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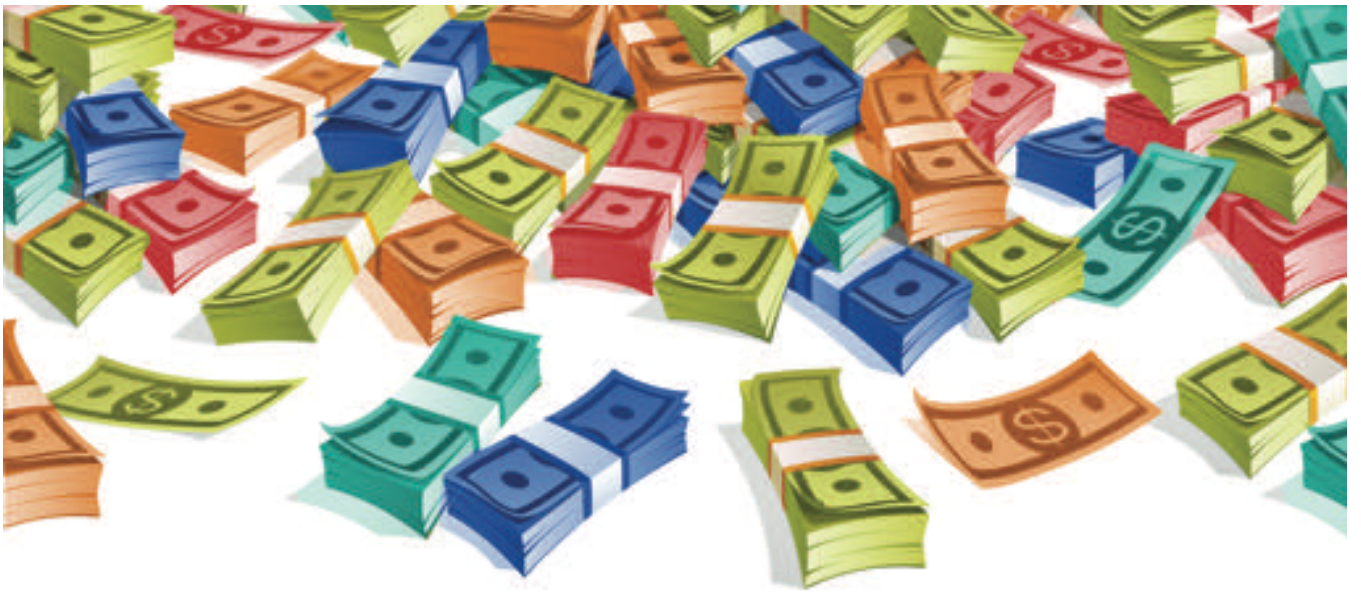

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Ways for Post-acute Care Pharmacies to Boost Revenue

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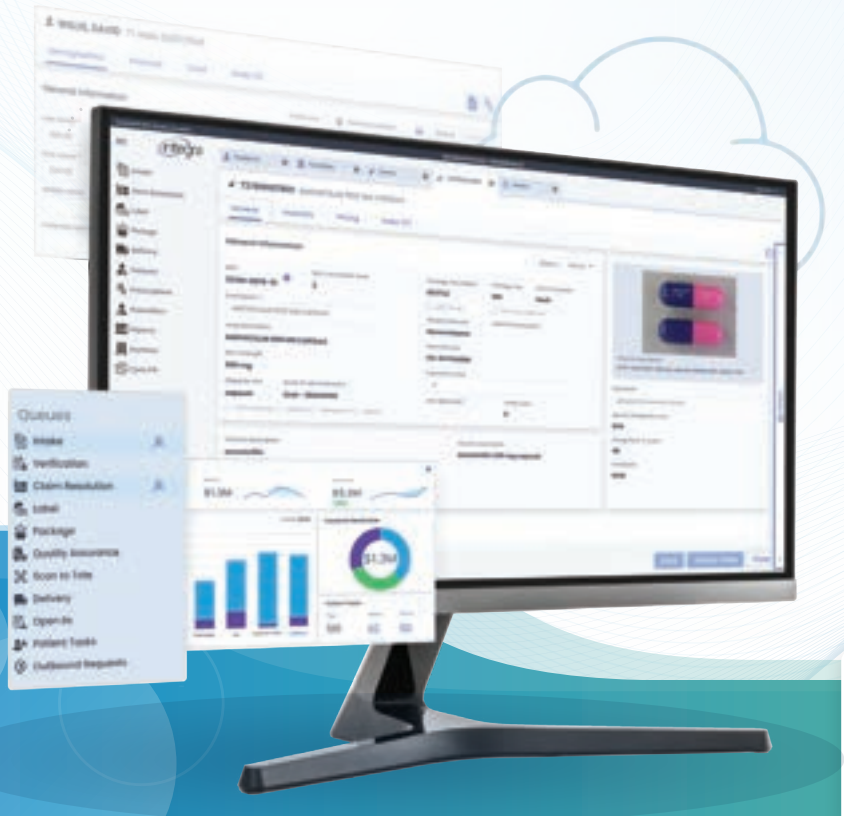

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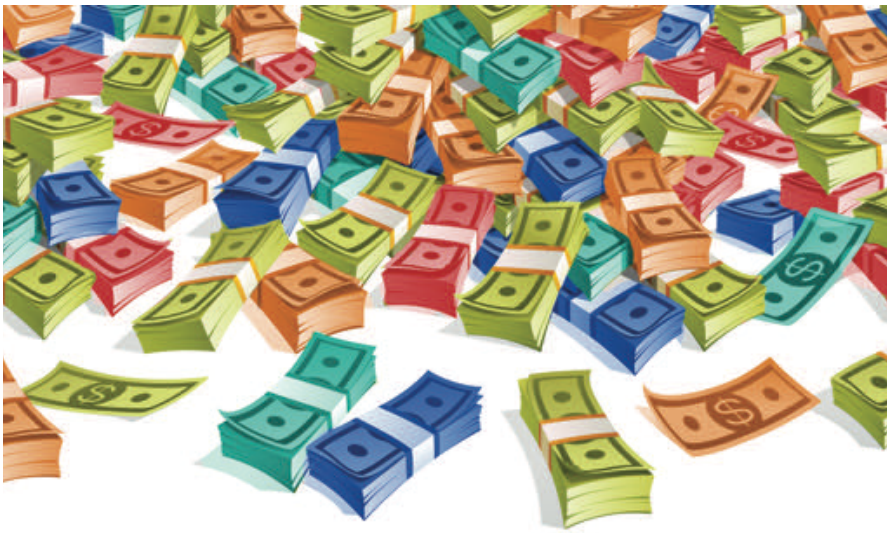

DIVERSIFYING PHARMACY REVENUE

by Will Lockwood

Pharmacies can no longer rely on prescription dispensing as the main source of revenue. But when you have the right staffing and the right technology, you can build new revenue streams. We take a look at three different pharmacies to hear how each has diversified its operations. **Story begins on pg. 11**

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19 Ways for Post-acute Pharmacies to Boost Revenue

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8 Soft Skills: A Major Success Factor

by Bruce Kneeland

The owners of three pharmacies have mastered what management experts call "soft skills." These owners seem to understand that pharmacy is a people business. How well you greet, treat, and respond to people is one of the secrets of success.

9 Perseverance Leads to Outstanding Adherence Program

by Maggie Lockwood

Tim Mitchell, R.Ph., owner of Mitchell's Drug Stores based in Neosho, Mo., knew he had the foundation to improve adherence. His efforts were recognized by the National Community Pharmacists Association when he was presented with the Innovation Center Outstanding Adherence Practitioner Award. Here's his story.

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The Railroads and the Internet

IS THERE A CONNECTION? VERY DEFINITELY. The railroads began in the early 19th century, and it was the railroads that connected the country with its network of tracks that ran east and west, north and south. This drove commerce in the country, connected people, and allowed small towns to grow into major metropolitan areas, such as Omaha, Denver, and Salt Lake City. The railroads are still a major infrastructure industry and the backbone of commerce in the country. That's the reason why Congress recently stepped in to avoid a strike. The internet is an electronic network fashioned after the railroad model. So is the network of interstate highways.

Evidence of the impact the railroads had back in the day was that it took Lewis and Clark more than a year to travel from Illinois to the West Coast. The railroads made it a six-day trip from New York to San Francisco.

The entrepreneurs of the day — Vanderbilt, Harriman, J.P. Morgan, and the like — saw an opportunity and exploited it, making themselves very wealthy. Much like the founders of Amazon, Facebook, and Google with the internet.

With pharmacy, the network for claims processing and adjudication is now part of the fabric of a pharmacy. The internet has changed how prescriptions are delivered to pharmacies. How pharmacies communicate with patients. How pharmacies order supplies from wholesalers.

And now we have the "cloud." This has eliminated the need to manage a computer system in the pharmacy. Less computer gear to deal with. And easier for system vendors to introduce software enhancements and new releases.

Of course, there are risks, and this is where cybercrime factors in. We read about how we should pay attention to the stuff that appears on our computers and smartphones. I find it interesting how people can find ways to exploit the internet for personal financial gain.

The railroad barons of the day found that they could do the same. They were ruthless in taking financial advantage of the monopoly they created. That is, until the federal government stepped in with antitrust legislation.

The internet has clearly changed the playing field in e-commerce and connecting people. We have to thank the railroads for this. **CT**

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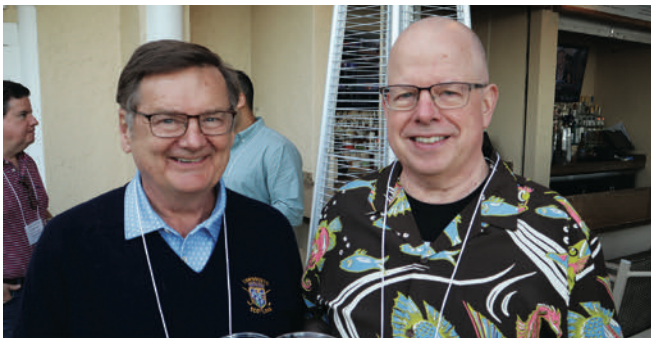
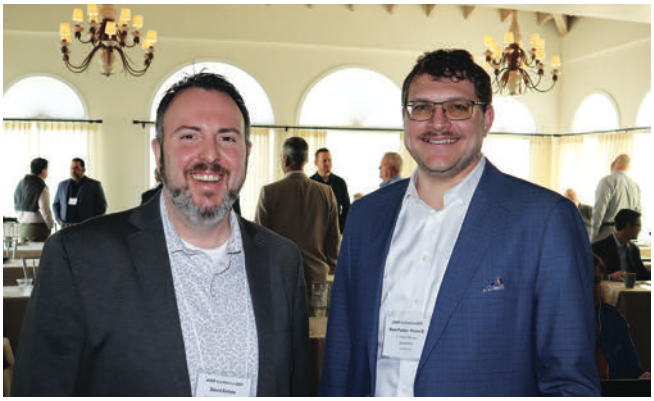
ASAP 2023 Annual Conference

American Society for Automation in Pharmacy members convened in January at the Ponte Vedra Beach Resort Lodge & Club in Ponte Vedra Beach, Fla., a location enjoyed by everyone, for the ASAP Annual Conference. Check out the speakers and topics that were on the agenda at asapnet.org/2023-conference. You can also sign up to receive details on the next Annual Conference, which will be held January 9–11, 2024 at The Don CeSar, St. Pete Beach, Fla.



IQVIA's Doug Long, left, with Surescripts' Ken Whittemore. Long was on the speaker agenda with his annual presentation, "U.S. Pharmaceutical Market: Trends, Issues, and Outlook."

From left, Dawn White and Bob Jones from AmerisourceBergen with Sonny Anderson from RedSail Technologies.

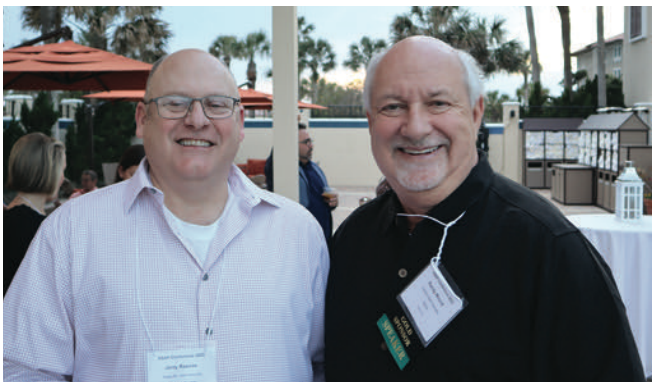


David Sellers from DrFirst, left, and Mark Fulton from SoftWriters.

Greg Nicholas, left, and Jonathan Abrarpour from Empower Pharmacy in Houston, Texas.

From left, Prescryptive Health's Max Klein and Miranda Rochol with Dave Lang from Avery Weigh-Tronix.

From left, Mike Menkhaus from Bamboo Health, speaker Kevin Borcher from CyncHealth, and Jason Penneman from Change Healthcare. Borcher presented on the updates being made to the forthcoming ASAP PDMP Standard Version 5.0.

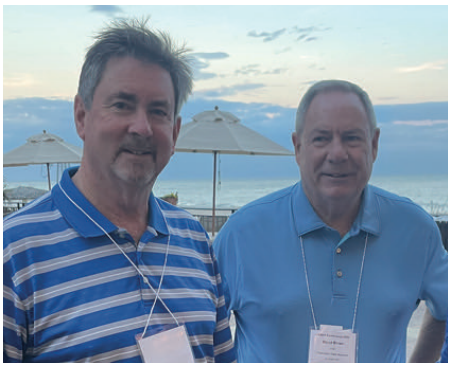


Jerry Reeves from Wolters Kluwer, left, and Randy Mound from IQVIA. Mound presented with Dan Wilmer from InStep Health on "The ABCs of Adding Pharma and OTC Media Opportunities to Your Local Pharmacy."

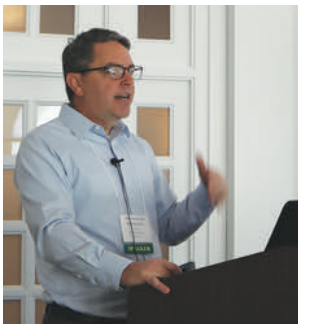
Charlie Painter from Albertsons, right, with Marc Allgood from Change Healthcare.

Kristy Stanley, left, and Lauren Kasle from CoverMyMeds.

From left, Karl Steele, president, American Pharmacy Alliance and David Dixon, COO, Pharmacy Data Network.



At left, Natalie Browning from Bamboo Health was on the agenda with the topic, "Right Intelligence, Right Patient, Right Time," focusing on how states and PDMP programs use patient matching tools to improve program effectiveness and dispensing safety. At right, Marsha Millonig, M.B.A., B.Pharm., president and CEO, Catalyst Enterprises, gave an overview of the five major areas that make up the social determinants of health (SDOH) and the new approaches pharmacies and technology vendors are taking with SDOHs.



Left, Dumbarton Group's Brad Kile spoke on what to expect from Congress in 2023 on topics including drug pricing, PBM and health plan transparency requirements, Medicare Part D, and new reimbursement models. At right, Melissa Sherer Krause, from Pharmacy Healthcare Solutions, presented on the FDA's proposed new format for a 12-digit National Drug Code (NDC) and barcodes.

ASAP thanked its board members completing a two-year term. From left, SoftWriters' Lisa Miller; Prescryptive Health's Miranda Rochol; RedSail Technologies' Sonny Anderson, outgoing president; CoverMyMeds' Charles Brinkley, outgoing vice president; and AmerisourceBergen's Dawn White. Miller will serve as board president for the 2023-24 term. Not pictured is Rite Aid's Jermaine Smith, who will return to the board as vice president.

Soft Skills: A Major Success Factor

by Bruce Kneeland

I TOOK MY 12TH PHARMACY road trip last September. Getting to visit outstanding pharmacies on a pre-arranged and appointment basis is a real treat. While in the pharmacy I get to meet the team that makes the magic happen, take a tour of the facility and then sit and chat with the owner and simply ask, "What are you doing that works?"

I have nothing to sell, I am just there to listen and learn.

The trip I took in September. saw me visit three remarkable, yet very different pharmacies. I drove from Prescott, Ariz.; to Reno, Nev; Chico, Calif.; and Grants Pass, Ore. I was sponsored by PioneerRx pharmacy software and InterLink AI, makers of the scripClip pick-to-light will-call system. Both of these companies have sponsored me in the past.

The purpose of all my trips is to document things pharmacies are doing that help them succeed, and to share these findings with others. On this trip I saw a remarkable cash-only compounding pharmacy. A medical-arts type pharmacy combined with a medical supply store, and a classic full-line pharmacy located on the town's main street and with a large and attractive front end.

Despite the differences in their formats there was one effective characteristic all three pharmacies had. It was the feeling that the people who worked there liked one another and liked serving their patients. Somehow the owners of these three pharmacies had mastered what management experts call "soft skills." These managers seem to understand that pharmacy is a people business! How well you greet, treat, and respond to people is one of the secrets of success.

Janet Bulbutin, Pharm.D., owner of Chico Pharmacy in Chico, Calif., has the kind of smile that just makes you feel glad you have come to visit her pharmacy.

That doesn't mean these owners can slack off on any of the other professional and business issues. If you don't operate an efficient pharmacy, you won't make it either. But efficiency is not what sells. What sells is patient satisfaction, bedside manner, the ability to connect on an emotional level. It is the ability to convey the message that you care about me as a person. That is the key differentiating factor.

This is easy to say but hard to do. Pharmacy schools recruit and train on cognitive skills that emphasize the details of prescription medications. And I am glad they do. The work of filling prescriptions requires the ability to keep track of details and make sure they are done right. Still, as I visit super-successful pharmacies I am struck by the personality, or ambiance, of the pharmacy. Do team members get along with one another and truly understand that the job they do is far more important than putting the right medicine in the right vial and giving it to the right person? Mail-order pharmacies can do that. Community pharmacies need to do that plus treat people right. And the word "people" includes prescribers, vendors, other team members, patients, and even community leaders.

These soft skills are important but hard to measure. And if by chance the owner does not possess these skills then one of the first things he or she needs to do is hire someone who does. This key employee can be the face of the pharmacy. This person can join the Chamber of Commerce, greet new patients, and do the doctor detailing.

The ability to interact with others and get them to like you is one skill all three owners of the pharmacies I visited on my last road trip had. So the takeaway for today is: Build your people skills and you'll grow your practice.

Here's hoping something I said here will help you do more and be better. **CT**

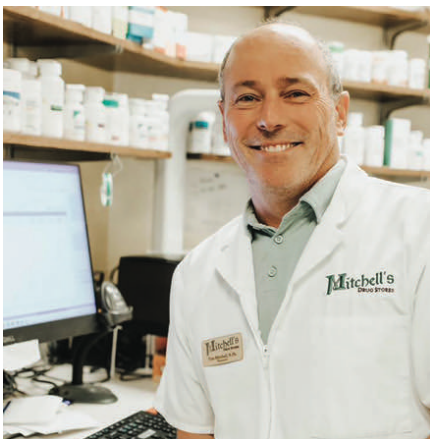
Bruce Kneeland is an independent pharmacy veteran, author, and podcaster. He can be reached at BFKneeland@gmail.com and listened to at www.pharmacycrossroads.com.

Perseverance Leads to Outstanding Adherence Program

by Maggie Lockwood

Tim Mitchell, R.Ph., was recognized as an outstanding adherence practitioner by the NCPA in 2022. Here's how he did it.

IT TAKES A CERTAIN SPIRIT AND VISION TO transform a pharmacy business with new revenue streams. For Tim Mitchell, R.Ph., of Mitchell's Drug Stores based in Neosho, Mo., who was presented with the 2022 the NCPA (National Community Pharmacists Association) Innovation Center Outstanding Adherence Practitioner Award in recognition of his commitment to improving medication adherence, several pieces came together in building medication synchronization and adherence programs — a situation typical for many successful pharmacies.



Tim Mitchell, R.Ph., has focused on building his pharmacy's med sync and adherence programs. He was recognized by the NCPA for his efforts.

As an owner Mitchell has experienced market conditions that have required him to reevaluate his priorities. When he reviewed what was already in place — a central-fill system that supplied maintenance meds to patients, and Dispill and RxSafe's RapidPak for adherence packaging — he realized he had what he needed to increase enrollment in his med sync program.

Mitchell added an appointment-based model along with staff trained as community health workers to the building blocks of his integrated pharmacy system to shift his workflow to med sync. The med sync enrollment is now 55% to 60% of his patients, and his goal is to reach 75%. His adherence packaging program has 200 patients enrolled and another 400 in the medication synchronization program.

BUILDING BLOCKS

The original pharmacy, Family Pharmacy of Neosho, was founded in 1992 and operated inside a grocery store. Mitchell purchased the pharmacy in 2003 and established Mitchell's Uptown Drug Store in 2004. While at one point he had three pharmacies, including one that shared space with a physician who brought a large patient base and allowed for collaboration, Mitchell ultimately moved out of that location and consolidated to two locations — Neosho Boulevard and Downtown. He also offers an infusion pharmacy with compounding and DME (durable medical equipment). The pharmacies employ 30 staff members, including six pharmacists.

At the time there was a central-fill model in place, with many maintenance prescriptions filled at the Boulevard location using RxSafe automation. Mitchell's also offered Dispill blister packaging and RapidPak. A small number of customers were in the med sync program and taking advantage of the adherence packaging. The pieces were there, but Mitchell wasn't quite seeing the traction he wanted.

"We thought, we'll do something innovative and try to decrease our cost to dispense," he says. "We targeted individuals that had prescriptions that were $500 or more. We felt that would help manage our inventory."

Then the COVID-19 pandemic hit, and it became clear that managing patients' refills through a med sync program made a lot of sense. Using his pharmacy system and the RapidPak adherence packaging, he began moving patients to the program.

Mitchell identified 10 patients each week who would be a fit for

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the med sync program. "Most of these people had expensive meds, as well as seven to 10 meds," he says.

It took about six months to get comfortable with the workflow. What started as a paper system is now totally digital. A technician or trained community health worker contacts patients to review their medications and check on adherence. If there are gaps, Mitchell's staff contacts the physicians and helps with prior authorizations or finding a patient assistance program.

"The workflow started to manage itself," says Mitchell. "The RapidPak and the pharmacy system have been key to smoothing this out. Now we've got four or five technicians who are focused on medication synchronization, and I told them that anytime someone is moved to maintenance medications, they will go into the med sync program."

EFFICIENCY AND COST SAVINGS

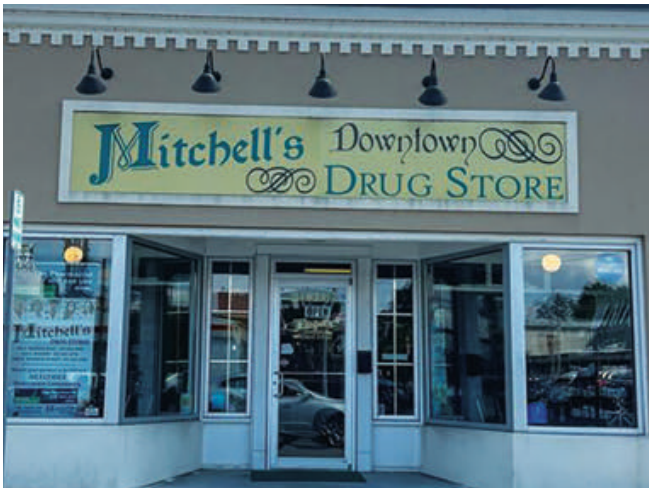
The central-fill model, which was in place to supply his multilocation retail pharmacies and a long-term care business, became a key part of building the adherence program. Central fill also enables Mitchell to better manage his inventory and staff hours. As he looked to enroll patients in the med sync and adherence programs, he saw the benefits of predicting what medications they would need.

The appointment-based model associated with med sync programs lets staff evaluate when they need to re-order specific medications. "What's great about our pharmacy system is you can see what's in the sync queue each day," says Mitchell. The inventory decreased by $150,000 at his stores for a total between $600,000 and $650,000.

THE HUMAN ELEMENT

Counseling patients is part of the process too. There is a learning curve for patients to understand the benefit of getting a call each month and reviewing any changes in their medical history or their prescriptions.

On his 30-person staff Mitchell has several people trained as community health workers. Their understanding of the social determinants of health (SDoH) has been helpful in creating a full picture of the patient. The staff will touch base and ask questions to get to the reason a patient missed a refill pickup, for example. Everything is documented to track the patient's progress and make adjustments to the care plan as necessary.



Mitchell's Downtown location, above, and the adherence area at the Boulevard location, below. Mitchell has set a goal to enroll 75% of his patient population in his med sync programs.

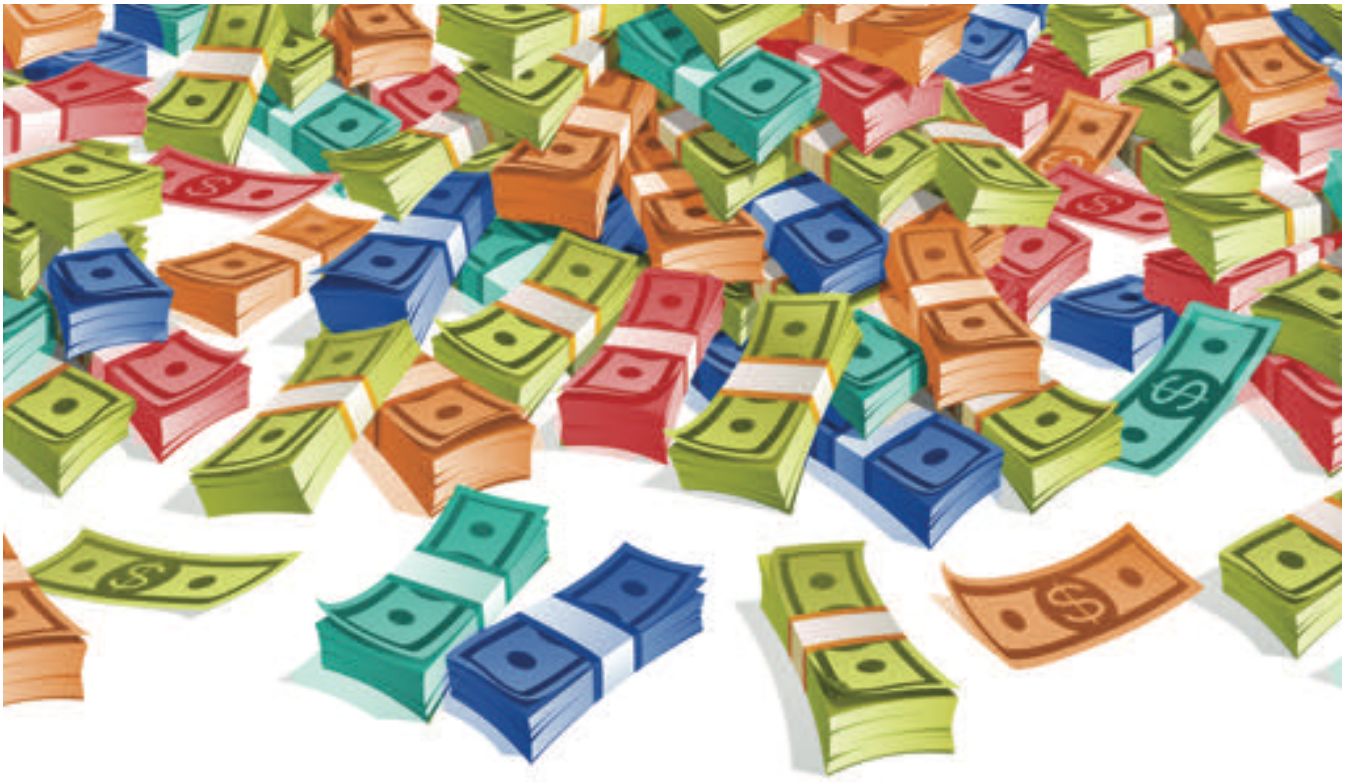
"It's built loyal customers," says Mitchell. Many customers who were choosing new Medicare Part D programs came to the pharmacy for help, he says.

LOOKING AHEAD

As the med sync and adherence programs continue to expand, Mitchell is looking to implement other programs, including medical at home. Mitchell's son Tanner, who is a recent pharmacy school graduate, is participating in a fellowship program with the NCPA. His capstone project is to implement a medical-at-home program in a community-based pharmacy, which Mitchell says he plans to implement.

Mitchell sees potential revenue for the pharmacy from medical at home, as he looks to contract with third-party companies to pay for the service; he also expects a reduction in DIR (direct and indirect remuneration) fees, since the service will go through the long-term care closed-door pharmacy. **CT**

Maggie Lockwood is senior VP and director of production at ComputerTalk. *She can be reached at maggie@computertalk.com.*



DIVERSIFYING PHARMACY REVENUE

by Will Lockwood
VP | Senior Editor

Will can be reached at
will@computertalk.com

It has been a long time since pharmacies have been able to rely on prescription dispensing as their main revenue source. There are just too many headwinds. But successful pharmacies have been finding ways to build and diversify revenue streams, both in prescription dispensing and a wide range of services. We'll take a look at three different pharmacies and hear how each is succeeding.

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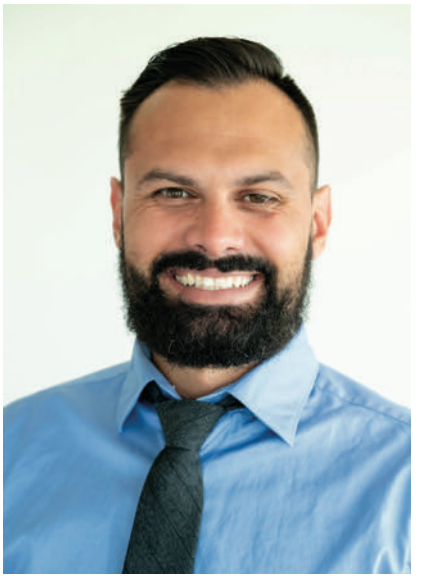
DISPENSING DIVERSIFIED

Prescription dispensing, as noted, is no easy business these days. Even still there's low-hanging fruit here. For example, 340B is the number-one area recommended by Josh Stanton, Pharm.D., director of pharmacy operations at Shrivers Pharmacy, an independent pharmacy operating multiple locations in southeastern Ohio, offering retail, long-term care, hospice, durable medical equipment, and 340B.

Josh Stanton, Pharm.D., director of pharmacy operations at Shrivers Pharmacy, an independent pharmacy operating multiple locations in southeastern Ohio.



340B not only brings new revenue to the pharmacy, according to Stanton, but it brings much-needed services into the community, too. "The 340B program increases the financial resources available to the covered entity," says Stanton, "and this then brings more services to the community. It is also an additional dispensing opportunity for the pharmacy."

How to get started? The first thing you will want to do, explains Stanton, is to take a look at your pharmacy technology to ensure it is capable of managing 340B inventory and supporting program compliance. "There are multiple ways for a pharmacy to handle 340B inventory," explains Stanton. "The way we do it is to maintain a virtual inventory within our Rx30 pharmacy management software from TDS Clinical and a physically separate inventory. This ensures that we are in compliance tracking 340B dispensing."

"The 340B program increases the financial resources available to the covered entity, and this then brings more services to the community. It is also an additional dispensing opportunity for the pharmacy."

– Josh Stanton, Pharm.D.

Then you need to identify a 340B covered-entity partner within your community. "This could be a FQHC [Federally Qualified Health Center] that's able to do 340B," says Stanton. The pharmacy contracts with the covered entity to fill prescriptions on its behalf. "I'm really passionate about this program because the purpose is to bring financial resources to underserved populations," Stanton says. "There's a positive impact for the pharmacy, but the bigger impact is from the services that the covered entity brings to the community through the resources made available from 340B. One of our big partners, for example, has added dental and women's health, among other services. It's just one of those rare opportunities where it's a win-win. The pharmacy does well, and the covered entity can bring services, so they do well. And then, as intended, the community is the real beneficiary of 340B because it gets additional healthcare services."

COMPOUNDING RETURNS

Compounding is another area to consider, and this is something that all three pharmacies featured here offer. It is in fact a specialty at ReNue Pharmacy, a full-service retail pharmacy chain with 10 locations in Texas. Principal managing partner Raj Chhadua, Pharm.D., has found an integration that replaces time-consuming and inefficient phone calls to patients with text messages to be a key element for making the compounding workflows as efficient as possible.

Chhadua reports that ReNue Pharmacy was able to select the best texting platform for its needs because of a critical feature of the pharmacy's Liberty Software pharmacy management system: an open application programming interface (API).

continued on page 14

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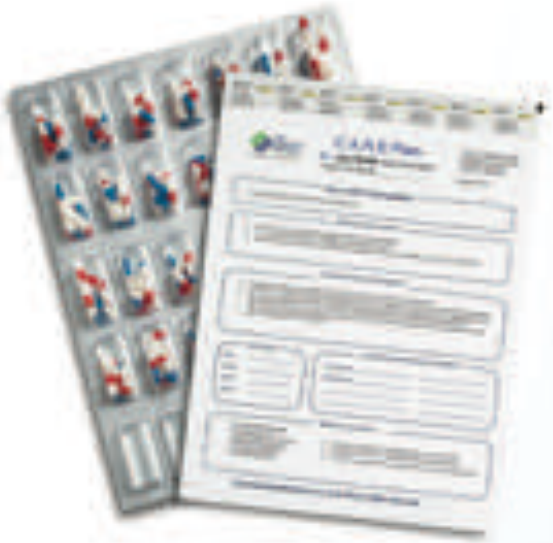

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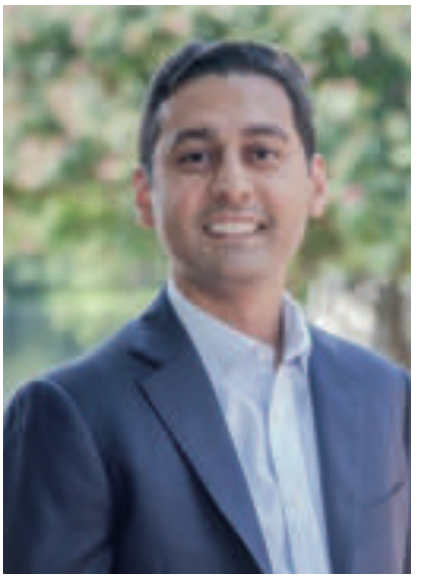
"Instead of spending two to three FTEs [full-time equivalents] calling patients and waiting for a call back to get credit card information, for example" says Chhadua, "integrating texting software through the open API means we are able to shift that work to a payment request text that's triggered right from within our Liberty Software workflow. Patients are also able to confirm their delivery via that text, and the Liberty system automatically then tags that medication as paid and ready to go."

Raj Chhadua, Pharm.D., principal managing partner, ReNue Pharmacy, a full-service retail pharmacy chain with 10 locations in Texas.



Non-sterile compounding is an area of dispensing that Stanton likes as well, since it serves as both a competitive differentiator for a pharmacy and a new revenue stream. "We were looking for opportunities to help combat the opioid epidemic," says Stanton. "We find that offering compounding of non-controlled and non-opioid options for pain has been good for our patients and a good business decision." This has grown at Shrivers to serve a significant number of patients. "The Rx30 system does a great job of supporting building formulas for compounds and billing for them accurately," notes Stanton.

CLINICAL OPPORTUNITIES

Clinical services aren't new, notes Andrea Kowalski, Pharm.D., Shrivers director of clinical services. In fact, they are likely what many people would think of when considering new revenue sources, and forward-thinking pharmacies have been strategizing for some time about the best models for providing and billing for them. "Clinical services can be really important for diversifying revenue streams," says Kowalski. "But many pharmacies are still in a phase where they are providing clinical services without being able to generate revenue from them. It's been a slow road."

"We are interacting with the patient. Whether they are right in front of us or we are texting them, as pharmacists we are right there to ask smart questions and then, for instance, we can provide the data back to manufacturers in support of requirements around specific products."
– Raj Chhadua, Pharm.D.

Shrivers, though, has had success. "We've got provider status in Ohio," says Kowalski, "so we are in fact billing payers for clinical services in some cases." Shrivers is part of several different pilot programs that are reimbursing for services, and this has allowed Kowalski and her colleagues to work out effective systems of developing, implementing, and managing clinical services. "It's only for specific payers at this time," says Kowalski, "but we're laying the foundation now with the idea that we can expand easily and kick our clinical programs into high gear as we find new opportunities."

There are different clinical platforms that you can use to manage programs, according to Kowalski. These can range from common clinical services such as medication therapy management (MTM), med sync, and vaccinations, to new opportunities such as those that arose during the COVID-19 pandemic. "We were able to implement COVID testing and vaccine programs quickly using Rx30," says Kowalski. "We were also an early provider of monoclonal antibody treatment. We had the experience and the tools to quickly roll out critical programs like these and meet the needs of our community, and to generate new revenues for the pharmacy as well."

There are a couple of key tools within the Rx30 software

platform that contribute to Shrivers' success. One is a component called TDS Clinical 360, according to Kowalski. Shrivers uses this to run MTM and med sync, and it can also access new revenue opportunities through it from payer-funded clinical interventions.

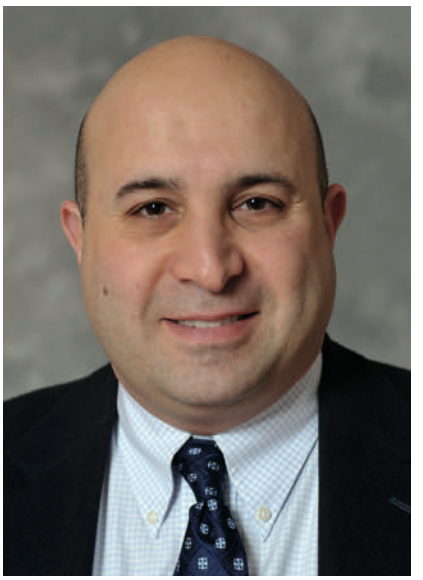
Another is the Pharmacist eCare Plan, which is available within Rx30. "The eCare Plan has made documentation a natural part of our workflow," says Kowalski. "It provides the infrastructure for collecting and reporting data on clinical services. It's another part of the foundation that allows us to prove the value of our clinical services and be ready as new opportunities emerge."

Returning to prescription dispensing for a moment, there's another element that serves not just as a critical building block for providing services, but should be a revenue driver in itself, according to Shrivers VP and Chief Operating Officer Greg Paisley. This is med sync. "You are going to want your pharmacy to have a very strong med sync program," says Paisley. "Your pharmacy staff better have the right tools in your technology to do med sync easily, because once you become efficient with med sync that opens up the opportunities to do all the things that Josh and Andrea talked about." Med sync also boosts adherence, with a positive impact on both outcomes and revenue.

MANAGING ADHERENCE

The long-term care (LTC) market is another area that pharmacies have looked to over the years to diversify revenues away from retail dispensing. Getting into LTC often involves serving facilities out of an existing retail pharmacy, which is known as a combo shop. Some pharmacies take the additional step of creating an LTC-only business, known as a closed-door LTC pharmacy. Saad Dinno, R.Ph., reports that Dinno Health, an independent family-owned business in the metro west area of Boston, has gone the combo shop route at two of its four pharmacy locations: Acton Pharmacy in Acton, Mass., and Keyes Drug in Newton, Mass. The long-term care operations rely on adherence packaging from Medicine-On-Time to provide the highest level of service for assisted-living facilities and home health. This has been a boost to business, alongside other revenue sources such as compounding, durable medical equipment (DME), and vaccination programs.

Saad Dinno, R.Ph., co-owner, Dinno Health, an independent family-owned business in the metro west area of Boston.



"We've been serving LTC patients since the early 2000s," says Dinno. "We started with assisted-living facilities and, particularly since the start of the COVID pandemic, we have been expanding our services more and more to serve people who are living independently at home." Acton Pharmacy's new LTC business comes in large part from word of mouth, including referrals from local prescribers and staff at transitional care units at local hospitals. "Practitioners know about the service level we offer," explains Dinno, "and they feel their patients can benefit from having Acton Pharmacy fill their prescriptions."

"Our motto is that we manage the patient's prescriptions from A to Z. We are able to present patients and caregivers with easy-to-use packaging, and we are able to be highly responsive to medication changes."

– Saad Dinno, R.Ph.

Medicine-On-Time provides all the tools Acton Pharmacy needs to keep this service level at its highest. And it provides tight integration with Acton Pharmacy's Liberty Software pharmacy management system, notes Dinno. "Our motto is that we manage the patient's prescriptions from A to Z," he says. "This

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all goes back to our excellence in packaging medications with Medicine-On-Time. We are able to present patients and caregivers with easy-to-use packaging, and we are able to be highly responsive to medication changes. Usually we can package and deliver a new or changed prescription in 24 to 48 hours."

Dinno is also proud of Acton Pharmacy's robust warfarin, or anticoagulation, program, which uses the Medicine-On-Time adherence packaging system and responsive service to help prescribers manage changes while finding the correct dose of this critical medication, and to support patients and caregivers with clearly labeled packaging that makes administration safer and easier.

A strong adherence packaging program is critical for Acton Pharmacy's revenue for several reasons. First, the service brings in new patients and leads patients to fill all their prescriptions with Acton Pharmacy, to benefit from the Medicine-On-Time packaging. Second, patients using packaging are more adherent, which leads to maximizing refills. That's good for patient care — since better adherence means better health, as Dinno says.

DATA DRIVING CHANGE

Strong revenue increasingly relies on strong data, according to Paisley. "We are focusing a lot of effort on collecting data," he says. He is looking forward to rolling out a fairly new tool from TDS Clinical, called RxInsights, which should bring significantly improved data mining and reporting capabilities. "This is a robust platform with automated reports," says Paisley. "What I am looking forward to is a better tool to be able to easily get at the data about all the good work we are doing here at Shrivers and package it into presentations that show the value we provide.

When I can prove to an insurance company that I can impact their bottom line, that's when clinical services start getting paid."

THINKING LIKE A TECHNOLOGIST

Raj Chhadua has found that thinking more like a technologist has been important at ReNue Pharmacy. "We have given a lot of thought to how we use technology to make our work more efficient," says Chhadua. "We've found that this entails building out patient-facing tools that allow for frictionless communication. This ensures that we're providing patients with a full range of healthcare services tailored to their needs." This has, at times, required Chhadua to get out of his comfort zone, he notes. "We've had to really look at how to do things in ways that aren't very familiar," he says. "The pharmacy team isn't trained to look at how we can work like a technologist does."

Technology-oriented thinking has been an important revenue driver. Chhadua breaks down the efforts into pre- and post-COVID periods. "Prior to COVID," he says, "we were looking to use our technology to build revenue based on services such as medication therapy management, compounding, and wraparound services such as smoking cessation or weight loss management. That had to change when COVID hit, because the patient interaction dynamics changed. We weren't seeing people face to face. And then we had to manage the complexity of COVID testing and vaccination."

Here's where Chhadua really dives into the importance of the open API in ReNue's Liberty Software pharmacy management system, which he introduced earlier when discussing patient texting in the compounding workflow. "We had a lot more traffic that was hitting our website and our app. What people were looking for were vaccination and testing appointments," explains Chhadua. "We needed to ensure that we were capturing that patient in a way that was frictionless for them to book an appointment and complete the necessary forms and questionnaires." This meant deploying a robust, patient-facing appointment tool as rapidly as possible. That tool then needed to integrate with the pharmacy management system so that data flowed seamlessly into workflow. Liberty Software's open API allowed ReNue to quickly and securely integrate a scheduling tool once it had identified its preferred scheduling software partner. This meant that ReNue was quick to market in efficiently providing care for patients and capturing the accompanying revenue.

Greg Paisley, VP and chief operating officer, Shrivers Pharmacy.

"You are going to want your pharmacy to have a very strong med sync program. Your pharmacy staff better have the right tools in your technology to do med sync easily, because once you become efficient with med sync that opens up the opportunities."

– Greg Paisley

In Chhadua's opinion, an open API is an essential element of a modern pharmacy management platform. "When you look at software, there are certain rubrics that you can follow," he explains. "You can ask, is the software running on Windows or another operating system? And then you can ask, does it use an open or a closed API?" This second question will define how easy it is for your software to evolve and adapt.

GETTING THE WHEELS TURNING

Chhadua's success in responding to shifts in pharmacy practice and patient needs has set the wheels turning, as he puts it. "We're looking for the next new services to integrate," he says. "For example, we're working with a provider on remote patient monitoring. We would connect to a cellular-enabled blood pressure or diabetes monitoring device and route the data into our normal workflow to manage the patient's care and keep their other providers up to date."

As Chhadua sees it, pharmacy doesn't think often enough in

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terms of how it can leverage technology to meet market needs within the dispensing and care workflows. "We are interacting with the patient," he says. "Whether they are right in front of us or we are texting them, as pharmacists we are right there to ask smart questions and then, for instance, we can provide the data back to manufacturers in support of requirements around specific products. At ReNue we have the tools to algorithmically identify patients for specific products, engage the patients with a smart questionnaire, and then report deidentified data back to a manufacturer."

Andrea Kowalski, Pharm.D., Shrivers Pharmacy director of clinical services.

compounding is a successful model for us," he says. "We are always on the lookout for ways to diversify and keep up with current market needs."

On Acton Pharmacy's radar, notes DInno, is integrating with electronic medical records (EMRs). This is the wave of the future, according to Dinno, for communicating directly with physicians' offices, along with the opportunities for new revenue that closer collaboration can bring.

OPPORTUNITY IS OUT THERE

Raj Chhadua stresses one thing in particular about independent pharmacy and technology utilization: Consumers don't just want technology. They still want real live people. But with the right technology platform that makes integrating new tools as easy as possible, pharmacies can not only find new revenue opportunities, but can also maintain the personal connections that lead to high levels of patient satisfaction. "We find that high customer satisfaction scores are definitely improved by technology investment," says Chhadua. "The more innovative you can be at your pharmacy in creating a frictionless, technology-driven patient experience, the better. Independents can solidify revenue streams and build new ones by adopting a mindset in which they are asking themselves how they can get out of their technology comfort zone and maximize the patient service level."

"The eCare Plan has made documentation a natural part of our workflow. It provides the infrastructure for collecting and reporting data on clinical services. It's another part of the foundation that allows us to prove the value of our clinical services and be ready as new opportunities emerge."
– Andrea Kowalski, Pharm.D.

Saad Dinno firmly believes independent pharmacies benefit from remembering the old adage that you don't want all your eggs in one basket. "We've found that offering retail prescriptions and services, adherence-focused LTC services, and

Greg Paisley similarly emphasizes a need to invest in and build on efficient processes. "You need to get your operations working as efficiently as possible," he says. "That's when your staff are freed up to provide the services that pharmacy has shown it's so capable of. If you're still filling scripts like you did 20 years ago, there's just not enough time in the day." You want to deploy the right technology, of course, and Paisley also recommends hiring certified pharmacy technicians. "In Ohio, there are a lot of things pharmacy technicians can do when they're certified," he explains. When you have the right staffing and the right technology, you will be able to engage in the clinical future of pharmacy and build new revenue streams based on services, expanded dispensing, and working with data so that you can make the case for reimbursements appropriate to pharmacy's significant contributions to public health. **CT**

SPONSORED CONTENT

Ways for Post-acute Pharmacies to Boost Revenue

Russ Procopio is executive vice president of the post-acute pharmacy team at Managed Health Care Associates, Inc. (MHA). Procopio has 30 years of experience across healthcare, including the provider side, manufacturers, wholesalers, and now the group purchasing organization (GPO) and pharmacy services administrative organization (PSAO) segments. MHA's post-acute pharmacy team is the commercial organization that manages closed-door pharmacy, long-term care (LTC) pharmacy, and home infusion specialty pharmacy members. In this interview with Will Lockwood, ComputerTalk*'s director of editorial content, Procopio discusses ways these pharmacy segments can boost revenue.*

ComputerTalk: Russ, post-acute care pharmacy is a great area for pharmacies looking to build new services and revenue. What are your members, who are already in these markets, doing to boost their revenue?

Russ Procopio: One way our post-acute care members are building new revenue is by reviewing the services that they provide patients and facilities and identifying those that are not reimbursed. For example, they can assess if there are opportunities to partner with the facilities they serve in order to create performance-sharing arrangements that would help increase the facility's star ratings. This review of services is the most attainable approach and quickest to market, which is why I say it's up there on the list.

CT: OK. What's your number-two area?

Procopio: We expect to see the home care, or medical at home, market grow strongly. This market is relatively small compared to areas such as behavioral health and traditional skilled care, but we believe that it will see double-digit compound annual growth rates (CAGRs) over the next five years. The larger markets will likely have CAGRs of only 3% or less. I wholeheartedly believe that medical at home will be an important market that our traditional closed, long-term care pharmacies can tap into.

Russ Procopio, executive VP, post-acute pharmacy team, Managed Health Care Associates, Inc.

"I wholeheartedly believe that medical at home will be an important market that our traditional closed, long-term care pharmacies can tap into."

Read the full interview online and find out:

- The conversations pharmacies should have with facilities and payers and the data they should bring with them.
- What's driving growth in the medical-at-home market.
- Tools and support MHA offers pharmacies looking to prove that they provide the highest level of service and lower the cost of care.
- What pharmacies are looking for from MHA today in its role as both a GPO and PSAO.

Visit wp.me/p9LtTd-50Q

CT: What can pharmacies do to participate in this growth?

Procopio: They can educate themselves about the market. For example, the 2023 MHA Business Summit is coming up March 15–17. And at that summit we will provide continuing education opportunities for our pharmacy members to understand how to take part in the medical-at-home market. We will address topics such as: How can a pharmacy create a business case for its potential medical-at-home patient base? How do you analyze the total available market? How do you create the clinical protocols that deliver the same LTC level of care for medical-at-home patients and ensure that you are doing more than just fulfillment of the drug? How do you create that continuum-of-care network? These are the questions pharmacies need to be answering if they want to compete with the larger regional and national providers that will be looking to serve medical-at-home patients too. **CT**

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Advasur: A Solution for DSCSA Compliance

ComputerTalk *Publisher Bill Lockwood sat down with Randy Hoggle, B.Pharm., D.Ph., M.B.A., managing director of Advasur's DSCSA Compliance Services Resource Center to hear about Advasur's solution for DSCSA (Drug Supply Chain Security Act) compliance. This is the year for compliance.*

ComputerTalk: Let's start with how Advasur's experience with DSCSA can specifically help pharmacies be DSCSA compliant.

Randy Hoggle: Advasur provides three systems and 12 comprehensive services related to DSCSA compliance.

CT: And when faced with an inspection?

Hoggle: One of our services is assisting the pharmacy when they are audited for DSCSA compliance. Advasur has a 14-point DSCSA compliance SOP [standard operating procedure] specific for inspections by the federal government, state government, or PBM [pharmacy benefit manager] prescription claim clawback requiring DSCSA compliance data.

CT: Would you mind sharing what the cost is for your service?

Hoggle: Advasur started building a DSCSA compliance system and services in 2013 based on the initial requirements and those subsequently added. Advasur has never charged a setup fee, as is common with other SaaS [software as a service] vendors. Additionally, Advasur has never increased our price as we have moved from three services up to 12 services today. Advasur has instead decreased our pricing periodically, as we have gained economies of scale and as our dispenser client base has expanded. As you know from our previous discussions, Advasur's 360 system was built by pharmacists for pharmacists. To speak directly to the question of cost, it is less than $100 per month per location for our smallest client and a couple of hundred dollars per month per location for our large-volume clients. For specialty, long-term care, and health-systems pharmacies the cost is a couple hundred dollars per month based on size of practice.

"Advasur focused on the dispenser as our initial client base because we knew it would be hardest for them to comply without the needed DSCSA-related policy and regulatory experience."

– Randy Hoggle

CT: How do the DSCSA requirements differ for each segment of pharmacies — retail, specialty, long-term care, and hospitals?

Hoggle: The DSCSA compliance requirements are the same for all types of pharmacies. However, complexities can be introduced as pharmacies assume additional lines of business. For example, a pharmacy performing 340B-contract services for a covered entity takes possession of the entity's products without taking ownership. The Health Resources and Services Administration [HRSA] may decide to request access to the DSCSA compliance data from the 340B-covered entity, which presumably will require the

pharmacy's DSCSA compliance data to be defended during an audit.

CT: What are the supplier issues that you have encountered?

Hoggle: The most common issues to date are related to the four characteristics of the product — name, strength, form, and container size. Advasur frequently has to collaborate with the supplier to correct these issues for future shipments.

Based on my personal experience in building two contracting systems, I think one of the newer issues suppliers and group purchasing organizations [GPOs] will face is authorized trading partner [ATP] credentialing. Suppliers may require GPOs to validate their members' GS1 Global Location Numbers [GLNs], since the migration to EPCIS [Electronic Product Code Information Services] for data transmissions requires that identifier.

CT: I hear a lot about interoperability. How does this play out with DSCSA compliance?

Hoggle: Until the manufacturers have more experience testing EPCIS with their authorized distributors of record [ADRs] and for pharmacies receiving direct shipments from that manufacturer, there will be enhanced drug distribution security discovery of EPCIS exceptions and data exchange deficiencies that will be discovered and must be addressed before Nov. 27, 2023. SAP conversions by many manufacturers and wholesalers during the period since the DQSA [Drug Quality and Security Act] was approved will be the most important interoperability challenge between manufacturers and their ADRs to address in the first half of 2023.

> "Advasur started the way we will finish, offering dispensing pharmacies turnkey solutions to provide compliance tracking, data evaluation, and comprehensive analytic and reporting capabilities so that pharmacies can focus on pharmacy."

As EPCIS transmissions replace ASN as the standard DSCSA compliance data transmission format, every ATP needs to develop EPCIS exception-handling procedures. Since many ATP suppliers have yet to standardize their procedures, Advasur stepped into the void to recognize the procedures being recognized by the Healthcare Distribution Alliance and Partnership for DSCSA Governance group to refine and standardize for our current 5,000 dispensers and 15,000 more dispensers scheduled to use our service in the first half of 2023.

CT: It certainly sounds like you have a playbook that can help pharmacies with DSCSA compliance. Any closing comments?

Hoggle: Advasur focused on the dispenser as our initial client base because we knew it would be hardest for them to comply without the needed DSCSA-related policy and regulatory experience. We saw that without compliance systems and staff in place, dispensers became vulnerable to potential fines and civil penalties, license suspension or revocation, and even imprisonment. Pharmacies need to be able to focus on patient care, and time spent dealing with regulatory compliance is a distraction from that mission.

Thus, Advasur started the way we will finish, offering dispensing pharmacies turnkey solutions to provide compliance tracking, data evaluation, and comprehensive analytic and reporting capabilities so that pharmacies can focus on pharmacy. **CT**

TERMS:

DSCSA: Drug Supply Chain Security Act

HRSA: The Health Resources and Services Administration

GPO: Group purchasing organization

ATP: Authorized trading partner

GLN: GS1 Global Location Number

EPCIS: Electronic Product Code Information Services

ADRs: Authorized distributors of record

DQSA: Drug Quality and Security Act

Liberty Software: Developing What Pharmacists Want

In this interview with ComputerTalk *Publisher Bill Lockwood, Jeremy Manchester, president of Liberty Software, tells us how his company is helping independent pharmacies improve day-to-day operations.*

ComputerTalk: Let's begin with a little background on Liberty. When did you launch your first pharmacy management system, and what made you target the pharmacy market? And any high-water marks over the years you would like to tell us about?

Jeremy Manchester: I grew up in this business. My father and my grandfather both worked for several of the earliest pharmacy software companies back when most pharmacies were still using typewriters. In fact, my grandfather taught me how to program.

Liberty has been in business for a long time. I started at Liberty 18 years ago, when my father first took over the company as president. At the time there were maybe 70 pharmacies using an early iteration of our pharmacy software. Since then, we've completely rewritten our platform from the ground up, and now thousands of pharmacies are using our platform in all 50 states.

"The reality is that our success has come from years of delivering easy-to-use software, consistently releasing relevant features, and taking care of our pharmacies."

– Jeremy Manchester

I think a lot of people think Liberty is an overnight success story. But the reality is that our success has come from years of delivering easy-to-use software, consistently releasing relevant features, and taking care of our pharmacies.

CT: Helping independent pharmacists manage their vaccine programs is something you are proud of. Fill us in on what you have done here that makes Liberty stand out.

Manchester: Yes, even before COVID-19 our platform had many unique vaccine features. First of all, billing vaccines has traditionally been difficult because different PBMs [pharmacy benefit managers] have nuances that require a lot of trial and error to properly collect the fee. The Liberty platform simplifies billing and takes out a lot of the user errors that are common with vaccine billing. Second, most pharmacy management systems treat a vaccine like any other prescription. It's not. The Liberty platform doesn't treat a vaccine like another prescription. There is an immunization workflow that is designed the way pharmacies actually work with immunizations. For example, you can record the immunization site — left arm, right arm — when you are administering, not when you are entering or billing it. This is just common-sense functionality that allows the software to follow what

is happening inside a pharmacy instead of trying to keep up with vaccines in a typical prescription workflow.

What COVID changed for most pharmacies is the sheer volume of vaccinations. So Liberty responded quickly to help our pharmacies accommodate this new volume. Over the last two years we rolled out features that automate entering required vaccine information, improve our automatic reporting to state immunization registries, and manage immunization questionnaires and paperwork. Our platform also generates web links for pharmacies to send to patients that allow the patient to schedule immunization appointments with the pharmacy. The immunization functionality within Liberty's platform is really amazing and is helping stores successfully manage huge immunization programs.

"The last two years we rolled out features that automate entering required vaccine information, improve our automatic reporting to state immunization registries, and manage immunization questionnaires and paperwork."

CT: Looking ahead, what will be the focus of your software development team?

Manchester: One of the biggest shifts in the independent market has been the rise of the multilocation independent. More independent owners own multiple stores now than ever before. For that reason our big focus for 2023 is our multistore management platform, RXQOne. RXQOne has been out for several years and is a cutting-edge tech stack. Rather than relying on a chain host server, it is a cloud-based technology that is extremely scalable and unique. It supports the basics and back-office functionality that multistores expect. But I'm not sure any multistore system available to community multistores properly competes with the technology that big box chains are using. So we have some really interesting projects in the works that will really make a difference for folks trying to manage multiple pharmacies.

CT: What specific manual steps do you see as candidates for automation?

Manchester: It's amazing, when you look at the last 10 years, the amount of automation that we have brought into pharmacies. Unfortunately much of it has been out of necessity, as more and more has been demanded of pharmacies. As pharmacy has become more complicated I think we've responded quickly to help stores not just survive but thrive. But we continue to invest heavily in automation within our platform and have several projects planned that will either reduce or eliminate manual steps. In particular, we see additional opportunities to improve pharmacy's inventory, reduce the friction and manual steps in communication between the pharmacy and the patient, and expand on our clinical insights within the pharmacy workflow.

CT: You employ quite a few pharmacists, and this you feel gives Liberty a competitive edge. How does this play out in software development and customer support?

Manchester: Yes, Liberty has almost 20 pharmacists working across the organization in different roles. A pharmacist is in charge of the software development team, we have several pharmacists on our implementation team, a pharmacist is in charge of our training department, there is always a pharmacist acting as a supervisor on our help desk, and every pharmacy account manager reports to a pharmacist. In my whole career I've heard people tell me, if only a pharmacist designed this software, they would get it. Liberty took that idea and put it on steroids. It has made us a pharmacist-oriented company, and ultimately is what has allowed us to scale so well. It's why we get such stellar customer service reviews and why pharmacists love our platform so much.

CT: Liberty is a success story, considering how competitive the market is. Any closing comments on this note?

Manchester: You will see the phrase "pharmacy software for pharmacy success" in a lot of Liberty's material. I think it is important for people to realize that is not our marketing tagline — that's our mission. We are laser-focused on building software that helps pharmacies' bottom line, helps them deliver better care to their patients, and helps pharmacies work more efficiently. So Liberty's success story is the success of the pharmacies using our platform. **CT**

Desired Characteristics of Technology-Based Tools for Behavior Change

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

WELL, WE ARE MORE THAN A MONTH INTO 2023. How is that New Year's resolution going? I am not a huge fan of resolutions, but I did tell my wife last October that I was making a fourth-quarter 2022 New Year's resolution. It's never too late to try to improve, right? For those who make resolutions at the customary time of year, we have had several weeks to see how well we are sticking with it. Some have likely been more successful than others.

According to Statista (www.statista.com/chart/29019/most-common-new-years-resolutions-us/), the top three resolutions for 2023 relate to being healthier. Specifically, exercising more, eating more healthily, and losing weight were the top three resolutions, in order. In a time that has been marked by record inflation, these three resolutions bested saving more money, which ranked fourth. Regardless of which resolutions are mid-pack, we know from years of experience that the most common resolutions usually center on being healthier. We also know that behavior change of any type (e.g., getting more exercise, eating more healthily, drinking more water, losing weight, getting more sleep, etc.) is simply difficult to sustain.

Have you ever encountered a patient (friend, family member) who had difficultly adhering to their medication regimen? Of course we all have, especially if you work in a community pharmacy setting. Pharmacies have implemented numerous technology-based innovations to address poor adherence, with varying degrees of success across innovations, medications, and patients. We are still searching for the magic bullet to help people stick with desired behavior change, regardless of the behavior.

TECHNOLOGY TOOLS

In this issue, we focus on behavior change related to living a healthier life and on two classes of technologies that have received considerable attention as tools to promote desired behavior change. Specifically, a recent article in *JMIR Human Factors* (humanfactors.jmir.org/2022/2/e34278) examined published literature describing adults' perceptions of eHealth and mHealth tools focused on physical activity and diet (or both) to prevent noncommunicable diseases (e.g., diabetes, cardiovascular disease, cancer, etc.). Essentially, the authors collated data from 23 existing articles that explored adults' perceptions of the factors that impact their use of these technologies as tools to promote physical activity, healthy diets, or both.

Foundationally, eHealth was defined as "the use of emerging information and communications technology to improve or enable health and health care" (https://www.ncbi.nlm.nih.gov/nlmcatalog/101125895) , and mHealth was defined as "medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants, and other wireless devices" (https://apps.who.int/iris/handle/10665/44607). In practical terms, mobile apps and websites addressing physical activity were the focus of more than half of the articles. The remaining articles focused on apps to promote healthy diets or apps and websites that promoted both physical activity and a healthy diet. We know deciding to make behavior change is certainly challenging. However, for many of us — including patients — the real work begins after the decision is made, when we are faced with sustaining behavior change over time. This column's focus on factors that impact technology use is, therefore, worth our attention.

Across the 23 articles reviewed by the authors of the *JMIR Human Factors*

study, five themes emerged describing the desired characteristics of eHealth and mHealth tools to promote physical activity and healthy diets. If we consider the busyness of our day-to-day lives, as well as the number of inputs (a term to indicate things demanding our attention) we face each day, it is not surprising that the included studies identified being "easy, pedagogic, and attractive" as one of the five characteristics desired of eHealth and mHealth tools. Concepts such as minimal data entry, not being time-consuming, and providing appropriate education were relevant. For physical activity tracking, preference was given to not needing additional monitoring devices. However, if external devices were needed, they should be small and lightweight.

Do you have an eHealth or mHealth tool to support your behavior change? Have your patients asked you for a recommendation? If you are from the vendor community and are considering a development project, does your development roadmap include these characteristics?

Although it may seem to contradict the description of the easy aspect of the first characteristic, a second desired characteristic was "varying and multifunctional." Consider the challenges of sustaining behavior change over time. If an app, for example, is the tool to support this change, it is logical that individuals would want to experience variety in the information that is presented to them over time in the app. They also may appreciate variety in the functional aspects of the app. For example, self-monitoring, goal setting, and social networking were all identified as desirable functions with these tools. I know from my own experiences that I am motivated to track my progress in specific physical activities that I participate in at my preferred HIIT (high-intensity interval training) studio. We participate in a variety of challenges throughout the year. Tracking my progress motivates me to set goals to do better.

Related, the third desired characteristic was "individualized and customizable." The focus here is all about the user. Studies indicated that users prefer tools whose content and functions relate to their specific circumstances, such as personal goals and fitness status. For example, demonstration videos that include a very fit coach may not match the self-identify of the user. Tools should allow users to customize default settings because assumptions about preferred behavior change techniques may be incorrect. The article cited the timing and content of push or SMS (short messaging service) notifications as a specific example.

From the second and third characteristic, it is likely apparent that users want tools that are "interactive and integrated." If another person or service is partnering with the user to support the behavior change, tool-based bidirectional communication is desired. A key concern here is setting expectations. If users expect routine communication, it should be delivered. This includes access to experts, as users may desire to connect with personal trainers, for example. In some instances related to physical activity, users may appreciate help sequencing their routines as they work toward their goals. The article also cited integration with external devices, apps, and wearables.

As we have reviewed the previous four desired characteristics and the robustness they inherently imply, the fifth characteristic may have come to mind. Tools must be "reliable." And while technical and functional reliability relate to tool stability and consistent availability, reliability here primarily refers to the ability to trust the tool. Is the information it contains from an authoritative source? Does the tool keep the user's personal data secure? How many advertisements are present in the tool? The answers to these questions all indicate the reliability of the tool.

So while we are still in the first quarter of 2023 and your New Year's resolution related to living more healthily is still fresh on your mind, do you have an eHealth or mHealth tool to support your behavior change? Have your patients asked you for a recommendation? If you are from the vendor community and are considering a development project, does your development roadmap include these characteristics? Readers are encouraged to check out the article linked above. As for me, I did well with my fourth-quarter 2022 New Year's resolution, so much so that I will likely have another in October 2023. **CT**

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The Inflation Reduction Act Impact on Prescriptions

Alan Sekula, Pharm.D.

IN OUR LAST COLUMN, WE MENTIONED HOW the Inflation Reduction Act (IRA) signed into law on Aug. 16, 2022, may lead to increased healthcare costs for many patients in 2023 and beyond. We want to share more specifics about the myriad components of the IRA that impact prescription drugs and what pharmacists need to know to help their patients.

We all know that Medicare is a health benefits program offered for people aged 65 and older or those with certain disabilities. Medicare is made up of several parts, and the segments focused on prescriptions include Part D, Part B, and Medicare Advantage. Part D provides prescription benefits when accessed through pharmacies; Part B covers drugs provided by physicians or outpatient facilities; and Medicare Advantage combines all aspects of Medicare into comprehensive coverage offered by a sponsor, and is subject to the rules and oversight from Medicare. The following six aspects of Medicare Part D, Medicare Part B, and Medicare Advantage are changing based upon the Inflation Reduction Act:

- Negotiated prices.
- Price increase greater than inflation.
- Benefit design and premium maximum increase.
- Vaccine coverage.
- Biosimilar reimbursement.
- Insulin payment cap.

MEDICARE NEGOTIATED PRICES

The Centers for Medicare & Medicaid Services (CMS) will have three years to implement price negotiations for up to 10 drugs by 2026. The negotiation process will occur in the upcoming years, but the prices will not be utilized until 2026. The process excludes new-to-market drugs and those with generic or biosimilar competition. CMS will increase the selected products to 15 drugs in 2027 and 20 drugs in 2029.

Drugs will be selected from a list of the top 50 drugs (by total drug expenditures) in Part B and Part D. Eligible products must be single source for at least seven years post new drug application (NDA) or at least 11 years post biologics license application (BLA) licensure, unless the only indication is for a rare disease. Any drug or biologic with less than $200 million in annual spend beginning June 1, 2022, and ending May 31, 2023, will be excluded, and this exclusion limit will increase annually based upon the inflation rate.

The manufacturers of the selected drugs will negotiate with CMS a "maximum fair price" (MFP). The law defines the ceiling of the MFP to place a known cap or upper bound for the MFP. The ceiling for the MFP is the lower of amounts paid by Part D and/or Part B or the average nonfederal average manufacturer price (non-FAMP) for 2021 or the first full year following market entry, indexed to consumer price index (CPI) changes. The MFP can be negotiated lower than the ceiling values. The MFP will be a published value once it is established for the selected drugs. If a drug continues to be a selected drug in subsequent years, the MFP could increase by the CPI or be renegotiated. The drugs selected will be required to be covered by Part D plans (and are likely covered by many plans already, due to the high spend).

The MFP can set a new lower ceiling price for 340B and is included as a "best price" for Medicaid. The MFP will be excluded from average manufacturer price (AMP) calculations. Starting in 2026, long-standing brand-only medications that cost Medicare millions to billions of dollars every year will be subject to negotiations to lower both Medicare and beneficiary costs. The likely impact of this legislation will be higher launch prices for potential blockbuster drugs used in the senior population to account for the expected future costs of the MFP process.

PRICES INCREASE GREATER THAN INFLATION

Beginning Jan. 1, 2023, Part B and Part D brands and biologics will be subject to inflation rebate adjustments. If a Part B drug's average sales price (ASP) experiences a price increase above the CPI, then the manufacturer will be required to pay a rebate to Medicare for the amount of the price increase above the CPI rate. Similarly, Part D drugs with an AMP increasing above the CPI will be required to pay an inflation rebate. This rebate and resulting lower price are excluded from best price and AMP requirements. If a drug is experiencing a shortage or severe supply chain disruption, the rebate may be reduced or waived. Pharmaceutical manufacturers will take into account the CPI rates when raising prices for their products.

BENEFIT DESIGN AND PREMIUM MAXIMUM INCREASE

In 2025, the Part D benefit design will change to eliminate the donut hole, reduce the beneficiary out-of-pocket cost to $2,000 across all phases, and change the catastrophic phase to zero patient responsibility. Part of that $2,000 out-of-pocket maximum can be a deductible, but after the $2,000 spend, the beneficiary will be able to use prescriptions without additional out-of-pocket outlays. Also, the government is reducing the beneficiary's financial responsibility in all aspects of the new benefit design, making the plan sponsor responsible for a greater percentage of the overall drug spend.

Between 2024 and 2029, Medicare drug premiums will have a maximum 6% annual increase. This establishes a known maximum change for beneficiaries and prevents plans from implementing drastic changes to offset benefit design changes. Bids for 2023 were already set by the time the act was signed; 2025 is the year when more of the financial burden will apply to the Part D sponsor. We expect prescription drug plans (PDPs) and Medicare Advantage plans to use the 6% maximum increase in their pricing to reflect the risk associated with the launch of new drugs that could potentially jeopardize their financial viability, for example required coverage of new obesity medications.

VACCINE COVERAGE

Starting Jan. 1, 2023, all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) will be covered by Medicare plans without deductibles, coinsurance, or patient cost-sharing. This changes the patient cost to zero for all beneficiaries, without regard to their plan choice, benefit design, or household income. This brings Medicare in line with the Affordable Care Act provisions that apply to commercial health coverage.

BIOSIMILAR REIMBURSEMENT

Payments for biosimilars are getting a boost in Part B. Previously, biosimilars were reimbursed at a rate of the biosimilar ASP plus 6% of the reference biologic ASP. This offered the same price markup as the reference biologic, but with the presumed lower biosimilar cost. The new payment uses the same formula, but the 6% markup is changed to an 8% markup. This change became effective Oct. 1, 2022, and will be in place for five years. This also requires the biosimilar ASP to be less than the reference biologic ASP. Now, physicians will have an increased incentive to prescribe and administer a biosimilar to Medicare Part B beneficiaries.

INSULIN CAP

Patient payments for insulin will now have a maximum cap. Starting Jan.1, 2023, insulin will not be subject to any deductible, and the maximum patient copay will be $35 in the first three months of 2023; any amounts greater than $35 paid by the member must be refunded to the beneficiary within 30 days. This implementation approach provides plans with additional time for system updates. Starting in 2026, the member copay will be the lesser of $35 or 25% of the MFP or negotiated price if applicable. This will allow for an insulin product to become one of the selected drugs subject to price negotiation and offer the opportunity for patients to share in the savings.

Pharmacies and Medicare beneficiaries will experience many changes to copays, pricing, reimbursement, benefit design, and premiums over the upcoming seven years. Pharmacists must understand these changes and ensure their patients understand the benefits they are receiving from each change as it gets implemented. **CT**

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From Surplus to Shortage

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

WHILE I HAVE BEEN WORKING ON THIS column for the past several days, I have been struck by several e-newsletter stories that arrived in my mailbox reinforcing the topic I wanted to explore with readers, and my observations. The topic is how an expected pharmacist oversupply and job shortage just two to three years ago has turned into a pharmacist and pharmacy technician staffing shortage. Many of you know that in addition to my speaking, writing, and consulting projects, I continue to practice pharmacy on a "casual" relief basis — which means I can choose how often I practice and at which locations. My shift commitments are based on a number of things:

- What immediate consulting deadlines need to be met.
- What my close colleagues' short-term needs are for time off — both unexpected or by a short-term decision.
- What the open shift load looks like in the scheduling system for the next several weeks.
- What my travel schedule looks like.
- What the immediacy is of company management and scheduler outreach to get shifts covered.

The majority of those influences have changed greatly during the last several years.

During my five years as the interim executive director of the Minnesota Pharmacists Association, the demand for my time limited my pharmacy practice and I picked up shifts minimally. Rarely during those years (2014–2019) was there much urgency or frequency of requests to work from the pharmacies where I practiced. I began working more aggressively during the latter half of 2019, as my client load shifted. By year end, I had worked about 350 hours, or the equivalent of about nine weeks. Fast forward to 2020 and the COVID-19 pandemic. How that changed things!

First, like most of you, we experienced travel ending abruptly, then meetings going virtual, and different opportunities to interact with colleagues. Those of us in pharmacy still needed to meet patient needs, and that led to some new, creative ways to do business: longer prescription days' supply, new delivery services, different environmental changes, and so forth. I have written about these in prior *ComputerTalk* columns. Because my client load allowed it and pharmacy demand increased, I worked more than twice as much in 2020 as I had the year before.

By 2021, when the COVID vaccines were made available to the public, it was like the wild, wild West. I could have been immunizing at the pharmacies or clinics more than full time. With the reopening and resumption of meetings and client projects, I had to limit my practice, but still worked 50% of an FTE (full-time equivalent) in the pharmacy. Never in my 25 years of relief work had the demand been so great, or had I practiced so often. Last year, demand remained high, with continuing interest in additional boosters and the new booster formulations. With increased client work, however, I had to limit how many times I said "yes" to providing direct patient care. That said, I closed the year at the equivalent of a 25% FTE. That is how 2023 is starting as well.

THE IMPACT FACTORS

What caused the shift from surplus to shortage? Many factors, most of which I have directly observed.

- Schools and colleges of pharmacy adjusted class sizes (after a peak in the number of graduates in 2020) to levels more in line with projected demand. In 2019–2020, there were 14,320 first professional pharmacy degrees awarded, according to the American Association of Colleges of Pharmacy (AACP). That number was similar for 2021, based on the AACP's graduating pharmacist survey numbers. Applications have been declining since 2013, in part because of widespread reporting that there would be an oversupply of pharmacists.

- The number of pharmacists leaving their practice has increased through both retirements and job changes. The Bureau of Labor Statistics reported that the number of pharmacists employed in the United States dropped 6% between 2020 and 2021. Many of my colleagues close to retirement decided to leave practice early rather than deal with the demands created at the pharmacy by the pandemic.
- Many pharmacy technicians in the community setting who were in the $12 to $15 per hour wage scale left for less-stressful positions during the post-pandemic hot job market, leading to further staffing pressures.
- Some large chains intentionally found ways to cut their higher-paid relief workforce and rehire during the pandemic at much lower wages. As an example, colleagues making $65 per hour doing casual relief at one national chain were let go due to "lack of hours," and then new hires were brought in at $45–$50 per hour in early 2020.

AACP's Pharmacy Workforce Center's third quarter 2022 pharmacy demand report showed an increase in pharmacist job openings per quarter — from 15,169 to 17,590 to 18,867.

A couple of *Pharmacy Flash*'s most-read stories of 2022 (a majority of their top 10 were about drug shortages — see my column in the last issue of *ComputerTalk*):

"Retail pharmacy has reached the breaking point"

"Pharmacy's most pressing issue: A technician shortage"

This dynamic has also led to increased stress levels reported by both pharmacists (71.7%) and pharmacy technicians (79.1%) in the *Drug Topics* 2022 Pharmacy Salary Survey. Common reasons for this increased stress level were increased work volume, COVID immunizations, increased pressure from management, more paperwork, and more point-of-care testing. In spite of these issues, respondents reported satisfaction with their current positions: 14% were extremely satisfied, 23% were very satisfied, and 30% were satisfied. Another third were somewhat or extremely dissatisfied (see www.drugtopics.com/view/2022-pharmacy-salary-survey).

I am not surprised at this year's American Pharmacists Association's 2023 annual meeting theme, "Rise: Advancing in the Face of Adversity." APhA and the National Alliance of State Pharmacy Associations collaborated on the Pharmacy Workplace And Well-Being Reporting (PWWR) program that launched in October 2021. The program allows pharmacists and pharmacy personnel to anonymously submit pharmacy workplace experiences, both positive and negative. Nonidentifiable data from all reports is aggregated and made available to qualified researchers for educational purposes and to help develop best practices and recommendations to enhance the pharmacy workplace and "influence and educate our pharmacy community and leaders on meaningful and actionable changes."

Three reports have been issued so far, with the last released in August 2022. In that report, it was noted, "Of the 159 negative experience submissions, the submission categories focused on staffing/scheduling (129), volume/workload expectation mismatched to hours available (126), working conditions (104), pharmacy metrics (98) were most often selected. Insurance/billing issues (18), technology/automation (15), and medication error-patient harm (13) were the least often selected." During this reporting cycle, 56% of those reporting a negative experience said staffing was less than normally scheduled, while 39% said it was at normally scheduled levels.

The report is interesting reading, and I encourage those who provide services to the pharmacist community to download and read it. It was nice to see pharmacy technology and automation's positive contributions to the workplace. In my personal experience, we have seen the implementation and increased use of centralized filling, more autonomy to control our immediate work environment when staffing requires it (e.g., closing drive-thrus, limiting walk-in immunizations and point-of-care testing). The ability to control factors locally is an important learning in the PWWR report, as many pharmacists say there is a big disconnect between corporate and local pharmacies, with a review of metrics and work algorithms recommended. There has been some movement forward in this regard — for example, the Walgreens announcement in October that the company will stop using metrics.

I will be curious to see the takeaways from APhA2023, to be held March 24–27 in Phoenix, and what recommendations are made for us, both as individual practitioners and in the companies where we practice. Stay tuned. **CT**

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