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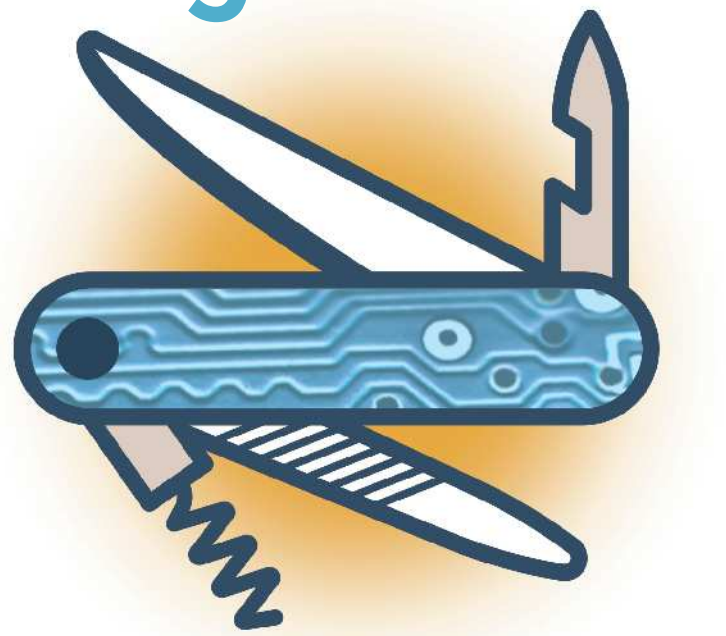
Specialty Pharmacy: Getting the Right Tools

We explore the key features of software systems and integrations, management workflows, and the role technology plays in a specialty pharmacy business plan and accreditation.

story begins on page 13



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Kraig McEwen,
CEO of RedSail Technologies, LLC

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COVER STORY

Specialty Pharmacy: Getting the Right Tools

by Will Lockwood

We explore the key features of software and integrations, workflows, and the role technology plays in a specialty pharmacy business plan for accreditation.

Story begins on page 13

pharmacy forward

Since graduating from pharmacy school, Chrissy Barr, owner of the Medicine Shoppe Pharmacy in North Little Rock, Ark., has used the RxMaster system and continues to be impressed by the customer service and the company's commitment to adding new features.

back page

Eyad Farah, a 10-year veteran of McKesson, was named president of Health Mart last October. Farah shares his optimism for the future of pharmacy and his thoughts on why it's important that pharmacy owners adopt new practice procedures.

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We Should Be Thankful for Technology

WHILE WE STILL FACE THE HUMAN destruction that COVID-19 has caused, we have to be thankful for the technology that brought vaccines to market at unprecedented speed. This experience is going to have a positive impact on the development of vaccines when new viruses raise their ugly head. Can you imagine what it would have been like had this pandemic occurred 20 years ago?

In a *Kiplinger Letter* special edition (Dec. 18, 2020) on "The Next Pandemic" it was pointed out that artificial intelligence (AI) will see advances to help decode viruses, discover drugs, track infections, make outbreak predictions, and even answer a flood of citizen questions using AI chatbots. The *Kiplinger Letter* went on to say that the adoption of digital tech will transform how we cope with future disruptions.

Because of the technology we have today, telehealth got a kickstart last year thanks to the federal government's $200 million in funding. Telehealth enabled patient-provider contact to continue during the lockdowns and social distancing mandates. While not a true substitute for in-person visits, telehealth nevertheless became an important part of the health-system infrastructure in this country.

Virtual connections were possible thanks to platforms such as Zoom. This enabled business entities to stay connected to a remote workforce. It provided an alternative to live conferences and meetings. The business community was able to continue to operate and schools continued to teach. Expect to see web-based solutions continue to evolve.

Now that we have the rollout of vaccines, pharmacies are well equipped with the technology at hand to document and report the vaccines administered. Pharmacies are set up now to do just this with flu vaccines and other vaccines administered. There will be software modifications necessary to report additional data elements for COVID-19 vaccines to the registries, but I do not see this as a major problem — just a little more data entry. Pharmacies have already stepped up to the plate with COVID-19 testing.

Fortunately, pharmacies use a robust technology platform that keeps them connected with their patient population and insurers, and now steps are being taken to provide this connectivity with other healthcare providers. The technology is largely responsible for pharmacy's recognition as a main-line health provider player.

Hopefully, 2021 will be the year of returning to normal after a most disruptive 2020. **CT**

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RedSail Technologies has announced that it has finalized the purchase of PioneerRx. "We are determined to transform pharmacy and adding **PioneerRx** to our family of brands will help accelerate our efforts to develop one of the most clinically advanced and profitable pharmacy networks in the country," says Kraig McEwen, CEO of RedSail Technologies. "PioneerRx's track record speaks for itself — tremendous growth, delighted customers, and best-in-class service. We are thrilled for them to become part of the RedSail family."

This acquisition creates one of the largest pharmacy networks in the country. "PioneerRx is excited to join the RedSail Technologies family and continue our mission to save and revitalize independent pharmacy," says PioneerRx President and CEO Jeff Key. "As part of RedSail Technologies, our efforts to revolutionize independent pharmacy will be accelerated through increased network scale and additional investment and we are thrilled about this." PioneerRx believes that network scale is one of the most important factors for independent pharmacies to remain competitive against larger chains, especially to reform the payment model and work with government agencies in the midst of the pandemic.

Jeff Key will continue to lead the PioneerRx organization, with operations in Irving, Texas, and Shreveport, La. RedSail is headquartered in Spartanburg, S.C., with operations in Anacortes, Wash. RedSail is the parent company of QS/1 and Integra. PioneerRx and QS/1 will continue to operate as separate software systems.

Datarithm will be collaborating with **iApotheca** to provide EconoRoute, a cloud-based home delivery platform for retail and outpatient pharmacies. This collaboration delivers scalable technology that reduces the time and expense associated with home delivery. Handling 100 addresses per route, EconoRoute provides an efficient and cost-saving delivery route and, using Square technology, credit and debit cards are processed for payment.

"Datarithm is excited about teaming up with iApotheca," says David Belinski, Datarithm president. "Through this offering U.S. pharmacies will add great efficiencies to their home delivery programs, making them more profitable and, for pharmacies not currently offering home delivery, rollouts will be much easier via EconoRoute."

The American Society for Automation in Pharmacy (ASAP) has announced the election of its board of directors for 2021-2022. Reelected were incumbents Sonny Anderson, RedSail Technologies; Charles Brinkley, CoverMyMeds; Tim Davis, PANTHERx founder; Lisa Miller, SoftWriters; Miranda Rochol, IQVIA; and Jermaine Smith, Rite Aid. Newly elected to the ASAP board is Dawn White, Elevate (AmerisourceBergen).

"The number of candidates running for election was unprecedented in recent years," says Bill Lockwood, executive director of the organization. "This can be viewed as testament to the importance of ASAP as the voice of pharmacy technology."

Micro Merchant Systems is giving it PrimeRx pharmacy management system users access to the Surescripts real-time prescription benefit. This will allow pharmacists to view a patient's plan benefits, including covered medications and out-of-pocket costs. This will help pharmacists minimize the time-consuming process of identifying therapeutic alternatives for costly or uncovered medications.

New York City-area pharmacy owner Priyank Patel was among the first to subscribe to the service. Patel owns three pharmacies and says that instances of patients unable to afford their medications were an all-too-common occurrence. "Each case took about 20 minutes to resolve and required multiple phone calls and paperwork," he says. Now with the push of a single button his staff has immediate access to each patient's benefit information. Learn more about Patel's story at wp.me/p9LtTd-3FK.

Micro Merchant Systems is a pharmacy technology company that has been servicing the needs of pharmacies for 30 years. **CT**

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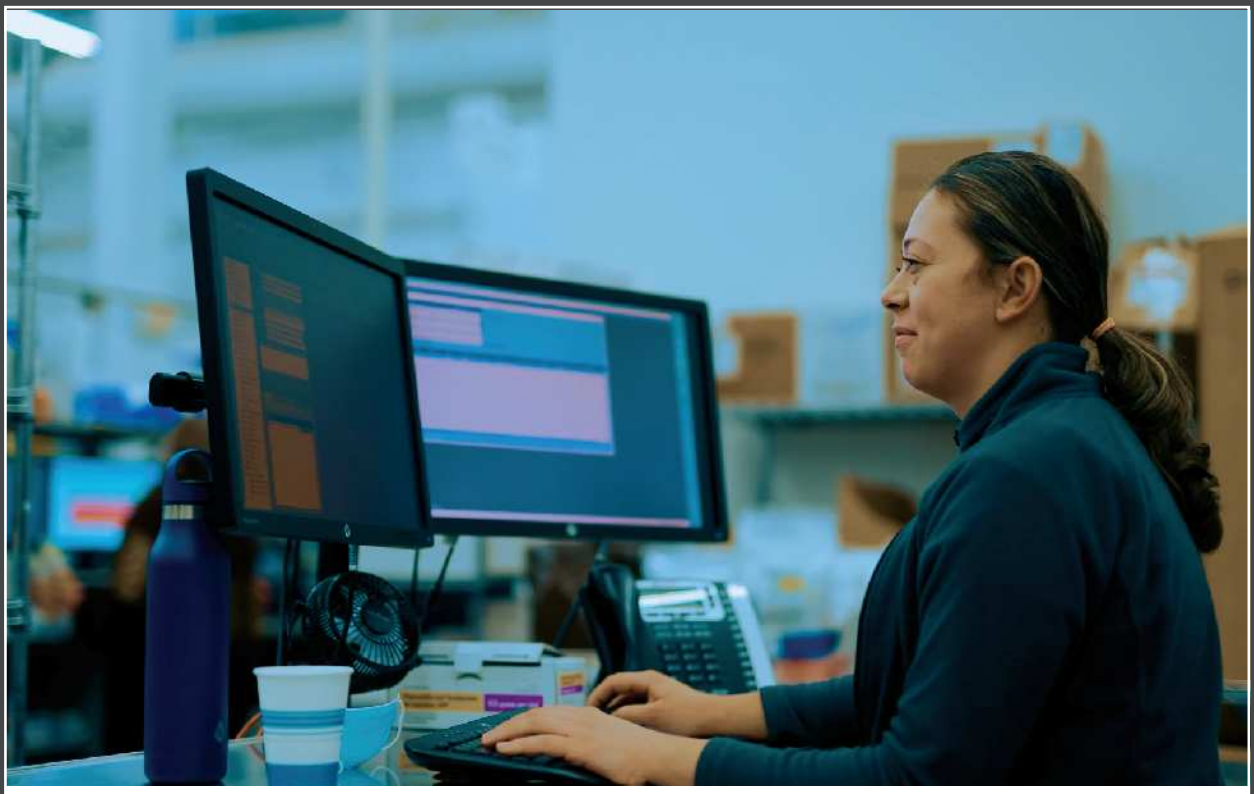

"This is the software that allows us to do our job from start to finish. Which means that the patient will get their medications in a timely fashion and we can get it out the door in a timely manner. It's made a big impact in our day-to-day operations."

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Patient Benefit Plans: **Do They Help Independent Pharmacy?**

by Mike Sosnowik, R.Ph.
President, PharmSaver

How can the industry response to the reimbursement battle between pharmacies and pharmacy benefit managers help independent pharmacies? Explore some of the programs and their benefits and utility.

THE REIMBURSEMENT BATTLE BETWEEN pharmacies and pharmacy benefit managers (PBMs) continues stronger than ever. There seems to be little to no control in place on the PBM power to set predatorial maximum allowable costs (MACs), and they are taking full advantage.

So, how has the industry responded to this, and are the responses of any help to independent pharmacies? I hope to explore some of the programs and opine on their benefits and utility.

A number of options are now presented to patients with regard to getting their medications. As a number of insurers and PBMs have passed more of the cost burden onto patients, these solutions on the surface do present some potential savings to the patient, but how do they work, and does the pharmacy benefit? These programs range from Rx card programs such as GoodRx, to prescription processing websites, to creative insurance benefit provisions programs. In looking closely at these, from a pharmacy's perspective, they provide reimbursement that, at best, may be marginally better than or very similar to the PBM plan. The only exception is manufacturer-sponsored Rx cards, which provide better benefits to the patient and some to the pharmacy filling the prescription. In most cases these cards are capping reimbursement to the pharmacy by creating margin for the sponsor.

> Today pharmacists graduate with more clinical training and expertise than ever before. Their training affords benefits to the patient with regard to drug therapies, potential drug interactions, and disease state monitoring.

Patients now also have the option, through sponsored websites, to go around their insurer and/or PBM and have their prescriptions filled either by mail order or through a pharmacy. The mail option obviously generates no benefit for independent pharmacy. Some of the site sponsors have negotiated contract rates with pharmacies for provision of services. While this does afford the pharmacy the opportunity to both participate and negotiate rates, in most cases the leverage in these negotiations is with the site sponsor and not the pharmacy. Once again, the site sponsor is building margin for itself, which in most cases is at the expense of the pharmacy.

Finally, pharmacies are now being solicited by organizations that suggest they negotiate directly with local employers setting up their own network and supposedly "cutting out the middleman." While in theory this may sound good, putting this into place involves time, energy, and staff that a typical independent pharmacy may or may not have available. In a best-case scenario, the independent pharmacy will still be at the mercy of the sponsor and will run a reputational risk and

be responsible to local employers and friends they have solicited for services that the pharmacy has no control over.

So what is independent pharmacy to do? As a pharmacist with over 40 years of experience, I see a couple of take-aways. First, the profession of pharmacy has historically done a poor job of both advocating for and elevating the profession. This is evidenced by the either minuscule or nonexistent Rx fill fees. Second, by stressing price and competition through chains and mail order over professionalism, the pharmacist value proposition within the healthcare spectrum now approaches nil.

Pharmacy organizations need to continue to work to have reimbursement rates become more transparent. This will give pharmacists the ability on the buy side to ensure that they are not buying and stocking products that they have no hope of recouping the cost of at the time of dispensing.

It is very difficult, once the barn door has been opened, to close it — let alone recover anything that has been lost. However, assuming that nothing can be done is also of no benefit. While it may be a long and hard process, the process must be started nonetheless. As a healthcare professional, the pharmacist's responsibility is to his or her patient. Pharmacists should not be restricted by a middleman to deliver their component to the healthcare continuum. When presented with a physician's order, the pharmacist's only consideration should be how to best meet the patient's need in filling this order. The economic wants of an insurance company and or PBM should not be part of that equation.

ACTION POINTS

There needs to be greater direct involvement by pharmacists in pharmacy organizations, both at the state and the federal level. In some states this has helped pharmacy by disallowing the PBM's ability to create financial disadvantages through affiliated parties.

Pharmacy organizations need to be more active at the federal level, ensuring that the patient relationship is not controlled by the insurer.

Pharmacy organizations need to continue to work to have reimbursement rates become more transparent. This will give pharmacists the ability on the buy side to ensure that they are not buying and stocking products that they have no hope of recouping the cost of at the time of dispensing.

In conclusion, current options seem to have one thing in common. They provide a workaround, differing in benefit for patient and cost for pharmacy without addressing any of the underlying issues and/or cause of the problem. In no way are they recognizing the pharmacist's place within the healthcare continuum, let alone compensating for it.

Today pharmacists graduate with more clinical training and expertise than ever before. Their training affords benefits to the patient with regard to drug therapies, potential drug interactions, and disease state monitoring. Today's pharmacists can administer vaccines and do disease state testing and monitoring for diabetes and other chronic conditions. It is only appropriate that the pharmacist's contributions are recognized and compensated.

It is time the profession started a more aggressive process, both politically and directly with the insurers, whereby it can elevate pharmacists' standing and acknowledge their vital contribution to healthcare. **CT**

Mike Sosnowik, R.Ph., is president of PharmSaver. Learn more about the company at www.pharmsaver.net.

Independent Pharmacies: **Expanding with Immunizations**

by Russell Murrow
General Manager,
Pharmacy Solutions
TDS

Today, the services provided by community pharmacies are more vital than ever. With a trusted care provider in the area, patients can learn the truth about immunizations and access the care they need.

COMMUNITIES RELY ON INDEPENDENT

pharmacies to fulfill a variety of healthcare needs. From answering questions about medications to diabetes management care, pharmacists offer crucial services to their patients. Pharmacists play an important role in improving patient outcomes, increasing medication adherence, and reducing overall healthcare costs for patients and payers. By offering an immunization program, independent pharmacies can expand their business, promote the health and well-being of their patients, and have a positive impact on the overall healthcare landscape.

Today, the services provided by community pharmacies are more vital than ever. The physician shortage in America is growing as the population ages and physicians retire. Communities across the country desperately need access to reliable care, especially areas that are already underserved. By administering immunizations and educating patients, independent pharmacists can greatly benefit their communities.

Unfortunately, vaccines are severely underutilized in America. Vaccine utilization is worse among adults and high-risk patients, according to *The American Journal of Managed Care*. Independent pharmacies can help combat this issue by providing vaccine education and convenient immunization programs for their community.

Immunizations are important for the health of both children and adults. Vaccinations enable children to develop immunity to certain diseases without having to first be sick, and protect children from preventable diseases. Adults, especially the elderly, can also avoid serious illnesses by receiving immunizations at the proper time. For those who are too young or too sick to be vaccinated, increased community immunization rates can help protect their health through herd immunity.

Unfortunately, vaccines are severely underutilized in America. Vaccine utilization is worse among adults and high-risk patients, according to *The American Journal of Managed Care*. Independent pharmacies can help combat this issue by providing vaccine education and convenient immunization programs for their community. With a trusted care provider in the area, patients can learn the truth about immunizations and access the care they need.

The benefit of vaccines can also be seen in the impact of immunizations on healthcare costs. Vaccines are necessary

to prevent diseases in patients of all ages. Lower rates of disease occurrence result in fewer visits to the doctor, fewer medical tests and treatment, and less time spent in the hospital. When it comes to the sustainability of healthcare costs, immunization programs are an integral piece of the puzzle.

THE BENEFIT TO INDEPENDENT PHARMACIES

It's not only patients and payers that benefit from immunizations. Independent pharmacies can grow their revenue by expanding into a new line of service. Immunizations offer a fairly consistent stream of revenue, as children and adults require a variety of vaccinations each year. An immunization program helps build trust with the local community, inspiring loyal business and repeat customers.

Immunizations can also increase foot traffic for a community pharmacy. By educating the community on vaccines and immunizations, pharmacies can encourage new patients to visit the pharmacy. When patients trust a pharmacist to administer vaccines, they are likely to trust them to fill prescriptions as well. Independent pharmacies that start an immunization program may find their prescription and over-the-counter sales increase.

WHAT'S NEEDED TO START?

Despite the many benefits of an immunization program, for both the pharmacy and community, pharmacies sometimes balk at the prep work. You cannot start an immunization program overnight. There is a considerable amount of planning involved in properly establishing an immunization program. However, the benefits well justify the additional work.

Use these tips to get started:

- Understand the regulations in your state for immunizations. Check with your state pharmacy board.
- Complete the required immunization training from your state pharmacy association.
- Receive CPR training and a certificate, if required by your state pharmacy board.
- Request an immunization license from your state. This process varies by state, so research the full requirements before applying.

EDUCATION AND TRAINING

Access CDC resources on vaccine programs

www.cdc.gov/vaccines/ed/index.html

- Apply for a Medicare Part B mass immunizer number if you plan to administer vaccines for Medicare Part B patients.
- Ensure that your pharmacy management system offers automated reporting capabilities to registries for immunizations.
- Rely on your pharmacy management system for electronic documentation to avoid wasting time on manual documentation for your state.

WHAT WILL THIS MEAN FOR THE COVID-19 VACCINE?

COVID-19 has highlighted the importance of independent pharmacies. With the release of the COVID-19 vaccines, the role of the pharmacist will once again be under a spotlight. According to the Department of Health & Human Services, the federal government is partnering with both independent and chain pharmacies to help deploy the vaccines. Steps are being taken to make the vaccines more accessible and affordable for patients across the country, and the existing infrastructure of independent pharmacies will be essential.

Pharmacies are already hiring new employees, adjusting their workflow, and increasing their capabilities to meet the upcoming demand. Starting an immunization program before the complete rollout of the COVID-19 vaccines can help independent pharmacies stay ahead of the curve. Now is the time for pharmacies to make necessary changes and preparations to administer the COVID-19 vaccines in order to properly serve their communities in the future. **CT**

Russell Murrow, general manager of pharmacy solutions at TDS, leads the pharmacy management solutions suite, including immunization programs and capabilities within Rx30 and Computer-Rx pharmacy software. TDS is committed to providing the innovative tools independent pharmacies need for success. Learn more at www.tdsclinical.com/.

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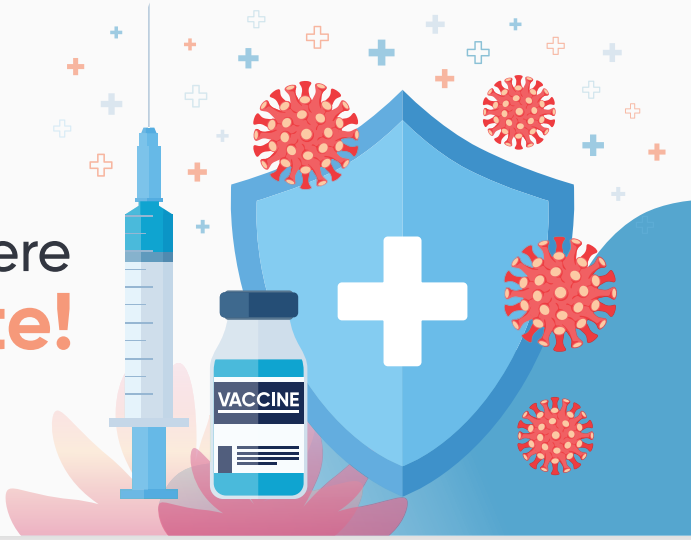

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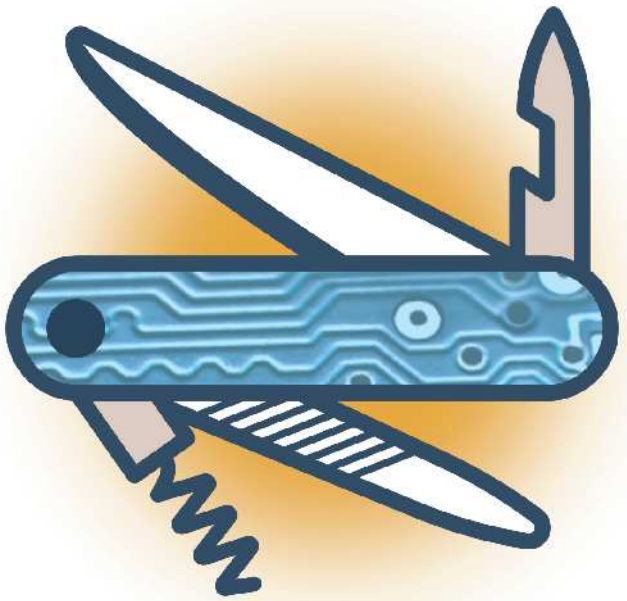
Specialty Pharmacy: Getting the Right Tools



Specialty pharmacy presents tremendous opportunities for community pharmacies, but is also perceived to present serious challenges.

By Will Lockwood
VP | Senior Editor

Will can be reached at
will@computertalk.com

You may know that you have a handful of patients for whom you need to dispense specialty medications; you may sense a real market opportunity to meet a broader demand for community-based specialty programs; or you may even have a vision of building up a specialty business that serves patients across the country. Each of these models has specific demands, and each one can be successfully pursued using specialty pharmacy software platforms in the market right now. Hear from two pharmacies making these models work, and from the software vendors providing the right tools for each model.

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CHRIS ANTYPAS, PHARM.D., IS PRESIDENT OF VALEDA RX, an independent national specialty pharmacy based in Pittsburgh, Pa. The pharmacy is licensed in 49 states and the District of Columbia, with California pending. Valeda Rx moved into specialty in late 2016, using ScriptMed from Inovalon as its software platform. "Our goal as an independent specialty pharmacy," says Antypas, "is to take care of people effectively in what is a very difficult and challenging part of the pharmacy market. We chose ScriptMed because it has extremely robust capabilities in particular for data collection, data reporting, and managing our patient care workflow in a very customizable way."

Chris Antypas
President, Valeda Rx

MaryHoa Luu-Yik, Pharm.D., is the senior clinical care pharmacist at ProCare Pharmacy in Garden Grove, Calif., which started with specialty pharmacy in 2018 and shortly thereafter decided to begin using the APCS platform from ScriptPro to handle patient management and care documentation. "We have seen the need for us as a community pharmacy to become a specialty pharmacy," says Luu-Yik, "because specialty medications are very intricate and very high in cost. They require monitoring and counseling to prevent wastage and to improve efficacy. Big chain stores and mail order can't provide the same level of patient care that we can, especially because many of our patients speak Vietnamese."

WHY SPECIALTY PHARMACY NEEDS TECHNOLOGY

Rinku Patel, Pharm.D., SVP of specialty business at Transaction Data Systems, which is owner of the KloudScript KETU specialty pharmacy platform, sees the biggest challenges for pharmacies launching specialty as not knowing the features and capabilities of a patient care management system. "They may not fully realize that the technology they are about to select must support not just clinical needs for disease and drug specific care, but also must support financial aspects of managing hub services," says Patel, "and manage third-party reporting requirements of pharma, payers, or accrediting bodies."

As Ernie Shopes, SVP of product and client delivery for Inovalon, points out, the therapy, clinical, and patient management required in specialty pharmacy is quite complex, much more so than for dispensing a non-specialty medication. For example, there's the task of referral management, also known as case management, which is really the intake process for a new patient or a new prescription for an existing patient. A specialty pharmacy will need to ensure that it is capable of efficiently handling and documenting a broad array of requirements for a variety of partners, from payers to manufacturers to prescribers.

For a very simple example, Shopes points out that 80% or more of specialty drugs require prior authorization. Then there's

the fact that, while many typically fall on the pharmacy benefits side, there are also those that fall on the medical benefits side, with all of the accompanying complexities.

And, Shopes notes, because of the high cost of specialty medications, many patients have supplemental insurance or require financial patient assistance programs, which leads to a coordination-of-benefits element both for eligibility verification and billing.

Finally, clinical management can have an overlay of payer requirements to demonstrate, for example, the attention given to adherence and quality of life. "Specialty really requires a highly configurable workflow that allows you to drive the right tasks in the right order," says Shopes.

ESTABLISHING SPECIALTY PROGRAMS

When you are in the specialty pharmacy market, you need to research and build out the programs required for dispensing specific medications. A specialty pharmacy software platform plays a crucial role here, as does the support of the platform vendor.

For example, as MaryHoa Luu-Yik describes it, ProCare Pharmacy's APCS platform offers a manual process for creating new, customized clinical programs, with all the required rules and flags needed. A specialty software vendor should also be your active partner

MaryHoa Luu-Yik, Senior Clinical Care Pharmacist, ProCare Pharmacy

with ongoing supports and services, notes Luu-Yik. She works with several ScriptPro staff members, speaking with them every two to three weeks. One part of these conversations is getting up to speed on any new specialty programs that ScriptPro's in-house clinical team has set up. Being able to use a prebuilt program like this within APCS is a big help, according to Luu-Yik, since it removes any guesswork and lets ProCare Pharmacy hit the road running with new programs for patients. This kind of support from the specialty software platform vendor is going to be missing if you try to cobble together the tools you need in a do-it-yourself manner.

For a further example of the resources specialty software vendors bring to the table, Rinku Patel explains that KloudScript offers full-service hub support that manages some of the back-office work for pharmacies. "The hub means that pharmacies don't necessarily have to build a huge team or have a lot of capital to invest to start up specialty programs," Patel says. "We keep all of the clinical data and the associated workflows up to date, and those details are

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Rinku Patel, SVP, Specialty Business, Transaction Data Systems; Owner, KloudScript KETU

automatically pushed out in the system. And with a tool like our RxWise Patient Assistance Programs data, we are able to provide pharmacies with generally accepted prior authorization criteria, what patient assistance programs are available, and other important details that help shorten the turnaround time in gaining coverage and dispensing a patient's specialty prescription to just hours or days, rather than weeks or sometimes even months."

Having access not just to software, but to these kinds of services as well, means that a pharmacy doesn't necessarily have to build a bigger team of clinical pharmacists to manage and maintain all of the various therapeutic categories that they may be dispensing just by subscribing to a platform.

WORKFLOWS FOR SPECIALTY THERAPY MANAGEMENT

And once the platform is in place and you are working to keep the program requirements up to date, then what about the actual nuts and bolts of specialty pharmacy workflows? Retail pharmacy systems have increasingly sophisticated workflow and patient care management capabilities these days, but they aren't built specifically with specialty pharmacy in mind.

MaryHoa Luu-Yik at ProCare Pharmacy knows the importance of having a robust software platform designed for managing specialty workflows. "APCS is technology that allows us to document everything we do with our specialty patients," says Luu-Yik. For example, the ProCare staff is leveraging APCS to look for trends in adherence and improvement in efficacy and quality of life. "We need to ensure that we are documenting so many elements of our patient care," Luu-Yik says, "down to details such as whether a patient is missing doses, their emergency contacts, and the details of our financial discussions with them." Luu-Yik also reports that they are using a calendar feature within APCS to build patient-specific task management processes. Combined, all these features mean that ProCare Pharmacy staff members have what amounts to a specialty dispensing task bar that allows them to manage and document these complex specialty programs correctly every time.

Another very important tool, according to Luu-Yik, is easy data export from APCS into reports that show, for example, when a patient has started on a medication, whether he or she is still active with it, or when the patient stopped the medication. "We couldn't do this easily without APCS," she says. ProCare Pharmacy also values the integration between its ScriptPro pharmacy management software and APCS, which allows for an automated flow of data such as patient and drug profiles.

Workflow is critical at Valeda Rx as well, according to Chris Antypas. He has found that success in specialty pharmacy has really come down to being organized. "You

are organized when you have your technology driving the correct workflows across your specialty pharmacy processes," explains Antypas. "So, at the intake step for a patient we have workflows configured in ScriptMed that are queuing all the various requirements that come from multiple directions for correct patient management and meeting payer requirements." This means that staff are able to apply a consistent set of protocols for each payer and medication, for example, making a certain number of phone calls on specific topics at required intervals.

"ScriptMed affords us the ability to flag a new prescription based on these payer-specific requirements," says Antypas. "It prompts us to add specific workflow drivers to the new referral, based on criteria such as payer and manufacturer. By setting all these drivers, or flags, on the new referral upfront, we're able to ensure that ScriptMed will then trigger specific workflows that need to happen further down the line. So for us, ScriptMed is the ultimate organizer of different pathways to support different requirements."

In addition, ScriptMed gives Valeda Rx staff the ability to attach multiple different statuses to a referral, with on-demand reporting, and can assign work to staff based on various statuses and sub-statuses. "These are the tools that allow us to effectively convert referrals to orders," says Antypas, "and to report on these in a manner that's consistent with payer, pharma, and accreditation requirements."

TECHNOLOGY AND SPECIALTY PHARMACY ACCREDITATION

There are five primary specialty pharmacy accreditation organizations (see the resources box on page 19). And there are a variety of different aspects to accreditation compliance that a pharmacy has to consider.

For example, explains KloudScript's Rinku Patel, you may need to be able to provide documentation of a health history, social factors, vitals, labs, and side effects. Accrediting bodies will also look at how a pharmacy is supporting patients in navigating the financial aspect of specialty medications, such as whether the pharmacy provided prior authorization support or information on options to help the patient lower out-of-pocket costs. If a drug is not covered, accreditation will look at whether the pharmacy helps patients get access to an alternative by working with prescribers and payers. "Accrediting bodies look at a variety of data during a pharmacy on-site survey," says Patel, "and they actually require pharmacies

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to report data on a regular basis, as often as quarterly." In the end, accreditation impacts payer contracts and access to limited-distribution drugs.

Well-documented, organized, and customizable specialty workflows have in fact been critical for accreditation at ProCare Pharmacy. "It takes a lot of work to be accredited and stay accredited," says ProCare's MaryHoa Luu-Yik. "Documenting within APCS is why we have had all the data we have needed for our original URAC accreditation and for our recent reaccreditation. We are able to easily prove that we are a viable specialty pharmacy, and we are proud of the fact that we offer our patients fully accredited specialty pharmacy services and programs."

TECHNOLOGY AND THE SPECIALTY PHARMACY BUSINESS PLAN

Specialty pharmacy-focused software and services are not just central to patient care and accreditation, they should be central components of a specialty pharmacy business plan as well.

Here it's important to think strategically, and recognize that though you may be cost sensitive when getting into a new business area, there is real value in bringing in the right technology sooner rather than later.

Ernie Shopes, SVP, Product and Client Delivery, Inovalon

"When pharmacies are looking to get into the specialty market," says Inovalon's Ernie Shopes, "the volumes may not be substantial. It may be a handful of prescriptions each month. But our software can support not just a pharmacy like Valeda Rx, with its national footprint, but also what we call a specialty at retail model, in which we integrate with retail pharmacy dispensing software to give pharmacists the ability to manage specialty dispensing effectively even at low volumes."

So, in fact, you don't have to go all-in on software and staff to

bring specialty pharmacy solutions to your practice. You might choose to start out with KloudScript's turnkey solution that connects all aspects of starting a specialty service through the KETU platform with training services provided to bring your staff up to speed quickly, according to KloudScript's Rinku Patel. Or you can also look to take an à la carte approach and select technology or services that may be of importance to you. "KloudScript can operate with or without an integration with other pharmacy software," says Patel. "If there's a small pharmacy with a low volume of specialty patients, they may choose not to pay for that integration, which usually comes with monthly fees from the pharmacy management system vendor."

You may also want to consider how your specialty platform can drive other workflows for services your pharmacy provides, continues Patel. "With KloudScript's platform," she says, "you also get the capability to manage e-Care plans, non-specialty disease management programs, and value-based care programs like immunizations and point-of-care testing, if you wish to manage your patient care workflow in the KETU platform."

Chris Antypas offers this advice, though: Don't be shortsighted when investing in technology for your specialty pharmacy opportunities. "On our first day as a specialty pharmacy, ScriptMed seemed like it was going to be more than what we needed," he says. "But what I heard from several colleagues in the industry is that we shouldn't make the decision based on what we needed today, or even tomorrow. The advice was to base our decision on investing in specialty pharmacy software on where we want to be. It is a larger investment today, but that investment is significantly less expensive than having to go back and build out the technology platform once you grow to a point at which you absolutely can't do without it. You can be sure it will be much more expensive and much more painful in the future. So we took that advice and we are very glad that we did."

Ernie Shopes points to another interesting area that can play into business as well as clinical strategy: leveraging people's increasing comfort level with using web portals for asynchronous, self-service interactions with their healthcare providers. "We offer ScriptMed MyShare," says Shopes, "which is an online patient portal that allows for a self-service, personalized patient engagement. And it's interesting to see how the pandemic has given so many people a higher comfort level with something like this. We do expect an uptick in patients wanting to engage in digital self-service models." This can be an area then to consider, and can create what Shopes sees as a win-win. "If the patient wants self-service," he says, "then they're happy with the convenience and you're taking operational costs out of the pharmacy by replacing multiple outbound phone calls to collect the same information."

Antypas has one final piece of advice on strategy, in particular for those pharmacies that may be looking to serve specialty patients in multiple states, as Valeda Rx does. "One big reason why we wanted to have a full-featured and highly customizable specialty software platform right out of the gate," says Antypas, "was that our strategy always called for dispensing nationwide. And we realized that, if we only had the tools to build generic, one-size-fits-all workflows, then we'd be doing countless tasks and collecting countless pieces of data that we did not need. It's much better that we take the time up front and have the right software to build specialty programs and workflows that address the specific requirements of each state."

Resources

There are five primary specialty pharmacy accreditation organizations. You can get more details here:

URAC: www.urac.org

The Accreditation Commission for Health Care (ACHC): www.achc.org

The Center for Pharmacy Practice Accreditation (CPPA): www.ashp.org/pharmacypracticeaccredit

The National Association of Boards of Pharmacy (NABP): www.nabp.pharmacy

The Joint Commission (TJC): www.jointcommission.org

SPECIALTY PHARMACY IS WITHIN REACH

MaryHoa Luu-Yik says that everyone at ProCare Pharmacy is very proud of the specialty services they provide for the community, and rightfully so. The pharmacy is certainly an example of how specialty is well within scope for community pharmacies. "We knew there was a need for local specialty dispensing in our community," says Luu-Yik, "and we know that our patients appreciate the fact that we're their local pharmacy with specialty accreditation. They appreciate and value the personal attention we can give. We can sit down with them and counsel them, in Vietnamese even if that's what they need, and show them, in person, how to administer the medications."

Having the right technology in place will also open doors for your specialty business, notes Chris Antypas. "Frankly," he says, "when we talk to payers and manufacturers, just the fact that we operate on ScriptMed gives us instant credibility. They know that we have the technology to meet their requirements and then some. I do think that it's critical to know that your software partner gives you not just capabilities, but also credibility, and we definitely leverage that every day." **CT**

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A Pharmacy System that Makes It Easy

by Maggie Lockwood

Customers regularly show Chrissy Barr, Pharm.D., and her nine staff members how much they appreciate her Medicine Shoppe Pharmacy in North Little Rock, Ark., stopping by with gifts, food, and flowers during the holiday season.

"I love what I do. It doesn't even feel like I'm coming to work when I come to work," says Barr, who purchased the pharmacy from the previous owner six years ago after working there for 10 years. Barr, who fell in love with pharmacy when she started working in one at the age of 15, graduated in the first Pharm.D. class out of the College of Pharmacy at the University of Arkansas. Barr's three daughters work at the pharmacy today along with six other staff members, filling an average of 120 scripts a day. There is a small front end with basic over-the-counter items. The pharmacy also does compounding and offers adherence packaging through Dispill.

Since graduating from pharmacy school Barr has used the RxMaster pharmacy system and continues to be impressed by the customer service and its commitment to adding new features to improve the pharmacy business. The customer service, in particular, has made Barr a loyal customer. "Besides the fact it's easy to use, if something goes wrong, the customer service is amazing," she says. "And they are always willing to hear an idea I have about a new feature."

One example of a new feature came about because of COVID-19. The pharmacy has seen an increased in electronic prescriptions. To make these prescriptions easier to track, Barr asked RxMaster to add a fill date so the prescriptions will automatically get added to the queue on the day they should be filled. "The system gets better with every update," says Barr.

Integrations Improve Efficiency

There are three new integrations that Barr anticipates will improve workflow. The first is between RxMaster and OutcomesMTM. Rather than jumping between the Outcome's web portal and the RxMaster system to manage her MTM (medication therapy management) program, the Outcomes Targeted Intervention Program will display on her RxMaster system. The staff can then offer counseling to a patient when they are on the phone or speaking with the patient in the pharmacy. Barr feels this will make for more efficient workflow and better customer service.

Chrissy Barr, second from right, with two of her three daughters, Nicole, left, and Erica Taylor, right, and pharmacy clerk Cody Loveless.

With a growing immunization program Barr says her system is now integrated with immunization registries to report the immunizations given. This fall the pharmacy had administered more than 500 flu shots. Barr says she's registered to administer the COVID-19 vaccine when it's available.

Along with the MTM program the pharmacy uses Dispill packaging. A key benefit to Dispill is that it can be customized easily for each patient's needs. For example, a younger patient on ADHD (attention deficit/hyperactivity disorder) meds will have Dispill packaging to take to school and packaging for the weekend. This provides a convenience for the school nurse. Elderly patients benefit from Dispill as well, since they don't have to coordinate their multiple medications on their own. Barr relates how one patient who was having mental health issues because of a lack of adherence saw a dramatic improvement when she began using the adherence packaging for her medications. "Everyone can benefit. If you get busy, you can forget if you took your medication," she says.

The benefit of having specific information in the patient profile is illustrated with the IOU button RxMaster added. Barr says this allows the staff to easily complete a partial fill and see what's owed to the patient.

The flexibility of RxMaster means that Barr can choose the features that best meet her workflow routines. Not a new feature, but still a favorite, is Sack-It, which is useful with deliveries. With Sack-It, multiple prescriptions for a patient are each scanned and then combined on a single receipt attached to a bag. At pickup just one receipt needs to be scanned to check out all prescriptions.

"We've liked using this for deliveries," says Barr. "We'll do a Sack-It receipt and keep the receipt on the delivery notebook. When the driver comes back, we scan that receipt and put the check in the cash register. It's good because you close the loop on the prescription."

The RxMaster drug usage report shows the medications the pharmacy fills during a certain date range. Barr likes this because she can order expensive drugs when she needs them during her two large orders a month, limiting the time expensive drugs sit on the shelves. "That's very helpful as you can have the drug in stock when the patient needs it, but it's not sitting there for the entire month until they need it again," says Barr. Barr uses the RxMaster point-of-sale system to manage front-end inventory. With compounds she likes the fact that she can enter all the ingredients and RxMaster helps determine a price.

Barr is optimistic about the future of pharmacy, especially with the recent U.S. Supreme Court decision around pharmacy benefit managers (PBMs). "If they would put me on a level playing field with all the chain pharmacies, I could do some serious damage," she says.

Barr is clear on the reason it's easy to do her job: the personalized customer service from RxMaster. "They are amazing and I love that when I call, I know who I'm talking to," she says. "They let me easily do what I want to do." **CT**

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Mobile Health Apps and Tools for a New Year

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

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

WE MADE IT. 2020 HAS FINALLY COME TO A CLOSE, and 2021 has now begun. Although we are still not out of the woods yet in terms of the pandemic, we do have effective vaccines that are now being widely distributed and administered, likely by many of you reading this column. This is a major milestone for managing the virus and the impact it has on us. And we have to say that personally, it just feels good to leave 2020 in the dust and to start anew. And now that we are well into the new year and resolutions are (hopefully still) underway, we would like to take a moment to reflect on the previous year, to look forward to this year, and to consider ways you may use mobile apps and tools to support your own health and wellness, as well as the health and wellness of your patients.

Health and fitness apps, particularly those with video workouts, performed strongly in 2020. Although personal health and wellness have always been important, 2020 and the COVID-19 pandemic may have made both mental and physical wellness more important than ever. Health behaviors are of course key here. This includes medication adherence, which we have written about in our *ComputerTalk* columns before, but it also includes behaviors in the domains of movement and exercise, diet, stress management, sleep, and social connection. We are all aware that guidelines for chronic disease states such as hypertension, diabetes, or hypercholesterolemia universally recommend a healthy lifestyle in conjunction with pharmacotherapy, if warranted. Unfortunately, and as you also well know, the pandemic made many behaviors within these domains difficult. Gyms closed. Social distancing requirements prevented social gatherings. Collectively, these circumstances negatively impacted stress and sleep for many, making it more difficult to stick to a healthy eating pattern. That said, all is not lost. Many persevered through the pandemic by finding new health behaviors and routines that were both feasible and sustainable during the new normal.

Health and fitness apps, particularly those with video workouts, performed strongly in 2020.

A big part of the solution for many have been health and fitness apps. Such apps can provide training and serve as tools for tracking, thereby making target health behaviors easier to do. According to a report by Apptopia, six of 10 of the top health and fitness apps "offer video workouts or video-guided exercises." These include Fitbit, Muscle Booster, BetterMe, Fitness Coach, Samsung Health, and Home Workout. Looking at the four remaining apps, Calm and Headspace focus on meditation, MyFitnessPal allows users to track their diet and exercise, and Flo is a women's health tracker.

TOP PICKS

Apple's and Google's top app picks for 2020 are also reflective of the year's challenges. Wakeout! — Apple's pick for top iPhone app of the year — follows the trend seen with the top health and fitness apps. It provides videos for short active breaks and movements that can be integrated into your day in order to combat sedentarism. The app also includes a productivity timer and several wind-down bedtime routines. Apple named Zoom its iPad app of the year. As you know, probably too well at this point, Zoom is video conferencing software, and it has been used during the pandemic by friends, families, and groups to connect; by healthcare providers to see their patients (which we wrote about as well); by educators for remote learning; and by fitness coaches, dieticians, and chefs to deliver and receive things like workout and cooking classes. Endel, Apple's pick for the Apple Watch app of the year, creates personalized soundscapes

to help you relax, focus, or get to sleep. Similarly, Google's top app pick, Loóna, creates soundscapes — guided sessions that combine activity-based relaxation, storytelling, and sounds — that are meant to help create the right mood for sleep. These apps may be beneficial to you and your patients who want to exercise more, manage stress, connect virtually with others, participate in remote learning, eat healthier, or get better sleep in the new year.

We also saw a few more FDA (Food and Drug Administration)-cleared prescription-only mobile medical apps (i.e., Rx apps) in 2020. We wrote about Rx apps previously. In March, the FDA cleared Somryst, an Rx app produced by Pear Therapeutics that provides cognitive behavioral therapy (CBT) along with personalized, algorithm-generated sleep restriction recommendations for adults with insomnia. Although CBT is recommended as first-line therapy for insomnia (CBTI), the majority of patients with insomnia do not receive the therapy, largely due to a shortage of CBTI-certified clinicians. Somryst aims to help close this gap in treatment. In November of 2020, the FDA cleared NightWare, an Rx app for adults who suffer from nightmare disorder or have nightmares related to post-traumatic stress disorder (PTSD). Pulling heart rate and movement data from an Apple Watch, NightWare uses a proprietary algorithm to create a unique sleep profile for patients that is then used to determine when the patient is likely having a nightmare. When a nightmare is detected, the app vibrates the Apple Watch to gently wake the patient. Be on the lookout for prescriptions for these and other Rx apps for your patients. We expect to see more innovation and utilization in this space this year.

TOP PICKS FOR 2021:

What health and fitness apps are you using or do you plan to use for your personal health and wellness? Share your picks and access the links to Apple's and Google's top app picks for 2021 at **wp.me/p9LtTd-3Lz**

Of course a big focus in 2021 will be safe and effective vaccination against COVID-19. With two FDA-approved vaccines now available, millions of doses have already been administered, and many millions more are needed. As we ramp up vaccination across the nation, the CDC (Centers for Disease Control and Prevention) has developed a mobile tool — Vaccine Safety Assessment for Essential Workers (v-safe) — in order to keep a close eye on adverse events in real time. V-safe is a voluntary system that uses text messaging and web surveys to provide short (less than five minutes) personalized health check-ins post-vaccination. These check-ins occur daily for the first week and then weekly for five weeks after vaccination, and at three, six, and 12 months after the final vaccine dose. If an individual reports a clinically significant adverse event, then a telephone follow-up is conducted to gather more information, and the event is reported via the Vaccine Adverse Event Reporting System (VAERS), the U.S. early warning and safety monitoring system for vaccines. V-safe also reminds users when it is time to get their second COVID-19 vaccine dose, if needed. As healthcare providers, we can encourage patients to sign up for and use the v-safe tool. More v-safe users means more data, which will allow us to better assess the safety of the vaccines at the population level.

So there you have it. The majority of the top health and fitness apps of 2020 included instructional videos as a primary feature. Some of Google's and Apple's top app picks for the year focused on helping us be less sedentary (Wakeout!); set the mood when we need to relax, focus, or get some sleep (Endel and Loóna); and connect virtually with others (Zoom) no matter the purpose. A few new Rx apps made it to market, and we expect to see more growth in this space in 2021. And the CDC developed and disseminated v-safe to better monitor the safety of the COVID-19 vaccines in real time. What health and fitness apps are you using or do you plan to use for your personal health and wellness? What apps do you recommend to your patients? Do you have any patients who have been prescribed an Rx app? If you are administering COVID-19 vaccines, are you encouraging your patients to use v-safe? Let us know. We welcome your comments. **CT**

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COVID-19 Vaccines — Operational Considerations

Tim Kosty, R.Ph., M.B.A.
Ann Johnson, Pharm.D.

THE COVID-19 PANDEMIC HAS BROUGHT

many challenges to all areas of healthcare and the economy in general. The introduction of two vaccines in late 2020, from Pfizer and Moderna, begins the process to hopefully take control of the pandemic and enable life to return to normal. The timing of a return to normalcy is dependent upon many factors, including:

- The general population agreeing to be vaccinated.
- Minimal adverse reactions to the vaccines.
- The ability to supply vaccines for a large percentage of the population in a short time frame.
- Patients remembering and healthcare providers scheduling the second injection of the vaccine.
- Vaccinating a large percentage of the population to develop herd immunity to stop the spread of the virus.
- Effectiveness of the vaccines against mutated strains of COVID-19.

Pharmacists will play a prominent role in the administration of the vaccines. We will focus on the operational challenges likely to be encountered.

PATIENT ACCEPTANCE

CVS Health recently conducted a study of the general population to assess people's willingness to be vaccinated. They reported the following population statistics:

- 28% were interested in a vaccine as soon as it is available.
- 35% would wait until others had been vaccinated.
- 20% were uncertain about receiving a vaccination.
- 17% did not plan on being vaccinated.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, predicts that between 70% and 85% of the population will need to be vaccinated before herd immunity is seen. Dr. Fauci also admits that no one really knows the correct percentage. The CVS Health study found that 37% of the population is uncertain or unwilling to be vaccinated. Education will be critical to changing this dynamic. The results seen in the prioritized populations, first responders, healthcare workers, and long-term care facility residents will be critical in demonstrating to a vast majority of the population that the vaccines are safe, with relatively few side effects. If this doesn't turn out to be the case, herd immunity will be difficult to attain.

EMERGENCY USE AUTHORIZATION (EUA)

The FDA (Food and Drug Administration) states that an EUA is "a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. Under an EUA, the FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives. Taking into consideration input from the FDA, manufacturers decide whether and when to submit an EUA request to the FDA."

Both Pfizer and Moderna applied for and received an EUA from the FDA. Each vaccine requires two doses: the Moderna doses are spaced 28 days apart, whereas the Pfizer doses are 21 days apart. The Centers for Disease Control and Prevention (CDC) states that it takes a few weeks for the body to build immunity after vaccination. Therefore it is possible for a person to be infected with the COVID-19 virus right before or after vaccination because the vaccine has not had enough time to provide protection.

DISTRIBUTION CHALLENGES

Pfizer has designed temperature-controlled thermal shippers using dry ice to maintain recommended storage temperature conditions of minus 70 degrees Celsius for up to 10 days unopened. The Pfizer vaccine requires special freezers to store the vaccine at minus 70 degrees Celsius, with an estimated cost of $10,000, which would be an expensive investment to administer the Pfizer vaccine.

Moderna's vaccine will arrive in a shipping container, frozen at a temperature between minus 25 degrees Celsius and minus 15 degrees Celsius (minus 13 degrees and 5 degrees Fahrenheit) and verified with an internal temperature probe. This vaccine can be stored in a normal freezer but has a tight temperature range. The CDC recommends that "if storing the vaccine in a freezer with rou-

tinely recommended vaccines, carefully adjust the freezer temperature to the correct temperature range for this vaccine."

Finally, the AstraZeneca vaccine, which has *not* yet received an EUA by the FDA, does not require special freezers for storage. The price to the government is expected to be $4 per dose. Once an EUA is received, this vaccine should be able to be used in most pharmacies, as the storage requirements are similar to those for vaccines currently administered in retail pharmacies.

REIMBURSEMENT

The Coronavirus Aid, Relief, and Economic Security (CARES) Act provides funding from the federal government for the cost of the vaccine. Health plans and self-insured plans will be required to cover the administration cost of the COVID-19 vaccine. Administration fees for Medicare plans will be covered by Medicare fee-for-service, with the following rates:

- Administration cost for a two-dose vaccine: first dose $16.94; second dose $28.39.
- Administration fees for private insurers will be the subject of negotiation between plans and healthcare providers.

Based on a limited sample size, the average administration fee is approximately $20 for private insurers and health plans.

While there is no federal entitlement program for uninsured adults to receive vaccinations at no cost, under Section 317 of the Public Health Services Act, uninsured patients and those being vaccinated as part of a mass vaccination campaign are eligible to receive a limited number of vaccines purchased by the federal government. Reimbursement for the administration fee is not clear at this point. However, providing coverage for the uninsured is critical to achieving herd immunity.

BILLING GUIDANCE

Billing for vaccine administration fees under the pharmacy benefit is straightforward and similar to billing for flu vaccines. The difference is that the first two COVID-19 vaccines approved under the EUA require two doses. The National Council for Prescription Drug Programs (NCPDP) has issued guidance in a paper titled, "NCPDP Emergency Preparedness Guidance — COVID-19 Vaccines," which suggests the following:

For two-dose COVID-19 vaccines, use the liquid volume (e.g., 0.5 ml) for the quantity dispensed, a days' supply of "1," Professional Service Code "MA," ingredient cost of $0.00 or $0.01 depending on the payer, and the appropriate submission clarification code (SCC) indicating which dose in the series.

Initial dose — SCC of 2 "Other Override" defined as, "Used when authorized by the payer in business cases not currently addressed by other SCC values," to indicate the first dose of a two-dose vaccine is being administered.

Final dose — SCC of 6, "Starter Dose" defined as, "The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment," to indicate the final dose of a two-dose vaccine is being administered.

Perhaps a more challenging operational issue will be scheduling and following up with patients to ensure they receive the second dose of the vaccine and the specific vaccine received. Each pharmacy and pharmacy chain will develop its own operational procedures for patient follow-up.

Individual states are required to maintain electronic immunization registries to track which residents have received specific vaccines, when, and from what provider. Most vaccine providers connect their records directly to these state registries. The registries let providers determine which vaccine the patient needs if the initial vaccine dose was administered by a different provider.

NDC CODES — EUA AND COMMERCIAL PRODUCTS

All EUA vaccines are provided free of charge to patients. The Moderna vaccine approved for an EUA has NDC # 80777-0273-10. The Pfizer vaccine has NDC # 59267-1000-01. It is likely that once these vaccines receive FDA approval for commercial use, Moderna and Pfizer will begin charging for these products. Moderna and Pfizer should obtain different NDC numbers for the commercially approved products. The product code of the NDC (middle segment) and/or the package size identifier of the NDC (last segment) would be different from the EUA products.

Different NDCs will provide the means for proper claims submission, indicating the product that was used and allowing the healthcare provider to log the appropriate product in the patient's profile. This will also help to track and separate inventory of unapproved EUA vaccines and FDA-approved commercial products in the supply chain.

NEXT STEPS

Expect vaccine rollout tactics to change as knowledge is gained from patient reactions in the general population. Additional education requirements may be identified to ensure the second vaccine dose is received, and challenges with the supply chain or administration reimbursement may be uncovered as the rollout proceeds. Monitor your state and national pharmacy organizations for information and guidance to navigate the next few months.

Throughout the pandemic, it has been amazing to see public and private organizations come together to now enable pharmacists and healthcare providers to administer an estimated 460 million COVID-19 vaccine shots to 230 million Americans, which is a true testament to our healthcare industry. **CT**

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New Health IT Plan Focuses on the Individual

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

THE FEDERAL GOVERNMENT'S FIVE-YEAR strategic plan for health information technology (HIT) was released two months ago, continuing efforts toward creating a health system that uses information to engage individuals, lower costs, deliver high-quality healthcare, and improve individual and population health. In releasing the plan, the National Coordinator for Health Information Technology Dr. Donald Rucker notes the aim is to outline concrete steps that federal partners can take to improve health through HIT. The *2020-2025 Federal Health IT Strategic Plan* encompasses four goals and 14 objectives, with emphasis on individuals' access to their electronic health information (EHI) (www.healthit.gov/sites/default/files/page/2020-10/Federal%20Health%20IT%20Strategic%20Plan_2020_2025.pdf.). Rucker notes in the plan's introduction, "In today's digital world, the right to control our health must include the right to access and control our health information."

Rucker is the latest national coordinator for HIT since the office was formed by President George W. Bush in 2004. The job of the Office of the National Coordinator (ONC) is to provide leadership in developing and implementing "a nationwide interoperable health information technology infrastructure to improve the quality and efficiency of healthcare," according to an earlier plan. Bush's target in establishing the office was to advance HIT so the majority of Americans could have access to their electronic health record (EHR) by 2014. Initial goals for the national HIT infrastructure were to:

- Ensure that appropriate information to guide medical decisions is available at the time and place of care.
- Improve healthcare quality, reduce medical errors, and advance the delivery of appropriate, evidence-based medical care.
- Reduce healthcare costs resulting from inefficiency, medical errors, inappropriate care, and incomplete information.
- Promote a more effective marketplace, greater competition, and increased choice through the wider availability of accurate information on healthcare costs, quality, and outcomes.
- Improve the coordination of care and information among hospitals, laboratories, physician offices, and other ambulatory care providers through an effective architecture for the secure and authorized exchange of healthcare information.
- Ensure that patients' individually identifiable health information is secure, protected, and available to the patient to be used for non-medical purposes, as directed by the patient.

Much has changed since 2004, including the widespread use of mobile devices and related applications, including those for healthcare, which have only increased in number with the COVID-19 pandemic and the implementation of telehealth.

WHAT AMERICANS WANT

It is difficult to find accurate numbers for how many Americans can access their health information electronically and in what ways, but recent data shows that Americans are very interested in doing so. A PEW Charitable Trusts survey released in September 2020 shows 61% of those surveyed want to be able to download their health records to mobile device applications to help them manage their own health. Those surveyed were also supportive of better access to health records by healthcare providers. Eighty-one percent said they would support enabling different healthcare providers to share patient health record information between their EHR systems when they are caring for the same patient. More than two-thirds of respondents said they wanted their different care providers and sites to share advanced health directives and preferences, images, and family medical histories, areas that researchers note may not be current federal HIT priorities. Certain areas remain of concern among respondents, including substance use history, behavioral health assessments, and social determinants of health such as food access and income. Privacy concerns are also an issue, with nine in 10 respondents expressing concern when informed their health information may not be covered by HIPAA (the Health Insurance Portability and Accountability Act) once downloaded to a mobile device or application. They expressed a preference for addressing this by using apps that had been pre-approved

by independent healthcare providers or independent certification boards.

Nearly 75% of those surveyed also support federal spending that would make it easier for different providers to match and link patient records held in one facility to another facility. Using individual identifiers would be helpful toward this effort, yet Congress has blocked spending on developing and finalizing standards to do so for more than 20 years, note researchers. Of interest, when asked about potential matching methods, 27% of respondents were "very comfortable" with a unique number or code and another 39% were "somewhat comfortable," for a total of 66% comfortable with these identifiers. Sixty-five percent were comfortable with fingerprint scans, followed by smartphone or app technology and facial photos (53% each) and eye scans (51%). When asked which method they favored, a biometric option was most popular (i.e., fingerprints, iris scans, photos).

The survey was conducted in early summer among a nationally representative sample of 1,213 adults 18 years of age or older. The COVID-19 pandemic made respondents more likely to say they supported sharing of their EHRs, but had no impact on their views of matching or methods. See www.pewtrusts.org/en/research-and-analysis/articles/2020/09/16/americans-want-federal-government-to-make-sharing-electronic-health-data-easier for more details.

BARRIERS

So Americans are in sync with the reason the ONC was created: more widespread access to EHRs by themselves and their providers. Yet a January 2020 *Health Affairs* article (see www.healthaffairs.org/do/10.1377/hblog20200108.82072/full/) noted issues with the lack of widespread patient access to their health records. The authors say the issue is not patient demand, but problems with the former meaningful use program (designed to speed adoption of EHRs) and misaligned incentives in healthcare. They suggest four actions that could speed patient access to their health records:

1. Accelerate the technical requirements for patient access to data through open access application programming interfaces (APIs).
2. Create a bridge to open APIs through the technology consumers already have and use most — email.
3. Strengthen the privacy policy framework.
4. Accelerate the move toward value-based care.

How do these suggestions fit with the 2020-2025 federal HIT strategic plan? The plan recognizes that APIs enable different technologies (mobile devices, computers, etc.) to connect and share information in real time. It also notes that many industries (banking, retail, education) use APIs to allow individuals to manage finances, track packages, and complete education, yet this same easy access does not exist in healthcare. A 2018 survey conducted by the ONC showed only 51% of individuals were offered access to their online medical records by their healthcare providers or payers. The ONC has finalized the Cures Act final rule to drive interoperability of EHI supporting Health Level Seven (HL7) Fast Healthcare Interoperability Resources (FHIR) standard for APIs to help address the issue. One of the plan's strategies is to promote greater portability of EHI through standards-based APIs and other interoperable HIT that permits individuals to readily send and receive their EHI. Another is to advance the use of validated, evidence-based digital therapeutics while increasing access to smartphones and other mobile technologies by at-risk, minority, rural, disabled, and Indigenous populations.

On the privacy issue, the ONC notes that several parts of the new strategic plan are based on "robust mechanisms" being implemented to secure health information from ransomware and cybersecurity risks. Their goal is to "build a secure, data-driven ecosystem" to advance individual and population-level health data transfer to improve health management. The strategies outlined to promote secure health information practices that protect patient privacy include:

- Mitigating patient data security risk by developing guidance for API and app developers on securely sharing patient data via standards-based APIs.
- Implementing mechanisms to protect an individual's data, such as multifactor authentication and encryption in APIs.
- Increasing patients' understanding of and control of their data, including how to make informed decisions concerning consent and data exchange.

With regard to value-based care, the plan's entire underpinnings are based on supporting the move toward this care model, by putting individuals first and by focusing on value by promoting and pursuing activities that improve health and care quality, efficiency, safety, affordability, equity, effectiveness, and access. Other federal health principles outlined in the plan include building a culture of secure access to health information, putting research into action, encouraging innovation and competition, and being a responsible steward of resources using open, transparent, and accountable processes.

The 2020-2025 ONC federal HIT strategic plan continues efforts to progress toward the goals outlined when the ONC and federal HIT initiative were created in 2004. The plan addresses healthcare technology evolution, including mobile and web apps and devices. I encourage *ComputerTalk* readers to take a few minutes to scan the entire plan and see if there are insights that may inform their own strategies to meet their goals in the HIT space. **CT**

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Have You Met Eyad Farah?

New President of Health Mart and Health Mart Atlas

by Bruce Kneeland

I just got to meet Eyad Farah, B.S. Pharm., M.B.A., the new president of Health Mart. Farah is a 10-year veteran of McKesson and was named president last October. Previously, he had served as the vice president and general manager of Health Mart Atlas, McKesson's pharmacy services administration organization (PSAO).

In making the announcement of his promotion, a McKesson press release indicated Farah would also retain his senior manager role at Health Mart Atlas. In a *Drug Store News* interview in October 2020, Farah explained, "The new structure is designed to enable the company's clients to access McKesson's offerings in a more streamlined manner." Farah believes the future of independent retail pharmacy is positive. He says the pandemic accelerated the rate at which pharmacies have started to provide point-of-care testing and immunizations. Building on that foundation made it possible for Health Mart to contract with the U.S. Department of Health & Human Services for pharmacies to provide COVID-19 vaccinations.

One other bright spot is the recent Supreme Court ruling allowing states to take a more active role in regulating pharmacy benefit managers (PBMs). Farah says, "While this offers a positive step towards fair and transparent reimbursement, pharmacy owners and organizations still have their work cut out for them." Finding ways to work with elected officials and regulators is still critical to continue efforts to drive transparency, as well as expanding non-DIR (direct and indirect remuneration) performance-based bonus and activity fee opportunities.

Farah joined McKesson in 2010 shortly after earning an M.B.A. from the Wharton School at the University of Pennsylvania. He quickly rose through the ranks and successfully found ways to improve operations, develop new markets, and work with suppliers to increase efficiency. One major accomplishment, completed in 2018, was working with the American Pharmacy Cooperative, Inc. (APCI), a major group purchasing organization, to enter a joint venture with McKesson's PSAO, then known as AccessHealth. The combined entity was renamed Health Mart Atlas and currently provides services to more than 7,000 pharmacies.

Eyad Farah
B.S. Pharm., M.B.A.

"We're at an inflection point in the industry, but I think this is an opportunity for our pharmacies. Lean in, be proactive, and embrace the change. We now have the opportunity to play a key role in the future of healthcare."

Despite his optimism for the future, Farah says many pharmacy owners aren't adopting new practice procedures fast enough. One area he emphasizes is the need to adopt an omnichannel approach that includes digital communications and e-commerce capabilities. He says the pandemic clearly demonstrates the need for pharmacies to use technology that allows patients to request refills online and to understand the various ways they can get their prescription: in-store, delivery, drive-thru, or curbside pickup. Farah says websites, text messaging, and social media posting are no longer "nice to have" but are now essential for pharmacies.

Yet with all the new opportunities provided by technology, he feels there will always be people who will want to come to a physical location. Finding ways to make a pharmacy more inviting, improving the front end, providing nutritional supplements, and creating more appropriate settings to provide clinical services will be critical to the success of pharmacy. Farah believes pharmacies need to become a destination people look to for a number of healthcare services. Having a physical location supporting this is important, and one of his major goals is to help owners understand and prepare for the brighter future he believes is coming.

We ended the interview with Farah providing one final thought: "Yes, we're at an inflection point in the industry, but I think this is an opportunity for our pharmacies. Lean in, be proactive, and embrace the change. We now have the opportunity to play a key role in the future of healthcare." **CT**

Bruce Kneeland is an independent pharmacy veteran, author, and podcaster. He can be reached at BFKneeland@gmail.com and listened to at www.pharmacycrossroads.com.

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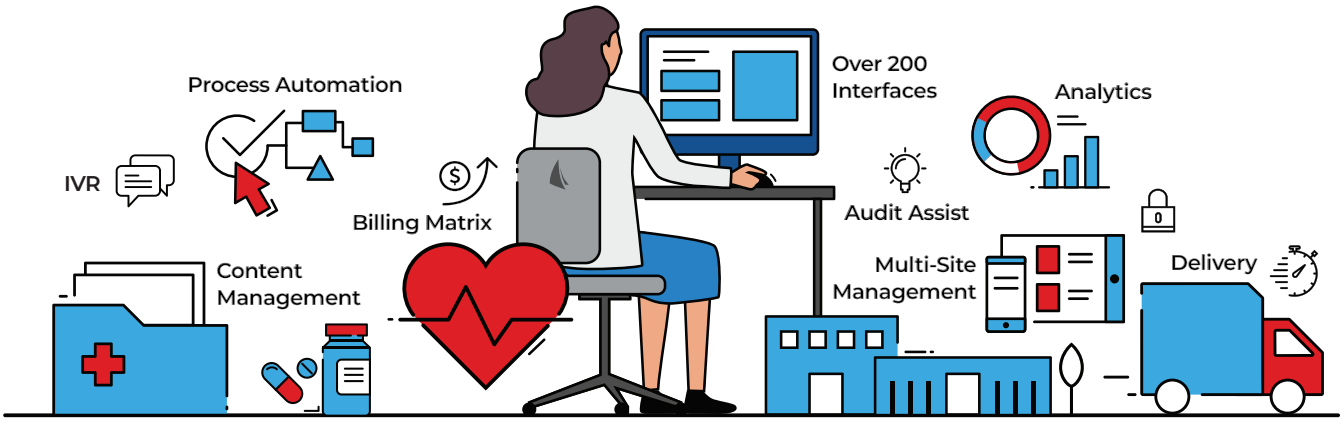

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