

In recent years, independent pharmacies have been filling their toolbox with a wide variety of enhanced clinical care programs and initiatives. However, before using those tools, it's important to understand the pulse of your community.

That's the mindset at Hesston Pharmacy in Hesston, Kan. Sandie Kueker, RPh, who owns the pharmacy with husband Adam Kueker, also an RPh, says knowing your neighborhood is key. Along with the Hesston location in central Kansas, they own stores in Newton and Abilene.

"It's interesting how each community is unique," Sandie says. "There are clinical services that we provide in one store, but maybe not the other store. That's been huge for us, reaching outside of the walls of the pharmacy and seeing what's needed and getting to know other people in the community. You just have to have an open mind, listen, and provide the services they are asking for."

Courtney Johnson, PharmD, who is point person for much of Hesston Pharmacy's clinical programs, says new school offerings and old-fashioned pharmacy care are essentially the same thing.

"We are providing a high level of quality care, but also we're accessible," she says. "When it comes down to it, we're just taking care of patients. I tell our rotation students that I don't like the term 'clinical pharmacist' or 'clinical service.' To me, everything we do in pharmacy is clinical and taking care of the patient."

JOINING THE COMMUNITY

Sandie and Adam moved to Hesston in 2014 and worked for the previous owners of Hesston Pharmacy. They purchased the business in 2016. Sandie says it was a successful store but lacking in clinical offerings.

Now it offers a full suite of services, including medication therapy management; long-term care unit dose packaging and consulting; medication adherence packaging; a refill reminder program; immunizations; COVID-19 testing; influenza and strep testing for children and adults; community education on asthma and diabetes; and heart health. It also provides assistance with Medicare Part D questions and participates in numerous community activities such as health fairs.

"We wanted to make sure it was a good fit for them and for us before we went all in," Sandie says of the former owners. "But from day one, they were so gracious. They let us start adding in the clinical services right away."

In her previous position at a chain pharmacy, Sandie was a patient care pharmacist. She had worked with initiatives such as Project IMPACT from the American Pharmacists Association (APhA) and implemented clinical services into the workflow.

"When we bought our own store, we wanted to do that," Sandie says. "And we wanted to take care of patients the way we want our own families cared for. It's really a part of it."

FOCUS ON COMMUNITY

When Sandie learned she was going to be asked to describe services, she spoke with Courtney and they worked on a list.

"We wrote down all the clinical services that we did," she says, adding with a laugh. "We joked that we could keep you here all day talking about them."

Courtney, a graduate of the University of Kansas School of Pharmacy, began working at Hesston two years ago. Her background was mostly in grocery chains.

by Chris Linville

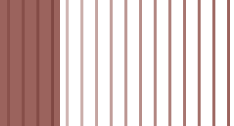
Old school MEETS new school

**Hesston and Harvey pharmacies,
blending old school pharmacy care
with a mix of new and improved tools**



All photos by Max Fisher

Technician Tom Scott does deliveries and connects with customers as a community health worker.



“I did a residency right out of pharmacy school and did a lot of patient care and clinical services,” she says. “I also worked for a smaller health system in Lawrence, Kan., for five years before I moved here. So I was really focused on community pharmacy, taking care of patients and empowering them to take care of themselves.”

Courtney says her connection to Sandie and Adam goes back to her high school years.

“I shadowed both of them when I was deciding what I wanted to be when I grew up,” she says. “And we’ve stayed connected through the years. I reached out because I knew they were they were doing amazing things, and I asked if I could come join the team.”

EXPANDING THEIR REACH

Sandie and Adam opened a second store, Harvey Drug Newton, from scratch in 2018, and in July of 2023 opened Harvey Drug Abilene. While the Newton location was brand new, the Abilene store was not. Opened in 1870 as Northcraft Drug, it is the second-oldest pharmacy in Kansas, operating under several names and owners for more than 150 years. The Hesston location was built in 1880. “We just added a drive-thru window by cutting through three layers of brick,” Sandie says. “Our patients love it!”

The Abilene store, aside from being built in the 19th century, had other similarities with the Hesston location.

“They weren’t doing any clinical services; it was just a dispensing pharmacy,” Sandie says. “We’ve added a patient care room, we’ve added all the adherence packaging, and the point-of-care testing. All of the things that we’re doing in our other stores, we’ve made available in this store too.”

The business employs about 30 people, though many are part-time. There are four full-time pharmacists and one who works part time. Along with Sandie and her husband, Courtney is pharmacy manager at the Hesston location and there is another manager in Newton.

FOSTERING PARTNERSHIPS

Sandie says that getting out and about in the community can pay dividends. Collaborating with other organizations has given the business an opportunity to demonstrate its skills and provide revenue.

In Abilene, Sandie says the pharmacy worked with a group called OCCK, Inc., which provides people throughout Kansas in-home care services to meet the needs of

children and adults with short or long-term disabilities. The organization was doing a dementia grant project and had a booth at a health fair where her pharmacy was also participating.

“I went over to talk to them; we had worked on another dementia project with a different group, just a small grant project,” Sandie says. “I just talked to them about their project and what the role of a pharmacist could look like in there. To make a long story short, they chose to partner with our pharmacy and their grant project. It’s been a great partnership.”

She says the pharmacy is helping out by providing medication therapy management services. “It’s just always things like that, just talking to others in the community and seeing how we can help.”

SUPPORTING ROLE

Sandie is aware that some pharmacies have been successful in applying for their own grants. She says, “At least in our experience, there aren’t necessarily grants that our pharmacy applies for. It’s just knowing the community partners that are working on grants and then approaching them and helping fill a need that they have with the grants.”

Sandie says the pharmacy does chart reviews for local facilities, including a behavioral health hospital’s inpatient facility, and a drug and alcohol rehab facility.

“Maybe that’s not what people think of as a community clinical service, but it really is,” she says. “And then we also do adherence packaging. A lot of pharmacies do that, but we also do some clinical documentation with it. When patients get their next set of packs, we have them return their old ones and then we go in and we make notes on their chart of missed doses and look for patterns. And then we work with the patients.”

The pharmacy also worked with APhA on an HPV vaccine project. Courtney says the goal was to increase awareness and education around HPV and other vaccines for the age 18-45 demographic. The pharmacy was paid for each vaccine interview, engaging with patients and educating them.

“Then we could get reimbursed if we actually vaccinated them,” she says. “That was a great project. There were 30 pharmacies around the country that did 100 patients each. We have 100 patient reimbursement opportunities and then coming up, we’re participating in the diabetes prevention program, which is also grant based.”



SANDIE KUEKER

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DIABETES AWARENESS

Given her familiarity with Project IMPACT, it's not surprising that she has implemented it into her business. Project IMPACT was launched in 2010 as a national diabetes self-management program conducted by the APhA Foundation that is successfully improving care for more than 2,000 uninsured, under-insured, poverty-stricken, homeless, and other people with diabetes in 25 communities disproportionately affected by diabetes. Sandie says the Hesston and Abilene stores are officially part of the program.

Project IMPACT has led into the next initiative, the National Diabetes Prevention Program from the Centers for Disease Controls and Prevention (CDC). The DPP is a partnership of public and private organizations. Partners make it easier for people at risk for type 2 diabetes to participate in an evidence-based lifestyle change program to reduce their risk of type 2 diabetes. As part of the ramp up for the program, several of the pharmacy's technicians have been trained as lifestyle coaches to use the CDC-approved DPP curriculum and help with the program.

Other clinical opportunities have sprung up in recent years. During the pandemic the pharmacy started doing point-of-care testing, and now Kansas allows pharmacies to treat flu and strep.

Courtney says Kansas has a statewide protocol allowing the pharmacy to test and treat not only for influenza and strep, but also for urinary tract infections.

"We're not yet doing UTIs at our pharmacies, but that is an option," she says. "It's a great resource for patients who might not have primary care or have a really high deductible plan where it's cost prohibitive to go to urgent care. We can just help them in the pharmacy. They're tested and have their treatment and education on how to take their medications. We're hoping to grow that service."

Sandie says the pharmacy worked with the Kansas Pharmacists Association, participating in a self-monitoring blood pressure program. She says it was a good learning experience and that remote patient monitoring is something they would consider implementing at some point as they believe it benefits patients.

"We also do a lot with CPESN® (USA), as they've brought us a lot of clinical programs over the years,"

GETTING IN THE (WORK) FLOW

With all the clinical programs the pharmacies provide, how does it all come together?

"We just fit in a lot of our services into our workflow," Sandie says. "The diabetes classes are just happening during the day. We set aside time for the patients to come in, in the afternoon. And we chose a slower time at the pharmacy so that Courtney can step away at our Hesston store, and we can run our workflow with one pharmacist."

Sandie says it helps to have overlap with pharmacists, allowing Courtney to run the classes. There are additional benefits to having a pharmacist there.

"I think that makes having the service provided in a community pharmacy more advantageous to the patient and more effective because it's not someone that they're only meeting once a week or once a month, and then they don't see them again," she says. "They can come back and ask questions for follow-up and it's quick and easy."

Sandie says that years ago when she was first learning about MTM, she thought it was important to bring in a pharmacist to focus only in that area. She eventually began rethinking that idea.

"What we found is that it's more effective when we integrate it into our workflow. We tie it to our med sync program," she says. "A lot of the patients that we're providing MTM services are the same patients that we already have in our med sync program because they're taking a lot of maintenance medications and have multiple disease states."

Sandie adds, "By doing that in the workflow, we believe we're more effective too, because it feels more natural for the patient, instead of it being an awkward visit. And then again, we can follow up with them. Sometimes we forget we're even doing a clinical service because it's just part of our everyday work."

Courtney is big on setting goals and measuring progress. She has created metrics to see how each of the stores are doing in areas such as chart medication reviews and the med sync program.

"Our reimbursement is sometimes tied to things like CMR completion rates," Sandie says. "It's just measuring our success."



COURTNEY JOHNSON

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STAFF ENGAGEMENT

Sandie says it's important to keep the entire staff informed, engaged and empowered. Enrolling patients in the med sync program is an important task. And while doing that, staff can also learn about specific patient medication needs or other issues.

Sandie says she sees a difference in the team and its approach.

"If it's just the pharmacist logging in and knowing that data, then the rest of the team doesn't understand why to get involved," she says. "Those daily patient interactions are important. Yes we're meeting patient needs and helping them with their medicine, but it's part of a bigger picture."

Business guru Peter Drucker was often quoted as saying, "You can't manage what you can't measure." And Sandie agrees with that assessment, giving Courtney the credit.

"The idea of measuring, I just thought that was an amazing idea. As an owner, I don't know why I didn't come up with it," she says with a laugh. "I wish we had been doing it years ago because it's already made a difference."

With three locations, keeping everything coordinated and seamless is essential. Recognizing staff strengths and putting them in positions to succeed is a primary goal.

"For example, we have a group of pharmacy techs that are amazing immunizers," Sandie says. "If we're doing a vaccine clinic, we pull them together and go do the clinic."

Sandie also says the business does a lot of cross training. That way if somebody is taking a day off or is out sick, they can pull staff from another store to cover.

"That's why we have the Monday meetings with all three of our stores. We're trying to keep the process the same, no matter which store you work in," she says.

COMMUNITY HEALTH WORKERS

Another way that the pharmacy stays connected to its neighbors is through an emerging workforce known as community health workers (CHWs). The CDC defines 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. They are often pharmacy technicians who receive training and certifications for the role.

Typically CHWs have deep-rooted connections within the community so they can be the eyes and ears for the pharmacy staff if they encounter a patient who might need help. The pharmacy has two CHWs on staff.

"One delivers our prescriptions, including our adherence packs," she says. "If he notices something that just seems 'off,' if you will, he'll bring the message back to us and then we can document in the chart and follow up with the patient."

MINDING THE BOTTOM LINE

Obviously it's a challenging time for independent community pharmacies. Issues such as DIR fees, underwater reimbursement and other PBM tactics have put a strain on so many. That's why Sandie says it's essential to look at the financials closely.

"You always have to look at it by quarter and often you have to look at the whole year to be able to really have a good picture of where you are," she says. "We like to look at where we are year to year and knowing how we're doing on our gross profit and our net profit. How are we managing expenses? We created some metrics for that, including one that makes it easy for our staff to know how we're doing in the workflow."

Sandie says the rate of prescriptions per hour is measured. If the staff is dispensing a high rate of prescriptions per hour, and thus didn't have as much time to work on clinical services, she says there may be some justification for that. But on the rare occasions when prescriptions are being dispensed at a lower rate yet clinical work has also fallen off, they can provide documentation pointing that out.

"It's just nice because they know that when Courtney or I come to them and say, 'Hey, we really need to work on this,' they can understand why," she says. "We've tried to choose metrics that, even if it's not necessarily measuring the dollar amount, if you meet those metrics, the dollars will follow and it works out."

Return on investment can be tricky to measure. For example, if staff are working at a community health fair, the pharmacy has already invested the time for them to be there and they are already being paid, so any revenue that is brought in is a bonus.

There are also potential ancillary benefits that can show up in the long term.

"If I go to the senior center and do a brown bag and then give a presentation, is that a clinical service I get

reimbursed for? No, but then others in the community recognize us as the pharmacy to go to, so it brings patients in. It's a good investment of our time," Sandie says.

Sandie also says when looking at new services, she looks at several factors, such as time commitment.

"Also, is it going to require us to bring in another pharmacist? If it requires more staff, then we need to make sure that the expense is offset," she says. "For example, our diabetes prevention program has taken a lot of our staff's time to do the training to become a life coach. But we do think that the outreach into the community will bring new patients into our stores. And so it's worth it to us."

BUILDING BLOCKS

When asked to provide advice for others who might be interested in expanding their offerings, Sandie says that med sync is the building block for almost all of the pharmacy's clinical programs. It may be a simple note in a patient profile for a refill reminder, or more involved such as a CMR or MTM notice.

"If we're going to put them into our adherence packaging program, we still use med sync to cycle fill their medications," she says.

Courtney stresses systems and processes, such as having notes in med sync profiles in places where it's easy for staff to follow, because she says it's not going to work if only a pharmacist is doing it. She also says that it is common sense to have offerings that complement each other. The Hesston store has diabetes shoes, does diabetes education, and now will have the DPP option.

"Keep them together as opposed to having really random different offerings," she says. "It makes it easier. Once we've identified who our patients with diabetes are, now we can offer this whole set of services instead of trying to do a one off here and there. Try to keep it as simple as possible. If you have a stepwise process and you follow in a 1-2-3 order, then it's going to work out."

TAKING ADVANTAGE OF RESOURCES

Sandie says it's important to take advantage of pharmacy organizations such as NCPA, APhA or CPESN.

"You can't do it all by yourself," she says. "You have to be involved in different organizations. The more involved you are, then you'll hear from other pharmacists the different ways that they're doing things in their stores. And then usually, you know, you might take 10 different ideas and merge it into one to work in your store."

While developing and sustaining clinical services is a priority for Hesston Pharmacy, paying it forward for the profession is also top of mind.

"We're really focused on training and teaching the next generation of pharmacists," Courtney says. "I would encourage pharmacies to partner with their local school pharmacy, have students on rotation, and be involved in the school because the students are great. They can help us grow and think of new things. And they want to have a way to practice what they're learning."

Hesston has rotation students mostly from the University of Kansas, but is hoping to expand to other schools.

"It's just important for us to be showing them that community pharmacy is a great profession, a great place to work," Courtney says. "There's a lot of opportunity to take care of patients."

When reflecting on her independent pharmacy journey, Sandie smiles and marvels at the twists and turns, saying, "Everything with our services is kind of windy and up and down hills. You know, some days it's you're like, 'Yeah, we're doing this.' And then other days you're like, 'Oh, no.' And so, yeah, that's been an interesting ride." ■

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

Fast Facts: Hesston Pharmacy, Harvey Drug Newton, Harvey Drug Abilene (all in Kansas)

Established: Hesston Pharmacy acquired in 2016, Harvey Drug Newton opened in 2018, and Harvey Drug Abilene acquired in 2023

Management: Sandie and Adam Kueker, owners

Products and services: includes standard retail, medication therapy management; long-term care unit dose packaging and consulting; medication adherence packaging; refill reminder program; immunizations; COVID-19 testing; influenza and strep testing for children and adults; community education on asthma and diabetes; and heart health. It also provides assistance with Medicare Part D questions and participates in numerous community activities such as health fairs.

NCPA member since: 2019