

INDEPENDENT PHARMACY

SURTHRIVAL

SERIES™



Step out to step up your business

by Chris Linville

In November 2019, NCPA announced the SurThrival series. From now through October 2020, America's Pharmacist® will assemble some of the country's top experts in the pharmacy industry each month to share their insights on business, marketing, technology, personnel management, and much more. It's what every independent pharmacist needs to know to survive and thrive in a changing marketplace.

For independent community pharmacy, the days of turning on the lights, opening the doors and expecting a steady stream of customers have long since passed. With all the well-chronicled challenges facing the industry, it's a completely different world. "Thinking outside the box" might sound like a worn-out cliché, but for independent pharmacy it's a phrase that applies now more than ever.

The theme for this month's SurThrival article is proactivity. In other words, don't wait for business to walk through your doors. Create opportunities by having a regular routine that

gets you out from behind the counter.

For Morgan Miller, director of specialty pharmacy with Alps Pharmacy in Springfield, Mo., it makes sense.

"I think it resonates with a lot of different pharmacy owners because No. 1, we have an interest in our community, and No. 2, we have to do something to survive in the environment of PBMs and chains," she says. "They probably already have a lot of these relationships that they can grow and cultivate and find needs."

Miller worked at Alps as a technician before going to pharmacy school at the University of Missouri at Kansas City, graduating with a PharmD degree in 2013. She came back to Alps and a few years later helped launch and develop the pharmacy's specialty program.

"We treat a lot of autoimmune and anti-inflammatory conditions, and also fill a lot of our expensive high-touch long-acting injectables, depending on the patient's needs," Miller says.

BE THE SOLUTION

Miller says that often you can earn referrals and create partnerships by bringing solutions to the table. As an example, she says there were no certified practitioners for medication-assisted treatment (MAT) in substance

use disorder services in her county, or anyone who was willing to step up to fill the role.

"Our county drug court was desperately looking for access to Vivitrol for clients," she says. "We had developed a name for ourselves in having access to resources and knowledge in billing structures for Vivitrol, and were able to connect the dots for them and became the center of the hub for the county. In the last three years there has been a high turnover rate because physicians and providers have come and gone, but the treatment for patients stayed consistent because our pharmacy was at the center of care."

Miller says that constantly building and maintaining relationships can lead to other opportunities. A lot of people have pain points and aren't even aware of them. For instance, Miller says the pharmacy does flu shots for teachers at a local school. Prior to that, the teachers were having to take time off, go to a doctor's office, and get the immunization.

"We said we can come to the school. They would fill out a form, and we could come in on a few different days and do the shots," Miller says. "They loved that opportunity. They didn't have to figure out a time to go, we just came to them. It was during the

workday, and it was a really good service for them. It's a convenience factor for them, and it was a great revenue and relationship building opportunity for us."

A by-product of offering that service was hearing that the school had put out a request for proposals to provide medications for the entire faculty in the school system. Subsequently, Miller says the pharmacy has made a bid.

"That was one opportunity that led to another that we may not have been aware of had we not stepped in to solve one of their problems," she says. "With these relationships what we keep finding is one opportunity usually leads to several more. Because you have built that relationship, you have built that trust, and they want to work with you."

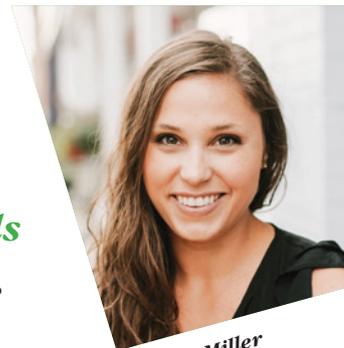
GRANT OPPORTUNITIES

With the opioid crisis of recent years, Miller says there are now more opportunities for grant funding.

"Whenever I hear grant money, whether I have direct access to it or somebody else does, that automatically perks up my ear because it means it's a cash-based system," she says. "Even though it is through a foundation grant or a government, it's not through a PBM. So I automatically start listening and finding ways to include ourselves in that. With the MAT funds that are currently available in our area, our pharmacy didn't have direct access to the grant, but some of the county organizations and drug courts did so we paired up with them to be an integral part of that relationship and the client's success."

Miller says that grant money is out there for pharmacies. It's just a matter of knowing how to find it. "People might not understand how to get grants," Miller says. "I think there are a lot of opportunities and we just

"With these relationships what we keep finding is one opportunity usually leads to several more. Because you have built that relationship, you have built that trust, and they want to work with you."



Morgan Miller

need more training on how to look for them and how to apply for them."

Miller says that Alps has received several grants through the efforts of pharmacist Erica Mahn. One was for a community health worker, who are being increasingly utilized by independent pharmacies as they can help fill gaps and provide services separate from the prescription and clinical side of the pharmacy.

"A community health worker can fill a lot of roles that aren't typical within the wind and grind of a dispensing pharmacy," Miller says. "But if you can get a grant to cover the expenses of a community health worker, that's a plus. I think that role is broad enough that you can really adapt it to whatever your pharmacy needs."

When Alps Pharmacy heard about the National Diabetes Prevention Program, a Centers for Disease Control and Prevention-funded initiative, it applied and was one of 18 independent pharmacies tabbed by NCPA to participate. (See page 31 for more details.)

BECOME AN EXPERT

Let's face it, if a health care professional tries to explain the often-byzantine maze known as health care, the average person's eyes would

glaze over. Miller says this is another opportunity to build relationships and remove burdens.

"A lot of people have no idea how to gain access to these medications, how to navigate insurance, or how to comprehend grant funding, but we do," she says. "Now we didn't always, but we've learned it and we have made the right connections."

Miller says those services are provided in Alps' specialty pharmacy, but she says there's no reason they can't be offered in a standard retail setting.

"You absolutely can," she says. "You just have to have a dedicated team. Just like any program you launch, you need that dedication and buy-in and learning and growth."

Miller says that expensive medications are often hard to access, but that there are resources that can build your expertise relatively easily. Say somebody has a high copay or deductible. In that case Miller says you might contact the manufacturer for assistance with copays. What if the grant funding for the drug court has run out? It's all about using skills, contacts, and expertise to be sure that patients are covered for however long until those funds are available

again. For example, there are patient advocate foundations that might have some funds available.

“People have a hard time figuring this out and find it confusing,” she says. “But this is something that we do day in and day out. It’s about taking the burden off their plate. These are things you don’t typically see in an everyday pharmacy, but it’s perfectly set for what we are doing, because we can see those automatic claims, and we know how to navigate insurance prompts. We have different resources on our hands to help with medication financial needs.”

THINK CREATIVELY AROUND YOUR FEE STRUCTURE

Getting paid for services has been a major push for independent pharmacists for a number of years, and Miller is fully on board.

“We have been giving away our services for free so long, but a lot of avenues for charging for services are within your reach,” she says.

Miller suggests that if you are doing a complex process such as medication administration or patient care coordination, find a way to bill for it (think grant money) through medical billing, or even charging the patient directly. Obviously you have to perform due diligence to be sure to whom and for what services can be charged.

In providing support for the local MAT program, Miller pointed out to the program’s grant administrators that the pharmacy was taking more of a patient management and coordination role, and that she was doing about 90 percent of the injection administration.

“I had a conversation with their team and I quickly realized I was taking a lot of burden off of them, and the more patients we could get into the

program, the more grant money we could get, and the only way to do that was to have somebody take charge of patient management.”

That was certainly good news, but Miller says it was important to have an honest conversation with them explaining what the pharmacy needed.

“I said we feel for these patients, and we believe in this mission of providing access to MAT medications, but we have to stay afloat,” she says. “They completely understood it, they are businesspeople, and we built that into the cost of the medication within the grant proposal. Every grant is different. You can’t technically be a provider because it is through the state and pharmacists weren’t recognized as providers within this program. So it was adjusted to just tag it on to the medication and we are still below cost on the places where you could get it, so it was a win for everyone. We got paid for our services and they were able to grow their program.”

RETAIL MARKETING

Sometimes getting out from behind the counter simply means just letting people know about your dependable and reliable retail offerings, be it standard prescription services or OTC products.

“What we have seen is it’s helpful if you have a marketing person within your staff, which can be an advance level technician who understands your business model and what services you can provide,” Miller says. “In select situations we’ve had a pharmacist go out and do it. Other times we actually had a sales and marketing program. And I think any of those models work, because you are getting outside of the pharmacy.”

Miller says that when she has talked to people, such as physicians, about

what Alps can offer, she never automatically says no when asked if the pharmacy can provide a particular service.

“Usually we can do it, but it just doesn’t always look like what they are asking for,” she says. “There’s certain ways we would have to do something to still meet their needs. It’s about figuring out a way to make it work and make solutions happen.”

LEARN TO PIVOT

In today’s business climate, being adaptable is a smart strategy.

“Be willing to be flexible and pivot your model to meet other people’s needs, when it makes sense,” Miller says. “Just because you don’t do something a certain way today, doesn’t mean that tomorrow you can’t adapt your processes to provide a better service.

“My staff laughs at me because I make frequent changes. They don’t like it the first day or even the second day, then a week or two later, they say, ‘This is so much better.’ I say, ‘I know, it is, you just have to hang in there with me.’ And it allows for growth and scalability, and for new relationships and new revenue.” ■

Chris Linville is America’s Pharmacist® managing editor.

Morgan Miller can be reached at mmiller@alpspharmacy.com.

KEY TAKEAWAYS

- Step out to sell your business.
- Be the solution.
- Look for grant opportunities.
- Become an expert.
- Think creatively about fees.
- Be flexible.