



# Multiple Locations Conference

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Fort Myers, Fla. • Feb. 28 - March 2

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# Disclosure Statement

There are no relevant financial relationships with ACPE defined commercial interests for anyone who was in control of the content of the activity.

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# Personal Effectiveness... The Professional Linchpin!

**Kelly Babcock, MEd, CPCC**

Co-Founder

Leadership Growth Formula



# Learning Objectives

1. Identify the relationship between personal effectiveness and the ability to effectively lead others.
  2. Review four tools for improving personal effectiveness.
- \* Bonus: Learn how to optimize personal effectiveness at MLC!

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# Four Tools to Greater Personal Effectiveness

1. Apply the Leadership Growth Formula
2. Brain Dump Consistently
3. Employ the Five Second Rule
4. Create Lasting Habits



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Tool #1: Apply the

# Leadership Growth Formula

INTERNAL CHANGE + EXTERNAL ACTION = DESIRED RESULTS

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# Leadership Growth Formula

INTERNAL CHANGE





Long lasting  
leadership  
change is an  
inside job...  
it starts with  
an internal  
shift in **YOU!**



# Overwhelm is Real!

# “The Myth of ”Work/Life Balance”

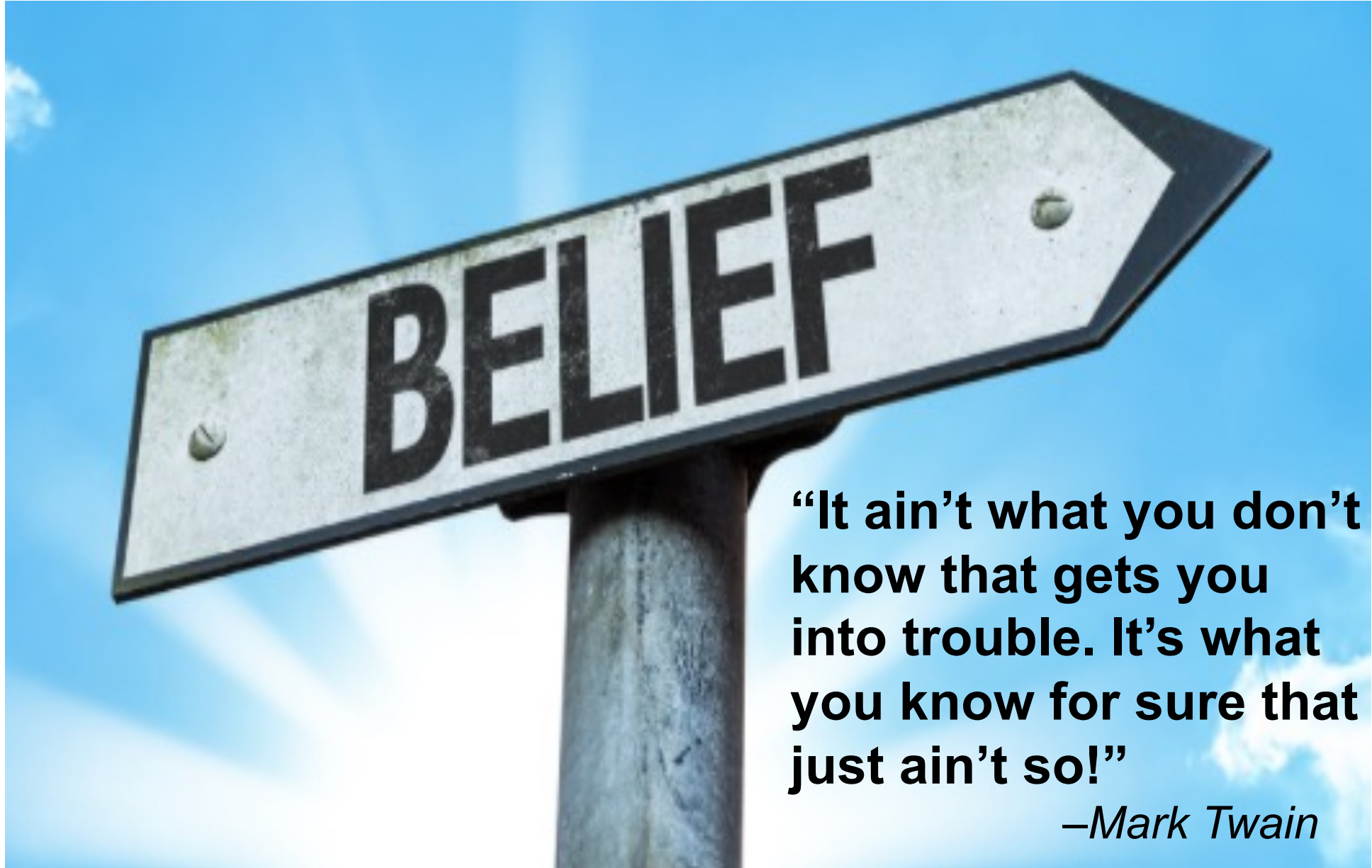


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# EUDAIMONIA:

“...the fullest and purest expression of YOU in your most elevated state.”





**“It ain’t what you don’t know that gets you into trouble. It’s what you know for sure that just ain’t so!”**

*–Mark Twain*

**YOUR PERSPECTIVE  
DETERMINES YOUR LIFE...**





**WHAT DO  
YOU  
SEE?**

**Goat?**



**or Bird?**




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# Are your beliefs limiting?



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# The Voice of the Saboteur



*What if I fail? What if I  
am not good enough?  
What if...? What if ...?*

If the voice in your head isn't kind, loving, caring, and supportive, it is the voice of the 'saboteur.'

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Or...Are Your Beliefs Empowering?

Nothing is impossible.  
The word itself says  
**“I’m Possible!”**

*– Audrey Hepburn*



**E**

**+**

**R**

**=**

**O**

An  
EVENT

Your  
RESPONSE

The  
OUTCOME

---

# Leadership Growth Formula

EXTERNAL ACTION



# My Relationship with Time

# Time Management Matrix





# Benefits of Tracking Your Time

1. You are back in the Driver's Seat
2. Gain time for priorities
3. Gain time for effective delegation
4. Awareness... Visibility to stressors



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# Tool #2: Brain Dump!



# Brain Dump

- laundry
- dishes
- clear kitchen counter
- Purge study - catch up
- purge master closet
- hang kids clothes
- clean bathrooms:
- kids
- master
- guest
- sign up for soccer
- Scholastic book order
- instacart order
- meal plan

- write blog post
- newsletter
- check in w/ team (voxer)
- update instagram
- planner covers
- proof planners
- pay designer #

- 4
- ①
- ②
- 1
- 5
- 6
- ⑤
- ⑥
- ⑦
- ⑧
- 5 -
- 6 -
- 2 -
- 1 -
- 3 -
- 4 -
- 2
- 7 -
- ④
- ③
- 3

- priority
- 1 Purge study caten
  - 2 check in with team
  - 3 pay designer
  - 4 laundry
  - 5 Purge Master closet
  - 6 Hang kids clothes

- 1 Tisher
- 2 Clean kitchen counter
- 3 Proof planners
- 4 planner covers
- 5 clean bathrooms
- 6 kids
- 7 master
- 8 guest

- 1 Meal plan
- 2 Instacart order
- 3 Write Blog post
- 4 Newsletter
- 5 Soccer sign ups
- 6 Scholastic order
- 7 update instagram

# Brain Dump Two Lists:

1. Personal
2. Professional

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# Tool #3: The Five Second Rule!



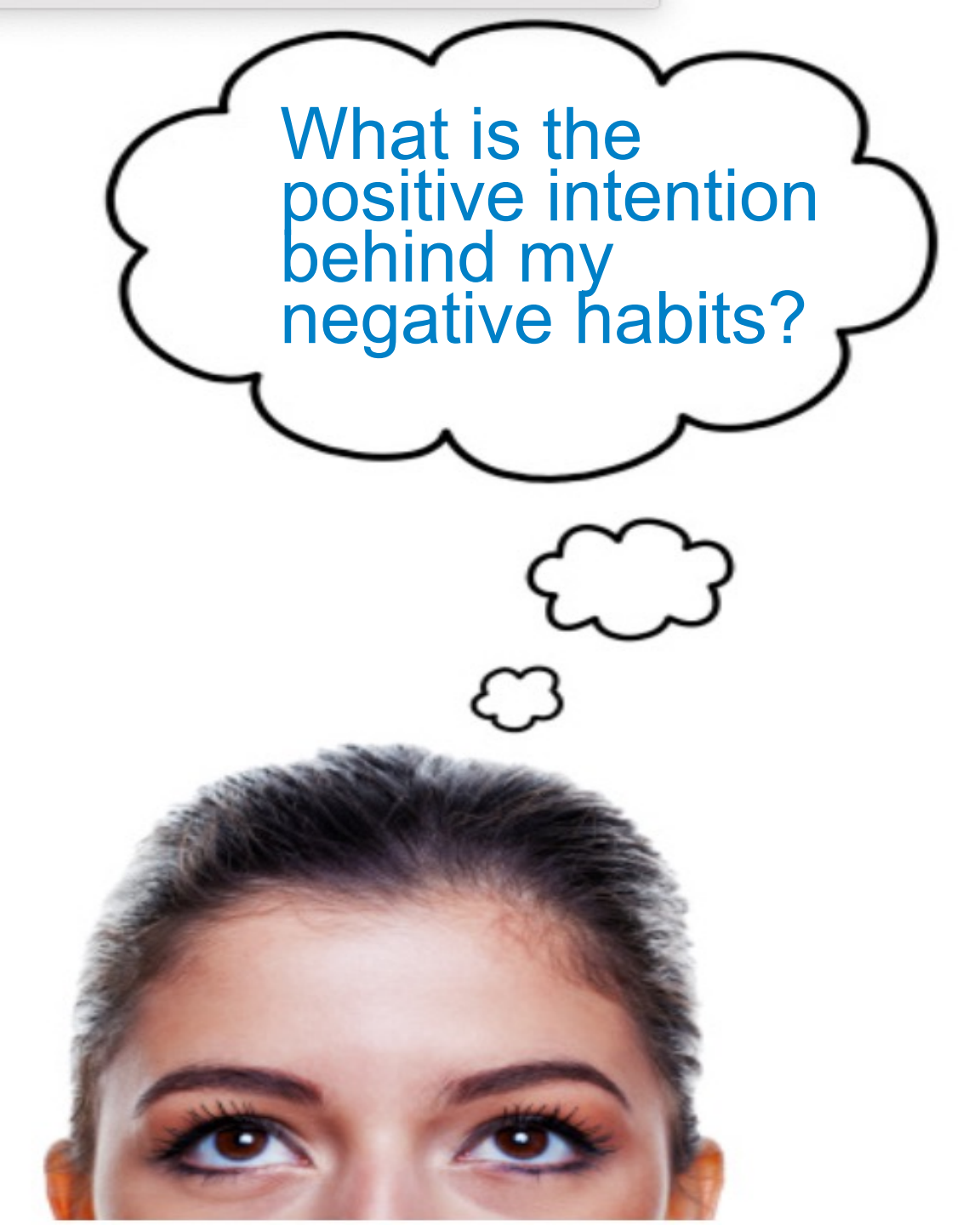
# Tool #4: Create Lasting Habits



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“Lasting habits can inspire you to be the person you wish to be!”  
-James Clear



A woman with dark hair and brown eyes is looking upwards. Above her head is a large thought bubble containing the text 'What is the positive intention behind my negative habits?'. Below this bubble are two smaller, empty thought bubbles, one above the other, suggesting a chain of thought or reflection.

What is the  
positive intention  
behind my  
negative habits?

A Neurolinguistic  
Programming (NLP)  
basic assumption is  
that there is a  
positive intention  
behind **EVERY**  
behavior!

---

“You do not rise to the level of your goals. You fall to the level of your systems.”

- James Clear




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# Leadership Growth Formula

DESIRED RESULT





“Who you  
are is how  
you lead.”  
—*Brene Brown*

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# Personal Effectiveness - Applying the Leadership Growth Formula:



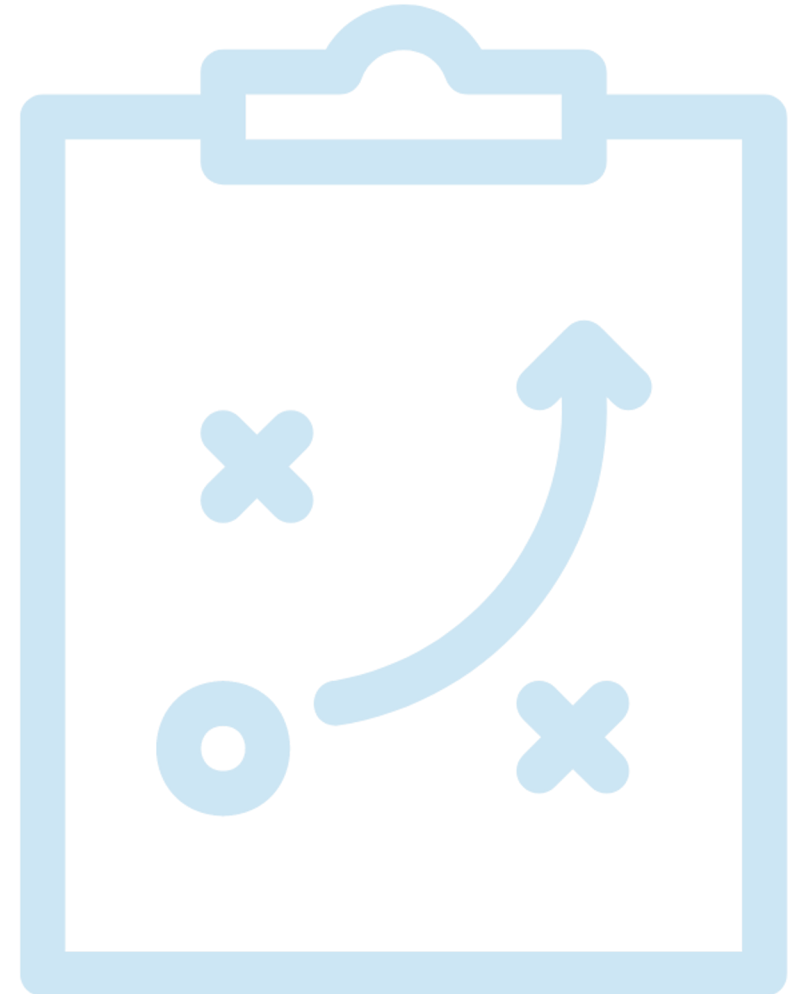
1. **What is my desired result?  
What do I want?**
2. **What internal change or shift  
do I need to make?**
3. **What is one external action I  
will take now?**

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# Game Plan

Optimizing Personal Effectiveness at MLC...

- Bring high energy to the speakers
- Networking
- Take Notes
- Take Action



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# Helpful Resources

- Love + Work, Marcus Buckingham

- Positive Intelligence, Shirzad Chamin

- Atomic Habits, James Clear

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# Join Us!!



## Upcoming LGF Programs:

- April 10-12, Denver
- September 25-27, Ft. Lauderdale

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# Take 5: Take 5 - Tech Tier Training Program

**Kyle McHugh**

President

McHugh Pharmacy Group

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# Tier 1

- Email - how to log into store email and calendar
- Adding new patients
- New prescriptions
- Refills
- Partial Fills
- IOU procedures
- Refill authorizations
- Updated Rxs
- Handling the "To Do" list
- Patient profile and notes (orange =delivery)
- CII Rxs (address and back count stock bottle)
- Invoice - write up
- Refunds
- Paid outs
- Coupons
- Filing hardcopies
- How to do an eligibility check/search

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# Tier 2

- Insurance rebills
- Return to stock and crediting claims
- Rx Transfers to/from an outside pharmacy
- Rx Transfers to/from another sister store
- Immunization billing and forms needed
- Sending ABC order via website (CSOS and regular)
- Drawer Balance Summary Report
- Automation (Barnwell and Chapin only)
- How to access IVR and Talkrx by VOW
- Controlled substance Back Tags -
- Liquid Reconstitution Process
- Third Party
- How to look up Third Party by BIN # and PCN
- How to input coupon/voucher into patient third party



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# Tier 3

- How to enter information for compounds
  - ABC Return Policies and Procedures (CII's also)
  - Min/Max and Order Wizard
  - Datarithm
  - On-hand inventory adjustments
  - Negative inventory report
  
  - Drug usage report
  - RX Item Transfer Forms
  - Out of Dates
  - Low Gross Profit (Post Edits)
  - How to update daily task spreadsheet
  - Matt Report
  - Birthday Calls
  - Sync
  - Ecare Plans
  - How to access third party telephone #
- Split Billing third party and coupon or other ins
  - Where to input insurance overrides for "vac supply, lost meds, etc
  - How to make third party "primary, secondary, etc"
  - Explain medicare deductible, donut hole, etc. (starts Jan 1.)
  - Where to input override in for for "product selection, etc" (PS, M0, 1G)
  - DME Rental Agreements and Billing (if necessary)
  - Nationally/State Certified
  - On-hand inventory adjustments
  - Negative inventory report
  - Drug usage report
  - Rx Item Transfer Forms
  - Out of Dates
  - Low Gross Profit (Post Edits)



**Kyle (& Pam) McHugh**  
President  
McHugh Pharmacy Group

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# Take 5: Hiring a Naturopath to Boost Front-End Sales

**Jeff Harrell, PharmD**  
CEO  
Cascadia Pharmacy Group



# Naturopathy: A Brief History

- Roots in Germany; developed in the U.S. in 19<sup>th</sup> & 20<sup>th</sup> centuries
- Central belief = nature has a healing power (*vis medicatrix naturae*)
- Practitioner's role is to **support the body's ability to maintain and restore health, using the most natural and least invasive approaches**





# Why Do People Visit Naturopathic Practitioners?



- Primary care
- Overall well-being
- Complementary treatment of chronic illnesses, as well as acute conditions (colds, flu)

COMPLEMENTARY TREATMENT = OPPORTUNITY FOR OUR PHARMACY

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**Madison Park Had an  
Opportunity to  
*“Treat the Whole Person”***



# Location, Location, Location

Madison Park is a community that was ripe for this type of service...

- ✓ Affluent neighborhood firmly established in the heart of Seattle
- ✓ Close-knit community with a small-town feel – “support local”
- ✓ Integrative pharmacy had just closed down; citizens were mad!



# How We Integrated a Naturopathic Approach Into Our Pharmacy

- Available on a walk-in basis
- At least one practitioner always available (typically one naturopath + two herbalists)
- Emphasis on education; never diagnose or treat on the floor

*Using practitioners adds authority and trust that supplements are being sold responsibly...*





# Supplement Lines

We highlight supplement lines traditionally available only through Naturopath clinics

Top quality supplements that include clinically researched ingredients and formulas.

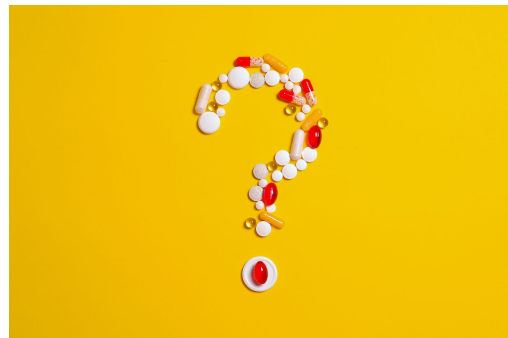
We balance these lines with more cost-effective brands for the basics to reach all customer price points (family-owned Bluebonnet and PNW-based Natural Factors).





# Common Patient Questions

- What are the different types of magnesium?
- What is available to help with sleep?
- What are some options for immune support?
- What probiotics are suitable to take with the antibiotic I'm on?





# Bottom Line: A Look at the Numbers

**Average Gross Margin on Supplements**

**50%**

**Average Weekly Net Front-End Sales**

**\$30,000**

(45% supplements | 30% beauty/personal care | 15% OTC | 10% general merch/grocery)

**Hourly Rate + Scheduled Weekly Hours**

**\$25/hr (Seattle minimum wage is \$19.97/hr)**

**1 naturopath + 2 herbalists (90 hours/week total)**

(When we have longer practitioner hours, we see a 10-15% increase in overall sales/day.)



Jeff Harrell, PharmD  
CEO, Cascadia Pharmacy Group  
[jeff@cascadiapharmacygroup.com](mailto:jeff@cascadiapharmacygroup.com)

A group of business professionals in a meeting. A man in a dark suit and tie is on the left. A woman in a grey blazer is in the center, looking at a smartphone. Another person is on the right, holding a coffee cup. In the foreground, a hand points to a tablet displaying a document. The background is a bright, out-of-focus office space.

# TAKE 5: INVENTORY DISCUSSION

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Joe Williams, PharmD

Brisson Drugs

Apex Pharmacy Consulting

# THE BASICS



What do you have in inventory?



Who are your suppliers?



How is it ordered?



How strong is your sync program?

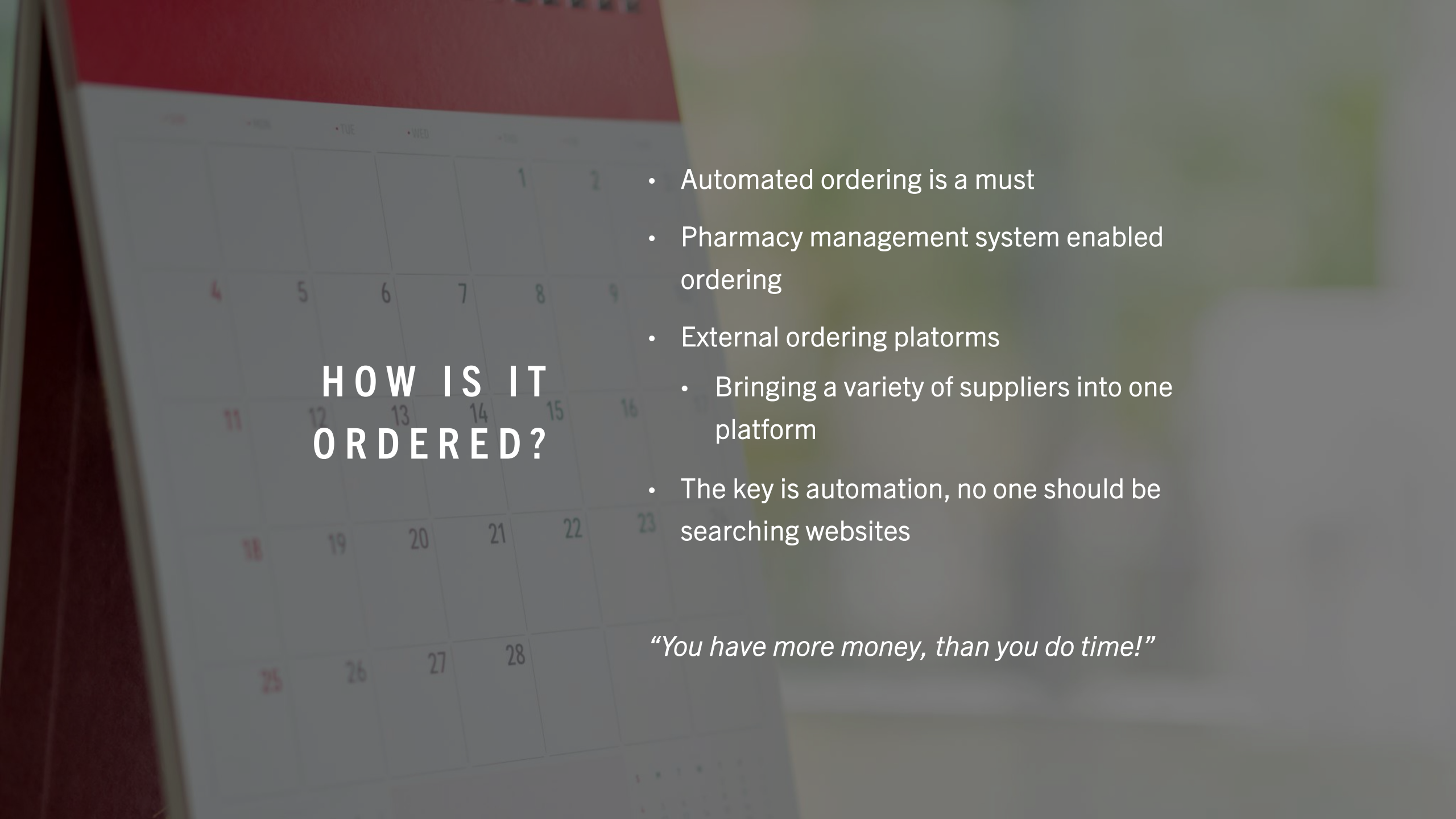
# WHAT DO YOU HAVE IN INVENTORY?

- Inventory is generally the single biggest expense within a pharmacy
- Evaluate your inventory turns ratio
- Average Inventory Turnover Ratio
  - 10 – 12 is national average, higher is better
- Inventory Turns =  $\frac{\text{Annual Cost of Goods}}{\text{Inventory (\$)}}$

# WHO ARE YOUR SUPPLIERS?

- Primary wholesalers offer tremendous value, beyond just purchasing
  - Generally, there are stipulations associated with purchases
  - GCR, Purchasing tiers, rebate implications
- Secondaries should offset weaknesses of primary
  - Cheaper generics
  - Controlled substances
  - Hard to find items
  - Niche products
  - Short dates (deep discounts)





## HOW IS IT ORDERED?

- Automated ordering is a must
- Pharmacy management system enabled ordering
- External ordering platforms
  - Bringing a variety of suppliers into one platform
- The key is automation, no one should be searching websites

*“You have more money, than you do time!”*



**HOW STRONG IS  
YOUR SYNC  
PROGRAM?**

- A successful sync program is the key to successful inventory management
- Inverse relationship
  - When sync numbers go up, average inventory value goes down
- Begin with high value items
  - Mandatory sync for all drugs above a certain unit cost (\$6)
  - You no longer have to stock items when they are 100% sync
  - You only order them after receiving a paid claim

# CONTACT

Joe Williams, PharmD

Brisson Drugs

Apex Pharmacy Consulting

[www.apexpharmacyconsulting.com](http://www.apexpharmacyconsulting.com)



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# Words Matter – *The Power of Marketing Your Value Differently*

**Tripp Logan, PharmD**

Lead Luminary, CPESN Health Equity

VP, SEMO Rx Pharmacies & Care Coordination

COO, Seguridad, Inc.



# Learning Objectives

1. Differentiate between the roles of a pharmacy technician and community health worker
2. Describe opportunities for pharmacy-based community health workers
3. Identify areas for enhanced pharmacy services with community health workers



# Theme #1: Community Health Worker (CHW)

*A CHW is a **frontline** public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This **trusting** relationship enables the CHW to serve as a liaison/**link**/intermediary between health/**social** services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and **community** capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and **advocacy**.*



# Theme #2: Health Equity

*Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities.*





# Theme #3:

## Revenue for Pharmacies with CHWs

COVID Vaccine  
Hesitancy Gap  
Closure

\$

Vaccine Gap  
Closure  
Education

\$

SMBP /  
Medication  
Optimization / etc

\$

Chronic Care  
Management

\$

Outreach  
Marketing

\$

Data Acquisition  
& Reporting

\$

***Current Examples***





# Theme #3:

## Revenue for Pharmacies with CHWs

COVID Vaccine Hesitancy Gap

Vaccine Gap Closure

SMBP / Medication

**New Opportunities are Growing Quickly**

Management

\$

Marketing

\$

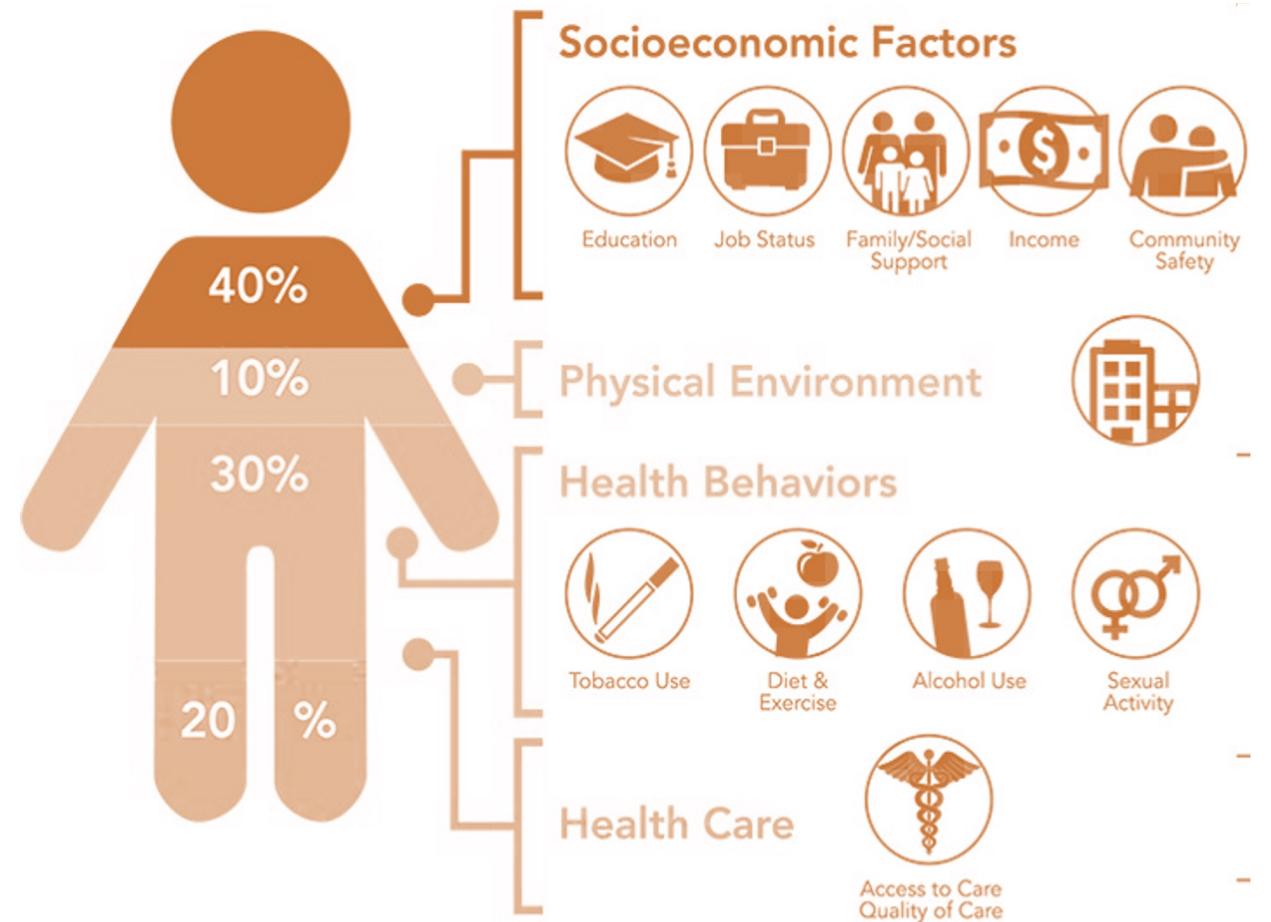
& Reporting

\$

*Current Examples*

# SOLUTION IS LOCAL HEALTHCARE & PATIENT CARE SUPPORT

- Up to **20 percent** of a person's health and well-being is driven by access to care and quality of services provided
- **80 percent** of a person's health and well-being is related to the physical environment and driven by social and behavioral factors



# SOLUTION IS LOCAL HEALTHCARE & PATIENT CARE SUPPORT

- Up to 20 percent of a person's

**Call Centers DO NOT  
Work Here**

physical environment and  
driven by social and behavioral  
factors



# THE HEALTH EQUITY / SDoH BUSINESS CASE

- Housing insecure persons visit the ED **5x** as much
- **\$77 billion** in medical expenses are attributable to food insecurity
- **Social isolation** can be as damaging to health as **smoking 15 cigarettes per day**
- >3.5 million Americans miss/delay medical care due to transportation which costs **~\$150 billion per year**

## What **Makes** Us Healthy



## What We **Spend** On Being Healthy



# THE HEALTH EQUITY / SDOH BUSINESS CASE

- Housing insecure persons visit the ED 5x as much

What **Makes**  
Us Healthy



What We **Spend**  
On Being Healthy



**National Focus of  
Spending Money on  
SDoH To Save Money**



OTHER 8%

Lots to Lose: How America's Health and Obesity Crisis Threatens our Economic Future. Health Program Nutrition and Physical Activity Initiative. June 2012.

[https://bipartisanpolicy.org/wp-content/uploads/2019/03/5023\\_BPC\\_NutritionReport\\_FNL\\_Web.pdf](https://bipartisanpolicy.org/wp-content/uploads/2019/03/5023_BPC_NutritionReport_FNL_Web.pdf)

CMS. US Spending: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical>

Tikkanen, R. Abrams, M. U.S. Health Care from a Global Perspective, 2019: Higher Spending, Worse Outcomes? Commonwealth Fund, January 30, 2020.

<https://doi.org/10.26099/7avy-fc29>



# CMS Example: 2024 Health Equity Index

**“CMS is modifying the Star Ratings rewards system to incorporate a health equity focus. The new emphasis features a health equity index, which rewards contracts for improving care for populations with social risk factors (similarly defined as in the prior initiative by low income/dually eligible status and disabled eligibility classification). Contracts must have a portion of beneficiaries with social risk factors higher than the median to qualify for the maximum reward (or at least one-half of the median to qualify for any reward).**

Niakan, K. Russo, E. Klein, M. What Medicare plans should know about CMS's recent health equity focused initiatives. December 8, 2023. <https://www.milliman.com/en/insight/recent-health-equity-focused-initiatives-from-cms-medicare-plans>

Logan, R. New CMS Model Focuses on Social Determinants of Health Measures.

NCPA's America's Pharmacist. December 2023. [https://urldefense.com/v3/https://ncpa.org/sites/default/files/2023-11/APDEC23\\_HealthEquity.pdf](https://urldefense.com/v3/https://ncpa.org/sites/default/files/2023-11/APDEC23_HealthEquity.pdf)

;!l5RyydYb1W3tjTUU!2E ENVm5amQ6SibC5xmng1hP9qo5QBXP7zVHKZc2BkT3KbQwVN6QFwfKP-cEn0DPcMARYkzlm8ZBJQvf20EYA\$



# CMS Example: New 2024 Codes

**Community Health Integration (CHI) and Principal Illness Navigation (PIN) services involve a person-centered assessment to better understand the patient's life story, care coordination, contextualizing health education, building patient self-advocacy skills, health system navigation, facilitating behavioral change, providing social and emotional support, and facilitating access to community-based social services to address unmet social determinations of health (SDOH) needs. Community Health Integration services are to address unmet SDOH needs that affect the diagnosis and treatment of the patient's medical problems**

## Community Health Integration (CHI) Services

G0019; G0022 ~\$50-\$80

## Principal Illness Navigation Services

G0023; G0024 ~\$50-\$80

## Principal Illness Navigation – Peer Support Services

G0140; G0146 ~\$50-\$80

# What Does a Pharmacy CHW Look Like?

## *Looks like an Empathetic Technician*

- Help patients and their families navigate the health care system, access **LOCAL** community services and non-local resources, as well as promote the adoption of healthy behaviors.
- Facilitate a **LOCAL** and **ACCESSIBLE** destination for soft handoffs for patients in transition and/or in need of services beyond standard prescription dispensing.
- Serve as a **LOCAL** liaison for payer and provider partners and become a conduit for information flow and service delivery.





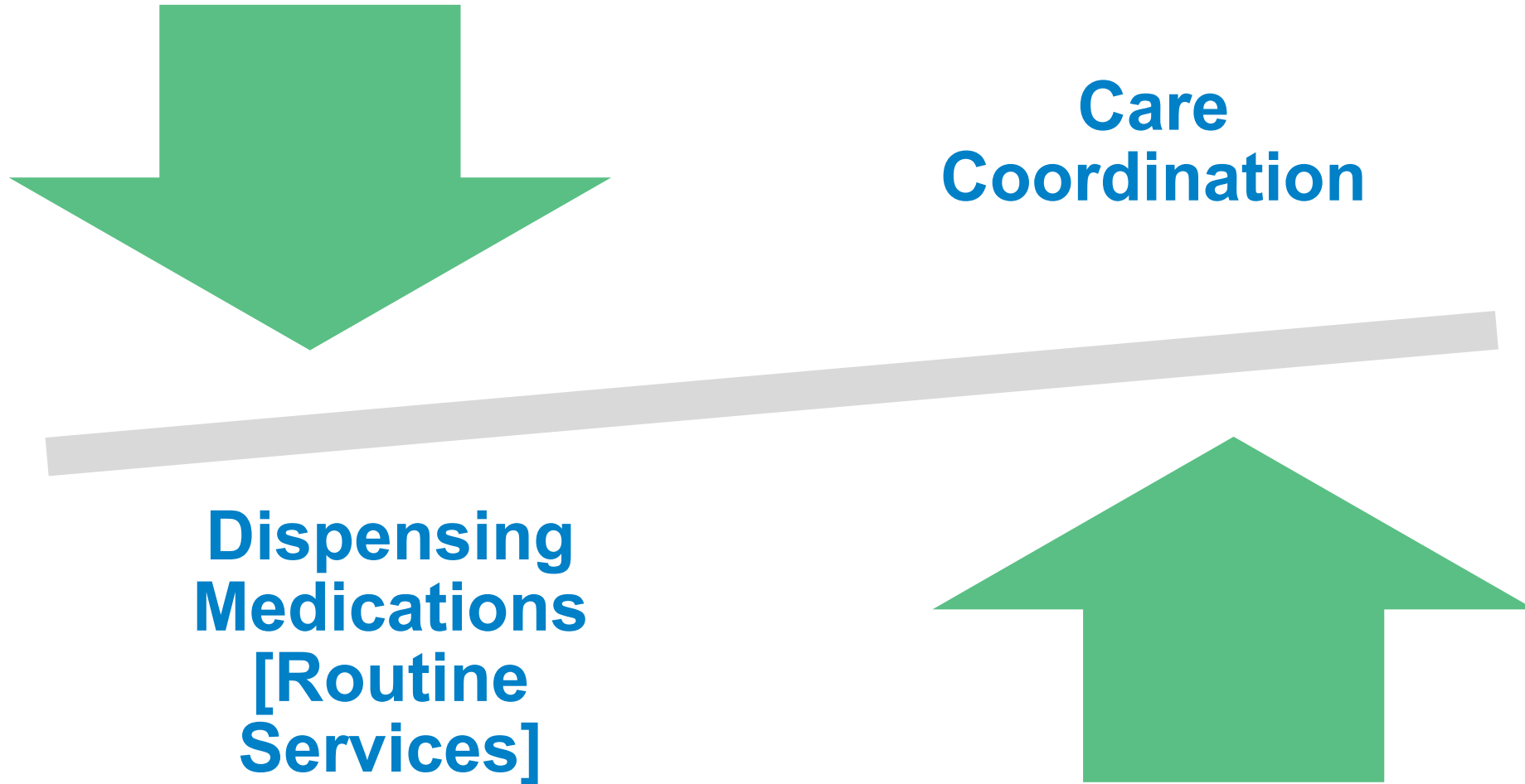


**What Does a Pharmacy CHW Look Like?**



**What Does a Pharmacy CHW Look Like?**

# Striking the Right Balance





# What's The Gap We Can Fill?

## *Z-Codes*

“Z-codes are ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).”

Z Code	Description	Example
Z55	Problems related to education and literacy	Illiteracy/low-level, schooling availability, failing school, underachievement, discord with teachers
Z56	Problems related to employment and unemployment	Changing of job, losing job, no job, stressful work schedule, discord w boss/co-workers, bad working conditions
Z57	Occupational exposure to risk factors	Noise, radiation, dust, other air contaminants, tobacco, toxic agents in farming, extreme temperatures, vibration, etc.
Z59	Problems related to housing and economic circumstances	Homeless, inadequate housing, discord with neighbors/landlord, problems w residential living, lack of adequate food/safe drinking water, poverty, low income, insufficient social insurance/welfare support
Z60	Problems related to social environment	Adjustment to life-cycle transitions, living alone, cultural differences, social exclusion and rejection, discrimination/persecution
Z62	Problems related to upbringing	Inadequate parental supervision/control, parental overprotection, upbringing away from parents, child in custody, institutional upbringing (orphan or group home), hostility towards child, inappropriate/excessive parental pressure, child abuse including history of (physical and/or sexual), neglect, forced labor, child-parent conflict
Z63	Other problems related to primary support group, include family circumstances	Spousal conflict, in-law conflict, absence of family member (death, divorce, deployment), dependent relative needing care, family alcoholism/drug addiction, isolated family
Z64	Problems related to certain psychosocial circumstances	Unwanted pregnancy, multiparity, discord with counselors
Z65	Problems related to other psychosocial circumstances	Civil/criminal convictions, incarceration, problems after release from prison, victim of crime, exposure to disaster/war, religious persecution”



# Resources

## *PQA Social Determinants of Health Resource Guide*

The guide covers services that address seven SDOH barriers, and many of the initiatives profiled address multiple barriers:

- Cost of Medications
- Cultural or Literacy Barriers
- Decent, Safe and Affordable Housing
- Food Security
- Screening for Unmet Needs
- Social Isolation
- Transportation





# Resources

## CE Impact Community Health Worker Certificate

The screenshot shows a web browser at the URL [ceimpact.com/chw/](https://ceimpact.com/chw/). The page features a navigation menu with links for About, CE Plans, Advanced Trainings, Certificates, and Business Solutions, along with a search icon and a green Login button. The main content area is titled "Now Enrolling For 2024!" and "Community Health Worker Training". It provides details about the training cohorts, including dates and times, and lists four specific cohort periods for 2024. A note mentions additional scholarships for the January 2024 cohort. A green "Enroll Now" button is located at the bottom left of the content area.

Unleash your team's full potential with CEimpact's comprehensive **Business Solutions** Empower Your Team Today

**CEimpact**  
PHARMACY EDUCATION

About ▾ CE Plans ▾ Advanced Trainings ▾ Certificates ▾ Business Solutions 🔍 [Login](#)

**Now Enrolling For 2024!**


### Community Health Worker Training

Cohorts will meet via Zoom® every Tuesday from 6:00pm-8:00pm CENTRAL TIME. Choose from one of the following 16-week trainings:

- January 23, 2024 – May 7, 2024
- April 9, 2024 – July 30, 2024 (no class July 2, 2024)
- July 9, 2024 – October 22, 2024
- August 13, 2024 – December 3, 2024 (no class November 26, 2024)

Additional scholarships may be available for the January 2024 cohort for applicants that meet scholarship criteria. To learn more, visit [CEimpact.com/CHWtraining](https://ceimpact.com/CHWtraining).

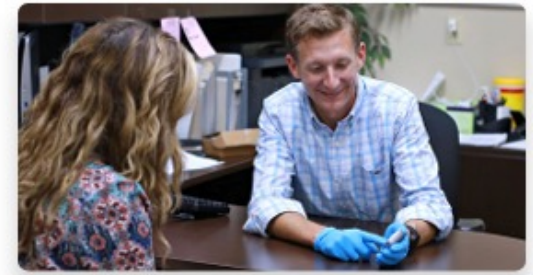
[Enroll Now »](#)





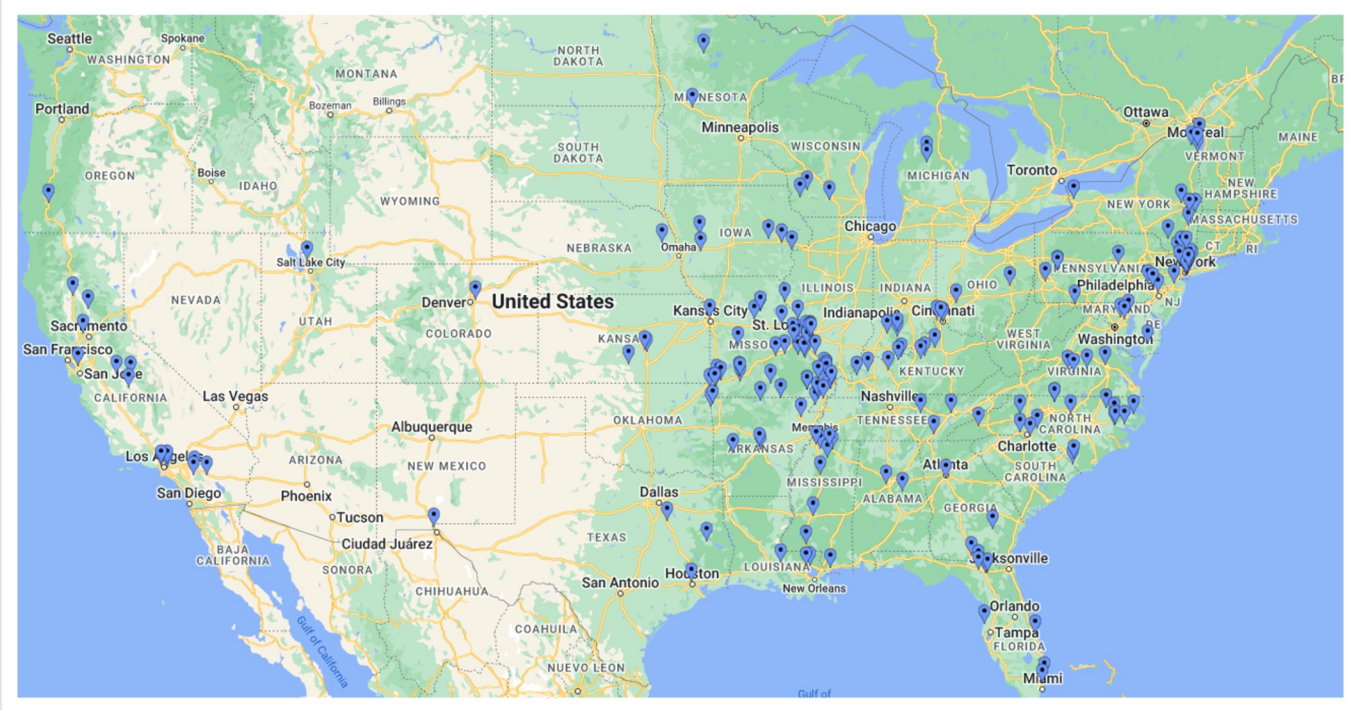
# Resources

## CPESN Health Equity



**Your Secondary CPESN® Chapter affiliate focused on helping you get paid for local Social Determinants of Health service delivery**

CPESN Health Equity readies your pharmacy to address the growing health inequity crisis. As trusted community health providers, CPESN community pharmacies are on the front lines every day with patients confronting health-impacting inequities. Integrating Community Health Workers, navigators, and peer health mentors to the pharmacy can expand attractive service offerings funded through a variety of local, state, and federal funding sources, as well as public-private payer partnerships.



### Benefits for CPESN Member Pharmacies

Cost: \$25 / month

- Annual subscription to the Choose My Pharmacy value-based quality reporting system, with annual quality improvement initiatives
- Four (4) hours of Social Determinants of Health Continuing Pharmacy Education for all CPESN Health Equity member pharmacists and staff creating marketable Social Determinants of Health specialists on staff
- State-based Community Health Worker development and best practice support
- Aggregation and convening of pharmacy Health Equity experts for collective value expression

### CPESN Health Equity

#### Minimum Standards

- CPESN USA member in good standing and affiliated with a local network
- Participation in the Choose My Pharmacy value-based quality reporting system (quarterly data upload)
- Minimum of one team member at each CPESN Health Equity pharmacy completes the annual 4-hour Social Determinants of Health Continuing Pharmacy Education
- Obtain and maintain a Community Health Worker within 18 months



**Questions? Want to Join?**

**Contact us today at: [healthequity@cpesn.com](mailto:healthequity@cpesn.com)**

We're not the local SDoH solution expert in your town. Neither is the Health Plan or the PBM. YOU ARE!

Managing Network Facilitator: Jake Galdo | [jgaldo@cpesn.com](mailto:jgaldo@cpesn.com)

Lead Network Luminary: Tripp Logan | [tlogan@semorx.com](mailto:tlogan@semorx.com)





# Current Examples of Revenue for Pharmacies with CHWs

**COVID Vaccine Hesitancy Gap Closure**

\$0 - >\$200,000/yr

**Vaccine Gap Closure Education**

\$0 - >\$15,000/yr

**SMBP / Medication Optimization / etc**

\$0 - >\$15,000/yr

**Chronic Care Management**

\$0 - >\$100,000/yr

**Outreach Marketing**

\$0 - >\$1,000/yr

**Data Acquisition & Reporting**

\$0 - >\$2,500/yr

***Next Examples.... ?????***



# Question 1:

Which best describes the role of a community health worker:

- A. frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served
- B. serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery
- C. builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy
- D. All of the above



## Question 2:

Which are areas for enhanced pharmacy services with community health workers

- A. COVID Vaccine Hesitancy Gap Closure
- B. Vaccine Gap Closure Education
- C. Community Health Integration (CHI) Services
- D. All of the above



**Tripp Logan, PharmD**  
VP | SEMO Rx Pharmacies & Care Coordination  
Lead Luminary | CPESN Health Equity  
COO | Seguridad, Inc.

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# Market Expansion Through Cultural Connection

**Angelina Tucker, PharmD, BCGP, CDCES**  
Director Clinical Services, Best Value Pharmacies, Inc.  
Asst. Director Community Connected, CPESN USA  
Managing Network Facilitator, CPESN TX



# Learning Objectives

1. Describe the business case for marketing to diverse communities where patients live, work, play, and pray.
2. Discuss resources and best practices available with Community Connected.

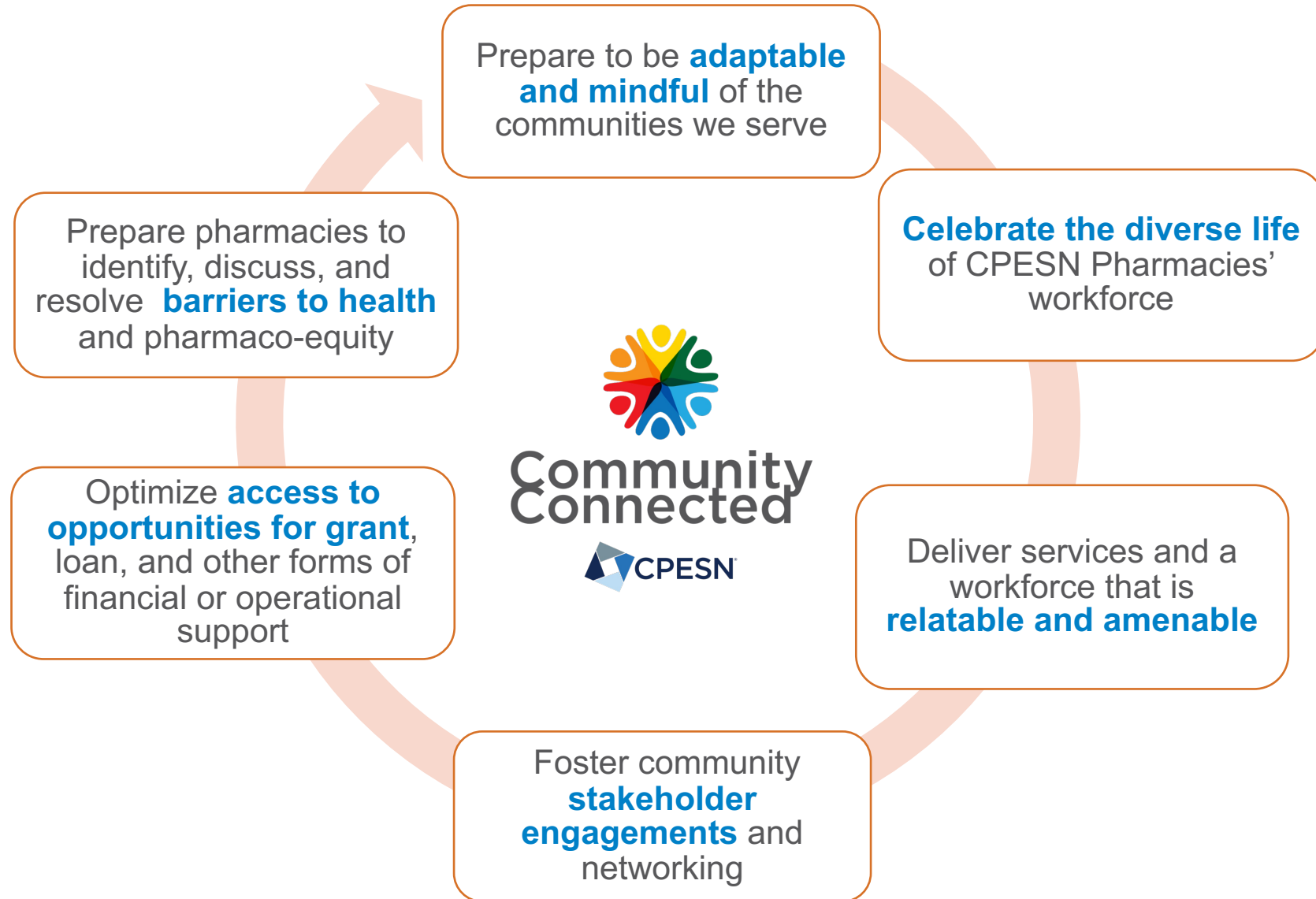


# Poll Question

- Do you know the breakdown of each demographic that shops at your store?
- Do you know if the demographic that lives around your stores match those that shop at your store?
- Would you say that the pt demographic that lives around your store is the same in each of your locations?
- Do you target services at your store based on the demographic that live around your store?

# Community Connected is a CPESN initiative

preparing community pharmacies to thrive through the provision of patient-centered services delivery within the diverse communities where they live, work, play and pray.





# Census Report

Pharmacy DBA: XYZ

Pharmacy NCPDP: 1234567

Note: Census data are populated for zip codes provided by the pharmacy

August 2023

## Delivered Census Report

Sociodemographic Characteristics	Category	Estimate Zip1-12345	Margin of Error Zip1-12345
<b>TOTAL POPULATION</b>		5,944	263
<b>SEX</b>	Male	3,742	215
	Female	2,202	165
<b>AGE</b>	Under 5 years	256	106
	5 to 9 years	369	142
	10 to 14 years	318	115
	15 to 19 years	335	162
	20 to 24 years	456	152
	25 to 34 years	936	226
	35 to 44 years	933	180
	45 to 54 years	794	101
	55 to 59 years	481	107
	60 to 64 years	185	85
	65 to 74 years	569	118
	75 to 84 years	202	69
	85 years and over	110	43
	Median age (years)	39	3
<b>RACE/ETHNICITY</b>	One race	5,866	258
	Two or more races	78	46
	White	2,904	341
	Black or African American	2,915	228
	American Indian and Alaska Native	47	42
	Asian	0	17
	Hawaiian and Pacific Islander	0	17
	Some other race		
	Hispanic or Latino (of any race)		

# Market Insights: In your Community

Category	Estimate Zip1-12345	M
Total Households	15,798	
Less than \$10,000	5.9%	
\$10,000 to \$14,999	2.1%	
\$15,000 to \$24,999	7.1%	
\$25,000 to \$34,999	8.7%	
\$35,000 to \$49,999	13.7%	
\$50,000 to \$74,999	23.9%	
\$75,000 to \$99,999	16.5%	
\$100,000 to \$149,999	15.2%	
\$150,000 to \$199,999	3.6%	
\$200,000 or more	3.1%	
Median income (dollars)	64,716	
Mean income (dollars)	73,265	

Category	Estimate Zip1-12345	Estimate Zip2-12345	Estimate Zip3-12345
Total:	50,568	47,724	24,412
No health insurance items allocated	38,280	34,841	17,809
One or more health insurance items allocated	12,288	12,883	6,603



# Market Insights: In Your Pharmacy

Demographics Data: 160 Data Points

Income Data: 36 Data Points

Poverty Data: 490 Data Points

Education Data: 340 Data Points

Health Insurance Data: 10 Data Points

Social Characteristics Data: 860 Data Points

Economic Characteristics Data: 695 Data Points

**OVER 2500 DATA POINTS**

Pharmacy DBA: COMMUNITY PHARMACY OF DELTONA  
 Pharmacy NCPDP: 5744138  
 Your Pharmacy: 01SEP2022 to 31AUG2023, # of Pharmacies = 1  
 Your State: 01SEP2022 to 31AUG2023, # of Pharmacies = 5  
 CPESN BI: 01SEP2022 to 31AUG2023, # of Pharmacies = 86

## Market Insights

Creating a Market Insights report that compares your pharmacy's performance and customer demographics to the surrounding ZIP codes using Census data is a valuable strategy for community pharmacies. Such a report can help you make data-driven decisions, identify growth opportunities, and tailor your marketing efforts effectively. The next page explains how you can go about creating and utilizing this report.

Sociodemographic Characteristics	Category	Your Pharmacy Percent	Census Pharmacy Zip 32725 Percent	Census Pharmacy Zip 32738 Percent	Census Pharmacy Zip 32763 Percent
SEX	Male	46.7%	50.1%	48.9%	50.7%
	Female	53.2%	49.9%	51.1%	49.3%
	Unknown Sex	-	-	-	-
	No Sex Data	0.1%	-	-	-
AGE	Under 5 years	0.8%	4.7%	6.6%	4.4%
	5 to 9 years	1.4%	6.8%	6.5%	5.2%
	10 to 14 years	1.4%	6.5%	6.8%	5.8%
	15 to 19 years	1.5%	6.8%	6.9%	7.9%
	20 to 24 years	1.6%	5.1%	6.2%	4.8%
	25 to 34 years	5.4%	13.2%	14.7%	10.9%
	35 to 44 years	10.6%	13.6%	12.3%	12.6%
	45 to 54 years	14.6%	13.2%	12.1%	14.7%
	55 to 59 years	9.1%	5.8%	8.0%	5.6%
	60 to 64 years	10.8%	5.7%	6.3%	6.9%
RACE/ETHNICITY	65 to 74 years	25.1%	10.8%	7.9%	11.9%
	75 to 84 years	13.4%	5.8%	4.5%	7.0%
	85 years and over	4.4%	2.0%	1.3%	2.5%
	No Age Data	-	-	-	-
	White	0.8%	63.1%	66.8%	78.4%
	Black or African American	0.1%	10.7%	13.8%	8.7%
	Asian	-	1.9%	0.9%	1.1%
Other	American Indian and Alaska Native	-	0.3%	0.1%	0.2%
	Other	-	-	-	-
	No Race Data	99.2%	-	-	-
	Not Hispanic	0.6%	-	-	-
	Hispanic or Latino (of any race)	-	38.0%	34.9%	16.4%
	Unknown Ethnicity	99.2%	-	-	-
No Ethnicity Data	-	-	-	-	



# Data Drives Your Service

Physiatry Pharmacist Collaborative

Long Term Care @ Home

Medical Billing Supports

Pharmacogenomic Testing

Special Interest Groups –  
Ethnicity Religious Beliefs, Disability, LGBTQ+

Senior Care, Women's Health, Men's Health

Value Based Contracting



Integrating Primary Care to Pharmacy Practice

Uninsured/ Cash Pay

Underserved

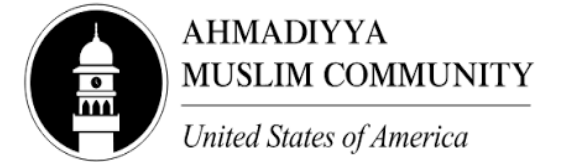
Health Equity

Direct Pay

Business Intelligence

# My Team in Action

Community Connected bringing diabetes care to an African American population in a healthcare desert.



# My Team in Action

## Diabetes Self Management & Education (DSME) Reimbursement Rates

Code	Visit Type	Time	Average Reimbursement Rate
G0108	Individual	30 minutes	\$ 60.00
G0109	Group	30 minutes	\$ 16.50

Community Connected bringing diabetes care to an African American population in a healthcare desert. Additional revenue :

1. New scripts for CGM
2. Training and education on the CGM
3. Medical Billing for other services
4. DME



## Sachse Discount Pharmacy



### Mid-Autumn Festival The Celebration of Harvest

Sep 29, 2023

Engaging Your Vietnamese Population

Post any of these materials on your social media feed to show your inclusivity and embrace the Vietnamese community in your area.

<https://www.communityconnected.us>

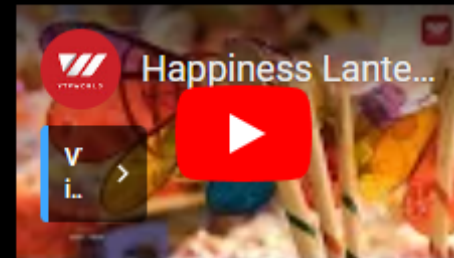


**DOWNLOAD** a Mid-Autumn Graphic for your Pharmacy Facebook or Instagram stories, and encourage your staff to share

**SHARE** Infographic on Mid-Autumn festival

**READ** articles about [Mid-Autumn Festival](#)

**WATCH** this video to learn how to make a Mooncake



**WATCH** stories behind colorful Lanterns and how Vietnamese people celebrated the festival during [Covid 2019](#)

**EDUCATE** your friends and family about the history of Mid-Autumn Festival by sharing one of our graphics on social along with one of these suggested posts:

Mid-Autumn Festival: Everything to Know About the Vietnamese Full-Moon Celebration



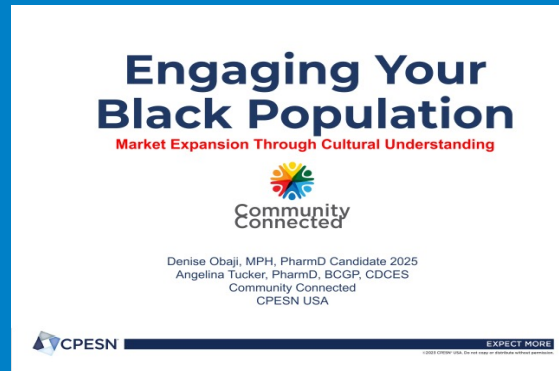
# Resources



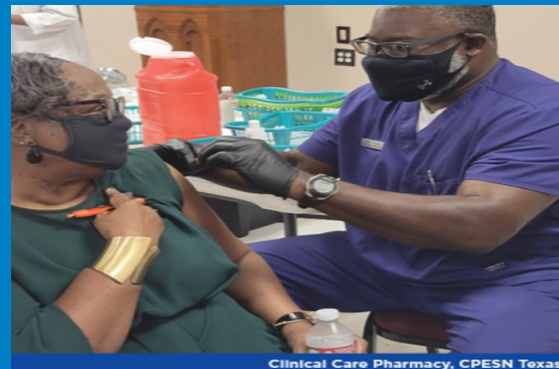
Digital Marketing Toolkit



Community Insights Live Webinar Series



Education Slide Deck



Resource Library



Video clips



CC Newsletter

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# Process

Identify Target Population

Acquire Resources

Engage Your Employees

Engage Your Patients

Engage Your Community Stakeholders

Address Stereotypes



# Game Plan



Community  
Connected





# **Angelina Tucker, PharmD, BCGP, CDCES**

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Managing Network Facilitator -CPESN TX

Director Clinical Services -Best Value Pharmacies, Inc

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# TRUST LLC

**Your Chance to Fight Back Against DIR Fees**

**Matt Seiler, RN, Esq.,**  
Vice President and General Counsel  
National Community Pharmacists Association



# Learning Objectives

1. Describe a legal claim and the types that could be included.
2. Discuss the differences between arbitration and the class action lawsuit against PBMs.