



Tim Mitchell, owner of Mitchell's Drug Stores, says the pharmacy's adherence program has helped save money and improve efficiency.



REDUCING THE CRAZY IN YOUR PHARMACY

For Mitchell's Drug Stores, adherence brings sanity to the workflow

by Chris Linville

Tim Mitchell, RPh, was part of a panel discussion last fall at the NCPA Annual Convention that focused on medication adherence and how it can affect workflow when done effectively. A fellow panelist said of her program, "We reduced the crazy in our pharmacy."

Several months later Tim, owner of Mitchell's Drug Stores, based in Neosho, Mo., thought about those words when reflecting on how his business had tried adherence and medication synchronization programs in the past, with uneven results at best. Pharmacy staff would call patients and let them know that their medications were ready, but it wasn't always efficient. A patient's medication regimen might change, but the pharmacy wasn't always notified. Patients might move, making it more difficult to reach them or their caregivers. Some patients would call asking to get their medications refilled before their scheduled sync date. Tim says the staff would often be playing catch up, redoing medication orders, which created the potential for mistakes.

Photos by Tera Miller Photography



Pharmacists (left to right) Krystal Frossard, Lacy Epperson, Tanner Mitchell, Tim Mitchell, and Mike Smith pictured at one of the three Mitchell's Drug Stores retail pharmacies.

"That's where the crazy can start," he says. "We were trying to be proactive, but probably not in the best way."

Finally, after several years and a few more false starts, Tim overhauled the program. It was a staff-wide effort, but in particular he entrusted Paula Boettler, PharmD, and technician Taylor Nease to lead the revamp. For compliance packaging the pharmacy began using the RapidPakRx system from RxSafe.

The results? The compliance packaging program has 200 patients enrolled and another 400 in the medication synchronization program, in the process saving about \$150,000 in labor and inventory costs. And it has created more time for enhanced clinical initiatives in the pharmacy and in the community.

"This process is improving every day and has taken out a lot of the crazy and put it in a place where we know what's going on," Tim says. "It's definitely reduced our crazy."

LOCAL SUCCESS STORY

Tim grew up near Neosho, a town of about 13,000 residents in southwest Missouri. He received his bachelor's degree in 1990 from Missouri State and was a school-teacher for a few years. In 1992 Tim enrolled at the University of Missouri-Kansas City School of Pharmacy, graduating in 1996. He worked for a chain for about a year, then joined an independent located in a grocery store in Neosho, which he purchased in 2003. Mitchell's Drug Stores now has three community pharmacies, along with LTC and specialty locations that are part of

a different corporation but with which he is involved. There are approximately 35 employees (including six pharmacists) combined in all of its locations. Tim's son Tanner, a recent graduate from the UMKC School of Pharmacy, will also be joining the staff soon.

Mitchell's prides itself on friendly and helpful services for its customers. Tim says a big part of achieving this is by having staff that enjoy their jobs.

"I'm not saying our store is perfect by any means," he says. "Things can get busy and hectic, but I think it's important to provide support for the individuals who work in our stores, to be able to teach, to do collaboration, and not necessarily have to do it when you are trying to give COVID vaccines, dispense and counsel in a drive-thru and handle an insurance problem at the same time. So workplace satisfaction is definitely something that we strive for all the time."

Looking to create even cohesion among the team, Tim enlisted the services of Travis Wolff, PharmD, a multi-store owner, founder of PharmFurther LLC, and a frequent NCPA presenter and webinar host. Travis "coaches" pharmacy owners and staff on methods to maximize potential.

"He's a great people management person. He helped us wrap our minds around things, because we did have some conflict resolution that we needed to do because not everybody thinks the same," Tim says. "I'm an idea person. I'm on one side of the spectrum, while Paula is on another side of the spectrum. She's a quiet and logical thinker. I'm the type of person who takes both feet and jumps in says, 'Now I have to learn how to swim.' Travis was great about that, getting us all on the same page and moving in the right direction."

ADHERENCE RESET

When Mitchell's decided to scrap its previously underperforming adherence program, it set out to build a foundation for long-term success. Tim is a CPESN® USA luminary, and Paula, pharmacist-in-charge at Mitchell's on the Boulevard, participated in the NCPA Innovation Center/CPESN Community Pharmacy Fellowship program, designed to focus on diversified revenue opportunities through clinical services. The business is also a part of Flip the Pharmacy, a CPESN initiative with the Community Pharmacy Foundation designed to transform community-based pharmacies away from point-in-time, prescription-level care processes and business models to longitudinal and patient-level care processes and business models.

REDUCING THE CRAZY

“This process is improving every day and has taken out a lot of the crazy and put it in a place where we know what’s going on. It’s definitely reduced our crazy.”

Lacy Epperson organizes medications for the pharmacy's RapidPakRx compliance packaging program.

REDUCING THE CRAZY



Mike Smith answers questions from a patient about the benefits of an OTC product. Paula Boettler (inset) helped revamp the adherence program and leads the pharmacy's clinical care initiatives.

Additionally, Taylor has been certified as a community health worker. The Centers for Disease Control and Prevention describes CHWs as liaisons with resources in the communities they serve. They play a vital role in improving health by providing a connection between health systems and community resources, as well as education on how to reduce behavioral health risk factors.

All of these attributes provided the structural framework for Mitchell's efforts. The fellowship program and Flip the Pharmacy are designed for maximum efficiency, with a heavy emphasis on documentation. Additionally, having a dedicated CHW provides valuable support from a both interpersonal and administrative point of view to make sure important details don't slip through the cracks.

"We had struggled with our med sync program prior to Flip the Pharmacy," Paula says. "When we started with Flip the Pharmacy there were two things — one was accountability, because we were a leadership team in our [FTP] cohort, so we had to be a good example and implement best practices. And two, just being exposed to all the other pharmacies [that had FTP programs] through webinars and Zoom meetings was extremely helpful. Just seeing pharmacies across the country doing this and being successful gave us motivation to implement or to put our efforts into because we could see what the end goal was."

Tim agrees, saying, "The fellowship program that Paula did caused us to start thinking differently about our business model and implementing a mindset of having people work at the top of their license instead of just having people counting pills and putting bottles on labels all day long. We have people making phone calls and working more proactively, having some creative thinking to handle issues or problems in the pharmacy to make it more efficient."

PUSHING ALONG

For many community pharmacies, adherence programs took on a greater sense of urgency in the first few months of the pandemic. One selling point for patients when adherence programs became more common was less trips to the pharmacy. With the pandemic, some patients didn't want to venture anywhere, much less a pharmacy.

Tim agrees with that but says Mitchell's had begun its adherence 2.0 in 2019 before the pandemic. "We were doing it to become more efficient," he says.

Steps taken included putting in a new pharmacy software system from PioneerRx, purchasing the packaging system from RxSafe, and adding an additional delivery

driver. The pharmacy also moved to a central fill model.

"I do think COVID helped push us along, though it wasn't the only reason. We believed that efficiency and some of the other things was an important part of doing this, and the central fill model was something we had been talking about," Tim says. "There were a couple of options. There were three stores that are fairly close to one another. One is in a clinic, another is next to a clinic, and then we have our standalone store. The standalone store has the most square footage and the largest inventory. It makes sense to utilize that for some of the ideas of central fill."

Tim says Mitchell's, through the Missouri Board of Pharmacy, did what is called a Class J Services Agreement, allowing patients to pick up their medicines at whatever location they want.

"If they pick it up downtown it's going to be filled at our central fill location," Tim says. "It decreases the inventory so there's a lot of savings there, and guess

Get synced with Simplify My Meds

Simplify My Meds® is a turnkey adherence program developed for the exclusive use of NCPA members. The program provides NCPA members with the tools and training needed to help them implement a coordinated refill program in their pharmacies.

Simplify My Meds helps pharmacists consolidate and coordinate a patient's prescriptions so they can all be refilled on the same day each month, improving patient adherence and revolutionizing pharmacy operations.

Synchronization also revolutionizes pharmacy operations by changing the dispensing function from a reactive operation to a proactive process based on increased pharmacy efficiency, more predictable daily workloads, and tighter inventory control. The end result is higher gross margins, lower expenses, better cash flow, and a healthier bottom line.

NCPA members who sign up to participate in the Simplify My Meds program will receive a detailed operations manual, access to training and NCPA help desk support, and a FREE starter kit of marketing materials to help get the program up and running. Check out www.ncpa.org/simplify-my-meds for more information.

“We have three people who run our RapidPakRx machine, and they are very good at working with the patients and making sure their medications are synced up. But they also communicate with Taylor and our other technicians in the pharmacy, so it’s a machine that’s starting to run itself because the team is fully buying in.”

what, it makes us more efficient because we’re saying we want to get this right so we don’t have to fix it down the road. We act proactively, we get those things filled, we get them delivered, and if they say they want RapidPakRx, we can do that too.”

COST SAVINGS

Tim says the adherence program has saved Mitchell’s about \$150,000 labor and inventory costs in the last year. At one point he says he was carrying close to \$250,000 in inventory at his downtown location in Neosho, depending in the time of year. Now it’s in the \$100,000 range. The clinic location is down to about \$110,000 from \$180,000 previously.

“When you add that together it’s quite a bit of savings,” he says.

Tim says the Mitchell’s on the Boulevard location has needed to bulk up its inventory, but adds, “The great thing we’re doing with central fill is we’re acting proactively. If Mrs. Jones needs her \$5,000 Enbrel, Taylor knows when it’s due. I can ask her, and she can say don’t order because it’s not due until next week. I save on inventory and I’m more efficient on my purchases, so even if the inventory at Boulevard is a little bit higher, the main location has made us more efficient with our ordering.”

Tim says that Taylor, who came to Mitchell’s in March 2020, has been an invaluable asset in helping keep the adherence program functioning as seamlessly as possible.

“Taylor became a CHW and had become engaged with social determinants of health, dealing with people’s access to medications, physician access, things like that,” he says. “She kind of gave us another point of view whenever we are making these phone calls related to patients.”

Taylor says she sort of plays to the role of traffic coordinator, making sure everything is moving in the right

direction at the right time and in the right quantity, and explaining why when needed.

“As soon as we get any new medications that come in, especially if it’s a new dose, a prescription change or new drug in general, we’ll usually partial fill it and keep it in sync with the other medications and communicate with the patient about why we are short-filling it and what needs to be done,” she says.

As often is the case, especially with the elderly, there are patients who can’t manage their medications on their own. That’s another area where Taylor’s skills come in handy.

“With some patients we only speak to the children or caregiver, whatever the case may be,” Taylor says.

“Taylor is very good at what she does. She’s very efficient and she works hard. She likes coffee, so we have to keep her fueled with coffee,” Tim says with a laugh. “What we’re trying to do is build this team so it’s very cohesive. Sometimes we butt heads, but what I’ve told Taylor is what I want her to do is build a team that can work together and do great things. People will notice what we’re doing and want to come see us. Physicians will want to refer people to us because they know they are getting the best care. If we notice there’s a problem we’re going to call them, just taking the extra step where needed.”

Tim says another goal was to get the staff cross-trained in different roles so if somebody is out for whatever reason, another person can step in without missing a beat.

“With our med sync program, for a while I was kind of running it, so if I was gone it was kind of a mess. People didn’t really know what was going on,” Taylor says. “Now we have it to the point where most of our team knows what’s going on and how to do it.”

To have an effective adherence program, first the staff needs to be in sync, Tim says.

REDUCING THE CRAZY



At top, Tim Mitchell observes as son Tanner looks up patient medication information. Below, Krystal Frossard studies the ingredients of an eye health medication.

STILL BULLISH ON COMMUNITY PHARMACY

by Chris Linville

Tim Mitchell, RPh, owner of Mitchell's Drug Stores, based in Neosho, Mo., is not naïve about what's happening in community pharmacy.

"The dispensing model as it is, it's not a long-term sustainable model, and we all know that," he says. "You can't be in it and just ignore what's going on because you will likely go bankrupt very quickly."

Tim's son Tanner, a recent graduate from the University of Missouri-Kansas City School of Pharmacy, will also be joining the staff. Tim says there a couple of messages he could convey to him.

"I could easily give him the doom and gloom about community pharmacy and tell him to go into hospital pharmacy or whatever, don't get involved with this because it's losing money," he says. "Or I could say let's look at all these great opportunities going on or could happen for us and let's try to make it work."

Tim says that with his pharmacy's medication adherence program running more efficiently, that opens doors for more clinically-oriented patient-care opportunities.

"I think we are really on the cusp of some cool things that we can do," he says.

Paula Boettler, PharmD, is pharmacist-in-charge at Mitchell's on the Boulevard and is the pharmacy's

lead in exploring clinical initiatives.

"I agree that with challenges come opportunity," she says. "Anything that moves away from relying on dispensing — anything outside of the typical dispensing pharmacy box — would be our goal."

One of those goals is becoming more involved with federally qualified health centers. These are community-based health care providers that receive funds from the Health Resources and Services Administration's Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. Federally qualified health centers may be community health centers, migrant health centers, health care for the homeless, and health centers for residents of public housing.

When the COVID-19 pandemic hit, Tim says he was proud that his team was able to adjust and ensure that patients were being cared for in a time of anxiety and uncertainty.

"With COVID we were able to pivot and make some changes pretty quickly," he says. "Whereas if we were a chain it might take two or three months before we made any changes."



Tanner and Tim Mitchell

"I think we are really on the cusp of some cool things that we can do."

Tim also suggests that community pharmacists think outside the box in looking at clinical services, whether it's an immunization program, diabetes education, or a variety of other initiatives to help improve patient health outcomes. In other words, practicing at the top of their licenses.

"I think it's important that people hear a positive story," he says. "The way we responded to COVID demonstrated what we can do. It's not perfect because PBMs still have a lot of control, but outside of that PBM model we're seeing some positive ideas and creative-type thinking, and I can tell you that providers seem to be interested in talking to us about doing other things. So I still think there's a bright future for community pharmacy and if we play our cards right I think we'll be moving in the right direction and continue on for many years." ■

Chris Linville is *America's Pharmacist*® managing editor.

"We have three people who run our RapidPakRx machine, and they are very good at working with the patients and making sure their medications are synced up," he says. "But they also communicate with Taylor and our other technicians in the pharmacy, so it's a machine that's starting to run itself because the team is fully buying in."

In terms of the overall adherence program, Tim says basically the more the merrier, as that continues to help simplify workflow. He says his goal with the packaging program is to grow that by 100 more by the end of the year, for a total of 300. He does point out there's always some attrition as patients move out of the area or pass away.

Paula says the overall adherence goal is 65 percent, which translates into about 650-700 patients. "Maybe we'll throw a pizza party when we get to 65 percent" she says with a laugh.

ROI

When asked about return on investment, Tim says, "I would like to say that all of this has increased our cash flow, but it's not created a lot of extra cash for us because things have gotten a lot more expensive. We had been doing free delivery, and we've had to start charging a small nominal fee for that."

But even if ROI is difficult to quantify, Tim says the business is in a much stronger place because if the changes had not been implemented, he says he might have had to close or one or even two of the other stores.

"Instead of closing them, we've saved money through inventory efficiencies and through keeping staff focused on certain things, so now we feel like we're ready to reach out and tell people what we do (clinically) and

we've had some interest," he says. Tim also says he's working on some projects with southeast Missouri independent pharmacy owners and NCPA members Richard and Tripp Logan and hopes to share more details about that relatively soon.

"In the long run, now we're able to start working with other places as far as providing clinical services with other entities that might be interested in pharmacy services that are emerging that a lot of people didn't know even existed," he says.

Tim's goal is to continue to work on growing clinical side of things because that's where he sees the future of independent pharmacy.

"I don't think we'll ever get away from dispensing, but I do see it as more like our central fill model, where it's more at one location and helping patients in clinics – it could be diabetes, it could be asthma, we're open to any kind of medical condition," he says. "My goal would be to have connections with clinics throughout southwest Missouri up and running in the next two or three years."

Ultimately for Tim, it always comes back to the staff.

"I'm really proud of our team because we've kept focused on a lot of our goals – we've had some setbacks here and there (with COVID), but I see some really positive things," he says. "I'm a pharmacist, and I want to be happy, and I want people who are like me in these stores who are satisfied and happy and don't want to leave."

Even if that means providing a little extra incentive.

"Sometimes I have to buy Taylor a double shot of coffee to keep her happy," he says with a smile. ■

Chris Linville is *America's Pharmacist*® managing editor.

Fast Facts: Mitchell's Drug Stores, Neosho, Mo.

Established:	2003 (three retail locations)
Management:	Tim Mitchell, PharmD, owner
Products & Services:	Includes standard retail, medication synchronization and compliance packaging (RapidPakRx), COVID-19 testing and vaccinations, care coordination, comprehensive medication review, Medicare Part D plan review, nutrient depletion preventive care, custom medication flavoring, prescription savings opportunities, delivery, disease state management, durable medication equipment, OTC products, vitamins and supplements, and vitamin club.
NCPA member since:	2013