computertalk
NOV/DEC 2020 FOR THE PHARMACIST

# The Technology Driving Success in 2021

*A Look at the Results of a ComputerTalk Survey on What's Ahead in the Coming Year*

*story begins on page 15*



Applying Data to Clinical Decisions: AI and Pharmacy

# 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

# Emerge Stronger with Powerful Pharmacy Management Software

**Outsmart Uncertainty**

Framework LTC®

To learn more visit: frameworkltc.com

computertalk®
FOR THE PHARMACIST

November | December 2020

The intersection of technology and management.

COVER STORY

# The Technology Driving Success in 2021

*A Look at the Results of a ComputerTalk Survey on What's Ahead in the Coming Year*

*by Will Lockwood*

Despite a tumultuous and challenging 2020, there is a great deal of optimism for the coming year among technology vendors, with most planning to fire on all cylinders in bringing new products and interfaces to market and growing to better serve pharmacies. Our year-end survey forms the basis of this story taking a look at what the key issues, technologies, and goals will be for the coming year. **story begins on page 15**

## pharmacy forward



Switching to a new system can be daunting, especially when the old prescription counting system had been in place for almost two decades. For Ron Strickland, R.Ph., owner of Lincoln Pharmacy in Lincoln, Ala., the number-one need was accuracy.



Priyank Patel, owner of three pharmacies in the New York City area, wanted to speed up checking when a patient's medication was not covered by a plan's benefit or was prohibitively expensive. A technology enthusiast, Patel looked to a new, real-time Surescripts interface to his PrimeRx pharmacy system from Micro Merchant Systems.

## back page



When software and technology close the loop on pharmacy data, providing better business intelligence within the pharmacy system, pharmacists have an easier time with their patients. In this interview with *ComputerTalk*'s Maggie Lockwood, Speed Script's CEO Chuck Welch explains how patient relationship management (PRM) is the future of pharmacy.

*Sponsored Content

## departments



## features

PioneerRx
Pharmacy Software

# You're Doing the Work, You're Just Not Getting Paid

## AS THEY SAY, IF YOU DON'T DOCUMENT IT - IT DIDN'T HAPPEN.

eCare Plans are the perfect mechanism to document clinical interactions with a patient, but not if you have to do it twice. With PioneerRx, eCare Plans are automatically generated and submitted from updates made to a patient's profile.

**NO** Double Reporting

**NO** Forgetting to Submit

**NO** Inconsistent Formatting


FROM APRIL 2020 - SEPTEMBER 2020

**PioneerRx pharmacies submitted 92% of all eCare Plans**

**Learn more about PioneerRx**
**866.201.8958 • pioneerrx.com**

computertalk
for the Pharmacist
www.computertalk.com
Volume 40, No. 6
Nov/Dec 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

# What a Year!

**2020 was a year we are not likely to forget**, thanks to COVID. What we have is a new normal that is affecting our daily lives.

Can you imagine what it would be like had the federal government not stepped in with bailout money for consumers and businesses? Even so, social distancing has had a disruptive effect on conferences and conventions. Hotels and convention centers have taken a huge financial hit, as have the airlines.

There was a very informative essay in the Review section of the Saturday/Sunday *Wall Street Journal* (October 17-18) titled: "The Long Shadow of the Pandemic: 2024 and Beyond," written by Nicholas Christakis. Dr. Christakis directs the Human Nature Lab at Yale University, where he is the Sterling Professor of Social and Natural Science. The essay was adapted from his new book, *Apollo's Arrow: The Profound and Enduring Impact of Coronavirus on the Way We Live*.

In it he says: "With a good vaccine or without one, Americans will live in an acutely changed world until 2022 — wearing masks, avoiding crowded places and limiting travel, at least if they wish to avoid getting or spreading the virus."

He goes on to say, that for some time after we reach either herd immunity or have a widely distributed vaccine, people will still be recovering from the overall clinical, psychological, social, and economic shock of the pandemic and the adjustments it required, likely through 2024. This is not a pretty picture.

Fortunately, we have the technology in place to keep the wheels turning. The internet has allowed virtual meetings and conferences to fill the void. It has allowed our educational institutions to continue to operate. It has enabled a work-at-home alternative to going to an office. It seems that everything is now virtual. I wonder what it would be like without the internet and the technology to connect to it.

Pharmacy was an essential business and allowed to stay open during the lockdown period. And pharmacy will be pivotal in administering a vaccine when one is available. Pharmacy is qualified and ready. The pharmacy systems have the software in place to document and report vaccines administered to state registries and bill out the charge. This is just one more example of how the technology used in pharmacies is paying off.

Yes, 2020 was quite a year. **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®

The **American Society for Automation in Pharmacy** (ASAP) will be holding its annual conference in January with a virtual format. The organization, known for hosting its conferences at premier locations, decided to follow the lead of other organizations that have gone "virtual" due to COVID-19. While a virtual conference loses the appeal of lunch and dinner meetings and face-to-face social hours with other attendees, the offsetting benefit is the avoidance of travel and lodging expense.

The virtual format also opens up the conference to a wider audience, specifically pharmacy owners who do not have the luxury of taking time away from the pharmacy.

The dates are January 14–15. The speaker program can be viewed at asapnet.org, where registration details for the conference are also available. The cost is a modest $500.

**RedSail Technologies**, parent company of **QS/1** and **Integra**, will soon be introducing an all-new customer support portal — the RedSail Hub. The Hub will include a search feature, which has been the number-one request of customers. Users can browse training and video content, open and manage support cases, download the latest files, give product ideas and feedback, and have discussions with other customers in the online community. Another new feature is the knowledge base, which can be searched based on particular issues, and the full product guides and training materials. While the Hub will replace the current customer support portal, customer favorites like service pack downloads, service subscriptions, nursing home forms, and custom reports will still be available.

**Surescripts** is tackling the lag in prior authorization that specialty pharmacies face with prescription orders. According to the company, it can take at least four days to fill these prescriptions, and wait times of seven to 10 days are not uncommon.

"Specialty pharmacies can now leverage technology throughout the fulfillment process to reduce administrative burdens, get critical specialty medications to patients faster, and get critical time back to counsel patients," explains Tom Skelton, Surescripts CEO.

The Surescripts Specialty Medications Gateway helps specialty pharmacies gather necessary patient information without getting bogged down in phone calls and faxes to prescribers. It enables the pharmacies to initiate a patient search and gather the clinical information required to fulfill a specialty medication directly from the patient's electronic health record. This also helps determine when more information is needed and for which medications.

**RxSafe** has made it possible for Wickenburg Community Hospital in Wickenburg, Ariz., to implement a remote telepharmacy location to expand its services to areas closer to patients. This represented the opening of the first remote pharmacy in the state of Arizona, but not without a challenge, according to Roger Rose, director of pharmacy at the hospital.

"We knew in our clinic that space was going to be an issue," he says. "In Arizona it's 300 square feet to have a pharmacy, and we couldn't do that. Pharmacies are also required to have a designated private area for consultations and must have at least three feet of counter space for every staff member."

With a small clinic location, fitting everything into a small break room was the only way Rose had to receive approval from the pharmacy board.

"One of the roles that the RxSafe 1800 played was using just 125 square feet to hold up to 3,600 stock bottles securely within the system," says Rose. And putting most of his inventory into the RxSafe system allowed the remote pharmacy to gain board approval.

"The RxSafe system keeps track of who accessed the medications, it tracks every medication that goes out of RxSafe, and there's a name attached to the medication that was taken out," says Rose. "The RxSafe 1800 even stores and monitors narcotics, weighs bottles going in and out of the system to the nearest 1/100th of a gram, reducing the threat of theft or diversion. If there is a discrepancy RxSafe 1800 will flag it."

For the hospital, keeping track of inventory at its remote location is critical. Rose says he can easily keep track of all inventory in real time. The system also ensures that each prescription is accurately filled. "The RxSafe is going to bring out the bottle that you need, so it's not like going to the shelf and grabbing the wrong bottle," says Rose. He also likes the security offered by the system.

**Micro Merchant Systems** has published a white paper on COVID-19.

*Preparing Your Pharmacy for COVID-19 Vaccine Administration* provides an overview of the vaccine development process, and goes through the several steps pharmacists must take to be eligible to administer the vaccine(s) once available. It also spells out what pharmacists must do to prepare their pharmacies as vaccination sites. Included on this checklist is the ability to report daily, within 24 hours, to the pharmacy's state immunization registry or a CDC alternative on the vaccines administered.

The white paper is available by going to wp.me/p9LtTd-3AB.

**Transaction Data Systems** has formed a partnership with Pointy. Recently acquired by Google, Pointy integrates with point-of-sale systems to help businesses appear in local online searches. This will allow Rx30 and Computer-Rx users to expand their online presence and improve local reach.

**Synergy Medical** has announced a partnership with MED-ID, based in Melbourne, Australia. MED-ID has been working with hospitals and long-term care facilities to stop medication errors at bedside with artificial intelligence and computer vision using the MedEye system.

Synergy Medical, based in Longueuil, Quebec, has been designing, manufacturing, and installing automated multidose blister pack compliance systems since 2008. "We are pleased to partner with an organization that shares our focus on patient safety and has the necessary expertise and infrastructure to ensure the successful installation and support of SynMed technology in Australia," says Jean Boutin, president and founder of Synergy Medical. **CT**

**Pharmacy Healthcare Solutions, LLC** (PHSL) has received national certification as a Women's Business Enterprise by WBEC-East, a regional certifying partner of the Women's Business Enterprise National Council (WBENC) and as a Women-Owned Small Business.

**Ann Johnson**

**Melissa Krause**

PHSL president and partner, Ann Johnson, notes that "working in the healthcare industry, most key leadership roles are held by men. PHSL is proud of its commitment to become a certified women-owned business. We believe that it is important for diversity in the workplace and hope that our current and future clients feel the same."

Melissa Krause, Pharm.D., VP and the other partner of the company, says that the certification process confirms that the business is at least 51% owned, operated, and controlled by a woman or women.

Johnson and Krause have been contributors to the Viewpoints column in this magazine. **CT**

# Applying Data to Clinical Decisions: **AI and Pharmacy in 2021**

**ComputerTalk** ***Director of Editorial Content Will Lockwood talks with American Society of Consultant Pharmacists (ASCP) CEO Chad Worz, Pharm.D., BCGP, about where he and ASCP see technology playing the biggest role in pharmacy this coming year.***

**ComputerTalk: Let's talk about the next big thing in pharmacy from your perspective and from ASCP's perspective. What technology do you see being critical for pharmacies in 2021?**

**Chad Worz:** We are really engaged on a number of levels, and what I think is important — and it may seem very intuitive and obvious — is the adaptation of data to clinical decision support. We're getting to the point where healthcare systems are talking to each other and where we're able to aggregate data that we might start applying in clinical protocols and algorithms to impact patient care. An example would be the anticholinergic burden score, which is a score that gives us insight into how problematic somebody's medication regimen may be. These kinds of tools are starting to become embedded in pharmacy software, whether that's a consultant pharmacist's software, a pharmacy management system, or an EHR (electronic health record) system. And I think access to that kind of artificial intelligence is the next big thing.

CEO Chad Worz, Pharm.D., BCGP
CEO
American Society of Consultant Pharmacists

**CT: When we talk about this sort of sophisticated decision support driven by artificial intelligence, or AI, the groundwork for this is all being laid by the massive advances in computing power and the massive amounts of data on which AI needs to be trained. What are your thoughts on data ownership and privacy?**

**Worz:** I think there's always going to be that concern about patient data and privacy. The questions we have to ask are: What's the use case? Why are you using the data? How interoperable are the different systems so that we're making sure that sharing the data back and forth is for patient care? Do we have those clinical agreements that cover data use for the patient care processes? I think when we talk about big data from ASCP's perspective, we're talking about how we take the health record data that we have access to because we're performing a clinical service or function for a patient and use that data — whether that's in that internal system or combining it with an external system that we're using. How do we use it to try to understand better what's going on with that patient? I think there's a difference between aggregating big data and doing research and saying, hey, we noticed these trends or areas of concern in a population of 5 million de-identified patient records. That's a very different use case.

And there are certainly privacy aspects to this that I think all of us need to consider. If I am taking the perspective of a patient, I might be saying to my doctor, "You know, you're taking all kinds of information from me. You're putting that data into your EHR system. I want you to use that data to make me better, or to better care for me. But if you take my data, remove my name and sell it to a company to use in a research project, then that's a little different use of my data. And I probably want to be aware of that and authorize that."

**CT: Do you think that organizations like ASCP will drive the use of data to create decision-making rules? Or will that be the domain of technology vendors?**

**Worz:** I think that's a good question. It's always a partnership and a collaboration between different sectors within an industry. If ASCP is doing its job well, it's representing its pharmacy and pharmacist members by hearing from them and learning that these are the kinds of tools that they need. We're listening to them when they are saying what kind of applications of data they need at an individual practice level. And then we are considering how we can bring in the right stakeholders to move the software or the systems along toward common goals. ASCP is not going to produce that data or write the code for that artificial intelligence, but we can be a mediator to the different companies about what's important to pharmacists who practice in senior care settings, from a global perspective. We can communicate what kinds of things our members want and why these needs will be helpful for pharmacy practice and patient care. When we're convening those stakeholders and creating that dialogue, then we're helping the industry down the road of better AI and better application of AI.

**CT: There's a real need to make sure that you're asking the data the right questions.**

**Worz:** Absolutely.

**CT: Is there a big initiative that ASCP is focusing on for 2021?**

**Worz:** Yes. We're working very hard on the use of psychoactive medications. Some of that is driven by the regulatory environment of skilled nursing facilities, but certainly how psychoactive medications impact older adults is something that applies to a nursing home, an assisted-living facility, and people who live in the community.

So to the extent that we can build dialogue around how to best look at those medications, look at their risks, look at their benefits, and then be able to help build procedures and systems and, to some degree, technology to help us better manage that, this is a key priority for ASCP in 2021. To this end, we're working on an initiative called Project PAUSE (Psychoactive Appropriate Use for Safety and Effectiveness) with the Alliance for Aging Research. The goal of the project is to better measure nursing facilities' use of antipsychotics from a regulatory perspective, but the real basis of it is how do we use that information for decision support so that we can make better interventions and decisions? So that we can not only better measure how we're using those medications, but also ensure that they're being used appropriately, and that patients are gaining the benefits that improve their care?

Advances in AI and decision support amplify the opportunities for pharmacists to practice at the top of their license.

We are also embarking on a project looking at anticholinergic burden, something I mentioned earlier, and how can we take some of the scoring systems that exist out there and give insight into the risk of someone's entire medication profile, to put that information into the hands of the pharmacists who can then take action. This does involve some form of artificial intelligence to score patients and to deliver that information to the clinicians making decisions.

**CT: What's your perception of the reaction by pharmacists to these goals and to the topic of artificial intelligence?**

**Worz:** There's still some trepidation with all clinicians when they hear the words "artificial intelligence." And I think one of the things that I've learned throughout my career using technology, even attempting to innovate on some platforms, is that technology is always part of your tool belt. It's part of your arsenal that you use to deliver better patient care. It certainly is never going to replace that human-to-human interaction that needs to happen on an individual basis when we're dealing with healthcare and healthcare decisions. Advances in AI and decision support amplify the opportunities for pharmacists to practice at the top of their license. These aren't tools designed to replace pharmacists or serve as a surrogate for a pharmacist. These are tools that make the pharmacist better at delivering their services. I always think we have to keep that perspective. **CT**

*Will Lockwood is VP, senior editor at* ComputerTalk. *He can be reached at will@computertalk.com.*

# Starting from Scratch: **Fulfilling a Dream of Ownership**

by Maggie Lockwood

***The key for many independents is the ability to customize their stores to reflect their own expertise and interests. For Keith Hersey, Pharm.D., and his wife Deborah, this approach was essential as they have weathered the most unusual of years in which to open their own pharmacy.***

**WHEN KEITH AND DEBORAH HERSEY** opened Hersey Pharmacy in Durham, N.C., in January 2020 they planned a pharmacy that revolved around relationships with customers, unique product lines, and wellness programs.

Like so many others this year, they have had to pivot.

"The COVID pandemic was not part of the business plan," says Keith Hersey, who has seen slow, but steady, prescription growth this year. Like a true independent, though, Hersey has been creative and adapted his ideas. For example, he quickly began offering delivery. With flu season, he plans to go to patients' homes and offices. "We want to provide an alternative to people who are leery about going out or to go into a doctor's office right now," he says. "We've gotten good feedback on this."

It's no secret that community pharmacy is a competitive business, with shrinking reimbursements and competition from chains. The NCPA (National Community Pharmacists Association) reports in its annual digest that while independent pharmacy's numbers are on the decline, there are still entrepreneurs who have the desire to start a pharmacy from scratch.

The Herseys are in that group. With an interest in healthcare for more than 20 years, including jobs in a lab, as a medical technologist, and as a pharmacy technician, Hersey says what inspired him to finally pursue pharmacy and receive his degree, is the relationship pharmacists have with their patients, something he remembers clearly from visiting the pharmacy in the small town in North Carolina where he grew up.

"The pharmacist knew everyone and their medications. He was part pharmacist, part doctor, part confidant," says Hersey. "I've always had a good opinion about pharmacy, and I thought that was something I wanted to do."


**Deborah and Keith Hersey have developed a business plan for their new pharmacy to include offering services that present value, such as a pet supply section and lifestyle management programs.**

After working in chain pharmacy for 16 years, his location was closed following a buyout. Hersey took it as a sign to follow through on his desire to open his own store.

"I just decided to take a leap of faith and start my own pharmacy with my wife," he says. "It's been a big venture, not knowing all the requirements of independent pharmacy. When you work for a chain the corporate structure handles details like building

*continued on page 12*

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

*continued from page 10*

codes, human resources, state laws, and filing paperwork. When you're on your own, you have to do it yourself, so there was a big learning curve."

Despite regulatory delays and a major renovation of the space, Hersey persevered, and after a year and a half opened in January.

## STARTING FROM SCRATCH

**The initial intent was to open as an** independent franchise. This helped as there were resources around regulatory requirements and the franchise also recommended pharmacy systems. Hersey looked at the two systems recommended by the franchise, and decided he preferred the Rx30 Pharmacy Management system. When things didn't work out with the franchise, he decided to install the Rx30 system in his own store. He's been pleased with the system's features, including the outbound text refill reminders as well as the interface with ReFillRx, a digital content supplier, and with his wholesaler for inventory management. He uses the Rx30 POS (point of sale) system and Heartland for the credit-card processing and health savings accounts.

When Hersey Pharmacy opened it had a base of customers who knew Hersey from his previous pharmacy. Hersey chose a location in a suburban shopping center, close to a popular mall and a large grocery store that doesn't have its own pharmacy. Hersey's thought was that the location would lead to good foot traffic. The store has a small front end with basic over-the-counter items such as analgesics, cough and cold, ear and eye medications, and digestive aids. He plans to develop a vitamin department as his customer base increases.

## DIFFERENTIATING FACTORS

**Branching out to offer services that** present value is one piece of advice from the *NCPA Digest*, and Hersey has done this. His goal is to make his store unique, through attentive customer service, unique product offerings, and clinical programs. Keith and Deborah's love of animals was the impetus to have a pet section. They plan to carry pet treats, flea and tick medications, grooming items, stain and pet odor removers, toys, and training pads in the front end of the store, as well as prescriptions as an alternative to the vet's office. "We're looking for niches, but this is something we care about as well," says Hersey.

Like many of his peers, Hersey sees the value in a med sync program and would like to enroll more patients with the goal to have all his patients on multiple medications in the program. "Based on my experience, if you get patients' medications lined up at the same time, they are more likely to be adherent," he points out.

The medication synchronization system has been a good resource to move older patients into the program and have their refills on a 30-day or 90-day schedule rather than scattered across the month. Hersey says the Rx30 system makes it easy to contact doctors and confirm a refill request has been received, an important step in the med sync process.

"With previous systems I've used it takes multiple steps to contact the doctor, and then you weren't sure if they got the request," he says. "The Rx30 system makes it easy to make the request, and if there are any problems you know right away."

In keeping with his aspiration for his pharmacy to provide personalized healthcare experience for his patients, Hersey is beta testing a lifestyle modification program. For a monthly fee, patients can enroll in the program and Hersey will help manage, in collaboration with a patients' physician, maintenance diseases such as diabetes and hypertension.

"I would like it to be our core program to differentiate us from other pharmacies," he says. "I think it's forward looking. I've been learning about the ways to change your lifestyle to improve these conditions." And while it may be counterintuitive that ultimately patients would need fewer prescriptions if they follow a healthier lifestyle, Hersey sees this as a fundamental role he can play as a pharmacist in improving patients' lives. "To me, that's what I would like our pharmacy to do. I would like it to be the place that you can get the things you need now, and if you want to get off the medications, we can help you with that."

The prescription level is growing slowly. His biggest fear going into the fall is that COVID-19 case loads will increase and there will be another lockdown. To encourage new customers to give him a try, he's developing marketing initiatives that highlight how Hersey Pharmacy is different, and offers personal service. His plan includes digital marketing through emails and social media. People can like and follow Hersey Pharmacy on Facebook, Instagram, and Twitter.

"That's probably the number-one challenge, getting people to give us a chance. And with the pandemic, it just makes it a little more challenging for people to step out and make a change," he says. "But like I said, we hope to get our pet medications implemented and then really start the marketing. That will be the final thing to get everything in place." **CT**

*Maggie Lockwood is VP, director of production at* ComputerTalk. *You can reach her at maggie@computertalk.com.*


# 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


# NRx® gives pharmacists power for what's next.

QS/1®

In the face of change, you deserve a partner who understands who you are, what you're facing, and who you want to be. To manage your pharmacy, no software comes close to NRx's comprehensiveness or ability to support care beyond dispensing. From bedside delivery to clinical services reimbursement, NRx will get you there.

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

RedSail ADVANTAGE™

redsailadvantage.com

# The Technology Driving Success in 2021

*A Look at the Results of a* ComputerTalk *Survey on What's Ahead in the Coming Year*

**By Will Lockwood**
**VP | Senior Editor**
Will can be reached at will@computertalk.com

For the final story of the year we asked vendors and pharmacies what they thought the key issues, technologies, and goals will be for the coming year, 2021. Despite what you might think based on a tumultuous and challenging 2020, there is a great deal of optimism for the coming year among technology vendors.

continued on next page >

*continued from previous page*

**ONE HUNDRED PERCENT OF RESPONDENTS** feel that 2021 will be a better year in sales than 2020, and all are also planning on releasing new products and services in the coming year. Nine out of 10 are adding interfaces to their systems in the coming year, and more than 75% plan to add staff.

What this shows is that pharmacy technology vendors continue to keep their eyes on expanding resources and building new tools to meet the current and future needs of their pharmacy user bases.

## THE KEYWORDS FOR PHARMACY IN 2021

We asked vendors to tell us in three or four words what they think will make the biggest impact in pharmacy this coming year. Not surprisingly, many of the responses touched on COVID-19 — for example, the need to focus on supporting pharmacists as COVID-19 immunization providers or by listing tools and technologies to help manage pharmacies in a pandemic. Among those are tools to control pharmacist-patient interactions and support remote interactions, for example, telemedicine, touchless pharmacy, and a strong digital presence.

**Bill Holmes**

RxSafe CEO Bill Holmes notes that he sees the COVID pandemic having far-reaching impacts on the future of pharmacy. "2020 marks the 'death knell' for vial filling," says Holmes. "Ignore at your peril. Traditional vial filling inherently has many touchpoints during filling and consumption." Adherence packaging can also address the need to elevate and personalize a pharmacy's offerings.

**Jennifer Zilka**

Jennifer Zilka, group VP of Good Neighbor Pharmacy Field Programs and Services at AmerisourceBergen, notes that another outcome of the shift toward limiting

*continued on page 18*

Touchless Delivery


COVID PAK (vitamin D + zinc)

Meds & Nutraceuticals (all-in-one-pouch)

# 3 Revenue Opportunities for 2021

*with "on demand" adherence pouch-packaged medication.*

"*Just three months in, we're over 150 patients, and that's only prescription patients. We have a ton of patients packaging their supplements with us, and our supplement business has actually grown by more than five times.* – *Easton Bryant, Owner, North Century Pharmacy*

RxSAFE®

To take advantage of this unique solution, call **877.203.7187** or visit **www.rxsafe.com.**

*continued from page 16*

in-person interactions means that pharmacies now more than ever need to be capable of providing patients with an authentic, "always on" experience. "Innovative technology that streamlines and amplifies how pharmacies attract, engage, and retain their patients will be crucial as we move forward into new territory," says Zilka.

Several replies also touched on clinical services and adherence-focused services such as packaging. Several others touched on broader market issues that continue to be top-of-mind, such as reimbursements, building efficiency within the pharmacy through automation, and finding ways to diversify pharmacy businesses to create new revenue streams and strengthen financials.

**Jim McDonald**

Integra Director of National Sales for LTC Jim McDonald definitely sees long-term care, institutional, and combo-shop pharmacies across the United States looking for new opportunities to expand revenue and provide better care for their patients. "With reimbursement rates decreasing, increasing competition, and other industry pressures," says McDonald, "it is difficult to grow revenue by purely dispensing prescriptions." But with the pharmacist's role evolving and provider status continually expanding, McDonald is optimistic that patients are more and more looking at the clinical pharmacist as an integral part of their healthcare team.

Of course, it's realistic to assume that 2021 will not be the year when insurers and PBMs fully recognize the contribution of pharmacists and begin to reimburse them accordingly for their professional services. PharmSaver CIO Phil Idziak believes that pharmacies will want to look to bolster their finances by using analytics technology that assists with purchasing and product selection to ensure the best margins.

**Phillip Idziak**

And pharmacies will have to look for growth and revenue in channels other than prescription dispensing, according

*continued on page 20*

PHARMSAVER

MAXIMIZING YOUR BOTTOM LINE

# ABSOLUTELY FREE

- REAL TIME INVENTORY CHECKS
- CUSTOMIZABLE PURCHASING PARAMETERS
- PURCHASE ORDER UPLOAD
- REIMBURSEMENT ALERT
- OVER A DOZEN VAWD ACCREDITED WHOLESALERS

## Join the most technologically advanced Cloud Based Purchasing Platform!

## WWW.PHARMSAVER.NET

# cover story: driving success

*continued from page 18*

**Randy Burnett**

**Rich Muller**

to QS/1 Product Manager, NRx/PrimeCare/SharpRx, Randy Burnett and Senior Director, Next Generation Pharmacy Systems, Rich Muller. "These opportunities for clinical services fall under medical coverage," notes Burnett, "so pharmacies need a partner who will navigate the complexities and provide claim reimbursements faster than ever."

A sample of pharmacies responding to the survey were generally in agreement. Top keywords for them were COVID-19 response tools such as telehealth and delivery, curbside, or drive-thru window pickup, and a focus on clinical services with a need for integrated and provider-controlled networks such as CPESN.

## CLINICAL SERVICES AND PATIENT CARE

When it comes to building out new solutions and developing new interfaces, pharmacy system vendors have their eye on a variety of areas in which they feel they can add value to the pharmacy.

The top choices for areas of greater importance in 2021 were clinical services and patient care. Technology vendors will be looking to support expanded patient care offerings, for example, through point-of-care testing, vaccinations, and vitamin and supplement recommendations. Retail Management Solutions CEO Brad Jones foresees a positive impact on both patient care and revenue, from these last items. Providing recommendations at the point of sale to counteract prescription-induced nutrient depletions is something that both expands the service level a pharmacy provides and also increases sales of front-end items with strong margins. "Pharmacies must take a holistic approach to patient care in 2021 and beyond," says Jones.

**Brad Jones**

*continued on page 22*

# 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

# cover story: driving success

*continued from page 20*

**Stephen Barnes**

The front end is top of mind for BestRx Pharmacy Software Director of Sales and Marketing Stephen Barnes as well. He calls the front end one of the most overlooked areas of opportunity and growth for independent pharmacy. "The easiest way to make up for lost profit in the pharmacy department," says Barnes, "is to help create organic growth for over-the-counter products. OTC products offer potential for high profit margin, so is it any wonder the big-box chains continue to focus a great majority of their marketing dollars and loyalty programs on the front end?"

Immunizations are critical to pharmacy's evolving role as a care provider as well. Technology is supporting workflows that present immunization opportunities to pharmacy staff based on patient profiles, so that the staff can recommend the right immunizations to the right patients at the right time. Central to these workflows is a connection between pharmacy systems and state immunization registries, which can tell pharmacies whether a patient needs a specific immunization. And of course, once the shot is given, pharmacies can then easily comply with regulations for reporting. All of this will become even more critical once a COVID-19 vaccine is available, an eventuality for which community pharmacies are busy preparing.

## PERSONALIZED PATIENT CARE

There should also be a trend toward pharmacies providing more personalized patient care, whether that's through targeted patient communications programs, customized packaging offerings designed to improve adherence, or workflows that support touchless interactions, at least until the COVID-19 pandemic is controlled.

Plan on seeing a strong trend around technology that can help pharmacies make the pivot to a value-based model, for example, support for billing for services as a provider and aggregating data in order to prove value and, in turn, create more revenue based on services.

**Marsha Bivins**

PioneerRx Marketing Director Marsha Bivins sees a need in 2021 for pharmacy systems that support these opportunities for offering enhanced clinical services. "Systems that aid in care planning and providing proper documentation for reimbursements afford pharmacies with the right technology the chance to completely transform their position in healthcare," says Bivins.

Catching these industry trends around patient care-focused models will require an agile response from technology vendors, but also a willingness on the part of pharmacies to be forward-thinking and ready to adopt new technology. For those pharmacies ready to pivot to a new model, one respondent points out that there is the opportunity to build public trust in pharmacy-based care and to develop a habit among consumers of using the local pharmacy as a healthcare resource, beyond just filling scripts.

*continued on page 24*

# SPEED SCRIPT®

**PHARMACY MANAGEMENT SYSTEMS & SERVICES**

## *Best Service. Real People. Any Time.*


## CALL US TODAY

*to schedule a demo*

**800-569-1175**

*www.speedscript.com • info@speedscript.com*

## PRM

### PATIENT RELATIONSHIP MANAGEMENT

- All-inclusive pharmacy software
- Free interfaces for robotics and IVR
- Medication Synchronization
- Interactive reporting
- Flexible technology services
- Electronic document storage
- eFaxing and DIR check

## LTC

### LONG TERM CARE

- Drug Pass and eMAR
- On demand med-sheets, MARs, physician and standing orders
- Remote access resident care records
- Simple implementation and low startup
- Electronic communication between pharmacy and facility

## POS

### POINT OF SALE

- Pseudoephedrine checking
- HSA/FSA card processing
- OTC inventory management
- Multiple payment methods
- Drive-thru signature capture

## 24/7 LIVE SUPPORT

*continued from page 22*


**Beth Perry**

As Transaction Data Systems Regional Sales Manager Beth Perry notes, "Pharmacy is moving to become a critical point of contact in the patients' healthcare team, as the patient will visit the pharmacy more often than prescribers."

CPESN, in particular, should be of central importance for community pharmacies as they work to make clinically integrated and provider-controlled pharmacy networks the standard. The focus in 2021 will need to be on expanding these networks with more high-performance pharmacy members and integrating with physician networks to improve patient care, and engaging in consistent and purposeful marketing outreach to payers and prescribers to ensure that they understand the role CPESN network pharmacies can play in delivering healthcare. You can read more about the trends in state CPESN networks, and learn about six things every pharmacist should know about CPESN in a two-part series of articles published in the July/August (wp.me/p9LtTd-3ne) and September/October 2020 (wp.me/p9LtTd-3ts) issues of *ComputerTalk*.

## COMMUNITY PHARMACY PERSPECTIVE

The 2020 *NCPA Digest*, released by the National Community Pharmacists Association and sponsored by Cardinal Health, highlights the range of services offered among independent pharmacies — from emerging models of enhanced services such as collaborative practice agreement, transitions of care programs, and pharmacy-based clinical care, to what are by now more traditional pharmacy services such as MTM (medication therapy management), immunizations, and a variety of wellness programs such as those focused on diabetes, smoking cessation, and asthma. The *NCPA Digest* delves further into the area of point-of-care testing, which is a rapidly expanding opportunity for pharmacies. Key areas of testing cited in the digest include strep, cholesterol, and hemoglobin A1c. NCPA

also reports that pharmacies positioning themselves for the future are working to obtain the proper certification to provide point-of-care testing for COVID-19.

Pharmacies will need to be sure that they have the right technology systems to run point-of-care testing programs, and that they are not taking a step backward by trying to run this part of pharmacy operations with pen and paper.

## BIG DATA, BIG IMPACT

ScriptPro also recommends keeping an eye out in 2021 for a merging of technological advancements such as algorithmic approaches to problem solving, intelligent automation, and data aggregation and analytics with a growing clinical focus, including areas such as disease/drug management, expanded practice capabilities, testing, and vaccination expansion.

It's likely that artificial intelligence (AI) will play an increasingly important role here, as the availability of on-demand computing power from Amazon Web Services, Microsoft Azure, and other cloud providers allows vendors to bring the full benefits of machine learning to bear on pharmacy data. Tremendous amounts of data flow through pharmacy systems, and this is invaluable for training AI algorithms to support the complex decision-making processes that require in-depth knowledge of patients and their medication profiles, or help pharmacies more quickly and efficiently navigate tasks such as purchasing or claims management. 2021 should see powerful decision support and workflow streamlining tools available from those technology vendors that are staying on the cutting edge of AI. You can read more about how AI may play out in pharmacy in 2021 in our interview with American Society of Consultant Pharmacists (ASCP) CEO Chad Worz, also in this issue.

## AUTOMATING FOR EFFICIENCY AND IMPROVED FINANCES

While 2021 should see pharmacies making big strides in patient care and clinical services, success in these areas will be based in part on improving efficiency at the pharmacy, noted several of the respondents. This means looking to automate processes and redirect staff and time spent toward patient care activities.

The goal is to streamline all processes and eliminate as many

*continued on next page*

*continued from previous page*

**Kevin Minassian**

manual processes as possible, notes Datascan's President Kevin Minassian. He sees a real need for technology that frees up time to find new profit centers, spend time with customers, and build relationships with local doctors and long-term care (LTC) facilities.

Tightly integrated technology solutions will be critical for this, as will the support and expertise to make sure that the solutions are deployed successfully and used consistently.

IND Consulting's Director of Business Development Amber Murray confirms that there will be a continuing effort at IND to help pharmacies manage their backend workflow, which will in turn allow them to be more efficient and to focus on their patients and LTC facilities.

And one idea that is not necessarily new, but worth revisiting in the current environment, is the idea of workload balancing and

**Amber Murray**

distributing functions across remote locations. This plays into the pandemic-induced trend to remote work, but also the fundamental need for pharmacies to smooth the demand on resources and ensure that all available pharmacy staff are working steadily, without disruptive bottlenecks.

Other areas of increased importance, and where efficiency will be paramount in 2021, include purchasing and inventory management and front-end management, for example, merchandising, customer loyalty, and the most effective use of point-of-sale systems overall.

## SUCCESS IN 2021

2021 shows no signs of being an easier year to navigate than 2020. It looks as if success will come for pharmacies that are harnessing the right technology, building the right practice models, and engaging with their peers to prove their value. **CT**

# 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

# Accuracy Was Number One When Choosing a New Robot

**When pharmacy owners list their "gotta haves"** in choosing an automated robotic dispenser, their lists run the gamut: ease of use, footprint, cost, number of cassettes, projected labor savings. Usually, one item on the list is so important that it is nonnegotiable.

For Ron Strickland, that number-one need was accuracy. Hands down. A deal-breaker. "With a pharmacy robot, the main function should be to count everything perfectly, right? It's the whole point of automating," says Strickland, the owner of Lincoln Pharmacy in Lincoln, Ala. He was adamant about accuracy because for 17 years, his old robot could not be trusted. "We were double-counting every script filled by the old one. We didn't dare put C-II medications through it," says Strickland.

In early 2020, Strickland began researching for a replacement. He found the newest Kirby Lester model, the KL-SR secure robot, and he crunched the numbers; it would cost less to buy a new KL-SR instead of continuing his long-term lease with the old pharmacy automation. Affordability was good, but his ultimate decision hinged on precise prescription counts. Since installation, Strickland's KL-SR has delivered as promised.

The pharmacy's 108 fastest-moving tablets and capsules are quickly handled by his KL-SR — even controlled medications and expensive pills. "It's a relief for us to be able to load any drug and trust that every script will come out accurate. We don't have time to waste time or steps," says

Ron Strickland, R.Ph.
Owner
Lincoln Pharmacy
Lincoln, Ala.

Strickland. He and his wife, Amy (both pharmacists), have seen Lincoln Pharmacy's business expand steadily over their 20 years of ownership.

The KL-SR includes several security features to prevent diversion and replenishment errors. The system also includes newly engineered universal cassettes that do not require the Lincoln Pharmacy staff to ever recalibrate, unless they switch to a different NDC. To have cassettes quickly auto-calibrate and then stay calibrated was another plus, since there's no room for inefficiency in this busy community pharmacy 45 minutes east of Birmingham.

The KL-SR automates fewer NDCs than the old robot, and Strickland admits that was a consideration: "We ran a usage report. After we got past cassette #100 on the old pharmacy robot, we were only dispensing eight to 10 prescriptions per month total from cassettes 101 to 200. If you are only dispensing something every other day or every third day, why automate it?"

The KL-SR consistently handles about 70% of all tablets/capsules that Lincoln Pharmacy dispenses and requires less square footage — two outcomes that pleased Strickland. The KL-SR is only 67 inches deep by 30 inches wide, easily fitting into the space of a row of shelving.

**The Lincoln team found the KL-SR to be more user-friendly than the previous robot. Full comfort level was reached in one to two weeks for all technicians like Angie Watts.**

Switching to a new system can be daunting, especially when the old prescription counting system had been in place for almost two decades. However, Strickland noted that the Lincoln team found the KL-SR to be more user-friendly. Full comfort level was reached in one to two weeks for all technicians. "If I had to give advice to other pharmacy owners investigating a pharmacy robot, I'd say explore what's out there. You may be in a similar situation, where you could get newer, better technology, and actually pay less." **CT**

# Prescription Benefit Solution Improves Adherence and Refill Rates

**Twenty minutes. That's how long it used to take staff members** in Priyank Patel's New York City-area pharmacies to address instances in which a patient's medication was either not covered by a plan's benefit, or was prohibitively expensive. Now that his pharmacies are operating the real-time prescription benefit from Surescripts, processing time has been cut to just five minutes.

"Twenty minutes is an eternity in our business, where literally every second counts," says Patel, who owns three pharmacies. "The real-time prescription benefit solution has essentially solved this problem for us, while at the same time providing a much better experience for patients."

Patel's trio of pharmacies includes the Bronx's Felicity Pharmacy, which he bought four years ago; Getty Square Pharmacy in Yonkers, which he opened from scratch about one year ago; and HealthRx Pharmacy, also in Yonkers, which he purchased about two years ago. Both Felicity and Getty Square serve patients who rely mostly on Medicare and Medicaid. HealthRx patients include members of multiple payer plans.

Patel says his road to pharmacy ownership was sort of inevitable. "I've always wanted to help people, and I've always had an interest in health care," he says.

Which is why instances of patients having to leave the pharmacy without their medications was especially heartbreaking. "This was happening multiple times per day, to maybe 20% of our patients, and the logical result was an increase in nonadherence," Patel says.

Priyank Patel
Owner
Felicity Pharmacy,
Getty Square Pharmacy,
and HealthRx Pharmacy

Patel has the knowledge to offer alternatives to high-cost medications, or when prescribed medications are not on a patient's formulary. But even with that knowledge, his pharmacists still had to go through the arduous process of typing in the prescription, going through the payer's billing process, determining a viable alternative, calling the doctor's office to make the switch, and then running the claim through the system again.

"It was a terribly inefficient system," Patel says, and that inefficiency was exacerbated for technicians, who may not have the same knowledge of medication alternatives as a pharmacist.

As a technology enthusiast, Patel says he pays attention to new solutions as they are developed for potential use. He uses the PrimeRx pharmacy management system from Micro Merchant Systems as the core operating system in his three pharmacies, and he is quick to praise the system's continual upgrades, which he says really capture the needs of today's pharmacies. Among the software's capabilities are direct interfaces with several leading technology vendors. Patel had become aware of the interface with Surescripts and was thrilled when Micro Merchant also recognized its potential. In fact, Patel's Felicity Pharmacy signed on to pilot the integration, making Patel one of the earliest users.

"With the push of a single button, our staff now has immediate access to each patient's benefit information. Information that used to require multiple steps," says Patel. "Our Bronx location processes 450 to 500 prescriptions each day and in that respect, a real-time prescription benefit has truly been a gift to our team."

And for customers there have been two main benefits: Time and adherence.

They can now have confidence that when they arrive at the pharmacy, they will leave with an affordable, appropriate medication. There is no longer fear that a trip to the pharmacy will be a waste of time, or that the start of their medication therapy might be delayed.

This in turn has increased medication adherence. "Since affordability is a key reason for nonadherence, that obstacle has been removed," Patel notes. In fact, he notes that adherence rate among his pharmacy's patients has increased from between 60% to 70% to is almost 90%.

Patel is grateful for the extra time this efficiency allows — time that can be spent helping patients in other ways. Among other things, Patel says he'd like to pursue additional vaccination opportunities for his pharmacies, along with additional educational initiatives. **CT**

*Learn more about PrimeRx in* ComputerTalk's *Buyers Guide wp.me/p9LtTd-30p.*

# Ensuring Trust in the COVID-19 Vaccine: Adverse Event Monitoring and Analysis

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

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

**THE COVID-19 PANDEMIC CONTINUES** to prompt change in our daily lives. This change occurs rapidly as we learn more about the disease and how to emerge from it. While the *ComputerTalk* staff are able to quickly get our columns into print, it is possible that new information has come to light in the time from submitting our thoughts and those thoughts being published for you to read. However, we believe recent news is worth bringing to your attention, even though new information continues to become available. In mid-October, the Department of Health & Human Services (HHS) authorized "qualified pharmacy technicians and state-authorized pharmacy interns" to administer vaccines — including the pending COVID-19 vaccine — and COVID-19 tests (https://www.hhs.gov/about/news/2020/10/21/trump-administration-takes-action-further-expand-access-vaccines-covid-19-tests.html). This news follows a September authorization granting state-licensed pharmacists the ability to order and administer the COVID-19 vaccine, when available (https://www.pharmacytimes.com/news/hhs-authorizes-pharmacists-to-order-administer-covid-19-vaccine). In even more recent news, early data indicates two vaccines with effectiveness great than 90%.

So we have a challenge on the horizon: Millions of Americans will likely receive COVID-19 vaccines in their community pharmacy, but will these immunizations be reported to registries?

While we know pharmacies and other institutions will first need to address the storage requirements for the vaccine, we are encouraged to see pharmacies being recognized as sites to address this public health crisis. In fact, we previously discussed the need to incorporate pharmacists in the mass vaccination efforts that are coming. In that column from July/August 2020, we highlighted the importance of an accurate and up-to-date immunization record, especially as it relates to COVID-19. Unfortunately, the reality is that reporting rates to immunization registries by community pharmacies are low. Immunization registries are similar to prescription drug monitoring programs (PDMPs) in that they are managed by the states. However, while pharmacists in most states are able to query other states' PDMPs, there is not a national immunization registry.

So we have a challenge on the horizon: Millions of Americans will likely receive COVID-19 vaccines in their community pharmacy, but will these immunizations be reported to registries? We have not seen this question posed in the medical literature or lay press. What have we seen? We have observed a political climate unlike any in our lifetimes in terms of acrimony and open hostility between the two primary political parties. One of the current points of contention is the trust that should be placed in the safety and efficacy of the pending COVID-19 vaccine. While unprecedented efforts are underway to rapidly bring a vaccine to the public, many are questioning the process and the likelihood the vaccine will lack efficacy or, worse, cause harm at greater rates than vaccines developed under customary circumstances. This harm falls in the adverse drug reaction (ADR) category, which is

defined as harm to a patient that occurs under situations of appropriate use and is not due to a mistake or error.

## THE RISKS

**As pharmacists, we know there** are inherent risks in vaccines, which are statutorily classified as both drugs and biologics. Does the average American understand that adverse drug reactions can occur with any drug (or vaccine), and can — by definition — occur under situations of *appropriate* medical use? Probably not. If we look specifically at the question of harm, we know that some people will experience ADRs to the COVID-19 vaccine. The question is whether this harm is disproportionately more frequent, or severe, than harm customarily found in the administration of other vaccines. How can we answer this question? We need data — specifically, we need pharmacovigilance data, which informs us about drug safety issues in populations. The CDC (Centers for Disease Control and Prevention) and FDA (Food and Drug Administration) maintain the Vaccine Adverse Event Reporting System (VAERS), which as the name suggests, is the United States' database containing reports of adverse events due to vaccines. The goal of VAERS is not to attribute health problems to vaccines. Rather, some of the primary objectives, as stated on the VAERS website (https://vaers.hhs.gov/about.html) are to:

- ❏ Detect new, unusual, or rare vaccine adverse events.
- ❏ Identify potential patient risk factors for particular types of adverse events.
- ❏ Assess the safety of newly licensed vaccines.
- ❏ Provide a national safety monitoring system that extends to the entire general population for response to public health emergencies, such as a large-scale pandemic influenza vaccination program.

While these objectives were developed prior to 2020, one could argue that they are tailored to the current COVID-19 vaccine.

As we dig into this topic, it seems that VAERS offers promise to address concerns with the vaccine's safety profile. Like other reporting systems, the quality of the data for analysis is dependent upon the accuracy of the data being submitted. In fact, VAERS is open to anyone who wants to report a safety issue. Other relevant limitations include: (1) Causality cannot be definitively attributed, (2) Reporting rates may be influenced by external factors, such as media attention, and (3) The level of detail for any single report may be insufficient to provide a complete picture of the adverse event. Still, VAERS is our best source of vaccine safety monitoring data.

Reports indicate that current plans for initial safety monitoring include multiple federal agencies and private organizations. For example, the CDC's Vaccine Safety Datalink partners with nine integrated health systems to provide safety data for more than 10 million people, ranging from adolescents to those over 65 years of age. The VA's (Department of Veterans Affairs') and Department of Defense's electronic health records will also provide data for safety monitoring for millions of Americans. Other data sources include the Indian Health Service. In all of these scenarios, VAERS appears to be the common denominator, serving as the recipient of vaccine safety monitoring data.

Considering the accessibility and geographic location of community pharmacies across the country, we believe that community pharmacies should also be included as a source of COVID-19 vaccine safety data. However, VAERS does not currently offer an interoperable method for report submission by pharmacies. In fact, healthcare providers wanting to submit a report have the same options as a patient: (1) an online form directly on the VAERS website, and (2) a writable PDF form available for download from the VAERS website. These options do not scream efficiency and workflow integration. If VAERS is able to electronically exchange data with the partners listed above, one is inclined to expect similar functionality for pharmacy management systems.

COVID-19 has caused considerable change in many aspects of our lives. It has been (and continues to be) the great disruptor. It has driven the relaxation of regulations to allow cross-state practice by healthcare professionals, a decade worth of telemedicine advancements in six months, and pharma's new perception as a critical player in public health. Now, might the impending COVID-19 vaccine drive the development of systems that allow pharmacies to submit adverse event data related to the vaccine — in an efficient manner that integrates with existing workflow? Stranger things have happened…in just the past year. We welcome your comments. **CT**

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

**COMMENTS:** Share your thoughts on immunizations and integrating with existing workflow.

**Share online at** wp.me/p9LtTd-3Bc

# Predictions for 2021

**Patricia Milazzo,** R.Ph.

**Ann Johnson,** Pharm.D.

**AS 2020 ENDS, MANY OF US ARE LIKELY THINKING,** "Good riddance!" 2021 is bound to be an improvement upon 2020. Specific to the world of pharmacy, we have a few predictions for 2021.

**PREDICTIONS 1 AND 2: (1) Vaccine(s) will be approved and distributed for prevention of COVID-19, the disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); (2) Pharmacists will play a major role in its administration.**

We could not write about predictions for 2021 without addressing the COVID-19 vaccine candidates. With the expected approval of a vaccine for COVID-19, the focus is turning to the distribution and reimbursement of the largest mass vaccination in recent history. Historically, the CDC (Centers for Disease Control and Prevention) has overseen the processing, distribution, and reimbursement for mass vaccine efforts. The CDC previously negotiated agreements with large pharmacy chains and set the amount of the provider administration fee through provider participation requirements. CMS (Centers for Medicare & Medicaid Services) may also aid in setting administration fees for government-sponsored plans.

To ensure uptake of the COVID-19 vaccine, CMS may evaluate additional Medicare options, such as implementing the "significant cost threshold" provision. Under the significant cost threshold provision, CMS can pay for certain high-cost new Medicare benefits through fee-for-service (FFS) Medicare. Payments may continue until the costs for the new benefits are included in the Medicare Advantage (MA) payment benchmarks. Vaccine administration fees would be billed as FFS claims for both FFS and MA patients, resulting in initial cost relief for Medicare Advantage plans. While no official guidance has been published to date, these actions are expected in 2021.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 requires that the COVID-19 vaccine be provided at no cost to insured patients. Commercial plans will have to cover these costs. Uninsured patients would be responsible for paying the administration fees directly, or may need to seek the vaccine free of charge at a county health office or similar entity. Depending on the cost, this could be a deterrent for some patients and hinder immunization efforts, leading to undesirable vaccination rates across the country.

Additional regulatory issues remain for many COVID therapies. Throughout the COVID-19 pandemic, the FDA's (Food and Drug Administration's) emergency use authorization (EUA) authority has been leveraged for multiple products, including remdesivir, COVID-19 tests, protective equipment, and more. Under the EUA, the FDA is not expediting the full regulatory approval process but permitting "emergency use" to mitigate a national emergency as defined by the act. Remdesivir was initially authorized under the act to be used for COVID-19 and only recently received full FDA approval for this indication. Medicare is not authorized to provide coverage for products authorized under an EUA, while the CARES Act provision references "licensed" products. An EUA would most likely mean the full FDA approval pathway has been circumvented, which may or may not constitute a "licensed" product. The FDA may consider other options, including "expanded access," also known as "compassionate use." This would allow wider vaccine access to patients outside of clinical trials, prior to full FDA approval. As of early November, the FDA had not announced or published its selected option for the COVID-19 vaccination efforts and may be considering options not presented here. All these issues will need to be resolved and addressed for a successful nationwide vaccination effort.

Beyond these issues, pharmacists will need to be ready to step up and lead efforts for vaccine administration. States are already working to prepare for this participation. For example, the Pennsylvania Pharmacists Association provided an update on Oct. 29, 2020 (see the box at right), about steps that pharmacies should complete to prepare for administration of COVID-19 vaccinations, acknowledging that information is changing daily. We expect that other states will have similar requirements for pharmacist administration of COVID-19 vaccines.

**PREDICTION 3: More definitive 340B guidance will be announced.**

In September 2020, several brand pharmaceutical manufacturers

took aggressive steps to reduce their risk of paying duplicate discounts in the 340B drug program. The 340B program provides covered entities with sizeable discounts on pharmaceuticals, and drug manufacturers are required to participate in the 340B program as an OBRA '90 Medicaid rebate requirement.

Two manufacturers noted that they would stop providing hospitals with 340B discounts if the hospital, as a covered entity, was ordering product for a contract pharmacy versus dispensing the product at an in-house pharmacy. Both manufacturers will continue to provide discount pricing to covered entities and their child sites outside the contract pharmacy arrangement. For covered entities that do not have an on-site dispensing pharmacy, the manufacturers noted that covered entities can arrange for a single contract pharmacy of their choosing to receive 340B pricing on behalf of the covered entity, which may require applying for an exception. The covered entity would not, however, be able to purchase product for an unlimited number of contract pharmacies. These new tactics are challenging the proliferation of contract pharmacy arrangements.

In response to these manufacturer actions, Apexus, the 340B Prime Vendor Program, published a sample form for covered entities to report instances where covered outpatient drugs are not available at a 340B ceiling price or are charged at the incorrect 340B ceiling price. The form specifically asks if the issue reported is limited to a contract pharmacy purchase, which could help target where availability or pricing issues are specifically related to these recent manufacturer changes. Completed forms are to be emailed to the HRSA (Health Resources and Services Administration). Based on the availability of this form and its uptake and use by covered entities, the HRSA will begin to quantify the extent and impact of manufacturers' refusal to provide 340B pricing to all contract pharmacies.

As this back and forth continues, we expect that this will either push the HRSA to reform the 340B program or result in more definitive guidance on what is required from pharmaceutical manufacturers.

## PREDICTION 4: USP compounding regulations could go into effect.

In June 2019, the United States Pharmacopeia (USP) released several new and revised pharmacy compounding standards. Some of the critical areas for pharmacy compliance include quality assurance/control, facility requirements, beyond use dates, and personnel qualifications. Regulatory oversight and enforcement of these areas belong to multiple agencies, depending on pharmacy location and compounding facility, but it is expected that the Joint Commission of Pharmacy Practitioners, state boards of pharmacy, and the FDA will each play a role in compliance.

The USP published the final revised version of General Chapter 797 (Pharmaceutical Compounding — Sterile Preparations) to accompany the previously released General Chapter 800 (Hazardous Drugs — Handling in Healthcare Settings). Due to pending appeals, the effective date of USP 797 remains postponed until further notice, and USP 800 remains "informational" until 797 is finalized. While federal regulatory agencies and accrediting organizations are unlikely to begin enforcement of both chapters until after the appeals process is complete, several state boards of pharmacy have begun enforcement of USP 800, which may affect your pharmacy or health system's timeline for compliance. In 2021, USP 797 has the potential to become regulation and enforceable, but this is dependent on the progress of the current appeals. Pharmacies must comply when the standard becomes official and enforceable. For more information, visit https://www.usp.org/compounding/general-chapter-797.

COVID-19 will continue to shape aspects of our lives in 2021. Pharmacy has an important opportunity to enhance patients' wellness and prevent further spread through community-based administration of forthcoming vaccine(s). Until vaccines are available, wash your hands, stay safe, and have a relaxing and healthy new year! **CT**

*Patricia Milazzo, R.Ph., is a senior consultant, and Ann Johnson, Pharm.D., is president, at Pharmacy Healthcare Solutions, LLC. The authors can be reached at pmilazzo@phsirx.com and ajohnson@phsirx.com.*

### EXAMPLE: COVID-19 VACCINE ADMINISTRATION

The Pennsylvania Pharmacists Association provided an update on steps that pharmacies should complete to prepare for administration of COVID-19.

1. In order to participate in COVID-19 vaccinations, pharmacies must sign the Pharmacy Memorandum of Agreement (MOA).
2. On November 2, the Pennsylvania Department of Health (DOH) will be contacting all pharmacies that have already signed the MOA with an official request to:
   a. Sign and submit the COVID-19 Vaccine Amendment to the MOA to the DOH. This amendment will be attached/linked to the email communication with instructions on where to send it.
   b. Complete the provider agreement forms — both Section A and Section B. The web form is preferred over the fillable PDF, since it goes directly into the Pennsylvania DOH database.
3. Additionally, the Pennsylvania DOH requires completion of a one-hour training module from the CDC, "You Call the Shots — Storage and Handling." Pharmacists can receive CE credit for completing this training.

# The FDA Launches a Digital Center of Excellence

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

**THE FDA (FOOD AND DRUG ADMINISTRATION)** news across a variety of its divisions regularly arrives in my email, and I enjoy the updates I have signed up for from the agency. Like me, you may be reading frequent FDA COVID-19 updates related to shortages, vaccines, personal protective equipment, and guidance. But a recent update captured my attention, with the agency announcing the formation of a Digital Health Center of Excellence in late September.

The goal of the Digital Health Center is to "Empower stakeholders to advance health care by fostering responsible and high-quality digital health innovation." See https://www.fda.gov/medical-devices/digital-health-center-excellence?utm_medium=email&utm_source=govdelivery. FDA defines the broad scope of digital health as "categories such as mobile health (mHealth), health information technology (IT), wearable devices, telehealth and telemedicine, and personalized medicine." The new Digital Health Center will serve as the hub for a variety of initiatives the FDA has already undertaken to help smooth the pathway for digital health approvals, and it should help stakeholders by bringing information together in a central location. Specific objectives related to the new center's goals are to:

- ❏ Connect and build partnerships to accelerate digital health advancements.
- ❏ Share knowledge to increase awareness and understanding, drive synergy, and advance best practices.
- ❏ Innovate regulatory approaches to provide efficient and least burdensome oversight while meeting the FDA standards for safe and effective products.

The Digital Health Center will be housed within the Center for Devices and Radiological Health (CDRH) and be led by Bakul Patel, who was formerly the director of digital health at the CDRH.

For pharmacy system providers, it may be time to think about how to incorporate digital technology feeds into patient profiles so that pharmacists can use this data in their clinical decision-making.

Digital health was already a hot trend, but with COVID-19, digital health and telehealth have taken on even greater importance. Remember when Fitbit and the Apple watch were launched? They were viewed as real innovations to help patients with their health. These devices have become ubiquitous. Be honest, do you have a wearable device on as you read this? I do. I think it's my fifth or sixth device, and I've migrated away from a traditional watch as I glean each day how active I have been. But digital health is much, much broader than personal wearable watches.

## A FEW EXAMPLES

**Last June, the FDA approved** the FreeStyle Libre 14-day continuous, wearable glucose device. It has become very popular among patients in the pharmacies where I practice, and allows patient to forego several-times-a-day blood glucose testing and finger sticks. Colleagues and friends have recently had pacemakers implanted and find they are remotely monitored 24/7, often across the country from where they live. Another colleague in the respiratory space has worked with the FDA for a number of years to develop digital data from the use of inhalers to help patients and their healthcare providers monitor chronic conditions like asthma and chronic obstructive pulmonary disease. Stop and think for a moment — what other digital health applications and

devices come to your mind?

The digital health market is expected to grow to nearly $640 billion in 2026, more than six times its size in 2019, and have an expected cumulative annual growth rate of 28.5% from 2020 to 2026 (see link at right). Digital health is no longer in its infancy but is becoming part of mainstream healthcare, and new solutions and coordination are needed to realize its full potential.

This thought was reflected by FDA Commissioner Dr. Stephen M. Hahn in a statement reported in MobiHealthNews that coincided with the Digital Health Center's announcement: "Today's announcement marks the next stage in applying a comprehensive approach to digital health technology to realize its full potential to empower consumers to make better-informed decisions about their own health and provide new options for facilitating prevention, early diagnosis of life-threatening diseases, and management of chronic conditions outside of traditional care settings."

For pharmacy system providers, it may be time to think about how to incorporate digital technology feeds into patient profiles so that pharmacists can use this data in their clinical decision-making. What interfaces would be required to populate device data into a patient's medical record? Additionally, as providers no doubt you have been thinking about how to adapt systems to provide telehealth during this pandemic. All these activities will benefit from the new Digital Health Center.

As digital health continues its evolution, securing devices at home and work, securing internet-connected devices in healthcare, and securing other technological innovations will all need to be addressed. October was National Cybersecurity Awareness Month. As part of its digital health security efforts, the FDA created a new discussion paper, entitled, "Communicating Cybersecurity Vulnerabilities to Patients: Considerations for a Framework." The paper was developed to provide best practices to consider when communicating with patients and caregivers about cybersecurity vulnerabilities. The agency is welcoming comments on the paper, which can be downloaded at https://www.fda.gov/media/143000/download. I encourage you to review it and consider any actions you may need to take to make your systems more digital health friendly and secure.

You can keep up on digital health initiatives at the Digital Health Center website, which outlines its phased evolution, and through push email FDA news (see your options at https://www.fda.gov/about-fda/contact-fda/get-email-updates or sign up for the center's updates at https://www.fda.gov/medical-devices/digital-health-center-excellence/about-digital-health-center-excellence). I have also found MobiHealthNews, a complimentary daily e-newsletter from the Healthcare Information and Management Systems Society (HIMSS) to be a good source for following digital health trends (see https://www.mobihealthnews.com/subscribeata). **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.*

## RESOURCES:

**Digital Health Center:** https://www.fda.gov/medical-devices/digital-health-center-excellence?utm_medium=email&utm_source=govdelivery

**Make comments on the FDA discussion paper:** https://www.fda.gov/media/143000/download

**Keep up with digital health initiatives:** https://www.fda.gov/medical-devices/digital-health-center-excellence/about-digital-health-center-excellence

**Details on the digital health market:** https://www.statista.com/statistics/1092869/global-digital-health-market-size-forecast/#:~:text=Global%20digital%20health%20market%20size%202019%20and%202026%20forecast&text=According%20to%20this%20forecast%2C%20the,percent%20from%202020%20to%202026

SPONSORED CONTENT

# Patient Relationship Management
## and the Future of Pharmacy

*In this interview with* ComputerTalk's *Maggie Lockwood, Speed Script's CEO Chuck Welch explains how patient relationship management (PRM) is the future of pharmacy. When software and technology close the loop on pharmacy data, providing better business intelligence within the pharmacy system, pharmacists have an easier time managing and communicating with their patients. The end result is more time to build a business that moves beyond prescriptions and focuses on what's important: helping patients with their healthcare.*

**ComputerTalk: Tell me about patient relationship management and why it's so important for the future of pharmacy.**

**Chuck Welch:** This is becoming more important as adherence is becoming more prevalent, and we are seeing more companies offering different services to contact the patient on the pharmacy's behalf. Services include a human calling a patient to see if they could set the patient up on a reminder program and to talk with the patient about their prescriptions, or texting patients to let them know a script needs to be filled, the doctor needs to be contacted, or a refill is due or ready to be picked up. Many different automation systems are being introduced to pharmacies to aid in patient adherence and to help drive down overall costs for the pharmacy.

**CT: How is it a new vision for pharmacy management?**

**Welch:** As we see the different automation systems starting to come online and performing tasks for the pharmacy, the resulting information needs to be sent back to the pharmacy and tracked in the pharmacy management system and assigned to the patient for whom the task was performed. If a patient receives a refill reminder text on the phone and shows up at the pharmacy and asks, "Why did you text me?" the first thing the pharmacist will tell the patient is, "We didn't text you." Then the patient shows the text, where it looks like the pharmacy did text the patient, making the pharmacy wonder, "What is going on?" If this information was sent to the pharmacy and assigned to the patient record, the pharmacist would be able to look in the pharmacy management system and see why the patient got a text and where it came from. This would make the pharmacy look better in the patient's eyes, when the pharmacy is able to say, "Oh, yes. I see here, a text was sent to you and we have the prescription ready for you right here."

The hope is that automation along with business intelligence allows the pharmacy to be more informed and better suited to add a personal touch to the patient's experience when needed, and allows for better service to the patient overall.

**CT: This is all about integration of information. What are pharmacists missing out on now by not seeing all the actions taking place around a patient?**

**Welch:** Business intelligence. We hear it in the news, in marketing programs, and all over the technology landscape. Data is flowing across many different systems around the healthcare landscape. If the data is not transmitted to the right people in the right format, there is no intelligence whatsoever. By bringing the data back from different systems and letting the pharmacy know what is going on, it allows the pharmacy a chance to better serve patients and also be able to review services being offered to patients by the pharmacies and their business partners. For example, a text for a refill reminder may have been sent to a patient, and the patient has not come to the pharmacy to refill the prescription; the pharmacist should then be able to see that texting is not working for a specific patient and another process might need to be used for this patient. Maybe someone needs to call and see what can be done to help the patient. As we know, one way of communicating does not work for everyone.

**CT: How does PRM empower a pharmacy owner to close the loop on communication with a patient, and how does this improve patient-pharmacist relationships?**

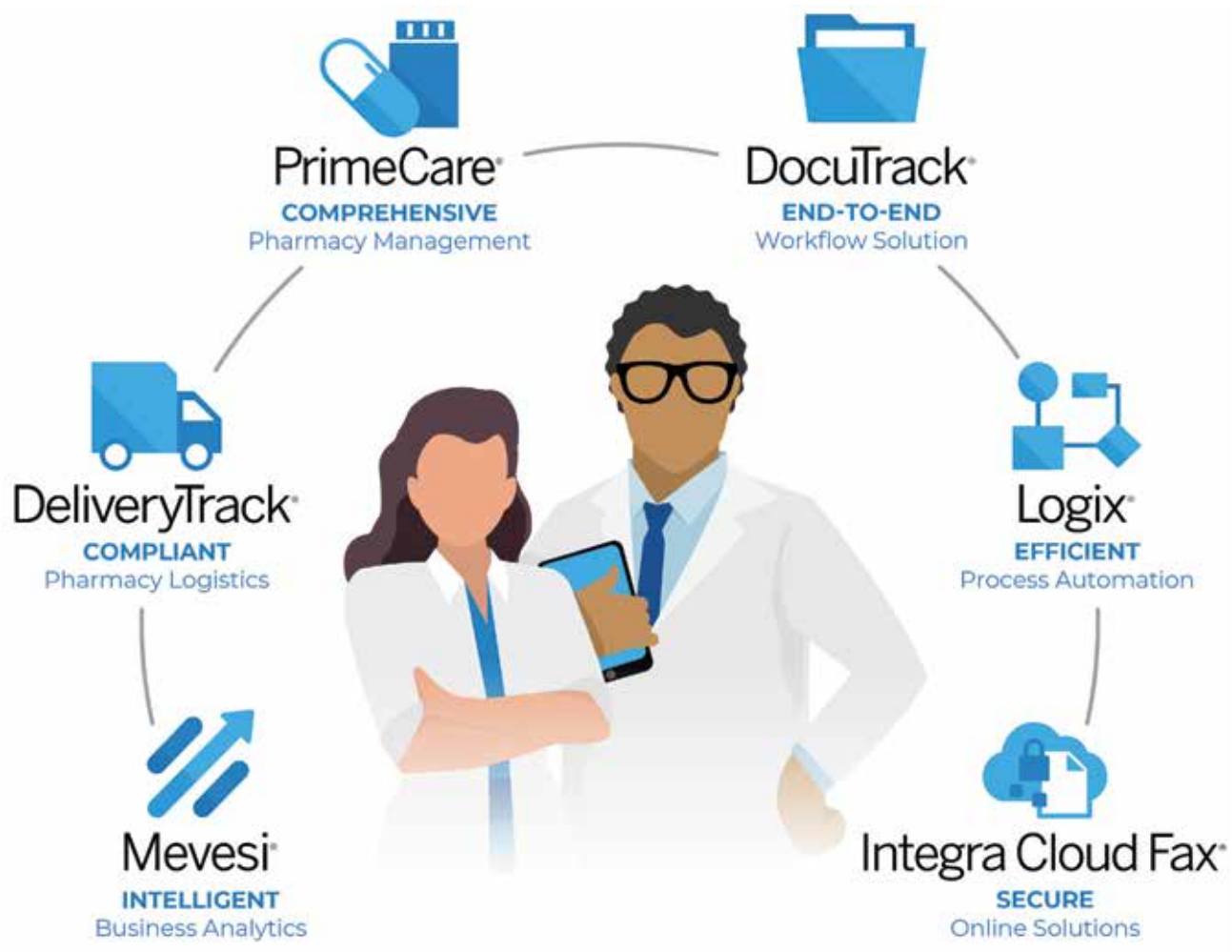
**Welch:** By closing the loop with different services and communicating the information back to the pharmacy. This allows the pharmacist or someone in the pharmacy to possibly add a personal touch to the patient's experience. Automation does not solve everything. The hope is that automation along with business intelligence allows the pharmacy to be more informed and better suited to add a personal touch to the patient's experience when needed, and allows for better service to the patient overall.

**CT: How will PRM tie together clinical programs that are the pharmacy's future?**

**Welch:** As the interfaces evolve and grow together, the information about fills, times that patients come in to pick up prescriptions, medication sync times, MTM [medication therapy management], eCare, and other systems all become more integrated with each other, and the best place for this to happen is the pharmacy management system. I believe that over the next few years, the interfaces and systems will continue to mature and evolve, enabling pharmacies to continue to deliver the services they need to deliver to patients and help improve the personal aspect of the patient-pharmacist relationship. **CT**

*Learn more about Speed Script in its* ComputerTalk *Buyers Guide profile at wp.me/p9LtTd-39A.*

integra® | Suite




# Realize Your Potential

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

**866.257.4279 | TheIntegraSuite.com**

# PHARMACY IS COMPLICATED.

## YOUR SOFTWARE SHOULDN'T BE.

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

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

**Liberty**
SOFTWARE

PHARMACY SOFTWARE FOR
**PHARMACY SUCCESS**

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