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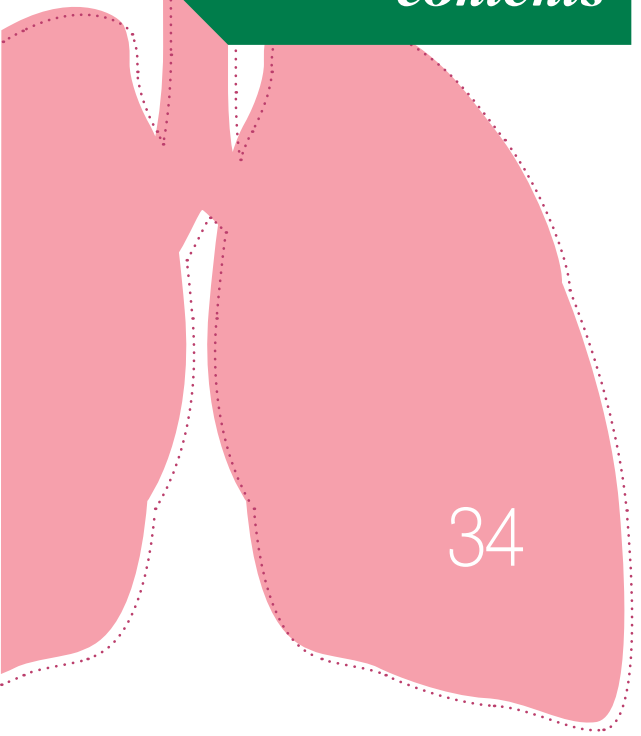

Letters to the editor—If you would like to comment on an article, email NCPA at info@ncpanet.org. Your letter may be posted on the NCPA website and edited for length and clarity.

FEATURES

THIS MONTH'S *cover* FEATURE

Caption: One of the secrets of success is to learn from and build on the success of others. In today's pharmacy world, as one deals with rejected third party claims or the distress of losing a patient to a competitor, it is easy to get discouraged. One way to overcome that discouragement and renew your commitment to exceptional patient care is to learn about your peers who are succeeding in these tough times. But where are these successful pharmacies, you say? To answer that question, industry veteran Bruce Kneeland embarked on another of his famous road trips, visiting a dozen pharmacies in mid-America. He and his wife drove 5,671 miles and visited 12 carefully pre-selected pharmacies in 10 states. In the first of a two-part article, Kneeland that will summarize a number of things the first six pharmacies are doing.

DEPARTMENTS

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Ask Your Family Pharmacist®

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NCPA NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

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.

America's Pharmacist annual subscription rates: $50 domestic; $70 foreign; and $15 NCPA members, deducted from annual dues.

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True Prescription Drug Costs for Pharmacies and Patients Skewed by PBMs

Most NCPA members consistently encounter misleading and confusing fees imposed by PBMs that negatively impact both pharmacies and patients and distort medication costs and reimbursement rates. That's according to a recent survey we did that was completed by 640 pharmacists.

The survey documents the scope and effect of two relatively recent trends: direct and indirect remuneration (DIR) fees imposed on community pharmacies and patient copay clawbacks—both the handiwork of PBMs.

Sometimes weeks or months after medication is dispensed to a patient and a pharmacy is reimbursed, community pharmacies are assessed "DIR fees" that can turn a modest profit into a financial loss.

According to the survey responses:

- Sixty-seven percent said no information is given as to how much and when DIR fees will be collected or assessed.
- Fifty-three percent said DIR fees are assessed quarterly, with the lag time making it impossible to determine whether the net reimbursement will cover costs.
- Eighty-seven percent said DIRs significantly affect their pharmacy's ability to provide patient care and remain in business.

Many pharmacists said DIRs can total thousands of dollars each month.

Members reported that the Aetna and CVS Caremark drug plans were the most egregious in this area. NCPA posted online comments from pharmacists that further illustrate the problem, and also published an online video of your colleagues discussing the issue.

The survey also disputed claims by PBMs that DIR fees are actually "pay-for-performance" incentives to reward quality care. Although PBMs may try to characterize these fees as "incentives," the fact remains that these fees are extracted from all pharmacies—the caveat being that high-performing pharmacies may not get as much money withheld. Pharmacists said that PBMs were not transparent about their DIR fee criteria and assessed DIR fees on pharmacies with the highest quality ratings.

The second part of the survey explored copay clawbacks on patients, whereby PBMs instruct the pharmacy to collect an elevated copay amount and subsequently recoup the excess amount—and sometimes more—from the pharmacy.

According to the survey responses:

- Eighty-three percent of pharmacists witnessed patient copay clawbacks at least 10 times during the past month.
- Sometimes PBMs impose "gag clauses" that prohibit community pharmacists from volunteering the fact that a medication may be less expensive if purchased at the "cash price" rather than through the insurance plan. Some 59 percent of pharmacists said they encountered these restrictions at least 10 times during the past month.

> ***Eighty-seven percent said DIRs significantly affect their pharmacy's ability to provide patient care and remain in business.***

We are continuing to make DIRs a top priority. See Advocacy Alert on page 8 for our latest activities.

Best,

Bradley J. Arthur, RPh
NCPA President 2015–16

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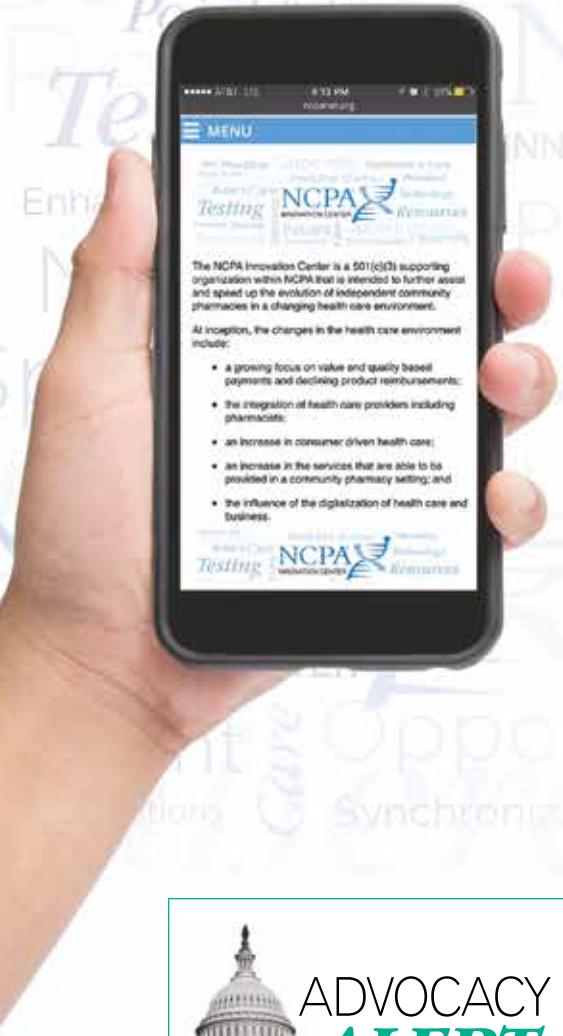

NCPA® INNOVATION CENTER

NCPA Launches Innovation Center to Advance New Pharmacy Practices

NCPA has established an Innovation Center, intended to further assist and speed the evolution of independent community pharmacies in a changing health care environment. The Innovation Center will develop and execute programs to inform and educate community pharmacists to realize new opportunities. It also will demonstrate, research, and support new and expanded roles for community pharmacists. This will be accomplished through peer-to-peer exchanges of best practices.

The 13-member board of directors is comprised of many leading community pharmacists and prominent partners of independent community pharmacies. NCPA CEO B. Douglas Hoey, Pharmacist, MBA, will serve as chairman of the board. Kurt Proctor, PhD, RPh, NCPA senior vice president, strategic initiatives, is the Innovation Center president. ■

ADVOCACY *ALERT*

Taking Action on DIRs
As a result of intensive NCPA lobbying efforts, 16 senators and 31 representatives have urged the Centers for Medicare & Medicaid Services to issue its long-delayed policy guidance to PBMs and plan sponsors to fairly address DIR fees and price concessions in Medicare Part D. The guidance, as proposed, also states DIRs should be approximated or reflected at the time of dispensing.

Do your part and add to the more than 3,000 messages that NCPA members have already sent to Congress demanding action. Contact your lawmakers.

NCPA Tells FDA to Scrap Proposed Ban on Office Use, Other Compounding Issues
NCPA has called on the Food and Drug Administration to withdraw its proposed ban on office use compounding, a 30-day limit on anticipatory compounding, and additional requirements for prescriptions for compounded products to be considered "valid."

Overall, NCPA expressed concern that the FDA's draft guidance "will lead to decreased access to compounds and ultimately undermine the triad of care that exists between prescribers, pharmacists, and patients." NCPA added, "We are also very concerned with the FDA's continued attempts to preempt state laws when Congress did not give FDA this authority."

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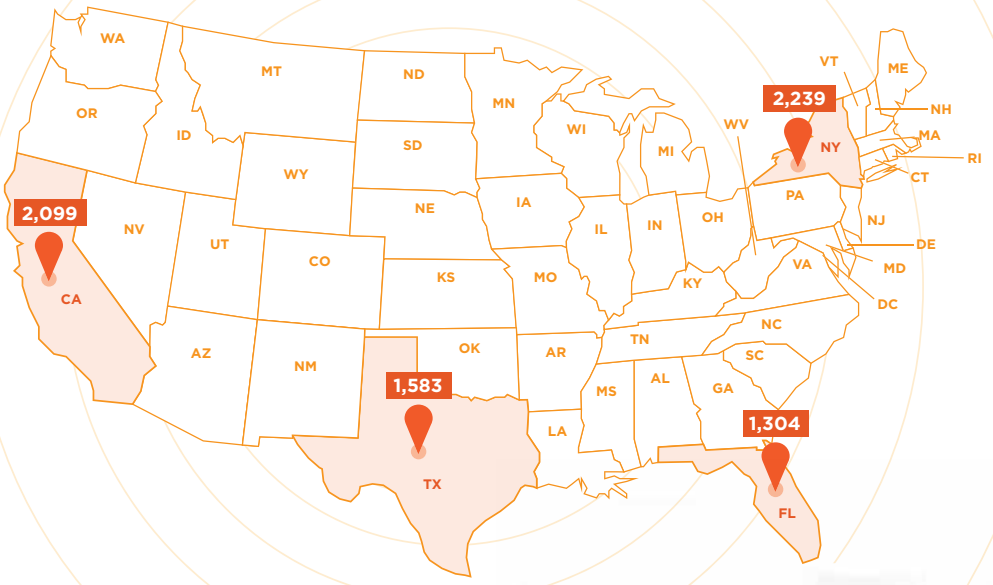

Source: 2015 *NCPA Digest*, sponsored by Cardinal Health

THE AUDIT ADVISOR

Trading Inventory With Other Pharmacies Discouraged

Q: Is it OK to trade inventory with other pharmacies?

A: PAAS National has seen multiple large recoupments and a termination notice recently stemming from invoice audits conducted by Prime Therapeutics. The issue for the pharmacies affected is that they were buying or trading inventory with other pharmacies. Prime has decided to not accept anything that does not come from a wholesaler or manufacturer and is citing its provider manual as the reason.

Drug and Supply Requirements: Participating pharmacies must purchase all medications and supplies being dispensed to covered persons from verifiable licensed wholesalers. The ordering of these medications and supplies must be tracked using verifiable wholesale invoices and pedigree invoices (when required by applicable law). Prime reserves the right to not accept documentation from any wholesalers at any time when the invoice documentation cannot be verified.

PAAS wants to remind pharmacies that with the Drug Supply Chain Security Act, if you do continue to purchase or trade medications from other pharmacies, you have additional requirements to follow. However, we strongly discourage this practice on a routine basis due to the recoupments we have seen.

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.

Raising Our Independent Voice

By
Bob Mauch,
PharmD, Ph.D., EVP, President, AmerisourceBergen Drug Corporation

In an ever-changing healthcare environment, independent pharmacists play an increasingly important role in ensuring that patients receive the care they need to lead full, healthy lives. As a partner to community pharmacies, AmerisourceBergen and Good Neighbor Pharmacy work with pharmacists in a way that makes doing business easy, supports specific business goals and ultimately allows pharmacists to grow their business and spend more time taking care of patients.

Our government affairs team is on the ground in Washington, D.C. every day to give a voice to our partners, but we know how important it is for customers to be involved and empowered across the country. To keep our independent pharmacy partners informed and involved in current and upcoming policy changes, we launched "Our Independent Voice," (www.ourindependentvoice.com), an advocacy website for community pharmacists. The website gives pharmacists access to the tools and resources they need to join the advocacy movement, research news and information on policies impacting their pharmacies, access letter templates and write to their congressman, and connect with other pharmacists and organizations leading the charge.

Our Independent Voice focuses on three of the most pressing regulatory issues facing pharmacies today.

Provider Status

- Pharmacies, especially community pharmacies, continue to be a vital source of healthcare for the communities they serve. Millions of Americans live in rural or medically underserved areas, where they lack adequate access to primary healthcare. Pharmacists can help fill the gap between the number of primary healthcare providers in a region and the population that needs care. AmerisourceBergen and Good Neighbor Pharmacy support legislation that would grant pharmacists provider status under the Medicare program.

Access to Patients

- AmerisourceBergen recognizes how important a pharmacist's ability to access patients is. Patients with pharmacists they trust are significantly more likely to be adherent to medication regimens, which not only improves health outcomes, but lowers healthcare costs. Increasing the number of pharmacies available to patients and broadening the scope of Medication Therapy Management (MTM) services will enable pharmacies to improve patient access. Pharmacy legislation and expanded MTM services would enable patients to have increased access to high-quality pharmacy healthcare.

Fair Reimbursement

- In order to provide the highest quality patient care, pharmacies need to be reimbursed fairly. One way we do that is through our Pharmacy Services Administration Organization (PSAO), Elevate Provider Network. Driven by a unique combination of analytics, technology solutions and professional services, Elevate Provider Network empowers independent pharmacists to improve their profitability through enhanced patient care, better business practices and by leveraging centralized data to support reimbursement conversations with payers.

- Additionally, through our National Community Pharmacists Association (NCPA), The Senior Care Pharmacy Coalition (SCPC), the National Association of Chain Drug Stores (NACDS) and the Patient Access to Pharmacists' Care Coalition (PAPCC), AmerisourceBergen collaborates with the pharmacy community on many key legislative and regulatory issues, including fair reimbursement.

Provider status, access to patients and fair reimbursement are just three of the many challenges facing independent pharmacies today. By partnering to add voices to the chorus, we can continue to advocate or the community pharmacies that provide the critical healthcare support patients need. Visit www.ourindependentvoice.com to join the chorus and discover how we can work together to amplify your voice.

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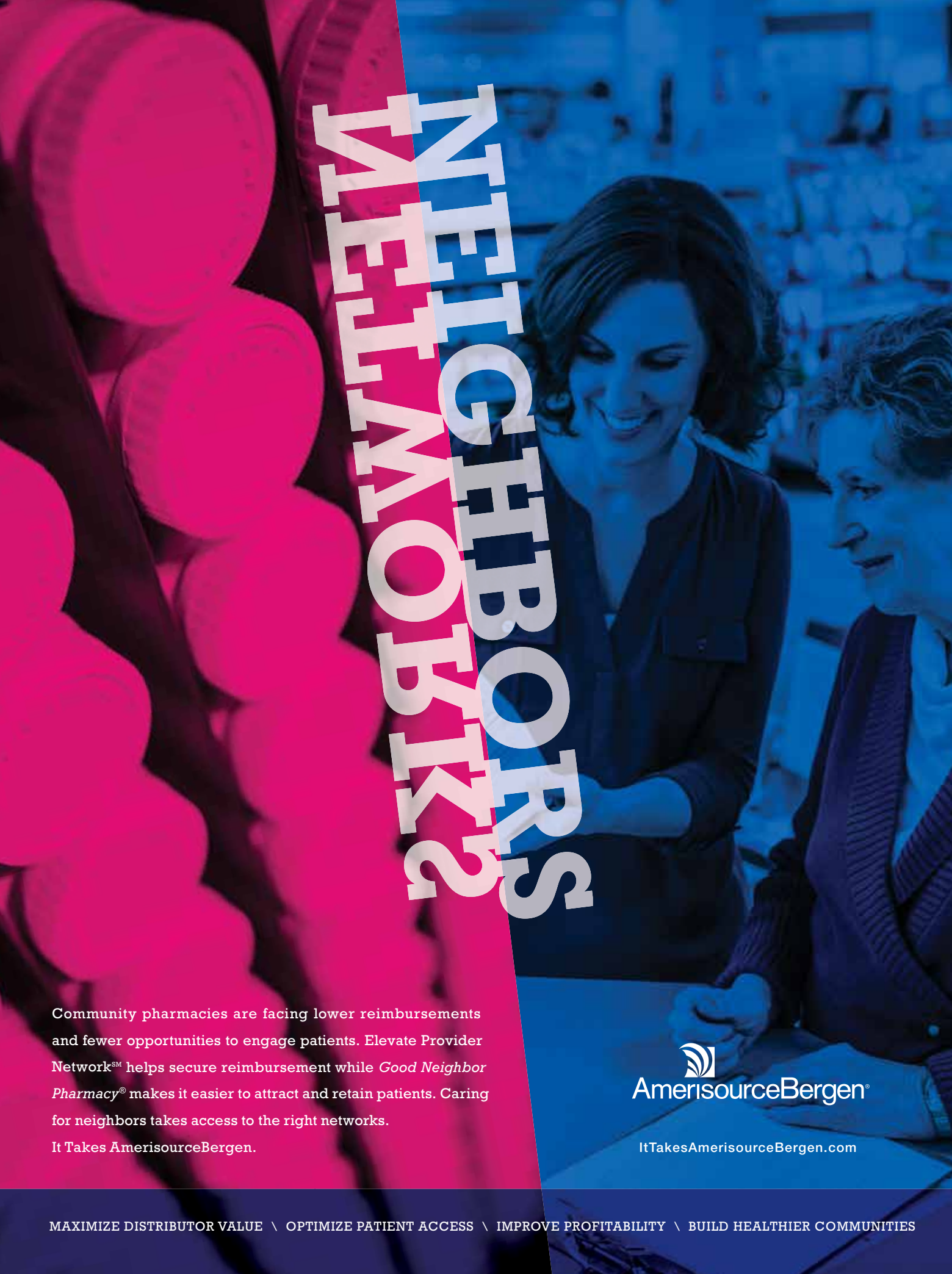

Community pharmacies are facing lower reimbursements and fewer opportunities to engage patients. Elevate Provider Network℠ helps secure reimbursement while *Good Neighbor Pharmacy*® makes it easier to attract and retain patients. Caring for neighbors takes access to the right networks.
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More Barcodes Than Needed Cause Confusion

Figure 1. Example of a product that has multiple barcodes. (Image courtesy of the Institute for Safe Medication Practices)

As you have probably noticed, there are a number of medications with two or more barcodes printed on the package (Figure 1). The presence of multiple barcodes on products is confusing to staff that may use barcoding for dispensing as well as staff at nursing homes and in hospitals, particularly frontline staff who utilize bedside barcode medication administration (BCMA). Typically, the barcode associated with the national drug code (NDC) is intended for scanning during BCMA workflow. But often the manufacturer includes an additional barcode that is used in its production and quality control processes. When the pharmacist, technician, or nurse tries to scan one of these barcodes, it won't scan properly, leading to frustration. As a result, there have been instances where a practitioner has overridden the barcode system, leading to potential errors. We have seen multiple barcodes on products such as scopolamine and fentaNYL patches. We have asked the Food and Drug Administration to discuss this problem internally with their barcode work group to see if they can have manufacturers redeploy these barcodes elsewhere on the package, or at least clearly identify which barcode should be scanned during clinical use. Pharmacies should notify staff of this issue with certain medications and communicate this risk to facilities they provide with medications.

SPECIAL ATTENTION IS NEEDED DURING TRANSITIONS OF CARE

We recently received an error report about a resident who returned to an assisted living facility after a four-day hospital stay. The pharmacy was unaware the resident had been hospitalized and continued to dispense the resident's medications. Upon the resident's return, the medication orders remained the same except for the dose of DULoxetine (CYMBALTA), which was decreased from 120 mg (2 capsules) daily to 60 mg (1 capsule) daily. However, medication cards that were just delivered from the pharmacy were based on the old orders which included the higher dose of Cymbalta. The cards were placed in the medication cart before being verified with the new orders.

When the pharmacy received the transfer orders, the pharmacist did not send a replacement card with the lower dose of Cymbalta. The pharmacist assumed that the staff at the facility would just give the resident 1 capsule (60 mg) instead of 2 capsules (120 mg). However, facility staff did not notice the difference in dosing, and 2 capsules per dose were administered based on the directions on the medication card label rather than the directions on the medication administration record (MAR). The resident received five days of the higher dose before the error was noted. Fortunately, the resident was not harmed.

This case emphasizes the importance of performing medication reconciliation during transitions from one health care setting to another. The staff at the assisted living facility was reminded about the need to compare the medication cards to the MAR after a resident's return from a hospital stay, and to always use the MAR for reference and verification when administering medications. Good communication between the pharmacy and facility staff during transitions of care is also important. In this case, the facility should have notified the pharmacy of the resident's hospitalization. Once it was realized the patient's dose had changed, the staff at the facility and at the pharmacy should have communicated with each other to ensure the facility had the correct product labeled with the correct directions. ■

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

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Sometimes It Really Is All About You

by Liz Tiefenthaler

A week ago I happened to stop in a little gift store a few blocks from my house. I needed a hostess gift and wanted to keep my money in the neighborhood. After five minutes of "hello?" as I tried to find the proprietor, a person appeared from a back store room. While I was able to find something nice and the overall experience was a good one, it made me think about all of you. How often do people have to look for help and perhaps more importantly, how many patients who come into your pharmacy know that you are the owner? You know, the "buck stops here, I care, I want and appreciate your business" type of owner.

Patients complain about nameless, faceless mail order and chains where people wait interminable lengths of time to have a 30-second interaction with a pharmacist who doesn't know them by name. Yet, so much of the marketing materials I see from independents fail to capture the reason people should come to your pharmacy—namely, here is the face of someone who really does care about you.

This inspired me to come up with five guidelines for putting YOU front and center in your marketing.

1. Whenever possible, use photos from your store and of your staff instead of stock photography. This is not to say that stock photography is wrong; in fact, it can be very effective to illustrate a point. But whenever it gets personal, it is nice to use the faces of people a patient will see. This includes images on your website and, for heaven's sake, on your social media. Who wants to go to a Facebook page and see a generic post that you could read anywhere? You don't have to post daily. I am sure all of you have time to post something personal from your pharmacy once a week. Kyle McHugh of Gaston Pharmacy in South Carolina recently did a mailer that includes real photos of his family. He took the pictures and when they were put into the design, it became a wonderfully personal piece.

2. Leave the safety of the counter when people need help. No more pointing at your allergy end-cap; you can afford the time to walk someone to the right aisle and then to answer their questions and make recommendations. You own the place—who has more knowledge about what you offer?

3. Don't be afraid to put your name out there. Nelson Showalter of Broadway Drug Center in Broadway, Va., has shelf talkers that say "Nelson recommends" with his photo! What a great way to sell products. Add your photo to your business card. Another idea would be to include a bag clipper on the prescription bag of every first-time patient with a photo of the staff member who filled a patient's prescription along with an invitation to call with any questions. Oh, and of course, a thank you for your business.

4. Train your staff. For your pharmacy to be all about you and your vision and mission, you need to get your staff on board. I hear so often about synchronization programs that fail because some of the staff don't like to promote it. Let's put an end to that! Josh Rimany of Dilworth Drug and Wellness invested in half-day retreats for his staff so that they could all understand and embrace his vision for his pharmacy.

Continued on page 55 ▶

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Avoid Sham Telehealth Arrangements

by Jeffrey S. Baird, Esq.

Pharmacies are aggressively engaged in marketing, and it is not uncommon for a pharmacy to dispense drugs to patients residing in multiple states. When a pharmacy is marketing to patients in multiple states, the pharmacy may run into a "bottleneck." This involves the patient's local physician. A patient may desire to purchase a prescription drug from the out-of-state pharmacy, but it is too inconvenient for the patient to drive to his physician's office to visit with the physician and obtain a prescription. Or if the patient is seen by his local physician, the physician may decide that the patient does not need the drug and so the physician refuses to sign a prescription. Or even if the physician does sign a prescription, he or she may be hesitant to send the order to an out-of-state pharmacy.

To address this challenge, we are witnessing some pharmacies enter into arrangements that will get them into trouble. This has to do with "telehealth" companies. A typical telehealth company has contracts with many physicians who practice in multiple states. The telehealth company contracts with and is paid by self-funded employers that pay a membership fee for their employees, health plans, and patients who pay a per-visit fee.

> ***Where a pharmacy will find itself in trouble is when it aligns with a telehealth company that is not paid by employers, health plans, and patients, but instead is directly or indirectly paid by the pharmacy.***

Where a pharmacy will find itself in trouble is when it aligns with a telehealth company that is not paid by employers, health plans, and patients, but instead is directly or indirectly paid by the pharmacy. Here is an example:

pharmacy purchases leads from a marketing company …the marketing company sends the leads to the telehealth company …the telehealth company contacts the leads and schedules audio or audio/visual encounters with physicians contracted with the telehealth company …the physicians sign prescriptions for drugs …the telehealth company sends the prescriptions to the pharmacy …the marketing company pays compensation to the telehealth company for its services in contacting the leads and setting up the physician appointments …the telehealth company pays the physicians for their patient encounters …the pharmacy mails the drug to the patient …the pharmacy bills (and gets paid by) Medicare.

There can be a number of permutations to this example, but you get the picture. Stripping everything away, the pharmacy is paying the ordering physician.

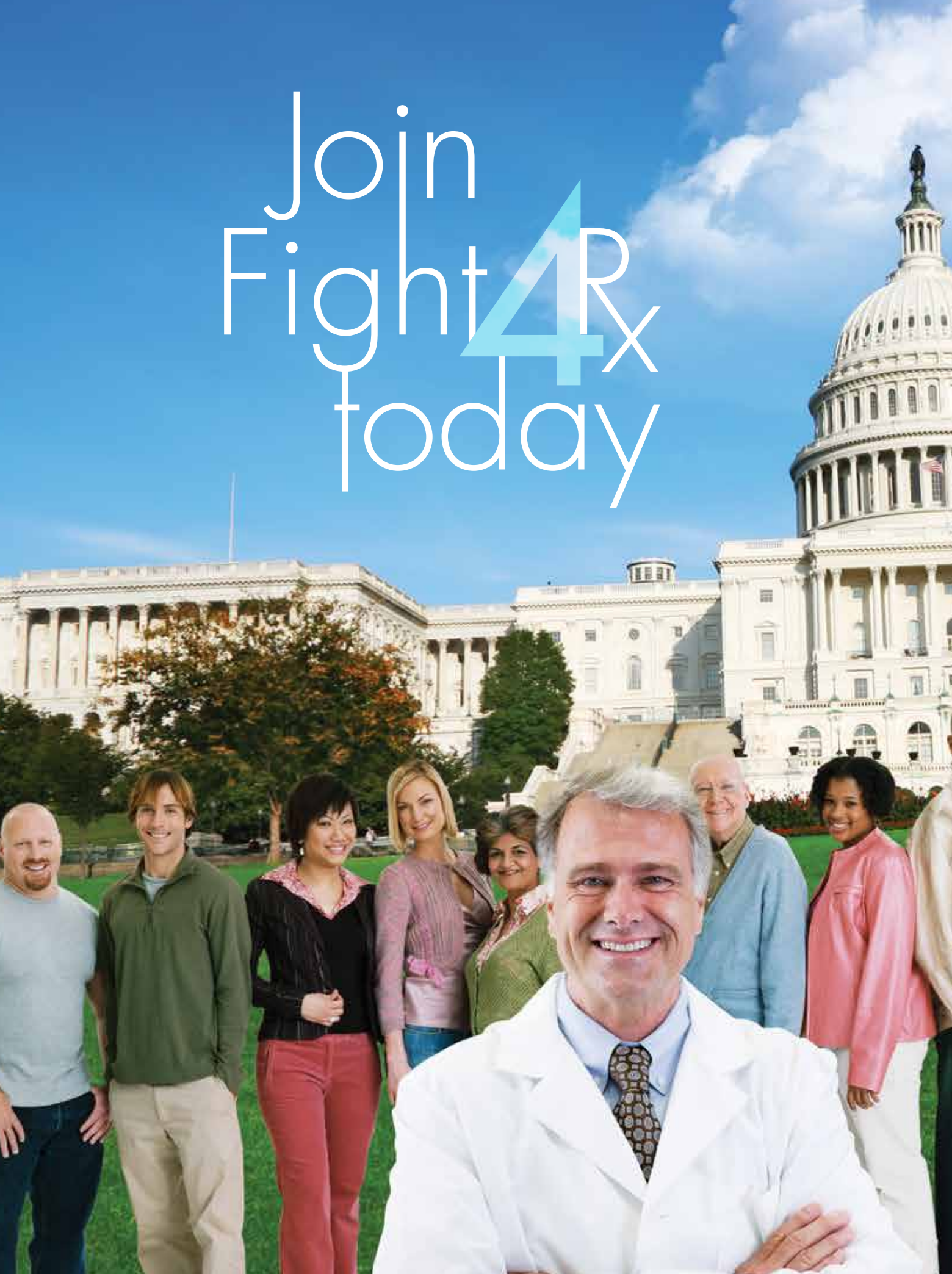
The Medicare anti-kickback statute (AKS) is a criminal statute, and it applies to all federal health care programs. The statute says that a person/entity cannot pay anything to another person/entity in exchange for referring, or arranging for the referral of, a patient covered by a government health care program. This is a very broad statute, and the Department of Justice has substantial latitude in determining whether or not to enforce it against a person or entity. Courts have enumerated the "one purpose" test. This states that if "one purpose" behind a payment is to reward a person/entity for a referral, then the AKS is violated notwithstanding that the "main purpose" behind the payment is to pay for legitimate services.

To the extent that a pharmacy directly or indirectly pays money to a telehealth company, which in turn writes a prescription for a drug that will be dispensed by the pharmacy and reimbursed by a federal health care program, the arrangement will likely be viewed as remuneration for a referral (or remuneration for "arranging for" a referral). Said another way, the arrangement will likely be viewed as a kickback.

CONCLUSION

A sham telehealth arrangement differs from a proper telehealth arrangement in a critical aspect: the direct or indirect payment by the pharmacy to the telehealth company. In a proper telehealth arrangement, the telehealth company does not receive any compensation from a health care provider; its revenue comes from self-funded employers that pay a membership fee for their employees, health plans, or patients who pay a per-visit fee. Accordingly, in a proper telehealth arrangement, there is no direct or indirect financial relationship between the person or entity prescribing the drug (such as the telehealth company) and the entity furnishing the product (such as the pharmacy). ■

Jeffrey S. Baird, Esq. is chairman of the Health Care Group at Brown & Fortunato, P.C., a law firm based in Amarillo, Texas. He represents pharmacies, infusion companies, home medical equipment companies, and other health care providers throughout the United States. Baird is board certified in health law by the Texas Board of Legal Specialization. He can be reached at 806-345-6320, or at jbaird@bf-law.com.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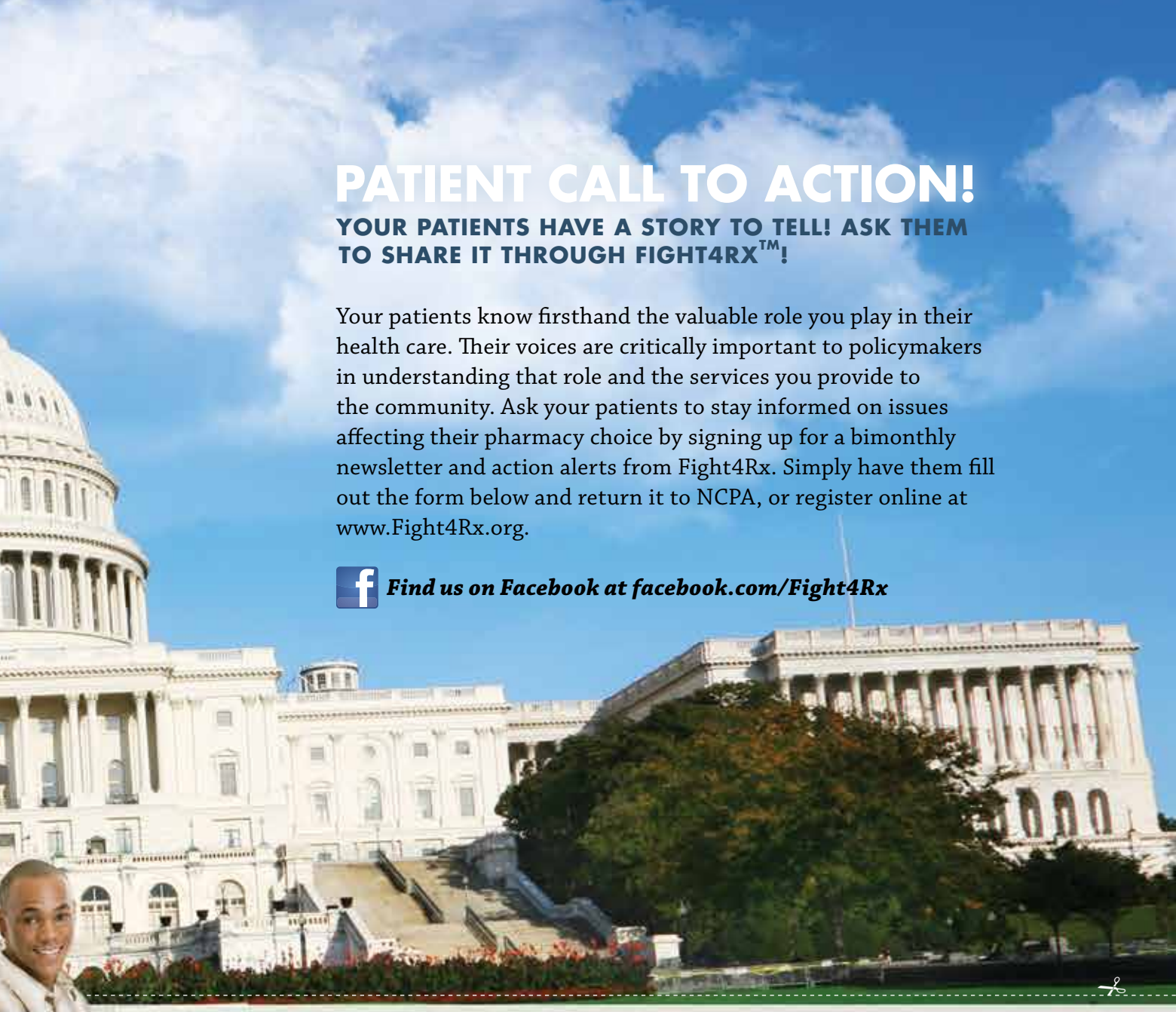

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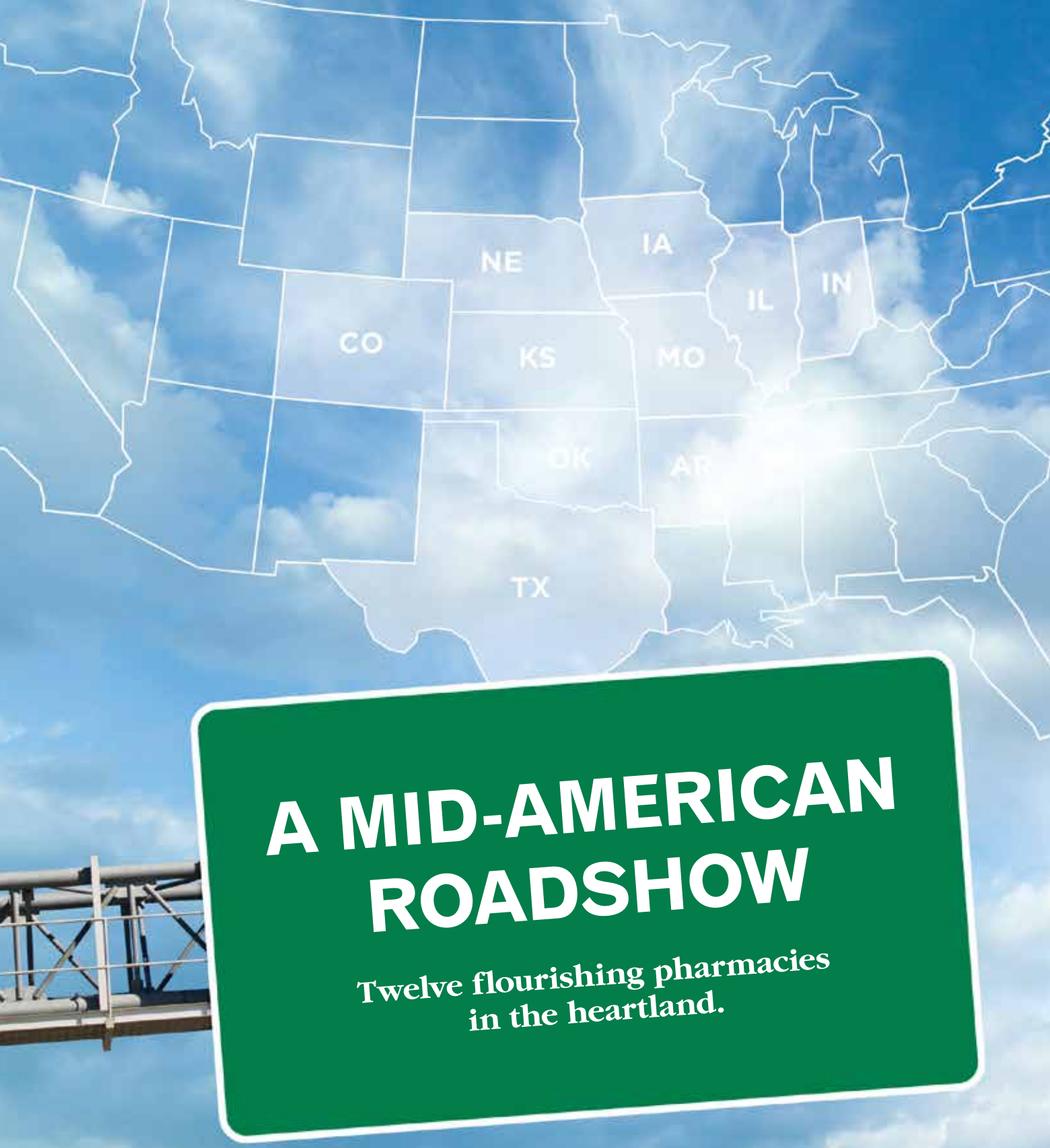

A MID-AMERICAN ROADSHOW

Twelve flourishing pharmacies in the heartland.

Editor's Note: *Kneeland will be conducting a "Guerilla Marketing" continuing education program at the NCPA 2016 Convention, Monday, Oct. 17, at 4:15 p.m. in New Orleans. The session will provide more details on some of the marketing programs these road trip pharmacies use.*

by Bruce Kneeland

photography by Bruce Kneeland

One of the secrets of success is to learn from and build on the success of others. In today's pharmacy world, as one deals with rejected third party claims or the distress of losing a patient to a competitor, it is easy to get discouraged.

One way to overcome that disappointment and renew your commitment to exceptional patient care is to learn about your peers who are succeeding in these tough times. But where are these successful pharmacies, you say? And, what are they doing?

To answer that question, and under the sponsorship of the Independent Pharmacy Cooperative (IPC), I set out on a road trip to visit a dozen pharmacies in mid-America, that broad expanse of flatlands between the Appalachian and Rocky mountains. My wife and I drove 5,671 miles and visited 12 carefully pre-selected pharmacies in 10 states: Arkansas, Colorado, Illinois, Indiana, Iowa, Kansas, Missouri, Nebraska, Oklahoma, and Texas.

It was a wonderful learning experience. What follows is the first of a two-part article that will summarize a number of things the first six pharmacies are doing. The final six will be featured in the October issue.

I hope that by learning just a little bit about what these amazing pharmacy owners do, you'll be inspired to adopt or adapt an idea or two that will help you do more and be better.

So buckle up and hold on, you're about to take an amazing road trip. First stop: Amarillo, Texas.

MARTIN-TIPTON PHARMACY, LLC (www.stores.healthmart.com/MartinTiptonPharmacy) is located near the central business district of this economically diverse Texas Panhandle town of about 250,000. In the largest city for 100 miles or more in any direction, owner Mark Vogler, RPh, faces as much chain competition as anyone.

Vogler is an energetic and outgoing professional who takes pride in the patient care services he provides in his 4,500-square-foot location. Vogler says making sure his staff enjoys coming to work is central to his management philosophy. One way he strives to do that is by ordering lunch for the staff on special occasions. I was in the pharmacy in late April and the staff was looking forward to its Cinco de Mayo luncheon.

One of the unique things Vogler does is manage a relationship with the Panhandle AIDS Support Organization. The program has a number of complicated requirements, and Vogler says staying on top of them takes a lot of time and specialized expertise. In simple terms, what he does is provide medication and other pharmacy services to members of the group. Reimbursement comes in the form of receiving the medications for free from the organization, providing enhanced care to the patients, and then billing the organization for the services he provides.

Martin-Tipton owner Mark Vogler, with pharmacist Mel Smalley, tries to instill an enjoyable work environment. The pharmacy's locally ground coffee and mini-soda fountain are popular with customers.

He also works with the local mental health department on a clozapine program. These two programs are somewhat synergistic, according to Vogler. The clozapine program has complicated protocols to comply with the Food and Drug Administration-required risk evaluation and mitigation strategy (REMS), including coordinating and monitoring lab results, patient registration, and improving compliance. But Vogler believes that being known as the pharmacy in town that is qualified and able to do these types of things enhances his image with prescribers and other referral sources.

Martin-Tipton is a family-owned pharmacy, and the family plays a big part in the pharmacy's success. Vogler says his wife does outside sales by helping to maintain relationships with prescribers. She also works with other local businesses and is active in the Chamber of Commerce. His daughter manages their marketing efforts, including their website and Facebook page, and his son is studying pre-pharmacy.

But not everything at Martin-Tipton is clinical. As the store is close to a business district, he draws people in with a mini-soda fountain machine, frozen treats, and microwavable meals. He even has an ATM and stocks a line of locally ground coffee and packaged jerky, which seem to appeal to his customers.

Valu-Med Pharmacy's Justin Wilson (left) talks with a patient. At right, technician Cheryl Weeks helps things run smoothly.

VALU-MED PHARMACY (www.valumedrx.com) is one of three pharmacies operated by Justin Wilson, PharmD. The Midwest City, Okla., pharmacy I visited is housed in a medical office building in this suburb of Oklahoma City. Wilson is one of those amazing guys who finds time to serve. He is a past president of the Oklahoma Pharmacist Association, serves on the state board of pharmacy, and is an NCPA officer.

Upon entering the pharmacy I was greeted not only by Wilson but also by Carl Britton, Jr., owner of In Their Face Marketing, the marketing company Wilson uses. Britton specializes in social media, providing strategic recommendations and then executing on that strategy with professionally done and carefully timed Facebook posts.

Wilson says his social media campaigns generate positive customer comments and are effective in persuading current patients to take advantage of the other professional services he offers. They also, he says, bring in a steady number of new patients. He is committed to the strategy and promotes his Facebook page on the outdoor digital sign he has installed in front of his pharmacy on the town's major highway.

One of his enhanced care services is travel health. By working with the Oklahoma State Department of Health, his Midwest City location earned certification to become a yellow fever vaccination center. His immunization service also includes flu (the pharmacy administered 2,000 shots last season), pneumonia, and shingles. To support the travel program, he uses a website called Travax. This allows him to provide travelers with the right vaccinations along with providing health tips and specific product recommendations geared to the area where the traveler is going.

One of the newest services Wilson offers is medication synchronization. He is taking advantage of a combination of technologies made possible by the integration of his Computer-Rx pharmacy system with PrescribeWellness's synchronization module. He finds people respond positively to his staff's invitation to participate (offered to carefully preselected patients) and he now has about 70 patients enrolled. Wilson has been providing this service for almost two years.

Wilson says finding ways to deal with patients as people is critical to his success. That is one reason he devotes so much time to his social media presence. And he points out that the happy birthday calls the PrescribeWellness service provides get a lot of positive feedback from patients who were thrilled to be remembered on their special day.

Looks matter, and **AUBREY PHARMACY** (www.aubrey-pharmacy.com) in Aubrey, Texas, is a nice-looking pharmacy. The town of Aubrey is a rapidly growing bedroom community on the northern edge of the Dallas/Fort Worth metropolitan area. Sensing the growth to come, owner Steve Coomes, BSPharm, bought a corner lot about six years ago and moved his 2,500-square-foot pharmacy into a brand new 8,000-square-foot facility, complete with a drive-up window.

To help manage this busy pharmacy, Coomes is doing something I have not seen others do. Tapping into the technological expertise of his store manager, Don West, CPhT, he has implemented an online personnel management and business document retention system. West says that each person on staff has a personal Google email address and access to shared documents on the pharmacy's intranet.

West says they use the intranet to make and report on job assignments and keep track of work schedules. If a team member wants to switch times, all that person needs to do is post, and when other team members sign in they see the request and can respond. Coomes says the system simplifies a wide variety of personnel management duties and has improved productivity.

Coomes is not afraid to couple his passion for patient care with good business sense. One thing he has done is aggressively implement a medication synchronization

Continued on page 27 ▶

Pictured at top left is Bruce Kneeland, wife Donna, and Aubrey Pharmacy owner Steve Coomes. At top right is Aubrey Pharmacy technician Brittany Horton.

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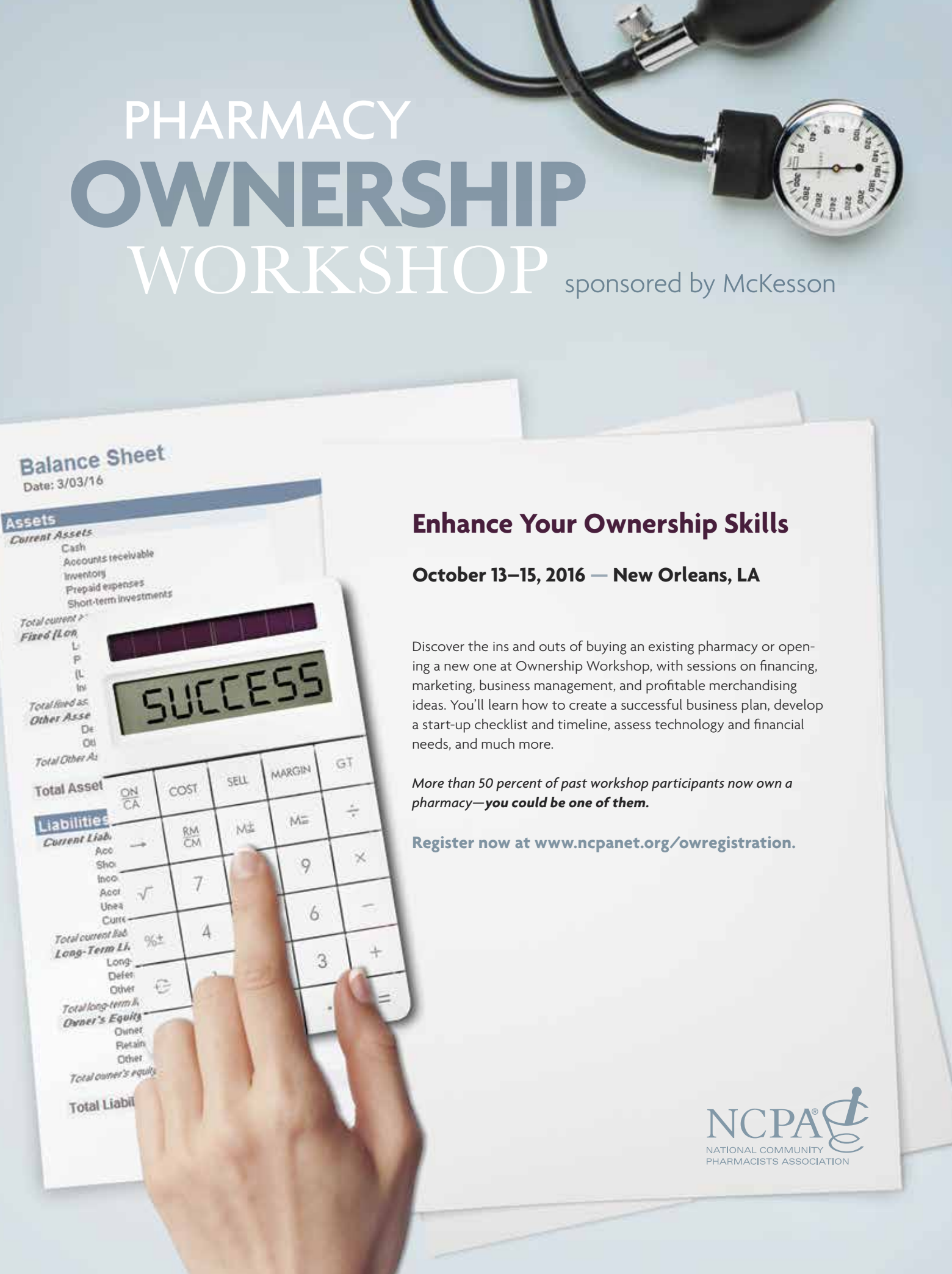

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▶ *Continued from page 24*

program. He says he has 195 patients on it and that the program, coupled with taking better advantage of his pharmacy management system's inventory control module, has allowed him to reduce his inventory by $30,000 while at the same time dispensing more prescriptions.

Along with medication synchronization, Aubrey Pharmacy uses the Dispill System to help people with complicated drug regimens be more adherent. He says the pharmacy has upward of three dozen people on the program. Although that might not seem like many, Coomes says these patients take 15 or more prescriptions per month, representing a sizeable number prescriptions.

Like Valu-Med in Midwest City, Aubrey Pharmacy has hired professionals—The Crouch Group—to create a website and develop content for his Facebook posts. His website (www.aubreypharmacy.com) features a number of videos that carefully explain what Aubrey Pharmacy does and how his services benefit patients. Coomes says to other pharmacy owners, "If you're not doing something special with social media, you have missed the boat."

Roadside Attractions

What's a road trip without stopping to see something new, different, or in some cases, simply outlandish? One great roadside attraction in Amarillo, Texas is the Big Texan Steak Ranch. Opened in 1960 on the original Route 66, this "interestingly" designed business has become a road trip icon. The building is decorated with a large steer and eye-catching exterior, and an over-the-top billboard along the interstate heading into town generates plenty of consumer interest. But, that's only part of the story. The real talking point of this amazing business is the free 72-ounce T-bone steak challenge. If you can eat it all in under an hour, including a salad, roll, baked potato, and shrimp cocktail, you get the meal free—if not, you pay the full menu price of $72.

If you are famous the world over for making baseball bats, then one thing you might want to put up outside your corporate headquarters in Louisville, Ky., is a statue of the world's biggest baseball bat. The carbon steel bat leans against the company's five-story building on West Main Street. The enlarged replica is designed to look like the one Babe Ruth used in the 1920s. Weighing 68,000 pounds and measuring 120 feet tall, the bat has been a downtown fixture since 1995.

Under new owner Michael Butler, College Hill Drug has invested in a new waiting area, improved lighting, a durable medical equipment section, and respiratory therapy services.

COLLEGE HILL DRUG INC. (www.chdrug.com) in Texarkana, Ark., is the newest member of a three-store chain owned by Michael Butler, PharmD. Butler acquired this busy pharmacy about six months before my visit. Some of the things he shared about the transition could serve as a checklist for others who aspire to grow through acquisition.

One tactic Butler used just after being introduced by the previous owner was to take two weeks to simply watch and listen. During that time, he did not try to change any processes or procedures. Instead, he got acquainted with staff and watched customers as they came into the pharmacy. Only after going through the observation stage did he start to make changes to improve the appearance and product selection of this 9,000-square-foot pharmacy.

Among the changes Butler has made:

- He cleaned up and rearranged the store's large front end and added a comfortable pharmacy waiting area.
- He took advantage of rebates from the energy company to replace all of the lights with LED bulbs. Butler says the electrical savings are more than $150 per month.
- A durable medical equipment department was added, including DME offices along with a whole row of medical equipment strategically placed along the main aisle to the pharmacy. That way, Butler says, "Everyone coming into the store knows we are in the DME business."
- A respiratory therapist was brought on to the DME team. This person handles the bulk of the outside sales work and is managing the rapidly growing continuous positive airway pressure (CPAP) business.
- Key staff members worked in his other stores so they could get a feel for the culture of the company.
- Staff members were provided with logoed shirts and name tags.

Butler says one of his most important management philosophies is, "This is a people business and we must never get so busy that we don't stop, smile, and talk with our customers." So, he has made a special effort to train his staff to say hello and offer to help whenever they come in contact with a customer.

During my visit, Butler was on site to help "gear up" for the carefully planned change over from their current pharmacy system to the McKesson Enterprise system. Since then, Butler says the changeover took place and now, with a month under his belt, it is working fine. He has plans to implement Ateb's Time My Meds program. With all of his stores now operating on the same platform, he says he is ready to close another deal for a fourth store in Arkansas.

Continued on page 30 ▶

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▶ *Continued from page 28*

Ashley Thompson, RPh, is the owner of **METROPOLIS DRUG IN METROPOLIS, ILL.** (www.stores.healthmart.com/metropolispharmacy). This town of about 6,500 is on the very southern tip of Illinois, right across the Ohio River from Paducah, Ky. And much to my delight, it boasts having the largest Superman statue in the United States. Thompson knows how to build on the town's Superman theme (the fictional Metropolis is where Superman/Clark Kent worked) and boldly advertises Superman souvenirs and displays a variety of Superman collectables in the store.

The pharmacy is clean, well-lit, and tastefully merchandized. She is a stickler for keeping the store clean, so she has developed a list of cleaning duties and ensures that each task is done on a daily basis. The end result is impressive—and, in my opinion, one that needs to be replicated by many other pharmacy owners.

Thompson believes that people skills are her most important asset. Thompson is a self-described hugger and says she knows several patients who come in for their medication and to simply talk. She refers to these conversations as "mental health visits."

Metropolis Drug still has personal charge accounts and a robust delivery service—even delivering non-prescription

Continued on page 32 ▶

Metropolis Drugs' Ashley Thompson (middle) is pictured with parents Carla and Mike Souders. The pharmacy has embraced the town's Superman heritage.

Arkansas Pharmacists Association—Advocating for Community Pharmacy at the State Level

While traveling from Texarkana, Ark., to Metropolis, Ill., I took the opportunity to stop in and meet with Scott Pace, PharmD, executive director of the Arkansas Pharmacists Association, along with his colleague, John Vinson, PharmD, vice president of practice innovation. The Arkansas association has an impressive record of accomplishment in the area of minimizing PBM abuses and advancing the practice of pharmacy by working with the state legislature on a number of professional services and reimbursement issues.

Part of our discussion revolved around the question of how to get more pharmacists to join and become involved in the association. While a number of pharmacy matters need to be addressed at the national level, Pace reminded me that it is as the state level that the majority of licensure, practice, and other issues are resolved. Pace says he takes pride in the skill and dedication of the APA's team of professionals, and even more importantly with the large number or practicing pharmacists who volunteer so much time, effort, and energy to the association.

Arkansas Pharmacists Association Executive Director Scott Pace (left) visits with Bruce Kneeland.

▶ *Continued from page 31*

At Butt Drugs, having a sense of humor is important, as marketing manager Trista Melton demonstrates with one of the pharmacy's popular T-shirts.

items to people who live in town. Thompson says she and her sister both own pharmacies in town and compete directly with a Walgreens. She adds that Paducah, Ky., is only 10 minutes away and offers up a number of independent, chain, big box, and grocery competition. Thus, she says, she finds that delivering prescription and non-prescription items provide her with a competitive advantage, and boosts both her front-end and prescription sales.

One trick she uses to keep team members happy is a policy I find appealing. Staff members are able to consume any snack the store stocks during their shift. This benefit, along with excellent human relationship skills, means she has several employees that have worked in the pharmacy for more than 25 years.

With a 5,000-square-foot pharmacy and a nice front end, Metropolis Drug has found a market for silk flowers. She says she stays away from fresh cut flowers as a florist nearby does a great job with them. Thompson says most of the silk flowers are sold when customers are going to the cemetery, like on Mother's Day or Memorial Day. She also has a nice selection of and sells a lot of baby items. It seems Metropolis Drug serves people when they coming or going.

Katie Butt Beckort is the third generation owner of **BUTT DRUGS** (www.buttdrugs.com). With a name like that, you need to find a way to deal with the innuendos and have a sense of humor, and Beckort and has done that masterfully. The pharmacy is on the main business street of Corydon, Ind., the state's first capital. As such, it attracts a fair number of tourists, and everyone knows tourists like to buy T-shirts. Butt Drugs sells a lot of T-shirts!

While not a pharmacist, Beckort understands the pharmacy is the heart of her business, and she provides the pharmacy staff a variety of technology, including a Parata Max and an Eyecon pill counter. Beckort says its professional approach results in having most of the town's physicians shop in her pharmacy, and, she says, the physicians routinely refer patients to Butt Drugs when their patients need hard-to-find medications.

The pharmacy provides a delivery service, accounting for an estimated 15-20 percent of its prescriptions. As the pharmacy is in the center of the town's main business street, a drive-up window is not feasible. So, they have implemented a curb-side "delivery" service. Patients not wanting to leave their car can pull up right at the back door, honk, and someone will come out to take care of them.

In describing Butt Drugs, you would say it is charming. It features an old time soda fountain (the malts are terrific, trust me) and a juke box. The walls are filled with apothecary bottles, many of which have been donated by custom-

ers. The shelving and décor create a nostalgic feel that just makes you feel good.

Beckort's front end features a number of locally sourced items such as popcorn, gift baskets, wines—and the previously mentioned T-shirts. To enhance her customer service appeal, she has a pay station for utilities, department store, and other bills, along with an ATM. She also sells lottery tickets.

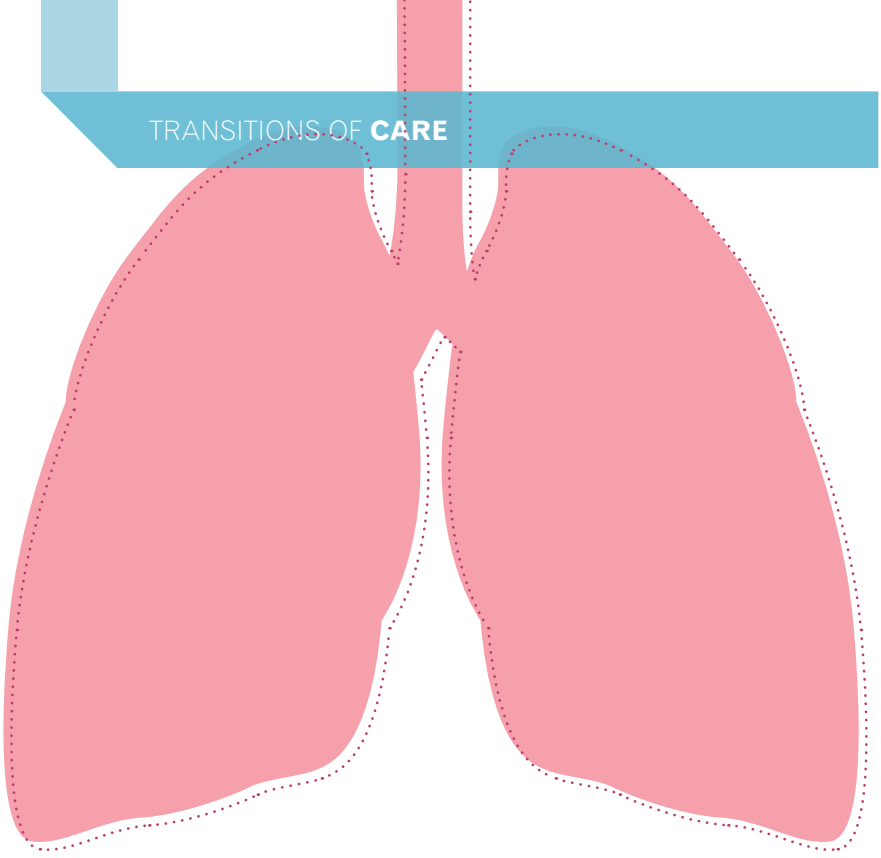
Beckort hired Trista Melton to serve as the store's marketing expert. Melton oversees a number of marketing programs, including an electronic newsletter. She artfully approaches customers to enroll them and to expand the database of recipients. One clever feature of the newsletter is a free product with no purchase necessary. Melton also maintains the website, updates the pharmacy's Facebook page, and works closely with the downtown merchant's organization to capitalize on the various promotions it provides.

After leaving Corydon, I am proud to say, I Love Butt Drugs. Now you know a little bit about the first six of the 12 amazing pharmacies on the road trip. To find out about the next six, you'll want to watch for the October issue of *America's Pharmacist*. ■

Bruce Kneeland is a retired independent pharmacy consultant who still enjoys staying involved in and aware of industry issues. He can be reached at BruceKneeland@KneelandServices.com.

Roadshow Continues in October

The September issue of *America's Pharmacist* saw Bruce Kneeland and his wife Donna visit six outstanding community pharmacies. But that's just the half of it. In the October issue, Kneeland's 5,671-mile journey will see him visiting six more pharmacies: Bandy Pharmacy, Salem, Ill.; Greentree Pharmacy, Kirkwood, Mo.; Towncrest Pharmacy, Iowa City, Iowa; Redline Pharmacy, Hastings, Neb; Patterson Pharmacy, Clay Center, Kan.; and Harris Drug, Rocky Ford, Colo.



A Pharmacist's Role in Transitions of Care for Pneumonia Patients

by Elizabeth Lass, PharmD, and Amy Hoang, PharmD

BACKGROUND

Due to an aging population and upward trending of antibiotic resistance, pneumonia continues to be a serious disease in the United States. More than 1 million hospital admissions and some 50,000 deaths are attributed to pneumonia annually. According to previous studies, nearly 20 percent of patients diagnosed with pneumonia are readmitted to the hospital within 30 days of discharge. Alarmingly, studies have found that approximately 12 percent of Medicare patients admitted for pneumonia died within 30 days of discharge. Pneumonia admissions can also be costly, with an estimated economic burden of at least $7 billion attributed to pneumonia diagnoses for Medicare patients in the United States in 2010.

Fortunately, incidences of pneumonia admissions and readmissions have been decreasing, which is likely attributable to the adoption of the Infectious Diseases Society of America (IDSA) clinical practice guidelines in 2005 (guidelines for treatment of hospital-acquired pneumonia) and 2007 (guidelines for treatment of community-acquired pneumonia). It is thought that this trend will continue with the enactment of the Affordable Care Act (ACA). Under the Hospital Readmission Reduction Program (HRRP) introduced by the ACA, hospitals with high readmission rates are now receiving decreased reimbursement from the Centers for Medicare & Medicaid Services (CMS) to reduce the number of preventable hospitalizations.

Interestingly, many readmissions after a pneumonia diagnosis are thought to be due to unrelated causes or patient comorbidities. One study discovered that 29.1 percent of readmissions, the highest percentage, were related to pneumonia, while the next most common reasons for hospital readmission included heart failure (7.4 percent), COPD (6.1 percent), and septicemia (3.6 percent). The other, less frequently observed reasons for readmission included nutritional or gastrointestinal issues and urinary tract infections.

Though the readmission rate for pneumonia may continue to decrease, and though many readmissions are unrelated to pneumonia, there are still opportunities to improve the daunting number of readmissions and the associated cost to health systems. Community pharmacists can play a crucial role in modifying certain preventable factors to help avoid unnecessary readmissions. Medication adherence, therapy management, and patient education are fantastic opportunities to decrease readmissions.

A PHARMACIST'S ROLE IN PREVENTING HOSPITAL READMISSIONS

Hospital discharge can be a stressful and confusing process for any patient. New medications may be added and medications that the patient has been taking chronically may be discontinued, but the patient may not receive adequate education in the hospital regarding these adjustments. Inaccurate or incomplete medication reconciliation can also lead to therapeutic duplication and medication errors. Both of these circumstances are excellent opportunities for community pharmacists to use their expertise to improve patient outcomes. For the best possible results, inpatient and outpatient therapy needs to be synchronized. To accomplish this task, there needs to be an open line of communication between all health care providers, both during a patient's stay in the hospital and after discharge. Ideally, this happens through shared access to an electronic health record system, but it can be done via fax and

a dedicated point of contact that the pharmacy can easily reach who is accountable for the communication.

Not only should professional communication remain open among health care providers, but the patients should play an active role in their care as well. Ensuring that patients thoroughly understand their medications and how to use them is key, and this is another area where community pharmacists can help. Studies have shown that patient interaction with a pharmacist after discharge reduces readmissions, thus resulting in cost savings to the health system. One study noted that patients receiving a pharmacist-driven medication assessment and reconciliation within seven days post-discharge experienced decreased readmission rates compared to patients not receiving pharmacist follow-up.

What pharmacists should be focusing on for patients discharged after a pneumonia diagnosis is appropriate antibiotic usage. Whether it is the standard of care at the pharmacy or part of a collaborative transition of care program, initial counseling and a follow-up at about the 72-hour mark to screen for antibiotic adherence or adverse effects may help prevent readmission within 30 days. Patients should fully understand and be able to explain in their own words their therapy and recent illness. Thorough counseling ensures appropriate use of their prescribed antibiotics. For instance, counseling should stress how important it is to complete the full course of therapy, timing of doses, and drug-specific issues.

If there are any drug-drug or drug-food interactions that may affect the patient, pharmacists should use knowledge of the patient's diet, prescriptions medications, and OTC products to provide patient-centered recommendations for the best possible drug absorption. Finally, patients should be fully aware of possible medication-specific side effects, and when to follow-up with the pharmacist or physician. Patients with a recent pneumonia diagnosis who are empowered with this knowledge are likely to achieve better health outcomes, resulting in decreased readmissions from preventable causes.

Additionally, pharmacists can play an important role in preventing pneumonia. Per the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommendations, all patients 65 and older should receive one dose of PCV13 (pneumococcal conjugate vaccine, available commercially as Prevnar 13), followed by one dose of PPSV23 (pneumococcal polysaccharide vaccine, available commercially as Pneumovax) at least 6-12 months later. For patients who have already received PPSV23, a dose of PCV13 should be administered at least one year later. Certain patients are indicated for PCV13 or PPSV23 prior to 65, including patients with immunocompromising conditions or anatomical/functional asplenia. These patients may require a second dose of PPSV23 at least five years after the first dose. An annual flu vaccination is also important to help prevent pneumonia in all patients. More information for community pharmacists regarding vaccination importance in preventing pneumonia infections can be found at the CDC flu.gov website and the Immunization Action Coalition immunize.org website.

CHANGES TO THE HOSPITAL READMISSION REDUCTION PROGRAM IN 2017

The HRRP up to this point has considered only primary, infectious pneumonia readmissions in determining reimbursement rates for patients discharged after recent pneumonia infections. Beginning in 2017, patients admitted with aspiration pneumonia, sepsis and/or secondary diagnosis of pneumonia are also included in the pneumonia cohort to determine reimbursement. This change came about because new data showed an increase in sepsis and respiratory failure admissions shortly after pneumonia discharge. The modification is suggested to collect more accurate evidence on patients discharged after a pneumonia infection. As this is predicted to expand the number of patients sorted into the pneumonia cohort, it is of the utmost importance that community pharmacists play a role in decreasing pneumonia readmissions.

CONCLUSION

Community pharmacists are in a unique position where they can use their expertise in medication management and patient care to significantly help in reducing hospital readmissions for patients discharged with pneumonia. Pharmacists can specifically target patient adherence and patient education to assist health systems in meeting CMS measures specific to pneumonia infections. Pharmacist roles are essential in ensuring appropriate reimbursement rates for hospitals and better health outcomes for patients. Health systems and patients are depending on pharmacists, and the time to make changes in preventing pneumonia readmissions is now. ■

Elizabeth Lass, PharmD, is a 2016 graduate of Southern Illinois University Edwardsville and was a winter 2016 APPE Rotation Student at NCPA. Amy Hoang, PharmD, is a 2016 graduate of the Albany College of Pharmacy and Health Sciences and was a fall 2015 APPE rotation student at NCPA.

Editor's Note: *For information on references used in this article, contact Chris Linville at chris.linville@ncpanet.org.*

Building Relationships Can Lead to Sales

Customer engagement strategies are often more effective than loyalty programs

by Sam Kirkland

Every day, your customers make the decision whether to visit your pharmacy business or shop a competitor. Whether it's buying a must-have product or a nice-to-have item, how do you help ensure they will make that purchase in your business?

Typically, a customer walks into your store for a visit or browses the web to accomplish a task—which may or may not be to make a purchase. More often than not, the engagement ends as soon as the search or transaction is completed—creating a huge relationship gap and a big missed opportunity to cultivate a stronger customer loyalty relationship to generate more sales.

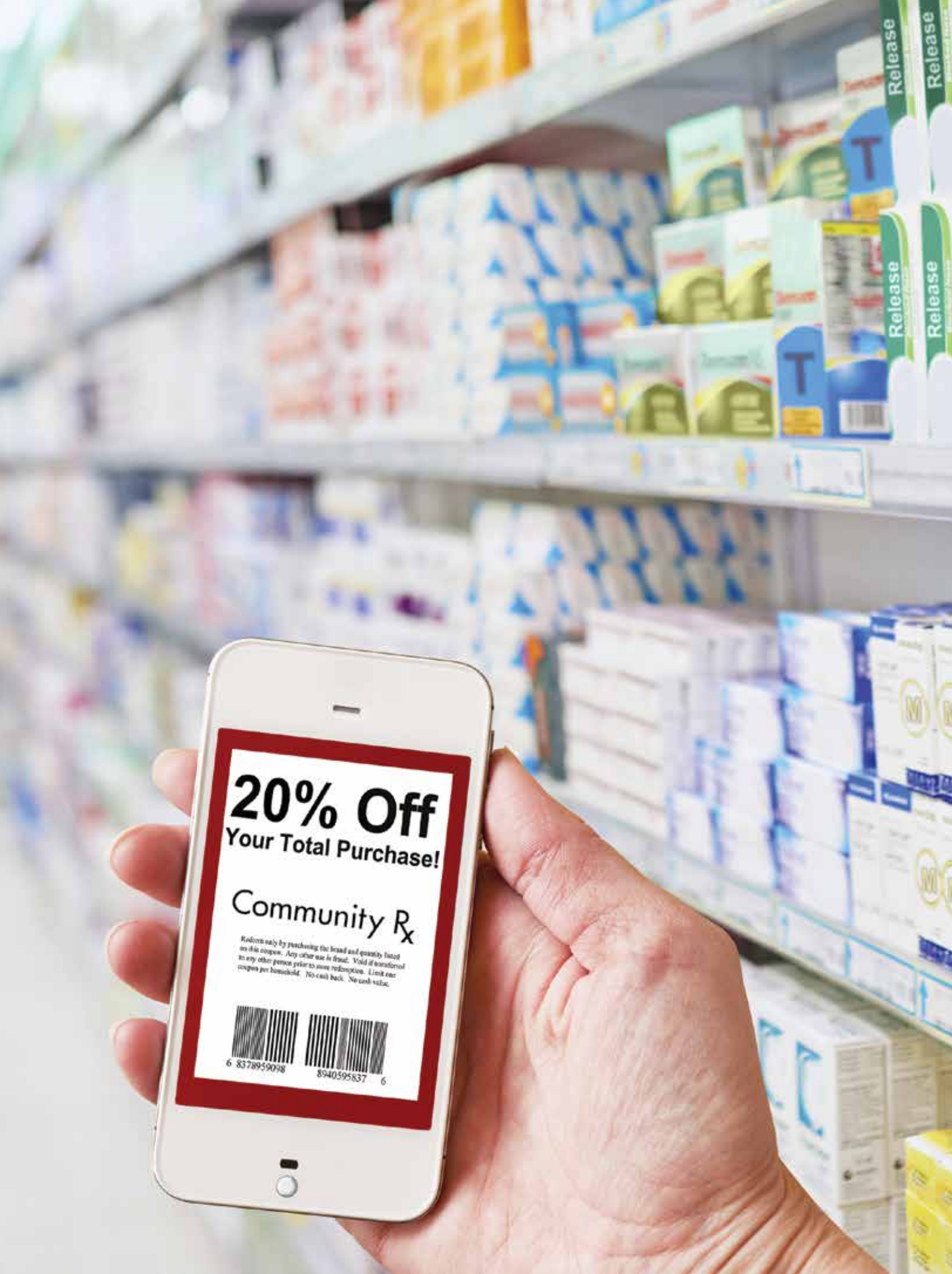
It's essential to take advantage of every opportunity to foster one-to-one personalized relationships with customers. The engagement process can't stop at the search, shopping cart, or sale. Customer engagement is about supporting consumers throughout their entire customer journey—before, during, and after they make a purchase. It's about making your pharmacy business the one consumers think about first, freely endorse, and refer to their business colleagues, social connections, friends, and neighbors.

QUESTIONS TO ASK WHEN FORMULATING A CUSTOMER ENGAGEMENT STRATEGY

I frequently consult with pharmacy business owners who open a discussion with, "We need a loyalty program." While sometimes they can benefit from a loyalty program, I often find that what can benefit them more is a customer engagement strategy. A customer engagement strategy is customer-centric, taking into account and supporting the customer's needs.

The first question I ask is, "What are you trying to accomplish?" The goal is to identify the business objectives. Usually, it's difficult for the retailer to answer this question. From there, I habitually present a volley of questions designed to help hone the focus:

- Is the goal to help improve customer retention?
- Is it to expand the customer base?
- Is it to add new geographical zones to the service area?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Release
Release

After the business objectives are identified, the next step is to identify target markets. Knowing and understanding generational groups is important for any market initiative in today's retail business. Because buying habits differ by generational group, understanding the research done prior to the purchase decision can challenge your marketing team if they do not understand changes from the way things used to be. To this end, I generally ask several questions about the retailer's current customer demographics. For example, is the current customer profile a male- or female-dominant customer base? If your primary customer base is either male or female, and not a mix, are you marketing properly to pull from both groups? What is the present age range of the customer base? Age is typically tied to generational groups.

> ***Customer engagement is about supporting consumers throughout their entire customer journey—before, during, and after they make a purchase.***

Once the business objectives are understood and the target market is noted, the customer engagement strategy will be set to outline the desired customer behavior wanted to support and influence, with the intention of reaching these goals. A good goal for a pharmacy business might be to influence current customers to add four more visits per year—this will help you work toward the goal of improving customer retention. Another goal may be to find ways to be more active in the communities you serve to encourage individuals to either engage with your brand (for new customers) or become your brand ambassadors (for existing customers).

Another aspect that's vital in planning is to consider what your competition is doing from a customer engagement perspective. It's important to understand what other businesses are doing so that you can do something different. There are times you may want to emulate what they are doing, but business differentiation can be very powerful.

If you don't know what your competitors are doing in the area of customer engagement, you should spend some time conducting research. The good news is that this is often easy to do. A lot can be learned by simply being a "secret shopper," by going into the store or online and signing up for the mailing list or loyalty program.

DESIGNING YOUR CUSTOMER ENGAGEMENT STRATEGY

Now we have our business objectives established, we know our current customer demographics, and we have an idea of what customer actions we want to influence to help support these objectives. Additionally, we now know what our competition in doing in this area. Where do we go from here?

Next, you'll want to design your customer engagement strategy. Let's look at some customer engagement program components for ideas.

It's best to think outside of the box, beyond the simplistic "buy $250 and get a $5 gift card." This fits the needs of specific generations, but other strategies can deliver better outcomes. To this end, it's important to think about the needs of your target customers, the community, and the story you would like them to leave your business with to spread the word.

Beyond appealing to the notion of helping shoppers save money on an item, discounts also have an impact on how consumers interact with your products and brand. Studies show that offering a coupon or discount can dissuade consumers from searching for other offers—creating a sense of urgency to purchase, which distracts shoppers from looking for other options.

A few other options to include in your program could be:

- Buy One, Get One (BOGO)
- Timed/themed promotions
  - Time promotions strategically to encourage customers to shop during slow seasons, days of the week, or times of day.
  - Military Day—show your support for veterans and active military members.
  - Senior Day—become a resource to the senior community. Think beyond discounts to provide helpful services of interest to this group. You can even coordinate with senior living communities or programs to provide transportation, which can provide tremendous added value.
  - Secret Discount Day—try just promoting one day a week or one day a month with an in-store promotion.
- Loyalty levels—Silver-Gold-Platinum
  - Consider offering your Platinum customers an extra day of savings. Access to the "pre-sale" one day before the sale begins can make them feel special and privileged.
- Should your program be fee-based—perhaps consider charging for premium levels.

Continued on page 41 ▶

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▶ *Continued from page 38*

- Fill a bag and get 10 percent off.
- Punch cards—there are certain communities where this is very effective.
- Dynamic coupons at the point-of-sale (POS) – many consumers value the ease of coupons at POS.

Be sure to incorporate and integrate these promotions with social media efforts and digital/ecommerce strategies.

MEASURING CUSTOMER ENGAGEMENT PROGRAM SUCCESS

Once your customer engagement strategy is completed, you'll need to measure the progress and success of your program. Thanks to today's innovative technology, a dashboard is a simple and effective way to track and measure results.

There are various ways to gauge effectiveness. Measuring customer count, if your goal is to add more shopping days per customer, and tracking by loyalty customer will reveal if this is indeed taking place. You can look at line items per transaction or gross margin dollars per transaction, and obtain market basket or market infinity analytics on SKU information. Having this information readily available can help you understand if the program is working and where tweaks may be needed. It's important not to react too quickly to the results, but you do need to be willing to make changes if the data dictates this is necessary. Every community is different, so finding the secret formula might take some time. The important thing is to get started down the path; customer engagement programs are absolutely vital—they are no longer a "nice-to-have," but a "must-have."

Tracking and finessing programs is often one of the stickiest wickets in the customer engagement game. But with a strong technology partner, you can set up promotions, report on their effectiveness, and use promotions to offer your customers more compelling reasons to shop at your business. ■

Sam Kirkland is strategic relationship manager with the Epicor Software Corp. Reach him at skirkland@epicor.com. Visit Epicor at www.epicor.com.

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Mixing It Up for Pets and Their Owners

by Shantel Houston

The Alexandria Compounding Pharmacy (ACP), located just outside of Washington, D.C., in Alexandria, Va., specializes in compounding medications for humans and companion animals. Pharmacy owners Farzana Kennedy and John Ayele are good friends and they purchased the business in 2005 when it was known as Alexandria Medical Arts Pharmacy, a small retail and compounding pharmacy.

At ACP, they use more than mortars and pestles. Employing similar machines as pharmaceutical companies—including powder hoods and ointment mills—ACP guarantees that its compounds are of extraordinary quality.

With new regulations on compounding, patient access is a primary concern. Kennedy says that there are many more regulations in place for compounding today compared to a few years ago, but she still believes that compounding is worth getting into if you do it the right way. It can be heartbreaking, Kennedy says, to hear negative attitudes toward compounding because of a few bad players in the industry. Nonetheless, she says compounding is a great niche, especially with veterinary compounding where you are part of a pet-friendly community and where third-party payers are not involved.

LIQUIDS, CAPSULES, CREAMS... AND PET TREATS

Offering targeted compounding services allows ACP to thrive and remain competitive in a time where competition from large pharmacy chains is high. ACP mainly helps patients who cannot get their medications from a "regular" pharmacy; for example, those who require dosage forms that are not commercially available or those with allergies to inactive ingredients. Additionally, patients unable to swallow tablets or capsules can receive liquid formulations of their medications.

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

Pharmacy owners Farzana Kennedy and John Ayele.

Veterinary compounding is an integral part of ACP's business, compounding medications to make them suitable for dogs, cats, and other companion animals. ACP prepares medications for pets suffering from varying ailments, from thyroid problems to dermatologic conditions. ACP also offers flavoring—like chicken, beef, or fish—depending on the animal's preference. Yum! How does ACP know which flavors animals prefer? The pharmacy supplies pet owners with free, non-medicated, flavored treats, so they can see which flavors pets like best. Some animals, especially cats, can be very stubborn during the administration process, no matter the flavor. In these cases, the pharmacy can create transdermal medications to be applied to pets' ears. ACP is happy to assist pet owners and veterinarians in any way possible to make caring for animals easier and simpler.

ACP's main focus is its patients—animals and humans alike. Nowadays, pets are considered to be part of the family, and ACP believes this also. Focusing on patient care to solve problems is the goal as ACP aims to be a vital solution in the medical community.

VETERINARY PREPARATION

Kennedy's learning curve for veterinary compounding was steep, but she found many resources to help her learn and expand. She is a fellow at the American College of Apothecaries (ACA), and when Kennedy ventured into compounding, she took advantage of training programs offered by PCCA. Kennedy regularly attends seminars and stays current on topics related to veterinary compounding. Yelena, a technician on staff at ACP for more than 20 years, has an extensive background in veterinary compounding and is a valuable resource.

COMMUNITY PRESENCE

Kennedy believes that the secret to small business is the relationship with the community, and ACP continuously works to foster that relationship. ACP provides discounts to animal rescue teams in the area to help volunteers care for rescued animals.

Educating the medical community is one of Kennedy's key priorities. She regularly visits with doctors and veterinarians to provide information on compounding. ACP works closely with medical offices because continuity in patient care is important, and helping patients and practitioners achieve that is a wonderful success for a pharmacist. Additionally, visiting dog parks and attending pet events in the community helps Kennedy market her pharmacy directly to animal lovers. Patients are ACP's greatest advocates and word-of-mouth marketing has shown to be helpful for the business.

A FAMILY AFFAIR

As much as Kennedy and Ayele are business owners, they are also parents to their own growing families. As business partners, Kennedy and Ayele are family-oriented, understanding, and accommodating, all of which help to make ownership enjoyable. Supporting each other in life matters is important, as family is a big part of both of their lives. Being there for one another is crucial to a business partnership.

Kennedy says that ownership is the best way to go because it is extremely satisfying. She warns, however, that although ownership is wonderful, it is a huge time commitment, which may interfere with family life. Kennedy is thankful for her husband because he is understanding and eager to handle important family matters when Kennedy cannot. Having supportive family is key, she says, and although Kennedy is the pharmacist, it truly is a family affair.

ADVICE TO FUTURE OWNERS

Going into business is a huge decision to make because it's not an overnight trip. Kennedy strongly recommends having a strong business plan to support your goals for a successful practice.

For those looking to implement veterinary compounding services, Kennedy's advice is to start basic, understand the market, and speak with veterinarians in the area to see what would lead them to do business with you. Evaluating the business is crucial in determining whether your pharmacy is capable of meeting needs that will be presented. Looking into different resources, such as PCCA, can be very helpful too as there are no shortcuts to a successful compounding pharmacy. Compliance is a large part of daily practice for compounders and it has to start at the very beginning. Owners must be diligent in setting up their compounding services and must be able to guarantee a high quality of service to physicians and veterinarians. ■

Shantel Houston is a 2018 PharmD Candidate from USF College of Pharmacy and the 2015 NCPA Summer Intern.

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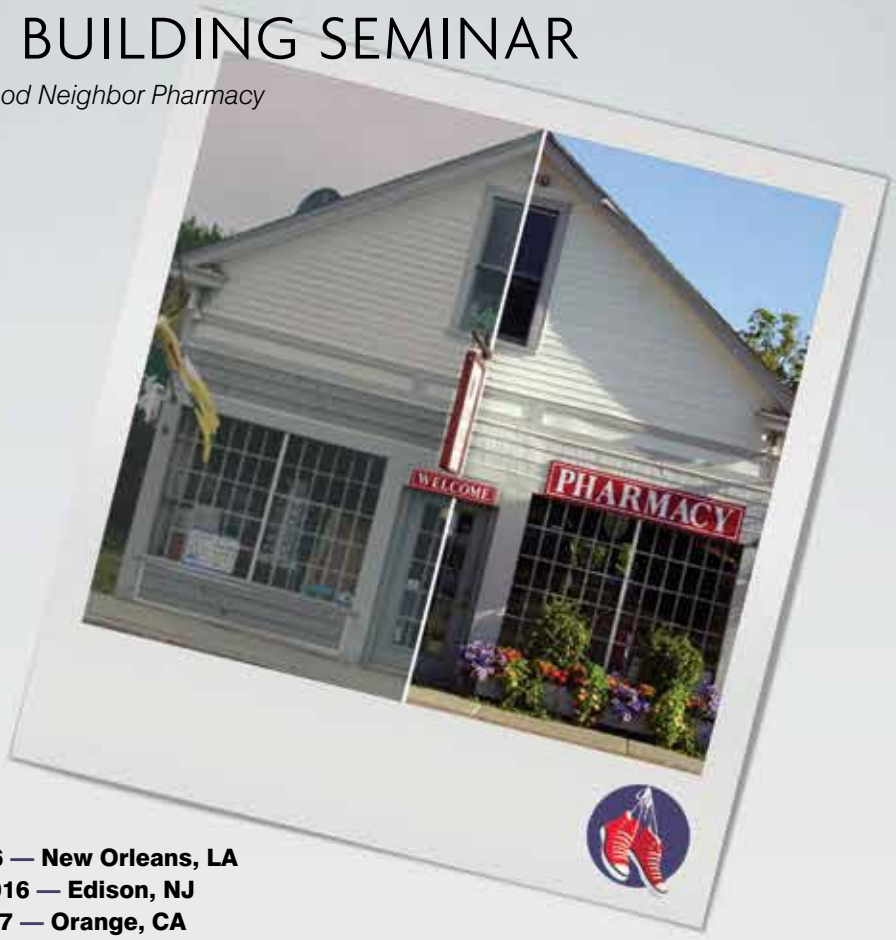

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How to Identify and Treat Patients With Nutrient Depletion

by Carlie Traylor, PharmD, and Jake Galdo, PharmD, BCPS, CGP

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To earn continuing education credit:
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Upon successful completion of this article, the pharmacist should be able to:

1. Describe the landscape for alternative medicine in the American-based health care system.
2. Name common medications and medication classes that cause nutrient depletion.
3. List patient populations who are at risk of nutrient depletion.
4. Recommend appropriate vitamins and supplement for patients experiencing nutrient depletion.

Upon successful completion of this article, the pharmacy technician should be able to:

1. Describe the landscape for alternative medicine in the American-based health care system.
2. Name common medications that cause nutrient depletion.
3. List patient populations who are at risk of nutrient depletion.
4. Identify opportunities for a pharmacist intervention with a patient experiencing nutrient depletion.

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INTRODUCTION

The United States spends more than $30 billion on complementary health approaches each year, and 42 percent (or $12.8 billion), is spent on natural product supplements, according to the National Center for Complementary and Integrative Health and the Centers for Disease Control and Prevention. Ultimately, these figures show there is a booming market for natural product supplements. One of many motivators that push patients to purchase these natural product supplements at their local pharmacy is nutrient deficiency. Pharmacists are in a unique position to accurately identify and treat patients experiencing nutrient deficiencies.

Nutrient deficiencies are detrimental to a patient's physical and intellectual development; therefore, proper diagnosis and treatment is vital to providing the best care. Patients are diagnosed with nutrient deficiencies through routine laboratory monitoring, when an individual nutrient or mineral falls outside the normal limit. Symptoms of nutrient deficiencies include fatigue, muscle weakness, and forgetfulness. Important nutrients to monitor include vitamins (such as A, C, D, and E), trace elements (such as calcium and phosphorus), and amino acids (such as Arginine and Cysteine).

The patient treatment plan for nutrient deficiency is dependent on the deficiency's cause. The three most notable causes of nutrient depletion are malnutrition (diet), disease (secondary to a medical condition), and medication utilization. As the majority of nutrients are obtained through diet, changes in an individual's diet or how the body absorbs nutrients impact serum nutrient levels greatly. For example, adopting a vegetarian/vegan lifestyle or undergoing bariatric surgery will warrant nutritional supplementation. Additionally, medical conditions, such as Crohn's Disease, disrupt the body's ability to absorb nutrients and can subsequently cause nutrient levels to drop. Finally, certain medications can result in nutrient depletion and require additional treatment to correct the imbalance. Succinctly, the main treatment options are diet modification and supplementation.

DIET

The National Institutes of Health Office of Dietary Supplements sets the Dietary Reference Intakes for each gender and age group. These recommendations can be found at the department's official website. Unfortunately, patients may be unable to afford, or unwilling to eat, a balanced diet with adequate nutrients. A patient's diet should be considered when counseling, but pharmacists should adopt a patient-centered care approach. Voluntary diet changes such as vegetarianism and veganism are not patient barriers to care, but opportunities for the pharmacist to tailor treatment specific to the patient. Using resources such as www.choosemyplate.gov can aid in creating the patient's personal treatment plan. Additionally, physical changes in a patient's body, such as bariatric surgery or pregnancy, can also impact nutritional status and are part of the treatment plan.

VEGETARIANS AND VEGANS

Iron, calcium, and vitamin B12 (cyanocobalamin) are nutrients that may be deficient in patients living with the vegetarian and/or vegan lifestyle. Iron recommendations for vegetarians are 1.8 times that of non-vegetarians, because plant-based iron is not easily absorbed. Low iron levels may present with symptoms such as fatigue, dizziness, and lightheadedness. If the patient is not able to consume the recommended amount of daily iron, consider supplementation. Use the Recommended Daily Allowances published by NIH to determine the dose. Of note, the 325 mg dose of over-the-counter iron (65 mg of elemental iron) exceeds the NIH recommendations, so only recommend that dose if the patient is at risk of iron deficient anemia. Hypocalcemia may present in vegans, but not vegetarians who consume eggs and milk. Vegans should consume calcium-enriched food and consider taking a dietary supplement. A multivitamin containing 500 mg of calcium should be sufficient. The formulation, carbonate versus citrate, is not an issue as calcium absorption is not in question. Additionally, vegans also do not get enough vitamin B12. Dietary items that contain high levels of vitamin B12 are eggs, dairy, and meat, which vegans avoid. Fortified food and dietary supplementation are necessary to maintain appropriate serum concentrations of vitamin B12. Finally, vegetarian and vegan diets are often rich in folic acid, which may mask the hematological symptoms of vitamin B12 deficiency, so annual testing of serum homocysteine, methylmalonic acid, or holotranscobalamin are recommended.

While protein deficiency may seem like an obvious concern for vegetarians and vegans, they can consume the daily protein recommendations by eating a variety of plant foods eaten over the course of the day that contain essential amino acids. So complementary amino acids, or amino acids that can be combined to create a complete protein, do not even have to be consumed during the same meal.

MEDICAL CONDITIONS

Bariatric surgery

The physical changes in a patient's digestive system after bariatric surgeries can limit the body's ability to absorb nutrients and medications properly. Specifically, these patients struggle with maintaining an adequate intake of fat soluble vitamins (A, D, E, and K) as well as calcium. A

Table 1: Common Medications and Nutrition Depletion					
Class	**Generic**	**FDA Indication**	**Deficiency**	**Recommendation**	**Monitoring**
acid reduction (PPI and H2RA)	omeprazole, lansoprazole	GERD	magnesium, iron, and vitamin B12	supplementation as needed -Use calcium citrate	blood levels
beta agonist	albuterol, levalbuterol	asthma, COPD	potassium	supplementation as needed	potassium levels, magnesium levels, continuation of acid reduction therapy
biguanide	metformin	diabetes, PCOS	vitamin B9, vitamin B12	supplementation as needed	blood levels
corticosteroids	prednisone, methylprednisolone	asthma	calcium, vitamin D, and potassium	supplementation as needed	bone density scan, blood levels
diuretics (loop and thiazide)	furosemide, hydrochlorothiazide	edema, hypertension	calcium, magnesium, and potassium	supplementation as needed	blood levels
HMG-CoA reductase inhibitors	statins	reduction of cholesterol, prevention of ACS	coenzyme Q10	consider supplementation; however, there is little data to support	side effect profile of statin therapy
weight loss	orlistat	obesity management	beta-carotene and fat soluble vitamins (A,D,E,K)	supplementation needed	blood levels

Source: Facts and Comparisons

Key: Listed in alphabetical order of medication class, ACS – Acute Coronary Syndrome, PCOS – Polycystic Ovarian Syndrome, PPI – Proton Pump Inhibitor, H2RA – Histamine-2 Receptor Antagonist, GERD – Gastroesophageal Reflux Disease, COPD – Chronic Obstructive Pulmonary Disease

multivitamin and calcium supplementation will be required indefinitely. The multivitamin should have at least 400 mcg to 2 mg of folic acid. Some practitioners may also recommend chewable or liquid vitamins depending on the bariatric surgery to aid in absorption. Protein malabsorption is a concern, but can be avoided with meal planning and educating the patient on how to identify protein rich foods. If supplementation is necessary, there are several products available on the market, so start with the products that include the nine essential amino acids and then use factors like taste, texture, and cost to choose the product that best fits the patient.

Pregnancy

Folic acid deficiency is responsible for two serious neural tube defects: Spina bifida and anencephaly. The CDC recommends all women age 15-45 take a daily dose of 0.4 mg of folic acid. This recommendation is because half of reported pregnancies are unexpected, and the aforementioned birth defects develop during the first month of pregnancy.

Crohn's Disease

Crohn's Disease is an inflammatory disorder of the intestine, and inflammation can occur anywhere along the digestive tract. The most commonly affected area is the lower ileum, which, when inflamed, inhibits the body's ability to absorb carbohydrates, proteins, and fats. Additionally, nutrients like the fat-soluble vitamins (A, D, E, and K) and the 'B' vitamins may not be absorbed. Due to the abnormal absorption, patients may develop nutritional deficiencies, and patients will require dietary supplementation. Similar to patients' status post-bariatric surgery, a liquid formulation of vitamins may be recommended due to the better absorption compared to tables. Alternative, vitamin B12 injections show better outcomes than oral supplementation.

Though Crohn's Disease does not typically affect the large intestine, deficiencies in trace minerals such as iron and calcium could occur. Routine monitoring is recommended and dietary supplements may be needed depending on the severity of the deficiency.

Pediatric Malnutrition

The American Society for Parenteral and Enteral Nutrition Society collaborated with the American Academy of Pediatricians to create standard definitions for pediatric malnutrition in an effort to improve early recognition of pediatric malnutrition. These organizations classify malnutrition based on etiology and have created two groups: illness-related (trauma, cystic fibrosis, chronic kidney disease, etc.) and non-illness-related (behavioral, socioeconomic, and environmental). In the United States, illness-related malnutrition is the most common. Of note, pediatric malnutrition is often delineated by country status as resource-rich or resource-limited. This information focuses on a resource-rich country.

Pediatric patients are in a state of growth; therefore, the nutritional requirements are constantly changing. Routine supplementation of vitamins and minerals is not required for healthy children with a balanced diet (see www.choosemyplate.gov), and recent dietary surveys have shown an excessive intake of vitamin A, vitamin C, iron, zinc, copper, selenium, and folic acid in children between the ages of 2-18 when provided supplements. However, parents may wish to provide children with a pediatric multivitamin, and the community pharmacist should monitor for potential drug interactions with prescribed medications (such as antibiotics).

Illness-related pediatric malnutrition, such as cystic fibrosis, requires close monitoring from the care team, and the community pharmacist can help document OTC medication use, deliver medication reconciliation, and provide adherence tips.

MEDICATIONS

Drug utilization is the last common cause of nutrient deficiencies. During the dispensing process, pharmacists can assess patients for potential nutrient deficiencies based on the medication profile. Unfortunately, there is a paucity of data surrounding nutritional deficiency sequelae from medications. However, in most cases, maintaining a healthy diet and potential supplementation with a multivitamin is sufficient treatment. Pharmacists should use their judgement and the patient care process when recommending supplementation. Table 1 contains an overview of the medications that may cause nutritional deficiencies and recommended treatment.

Metformin

Metformin may cause a deficiency in vitamins B9 (folate) and B12, though supplementation is only needed in some patients. The average adult should maintain a dietary intake of 400 μg/day of vitamin B9 and 2.4-2.8 μg/day of vitamin B12 through food or supplementation. Vitamin B12 deficiency is determined by a serum concentration of less than 200 picograms per milliliter (pg/mL) (normal values are 200-900 pg/mL). The average multivitamin contains 6 μg of vitamin B12. However, each patient should be monitored to determine the most efficacious dose.

Orlistat

Orlistat is a common weight loss drug that works by acting as a reversible inhibitor of gastric and pancreatic lipases, which inhibits the absorption of dietary fats by 30 percent. The inhibition of dietary fats can also prevent nutrients from being absorbed. Most patients using orlistat will require supplementation. The nutrients impacted by orlistat are the fat-soluble vitamins: beta-carotene and vitamins A, D, E, and K. Treatment is a multivitamin that contains the fat-soluble nutrients. However, patients must be counseled to take the supplements at least two hours before or after orlistat administration.

Beta Agonists

Beta agonists, albuterol and levalbuterol, may cause a decrease in serum potassium through activation of the sodium-potassium ATPase pump. The decrease in serum potassium presents most commonly during short-term, high-dose administration of beta agonists situations, such as preterm labor or an acute asthma attack. Consider potassium supplementation with a starting dose of potassium chloride 20 mEq/day when serum potassium levels are between 3.5 and 4 mEq/L to maintain adequate serum potassium levels during these medical situations.

Corticosteroids

Corticosteroids with high mineralocorticosteroid activity, such as prednisone and prednisolone, can cause deficiencies in calcium, vitamin D, and potassium. Recommendations are based on the specific medication, dose, and duration. Patients prescribed greater than 7.5 mg of prednisone a day (or equivalent corticosteroid dose) should take calcium and vitamin D supplements to prevent osteoporosis. However, the Institute of Medicine recommends starting additional vitamin D therapy when 25-hydroxyvitamin D levels are less than 12 ng/mL, and dosing is dependent on the severity of vitamin D deficiency. A daily dose of vitamin D 1,000 IU could raise vitamin D levels up to 10 ng/mL within six weeks. Laboratory monitoring is recommended every six months for calcium and vitamin D levels, as well as bone mineral density.

Some patients may require potassium supplementation. However, other therapeutic options may mitigate supplementation. Patients may switch to a corticosteroid with no mineralocorticoid activity (dexamethasone or betamethasone) or maintain an adequate dietary intake of potassium. Serum potassium should be monitored every 6-12 months during corticosteroid therapy.

Diuretics

Diuretics are the most common drug class to cause nutrient depletion. The mechanism of action for loop diuretics and thiazide diuretics causes increased excretion of sodium and water, which inadvertently causes an increase in the excretion of potassium. Therefore, many patients prescribed loop and thiazide diuretics require potassium supplementation. Supplementation may occur through diet, potassium supplementation, or addition of a potassium sparing diuretic, if clinically necessary. If starting potassium supplementation, check potassium levels within six weeks and then every 6-12 months thereafter.

Gastric Acid Reducing/Antiulcer Agents

Proton pump inhibitors (PPIs) alter the acidity of the stomach and decrease the absorption of calcium and magnesium, and chronic use of PPIs (greater than three months) may cause deficiencies. A patient should discontinue use of a PPI if they have an additional risk factor such as advanced age, cigarette smoking, and use of corticosteroids. However, PPI usage is not contraindicated in patients with osteoporosis, according to the 2013 ACG Guidelines on GERD. Patients may take a calcium supplement but will need to use the citrate formulation as opposed to the carbonate formulation, because it can be absorbed without regard to the pH of the stomach.

Low magnesium can cause seizure and arrhythmias, which is secondary to the decreased potassium from the hypomagnesemia. Routine monitoring of magnesium levels is recommended for patients prescribed PPIs, especially if the patient is also prescribed other medications which may lower magnesium levels, such as digoxin and diuretics. Patients with hypomagnesemia may need supplementation of magnesium or discontinuation of the PPI.

Statins

HMG-CoA reductase inhibitors, or statins, are one of the most commonly prescribed medications due to the copious literature validating the prevention of myocardial infarctions and stroke. The main adverse reaction is myopathy, which may lead to rhabdomyolysis. Mechanistically, statins also inhibit the development of Coenzyme Q10, which is an antioxidant vital to cell function like the electron transport chain. The mechanism has led to the hypothesis that myopathy secondary to decreased levels of CoQ10. However, statins have not been proven to cause a depletion of CoQ10. Despite this, some practitioners may recommend CoQ10 to reduce muscle-related side effects of statin therapy. Patients should be counseled to monitor for the signs and symptoms of myopathy and contact a health care provider if the symptoms present.

SUMMARY

Community pharmacists are in a unique position to identify and treat patients experiencing nutrient depletion—often the pharmacist is able to identify offending agents and provide self-care treatment. If supplementation may be needed, consider putting the appropriate OTC item with the patient's prescription and a note for the pharmacist to counsel the patient on possible deficiencies. An easy way to implement this into the workflow is to pick a vitamin or mineral for the month. Showcase the product at the point-of-sale counter and use marketing tools (product, price, place, and promotion) to drive front-end sales. Trained pharmacy technicians and cashiers can also be helpful in the community setting by identifying patients who could benefit from a pharmacist's intervention, but also reinforce the sale at pick-up. ■

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Editor's Note: For the list of references used in this article, please contact *America's Pharmacist* Managing Editor Chris Linville at 703-838-2680, or at chris.linville@ncpanet.org.

Continuing Education Quiz

Select the correct answer.

1. How much money is spent on complementary health in the U.S. each year?
a. $20 billion
b. $12.8 million
c. $30 billion
d. $30 million

2. Which B vitamin is cyanocobalamin?
a. B1
b. B12
c. B6
d. B9

3. What are the symptoms of iron deficiency?
a. Cramping, muscle weakness, or muscle spasms
b. Fatigue, dizziness, or lightheadedness
c. Numbness, nausea, or vomiting
d. None of the above

4. What foods are rich in vitamin B12?
a. Fruits and vegetables
b. Legumes
c. Whole grains
d. Eggs and meat

5. Vegan diets are high in folacin, which may mask symptoms of which vitamin deficiency?
a. Vitamin B12
b. Iron
c. Calcium
d. Vitamin B6

6. Which B vitamin is folate?
a. B1
b. B12
c. B6
d. B9

7. Folic acid supplementation prevents this medical condition:
a. Neural tube defects
b. Clef lip
c. Congenital heart disease
d. Down syndrome

8. Metformin could cause a deficiency in…
a. Calcium
b. Vitamin B12
c. Vitamin C
d. Potassium

9. How long should a patient separate orlistat and multivitamins?
a. Thirty minutes
b. Two hours
c. Twenty-four hours
d. One hour

10. Hypokalemia may present when a patient is deficient in what mineral?
a. Potassium
b. Magnesium
c. Calcium
d. Iron

11. Prednisone could cause a deficiency in all of the following EXCEPT:
a. Calcium
b. Iron
c. Vitamin D
d. Potassium

12. Calcium and Vitamin D supplementation is recommended in patients prescribed…
a. Prednisone 10 mg qday
b. Methylprednisolone dose pack
c. Asthma emergency
d. A and C
e. All of the above

13. Which diuretic may cause a nutrition deficiency?
a. Spironolactone
b. Eplerenone
c. Furosemide
d. None of the above

14. True or False: Patients on acid reducing therapy should be sure to take a calcium carbonate supplement.
a. True
b. False

15. Which patient may be at risk for a nutrition deficiency?
a. A 35-year old male with type 1 diabetes
b. A 24-year-old female in her first trimester of pregnancy
c. A 40-year-old male vegan
d. All of the above

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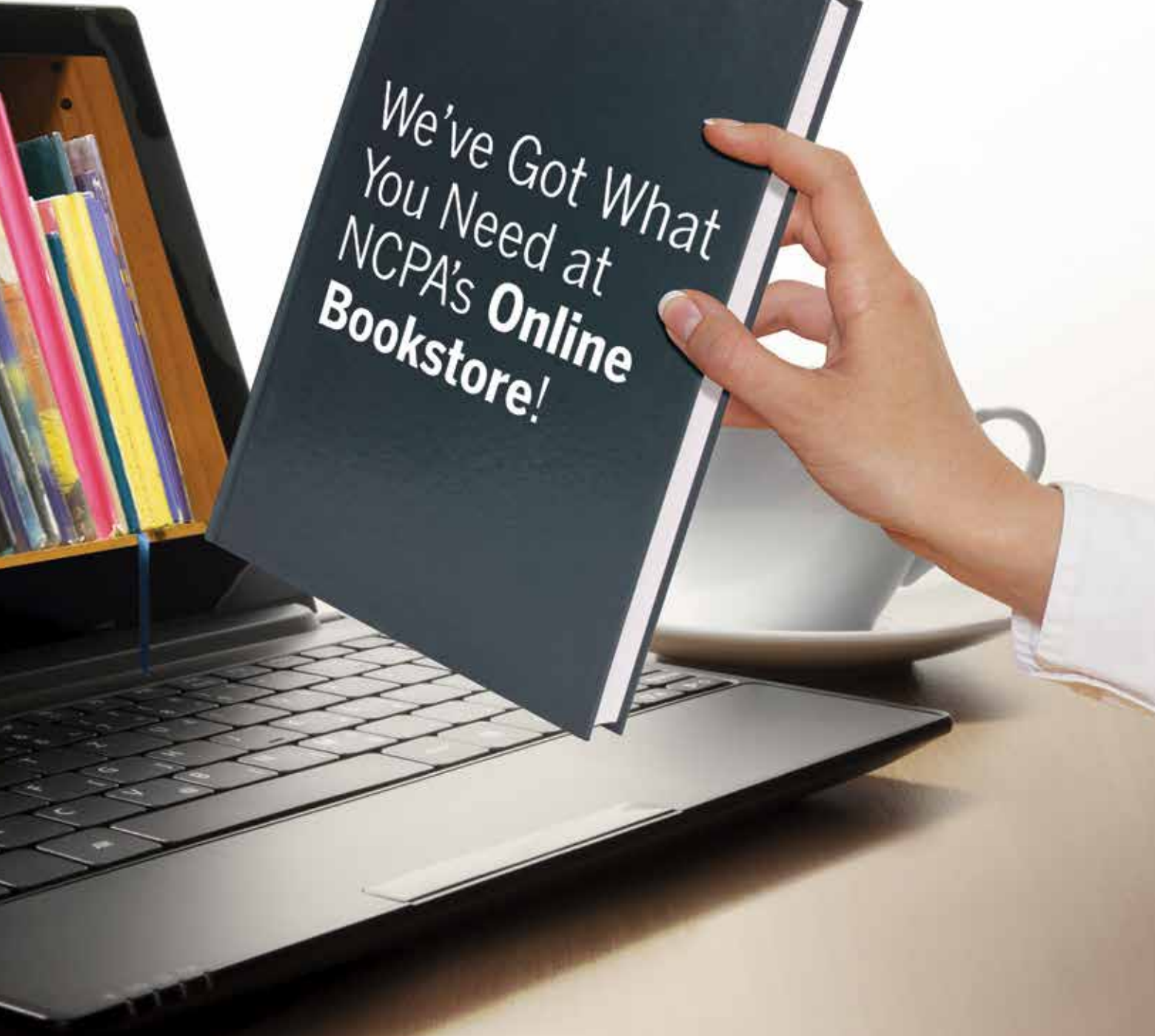

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▶ *Continued from page 14*

5. When you give back to your community, don't be shy. People can't divine that you donated money for a new slide in a park or that you helped out the schools with a cash donation. Charitable giving is a part of marketing, so don't be bashful about promoting what you do. Make sure that you have a high-resolution logo to put on promotions surrounding your gift, and perhaps a nice photo.

Your current patients know you and love you. Now it is time to let new people know who you are and how personal this is for you. Don't be that nameless, faceless mail order or chain pharmacy when you can showcase your ownership and your personality, and make a case for why you are different. ■

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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Merchandising and Marketing Tips for the 2016-17 Flu Season

by Gabe Trahan

Millions of Americans will catch the flu this year and next. That number will easily be trumped by the number of Americans who will do their best to steer clear of getting it. Do your customers a great service: offer different ways to avoid the flu and ways to find relief from flu symptoms.

END-CAPS

Create a minimum of two end-caps: one for flu prevention and one for symptom relief. Do not try to duplicate your cough, cold and flu section. Instead, use the end-caps to highlight products you wish to promote. Triple-face each item on the shelves (such as three of the same items featured side by side). This is a valuable opportunity to promote your private label products. Consider one facing of the brand item alongside two facings of the associated private label item. Place the brand name product to the left of the first facing of the private label item.

- Products for Prevention End-Cap: Include items such as hand sanitizers, CDC-approved masks, disposable gloves, disinfecting wipes, toothbrushes, antiviral facial tissues, disinfectant sprays and surface cleansers, antibacterial soap, homeopathic immune boosters, time-release vitamin C, and germ-fighting mouthwashes.
- Products for Relief End-Cap: Choose a selection of flu symptom relief formulations in tablets, gel-caps, powder mixes, liquids, lozenges, and/or nasal sprays. Consider daytime, nighttime, and combination day and nighttime relief. Have a wide choice of thermometers on hand.

Mark your calendar: Dec. 7-13 is both National Influenza Vaccination Week and National Handwashing Awareness Week. Use this information to establish themes for end-caps in late November/early December.

SIGNS

These are a must-have! Signs are the most important item that you can display because they promote customer awareness and action.

- Sample Prevention Messages:
  Avoid the Flu!—*Start Fighting the Flu Now, Wash Your Hands Often.*
  Wipe Down Household Surfaces!—*Protect Yourself and Your Family from the Flu.*
  Throw Away Those Germs!—*Time for a New Toothbrush.*
- Sample Symptom Relief Messages:
  Flu Symptom Relief Center—*Flu Relief, It's Smart to Have it on Hand!*
  Buy Now and Hope You Never Need It—*No one likes to shop when they have the flu!*

ADDITIONAL TIPS:

- Remind customers in store and on your website that it is important when sick with the flu to drink clear fluids such as water, broth, sports drinks, or electrolyte beverages to prevent dehydration.
- Homeopathy items such as Oscillococcinum are becoming increasingly more popular each year. Customers may be searching for natural remedies such as Sambucol Black Elderberry, garlic, echinacea, and ginseng supplements.
- Traditional brand-name items to carry: DayQuil, Mucinex, Delsym, Contac, Robitussin, Theraflu, Alka-Seltzer Plus, Triaminic, Tylenol, Motrin, Advil, Zicam, Airborne, Tylenol Cold & Flu Severe, NyQuil Cold & Flu, Alka-Seltzer Plus Flu Formula, Coricidin HBP Cold & Flu, Vicks DayQuil Cold & Flu, Contac Cold + Flu and private label items. Even small stores should maintain at least five of each item.
- Checkout counters: Your impulse display should stock hand sanitizers along with a larger poster suggesting flu prevention tips.

Good luck and stay healthy this flu season. ■

Gabe Trahan is NCPA's senior director of store operations and marketing. 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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