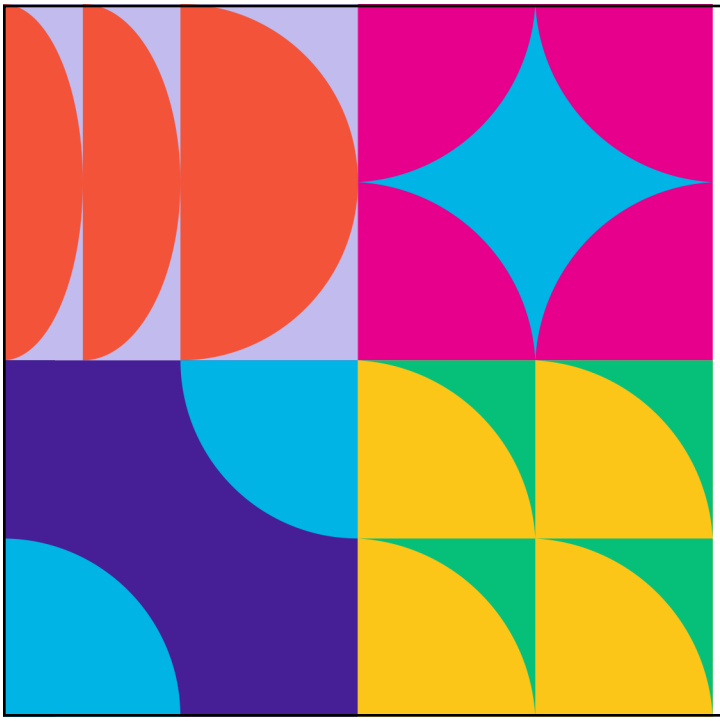


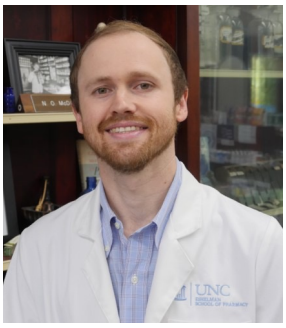
Redefining What You Sell: Revenue Beyond Rxs

Thomas McDowell, PharmD
Kate Riddell, PharmD, MS

Description

Discover new revenue opportunities for your pharmacy in this interactive panel discussion. Hear from seasoned leaders how to evaluate diversified service opportunities that fit your workflow and patient population. Use a structured framework to prioritize one service that can drive sustainable revenue and strengthen long-term viability for your pharmacy.

Meet the Faculty



Thomas McDowell, PharmD
Pharmacist/Owner
McDowell's Pharmacy

Kate Riddell, PharmD, MS
Assistant Professor/Community Pharmacist
Butler University/Cowan Drugs

Content contributor: Brittney Griffin, PharmD

Thomas McDowell

Thomas McDowell, PharmD is a fourth-generation community pharmacist and owner of McDowell's Pharmacy locations in Scotland Neck, Gates County, and Rocky Mount, North Carolina. Since returning to his family's century-old pharmacy, he has expanded immunization, medication adherence, remote patient monitoring, and other clinical services while building strong collaborations with local clinics and hospitals.

Thomas also founded Happier at Home NC, a home care company, and McDowell Insurance Group to help seniors navigate Medicare. He is active with CPESN-NC, Area L AHEC, the UNC Eshelman School of Pharmacy Eastern Advisory Committee, and professional pharmacy organizations. In 2025, his team received the Good Neighbor Pharmacy Clinical Care Champion Award for its remote patient monitoring program. Thomas earned his PharmD from the UNC Eshelman School of Pharmacy in 2016.

Kate Riddell

Kate Riddell PharmD, MS is an Assistant Professor of Pharmacy Practice at Butler University as well as a community pharmacist with Cowan Drugs in Lebanon, Indiana. Kate has over 6 years of experience working with independent community pharmacy teams through her existing role, as well as her involvement with Community Pharmacy Enhanced Services Network (CPESN) of Indiana. She currently provides hormonal contraceptive services at her pharmacy and has extensive experience integrating new services, workflows, and ideas in this space. She is a part of the Pharmacy Access to Contraceptives for Hoosiers (PATCH) project team in Indiana and helps other pharmacists integrate services into workflow.

Disclosures

- Thomas McDowell (content creator and presenter) and Brittney Griffin (content contributor) have no relevant financial relationships with ineligible companies to disclose.
- Kate Riddell is a consultant for RxE2. All relevant financial relationships have been mitigated.
- Thomas McDowell, Brittney Griffin, and Kate Riddell disclose that AI tools were not utilized for this presentation.

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Learning Objectives

Upon completion of this activity, learners should be able to:

- Recognize at least two non-dispensing revenue opportunities.
- Analyze operational, demand, and reimbursement factors that affect patient care service expansion.
- Differentiate revenue opportunities by workflow complexity, startup requirements, and financial impact.
- Use a structured evaluation approach to compare and prioritize opportunities.
- Select one opportunity and outline an initial implementation step aligned with workflow and business goals.

Diversifying Revenue Opportunities

Think beyond the prescription!

Non-Dispensing Revenue Opportunities

- Remote patient monitoring (RPM)/chronic care management (CCM)
- Payor-specific patient education appointments/sessions
- Point-of-care (POC) testing (e.g., influenza test-and-treat, hemoglobin A1c)
- Accreditation for Diabetes Self-Management Education and Support (DSMES)
- Pharmacist administration of long-acting injectables (LAIs)
- Travel vaccine consultation
- And much more!

How to Evaluate a New Revenue Opportunity

Consider:

- ✓ Patient demand/population need—know your community!
- ✓ Workflow fit
- ✓ Staffing and delegation
- ✓ Startup requirements
- ✓ Reimbursement or cash-pay model
- ✓ Compliance/documentation needs
- ✓ Financial impact
- ✓ Ease of implementation

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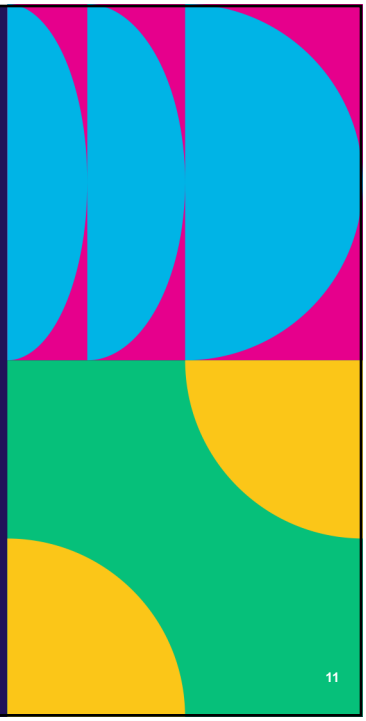
Ask the Audience:

Who is already engaged in medical billing?



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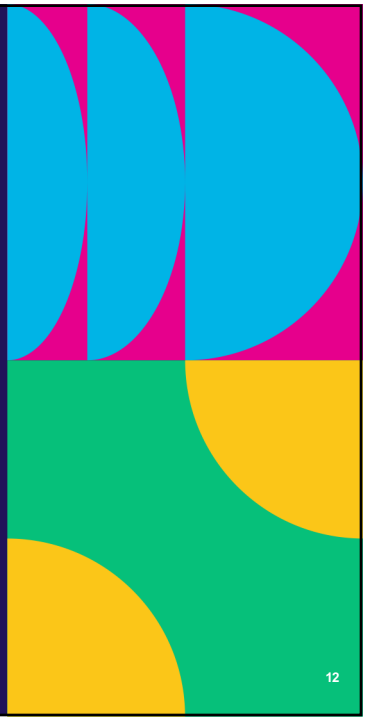
Ask the Audience:

Who is offering RPM services?



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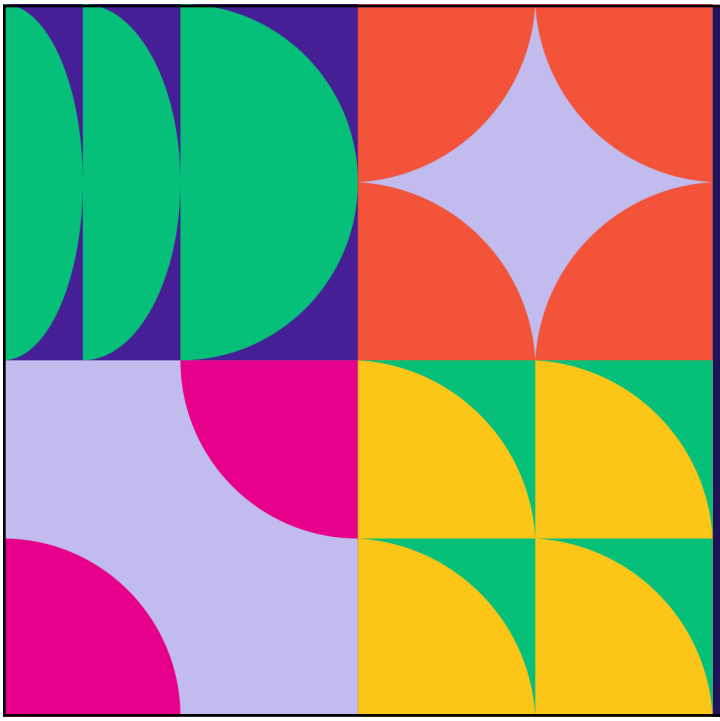


Remote Patient Monitoring

RPM: Where We Started vs. Where We're Going

2024	2026	Future
• ~80 patients across 2 sites • Patient care provided via a pharmacist resident and 2 additional pharmacists • RPM codes only; no CCM involvement • RPM consisting of blood pressure and blood sugar monitoring	• 350 patients across 3 sites • Patient care driven by technician involvement, a pharmacist resident, and 3 additional pharmacists • Workflow goal: – Local technician touch plus centralized clinical pharmacist team	• Add: – Chronic care management (CCM) – Transitional care management (TCM) – RPM heart failure

Off-the-Ground Requirements Comparison: RPM vs. POC

RPM

- Two technicians
- Three pharmacists (including 1 resident)
- Full-time involvement
- Onboarding training
- Collaborative practice agreement (CPA) with overseeing physician(s)

Self-Management Accreditation/ Point-of-Care

- CLIA waiver needed for hemoglobin A1c, cholesterol, influenza, etc.
  - Application +/- fees
- Staff training
  - Professional organization required vs. in-house training sign-off
- Accreditation requirements for initial certificate and maintenance
  - Initial fee and renewal fee
- Documentation for audit compliance

What Does an Example of RPM Reimbursement Look Like?

Medicare Estimated Rates:

- CPT code 99453 for initial setup and patient education:
  - **~$19.73 one time**
- CPT code 99454 covers the supply of devices and data transmission for 16+ days/30-day period:
  - **~$43.02/month**
- CPT code 99457 for the first 20 minutes of clinical staff time spent on patient management:
  - **~$47.87/month**
- CPT code 99458 for each additional 20 minutes:
  - **~$38.49/month**

Total = ~$149.11
(rates may vary by plan)

telehealth.hhs.gov/providers/best-practice-guides/telehealth-and-remote-patient-monitoring/billing-remote-patient
Centers for Medicare & Medicaid Services. www.cms.gov/medicare/physician-fee-schedule/search/overview
www.prevounce.com/a-comprehensive-guide-to-remote-patient-monitoring

Why Are Remote Monitoring/Self-Management Programs Valuable?

Disease State Burden	Burden by Cost	Expanded Patient Care
• Estimated that ~37.5% of adults in North Carolina have high blood pressure and ~12.3% of adults have diabetes mellitus	• In North Carolina, diabetes costs the state ~$10.6 billion in care each year • Looking at the United States as a whole, hypertension costs ~$219 billion per year	• Provides an ability for patients to track their readings day-to-day • Supports patient autonomy • Allows for a more realistic trend for healthcare providers to make appropriate therapeutic and lifestyle modifications

United Health Foundation America's Health Rankings. High blood pressure in North Carolina.
American Diabetes Association. 2023 North Carolina state fact sheet.
www.cdc.gov/nccdphp/priorities/high-blood-pressure.html

Financial Considerations

- Technology partner
- Device costs
- Medical billing
- Accreditation cost/maintenance
- Staff buy-in and training
- Labor costs
- Patient retention

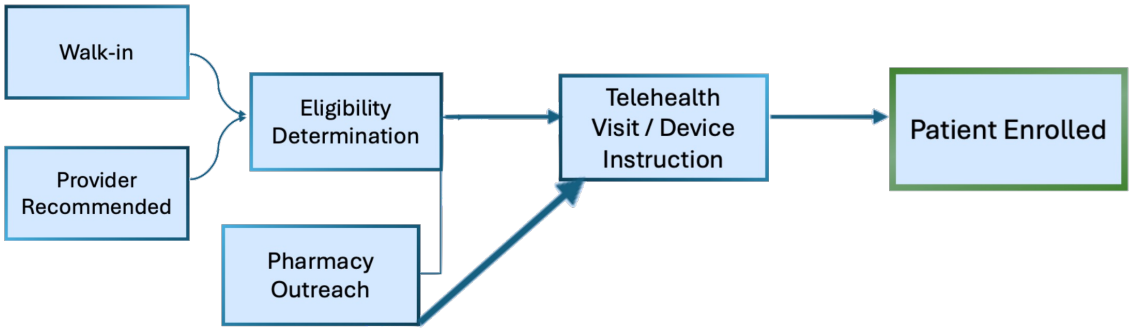
https://rpmhealthcare.com/category/rpm-benefits/page/2/

What Are Some Patient Benefits?

- Pharmacist-led disease state management and support
- Home-use blood pressure/blood sugar device at no charge
- Daily pharmacy team oversight and care coordination
- Cloud-stored BP data accessible anytime and anywhere
- Reduced medication issues/hospitalization
- Increased autonomy/ education for disease state management

Tan SY, Sumner J, Wang Y, Wenjun Yip A. *NPJ Digit Med*. 2024 Jul 18;7(1):192.
https://rpmhealthcare.com/category/rpm-benefits/page/2/

RPM Workflow Model



RPM Workflow Model

Pharmacist Tasks

- Assess and coordinate care for critical alerts
- Assess and coordinate care for abnormal alerts
- Assist with patient outreach and recruiting
- Assist with device troubleshooting
- Contact providers for care coordination/send monthly report
- Conduct annual follow-up appointment

Technician Tasks

- Patient outreach for those with no readings
- Patient outreach for those missing reading day goal (<16 days per month)
- Assist with patient recruitment
- Assist with device troubleshooting

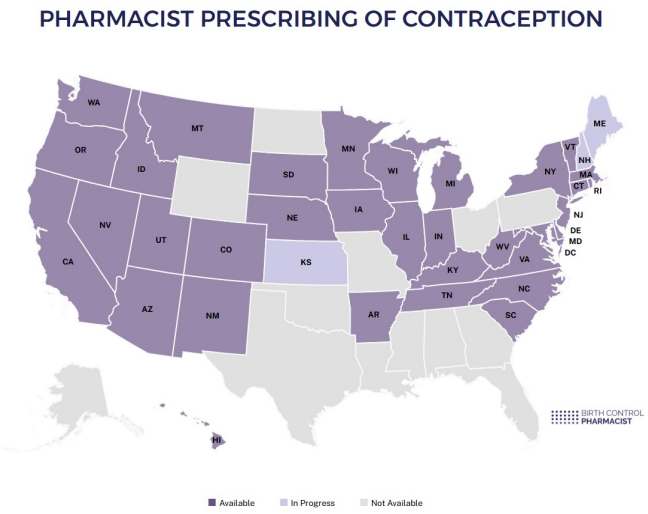
Success Story

A patient was referred by a local provider. In the first month of RPM, her average BP was 155/76 mmHg with numerous spikes up to 180/100 mmHg. She was very anxious about her BP.

Over the course of 2 months, we monitored her BP, recommended a dose increase on lisinopril and the addition of hydralazine, which her PCP implemented, and started adherence packaging for her meds.

After 2 months, her monthly BP average was 135/67 mmHg, representing a 13% decrease in systolic BP.

Pharmacist-Prescribed Contraceptives



- Pharmacists in over 30 states have some level of prescriptive authority to prescribe hormonal contraceptives
- *Most* states require pharmacists to receive additional training and use a screening form in consultations
- Once you have the training… *Now what?*

https://birthcontrolpharmacist.com/resources/policies
www.guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptives

Implementing Hormonal Contraceptive Services

Documentation	Marketing	Workflow and Reimbursement
✓ Understand state-specific scope ✓ Have screening form ready (paper vs. online vs. both) ✓ Documentation storage: refer to state-specific policies		

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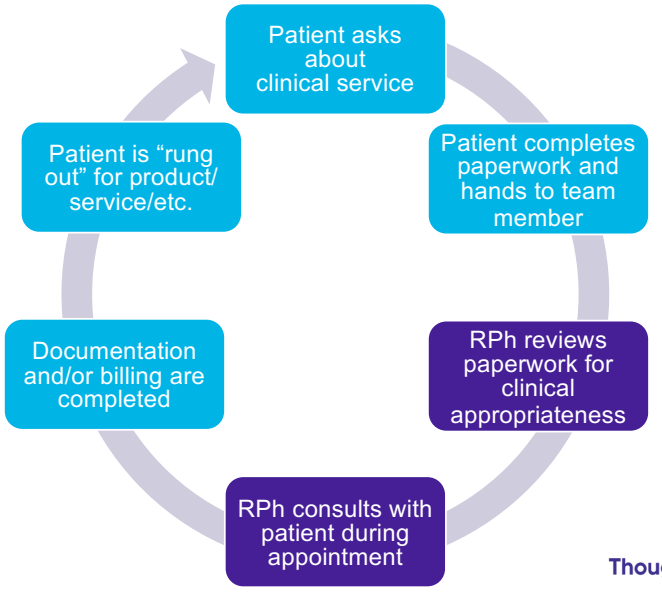
Integrating Clinical Services into Existing Workflow



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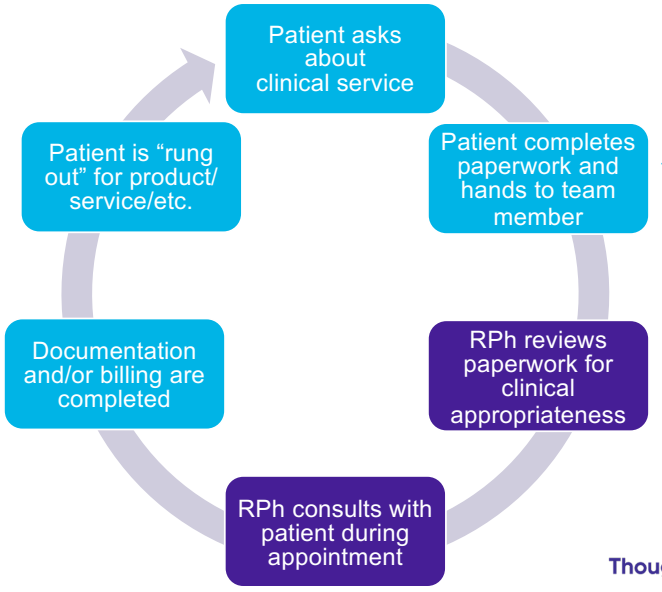


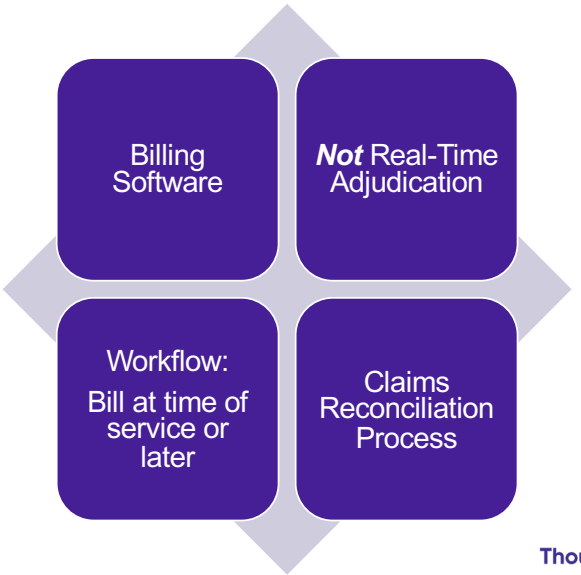
Blue roles can be completed by technicians/ support staff

Determining the Price Tag: What is the "Market Value"?

- First, determine if there are any payor opportunities for the service in your state
  - *If yes*: If you will be billing Medicaid, make sure your determined cash price is not more than you would bill Medicaid
  - *If no*: See what others in the area are charging and determine what price would make this profitable for you, yet accessible for patients
- Not every patient can pay cash, but there **is** a cash market for pharmacist-led services
  - *Accessibility, comfort, "one-stop shop" approach*

https://doi.org/10.1016/j.japh.2023.04.009

Considerations for Medical Billing



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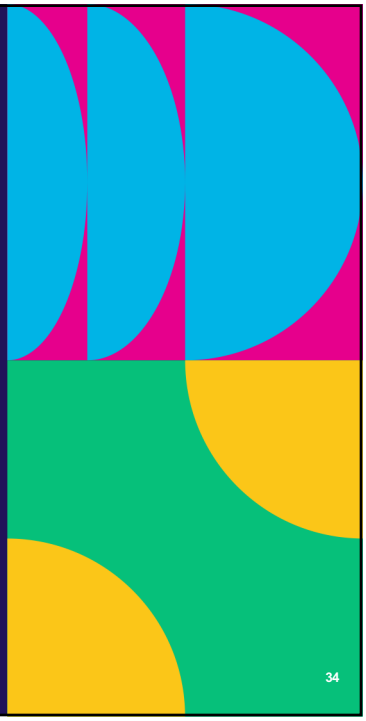
Ask the Audience:
Who is filling medications for pets right now?



Our patients have furry friends at home…

- Around 70% of U.S. households have a pet
  - 44% of those pets take medications
- About 4% of pets (cats and dogs) have pet insurance, *meaning pet prescriptions are primarily a cash-pay service*

https://americanpetproducts.org/industry-trends-and-stats
www.goodrx.com/healthcare-access/research/pet-prescription-affordability
www.marketwatch.com/insurance-services/pet-insurance/pet-insurance-facts-and-statistics/

What medications do pets take?

- "Behavior-modifying" medications
  - Diazepam, trazodone, phenobarbital, levetiracetam
- Antibiotics and steroids
  - Some antibiotic choices for pets are *not* used in humans
- NSAIDs and other pain-relief agents
  - Some, like meloxicam, are used in both humans and pets
  - Others, like carprofen, are pet-specific
- Chemotherapy
- Insulin
- Thyroid
  - Methimazole, levothyroxine
- Flea/tick
- Heartworm, roundworm, hookworm
- Cannabidiol (CBD) oil

www.avma.org/resources/pet-owners/petcare/your-pets-medications

The Pet Prescription Business

Inventory	Safe Dispensation	Marketing
✓ What pet-specific products can you order? Are some medications special order? ✓ What medications are you commonly seeing veterinarians in your area prescribing? ✓ Create a transparent cash-based list for pet medications ✓ Consider a “Pet Discount Plan”		

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✓ What pet-specific products can you order? Are some medications special order? ✓ What medications are you commonly seeing veterinarians in your area prescribing? ✓ Create a transparent cash-based list for pet medications ✓ Consider a “Pet Discount Plan”	✓ Pharmacists **cannot** legally counsel on pet OTCs ✓ Do not substitute prescribed veterinary products without first confirming with the veterinarian that a generic is appropriate ✓ Drug database use	

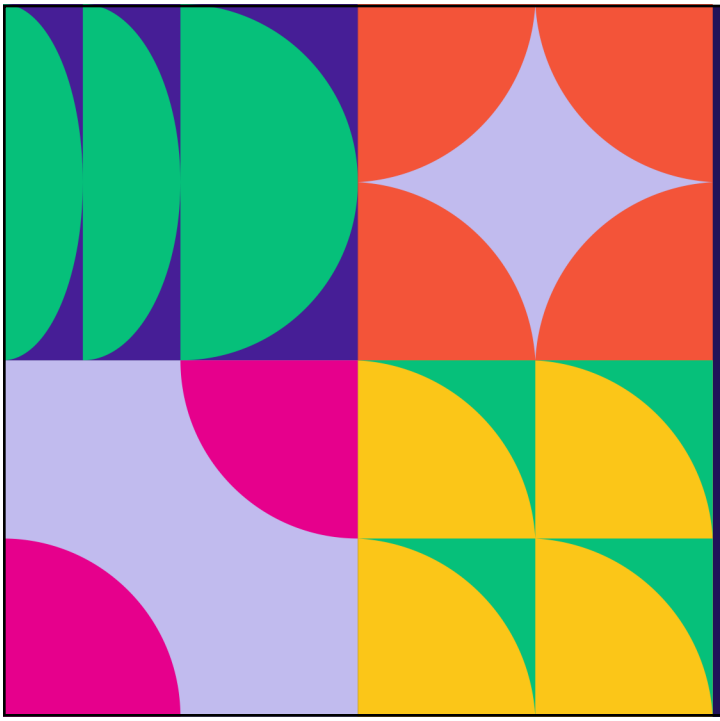
Safe Dispensation: Fast Facts

- Dogs with hypothyroidism require much higher doses of medication compared to humans
  - Higher thyroid hormone requirements **and** a lower oral bioavailability compared to humans
- Cats **cannot** take prednisone (they **must** take prednisolone)
  - Humans are able to convert prednisone to prednisolone, but cats do not have the metabolism to do this
- Although pharmacists **cannot** make OTC recommendations for pets, keep in mind:
  - Acetaminophen is **toxic** in cats, and not typically recommended in dogs due to risk of toxicity
  - Dogs are very susceptible to OTC NSAID side effects, so specific NSAIDs (e.g., carprofen) are typically recommended
- Diabetes in cats and dogs is typically managed with insulin
  - Human insulin syringes can be utilized for pets, but many pet insulins are formulated at 40 units/mL (not 100 units/mL)

https://pmc.ncbi.nlm.nih.gov/articles/PMC4813516

The Pet Prescription Business

Inventory	Safe Dispensation	Marketing
✓ What pet-specific products can you order? Are some medications special order?	✓ Pharmacists **cannot** legally counsel on pet OTCs	✓ Provide your list of available medications and prices to local veterinarians so you can be considered an option
✓ What medications are you commonly seeing veterinarians in your area prescribing?	✓ Do not substitute prescribed veterinary products without first confirming with the veterinarian that a generic is appropriate	✓ Optimize your own marketing in the pharmacy as well as on social media
✓ Create a transparent cash-based list for pet medications	✓ Drug database use	
✓ Consider a “Pet Discount Plan”		



Compare and Choose Your Opportunity

Comparing and Evaluating Services for Your Practice

Opportunity	Demand	Workflow Complexity	Startup Needs	Payment Model	Financial Potential	First Step
RPM	High: diabetes, hypertension	High: monitoring, documentation, care coordination	Technology partner, devices, billing workflow, trained team	Medical billing, monthly codes, payer variability	Recurring revenue, retention, clinical service growth	Identify eligible patients and assess staffing/ technology needs
Hormonal contraception	Depends on state scope and patient awareness	Moderate: screening, consultation, documentation	Training, screening form, documentation process, marketing	Cash pay and/or medical billing	Service fee, Rx volume, patient loyalty	Confirm state requirements and build a standard workflow
Veterinary medications	Broad pet ownership; cash-pay demand	Low/Moderate: inventory, pricing, safety checks	Common vet med list, supplier access, pricing, drug database	Primarily cash pay	Cash revenue, service differentiation, vet referrals	Review local vet prescribing patterns and create a price list

ThoughtSpot | CEimpact

Ask the Audience:

Using this framework, which opportunity would you prioritize for your pharmacy?

What is one first step you can take to implement this service?

Questions?

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