



Matthew Bertsch, PharmD
Director of Pharmacy



Virtual Participants

Chat

(use to talk with peers)



Polling/Q&A

(participate in polls, ask questions to faculty)



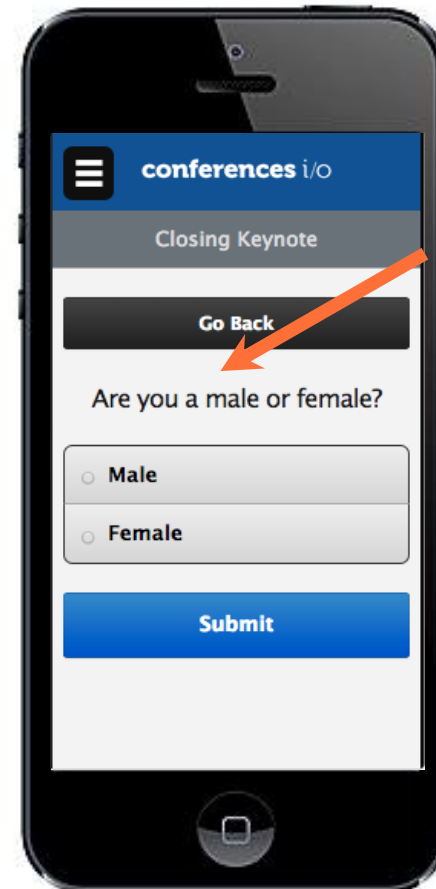
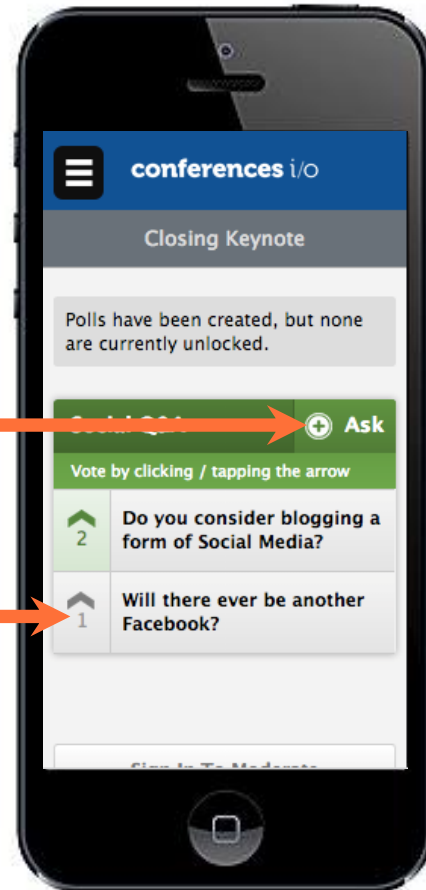
The screenshot displays a virtual meeting interface with several components:

- Chat Window:** Located on the left, it shows a list of participants and their messages. The messages include: "Brian Long: Hey James H.!!", "James Hensel: Brian!! Hey Duddy!!", "Laura Wiggins: Confirming - the 'Workbook' is under the Resources tab, titled 'Nikon Precision, Inc. WKR100321_Workbook'", "CSE Greenberg: Start at the end: identify the goal, then the key winning points, outline & drink more coffee", and "Laura Wiggins: 'word vomit' ...writing stream of consciousness then editing it down. Or start with a bullet list of thoughts then expand it to sentences.".
- Polling/Q&A Window:** Below the chat, it displays a poll titled "#1.) What is your biggest business writing challenge? (NO RIGHT ANSWER - OPEN QUESTION)". The poll results are: "Conclusion" (45%), "Grammar and/or Types" (20%), "Content Structure" (16%), "Tone" (16%), and "Other" (0%).
- Video Feed:** The main area shows a video of a man speaking. To the right of the video is a presentation slide titled "UDS Reporting: Preparing, Doing, and Utilizing" with the subtitle "Cultivating Health Center Operations". The slide features the CURIS logo and the SkillPath logo.
- Session Info:** At the top left, it shows "Session Info" and "Chat".
- Navigation Bar:** At the bottom, it includes links for "Session", "Support", "Profile", "Options", and "Windows".

In-Person Participants

Give us
Feedback

Up-Vote a
Comment



Click on
question and
then
Respond to
Polls when
they appear



Vote / Give Feedback/ Respond to Polls

What we are focusing on today

This session will dive into the world of pharmacy in a federally qualified health center. Pharmacy is completely different, operationally, from what is traditionally seen on the medical side. From Community Pharmacy, to Clinical Pharmacy, and appropriate use of savings, this presentation will show one health center's approach to responsible use of 340B savings, and creating a dynamic team to help the pharmacy department, and the organization continue its path of growth.

Learning Objectives

1. Learn how to create a dynamic pharmacy administration team to approach all areas of pharmacy practice.
2. Discover how one health center utilizes 340B savings to improve the care of all patients it serves.
3. Learn unique clinical pharmacy practice models from a federally qualified health center.


1. Polling the Room
2. Sun Life Health Introduction
3. Building a Pharmacy Administration Team – Who Does What?
4. Where we were...
5. Expansion of Community Pharmacy Services
6. Development of Clinical Pharmacy Services
7. Strengthening 340B Compliance
8. Continued Growth and Admin Development
9. In Defense of 340B
10. Conclusion

Polling the Room

CEO? COO? CMO? CFO?

Existing Pharmacy Programs?

Looking to Build Programs?

The background of the slide is composed of two overlapping geometric shapes. On the left, there is a large, dark blue triangle that points towards the top-left corner. Overlapping this triangle is a lighter blue, semi-transparent shape that also points towards the top-left but is shifted slightly to the right, creating a layered effect. The rest of the slide background is white.

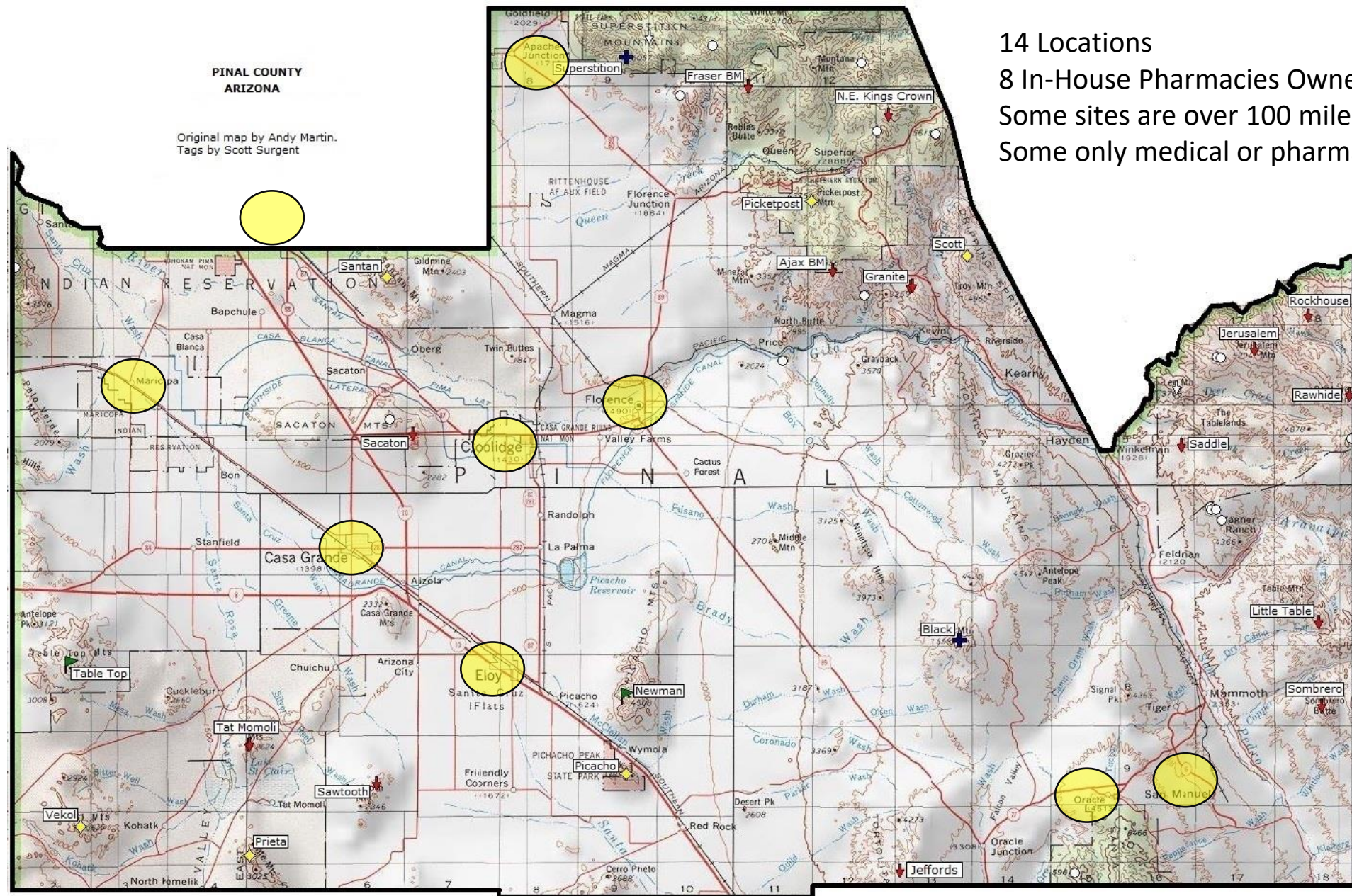
When you have seen one
Health Center...

You've seen ONE Health Center...

Sun Life Health

- Sun Life Health is now Pinal county's largest provider of primary health care services providing health care to Apache Junction, Casa Grande, Coolidge, Eloy, Florence, Maricopa, Oracle and San Manuel. We have also expanded to offer Women's health services into Maricopa county at our Center for Women location in Chandler.
- Today, as a non-profit Community Health Center Sun Life serves over 47,000 patients, 30 percent of whom are children.
- Born out of the Community Health Center Movement that had been sweeping the country in effort to bring accessible, high quality and culturally effective healthcare to all people. We have an unfailing concern for the well-being of our patients, as we provide the best possible experience for every person that walks through our doors.

County Map



Matthew Bertsch, PharmD

- University of Arizona, College of Pharmacy
 - Class of 2012
- Director of Pharmacy
 - Sun Life Health
 - Employee since 2011, full time since 2013, Director since 2015
- Residency Program Director
 - PGY1 Community-Based Pharmacy Residency Program





Building a Pharmacy Administration Team...

All the parts and pieces of an FQHC
Pharmacy Program and how the
pharmacy machine runs...

Definitions

Sometimes “Pharmacy Land” can be difficult to understand. The Following are definitions that will be useful through this presentation.

Community
Pharmacy

Our in-house, FQHC-owned pharmacy. Think standard retail pharmacy.

Clinical
Pharmacy

Integrated, embedded pharmacy services. The aspect of pharmacy practice that is embedded “in the back” with the providers.

340B
Compliance

A section of pharmacy practice dedicated to the continued compliance requirements of the 340B program.

Clinic
Medications

Medications utilized in the “back office” and given to patients as a part of treatment for their visit.

2015



Under Construction

Where we were in 2015

How operations worked

- Every Pharmacist that worked the floor was called a “Clinical Pharmacist”
- Pharmacy Managers were called “Clinical Pharmacist In Charge”
- Director of Pharmacy served as “Pharmacist in Charge” at multiple sites
- Operations were inconsistent site-to-site
- There was little standardization
- Many sites operated in “silos” due to geographical distance
- There was a desire to introduce Clinical Pharmacy Services
- Pharmacy Director served as the “expert” in all things (trust)

Where we were in 2015

Immediate goals for success

- Drive business to our in-house pharmacies
 - Develop Metrics, establish baselines, track data, gain provider and staff buy-in
- Standardize and stabilize pharmacy operations
 - Operations were ALL OVER the place
- Set people in place to set Community Pharmacy up for success
 - Managers at all sites, begin to build structure in the community pharmacy

Community Pharmacy Operations

Standardizing Community Pharmacies

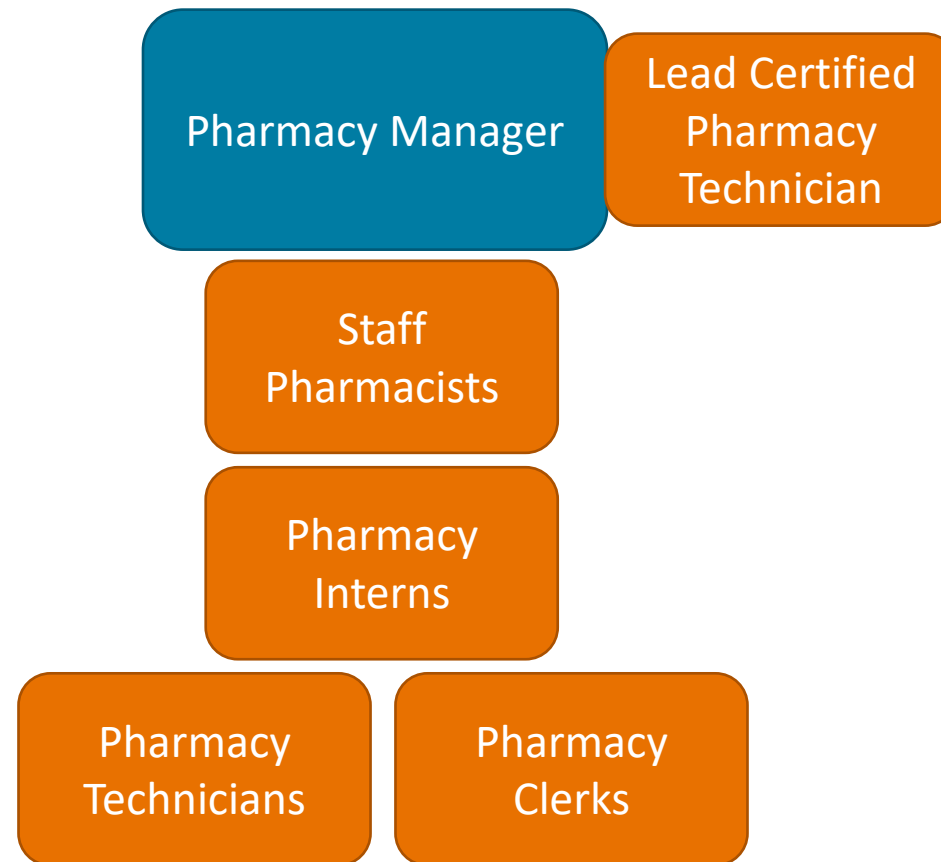
- Late 2015 hired a manager for our largest site (300 plus rxs per day)
- Manager focused on changing the culture within the pharmacy department
- What we heard...
 - “Pharmacists should just verify and counsel.”
- What we changed...
 - “Pharmacists need to be able to perform all of the work in a pharmacy.”
- Development of a standard pharmacy reporting structure
- Developed strong standard operating procedures
 - Standard work guides people to do the job the same way

Building a Local Pharmacy Teams

Years in the making...2016 through 2018

- Some sites had Clinical Pharmacists in Charge
- Some sites had Lead Technicians
- Some sites the Director oversaw all the operations
- Goal was to put structures in place to allow for success
 - Elimination of the Clinical Pharmacist in Charge Position
 - Development of a Pharmacy Manager Position to provide accountability for the **business**
 - Development of a Lead Technician position to complement the Pharmacy Manager

Pharmacy Team at Each Location



2016

Director of
Pharmacy

Lead Certified
Pharmacy
Technician

Casa Grande
Pharmacy

San Manuel
Pharmacy

340B Compliance

Clinic Medication
Distribution

Clinical Pharmacy
and Pharmacy
Residency Program

Eloy Pharmacy

Maricopa
Pharmacy

Apache Junction
Pharmacy

Building a Pharmacy Administration Team...

Expanding community pharmacy
services...

2017

Director of
Pharmacy

Community
Pharmacy
Operations
Manager

Pharmacy
Operations
Supervisor

Casa Grande
Pharmacy

San Manuel
Pharmacy

340B Compliance

Clinic Medication
Distribution

Clinical Pharmacy
Program

Diabetes Self
Management
Education

Eloy Pharmacy

Maricopa
Pharmacy

Pharmacy
Residency Program

Apache Junction
Pharmacy

Florencia Pharmacy

Under Construction

Community Pharmacy Philosophies

Why do you want to open an in-house pharmacy?

- Quality of patient care
 - More integrated healthcare experience
 - Proximity of pharmacy services to your patients
- Convenience for patients
 - Think about how many encounters generate prescriptions
 - Imagine a world where patients could get prescriptions BEFORE they leave your facility
- Introduces an additional revenue stream
 - Pharmacy, if done correctly, can introduce a great revenue stream into your health center
 - 340B program yields additional savings

Community Pharmacy Philosophies

A different way to think about revenue...NOT the same as medical finance...

- Gross Profit in a Pharmacy
 - $\text{Gross Profit} = \text{revenue (Copays plus insurance payments plus cash pay)} - \text{cost of goods sold (Medications and devices)}$
- Gross Profit Margin
 - $(\text{Gross Profit}/\text{Revenue}) * 100$
- Net Income
 - $\text{Revenue} - \text{Costs of Goods Sold} - \text{Expenses (operating expenses, etc)}$
- Pharmacy focuses on selling a THING
 - It is a retail business
 - Like grocery
 - We can change the equation by selling more of the thing, decreasing our cost of good sold or selling higher margin items

Community Pharmacy

If you build it, will they come?
Well...

Community Pharmacy Philosophies

Understanding the needs...

- Start talking early
 - Gain buy-in from all stakeholders (Providers, C-Suite, Directors, etc.)
- Start planning early
- Understand your patients' needs
 - What do THEY want
 - Survey them
- Understand your service line
 - Will you be open door? (Discussed on next slide)
 - Will you offer pickup options? Drive thru, curbside, none of the above?
 - What are your hours?
 - What drugs will you carry? Limited service, or open formulary?
 - Who is your competition? (Discussed in a few slides)

Community Pharmacy Philosophies

Open vs. Closed Door Decision

- Open door
 - Open to ALL customers (even those that are not patients of your entity)
 - May be harder from a contracting and compliance standpoint
 - Truly the best way to cover the majority of your patients' needs
 - Due to 340B contracts, may see losses on some prescription reimbursement
- Closed door
 - Closed to only patients of the entity
 - Easier from a compliance standpoint
 - May have to refer your patients elsewhere for some of their prescription needs

Community Pharmacy Philosophies

Battling Big Box Retail

- The most important thing to remember is that you are competing against all the “big box” competitors. If you think that you are stand alone and magic will just come to you, you are destined to fail.
- You are competing against nationally recognized brands.
- What CAN you offer your patients that is BETTER?
 - Better prices
 - Lower wait time
 - Better service
 - True patient care
 - Integrated healthcare
 - Quick turnaround times on refills

2018

Director of
Pharmacy

Community
Pharmacy
Operations
Manager

Pharmacy
Operations
Supervisor

Casa Grande
Pharmacy

San Manuel
Pharmacy

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Maricopa
Pharmacy

Pharmacy
Residency Program

Apache Junction
Pharmacy

Florence Pharmacy



Building a Pharmacy
Administration Team...

Building a true clinical pharmacy
service line...

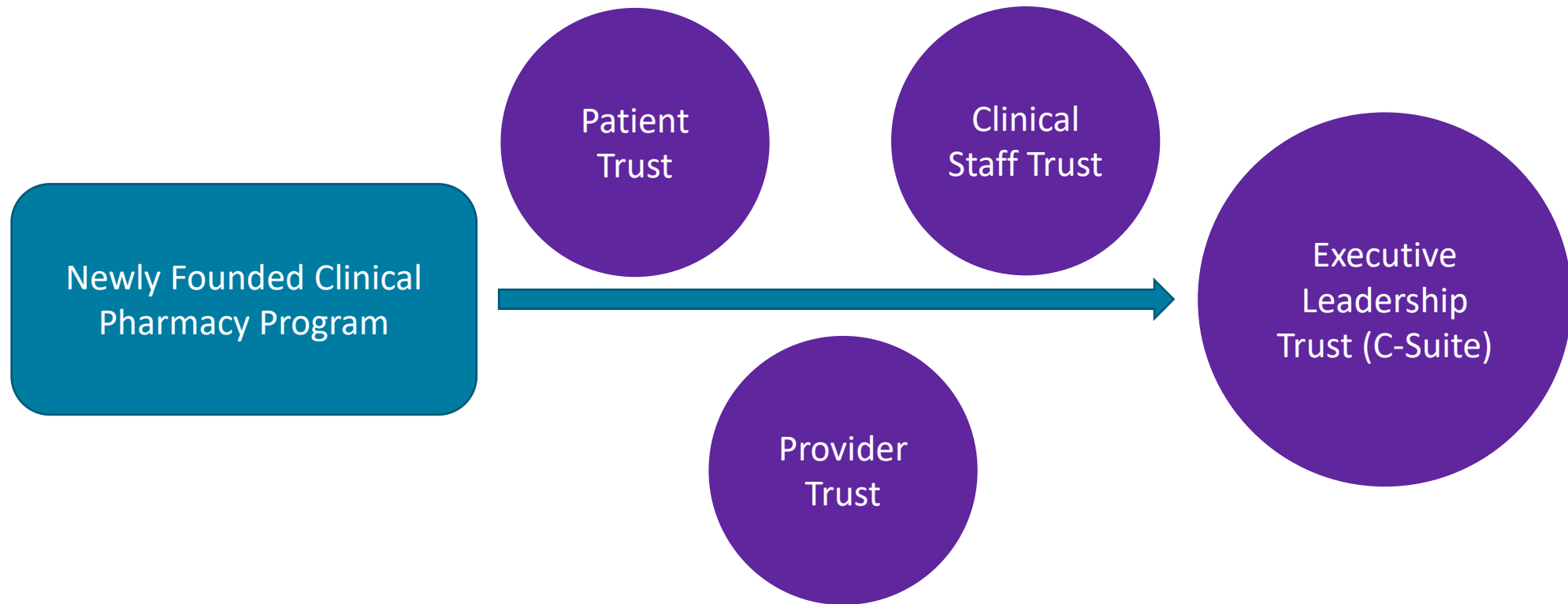
Where we were...

Was not where we wanted to be...

- We had “Clinical Pharmacists” that worked on the floor 90% of the time.
 - Merely consulting with providers does not make a clinical pharmacist.
- In late 2015 we decided to start a PGY1 pharmacy residency program.
 - Conversation regarding clinical pharmacy services between Manager and Director
- In 2016 we had our first residency class.
 - But... it was not an easy start!
-

Building Our Clinical Pharmacy Service Line

Integrated Clinical Pharmacy Services



Building Our Clinical Pharmacy Service Line

Integrated Clinical Pharmacy Services

- July 2016
 - 2 Residents
- June 2017
 - 1 FTE Clinical Pharmacist
 - 4 Pharmacy Residents
- July 2018
 - 3 FTE Clinical Pharmacists
 - 2 Pharmacy Residents
- April 2019
 - ASHP Accreditation
- July 2019
 - 5 FTE Clinical Pharmacists
 - 2 Pharmacy Residents
- July 2020
 - 5 FTE Clinical Pharmacists
 - 2 Pharmacy Residents
- July 2021
 - 1 Clinical Manager/4 FTE Clinical Pharmacists
 - 2 Pharmacy Residents
- July 2022
 - 1 Clinical Manager/6.5 FTE Clinical Pharmacists/1 Gaps Supervisor
 - 2 Pharmacy Residents

Building Our Clinical Pharmacy Service Line

Integrated Clinical Pharmacy Services

- Dispensing Pharmacists
 - Lick, Stick, Count, Pour...Repeat! “Bench Work”
 - Most accessible healthcare provider – no appt necessary
 - Still patient facing
- Clinical Pharmacists
 - Often embedded with primary care providers
 - Focused on chronic disease, or medication management, or both
 - Collaborative practice agreements

Building Our Clinical Pharmacy Service Line

Integrated Clinical Pharmacy Services

- From Bench Work to Primary Care
 - Sun Life's old model of "Clinical Pharmacists"
 - Introduced a residency program
 - "Forced" ourselves into primary care
- Collaborative Practice
 - Defined our scope of practice
 - Developed agreements with our providers to adjust medications, order labs, etc.
 - Focused on chronic diseases in our scope of practice

Building Our Clinical Pharmacy Service Line

Integrated Clinical Pharmacy Services

- Diabetes Management – one on one and group classes
 - Our most prominent disease state
 - 13 clinics had a diabetes staff of two people
 - We added clinical pharmacists to the group
- Other Chronic Disease State Management – one on one appointments
 - Added HTN/Hyperlipidemia/Nutrition Management
 - Coumadin/Warfarin/Anticoagulation Clinic
 - Expanding headcounts to keep covering our service area
 - Adding more chronic disease clinics

Building Our Clinical Pharmacy Service Line

Integrated Clinical Pharmacy Services

- Annual Wellness Visits
 - Health Plans send lists
 - Clinical Pharmacists work lists and schedule appts
 - Clinical Pharmacists conduct a large part of the visit and PCP “pops in”
- Closing Health Plan Gaps in Care
 - Working disease state lists
 - Developing SOPs for targeting disease states
 - Clinical Pharmacy + Quality + Primary Care + Operations + Information Tech

Building Our Clinical Pharmacy Service Line

Integrated Clinical Pharmacy Services

- 340B Savings
 - Remember: The 340B Program enables covered entities to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.
- Billing for services – slim to none?
 - Incident to?
- Health Plan Gaps in Care Opportunities
 - Can provide some revenue associated with Clinical Pharmacists
- Medicare Annual Wellness Visits
 - Great opportunity to contribute revenue
- Community Pharmacy Business
 - Encourage patients to fill at your in-house pharmacies!

Building Our Clinical Pharmacy Service Line

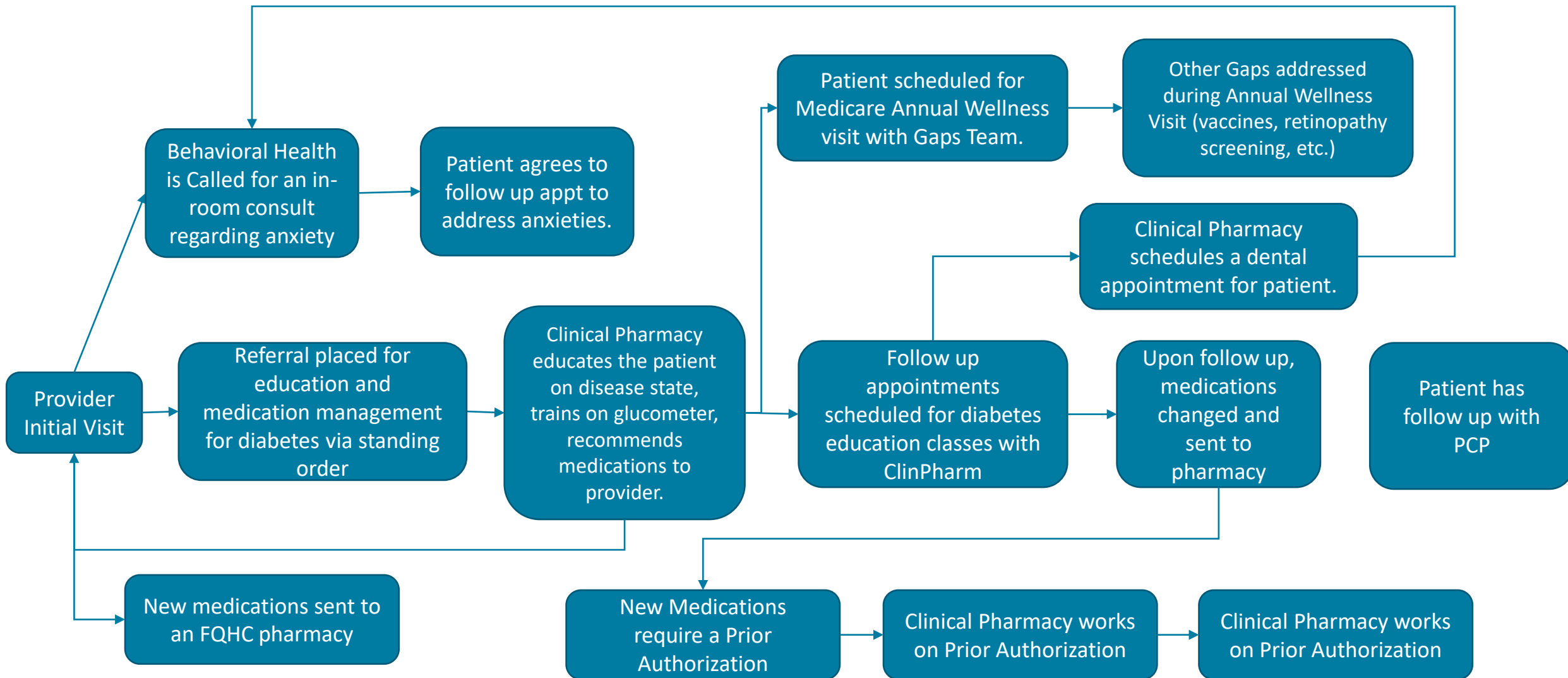
Integrated Clinical Pharmacy Services

- When you have one team (just the primary care providers) working on a patient, the patient care is limited to the time you have with the patient in the office.
- Very dependent upon follow ups with the PCP and staff.
- When you have multiple teams working on the patient, the patient gets a higher quality of care, and more COMPREHENSIVE health care.

Building Our Clinical Pharmacy Service Line

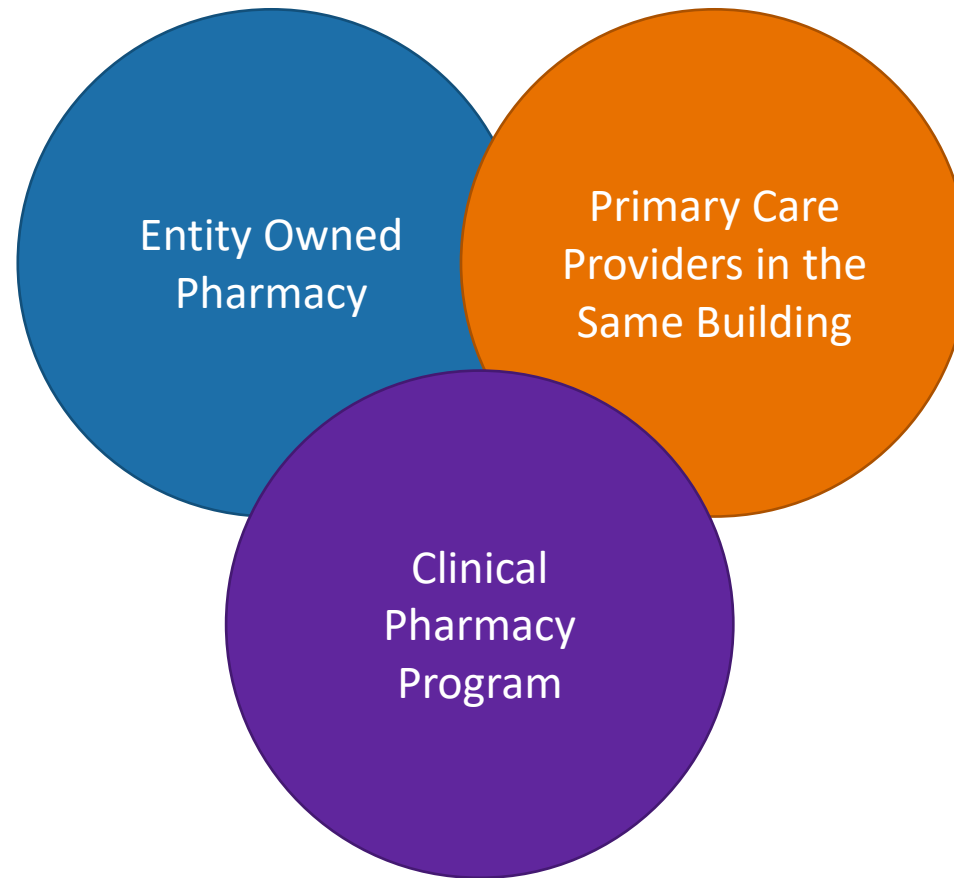
Integrated care services in one FQHC...

- Example of how a patient visit can go in an FQHC
 - 68-year-old Patient is seen for a PCP follow-up visit.
 - PCP has already ordered labs.
 - Patient is diagnosed with Type II Diabetes Mellitus.
 - Patient has some anxiety over their newly diagnosed disease state.
 - Patient is confused about their medication regimen.



Pharmacy Circle of Care

Completing the Circle of Care in Your Health Center



Building a Pharmacy Administration Team...

Focusing on 340B compliance and
contracting...

2019

Director of
Pharmacy

Community
Pharmacy
Operations
Manager

Pharmacy
Resource
Supervisor

Pharmacy
Operations
Supervisor

Lead Clinical
Pharmacist

Casa Grande
Pharmacy

San Manuel
Pharmacy

340B Compliance

Clinic Medication
Distribution

Clinical Pharmacy
Program

Diabetes Self
Management
Education

Eloy Pharmacy

Maricopa
Pharmacy

Pharmacy
Contracting and
Auditing

Pharmacy
Residency Program

Apache Junction
Pharmacy

Florence Pharmacy

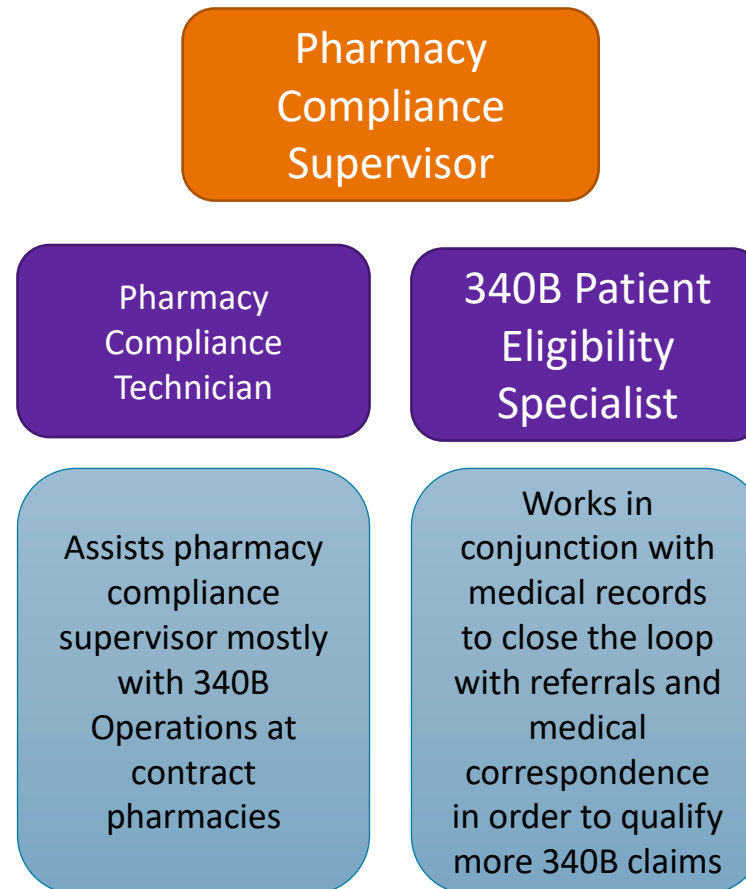
Monitoring and Strengthening Compliance

Building the 340B Team...

- 340B Pharmacy Operations are NOT set it and forget it...
 - Have you considered what portion of your organization's finances are supported by the 340B program?
- Pharmacy Operations Supervisor evolved into the Pharmacy Compliance Supervisor
 - Technician by trade
 - Became our expert in Contract Pharmacy and In-House Auditing
 - Became our expert in Pharmacy PBM contracting
- Developed a Team Around this individual SOLELY dedicated to Pharmacy Compliance
 - Specialized realm of pharmacy practice led by technicians and medical records specialists

Monitoring and Strengthening Compliance

Building the 340B Team



Monitoring and Strengthening Compliance

Building the 340B Team...

- One rate limiting step was getting timely referrals and correspondences to and from medical specialists.
 - Making claims eligible for 340B
- The solution is not ALWAYS to throw a body at the problem...
 - But sometimes it is...
- Pharmacy compliance team is responsible for
 - In house pharmacy audits for 340B eligibility
 - Contract pharmacy audits for 340B eligibility
 - In house pharmacy PBM contracting
 - In house pharmacy PBM audits
 - In house pharmacy “charge back” challenges



Building a Pharmacy Administration Team...

Continued expansion...

2020

Director of
Pharmacy

Community
Pharmacy
Operations
Manager

Pharmacy
Resource
Supervisor

Pharmacy
Compliance
Supervisor

Manager of Clinical
Pharmacy Services

Casa Grande
Pharmacy

San Manuel
Pharmacy

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Contracting and
Auditing

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Residency Program

Apache Junction
Pharmacy

Florence Pharmacy

Oracle Pharmacy

2020-2021

Let's not talk about COVID...

2021

Director of
Pharmacy

Community
Pharmacy
Operations
Manager

Pharmacy
Resource
Supervisor

Pharmacy
Compliance
Supervisor

Manager of Clinical
Pharmacy Services

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Pharmacy

Florence Pharmacy

Oracle Pharmacy

Casa Grande II
Pharmacy

Opening a Unique Pharmacy Practice Site

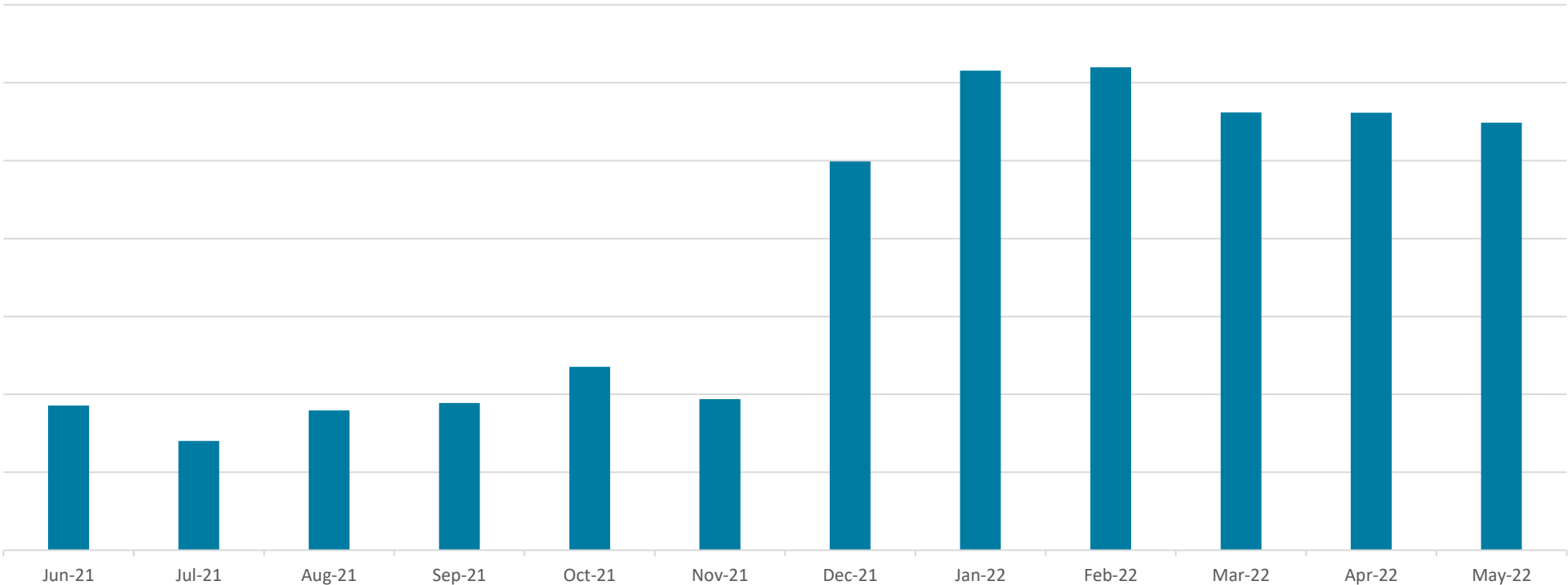
Casa Grande II, AKA, Center for Women Pharmacy

- Opened a Pharmacy inside of our Center for Women Pharmacy Location
- Smallest in footprint of our in-house pharmacies
- Goal was to get antibiotics, prenatal vitamins, contraceptives, etc. to patients on their way out the door, hopefully increasing compliance
- Very mission driven site
- Upon making calculations, assumed we could be just north of breakeven, but interesting data surfaced after opening
 - There is no magic number to when opening a pharmacy is beneficial
 - Next slide...

Opening a Unique Pharmacy Practice Site

Casa Grande II, AKA, Center for Women Pharmacy

Capture Rates at CFW Pharmacy 06/2021 through 05/2022

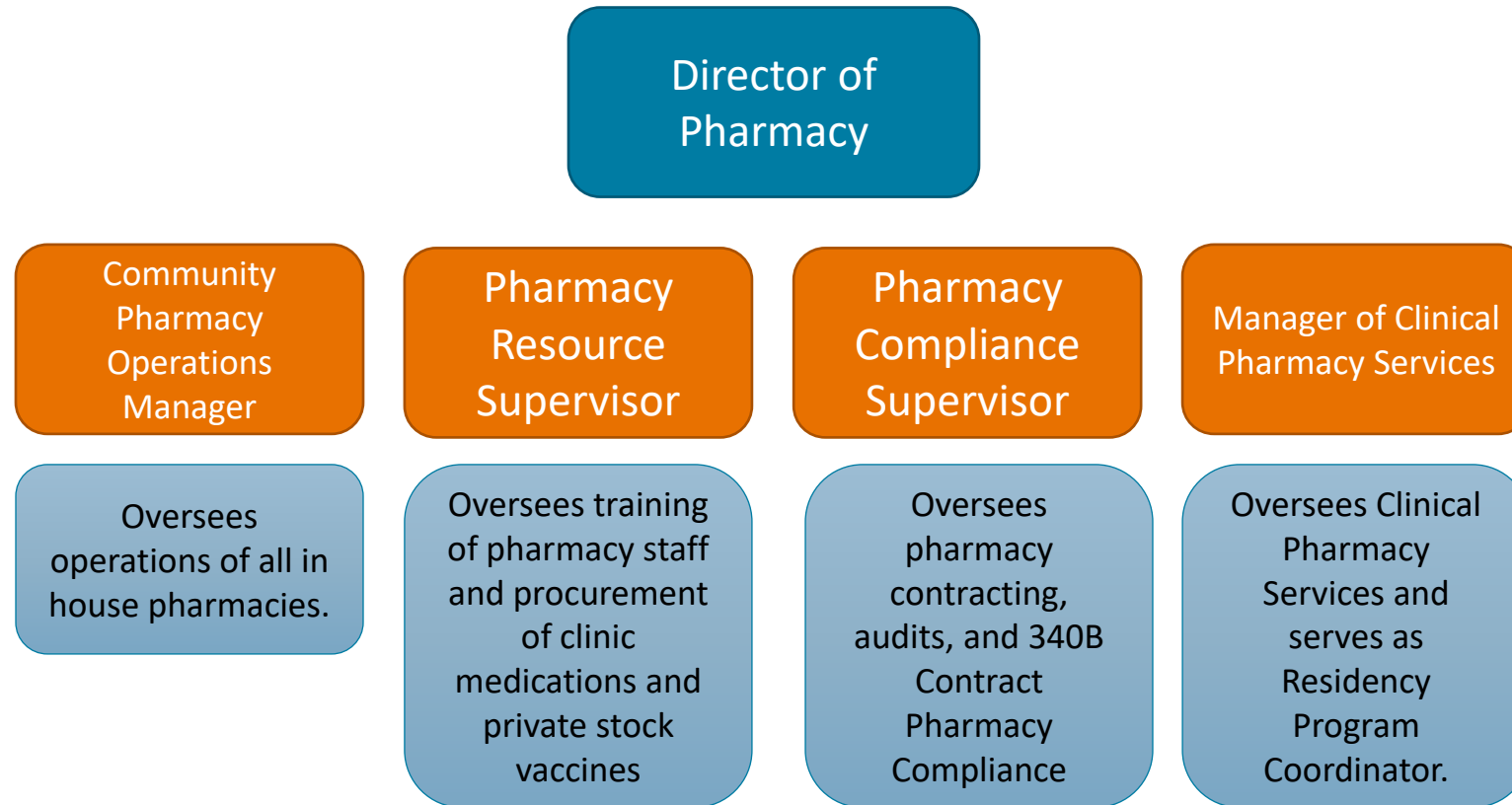


Opening a Unique Pharmacy Practice Site

Casa Grande II, AKA, Center for Women Pharmacy

- Showed that we can develop a tight knit connection between community pharmacy and provider staff.
- The teams use technology to communicate with one another.
- One of our most successful pharmacy practice models.
- Model will be replicated to other sites.

2022 Pharmacy Admin Team Simplified



How does this new hierarchy lead to future success...

Pharmacy subspecialty experts!

- The Pharmacy Director DIRECTS the vision of the department
 - Maintains a 30,000-foot view
 - Guides the direction of the department
 - Responsible for overarching strategic goals
 - Should NOT be too deeply in the weeds
- The experts in their subspecialties are experts in that section
 - Community Pharmacy
 - Clinical Pharmacy
 - Compliance
 - Resources
- The experts either came to us as experts or were developed

In Defense of 340B

Responsible use of savings and
navigating the waters of a rocky
environment...

Developing a 340B One Pager

Defining how you use your savings...

- As FQHCs, we need to advocate for how important the 340B Program is to those we serve
- Everyone should have a one pager on responsible use of savings
- My recommendation – do not focus on quantifying spend, focus on the activities that the program supports



Sun Life Health's Use of 340B Savings

Sun Life Health is a participant in the 340B Program. As an early adopter of this program, we believe in and adhere to the purpose of this program, which is to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.

Like all Health Centers, we are required by law and regulation to invest all 340B savings into activities that advance our mission of expanding access to health care for our medically underserved patients. At Sun Life Health, our mission is to deliver affordable, accessible and high quality, health services, wellness, and education to all people. Being in rural communities offers its own unique challenges. In some of the communities we serve, we are the only healthcare available to our patients and offer the only pharmacy services for many miles.

The 340B program is critical to our efforts to provide our low-income patients with access to affordable medication. Our sliding fee program in our pharmacies is a great benefit to our patients. Those patients who are unable to afford their medications benefit greatly from Sun Life's Pharmacy Sliding Fee Schedule for all medications that the pharmacy dispenses. Sun Life Health has started a \$3.99 generic drug program in order to ensure that all patients we serve can obtain their medications. Additionally, we offer charity prescriptions for those patients undergoing extreme hardship who otherwise would not be able to afford their medications. Without 340B, Sun Life would not be able to serve our patients in this manner.

After we provide our patients with access to affordable medications, we use our remaining 340B savings to expand services to our patients. Our clinical pharmacy program allows us to enhance the treatment of our patients with chronic diseases through disease-state-specific appointments. The 340B program also allows us to provide quality services for the organization that may otherwise not be possible. This program has allowed us to focus on weight management, anticoagulation therapy, diabetes education, and reduction in the usage of opioids, all utilizing clinical pharmacy services. Sun Life Health also has a robust diabetes education program in which we target the health needs of patients who suffer from one of our most prevalent disease states. We have multiple Certified Diabetes Care and Education Specialists on staff, which is of great benefit to all the communities we serve.

It is with this document we wish to express our passion for the purpose of the 340B program, and that is to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.

Sun Life's Use of 340B Savings

One FQHC's Approach...

- We have talked about a lot of our use of 340B savings thus far
- \$3.99 drug discount program for all patients
- Charity prescriptions for those undergoing extreme hardship
- Clinical pharmacy services
 - Weight management
 - Anti-coagulation clinic
 - Diabetes education
 - Reduction in opioid usage
 - Board certified pharmacy staff
- Diabetes education
 - CDCES Specialists on staff

In Defense of 340B

Advocacy is the way to go!

13 drug coverage

A. ALL CONTRACTS ISSUED, DELIVERED, OR RENEWED ON OR AFTER
JANUARY 1, 2024 MUST PROVIDE COVERAGE FOR A **THIRD PARTY** THAT
REIMBURSES FOR 340B DRUGS MAY NOT DO ANY OF THE FOLLOWING:

14 1. DISCRIMINATE IN REIMBURSEMENT **SOLELY** ON THE BASIS THAT
THE PHARMACY DISPENSES DRUGS SUBJECT TO AN AGREEMENT UNDER 42
U.S.C. Section 256b,

15 2. ASSESS ANY FEES, ADJUSTMENTS, CLAWBACKS OR CHARGEBACKS ON
THE BASIS THAT THE PHARMACY DISPENSES DRUGS SUBJECT TO AN
AGREEMENT UNDER 42 U.S.C. Section 256b,

16 3. EXCLUDE A PHARMACY FROM THE **THIRD PARTY'S** NETWORK ON THE
BASIS THAT THE PHARMACY DISPENSES DRUGS SUBJECT TO AN AGREEMENT
UNDER 42 U.S.C. Section 256b.

-2-

House Floor Amendments to S.B. 1176 – CHC Proposed Language

17

18 4. RESTRICT THE METHODS OR PHARMACIES WITHIN THE NETWORK BY
WHICH A 340B COVERED ENTITY MAY DISPENSE OR DELIVER 340B DRUGS.

1 20-3344. Rules: penalties

2 ~~THE DEPARTMENT SHALL MAY ADOPT RULES TO IMPLEMENT THIS ARTICLE.~~

3 ~~THE RULES SHALL AND MAY~~ SET FORTH MONETARY PENALTIES NOT TO EXCEED \$XXXXX

4 FOR VIOLATIONS OF THIS ARTICLE AND ~~THE~~ RULES ADOPTED PURSUANT TO THIS ARTICLE.



In Defense of 340B

Advocacy is the way to go!

- All contracts that are issued, delivered or renewed on or after January 1, 2024 for a third party that reimburses for 340B drugs shall not do any of the following:
 - Discriminate in reimbursement on the basis that the pharmacy dispenses a 340B drug.
 - Assess any fee, chargeback, clawback or adjustment on the basis that a pharmacy dispenses a 340B drug.
 - Exclude a pharmacy from a third party's pharmacy network on the basis that the pharmacy dispenses a 340B drug.
 - Restrict the METHODS or pharmacies within a third-party network by which a 340B covered entity may dispense or deliver 340B drugs.

In Defense of 340B

Advocacy is the way to go!

And you can do this...

June 13, 2022

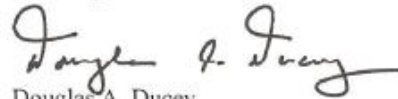
The Honorable Katie Hobbs
Secretary of State
1700 W. Washington, 7th Floor
Phoenix, AZ 85007

Dear Secretary Hobbs:

I am transmitting to you the following bills from the Fifty-fifth Legislature, 2nd Regular Session, which I signed on June 13th, 2022:

S.B. 1176 340B drug program; prohibitions (Gowan)
S.B. 1312 physical therapy; practice; imaging (Barto)
S.B. 1630 school buses; student transportation; vehicles (Kerr)
S.B. 1633 harassment; aggravated harassment; offense (Kerr)
H.B. 2182 livestock assistance program; infrastructure projects (Cook)
H.B. 2391 video services providers; enforcement; jurisdiction (Dunn)
H.B. 2437 Arizona beekeepers special plates (Longdon)
H.B. 2488 Uyghurs; forced labor; contracts; prohibition (Wilmeth)
H.B. 2633 hospitalizations; family visitation (Nguyen)
H.B. 2635 breast implant surgery; informed consent (Shah)
H.B. 2694 department of real estate; fees (Toma)

Sincerely,



Douglas A. Ducey
Governor
State of Arizona

cc: Senate Secretary
Chief Clerk of the House of Representatives
Arizona News Service

Combat the 340B Issues...

Promote and Utilize Pharmacies that your Health Center Owns

- Manufacturer restrictions at contract pharmacies
 - Make things difficult for us.
- Increase utilization of in-house pharmacies
 - Expose EVERYONE to your in-house capture rates
 - Be BETTER. Do BETTER.
- Responsibly utilize 340B savings
 - Create programs that support your patients. They depend on YOU.
- Just when you think you have run out of diamonds to mine...
 - There is always another one around the corner.

Finally...

Build a team you can trust...

Have a dream and a vision...

Carry it out in the interest of patient care...

1. Polling the Room
2. Sun Life Health Introduction
3. Building a Pharmacy Administration Team – Who Does What?
4. Where we were...
5. Expansion of Community Pharmacy Services
6. Development of Clinical Pharmacy Services
7. Strengthening 340B Compliance
8. Continued Growth and Admin Development
9. In Defense of 340B
10. Conclusion

What we focused on today

This session will dive into the world of pharmacy in a federally qualified health center. Pharmacy is completely different, operationally, from what is traditionally seen on the medical side. From Community Pharmacy, to Clinical Pharmacy, and appropriate use of savings, this presentation will show one health center's approach to responsible use of 340B savings, and creating a dynamic team to help the pharmacy department, and the organization continue its path of growth.

Learning Objectives

1. Learn how to create a dynamic pharmacy administration team to approach all areas of pharmacy practice.
2. Discover how one health center utilizes 340B savings to improve the care of all patients it serves.
3. Learn unique clinical pharmacy practice models from a federally qualified health center.



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