Tracking 340B Clinic-Administered Drugs: An Idaho Health Center’s Experience with Adopting a Bar Code Scanning System

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

When managing multiple sites and many CADs (80+), the paper method of tracking can become cumbersome. Family Medical Residency of Idaho had this issue and their pharmacy director sought out alternative tracking methods that would allow easier auditing of their 340B CAD inventory. The company she chose was SRX (Trinet). The software was initially designed for tracking vaccine purchases/dispensations and they were able to adjust it to also track CADs.

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

Initial inventories (quantity, Lot # and Expiration #) were entered into the software and through a bar code scanning system, and the individual CADs utilized during a patient visit are automatically uploaded into the EMR. The health center currently uses Centricity but will be transitioning to EPIC, and the software will be able to interface with their new EMR as well. The EMR interfaces with the SRX software so the pharmacy can run reports for auditing purposes and add new inventory from SRX. When the medication is scanned into the EMR, most fields are automatically populated, and they also have a “waste” field so that if an entire syringe is not used the remaining portion can be documented. If a temperature sensitive medication was left out too long or the patient no longer wanted it, the medication would be documented manually in the SRX software and accounted for during auditing.

The software scans 2D bar codes. If the product does not already have this type of bar code one is printed to identify the medication. The printed 2D bar code are then be attached to the medication for future scanning. See examples below.
The SRX software provides a reconciliation report that the pharmacy staff use to conduct monthly audits on 20-30 medications at their large clinic sites. They audit their smaller clinics every other month and use a smaller sample size since those sites utilize fewer CADs. They also pull a few patients and do a full reconciliation as well. Following each audit, they adjust the inventory and document any variances.

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

The cost for the SRX software annual license is based on the number of provider FTEs. Family Medicine Residency of Idaho (FMRI) spends around $35,000 a year for their software license, but other health centers would need to contact SRX directly for a quote based on their size. In addition, they paid approximately $350 to purchase each scanner. Because of the price tag, this type of system may only be justified for organization with multiple sites and a high volume of CADs. However, FMRI also uses the SRX system to track and manage their Vaccine program (VFC, Public Health and Private Stock), and they have the option to start scanning other items, so they are getting more than just CAD management from their investment.

NOTE: Some EMRs have a CAD/Vaccine tracking system built into the architecture. The drawback is that the ability to run site specific reports for auditing purposes is not always available. If your EMR can provide site specific reporting on CADs scanned into the patient chart, the investment into software, like SRX, would not be necessary.

I would like to thank Sabrina Allen, PharmD, Sr. Director of Pharmacy Services at Family Medicine Residency of Idaho, for her insights on the SRX software and how it could be utilized for tracking CADs.