



Getting in sync

Q & A

Medication synchronization programs can improve efficiency and cash flow

by Chris Linville

Looking for some cash flow to survive in an era of tight margins and DIR squeezes? There's a likelihood that some of it is sitting on your shelves.

Enrolling patients in your medication synchronization program can help your bottom line. Technician leaders of CPESN® USA's Flip the Pharmacy's Max My Sync series, Chelsea Anderson, Tiffany Capps, and Weston Humphreys, train pharmacy teams every week on how to take med sync programs from a headache to a standard business practice.

Tiffany is pharmacy operations manager at Galloway Sands Pharmacy, with locations in Southport and Supply, N.C. She has been a pharmacy technician for more than 15 years.

Weston is chief operations officer and marketing manager at Tyson Drug Co., with locations in Oxford, Holly Spring and Potts Camp, Miss. Describing himself as a "Tyson baby," Weston began working at Tyson since high school, when he made milkshakes at the soda fountain.

Chelsea is chief financial officer at Tyson. She has been a pharmacy technician for 15 years, with the last 11 in independent community pharmacy. Tyson is owned by Bob Lomenick, a 2023 CPESN Luminary of the Year winner.

In this article, Tiffany, Weston and Chelsea discuss what they consider the essential aspects of running a successful med sync program and the benefits it can provide. It is excerpted from a continuing education webinar "Rapid Relief Revenue: How to Improve Cash Flow NOW with Your Sync Program." The CE program and entire webinar recording are available at bit.ly/3RNUaSd.



ANDERSON



CAPPS



HUMPHREYS

TYSON DRUG HAS HAD A SUCCESSFUL MED SYNC PROGRAM FOR MANY YEARS. WHAT ARE SOME OF THE KEYS TO ITS SUCCESS?

Weston: "Bob is well known for taking something that's never been done before and putting it into practice. By diving into uncharted waters, you really learn a lot, you figure out stuff on your own, what works, what doesn't work. That's what Bob has done with med sync. We've really been able to identify what's easy to implement and share that with other pharmacies so they can get a 'kick start' with their own sync programs."

WHAT ARE SOME TIPS FOR A PHARMACY THAT IS JUST STARTING OUT IN MED SYNC?

Weston: "We always tell people to not pick the most difficult patients when you are starting med sync. Don't pick the patient who is taking 10 meds or even seven or eight meds. Pick the ones taking one or two, that are easy to short fill (partial fill of a drug to get them to sync to one date). Also, don't start with the insulin, the inhalers. Pick the lowest hanging fruit. That's the easiest route and that's where we recommend starting."

Chelsea: "Another important point is setting goals for their pharmacy and for their team, and making sure everyone understands the 'why' behind it. If you don't get everyone on board from the very beginning, it's not going to be as successful as it could be and you're going to have a lot more bumps in the road."

WHAT ARE SOME EXAMPLES OF GOALS?

Chelsea: "Set goals of how many sync patients you want to enroll this month. Don't shoot for the stars in the very first month. You don't want to kill everyone's dream and think it's unattainable. Start with 30 – that's one a day – or 25. Get your feet wet before you jump full force"

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Chelsea Anderson

into the water. Start small and work your way up, but make sure to have a goal board. It could be posted in a break room or somewhere like that. If you are a multi-store pharmacy like we are with stores across a 50-mile radius, we need something more versatile so we share our goal board through Google Drive so anyone can see it at any given point during the day, and Weston updates it every Monday. We are 15-plus years into this, so we continue to have goals and those goals evolve as we evolve.”

HOW DO YOU KEEP STAFF FOCUSED AND MOTIVATED ON GOALS?

Chelsea: “Always be positive, even if you don’t reach that goal. Show them it’s okay. We don’t always reach our goals, there are bumps in the road. Keep encouraging them so they keep pushing forward. Talk about why they didn’t meet that goal. Could it be the execution in explaining the program to patient? It could be that the technicians just don’t fully understand the concept of med sync and what the benefits are for the patients and for the pharmacy. As far as rewards go, we do lunches, and have drawings where we give a dollar amount away.



So, for each store that reaches its goal, the team members get their name put in a drawing and then we’ll draw for a certain amount. We’ve done time off – an extra 30 minutes or extra hour you can use at the end of the day or add on to your lunch break.”

Weston: “What I’ve learned is that your employees want to win. Of course, they want to be incentivized and they want to be rewarded. You have to give them the motivation to push themselves, and the other important side of it is celebrating those wins. So having something in place that pushes your team is important, but it’s equally important to have something in place to celebrate that win. People want to get a high-five, or be told ‘good job,’ or a pat on the back. That’s what our team desires. People want that motivation so whatever you can do to scratch that itch, that’s what you are looking for in your team. Time off is one we came up with, and it didn’t cost us any out-of-pocket expense.”

Tiffany: “I think it’s important to explain that this is what is expected of us, but if we don’t meet that goal, figuring out why. But you’re going to have hurdles in med sync, there’s always hurdles, especially starting from the ground up, so give yourself grace and lead by example with your team. Don’t get frustrated and throw in the towel, instead say let’s turn this issue into an opportunity.”

Getting in sync Q & A

WHO SHOULD LEAD THE MED SYNC PROGRAM?

Tiffany: “If you are starting from the ground up, picking that med sync lead is so important. We advocate it be a technician because they are working in that software system all day, every day. They are talking to your patients, they have those relationships, not just with the patients, but often they have a better working relationship to train the other staff. It puts everybody on the same playing field, and you have a better opportunity for staff buy-in.”

HOW IS SOFTWARE USED TO AID IN MED SYNC?

Tiffany: “This goes back to setting goals. You have to be able to run reports from your software system to show how many patients you have enrolled, but also the sync volume that you have enrolled. I think pharmacies sometimes say, ‘Yes I have a med sync program,’ and you ask, ‘What’s your percent of volume?’ And they’ll say they have 30 patients, or 100 patients, or even 800, the question is what is your total eligible volume? We need to grow by percentage and know where we’re at in the game.

Outside of that report, we talk about running reports for your most expensive drugs that you are stocking on your shelf. We can run those reports and see is this the high-cost item and we’ve got several patients on it, and instead of leaving that to chance to order those and have that inventory, get those patients enrolled first, and then you’ll see improved cash flow but also see that’s good goal setting at the beginning of the month also.”

Weston: “Our dispensing software does have rely good ‘triggers’ that we can put in place that automatically pop up when a good med sync patient comes through the queue. There are patients where it would be beneficial to them and us to get them enrolled. On your pharmacy management system, you should be able to run a report on what are your most dollars spent on medication. Find out which one of those medications you are spending the most money on, month to month, and then find the patients who are taking that medication and then target those patients to enroll in med sync.

What I tell people who say they don’t know how to use their PMS is to pull that data. Maybe their system can’t do that – an easy rule of thumb is to just look for the brand-name items on your shelves, and every time you

pull one of those bottles to fill those drugs, that’s a patient that should be enrolled in med sync.”

HOW CAN MED-SYNC HELP CASH FLOW?

Weston: “You can enroll as many people as you want into med sync – but your cash flow is not going to be improved just by enrolling patients in med sync. You have to do the other end of the equation. If you are using reorder points to reorder items in your pharmacy, you have to lower those reorder points. To get that cash flow benefit you have to find out how to use just-in-time ordering for inventory control - don’t order the item until you actually need it. You don’t want it to sit on your shelf and collect dust for 29 days out of a 30-day month. The goal of course is to enroll the patient into med sync first, so you fill the meds before you need it, and don’t order those brand-name drugs or expensive items until you have an adjudicated claim, and you can immediately fill that prescription for that patient. It’s about improving cash flow and keeping those dollars in your bank account and not stagnant on your shelves.”

Tiffany: “You need to eliminate old habits, such as replenishment ordering. In goal setting we talk a lot about including your inventory turns into your goals, so start tracking those. Med sync and inventory turns go hand in hand.”

HOW DO YOU SET REORDER POINTS?

Weston: “Our goal is to look at our most expensive maintenance medications. What patients do we have on those drugs, and do we have all of those patients enrolled in med sync? Once we do that our goal is to set that reorder point where it keeps zero on the shelf, and only reorders when we need it. So as soon as you adjudicate the claim, it’s taken out of your virtual inventory, and your order is going to immediately pull enough to get you back positive. The goal is to keep that reorder point as low as possible. When you have an item that you can’t necessarily work proactively – maybe it’s an antibiotic, you don’t know who’s going to walk in the door for some of these drugs – but you do have to keep a little on the shelf so you can maintain those patients who need it. It’s about identifying the most expensive medications currently sitting on your shelf and figuring out how you can decrease your balance on hand on those items.”



DOES DELIVERY ENHANCE YOUR PROGRAM?

Chelsea: “We have one pharmacy here in Holly Springs that is 100 percent delivery. It’s compliance packaging and all of those patients are in med sync. We call them once a month to check in with them, we tell them when we are going to deliver their medications, and all of those patients are grouped by geography. The reason is we’ve got 600 patients and one delivery driver, and what we do is we deliver within about a 60-mile radius around our pharmacy. And the way we are able to do that is we will go north of the pharmacy on Monday, or south of the pharmacy on Tuesdays. We have a numbered group in each date of the month, and we know which direction that group is going to, so anytime we have someone new come to the pharmacy, the very first thing that we do is look their address, we look at the potential groups that they could fit in, then we check to see if they are already synced, or a transfer from our retail pharmacy or if they are a new patient. Then we figure out which group to put them in based on their anchor drug or when they need their next fill.

So that’s how we really implement into our compliance packaging pharmacy. In our retail pharmacy we do the same thing, just on a smaller scale. It is patients who still prefer their medications in bottles, but we again strongly push med sync there. We will not deliver to a

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Tiffany Capps

patient multiple times a month. It’s just not cost effective for the pharmacy, and nowadays we really have to pay attention to that because profits are so low. We really push med sync because we know it’s better for the patient in so many different ways.”

Tiffany: “You can make it an incentive for those patients. You hear us talk about the opt-out model. There are patients who are super adamant that they know how to take their medication and they want to be in control of their refills and use delivery or other services your pharmacy offers as an incentive. Make those ‘free’ for your med sync patients, like a bundled option.

Getting in sync Q & A

With the delivery, if you are trying to do zones, and you are thinking of how you can make that work, it's easier if you look at that 28-day cycle because you are able to land on the same day each month instead of rearranging the schedule every 30 days."

WHAT IS AN ANCHOR DRUG?

Chelsea: "An anchor drug to us could be a brand-name drug, it could be medication that is packaged, whether it's a birth control or insulin or an inhaler. It's something that can't be broken. That is what we call an anchor drug, and the reason why is because it can't be short filled – you can't break insulin, you can't break an inhaler. You are going to sync all of the pills and all of the other medication that the patients might be on around when that prescription is filled. Say you got your insulin on the 15th of last month, and it is a 30-day supply. You are going to sync all of your other medications to the 15th because you can't break that, so that's what we refer to as an anchor because it kind of carries the rest of the medications."

HOW DO ANCHOR DRUGS AFFECT THE SYNC DATE?

Weston: "When we want to choose a sync date, we don't necessarily want to ask the patient 'What day of the month works for you?' First, we want to look at their profile and see what medications they are taking and what's going to be the most effective sync date for this patient. If they are on insulin, you don't want to sync their meds to a date when that insulin is going to be refilled too soon or is not available to fill. That's why you first look at what's going to be best for the patient and for you before you open up and let the patient choose what day of the month works best for them. That anchor drug literally anchors the sync date."

HOW DO YOU GET ON THE SAME PAGE WITH PATIENTS AND STAFF WHEN DOING MED SYNC?

Tiffany: "Some people think you have to do it 100 percent correctly or you will lose money. But this is your program to build, and for example, we both have really successful med sync programs, but the way we went about implementing them was a little different, so for our pharmacies we started with the patient agreement form, and what that did was outline the benefits of being in med sync, and it outlined what they can expect of us – we're going to call seven days ahead of time, we're going

to have your medication in stock, we're going to reach out to your doctors for any refills, and then the patient signs it. It's about really knowing your demographic.

As far as staff who aren't confident, one (easy) thing we would do is tag the bag with the agreement form, so for the front-end staff of technicians and even pharmacists who weren't super confident on selling it, they had a script, with all of the talking points that they could ever be asked. So, it's worked for us, but other pharmacies can create their own methods."

Weston: "We went into the opt-out model; we didn't ask our patients if they wanted to join, we would enroll them in med sync and tell them how it's going to go. But I'll say this, when we enrolled a patient, we tried to tell them, hey heads-up, we're going to start calling you a week before your meds are due, to give us time to get your meds ready so when you walk in the door, they are all ready. You are going to have patients who are resistant to that, and they are going to say "No, no, no, I've been doing my meds the same for 40 years, I don't need any help, I'll just call if I need something."

To that I say be transparent with your patients. We had a patient who we were enrolling, and she was resistant. 'I'll just call in my meds when I need them, I don't need you to call.' I said, Ms. Jones, to be honest, this makes it really easy for us. You typically don't want to have these medications in stock because they are expensive for us to keep on the shelf, and it would really benefit our pharmacy as well as you to let us sync your meds to a single pickup date and manage your meds for you.

The response I got was, 'Well if it's easier for you to do it that way it's fine, I didn't want to ask any extra work for you.' So, by just being transparent and open with your patients, you'll be surprised at the responses that you get.

WHY IS TRANSPARENCY ABOUT YOUR BUSINESS IMPORTANT?

Weston: We are all being graded by things such as our EQiPP measures, so those are directly correlating to our bottom line. Again, I tell people to be transparent with your patients about that. For example, 'Hey Ms. Jones, your insurance company is grading us in some form or fashion on how well you take your medications, and I

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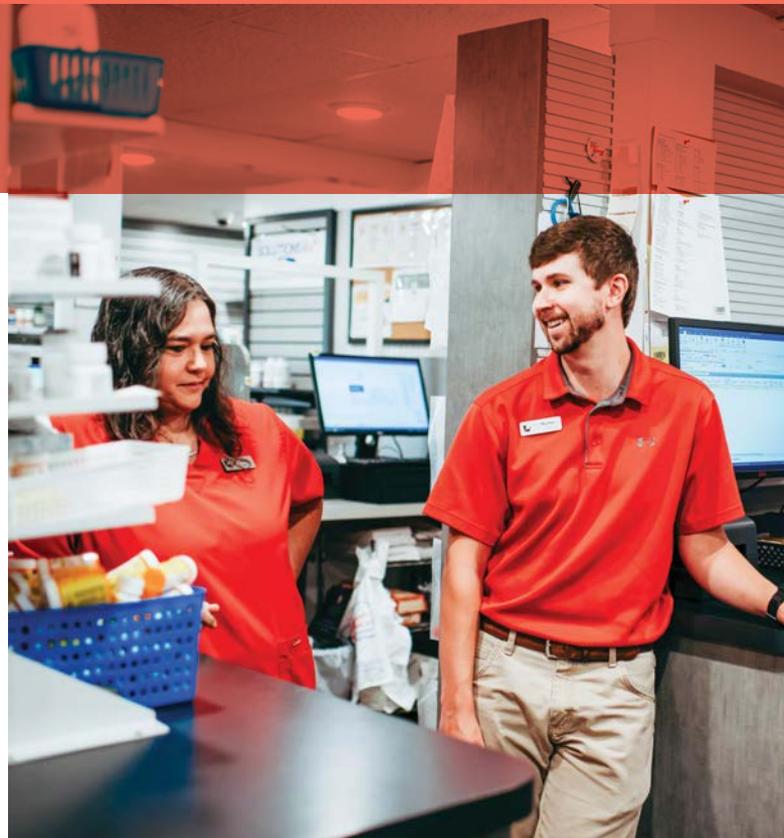
Weston Humphreys

need to make sure you are adherent to your medications. It's a requirement that we have to do for our bottom line.' You would be surprised when you put it like that. They truly appreciate what you do for them, and they will say, 'If this is easier and better for you, I'm happy to adhere. '

Tiffany: “You have to have that patient communication at an even deeper level. A lot of patients might not understand what terms like short fill means. We say we're going to short fill some of your medication, and what that means is until you get all synced you may come in and pick up a prescription that has 15, and it's to get you to have your inhaler. Just having those quick conversations but breaking it down is important. Otherwise, if they get confused and it gets complicated, you're going to lose them.”

WHAT ARE THE DIFFERENCES BETWEEN MED SYNC AND AUTO REFILL?

Chelsea: “With auto fill you're not really having that communication with the patient like a pharmacy should be. We're just filling the medication and hoping that they are getting it. We don't promote it at all, because we want to speak to that patient before we fill the medication. We want to make sure they are taking it right, that



there are no gaps in their blood pressure medication and that their blood pressure is under control. And intervening if necessary close that gap between the doctor, patient, and pharmacy.”

Weston: “Bob's favorite piece of data is that 100 percent of medications that you don't take don't work. So that's the difference between autofill and med sync. With med sync, communication is the difference. It's one thing to fill the medication, but another to know that they are actually going to take the medication. And when you communicate with your patients, that's when you can actually improve medication adherence.”

HOW AND WHEN DO YOU COMMUNICATE WITH PATIENTS ABOUT THEIR MEDICATIONS?

Weston: “We started calling 10-11 days out (to be safe), but we found that the magic number was between five and seven days. If you call a patient too soon, they might say they were just in the pharmacy last week or the week before, and don't understand why you are calling.

Communication is key, but what kind of communication does your patient demographic need? If your patients don't respond well to a phone call, what other way can you contact them? We obviously have to keep PHI secure, so what kind of HIPAA-secure ways can you communicate with your patients? Our dispensing

Getting in sync Q & A

software has a really great texting function, it actually bounces over from text message to a HIPAA-compliant web portal where the patient can communicate with us over that. We have pharmacies that are 40 miles apart, one uses a lot of (web portal) communication more than they do a voice call, while the other pharmacy 40 miles away would rather have a phone call, and that's fine. It's about figuring out what your patient demographic responds to and figuring out a way to meet that need."

DO PATIENTS HAVE TO PICK UP MEDICATIONS EXACTLY ON THEIR SYNC DATE?

Chelsea: "Sometimes medications can be ready as early as seven days ahead (especially if the patient is on cheaper generics). If that's the case, they can pick it up whenever they want. We are able to see when they were supposed to pick up their medicine and when their sync date was and when they did pick it up (A feature Weston designed in the PMS). The next month, when that sync caller goes into their profile, we can see when their last sync date was and see when they picked that medication up. If they picked it up before, that's totally fine, we know that they are compliant, that's okay. If they picked it up after their sync date, it tells us they weren't compliant, they were late, so we need to intervene and see what's going on."

Weston: "One of my favorite equations that we put out there is that the sync date does not equal the pickup date. So, if the patient picks up two or seven days early, that does not affect your sync date and it should not affect your sync date. We learned a lot of this the hard way. We gained a lot of knowledge by making errors. If somebody picked five days early, we would pull back their next sync date by five days. Well, they're not doubling up on meds, they're only taking them hopefully like they were supposed to do. So, we started having patients who would have an oversupply of meds, and we would call them too early. We would call a week before they should be out from their sync date, and they would say they have two weeks' worth because they kept picking up early, and we kept pulling their sync date back. The trick is that the sync date should always equal the date that they would run out of medications, not necessarily the day they pick it up, so that way if they ever do pick up early you don't adjust their sync date. It needs to stay on a consistent 30-day or 90-day cycle. Just make sure you are picking the sync date not on when they picked up, but when they are actually running out of medications."

WHAT ARE SOME ACTION ITEMS TO BOOST THE BOTTOM LINE?

Tiffany: "If you have a bunch of high-cost meds on your shelf, look and see when you ordered and run those pharmacy reports. If you've got a bunch of high-cost medications on your shelf right now you can go back into your pharmacy software or your invoice history and check on it. When was the last time I purchased this? How many patients do I have on it? Do I need it right now, or am I going to need it a month from now? Know your return policies and don't be afraid to use them."

Chelsea: "Look in that refrigerator too. There's a lot of stuff you can send back. That's where you can make a lot of money to put back in the bank. And we all get a wholesaler order, most of us before noon. I would say 99 percent of what you see in our refrigerator is waiting for a patient to pick up. You have some vaccines that we keep in there for appointments. But when that drug comes in, it's refrigerated, and it's a high cost. It's coming in that morning, and it's being dispensed immediately to a sync patient and going right back out the door."

Weston: "From the financial side, how is med sync profitable, why should I do it, how is it going to help my finances? There is an argument that it is going to help and possibly have a positive effect on your DIR fees. In theory if you improve your adherence rates, the way the system is built, it should help your EQuIPP measures and hopefully your profits. The biggest thing you should be looking into right now is what is going to improve your cash flow? The biggest expenses we are going to have on our books now are salaries, DIR fees and cost of goods. It's not going to make an impact on DIR fees (in the short term), and we don't want to let any staff go to free up cash. But we more than likely have more than \$400,000 sitting on our shelves not being utilized. When we bought this (new pharmacy) back in 2018 we came in and did an absolutely massive return to the wholesaler and got a ton of cash back into the account to work with. But on the other hand, we don't want patients going without their meds, so that's why we have to identify what patients are going to be affected by those drugs not being on the shelves, and work proactively for those patients first, and obviously the goal is to make that your normal way of doing business." ■

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