





Case Study: A Health Center's Experience with Adopting a Barcode Scanning System

Appropriately managing 340B-purchased Clinic-Administered Drugs (CADs) is a growing concern for health centers, particularly as HRSA 340B auditors are increasing their focus on this area. The difficulty of tracking CADs is a primary reason that many Community Health Centers (CHCs) are receiving audit findings in this area, or even choosing not to utilize the 340B program for these medications. Some CHCs utilize a paper tracking system or Excel spreadsheet to manage their inventory, but this practice works only as well as the staff responsible for documenting the usage. There are also electronic alternatives to the paper or spreadsheet track available. The article provides information on one health center's experience with adopting an electronic barcode scanning system to track CADs.

When managing multiple sites and many CADs (80+), the paper method of tracking can become cumbersome. Family Medical Residency of Idaho had this issue and their pharmacy director sought out alternative tracking methods that would allow easier auditing of their 340B CAD inventory. The company she chose was TriNet Medical.

The primary reason for moving to SRX was that the staff hated the paper logs and, as a result, were not diligent in their documentation. This led to issues with auditing, as well as with monitoring the Lot Numbers and Expiration Dates of the medications. The driving force for the change was the Quality/Compliance officer -- not the director of pharmacy -- which was beneficial as both parties supported the change.

Initial inventories (quantity, Lot # and Expiration #) were entered into the software through a barcode scanning system, and the individual CADs utilized during a patient visit are automatically uploaded into the EMR. The health center currently uses Centricity but will be transitioning to EPIC, and the software will be able to interface with their new EMR as well. The EMR interfaces with the SRX software so the pharmacy can run reports for auditing purposes and add new inventory from SRX. When the medication is scanned into the EMR, most fields are automatically populated, and they also have a "waste" field so that if an entire syringe is not used the remaining portion can be documented.

The SRX software scans 2D barcodes. If the product does not already have this type of barcode one is printed to identify the medication. The printed 2D barcodes are then attached to the medication for future scanning.

The SRX software provides a reconciliation report that the pharmacy staff use to conduct monthly audits on 20-30 medications at their large clinic sites. They audit their smaller clinics every other month and use a smaller sample size since those sites utilize fewer CADs. They also pull a few patients and do a full reconciliation as well. Following each audit, they adjust the inventory and document any variances.

When implementing the SRX software, it was suggested to have a provider champion at each site to assist and encourage the staff during the transition process. It was also recommended that any float staff be trained with your initial training group, so that as the program rolls out to all sites the float staff will be up to speed on how to use the software.

FMRI also uses the SRX system to track and manage their Vaccine program (VFC, Public Health and Private Stock), and they have the option to start scanning other items (DME), so they are getting more than just CAD management from their investment.

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