

Innovation is Driving Change

Harry Boyer, chairman and chief technology officer of Innovation Associates in Johnson City, N.Y., talks with *ComputerTalk* Publisher Bill Lockwood about the emerging trend in managing workflow through the use of more automation in the pharmacy. Here's what he has to say.

CT: End-to-end workflow systems involve weaving together many different parts of a pharmacy operation. These range from IVR on the front end to POS on the back end. How mission critical is the pharmacy management system these days to pharmacy operations?

Boyer: Well, Bill, first of all, you couldn't operate a pharmacy without one, because of the core patient information, claims adjudication, and DUR functions. However, the demands placed on pharmacy have expanded so much that pharmacies need more than what their pharmacy management systems have traditionally provided. In turn, automation vendors have responded with specialized products that address specific tasks within the process. Pharmacies need to take a hard look at these specialized products, figure out the best way to integrate them around their pharmacy management systems, and understand how they can use them to optimize their operations.



CT: We are beginning to see automated-dispensing/robotic systems being expanded beyond their traditional role. Your new Symphony workflow system is a good example of this. What's driving this trend?

Boyer: The drivers haven't changed: Rx volumes, industry regulations, customer service

demands. It's us, the vendors, who recognized the opportunity to enhance our offerings and who changed the paradigm. In the recent past, our customers basically viewed us as providers of counting technology solutions that, by the way, had some nice features that addressed workflow. That all changed for Innovation when we partnered with Costco and broadened our offering to address their operational requirements for error prevention, Rx tracking, time management, cognitive services, and customer service.

Our Enterprise System and Symphony Software now automate the overall Rx fulfillment and workflow processes. We offer front-end integration with IVR systems, automated fax-to-doctor for refill authorization, comprehensive Rx filling and tracking, will-call bin management, and electronic signature capture. These features, combined with our end-to-end Rx status assignment, enable pharmacies to maintain complete control of filling, verifying, and tracking hundreds of prescriptions a day. On the customer side, we further streamline refill requests and speed up the locating of prescriptions, enabling enhanced customer service.

I think it's safe to say our goals are in sync with our customers' goals. We all want increased efficiency, enhanced productivity, improved customer service, better profitability, and, of course, strong customer loyalty, which means more business.

CT: You mentioned that there are usually different vendors offering different pieces that need to be integrated. What are the challenges here?

Boyer: I'd say that two big challenges we often see are the overlapping functionality of products and the overall lack of coopera-

tion between vendors. In today's highly competitive market, many pharmacy automation products offer similar features that compete for specific areas of the process. For example, both IVR systems and workflow management products — like our Symphony Software — offer a fax-to-doctor feature to help streamline refill requests. If a pharmacy is integrating two products like this, they must decide which product's fax-to-doctor feature works best for them. They must ask themselves: Which system's feature is more robust and user friendly? Which system's feature is the easier of the two to integrate with the overall process? They have to weigh all of this and decide.

As for vendor cooperation, I think a number of vendors don't feel that there is a real incentive to integrate their products with other products. Integration typically means development work at some level, which translates into funds being committed. As a vendor, I think we need to look beyond that a bit. We need to understand that by working together, we can offer the market much better solutions — and we'll all be better off in the end. The key here for the customer is to drive cooperation between vendors, if it's not happening by itself.

CT: We can't lose sight of the human factor. With so many different "moving parts," what are some of the challenges for the pharmacy staff to keep it working?

Boyer: We've seen it over and over — the most successful pharmacies are the ones in which the staff are open to change and are committed to making the entire process work. Although technology can certainly be intimidating, studies

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show that errors are typically made when pharmacy staffs perform various manual tasks, when they are less busy, and when they experience dramatic shifts in the pace of their workload. It seems the busier they are, the more they tend to concentrate and stay focused on their jobs.

All in all, they must commit to learning the various tools and tasks, to understanding their many benefits, and to sharing their knowledge and expertise with colleagues, which all leads to the building of best practices. Finally, they must realize that if they don't embrace the technology and all it brings to the table, they'll be left behind.

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CT: Any closing advice to pharmacies on important considerations when integrating various technologies?

Boyer: As with any important project, you must have clearly defined objectives and then have a detailed plan for achieving them, from the initial assessment phase right through implementation, training, and go live. I'll reiterate my position that the key to a successful integration is the customer's insistence on vendor cooperation. At the end of the day, we all listen to the customer and look to deliver what will help them achieve success. They need to be proactive about this right from the start. Get the appropriate parties together to understand your requirements and objectives, and then tightly manage the effort through to completion. CT