

WE'VE MOVED: SEE OUR NEW ADDRESS ON PAGE 25

The Journal of the Georgia Pharmacy Association 

Georgia Pharmacy[®]

February/March 2016

Inside:

**WHAT YOU NEED TO
KNOW ABOUT THE
NEW MAC LAW**

**2016 GPhA
CONVENTION
PREVIEW**



THE NUMBERS ISSUE

**GPhA'S GUIDE TO THE
FACTS, FIGURES, AND
STATISTICS THAT
AFFECT YOUR PRACTICE**

So

YOUR
COLLEGE
MEMORIES
OUTLIVE YOUR
PHARMACY SCHOOL
LOANS.

**0.125% rate discount* when you refinance
through SoFi.com/GPhA**



Refinance your student loans. Pharmacists save around \$20K.
So Smart. SoFi.com/GPhA

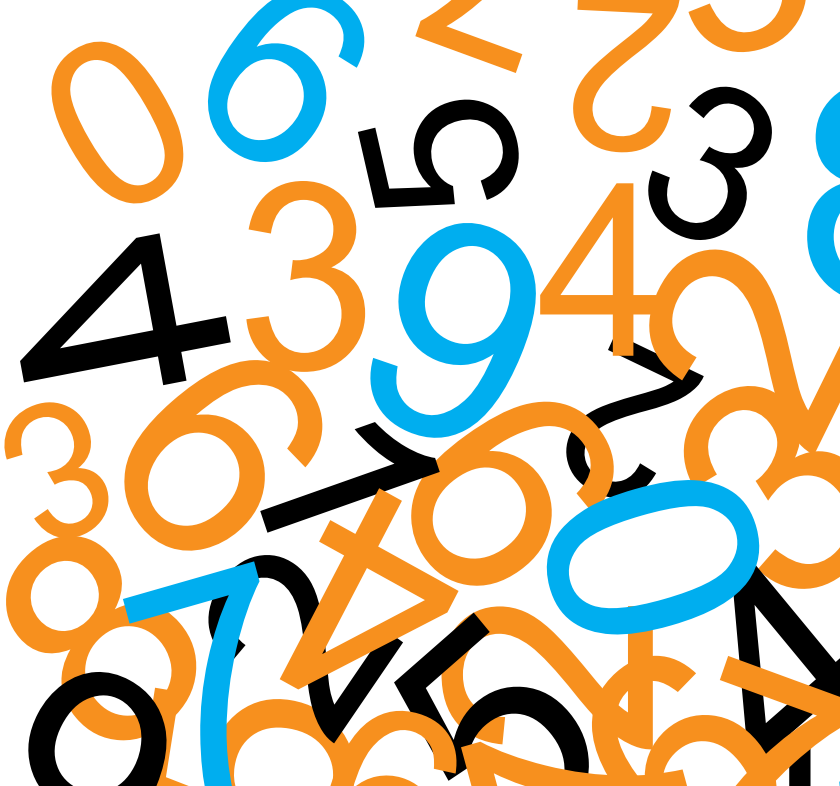
SoFi loans are originated by SoFi Lending Corp (dba SoFi) California Finance Lender #6054612 *If you apply and are approved, the interest rate shown in the Final Disclosure Statement will include an additional .125% rate discount because of your membership in the Georgia Pharmacy Association at the time of loan origination.

contents

14 COVER STORY: BY THE NUMBERS

It's our annual look at the state of pharmacy, medicine, and healthcare in Georgia. These are the numbers that shape your profession, from pharmacist vaccinations, to cannabis oil laws, to ... well to the very end: what's killing Georgians.

See how the Peach State compares to its neighbors and to the country — and how some of those facts and figures affect our advocacy.



3 prescript

The fellowship will do us good

Sometimes simply being there can make a world of difference; Scott Brunner considers the power of presence.

4 news

What's happening in the Georgia pharmacy world

Cannabis oil, track and trace deadline, new oxycodone rules, and much more.

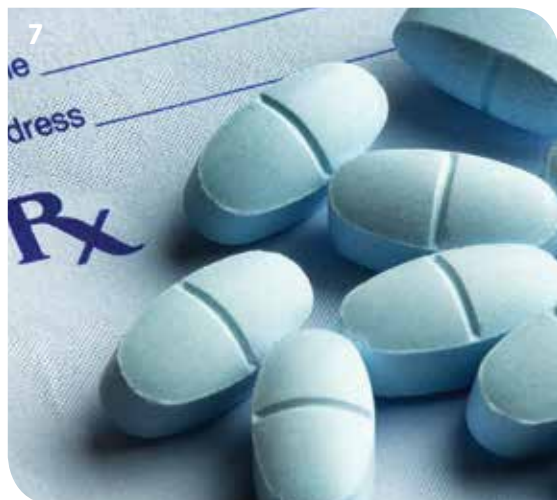
23 contact us

Who does what at GPhA, and how to reach us

24 postscript

A note from President Tommy Whitworth

Sure, numbers are important, but don't forget that it's the people behind them that give our profession its meaning.



8 legal injection

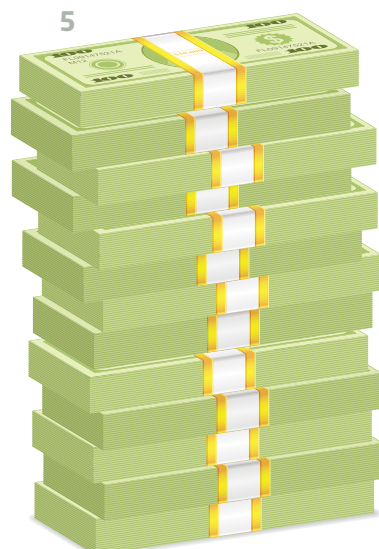
Our association counsel answers questions about Georgia pharmacy law


9 academy profile

This issue: The Academy of Employee Pharmacists

21 PharmPAC

Investors in the future of the pharmacy profession in Georgia





www.phmic.com
800.247.5930

Our commitment to quality
means you can rest easy.

Pharmacists Mutual has been committed to the pharmacy profession for over a century. Since 1909, we've been insuring pharmacies and giving back to the profession through sponsorships and scholarships.

Rated A (Excellent) by A.M. Best, Pharmacists Mutual is a trusted, knowledgeable company that understands your insurance needs. Our coverage is designed by pharmacists for pharmacists. So you can rest assured you have the most complete protection for your business, personal and professional insurance needs.

*Learn more about Pharmacists Mutual's
solutions for you – contact your local field
representative or call 800.247.5930:*

Hutton Madden, ChFC®

800.247.5930 ext. 7149
404.375.7209

Seth Swanson

800.247.5930 ext. 7128
850.688.3675

**Pharmacists
Mutual® Companies**

PO Box 370 • Algona Iowa 50511

*Compensated endorsement.
Not licensed to sell all products in all states.

The fellowship will do us good



SCOTT BRUNNER

An old farmer shows up to enter his mule in a prestigious horse race.

"Surely you don't think she can win," says the incredulous race superintendent.

"Maybe she can and maybe she can't," says the farmer, "But either way, the fellowship will do her good."

I recalled that story the other day as I walked the halls of the Capitol with a handful of Georgia pharmacists — our first 2016 Pharmacist Advocacy Team. They had come to the Gold Dome for the day to visit with their legislators, explain the legislation we're supporting, and ask for lawmakers' votes. And though they were a bit out of their element — the Capitol crowd can be intimidating — they were remarkably effective.

The Pharmacist Advocacy Team program is the start of a new phase in the political life of The Georgia Pharmacy Association— a phase in which we ramp-up our Capitol presence and redouble our grassroots lobbying efforts. In short, we aim to have eight to 12 pharmacists on site at the Capitol *at least one day each week* during the session, providing legislators a first-hand perspective on pharmacy issues and challenges.

This sort of sustained presence can be more effective than a single day where we flood the Capitol with pharmacists. We're also counting on

you to continue to visit and communicate with your legislator in-district.

That's what brought the story of the farmer and his mule to mind. Legislative success actually is more like a relay than a traditional horse race. The thoroughbreds (our paid lobbyists) can only get us so far. It frequently takes some mules — knowledgeable, hard-working pharmacists like you, pardon the metaphor — to push a piece of legislation across the finish line.

So when the mules show up at the racetrack (so to speak), not only do legislators notice, but they listen. Why? Because chances are, if you're willing to take time away from your pharmacy practice to come to the Capitol, there's a good chance you're also going to show up at the polls next election ... and they need your support as much as you need theirs.

The 2016 legislative session runs through mid-March, so there's still time to sign up for a Pharmacist Advocacy Team. Go to GPhA.org/at-thedome to choose a date. Then grab your white coat and join us under the Gold Dome. And if you can't do that, then take time to reach out to your legislator when he or she is home on the weekends. You'll find background on our priority issues at GPhA.org/advocacy.

Either way, the fellowship will do your profession good. [f](#)

E-mail GPhA CEO Scott Brunner at sbrunner@gpha.org.

Georgia Pharmacy

The Journal of the Georgia Pharmacy Association

Georgia Pharmacy magazine is the official publication of the Georgia Pharmacy Association.

Unless otherwise noted, the entire contents of this publication is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International license. Direct any questions to the editor at akantor@gpha.org.



President and Chair of the Board
Tommy Whitworth

President-Elect Lance Boles

First Vice President Liza Chapman

Second Vice President
Tim Short

Chief Executive Officer
Scott Brunner, CAE
sbrunner@gpha.org

Vice President of Communication and Engagement Phillip Ratliff
pratliff@gpha.org

Director of Communication & Editor
Andrew Kantor
akantor@gpha.org

Art Director
Carole Erger-Fass

SUBSCRIPTIONS

Georgia Pharmacy is distributed as a regular membership service, paid for with membership dues. Non-members can subscribe for \$50 per year domestic or \$65 per year international. Single issues are \$10 per issue domestic and \$20 international. Practicing Georgia pharmacists who are not members of GPhA are not eligible for subscriptions.

POSTAL

Georgia Pharmacy (ISSN 1075-6965) is published bi-monthly by the GPhA, 50 Lenox Pointe NE, Atlanta, GA 30324. Periodicals postage paid at Atlanta, GA and at additional mailing offices. POSTMASTER: Send address changes to Georgia Pharmacy magazine, 50 Lenox Pointe NE, Atlanta, GA 30324.

ADVERTISING

All advertising inquiries should be directed to Denis Mucha at dmucha@gpha.org or (770) 252-1284. Media kit and rates available upon request.

FRESH CPE FROM GPhA

Continuing pharmacy ed: You asked for more, and we're on the job.

GPhA is keeping the CPE coming this spring, with APhA-branded certification training programs in immunization, MTM, and diabetes across Georgia, and our popular Practical Skills Refresher Course, which is attracting students and out-of-state transfers about to take the Pharmacist Practical Exam.

And we're rolling out a boutique program called CPE Weekends, featuring a total of nine two-hour courses by some of the Southeast's most sought-after teachers like Dr. Jake Galdo (MTM on March 21), Dr. Ashish Advani (disruptive pharmacy-friendly technologies on April 9), Dr. Bryan Zeigler (embedding pharmacists in ambulatory care facilities on May 21).

We'll hold the live sessions in our new headquarters in Sandy Springs. But if you can't make the drive, no worries. We've just signed a deal with the folks at GoToWebinar to make CPE Weekends available online.

Go to [GPhA.org/education](https://gphabuzz.org/education) for all the details about CPE Weekends and to find out more about MTM, diabetes, and immunization certification and the Practical Skills Refreshers.

read more @
gphabuzz.com



GPhA SUPPORTS PHARMACIST-CONSULTING PROVISION IN CANNABIS OIL BILL

As the legislative session continues, one of the bills at the top of the agenda is Representative Allen Peake's HB722 ("Haleigh's Hope Act Part II"), which would allow for two to six facilities in Georgia to produce medical cannabis oil, and would expand the number of illnesses treatable by the oil from eight to 15.

Currently, the law allows Georgians to be given a license to possess and use cannabis oil to treat any of eight medical conditions, although selling or purchasing the oil is still illegal within the state.

GPhA remains neutral on the issue of medical cannabis oil. However, we are interested in a particular section of the bill that would require a pharmacist consult with any patient taking medical cannabis oil to determine the proper strength and dosage and be available to discuss potential

side effects or other concerns.

We like that provision, in large part because it reflects our input into the process — both GPhA President Tommy Whitworth and Athens pharmacist Kevin Florence met with the Governor's Commission in November — and it tracks our position perfectly.

We're grateful to Rep. Peake for recognizing the important role pharmacists should play in consulting with the patients who are certified to use medical cannabis oil.

As GPhA CEO Scott Brunner wrote to Rep. Peake, "We're comfortable with the language in the bill requiring that a pharmacist be employed to provide counseling on dosages and side effects as a means to help protect patient safety and achieve desired health outcomes."

Nominate a pharmacist for a 2015 GPhA award

At each Georgia Pharmacy Convention, GPhA recognizes the best of the best in pharmacy, and that means we need your nominations.

GPhA will offer a total of four prestigious awards at the 2016 Georgia Pharmacy Convention:

The Bowl of Hygeia:

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

Distinguished Young Pharmacist Award:

This recognizes an individual who, although having been in the profession for less than a decade, has already demonstrated a dedication to Georgia pharmacists and patients.

Excellence in Innovation Award:

This acknowledges a pharmacy that has found innovative and impressive solutions, techniques, or business practices that improve the care of its patients.

Generation Rx Champions Award:

This honors a pharmacist who has demonstrated a committed effort to reduce drug abuse through notable programs, outreach, education, and other community efforts.

These are our association's awards — your nominations are vital to making them meaningful.

Visit our awards page at GPhA.org/2016awards for more information on award criteria and to make your nominations. **Deadline for submissions is March 4, 2016.**

CALL FOR NOMINATIONS: 2016-17 GPhA Board of Directors

If you're interested in serving on the GPhA Board of Directors, now is the time to submit your application.

There are seven seats available for the 2016-2017 year:

- 1 for a member of the Academy of Independent Pharmacy (three-year term)
- 1 for a member of the Academy of Employee Pharmacists (2 year term)

- 1 for a member of the Academy of Clinical and Health-System Pharmacists (1 year term)
- 4 for at-large members (2 for three-years terms, 1 for a two-year term, and 1 for a one-year term)

Just visit GPhA.org/board2016-17 to learn more and to apply.

The deadline for submissions is March 9, 2016.

GEORGIA MEDICAID

GEORGIA SPENT

\$3.08
billion

on Medicaid
in 2014



**THE FEDERAL
GOVERNMENT**
gave the state
an additional

\$6.54
billion



59%

of Georgia's
Medicaid
recipients are
CHILDREN

Kaiser Family Foundation

Representing pharmacists and pharmacies before the Georgia Pharmacy Board, GDNA and DEA.

AREAS OF PRACTICE

Professional Licensing
Medicare and Medicaid
Fraud and Reimbursement
Criminal Defense
Administrative Law
Healthcare Law
Legal Advice for
Licensed Professionals



WWW.FRANCULLEN.COM

(404) 806-6771 • admin@francullen.com

news

DO YOU HAVE YOUR THIRD-PARTY TRACK AND TRACE SOFTWARE IN PLACE?

The enforcement deadline for the FDA's Drug Supply Chain Security Act (DSCSA) regulations is March 1. GPhA and InfiniTrak are partnering to get you ready to meet the track and trace deadline, and you won't see another offer like this.

Sign up before March 1 and receive the InfiniTrak solution for just \$89 a month. That's less than half of the regular market price, and the offer comes with no set-up fees and no additional costs.

Let us sweeten the deal: If you sign a yearlong contract, InfiniTrak will reduce the price by another 10 percent, bringing your total annual expense for Track and Trace compliance in at under \$1,000 annually.

Some are asking: Do I really need a third-party system like InfiniTrak? If you work with multiple wholesalers, or if you ever lend or borrow inventory from other pharmacies, the answer is probably yes. Your wholesaler's system is just not enough under those scenarios.

To subscribe — or for more information — go to infinitrak.us, or contact Sally Flynn at sally@infinitrak.us.

Enforcement of the Drug Supply Chain Security Act (DSCSA) is a few short weeks away, and there's no time to waste in getting prepared. And when enforcement begins on March 1, InfiniTrak returns to regular pricing.

Yeah, we're trying to get you to move on this. So what are you waiting for?

Real Financial Planning. For Life.

Contact FNA today for your complimentary consultation and plan review

**FINANCIAL
NETWORK
ASSOCIATES, INC.**
A Registered Investment Advisor



Michael T. Tarrant, CFP®

Retirement Income Planning • Investment Advisory Services
Tax Reduction Planning • Business Planning
Risk Management Strategies

An independent financial planner since 1992

770-350-2455 • FNAplanners.com • mike@FNAplanners.com

Registered Representative of **INVEST Financial Corporation**, member FINRA/SIPC. INVEST and its affiliated insurance agencies offer securities, advisory services and certain insurance products and are not affiliated with Financial Network Associates, Inc. Other advisory services offered through Financial Network Associates, Inc. INVEST does not provide tax or legal advice. ad110040.0516.127593



Florida pharmacy board issues new rules on how pharmacists handle controlled substances

Florida's Board of Pharmacy has made a significant change to its rules regarding the standards of practice pharmacists must follow when faced with prescriptions for controlled substances they think are, for want of a better word, iffy.

The original SoP simply explained that pharmacists were responsible if they filled a script "that is not issued for a legitimate medical purpose" — a policy that seemed to guide pharmacists, out of an abundance of caution, to presuming many scripts *weren't* good.

The new rule makes it much clear-

er that it should be the other way around: Presume the prescription is valid, but take steps to verify that if you feel there's an issue. "Every patient's situation is unique," it now reads, "and prescriptions for controlled substances shall be reviewed with each patient's unique situation in mind. Pharmacists shall attempt to work with the patient and the prescriber to assist in determining the validity of the prescription."

read more @
gphabuzz.com



LISA HARRIS APPOINTED TO BOARD OF PHARMACY

Governor Deal announced his appointment of Lisa Harris of Rome — GPhA member and pharmacist in charge at Dermatran Health Solutions — as the newest member of the Georgia Board of Pharmacy.

A hearty congratulations to Lisa! We're looking forward to working with her in her new role, and we think she's a terrific addition to the board.

Sign up for a Pharmacist Advocacy Team today

Influencing legislators: That's what GPhAs Pharmacist Advocacy Teams are all about.

Why not sign up right now? When you make your presence known during the legislative session, our position on issues affecting pharmacists and their patients gets through.

Issues like PDMP, cannabis oil, and pharmacist supervision of technicians — they have tremendous impact on your practice and your patients.

Make sure your voice is heard. Be a part of a Pharmacist Advocacy Team. We'll brief you, give you talking points, and have you 100 percent ready.

Registration for our next Pharmacist Advocacy Team, on February 5, closes February 4 at noon. If you're planning to join us then, you'd better hurry.



If you can't make that session, there are plenty other sessions to follow. Pick what's best for your busy schedule. Go to GPhA.org/atthecapitol and find your day.

GDNA'S DAVID CARR RETIRES

Special Agent David Carr of the Georgia Drugs and Narcotics Agency announced his retirement at the end of 2015.

Carr was well known and well respected among GPhA members for his integrity and professionalism. Originally an independent pharmacist himself, Carr served on the AIP board of directors before joining GDNA.

Laird Miller, president of the Georgia State Board of Pharmacy, praised Carr's dedication to the pharmacy profession: "In all my years of working with David in any of these capacities, he has always been honest and very forthright in his dealings with others, and his dedication to this profession has always shone thorough."

GPhA appreciates Carr's distinguished service to the profession and we wish him well in retirement.

THE MOST IMPORTANT THING WE ASK OF YOU ALL YEAR?

Help us find out more about what you want from your association by taking the GPhA Annual Survey and tell us how well we're doing in the areas of advocacy, news and information, CPE, and networking opportunities.

The results will provide the benchmark in all those areas that will guide us for years to come. Plus you could win one of five \$100 gift cards, just for telling us what to do.

Just visit flw.me/gphasurvey16.

Roland Thomas
Pharmacy Planning Specialist
9517 Monroe Road Ste. A
Charlotte, NC 28270

*Planning
Design
Installation*

Planning Rx SOLUTIONS

A Division of:

DISPLAY Options, Inc.
The Country's Largest Retail
Display Products & Services Source | Founded 1973

rgthomas926@aol.com
Phone: (704) 400-9517
Fax: (980) 207-3453
www.displayoptions.com



QUANTITY LEVEL LIMIT CHANGES FOR OXYCODONE

*This is verbatim from the Georgia
Department of Community Health:*

Melvin M. Goldstein
ATTORNEY AT LAW

A private practitioner representing
healthcare professionals in administrative
cases as well as other legal matters

- Former Assistant Attorney General for the State of Georgia
- Former counsel for professional licensing boards including the Georgia Board of Pharmacy and the Georgia Drugs and Narcotics Agency
- Former Administrative Law Judge for the Office of State Administrative Hearings

Telephone: 770/425-4277
Fax: 770/426-9584
E-mail: goldatty@bellsouth.net
www.melvingoldstein.com

Effective February 1, 2016, the Department of Community Health (DCH) will be lowering the quantity level limits (QLL) for all immediate-release (IR) oxycodone non-combination products.

Georgia Medicaid Fee-for-Service (FFS) members will be limited to a maximum quantity of **240 tablets/capsules per month** for oxycodone IR prescriptions without a written letter of medical necessity. Cancer patients and patients in hospice care will be exempt from the limit.

If patients continue on more than 240 tablets/capsules in a month after January 31, 2016, a written letter of medical necessity will be required. Please refer all prior authorization requests to OptumRx at 1-866-525-5827.

AEP works to provide education, management training

GPhA has four practice academies, and each exists to promote a particular practice area of pharmacy: the Academy of Clinical and Health-System Pharmacists (ACHP), the Academy of Employee Pharmacists (AEP), the Academy of Independent Pharmacy (AIP), and the Academy of Pharmacy Technicians (APT).

We're going to profile each of them in the next several issues of Georgia Pharmacy.

The single most fascinating quality about the Academy of Employee Pharmacists is that there's not a whole lot of "single most" about it.

The category of employee pharmacist is an incredibly broad one, encompassing line pharmacists and pharmacist managers, pharmacists who work in large corporate structures, and pharmacists dispensing on two- or three-person crews in small independent operations. The most obvious *something* that unites pharmacists under this category is actually quite banal: Employee pharmacists collect a paycheck from somebody else.

But there's a subtler element uniting employee pharmacists, one that belies their category. All employee pharmacists — floaters, district supervisors, and every shade in between — are thrust in managerial roles whether they're ready for such roles or not.


Consider the sorts of management concerns a pharmacist manager will typically face: an underperforming technician, an over-prescribing doctor, a non-adherent patient, a non-pharmacist boss. Employee pharmacists frequently find themselves in a web of interpersonal relations, managing in every direction — down, across, and, often painfully, up. And employee pharmacists would be the first to admit they respond to these daily onslaughts of interpersonal bugaboos armed with little formal management training.

How urgent are their concerns about their managerial roles? In fall 2015, GPhA surveyed our pharmacist members to find out. The results were, to say the least, eye-opening:

- 85% say that managing employees is an oft-discussed topic, and more than a quarter of that number characterize supervision issues as of the "utmost urgency."
- 80% said they want training on managing technicians.
- 83% want to learn how to communicate expectations and hold employees accountable.
- 65% want advice on communicating concerns to their non-pharmacist managers.
- 83% need coaching on talking to patients about medication adherence.
- 93% say they need training on ethically and appropriately handling controlled substance issues — including refusals to fill — with patients *and* physicians.

ALL EMPLOYEE PHARMACISTS ARE THRUST IN MANAGERIAL ROLES **WHETHER THEY'RE READY FOR SUCH ROLES OR NOT.**

Perhaps all this can be summed up with a single statistic: 90 percent of employed pharmacists surveyed want to work within a collaborative health-care system, characterized by positive channels of communication — pharmacist-to-pharmacist, pharmacist-to-technician, pharmacist-to-physician, pharmacist-to-patient. In short, pharmacists want to work on a healthcare *team*. And overwhelmingly, they feel that they work on anything but that.

(At GPhA, we've been asking ourselves how we can help change that. So starting this spring, we'll be offering management training for employed pharmacists through our new CPE Weekends program. Look for more information about it, and other education opportunities, at GPhA.org/education.) 

Q&A: Mac pricing and reimbursements

In which Greg Reybold, GPhA's vice president of public policy and association counsel, answers questions about Georgia pharmacy law.

(Greg can't actually give legal advice to members, but he's happy to offer his interpretation of the law here. You know the drill: If you have a legal issue, consult your own attorney.)



GREG REYBOLD

Does the new MAC pricing law taking effect January 1 guarantee I will not receive a negative reimbursement?

No, the new law does not mandate that PBMs reimburse pharmacies at or above their acquisition cost

for a particular drug. What the new law *will* do is help to ensure that there is a correlation between MAC reimbursements and current market prices.

The law will require that new and renewal contracts between PBMs and pharmacies identify the sources used to determine multi-source generic drug pricing, update such pricing at least every five business days, and reimburse based upon said updated pricing.

Under the new law, can single-source drugs be subject to MAC pricing?

No. The law restricts what can be placed on multi-source generic lists to drugs that have at least two therapeutic equivalent multi-source drugs or at least one generic drug available from only one manufacturer. These drugs must be generally available for purchase from national or regional wholesalers.

The law also requires that PBMs maintain a procedure for eliminating products from multi-source generic drug pricing lists within five business days when drugs no longer meet the standards of what can be MAC'd.

When should I appeal a MAC reimbursement?

If you believe that you were not reimbursed based upon pricing updated within the past five business days or that the drug should not have been subject to MAC pricing, then there are likely grounds to

dispute the reimbursement. While a negative reimbursement is not in and of itself grounds to appeal, if the reimbursement rate appears to be significantly lower than your acquisition cost, this should prompt you to at least take a closer look at the issue the day the claim is processed.

It is important to note however, that because PBM reimbursement obligations are tied to updating every five business days rather than to pharmacy acquisition costs, you would do well to look up the acquisition cost for the drug at issue (from multiple manufacturers) the day the claim is processed with both your primary and secondary wholesalers and record those prices for future reference should you choose to appeal.

How do I appeal a reimbursement?

The new law requires new and renewal PBM contracts to have an appeal process for disputes arising out of multi-source generic drug pricing. Before you appeal, you will need to review the appeal process under the applicable PBM provider agreement or provider manual. Some of you may already have updated provider manuals explaining the appeal process. Note that under the law, pharmacies have 14 calendar days following reimbursement of the initial claim to appeal, so there will be time-sensitive deadlines.

Do PBMs have 14 days to resolve appeals?

No, PBMs have 14 calendar days from the date the appeal was received to *respond*, but that does not mean the appeal must be resolved within that timeframe.

What happens if my appeal is denied?

The law requires that PBMs provide the reason for appeal denials and to identify the national drug code of a drug product that may be purchased at or below the maximum allowable cost. If this information is not provided, or you do not believe that the grounds for denial are legitimate, you will have the option to file a complaint with the commissioner of insurance.

When should my appeal be granted?

The law mandates that appeals be upheld or

DO YOU HAVE AN ISSUE YOU'D LIKE TO SEE ADDRESSED IN THIS COLUMN?
LET US KNOW – SUBMIT IT TO GREG AT GREYBOLD@GPHA.ORG.

granted when the drug at issue was not reimbursed based upon pricing information updated within five business days, or when the drug does not meet the requirements necessary to be placed on a multi-source generic list.

When appeals are successful, PBMs are required to adjust the cost, effective on the day after the appeal is decided, apply the adjusted price to all similarly situated pharmacies (as determined by the health-plan issuer or PBM), and allow the pharmacy that succeeded in appeal to reverse and rebill the claim. Again, just because you receive a negative reimbursement does not mean your appeal must be upheld.

How do I file a complaint with the commissioner of insurance?

You may file a complaint with the Commissioner of Insurance using the Consumer Complaint Portal located at www.oci.ga.gov. Click on “Consumer Services” and then “Consumer Complaint Portal.” The first time you visit you’ll need to create an account on the system.

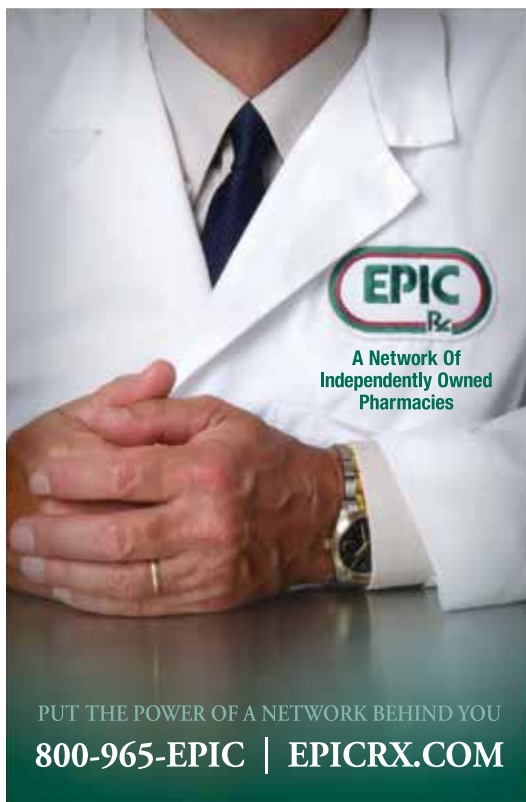
When you submit your complaint you’ll have an opportunity to upload relevant documentation.

I would be sure to redact any protected health information prior to submission. GPhA also has a template MAC complaint form that you can complete and upload to help streamline the complaint process. You’ll find it at GPhA.org; click on the MAC Transparency resource page link.

Can I bypass the internal PBM appeal process and go directly to the commissioner of insurance?

No. Bypassing the internal PBM appeal process will likely prove unsuccessful and may exclude your ability to obtain relief. Commissioner of insurance staff has indicated that pharmacists will need to exhaust any internal appeal process prior to the office taking any action. This position is consistent with the law, which contemplates an internal appeal process and will also likely be consistent with your PBM agreements. [G](#)

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



EPIC Rx
A Network Of
Independently Owned
Pharmacies

PUT THE POWER OF A NETWORK BEHIND YOU
800-965-EPIC | EPICRX.COM

We Deliver Solutions for a Healthier Bottom Line

EPIC Pharmacies, Inc. provides more than 1,400 independent member pharmacies across the U.S. with the **group buying power and managed care solutions** essential to delivering quality patient care.

Membership offers:

- Group volume purchasing power
- Aggressive wholesaler pricing programs
- Successful rebate program – over \$54 million returned to members in 2014
- Membership in **EPIC Pharmacy Network, Inc. (EPN)** – *free* access to third-party contracts
- Leading tools to improve performance and revenue, including custom PrescribeWellness offerings, EQuIPP™ access, and more
- **RxREGULATOR**™ – *free* prescription claims reconciliation program and automated reimbursements below cost system
- **PHARMCAP**® – Web-based solution for pharmacy regulatory and compliance management
Pharmacy Compliance Alert Program

the NUMBERS ISSUE

Numbers give meaning. They help us visualize and compare, see patterns, find deficiencies and outliers, identify what works and what doesn't.

Sometimes they even let us see the human side: lives saved or years lost. But their strongest use is in giving us the broader picture, letting us step back from individuals and moments to conceptualize the perspective — the big picture.

They take us away from the realm of anecdote and innuendo ("My sister's friend's daughter got the flu after getting a flu shot") and into the more-concrete world of data.

Certainly those data can be manipulated and skewed. Do we say, "It would cost Georgia more than \$200 million to expand Medicaid in 2017" or "It would cost Georgia only \$571 per person to expand Medicaid in 2017"? Both are true. "More than eight in 10 Georgians have health in-



surance" vs. "Almost 20 percent of Georgians don't." Again, they're both accurate.

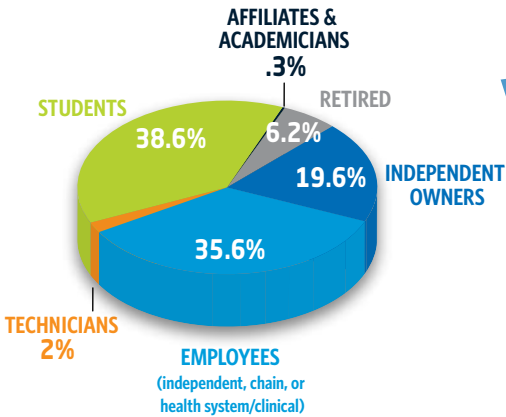
Still, numbers provide a concrete foundation for a reasonable discussion.

For this issue we scoured state and national databases and reports to build a series of pictures of how Georgia and Georgians — pharmacists and non-pharmacists — fit into the bigger picture. We looked at employment and salary, health coverage and vaccinations, sickness and health.

These next pages, we hope, put those numbers we've found into perspective. There are things we should all be proud of, and there are opportunities for pharmacists to make a difference.

At the very least, we hope you'll look at some of these and think "That's interesting." At best, we hope they might spur you to make a change, make a new effort, and make a difference. —*Andrew Kantor*

GPhA MEMBERSHIP



HOW MUCH IS THE AVERAGE PHARMACIST SALARY IN GEORGIA?



EMPLOYMENT OUTLOOK

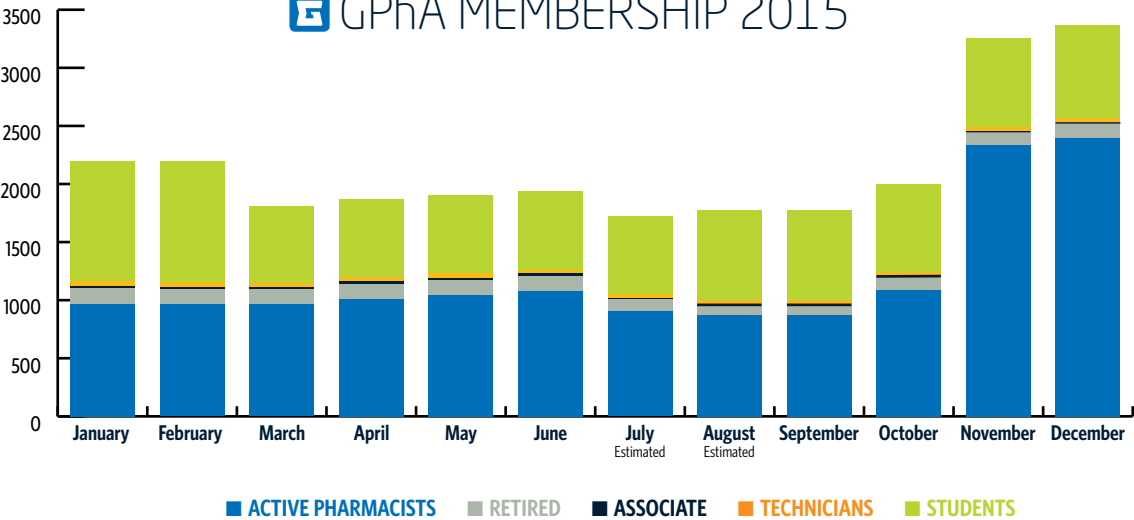
PROJECTED EMPLOYMENT CHANGE FOR PHARMACISTS NATIONWIDE FROM 2014 TO 2024:

PHARMACISTS: 3% GROWTH
ALL OCCUPATIONS: 7% GROWTH

Source: BLS

Source: Salary.com

GPhA MEMBERSHIP 2015



16% of Georgians *eligible* for prescription drug coverage under Medicare don't pay to actually *get* it.

Source: Kaiser Family Foundation

Making a difference

Too many Georgians can't always afford to see a doctor, and it's up to pharmacists to step up. GPhA and APhA are working on achieving provider status in Washington, but even without that official designation, you are often the most important member of the healthcare team simply by virtue of accessibility.

In short, pharmacists are ideally suited to address the issues highlighted by the figures on this page. **You** can fill the gaps and make a healthier Georgia for everyone.

AMERICANS SPENT AN AVERAGE OF



ON HEALTHCARE IN 2013 —
more than any another country.

About 12 percent of it goes to pharmaceuticals.

Source: Organisation for Economic Co-operation and Development

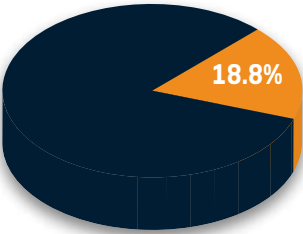
GEORGIA'S OVERALL HEALTH RANKING

40 out of **50** states

Biggest factors:
Low education, lack of health insurance, low average birthweight, not enough public health funding, too few dentists and primary care physicians, and high incidence of diabetes.

Source: United Health Foundation/American Public Health Association

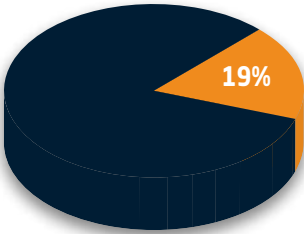
GEORGIANS WITHOUT HEALTH COVERAGE



Only three states —
Texas, Florida, and Nevada — have a higher
percentage of uninsured people.

Source: CMS, Trust for America's Health

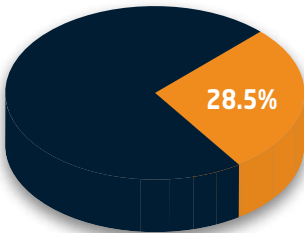
GEORGIANS WHO DIDN'T SEE A DOCTOR IN THE PAST 12 MONTHS BECAUSE OF COST



Only Mississippi and Guam had a
higher percentage.

Source: Kaiser Family Foundation

GEORGIANS WITHOUT A PRIMARY CARE PHYSICIAN BECAUSE OF COST



Georgia's rank: 41st out of 52
US average: 22.9%

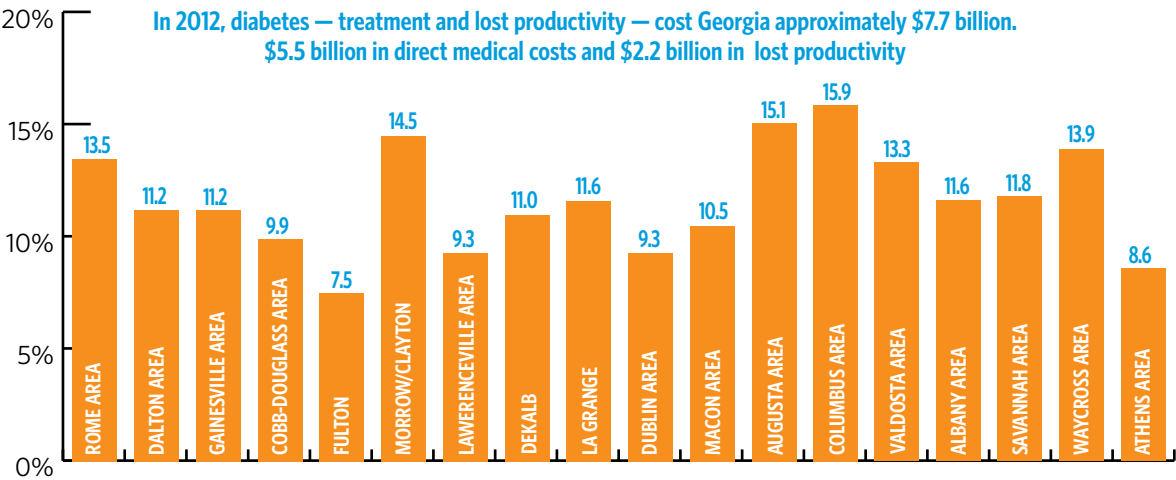
Source: Kaiser Family Foundation

Georgia has the highest incidence of syphilis of any state, the fourth highest of TB, and the fifth highest of AIDS in adults.

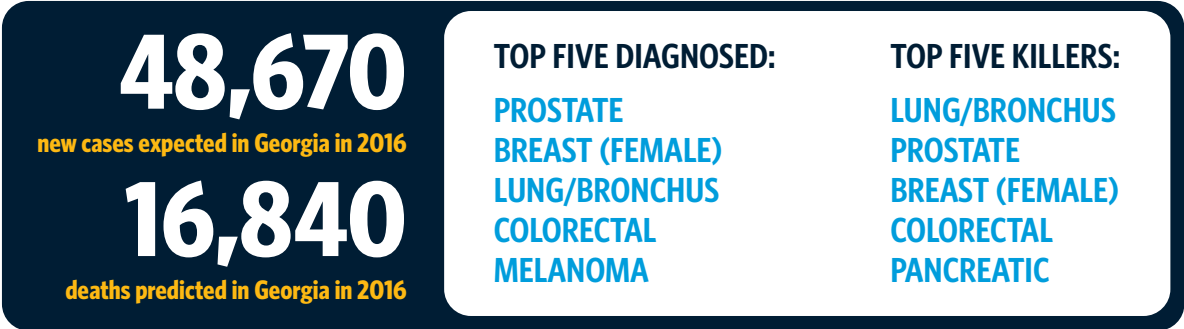
Source: CDC

17.4 percent of Georgians smoke, that's exactly the national average.

DIABETES BY REGION

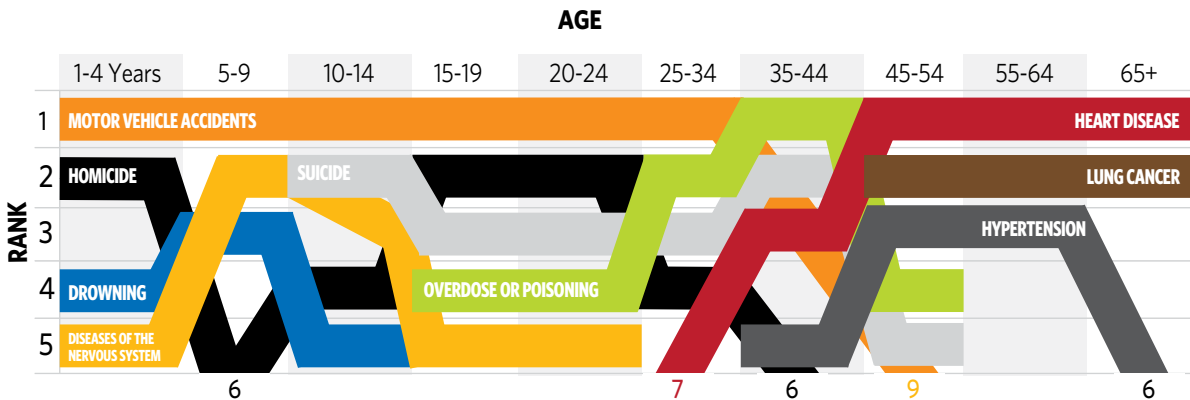


CANCER



GEORGIANS' MOST COMMON CAUSES OF DEATH

From birth to their mid-40s, motor vehicle accidents and homicides are among the most likely cause of death for people living in Georgia. Suicide becomes a top-five cause of death starting in the pre-teens, and at age 40 heart disease and hypertension begin to prevail — and for smokers, lung cancer.



Source: Georgia Department of Public Health

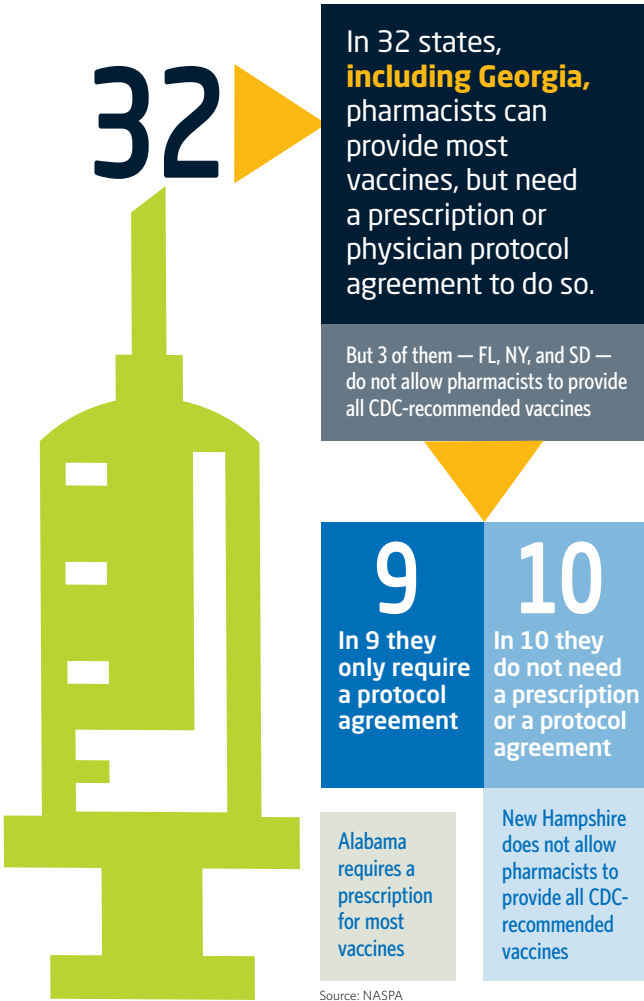
A cc of prevention

Vaccines help us all, protecting not only the recipient but — thanks to herd immunity — an expanded circle as well. And healthy Georgians are more productive Georgians.

Peach-state pharmacists can give all the CDC’s recommended vaccines, and thanks to the new law GPhA helped pass (yes, that was a shameless plug) they don’t require a prescription for four of the most important ones: influenza, pneumonia, meningitis, and shingles.

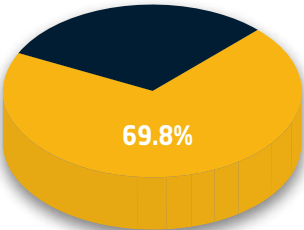
We’ve got a ways to go to immunize everyone, but pharmacists are certainly doing their part.

PHARMACISTS’ VACCINE AUTHORITY



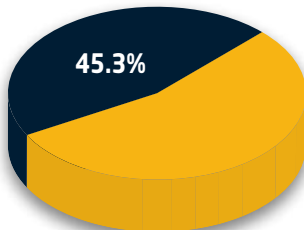
PERCENT OF CHILDREN (19-35 MONTHS) IN GEORGIA WHO HAVE RECEIVED THEIR FULL COMBINED VACCINE SERIES*

* DTaP, poliovirus, measles, Hib, HepB, varicella, PCV.



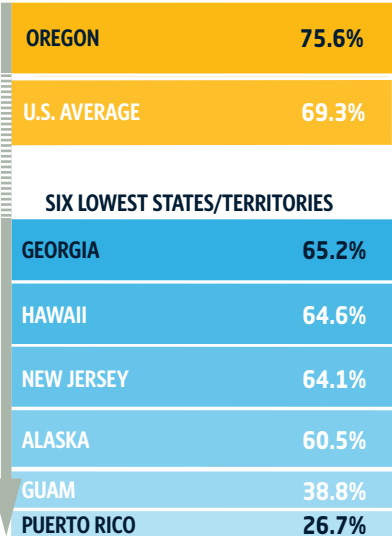
Source: CDC Morbidity and Mortality Weekly Report

UNPROTECTED Georgians over 65 who haven’t had a flu shot within the past year



Source: CDC Behavioral Risk Factor Surveillance System

ADULTS 65 AND OVER WHO HAVE EVER HAD A PNEUMONIA VACCINE



Sources: Trust for America’s Health, CDC

GEORGIA AND ITS NEIGHBORS: COMPARING PRESCRIPTION DRUG MONITORING PROGRAMS

STATE	Year PDMP became operational	Collects data from pharmacists	Collects data from prescribers	Shares data with other states	How often is it updated?
ALABAMA	2006	YES	YES	YES	DAILY
FLORIDA	2011	YES	YES	NO	WEEKLY
GEORGIA	2013	YES	NO	NO	WEEKLY
NORTH CAROLINA	2007	YES	YES	YES	EVERY 3 DAYS
SOUTH CAROLINA	2008	YES	YES	YES	DAILY
TENNESSEE	2006	YES	YES	YES	DAILY

Sources: National Association of Boards of Pharmacy; The National Alliance for Model State Drug Laws

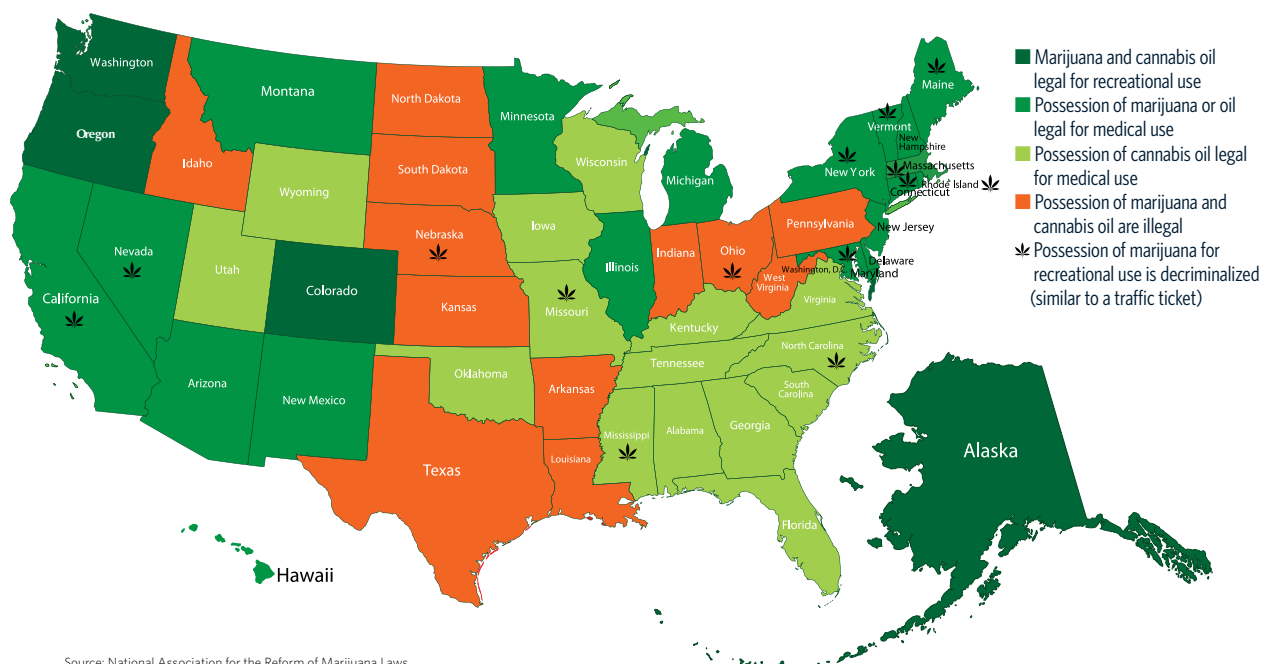


Georgia spends approximately **\$10,000** per Medicare recipient each year

Source: CMS

MARIJUANA AND CANNABIS OIL

While GPhA has not taken a position on the overall issue of marijuana or cannabis oil legalization, in 2016 one of our legislative priorities is to ensure that pharmacists are involved with patients who are taking cannabis oil.



Source: National Association for the Reform of Marijuana Laws

HILTON HEAD MARRIOTT RESORT, JUNE 16-19, 2016

GET
READY
FOR



CHANGE

**Your profession is changing. And Georgia's premiere
convention for pharmacists is ready
with more than 23 hours of CPE available.**

ONLINE REGISTRATION OPENS MARCH 2.



Announcing the 2016 Georgia Pharmacy Convention's general sessions

Led by leaders from the world of law, healthcare, and business, we're sure you'll agree there's no better way to prepare for the challenges pharmacists will face.

GENERAL SESSIONS



Pharmacy in the Age of Uber with ALLISON LINNEY

Management expert Allison Linney is convinced that the practice of pharmacy is becoming to healthcare what Uber is to getting a ride: more accessible, more effective, more human. But have you positioned yourself within this new healthcare paradigm? Do you even understand it?

For two decades, Allison Linney has been helping healthcare professionals broaden their vision. That's what Pharmacy in the Age of Uber is all about. Explore with Allison your profession's adventurous new course.



The Provider Status Show with BECKY SNEAD

For Georgia to find a way forward on Provider Status, we'll have to hear from a lot of voices. NASPA CEO Becky Snead says it's time to get the conversation started.

That's where The Provider Status Show comes in. You'll learn what provider status can mean both in Georgia and nationally for pharmacists, and what must be done to get us there. After all, what better way to explore this complex topic, than hearing experts hash it out?



Innovation Showcase with KRYSTALYN WEAVER: Five Pharmacists Who Are Paving the Way to Provider Status in Georgia

Think provider status is just about immunizations and MTM? Think again. Pharmacists in Georgia and elsewhere are finding surprising ways to practice to the full extent of their licenses and training. And as they do, they're also finding new revenue streams and, more importantly, delivering better healthcare outcomes for their patients. Join us as our lineup of pharmacist innovators as they share their surprising pathways to provider status.





AIP SPRING MEETING

Sunday, March 13, 2016

MACON MARRIOTT
& CENTREPLEX
MACON, GA

Academy of
**Independent
Pharmacy** 
GEORGIA PHARMACY ASSOCIATION

- **Network with colleagues**
- **Meet with partners**
- **Get updates on new AIP programs**
- **Continental breakfast and lunch provided!**

SHOW YOUR SUPPORT! Attend this year's AIP Spring Meeting

Please fill out and fax this form to (404) 237-8435

Member's Name: _____ Nickname: _____

Pharmacy Name: _____

Address: _____

E-mail Address: (PLEASE PRINT) _____

Will you be joining us for lunch? (12-1pm) ☐ Yes ☐ No # of additional Staff/Guests: _____

Names of Staff/Guests: _____

INVESTING IN PHARMPAC IS INVESTING IN YOUR PRACTICE.

2015 PHARMPAC INVESTORS

The following
pharmacists,
pharmacy
technicians,
students,
and others have
joined GPhA's
PharmPAC.

The contribution levels
are based on investment
for the entire 2015
calendar year.

Diamond Investors (\$4,800 or \$400/month)



CHARLES BARNES
Valdosta



MAC McCORD
Atlanta



SCOTT MEEKS
Douglas



FRED SHARPE
Albany

Titanium Investors (\$2,400 or \$200/month)



RALPH BALCHIN
Fayetteville



T.M. BRIDGES
Hazlehurst



DALE COKER
Place



DAVID GRAVES
Macon



GREG HICKMAN
Monroe



TED HUNT
Kennesaw



THOMAS LINDSEY
Omega



BRANDALL LOVVORN
Bremen



JEFF SIKES
Valdosta



DANNY SMITH
McRae



DEAN STONE
Metter



David Graves, Macon,
PharmPAC chairman

2015 PHARMPAC INVESTORS (CONTINUED)

Platinum Investors (\$1,200 or \$100/month)

THOMAS BRYAN, JR.
WILLIAM CAGLE
HUGH CHANCY
KEITH CHAPMAN
WES CHAPMAN
AL DIXON
JACK DUNN
NEAL FLORENCE
MARTIN GRIZZARD
ROBERT HATTON
WILLIAM HUANG
IRA KATZ
JEFF LUREY
JONATHAN MARQUESS
PAMALA MARQUESS
IVEY MCCURDY

DREW MILLER
LAIRD MILLER
MARK PARRIS
HOUSTON ROGERS
DANIEL ROYAL
WADE SCOTT
TERRY SHAW
TIM SHORT
CARL STANLEY
CHRIS THURMOND
DANNY TOTH
ALEX TUCKER
TOMMY WHITWORTH
GPHA REGION 4
CHEROKEE-PICKENS
PHARMACY ASSOCIATION

Gold Investors (\$600 or \$50/month)

LARRY BRADEN
WILLIAM BREWSTER
BRUCE BROADRICK
LIZA CHAPMAN
MARSHALL CURTIS
BLAKE DANIEL
MAHLON DAVIDSON
SHARON DEASON
ROBERT DICKINSON
BENJAMIN DUPREE
KEVIN FLORENCE
KERRY GRIFFIN
MICHAEL ITEOGU
MARSHA KAPILOFF
STEPHANIE KIRKLAND
CHAD McDONALD

MIKE MCGEE
BOBBY MOODY
SHERRI MOODY
CYNTHIA MOON
FLOYD MOON
BRIAN RICKARD
ANDY ROGERS
BILL SCROGINS
TERESA SMITH
MICHAEL TARRANT
CAREY VAUGHAN
CHUCK WILSON
WILLIAM WOLFE

Silver Investors (\$300 or \$25/month)

Renee Adamson
Nelson Anglin
Larry Batten
Chandler Conner
Mandy Davenport
Gregory Drake
Bill Dunaway
Eric Durham
Marshall Frost
Amanda Gaddy
Amy Galloway
Carson Gleaton
Johnathan Hamrick
Willie Latch
Kalen Manasco
Hillary Jack Mbadugha
Bill McLeer
Donald Peila, Jr.
Daryl Reynolds
Ashley Rickard
Sharon Sherrer
Richard Smith

Archie Thompson
Charles Tigner
Austin Tull
Flynn Warren

Bronze Investors (\$150 or \$12.50/month)

Carolyn Perry Ayers
Phil Barfield
Robert Bentley
Elaine Bivins
Nicholas Bland
Waymon Cannon
James Carpenter
Paul Combs
Mark Cooper
Jean B. Cox
Michael Crooks
Melanie DeFusco
Rabun Dekle
Yolanda Ellison
Christina Futch
John Gleaton
Heather Gourley

Fred Gurley
Ann Hansford
John Hansford
Larry Harkleroad
Cassie Hayes
Hannah Head
Phillip James
Henry Josey
Susan Kane
Josh Kinsey
Brenton Lake
Michael Lewis
Mack Lowrey
Eddie Madden
Susan McCleer
Mary Meredith
Amanda Paisley
Laurence Ryan
Jim Sanders
Kimmy Sanders
Krista Stone
James Strickland
Sonny Thurmond
Erica Veasley

Angela Wampler
Steve Wilson
George Wu

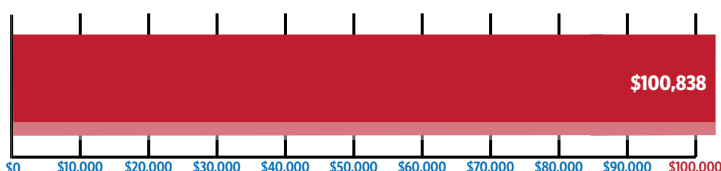
Member Investors (up to \$150)

April Adams
Sylvia Adams
Marla Banks
Diane Brown
Crystal Bugden
Jay Ceesay
David Clements
Ken Couch
James Graves
Max Mason
Roy McLendon
Ricketa Moore
Debbie Nowlin
Brianna Pamparo
Leonard Templeton
Lindsey Welch
Anonymous Donor

WE MET OUR GOAL FOR 2015!

Thank you to all our PharmPAC investors for their contributions to the future of pharmacy in Georgia.

Visit GPhA.org/PharmPAC to find out more.



GET INVESTED TODAY.

Visit GPhA.org/PharmPAC or call (404) 419-8118



PharmPAC
The Political Action Committee of
the Georgia Pharmacy Association

contact

Reach out to us

OUR PHONE NUMBER IS **404.231.5074**

OUR WEBSITE IS **GPhA.ORG**



GPhA LEADERSHIP

President & Chair of the Board **TOMMY WHITWORTH,**

LaGrange
twhitworth@corleydrug.com

President-Elect

LANCE BOLES, Hartwell
lanceboles@hotmail.com

First Vice President

LIZA CHAPMAN, Dawsonville
liza.chapman@kroger.com

Second Vice President

TIM SHORT, Cumming
garph9@aol.com

Immediate Past President

BOBBY MOODY, Macon
coliseumpharmacy@gmail.com

Chief Executive Officer

SCOTT BRUNNER, CAE
sbrunner@gpha.org

At-Large Board Members

JOHN DREW, Fortson
rxdrew@yahoo.com

SHARON DEASON, Newnan

sdeason99@hotmail.com

DREW MILLER, Griffin

wynnsrx@aol.com

DAVID GRAVES, Warner Robins

davidbgraves@hotmail.com

DARYL REYNOLDS, Griffin

dreynolds@u-save-it.com

CHRIS THURMOND, Athens

vildrug@bellsouth.net

For questions about our magazine, Web sites, or social media

Andrew Kantor
Director of Communication
akantor@gpha.org

For questions about engagement with the Georgia pharmacy community, our events, or CPE credits

Phillip Ratliff
Vice President of Communication
and Engagement
pratliff@gpha.org

For membership questions

Tei Muhammad
Director of Membership
Operations
(404) 419-8115
tmuhammad@gpha.org

For questions about any of our insurance products

Denis Mucha
Manager of Insurance Services
(404) 419-8120
dmucha@gpha.org

For questions about governmental affairs

Greg Reybold
Vice President of Public Policy
greybold@gpha.org

For questions about the Board of Directors or for scheduling the CEO

Ruth Ann McGehee
Executive Assistant and
Governance Manager
(404) 419-8173
rmcgehee@gpha.org

For operational or accounting questions:

Dianne Jones
Vice President of Finance &
Administration
(404) 419-8129
djones@gpha.org

Patricia Aguilar
Accounting Coordinator
paguilar@gpha.org
(404) 419-8124

GPhA'S MEMBER SERVICE PARTNERS

InfiniTrak

infinitrak.us
Track and trace
compliance software

Pharmacy Quality Commitment

pqc.net
Quality assurance
compliance resources

Pharmacy Technician Certification Board

ptcb.org

SoFi

sofi.com/gpha
Student-loan refinancing

UBS

ubs.com/team/wile
Financial planning

For assistance with independent-pharmacy issues

Jeff Lurey, R.Ph.
Vice President of Independent
Pharmacy & Director of AIP
(404) 419-8103
jlurey@gpha.org

For questions about your AIP membership

Veruschka "V" Betancourt-Whigham
Manager of AIP Member Services
(404) 419-8102
vbwhigham@gpha.org

AIP Member Service Representatives

Rhonda Bonner
(229) 854-2797
rbonner@gpha.org

Charles Boone
(478) 955-7789
cboone@gpha.org

Melissa Metheny
(678) 485-6126
mmetheny@gpha.org

Gene Smith
(423) 667-7949
gsmith@gpha.org

Academy of
**Independent
Pharmacy**
GEORGIA PHARMACY ASSOCIATION



Got a concern about a GPhA
program or service? Want to
compliment or complain?
Drop a note to
membercare@gpha.org.

Learning your numbers by heart



TOMMY WHITWORTH

It's easy to get caught up in a numbers game. Compounding pharmacists like me, conditioned to be whizzes with conversions, measurements, aliquots, and the like, are probably more susceptible than most. But several

years ago, my attention to getting the numbers just right resulted in an approach to the care of one particular patient that just didn't add up.

The story begins where a lot of my stories do, in my pharmacy, with what I still consider an idea that was way ahead of its time: med synchronization. I kept noticing time and time again patients taking three, four, eight or more prescriptions each month, traveling to the pharmacy whenever they needed that prescription filled. I asked myself: *Wouldn't be smart to combine those multiple trips — and multiple dips into patient recordkeeping — into just one trip a month?*

I developed a prototype of an Rx synchronization plan that would reduce trips to my pharmacy to just one a month. My concept, well, it just made *sense* to me. And make no mistake: Many people liked it. Why wouldn't they? I was giving them back some of their precious time. It seemed I had it all figured out.

Then one day, an elderly woman who was on four monthly medications entered my pharmacy. Frail and making multiple trips each month from her home almost 15 miles away, she'd be a perfect candidate for my new system, I thought. I gave her a hug like I do all my patients and asked her to sit down.

"There's a new program we'd like you to con-

sider," I said. "I think it'll save you some trouble." I explained the program in detail, extoling its benefits, with all the optimism I thought my prototype warranted.

"It's so new, we don't even have a name for it," I concluded.

She had a bewildered look on her face.

"But every time I come in here, it's the first time I see a human being since the *last* time I was in here," she said. The hugs, the communication, the encounter, were the highlight of her week, she told me.

I was stunned by her response.

How often, I wonder, do patients come to see us, looking not just for medicine, but for *healing*. Those personal relationships give rise to conversations, not just about medication therapy, but about meaning. My patient looked to me for more than a filled prescription. She saw me as someone who could fulfill a fundamental need that only I was providing at that point in her life. How could I miss something so obvious in her? My patient didn't just need medication — she needed *me*.

I looked at her and said, "I don't think this program is for you."

By grace, I was able to ask myself: What good would it have been to gain a little time back but lose some of our humanity in the process? That almost sounds like a quote I know. Counting costs is something we all have to do, but above all we have to consider the *human* cost. Pay attention to numbers, yes, because they tell us lots about how well we're doing. But we have to read those numbers with our hearts. [f](#)

Tommy Whitworth of LaGrange is GPhA's 2015-2016 president.



Georgia Pharmacy
ASSOCIATION

Committed to providing you the
workers' compensation coverage you deserve.



**Coverage You Need.
Service You Deserve.
A Price You Can Afford.**

**The Georgia Pharmacy Association proudly sponsors
Meadowbrook Insurance Group, Inc. for your workers'
compensation needs.**

- ▶ Association Program that provides dividend opportunities for eligible participating members
- ▶ Superior claims handling
- ▶ Personal customer service representative
- ▶ Access to Risk Management services and much more

10%

**workers' compensation
dividend paid to GPhA
members for the
past 2 years!**



**For more information,
please contact:
Denis Mucha
GPhA Insurance
Services Manager
404-419-8120
dmucha@gpha.org**



**CALL US TODAY TO GET STARTED...
404-419-8120**



Georgia Pharmacy
ASSOCIATION

50 Lenox Pointe NE, Atlanta, GA 30324

**COMING SOON: GPhA'S SPRING REGIONAL
LEGISLATIVE & REGULATORY UPDATES**

**SAVE
THE
DATE**

for your region's meeting and
dinner, and get updated on the
issues we're working on during
this legislative session.

*What's your region?
See the map at
GPhA.org/regions.*

Region 1	April 19	Savannah
Region 2	April 5	Valdosta
Region 3	April 7	Columbus
Region 4	April 7	Peachtree City
Regions 5 & 7	April 12	Sandy Springs
Region 6	April 21	Macon
Region 8	April 5	Waycross
Region 9	April 14	Jasper
Region 10	April 14	Athens
Region 11	April 19	Augusta
Region 12	April 21	Dublin