



GPS



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**2024 ANNUAL CONVENTION**



# Integrating Pharmacogenomics into Pharmacy Workflow

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**NCPA 2024 Annual Convention and Expo**

Columbus, Ohio

# Speakers

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Co-Founder

PGx101, LLC

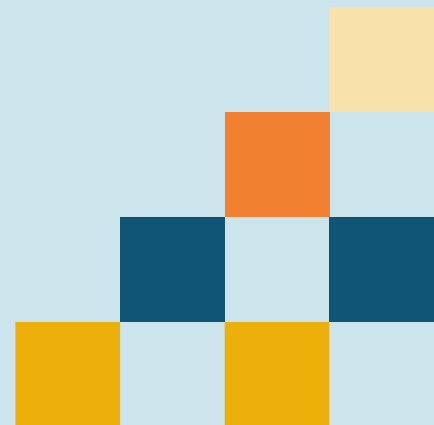
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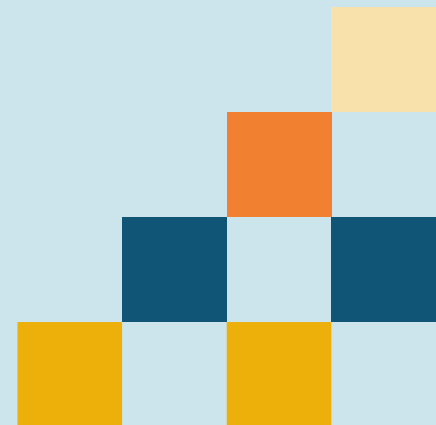
# Disclosure Statement

Sue Paul has a financial interest with Myriad Genetics and the relationship has been mitigated through peer review of this presentation. There are no relevant financial relationships with ACPE defined commercial interests for anyone else in control of the content of the activity.



# Pharmacist and Technician Learning Objectives

1. Discuss best practices for identifying patients that would make good candidates for pharmacogenomic testing.
2. Review workflow and non-pharmacist staff roles in supporting pharmacogenomic testing services.
3. Evaluate the business case for pharmacogenomic testing including cash-based and billing opportunities.



# Assessment Questions

Which of the following would be an effective process to identify candidates for your pharmacogenomic service?

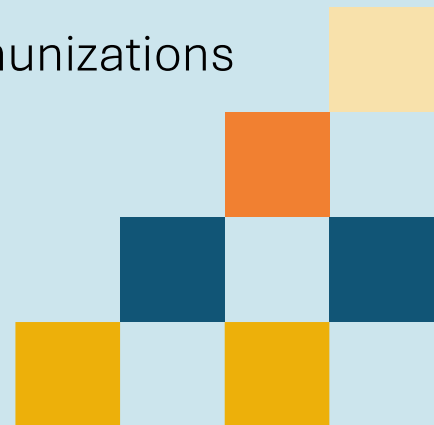
- A. Stand outside a competitor pharmacy and hand out flyers
- B. Call local law enforcement and ask about recent drug addicts they've arrested
- C. Discuss your service with a local primary care provider
- D. Go to the supplement section of your pharmacy and find someone purchasing melatonin.



# Assessment Questions

All of the following are ways in which you can get your support staff involved in your pharmacogenomic service EXCEPT:

- A. Print profiles and other pre-consultation documents
- B. Call to schedule consultation appointments
- C. Develop marketing and advertising materials and strategies
- D. Perform the consultation when you are busy administering immunizations



# Assessment Questions

Which of the following financial models would be the best option for generating revenue to support your pharmacogenomic service?

- A. Add a \$10 surcharge to all over-the-counter purchases to offset your expenses
- B. Establish an annual subscription-based, cash-pay MTM program that includes the pharmacogenomic test, consultation, and follow-up medication review visits
- C. Charge patients for the cost of the test and provide the consultations at no charge
- D. Provide all services at no charge to generate goodwill in your community and build business in other areas

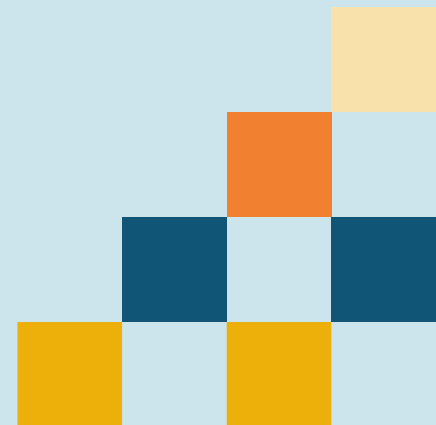




# Introduction:

## 4 steps to Integration and Implementation of a PGx Service

1. Recognize PGx needs to be a part of our future as a profession and recognize PHARMACISTS need to own this space
2. Get trained
3. Develop your business model – Top 10 tactical issues
4. Implement – get started!!!



# Step 1

## Recognize...

- PGx needs to be a part of our future as a profession
- PHARMACISTS need to own this space

Being here suggests you get this!

## Answer your “Why” – “*Why do I want to do this?*”

- Usually 1 or more of these reasons: Because you want to...
  - Expand patient care services
  - Improve the outcomes and safety of the drug therapy you dispense
  - Develop a new revenue stream

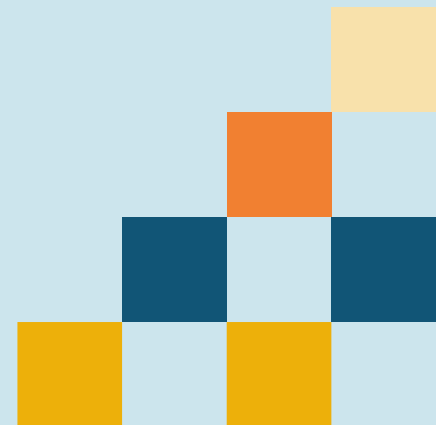
We'll assume this is DONE...  
now on to Step 2



## Step 2: Get trained

- If you HAVE completed a certificate training program, congratulations, you've taken an important first step.
- If NOT, there are several excellent programs available. See us after the presentation if you are interested in learning more about any of these.

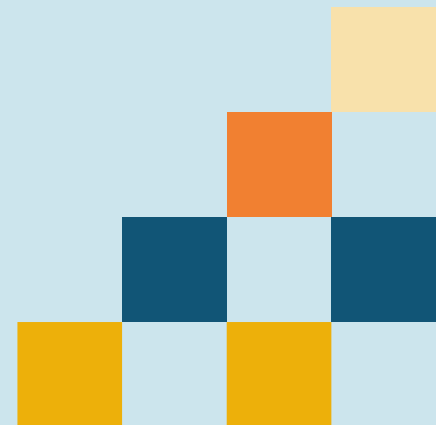
We'll assume this is DONE, or will be done...  
now on to Step 3



# Step 3: Develop your business model

## Top 10 tactical issues/questions

1. What *type* of service do you want to offer?
2. *To whom* will you be delivering your service?
3. How will you *market* your service?
4. How will you *deliver* your service?
5. What *lab* will you work with?
6. *Who* from your pharmacy will be involved?
7. *How will you document* your services/activities?
8. *What types of communications* are necessary?
9. What will the *financial model* look like?
10. What *challenges/barriers* exist?

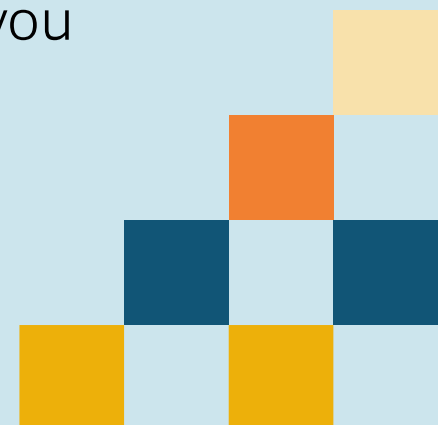


# Step 3: Develop your business model

## tactical issues/questions

1. What type of service do you want to offer?
  - Comprehensive, diverse pts/disease states/drug therapies;
  - Or more focused (only mental health, cardio, pain management, etc.)?

Having an idea of what you want to do will help you determine how to set up your service.

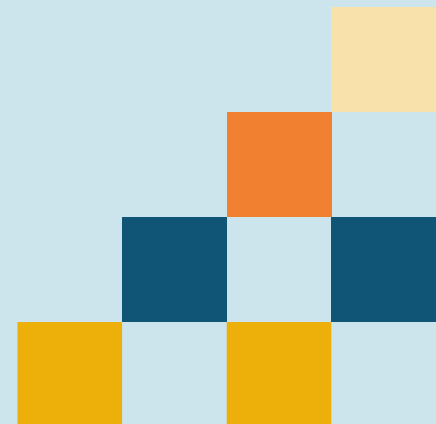


# Step 3: Develop your business model

## tactical issues/questions

### 2. To whom will you be delivering your service?

- Candidate identification: start with ‘low hanging fruit’
  - Medication lists, claims data, pharmacy evaluation data
    - Patients taking high risk medications – those where clinical symptoms of response/nonresponse are not evident (think clopidogrel) and/or adverse effects are significant (think consequences of nonresponse to clopidogrel, or codeine, tramadol, SSRIs)
  - Patients you know personally
  - Non-adherent patients
  - Conversation with another healthcare provider (PCP, other)
  - Patient self-identification based on what they have heard/seen
  - Via MTM activities

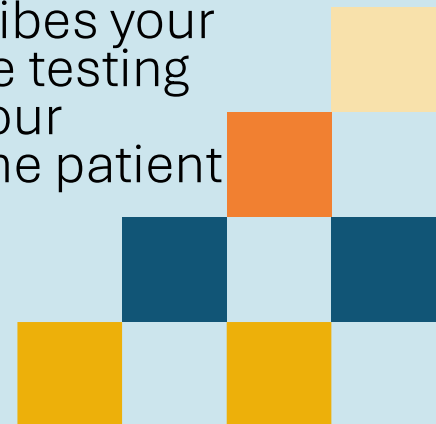


# Step 3: Develop your business model

## tactical issues/questions

### 2. To whom you will be delivering your service?

- Identifying pts during more traditional workflow:
  - Determine which patients you want to talk to at Rx pick-up
  - Create a colored card, some identifier that will be included with the Rx and other documents that can be easily seen that is a visual letting the support staff (techs/clerks/students) know this is a patient you want to talk to about PGx testing- include with regular medication counseling
  - Create 1-page 'talking points' (TP) document that describes your new service, how it works, how they can enroll or get the testing done, what happens during each step (complements your 'elevator' speech during counseling) – a leave-behind the patient takes home



# Step 3: Develop your business model

## tactical issues/questions

### 3. How will you market your service?

- Promote the service through community outreach, social media, and in-pharmacy marketing materials.
- To stakeholders – primary care providers, patients, employers/businesses (self-insured employers, state associations (Example: Ohio Self-Insurers Association or OSIA – <https://osia.memberclicks.net>), legislators, staff – strategies for each
- “Selling” service to potential patients and other stakeholders who can refer business to your pharmacy
- Key discussion points: Answering “Why”, “To Whom”, “What will be the possible results”, “How much will this cost”
- Website, in-store flyers and signage, partners (signage at businesses and other HCP offices), social media

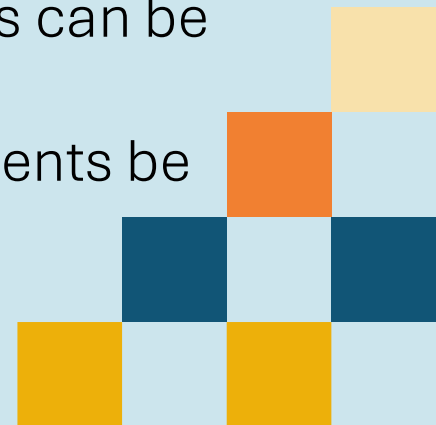


# Step 3: Develop your business model

## tactical issues/questions

### 4. How will you deliver your service?

- Appointment-based probably the best option (vs walk-in) since most consultations will take 10-15 minutes initially; for follow-up to discuss the test results and subsequent actions, 15-30 minutes
- If this is built into MTM activities, usually the CMRs, this can be part of those appointments.
- How will this work exactly and where will the appointments be held? What will the workflow look like?



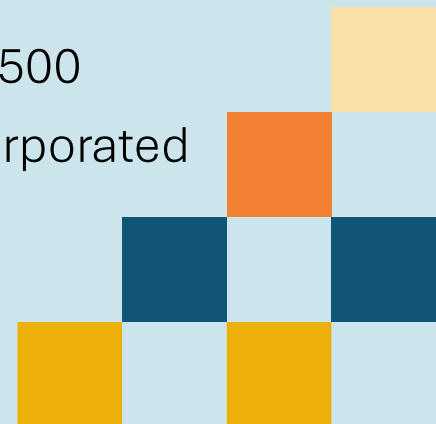
# Step 3: Develop your business model

## tactical issues/questions

### 5. What lab will you work with?

Most labs offer comprehensive panels that include many of the common genes and variants for which you will need data

- Verify with the lab you select the type of report that will be provided – how are the data presented to you and other providers, and pts. Is it ‘actionable’ data (phenotype info – gene/variant activity – “poor metabolizer”) vs raw data that requires you to use a resource to interpret (CYP2C19 \*2\*3); or both
- What is the average out-of-pocket cost for a common panel? \$250-500
- Most often you’ll be dealing with ‘static’ lab data – Data are not incorporated into pharmacy dispensing software



# Step 3: Develop your business model

## tactical issues/questions

### 5. What lab will you work with?

- **Establish Streamlined Communication** – Establish efficient communication channels between the pharmacy and the lab for ordering tests and receiving results.
- **Test kits** – some labs will ship you test kits so you can do the swabs/testing in your pharmacy; others will have you and the patient set up an acct on their portal, then request a test kit be sent directly to the patient to do the test at home and send it in from there.
- **Clinical Decision Support systems** – they analyze the raw data and synthesize information into data that can be applied to patient care.



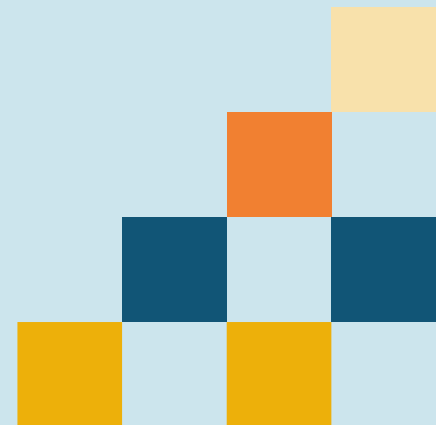
# Step 3: Develop your business model

## tactical issues/questions

### 6. Who from your pharmacy will be involved?

You AND...your support staff? How do you incorporate other team members – techs, students?

- Identify patients who are potential candidates – via casual conversations, pts these employees know well, someone who during a casual conversation might say something like “I really don’t feel my medication is working well”
- Call to Schedule appointments
- Print profiles and other pre-consult documents
- Call to confirm appointments
- Call labs to verify when data are available
- Communicate with vendors to get test kits for the pharmacy
- Marketing and advertising

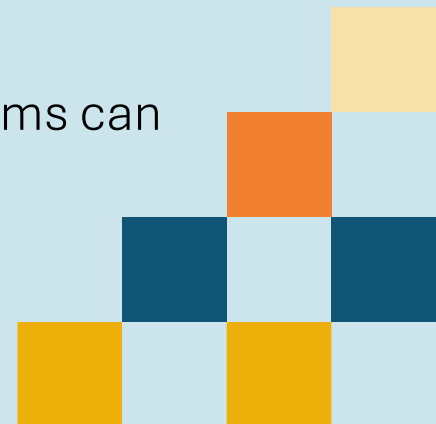


# Step 3: Develop your business model

## tactical issues/questions

### 7. How will you document your services/activities

- What technologies/capabilities do pharmacies have with their pharmacy dispensing software to be able to input lab data? Create patient notes and documentation of MTM activities? Create communications to share with providers outside the dispensing software (such as with physicians that likely have their own EHR software that isn't compatible with the pharmacy software)?
- How are the interactions/consultations documented? Where? Who has access to this documentation?
- Options:
  - eCarePlans in current pharmacy dispensing software programs can address this need
  - Separate vendors (for documentation and billing)

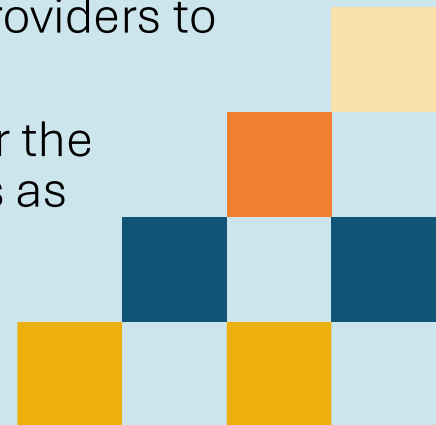


# Step 3: Develop your business model

## tactical issues/questions

### 8. What types of communications are necessary

- How is the patient (and others) notified that the test results are available? Prescriber and Pharmacist should receive electronic notification (email?) that data is posted.
- **Results Counseling:** Provide thorough counseling sessions to discuss test results with patients, including the implications for their medication therapy.
- **Medication Management:** Adjust patients' medication regimens based on pharmacogenomic insights and collaborate with their healthcare providers to ensure optimal outcomes.
- **Long-Term Follow-Up:** Schedule follow-up appointments to monitor the effectiveness of the therapy changes and make further adjustments as needed.



# Step 3: Develop your business model

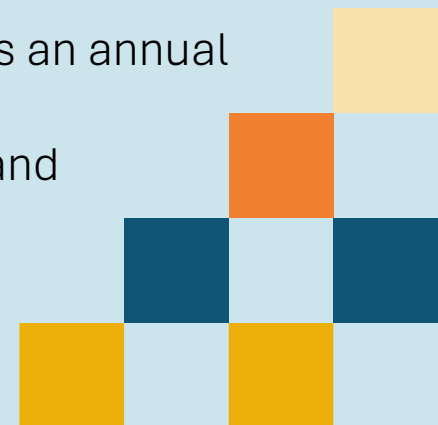
## tactical issues/questions

### 9. What will the financial model look like

*Develop a pricing model for services that considers the cost of tests, the pharmacist's time, and other associated expenses.*

**Insurance Billing:** Understand the reimbursement landscape for pharmacogenomic tests, including which tests are covered by insurance and the documentation required.

- **Patient financial responsibility:** Provide patients with information on their investments and available payment options, including insurance coverage and what they'll be responsible for out-of-pocket. Need to include lab and consultation fees!
- Annual subscription-based MTM/med management service – patient pays an annual investment to receive a menu of services.
- Point-of-care, one-time service to deal with specific situation (CYP2C19 and clopidogrel in a pt at high risk for variant).



# Step 3: Develop your business model

## tactical issues/questions

### 9. What will the financial model look like? Compensation models

- Cash-paying patients – for test and consults
- Working with a lab that bills for the test; patient pays cash for consultation
- Working with a lab that bills for the test AND pays pharmacist for the consultation
- Billing payors – not common but available in certain circumstances – always best to check with patient’s payor FIRST to see what the options might be. Some will only pay for more specific tests; some will pay for the more comprehensive panel; some will only pay after treatment failure
- Utilize provider status (state-level) and CPAs to bill
- E and M codes for billing





# Step 3: Develop your business model

## tactical issues/questions

### 9. What will the financial model look like? ROI:

- Estimated expenses:
  - Training/Prep to offer the service
  - Test kit (?)
  - Each consult - primarily the time necessary for activities
  - Marketing the service – time, advertising, other
- Revenue:
  - Charge for time for consultations – cash, insurance, self-insured employers willing to add to benefits
  - Add an upcharge on the test if you have to stock PGx test kits in your pharmacy

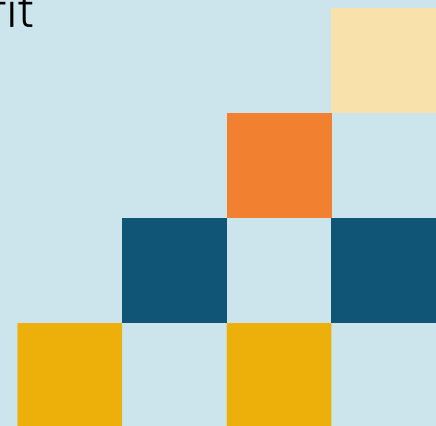


# Step 3: Develop your business model

## tactical issues/questions

### 10. What challenges/barriers exist

- Access to data: most community pharmacies do NOT have access to the patient's Electronic Health/Medical Record (EHR/EMR)
- Payment: Patients are often resistant to paying out-of-pocket if their insurance does not cover the desired treatments.
- Other stakeholder buy-in: primarily providers, either because they are unfamiliar with PGx or they are but don't believe it will provide benefit

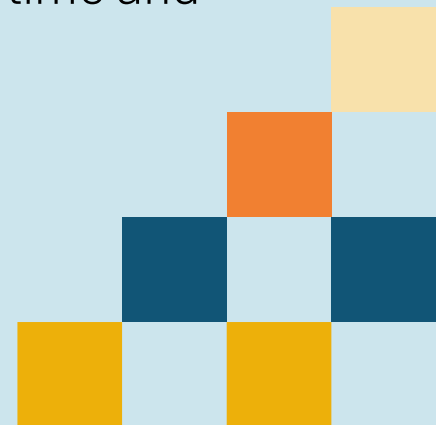


# Step 3: Develop your business model

## tactical issues/questions

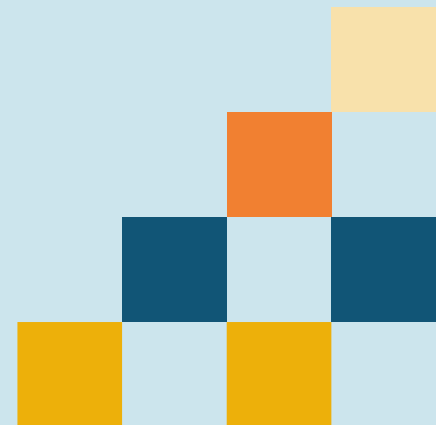
### 10. What challenges/barriers exist

- Finding ways to build this into workflow – despite the best intentions, it's difficult to ADD a new service to the current workload.
- Lack of confidence: Despite completing a training program and having experience with other patient-care services (i.e. MTM), some pharmacists don't have the confidence to talk with pts about this, convince them that PGx will potentially offer benefit, and request they be compensated for their time and professional services.
- Lack of a documentation system for consultations.



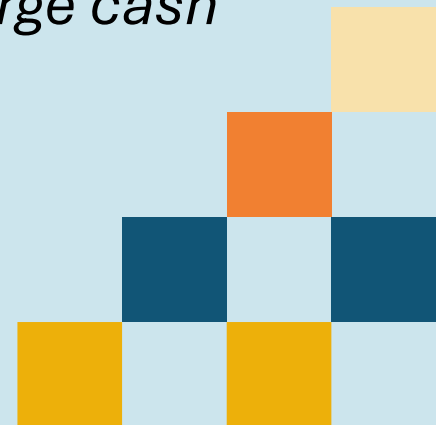
# Step 4: Implement

- **Start Small:** Begin with a pilot program focusing on a specific patient population or a particular set of pharmacogenomic tests.
- **Monitor and Evaluate:** Collect data on outcomes, patient satisfaction, and cost-effectiveness to evaluate the success of the service.
- **Adapt and Scale:** Use the findings from the pilot to refine the service, then scale up to a broader patient population.
- **Recruit your first patient:** yourself, family member, friend, colleague, pt you know well – develop confidence,



# Community Pharmacists' First-Hand Experiences

Pharmacist in Michigan: *Pharmacist trained and has private pts for whom she provides PGx services via telehealth. Works with independent pharmacy owners (IPO) to collaborate and support their offering PGx testing. IPO will identify the pt and provide test. PGx consultant pharmacist interprets results, prepares a pt summary. IPO will communicate results to the pts and prescribers. All cash transactions between the pharmacists; IPOs charge cash to their pts for consultation(s).*



# Community Pharmacists' First-Hand Experiences

*Pharmacist in Mississippi: 4 consults to date – mental health, oncology; husband/wife providers who work in pain management. Service promoted on social media and in-store; talks with local providers about service and benefits and some support; comfortable with delivering service and consulting with providers and pts; barriers: payment, building into workflow regularly; competitor (a lab) promoting to same providers but they don't offer pharmacist consultation/participation – plan to discuss partnership opportunity.*



Questions?  
Thank you!



# Contact Information

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