

Madison District Council

Society of  
St. Vincent de Paul

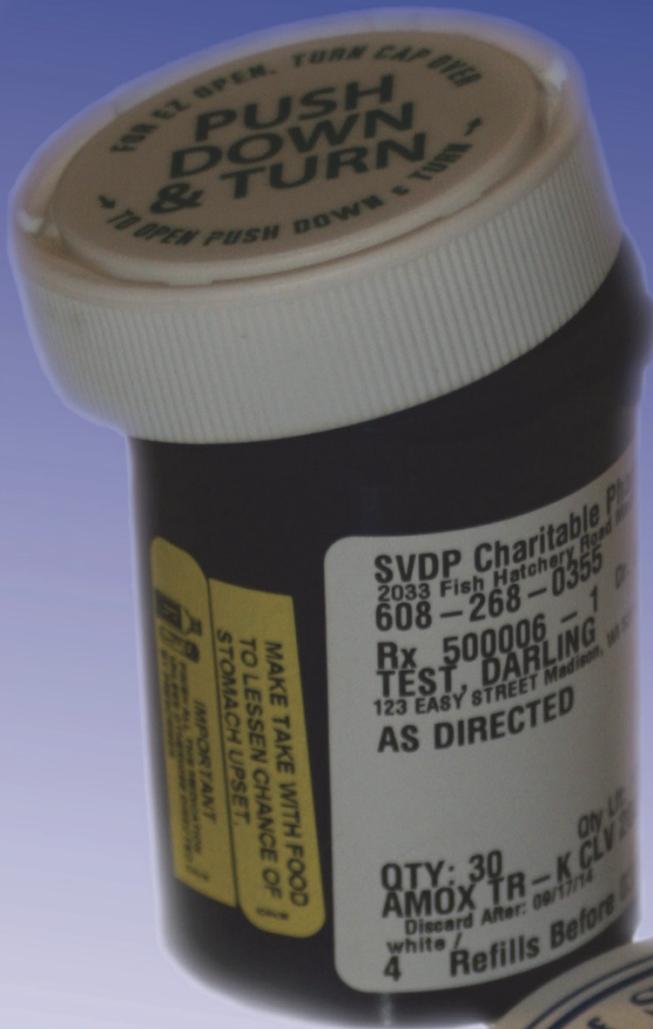
# Charitable Pharmacy

## Case Study

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# Oscar's Creed

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## Remember, ...

When you are compounding a prescription

— All that I can do is furnish  
you the purest of drugs and  
medicines. Upon your ability,  
knowledge and skill, depends the  
health and even the life of  
someone in distress.

— Picture if you will, someone  
dear to you. Then utilize your  
ability in the compounding  
of this prescription as if you  
were serving this person.  
Such should be your creed.

**Oscar Rennebohm** (1889 - 1968)

Pharmacist

Wisconsin Governor (1947 - 1951)

*A gift of the Oscar Rennebohm Foundation,  
a framed copy of "Oscar's Creed" is displayed  
in the St. Vincent de Paul Charitable Pharmacy  
in Madison, Wisconsin.*

*The new St. Vincent de Paul Charitable Pharmacy is serving people who have chronic or acute health conditions, but who lack the means or the insurance coverage to obtain prescribed medications needed for treatment. The community support St. Vincent de Paul has received for this program is a testament to the importance of the need this program addresses among some of our community's most vulnerable members.*

Ralph Middlecamp  
Executive Director  
District Council of Madison -- Society of St. Vincent de Paul

*The not-for-profit pharmacy program has the potential to save and extend lives, and to prevent unnecessary hospitalizations. It can also serve as a training site, providing practical training opportunities for students and research opportunities for faculty.*

Dr. Cynthia Haq  
Professor of Family Medicine  
UW-Madison School of Medicine and Public Health

*This project will dramatically assist with unmet pharmacy needs of the most vulnerable members of our community. Important to the School of Pharmacy, it will provide our students and faculty with unparalleled opportunities to learn about, and provide care for, this underserved population.... It's difficult to predict the pharmacy needs of this population, but we do know there are many who fall through the other safety net mechanisms in our community. One way to judge this is by the enormous growth in St. Vincent de Paul's current prescription voucher program. There's no question in my mind that the free-standing charitable pharmacy will dramatically affect the health and well-being of the patients, and contribute to the public health of the community.*

Dr. Jeanette Roberts  
Dean, UW-Madison School of Pharmacy

*When there is no other good option, receive needed medication without charge in an atmosphere of dignity. Take with the compassion of a caring community.*

“A Prescription for Compassion”  
2012 pharmacy case statement, Society of St. Vincent de Paul - Madison

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# Making the Case

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The Madison District Council of the Society of St. Vincent de Paul (SVdP), in collaboration with the University of Wisconsin (UW)–Madison School of Pharmacy (SOP), developed a charitable pharmacy in Dane County. Acknowledging the national and local need, the council took the necessary steps to evaluate the community needs and find the resources. The pharmacy opened its doors on April 1, 2013, in Madison, Wis.

The development team used a scalable, replicable, and generalizable approach to establish this pharmacy. Pharmacists and physicians from several other Wisconsin communities have indicated interest in establishing charitable pharmacies, and have expressed interest in learning from the Madison pharmacy's experience.

This case study serves as a working document—describing the history, challenges, successes, and models used to create the Madison District Council's Charitable Pharmacy. Beyond these details, it serves as a model for other communities interested in creating nonprofit pharmacies. While lessons learned are included in this report, please note that this pharmacy is new, making this document a work in progress. The nonprofit pharmacy model serves as a potential solution in providing access to prescription drugs for people in poverty and those who are uninsured. The pharmacy also provides education and support for their health needs. In essence, this project uses existing resources, and strives to close the gap for underserved populations who need prescription drugs and health education.

This study documents the needs, acknowledges the key participants who made this pharmacy a reality, and explains the history, development, governance, and project outcomes for the SVdP Charitable Pharmacy. To help other communities establish nonprofit pharmacies, a preliminary "how to" manual describes the decisions SVdP had to make before opening its doors to clients. The final parts of this document include the future of the SVdP pharmacy and other issues that may need to be addressed for future projections. Reproducible resources are included, so other communities can tailor these steps to their particular needs. The attached appendices include documents pertinent to the pharmacy's development process.

All information included in this report came from previous committee meetings and notes, documents pertaining to the pharmacy, letters of recommendation, and research conducted to obtain future funding for the nonprofit pharmacy development. Although this is a young pharmacy, many steps SVdP and SOP have taken can be used by any community. With that said, this case study is best used as an example, since each state, community, and pharmacy will be different.

## Documenting the Need

As with any new program or project, it's important to establish and document the need before offering a potential solution to a problem.

**National Need.** Nationally, the need for prescription pharmaceuticals has grown dramatically, as the availability of resources from other programs has diminished. Reasons for decreases in resources include:

- Decreasing government budgets;
- High unemployment;
- Workers who find only part-time employment that doesn't offer health benefits;
- Emergency rooms that no longer provide medicine to patients, who are then dismissed without pharmaceutical resources;
- Long waiting periods to be approved for benefits from public programs;
- Increasing populations of homeless persons, who lack other options; and
- Increasing incidences of high blood pressure, diabetes, cardiovascular disease, and psychiatric disorders, particularly among low-income populations.

Access to prescription drugs remains a serious problem for society's most vulnerable members—including the homeless, undocumented, recently incarcerated/released, and uninsurable. Often, these people “fall between the cracks” of existing safety net programs. Despite changes expected with implementation of the Affordable Care Act, experts anticipate this portion of the population will remain unserved or underserved.

While resources are available to help address these needs, unfortunately they're little-known, underutilized, and poorly coordinated. Charitable (free) pharmacies provide a way for local communities to collaborate and leverage these resources, and deliver care to people in need. Charitable pharmacies also provide rare educational opportunities for pharmacy and other health professional students to learn about providing care to underserved populations using an interdisciplinary approach. Approximately 10-20 free-standing charitable pharmacies currently exist in the U.S. Many are struggling to keep their doors open and to establish reasonable limits as needs arise and drug supplies fluctuate.

**Local Need.** Here's a bit of background on how the national need is reflected in each state, and then in each city, documenting the local need. As mentioned earlier, the SVdP charitable pharmacy is located in Madison, Wis. The Kaiser Family Foundation reports that 10% of Wisconsin's population (558,400) lived without health insurance coverage between 2010 and 2011. Among this uninsured group, 85.4% of the individuals were between the ages of 19 and 64. In addition, 69.2% of Wisconsin uninsured adults earn less than 250% of the federal poverty level (FPL) ([www.statehealthfacts.org](http://www.statehealthfacts.org)). These individuals often are unable to access health care. If they do, the costs for medication to address acute or chronic illnesses are often impossible to bear, leading to inconsistent, fractured care.

In 2010, 37,720 of the people in Dane County were uninsured, or 8.8% of the county's population; 7.8% (33,453 people) of the county's population were people ages 0-65 and uninsured; and 13.0% (4,358 people) of that population were children younger than age 18. This information was adapted from data provided by Jon Peacock of Wisconsin Children Come First ([www.wccf.org](http://www.wccf.org)).

At the time, SVdP had been working on a local response to help these people in the Dane County community. This involved screening applicants and sending approved clients to the Dean Clinic

Pharmacy on Fish Hatchery Road to have their prescriptions filled at SVdP's expense. From 2005 (when SVdP moved from its previous Williamson Street pantry location to its Fish Hatchery Road location) until 2011, the expense of this program increased from \$41,000 to \$85,000. SVdP estimated that if it didn't change how it was addressing the situation, its pharmacy reimbursement costs would exceed \$100,000 in 2012.

Although SVdP had considered the idea of developing a charitable pharmacy in the past, its advisory committee had recommended against this idea in 2004 because there were other options that appeared to meet the needs of the community. Since that time, SVdP has collaborated with medical service providers, such as the Meriter Health Program, which relied on SVdP to provide the prescriptions written for clients. SVdP also has used student nurse volunteers to accumulate and process data on the nature of the need it was filling.

It became clear that it would be extremely helpful to be able to describe and quantify the opportunity presented by the potential development of a local charity pharmacy operated by SVdP. This would also assist in a successful capital campaign toward building the Center for Vincentian Charity (which now houses the pharmacy). This, in turn, fostered relationships with potential pharmacy program funders.

## Key Participants

While many community members gave input early on and were involved in the planning, two key participants spearheaded the development of this pharmacy: the Madison District Council of St. Vincent de Paul and the UW–Madison School of Pharmacy. This section describes these organizations and their roles with charitable pharmacies.

**The Madison District Council of SVdP.** One of the oldest charitable organizations in the world, the Society of St. Vincent de Paul was founded in 1833 in France by six students, including Frederic Ozanam. Frederic, a young Catholic at the time, wanted to help the poor of all religions during the industrial revolution. He also wanted to improve the lives of his peers by urging them to perform works of charity, rather than simply talking about what should be done to help the needy. Frederic founded the Society in the name of St. Vincent de Paul, who served as a priest in 17<sup>th</sup> century France. St. Vincent alerted the people of his day to many of society's ills. In the 19<sup>th</sup> century, the charitable organization named in his honor spread rapidly. SVdP arrived in the U.S. in 1845, with the founding of what is now the Council of the United States in St. Louis, Mo.

This international organization is made up of lay Catholic men and women committed to living and growing in their Christian faith, through prayer and personal involvement in charitable works. SVdP has spread to 149 nations, with more than 800,000 members worldwide. SVdP's global mission is to help the needy in countless ways—primarily through one-on-one contact by volunteers with children, families, and the homeless. It accomplishes this mission through parish- and community-based groups called “conferences,” and through special projects conducted at the council level. The members, called Vincentians, continually strive to promote the dignity of the people they serve, while helping to alleviate their suffering and distress, and working to help correct conditions that cause these problems.

The Madison District Council of SVdP operates Port St. Vincent de Paul, St. Elizabeth Ann Seton House, a food pantry at its service center, and six thrift stores. SVdP donates items out of the stores directly to low-income people. In 2012, the Madison District Council provided \$225,000 in clothing from store inventory directly to local people in need. SVdP also operates the largest food pantry in Dane County—providing more than 65,000 people with over \$1.4 million worth of food in 2012. Additionally, SVdP is the principal organization in Dane County supplying donated furniture to previously homeless people who find housing. More than \$226,000 of furniture and bedding was donated last year to these individuals (SVdP website: [www.svdpmadison.org](http://www.svdpmadison.org)).

**SVdP & Pharmacies:** The Society has always provided direct assistance to those in need. One frequently encountered need is the inability to afford medicine prescribed as critically necessary for maintaining a person's physical or mental health. The scope of this problem is enormous, and SVdP has limited the local pharmacy assistance it provides to the most critical cases—those in which its help appears to be the only available option. In addition to the main services SVdP provides, money raised from store sales goes to people with other needs—such as emergency shelter and prescriptions. Note: Other SVdP councils around the nation run charitable pharmacies. For more information about the prescription program and what led the Madison District Council to start a charitable pharmacy, see the “Steps to Opening a Charitable Pharmacy” section of this case study.

**The UW–Madison School of Pharmacy:** SOP is a world-class leader in pharmacy education, research, and service in the pharmaceutical, social, and clinical sciences. It educates future pharmacists and scientists and provides professional development opportunities, globally, to practicing pharmacists and the pharmaceutical industry. All SOP programs are driven by the mission to enhance the quality of life for the people of Wisconsin and the global community through improved health ([www.pharmacy.wisc.edu](http://www.pharmacy.wisc.edu)).

Further, SOP’s goals are to educate, train, and provide life-long learning opportunities for students, pharmacists, and scientists—while creating, disseminating, and applying new knowledge based on research in the biomedical, pharmaceutical, social, and clinical sciences to enhance quality of life through improved health. SOP’s vision is to further enhance its position of international pre-eminence in pharmaceutical research, education, outreach, and practice; and to house the most creative and dynamic programs that train the next generation of pharmacists, scientists, educators, and leaders in an inclusive and welcoming working and learning environment.

The school works from a set of guiding principles ([www.pharmacy.wisc.edu/about-school/mission-vision-values](http://www.pharmacy.wisc.edu/about-school/mission-vision-values)):

- **Professionalism:** We maintain a framework that values and promotes integrity, responsibility, and leadership, and we provide the tools for ethical decision-making in practice and research.
- **Community:** We promote an environment of civility, diversity, and mutual respect by building a sense of community and caring among faculty, staff, students, and trainees—by being a learning organization and by nurturing our human capital.

- **Collaboration:** We explore creative partnerships, both inside and outside the school and the university, to advance education, research, and practice—locally and globally.
- **Innovation:** We value innovation and provide resources, infrastructure, and knowledge to promote discovery.
- **Excellence:** We strive for excellence in all we do.

The UW–Madison SOP has been a national leader in pharmacy education and research for more than a century. Established in 1883, it was the first school of pharmacy to offer a baccalaureate degree in pharmacy in the U.S. It was also the nation's first to award doctoral degrees in pharmaceutical chemistry, pharmaceuticals, the history of pharmacy, social studies of pharmacy, and continuing education, and one of the first in pharmacy administration.

The SOP's professional program admits 140 students, for a total of 560 students enrolled in the four-year program. The school also has a baccalaureate program with 40-50 students, and a graduate program—offering Master's and Ph.D. degrees in pharmaceutical sciences, social and administrative sciences, and pharmacy—with roughly 60-70 students. The students most closely tied to the SVdP Charitable Pharmacy are enrolled in the SOP professional program.

**SOP & Charitable Pharmacies:** SOP has always had a connection with the local community. The school's 2010-2015 strategic plan, however, specifically outlines its commitment to the Wisconsin Idea—addressing areas of great need and reinforcing the public mission of UW–Madison ([www.pharmacy.wisc.edu/sites/default/files/content/about-school/strategic-planning/strategicplan.pdf](http://www.pharmacy.wisc.edu/sites/default/files/content/about-school/strategic-planning/strategicplan.pdf)). The strategic plan states that the school should:

- Expand outreach activities in education, research, and practice—both locally and globally; and
- Develop curricular elements, co-curricular activities, and financial incentives to encourage PharmD students to practice in underserved areas of the state.

In addition to outreach, the school is committed to increasing diversity among students, trainees, staff, and faculty. Through its connection with the charitable pharmacy, the school plans to:

- Provide opportunities to enhance knowledge about, and interaction between, faculty, staff, trainees, and students from diverse backgrounds—to increase knowledge appreciation, insight, and support of diversity (broadly defined); and
- Increase research experiences, experiential education, residency opportunities, and internships provided by diverse faculty and clinical instructors, and/or those serving diverse patient populations.

The school emphasizes expectations around serving disadvantaged populations, and offers students experiences working with underserved populations and patients with low health literacy. The charitable pharmacy provides a great opportunity for SOP to address its strategic priorities. The SOP dean and faculty members who knew the needs of the community and were connected with other community leaders provided leadership in this project. Through the SVdP Charitable Pharmacy, SOP can support community needs with available skills and resources.

# History

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This timeline shows the main decisions made as part of developing the charitable pharmacy. Please note that this is a brief overview and cannot include every item and how each fits within the timeline of this process. The planners and participants did not take any decision lightly. They fully discussed, researched, and extensively considered every possible aspect of the pharmacy.

## 2004

- When the Madison District Council of SVdP planned its new food pantry in 2004, it considered the development of a pharmacy as part of the expansion. This led to SVdP appointing a committee to study that prospect—especially since there were successful models of such pharmacies operated by other SVdPs throughout the country. In the beginning, the advisory committee didn't recommend creating a SVdP pharmacy. As the new Center for Vincentian Charity in Madison was built, however, lower-level space was intentionally left unfinished to accommodate this or other potential program enhancements.

## 2008

- The Center for Vincentian Charity was built in Madison during 2008-2009.

## 2009

- SVdP received \$20,000 through the federal stimulus program for its prescription voucher program. Although it was short-term funding, SVdP was able to sustain a level of about \$60,000 annually from local support for the program.
- UW–Madison SOP independently began to interview nonprofit pharmacies elsewhere in the interest of possibly starting one in the Madison area.

## 2010

- SVdP became aware of an innovative effort by volunteer doctors to serve the medical needs of the local homeless population. SVdP collaborated with what has become the Meriter Health Program by providing office space and honoring all prescriptions written through that program.

## 2011

- SVdP spent nearly \$85,000 providing medications through Dean Clinic Pharmacy as part of its prescription program. For 2012, SVdP was on track to exceed the program's budget, and received notice that Dean Health System planned to increase the filling fee per prescription from \$10 to \$15.
- UW–Madison School of Pharmacy expressed interest in participating in SVdP's Charitable Pharmacy project. At this time, the Start-up Advisory Committee was established and met on a regular basis.

## 2012

- SVdP identified significant funding for the pharmacy during spring 2012.
- In December, pharmacy construction began and the pharmacy manager position was posted.

## 2013

- In January, project planners interviewed applicants for the managing pharmacist position. The chosen pharmacist was hired and began work at the end of the month.

- In February, the SVdP Charitable Pharmacy structure was completed.
- On April 1, the doors of the pharmacy were opened to community members.
- On May 21, the SVdP Charitable Pharmacy hosted an open house for medical professionals, community leaders, and other stakeholders.

## Development of the Initiative

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The planning, development, and opening of the charitable pharmacy required many steps, many roles, and much research. During this time, the partnership between SOP and SVdP began and matured. The SVdP pharmacy was modeled after other charitable pharmacies—including two successful models in Ohio.

### Collaboration

One of the greatest strengths of the SVdP Charitable Pharmacy is the collaboration between SVdP and SOP. During development, this included one SOP faculty member visiting charitable pharmacies near a sibling's home to get a better idea of what these organizations needed to succeed. Analysis of the pharmaceutical efforts at SVdP showed that the earlier reimbursement model needed to change. Fortunately, a community funder who had connections with both partners identified the need and connected the leaders of SVdP and SOP.

While the community need for this pharmacy was documented and accepted, to move ahead planners needed stakeholders and a specific location. In addition to the SVdP service center, planners considered other potential sites for the pharmacy. Conversations with community stakeholders provided perspectives on which site would be the best fit. One stakeholder is a parish nurse, working in the South Madison community with multiple organizations and with populations that would be served at the new pharmacy. Strategic discussions with stakeholders also examined factors such as longevity, pros and cons, and geographic considerations.

SVdP had long considered opening this charitable pharmacy, and the business model for the site was further ahead than that of other potential sites. When SVdP realized it had gone beyond the tipping point regarding funding for the voucher program, Ralph Middlecamp, SVdP executive director, prepared the 2012 budget to include construction of a new pharmacy. SVdP had proven it had a substantial commitment to the voucher program, as well as sufficient potential monetary backing to support such a pharmacy.

### Model Pharmacies

To help develop the Madison charitable pharmacy, SOP faculty and SVdP staff examined existing charitable pharmacies. Some were associated with SVdP chapters, while others were stand-alone pharmacies. Advisory committee members visited with staff who ran these pharmacies, and they took tours, gathered information, asked questions, and gained knowledge from the successes and challenges of these existing pharmacies.

**Charitable Pharmacy of Central Ohio Inc.** This pharmacy’s vision is to make sure all people have affordable and sustainable prescription medications and pharmacy services to optimize health in its community. To work toward this, the pharmacy’s mission is to provide affordable and appropriate pharmacy services and to coordinate access to health care for people who are vulnerable in the community. It provides pharmacy services for prescription drugs and other health education needs of individuals who:

- Have no income or whose income is below the 200% of federal poverty limit;
- Have limited or no insurance; and
- Are residents of Franklin County, Ohio.

From 2010–2012, the pharmacy saw 2,680 new patients, and filled 74,477 prescriptions with a total estimated retail value of \$5,958,160.

A continuing strategic initiative for this pharmacy is implementation of Manufacturer Bulk Replacement programs. The pharmacy’s first relationship was with Pfizer, and it’s also progressing toward implementation with AstraZeneca, Merck, and other pharmaceutical companies. One strategic objective is to leverage the donations of partners to acquire medicines at lower or no cost. In addition to Manufacturer Bulk Replacement agreements, the pharmacy obtains its medicines from wholesale sources (for example, Pharmacy Service Center and Capital Drug), physician samples, and “Karon’s Law” medicine donations from PharMerica and Omnicare (Central Ohio Summary Report 2012). More information on these resources is located on the pharmacy’s website: [www.charitablepharmacy.org](http://www.charitablepharmacy.org).

**St. Vincent de Paul Charitable Pharmacy of Cincinnati, Ohio Chapter.** This pharmacy opened its doors in September 2006. This Ohio Chapter pharmacy offers prescription drugs to low-income individuals in Hamilton, Clermont, Warren, and Butler counties. To date, it has filled nearly 100,000 prescriptions for people in need—with a total estimated retail value of about \$10 million. The pharmacy is open three days during the workweek, and can certify up to 11 new clients each day for up to six months of prescription coverage. The pharmacy sees patients in the morning on a first-come, first-served basis. Limited afternoon appointments also are available for patients who work full-time or who are severely disabled and unable to stand in line in the morning. The pharmacy is also open on Saturday mornings for currently certified clients needing refills or new prescriptions.

The pharmacy can fill about 90% of all prescription requests, or it finds a viable therapeutic substitute. It promotes overall health through a complete vitals check, education about each prescription, and referrals for primary care physicians ([www.svdpcincinnati.org/Programs\\_and\\_Services/Charitable\\_Pharmacy/](http://www.svdpcincinnati.org/Programs_and_Services/Charitable_Pharmacy/)).

Other model pharmacies researched for development of a Madison charitable pharmacy included:

- Faith Community Pharmacy, Florence, Ky.:  
[www.faithcommunitypharmacy.com/hours.html](http://www.faithcommunitypharmacy.com/hours.html)
- St. Vincent de Paul Community Pharmacy, Baton Rouge, La.:  
[www.svdpbr.org/prescriptions.aspx](http://www.svdpbr.org/prescriptions.aspx)

- St. Vincent de Paul Charitable Pharmacy, Canton, Ohio:  
[www.svdpcincinnati.org/Programs\\_and\\_Services/Charitable\\_Pharmacy](http://www.svdpcincinnati.org/Programs_and_Services/Charitable_Pharmacy)
- West Virginia RX, Charleston, W.Va.:  
[www.wvrxx.org](http://www.wvrxx.org)
- Cooperative Central Pharmacy, Oklahoma City:  
[www.freeclinicstoday.org/libraries/types/3/43](http://www.freeclinicstoday.org/libraries/types/3/43)

Some of these pharmacies have existed for many years and might be workable models in other states. But not all applied directly to the creation of the SVdP Charitable Pharmacy in Madison. For example, the SVdP Community Pharmacy in Baton Rouge, La., uses drug samples from doctors. In Wisconsin, health maintenance organizations (HMO) don't allow pharmaceutical representatives to leave these samples at health-care facilities. So it was a practice the Madison SVdP pharmacy couldn't use.

Other charitable pharmacies have strong relationships with hospitals or health-care facilities, and may be approved as 340B pharmacies. The 340B drug pricing program distributes inexpensive prescriptions to health-care organizations participating in the U.S. Department of Health and Human Services' Health Resources and Services Administration program ([www.hrsa.gov/opa](http://www.hrsa.gov/opa)). Madison already has a 340B pharmacy at the only Federally Qualified Health Center (FQHC), Access Community Health Centers. Recipients of prescriptions through these centers must be patients of the specific health-care center. While some low-income patients can be served for free, most low-income patients must be receiving Medicare or Medicaid services. Many patients don't receive these benefits, and can't afford to be seen at a health-care clinic. These patients search for free clinics where doctors write prescriptions for them to be filled at free pharmacies.

Access Health was very helpful in disclosing some of the operations for a nonprofit pharmacy. SVdP Charitable Pharmacy, however, opened its doors because many Access Health clients couldn't use the Access Health Pharmacy—they weren't patients, there was a long wait list, and the costs were more expensive than many could afford.

Later, under "Steps to Opening a Charitable Pharmacy," this case study outlines rules and policies any community should research before deciding which model is right for its pharmacy.

## Governance/Planning Structure

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The Madison District Council's board of directors and other committees have ultimate fiscal and legal responsibilities for the organization. With full support and oversight from the standing board, another committee was created to focus on the charitable pharmacy project. This planning committee didn't have any governance responsibilities; rather, it served in an advisory role for starting the pharmacy because the organizational board of directors didn't have any experience running pharmacies. The board felt it was important to have people on the committee with pharmacy expertise—people who could advise the board regarding organizational direction. While some advisory committee members came and went, each individual played a role in developing this pharmacy and brought unique competence needed to create a successful pharmacy.

The first advisory committee convened in 2004 to examine the possibility of starting the pharmacy. The group included individuals from a local hospital, a local HMO, the head pharmacist of a university hospital pharmacy, the head pharmacist and owner of a local pharmacy, and community members already engaged with SVdP. The purpose of this group was to give realistic consideration to the community's need and whether meeting it through a charitable pharmacy was a good idea. Through data examination and many conversations, the group decided ultimately that other resources existed to meet the community need and that a Madison SVdP Charitable Pharmacy project shouldn't proceed at that time.

But needs and available resources changed. In spring 2012, the SVdP Pharmacy Start-up Advisory Committee (Table I) had its first organizational meeting. Committee members had expertise from diverse areas and a knowledge base of what it would take to start a charitable pharmacy. Members were well-connected in the community and could bring additional perspectives from community contacts, if needed. In addition, the group had high energy, and was fully engaged with the project.

Even with its high level of expertise, the advisory committee was a working committee. Each member had decision-making authority and brought credibility to the project because they were well-respected by their peers. This advisory committee benefited from having members with very diverse backgrounds—individuals who might not have crossed paths without working on this project.

**Table I. St. Vincent de Paul Pharmacy Start-up Advisory Committee**

<b>Name</b>	<b>Position</b>
Peg Beckman	Owner, Neuhauser Pharmacy
Albert Carbo	Doctor of Pharmacy Student, School of Pharmacy
Chris Kane	Service Center Director, SVdP District Council of Madison
Jeanine Mount	School of Pharmacy
Brian McIlhone	District Manager, Walgreens
Ralph Middlecamp	Executive Director, SVdP District Council of Madison
Beth Neary	Department of Population Health Sciences, School of Medicine and Public Health (SMPH)
Jackie Pyter	HealthReach
Bill Reay	Principal, Reay and Associates LLC

Jeanette Roberts	Dean, School of Pharmacy
Eva Vivian	School of Pharmacy and Access Community Health Center
Maggie Wallace	Postdoctoral Fellow, Department of Family Medicine, SMPH
April Weaver	Doctor of Pharmacy Student, School of Pharmacy

Because of members' diverse backgrounds and experiences, commitment to the project, and willingness to complete the required work, this Start-up Advisory Committee truly was the force that made the Madison SVdP Charitable Pharmacy happen.

## Project Outcomes

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As planners first discussed starting a nonprofit pharmacy, the advisory group examined the community need and resources. When the pharmacy was approved in 2012, the committee decided on project outcomes. The overall goal was to improve access to prescription drugs by promoting charitable pharmacy development. When developing this initiative, the committee decided on the following project outcomes:

- Expand the number of clients helped by 50% by 2014;
- Reduce 2014 cost-per-client-served by 20%, increasing program capacity and sustainability;
- Foster collaboration among partner/supporter organizations, including local health organizations;
- Create a model program capable of being replicated elsewhere; and
- Partner with the Dispensary of Hope ([www.dispensaryofhope.org](http://www.dispensaryofhope.org)) to promote efforts with health-care providers, clinics, and pharmaceutical companies regarding collection of safe, unused medications that can be redistributed to nonprofit pharmacies and clinics.

Additional project outcomes will be added as the pharmacy progresses. Potential outcomes might include: Foster community collaborations, prioritize pharmacy opportunities, begin education classes for patients (for example, smoking cessation) based on needs assessment, develop a portfolio of clinical services, and increase the number of students and residents involved with the pharmacy. As with any quality program, the pharmacy's project outcomes will continue to be evaluated and reframed over time.

## Steps to Opening a Charitable Pharmacy

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Based on research and the development process to establish the Madison District Council of SVdP Charitable Pharmacy, here are suggested steps to take in opening a charitable pharmacy:

1. Survey the environment;
2. Create a competent committee;
3. Consider models that might work in your community;
4. Develop your budget and find funding sources;
5. Find collaborators;
6. Do your research and make decisions;
7. Manage expectations; and
8. Evaluate and share your story.

Some steps might vary, depending on the pharmacy's location and the populations it serves. But these steps can guide your process in establishing a charitable pharmacy. (Each step ends with questions that can inform decisions made by your organization.)

### **Step 1: Survey the Environment.**

Before the Madison District Council's charitable pharmacy was created, a thorough assessment revealed the local need. As you begin this step, assess community needs, resources currently existing in your community, and the potential measurements of success.

**SVdP Program History.** Since 1925, SVdP has helped Madison people obtain needed prescriptions. In the 1990s, the food pantry expanded and was across the street from a Madison East Side pharmacy. At this point, the pantry director began to provide some clients with vouchers for their prescriptions. As needs expanded, several generous supporters, such as the Devine Family Foundation, encouraged the efforts by donating funds.

In 2005, when SVdP moved the pantry to its Fish Hatchery Road location, it considered multiple options, including:

- Opening its own charity pharmacy based on models used by other SVdP organizations;
- Switching to fulfilling prescriptions through a mail-order provider and helping clients apply for assistance from drug companies; or
- Continuing its program with additional pharmacies closer to the new facility.

The SVdP advisory committee considered these options and decided, at that point, there wasn't a significant cost benefit to opening its own pharmacy. In addition, Access Community Health (described earlier in this case study), was revising its efforts to meet the pharmacy needs of the community.

Since there remained a segment of the population that was unable to secure access to pharmaceuticals, SVdP partnered with Dean Clinic Pharmacy. Even after this partnership decision, SVdP continued to explore alternative options with national chains. Yet, none met its needs. SVdP occasionally used student nurse volunteers to enroll clients in the programs offered by pharmaceutical companies, in continued efforts to serve these populations.

Pharmaceutical needs grew rapidly with the recession, which strained SVdP resources further. In 2009, it applied for funding through the federal stimulus program and received \$20,000 for its voucher program. This was short-term funding but, thereafter, SVdP was able to sustain a level of about \$60,000 annually for the program by regularly applying for and receiving support from additional sources. These included U.S. Bank Foundation, Downtown Madison Rotary Foundation, the Devine Family Foundation, and anonymous funders.

In 2010, SVdP learned about an innovative effort by volunteer doctors to serve the medical needs of local homeless people. It collaborated with what has become the Meriter Health Program, by providing office space and honoring all prescriptions written through that program. In 2011, the SVdP prescription program provided medications totaling \$85,000 through Dean Clinic Pharmacy. For 2012, SVdP was on track to exceed the program's budget and received notice that Dean planned to increase the base cost per prescription from \$10 to \$15. With this increased need and expanding expenses, it was time for SVdP to take action.

**Reviewing SVdP Prescription Data.** The prescription program grew significantly from 2004-2011, giving SVdP a larger body of data to analyze and inform decisions about next steps. This table shows the breakdown of expense and number of prescriptions, by category, for 2011:

<b>Category</b>	<b>Cost</b>	<b>% Cost</b>	<b>Count</b>	<b>% Count</b>
Allergies & Cold and Flu	\$ 774.37	1%	34	1%
Antibiotic Treatments	\$ 6,889.13	8%	297	9%
Arthritis & Pain	\$ 7,517.00	9%	268	8%
Asthma	\$ 5,283.65	6%	85	3%
Cholesterol	\$ 1,686.04	2%	93	3%
Diabetes	\$ 12,226.31	14%	218	7%
Gastrointestinal Health	\$ 3,638.40	4%	134	4%
Heart Health & Blood Pressure	\$ 14,587.93	17%	820	26%
Mental Health	\$ 26,379.14	31%	1022	32%
Other	\$ 5,732.00	7%	245	7%
<b>Total</b>	<b>\$ 84,713.97</b>	<b>100%</b>	<b>3216</b>	<b>100%</b>

Through review of the entire formulary of 290 drugs, SVdP found that 50% of the expense (\$42,400) was for a group of 50 drugs that accounted for 69% (2,200) of the total 3,200 prescriptions filled. These were mostly heart/blood pressure, diabetes, and mental health drugs. And most were low-cost generics. A significant part of SVdP's prescription costs came from the base cost it paid per prescription (\$10), rather than the cost of the drugs. This was particularly true when looking at those top 50 drugs: Of the \$42,000 spent for these drugs, \$22,000 was for the base cost and \$20,000 was for the medications. Also of interest: 12 costly drugs made up 35% (\$18,500) of the cost of the program. Most were available free or at reduced cost through low-income assistance programs offered by the drug companies.

Based on this data, SVdP reconsidered operating its own charitable pharmacy. To start, the effort would involve remodeling the lower level of SVdP's service center in Madison to house the pharmacy, which would have limited dispensing hours and would require a compact formulary. One suggestion was to begin with the top 50 drugs, while continuing to make referrals for the remaining prescriptions to SVdP's provider partner. Having SVdP dispensing these drugs would allow it to use the \$33,000 base cost (including the announced base-price increase) to hire its own 10-hour per week pharmacist. SVdP hoped to acquire the actual drugs at prices similar to what it was paying for the medications themselves. Through additional cost-savings and fundraising, other expenses could be met.

Some additional cost-savings might occur by helping clients take advantage of programs offered by drug companies. If, in this way, SVdP could cut the cost of the most-likely prospects in half, it would see another \$9,000 in savings. With a managing pharmacist on site, SVdP could also manage the formulary more carefully by establishing relationships with the principal doctors working with SVdP clients.

Among the many savings and service benefits of operating SVdP's program as a charity pharmacy were opportunities to:

- Control fixed costs, even while helping more clients;
- Involve pharmacists and pharmacy students as active, regularly scheduled volunteers;
- Recruit a knowledgeable group of pharmacy and other health professionals to help guide the program;
- Collaborate with partner organizations also interested in promoting the health of low-income clients; and
- Define the program clearly in seeking financial support from the community.

A very rough budget estimate for pharmacy start-up costs was \$200,000. This would include remodeling the unfinished space in the lower level of its service center; purchasing fixtures, computers, and software; buying the start-up inventory of drugs; and incurring licensing fees and start-up labor costs. (For organizations planning similar pharmacies, this will vary for each situation—based on how much support the pharmacy has and what the remodeling costs will be.) At the start, the sustaining annual budget was \$150,000 to \$175,000. More details about budgets and costs are described in Step 4.

Although there are many pharmacies in the Madison area, the advisory committee acknowledged the huge need among uninsured and underserved patients here. Even if a community has 500 pharmacies, access is still an issue for many patients. If a prescriber orders a prescription for a patient, the prescriber still might not fill it—sometimes because the patient doesn't have enough money to purchase or continue to purchase the medication.

### **Step 1 Questions to Consider**

When surveying community needs, ask these questions:

- What are the unmet needs of the community? Think about qualitative *and* quantitative data.

- What other providers already serve the population and/or meet the needs? This might include organizations offering voucher programs, health-care centers providing prescriptions, and other free pharmacies.
- Are other programs available (for example, patient assistance programs)?
- How are other providers (such as churches and nonprofit organizations) in your area supporting nonprofit pharmaceutical assistance (for example, voucher for prescription drugs)?

## **Step 2: Create a Competent Committee.**

After surveying the environment to see if a nonprofit pharmacy is needed in your community, it's important to create a good committee, including qualified and dedicated people with relevant expertise and interest. They must be willing to participate as advisors, ask insightful questions, and do the necessary work to help develop the pharmacy. (See the governance/planning structure section for information about the SVdP Charitable Pharmacy's original committee.)

The SVdP/SOP planning committee included diverse individuals and organizations, including the pharmacy school, local and chain pharmacies, a managed-care insurer, and professional pharmaceutical representatives. This brought a rich variety of constituencies to the project. Some committee members had pharmacy experience and experience opening pharmacies, some had direct contact with the clientele, and many knew the needs and pitfalls of working with community clients. Fortunately, the people who participated represented enough decision-making authority to make things happen. While discussions about possibilities and ideas are necessary, at some point people must act. This group had enough connections and power to move ahead.

In addition to the community members on the committee, SVdP made sure to include staff members who could serve as organization liaisons able to represent the perspective of SVdP Madison and its board. These committee members could offer caution if the group started going in directions they felt the board of directors might not approve. These committee members also offered organizational knowledge, existing resources, and communication between the committee and the board of directors.

Critical to the process was clearly defining the purpose of the committee and the roles and responsibilities of community members. The purpose of the SVdP pharmacy committee was to consider a realistic look at the community need and then identify whether starting a nonprofit pharmacy was needed and a good idea. The committee looked at various models and options to address the community problem. With their experience and connections to the community, the committee members decided the time was right to start a charitable pharmacy.

The committee's roles and responsibilities included: Agreeing on the idea and timing for the pharmacy, offering experience and perspective when appropriate, and following through with any necessary tasks identified by the committee. Committee members contributed high energy, diverse interests, and commitment. Overall, the members enjoyed getting to know each other and felt a sense of commitment to the pharmacy. When the planning phase was completed and the pharmacy officially opened, the executive director mentioned it was an easy transition point for

committee members to step away. Although this opportunity to leave was offered, most committee members stayed involved and continue to advise the pharmacy. Once again, this illustrates their commitment and sense of community established during the planning phase.

### **Step 2 Questions to Consider**

When creating a committee, ask these questions:

- Do you have a diverse group of stakeholders (for example, diverse backgrounds, experience, community connections, and knowledge)?
- Is your group representative of the community?
- Are the participants willing to do the necessary work?
- Do committee members have decision-making authority?
- Are committee members engaged and committed to the project?
- Does the committee include liaisons to existing organizational boards?

### **Step 3: Consider Models That Might Work in Your Community.**

At this stage, committee members examined other model charitable pharmacies that could work in Dane County. As detailed in the “model pharmacies” section, SVdP looked at the Charitable Pharmacy of Central Ohio Inc.; St. Vincent de Paul Charitable Pharmacy of Cincinnati, Ohio Chapter; and pharmacies in North Carolina and Louisiana. Committee members toured the pharmacies, interviewed the managers of the programs, and researched other successful models. Many of these pharmacies didn’t have any documented information about their processes and how they were developed (another indication this case study would be helpful).

Since the SVdP pharmacy in Dane County couldn’t identically model itself after any of these pharmacies, the committee decided to examine Wisconsin’s state laws and policies. The committee needed to figure out what was feasible before creating a hybrid pharmacy that would work in the community. For example, the committee knew SVdP couldn’t use drug samples or rescued drugs in this pharmacy. It could, however, apply to receive drugs from the Dispensary of Hope. When the managing pharmacist joined the committee, she added a wealth of expertise. She had experience opening other community pharmacies in Dane County, so she could identify many feasible strategies for SVdP to follow.

### **Step 3 Questions to Consider**

When examining other pharmacy models ask these questions:

- Are any other charitable pharmacies in the state working under the same state restrictions, which can help to model the program?
- What are the assets and weaknesses of each pharmacy model?
- What innovative ideas do you want to replicate from each pharmacy model?
- What resources *can* you replicate and what will you need to develop on your own?
- What city, state, and federal requirements must you follow in developing your charitable pharmacy?

#### **Step 4: Develop Your Budget and Find Funding Sources.**

When establishing a nonprofit pharmacy, your group needs to know the initial investment required, the cost to maintain the pharmacy, and other resources you'll need to keep costs down (for example, donated prescription drugs). These answers will vary for every community, based on the type of pharmacy, the number of people it will serve, existing resources (for example, funding restricted for the new pharmacy and physical space), and needed resources (for example, drug supplies, equipment, and staff). Remember: There's a difference between a start-up budget that includes costs to start the pharmacy and the operating budget that includes the costs of prescription drugs and annual income needed to sustain the pharmacy.

Before starting its charitable pharmacy, SVdP had, for more than a decade, underwritten vouchers issued to clients needing medication assistance. These had been filled at other community pharmacies. The need met by the SVdP voucher program increased over the years. In 2011, SVdP spent more than \$80,000 on this program, and in 2012 the vouchers issued by SVdP for medication assistance cost more than \$122,000. Operating its own charitable pharmacy allowed SVdP to forgo paying pharmacy dispensing fees, to provide low-cost drugs needed to treat acute conditions, and to expand capacity to meet more individuals' needs.

By operating its own pharmacy, SVdP could employ a skilled managing pharmacist and rely on volunteer pharmacists, pharmacy technicians, and SOP students for support. This would allow SVdP to focus its client/patient counseling on wellness and healthy lifestyle changes.

In 2009, SVdP applied for funding through the federal stimulus program and received \$20,000 for its vouchering program. This was short-term funding, but thereafter SVdP was able to sustain a level of about \$60,000 annually for the program by seeking and receiving support from additional sources, such as U.S. Bank Foundation, Downtown Madison Rotary Foundation, the Devine Family Foundation, and anonymous funders.

The initial budget to start the pharmacy was \$200,000. Of course, this will vary for other organizations starting pharmacies, based on available support and costs. For example, an organization that must build a new facility for the pharmacy will incur more costs than an organization that already has space.

The current sustaining annual budget for the SVdP pharmacy is \$150,000 to \$175,000 per year. Stakeholders and planners expect this amount of money will need to be increased each year. SVdP believes in sustainable funding for safety net programs, such as this pharmacy. It's unlikely to continue applying for federal funding due to the uncertainty of federal funding support. SVdP will continue to write grants through local community foundations and businesses, and will consider health-related organizations and similar-minded constituencies for partnered relationships.

Ralph Middlecamp, SVdP's executive director, is confident fundraising for this pharmacy will be smoother going forward. Now that the pharmacy is complete, it's easier to show donors the community problem and the progress SVdP has made—especially in comparison with the voucher system. Finding funding for the start-up of a pharmacy is different than securing annual donations. Some funders for the charitable pharmacy made gifts of \$10,000 for the beginning,

with the knowledge that they will not continue funding the pharmacy. One lead gift funder, in 2012, pledged \$150,000 for the start-up of the pharmacy, and possible future grants. The donor had a close tie to the pharmacy mission and had supported SVdP in the past.

A caution for others planning to start a charitable pharmacy: Make sure the funding is sustainable. While some donors make gifts to see the pharmacy start, these gifts might not continue. It's important to have a clear indication of how the funding will continue past the start-up phase. For sustainability, be clear on support staff responsibilities and who will handle fundraising and public relations on the pharmacy's behalf. Are these positions part of your existing staff, from the committee, or additional hires? The Madison District Council had existing staff with these duties assigned as part of their jobs, and it added the pharmacy project to their existing fundraising work.

For future pharmacy fundraising, SVdP plans to start with new and easy funding targets (for example, past donors and like-minded organizations), and then to continue to use other supportive SVdP funds. In the past, banks and families that have gotten to know SVdP and liked the project supported the pharmacy effort as a voucher project. SVdP likely will ask these supporters for continued gifts.

In addition, SVdP will continue searching for prescription drug donations to help with the pharmacy budget. The SVdP thrift stores also will help with funding. Six thrift stores support SVdP in Dane County. In some years, these stores bring in more than \$1 million in net revenue. The thrift stores support all SVdP programming, so it's likely some of the money raised will also go toward the pharmacy. SVdP will continue fundraising for the pharmacy by relating the need, the number of clients served, and the value of the investment donors make when they give toward the pharmacy.

For more information on drafting a charitable pharmacy budget, review "The Bridge to 340B Comprehensive Pharmacy Services Solutions in Underserved Populations," by Katherine Richardson, which is listed in the resources. Richardson lists the following costs for a sample start-up pharmacy: pharmacists', technicians' and other staffs' salaries and fringe benefits; rent and utilities; taxes; license fee; insurance; accounting and legal; advertising and promotion; maintenance; education and training; additional information/reference resources; supplies and equipment; inventory costs; and dispensing fees associated with partner organizations. These budget lines may vary for each charitable pharmacy, but many are items all pharmacies need to consider.

Also consider revenue items, which might include drug products (for example, Medicaid, Medicare, and grants), in-kind (for example, samples, PAPs, donations, and volunteer labor), and clinical services.

#### **Step 4 Questions to Consider**

When developing the pharmacy budget and looking for funding resources ask these questions:

- What does your organization currently spend to meet pharmaceutical needs (for example, a voucher program)?
- What's the projected budget for future spending on prescription aid for patients?
- What building is required to support the pharmacy (a new building or infrastructure)?

- Will you have to purchase new equipment (for example, computers, printers, or compounding equipment)?
- What existing funding supports current efforts in meeting pharmaceutical needs?
- What potential funding will continue to support the program (for example, donors, grants, and corporate sponsors)?
- Are partnerships available to share program costs?
- What security costs should be included in the budget to protect clients and employees?
- What expenses related to government regulations must be included in your budget?

### **Step 5: Find Collaborators.**

Collaborators for your charitable pharmacy project might include like-minded organizations, members of the planning committee, or other community members who are supportive and engaged with your pharmacy.

In the case of the Madison District Council of SVdP, the organization is located within Dane County—also home to UW–Madison, a world-class public university. This resource set the stage for a strong collaboration. As stated earlier, the UW–Madison SOP wanted to work toward its Wisconsin Idea mission. A faculty member, Professor Jeanine Mount, had investigated charitable pharmacies and was personally and professionally interested in starting one in the Dane County community. A community leader and funder introduced her to the SVdP leadership, and the partnership began.

Past, present, and future expected volunteer assistance comes in no small part through SOP leadership’s involvement and advocacy. SOP Dean Jeanette Roberts was part of the planning committee, and offered unwavering support and guidance during pharmacy development. Her leadership, the support of other faculty and SOP partners, and collaboration between SVdP and SOP made this charitable pharmacy a reality.

SOP, by participating in the charitable pharmacy, gained many benefits even beyond fulfilling its Wisconsin Idea mission. The school gained a new clinical practice site for pharmacy faculty, a community and experiential learning site for students, and a great community partnership that it could highlight in its own fundraising efforts. SVdP received the labor, experience, and additional resources needed to leverage more funding and make the project happen.

While the future might include other willing partners, this unified group of partners was strategically important in starting the pharmacy.

### **Step 5 Questions to Consider**

When finding and securing partners, ask the following questions:

- Can you partner with other charitable pharmacies?
- What other like-minded organizations are potential partners (for example, universities, hospitals, and health-service organizations)?
- Are partners available that can truly invest in the project (for example, offer resources, experience, or expertise in the area) and work with you for the long term?
- Do any planning committee members represent a possible partner organization?

## **Step 6: Do Your Research and Make Decisions.**

This step is where the bulk of the work happens in starting a charitable pharmacy. Items listed here are decisions the planning committee must make, and work its members must complete. While many decisions will vary based on your state and type of pharmacy, this list provides a start for your planning committee to begin discussions about the work that must happen.

### **Licenses**

Two licenses are necessary to start a pharmacy:

1. The state license to act as a pharmacy; and
2. The license of the managing pharmacist (and any other pharmacists involved in the pharmacy), stating the individual is certified to be a pharmacist.

To be a licensed pharmacy, you must register with the U.S. Department of Drug Enforcement Administration (DEA). To register as a new pharmacy, you must complete DEA Form 224, which can be completed online at: [www.DEAdiversion.usdoj.gov](http://www.DEAdiversion.usdoj.gov). According to the website, applicants must supply:

- Tax ID number and/or Social Security number
- State Controlled Substance Registration information
- State medical license information
- Credit card (Visa, MasterCard, Discover, or American Express)

### **Pharmacist Position**

Other than being a licensed pharmacist, the managing pharmacist for your charitable pharmacy faces slightly different challenges and opportunities than those at other pharmacies. For example, the population the SVdP pharmacist works with includes low-income clientele who, in addition to needing prescriptions filled, may be homeless, hungry, and may struggle with other chronic illnesses. These clients, in general, have much more complex needs than the traditional pharmacy consumer. Beyond requiring traditional pharmacist skills, this position is unique and needs an accurate job description.

Planning committee members and SVdP leadership collaborated in creating the job responsibilities for the SVdP managing pharmacist, which included: managing pharmacy operations, managing pharmacy staff and volunteers, marketing and promoting the pharmacy, assuring quality patient care, and having the knowledge, skills, and ability to work with Dane County's diverse population. Since this is a nonprofit pharmacy with limited staff, volunteers are a large part of making the pharmacy run. The managing pharmacist must feel comfortable working with volunteers and know how to recruit and manage all volunteers. (See Appendix A for the job description posted for the SVdP managing pharmacist.)

One lesson learned through this process was that it's important to bring the managing pharmacist on board early, whether the position is full-time or not. Most likely this person will want to provide input on the pharmacy, itself, in terms of the design space, key decisions, order-making, and ideas about software, policies, intake, and much more. Since the managing pharmacist likely will use the space more than anyone else, having this individual's input is necessary to keep the process moving forward.

### **Other Staff Input**

It's possible and likely that other staff within the sponsoring organization will be working alongside the pharmacist, and will have input to offer. At the very least, staff need to know what's going on in the pharmacy and how it affects the rest of the organization. Two stakeholders the SVdP pharmacy should have included in the development process were the IT staff person and the business manager. Upon launch, both needed to be involved with the pharmacy at random times, which took time from their other responsibilities. Including involved staff at the beginning of the development process would improve communication, encourage staff buy-in, and help them plan to prioritize their own job responsibilities. Having all staff affected by the pharmacy involved in early decision-making also would help avoid many future challenges. Part of the planning committee's responsibility can be to identify these affected staff members.

### **Software**

Efficient, quality software and systems can help keep a nonprofit pharmacy organized and efficient. In the recent *InformationWeek* article, "10 Popular Pharmacy Information Systems," Anthony Vecchione outlined recommended systems. You can find other suggestions listed on the Pharmacy Software Reviews & Tools website ([www.pharmacysoftwarereviews.com](http://www.pharmacysoftwarereviews.com)). This list reviews systems by state, pricing, and equipment needed to run each system.

Soon after the managing pharmacist for the SVdP pharmacy was hired, she researched systems and became aware of Rx30. At the time, Health Reach, a nonprofit pharmacy in Waukegan, Ill., and other pharmacies were using the system, and it was available on the market at a reasonable price. Many SOP students also were familiar with the system and had heard it was easy to use.

Since the pharmacy is heavily supported by volunteers, the system needed to be intuitive. For example, volunteers helping for three-hour shifts once a month can't afford the time to be retrained at each visit. Rx30 is simple, requires limited lead time, and is accessible and intuitive. The software's vendor, Transactions Data Systems describes it as offering "an abundance of value-added vendor interfaces to provide you a total turnkey dispensing solution" ([www.rx30.com](http://www.rx30.com)).

Of course it's critical to make sure the server will work with the software. Rx30 software works better with a server running Linux than Windows. The SVdP pharmacy had some compatibility challenges at the beginning. While these have been resolved, the SVdP committee recommends making sure to address software/system compatibility requirements during the research phase and committee conversations. It's also important to know that the software can handle multiple inventories and work with manufacturers to provide utilization reports necessary for participation. While Rx30 has worked for the Madison District Council, it's just one example, and your organization must choose what works best for its unique needs.

### **Insurance**

Since SVdP decided to include the pharmacy in its programming, it also decided to include the pharmacy under its umbrella insurance plan for liability and property-loss coverage. The pharmacist still also has individual insurance, but SVdP covers the work of the pharmacist and all work done within the pharmacy, including the work of volunteers. Insurance is a necessary part of running a pharmacy. A blanket policy could protect SVdP and the pharmacy not only for the drugs but also, for example, if someone slips down the stairs getting to the pharmacy. Recommendation: Consider business insurance for the pharmacy, and pharmacist professional liability insurance.

### **Equipment**

Proper equipment and supplies also are obvious requirements. These include, but are not limited to, “prescription labels, bottles, counting trays, spatulas, tape/dispenser, prescription pads, receipt pads, pens, pencils, highlighters, paper clips, fax, telephones, prescription balance and weights, pharmacy reference books, distilled water, water dispensing equipment, mortar and pestle, and ointment slab,” (Richardson, 2014, p. 101). For a complete list, contact your state’s board of pharmacy ([www.nabp.net](http://www.nabp.net)).

### **Purchase Arrangement for Drugs**

How does one get prescription drugs? When considering the Madison District Council’s potential budget, the planning committee wanted to try to garner donations as much as possible to cover costs. Flat out buying wholesale drugs, rather than vouchering, made financial sense for the organization. The nature of the SVdP operation as a small charitable pharmacy helped foster a good working relationship with a wholesale supplier. Then it researched patient assistance programs, replenishments programs, and Dispensary of Hope (DOH). While it hoped to receive various donations of drugs, SVdP found it made sense to purchase drugs at a fixed base cost to supplement the supply of prescriptions offered.

DOH, one of the donation initiatives SVdP applied for, is a nonprofit social venture providing sustainable access to medicine for underinsured communities. It manages a suite of sustainable, scalable programs to ensure long-term access to affordable medication. To be eligible for DOH services, a pharmacy must become an access site, described by the organization as “those groups that are licensed to dispense medications directly to patients or positioned to enroll patients. These partners include community clinics, charitable pharmacies, hospitals, project access models, and local health departments.”

While DOH has provided SVdP with plentiful prescription drugs, the DOH donated supply is not reliable in terms of drug availability at any given time. Thus, SVdP also had to consider other various suppliers. The pharmacy has submitted applications to two pharmaceutical manufacturer bulk replacement programs (Bulk). Through this program, SVdP will try to get individuals qualified so they’re eligible for three weeks of drug supply through the SVdP pharmacy. By securing bulk replenishment through the program, the pharmacy would also have bulk stock. Once the paperwork is completed on each patient, it’s sent to the pharmaceutical manufacturer. But with bulk supply, there’s no gap for patients in receiving the drugs they need.

At the beginning, SVdP looked at its vouchering results and partnered with other companies to get samples. It also based its purchasing on a \$4 list of retail prescription drugs from a national chain ([www.i.walmartimages.com/i/if/hmp/fusion/customer\\_list.pdf](http://www.i.walmartimages.com/i/if/hmp/fusion/customer_list.pdf)). This is a framework most pharmacies use because the listed drugs are primarily low-cost generic prescriptions drugs. SVdP also included some high-end items (for example, inhalers and insulin) because they're critically needed for many of the pharmacy's clients. The entire collection of prescription drugs for the pharmacy is collected through a hodgepodge of suppliers. As the current managing pharmacist said, charitable pharmacy practice is much more an art than a science.

As part of the client needs assessment for the pharmacy's inventory, it's important to know the population the pharmacy serves. Common problems among clients may indicate needs and trends, and then the pharmacy must decide what direction to go with the drug supply. Since most charitable pharmacies have a limited pot of money, the pharmacy must be strategic when making purchases to help the greatest number of people. The ultimate goal of the pharmacy: to review all prescribed medications, to simplify—and possibly reduce—the absolute quantity of a patient's prescriptions in an effort to get to the right medications for the right patient.

Like all charitable pharmacies, SVdP must work within state policies and regulations in terms of purchasing and dispensing prescriptions. Other states have actual charitable pharmacy designations and may have to pursue variances for medications to be dispensed beyond their expiration date. Each state has different policies on handling expired medications. For example:

- In Oregon, a charitable pharmacy cannot distribute a donated prescription drug that bears an expiration date less than nine months from the date the drug is donated ([http://arcweb.sos.state.or.us/pages/rules/oars\\_800/oar\\_855/855\\_044.html](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_044.html));
- In Tennessee, charitable pharmacies can't dispense drugs past their expiration date; and
- In Louisiana, expired donated prescription drugs accepted by a charitable pharmacy can't be redispensed ([www.pharmacy.la.gov/index.cfm?md=pagebuilder&tmp=home&pid=233&pnid=0&nid=58](http://www.pharmacy.la.gov/index.cfm?md=pagebuilder&tmp=home&pid=233&pnid=0&nid=58)).

### **Determination of Client Eligibility**

SVdP set a particular eligibility requirement: Patients are eligible to use the pharmacy if they're at or below 200% of the federal poverty line (FPL). Eligible clients have no other option to receive prescription drugs because they aren't served by any other assistance programs and don't have enough income to purchase needed prescription drugs on their own. The client eligibility checklist is in Appendix B, which includes the list of documents a client needs to be certified.

The client eligibility form requires this information:

- Name
- Gender
- Age
- Date of birth
- Marital status
- Home phone
- Street address and mailing address

- Ethnicity
- Family household information (for example, adult with dependent children, adult without dependent children, veteran, or homeless)
- Number of people in household, number of children age 18 and older, children younger than age 14, and children older than age 14
- Proof of income and residency

The second part, for office use only, asks:

- What is the total number of people in the household?
- What is the total monthly gross household income (all members)?
- Is household income equal to or below the limit for household size?
- Does client have all necessary documentation (ID, proof of income, proof of residency)?
- Does client have Medicare, Medicaid, VA benefits, private insurance, or Badger Care?
- Does client have Medicare Part D (ask to see Medicare card)?
- Patient assistance program certification: eligible or not eligible?
- SVdP certification: denied or six months?
- Does client have a primary care physician?

The SVdP pharmacy plans to revise this process, as needed. It plans to modify and implement an income-eligibility form used by a similar pharmacy program in Janesville, Wis. Information SVdP collects from pharmacy patients includes the same data sought from clients of the food pantry, which seeks primarily to serve an income-extension purpose. Additional information helps to confirm that the organization is helping those who truly need pharmacy services, and that the information collected will match the requirements of drug companies providing low-income patient assistance through drug donations. Going forward, SVdP understands it will be important to demonstrate to supporters that it is monitoring pharmacy clients' incomes.

When determining if clients are eligible for pharmaceutical services provided by your organization, you may find that some patients are eligible for other patient assistance programs or that they already have insurance. While some may view the eligibility questions as intrusive, overall, this process is better for patients. Some may already be paying for services or may not be using other resources they can access.

### **Culture**

While much of the research and decisions required to start a nonprofit pharmacy are standard, the culture of the SVdP pharmacy is very unique. Many attribute this to Executive Director Ralph Middlecamp, his tenure with the program (more than 20 years), and his own values, which support staff, volunteers, clients, donors, and community stakeholders. Ralph describes his own motto of teaching a man to fish. This is not a program that hands out charity, but rather everyone has ownership in the program and does their best to contribute. Ralph instills a sense of professionalism and respect for clients (for example, following HIPPA guidelines and protecting clients' confidentiality) that rings through the entire organization.

SVdP also has a strong culture of volunteerism. While the volunteer program has taken effort and thought to develop, volunteers continue to support SVdP programs year after year. The organization asks volunteers to take ownership in the program and to be dedicated, invested, and

proud of the work they do. This clearly shows on the faces of the volunteers, and transfers to pride and encouragement for clients. There's an overall environment of friendship, and volunteers represent a spirited community with a common purpose.

The values of SVdP are ingrained in the new pharmacy's processes. Clients are treated the same as at the food pantry. Even for new volunteers—students, retired pharmacists, and community members with unique skill sets—expectations remain high that everyone be treated with dignity and respect. The SVdP culture is extremely important to the success of the pharmacy and in maintaining its relationships with the community. Your organization's values and goals should be documented and incorporated into the development of your pharmacy. Whether it's a sign on the wall or a philosophy that's part of training all staff and volunteers, treating community members well should be a priority for your pharmacy.

### **Step 6 Questions to Consider**

When researching and beginning to make decisions ask these questions:

- Do you have a state license to act as a pharmacy?
- Is the managing pharmacist a certified pharmacist?
- What are the pharmacist's roles and responsibilities?
- Which organizational staff members should be included in your planning process?
- What pharmacy software would work best in your organization, based on the budget, your state, and available technology and equipment?
- What insurance does your organization currently have, and will this cover the pharmacy? If not, what insurance does your pharmacy need?
- What equipment is currently available, and what will you need to purchase?
- How will you purchase the prescription drugs?
- How will you determine which clients are eligible to use your pharmaceutical services?
- How do you define the culture of your pharmacy?
- How will this culture be incorporated into your pharmacy's processes? How will the clientele be treated based on this culture? How will you train staff and volunteers on this designated philosophy?

### **Step 7: Manage Expectations.**

Pharmacies are complex productions. They deal with business transactions and individual life struggles, but they're also highly regulated and have special needs compared with other businesses and other nonprofits. An important part of the process is managing expectations—of the staff, volunteers, donors, and patients.

An example of this was a major challenge the SVdP pharmacy faced when it first opened. Many patients thought refilling a prescription at the new pharmacy would be easy and wouldn't take much time. But to be eligible, patients must verify that they're uninsured, at or below 200% of the poverty level, and have valid prescriptions to be filled. For patients with prescriptions previously filled by another pharmacy, they must arrange for transfers. Transfer request phone calls to the previous pharmacy and the doctor often take longer than expected, especially if pharmacy hours are different, or if staff at the doctor's office can't be reached immediately by phone.

The first visit and verification can be complicated and take time. But each subsequent visit should be simpler and shorter, because the paperwork is already completed and the transfers made. Generally, prescription refills are much less complicated. This is all a part of managing expectations—making sure clients understand that just because this is a charitable pharmacy, doesn't mean they receive lower-quality service. There might be more hoops to go through at first, so patience is required—especially at the start.

In addition to managing patient expectations, pharmacy staff and volunteers must also manage partners' expectations. The partnership between SVdP and SOP required patience in dealing with different perspectives, different needs, and varying expectations. Continuous communication on pharmacy needs and progress updates helped manage all parties' expectations. This also helped alleviate stresses due to normal challenges any start-up business or pharmacy faces.

### **Step 7 Questions to Consider**

When working to manage expectations, ask these questions:

- What individuals or groups must you communicate with to manage expectations?
- How can you manage their expectations?
- How do you evaluate your progress?
- How do you communicate your progress?
- What part of the process allows you to manage the stakeholders' expectations?

### **Step 8: Evaluate and Share Your Story.**

Writing this case study has helped SVdP evaluate the pharmacy's beginnings. But it also helps to tell the story. Marketing a charitable pharmacy's progress and good works can:

- Attract and secure additional funding;
- Increase the prominence of the pharmacy as a community resource; and
- Provide an example for other communities.

SVdP Madison gained much value in developing its pharmacy by visiting the two model pharmacies described earlier under "model pharmacies." The SVdP planning committee, through discussions with the other pharmacies' managers, learned about their mistakes and their successes. These "lessons learned" helped the Madison District Council's planning committee decide what to include in its own process.

As part of telling the story, it's also important to control the message going out to the community. For example, as you convey your own pharmacy's story, be sure to clarify who is eligible for your services. You won't want to generate business that must be turned away. Also, by clearly explaining eligibility and goals, you'll avoid having to explain to the press and the general public why your organization provides prescription drugs to some populations, and you'll head off questions like, "Why should poor people get drugs for free?"

Controlling your story also helps establish accountability. It's easy to simply say that all the work the pharmacy does is wonderful. Part of the message also must be that SVdP provides this service responsibly, by also holding clients responsible. Make it clear to the community and the press that while people are receiving a quality service, the pharmacy is also being held

accountable. By sharing the story of its charitable pharmacy, an organization can inform potential funders about progress already made, educate the community about a great resource for an underserved part of the population, and spread the philosophy of SVdP. Teach a man to fish, so he too can someday contribute to serving and empowering the poor.

### Step 8 Questions to Consider

When evaluating the program and sharing the story, ask these questions:

- What successes did your organization experience during the planning and launching phases of the new pharmacy?
- What challenges did you face, and what solutions helped you meet these challenges?
- What lessons learned can you share with other communities and nonprofit pharmacies?
- What stories can you share with the community and potential funders (for example, what's the need, what have you done to help, what progress has been made)?
- How often will you communicate your story to the public?
- How often will you evaluate your program?

## Future

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This case study outlines key information about the SVdP pharmacy, including the need, participants, history, initiative development, current governance structure, and project outcomes. It also describes steps to opening a charitable pharmacy, based on lessons learned during the development of the SVdP pharmacy. Though this pharmacy is still relatively new, the planning committee already has identified future steps it plans to take. These focus areas—much like the evaluation process—will help the SVdP pharmacy grow in an efficient and effective way, while continuing to gain supportive funding and meet the community's needs.

### Role of Volunteers

One area that will continue to grow and evolve is the role of volunteers. This includes pharmacy student volunteers enrolled in the PharmD program at UW–Madison. One of the UW faculty members marketed the volunteer program to students and offered orientation sessions focused on SVdP as an organization and philosophy, as well as the community pharmacy mentality.

Students expressed many compelling reasons why they wanted to get involved, including:

- I would like to contribute to the SVdP Charitable Pharmacy by providing any assistance that will help make a difference in someone's life. Through this, I hope to gain valuable experience interacting with and assisting underinsured/uninsured patients. I also hope to obtain new experience in a community pharmacy setting.
- I'm extremely passionate about providing health-care services to those who normally would be overlooked by our current system. I would like to continue to provide my time to providing services or my knowledge of the health-care system to help our patients.

- I'm really interested in learning more about how to start and operate pharmacies like this (or free clinics). It's one of my life goals to open something similar overseas to help the poor and needy. In addition, I'd like to take part in helping my own community, and feel this will help me accomplish that.
- My goal of volunteering with the pharmacy is to expand my knowledge of community pharmacies, while helping to serve the less fortunate. I think the charitable pharmacy is a great idea and I'm excited to see everything come together. Also, I've never experienced working in a community pharmacy so I'm interested in how everything works.
- I've always had a strong desire to give back to the community. This has been left partially unfulfilled due to the rigor of school and my extracurricular activities. I'm no longer required to do community service for the PharmD program, but I'm eager to find a way to serve people in need!
- I volunteer monthly at the SVdP food pantry and have grown to appreciate those who visit the pantry and those volunteering. I'm interested in giving back to those who need extra assistance in the Madison area and I'm looking to expand my experiences in pharmacy.
- I'm interested in helping bridge communication gaps for limited English proficiency patients. I don't have much availability, but might be interested in volunteering once or twice a month for an evening. I would be happy to serve as an interpreter, and/or also to help the pharmacy connect with resources for serving limited English proficiency patients, including access to Language Line and handouts/materials in languages other than English.

While this section doesn't include all students' answers, these quotes re-emphasize the community's passion to help the underserved. They also illustrate the impact this pharmacy will have even beyond the communities it serves. The learning and experience piece incorporated for students is profound. This pharmacy is helping to shape the next generation of pharmacy leaders, which also will shape health care, in general.

Beyond student volunteers, the pharmacy plans to reach out to retired pharmacists, community leaders, and other SVdP volunteers. The pharmacy will continue to see gaps that volunteers can help fill. In addition, volunteer training, supervision, and recognition will be part of this process, as well as a training program to guide volunteers in pharmacy operations, especially if they've had no prior pharmacy experiences. Part of this training will must include the Health Insurance Portability and Accountability Act (HIPAA), and it must be shared with not only volunteers, but also students and SVdP staff right from the start.

SVdP may also decide to identify a volunteer coordinator who can solicit, identify, and coordinate volunteers. The SVdP pharmacy chose to give its managing pharmacist this responsibility, but other start-up pharmacies should consider identifying this volunteer coordinator—separate from the managing pharmacist—early on, so volunteers can be ready to come on board as soon as the pharmacy opens.

## Pharmacy Expansion

When the pharmacy is fully established, the stakeholders have additional goals: to increase the number of patients seen and assisted and the number of prescriptions filled. To accomplish these goals, the pharmacy plans to be open additional days, continue to find funding, purchase wholesale drugs, hire additional staff, increase the volunteer program (as described previously), and reach new patient populations (for example, the Dane County Latino population).

Other issues to address regarding pharmacy expansion include:

- The SVdP pharmacy will need to approach the State Pharmacy Examining Board to get a new classification (stand-alone nonprofit pharmacy classification), since this is the first of its kind in the state. The pharmacy is not a Medicaid provider, but it has access to ForwardHealth and can determine if the patients have Medicaid eligibility. Social work case managers, for example, have access to the portal website without being providers. This pharmacy could follow the same model. Once the SVdP pharmacy is certified, it could complete the intake of patients, and then the patients could use the pharmacy.
- Various clinics in the community encounter uninsured patients. How should the SVdP pharmacy screen these patients? The pharmacy can accept electronic prescriptions that have not been going to SVdP. Clinics recommend the patients to the pharmacy, but still unresolved is how the pharmacy should work within this system.
- If unable to expand the pharmacy with additional staff, the SVdP pharmacy could work from a “telepharmacy” model. With this system, a pharmacist operates the pharmacy from some remote location. This reallocates resources, reducing the cost of the pharmacist, educating and empowering additional student workers, and becoming more efficient by serving more people. The resources list at the end of this case study includes more information about this model.
- Patient assistance programs (PAP): Pharmaceutical companies run PAPs to provide free medications to people who can’t afford to buy their medicine. RxAssist offers a comprehensive database of PAPs—as well as practical tools, news, and articles so health-care professionals and patients can find the information they need ([www.rxassist.org](http://www.rxassist.org)). The SVdP pharmacy plans to continue applying for PAPs to increase the supply of pharmaceutical drugs it can supply to patients.

# Conclusion

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The process for developing the SVdP Charitable Pharmacy required a lot of time, effort, and resources. It also incorporated the passion of many wonderful, well-connected, and experienced professionals. This case study serves as a tool for other communities interested in developing a nonprofit pharmacy. While the pharmacy is still young and will have many lessons to learn, this document represents some of the planning that went into the development of this pharmacy, as well as some of the challenges.

On a personal note, I have very much enjoyed working with the wonderful people associated with this project. I've worked with many nonprofits in different roles, but there's definitely something special about the people who worked on this pharmacy. No wonder it was an immediate success in the community—from the clientele to the donors! I know that the Madison Society of St. Vincent de Paul, in collaboration with the UW-Madison School of Pharmacy, will continue to form a strong partnership around this wonderful venture.

*~Jennifer Skolaski*

# Resources

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AstraZeneca: [www.astrazeneca.com](http://www.astrazeneca.com)

Charitable Pharmacy of Central Ohio, Inc. (2012). *Summary Report*. Available at: [www.germanvillage.com/wp-content/uploads/2012/10/Summary-Report-2012-20121003.pdf](http://www.germanvillage.com/wp-content/uploads/2012/10/Summary-Report-2012-20121003.pdf)

Dispensary of Hope: [www.dispensaryofhope.org](http://www.dispensaryofhope.org)

National Association of Boards of Pharmacy: [www.nabp.net](http://www.nabp.net)

Pharmacy Software Reviews & Tools: [www.pharmacysoftwarereviews.com](http://www.pharmacysoftwarereviews.com)

PRS Pharmacy Services: [www.prsrx.com](http://www.prsrx.com)

Richardson, K. (2004, April). *The Bridge to 340B Comprehensive Pharmacy Services Solutions in Underserved Populations: Information and Tools for Decision Makers*. Available at: [www.hrsa.gov/opa/files/bridgeto340b.pdf](http://www.hrsa.gov/opa/files/bridgeto340b.pdf)

Rx30: [www.rx30.com](http://www.rx30.com)

St. Vincent de Paul Charitable Pharmacy of Cincinnati, Ohio Chapter: [www.svdpcincinnati.org/Programs\\_and\\_Services/Charitable\\_Pharmacy](http://www.svdpcincinnati.org/Programs_and_Services/Charitable_Pharmacy)

St. Vincent de Paul Madison District Council:  
[www.svdpmadison.org/description.html](http://www.svdpmadison.org/description.html)  
[www.svdpmadison.org/service.html](http://www.svdpmadison.org/service.html)

Telepharmacy Resources: [www.ndsu.edu/telepharmacy](http://www.ndsu.edu/telepharmacy)

The Henry J. Kaiser Family Foundation (2013). *State Health Facts*. Available from: [www.statehealthfacts.org](http://www.statehealthfacts.org)

U.S. Department of Health and Human Services: [www.hrsa.gov/opa](http://www.hrsa.gov/opa)

U.S. Department of Justice Drug Enforcement Administration: [www.DEAdiversion.usdoj.gov](http://www.DEAdiversion.usdoj.gov)

Vecchione, A. (2012, June). *10 Popular Pharmacy Information Systems*. InformationWeek, Available at: [www.informationweek.com/healthcare/cpoe/10-popular-pharmacy-information-systems/240001939?pgno=1](http://www.informationweek.com/healthcare/cpoe/10-popular-pharmacy-information-systems/240001939?pgno=1)

Wisconsin Prescription Drug Monitoring Program (PDMP):  
[www.dsps.wi.gov/Default.aspx?Page=cccf5c16-98f8-41c6-8906-ce29763de6c4](http://www.dsps.wi.gov/Default.aspx?Page=cccf5c16-98f8-41c6-8906-ce29763de6c4)

## Appendix A - Pharmacist Job Description



### POSITION DESCRIPTION

JOB TITLE: Pharmacy Manager

#### JOB RELATIONSHIPS

- (1) Reports to: Executive Director, Madison Council of St. Vincent de Paul Society (SVdP)
- (2) Supervises: Directly: Paid and volunteer Staff Pharmacists, Pharmacy Interns, Pharmacy Technicians, and Pharmacy Staff  
Indirectly: Pharmacy Students working under the supervision of a Pharmacy Preceptor
- (3) Other Major Relationships: Work closely with SVdP staff and with the SVdP Pharmacy Advisory Board well as cooperate with and maintain good working relationships with other organizations and outside associates to ensure that the objectives of the pharmacy and of SVdP are met.

#### JOB OBJECTIVES

- To promote the Vincentian values of providing assistance to those in need on a person-to-person basis while conscientiously maintaining the confidentiality and dignity of those who are served.
- To promote and develop a spirit of volunteerism and community engagement within the pharmacy.
- To market and promote the pharmacy and its services to the local health care community.
- To manage all aspects of the pharmacy operations to accurately fill prescriptions and provide high quality patient care through efficient use of the pharmacy staff and technology.
- To ensure compliance with all federal and state regulations applicable to pharmacy operations, including documentation requirements.
- To select, train, evaluate, develop, schedule, coordinate, and supervise pharmacy personnel.
- To control inventory by accessing available medications, ordering stock, maintaining proper levels, and leveraging resources.
- To increase pharmacy effectiveness by identifying and promoting pharmacy.
- To provide patient service by counseling patients, resolving complaints, and enhancing satisfaction.
- To provide preventative health care services such as immunizations, diabetes awareness, and others as needed.
- To maintain knowledge and skill in the field of pharmacy and seek self-development.
- To advise and respond to recommendations of the SVdP Pharmacy Advisory Board.

#### JOB RESPONSIBILITIES/TASKS

Manage pharmacy operations. Providing overall administrative leadership:

- Develop, continuously improve, and monitor operation of the pharmacy to ensure high-quality, compassionate outcomes for patients and compliance with laws and regulations, to include policies and procedures, eligibility and forms, patient service, record-keeping, and HIPPA compliance.

- Manage the workflow of the pharmacy, to include assigning roles, staffing and scheduling, coordinating activities, promoting teamwork, assigning special tasks, prioritizing and scheduling tasks, soliciting suggestions from staff, preventing backups, ensuring efficiency, and performing opening, closing, and shift change duties.
- Conduct or participate in audits (e.g., supervision, state inspector, patient assistance programs) as related to prescriptions files, inventories, legal documentation, licenses, etc.
- Adhere to government laws and regulations, policies and procedures of SVdP, ethics and codes of conduct.
- Prepare, maintain, and submit all records, reports, and other documentation as required by state and federal laws (e.g., copies of prescriptions, regulatory reports, etc.), and all documentation required to run the business (e.g., operating statements, performance indicator reports, supervision notes, deletions, transfers).
- Ensure information technology support, including maintaining working knowledge, implementing new systems, and responding to problems.
- Review and analyze patient service, financial, and inventory information, including pharmacy budgets, inventory reports, and expense reports to understand pharmacy performance and to identify trends, problems, and opportunities for improvement.
- Manage inventory by maximizing inventory investment by ordering and returning items, monitoring levels, and anticipating needs to minimize high-cost orders, expired and recalled stock, overstock and slow-moving items, and reconciling stock exceptions and partial fills, leveraging company resources, etc.
- Participate in and manage loss prevention activities, including conducting audits, checking security, verifying vendor deliveries, and implementing policies, procedures and internal controls.
- Manage the maintenance, housekeeping, and improvement of the pharmacy, including repairs, cleaning, new equipment, and changes to the layout to ensure a well-functioning, presentable, and efficient pharmacy.

Manage pharmacy staff. Working with paid and volunteer staff members:

- Train staff, including orientation, on-the-job training, cross training, answering questions, determining training needs, following up to ensure training is used, and coaching.
- Manage staff member performance, including assigning responsibilities, setting goals and expectations, observing performance, providing feedback, giving assistance, solving problems, and conducting reviews.
- Provide employee and volunteer time reporting.
- Address staff members' job performance issues by giving feedback, conducting performance reviews and documenting performance and disciplinary actions.
- Provide evaluations and other reporting as required by the School of Pharmacy and others.

Market and promote the pharmacy. In cooperation with SVdP staff:

- Represent the pharmacy at SVdP and outside organizational meetings and functions.
- Develop and maintain good relationships with medical community including physicians, nurses, and other health care providers by medical provider detailing and outreach to health groups, retirement homes, nursing homes, and other forums.
- Promote the pharmacy and services to the health care community including hospitals, physicians, physician practices, social health care agencies, health departments, etc.

- Market pharmacy services for fund-raising purposes to the Madison/Dane County, WI community and other relevant groups.

Assure quality patient care. Supervise, facilitate and/or perform, as appropriate:

- Review and verify prescriptions to include ensuring information is entered correctly, verifying medicine is correct, weighing/counting dosage units, and checking for possible interactions.
- Fill prescriptions, as necessitated by staffing and workload, by retrieving prescriptions, entering into the patient record, counting or measuring amount, putting medicine into vial, printing and affixing label, printing receipt, putting correct information in computer, taking and giving transfers, etc.
- Contact medical providers' offices to clarify prescriptions, dosages, refills, interactions and allergies, and to suggest alternative medications, and answer medical provider questions.
- Counsel patients and answer their questions on usage of medicine, side effects, interactions, contraindications, patient information privacy, generics, less expensive medicines, over-the-counter products, and refers to medical provider as needed to ensure medicine taken correctly, health needs addressed, and satisfaction with service.
- Ensure proper processing of materials required for patient access to medications available through patient assistance programs.
- Respond to special needs of patients, including helping select or use special items (e.g., blood pressure and blood glucose monitoring), contacting patients when there are delays, conducting investigations, ordering special items, knowing patient names, following up, solving problems, etc.
- Resolve patient complaints and monitor all patient service provided.
- Provide educational programs and preventive care services (e.g., immunizations, diabetes awareness).
- Perform other pharmacist tasks (e.g., drug therapy reviews, medication therapy management, prescription compounding, and brown bag reviews).

#### KNOWLEDGE, SKILLS and ABILITIES

- Knowledge of state and federal pharmacy laws and regulations for taking and dispensing prescriptions.
- Knowledge of pharmacy products, services, and operations.
- Knowledge of computer and technology systems that drive pharmacy operations.
- Knowledge of pharmacy inventory control to monitor and control inventory.
- Interpersonal relations and service skills to work with and serve a wide-range of people and patients.
- Delegation and leadership skills to motivate and guide the work of others.
- Planning and organizing skills, including multitasking and time management skills, to handle multiple tasks at once and work in a pharmacy.
- Judgment and decision making skills to make decisions on drugs, interactions, patient service, inventory, etc.
- Ability to analyze and solve problems, through gathering information, generating solutions, and evaluating outcomes.
- Verbal and written communication skills to speak, listen, read, and write effectively.
- Ability to learn, retain and apply new information.
- Ethics to behave appropriately and morally in dispensing prescriptions and in the treatment of others.
- Adaptable, motivated, and dependable to provide quality service across all situations.

#### MINIMUM QUALIFICATIONS

- Currently licensed as a Pharmacist and in good standing in the State of Wisconsin.
- Certified Immunizer or willing to become an immunizer within 90 days of hire.
- Pharmacy experience in a community or outpatient setting (min. 2 years) including prescription filling and verification, records and legal compliance, pharmacy operations, inventory control, and software and technology systems.
- Management experience (min. 3 years), preferably in a social service setting, to include supervisory experience planning, organizing, and directing the work of pharmacy staff.
- Strong organizational, interpersonal, written and oral skills.
- Able to work with people of diverse backgrounds in a faith-based setting.

#### WORK ENVIRONMENT

- Office environment that's adequately lighted, heated and ventilated.

#### PHYSICAL REQUIREMENTS

- Job duties can primarily be performed from a desk.
- Some walking, standing, bending, carrying light items up to 35 lbs. and driving an automobile will be required.

This job description only covers the primary tasks and requirements of the position and is not all encompassing.

## Appendix B - St. Vincent de Paul Charitable Pharmacy Eligibility Checklist

### DOCUMENTS NEEDED FOR CERTIFICATION (2013)

Photo ID

Proof of Dane County Residency (bill, lease, current check stub, or photo ID with current address).

#### **Verification of your income and the income of all members of your household, including:**

Two most recent paychecks or pay stubs; AND/OR

Unemployment Benefit Statement; AND/OR

Statement of Social Security, SSDI, or SSI income; AND/OR

Statement of Child Support and/or Alimony; AND/OR

Latest tax return (2012); AND/OR

Any other source of income with dollar amount received

#### **If you have no income, please bring:**

Letter from the health agency or case manager of the social service agency that referred you, on agency letterhead, stating that you have no income or health insurance (sample letter provided); AND/OR

Letter from anyone who gives you money to pay your bills stating that you have no income or health insurance

**Your total household monthly gross income must be at or below 200% FPL for participation in this program:**

HOUSEHOLD SIZE	1	2	3	4	5	EACH ADDITIONAL
MONTHLY INCOME	\$1,862	\$2,522	\$3,182	\$3,842	\$4,502	ADD \$660

**Appendix C - St. Vincent de Paul Charitable Pharmacy Instant Access Verification Form**

We will be sending the following person to the pharmacy to get their prescriptions filled.

Name (Last, First) \_\_\_\_\_ Gender: M/F  
 Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_

Frederic/MRN \_\_\_\_\_ Allergies: \_\_\_\_\_

Smoker: Y/N ETOH: Y/N

My signature confirms that I am:

- Uninsured
- Have an income level at or below 200% Federal Poverty Level(FPL) for my household size

Household Size	Annual	Monthly	Weekly
1	\$22,340	\$1862	\$430
2	\$30,260	\$2522	\$582
3	\$38,180	\$3182	\$734
4	\$46,100	\$3842	\$887
5	\$54,020	\$4502	\$1039
6	\$61,940	\$5162	\$1191
7	\$69,860	\$5822	\$1343
8	\$77,780	\$6482	\$1496

For families with more than 8 people, add \$7920 annually for each additional person.

\_\_\_\_\_  
*Signature of Patient* *Date*

**If Patient is a minor or otherwise unable to sign this Authorization, please complete the information below:**

\_\_\_\_\_  
*Signature of Personal Representative* *Relationship* *Date*



## Appendix D – Policies and Procedures

### Order Management

**Purpose:** The purpose of this guideline is to ensure that the bulk replacement program order management is followed correctly. [St. Vincent DePaul Charitable Pharmacy (SVdPCP) is a closed pharmacy and does not accept prescriptions for anyone other than patients who receive prescriptions and/or have a provider within our SVdP network] are returned properly through the Program.

**Scope:** The scope of this policy applies to the SVdPC Pharmacy and the Program inventory.

**Responsibility:** Responsibility for implementation and monitoring of this policy rests with the Managing Pharmacist and the pharmacy staff.

**Practice:**

1. SVdPCP will delineate between Program product and billable product.
2. SVdPCP will submit its orders within **60 days** of the Replenishment Period.
3. SVdPCP Utilization reports must only include dispensed product (this means product physically picked up by the patient).
  - a. SVdPCP may submit Utilization Reports in Excel via web submittal if available.

Utilization Reports

1. SVdPCP will de-identify all Utilization Reports before submitting them to the drug company.
  - a. On-site documentation must link the de-identified Patient information to patient records.
2. Each Utilization Report will include
  - a. Product Name
  - b. Product Strength
  - c. NDC#
  - d. Unique Patient ID#
  - e. Date of Birth
  - f. Gender (preferred/not required)
  - g. Rx Number
  - h. Date Dispensed
  - i. # of Tablets Dispensed
  - j. # of bottles if liquid (mL)
  - k. Number of days of therapy dispensed (i.e., 30, 60, 90 day supply)
3. Drug samples provided to an eligible patient should not be included in the utilization reports.
4. SVdPCP will submit a utilization report each month for tracking purposes even if product replenishment is not needed. If a SVdPCP has excess inventory and does not need replacement for that product, the SVdPCP will call the Program Administrator or indicate in its submission.

<b>Adverse Event Reporting and Product Quality Complaints</b>
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**Purpose:** The ADE policy is designed with the ultimate goal of minimizing the occurrence of medication errors. Monitoring occurs in a continuous, organized fashion through data trend analysis that supports staff education and ADE prevention. Representatives from the SVdPC Pharmacy are responsible for ADE review, reporting, and recommendations for improvement.

**Scope:** The Pharmacy is responsible for documenting improvements in the medication use process designed to prevent medication errors. Actions may be implemented in response to SVdPCP data or may be proactive measures taken based on the literature or other facilities' experiences.

**Practice:**

**Reporting:**

A. Medication Errors

1. Staff person who discovers the error completes the reporting process.
2. Potential errors, or near-misses, such as dispensing and transcription errors should also be reported.
3. Reporting is done by

B. Medication Interventions

1. Pharmacist documents the intervention prior to dispensing or administration.
2. Pharmacist summarizes the data for review.

C. Adverse Drug Reactions (ADR)

1. Adverse Drug reactions shall be reported or may be referred to the Pharmacy staff.
2. An on-line event reporting system report should be filed by the reporter or the pharmacist.
3. Any newly diagnosed allergy or reaction will be documented in the patient's pharmacy profile and in the patient's medical record by pharmacy staff. The pharmacist will verify this upon receipt of the on-line report.
4. Pharmacists will inquire if a medication order is received that appears to indicate treatment for an ADR.

D. Appropriate care provider will be notified if there is a clinical implication to the patient.

As part of the Performance Improvement process, Adverse Drug Reactions are reviewed and assessed for trends by the Pharmacy Advisory Board (PAB). When applicable, the PAB will make recommendations to the staff based on the determination of predictability and/or standard of care compliance. Reporting is allowable without patient authorization under HIPAA Privacy Standards. ADRs reported to the FDA via the Med Watch program include: unexpected reactions, reactions to new medications, etc.

**Confidentiality**

The purpose of the Adverse Drug Event program is to promote a just culture and proactive effort that supports SVdPCP staff in the documentation and prevention of medication errors. To this end, the strictest confidentiality is maintained regarding patients, and the SVdPCP employees and network providers.

Finally, SVdPCP will forward all serious and non-serious adverse events and product quality complaints for Program product within 24 hours to the drug company's Information Center. All information regarding the event or complaint must be provided to the Program Administrator. Maintenance and retention of documents according to respective SVdPCP policies and procedures, as required by Applicable Law and this contract is required. In addition to providing the above notification to the drug company, SVdPCP must also comply with any other Adverse Event reporting requirements external to the drug company.

<b>Product Distribution to Patients</b>
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- Purpose:** The purpose of this guideline is to ensure that program products are distributed to patients in an appropriate manner. [St. Vincent DePaul Charitable Pharmacy (SVdPCP) is a closed pharmacy and does not accept prescriptions for anyone other than patients who receive prescriptions and/or have a provider within our SVdP network] are returned properly through the Program.
- Scope:** The scope of this policy applies to the SVdPC Pharmacy and the Program inventory.
- Responsibility:** Responsibility for implementation and monitoring of this policy rests with the Managing Pharmacist and the pharmacy staff.
- Practice:** In the event SVdPCP ships Program Product to a Patient (as opposed to Patient pick up):
1. Program Product may only ship to Patients located in the state(s) in which the SVdPCP is licensed to operate.
  2. Program Product should be shipped only to the Patient whose name appears on the prescription and only after the Patient eligibility has been confirmed.
  3. Regardless of method of distribution of Program Product to Patients (pick up or mail). SVdPCP agrees to comply with all State requirements for Outpatient Licensed Pharmacies and Outpatient Licensed Dispensaries.
    - a. If SVdPCP that use distribution sites need to document the distribution process in an SOP.
  4. SVdPCP will document calls from the Patient regarding shipment status of a Program product. Adverse Event and Product Quality Compliant collection must be handled in accordance with subsequent Policies.
  5. Returns from Patients must be documented, including the reason for return.

<b>Product Receipt, Handling Product Distribution</b>
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- Purpose:** The purpose of this guideline is to formulate a procedure to document damaged Program Products upon receiving a shipment from. [St. Vincent DePaul Charitable Pharmacy (SVdPCP) is a closed pharmacy and does not accept prescriptions for anyone other than patients who receive prescriptions and/or have a provider within our SVdP network] are returned properly through the Program.
- Scope:** The scope of this policy applies to the SVdPC Pharmacy and the Program inventory.
- Responsibility:** Responsibility for implementation and monitoring of this policy rests with the Managing Pharmacist and the pharmacy staff.
- Practice:**

### Product Receipt & Handling

1. Upon receipt of requested Program Products, SVdPCP will complete the confirmation and fax it to the Program Administrator.
  - a. Until such order confirmation is received, no further Program Product shipment will occur, regardless of the subsequent Utilization Reports submitted. In addition, continuous failure to provide confirmation within a timely manner may result in Program Product forfeiture or termination from the Program.
2. Once Program Product is received and a receipt confirmation has been sent to the Program Administrator, it is the SVdPCP's responsibility to ensure Program Product is properly handled during storage and transfer. If the Program Product was damaged after its arrival at the facility, it is the responsibility of the SVdPCP to replace the damaged Program Product.
3. SVdPCP will to notify the Program if Program Product is damaged or Program Product integrity is in question while in the Facility's possession.
  - a. SVdPCP will segregate the damaged portion of the shipment from active stock and provide an explanation for the damaged Program Product.
  - b. If SVdPCP is responsible for the destruction of the Program Product, SVdP will notify the Program Administrator.
  - c. If Program product is lost or stolen while in a SVdPCP's possession, SVdPCP will notify the program administrator immediately.
    - i. SVdPCP will be required to provide written details of the event.
4. SVdPCP will retain the packing slips provided with the shipment and copies of faxed confirmations.

<b>Security</b>
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**Purpose:** To insure that all areas of the pharmacy are locked to prevent unauthorized access of any person(s).

**Policy:** The physical premises of the SVdPC Pharmacy have a centrally monitored alarm system.

**Procedure:**

1. All doors to the pharmacy will remain locked around the clock seven days a week. The pharmacy can only be accessed by authorized staff using a code that is entered into a keypad and with a key.
2. All doors to the pharmacy will remain locked during normal business hours.
3. If access is needed after hours, no one, even authorized non-pharmacist staff, shall enter the Pharmacy without documenting the date/time and reason for the entry in the afterhour's log (page 2) maintained on the premises.
4. All personnel of the pharmacy, while on duty, are responsible for the security of the pharmacy and shall provide adequate safeguards against the theft or diversion of all equipment, computers and medications.