APCI Members Continue Med Sync Efforts

APCI’s effort to bring medication synchronization programs to member pharmacies is working well, according to Professional and Clinical Affairs staff working with the program.

APCI, in conjunction with Health Mart and PrescribeWellness, is working to enroll with 150 member pharmacies in a med sync pilot program beginning this month. The ultimate goal is to have every APCI member utilizing med sync, but the pilot program – originally scheduled through the end of the 2015, but now extended through the spring of 2016 – will help give the co-op the information it needs before bringing the program to more than 1,500 member pharmacies.

Both PrescribeWellness and Health Mart are playing integral parts in the pilot. Both PrescribeWellness and Health Mart have provided clinical pharmacists for store trainings. In the pilot program, a pharmacist or other “med sync champion” from each of the pilot pharmacies attends a training seminar, followed by in-store training with a training clinician. Follow-up visits to check on the progress of each store’s program are also scheduled.

The pilot began with enthusiasm from member stores in southern Alabama and Georgia, said Allison Markham, APCI’s Clinical Pharmacy Specialist.

“I’ve had several stores in the Mobile and Valdosta markets that have already hit their goal” of enrolling 100 patients in their med sync programs, she said. "We have had about 45 stores that we’ve already trained."

A new promotion that offers additional rebates to member stores has helped to generate interest in the program, said APCI Manager of Professional and Clinical Affairs Bruce Harris. Member pharmacies can receive one to two percent in additional rebates each month, depending on the number of patients they have enrolled in their med sync program and if they meet certain other criteria.

“This additional rebate generated a lot of interest that we did not anticipate,” Harris said. "People became very eager once we rolled this out, and now everyone is contacting Allison (Markham) wanting to be trained."

As of late November, APNS member pharmacies had more than 12,000 patients enrolled in med sync programs, with approximately 7,000 of those being Medicare patients. The number of Medicare patients is important, Harris said, because they currently directly affect a store’s Star ratings. Harris added that while it is too early to show a definitive effect of med sync on Star ratings, APNS member pharmacies collectively have raised their rating from 3.8 stars to 4.2 stars overall.

For more information on APCI’s medication synchronization program, contact your APCI account representative or the Professional and Clinical Affairs department at (800) 532-2724.
2016 Changes to Star Ratings

The framework for the healthcare industry is changing at a rapid pace and it is crucial, now more than ever, for pharmacies to fully accept the importance of patient quality outcomes and their impact on a pharmacy’s Star Ratings. Overall, the landscape of Medicare will reshape as stand-alone prescription drug plans will decrease from 1,001 to 886, beneficiaries will pay a higher monthly premium, and fewer plans will offer $0 deductibles and donut hole gap coverage.

As 2015 comes to a close, 2016 brings a new set of planned changes that affect the Pharmacy Performance Star Rating measures. CMS has released their modifications to Star Ratings, and they have been outlined below.

Changes for 2016

Medication Therapy Management (MTM) - This new measure is included to help incentivize outreach to patients who will benefit from having medical care provided to them from their pharmacist. MTM will carry the weight of one star based on a pharmacy’s completion rate. The Star Rating will be calculated based on the number of patients 18 years or older and enrolled in MTM for at least 60 days. Furthermore, pharmacies conducting MTM reviews are required by CMS to offer patients a Completion Rate for Comprehensive Medication Review (CRM) at least once a year.

End Stage Renal Disease Patients - These patients will be excluded from the denominator of Star Rating measures for 2016 as they relate to Medication Adherence.

Proposed changes for the future

The Retirement of RAS for Treatment of Hypertension in Diabetes Patients for 2017 Star Ratings - For future reference, CMS has decided to remove treatment of Hypertension in Diabetes for the measurement of 2017 Star Ratings. This is due to of the new JNC-8 guidelines for the Management of High Blood Pressure in Adults.

Statin Use in Persons with Diabetes for 2017 Star Rating – In 2016 the implementation of Statin Therapy for persons with Diabetes is considered a display measure. However, in 2017 it has the potential of becoming a Star Rating measure. In addition, drug-drug interactions, excessive doses of oral diabetes medications, HIV antiretroviral medication adherence, and the use of atypical antipsychotics in long-term care residents will be used as display measures to provide benchmarks and feedback to plans.

Noteworthy Revisions for 2016

Beneficiary Access and Performance – For 2016, beneficiary access and performance will be weighed as a measure of one. If the health plan does not meet the access parameter the Medicare health plan will be encouraged to bring in more pharmacies to ensure they meet the requirements.
Pharmacy Loss Prevention: An Interview with Bobby Little

As prescription opioid addiction has risen over the past several years, so have pharmacy burglaries and robberies.

According to the Drug Enforcement Agency, there were 808 armed robberies at pharmacies where prescription drugs were stolen in 2014, an increase of almost 10 percent compared to 2013. After-hours burglaries are also a significant problem.

As the Christmas holidays are often a time when pharmacies experience an even greater threat of being targeted for a burglary, American Pharmacy Cooperative Journal sat down with Bobby Little, APCI’s Director of Retail Operations / Asset Protection, to discuss what pharmacy owners can do to help reduce the risk of becoming a robbery/burglary statistic.

American Pharmacy Cooperative Journal: What can you tell us about the people who rob pharmacies?

Bobby Little: “People who are going to rob you are going to take the course of least resistance. They’re lazy people. They have cased your store before they come in. In many instances, they work with an associate in the store to know where things are. They will possibly bring a prescription in and have it filled to see where you go on the shelf to get the medication to fill the scrip. A serious bad guy knows about as much about your business as you do.”

APCJ: We’ve heard a lot about armed robberies at pharmacies lately. What can a pharmacy do if they face a situation where someone comes in with a gun and attempts to rob the store?

BL: “If someone comes in and attempts to rob you, the best thing to do is to cooperate with them. Give them what they want and get them out of there without anyone getting hurt. Your main objective is to protect yourself and the associates of your store.

“There have been instances where people have tried to defend the pills, and they ended up losing their life or someone got shot accidentally. If someone does attempt to come into your store and rob you, cooperate. Give them what they want, get them out of the store, call the police. Nobody gets hurt, and you’ve accomplished one goal.”

“Another thing you must look out for is when you close at night, make sure there’s no one left in your store. Check the back rooms and the bathrooms. If someone is in your store, they’re not breaking in; they’re breaking out, and breaking out of a store is easier to do than breaking in.”

APCJ: So what can pharmacies do to protect themselves?

BL: “Common sense is your best tool to dummies. Once they are in a store, they’re in and out in a hurry.

“People break a window, go in your store, the alarm goes off, they grab it and know where to go, they’ve already checked your store out, they know where you keep what you have, and they will be in and out of your store in less than a minute. Even though the police respond immediately to the alarm, they catch very few people in the store.

“This is the time of the year when stores need to be especially alert to making sure that everything is done to protect their inventory. When a holiday falls on a weekend and a store is closed for an extended period of time, there have been recent instances where the bad guys would come to the store and take out the electrical meter and allow the battery backup on the alarm system to run down. Most alarm systems carry between a 4- and 8-hour backup. When the alarm goes down, the thieves come in and have at it. You need to make sure that your alarm company notifies you if you have low battery. A low battery would indicate that the battery is running down for some reason, and if it’s a long weekend, it could be that someone has pulled your electrical meter.

“Another thing you must look out for is when you close at night, make sure there’s no one left in your store. Check the back rooms and the bathrooms. If someone is in your store, they’re not breaking in; they’re breaking out, and breaking out of a store is easier to do than breaking in.”
prevent a loss. Everything you do is for a reason: To prevent theft or make it harder for people to come in and get something. You need to be secure. You’re not going to stop crime; but you want to contain and take all the steps to make it harder for someone to get in. You want to be the hardest target to hit; you don’t want to be a soft target. You have to outsmart the thief. You have to ask yourself, ‘how would I get something out of this store?’ Then you have to take actions to prevent those things from happening.

“I recommend that pharmacies be alert and aware of who is coming into your store. If strangers are coming in your store and checking you out, be aware. They’re in there for a reason. Your camera system will pick them up without a mask on. A lot of people don’t realize that a lot of times, a robber has already been in the store. Most camera systems are good, but when someone comes into the store to commit a crime, they’re wearing a mask or a hood, so you get a picture, but it’s a picture you can’t use.

“A lot of stores are now working out of a safe and keeping all their Schedule IIs in a safe, which makes burglarizing the store much more difficult. Safes are not that expensive, and it’s a good deterrent. A potential burglar will see the safe and say, ‘it’s going to be hard for me to rob that store because I have to get into the safe.’ “

APCJ: How can technology help in pharmacy loss prevention?

BL: “You need to make sure your camera system is working. If you do have a robbery, the police will want a copy of the security video. You need to make certain all your cameras are working; if they’re not, get them repaired. New camera systems have the capability of viewing from your smart-phone, so if you get an alarm call, you can immediately see what’s going on.

“Also, make sure your alarm system is working. Make sure that you have a system where you are notified of a low battery where you can react to it, especially with the holidays coming up. Alarm systems have changed a lot in the past five years. People might want to consider what they are doing with their alarms and their cameras, and we can help them with a source to obtain these and safes.

“Also, and this is something some people don’t want to think about, but a big issue is knowing who works in your pharmacy. Internal theft amounts to more dollars lost than external theft. Before you hire someone to work in your pharmacy, they need to be checked out completely. APCI offers a full background check for members. If you can take away opportunities for theft, you’ve accomplished your goal.”

For more information on loss prevention, contact Bobby Little at APCI at (800) 532-2724 or (205) 527-8098.

Be A Part of the APCI Dollar Program!

Easy to Get Started, Easy to Implement... Easy to Grow Your Profits!

The APCI Dollar Program is an all-inclusive offering of QUALITY PRODUCTS • MULTIPLE PLANOGRAMS • POP KITS

- Increase store traffic
- Generate new revenue streams
- Increase your competitive advantage

Available Through 13 McKesson DC’s! Orders arrive with regular, daily McKesson deliveries.
Daily aspirin therapy may lower the risk of heart attack, but daily aspirin therapy isn’t for everyone. For patients who have had a heart attack or stroke, the doctor will likely recommend a daily aspirin regimen. For patients with a high risk of having a first heart attack, their doctor might recommend aspirin after weighing the risks and benefits.

A physician may suggest daily aspirin therapy for a patient if:

- The patient has already had a heart attack or stroke
- The patient hasn’t had a heart attack, but had a stent placed in a coronary artery, had coronary bypass surgery, or has chest pain due to coronary artery disease (angina)
- The patient has never had a heart attack, but is at high risk of having one
- The patient has diabetes and at least one other heart disease risk factor – such as smoking or high blood pressure – and is a man older than 50 or a woman older than 60

The U.S. Preventive Services Task Force recently recommended daily aspirin therapy for patients age 50 to 59 years, not at increased bleeding risk, with an increased risk of heart attack or stroke of 10 percent or greater over the next 10 years. More research is needed to determine the benefits and risks of daily aspirin use in adults younger than age 50 and older than age 70 before a recommendation can be made for or against aspirin use to prevent cardiovascular disease and colorectal cancer for these age groups.

Guidelines are varied between organizations, but they’re evolving as more research is done. The benefits of daily aspirin therapy don’t outweigh the risk of bleeding in people with a low risk of heart attacks. The higher the risk of heart attack, the more likely it is that the benefits of daily aspirin outweigh the risk of bleeding. The bottom line is that before taking a daily aspirin, patients should have a discussion with their doctor.

APCI will feature the Bayer 81mg Chewable Aspirin Value Pack in the January sales circular.
Member Anniversaries

We congratulate our members who are celebrating significant anniversaries as members of APCI! Thank you for your continued membership!

20 Years

Downey Drugs
James Downey
Anniston, Ala.

Larry’s Prescriptions, Inc.
Neal Presley
Opp, Ala.

Cordova Drug Company
Kenneth S. Glover II
Cordova, Ala.

Ken Glover Drug
Kenneth S. Glover II
Dora, Ala.

5 Years

Ball Ground Pharmacy
Steve Purvis
Ball Ground, Ga.

Huff’s Express Pharmacy
Steven A. Purvis
Ellijay, Ga.

Todd’s Discount Drugs, Inc.
J. Todd Gean
Adamsville, Tenn.

Blue Ridge Pharmacy
Steve Purvis
Blue Ridge, Ga.

Bob’s Discount Pharmacy
J. Todd Gean
Savannah, Tenn.

Vantreese Discount Pharmacy
J. Todd Gean
Jackson, Tenn.

Huff’s Drug Store
Steve Purvis
Ellijay, Ga.

Deberry Drugs, Inc.
J. Todd Gean
Selmer, Tenn.

Claxton Cole Pharmacy
Arthur Potter
Griffin, Ga.

Hobbs Pharmacy & Gifts
Kim Potter
Griffin, Ga.

The Apothecary
Julie Montgomery
Doerun, Ga.

SAVE THE DATE!

March 18 – 20, 2016
Annual APCI Stockholders and Continuing Education Meeting
The Chattanoogan Hotel, Chattanooga, TN

More info coming soon!
New Members
We bid a warm welcome to our newest APCI members!

49th Street Pharmacy
Nancy Vega
Hialeah, Fla.

A-Script Pharmacy
Tony Van Le
Addison, Texas

Benzer Pharmacy
Alpesh Patel
Lutz, Fla.

Benzer Pharmacy
Alpesh Patel
Tampa, Fla.

Benzer Pharmacy
Alpesh Patel
Wesley Chapel, Fla.

East Alabama
Mental Health Center Pharmacy
Anne Cotney
Opelika, Ala.

Family Pharmacy and Medical Supply
Vanessa Waich and Marianela Alvarez
Ft. Myers, Fla.

Family Pharmacy Care
Donald DeHart
Mobile, Ala.

First Care Pharmacy
Samuel Randolph
Ocoee, Tenn.

Holloway Pharmacy
Brandon Willis
Pineville, Ga.

River City Pharmacy
Thomas C. Arrington
Decatur, Ala.

Jones County Drug
Jay Scoggin
Ellisville, Miss.

Margaret Pharmacy
Tracy Ross
Odenville, Ala.

Morgan’s Drugs
Rebecca Morgan
Williston, SC

Pine’s Health Mart Pharmacy
Mohammed Arshad
Pembroke Pines, Fla.

Quick Rx Drugs
Karen Stephens Brown
Garden City, Ga.

Membership Additions
We also welcome these APCI members who added additional pharmacies to their membership!

B&B Discount Pharmacy
Bruce Burkenstock
Metairie, La.

Chancy Drugs Moultrie
Hugh M. Chancy
Moultrie, Ga.

Mike’s Pharmacy of Headland
Michael L. Pitzing
Headland, Ala.

NPS Pharmacy Cumberland
Trey Hartman
Nashville, Tenn.

NPS Pharmacy Skyline
Trey Hartman
Nashville, Tenn.

Quick Rx Drugs #4
Karen Stephens Brown
Rincon, Ga.

Quick Rx Drugs #5
Karen Stephens Brown
Savannah, Ga.

Quick Rx Drugs #6
Karen Stephens Brown
Springfield, Ga.

Quick Rx Drugs #7
Karen Stephens Brown
Pooler, Ga.

Quick Rx Drugs #8
Karen Stephens Brown
Savannah, Ga.

Southside Pharmacy 3
Harish Katharani
Houston, Texas

Vincent Priority Care Pharmacy
Konie Minga
Vincent, Ala.
Med Sync Benefits

**INCREASE CLINICAL PERFORMANCE**
The average patient fills 7.4 out of 12 refills on each maintenance prescription. Studies have consistently shown that patients with their meds in sync fill 11 out of 12 refills...

**Generating An Additional 3.6 Scripts Annually Per Medication / Per Patient!**

**INCREASE PHARMACY REVENUE**
For every 100 typical multiple-medication patients enrolled, those increased refills represent

An Additional $90,000 In Annual Revenue!
(From The Same Patient Base)

**INCREASE Operational Efficiency**
In retail, 10% of patients create roughly 75% of a store’s business. Organizing That 10% Of Patients With Med Sync, Can Make An Enormous Difference In Pharmacy Workflow!

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**APCI & McKesson Announce MED-SYNC ADDITIONAL REBATE PROMOTION**

**EARN AN ADDITIONAL 1-to-2% Monthly Rebate On OneStop Generic Purchases**

50-99 Patients enrolled = Additional 1%
100+ Patients enrolled = Additional 2%

Payment Terms: The Med Sync Promotional generic rebate will be paid with other monthly rebates.

**To Qualify:**
1. APNS member in good standing
2. Compliant APCI / McKesson member
3. Enrolled and launched the PRO Wellness dashboard
4. Patients enrolled in the PRO Wellness STAR Wellness Med Sync program*
5. Must have a minimum of 50 patients enrolled and synced on the last day of the month

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**EXAMPLE**

<table>
<thead>
<tr>
<th>Number of Patients Enrolled In Med Sync Program</th>
<th>ADDITIONAL 1-2% Monthly Promotion Rebate Based on Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>On January 31, 2016, pharmacy has 55 patients enrolled in med sync</td>
<td>1% Med Sync Promotional Rebate of $500 (1% of $50,000 OneStop purchases) to be paid in February with other January earned rebates</td>
</tr>
<tr>
<td>On February 28, 2016, pharmacy has 105 patients enrolled in med sync</td>
<td>2% Med Sync Promotional Rebate of $1,000 (2% of $50,000 OneStop purchases) to be paid in March with other February earned rebates</td>
</tr>
</tbody>
</table>

* Exceptions made for other med sync systems where patient count can be tracked and verified. Effective November 1, 2015 for a minimum 6 month period.