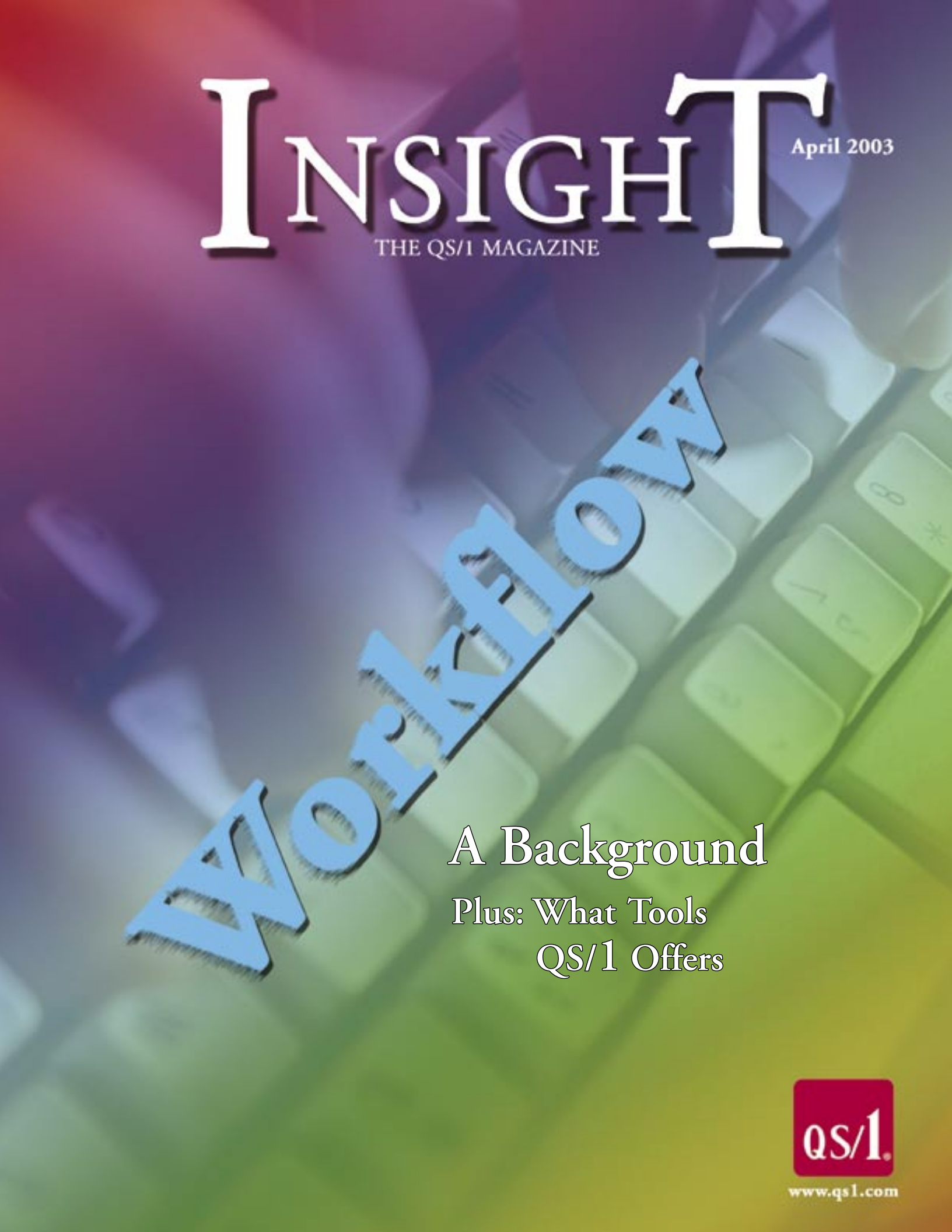
InsighT

THE QS/1 MAGAZINE

April 2003



A Background

Plus: What Tools QS/1 Offers

QS/1

www.qs1.com

Bill Cobb
President, QS/1

I appreciate longtime customer John Bohlman contributing an article on workflow in the pharmacy industry for this issue of *Insight* (p. 14), and I would add that workflow is something that all businesses should consider in their efforts to become more efficient. At QS/1, workflow is not just a set of tools we sell our customers; it's a philosophy we try to integrate into all our business operations.

One area that affects workflow is the physical space and layout available to a business. The customer spotlight article on Northside Home Care Pharmacy (p. 17) illustrates how space influences the business choices a pharmacy makes. As QS/1 has grown, we've had to find ways to change and arrange our physical layout to operate more efficiently. Now we're fine tuning plans on a new building so that we have the space to work smarter and to add needed staff.

But more important than the physical changes our company has made over the years, operational changes we've made to our workflow have made a significant difference in our ability to deliver products and services to our customers. For example, a few years ago we added a formal quality assurance department to help us manage the process of producing new software. Our QA department tests software and hardware with the goal of eliminating errors, just as many of you use QA tools to cut down on the errors in your practices.

In addition to adding quality assurance tools, we, like many technology companies, have taken on a project management approach, initially for programming projects and then for projects throughout the company. Project management clarifies the responsibility individuals and departments have for elements of projects.

Quality assurance and project management tools have improved workflow within our company. But more than the tools themselves, we try to be open to new ideas on how to be more efficient in our operations. Because, like you, QS/1 wants to grow and better serve customers, and improving our workflow goes a long way towards helping us meet these goals.

INSIGHT

April 2003

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What's New HIPAA

Privacy and Security Rules are Here!

As of April 14, 2003, the debate is over and the HIPAA privacy rules are in effect. As your organization adjusts to the new policies and procedures (and paperwork!), it's time to start looking at other requirements. We'll review the transaction standards (for those of you who filed for an extension), business associate agreements, and the security standards, and the deadlines for these rules.

For those of you who filed extensions prior to the October 16, 2002, deadline, you have until October 16, 2003, to be compliant. As a reminder, you must be on version 16.4 (preferably 17.1 or higher) of RxCare Plus, PrimeCare, or SystemOne, or version 6.3 of CRx, or 7.1 of CMS, to use the HIPAA compliant transaction standards. If you are not on these versions, beat the last-minute rush and make arrangements to get your software updated.

Business Associate Agreements

All organizations that use QS/1 RxCare Plus, PrimeCare, SystemOne, or CRx must send QS/1 a business associate agreement to be signed and returned. A business associate agreement is given by a covered entity (pharmacy, HME provider) to a non-covered entity (such as QS/1) who may have access to your sensitive data (PHI). In the agreement, QS/1 agrees to properly protect the data that employees might see when, for example, a hardware tech is on-site to repair your hardware and may see or hear protected information.

QS/1 has already signed hundreds of these agreements, but many organizations have still not sent theirs. Many professional organizations, such as NACDS or NCPA, have HIPAA resource guides that can help. PRS is a company that has created a HIPAA CD, and this CD, which requires a computer with Microsoft Word, is being offered through QS/1. This information is on pages 5 and 6 of this magazine.

Transaction Standards

In February, the Department of Health and Human Services (HHS) adopted new rules for the transaction standards. These new rules take effect October 16, 2003. NCPDP v1.1 batch was established as a transaction standard for batched claims, and ASC X12N 835 was established as a transaction standard for reconciliation for NCPDP standards. We'll talk about these changes in the July edition of Insight.

Security Standards

In addition to the transaction standards update, HHS at long last released the security standards. These standards were promised to have been published several times. These new rules go into effect April 14, 2003. There is no reason to panic, though, since pharmacies and HME providers are not required to comply with these new regulations until two years later, April 20, 2005.

The standards detail a series of administrative, technical, and physical procedures. Examples under these standards are screen blanking, firewalls, encryption, and even locking doors to prevent unauthorized access to computers. The standards are 49 pages long in the federal register.

It will take some time to break down what these rules mean to your company. We will analyze these rules in detail and outline any software changes QS/1 may make to assist with your compliance in coming editions of Insight.

Unfortunately, HIPAA is not something that will just go away, at least not in the foreseeable future. Since HHS can introduce new rules as it sees fit, and since the Secretary of HHS is a political appointment, HIPAA policies could drastically shift in 2005. As the rules change and deadlines approach, QS/1 will continue to provide updates to HIPAA.

By: Rich Muller
Industry Analyst Manager, QS/1

QS/1 DATA SYSTEMS

Dear QS/1 Customer,

As the April 14, 2003, deadline for HIPAA compliance draws near, many of you have been asking for guidance and assistance in achieving compliance. PRS's **Review for HIPAA Compliance Program**, detailed below, is one easy way for you to get all the forms you need to satisfy HIPAA requirements. QS/1 is partnering with PRS to provide this program to our customers for a special reduced rate of $447 until April 14.

To order the PRS program, contact QS/1 Marketing Support at (800) 231-7776. We'd also be glad to answer any questions you have about this program and how it will help you achieve HIPAA compliance.

The HIPAA deadline is coming soon. Use the PRS program to be ready.

PRS's Review for HIPAA Compliance Program,

(Patient Privacy Rule) will assist pharmacy owners in understanding the new regulations and making their pharmacy compliant. This easy-to-use, step-by-step program comes on CD-ROM and provides policies, procedures, training guidelines, letters, agreements, forms and checklists which cover the following compliance issues as well as many others:

- Access to Pharmacy Systems via Direct, Indirect or Personal Contact
- Access to Records
- Accounting of disclosures of Protected health Information (PHI)
- Amendment Request
- Authorization of Release of PHI
- Business Associates Requirement
- Change of Pharmacy Policies
- Compliant Form
- Computer Pathway of a Prescription
- Contact Person of Office
- DE-Indentification of PHI
- Destruction of Electronic Media
- Disclosure Authorization
- Documentation
- Employee HIPAA Awareness Training
- Employee Responsibilities (reporting breaches)
- Employee Confidentiality Agreement
- HIPAA Definitions Booklet
- HIPAA of 1996 - Title 45 C.F.R. Part 142
- HIPAA of 1996 - Title 45 C.F.R. Part 160
- HIPAA of 1996 - Title 45 C.F.R. Part 162
- HIPAA of 1996 - Title 45 C.F.R. Part 164
- Incidental Contact of PHI
- Incidental Exposure Business Associate Agreement
- Investigation of Breaches in Privacy Practices
- Minimum Necessary Requirements
- Mitigation
- Notice of Acceptance/Denial for Confidential Communications
- Opportunity to Agree or Object
- Personnel Representative
- Pharmacy HIPAA Compliance Assessment
- Physical Processing of a Prescription
- Prescription Third Party Claim Process
- Privacy Notice
- Privacy Officer
- Privacy Restrictions
- Protected Health Information Disclosure
- Refraining from Intimidating or Retaliatory Acts
- Reporting of Incidents
- Request for Additional Protection
- Request for Confidential Communication
- Request for PHI
- Sanctions
- Security, Electronic and Physical
- Termination of Employee Agreement
- Termination, Suspension and Resignation
- Using Electronic Media (Use, Safeguard and Destruction
- Verification of an Identity
- Waiver of Rights

PRS PHARMACY SERVICES

Written by R.P.h's, government specialists, and pharmacy experts.
Reviewed for standard compliance by HIPAA experienced law firm.
CD-ROM in ready-to-use format with easy step-by-step instructions.
Access to updates and question and answers from our website.
In just a few hours have a customized, ready to print and use HIPAA policy that shows you how to comply. Microsoft Word required.

20 Years as the Nation's Leading, Most Respected Pharmacy Services Provider!

PRS PHARMACY SERVICES

Review for HIPAA Compliance Program

(Patient Privacy Rule)

- **CAN YOU AFFORD TO IGNORE THE MOST COSTLY FEDERAL LAW TO EVER IMPACT PHARMACY?**
- **THE NATION'S ATTORNEYS ARE NOT!**
- **HALF OF THE HIPAA SEMINAR ATTENDEES ARE ATTORNEYS TRYING TO UNDERSTAND HOW TO GET MONEY FROM YOU FOR VIOLATING A PATIENT'S PRIVACY RIGHTS UNDER THIS NEW LAW.**
- **DON'T BE AN EASY TARGET.**
- **PRS HAS A COMPLETE, CONCISE AND AFFORDABLE SOLUTION TO HELP YOU EASILY COMPLY.**
- **OPTIONAL ON-SITE TRAINING OF YOUR STAFF BY PRS HIPAA SPECIALISTS IS ALSO AVAILABLE!**

What you NEED to know about compliance:

- ✓ **FACT. The April 14, 2003 deadline is MANDATORY.**
- ✓ **FACT. Extensions filed in October are for electronic transmissions ONLY. The majority of the regulations get NO extension.**
- ✓ **FACT. $25,000 per violation in annual civil non-compliance penalties and up to $250,000 and/or 10 years imprisonment for criminal violations.**
- ✓ **FACT. PRS has developed an affordable CD-ROM based program showing you step-by-step how-to-comply.**
- ✓ **FACT. This is the new law. The government will enforce it, and it DIRECTLY impacts your pharmacy.**
- ✓ **FACT. You cannot afford to ignore HIPAA.**

HIPAA Order Form

PRS HAS A COMPLETE, CONCISE, AND AFFORDABLE SOLUTION TO HELP YOU COMPLY!

Order before **April 14, 2003 - program cost = $447.00**
If ordered after April 14, 2003 - program cost = $797.00

System ID # _____

Pharmacy _____

Shipping Address _____

City _____ State _____ Zip _____

Phone Number _____

E-Mail Address _____

Program Cost Per Pharmacy Location up to **April 14, 2003** = $447.00

# of locations x _____

Subtotal $_____

Add Local Tax =$_____

S&H =$_____

TOTAL DUE =$_____

NOTE: Multiple pharmacy owners must purchase a CD and Use License for each location.

Call QS/1 at 1-800-231-7776
or mail this card to
QS/1 Data Systems, Attn: Marketing Support Group, P.O. Box 6052, Spartanburg, SC 29304
or Fax to 1-800-231-7783

As our attorney advises: The HIPAA regulations are extensive, fluid and subject to governmental interpretation, which overrides or supercedes information in PRS's program. As with any new government regulations, the client understands that they are responsible for reading the actual regulations and exercising their own good judgement in establishing their HIPAA program.

Security

Why Data Protection is More Important Than Ever

2002 brought multiple instances of security attacks on computer systems in businesses worldwide. Some of these attacks were mounted directly by hackers against specific systems, some were spread via an e-mail attachment, and some viruses were found on media circulated by businesses or person to person. Regardless of how the security attack was launched, the effect was the same: a significant cost to business. Attacks in January 2003 alone have been estimated to cost business $8 billion, including $1 billion just from the widely reported "Slammer" or "Sapphire" worm.

Although there is no way to ensure absolute security when using Internet technologies, the key to keeping risk to a minimum is to provide both hardware and software security measures and to have people in place to monitor and ensure that all upgrades and patches have been applied. With the "Slammer" virus, for example, a patch existed which would have mitigated the impact of the January attack, but the virus spread worldwide in 10 minutes, scanning 55 million hosts per second at its peak, and eventually over 250,000 servers were affected--all because so many users had never downloaded the patch from Microsoft's web site.

Because businesses are more at risk than ever from Internet-related breaches of security, here is a quick review of the most common ways of reducing risk for your business.

Internet Security: Firewalls

A firewall is the most common means of preventing hacking by outsiders. The kind of firewall solution a business uses depends on the type of Internet connection and services (e-mail server, web server, VPN server) it employs.

Dial-up businesses can use a LAN modem that acts as a basic firewall. Businesses that use cable or DSL modem can use a DSL or cable router. Businesses with T1 or other similar full-time Internet connections should secure local network expertise to achieve their firewall installation and configuration. If any inbound services (such as those listed above) are offered, local network assistance should be sought regardless of access method.

Viruses

As viruses and worms become increasingly sophisticated, businesses must become ever more vigilant in installing a proven anti-virus software package on every computer in their system and performing updates regularly.

Internal Security

Experts estimate that anywhere from 30-80% of computer crime is committed by employees on their own networks. Common sense policies should be in place which ensure that (1) each user's access is limited to only those functions and areas needed, (2) system IDs and passwords are employed and not used by more than one user, and (3) user ID and password information is not easily guessed or ever written down and stored where it could be easily found.

Backups

The best means to protect data and minimize the impact of its loss or corruption to a business is to perform regular backups. The frequency of these backups depends on the impact on the business to the loss of and cost of reentering the data. A disaster recovery plan should be in place to handle this eventuality, and backup data should be stored in a secure, off-site location whenever possible.

Computer security needs vary from business to business, and a business' computer security implementation will depend on the level of risk the business is willing to assume. A business must make the commitment of human resources to monitoring, maintaining, and updating security measures. Only when a business is fully committed to system security will it be as secure as is possible.

By: Dave Brown
Network Solutions Manager, QS/1

Creating the Pharmacy Web Site for the 21st Century:

J M Smith updates CornerDrugstore.com to give pharmacies more options

By: Jennifer Langham
Communications Specialist, QS/1

The bad news: Having a web site won't automatically make money for a pharmacy.

The better news: A good web site can help pharmacies create two of the most valuable elements for a business, good customer service and a continued relationship with the customer.

And the best news for QS/1 customers is that less than a year after purchasing CornerDrugstore.com, QS/1 parent company J M Smith has updated the web product to give it even better functionality for pharmacies of all sizes.

"In the past, CornerDrugstore was presented to pharmacies simply as an opportunity to sell prescriptions and over-the-counter items online," said Chris Sigmon, J M Smith Manager of Web Products. "But as the Internet continues to evolve, we're finding that a more useful application of pharmacy web sites is to build relationships with pharmacy customers."

Sigmon quotes findings from the most recent Journal of the American Pharmaceutical Association national pharmacy consumer survey: the two areas of least satisfaction with pharmacy services were the staff's ability to remind customers to refill prescriptions and the staff's ability to provide health and drug information.

"These are needs that could be met easily and effectively through a pharmacy's web site," said Sigmon. "The new CornerDrugstore site makes meeting these needs possible."

New look and options

The fresh new look Sigmon and his staff have given CornerDrugstore is based on usability research and models as well as on feedback from pharmacies. Key to the new look are more choices for pharmacies to individualize their sites. "Pharmacies will have a choice of color and design schemes, as well as what text they want to include about their stores," Sigmon said.

And, importantly, pharmacies can now choose different levels of CornerDrugstore.com service. For QS/1 customers, the most basic level of web service has a price that any pharmacy can afford: it's free.

Above the basic package, CornerDrugstore offers several new options. All web service packages above the basic (free) level now offer domain name registration and redirection. This means that a pharmacy can register its own domain name, for example, www.bestpharmacy.com, and have all Internet traffic redirected from that domain name to the pharmacy's CornerDrugstore site.

Figure 1 - Sample Pharmacy Home Page

"We found that most pharmacies want to be identified online through their own name rather than directing their customers first to the CornerDrugstore site," said Chris Sigmon. "Helping pharmacies get their own domain name gives them a more distinct identity while still making it possible for them to use all the CornerDrugstore tools, such as the prescription refill service."

For chain pharmacies, Webservices by CornerDrugstore.com, formerly the ChainRx.com service, uses the same technologies as CornerDrugstore, and chains can create customized sites on a service-by-service basis.

Health information patients can trust

The new health content available through CornerDrugstore enables pharmacies to play upon an advantage they already have with patients, according to the JAPA survey: pharmacists are consumers' second most-trusted source of health information after physicians.

"Adding healthcare content to a web site can be cost prohibitive for most independent and small-chain pharmacies, but by sharing this content among all the users of CornerDrugstore.com and Webservices subscribers, we're able to offer the service at a very affordable rate," said Chris Sigmon.

The new health content on CornerDrugstore sites includes drug monographs, information on drug interactions and alternative and complementary medicine, health and wellness tools, the Body Guide, the Health Illustrated Encyclopedia, and a pill identification tool.

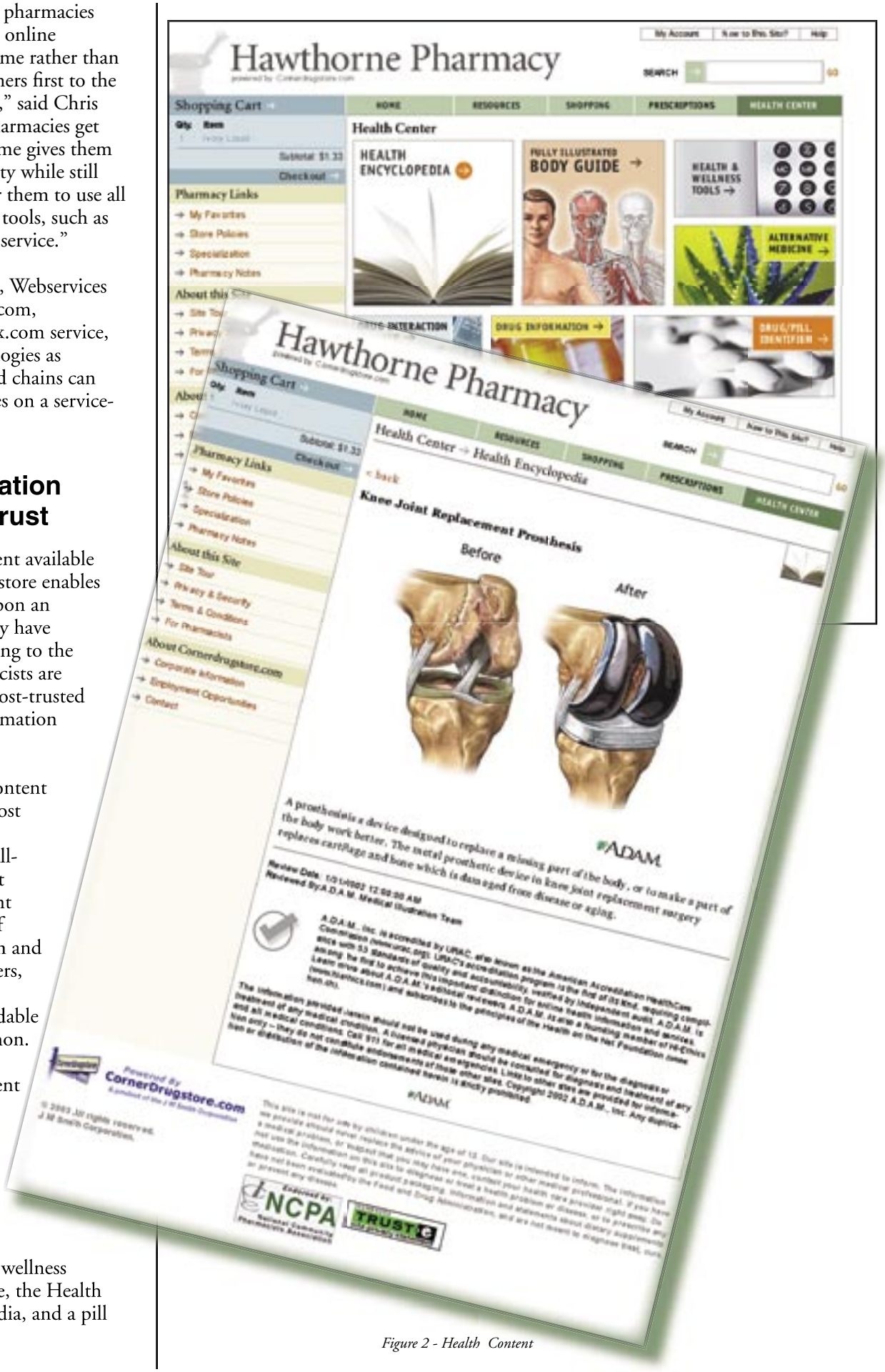


Figure 2 - Health Content

Serving pharmacy customers online

Of course a key component to any online pharmacy site is a tool allowing patients to request refills online. When a prescription is filled by a pharmacy with a CornerDrugstore web site, patients who subsequently visit the web site can see if the prescription has been processed and is ready for pickup and delivery. This feature, says Chris Sigmon, is a unique function that is not currently available on many online pharmacy sites.

"What the electronic refill features do is to reduce stress for the customer and for the pharmacy," said Sigmon. "People are busy, and many people like using the Internet to help them make shopping and errands more convenient. A pharmacy's web site can add to the feeling a customer has that the pharmacy provides good customer service."

And that's good news for all pharmacies.

Figure 3 - Refills

90 Day Free Trial

Any QS/1 customer can sign up for and create a basic web site for their pharmacy through CornerDrugstore.com at no cost for 90 days.

All customers, even those pharmacies who opt for the free level of service, can experience the full range of new services on CornerDrugstore.com through a 90-day free trial of the highest level of CornerDrugstore web service available, which includes the following features:

- New CornerDrugstore graphic set
- Online Store Profile with customer registration
- Portal store locator/navigation
- Prescription refill service
- Health content service, including drug monographs, drug interactions, alternative and complementary medicine, health and wellness tools, the Body Guide, Health Illustrated Encyclopedia, and a pill identification tool
- Online Specials & Coupons
- Domain name registration and redirection

Customers interested in signing up for CornerDrugstore.com or Webservices, by Cornerdrugstore.com should contact their QS/1 marketing representative or QS/1 Marketing Support at 800.854.7558, ext. 175.

Medication Errors

Mistakes happen in all walks of life; medication errors are no exception. A 1999 Institute of Medicine Report, *To Err is Human,* stated that medication errors account for about 7,000 deaths each year. At the pharmacy level, a review of liability claims against pharmacists indicated that 49.3% of the cases involved the wrong drug, 25.9% involved the wrong strength, and 7.4% related to incorrect directions. While it is certainly sobering to see such statistics, the more important questions are "How did this happen?" and "How could it have been prevented?"

A medication error can be defined as any *preventable* event that may lead to inappropriate medication use or harm while the medication is in the control of the healthcare professional or patient. To help reduce medication errors in the pharmacy, it is necessary to create a "culture of quality" that incorporates a systematic approach to continuous quality improvement in daily activities. The pharmacy practice should encourage employees to report errors and routinely look for areas that might lead to errors or in which the practice process can be improved. The focus of medication error prevention should be on the *how the error occurred and not on who made the mistake*.

Errors can be described as active or latent. When an *active error* occurs, the effects are immediate, such as when an automobile driver fails to stop for a traffic signal or when a drug is administered. *Latent errors* are ones in which the effects are delayed, the proverbial "accident waiting to happen." For example, a bush growing beneath a stop sign may gradually block visibility at an intersection, and eventually an unknowing driver will fail to stop. In the pharmacy, flaws imbedded in the workflow process can lead to medication errors. Mistakes rarely result from a single error, either active or latent. Effective error prevention focuses on the *root causes* of the mistake. Roots causes are the flaws in system design and implementation that lead to errors. In the pharmacy, root causes are likely to be imbedded in the pharmacy workflow process.

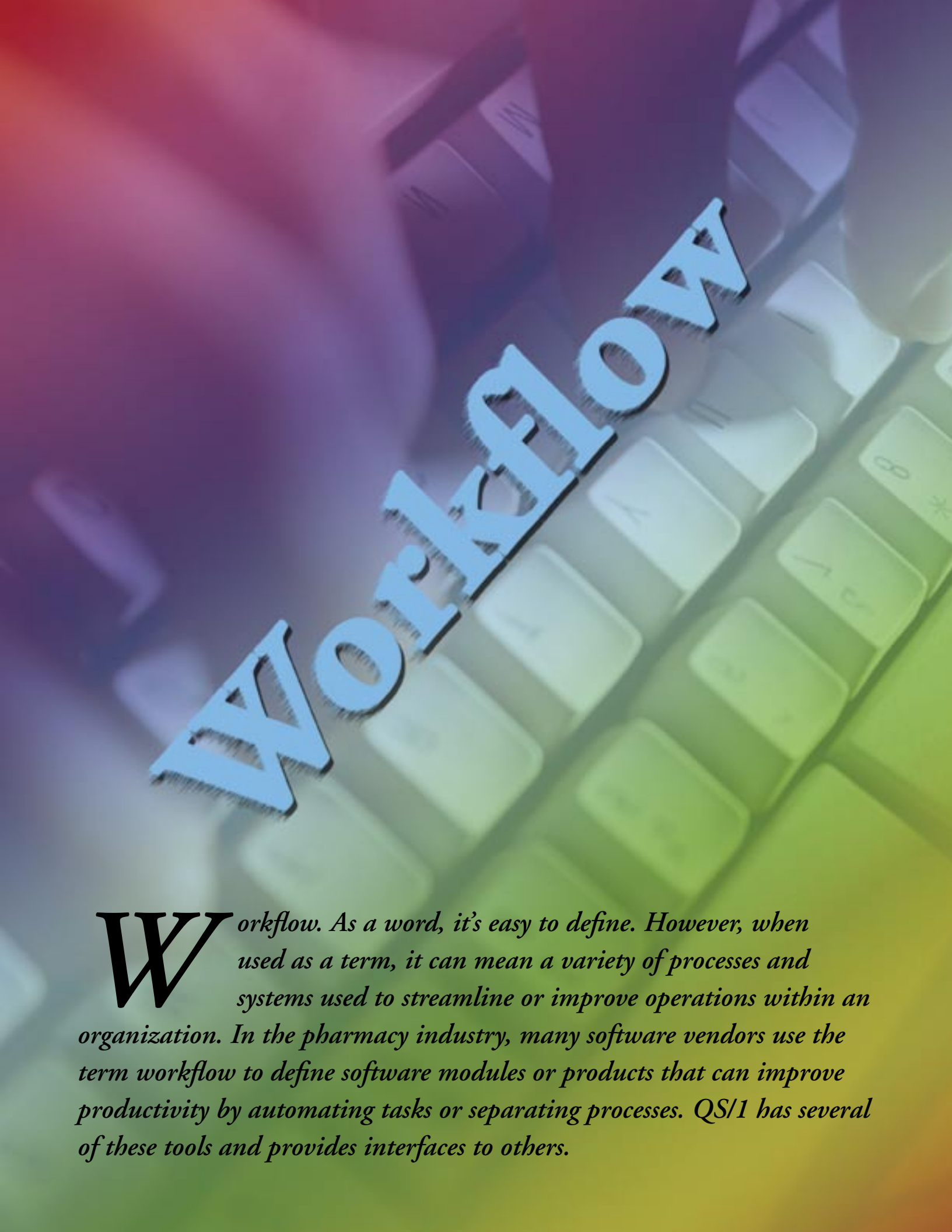
Much of today's technology can make pharmacy practice safer and more productive. Bar-coding, electronic prescription transfer, interactive voice response, and dispensing automation are a few examples. Technology is not the solution, but it can be part of the solution. Technology must be part of the culture of quality and continuous workflow improvement of the pharmacy. Where feasible, automating routine functions can make a significant difference in reducing medication errors.

What else can the pharmacy manager do to improve quality and reduce medication errors? One option is to get a "fresh set of eyes" to look at the pharmacy workflow and practice environment. A knowledgeable outsider or professional colleagues can often spot latent errors and areas for workflow improvement. Cross-training prescription department employees so they understand each other's duties and are thus better able to monitor quality is also useful.

A last and perhaps most important solution is to institute a pharmacy quality improvement program. Continuous quality improvement offers a well-developed set of tools for assessing pharmacy performance and identifying areas to effect incremental, transitional, or transformational change in the pharmacy; to improve both clinical and organizational performance; to identify barriers to improvement; and to develop tactics to improve the process.

To get started in quality improvement, two websites are suggested. One is the Institute of Safe Medication Practices Self–Assessment, which can be found at http://www.ismp.org. The other is the Academy of Managed Care Pharmacy Framework for Drug Therapy Management that can be downloaded from the publications sections at http://www.amcp.org.

By: Dr. Gene Reeder, R.Ph., Ph.D.
Professor of Pharmacoeconomics, College of Pharmacy,
University of South Carolina



Workflow. As a word, it's easy to define. However, when used as a term, it can mean a variety of processes and systems used to streamline or improve operations within an organization. In the pharmacy industry, many software vendors use the term workflow to define software modules or products that can improve productivity by automating tasks or separating processes. QS/1 has several of these tools and provides interfaces to others.

A Background on the Evolution of Workflow in the Pharmacy Workplace

The term "workflow" results from combining a noun and a verb to describe a dynamic process. In the pharmacy, the workflow product (the patient's prescription) follows a process, one that often involves multiple coordinated tasks, to get from the pharmacist to the patient. This process has always been a part of pharmacy practice, but the activities and tools have changed, and now, more than ever, it's important for pharmacists to consider how workflow affects pharmacy effectiveness.

While pharmacists once gathered leaves and berries to produce a decoction of questionable value, in modern times pharmacists have been expected to gather diagnoses and powerful medications in order to dispense, label, and educate the patient about participation in their own care. Until the advent of affordable computer systems in the mid-1970s, the workflow of a prescription department was linear, with pharmacists performing all the tasks of the dispensing process themselves. The main function of the pharmacist was to ensure the right drug had the right directions and went to the right patient.

Today, the prescription filling process has been expanded to include not only medication dispensing but also cognitive therapy evaluation, documentation of the patient care provided, retrieval of patient archival information, a patient database of diseases, allergies, medication utilization, and patient education. The last (and possibly most frustrating), activity which pharmacy has had to embrace is direct billing for and reconciliation of treatment and payment algorithms predetermined by third party payers. Thus, the prescription filling process is now less linear and more like a highway with many roads and intersections.

Effective workflow helps navigate these intersections. Prescription error checking studies completed by engineers, psychologists, and pharmacists have shown a dramatic decrease in prescription errors by the application of well-designed workflow solutions. A MedLine search (indexed for 1966 to present) turned up multiple reports, as early as 1968, demonstrating improved patient and pharmacist satisfaction as the result of changes to what we now call workflow.

Workflow accomplishes multiple pharmacy tasks through a systems, versus an individual, approach to pharmacy workflow. The systems approach maximizes the use of technicians, counting machines, labeling devices, detailed patient reporting systems, dispensing devices, robotic technologies, verifications devices, visualization software, scanning technology for both bar-codes and images, plus accountability tracking with documentation, to name a few tools.

Pharmacy regulations are also changing to reflect an increased emphasis on workflow. A casual evaluation of recent disciplinary actions by State Boards of Pharmacy shows a majority of disciplinary cases, after subtracting actions against pharmacists disciplined for drug and alcohol problems, involve situations in which there was no standardized workflow in the pharmacies or variations occurred from the standard workflow which resulted in the cause of the discipline.

We all have workflow in our pharmacies, some by chance and others by design. What may be the right workflow for one pharmacy will be wrong for another. But new workflow tools will continue to become available. In fact, it won't be long before prescribing practitioners will be a part of your workflow when they input prescriptions directly into your prescription queue from their Personal Data Assistants. So keep an open mind while utilizing new systems innovations. Workflow is here to stay in the pharmacy workplace.

By: John P. Bohlman, RPH, FASCP,
Bohlman Drugstore, Boscobel, WI

What Tools Does QS/1 Offer?

By: Rich Muller, Industry Analyst Manager, QS/1

QS/1 Workflow Module

QS/1 has a module that itself is called workflow. While not automation, this workflow module divides the tasks of prescription processing into separate steps so that they can be performed by different people. An appropriate but perhaps emotionally unappealing analogy to workflow would be an assembly line operation. QS/1 defines the steps of workflow as order entry, verification, error resolution, quality assurance, and delivery.

In large volume pharmacies, implementing workflow is essential. QS/1's first customer, Spartanburg's own Pharmacy Consultants, uses it. Tim Cash, Pharmacy Operations Manager, says that they use all the pieces of workflow in their PrimeCare System.

"We use full workflow with all of our facilities," Cash said. "It gives us the advantage of knowing when all of a facility's orders are processed. By using the delivery piece, we can make sure a driver doesn't leave without all of the orders he should have." He continued, "The quality assurance function, using bar codes and scanning them in, helps reduce medication errors." While there are great benefits to using workflow, Cash has found one drawback. "Timewise, it is a little slower," he said, "but we are faster now than we were when we started, so productivity does increase with time."

Since Pharmacy Consultants fills up to 2,000 orders (prescriptions) per day, and up to 2,800 on Mondays, life isn't easy. "Volume makes it difficult," Cash said, "and point-of-sale billing makes it more difficult." In order to free up pharmacist time, Pharmacy Consultants uses the error resolution portion of the workflow module. "We have two people that work the electronic claims all day."

Pharmacy Consultants is not alone in using workflow. Donald Ewing, with APS in San Antonio, Texas, is also using the order entry, verification, quality assurance, and the delivery pieces as well. APS has implemented workflow at 15 of its OmniCare locations so far.

"In most cases we have technicians doing the order entry with pharmacists doing the verification," Ewing said. APS has set up a procedure to constantly monitor the verification queue so that it stays as current as possible. "This keeps things flowing from one step to the next, and [prescriptions] don't get hung up in verification."

Like Pharmacy Consultants, the delivery function is important to APS. Using bar codes on their labels, they are able to scan and print delivery manifests during the day. "This has substantially reduced the crunch time at the end of the day when it is time to get everything out the door and to the driver," Ewing said. Unlike Pharmacy Consultants, APS does not use error resolution, instead relying on heavily prescreening orders before they are entered in the system.

Interactive Voice Response (IVR)

IVR, like workflow, has its own definitions within the world of pharmacy. While IVR technically refers to a phone system capable of providing options to a customer and then directing the customer to the appropriate place, in pharmacy most people equate IVR with an automated refill system.

Several years ago, QS/1 saw the value of IVR systems and created a standard interface that would work with any vendor. As the years have passed, QS/1 has noticed just how integral IVR has become in the pharmacy and that only a truly integrated solution can maximize the technology and create the best productivity gain for a pharmacy. For this reason, QS/1 developed its own IVR solution in 2002.

Ford's Pharmacy of Spartanburg, South Carolina, became the second QS/1 test site for IVR. According to pharmacist Bruce Cash, the decision to utilize QS/1's IVR was to "enhance our workflow by enabling us to have phone calls routed to the best proper place without us having to be the phone attendant. Our system also allows for voice messages to be left for different departments if all the sales staff are busy at the time."

According to Cash, the greatest benefit of IVR to the process of workflow has been "time management of filling prescriptions and answering the phone." Cash says that this time

management is also advantageous for customers. "We're trying to educate our customers of the benefits of the system versus waiting for a pharmacist to answer the phone," he said. By allowing customers to request refills at their own convenience, and by being able to refill these prescriptions easily with an integrated solution, a substantial time savings can be realized.

"I've heard my other pharmacists praise the system from the standpoint of not feeling like you're having to hear the phone ringing in your ear while a customer talks to you across the counter and you're trying to fill a third person's prescriptions," Cash said. He hopes that continuing education of his customers will result in fewer and fewer rings in the pharmacy because they will be using the ability to "punch in" their prescription numbers for refills. He also notes that the customer can "always override the system by hitting zero to get to a staff person."

Automation

By automation, we refer to devices that can be used for the purpose of dispensing prescriptions. This refers to devices such as AutoMed's *OptiFill*, or McKesson's *APS 2000*, which interfaces directly to the QS/1 pharmacy system and is provided the information needed to dispense and label a prescription bottle correctly. The pharmacist simply has to review the contents of the bottle for accuracy.

Winston-Salem Health Care Pharmacy, a part of the Novant Health System, uses the AutoMed OptiFill machine. Bob Moser, the Pharmacy IT Coordinator for Winston-Salem, said in a Fall 2002 interview with QS/1 that the OptiFill machine "has not eliminated any jobs. It allows us to be more efficient with what we have."

Implementing a tremendous time saver such as a dispensing "robot" allows pharmacists to do things they may have not had time to do in the past. Winston-Salem was able to start a coumadin clinic, a diabetes clinic, and a lipid clinic with the time savings the pharmacy gained.

Other Tools

Just how many tools can be used to improve your pharmacy's workflow? There are many options, depending on the size of your organization, what your critical needs are, and the current flow of prescriptions in and out of your pharmacy.

2003 might become the year that electronic prescriptions (otherwise known as PPI) begin to be accepted as mainstream pharmacy practice. The greatest workflow gain with PPI is by far the refill authorization. If a customer requests a refill, whether through IVR or some other means, but there are no refills remaining (or allowed), the pharmacy can electronically send a message to the doctor requesting refill authorization. The doctor can then respond electronically, avoiding faxes and phone calls, resulting in productivity gains.

Can electronic signature capture be considered workflow? While one would be hard-pressed to find productivity gains with electronic signature capture, the argument can be made that electronic signature capture does contribute to workflow by reducing paper, improving security, and keeping a repository of information that can be readily retrieved. By removing the log books, data can be easily filed and then retrieved as necessary.

For PrimeCare customers, WebConnect can be an outstanding tool to improve productivity. Like IVR, WebConnect reduces phone calls and faxes because the work is transferred from the pharmacy to the facility. New patient admissions, new orders, and refills can be handled by the facility rather than at the pharmacy. This results in a significant reduction in data entry, which can improve the workflow of any pharmacy.

Harness the Technology

As Bruce Cash put it, "Let's face it, we can't escape the technology--it's everywhere. Let's harness it, make it a positive thing for everyone, customers and employees alike." The practice of pharmacy is not getting easier, as more and more demands are put on the pharmacist. Utilizing tools to help with workflow can reduce errors, divide work more evenly, and as an end result, boost productivity.

Customer Spotlight

Northside Home Care Pharmacy

Atlanta, GA

As the outpatient pharmacy for one of the busiest hospitals in the Atlanta metro area, Northside Home Care Pharmacy's business has three primary sources. Providing initial prescriptions to discharged hospital patients is one source, and an outpatient mental health program is another. But the largest part of business--over 60%--comes from the hospital system's over 5000 employees and their dependents, whose pharmacy benefit requires them to use Northside.

The employee prescription benefit program is the reason Northside uses QS/1's Point-of-Sale system in addition to the RxCare Plus pharmacy system. Whitehead acknowledges, "Since we're primarily doing discharge prescriptions and have very little over-the-counter business, you might wonder how we can justify using the POS system. The reason? We do $30,000-40,000 in payroll deduction payments for prescriptions per month."

Whitehead has modified the charge account function in POS to track Northside employees who fill prescriptions in the pharmacy, and the pharmacy submits a report on those employees to the hospital's payroll department every two weeks.

"We couldn't run our payroll deduction program without the POS program," said Whitehead.

Whitehead and his staff manage the mental health program with another creative use of the QS/1 system. Because Northside uses sample medications and free medications from manufacturers' indigent care programs for this program, the pharmacy doesn't charge for the prescriptions but still has to do a patient profile and drug interaction checking, so pharmacists create an individual drug code through the medical record assigned to each patient. This system enabled Northside to dispense more than a half million dollars worth of medications through the patient assistance program last year.

And Northside has begun using quality assurance tools in all of its dispensing. They print images and imprint information on the prescription labels, and they have a QA workstation where they use a bar code scanner to compare the prescription with the medication.

"The main problem we've had in using our QA workstation is that it's hard to change the way we do things after years of experience with a different process," said Whitehead. "But as the tools continue to develop, we're going to get statistical information that an institution like ours can use to track dispensing."

By: Jennifer Langham
Communications Specialist, QS/1

QS/1 customer since: 1989. "QS/1 was our first computer system. I looked at several vendors and talked to other pharmacist and just felt that QS/1 was the best option for the independent pharmacist."

QS/1 systems: RxCare Plus, Point-of-Sale

One of Jim Whitehead's favorite system tools: Data Export. "One trick we've figured out is to export data to a file and then burn that file to a CD prior to purging our records. That way we can go back and look at data older than what's on the computer."

Challenges for Northside: "Our biggest challenge is our layout. Our space is really too small, and we don't have the option of knocking down a wall. We may invest in a dispensing robot to help us with this problem."

How Jim Whitehead uses the system: "I do like many of the operational tools, such as images and imprints, but as a manager, the most useful feature of QS/1 is the flexibility of reporting, the ability to get the data that's asked of me by the hospital."

●Jim Whitehead, RPh

The Canadian Perspective

By: Pat King, Executive Director, Pharmacy Association of Nova Scotia

Residential sharps like syringes, needles, pen needles, and lancets are generated at home by people who require regular injections for certain illnesses like diabetes. Many people were taught to place their sharps in a plastic container for disposal in their household garbage. But that was before recycling programs were introduced in Nova Scotia.

Loose needles and needles in plastic bottles were appearing in large numbers at recycling facilities throughout the province and at the Front End Processor in the Halifax Regional Municipality where workers pick through for recyclables. Punctures from needles and other sharps occasionally occurred to waste industry staff in the Province, and the threat of infection from a puncture, although very remote, was of grave concern to waste industry staff.

The Pharmacy Association of Nova Scotia, community pharmacies, and the Canadian Diabetes Association, in conjunction with the Nova Scotia Department of Environment and Labour and the Resource Recovery Fund Board, implemented, just over two years ago, a Residential Sharps Stewardship Program in Nova Scotia. The manufacturers of sharps also assist the Pharmacy Association with the program, while the Pharmacy Association of Nova Scotia provides all the necessary administration, promotion, ordering and distribution of the Safe Sharps, Bring Back Containers.

All 252 community pharmacies and the two Canadian Diabetes Association Supply Centres across the Province distribute, on request, Safe Sharps containers, free of charge, to customers who use sharps in their homes. Sharps users return the filled containers to their pharmacy or supply centre for eventual safe disposal. Each community pharmacy then arranges for the removal of these filled containers. Any expenses incurred for the transportation or destruction become the responsibility of the community pharmacy. All storage and distribution expenses are covered by four of the five wholesalers who service the pharmacies and centres in Nova Scotia.

The program was initiated with a press conference and public information campaign. The Province of Nova Scotia and the Resource Recovery Fund Board produced pamphlets and posters for distribution through pharmacies and diabetic health information and support organizations. The Pharmacy Association of Nova Scotia presently reproduces and distributes these pamphlets to concerned healthcare facilities in the province.

To monitor program results, three recycling facilities (Lunenburg, Colchester and Halifax Regional Municipality) were asked to evaluate the sharps incidents before and after the recycling program. According to the Lunenburg Regional Recycling and Composting Facility, the incidents of needles on the recycling conveyor line has dropped from 250 needles per month (80% of which were diabetic syringes) before the sharps program to 5 needles per month (30% of which are diabetic needles) since the program began. The Colchester Recycling Facility saw a drop in the number of sharps incidents at its facility from 254 a month before the program to an average of 73 a month after the program.

Comments made by managers at most recycling facilities and the Front End Processor indicate that they and their staffs are very happy with the results of the program. It is anticipated that the number of sharps incidents will continue to decline as residential syringe users become aware of the program.

The program is endorsed by the Office of the Provincial Medical Officer of Health, the Resource Recovery Fund Board, Nova Scotia College of Pharmacists, manufacturers of sharps and sharps-related products, the Nova Scotia Association of Waste Reduction Coordinators, and the municipalities of Nova Scotia.

Internet Advantages - Fast, Inexpensive, and Reliable

By: Scott Rizzitano, Communications Technical Support Specialist, QS/1

QS/1 has had the ability to do third party insurance claims via the Internet for almost three years. Now that just about everyone in the United States has some type of Internet connection available in their area, there are approximately 1450 customers connecting to QS/1's VPN on a daily basis. Their activities include sending claims to insurance companies, dialing in for program updates, getting price updates for their drug records, and processing credit cards through the Point-of-Sale system. There are many advantages to using the Internet, such as the speed of the connection, cost per claim, as well as the reliability and security of the connection.

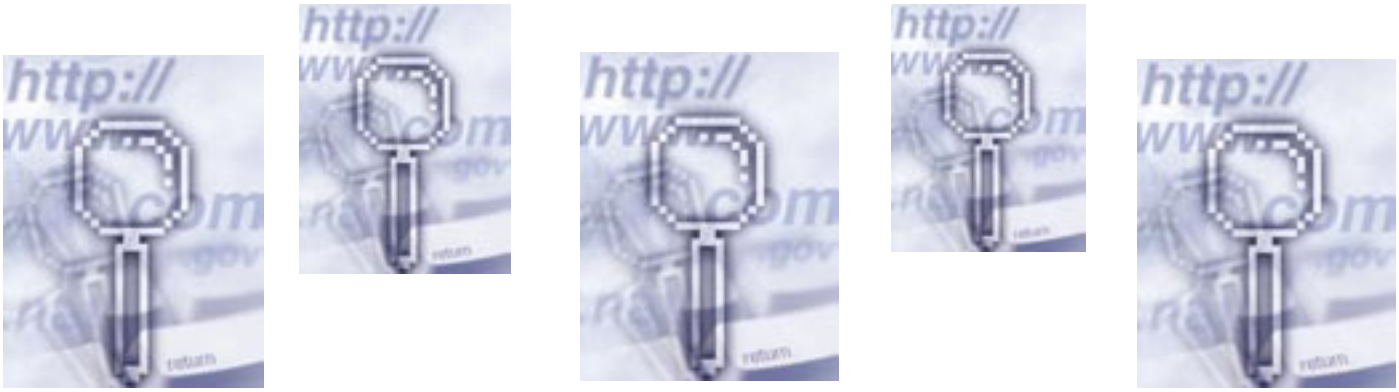
The speed of the Internet is probably its biggest advantage. RxCare Plus and PrimeCare Internet users think that the time saved on dialing in for programs via SDS is worth the monthly charge for the Internet connection. A full library update on an analog modem can take as long as 2 1/2 hours as opposed to 4-6 minutes for Internet. With this time saved you could be filling more prescriptions thus generating more revenue for your pharmacy. The Internet also speeds up claims processing. The average time for processing an Internet claim is about three seconds, while analog claims can take as long as 45 seconds to adjudicate. The Internet also makes POS credit card processing faster, making those transactions in about three seconds as well.

The Internet also offers convenience. QS/1 provides price updates via the Internet, for RxCare Plus and PrimeCare customers and they can be picked up any time during the week at your convenience. Insurance companies also use the Internet to post new information concerning changes, and some have the ability to check rejected claims via their website. Some drug wholesalers even allow you to view drug information and place orders via their website. Customers interested in those options should check with their insurance companies and drug wholesaler.

The money that can be saved on charges for claims can cover the cost of Internet charges. Claims submitted via the Internet are $0.07 per claim versus $0.09 for claims via an analog modem. Ric McGaughey from Hays Drug Store in Paonia, Colo., said, "I average approximately 5000 claims per month. When I was on an analog modem, my PowerLine bill ran around $220 per month, and now on the Internet it averages $160 per month." Rick also does not need to purchase his Medicaid Rules and Regulation manual each time new information is added to it. His state law allows him to bookmark the web page in his browser, thus saving him additional money.

If you are unsure about the security of sending your data over the Internet, do not worry. QS/1 uses a 128-bit data encryption to secure data inside a VPN tunnel. QS/1 started with one VPN and has added three more to provide better service. An advantage of having multiple VPNs is that our IT department can take one VPN down to perform routine maintenance without disturbing the flow of claims.

If you are interested in using the Internet for improved speed, convenience, and cost in your practice, please contact QS/1's upgrades department at 800.845.7558 ext 155.



The Manchester Grand Hyatt
On San Diego Bay
One Market Place
San Diego, CA 92101

Hotel Registration Information

$169.00/night for Single/Double Occupancy
Cut-Off Date: Monday, June 30, 2003
For Reservations call
800.233.1234 or 619.232.1234 x4100
"Ask for the QS/1 Rate."

San Diego

QS/1

Customer Conference 2003

July 30 - August 3

QS/1 Customer Conference 2003

July 30, 2003 - Aug 3, 2003

Agenda

QS/1 Conference Fees

Full Registration w/ CE:	$299/person
Spouse/Guest Registration:	$199/person
Children under 18:	No Charge

Torrey Pines Golf Outing:
$95/person
Sat., Aug 3, Includes bus transportation, cart fees, & box lunch

San Diego Zoo, One-Day Ticket:
$28 for 12 yrs & up, $18 for ages 3-11
Sat., Aug 3, 2003: Includes day ticket plus 35 minute Guided Bus Tour and the "Skyfari" Aerial Tram

Full Registration Fee. Includes welcome reception, CE credits, general sessions, keynote speakers, workshops, vendor exhibits, continental breakfast and lunch each day.

Spouse Registration Fee. Includes same as full registration except no CE credits.

Cancellation. If you cannot attend, a full refund will be made if the cancellation request is received in writing by July 15, 2003.

To Register ...

Call toll free
1.800.845.7558 ext. 7253

All Products

RxCare Plus
CRx
Point-of-Sale
SystemOne
PrimeCare

All products

Wednesday, July 30, 2003

3:00 pm – 6:00 pm	Registration
3:30 pm – 4:30 pm	CMS Overview
5:00 pm – 6:00 pm	POS Overview
6:30 pm – 7:30 pm	Welcome Reception Hardware Expo Opens (Join us for hors d'oeuvres & drinks)

Thursday, July 31, 2003

7:45 am – 8:30 am	Registration & Continental Breakfast
8:30 am – 9:00 am	Welcome & Introductions
9:00 am – 9:30 am	New Technologies
9:30 am – 10:00 am	Going GUI
10:00 am – 10:30 am	Coffee Break
10:30 am – 12:00 pm	Speaker: Michael D. Bell, Esq. of Mintz Levin
12:00 pm – 1:00 pm	Lunch Provided
1:00 pm – 3:00 pm	QS/1 Products and Services
3:00 pm – 5:00 pm	Hardware Expo (Refreshments Provided)

Friday, August 1, 2003

7:45 am – 8:30 am	Continental Breakfast
8:30 am – 10:00 am	Industry Speaker
10:00 am – 10:30 am	Coffee Break
10:30 am – 12:00 pm	Industry Speaker
12:00 pm – 1:00 pm	Lunch Provided
1:00 pm – 3:00 pm	Product Tracks
3:00 pm – 5:00 pm	Hardware Expo (Refreshments Provided)

Saturday, August 2, 2003

8:00 am – 8:30 am	Continental Breakfast
8:30 am – 10:00 am	Product Tracks
10:00 am - 10:30 am	Coffee Break
10:30 am – 12:00 pm	Product Tracks
12:00 pm	Bag Lunch Provided
12:15 pm – 12:45 pm	Buses for Golf outing depart
12:45 pm – 1:00pm	Buses for Zoo outing depart

Sunday, August 3, 2003

8:00 am – 9:00 am	Continental Breakfast
9:00 am – until	Q & A with QS/1 Staff

HME Customer Conference

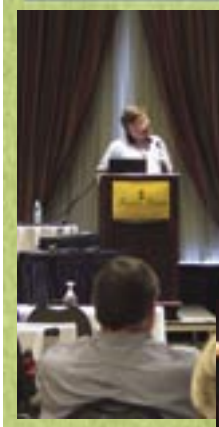
Over 140 customers and QS/1 staff members attended the 2003 SystemOne Customer Conference in Charleston, South Carolina. These conferences are always a good opportunity for customers to meet with QS/1 staff members, trainers and the support staff.

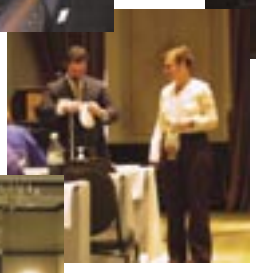
On Friday, attendees heard information about HIPAA from attorney Michael Bell and also Audit Documentation information from South Carolina Ombusdman, Andrea Stark. Trainer Missy Galloway and Industry Analyst Duane Ridenour covered software review and enhancements.

Vendor presentations continued on Saturday, and SystemOne's new look was presented. Several customers also took advantage of the historic carriage ride and pub crawl that evening.

Thanks to everyone who came to Charleston for the conference. Plan to meet with us again in San Diego, where the next SystemOne Conference will be held in conjunction with the QS/1 2003 Customer Conference for all products. We hope to see you there!

By: Duane Ridenour, SystemOne Industry Analyst, QS/1





Product Updates

NRx: A New Look to Pharmacy

QS/1 will be premiering a new pharmacy software product, called NRx, at the Food Marketing Institute (FMI) Pharmacy Show April 13, in Palm Springs, Calif. NRx has a graphical user interface (GUI), which means that the pharmacy product looks more like other Microsoft Windows-based products people have gotten used to, such as Microsoft Word, Intuit QuickBooks, and others. NRx follows on the heels of the successful launch of the GUI version of SystemOne, QS/1's HME software.

The initial target market for NRx will be the small to mid-size chains. As a result, the first version of NRx will not contain all of the features of the other QS/1 pharmacy products, such as accounts receivable. However, NRx will be very easy to learn and easy to use, with field level help, pull-down menus, and an easy navigation.

After FMI, NRx will be next shown at the QS/1 customer conference, held this July 30-August 3 in San Diego, Calif. At that time, the first version of NRx will be nearly complete. This version will then be on full display at the NACDS convention, held August 24-27 in Philadelphia, Pa.

Work on NRx will not stop there. After the first version is completed, other modules will be added, such as disease management, workflow, and accounts receivable. As a result, the NRx product will be a product that all QS/1 pharmacy customers can use and implement. More information on NRx will be available in upcoming issues of *Insight*.

CRx to Change Release Numbers

QS/1 is changing release numbers for the CRx product to match the release numbers of the other QS/1 products. The CRx release after 8.0 will be 17.7.

QS/1 Fax Development Complete

QS/1 developers have completed the initial version of QS/1 Fax (version 1.0), which will be available to QS/1 customers experiencing problems with Symantec's Winfax product.

QS/1 Fax 1.0 supports faxing doctor refills and retrieving a log showing the status of all faxes. Additional features will be added in the future.

"We're pleased at how well this product has turned out," said Chris Lewis, QS/1 Systems Group Leader for the QS/1 Fax project. "The QS/1 Fax provides a reliable way for pharmacies to communicate with prescribers and to track the status of its faxes. Customers will be glad this is a part of their systems."

The QS/1 Fax is now being shipped with all new QS/1 systems.

More Applications Added to Electronic Signature Capture

QS/1's electronic signature log offers pharmacies four options. First, as described in the January *Insight*, the electronic signature capture device can be used as a prescription log and for HIPAA policy acknowledgement signatures. Although HIPAA regulations do not require these signatures to be captured electronically, the device makes meeting this requirement more convenient for pharmacy staff and patients.

QS/1's software also offers the capability of using the electronic signature capture device to have patients sign that they do not request safety caps for their medications. The device makes protecting against this possible liability much easier.

Finally, the electronic signature device can be used for patients to sign that they decline pharmacist counseling.

These features will be introduced in RxCare Plus and PrimeCare Releases 17.6 and 17.7. The QS/1 Upgrades Department can help with ordering the signature capture device.

NCPDP 5.1

What's the latest with NCPDP 5.1 and your QS/1 software?

John Frady

NCPDP 5.1 and QS/1

By: John Frady, Pharmacy Industry Analyst, QS/1

To meet the standards for the NCPDP 5.1 communication format required for pharmacy claims, the following enhancements have been added to the QS/1 RxCare Plus, RxCare Plus Basic Mode, and PrimeCare systems. Third parties will indicate to pharmacies which fields are required for successful claims submission.

Release 17.4 and higher: (Part 1)

1. Added the Pharmacist and Technician ID and Qualifiers. Access the Pharmacist or Technician Security Access screen. The field Rph ID> added. Position cursor in field and press ENTER to display list of valid identification qualifiers. Up to 4 IDs and Qualifiers can be added for each Pharmacist/Technician. Qualifiers are:

   01 - Drug Enforcement Admin (DEA)
   02 - State License
   03 - Social Security Number (SSN)
   04 - Name
   05 - National Provider ID (NPI)
   06 - Health Industry Number (HIN)
   07 - State Issued
   99 - Other

2. Added Doctor Miscellaneous ID and Miscellaneous Qualifier. Access Prescriber Record. The Misc Number and Misc Qual.> fields added. Position cursor in Misc Qual.>field and press ENTER to display list of valid qualifiers. Qualifiers are:

   01 - National Provider ID (NPI)
   02 - Blue Cross
   03 - Blue Shield
   04 - Medicare
   05 - Medicaid
   06 - UPIN
   07 - NCPDP Provider ID
   08 - State License
   09 - Champus
   10 - Health Industry Number (HIN)
   11 - Federal Tax ID
   12 - Drug Enforcement Admin (DEA)
   13 - State Issued
   14 - Plan Specific
   99 - Other

3. Modified Prescriber Record Price Code Exceptions. Moved price code exceptions to a window display. A one-character field replaces the list of price code exceptions. If the prescriber has price code exceptions, Y displays in this field; if no exceptions N displays. Position cursor in the field and press ENTER to display a list of price codes and the exceptions for this prescriber.

4. Added the Price Code Pharmacist ID Qualifier. This qualifier identifies which of the four pharmacist IDs to send by matching price code qualifier with pharmacist's qualifier. Access Plan Parameters screen. The field RPh ID Qualifr added in the Transmission information list. Position cursor in field and press ENTER to display window with valid list of qualifiers. Qualifiers are:

   01 - Drug Enforcement Admin (DEA)
   02 - State License
   03 - Social Security Number (SSN)
   04 - Name
   05 - National Provider ID (NPI)
   06 - Health Industry Number (HIN)
   07 - State Issued
   99 - Other

5. Added coupon amount and additional fees (previous releases included coupon type but not amount). The coupon amount displays in the Additional fees or Coupon section of the Additional Prescription Information window. The Coupon Number and Type display in the NCPDP Options section of the window. When price is recalculated, fees and coupon amounts are recalculated also. Position cursor in the Coupon type field and press ENTER to display the types:

   01 - Price Discount
   02 - Free Product
   99 - Other

5. The coupon amount also displays on the Transaction Update screen in the <Adj> field. Position cursor in the field and press ENTER to display the Fees and Coupon entries:

   Incentive xxxx.xx
   Delivery xxxx.xx
   Admin xxxx.xx
   Shipping xxxx.xx
   Postage xxxx.xx
   Other xxxx.xx
   Coupon xxxx.xx

From the Support Center

RxCare Plus and Prime Care:

To print Delivery Sheets accurately, verify that your print options are set correctly. On the print option page, 'Beg Trans #' should have '1' and 'End Trans #' should have '9999999'.

If you purchased a Windows XP box from QS/1, verify that you are signing on as Administrator and using the password qs1.

Communications:

The logic for printing rejected labels has changed in release 17.4. If the Print Rejected Label Option is set to Y on page 4 of each price code, a label will print for calling claims as well as rejected and failed claims. Other label routines haven't changed. If you have the rejected label routines set in the label design, you will get a short label. This can be set to print out of a different drawer or to another printer. If you do not have the rejected label routines set in the label, you will get a full label.

POS:

Creating employee discounts is easy using the POS system. To create employee discounts, use the discount code feature in Store Control File Maintenance. Type '+' in the Type field. Using this schedule, calculate the employee discount by indicating a markup percent to be added to the cost of an item.

SystemOne:

When Printing Invoices from the Transaction Record, an option displays the Delivery Address window. From this window select one of three different patient addresses. Press F3 to print the invoice with the patient's address as listed on the Patient Record. Press F4 to print the invoice with the patient's permanent address as listed on the Patient's permanent address window. Press F5 to print a customized address for shipping purposes; type the address to print on the invoice.

CRx:

To eliminate signing onto your pharmacy screen each morning with user name crx and password crx, add store users to Security (Menu Path 7.3.7.2). To remove the security User name/Password screen, call Customer Support.

Please be aware of automatic backups failing after Daylight Savings time change on all versions of Windows. Check your backup logs every day. To do this, access Start, Programs, Accessories, System Tools, Backup. Access Tools, Report and select the day to view. Click View. If your backup fails, call Customer Support.

CMS:

CMS 7.1 includes the option to reconcile PAID claims electronically.

Hardware - Checking Backups:

Ultrabac

Double click on Ultrabac, click on logs then click on backup. The last log in the list is the last backup. Double click on the log and it will give you the backup details.

2000 with Tape Drive

Click Start, Programs, Accessories, System tools then backup. The gray backup screen will appear. Click on tools then report. The first report is the backup log. Double click the log to see the details of the backup. Make sure you look at the bottom of the log for the verify complete; there may be a problem with the backup if it does not appear at the bottom. The bottom of the log is where the error messages will be if any occurred during the backup.

Win NT with Tape Drive

Click Start, Programs, QS1, backup logs, then click on the day of the week you want to check. Make sure you check the top of the log for the correct date and also the bottom of the log for the 'verify complete' message. If it does not say verify complete, there may be a problem with the backup.

QS/1 Support 1.800.845.7558 • CRx Support 1.800.441.1995

IN YOUR AREA

Training Seminars

West Coast Region:

Valencia, CA: (866) 848-1942
05/13/2003 RxCare Plus: Nursing Home Processing
06/10/2003 RxCare Plus: Drug Inventory
07/08/2003 SystemOne
08/12/2003 California Medi-cal and QS/1
09/09/2003 PrimeCare: Basic Functions

Mid-Atlantic Region:

Indianapolis, IN: (800) 637-5251
04/10/2003 RxCare Plus: 17.5
05/08/2003 POS: Point-of-Sale Review
05/14/2003 PrimeCare: Review
05/15/2003 SystemOne: Review
06/19/2003 RxCare Plus: A/R & Reports

Lexington, KY: (866) 441-7011
04/22/2003 CRx: Advance Techniques

Richmond, VA: (877) 392-5851
05/15/2003 CRx: Review & Enhancement
06/19/2003 POS: Preferred Shopper

RxCare Plus Two Days of Classroom Training:
This course is for new customers of the RxCare Plus system, only. At the end of this course the attendee will be prepared to return to their pharmacy and start the implementation of their new RxCare Plus pharmacy system. Dates will be scheduled during the meetings for a trainer to be on-site to take each account live.

04/23 - 04/24/2003 Richmond, VA
05/13 - 05/14/2003 Lexington, KY
06/10 - 06/11/2003 Indianapolis, IN

Midwest Region:

St. Paul, MN: (800) 541-5358
05/19/2003 RxCare Plus: Basic Rx Processing
05/20/2003 RxCare Plus: Enhanced Rx Processing
06/16/2003 RxCare Plus: General Reports & File Maintenance
06/17/2003 RxCare Plus: A/R & 3rd Party Reconciliation
07/14/2003 CRx: Overview
07/15/2003 PrimeCare: Overview
07/16/2003 SystemOne: Overview
07/17/2003 POS: Overview
07/18/2003 RxCare Plus: Overview
08/11/2003 RxCare Plus: Inventory Control

Pleasant Hills, MO: (800) 541-5358
04/11/2003 RxCare Plus: Basic Rx Processing
04/14/2003 RxCare Plus: Store Information
05/12/2003 RxCare Plus: AR & 3rd Party Reconciliation
06/02/2003 RxCare Plus: Enhanced Rx Processing

Southeast Region:

Spartanburg, SC: (800) 889-9183
04/10/2003 RxCare Plus: 17.6 Enhancements
04/17/2003 POS: Inventory
04/24/2003 SystemOne: A New Look
04/30/2003 RxCare Plus: Nursing Home
05/27/2003 RxCare Plus: Accounts Receivable
06/12/2003 RxCare Plus: Latest Enhancements
06/19/2003 POS: Inventory
06/26/2003 SystemOne: A New Look

Raliegh, NC: (800) 889-9183
05/08/2003 RxCare Plus: Basic Operations
05/15/2003 POS: Inventory
05/22/2003 SystemOne: Basics

Miami, FL: (800) 889-9183
04/30/2003 RxCare Plus: Nursing Home
05/08/2003 RxCare Plus: Basic Operations
05/15/2003 POS: Inventory
05/22/2003 SystemOne: Basics

Orlando, FL: (800) 889-9183
04/10/2003 RxCare Plus: 17.6 Enhancements
04/17/2003 POS: Inventory
04/24/2003 SystemOne: A New Look
05/27/2003 RxCare Plus: Accounts Receivable
06/12/2003 RxCare Plus: Latest Enhancements
06/19/2003 POS: Inventory
06/26/2003 SystemOne: A New Look

Northeast Region:

Sturbridge, MA: (800) 648-7428
04/16/2003 SystemOne: Basic Processing & Enhancements
06/18/2003 RxCare Plus: Basic Processing & Enhancements

Mechanicsburg, PA: (717) 795-2700
05/15/2003 POS: Basic Processing and Enhancements

IN YOUR AREA

Trade Shows

New Orleans, LA
March 28-April 1, 2003:
American Pharmacy Association
Booth #523

Greensboro, NC
April 7-9, 2003:
North Carolina Spring Show

Grand Forks, ND
April 11-14, 2003:
North Dakota Pharmacy Association

Columbus, OH
April 11-12, 2003:
Ohio Pharmacist Association

Palm Springs, CA
April 13-15, 2003:
FMI Supermarket Pharmacy

St. George, UT
April 24-25, 2003:
Utah Pharmacy Association

Daytona Beach, FL
May 1-2, 2003:
Florida HME Association (FAMES),
Booth #523

Las Vegas, NV
May 7-8, 2003:
Medtrade, Booth #3515

Tampa, FL
May 14-16, 2003:
ASCP, Booth #615

Miami, FL
May 27-31, 2003:
American College Health Association

Kearney, NE
June 6, 2003:
Nebraska Pharmacy Association

Aberdeen, SD
June 6 -8, 2003:
South Dakota Pharmacy Association

Orange Beach, AL
June 8-10, 2003:
Tri State HME Convention

Wesley Chapel, FL
June 11-15, 2003:
Florida State Show

Lake of the Ozarks, MO
June 12-14, 2003:
Missouri Pharmacy Asssociation

Coeur d'alene, ID
June 12-15, 2003:
Tri States

Portland, ME
June 17-18, 2003:
New England Medical Equipment Dealers Association

Hilton Head Island, SC
June 19-22, 2003:
South Carolina Pharmacy Association

Dorado, Puerto Rico
June 19-22, 2003:
PR Community Association

Panama City, FL
June 20-23, 2003:
Alabama Pharmacy Association

Amelia Island, FL
June 21-25, 2003:
Georgia Pharmacy Association

Alexandria, MN
June 25-29, 2003:
Minnesota Pharmacy Association
Annual Meeting

Kerhonkson, NY
June 25-29, 2003:
PSSNY Convention

Kingsport, TN
July 16-17, 2003:
Tennessee Pharmacy Association

Galveston, TX
July 16-20, 2003:
Texas Pharmacy Association Annual Meeting,
Booth #426

Lexington, KY
July 17-19, 2003:
Kentucky Pharmacy Association

Destin, FL
August 3-6, 2003:
Southeastern Gatherin'

Virginia Beach, VA
August 3-6, 2003:
Virginia Beach Association

Philadelphia, PA
August 23-27, 2003:
NACDS Pharmacy & Technology Conference

Bloomingdale, IL
September 11-13, 2003:
Illinois Pharmacy Association

LaCrosse, WI
September 11-13, 2003:
Pharmacy Society of Wisconsin

Atlantic City, NJ
September 16-18, 2003:
New Jersey Pharmacy Association

Overland Park, KS
September 18-20, 2003:
Kansas Pharmacy Association

Go to www.qs1.com, QS/1's web site, for the most current training and trade show information.

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