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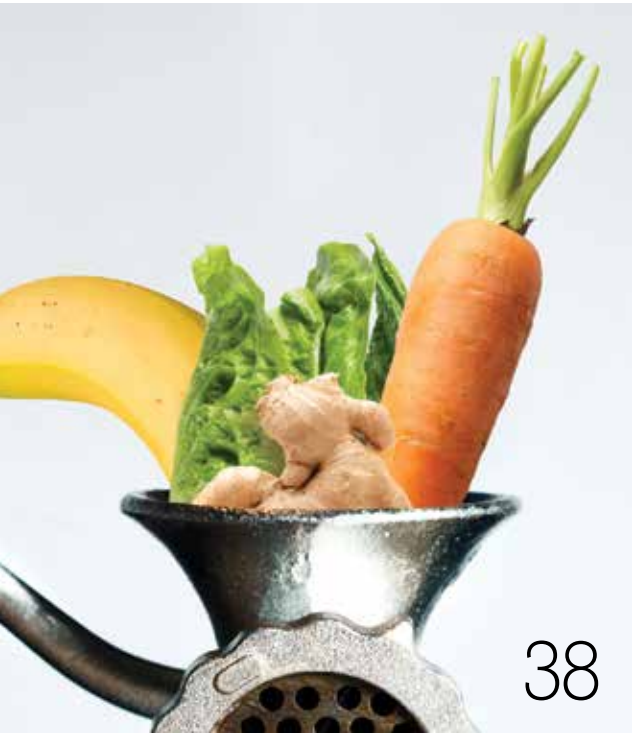

Letters to the editor—If you would like to comment on an article, email NCPA at info@ncpanet.org. Your letter may be posted on the NCPA website and edited for length and clarity.

FEATURES

THIS MONTH'S *cover* FEATURE

Caption: Pharmacists across the United States are helping patients improve medication adherence by offering a high-touch and personalized adherence program called appointment-based medication synchronization (ABM). This model helps patients manage their prescriptions through a monthly appointment to refill medications, and with scheduled interactions with the pharmacist.

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The National Community Pharmacists Association (NCPA®) represents the interests of America's community pharmacists, including the owners of more than 22,000 independent community pharmacies. Together they represent an $81.4 billion health care marketplace and employ more than 314,000 individuals on a full or part-time basis. To learn more, go to www.ncpanet.org, visit facebook.com/commpharmacy, or follow NCPA on Twitter @Commpharmacy.

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Take Time for a Pharmacy Tune Up

There are some basic, fundamental ways in which independent pharmacies can improve their businesses, and they should be periodically reviewed to ensure success. Keeping the cost of goods as low as possible is so basic that many pharmacy owners believe they have this covered. But actually, they haven't really checked in years.

The relationship with your wholesaler is key when it comes to keeping your COGs as low as possible. Wholesalers have programs to help make sure you are buying efficiently and maximizing your cash flow. Your buying group is another key relationship. A buying group also has a variety of programs to help you.

Talk with your fellow pharmacy owners about tips they have found to lower their COGs. The NCPA Annual Convention, Oct. 15–19 in New Orleans, is great for those kinds of conversations.

The biggest expense for the average independent pharmacy is personnel. Nobody wants to reduce hours or eliminate positions, but an annual assessment of your current staffing levels is appropriate and could save tens of thousands of dollars.

The capabilities of today's pharmacy management systems are light years ahead of where they were even a decade ago. They can cue your business for adherence opportunities and help streamline your business to make it operate more efficiently.

The most basic ways to increase profits are to make more money from your product or service, reduce the cost of your product or service, or do both. Getting paid more is even more challenging than lowering COGs and reducing costs, because of the take-it-or-leave-it contracts that pharmacies currently have little choice but to sign.

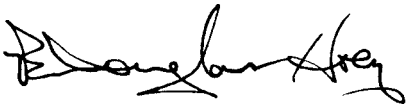
PBMs sell a network of pharmacies (i.e., YOUR pharmacy). Your pharmacy services administration organization should be an important partner in guiding you through the network contract signing process; with 29 states now having passed some form of MAC legislation, your PSAO has become even more essential in helping pharmacies understand the changes. In some states, the PBM has to respond to MAC appeals, but the pharmacy has to submit the appeal—which often is a service offered by your PSAO.

There are other ways to increase incremental revenue. For some pharmacies it's improvement in the non-prescription side of their business. NCPA's Front-End *Overhaul* can help pharmacies grow their non-PBM touched revenue. For other pharmacies, it's growing their business by addressing specific needs in their community such as special packaging or expanding their LTC business.

> ***The most basic ways to increase profits are to make more money from your product or service, reduce the cost of your product or service, or do both.***

There are growth opportunities out there, but usually you have to find them. As I said before, the NCPA Annual Convention is a great place to start. Learn more at www.ncpanet.org/convention. ■

Best,



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NCPA Q&A

Congress can't seem to get anything done. Why doesn't NCPA move all of its efforts to state issues?

Brian Caswell, Board of Directors
Wolkar Drug, Baxter Springs, Kan.

As tempting as it sometimes might seem, community pharmacy can't give up on Congress. Uncle Sam is pharmacy's biggest customer, when you combine Medicare, Medicaid, TRICARE, and the Federal Employee Health Benefits Program. Recent stand-alone bills on community pharmacy's legislative agenda have not passed, but their introduction and efforts to gain cosponsors have served to make many more lawmakers aware of PBM issues. That is resulting in growing a "Community Pharmacy Congress" that bears fruit in other ways, especially at the Centers for Medicare & Medicaid Services. Letters and calls from members of Congress, for example, along with NCPA's advocacy and industry coordination efforts, ultimately convinced CMS to require Medicare Part D plans to update their MAC lists at least every seven days. Not mission accomplished, but a start toward PBM reimbursement accountability.

State legislatures have been at the forefront of dozens of victories for community pharmacy in recent years. With NCPA's support, MAC laws have been passed or strengthened in 29 states, for example, thanks to our state pharmacy partners and their grassroots supporters. Ideally these successes will flow up-hill to Washington policy makers, who will take notice of their individual states' message that transparency, patient access, and provider protections are important and deserve national attention.

Independent Pharmacy Today

Percentage of Pharmacies That Offer at Least One Disease State Management Service

Immunizations—71%
Blood Pressure Monitoring—64%
Diabetes Training—41%
Smoking Cessation—19%
HIV/AIDS—19%

Source: 2015 *NCPA Digest*, sponsored by Cardinal Health

Carmen A. DiCello, right, former executive director of the Pennsylvania Pharmacists Association and former director of government affairs for Value Drug Co., receives a special award at the NCPA Committee Forum for his nearly five decades of advocacy on behalf of independent community pharmacy from NCPA President Bradley J. Arthur. DiCello owns Towne Drug in Pottsville, Pa.

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THE AUDIT ADVISOR

Medicare Part B Compliant Signature Logs

Q: I just had a Part B claim denied on an audit for "no documentation showing proof of delivery for items billed," but I sent in a printout from your point-of-sale system that clearly had a prescription number, date, and signature on it. What should I do?

A: The Centers for Medicare & Medicaid Services requires a detailed description of what was dispensed to the patient to be included on the signature log. The Medicare Program Integrity Manual (PIM) Chapter 4, section 4.26.1, explains what a valid proof of delivery contains:

1. Patient name
2. Quantity delivered
3. Detailed description of what was dispensed/delivered
4. Brand name and serial number—if a device like a nebulizer machine or glucose monitor
5. Signature—if the patient is not the one signing, then the relationship to the patient should also be documented (such as spouse, friend)
6. Date—reminder that for in-store pickups and deliveries made by pharmacy staff, this date must match the date of service on the claim
7. Delivery address

The PIM also states that if the signature is not legible, the pharmacy should note the name of the person on the log. Because of the detail that is required, most POS systems do not provide enough detail to qualify as a valid proof of delivery for CMS purposes.

Two options are to talk to your POS vendor about adding more detail to your print out, or keep a separate manual Part B signature log that each patient signs in addition to your POS if you have one.

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

ADVOCACY ALERT

- **State Insurance Regulators Should Oversee PBMs**
  State departments of insurance should have oversight and enforcement authority over the virtually unregulated PBM industry, NCPA recommended to the National Association of Insurance Commissioners at its annual meeting in New Orleans.

- **PBMs Violating Federal Law on Medicare MAC Price Updates**
  NCPA has outlined for the Centers for Medicare & Medicaid Services community pharmacy's concerns regarding the non-compliance of multiple Medicare Part D plans and PBMs on their use of generic drug pricing standards to reimburse pharmacies that clearly do not reflect "the market price of acquiring the drug"—in direct violation of federal law. ■

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Eight Ideas to Kick Your Adherence Program Up a Notch

by Bri Morris, PharmD

Seventy-five percent of independent community pharmacies across the country have implemented adherence programs to help their patients stay healthier and out of the hospital, according to the 2015 NCPA Census. Nearly 3,000 pharmacies are offering NCPA's Simplify My Meds® appointment based model (ABM) program. For this edition of *Adherence—It Only Takes a Minute,* we bring you some of the best practices we've heard from community pharmacies that have been successful in expanding their synchronization programs. Here are eight highly effective strategies to build out your adherence offerings.

Color code sync patients with baskets. Keep better track of when patients are due to come in to the pharmacy by using a different color basket for each day of the week. On a busy day, the staff can know at a glance who is coming in today and tomorrow and who will be in later that week.

Sync delivery patients by neighborhood. One community pharmacist owner was able to cut down on delivery costs by dividing his delivery area into quadrants and syncing medication for patients in the same part of town to the same week of the month.

Ask about OTC medications or supplements during the pre-appointment call. Don't miss the opportunity to sell the patient any needed vitamins or OTCs well ahead of their appointment time. When the patient comes in to pick their prescriptions, their OTC medications are ready with all of their other prescriptions.

Delegate tasks to a technician. Many pharmacy owners fall into the trap of taking on the responsibility of implementing and managing their pharmacy's adherence program themselves while still trying to run their business. A pharmacy technician (or other member of the pharmacy team) can manage 95 percent of the day-to-day operations of the adherence program, only involving the pharmacist for clinical assessment.

Consider syncing a family's prescriptions together. For the busy parent struggling to take care of her young children and an aging parent, aim to make her life a bit simpler by synchronizing the whole family's medications to the same day.

Build relationships with prescribers. Physician payments are increasingly being tied to quality, and the prescriber community is looking for resources to improve patient outcomes. Ensure your area prescribers know about your pharmacy's delivery, med sync, packaging, medication therapy management, or other services that may help the patient take her medications appropriately. NCPA has a variety of prescriber detailing resources available at www.ncpanet.org/marketing.

Sync patients based on primary disease state. If all of your diabetes patients are due to come in during the third week of the month, you may consider offering diabetes education classes or a special on diabetic socks during that time. This strategy also may make sense for bulk ordering of medications as well.

Work MTM cases and immunizations into the appointment date. The patient's pick-up date is a perfect time to market other pharmacy services that would be beneficial for the patient. During the pre-appointment call, ask the patient if his appointment date would be a good time to sit down and talk about his medications or get his shingles shot, and then, staff accordingly.

For more great tips like the ones listed in this article, join us for the session "Profits and Opportunities: Pearls from Your Colleagues" at the 2016 NCPA Annual Convention in New Orleans. ■

Bri Morris, PharmD, is NCPA associate director, Strategic Initiatives.

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How Adherent Is Your Marketing?

by Liz Tiefenthaler

Adherence is certainly the new buzz word in health care, and for good reason. Studies show the staggering health care costs of patients who are not adherent with their medications. Recent changes in reimbursements to hospitals based on re-admittance are costly. Plus, we know there are better patient outcomes when people are adherent with their medications. The lesson we've learned is that a large percentage of patients need additional help in taking their medications at the correct time, with the right method, and using the proper dose. This has also focused more attention on pharmacists and their role in patient outcomes.

Starting with medication synchronization programs, pharmacy adherence initiatives have expanded to include transitional and in-home care. These are definitely new focus areas for pharmacies hoping to expand into what can be lucrative offerings. Jennifer and Michael Shannon, owners of Lily's Pharmacy in Johns Creek, Ga., have expanded their traditional pharmacy offerings to include a comprehensive hospital transition of care program. Working closely with doctors and nurses at a local hospital, Lily's offers post-discharge care that includes one-on-one help with medications and 24/7 pharmacist access. Testimonials from patients and better outcomes for the hospital are a testament to this innovative adherence program.

I have also been hearing from more pharmacists who are adding nurses and dieticians to their staff. The number of pharmacists offering advice on vitamins and supplements as a way to combat side effects from medications and improve adherence is also on the rise.

PROMOTING YOUR SERVICES

It is all well and good to have these amazing programs in place in your pharmacy, but what are you doing to make sure people know they are available? In other words, is your marketing "adherent?" Do you have a strategy in place built around a target group who would like to take advantage of your offerings? Are you consistently getting your message to this target group and then, are you measuring your response? Just as sticking with a medication plan improves health outcomes, so having a marketing plan and following it will help with a healthier bottom line.

What sort of marketing strategies work with adherence? I have talked in the past about the importance of doctor detailing in a comprehensive marketing plan. For those of you with a robust sync program, you have compelling data to present to prescribers about why it is better for the patient and the practice to have you involved in their patient's care. Moose Pharmacy in North Carolina can count the large number of new patients they are seeing as a result of sharing adherence data with physicians.

A transition of care program such as Lily's Pharmacy does not just happen by chance. It takes getting out there, meeting with the right people, and selling your services. I know this can be uncomfortable for some of you, and might be outside the scope of what school may have prepared you to do, but if you arm yourself with well-designed materials and a good story, you will be successful.

Set up your marketing plan. What will you need to do to reach your business goals? Then, organize a calendar of what you will do and when and remember—be adherent! ■

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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Showing Up *Is Half the* BATTLE

Arkansas pharmacies demonstrate the value of appointment-based med sync on adherence

by Jacob T. Painter, PharmD, MBA, PhD; Gary Moore, MS; and Bri Morris, PharmD

Prescription medications are an important tool for managing chronic diseases. But for medications to be most effective, they need to be taken at appropriate doses in correct quantities and at appropriate time intervals. Medication adherence and persistence are critical to positive patient outcomes. Managing and treating those with chronic disease accounted for 86 percent of total health care spending in America in 2010, yet only 50 percent of those on chronic medications adhere to their prescription therapy.

Medication adherence refers to the extent of patient compliance with prescribed dosing and interval recommendations. Persistence is the length of time between the initiation of a drug therapy and its discontinuation. These issues are important not only for the clinical outcomes of individual patients, but also as a major public health concern. Taken together, non-adherence and non-persistence result in excess costs to the health care system that total in the hundreds of billions of dollars each year.

Pharmacists across the United States are helping patients improve medication adherence by offering a high-touch and personalized adherence program called the appointment-based model (ABM). This model helps patients manage their prescriptions through a monthly appointment to refill medications and with scheduled interactions with the pharmacist. By simplifying workflow, the pharmacist has more time for valuable patient interactions and other services that help improve health outcomes. For patients, a personal connection with a pharmacist or pharmacy staff is the No. 1 predictor of medication adherence.

PHARMACIST ROLE IN ADHERENCE

Research confirms the critical role that pharmacists play in providing patients with assistance necessary to maintain high levels of medication adherence. In particular, refill coordination at a single pharmacy is recognized as an effective tactic to improve adherence. NCPA has developed a program called Simplify My Meds®, based on the concept of refill synchronization, coordinating all of a patient's prescriptions to be filled on the same day each month. Simplify My Meds is an adherence program that provides pharmacists with training, resources, and marketing materials to help support the implementation of ABM. (NCPA has several adherence and ABM focused programming scheduled for the 2016 NCPA Annual Convention. Visit www.ncpanet.org/convention to learn more.)

Editor's Note: *NCPA, in collaboration with the Arkansas Pharmacists Association and with support from Pfizer, launched an aggressive adherence pilot involving 82 community pharmacies in Arkansas in 2014. The "Arkansas Project" set out to show how a high-performing network of pharmacies can improve patient care/adherence rates. As expected, we found that implementing appointment-based medication synchronization (ABM) across a large network of independent pharmacies is not only possible, but also significantly improves patients' medication adherence and persistence. We wanted to bring our readers a summary of the project.*

> ***This study demonstrates how a network of independently-owned pharmacies can come together, operating on multiple systems, to improve adherence.***

The ABM model was pioneered in the 1990s by John Sykora, an independent pharmacist-owner in Long Beach, Calif. The model helps patients manage their prescriptions through scheduled visits and discussions with their pharmacist. Unlike automatic refill programs, the ABM builds upon established pharmacist-patient relationships to provide high-touch interactions.

To determine if independent pharmacies could come together to form a virtual network of ABM pharmacies to improve adherence, NCPA, working in collaboration with the Arkansas Pharmacists Association (APA) and 82 Arkansas pharmacies, engaged the services of PrescribeWellness to help conduct a study to assess the impact of a patient-centric ABM on patients' adherence to their medications. The full report is available at www.ncpanet.org/medsync.

Despite operating more than a dozen distinct pharmacy management systems, this network of pharmacies was bound together by the common technology platform provided by PrescribeWellness. This ABM-enabling technology platform facilitated ABM delivery in a standardized fashion across multiple systems. The study's objective was to measure the collective impact of ABM on medication adherence and persistence rates across a network of independent pharmacies. Additionally, as health care moves to a value-based system, a non-research study objective was to understand how community pharmacies could come together to form a virtual network of pharmacies to improve adherence. The project officially launched in May 2014 with 82 pharmacies participating. Data was accessed by PrescribeWellness through direct interface to the pharmacy management systems or via nightly reports uploaded to PrescribeWellness by the pharmacy.

STUDY DESIGN

This retrospective cohort study examined records from patients who filled prescriptions at 82 independent pharmacies in Arkansas between May 7, 2014, and May 31, 2015. Prescription fill records and patient data were collected during the study period for all patients at these pharmacies. For inclusion in the study, patients must have been at least 18 years old at the time of their first prescription and had at least two fills for 30 days or more of a chronic medication falling into one of 13 classes:

- Antiretrovirals
- Beta blockers
- Biguanides
- Calcium channel blockers
- Dipeptidyl peptidase [DPP]-IV inhibitors
- Meglitinides
- Incretin mimetics
- Non-warfarin anticoagulants
- Renin-angiotensin system [RAS] antagonists
- Sodium glucose transporter-2 [SGLT2] inhibitors
- Statins
- Sulfonylureas
- Thiazolidinediones

Patients could be included in more than one medication class group if they met the inclusion criteria independently for each. For ABM patients, fills were counted after the date of enrollment in the program, while control patients were included if two fills occurred after the beginning of the study period. Patients were required to have a minimum of 60 days of data after their first fill to allow for adequate follow-up. Patients with invalid demographic data or those at pharmacies with no enrollees were excluded.

ENROLLMENT

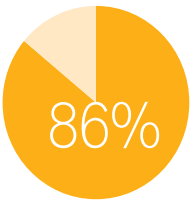
Although all patients at participating pharmacies were eligible to enroll in the ABM program, those patients with multiple, chronic medications were targeted for inclusion. Patients meeting this criterion were approached by a pharmacy staff member and given information about the program and the opportunity to opt in. Patients opting in to the program signed a form acknowledging their acceptance of the terms of the intervention.

INTERVENTION

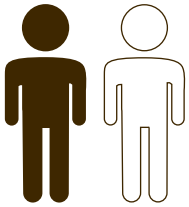
In the ABM model, pharmacies coordinate a patient's prescriptions to a single appointment day each month. This simplification is shown to increase patient adherence by decreasing gaps between refills, decreasing regimen complexity, and providing an opportunity for continual interaction between pharmacists and patients to review all of the patient's medications on a monthly basis to ensure safe and appropriate use.

Pharmacies participating in this study employed Simplify My Meds and StarWellness (the medication synchronization module through PrescribeWellness). Through these programs, pharmacies synchronized refills for the patient on a single appointment day, and contacted the patient

COMMUNITY PHARMACIES FORMING AN ADHERENCE NETWORK



of America's ***total health care*** spend is on chronic disease, yet…



Only ***1 in 2*** take their medication appropriately.

Pharmacists are helping through ***medication synchronization*** (med sync) programs.

Key facts:
- Year-long retrospective cohort study
- 13 pharmacy management systems involved
- More than 8,000 patients enrolled
- Med sync technology provided by PrescribeWellness

Pharmacies came together to form a ***"virtual network"*** of independent pharmacies offering med sync.

Objective: Measure the collective impact of med sync on medication adherence and persistence rates across a network of independent pharmacies.

KEY FINDINGS

Med sync patients are over ***2.5 times*** more likely to be adherent to medications.

Med sync patients were ***21% less likely*** to discontinue drug therapy.

PROPORTION OF DAYS COVERED

Adherence is ***significantly greater*** for med sync patients.

Why this matters:
- Med sync, incorporating a patient's community pharmacist, can significantly improve patient adherence and persistence.
- Medication adherence improves health outcomes and decreases total health care costs.
- As health care moves to more value-based payment systems and CMS enhances the MTM program within Medicare Part D, our ability to demonstrate community pharmacists' impact on quality care couldn't be more timely.
- Innately different community pharmacies can come together to form a virtual adherence network by utilizing a common technology to standardize the delivery of med sync.

7-10 days prior to the appointment day to review his/her medications, allowing for changes to prescriptions (such as discontinuations, no refills, recent hospitalizations) to be handled ahead of time. Orders were also reviewed one day before the appointment day to resolve any clinical issues. Patients were reminded of their appointment day one day prior, and on the appointment day the pharmacist met with the patient to discuss any outstanding issues, provide counseling, or offer patient services (such as MTM or immunizations). Pharmacy onboarding and ongoing implementation support was provided by the APA, NCPA, and PrescribeWellness.

MEASURES

The study was primarily interested in discovering outcomes information regarding medication adherence and medication non-persistence. Adherence was measured using the proportion of days covered (PDC). In other words, it is the

proportion of days in the measurement period that patients had a "days supply" of a medication according to their prescription fill record. To be consistent with similar studies in this literature, a PDC threshold of 0.8 was chosen as the line between adherent and non-adherent. Non-persistence was examined using the date of discontinuation of a chronic medication, such as the date the patient stopped taking the medication for 30 days or more.

DATA ANALYSIS

Patients who participated in the ABM program were included in the analysis beginning on the date of their first qualifying medication fill following enrollment in the program. Control patients were included in the analysis from the first qualifying medication fill within the study period. Qualifying medications were those medications with at least two refills with a day supply of at least 30 days that fell in one of the chronic medication categories listed previously. Only patients who met inclusion criteria between May 7, 2014, and April 1, 2015, were included in the study to allow at least 60 days of follow-up.

Patients enrolled in the ABM program were matched with up to five comparison patients, based on medication class, pharmacy urbanicity (from the United States Department of Agriculture 2013 Rural-Urban Continuum Codes), follow-up time (plus/minus 15 days), age (plus/minus five years), and sex. Therefore, matched patients are enrollees and controls with the same sex, similar age, similar length of follow-up, receiving a medication in the same class, and from a pharmacy in a similar setting. If fewer than 50 enrollees remained within a drug class after matching, that medication class was excluded from analysis.

IMPACT ON ADHERENCE AND PERSISTENCE

The difference in mean PDC for enrollees compared to controls was 13 percent and translated to 2.57 times greater likelihood to be adherent to medication therapy, demonstrating the significant value pharmacist-driven ABM programs have on adherence improvement. This finding is in agreement with the current state of the ABM literature. These findings have previously been shown in individual pharmacies and most recently in a large study of 71 members of a regional community pharmacy chain. This study demonstrates that similar results can be obtained through a large, virtual network of independent pharmacies operating on multiple management systems. These results are important for patients, pharmacists, and payers.

Pharmacies in this study were diverse and not under common ownership. It is expected that pharmacy recruitment criteria, for example, may have included patients with two or more chronic medications, while other pharmacies may have chosen to actively recruit those with four or more chronic medications. Additionally, many pharmacies decided to send out a "recruitment call" to gauge interest in the

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program, while other pharmacies chose to talk to patients in person. Workflow, staffing, pharmacy management systems, and enrollment criteria were inherently different at most locations, but utilizing a common adherence technology program standardized the model.

PHARMACY NETWORK LEARNINGS

As demonstrated by the 13 percent improvement in PDC scores across all drug classes studied, community pharmacies can successfully come together to form a virtual network aimed at improving adherence. Medication adherence is a large component of the Medicare Part D Star Ratings program and will continue to be important as the health care system moves to outcomes measures and value-based payment models. The ability of these independently-owned community pharmacies to provide a standard level of care for patients is particularly important given the focus on quality outcomes. The research team identified the following points as key learnings from this project:

- Innately different community pharmacies can come together to form a virtual adherence network by utilizing a common technology to standardize the delivery of ABM.
- Data accessibility across all pharmacies should be a primary consideration for future endeavors.
- Active pharmacy involvement, including recruitment of patients, is essential to the success of ABM across a network.

Following the study launch, a few pharmacies voluntarily discontinued the program. Some pharmacies had staffing changes and turnover that made the pharmacy not conducive to a new program. Some pharmacy staff members were less interested in transitioning workflow to implement a new program. Additionally, some pharmacies were delayed in their ability to enroll patients due to data connectivity.

What Does the *Appointment* in ABM Actually Mean?

The term **appointment** refers to a particular **day** that patients come in to pick up their prescriptions. The appointment does not refer to a designated time during the day where a pharmacist is taken out of workflow for scheduled meetings with each patient every month.

However, don't miss out on an important patient care opportunity. The patient's appointment date should be used as a guide to plan for his/her visit, making note of any outstanding questions or clinical issues and maximizing the opportunity to provide any beneficial pharmacy services (such as immunizations or a comprehensive medication review). The appointment-based model is designed to facilitate meaningful pharmacist-patient conversations and enhance pharmacy workflow, not disrupt it.

LIMITATIONS

This study has several limitations worth mentioning. While patients were matched on an extensive list of factors that were available in the data, potential biases between the group that were not available in the data or that are not observable could not be controlled. A primary concern was the non-random nature of selection into the ABM group. Patients approached by pharmacies and those receptive to the idea of ABM may be a fundamentally different population of patients than those who are not. Other concerns with the lack of data include insurance status and the overall complexity of the patient presentation.

Separate from these issues is the definitions of "adherence" and "persistence" used for this study. Determining these outcomes was based on prescription fill data, and from this data it can be determined whether the prescription was picked up, but not whether the medication was actually taken or taken correctly. Further, no data on pharmacies outside the study network was available, nor were patients within the network followed between pharmacies, so patients switching pharmacies would have been seen as discontinuing their medication.

A UNIQUE OPPORTUNITY

This study posed a unique opportunity to research an adherence network's value in an emerging value-based environment. This collaboration resulted in significantly improved adherence and persistence among ABM-enrolled patients when compared to matched controls overall, and across an ever chronic medication class examined. This study demonstrates how a network of independently-owned pharmacies can come together, operating on multiple systems, to improve adherence. With the Centers for Medicare and Medicaid Services' recent announcement to enhance the MTM program within Medicare Part D, pharmacies' ability to demonstrate the collective impact quality care makes on their patients will be of significant importance in the years to come. ■

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Coordination & Continuity Required

Bridging gaps as patients move from hospital to home

by Kevin C. Day, PharmD

Part of the Patient Protection and Affordable Care Act (PPACA, typically referred to as "ObamaCare") established the Hospital Readmission Reduction Program (HRRP) to help address the alarmingly high number of patients who are readmitted to the hospital in the first 30 days after discharge. Historically, around 20 percent of all patients discharged from the hospital are readmitted within 30 days. Not only do these patients suffer negative clinical outcomes when readmitted, they undergo additional, undue stress from the process. And patients are not alone, as this the stress also affects families and caregivers.

In the past, hospitals had what worked out to be an incentive for patients to return to the hospital. They maximized their revenues by filling all of their beds and billing for services. Doing so with patients who were recently discharged is, in some cases, actually easier, as charts are already prepared and the hospital staff is familiar with the patients' histories. The HRRP is designed to not only remove this incentive, but add a disincentive for a hospital's patients returning in this 30-day window. The program penalizes hospitals that have readmission ratios for certain disease states that are higher than a national threshold.

Editor's Note: *This article launches a full NCPA Transitions of Care Toolkit available to members online at www.ncpanet.org/TOC.*

> ***Community pharmacies can position themselves as invaluable allies for health systems looking for inexpensive, effective ways to reduce readmissions.***

The program launched in 2012 with a 1 percent maximum penalty. The maximum penalty has grown each year to a current 3 percent for hospitals that have dramatically worse readmission ratios compared to the threshold. This penalty is a percentage reduction off the entire Medicare reimbursement for the hospital, not just off those patients who are readmitted. The Centers for Medicare and Medicaid Services (CMS) estimates the fiscal year 2015 penalties total $428 million among the 2,500 hospitals being penalized. This averages out to approximately $175,000 per hospital, per year in readmission penalties.

Community pharmacies are in a position to work with hospitals to keep patients who have been recently hospitalized from being readmitted, in the process improving care for the patients, reducing long-term financial penalties for the hospital, and increasing business for the pharmacy—a win-win-win.

UNDERSTANDING THE HOSPITAL'S POSITION

When the readmission reduction program was announced, hospitals across the country took notice. There was an observable drop in 30-day readmissions even before the penalties took effect, at least in those disease states initially announced as the targets of the program. In 2012, there were three disease states targeted: acute myocardial infarction (AMI), heart failure (HF), and pneumonia (PN). For 2016, there are five disease states that hospitals' penalties are based on, as chronic obstructive pulmonary disease (COPD) and elective total hip or knee arthroplasty (THA/TKA) were added in 2015. In 2017, patients admitted for coronary artery bypass graft (CABG) surgery and additional pneumonia patients—sepsis patients with pneumonia coded on admission and patients with aspiration pneumonia—will also be included in the evaluation of hospitals. (*America's Pharmacist* will publish an article on each of these disease states over the next six months.)

Hospitals are being compared to an average of similar hospitals across the country, which both lends itself toward continuous improvement, yet also creates frustration as hospitals could improve significantly year after year, yet see an increase in the penalty assessed against them. Hospitals still face the challenge of maximizing their revenue while minimizing costs as their margins continue to narrow. Certainly, they want to provide the best care possible for their patients, but the cost of care can sometimes be unsustainable, especially for smaller hospitals and health systems. A program that targets readmissions must be cost-effective and preferably cost-saving, including the readmission penalty. Unfortunately, since the goals are moving with the national average, it is hard to know if a program will actually end up saving on penalties.

There is also the issue that—although many hospitals are bursting at the seams—not all have a waiting list of patients to be admitted. If an effective transitions of care program reduces readmissions by half, a hospital may lose a substantial part of its expected census, which also reflects back on their total revenue. The business side of hospital administration is certainly complex, but hospitals across the country are investing in methods to reduce readmissions; the growing CMS penalty is certainly pushing that along. As the payment mechanisms for hospitals evolve over the coming years, new variables may be introduced that either increase or reduce a hospital's motivation to reduce readmissions, improve prevention of primary hospitalizations, and contribute to the decrease of the overall cost of care. Using the momentum currently in the marketplace, community pharmacies can position themselves as invaluable allies for health systems looking for inexpensive, effective ways to reduce readmissions.

HOW COMMUNITY PHARMACIES CAN HELP

Already, there is a substantial amount of research that has been published about pharmacists in different settings impacting a hospital's readmission rate for specific disease states and in global readmission measurements. Much of it stems from pharmacists (or so-called 'pharmacist-extenders', including pharmacy students and technicians) being involved in the medication reconciliation processes throughout a hospital. Whether on admission, during transfer from one unit to another, or at discharge, numerous studies have shown that pharmacy's role in medication reconciliation dramatically increases the accuracy of the reconciliation and therefore reduces problems down the line.

For example, if a family member or paramedic grabs a basket of medication bottles from a patient's counter, the admission medication reconciliation will most likely be limited to the medications in the basket. If the patient had insulin in the refrigerator, it would not make the basket or the

> ***Too often, a patient is discharged on a busy Friday afternoon with a stack of discharge orders and prescriptions and an intense desire to go home.***

initial medication list. This omission, if not caught, can easily lead to a dangerous hypoglycemic situation after discharge if a prescriber adds additional antidiabetic agents to the patient's discharge instructions without accounting for the insulin.

The use of a pharmacist and an emphasis on confirming the accuracy on all medication reconciliations may catch such an omission long before it causes patient harm. Accurate and effective medication reconciliation is certainly a cornerstone of the transitions of care process, but there are other issues which commonly lead to readmissions that must also be addressed. Medication reconciliation improves discharge accuracy and ideally prevents discrepancies that lead to medication use errors, but it has not been shown to dramatically impact outcomes by itself. Other issues that must be included in a collaborative discharge include the patient's understanding of discharge instructions, the patient's access to medication at discharge, and the patient's completion of follow-up care. Community pharmacists have the education to understand and explain discharge instructions, can ensure access to discharge medications and can facilitate follow-up, especially when medication adherence or managing adverse effects are a priority.

IMPROVING MEDICATION RECONCILIATION

Even with the research showing pharmacy's positive impact on medication reconciliation, many hospitals have still not implemented this service upon admission or discharge. Community pharmacists may be able to improve these reconciliations, even

if the time-table for their completion has to be changed. It is unlikely a community pharmacist can assist with medication reconciliations upon admission into an ER in real time, but they may be able to double-check such a reconciliation within 48 hours of admission and still provide improved records. If the admitted patient is also a patient of the community pharmacy, having access to the patient's full pharmacy record may improve the accuracy of the admission medication list. As pharmacy systems and provider EHRs continue to share increasing amounts of data, all parties will have more complete information about a patient's medication history. Regardless of the wealth of information available, patient-centered medication reconciliation is still critical to accurate information as patients often do not take medications as they are prescribed and may take additional over-the-counter medications and supplements that will not likely be recorded in the available system. Employing or contracting a pharmacist for discharge medication reconciliation, especially in advance of discharge, can improve the patient's discharge processes by comparing admission and discharge medication lists and clarifying duplicates, dosage changes, and discontinued medications. When the reconciling pharmacist practices in a community pharmacy, there is an opportunity to address potential access issues before discharge, thus eliminating times when patients are unable to get their new medications. Finally, utilizing a community pharmacist in the medication reconciliation process improves their awareness of the patient's condition and improves the quality of the pharmacy record, thereby reducing questions and confusion down the line.

IMPROVING PATIENT EDUCATION

As we know from numerous studies, any variety of interventions may be made to improve adherence and outcomes, but very few interventions are effective if they fail to improve patients' understanding of the situation and help them to engage in their own care. Education about new disease states, medications, and treatment plans can be overwhelming for patients and caregivers, especially toward the end of a long hospital stay. However, without solid patient understanding, there is only a small likelihood of improved outcomes (in this case, reduced readmissions). Community pharmacists can leverage their existing relationships and skills at quickly building rapport with these patients to provide discharge educa-

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> ***For most pharmacies, the first challenge will be entering the discussion with the hospital you hope to partner with to reduce readmissions.***

▶ *Continued from page 33*

tion in a way that very few members of the hospital team can emulate. Any existing awareness of the patient's housing status, their family or caregivers, their attitudes or beliefs about medications, and their overall health can help a pharmacist cater education to the patient's specific situation, instead of educating uniformly for all patients with a similar disease. Education can be particularly effective if it starts in the hospital by a community pharmacist—this lends credibility as the patient can trust that the pharmacist and the hospital team are on the same page—and continues post-discharge in the familiar pharmacy space or even in the patient's home. Again, the relationship of the community pharmacist and the availability to offer both pre- and post-discharge education face-to-face on a longitudinal basis makes the community pharmacist an ideal candidate to carry out this service.

IMPROVING PATIENT'S ACCESS TO MEDICATION

Too often, a patient is discharged on a busy Friday afternoon with a stack of discharge orders and prescriptions and an intense desire to go home. This leads to patients who neglect to pick-up their discharge medications. In one study, only 40 percent of patients reported filling their prescriptions on the day of discharge and another 40 percent waited at least nine days, with 22 percent not picking up new prescriptions in the first 10 days after discharge. Even for those who go to the pharmacy, prescriptions sent electronically may not be ready, they might require prior authorization, they may require a call for a clarification, or they might not be in stock and require a special order for dispensing.

Even if all of these issues are avoided, there are patients who may not be able to afford their new medications. These issues can all be resolved by incorporating a community pharmacist in the discharge plan and working to improve the discharge processes. Knowing a few days ahead of discharge what medications will be prescribed allows the pharmacist to check for and resolve insurance issues, clarify any prescriptions to

be sure the patient instructions for use are accurate, get the medication in stock, verify the patient is able to afford the medications, and even fill them for bedside delivery at discharge so the patient has them in hand when he is going home. Reducing this barrier for patients' compliance to discharge orders is a huge assist in terms of reducing readmissions.

IMPROVING FOLLOW-UP CARE

Included with a patient's discharge orders are almost always instructions to follow-up with primary care physicians and/or certain specialists. Research shows these follow-up visits often are missed and, even when the patient schedules and makes the appointment, are less impactful than they could be because the physician does not have an accurate report from the hospitalization. Community pharmacists can improve this process by bridging the patient from the hospital to their outpatient physicians. This includes both education about and assistance in making follow-up appointments in a timely manner and sending the provider an easy-to-use outline of the hospitalization, current medications, and what is expected for the patient's continuing care.

CHALLENGES AND SOLUTIONS

Setting up a transitions of care program can be a win for patient care, a win for hospitals, and a win for community pharmacies, but that does not mean it is going to be a seamless process. For most pharmacies, the first challenge will be entering the discussion with the hospital you hope to partner with to reduce readmissions. Scheduling the meeting with the right person and preparing your pitch in a compelling fashion are both variables that may seem daunting. Luckily, pharmacists have had success with a variety of types of hospital administrators and with a variety of proposals. Just like in any business deal, it is important to work with someone you trust and are able to communicate with easily. Often, the best person to approach is the director of pharmacy. This person's experience with pharmacy and what pharmacists are capable of can make him or her a valuable ally. Depending on the hospital, other personnel may be the key person to push for incorporation of your program. These personnel may include nursing staff or administrators, social workers, discharge planners, and a hospital's chief financial officer. If the program you are looking to propose focuses on a specific disease state or diagnosis, such as heart failure, it can

Continued on page 34 ▶

▶ *Continued from page 33*

be valuable to have the head of the department, in this case cardiology, be on board from the start and help champion your program.

The proposal that you bring to the hospital, more than anything, must be malleable. Unless you have a vast understanding of the inner-workings of the hospital you are meeting with, you need to be willing to adjust your goals and program design to meet their needs. For a program like this to be successful, it must be truly collaborative with both sides being willing to pitch in for success. Once the program is ready to take off, the next challenge is implementation and, in particular, patient adoption. Regardless of the methods you are planning to use to recruit patients, you are running a brand-new system that may require patients to voluntarily opt-in—this creates a challenge. Having the entire team on board before the program launches is critical to improve patient opt-in rates, but it is likely that it is going to take time for the team to find and consistently use the right message when proposing the program. There may be styles of a program that encompass all patients from a certain unit, with a certain disease state, or that are referred by a prescriber, but most of the programs that have studied community pharmacies' impact on transitions of care utilize an opt-in model. Along with potentially changing the way patients are enrolled in the program, as the program develops it may be likely that the communication methods which were discussed in planning will run into some hitches. Again, all of this reinforces that the agreement needs to be collaborative and allows for growth in a variety of situations. To help you get started, NCPA has launched a Transitions of Care Toolkit which includes concept documents, sample contract language, information for accessing hospital data, technology and financials articles, additional education articles, and testimonials from pharmacy owners who have successfully implemented transitions of care programs in their stores. Additional information about how to implement transitions of care into your pharmacy will be offered at the 2016 NCPA Annual Convention Oct. 15-19 in New Orleans (www.ncpanet.org/convention). Be sure to register today!

In a Patient's Shoes

Imagine you are experiencing a hospitalization spanning eight days, including a weekend. It is the eighth day, a Friday, and the hospital team has been saying since Tuesday that you should be discharged on Friday. You awake Friday morning feeling energized and ready to get home to your pets, your family, and normal life. After waiting all day and being educated several times on a huge variety of information from reducing salt in your diet and walking more, to taking four new medications once or three times a day, to weighing yourself every morning—something you haven't done since your first child was born—you are finally wheeled down and out of the hospital. It is now after 6 p.m. and you want to get home for dinner. You go home, eat, and visit with family, then rest, forgetting that a week in the hospital is exhausting. You wake up on Saturday realizing you were supposed to take new medications that you did not go to the pharmacy to pick up the night before. You are able to get a ride there and drop off the prescriptions, only to find out that the discharge physician incorrectly wrote one prescription and another needs a prior authorization from the insurance company before it can be filled. By the time these two issues are resolved and you get the medications—let's say Wednesday—it has been almost an entire week since you left the hospital and you have forgotten the discharge instructions. You try to figure it out but, to be safe, you only start one of the new medications and start back on the other medications you were on before you went to the hospital.

ADDITIONAL TRANSITIONS, ADDITIONAL OPPORTUNITIES

Although hospital to home transitions are those studied, written, and talked about most frequently, transitions between other levels of care, including hospital to long-term care facility, long-term care to home, and home to hospital, often come with similar medication discrepancies, miscommunication, and patients who have a less than perfect understanding of the situation. The IMPACT Act, which goes into effect in October 2016, will, over time, add similar Medicare penalties to long-term care facilities as described above for hospitals. These penalties will again offer an opportunity for community pharmacists, especially hybrid retail-LTC shops, to collaborate with health systems and improve the care of patients. As health care systems continue to consolidate and become more intertwined through the growth of accountable care organizations (ACOs), patient-centered medical homes (PCMHs), and other innovative models, there are a variety of spaces where community pharmacies by themselves and in networks can work to play a critical role in the improvement of health for patients and populations. Bridging gaps in transitions of care is a great place for pharmacists to show their value, become an integrated part of the team, and transform their profession into that of true health care providers. ■

Kevin C. Day, PharmD is the NCPA executive resident.

Editor's Note: *For information on reference material used in this article, contact America's Pharmacist Managing Editor Chris Linville at 703-838-2680 or chris.linville@ncpanet.org*

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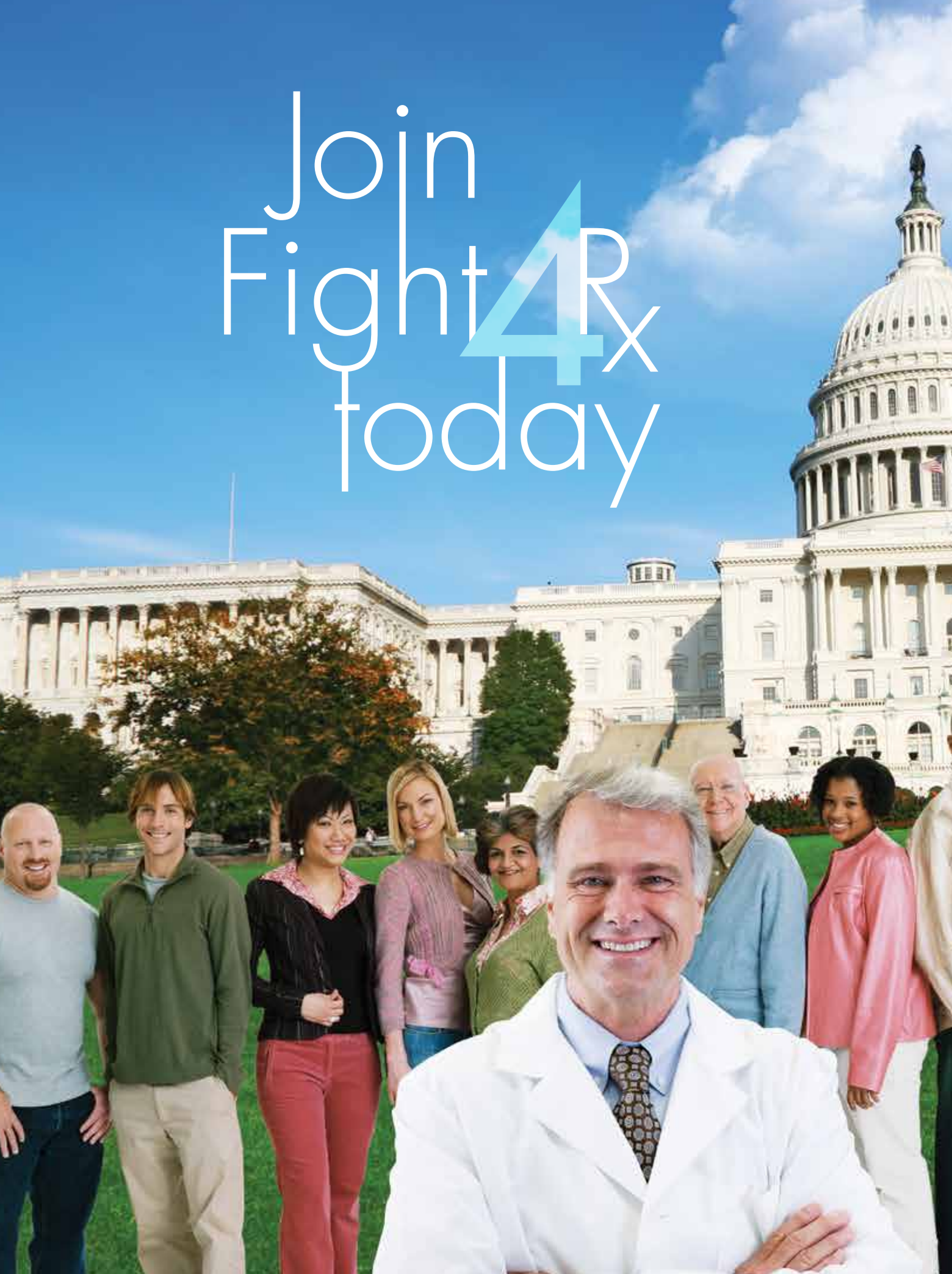
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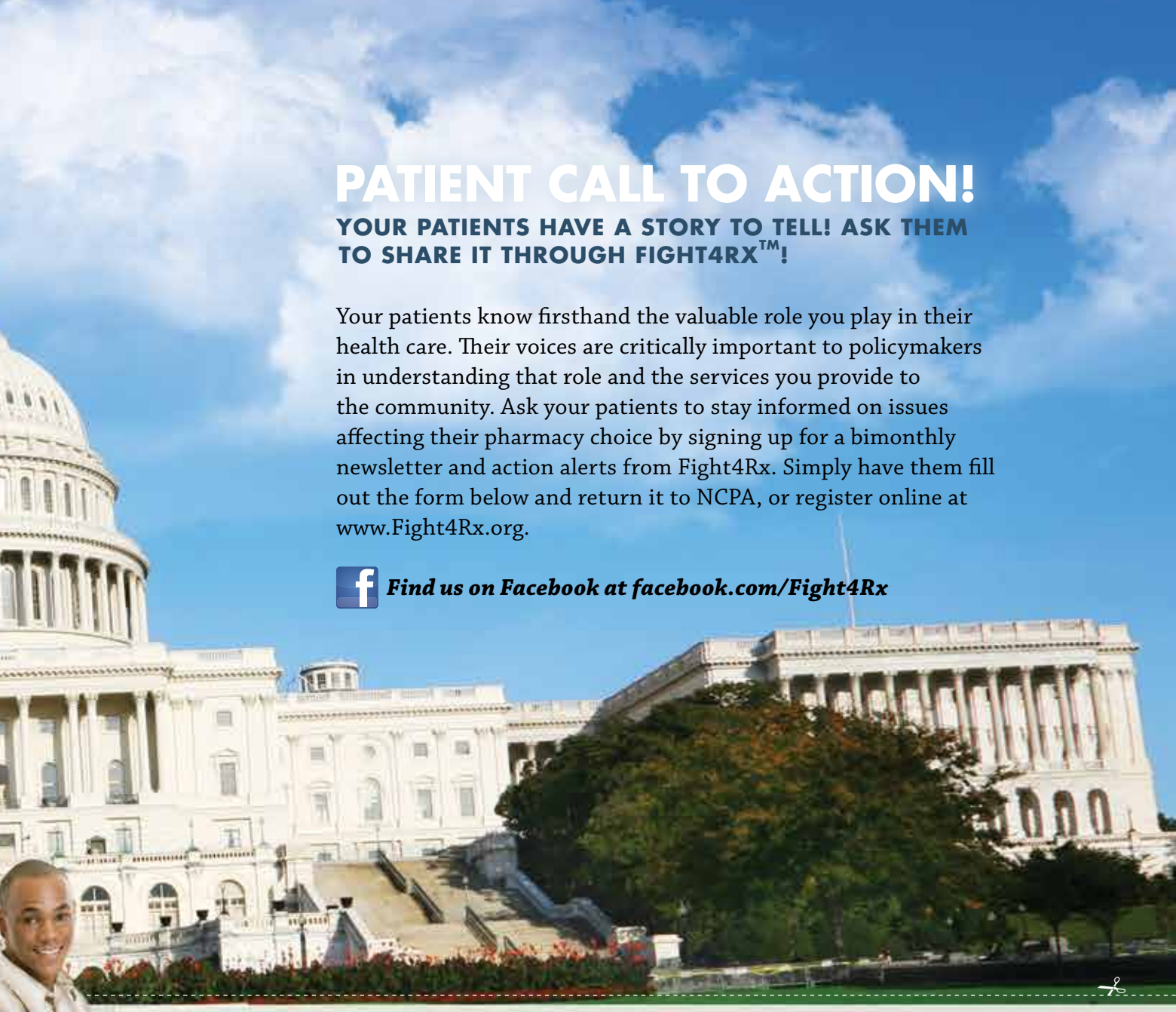

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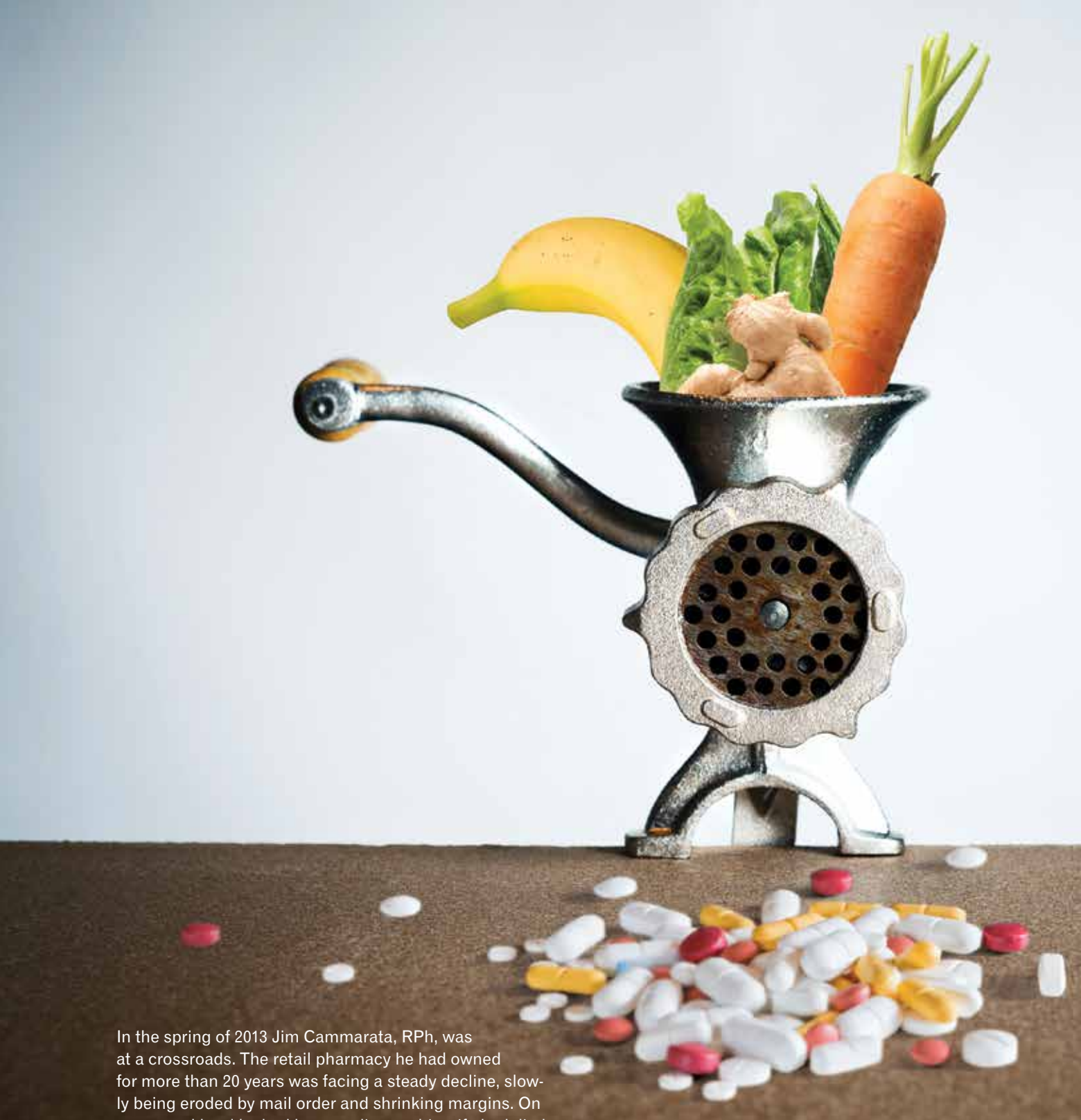

In the spring of 2013 Jim Cammarata, RPh, was at a crossroads. The retail pharmacy he had owned for more than 20 years was facing a steady decline, slowly being eroded by mail order and shrinking margins. On a personal level he had been reeling, as his wife had died a few years earlier after a long illness.

"I was in a funk. I had no purpose. I had nothing," he says. "I was just kind of plodding along and letting things happen instead of making things happen."

Around the same time, though, there was still an opportunity for a lifeline. Cammarata, owner of Valley Pharmacy in Bedminster, N.J., had negotiated an agreement to expand the space at his business. The strip mall his pharmacy was part of was about to undergo a long overdue renovation, and he saw a chance to reinvigorate himself and his business. However, at the 11th hour, just before he was going to sign the papers, the deal fell through.

"I thought, 'You know what, maybe somebody's telling me to leave,'" Cammarata says. He contacted a broker friend

A Transformation, *Naturally*

Re-inventing traditional retail as an integrative pharmacy

by Chris Linville

photos by Janet Cammarata

and was starting the process of selling his pharmacy and moving on from that life. But as that was happening, he received a call from an integrative pharmacy consultant on the West Coast. Cammarata always had an interest in complementary and alternative medications, dating back to his early days as a pharmacist more than 30 years ago.

"I thought, 'Okay, maybe there's a reason I got this call,'" he says with a laugh. "I knew at that point right then and there that it was either time to jump in or jump out. You just can't do what you are doing. Either do this now, and invest yourself completely in it, or you leave. So the decision I made was to do it."

So in the summer of 2013, Cammarata went all-in, starting the process of re-inventing his pharmacy, moving away from the traditional prescription product-based retail store to a more service-oriented model with a heavy emphasis on natural medications, vitamins, and supplements. The physical renovation began on Jan. 2, 2014 on his existing 3,500-square-foot site, and two months later, on March 13, the newly christened Valley Integrative Pharmacy (VIP) (www.valleypharmacyrx.com) held its "Grand Re-Opening."

"It was a cold and blustery evening, but it was a successful opening night," Cammarata says. "The pharmacy was completely new. Nothing remains of the former store except an old office desk and a small metal clothes closet. We had the 'fresh start' which the business and I personally desperately needed."

The transformation was recognized by the New Jersey Pharmacists Association, which named Cammarata its Innovative Pharmacist of the Year for 2014. As he explains, going from Valley Pharmacy to Valley Integrative Pharmacy was much more than simply adding an extra word to the name; the entire focus of the business changed dramatically.

"Our business model emphasizes the patient as the center of our practice," he says. "We combine the services of a traditional pharmacy with the principles of what has been termed 'alternative, or complimentary' medicine."

Cammarata says sales have been somewhat slow, but are steadily increasing, especially in the early part of 2016. "That's a very good sign, given the present challenges of a brick and mortar business," he says. "We have created a new business model which will take time to market to and also educate not only our current customer base, but a completely new demographic which is seeking to take charge of their personal health and wellness."

AN EARLY INFLUENCE

Cammarata was born in Brooklyn and grew up in Hillsdale, N.J. After attending Northwestern University for his first year in college, he transferred to Rutgers University and obtained his pharmacy degree in 1976.

From 1980 until 1990 Cammarata worked in what he considered a "non-traditional" pharmacy, in the sense that it was similar to a health food store.

"We had several extensive lines of vitamins and supplements, and also had food items such as various nuts, fruits, and grains," he says. "It was there that I first became interested in vitamins, supplements, and nutraceuticals."

Cammarata says the owner of the store was ahead of his time. In the late 1970s a New Jersey-New York regional chain called Drug Fair was selling some of its stores, and Cammarata's boss acquired one.

"He pretty much created a health food store within a pharmacy," he says. "He was the first one to have traditional health food type vitamin lines. He had developed a unique niche within retail pharmacy, and it did have an influence on me as far as what we are doing now."

In 1990, Cammarata moved on when he had the opportunity to purchase Valley Pharmacy in Bedminster, about an hour west of Manhattan. Under the previous owner it had been a traditional retail pharmacy, and Cammarata kept it that way, building a robust card and gift department and busy prescription business. However, as the years passed, sales and profits started to steadily decline. In late 2005, Cammarata decided that adding compounding might help give the pharmacy a boost. But not long afterward his wife was diagnosed with a terminal blood cancer, which would ultimately take her life in January 2011. Not surprisingly, Cammarata says, "My focus was lost in this process, and so was my desire and determination."

It took that fateful phone call three years ago for Cammarata to regain his balance. He had a general vision of what he wanted his new store to project—open, spacious, welcoming—but knew he needed help in executing his plan.

"I'm one of those people who likes to do everything on my own, but I knew there was no way I could do this on my own. I still had a business to run," he says. Cammarata hired a

consultant to provide the expertise and guidance necessary to ensure a successful transformation.

"I allowed him to guide us and control the planning and execution phases of the project," he says. "He in essence ran the project yet conferred with me on all matters beforehand. I deferred to him for most of the decisions because he had the expertise and I did not."

To finance the project, he invested some of his own money and also took a five-year capital lease for $350,000. He says all told the cost was about $500,000.

"The benefit of utilizing a capital lease is that in 2013, when I had some profits, I was able to write off those profits I had and can also do so going forward," he says. "I'm not making a profit yet due to the loan, so I am able to write off that expense going forward to minimize any tax liability."

BRAND NEW PHARMACY

When the project was done, Cammarata basically had a brand new pharmacy. Although traditional prescription revenue still brings in the most dollars (about 75 percent) in large part due to the sheer volume, VIP is nothing like the old school retail store it once was.

"The holistic natural community around us is genuinely thrilled to have a pharmacy involved which immediately lends credibility to such a paradigm shift," he says. "I have to admit that the East Coast is significantly behind the West Coast in this regard, but it is very obvious that the younger generation is much more tuned into this movement and obviously are the customers and patients of the present and the future."

Giving a description of the new layout, Cammarata says, "When you walk in, there is a checkout area in the front center of the pharmacy. The fixtures have a nice oak-colored wood-textured finish and create a series of bays, or U-shaped areas, which allow for product or 'functional' categories. It's very open, which is great." The store has five 16-foot gondolas containing traditional pharmacy items, with natural alternatives mixed with them. "For example, in our digestive area, we display natural fiber products interspersed with the traditional pharmacy items."

> ***"Our business model emphasizes the patient as the center of our practice. We combine the services of a traditional pharmacy with the principles of what has been termed 'alternative, or complimentary' medicine."***

Cammarata says that the left side of the store displays vitamins and nutritional supplements, pharmaceutical grade nutraceuticals, a 'natural and locally-sourced' food pantry, a probiotic refrigerator, and a VIP private label nutraceutical line. The front right side has an eye-catching display of high-end natural cosmetics which is easily visible from the outside; further along that wall are the natural health and beauty lines.

"So when the customer comes in they know what's what, it's very clear where things are, and it's very definitive," he says. "They don't have to search and look; they can find things very easily."

As for the fixtures, Cammarata's consultant suggested keeping them no higher than 60 inches, and having nothing above that.

"You have visibility throughout the pharmacy; you can see everywhere," he says. "In the past I had always stacked merchandise as high as possible on the shelves, trying to maximize sales. You attempt to utilize every square foot in the store, and you actually wind up making things worse."

Cammarata says the lower shelves have made a difference in his customer's view. "They love it! And I don't know how many times people have said, 'Wow, this place is bigger,' or, 'Did you expand?' 'Is this the same store that it was before?' For many customers it appeared to be larger, even though it wasn't."

Cammarata says the demographics of his market made it easier to transition into a new type of business with higher end products. Bedminster is a township of 8,165 residents in Somerset County. The area is affluent, with horse farms and country homes, many owned by New Yorkers wishing for a quiet respite from the big city pace. He also estimates that 90 percent of his customers for natural products are women.

"Although the population density isn't as much as I would like for what I'm trying to do, the demographics financially can afford to support it," he says. "It's a highly educated area with people who do have discretionary income."

EASY BUY-IN

VIP has 16 people on staff, with three pharmacists (including Cammarata), two technicians, and two interns in that mix. The pharmacy also employs a nutritionist and an

Part of VIP's transformation included adding high-end beauty products.

herbalist. Another nutritionist is sub-contracted, along with a homeopath. Cammarata says the staff was completely receptive to the new concept in large part because roles were clearly defined.

"The buy-in was easy because in the beginning we had the consultant and we had weekly meetings," he says. "We had several sessions where we informed our staff exactly what we were going to do, why they were here, and what their role was going to be. I think everybody was significantly uplifted by the change. We were going from a typical, half run down non-inspirational workplace into something where everybody is involved. So I think it was received extremely positively by the staff. I think they see it as a little piece of their own. And that's tough to accomplish sometimes."

Cammarata was remarried in 2014, and his wife Janet handles all of the pharmacy's marketing and social media. She also oversees the store's on-site events, which are numerous. Cammarata says the pharmacy has about 6-10 functions per month. The educational events (most of which are free), revolve around natural and food-based products, nutrition, functional medicine, and alternative treatment modalities related to healthy living.

"Social media has helped us get the word out," Cammarata says. "We have close to 2,000 on our email list, and more than 1,000 following us on Facebook. I think Janet has done a phenomenal job in making that work."

PRODUCT MIX

When asked about sources for product information, Cammarata says it comes from a variety of sources.

"It's kind of a mix," He says. "I receive product material and education from our vendors. I view webinars. I attend PCCA symposiums, the NCPA convention, and Garden State Pharmacy Owners Association events, which I'm very active with."

Cammarata says his vendors in particular are a reliable resource. "We deal with the highest quality pharmaceutical grade, so we have about 5-6 lines that are strictly marketed only to practitioners and pharmacies. These brands are not sold in health food stores or traditional vitamin shops. These vendors' products are the result of research-oriented and evidence-based medicine, so we are confident in recommending these products to our patients. We also hold periodic staff trainings where such vendors educate us on their products and provide us clinical studies to illustrate a supplement's efficacy and functionality."

Cammarata says his biggest selling category is probiotics "by far." After that he says anti-stress/sleep aids are next, followed by fish oil.

When it comes to product fluency, Cammarata says he and his staff are fully capable of answering most patients' questions. "I have a long history and fairly good knowledge base in this area, better than a majority of pharmacists," he says. "One of my pharmacists is very well versed in this area as well, and the third pharmacist is a PharmD and she's very sharp and learns quickly. All of our pharmacists can effectively counsel our patients. My pharmacy intern is from Germany and was trained this way, so her knowledge base is tremendous. In Germany they train you in all the supplements and nutritional items. She is also readily available to counsel and is very highly qualified. Every hour that we are here there is someone who can assist a patient with their health questions and concerns."

PRACTITIONERS WELCOME

Cammarata has several practitioners who work with him on a part-time basis. They have their own outside practices, but spend about 15-20 hours a week at Valley Integrative Pharmacy. He figures it's a win-win for all.

"They are on the floor and available for quick consultations with patients, or helping people with their purchases," Cammarata says. "It's okay with us if they acquire clients from that for their own practice. So we have sort of a mutual relationship there. They come in and help us with their expertise, and if they want to schedule a patient outside VIP for a personal consultation in their own practice, it is okay with us."

Despite Cammarata's endorsement of natural medications, vitamins, and supplements, he says it's important to be honest about their place in the overall picture.

"I'll state it this way," he says. "Personally, if I feel that an alternative is better for the patient and better for the body system, why wouldn't you do that? But just because it's natural doesn't mean it's better. The vast majority of the public thinks that if it's natural, it's automatically better. We as pharmacists know that's not necessarily true. That's another reason why I did this. I wanted to point out that there is a lot of misinformation about the terms 'natural' and 'organic'. It's perceived as being beneficial if it just has those words on the label, and as pharmacists we know that's not always true."

He continues, "We carry a few lines that are excellent lines, but are not pharmaceutical grade, but you need to give your customers and patients a choice. Some people don't want to spend $80 on a supplement, but they do want to address their health concerns."

In that vein, Cammarata constantly stresses to his staff that the patient's health and wellness come first, regardless of any impact on the bottom line.

"I tell my practitioners and my pharmacists, especially in the vitamin and nutritional area, that they are not on commission, and they are instructed to always keep the patient's well-being in mind," he says. "If that involves talking a patient out of an unnecessary purchase, then that is what we do. The whole basis of our philosophy is what's best for the patient, and I stress that over and over again. I have talked patients out of purchases when I thought it wasn't in their best interest. We provide the patient as much knowledge and information as

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▶ *Continued from page 43*

possible and in essence become a partner in their personal health care. As a result of this philosophy we build a foundation of trust and a dedicated customer to VIP."

LOOKING AHEAD

Even after placing the focus on natural products, Cammarata didn't abandon the idea of compounding that he first considered more than a decade earlier. In fact, he says that aspect of the business has tripled in the last year due to marketing and establishing relationships with area practitioners.

"The bulk of our compounding is BHRT, and we're always looking to expand," he says. "I really enjoy it and it's very rewarding, and it's nice to make a difference and an impact on a patient's well-being, so we're constantly working on that. Because of our marketing and website, emails, and community programs, more patients are finding out that we compound and they are seeking our services."

Also in the works is a consultation room that will be built in the back end of the store. The goal is to bill for consultations. Screening programs such as micro-nutrient, hormone, and thyroid testing are now being conducted at VIP and have elevated the pharmacy's status in the eyes of its patients.

For some people, the decision to completely remake your business this far into a pharmacy career might seem a bit risky. But frankly, Cammarata figured he had nothing to lose. His attitude was that if you feel strongly about something, why not give it a try?

"To tell you the truth, at this stage of my life (age 62) my motive was not financial, but rather a lifetime conviction in the concept of functional medicine and its benefit to the patient," he says. "And the more I deal with integrative physicians and functional medicine physicians, the more convinced I am of its value. It's a constant re-affirmation of what this process is and its benefit to patients. It is particularly rewarding to know that at least I didn't sit on the sidelines and let others lead the way."

And Cammarata is hoping that VIP remains a local landmark for many years to come.

"Eventually I would like contract with a junior partner who wants to continue with this vision and take over so I can eventually sail into the sunset." ■

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

Ways to Give

Year-round, individuals and corporations can support the spirit of independent pharmacy with a cash or noncash gift.

The National Community Pharmacists Association Foundation preserves the legacy of independent pharmacy through programs that improve the success of independent pharmacy and enhance patient care, community health awareness campaigns, scholarships to NCPA student members, and disaster aid and resources to independent pharmacy owners. All this is made possible by the generosity of individual and corporate donors.

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The NCPA Foundation

Established in 1953 in honor of John W. Dargavel

Transitions in Life to Transitions in Care

by Alastair Hay

A "transition" usually signifies an important time where changes are measured by new experiences, life adjustments, and, frequently, departures from our comfort zone.

Jennifer Shannon of Johns Creek, Ga., found herself facing one of those moments as an undergraduate at Virginia Commonwealth University. While choosing her future profession, Shannon knew she had a passion for patient care, but she was unsure of which medically-related path to walk. Initially, pursuing a doctor of medicine degree seemed like the right choice, but as she gained more experience shadowing physicians, she realized that option was not best for her. The profession felt too messy, and Shannon was unsatisfied with the seeming lack of direct patient interaction. This realization sparked her life transition into another medical field, leading her to seek out a doctor of pharmacy degree, beginning her journey into the world of pharmacy.

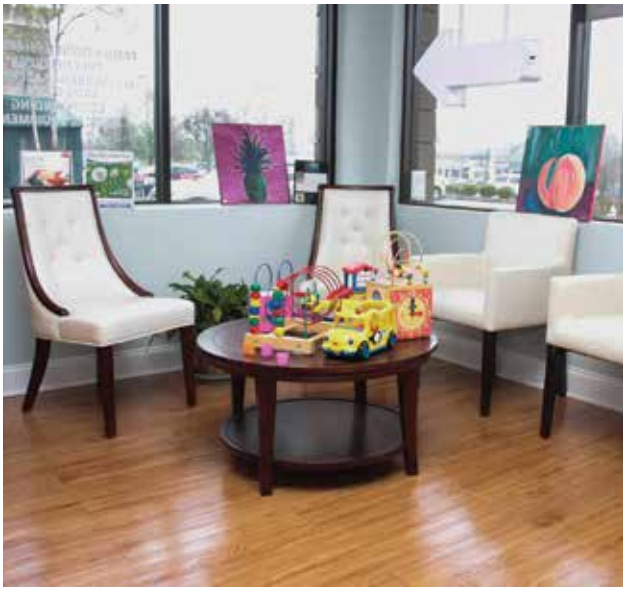
Like many others in her pharmacy class, Shannon did not see the value in pursuing a pharmacy residency early in her education. In fact, she would tell you she was anti-residency until a preceptor helped change her mind. Her rotation at the time was at a "big-box" pharmacy where Jennifer worked a particularly busy shift. In the midst of a hectic environment, she was again unsatisfied with the lack of direct patient care. Fortunately, her next rotation was at an ambulatory care block where her focus shifted from securing a job after graduation to seeking out a residency that would allow her the patient care aspect of medicine that she was craving. Before she graduated, she secured a PGY1 residency at Grady Memorial Hospital in Atlanta. The residency program proved to be incredibly valuable, as it was a hybrid program of both primary care and ambulatory care, allowing her to experience the best of both settings.

Shannon opted to straddle the line between inpatient and outpatient after completing her residency when she started working for Grady Hospital's outpatient clinic. The union of her clinical knowledge, including how to manage heart failure, diabetes, and hypertension, combined with the experience of guiding patient transitions back into the community, was the perfect combination and landing spot for Shannon. She eventually began teaching with the Philadelphia College of Osteopathic Medicine's School of Pharmacy in Suwanee, Ga., while simultaneously working at her practice site at the local Good Samaritan Health Center. The move also gave Shannon an opportunity to continue helping patients transition care away from the hospital setting, while at the same time teaching students. Amassing this wealth of experience and knowledge prepared Shannon for another leap into the next segment of her life—opening a pharmacy of her own.

PERSONAL EXPERIENCE BRINGS CLARITY

Finding the time to start a pharmacy proved to be difficult, as Shannon and her husband Michael were also beginning their family. Unknowingly, the transition into having children and their experience with pharmacy as patients would jumpstart the process of opening a pharmacy of their own. Shannon had a pregnancy complication resulting in the need for medical and pharmacy services. While Shannon recovered at home, Michael would pick up the medications she needed from their local pharmacy. Unfortunately, they felt they were treated like "drug seekers" from their big-box pharmacy instead of patients in need of care. While trying to help his wife, the pharmacy sent Michael to a 24-hour pharmacy almost an hour away. The scarring situation left the couple determined to begin something new and more patient-centered. A year later, the Shannons were proud

Editor's Note: *"Profit Pearls" is an occasional series of articles focusing on pharmacies who have successfully used innovation, expanded offerings and outstanding customer service to become staples of their community.*



Lily's Pharmacy now gets two or three new transitions of care patients a day and none have been readmitted to the hospital.

owners of their own pharmacy, named appropriately after their first born, Lily.

As many can relate, opening a pharmacy from scratch brings excitement and challenges. Shannon needed to make Lily's Pharmacy of Johns Creek stand out from the other pharmacies surrounding her. With her passion for patient care, transitions of care made perfect sense as a critical service to provide her community.

"People benefit so well by knowing their pharmacist," Shannon says. "Why not have someone work with you during this transition, especially as you begin to consume something potentially toxic, but keeps you alive?" That question began a new initiative for her young pharmacy that would change the mindset of patients and physicians alike.

OFFERING TRANSITIONS OF CARE SERVICES

As a patient, leaving the hospital feels like an accomplishment, allowing for celebration and overwhelming relief. The last thing any patient wishes for is to return to a gloomy hospital room. While most patients receive some discharge counseling, many are left without instruction regarding continued pharmaceutical services. Shannon understood how overwhelming a transition from hospital to home can be, many times complicated with chronic illnesses or new diagnoses, and she wanted to positively impact patients' lives in this area.

Shannon knew that her local hospital, the 110-bed Emory Johns Creek Hospital, discharged patients that she could help transition back into the community. Shannon developed a plan for her pharmacy to fill in these gaps in care and began the process of talking to the hospital to share her ideas. She prepared her pitch, including how her pharmacy services would save the hospital money by avoiding readmission and Centers for Medicare and Medicaid Services' penalties, and that her services would improve patient satisfaction and outcomes. But the hospital did not respond to her for six months and only after multiple attempts were made to contact them.

Finally, Shannon reached the hospital's pharmacy director who began to understand what she was offering. However, the hospital had a contract with a chain pharmacy for a similar program. She also still had to convince the hospital's CEO of the validity of her services. When the meeting finally arrived to discuss her proposition with the hospital administration who would make a final decision on her proposal, Shannon was given 20 minutes to sell her idea. She showed that her services would have the potential to save the hospital up to $2 million over the next year if just seven patients were discharged into her service per month. She would not initially charge the hospital for the service. She would simply receive the referrals and the patient's health records from the hospital to help with the transition. Once again, though, the answer was delayed.

REAL WORK BEGINS

Finally, three months later, the hospital embraced Shannon's plan, and then the real work began. Before patients could arrive, Lily's Pharmacy needed to develop standards

for the transition of care services, train pharmacy staff, and develop the legal and technical logistics of the process, which took about another nine months. One year after making her initial pitch to the hospital, Shannon received her first referral, and since then, the hospital has yet to see a readmission from a patient who went through Lily's Pharmacy's transition of care program.

Currently, the hospital sends two to three patients a day to see Shannon and the rest of her staff, and here begins the next hurdle to providing these services: convincing patients of their benefit. Some patients have difficulty comprehending the value and need for extended pharmaceutical services after discharge from the hospital. Patients wonder why a pharmacist will be taking over their care. They need an explanation of the utility of the services, as they typically assume they can care for themselves. However, after being convinced to enroll, most patients realize the value of this continued care and recognize the benefits in these services, leading them to love the care, the pharmacist, and the pharmacy. The program is an appointment-based model where Shannon reviews discharge notes and prescriptions, compares medications the patient had prior to the hospital admittance, assesses current disease states, and helps the patient understand the treatments, the importance of adherence, and how the pharmacy will help monitor the transition. Although some patients almost returned to the hospital after being discharged, Shannon was able to intercede and help before an expensive trip back to the emergency room.

Frequently, problems are easily solved through a quick refill of a medication like insulin. Shannon's strong relationships with hospital physicians allow her to reach them around the clock for immediate solutions. In other cases, the pharmacy has a 24/7 hotline where patients can reach a pharmacist for any of their needs.

The model Shannon has created is designed to help transition her pharmacy into a role model for future pharmacies aiming to add patient-centered services. Lily's Pharmacy continues to grow from the idealistic goal of what a pharmacy should be into a place that employs multiple pharmacists and technicians. While it was tough building from the ground up, Shannon calls her store a "blessing" now and certainly many patients would agree with her. Lily's Pharmacy transitions of care program is helping transform patient care in the northern Atlanta suburbs and pharmacy care across the country. ■

Alastair Hay is a 2016 PharmD candidate at Mercer University College of Pharmacy and was a spring 2016 APPE Rotation Student at NCPA.

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Data Mining to Impact Lives

by Emily Selby, PharmD, MBA

Elaine Ladd, PharmD, MBA, can trace her start in pharmacy back to the position she held at the local independent pharmacy as a teenager. However, upon graduating from Midwestern University Chicago College of Pharmacy, she chose to pursue two years of clinical residency and accepted a faculty position at Idaho State University College of Pharmacy. Though she enjoyed her role, it wasn't until she began moonlighting at an independent pharmacy that she discovered her passion, and in 2008, she jumped in wholeheartedly to open a hybrid pharmacy in Boise, Idaho. With this new pharmacy, Ladd had a vision for an advanced community practice that would allow her to provide better care for patients, and alongside her husband Kip, this vision developed into Ladd Family Pharmacy.

Since that time, Ladd has developed a practice providing compounding, immunizations, health screenings, and a variety of other offerings. While excelling in

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each of these areas, the pharmacy's medication synchronization program has developed beyond the ordinary.

> ***The adherence program goes beyond traditional medication synchronization. It begins with data mining.***

GETTING STARTED WITH MED SYNC

Ladd chose to pursue a medication synchronization program after receiving inspiration from NCPA. She saw this as an opportunity not only to set apart Ladd Family Pharmacy, but also to provide enhanced patient care. For Ladd, it was never about increasing the number of refills or bringing up the bottom line. It came down to filling a need in the community and focusing on better outcomes for her patients. Even as the program has progressed, she remains concentrated on her patients, and in particular, high-risk patients.

IT TAKES A VILLAGE

Ladd has a strong business background, and she understands the importance of quality employee training. Because there is no specific department dedicated to adherence, all staff members receive training in this area. She wants to ensure that each employee has a clear understanding of how their actions impact their coworkers. This training is repeated every six months so all staff are up to speed on program modifications and updates.

Ladd also grasps the need for the organization to maintain efficiency, leading to developing checklists and operating procedures for the pharmacy's activities. This frees up the team to focus on providing exceptional care. Above all, she strives to empower each employee to take charge of their work and think creatively to expand their niche.

BEYOND SYNCHRONIZATION

At Ladd Family Pharmacy, the adherence program goes beyond traditional medication synchronization. It begins with data mining. Patients at the highest risk for nonadherence and poor outcomes are targeted, and with today's technology platforms, identifying these patients is easier than ever. Once enrolled in the pharmacy's program, the patient or caregiver receives the standard monthly phone call prior to the synchronization date. During this call, a checklist is utilized to identify potential problems and discuss office visits or hospitalizations, along with changes in health status.

Additionally, her team focuses on coordinated care through provider outreach. They strive to pinpoint what Ladd describes as the "decision maker" provider, the practitioner primarily in charge of the patient's care. While often this may be the primary care practitioner, in many cases, it is a specialist. Each month, they reach out to this decision maker and provide a comprehensive list of the patient's prescription medications, OTCs, and supplements. The pharmacist and practitioner reconcile this list; then, once reconciled, it is distributed among all of the patient's providers. Therefore, each member of the health care team, including caregivers, is working from the same list every month.

Ladd's adherence efforts also provide support to patients and caregivers as problems arise. Free delivery is available for all patients, which provides another opportunity to touch base with the patients. Again, a checklist is reviewed to identify potential problems, and a phone call to the pharmacist can be made on the spot. Whenever a medication question arises, Ladd Family Pharmacy strives to be the first to the scene. This requires an emphasis on excellent communication, and in many cases, a trip to the patient's home beyond delivery. Through employee training and empowerment, Ladd seeks to equip her adherence team to answer questions, create a plan, and provide solutions as situations arise.

CONTINUED ADVANCEMENT

By working alongside other health disciplines and caregivers, Ladd Family Pharmacy aims to highlight what pharmacy can bring to the table and the potential impact on coordinated care and improved outcomes. Opportunities have arisen to partner with a local hospital to assist in the care of their most challenging patients and assist in smoothing care transitions. Moving forward, Ladd hopes to continue growing and expanding this program, but her vision remains the same: "to impact lives." Above all, Ladd and her staff strive to practice along their core values, and they use these principles to define their success. In Ladd's mind, when you are primarily concerned with caring for the patient, the bottom line will take care of itself. ■

Emily Selby, PharmD, MBA is a 2016 graduate of Southwestern Oklahoma State University College of Pharmacy and was an NCPA APPE Student in spring 2016.

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Yes, a continuing education article does not appear in this issue of *America's Pharmacist.* We are changing CE from a monthly to bimonthly schedule. CE will be printed in the next issue of *America's Pharmacist*. You can access more than 50 hours of free CE 24/7 via the NCPA website through Pharmacist e-Link in partnership with CECity.com.

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Reader Resources

NCPA activities and our advertisers

How Did You Hear About Us?

by Gabe Trahan

No one better understands the value of effective marketing than my friend, Jack Dunn, RPh, owner of Jasper Drugs & Gifts in Jasper, Ga. Dunn is a successful business person, but he never seems to be completely satisfied! He says he won't be completely satisfied until everyone who lives in Jasper is his customer, or, as he puts it, part of the Jasper Drugs Family. Dunn is thankful for the customers he has now and considers them to be treasures. However, it is the people who haven't discovered Jasper Drugs & Gifts who keep Dunn awake. That's why, when a new customer enters his store, Dunn and his staff politely ask, "How did you hear about us? What brings you here today? How can we help?" The staff at Jasper Drugs & Gifts want to help their customers, of course, but they also want to know which type of marketing is working.

The photo is a screenshot from the homepage of www.jasperdrugs.com. When you go to the website for the first time, you are encouraged to click on the little icon on the right that says, "How did you find us?" Then, like magic, a young lady pops up on the screen, and with audio and movement, the avatar asks you to take a quick moment to indicate how you found their store.

There are three groups of potential new customers: those who have never heard of you, those who have heard of you but choose to go elsewhere, and those who are new at shopping for prescriptions and have not made up their mind. In most cases, the largest group are those who choose to shop elsewhere; the members of that group are the hardest to acquire as new customers. It takes money, marketing, strategy, and knowledge of what is working and what is not to attract them. Spending marketing dollars without seeing results is nothing more than a donation to the local media. You can bet that when Dunn gets a report of which boxes are checked on his site, he will be writing one less marketing check.

Make a list of your marketing expenditures (such as newspaper ad or circular, local radio, TV, flier). Create a simple form outlining the marketing programs you have used, and then ask both new and old customers what brought them to your store. In addition, add a line for street name and town. Grab a street map of your town and start marking where your customers are coming from. Know what type of customer you are attracting, what is attracting them to your store, and where they are coming from. Use your marketing money wisely!

Do me a favor: go to www.jasperdrugs.com, click on the avatar icon, and in the "other" form, write in "Gabe sent me." ■

Gabe Trahan is NCPA's senior director of store operations and marketing. Gabe uses 30-plus 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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