Jaeger Takes Charge as New NCPA Executive Vice President, CEO


“I am absolutely honored to join NCPA and represent independent community pharmacists and the patients we care for each day,” said Jaeger, speaking to an audience that included the owners of more than 3,000 independent community pharmacies.

“As the daughter of an independent community pharmacist, and as a pharmacist myself, I understand the critical and growing role neighborhood pharmacies play in our health care system as well as the challenges they face.”

Jaeger received a BS in pharmacy with a minor in chemistry from the University of Rhode Island and a JD from Catholic University. She was president of GPhA for eight years through 2010, and previously was a partner in two Washington, D.C., law firms.

Jaeger assumed her duties Nov. 1, replacing Bruce T. Roberts, RPh, who resigned in June.

Adherence—It Only Takes a Minute

What drives a patient to be adherent to his medications? What forces are involved which make him non-adherent? Perfectly adherent patients may simply be inclined to follow a routine in their everyday tasks and are, therefore, more likely to schedule medication use with their list of daily habits. Others may find that adding one more daily chore is impossible or even unnecessary. Often, it is a matter of convenience. The extra effort (time, transportation, or money) required to obtain prescription refills can be enough to limit a patients’ medication usage. As pharmacists, it is within our scope of practice to address each of these scenarios to improve the outcomes of our patients’ medication therapy.

Even those patients who want to be adherent may find themselves in a situation with more barriers to obtain their prescriptions than they are willing to overcome. Patients taking multiple prescriptions may have to make weekly trips to the pharmacy just to satisfy the requirements of “refill too soon” rejections. Others may end up waiting a couple of days for the prescriber’s approval for refills on a prescription that has run out. A great way for pharmacists to help their patients overcome this inconvenience hurdle is by synchronizing a patient’s entire prescription regimen to be refilled on the same day of the month. This requires some extra planning by the pharmacy staff, but ultimately promotes pharmacist-patient communication and patient loyalty, while reducing adherence barriers.

How do you start synchronizing refills? First, print a prescription history for your patient from the past six months. Take a good look at what gaps in therapy appear. Discuss these with your patient. Educate him/her on the importance of these medications. From your discussion with the patient and the days’ supply of each last-filled prescription, you should be able to determine what day each prescription is due next. From here you can find which date may be most appropriate for synchronizing all refills. It is likely that there will be some prescriptions that will need to have a “short-fill,” so that it will come due at the...
THE AUDIT ADVISOR

CMS FRAUD WASTE AND ABUSE PHARMACY AUDIT COMPLIANCE REQUIREMENTS

Q: If I was recently durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) or Medicare accredited, will I meet the Centers for Medicare and Medicaid Services (CMS) Fraud Waste and Abuse (FWA) pharmacy audit compliance requirements?

A: Not necessarily. CMS has multiple requirements and DMEPOS accreditation is no longer required in some circumstances. The FWA requirements must be current and some are required at least annually.

The Final Rule, dated April 15, 2010, has seven required elements for providers:
1. Written policies and procedures. Some of the requirements include: A Code of Conduct and Conflict of Interest Statements that should be signed annually by all employees and Fraud Waste and Abuse Quality Assurance. New employees should be provided with a copy of the organization’s compliance policies and procedures and attest that they have been provided with a copy and have read the material. CMS audits will evaluate whether organizations have in fact instituted effective compliance programs (and not just “paper” compliance programs). This means that written policies must be specific to the pharmacy, and the pharmacy must be following them.
2. Designate a compliance officer who reports directly to senior management.
3. Establish and implement effective training that must occur at a minimum of annually and must be made a part of new employee orientation.
4. Establish effective lines of communication.
5. Have well publicized disciplinary standards.
7. Ensure prompt responses to detected offenses.

PAAS reminds pharmacies that FWA compliance requires more than just a one-time training. PAAS also reminds pharmacy providers to screen new hires and all current employees at least annually against the Office of Inspector General and General Service Administration federal exclusion lists. No payment will be made for anything that an excluded person provides. This violation of the Civil Monetary Penalties Law has resulted in penalties of more than $1 million.

By Mark Jacobs, RPh; and Tess Peterson CPhT, PAAS National, the Pharmacy Audit Assistance Service. For more information call 888-870-7227 toll free.

INDEPENDENT PHARMACY TODAY

- The average independent community pharmacy is open six days a week and dispenses 207 prescriptions a day.
- In 2009, 76% of all independents were providing immunizations—a jump of 30 percentage points from the previous year.
- More than three out of four independents provide home delivery

Source: 2010 NCPA Digest, sponsored by Cardinal Health

Independents Get Top Grades in Consumer Survey

Independent community pharmacies consistently garnered among the highest customer satisfaction scores in the 4th annual the J.D. Power and Associates 2010 National Pharmacy Study. Our ranking surpassed national, publicly traded pharmacy chains and the most common, volume-driven mail order pharmacies.

Good Neighbor Pharmacy, Health Mart, and Medicine Shoppe rated at 869, 856, and 851, respectively on a 1,000-point scale. On the other hand, patients were not as satisfied with the big national chains. CVS pharmacies came in at 789 and Walgreens at 807.

The three largest mail order pharmacies run by PBMs didn’t fare that well, either: Express Scripts (830), Medco Health Solutions (804), and CVS Caremark (790). Wal-Mart (769) scored the lowest among mass merchandisers and well below the mass merchant segment industry average (794), indicating that its $4 generics deals have not generated as much goodwill among

Source: 2010 NCPA Digest, sponsored by Cardinal Health
consumers as one might assume.

The study is based on responses from more than 12,300 customers who filled a new prescription or refilled a prescription during the three months prior to the survey period. The study was fielded between May and June 2010.

**NCPA Launches New Division to Support Long-Term Care Pharmacists**

NCPA has established a new division dedicated to advancing the interests of independent long-term care pharmacists.

“NCPA has long been recognized as the premier advocate for independent community pharmacies and their patients,” said Douglas Hoey, RPh, NCPA chief operating officer. “We’ve successfully fought for their interests on issues such as scaling back major cuts in Medicaid generic drug reimbursement and ensuring prompt payment for retail pharmacies from Medicare Part D plans. Now, we’re enhancing our LTC efforts to provide focused advocacy for independent pharmacies involved in the LTC marketplace on issues such as nurse-as-agent, short cycle fill, and the coverage gap.”

For more information and to sign up for timely regulatory and compliance updates and other benefits, interested pharmacists can visit the new LTC website, www.ncpaltc.org. During this initial “preview” period, access to the site will be unrestricted, but afterward only those who’ve signed up as members of the NCPA LTC Division will have access to the content and NCPA experts.

**NCPA Raises Medicare Competitive Bidding Concerns With CMS**

NCPA has raised concerns the Centers for Medicare & Medicaid Services that independent community pharmacies will stop providing diabetes testing supplies unless they are permanently exempt from competitive bidding. CMS has exempted independents from the next round of Medicare competitive bidding for diabetes testing supplies. As it stands, by statute, competitive bidding prices must be applied to independent community pharmacies by 2016.

NCPA also raised concerns that under the next round of competitive bidding for mail order diabetes testing supplies, CMS’ proposed definition of “mail order” will prevent our members from providing diabetes testing supplies to homebound and “snow-bird” Medicare beneficiaries.

CMS representatives further clarified and verified that by 2016, either independent community pharmacists must be included in competitive bidding for durable medical equipment supplies or the prices from competitive bidding must be applied to independent community pharmacies; the discretion lies with CMS on which direction to go.

**E-Scripts Jump Again—28 Percent More Office Prescribers Now Using**

More than 200,000 office-based prescribers—1 out of every 3 physicians, nurse practitioners, and physician assistants in the United States—now use electronic prescribing. That represents a 28 percent increase from 2009, according to Surescripts.

Massachusetts ranks first in the nation when it comes to use of electronic prescribing. Bay State prescribers sent more than 11 million prescriptions electronically in 2009, representing 32.3 percent of all prescriptions in the state. Rounding out the top 10 e-prescribing states are Michigan, Rhode Island, Delaware, North Carolina, Connecticut, Pennsylvania, Hawaii, Indiana, and Florida. The rankings were announced at the fifth Safe-Rx Awards news conference. To view the complete ranking, go to www.surescripts.com/safe-rx.

Surescripts, originally established by NCPA and the National Association of Chain Drug Stores, operates the nation’s largest e-prescription network.

**A Physician’s Signature Now Isn’t Good Enough for the Foot Police?**

NCPA has asked the Centers for Medicare & Medicaid Services to reevaluate recent changes regarding enforcement of the medical documentation requirements for therapeutic shoes. Requiring independent community pharmacies “to obtain medical records from physicians imposes a significant administrative burden on small business suppliers, as well as physicians,” NCPA told CMS. “Physicians now want to know why their signature on the certifying statement is no longer sufficient.”

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