Insight
Conference Recap

Just the Tip of the Iceberg

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After every Customer Conference, we recap highlights and reflect on ideas and information exchanged between customers, industry experts and market analysts. Those who attended this year’s conference, in Nashville, TN, were presented with essential information needed to stay ahead of impending healthcare reform. That information was just the tip of the iceberg when referring to an industry in constant flux.

QS/1 has hosted conferences for 30 years; however, it seems the last few years have been the most urgent when it comes to the dissemination of healthcare information relating to technology, legislation and customer service. The very framework in which the industry operates is ever changing and it doesn’t matter if we are talking retail, long term care or home medical equipment.

This issue of *Insight* summarizes a conference looking toward and anticipating the future. With the Affordable Care Act (ACA) front and center, Brad Kile updates how the ACA relates to your bottom line. He touches on increased healthcare demands, merging care models and Medicare/Medicaid reform. How pharmacies ran their operations last year is not how they do business this year, and by all indication, it is not how they will perform tasks in coming years.

The nature of pharmacy will change if pharmacists are granted provider status as a legislative mandate. Pharmacists will continue to be an integral part of the healthcare provider team, bridging the gap between doctors and patients during critical and ongoing health issues. The article, “Provider Status: Redefining the Role of the Modern Pharmacist” details how gaining provider status will benefit both pharmacists and the patients they serve.

Along with the expansion of the pharmacist role comes changes in the community itself. The new neighborhood is multilingual and tech savvy. How the modern pharmacist navigates this environment will dictate growth and success. Industry experts discuss solutions that drive customer service to the next level. Evan Weibel discusses limited language proficiency. “Changes in Social Media” examines evolving practices in customer communications. The digital environment is not just a trend, and if you are not taking advantage of social media, it affects your bottom line.

And you cannot talk about reform and pharmacy without addressing risk management, ICD-10, HIPAA and PCI compliance. These are core business demands. Industry expert Mark Wayne shares a recipe to effectively cover both HIPAA and PCI compliance, and Sarah Hanna gives tips on how to “Minimize Your Company’s Risk in HME Billing.”

With each Customer Conference and every edition of *Insight*, there is constant evolution that is driven by demanding legislation and growing technology. Pharmacists and other healthcare professionals devote their time and expertise to provide much needed services that go beyond dispensing medication and providing care. QS/1 takes pride in remaining an industry leader and joining the force to prepare for what the healthcare industry’s future holds.

Sincerely,

Tammy Devine, President, QS/1
With the number of electronic prescriptions for controlled substances (EPCS) rising, more doctors and pharmacies are switching to a new security standard to verify certification to prescribe those medications. The new standard is the Federal Bridge Certificate Authority Public Key Infrastructure (FBCA PKI) Digital Signatures for EPCS transmissions. Surescripts is now using this standard to transmit signatures to verify they are valid.

The Signature Indicator (SI) flag has been the most common signing approach by early adopters of EPCS. As more doctors and pharmacies use electronic means to prescribe controlled substances, there will be an increase in the use of the FBCA PKI standard.

Recently, Surescripts announced it is now using the FBCA PKI format for vendors that transmit electronic signatures. QS/1 Customers, on Service Pack 19.1.12 or higher, will have the ability to transmit using this format once they are signed up for EPCS.

Surescripts will also support the SI flag format as well. The Surescripts network enables bi-directional exchange of information between hospitals, physicians, payers, pharmacies, labs and more.
Senators Urge Manufacturer Price Limit Transition

Nine U.S. Senators are urging the U.S. Department of Health and Human Services to consider a one-year transition period for states to implement the average manufacturer price (AMP)-based federal upper limits (FULs). At the time this magazine was published, CMS planned to publish the final Medicare AMP-based FULs in July 2014. “We believe that such a rapid implementation will pose problems for under-reimbursement of Medicaid prescriptions at the state level, which may pose problems for beneficiaries,” the Senators wrote to the administrator. “We encourage CMS to establish a one-year transition period for state implementation of the FULs as well as for implementing any necessary dispensing-fee changes by the states once the new FULs have been published along with any corresponding and necessary regulatory guidance.”

“Most states face numerous obstacles to immediate implementation, including current-year legislative sessions that do not allow for Medicaid reimbursement changes, the need for legislative or regulatory changes to achieve compliance, the need for cost-of-dispensing-fee studies for calculating fair pharmacy reimbursement, and/or the need to file a State Plan Amendment to implement the new reimbursement approach,” the Senators stated in the letter.

Senators are not the only ones who want this transition period. In a letter to the Centers for Medicare & Medicaid Services (CMS) in September 2013, the National Association of Medicaid Directors also requested the creation of a transition period up to one year for implementation of AMP-based FULs.

NABP Linking State PMPs Together

As more states implement Prescription Monitoring Programs (PMPs), the National Association of Boards of Pharmacy® (NABP) is helping them share data with one another. The PMPs are designed to help battle prescription drug abuse by tracking when narcotics are filled and to whom the prescriptions are written. The pharmacy organization has launched NABP PMP InterConnect®, which allows states to share PMP data through a secure communications platform. Authorized PMP users in participating states will have access to a more complete history of patients’ controlled substance prescriptions.

Just as PMPs are designed to identify potential misuse or abuse of these narcotics, InterConnect allows states to track those who might cross state lines in an effort to circumvent one PMP database. NABP InterConnect, which started in 2011, has 25 states participating. It does not house data and ensures each state’s data-access rules are enforced.
The National Council for Prescription Drug Programs (NCPDP) has written a white paper outlining the need for standard safety guidelines for dosing oral liquid medications. The group’s paper calls for a unified method of liquid dosage and labeling using mL standards. The NCPDP also calls for using appropriate dosing devices to prevent measurement errors and overdoses. The organization cites concerns for pediatric patients who could be put at risk as liquid medications are often used to treat young children.

The NCPDP’s Recommendations for Standardizing the Dosing Designation on Prescription Container Labels for Oral Liquid Medications include:

- Milliliter (mL) should be the standard unit of measure used on prescription container labels for oral liquid medications.
- Dosage amounts should always use leading zeros before the decimal point for amounts less than one (e.g., 0.5 mL) and should not use trailing zeros after a decimal point on prescription container labels for oral liquid medications (e.g., 5 mL).
- Dosing devices with numeric graduations and units that correspond to the container labeling should be made easily and universally available, such as including a device each time oral liquid prescription medications are dispensed.

The white paper includes calls to action for the health industry to communicate, adopt and implement the recommendations, develop patient-centered communications and encourage pharmacist-to-patient conversations at the point of dispensing.

June 1 marked the beginning of the 2014 hurricane season. While QS/1 Customers within a few hundred miles of a coast tend to be on guard during this time of year, it is a good time for all pharmacies to evaluate their contingency plans. It’s also important to not only consider hurricanes as the definition of disaster. Fires, power outages, floods and even catastrophic equipment failures are disasters that can keep you from serving patients.

In natural disasters, pharmacists play an integral role in the community, dispensing medications and providing care. One of the first items to consider is protecting your data. Through off-site back-up procedures and a solid recovery plan, you can get your pharmacy up and running quickly and efficiently. However, it is most important to know what needs to be done in advance.

The worst time to think about a plan is during a disaster. QS/1 offers several services that can help you prepare. Much like students learn with school fire drills, it is important to run through emergency scenarios. Make sure plans work as they should before implementation.
**REPORT: PHARMACISTS HIGHLIGHTED IN HEART FAILURE CARE**

A report published in the Annals of Internal Medicine highlights pharmacists as components in programs that lower readmission rates for patients with heart failure. The review, completed by the Agency for Healthcare Research and Quality (AHRQ), a branch of the U.S. Department of Health and Human Services, was released in late May 2014. Researchers compared the effectiveness of various care interventions in preventing readmissions. Pharmacists and their role, when teamed up with other healthcare professionals, are mentioned as an effective measure to reduce hospital readmissions.

*Source: Pharmacy Today*

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**NACDS DOUBLES DOWN ON PRESCRIPTION DRUG ABUSE BILL**

The National Association of Chain Drug Stores (NACDS) is pushing for Congressional support of a prescription drug abuse bill that is before the Health subcommittee of the House Energy and Commerce committees. NACDS sent a letter to the bipartisan leadership urging key members to help push the Ensuring Patient Access and Effective Drug Enforcement Act to the full committee. The bill, H.R. 4709, would establish a framework to foster collaboration among healthcare, enforcement and other stakeholders to consider abuse and access issues simultaneously. NACDS endorsed the measure in February, and the May letter to the subcommittee expressed encouragement that the bill had made it to the “mark-up” stage.

“(We) support policies that empower law enforcement to protect Americans against the dangers of prescription drug diversion and abuse while maintaining legitimate patient access to needed medications,” NACDS wrote to the Health subcommittee.

*Source: NACDS*

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**PHARMACISTS SUPPORT MEDICARE PHARMACY CHOICE**

One hundred thirty pharmacists, patient advocacy and business groups are making a plea to Congress. The organizations have sent a letter to lawmakers urging them to enact Pharmacy Choice, a measure that would give Medicare beneficiaries more convenient access to discounted or “preferred” copays at community pharmacies that accept the terms and conditions of Medicare Part D prescription drug plans.

“Right now, seniors in many communities face either trips of 20 miles or more to reach a ‘preferred’ pharmacy or must assume higher copays to use a local pharmacy they have maintained a trusted relationship with for many years,” the organizations wrote in the letter.

Currently, patients who want to use community pharmacies that are closer are faced with having to pay higher copays for the convenience. The groups that signed the letter in support of Pharmacy Choice want community pharmacies to have the same benefits to serve patients without it costing patients more money.

*Source: NCPA*
President Obama’s signature domestic policy, the Affordable Care Act (ACA), was signed into law over four years ago. Yet many health professionals are just beginning to feel the direct impact of the sweeping health reform law. With the recent launch of Health Insurance Exchanges (HIEs) and the expansion of Medicaid eligibility, more people have access to healthcare than ever before. Set against this backdrop of change and the increased demand for healthcare, health professionals face many challenges and opportunities as a result of the reshaping of the U.S. healthcare system. The ACA and regulatory actions will affect the bottom line of healthcare providers in 2014. Here is how.

**Increased Demand**
The ACA sets up two main pathways to expand access to health coverage - through Medicaid eligibility changes and HIEs at www.healthcare.gov where individuals can secure coverage with commercial health insurance plans. With HIEs, nearly two-thirds of the states opted for a passive role by allowing the federal government to run a Federally Facilitated Exchange. The launch of HIEs was plagued with technical problems, but ultimately resulted in 8 million individuals securing coverage through a plan. Implementing Medicaid expansion was also a tricky proposition, with only about half the states opting to allow individuals less than 65 years of age with income below 138 percent of the federal poverty level to be eligible for Medicaid. As a result of the ACA, an estimated 2.4 to 3.5 million new individuals enrolled in Medicaid from October 2013 through January 2014. Much of this is attributed to states that broadened their eligibility criteria. However, states that chose not to expand eligibility have experienced a surge in new enrollees as well, with many of these coming from individuals who were previously eligible for Medicaid but had not yet enrolled because they were unaware of their eligibility to receive benefits. Due to increased educational efforts and the HIE feature, which alerted individuals if they were eligible for Medicaid, many states have seen their Medicaid rolls swell. An estimated half a million plus new Medicaid enrollees are attributed to increased awareness and the HIE function that identifies those eligible for Medicaid.

**New Care Models Emerge**
Other key ACA provisions are moving forward to transition the health system from volume-based incentives to value-based incentives. The ACA prescribes major changes to Medicare and Medicaid, emphasizing the realignment of payment structures in an effort to provide coordinated care for patients in acute and long term care settings.
Accountable Care Organizations (ACOs) have gained significant traction in nearly every region of the country. Under the Medicare ACO model, doctors, hospitals and other healthcare providers work together to provide higher-quality coordinated care to their patients while helping to slow the growth of healthcare costs. If quality targets are met, the ACO receives shared savings payments from Medicare. More than 360 ACOs have been established, serving over 5.3 million Medicare beneficiaries in 49 states.¹ The Centers for Medicare & Medicaid Services (CMS) announced an application deadline of July 31, 2014, for new ACOs that will begin on January 1, 2015.

Another care model from the ACA is value-based purchasing (VBP). Under this policy, Medicare payment incentives are tied to performance on specific quality measures. Hospitals became the first to transition to VBP, which began in October 2012 with 12 clinical process measures and the patient experience of care used to determine hospital payments. In March 2014, Congress passed and President Obama signed into law H.R. 4302. In addition to other health-related provisions, the new law establishes a skilled nursing facility (SNF) value-based purchasing program by October 1, 2019.

**Medicare Part D**

CMS caused quite a stir early this year when it issued a proposed rule that would have fundamentally shifted the Medicare Part D program. Some key areas of the proposed rule affecting pharmacies, beneficiaries and plans included: protected drug classes, medication therapy management (MTM), Part D covered drugs, short-cycle dispensing in long term care, pricing standards and pharmacy access.

When the final rule was issued May 19, 2014, many of the proposed changes were not finalized. One area CMS finalized, with a January 2016 effective date, is a requirement that sponsors agree to disclose all individual drug prices and provide updates to pharmacies in advance of reimbursement of claims if the source for any prescription drug pricing standard is not publicly available. This requires Part D sponsors to convey maximum allowable cost (MAC) pricing changes to network pharmacies in advance of such pricing changes. MAC pricing for drugs must be updated at least every seven days and disclosed in advance of their use if the source for any prescription drug pricing standard is not publicly available. Another notable change is the requirement that physicians and eligible professionals who prescribe covered Part D drugs be enrolled in Medicare or have a valid record of opting out of Medicare, in order for their prescriptions to be covered under Part D. This requirement will become effective on June 1, 2015.

The convergence of these policies creates tremendous challenges and opportunities that directly affect healthcare organizations’ bottom lines. With more than 10 million individuals gaining access to coverage in recent months, healthcare providers have seen a surge in demand for their services. New emerging care models from the ACA, like VBP and ACOs, create opportunities for partnerships among providers. For those looking to address the needs of newly covered individuals or participate in new care models, the ACA presents real business opportunities. However, there are significant challenges on the horizon due to the uncertainty of how this massive shift will affect the overall health marketplace. Four years into ACA implementation, there are abundant opportunities for healthcare organizations to grow and diversify their businesses.

Sources:

1. “President Obama: 8 Million People Have Signed Up for Private Health Coverage.” April 17, 2017. Available at: http://www.whitehouse.gov/blog/2014/04/17/president-obama-8-million-people-have-signed-private-health-coverage

2. “Avalere Analysis Finds 2.4 Million to 3.5 Million New Medicaid Enrollees As a Result of the Affordable Care Act” March 3, 2014. Available at: http://avalerehealth.net/expertise/managed-care/insights/avalere-analysis-finds-2.4-million-to-3.5-million-new-medicaid-enrollees-as


Health literacy and patient safety are major issues within the U.S. healthcare marketplace. Patient non-adherence to prescription instructions is responsible for over 20 percent of all hospitalizations nationally, and 6 out of 10 patients have reported taking their medications incorrectly. These statistics apply to both English and LEP individuals and those with a limited command of the English language are even more at risk.

The growing number of LEP individuals in the U.S. presents a significant challenge to pharmacies communicating critical prescription drug information in patients’ native languages. Twenty percent of the U.S. population is non-native English speakers, and the immigrant population grew in 45 of the 50 states in the most recent census. Currently, most pharmacies don’t have resources in place to properly address this issue and rely on patient family members or pharmacy staff to interpret (verbally) or translate (in written form) information. However, given the critical, healthcare-related nature of the information, this practice has the potential to cause great harm to the patient as an inaccurate translation could have nasty consequences. Often, the individuals producing the translation have a limited understanding of either English or the translated language and the risk of mistranslation and patient harm is high. Even scarier is the trend of relying on Google and other machine/software-based translation programs for translation of prescription content.
While these systems are improving, the accuracy will never be as high as a human native speaker who is able to translate in context. Often times the translation produced will be some combination of comical, scary gibberish. Use of verbal interpreting services only, without written instructions, can cause challenges for patients trying to remember multiple sets of instructions for drugs over time.

As LEP populations continue to grow, regulatory bodies are being pressured from health advocacy organizations to pass legislation addressing the problem. On a federal level, the Department of Health and Human Services (HHS) has approached it as a civil rights issue and determined that LEP patients are being discriminated against by not having healthcare information provided to them in their native languages. However, HHS has not specifically stated what prescription-related information is required to be translated. Legislation at the state level has been more explicit as to the type of information that must be provided to LEP patients.

There are a number of different forms of legislation in place in New York. In 2007, as a result of a civil rights complaint filed by the New York Lawyers for the Public Interest (NYLPI), the New York State Attorney General reached an agreement with the seven major retailers in the state that requires them to offer translated directions for use (SIGs) and auxiliary warning label information in 11 different languages. In 2011, NYC passed a law requiring any pharmacy in the city with four or more stores to provide translation of this same information in the seven primary languages spoken in that pharmacy demographic. Finally, in 2013, the NYLPI spearheaded the passing of SafeRx, which requires any pharmacy in New York with eight or more locations to offer translation and interpreting services across the four primary languages of the state.

While there are no current label translation requirements, California is in the process of standardizing prescription labels and is exploring options on how to incorporate translated SIGs within the label. However, California requires all pharmacies to offer interpreting services in the patient’s language. As groups like the NYLPI have success and expand, other states are likely to start exploring language-service requirements within the pharmacy.

Many large national chains, such as CVS, Rite Aid and Walgreens, have realized that potential further legislation is likely and are launching translation and interpretation language-service programs nationwide. To stay competitive with larger retailers, many smaller chains and independent pharmacies are also exploring prescription translation options but are forced to do so with far fewer resources than the national chains.

However, where there is a challenge there is also an opportunity. Most LEP individuals are uncomfortable when they cannot understand the instructions for use and general information associated with their prescription and will avoid using those pharmacies. With almost nine percent of the U.S. population classified as LEP, the potential for growth to pharmacies that can effectively reach LEP customers is high. Pharmacies that offer prescription translation also benefit from patients shopping for other non-prescription items within the pharmacy and they can generate goodwill with members of the LEP community. Word of mouth is strong. If LEP individuals feel comfortable with a pharmacy that provides information in their language, they are likely to share the name of that pharmacy with family and friends in their network. Many pharmacies that are offering translation and interpreting services of prescription information are also exploring options for having brochures, marketing collateral and other patient-facing content translated. Additionally, website translation is a great way for pharmacies to show they cater to the LEP market.

The number of LEP individuals in the U.S. continues to grow and for a combination of regulatory and competitive factors, pharmacies are realizing the importance of providing language services for prescription content. What is your pharmacy doing to better serve LEP patients?

To learn more about pharmacy translation solutions, visit www.RxTran.com. NRx® and PrimeCare® customers on Service Pack 19.1.12 or higher can enroll electronically for this service. Visit www.qs1.com and click Services, RxTran, Enroll in RxTran. Once the enrollment form is completed and submitted, the service will be available within 48 hours. You will then receive a call from customer support to finalize the process and test the service.

For additional information, contact Database Services at databaseservices@qs1.com or call 800.845.7558, ext. 1424.

About RxTran

RxTran focuses exclusively on the needs of pharmacies and provides software that addresses the written translation of prescription-drug information in 17 languages, as well as over-the-phone interpreting services in more than 100 languages.
As retailers who manage consumer cardholder data and personal health information, pharmacies are subject to the dual compliance requirements of the Payment Card Industry Data Security Standard (PCI DSS) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This year is turning out to be a record-setting one for data breaches and non-compliance fines in both arenas, making it more critical than ever to elevate both PCI and HIPAA compliance to the top of pharmacy business priorities.

Credit Card Theft and Attendant Penalties on the Upswing

Credit card theft has been making rapid-fire headlines as hackers’ perfect highly effective methods for breaking through firewalls into point-of-sale (POS) devices, installing malware, retrieving card information and disappearing before being caught. Target® received a lot of negative news coverage last year when hackers stole the card numbers of more than 40 million customers and the personal information of another 70 million. In addition to the devastating financial hit Target took in revenue, earnings and stock prices once the breach was disclosed, the company announced that it had incurred $61 million in breach-related expenses, with additional charges likely to come. Additional high-profile breaches have been reported in recent months by the following retail chains: Michaels®, Neiman Marcus and Sally Beauty.

While large retailers make national headlines for breaches and PCI non-compliance penalties, they are not the primary target of cyber criminals. According to Verizon's 2014 Data Breach Report, while “recent highly publicized breaches of several large retailers have brought POS compromises to the forefront...data breaches largely remain a small-and-medium business issue,” POS hacking is mostly a small-and-medium business issue because that’s the largest group of retailers in the country, and thieves attack their networks with the same vigor they use with the big players. Target and Neiman Marcus aren’t being singled out by hackers; cyber criminals scan the entire internet indiscriminately with automated scripts that seek vulnerable POS devices wherever they may be, regardless of location or size.

That makes smaller individual retail locations the most in need of strong compliance postures. While the hacking of an individual pharmacy won’t generate reputation-damaging headlines, an affected store can still expect out-of-pocket breach-related charges of around $80,000, including the cost of security monitoring for customers whose card information was stolen.
HIPAA Breaches and Penalties Increasing
While hackers don’t target health information like they do credit card information, breaches and non-compliance penalties are rising sharply among health entities as well.

In early May 2014, New York Presbyterian Hospital and Columbia University Medical Center agreed to pay $4.8 million in a settlement involving HIPAA violations, the largest federal fine ever to settle allegations of patient-privacy violations, due to an accidental disclosure of protected health information for 6,800 individuals. That settlement does not preclude the hospital and medical center from liability for civil penalties. In a separate April 2014 settlement, Concentra Health Services agreed to pay a $1.7 million fine for potential HIPAA violations resulting from the theft of a laptop with unencrypted health information. These are just the latest in a growing number of $1 million-plus fines for information disclosures that resulted from the mishandling of protected information.

Pharmacies certainly are not immune. Rite Aid settled its HIPAA privacy case for $1 million for improper disposal of prescriptions and labeled pill bottles containing individuals’ identifiable information. That case was preceded by CVS settling for $2.25 million in violations that consisted of similar careless information disposal. These are enormous prices to pay for violations that are completely avoidable with strong compliance programs.

Merchant Protection of Credit Card Data
As with every business that accepts card payments, pharmacies must comply with the PCI DSS, the best line of protection against credit card data theft. Pharmacies shouldn’t make the mistake of assuming a merchant bank or independent sales organization (ISO) provides coverage for PCI DSS compliance. Compliance is always the merchant’s responsibility and is a matter of addressing key PCI DSS requirements.

- Protect your brand, customers and investment with at least $100,000 of no-strings-attached data breach protection.
- Make it extremely difficult for hackers to get into your network and POS device by deploying a fully managed, stateful inspection firewall.
- If at all possible, do not store credit card information. If you must store card data, store it securely, in a Payment Application Data Security Standard system.
- Take a proactive rather than reactive posture to quarterly vulnerability scans.
- Restrict access to card-holder data to personnel with an absolute access need, and carefully monitor access.

- Make sure every employee who accesses sensitive data understands the security measures in place and the reasons for them.

Pharmacy Responsibility for Personal Health Information
Protecting health information is a matter of safeguarding against the careless handling of health information as well as exposure to malicious insider theft. In broad terms, it means protecting the business from:

- Electronic theft of patient files
- Physical theft of paper-based patient files
- Procedural mistakes in the storage, handling and disposal of patient information
- Employee theft of patient files or related information

ANX Can Help
Operating a pharmacy requires attention to so many core business issues that it’s understandable why lapses can occur in PCI and HIPAA compliance. That’s why QS/1 has partnered with ANXeBusiness, a leading national supplier of security and PCI/HIPAA services, to assist pharmacies with coverage for PCI compliance, HIPAA compliance or both.

ANX delivers data breach and HIPAA protection to cover more than the PCI- or HIPAA-associated costs of the average single-store data breaches, easy to use tools and training as well as 24x7 live support to make compliance easier. It’s all designed to provide peace of mind to busy pharmacy professionals who lack the resources, expertise and time to do it themselves.

For more information, call ANX at 877.488.8269 or sign up online at www.pharmacyprotect.com.
Disasters, either natural- or human-caused, can and have occurred everywhere in the country.

As a pharmacist, your business and the services you provide are essential to your community – particularly for access to continued care for chronic conditions and public health interventions such as vaccinations.1

**Response Roles for Pharmacists** 2,3

While you may not think of yourself as a “first responder,” pharmacy services have been recognized as part of the Critical Infrastructure of the Nation.4,5 Having a strong foundation of return to service allows pharmacists to fill the following roles:

- **Community health resource**: Triaging what can be managed at home vs. under a physician’s care
- **Vaccination and Prophylaxis**
- **Volunteers for medical surge needs**
- **Maintenance medications for survivors and responders**
- **Pharmaceutical logistics and cold-chain management**
- **Behavioral health support**: Providing a sympathetic ear can help alleviate development of post-traumatic stress disorder (PTSD) in survivors6

**Business Continuity Planning 101**

Even if you don’t already have a formal business continuity program in place, you are probably already taking precautions that will help your business remain resilient in the face of disaster. However, not planning in advance is likely to have dire consequences for your business and your community.7 Basically, contingency planning involves a few steps:

1. Identify hazards that pertain to your business and/or location (e.g., weather, earthquake, data loss).

2. Evaluate the vulnerabilities you have regarding those risks.

3. Develop plans: this will help you mitigate vulnerabilities before they happen as well as assist in quick recovery.

4. As you train staff and practice your contingency plans, continue to refine your plans for future responses.

There are a number of resources to assist with your business continuity planning such as:

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Resiliency in the face of disaster has been demonstrated time and time again by pharmacy owners and practitioners. Pharmacists recognize their essential role in times
of disaster and strive to restore services as quickly as possible.\textsuperscript{4,5,6} Following Hurricane Sandy, the five worst impacted counties saw 80 percent of pharmacies back in service within one week.\textsuperscript{9}

Recently, QS/1 partnered with Rx Response to provide information on pharmacies that have reopened in impacted areas following major disasters.\textsuperscript{10} A map called Rx Open, available at www.RxOpen.org, is a free resource to help you spread the word about your location’s reopening as well as assist patients seeking care and emergency-response agencies in damage assessment. To ensure your pharmacy’s open status is reported if a disaster occurs in your area, please email ContactUs@RxResponse.org for more information.

**Emergencies Can Change Rules and Regulations**

Did you know that the rules you normally practice under may change to facilitate delivery of emergency services, including healthcare, during a disaster? These changes may be affected at any jurisdictional level, all of which may affect your ability to respond or recover, such as:

- Local jurisdictions may implement curfews or restrict access to disaster-stricken areas.
- States, under the governor’s emergency powers, may change the pharmacy practice act in many ways. Examples include:
  - allow pharmacists to provide a 30-day emergency supply
  - expand the patient population that pharmacists can immunize
  - change the immunizations pharmacists are allowed to administer
- Federal agencies have a number of tools available to them as well. Examples of emergency powers include:
  - FDA Emergency Use Authorization may allow for drug use past expiration date on label.
  - PREP Act Declarations provide immunity from liability that may be associated with medical countermeasures.
  - Emergency Prescription Assistance Program: a federal program that can pay for prescription medication and durable medical equipment for uninsured disaster survivors.

Part of your disaster planning should include knowing where to find information on these potential changes when they occur. Good sources of information include your state pharmacy association, state board of pharmacy and Rx Response situation reports.

**Pharmacies as Partners in Public Health Response**

According to a Harvard School of Public Health poll, a majority of pharmacists (68 percent) have not interacted with their health departments in the previous year.\textsuperscript{11} Having a relationship with your local health department has many potential benefits, only some of which are related to disaster response. Some of these include:

- Priority access to medical countermeasures during an outbreak or bioterrorist response.
- Increased opportunities to provide vaccinations, particularly for underserved and vulnerable populations.
- Warning and guidance when outbreaks occur in your community via Health Alert Networks.\textsuperscript{12}
- Collaborative practice agreements. A pilot project currently being conducted has pharmacists utilizing rapid influenza tests and immediate dispensing of antivirals to facilitate rapid initiation of antiviral therapy where appropriate.\textsuperscript{13}
- Providing expertise while health departments are planning for future responses to ensure the “best fit” between your pharmacy, your patient population and the health department.

Pharmacies and pharmacy care is part of the critical healthcare infrastructure of the nation. Planning for disasters and collaborating with your community public health departments not only make your pharmacy more resilient to threats, but it also helps you better serve your community. To quote former Centers for Disease Control Director, Dr. Julie Gerberding, “Hope is not a strategy. We have to plan.”

**Sources:**

Meeting today’s challenges in the HME, pharmacy and supply industries is one of great frustration. Between payer audits, the Affordable Care Act (ACA), gaining patient chart notes and the inevitable transition to ICD-10, many providers feel they would rather shut their doors than maneuver through the mine field. The feeling of defeat is understandable, but once you step back from the situation and look at ways to combat and protect your business, you may find a new sense of control. Looking at each area independently and being decisive in how to move forward will provide a road map for your business.

**Audits**

Audits have hit our industry hard for a number of years for claims associated with Medicare beneficiaries. Providers who endured to tell their tales of audit nightmares understand the importance of proper documentation and trained personnel. Audits and the ACA face-to-face/Written Order Prior to Delivery (WOPD) requirements have moved medical documentation retrieval from a back-end process to a front-end necessity. The feeling of defeat is understandable, but once you step back from the situation and look at ways to combat and protect your business, you may find a new sense of control. Looking at each area independently and being decisive in how to move forward will provide a road map for your business.

**ACA Industry Regulations**

The ACA provided regulations on the Durable Medical Equipment Medicare Administrative Contractor’s (DME MACs) have provided checklists to assist in training and understanding the coverage criteria. These checklists serve as valuable resources in educating your team, as well as referral sources, on the criteria patients must meet to be covered by the payer as well as what information must be in the medical record to prove medical necessity. The checklists are as follows:

- **Cigna:**
  [www.cgsmedicare.com/jc/coverage/mr/DocumentationChecklists.html](http://www.cgsmedicare.com/jc/coverage/mr/DocumentationChecklists.html)

- **Noridian:**
  [www.noridianmedicare.com/dme/coverage/checklists.html](http://www.noridianmedicare.com/dme/coverage/checklists.html)

- **National Government Services (NGS):**
  [www.ngsmedicare.com/ngs portal/ngsmedicare/ut/p/a0/04_](http://www.ngsmedicare.com/ngs portal/ngsmedicare/ut/p/a0/04_)

In order to know on what areas the auditing bodies will place their focus, it is useful to look at the Office of the Inspector General’s (OIG) work plan for the year at [https://oig.hhs.gov/reports-and-publications/workplan/index.asp#current](https://oig.hhs.gov/reports-and-publications/workplan/index.asp#current). By reviewing this information, you can be proactive in planning your strategy to win the battle against a claims audit.

**Minimize Your Company’s Risk in HME Billing**

by Sarah Hanna, President of ECS Billing & Consulting North

Meeting today’s challenges in the HME, pharmacy and supply industries is one of great frustration. Between payer audits, the Affordable Care Act (ACA), gaining patient chart notes and the inevitable transition to ICD-10, many providers feel they would rather shut their doors than maneuver through the mine field. The feeling of defeat is understandable, but once you step back from the situation and look at ways to combat and protect your business, you may find a new sense of control. Looking at each area independently and being decisive in how to move forward will provide a road map for your business.

With that being said, training the individuals who review the documentation is of the utmost importance. Intake personnel need to be educated on the coverage requirements if they are involved in gathering information from referral sources. The Local Coverage Determination (LCD) and National Coverage Determination (NCD) must be understood by those individuals and they must be able to interpret the LCD/NCD through the medical record. The medical documentation review should be done by an experienced team member based on the LCD and NCD.

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**ACA Industry Regulations**

The ACA provided regulations on the Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) industry that are very cumbersome. It calls for providers to gain a WOPD and face-to-face documentation prior to the delivery of equipment on the HCPCS in which it encompasses. This presents many challenges for suppliers during a normal workday, but it becomes almost impossible when deliveries occur after hours, on weekends or holidays.

Some of the components of the ACA are: the date of the WOPD must not be prior to the date of the face-to-face encounter; the face-to-face encounter which is conducted by the physician, physician assistant (PA), nurse practitioner (NP) or certified nurse specialist (CNS) must document that the beneficiary was evaluated and/or treated for a condition that supports the DME item(s) ordered. In the case of DME ordered by a PA, NP or CNS, a physician must document the occurrence of a face-to-face encounter by signing/co-signing and dating the pertinent portion of the medical
Physicians will be provided an additional payment, using code G0454, for signing/co-signing the face-to-face encounter of the PA/NP/CNS. The face-to-face examination should cover the following but is not limited to:

- History
- Physical examination
- Diagnostic tests
- Summary of findings
- Diagnoses
- Treatment plans
- Other appropriate information
- Duration of patient’s condition
- Clinical course (worsening or improvement)
- Prognosis
- Nature and extent of functional limitations
- Other therapeutic interventions and results, past experience with related items, etc.

The bottom line regarding documentation for both audits and the ACA is that providers need the appropriate documentation to prove the validity of claims. You lose the most by skipping important steps and you need to determine the physicians who are willing to work with you. Be ready to make the decision to refuse referrals from non-compliant physicians. Educating the physician/staff on the requirements through the provision of training is necessary to reach the end goal: compliant information that supports the medical need of the equipment.

On March 15, 2013, Section 3.3.2.1(C) of the amended Program Integrity Manual states the following: “physicians/licensed/certified medical professionals (LCMPs) who fail to submit documentation upon a supplier’s request may trigger increased MAC or Recovery Audit Contractor (RAC) review of the physician/LCMP evaluation and management services.” This section can be used to help physicians understand the importance of their chart notes and the need to supply those to your organization upon request.

Please note that amendments, corrections and delayed entries by the physician or LCMP to the medical record are allowed. Use of such amendments should be on an occasional basis. It cannot be the physician’s normal method of documentation and all updates must be completed using approved record keeping principals. The use of such amendments may be denied at the appeal levels of redetermination or reconsideration, but are usually allowed at the Administrative Law Judge level.

**ICD-10 Implementation**

The transition from ICD-9 to ICD-10 has been delayed until October 1, 2015. However, organizations still need to prepare for the new deadline. ICD-10 represents the International Classification of Diseases, 10th Edition, Clinical Modification (CM)/Procedure Coding System (PCS). The ICD-10CM are the only applicable codes for DMEPOS providers and ICD-10PCS are used for hospital claims for inpatient settings. These codes were developed by the World Health Organization (WHO) in 1990. Other countries started using ICD-10 in 1994, but the U.S. only partially adopted it in 1999 for mortality reporting.

For your staff, training and awareness are a must in the year ahead. Don’t put off what you can start today. Your software will need to be updated to accommodate both ICD-9 and ICD-10 and have a listing/drop-down function of ICD-10 codes to choose from. QS/1 has already completed its testing and is currently compliant. ICD-10 is not just something only billing/coders have to worry about. It affects many aspects of workflow – intake, medical documentation and billing. To assist in planning ahead, attend training sessions, visit the Centers for Medicare & Medicaid Services (CMS) website for updates and subscribe to your DME MAC’s listserv for email updates.

In July/August 2015, run a list of patients who will continue renting or be up for re-supply with dates of service (DOS) of 10/1/2015 and forward. Contact physicians for the new ICD-10 code so you can update the system. When gaining the new code, note who you spoke with at the physician’s office and the date and time of the conversation. Software systems should allow for the ICD-9 code to be used for billing/re-billing claims with DOS of 9/30/2015 and prior. Enter the new ICD-10 code for the DOS of 10/1/2015 and after. Intake, medical documentation and billing will need to understand the nuances of ICD-10 codes so they can ensure they have the correct codes for billing purposes. Currently, there is no requirement for a new detailed written order or certificate of medical necessity to be received due to the ICD-10 transition.

**To learn more visit:**

- www.ahima.org
- www.cms.gov/icd10
- www.cms.gov/ehrincentiveprograms

Note: CMS General Equivalence Mappings (GEMs) are the only official translation mappings. All mapping tools should be viewed as approximations and no final code assignment should ever be performed from the GEMs or any other mapping tool.


By examining the details, you should be in a position to better protect your business from the adverse effects of claim audits, ACA industry regulations and the ICD-10 transition.
The QS/1 Customer Conference, held this year in Nashville, closed on a high note. This platform, which brings customers, vendors and industry experts together, is a formula that not only works but continues to get better each year. You have relayed how much you prefer face-to-face interaction over an electronic exchange of information and often mention how the conference offers a more relaxed environment for sharing ideas and asking questions. The Vendor Expo is experiencing steady growth at the conference. Technology and innovation is imperative in today’s healthcare environment, and you are taking the time, now more than ever, to examine new ways to achieve best practices and success.

The success in Nashville is attributed to your participation. You set the tone for what happens during the four-day period of industry information exchange, and QS/1 appreciates your zeal.
SNEAK PEEK:
Service Pack Outlook

The Service Pack outlook gives you a sneak peek of the enhancements scheduled for release in the near future. With the release of each Service Pack, view the What’s New section of Web Help to see enhancement details.

NRx® and PrimeCare® 19.1.14
- Adding the option to allow only one refill transfer per prescription transfer (New York customers)
- Adding the option on the Drug Record to set the number of refills allowed for that drug
- Adding the ability to send Co-Agent ID and Qualifier for Virginia Medicaid DUR Responses
- Adding the option to allow controlled substance prescriptions to be transferred one time only
- Adding EPCS Security update that will require employees marked as Admin to change their passwords based on the expiration days set under Security Options just like other employees are required to do
- Adding QR Code for VUCA Health’s MedsOnCue that will direct patients to on-line video counseling and monograph information for the drug they are taking

Adding the following changes for ICD-10:
- Price Plan option to send ICD-10 Diagnosis Code
- Store Control option to display warning if Patient ICD-10 is blank
- New display options for patient medical conditions
- ICD-10 Medical Conditions to Patient Chart
- ICD-10 Medical Conditions to Patient Outcomes
- ICD-10 Medical Conditions to Prescription Diagnosis Codes
- New report, Patient Medical Conditions List
- New label routines:
  483-Will read ICD
  496-Will read RX ICD Code
  497-Will read RX ICD Description
  230-Will print the ICD-10 code if found; if not, ICD-9 Code will print

NRx 19.1.14
- Adding the ability to log on the transaction that counseling was offered, who offered it or if it was declined

PrimeCare 19.1.14
Adding the option to print ICD-10 codes on any Nursing Home Form currently printing ICD-9 codes

Interfaces 19.1.14
10.6 Message Types
- CancelRx
- RxFill
- Census
- Resupply
DocuTrack Enhancements

- Adding the ability to link documents automatically when a prescription is Discontinued and Reassigned
- Adding the ability to link documents on incoming refills
- Adding integration for electronic prescription management in DocuTrack
- Adding additional fields for form filler:
  - Facility Name
  - Facility Fax Number
  - Facility Phone Number
  - Date Dispensed
  - Social Security Number
  - Insurance Company Name
  - Price Plan Description
  - Insurance Phone Number
  - Patient Insurance Policy ID Number for Primary Carrier
  - Rx Price from Prescription Record
  - Patient Charge Account
- Adding the option to include a static barcode to the following documents:
  - Refill Request Form
  - Emergency Class 2 Request Form
  - Class 2 Continuation Request Form
  - Class 3-5 New Rx Request Form

SystemOne® 19.1.14

- Updating CMN forms A and C to print the heading Diagnosis Code instead of ICD-9
- Updating the transaction print option to read Documentation Cover Letter instead of CMN Cover Letter
- Creating an enhanced version of the Documentation Cover Letter
- Creating an enhanced version of Written Confirmation Verbal Order
- Updating the Physician Order and MAE to print ICD-10 if billed on the claim
- Updating the Batch Program for the Physician Order and MAE to print ICD-10 if being billed
- Adding print option to Batch Physician Order and MAE to print form without a diagnosis code or description
- Adding check box to ICD-10 Diagnosis screen for Insulin Treated
- Adding Insulin Treated to the transaction on the Claim Information screen
- Updating 5010 to indicate if an ICD-10 code is being transmitted
- Updating 1500 forms to print the ICD-10 indicator of 0 if the ICD-10 code is being printed
- Adding Bill ICD-10 Code option to the Carrier Record

Point-of-Sale (POS) 19.1.14
Adding required pseudoephedrine verbiage to SIG pads for Oklahoma

WebConnect®
Adding ICD-10 file under Patient Medical Conditions

Upcoming

- Medication Synchronization tools
- CMS 5 Star Adherence tools
Federally Qualified Health Centers (FQHCs), 340B clinics and hospital outpatient pharmacies share similar dilemmas: how to provide excellent, timely service in a fast-paced environment while adhering to stringent government regulations and effectively managing full-time equivalents (FTEs). More and more of these facilities are turning to automation to help successfully balance these demands.

Just 60 miles from the Mexico border, The Brownsville Community Health Center is a FQHC positioned to serve an otherwise underserved population. When a new building project meant the addition of a brand new pharmacy, RxMedic ADS™ (automated dispensing system) provided the pharmacy automation solution to enhance efficiency and improve patient care.

Perfecto Garcia, director of pharmacy at the center, reached out to QS/1 based on its reputation and his own research, and he was delighted to learn of its affiliation with RxMedic, manufacturers of several pharmacy robot solutions. He was also intrigued with the Integration Advantage.

While RxMedic pharmacy robots interface with any pharmacy management system, as a QS/1 Customer, Brownsville Community Health Center benefits from a seamless integration with QS/1’s Pharmacy Management System. Integration Advantage (www.rxmedic.com/total-pharmacy-integration.html) means that the ADS further increases productivity and efficiency through synchronized files and activities.

In one demonstration, Garcia was sold. The RxMedic ADS has all the features he hoped to find. According to Garcia, “This ADS doesn't have a drawback, period. It will fill the prescription, label it, photograph the contents, cap it and separate it alphabetically.”

On average, the pharmacy fills 350 to 400 prescriptions a day. The ADS has handled as many as 600 prescriptions during the regular operating hours of 9 AM until 6 PM. Garcia is quite certain it could handle even more, so there is still plenty of growing room left. The center does not have to worry about bringing on new providers to handle more patients thanks to efficiencies gained with the ADS, and technicians who were busy manually filling prescriptions can now spend more time with patients, improving satisfaction and outcomes.

Pharmacy automation has also made a crucial difference in the way the Medical Center Pharmacy has improved customer service. Housed in Medford, Wisconsin's Memorial Health
Center, Medical Center Pharmacy increases its efficiency by streamlining prescription output with the RxMedic ADS robot. Memorial Health Center, which has been in the area since 1962, is considered one of the prominent “rural safety-net” hospitals in the country. That net has expanded considerably over the years, resulting in numerous accolades, including multiple excellence awards and a place on HealthStrong’s Top 100 Critical Access Hospitals list.

Medical Center Pharmacy offers in-depth consultations with patient physicians, home delivery of prescriptions to discharged patients, 24-hour emergency services and a commitment to helping patients who have allergic reactions to drugs find alternate medications. The staff also tries to make the process of filling prescriptions as convenient as possible: it offers its customers pagers, which light up when prescriptions are ready, thus allowing patients to come and go throughout the hospital as needed.

Wait times have been drastically reduced with the implementation of an RxMedic ADS robot. When the pharmacy made the decision to automate, the ADS was an obvious choice, and Geoffrey Schnelle, R.Ph., inpatient pharmacy director, has great things to say about it.

“We’ve been able to use the time the technology allots us in ways that are nothing if not productive and positive,” said Schnelle. “The time benefit is great, no doubt about it. As are the other perks. For instance, we’ve had some reduction in FTE staffing recently, which is something that might have turned into an issue for us, but it worked out because the ADS really does help so much with filling in the gaps. The safety features the machine offers are also crucial. We’re meticulous about guaranteeing the accuracy of prescriptions. We have an employee who double checks every script, but since we’ve had the ADS, we’ve been spending much less time pulling and collating medications. It makes everybody’s job easier.”

Safety and accuracy is a process of ongoing vigilance in any pharmacy, but as Schnelle pointed out, the ADS’s security features have provided outright solutions to many of those concerns. Errors that have been attributed to hand counting in the past, for example, have been remedied by technology like the ADS’s much-lauded imaging features, which photograph the contents of each script, verifying the number of pills in each bottle. Also, since each medication is dispensed from an individual chute, the possibility of cross-contamination is no longer an issue. The machine also utilizes a sophisticated vacuum technology, which further guards against residue issues. “There’s no one aspect that doesn’t work in tandem with other aspects,” said Schnelle. “The ADS is a full-package deal. When one aspect is streamlined, everything else is streamlined along with it. The ADS has helped a lot with discharge procedures, which can sometimes get very hectic, and it simplifies the process for patients, which is great.”

For pharmacies with interactive voice response installed, the ADS can fill prescriptions even when the pharmacy is closed. The prescriptions are ready when the staff opens the store the next day. Another time-saving benefit of the ADS is the auto-calibrating cells: drugs can be changed out in the robot by pharmacy staff in just a few minutes.

Recently, Memorial Health Center was honored by Studer Group as its Rural Healthcare Organization of the Month, noting its improvements in provider and employee satisfaction and consistent high rankings for patient experience, which is an honor the hospital’s pharmacy staff is undoubtedly an integral part of.

Greenwood, SC, is home to Carolina Health Centers, an FQHC offering an array of services, including seven family practice locations, women’s health and pediatric programs to low income and uninsured residents in a seven-county region. Pharmacy plays a key role in population health management, and Carolina Health Centers offer its patients two pharmacy locations. Believing it is important that everyone have access to the healthcare they deserve, the FQHC accepts Medicare, Medicaid and private insurance as well as offering a sliding payment scale and reduced medication prices.

Carolina Community Pharmacy (CCP) has played a major and enthusiastic role in serving the community and providing top-notch service to its many loyal patrons. The bustling pharmacy, which has been in the region since 1977, has adopted pharmacy robotic technology to help them serve its patients. Like every pharmacy, CCP places a top priority on safety. Each cell in the RxMedic ADS robot dispenses drugs directly into the vial using unique vacuum technology and a high efficiency particulate air filtration system, eliminating cross-contamination risk and air-quality concerns. The ADS is the cleanest system on the market. Barcode scanning technology ensures accurate dispensing.

For CCP and other FQHC/340B pharmacies, inventory control is crucial for compliance. “The ADS is particularly useful when it comes to storing and keeping track of high-profile drugs,” said Brenda, a pharmacy technician at CCP. Being able to seamlessly integrate with the pharmacy management system offers even more opportunities for efficiency, increased productivity and security.
Social media is constantly changing. Just when you think you’ve found a new and better way to reach out to your patients and customers, the rules change. Over the past couple of years, many pharmacists and pharmacy owners have, sometimes reluctantly, learned to tweet, post, blog and pin to keep up with the latest technology. But in the rush to get social, some business owners find it hard to keep up with the constant changes, and some may have crossed a line they didn’t know existed.

Social media’s constant evolution is due to platform updates, additional features and edits to network algorithms. Social networks are now shifting their focus to encourage more user-controlled, personalized and high-quality content. By keeping up with these trends, you can seize every opportunity to engage with your patients and customers on social media.¹

**Facebook**

Facebook allows users to connect with “friends,” post updates, follow groups and start group pages, which can be for a business, a support group or any other type of group.² If you’ve noticed your pharmacy’s Facebook page doesn’t seem to reach as many people as it used to, it may be because in late 2013, Facebook limited the number of people who can see a business page’s content, and business owners had to begin paying to reach a large audience.³ Over the past several months, Facebook has made a variety of changes, mostly to the News Feed, based on the perceived likes and dislikes of each individual Facebook user. Facebook has begun to fully customize the user experience by attempting to provide the most relevant content possible, which means your customers and patients could be seeing, or not seeing, your page based on their interests. Networking with other businesses can drive people to your business page and ultimately to your store, but if you really want to reach a larger audience, it is important to post more than just advertising.⁴

Posting relevant health tips, such as reminders for women to perform self-breast examinations during the month of October to coincide with Breast Cancer Awareness month, can keep your page relevant while promoting your business at the same time. Information about flu shots, tips on how to avoid getting sick in the winter or other general health information can also bring traffic to your page. Facebook also recently added the ability for users to post videos to their News Feeds that auto-play without sound unless accessed. This feature is now also supported for paying advertisers and is a great opportunity to post a short video clip or commercial.

**Twitter**

Twitter is best for short, newsy posts, which are limited to 140 characters, as well as for posting pictures or links to articles. You “follow” people you are interested in but don’t have to mutually “friend” each other as with Facebook.⁵ Twitter users now have the option to convert to a new profile look that is similar to Facebook.⁶ Twitter has also made its Lead Generation Cards available to all advertisers rather than just to a small number of elite advertisers. Lead Generation Cards help advertisers find and connect off-Twitter with users interested in their message. The tool also allows users to download leads, metrics and reports.⁷ Some social media analysts believe Twitter is emerging as a larger focus for businesses even though it is widely known for the large number of celebrities who use it.⁸

**LinkedIn and More**

LinkedIn is most appropriate for professional networking. It allows users to “link” with colleagues and people they have worked with in the past, as well as join professional groups.⁹

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¹ By Georgia Burnett, QS/1 Staff Writer

² Changes in Social Media

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LinkedIn has always been the go-to social media outlet for business and professional users to keep up with business contacts. It's also a place where users can look for a job, list a job, search for job candidates or follow different companies. In April 2014, LinkedIn discontinued the Products & Services tab on its Company Pages. While there is not currently a replacement, LinkedIn suggests users post to the Company Page Updates and the Showcase Pages.9

Other popular social media sites include Instagram, Pinterest, Foursquare and Tumblr, but Facebook and Twitter are the most popular with most social media users. However, there are ways to have a presence on most all social media sites. Pinterest is a graphics-based social media site that allows members to “pin” pictures from other websites onto a collection of bulletin boards that the member can classify. For example, someone might have a recipes board or a healthy tips board.10 On Pinterest, your pharmacy could feature diabetic friendly or heart-healthy recipes, home remedies or information about fitness and exercise.

Social media can be a powerful tool for gauging how your pharmacy is being received. Capitalizing on the volume and variety of social media options available to your business is more important today than it has ever been. Keeping up with and responding to customers’ responses and posts about your pharmacy is essential to receiving the full benefit of what social media has to offer. Bear in mind that negative comments may contain constructive feedback for your business, and in cases of unfavorable comments, it is important to avoid being too reactive or defensive. Respond appropriately and in a timely fashion.11

Post with Caution

It is extremely important when dealing with social media as a business that you keep your personal and professional pages separate. A quick internet search of “pharmacists and social media” turns up pages of articles about what NOT to do on social media. Some articles even encourage those in the pharmacy industry to hold their personal pages to a higher standard. There are tips on how to properly interact on social media, such as following HIPAA rules and not answering patients’ specific questions publically. It is better to use social media to provide general information that most patients and customers will find helpful.12

Pharmacists who use social media should strive to present an image that will have a positive influence on patients and customers. Pharmacists and pharmacy owners should avoid complaining about patients. An analysis of pharmacy-themed blogs revealed that the majority of posts on social media present a negative view of the profession and/or pharmacists. It also showed that pharmacists may use unprofessional or explicit language, criticize patients or other healthcare professionals and don't always maintain anonymity in their posts. According to published literature, community pharmacy practitioners may be more likely than other pharmacists to display these types of online behaviors.13

These days, having a presence on social media can be critical to your business's survival, but users have to try to avoid the common pitfalls, and it can sometimes be difficult to know when and if you've crossed the line. Stay positive and post about topics that are different and engaging, and your social media pages will be more appealing. It is also important not to rely on only one social media site to meet all your marketing needs. Linking some social media sites together will save time and posts will show up on several sites at once.

A national social media expert expects other social media outlets to follow Facebook in the coming years and require businesses to pay to get their messages to wide audiences.14 Advertising on social media is one of the best ways to reach out to your patients, customers and community. Staying active, relevant and positive will help your business gain exposure and can help you grow a healthy business for many years to come.

Tips for Posting to Social Media:

Brevity – Twitter's 140-character limit may be tough, but it encourages thoughtful word selection. While other social media sites don't have character limits, it is best to keep posts simple and short.

Message Content – Get immediate attention and draw people in with catchy phrases.

Audience – Know your target audience and understand how to interact with them.

Account and Network Separation – Keep professional accounts separate from personal accounts. Nothing can be more detrimental to your pharmacy than inadvertently posting personal communications to your professional network. Designating a specific computer or device for all professional postings may help to underscore the importance of personal and professional network differentiation.15

Sources:
If you were watching, the game show, Family Feud and the question was, “Name the top 10 things a pharmacist does for a living,” there is a good chance the first person to buzz in would say, fill prescriptions…and the survey would confirm that as the number one answer.

But reality does not necessarily fit perception, and the pharmacist’s role has advanced light years beyond medication dispensing. As a matter-of-fact, advancements in technology and robotics have evened the playing field for dispensing medications and providing patient/customer service.

The modern pharmacist is the constant-contact between patients and caregivers, providing services such as medication synchronization, medication therapy management (MTM), chronic disease management and administering immunizations. They also work and partner with hospitals and health systems to advance health and wellness and reduce hospital readmissions.

Given the expanded role pharmacists are expected to play in the evolving healthcare environment, the American Pharmacist Association (APhA), in collaboration with other national pharmacy organizations, is coordinating the effort to promote pharmacists as essential members of the healthcare team. Presently, provider status covers physicians, physician’s assistants, certified nurse practitioners, qualified psychologists, clinical social workers, certified nurse midwives and certified registered nurse anesthetists. In order for pharmacists to achieve provider status, key elements of the Social Security Act (SSA) that determine eligibility and reimbursement for healthcare programs (such as Medicare Part B) must be amended to include pharmacists.

There are many states and private health plans that believe the omission of pharmacists from the healthcare provider team compromises the efforts of the Affordable Care Act (ACA) to integrate more efficient methods of care delivery. It is widely recognized that the pharmacists’ absence from key parts of Medicare Part B acts as a barrier to patients’ access to comprehensive, patient-centered care administered via pharmacists. The lack of provider status also acts as a roadblock to home medical and accountable care organizations (ACOs) that rely on pharmacists and their skill sets.

According to the APhA, the achievement of provider status for pharmacists is a multi-pronged strategy that encompasses a variety of legislative and regulatory changes on both the state and federal level; it expands private sector access to optimize patient-care and resolves the lack of coverage for pharmacists’ patient-care services. Once achieved, provider status will change the face of pharmacy as we know it with new certainties for pharmacists that include:

- Payer and policy makers will recognize pharmacists as healthcare providers who improve the access, quality and value of healthcare.
- Access and coverage for pharmacists’ patient care services will be facilitated through Medicare/Medicaid, other federal and state health benefit programs, integrated care delivery models and private payers.
- Pharmacists are included as members of healthcare teams.

Who is Working on Pharmacists’ Behalf?
The Joint Commission of Pharmacy Practitioners (JCPP) Chief Executive Officers collaborated on a set of principles to guide the provider status campaign at the federal level. Then there is a coalition of 14 organizations working on pharmacists’ role for improving patient health, and as part of that coalition, the APhA is reviewing possible options for federal legislative language.

H.R. 4190/S: Introduced on March 11, 2014, to Facilitate Medicare Patient Access to Pharmacist Services in Medically Underserved Communities

The Patient Access to Pharmacists’ Care Coalition (PAPCC) bill was introduced and assigned to a congressional committee on March 14, 2014. From there, it will be considered and put before the House for a yea or nay vote. If passed, it will move to the Senate to be voted upon. If approved by the Senate, the president will sign it into law.
The passage of this bill will amend section 1861 of the SSA, which will result in expanded pharmacist-provided services under Medicare Part B. These services will become reimbursable when provided in medically-underserved communities. These communities are defined as geographical areas that have too few primary care providers, high infant mortality, high poverty and a large elderly population.

Key aspects of this bill are:
- Enabling pharmacists to practice at the top of their education and training, to be better integrated into patients’ healthcare teams.
- Improving health outcomes within specifically designated populations, especially those with chronic diseases, such as diabetes and cardiovascular disease.
- Providing consistency with precedent established in the SSA for nurse practitioners and physicians assistants. Pharmacists’ services would be reimbursed at 85 percent of the physician fee schedule, unless they are operating under the direct supervision of a physician, in which case they would be reimbursed at 100 percent of the physician fee schedule.³

This Initiative has Legs
Getting any bill through the complete process of introduction to presidential signing into law is a monumental task. In fact, according to www.govtrack.us/ only 11 percent of the bills introduced made it past committee and of those only three percent were enacted into law between the time frame of 2011-2013. Govtrack.us only gives H.R. 4190/S a one percent chance of being enacted.

However, the nature of the H.R. 4190/S bill and its ability to expand healthcare access while reducing costs has outside parties taking notice. ACOs already have pharmacists playing a pivotal role in the ACA success. The ACO model for the Centers for Medicare & Medicaid Services (CMS) beneficiaries have pharmacists moving away from the one-dimensional role of drug dispensing to the expanded role of consultants and medication managers in the coordinated-care environment. More than 250 organizations have already contracted with CMS under the ACO model for Medicare beneficiaries. This model has already been accepted by CMS as a reimbursable service via the MTM program.

With the passage of the ACA, Congress is faced with the immense task of expanded healthcare delivery and payments. There is a renewed vigor for exploring new methodologies and ideas. Add to this urgency the statistic that by 2025 there will be a deficit of 50,000 primary-care physicians, and the need for the pharmacy professional to supply solutions becomes critical to the delivery of healthcare.⁴

QS/1 Anticipates the Future
While the wheels of Congress spin slowly, QS/1 races to anticipate what pharmacy will look like tomorrow. What tools need to be developed and in place? What do customers need to stay ahead of the curve?

QS/1 starts the process by recording the medical and drug history of the patient. The components of which help the pharmacist track compliance in relation to chronic disease, MTM, preventative and wellness procedures and personal medication information, such as food and drug allergies, drug-disease contraindications, etc.

Irony
The modern pharmacist is ironically evolving into the 1800 pharmacist. Before the expansion of medical education that occurred in the early 19th century, physicians were few and far between and were located mainly in cities and towns; pharmacist served in the less populated areas acting as both the physician and chemist. Although the pharmacy had origins going back to medieval Europe, what became the American drugstore arose in the early 19th century from four roots: the traditional apothecary’s shop; doctor's shops — where physicians prescribed and dispensed; the general store; and the wholesale druggist (there were no effective laws regulating medical or pharmaceutical practice) diagnosed and dispensed medicines in an environment that was not much different from an apothecary’s shop. In fact, practitioners often went back and forth between the two occupations, depending on their comfort level. The Revolutionary War forced druggists (on the battlefield) to learn manufacturing techniques to replace missing chemicals imported from England, and exploration of the Americas forced druggist and retailers alike to both diagnose and practice modern chemistry.⁵

Now, in cooperation with physicians and other healthcare professionals, pharmacists once again find themselves at the forefront of change practicing their professions on a brand new battlefield where hands are scarce and needs are many. The difference is technology and having the tools to accomplish twice as much with half the people in half the time...with results that reflect best practices.

Sources
1,2,4 http://www.pharmacist.com/sites/default/files/files/Provider%20Status%20FactSheet_Final.pdf
5 http://www.scs.illinois.edu/~mainzv/HIST/bulletin_open_access/v28-1/v28-1%20p9-17.pdf
QS/1 is developing a new product called Document Management Solutions (DMS) that will improve efficiency by sending and receiving documents and automating the placement of documents in order to organize, store and retrieve them. DMS will provide a way to manage documents in QS/1’s PrimeCare® Pharmacy Management System. Documents will be entered into the system by fax, upload, scan or sent as an attachment in a secured email. Within the system, all documents will be encrypted and stored. With DMS, users will be able to associate facilities, patients, insurance, prescribers, prescriptions, transactions and patient non-drug orders.

To make life easier, DMS will verify the PrimeCare user ID and password information entered at login. This verification will allow the use of the same credentials in DMS and PrimeCare, eliminating the need for yet another password.

There are three types of users designated for DMS: Administrator, Manager and General. DMS allows the Administrator to set up other users by entering their sign on name, first name, last name and a user type. Once set up, they are ready to use DMS. Each user is assigned a specific color. Colors are used in annotations and are customizable, allowing them to be assigned by functional area.

Administrators have access to all settings and can assign access to others. Managers have access to most settings and are able to create queues, assign users to queues and make other changes. However, they do not have access to critical settings to protect changes to communication and security options. General users only have access to their specific queues. Documents can be sent to their assigned document queues. For example, if an Order Entry technician is assigned to the New Orders queue, the technician will only have access to view the documents in that queue. The same rule applies to a pharmacist assigned to the Verification queue for quality assurance, etc. DMS allows total flexibility when setting up users and queues.

**Routing Rules**

Users will also have the ability to create Routing Rules for the DMS system. Routing Rules can be set up for inbound documents, automatically sending them to specified queues. A background service, which searches for identifiers on inbound documents, is embedded in DMS. It will search for a barcode, fax ID or email attachment and forward that document to the appropriate queue. This is based on the Routing Rules set up within the system. DMS will also allow users to choose one queue as a default or “catch all” for an employee to triage.
The example below shows the Test Facility, with several rules established. There is a static Rx number barcode with the value of the Rx number identifier. When it is sent to DMS, its destination is the Refill queue. For emails, the destination is the Inbox. The Inbox queue is the default queue for items not set up in Routing Rules. There is flexibility to route to various queues for documents sent from facilities with different identifiers.

Contact List
To speed up the outbound communication process, DMS will have the ability to set up a Contact List with fax, phone numbers and email addresses. The Contact List is referenced when a user sets up outbound faxes, emails, etc. Examples of the Contact List are facility information and doctor information. This is the “phone” directory referenced for contacts when composing outbound communication. If a document is received that cannot be read, users will have the ability to fax it back to the facility or prescriber.

Queues
Administrators and Managers will be able to view all queues. They will see, in real time, the number of documents in each queue and the number of users assigned. This is valuable information when identifying logjams in order to react efficiently. Administrators and Managers will also have the ability to customize queues by title, such as Archive, Billing, Inbox, etc. There is also no limit to the number of queues that can be established. The queues created and how work is divided among staff members will be determined with the implementation of DMS into the current pharmacy workflow.

Documents in Each Queue
The Routing Rules section describes how documents get into DMS via fax, upload, scan or email. Part of the magic of DMS is the background service checking for barcodes. It will read many types of barcodes and place documents in queues based on the Routing Rules. For example, the Refill Sheet has color-coded barcodes. Green means a good read on the barcode, yellow means it is questionable and red means it could not be read. The user will have the ability to magnify the barcode to get the Rx number to refill the prescription if the barcode cannot be read. Green barcodes will automatically be sent to the IVR Refill queue in PrimeCare to be processed.

On the document, users will have the ability to:
- Place stamps
- Draw, write or create notes
- Make annotations

When drawing, writing or annotating, the color used is the color assigned to the DMS user.

Once users have completed their work, meaning they’ve made their annotations and associated the Rx in PrimeCare, they will be able to move the document to another queue for the next person to process or archive it if it is finished. The Archive queue is where documents are stored for later retrieval. The document can also be split and sent to multiple queues if more than one person needs to process it.

Associating Documents
The process of associating documents between PrimeCare and DMS will be driven mainly by the user. The document must be accessed in DMS and the Rx accessed in PrimeCare. By clicking the Documents button and choosing the document type (i.e., Refill), the two will be associated. Clicking the Documents button again will display the document description, date entered, the employee who did the association and the unique document ID number. The first eight characters will contain the ID number and the last eight characters will contain the page number.

QS/1 is excited about DMS, which is still in development and will be available in the near future. Additional features, including the Forms-Filler tool that can pull data from PrimeCare to populate in custom forms, will be spotlighted in an upcoming article. For more information on DMS, email Kevin_Sloan@qs1.com or call 800.845.7558, ext. 7482.
Moving to ICD-10 codes will bring the U.S. up to speed with other countries. It will allow medical professionals to be more granular when using a diagnosis code to describe a medical condition. With ICD-9 codes, we were limited to approximately 14,000 codes, compared to approximately 69,000 codes with ICD-10. The ICD-9 code only allows for 3-5 characters versus 3-7 characters with ICD-10.

The conversion to ICD-10 will be a huge change to the healthcare industry and cause additional work for everyone. As a software company, QS/1 prepared for the deadline date of October 1, 2014, and has a plan in place regardless of the delay. With the release of Service Pack 19.1.13, your retail, long term care and HME software will include updates to ease the transition from ICD-9 to ICD-10. Service Pack 19.1.13 provides the ability to start entering ICD-10 codes as you receive them from medical professionals. As you enter the new ICD-10 codes, the list will be retained separately. This will allow you to maintain your current ICD-9 diagnosis codes as well as the new ICD-10 codes you receive throughout the year. Even though you have entered an ICD-10 code on the Patient Record, the billing programs will not submit the ICD-10 code until the deadline date.

QS/1 added a flag called Bill ICD-10. The flag is located on the Price Plan/Code in NRx® and PrimeCare® and on the Carrier Record in SystemOne®. This flag allows you to control which diagnosis is submitted in case some insurance plans are not ready by the deadline. Hopefully, the medical professionals in your area will provide you with these codes prior to October 1, 2015, so you can begin ICD-10 data entry. Moving forward with Service Pack 19.1.14, QS/1 plans to update your billing, reports and label programs to print the desired diagnosis codes.

Hopefully, the delay in ICD-10 implementation will allow for a smoother transition for everyone involved. There are mixed emotions about the delay and whether or not it’s a good thing. The important aspect for your business is to continue preparation in accordance with the new time line. There are preparation plans available from The Centers for Medicare & Medicaid Services to make sure your business is ready whenever implementation occurs. QS/1 has also created an ICD-10 readiness page on our website at www.qs1support.com/supportsite/productdocuments/icd-10.html.

Image Reference:
Are your patients compliant with their medication therapy? Do they have their prescriptions refilled on time, every time? Do they take them correctly?

Unfortunately, the answer to these questions is probably no. Compliance and adherence are important in regards to medication regimens and are a crucial step toward improving treatment status and achieving and maintaining good health. Medication compliance is defined as the act of taking medications on schedule and as prescribed.

There are many things that lead to non-compliance. Some are related to economics, such as medication cost and economic status, while others can be medication-related factors like complexity of treatment, unwanted side effects and length of treatment. Additionally, forgetfulness, misunderstood instructions and fear of dependency can also prevent patients from taking their medications as prescribed.

The Pharmacist’s Role
Pharmacists play a big role in improving medication compliance. Possibly the most important role is establishing a strong pharmacist-patient relationship. By developing such a relationship, patients are more likely to openly discuss their health and progress of treatment, allowing the pharmacist to provide proper education and counseling and to emphasize the benefits of taking medications as prescribed.

How QS/1 Can Help
By utilizing the Health-Minder feature in QS/1’s Pharmacy Management Systems, pharmacists can create refill reminder programs to aid patients in maintaining medication compliance.

With the Patient Record in NRx* and PrimeCare* you can define Health-Minder patients. When filling prescriptions, the Health-Minder Patient field is automatically populated. This field can be used as a filter when creating the Health-Minder report. Using the report allows you to define which patients are filling and refilling their prescriptions on a consistent basis.

The Health-Minder report provides you with several options, including the ability to create a list of non-compliant patients that need to be contacted. You can also add these patients’ prescriptions to the Tickler file for processing. You can also take this process a step further by automatically refilling the prescriptions using InstantFill®. Another step, and perhaps the most important, is to use the Health-Minder report in conjunction with one of QS/1’s outbound patient notification options, such as interactive voice response (IVR), text or email messages. These messages notify patients when they have a prescription that needs to be refilled.

Although the Health-Minder feature has been available in QS/1’s Pharmacy Management Systems for many years, the addition of IVR, text and email notifications in 2010 allowed pharmacists to have more tools available to assist with their patients’ medication compliance.

Medication Synchronization
Creating or managing a Medication Synchronization Program is another way to improve medication compliance. QS/1 now offers a Medication Synchronization Report to assist with identifying potential candidates for this type of program. The report allows you to see the total number of medications a patient is currently taking and can also provide details on drugs dispensed, due dates, SIGs and additional information that may be needed. By using this report to identify program candidates, you can group patients and use Health-Minder to notify them.

In order to provide more counseling opportunities and better health outcomes, QS/1 is also developing additional tools to assist with managing and synchronizing prescriptions and identifying patients who are non-compliant.
QS/1 puts a lot of thought and effort into its products. From enhancements that are mandated by government regulations to features that make your pharmacy run more smoothly, a lot of time and energy is devoted to making our pharmacy management systems second to none. QS/1 also understands the importance of customer service. Without impeccable customer service, the quality of our products might not matter. Much the same way our staff re-evaluates our software, several years ago we re-evaluated our Customer Support Center. Our goal was to make sure we were exceeding the needs of our customers in a timely fashion. QS/1 overhauled its approach to customer support, focusing our attention on the areas where our customers had the most need. We also took steps to ensure that when our customers call about a specific product or function, the call is routed to a customer support agent who is qualified to answer questions and solve issues promptly. For example, when a QS/1 Customer Support phone rings, more likely than not the issue is with a rejected claim. We have compiled metrics and statistics to determine where to dedicate resources and knowledge. From calling the QS/1 Support Center and talking to an agent to tapping into the support resources built into qs1.com, we are committed to providing our customers with options that fit their needs, schedules and sense of urgency.

Support Center Phone Calls

When customers call QS/1’s toll-free customer support number, we understand that time is valuable. Since implementing the new structure, we have cut customer-wait times in half. Based on our metrics, the average wait time in 2011 was 5:42. In 2013, that time dropped to 2:43. About 30 percent of the calls are answered in less than one minute. We also looked at when the support center gets the most calls. During those peak hours, we have more agents in the center prepared to answer calls. As you might expect, morning hours tend to have lower call volumes, while lunch hours have the highest peak of calls coming into support. The quicker we help customers resolve their issues, the faster they can get back to helping patients.

But customers don’t always have to wait. Should there be a wait to speak to an agent, customers don’t have to sit on hold. Customers now have the option to leave a message and hang up. The message will be retained in the call queue in the order it was received, which will reduce call-back time. For example, if there is a call for PrimeCare® and there are four other customers waiting, the message will retain its number in the queue, and when the customers have been helped, the message is delivered to a support center agent and someone will call back. That holds customers’ spots in line without requiring them to stay on the phone. Customers can continue to work until the call is returned.
Calls are answered by agents who are certified in their particular product. Our support center staff goes through rigorous training on the software products and how they apply to pharmacy operations. After the training process, agents are tested with various scenarios to ensure they are prepared to answer questions. These certifications help ensure that our customers are working with a knowledgeable agent who can answer questions. We require certifications for all of QS/1’s products. If there is a question about NRx®, the call is routed to an agent who is NRx certified. About half of the support staff has completed cross training on multiple platforms. If a staff member is free when a call comes in for either platform on which they are certified, the call is routed to them.

**Online Resources Are a Click Away**

Number two on the call-topic list is reports. Whether it’s standard or customized reports, we answer a lot of questions about how to make reports work for a specific operation. QS/1’s online Customer Support Center, qs1support.com, allows customers to share customized reports with other customers. If customers format a report with specific information, they can upload it to our website for other pharmacies to view and download. By the same token, customers can scan reports from others and if they work for them, they can be downloaded and used immediately. QS/1’s staff looks over the reports before they are posted to ensure no data is included that would violate Health Insurance and Portability and Accountability Act (HIPAA) regulations.

The Customer Support Center website has a wealth of information available at your fingertips. If requests aren’t urgent, the website is a great place to find answers. WebAskUs gives our customers the option to enter a question and our support staff will reply with an email. Oftentimes, searching the site can yield a solution in a manner of minutes. If customers can’t find their original training manuals, they can log on and click the Download Training Workbooks button for access to a wide variety of training manuals where they can either print a copy or save the electronic version to the desktop or server. With the release of GUI products several years ago, Web Help was built into the QS/1 software. Search for help in any of the GUI platforms and discover a robust results page that displays directly from the QS/1 Customer Support Center page. Click Download i-trainers to access self-paced on-line training videos or check out the product webinars that highlight enhancements for each Service Pack release.

QS/1 also offers Web Chat. When staff is available, you can select the Web Chat option from qs1support.com and have an online instant message chat with an agent.

**Text Alerts**

Occasionally, a QS/1 vendor will have an issue that impacts multiple stores. For instance, a third-party claims processor is having a problem with claim approvals. Several years ago, we began launching text alerts to get this type of information to our customers quickly. Once we are aware of an issue, we can target these text alerts to QS/1 Customers who are impacted. If a customer starts getting rejected claims, they won’t have to call to get the information they need. QS/1 will send a text alert as quickly as possible. This will save you time and guesswork. In turn, customers can let their patients know about the issue.

QS/1 products are among the best in the industry, but we still understand the importance of providing a great customer support experience. We are proud that 80 percent of our customers reach an agent on the first call. We strive to answer calls as quickly as possible and, more importantly, answer questions just as fast. Every day, we get emails from QS/1 Customers who have high praise for our agents and the support they offer. We hear frequently that a staff member has “gone above and beyond” when helping customers. When many companies are choosing to outsource support calls overseas, QS/1 is proud it kept our Customer Support Center at our headquarters in the United States.
Roughly half of all patients aren’t taking their medications as prescribed. It’s a serious problem with serious outcomes – one that VUCA Health and our pharmacy customers are addressing by leveraging the latest in digital content and mobile technology. By doing so, we are bringing patient education directly to patients via their smartphones or desktops when and where they need it so they have the best experiences.

According to The Institute of Medicine, 90 million adults have trouble understanding and acting on health information, putting them at an increased risk of hospitalizations, emergency room visits and even death. The costs related to these incidents are astronomical, totaling more than $100 billion each year in the U.S. alone. Yet few know how to properly address the problem without a complete overhaul of patient education and caregiver communication.

Particularly difficult to comprehend are medication container labels, which contain within a relatively confined space all the information patients need for appropriate use including dosage, drug interactions and administration instructions. As a result of this confusing presentation of already complex information, approximately 50 percent of patients don’t take their medications as prescribed, and therefore fail to realize the full benefit of their prescribed treatments, and may even place themselves in danger of adverse reactions.

Adding to the challenge for pharmacists and providers, once patients leave their facilities, care management becomes primarily a personal responsibility. Any questions that may arise related to the proper administration of medication or interactions with other drugs must be answered over the phone. That’s if the patient takes the time to call. While overcoming these barriers and improving health literacy is a top priority for pharmacies and hospitals across the nation, many lack the tools necessary to successfully manage these processes.

**Challenges to Medication Adherence**
The challenge for many organizations is that patients have trouble comprehending the complex language that makes up much of their health information, from insurance forms and advertising to discharge and medication instructions. Low literacy is not always to blame. Even individuals with strong reading and comprehension skills have trouble understanding complex test results and various drug interactions.

The problem is not the information itself, but rather the way in which it is presented. Unless these documents are thoroughly explained by a licensed health professional in a manner which is informative, digestible and actionable, patients will continue to struggle with medication adherence and care outcomes.
Over the last several years, a number of organizations have recognized the issues with health literacy and patient communication, correctly identifying the complexity of health information and the difficulty with navigating the healthcare system as the root cause of this problem. Adding a sense of urgency to the mix, researchers have also found a direct link between poor health literacy and healthcare outcomes. This includes The Institute of Medicine, which stated in its 2004 report “Health Literacy, A Prescription to End Confusion” that “efforts to improve quality, reduce costs, and reduce disparities cannot succeed without simultaneous improvements in health literacy.”

The Joint Commission has also taken a stand, stating that “health literacy issues and ineffective communications place patients at a greater risk of preventable adverse effects.” Further, if patients don’t understand the implications of their diagnoses and the importance of prevention and treatment plans, or cannot access healthcare services because of communication problems, adverse events may occur.

Overcoming these challenges is an uphill battle for organizations, particularly when traditional avenues of communication that utilize complex texts are the norm. In order to address the numerous obstacles that complex text and unclear communications place in the way of successful healthcare outcomes, organizations must take a serious look at their current processes and identify where improvements are needed.

One such area is patient education regarding prescription medications. With more than half of all individuals failing to take their medication as prescribed, medication errors are among the most common medical errors – harming more than 1.5 million people and costing close to $1 billion annually. However, with the root cause of these issues being confusing prescription labels and poor health literacy, these instances can be prevented with proper patient education and provider communication.

**Digital Patient Engagement**

A number of organizations have begun leveraging digital patient engagement solutions that improve patient education and medication management. One such system is MedsOnCue from VUCA Health, an innovative solution that reinforces safe medication use by providing patients with on-demand access to prescription-specific video briefings and other powerful information-sharing tools.

By providing patients with information such as proper usage, expected benefits and potential side effects, MedsOnCue reinforces safe medication use and ensures all patients have access to the tools they need to fully benefit from their medications. Further, they remove the barriers that complex text often place in the way of comprehension and medication adherence.

Videos can be embedded onto individual pharmacy websites or pharmacy management systems and accessed by patients on any computer, tablet, smartphone or at designated kiosks or other locations inside the pharmacy or healthcare organization. This means patients are never without the information they need to successfully administer their medication.

The key to success for the solution is the comprehensive on-demand video library that provides access to information on thousands of top-prescribed medications across multiple conditions. With information gathered from prescription guidelines from the Food and Drug Administration (FDA), as well as patient packet inserts, medication guides and consumer medication information, content is comprehensive and current and ensures that all pertinent information is included.

Further, this information is continuously reviewed and updated based on findings from the FDA and the Agency for Healthcare Research and Quality, including current disease state guidelines, new indications and black box warnings. For physicians and pharmacists, this means that patients have access to the most current information on their medications, thus reducing the incidence of medication errors.

The reality is that in order to positively impact healthcare outcomes and address the issues that poor health literacy creates, organizations must think outside the box and take a unique approach to patient education and communication. By providing patients with on-demand access to prescription-specific videos, pharmacies and providers remove the complex texts that often stand in the way of successful comprehension and medication management and ensure that all individuals have the tools and resources they need to improve health outcomes outside of the care setting.

To learn more about VUCA Health and MedsOnCue, call 407.878.1662 or email qs1@vucahealth.com.

David Medvedeff, Pharm.D., MBA, is CEO of VUCA Health, an innovative company providing MedsOnCue and technology solutions that create a gateway to patient engagement and serve as an on-demand extension of pharmacists and other healthcare providers.
“QS/1 gives us the opportunity to compete with the big guys.”

– Chad Corwell, MBA

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What I like most about QS/1 is the stability, reliability and continuity of the products across platforms. They look and feel the same, so our pharmacists can easily go from one product to another.

“QS/1’s Multi-Site Management system allows us to share information regarding patients, drugs, prescribers, pricing, etc. By enabling us to centralize and seamlessly share data between stores, we’ve been able to move most admin functions to the corporate level, freeing valuable time for our pharmacists. QS/1 also enables us to offer the same services as the large chains, whether it’s texting, e-Prescribing, IVR and web refills, adherence reminders or control over pricing plans.”

Learn how QS/1 can give you advantages to compete effectively in your market. Call 866.994.1837 or visit www.qs1.com today.

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