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FOR THE PHARMACIST

September | October 2022
The intersection of technology and management

The Opportunity in Long-term Care Pharmacy

The latest technology to best equip pharmacy to provide the highest service levels wherever patients reside.

by Will Lockwood

Our annual long-term care cover story highlights the success of pharmacists who have implemented technology that supports a focus on the patient and provides services that meet the needs of their facilities. **story begins on pg. 11**

Plus: Product Selection and Drug Pricing in Long-term Care Pharmacy...pg. 13
A New Medical-at-Home Model...pg. 16

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Managing Outcomes

THERE WAS AN INTERESTING ARTICLE IN THE REVIEW section of *The Wall Street Journal* (Aug. 13–14) about chronopharmacology. The article was titled "Taking Medication by the Clock."

The focus was on drugs meant to avert heart attacks and strokes. These drugs should be taken when they are most effective. With strokes the findings of 31 studies based on 11,816 stroke patients found that there was a 49% increase in the chance of a stroke between 6 a.m. and noon. This is considered the "risk window." There were similar results from a study on heart attacks. The article pointed out that antihypertensives taken before bedtime are more effective in regulating blood pressure levels to reduce strokes and heart attacks. The same applies to aspirin. Apparently, a sharp rise in blood pressure occurs between 6 a.m. and noon. If you are interested in the details behind these findings, I suggest reading the article.

The reason I bring this up is that pharmacy has become far more active in recent years in helping people manage their medications to improve outcomes. This has led to the use of medication adherence packaging, which organizes the medications to help people remember when to take the drugs. Also, medication synchronization, which many pharmacies now offer, is a way to ensure that a person always has the correct prescribed drugs on hand. The pharmacy benefits from higher refill rates, and the patient benefits from, ideally, better outcomes.

Now, you may be asking, how does this all tie to technology? First, medication adherence packing is driven by special software that interfaces with the pharmacy management system. As for medication synchronization, with software designed to mine the data in a pharmacy management system, this facilitates identifying those individuals who can benefit from med sync. It also gives pharmacists a reason to work with the person's physician to get the prescriptions lined up to be refilled on the same date.

As pharmacy moves beyond just dispensing prescriptions in the services it provides, the value of the pharmacist increases. And pharmacy system vendors are helping here. The interview with Jude Dieterman, CEO of Transaction Data Systems, in this issue is a good case in point. This company is making a big push in getting clinical services recognized and reimbursed. The Community Pharmacy Enhanced Services Network (CPESN) is another example. Fortunately, the technology vendors have gotten behind this initiative by providing software to support electronic care plans. You can read more about CPESN in Marsha Millonig's column in this issue ("Catalyst Corner").

What I see is that pharmacy is picking up tailwinds to help gain new sources of revenue to offset reliance on dispensing prescriptions, the reimbursement for which has been sliced by the pharmacy benefit managers. **CT**

Transaction Data Systems

RX30 Computer Rx

Learn how to make the evolution of clinical care in pharmacy easy.

Vaccinations — Catalyst for Technology Upgrades

by Christine Cline-Dahlman, B.F.A., C.Ph.T-Adv.

FOR THE PAST TWO YEARS WE HAVE SEEN NUMEROUS sources that verify pharmacies, particularly independent pharmacies, were leaders in administering COVID-19 vaccinations. But the growth wasn't just for in-pharmacy administration; this public health need served as a catalyst for these pharmacies to either upgrade or expand the use of technology for their practice. The exponential growth of vaccine doses that needed to be given required pharmacies to add technology tools to their workflow.

Poole's Pharmacy in Marietta, Ga., had what it believed to be an active immunization program. The pharmacy was already serving the adult personnel for the Marietta School District with on-site flu vaccine clinics. Its in-pharmacy vaccine count was good — the staff managed the workflow tasks nicely and was still able to provide walk-in vaccination requests. Appointments had not been necessary.

Poole's had a staff pharmacist, Kevin Philippart, R.Ph., who was serving as their clinical services coordinator when the pandemic quarantine was implemented. He adapted workflow quickly to best serve patients. The pharmacy expanded the use of its website to inform patients. This increased the use of its phone system, so the pharmacy implemented better messaging tools, such as the text feature through its software.

As word arrived that COVID vaccines were coming, Philippart could see the need for an additional change in the pharmacy workflow to handle Georgia's immunization registry reporting. Up until this point, Poole's had entered its vaccinations manually. But as the staff scheduled on-site clinics to support the city of Marietta and the school district, they realized they could not take the time to enter hundreds of vaccinations every day through the manual process.

The biggest technology change the pharmacy made was to its pharmacy software. It worked with its vendor to add a feature to compose a report through billing information, then have the record uploaded as a batch to the state registry system. The technology provided consistent accuracy for posting. If there was a mismatch with patient information, a message was returned and could be corrected at the pharmacy software level, then resubmitted to the registry.

MAKING LIFE EASIER

Scheduling technology is now actively used by independent pharmacies at different levels.

Poole's has used Google Calendar for its scheduling. This tool required staff to receive a phone call, then manually input the appointment. Google Calendar does not have a feature to provide reminder communication with the patient, so the existing support staff made reminder calls for COVID vaccination appointments.

The Marquess Group of pharmacies, also in Georgia, used the scheduling tool Schedulicity for all of its on-site clinics, and some of its larger pharmacies. The tool would allow the time range to be established, as well as have any documents required to receive a vaccination uploaded for patient access. Then the individual could choose the day/date and time that worked best. Schedulicity sent email reminders for appointments and pertinent information for the day of the vaccination. This technology provided a positive experience for the patient at clinics.

Acuity, another scheduling tool, was used by several independent pharmacies. The most frequent preference for this choice is the ease to linking this scheduling tool to the pharmacy website. Sirena Kalinski, director of pharmacy operations at Duvall Family Drugs in Duvall, Wash., states that

the pharmacy has used Acuity for its appointment-based model of practice for some time. It offers full HIPAA (Health Insurance Portability and Accountability Act) compliance, so the staff can then use Jotform to create patient forms and documents that also meet HIPAA requirements. When COVID vaccinations became available, the scheduling was seamless.

Tiffany Capps, manager of pharmacy operations for the three Galloway-Sands Pharmacy stores in southeast North Carolina, also uses Acuity. She recognized the ease of connection with the pharmacy's website but also watched the stats for performance. She accessed the statistical features of Acuity to track the number of appointments made by a patient on Acuity compared to the number of appointments made by a staff member on behalf of a patient. It was nearly 50% for either side. She also calculated the amount of time for follow-up calls, compared to the savings experienced with the reminder emails from Acuity. When Capps calculated the work time to schedule the appointments, plus the email reminders, she found that the scheduling tool saved the pharmacy the wage of one full-time employee.

COVID vaccines will be around for a while. As we go to press for this article, the FDA (Food and Drug Administration) has approved the bivalent formula, and the CDC (Centers for Disease Control and Prevention) Advisory Committee on Immunization Practices has provided guidance for the administration and eligibility of the vaccine. One of the guidelines from FDA: Immediately cease administering the current COVID vaccine and reschedule your patients for the bivalent. Does your current scheduling tool provide for immediate editing? Tiffany Capps was already adjusting the pharmacy's tool as soon as she heard the FDA's guideline.

A technology upgrade is an exchange. While wage savings is a factor for the use of technology, finding employees who can serve your pharmacy is a tougher task today. Technology provides a way for the pharmacist to stay engaged with clinical services, and for technicians to grow into a more active role in patient care. **CT**

Christine Cline-Dahlman, C.Ph.T.-Adv., founder of PharmTechForward, LLC, and is a pharmacy technician who has served in roles within independent, chain, and health-system pharmacies. She can be reached at CClineDahlman@gmail.com.

Dispenser DSCSA Compliance — Common Questions

More on DSCSA Compliance Requirements

by J. Randall Hoggle, B.Pharm., D.Ph., M.B.A.

IN THIS ARTICLE OF THE DISPENSER DSCSA

(Drug Supply Chain Security Act) compliance educational series, we will address two common questions that dispensers ask, now that we have 18 months left on the 10-year rollout of DSCSA compliance by the FDA.

WHO WILL BE POLICING DSCSA COMPLIANCE ON NOV. 27, 2023?

Federal and State Government Authorities: Most dispensers are unaware, despite repeated FDA presentations, the Office of Inspector General (OIG) February 2020 dispenser compliance report, and numerous state boards of pharmacy quarterly board meeting actions, that there are a series of DSCSA compliance requirements that you and your pharmacy team are responsible to comply with today to be able to provide data and information under a 48-hour clock. (See the *ComputerTalk* May/June 2022 article entitled, "What Is DSCSA and What Do Pharmacists Have to Do Today to Comply?" for an overview of the first five requirements.)

While federal and state authorities were performing DSCSA compliance inspections before the COVID-19 pandemic, all government authorities reduced their inspections to emergency situations only during the pandemic to respond to known or suspected illegitimate prescription product issues.

On Feb. 2, 2022, the FDA announced that, effective Feb. 7, 2022, the agency's normal domestic supply chain compliance inspections would resume.

In this announcement, the FDA stated it would be using "alternative tools and remote assessments," which means electronic communications with dispensers to perform tabletop audits and inspections would be allowed. Prior to this announcement, all federal inspections had been conducted as physical inspections.

As explained in the second article in this series, which appeared in the July/August 2022 issue of *ComputerTalk*, the last of five of the 10 requirements are to be met by Nov. 27, 2023, and state and federal authorities will allow the use of tabletop audits and inspections for all 10 requirements.

Commercial Parties: Three commercial parties are validating DSCSA compliance data with dispensers today and will probably use tabletop audit and inspection tools effective Nov. 27, 2023.

The three commercial parties are: manufacturers providing salable returns credit, which will require that three sets of dispenser and Rx product DSCSA compliance validation data be provided to preapprove a salable returns-certified shipment to their verification router service (VRS) provider; PBMs (pharmacy benefit managers) conducting product validation by requesting advance ship notice (ASN) and soon-to-be-used electronic product code information services (EPCIS) data audits for accuracy — that is, the original ASN transmission history/information/statement validation; and credit card remote transactions use validation for dispenser merchant validation by associations such as National Association of Boards of Pharmacy (NABP).

The federal and state government authorities' and commercial parties' requirements today and the additional requirements for Nov. 27, 2023, are depicted in the chart on the next page.

WHAT ARE MY DISPENSER OPTIONS TO BE COMPLIANT?

Since the majority of manufacturers and wholesalers have outsourced specific or large portions of their DSCSA compliance tasks to third-party service providers, the dispenser community has not to date followed suit, except for the retail chain market segment. One limitation for all supply chain trading partners is that most of those service providers provide software or standard operating procedures templates only. Dispensers need a full range of services to meet their current five requirements and all 10 requirements by Nov. 27, 2023. Now the question is, what will dispensers do to comply who have not already outsourced to a third party during the COVID pandemic?

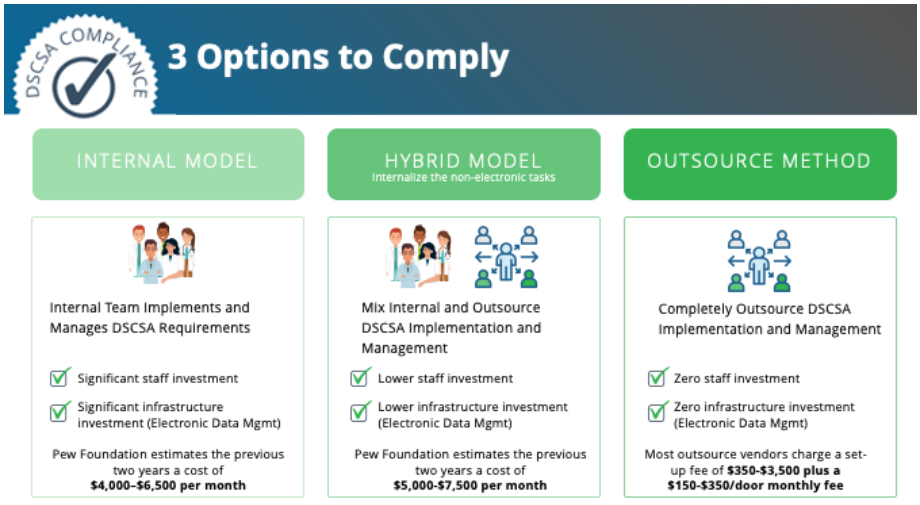
The dispenser community has three broad-stroke options:

(1) Internal Model: Internally staff and train to meet all current and Nov. 27, 2023, requirements, which require three to four staff members (not full-time, but part-time) perform daily, weekly, and monthly DSCSA compliance tasks, as summarized in The Pew Charitable Trusts reports starting in 2014. (See The Pew Charitable Trusts Report entitled, "Timeline for the Drug Supply Chain Security Act" with link: https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2014/timeline-for-the-drug-supply-chain-and-security-act.)

(2) Hybrid Model: Internalize the nonelectronic transmission tasks and outsource the electronic transmission task to a third-party service provider or license software to run the electronic transmission tasks. In a hybrid model you might also choose to blend internal staff-assigned tasks but outsource others, e.g., federal and state suppliers licensure and certification monitoring. The cost and staffing requirements for a hybrid model are discussed in broad strokes in the Pew reports.

(3) Outsource Model: In this model there are two options: outsource all 10 requirements' monitoring to a third party that can provide comprehensive services — probably 10 to 12 services in addition to the software used; or choose to use a software-as-a-service software provider for the electronic shipping notice transmission documentation receipt, which represents about two of the services needed.

The three models are depicted in the chart at left, with the range of estimated start-up and monthly budget required to be compliant. **CT**



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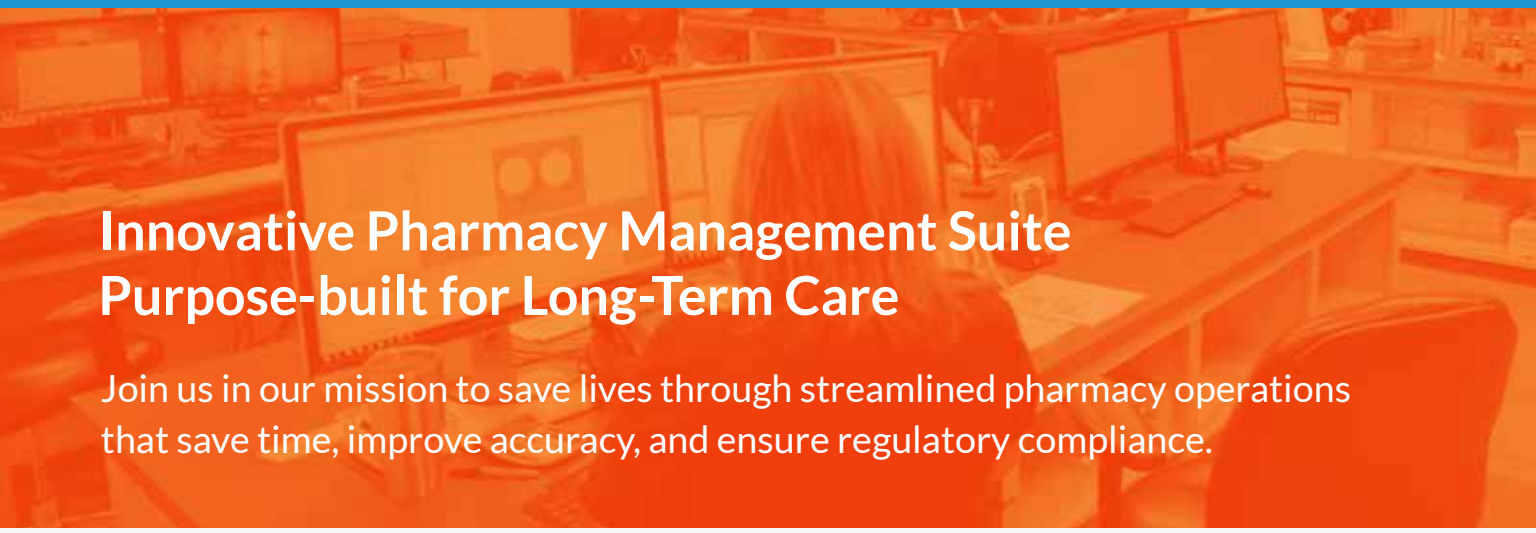

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The Opportunity in Long-term Care Pharmacy

The latest technology to best equip pharmacy to provide the highest service levels wherever patients reside.

by Will Lockwood
VP | Senior Editor

Will can be reached at will@computertalk.com

GoldStar Pharmacy, located in College Station, Texas, focuses primarily on partnering with different healthcare providers, long-term care (LTC) facilities, accountable care organizations (ACOs), and patients directly to serve seniors by helping them manage their medications, according to owner A.J. Oben, Pharm.D. "We're trying to improve outcomes and reduce the cost of care," says Oben. He looks to invest in technology that ensures his pharmacy is getting the right medication to the right patient at the right time. "This is the critical element of what we do as a pharmacy," he says. "We are always looking for technology that gives us the most efficient way to be the medication safety experts."

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PATRICK DEVEREUX, PHARM.D., serves a large Medicare and Medicaid population at FMS Pharmacy in Bessemer, Ala., outside of Birmingham. Adherence packaging is central to the services Devereux offers, and while he does serve several group homes, the majority of his patients using packaging are living independently at home. "We find that when patients can get their meds packaged, they are able to keep living independently longer," says Devereux.

Tom Mullaney, R.Ph., is a third-generation pharmacist. Mullaney's Pharmacy + Medical Supply, a Guardian Pharmacy, has been in business for over 86 years in Cincinnati, Ohio. "We've been pretty early adopters of technology," notes Mullaney. "My dad bought our first pharmacy management software from QS/1 in 1977 and we've been staying on the cutting edge ever since to ensure we are as efficient and accurate as possible." Mullaney's largest area of service is LTC, and the pharmacy partnered with Guardian two years ago. After a major acquisition a year ago, his pharmacy now serves 5,000 patients all over Ohio, as well as in parts of Kentucky, Indiana, and West Virginia.

CORE WORKFLOWS

Patrick Devereux has been using Medicine-On-Time (MOT) for over eight years. He sought them out as a way to scale blister card packaging capabilities and create the capacity to serve more facilities. Devereux relies on the motNext software to run key packaging workflow steps, including managing patient profiles and tracking cycle dates. "We can run a lot of different reports out of motNext very easily," says Devereux, "and print medication administration records or export them to PDFs. motNext has really helped us streamline a lot of those functions."

Devereux also points to the calendar within motNext as an important feature. "We can quickly use the calendar to see which patients and facilities are coming due and plan ahead," he says. It's one example of the bird's-eye view Devereux gets from the software. Another is the ability to easily pull up all patient records at a facility or make

changes to dosing time, color coding on the packages, and more. "It's all pretty easy to customize however a facility needs it inside of motNext," says Devereux. It's also easy to use, he says. "If we have an intern coming in for five weeks," says Devereux, "they generally pick it up within the first day."

At GoldStar Pharmacy, Oben looks to Meditab IPS Elite pharmacy management software to ensure efficiency in moving orders from facilities through the dispensing process and into the packaging automation he runs. The packaging is central to patient adherence and smooth medication passes at facilities, of course, but it's also a major efficiency driver within the pharmacy. "We've made a big investment in packaging," says Oben, "But we aren't able to use it with peak efficiency without being certain that we are sending the right filling data over with as few manual steps as possible." This is where IPS Elite shines, according to Oben, by automating steps and checks that the staff had to work through manually when using a previous system.

For Tom Mullaney, being able to manage the flow of documents and communications efficiently — whether via fax, e-prescribing, or otherwise — is a core element of workflow. For this he has been relying on Integra DocuTrack and PrimeCare for over 15 years. "DocuTrack really drives the workflow," says Mullaney. "Every new and refill prescription is routed through DocuTrack, as are all our communications with facilities, prescribers, and patients. Then staff are using this data flowing in from DocuTrack to manage areas such as cycle fills and patient records in PrimeCare." The two systems are closely integrated. For example, facilities that

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industry perspective

Product Selection and Drug Pricing in Long-term Care Pharmacy

SOME OF US ARE OLD ENOUGH to remember the good old days in the 1970s and '80s, when a fight with multiple pharmacy benefit managers (PBMs) was not a daily occurrence. Third-party billing was a small percentage of overall prescriptions filled. Many states went so far as to require price boards prominently posted, and generics were always profitable. But like the airport payphone and the pharmacy soda fountain, these are things of the past.

Mike Sosnowik, President, PharmSaver

The world today is PBM driven. MACs (maximum allowable costs), audits, and clawbacks are today's reality. However, usual and customary pricing still plays a role. To the PBM commercial plans it functions as a tool to prevent pharmacies from undercutting high-tiered copays. Long-term care (LTC) pharmacies, by virtue of varied patient payers, regularly use usual and customary, and it often becomes an important part of pricing and negotiation with nursing home owners and operators to determine charges for their Medicare Part A patients.

Usual and customary pricing on branded pharmaceuticals is straightforward. Generics are where there can be tremendous variations. For multisource generics, discounts can be significant. But what about single- or limited-source generics, where pricing in many cases is much higher? Multisource generics discounts on AWP (average wholesale price) can be as high as 80% or more. This is not the case with limited-source generics.

The challenge for long-term care pharmacies is to identify product availability in the marketplace. A drug lookup in standard drug references like Medi-Span or First Databank can yield a long list of products that will include all registered products regardless of availability. Many products, by virtue of manufacturer discontinuations, manufacturing and supply chain issues, and other market factors, can change availability. If a pharmacy cannot identify these or does not have access to this information, it can be very costly. The ability to monitor product availability on a timely basis can have a significant impact on pricing and profitability.

LTC pharmacies now have access to a product that for many years was only available to manufacturers. PMChek provides a wide range of market analytics, market share information, average market pricing, and trend analyses, to mention a few. Of particular interest to LTC pharmacies is a customizable report that identifies all products that have availability with the same generic equivalency and number of active manufacturers.

By virtue of feeds from numerous wholesaler/distribution channels, an accurate picture of market availability is assured.

To sum up, product selection and the need to maintain usual and customary pricing are important components in assuring ongoing PBM reimbursement for long-term care pharmacies. **CT**

Mike Sosnowik is president of PharmSaver. The company lets pharmacies, hospitals, clinics and governmental agencies buy prescription drugs at a substantial discount. You can reach the author at mike@pharmsaver.net.

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use the on-demand model rather than cycle fills can order refills by faxing sheets of barcode labels peeled off prescriptions. DocuTrack receives these faxes, reads the barcodes, and automatically loads the refill orders into PrimeCare, where they're processed. The staff has visibility into the various work queues from both PrimeCare and DocuTrack, and they can sort the queues by a variety of criteria, such as alphabetically, building, sender's fax number, or delivery time.

ELIMINATING MANUAL PROCESSES

DocuTrack is valuable across Mullaney's business lines, not just for LTC. He uses it to manage durable medical equipment (DME) processes, for example. And it even applies within his retail operations. "We route retail e-scripts through DocuTrack," he says, "and we scan any paper prescriptions into it as well. From there we can easily tag the prescriptions, for instance as 'waiting' or 'on file for delivery,' and this means that we are managing everything in one place and ensuring that the right staff are able to access the right information when they need it."

"It makes us so much more efficient to have one central place that our staff uses to know what's going on and to answer questions," says Mullaney. "When anyone calls to check on a prescription, staff just type the name into DocuTrack and get an immediate overview of everything that's going on." For prescribers, the staff can simply pull up everything that has come in from a prescriber or facility's fax number. Not just that, but DocuTrack logs who scanned items in and who has worked on them, which makes a big difference in accountability and coordinating work across shifts.

Patrick Devereux is managing the packaging details for patients within motNext; he had been using a different packaging product before that, but it lacked this software component, which meant that there was no good way to automate tracking key data such as due dates. "Add to this the fact that the MOT packaging is much sharper than what we used before," says Devereux, "and it is clear that we made a great decision."

continued on page 16

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continued from page 14

Devereux is now implementing MOT's C.A.R.E. Package product, which also leverages motNext for workflow. This packaging has a host of important patient care and adherence features, according to Devereux, including calendar layout with weekly and monthly options, removable dose cups, color coding, and an optional patient C.A.R.E. plan attachment. "All this gives us so many tools that really increase the level of care we are offering patients through packaging," he says.

Interestingly, most of Devereux's patients who receive adherence packaged medications are living independently at home. "Medication mismanagement is one of the biggest barriers to independent living," he says. "So it's very important that we're able to help our patients with that through the MOT adherence packaging."

Cycle fills are one of the most critical areas that Oben is automating with IPS Elite software. "IPS Elite is reviewing a cycle batch and looking for differences between last month's and this month's fills," he explains. "For example, a number of the facilities we serve get multidose packs. The first thing we need to know is: Are we sending the same 10 medications this month? Then we need to know things such as, are there prescriptions that are not verified, that are expired, that have had the refill denied, that have a different NDC in the robot, or that we don't have sufficient quantity on hand for?"

These were all manual checks before. But once IPS Elite has reviewed the prescriptions according to established rules, the staff sees a simple green check mark next to all the prescriptions that are ready to go in the cycle-fill queue. The automated application of these rules is so important, notes Oben, because it is a highly efficient way to ensure that GoldStar Pharmacy's packaging automation gets clean and accurate filling instructions for the cycle. "We end up saving about an hour every day using these automated checks," he says. "And we are ensuring that we have all the right medications in the packs that the automation is producing."

Oben also appreciates the way in which the IPS Elite web portal and app can be applied to minimize manual tasks. "The web portal gives facilities, patients, and

continued on page 18

A New Medical-at-Home Model

Jerry Sauter, R.Ph., has recently opened a new pharmacy in Bradenton, Fla., called ApricusRx. Sauter is building this new pharmacy specifically to cater to what he calls "medical at home" patients. These are patients living at home who require the same level of service as those who are residents in a facility. Sauter began developing this new pharmacy model after reading the Dec. 15, 2021, letter from the Centers for Medicare & Medicaid Services (CMS) titled "Part D Dispensing Fees and Enrollees with Institutionalized Level of Care Needs." (Visit this story at computertalk.com to download a copy.) In that letter CMS states "Part D dispensing fees can include additional costs for specialized services typically provided in the institutional care setting, such as delivery and special packaging, for enrollees residing in their homes with institutionalized level of care needs."

"I am building ApricusRx to provide a full LTC level of care for patients who are returning to their homes after being discharged, for example, from skilled nursing or a long-term care facility after rehabilitation," says Sauter, "or who just don't want to be in an LTC facility."

Patients eligible for these services do have to meet specific criteria, notes Sauter. "One requirement is that they aren't able to perform two of the major activities of daily living," he says. "A physician then has to approve that the patients can receive skilled care at home."

There are minimum criteria for the pharmacy as well, according to Sauter, although it is not required to be a closed-door LTC pharmacy. In fact, ApriusRx is a community pharmacy. "There's a list of 10 baseline requirements," says Sauter. "For example, the pharmacy must be available 24/7 to the patient. And it has to offer adherence packaging, IV services, and delivery." These are logical requirements, but the big takeaway is CMS' provision for billing for these in the dispensing fee. "Our motto is 'all service, no excuses,'" says Sauter. "After I moved down here to Florida I worked in a chain pharmacy where elderly patients came in and all they heard was 'We don't have this' or 'We can't do this.' When I read CMS' letter, I knew that this is the opportunity for a community pharmacy to provide patients with the full array of LTC services at home." **CT**

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continued from page 16

caregivers a real-time view of what's going on in the pharmacy," he says. "We have a lot of residents in facilities here, but the son or daughter lives in another state. The web portal makes it very easy for them to manage their parent's care. They don't have to pick up the phone." This visibility extends to items en route for delivery.

The app, called MyDoses, allows patients and caregivers to receive alerts when it's time to take a medication, record that they took it, and receive missed-dose alerts, according to Oben. Among other features, patients can also view their profile, message the pharmacy securely, and order refills.

LTC RELIES ON TECHNOLOGY

"Our investments in technology have been primarily driven by patient safety," says Oben. "Having the right technology has also helped us retain our talent in a tight labor market and ensures we are providing facilities with the highest levels of service, too. We want to be the medication safety experts and ensure that facility staff have everything they need for the systems we have to make everyone's job easier and less stressful. It gives me peace of mind."

Patrick Devereux finds great value in technology that gives him a bird's-eye view of what's going on in the pharmacy. "I love a dashboard," says Devereux. "I want to know what we need to prioritize and what's in the packaging queue this week." This ability to see what's happening at a glance is a central aspect of providing the highest levels of service at FMS Pharmacy.

Making things as easy as possible for facilities is central for Tom Mullaney. "Facilities are getting hit really badly by the labor shortage," says Mullaney. "A lot of nurses retired during COVID. We try to do everything we can to make their life simpler, to speed up med passes. And patients have a choice of pharmacy too. That's another reason why we invest in technology." **CT**

Integra: Giving Pharmacies a Leg Up in the LTC Market

Integra is a company that introduced more efficient communications between pharmacies and long-term care (LTC) facilities through electronic exchange of documents. The company then went further in bringing better control over deliveries to the facilities. Bob Bates, president of Integra and QS/1, talks to ComputerTalk *Publisher Bill Lockwood about how the company is continuing to help pharmacies do a better job in serving LTC facilities.*

ComputerTalk: Let's start with DocuTrack, the product that Integra introduced to the long-term care market. What led to the development of this product?

Bob Bates: We saw the need for an electronic document management system. The primary communication method between pharmacies and facilities was the fax machine, and these faxes were often misplaced, lost, or sent to the wrong person. This created a significant issue, as there was no tie off from the faxes received to the pharmacy management system. By storing these documents electronically, making an association between the prescription and the appropriate pharmacy management system records, and creating routing rules to direct a document to the appropriate person or workflow, DocuTrack made the pharmacy both more efficient and more accurate.

> "We realized that the LTC pharmacy market was in sore need of innovation: a new way of thinking about how software manages the prescription process. We have built it from the ground up, in the cloud, using modern programming tools that are fast, reliable, and secure."
>
> – Bob Bates

CT: Now tell us how this product has evolved over the years, and how pharmacies have benefited.

Bates: As the product evolved, we were able to improve the efficiency that DocuTrack provided. We added DeliveryTrack, to tie off another area we saw missing: the fulfillment of the orders to the facility and closing the paperless loop with DocuTrack. Additionally, we linked records between DocuTrack, DeliveryTrack, and the pharmacy management system. And, combined with PrimeCare, we created a unified search that allowed you to find what you needed more easily than ever before.

CT: Logix is an interesting addition to your product line. How does this improve workflow?

Bates: A common theme we hear is about the struggles with finding and retaining labor, and the costs associated with it. One COO told us, "We don't want our people to have to think," and we understand that concept. If the

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steps to processing a document are well defined and flow through the same gates each time, why should a user have to remember to do this manually? And that's where Logix comes in. Based on rules that are defined in the pharmacy, we can create standardized automated business processes to remove those repetitive manual steps, allowing those employees to think about more important things.

CT: PrimeCare is your current pharmacy management system. Tell us about the features that are specific to LTC.

Bates: PrimeCare is designed for LTC. The fill list allows pharmacies to manage cycle fill for facilities. We have eMARs [electronic medication administration records] connected to all the major vendors, allowing the automation of exchanging information between pharmacy and facility. We have literally hundreds of interfaces for things like dispensing, packaging, and billing. We have a facility portal that allows nursing staff to access a price calculator, request refills, or print forms on demand.

"We see the convergence of the community and LTC markets. LTC pharmacies are seeing an increasing number of patients staying with loved ones in private settings. Following these patients to their homes and still providing the same level of service is critical."

CT: Axys is a new platform you recently introduced. How will Integra users benefit from this?

Bates: When we became RedSail Technologies, the first thing we did as an organization was to take inventory of what we had and where the industry and the technology are going. Being browser based, the user interface is familiar to anyone who uses a computer. In fact, our CEO's niece is in pharmacy school, and she was able to fill prescriptions without the first bit of training. We're really excited about how Axys will grow and revolutionize pharmacy in the coming years.

CT: Does this mean that PrimeCare is being replaced?

Bates: Absolutely not! Since becoming RedSail, we have invested a lot in the product, both in terms of the software and the support behind it. We reinvented the way our help desk supports our customers, with new tools and training to give fast, reliable answers to our customers' questions. Additionally, we invested in the product, improving the weaker areas of the system and making it more responsive and more reliable. We will continue to add functionality that makes sense for the product. Axys will provide options down the road for our customers, but PrimeCare is still a vital part of product portfolio.

CT: Now let's turn our focus to what you see as the biggest challenges these days facing pharmacies serving the LTC market.

Bates: We see the convergence of the community and LTC markets. LTC pharmacies are seeing an increasing number of patients staying with loved ones in private settings. Following these patients to their homes and still providing the same level of service is critical.

CT: Integra has certainly become an important player in the LTC market. Any closing thoughts?

Bates: Long-term care pharmacy, as an industry, is evolving. We feel that we are uniquely positioned to offer a total pharmacy approach, between Axys or PrimeCare, DocuTrack, and DeliveryTrack — robust, accurate reporting, and integration with the best vendors in the industry for any other needs the pharmacy has. **CT**

Transaction Data Systems: Taking Pharmacy to the Next Level

In this interview with ComputerTalk *Publisher Bill Lockwood, Jude Dieterman, CEO of TDS, talks about what his company is doing to advance pharmacy's role in healthcare.*

ComputerTalk: Transaction Data Systems has enjoyed remarkable growth over the years. This tells me you are reading the market correctly in terms of what pharmacies want. Would you mind sharing with us your "secret sauce"?

Jude Dieterman: Simply put, there is no "secret sauce." TDS' successful growth comes from putting the client's needs at the forefront for every decision we make. This means tracking what's coming in the market — including compliance, clinical enablement, adherence, regulatory, and market changes — and delivering solutions when and where they are needed. It means listening to the market as a whole. Our clients count on us to use information to create solutions that meet their changing requirements and succeed in their communities.

CT: It appears that the current emphasis at TDS is helping pharmacists get paid for the clinical services offered. How are you facilitating this?

Dieterman: In the simplest terms, we have facilitated clinical service delivery and adoption through our in-workflow clinical solution. We bring sponsored clinical MTM [medication therapy management], adherence, and intervention opportunities directly to the clients we serve. We show them exactly what is available based on the patients they serve, what reimbursement is available. We know that their time is valuable. We know that margins matter and that they need to diversify revenue. Most importantly, we know that they are performing clinical services already. So at TDS, we are focused on making them more efficient and profitable in the delivery of care.

"Simply put, there is no 'secret sauce.' TDS' successful growth comes from putting the client's needs at the forefront for every decision we make."

– Jude Dieterman

CT: And what has the uptake been from TDS users?

Dieterman: Each pharmacy client is at a different stage in providing clinical services, depending on their own readiness and ability to engage with health plans in their area. We've seen a steady uptake across the thousands of pharmacies we serve, so the impact has been significant to date with even greater potential ahead.

CT: TDS is in the process of acquiring PrescribeWellness from Tabula Rasa HealthCare. What do you see as the synergies from this acquisition?

Dieterman: We recently completed our acquisition of PrescribeWellness on August 1. We are excited to expand clinical opportunities and adherence programs across the combined pharmacy base, thereby increasing clients' ability to succeed in their communities. Together, we expand our reach and have the ability to advance our comprehensive product portfolio throughout the pharmacy market. The open communication pathway we enable between pharmacist and patient enhances the existing, trusted relationship our pharmacy clients have. Together, our pharmacy network is equipped with technology and data solutions to increase adherence and achieve better health outcomes for their patients.

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CT: TDS will also be adding the MedWise drug interaction management product from Tabula Rasa HealthCare. This offers a new level in preventing adverse drug events. This seems like an ideal fit for your clinical platform. Your thoughts?

Dieterman: MedWise allows pharmacists to identify cumulative multidrug interactions and create a risk score for each patient quickly and easily. This helps pharmacists better reduce medication-related risks and improve care for their customers. TDS has been at the forefront of advancing clinical care in the pharmacy; this partnership will allow us to continue to advance those offerings.

CT: Immunizations have become a much-needed revenue stream for pharmacies. Reporting these immunizations to registries is a requirement, and checking the registries for a person's immunization history has its benefits. Can you explain what you have done to facilitate the whole process of immunizations?

Dieterman: Yes, we have all seen the vital role pharmacies have played in administering immunizations over the past two years. TDS is pleased to deliver the market-leading solution Immunization Registry Reporting for pharmacies. Automation ensures compliance and allows our pharmacy clients to focus on patient care and proactive immunization outreach.

CT: It's not just all about the pharmacy and prescriptions. Your company has the front store covered as well with the integration of a point-of-sale system. This closes the loop on total store management. This should help the store's profitability, correct?

Dieterman: We have the most complete end-to-end offering in community pharmacy. Our focus has always been on the success of the pharmacy through patient-centric solutions, on their ability to optimize operations, diversify revenue, and provide patient care. The core pharmacy management system naturally needs to be fully integrated with a point-of-sale solution, and with a delivery/curbside solution with fully integrated mobile payment solutions such as text-to-pay that streamline financial processes. More than those fundamental operations is tying the whole profitability of the pharmacy through claims processing, coupons, and cash pricing, to even reconciliation.

CT: This was most interesting. Is there anything else you would like to add in closing?

Dieterman: The role our pharmacy clients play in their communities is essential. Essential to medication adherence, access, and better health outcomes — and essential to the future of the healthcare continuum. We are focused on the future of clinical pharmacy, on our pharmacists' ability to serve as the trusted providers they are. The pharmacist-patient relationship is the cornerstone of our focus in providing fully integrated solutions that meet their ever-evolving needs to deliver care in their communities. **CT**

Supporting Patients' Use of Their Smartphone

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

IN THE LAST ISSUE, WE focused on pharmacists' role as collaborators with patients to maximize health information technology innovations. Specifically, we explored mobile health (mHealth) apps, including approaches to evaluate apps for use by patients. We also explored specific characteristics that are critical to helping patients make desired behavior change. The relevance of these characteristics to mHealth apps was discussed, along with opportunities for pharmacists to support their patients' use of these tools.

From reviewing that article, however, it is apparent that a certain level of proficiency with smartphones and apps is assumed to be present as a baseline before mHealth apps are used. Data regarding the digital divide between older and younger adults demonstrates lower rates of internet and smartphone adoption among older adults. Many *ComputerTalk* readers likely feel this is a logical finding. But what about actual proficiency of smartphone usage among older adults? Does having the latest Android or iOS device equate to knowing how to use it, beyond making a phone call, or sending the occasional text message? Our day-to-day experiences — especially those in a community pharmacy — provide a resounding "no" as we think of the people we routinely encounter who are barely scratching the surface of their device's capabilities.

A patient with greater smartphone proficiency can engage the pharmacy in new ways, accessing resources the pharmacy has already made available online and/or in an app.

Given this reality, how might we help them? Before addressing the "how," some readers might ask, "why" might we help them? Isn't the smartphone a bit out of scope for pharmacists, and who has the time? Relationships are critical to community pharmacy practice. Patients value the stability provided through routine interactions with their pharmacists over time. This trust extends beyond medications and can include the patient's favorite mobile device, especially when the pharmacy wants to engage their patients through this device. The suggestion is not that the pharmacist becomes the smartphone tech support, but useful tips and tricks can be valuable to patients, and a patient with greater smartphone proficiency can engage the pharmacy in new ways, accessing resources the pharmacy has already made available online and/or in an app.

Some patients may have reached the point of needing to upgrade to a contemporary device with modern features like apps and video capability (for talking to family and friends). With the primary options being an iOS device from Apple, or an Android device, the choice may seem simple. We know, however, that the Android ecosystem is much different from that of Apple, in that there are literally hundreds of unique devices running Android. Most of the popular apps and services are found on both platforms. However, patients need to know that apps unique to Apple (e.g., FaceTime) do not work on Android. Screen size is also an important consideration in selecting a device.

HELPFUL FEATURES

Regardless of the platform, an obvious but critical consideration is

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the patient's ability to read the screen. Fortunately, there are several features to help. First, both Android and iOS allow the font size to be adjusted for better readability. Similarly, both platforms include a magnification feature to zoom in on the entire screen. Closed captioning is also an option on both platforms. Lastly, both platforms include a screen reader that will read the screen aloud. While there is variability in menu structure, both within and across the two primary platforms, these features are generally found in an accessibility section of settings.

THE PRIVACY FACTOR

Information privacy and security is a common focus among pharmacy and other health professions. Patients may not be as aware of the risks to their personal information, however. Fortunately, both platforms include strong security options that are also easy to use. At a minimum, patients should secure their device with a passcode. The number of digits in the passcode is influenced by the specific device's operating system version. An additional layer of device security is provided through either facial or fingerprint recognition.

Once access to the device has been secured and screen legibility (or reading) is established, device organization is critical, both on the home screen (the launch screen on Android) and in the general listing of apps. The recommendation here is to keep it simple. Only the core, most frequently used apps should be found on the home/launch screen. On both platforms, apps can be moved to a different location on the home screen, as well as moved to a different screen altogether. Alternatively, apps that are not needed can be deleted. Both moving and deleting apps can be accomplished by tapping and holding on the desired app. Because app management is an ongoing activity, patients should be taught how to perform these functions.

Once the core apps (like your pharmacy's app) are on the home screen, the next task is to place useful shortcuts (or favorites) on the home screen. This generally includes functions like calling, texting, or video chatting with specific people. For patients, useful calls could include your pharmacy, their doctor(s), and their closet neighbor or friend in the event they need medical help. Related, smartphone platforms provide a useful means to store pertinent medical information. On iOS devices, this information is stored in the Health app. On Android devices, medical information can be stored in the Emergency Information section found in About. Both platforms include a built-in emergency call feature that calls 911 if a certain set of trigger steps occur. Find the Emergency SOS function on either platform to identify the 911 trigger steps.

The last group of tips relates to ringtones and notifications. Tips for using the phone's calendar to provide medication adherence alerts have been around for literally decades. Calendars have gotten smarter, however, and support more complex medication regimens. In many cases, an app devoted to medication adherence may prove more useful due to tracking and other capabilities. Other types of notification and ringtone tips focus on ensuring that ringtones/notifications can be heard. Additionally, some patients may find value in setting up specific sounds to alert them when designated individuals are calling (e.g., your pharmacy, their spouse or children, etc.).

So, we addressed "why" a pharmacy may assist patients in their smartphone use. We also addressed the "what" — specific topics to cover with patients. But how can this be implemented? Again, the pharmacist is most likely not going to have time during a typical day to walk through these functions with patients. One approach includes creating a flyer that includes core tips, instructions, and where appropriate, links to demonstrations for each platform. A similar approach is to identify instructional videos online and link to them from your pharmacy's website. For those pharmacies that serve as rotation sites, pharmacy students can help patients with these functions in the pharmacy. Regardless of the extent to which a pharmacy helps a patient with his or her smartphone, something as simple as showing a patient how to make the pharmacy a "favorite" in the phone's contact list can go a long way to strengthening the patient's relationship with their pharmacy. I would be interested in your comments. **CT**

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Understanding the FDA's Plans for NDCs

Patricia Milazzo, R.Ph.
Dave Schuetz, R.Ph

BACKGROUND

Years before COVID-19 was a household word, the Food and Drug Administration (FDA) was considering how to change the National Drug Code (NDC) structure to manage the projected depletion of five-digit labeler codes. In 2018, the FDA held the first public hearing to allow stakeholders to present assessments of four potential FDA options and present alternative solutions. The FDA, having been correctly focused on the COVID public health emergency for the past two and a half years, is now refocusing attention on the NDC shortage.

Due to the complexity of changing the NDC structure and the FDA's multiyear plan for full implementation, this will be the first in a series of installments about this topic. Here we will focus on the FDA's proposed solution, an explanation of the stepped, multiyear approach, and key projected dates for the multiphase implementation. In future columns we will discuss any changes to the FDA's proposal regarding system requirements as each deadline approaches.

PROPOSED NDC STRUCTURE

On July 22, 2022, the FDA issued an NPRM (notice of proposed rulemaking), which describes the FDA's plans for NDC modification and provides guidance on how to submit comments and concerns on the proposed solution. To address the issue of running out of 10-digit NDCs, the proposal describes the FDA's intended solution to adopt a single, uniform 12-digit format for FDA-assigned NDCs. The FDA is proposing to change the NDC to 12 digits in length, with three distinct and consistent segments and one uniform format. Additionally, the FDA is proposing to revise the drug product barcode label requirements. Comments may be submitted per the instructions contained in the NPRM, with the comment period ending on Nov. 22, 2022. The full proposal can be found on the FDA website at "Proposed Rule on Revising the National Drug Code Format."

CURRENT NDC STRUCTURE AS DEFINED BY THE FDA

NDCs currently issued are 10-digit codes constructed in one of three formats: 4-4-2, 5-3-2 or 5-4-1. In the examples on the next page, the first table illustrates an NDC in the 5-4-1 format. Systems throughout the industry convert the 10-digit code into an 11-digit 5-4-2 format. In part, this has led to a nonuniform approach to labeling and the creation of various crosswalk functionalities built into processes to "standardize" the NDC into an 11-digit value. The FDA proposal creates a single format for the NDC with the same separate and distinct segments, 6-4-2.

The impact on retail pharmacy and all associated business partners cannot be overstated. The 6-4-2 format, being the most reasonable approach, still requires a massive industry-wide overhaul to accommodate the new format. Changes to the NDC will impact all participants in healthcare that use drug data. This includes human and animal drug manufacturers, insurers, payers, wholesale distributors, compendia and clinical decision information databases, pharmacies, hospitals, clinics and healthcare practitioners, dentist offices, prisons, nursing care facilities, importers, federal agencies using the NDC, state and local governments, and other supply chain stakeholders that use FDA-assigned NDCs.

Some organizations have taken the initiative during the COVID pause to update their systems to accept a 12-digit NDC in anticipation of the expansion. The American Society for Automation in Pharmacy (ASAP) prescription drug monitoring program reporting standard has increased the length of the NDC field to accommodate a 12-digit NDC. Similarly, the National Council for Prescription Drug Programs (NCPDP) product service ID currently accepts 19 characters, and the next telecommunication version is expected to accept 40

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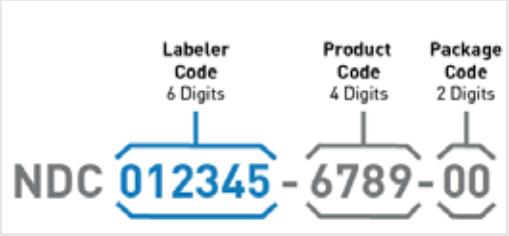
characters to accommodate other IDs besides the NDC.

RETAIL PHARMACY PREPARATION BEGINS NOW

In the immediate short term, retail pharmacy should become educated on the new NDC format, understand the proposed timelines, and submit concerns and suggestions to the FDA by Nov. 22, 2022, following the comment guidelines as stated in the NPRM. Plans for the development of system enhancements, testing, and implementation should be initiated. A significant portion of the planning must include transparency and coordination with business partners whose transactions include an NDC exchange. A typical retail pharmacy will need to engage with wholesalers, pharmaceutical partners, procurement vendors, third-party adjudication entities, financial reporting vendors, and any other partner who uses NDC data. Internally, retail pharmacies will need to investigate changes that may be required in upstream and downstream systems that use the NDC. One approach is to establish a quarterly or biannual update meeting with vendors on their development activities to address the NDC changes.



Above, an illustration of an NDC in the 11-digit 5-4-1 format. Below, the FDA proposal will create a single format for the NDC with the same separate and distinct segments, 6-4-2.

As the FDA receives and responds to comments, an effective date announcement should be forthcoming in early 2023. Once released, the clock starts ticking toward implementation dates! **CT**

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The FDA's Projected Multiphase Implementation Schedule

2023 (Expected date but dependent on the FDA's responses to public comment).

- Effective date of initial 12-digit assignments is announced.
- Begin year one of the five-year period to implementation date:
  - NDC-utilizing systems have five years to:
    - Modify software and databases to accommodate 12-digit NDCs.
    - Build processes that take existing 10-digit NDCs and convert them to the new 12-digit 6-4-2 format.

2028–2029

- Effective date arrives.
- Critical date for all systems to accept and process 12-digit NDCs.
- The FDA begins to assign new 12-digit NDCs in the 6-4-2 format.
- All drug-listing files submitted on or after this date must use a 12-digit format.

2031–2032

- Three-year transition period begins for 10-digit NDC-run-out for manufacturers.
  - Designed to allow products labeled with 10-digit NDCs prior to the effective date to still move through the supply chain.
  - Assumes that at the end of three years, these products will have been consumed or be expired.
- By the end of the transition period, all product in the supply chain will be labeled with 12-digit NDCs.
- Current 10-digit NDC labeling will have to be converted to 12-digit labeling during the transition period.

Pharmacists + Technology = Patient Care Progress

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

IT WAS GREAT CATCHING UP ON pharmacy magazines and journals this past weekend. I always find something positive about the profession and the pharmacy team's role in advancing patient care. One example that I was so pleased to read about is the progress of the Community Pharmacy Enhanced Services Network (CPESN) — a clinically integrated nationwide organization of pharmacy networks designed to advance community-based pharmacy in the United States. July's monthly brief in the National Community Pharmacists Association (NCPA) magazine, *America's Pharmacist*, provided a look at the numbers. And they are impressive!

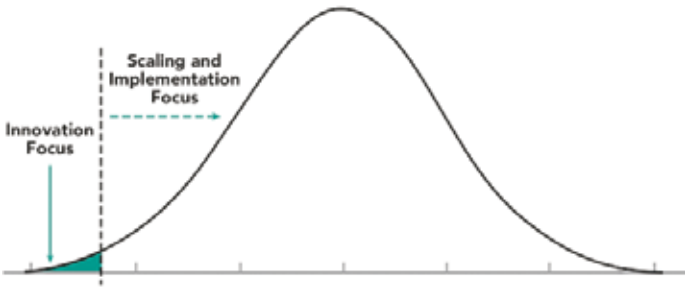
There are now 49 local CPESN networks in 45 states. CPESN is now the fifth-largest single contracting organization, with more than 3,500 pharmacies. And these networks have active payer contracts: 28 networks have one local or statewide payer contract, and 21 have two or more as of April 2022. And these are good investments for network members, returning 4:1 on their monthly network fee of $95.

Technology is a core part of network member services. Fifteen firms have partnered with CPESN to provide eCare plan technology, allowing network members to administer nearly 2.5 million care plans last year.

An important component in growing these numbers has been the Flip the Pharmacy initiative (see www.flipthepharmacy.com), of which CPESN is a founding partner. Flip the Pharmacy is a "practice transformation initiative that aims to 'flip' community-based pharmacies away from point-in-time, prescription-level care processes and business models to longitudinal and patient-level care processes and business models through the use of hands-on coaching." There are currently 1,111 participants working on transforming their pharmacy models with the help of 241 coaches. More than 40 industry businesses and colleges/schools of pharmacy support the initiative.

Flip the Pharmacy focuses on identifying and adopting best practices for workflows that promote delivery of enhanced clinical services. It is based on the principles of scaled innovation so services reach the "tipping point" where innovative services are sustainable. As noted on the website, "For many decades, grantors, grantees, like-minded schools of pharmacy and other supporters have focused on innovations in community-based pharmacy practice. While these innovations have been successful, they could not get to sufficient scale to have widespread pharmacy practice and policy outcomes. Flip the Pharmacy seeks to make a meaningful change in the perceptions of clinical outcomes with pharmacist intervention on a large national scale."

The picture looks like this:



Source: https://www.flipthepharmacy.com/about

The initiative's change process is designed using successful principles of implementation science — an experiential field, dedicated both to the rigorous study of successful adoption of interventions and to the use of best practices in implementing new interventions. The use of implementation science is growing within the profession, and it can be used in any business. My colleague Todd Sorensen, Pharm.D., FAPhA, FCCP, identified implementation science as a potential driver of curricular and practice transformation when he was president of the American Association of Colleges of Pharmacy (AACP) in 2019-2020. During his tenure, Sorensen laid out a bold aim for the pharmacy profession: that by the year 2025, half of all primary care practice sites in the United States would

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have a relationship with a pharmacist. Sorensen has been a huge change agent within the profession and knows that implementation science works. Flip the Pharmacy knows that too.

The initiative's website says that "scalable pharmacy practice transformation requires changes to workflow, care processes and business modeling in repeatable, consistent, and achievable increments." Participants are part of practice transformation teams that access "change packages" that prescribe those incremental changes in a logical sequence combined with near real-time feedback from the practice transformation coaches. The coaches "develop close relationships with participating pharmacies, engage in frequent on-site visits, and provide insights on workflow, care processes, and business modeling."

Reading the network's brief, and revisiting Flip the Pharmacy's website, caused me to reflect on the progress that the technology industry and pharmacy profession have made in helping achieve pharmacy's mission to help patients make the best use of their medicines — a mission coined during the 1989 Pharmacy in the 21st Century gathering. This was during the profession's "pharmaceutical care era" from 1980–2009. (See https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6789879/, "Towards a Greater Professional Standing: Evolution of Pharmacy Practice and Education, 1920–2020.") During this time, I graduated from the University of Minnesota and spent the first half of my career working on varying initiatives. I was honored to work on one of the first attempts to study elements of successful pharmaceutical care practice and drive practice change through the "Concept Pharmacy" project in 1996.

The project was an undertaking between the National Wholesale Druggists Association (NWDA) Foundation and the American Pharmacists Association (APhA). The project used a major consulting firm to analyze practice change literature and interview pharmacists who were providing patient care services to learn what they were providing and how, and then created a resource kit and exhibit to help pharmacists understand what was needed to move toward patient care practice and be paid for providing care.

My co-project leaders, Bruce Kneeland (then with the NWDA) and Lucinda Maine, Ph.D. (then with the APhA), and I learned over the course of several years that it would take much more than documenting successful elements of pharmaceutical care implementation to educate and motivate pharmacists to use it to create change. Leaders within the profession continued to move practice initiatives forward, and there have been a number of important contributors to the profession's journey during the last 25 years:

- The Minnesota Pharmaceutical Care Demonstration Project
- The Asheville Project
- The APhA/Iowa Center for Pharmaceutical Care training collaboration
- Establishment of the Community Pharmacy Foundation
- Passage of Medicare Prescription Drug, Improvement, and Modernization Act in 2003 and the advent of medication therapy management
- Creation of the Pharmacy Quality Alliance
- Expansion of pharmacists' authority to include immunizations
- Centers for Medicare & Medicaid Services innovation grants
- Creation of Get the Medications Right Institute (www.gtmr.org)
- Creation of the CPESN
- Creation of Flip the Pharmacy

This is not meant to be an exhaustive list, and I welcome readers to think of other important contributors that have brought progress to pharmacists' provision of patient care services. As noted, technology has been an important part of this progress. In 1997, technology recommendations from the Concept Pharmacy project centered on creating a patient care plan and deciding whether to use paper or a computer! The thought of using paper documentation today is unheard of, and the eCare plan numbers from the CPESN update show the benefit of technology's evolution to support pharmacist patient care initiatives.

We heard more about new and evolving technology and practice initiatives during this fall's American Society of Automation in Pharmacy (ASAP) midyear meeting in Boston, in September. Some hot topics that were addressed included:

- Medicare Part D and the DIR final rule.
- Provider status and digital pharmacy.
- PDMP recommendations for the next ASAP version.
- Project US@, a unified technical specification for patient address.

Put the next ASAP meeting on your calendar now — the annual meeting January 18–20, 2023, in Ponte Vedra Beach, Fla. **CT**

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ASAP

2023 ANNUAL CONFERENCE

JANUARY 18 – 20

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REVELANT TOPICS

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