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Nicolle McClure: Hi, and welcome to the Pharmacy Marketing Simplified podcast, part of the Pharmacy Podcast Network. I am your host, Nicolle McClure, president of GRX Marketing. Today we are tackling the subject of marketing your MTM services with special guest Dr. Blair Thielemier, and also she's a fellow podcast cohost. Blair, welcome to the show.

Blair T.: Thank you so much for having me.

Nicolle McClure: Just to give you guys a little bit of background on Blair, she is an independent consultant pharmacist living in Arkansas with her husband and daughter. Her latest project is the first ever virtual pharmacy conference, the Elevate Pharmacy Virtual Summit. She is also the founder of Pharmapreneur Academy, an online e-course and academy where she guides pharmacist entrepreneurs through the process and barriers of building a pharmacy consulting business. She is also the author of How to Build a Pharmacy Consulting Business, a contributing author for Pharmacy Times, and a guest host on the Pharmacy Podcast. For more information, please check out her website, btpharmacyconsulting.com.

Nicolle McClure: Blair, I'm so excited to have you on the show as an expert on marketing and consulting on MTM pharmacy services. Right now in the industry, I feel like we're kind of in a turning point where clinical services and the independent pharmacy setting, and doing MTMs was kind of at a critical point where they're becoming more important than ever before. In your expert opinion, why is that vital for independent pharmacy owners to do?

Blair T.: I think there's really two points that we need to highlight as far as why we are focused on clinical services and why MTM is more important than ever. The first is because of the changes that CMS is making in their value based payment. They are shifting the model from the traditional fee for service to a fee for performance model. One part of that is the medication related quality measures, which we know as star ratings. We have a lot of resources in the pharmacy that helps us recognize which MTM adherence and which clinical services really impact these star ratings the most, especially using dashboards like the equip dashboard. But it's becoming more and more important that pharmacists understand these quality measures, and they understand how they impact them.

Blair T.: One way that they do that is through clinical services and MTMs. The other big point that I want to make for pharmacists who are doing MTM and clinical services in their independent pharmacy setting is that it sets independent community pharmacies apart from the competition. I really feel that the one on one, consulting type of services are what is going to help usher independent pharmacy into the future. I think it's what's going to help us compete with the big chain retail, and it's going to really offer services to our patients that they find valuable, and helps improve their outcomes.

Nicolle McClure: To your knowledge, are the chains tackling MTMs at all, or are they staying away from that area?

Blair T.: They are doing it somewhat. Some of the chains are handling it themselves in store. Some of them are directing most of the MTM work towards a single person, whether it's a clinical director or something like that. They'll cover a wider region. The clinical services that I'm talking about outside of MTM and outside of just utilizing the platforms to do comprehensive medication reviews and adherence checks are things like point of care testing services where a patient who feels like their child might have strep can come into the pharmacy, can see the pharmacist and receive a rapid diagnostic screening for strep. Then, say that pharmacist has a collaborative practice agreement set up with a local physician. That patient could actually be screened, test positive, and then be dispensed the therapy, the antibiotics, that they need, without ever having to set foot in a doctor's office. Those are really the types of services that go above and beyond. At this point, not many chain pharmacies are offering those types of services. Those would be kind of the minute clinics, which are being tested in some chains. But as far as moving quickly and on a wide-spread scale, I'm not seeing that as much as I'm seeing innovation in independent community pharmacy.

Nicolle McClure: Now is really the time for independent pharmacists to take advantage of this opportunity and not wait.

Blair T.: Yeah. I'm really excited about the changes that are happening here in Arkansas. We've got a bill that will add to our pharmacists' scope of practice here in our state. Nationally, we've got a provider status bill in Congress. I always tell people, provider status will help make billing for our services easier, but it won't be the be all, end all. We'll still have to develop collaborative relationships. We'll still have to figure out how to bill for these services, and also how to market these services. I think that's where we can definitely start doing that better right now and prepare ourselves for growth in the future.

Nicolle McClure: Somebody's on board with marketing and taking the next step with these clinical services. What challenges do you think they're going to face when starting out?

Blair T.: From the standpoint of adding any new service into the pharmacy, there's going to be staff training. Identifying your current resources as far as staff time, level of staff training, and the ability that they can assist in these clinical services. Resources is really one challenge, or opportunity, whichever way you want to look at it, to start offering these clinical services.

Blair T.: Another thing you kind of want to look at is what is the needs of the community. You don't want to implement point of care testing, screening for HIV, if you're not in a community that has a high prevalence of HIV. It's a combination of looking at your resources that you currently have in your pharmacy, and also what opportunities exist in your market.

Blair T.: The next challenge that many pharmacists face is billing for these services. Most of the time, when we are talking about billing for MTM services, it's through the platforms, outcomes, MTM, and Mirixa. When we look at going outside of those clinical services and adding more advanced clinical services and consulting type programs, most of the time we're talking about cash based testing. Now, if you have a collaborative practice agreement and a physician writes a referral, there are ways for the lab companies that you work with to do the testing, to bill that patient's insurance. But billing seems to be kind of the biggest barrier. It can be overcome, and the best way to do that is to ask around and to learn from other pharmacists what is working, so you're not having to recreate the wheel.

Blair T.: After you get the clinical services put in place, the third challenge is really marketing those services so that the community knows that they can come to your pharmacy for a blood glucose check or cholesterol screening, or a rapid diagnostic flu or strep test. Those types of programs, even if it's a diabetic support group, something like that, you need to think about ahead of time how are you going to market. First you want to make sure there is a market, and then how are you going to market these services, not only to the patients, but to the providers that are going to be able to refer these patients to you?

Nicolle McClure: It's definitely something that you can't just start out without having a plan of action of what you're going to do and how you're going to tackle. I know for patients, we've had success with our clients in helping them through in store marketing, social media, sending out e-newsletters to customers, that sort of thing. Kind of just a general message letting the patients know that the services are available, because I think many don't even know that that's an option for them. I guess kind of talk about beyond the general message, how pharmacy owners can talk about marketing OTC products with nutrient depleting drugs.

Blair T.: Yeah, this was something that I interviewed several pharmacists for the Elevate Pharmacy Virtual Summit and one of them really has built his business around consulting on nutraceuticals. One of the things we talked a lot about was nutrient-depleting drugs. There are lab tests that you can administer to your patients and they can also fill out a questionnaire that will help identify where some of these deficiencies are occurring, but one thing we talked about that

you can do with every patient, say every patient that's taking a statin, is create a bag stuffer or have one of your staff members create a little bag stuffer. It doesn't have to be fancy. You can use a free graphic design website like canva.com or even just create something nice looking in Word. It doesn't have to be super fancy, is my point. Use that to market your OTC products. So every person that gets a statin, they get this little strip of paper with a bag stuffer and a note on there saying, "If you're taking a statin, don't forget to take your CoQ10," or every time you dispense an oral contraceptive, make sure there's a little note or a bag stuffer in there that says, "Make sure you're taking your Vitamin B6," or folic acid. Whatever it is that you want to promote.

Blair T.: I feel like just simple things like that that don't have to require any kind of advance marketing skills, just very simple things that you could be recommending that can help boost your OTC and front end sales could be something you could start tomorrow, and I believe you would see an impact on your business.

Nicolle McClure: Of course another big area of targeting is to prescribers, which you kind of touched on earlier. Some great ways to do that is through networking, in-service co-hosting type events. Another way that we've found success is reaching out to prescribers with fax or email, just giving them information on the pharmacy's MTM clinical type services.

Blair T.: Yeah, that's a good point, too. I think that just sharing what you're doing with prescribers, sometimes I've heard other pharmacists say that providers are a little put off when you just send them a recommendation for drug therapy change out of the blue after doing an MTM. But if you've already warmed them up and let them know this is what MTM is, take them a dozen donuts and do a short little inservice or something like that, or even just a fax that says, "If you get a medication recommendation from me, this is what it is. I know that you're being judged on your star ratings as well for medication adherence just like we are. We're working to help your patients become more adherent to their medications. This is one of the programs that can help that. We are monitoring your patients' refills every month and putting them on a medication synchronization program, and doing this we feel like will benefit the patient. It will also help improve your medication related quality measures and the star ratings that these plans are really wanting to push as far as getting patients off high risk medications and improving adherence and getting a CMR completion rate that's over 76%."

Blair T.: Just things like that or things that you can share with prescribers, whether it's something at a networking event or you bump into them in the grocery store, tell them a little bit about what you're doing. Even co-hosting an event. One of the pharmacists that I interviewed for the Summit talked about they had co-hosted some events for, I believe it was women on hormone therapy. It was a short, half a day seminar where they brought in several different speakers and just talked about hormone therapy, hormone replacement, lifestyle

modification, things that women could do that were going through menopause or post-menopause. That was something that was valuable to the patients that they were offering it to, but it was also creating a relationship and a partnership between that pharmacist and that physician's office as well.

Nicolle McClure: That's a great idea. I think the other thing is maybe looking for groups in your market that you can go and speak to. If you have any of those niche groups, HIV support groups or maybe just a senior center, and going to offer to do a free presentation is a good way to offer as well.

Blair T.: Yeah, I would definitely reach out to the local Rotary club, if there is a local senior day center, they bring in speakers a lot. For low income or rural health clinics, a lot of times they'll have diabetic support group programs where they bring in speakers. My mom has run programs like this where they bring in a podiatrist one month and talk about foot care, they bring in a nutritionist one month and talk about what diabetics should avoid in their diet. They're always looking for experts that can come in and discuss. I feel like any pharmacist could go in and talk about medication adherence to diabetic medications and why that's important, and give them a few tips and really provide a lot of value for the people that they are speaking to.

Nicolle McClure: Definitely. I think another unexpected surprise of doing these services, you're not only helping your current customers, but it's an opportunity to gain new customers by asking for referrals or just promoting your services through prescribers and educational events. You may get new people walking in your door as well.

Blair T.: Absolutely. I've actually gotten referrals through just doing MTM for people that are current customers in the pharmacy to people who are not our customers. That's what we call grass roots marketing. That's people receiving a really great service being just blown away by the over delivering of the pharmacist, which I think that we are really good at, and sharing about their experience. I think that that's hugely underrated, whenever ... One of the pharmacists I interviewed, she talked about pharmacogenomic testing. They're offering cash based pharmacogenomic testing in their community pharmacy. She said that their pharmacy primarily serves a low income neighborhood, and what they found was when they started offering these more clinical services, like pharmacogenomic testing, they actually had referrals from people across town. There were people coming in, willing to pay cash, and asking for these pharmacogenomic services. They actually saw an increase in new customers that didn't actually live anywhere near the pharmacy. I thought that that was kind of interesting, too.

Nicolle McClure: Yeah, that's very interesting. I think a lot of times we kind of get in our box, so to speak, where we don't look outside where our core market is. That's excellent.

Nicolle McClure: Say that the pharmacy owner, they want to do MTM services, the clinical, and really branch out, but maybe they have challenges of they're the only pharmacist, they just don't have time to market or get out or do the billing. I know an option is to use an independent consultant to complete those services. Talk about the benefits of that and how that works.

Blair T.: Using an independent consultant is something that I see as kind of hiring a clinical relief pharmacist. If you're a one owner store and you need double coverage in order to offer these kinds of services, you can hire a pharmacist, like myself, who helps you complete all of your MTM programs and all of your CMRs. If you're doing anything additionally, like health and wellness consulting, you can actually plan to block schedule, in the appointment model, a time for a consultant to come in and do something like that. I think that using a consultant is a way to get another highly experienced and a pharmacist with expertise in a subject to come in and help you complete these services. Whether it's just a one time implementation and helping set up and get your MTM program rolling, or if it's ongoing management of the MTM program, they can help train your staff members to help you do some of the less clinical tasks that will help free you up to do clinical work.

Blair T.: Optimizing training, using the right staff members for the right jobs, and making sure that these programs are efficient so we can make sure they're still profitable, and even going to outsourcing some of these tasks like gathering a patient history and patient information before the CMR that can help lessen the pharmacist's time commitment in some of these clinical services that may take 20 to 30 minutes for the pharmacist to sit down and do.

Nicolle McClure: When you partner with a pharmacy owner for the consulting services, is there a common hurdle that you see that needs to be overcome, or does it vary by location to location?

Blair T.: The most common barrier is having the time to do the services. Whenever I first started doing MTM, I had been working as a clinical hospital pharmacist. I had lost my job due to budget cuts, I was six months pregnant, and then I just decided that it wasn't really a great time to be looking for a job, so I was doing relief work for some of the local community pharmacies until after I had my daughter and my maternity leave. Because I was out doing relief for these pharmacists, and because I had a strong clinical background, some of them started asking me to help them with their MTM programs. My first reaction to that was, I don't know how to do that. I'm afraid to bill Medicare. What if I do something wrong? I just had that fear of, I'd never done it before, so I'm not expert enough to do it.

Blair T.: But once I started using the platforms and I had another pharmacist walk me through my first few cases, then I went and took the MTM certification through APHA, I felt much more comfortable. I think that the biggest barrier is a function of not having enough time, and also not being comfortable enough to feel like

you can be efficient and you can do a well enough job. That's what I help, in my e-course that you mentioned, the Pharmapreneur Academy, I have created a very step by step process in that e-course about how to make yourself comfortable with doing MTM and how to make sure that you're doing it efficiently, you are making recommendations that are easy for the provider to act on. For instance, having a sheet where if you're recommending a statin be added to a diabetic's therapy, it's kind of a pre-made out prescription where I'll put the reasoning, I'll put the evidence-based medicine behind it, and then I'll have some options, simvastatin, 40 mg, or atorvastatin, 20 mg, or whatever. They can literally just check the box and sign their name and fax it back to me, and it's a valid prescription.

Blair T.: Those are the types of things that I think that we need to share as pharmacists that really work and help make that program more efficient. Those are also the kind of things that I teach to consultants, so that they can help community pharmacies in a fast, efficient, and more expert kind of manner.

Nicolle McClure: That sounds great. Just to wrap up the podcast, I'd like to talk a little bit more about your Elevate Pharmacy Virtual Summit that's coming up. If you can give us more information on that, what it will entail, and how people can register and receive updates on that.

Blair T.: I am really, really excited about this summit. It is what one attendee described as the ability to attend a high quality pharmacy conference from the comfort of home. That made me really happy for her to say. What I did was I interviewed 22 experts and pharmacists, not all pharmacists, but as I mentioned, some were professional sales people, one was an industrial engineer, one was an expert in the finance industry. I interviewed these people about new opportunities and profitable pharmacist led clinical services. I've packaged it together so that day one, we focus on pharmacist impact on quality measures, day two we're focusing on efficiency, day three we focus on marketing. Each day has four to five new interviews being released.

Blair T.: It is free to join. April 5th through the 9th of 2017, and it's really a place that I created for independent pharmacy owners and also for primary care consultants who want to work in physicians' office type settings, to identify the trends and the opportunities in enhanced clinical services. We talk about clinical consulting, quality measures, billing challenges and how to overcome them, and how to really create these profitable programs. The way that I've structured these interviews are choosing pharmacy leaders and experts in the industry, and talking about what they've done in the past that worked, what their tips and strategies and advice are for building a growing their pharmacy business.

Blair T.: I'm really excited about it. The website should be up in the next couple weeks. It's at elevatepharmacysummit.com. You can go ahead and register, get on the waiting list, and as soon as I get the full site up and running, you'll be able to go on an register for free. I'm really excited about that, and I hope that all of you

guys will join me on there, and then also join me in our private Facebook group for Summit attendees, and discuss what ideas did you find most valuable and what are some tips that you have found that you would like to add, or questions you have for some of the expert speakers on the summit. I'm very excited about it, and I want to welcome students and pharmacists and anyone really interested in enhanced clinical pharmacy services to come join us on the Elevate Pharmacy Summit.

Nicolle McClure: That sounds great. I'm definitely going to have to check it out. Blair, thank you again for all your insight and expertise and joining me today. I think you gave a lot of great ideas for pharmacy owners to get started on doing clinical services and MTM.

Blair T.: Thank you. I appreciate that.

Nicolle McClure: Thank you again for listening to another episode of the Pharmacy Marketing Simplified podcast. Be sure to check out our website at grxmarketing.com for more information on how we can help market your pharmacy.

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