Module 6

Pharmacy Based Respiratory Therapy Services

Scott K. Stolte, Pharm.D.

Pre-Assessment Exercise
Question #1

Which of the following is NOT a role for the pharmacist recommended by NAEPP?

a. Educate patients about the role of each medication
b. Instruct patient on proper technique for use of inhalers
c. Monitor medication use and refill intervals
d. Encourage patients to purchase OTC inhalers for as needed use

Question #2

Which of the following is NOT a consideration when considering developing a respiratory care program?

a. Store demographics
b. Physician climate
c. Reimbursement
d. Regulatory requirements
Question #3

Which of the following is NOT a service that pharmacists can offer patients with respiratory disease?

a. Asthma management  
b. Spirometry testing  
c. Smoking cessation  
d. Immunizations

Question #4

Which of the following sections of a SOAP note contains information from the patient about symptoms?

a. Subjective  
b. Objective  
c. Assessment  
d. Plan
Question #5

Which of the following is a true statement about medication therapy management (MTM) under Medicare Part D?

a. Pharmacists must use physician based CPT codes.
b. All patients covered by Medicare are eligible for MTM
c. The CPT codes for pharmacy based MTM are currently temporary
d. Reimbursement rates are set by CMS

Choose your option below.
Next Topic: Goals For Starting a Pharmacy Respiratory Niche
Module 6

Pharmacy Based
Respiratory Therapy Services

Scott K. Stolte, Pharm.D.

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Next Topic: Goals For Starting a Pharmacy Respiratory Niche
Goals For Starting a Pharmacy
Respiratory Niche

Building the Case for Pharmacist Involvement

- Under treatment and inappropriate treatment contribute to asthma morbidity and mortality
- Drug therapy is critical
- Preventing acute episodes saves money
Failure of asthma management represents a failure of effective medical care delivery

Considerations in Establishing a Respiratory Care Service

- Goals
- Store demographics
- Physician climate
- Reimbursement
- Advertising and promotion
- In-store logistics
Considerations in Establishing a Respiratory Care Service

• Goal
  – You have to have a clear idea of what the goal is
    • Before you can achieve it
    • To determine how to prepare yourself to achieve it
    • To be able to market the service and get paid for providing

Goals and Clinical Objectives Recommended by National Asthma Education and Prevention Program (NAEPP)

• Educate patients about medications
• Instruct patients on proper use of inhalers
• Monitor medication use and refills
• Encourage patients using OTC products to seek medical care
• Help patients use peak flow meters
• Help with discharge education
Role for Pharmacists

- Educate patients about medications
- When and how to take medications
- How much to take
- How to evaluate response
- When to seek medical care
- What to do if expected outcomes are not achieved or adverse drug reactions (ADRs) occur

Role for Pharmacists

- Instruct patients on proper use of inhalers
- “Show and tell” periodically
- Encourage use of holding chambers
Role for Pharmacists

- Monitor medication use and refills
- Inhaled β2 agonists
  - Overuse is sign of poor control
  - First eliminate possibility of poor technique
- Anti-inflammatory therapy
  - Ensure patients use chronically

Role for Pharmacists

- Encourage patients using OTC inhalers to seek medical care
Role for Pharmacists

- Help patients use peak flow meters

Role for Pharmacists

- Help with discharge education
Asheville Project: Asthma

- **Program:**
  - 12 pharmacy locations in Asheville, N.C.; 207 patients with asthma covered by two self-insured health plans over 5 years; professional educator at Mission Hospitals; 18 certificate-trained community and hospital pharmacists

- **Results:**
  - Significant improvement in FEV1, severity classification, # of patients with action plan
  - Reduced ER visits (9.9% vs 1.3%), hospitalizations (4.0% vs 1.9%), direct costs, and indirect costs


**Services To Provide For Patients with Asthma or COPD**

- Asthma management
- COPD management
- Smoking cessation
- Immunizations
- Nebulizer rental/sales and teaching
Shenandoah University
Asthma Management

Program Objectives

• Prevent acute and recurrent asthma exacerbations
• Prevent chronic and troublesome symptoms of asthma
• Maintain normal activities
• Enhance understanding of asthma by patients, their families and caregivers
Program Objectives

- Optimize pulmonary function
- Prevent adverse effects from asthma medications
- Reduce asthma-related health care costs by improving patient outcomes
- Improve patient’s quality of life

Program Content

- Four acute care modules
- One maintenance module
- Each module designed to be delivered over 15-30 minutes once weekly or every other week
- Outcomes assessed
  - Quality of life
  - Peak flow meter results
  - Asthma symptoms
Module 1

- Introduction to Asthma Management
  - Developing a partnership in asthma management
  - Basic information about asthma
  - Home peak flow monitoring
    - Use of peak flow meter
    - Peak flow zone system
  - Peak flow and asthma symptom diary

Module 2

- Asthma resources
- Asthma medications
- Administering asthma medications
Module 3

• Asthma triggers
  – Importance
  – Identification
  – Avoidance

• Developing an asthma management plan
  – Physician / pharmacist relationship
  – Steps to control asthma episodes

Module 4

• Special circumstances in asthma management
  – Exercise induced asthma
  – Talking to others about asthma
  – Deciding to go to school or work
  – Asthma and pregnancy
Maintenance Module

- Review of information based on patient need

Choose your option below.
Next Topic: Store Demographics and Climate
Considerations in Establishing a Respiratory Care Service

- Goals of the service
- Store demographics
- Physician climate
- Reimbursement
- Advertising and promotion
- In-store logistics
Store Demographics

- Pediatrics and adults
- Drug therapy for asthma and COPD

Considerations in Establishing a Respiratory Care Service

- Goals of the service
- Store demographics
- Physician climate
- Reimbursement
- Advertising and promotion
- In-store logistics
Physician Climate

• Identify opinion leaders
• Identify competition

Choose your option below.
Next Topic: Payment and Billing
Payment and Billing

Considerations in Establishing a Respiratory Care Service

- Goals of the service
- Store demographics
- Physician climate
- Reimbursement
- Advertising and promotion
- In-store logistics
Reimbursement

- Patient self-pay
- Contractual arrangements
  - Sources: MCOs, Employers, PBMs, Physicians
- Billing third party payers
- Medication Therapy Management (MTM)
  Medicare Part D

Medication Therapy Management (MTM)

- Under Medicare Part D some respiratory patients may qualify
- Inclusion criteria
  - Multiple chronic diseases
  - Multiple Part D medications
  - Anticipated Part D medication cost > $4,000 for calendar year
Establish a Fee Schedule

• Determine cost of doing business
  – Time
  – Overhead

Standardize Your Fees

• Must charge all patients the same price for the same service
Submitting A Claim
Provider Number

• For service provision – not product provision
• May still be used by some third party payers until national provider identifier (NPI) system is fully implemented

Submitting A Claim
Claims Forms

• CMS 1500
  – The standard recognized health care billing form
Submitting A Claim
Statement of Medical Necessity

• May be necessary to be reimbursed
• Physician referral form
• NPI and ICD-10 code

Submitting A Claim
Cover Letter

• Request payment for professional services
• Explain services rendered
• Outline contents of packet
Information Needed to Complete CMS 1500

• Patient’s medical insurance information
• ICD-10 code(s)
• CPT code
• NPI

ICD-10 Codes

• International Classification of Disease
• Codes based on disease, injuries, and patient encounter
• Physician diagnosis code
• Document source
ICD-10 Codes

- The pharmacist is NOT making the diagnosis
- Merely “passing along” the diagnosis of referring physician

CPT Codes

- Current Procedural Terminology
- Describes medical services and procedures
- Reimbursement rates are based on these codes and relative value units
- Six criteria determine code selected
- Must have supporting documentation of services provided
**Pharmacist CPT Codes for MTM**

- 0115 – first time encounter up to 15 minutes
- 0116 – subsequent encounter up to 15 minutes
- +0117 – for additional 15 minute increments for either of the other two codes

**Medication Therapy Management Service Codes**

- Describe a face-to-face patient assessment and intervention as appropriate, by a pharmacist
- Following elements must be documented
  - Review of the pertinent patient history, medication profile (prescription and non-prescription), and recommendations for improving health outcomes and treatment compliance
- Codes cannot be used to describe the provision of product-specific information such as medication leaflets, at the point of dispensing
NPI

- National Provider Identification number
  - Identifies the referring practitioner and the pharmacist providing care
- Needed on CMS 1500 form

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Documentation

- MUST document the level of care provided
- Use a recognized, systematic method
- “If it is not documented, you did not do it”
Submitting the Claim

- Statement of medical necessity
- CMS 1500 form
- Cover letter (optional)
- Additional documentation of services provided (optional)

Allow insurance companies 45 days to make payment. Then call to inquire about status of claim.
Considerations

- Contact insurance company prior to submitting claim
- Use the terms “counseling” or “self management” rather than “education”
- Be consistent and persistent

Resources

- Local offices
  - CMS
- Reimbursement guides and newsletters
- Billing services
- Billing software
Marketing, Pricing and Reimbursement Resources Available from NCPA

(1-800-544-7447)

Completing a Claim Form
Completing the CMS 1500

• Fields 1-11
  – Patient and insured’s information

• Field 12: Patient’s or Authorized Representative’s Signature
  – Authorizes provider to collect or release medical info to file claim
  – Can use “signature on file”

• Field 13: Assignment of Benefits
  – Patient authorizes payment for services
  – Can use “signature on file”

Completing the CMS 1500

• Field 14: Date of Current Illness
  – Enter date of service

• Fields 15, 16, 18, 20, 22, 19
  – Leave blank

• Field 17, 17a: Name and ID of Referring Physician
  – Enter MD and UPIN/NPI if patient was referred
Completing the CMS 1500

- Field 21: Diagnosis or Nature of Illness
  - Enter ICD-10 code from MD
- Field 23: Prior Authorization Number
  - Enter prior authorization number if required by payer
- Field 24A: Dates of Services
  - List actual dates of service
- Field 24B: Place of Service
  - Location where service performed
  - Use 01 (pharmacy) unless providing at a different site
- Field 24C: Type of Service
  - Many payers do not require – check with payer
- Field 24D: Procedures, Services, or Supplies
  - CPT / HCPCS codes and modifier
- Field 24E: Diagnosis Code
  - Common source of error
  - Enter reference # (1,2,3 or 4) from field 21
  - NOT ICD-9 code
Completing the CMS 1500

• Field 24F: $ Charges
  – List charge for service being billed
• Field 24G: Days or Units
  – When billing multiple days of service, indicate total days
  – If only one service, enter “1”

Completing the CMS 1500

• Fields 25 – 33
  – Self-explanatory
  – Field 33b
    • Enter your NPI
    • Application at www.nppes.cms.hhs.gov.
Choose your option below.
Next Topic: Advertising and Promotion

Advertising and Promotion
Considerations in Establishing a Respiratory Care Service

- Goals of the service
- Store demographics
- Physician climate
- Reimbursement
- Advertising and promotion
- In-store logistics

Advertising and Promotion—Market Your Services!

- Target groups
  - Patients
  - Physicians
  - Payers
Patient Marketing

• Market through patient interactions
  – Build relationships with your patients
  – At first, target those who would benefit most

• Store signage, brochures, direct mailers, newspaper, radio, and TV

Physician Marketing

• Build relationships
  – Detail
  – “Open house”
  – Direct mail or fax
Physician Marketing

- State the benefits
  - You are a referral base
  - Enhanced service results in greater retention
  - You have the products and services to meet their patients needs
- Build a partnership
Choose your option below.
Next Topic: Making it Work!

Making it Work!
Considerations in Establishing a Respiratory Care Service

• Goals of the service
• Store demographics
• Physician climate
• Reimbursement
• Advertising and promotion
• In-store logistics

In-store Logistics

• Establishing a private counseling area
  – Private yet visible
  – Professional office
  – Accessible from dispensing and waiting areas
  – Adequate space
In-store Logistics

• Patient Appointment System
  – Advantages
    • Manage time
    • Allocate resources and personnel
  – Setting up appointments
    • Before store opens
    • During pharmacist overlap
    • Set hours of operation

National Asthma Educator Certification Board

• Purpose: develop and implement qualifications / standards and certification exam for asthma educators
• Exam:
  – Delivered via computer at 110 sites
  – 175 test items from 7 major content areas
  – Cost of $295
  – Re-certification by exam required every 5 year ($195)
• www.naecb.org
Documentation

• Why do it?
  – Clinical reasons
  – Legal reasons
  – Reimbursement reasons

• How do it?
  – SOAP
    • Subjective
    • Objective
    • Assessment
    • Plan
  – Standard medical documentation format
Documentation

• Keep in Mind
  – Documentation saves time in the long run
  – Proficiency increases with time

Communication with Other Health Care Providers

• Why
  – Share valuable information regarding medication use and outcomes
  – Develop a new type of relationship
  – Maximize chance of meeting desired patient outcomes
  – Assist pharmacist in solving the patient’s drug related problems
Communication with Other Health Care Providers

- How
  - Oral
    - Phone
    - In person
  - Written
    - Letter
    - Fax
    - E-mail

When to Communicate By Telephone

- Immediate concern
- Physician has not responded to letters
- Physician prefers telephone to letters
Who to Communicate With by Telephone

• Physician
• Nurse Practitioner
• Nurse

How to Communicate by Telephone

• Be clear, concise, and focused
• Use the physician’s “language”
• Be respectful
• Watch your ego
• Be a good listener
How to Communicate by Telephone

- Plan your major points and recommendations ahead of the call
- Frame recommendations in a non-threatening manner
- Be able to back up your recommendations

How to Communicate by Telephone

- Have alternative recommendations ready
- Don’t argue
- Make sure your recommendations “fit” with the patient’s prescription insurance
Written Communication

• Primarily for nonacute problems and continuity of care
• Reasons for:
  – Inform the physician of your activities and the patient’s drug use
  – Solve drug related problems
  – When the physician has initiated your recommendations
  – To refer the patient to a physician for a specific service

The successful pharmacist must be:

• A problem-solver, capable of adapting to changes in health care
• Able to achieve health outcomes through effective medication use that are valued by the health care system
• Able to collaborate with and be a resource to physicians, nurses and other health care team members
• A committed, life-long learner
Choose your option below.
Next Topic: Application Exercise Pharmacist Documentation and Billing

Application Exercise
Pharmacist Documentation
and Billing
Instructions

- The background material, case, and forms for this exercise are found in “Module 6 Written Exercise”
- Read the background material provided
- Complete the “Asthma Patient Monitoring” form for the case presented
- Write a letter to the patient’s physician
- Complete a CMS 1500 for this visit

Instructions

- Allow approximately one hour to complete this exercise
- Compare your pharmacist note, CMS 1500, and physician letter to the samples included in the toolkit
Business Plan Development

The What and Why of Business Plans

• Detailed description of future business goals and a means of achieving those goals
• Assessment of expenses and revenues
• Road map to keep you on course
Business Plan

• Setting goals
  – For patients
  – For our pharmacy

• Identifying all steps necessary for successful implementation and ongoing operation of program
  – Creating action steps and timeline
  – Establishing costs (start-up and ongoing)

Action Plans and Implementation Timelines

• Develop two action plans with timelines
  – Start-up/one time only action items
  – Ongoing operations
    • Policy and procedures
Determining Services Offered

- Asthma and COPD management service
- Inhaler/nebulizer/holding chamber/peak flow meter teaching
- Smoking cessation
- Immunizations

Example Goals of Service

- For patients
  - Enhance patient understanding of asthma and COPD
  - Improve rate of adherence with treatment
  - Ensure optimal drug, dose, and regimen selection
  - Decrease hospitalizations and acute care visits
Example Goals of Service

• For our pharmacy
  – Engage all interested members of the pharmacy team to assist in development, implementation, and administration
  – Generate revenue and profits of X and Y amount in years one and two
  – Increase profits in subsequent years until maximum patient enrollment is reached

Crafting the Business Plan

• Site Development and Preparation
• In Store Logistics
• Advertising and Promotion
• Reimbursement
• Return on Investment Analysis
• Evaluation of Service(s)
Application Exercise – Family Pharmacy

- Review business plan
- Is the pharmacy going to be able to meet the set goals?
- Is anything missing?
- What changes can be made in the business plan to improve the return on investment?

Case Study – Family Pharmacy

- 12,000 square foot pharmacy in a suburban strip mall
- Competes with chain, supermarket and discount pharmacies
- Fill 3,000 prescriptions per week
- Open Mon-Fri 9 to 8 and Sat. 9-9
- Staff includes three full time pharmacists (Royce, Melinda, and Carol Haines), two full time pharmacy technicians and two pharmacy cashiers
Business Plan for Family Pharmacy

• Services Offered
  – Asthma and COPD management
  – Inhaler, holding chamber, peak flow meter and nebulizer teaching

Business Plan for Family Pharmacy

• Goals of Service
  – Enhance the health service image of the pharmacy
  – Improve the care of patients with asthma and COPD
  – Break even within two years
  – Create a structure so that services for other disease states may be added

• Target start date
  – 8 weeks from now
### Site Development and Preparation

<table>
<thead>
<tr>
<th>Description</th>
<th>Timeline</th>
<th>Cost</th>
<th>Assigned To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remodeling - Storage room conversion needs to be repainted</td>
<td>4 weeks</td>
<td>$500</td>
<td>Royce</td>
</tr>
<tr>
<td>Furniture - Desk, three chairs, bookcase</td>
<td>5 weeks</td>
<td>$1500 (used)</td>
<td>Melinda</td>
</tr>
<tr>
<td>Equipment - Peak flow meters ($12 x 2)</td>
<td>6 weeks</td>
<td>$84</td>
<td>Carol</td>
</tr>
<tr>
<td>Supplies - Disposable mouthpieces, patient education materials</td>
<td>6 weeks</td>
<td>$100/ $50</td>
<td>Carol</td>
</tr>
</tbody>
</table>

### In Store Logistics

<table>
<thead>
<tr>
<th>Description</th>
<th>Timeline</th>
<th>Cost</th>
<th>Assigned To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient care documentation system - Will use paper system</td>
<td>6 weeks</td>
<td>$50/ $25</td>
<td>Carol</td>
</tr>
<tr>
<td>Pharmacist staffing – 1.5hrs/month RPh time</td>
<td>8 weeks</td>
<td>1.5 x $60/hr</td>
<td>Royce</td>
</tr>
<tr>
<td>Training of staff pharmacists on respiratory care - NCPA online program</td>
<td>4 weeks</td>
<td>None</td>
<td>Carol and Melinda to complete</td>
</tr>
<tr>
<td>Training of employees on program</td>
<td>8 weeks</td>
<td>None</td>
<td>Melinda</td>
</tr>
</tbody>
</table>
### Advertising and Promotion

<table>
<thead>
<tr>
<th>Assigned To</th>
<th>Timeline</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-store Brochure, banner, and counter card</td>
<td>4 weeks</td>
<td>$500</td>
</tr>
<tr>
<td>Patient – In store identification Use brochure as bag stuffer</td>
<td>8 weeks</td>
<td>$50</td>
</tr>
<tr>
<td>Physician – Direct mail Targets: 25 main prescribers</td>
<td>6 weeks</td>
<td>$200</td>
</tr>
<tr>
<td>Physician – Detailing Targets: Banes, Williams, Patel</td>
<td>6 weeks</td>
<td>$600</td>
</tr>
</tbody>
</table>

### Reimbursement

<table>
<thead>
<tr>
<th>Assigned To</th>
<th>Timeline</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine fees</td>
<td>Done</td>
<td>None</td>
</tr>
<tr>
<td>Determine method for collecting payment from patient</td>
<td>4 weeks</td>
<td>None</td>
</tr>
<tr>
<td>Method for filing and tracking claims (billing software or service)</td>
<td>4 weeks</td>
<td>Already own billing software</td>
</tr>
</tbody>
</table>
### Financials

<table>
<thead>
<tr>
<th></th>
<th>Timeline</th>
<th>Cost</th>
<th>Assigned To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return on investment analysis</td>
<td>Done</td>
<td>None</td>
<td>Royce</td>
</tr>
<tr>
<td>Tracking revenues and service delivered</td>
<td>12 weeks</td>
<td>None</td>
<td>Royce</td>
</tr>
</tbody>
</table>

### Evaluation of Services

<table>
<thead>
<tr>
<th></th>
<th>Timeline</th>
<th>Cost</th>
<th>Assigned To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue targets</td>
<td>To be completed after startup</td>
<td>Royce</td>
<td></td>
</tr>
<tr>
<td>Expenses and revenues tracked continually and evaluated annually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient goals</td>
<td>To be completed after startup</td>
<td>Carol</td>
<td></td>
</tr>
<tr>
<td>Adherence, hospital and ER visits before and after</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### • Ongoing Operations

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Timeline</th>
<th>Cost</th>
<th>Assigned To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy and procedure manual</td>
<td>8 weeks and beyond</td>
<td>None</td>
<td>Melinda</td>
</tr>
<tr>
<td>To be developed and kept up-to-date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising and promotion</td>
<td>8 weeks and beyond</td>
<td>$850 in second year</td>
<td>Royce</td>
</tr>
<tr>
<td>Continue with in-store identification, direct mail to physicians, and physician detailing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### • Return on Investment Analysis

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Year One</th>
<th>Year Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remodeling</td>
<td>500.00</td>
<td>0</td>
</tr>
<tr>
<td>Furniture</td>
<td>1500.00</td>
<td>0</td>
</tr>
<tr>
<td>Equipment</td>
<td>84.00</td>
<td>0</td>
</tr>
<tr>
<td>Documentation</td>
<td>50.00</td>
<td>25.00</td>
</tr>
<tr>
<td>Additional pharmacy staffing</td>
<td>1080.00</td>
<td>1620.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>100.00</td>
<td>50.00</td>
</tr>
<tr>
<td>Pharmacist training</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Advertising and promotion</td>
<td>1350.00</td>
<td>850.00</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>4664.00</td>
<td>2545.00</td>
</tr>
</tbody>
</table>
## Return on Investment Analysis

<table>
<thead>
<tr>
<th></th>
<th>Year One</th>
<th>Year Two</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Product Revenue</td>
<td>924.00</td>
<td>1,758.00</td>
</tr>
<tr>
<td><em>(Rx, devices)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Fees</td>
<td>1,620.00</td>
<td>2,430.00</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$2,544.00</strong></td>
<td><strong>$4,188.00</strong></td>
</tr>
<tr>
<td><strong>Profit</strong></td>
<td>(<strong>$2,120.00</strong>)</td>
<td><strong>$1,643.00</strong></td>
</tr>
</tbody>
</table>

## Analysis of the Business Plan

- Is the pharmacy going to be able to meet the set goals?
- Is anything missing?
- What changes can be made in the business plan to improve the return on investment?

| **Profit**             | **($2,120.00)** | **$1,643.00** |
Indirect or Overhead Costs

• Percentage of total square footage
  – Use for service with dedicated floor space
  – \(
  \frac{150 \text{ sq ft}}{12,000 \text{ sq ft}} \times \frac{3 \text{ hr/month}}{252 \text{ hr}} = 0.014\% \text{ of total overhead}
  \)
  – \$36,000/\text{year overhead} \times 0.00014 = \$5.04/\text{year}

• Percentage of total sales
  – \(\frac{15,000}{1,500,000} = 0.01 \times 100 = 1\%\)

To Be Successful
Thank you for your participation.

Click below to proceed to the post test