







### 340B Potentials

- What can be done with these savings?
  - Added services
  - Offset costs for those that can not pay
  - Increase the number of patients
  - Reduce the cost of prescription medications
  - Can not be utilized with the State Medicaid prescription benefits
- There is no mandate in the law that requires the entity to pass the 340B savings to patients, although many choose to do so

Pharming: 340B Pharmacy Programs, March 29, 2011 (Richardson, April 2004)

### Type of Pharmacy Options

- Contract Pharmacy Choice
  - Signs contract with pharmacy to provide services
    - Pharmacy:
      - Owns pharmacy and license
      - Manages and is fiscally responsible for pharmacy operation
      - Pays pharmacy staff

Pharming: 340B Pharmacy Programs, March 29, 2011 (Richardson, April 2004)

### Type of Pharmacy Options

- Now available to contract with multiple pharmacies
- Example contract:
  - <http://www.medpin.org/docs/model-contract.pdf>
- CHC
  - Owns Drugs
  - Purchases drugs
  - Pays dispensing fee to contracted Rx or arranges for patient to do so

Pharming: 340B Pharmacy Programs, March 29, 2011 (Richardson, April 2004)


### Pharmacy Woes

- Space requirements for pharmacy
- Demographics
  - Availability to the patients
    - Large city area coverage
    - Multiple contract pharmacies for large area
- Outside of current scope
- Record keeping
  - Prescription records, signature logs, etc...
- Insurance contracts
- Complex pharmacy regulation

Pharming: 340B Pharmacy Programs, March 29, 2011 (Richardson, April 2004)

### Biggest Reason for No Pharmacist

- Just another mouth to feed
  - Cost, Cost, Cost



Pharming: 340B Pharmacy Programs, March 29, 2011

### Contract Pharmacy

- Little or no start-up cost
- Gains access to existing pharmacy expertise
  - Billing
- The pharmacy U&C charge becomes the basis for 3<sup>rd</sup> party billing
  - Problem....\$4.00 prescriptions
- Convenience
  - Health center
    - Reports, audit
    - No hiring of a pharmacist
  - Patient
    - Location, still has available consulting services

Pharming: 340B Pharmacy Programs, March 29, 2011 (Richardson, April 2004)

### In House Pharmacy Options

- In house Pharmacy
  - Owns drugs, pharmacy and pharmacy license
  - Purchases drugs
    - Bid checks!!
  - Assumes fiscal responsibility for pharmacy
  - Pays the pharmacy staff
  - CAN BE USED FOR THE GENERAL PUBLIC WITH SEPARATE INVENTORY

(Richardson, April 2004)

Pharming: 340B Pharmacy Programs, March 29, 2011

### Liability

- Federal Tort Claims Act
  - Only covers those that are with in your scope of practice
    - “patients” of the health center/pharmacy
- Additional malpractice required for regular retail
  - 1,000,000 each incident and 3,000,000 aggregate
  - Cost ~\$700.00 per year

Pharming: 340B Pharmacy Programs, March 29, 2011

### What can a pharmacists do for me?

- What do you expect from them?
  - Lick and Stick
  - Clinical services
  - Training of staff
  - Business tracking

Pharming: 340B Pharmacy Programs, March 29, 2011

### Pharmacist Reasoning (Inhouse)

- Asset to clinicians and patients
  - Providing drug information
  - Providing “Pharmaceutical Care”
- Establish indigent drug program
  - ▣ Samples
  - ▣ Management of Patient assistance programs
    - Pfizer Share the Care
    - [www.meddataservices.com](http://www.meddataservices.com)
- Highly convenient for patient and provider

Pharming: 340B Pharmacy Programs, March 29, 2011

### Feeding the Pharmacy Beast(Inhouse)

- Significant discounts may be passed on to patients and clinic
  - Contracts
  - Therapeutic substitutions
- Can be a revenue generator if successful
- Added Benefits
  - Complete pharmacy services available and Comprehensive community services

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### Interactive Question #2

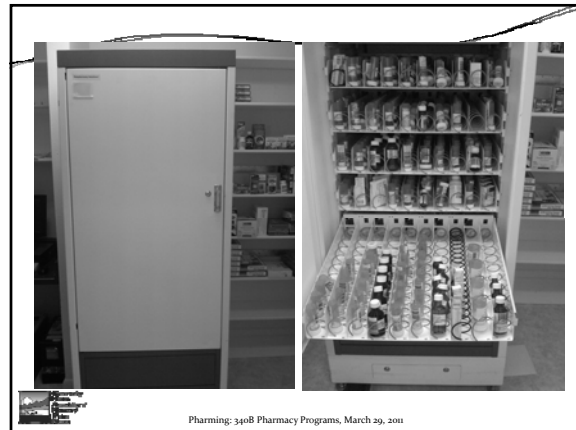
- What challenges or insight can you share concerning the usage of an inpatient pharmacy?

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## Non-traditional Pharmacy Physician Dispensing

- Tele-pharmacy option
  - Uses existing pharmacy from another "place"
  - Vending machine cabinet located within clinic
  - Minimal inventory costs
  - Huge up front costs for equipment
    - Approx \$60,000
    - Setup, equipment
    - Or . . . Closet methodology
  - Contractual agreement needed for existing pharmacy

Pharming: 340B Pharmacy Programs, March 29, 2011



## Non-traditional Pharmacy

- Pros
  - Convenient
  - Easy to use
  - Pharmacy maintains all insurance information and inventory
  - Patient can obtain face to face counseling through video conferencing
  - After hours usage available
  - Source of revenue

Pharming: 340B Pharmacy Programs, March 29, 2011

## Non-traditional Pharmacy

- Cons
  - State may not allow use in certain areas
  - Initial cost
  - Limited inventory
  - Clinic required to maintain insurance signature logs
  - Ever had your Twinkie get stuck in the vending machine?

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## Starting a Pharmacy

- What to do first?
- HRSA Pharmacy Services Support Center
  - PSSC
    - Financial analysis
      - In House Model
        - <http://pssc.aphanet.org/documents/inhousepharmacymodel.xlsx>
      - Contract Pharmacy Model
        - <http://pssc.aphanet.org/documents/contractpharmacymodel.xlsx>
    - Other areas that can help
      - Pharmacy Support Services website
        - <http://pssc.aphanet.org/>
      - Other CHC's or organizations with a pharmacy
      - BIG!!!

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## So you're good to go.

- **\*\*Stop giving your revenue to someone else!!!\*\***
- How much business do you need?
  - (1 pharmacist and 1 technician)
    - 64-69 scripts per day (Based on outpatient pharmacy)
  - Average GM% for outpatient 11-12%
    - Private insurance
    - Cash payments
    - Medicaid
- **INVENTORY IS KEY AT START**

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### Things to consider


- Open to general public?
  - Are you and your patients the only people that could use a pharmacy?
- Office hours
- Location convenient for your patients
  - Onsite vs. offsite
- Deliver or mail prescriptions
- Relief help for pharmacist
- Phone system
  - IVR (Interactive Voice Response) vs. real person
- Accessibility to the pharmacist



Pharming: 340B Pharmacy Programs, March 29, 2011

### In House


- Setting up a slide program
- Dispensing Fee?
  - Amount of money that every prescription will incur. This is added to the cost of the medication
- Sliding Scale
  - Sell above or below cost?
    - Single tier
      - Set charge over cost
    - Multiple tier
      - Varying levels of percentage over cost



Pharming: 340B Pharmacy Programs, March 29, 2011

### Insurance Companies


- Use these to help your bottom line
- Careful of "Usual or Customary" charges
  - Do not give the insurance company your slide
- Contracts can be obtained with a simple phone call
  - Read the contracts
  - Be mindful of toxic insurance contracts
  - Ok?
    - Generic: AWP - 13%+ dispensing fee
    - Brand: AWP - 16%+ dispensing fee
  - You are not required to take all Insurance contracts



Pharming: 340B Pharmacy Programs, March 29, 2011

### Start up costs for in house pharmacy


- Salaries
- COGS
  - inventory
  - Vials, bottles and labels
  - General overhead
- Contracts available for free toner cartridges with purchase of vials
- Pharmacy Software and computers
  - Approximately \$10,000 for a turn key pharmacy
  - Foundations System Inc.



Pharming: 340B Pharmacy Programs, March 29, 2011

### Do Not Give Up!


- Expect some delay on business
  - Trust towards your business is integral
  - Prescriptions with refills take up to 30 days to come back
  - 1 maintenance prescription can equal at least 6 fillings
  - Large dollar Items can be brought in next day to help with inventory costs



Pharming: 340B Pharmacy Programs, March 29, 2011

### Inventory


- Start Small and move up
  - Top 50 medications in your area
  - Start up cost for Medications at WCHC
    - 340B ~ \$650.00
    - Non-340B ~ \$1400.00
    - Total ~ \$2000.00 - \$3000.00 → approximately 500 prescriptions



Pharming: 340B Pharmacy Programs, March 29, 2011

## Inventory


- How much inventory
  - Factors
    - Resupply time?
    - Level of risk
      - Availability
        - If we are out then what
      - Shelf life of medication
- Utilize FIFO
  - First In First Out
  - Rotation of stock key in minimizing losses



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## Inventory

- Maximize formulary with your clinicians
  - What medications do they like to use?
    - get a list!
  - Ask for pharmacist suggestions on formulary changes and cost effective alternatives
- 340B
  - Costs of medications about 49% of AWP (average wholesale price)
    - Some even less than this
- Pharmacy inventory management
  - Split Billing software
  - Dual inventory (carve out option)




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## Outdated Medication

- Return company
  - Onsite Returns
    - Representative comes to pharmacy and collects, processes and boxes up all medications for return
    - Lower percentage of return
  - Offsite return
    - You are responsible for packaging, separating, and shipping outdates
    - Higher percentage of return
      - Caution hidden fees for mis-packaged items


\*\*Make sure that you have 2 separate accounts for returns\*\*



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## Formulary


- Formulary considerations
  - Closed:
    - Select drugs allowed to be prescribed and dispensed
  - Open:
    - All medications available to prescribing and dispensing
  - Mixed
    - Open and Closed



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## Formulary and the Pharmacist


- Maintain multiple drug class formularies
  - Triptans?
  - Phosphodiesterase inhibitors?
  - Inhaled corticosteroids
- Formulary selections based on cost, efficacy, safety, and potential contracts.
  - Management of clinic usage medications.
    - Decreased cost
- Maintain formularies proactively !!



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## More Pharmacist Reasons

- Financial
  - Means of off setting cost of a pharmacist
  - Medication Therapy Management
  - Vaccination
  - Dispensing of prescriptions
  - Decreasing costs
- Provide "Pharmaceutical Care"



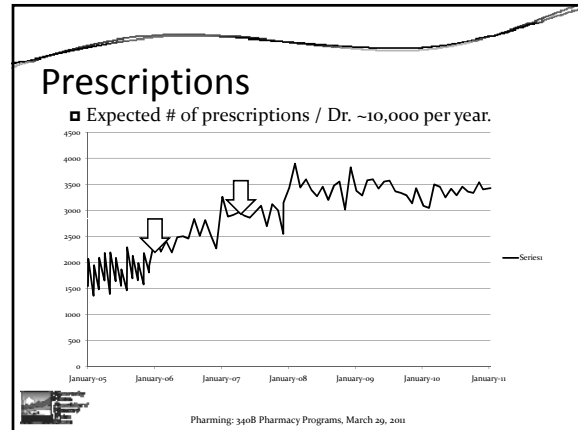
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## Show me the money!

- Expectations of return
  - Utah Medicaid
    - 2-3 weeks to begin
  - Bigger insurance companies
    - 2-3 weeks
  - MTM return
    - 30 to 60 days
  - Cash
    - Immediately
  - Avoid accounts receivable if possible
    - Delays cash flow
- As revenue increases use it
  - To increase services
  - Personnel

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## Additional Reasons for a Pharmacist

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## Clinic Billing Department

- Coordination of coverage of medications with billing department
  - Pharmacists can be a integral part of billing
    - Work with CFO/Medical billing department
    - Help set up pricing for clinic medications
    - Medicare part D medications
      - Zostavax
      - Rocephin
      - Lovenox
- Setting up prior authorizations

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## Clinical Knowledge

- Pharmacists are some of the most over educated and over trained individuals for their profession
  - Use it!!
  - Education includes items outside of the normal "Drug Knowledge"
    - Business
    - Insurance
    - Patient relations
  - Provide a challenge for the pharmacist
    - Encourage them to get involved with the patients
  - Educate providers and staff on current pharmacotherapies
    - Let them share their knowledge....It feeds their ego.
    - Integrate them into your clinical team

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## Interactive Question #3

- Have you integrated a pharmacist into your clinical team?
  - Yes
  - No
  - Not Applicable

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### Interactive Question #4

- What obstacles have you been faced with when integrating a pharmacist into your clinical team?




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### Clinical team integration

- 1.) Open minded staff
  - "Because of this, most clinics rely heavily on nursing staff to help address patient concerns, questions and education. While nurses do the best they can, having the expertise of a pharmacist assisting with medications adds a whole new level of education and assistance."
- 2.) Realization that 2 heads can be better than 1
- 3.) Some pharmacists will carry specialty degrees and board certification


\*\*\*USE THEM!\*\*\*



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### Pharmaceutical Care


- Pharmaceutical care is a patient-centered, outcomes-oriented pharmacy practice that requires the pharmacist to work in concert with the patient and the patient's other health care providers to promote health, to prevent disease, and to assess, monitor, initiate, and modify medication use to assure that drug therapy regimens are safe and effective.



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### Pharmaceutical Care


- Adverse Effects from pharmaceuticals costs \$177 billion each year (Sarah L. Cutrona, Nitesh K. Choudhry, & Michael A. Fischer, 2010)
- Cost to the health care system due to medication non-adherence surpasses \$290 billion per year (New England Health Care Institute, 2009)
- Pharmacists providing pharmaceutical care (Richardson, April 2004)
  - generate a return-on-investment of \$17 per patient for every dollar invested
  - Hospital medication errors decrease more than 65%
  - Ambulatory patients used fewer health services saving \$640 a year in health costs per individual (\$280,000/year per pharmacist)



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### Improved patient outcomes


- Complete triangle of care
  - Patient visits physician, patient gets prescription.....
  - Then what?
- Where does the pharmacist fit into the total care of the patient?
  - Clinical advise
  - Comprehensive medication reviews
  - Financial savings for patients
  - Compliance aids
  - Disease management
  - Availability



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### Interactive Question #5


- Are you currently using your pharmacist to provide Medication Therapy Management (MTM)?
  - Yes
  - No
  - Not Applicable



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### MTM Patient Impact


- Diabetes
  - Eight of 14 studies showed improved HbA1c control among patients with diabetes who received pharmacist interventions, relative to control groups  
(review of the literature by Wubben and Vivian 2007)
  - Clinical pharmacy services at FQHCs are featured in 3 published studies showing positive outcomes relative to a control comparison group  
(Shane-McWhorter and Oderda 2005; Hogan et al. 2006; Scott et al. 2006)



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### MTM Patient Impact

- Dyslipidemia
  - Comprehensive review of literature in 2005
    - Effects of a pharmacist involvement to be positive in lowering LDL and increasing HDL
    - Authors conclude that Clinic-based programs appeared to be more successful than community-pharmacy based programs  
(Cross and Franks 2005)




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### MTM Patient Impact

#### Hypertension


- Pharmacist managed hypertension group experienced significant decreases in both systolic and diastolic BP relative to control group.
- The number of clinic visits was higher in the pharmacist managed group but ER visits was lower.  
(Okamoto and Nakahiro 2001)



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### MTM Patient Impact


- Asthma
  - Pharmacists with training in asthma pharmaceutical care can have a positive impact on asthma control.
  - Intervention group had better outcomes compared to the usual care. Including higher Peak expiratory flow rates, symptom scores and fewer medical visits  
(McLean et al. 2003)



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### MTM Patient Impact


- Anticoagulation therapy
  - Pharmacist-run anticoagulation
    - Some have shown lower rates of significant bleeding, major fatal bleeding, fewer thrombolytic events and lower rates of warfarin-related hospitalizations  
(Chiquette et al. 1998)



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### MTM Patient Impact

- Review of 6,500 medical journals published between 1966 and December 2008
  - Finds Pharmacists and Nurses are the most effective health care "Voices" in promoting medication adherence
  - Pharmacists at a retail store where pharmacists have face-to-face discussions between patients  
(Am J Manag Care. 2010; 16(12):929-942)



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## MTM

- What is required
  - NPI number for the pharmacist
  - Specialty degrees
  - Credentialing with individual insurance companies
- Billing
  - HCFA 1500 form
  - Medical insurance will not normally reimburse
  - Part D (Some)

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## MTM

- Reimbursement
  - Humana
    - Get Outcomes
      - 7 MTM Sessions ½ hour each per month = \$350

**TOP PHARMACIES**

- Pharmacy Express Roseburg - Roseburg, OR
- BI-Mart Pharmacy 610 - Grants Pass, OR
- Sevon Pharmacy 515 - Roseburg, OR
- Wayne Community Health Center - Bicknell UT
- Care Health Solutions LLC- Vancouver, Wa

Pharmacies are rated based on the degree to which they have implemented Outcomes' procedures and services. To view other Top Pharmacies, click: [Top Pharmacies](#).

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## MTM

- Community Care Rx
  - Mirixa.com
  - **New MTM Payment Structure: \$100 Face-to-Face Patient Care Service**
    - Payment for the CCRx MTM 2011 program now distinguishes between patient care services delivered *face-to-face* and by phone
      - **Type of Service**
        - **Pharmacy Fee**
          - **Face-to-Face** • **Phone MTM Session** • **Declined MTM**
          - **MTM Session** • \$60 per Case • \$5 per Case
          - \$100 per Case

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## Other stuff

- Potential for additional slide
- Vaccine administration
  - Charge for both administration and for vaccine
- Software
  - [www.medsmanagement.com](http://www.medsmanagement.com)

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## Billing Codes for MTM

- 99605
  - MTM service(s) provided by a pharmacist, individual, face-to-face with patient, initial 15 minutes with assessment, and intervention if provided; initial 15 minutes, new patient
- 99606
  - Initial 15 minutes, established patient
- 99607
  - Each additional 15 minutes (List separately in addition to code for the primary service) : \*
  - Use in conjunction with 99605 and 99606\*

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## Interactive Question #6

- What additional means for reimbursement for Medication Therapy Management have you found?

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### Ancillary Staff


- Pharmacy Technicians
  - Be prepared! If you grow you will need these
  - Certified?
  - Job description
    - Let the pharmacist determine the best way for utilization
    - Allow for these individuals to free up your pharmacist
  - *Laissez-faire*



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### Medicare Part D specialists


- Decrease costs for those that are signed up a Medicare part D plan
  - Medicare Part D enrollment seminars
    - Are these patients on the best plan for them?
- Decrease amount of uninsured patients
  - Help turn your un-insured into insured patients
  - Even a small amount of coverage can lend itself to being financially advantageous
    - Financial assistance through SSA
- Low income subsidy



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### EMR


- Let your pharmacist into your EMR
  - Implementation of formulary selections in EMR
  - Prescription refill requests
  - Diagnosis/medication reconciliation
  - Allergy maintenance



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### Employee prescription programs


- Get your prescriptions filled while you work!
  - No whistling required ☺
- Allow for your current health insurance policy to pay you for services instead of someone else
- Allow for your employees to re-invest themselves back into your facility
  - Source of empowerment for your staff



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### Added benefits


- Potentially decreasing medication Errors
  - ie. Drug kits
- JCAHO accreditation
  - Look alike sound alike training
  - High risk medication
  - Drug reconciliation
- FQHC initiatives
  - Hypertension
  - Diabetes
- Immunizations and re-imburement
  - Preventative care



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### Give and Take

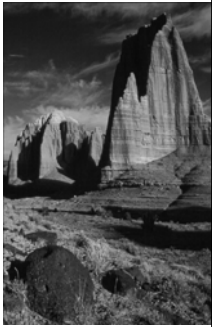
- What services are offered
  - MTM
  - Medicare part D help
  - Prescriptions
  - Improved care
- Our Patients do:
  - Patient return the favor and bring their business to you



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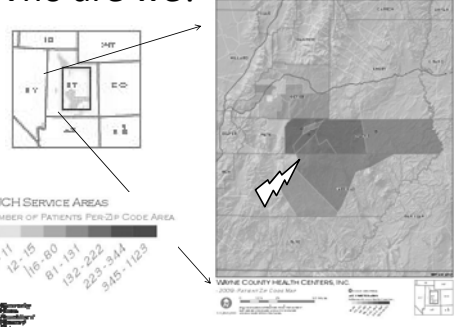
### Who we are

- Wayne Community Health Center
- Demographic numbers
  - 2010:
    - 3966 patients
    - 15270 encounters
      - Physician, dental, mental health
    - 39,000 prescription
  - Insured mix
    - 5% Medicaid
    - 11% Medicare
    - 44% Uninsured
    - 40% Insured



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### Who are we?

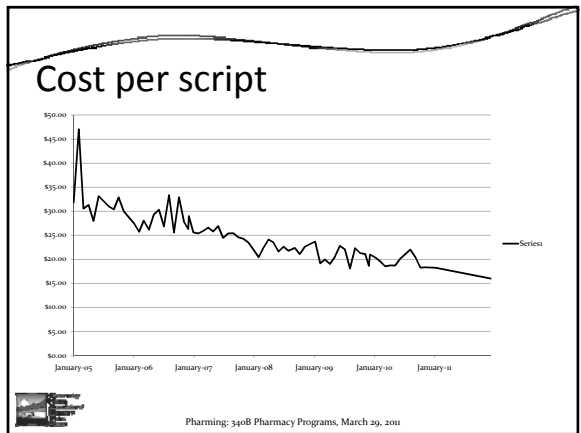
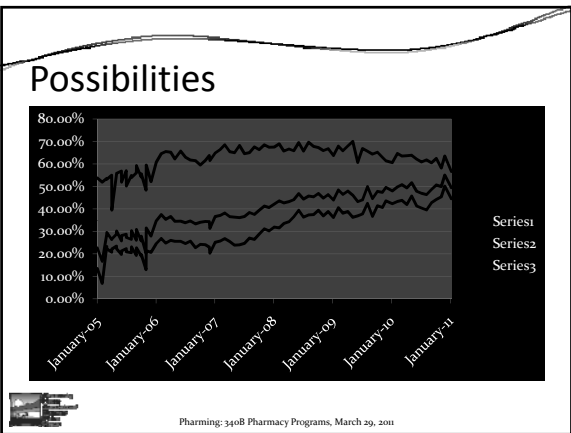


WAYNE COUNTY HEALTH CENTER, INC.  
10000 Highway 27, Union Hill, NC 28148

ALUCH SERVICE AREAS  
NUMBER OF PATIENTS PER ZIP CODE AREA


8-11
12-15
16-20
21-25
26-30
31-35
36-40
41-45
46-50
51-55
56-60
61-65
66-70
71-75
76-80
81-85
86-90
91-95
96-100
101-105
106-110
111-115
116-120
121-125

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### What does it all mean?


- Revenue per prescription
  - \$32.00
  - After slide Program
- Fiscal year 2010
  - 1.3 million dollars
- Operating costs 2010
  - 1 million



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### Hiring a Pharmacist


- Strategies
  - Vacation
    - 2 weeks per year
    - Increase over time
  - Sign on bonuses
    - Can be a double edge sword
  - BIG!! Hours for your pharmacy
    - Monday - Friday 9 to 5
    - Holidays?
  - Demographics
    - Sell who you are
  - Lunch! ☺



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## Finances


- Average pharmacist salary
- 2010 CHAMPS Region VIII Health Center Salary Survey
- Average pharmacist salary: \$111,359



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## Take Home thought for the Future


- Invest in your patients, and your patients will invest in you
- Why is it that every large box store wants a pharmacy?



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## Questions?



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