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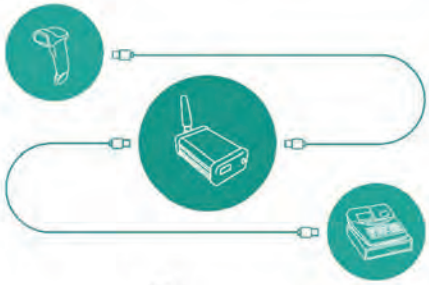

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FEATURES

THIS MONTH'S *cover* FEATURE

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Ask Your Family Pharmacist®

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Founded in 1898, the National Community Pharmacists Association is the voice for the community pharmacist, representing 22,000 pharmacies that employ 250,000 individuals nationwide. Community pharmacies are rooted in the communities where they are located and are among America's most accessible health care providers. To learn more, go to www.ncpanet.org, visit facebook.com/commpharmacy, or follow NCPA on Twitter @Commpharmacy.

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The critical role of community pharmacy access

I often say that a community where there is a healthy and active pharmacy makes that community a better place to live. Whether it's the little things that the pharmacy does or life-saving services it provides, modesty forbids many community pharmacy owners from talking about the vital role they play, but NCPA has no such limit in this month's issue or when we advocate for you with media and politicians.

One community found themselves suddenly in a "pharmacy desert" and the health of hundreds of people suddenly was at risk. Wyoming pharmacist Bryce Habel would not accept that outcome, and his journey to make sure his community has pharmacy services is a feature you don't want to miss in this issue.

This month's issue provides a real-world illustration that a pharmacy closure has a ripple effect that goes far beyond the impact to the pharmacy owner. The health of individual patients is directly impacted. A *JAMA* study found that "pharmacy closures are associated with persistent, clinically significant declines in adherence to cardiovascular medications among older adults in the United States." How much of a decline? Nearly 6 percent for patients taking statins and over 5 percent for those taking beta-blockers and anticoagulants. Those stats are for all kinds of pharmacies. The decline was even more pronounced for patients using independent pharmacies — nearly 8 percent!

The current pharmacy payment model in which all data and dollars flow through mega-PBMs is one of the primary factors in pharmacy closures. At NCPA we are focused on contributing to changing the current pharmacy payment model which is confusing, complex, cumbersome, and, most of all, covert for all involved except for PBM middlemen.

Changing the pharmacy payment model means fair reimbursement for the product and, just as important, recognition for the services pharmacists provide. Point of care testing in community pharmacies solves a costly pain point for the health care system that reminds me of the awesome solution community pharmacies began offering not all that long ago in the form of convenient, safe, and effective immunizations in the pharmacy. This month we help you prepare your business as POC testing in pharmacies continues to grow.

Also consistent with changing the pharmacy payment model is an interview with pharmacist Travis Wolff, who will talk about not only what he is doing to recast his pharmacy as a health care hub but, importantly, how he is motivating his employees to engage with patients and caregivers, leading to healthier patients and a healthier business. Travis will also be one of the terrific speakers sharing his success tips at the NCPA Annual Meeting, Oct. 26-29 in San Diego.

Wyoming is the least populous state in the United States, with less than 600,000 people. Yet, whether you live in a state with a large or small population, not even one individual should not have the ability to access a community pharmacy. This month's cover story is a great reason why community pharmacies make their communities better. ■

Best,

B. Douglas Hoey, Pharmacist, MBA
NCPA Chief Executive Officer

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I AM NCPA

by Jayne Cannon

PHARMACY: Owner, Rx Clinic Pharmacy, Charlotte, N.C.

AGE: 41

FAMILY: Married.

EDUCATION: Philadelphia College of Pharmacy, 2005.

BACK TO NATURE: Amina grew up in Kenya, where her interest in pharmacy and healing was piqued by local herbalists. "I'd see people come and they'd get a leaf to boil and then drink. And I'd think, 'Does this really work?' I was curious about why something would work or not work."

BIG DREAMS: Amina was interested in pharmacy, but in Kenya, students aren't allowed to pursue their passions. They are "assigned" to a profession where they're needed. She knew she'd need to leave the country to pursue her pharmacy dream. Schoolmates and neighbors raised money to send her to America to study pharmacy.

HOMEGROWN INSPIRATION: In Kenya, Amina witnessed the early effects of HIV. She visited a hospital once where she saw dying HIV patients sleeping on the floor. Everyone was afraid to touch them. In those days, she said, "HIV was a death sentence. I wondered why there was no medicine to help them." She opened Rx Clinic Pharmacy in 2009, specializing in treating HIV patients. "I didn't do HIV pharmacy because it's profitable. Passion still drives us."

NCPA'S VALUE TO ME: "NCPA is an amplifier to our profession. It's a conduit to share. There are so many things to learn. I'm a forever student."

Photography: Grant Baldwin

Amina Abubakar, PharmD, AAHIVP

NCPA IN ACTION

What have we done for you lately? Here's the lowdown on NCPA's recent advocacy activity — and why it matters.

The message is clear: Fix pharmacy DIR fees

NCPA led a grassroots push just before the start of the July 4 congressional recess to urge support for pharmacy DIR reform in the Senate Finance Committee's forthcoming drug pricing legislation. NCPA engaged its membership and worked with industry allies to help promote this day of action, dubbed Fix DIR Day. More than 3,100 emails urging pharmacy DIR reform were sent to Senate offices through NCPA's Legislative Action portal.

Fix DIR Day came on the heels of letters sent to the president from members of the House and Senate. More than 100 members of the House of Representatives sent a letter to President Donald Trump noting the "missed opportunity" to reduce seniors' out-of-pocket costs for prescription drugs when pharmacy DIR fee reform was excluded from a recent Medicare rule. The legislators, including one-third of the House Energy and Commerce Committee's majority members, urged the administration to finalize pharmacy DIR reform this year. The bipartisan letter was led by community pharmacy champions Reps. Peter Welch (D-Vt.), Vicente Gonzalez (D-Texas), Buddy Carter (R-Ga.), and Morgan Griffith (R-Va.).

In the Senate, 28 members, led by Sens. Shelley Moore Capito (R-W.Va.) and Jon Tester (D-Mont.), sent a similar letter.

Additionally, a number of pharmacy organizations sent their own letter to President Trump urging action. Along with NCPA, these groups issued a joint statement of support: National Association of Chain Drug Stores, National Association of Specialty Pharmacy, American Pharmacists Association, Food Marketing Institute, National Grocers Association, National Alliance of State Pharmacy Associations, and American Society of Consultant Pharmacists.

HELP COMMITTEE ADVANCES HEALTH CARE COSTS ACT

What happened: The Senate Health, Education, Labor, and Pensions Committee advanced S. 1895, the *Lower Health Care Costs Act*, to the full Senate on a roll call vote of 20-3.

About the bill: Committee Chairman Lamar Alexander (R-Tenn.) and Ranking Member Patty Murray (D-Wash.) sponsored the bill to protect patients from surprise medical billing, reduce prescription drug costs, improve health care transparency, and provide funding for public health initiatives.

What's ahead: While the committee voted to advance the legislation by a comfortable margin, senators from both parties expressed concerns with significant pieces of the bill, including the method used to resolve surprise medical billing disputes and the adequacy of provisions to lower prescription drug prices.

NCPA ATTENDS WHITE HOUSE EVENT

What happened: NCPA CEO Douglas Hoey and Diane Milano, NCPA member and owner of Chateau Drugs and Gifts in Metairie, La., attended an event at the White House at the invitation of President Trump.

About the event: It promoted the release of a rule making it easier for employers to use health reimbursement arrangements to help employees purchase *Affordable Care Act* plans. Milano hosted HHS Secretary Alex Azar at her pharmacy in February, where Azar discussed efforts to lower prescription drug prices.

Diane Milano and Doug Hoey at the White House.

COMMITTEE MOVES DRUG PRICING BILLS

What happened: The Senate Judiciary Committee advanced to the Senate floor four bills meant to lower the prices of prescription drugs.

The bills: The bills, S. 1227, the *Prescription Pricing for the People Act of 2019*; S. 440, the *PACED Act;* S. 1224, the *Stop STALLING Act*; and S. 1416, the *Affordable Prescriptions for Patients Act*, are part of a coordinated push in the Senate to move drug pricing legislation.

About S. 1227: A companion bill to H.R. 2376, sponsored

THE AUDIT ADVISER

Mailing or delivery - What proof do you have?

Q. What documentation should I have as proof of delivery?

A. Signature logs are commonly requested during desk and on-site audits. These demonstrate proof to the pharmacy benefit manager that the medication was received by its member. Whether you are dispensing the medication in-store, mailing it, or delivering to the patient's home or a nursing facility, having documentation that the medication was received by the patient or facility is required.

When pharmacies mail or ship prescriptions via USPS or other common carrier (such as UPS or FedEx), you should obtain tracking information that some PBMs will accept as delivery confirmation. Linking your tracking number and prescription number together in carrier software is important. This lets the PBM know what prescription was in the package you shipped. Before you do any mailing or shipping, it is important to check your contract carefully. Optum and Humana prohibit **all mailing** by any common carrier under their current retail standards. While Caremark and Express Scripts discourage mailing, they typically tolerate up to 25 percent and 10 percent, respectively. Exceptions to this would be for specialty, compounding, and mail order contracts.

Delivery drivers from the pharmacy must obtain signatures from patients or the patient's representative upon delivery, as tracking confirmation is not available. Pharmacies need to have a process to address patients who are not home. Leaving a prescription unattended will have to be a professional judgment made by both the pharmacy and the delivery driver. Ultimately, the pharmacy is responsible for that prescription until the patient signs that he or she received it. Providing proof of receipt is the pharmacy's responsibility.

PAAS Tips:

- Check your PBM contract before delivering or mailing to see what is allowed.
- Have clear communication with patients prior to delivery on requirements for signature confirmation.
- Do not auto-ship or deliver medications without patient consent for every fill.
- Do not leave medication with neighbors, door persons, or apartment managers without specific patient authorization.
- If you are not obtaining signatures on delivery, PAAS recommends providing a postcard that patients can mail back to the pharmacy with their prescription information, signature, and the date they received the medication.
- Have a follow up plan if you are not getting signature cards mailed back. In order to limit your audit liability, you may have to consider only delivering when patients are home or not delivering to those patients; providing in-store pick up only.
- When delivering to a facility, be sure to get a signature and date signed on the delivery sheet. **Pre-printed dates on delivery sheets are often not accepted on an audit.**
- If someone other than the patient is signing for medication, it is best to have that person document his or her relationship to the patient.

By Jason Crawford, RPh, PAAS National, the Pharmacy Audit Assistance Service. For more information, call 888-870-7227 toll-free, or visit www.paasnational.com.

by House Judiciary Committee Chairman Jerry Nadler (D-N.Y.) and Ranking Member Doug Collins (R-Ga.), it would require the FTC to study the role of intermediaries such as PBMs in the pharmaceutical supply chain.

TRUMP ISSUES DRUG PRICING EXECUTIVE ORDER

What happened: President Trump issued an executive order directing the administration to take action to improve price and quality transparency in health care.

About the order: It does not spell out specific actions but directs the HHS to develop policies that may lead to rule-making.

LEGISLATION SEEKS PBM ACCOUNTABILITY

What happened: Reps. Vicente Gonzalez (D-Texas), Peter Welch (D-Vt.), Buddy Carter (R-Ga.), and Roger

Marshall (R-Kan.) introduced H.R. 3223, the *Pharmacy Benefit Manger Accountability Study Act of 2019.*
Details: This bipartisan legislation calls for a GAO study on the role PBMs play in the pharmaceutical supply chain with the goal of providing critical information to lawmakers, allowing them to offer effective legislative solutions to lower the cost of prescription drugs and provide PBM transparency.

NCPA WORKING TO ADDRESS <797> STANDARD CONCERNS

What happened: USP finalized <797> standards but did not include resources to extend beyond use dates of sterile preparations.
Concerns: These new restrictive BUDs will force pharmacies to make *smaller batches of compounded sterile preparations much more frequently.* When pharmacies make a batch, the testing requirements, and thus the costs, are approximately the same regardless of the size of the batch, leading to much higher costs for patients. This will create a patient access issue as medications are pushed out of affordable price ranges.
Going forward: NCPA is engaged with IACP and other pharmacy groups to address our concerns with USP, aiming to push USP to reconsider its position and possibly issue a revision bulletin on <797>.

NCPA SUPPORTS FDA'S EXPLORATION OF INSULIN BIOSIMILARS

What happened: NCPA, along with NACDS and APhA, submitted joint comments to the FDA after its hearing on "The Future of Insulin Biosimilars: Increasing Access and Facilitating the Efficient Development of Biosimilar and Interchangeable Insulin Products."
Details: The organizations expressed support of the effort to combat high insulin prices, as many patients (such as those without insurance or individuals with high deductible plans) find themselves unable to afford this life-saving medication.
More: The organizations encouraged the FDA to adopt naming practices for insulin products that are consistent with FDA's naming practices for small molecule drugs, stating that biosimilar versions of insulin products should share the same nonproprietary name as their reference products to inspire confidence in biosimilar insulin.

JOINT MEDICARE PROPOSAL RAISES CONCERNS

About the legislation: Bipartisan draft legislation from House Ways and Means Committee Chairman Richard Neal (D-Mass.) and Energy and Commerce Committee Chairman Frank Pallone (D-N.J.), along with Ranking Members Kevin Brady (R-Texas) and Greg Walden (R-Ore.), seeks to improve the Medicare Part D prescription drug program for beneficiaries and taxpayers. Specifically, the draft would create an out-of-pocket maximum on prescription drugs costs for Medicare beneficiaries in Part D based on the current catastrophic threshold.
Concerns: NCPA expressed concerns that the proposal as written could lead to PBMs further squeezing pharmacies to recoup lost revenue and asked the committees to consider addressing pharmacy DIR fees and the creation of pharmacy-specific quality measures.

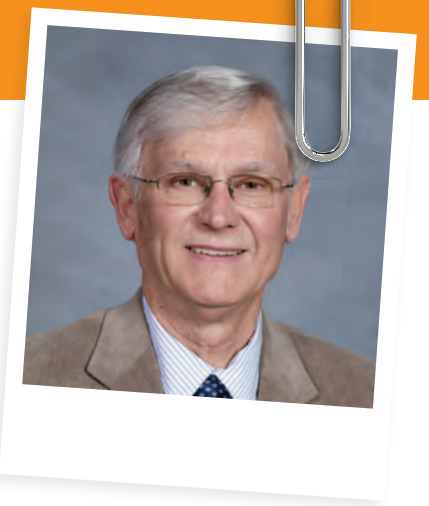
ANNUAL LDF CAMPAIGN KICKS OFF

The work: The vast majority of work done by the NCPA Advocacy Center, including leading the efforts against PBMs in Washington and state capitals across the country, is financed by the Legislative/Legal Defense Fund.
Help wanted: The annual outreach to members regarding LDF is currently underway. Thank you to members who have already decided to invest in the LDF. If you have not yet invested, please consider doing so.

NCPA MEMBERS TALK COMMUNITY PHARMACY ISSUES WITH SBA

What happened: As part of NCPA's ongoing advocacy efforts with the Small Business Administration's Office of Advocacy, members are speaking at regional regulatory reform roundtable discussions held around the country.
Details: Pharmacy owner Justin Wilson testified in Oklahoma City in May. In June, pharmacy owner Natalie Bari and pharmacist Brandon Cooper represented community pharmacy at a Jonesboro, Ark., roundtable, and Robert Dozier, executive director of the Mississippi Independent Pharmacies Association, testified at a Jackson roundtable.
Topic: Testimony has focused on the need for a small business impact analysis on the proposed rule to assess manufacturer rebate at the point of sale.

MEET YOUR *Champion:* Wayne Sasser, RPh



Spotlighting a pharmacist/elected official who is a champion for community pharmacy and the patients you serve.

To Wayne Sasser, serving in the North Carolina General Assembly is sort of like the pharmacy business. "You go in every morning and you fight it just as hard as you can fight it, and you don't eat lunch, and when you get through at 8 or 9 at night you go home, sleep good, wake up, and do it again," he says.

Not that he minds it. "It's not the least bit boring, it's been fun."

Sasser, who worked as a pharmacist for more than 40 years, has been fighting it hard since winning a seat in House District 67 last fall. The district primarily covers Cabarrus and Stanly counties in the south-central part of the state.

Sasser thought he was going to sit back and retire on his farm when he sold his ownership stake in three independent pharmacies about three years ago, but says, "I got bored, and here I am."

Actually, Sasser was kind of fed up by the then-District 67 House incumbent, who he thought was not representing the best interests of his constituents. A number of years ago, North Carolina had a bill called the STOP Act, which would reduce excessive or otherwise inappropriate opioid prescribing. Sasser, then a private citizen, tried to convince the House member to lend his support, but he seemed disinterested. Sasser then contacted his senator, Tom McInnis (R), who was fully on board. The act was signed into law June 29, 2017. McInnis has since become a trusted Senate ally for Sasser.

It was a combination of those factors that convinced Sasser to run for the House. He won the Republican primary against the incumbent by an approximately 2-1 margin. As his district is heavily Republican, that basically ensured Sasser would win the general election. (The House has a 65-55 Republican majority.)

Since taking office, he has helped push a number of health care-related bills, including a PBM licensure act.

In the spring, Sasser addressed the CPESN® Mid-Year Luminary and Facilitator Workshop in Charlotte. He is impressed by the work CPESN is doing, and encourages pharmacists to be engaged politically, by either running for office or supporting candidates who best represent their interests.

"We have to get involved if we're going to survive," Sasser says.

Name: Wayne Sasser, RPh

Elected Office: Serving first term in North Carolina House of Representatives, District 67

Profession: Former pharmacy owner; more than 40 years of pharmacy management experience

Legislative Committees: Finance, Health, Insurance, State and Local Government, Wildlife Resources

Education: University of North Carolina at Chapel Hill School of Pharmacy, 1973

Community involvement: Member of Stanly County Economic Development Commission; member, N.C. Association of Pharmacists, policy and advocacy committee; various local civic organizations.

NCPA SUPPORTS DELAY OF HEALTH INSURANCE TAX

What happened: NCPA joined more than 20 other small business organizations in sending a letter to Sens. Pat Toomey (R-Pa.) and Robert Casey (D-Pa.), the co-leads of the Health Taskforce, to urge action to delay the health insurance tax.

About the letter: The letter, organized by the Stop the HIT Coalition, notes in part that if the tax is not delayed, next year, premiums could rise $480 for families purchasing coverage in the small group market, and urges immediate action to once again delay its implementation.

HOUSE COMMITTEE EXAMINES CANNABIS OPPORTUNITIES

What happened: The House Committee on Small Business held a hearing, "Unlocked Potential? Small Businesses in the Cannabis Industry," focusing on opportunities the legitimate cannabis industry presents for small businesses in states with legal cannabis, along with entrepreneurs from traditionally underserved communities.

NCPA's role: NCPA continues to monitor government action in the cannabis space from the retail perspective, including any legislative and regulatory hearings on the issue.

IN THE STATES

- **Texas** Gov. Greg Abbott (R) signed into law legislation that prohibits PBMs from auditing pharmacy claims administered by another health plan or PBM; prohibits recoupment for discrepancies in wholesale invoice purchasing if the audited claims are supported by records of receipt by the patient or patient's agent of the dispensed drug that is the subject of the audited claim; requires wholesalers to share the same documents with the pharmacy that were shared with the PBMs; and authorizes pharmacies to use copies of supplier invoices to rebut audit findings.
- **Maine** Gov. Janet Mills (D) signed two pharmacy bills into law. LD 1504 requires PBMs to act as a plan sponsor's fiduciary, establishes network adequacy requirements that do not include mail-order pharmacies, strengthens existing MAC transparency laws, and regulates the use of spread pricing. LD 1499 (SP 461) establishes the Maine Prescription Drug Affordability Board, which will examine the state's public drug benefit programs and offer recommendations on lowering costs to the state.
- The **New York** Senate Committee on Investigations and Government Operations completed an investigation into PBM practices and their impact on rising drug prices and declining patient access. The committee concluded that a lack of transparency, oversight, and accountability enables PBMs "to engage in anticompetitive practices at the detriment of consumers and pharmacists across New York State," and recommended action for the legislature to take. To understand how PBMs affect independent and community pharmacies, the committee made multiple site visits to pharmacies and relied on input from the Pharmacists Society of the State of New York.
- **Louisiana** Gov. John Bel Edwards (D) signed sweeping pro-pharmacy legislation into law. The bills, which regulate PBMs, were sponsored by Sen. Fred Mills and Rep. Bernard LeBas, both pharmacists.
- The **Oregon** Senate Health Care Committee recommended the passage HB 2185, which strengthens existing reimbursement transparency provisions, limits retroactive claim adjustments, and preserves pharmacy delivery services.
- The **Connecticut** General Assembly unanimously passed CT Bill 7363, legislation that eliminates retroactive claim reductions or clawbacks.

Information is current as of July 2, 2019.

NCPA ADVOCACY ON THE ROAD

- NCPA Director of Policy and Regulatory Affairs Kala Shankle presented at CBI's DIR Fees Forum on how the lack of pharmacy DIR fee reform is affecting community pharmacies and patients. The presentation also addressed the recent rebate rule that seeks to change how rebates are assessed in federal programs. Shankle also spoke at the Integra User Conference in Seattle on supply chain issues important to LTC pharmacies.
- NCPA Director of Congressional Affairs Adam Harbison participated in the Alliance for Transparent and Affordable Prescription's briefing on prescription drug affordability. Harbison shared how PBM practices negatively impact community pharmacies and contribute to higher drug spending for patients. He also discussed current efforts to advance DIR reform as a part of the Senate Finance Committee's drug pricing package.

Make your voice heard by submitting a House of Delegates resolution

If you have a legislative, regulatory, or policy proposal you would like to have considered by the NCPA Resolutions Committee for presentation to the NCPA House of Delegates, submit it to NCPA Chief of Staff Beverly Martin at Beverly.martin@ncpanet.org no later than Friday, Sept. 13, 2019. The NCPA House of Delegates will meet to elect NCPA officers and debate policies Oct. 29 during the NCPA 2019 Annual Convention in San Diego. By the way, if you have not yet registered for the meeting, visit our website at www.ncpanet.org/convention.

As a reminder, the following resolutions were passed at the NCPA House of Delegates Session Oct. 9, 2018, in Boston. They covered telepharmacy, direct and indirect renumeration, and enhanced services networks. The resolutions are described below.

Telepharmacy
NCPA says it only supports the use of technology, such as telepharmacy, to provide patients with access to the services and products of a community pharmacy when the technology benefits the patient, the pharmacist, and the local community. Telepharmacy should only serve as an adjunct to the traditional brick and mortar community pharmacy, which serves as the front line of health care access in America and the backbone of Main Street commerce.

DIR
NCPA reaffirmed its opposition to any retroactive reduction in payment directly or indirectly on clean claims submitted by pharmacies, and continues to support positive payment to pharmacies for meeting or exceeding performance targets or for other reasons.

Enhanced services networks
NCPA reaffirmed its position to encourage the development and operation of regional enhanced services networks of community pharmacies with defined core service sets and additional optional services to facilitate the integration of community pharmacists with other health care providers to prosper in the changing health care environment by improving the health and wellness of their patients and lowering the total cost of care.

NCPA also continues to support its members interested in participating in enhanced services networks with programs, tools, and resources for them to adapt their business and practice for the best opportunity for success.

Photography: Erin Schrad

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McKesson Corp.

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American Pharmacy Services Corp.
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PBA Health
PCCA

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Figure 1. The product expiration date and lot number are not clearly denoted or formatted. (Image is courtesy of the Institute for Safe Medication Practices.)

Products expiration dates need standardization

Does "19 MAR 18" on a product label mean that it expires on March 18, 2019, or March 19, 2018? It is difficult to understand how something so important as a product's expiration date is not communicated clearly, in a standard way. While the U.S. Code of Federal Regulations (CFR) (Part 211) sets forth the conditions under which an expiration date must be listed on labels, it does not specify how expiration dates must be expressed. In the absence of standard regulations, inconsistent expressions of expiration dates have led to confusion and misinterpretation of the date beyond which manufacturers cannot guarantee full potency and safety of the drug.

One confusing example can be seen on Teva products, which display the month the product will expire as a two-letter abbreviation. For example, does "EXP. MA-2019" indicate that the product expires in March or May? If "JU" is used, does it stand for June or July? If the month is abbreviated at all, at least three letters should be used.

The Institute for Safe Medication Practices also received a report about the format used to express lot numbers, expiration dates, and other identifiers on bottles of doxycycline 50 mg capsules from Zydus Pharmaceuticals (Figure 1). The top number is the NDC. The second number is another product identifier. The third line is the expiration date with 17 representing the year the product was manufactured and 191031 denoting an expiration date of Oct. 31, 2019. The last line is the lot number.

Clearly, standards are needed for expressing dates in a uniform way that does not cause confusion. We have increased our efforts to alert USP and the FDA about the need for standardization.

A CASE FOR POST-FILL VERIFICATION

While pharmacists and pharmacy technicians try to prevent and intercept errors when entering and preparing prescriptions, some errors make it all the way through the dispensing process. When this happens, organizations still need to have strategies in place to intercept the error before it reaches the patient or causes harm. One such strategy is to conduct post-fill audits. Post-fill audit programs allow a pharmacist to compare the actual prescription received from the prescriber to the computer-generated label within 24 hours of dispensing the medication. This "double-check" is a manual redundancy to ensure prescription accuracy and prevent or minimize patient harm.

Continued on page 55 ▶

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Is your website getting the TLC it needs?

by Liz Tiefenthaler

Pharmacies might be surprised to learn that their website needs to be ADA (Americans with Disabilities Act) compliant. According to the ADA that means:

"Web content should be accessible to the blind, deaf, and those who must navigate by voice, screen readers or other assistive technologies."

That makes made me wonder how often pharmacy websites are left alone for years on end without updating content and images. Sites are not a set it-and-forget-it proposition. To get the most out of your website and with the highest level of security, you need to be on top of website maintenance. However, that's just one piece of the puzzle. Your website also must offer compelling and unique information. It makes me wonder how many independent pharmacists are getting the most from their websites.

The platform your website is built on often determines how easy or challenging it is to make updates. For those of you whose sites are in WordPress, for example, new releases come out every few months and the process of updating is smooth and seamless. There are security features and improvements built into every update to WordPress, which is why it is so essential to be up to date. Those of you with older sites and who have not been doing regular updates may have sections with broken links, outdated content, and potential security issues. Also, remember, your website is a dinosaur after six years. I once had a pharmacist call me because her entire website had disappeared. She had been ignoring upgrades, and eventually, her site disappeared. She got it back, but it was a headache.

What are other reasons for committing to keeping your website fresh and updated? As discussed in past columns, content is king for search engine optimization. The better your content, the better the traffic to your site will be. Great content not only helps build trust with your patients; it also helps you in search. It keeps you thinking like a marketer and not just a pharmacist. Moreover, Google adores fresh and well-researched content. Boring and "me-too" never gets new customers.

Be sure to check your site on your smartphone. About 60 percent of web traffic comes from mobile devices, and 96 percent comes from Google. If your website looks wonky or old on someone's phone, you could be losing more than half of your customers. When do people need a pharmacist? When they are running errands, after a doctor's appointment, or coming home from work. Those are phone searches. Those people may not always live within three miles of your store. Lousy website, no website = no bonus customers.

Finally, if you have ever visited a website that looks outdated with old content, you wonder if they are still in business. That is a terrible place to be. Making sure your website is up to date will make you more secure and ultimately drive more store visits. If your site is more than six years old, you need a new look or at least a fresh content overhaul. Make a plan today about ways you are going to keep your No. 1 marketing tool working for you. ■

Liz Tiefenthaler is the president of Pharm Fresh Media, a full-service marketing company focused on helping independent pharmacies gain new customers and build loyalty with their current customers. She can be reached at liz@pharmfreshmedia.com.

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† Per Pharmacy Times National Survey of Pharmacists.

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CPESN® BRIEF

2,200 PHARMACIES

46 LOCAL NETWORKS

42 STATES

CPESN® USA is a clinically integrated nationwide organization of pharmacy networks developed to advance community-based pharmacy practice in America. Through clinical integration, pharmacies in CPESN networks can engage with each other to improve the quality of care provided to patients ***and the value offered to medical-side payers (bypassing pharmacy benefit managers) through enhanced services and lower costs.***

CPESN networks continue to experience steady growth, with more than 2,200 participating pharmacies in 46 local networks across 42 states.

Additionally:

- Nine states have more than 100 participating pharmacies.
- Twenty-three networks have reached 40 participating pharmacies and **can elect their own pharmacy-owner representative** to the decision-making board of managers who govern CPESN USA.
- **Twenty-one networks have 80 percent of their state's population covered*** (12 of those have 90 percent coverage).
- Perhaps not coincidentally, **16 networks have active payer contracts in place,** and several of those have multiple contracts.

Medical-side payers reimbursing local, community-based pharmacies for enhanced services is no longer a magical unicorn. It is happening whether you take advantage of the opportunity or sit on the sidelines and wait.

To learn more about CPESN USA, join a short, informational webinar hosted by independent pharmacy owners who are leading the CPESN effort. This is an interactive session and a great opportunity to learn about the CPESN movement. To register, visit https://www.cpesn.com/pharmacies and click the LEARN button.

If you are interested in finding out more about CPESN networks and how to join, visit https://signupnow.cpesn.com. ■

**Population coverage determined if patient's home is within a delivery radius of a participating CPESN pharmacy.*

Last month, CPESN USA and the Community Pharmacy Foundation announced an exciting five-year partnership called "Flip the Pharmacy," which aims to transform community-based pharmacy practice in America. "Flip the Pharmacy" will award qualified practice transformation teams with funding and resources to act as implementation arms for locally-based community pharmacy practice transformation efforts. To learn more, visit www.flipthepharmacy.com

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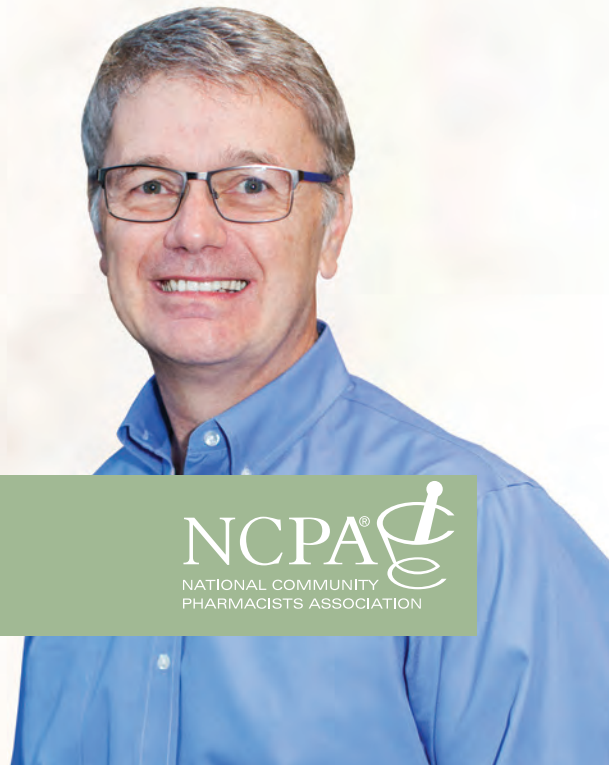

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OCTOBER 26 – 29

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At the NCPA 2019 Annual Convention, you'll learn critical business and practice management skills you can take home and implement immediately. Our engaging business education, interactions with successful pharmacy owner peers, and the business partners on the exhibit floor will help you increase revenue, purchase wisely, manage your expenses, and improve your cash flow.

Your attendance at NCPA 2019 Annual Convention grants you access to exclusive peer-tested business solutions that affect your bottom line. Here's a list of the business education programs you can expect.

Register: ncpanet.org/convention

Reinvent Your Pharmacy into a Destination Business

Walk away with:

- Communication tactics for conveying your value to a consumer.
- Steps for creating free marketing opportunities which are 12 times more powerful and believable to consumers than any form of advertising.
- Action-oriented tactics and suggestions that you can put into place immediately upon returning to your business.

Speaker

Jon Schallert, destination business expert

Making Your Mark with Private Label Vitamins and Supplements (non-CE)

Walk away with:

- An understanding of what it means to carry a private label and why it is important for your business.
- Examples of pharmacists who have had different levels of adoption for private labels.
- Ideas for how you can integrate a private label into your practice.

Speakers

Josh Rimany, RPh, FACA, owner, Dilworth Drug and Wellness Center

Kathy Campbell, PharmD, owner, Medicap Pharmacy

Gabe Trahan, NCPA senior director of store operations and marketing

Shelley Roberts, PharmD, owner, Grassroots Pharmacy

Cash Flow, Inventory, and your Financial Health

Walk away with:

- Tips to manage cash flow.
- Basic understanding of financial statements.
- Action-oriented suggestions for improving the profitability of your business today and for years to come.

Speakers

Ollin B. Sykes, CPA, CITP, CMA, president, Sykes & Company, P.A.

Scott W. Sykes, CPA, Sykes & Company, P.A.

Care Planning: The Key to Thriving and Surviving

Walk away with:

- Real-life documentation examples resulting in a positive ROI.
- Staff engagement strategies to integrate care planning into workflow.
- A checklist of "low-hanging fruit" care planning interventions.

Speaker

Mark McCurdy, RPh, owner, Mark's Pharmacy

Hemp: Positioning Yourself as the Truth Expert

Walk away with:

- Expert knowledge on potential hemp uses.
- Tips for educating your community on hemp.
- Resources on where to go for legal and regulatory updates.

Speakers

Jesica Mills, PharmD, MBA, owner, Owensboro Family Pharmacy and Wellness

Karla L. Palmer, director, Hyman, Phelps & McNamara

Adherence Optimization: Targeting Strategies, Pharmacy VIPs, and Payer Programs

Walk away with:

- A targeting map for enrolling VIP patients.
- Tools to maximize payer program participation.
- Goal-setting and accountability tools for your pharmacy staff.

Speakers

Carlie Traylor, PharmD, NCPA associate director of strategic initiatives

Dared Price, PharmD, co-owner, Graves Drug Stores

Implementing Pharmacogenomics in your Business

Walk away with:

- A how-to guide for implementing a pharmacogenomic service tomorrow.
- A checklist for identifying and vetting pharmacogenomic lab partnerships.
- A marketing plan for relationship-building with patients, providers, and group homes.

Speaker

Amina Abubakar, PharmD, AAHIVP, owner, RxClinic Pharmacy, Charlotte, N.C.

Preventing and Preparing for PBM Audits

Walk away with:

- A documentation checklist for audit review.
- A how-to guide to setting up your own audit prevention program.
- Do's and don'ts of audit preparation.

Speakers

Richard Ost, RPh, owner, Philadelphia Pharmacy

Trent Thiede, PharmD, vice president, PAAS National®

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Photography: Sherry Bluemel, Keepsake Images

Keeping it LOCAL

When a chain closed in Wyoming, this pharmacist kept serving the community

by Jayne Cannon

Three weeks before Christmas 2018, Uinta County, Wyo., was in a deep freeze, with temperatures hovering in the mid-teens. Shoppers found refuge from the bitter cold as they pushed their carts around the Shopko Hometown store in Mountain View, Wyo., with holiday music providing a festive background hum.

But in the Shopko Pharmacy, the mood wasn't quite so cheery.

The staff had received an email from the chain's Green Bay, Wis., headquarters with ominous news: 39 stores were closing. Mountain View wasn't on the list, and the 39 stores represented only about 10 percent of the mostly midwestern chain's locations. Still, staff pharmacist Bryce Habel couldn't shake a bad feeling.

"It felt like the beginning of the end," he says.

> *"Bryce is very motivated, very concerned with the community's access to care. There's not a doubt in my mind that he puts patient care first."*

Habel, now 31, came to Shopko in July 2015, two years after graduating from pharmacy school. He'd worked in a pharmacy in his hometown of Delta, Utah; but the position with Shopko gave him a chance to put down roots with his wife, Audrey, and their growing family. In December 2018, the Habels had just had their third child, and the young family felt right at home in the Bridger Valley.

The Bridger Valley is in Uinta (pronounced YOO-in-ta) County. The county is large, about twice the size of Rhode Island, but with only 2 percent of that state's population. The county hugs the southwestern corner of the state, where Interstate 80 starts its 402-mile path through Wyoming at the Utah state line. Once you leave the interstate, you can drive for miles without seeing a house; mountains and cattle are much easier to come by. The sky is big, the roads are straight, and winters seem to last forever.

In the Bridger Valley, ranching and mining are the predominant occupations. A few locally owned restaurants dot the landscape, and high school sports are a major draw.

WRITING ON THE WALL

As the new year began, the Shopko Pharmacy team continued to serve patients, but Habel said he could see the writing on the wall. In January, Shopko sold 100 pharmacies to Kroger, and business reporters predicted a Chapter 11 filing, which followed quickly. All that was grim enough, but Habel's problem was much closer to home. The pharmacy's almost-daily drug deliveries ground to a halt. He called Shopko headquarters, but got no answers. His stock was nearly depleted, and in his words, the situation was "drastic."

Habel did some research and found that McKesson had filed suit against the company for $67 million in delinquent payments. Although regular delivery had stopped, McKesson did make some special deliveries, which were appreciated. Still, no word from Shopko corporate.

For the first few weeks of 2019, Habel and his staff knew that closing was inevitable, but they couldn't say anything to patients, of course. Habel and his wife had many serious discussions. What would they do?

When it became clear that Shopko Pharmacy was closing its doors, Habel started making contingency plans. He worked with the South Lincoln Hospital District to open a new pharmacy, which opened in May.

Habel had an offer to come back to Delta and manage the pharmacy, but his family loved the Bridger Valley. They felt they'd found a home. Habel felt a strong tie to his patients. He knew that someday he wanted his own pharmacy, but he wasn't quite ready to make that leap.

TAKING CARE OF PATIENTS A PRIORITY

While Shopko fiddled, Habel burned. When he wasn't working at the pharmacy, he was making plans. A local dentist friend offered a 900-square-foot space for a fledgling pharmacy. He talked to folks at the South Lincoln Hospital District in Kemmerer, about 50 miles north, about a partnership that would allow him to provide community pharmacy services at considerably less financial risk.

Habel was determined that no matter what, he was going to take care of patients.

On Thursday, Feb. 7, the email they'd been expecting came. No fanfare, no phone call — just an email saying that Shopko was closing 251 stores, including Mountain View. All records were being sold to Walgreens in Rock Springs, some 40 miles away.

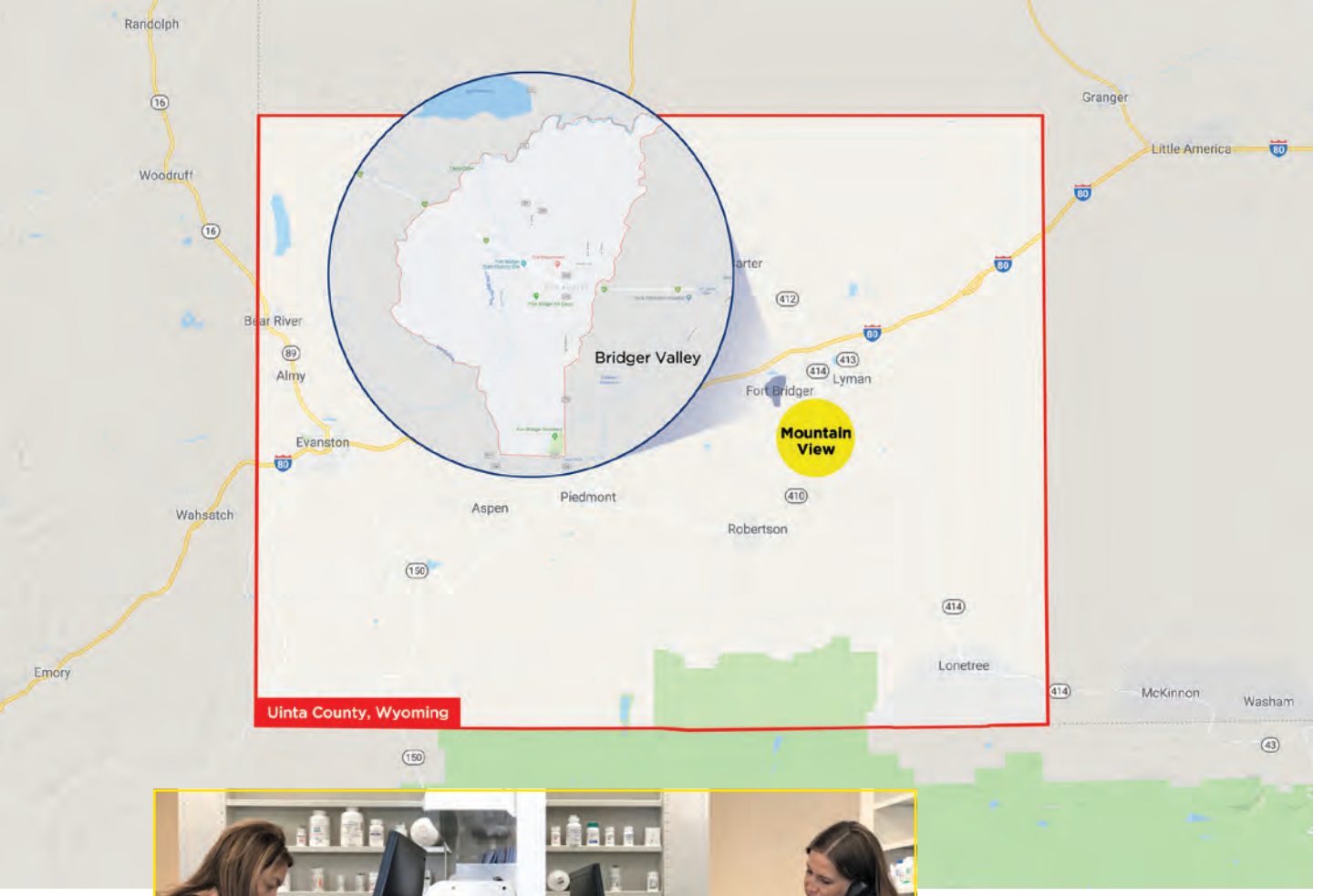
And the Shopko pharmacy would close its doors in just five days, on Feb. 12. Patients didn't even have a week's notice. As soon as he got the word, Habel called his wife. "Do we want to do this?" Audrey Habel said yes, she was in.

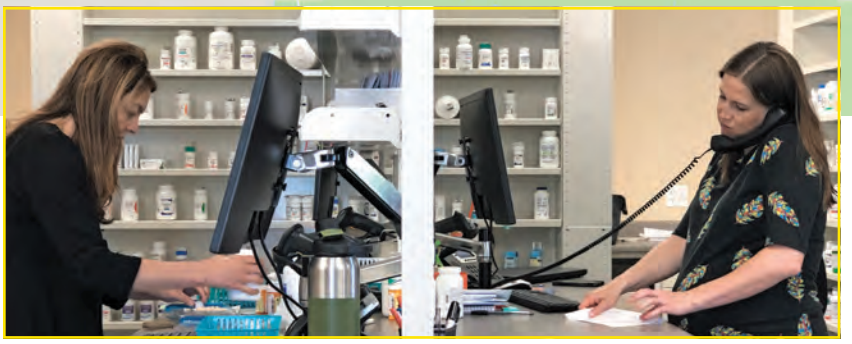
"There was no time," Bryce Habel said. "It was a major inconvenience. Patients pick up prescriptions once

"The best thing about running a pharmacy in this community would be the incredible amount of support that we have received both before we opened and that we continue to receive on a daily basis from providers and the countless patients that are so pleased that we opened up our pharmacy," he said. "To me the word 'community' is made up of the words 'common' and 'unity.' The Bridger Valley exemplifies the word 'community' by demonstrating the common unity of the great people of this valley."

Photography: Sherry Bluemel, Keepsake Images

Habel drove long distances on the back roads of Wyoming's Bridger Valley to make sure patients received their medications.





Uinta County, Wyo., covers more than 2,000 square miles, which is about twice the size of Rhode Island. As a result, many county residents have to travel long distances for health care services, so they were grateful that a new pharmacy opened in the Bridger Valley area. Habel says the community support he has received since opening the pharmacy has been overwhelming.

a month. Some, every three months. The patients we talked to were confused and upset."

Patients were worried, and Habel was too. He knew that his elderly patients weren't going to make 80-mile round trips in the middle of a harsh Wyoming winter. (And Wyoming winters last a long time. One old-timer said the only month he hasn't seen snow is August.)

Habel knew that most of his patients would ration their medications, or worse, stop taking them.

"One patient told me, 'I don't drive outside this valley,'" Habel recalled. "She said she was just going to stop taking her medications. I said, 'No, you're not.'"

Habel was still working on the idea of opening a pharmacy, but he had to do something, and he had to do it quickly. "We're here," he said. "We know these people. We care about these people."

Plans for a community pharmacy moved ahead. In the meantime, Habel had patients to serve. Each day, he drove to the hospital pharmacy, filled prescriptions, and delivered them all over the valley at no charge. "I didn't feel like it was right to charge people. I didn't want these people to fall through the cracks."

PARTNERSHIP MAKES IT HAPPEN

The partnership with the hospital district made it all work. In late May, South Lincoln opened a full-service pharmacy in Urie, a mile or so down Highway 414 from the shuttered Shopko, and Habel is pharmacist in charge. The hospital district lends a hand with certifications and licenses and promotion; Habel runs the pharmacy and makes all decisions.

Lexie Scherr, director of pharmacy services for the hospital district, said the cooperative venture is working well.

"It's a good business decision,"

she said. “This community had a need for a pharmacy. Bryce is very motivated, very concerned with the community’s access to care. There’s not a doubt in my mind that he puts patient care first.”

Habel and Scherr have big plans for Uinta Drug Pharmacy. The small space has a dedicated room for vaccinations, a selection of OTC products, and plans for non-sterile compounding. The pharmacy opened before the parking lot was paved, and the drive-through pickup window is framed and will open soon.

And best of all, business is steady, and patients are happy. On a recent Friday, a patient picked up a prescription, turned to leave, and said to no one in particular, “It’s nice to have a pharmacy again,” to which another customer answered, “Amen!”

A third customer said, “I got tired of driving 40 miles to Rock Springs. And these are nice people.”

Bronson Berg of nearby Lyman stopped in to pick a prescription for his young daughter. He recalled that when he heard that pharmacy was closing, he was worried. “I told Bryce: ‘We’ve got to do something.’ You don’t realize how much you need something until you don’t have it.”

Habel’s staff teases him about the devotion of his patients. “People come in, and if Bryce isn’t here, they’ll say, ‘I’ll come back,’” pharmacy technician Corrina Byrne says. “We tell them, ‘He’s got to have a day off!’”

That community support keeps Habel going.

“The best thing about running a pharmacy in this community would be the incredible amount of support that we have received both before we opened and that we continue to receive on a daily basis from providers and the countless patients that are so pleased that we opened up our pharmacy,” he said. “To me the word ‘community’ is made up of the words ‘common’ and ‘unity.’ The Bridger Valley exemplifies the word ‘community’ by demonstrating the common unity of the great people of this valley.” ■

Jayne Cannon is NCPA director of communications.

Come to the NCPA Pharmacy Ownership Workshop Oct. 24-26 to help make your ownership dreams become a reality

For Bryce Habel, pharmacy ownership was always an interest, then it came suddenly and unexpectedly. Now he has literally become a lifesaver for residents of the Bridger Valley in Wyoming.

You can have the same effect on your community. Maybe you've talked about owning your own pharmacy someday, but you're not sure you have the skills or the resources. Or maybe you've been running your own pharmacy for a while and you're ready to take it to the next level.

In either case, the NCPA Innovation Center offers a proven resource just for you: **The Pharmacy Ownership Workshop**, sponsored by McKesson and in part by Live Oak Bank and Pharmacists Mutual Companies. The next one will be held in San Diego Oct. 24-26 as part of the pre-convention programming in advance of the NCPA 2019 Annual Convention.

The Ownership Workshop is an intensive three-day event, a soup-to-nuts crash course on pharmacy ownership, whether you're starting from the ground up, purchasing an existing store, or expanding to become a multi-store owner.

Our team of experts answer the nitty-gritty questions about the loan approval process, licensure agreements, creating a start-up checklist, writing a business plan, designing an effective store layout, and much more. (See the agenda at www.ncpa.co/pdf/ownership_workshop_agenda.pdf.)

At the Ownership Workshop, you'll learn what it takes to run a successful pharmacy ...or even pharmacies.

And get this: More than 2,500 pharmacists have attended the Ownership Workshop and more than 50 percent of past workshop participants now own their own pharmacy.

If you're serious about exploring ownership or polishing your skills, **stop talking about it and do something about it.**

Come to the Ownership Workshop and grow the skills you need to become an effective pharmacy owner. Visit www.ncpanet.org/meetings/ownership-workshop for registration information.

FOCUS: STAFF ENGAGEMENT

Coaching them up

Pharmacy owner draws on own experience to help other independents maximize their potential.

by Chris Linville

You've always dreamed of owning an independent pharmacy. You learned everything you could about buying your own store, secured all the necessary documentation and financing, and finally closed the deal.

Now comes the fun part. As in, how do you make sure the business, and a staff with varying ages, personalities and skill sets, works together toward a common goal, which is building a thriving pharmacy by giving your customers the best service and care possible?

These type of questions have fascinated Travis Wolff, PharmD. While still a student at Southwestern Oklahoma State University College of Pharmacy, Wolff bought his first pharmacy in Sapulpa, Okla., near Tulsa, with his business partner. Wolff was technically running the pharmacy as an intern and sort of figuring things out on the fly, as he didn't yet have his pharmacist license.

"I learned a lot about employee engagement and culture early on in life,"

Travis Wolff, with wife Sunni, PharmD, purchased an ownership stake in his first pharmacy while still a student.

he says. "It's about learning what works, and what doesn't work."

Wolff, who received his degree in 2011, bought a second pharmacy in 2015 and combined that and his first store into a single business called Med-World Pharmacy. In December 2018, Wolff acquired Apothecary Pharmacy in Mounds, Okla.

As a multi-store owner, Wolff has taken a keen interest in employee engagement techniques and managing staff of varying ages and demographics. For example, at his first store, there were employees who had been there for 30-some years, who started before modern computer technology was commonplace.

"They recalled stories of documenting refills on the backs of recipe cards," he says. "So I had to train a lot of staff on a new computer system."

Wolff, a board-certified ambulatory care pharmacist — one of only 36 in Oklahoma – says his vision for pharmacy's future was to bring everything beyond dispensing to community pharmacy. He's built several ambulatory care programs into his pharmacy, and said he needed to use all of the employee engagement tools in his bag to get his staff on board to make that possible, as he knew he couldn't do that without them.

SPREADING THE WORD

Wolff's enthusiasm about building an ambulatory component inside his pharmacy had him thinking about ways to convey what he was doing for other pharmacies who might have similar ambitions. Thus a new career path opened up.

"I thought, I have to know how to teach this," he says, adding that for various reasons, community pharmacists don't always adopt best practices that their peers have in place. "Community pharmacists will thrive together, or die alone.

> ***"I learned a lot about employee engagement and culture early on in life. It's about learning what works, and what doesn't work."***

"We go to conferences and learn these new things, but we only engage people who don't live near us because we don't want to share trade secrets with our competitors," he says. "Then we go home and try to do it by ourselves. We don't engage our team, and we don't ask anyone in our backyard from a different pharmacy how they are doing things. That has hindered us."

Wolff decided to dive deeper. He went to the University of Connecticut School of Pharmacy to get its teaching certificate for pharmacists.

"It's designed for residents, but I just went ahead and did it because I wanted the knowledge," he says. "I use that certificate to teach other people."

Wolff also completed a psychology of leadership program through Cornell University. "I learned a lot. The psychology of leadership is just that – how do we engage people, why do people do what they do, and how do we get people on the same track?"

Want more time for that new initiative? Find out how at the NCPA Convention

Ready to start a new service in your pharmacy, but can't seem to find time or a staff member who isn't too busy? Think you need to hire a new team member just to get new services off the ground? Can't seem to get your current staff engaged in new clinical ideas? Come to the NCPA 2019 Convention in San Diego Oct. 26-29 to get answers to those questions. Travis Wolff, PharmD, pharmacy owner and co-creator of the pharmacy coaching firm PharmFurther, LLC, can teach you how to create time – even if only one hour a week – in current staffing models for adding new services to your pharmacy and how to tell when you've achieved financial readiness to add another staff position.

Walk-away with:

- Job structuring ideas.
- A key process to develop your model pharmacy schedule including non-dispensing services.
- Step-by-step guide for implementing common non-dispensing services such as immunizations, compression stocking fittings, and more.

For more information on this and other convention programming, visit https://convention.ncpanet.org/.

Outstanding customer service applies to Wolff's own business, Med-World Pharmacy.

With these knowledge building blocks in place, Wolff and his wife, Sunni Wolff, PharmD, created their own firm called PharmFurther, LLC (www.PharmFurther.com) where they "coach" pharmacy owners and managers on methods to maximize their potential.

"Travis understands the complexities and hurdles we face daily in independent pharmacy," says Stacie Ricker, owner of Midwest Family Health, Pharmacy and Home Care, with four locations in Kansas. "He has an uncanny way to make anyone want to strive for growth and improvement with his positivity and motivational words."

THE PROCESS

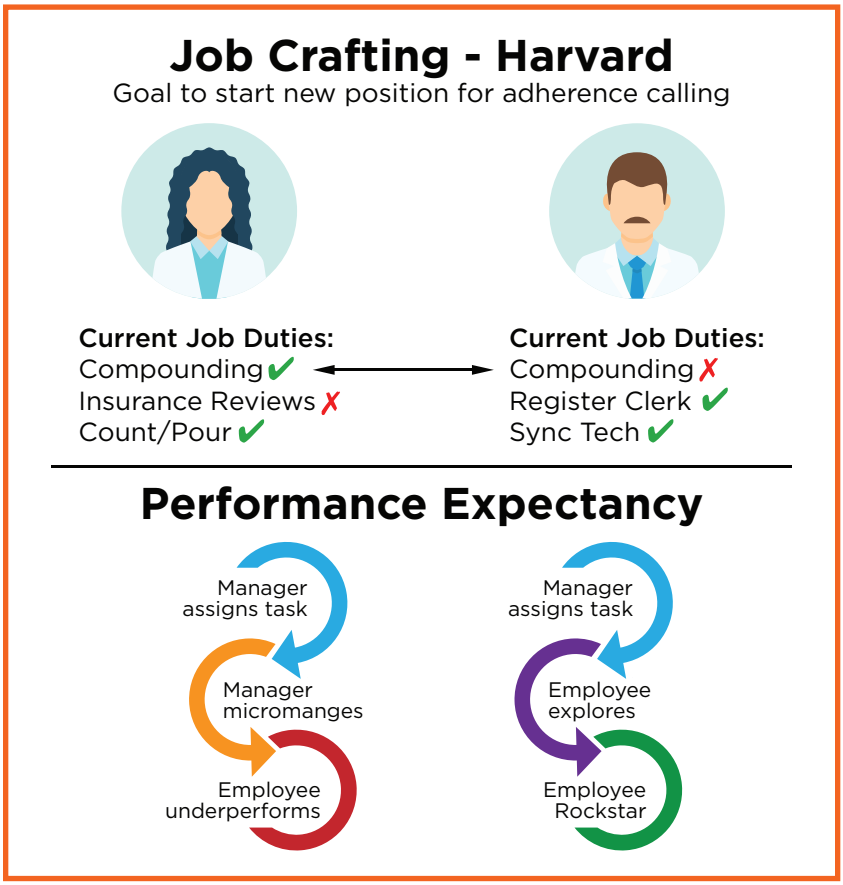
Wolff uses a series of books, articles, publications, and psychology theories that he has collected, weaving them together into a process that forms the foundation of his coaching philosophy. "When a client has needs outside of our foundation, we then research to find a custom solution that fits only their pharmacy, but then we can use that with another owner if the need arises," he says. "The more clients we have, the smarter we can make community pharmacists. It's about information sharing so we can all see success. That's the missing piece in our profession."

As an example, Wolff cites the book *From Good to Great* by Jim C. Collins as helping pharmacies take that next step. Wolff compares a pharmacy owner to a bus driver, and says it's the pharmacy owner's job to get the bus off the side of the road and on to the freeway.

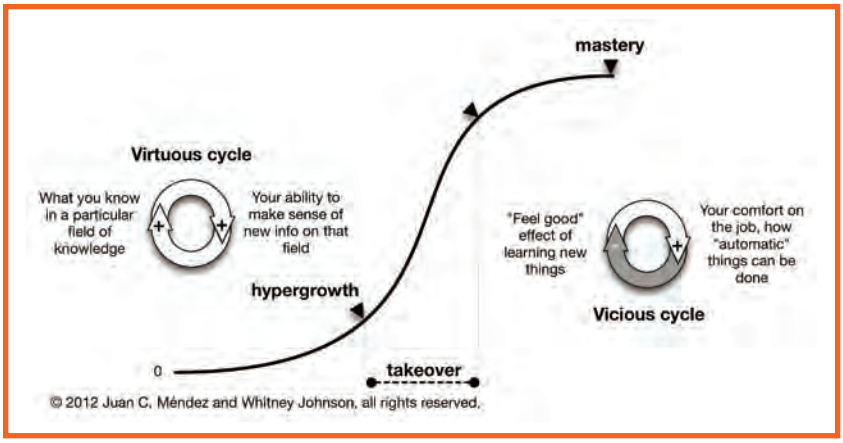
"We have so many seats on the bus, and I walk them through with their staff to identify which people are in which seats," he says. Then he asks a series of questions: "Which seats do you have on the bus? Which seats do you need and what seats don't you need?"

Wolff says that he finds that a lot of pharmacists hire for the same seat. "We will hire people we don't need because we think they will be good down the road," he says. "Maybe we have this one area that we need somebody to be really good at, but we don't hold out for that person. Instead we all get three people who know how to do the same thing, and we have all of these weaknesses in our store."

"The psychology of leadership is just that – how do we engage people, why do people do what they do, and how do we get people on the same track?"



Job crafting is a key part of Wolff's coaching playbook.



Wolff says that in the s-shaped performance curve, staff at all points on the curve play important roles.

In that case, Wolff says it's time to change the seating arrangement. "It's not about firing people, it's about telling them that they have a new job to be done, and that pharmacy is changing, and that if we are going to do an A-plus job, we only have room for A-plus people," he says. "So we need to decide if someone needs to be put in a different seat on the bus."

GRADING ON A CURVE

A key part of Wolff's coaching is based on an article published in the *Harvard Business Review* called *Throw Your Life a Curve*, written by Whitney Johnson and Juan C. Mendez. Wolff asks clients to look at what appears to be an s-shaped performance curve. (See chart below left.)

Wolff says that in a pharmacy, 15 percent are at the bottom lower left of the curve. These are beginners and novices. At the top are another 15 percent, basically the experts. The remaining 70 percent are in the middle.

Of the novices, Wolff says, "These are people who are learning. This is a good section because they ask a lot of questions we might not normally ask. They want to know the 'why' behind stuff. It's good to have those folks."

The middle section is what Wolff calls "the sweet spot." He says it's where people really enjoy what they are doing. "They are engaged, they like coming to work, and they like finding innovative ways to do things."

Wolff says that for various reasons, community pharmacists don't always adopt best practices that their peers have in place. His coaching goal is to get all of a pharmacy's staff working together to create better patient outcomes, which translates into a successful business.

At the top of the curve are the experts. They have been doing certain tasks for many years and are the best at it.

Wolff says there are pros and cons of all the parts of the curve. Why not have everyone in the sweet spot? Well, he says, "The novice people are asking good questions, asking about processes, and you might actually change processes based on this. You aren't going to get those questions from someone in the sweet spot."

On flip side, why not have all experts? "They get stuck in a rut and they never want to try a different way," Wolff says. "They get bored doing the same thing all the time, and they leave, or worse, they get bored and they stay. And then you can't implement anything new because all they want to do is put pills in a bottle."

Wolff says that pharmacies need to figure out which of their people are at the bottom of the curve, in the sweet spot, or are one of the experts.

"If you have a new program that you want to implement, and you are able to use the expert to start that new program because of their expertise, then it moves them to the bottom of another s-curve," he says. "Then they get to start asking questions and they have several more years of service to you because they can find that sweet spot and build this new program for you."

Wolff says it's important to keep the percentages on the s-curve consistent. "You have to move one person to each section," he says. "You are trying to keep the dynamics the same."

CRAFTING THE JOB

The next step from the s-curve is called Job Crafting, a philosophy Wolff learned from Dan Cable, a professor at the London Business School and the author of *Alive at Work: The Neuroscience of Helping Your People Love What They Do.* Wolff says it's simply having a discussion with all employees to find out what they like and don't like about their job, and learning what additional opportunities they wish to have.

Wolff points out some findings from Job Crafting: "Often you will have overlap with a staff of four people or more," he says. "There will be things that two people are responsible for, and one of them likes doing it and the other one doesn't."

Wolff faced such a scenario with two of his compounding technicians. He says the pharmacy wanted to start a clinical synchronization program to improve its EQuIPP scores. "Before we started, we needed somebody to make these phone calls and go through these adherence measures with our patients," he says.

Wolff says he discussed this with his technicians and got two different responses. One said she preferred compounding because it's organized and in a controlled environment where she could focus solely on her tasks.

The other technician said she liked compounding but found it a bit isolating as she's a people person. She was looking to have more personal interactions.

"So, what we did with the more outgoing person was to divert some of the time that she was compounding to the other technician who really likes it and wants to do more of that," he says. "Now the other one can work on the clinical sync program, and she gets people interaction because she's talking on the phone all day. It wasn't planned, but we just tried it and it worked out that way. There are many ways you can make two people happier, and the business wins."

Wolff with his wife Sunni, co-founder of PharmFurther, LLC.

DEFINING SUCCESS

Another thing that Wolff has learned is that "excellence is subjective." He says that whoever is running the show at an independent pharmacy needs to define his or her concept of excellence. This concept was learned from Marcus Buckingham and Ashley Goodall, coauthors of *Nine Lies About Work: A Freethinking Leader's Guide to the Real World.*

"Your employees want to be excellent and they want to be engaged to provide that customer care, but if they don't know your true definition of that, they are shooting in the dark each time," he says. "We know that everyone's idea of excellence is different, that it's subjective. I strive to bridge the gap in communication between the pharmacy owner and their staff."

It might be a cliché, but getting on the same page is crucial.

"What is better is to define what success looks like," he says. "If we achieve a specified and clearly-defined outcome, we'll know we were successful."

BUILDING ON KNOWLEDGE

Once you have defined what a successful outcome is, Wolff says another step is to build on the knowledge that leads to positive results, something he learned from the *Feedback Fallacy*, recently published in the *Harvard Business Review.* It can create something of a snowball effect.

"If we focus on what's going well, we're all going to learn faster," he says. "Independent pharmacy is changing rapidly right now. Payers are demanding we do all these new clinical things, but most places don't know how to pay us to do those things, YET!"

The reality, Wolff says, is that dispensing is still paying the bills for independent pharmacies. So it's essential to do those tasks efficiently and at a high level, which provides time and opportunity to do more clinically-oriented programs that will provide a higher percentage of revenue – if not now, then certainly down the road.

In sports, the best coaches are able to get their players to work toward their strengths and away from their weaknesses. Wolff says that the s-curve and job crafting work the same way. An effective manager trusts the team and helps set them up for success. Also, much like some of the best sports coaches, Wolff believes his success in helping others comes from the rare fact that he has and still is a player in this game called community pharmacy. "Most business coaches are not pharmacists, let alone pharmacy owners," he says.

"You let employees perform, and what happens is slowly but surely they gain confidence to explore and to try and do things for themselves," Wolff says. "It doesn't always happen overnight, but the more time that passes, they can become a rock star at what they are doing. As that happens, the pharmacy will learn and adapt faster to changes in the industry, and that's the important part."

You can connect with Wolff by email at Travis@PharmFurther.com. ■

Chris Linville is managing editor of *America's Pharmacist®.*

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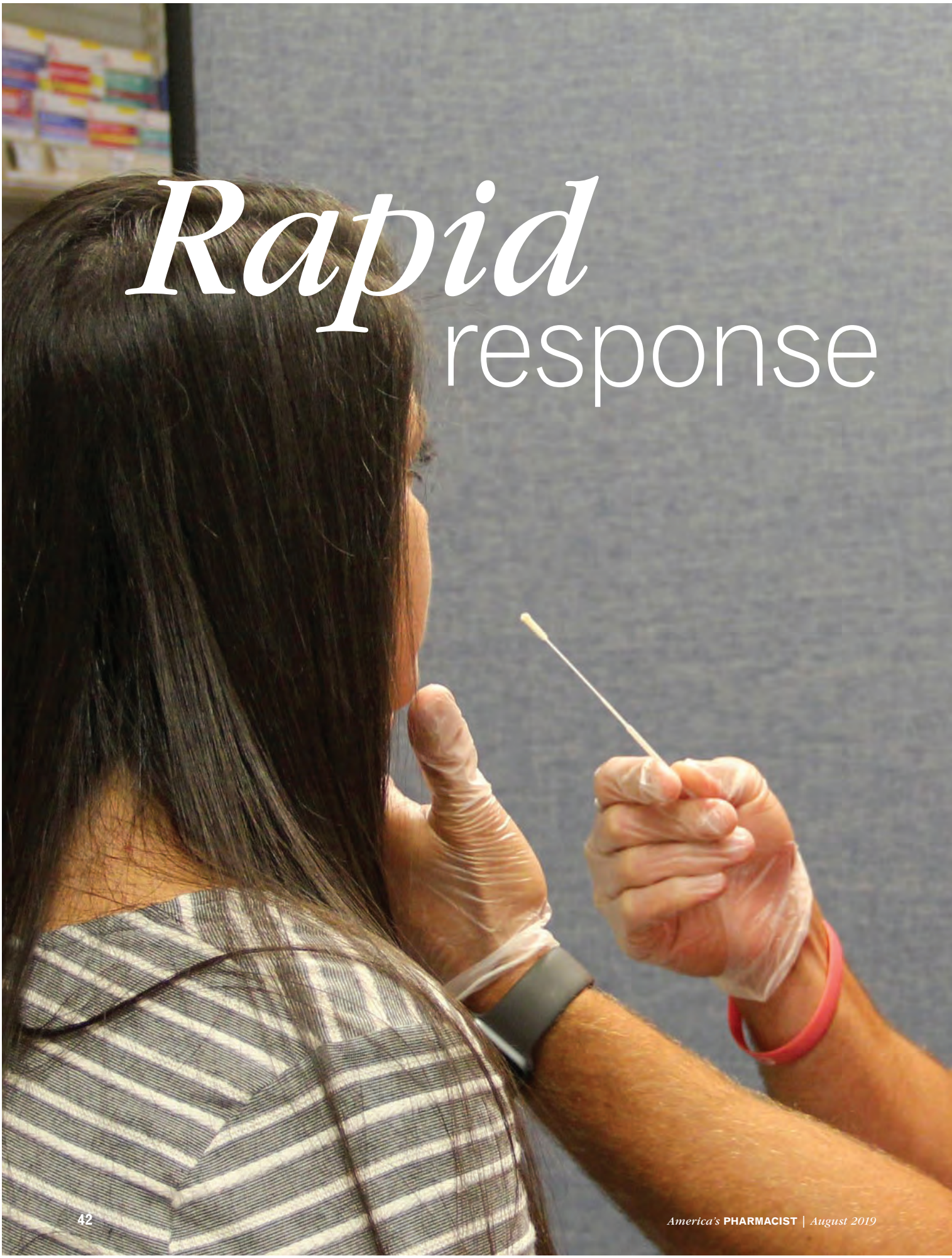

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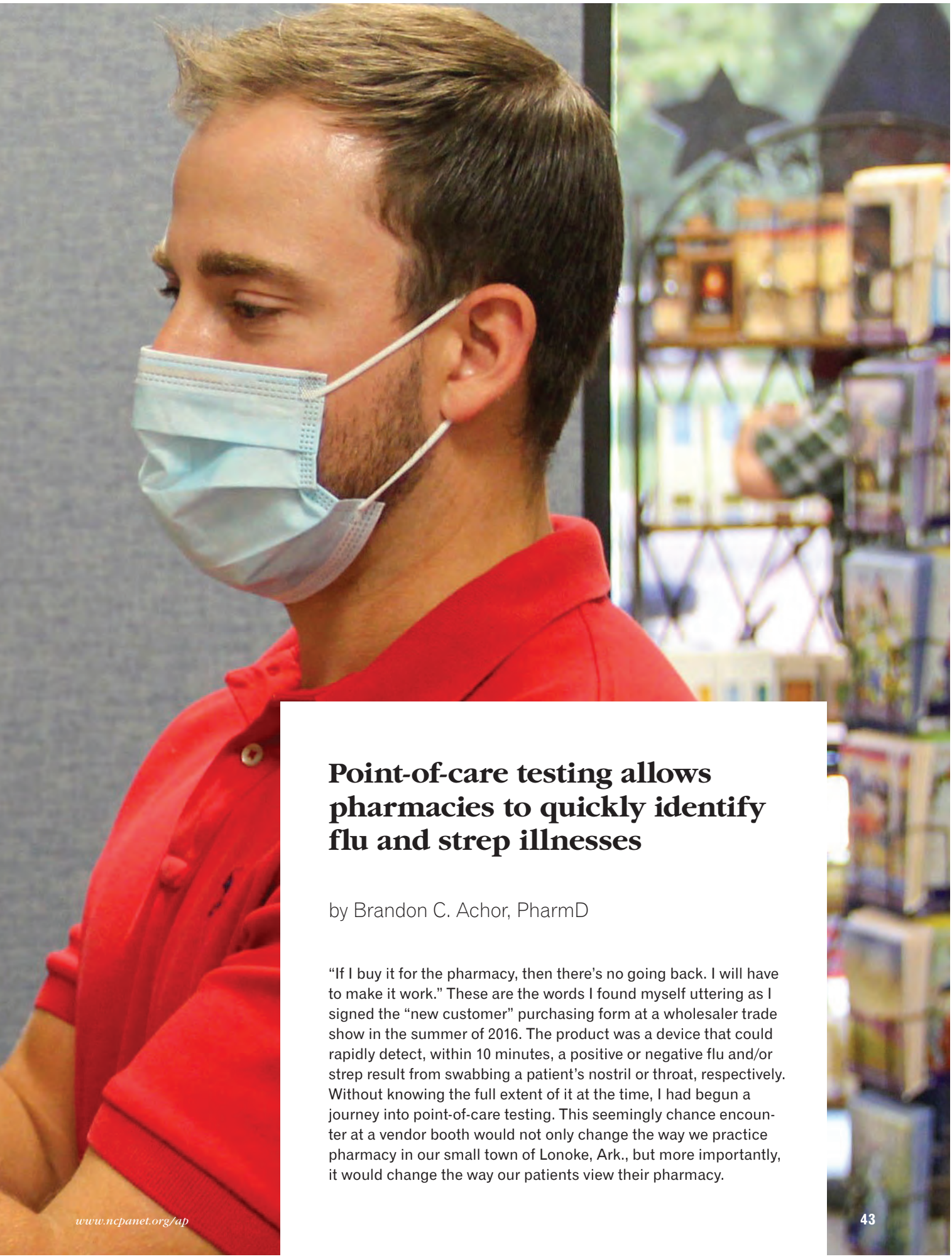


Point-of-care testing allows pharmacies to quickly identify flu and strep illnesses

by Brandon C. Achor, PharmD

"If I buy it for the pharmacy, then there's no going back. I will have to make it work." These are the words I found myself uttering as I signed the "new customer" purchasing form at a wholesaler trade show in the summer of 2016. The product was a device that could rapidly detect, within 10 minutes, a positive or negative flu and/or strep result from swabbing a patient's nostril or throat, respectively. Without knowing the full extent of it at the time, I had begun a journey into point-of-care testing. This seemingly chance encounter at a vendor booth would not only change the way we practice pharmacy in our small town of Lonoke, Ark., but more importantly, it would change the way our patients view their pharmacy.

GETTING STARTED

After some due diligence on our state's pharmacy law and proper CLIA-waiver formalities, my priority was to show the primary care providers in town exactly what I was going to do. (I can't stress how important it is to engage your local providers when offering POCT.) I met with each of them and showed them the device, how it works, the literature showing its strengths and limitations, and the protocol my pharmacy would follow when providing the testing. I explained that my goal was to help them triage flu and strep throat. The pharmacy could quickly identify uncomplicated cases of these two common, acute disease states, so they could focus on more complex patients. This presentation method proved to be effective in gaining provider support, and many of them helped me develop the POCT intake form with the vitals and details they prioritize when making a recommended therapy.

After meeting with local providers, the next step was to create a workflow protocol for my staff. In Arkansas, if a test is on CMS's list of tests granted waived status under CLIA, then any trained staff member may administer the test within the confines of the waived entity. This allowed me to develop a majority pharmacy technician-driven protocol, which has the following sequence:

- The patient requests testing.
- The cashier accepts payment.
- The pharmacy technician leads the patient to a consultation area and walks them through the POCT intake form, which includes general demographic information, allergy information, and a medication list.
- The pharmacy technician records automated vitals (blood pressure, heart rate, pulse reading, temperature) on the remaining portion of the intake form and administers the test.
- The pharmacy technician delivers the completed intake form to the pharmacist.
- While awaiting the test results, the pharmacist reviews the form and begins counseling the patient on what to expect if the results are positive or negative, what to monitor, and what OTC and prescription options are available.
- The pharmacist reads the results to the patient and contacts the patient's provider for recommended therapy if indicated.
- The pharmacist faxes a copy of the intake form to the patient's provider.

On the previous page Brandon Achor, owner of Lackie Drug Store, swabs a patient. Within 10 minutes his point of care testing device can detect a positive or negative flu and/or strep result.

You might ask why we don't have a collaborative practice agreement. In Arkansas, to initiate treatment the collaborative practice agreement, it would have to be between the pharmacy and the patient's established primary care provider. We would have to have multiple collaborative agreements and did not see the necessity nor wanted to incur the additional liability. If we were to be able to enter into a single collaborative practice agreement with one local provider that would encompass all of our testing, then yes we would absolutely pursue that. I would suggest checking your state's rule and regulations regarding collaborative practice agreements for POCT.

IF YOU BUILD IT, THEY WILL COME

After a local promotional campaign via mailers and social media platforms, we immediately saw the demand and need for this service. The price was determined by asking local clinic managers what their average commercial patient co-pay was for an office visit, and compared that to cost of testing and was able to match the price while maintaining a good margin.

We started with fewer than 10 tests

per week leading up to the flu season, and then during the flu season peak we were regularly exceeding 60 tests per week. We had patients driving two hours to our store to see us, as the closest urgent care providers near them had wait times often exceeding four hours. We had school systems calling and asking if they could send a child from the nurse's office to us with their parents to confirm whether the child needed to be sent home.

Throughout all of this, we quickly learned that our service's appeal was not simply in its convenience, as we had originally assumed, but in the one-on-one patient counseling interactions (five to eight minutes each) with the pharmacist. Patients valued their time with a knowledgeable, highly-skilled medical provider regardless of the test outcomes, because they knew their concerns were being heard and attended to by a team of people they trusted.

Many of these customers are recognizable when they come to the pharmacy as a typical flu/strep season patient. It's the mother with two children with runny noses who were at a birthday party over the weekend; the young father who has a fever and does not know if he should go visit his parents in the assisted living center; or the working family who got a call from another parent that their oldest has a sore throat and was feeling nauseous. Most likely you are already counseling these patients, so POCT simply provides another instrument to help provide better outcomes while generating an adequate reimbursement for your time and expertise.

I have quickly learned that pharmacy is a practice of mitigating fear. It is scary to have an ill child. It is scary to be told you have a new or worsening chronic disease, and it is scary to suddenly become the caregiver of an aging loved one. Your patients want someone who will assure them that when it comes to illness, they are not alone. Over the last three years, I have found POCT to be exceptionally valuable in our pharmacy's continual fight against fear. ■

Brandon C. Achor, PharmD, is pharmacist in charge/owner of Lackie Drug Store, Lonoke, Ark. He can be reached at lackiedrug@gmail.com.

Are you READY?

Photography: Hue Lam

As the USP <800> deadline approaches, attention to detail is paramount

by Chris Linville

When the United States Pharmacopeial Convention published General Chapter <800> on Feb. 1, 2016, compounding pharmacies had to start making decisions. Should they invest time and money to meet the new standards, or should they decide it's not worth it and bow out?

USP <800> specifically looks at the handling of hazardous chemicals in the practice of compounding in addition to handling manufactured products. It details a series of processes that are required to minimize exposure to hazardous drugs (or potentially hazardous drugs) in health care settings. Its purpose is to protect the employees and patients who routinely come in contact with these drugs. USP <800> is not limited to pharmacies. The chapter applies to hospitals, clinics, physician offices, and veterinary clinics — essentially any facility where hazardous drugs are stored, prepared, or administered. Also, it's a common misconception that USP <800> applies only to sterile compounding. It applies to both sterile *and* non-sterile.

WeCare Pharmacy's USP <800> preparations were helped when it was given an opportunity to relocate to a larger space.

The original <800> deadline was July 1, 2018. Now the clock is ticking toward the new (and presumably final) implementation date of Dec. 1, 2019. As with other compounders, WeCare Pharmacy in Warrenton, Va., faced a decision. It was a fairly easy call, says Jennifer Bruckart, WeCare director of operations and compliance.

"We saw <800> as something that pharmacies would either adopt and go forward, or fall out," she says. "We saw this as an opportunity to grow and pick up some of that lost business. We also were looking to get into sterile compounding to add to our services."

TIMING IS EVERYTHING

Pharmacist-owner Xuan Huynh opened WeCare in April 2014. A few years later, around the same time USP <800> was published, the pharmacy's landlord asked if the pharmacy would be interested in taking over a larger space nearby. At the time, WeCare was located in a 1,800-square-foot facility. Its lab was compliant with current standards, and it mostly compounded hormone creams.

However, Bruckart reviewed the new guidelines and knew the pharmacy's current lab wouldn't comply with the new standards.

"We had cabinetry made out of particle board. We had porous counters," she says. "Chapter <800> says the rooms themselves must be made of materials that are smooth, impervious, free from cracks and crevices, and non-shedding. We also had a lot of drawers, and gears in the drawers, and all those areas can gather powder. Most importantly, we didn't have the proper airflow, and didn't have a feasible way to correct that. And honestly, we were starting to outgrow the space anyway."

Bruckart says reading the chapter was one of the wisest things she did, and she suggests it for anyone else who is considering entering or continuing compounding.

"It's only 18 pages," Bruckart says. "It provides the best first-person account of what the regulations say. It's very clear. It's a good first step for anybody who is looking to modify their pharmacy for <800>."

Jennifer Bruckart (left), WeCare's director of operations and compliance, consults with pharmacist and owner Xuan Huynh. Bruckart has spent the last several years making sure the pharmacy is USP <800> compliant.

> ***"We saw this as an opportunity to grow and pick up some of that lost business. We also were looking to get into sterile compounding to add to our services."***

So the timing was right to move. WeCare took over the space, a 3,600-square-foot shell, in February 2017. The front end was built out over the next few months by Xuan's husband, a contractor. After that, Travis Clean Air took over to install the compounding labs. The company was given room specifications, measurements, and information about plumbing and electrical outlets. It then built the labs at its factory in Colorado and shipped them to Virginia. Bruckart says a team of about 10 people took about three days to assemble the labs at the pharmacy.

Finding the right vendor was critical, Bruckart says, especially when looking at a six-figure expense to build a lab. An HVAC unit alone can run more than $20,000.

"They know airflow and material requirements, and they know what should and should not be in a lab," she says. "We were new at sterile, so we were relying on their expertise and advice on proper set-up. They were a good sounding board; they knew where to put things like pass throughs. They build <797> and <800> labs for a living, so they were a really good resource."

After literally moving overnight, and without closing, WeCare's new location opened July 7, 2017. After that, the hard work to become USP <800> compliant began. How long was the to-do list? Take chemicals. There are specific guidelines for storage, identification, labeling, shipping and receiving.

Compounding technician Katrina Bess double-checks the calculations before preparing a compound in the pharmacy's hazardous drug lab

NIOSH LIST

USP <800> uses the National Institute for Occupational Safety and Health to determine what is a hazardous drug.

WeCare uses the list as a reference, Bruckart says. "We review the NIOSH list and identify which drugs are maintained on site, in what form do we compound them or store them, and where are those chemicals located."

Bruckart says that, for easy access and viewing in the labs, WeCare prints the list, so when it checks in a new chemical, it is checked against the list.

"Then we determine, do we need to stick a hazardous label on it, does it need to go to the hazardous lab, or can it be stored out in the general lab?" she says. "We generally update the list every September when the NIOSH list usually comes out."

Additionally, USP <800> requires dedicated tools and equipment to work with hazardous chemicals.

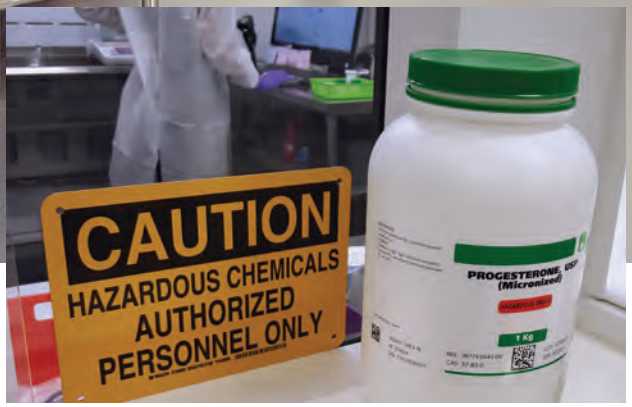
"We had to buy two electronic mortar and pestle machines, we needed to have dedicated spatulas, dedicated balances, hoods, and ointment mills," Bruckart says.

To keep from getting overwhelmed, Bruckart suggests when reading USP <800>, look for the terms MUST versus SHOULD. She says that in Virginia the board of pharmacy surveyors already have been asking about <800> preparedness during inspections. For example, is your room designed with negative pressure?

"If you are not in compliance, this would be an offense that could be cited after <800> takes effect," she says. "But at least from what we've seen at this point, inspectors are taking an educational approach, reminding pharmacies what needs to be done."

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment — gowns, gloves, shoe covers, head and hair covers — is designed to protect workers from exposure. Bruckart says the chapter is very specific about PPE.



Above: WeCare had its compounding labs prefabricated off-site and then assembled at the pharmacy. At left, proper maintenance and labeling of hazardous chemicals is crucial.

NCPA creates USP <800> risk assessment template

Under USP <800>, certain hazardous drugs on the National Institute for Occupational Safety and Health list must follow the chapter's containment requirements, unless a risk assessment is performed and implemented. USP defines a risk assessment as an "evaluation of risk to determine alternative containment strategies and/or work practices."

The risk assessment of these hazardous drugs must be documented every 12 months. The assessment must, at a minimum, consider the following: type of hazardous drugs (such as antineoplastic, non-antineoplastic, reproductive risk primarily; dosage form; risk of exposure; packaging; and manipulation. If a risk assessment is taken, the entity must document what alternative containment strategies and/or work practices are being employed for specific dosage forms to minimize occupational exposure.

To help members who compound, NCPA has developed a risk assessment template to help you create your own risk assessments for each hazardous drug as required by USP <800>. Visit https://www.ncpanet.org/innovation-center/diversified-revenue-opportunities/compounding to access the template.

WeCare's front end was designed to be warm and inviting, with OTC products that complement its compounded medications.

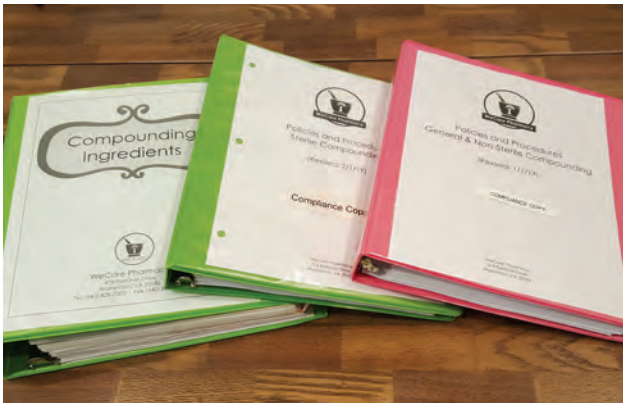
"The gowns have to be disposable; they have to close in the back and have to be shown to resist permeability from hazardous chemicals," she says. "They should be made of a laminate material, have long sleeves, cuffs that are elastic or knit, with no seams or closures that could allow hazardous drugs to pass through. And they are supposed to be changed every 2-3 hours. That's a lot of money, and a lot of money to be regowning every 2-3 hours with trace exposure."

POLICIES AND PROCEDURES

Compounding has a lot of regulations, which requires standard operating procedures to address compliance with those regulations. Bruckart says that shortly after USP <800> was published, she began working on WeCare's first operating manual.

"It really forces those pharmacies that don't have any written policies and procedures to have them," she says.

Bruckart says it took her six months to write SOPs for non-sterile and general pharmacy operations. Compounding chemical and equipment supplier PCCA has template SOPs, so she used those as a starting point and made them specific to WeCare's processes. She says the pharmacy also went through the National Association of Boards of Pharmacy's Verified Pharmacy Program. She says it's not an accreditation, but a national standard for inspecting pharmacies, designed for pharmacies to more easily obtain multi-state licensure.



WeCare's standard operating manuals are comprehensive and constantly reviewed and updated.

Bruckart says the VPP has strict standards and uses former FDA personnel for thorough facility inspections. She says WeCare had a few minor issues in its inspection but had an opportunity to make corrections and submit to the VPP how it made those corrections. Bruckart is confident that the inspection helped the pharmacy prepare for USP <800>.

WeCare's sterile lab opened in February 2018, and Bruckart spent three months writing an SOP for that as well.

"We have three notebooks that contain policies and procedures," she says. "They get reviewed almost every month, and we constantly have to review them and retrain our team on the latest policies and procedures. We are constantly auditing ourselves, and tracking everything. I have a full-time job in operations and compliance because there is so much, especially on the sterile side of things."

Despite the details, documentation, and expenses, Bruckart says WeCare is committed to going forward. She says the pharmacy has more than doubled its daily compounds in the last year.

"Not only do we have the opportunity to build our lab and do it right, but it's just the right thing to do," she says. "We want to protect our compounders and personnel from exposure to hazardous drugs. We decided if we were going to compound with hazardous drugs, we were going to do it the right way." ■

Jennifer Bruckart can be reached at jen.bruckart@gmail.com.

Chris Linville is managing editor of ***America's Pharmacist®.***

NCPA Webinar: USP <800> and the EPA: Implications for long-term care and community pharmacies

Compounding pharmacies have been planning for USP <800>, which goes into effect Dec. 1, 2019, but are you ready for its impact on your community and long-term care business? Compliance with USP <800> will mean changes for both community and LTC pharmacies and nursing homes. On Aug. 21, 2019, the Environmental Protection Agency final rule governing hazardous waste pharmaceuticals goes into effect. The rule will require special considerations from pharmacists and pharmacy operators. In a continuing education webinar, Dana Saffel, PharmD, CGP, CPh, and CEO at PharmaCare Stategies, Inc; and Paul Baldwin, principal with Baldwin Health Policy Group, discussed how USP General Chapter <800> and the EPA final rule will impact pharmacy practice, with a principal interest around long-term services and supports.

Missed the webinar? No problem. You can listen to a recording and obtain CE credit by visiting https://www.ncpanet.org/innovation-center/education-opportunities/webinar-series.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Reader Resources

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▶ *Continued from page 18*

We recently learned of an error that was caught by a pharmacist as part of a post-fill audit program. During order entry of a new prescription for amitriptyline 10 mg, the pharmacist selected amitriptyline 100 mg by mistake. He happened to be the only pharmacist on staff that day, and he both entered and verified the prescription. (Note: Whenever possible, one person should enter the prescription in the pharmacy computer system and a pharmacist [or second pharmacist if initially entered by a pharmacist] should conduct an independent verification of the order entry.) The patient picked up the prescription the following day. Later in the evening, another pharmacist was conducting the post-fill audit and caught the error. The patient was called immediately. Thankfully she had not taken any of the medication as she was not scheduled to take a dose until bedtime. If you have not already done so, we recommend you institute a post-fill audit program. If a program is already in place, consider expanding the post-fill audit program to include random checks of the will-call bins to compare the label to actual product/contents dispensed. ■

This article is from the Institute for Safe Medication Practices (ISMP). The reports described were received through the USP–ISMP Medication Errors Reporting Program. Errors, near misses or hazardous conditions may be reported at www.ismp.org. ISMP can be reached at 215-947-7797, or ismpinfo@ismp.org.

FRONT-END OVERHAUL

Students educating the teacher

by Gabe Trahan

Eric and Amanda Garst, owners of Garst Pharmacy in Fortville, Ind., have been teaching me a lot lately. It was supposed to be the other way around.

Earlier this year, I visited their store to offer ideas on how to remodel their space and make room for specialty lines. The young entrepreneurs also wanted to talk about additional signage and marketing opportunities. I simply planted a few idea seeds. They made them grow, and in a very short time made them happen. I swear that I could actually see Amanda's mind working. She would talk, I would listen, and Eric would nod his head and say, "We can do that."

I suggested that they add signage to the lower part of the store windows. The new signs would promote product and services, and also act as a shield to hide the cluttered look of the backs of cardboard displays that can be seen from the road. The challenge was getting the message across with minimal words large enough to read from the road.

The other issue was installation. I suggested contracting with a sign maker and having the company do the installation. The Garsts would need 15 signs, and my conservative estimate was at least $500. Instead, Amanda and Eric had the banner signs printed for $220.78. Obviously, I underestimated their ingenuity. The banners are made of vinyl and were $13.27 each. Installation brackets are heavy duty magnets. They used 50 magnets at less than 44 cents each. Cost of labor? Nothing, as they did it themselves. After all, they are using magnets, so how much labor does that take? The signs can be swapped around and quickly taken down to allow windows to be cleaned. The Garsts continue to make the seeds of ideas grow. (For more about Eric and Amanda's pharmacy journey, see the July issue of *America's Pharmacist*®.)

In October at the NCPA 2019 Annual Convention, I will be giving a new presentation called "Fixer Upper: Pharmacy Front-end Remodels." Please join me and allow me to walk you through a number of real-life examples of more than 12 different budget-minded remodels. I will be showing samples of floor plans that have been enhanced by a few simple moves along with before and after photos. I have a special feature that shows how my friend Sam Sylejmani made his remodeled DME section pop by simply adding white trim. Join me, let me share some seeds, and you can make them grow. Register at http://bit.ly/2Wmr1ib.

Also, here's a quick note: Signs printed with small letters that can only be read when standing in front of the store do nothing to entice new customers who are passing by. Remember that the best signs are ones that can be read from the road. ■

Gabe Trahan is NCPA's senior director of store operations and marketing. Gabe uses more than 40 years of front-end merchandising experience to help NCPA members increase store traffic and improve profits. Visit www.ncpanet.org/feo to watch videos, read tips, and view galleries of photo examples by Gabe. Follow him on Twitter @NCPAGabe for additional tips.

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