



**BAPTIST HEALTH**  
MADISONVILLE

# Implementation of Barcode Scanning to Improve Accuracy of 340B Utilization Documentation

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## Background

The 340B Drug Pricing Program was established in 1992 to allocate Federal resources to organizations serving vulnerable or uninsured patient populations. A key feature of this program is reduced medication costs. In order to see the full benefit of the program and maintain compliance, organizations must accurately document and report 340B utilization.

Baptist Health Madisonville strives to integrate new methods of tracking utilization within hospital operations. Additionally, the organization is working to implement barcode scanning upon medication administration in all patient care areas. Anesthesia currently utilizes one-step medication administration processes. One-step medication orders are not verified by pharmacists prior to administration, and medications that are administered are not barcode scanned. Without barcode scanning in these areas, the National Drug Codes (NDCs) documented for 340B utilization may not match the NDCs of medications being administered. This results in a decrease in 340B accumulation, hampering the ability of the facility to capture the full benefit of the 340B program. Initiation of barcode scanning would significantly improve accuracy of 340B accumulation reporting, thus maximizing the cost savings benefit associated with the program.

## Objectives

- ❖ Portray the significance of accurate utilization documentation for the 340B Drug Pricing Program
- ❖ Explore how barcode scanning upon medication administration can increase 340B documentation accuracy
- ❖ Determine the cost savings associated with barcode scanning implementation in all patient care areas

## Methods

A review was conducted to estimate the potential cost savings from the utilization of barcode scanning in procedural areas. Pharmacists across Baptist Health synchronized orderable medication lists for areas currently utilizing one-step medication administration functionality. This list was populated from their central pharmacy medication preference list based on local medication formularies. This process was conducted twice, once in December and again in February. EHR analysts are in the process of editing each facility's preference list and orderable medication lists to reflect these changes. Upon finalization of these lists, barcode scanning will be implemented in these areas, increasing 340B effectiveness for Baptist Health System.

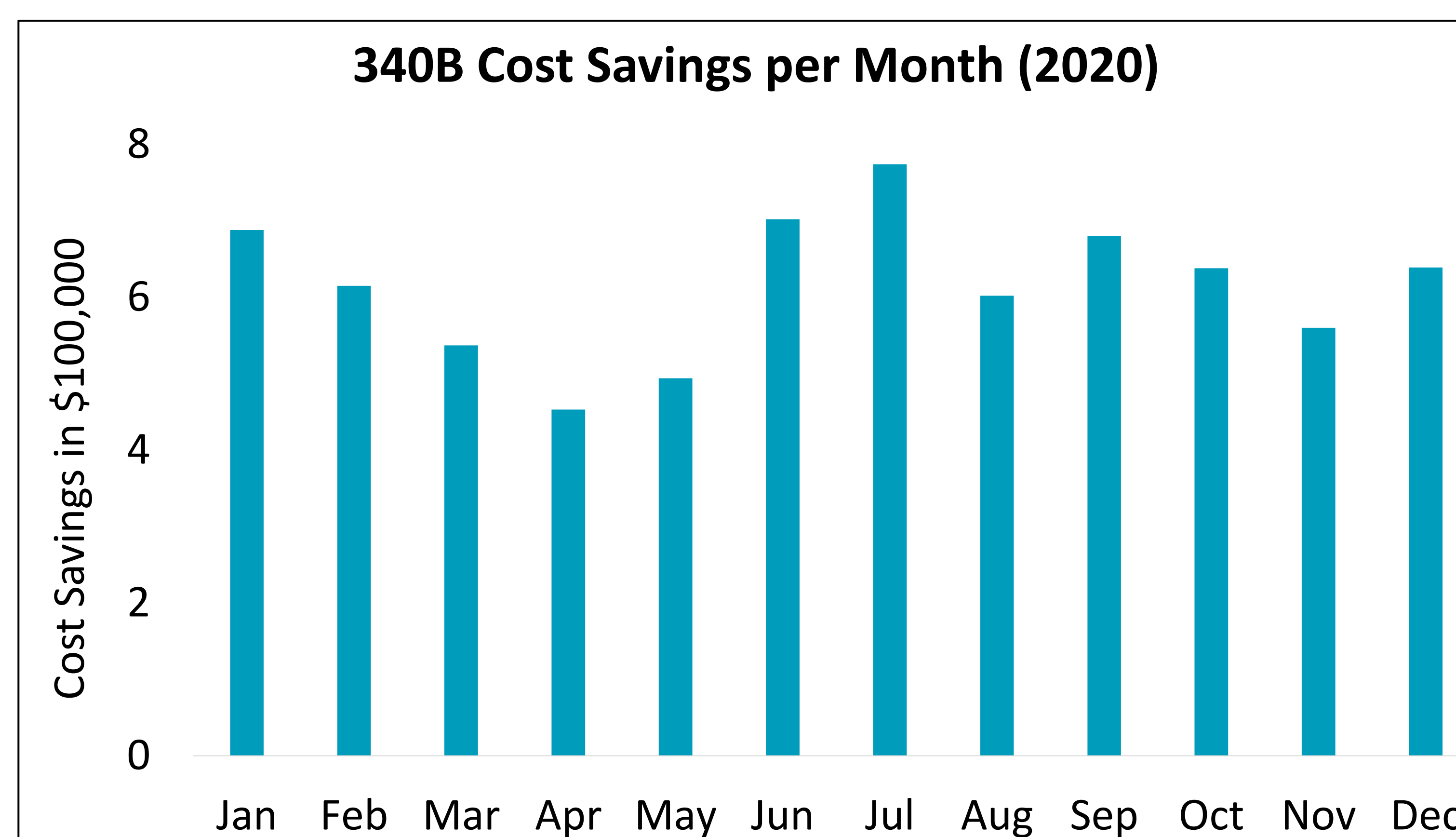
## Results

Due to COVID-19, system-wide IT staff members were unable to dedicate attention to the anesthesia one-step medication project as originally intended. This led to a delay in the implementation of barcode scanning in surgery and anesthesia areas. The projected implementation date was pushed from February to August, therefore final results are not available at this time.

The chart below shows the five preference lists that were analyzed. A total of 170 changes were implemented after review of each list.

One-Step Medication Administration Location	Number of Medications on Preference List	Number of Changes Made to Preference List
Anesthesia	247	65
Cardiac Catheterization	72	15
Emergency Room	75	24
Surgery	304	58
Radiology	22	8
<b>Total</b>	<b>488</b>	<b>170</b>

The graph below represents Baptist Health Madisonville's savings from 2020 from utilization of the 340B Drug Pricing Program. The total savings for 2020 equates to \$7,385,256.



## Conclusions

The purpose of the 340B Drug Pricing Program is to maximize the utilization of federal resources to reach eligible patients. Resources provided by the 340B program are vital to patients in rural communities in order to better serve this patient population. It is crucial that covered entities strive to accurately portray their 340B medication utilization in order to continue to be covered by the program and receive medications at discounted prices.

If organizations are not diligent about updating medication lists as new NDCs are introduced to the pharmacy, then old NDCs that are no longer used will accumulate. If incorrect NDCs that are no longer purchased are accumulated, the organization will not be able to use those accumulations to purchase medications utilizing the 340B pricing. Instead, the organization will be forced to buy a non-accumulated NDC at the wholesale acquisition cost (WAC), which is much more expensive. If organizations strive to continually update their medication lists with current NDCs, this can be avoided and the maximum benefit of the 340B Drug Pricing Program can be utilized by the entity.

Anticipated benefits of barcode scanning implementation:

- ❖ Ensure only currently stocked NDCs are documented for 340B utilization
- ❖ Increased patient safety ensuring patients are receiving appropriate medications
- ❖ Increased monetary savings system-wide
- ❖ Eliminate the need for pharmacists to continually update medication preference lists

## References

1. Matney, B. (2020, November 18). 340B program success depends on the quality of self-auditing.
2. Rosenthal, M. (2018, January 31). 340B Program: Important, but Weaknesses Cited.

## Disclosures

Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation:

- ❖ Kirsten Leibfried: Nothing to disclose
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