and record storage and dispensing of medications. Adherence packaging directs patients when and how to take their medication, an option that could prove beneficial for non-acute LTC populations.

Even with updated and integrated technology, the human touch remains irreplaceable when running a LTC pharmacy. Billing staff needs to be well-trained in the customer base and the LTC space. Similarly, strong relationships with all partners are essential to making the pharmacy an integral cog in the greater wheel of the LTC organization. Pharmacists can use the time saved from employing technology to nurture relationships with clinical staff at their facilities. Maintaining lines of communication is important to ensuring comprehensive care for patients.

Under the merit-based incentivized payment system, providers are rewarded based on the value of the care they deliver to patients with Medicare. For many LTC facilities, that represents a major segment of their base. Pharmacists can use medication adherence technology to help prescribers improve their performance on quality metrics and help patients improve outcomes.

Technology can be a valuable investment for a LTC pharmacy. The right investments can save time and encourage more efficient relationships and workflows, paving the way to continued success. **CT**

Tools and Tech for Pharmacists to Support Transitions of Care

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

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

CURRENTLY, YOUR AUTHORS ARE MIDDLE-AGED, each with two young children of our own. At this stage of life, we are focused on contributing to society by doing good work, providing for and spending quality time with our families, and maintaining our personal health and wellness. As time goes by, and if we are lucky, we will someday retire, and our children will have careers and kids of their own. We will grow old, and we will transition, hopefully ever so slowly, from a place of predominantly providing care to a place of routinely receiving care. In fact, just over half of those 65 years of age and older will need some type of long term care (LTC). Sure, we can do our part, in terms of self-care and planning for the future, but things beyond our control may occur. Seemingly healthy people have heart attacks and strokes every day, some more debilitating than others. Some people recover fully, returning to their home life and business as usual, while others make the necessary move to some form of long-term care. In either case, there are always transitions of care in terms of locations and providers. And in these transitions, there are many variables that must be considered and attended to in order to achieve the best outcomes for patients, minimize unnecessary readmissions, and control costs. Given this, we would like to explore potential tools and resources that pharmacists can utilize in interventions that aim to ensure quality in transitions of care.

There are several transition-of-care interventions that pharmacists can perform that have a meaningful impact on patient outcomes and costs.

There are several transition-of-care interventions that pharmacists can perform that have a meaningful impact on patient outcomes and costs. These include interventions focused on medication reconciliation, patient counseling, patient-centered follow-up, healthcare provider-centered follow-up, medication adherence, and medication access. Similarly, there are different tools and resources available to support pharmacists in delivering these interventions. Let's start with medication reconciliation, or activities that aim to assemble an accurate patient medication list. When performed properly, medication reconciliation significantly decreases adverse drug events and related costs. To ensure reliable effectiveness, it is important to develop and follow a systematic medication reconciliation process or workflow. To this end, the Medications at Transitions and Clinical Handoffs (MATCH) Toolkit for Medication Reconciliation was developed through collaboration between Northwestern University Feinberg School of Medicine and The Joint Commission, with funding from the AHRQ. The MATCH toolkit incorporates everything from assembling a team and providing education and training to designing and assessing the actual medication reconciliation process. It also includes lessons learned by various healthcare facilities based on their implementation of MATCH strategies.

Next we have intervention focused on patient counseling, patient-centered follow-up, and healthcare provider-centered follow-up. Patient counseling is crucial for ensuring that patients (or their caregivers) understand what medications they have been prescribed and why, and how and when to take them, as well as when to stop taking them, if appropriate, and when to seek further medical attention. Face-to-face counseling is generally considered the best approach here. However, during the COVID-19 pandemic in which we still find ourselves, this may not be preferred. In such cases, consider the expanding list of telepharmacy options. We've covered telepharmacy here previously, including the fact that, during the pandemic, the secretary of Health and Human Services (HHS) has loosened restrictions, allowing providers to use popular video conferencing services such as FaceTime, Zoom, and Skype. Otherwise, keep in mind that

regulatory compliance must be maintained, as appropriate, with Joint Commission standards, HIPAA and other federal regulations, and state regulations, which vary by state. That said, there are several products that provide HIPAA-compliant video conferencing services, such as Skype for Business, GoToMeeting, and Zoom for Healthcare. Of course, similar tools can be used for patient-centered follow-up, or following up with the patient after hospital discharge, as well as for healthcare provider-centered follow-up, or communicating discharge plans, medication-related problems, etc., with the patient's provider(s). In addition, text messaging may be useful for both intervention types, and there are several HIPAA-compliant text messaging applications available. These include TigerConnect, Zinc, QliqSOFT, and Spok Mobile, among others. Your pharmacy management system likely includes a text message tool, so check with your vendor to discuss options.

Lastly, medication adherence and medication access interventions are available. We've covered high-, low-, and no-tech approaches to medication adherence here before. We've also previously covered the use of social companion robots for medication adherence. Be sure to check out those previous articles for tools and technologies to boost medication adherence. As for medication access, primary barriers include costs, both direct (i.e., the cost of the medication) and indirect (e.g., having to take off work), as well as lack of transportation needed to procure the medication(s). One solution that can help with both transportation and indirect costs is medication delivery services. In addition, offering a medication delivery service has the added bonus of minimizing risks related to in-person pickup and COVID-19 transmission, for both patients and pharmacy personnel. Medication synchronization, which ensures that a patient's multiple prescriptions are ready for pickup at the same time, can also enhance medication access and, if combined with delivery services, cut down on delivery costs. Again, check with your pharmacy management system vendor regarding its "med sync" options.

Transitions of care require extensive coordination and collaboration, and developing an effective systematic approach that is tailored to the patient is key to maximizing patient outcomes while minimizing costs.

Transitions of care require extensive coordination and collaboration, and developing an effective systematic approach that is tailored to the patient is key to maximizing patient outcomes while minimizing costs. To this end, we have covered several intervention types that pharmacists can perform, as well as many tools and technologies that can be used in the delivery of these interventions. When planning your approach and choosing your tools, keep in mind that, as da Vinci said, "Simplicity is the ultimate sophistication." We agree that technology is great (our column is called "Technology Corner," after all), but some patients prefer low-tech solutions. Determine the patient's preference and the situational resources, and make every effort to not overcomplicate things. Given that it's effective, keeping your approach as simple as possible will make it easier for all parties — providers, patients, and caregivers alike — to meaningfully contribute throughout the process. So, which of these interventions have you led or been a part of, and what tools did you and your team use in the process? Let us know. As always, we welcome your comments and questions. **CT**

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, and Brent I. Fox, Pharm.D., Ph.D., is an associate professor in the Department of Health Outcomes Research and Policy, Harrison School of Pharmacy. The authors can be reached at jch0010@auburn.edu and foxbren@auburn.edu.

LET US KNOW: What interventions have you led or been a part of, and what tools did you use?

Share online at wp.me/p9LtTd-3s4

Inactive Ingredients and Drug Therapy Safety

Patricia Milazzo, R.Ph.

THE GOLD STANDARD OF QUALITY PHARMACY

practice has been the assurance that the correct drug is prescribed and dispensed for optimal patient clinical outcomes and safety. Assuming the drug prescribed is correct for the patient and indication, the pharmacy system provides the pharmacist with multiple avenues to assure the drug is accurately dispensed and evaluated for clinical appropriateness and safety. Features include data-driven technology to identify the correct product for substitution, both chemically and legally. Clinical decision support parameters include allergy alerts, adverse events, drug-drug interactions, and therapeutic duplication warnings. System quality measures are primarily, but not exclusively, based on the drug's active ingredient(s). An increasing demand now exists to assess the safety of inactive ingredients. This becomes even more critical with the increase in polypharmacy and its associated risks, especially in the elderly and the immunocompromised populations.

WHY THE FOCUS ON INACTIVE INGREDIENTS?

In the past decade the United States has identified a documented increase in chemical allergies and intolerances. Peanut allergies have increased by 21% since 2010, with 2.5% of children in the United States with a reported peanut allergy. In the U.S. population, up to 1% (3.5 million people) have documented celiac disease, which is a fourfold increase from the 1950s. An additional 5% to 7% may be gluten intolerant. Lactose intolerance occurs in 65% of the human population after infancy, and has a much higher incidence in Hispanic and African-American populations. Allergies and intolerance conditions can result in a spectrum of reactions, from anaphylatic shock for a severe peanut allergy to mild gastric upset for a primary lactose intolerance.

> Pharmacists should be integral in the development of the pharmacy system tools to define, calculate, and report on inactive ingredient alerts and warnings.

INACTIVE INGREDIENTS DEFINED

The FDA (Food and Drug Administration) defines inactive ingredient(s) as any component of a drug product other than the active ingredient. At times, a chemical entity could be defined as an active and an inactive ingredient. Alcohol is frequently present as an inactive ingredient but is also a drug active ingredient by itself. Peanut products and derivatives, lactose, and gluten derivatives are common inactive ingredients in drugs. Among common inactive ingredients, 38 are known allergens, including dyes and peanut oils. *The Harvard Health Letter* of July 2019 published a number of statistics around inactive ingredients. According to the *Health Letter*, 75% of tablets and capsules are composed of inactive ingredients and contain an average of nine inactive ingredients, and 93% contain one potential allergen.

Reporting thresholds become critical to differentiate the alert functions. Primary lactose intolerance would not need an alert for the quantity reported in most tablets; however, for secondary or congenital lactose intolerance, an alert could be critical. Peanut products would need a critical allergy alert regardless of the inactive ingredient quantity.

TECHNOLOGY DOWN IN THE WEEDS

The FDA has now provided new and improved tools to address the safety surrounding inactive ingredients. On July 29, 2020, the FDA announced significant

enhancements to the Inactive Ingredient Database. The FDA has initiated the reporting of the maximum daily exposure (MDE) information for prescription drug excipents. This data provides the ability to calculate the additive MDEs for patients on multiple drugs and provides the foundational data to support differential clinical reporting for allergies and intolerances across various medical conditions. In addition, the FDA has expanded search capabilities and committed to quarterly updates viewable via the Quarterly Inactive Ingredient Database Change Log. The database also has a download feature. A simple search for lactose identified over 10,000 drug products that contain lactose in varying amounts.

PHARMACY SYSTEM CHALLENGES

Challenges exist to execute the interoperability needed to access the FDA inactive ingredient data, codify and organize it into pharmacy system language, establish relationships between drug products and patient data, and develop a meaningful alert for the pharmacist. Manufacturers need to be compliant and timely with reporting changes of inactive ingredients to the FDA, in particular allergenic ingredients. The FDA should consider more frequent updates instead of quarterly. The FDA needs to establish standard criteria for gluten and gluten derivatives for inactive ingredient listing. The drug compendia should provide complete, accurate, and timely inactive ingredient data in a meaningful format, along with the accompanying MDE information usable for pharmacy systems.

Manufacturers need to be compliant and timely with reporting changes of inactive ingredients to the FDA, in particular allergenic ingredients.

Pharmacy system developers will need to expand clinical alerting and decision support tools to manage the increasing amount of variance in doses and calculations around exposure of multiple inactive ingredients, as well as alert settings around allergies and tolerances depending on the patient's condition. As always, alert fatigue must be managed for clinicians. System developers will need to be aware that the use of representative NDCs (National Drug Codes) will not be feasible for inactive ingredients. Pharmacy systems often use representative NDCs for various functions; however, inactive ingredients differ from NDC to NDC. Accurate alerts and calculations would be dependent on the actual NDC dispensed.

Pharmacists and pharmacy systems will be the front-line defense for patients with these conditions. Pharmacists must acquire more accurate patient allergy and intolerances and keep them current. Pharmacists should be integral in the development of the pharmacy system tools to define, calculate, and report on inactive ingredient alerts and warnings. Patient safety documents will need to be examined and modified, as necessary.

IN SUMMARY

The ability of a pharmacy system to provide clinical management for patients with allergies and intolerances to "inactive ingredients" is critical to safety and should be considered a fundamental quality practice. How does your pharmacy system address inactive ingredients contained in prescription products? Does your patient profile allow for the entry of allergy information for common allergens found as inactive ingredients in drugs, including common chemical intolerances? **CT**

Patricia Milazzo, R.Ph., is a senior consultant with Pharmacy Healthcare Solution, LLC. The author can be reached at pmilazzo@phsirx.com.

SHARE ONLINE:

How does your pharmacy system address inactive ingredients contained in prescription products? Post comments at the link:

wp.me/p9LtTd-3rZ

Deprescribing: A Tool for Cost Reduction and Improved Outcomes?

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

EVERY DAY THERE ARE MORE NEWS headlines about policymakers addressing different approaches to lowering healthcare and prescription drug costs. That has certainly been true with the forthcoming elections and the discussions that have been occurring with regard to healthcare, including the pandemic.

Last year's approval of the gene therapy ZOLGENSMA (onasemnogene abeparvovec-xioi), a one-time treatment for spinal muscular atrophy (SMA) affecting about 1 in 11,000 babies, drew headlines with its pricing set at $2.1 million, making it the most costly drug on the market. The first approved gene therapy, LUXTURNA (voretigene neparvovec-rzyl), to treat vision loss from biallelic RPE65 mutation-associated retinal dystrophy affecting 1 in 2,000 people in the United States, is set at $425,000 per eye. Not including cord blood, there are now 9 FDA-approved gene therapies, and the FDA expects many more to come in the near future. The agency is actively preparing a technology infrastructure to support this influx. More to come on that in a future column.

> Deprescribing is the planned process of reducing or stopping medications that may no longer be of benefit to the patient or may be causing harm.

The therapeutics market is rapidly changing with the introduction of these kind of cutting-edge, high-end therapies for a limited number of patients, compared to widespread, generally available therapies for people suffering from a number of chronic diseases. I have spoken at past ASAP (American Society for Automation in Pharmacy) conferences about medical miracles and "gee whiz" therapies. These new therapies, along with the medication trends I wrote about in last month's column, made me ask the question: Could deprescribing be a tool that could address lowering healthcare and prescription drug costs if more widely used?

Deprescribing is the planned process of reducing or stopping medications that may no longer be of benefit to the patient or may be causing harm. The goal is to reduce medication burden or harm while improving quality of life. The practice of deprescribing often targets patients with multiple chronic conditions, who are elderly, or who have a limited life expectancy. In these situations, medications may contribute to an increased risk of adverse events, and people may benefit from a reduction in their medication burden.

The process can be difficult, whether in clinical medicine or health policy. In a 2017 commentary, physicians described deprescribing as "swimming against the tide" of patient expectations, the medical culture of prescribing, and organizational constraints (see www.annfammed.org/content/15/4/341.full).

Deprescribing has been shown to result in fewer medications with no significant changes in health outcomes (see pubmed.ncbi.nlm.nih.gov/26942907/). A systematic review of deprescribing studies for a wide range of medications, including diuretics, blood pressure medication, sedatives, antidepressants, benzodiazepines, and nitrates, concluded that adverse

LEARN MORE

Find the link to resources listed in this column at

wp.me/p9LtTd-3rW

effects of deprescribing were rare (see jamanetwork.com/journals/jamainternalmedicine/fullarticle/226051).

POTENTIAL BENEFITS OF DEPRESCRIBING

A 2019 study among cancer patients showed that a lack of deprescribing resulted in many being prescribed preventive medications at the end of their lives that may harm their quality of life while providing questionable clinical benefits (see pubmed.ncbi.nlm.nih.gov/30906987/). The study showed that the median drug costs during the last year of life were $1,482 per individual, including $213 for preventive therapies. Approximately one-fifth of the total costs of prescribed drugs were for preventive medicines. This proportion only decreased slightly as death approached.

A physician in practice who takes time during his or her busy day to examine a patient's medications or enlist the pharmacist to provide a comprehensive medication review as part of the deprescribing toolkit can make a difference in patient outcomes and costs. A number of tools have been developed to support the deprescribing process, including those from the Bruyère Research Institute at deprescribing.org/resources/deprescribing-guidelines-algorithms/.

See the most common deprescribing algorithm in the box at top right.

The process is remarkably similar to the IESA process, which stands for indication, effectiveness, safety, and adherence. That process is part of the "Patient Care Process for Delivering Comprehensive Medication Management" (see www.accp.com/docs/positions/misc/CMM_Care_Process.pdf). The Comprehensive Medication Management Research Team notes in this guidance that, "The integration of clinical services focused on optimizing medication use into patient care may help primary care providers, specialists, and other members of the health care team meet the quadruple aims of improving population health, increasing patient satisfaction, reducing per-capita health care costs, and addressing provider satisfaction. Comprehensive medication management (CMM) holds promise as a key strategy for meeting these goals."

While conducting CMM for patients can provide key benefits, how that is done in a busy outpatient/community pharmacy environment can vary with different infrastructure setups and team roles. As a front-line practitioner, I began to think if there might be additional information or tools that could be added to my suite of drug information tools/monographs from my pharmacy system providers that would indicate evidence for deprescribing in certain populations. Such tools or data could help me make a decision through the regular workflow DUR (drug utilization review) process to make medication recommendations to the patient's physician or refer the patient to the appropriate pharmacist in my organization for a CMM. Having access to quick, reliable, evidence-based information might help me become a more frequent contributor to the deprescribing process with the potential to lower costs and improve outcomes. **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.

MOST COMMON DEPRESCRIBING ALGORITHM

This algorithm has been validated and tested in two randomized controlled trials (see pubmed.ncbi.nlm.nih.gov/26942907/).
The algorithm prompts clinicians to consider:

- Whether a medication is an inappropriate prescription.
- If adverse effects or interactions outweigh symptomatic effect or potential future benefits.
- If it's taken for symptom relief but the symptoms have stabilized.
- Whether it is intended to prevent serious future events, but limited life expectancy may temper potential benefit.

If the answer to any of the four prompts is yes, then the medication should be considered for deprescribing.

For more information visit www.ncbi.nlm.nih.gov/pmc/articles/PMC4778763/figure/pone.0149984.g001/.

SPONSORED CONTENT

SoftWriters at 20: It Starts with Relationships

As SoftWriters celebrates the 20th anniversary of its pharmacy platform, FrameworkLTC, and 20 years of serving long-term care pharmacy, ComputerTalk*'s Maggie Lockwood spoke with Tim Tannert, president, about the company's commitment to its customers and the challenges facing the industry.*

ComputerTalk: Congratulations on this milestone. With the pandemic, things are different. What's been a positive this year?

Tim Tannert: It's been a challenging year for the long-term care industry. COVID-19 has had an impact across healthcare, and as you know long-term care, specifically the skilled nursing facilities, have really been affected. The census in skilled nursing facilities is down, and that has definitely been a challenge for our customers. The other challenge has been the increased procedures around safely delivering and sanitizing the equipment for getting the medications to the facilities. While there's been a reduction in revenue because of fewer scripts being filled, they have also seen an increased cost for delivery of care. From SoftWriters' perspective, it's been our focus to support our customers in every way that we possibly can. We've tried to do everything from free licensing to our pharmacies that supplied the medications to pop-up hospitals. And in some of the most heavily hit areas across the country, free licensing for our mobile workflow product, FrameworkFlow, to allow our customers to more effectively socially distance within their operations and not have to share computer equipment in order to dispense medications. We've done a tremendous amount around developing our virtual training and e-learning offerings in order to make sure our customers know how to use the tools to be successful.

Our customer success team has done a fantastic job onboarding new pharmacies at a steady clip within the confines of our distributed environment. In fact, we've implemented the same number of pharmacies as in previous years, and with very favorable customer satisfaction scores, all by creating, testing, and delivering a powerful virtual training program.

SoftWriter's Tim Tannert, R.Ph.

CT: How did you develop the tools?

Tannert: It all starts with our relationship with our customers. We want to share in their successes as well as their struggles. We want to share our deep industry expertise and product knowledge in order to provide them guidance to configure and utilize our software in ways they haven't used in the past to help them more effectively manage their business processes.

CT: I know it seems hard to think about celebrating right now, but I think that it's worthwhile talking about what's been successful.

Tannert: You know, our biggest event of the year is our FrameworkLTC user conference, and it definitely saddens us that we can't be face to face with our customers to celebrate this significant milestone. Instead we've rolled out a 20th anniversary webinars series. This has allowed us to cultivate a pretty impressive lineup of speakers on some of the most pressing topics that our customers are facing today, whether that might be communication in a state of crisis or industry changes and how to effectively market to skilled nursing facilities in the day and age of COVID-19. For example we've seen a 300%-plus increase in the number of cyber security incidents across all industries. So we've held webinars to help owners understand how to thwart cyber attacks and put themselves in a better offensive position to understand the tricks used to penetrate pharmacies' networks. We covered how pharmacies need to train team members to think about having backups prepared so if needed they can quickly get back up to speed.

CT: Did you have any new features roll out before COVID-19 hit?

Tannert: We've been able to successfully execute on the roadmap that we've had going into this year. The focus of our functionality this year is to continue to help our customers maximize revenue and to collect that revenue more quickly — for example, the functionality we built around Medicare Part A and prospective billing. By focusing our efforts on the things that matter most to our customers we've been able to deliver real value.

CT: What do you see happening over the next six months?

Tannert: I believe we're going to see a steady increase in patients in skilled nursing facilities as the comfort level increases. And ultimately, as we get a vaccine, this will increase the census coming back to normal. The most important aspects right now for customers and for the facilities is to try to get back to a sense of normalcy for their patient population and their patient numbers. As that occurs, things are going to continue to improve financially for the pharmacy. That's one of the reasons we've put a tremendous amount of effort into our prospective billing functionalities, to automate and streamline this process to give pharmacies more effective and average stages of cash flow. **CT**

Read more from this interview with Tim Tannert at wp.me/p9LtTd-3sv.

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

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***