

Enhancing Independent Community Pharmacist Involvement in NCPDP: Year Three

Community Pharmacy Foundation Grant #71158

Nicole Russell, Manager Government Affairs, NCPDP
1/13/2017

I. Summary

The Enhancing Independent Community Pharmacist Involvement in NCPDP Grant is a unique collaboration that provides the resources necessary for independent community pharmacy practitioners to participate in the standards setting process as members of the National Council for Prescription Drug Programs (NCPDP) at this critical time of rapidly escalating HIT development. Current decisions made in the NCPDP standards development environment are influencing the manner in which pharmacy will be practiced in the future. Independent community pharmacists have been less likely to participate in this important standards-setting process due to a myriad of other responsibilities.

The core group of community pharmacists was carefully selected by the National Community Pharmacy Association (NCPA) Foundation to participate in the process and has devoted their personal time to become integrated with NCPDP and actively participate as members of Work Groups and Task Groups.

Independent Community Pharmacy Practitioners

Steve Adkins, PharmD
Health Park Pharmacy
Raleigh, NC
(Participant since 2013)

Christian Tadrus, PharmD, RPh, AE-C	2016-2017 Consensus Group Member
Sam's Health Mart Pharmacies	2014-2017 Education Advisory Committee Member
Moberly, MO	2014-2017 Bylaws Committee Member
(Participant since 2013)	

Jay Wiley, RPh, MBA	2016 UDI SAG Participant
Medplan Pharmacy	
West Monroe, LA	
(Participant since 2013)	

Richard Cummings	(resigned appointment April 2016)
Merwin LTC Pharmacy	
New Brighton, MN	

II. History

This project was first approved in March 2012 after Stephen Mullenix, NCPDP Senior Vice President Industry Relations and Public Policy, and Doug Hoey, NCPA Chief Executive Officer, identified a need to support community pharmacist participation in the standards setting process. NCPDP has partnered with the NCPA Foundation because it is well positioned to identify and select the best candidates for this opportunity and a core group of community pharmacist practitioners began participating as NCPDP members in 2013.

NCPDP, as an ANSI-accredited and consensus-building standards development organization has an interest in and an obligation to encourage participation by as many health care stakeholders as possible. However, while many segments of the industry have been strongly represented within NCPDP membership during its 40-year history, the independent community pharmacy practitioner has been less involved. There are several reasons suggested for this underrepresentation. Independent community pharmacists (particularly pharmacy owners) have obligations in terms of the day-to-day operations of their pharmacy (ies) and therefore have less ability to dedicate the time and resources necessary for active participation in the NCPDP process. Some pharmacist owners also have difficulty hiring temporary pharmacist replacements in order to cover their absence. Unlike pharmacists from large chain pharmacies, typical independents often lack access to a “corporate” IT or Clinical Department representative to participate in NCPDP on their behalf. Lastly, most independent pharmacists have not been introduced to the NCPDP organization and/or process and therefore are not aware of the many benefits of active participation. The result is a partial void for NCPDP in terms of losing a very unique and important level of expertise. In addition, these independents lose an important opportunity for mutual understanding while working toward a common goal with other healthcare stakeholders.

This project has helped to close this gap in NCPDP membership in the past three years. Through funding and support for this project, community pharmacists have had the resources to hire temporary pharmacist replacements in order to cover their absence while attending NCPDP Work Group meetings. Through their attendance, the participants saw firsthand the importance of participating in the standards development process and have thus become more involved in the process.

Their presence at meetings has the immediate impact of ensuring that all segments of the community pharmacy practice have a voice in the standards development process. The participants have been asked to serve on committees and have been selected to participate in strategic action groups. Their perspective and input is critical to NCPDP and its work because the standards that are developed affect the working environment that pharmacists deal with daily. In addition, the participants have developed relationships with other NCPDP members who are focused on pharmacy issues. These relationships foster collaboration and create a deeper understanding of standards, transactions and issues that are being discussed at quarterly Work Group meetings.

The selected participants offer diverse practice backgrounds and geographic locations to take full advantage of what the Community Pharmacy Foundation (CPF) grant offers to participants. The NCPA Foundation has identified the following community pharmacists to participate as part of this project:

Steve Adkins, PharmD
Health Park Pharmacy
Raleigh, NC
2013- Present

Christian Tadrus, PharmD, RPh, AE-C
Sam's Health Mart Pharmacies
Moberly, MO
2013- Present

Jay Wiley, RPh, MBA
Medplan Pharmacy
West Monroe, LA
2013- Present

Richard Cummings
Merwin LTC Pharmacy
New Brighton, MN
2016

Ron Petrin, RPh
Bedford Pharmacy
Bedford, NH
2013- 2015

Sue Purcell, RPh
Mercy Family Pharmacy
Dubuque, IA
2013-2014

III. Statement of Impact

The participants have acknowledged that there is a learning curve after becoming an NCPDP member. The standards development process is outside of their day-to-day pharmacy practice. Because of this, continuation of this grant has been critical to the success of this project. As you can see, there has been relatively low turnover in participation during the past three years. Active participation is required to ensure that patient safety, which is of paramount importance, is maintained.

“Every day, the pharmacist staff at Sam’s Health Mart Pharmacies aim to provide the highest quality care for our patients. Participating in the NCPDP standards development process has challenged me to think critically and collaborate with other NCPDP stakeholders who all have the same goal but may have very different approaches. Without the support of the Community Pharmacy Foundation grant, the voice of an independent pharmacy owner would have been absent from discussions and votes on how NCPDP standards are used for responding to the opioid abuse epidemic, controlled substance e-prescribing, prior authorizations, specialty pharmacy, and for prescribers to authorize a pharmacist to administer a medication in conjunction with dispensing it. In the past year, outside of task group and work group participation, I have been a Consensus Group Member, Education Advisory Committee Member, Bylaws Committee Member and SCRIPT Standard 10.6 Certification Program Reviewer.”

- Christian Tadrus, PharmD, RPh, AE-C
Sam’s Health Mart Pharmacies
2016 CPF Grant Participant

“Grant support has been integral to greater input contributed by, and even solicited from, pharmacists in community practice at NCPDP work group meetings and task group calls in 2016. I have contributed to discussions and votes concerning coordination of benefits workflow, prior authorization workflow, defining compound drug, enhancements for billing compounds, incremental fills of schedule II controlled substances, forwarding refill requests and verification of prescriber credentials. This experience not only benefits my practice but because of conversations with my state association, buying group, PSAO, the Louisiana Board of Pharmacy, pharmaceutical manufacturers, pharmaceutical wholesalers, NCPDP stakeholders, also benefits pharmacies across the country.”

- Jay Wiley, RPh, MBA
Mason’s Pharmacy
2016 CPF Grant Participant

“It has been an honor serving as one of NCPA’s Delegates to NCPDP. This has been a rewarding and eye opening experience. NCPDP’s mission is to represent a diverse membership and strives to develop business solutions, standards and guidance for promoting health information exchanges. During my time serving as one of NCPA’s Delegates, I have learned how valuable my participation has been to ensure that community pharmacy is better represented as these standards are discussed and developed.”

- Steve Adkins, PharmD
Health Park Pharmacy
2016 CPF Grant Participant

“In short, this may be one of the most important professional and strategic decisions that NCPDP has made in the last decade. The input provided by these actively practicing and professionally engaged independent pharmacists has provided an important perspective that historically has been underrepresented at NCPDP. The CPF grant funding has not only made their active participation possible but has also presented each of them with the opportunity to influence important healthcare decisions to an extent far beyond their numbers. As our healthcare system moves toward a more quality based payment model, it is extremely important that we have the voice of those professionally-oriented pharmacy pioneers to help guide NCPDP on this journey. The result in our view will be good for patients, for the pharmacy profession and most definitely for NCPDP.”

- Stephen Mullenix, BS Pharm, RPh
Senior Vice President, Industry Relations and Public Policy
NCPDP

“Both Christian and Jay do an amazing job of representing the needs and concerns of the independent pharmacies. They are not afraid to bring up concerns and to argue their points when necessary.”

- Teresa Strickland
Technical Advisor, Standards Development
NCPDP

“Recently, Christian contributed very helpful information to the WG1 Definition of a Valid Prescriber Task Group... During the WG1 Definition of a Valid Prescriber Task Group, we were discussing Telehealth and whether we may need an indicator in SCRIPT and Telecom that the prescription is a result of a Telehealth visit. Someone asked Christian to join the call because he was aware of a recent Telehealth bill in Missouri. Christian shared links to the Senate Bill, the Missouri Board of Pharmacy Guidance on the bill, and a Missouri Board of Pharmacy Webinar which includes a Telehealth discussion. He also provided some commentary and analysis of the bill and its impact. He was able to provide information that others did not seem to know.”

- Terry Fortin
Work Group Liaison
NCPDP

“Fulfilling the role of NCPA’s Liaison to NCPDP is a new assignment to me in 2016. It was quickly apparent that participation history of Christian, Jay and Steve benefits community pharmacy owners across the country. Their mere presence on a task group call and at work group meetings influences discussion causing other NCPDP members to appreciate nuances in the way independent community pharmacy owners’ use, or want to use, the standards. Independent pharmacies are often innovation labs for community pharmacy practice and the NCPDP standards development process benefits from these owners’ experience.”

- Lisa Schwartz, PharmD, RPh
Senior Director, Professional Affairs
NCPA

The participants are actively engaged in the following Work Groups:

- WG 1 Telecommunication
- WG 2 Product Identification
- WG 9 Government Programs
- WG 10 Professional Pharmacy Services
- WG 11 ePrescribing & Related Transactions
- WG 14 Long Term Post-Acute Care
- Maintenance and Control (MC) WG

Their expertise has been called upon in Task Group meetings to explain issues being discussed and how they would affect the practice of pharmacy in terms of time management and work flow. Examples include:

1. Create a Data Element Request Form (DERF) to add a new field to the SCRIPT Standard to indicate the prescriber has given pharmacists authorization to administer the medication being prescribed.
2. Help construct instructions for how a pharmacy could populate certain fields to define their medical at home services.
3. Assist in defining NCPDP’s response as to how to e-prescribed medication for Expedited / Partner Therapy (which allows for “John and Jane Doe” prescriptions) should be initiated by prescribers and handled by pharmacies.
4. Ensure pharmacy is an active participant in the ePA process.

5. Identify an acceptable solution to the “Preferred” Network Pharmacy Status indicator within the F & B standard.
6. Add an indicator in the Product Segment of the billing claim to meet new FDA guidelines for storage and handling of hazardous materials.

Other significant contributions to NCPDP include:

1. Creation of a new Task Group on Specialty Drugs and Compounding
2. Request for code values to allow for bidirectional communication between a pharmacy and a prescriber to provide better patient care, which was approved by NCPDP’s membership. This gained interest by industry stakeholders and resulted in immediate impact with QS/1 adding the ability to transfer ePrescriptions from one pharmacy to another.
3. Defeat of a proposed enhancement to NCPDP’s SCRIPT Standard ePA transaction that would have allowed a PBM to automatically send a prior authorization request to a physician via his practice management system upon sending a PA reject to the pharmacy. This group worked with Task Group members to redesign the proposal to obtain a true solution to PA requests using electronic means.
4. Ensure independent pharmacies were included in a field to identify preferred pharmacies within NCPDP’s Formula and Benefit Standard. NCPDP Work Group staff liaisons report that “if an independent had not been present, the Data Element Request File (DERF) could have gone to ballot and would have excluded independents.”

See **Addendum B** *Value of Participation by NCPDP Committee Members* for details on each community pharmacist’s involvement throughout this grant cycle.

IV. Conclusion

From the beginning, the proposal for this project has been unlike traditional “research” projects considered by CPF. This project is unique and directly aligns with the Mission of CPF, assisting community pharmacy practitioners by providing them resources to actively participate in setting the standards that are used every day within their pharmacies. As outlined in this report, community pharmacists who have gained NCPDP membership due to funding through CPF are making continuous improvements in the delivery of patient care through leading discussions at NCPDP Work Group meetings, creating new Task Groups and ensuring community pharmacists are considered during the NCPDP standard setting process.

It was our expectation that with increased input from a traditionally underrepresented segment of the pharmacy industry, these standards would be better designed with the knowledge and understanding of independent community pharmacists. The involvement of the core group of independent community pharmacists during the initial three years of this project has proven invaluable. Equally important to this project, is for independent community pharmacists to be engaged in active participation in the standard-development process with the other healthcare stakeholders. The goals for NCPDP are better standards, improved mutual understanding, and most importantly, better patient care. The development and utilization of the communication standards will be more complete now that the experiences from the end user are considered and incorporated.

NCPDP thanks the Community Pharmacy Foundation Board for their continued support to advance this initiative.

- V. Addendums
 - a. Video Statement of Impact: Christian Tadrus and Jay Wiley
 - b. Value of Participation by NCPDP Committee Members
 - c. Social Media & Print Media Outreach

Addendum A

Video Statement of Impact: Christian Tadrus and Jay Wiley

Christian Tadrus and Jay Wiley recorded their personal impact statements during NCPDP's November Work Group meeting. Please click on the link below to access the five minute video.

<https://youtu.be/XSx0Jrsd9nM>



Christian Tadrus, Participant; Lisa Schwartz, NCPA Liaison; Jay Wiley, Participant

Addendum B

Value of Participation by NCPDP Committee Members

Steve Adkins, PharmD (sadkins@healthparkpharmacy.com)
Health Park Pharmacy
8300 Health Park, Ste 227
Raleigh, NC 27615

It has been an honor serving as one of NCPA's Delegates to NCPDP. This has been a rewarding and eye opening experience. NCPDP's mission is *to represent a diverse membership and strives to develop business solutions, standards and guidance for promoting health information exchanges*. During my time serving as one of NCPA's Delegates, I have learned how valuable my participation has been to ensure that community pharmacy is better represented as these standards are discussed and developed.

Meetings attended:

- Unable to attend work group meetings during the last 12 months due to a large growth curve of my pharmacy business.

Work Groups and Task Group participation:

- WG1 Telecomm
- WG10 Professional Pharmacy Services
- WG11 ePrescribing
- WG14 Long Term Care & Post-Acute Care

Notable activities/accomplishments:

It has been an honor serving as one of NCPA's Delegates to NCPDP. This has been a rewarding and eye opening experience. NCPDP's mission is *to represent a diverse membership and strives to develop business solutions, standards and guidance for promoting health information exchanges*. *While I realize how imperative my involvement is, there have been a number of forces that have made it difficult for me to participate physically for the WG Meetings. I have continued to participate when time permits on calls for WG 1 and WG 10 & give my input to fellow representatives and other participating members.*

Due to the high-touch nature of the pharmacy I personally own, I've been drawn to WG10. Shelly Spiro has been an excellent resource & mentor. Shelly has introduced me to a number of IT Vendors, providers, individuals tied to governmental affairs & we consistently communicate throughout the year to make sure my practice is on the cutting edge.

I have participated on a number of Work Group calls and discussed quite a few DERFs. However, my most notable accomplishment over the past 12 months has been to understand the very complex process of making these standards a reality and attempting to interject a much needed healthcare provider's input into a system largely composed of payers.

Again, it has been a pleasure and an honor serving as one of NCPA's Delegates to NCPDP. It is my opinion that participation from *many more providers* are needed in efforts to assist NCPDP reach their Vision of *being a model forum that empowers its members to enhance the quality and efficiency of the healthcare system through the creation and promotion of information technology solutions for the ultimate benefit of the patient and healthcare consumer.*

Christian Tadrus, PharmD, RPh, AE-C, (christian@samshealthmart.com)
Sam's Health Mart Pharmacies
300 N. Morley St.
Moberly, Missouri

Meetings Attended:

- February 2016 San Antonio, TX
- May 2016 Scottsdale, AZ
- August 2016 Cincinnati, OH
- November 2016 Atlanta, GA

Work Groups and Task Groups participation:

- WG1 Telecomm
- WG10 Professional Pharmacy Services
- WG11 ePrescribing
- WG14 Long Term Care & Post-Acute Care

General Participation:

- 2016-2017 Consensus Group Member
- 2014-2017 Education Advisory Committee Member
- 2014-2017 Bylaws Committee Member
- 2016-2017 SCRIPT Standard 10.6 Certification Program Reviewer
- 2014-2016 Foundation Donor

Communications/networking:

Share with state association, buying group, PSAO, system vendors, MO Board of Pharmacy, wholesalers, other industry stakeholders including GeriMed, Cover My Meds, Surescripts, QS/1, PDX, Kroger, Point of Care Partners, CMS, Magellan, Express Scripts, and CVS/Omnicare

Notable activities/accomplishments:

- Submitted DERF to WG11 for the February 2017 WG meeting to create a data element for use by a prescriber to convey permissive authorization to a pharmacist to administer the product, vaccine, and/or device being prescribed / ordered.
- Discussions with developers at QS/1 and other software vendors (including independent system vendors that don't participate at NCPDP) regarding the impact of NCPDP mandating maximally populating fields in order to be "compliant" with NCPDP standards. Feedback received / provided on impact on sending and receiving e-Prescriptions, billing transactions, their user interface as well as benefit / impact to the pharmacist at the counter
- Ongoing education of, listening to and working with those who oppose or have competing viewpoints to the approach NCPDP is taking with respect to PDMP or that have alternative solutions that may be more appropriate (at least in certain environments / situations).
- Discussions with ePA processors and facilitators about need to method for pharmacists to be able to initiate and manage the PA process.
- Proposed amending DERF 1388 regarding submission of Quantity-Prescribed to restrict to only CS and other legally reportable substances. Discussions with DERF submitter and other interested parties prior to MC to further refine language. Amendment accepted and passed.
- Routine input during the development of the "Alternate Order Grouping" DERF including adding an "other service" header grouping to link specific orders with specific services such as MTM.
- Worked with others to identify an acceptable solution to the "Preferred" Network Pharmacy Status indicator within the F & B standard. Participated on post-ballot consensus building call.

- Provided input on DERF seeking to mandate sending of certain fields (e.g. weight) in the OBS segment of the e-prescribing transmission. This was aimed at increase pediatric patient safety to help pharmacists validate dosing.
- Discussion a WG11 task group regarding “QuantityUnitOfMeasure” and concerns about prescriptions being ordered with international units rather than package sizes. Specifically discussed the impact on unbreakable package size logic and the fact that IUs are doses rather than prescribing / dispensing increments.
- Took advantage of a recent NCPDP allowance for pharmacies to register multiple NCPDP / NPI combinations for various taxonomies to facilitate participation in payment models that improve / maximize reimbursement to pharmacies. Ongoing work to make independent pharmacies aware of process and opportunity.
- Was invited to participate in WG11 – Prior Authorization Workflow to Transaction Task Group on the topic of expanding the standard to accommodate Pharmacist-initiated ePA transactions. Provided comments, use cases and considerations for the task group as it moves forward.
- Spoke at MC in favor of “option 4 – removal” of pharmacy network / pricing components in the proposed RBTI standard out of concern it was divisive to the industry, would validate a controversial practice of exclusionary network plan design and would disadvantage independent pharmacists that do not have access to participate on a level playing field. Message heard by CMS representatives and others in the room.
- Attended Brown Bag Lunch re: Specialty Pharmacy SAG meeting

Jay Wiley, RPh, MBA (JayWiley@masonspharmacy.com)
Mason's Pharmacy
2403 Arkansas Road
West Monroe, LA 71291

Meetings attended:

- February 2016 San Antonio, TX
- November 2016 Atlanta, GA

Work Groups and Task Group participation:

- WG1 Telecomm
 - Coordination of Benefits Task Group
 - Compounding Task Group
- WG11 ePrescribing
 - Best Practices Task Group
 - Prior Authorization Workflow to Transactions Task Group

Communications/networking:

Share with state association, buying group, PSAO, LA Board of Pharmacy, Pharmaceutical Manufacturers, Pharmaceutical Wholesalers, other industry leaders such as RelayHealth.

Notable activities/accomplishments:

There have been many initiatives that I have been involved in this year at NCPDP through participation as a delegate for the community pharmacy. Those are listed below.

- **WG1 Telecom**
 - ***COB TG***: Monitor changes being submitted that would affect workflow and financial payment flow for community pharmacies. Nothing on the radar right now that would negatively impact us.
 - ***Compounding TG***: There has been a lot of discussion around how a pharmacy should submit and be paid for ingredients that are necessary to the compound, but do not have an NDC number issued by the FDA. This occurs in many instances such as some bulk chemicals, inactive ingredients such as distilled water, gelatin capsules, bases, and flavoring agents. There is also some talk about having an indicator for higher reimbursement based on the expertise of the compounder or the equipment required to make the compound. I am working with the other industry participants to get through these issues. In the February 2017 WG meeting, there will be a new DERF that will define what a compound is and place that definition into the Implementation Guide.
- **WG11 ePrescribing**
 - ***Best Practices Task Group***: There have been many issues brought up during this year.
 - MA issued guidance that a patient may fill for less than the full amount of opioid prescriptions. DERF 1448 was created in TG and approved with modifications at the November WG.
 - Sometimes pharmacies need to submit refill requests to a different prescriber than what initially authorized it, i.e. refill requests go to the Nurse Practitioner, not the physician. TG is working on a DERF to allow this to occur within ePrescribing and support new functionality in the new Telecom Version.
 - There is a need for the prescriber's credentials to be verified prior to a pharmacy receiving an electronic prescription. DERF 1455 was pended at November WG and will be back in February WG.
 - ***Prior Authorization to Workflow Task Group***: There is a need for entities other than the prescriber to respond to a Prior Authorization request, i.e. in the long term care setting the pharmacy has full access to the patient's records and can answer the PA questionnaire accurately. Pharmacy is being represented in these discussions of how to appropriately do this.

Addendum C

Social Media and Print Media Outreach

November 2015 Work Group



February 2016 Work Group



NCPDP @NCPDP

1d

Welcome Community Pharmacy Foundation grantees, participating in @NCPDP Work Group mtgs, thx to Community Pharmacy Foundation grant



1



2



NCPDP @NCPDP

1d

Thx to Community Pharmacy Foundation grantee, Jay Wiley, for joining mtg on FDA UDI Rule #pharmacy



May 2016 Work Group



NCPDP @NCPDP

5/2/16

Welcome community #pharmacists here at #NCPDP16. Read about @CPFgrants in our 2015 Annual Report bit.ly/1U9TSCt



NCPDP @NCPDP

5/2/16

Welcome Community #Pharmacy Foundation grantees, participating in NCPDP Work Group mtgs, thx to @CPFgrants



 NCPDP Retweeted



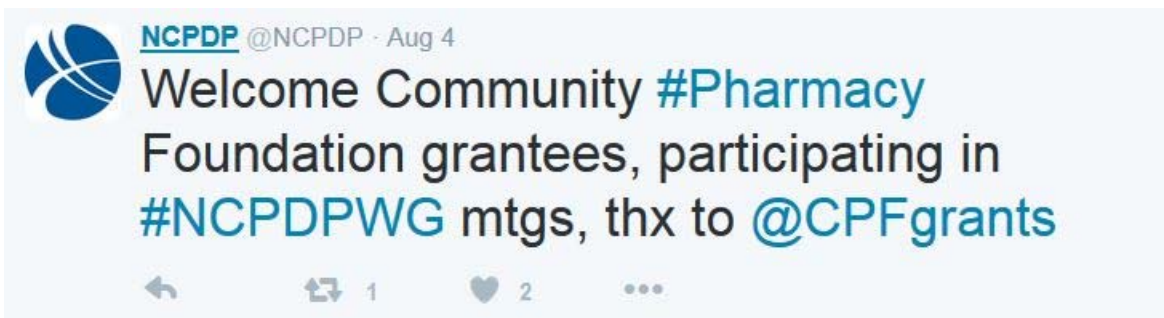
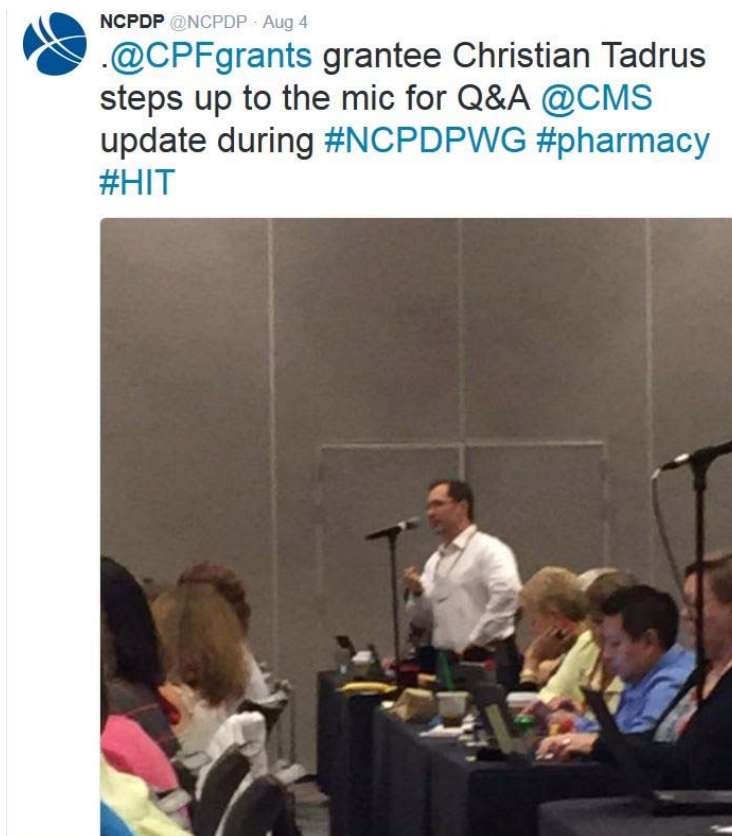
CPF @CPFgrants

5/3/16

@NCPDP Thanks NCPDP! We hope you're having a productive and fun meeting.



August 2016 Work Group



November 2016 Work Group



NCPDP 2016 Annual Report

EDvocacy Activities in 2015

Our Strategic Planning Committee members, Board members, Executive staff, and Industry and Government Relations team participate in EDvocacy activities throughout the year. This includes presenting NCPDP solutions at industry conferences, in webinars and meetings with other industry associations, including:

- National Association of Chain Drug Stores (NACDS)
- ONC S&I Framework
- The National Alliance of State Pharmacy Associations (NASPA)
- Western Medicaid Pharmacy Administrators Association (WMPAA)
- U.S. Pharmacopeial Convention (USP)
- Various State Boards of Pharmacy
- Office of National Drug Control Policy (ONDCP)
- National Governors Association (NGA)
- Healthcare Information and Management Systems Society (HIMSS)

In addition, NCPDP Board members, Strategic Planning Committee members and Executive staff participated in two successful EDvocacy tours in 2015, with guidance from our consultant, Horizon Government Affairs (HGA). The EDvocacy tours included 35 meetings with congressional staff, members of Congress, congressional committees of jurisdiction and administration officials.

According to Joel White, President of HGA, NCPDP's government and public affairs firm, "It is evident that policymakers and their staff and outside organizations all view NCPDP as a trusted resource and an organization to turn to for advice and education in the fight against prescription drug abuse and other issues." This is marked by requests for meetings from the Senate HELP committee; Senator Shaheen (D-New Hampshire); Senator Ayotte (R-New Hampshire); House Energy and Commerce Committee staff; the Bureau of Justice Assistance (BJA); and John Coster, Director of the Division of Pharmacy within the Centers for Medicare and Medicaid Services (CMS).

NCPDP's role is to serve as a resource to anyone interested in learning about all facets of an issue and how consensus-based solutions are developed in our forums. NCPDP does not lobby or engage in any activities that involve direct or indirect payment to influence the decision-making process in the legislative or executive branches of the federal government or at the state level. Read more about EDvocacy at <http://ncpdp.org/About-Us/EDvocacy>.

Community Pharmacy Foundation

NCPDP's collaboration with the Community Pharmacy Foundation (CPF) grew out of our EDvocacy efforts. Community pharmacists had traditionally been underrepresented in NCPDP's membership and in our forums for many reasons – including responsibilities to their communities and the patients they serve. Community pharmacists' active participation in NCPDP is important to ensure continuous improvements in the delivery of patient care and patient safety, and ensuring that the voice, perspectives, expertise and experience of community pharmacists are represented in NCPDP stakeholder action groups, work groups and task groups.

In 2013, CPF first approved a grant focused on the engagement of active and influential independent community pharmacists in the NCPDP standards-development process. Now in its third year, the CPF grant has provided critical funding that has had immediate and profound benefits in supporting NCPDP's work, and fostering community pharmacist collaboration within NCPDP's membership.

NCPDP and CPF: From EDvocacy to Outcome

- Community pharmacy representation in NCPDP membership has increased.
- There is active community pharmacist representation in seven NCPDP work groups.
- Grantees have provided valuable input on the time management and workflow impacts of compound billing solutions, the standardized use of Prescription Origin Code in reporting, and ePrescribing best practices.
- Grantee participation and engagement supported the creation of a new task group on specialty drugs and compounding, fortifying prior authorization transactions, and ensuring independent pharmacies were included in a field to identify preferred pharmacies within NCPDP's Formulary and Benefit Standard.

NCPA American Pharmacist February 2016

National Community Pharmacists
Association Foundation

www.ncpafoundation.org

THANK YOU *Corporate Partners*

AmerisourceBergen

Cardinal Health

Community Pharmacy Foundation

DKMS

Good Neighbor Pharmacy

Independent Pharmacy Cooperative

McKesson/McKesson Foundation

National Community Pharmacists Association

PCCA

Pharmacists Mutual Insurance Company/
Pharmacists Mutual Foundation

Who We Are

The National Community Pharmacists Association Foundation is a nonprofit, philanthropic 501(c)(3) organization established in 1953. The NCPA Foundation preserves the legacy of independent pharmacy through programs that improve the success of independent pharmacy and enhance patient care, community outreach initiatives, scholarships to NCPA student members, and disaster aid and resources to independent pharmacy owners.

Partnership Opportunities

Please contact ncpaf@ncpanet.org today for information about national corporate sponsor opportunities, which include:

- Awards program
- Bone marrow donor drive
- Dispose My Meds™ program
- Fundraising auction
- General support
- Health awareness campaigns
- NCPDP—enhancing independent community pharmacist involvement
- Scholarship program



NCPA American Pharmacist April 2016

National Community Pharmacists
Association Foundation

www.ncpafoundation.org

THANK YOU *Corporate Partners*

Visionary

AmerisourceBergen
Good Neighbor Pharmacy
McKesson/McKesson Foundation
National Community Pharmacists Association
Pharmacists Mutual Insurance Company/
Pharmacists Mutual Foundation

Futurist

Cardinal Health
Community Pharmacy Foundation
PCCA

Strategist

DKMS
Independent Pharmacy Cooperative

Who We Are

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