INSIGHT

THE QS/1 MAGAZINE

October 2002

Enterprise

IVR

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Tammy Devine
Vice President of Marketing, QS/1

What sets our business apart?

Unless you are the only pharmacy or HME provider in your town, you have probably asked yourself this question and considered how you can best serve customers in a way that sets you apart from the competition.

At QS/1, we think what sets us apart is our attention to integrating technologies for the overall practice of pharmacy and HME. We've worked with other vendors who have technology products that will benefit you, and we've looked for ways to help you take advantage of the Internet and of new networking technologies. We've made workflow tools a built-in part of our pharmacy system, and we're always looking for ways to make your job easier.

QS/1, in other words, is more than just a dispensing system.

In this issue of *Insight*, we're highlighting some of the new products QS/1 is rolling out at upcoming trade shows this fall. Read about the new QS/1 Interactive Voice Response (IVR) system, WebConnect for PrimeCare, Enterprise for pharmacies with multiple locations, and the new look for SystemOne.

What do these new products have in common? QS/1's commitment to quality products and excellent service and support.

Please come by the QS/1 booth at the following trade shows for demonstrations of our new products: NCPA (Oct. 19-23), MedTrade East (Oct. 29-31), and ASCP (Nov. 13-16).

So what sets your business apart? We hope it's QS/1.

October 2002

CONTENTS

The QS/1 Magazine

In this Issue:
Canadian Perspective
Conferences
From the Support Center
In Your Area

Winston-Salem Health Care Pharmacy

Taking Automation to New Levels

By: Jennifer Langham, Communications Specialist, QS/1

In the lobby of Winston-Salem Health Care Pharmacy, patients take numbers and watch lighted signs that indicate the next patient being served. On one side of the room, patients pick up prescriptions at a counter in front of large racks of filled bags. At windows on the other side of the room pharmacists counsel patients who are dropping off prescriptions.

But behind the scenes, Winston-Salem Health Care Pharmacy looks more like a manufacturing facility than a traditional pharmacy: 400 feet of conveyor belts weave around shelves and work stations with a quiet whir of machinery and activity. From the QS/1 workstations throughout the pharmacy to the OptiFill automated dispensing machine carrying pill bottles around the room, Winston-Salem is an example of how automation can transform a pharmacy.

Why automation?

Winston-Salem Health Care Pharmacy is a part of the Novant Health system. The pharmacy and associated physicians in Winston-Salem make up the preferred provider network for employees of a major corporate client. This large patient base, in addition to the pharmacy's other patients, means that the pharmacy fills between 1500 and 2000 prescriptions per day.

Pharmacy IT Coordinator Bob Moser says that technology helps Winston-Salem Health Care achieve an important goal: better service for the pharmacy patients.

Since installing the QS/1 system and the other tools the pharmacy uses, Bob has seen the average wait time for patients picking up refill prescriptions fall to seven minutes, half the previous time. For new prescriptions, the time has stayed about the same—"And we're working on ways to decrease that time," says Moser—but pharmacists counsel all patients.

Making Pharmacy Faster

About 50% of Winston-Salem Health Care's daily prescriptions come in through the pharmacy's IVR (Interactive Voice Response) system. So making this system as efficient as possible was a key to increasing the automation in the pharmacy.

Patients used to be required to wait 24 hours to pick up refills after calling the IVR. Now, the IVR queue has a wait time of just six hours. The difference? A 17.1 enhancement to QS/1's RxCare Plus that allows the pharmacy to sort IVR requests by due date and time.

Another tool that keeps prescriptions moving faster in the pharmacy is Internet claims, which take, Moser says, just 3-5 seconds, vs. the 45-55 seconds that dial-up claims took. "I'm a big believer in PowerLine," says Moser.

And back in the shipping area of the store, Ianthe Nivens raves about the difference QS/1's inventory reorder function has made to the pharmacy: "What used to take two employees two full days, now takes one person just a couple of hours."

Patient Safety

The automation in Winston-Salem's pharmacy has made using the pharmacy more convenient for patients, but patients also benefit from increased safety features.

After pill bottles are filled from the OptiFill machine, they are routed by checking stations where pharmacists and technicians compare a live image of the pills—taken by the OptiFill machine before the bottle is capped—with an online

reference image and with QS/1's images and imprints information. The bottle label is also compared to an image of the paper prescription, scanned in when the patient drops off the prescription. And at the station where prescriptions are bagged and labeled for patient pick-up, technicians cannot print bag labels unless the prescription has been checked by a pharmacist.

It's about people….

Winston-Salem's automation has created a much less stressful work environment for the pharmacy's employees. The 16 pharmacists and 18 pharmacy technicians rotate stations and tasks after their lunch breaks, ensuring that no one performs the same task all day long.

Moser gestures at the automation in evidence around the room. "This has not eliminated any jobs. It allows us to be more efficient with what we have."

In fact, Moser says, the automation in the pharmacy has freed up the pharmacists for patient care programs out of the pharmacy. "We started a coumadin clinic and a diabetes clinic, and we're starting a lipid clinic. Now our pharmacists can spend time on clinical activities that they didn't have time for before."

Future Developments

What plans does Moser have for the future of Winston-Salem? For one, he wants to add QS/1's workflow features to their system. "John Frady showed us that WorkFlow had tracking capabilities that would be useful for us," he says.

Moser also hopes to start taking patient refill requests through the health care system's web site. The pharmacy already does this for employees, so the technology is in place for requests from other patients, as well.

Bob Moser is still looking for new ways to use technology in the pharmacy. And he relies on QS/1 to develop interfaces that can make all the pieces of his system work together. "Without Chuck Gordon's work on interfaces, the QS/1 and OptiFill systems couldn't talk to each other. QS/1 worked with us on development and then, when the system still needed some work, they came back and worked with us on a solution that is much more than satisfactory."
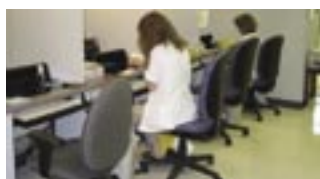
The Path of a Prescription Through Winston-Salem Heath Care Pharmacy

1. The pharmacy's corporate client sends new employee information to the patient services department across the street from the pharmacy. The pharmacy has an interface between the patient services software and the QS/1 system.

2. Patients coming to the pharmacy with a new prescription meet with a pharmacist, who scans the paper prescription and adds the image to the patient information screen while also counseling the patient as necessary.

3. Once a prescription is in the QS/1 system, patient information is sent in HL7 format to the OptiFill machine, which either fills the prescription through the automated dispensing machine or passes the prescription on to the manual fill stations.

4. Filled prescriptions move along the conveyor belts to checking stations and then on to a station where all prescriptions for a patient are packaged together in one bag. From there, prescriptions travel along the conveyor belts either to the front of the pharmacy for pick-up or to another station where prescriptions are mailed.

HIPAA

New HIPAA Privacy Provisions Published by HHS

In late March, the department of Health and Human Services (HHS) released proposed changes to the privacy provision of HIPAA. As part of the government regulation, any proposed rule changes are followed up by a comment period, and then at some point after HHS has reviewed the comments, the department posts a "final" ruling. The final privacy rules were published in August.

Consent vs. Acknowledgment

The original privacy rules mandated that each patient sign a consent form before using or disclosing protected health information, or PHI. As an unintended consequence, providers were not able to use electronic prescriptions, or fill a prescription dropped off by someone other than the patient it was intended for, without having first received written consent. In fact, the provider was technically not allowed even to enter the patient into their provider system without having received consent first.

In place of consent, which is now considered optional by the HIPAA regulations, the new rules require that the provider make a "good faith effort" to obtain a patient's written acknowledgment of the provider's notice of privacy policies before the first service delivery. If the provider is unable to obtain that acknowledgment, the provider is required to document its "good faith efforts" and to record why the acknowledgment was not received. Once acknowledgment is obtained, it does not need to be obtained again. Providers are required to retain these records for more than six years.

Unfortunately, the written acknowledgment of privacy practices cannot be combined with other purposes, such as declining consultation with a pharmacist. While the regulations do allow these signatures to be kept in the same log book that is used when the patient picks up a prescription, it must clearly be noted what patients are signing for by signing separately for the prescription and the acknowledgment.

In short, HHS has made it less burdensome for providers but doesn't go far enough in relieving the administrative headaches. On the one hand, providers pushed hard for removing these requirements altogether. On the other, public advocacy groups pushed hard that consent forms were needed because providers could not police themselves. In the end, HHS came down the middle on this issue.

Authorizations

The initial regulations left a very gray area about which practices required an authorization and which didn't. The final rules provide a much clearer definition. In short, marketing initiatives require an authorization, while using PHI for treatment purposes does not. Refill reminder programs do not require authorization, even if the costs of the refill reminder program are paid for by a third party.

According to HHS, marketing occurs when a third party (a drug manufacturer, PBM, or anyone else) purchases PHI from a provider, then uses that information to market their products or services to the consumer. In some ways, this tightens authorizations a bit because there were loopholes in the original provisions that could allow drug manufacturers to claim they were simply informing consumers of alternative treatments.

All authorizations need to specify the length of term that the authorization is valid for. While one acknowledgment of privacy practices is necessary for all prescriptions ever received at a pharmacy, authorizations need to be obtained for each marketing initiative you enter a customer in.

Hybrid Entities

The original rules allowed providers to be considered a hybrid entity only if the primary company business was not related to healthcare operations, for example, a supermarket that has a pharmacy. By declaring hybrid entity status, a company can separate the "non-covered" portions of HIPAA, such as policies and procedures, and training. Typical drug stores were hurt by this provision because the primary business was covered. Under the new rules, the word "primary" has been dropped from the regulations, which means those drug stores can now claim hybrid status. On a side note, QS/1 is considered a hybrid entity. PowerLine, a clearinghouse for claims, is the covered entity portion of QS/1, whereas the rest of the company is not involved with PHI.

Business Associate Agreements

Under HIPAA regulations, providers need to sign a business associate agreement with non-covered entities that do business with them, when PHI may be disclosed. For example, since QS/1 is a hybrid entity and not a covered entity, each user of QS/1 software needs a business associate agreement with QS/1. How would PHI be disclosed to QS/1? Besides PowerLine, QS/1 on-site installers and trainers may be exposed to PHI, as well as customer service in dealing with software questions. In the strictest sense of HIPAA rules, if a QS/1 customer faxed a label to QS/1 to illustrate a change to be made to the label, and the label included protected health information, this could be considered a violation without a business associate agreement in place.

Business associate agreements need to be signed and in place by April 14, 2003. Should the business associate agreement require revision due to the final rules, then a new agreement needs to be signed and in place by April 14, 2004. QS/1 is working with attorney Michael Bell on a standard business associate agreement with customers. This will be made available on the QS/1 web site as soon as it is ready.

It is important to understand how HIPAA impacts you and your business. Remember that each employee in your organization, as part of the covered entity, is required to be trained on HIPAA by April 14, 2003. Once you have a good understanding of HIPAA, get a group together within your organization to assess what needs to be done to achieve compliance with the privacy provisions.

By: Rich Muller
Industry Analyst Manager, QS/1

Putting the Web to Work for you!

CornerDrugstore.com ® and *ChainRx.com* ® are J M Smith Corporation's newest product offerings, and they represent our commitment to bringing you data processing technologies that make your pharmacies run more efficiently. The move by J M Smith Corporation to offer web based products complements QS/1's pharmacy management products and greatly enhances the convenience in which pharmacies and consumers alike gain access to prescription and health information.

CornerDrugstore and ChainRx

CornerDrugstore provides access to on-line refills; award winning, peer-reviewed health content; and a customizable home page, all for less than the monthly cost charged by most hosting organizations. ChainRx will serve the multi-store chain market by supplementing an already existing web site with on-line refills, merchandising, and health content. By leveraging buying power across both platforms, J M Smith is able to provide services which, contracted on an individual basis, would be cost prohibitive for many pharmacies.

The case for convenience

Access to your pharmacy via the Web offers a new dimension of service and convenience--which makes your pharmacy significantly more attractive to customers. According to the 2001 National Pharmacy Consumer Survey, published in May of 2002, "*convenience is still the primary determinant of pharmacy selection.*" In fact, the primary reason for switching pharmacies cited in the study was "*poor service (e.g. prescriptions not ready).*" Now, your customers can shop the store front-end or place a refill order at any time day or night from their home or office computers

and receive confirmation from your pharmacy's dispensing system (RxCare Plus or CRx) when the order is filled and ready to be picked up or delivered. Customers don't have to talk directly with store personnel, allowing your staff to focus on filling prescriptions and helping in-store customers.

Communications

Developing new and innovative ways to stay in touch with patients will strengthen relationships and cement loyalty. Recent surveys have indicated lower consumer satisfaction with pharmacy staffs' consistency in reminding patients of refills. Using features available with both CornerDrugstore and ChainRx, refill reminders can be automated, increasing revenue and compliancy.

Role of the Internet

Studies have found that over half of all Internet users have used this tool to seek health and pharmaceutical information, but many Internet users have trouble determining whether health information is up-to-date and accurate. CornerDrugstore and ChainRx use "best in industry" health content from reputable suppliers. The content is certified to be medically correct and peer-reviewed on a regular

basis by teams of physicians and scientists for accuracy and relevance to current information. Patients can find additional information about a prescribed drug, side effects from taking a particular medication, or how to identify a particular pill by its shape and markings. Access to this information from a source they already know and trust will continue to build loyal, appreciative customers.

The Internet is here to stay, and pharmacies must learn to harness its power for best use in their practices. CornerDrugstore and ChainRx are two tools that RxCare Plus and CRx customers can use with the pharmacy management systems they already know and trust. It's just another way that QS/1 is working to help pharmacies serve their patients with convenience, communication, and information.

By: R. Chris Sigmon, Manager of Web Products, J M Smith Corporation

References:
Journal of the American Pharmaceutical Association

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Delivering the Future...

QS/1 handles the details of pharmacy and HME operations every day. These details range from answering questions about how the software works to changing pieces of the computer code to update how the software runs.

But we believe that the details are important pieces of a much bigger picture.

The big picture is streamlining the process of getting medications and supplies to patients. The big picture is about recognizing that prescriptions no longer just come into a pharmacy on a piece of paper. Pharmacies need the ability to handle prescription requests from faxes, the Internet, physicians' e-mail, and IVR. And the big picture recognizes that training staff and managing multiple locations are challenges for any business environment.

The following new products for RxCare Plus, CRx, SystemOne, and PrimeCare reflect QS/1's focus on the big picture in pharmacy and HME. Our goal is to deliver whatever solutions help create order in the sometimes chaotic environment of your store, and these new products help deliver a new world of order to you.

IVR:
Integrating Telephone Technology into Your Pharmacy

QS/1 has worked with other vendors of Interactive Voice Response (IVR) systems for years, and QS/1 pharmacies that have put in IVR systems with the QS/1 interface to their pharmacy systems have enjoyed convenience for their staff and customers. Now QS/1 has developed an IVR system of its own which will seamlessly integrate with the QS/1 pharmacy systems RxCare Plus, PrimeCare, and CRx.

The QS/1 IVR solution is tailored specifically to the pharmacy environment, rather than being a generic system that would work in a variety of settings. Rich Muller, industry analyst manager, says that QS/1's goal in developing the system was to make the IVR a regular part of the pharmacy environment. "What we felt was that your IVR system should be an extension of your pharmacy system," he says.

The new QS/1 IVR system has both development and support advantages for QS/1 customers. "We've gotten a number of requests from our customers for new features in their IVR systems," says Muller, "but we could never develop those features or control how quickly our vendors developed them. Now we can work with pharmacy customers to continue adding new features to our IVR system."

Customer support for the QS/1 IVR system will be more straightforward, too. All questions about the IVR will come to QS/1's customer support center.

QS/1 will continue to work with other IVR vendors. When these vendors upgrade their products with new features, QS/1 will update the interfaces to those systems as needed. QS/1's IVR just provides another option for pharmacies.

Many pharmacists have hesitated to purchase an IVR system for fear of losing the personal touch that they provide their patients. But in both large and small pharmacies where IVR systems have been installed, the overwhelming response from both staff and patients is positive, says Muller. "In today's society, people are in a hurry," he says. "They want quickness, and IVR provides them a convenient way to communicate with their pharmacy."

"There has never been a better time for pharmacies without IVR to investigate getting this tool," Muller concludes.

WebConnect:
Connecting PrimeCare with Facilities and Patients

For PrimeCare customers, effectively communicating with the long-term care facilities they serve is a challenge and necessary element of doing business. QS/1's new product for PrimeCare, WebConnect, is an Internet-based application through which individual facilities can send patient and order information directly into the pharmacy's PrimeCare system.

Features of QS/1's IVR:

QS/1's IVR has a number of features that provide convenience and security to pharmacy patients. These include:

- Refill requests

- Customizable greetings

- Multiple language greetings

- Customizable menu options

- Ability to check refill status

- Ability to fax physicians

- Physician option to leave messages about refills and new orders

- Patient validation feature

- Secure entry of refills by physicians directly into pharmacy work queue

- IVR opt-out option

- Messaging option

- Integration of messages into pharmacy work queue

- Store hours and location

The widespread availability of Internet access makes this a convenient way for facilities and PrimeCare pharmacies to communicate. Staff at long-term care facilities will log onto web pages where they can both access and input information specific to their location.

In addition to saving significant time, WebConnect can help pharmacies avoid potential filling errors from multiple entry of information. Currently, when facilities need to request refills, they fax the information to the pharmacy, where the information is then entered into the PrimeCare system. This redundancy, and the potential risk for the thousands of patients served by institutional and long-term care pharmacies, is eliminated with WebConnect.

Jim Hancock, QS/1 sales manager for the PrimeCare product, says that institutional and long-term care pharmacies have wanted a product like WebConnect for a long time. "And the Internet makes it possible to offer this product in a convenient medium for the facilities," he says. "The important thing about WebConnect is that it is really a win-win solution for both the pharmacy and the nursing homes or other facilities. Why? It saves time, and it gives everybody a way to communicate about patients."

New Look for SystemOne

SystemOne, QS/1's product for the home medical equipment industry, is getting a facelift. This new look means new screens, new drop down menus, icons and buttons—and all the same functionality HME providers are used to from this product.

"A good product has to be familiar, easy-to-learn, and have features that guide you through the process," says QS/1's Rich Muller. "The new SystemOne user interface is more like what people are used to seeing on other software packages that they use at home or at work. This will give users a greater comfort level with the software and make the learning process more intuitive."

QS/1 President Bill Cobb says that QS/1 was able to create a new, more modern look for this product without sacrificing functionality because of the unique multi-tier architecture of QS/1 systems. "Many software vendors who have redeveloped systems with a Windows look-and-feel have had to start all over, which means that they start all over with new software bugs and other problems to be worked out," Cobb says.

Cobb explains that QS/1's software, from its development by Jim Smith, has partitioned the processing and screen rendering functions, meaning that a new look can be developed on top of existing business applications. "This is really leading edge technology," Cobb says.

For SystemOne customers, the main benefit of this new look is increased ease of use and ease of training. Duane Ridenour, QS/1 industry analyst for the HME market, says that SystemOne's new look answers a need for usability in the HME industry. "Our SystemOne customers have been asking for something like this, and it's great that we're able to provide a product with a familiar Windows look while maintaining all the functions

WebConnect:

From the long-term care facilities, staff can use WebConnect to:

- View parts of the patient profile

- Run queries and reports

- Print POFs, MARs and other forms

- Send refill requests to the pharmacy and check on status

- Send new medication orders to the pharmacy and check on status

- Send new ancillary orders/ updates/corrections on the pharmacy

- Check pharmacy frequently asked questions

- Access medical/ pharmaceutical content, including drug reference materials

Enterprise Configurations
to Fit the Way
You Do Business

In the Enterprise solution, the system can be installed and implemented in a variety of ways depending on your business requirements.

Option 1:
Some pharmacies will not want to share data files among any of the locations operating on the central processor. An example of this would be where the locations are not in the same town. Another situation in which businesses would consider this configuration is if the locations are using different QS/1 software products; for example, if one of the locations is a long-term care pharmacy running PrimeCare, one is an HME location, and the others are retail pharmacies running RxCare Plus or CRx. (Note: This is the only configuration available to CRx customers.) For these businesses, keeping data files separate makes the most sense.

Option 2:
The second way we can implement the Enterprise solution is to allow all of the locations to share many of the files within system. In this solution we can allow all of the locations to share data files among all of the locations that are running on the central processor. This configuration allows for common profiles that check interactions and duplicate drug therapy among all locations on a single patient; this configuration also allows pharmacies to create a combined accounts receivable statement regardless of the location, thereby allowing for one statement instead of multiple statements. Sharing files within the Enterprise solution would work well for a chain with all of the locations located in a single town, city, or region.

Option 3:
The Enterprise solution can also be implemented with a combination of the two previous configurations. In other words, QS/1 can help the customer allow some of the locations to share data files among each other and not allow some of their other locations to share any of the data files. This type of Enterprise configuration would be ideal for businesses with some locations all in one region and other locations outside of that region.

By: Ed Willett, QS/1 Corporate Account Executive

that our customers are used to," he says. "This is going to help stores make their current employees more comfortable with using the system, and training new staff will be much easier."

Enterprise: Going Boldly into the Future

Twenty-two years ago QS/1 announced its multi-store software solution called Host/Remote. We developed Host/Remote to allow our customers to operate multiple stores on one system. In the beginning, all of the locations were tied together with a dedicated phone line for each location. Over time, Host/Remote became simplified with the ability to install a Wide Area Network, reducing the number of phone lines and modems installed at the host location. This solution allowed the customer to share all of the files within the system among all locations and simplified the conversion process. Customers could run one conversion and update all of the locations, up to 10 store locations per QS/1 folder, to the new release.

The Enterprise solution expands options for pharmacies with multiple locations. Enterprise was originally developed as a solution to expand our ability to operate more than 10 locations on a single server but can also be used if you have less than 10 locations and want a single server solution. With Enterprise, your staff can perform all program updates, clinical updates, and any file maintenance issues from a central location on a single server. You have total control of your machine--and your data--at your office. And Enterprise truly gives your locations the ability to offer the same services touted by the mega-chains in your area.

The Enterprise solution requires that all locations be connected via a wide area network (WAN) among all of the locations and the server. In this environment, pharmacies can have up to 99 folders with up to 10 stores per folder, in a combination of host/remote or stand-alone locations. With Enterprise, QS/1 offers a significant enhancement to a pharmacy's ability to host multiple locations.

For the Enterprise solution QS/1 developed a new way to handle transmitting electronic third party claims to PowerLine. The solution allows all claims to be transmitted through a single connection. For many pharmacies setting up the Enterprise solution, a standard Internet connection to our Virtual Private Network (VPN) using a LAN modem works well. We also offer transmission with a frame relay connection through Transaction Network Services, a QS/1 service provider for many years.

We also took into account that if the VPN connection through your local ISP went down it would be very difficult to switch all of your claims back to a dial-up connection. With the Enterprise solution, the system is intelligent and switches claims to another means of communication when the preferred means of transmitting claims is not working, and the switch is transparent to the locations. The system will also switch back to the preferred method of transmitting claims when the connection can be reestablished.

Sonny Anderson, QS/1's director of product development, says that although the technology and programming behind the Enterprise solution are complex, its uses for multi-location pharmacies are simple. "Enterprise provides a scalable solution for larger pharmacy operations while helping any pharmacy with multiple locations to transmit and control data," he says. "This gives the individual pharmacies an opportunity to focus on their strength--serving patients--while leaving the technical system updates to the staff at the central location."

The Big Picture

While regulations, increasing prescription volume, and other forces continue to change and challenge both pharmacies and HME providers, these new products are part of the solution. These products affect the spectrum of QS/1 systems, but what they have in common is a focus on integrating business functions, on streamlining workflow, on helping you train employees. A focus on, in other words, the big picture of your operation.

That's why these products help QS/1 deliver you the world.

Product Previews
at the following
Trade Shows

NCPA

Nashville, Tennessee

October 19-23, 2002

QS/1 Booth #427

CornerDrugstore.com Booth #523

MedTrade East

Atlanta, Georgia

October 29-31, 2002

QS/1 Booth #1315

ASCP

Anaheim, California

November 13-16, 2002

QS/1 Booth #242

Eagle Foods

• Mike Larson

By: Jennifer Langham
Communications Specialist, QS/1

Pharmacies in business since: 1990

Locations: Eagle Foods has 65 supermarkets in Illinois and Iowa, and 16 of these have pharmacies.

QS/1 systems: CRx, CMS

Eagle Foods Grows Quickly with QS/1

When the 16 pharmacies in Eagle Foods' supermarkets needed a pharmacy system with more features, pharmacy director Mike Larson heard presentations from several vendors. "QS/1 simply suited our needs the best," he says. "We immediately saved almost $150,000 per year in fees that our previous vendor charged us. Now we own our own equipment, which just makes more sense for us financially."

Acquiring QS/1 systems one year ago came at a good time for the pharmacies, says Larson, because Eagle was developing a wide area network, and QS/1's Central Management System fit right into that. "CMS software gave Eagle the ability to download current drug prices, transfer them to a QS/1 host, and then send the prices out to all the Eagle pharmacies," says Larson. "This took a huge burden off our pharmacists."

Giving pharmacists more time to discuss medications with patients is one of Larson's ongoing goals. "I've been in other pharmacies and seen patients get prescriptions without any discussion of how they should take the medicine or potential side effects. Maybe the pharmacists there just don't have the time to talk to patients. But it's a priority for us."

Another priority for Larson—and, he says, for all pharmacies—is addressing third-party issues. "Keeping up with third parties and all of their fees and arrangements is incredibly time-consuming for a pharmacy," he says. "Yet those prescriptions make up about 87% of our business. Anything QS/1 can do to help us continue to improve our effectiveness in this area will make a difference for us."

Mike Larson says that his pharmacies depend on technology and on QS/1, particularly in the area of support, to continue growing. He says, "Our pharmacists are not technicians. We have an internal IT department, but we really depend on the technical support we get from QS/1. I hope the support continues at the level it is, which is really good for us."

Favorite feature: "Internet claims are outstanding," says Larson. "Almost as soon as we hit enter [to send the claim], the label starts printing."

How QS/1 systems have affected Eagle Foods' pharmacy business: Significantly, says Larson. "Our pharmacy sales are almost $1 million more than they were last year. There may be other factors behind this—other pharmacies shutting down for example. But I think it is definitely because we're more efficient and able to spend more time on the patient care side of pharmacy, so we end up making trusting relationships with our customers."

The future for Eagle Foods pharmacies: Larson says there are several features available from QS/1 that he wants to try, like IVR, "but right now we want to become even more efficient at the software we have."

Why QS/1's growth is good for Eagle: "I'm always in favor of QS/1 growing," says Larson, because it gives QS/1 the opportunity to develop new solutions that benefit all customers.

The Canadian Perspective

By: Lillian Johnson & Susan Redmond

The 5 W's of Inventory Control

Who will benefit?
All QS/1 RxCare Plus pharmacy customers who strive to provide the best possible service while maintaining inventory at a level that will effectively produce greater profitability for the dispensary.

What is inventory control?
The processes that the pharmacy can use to control inventory in RxCare Plus.

Where?
Throughout your pharmacy. A designated area with an available terminal will help ensure that inventory control runs smoothly.

When?
Inventory control processes can occur every time a prescription is dispensed, when an order is placed or the order is received, and when the drug is placed on the shelf.

Why?
To help your pharmacy reduce inventory costs while at the same time providing the patient with needed medication. As we all know, the most important concern for the pharmacy is having the medication on the shelf when the patient requires a prescription.

QS/1 assists in controlling your inventory by using various reports and functions in the system, including the automatic drug reorder and receiving functions. Using these two functions requires preliminary planning and proper set-up of the drug inventory file. One way to achieve this is with the drug forecasting report. This report will help predict future use by looking at your past use. Once the initial set-up is completed, both large and small operations can benefit from using the automatic drug reorder and receiving feature in the system. If, however, you wish not to maintain perpetual inventory, you can use other functions to ensure that maintenance medications will be in stock for patients when they arrive at the store for a refill.

The Health-Minder report, in management reports, can be used to determine what prescriptions are due to be refilled in a specific time frame. This report is a look at what is needed in the future. The Health-Minder report can also be used to help patients become more compliant. The MTD Drug Totals report can print up to six months of data listing the quantities of each drug dispensed in the months selected. This report provides a look at the past use of medications. The Drug Usage list provides a list of dispensed quantities. Again, this is a look at what has been dispensed.

Various reports and functions can help in reducing the dollar amount that may be tied up in your inventory. The drug inventory report, for example, provides a listing of the dollar amounts in inventory on hand. The drug utilization report lists in descending order the drugs that account for the most inventory dollars. QS/1 also provides a look at the inventory when filling prescriptions. There are several error messages that can be flagged to display a warning to the operator of possible inventory shortages.

Drug inventory management in QS/1 offers many choices to help pharmacies develop a process that will accommodate their business. Who benefits from inventory control? Everybody.

Pharmacy Education

One Look at How Teaching New Pharmacists Has Changed

By: Jennifer Langham, Communications Specialist, QS/1

Wayne Buff spent 16 years in active practice in community pharmacy before helping the University of South Carolina School of Pharmacy develop its lab program and then completing his own PharmD degree at the school. Now he teaches lab classes for USC in Columbia, SC. QS/1 has had a long relationship with this pharmacy school: QS/1 founder Jim Smith got his pharmacy degree there, and the computer labs Dr. Buff teaches in have 12 terminals loaded with QS/1.

I talked to Dr. Buff recently about how pharmacy education has changed in the last decade.

Curriculum changes

Experiential education is an earlier element to pharmacy education than it used to be, says Buff. In USC's curriculum, students spend four weeks, 40 hours per week, in a community pharmacy during the summer after their first year in the program. They complete another of these experiences in an institutional pharmacy in the summer after their second year.

"This early exposure to the work environment lets students see how information presented to them in an academic environment is applied to the practical environment," says Buff. "It also helps demonstrate to students that pharmacy is a varied career. They get to see the good and bad in these types of settings, which helps them in their career planning."

Students in these early work experiences function somewhat like a pharmacy technician, under the supervision of the pharmacist who serves as their preceptor, but the school's goal, says Buff, is that the students will get a broad overview of the experience of pharmacy, for example, contact with their healthcare professionals.

Of course now that the PharmD degree is the entry-level degree for the profession, all pharmacy schools have moved to a six-year curriculum program. Buff explains that this program gives students more exposure to patient care and pharmacotherapy. "They are learning how to function in a closer relationship with physicians, coming up with alternative therapies and monitoring patient drug therapies," Buff says. "This is a big shift in what pharmacists do and how they are trained."

Community pharmacy still popular with students

What hasn't changed in pharmacy education? One thing seems to be the career plans of students in pharmacy school. Buff says that many students come into the pharmacy program at USC with a background in pharmacy, usually from work in a community pharmacy.

And many students want to go into community pharmacy after they complete their degrees, says Buff. "Community pharmacy—whether it's a chain, a discount pharmacy, or an independently owned store—is still an attractive area for students. It's an area with good salaries and significant career flexibility, and it's the area of pharmacy our students are most familiar with."

Today's students: tech-savvy and focused

A high caliber of students comes into USC's pharmacy program, Wayne Buff says. "I think that the study of pharmacy has gotten more competitive, so we may also be attracting stronger students from across a broader base."

A significant shift, says Buff, is the familiarity with computers that students now bring to the program. "Students now are already very computer savvy, and they recognize that the computer is a tool that will help them in their work."

In general, students come to pharmacy programs ready to work hard. "Because we're training students to be professionals, they have to be a different kind of student," says Buff. "Someone who is academically focused and who works well with others."

Going back to school

Practicing pharmacists are an integral part of USC's pharmacy training, whether they serve as practice-specific speakers for Buff's laboratory classes, participate in classroom teaching, serve as a teaching site, or sit on a steering committee.

With greater emphasis on experiential learning at most pharmacy schools, pharmacies willing to serve as teaching sites is, Buff says, a critical need. "It's always important to have pharmacists who are excited and interested in the continuation of the profession interacting with students." It's an opportunity for pharmacists, too. Employers get to see potential employees and perhaps recruit them when they graduate.

But the real opportunity for practicing pharmacists who get involved with their local college of pharmacy is the chance to give back to the pharmacy profession. And pharmacists might be surprised at how stimulating it is to be around students who are just starting in their careers. "Many times they can serve as teachers back to you," says Buff.

USC pharmacy students travel by bus to Spartanburg every year to tour QS/1 headquarters and Smith Drug Company (QS/1's sister company). Wayne Buff says that seeing the wholesale distribution process at Smith Drug and the PowerLine room at QS/1 is always eye opening for the students. "It's one thing to use dispensing software in a lab. It seems so straightforward. But it's useful to students to see how much work goes into making that happen."

Interfaces

What's the latest with Interfaces? This article explores interfaces and their added benefits to your pharmacy.

Chuck Gordon

Interfaces - Dispensing Devices

By: Chuck Gordon, Interface Analyst, QS/1

Pharmacies today face many challenges. The continuing growth in prescriptions written combined with the pharmacist shortage make it important for pharmacies to find solutions that will help them meet needs in the marketplace. QS/1 interfaces to many tools that help pharmacies operate more efficiently, and automated dispensing devices are growing in popularity among large and small pharmacies in QS/1's customer base. QS/1's goal in creating an interface to these devices is to make the device work as effectively as possible with the customer's QS/1 system.

QS/1 interfaces with most dispensing systems using a TCP/IP network protocol and the standard Health Level Seven (HL7) data format. HL7 is an application-to-application interface standard for the exchange of electronic data within the healthcare environment. The QS/1 system sends every transaction (after adjudication if electronic) to the dispensing system. The robotic device dispenses the medication, and some dispensing systems will also print the label. The automated dispensing system processes the data and returns an acknowledgement back to the QS/1 application.

While most of the automated dispensing systems use QS/1's HL7 TCP/IP interface, some dispensing systems offer a "printer intercept" alternative which they also call an interface. If you are given the option of using a printer intercept, be aware that the HL7 interface gives you significantly more flexibility of operation:

- QS/1 indicates in the HL7 script message when a claim is adjudicated. The printer intercept data does not show this in every case.

- QS/1 can send HL7 script messages without printing a label.

- QS/1 can send an HL7 script message for a new order, a changed order, a discontinued or voided order, or a hold order. The printer intercept cannot differentiate between new orders and changed orders.

- Some dispensing systems can cancel or modify an existing order based on the change order or the discontinued order control code. These functions are not possible with the printer intercept because there is no way to identify the order control code for the label data.

- QS/1 sends the same HL7 message format regardless of how the pharmacy label is formatted. If a label is changed with the printer intercept, then the data format will change, causing an error until the data format is modified on the automated dispensing device.

- QS/1 keeps a record of the HL7 message that was sent to the dispensing cabinet or robot. The printer intercept does not provide this function, and, if something happens to the printer stream, there is no account of the problem.

- The QS/1 HL7 interface requires only a network connection and no additional interface hardware. The printer intercept requires hardware which must be installed at each printer, making it harder to support.

- Because the printer intercept is not controlled by QS/1, we are only able to support the HL7 interface.

Automated dispensing devices can enhance the operations of many pharmacies. And with the new leasing options many vendors are offering, these devices are more affordable for pharmacies. The key is to make sure that these devices work as effectively as possible with the QS/1 pharmacy management system, and QS/1's HL7 format helps these devices do what they're supposed to do: make *your* job easier.

Facts on Automated Dispensing Systems

McKesson recently acquired the former Baker Cells product, and the new name of the automation division is McKesson Automated Prescription Systems (APS). McKesson dispensing systems include Baker Cells, Pharmacy 2000 (used to be BakerAPS 2000), and the AutoScript III robot, which can house 210 drugs and process 120 prescriptions an hour.

Automed has several products, including the FastFill, QuickPik, and the OptiFill Robot, serving the retail, hospital outpatient, long-term care, assisted living and other segments of the pharmacy market. AutoMed has solutions that can fill 40 to 40,000 prescriptions per day depending on the need of the pharmacy.

PharmASSIST, a product of Innovation Associates, is built around a workflow module. The SmartCabinet can easily expand from one cabinet with 48 dispensers to eight cabinets with 398 dispensers depending on the pharmacy need.

The ScriptPro system contains more than 200 universal dispensing cells. The ScriptPro 200, when interfaced to the RxCare Plus system, reliably delivers filled and labeled vials at a rate of 100 prescriptions per hour. ScriptPro delivers uncapped vials for final inspection.

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Temperatures were in the 90s in Greenville, South Carolina, but the heat couldn't squelch the camaraderie and excitement at QS/1's retail pharmacy customer conference in August.

"Thanks for some very informative sessions. As a pharmacist, most educational programs I attend have to do with disease states and medical problems. Nothing wrong with that, but it's nice to learn a lot of useful information related to my profession that is not so 'clinical'. Thanks again."

–Dennis Peterson, Anmed Health Campus Pharmacy, Anderson, SC

Many customers said that this was one of the best QS/1 conferences they had ever attended. Why the enthusiasm? Excellent speakers and vendors, a chance to meet and interact with many QS/1 staff members, and a great party on Saturday night. Dancing, anyone?

This year's customer conference was very special for us, and I appreciate your helping us celebrate our 25th anniversary on our 'home turf' of Greenville and Spartanburg. We enjoyed extending some southern hospitality to those of you who visited us here, and I hope that you got as much out of the conference as we did.

—Tammy Devine, Vice President of Marketing

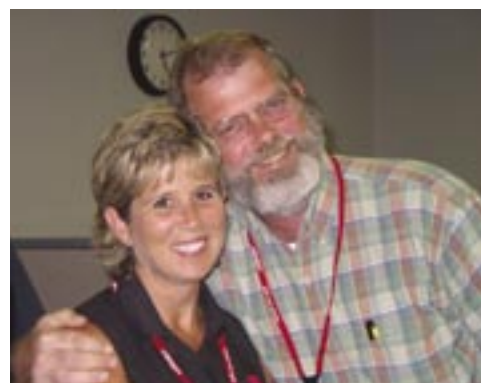"Dr. Reeder is a very engaging teacher with loads of important material. Loved his class."

—Linda Degentesh, Diamond Pharmacy, Greensburg, PA

"Both presentations [by Michael Bell and Richard Brook] were very helpful. HIPAA was a lot of information to be covered in 90 minutes, but Mr. Bell did a good job."

–Eric Albright, The Medicine Shoppe, Shelby, NC

"Don Lassiter was very knowledgeable and experienced with his subject matter and therefore a very good presenter."

–Larry Melin, Merrill Pharmacy, Mishawaka, IN

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at 1-800-845-7558 ext. 7253

NACDS
August 2002
San Diego, California

QS/1 staff at the recent NACDS 2002 Pharmacy and Technology Conference in San Diego, CA, had little free time on their hands during exhibit hours.

It was evident to visitors at the booth that QS/1 was prepared for the future demands of pharmacy. Central Management System (CMS), store level workflow, ChainRx.com, pill images, prescription pad scanning, and QS/1's preparation for HHS's final mandate for HIPAA regulations kept a steady flow of customers and prospects in the booth. QS/1's newest venture with ChainRx.com was one hot topic and big attraction at the show. Many chain drug stores and grocery store pharmacies were excited about this new QS/1 offering and saw how it could be incorporated into their current business. Some of the other technologies on display at the booth were interfaces to IVR, Central Processing, and Central Fill.

Plans and preparations for next year's NACDS 2003 Pharmacy and Technology Conference in Philadelphia, PA, have already begun with the planned expansion of QS/1's booth to 20x30 and inclusion of stand-alone pedestals for ChainRx.com and customer meetings. This show promises to be exciting with even more new technologies on display.

QS/1 Manager Receives Pharmacy Award

Preston Hale, RPh, regional manager of QS/1's Mid-Atlantic offices, was recently given the Outstanding Pharmacist Award by the Virginia Pharmacists Association.

The Outstanding Pharmacist Award honors a Virginia pharmacist for service to the profession and to the association. The association noted, "[Preston's] focus has always been on increasing the effectiveness of pharmacy care delivery. His commitment has truly changed the way pharmacists operate in providing information to patients, accessing information, and communicating with the healthcare team."

Preston received his undergraduate degree in pharmacy from the Medical College of Virginia's School of Pharmacy in 1972 and went on to design the Compute-Rx Pharmacy System, now owned by QS/1. He has had many leadership roles within professional associations such as VPhA, APhA, and ASCP.

From the Support Center

All Products:

WinHelp, made available to you in 17.1, is an important tool for accessing help information you need on the screen you currently are processing.

In 17.2 security access was added to all systems, in file maintenance, to use the hard drive for file backup/clear/reload, eliminating the need for diskettes. If you choose to use the hard drive, the system prompts for a path to drive/directory. The file name is hard coded in the format of xxxxxxxx.BK1, for example DCARFLE.BK1. If there is no access, the system does not prompt to use the hard drive and asks for a diskette.

RxCare Plus & PrimeCare:

Always review enhancements when updating to a new release of your software. One important change in the 17.1 release was the additional clinical checking options. Access Store, Identification. Press F2, or **'S'** and ENTER, to scroll to Pharmacy Option Screen. Tab to the Clinical Options field and press ENTER to display the options available. Tab to Drug-Drug Interactions (1,2,3,9) and type **'Y'** to check for Drug-Drug Interaction Program for each level. Press ENTER to access the four levels of severity for interaction checking.
Level 1: Contraindicated
Level 2: Severe Interaction
Level 3: Moderate Interaction
Level 9: Alternate Therapy Interaction
Type **'Y'** in the fields for the interaction to check.

PrimeCare:

Updating D/C'd Orders should be run each day as a part of your daily routines.
Run this program frequently during the day to update the current fill list. We would like to emphasize the importance of NOT changing the dates back or ahead and then running the program. This can zero quantities that should not have a zero.

POS:

Credit card transmission over the Internet is the fastest method of processing your transactions. If your Internet service is interrupted, you will need to revert to your analog modem. To switch your transmission back to the dial–up method, access F1-Store Control File Maintenance, F6-Payment Type Control, F3 - Credit Card Information. Bring up each credit card type that you carry, then change the carrier code to CC. Once your Internet service has been restored, follow the same steps to change your carrier code back to I2.

CRx:

You can use the third party notepad to store important contact information for each third party. To access the notepad from Third Party Add/Edit, choose **<N>** for Notepad.

Central Management System:

If your CMS system is on a wide area network, you can export clinical updates to each site that is on the same WAN.

Hardware:

Your company's data is one of its most valuable assets, besides your employees. This is why you should check your backup logs daily. Because we have many different types of backup drives and backup software, check with a QS/1 hardware support technician if you have any questions about backup logs.

Our hardware technicians may ask you to exit the QS/1 server and client and to reboot your computer when checking your tapes and drive. This is common especially in Windows NT 4.0 and Windows 2000. Because Windows relies on available memory, if your server has been running for a long period of time, rebooting may solve the problem. In some cases, we may suggest replacing drivers, upgrading service packs, or exchanging tape drives. If you notice an unusual error from your scheduled backup, our technicians will be able to tell if it is something that requires immediate attention.

Sometimes solving technical problems with tape drives requires time; you may find that coming to your pharmacy before normal business hours to work with our technicians means you can concentrate on the instructions as we work together.

We stay up-to-date on technical information from Microsoft regarding updates for Windows NT 4.0 and 2000. In some cases, we have rewritten the files to ensure that your scheduled backups run more reliably.   If you haven't spoken with our Hardware Support Group about your backups, or if you're not sure how to check them, we're always happy to hear from you!

Training Seminars

West Coast Region:

Valencia, CA: (866) 848-1942
01/14/2003   A/R and 3rd Party Reconciliation
02/11/2003   RxCare Plus: Basics Operations
03/11/2003   Point-of-Sale: Basic Operations

Mid-Atlantic Region:

Indianapolis, IN: (800) 637-5251
10/24/2002   RxCare Plus: Enhancement Review

Lexington, KY: (866) 441-7011
11/19/2002   SystemOne: Seminar, Overview

Richmond, VA: (877) 392-5851
11/14/2002   SystemOne: Seminar, Overview

Southeast Region:

Spartanburg, SC: (800) 889-9183
09/17/2002   RxCare Plus: Enhancement Review
10/15/2002   RxCare Plus: Accounts Receivable
11/19/2002   RxCare Plus: Basic Pharmacy Review
12/12/2002   POS: Inventory and Review
11/12/2002   SystemOne: 17.1 - 17.4 Review

Altamonte Springs, FL: (800) 889-9183
09/17/2002   RxCare Plus: Enhancement Review
11/12/2002   POS: Inventory and Review

Miami, FL: (800) 889-9183
11/19/2002   RxCare Plus: Enhancement Review

Northeast Region:

Sturbridge, MA: (800) 648-7428
10/22/2002   SystemOne: Basic HME Processing

Trade Shows

Council Bluffs, IA
October 3-4, 2002: MAMES

Greensboro, NC
October 9-11, 2002: North Carolina Pharmacist Association

Redondo Beach, CA
October 10, 2002: Barnes Wholesale

Nashville, TN
October 19-23, 2002: NCPA Annual
QS/1 Booth #427
CornerDrugstore.com Booth #523

Atlanta, GA
October 29-31, 2002: MedTrade East
Booth #1315

Groton, CT
November 13-14, 2002: NPSC Vendor Expo

Anaheim, CA
November 13-16, 2002: ASCP Annual
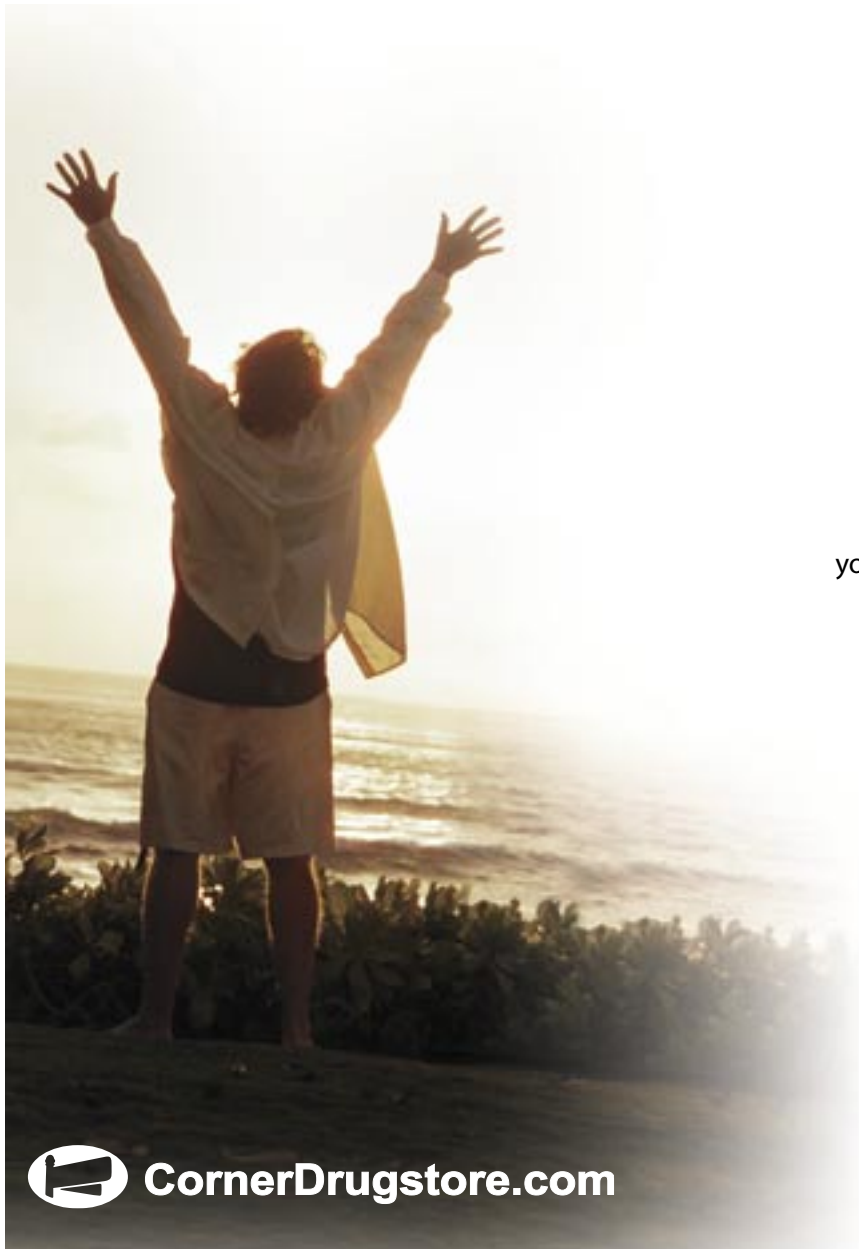Booth #242

Dublin, OH
November 19-20, 2002: OAMES

Atlanta, GA
December 8-12, 2002: ASHP Midyear
Booth #1550

Go to www.qs1.com, QS/1's web site, for the most current training and trade show information.

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