See a Need, Fill a Need
Finding Your Pharmacy Niche

Pamala Smith Marquess, PharmD
East Marietta Drugs
Disclosures

Pam Marquess declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

Laura Patterson declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

Brian J. Sidone, PharmD, Owner, Director of Pharmacy – Mainline Pharmacies declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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Learning Objectives

• Describe patient care ideas you can begin with your patient population.
• Discuss budgeting and planning for expenses and income.
• Outline market and provider outreach methods that are successful in growing your practice and niche.

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See a need, Fill a need
Finding your pharmacy niche

• Educate Patients/Patient Relationship
• Engage Staff/Pharmacy Operations
• Adherence Technology
• Adherence Tools
• Med Sync
• STAR ratings, MTM

Non-Adherence

• A review in the Annals of Internal Medicine estimates that a lack of adherence causes nearly 125,000 deaths, 10% of hospitalizations, and costs the healthcare system between $100-$289 Billion per year
National Report Card on Medication Adherence identified the **six key predictors** of medication adherence

1. Patients’ personal **connection** with a pharmacist or pharmacy staff
2. How easy it is for them to **afford** their medications
3. The level of **continuity** they have in their health care
4. How important patients **feel** it is to take their medication exactly as prescribed
5. How well informed they **feel** about their health
6. The extent to which their medication causes unpleasant **side effects**

**NON-ADHERENCE**

**HOW DO WE ADDRESS THESE REASONS**

- **DRIVE PATIENT RELATIONSHIP**
- **HELP THEM REMEMBER**

![Self-Reported Reasons for Non-Adherence](chart.png)
Patients who obtain their medication by mail are significantly less likely than others to feel that someone at their prescription provider knows them pretty well.

Connectedness peaks among those who use an independent neighborhood pharmacy.

36% MAIL ORDER
67% CHAIN PHARM
89% NEIGHBOR PHARM

Outcomes of Multi-Channel Digital Communications

Clinical Refill Reminder calls have cut days late by 50%.

Will Call Bin Management campaigns have seen a 30% reduction in return-to-stock.

Flu Campaigns have increased immunizations by up to 500% year-over-year.

New patients who receive a Welcome Call are 22% more likely to bring their next fill to that pharmacy.
HOW DO WE ADDRESS THESE REASONS

DRIVE PATIENT RELATIONSHIP
HELP THEM REMEMBER

Self-Reported Reasons for Non-Adherence

- Forget: 42%
- Remind: 14%
- Away from home: 27%
- Tired to keep taking daily: 22%
- Medication affects: 21%
- Weather: 17%
- Doctor's orders: 17%
- Cost: 16%
- Don't like the side effects: 12%

NON-ADHERENCE

APPOINTMENT BASED
MED SYNC

More than synchronizing patient's medications
Changing the way pharmacies are practicing – from reactive to proactive engagement with their patients
Driving the appointment based model

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Med Sync – Transforming Pharmacy Workflow Efficiency

• Typically pharmacies have 25-75 patients that are not the "right" patient because they only account for only 5% to 10% of prescription volume

• Target the right patients, example
  • 9,000 rxs/month, 930 patients enrolled in program (about 10%)
  • 3,800 rxs/month, 360 patients enrolled in program (almost 10%)
  • 58% of their scripts or a total of 7,424 out of 12,800 total

• Sync top 10% (Medicare) patients who have high number of scripts

• Aim to expand by 10% quarterly

• Goal to get to 30% of prescription volume – workflow efficiencies become evident

4 Benefits of Med Sync - Overall

• 1) Stronger relationships.
  • Both patients and providers are interested in the idea of med sync/ABM, providing yet another way for pharmacists to forge deeper relationships.
  • For physicians that are migrating to ACO models and onset of MIPS, knowing that pharmacists are focused on adherence and are regularly reviewing and synchronizing medications is extremely valuable.

• 2) Increased revenue.
  • Med sync and ABM can lead to 2–3.5 additional prescription refills per participating patient over the course of a year.
  • [100 synched patients x 20 additional fills x $10 profit] = $20,000/per year
  • [360 synched patients x 20 additional fills x $10 profit] = $72,000/per year
4 Benefits of Med Sync - Overall

• 3) Improved clinical performance.
  • Medication synchronization can improve clinical performance data on key Star Ratings quality measures, such as PDC scores, as a result of more adherent patients. With routine patient check-ins, pharmacies can identify gaps in care and ensure patient outcomes are positive.
  • 1000 additional vaccinations x $23 profit = $23,000

• 4) Operational efficiencies.
  • Medication synchronization is a way to organize and streamline operations. It replaces chaos and stress with order, it is relatively easy and inexpensive to start, and it can help improve inventory management. It enables the pharmacy to transition from what is a primarily reactive and transactional mode of business, to a proactive, patient-focused workflow.

7 Benefits of Med Sync – Pharmacy Operations

• Reducing incoming phone calls.
  • Whether a pharmacy has staff answer the phone or relies on an interactive voice response system, it takes time and resources to handle refill requests, which make up the bulk of prescription volume. Synchronization allows the pharmacy to know when prescriptions need to be filled so staff can work proactively to fill them in advance without the patient needing to make a call.

• Minimizing patients’ wait time.
  • With synchronization, the only patients waiting in-store for medications are those who have new prescriptions. Refills are handled separately through the synchronization process.

• Decreasing accesses to patient profiles.
  • Synchronization consolidates dispensing — and associated patient look-ups — to once a month, as opposed to disjointed accesses three or four times per month for unsynchronized patients.

• Producing complete medication orders.
  • By its once-monthly nature, synchronization reduces the incidence of on-order and partial medication fills.

• Speeding up patient checkouts.
  • Enrolled patients don’t have to wait at point-of-sale terminals multiple times per month, as they would without synchronization. That moves along the checkout process for in-store patients and leverages staff efficiency.

• Scaling back deliveries or mailings.
  • Again, medications go out once per month rather than multiple times.

• Opening up opportunities for MTM.
  • Time not spent on dispensing can be devoted to MTM services like comprehensive medication reviews and targeted interventions, and expanding these clinical offerings to a higher percentage of patients. In the process, pharmacies can improve patient understanding of medications and disease states, ramp up drug adherence, and identify potential drug interactions and duplicate therapies.
**OUTCOMES**

**MEDICATION SYNCHRONIZATION**

**JUST THE FACTS**

Health Affairs 2016 – In patient who showed poor adherence going into the study, adherence increased by 9-13%

Health Affairs 2016 – Synchronizing refills increased medication adherence by 3-5% among MAPD for beneficiaries taking multiple prescriptions

JAPHA 2013 – Result in average adherence improvements of up to nearly 3 additional refills per medication per year

AJMC 2016 - Direct medical costs were much lower, on average, for patients with higher adherence scores

FOR EACH $1

$3

3 MORE

IN 4 MONTHS

4%

32% INCREASE

IN THREE MONTHS

5

IN THREE MONTHS

82% of non-adherent patients enrolled in Med Sync became 5 Star Pharmacy within 90 days

One 30+ store pilot group increased its overall Star Ratings from 3.9 to 4.1 in just the first 4 months of med sync

One 1,000+ member PSAO increased its overall Star Ratings from 3.1 to 4.1 in the first year of med sync

One 500+ member GPO showed an increase of 2.7 Million fills year over year via med sync and patient engagement

2.7 MILLION

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Pamala Smith Marquess, PharmD
Owner, East Marietta Drugs
pam.marquess1@gmail.com
twitter:@MarquessPam
instagram: pmarq1

See a Need, Fill a Need—Finding Your Pharmacy Niche

Laura Patterson, PharmD
Owner, Hale Center Clinical Pharmacy
On Becoming a Clinical Pharmacy

- Immunizations
- MTM
- Free monthly diabetes classes
- Medication synchronization program
- Diabetes Self-Management Education accreditation
- Weight loss program

Rethinking Our Approach

- What programs or offerings do we currently have that are working well?
- In what ways can we grow this program?
- Are there services that could be combined to enhance our overall offering?
### NHIS Adult Immunization Rates

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Age Group</th>
<th>Percent Immunized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>19 +</td>
<td>43.2%</td>
</tr>
<tr>
<td>Tetanus toxoid vaccines (all)</td>
<td>19 +</td>
<td>62.2% (in last 10 years)</td>
</tr>
<tr>
<td>Tdap (tetanus, diphtheria, pertussis)</td>
<td>19 +</td>
<td>42.1%</td>
</tr>
<tr>
<td>Zoster</td>
<td>60 +</td>
<td>27.9%</td>
</tr>
<tr>
<td>Pneumococcal (PPSV23 &amp; PCV13)</td>
<td>19 - 64 at high risk</td>
<td>20.3%</td>
</tr>
<tr>
<td>Pneumococcal (PPSV23 &amp; PCV13)*</td>
<td>65 +</td>
<td>61.3%</td>
</tr>
</tbody>
</table>


### Case Study:

AB is a 68 year male enrolled in your pharmacy’s medication synchronization program. He has Type 2 DM, HTN, and dyslipidemia.

Is AB in need of any immunizations?
Immunizations

What immunizations is AB eligible to receive?

- Influenza
- Pneumonia
  - PPSV23
  - PCV13
- Shingles
- Tetanus
  - Td
  - Tdap
- Others?

ACIP Immunization Recommendations

Age 6 mo +
- Influenza
  - Annually

Age 60 +
- Zoster
  - Single dose regardless of past Zoster history
  - Contraindicated in severe immunodeficiency

All Adults
- Tdap & Td
  - Sub 1 dose of Td for Tdap; then Td every 10 years

ACIP Pneumococcal Recommendations

**Age 65+**

*Never received pneumonia vaccine*
- Needs PCV13 and PPSV23 (at least 1 year apart)
- Administer PCV13 first

*Received PPSV23 at age <65*
- Administer PCV13 at least 1 year after PPSV23
- Administer PPSV23 at least 1 year after PCV13 and 5 years after PPSV23

*Received PPSV23 & PCV13 <65*
- Administer PPSV23 at least 5 years after last PPSV23

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**Age 19-64**

*Never received pneumonia vaccine*
- Indicated for adults with certain chronic conditions
- See ACIP for full recommendations

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Other Immunization Considerations

Population Specific Vaccines

- Hepatitis A
- Hepatitis B
- Meningococcal
- Human Papillomavirus
- *Haemophilus influenzae* type b
- Travel Vaccines
- Yellow Fever
- Typhoid
- Cholera
- Japanese Encephalitis


The Logistics

1. Who is our target population(s)?
   - Which vaccines will we keep in stock? Should some be special order only?

2. How can we realistically work screening for immunizations into our work flow?
   - Will it take extra staffing to accomplish?

3. Do we want to invest in technologies to help identify patients/vaccine needs?
   - Through Rx software vendor? Other technology vendors?
Case Study Update:
AB is a 68 year male enrolled in your pharmacy’s medication synchronization program. He has Type 2 DM, HTN, and dyslipidemia.

Upon reviewing his immunization history your pharmacy technician finds that AB has not yet had a flu shot this year.

She also finds that 6 years ago AB received PPSV23, and 2 years ago he received PCV13.

She finds no record of shingles vaccine or of his tetanus immunization history.

What immunizations is AB eligible to receive?
Immunizations Recommended

- Influenza
- Pneumonia
  - PPSV23
- Tetanus
  - Tdap
- Shingles

Budgeting and Planning

- Enhanced immunization screening processes resulted in:
  - 74% increase in number of non-influenza immunizations
    - 75% increase in profits on non-influenza immunizations
    - 5% increase in influenza immunizations*
    - 10% increase in overall immunization profits*

- Potential costs
  - Inventory loss due to expiration
  - Technology implementation and/or staffing

When going from reactive immunizing to proactive outreach, *EXCEPT* to see increased profits.

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www.ncpaweb.org/totenvironment
Laura Patterson, PharmD
Owner, Hale Center Clinical Pharmacy
pharmacist@halecenterpharmacy.com
(806) 839-2466

The Value of Diabetic Patients to Community Pharmacies
See a Need, Fill a Need - Finding Your Pharmacy Niche

Brian J. Sidone, PharmD
Owner, Director of Pharmacy – Mainline Pharmacies
Diabetic Patients – The Value of the Community Pharmacist

• In what areas does the community pharmacist have an opportunity to impact their diabetic patients?
  • Economic Outcomes
    • Improving affordability of Rx/OTC therapy
  • Clinical Outcomes
    • A1C, Cholesterol, Ancillary Care, Preventative Care
  • Humanistic Outcomes
    • improving overall Quality of Life
Diabetic Patients – The Value of The Patient to the Community Pharmacy

• In what areas can diabetic patients have an impact on your community pharmacy?
  • Economic Outcomes
    • Increasing your pharmacy’s revenue and bottom line
  • Clinical Outcomes
    • Improving your pharmacy’s EQUIPP® Scores
  • Humanistic Outcomes
    • Employee Engagement and Satisfaction

Adherence & Compliance Packaging
Collaborative Practice Agreements
OTC Sales
Patient Education Programs
Injectable Supplies
Vaccinations
Diabetic Shoes
Diabetic Testing Supplies

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Opportunities in Your Pharmacy

Adherence “Sync” Program

Compliance Packaging

Do you have these programs at your Pharmacy?

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Education Programs for Diabetic Patients

• Diabetes & Heart Health Education
  • Free, Monthly Program provided to your community to recruit new and existing patients

• Diabetes Self-Management Education & Training (DSME/T)
  • American Association of Diabetes Educators (AADE) Accreditation
    • Diabetes Education Accreditation Program (DEAP)
  • American Diabetes Association (ADA)
    • Education Recognition Program (ERP)
  • National Standards for Diabetes Self-Management Education and Support (NSDSMES)

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Opportunities Beyond Rx Dispensing

• Vaccinations
  • Annual Influenza
  • Pneumococcal (PCV13 and PPSV23)
  • Herpes Zoster
  • Tdap
  • Travel Vaccines
  • Other Vaccines

• Over the Counter (OTC) Products
  • Vitamins, Supplements, Nutrient Depletion

Opportunities Beyond Rx Dispensing

• Diabetic Shoes
  • Medicare and Commercial Coverage
  • Diabetic Socks, Creams, etc.

• Diabetic Testing Supplies
  • Meters, Strips, Lancets
  • Alcohol Swabs

• Insulin & Injectables Supplies
  • Syringes and/or Pen Needles
  • Alcohol Swabs
Other Pharmacist-Led Clinical Services

• Tobacco Cessation Programs
  • Certified Tobacco Treatment Specialist (CTTS) thru the
    Association for the Treatment of Tobacco Use and Dependence (ATTUD)

• Weight Loss Programs

• Physician Programs via Collaborative Practice Agreements (CPA)
  • Transitional Care Management (TCM)
  • Chronic Care Management (CCM)
  • Annual Wellness Visits (AWV)

• Requires Clinical Laboratory Improvement Amendment (CLIA) Waiver
  • CMS and State Lab Registration is Required
Community Pharmacy Enhanced Services Network (CPESN)

- Across the country, the CPESN movement is expanding:
  - 15 States have a CPESN launched
  - 1 State is currently preparing to launch
  - 7 States are developing a Network Framework
- What does this mean for you?
  - If the opportunity doesn’t already exist, it likely will soon!
- What should I do to prepare?
  - Get involved!
  - Ready your pharmacy to provide these Enhanced Services

Residency Programs

- Why choose to develop a Residency Program?
  - Opportunity to provide post-graduate training
  - Cost Effective solution to providing clinical pharmacy services
- Community Pharmacy Residency (PGY-1) Program
  - Accredited by ASHP-APhA
- Independent Pharmacy Ownership Residency (IPOR) Program
  - Not an accredited program, newly established
Implementation: Budgeting

- Costs and Fees will vary based on the programs and implementation method you choose
  - Accreditation Fees
  - Marketing Costs
  - Staffing Demands
  - Equipment Costs
  - Physical Clinic Space
  - Liability Insurance

The Real Question is... Can you afford NOT to!?  

Implementation: Marketing Methods

- Targeting Synchronized Patients
- Direct Patient Marketing
- Pharmacy Packaging Marketing
- Community Organizations and Centers
- Main Street Partnerships
- Local Employers
- Physician Networking and Outreach
- Sales/Marketing Manager for Pharmacy
Brian J. Sidone, PharmD

Owner, Director of Pharmacy – Mainline Pharmacies
bsidone@mainlinepharmacy.com
C: 814-341-4231