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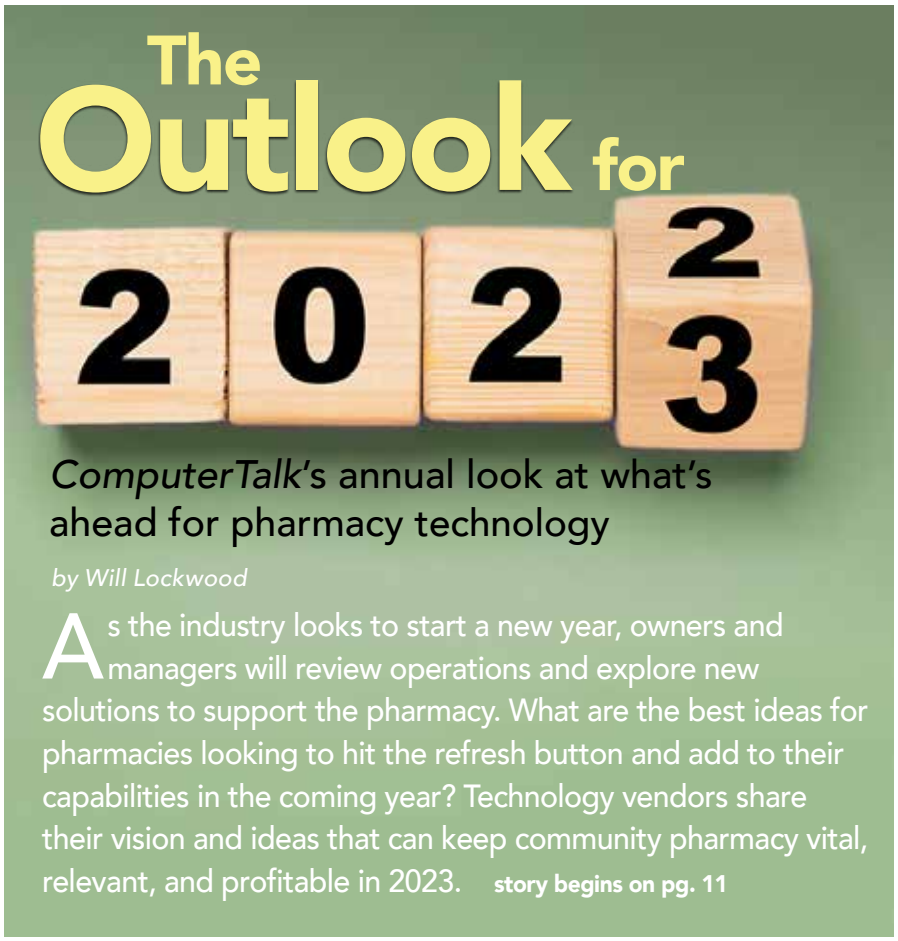


## *ComputerTalk*'s annual look at what's ahead for pharmacy technology

*by Will Lockwood*

As the industry looks to start a new year, owners and managers will review operations and explore new solutions to support the pharmacy. What are the best ideas for pharmacies looking to hit the refresh button and add to their capabilities in the coming year? Technology vendors share their vision and ideas that can keep community pharmacy vital, relevant, and profitable in 2023. **story begins on pg. 11**

## features



## departments



## pharmacy forward



## direct access


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# Greed

**THERE WAS A FRONT-PAGE ARTICLE IN** *The New York Times* (Sept. 26) about Richmond Community Hospital in Richmond, Va., closing its intensive care unit. This hospital is in a predominately black neighborhood, according to the article, and is owned by Bon Secours Mercy Health, one of the nation's largest nonprofit chains. Richmond Community is benefiting from the federal government program that lets clinics in impoverished areas buy prescription drugs at deep discounts and then charge the insurers at a much higher price — the 340B program. This incentive is for the clinics to invest the profits in providing care for poor patients. But instead, the profits, in this case, are being invested in hospitals serving white areas with a wealthier population. An example of how the hospital is taking advantage of the 340B program is that it can buy a vial of the cancer drug KEYTRUDA for $3,444 and then turn around and bill the insurer, in this case Blue Cross Blue Shield, for $25,425. That is an eye-popping profit margin. Nice business to be in. What we have here is a good example of greed.

And I see the same thing with the prescription clawback programs that retail pharmacies must contend with. I've written about this before. I find it hard to fathom how pharmacies can operate when they do not know what they will be paid until well after the prescription has been dispensed. Yes, this is going to change with real-time reporting to the pharmacy at the time the prescription is submitted for adjudication, but this is a few years away. I am sure the PBMs (pharmacy benefit managers) claimed they needed time to make the software fix. A few years? Come on. In the first place, clawbacks should not be allowed, pure and simple. I wonder who cooked up this idea in Washington?

The problem is that the PBMs know pharmacies cannot collectively bargain. The Sherman Antitrust Act prohibits this. But PBMs are abusing their role as prescription benefit managers. Are the plan sponsors reaping all the benefits? I seriously doubt it. Yes, we hear about the Feds looking into the PBM abuses. What's to look into? This is all about greed and the abuse of power.

Compounding the problem is that the federal government refuses to recognize pharmacists as healthcare providers, even after the way they responded to the COVID-19 crisis, taking the lead in administering tests and giving vaccinations. The Feds found it okay to recognize the provider role in this case.

The issue here is that we must get rid of greed in the healthcare system. This will bring down the cost of healthcare. And pharmacy must be given provider status. The profession has earned it, and this too can have a positive impact on cost. A visit to the doctor versus a visit to the pharmacy — which is going be less expensive? **CT**

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*— Brad Pinkerton, Executive Manager, Paragon Rx*

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**TRANSACTION DATA SYSTEMS (TDS)** held its user conference SYNC 2022 in September at Disney's Yacht & Beach Club Resorts. The conference had more than 85 sessions, including overviews of POS 2.0, the upcoming reporting tool RxInsights, and an overview of combating poor reimbursement by leveraging relationships with employer groups. Continuing education sessions covered a variety of topics, including point-of-care testing, quality measure updates, remote therapeutic monitoring as a source of revenue, and more. In the exhibit hall TDS staff gave demos and answered questions, and 40-plus vendor partners were present.


**General session that covered new point-of-sale system inventory and reports features.**

TDS CEO Jude Dieterman welcomed attendees during his keynote with an the overview of where the company is headed as the industry moves into a post-COVID-19 world. With an increased focus on its customers, TDS will offer quarterly webinars on new releases and enhancements, including third-party integrations. He shared the vision behind adding PrescribeWellness to support real-time clinical interventions and expanded patient engagement opportunities.

"SYNC is centered around the ability of our customers to manage adherence and improve outcomes, to expand services and to diversify revenue," Dieterman said. "Enhancing the patient experience and improving pharmacy performance is our top priority. We want to help you manage profitability and operate at the top of your license."

**SOFTWRITERS** held its 12th annual FrameworkLTC User Conference at the ARIA Resort and Casino in Las Vegas this September. The conference's theme — Solidify, Strengthen, and Scale — looked to address how LTC (long-term care) pharmacy has transformed during the COVID-19 pandemic and gave customers the chance to step back and develop new strategies to grow their business.

"Our focus is on you all, our customers, to strengthen, stabilize, and diversify your business," Scott Beatty, company president, shared during his presentation. "These are simple concepts: solidify, strengthen, and scale. They are also really powerful. This is how we are going to build a foundation from what we have learned over the past three years to set up ourselves for a much more successful chapter in long-term care."

**Customers were excited to have the chance to not only meet with peers to trade ideas, but with SoftWriters staff as well to see how the system can best support pharmacy going forward.**

The two keynote speakers were Connor Lokar, an economics expert at ITR Economics, and Jon Macaskill, a retired Navy SEAL commander turned business coach. Macaskill spoke on "leading with grit." Breakout sessions covered how to manage efficiencies with FrameworkECM and strengthen relationships with skilled nursing facility clients. The company also presented sessions on LTC to home and best practices on accelerating pharmacy growth.

There was plenty of time in the SoftWriters labs to test-drive products and features and to speak with peers to get ideas to take back home. The exhibit hall included 20-plus vendors. **CT**

# Tap into the Power of a Noble Cause

**by Bruce Kneeland**

**YOU MAY HAVE HEARD THE OLD ADAGE,** "When you are up to your neck in alligators, it's hard to remember your goal was to drain the swamp."

Running a retail pharmacy is hard. Routine tasks need to be done quickly and accurately. But then unexpected problems arise and you scramble to meet a patient or provider need or struggle to locate a much-needed medication.

As you deal with these problems, you may fail to remember that what you are doing is much more important than filling prescriptions. You are helping people live happier and healthier lives. Indeed, you are engaged in a truly noble cause, and taking time to remember that will benefit you and your pharmacy.

Years ago, I read a business book that claimed a manager's most important job was to create a positive corporate culture. The author argued that no matter what products or services you provided, someone else could also provide them. He claimed your only sustainable competitive advantage was the way you treated people.

Just think: Every other retail pharmacy carries the same medications, and for the most part, charges the same copay. So how do you differentiate your pharmacy from all the others?

Several things come to mind: your location, how nice the pharmacy looks, and your hours of operation, to name a few. But I want to suggest another, more important element: how you and your team value yourselves.

Do you see yourself as healthcare professionals who provide services that go far beyond putting the right pill in the right bottle?

Most of you will be able to recall seeing pictures of a World War I recruitment poster with Uncle Sam pointing his finger and saying, "I Want You." Uncle Sam was asking young men to leave their homes, eat crummy food, sleep in foxholes, and charge machine gun nests. And all for lousy pay. Yet they signed up by the hundreds of thousands. Why? To support a noble cause.

Are you tapping into the value of a noble cause as you recruit, train, and retain good employees?

Some of the ways I have seen this done involve having good team meetings. In your meetings' agenda, include time for team members to share a story of how a patient benefited from something extra the pharmacy did. Share stories of how a patient's family member thanked you for staying open a bit late so she could pick up her mother's medication after you were closed. Talk about how a specific prescriber called and needed help with a hard-to-find medication. Teach your team to look for and share these kinds of stories.

As an owner/manager, your job is to reward good behavior and put a damper on the not so good. This requires skills that were not taught in pharmacy school but are just as important as any clinical skills you have. Read business books, take employees out to lunch, and listen. Ask for suggestions and then implement them. This way you build up your team and help them realize that at your pharmacy they are doing much more than filling prescriptions. This will pay off as they realize they are making a difference.

You and your team are your competitive advantage. You still need to pay competitive wages, but having a place where people take pride in what they do, and where they are eager and willing to go the extra mile, will help you attract and keep good people. **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.*

# DSCSA:
## Cost Options for Compliance

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

**IN PREVIOUS ARTICLES, I EXPLAINED WHAT** the Drug Supply Chain Security Act (DSCSA) is and what pharmacy teams must do today to meet the current five requirements listed below (of 10 requirements) as I categorize them in the absence of FDA CDER (Food and Drug Administration Center for Drug Evaluation and Research) requirement categorization:

**Requirement #1:** Authenticate and validate authorized trading partners (ATPs).

**Requirement #2:** Receive and validate Rx product electronic advance shipment notifications.

**Requirement #3:** Quarantine suspected illegitimate drugs.

**Requirement #4:** Notify the FDA and trading partners of suspect illegitimate drugs.

**Requirement #5:** Provide a timely response to government authorities and trading partners.

I also outlined the five new requirements that must be implemented by Nov. 27, 2023, as summarized below:

**Requirement #6: Serialization codes validation, authentication, and documentation management**

Dispensers may only buy and sell products encoded with product identifiers.

**Requirement #7: Lot number validation, authentication, and documentation management**

Dispensers must verify every product at the product package lot number level, including the SNI (serialized numerical identifier).

**Requirement #8: Electronic advanced shipment notification — 10 data sets for internal system integration**

Dispensers must validate the electronic shipment notification's 10 data elements for accuracy of that data matched to suppliers' 10 data elements, and where there are gaps in supplier Rx product data sets, the dispenser must correct those deficiencies for products they receive for all suppliers.

**Requirement #9: Interoperability of DSCSA compliance data exchange**

To meet requirement #9, the dispensers must have internal interoperability between ordering, pharmacy management system, and invoicing systems, and external operability with trading partner data exchanges.

**Requirement #10: Comprehensive DSCSA compliance reporting capabilities for government authorities**

While the FDA had a self-assigned deadline for providing this Section 203 guidance with issuance by Nov. 27, 2021, for this requirement, this guidance has not yet been issued. The dispenser will probably see the FDA uses tabletop audits with electronic email notices for the production of material to validate data, DSCSA compliance SOPs (standard operating procedures), and the EDDS (electronic drug distribution security) compliance requirements.

I then described who will be policing DSCSA now and starting Nov. 28, 2023, and described the risk factors for the

dispensers. Government inspectors requiring DSCSA compliance data and information are federal agencies (FDA, Office of Inspector General, Drug Enforcement Administration) and state boards of pharmacy. From the private sector look for requirements by verification router service (VRS) providers for salable returns and PBMs (pharmacy benefit managers) for transaction information data now, and after Nov. 27, 2023, transaction statement data for Rx claim clawback audits.

**Now, in the final article of this series, I will be defining the range of options to be compliant, and the costs.**

**Option #1, Internal Model:** The pharmacy decides to educate and train the internal pharmacy team to perform all 10 requirements, manage the DSCSA data, and store the data for retrieval within 48 hours upon demand. In the Pew Charitable Trusts assessments in 2013 and 2014, the staff requirement was 1.7 FTE (full-time equivalent) pharmacy team member allocation at a monthly cost of $5,000 to $7,000 per month, but with the three new EDDS requirements, that staffing cost rose to 2.3 FTE pharmacy team members and $6,765 to $9,470 per month.

**Option #2, Hybrid Model:** In this model the pharmacy outsources the electronic transmissions and communication components but still internally collects and maintains the data. This model requires 1.5 FTE pharmacy team members today with SaaS (software as a service) licenses costing $500 to $1,400 per month at a monthly cumulative cost of $4,911 to $7,576. In this model the three new EDDS requirements still require an additional staff allocation of 0.7 FTEs, so cumulative personnel of 2.2 FTEs and personnel costs of $6,470 to $9,058, plus the SaaS license of $500 to $1,400, mean cumulative monthly costs with EDDS capabilities of $6,970 to $10,458 per month, with setup fees of $500 to $3,500 per month. The SaaS systems would be better than home-growing the data spreadsheets to record, retain, and report the DSCSA compliance data, but would be only an incremental improvement, since the same staff would be loading the data in both option #1 and option #2.

The best option was clear to Advasur from the beginning, to focus on building our system capabilities from 2013 to date as an outsource model as the best value, lowest cost, and least risk for the pharmacy to "protect your patients and your business."

**Option #3, Outsource Model:** In this model the SaaS and other software systems are used by trained DSCSA experts, and the only pharmacy function is inspecting and documenting suspect product or product data. So 0.2 FTEs and the SaaS and other software systems (e.g., managed file transfer systems) are programmed to automate more than 90% of the requirement functions. These outsourced turnkey system and service solutions cost $115 to $350 per month. Therefore, the resulting cumulative cost today is $703 to $1,174 per month with no setup fee. With the three new EDDS requirements, the staff cost increases to 0.4 FTEs, so the cumulative monthly cost, including the EDDS new requirements, is $1,291 to $1,997 per month.

The best option was clear to Advasur from the beginning, to focus on building our system capabilities from 2013 to date as an outsource model as the best value, lowest cost, and least risk for the pharmacy to "protect your patients and your business." With the unforeseen COVID-19 pandemic, this decision was magnified for our business as the right decision.

All three options can work. Decide what makes the most sense for your pharmacy and your personnel resources. **CT**

*J. Randall Hoggle, B.Pharm., D.Ph., M.B.A., is the managing director of Advasur, LLC, the Advasur Audit & Supply Chain Resource Center in Rockville, Md. The author can be reached at r.hoggle@advasur.com.*

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# The Outlook for 2023

## *ComputerTalk*'s annual look at what's ahead for pharmacy technology

**by Will Lockwood**
**VP | Senior Editor**

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Patients will be the focus at successful pharmacies in 2023. That's the word from our survey of pharmacy technology vendors, which asked for the best ideas for pharmacies in the coming year. Technology will play a role not just in engaging with and building services for patients, but in creating the right environment for pharmacy staff to do so. That's because staff will still need to attend to a wide range of other tasks, from the typical, like filling prescriptions, to developing demands, such as those from regulatory requirements and market pressures from payers.

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## PATIENT ENGAGEMENT AND SERVICES

Jude Dieterman, CEO of Transaction Data Systems, puts patient engagement at the top of the list for pharmacies in 2023. "Given the need to diversify and maximize revenue in this shifting economy," says Dieterman, "pharmacies must reset on their patient engagement strategies. Patient loyalty and outreach are not enough to fully amplify ROI [return on investment]. You will need to engage patients through targeted interventions and MTM [medication therapy management] to maximize therapy, maintain adherence, and ultimately improve outcomes." As Dieterman rightly points out, adherent patients provide a steady prescription stream. And then that steady engagement with patients can create further revenue opportunities. "Thanks to integrated paid clinical opportunities," explains Dieterman, "pharmacies can benefit from a direct line of sight to the total compensation available for retaining, engaging, and maintaining patient care through the pharmacy."

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## EXPANDING SERVICES

Gold Eneyo, Pharm.D., director of clinical pharmacy services for AmerisourceBergen, is another who sees 2023 as the year for independent community pharmacies to focus on increasing patient care services and engaging more with patients to better serve their communities.

"In the past few years, especially with the pandemic, many patients skipped routine screenings and other healthcare services," says Eneyo. But if there's one thing independent pharmacies demonstrated during this time, in Eneyo's opinion, it is their agility and clinical expertise with testing and treating. Pharmacy was successful in providing services for what were often among some of the most vulnerable patient populations.

"Now, pharmacies can and should expand these patient care services to provide more care in the community," says Eneyo, "and they need to be fairly reimbursed for those services."

Eneyo makes the point that pharmacies can tap into patient care opportunities by using their current technology platforms to their fullest extent. Some of the dispensing platforms are integrating patient communications, immunization history, MTM, and adherence ratings.

## BUILDING NEW REVENUE

Randy Hoggle, R.Ph., managing director at Advasur, sees 2023 as the year for pharmacies to optimize the experience gained from their COVID-19 response success. "As a pharmacist I'm proud of what the profession has accomplished over the past couple of years," says Hoggle." And now in 2023, we have to work on creating new revenue." This could mean, in Hoggle's view, making the move into a series of immunization programs and building out medical care programs. But the ability to do this depends in part on being able to focus on these opportunities, which can be hard to do, notes Hoggle, in the face of operational and regulatory challenges such as compliance with Drug Supply Chain Security Act (DSCSA) requirements.

"Pharmacies need to find ways to keep these requirements and the status of trading partners from being complicating and distracting factors," says Hoggle. This will be a real challenge, he notes, considering pharmacy is still waiting for final guidance on enhanced drug distribution security requirements; details on interoperability requirements that are being viewed by the FDA to be mission critical; and clarity from manufacturers on where they're seeing gaps in their ability to prepare that will have downstream effects on dispensers. "This is why at Advasur we've been building out not just an SaaS [software as a service] technology platform to address DSCSA," continues Hoggle, "but we've also created more than 12 services to take the burden off pharmacies and help them focus on building on the impressive work they are doing."

## AUTOMATE MORE TASKS

Kalpesh Patel, manager for IPS Elite, recommends that pharmacies ensure that they automate as many manual processes as they can. Automating with artificial intelligence (AI) and bots will be a key element of the company's software development path for 2023, notes Patel. "This is to allow pharmacies to focus on patient care," he says. Automated warnings and alerts improve patient safety, for example.

And perhaps equally important is how staff can view the data that systems are producing. For example, Patel points to the verification window in IPS Elite, which allows pharmacies to get a complete overview of the patient on a single screen. "When your system automatically pulls all the key information into one window," says Patel, "you are improving decision-making and minimizing errors and miscues."

## LESS INFRASTRUCTURE IS MORE

Jim McDonald, VP of sales for Integra and QS/1 at RedSail Technologies, sees the cloud making a resurgence in 2023, with advantages accruing from technology that minimizes in-pharmacy infrastructure. "Consider entering the cloud-based pharmacy management system environment," suggests McDonald. "This gets rid of servers and eliminates the maintenance and upgrading of hardware. It reduces expenses while providing faster and better, more efficient performance." This has been the focus at Integra as it has brought its new Axys cloud-based pharmacy management software to market. "We designed and built Axys specifically for long-term care and centered it around patient care, while leveraging the cloud to significantly reduce the technology infrastructure pharmacies need to excel," says McDonald. Minimizing the investment in hardware can also open the door to pharmacies building out new services such as medical-at-home or revving up combo shop long-term care (LTC) operations.

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Medical-at-home services are high on the list for 2023 for Rebecca Lambeth, C.Ph.T, director of product development and customer support at Medicine-On-Time. This model, in which patients receive expanded LTC services in the home, rather than in a facility, is grounded in a successful adherence program that uses a combination of packaging, detailed clinical plans that are simple to understand, and scheduling. Lambeth points to adherence programs as critical for succeeding in this area. "A strong adherence program will continue to create growth opportunities for pharmacies," says Lambeth, "especially as traditional long-term care settings are moving to the medical-at-home model." (See interview with Lambeth on page 18 for more on adherence packaging.)

## HITTING REFRESH, DIGGING IN

For Scott Beatty, SoftWriters president, it's not just about adding new features or interfaces to your pharmacy system in 2023 to reach your business goals. In some cases, it's important to keep it simple by capitalizing on the features in your system to their fullest advantage. "This is SoftWriters' philosophy for their LTC pharmacy customers," says Beatty. "Now is the time to review your LTC pharmacy's strengths and weaknesses and develop new strategies to solidify, strengthen, and scale. First, review your pharmacy's basic workflow and software. Consider what's automated, what efficiencies could be unlocked, and what costs you could eliminate."

Once the base is strong, and you know what you do well, Beatty then recommends that you look to leverage what your software already offers to its fullest extent. "For example, in SoftWriter's FrameworkLTC suite," says Beatty, "there is document management, secure messaging, and a facility web portal, to name a few. If you're using these features today, are they fully integrated into your workflow for all your customers? If they aren't fully integrated it can lead to distractions in the pharmacy and make it harder to scale up your operations. If you're not using certain features, consider why not and look at the training and support you might need to get started."

According to Beatty, don't be afraid to start small. Once you know what works well for a smaller client, say 10 beds, it will be easier to scale up. "You take your base and build a process that's efficient — do more of what you're doing and do it better than everyone else," he says.

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IPS Elite is a product of Meditab Software, Inc.

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Kevin Minassian, president of Datascan, is on the same page. He wants to see pharmacies dig deeper into the features they should already have in existing pharmacy software. "We still find it painful to realize how many independents out there are not harnessing the technology offered by PMS [pharmacy management system] vendors," says Minassian, "especially on the patient-facing side. The chains are doing it, your competitors are offering it — so you need to, in order to survive."

Minassian suggests, for example, that you make sure your patients can queue up refills and submit new prescriptions using a mobile application, or schedule their next immunization appointment without having to come in or call the pharmacy.

"It is more automation and less work for you and your staff," he says. You also want to be able to organize day-to-day tasks for staff using queues, and to automate as many as possible — for example, tasks such as making requests to prescribers and reaching out to patients via SMS (short message service) about refills due and prescriptions waiting to be picked up. "And can your patients respond via two-way messaging that auto-triggers events in your pharmacy software?" asks Minassian. "This helps offer patients tremendous convenience while also giving you and your staff less manual workload. This is the future."

Patient care-centered technology gives the pharmacist an opportunity to take a holistic look at a patient's healthcare history, agrees Gold Eneyo: "This allows the pharmacist to determine the level of care that the pharmacy can provide, leading to an increase in patient loyalty and satisfaction."

## A NETWORK OF SOLUTIONS

Eneyo encourages pharmacies to also look to solutions outside of the pharmacy software for additional opportunities to care for patients. For example, according to Enyeo, 2023 will be a prime time to consider how integration of patient care platforms into the workflow will allow the pharmacy to generate additional revenue through medication therapy management and pay-for-performance programs.

And then there are platforms that also allow the pharmacist to engage with patients to select Medicare Part D plans that are affordable for the patient, and also beneficial for the pharmacy. "Patients often do not know which Medicare Part D plans to select," says Eneyo, "and may not know that they may lose their relationship with their community pharmacist by selecting certain Part D plans. By playing an engaged role in the selection of the Part D plan, the pharmacist can preserve a lasting relationship with their patient."

### Quick Read: What Technology Vendors Have in Store for 2023

**WILL YOU BE BUILDING OUT NEW TOOLS TO SUPPORT PHARMACY SERVICES IN 2023?** 100% YES

**WILL YOU RELEASE NEW PRODUCTS AND SERVICES IN 2023?** 100% YES

**WILL YOU ADD MORE INTERFACES IN 2023?** 100% YES

## LEVERAGING CENTRALIZATION

Ally Thomson, VP of marketing for InterLink AI, suggests that pharmacies look at leveraging centralization in 2023. "Independent, multilocation, and health-system pharmacies are facing a lot of challenges these days," says Thomson. "There's increased volume of prescription medication orders; the strain on employees from the amount of time spent on tedious tasks and sacrifices with patients, and in an increasingly limited workspace; and growth in mail-order and home delivery. A central-fill and centralized-service model promises to streamline the process of filling prescriptions for in-store pickup and delivery, while alleviating the burden on retail pharmacy staff and affording more time to spend on patient care." The central-fill element of operations can then be strategically integrated with smart will-call solutions such as InterLink AI's scripClip, according to Thomson.

Thomson offers an example of how one pharmacy is doing just this: Nebraska Medicine has been rolling out its new HUB facility for central fill, central mail, and specialty pharmacy with the priority on streamlining the process of sorting prescriptions, getting them back to the retail pharmacies, and checking them in to will-call without duplicating effort. "Not only does the HUB bring 75% of medication dispensing for four pharmacy locations into one automated facility," says Thomson, "but Nebraska Health has also adopted a centralized services model." This means that, without adding staff, their central teams can handle a long list of critical processes, including pre-verification, order entry, call center tasks, specialty pharmacy management, med access coordination, front-end retail services, and 340B and third-party

analysis, plus dispensing, verification, packing, and shipment. "Their outpatient pharmacy teams can spend more time with patients," says Thomson, "providing medication consultation or on-site clinical services."

## GETTING MORE FROM THE FRONT END

Christine Bloome, content marketing manager for BestRx Pharmacy Software, brought in a perspective on a different part of the pharmacy footprint: the front end. "As profit margins for prescriptions continue to shrink and inflation is driving up operational costs," says Bloome, "pharmacies need to look for other ways to bring in revenue and operate more efficiently. Investing in point-of-sale [POS] software can help pharmacies better manage and grow their front-end sales."

Among the benefits of POS systems, according to Bloome, is the ability to create customizable loyalty programs to encourage repeat business and run sales promotions throughout the year. POS systems also provide robust inventory management tools and reporting. "Pharmacies can save a significant amount of time keeping up with manufacturer pricing changes and tracking their acquisition costs and OTC [over the counter] sales," says Bloome. POS software enhances the customer experience too, she notes, with convenient features like capturing electronic signatures and providing alternative, remote ways to pay for their pharmacy items. "By ensuring the front end of their store is also operating efficiently," concludes Bloome, "pharmacies can add revenue that's not dictated by PBMs [pharmacy benefit managers]."

## BUILDING VALUE IN 2023

It will be no easy task for pharmacies to navigate the ever-shifting currents of the market, while pursuing important goals such as provider status and bringing the fight to PBMs. But if there's anything the past few years have shown, it's that pharmacists will be ready to meet challenges head on and to build on the valuable care provided in their communities and the connections with patients that are the hallmark of the profession. Pharmacy technology providers are working to ensure that pharmacies have the tools they need to get the job done. **CT**


# A New Vision for Adherence Packaging

*Medicine-On-Time's Rebecca Lambeth, director of product development and customer support, talks with* ComputerTalk*'s Maggie Lockwood about her role in the long-term care (LTC) market.*

**ComputerTalk: Tell us how you got started.**

**Rebecca Lambeth:** Long-term care was my passion. I was fortunate enough when I started in skilled nursing, my mentor was a consultant pharmacist. I learned everything that a consultant pharmacist does, whether it was in a skilled nursing, assisted living, or an Alzheimer's unit. And I also learned that when you talk about long-term care, there are many different types of long-term care.

**CT: Once a pharmacy has identified an LTC opportunity, what's next?**

**Lambeth:** What I find is that a lot of times owners who want to add a long-term care business to their pharmacy have jumped into a contract with a long-term care provider and they are frustrated because they haven't set their goals on what they can provide for the facility. I educate pharmacists how to fit it into their current business model, efficiently and cost-effectively. Maybe it's starting out with 10 at-home patients, or a 10-bed residential care facility, just so the pharmacy can get its feet wet.

Rebecca Lambeth
director, product development and customer support
Medicine-On-Time

"I think the most exciting part about the C.A.R.E. package and Medicine-On-Time is the vision we have."

**CT: What are your primary recommendations?**

**Lambeth:** You have to have a business plan: know what's cost-effective and what you can do realistically. You should review your hours, staffing, the medications you carry, and your budget. It may be more cost-effective for the pharmacy to use a technician rather than a pharmacist for a lot of the work. Do your research on state pharmacy board regulations. And it's crucial to have everyone support the initiative. One thing I suggest is a bonus structure, which means everyone will benefit from the work that goes into making an adherence program successful. I read recently that $265 billion will be spent in long-term care in the next three years. When you look at that number, it's really an exciting time to be in pharmacy.

**CT: You took your LTC pharmacy development expertise to Medicine-On-Time. What have you focused on there?**

**Lambeth:** One area I'm following closely is medical at home. There are limitations on how the staff can handle medications. Or they don't have the time to package unit dose at the home. We wanted to streamline the administration process and make it as error proof as possible. When we developed our C.A.R.E. package, what we had in mind was a product that anyone can easily use. Everybody knows what a multidose package is, but what can we add to that? And it is this C.A.R.E. package with a care plan that provides all the details, from appointments to notes from the provider.

The packages are flexible for supplies of 28 days or 30 days or only seven days. Our software is flexible and can schedule based on what insurance will cover.

**CT: Share a little about the software and how it supports adherence programs.**

**Lambeth:** You can run motNext [Medicine-On-Time's adherence software] as standalone software or you can interface it with your pharmacy system. You will find that motNext is very robust if you have a complicated prescription, since it takes guesswork out of medication regimens and varying dose-capacity needs. motNext also has a workflow calendar that's designed to organize patient cycles and makes it easier to be proactive in handling volume. That can make a difference in adherence programs. You can now manage workflow right in the software. We also offer drug forecasting, which reduces the need to keep those high-dollar drugs off the shelf until you need them.

**CT: What are the usual frustrations around building adherence programs?**

**Lambeth:** The truth? The number-one frustration is that the pharmacy owner or pharmacy manager is gung-ho to start a medication adherence program but hasn't discussed it with any of the staff. Training and staff buy-in are very important so they understand it's a good thing. And there's the bigger picture about why this is so important for the pharmacy.

**CT: It's great to hear you're so optimistic.**

**Lambeth:** I think the most exciting part about the C.A.R.E. package and Medicine-On-Time is the vision we have. For me, I've seen it be so successful with the pharmacies I worked with. Really, we need to get the word out to pharmacies that there is this huge opportunity that I think we have never seen before. **CT**

*See the entire interview at wp.me/p9LtTd-4WP*

# SoftWriters: Giving LTC Pharmacies the Tools to Compete

*With his company's focus on long-term care pharmacy, Scott Beatty, president of SoftWriters, talks with* ComputerTalk *Publisher Bill Lockwood about what SoftWriters is doing to give pharmacies a competitive advantage in this market.*

**ComputerTalk: What strengths does SoftWriters bring to this market?**

**Scott Beatty:** We enable our customers to strengthen and scale their businesses with the most robust, configurable, and interoperable solutions available for long-term care [LTC] pharmacies. Our laser focus on LTC helps us to deliver a platform that scales for the unique needs of our customers and partners.

**CT: Tell us about recent enhancements to your platform that benefit pharmacies serving long-term care facilities.**

**Beatty:** SoftWriters is in it for the long term. We take a broad view of the needs across our industry and design roadmaps that deliver optimal value to our customers. In the last two years, we have launched three new products and hundreds of new features while always investing in our core platform, FrameworkLTC. Our two newest products, FrameworkVision and FrameworkRxP — both cloud based — have allowed us to bring incremental value reliably. Additionally, vaccine management helps to solve multiple problems seamlessly. From IIS [immunization information systems] registry and reporting capabilities through reimbursement challenges for first dose and boosters, our nimble delivery to hundreds of pharmacies demonstrates the value of laser focus on LTC.

"SoftWriters is in it for the long term. We take a broad view of the needs across our industry and design roadmaps that deliver optimal value to our customers."
– Scott Beatty

**CT: Tell us more about the partnerships with other companies.**

**Beatty:** SoftWriters has a long history of partnering with other technology companies that advance our industry. Despite having more than 100 integrations, we are always seeking new partnerships that solve critical issues facing LTC pharmacies. The latest example is our partnership with Mediprocity. Working with them, we were able to integrate secure messaging into FrameworkECM and FrameworkVision, which has unlocked even more efficiencies for our customers.

**CT: The theme of your recent customer conference was solidify, strengthen, and scale. What was the important takeaway here?**

**Beatty:** The most important takeaway from this year's User Conference would be to continue to focus on the core tenets of your pharmacy. Do more of what's working, do it better than your competitors, and then once it's dialed in, scale it to allow for sustainable growth.

**CT: What is the competitive advantage SoftWriters offers pharmacies?**

**Beatty:** The FrameworkLTC platform gives pharmacies the ability to carve out efficiencies and makes their processes easier, more effective, and less costly. At the end of the day, we reduce errors and enable sustainable long-term growth.

**CT: Let's hear about your background.**

**Beatty:** Prior to joining SoftWriters, I discovered my passion for building businesses and leading growth companies. I applied this within small and large companies across multiple industries. What attracted me to SoftWriters was the opportunity to serve our customers, who serve the most vulnerable patients in the country. Since I joined SoftWriters in 2016, we have more than doubled in size while building the process-capabilities and talent maturity to serve our customers for the long term. Since 2020, I have served as the president at SoftWriters, supporting our teams as we continue to lead the LTC pharmacy management space and solve the complex issues facing our industry. **CT**

# Micro Merchant Systems: Making Community Health the Focus

*Bill Lockwood, publisher of* ComputerTalk, *talks with Ketan Mehta, CEO of Micro Merchant Systems, about the new focus of the company that is centered on increasing the value of pharmacists in their communities.*

**ComputerTalk: Let's begin by hearing the reasons behind the new mission of the company.**

**Ketan Mehta:** Helping pharmacies build healthier communities through cutting-edge innovation.

**CT: What specific tools do you provide to free up time for pharmacists to do a better job of improving outcomes?**

**Mehta:** Pharmacists' time is most well spent when they are actively using appropriate tools and technology that can help them improve patient outcomes. Let me try and provide a few examples as to how we help pharmacists free up their time so that they can help their patients with better health outcomes.

We provide automation throughout the Rx-filling process that reduces that effort to a few seconds. This has been our strength throughout the years. We take pride in performing one-click functions that allow them to fill prescriptions in the least amount of time required. The system automates their refill queues, adjudication, and exception handling so that the pharmacy team never misses a refill or a follow-up with a patient and/or caregiver.

"The customer is at the focus of everything that we do. It has never really been anything else. It is as simple as that."

– Ketan Mehta

Patients now expect information at the tip of their fingers. We have automated patient engagement features in the system that allow pharmacists to communicate with the patient as they go through their workflow, without the actual need of calling. The patient engagement is not limited to notifications but is truly a two-way communication that allows the pharmacy to send dose reminders, refill reminders, and pickup notifications, and to capture consents, remote signatures, and even copays by sending text messages in a secure manner to the patients. The entire communication channel is saved within the system. This is saving time, and at the same time, keeping effective communication with the patient.

For pharmacists to do their job effectively and give appropriate guidance to patients, they need access to clinical data, the ability to record prescriptions that are being filled outside of their pharmacy, and the ability to do complete DUR [drug utilization review] on the patients' local and external profiles. Care plans are readily available that go beyond prescription filling.

We provide integrations to all the various tools that a pharmacy needs to save time. For example, we provide integration with states that allow the pharmacy to view consumption of controlled meds by a patient before dispensing a control drug. We offer integration with companies that print Braille labels for patients with vision impairment.

We support various languages for dosage directions and patient counseling. Our software also supports video-based counseling.

We provide access to PBM [pharmacy

benefit manager] data through real-time prescription benefit services, which allow the pharmacy to get a better understanding of what is covered and how to reduce the patient's copay, thus facilitating better adherence, and to know ahead of time which drugs require a prior authorization or can be substituted for drugs that don't require one.

We offer a prescriber validation service that validates whether the prescriber is active or not and can prescribe a class of drugs in a state, thereby ensuring that we are saving the pharmacists thousands of dollars in audit costs and saving time as well.

I have countless other examples. Saving time and making operations more efficient, avoiding dispensing errors, and providing access to tools that facilitate adherence and positive patient outcomes are at the core of every decision we make within our company.

"Imagine if all you needed to operate your pharmacy management system is simply the internet and a browser, what the possibilities are. We think they are endless, and that is where we are headed."

**CT: Streamlining a pharmacy's workflow can have many benefits. What have you done here to improve workflow?**

**Mehta:** We have two flavors of our workflow: the basic workflow, which most pharmacies will use, and the custom workflow that can be truly customized based on the pharmacy's staffing levels. No two pharmacies are alike, so why should they all have to follow one workflow? We allow them to draw their workflow on paper and we mimic that exact workflow within our system. Then, within the defined workflow, we allow for various automated transitions that let the script be taken from one workflow step to another based on certain events that are captured, documented, and made available for reporting purposes. Not only is the workflow customized, but various actions resulting from a step or an event within the workflow are also automated, which includes notifications to the patients, syncing delivery or shipping services, or automating data feeds. The entire process can be as simple or as complex as needed, which is why it allows various dispensing practices within specialty or health systems to adapt to the system more effectively.

We also provide task managers, where certain tasks can be allocated to various departments or employees. The workflow and the task managers are customized and automated. This is one of the advantages of PrimeRx that can help simplify the business processes into an easy-to-follow workflow.

**CT: It appears, from what I have heard, that Micro Merchant Systems is doing a good job in helping to improve a pharmacy's financial health. Can you give us specific examples?**

**Mehta:** One of the things that we are well aware of is that although pharmacies use PrimeRx with all its rich clinical data, analysis, and integrations, at the end of the day a pharmacy is also a business that needs a positive impact on its bottom line.

Pharmacists go to school so they can learn the best way that they can help patients reach their health goals. They are rarely coached on the business aspect of running a pharmacy, which is where PrimeRx can really help them.

To begin with, we can capture the cost of the medication. This allows us to provide appropriate alerts if the pharmacy is being paid under cost, and at the same time, we can provide a profit and revenue report as well. In the current environment where there are cuts in reimbursement, we allow the pharmacies to look at patient profitability as a whole, rather than just the profit on one particular script.

We even allow the pharmacy to define their DIR [direct and indirect remuneration] percentage for brands and generics and we show them the assumed DIR fee so that they know what the profit would be before and after that clawback.

Determining profit and revenue is one thing, but using data to forecast where you could generate more revenue is even more thought-provoking. We show them analytics on their patient population and the kind of therapies that are being dispensed in their pharmacies so that they can provide more training to their staff, which in turn will allow better patient care, which generates loyalty. It is important to retain the

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patients, and we have many tools to do just that.

We also offer integration with vendors that provide reconciliation services to keep track of receivables. We make copay collection a breeze — whether it is the traditional method of a patient walking into a pharmacy and using the credit-card tap or newer methods that were introduced during COVID-19, where we offered a remote and touchless Click2Pay option so that the patient can receive a text and pay on their own device using a secure mechanism. In short, we track revenue to the penny, to ensure that payments from payers are received.

**CT: Now tell us a little about yourself — your background and the number of years you have been with the company.**

**Mehta:** In one line, I can say that I am a servant leader, and that reflects in my management style as well.

I have been with the company for close to 25 of its over 30 years of existence. I started from the ground up by providing technical support to pharmacies, working behind the scenes in application design, data analytics, and database maintenance, then becoming the face of the company at tradeshows, and ultimately doing business development to grow the company and gather an excellent team of professionals. I may have learned software development and engineering in school, but everything I learned about business, and healthcare IT, I learned within the company and under my mentor, the late Mr. Akbar Merchant, who was the founder of the company.

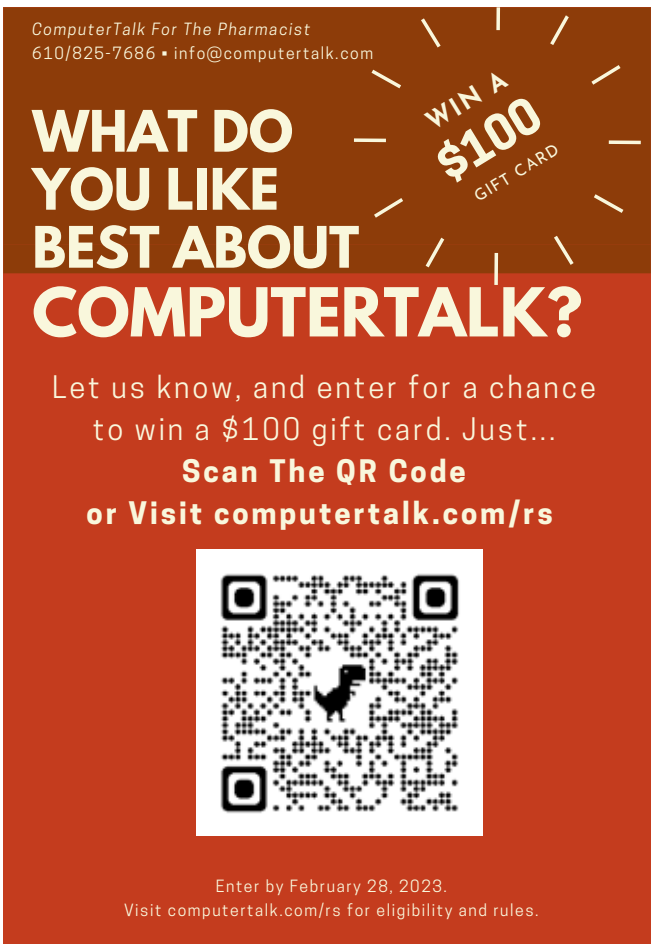
We never really sold anything. We simply kept our ears open and let our creativity fuel the needs of the customer, and we have been growing organically mostly because pharmacies appreciated what we brought to the table, and they relied on us knowing that we would always do the right thing. We have been fortunate to have an excellent group of individuals who have focused their entire energy on servicing our pharmacies. The customer is at the focus of everything that we do. It has never really been anything else. It is as simple as that.

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

**Mehta:** The only thing that I would like to add is that if you think of our products, I am certain that you will find unique ways to make a pharmacy audit proof, efficient, and profitable. We still feel excited with creative thoughts and ideas. Our years in business have made us smarter, more agile, and focused, which ultimately is something that benefits our clients.

We are known to be innovative. Look for us in the very near future as we once again use technology to revolutionize our platforms as we move from the now Windows-based solutions to browser-backed, power-packed pharmacy management systems, which will let the pharmacists and their staff take the care to the patients instead of getting the patients into the pharmacy.

Imagine if all you needed to operate your pharmacy management system is simply the internet and a browser, what the possibilities are. We think they are endless, and that is where we are headed. **CT**



# The Cures Act and Information Blocking

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

**WHILE THERE IS LITTLE AGREEMENT COMING** out of Washington, D.C., the last several years, that hasn't always been the case. In fact, a significant piece of legislation received overwhelming bipartisan support in 2015 and was signed into law in December 2016. Like other large pieces of legislation, the 21st Century Cures Act (Cures Act) included components that addressed several distinct — but related — aspects of healthcare in the United States. For example, the Cures Act was enacted to advance medical product development, bringing innovations to patients faster than before. Related, the Cures Act aims to bring patients' perspectives into medical product development. Other aspects of healthcare are also included in the Cures Act, but in this column, I focus on those aspects of the act that address the sharing of health information.

Specifically, I will explore the information-blocking aspects of the Cures Act that fall under the purview of the Office of the National Coordinator for Health Information Technology (ONC). Consistent with traditional processes, a public comment period was held after the Cures Act was signed into law. After comments were submitted, considered, and acted upon (when necessary), the ONC released the Cures Act Final Rule in June 2020. Also consistent with traditional processes, the ONC provides (and commonly adjusts) a timeline for health information technology (IT) vendors to bring their heath IT systems in compliance with published standards. In terms of information blocking and related regulations, the current timeline can be found here: www.healthit.gov/topic/certification-ehrs/conditions-maintenance-certification.

> While pharmacy may not be center stage in most information-blocking discussions, pharmacists should remain aware of the law, and pharmacy IT vendors should also monitor the law's impact on future product development and functionality

But in the realm of health information and the Cures Act, what is information blocking? According to the ONC, information blocking occurs when a practice limits "access, exchange, or use of electronic health information." The Cures Act applies information-blocking standards to multiple groups, also referred to as "actors." For health IT developers, health information networks, and health information exchanges, the standard focuses on whether these groups know (or should know) that a specific practice is likely to limit access, exchange, or use of electronic health information. For healthcare providers, the standard focuses on whether the providers know the practice is unreasonable and likely to limit access, exchange, or use of electronic health information: (www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-171/subpart-A/section-171.103).

## PATIENT ACCESS PRIORITY

***ComputerTalk* readers who were in** practice prior to the early 2000s will remember the incredible efforts that began around 2004 to transition the U.S. healthcare system to an electronic information environment (i.e., electronic health records). That ongoing, multibillion-dollar effort primarily focused on providers' and healthcare institutions' use of electronic systems to manage health

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information. As that work progressed to advanced uses of electronic health information and projects like OpenNotes demonstrated the value in patients' access to their health information, an increasing amount of attention has been placed on patients' access to their own health information. Considering the two primary electronic health information user groups, it should be apparent that both healthcare providers and patients can be subject to information-blocking practices. As an example, providers can be subject to information blocking when (unsuccessfully) trying to access a patient's information from another provider. Patients can experience information blocking when they are unable to access their electronic health information or experience unnecessary delays accessing their information.

The Pharmacist eCare Plan should be an important component of pharmacy's participation in information sharing, and the Pharmacy Health Information Technology Collaborative is guiding those efforts.

In philosophical and practical terms, information blocking does not align with today's focus on team care and engaging patients in their own care. In fact, a core benefit of the United States' transition to electronic health information is providers' ability to quickly access relevant patient data, even if the data is not created in their practice setting. For patients, the ability to access their health information represents a significant shift in their ability to engage the healthcare system.

As the quest for electronic health records I described focused on providers and healthcare institutions, today's discussions surrounding information-blocking also focus on those groups' information-sharing practices. This makes sense, as much of a patient's healthcare data is generated in healthcare facilities (i.e., hospitals, clinics, etc.) and in their primary care provider's clinical information system. Additionally, the certified health IT systems and health information exchanges/networks specified in the Cures Act are the primary mechanisms by which electronic health information is shared. It is worth noting, however, that the Cures Act definition of "healthcare provider" includes pharmacist and pharmacy. This may cause some concern among pharmacists, but it can also be viewed as another avenue to engage patients. The Pharmacist eCare Plan should be an important component of pharmacy's participation in information sharing, and the Pharmacy Health Information Technology Collaborative is guiding those efforts.

At this time, the important date was Oct. 6, 2022. This is when the law granted patients full digital access to their health data. In other words, access to all data was required by this date. Future deadlines in 2022 and 2023 specify HL7 FHIR API compatibility and data export functionality requirements. As many may anticipate, a subset of motivated patients will take the steps to learn how to access and use their data. A larger group of patients will desire access but will not have the knowledge or skills to do so, unless they have help. This has created a business opportunity for IT companies to create software tools to help patients navigate the process of accessing their health information.

Finally, it is worth noting that the ONC has established eight exceptions for the three groups of actors (i.e., providers, IT developers, and health information networks/exchanges). If an actor's activity falls into one of these eight exceptions, the activity will not be considered information blocking. The eight exceptions fall into two categories: 1) exceptions that involve not *fulfilling* requests for information, and 2) exceptions that involve procedures for *fulfilling* requests for information. The ONC provides specific criteria for each of the eight exceptions and can be accessed here: www.healthit.gov/sites/default/files/page2/2020-03/InformationBlockingExceptions.pdf.

As we wrap up 2022, requirements, deadlines, and expectations for the information-blocking provisions of the Cures Act have become clearer. Less is known about enforcement of the law. While pharmacy may not be center stage in most information-blocking discussions, pharmacists should remain aware of the law, and pharmacy IT vendors should also monitor the law's impact on future product development and functionality. **CT**

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# A Blank Canvas: Prognostications for 2023

**Don Dietz,** R.Ph., M.S.,
**Melissa Krause,** Pharm.D.

**DID YOU KNOW THAT NEARLY EVERY MAJOR** paint company announces its prediction for the "color of the year" — and they all choose different colors? For example, the paint company Behr has named its 2023 color of the year to be a shade of warm neutral called "Blank Canvas." This concept of a blank canvas seems like a fitting theme for a new year and for predicting what is to come for the world of pharmacy. Here we'll describe how the intersecting palette of pharmacies, pharma, and payers may look in 2023.

## RETURN TO PRE-COVID-19 STATE

**Experts advise pharmacies to examine their 2022 and** even 2021 sales figures with COVID-related sales carved out to better predict the state of business in 2023. As we transition from government to insurer pay for COVID vaccine boosters and therapeutics, it will be important to track how patient demand for these products and services changes. Interest in COVID vaccine boosters is already waning; some statistics show that while 171 million doses were available, only 5 million were administered. This is not to diminish the importance of these products both to patients and to pharmacies; however, if trends continue in the direction they are headed, 2023 sales will look markedly different from those of 2021 and 2022.

## IMPACT OF INFLATION

**We anticipate much larger brand price increases in 2023** compared to past years. This is directly linked to inflation rates of over 8% in 2022, which is the highest we have experienced since 1981. Brand manufacturer price increases have been held somewhat in check due to their formulary rebate agreements with larger payers and PBMs (pharmacy benefit managers).

Within their manufacturer rebate agreements, PBMs and payers have negotiated terms that require manufacturers to increase their rebate payments when drug prices are increased by more than the inflation rate (usually based on the consumer price index, or CPI). In 2020, the CPI was 1.2%, and in 2021 it was 4.7%. As an example, this meant that if the manufacturer increased its price for a drug product by 6.7% in 2022, based on the 2021 index, PBMs and payers had to increase their rebate to the manufacturer by that 2% point amount that was greater than the CPI increase.

With an 8.6% projected CPI for 2022, pharmaceutical manufacturers can increase their drug prices by 8% without invoking this CPI index clause. We expect that pharmaceutical manufacturers have been impacted by inflation similarly to other industries and will increase prices accordingly. With less rebate impact due to this high CPI factor, manufacturers will only be financially impacted for their rebateable drugs if they increase their prices by over the 8.6% CPI amount.

As pharmacists, we can anticipate an increase in brand drug costs that we purchase from wholesalers. Patients enrolled in high deductible health plans, or those with percentage co-insurance (e.g., specialty drugs), will experience the impact on their next prescription after the price increase is announced. This is another challenge for pharmacists to manage in 2023.

One provision of the Inflation Reduction Act (IRA) requires drug manufacturers to pay a rebate to the federal government for brand drugs and biologicals covered under Medicare Part B and nearly all covered drugs under Part D, if prices increase faster than the rate of inflation. Other provisions of the IRA that also go into effect in 2023 are reductions in Medicare beneficiary out-of-pocket cost sharing. This includes limiting Medicare beneficiaries' out-of-pocket cost sharing for insulin products, capped at $35. It also eliminates cost sharing for

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adult vaccines covered under Part D. Thomson Reuters EBIA has commented that since the IRA does not include comparable provisions for commercial/private plans, there is "some concern that reduced costs for Medicare enrollees will result in increased costs for employer plans and participants as price increases are shifted to private plans to make up for lost revenue." Essentially, in addition to price increases due to inflation, commercially insured patients, plans, and employers may see higher costs due to this shift of cost sharing away from Medicare beneficiaries.

## RESPONSE TO PBM/PAYER CONTRACTS

**In 2022, we've seen pharmacy** reimbursement rates continue to become more aggressive. Kroger drew a line in the sand over one PBM contract. The supermarket pharmacy chain is exiting the Express Scripts commercial network for 2023, including Tricare. This type of pharmacy response to PBM pressure was last seen about a decade ago when Walgreens battled Express Scripts over similar concerns. The difference this time around is that, as a supermarket, Kroger relies less on its pharmacy sales to support the overall business, as compared to a traditional retail pharmacy chain. It's possible that supermarket and/or mass merchandiser pharmacies may decide that with only 5% to 10% of their sales coming from pharmacy, they feel more comfortable taking a risk exiting a PBM contract. In comparison, a traditional pharmacy chain obtains about 70% of its sales from prescriptions, while prescriptions account for about 93% of an independent pharmacy's sales. Time will tell whether Kroger stays out of the Express Scripts network, and whether other pharmacies will join them in declining the 2023 contract.

## URGENT/EMERGENCY USE WITH NO COPAYS

**UnitedHealthcare has announced** that in 2023, its fully insured plans will cover medications used for specific health emergencies, with no patient copays. These products include albuterol inhalers for asthma, epinephrine injections for anaphylaxis, glucagon for hypoglycemia, and naloxone for opioid overdose. Their approach is to offer these products at no cost to the patient with the hope of helping patients and reducing emergency room visits, which may save both the patient and UnitedHealthcare money overall. Will patients increase their utilization of these medications if they are getting a "free lunch"? Will we see other payers take this approach?

Insulin is also described as being part of the UnitedHealthcare $0 copay offering. This product stands out among the others, as it is used as a maintenance therapy for patients with diabetes, whereas the other products described above are typically used on an "as needed" basis.

This could create an interesting dynamic of varying levels of patient copays for drugs, based upon the level of urgency around their use and documented financial benefit of therapy. A potential extension of this logic could be tier copays based on successive levels of benefit, such as emergency/urgent use, chronic disease maintenance therapy (life sustaining), symptomatic disease management (life improving), and lifestyle medications.

Lastly, while we saw the first interchangeable biologic (insulin glargine-yfgn) introduced in 2021, in 2023 we will see the availability of the first interchangeable biosimilar for the blockbuster drug HUMIRA. Several biosimilars have been approved for the product, which will prompt physicians, pharmacies, and payers to evaluate how to select which of the adalimumab products will be prescribed, dispensed, and placed on the formulary for reimbursement. We've discussed previously how health information technology systems are in the process of being updated to accommodate the availability of interchangeable biologics, and in 2023 we will see that transition play out. It will be interesting to see how payer coverage, as well as acceptance by physicians, pharmacists, and patients, impact the use of the various HUMIRA biosimilars as they become available.

To recap, 2023 will bring changes in pharmacy business, drug prices, payment models, pharmacy participation in PBM networks, benefit designs, and biosimilar use. Rather than a "blank canvas," maybe 2023 will be a year to embrace a bold and self-aware approach like the paint company Backdrop. That company's choice for color of the year? It's been described as a bold, sunny hue they've titled… "Color of the Year." **CT**

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# Favorable Trends for Independents

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

## NOT SURPRISINGLY, PHARMACISTS

continue to make a huge difference in patient health through the immunizations and services they provide. The National Community Pharmacists Association (NCPA) released its 2022 *NCPA Digest* at its annual meeting in Kansas City, Mo. The 2022 *Digest* provided an overview of the independent community pharmacy marketplace in 2021. The numbers show an increase of per-store prescriptions to 63,228 — an increase of 5,550 over 2020 — and sales reaching $78.5 billion among the market's 19,479 pharmacies as of June 2022 (34% of retail pharmacies). The authors attribute much of the increase to COVID-19 vaccinations and a rebound of consumer buying after the pandemic lockdowns ended.

As of Nov. 2, 2022, more than 281 million doses of COVID vaccine have been administered and reported by Federal Retail Pharmacy Program participants in the United States. The National Association of Boards of Pharmacy (NABP) reported in late October that more than two out of three COVID vaccines were administered in pharmacies. The 2022 *NCPA Digest* reports that 77% of pharmacies provided non-flu immunizations and 89% provide flu immunizations. Additionally, the number of pharmacies providing point-of-care COVID testing increased to 42% from 32% in 2020. Gross profit margin rose to 23.3% from 21.9% in 2020, again attributed to the COVID vaccines provided for by the federal government. Average sales per location reached $4,031,000, up $571,000 from 2020, with a 76.7% cost of goods — lower than the 78.1% in 2020, and a number not seen since 2012.

Other trends accelerated by the pandemic include home/work prescription delivery, now offered by 75% of the respondents, up from 70% in 2020. The *Digest* reported that curbside service, appointment scheduling (offered by 44% of respondents), and other practices are becoming permanent in many sites. Participation in the Community Pharmacy Enhanced Services Network (CPESN) has also increased, as I wrote about in my last column.

## STEPPING UP SERVICES

**Patient care services continue to grow, with 96% of** respondents offering medication synchronization, 94% offering adherence services, 80% providing medication therapy management, 59% offering blood pressure monitoring, 55% providing compounding services, 35% providing diabetes training, 26% offering smoking cessation services, 11% providing asthma management, 10% providing weight management, and 9% offering lipid management services. A wide variety of patient care products are also offered, including wound care (87%), compression socks and hosiery (76%), hemp-based products (66%), smoking cessation aids (64%), ostomy supplies (30%), diabetic shoes (25%), and hearing aids (6%).

These services may be key to why 85% of Americans prefer to get their prescription from a local pharmacy rather than via mail order, saying their local pharmacist "knows me better" or "answers my questions," according to the *Digest*. Many people would not have ready access to pharmacy services without independent pharmacies, as 80% of these pharmacies are serving areas with a low population.

Often, practice modifications are needed to provide these services. CLIA (Clinical Laboratory Improvement Amendment) waivers are held by 61% of the respondents, nearly a 10% increase from the year before. Forty-three percent operate under collaborative drug therapy agreements, 37% contract with a nonpharmacy healthcare professional, 16% have a clinical coordinator, and 6% offer a community pharmacy residency program. Technologies employed to support this expanding

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array of patient care services and goods include use of point-of-sale systems (93%), automated counter dispenser (67%), interactive voice response systems (60% — up from 48% in 2020), mobile signature capture (52%), and automated dispensing systems (35% — up from 30% in 2020). Emerging technologies include medication compliance packaging robotics (20%), clinical data exchange on a health information network (12%), videoconferencing for pharmacist-patient telehealth visits (8%), remote monitoring for healthcare wearables (4%), and movement into digital therapeutics (1%). Use of social media has also increased.

Slightly more than a quarter of respondents said their finances were "somewhat" or "very" good, while 38% said they were "somewhat"or "very" poor. Staffing shortages were experienced by 76% of respondents during the last six months, and 90% had trouble filling open pharmacy technician positions. Both inflation and drug shortages were reported. I am not surprised.

Providing these services and utilizing technologies can impact the pharmacy finances and labor. Slightly more than a quarter of respondents said their finances were "somewhat" or "very" good, while 38% said they were "somewhat" or "very" poor. Staffing shortages were experienced by 76% of respondents during the last six months, and 90% had trouble filling open pharmacy technician positions. Both inflation and drug shortages were reported. I am not surprised.

Right now, nearly every pharmacy I have been assisting has had shortages of numerous medications, most recently amoxicillin, and over-the-counter cough, cold, and flu products. With many COVID prevention measures no longer being practiced (e.g., widespread masking, hourly counter cleaning, etc.) there has been a surge in flu and respiratory infections, particularly respiratory syncytial virus (RSV). This year's flu season arrived six weeks earlier and is worse than it has been in 13 years, according to data reported by Lena Sun of *The Washington Post* in a story published Oct. 28, 2022. At least 25 states or territories recently have had "very high" or "high" rates of influenza activity, according to the CDC. The CDC estimates that there have been between 2.8 million and 6.6 million flu illnesses from Oct. 1 through Nov. 5, with between 23,000 and 48,000 hospitalizations, and between 1,300 and 3,600 deaths.

This increased burden of illness is what is driving the shortages of amoxicillin and cough, cold, and flu products — there is increased demand, not production problems. I have had desperate parents calling pharmacies to see which ones have amoxicillin — the shortage has impacted all dosage forms: chewables, capsules, and powder for oral suspension. Manufacturers are trying to step up production, and hopefully the shortages will begin to ease soon. From the RSV standpoint, the good news is that vaccines are on the horizon. Both GSK and Pfizer are developing and testing RSV vaccines for patients aged 60 and older and plan to file for FDA approval sometime in the coming year. Pfizer is also studying whether immunizing pregnant people can confer immunity to the fetus. Moderna is in early-stage trials for an RSV vaccine for young children. When these vaccines are approved, they will become another important addition to the pharmacist's patient care product and service toolbox.

In the meantime, I hope you and your families stay healthy during this holiday season. **CT**

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- FDA's Plan with NDCs and Barcodes
- Legislative Update: What to Expect in 2023
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