

# THE ULTIMATE GUIDE TO PHARMACY DATA CONVERSIONS

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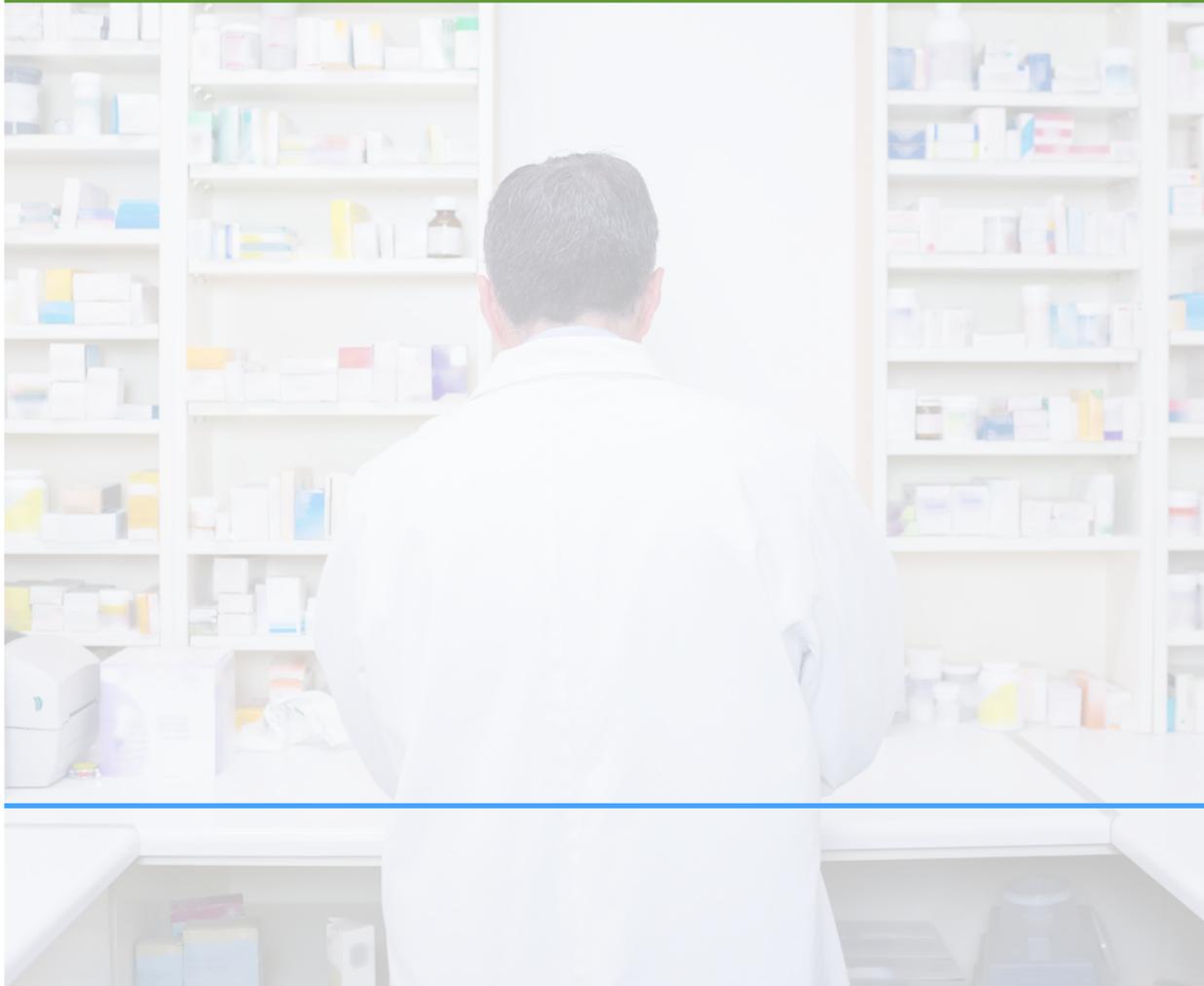
Explore best practices and valuable insights for pharmacy leaders and software providers

# EVERY PHARMACY IS UNIQUE, AS IS EVERY DATA CONVERSION

Migrating data from one pharmacy management software platform to another is rarely a linear path. Every system has its own variables, making one-to-one matches nearly impossible. However, that doesn't mean data conversions have to be complicated.

To mitigate the challenges that can occur when data fields don't match, you should follow a set of best practices. Even though software systems are different, these best practices are universal.

As a pharmacy data conversion leader, we've navigated the many trials and tribulations that go along with these migrations. We're sharing what we've learned and what you need to know.

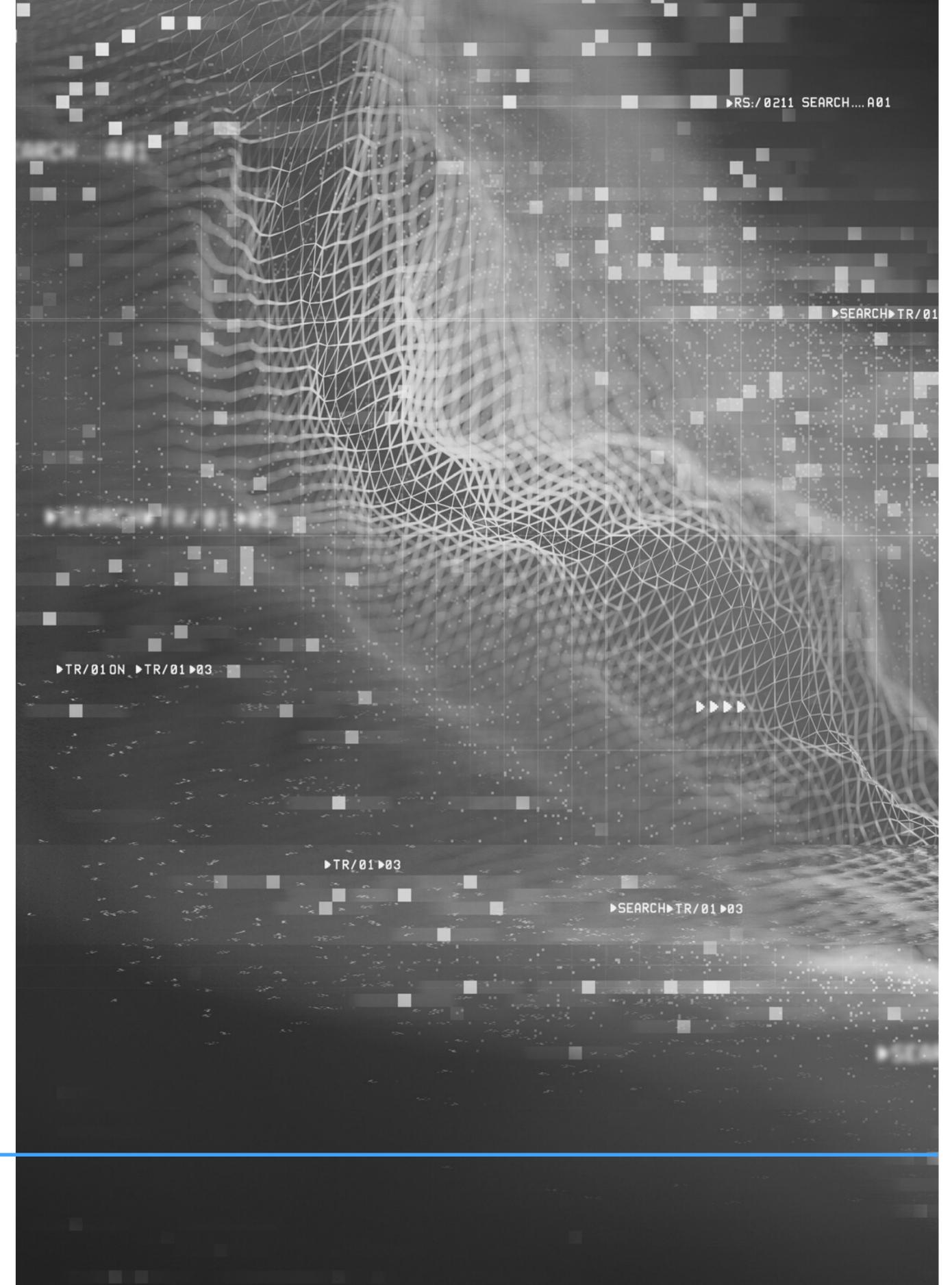


# DATA ELEMENT DECISIONS

There are numerous fields to convert regarding your patients. Some of these are consistent across platforms. But that's not always the case. There are some key areas to consider when converting.

These data elements can be tricky and need special attention and include patient allergies, accounts receivable information, and adjudicated claims. Further there are other fields to watch, such as prescription pricing, fields used differently than their purpose, and special considerations for LTC and specialty pharmacies.

Data element decisions are also impacted by whether or not a purge or clean-up transpires. There are best practices associated with this, as well.



# PATIENT ALLERGY CONVERSIONS

Ensuring that a patient's drug allergies convert to your new platform is critical. Currently, bad drug reactions impact about **10% of the world's population**. Having allergies current in their records is paramount to reducing the risk of any adverse reactions to patients.

In data conversions, these fields can be tricky because the allergies codes may not match completely. There are two ways to approach this:

- Convert allergy information to a patient memo field. With this method, allergies are copied into the patient notes in text format. Pharmacy staff would then be able to view these notes and link them in the new software system. This is risky due to human error probability.
- Migrate allergies based on exact text matches. This reduces the need for manual entry but poses concerns about allergies that don't have exact matches. Should a pharmacy choose to convert in this manner, documentation is necessary to detail how allergy conversions will work. Final verification of all allergies will still need to occur.

When it comes to converting allergy fields, pharmacies need to flag this data element. They should ask their data conversion partner and software provider pre-conversion to hammer out a plan for a seamless transition.

## Medical Conditions Need Verification, Too

Along with patient allergies, the conversion of patient medical conditions can also have these same problems. Pharmacies should note this data element as a concern, as well.

# ACCOUNTS RECEIVABLE CONVERSIONS



Converting AR accounts is a common practice that would appear to be rather straightforward. That's not always the case.

First, it's important to note that AR conversions is a balance only conversion and does not convert AR transactions, such as charge tickets. The conversion process is limited to balances. The gray area of this type of data conversion relates to a software platform's specifications. Some systems require a patient exist in the database to add an account; others do not. Because of these different configurations, duplication of patients can occur in a conversion.

Another potential issue concerns converting balances correctly. Some software platforms include finance charges and monthly maintenance fees in the current balance calculation. Other software applications maintain these fees separately. Taxes can also be a problem, especially when patients charge other things on their account besides medication. A third challenge can occur if a pharmacy has not run their end of period billing before the final data pull, which can cause figures to be off.

Variances in the type of charges and where they are stored can result in balances converted inaccurately. For this reason, some pharmacies may choose to transfer these amounts manually. If a pharmacy does decide to use the conversion process, then it should consider some kind of validation method.

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# CONVERTING ADJUDICATED CLAIM INFORMATION

There are other concerns with billing data conversions related to third parties. The expectation is that the entire billing history will migrate, but the reality is that the billing status is simply a snapshot of the billing status of a prescription fill at the time of the conversion.

Pharmacies need to consult with their experts to ensure a seamless and accurate carryover.

## Key Takeaway

Do pharmacies manually convert balances or use the conversion process most often? Based on our experience, which includes over 27,000 healthcare data projects, pharmacies with under 200 accounts, may use the manual process. In contrast, larger ones choose to allow for electronic conversion. We recommend as little manual entry as possible.



# 340B CONVERSIONS

A large, stylized 'Rx' symbol, commonly used to denote a prescription.A black pen is positioned horizontally above a dotted line. To the left of the dotted line, the text 'Patient name' is printed, followed by the dotted line itself, indicating a space for writing a name.

Patient name .....

340B is a government program that provides medications free of charge to those qualified. It requires pharmaceutical manufacturers to participate in Medicaid to sell outpatient drugs at lower prices. Healthcare organizations typically use it to serve uninsured or low-income patients.

The process begins with a prescription written by a 340B authorized physician, dispensed to a qualified 340B patient. The prescription must be attributed to the 340B inventory supplied by the pharmacy. You don't pay for the inventory but must track it. The pharmacy receives a fee for each prescription the dispense under the program.

It's a separate inventory database. For this reason, it makes data conversions of this information tricky. To make it less so, data conversion providers need to discuss with pharmacies where this information rests in their current system and where it will reside in the new system. A migration plan should be defined to ensure the information is accurate and in compliance.

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## OTHER DATA FIELDS SUBJECT TO MATCHING CHALLENGES

Every software platform is different, and often this results in a mismatch of fields. Other examples include:

- Insurance or payer fields may not have a one-to-one correlation, often when a patient has primary and secondary insurance
  - Special characters can also be a problem. (i.e., hyphenated names)
  - ICD-10 codes
  - Custom fields/nonstandard users
  - Languages
  - Med sync
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# DATA PURGING: A BEST PRACTICE PRIOR TO CONVERSIONS

Most pharmacies have unlinked data floating around not attached to a prescription. This could include data associated with patients or prescribers that are no longer active. If it's not linked to a prescription, it has nowhere to live. Doing a pre-conversion purge of any patient, doctor, drug, or plan is recommended for a smoother transition.

Getting rid of stale data allow for a cleaner conversion and a fresh start. By doing this, pharmacies will only be converting active records, keeping old or inaccurate data from becoming an issue in the new software.



## How Much Historical Data Should You Convert?

While old records don't have to convert to the new system, pharmacies must keep patient records for a minimum of 10 years. These medical record retention requirements leave pharmacies with a quandary—do they convert all files? Keep the old system accessible in case of an audit? Converting that much data to a new system could cause delays and may be costly. The goal is for this data to be accessible.

A best practice in the industry is to convert 18 to 24 months of data then archive the rest. Choose an archiving system that offers features that make it easy to find old documents in the case of an audit or patient question. A web-based tool that is secure and is quickly searchable is a great way to reduce costs yet still have readily accessible historical data.

# DATA ELEMENTS TO WATCH

Additional data elements can be challenging because of the different ways a software platforms handle them. There are two specific areas of note: prescription pricing and the use of fields not aligned with their original use.

## PRESCRIPTION PRICING

Most conversions include both the retail price and copay of a specific prescription. Some will also convert the plan paid amount. Software platforms handle pricing differently.

For example, some platforms allow for a manual override after an insurance claim is submitted; others maintain dispensing fees separately. Another concern is that some states require a tax on prescription medications.

With all these variables, it's critical to go over how the target system will handle pricing and what the differences are. It's also advised that before conversion, pharmacies export an IRS statement report.

## FIELDS NOT ALIGNED WITH INTENDED USE

It's not uncommon for some pharmacies to use fields differently than they were intended. For example, using a driver's license field for an email address. Or placing a prescription on hold by zeroing out the dispense quantity amount instead of using the HOLD status. Another example is using part of an address field to designate a patient is in an LTC facility.

This misalignment could be troublesome if not addressed early. Your conversion partner should be able to custom program to convert these fields. The only caveat is that the fields being repurposed must be consistent. If your driver's license field has emails in 50% of your patients, and license numbers for the other, then it's typically not possible to convert without manual work.

# LTC AND SPECIALTY PHARMACY CONVERSIONS CONSIDERATIONS

## LTC

Most pharmacy software platforms handle LTC or nursing homes differently. Most of these systems are not built specifically for LTC usage. In addition, the pharmacy itself may use the software in a nonstandard way when working with LTCs. Nursing homes can actually dictate how they want prescriptions, labels, MARs, and other elements.

All these nuances cause challenges in a conversion, so it's imperative to work with your conversion team and new software provider to address any irregularities at the start of a project. This way, if custom programming is necessary, it's known at the project kickoff.

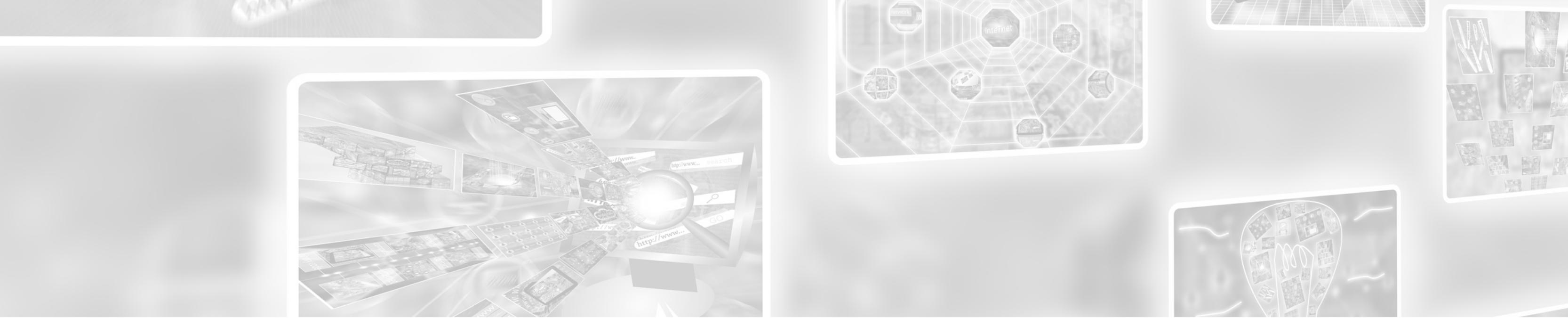
LTC pharmacies may still face some areas that will require manual entry of fields. You should be prepared to have extra staff on hand to resolve any possible inaccuracies.

## Specialty Pharmacy

What makes specialty pharmacy unique is the requirements around compounding conversions. Retail pharmacies may perform simple compounds, which are within the parameters of a typical conversion. Those that create complex compounds and IV solutions need those conversions and more.

These pharmacies expect compound details, such as specific formulas, mixing instructions, storage protocols, etc.). These data conversions aren't impossible. It does require some custom programming from your data conversion provider.





## A BETTER ALTERNATIVE TO IMAGE CONVERSIONS

If a pharmacy desires to convert its images from one software to another, this seems simple in theory. But the straight conversion of images is very rigid. Pharmacies are subject to the requirements of the new software, which may not always be optimal.

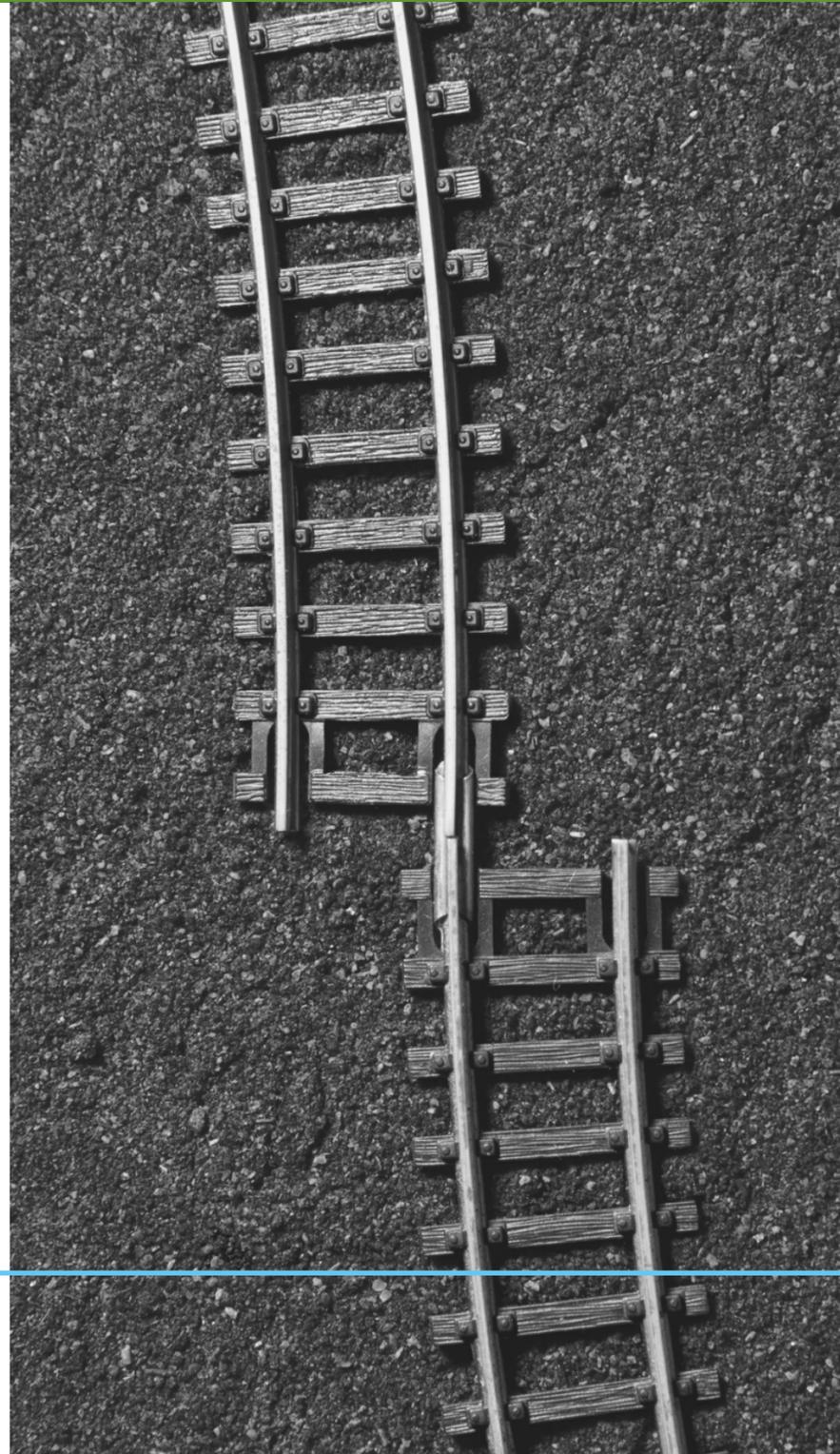
Pharmacies can gain much more flexibility by archiving images in a secure portal. In such a portal, pharmacies can use a transaction viewing tool that allows for archiving of images. These images can be quickly discovered with a search.

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# WHAT CAN GO WRONG IN A PHARMACY DATA CONVERSION?

We've learned a lot in our over two decades of converting pharmacy data. We've navigated through many hurdles and hoops, finding these to be the most common derailments.

1. Underestimating the timeline. Work with your data conversion partner and software vendor to accurately estimate the timeline, to hit your Go-Live date.
2. Migrating your "junk" data. A good purge of any data that is stale is a best practice.
3. Poor validation testing. Validation ensures that your views return results, not errors.
4. Incomplete requirements. Many times, data conversion requirements begin with assumptions, not facts. Data structure disparity can cause problems. Plan for this.
5. Miscommunications can cause chaos. Having an open dialogue with your conversion partner and software provider is imperative for a painless process.



6. Cross-object dependencies can pop up and complicate the conversion. New sources of data should be accounted for at the beginning of your project.
7. Improperly entered fields. If you are not entering the right format of data into a field (e.g., dates, addresses), this could cause challenges.
8. Insufficient expertise on how different pharmacy management software systems are structured can cause headaches. For this reason, you'll want to work with a conversion partner with industry-specific experience.



## MANUAL DATA CONVERSIONS ARE RISKY

Manual data conversions were once the norm. Over two decades ago, our founders literally wrote the script to enable programmatic conversions. Yet, some data conversion providers still push data entry. It's a risky process. Here's why.

- It's expensive and time intensive.
  - Human error is a given.
  - Compliance and legal concerns.
  - There's no QA or data cleansing process.
  - Data entry clerks aren't familiar with pharmacy software platforms.
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# THE MOST IMPORTANT QUESTIONS TO ASK YOUR DATA CONVERSION PARTNER

Before you select a data conversion partner, ask these questions.

- How many pharmacy data conversions have you completed?
- Are you familiar with my source and target systems?
- Where is the data stored during conversion?
- How do you maintain HIPAA compliance?
- Is the data encrypted? If so, how?
- Is the data backed up? If so, where?
- Can you format unstructured data?
- What fields may cause challenges during the conversion?
- If special programming is required, do you have the capabilities?
- Do you offer options for archiving data?
- Are there any additional fees that could come up?
- Will I have a dedicated point of contact during the project?
- What are your QA protocols?

# NEED HELP WITH DATA CONVERSIONS?

With a keen awareness of the best practices for pharmacy data conversions, you can be better prepared for the process. Understanding any potential challenges upfront can help alleviate any possible pain points.

For optimal accuracy and quality, find a data conversion partner with in-depth, thorough knowledge of the industry. When you work with us, that's exactly the kind of expertise you'll receive. Get in touch today to learn more about a better way to manage your pharmacy data conversion.

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