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Three Weeks Before the World Shut Down… …

AMINA ABUBAKAR, PHARMD, AAHIVP

AVANT PHARMACY AND WELLNESS CENTER | AVANT INSTITUTE

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Emerging Models of PGx Testing

Direct-to-Consumer (DTC)

- Wide variety in data to support the provided information

Clinical Genetic Tests

- Discussion of results with healthcare professional

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Questions to Consider for DTC

Is the patient medically managed?

What is the level of evidence supporting the claims of the test?

Which variants are tested?

What is the clinical relevance of the results?

Evaluating the Dynamic PGx Review

Current medications with pharmacogenetic implications as well as review of therapeutic alternatives

Review of newly prescribed medications for pharmacogenetic implications

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Q&A

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Three Weeks Before the World Shut Down…

Ronna Hauser, PharmD

Senior Vice President, NCPA Policy and Pharmacy Affairs

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Medical At Home: An Opportunity for LTC

- What is Medical at Home?
  - The Medical at Home Model represents a shifting patient population who prefer to receive their care at home, as opposed to a long-term care facility.
- Who is a Medical at Home Patient?
  - A Medical at Home patient is ‘home bound’ and care is focused on ‘curing’ the patient in their home. This population of patients has functional and/or medical impairments that prevent them from leaving their homes independently.

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Medical At Home: An Opportunity for LTC

- What services must Medicare Part D sponsored LTC pharmacy networks provide?
  - In order to participate in Medicare Part D sponsor LTC pharmacy networks, Chapter 5 of the Prescription Drug Benefit Manual requires that the pharmacy have the capacity to provide the following minimum performance and service criteria:
    - Comprehensive Inventory and Inventory Capacity
    - Pharmacy Operations and Prescription Orders
    - Special Packaging
    - IV Medications
    - Compounding/Alternative Forms of Drug Composition
    - Pharmacist On-call Service
    - Delivery Service
    - Miscellaneous Reports, Forms and Prescription Ordering Supplies

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Medical At Home: An Opportunity for LTC

- Why Medical at Home Pharmacy Services are Important:
  - Adherence
  - Compliance
  - Decrease admission to hospitals and emergency rooms
  - Decrease admission to nursing homes and assisted living facilities
  - Better quality of life
  - Less expensive health care costs for complex chronic care patients

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Medical at Home: LTC & CMS

The #1 priority of the NCPA LTC Division has been recognition and payment for medical at home services.

In Dec 2021, CMS issued guidance which clarified that Part D dispensing fees can include additional costs for specialized services typically provided in the institutional care setting for enrollees residing in their homes with institutionalized level of care needs.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES

DATE: December 15, 2021

TO: All Part D Sponsors

FROM: Amy Larrick Chavez-Valdez, Director, Medicare Drug Benefit and C & D Data Group

SUBJECT: Part D Dispensing Fees and Enrollees with Institutionalized Level of Care Needs

The Centers for Medicare & Medicaid Services (CMS) has received questions from industry regarding allowable Part D dispensing fee costs for enrollees with institutional level of care needs. The purpose of this guidance is to clarify that under the definition of dispensing fees at 42 CFR 423.100, Part D dispensing fees can include additional costs for specialized services typically provided in the institutional care setting, such as delivery and special packaging, for enrollees residing in their homes with institutionalized level of care needs. This clarification of CMS's interpretation of the regulatory definition of dispensing fees does not establish any new requirement. We remind Part D sponsors that, consistent with section 1860D-11(i) of the Social Security Act, CMS is prohibited from interfering with the negotiation of dispensing fees. Therefore, such negotiation of Part D dispensing fees for enrollees residing in their homes with institutionalized level of care needs remains a matter solely between Part D sponsors and pharmacies, consistent with 42 CFR § 423.100 and Chapter 5, § 20.7, of the Prescription Drug Benefit Manual.

42 CFR §423.100 defines the Part D dispensing fee to mean "only pharmacy costs associated with ensuring that possession of the appropriate covered Part D drug is transferred to a Part D enrollee." The definition further specifies that such pharmacy costs include, but are not limited to, reasonable costs associated with a pharmacist's time in checking the computer for information about an individual's coverage, performing quality assurance activities consistent with 42 CFR § 423.153(c)(2), measurement or mixing of the covered Part D drug, filling the container, physically providing the completed prescription to the Part D enrollee, delivery, special packaging, and overhead associated with maintaining the facility and equipment necessary to operate the pharmacy.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

CMS stated in the preamble of the final rule titled "Medicare Program; Medicare Prescription Drug Benefit; Final Rule," published in the Federal Register on January 28, 2005 (70 FR 4193, 4235) and Chapter 5, § 20.7, of the Prescription Drug Benefit Manual that "reasonable" pharmacy costs are costs that are appropriate for *the typical beneficiary in that pharmacy setting*.

Our guidance states that while it would be appropriate for Part D plans to reimburse long-term care (LTC), mail-order, and home infusion pharmacies for home delivery costs via the dispensing fee, this would not be the case for retail pharmacies (where the term "delivery" would be limited to the transfer of a covered Part D drug from the pharmacist to the patient at the point of sale) because the typical retail customer does not require home delivery. While retail pharmacies may offer home delivery services, Part D plans do not reimburse those pharmacies for these costs, and the delivery cost is borne by the beneficiary.

Chapter 5 also provides two additional examples of what constitutes a distinct pharmacy setting for purposes of illustrating reasonable pharmacy costs for a typical beneficiary in such settings. The first example states that costs associated with shipping from retail pharmacies to beneficiaries in remote or frontier areas would be allowable dispensing fee costs because a typical beneficiary in remote and frontier areas with limited or no access to roads would require delivery of drugs via postal or freight shipping. The second example, most relevant to this discussion, states that costs associated with specialized services such as special packaging and delivery for "residents of non-LTC facilities (e.g., assisted living facilities (ALFs) and other forms of congregate residential settings) with the same level of care need as residents of LTC facilities" would be allowable dispensing fee costs because it is reasonable to assume that the typical enrollee residing in a non-LTC facility setting who meets the same level of care need as a beneficiary in an LTC facility would require the provision of dispensing related services such as unit-dose packaging and home delivery that are provided by LTC pharmacies to the residents of LTC facilities

While our existing guidance provides only ALFs and other congregate residential settings as examples where costs associated with specialized services, such as special packaging and delivery, are reasonable pharmacy costs for the typical enrollee that meets the same level of care need as an enrollee in a long-term care facility, the same logic holds for enrollees residing in their homes with the same level of care needs. Therefore, CMS clarifies that such additional costs are reasonable pharmacy costs for these enrollees residing in their homes. Part D sponsors continue to have the flexibility to establish their own policies for determining which enrollees residing in non-institutionalized settings, including their own homes, meet this threshold.

Questions concerning this memo may be directed to PartDPolicy@cms.hhs.gov.

LTC@Home Coalition

- Recent effort involving NCPA, ASCP, SCPC
- Coalition focused on research and policy proposals to increase recognition and payment for LTC Pharmacy Services provided to home bound patients
- Announcing formation in near future

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Rethinking your Pharmacy Workforce Strategy

Troy Trygstad
Executive Director – CPESN USA
David Figg
Owner – Rice Pharmacies

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Pharmacist and Technician Learning Objectives

1. Redefine workforce procurement, training, and retention.
2. Discuss a model for roles-based, matrix-driven, continuous training.

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- Profit Margin for Services

HEALTH • PHARMACIES

Independent pharmacies are fighting to stay in business through the pandemic

BY MARKIAN HAWRYLUK AND KAISER HEALTH NEWS
April 29, 2021 7:30 PM EDT

Revenue from COVID testing and vaccinations may help keep some independents afloat, but that comes with added costs and logistical challenges.

When COVID testing was scarce, the pharmacies taught their employees to perform rapid tests. Once vaccines arrived, Moose sought out patients who couldn't make an appointment on a smartphone, who couldn't drive to mass vaccination clinics, or who were just afraid to leave their house.

Some of the changes born of necessity could stick. In a recent survey by the National Community Pharmacists Association, three out of five community pharmacists said they expect more pharmacies to offer point-of-care testing after the pandemic, and more than half said additional pharmacies will give immunizations.

Hashim Zaibak, CEO of Hayat Pharmacy in Milwaukee, said his pharmacy is now considering testing for the flu, strep, and hemoglobin A1C levels for those with diabetes, and it will continue providing vaccinations.

RETAIL

CVS fourth-quarter earnings top expectations as Covid vaccines lift overall store sales

PUBLISHED WED, FEB 9 2022•6:45 AM EST | UPDATED WED, FEB 9 2022•4:08 PM EST

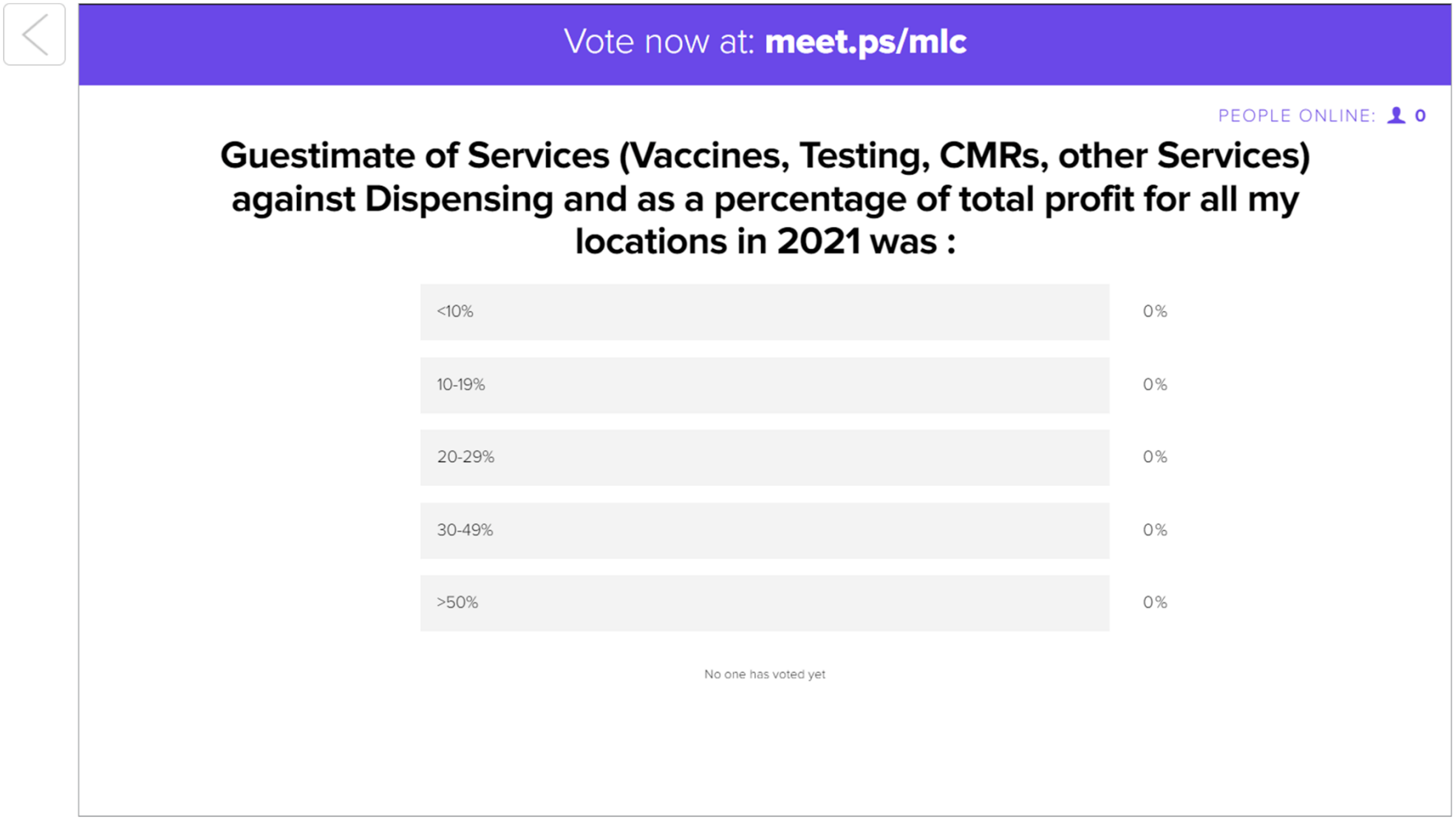
Melissa Repko
@MELISSA_REPKO

SHARE

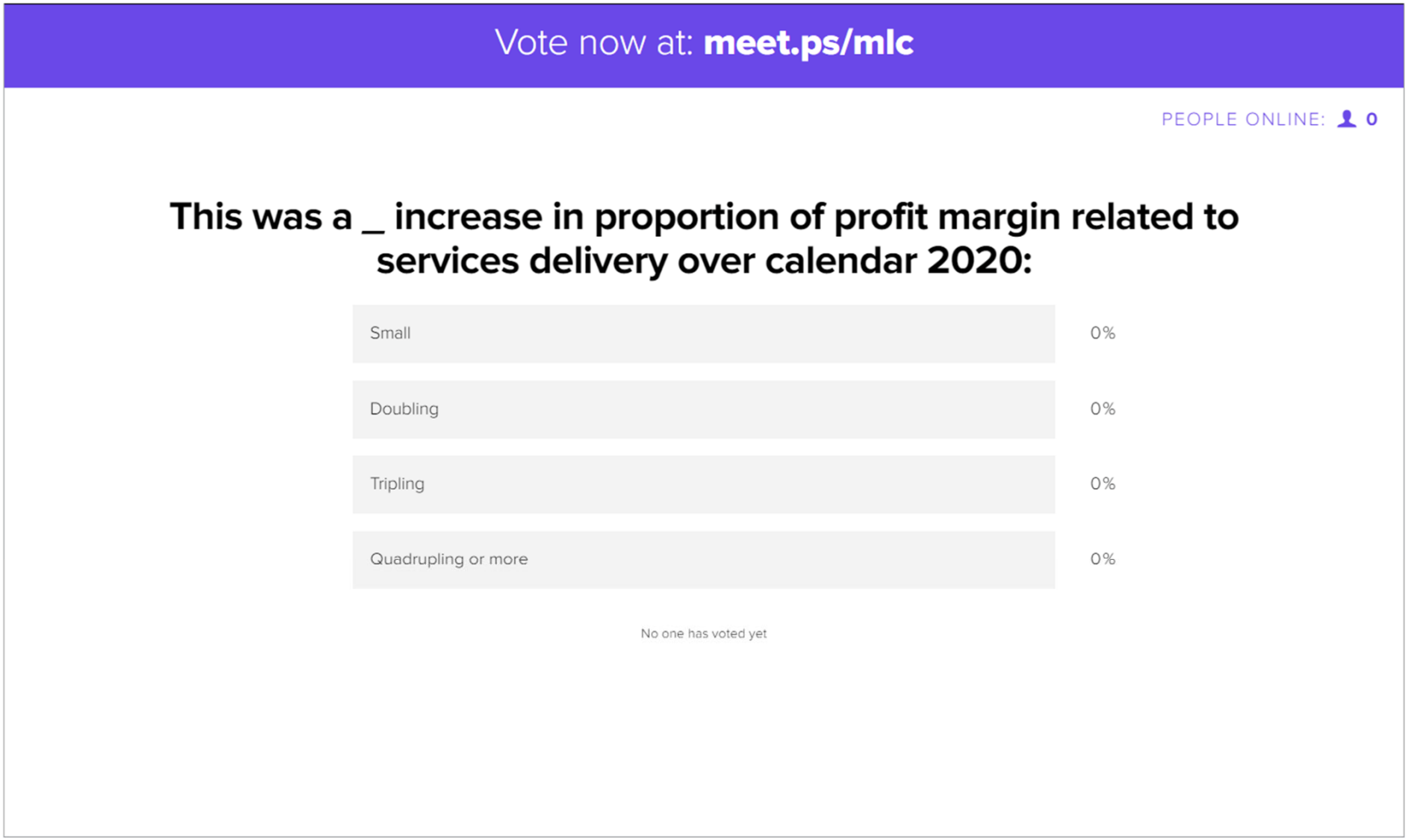
KEY POINTS

- Demand for at-home Covid tests and vaccines lifted overall store sales, helping CVS Health top expectations for fourth-quarter

Poll Question #1



Poll Questions #2



State of Affairs

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Survey of community pharmacy economic health 2021 report

Key findings:

- Forty-one percent of independent community pharmacy owners state that the current overall financial health of their business is somewhat poor or very poor.
- Sixty-eight percent of independent community pharmacies are having a difficult time filling staff positions, with 88 percent stating that pharmacy technicians are in short supply. Sixty-eight percent of respondents state that staffing shortages have resulted in increased prescription dispensing times.
- Sixty percent of independent community pharmacies have been impacted by supply chain disruptions.
- The top concern independent community pharmacy owners have is not staffing shortages, supply chain disruptions, taxes, or inflation. Instead, the top concern is the impact pharmacy DIR fees will have on the viability of their small business. Ninety-seven percent of respondents state that they are significantly concerned with the impact DIR fees are having on their business, and 26 percent state that they may close their pharmacy if DIR fees are not reformed.

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State of (Labor) Affairs

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Survey of community pharmacy economic health 2021 report

3. Please tell us which positions are most difficult to fill. (CHECK ALL THAT APPLY)

Value	Percent	Responses
Pharmacist	19.1%	41
Pharmacy technician	88.4%	190
Clerk, front end staff	62.8%	135
Delivery driver	28.8%	62
Other - Write in	4.2%	9

4. How has your business been affected due to staffing shortages? (CHECK ALL THAT APPLY)

Value	Percent	Responses
Reduced pharmacy operating hours	19.7%	42
Increased wages/offering employee incentive pay	74.2%	158
Have had to turn patients away seeking immunizations	21.1%	45
Prescription dispensing waiting times have increased	67.6%	144
Other - Write in	16%	34

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State of Business Affairs

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Survey of community pharmacy economic health 2021 report

11. Please rank order the issues most important to the survival of your business.

Item	Overall rank	Rank distribution	Score	No. of rankings
DIR fees	1		1,526	295
PBM consolidation and vertical integration	2		1,395	313
Small business tax increases	3		1,016	292
Inflation	4		830	291
Filling staff positions	5		826	297
Shortages due to product supply disruptions	6		705	298

Lowest rank | Highest rank

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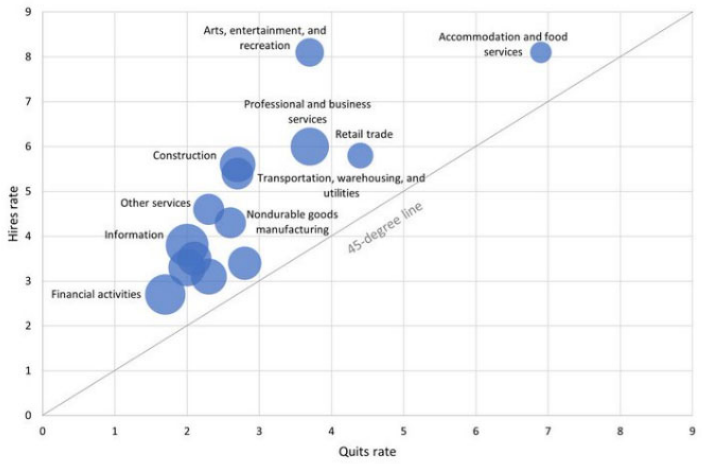
- Staffing in a Competitive Marketplace

Hires are greater than quits in all sectors while lower wage sectors experience higher levels of quits and hires

Hires and quits rates by major sector, November 2021



Notes: The private-sector hourly wage rates correspond with the size of the bubbles (the smaller the bubble, the lower the wage rate). The 45-degree line represents where hires rates are equal to quits rates.

Source: EPI analysis of Bureau of Labor Statistics Job Openings and Labor Turnover Survey and Current Employment Survey public data series.

Economic Policy Institute

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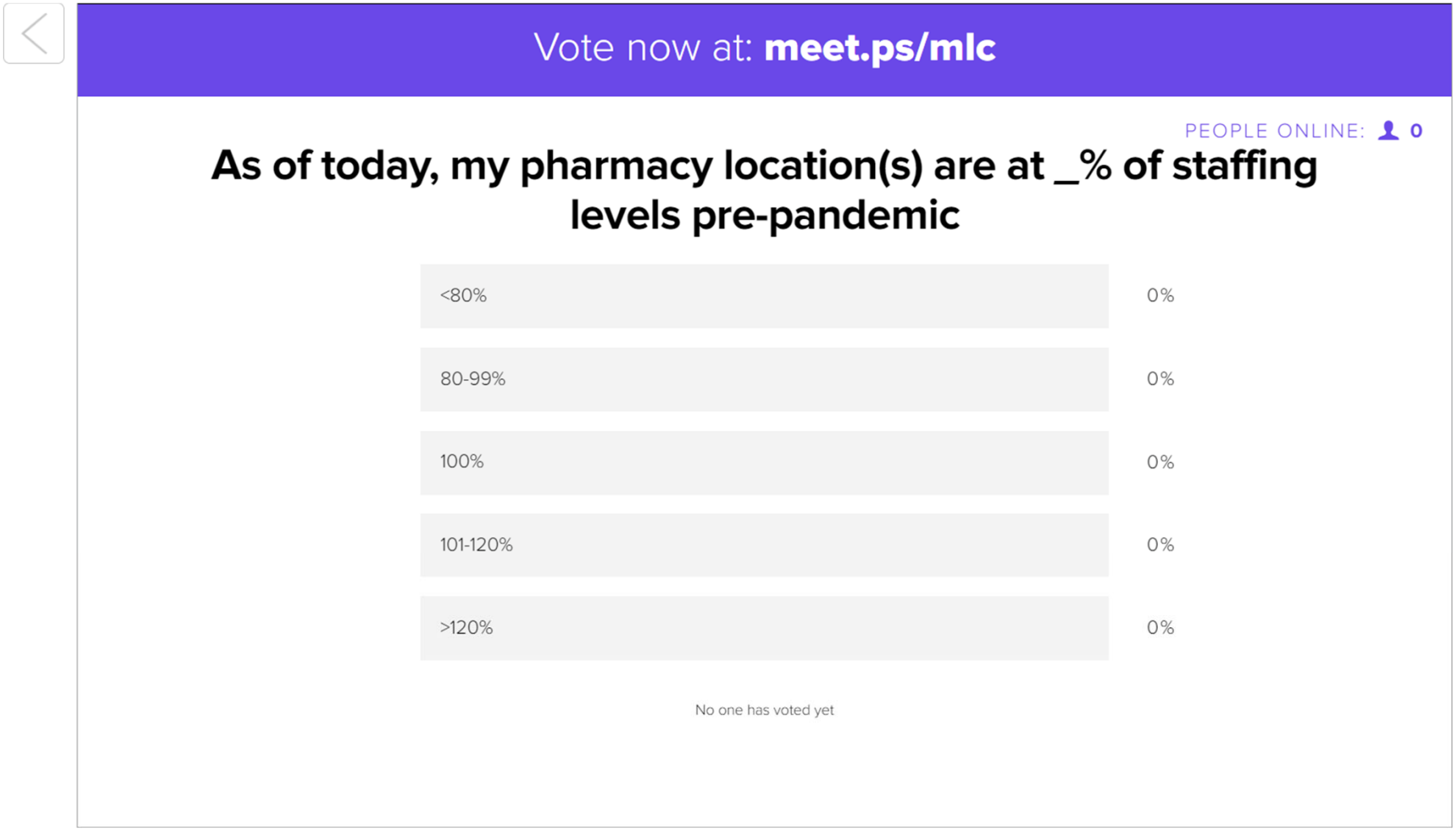
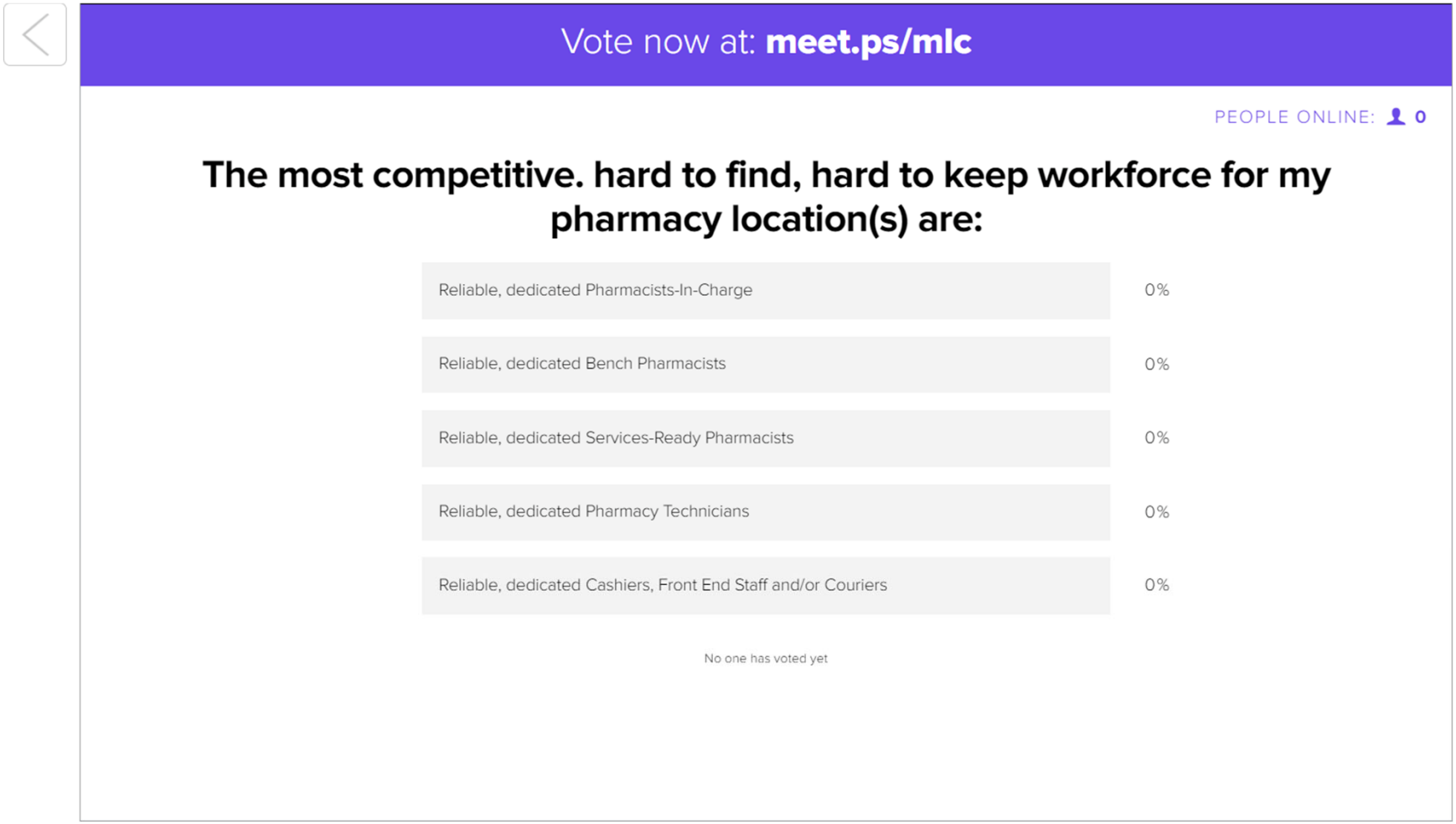
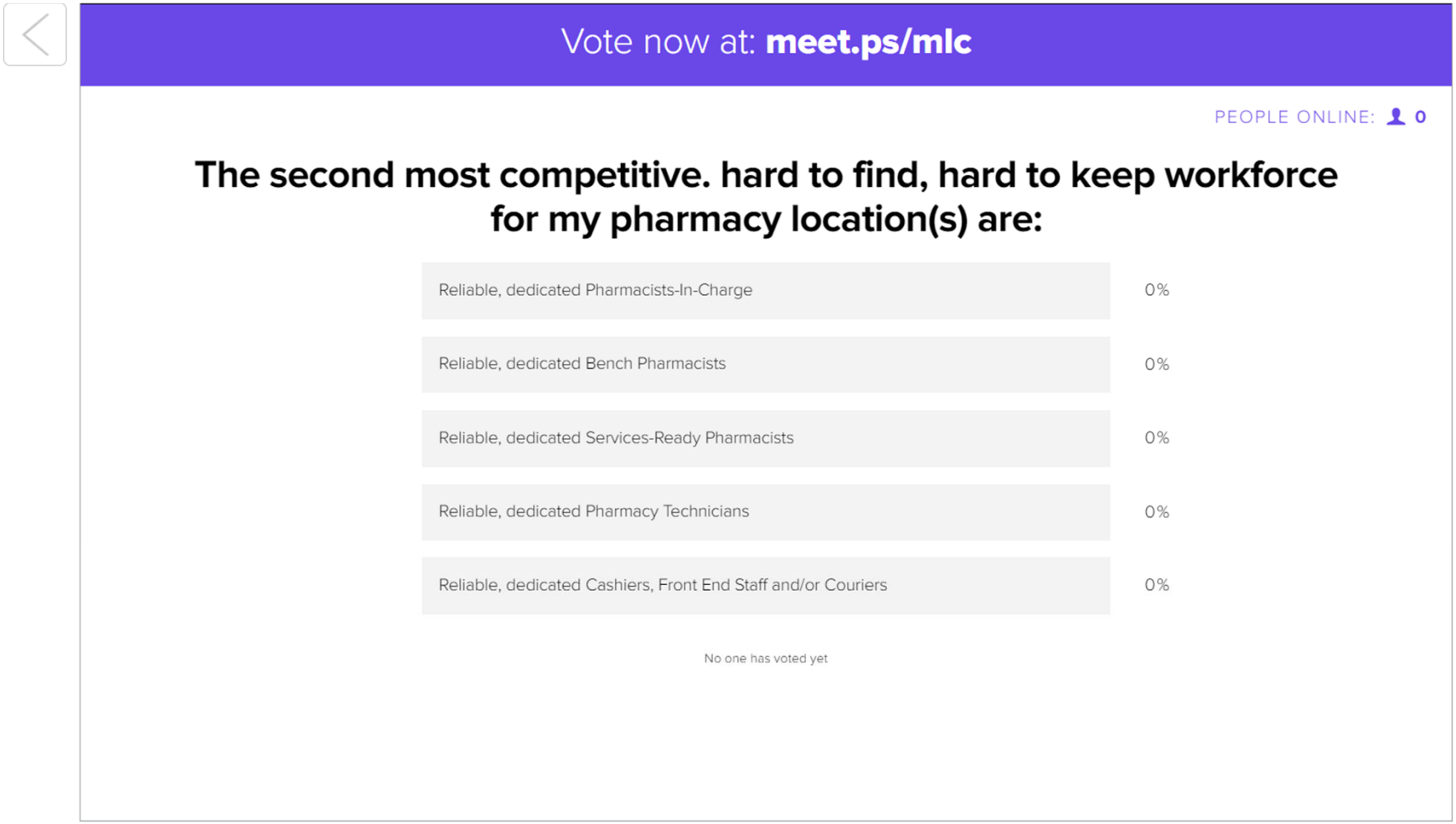
Poll Question #3



Poll Question #4



Poll Question #5



- Pandemic Effect on Approach to Staffing

CNN BUSINESS Markets Tech Media Success Perspectives Videos

Forget America's Great Resignation. It's the Great Upgrade

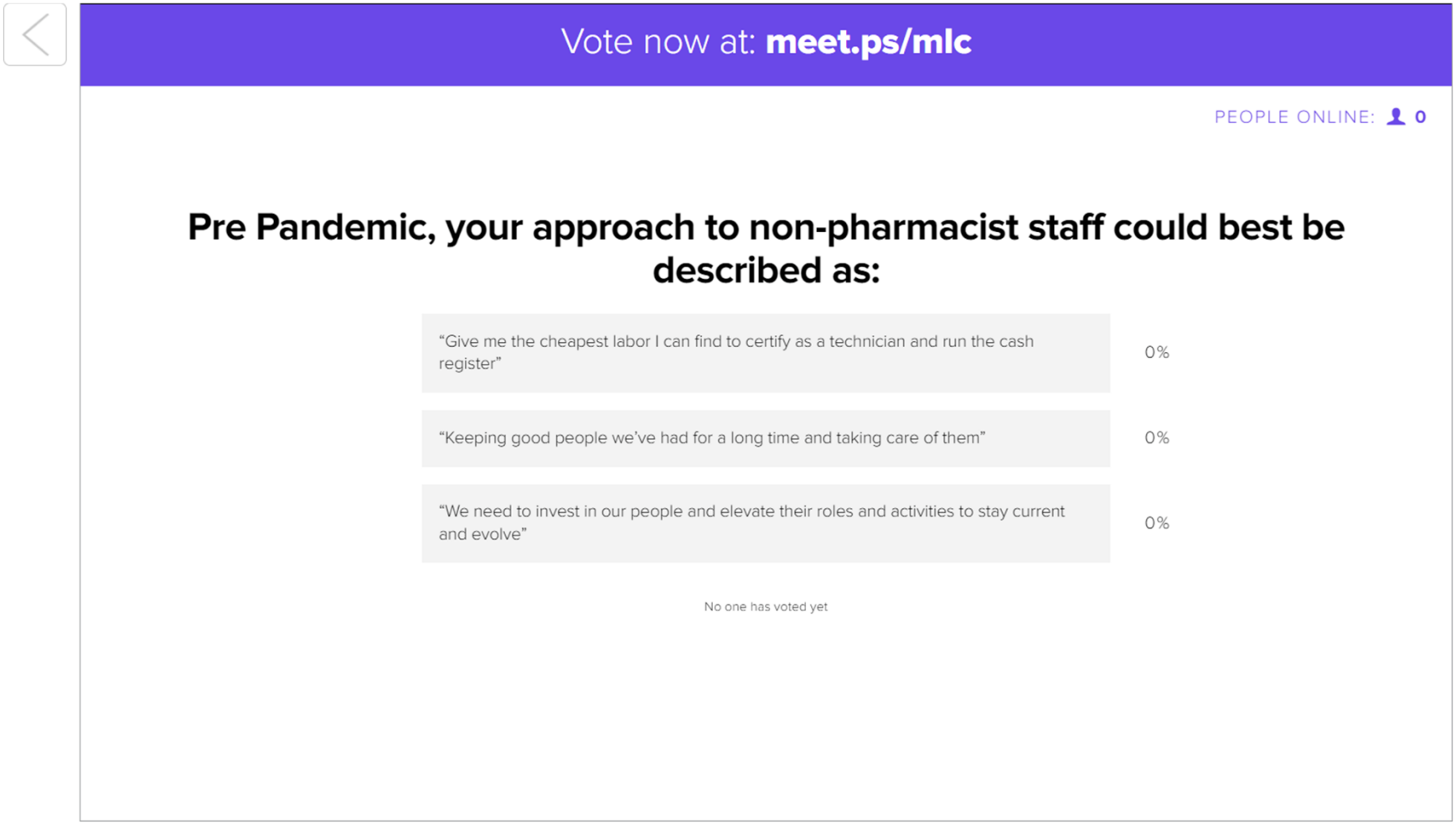
Analysis by Christine Romans, CNN Business

Updated 10:08 AM ET, Mon February 7, 2022

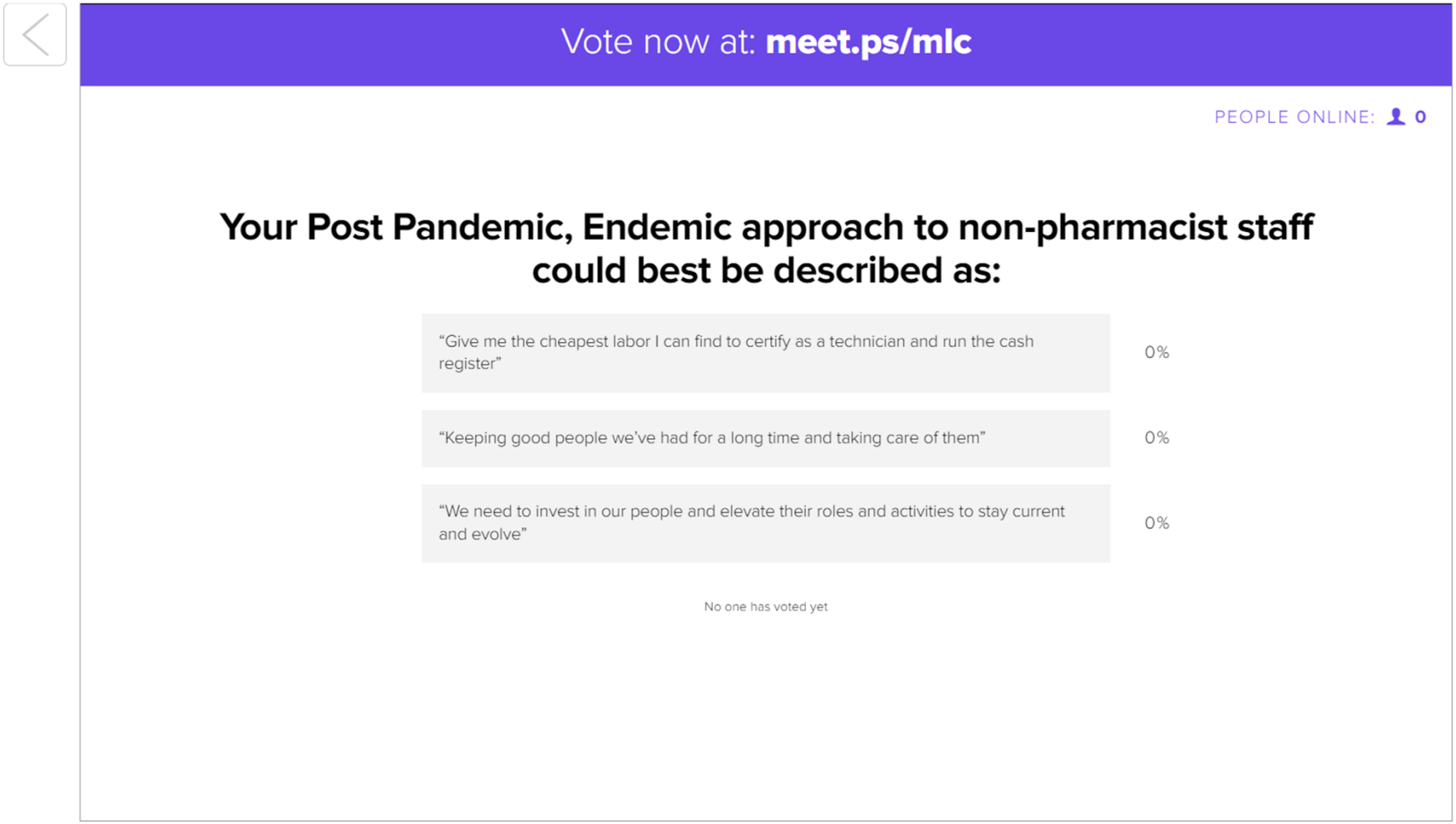
Table 7. Change in level and percentage of annual quits, by industry and region, not seasonally adjusted, December 2018–December 2020 (levels in thousand)

Industry and region	Level			Change, December 2018 to December 2019		Change, December 2019 to December 2020	
	2018	2019	2020	Level	Percent	Level	Percent
Total	40,329	42,142	36,318	1,813	4.5	-5,824	-13.8
Industry							
Total private	38,173	39,916	33,883	1,743	4.6	-6,033	-15.1
Mining and logging	245	179	108	-66	-26.9	-71	-39.7
Construction	2,059	2,084	1,614	25	1.2	-470	-22.6
Manufacturing	2,504	2,490	2,356	-14	-0.6	-134	-5.4
Durable goods	1,378	1,396	1,274	18	1.3	-122	-8.7
Nondurable goods	1,127	1,094	1,082	-33	-2.9	-12	-1.1
Trade, transportation, and utilities	8,500	8,907	8,259	407	4.8	-648	-7.3
Wholesale trade	1,069	1,029	1,008	-40	-3.7	-21	-2.0
Retail trade	5,959	6,234	5,613	275	4.6	-621	-10.0
Transportation, warehousing, and utilities	1,474	1,645	1,637	171	11.6	-8	-0.5
Information	566	554	480	-12	-2.1	-74	-13.4
Financial activities	1,406	1,547	1,307	141	10.0	-240	-15.5
Finance and insurance	856	1,005	896	149	17.4	-109	-10.8
Real estate and rental and leasing	550	545	414	-5	-0.9	-131	-24.0
Professional and business services	7,561	7,767	6,740	206	2.7	-1,027	-13.2
Education and health services	5,374	5,532	5,386	158	2.9	-146	-2.6
Educational services	582	648	492	66	11.3	-156	-24.1
Healthcare and social assistance	4,795	4,885	4,892	90	1.9	7	0.1
Leisure and hospitality	8,441	9,220	6,544	779	9.2	-2,676	-29.0

Poll Question #6



Poll Question #7



Investing in Pharmacists or Non-Pharmacists?

Pharmacy Workforce Center, INC.

Pharmacy Demand Report (PDR) Executive Summary

4th Quarter 2021

This is the executive summary of the Pharmacy Demand Report (PDR) for the fourth quarter 2021. An overview of the PDR can be found online.

Pharmacists

There have been 14,915 job postings for pharmacists through the fourth quarter 2021, compared with 12,639 job postings for pharmacists through the same period in 2020. Highlights for pharmacist job postings for 2021 include:

Pharmacy Technicians

There were 166,337 pharmacy technician job postings through the fourth quarter 2021, compared with 145,216 job postings for pharmacy technicians through the same period in 2020. Highlights for pharmacy technicians for 2021 include:

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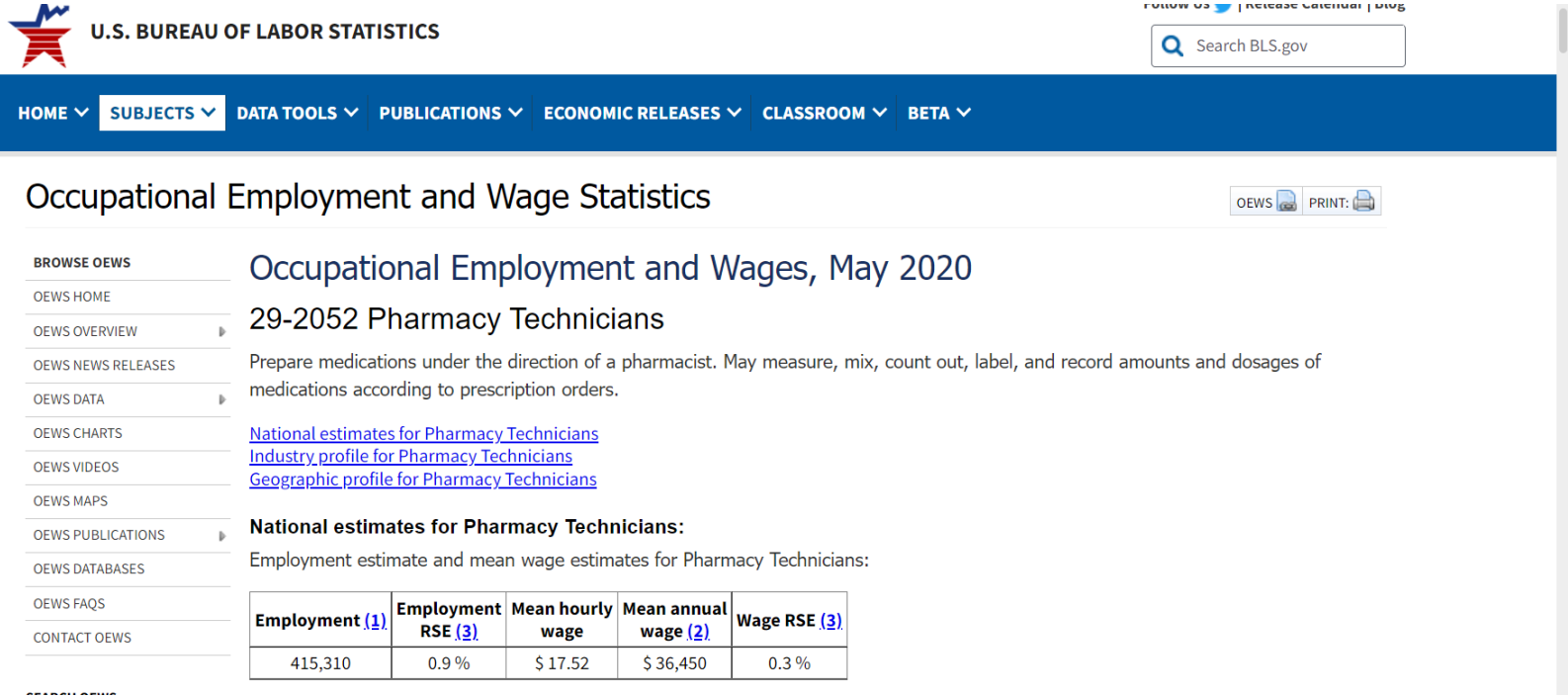
Wage Percentiles (For Reference)



U.S. BUREAU OF LABOR STATISTICS

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Occupational Employment and Wage Statistics

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Occupational Employment and Wages, May 2020

29-2052 Pharmacy Technicians

Prepare medications under the direction of a pharmacist. May measure, mix, count out, label, and record amounts and dosages of medications according to prescription orders.

National estimates for Pharmacy Technicians
Industry profile for Pharmacy Technicians
Geographic profile for Pharmacy Technicians

National estimates for Pharmacy Technicians:

Employment estimate and mean wage estimates for Pharmacy Technicians:

Employment (1)	Employment RSE (3)	Mean hourly wage	Mean annual wage (2)	Wage RSE (3)
415,310	0.9 %	$ 17.52	$ 36,450	0.3 %

Percentile wage estimates for Pharmacy Technicians:

Percentile	10%	25%	50% (Median)	75%	90%
Hourly Wage	$ 12.21	$ 13.99	$ 16.87	$ 20.03	$ 24.25
Annual Wage (2)	$ 25,400	$ 29,090	$ 35,100	$ 41,660	$ 50,430

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Wage Percentiles (Non-Traditional, Non-Pharmacist)

Medical Assistants

Employment (1)	Employment RSE (3)	Mean hourly wage	Mean annual wage (2)	Wage RSE (3)
710,200	0.9 %	$ 17.75	$ 36,930	0.2 %

Percentile wage estimates for Medical Assistants:

Percentile	10%	25%	50% (Median)	75%	90%
Hourly Wage	$ 12.95	$ 14.59	$ 17.23	$ 19.85	$ 24.32
Annual Wage (2)	$ 26,930	$ 30,360	$ 35,850	$ 41,280	$ 50,580

Community Heath Workers

Employment (1)	Employment RSE (3)	Mean hourly wage	Mean annual wage (2)	Wage RSE (3)
58,670	2.3 %	$ 22.12	$ 46,000	0.7 %

Percentile wage estimates for Community Health Workers:

Percentile	10%	25%	50% (Median)	75%	90%
Hourly Wage	$ 13.47	$ 16.33	$ 20.19	$ 26.11	$ 34.03
Annual Wage (2)	$ 28,010	$ 33,960	$ 42,000	$ 54,320	$ 70,790

Healthcare Social Workers

Employment (1)	Employment RSE (3)	Mean hourly wage	Mean annual wage (2)	Wage RSE (3)
176,110	1.5 %	$ 29.07	$ 60,470	0.5 %

Percentile wage estimates for Healthcare Social Workers:

Percentile	10%	25%	50% (Median)	75%	90%
Hourly Wage	$ 17.36	$ 21.77	$ 27.71	$ 34.67	$ 41.90
Annual Wage (2)	$ 36,110	$ 45,280	$ 57,630	$ 72,120	$ 87,150

Nutritionists

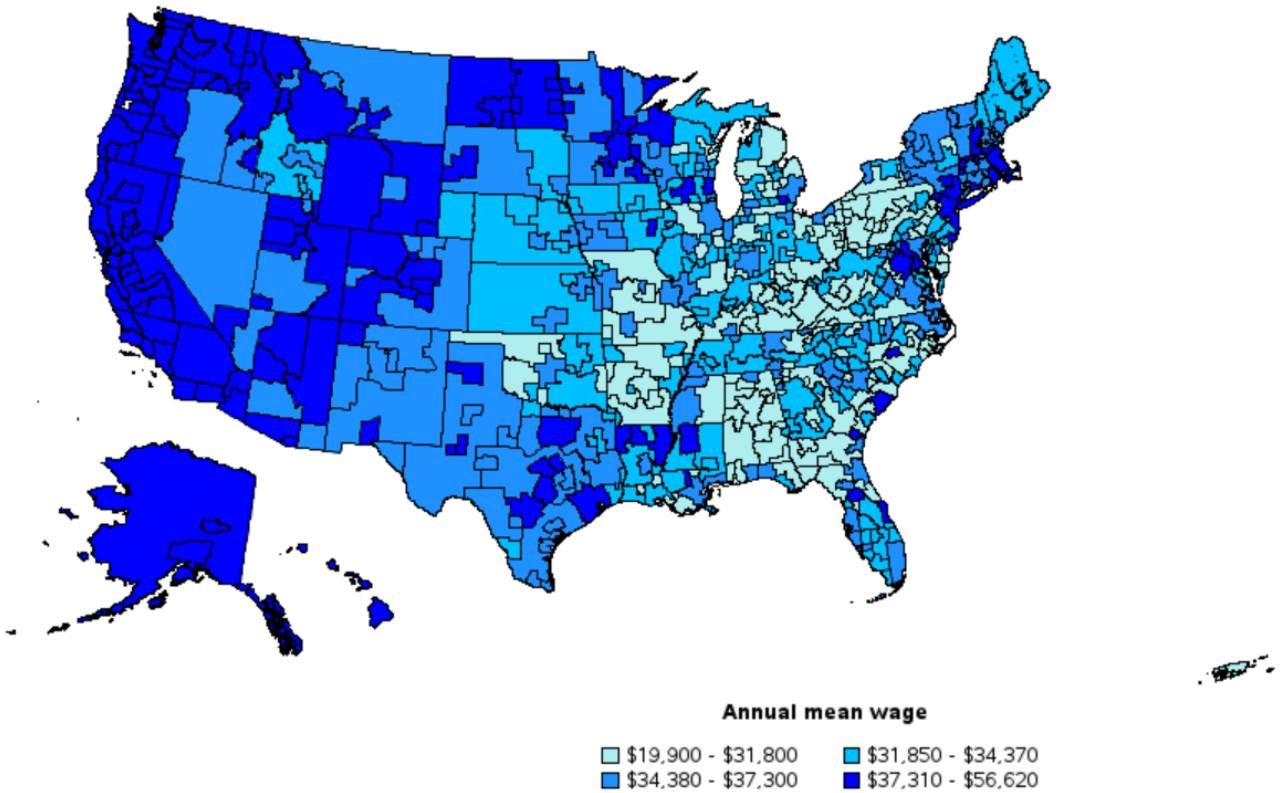
Employment (1)	Employment RSE (3)	Mean hourly wage	Mean annual wage (2)	Wage RSE (3)
66,330	1.3 %	$ 30.84	$ 64,150	0.4 %

Percentile wage estimates for Dietitians and Nutritionists:

Percentile	10%	25%	50% (Median)	75%	90%
Hourly Wage	$ 19.15	$ 24.86	$ 30.33	$ 37.10	$ 43.27
Annual Wage (2)	$ 39,840	$ 51,700	$ 63,090	$ 77,180	$ 90,000

Wage Map (For Reference)

Annual mean wage of pharmacy technicians, by area, May 2020



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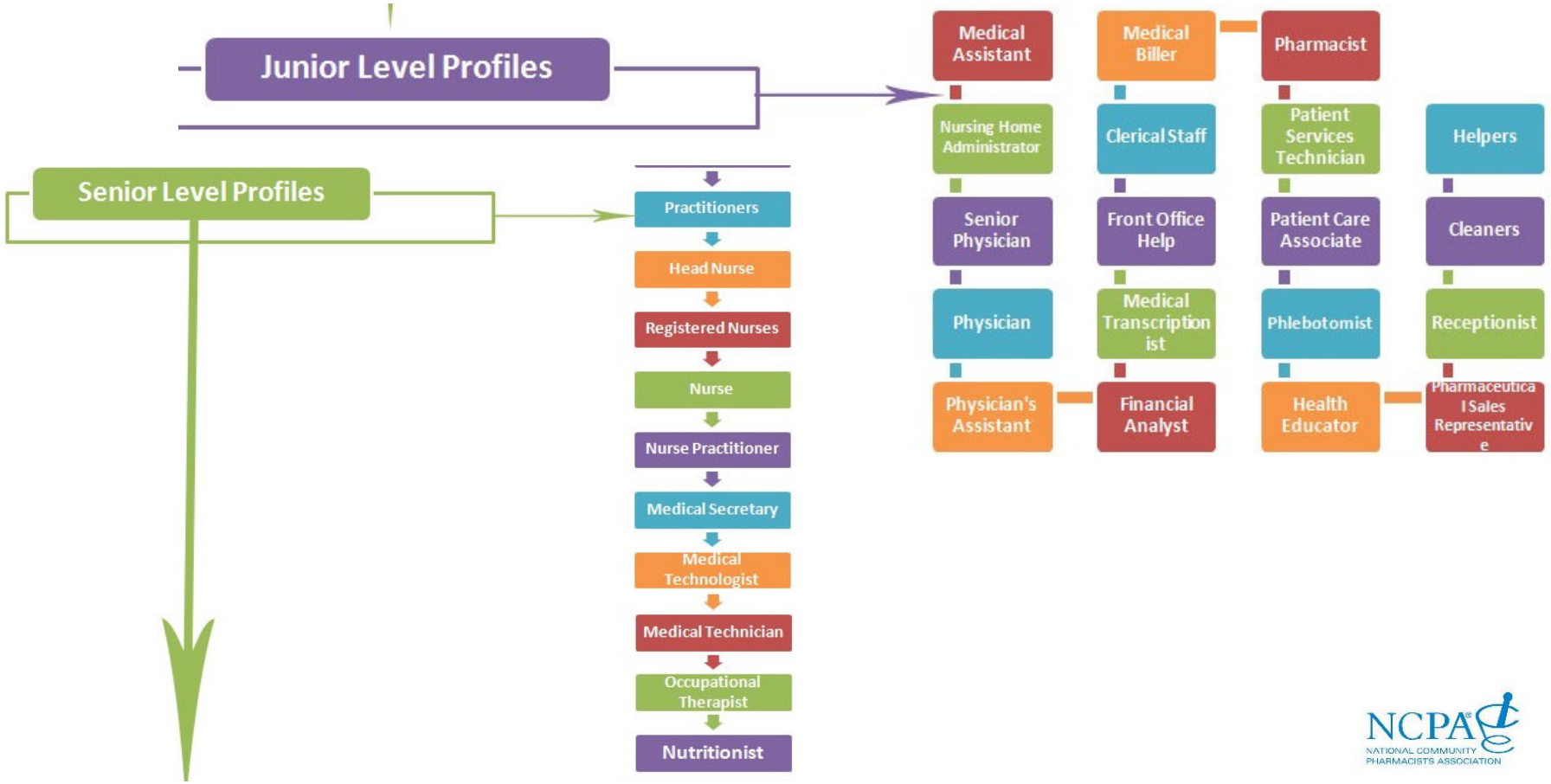
- Staffing and Human Capital Mindset



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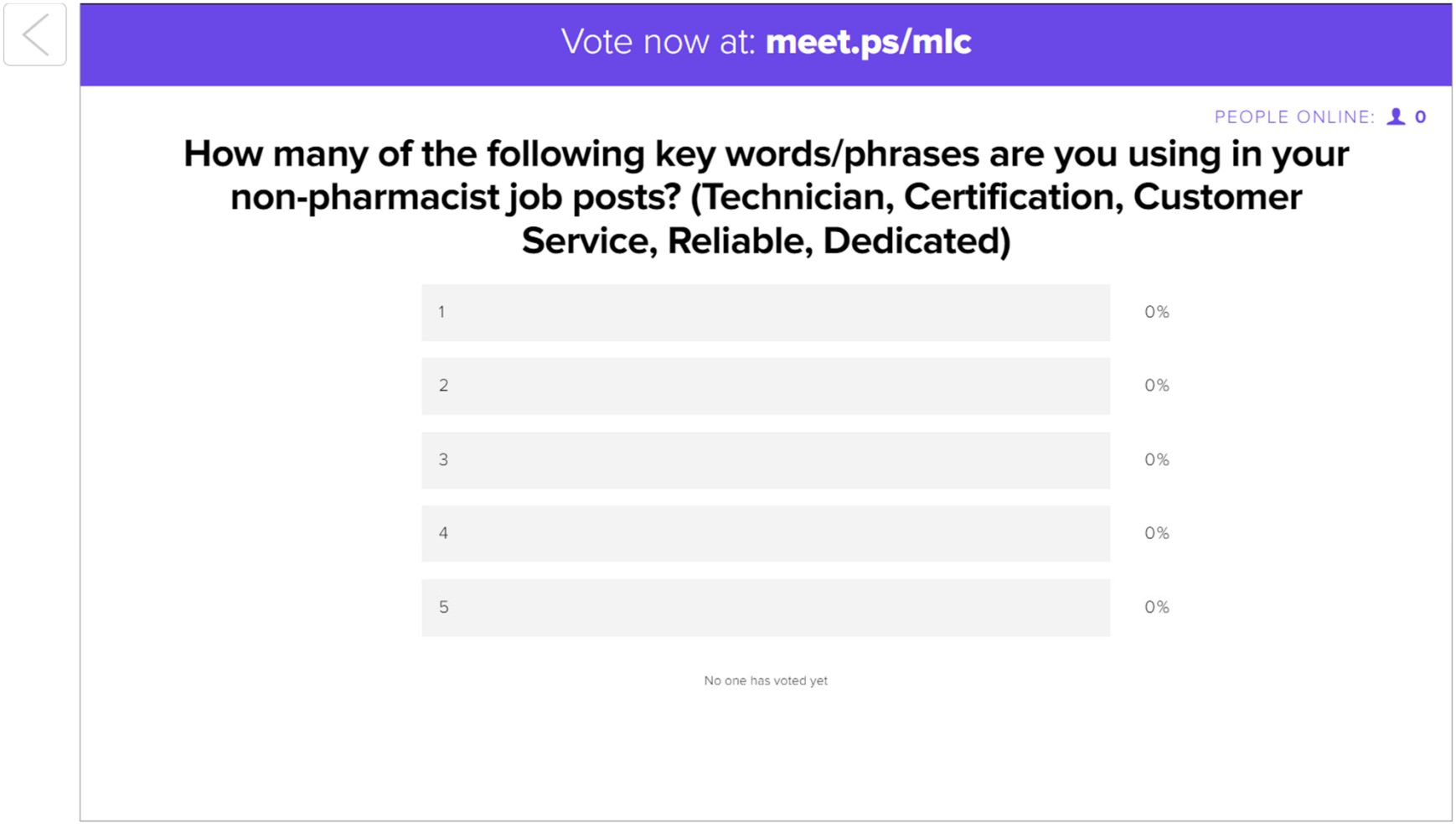
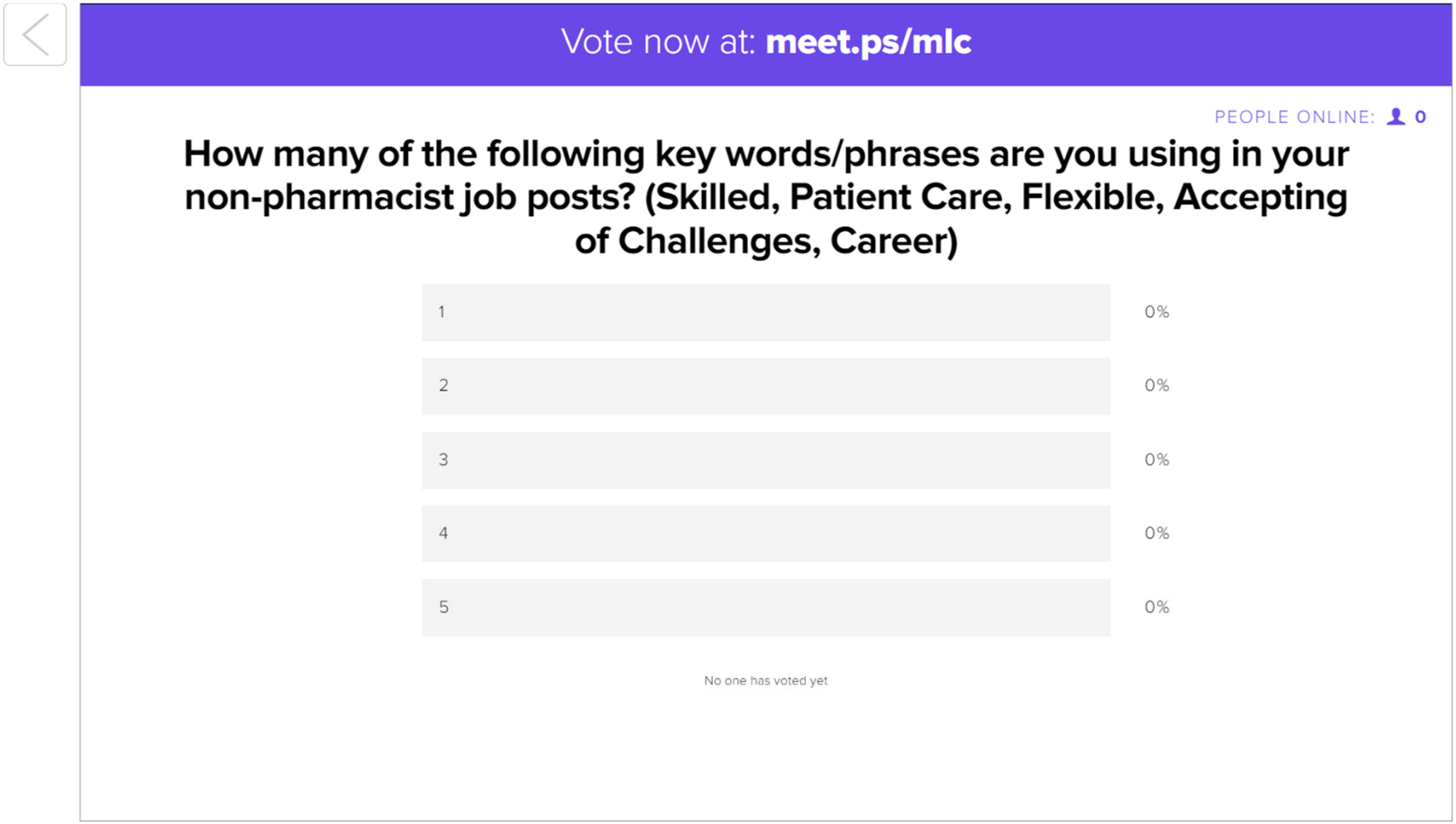
Poll Question #8



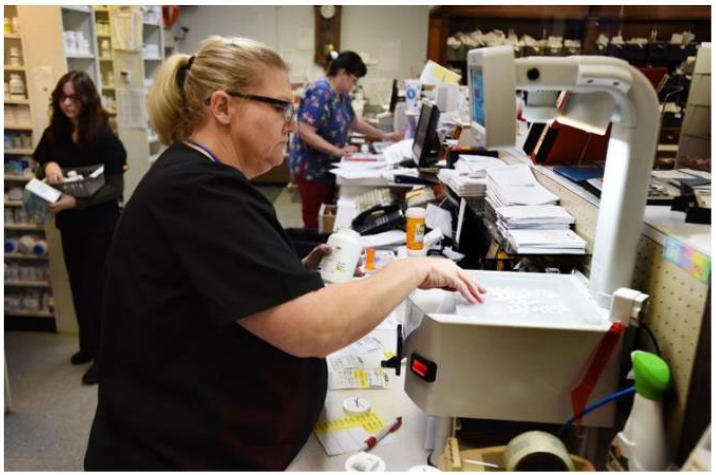
Poll Question #9



- Mindset Change?

Labor shortages challenge area pharmacies

By Christie Netherton Messenger-Inquirer Nov 3, 2021 Updated Dec 13, 2021 0



Melanie Blakeley, a pharmacy technician, fills a prescription on Oct. 25 at Danhauer Drugs at 330 Frederica St.

Photo by Alan Warren, Messenger-Inquirer | awarren@messenger-inquirer.com

David Figg, CEO of Rice Drugs in Beaver Dam, said his store is also experiencing similar staffing shortages, which are becoming particularly prevalent as COVID-19 boosters become available and flu season rolls in.

"We experience staffing shortages across our store, to technicians and all the way around. I don't think it's unique to us," he said.

Many pharmacies right now are trying to ramp up staff to prepare for the influx of need during prime flu season, he said.

Additionally, he said many chain pharmacies made decisions to cut staffing more early on in the pandemic and are working to rebuild that, but are now having more difficulty doing so.

"It's tough finding help right now; we don't get the applicants that we used to at this point, but we're working through that and luckily our team has stepped up to that," he said.

However, Figg said Rice Drugs made the decision early on to keep its staffing levels, which he said came at a cost due to the pharmacy's inability to raise prices.

"We're kind of in a unique position, too, in pharmacy where in most businesses, if you're having to pay more in order to get staffing, you can charge more for the product," he said. "In pharmacy, we don't have that opportunity. The insurance companies dictate how much we get paid and that's not changing. We're not seeing that go up, so it does come at a cost to us."

Figg said the pharmacy is working to mitigate workflow challenges caused by staffing shortages with competitive pay and by creating a good work environment for its employees, which he said has helped keep the Rice Drugs team together, thus far.

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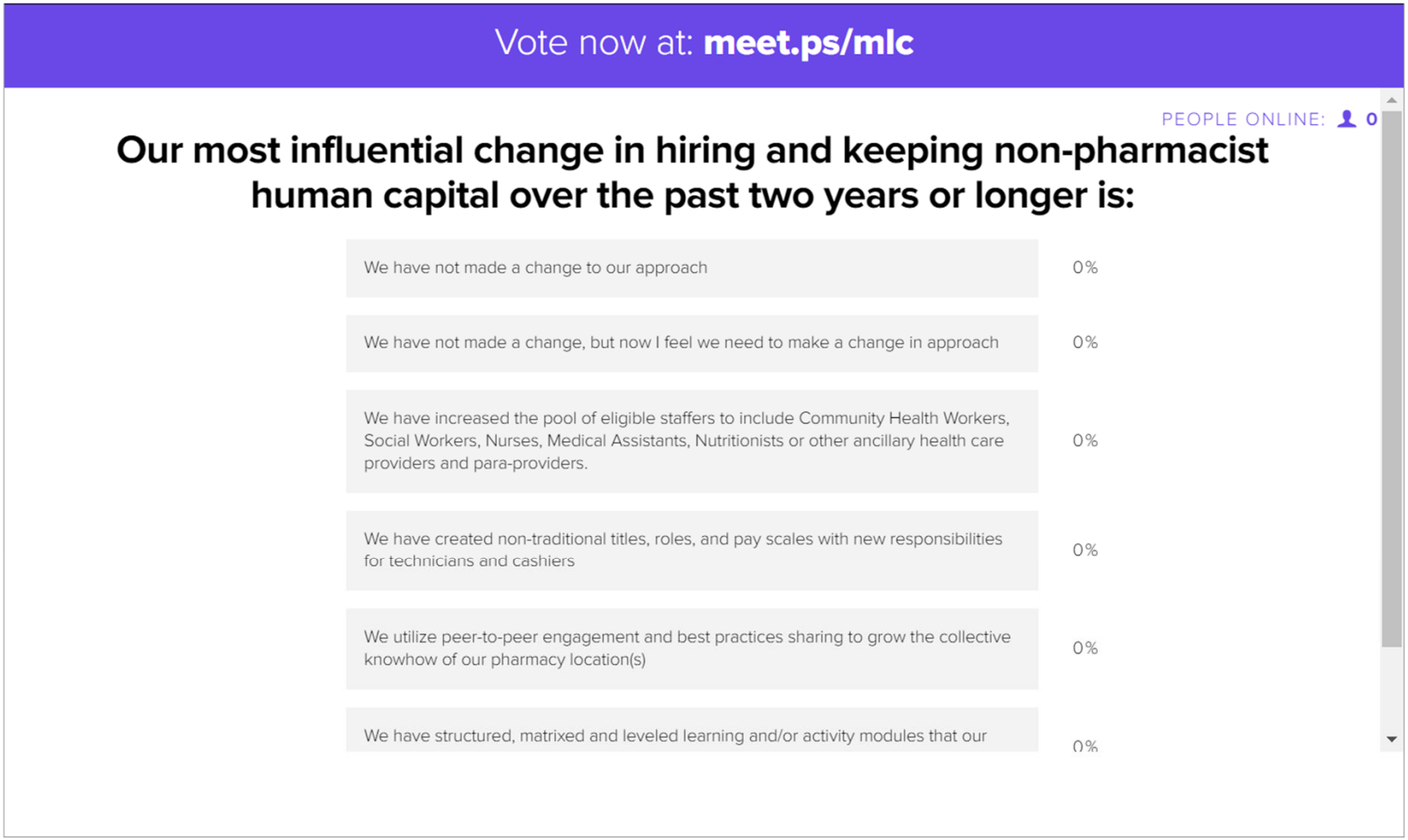
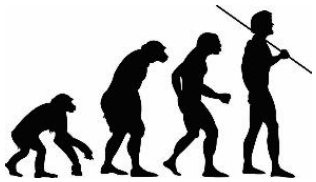
Poll Question #10



Mindset Change



Are you training staff or developing them?

Kentucky Pharmacy Care Network

KPCN | CPESN

RICE'S PHARMACY

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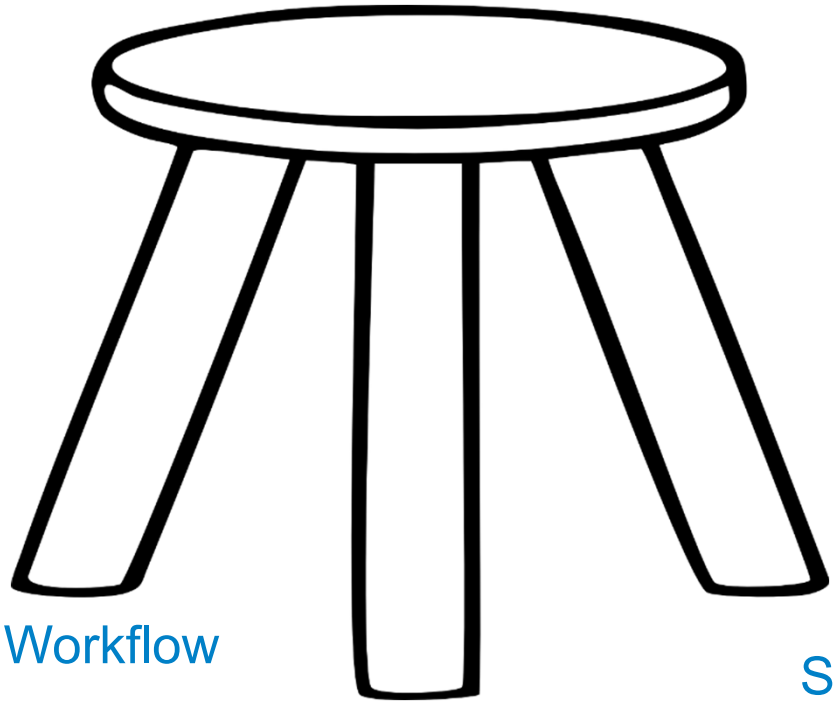
Investment and Development Strategy



"Best Practices" Workflow

Structured Learning

Learning Communities

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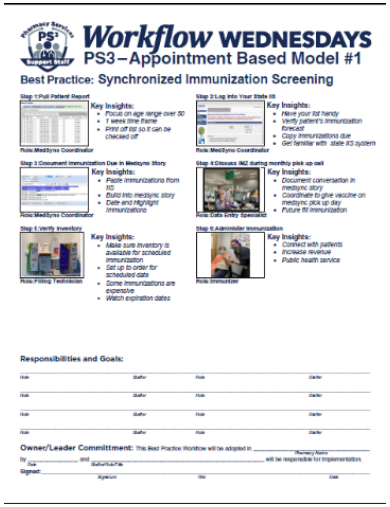
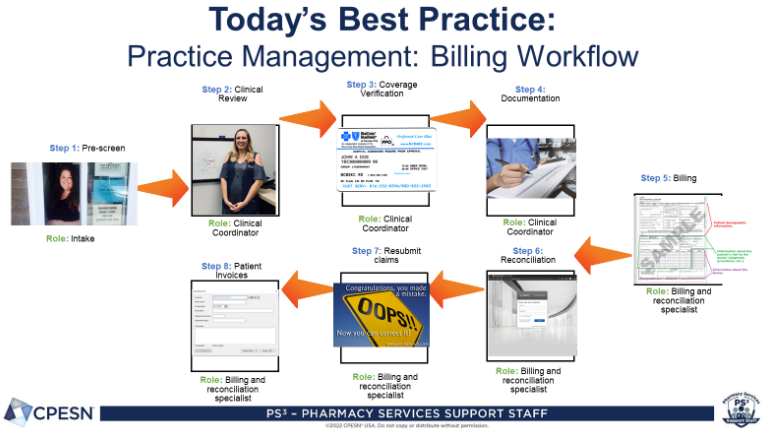
Investment and Development Strategy

"Best Practices" Workflow Example

Pharmacy Services PS3 Support Staff

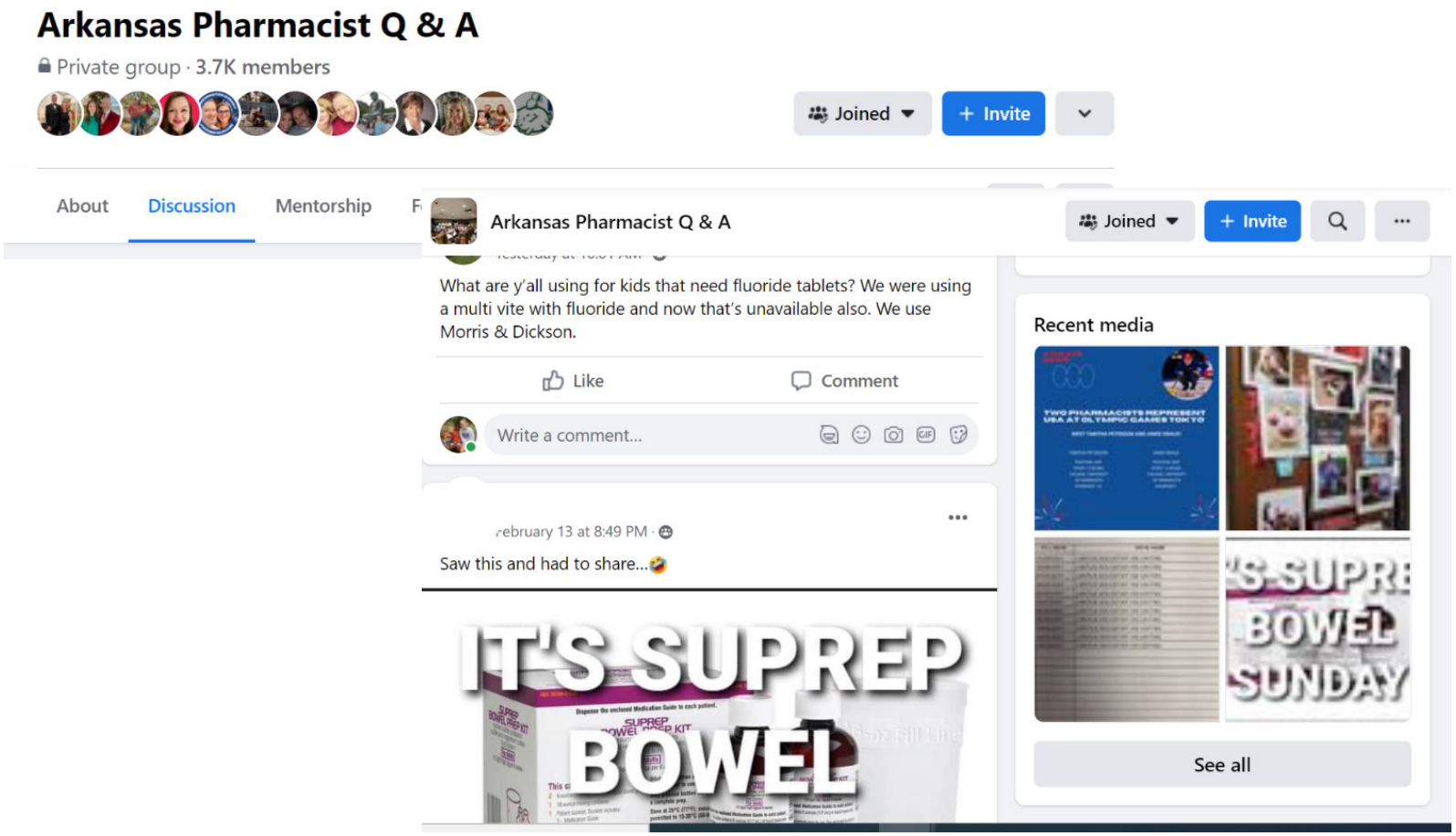
Practice Management
Billing and Reconciliation





Investment and Development Strategy

Learning Community Example



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Investment and Development Strategy

Structured Learning Example

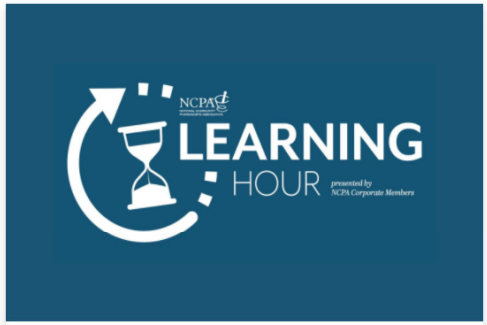
Welcome to the NCPA Learning Center

We are invested in you and your success. Whether you are a pharmacy owner, staff pharmacist, or pharmacy technician, NCPA can help you meet your learning needs.

Manage Complexities, Discover New Opportunities

NCPA's Multiple Location Conference is where savvy owners come to learn to manage the complexity and discover new opportunities.

READ MORE



Diabetes Self-Management Education

Get an overview of the DSME program from Pharmacy owner Travis Wolff on eligible patients, how to become an accredited DSME pharmacy, and the potential revenue opportunities for your business.

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Point-of-Care Test & Treat Certificate Program

Gain the skills and information necessary to develop a testing program for influenza, Group A Streptococcus, HIV, Hepatitis C, coronaviruses, and chronic diseases.

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Investment and Development Strategy

"PS3 Training Matrix"

	Appointment Based Model	Patient Engagement	Business Development	Practice Management
PS3 Level 3	• Clinical Programs Coordinator	• Patient Experience Evaluation	• Employer Outreach • Media Outreach • Team Member Coaching	• Human Resources Lead • Team Recognition/Culture • Services P & L Analysis
PS3 Level 2	• Care Plan Documentation	• Patient Recognition Program • Complex Patient Intake/Review	• Social Media Presence	• Billing Coordination • Data/Outcomes Analysis
PS3 Level 1	• Pre-Sync Screening • Post Sync Follow-Up • Service Scheduling • Simple Service Documentation	• MTM/Gap Outreach • Simple Patient Intake/Review	• Location Presence • Team BD Huddle	• Service Staff Scheduling • Service Scheduler Implementation
Sync Training	• Sync Scheduling			

	Medications	Federal Requirements	Patient Safety	Order Entry
Pharmacy Technician Training	• Generic names, brand names, and classifications • Therapeutic equivalence • Common and life-threatening drug interactions • Strengths/dose, dosage forms, routes • Common and severe medication side effects • Indications of medications and dietary supplements • Drug stability • Narrow therapeutic index (NTI) medications • Physical and chemical incompatibilities • Proper storage of medications	• handling and disposal of waste • controlled substance prescriptions • controlled substances (i.e., receiving, storing, ordering, labeling, dispensing, reverse distribution) • restricted drug programs and related medication processing [REMS] • FDA recall requirements (e.g., medications, devices, supplies, supplements, classifications)	• handling and disposal of waste • controlled substance prescriptions • controlled substances (i.e., receiving, storing, ordering, labeling, dispensing, reverse distribution) • restricted drug programs and related medication processing [REMS] • FDA recall requirements (e.g., medications, devices, supplies, supplements, classifications)	• handling and disposal of waste • controlled substance prescriptions • controlled substances (i.e., receiving, storing, ordering, labeling, dispensing, reverse distribution) • restricted drug programs and related medication processing [REMS] • FDA recall requirements (e.g., medications, devices, supplies, supplements, classifications)

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Investment and Development Strategy

- Gamification
  (don't assume progress, show it)
- Acknowledgement of Responsibilities
  (be clear in what each team member responsible for, beyond traditional roles and celebrate responsibility)
- Huddles
  (omnipresent reinforcement of workflow process, weekly foci, reminders)
- SMART Goals
  (specific, measurable, attainable, relevant, timely)
- Accountability
  (1:1 meetings to coach and ensure goals are tracked and met, clear hierarchy but flatter with acknowledgment of variety of leads/roles as important/meaningful)

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Takeaways

1. Pharmacy owners and managers should shift away from a “cheapest available labor” mindset and towards a “human capital investment” mindset

2. Continuous, incremental workflow training will cause the pharmacy to be:
   - *More capable of providing services
   - *More efficient at both product fulfillment and provision of services
   - *More profitable

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Questions?

(…and feedback☺)

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Post now at **meet.ps/mlc**

PEOPLE ONLINE: 0

Q&A

1 What do you think of this?

1 vote Bri Morris a day ago no comments

ENABLE SLIDESHOW

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Increasing Vaccine Rates in a Systematic Way

Joe Moose, PharmD
Moose Pharmacy
CPESN Director of Strategy & Luminary Development

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Disclosure

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Pharmacist and Technician Learning Objectives

1. Describe the workflow of an immunization screening program at pharmacy pick-up.
2. Discuss best practices for scaling an immunization screening program across your multiple pharmacy locations.

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3 Paths to Increasing Vaccine Rates

1. Walk-up or call-in traffic
2. Data mining for cold calling
3. Data mining for sync calling

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Develop the Process

Develop	Develop the process
Meet	Meet with all relevant parties to explain why this is important
Train	Train on the process
Train	Train on the process
Train	Train on the process
Dashboard	Create a dashboard of missed opportunities
Visit the Process	Visit the dashboard frequently

Support Staff Training

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	Tdap* and Td** vaccines protect against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Human Papillomavirus	HPV vaccine protects against human papillomavirus.	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR*** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Meningococcal Disease	MenACWY and MenB vaccines protect against meningococcal disease.	Air, direct contact	Sudden onset of fever, headache, and stiff neck, dark purple rash	Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death
Mumps	MMR*** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord) , encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	Tdap* vaccine protects against pertussis.	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Pneumococcal Disease	Pneumococcal vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Polio	Polio vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Rubella	MMR*** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	Tdap* and Td ** vaccines protect against tetanus.	Exposure through cuts on skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

Educate support staff on:

- importance of vaccines & vaccine-preventable diseases
- patient eligibility criteria for each vaccine (reference CDC Vaccine Schedule for Adults)
- accessing and reporting in IIS
- billing nuances
  - Consider creating a billing guide for DUR codes, incentive fees and other third party considerations

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Walk-up or Call-in Traffic

Walk-up or Call-in Traffic

- Utilize intake form &/or IIS screening
- Make the process one of the steps that is routinely done like inputting the sig or checking the sig

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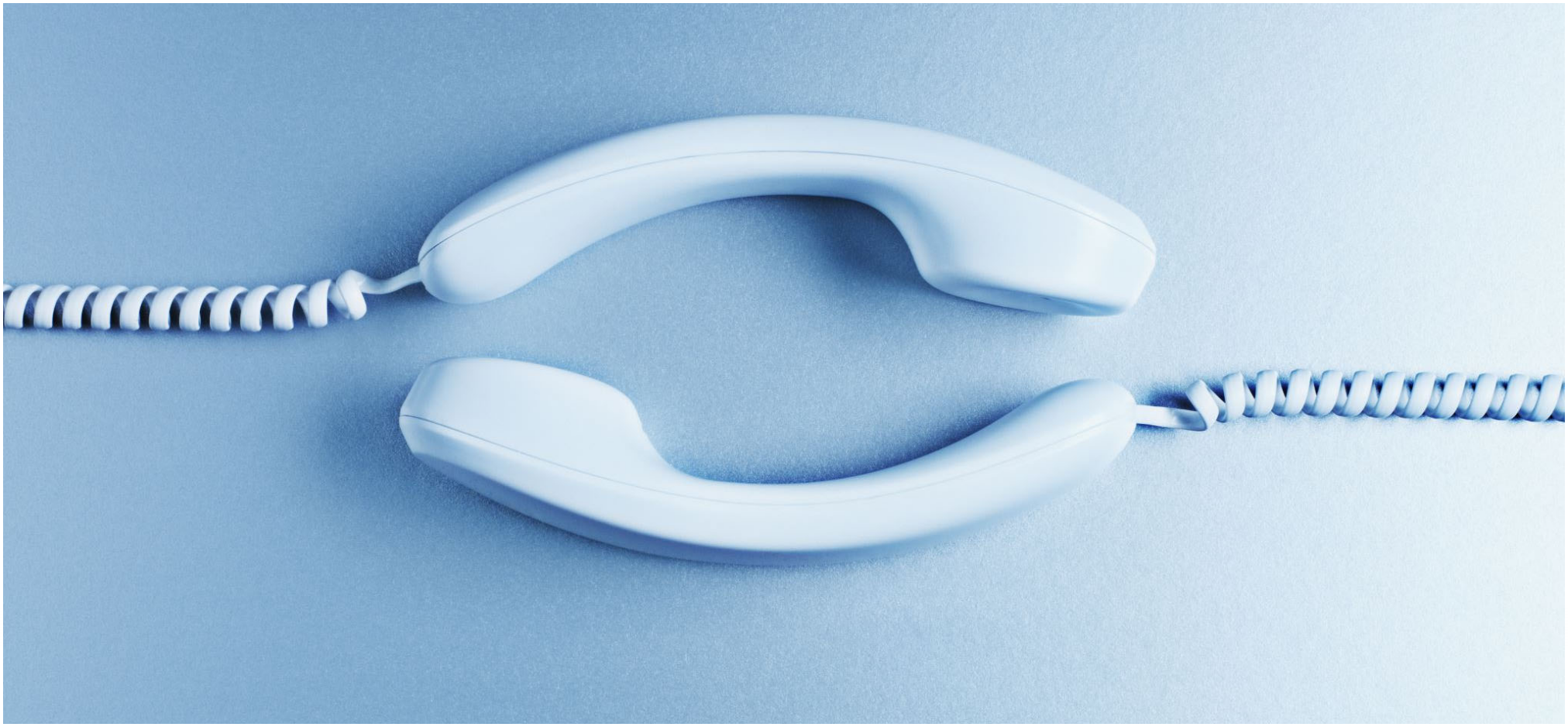
New Prescription Drop Off

Data Mining for Cold Calls



Data Mining

Inclusion Criteria

- Age
- Target Medications/Disease States
- Known Payer Opportunities

Other Criteria to Consider

- Sync Status
- Other Vaccine History
- Last Encounter Date
- Be predictive (If age dependent, run several months before the time due and schedule them)

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Data Mining for Cold Calling

- Run report weekly to have a manageable number of patients and reasonable cadence
- Make sure the report identifies patients' sync enrollment status
- Cross reference your report with the state IIS
- For patients who are not enrolled in sync:
    - Cold call the patient and discuss potential need for vaccine
        - Copy & paste immunizations from IIS
    - Process vaccine prescription & quote patient's copay
    - Document the conversation in the PMS & highlight needed vaccine- note response (accept & decline)
    - If patient agrees to vaccination, schedule the appointment
    - Check inventory of vaccine and earmark for the patient
    - After vaccine is administer schedule f/u dose

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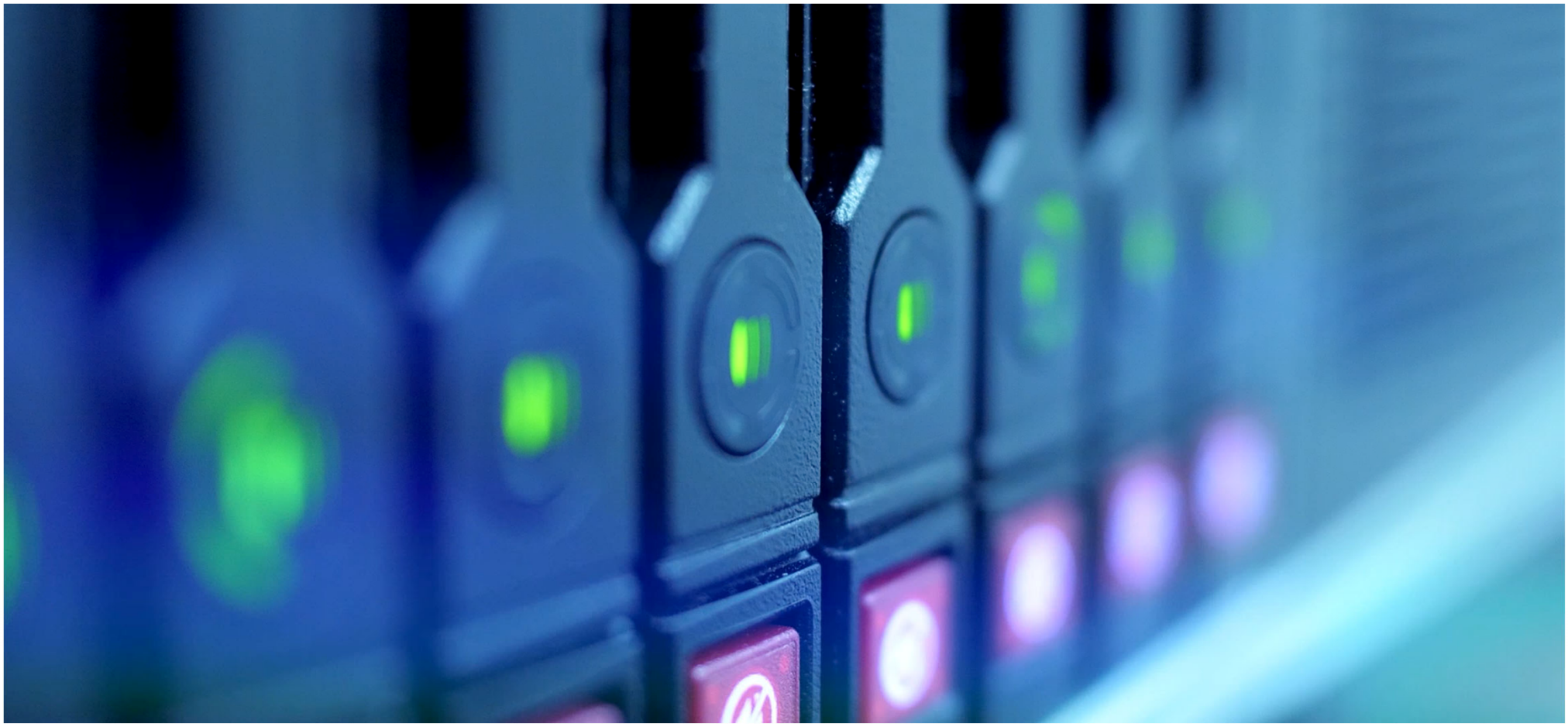
Data Mining Sync Patients



Data Mining Sync Patients (ABM)

- Go into the notes that you keep on you sync patients (index card, sync notes, care plans, whatever you uses for notes)
- Add a note to highlight each patient's eligible vaccines & process test claims for copay quotes
    - Copy & paste immunizations from IIS
    - Build into med sync story
- During the next sync call, have tech discuss immunization opportunities
    - If the answer is, "not this month." Copy the highlighted vaccine note to alert again next month. Vaccine opportunities should be addressed on an ongoing basis. The need does not go away, and the patient's status/mind may change over time.
- If patient agrees, schedule the visit in your scheduling system.
- Confirm that you have the product and if you do earmark it for that patient, if not order it and earmark when it comes in.
- When you give vaccine schedule follow up doses in your scheduling tool

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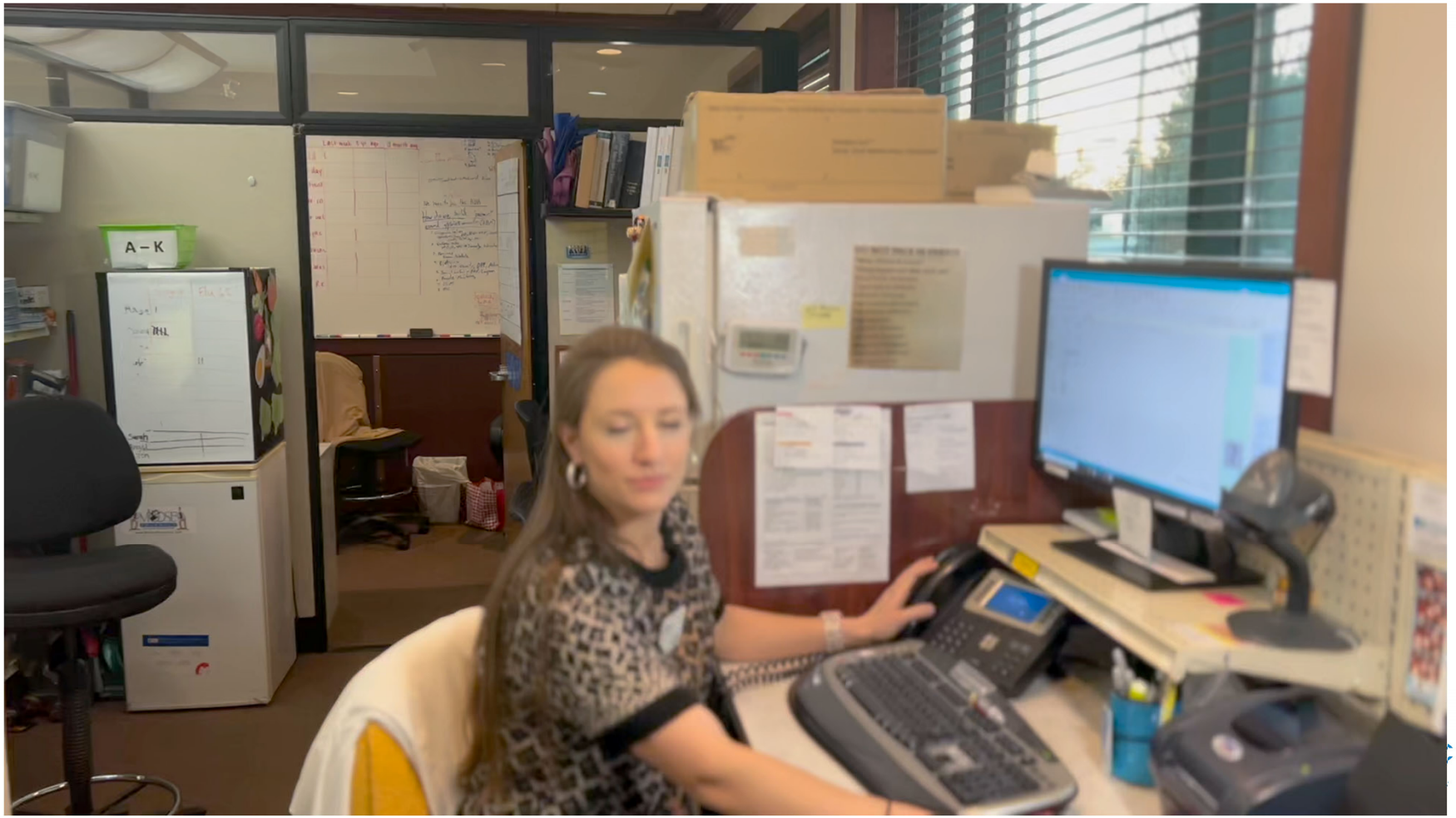
Immunizations @ Sync Call



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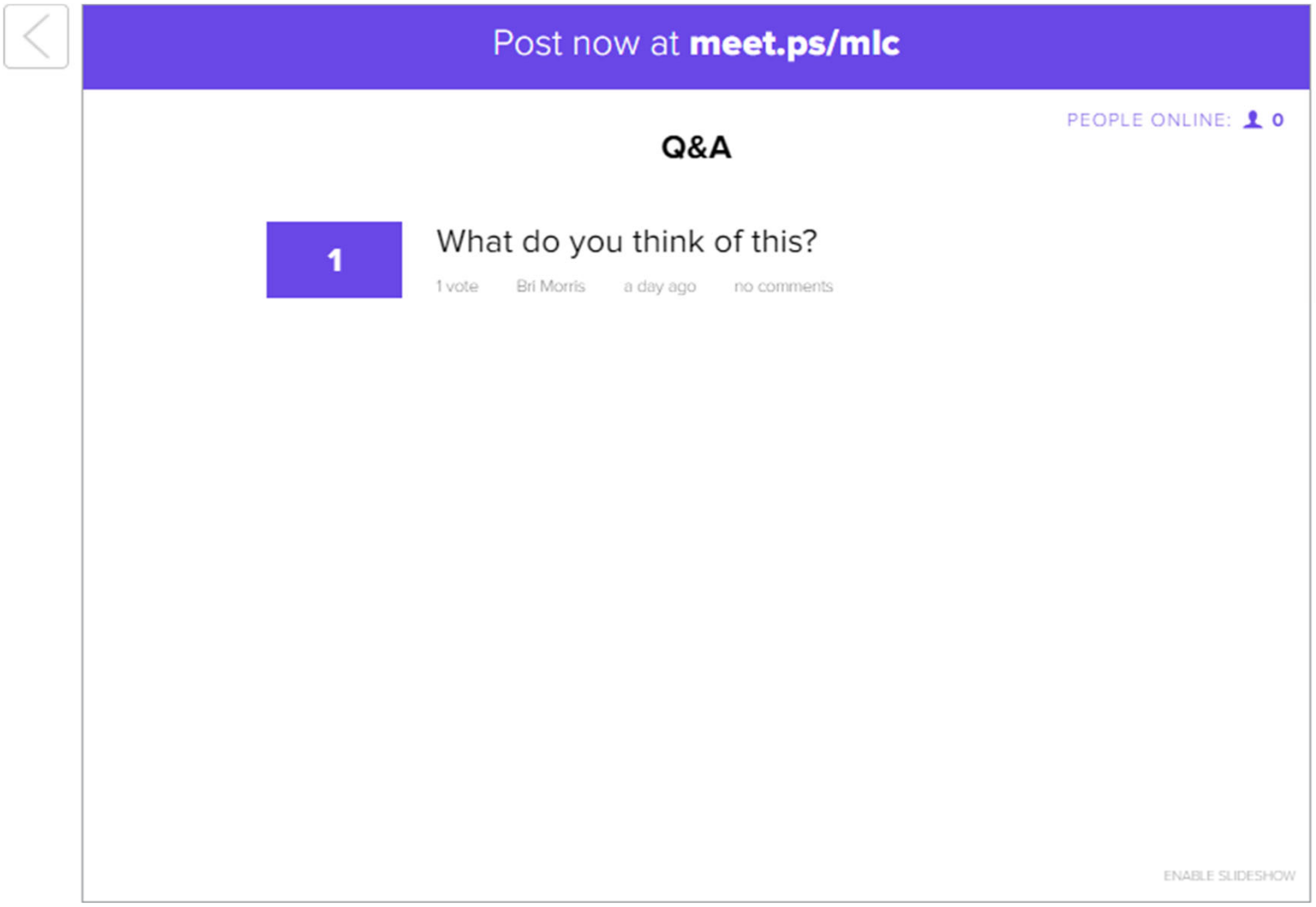

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The Opioid Epidemic within the Pandemic

Linda Clark

NCPA Multiple Locations Conference

February 24, 2022

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Pharmacist and Pharmacy Technician Learning Objectives:

1. Identify strategies of harm reduction against the threat of litigation.
2. Discuss the added value of documentation when pharmacists provide care to patients prescribed opioids.

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THE OPIOID EPIDEMIC BY THE NUMBERS

70,630
people died from drug overdose in 2019[2]

10.1 million
people misused prescription opioids in the past year[1]

1.6 million
people had an opioid use disorder in the past year[1]

2 million
people used methamphetamine in the past year[1]

745,000
people used heroin in the past year[1]

50,000
people used heroin for the first time[1]

1.6 million
people misused prescription pain relievers for the first time[1]

14,480
deaths attributed to overdosing on heroin (in 12-month period ending June 2020)[3]

48,006
deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)[3]

SOURCES

1. 2019 National Survey on Drug Use and Health, 2020.
2. NCHS Data Brief No. 394, December 2020.
3. NCHS, National Vital Statistics System. Provisional drug overdose death counts.

HHS.GOV/OPIOIDS

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Public Awareness of Opioid Issues Remains High

- Prior to the COVID-19 Pandemic, the opioid crisis claimed the lives of over 130 Americans per day. This figure has increased since the beginning of the Pandemic.

- Consequently, public awareness of opioid-related issues remains high, putting pressure on health care providers, including pharmacists, are likely to come under increased levels of scrutiny from both the general public and enforcement agencies.

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How Can Pharmacists & Pharmacies be Held Liable?

- Illegally distributing controlled substances and failing to comply with professional standards and protocols while dispensing controlled substances, such as opioids. (i.e. violation of the Controlled Substance Act)

- Illegal patient recruiting, paying kickbacks to induce physicians to prescribe controlled substances with high reimbursement rates, and health care fraud.

- Municipalities have also brought claims against Pharmacies on the theory of “Public Nuisance.”

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Theory of Public Nuisance

- To succeed on a "Public Nuisance" claim against a Pharmacy, a Plaintiff must provide evidence that shows intentional or unlawful conduct that unreasonably interferes with a "right common to the general public, including the rights to public health and public safety."

In re Nat'l Prescription Opiate Litig. August 6, 2020

- A Plaintiff must establish a causal relationship between a defendant's conduct and a plaintiff's injuries. (Elements vary from state to state)

- These claims aim to address broad harms to the general public which are caused by Pharmacies' dispensing conduct. Many of these cases emphasize procedural failures or Pharmacies directing their pharmacists to fill prescriptions even when "red flags" are triggered based on monitoring policies and procedures.

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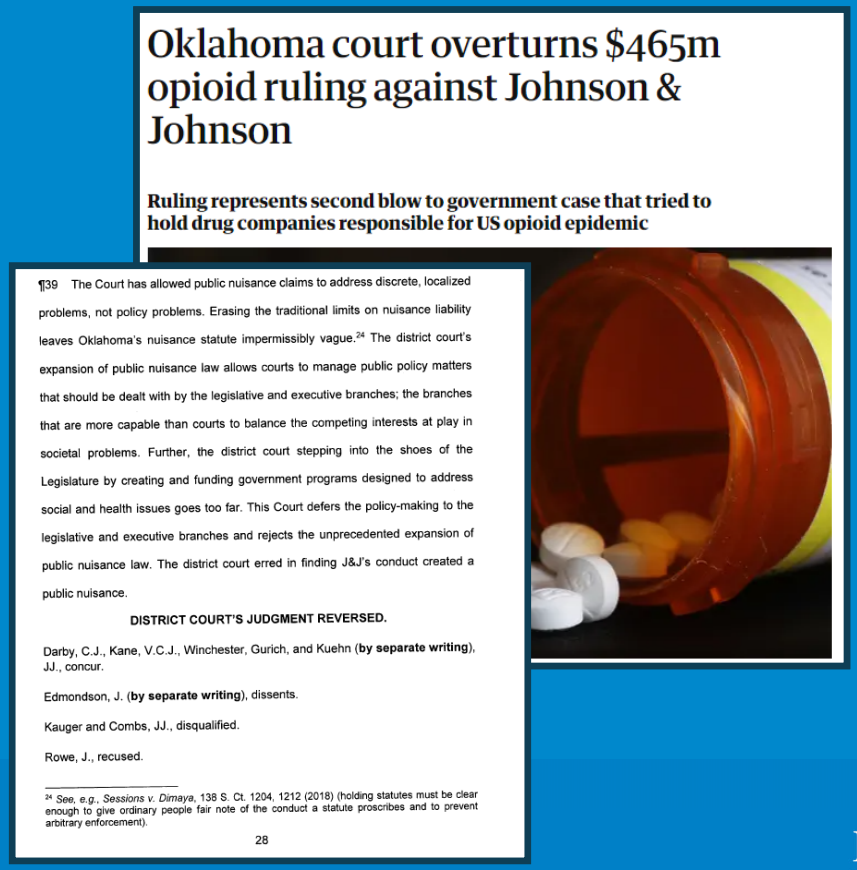
Oklahoma Limits Liability under Public Nuisance Theory

- On November 9, 2021 the Oklahoma Supreme Court ruled that the verdict improperly expanded the bounds of a cause of action based on the public nuisance theory.
- In their Holding, the court stated, “[t]he court has allowed public nuisance claims to address discrete localized problems, not policy problems. Erasing the traditional limits on nuisance liability leaves Oklahoma’s nuisance statute impermissibly vague.”



Oklahoma court overturns $465m opioid ruling against Johnson & Johnson

Ruling represents second blow to government case that tried to hold drug companies responsible for US opioid epidemic

¶39 The Court has allowed public nuisance claims to address discrete, localized problems, not policy problems. Erasing the traditional limits on nuisance liability leaves Oklahoma's nuisance statute impermissibly vague.[24] The district court's expansion of public nuisance law allows courts to manage public policy matters that should be dealt with by the legislative and executive branches; the branches that are more capable than courts to balance the competing interests at play in societal problems. Further, the district court stepping into the shoes of the Legislature by creating and funding government programs designed to address social and health issues goes too far. This Court defers the policy-making to the legislative and executive branches and rejects the unprecedented expansion of public nuisance law. The district court erred in finding J&J's conduct created a public nuisance.

DISTRICT COURT'S JUDGMENT REVERSED.

Darby, C.J., Kane, V.C.J., Winchester, Gurich, and Kuehn (**by separate writing**), JJ., concur.

Edmondson, J. (**by separate writing**), dissents.

Kauger and Combs, JJ., disqualified.

Rowe, J., recused.

[24] *See, e.g., Sessions v. Dimaya*, 138 S. Ct. 1204, 1212 (2018) (holding statutes must be clear enough to give ordinary people fair note of the conduct a statute proscribes and to prevent arbitrary enforcement).

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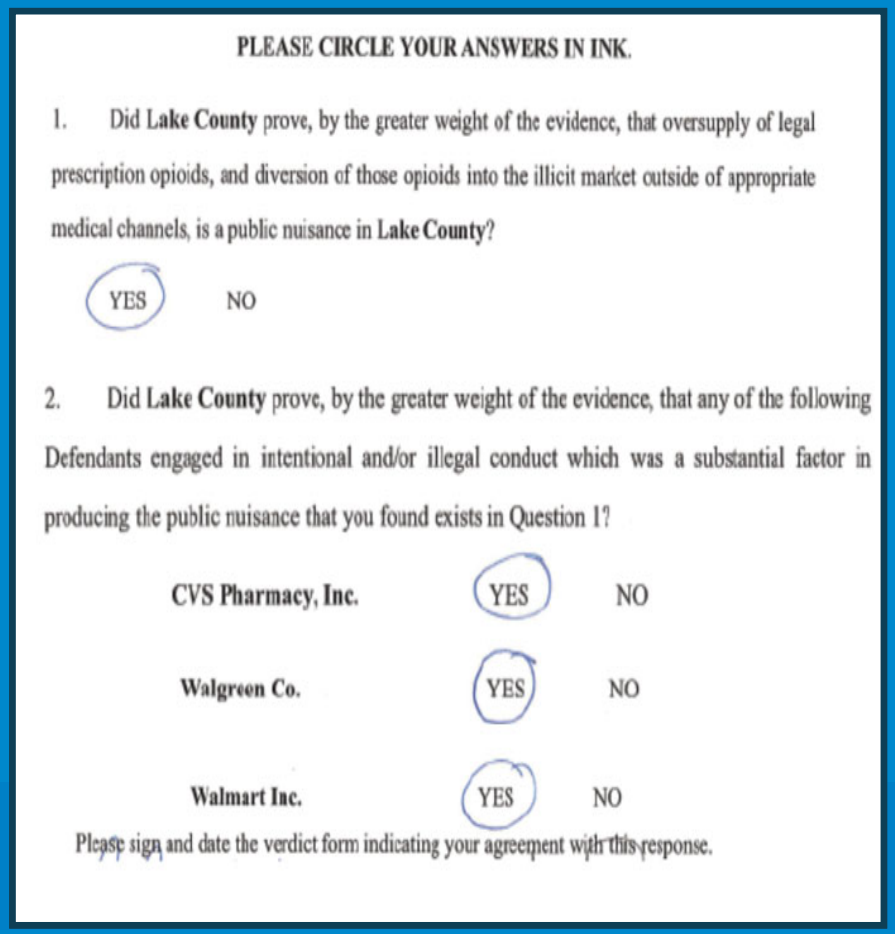
Ohio Jury finds CVS, Walgreens, and Walmart liable for fueling Opioid Crisis



PLEASE CIRCLE YOUR ANSWERS IN INK.

1. Did **Lake County** prove, by the greater weight of the evidence, that oversupply of legal prescription opioids, and diversion of those opioids into the illicit market outside of appropriate medical channels, is a public nuisance in **Lake County**?

YES NO

2. Did **Lake County** prove, by the greater weight of the evidence, that any of the following Defendants engaged in intentional and/or illegal conduct which was a substantial factor in producing the public nuisance that you found exists in Question 1?

CVS Pharmacy, Inc.	YES	NO
Walgreen Co.	YES	NO
Walmart Inc.	YES	NO

Please sign and date the verdict form indicating your agreement with this response.

- On November 23, 2021 an Ohio Jury found CVS, Walgreens, and Walmart responsible for their role in the opioid crisis on the theory of Public Nuisance.

- In previous rulings, the Northern District of Ohio recognized that Pharmacists are not relieved of liability because a medication is prescribed by a medical professional. Rather, Ohio law recognizes that a "the pharmacies' dispensing conduct" may form the basis for independent liability, and causation is a factual issue which should be determined by a Jury.

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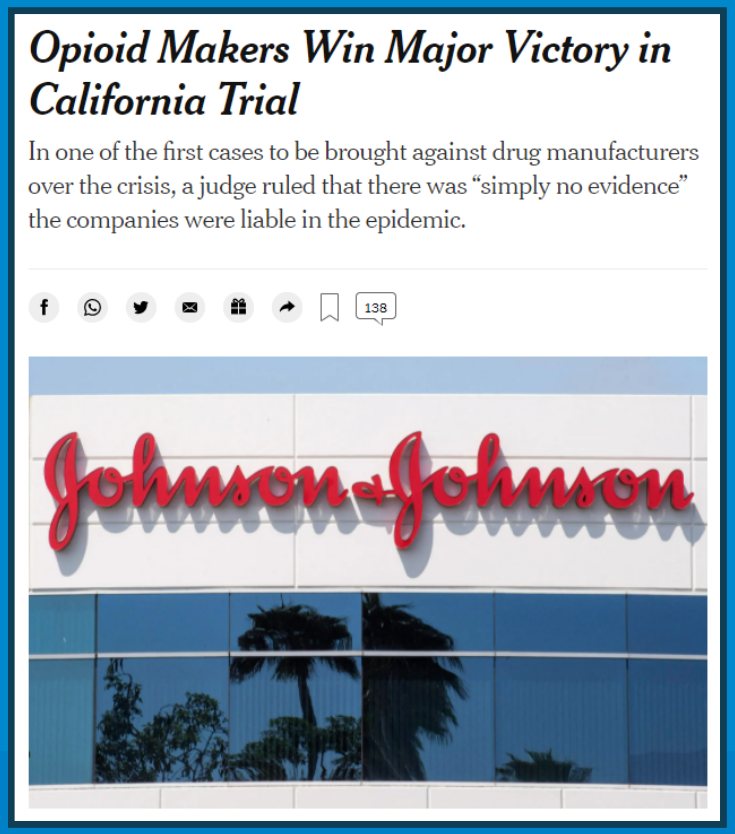
Minority Report - California Court finds Municipality Failed to meet the standard of proof



Opioid Makers Win Major Victory in California Trial

In one of the first cases to be brought against drug manufacturers over the crisis, a judge ruled that there was "simply no evidence" the companies were liable in the epidemic.

138

- The California Superior Court Judge found that "there is simply no evidence to show that the rise in prescriptions was not the result of medically appropriate provision of pain medications to patients in need."
- Both the California and Oklahoma cases illustrate the challenges associated with opioid related litigation against major pharmaceutical companies.

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Litigation Update - Government Entities Look to Settle

Attorney General Josh Stein Announces $26 Billion Agreement with Opioid Distributors/Manufacturer

"While no amount of money will ever be enough, this settlement will force these drug companies to pay a historic amount of money to bring much-needed treatment and recovery services to North Carolina communities and to change their business practices so that something like this never happens again."

Attorney General **Josh Stein**

For Immediate Release:
Wednesday, July 21, 2021

Contact:
Nazneen Ahmed (919) 716-0060

(RALEIGH) Attorney General Josh Stein today announced a historic $26 billion agreement that will help bring desperately needed relief to people across the country who are struggling with opioid addiction. The agreement includes Cardinal, McKesson, and AmerisourceBergen – the nation's three major pharmaceutical distributors – and Johnson & Johnson, which manufactured and marketed opioids. The agreement also requires significant industry changes that will help prevent this type of crisis from ever happening again. The agreement would resolve investigations and litigation over the companies' roles in creating and fueling the opioid epidemic. State negotiations were led by Attorneys General Josh Stein (NC) and Herbert Slatery (TN) and the attorneys general from California, Colorado, Connecticut, Delaware, Florida, Georgia, Louisiana, Massachusetts, New York, Ohio, Pennsylvania, and Texas.

OPIOID CRISIS

All Pa. counties sign on to $26 billion global opioid settlement

(AP Photo/Mark Schiefelbein)

by: Lauren Rude, James Wesser
Posted: Jan 27, 2022 / 10:03 AM EST / Updated: Jan 27, 2022 / 10:03 AM EST

HARRISBURG, Pa. (WHTM) — In the last year alone, an average of 14 Pennsylvanians died a day from an overdose, according to Attorney General Josh Shapiro. So, how is the Commonwealth responding?

As of Jan. 27, all 67 counties in the state have agreed to join an opioid settlement that would bring up to $232 million in 2022 to help families and individuals find treatment and help those suffering from substance abuse.

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Recent Developments In Criminal Liability Cases

In Re: Rochester Drug Co-operative, Inc.

- In a “first-of-its-kind” prosecution, Laurence F. Doud III, the former Chief Executive Officer of Rochester Drug Co-Operative, Inc., was convicted on February 2, 2022 in Manhattan federal court of conspiring to unlawfully distribute oxycodone and fentanyl and conspiring to defraud the Drug Enforcement Administration (“DEA”).
- Doud was found guilty of conspiring to ship massive amounts of dangerous and highly-addictive oxycodone and fentanyl to pharmacies that he knew were illegally dispensing those controlled substances to drug dealers and addicts. Conspiracy to distribute controlled substances carries a minimum sentence of 10 years.

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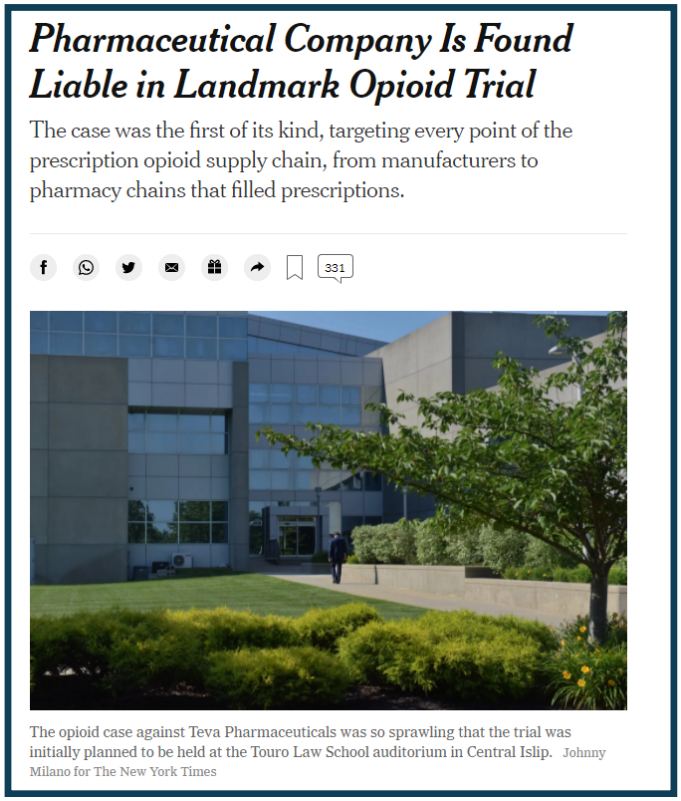
Developments on the State Front

In Re Opioid Litigation

- On December 30, 2021, a New York jury found Teva Pharmaceuticals liable for contributing to the ongoing opioid crisis in New York – flooding the state with painkillers which contributed to thousands of deaths.
- The Jury also found New York State bore some fault in the opioid Epidemic, finding that it failed to adequately safeguard against excessive medication orders. Damages have yet to be determined. The decision will likely be appealed.



Pharmaceutical Company Is Found Liable in Landmark Opioid Trial

The case was the first of its kind, targeting every point of the prescription opioid supply chain, from manufacturers to pharmacy chains that filled prescriptions.

331

The opioid case against Teva Pharmaceuticals was so sprawling that the trial was initially planned to be held at the Touro Law School auditorium in Central Islip. Johnny Milano for The New York Times

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Allegations

Opioid Manufacturers

- Allegedly downplayed the risks of opioids, marketed drugs to the medical community as non-addicting, and targeted marketing efforts, which resulted in health care providers prescribing opioids more aggressively.

Distributers

- Are alleged to be responsible for distributing more than 80 percent of the opioids at issue and failed to monitor, investigate, refuse, or report suspicious orders of prescription opioids, flooding states with drugs. Recently, the Department of Justice has seen success in bringing criminal enforcement actions against former executives of pharmaceutical distributors.

Pharmacies

- Are alleged to have sold high volumes of opioid drugs, thereby creating addiction and a black market. Plaintiffs claim the defendant pharmacies disregarded certain data and other evidence of over-dispensing and violated best practices and industry standards governing the proper dispensing of potentially addictive controlled substances.

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What Does This Mean for Community Pharmacists?

Community Pharmacists are expected to adhere to increasingly high standards of care when dispensing controlled medications including opioids. Recent cases, such as Ohio litigation involving CVS, Walgreens, and Walmart, highlight the need to have procedural safeguards in place to identify and mitigate “red flags” and properly identify and mitigate risks to both Patients and Pharmacies.

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What Does This Mean for Community Pharmacists?

In addition to the obligation [Pharmacy Defendants] owe as distributors, the [c]hain [p]harmacies are subject to additional duties that require them to ensure that opioids are dispensed pursuant to legitimate prescriptions. Specifically, as dispensers of opioids, the [c]hain [p]harmacies are required to ensure that the prescriptions dispensed at their stores are dispensed pursuant to a legitimate prescription, and must not fill prescriptions without resolving "red flags" of diversion.

In Re: Opioid Litigation (Suff. Cty. April 13, 2020)

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What Does This Mean for Community Pharmacists?

Pharmacy Benefit Managers (PBMs) are monitoring and improving Drug Utilization Review (DUR) controls. Pharmacies may experience PBMs rejecting claims based on these DUR controls. Pharmacies dispensing at higher rates than other local pharmacies may also be targeted for audits or investigations.

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What Does This Mean for Community Pharmacists?

Pharmacies may also see wholesalers lowering thresholds for a pharmacy's ability to purchase controlled substances. Like PBMs, wholesalers are monitoring purchases and are conducting audits and utilizing algorithms to determine whether a pharmacy is raising any "red flags." Red flags include, among other things, pharmacies that have a high cash pay population.

What Does This Mean for Community Pharmacists?

In the matter of *MG Pharmacy v. Cardinal Health 110 LLC*, Cardinal Health terminated distribution of all controlled and certain non-controlled substances based on alleged "red flags." In doing so, the U.S. District Court found that a jury could find Cardinal Health failed to act in good faith and breached their Prime Vendor Agreement.

The Pharmacy showed that because of its small size, its business would be unlikely to survive the termination because their inability to prescribe controlled substances would also have a significant impact on revenue from non-prescription medications.

Strategies for Harm Reduction

With pharmacists and pharmacies potentially susceptible to corresponding liability in certain states, pharmacies are advised to establish due diligence policies, which should include checking state prescription drug monitoring programs ("PDMPs") and identification of potential red flags.

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Red Flags – Presentation of the Prescription

1

- Patients travel in groups and/or have unexplainable common factors in their relationships with each other. For example, groups of patients present prescriptions for the same controlled substance(s) from the same prescriber or multiple family members or patients living at the same address present similar controlled-substance prescriptions to the pharmacy on the same day.

2

- A patient presents prescriptions for controlled substances written in the names of other people. This does not apply to designated caregivers presenting prescriptions for patient.

3

- A patient presents a prescription for a controlled substance that the pharmacist knows or reasonably believes that another pharmacy refused to fill.

4

- A handwritten prescription is presented at the pharmacy, looking altered or flawlessly thorough (contains patient address, quantity spelled out, patient's date of birth, multiple provider identifiers, lacks common abbreviations, etc.).

5

- The pharmacist becomes aware that the prescriber's DEA registration has been previously suspended or revoked or is pending suspension or revocation.

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Red Flags – Patient Behavior

1

- The patient pressures the pharmacist to dispense the controlled substance by making implied or direct threats.

2

- The patient shows physical signs associated with controlled-substance abuse, such as appearing sedated, confused, intoxicated, or exhibiting withdrawal symptoms.

3

- The patient obtains the same or a similar controlled-substance prescription from multiple health care practitioners without disclosing those existing controlled-substance prescriptions.

4

- The patient presents several prescriptions written for controlled and non-controlled substances, but only wants the controlled-substance medication(s) dispensed.

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Red Flags – Patient Behavior

5

- The patient presents several prescriptions written for controlled and non-controlled substances, but only wants the controlled-substance medication(s) dispensed.

6

- The patient obtains controlled-substance medications from one pharmacy while having received the same or similar controlled substance(s) from another pharmacy or other pharmacies, without disclosing those existing controlled-substance prescriptions.

7

- The patient presents prescriptions for highly abused controlled-substance medications, which may vary by region. The pharmacist should be aware of abuse trends in their area.

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Red Flags – Medication Taking and Supply

1

- The patient presents prescriptions for large quantities or large numbers of prescriptions for controlled substances.

2

- There is therapeutic duplication for two or more long-acting and/or two or more short-acting opiates.

3

- The patient presents prescriptions for highly abused “cocktails” (combination of opiate, benzodiazepine, and muscle relaxant) of controlled-substance medications.

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Red Flags – Illicit and Illegal Behaviors

1

- The patient indicates that drugs will be shared with others or sold.

2

- The prescriber's DEA registration or state license has expired or been suspended or revoked.

3

- The patient presents a prescription from a prescriber who is prescribing outside the scope of their practice, as defined by state law.

4

- The patient alters, forges, sells, or rewrites prescriptions.

5

- The patient is diverting or selling medication or getting drugs from others.

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Appropriate Documentation is Key!

- With Courts now recognizing and focusing upon a pharmacy's duty to maintain proper procedures, pharmacies should take extra care in ensuring their eCare Plan and record keeping database meet applicable criteria.
- Information that should be maintained includes:
  - Date;
  - Identifying information, including that of the member documenting the patient contact;
  - Patient presenting symptoms or concerns (e.g. medication assessment, pharmaceutical opinion, follow-up, etc.);
  - Patient history summary and care plan if developed;
  - Information provided to or received from other caregivers;
  - Assessments, interventions, and recommendations where professional judgment was exercised along with the evidence on which the recommendations are based; and
  - A follow-up plan that is sufficiently detailed to monitor the patient's progress and ensure continuity of care by the pharmacist.

Pharmacist eCare PLAN INITIATIVE

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Keep Apprised of State Initiatives

- Florida recently passed House Bill 743 mandating health care professionals to inform patients of non-opioid alternatives prior to prescribing and ordering opioid drugs. This bill also requires:
  - pamphlets with information regarding non-opioid alternatives be provided to each patient;
  - a discussion with the patient regarding the advantages and disadvantages of non-opioid alternatives; and
  - the documentation of non-opioid alternatives considered within the patient's record.
- New York's Prescription Monitoring Program Registry is available to NYS licensed pharmacists using a Health Commerce System Account.
  - The PMP Registry provides practitioners with direct, secure access to view dispensed controlled substance prescription histories for their patients.

Ask, Ask, Ask!

- The decisions coming out of the MDL opioid litigation provide a possible roadmap for pharmacists going forward, suggesting a baseline of inquiry that should be implemented when vetting prescription orders for opiates.
- Pharmacists are advised to consider the following:
  - How often does the patient change doctors?
  - What is this patient's prescription history in the prescription drug monitoring program?
  - For what condition is the opioid being prescribed?
  - How often is the same pain prescription being refilled? Is the patient seeking early refills?
  - Are several members of a household receiving prescriptions for controlled substances?
    - If so, does the pharmacy have a relationship with those family members?
  - Is the pharmacist aware or have a reasonable belief that the prescription was refused by another pharmacy?
  - Is the prescription is being sought in order to fulfill a medical purpose and/or is in line with a physician's prescribing practices

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Vote now at: **meet.ps/mlc**

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What opioid policies do you have in place?

No one has voted yet

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Questions?

Linda Clark

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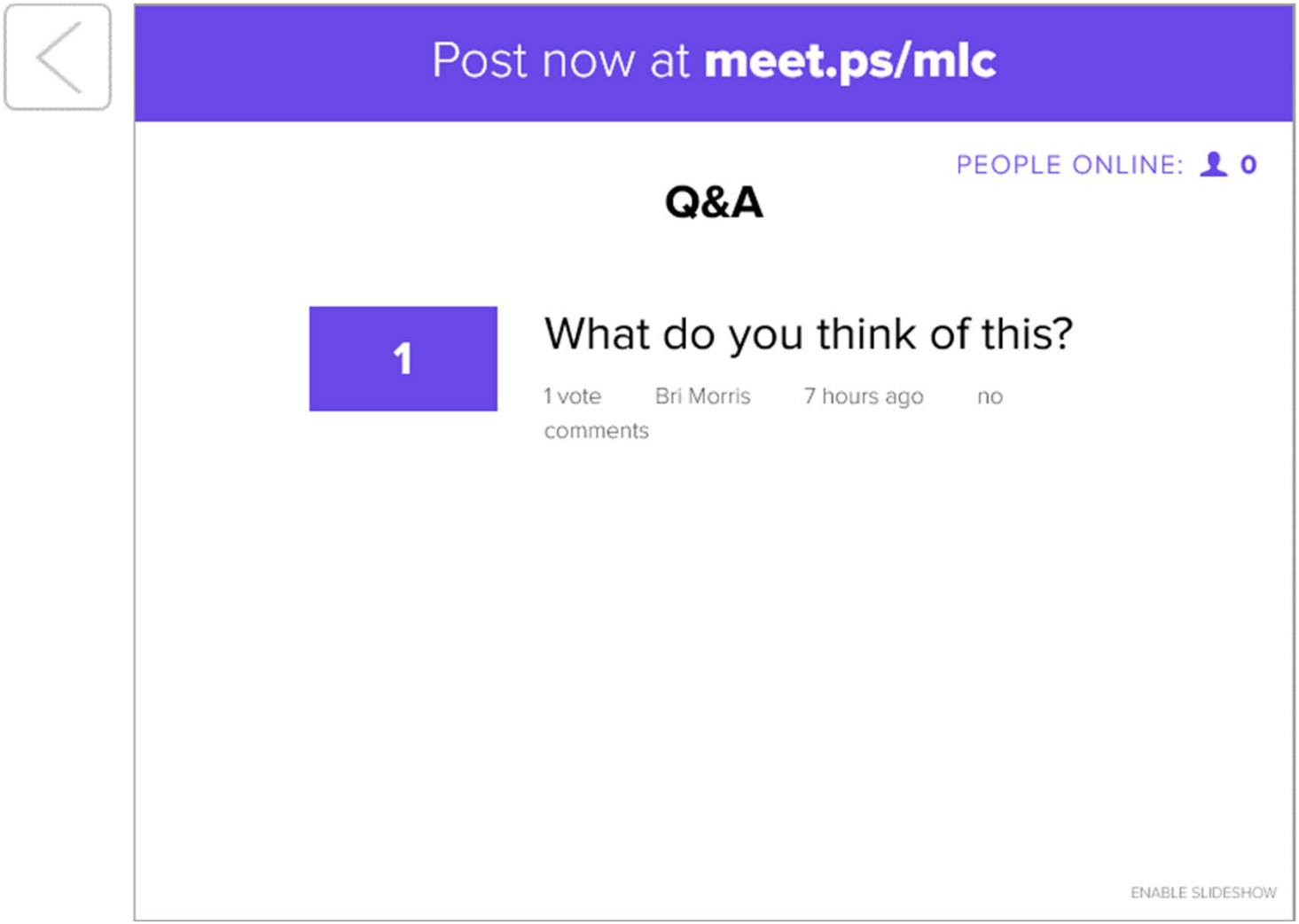

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Looking Around The Corner

George Van Antwerp
Managing Director, Deloitte Consulting LLP

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Disclosure

As disclosed, Deloitte (consulting, tax, audit, and advisory) does work across the health care industry including with retail pharmacies, health plans, PBMs, hospitals, and manufacturers.

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The conflict of interest has been resolved by peer review of the slide content.

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Pharmacist and Technician Learning Objectives

1. Examine opportunities to expand the **pharmacist's role** as digital health curator and coach.
2. Describe what the **future consumer experience** can look like with digital health technology.
3. Review technology **innovations** that could impact pharmacy practice.

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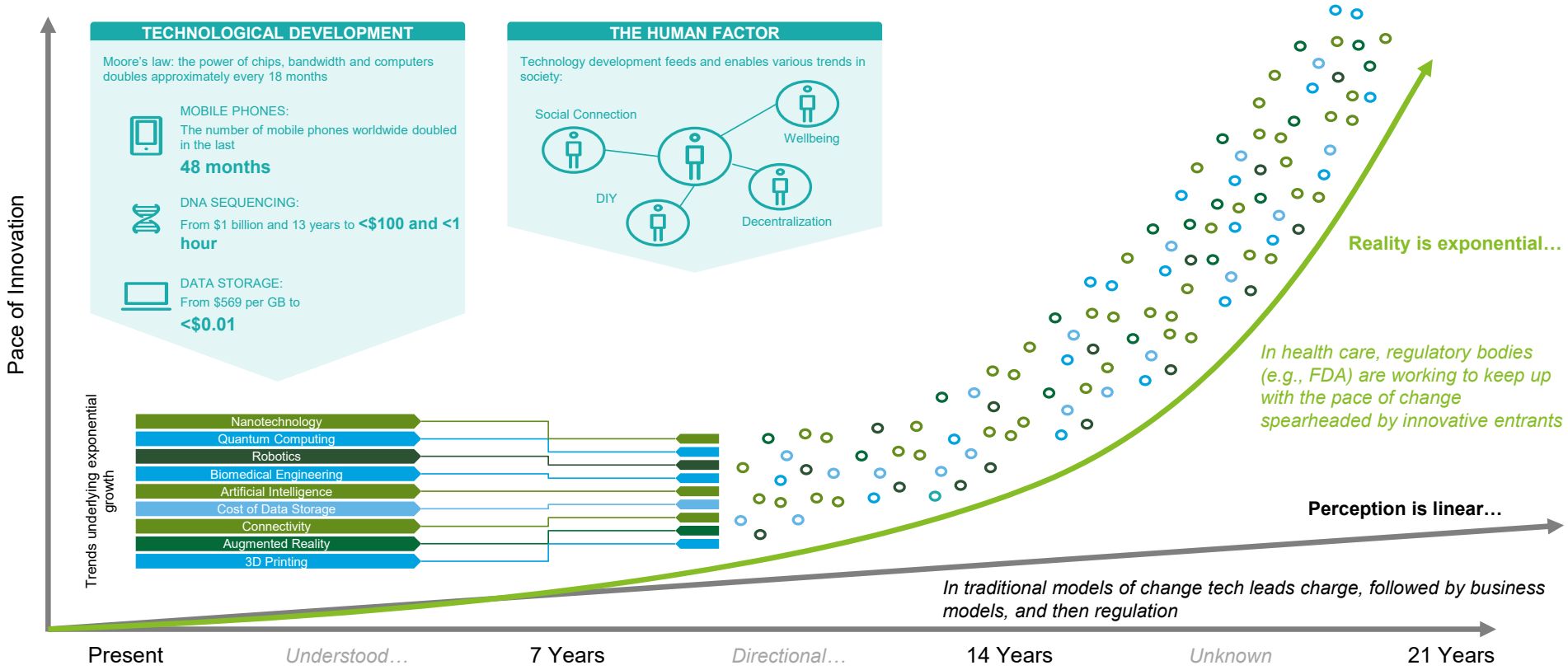
The Future of Health™ is Exponential



Source: Deloitte analysis as presented in the Future of Health™

Radical Changes May Happen Across Pharmacy

Treatments may no longer be focused on **chemical and biologic solutions** – shifting focus towards digital therapeutics, nutraceuticals, implants, CRISPR prime editing, and programmable bacteria

Today's pharmacies **could radically change** – altered by kiosks, telehealth, and same day delivery (3D printing, drones, robots, and self-driving vehicles) - becoming consolidated health destinations

Automation and AI algorithms could enhance the responsibilities of pharmacists, pushing the profession to operate at the **top of their license** and potentially be recognized as providers

Accessible genomic data may make mass customized generics and personalized, precision medicine **readily available** to the market accelerated by epigenetic and microbiome research

Massive data sets connected by IoT devices, cloud-based algorithms, and quantum computing should **enable real-time** diagnosis and insights which are integrated into our daily lives and shared across care locations

Health coverage may need to **split between genetic diseases and behavior-driven health**, nudging consumers to make healthy choices

Source: Deloitte analysis as presented in the Future of Pharmacy

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The Future Is Already Happening

Multiple companies are testing and working on **home health care bots** for both tasks and social interactions[1]

Nuro, a company developing **autonomous driving tech**, is testing Rx delivery in partnership with a large retail pharmacy[7]

Labs have been working on an ingestible, origami robot that can be **swallowed and controlled**[2]

Elderly workers in Japan are **using exoskeletons** to allow them to perform manual labor as they age[4]

Xenobots which are **living, programable organisms** may be used to carry medicine inside human bodies[8]

The PBM division of a health care company has announced a **15-minute drone delivery option for patients**[3]

DayTwo uses the gut **microbiome** to create a food as medicine approach for diabetes[9]

A new COVID test developed in Israel can **determine a person's infection status in one second**[5]

Sources: 1. Deloitte Analysis, 2. StatNews, 3. Modern Healthcare, 4. Futurism.com, 5. Reuters, 6. BizJournals, 7. CNBC, 8. CNN, 9. DayTwo website

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Changes Can Disrupt Stakeholder Roles

New Treatments	Delivery	Pharmacist Role
Growth in cell and gene therapy along with the growth of diagnostics and technology like mRNA may change treatment protocols.	Same-day delivery enabled by bots and drones may shift retail into health destinations that coordinate care with providers with central-fill delivery hubs.	Automation frees up time to spend on virtual and physical care while regulations may shift to allow pharmacists to be the next-generation PCPs.

Reimbursement shifts to value based, reducing scale-based advantages while driving hyper-localization of care.

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New Research Will Create New Treatments

Epigenetics
Drugs and devices focused on biological mechanisms that switch genes on and off will likely be the next generation of gene therapy[3]

Neuroplasticity
Therapies that can reorganize the structure, functions, and connections of the nervous system in response to intrinsic or extrinsic stimuli could leapfrog cognitive behavioral therapy (CBT)[4]

CRISPR Prime Editing
The next generation of CRISPR which can search and replace individual DNA letters with minimal damage could address many of the common diseases[2]

Programmable Bacteria
By designing and 3D printing bacteria that can be programmed to attack specific cells in the body, we may be able to stop specific diseases with minimal invasive treatments

Microbiome
Understanding the genetic material of all the microbes – bacteria, fungi, protozoa, and viruses – in and on the body can create opportunities for precision treatments[6]

Bioelectric Medicine
Treatments that restore health patterns of electrical impulses around how neurons fire can change the concentration of neurotransmitters and be used to treat complex injuries[5]

Biomechanoceuticals
The confluence of pharmacological, biomechanical, and organic substrates to form new smart implantables with integrated sensors and pharmacoactive effectors could change the treatment of different conditions

Precision Pharmacopoesis
The advent of drugs which are precision-tailored to an individual's pharmacogenetic profile and which are produced in a distributed model / on site / at-home could replace traditional approaches

Sources: 1. Deloitte Analysis, 2. SingularityHub, 3. WhatIsEpigentics.com, 4. FrontiersIn.org, 5. PNAS.org, 6. Center for Ecogenetics

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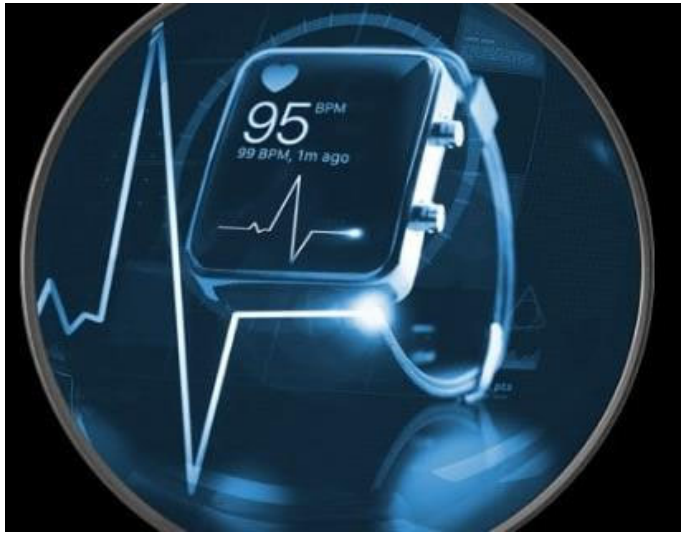
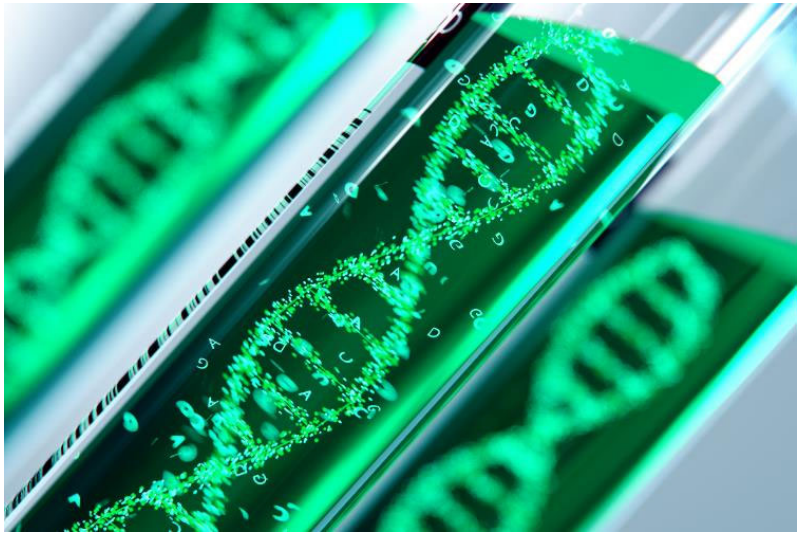
Some Are Already Happening





Traditional Drug Channels Will Likely Change

RETAIL
is transformed

Traditional retail pharmacies could be **transformed** into comprehensive “health destinations”, local distribution hubs, and specialty COEs enabled by virtual RPhs and data interoperability

SPECIALTY
shifts to medical (and retail)

Complex specialty treatments could shift into **Specialty Medical Centers** and traditional specialty medications to retail health destinations

“MAIL”
is reinvigorated

Delivery could grow powered by **automation, drones, telehealth, remote patient monitoring, and 3D printing**

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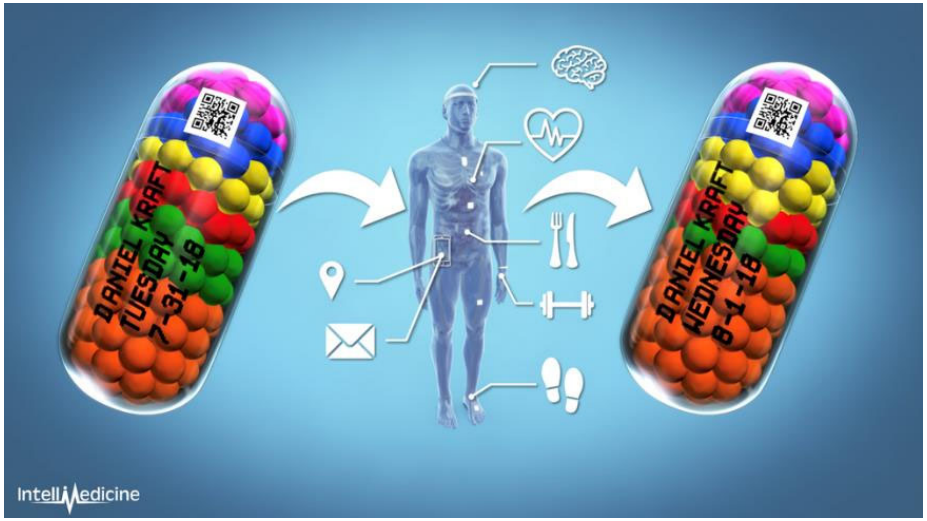
Imagine…



Source: IntelliMedicine with permission from Dr. Daniel Kraft

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Pharmacists Will Need to Evolve to Thrive

Future pharmacists may need to specialize …

DIGITAL

Help patients and providers to select, implement, and manage digital therapeutics and non-drug solutions (eg, food) that will meet their needs.

MEDICAL

Specialize in the treatment and management of complex diseases and poly-chronic patients with a deep understanding of genetics.

BEHAVIORAL

Focus on mental health and necessary behavioral changes needed to stay compliant and address social determinants of health (SDoH).

… to meet patients where they are

- Virtually
- Medical Centers
- In the Home

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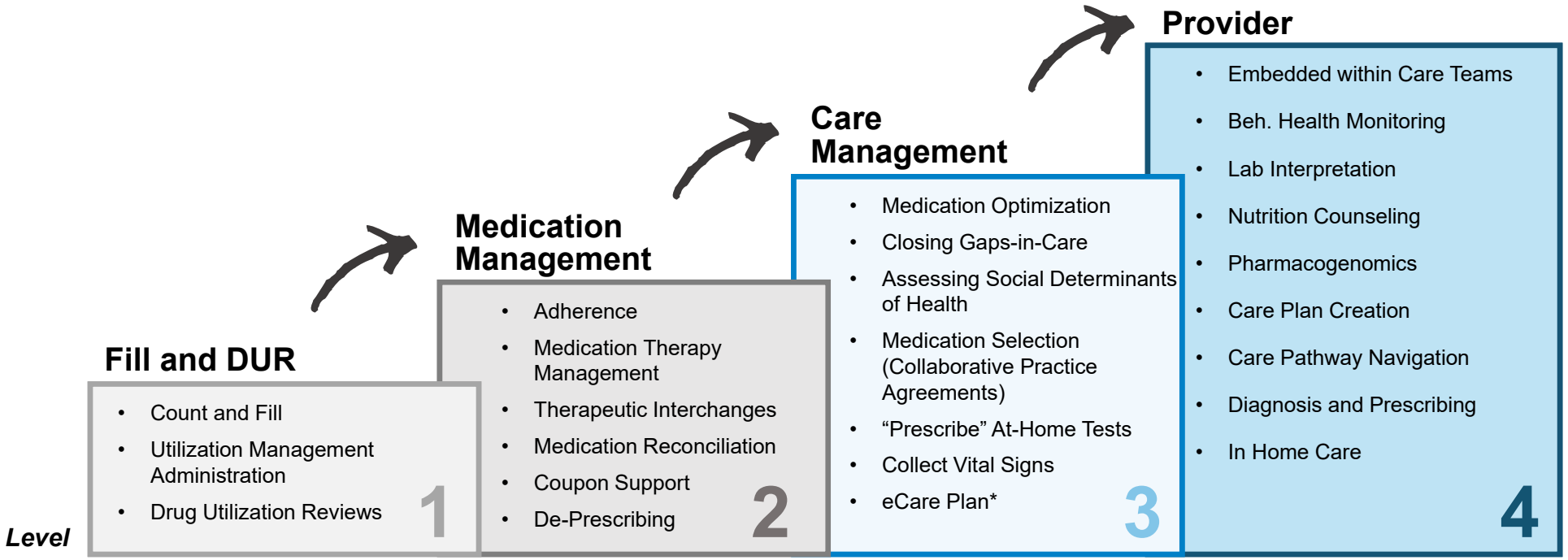
Elevating The Pharmacist's Care Responsibilities



* Pharmacist eCare Plan is an interoperability standard. More information at https://www.ecareplaninitiative.com/

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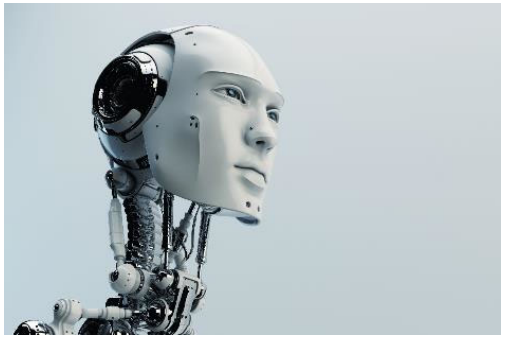
Imagine How Technology Accelerates This…



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Patient Experiences Will Transform

1. Sam enters the bathroom and brushes his teeth with his **smart toothbrush**, which detects the first signs of a strep throat strain from his mouth bacteria
2. His smart toothbrush sends a **digital bacteria sample** off to the lab, which confirms an early strep throat **diagnosis within seconds**, long before symptoms are shown
3. Sam is notified of the lab results and early diagnosis via his **voice-enabled AI avatar,** which directs him to the kitchen to retrieve the tea automatically prepared by his **smart kettle**, and **his smart fridge** nudges him to eat yogurt with probiotic cultures
4. Sam's diagnosis **automatically triggers** an alert to his local health destination, where a treatment plan is developed. The local health destination's avatar connects with Sam to ask if he has any questions or concerns
5. Leveraging his data, the local health destination **3D prints** a single pill tailored to attack the exact bacteria strain and which can be easily metabolized by Sam's enzymes
6. Once 3D printed, a **drone flies the pill** from the health destination to Sam's home so he can take his medication before he leaves for work
7. In the background, the cost of the 3D printed pill is calculated based on Sam's risk profile and **automatically deducted** from his financial account
8. A few hours later, the **avatar follows up** to check how he's feeling and assess any symptoms
9. Sam confirms verbally that he is not feeling any strep symptoms, and his smart toothbrush later validates that the **strain has been eliminated**

Note: This represents a hypothetical future journey.

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How Will You Respond?

Consumers are using more digital apps…can you help them?

There's a new focus on SDOH…what data do you collect and how do you use it?

Pharmacists and prescribers are integrating…how will that evolve the role?

Prescribers are getting information integrated into their EMR…how does that change prescribing?

DTRxs are coming to market…how does that impact substitution?

New payment models are being tried…how will you embrace them?

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What do you think?

What do you think will have the **greatest impact on the future of pharmacy** and the role of pharmacists?

Is there **anything we didn't discuss today** that you see being central to the evolution of pharmacy?

What future changes are you **most excited to see** and experience?

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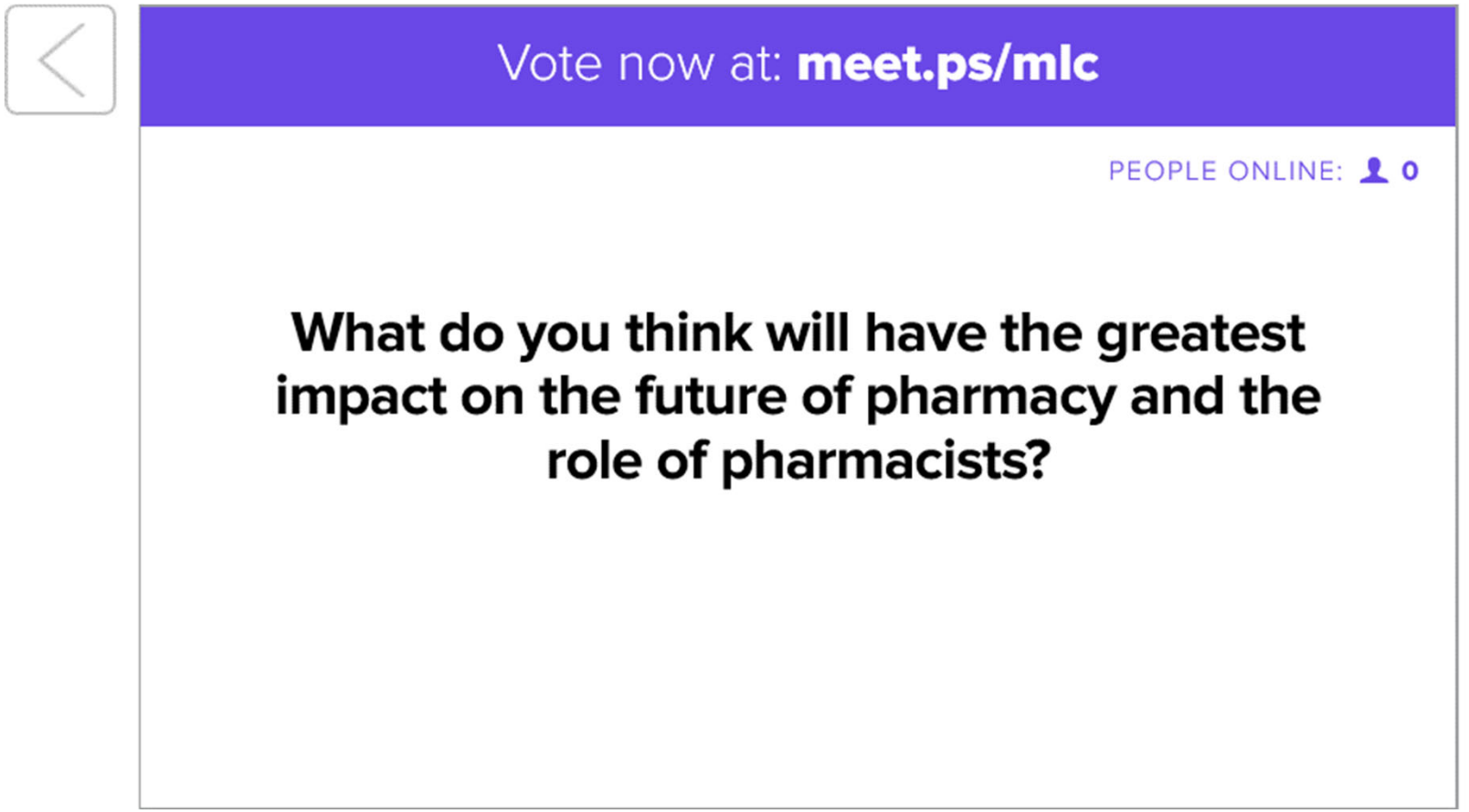
What do you think?



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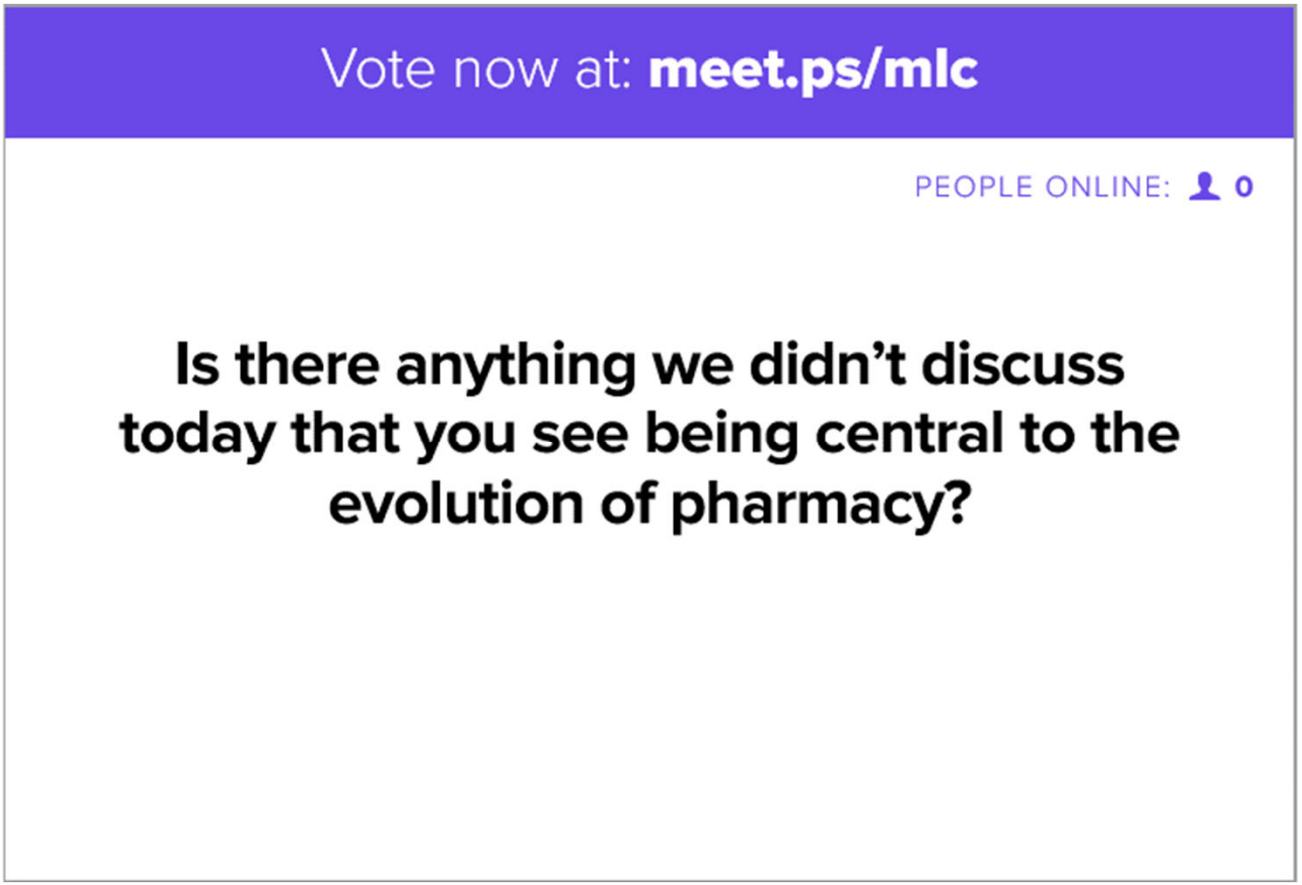
What do you think?



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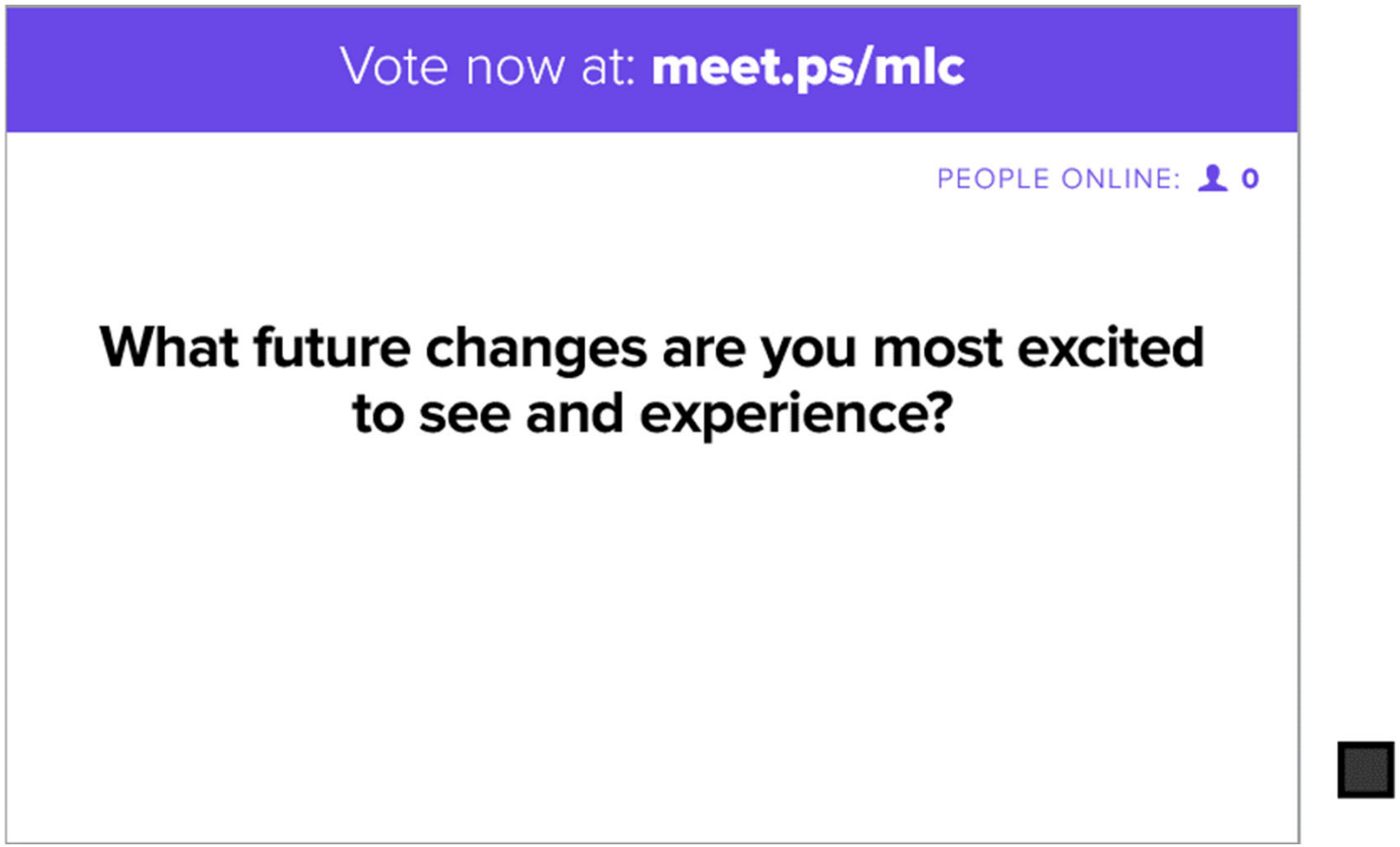
What do you think?



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Q&A

1

What do you think of this?

1 vote Bri Morris 11 hours ago no comments

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