

NoDak

PHARMACY

Volume 25, No.1

March 2012

Pharmacy - *Outside the Box*

t h i n k i n g



North Dakota Pharmacists Association
127th Annual Convention
April 13-15th, 2012
Jamestown Civic Center, Jamestown, ND



Sheila Welle *Named TPL Sales Leader*

The 2011 Pharmacists Life Insurance Company Sales Leader award was awarded to **Sheila Welle**. Welle earned this award by having the highest Pharmacists Life production total for the year. She was recognized at the 2012 Annual Sales and Marketing Meeting in Kansas City.

Sheila Welle, CIC, LUTCF, LTCP is a Field Representative for North Dakota and Northern Minnesota. She has been with Pharmacists Mutual for 16 years. Before joining Pharmacists Mutual in 1996, Sheila was employed at Pioneer Mutual in Fargo, ND. She is originally from Emerado, ND, attended Larimore High, and graduated from Wahpeton College. Sheila and her husband, Steve, reside in Hawley, MN, and she has one son, Casey and two stepsons, Ray and Chris.



Sheila Welle and Steve Hoskins,
Senior Vice President Agency Operations.

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COLLEGE OF PHARMACY,
NURSING, AND
ALLIED SCIENCES



CALENDAR

2012

March

March 17, 2012 Happy St. Patricks Day

April - 2012

April 13-14-15 North Dakota Pharmacists Association Convention, Jamestown, ND

May

May 7-9, 2012 NCPA Legislative Conference, Washington, DC

May 19-22, 2012 NABP Annual Meeting, Philadelphia, PA

June

June 9-13, 2012 ASHP Summer Meeting, Baltimore, MD





April 13-15, 2012 Jamestown Civic Center
Convention Hotel: Gladstone Select Inn
111 2nd St NE, Jamestown, ND 58401
To Reserve a room call: 1-701-252-0700



PHARMACY – OUTSIDE THE BOX

Name: _____

Mailing Address: _____ City _____ St _____ Zipcode _____

Phone: _____

Email: _____

Spouse/Guest _____

Registration Fees:

Entire Convention:

POSTMARKED	Before April 1	After April 1
Pharmacist	\$150	\$200
Member Technician	\$70	\$100
Non Member Pharmacist	\$300	\$350
Non Member Technician	\$140	\$200
Student (Pharmacist/Technician)	\$50	\$75
Student Sponsor	\$50	
Spouse/Guest	\$70	

**Registration includes
all meals for the convention.**

Please note in this space if you require a special meal consideration accommodation. (vegan, gluten free, etc): or other accommodations.

Or Fax Credit Card Payment to: 701-258-9312

Type of Card (Circle One) Visa Mastercard

Registration Total _____

Make Checks Payable to:

NDPhA 2012 Annual Convention

Mail Completed Forms and Payment to:

NDPhA
1641 Capitol Way
Bismarck, ND 58501-2195

Credit Card Number _____

/ /

Expiration Date _____

Zipcode on Billing Address _____

CVV (3 digit # on Back of card) _____

Signature: _____

"SCHEDULE SUBJECT TO CHANGE"

"PHARMACY OUTSIDE THE BOX!"

April 13-15, 2012 Jamestown Civic Center & Gladstone Inn,
Jamestown, ND Laurel Haroldson, R. Ph. Chair

Thursday, April 12, 2012

7:00 pm - 9:00 pm Registration & Reception
Gladstone Inn

Friday, April 13, 2012

7:00 am - 8:00 am Breakfast & Registration - Sr Center,
Civic Center Arena

8:00 am - 10:00 am **Continuing Education (2 CEU):**
Keynote Speaker On *Pharmacy Outside
The Box*—Attorney General-Crime Bureau,
Exchequer Room

10:00 am - 10:30 am Break - Civic Center Arena

10:00 am - 1:00 pm Vendor Fair - Civic Center Arena

10:30 am - 11:30 am **Continuing Education (1 CEU):**
Identifying and Understanding Opiate
Addiction and Treatment Options with
Burprenorphine
Michael Janflone
Exchequer Room

Noon - 1:00 pm Box Lunch
Civic Center Arena In The Vendor Fair Area

1:00 pm - 2:30 pm **Continuing Education (0.5 CEU):**
First NDPhA Business Session
Compounding Rules
Mark Hardy
Exchequer Room

2:30 - 3:00 pm Ice Cream Social
Sponsored By Dakota Drug
Civic Center Arena

2:30 - 5:30 pm Student Poster Session
Civic Center Arena

5:15 pm - 5:45 pm Phun Run
Sponsored by Pharmacists Mutual
Civic Center Lobby

6:00 pm - 7:00 pm Social, Gladstone Inn

7:00 pm - 8:00 pm Dinner, Gladstone Inn

8:00 pm - 9:30 pm Entertainment Mystical Minds
Gladstone Inn

SATURDAY, APRIL 14, 2012

7:00 am - 8:00 am Breakfast & Registration
Civic Center Arena

8:00 am - 10:00 am **Continuing Education (2 CEU):**
Pharmacy Crime & Risks, Mike Warren
Pharmacists Mutual
Exchequer Room

10:00 am - 10:30 am Break, Civic Center Arena

10:30 am - 11:30 am **Continuing Education (1 CEU):**
Rule Hearing - NDBOP
Exchequer Room

10:30 am - 11:30 am

Continuing Education (1 CEU):

Updates in Experiential Education Rebecca
Focken, PharmD, Wanda Roden, R.Ph.
Hanson Room

11:30 am - 12:30 pm

Continuing Education (.25 CEU):

Second NDPhA Business Session, What
Constitutes a Valid Prescription, Mark
Hardy, PharmD.
Exchequer Room

12:30 pm - 2:00 pm

Lunch Breakouts, Civic Center Rooms
To Be Decided

12:30 pm - 2:00 pm

Continuing Education (1 CEU):

Preceptor Pharmacy Calculations
Technician CE Jessica McClellan,
Student Joel Aukes, PharmD

2:00 pm - 3:00 pm

Continuing Education (1 CEU):

The Power of Attitude! LoAnn Wegh LoAnn's
Marketing Inc.
Exchequer Room

3:00 pm - 4:00 pm

Continuing Education (1 CEU):

Panel Discussion

3:00 pm - 4:00 pm

Continuing Education (1 CEU):

Identifying the Role of Informatics Patient
Safety in Enhancing Information Technology
and Medication Safety,
Nancy R. Smestad, MS RPH
Hanson Room

5:30 pm - 6:00 pm

Past President Reception, Gladstone Inn

6:00 pm - 6:30 pm

Social Hour, Gladstone Inn

6:30 pm

Presidents Banquet and Award Presentation,
Sponsored by Dakota Drug
Gladstone Inn

After Banquet

Auction Following Banquet
Social Time
Gladstone Inn

SUNDAY, APRIL 15, 2012

7:00 am - 8:00 am

Breakfast, Gladstone Inn

8:00 am - 9:00 am

Memorial Service By Board of Pharmacy,
Gladstone Inn

9:00 am - 10:00 am

Continuing Education (1 CEU):

PSPC Collaborative
Beth VanDelinder, PharmD
Gladstone Inn

10:00 am - 11:00 am

Continuing Education (.25 CEU):

Third NDPhA Business Session Hospital
First Dose Review
Mark Hardy, PharmD
Gladstone Inn

11:00 am

Adjourn

**See You in Dickinson
April 26, 27, 28, 2013**

Scholarship Award Winners

2011 ND PHARMACIST

Presenter: Bill Grosz
Memorial Scholarship



Laurel Aaberg (P3), Rochester, MN, Courtney Boucher (P4), Worthington, MN, Tegan Buckley (P3), Becker, MN, Madeline Kelzenberg (P1), Woodbury, MN, Katherine Montag (P3), Apple Valley, MN, Brendan O'Gorman (P3), Rochester, MN, Dan Sandgren (P3), Lindstrom, MN, Breanna Schmidt (P3), Hawley, MN, Sarah Schaaf (p2), Glen Ullin, ND, In Memory of Burt Finney

A Call for Student Involvement in NDPhA

Jordan Wolf, PharmD Candidate

The profession of pharmacy is currently facing various complex issues that will have a direct impact on every pharmacist in the United States. These issues will influence everything from the welfare of our patients to the solvency of pharmacies across the nation. On the whole, it is the responsibility of those within the profession of pharmacy to protect pharmacy through advocacy. This responsibility, which is inherently specified in the Oath of a Pharmacist when it states, "I will embrace and advocate change in the profession of pharmacy that improves patient care," applies to not only licensed pharmacists, but also to those that are actively pursuing a degree in pharmacy. Student involvement in the North Dakota Pharmacists Association meets this obligation, and also facilitates a mutual relationship through which both the student and the NDPhA benefit.

It is never too late for a pharmacy student to become involved, and it is never too soon to start enjoying the benefits that advocacy provides each individual. Through involvement in NDPhA, student members can effectively network, as there are countless opportunities to meet and work with pharmacists and friends of pharmacy across the state. Networking is important in any profession, and will prove to be increasingly vital for prospective pharmacists as the job market becomes more saturated. Furthermore, advocacy efforts provide students with valuable experiences, which

they can emphasize when marketing themselves, and which they can apply to their future profession. These experiences will also help the student to better understand various aspects of pharmacy, which may also instill in them a deeper respect and passion for their chosen profession. Finally, as an additional benefit, there is a financial incentive to becoming involved in the NDPhA as a student. Each year at the NDPhA annual convention, money is raised for student scholarships through the Pharmacy Advancement Corporation. The scholarships that are established with this money are then preferentially given to students that are members of the North Dakota Pharmacists Association.

Student involvement also serves to benefit the Association. When students are properly informed on a topic, they can serve to be quite influential as advocates. State legislators tend to enjoy hearing from current students and recent graduates, and may perceive less bias from these individuals. Students can also serve as an additional reservoir for ideas and information, which could be applied to future legislation to improve pharmacy. Finally, active students are vital because they are the ones that will make up the NDPhA in the future. Becoming a member of the Association as a student allows future pharmacists to

mentor under the older generations and learn how to best maintain the NDPhA and the profession in the future. This is vital to ensure the longevity of advocacy for pharmacy within the state of North Dakota, and in turn to protect both ourselves and our patients for years to come.

NORTH DAKOTA REXALL CLUB SCHOLARSHIP

Presenter: Bill Grosz

NDSU Scholarship Program - September 15, 2011



Recipients: (B) Brent Klinkhammer, Nicholas Becher, Matthew Perkins, Daniel Broderick, Alex Wald, (M) Nicole Herman, Haylee Preabt, Mollie Fearing, Jill Ihry (F) Megan Born, Jenna Baumler, Rupa Patel, Katie Montag, Molly Irsfeld

NDPhA 127TH ANNUAL CONVENTION



APRIL 13 - 15, 2012
JAMESTOWN CIVIC CENTER, JAMESTOWN, ND

"PHARMACY - OUTSIDE THE BOX"
t h i n k i n g

STUDENT AUCTION DONATION FORM



PLEASE PRINT THE INFORMATION REQUESTED BELOW AND RETURN TO:

PhAC AUCTION, NDPhA, 1641 Capitol Way, Bismarck, ND 58501-2195
Fax: 701-258-9312 Ph: 701-258-4968 email: ndpha@nodakpharmacy.net

DONOR Name

ADDRESS (City, St, Zip)

EMAIL ADDRESS

PHONE

ITEM QUANTITY

DOLLAR VALUE

ITEM QUANTITY

DOLLAR VALUE

DELIVERY IS THE RESPONSIBILITY OF THE DONOR.

Items are appreciated by 10:00 AM-Saturday, April 14.

The auction will be held on **Saturday, April 14, 2012**



The Pharmacy Advancement Corporation Scholarship Annual Auction will be held Saturday April 14, 2012 after the President's Banquet during the NDPhA convention at the Jamestown Civic Center. The auction committee would like to invite everyone to participate by donating items. The North Dakota Pharmacists Association is celebrating 127 years so come on you woodcrafters, quilters, and other artisans help us celebrate this momentous occasion. As in years past, several items will be placed on a silent auction with the highlight of the evening being the "live" auction.

Please forward any questions to Lorri at ndpha@nodakpharmacy.net or call 701-258-4968.

Thank you for your participation in the past and we look forward to another outstanding auction.

Two Great Ways to Earn Rewards

With McKesson and Pace Alliance

Our dedication to your continued success as an independent pharmacy means making an impact on our industry, as well as your bottom line. That is why we've strengthened our relationship to deliver even greater value to McKesson Distribution customers who are members of Pace Alliance.

Eligible customers now have the opportunity to earn up to 13% in an additional monthly rebate on net McKesson OneStop Generics® purchases, while implementing valuable business-building solutions. Plus, as more Pace Alliance members become McKesson customers, the rebate percentages can get even higher.

Fewer Requirements, Bigger Rewards

The Pace Performance Rewards program now provides even greater rewards based on your purchasing commitment. Not only have we enhanced the rebates, but we've eased the requirements. So all Pace members who use McKesson as their primary wholesaler and participate in the following valuable McKesson programs have an opportunity to earn greater rewards:

- McKesson's Generics Purchasing Rewards Program
- ASAPSM and ASAP PlusSM generics autoship programs
- GenericsConnectSM, a regularly scheduled call from a dedicated generics specialist
- Controlled Substance Ordering System (CSOS)

Perform at Your Peak with Health Mart®

In addition to monthly rebates of up to 13% (or more) on qualified OneStop purchases, **Health Mart pharmacies can earn up to \$10,000 per year in technology rebates through the Pace Peak Performance Rewards program.¹** Pace Peak Performance Rewards is available exclusively to Health Mart franchisees who participate in:

- McKesson's Generics Purchasing Rewards Program
- ASAPSM and ASAP PlusSM generics autoship programs
- GenericsConnectSM, a regularly scheduled call from a dedicated generics specialist
- Controlled Substance Ordering System (CSOS)
- AccessHealth®
- McKesson Reimbursement Advantage

"By strengthening our partnership with McKesson, Pace Alliance can continue to focus on our advocacy efforts and deliver even greater value to our members."

Curtis J. Woods, R.Ph.
President and CEO
Pace Alliance



Pace and McKesson: A Complete Solution for Independent Pharmacy

Since 1985, Pace Alliance has been working on behalf of independent community pharmacies to help them decrease costs, while generating revenue for state pharmacy organizations. Today, Pace is owned by 19 state pharmacy organizations and is dedicated to protecting and advancing the profession for community pharmacies nationwide.

Together, Pace and McKesson are dedicated to helping community pharmacies thrive in today's marketplace. As part of this continued commitment to your success, Pace members can benefit from McKesson's revenue-building solutions and cost-reducing programs and services.

¹ An enrollment agreement that includes applicable terms and conditions is available on request.
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NAPT Executive Officer Ballot 2012

****VOTE ONCE FOR EACH POSITION**

Vice President/President Elect

_____ (candidate name)

(write in candidate)

Secretary

_____ Sharon Kupper

(write in candidate)

Treasurer

_____ Bobbie Hauck

(write in candidate)

Please complete this form and return to:

NDPhA

Attention: NAPT Election
1641 Capital Way
Bismarck, ND 58501

NAPT

Board of Directors

NAPT President

Kristina Foster
Employer: White Drug #39, Fargo
Work #: 701-235-5511
Email: kristinafoster23@yahoo.com

NAPT Vice-President

Donna Kisse
Employer: Thrifty White Drug, Fargo
Work #: 701.269.8747
Email: dkisse@ThriftyWhite.com

NAPT Secretary

Sharon Kupper
Employer: Workforce,
Safety & Insurance
Work #: 701.570.3148
Email: dkup@wil.midco.net

NAPT Treasurer

Roberta Hauck
Employer: Irsfeld Pharmacy
Work #: 701.483.4858
Email: n/a

NAPT Parliamentarian

Barbara Lacher
Employer: NDSCS, Wahpeton
Work #: 701.671.2114
Email: barbara.lacher@ndscs.edu

NAPT Member-At-Large

Luci Koepllin
Employer: Dickinson
Work #: 701.483.4858

NAPT Member-At-Large

Jennifer Joyce
Work #: 701.967.8900

Immediate Past President

Angela Buchanan
Employer: CSM, Fargo
Work #: 701.235.8002 ext. 210
Email: angelakb@cableone.net

Preparing for the PTCB Cortication Exam

As you know, as of March 1, 2014 all currently Registered North Dakota Pharmacy Technicians will need to be PTCB certified. An exemption is made for those Registered Pharmacy Technicians that were registered prior to August 1, 1995.

As discussed at the General Business Meeting of NAPT, it was asked of the NAPT Executive Board to provide CE in an effort to help current ND Registered Pharmacy Technicians prepare to take the PTCB Certification Exam.

In response to your request, CE specific to help you prepare for this test will be offered at the NDPhA Convention and at the Annual NAPT Fall Conference. We encourage you to watch the flyers for such events to help you identify if this is a topic you find helpful.

Also, remember a refresher course is always a good idea. So, if you are a currently PTCB Certified Pharmacy Technician, it is still a good idea to attend this type of CE to keep yourself well informed.

Currently we have planned the following topics at the NDPhA Convention 2012; Calculations and Overall Drug Review. Topics for the fall conference have not yet been finalized and we encourage you to feel free to contact the Executive Board of NAPT or Jodi Hart chair of the Fall Conference planning committee and share your ideas for CE.

NAPT Minutes at Your Fingertips

Now at your fingertips a convenient way to stay in touch with Pharmacy Technician issues on line.

You are now able to access General Business and Executive Board minutes of NAPT on the NDPhA website. For access, go to www.nodakpharmacy.net >about us>academies>Northland Association of Pharmacy Technicians. You will notice not all minutes posted have been approved; a disclaimer is listed at the end of the minutes stating if they have been approved.



AND THE LAW

By Don. R. McGuire Jr., R.Ph., J.D.

This series, **Pharmacy and the Law**, is presented by Pharmacists Mutual Insurance Company and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

RECORDKEEPING ISN'T THAT IMPORTANT, IS IT?

Terry at Midtown Pharmacy was dealing with another recurring frustration. Their usual generic brand of atenolol was backordered again. Terry ordered in a couple of 100 count bottles to hold them over until their usual brand was available again. Terry didn't bother to update their computer database to reflect this change because she would then just have to change it back again 2 days from now. The change isn't really that important anyway, right?

Wrong. Your documentation is the only thing you will have later to prove what you did today. We all forget things, especially when they come up weeks or months later. Consider the following claim scenario.

A pharmacy was sued by a former patient over some faulty transdermal fentanyl patches. The patient alleged that he was injured due to the patch releasing the medication too quickly. The patient's profile indicated that he received the patch manufactured by company A. Company A's product had in fact been recalled due to this very problem. The patient was sure that the excessive dose delivered had caused him to be hospitalized. The pharmacy staff went through months of anxiety and expense while producing records and being deposed. What everyone learned at the end was that the patch received by the patient wasn't manufactured by company A. He had received patches manufactured by company B. This was discovered when reviewing the invoices from the time period in question. Company B's product had been purchased because of the recall of company A's patches. However, the patient profile indicated that the patient had received Company A's patches. Proper recordkeeping would have most likely prevented this pharmacy from suffering through months of litigation.

A second consideration here is billing. In today's world, it is more important than ever to bill for what was actually dispensed. Third party payers expect and demand that their customers receive the product that is billed to the third party payer. While the 2 different fentanyl patches discussed above may be clinically interchangeable, they are probably not the same when it comes to acquisition cost or reimbursement rates. One of them may have been non-formulary, for example. This difference is multiplied if one product is the brand name one. Clinically, none of the differences are significant. However, we aren't talking about therapeutics. We are talking finances and recordkeeping. This sort of discrepancy can lead to repayment demands, even penalties and interest, following an audit.

The importance of recordkeeping shouldn't be overlooked. In litigation, documentation is everything. If it wasn't documented, it wasn't done. Many cases have turned on seemingly small documentation issues. Perpetual inventory totals, timecards, delivery records, pick-up logs, documentation of counseling (or refusal of counseling) are some other examples of records that have become key points in a case. The lesson here is that no record is too small or too trivial to be skipped over. Update those inventory changes as they come in. It may seem burdensome at the time, but there are potential benefits later.

©Don R. McGuire Jr., R.Ph., J.D., is General Counsel at Pharmacists Mutual Insurance Company.

This article discusses general principles of law and risk management. It is not intended as legal advice. Pharmacists should consult their own attorneys and insurance companies for specific advice. Pharmacists should be familiar with policies and procedures of their employers and insurance companies, and act accordingly.

Mark Hardy, PhD Assistant Executive Director

Electronic Prescriptions When is a Signature Required (?) and What is a Qualifying Signature?

Howard C. Anderson, Jr., R.Ph. – Executive Director –
Justin C. Stubstad, Pharm.D., Legal Intern – Mark Hardy,
Pharm. D.-Assistant Director ND State Board of Pharmacy

With the recent increase in physician practices using electronic office management and electronic record systems, we are getting an increased number of questions about “what is a legitimate prescription”.

North Dakota Administrative Code (NDAC) Chapter 61-04-06 – Prescription Requirements, subsections 02 and 03, <http://www.legis.nd.gov/information/acdata/pdf/61-04-06.pdf> require that a hard copy prescription form contain the prescriber's name, either printed or stamped **and** the signature of the prescriber. This signature should be the same signature as the prescriber would use when signing a check or other document. Thus, the rule requires that written, typed, or printed prescriptions given to the patient be signed by the prescriber. That means the prescriber takes pen in hand and physically signs the prescription. Rubber stamps, signature by a nurse or any other office personnel, for the prescriber and computer-generated or e-signatures are all examples of illegal signatures. A hard copy prescription given to the patient that is “signed” in one of these ways is an illegal prescription and may not be filled as presented. If the prescription is for anything except a Schedule II Controlled Substance, the pharmacist may, of course, take a verbal order from the prescriber or the prescriber's designated nurse. Under **no** circumstances should a prescription presented to a pharmacist by a patient that has one of the illegal signatures mentioned above be filled without contacting the prescriber or their nurse for a valid authorization. A Schedule II prescription with an illegal signature is not valid and must be re-written by the prescriber. This signature requirement applies to all paper prescriptions given to a patient or written and faxed by the prescriber, whether hand-written, typed, or computer generated. The prescriber must physically sign these prescriptions.

The DEA has issued a rule, effective June 1st, 2010, permitting electronic prescriptions for controlled substances. A true electronic prescription is transmitted as an electronic data file to the pharmacy, whose application imports the data file into its database, where it is electronically stored. Prescribers will be required to obtain authorization credentials, which will be two-factor. Two-factor authentication requires two of the following: something you know (a password), something you have (a hard token), or something you are (biometric identification). Prescriber e-prescribing software must be certified prior to being used, and it is not anticipated that any software systems will be ready and certified by December 2011.

Prescriptions generated by an electronic prescribing system and transmitted from the prescriber's computer directly to the pharmacy fax machine will not have a

manual signature. No paper prescription is generated by the prescriber, so there is nothing to sign. Depending on the system used by the prescriber, the electronically generated prescriptions may have a computer-generated signature or a printed name where the signature would be and a statement saying this is an electronic signature or “e-signature.” This is considered a valid prescription under North Dakota Law for non-controlled substances. The exception here is for prescriptions for Schedule III, IV, and V Controlled Substances. The DEA considers these written prescriptions and requires the prescriber to manually sign the prescription for it to be valid. In this case, the pharmacy may take a verbal order from the prescriber or the prescriber's designated nurse, or the pharmacy may fax the prescription to the prescriber for the prescriber to manually sign and return by fax or mail.

Of course, all prescriptions must contain all of the elements listed in NDAC Chapter 61-04-06-03 <http://www.legis.nd.gov/information/acdata/pdf/61-04-06.pdf>, if it is for a controlled prescription.

Additionally, keep in mind that if you write, type, or print out a prescription and fax it to the pharmacy and subsequently hand it to the patient, that patient now has two valid prescriptions which they can get filled. This could be a serious source of diversion of controlled substances and as a general rule should not be done.

Specific examples include:

Non-Controlled Substance

- Patient presents hard copy of prescription
 - o Must be manually signed to be valid.
 - o If signed in another form (digital signature, rubber stamp, nurse's signature, e-signature, etc.), must contact the prescriber or their nurse for valid authorization
- Prescription faxed from prescriber's office to the pharmacy
 - o Valid if signed with e-signature, digital signature, stamped signature, manual signature, etc.
- LTC Prescription
 - o Valid if transmitted orally or via fax by a nurse and the name of the nurse, who is acting as the prescriber's agent, is included.

Schedules III, IV, and V

- Patient presents hard copy of prescription
 - o Must be manually signed to be valid
 - o If signed in another form (digital signature, rubber stamp, nurse's signature, e-signature, etc.), must contact the prescriber or their nurse for valid authorization
- Prescription faxed from prescriber's office to the pharmacy
 - o Must be manually signed to be valid under DEA law
- LTC Prescription
 - o Must be manually signed to be valid under DEA law
 - o Valid if the nurse transmitting the prescription orally or

Mark Hardy, PhD
Assistant Executive Director

Electronic Prescriptions When is a Signature Required (?) and What is a Qualifying Signature?

via fax has been designated by the prescriber as their agent and that nurse's name is recorded.

- o If signed in another form (digital signature, rubber stamp, nurse's signature, e-signature, etc.), must contact the prescriber or their nurse for valid authorization
- o Once valid authorization is received, may consider order an oral prescription

Schedule II

- Prescription must be manually signed and pharmacy requires hard copy of prescription, except in those cases outlined in N.D.C.C. 19-03.1-22(1) and (2).
- LTC Prescription
 - o Not valid orally, except in true emergency and then only by the prescriber directly.
- Valid when the patient is a hospice patient or resides in a licensed long-term care facility and the prescription has been signed by the practitioner before faxing, the facsimile may serve as the original prescription without another signature.

Brand Medically Necessary Prescriptions NDCC 19-02.1-14.1
(3) <http://www.legis.nd.gov/cencode/t19c02-1.pdf>

- This is a special law intended to save money by being absolutely sure that the prescriber wants a particular manufacturer's product, because s/he has determined that others will not work well for the patient.
- o Therefore: Oral prescriptions directly from the prescriber may be recorded by the pharmacist as "Brand Medically Necessary" and dispensed as such;
- o Prescriptions transmitted through a true electronic process where the prescriber checks a box to specify substitution is not permitted and enters Brand Medically Necessary in a notes field, which is a field that cannot be changed by the pharmacy, may be dispensed as such.
- o All other prescriptions must contain the hand written words, Brand Medically Necessary and be hand signed by the prescriber.

If you have any questions,
contact the Board of Pharmacy
701-328-9535 or email ndboph@btinet.net.

Revised December 2011

Pharmacy Time Capsules 2012 (First Quarter)

1987—Twenty-five years ago:

Nova Southeastern University's College of Pharmacy admitted its first class thus becoming the first college of Pharmacy in south Florida.

Fluoxetine (Prozac) approved for marketing as treatment for depression

1962—Fifty Years Ago:

Kefauver-Harris bill passed in response to thalidomide tragedy. Bill required manufacturers to prove effectiveness as a condition of FDA approval.

Hospital Pharmacy Residency accreditation standards leading to a rapid expansion of clinical training programs were first approved by American Society of Hospital Pharmacists.

1937—Seventy-five Years Ago:

American Journal of Pharmaceutical Education (Lyman's Journal) was launched by American Association of Colleges of Pharmacy with Dean Lyman of Nebraska serving as the founding editor.

Cannabis sativa remains listed in the USP XI (official from 1936). The Marijuana Tax Act passed levying a fee on "every person who imports, manufactures, produces, compounds, sells, deals in, dispenses, prescribes, administers, or gives away marihuana."

1912—One hundred Years Ago:

Journal of the American Pharmaceutical Association launched in January 1912 with James Hartley Beal serving as the editor.

Zada Mary Cooper (University of Iowa) was the first woman faculty member to attend an annual meeting of the American Association of Colleges of Pharmacy, (then American Conference of Pharmaceutical Faculties).

1887—One hundred twenty-five years ago:

Florida Pharmacy Association formed in the Board of Trade Rooms in Jacksonville on June 8, 1887. Henry Robinson of Jacksonville was elected the first president.

By: Dennis B. Worthen Lloyd Scholar, Lloyd Library and Museum, Cincinnati, OH

One of a series contributed by the American Institute of the History of Pharmacy, a unique non-profit society dedicated to assuring that the contributions of your profession endure as a part of America's history. Membership offers the satisfaction of helping continue this work on behalf of pharmacy, and brings five or more historical publications to your door each year. To learn more, check out: www.aihp.org



This article is the third in a three-part series. The March edition of *America's Pharmacist* featured the results of research that evaluated surveys of pharmacists with consumer surveys and identified a disconnect between what pharmacists *think* consumers want and services the consumers *actually* want. In the April edition, we drilled deeper into the research and discussed how customer segmentation can help community pharmacies better serve existing patients and attract new ones. This article discusses actions pharmacists can take to close the gaps between pharmacists' perceptions and those of their patients.

YOUR CUSTOMERS' EXPECTATIONS

Managing them is essential to their satisfaction

By Detra Y. Montoya, PhD

EDITOR'S NOTE

Detra Montoya, assistant professor of marketing in the Foster School of Business at the University of Washington, has worked in marketing and customer business development for the last 15 years. Montoya's research is focused on the effects of self-construal and identity on consumer behavior with a focus on multicultural issues. She also manages student small business student consulting projects and conducts marketing strategy seminars for small business owners in Tacoma and Seattle.

NCPA invited Montoya to be a contributing author on this project because of her extensive background in consumer behavior. She analyzed the survey results and compiled feedback that pharmacists can utilize to improve business practices and foster relationships with patients. It's important for the reader to understand that the information contained here is what actual pharmacy customers have shared. Customers may or may not be sharing these insights with you, but they are sharing them with others.

IN THE FIRST TWO ARTICLES

of this three-part series, you learned about the results from surveys conducted with pharmacists and patients. The research highlighted major gaps in perceptions of service delivery from both pharmacists and patients. In this article, I will share marketing strategies based on my assessment of the survey results, along with specific recommendations provided by patients in their survey responses.

Focus on Your Target Market

Article two of this series (April 2011 *America's Pharmacist*) detailed information about five customer segments. The process of determining which customer segments on which to focus includes market segmentation, targeting, and positioning. Market segments are identified and based on relevant customer characteristics (such as age and frequency of pharmacy visits). A common mistake is to target all five customer segments with a "one size fits all" strategy, as individual segments can respond differently. The survey suggested that preferences vary across customer segments,



PATIENTS SPOKE; PHARMACISTS LISTENED

Pharmacists featured in past issues of *America's Pharmacist* have been successful in listening to their patients to provide unique services that satisfied patient requests. Many have instituted health and wellness programs, screenings, store improvements (waiting areas, etc.) or loyalty programs, to name several. Listed as follows is a sampling of recent stories and how their offerings reflect the suggestions in Detra Montoya's article. (All articles are available in the member's only online archive section of *America's Pharmacist* (<http://www.americaspharmacist.net/>).

"Finding the Perfect Fit" (March 2011), described how Lehan Drugs of DeKalb, Ill., sensing a void in specialized health options for women, began offering women's health products to its patients. It recently opened an expanded women's health boutique. This falls under the topic of "Highlight Accessibility and Expertise of Staff and Store Improvements." Business Manager Terri (Lehan) Hettel says, "It all began by simply listening to our customers." The business provides patient information and literature for cancer patients. Hettel also stresses that she assures patients that everyone on the staff cares, and that they have products that can help their path to healing. Lehan Drugs also sees a lot of new patients to its pharmacy with its focus on home medical and women's health.

"Battle Against the Bulge" (February 2011) takes a look at how Gordon Drug Co., Gordon, Ga., is attempting to combat obesity in its community. Several years ago, staff pharmacist Carla Sappe, PharmD, led the conversion of pharmacy's old location into a fitness center called Classic Wellness LLC. This falls under the categories of "Provide Wellness Services and Information Related to Healthy Lifestyles and Provide Wellness Information." The wellness center began as a staff perk and then patients asked to use it. It has the wellness center (gym), private consultation room, and it also provides wellness information.

In **"An Apple, Daily"** (January 2011), Tim Davis, PharmD, owner of Beaver Health Mart Pharmacy in Beaver, Pa., discusses how the iPad is not only a fun consumer gadget, but can also be "the most useful tool in your pharmacy." In his pharmacy, Davis says it has given him improved flexibility, speed, and efficiency, along with enhancing patient interactions. This addresses the

topic of "Increase Your Use of Technology." The article discusses the use of the iPad with patient interactions, emailing patient information directly to patients or printing it for them, and using it for OTC consultations.

"Rooted in Community Pharmacy" (October 2010) tells the story of Live Oak Pharmacy in Austin, Texas. Owned by Scot Maitland and Nathan Pope, PharmD, their goal is to take the best of old-school pharmacy and give it a modern twist, incorporating a somewhat non-traditional yet full scale approach to health and wellness in its services and offerings. This falls under the categories of "Provide Wellness Services and Information Related to Healthy Lifestyles and Provide Wellness Information." The pharmacy offers massage, consultations on hormone restoration therapy and vitamin wellness, and an herbal tea bar. They ask for patient feedback "because it's their store." They're looking to hire a nutritionist for nutrition consultations.

In **"Adding, Not Subtracting,"** (July 2010) Michael Kim, PharmD, owner of Grubb's Care Pharmacy and Medical Equipment, in the Capitol Hill section of Washington, D.C., says his business has adapted to the ever-changing pharmacy environment, and he has focused on specialties, including compounding, durable medical equipment, and HIV/AIDS care. This connects to "Highlight Accessibility and Expertise of Staff." Kim hired additional staff to maintain counseling availability, shorten wait times, and improve overall quality for customers. The community anticipates a high level of services they strive to exceed expectations. To market your expertise, Kim says, "Take time to let both physicians and patients know about the specialty services your pharmacy offers. You cannot expect them to use a service that they do not know about."

including a desire for minimal wait times or having a personal relationship with the pharmacist.

If you want to appeal to a broad customer base, you need to diversify your service offerings. Think about a

grocery store that offers both pre-packaged sandwiches and a full service deli counter. They are appealing to the customer who wants to grab and go, and the customer who wants additional assistance. By offering both ser-

vices, each type of customer is happy. In a pharmacy, you could offer an express line for quick pick-ups to those interested only in convenience and a full-service counter to those who want to interact with the pharmacist. You can also choose to specialize, perhaps targeting only customers who want the extra service.

When evaluating which segment(s) to target, it is important to consider competitor strategies (mass or specialized), growth potential (customers with minimal prescriptions a year may not be worthwhile segment), and potential resources that can provide a competitive advantage, such as a highly trained staff. Once you identify your target segment(s), you can then determine your positioning strategy. Considering your branding strategy; how can you differentiate yourself from other pharmacies? When pharmacists were surveyed about how they want customers to think of their store, they listed high quality and convenient, prompt service. The best positioning strategies are those that are not easily copied by competitors.

Your format (independent, chain, mass retailer, or clinic) can also influence your positioning strategy. For example, a pharmacy located in a mass retailer may benefit from the larger store's positioning strategy and customer base which could be low prices, convenience, or something else. On the other hand, a pharmacy located in a medical clinic may strengthen the connection to the clinical expertise offered by the pharmacy. As you can see, each pharmacy has the opportunity to build upon its unique strengths and create its own positioning strategy. Regardless of your format, your messaging should be consistent across all marketing communication. Most importantly, you need to deliver on this messaging strategy with each customer experience.

Promote Your Brand

A strong brand identity is what brings customers into your store. Identifying your brand identity is just the first step. Promoting your brand is essential to remain competitive and build your customer base. Are you effectively communicating your brand to your customers?

Be consistent with your brand message and positioning strategy across all of your marketing items. Marketing items include your exterior signage, in-store materials, website, email or direct-mail communication, logo, and most importantly, your staff-customer inter-

actions. If you are promoting pharmacist accessibility, be accessible. If your brand represents consistently high quality service, deliver consistent customer service. If you are promoting less waiting time, then ensure quick and efficient transactions with your customers. Living up to your brand can be a major source of customer satisfaction and delight when you meet or exceed their expectations. Not meeting them leads to dissatisfaction.

The survey results reveal a gap in desired positioning strategy and promotional message. For example, although pharmacist respondents indicate that "convenient, prompt service" is the second most important attribute they want customers to perceive about their pharmacy, they list this attribute as the least common promotional message. In-store advertising can be an effective tool for promoting discounts or multi-category purchases, but may be less effective if your goal is to attract new customers. Thus, it is important to first identify your business goals, such as attracting new customers, promoting new services, or highlighting specialty product lines. Once you have identified your business goals, you can align your promotional tools, such as social media, in-store advertising, or cross merchandising.

Manage Your Customer Expectations

In some instances, pharmacists and customers perceive different levels of service. The surveys revealed that most customers are unaware of many services offered by their pharmacists, yet nearly 80 percent of pharmacists believe that their customers are aware of their services. Nearly 90 percent of pharmacist respondents indicate that they actively look for ways to reduce patient waiting time, yet long wait times were commonly reported by customers. Either customers have a different expectation of acceptable wait time, or they are not aware of their pharmacist's efforts to reduce wait time. Pharmacists can reduce customer disappointment by promoting their customer service enhancements and proactively managing customer expectations. The key to reducing the expectation gap is to proactively manage expectations.

Recommended Actions

The survey results revealed many plausible and actionable ideas for pharmacists. What follows is a list of suggested actions based on the customer survey results

and other common marketing strategies. Many of these recommendations could potentially be your new positioning strategy.

Highlight Staff Accessibility and Expertise

Some customers perceive staff as simply order takers or cashiers. Pharmacists are often perceived as inaccessible. Customers' perceptions of pharmacists as medical experts or trusted health care providers were not consistent. Staff may be the only person with whom the customer interacts—thus, it is critical to train employees to consistently provide high quality service in a caring manner. Highly skilled and friendly staff can be a competitive strength and difficult for competitors to copy. Managing customer expectations is essential to customer satisfaction.

Store Improvements

Customers want a comfortable and private environment with reduced waiting times. Specific recommendations that emerged from the customer survey include:

- Express pick-up lines (which would appeal to those customers who are in a hurry)
- Loyalty or rewards programs to encourage repeat customers
- Prescription ready within a certain time or the patient receives a store discount or gift card (managing expectations of wait time)
- Encourage patients to browse a gift section or shop for other items while they wait (redirects the focus on waiting time)
- Comfortable waiting area with free Wi-Fi
- Private space or area for counseling and questions (Both pharmacists and customers believe consultation is an important service offered. Be sure to emphasize the customer's privacy and comfort.)

Sell Healthy Food

Customers want information about healthier eating habits and want their pharmacists to promote healthier diets. Customers recommended selling fresh fruit, vitamin juice, and healthy snacks.

Promote a Health Care Supermarket

A holistic approach to address patient health concerns may include services such as contact lenses and glasses,

eye exams, dental care, chiropractor, physical therapy, preventative care before travel, and pet medication.

Health Screenings and Health Fairs

Promoting preventative care also highlights a more holistic approach to health care. Possible health screenings include blood glucose readings, blood pressure monitoring, cholesterol testing, exercise/stress tests, body scans, and a kiosk to evaluate a customer's diet.

Provide Wellness Services

Customer survey respondents consistently indicated they wanted more information to help them lead more healthy lives. Some suggested wellness services include:

- Nutrition classes. For example, do people really know how to read a nutrition label? What is a calorie or serving size?
- Suggested meal proportions that are specific to body mass index (BMI)
- CPR and lifesaving education
- Weight loss information and programs (Why not sponsor a weight loss program or class? Pharmacy-sponsored programs may help strengthen the pharmacist-patient relationship and demonstrate an interest in promoting wellness.)
- Smoking cessation information
- Manicure, pedicure, facials, and massages
- Yoga, pilates, or exercise programs

Increase Your Use of Technology

Technology can improve customer service, provide trusted information to customers, and increase overall efficiency. Obviously some of your customers are more tech savvy than others, but generally adults are increasing their use of technology such as mobile apps and the



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KEY MESSAGES

- Find out what your patients want and understand that it may be different from what you think they want.
- Do an environmental scan and identify what you're doing in your pharmacy that gives you an edge above the competition, and then promote it.
- Be aware that you may already be offering something that patients want, but they just don't know about it. Think about the content of your advertising and where your patients will be exposed to it.
- Alternatively, identify what your patients want that you're missing, put it into practice, and then tell them about it in targeted promotions.



Internet to obtain health information. Customer respondents provided the following recommendations:

- Have a mobile app to notify customers about prescription status (such as when a prescription is ready, or when it's time for a refill) or to request refills.
- Provide email or text notification of prescription status (prescription ready, time for a refill).
- Allow patients to email questions about medications directly to the pharmacist. (To comply with HIPAA, the pharmacist who replies by email must do so with a properly encrypted message whether or not the question was sent in such a manner.)
- Have an online doctor question and answer service. Consider partnering with a medical provider or other online service.
- Provide portable software to record all current medications, allergies, and other health conditions.
- Create an in-store kiosk for items such as medical information and ordering refills.

Provide Wellness Information

Customers want information on a wide variety of topics related to wellness and healthy lifestyles. Some medical providers now provide patients with a summary of health tips based on their diagnosis at each doctor visit. For example, if a patient comes in for an allergy medication, you can provide tips on how to minimize the effects of seasonal allergies. You will need to acquire software (individually or through a partnership) to generate wellness tips for each customer. Note that this could take additional time during the service experience.

Other suggestions include:

- Provide vitamin and natural supplement information
- Offer advice for OTC products like cold medicine. Why

not include signage near OTC products: "Have a question about which product you should use? Ask your pharmacist (insert pharmacist's name)!"

- Schedule of experts available for consultation. This is related to the earlier description regarding highlighting staff expertise and accessibility.
- Recommend medical or health books, or make health DVDs available.
- Produce a newsletter about health and nutrition. This is a great way to stay connected with your patients so they are reminded that you provide other health services beyond their regular prescription refill. You should send out a regular newsletter (monthly or quarterly) and offer relevant information for your target customers. The newsletter can be online only, or both online and print, based on your target customers.
- Demonstrate or train patients on how to use home testing machines.
- Provide assistance with identifying new or alternative drugs to replace or augment drugs currently being taken.

The bottom line is that you have the tools to create and maintain a competitive marketing strategy. Promote your brand. Be consistent with the services you offer and promotional messages. Consider your target market and offer the services and products they want. Proactively manage customer expectations. Let's close the expectation gap and enhance customer experiences in your store. *ap*

Detra Montoya is assistant professor of marketing at the Michael G. Foster School of Business at the University of Washington.



YOU'RE IN **THE PATIENT** **BUSINESS**



Know who your best customers are if you want to draw more of them

By Liz Tiefenthaler

EVEN THE BUSIEST PHARMACY

is continually looking for ways to grow its patient base. Certainly marketing and advertising, as well as customer service and staff training, are key components. But at the core of all of this is understanding who your very best customers are and using that information to help you find more customers with those same values.

In the March issue of *America's Pharmacist*, we presented the results of consumer and pharmacist surveys as reported initially at the 2010 annual NCPA Convention and Trade Exposition in Philadelphia. In this issue, we are going to take a look at the customer segments identified by the study and discuss ways that you can use this information to find and retain new customers. As a pharmacist from New York told me recently, "If I can get a customer in the door, I always manage to keep them."

Main Customer Segments and Their Pharmacy Perceptions

In the survey we are discussing, 1,219 consumers responded to questions about both the frequency of use and perceptions they had toward services received in medical, health/wellness, and pharmacy categories. Based on their answers, respondents were then segmented into five profiles or personas that are descriptive of their attitudes, behaviors, utilization, and desires around the pharmacy experience. Let's take a closer look at these five customer segments and how they view pharmacy. To help put a face on each segment, I have given each group a name.

Segment 1 – Ted



Segment 1 is made up of men ages 50 and older. The majority of these men have insurance and take an average of four prescriptions per month. While they rarely consult with a pharmacist, it is not because they find them inaccessible. In fact, this segment generally

has a positive attitude toward the pharmacist. Ted is looking for consistency and accuracy along with convenience. He likes the ease of use of a drive through, but doesn't need that as long as he does not have to wait for a prescription. Ted appreciates being made to feel and look good and in control. Privacy is critical to Ted.



Segment 2 – Stephanie

This segment is mainly female college graduates between the ages of 25 to 64 with very few prescriptions. Stephanie puts a high importance on convenience and privacy and wants no wait times. She does not view the pharmacist as a medication expert and is not comfortable consulting with a pharmacist. In fact, less than 10 percent of Segment 2 consumers agreed that the pharmacist is an authoritative source of health care information. Stephanie prefers a chain and then chooses a store based on whatever is closest. This segment believes that lifestyle determines health.

Segment 3 – Betty and Bill



Segment 3 is split evenly between male and female ages 50 and older. Betty and Bill generally have a lower household income (under \$50,000) and a high number

of prescriptions. More than 90 percent of the people in this segment believe that a pharmacist is a health care provider and as such, a place to get good health information. Betty and Bill place a high premium on personal rela-

tionships with the pharmacy staff. They tend to frequent pharmacies with enough staff to be able to spend time talking with them and listening to their concerns.

Segment 4 – Sally and Jim



This segment is evenly split between men and women age 25 to 49. They tend to have lower household incomes (generally under \$50,000) and often have insurance plans with high co-pays or no prescription coverage at all. Sally and Jim frequently seek health information on the Internet. They are avid users of lifestyle/wellness services such as the gym and alternative or holistic services such as spas, chiropractors, and nutritionists. While more than 80 percent see the pharmacy as a place to get good health care information, the same percentage feel that most pharmacies don't have enough staff to serve their customers effectively and are not interested in providing good customer service. Sally and Jim are looking for ways to reduce stress and frustration in their lives.

Segment 5 – Alex



Segment 5 is mostly young, single men with few prescriptions who are not satisfied with pharmacy transactions and prefer to get in and out as quickly as possible. Only 15 percent view the pharmacist as a medication expert, and less than 10 percent see the pharmacy as a good place to get health information. Alex uses the pharmacy that is closest to him and is interested only in low cost and convenience.

Identifying Your Customer to Find More Customers

To be able to best use what has been learned about the five basic customer segments to help grow your pharmacy customer base, you must first do two things. First, you need to have a clear idea of what it is that you offer and how this impacts the message you use to find new customers. Then, you need to identify who your best customers are and why. The logical thing to do is to find more customers who look like your best customer.

What Does My Pharmacy Offer?

To most effectively market yourself, you will need a clear understanding of what makes your pharmacy unique; in other words, the quality that pharmacists and marketers alike refer to as your brand. What products and services do you offer that are valued by your most important customers? Only when you have a clear understanding of your strengths will you be able to communicate that to your target segment. Detailing your strengths can sometimes be a daunting task. You know you do an excellent job of dispensing medicine as well as health care information, but identifying some of the intangibles, such as customer experience, can be more challenging. I once had a pharmacist say to me, “I have absolutely no idea what my brand is and why people value my pharmacy.” “Dave,” I said, “You have been in business for 22 years. You have to be doing something right that people value!”

The other benefit to knowing your brand is that it allows you the opportunity to make changes in your pharmacy if your strengths do not match up with the values of the segment that you hope to attract. For example, if you have targeted Ted as a customer segment you wish to attract and you know that he values the convenience of a drive through, are you willing or able to add that if it does not already exist in your pharmacy?

Who Is Your Best Customer?

As you prepare to market to customer segments, it is critical to look at your current customer base and profile what your best customers look like and which services they most value. I would guess that most of your best customers look an awful lot like Betty and Bill. One of my very successful clients told me that he only markets to people 55 and older. “In fact, I don’t really care if anyone younger even comes into my store,” he says. He knows what his customer wants and never disappoints them and is passionate about how he serves them. Another pharmacy owner I spoke with told me that he gives away a gallon of milk with a new or transferred prescription. He serves a population of young mothers who appreciate the value of a gallon of milk when having to stretch a budget to feed a family. Who is your best customer and what do they value?

Marketing Tactics for the Five Customer Segments

Let’s explore some ideas that you could use to attract new customers from each of the identified customer segments.

As we explore tactics, keep the following questions in mind:

- What are my strengths that are valued by this segment?
- What services would I need to add to engage this new group?
- Can I afford to add these services or improvements?
- Why aren’t they coming to me now?

I Would Like More Teds in My Pharmacy

Ted is a good target for independents in that he already has a high level of trust in pharmacy. My husband fits into this category, and one of the things that he values about his independent is the ease of transaction and the way his pharmacist makes him feel. How could you set up your store so that Ted is made to feel welcome and can get in and out quickly while still having time to talk with the pharmacist? Imagine how Ted would feel if you set up a way for his prescriptions to be charged automatically so that he would have an even faster transaction.

One way that my husband’s pharmacist makes him feel in control is the way he alerts him to prescription changes. Recently, one of his prescriptions was being discontinued within a month and replaced with a higher co-pay script. Armed with this information, my husband was able to talk to his physician about alternatives in plenty of time before the change occurred. This put him in control of his own medication decision making.

One way you might be able to find more Teds would be to purchase a list of men in this demographic and then send them a personal invitation to come to your pharmacy. We know this is not a group that uses coupons, so the incentive might be a free sample of a pain management product made for the aging athlete with a new or transferred prescription. A personal invitation would certainly make him feel good and in control.

I Would Like More Stephanies in My Pharmacy

This segment is a challenge for the community pharmacist. Stephanie does not value the pharmacist as someone she can trust, nor is she interested in medication therapy. In fact, only 15 percent of Stephanies see the pharmacy as a place to get good health information. So what could you do to earn Stephanie’s business?

If you have a pharmacy with a large front end of convenience products that Stephanie might want or need in addition to prescriptions, this could be a good start. It would be nice to have Stephanie patronizing your store

for other purchases that she makes. The layout of your store is critical. As Stephanie is busy and values personal control over a situation, services need to be well organized and items must be easy to find. How is the signage in your store? Is your front end well organized or is it difficult to navigate? Do you convey a feeling of high quality service from the people who greet Stephanie when she enters the store to the pharmacist who handles her prescriptions?

Another approach to gaining Stephanie's business might be to let her know that you have solutions to help her care for aging parents. Do you offer specialty packaging or medication synchronization programs? Will you deliver these solutions to her parents? Now you have something that you can discuss with her.

I think an effective way to reach Stephanie initially would be through direct mail that either showcases the front end of your pharmacy or targets solutions you can offer her. Once you have Stephanie in your store, try to get her contact information so that you can continue to market to her with text or e-mail. Use of social media would be a good option.

I Would Like More Betty and Bills in My Pharmacy

Betty and Bill are clearly the sweet spot for independents. They value what you have to offer and trust you. Having enough staff to make them feel valued is important. Do you have a coffee pot going so that Betty and Bill feel like they are welcome to take their time when in your pharmacy? Is your staff trained to welcome them by name when they enter the store? Do you offer a private place in your pharmacy where someone can sit down with Betty and Bill and look at not only ways to save them money but also to help them navigate the annual Medicare and insurance sign up period? Between 80 percent and 90 percent of this population would like to rely on you to help them sort through conflicting health care information.

Traditional media such as direct mail, newspaper (particularly in small town, local papers), and advertising on some cable networks or the evening news would work best for reaching this segment. Cash or gift incentives are also helpful as are rewards and loyalty programs. Birthday card programs are particularly effective with this segment.

I Would Like More Sally and Jims in My Pharmacy

I believe that this is a great market for the independent to pursue. Sally and Jim already have a high level of trust in

the pharmacy as a place to get good health information. This segment is willing to engage the pharmacists and take health related materials. You can help them reduce frustration and stress by showing them where they can locate good health information. I believe that if you can get this segment to use your pharmacy now, you have a chance of having customers for life.

Sponsoring health and wellness activities in your store such as nutrition discussions and smoking cessation classes, along with making health-related materials available would resonate with this group. Is there a place that you could set aside that would have health-related information that they could take with them? Would you have room to add a computer kiosk for those who would like to find additional information online? You may even consider offering yoga or massage. How do some of the more successful health clubs in your town market themselves? You may want to take a page out of their book and offer yet another option for this segment. I also think that Sally and Jim will respond well to a "buy local" message. What are you doing to let people in your area know the benefits of shopping locally? E-mail and texting will be good ways to stay in touch with this segment.

I Would Like More Alexs in My Pharmacy

To be blunt, I wouldn't waste the time and money trying to market to this segment. Wait for them get older. It can be just as valuable to know who your customer is as it is who your customer is not.

You chose your profession because you care about people and their health. Now it is the time to let everyone know how the quality of their care along with their health can be improved by using an independent pharmacy. The stories that I hear on a daily basis of the unselfish and outstanding customer experience that goes on in community pharmacies all across the country are astounding. In the end, what works is understanding what you can offer that will enhance the lives of your patients, and communicating that message to the customer segment that will most appreciate what you can do for them. **ap**

Liz Tiefenthaler is president of Pharm Fresh Media, a marketing services company focused on the independent pharmacy. She has worked in marketing and advertising for the last 25 years. Tiefenthaler is a frequent presenter at NCPA continuing education classes, where she teaches pharmacists how to market locally.



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THEY SAID WE SAID

Editor's Note: This is the first of a three-part series

Research shows patients and pharmacists have different perceptions of the pharmacy experience

By Tina Schlecht, PharmD



YOU KNOW YOUR PATIENTS,

but do you really know what your patients want when they visit your pharmacy? In the latter half of 2010 NCPA conducted pivotal research to explore the perceptions pharmacists have about their patients. The results were then compared to consumer research of a similar nature. The outcome has provided us with important and fascinating information to share with practicing community pharmacists for their use in better serving and growing their patient base.

Across all industries consumers are changing, educating themselves about products and services and becoming more savvy. And the way businesses market to consumers is changing. Independent community pharmacies are not insulated from this. To compete, you need to know your customer base, consumer bases you don't have but may want, their subtleties, and build demand for the exceptional services you offer.

This article is the first of a three-part series. The series will highlight the research results, discuss how consumer segmentation can help pharmacy operators better service existing patients and attract new ones, and provide actions that pharmacists can take to close the gaps

between the pharmacist's perceptions and those of their patients. Look for parts 2 and 3 of the series in upcoming issues of *America's Pharmacist*.

Background

Over the course of the last 15 to 20 years, pharmacists have increasingly developed enhanced patient care service offerings to augment traditional prescription dispensing functions. Research data indicates many such patient care programs are successful in improving patient health outcomes and saving health care dollars. However, this initiative has been led primarily by academic researchers and practicing pharmacists, not by patient demand. To this end, NCPA identified the need to conduct two national surveys to examine the perception of community pharmacists regarding their belief in what patients need and desire for the provision of pharmacist-delivered patient care services. Upon completion of the survey the results were compared with consumer research which examined what patients desire from their pharmacy experience.

Pharmacist Research

The research by NPCA was launched with the first survey in June 2010. It was distributed by fax and e-mail to 25,958 pharmacists nationwide. The purpose of the survey was to gain an understanding of what value-added professional services are delivered by pharmacists in community settings and how the service offerings are communicated to patients. Nearly 1,200 pharmacists responded to the survey (1,183 = 4.6 percent response rate). A majority of the respondents (83 percent) indicated their practice setting as independent. Other practice settings chosen were clinic pharmacy (5.3 percent), regional chain (4.8 percent), and supermarket (2 percent).

In August 2010 a second survey was sent to 26,001 pharmacists by fax and e-mail. This survey was designed to gain a better understanding of pharmacist attitudes and current activities related to engaging patients in the community pharmacy setting. A total of 1,334 responses were received (5.1 percent). Similar to the first survey, most of the respondents (85.9 percent) reported their practice setting to be independent, with regional chain and clinic pharmacy respondents at just over 4 percent each, making up the majority of the remainder.

Results

Survey 1

In Survey 1 pharmacists were asked a number of questions about the type of pharmacist-delivered patient care services they currently provide and for their feedback about what they perceive the needs and desires of their patients are for such services.

Table 1. Type of Pharmacist-Delivered Patient Care Services Offered (913 total respondents)

Service Type	Number
Medication counseling	709
Over-the-counter medication selection	689
Compounding	558
Medication therapy management	517
Blood pressure checks	504
Immunizations	453
Adherence counseling	422
Diabetes care	414
Refill reminders	335
Smoking cessation	132
Nutrition counseling	122
Pain management	116
Asthma management	108
Herbal management	106
Lipid monitoring	102
Weight management	78
Other	63
Bone mineral density screening	51

More than three-quarters of pharmacists reported offering patient care services in their practices. Table 1 lists the types of services offered and the number of pharmacists that offer the service.

The majority of respondents (54.7 percent) report pharmacist interest or specialty as a driving factor in service provision. It is notable that less than half (43.6 percent) reported patient demand as a reason for their service offering. Other reasons pharmacist cite for choosing to provide services include physician request, corporate decision, financial consideration, to develop a market niche, or for the well-being of the patient.

As one would anticipate, 80 percent of respondents indicated that they promote their services and they believe

Table 2. Where Services Are Promoted

Promotion	Number (Percent)
In-store promotions – flyers	410 (72.7)
In-store signage	377 (66.8)
Print	358 (63.5)
Local prescribers	302 (53.5)
Pharmacy website	277 (49.1)
Radio	155 (27.5)
Direct mail	106 (18.8)
Other	81 (14.4)
TV	78 (13.8)
Internet – other	58 (10.3)

their patients are aware of the services offered. However, 19 percent indicated that they do not promote their services but they believe patients are aware of the services offered. Among respondents who do not believe their patients know about the services they offer, 58 percent do not promote those services. Types of promotions used by pharmacists who promote their services are listed in Table 2.

Understanding the needs and desires of the patient is central to building demand for services. To explore this in more detail, pharmacists were prompted to consider what they believe patients want and what patients expect from pharmacists in the way of services. The results were remarkable in that pharmacists believe that patients expect friendly and accessible pharmacists first and foremost, followed closely by personalized attention and medication expertise. Convenience and efficiency ranked much lower in what pharmacists perceive patients expect of them. However, when responding to the query about what they believe patients most want in the way of patient care services, pharmacists still perceive that patients most want friendly and accessible pharmacists and medication counseling, but convenience ranked much higher. Wellness services and disease education counseling were well down the list of pharmacist-perceived patient priorities.

Finally, pharmacists were asked what prevented them from offering patient care services. Third party and patient unwillingness to pay for services, and not enough time in the day to provide them with more resources, including staffing, were the most frequent responses. When asked whether they would offer any, more, or different services if patients requested them, a majority of pharmacists

answered “yes,” which may indicate that there is some ambivalence about offering services that they believe patients want versus finding someone to pay for them. The most frequent reasons cited for not offering services appear to be economic, yet most of those respondents said that they would offer services if patients asked for them.

Survey 2

Survey 2 began by asking pharmacists, “Overall, how satisfied do you believe a majority of patients are with the services you currently provide?” Nearly all respondents (more than 98 percent) believe that their patients are satisfied or very satisfied with current services. No pharmacist reported a belief in patient dissatisfaction with current services.

Pharmacists were inclined to choose more than one answer to “How do you want your customers for pharmacy products and services to think of your store?” (Table 3). High quality was the most frequently selected characteristic, with convenient, prompt service a close second.

One of the more interesting questions asked pharmacists, “If patients ranked greater satisfaction with receiving a prescription by mail or visits to a physician,

Table 3. Distribution of Responses to “How do you want your customers to think of your store?”

Response	Number (Percent)
High quality	429 (25.0)
Convenient, prompt service	382 (22.2)
Knowledgeable staff	315 (18.3)
A health care resource	315 (18.3)
A place to receive good health care information	189 (11.0)
Low cost	75 (4.3)
Prescription services only	12 (0.6)

eye doctor, or dentist than picking up a prescription at the pharmacy, would you change the way you provide your services?” Nearly three-quarters of respondents (72.9 percent) said that they would change.

Looking ahead, two-thirds of pharmacists anticipate growth and expansion of their businesses in the near future, and approximately half of all respondents see a transition to more patient-centered services, including both existing and new services, in their strategic plans.

Although there is a high prevalence of advertising to patients in both surveys, it is not clear that the promotional methods are necessarily targeted with the message the pharmacist wishes to convey. For example, in Survey 1 the majority of respondents listed “in-store advertising” as a promotional strategy for communicating their services to patients. However, with the objective of business growth and expansion, promotion to people who are not currently pharmacy customers will be needed.

Results from surveys 1 and 2 found that pharmacists responded positively to questions about meeting patient needs and willingness to make changes if necessary to increase patient satisfaction. A large majority reported actively seeking ways to reduce patient stressors and waiting time and to find ways for pharmacists to spend more time with patients, which indicates that there should be acceptance of the need to change based on the consumer research about to be revealed.

Consumer Research

Methods

The consumer research was conducted in the spring and summer of 2010. Three focus groups preceded the final quantitative study conducted as a 30 minute online survey. The total number of participants for the online survey was 1,219, and 11 percent of those indicated that they fill their prescriptions at an independent community pharmacy. The purpose of the consumer study was to ascertain what consumers need and want in regard to their pharmacy experience. The questions were framed in regard to frequency and satisfaction with services in the medical, lifestyle/wellness, business services and pharmacy categories. Consumers were asked to rate attributes of the services and to identify feelings associated with the services they utilized most frequently and had the greatest satisfaction.

Results

Overall, pharmacy rated highly on both frequency and satisfaction, but there are some important results for pharmacy to take note. For example, more than 90 percent of consumers reported picking up a prescription at their usual pharmacy in the last month or last three months, and 75 percent rated their satisfaction as #1 or #2 in rank order.

Consumers ranked some of their highest satisfaction with items such as massage/spa services and visits to the chiropractor, while the satisfaction ratings with picking

up a prescription from their usual pharmacy ranked lower than satisfaction with transactions at their usual bank, and were in line with medical lab tests and having their car serviced. Pharmacy ranked right in the middle of most other services on the attribute categories of staff, convenience, quality, facility, cost and personal benefits. Personal services, such as visits to a physician, eye doctor, and dentist were consistently ranked higher than picking up a prescription at retail pharmacy.

Consumers indicated that friendly and accessible pharmacists and staff are a key to positive customer response, whether they use a chain or independent pharmacy. On the other hand, consumers indicate that pharmacies are often seen as retailers with stressful transactions, not as providers of health services with the patient's best interest at heart. The research found that consumers are unaware of many services currently offered by their pharmacist that were on the patient's wish list. And there is demand for health and wellness counseling but the pharmacist is not seen as the right person to deliver it.

Comparisons: Pharmacist Research and Consumer Research

Some may find the results of this research appalling, while others nod their heads in agreement. Either way, the results are important to everyone's pharmacy practice. To help solidify the salient points of the research findings, evaluate the contrasting perceptions between pharmacists and consumers side by side:

- A majority of pharmacists report medication counseling as a common type of patient care service offered. Approximately 60% of consumers indicate pharmacists are too busy to provide medication counseling.
- Most pharmacists believe patients are aware of the services offered, but consumers state they are unaware of many services offered by their pharmacies which appeared on their wish list.
- Pharmacists believe patients most want friendly and accessible pharmacists, medication counseling, and convenience. Consumers indicate friendly and accessible pharmacists and staff are key; however convenient location, convenient access (drive-thru) and low cost drive the choice of pharmacy across demographics of age and income.
- Wellness services and disease education counseling ranked low as items that pharmacists believe patients

ADHERENCE: IT'S TIME TO PUT BELIEFS INTO ACTION

A selected number of questions in each survey evaluated the thoughts about adherence by pharmacists and consumers.

Consumers indicated low interest in adherence activities, with the exception of older patients who take several medications. Some consumers indicated they would like a reminder about their refills, while others indicated that they would not use such a service or they may find it bothersome.

Pharmacist attitudes and practices with respect to medication adherence services were also examined. In Survey 1, 46.2 percent of pharmacists stated they offer adherence counseling as a patient care service. In Survey 2, nearly all (94.2 percent) pharmacists indicated that they believe ensuring adherence to maintenance therapy should be a core service provided by pharmacists. Yet only 69.3 percent indicate that they actively assess medication support needs for patients, and 49 percent state that they conduct adherence related activity with every or most encounters. Slightly more than one-third (35.6 percent) reported that they do so when time allows.

Adherence has been universally accepted as a

key component in patient health, and the pharmacists surveyed here do not disagree. It is a service pharmacists provide which applies to most medications across the spectrum and has negligible input costs to establish. The end result of adherence services show that overall health care costs can be reduced, pharmacy margins can rise, and patients will be healthier. Adherence can be an excellent way to interact with patients and build patient demand for services. However, a disconnect between the community pharmacist and the patient has occurred on several levels: pharmacists believe in it but are not necessarily conducting adherence related activities frequently; some patients are aware of how their pharmacist can help them manage their medication adherence and appreciate the service; and others believe that the need for adherence activities doesn't apply to them and have not experienced such help to believe in it or appreciate it. Adherence is a perfect vehicle for pharmacists to demonstrate their credentials as a health care provider and use the opportunity to educate patients about the importance of their medications and taking them as prescribed. The time has come for pharmacists to put their beliefs into action.

— TS

most want. Conversely, consumers are looking for wellness services and information to aid their pursuit of a healthy lifestyle and want information on a wide variety of topics related to wellness.

- More than 98 percent of pharmacists believe their patients are satisfied or very satisfied with current services and of the pharmacist respondents, 73 percent indicated they would change the way they provide their services if patients ranked greater satisfaction with visits to a physician, eye doctor, or dentist than picking up a prescription at the pharmacy. The percentage of consumers who rated their satisfaction of the following as #1 or #2 in rank order is as follows:
 - Picked up a prescription—75 percent
 - Had a consultation at a pharmacy—62 percent
 - Visited a dentist—82 percent
 - Visited an eye doctor—80 percent
- Eighty-five percent of pharmacists indicate that they actively promote the pharmacist's ability to answer questions or concerns about their medications. However, only 57 percent of consumers agree that their pharmacy is a good place to get health information.

Throughout 2011 NCPA will further examine the gold mine of information in this research and use it to help you formulate ideas to improve your business and the interactions you have with the consumers in your store: your patients.

You won't want to miss the next two articles in this series. Look for part 2 in the April issue of *America's Pharmacist*. In that issue we will take an in-depth look at five customer segments identified in the consumer research and how they relate to community pharmacy. The article will feature take-away marketing tactics for pharmacists to employ to increase their market penetration with existing segments and expand to additional segments.

In the May issue we will dive deeper into all aspects of the research and discuss what actions pharmacists can take to close the gaps between the pharmacist-consumer survey results. What changes can you make in your pharmacy to prepare for the future? How can you leverage your new understanding about patients, create demand for your services, and grow your business? Stay tuned. **ap**

Tina Schlecht, PharmD, MBA, is NCPA director of pharmacy affairs.

2011 Recipients of the “Bowl of Hygeia” Award



David Darby
Alabama



Romie Deschamps III
Alaska



Roger Morris
Arizona



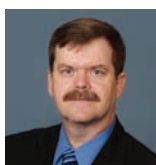
Thomas Warmack
Arkansas



R Pete Vanderveen
California



Harry A Egazarian
Connecticut



John Yeager
Delaware



Robert H Wilson
Florida



Robert A Rogers
Georgia



Carolyn Ma
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Brian Ambrefe
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Michigan



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Sharon R Dickey
Mississippi



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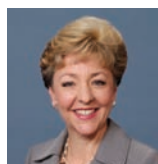
Gary Boehler
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Ohio



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Charles Lawrence Sr
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Robert Slagle
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Patricia C Johnson
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John K Johnson
Wisconsin



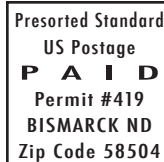
Donald A Porter
Wyoming



The Bowl of Hygeia award program was originally developed by the A. H. Robins Company to recognize pharmacists across the nation for outstanding service to their communities. Selected through their respective professional pharmacy associations, each of these dedicated individuals has made uniquely personal contributions to a strong, healthy community. We offer our congratulations and thanks for their high example. The American Pharmacists Association Foundation, the National Alliance of State Pharmacy Associations and the state pharmacy associations have assumed responsibility for continuing this prestigious recognition program.

All former recipients are encouraged to maintain their linkage to the Bowl of Hygeia by emailing current contact information to awards@naspa.us. The Bowl of Hygeia is on display in the APhA Awards Gallery located in Washington, DC.





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