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LTC TRENDS: HOW TO GROW YOUR BUSINESS

by Will Lockwood

What begins as filling prescriptions for residents at a few local facilities can ultimately become a much bigger closed-door LTC (long-term care) operation. Investing in good software gives pharmacy owners the tools to build an LTC business that is on a growth path. **story begins on pg. 7**

pharmacy forward

direct access

features

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publisher's window

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The Catalyst

BACK IN THE DAY, LONG-TERM CARE WAS A REASON FOR THE USE of computers in pharmacies. Long-term care facilities did not have the financial resources to set up their own pharmacies, so they contracted with pharmacies to fill the prescriptions. This was then an opportunity for community pharmacies to expand their business model. And many did.

However, to service the facilities, pharmacists could benefit from computers that had software specific to the requirements of long-term care. This included printing out the patients' medication administration sheets for the nursing staff, along with treatment sheets and the physician order sheets. And the computer could check for possible drug interactions for the prescriptions filled — this was another plus. Billing for the drugs dispensed also benefited from having a computer to handle this task. So when we look back, it was the pharmacists who saw an opportunity to expand beyond filling retail prescriptions, which provided the springboard for the use of computers in pharmacies.

No question that these pharmacies were the early adopters of computer technology. Long-term care was the incentive to invest in the technology. And it became an important asset in soliciting new accounts. Those using computers clearly had a competitive advantage. And it turned out to be a profitable niche area for the pharmacies.

The drug chains weren't set up to handle this business, so the community independent pharmacies took full advantage. Today we have pharmacies that do nothing but service long-term care facilities.

Since then, we have come a long way in how the computer applications have evolved. These days pharmacies have bidirectional communication with the facilities, taking the use of the technology to a new level of service.

I can safely say that the pharmacists who saw an opportunity with long-term care benefited from the use of computer technology. I view the technology as the catalyst. **CT**

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AI and Pharmacies: Cutting Through the Hype

by David Sellars, C.Eng.

AS YOU AND YOUR PHARMACY STAFF WADE THROUGH HUNDREDS OF e-prescriptions, doing manual data entry for most of them while more pile up behind them, do you ever think, "Why can't ChatGPT do something that actually matters to me?"

Certainly, generative AI has some amazing capabilities — as well as some confounding implications.

I've taken the current iterations of ChatGPT and Google Bard for a spin, and I am both impressed and deeply skeptical. I'm impressed by generative AI's ability to create accurate summaries of articles nearly instantaneously or suggest new, engaging headlines (like for this article, actually). I'm skeptical of how the hype overpromises what these tools can achieve because overpromising and underdelivering could harm pharmacies and their patients.

After all, who hasn't lost confidence in AI's ability for mission-critical work every time we use talk-to-text on our cellphones and see so many goofy mistakes?

Admittedly, my skepticism about AI is ironic, given that developing machine learning for the healthcare industry has been my primary career focus for over 12 years. Before AI was an everyday buzzword, some of us working on this technology in healthcare realized there had to be a distinction between AI intended for general use and clinical-grade AI, which has the precision and accuracy necessary for consistent, clinically validated results.

WHAT IS CLINICAL-GRADE AI?

For clinical-grade AI, it's about the proof, not the hype. When evaluating options for your pharmacy, ask for the metrics.

It may help to think of clinical grade this way: A surgical drill is a far more precise tool than what you can buy at any home improvement store. The surgical drill is considered clinical grade, and the other is for general use. Both make holes and are called a "drill." In many ways, AI can be thought about in the same way. Only a few companies today make AI tools that are clinically vetted for use in healthcare. Most others develop AI tools that range from theoretically cool but untrustworthy to little more than nifty entertainment. Any confusion between the two types of capabilities is generally due to overhyped marketing and wild expectations.

Here's why it matters: When a tool is clinical grade, you can have confidence in how it will perform in a healthcare setting where lives are at stake. For example, if I needed surgery, I should be confident that my surgeon would use a clinical-grade surgical drill rather than a drill bought at a home improvement store for a tenth of the cost.

PLANNING FOR SUCCESS WHEN AI FALLS SHORT

For the safety of your patients, you must know what happens when the AI doesn't perform according to plan. When evaluating AI for your pharmacy, ask what happens when the needs go beyond the AI's abilities.

Do you remember back in 2013, when Elon Musk announced that we would have 90% self-driving cars by 2016? It was exciting to imagine, but I was doubtful. While it made theoretical sense that a computer could eventually handle most routine driving situations, I couldn't get one thought out of my mind. In an instant, driving a car can go from routine and orderly to unpredictable and deadly. And unpredictable is not the realm where AI thrives. For safety, there must be a way for the computer to hand off

responsibility to the human driver with more than enough time to allow the human to evaluate the situation, then react quickly and appropriately. After all, lives are at stake.

The same is true for using AI in healthcare as in self-driving cars. What happens when the AI can't do the job? Does it create an unsafe situation, like a self-driving vehicle handing off control to a human driver with just milliseconds to react?

A hallmark of clinical-grade AI is that it performs as "augmented intelligence" in partnership with clinicians. The system is engineered for humans to make all final decisions, but the process is faster and safer via the leg work the computer did to assemble the facts.

It's like how pilots and co-pilots work together. When you fly commercially, you will notice that there are generally two pilots in the cockpit. This isn't because flying an airplane is so complicated that it takes two people. It's a safety measure because a failure at 35,000 feet could have catastrophic results. Together, the pilot and co-pilot serve as a "safety multiplier." While one is flying the airplane, the other is watching for potential problems and can jump in when needed. It would take both the pilot and the co-pilot to make the same error simultaneously for a tragic event to occur. That rarely happens, and as a result of this approach, together with many technical innovations, aviation has a superior safety record in comparison to any other mode of transportation, according to the International Air Transport Association.

Clinical-grade augmented intelligence can serve the role of co-pilot in the pharmacy. It can recognize when it cannot safely process a deeply complex transaction. In these occasional instances, the AI will require a manual review by pharmacy staff.

An escalator can illustrate this point. If the motor stops, the escalator becomes a stationary set of stairs everyone can use. When clinical-grade AI encounters a situation it cannot solve, it safely stops that action and flags it for a safe handoff to clinicians to decide.

The clinical-grade AI does the tedious, time-consuming work a person typically does, with the "success from failure" plan for clinician verification. This pilot/co-pilot approach to AI, as augmented intelligence, has proven to be a force multiplier while simultaneously being a safety multiplier as well.

THE PROOF IS IN THE METRICS

Clinical-grade AI has been used as part of the medication reconciliation process by hospitals in the United States since

Clinical-grade augmented intelligence can serve the role of co-pilot in the pharmacy. It can recognize when it cannot safely process a deeply complex transaction. In these occasional instances, the AI will require a manual review by pharmacy staff.

2015 and in Canada since 2018. Today, hospital clinicians using top electronic health record (EHR) systems are using clinical-grade AI for more than 24 million medication transactions daily. As a result, 93% of medications are reconciled more quickly, with fewer keystrokes and data entry errors. Here are some proof points:

- A 400-bed community hospital and Level II trauma center in southern Massachusetts performed 14% more medication reconciliations and reported 23% fewer medication safety events.
- A major health system in North Carolina avoided 20 million keystrokes, and staff satisfaction increased by nearly 40% within the first 90 days of implementation.
- An eight-hospital system in Pennsylvania converted over 5.5 million medication records from legacy EHR systems, saving five to seven minutes per patient record, with nearly a 90% success rate.

Today, armed with the right questions to separate the proven benefits from the hype, pharmacies can choose an AI partner to increase productivity, avoid keyboard errors, and free pharmacy staff for more meaningful activities, including patient care. **CT**

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LTC TRENDS: HOW TO GROW YOUR BUSINESS

By Will Lockwood
VP | Senior Editor

Will can be reached at will@computertalk.com

Many pharmacies find a lot of opportunity in serving the long-term care (LTC) market.

What begins as filling prescriptions for residents at a few local facilities as a retail-LTC combo shop can ultimately become a much bigger closed-door LTC operation. Enterprising pharmacy owners can get the tools and support they need to build a substantial LTC business from different sources: a pharmacy management system that has what it takes; integrations with LTC-focused technologies; and relationships with expert partners.

MAKING THINGS EASY

Hitesh Patel, Pharm.D., is the owner of Rapps Pharmacy, with three locations in New Jersey; two are retail community pharmacies. Patel started his LTC business as a combo shop, but has since split it off into a 7,000-square-foot closed-door location with 40 workstations and serving 2,500 patients. He's been using the PrimeRx pharmacy management system from Micro Merchant Systems to run both retail and LTC dispensing for three years. He has found two reasons why his choice of software has been key for his growth from a retail-LTC combo shop to the closed-door LTC pharmacy model: ease of use and customization.

Patel points out that long-term care is a very complex area of pharmacy. "It's not just filling a prescription and putting it in a bottle," he says. And in a closed-door LTC pharmacy there typically are more employees than in retail or combo-shop pharmacies. "You could easily have 50 technicians, 20 pharmacists, and a few billing specialists," says Patel. "With this level of staffing, you're bound to

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HITESH PATEL, PHARM.D.

have turnover. So how easy a pharmacy system is to learn and use becomes critical for maintaining quality, as well as being able to take on new business when the opportunity arises." He has found that he is quickly able to bring new staff up to speed on all the dispensing tasks in PrimeRx.

To reinforce the importance of ease of use, Patel relates a story about a colleague of his, who also uses PrimeRx. "One of the examples I like to give," says Patel, "and it's an example from a retail pharmacy, but one of my friends had a new pharmacist come in to work for one day. This was someone who had not used PrimeRx before. My friend was planning to work in his office and he said, 'Listen, if you need my help, let me know.' The new pharmacist worked the whole shift without any questions. That's the beauty of the software to me."

A major element of this ease of use, according to Patel, is user-managed customizations within PrimeRx. He reports using these extensively to deploy just the right features, workflow steps, and views in the system, depending on the pharmacy setting. This means that he can run the full range of his pharmacy operations with just one software license, one point of contact for maintenance and upgrade requests, and one platform for all his staff to learn. "There is LTC software out there that cannot do retail, or retail software that cannot do a good job at LTC operations," says Patel. "This one can do both."

FITTING THE SYSTEM TO THE TASK

For example, Patel explains that he can select which elements and columns the staff sees, depending on the setting and the patient being served. "In long-term care, you always want to see more information than in retail," he says. "We have set up customized views for retail and LTC that keep the information available to just what's necessary, and minimize the number of clicks to accomplish a given task." He is also able to set different labels or med sheets to meet each facility's needs, and still maintain a separate label for retail patients.

Patel further reports easily being able to print a packaging type code on LTC labels, which is very useful, since Rapps Pharmacy offers five different kinds of packaging. "Our technicians can see at a glance which filling station a prescription label goes to," says Patel, "without having to look back in the pharmacy software."

And then there are cycle fill tools. Sometimes the LTC staff needs to exclude a medication from a patent's cycle fill, according to Patel. This is not something that comes up in a retail setting. PrimeRx makes it easy for Rapps Pharmacy staff to do this.

"These are all examples of the details we are able to set, according to our needs, so that we can run both retail and LTC operations from one system," says Patel.

There's another level of customization that's important too, according to Patel. This is when a pharmacy requests new features or changes from the software developer. "I have been very impressed with how PrimeRx responds to our feedback," he says. "They take input from me as a pharmacy owner very seriously. It's clear that they are discussing the best solutions for the issues internally, and then coming back with upgrades to the software that are well thought out."

INTEGRATIONS

Long-term care pharmacy has its own separate and often complex ecosystem of supporting systems and technologies. Successful growth means being able to deploy the right technology to address your needs, with tight integration back to your pharmacy management system.

Cannon Loughry is COO of TwelveStone Health Partners, based in Murfreesboro, Tenn., about 31 miles southeast of Nashville.

CANNON LOUGHRY

TwelveStone Health Partners is a multidivisional company that is focused on patients with chronic, complex, and rare diseases. It has a home infusion division, home health, a specialty pharmacy that's licensed in all 50 states, URAC and ACHC accreditation, and 20 infusion centers in four states. TwelveStone services 50 facilities with approximately 2,500 beds total.

Loughry can offer an example of the importance of integrating new technology to address his operation's delivery needs. "Logistics is our third-largest spend," says Loughry, "and it's one of our largest pain points." When he found a new logistics management application from Virtue Technologies, he was impressed with the ability to place all delivery types into one pane of glass and integrate it with the different pharmacy software platforms TwelveStone uses to manage four different business divisions, including the SoftWriters technology suite used to run its LTC division.

Before the integration, when TwelveStone patient care technicians would get a call from a facility about the location of a delivery, they would have to take multiple steps to track the prescription. "With Virtue Technologies we can immediately go to the orders dashboard and pull up the patient information," says Loughry, "or search on a particular delivery and see the status. It shows where it is in the workflow, from processing to in transit or delivered."

Loughry shares a FedEx delivery example. The interface pulls the FedEx manifest into the SoftWriters' FrameworkECM content management solution. That then goes back into the system record. This eliminates the need to pay additional fees to carriers to store manifests for a longer period of time or printing and scanning them to attach to the patient record. When you click on the delivery number it gives you all the information about that delivery, including the driver, what system it came from, and the tracking number.

"The nice thing here is the interface creates a unique proof of delivery, pulls the tracking number, and keeps track of that delivery as well," says Loughry. "Before, it could be days, if not weeks, before we got some of the physical pieces of paper back from the couriers." The Virtue Technologies app also brings additional benefits. "We use the app to capture details like a photo of the delivery, a geo stamp, or a signature," says Loughry. "That's immediately sent back into our system, which can speed up billing cycles by days."

Virtue Technologies also addresses delivery route planning, which is a complex task that can put a real limit on growth if it's not managed efficiently. As Loughry describes it, routing dispatchers use a dashboard to work with TwelveStone's 15 scheduled daily routes. The system can also have deliveries to facilities automatically go into a scheduled route. When you create an ad hoc route, the system will optimize the route rather than relying on drivers to create a route based on their knowledge of the area. The routes will show you estimated time and mileage. Loughry is pleased with this enhancement to the SoftWriters' system.

Hitesh Patel offers several more examples of the importance of integrations. He reports that his PrimeRx software integrates with three different adherence packaging systems, as well as several different electronic medication administration record systems. "PrimeRx is always working to build out integrations as rapidly as possible," he says. And this is another important area for collaboration, notes Patel. "We are constantly looking for the latest technology we need," says Patel, "and things change so quickly in LTC."

THE RIGHT PARTNER

Another critical element in achieving success and growth in the LTC market is finding a strong service partner, such as a group purchasing organization (GPO). Michael Ansel is chief growth officer at Managed Health Care Associates, Inc. (MHA), the country's largest alternate-site GPO. Ansel himself has 37 years of experience in healthcare, mainly on the healthcare services side. In his view, LTC pharmacies have a variety of opportunities

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MICHAEL ANSEL

that can grow the business and improve financial health, including same-location sales growth from expanding closed-door services; getting the best pricing on prescription inventory and getting access to specialty products; and even buying business and medical products through negotiated contracts.

"MHA has built an exclusive network of pharmacy members," explains Ansel. "We currently have over half of the closed-door long-term care pharmacy market contracted with us, and more than half of the Medicare Part D long-term care pharmacy claims come through our network. That gives us a lot of buying power and a lot of leverage when we are talking with manufacturers, wholesalers, and even pharmacy benefit managers."

THREE OPPORTUNITIES

Ansel offers three areas that MHA pharmacy members can look to in order to drive growth, and he starts with maximizing use of GPO contracts. "That's the biggest opportunity when you look at a lot of closed-door pharmacies," he says. This can mean getting the lowest prices on prescription inventory, medical supplies, or even business products. "We can show them how much they could save if they were maximizing the contracts we have with our top distributors and vendors," he explains.

The second opportunity is participating in programs with pharmaceutical manufacturers for specialty drugs. "The specialty drug market is really growing," says Ansel. "These are usually low-volume, but very high-cost drugs. The need for some of these specialty drugs becomes high as patient populations age and have growing complexity in terms of their chronic conditions or comorbid conditions. MHA has exclusive programs that give our member pharmacies access to specialty medications at negotiated prices."

KNOWING YOUR BUSINESS

The third opportunity is all about people. As important as technology is, Ansel emphasizes how much pharmacies can benefit from experienced advisers. "Our account executives are an incredible asset for pharmacies," he says. "When you think about an account executive being a valuable resource to these pharmacies, they're providing them with information that would be very difficult or time consuming for them to get without us."

The account executive relationship is a unique one between MHA and the member pharmacy, explains Ansel. The bedrock of the interaction is the in-person, quarterly review. "We understand what's going on in their world and where they're seeing constraints," he says. "The quarterly review is an excellent time for the account executive to go over all the opportunities we offer to a member pharmacy. We have the chance to show them how well they are utilizing all the contracts that

continued on page 12

DosePlanner Takes Adherence Packaging to a New Level

Now more than ever medication management programs are vital to a successful pharmacy. Richard Munger, founder and CEO of DosePlanner, a cloud-based medication management solution, in this interview with ComputerTalk*'s Maggie Lockwood, talks about how DosePlanner can improve patient outcomes and generate new revenue.*

RICHARD MUNGER

ComputerTalk: Give us the background on why you came up with the idea for DosePlanner as a medication management tool.

Richard Munger: During high school, I had an evening job working as a janitor at a nursing home. While doing my job, I observed nurses doing their job. Occasionally, while doing their med-pass rounds, they were interrupted by phone calls or other emergencies. When they returned to doing the med-pass, they had to remember where they left off before the interruption. The nurse's recall was not always correct, and sometimes patients would receive an underdose or overdose of their medication.

After high school, I went on to study engineering and IT. A friend of mine that I grew up with went on to become a pharmacist. Fast forward 20 years, I got a call from my friend to visit his pharmacy to help him program a blister card he found online. He tried using Word and Excel but could not get these programs to do the job. I created a program for him that he then used to help grow his business from $3 million to over $32 million in annual revenues. He sold the pharmacy, and I then took the idea, designed a new program, and began marketing it as DosePlanner.

CT: Adherence programs have become a high priority for pharmacy. Tell us about the features that DosePlanner offers that can benefit pharmacy.

Munger: When DosePlanner entered the market, the market already had three major competitors. The only way for me to compete was to add features that the others were lacking and that would benefit the program users. Some of these features are:

- Pharmacies were experiencing supply chain issues. DosePlanner added support for blisters and labels from four different suppliers.
- Pharmacies were constantly receiving queries from patients to identify the pills they received. We added the ability for the DosePlanner user to add images of the drugs to their labels.
- Pharmacists are asked by their nursing home clients to supply medication administration reports printed (MARs) or in electronic form (eMARs). Normally the pharmacy must contract for another piece of software to meet this demand. DosePlanner added the ability to create MARs and eMARs for the pharmacy to give to their clients and eliminate the need for additional software. There are many more features, but too many to list here.

CT: How does DosePlanner facilitate synchronization of patient data in the workflow?

Munger: DosePlanner's design presents the patient's medication profile to the pharmacy user for easy reference. The software also tracks medication refills, expirations, quantity dispensed, and other details about each prescription, enabling the pharmacy to systematically align and synchronize each medication.

CT: The recent announcement of integration with RedSail Technology's Axys system should be a big help in getting DosePlanner into mainstream use. How do you see this playing out?

Munger: DosePlanner was one of the early adopters for integration with RedSail's Axys system. RedSail's announcement of our integration has been beneficial to us for increased exposure to the pharmacy community. We are keen on trends in the industry and want to keep our technological edge with our integrations and features.

CT: Revenue optimization is so important these days. How can DosePlanner play a role here?

Munger: We have given this topic a lot of thought. There are two ways to approach a solution to a business problem: You can look for answers that are cost savers or you can look for revenue generators. A cost saver will help the business to weather a storm by providing a more efficient or productive way to perform a process. A revenue generator will do that same thing but will also allow the business to grow. We have identified a few areas of need within pharmacies. We have researched the need and have begun development for a new DosePlanner module to help a pharmacy generate more revenue. We cannot say too much about it at this point, but we are excited to say that we should be able to bring the new product to market by first quarter 2024.

CT: Is there anything else you would like to add?

Munger: Since my days working at the nursing home, I have developed an interest and a passion for keeping patients healthy. As the years went by, one of these processes became labeled "medication adherence." We are looking at medication adherence as well as all other processes from the point where the physician prescribes the medication up to the point of consumption by the patient… from Rx creation to Rx consumption. **CT**

continued from page 10

we provide access to. We show them where their gaps are, and where they could maximize savings."

This is important for a pharmacy's continued financial health and its ability to seize growth opportunities, notes Ansel. This is because resident censuses in assisted living and skilled nursing communities are now ahead of where they were pre-COVID, but many LTC pharmacies are experiencing financial and staffing constraints that hold them back from growing to serve these residents. "Through their utilization of our contracts, they save money, thereby freeing up resources they can direct toward serving residents," says Ansel.

This advisory relationship extends to powerful analytics that can provide a pharmacy with several layers of benchmarking insights. The first level is internal performance. "Because we have access to pharmacy claims data," says Ansel, "we can see which pharmacies are taking advantage of the contracts that we have."

Pharmacies can also see how they are doing compared to others, according to Ansel. "We can benchmark their performance against the performance of other MHA members," he says. "We can also tell them how they are doing compared to members similar to them in areas such as size, types of facilities served, and geography."

MANY WAYS TO GROW

Growing Rapps Pharmacy, and the move from a combo shop to a closed-door LTC business, was the result of hard work, notes Patel, but also of his realization that working smarter is valuable too. "You need technology that is not putting up barriers," he says. "The more you can automate, the more efficient you are, particularly since it's not so easy anymore to just hire new staff. Since our move to PrimeRx, I have been able to do more with the same amount of staff." His advice? Spend the time it takes to make sure you are invested in good software and automation platforms. In the long run, this will take you further.

Be on the lookout for any technology that creates efficiency and eliminates work silos, advises Cannon Loughry. "Prior to bringing in Virtue Technologies, our logistics solutions were siloed within each individual pharmacy management system," he explains. "What we like about Virtue is that all of our pharmacy management systems are able to use the same technology to manage our last-mile logistics solutions. It makes it much simpler for us."

And work with partners that can position you to be the best. Everyone wants to buy at the most competitive prices, for example. But being sure of this isn't so easy, according to Michael Ansel. "That's why we don't just work hard at the contracting component of MHA's offerings," he says. "Pharmacies also have to have access to the right tools and advice to show them how well they're taking advantage of savings and other opportunities."

Pharmacies that excel at deploying technology for maximum efficiency and navigating fundamentals such as lowest-cost purchasing and performance analytics will, in the end, be the ones that can stay on a growth path that offers the most programs and highest level of service to facilities and residents. **CT**

BestRx Pharmacy Software: Covering All the Bases

Bill Lockwood, ComputerTalk *publisher, sits down with Vikas Desai, VP of BestRx Pharmacy Software, and Stephen Barnes, director of sales and marketing for BestRx, to hear how the company is providing pharmacies with the tools that can increase profitability, and their take on cloud-hosted solutions.*

ComputerTalk: Let's start by hearing what you see as the advantages of cloud-hosted solutions?

Vikas Desai: The main advantage of a cloud-hosted solution is the freedom to work from anywhere. There are many functions within a pharmacy that can be performed remotely. When your data is no longer tied to a physical server in the pharmacy, it allows your employees to perform those functions off-site. This not only improves efficiency, but it can also increase employee satisfaction. We launched a cloud-hosted version of BestRx in December of 2022, and the response from pharmacies has been incredible.

Vikas Desai

Cloud-hosted solutions also make it easier to manage multiple pharmacies. For example, with BestRx you can link your stores and manage all your locations from a single device. Plus, when your data is hosted in the cloud, you don't need to rely on clunky VPNs [virtual private networks] to establish connectivity. Your data is easily accessible, regardless of what's happening on-site at your pharmacy.

Finally, enhanced data security is another big advantage of using cloud-hosted solutions. BestRx uses Microsoft Azure servers, which boast robust encryption and security protocols across the board, to house our clients' data. We are also able to provide pharmacies with automatic real-time backups. Not only does this remove a task from your workload, but since the data is no longer being stored at your pharmacy, it is safe — even during unforeseen events that may compromise your physical store.

CT: Getting prescriptions in and out of the filling queue as accurately and quickly as possible is important. What have you done to improve workflow efficiency?

Desai: Independent pharmacies are all unique in the way they operate. Unlike chain pharmacies, one set workflow doesn't always work for all pharmacies. That is why we designed BestRx to include highly customizable workflow settings. That way, each pharmacy can set up their own custom queues, enable specific workflow triggers, and dictate instances when authorization or administrative approval is needed.

With BestRx, pharmacies are also able to automate many tasks, including processing refills, patient notifications, insurance billing, label printing, PDMP [prescription drug monitoring program] reporting and verification, payment reconciliation, and return-to-stock functions.

Using technology to improve efficiency and automate repetitive tasks reduces the likelihood of errors and allows the pharmacy to focus on caring for patients and growing their business.

CT: Pharmacies today need robust, easy-to-use tools to help manage vital business operations quickly and efficiently. What do you offer to ease the burden on business owners?

Stephen Barnes: One of the most important aspects of a pharmacy's operations is their claims process. However, some pharmacies still don't track their reimbursements and reconcile their claims. In fact, PBMs [pharmacy benefit managers] count on those pharmacies to not keep track of the money they are owed, so they themselves can keep it and increase their own profitability. That's why BestRx offers a reconciliation feature that helps pharmacy owners track their claims, including whether they've been properly paid or not.

Stephen Barnes

Tracking acquisition costs is another critical piece of a pharmacy's operational and financial performance. That's why it's important to ensure pricing information is up to date, which can be done easily, using automatic EDI [electronic data interchange] functionality. Otherwise, the pharmacy may believe they are losing money on a claim when they aren't — or worse, that they've made money when they haven't.

While pharmacies can't control reimbursement, there are two aspects of their operations that they have complete control over — inventory and payroll. Both can have a significant impact on their business. When it comes to inventory, it's important for owners to remember that extra or unnecessary products on their shelf are essentially just money that's collecting dust. To help pharmacies manage their inventory levels, BestRx offers multiple inventory reports that can be used to adjust their inventory levels when needed, including the quantities on hand and reorder points.

From a staffing perspective, BestRx's Time Clock feature enables pharmacy owners to easily track employee shift

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activity, as well as pay rates, PTO, overtime, and holiday pay. Owners can also use Time Clock reports to properly account for employee payroll.

CT: I think you will agree that multistore ownership is one way that can keep an independent competitive. How is your software designed to help pharmacy owners manage multiple locations?

Barnes: We talked about our cloud-hosted system earlier, which is a great way to manage multiple locations. In fact, we have one owner with over 15 locations that can all be accessed from the same laptop. In addition to our cloud-hosted software, we also offer two web-based solutions: Central Verification and Central Reporting. These features provide owners with other ways to access their BestRx system and perform certain tasks while off-site.

Central Verification, also known as telepharmacy, allows a pharmacist to verify prescriptions for one or multiple stores from anywhere, using our convenient web portal. They just need to have access to a web browser, which could even be from their phone or tablet. The portal enables pharmacies to offer employees greater flexibility between their locations and a more balanced workload, without having to subscribe to an expensive third-party service.

Central Reporting is also available through the same web portal and provides owners with convenient access to a variety of reports for individual stores, or aggregated reports across all their stores. That way they can easily obtain a bird's-eye view of everything happening or use customizable filters to narrow down the data to obtain store-specific results.

An independent pharmacy owner's job is never complete, but that doesn't mean they have to be at the pharmacy to get things done. Using these types of remote tools, BestRx enables multistore owners to manage all of their locations easily and efficiently, no matter where they are.

CT: Now let's focus on the patient. How is your software designed to increase patient engagement and loyalty?

Barnes: Independent pharmacies are known for their ability to develop strong relationships with their patients in ways that chains do not. However, patient engagement is no longer built on face-to-face interactions within the walls of your pharmacy alone. It's important for stores to connect with patients digitally as well, and BestRx is proud to offer pharmacies innovative tools to make that happen. This includes a variety of automated text and email alerts that are available through our Messaging Interface. Using electronic communication, pharmacies can keep patients updated on the status of their prescriptions and send personalized birthday and welcome messages as well.

Another exciting way BestRx pharmacies can increase their patient engagement is through our new Your Local Pharmacy app. Your Local Pharmacy allows patients to manage their prescriptions and communicate with their pharmacy from a compatible mobile device or computer. As we continue to make enhancements to the app, patients will also be able to make payments and schedule appointments through Your Local Pharmacy.

Our point-of-sale software, BestPOS, also includes tools to help pharmacies build customer engagement and loyalty, the first being the ability to create customized sales promotions for specific products or across an entire department. Sales promotions are an easy way to promote your OTC [over-the-counter] items and attract new customers to your store. Pharmacies can also encourage repeat business with BestPOS's customizable loyalty program.

CT: What would you describe as best practices for pharmacy profitability moving forward?

Desai: The days of simply filling prescriptions to keep your business afloat are gone. Now, the best thing a pharmacy can do, from a profitability standpoint, is to embrace technology, diversify their business, and establish multiple revenue streams.

They can add revenue by offering OTC items, as well as billable clinical services like point-of-care testing, vaccines, and MTM [medication therapy management] services. Participating in 340B programs, supporting long-term care facilities, and offering mail order are also great options for pharmacies. Not only will these supplemental products and services help patients stay well, they also encourage repeat business for your business.

When considering new services, it's important for pharmacies to evaluate what their competitors are doing — or more importantly, are not doing. That way, they can identify gaps they can fill and differentiate themselves in the process. Marketing these services to the community is also important, as they are an effective way to bring new customers in.

Lastly, pharmacies must embrace technology to reduce errors and become more efficient. Too often pharmacies are worried about the up-front costs but do not consider the substantial benefits that technology can provide. Take our NightTech feature, for example. It works behind the scenes, automatically moving prescriptions in the pharmacy's refill queue through the fulfillment process overnight. That way the scripts are ready to be filled by the time the pharmacy opens the next morning. Through time-saving features and our advanced cloud-hosted solutions, BestRx helps pharmacies gain more time back in the day to care for patients.

CT: This has been most informative. Thank you. **CT**

Three AI-Enabled Medical Devices Approved by the FDA

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

WITH THE SIMULTANEOUS HYPE AND concern surrounding ChatGPT and Med-PaLM, it is easy to get somewhat lost in the enthusiasm and anxiety around generative artificial intelligence (AI) tools. Indeed, the last two installments in this column have focused on these generative AI tools. Readers are encouraged to check out the May/June and July/August issues of *ComputerTalk* for more information on generative AI. We will remain in the AI space for this issue, but our focus is different. Much of the talk surrounding generative AI centers on potential uses, both in and out of the healthcare domain. While there are a few current examples of generative AI applications in practice, much of the conversation is speculative in nature. In this column, we are going to explore existing AI tools that are marketed in the United States.

The U.S. Food and Drug Administration (FDA) is responsible for medical device approval and maintains a list of devices along with their approval status. Medical device classification is a combination of anticipated risks to the consumer, intended use, and indications for use. We are not going to delve into classification categories and codes, but readers should be aware that there is a structured, systematic method to applications for approval and ultimate device classification.

The COVID-19 pandemic was life-altering for many across the world, including people in this country. In healthcare (and other industries, like higher education), it can be argued that the pandemic hastened the rate of change for the acceptance of remote models of care. Prior to the pandemic, remote patient monitoring using devices largely from consumer electronics companies was slowly gaining steam, primarily under the digital health moniker. However, resistance and questions around data validity and integration were common, and frankly, reasonable to ask. The pandemic forced flexibility in both policy and practice to enable continued care during quarantine periods and for those who could not travel.

AIR NEXT

While its emergence cannot be directly attributed to the pandemic, NuvoAir's Air Next diagnostic spirometry device highlights the convergence of remote monitoring and artificial intelligence. The device targets those with COPD (chronic obstructive pulmonary disease) in an effort to allow at-home lung function monitoring with heightened accuracy. The company frames its services as "virtual first," meaning that in-person care interactions are a secondary focus. Air Next is also available for remote diagnosis and treatment of those with asthma. For those use cases, artificial intelligence enters the picture in clinicians' assessment of the data collected by the device.

However, the pandemic enters the conversation when clinical trials are involved. The pandemic impacted clinical trials at varying levels, including completely halting all operations for many trials. This highlighted the need for remote monitoring of clinical trial participants. In clinical trials focused on respiratory conditions, spirometry data is critical to assess outcomes and patient response to interventions. A quality assurance process known as "over-reading" is common for clinical trial spirometry data. Over-reading involves a secondary review of spirometry data. The manual nature of over-reading can lead to extended delays in assessing

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data quality. To address this limitation, NuvoAir partnered with ArtiQ, whose software automates the over-reading process through artificial intelligence. The availability of real-time data regarding spirometry data allows clinical trial participants to immediately perform another reading.

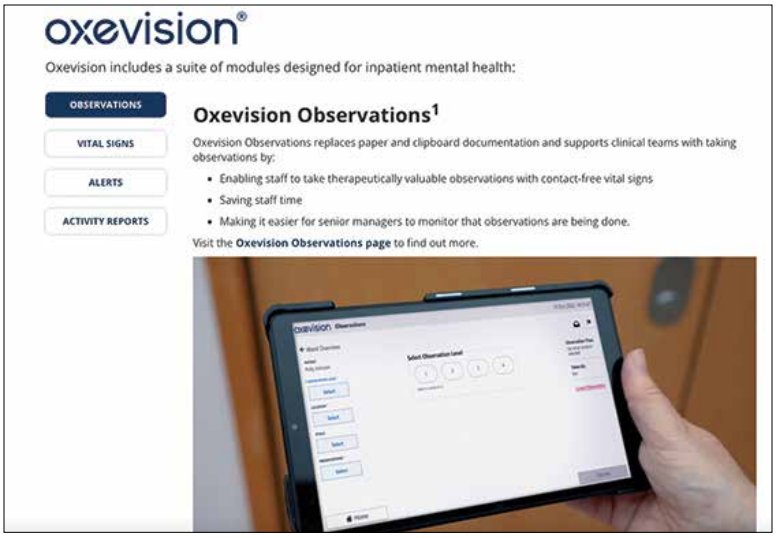
KARDIAMOBILE

Looking at another clinical condition, we turn to the heart. AliveCor is well-known in the digital health world. In fact, its heart rate monitor for the iPhone received FDA clearance in 2012. Today, the company's focus remains cardiovascular health through the KardiaMobile personal electrocardiogram (ECG) device. The KardiaMobile allows patients to record an ECG anytime they desire, using an FDA-approved device. In 2021, AliveCor expanded the list of approved uses of its personal ECG device to include the detection of QT interval prolongation. As a refresher, the heart produces a routine, repetitive pattern of electrical pulses in the process of stimulating a regular heart rate. The ECG measures this electrical activity in the heart. The presence of a prolonged (lengthened) QT interval in the ECG is indicative of a potentially very serious arrhythmia that could lead to death.

A variety of factors can cause a prolonged QT interval, including medications. For our pharmacist readers, we know these medications are found across many of the most commonly used drug classes, including antibiotics and antidepressants. With AliveCor's six-lead KardiaMobile personal ECG device, patients have a tool to record ECG data, which can then be interpreted by the AliveCor QT Service. The AliveCor QT Service is the actual tool that received FDA approval in 2021 for QT prolongation detection, using data recorded by the KardiaMobile 6L (6 lead) ECG. This interpretation of ECG data is enabled by AI algorithms. These algorithms were trained on over 750,000 ECGs from more than 250,000 patients.

OXEVISION VITAL SIGNS

As we wrap up, we will briefly look at a third AI product, from Oxehealth in the UK. Have you ever been a patient in the hospital? Did you find it ironic that those caring for you encouraged you to get rest (for optimal recovery), but you were frequently awoken during the night to record basic vital signs? Certainly, those vital signs are important and necessary, but quality sleep in the hospital has been elusive during my hospital stays. While I cannot confirm that experiences such as mine were the driver, it seems logical that Oxehealth's Oxevision Vital Signs product is intended to address scenarios like those previously described. Oxevision uses infrared cameras to noninvasively measure pulse and respiratory rate, without interacting with the patient. In fact, the clinician can remotely access the data without the need to enter the patient's room. Oxevision uses AI-based algorithms to assess the images collected by the cameras, alerting clinical staff of potential concerns. Oxevision is not intended for longitudinal monitoring, but for spot-check measures of no more than 15 seconds. I have no planned hospital stays, but I definitely will be on the lookout for Oxevision the next time I am a patient.



UK-based Oxehealth's Oxevision vital sign monitoring product, one of the 500 AI-based devices approved by the FDA. Oxevision uses AI-based algorithms to assess images of patients collected by cameras to alert clinical staff of potential concerns.

The FDA has approved more than 500 AI-based devices to support patient care and management. We touched on a few, select examples in this column. If you have a device that you find particularly compelling, please email me. **CT**

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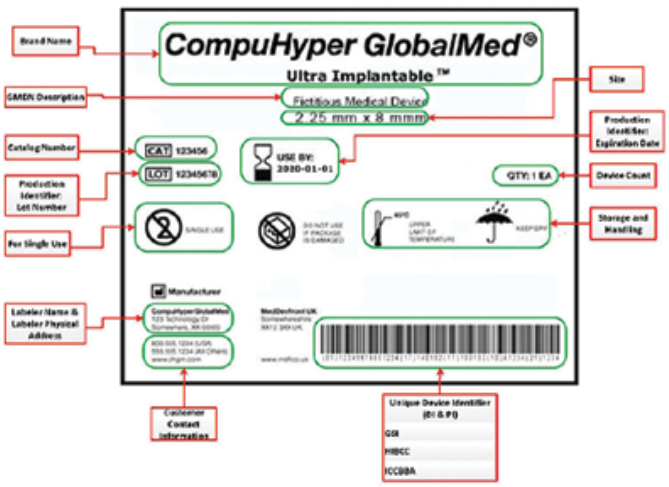
Are You Ready for UDIs?

Ann Johnson, Pharm.D.

David Schuetz, R.Ph.

HAVE YOU NOTICED MORE PRODUCTS ON YOUR PHARMACY shelves, especially medical devices and other non-drug items, with more information on the package label, resembling this example provided by the FDA (Food and Drug Administration)?



In September of 2013, the FDA issued a rule establishing the use of the Unique Device Identification System to identify devices through distribution and use. The system established by the UDI Rule requires that medical device package labels include a unique device identifier (UDI) and requires that each UDI be provided in an easily readable plain-text version and in a machine-readable form that uses automatic identification and data capture (AIDC) technology.

The UDI in this example is the long barcode, accompanied by a long string of numbers, on the bottom right. The UDI is made up of two portions:

- Device identifier (DI), a mandatory, fixed portion that identifies the labeler and the specific version or model of a device.
- Production identifier (PI), a conditional, variable portion that identifies one or more of the following when included on the label of a device:
  - Lot or batch number.
  - Serial number.
  - Expiration date.
  - Date the device was manufactured.
  - Distinct identification code required for a human cell, tissue, or cellular and tissue-based product (HCT/P) regulated as a device.

On May 21, 2021, the FDA issued a policy prohibiting the use of National Health Related Item Codes (NHRICs or HRIs) and National Drug Codes (NDCs) on medical devices and requiring the use of UDIs instead. The FDA accredited three organizations as UDI-issuing agencies: GS1, the Health Industry Business Communications Council (HIBCC), and the International Council for Commonality in Blood Banking Automation (ICCBBA). Each issuing agency has a unique UDI format that the FDA reviewed and approved as part of the issuing agency accreditation process.

Prior to the establishment of the FDA's UDI system, the absence of a standardized, unique identification system for devices led companies to obtain a labeler code from the FDA and place NHRIC or NDC numbers on the labels and packages of certain medical devices. Because of this, the UDI Rule includes a provision that rescinds any NHRIC or NDC number assigned to a medical device, to further the objectives of the UDI system. Therefore, any label on a medical device manufactured after Sept. 24, 2023, is required to bear a UDI on its label, and any NHRIC or NDC number assigned to that device is rescinded and may no longer be on the device label or package.

The UDI Rule explained that continued use of the legacy NHRIC and NDC numbers on device labels and packages could cause confusion regarding appropriate identification of the device or

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obscure the distinction between drug and device identification systems. The continued use of NHRIC and NDC numbers on device labels would also impede the goal of establishing a standardized, uniform device identification system meant to enhance clarity and efficiency and achieve related benefits intended by the UDI Rule.

WHAT DOES THIS MEAN TO THE PHARMACY?

In the example, if the package label does not have any other product identifiers printed on it, then the only identifier is the DI portion of the UDI, printed below the long barcode. However, even a trained eye might have trouble figuring out the product identifier within the 45 characters used in the example. The DI in the example is a GTIN-14. The Global Trade Item Number (GTIN) is the globally unique identification key, established by GS1, used to identify trade items. GTINs are assigned by the brand owner of the product and are used to identify products as they move through the global supply chain. The 14-digit GTIN is one of the possible identifiers used for the DI portion of the UDI; it is the 14-digit value following the (01) application identifier.

The issue for pharmacy is that UDI identifiers are longer than a standard 11-digit NDC, and many systems cannot currently accommodate a longer identifier. The implementation of the UDI brought new identification systems to the forefront, such as GS1 and the GTIN-14 value for the DI, and HIBCC, whose identifiers include alpha characters. Reformatting of 14-digit GTIN values should follow the NCPDP (National Council for Prescription Drug Programs) Product Identifiers Standard to reformat these numbers into 11-digit identifiers. The issue is the lack of alignment between manufacturers designing labels for their devices, pharmacies selecting and submitting claims, and claims processors completing adjudication.

Device manufacturers are also attempting to figure out how to make it easy for pharmacies to determine the appropriate identifier to use for claims submission. One idea is the introduction of a new identification concept called the National Reimbursement Code (NRC) by AdvaMed, which represents manufacturers of medical devices, digital health technologies, and diagnostic products. AdvaMed posted a position paper in May 2023 stating that they support the use of the term National Reimbursement Code as a replacement for NDCs and NHRICs on medical devices. AdvaMed notes that the FDA is comfortable with medical device manufacturers continuing to use the original 11-digit number; the only required change is replacing "NDC" or "NHRIC" with "NRC" on the packaging. All the usual numbers for adjudicating a claim will remain the same, i.e., the product identifier inside the pharmacy system will be unchanged. Other stakeholders question that if the NRC and the reformatted DI do not align, which identifier should the pharmacy use for billing? Discussions are occurring, with unknown timelines and resolutions.

If the NRC comes to fruition and device manufacturers use it for products brought to market after Sept. 24, 2023, those manufacturers should ensure that the NRC and UDI align to avoid creating two different identifiers for those new products. If the identifiers do not align, there will certainly be the potential for more confusion in what some in the industry already see as a confusing process.

DETERMINING THE PROPER IDENTIFIER FOR BILLING

Until the industry is in total agreement on how to use the UDI and the NRC, the suggestion is to look for identifiers on the package label much as you would now. If you see an NRC (formatted like an NDC), then attempt to find that in your product file. If you locate the UDI (which is likely to be 14 digits) and barcode, look for the (01) and then refer to the next digits. If it is 14 digits, then ignore the first three digits and the last digit and use the 10 digits in between. The problem is that a zero is inserted in one of three places in that value to make it 11 digits, based on the standard rules. Pharmacies will need to be extra diligent to ensure they select the correct product from the system product file and that it matches the product to be dispensed.

GOOD NEWS ON THE HORIZON?

During the first quarter of 2024, the industry should be expecting HHS (Health and Human Services) to name an updated version of the NCPDP Telecommunication Standard. Implementation of the updated version should compel users of product identifiers to revamp their processes to use multiple product identifier types that utilize different lengths. When put into practice, use of NDCs, UDIs, and other forms of product identification in their native form will work and not require any type of reformatting to make systems function correctly. **CT**

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Pharmacy Disaster Relief Efforts

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

PHARMACY'S DISASTER RELIEF INFRASTRUCTURE IS KICKING ON IN THE wake of several recent fires and storms, ensuring patients are able to access medication and treatment in spite of significant damage. In the last month alone, several man-made and natural disasters have occurred that impacted pharmacies and their patients. Fires in Maui destroyed the historic city of Lahaina, killing at least 115 people and destroying more than 2,000 structures in early August. At the same time, several severe tornados occurred in the United States, striking Colorado, Illinois, Missouri, New York, and Tennessee while flooding occurred in Massachusetts and South Carolina. The end of August saw landfall of Hurricane Idalia, causing severe damage along the Gulf Coast, especially to Georgia and Florida's Big Bend region, where thousands of structures were damaged or destroyed.

In all these cases, pharmacy's disaster response infrastructure showed again how much has changed in the nearly 20 years since Hurricane Katrina's devastation in 2005. At that time, millions of dollars in monetary and pharmaceutical donations were distributed by a variety of nonprofit and response organizations, as well as manufacturers, wholesalers, and other private sector companies. But there was little coordination between them. Without a central point of contact to coordinate collaboration between the pharmaceutical supply chain and the government, issues arose. Medical deliveries were held up at checkpoints, while hundreds of phone calls between government officials and random contacts within individual companies asked many of the same questions. Resolving questions or tackling obstacles proved time-consuming and wasteful.

PREPAREDNESS PLANNING AND ALERTS

As a result of the Katrina experience, Rx Response was established by the trade associations composing the biopharmaceutical supply chain and the American Red Cross, and has evolved into Healthcare Ready, www.healthcareready.org, now in 16 years of operation.

Healthcare Ready's vision is to "build resilient communities that are prepared for, can respond to, and recover from disasters and disease outbreaks. The health of all, especially those most impacted by these crises, depends on strong infrastructure, seamless emergency response and supply chain coordination to ensure continuity of care." Their mission is to leverage "unique relationships with government, nonprofit and medical supply chains to build and enhance the resiliency of communities before, during and after disasters." Healthcare Ready activates whenever there is a potential widespread impact to healthcare supply chains and/or community well-being. The group's preparedness philosophy is centered on the need to strengthen healthcare systems versus building contingencies that may or may not ever be needed.

Healthcare Ready's Alert Hub provides those in need during vulnerable situations with access to relevant situation reports, threat analyses, and visualizations with links to specific events facilitating solutions for patients to access needed medications and healthcare (see https://healthcareready.org/alert-hub/). As per their website, the hub is set up by three crisis alert levels: standby, monitoring, and engaged:

- Standby: During normal operations, Healthcare Ready maintains readiness on a standby status.
- Monitoring: When an event looks likely to threaten public health and potentially disrupt the normal supply chain, Healthcare Ready can move a monitoring status, which may also be used to initiate a "partial" activation.
- Engaged: When an event is threatening public health and may disrupt the normal supply chain.

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As of this writing, Healthcare Ready is active for the Maui wildfires and Hurricane Idalia and is monitoring the Pfizer North Carolina production facilities impacted by tornadoes.

Healthcare Ready operates Rx Open (https://rxopen.org/), which provides information on the operating status of healthcare facilities in areas impacted by a disaster. Rx Open is an interactive map that helps patients and providers find nearby open pharmacies in areas impacted by disaster. More than 81,000 pharmacies have been mapped into the system. Pharmacies can enroll in Rx Open by emailing admin@healthcareready.org.

Healthcare Ready also has Rx on the Run, which is a tool that allows an individual to create a personalized wallet-sized card for capturing prescription information. It is available in both English and Spanish, and in a large print version. The wallet-size version can be folded and fit into any standard card/ID holder or wallet.

Healthcare Ready offers numerous resources to help create community resiliency and disaster preparedness. In 2022 alone, 64 of the organization's tools and resources were used by public health leaders, healthcare organizations, and communities throughout the United States.

If you or your colleagues want to connect with Healthcare Ready or need assistance, contact the organization via email at ContactUs@HealthcareReady.org or by calling 1-866-247-2694.

THE EMERGENCY PRESCRIPTION ASSISTANCE PROGRAM

Another important tool for pharmacists and patients to ensure medication access during a disaster is the Emergency Prescription Assistance Program (EPAP), operated by the U.S Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR). EPAP allows enrolled pharmacies to process claims for prescription medications, certain medical supplies, vaccinations, and some forms of medical equipment for eligible people (uninsured) who live in a federally identified disaster area. It is only available when activated.

Eligible individuals can receive a free 30-day supply of their medications, which can be renewed every 30 days for as long as EPAP is active. The program also provides access to vaccinations and replacement medical supplies and equipment that were lost or damaged in the emergency or during evacuation. EPAP only covers items prescribed by a licensed healthcare provider. EPAP is currently active because of the Maui fires. Pharmacies can enroll in EPAP by filling out a form at https://www.esiprovider.com/gen/express-scripts/index.cfm?cmd=1. A list of enrolled pharmacies may be found at https://aspr.hhs.gov/EPAP/Pages/enrolledpharmacies.aspx. The pharmacy area of the EPAP website outlines claims processing information.

DISASTER RELIEF GRANTS FOR PHARMACIES

The National Community Pharmacists Association (NCPA) Foundation operates the Disaster Relief Fund, supported by the AmerisourceBergen Foundation. The program assists eligible community pharmacy owners with funds to help repair their pharmacy in the event of disaster, accidents, illness, or other adverse circumstances. Assistance is available to both NCPA member and nonmember independent pharmacies on a first-come, first-served basis. For more information contact the NCPA Foundation at ncpaf@ncpa.org or 703-838-2653. The program also takes donations. An emergency preparedness checklist is available at https://www.ncpafoundation.org/be-prepared/

Ensuring our patients have access to their medications during a disaster is critical. Healthcare Ready, EPAP, and the NCPA Foundation are some of the resources that can help. I encourage pharmacist readers to consider working with their leadership to enroll in Healthcare Ready and the EPAP. Pharmacy system vendors can play a valuable role in communicating the availability of these resources to their pharmacy customers and working with them to ensure they have disaster preparedness plans in place. **CT**

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January 10 - 12, 2024

On The Agenda

U.S. Pharmaceutical Market: Trends, Issues, and Outlook

Practical AI in the Pharmacist Workflow

DSCSA Compliance Requirements Regulatory and Industry Status Report

Opportunities for Pharmacy Practice Transformation and Creating an IMPACT in Population Health

PDMPs and ASAP 5.0 Updates

What's Driving Healthcare Team Evolution

Error-free Data: Yes, Please!

Medicare Payments and Beneficiary Smoothing: What Pharmacies Need to Know

340B Trends and Issues: Is It Time for Reform?

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