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Central Prescription Processing: A New Trend in Pharmacy?

Central prescription and order verification is a concept that has been gaining speed and increasingly been employed in recent years as a method of improving a pharmacy's workflow efficiency, which naturally leads to a host of other questions such as does it impact patients and prescribers?, how does it improve pharmacy efficiency?, and perhaps most importantly what is center order processing and prescription processing in the first place. Welcome to focus on pharmacy. I am your host, Dr. Charles Turck, PharmD. Our guest is Dan Luce, RPh, corporate manager of pharmacy affairs for the Walgreen Company. Dan spent 11 years as a pharmacy supervisor with the Vons Companies and Walgreen, and he has also served on the American Pharmacist Association Board of Trustees. Presently his activities are directed at advancement of the practice of pharmacy through new technologies that allow pharmacists to focus on direct patient care. By virtue of his job, Dan has been a leading advocate for the adoption of central processing as an integral part of pharmacy practice over the last several years.

HOST:

Dr. Charles Turck.

DR. CHARLES TURCK:

Dan, welcome to the program.

DAN LUCE:

Well, thank you very much. I am glad to be here.

DR. CHARLES TURCK:

We are discussing the concept of central processing in pharmacy practice and how it might improve the pharmacy workload burden while at the same time improving patient care and I was wondering if you could just give us a sense of what exactly central processing is.

DAN LUCE:

Sure, Charles. Central processing is really just the ability to split up the work between locations and I am going to give you a couple of examples. The patient walks into a store today. We create an image of the prescription. That image is then data entered by a pharmacy technician. A pharmacist does the data review, drug utilization review of that data. From there a label print is filled. The product is verified that it is correct and it is dispensed to the patient, a fairly simple process. With a concept of central prescription processing, the scenario I just described to you all occurred in one store, but in central processing, it could occur in multiple locations, for example, the technician that does the initial data entry may not be in the store where the patient dropped off the prescription, get other bank of folks doing data entry from a small office. The data reviewed DUR would not necessarily be done by the pharmacist getting in that store, but potentially any pharmacist in any location that has time and ability to do that and given the virtual cues, we can put that information out there and our pharmacist who has not busy, so we can do that and lastly the central processing really frees up the pharmacist who is still standing in that store, the patient dropped it off, that these other steps are done in another location allows them to really spend time with patients. That is the beauty of central processing, it frees up pharmacists to spend time with patients because they know they got help in the steps that lead up to the completed prescription.

DR. CHARLES TURCK:

So you are able to take a number of objective measures such as say, the time it takes to fill a prescription in particular store and you use that to gauge how busy a particular store is and then shift the work to say a different location.

DAN LUCE:

Yeah, and again the way it works most of the time is that most folks do their own work, but lets take an example where you know it's a beautiful day and its you know, right before a Chicago Bears Game and it's a Sunday morning and everyone is to get their prescription. Well, at that particular moment, my store is swamped whereas the store down the street or at another location might have plenty of time and they are not really doing anything, so allowing those folks to help out at a peak time. Another example is hurricane preparation. We just had a lot of folks preparing for the hurricanes that hit the southern part of the United States. When those folks all come in, they are trying to get out of town, those stores are immediately overwhelmed. Yet other locations in the same state 100 miles away are busy. If we were able to take that work sort of collectively and balance it between those locations, you can really take a lot of stress out of a pharmacy.

DR. CHARLES TURCK:

And this sort of gets it your role at the Walgreen Company. I just want that if you could take a moment to describe what exactly that is.

DAN LUCE:

Sure, as the manager of pharmacy affairs, my responsibility is to work with state boards of pharmacy and some state legislators to really talk about how do we advance the rules in a statute that would allow this type of technology like this type of future thinking to occur. Like any rule, like any regulation, often times it is sort of looking in the rear view mirror when you write the regulations. Well, as we are able to develop all these new technologies, we would work for the boards of pharmacy to say "Hey, lets take a look at what could happen in pharmacy." What are the things that cause a lot of distractions in a pharmacy or stress in the pharmacy today? If we were able to provide technology that would help eliminate some of that distraction and stress, here's what we would need. These are the kind of rules to implement the kind of technology that we think we can develop. Now we work with those boards of pharmacy to do that.

DR. CHARLES TURCK:

Who exactly is it who writes the laws governing pharmacy practices, is it done at the Federal level or state level or?

DAN LUCE:

Well, it's both and to the extent that in each state, let's take the state example first. In each state, you have the legislature who is going to pass a statute. That statute is sort of a rough guideline that then goes to the board of pharmacy to write a rule. That rule then gives the profession's guidance about what the statute really means and that's how the process works. So we work on the state level with both the state legislature to help develop statutes and the board of pharmacy developed the rules and I am not sure most people probably understand this, but the board of pharmacy is not there to really, you know, dictate what a pharmacist should do. The boards of pharmacy across this country are there to protect the patients, to protect the citizens of their state, so their rules have to be written that give pharmacist a guideline what to do, but are always based on the best protection for the citizens of their state. On the Federal level of course, there are a lot of things that are enacted and we certainly work with the Federal folks. We have a whole another team that specifically works on Federal legislation and again the beauty of Federal legislation, its one set of rules to work with. We really like that concept; however, its tough to get it pushed through and it is even tougher if you don't like it to get it changed. So that's sort of double-edged sword of the state versus Federal model, the state of course, she can pick them off one by one and sort of work with the boards and then as long as they are progressive makes of pharmacist, you can easily get the rule changed, but again its done both ways and we have folks that work with both our state folks and Federal folks to try and create the rules that really give the pharmacists, the professional, the best opportunity of positive impact on those patients.

DR. CHARLES TURCK:

So practically speaking, at which level do you spend most of your time and effort?

DAN LUCE:

I spend most of my time with the boards of pharmacy, just a little background. I served 2 terms on the Wisconsin Board Of Pharmacy. I served 8 years there, so I have been in the shoes of the folks I am talking to. I have been on the other side of the table from the board of pharmacy folks. I know what its like to have to think about not only a rule that's going to affect me as a community pharmacist, but how it affects hospital and long-term care where in all the different practices in pharmacy and that's a complexity of writing rules as you have to make sure that it fits within the guidelines of all the different practice settings throughout there. I will get a clinical pharmacist up and in ER at hospital, the rules have to apply to him as well as the small community pharmacists in the rule setting. So we try and look at all those rules accordingly and again I think that 8 years of experience on the board of pharmacy in the State of Wisconsin has allowed me to have some credibility with the boards across the country; they have seen me at meetings; we have had a chance to interact; and we tried very diligently to collect the best ideas around the country and their health boards as they write rules. You are working on this new rule for a pedigree of prescriptions, which is sort of making sure that no counterfeit drugs are in the drug supply. Well, if we can somehow help them with those rules and provide good language that they can, have it certainly recreate from scratch, that's all for part of our process as they continue to work with the boards and really try to make sure that we are looking always, you know, 2 to 3 to 5 years forward in stead of in a rear view mirror.

DR. CHARLES TURCK:

If you are just joining us, you are listening to focus on pharmacy on ReachMD. I am your host, Dr. Charles Turck. Our guest is Dan Luce, corporate manager of pharmacy affairs for the Walgreen Company and we are discussing the implementation of and widespread

efforts at widespread adoption of central processing in pharmacy practice across the country. With not necessarily naming names, I am interested in getting some stories out of you. Where are some of the challenges that you have run into with some of the state boards of pharmacy.

DAN LUCE:

Well and again, you have, like any bell-shaped curve, you have those folks who are very progressive, the Florida Board of Pharmacy, Texas, Arizona, California, they really are looking ahead and they are trying to make sure that they write rules that will allow some of the new technologies to develop. So, in view of those boards it's a pretty positive experience; however, there are some of challenges we have had, is breaking from the old model where all of the activities occur in one store and the old model where we just hold the last person at the end of the process responsible for everything upstream and that has been a big challenge to break that sort of mindset from the old, old, you know, typewriter days, where the last guy was responsible for everything upstream. Now the technology, you could have different pieces of this process done by different folks in different locations and track it very clearly and hold each person accountable and that's bit of a challenge in some states that haven't really adopted that mindset. What I was trying to explain to each of those folks to have that mindset in each of those states is if you don't allow some of the technologies, if you don't move your thought process forward inadvertently, you penalize the pharmacist in your state because the states that do allow some of these things somewhere will find a way to get the prescriptions that would have been filled in your states and the states that are a little more farther ahead of the curve, so again we really believe that all states should adopt some of these new technologies especially when we can have, you know, demonstrated evidence that by using a central processing technology, we are taking the work and giving it to the person who is least busy at the moment and you are allowing the pharmacist who is really interacting with that patient to get some help that you really increase that patient's understanding of the prescription; you increase, you know, patient compliance with the medication and adherence to that therapy and really that's the goal; and patients have told us over and over again through a series of focused groups and consumer outreaches we have done that they want to talk to that pharmacist face-to-face because that's the person who is going to help change their behavior.

DR. CHARLES TURCK:

So you make the argument both from the perspective of the pharmacist and the patient and trying to _____ boards of pharmacy to allow for the adoption of central processing technology. Where do you speculate some of the resistance comes from, I mean is it just a fear of change?

DAN LUCE:

I think its effect to change and you have to remember that if I am sitting in that board, I have to have some potentially. I have doing the right thing and making sure that I protect the consumers, but I will set my own business. So I think sometimes that can cause a little bit of conflict where people sort of, you know, work through that and decide that "Hey, look, I am here for patient protection. If this model really does that, then by all means I should start to vote yes," and again, you know, if the whole concept of, it sounds on first blush, a little _____ putting his prescriptions in cues, I will be able to place well then it's our role to get up there and really make sure that we have demonstrated it clearly, we have shown the benefits and we bring our pharmacist in to talk about the help they have gotten at those crunch times, they wouldn't have gotten without that kind of technology.

DR. CHARLES TURCK:

So on the flip side of the resistance question when it comes to working with state boards of pharmacy, what are some of the success stories you could share with us?

DAN LUCE:

Well, I think that I was just recently with the Idaho Board of Pharmacy. They are taking a new look at everything. They wanted to know, have we not made a presentation or just talked about, I wasn't trying to, you know, sell them any new technology, but rather just say they wanted to know "Hey, Dan you travel the country, you go from board to board to board. Tell us what's going on out there, tell us what is happening." So they want to take a hard look at all the rules and start to really move themselves forward and I thought that was very refreshing. It was very enlightened to sort of say – "Hey look, we may not know everything here, but if we have got someone that can help us, you know, with the rules, looking at the different topics out there if you will and then provide some language, we could probably move our profession in Idaho forward very quickly and I think that was very refreshing, and was very positive, and I think that very insightful board will be able to do that.

DR. CHARLES TURCK:

Do you feel like in the years that you have been in this position that you have made an impact?

DAN LUCE:

Well I would like to think so. In the world where you are out talking to regulators, its all about credibility and to be able to go to them and say – this is good for patients and pharmacists and then be able to, you know, consistently over the years demonstrate that what you have told them, when they come back the next time, really came _____, I think that's really the mark of anyone who deals in this sort of arena to move the profession forward is, you have to have credibility and you also have to deliver what you say you are going to do because when you come back 2 years now with the next technology, they will remember.

DR. CHARLES TURCK:

We have been talking with Dan Luce about central processing and pharmacy practice. Dan, thanks so much for joining us.

DAN LUCE:

It's been a pleasure.

DR. CHARLES TURCK:

I am Dr. Charles Turck and you have been listening to focus on pharmacy on ReachMD, a channel for medical professionals. Be sure to visit our website at www.reachmd.com featuring on-demand podcasts of our entire library and thanks for listening.