His patient was facing kidney disease, amputation, and blindness. Now the man has lost weight, gained his life back, and is walking the golf course.

This pharmacist’s story could be yours.
Student loan refinancing for GPhA members

SoFi saves pharmacist borrowers an average of $448 a month\(^1\)

Apply through [SoFi.com/GPhA](https://SoFi.com/GPhA) to get a 0.125% rate discount\(^2\) on student loan refinancing.

---

Terms and Conditions Apply. SOFI RESERVES THE RIGHT TO MODIFY OR DISCONTINUE PRODUCTS AND BENEFITS AT ANY TIME WITHOUT NOTICE. See sofi.com/legal for a complete list of terms and conditions. SoFi loans are originated by SoFi Lending Corp (dba SoFi) California Finance Lender #6054812, NMLS #1121636. Monthly savings calculation is based on all SoFi members with a pharmacist degree who refinanced their student loans between 7/1/15 and 6/30/16. The calculation is derived by averaging the monthly savings of SoFi members with a pharmacist degree, which is calculated by taking the monthly student loan payments prior to refinancing minus the monthly student loan payments after refinancing with SoFi. SoFi’s monthly savings methodology for student loan refinancing assumes 1) members’ interest rates do not change over time (projections for variable rates are static at the time of the refinancing and do not reflect actual movement of rates in the future) 2) members make all payments on time. SoFi’s monthly savings methodology for student loan refinancing excludes refinancings in which 1) members elect a SoFi loan with a shorter term than their prior student loan term(s) 2) the term length of the SoFi member’s prior student loan(s) was shorter than 5 years or longer than 25 years 3) the SoFi member did not provide correct or complete information regarding his or her outstanding balance, loan type, APR, or current monthly payment. SoFi excludes the above refinancings in an effort to maximize transparency on how we calculate our monthly savings amount and to minimize the risk of member data error skewing the monthly savings amount.\(^2\)If you apply through SoFi.com/GPhA and are approved, the interest rate shown in the Final Disclosure Statement will include an additional rate discount because of your organization’s SoFi partnership at the time of loan origination. Offer good for new customers only.
Teaching your patients to manage their own diabetes can be rewarding for those patients ... and for your practice. See how diabetes self-management education is changing the way the disease is treated.
“Pharmacists Mutual Companies is a company built on integrity, professionalism, moral ethics, and above all a gentle and caring touch that ensures your final wishes will truly come to fruition. Pharmacists Mutual is a cut above the rest and has successfully restored my faith in the value of insurance.

I would gladly recommend Pharmacists Mutual to anyone without reservation and am forever thankful for their steadfast diligence and desire to make sure my loved one’s final wishes were carried out.”

Dr. Elizabeth Odumakinde, MD
I once saw a cartoon explaining to patients what pharmacists are doing all day. It looked something like this →

Ha! Get it? Filling pill bottles is only a teeny fraction of what your pharmacist does! The rest of the time she’s actually using all that expensive pharmacy school training — she’s... um... arguing with insurance companies? Talking to physicians? Filling out paperwork?

Yes, those things are important — handling them is critical to customer service, building relationships with your patients, and, oh yeah, getting those patients the medication and care they need. But maybe it’s not quite what you were focusing on when you imagined your career, huh?

PAPERWORK IS LIKE A GAS: IT WILL EXPAND TO FILL THE AVAILABLE SPACE.

Hey, I’m not a pharmacist; I just work for you. Maybe you did go to school hoping to spend your days listening to the lovely hold music at the insurance companies, or CMS, or — best of all! — those PBMs. But I’m guessing not.

When I first came to GPhA, I sat down with pharmacist (and our VP of independent pharmacy) Jeff Lurey, who helped get me up to speed on the business of pharmacy. There were literally some “Wait, what?” moments in that conversation as I learned how little pharmacies are paid to actually dispense most medications, and how much arguing and paperwork they have to do.

Paperwork and administration is like a gas: It expands to fill the available space. The only way to keep it from filling yours is to have alternatives — to spend your time doing more of the healthcare that you’re actually trained for.

So one of our biggest missions is to find ways to help pharmacists spend more time — and expand their practices — by working with patients, keeping them healthier, and doing what, presumably, you went to pharmacy school for: to help patients get and stay well. The phrase we use is one you should get used to: “help pharmacists practice to the full extent of their training and licensure.”

Expanding your practice falls under what we like to call “enhanced services” — another phrase worth remembering.

There are some obvious ways: medication therapy management, for example. Immunizations. Chronic disease management. And the one that’s starting to gain some serious traction: diabetes self-management. That’s why it’s the focus of our cover story. (Check it out on page 16.)

We want to help you offer them, and we’re always on the lookout for new ways to do that. If you own a pharmacy the advantage is obvious: These are new services to offer and, yes, they’re potential revenue streams. If you’re an employee, being trained in these kinds of services (and having a certification you can hang up, literally or figuratively) makes you more valuable.

But there’s also the long-term benefit. As pharmacists and pharmacies do more, people will learn to expect more from you, and when individuals expect more from you, soon insurers and employers will, too. A positive feedback loop. Next thing you know, jokes like that chart are a thing of the past.

ANDREW KANTOR
PEAKE TO CALL FOR MARIJUANA REFERENDUM

Republican State Representative Allen Peake introduced legislation that would authorize a 2018 referendum on in-state medical cannabis cultivation. He wants to ask Georgia voters whether the state should allow cannabis oil to be produced in Georgia to be used for medicinal purposes.

Legislation sponsored by Peake to legalize cannabis oil in Georgia was unsuccessful in both the 2015 and 2016 legislative sessions. If approved by the legislature, Peake’s bill would put the matter on a statewide ballot and allow voters to decide.

Current Georgia law allows certain individuals, with a license from the state, to possess a low-THC form of cannabis oil for any of eight medical conditions. However, it is still illegal to sell or purchase the oil in Georgia, “essentially inhibiting availability” as Georgia Health News put it.

Medical marijuana is now legal in 28 states, not including Georgia.

Be a GPhA lobbyist for a day: Join a Pharmacist Advocacy Team

Georgia’s 2017 legislative session opened Monday, January 9. We’ll keep you up to date on all the bills that might affect your patients and your practice at GPhA.org/legislativeupdates. (For the first look at the session, see “Legislative Update: the session opens.”)

But the true voice and the true strength of the association lies with you, our members. Every day there are literally hundreds of lobbyists at the capitol representing a wide array of interests, including some interests adverse to your own as pharmacists. That’s why it’s so important that your legislators hear from you, their constituents, on issues that impact pharmacy.

You can help by signing up today for one of our Pharmacist Advocacy Teams — just go to GPhA.org/atthecapitol where you can choose a date. We’ve got six scheduled through March so far, and we’ll add more as the legislative session continues. Last year’s events were a tremendous success in that they proved effective in advancing pharmacy priorities and they were fun. We look to keep that streak going this year. Sign up and do your part.

Sign up at GPhA.org/atthecapitol
At each Georgia Pharmacy Convention, GPhA recognizes the best of the best in Georgia pharmacy, and that means we need your nominations.

**The Bowl of Hygeia:** Among the most prestigious awards in pharmacy, the Bowl of Hygeia is presented annually by GPhA and all state pharmacy associations to one pharmacist in each state with an outstanding record of service not only to the pharmacy profession, but to the community as well.

**Distinguished Young Pharmacist Award:** Recognizing the achievements of young pharmacists, this award has become one of GPhA’s most prestigious. It recognizes an individual who, although having been in the profession for less than a decade, has demonstrated a dedication to Georgia pharmacists and patients.

**Excellence in Innovation Award:** This award acknowledges a pharmacist who has found new and better ways to improve the care of his or her patients — innovative and impressive solutions, techniques, or business practices for all pharmacies to consider.

**Generation Rx Champions Award:** With prescription drug abuse continuing to be a serious problem, this award honors a pharmacist who has demonstrated a committed effort to reduce it through notable programs, outreach, education, and other community efforts.

**Larry Braden Meritorious Service Award:** The highest honor GPhA bestows on a pharmacist, this award recognizes the Georgia pharmacist who, over his or her career, has made extraordinary, invaluable contributions not only to GPhA, but to the practice of pharmacy in the state of Georgia.

These are awards we offer as an association. That means that your nomination is vital to the award having the meaning it’s supposed to carry. The more our members are involved in the awards process, the more expressive of the association’s will the awards become.

That process starts with nominations. Visit our awards page at [GPhA.org/awards](http://GPhA.org/awards) for more information on award criteria and to make your nominations. Deadline for submissions is March 31, 2017.

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**A PEEK BEHIND THE CURTAIN AT JAVA’S MAGIC**

We’ve talked before about how coffee is a wonder drug that can help you live longer. Now researchers are getting some insight into why.

They identified two gene clusters linked to a new inflammation process. Caffeine, it seems, can reduce the effects of the free radicals produced by those genes. (Technically, caffeine’s metabolites interfere with the nucleic acid metabolites produced by the free radicals. But you probably figured that out already.)

“What we’ve shown is a correlation between caffeine consumption and longevity,” said the authors. “And we’ve shown more rigorously, in laboratory tests, a very plausible mechanism for why this might be so.”

But here’s a twist: Other studies have shown that even decaf coffee has health benefits, so it’s more than just the caffeine. Face it; coffee is magic.
LEGISLATIVE UPDATE: THE SESSION OPENS

Our weekly legislative updates (visit GPhA.org/legislativeupdates) will provide you with the status and a brief analysis of all the bills we’re monitoring — from those we helped introduce to those we’re opposing, all of which may impact your practice — as they make their way through committees and beyond.

Of course, GPhA’s advocacy team is not only monitoring bills; we’re meeting with legislators and other stakeholders to help ensure that Georgia pharmacists have a voice on all issues impacting the pharmacy profession — and pharmacy patients — in Georgia.

Legislation introduced (as of January 13)

These are the pharmacy-related bills that were introduced in the legislature at press time. More are certain to follow, so we’ll continue to update you via e-mail and on GPhAbuzz.com

HB 30. Introduced by Representative Tanner, this bill seeks to classify synthetic opioid U-47700 as a Schedule I controlled substance.

HB 35. Introduced by representative and pharmacist Bruce Broadrick, this bill imposes certain requirements of PBMs that administer claims in connection with state employee health insurance plans and the Georgia Medical Assistance Act. Specifically, it requires PBMs to confirm receipt of prior approval requests to pharmacies within 48 hours with the confirmation including a claim reference number and return contact phone number for follow-up.

SB 16. Introduced by Senator Watson, this bill looks to make limited changes to the regulation of low-THC oil. In particular, it would reduce the concentration of low-THC oil from five percent to three percent by weight. It also adds ‘Autism Spectrum Disorder’ to the list of accepted disease-states sanctioning the use of the oils.
Reminder:
You must track pseudoephedrine buyers in new online registry

It’s the new year, and that means it’s time to start tracking the people who buy Sudafed and other pseudoephedrine products by using GANPLEX (the Georgia National Precursor Log Exchange).

To be clear: Pharmacies in Georgia must use GANPLEX to track OTC ephedrine and pseudoephedrine purchases. That means setting up an account and logging patient information into the system before you complete any sale.

(GANPLEX is available free of charge, and it integrates with point of sale systems.)

The law passed last year and officially took effect July 1, 2016, but enforcement began January 1, 2017.

CALL FOR NOMINATIONS: GPhA BOARD OF DIRECTORS

If you’re interested in serving on the GPhA Board of Directors, now is the time to submit your application. There are three seats available for the 2017 - 2018 year:

- 1 seat for the Academy of Health-System Pharmacists (three-year term)
- 2 seats for at-large members (for three-years terms)

Just visit GPhA.org/board2017 to learn more and to apply. The deadline for applications for nomination is March 31, 2017.

BILLIONS AND BILLIONS

When it comes to government spending on medication, the Wall Street Journal used the word “ballooned.” You get the picture. To quote the Department of Health and Human Services: “Federal payments for catastrophic coverage exceeded $33 billion in 2015, which is more than triple the amount paid in 2010.”

Why? Simple: high-priced drugs, which “were responsible for almost two-thirds of the total drug spending in catastrophic coverage.”

In fact, 10 drugs accounted for nearly a third of all drug spending for catastrophic coverage in 2015.

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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Harvoni</td>
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<td>Enbrel</td>
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<td>Tecfidera</td>
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<td>Renvela</td>
<td>$675.3 million</td>
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<td>Xtandi</td>
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BILLIONS AND BILLIONS
Events and programs include:

• Network with colleagues
• Buffet lunch
• Meet with Partners
• CE opportunities

Plus
• Legislative Update

SHOW YOUR SUPPORT — ATTEND THIS YEAR’S AIP FALL MEETING

Registration: Please fill out and fax back to (404) 237-8435

Member’s Name: ___________________________ Nickname: ___________________________
Pharmacy Name: ___________________________ Address: ___________________________
E-mail Address (please print): ___________________________

Will you be joining us for lunch (Noon – 1:00PM)? ❑ Yes  ❑ No
How many total will be attending? __________
Names of Staff/Guests: ___________________________

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
Calendar

For details, registration, and more info visit GPhA.org/calendar.

February 7
Pharmacist Advocacy Team #2

February 9
Embracing Differences and Putting Them to Work (CPEasy)

February 15
Pharmacist Advocacy Team #3

February 16
Online Personal Branding for Pharmacy Professionals (CPEasy)

February 21
Mercer and South Students Day at the Dome and PharmTeam 2017

February 26
MTM certification course, Mercer University

February 28
Pharmacist Advocacy Team #4

March 4
GPhA’s Practical Skills Refresher Course
APhA Annual Convention

March 9
Practice-enhancing social media techniques (CPEasy)

March 16
Improving Outcomes with MedSync and Other Adherence Programs (CPEasy)

March 23
Pharmacy-EHR Integration and More (CPEasy)

April 6
Preserving Personal, Staff, and Customer Safety During a Pharmacy Robbery (CPEasy)

April 25
Controlled Substances Loss or Theft: What Steps Do I Take? (CPEasy)

April 27
Physical Improvements for Enhancing Pharmacy Safety and Security (CPEasy)

May 4
Navigating Therapy Options for Menopausal Patients (CPEasy)

May 7
MTM certification course, GPhA Headquarters, Sandy Springs

May 11
Hormonal Contraception: A Review of Therapy Options (CPEasy)

May 18
What Pharmacists Need to Know about Medication Use in Pregnancy and Lactation (CPEasy)

April 27
Physical Improvements for Enhancing Pharmacy Safety and Security (CPEasy)

May 4
Navigating Therapy Options for Menopausal Patients (CPEasy)

May 7
MTM certification course, GPhA Headquarters, Sandy Springs

May 11
Hormonal Contraception: A Review of Therapy Options (CPEasy)

May 18
What Pharmacists Need to Know about Medication Use in Pregnancy and Lactation (CPEasy)

New GPhA Members

GPhA welcomes our newest members (as of January 11, 2017).

Pharmacists
Nour Albaba, Roswell
Eman Baraso, Atlanta
Rebecca Burkhardt, Saint Simons Island
Shanti Divvela, Alpharetta
Tessa Hall, Hull
Iris Ivey, Tucker
Jeanie Kalden, Seneca, SC
Mike Martin, Dallas
William Moore, Madison
Rachna Panchal, Jacksonville, FL
Mi-Deok Park, Duluth
Donnie Payne, Hiauwasse
Ellen Phillips, Knoxville, TN
Elizabeth Riley, Norcross
Mario Salazar Jacob, Atlanta
Jolene Siple, Vancouver, WA
Allison Smith, Hahira
Chase Stefanelli, Lamont, FL

Pharmacy Technician
Matt Brown, Statesboro

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• EPIC Pharmacy Network, Inc. (EPN) membership fee included at no cost – access to third-party contracts
• Clinical services tools, including expert assistance from our in-house pharmacist and access to custom PrescribeWellness offerings and EQuIP™
• Regulator™ – free prescription claims reconciliation program and automated reimbursements below cost system
• Pharmacy Compliance Alert Program

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February/March 2017

Georgia Pharmacy
What is a letter of interest?
A letter of interest is sent by a purchaser or their counsel to express interest in a potential acquisition. These letters can be an invaluable tool in helping shape future negotiations — and often the transaction itself.

They typically state they are non-binding but go on to set forth what the purchaser envisions to be key terms for the proposed transaction. For example, a letter of interest may include but not be limited to the following:

- The proposed purchase price
- The assets to be acquired
- The treatment of inventory and accounts receivable
- Holdback amounts
- Management transition (will the pharmacist owner stay on for a period of time after selling the pharmacy)
- Restrictive covenants/non-compete (purchasers typically want to ensure the pharmacist owner will not open a pharmacy within the geographic area of the pharmacy)
- Contingencies (purchasers may have several, such as financing, due diligence, representations and warranties of seller)

For sellers, responding to a letter of interest can also help shape future negotiations. For example, a seller may want to carve out certain assets from the sale such as items of personal significance or vehicles that the owner wishes to keep. A seller may also want to shorten the terms or geographical region of a restrictive covenant.

What is due diligence?
Due diligence is conducted by purchasers and typically entails an inspection/examination of all aspects of the pharmacy the purchaser is seeking to acquire in an effort to uncover potential risks and liabilities. This process can be cumbersome and if counsel is used it can be expensive — but can help protect both parties.
What is a holdback?
A holdback is a way for a seller to protect against foreseen or unforeseen liability. For example, if the parties agree on a price but there is a pending audit that could result in significant recoupment, the purchaser may wish to “holdback” a certain amount of money for a certain term to help protect against the risk of recoupment. If there are no recoupments, the seller will get the money. If there is a recoupment, the purchaser would keep all or a portion of the holdback.

From the seller’s perspective, in the above example it’s important to retain rights to appeal any initial audit findings so the seller does not end up losing the holdback amount when the initial audit findings were incorrect.

Should I seek legal counsel?
Yes. Whether you are acquiring or selling a pharmacy you should absolutely obtain legal counsel. Moreover, because of the unique aspects of pharmacy, counsel with experience in healthcare is ideal. Even when terms appear to be relatively straightforward, attorneys can be invaluable in negotiating terms and finalizing the specifics of the purchase agreement that is the binding document that includes the material terms of the future transaction.

Use of this article, or the information it contains, does not constitute any legal advice, does NOT establish any attorney-client relationship, and does NOT create any legal duty on the part of the author or the Georgia Pharmacy Association. When making a decision that may have legal consequences, readers should consult with qualified legal counsel.

DO YOU HAVE AN ISSUE YOU’D LIKE TO SEE ADDRESSED IN THIS COLUMN? LET US KNOW — SUBMIT IT TO GREG AT GREYBOLD@GPHA.ORG.
Georgia's compounding pharmacies are experiencing closer scrutiny by state pharmacy regulators and the Food and Drug Administration.

Is your compounding pharmacy in compliance?

Hasson Law Group has experience in:
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Learn more at www.medication-safety.org or call us at (866) 365-7472.
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As you should already know, Georgia pharmacists can now provide naloxone without a prescription.

At the request of Governor Nathan Deal, this past December the Georgia Board of Pharmacy exercised its emergency rule-making power to reclassify naloxone to an exempt, schedule V substance.

In conjunction with that Board of Pharmacy action, the Department of Public Health issued a standing order allowing pharmacists to dispense naloxone to eligible people.

Here are the plain English versions of the relevant provisions of the rule:

- Pharmacists and interns and externs under pharmacist supervision are authorized to dispense naloxone either (1) with a prescription by a licensed practitioner; or (2) through the standing order of “Dr. Brenda Fitzgerald, Commissioner of DPH.”
- You must keep a copy of Dr. Fitzgerald’s standing order. You can find a copy to print at GPhA.org/standingorder. There is another standing order from J. Patrick O’Neal, DPH’s director of health protection, but it is the one from Dr. Fitzgerald you should have on hand.
- You must keep a record of each prescription of naloxone you issue through that standing order, including the name of each purchaser, his or her date of birth, address, city, state, and ZIP Code. (Electronically is fine.)
- You must keep that record for at least two years.
- You are not required to submit information regarding each naloxone prescription dispensed to Georgia’s PDMP.
- You are not required to maintain naloxone in your biennial inventories.
- Hospital pharmacies are not required to treat naloxone as a controlled substance for purposes of recordkeeping and distribution. This is a stop-gap measure intended to be in effect until the legislature acts in the current session.

What’s an “eligible person”?

It includes “family members, friends, coworkers and other persons in a position to provide assistance to persons experiencing an opioid related overdose.”

Examples:
- A mother who knows her son has been using heroin.
- The head of security at the YMCA.
- The man who runs into your pharmacy because his girlfriend has just overdosed and is in his car outside.

Bottom line: Someone can now walk into your pharmacy, explain their situation (nurse, mother, etc.) and ask for some form of naloxone under the standing order.

We know you’ll have questions — questions about who exactly you can provide naloxone to, about stocking it, reporting issues, and more. (One that’s come up is, “Can I deliver the naloxone myself?”) Unfortunately, the laws are vague enough that we aren’t in a position to give legal advice. It’s something you’ll need to talk to your own lawyer about.

Further, the standing order was in place at press time. During the 2017 legislative session the legislature is likely to formalize the emergency order into law — but might make some changes. We’ll keep you informed.

Simply put, making naloxone more easily available will save lives; in 2014, more than 1,200 Georgians died from drug overdoses, according to the CDC.
ELEVATE YOUR PRACTICE

... at the Georgia Pharmacy Convention 2017!
It’s the premier networking event for Georgia pharmacy professionals.

THURSDAY JUNE 15
**Millennials, GenXers, Boomers, and Beyond: How Not to Become Roadkill When Crossing the Generational Divide**
**TERRY WATSON**

With his inimitable style and humor, Terry Watson will help separate myth from fact about generational differences in the workplace.

His message: Approaching these differences with understanding and a sense of humor will help you reach your optimal levels as a manager, co-worker, and healthcare provider.

FRIDAY JUNE 16
**Impacting Health Care Quality and Value with a High Performing Pharmacy Team**
**TRIPP LOGAN, PHARM.D**

There’s a wealth of opportunity waiting for reimagining and re-orienting your pharmacy team toward new roles and better outcomes.

Learn why pharmacy is changing and how pharmacists and pharmacy technicians can optimize their teams to succeed in the new pharmacy environment.

SATURDAY JUNE 17
**Research Showcase: Innovations in Diabetes Treatment and More, from Georgia’s Schools of Pharmacy**
**ASHISH ADVANI, PHARM.D**

Research conducted in Georgia’s four pharmacy schools is changing the way pharmacists everywhere will practice the profession. Do you know what going on in your own pharmacy research backyard?

Join 2015 Generation Rx award winner Ashish Advani and guests from Mercer, PCOM, South University, and UGA for a look at some of the latest.

More than 30 CPE sessions covering the hottest — and timeliest — topics in pharmacy today.

Registration opens March 1.

OMNI AMELIA ISLAND PLANTATION RESORT, JUNE 15-18, 2017

Registration opens March 1. • Visit GPhAConvention.com
CPE SESSIONS

THURSDAY
Georgia DPH User Group: What's New With Medication Therapy Management?
Amanda Gaddy and Melanie DeFusco

Empowering Your Pharmacy Team Workshop
Tripp Logan

Best Practices in Part B Billings
Jonathan Marquess

Treating Patients with Dementia: A Physician’s Perspective
Dr. William Hu

Preventing Medication Errors in the Retail Setting: What Pharmacists MUST Know, Do, and Say
Michael Crooks, Jake Galdo, and Ashish Advani

2017 New Laws Update
Greg Reybold

What's Changed? A Fast Review of Guideline Treatment Updates
Jake Galdo

FRIDAY
Staying in the Loop: Making the Pharmacists’ Patient Care Process Relevant in Your Students’ Experiences
Lindsey Welch and Kay Brooks

How to Move In, Move Up, or Move On
Mollie Durham

Using Technology for Patient Engagement: Pros and Cons of the Latest Apps and Platforms
Ashish Advani

Making Progress with Senior Care: Opportunities for Improving Patient Care
Steve Aldridge

New Drug Update 2017: A Formulary Approach
Rusty May

Adverse Drug Events: A Legal Perspective
Greg Reybold

Technology in Care Transitions and Chronic Care Management: Pharmacy-EHR Integration and More
Carlie Traylor

Onboarding Your Techs: Tips from a Pharmacy Technician Educator
Pedro Valentin

Compounding Procedure Review: The Basics of Quality Compounded Preparations
Brenda Jensen

Medication Errors and Adverse Drug Event Prevention: New Quality Measures on the Horizon for Medication Safety
Michael Crooks

SATURDAY
Working in a Multi-Generational Workplace: Embracing Generational Differences
Angela Clauson

The SBIRT Approach: Improving Care for Patients with Substance Abuse Disorders
Kay Brooks and Matt Perri

SAVING THE DATE

Federal Issues Update
Marketing Your Pharmacy Services With Social Media
Brian Donahue

Improving Opioid Safety: Prescribing Guidelines, Quality Measures, and Care Coordination Practices
Michael Crooks

Improving Patient Outcomes with Med Sync and Other Adherence Programs
Carlie Traylor

Heath Literacy and Assessment: Tips for Using Patient Education and Counseling Resources
Erin Dalton

Cannabidiol: Updates in Pediatric Care
Christopher Campbell

Updates From the Georgia Board of Pharmacy and the GDNA

SUNDAY
Taking Your Immunization Program to the Next Level
Jonathan Marquess

Women’s Health Update
Kendra Manigault and Kalen Manasco

Registration opens March 1. • Visit GPhAConvention.com
cover story

DSME:
Helping your patients help themselves

BY PHILLIP RATLIFF
Independent pharmacist Jonathan Marquess could tell a slew of stories about the diabetes patients he’s counseled at Woodstock Pharmacy — and there have been dozens of them. Tales of people facing blindness, amputations, kidney diseases, dialysis. But it’s the story of one golfer who had lost touch with his passion for the links that stands out most vividly to Marquess.

“He was at the point that he couldn’t hit a golf ball anymore,” Marquess recounts. “His eyes had gotten blurry. He was depressed. He had gotten so heavy.”

For the patient, it was an overwhelming situation. For Marquess, it was a matter of attenuating some of the key measurements that were preventing the patient’s return to his sport. Marquess and his staff helped the patient get his blood sugar and blood pressure under control. They provided him with advice that helped him lower his weight. Soon, the blurred vision went away.

“Instead of riding the cart, he’s now walking the nine,” Marquess says.

Marquess attributes successes like these to Diabetes Self-Management Education. DSME is a collaborative process that equips pharmacists to help their diabetic and at-risk patients, while those patients take a more active role in managing their condition.

What Marquess is accomplishing at Woodstock Pharmacy through its DSME program is happening all over Georgia, in both independent pharmacies and large retail chains. Rite Aid currently has five accredited DSME locations, alongside diabetes counseling services and regional programs that are part of the company’s Wellness Centers. Barney’s Pharmacy in Augusta began working toward its DSME accreditation in December 2016. In the first half of 2017, Kroger plants to roll out DSME programs in several Georgia cities.

A number of factors lie behind the surge in interest in DSME, not the least of which is the diabetes epidemic unfolding in the state’s underserved regions, along with billing opportunities through Medicare Part B. And then there’s the boost pharmacies are getting from the Georgia Department of Public Health, which is funding the accreditation costs of pharmacies hoping to offer DSME services in the state.

DSME programs can be accredited either through the American Association of Diabetes Educators or the American Diabetes Association. Accreditation enables patients to find programs — for example, by using the AADE’s find a diabetes educator page — and it allows providers to increase their opportunities for reimbursement.

“Above all, DSME services are helping diabetes patients achieve life changing results,” says Rite Aid pharmacist Andi Clark of Marietta. In 2003, her pharmacy began its accreditation process and the benefits to patients have been, she says, astounding. Just this past year, average A1C levels of patients seen in the program dropped by 2.5 percent, with one patient dropping an impressive 7.5 percentage points.

The sorts of patient outcomes Clark is seeing at Rite Aid are being observed in community pharmacies across Georgia. Today there are more than 80 pharmacies providing DSME in Georgia. They all have one thing in common — they are moving the needle on the long-term outcomes for diabetes patients.

ALL FOR ONE, ONE FOR ALL

“In simplest terms, DSME is diabetes education, but it is of a specific type: self-management education,” Marquess says. “When the patients take responsibility for their disease states, they aren’t just recipients. They enter into a partnership: physician, pharmacist, patient.”

Marquess stresses the term “self-management” because it’s the linchpin for achieving successful diabetes outcomes. DSME doesn’t just impart information. It empowers patients to take control of their chronic condition.

The pharmacist’s job is to provide a platform for accountability and to guide discussion, but it’s the patients who monitor their results and modify their behaviors when those results prove less than optimal. And DSME works in large part because of this system that stresses accountability and accessibility.

Patients entering into accredited DSME programs can expect to commit 10 hours annually to DSME training: one hour of one-on-one with a pharmacist plus nine hours in a group setting.

In the one-on-one consultation patients receive a personalized education plan — a dashboard of numbers and goals they’ll operate from.
over the course of the year. In group meetings, patients receive counseling on how to make that plan work, by eating well and maintaining an active lifestyle, and paying close attention to those numbers — A1C and cholesterol levels, heart rate, and blood pressure.

With its emphasis on group support, DSME helps patients answer the practical questions of living with diabetes. How do you cope with the symptoms of this condition? How do you bring blood sugar down when it spikes, and up when it drops? Sure, pharmacists who have been trained in DSME can rattle off the answers to these questions, but hearing the answers from other patients has been shown to have a greater impact. Instead, pharmacists like Marquess are learning to recast their roles as diabetes educators. Instead of being what he calls the “sage on the stage” he’s now more a “guide on the side,” allowing the group dynamic to motivate and instruct.

“Having the group setting gives the participant confidence to know that ‘I am not the only one dealing with this. I can manage this.’” says Georgia Department Public Health program manager Allison Smith.

GETTING PAID FOR DSME

Those on the payment side of the equation are also taking notice of the potential of DSME to save money. Private insurers, as well as Medicare, recognize that pharmacist-delivered DSME services reduce diabetes complications, which lowers healthcare costs on one of the most expensive diseases they cover. And large employers are catching on that healthier employees not only reduce their healthcare costs but are more productive overall.

It’s a trend you can see at Kroger in Georgia, which is working with UnitedHealthcare and its own employees to reduce costs through DSME programs. Marquess says that large employers are turning to his pharmacy for DSME programs as well.

Medicare Part B reimburses pharmacists for delivering approved DSME counseling, but the DSME program must meet certain coverage criteria. Patients entering the program must have some

OPPORTUNITIES KNOCK

The growth of Diabetes Self-Management Education services is real, but don’t think the market is anywhere near locked up. According to Allison Smith, program manager at the Georgia Department of Public Health, DSME programs are unevenly distributed throughout the state. Most accredited DSME sites are north of I-20, with several sites in the Atlanta area. And that’s a problem, because the majority of Georgia’s diabetes is south of I-20.

This disconnect, often referred to as the “two Georgias” phenomenon, has DPH on an aggressive campaign to grow DSME programs near underserved populations. Their goal: Increase the number of DSME programs each year, especially in rural areas.

Smith says that DPH is open to new ideas, including HIPAA-covered telemedicine. “We’re looking for innovative approaches,” she says. “Entrepreneurial pharmacies have an opportunity.”

It’s an opportunity some are seizing.

After having a DSME program dormant for nine years, Kroger has been preparing to relaunch its DSME services, thanks in large part to jumpstart funding from the Georgia Department of Public Health. Barney’s in Augusta got its own DPH funding for DSME; it expects to go live with its program this spring, with accreditation to follow a couple of months later.

Developing DSME services means getting accredited by one of the two accrediting bodies — the American Association of Diabetes Educators or the American Diabetes Association. (The standards are virtually identical, most agree, though the AADE application process is more streamlined.)

Both AADE and ADA stipulate 10 hours annually for patients in their first year, so pharmacies will need a private room for patient counseling and a plan for integrating pharmacist consultations into the pharmacy workflow.

There’s also an organizational structure to put into place: DSME programs should have an advisory board, program coordinator, and, of course, at least one instructor. AADE and ADA both recommend that external stakeholders and experts review program quality and content accuracy at least once a year.

Pharmacists do not have to become Certified Diabetes Educators, but many are finding that once they complete the AADE or ADA accreditation requirements, they are well on their way to CDE certification.
change in their condition within the past 12 months — an initial diagnosis of diabetes, changes in their medication regimen, an increase in risk for complications.

To earn AADE accreditation for Barney’s, Clinical Programs Director Emily Rourke has taken a deep dive into Part B billing procedures. To be reimbursed by third-party payers the pharmacy must be accredited and have a site provider number. (Because pharmacists are not currently recognized as CMS providers, facilities must bill under their DSME program’s NPI number.) Then there are forms, more forms, and a rather Byzantine system of billing codes.

If all that seems complicated, there’s a good reason: it is. The good news is that pharmacies billing under Part B for medication therapy management or durable medical equipment have much of the infrastructure in place. The better news is that the Georgia Department of Public Health has a consultant on contract to guide pharmacies through the accreditation process from beginning to end.

What waits on the other side of the hurdles is strong enough an incentive to get past them. Revenue streams are solid, Marquess says, with Medicare as his primary customer. But the new revenue isn’t his main motivation. It’s people like his golfer patient, who he helped get back to what he loved.

“I offer DSME because I’m passionate about helping people,” Marquess says. “I wouldn’t do it if it weren’t personal. I get a lot of satisfaction when we educate patients, and they start doing better, feeling better, and living longer.”

Learning more

GPhA and the Georgia Department of Public Health have a free recorded webinar: Opportunities in Diabetes Self-Management Education. It looks at how pharmacists are positioned to move the needle on diabetes outcomes in Georgia through DSME program accreditation.

To register, and to access other resources from GPhA and DPH, go to GPhA.org/dsme.

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2016 PHARMPAC INVESTORS: FINAL REPORT

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Thanks to 423 new PharmPAC investors in 2016, we exceeded our goal of raising $125,000.

**Total invested as of 12/31/2016:**

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Thank you to all our PharmPAC investors for helping ensure GPhA’s legislative success. Visit GPhA.org/PharmPAC or call (404) 419-8118 to find out more.
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The best is yet to come (and it’s gonna be fine)

GPhA’s departing CEO says thank you… and looks ahead

Out of the tree of life, I picked me a plum...
You just never know. When I applied for the GPhA chief executive officer job in 2014, I had my doubts about whether I’d be viewed as a suitable candidate. Sure, I had spent 25 years leading trade associations, but not in the healthcare (much less pharmacy) sector. Still, when I met with the search committee, we seemed to click. I made the case that leading GPhA is not a pharmacy job, it’s an association management job. I proposed that what I didn’t know about pharmacy, perhaps I could make up for in knowing how to build an association brand and grow membership and execute a winning advocacy campaign and publish a great magazine — expertise their next CEO would need in order to move the association forward.

Well, they offered me the job. Maybe it was a calculated risk on their part, I don’t know. What I do know is that I suddenly found myself in one of the best jobs in state pharmacy associations, with a mandate to rethink and reposition GPhA as the voice for pharmacy in Georgia.

You came along and everything started to hum...
What an extraordinary gift it’s been: the opportunity — joining hands with smart, passionate, forward-thinking volunteers like you — to reinvent an organization. I’m proud of the good things we’ve made happen together, from our reimagined GPhA brand, to our streamlined governance structure, to our cost-saving office relocation, to our substantive membership growth, to our landmark legislative successes, to the significant increases we’ve seen in PharmPAC investments.

GPhA improved me, too. You’ve helped me rethink and refine and renew my own skills and become a better leader. I’m especially grateful to GPhA leaders Pam Marquess, Bobby Moody, Tommy Whitworth, Lance Boles, Liza Chapman, Sharon Sherrer, Hugh Chancy, Jeff Lurey, and Ruth Ann McGehee, who taught and mentored and advised me these past 30 months.

I’m also deeply appreciative to my extraordinary GPhA staff team, who adapted to the whirlwind pace our accomplishments have required, and have served you with passion and excellence. And of course, I’m grateful to you, our members, who have supported and encouraged our efforts.

Still, it’s a real good bet: The best is yet to come.
A few times since submitting my resignation I’ve found myself thinking, “You’re leaving the best job you’ve ever had. Are you nuts?” Could be. But the opportunity to which I’m headed is a good one, too, and thankfully, I’ll still be working with many of you in my new role.

More important than where I’m headed, though, is where GPhA is headed: Forward. I leave to my successor a GPhA that is well positioned to accomplish extraordinary things for its members.

Like the song says, the best is yet to come … and it’s gonna be fine.

Scott Brunner left GPhA January 27 to begin work as the new senior VP for communications and state affairs for the National Community Pharmacists Association in Alexandria, Virginia. He says Tony Bennett’s cover of The Best is Yet to Come is better than Sinatra’s. Feel free to quibble with him: rscottbrunner@gmail.com.
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