

Review Of 21st Annual 2017 NPPA Conference

By Dale J. Kroll, NPPA President

Opening Day, Monday August 22, 2017: The program began with opening remarks from Moderator **Lyle Matthews**, PharmD, MAM, who recently accepted a position, as an Enforcement Unit Inspector for the California State Board of Pharmacy. Previously, Lyle was the Director of Pharmacy Services at Redlands Community Hospital in Redlands, California; and before that, held the same position at Eisenhower Medical Center in Rancho Mirage.

Lyle has over 25 years directing pharmacies, half of which have been in hospital acute care settings, the other half in national home care/specialty pharmacies. He has a special interest in regulatory compliance and pharmacy management issues. Lyle received his Doctor of Pharmacy Degree from The University of the Pacific School of Pharmacy in 1985; and then went on to earn a Master's Degree in Management, from the University of Redlands School of Business in 2007. An avid supporter of NPPA, Lyle has attended the NPPA Annual Conferences since at least 2006, participated as a speaker for several of the years, and this current year was his second time as Moderator of the event.

Next, Lyle introduced **Dale J. Kroll**, NPPA President & Founder of NPPA, to welcome the attendees and provide some background information about the company, from its start in March of 1994 up to this current year.

This then led to the presentation of awards to NPPA's top 3 Outstanding Pharmacy Buyers of the Year, as **Sponsored by Dr. Reddy's Laboratories, Inc.** (*see details on Awardees on front page of this edition, and list of all nominees on the NPPA website*).

Moderator Matthews then introduced the first speaker of the day: *Effective Leadership for Pharmacy Purchasers* by **John Saliba**, RPh, President, Saliba's Extended Care Pharmacy, Phoenix, Arizona. Some of the issues covered were as follows. The Pharmacy Buyer is one of the few key voices in the pharmacy for business concerns rather than clinical concerns. The buyer should be a role model, an effective communicator, one who adheres to policies and procedures of the pharmacy, one who looks for ways to improve the effectiveness of the organization and a model for excellent attendance.

Documenting results is a key element for pharmacy procurement, as even a 1% savings is significant. The buyer should be a cheerleader to encourage good performance, call out poor performance and demonstrate passion and enthusiasm for the opportunity to improve the lives of patients and healthcare providers. Develop a clear vision of what the buyer wants to accomplish and develop strategies to achieve that vision.

The second CE lecture of the day, which qualified for the “Safety” CE requirement, was titled: *National Institute For Occupational Safety & Health (NIOSH) Hazardous Drug Rules & Updates For Pharmacy Buyers*; presented by **Katrina Harper**, PharmD, MBA, BCPS, Senior Clinical Manager of Vizient, Inc. in Irving, Texas. Some of the issues covered were the need to protect healthcare workers when they possibly have exposure to hazardous drugs; identifying the definition and classification of hazardous drugs, with lists of such drugs. Then on to alerts from NIOSH (National Institute for Occupational Safety & Health). Then the duties of a Pharmacy Buyer under USP Chapter <800> requirements were covered and explained, in regards to ordering, receiving, storing, and more. The need for training of all personnel in the handling of hazardous drugs was also covered.

After this educational program, the participants were directed to attend GPO Breakout Sessions (Group Purchasing Organizations) in various locations throughout the convention areas at Bally’s.

Then after the GPO Breakouts and a lunch break, the first afternoon lecture was titled: *Setting Up a Group of 50 Clinic Pharmacies After Changes In Management/Ownership, GPO & Other Systems*, as jointly presented by **Pam Bacon**, RPh, MBA, Pharmacy Executive of Vizient Inc. in Centennial, Colorado (and the Facilitator of Pharmacy Value Analysis Team at Nebraska Medicine); **Angela Loftus**, CPhT, Senior Pharmacy Buyer/Analyst and **Amber Johnston**, PharmD, Pharmacy Manager of Central Operations, both from Nebraska Medicine-Bellevue & Omaha, in Nebraska.

Some of the issues covered in this session were: a new entity was formed named Nebraska Medicine consisting of more than 6,100 employees, 1,100 physicians, 678 licensed hospital beds and 31 ambulatory clinics in the Omaha and surrounding areas. The GPO was changing so all the adjustments that occur when all the purchasing contracts change (which is monumental just by itself); and the Formulary had to be reviewed and changed. A chart was developed that identified the contracted products. The procurement process was standardized. The role of the Pharmacy Buyer was documented, a procurement system for the clinics was developed and implemented, and training classes were held. Vaccine ordering was developed, standardized, and implemented; and the audit process for clinics was created. Many other aspects of this organized and thoughtful process of transitioning were pointed out and explained by the speakers.

Next on the program was: *Assuring Pharmacy Buyer Input Into Hospital-Wide Revenue Integrity Programs*, presented by **Paula Herrera**, CPhT, BSHCM, MBA, Pharmacy Business Support Supervisor of Rapid City Regional Hospital, in South Dakota. Addressed here was how Reverse Integrity was defined as lost revenue because of incorrect billing charges, incorrect reimbursement from insurance companies, or improper documentation. Billing codes were defined and described, and the Dispensing/Billing/Reimbursement cycle was identified and explained.

Pharmacy Buyer involvement was also described, where a buyer can help verify reimbursement, verify correct billing to insurance, verify correct CPT codes on the pharmacy and chargemaster sides, and verify dose/billing multiplier on pharmacy or chargemaster.

Then from 3:00pm to 6:00pm, our Vendor Exhibit Hall was held in Bally's Grand Ballroom. During that time, snacks were provided by NPPA, and a full bar was available, with 1 non-alcoholic drink ticket per day provided to Attendees. In addition, NPPA gave away a few "Door Prizes" (three \$50 American Express Gift Cards, to randomly chosen attendees walking the hall, as selected by outside hotel representative not associated with NPPA or their attendees). **Karenina Russell**, Pharmacy Buyer from Sharp Coronado Hospital, Coronado, California, was 1 of the 3 lucky winners this first Exhibit Hall day. Unfortunately, we seem to have misplaced the names of the other 2 who won this day.

On the second day of the 21st Annual 2017 NPPA Conference (Wednesday August 23, 2017), Moderator **Lyle Matthews** introduced the first speaker of the morning session **Robin M. Guter**, PharmD, MBA, BCPS, Pharmacist Consultant/Systems Analyst, UPMC Enterprises, Pittsburgh, PA. The title of the talk was "*Tele-Pharmacy Today - Meeting the Needs of Patient Care Through Technology.*"

The National Association of Boards of Pharmacy (NABP) defines tele-pharmacy as the provision of pharmacist care by registered pharmacists and pharmacists located within U.S. jurisdictions through the use of telecommunications or other technologies to patients or their agents at distances that are located within U. S. jurisdictions. Tele-pharmacy today can refer to multiple different pharmacist functions including remote order entry verification, remote order dispensing quality assurance, IV entry quality assurance, patient education and medication counseling.

Also discussed were some tele-pharmacy statistics, drivers of tele-pharmacy within the health system, benefits of tele-pharmacy to health systems, tele-pharmacy workflow, as well as the buyer's role within tele-pharmacy. She also predicted the future of tele-pharmacy.

The speaker at the next session was **Leslie Feuerbacher**, CPhT, Pharmacy Inventory Management Technician & Buyer at Florida Hospital Waterman in Tavares, FL. The title of her program was: *“Emergency Preparedness for Pharmacies/Hospitals.”* She defined emergency as a serious and often dangerous situation requiring immediate action. She described some of the emergencies that she had experienced during her career. Some of the natural types of emergencies are dust storms, hurricanes, tornados, floods, blizzards, and heat waves. Human made emergencies include fires, explosions, transportation accidents oil spills, and pollution. The Pharmacy Buyer must know what is in your inventory, know your medication stock, know how and where to order, and know your local resources.

The U.S. Centers for Medicare & Medicaid Services (CMS) requires facilities to conduct 2 major emergency drills per year. Responsibilities for the Director of Pharmacy, pharmacists and the Pharmacy Buyer were discussed. The Pharmacy Buyer must place orders, assist with calls, provide inventory reports, manage refrigeration space, and fill orders. Website resources were also identified.

Next the attendees split into their respective Wholesaler Breakout Sessions. Participating Wholesalers were: AmerisourceBergen, Cardinal Health, & McKesson.

Beginning the afternoon talks was a program titled: *“State of the Union for Pharmacies on Drug Quality & Security Act (DQSA),”* presented by **Julie K. Letwat**, JD, MPH, Counsel, Faegre Baker Daniels LLP, Chicago, IL. This program qualified for the Pharmacy “Law” CE requirement.

The Drug Quality & Security Act was signed by the President on November 27, 2013. Title I of the act is the Compounding Quality Act. This is applicable to any pharmacy that compounds medications. There is a need to know who you are buying from. Title II Drug Supply Chain Security Act is developing an electronic, interoperable system. This new system will enable verification of the drug product identifier down to the package level. It will enhance detection and notification of illegitimate products in the drug supply chain. It will facilitate more efficient recalls of drug products. Product tracing started January 1, 2015. Manufacturers were required to pass transaction data to subsequent purchasers. Repackagers and wholesale distributors were required to receive transaction data from manufacturers and to pass transaction data to subsequent purchasers. By July 1, 2015 dispensers were required to receive transaction data if they further distribute. Other issues were discussed. Key dates under this series of regulations are for dispensers beginning November 27, 2020, to only buy and sell products encoded with product identifiers. By 2023, enhanced product tracing at the package level will be available.

The next presentation was: *“Importance Of Collaboration Between The Pharmacy Buyer & Clinical Pharmacist,”* with speakers **Brooke L. Richards**, B.S, CPhT, Corporate Pharmacy Sourcing & Purchasing Analyst, Comprehensive Pharmacy Services (CPS), East Waterboro, ME and **Charles Fogle**, PharmD, DVP, Clinical New Business Development, Comprehensive Pharmacy Services (CPS), East Waterboro, ME. An overview of the Pharmacy Buyer roles included purchasing, inventory management, cost savings through purchase maximization, shortages/recalls, and returns-including reverse distribution. Roles of the clinical pharmacist include evaluating the appropriateness and effectiveness of a patient’s medication regimen, design and maintain all medication protocols, maintain and update the hospital formulary, collaborate with the medical staff to seek alternative drug therapies, and collaborate with multidisciplinary teams to ensure the best patient care possible.

Additional subjects addressed were handling formulary additions, savings on new generics & biosimilar medications, hyper-inflated medications, external compounding, and inventory management. Building a collaborative relationship between the clinical pharmacist and the buyer keeps lines of communication open. To share information in a timely manner weekly one on one meetings were recommended.

Matt Vaughan, CPhT, Pharmacy Buyer, Saint Luke's East Hospital, Lee's Summit, MO then spoke on the subject of: *“Medication Safety & The Pharmacy Buyer.”* Some of the subjects discussed were receiving and organizing so that similar drugs are not confused with each other, ordering early in the day and mid-day from the wholesaler, and barcode scanning of drugs at the bedside as a safety measure.

In the latter part of the afternoon, the second day of our Vendor-Exhibit Hall was conducted, with 97 drug companies displaying in Bally’s Grand Ballroom. During that time, snacks were provided by NPPA, and a full bar was available, with 1 non-alcoholic drink ticket per day provided to Attendees. In addition, NPPA gave away a few “Door Prizes” (three \$50 American Express Gift Cards, to randomly chosen attendees walking the hall, as selected by outside hotel representative not associated with NPPA or their attendees). Those winners were as follows:

- 1) **Rossel Katie Nhem**, CPhT, Pharmacy Buyer, MedStar Montgomery Medical Center, Olney, MD
- 2) **Stephanie Waldren**, CPhT, Pharmacy Buyer, Porter Adventist Hospital, Denver, CO
- 3) **Vicki Wernes**, CPhT, Pharmacy Buyer, Franciscan Health, Crown Point, IN

Thursday, August 24: the first program on the third and final day of the Conference, was “*Process Improvement Tools for Pharmacy Buyers,*” offered by **Barbara Hintzen**, CPhT, 340B Pharmacy Program Supervisor, North Memorial Medical Center, Robbinsdale, MN. The Pharmacy Buyer’s role is key to how the pharmacy functions. Developing efficiencies in pharmacy purchasing can lead to reductions of on hand medication costs and increase the productivity of staff. LEAN is a process improvement program developed in industry. However, in recent years it has also been applied to healthcare institutions. LEAN is a problem solving approach that strives to eliminate waste.

8 areas of waste are downtime, defects, overproduction, waiting, non-utilized talent, transportation, inventory, motion, and extra processing. Various exercises were provided to the audience illustrating the process of finding out what needs to change. Once identified the changes must be sustained. In summary, process improvements can eliminate waste and create efficiencies, waste can decrease patient care and increase costs, improving workflow continuously adds value by eliminating queues and stops, and standard work ensures quality and consistent results.

Gannon Milne, Purchasing Analyst/Consultant, Comprehensive Pharmacy Services (CPS), Atlanta, GA and **Marvin Finnefrock**, PharmD, Divisional President of Clinical & Purchasing Services, Comprehensive Pharmacy Services (CPS), Costa Mesa, CA spoke on the subject of: “*Optimizing Pharmacy Automated Dispensing Machines For Greater Financial & Clinical Outcomes.*” Automation Dispensing Machines (ADM) are “high dollar” real estate in hospitals and should be utilized and managed to utilize the hospital’s investment on inventory levels, staff productivity, nursing satisfaction, and patient satisfaction. ADM stock levels and medication levels should be planned based on the average day not the potential of the worst day.

ADM issues include minimum and maximum stock levels, uniformed pocket sizes, “standard” medications, refill and delivery schedule, medication stock-out management, duplicate medications found in the same machines, tower space, and nursing satisfaction.

The final prepared presentation of the 21st Annual Conference was “*How To Be Better Prepared For Drug Shortages In Hospital Pharmacies,*” given by **Brandon Gillis**, Pharmacy Distribution Specialist, Corporate Pharmacy Administration, Novant Health Inc., Winston-Salem, NC. Defining drug shortages is done differently by the FDA and by ASHP. Once determined what a drug shortage is for your facility you attempt to eliminate temporary stock outs by verifying that no product is available from the wholesaler or the manufacturer. The Pharmacy Buyer should utilize wholesaler or inventory management software resources. Check with your account managers. Utilize FDA and ASHP Website resources. Establish a plan for addressing drug shortages involving communication with medical staff status updates, newsletters, and the P & T Committee input. Communication is the key to make sure shortages are understood not just by the Pharmacy Buyer but also throughout the facility.

In the NPPA Closing Session, President Dale Kroll & Vice-President **Francine Morgano** then revealed the dates for the next year’s Conference returning to Bally’s Las Vegas, to be held over August 21-23, 2018; with vendor and supportive NPPA Exhibitor Apexus likely joining us again to offer a 340B University event the day before (August 20). They also reminded attendees and members to check and utilize the NPPA website’s Pharmacy Buyer Forum; and to remember to submit their CE credits with ProCE before their late October deadline.

Then an NPPA Feedback Session was offered by NPPA staff, to hear from our attendees’ on their thoughts and suggestions about the current event and how future events could be enhanced; as well as in regards to the NPPA Association overall and their applicable membership.

Lastly, a Grand Prize Giveaway was conducted and offered by NPPA, where two \$100 American Express Gift Cards were given to current NPPA members still in attendance, as chosen by a random numbered ticket drawing. The 2 lucky members were as follows:

- 1) **Peter Davis**, CPhT, Pharmacy Buyer/Technician, Tuba City Regional Health Care Corporation, Tuba City, AZ;
- 2) **Rakesh Khandelwal**, Sr. Pharmacy Procurement Coordinator, MedStar Washington Hospital Center, Washington, DC.

At 1:15pm, the 21st Annual 2017 NPPA Conference *officially ended*.

Post-Conference Hotel Promo Winners: after returning back to San Diego in the NPPA offices, another promotion was conducted, to reward attendees that stayed under the NPPA Group Room Block at Bally's. These winners were chosen by random from a final rooming report provided by Bally's, who were then reimbursed by NPPA, for one (1) Room Night's stay with taxes, a total of \$129.46. This year as an exception, we decided to award 1 more than originally promised with this promotion, since we made mistake with our Exhibit Hall door prizes, by only having 3 available per Exhibit Hall day, instead of the promised 4 per day (which equaled the same approximate cost of 1 Hotel Room Night). The 4 lucky hotel night winners were as follows:

- 1) **Vanessa Hatcher**, RPhT, Inventory Technician, Northbay Medical Center (part of Northbay Healthcare System), Fairfield, CA
- 2) **Lisa Herbert**, CPhT, Eastern Maine Medical Center, Bangor, ME
- 3) **Regena Millis**, Pharmacy Purchasing Agent, Cullman Regional Medical Center, Cullman, AL
- 4) **Kerry Young**, Pharmacy Buyer, Specialists Hospital, Shreveport, LA

That's all for this review of our 2017 NPPA Conference. We sincerely hope you are able to join us for our next event, the 22nd Annual one, over August 21-23 at Bally's in Las Vegas.

