

# PHARMACY

## Purchasing & Products

# Talyst AutoSplit 340B

By Dana Darger, RPh

**R**apid City Regional Hospital is 400-plus-bed, not-for-profit, community-based hospital serving western South Dakota. We host a large cancer center, which serves both radiation and medical oncology patients. Our emergency department has 50,000-plus admissions annually. Year round, we are a very busy rural hospital, and the week of the Sturgis Motorcycle Rally, when Sturgis' population swells from about 5,000 to nearly 500,000, we become a very busy urban trauma center.

### The Need for Split-Billing Software

Nearly two years ago, we implemented Talyst's AutoSplit 340B claims processing software, after managing our split-billing process through AmerisourceBergen's Dimension 21 product. Any split-billing software's capabilities are maximized through integration between the pharmacy and the wholesaler, and because AmerisourceBergen had been our wholesaler, it seemed that staying with their software would provide the best functionality. Without split-billing software, our 340B savings were limited to departments that were designated exclusively as outpatient – for example, the outpatient pharmacy, cancer center, and dialysis unit.

After more than a year of using Dimension 21, our hospital decided to become a corporate partner with Cardinal. Our original plan was to integrate our Dimension 21 software with Cardinal, but cost of the conversion was prohibitive. So we began our quest for a different option.

### System Selection

Our decision to use Talyst was based on two major elements. First, Cardinal did not have a split-billing software product available. Second, Talyst's independent system is able to work with virtually all of the major wholesalers in the country. If we decide to leave Cardinal at some time in the future, we will not find ourselves in the same position we were in with AmerisourceBergen.

### The Implementation Process

It took us less than two months, from contract signing to full implementation, to install AutoSplit. The implementation was quite simple, since much of the programming on the hospital side had been taken care of when we installed Dimension 21. To begin using split-billing software, you must supply the software with outpatient information from your hospital information system. Our hospital's IT



department developed a report that includes information for all medications those patients received while classified as outpatients. Using this report, we update AutoSplit with new outpatient information on a weekly basis. The Web-based program requires no extra hardware. In fact, we were able to install the software on existing pharmacy computers.

AutoSplit uses the information provided by these reports to create separate purchase orders for outpatient medications; once a vendor purchase order is created, AutoSplit analyzes the order and items that qualify for 340B pricing are "split off" onto a separate purchase order that reflects the lower pricing. Essentially, we use GPO-purchased drugs for all of our patients, but replace inventory used for 340B patients at a 340B price.

### Conclusion

Using AutoSplit, we save nearly \$100,000 per month on 340B medications, due to our ability to mine data on drugs used in predominantly inpatient settings by classified outpatients. These "mixed" locations include the emergency department and operating room. This positive impact on our bottom line allows us to direct recovered funds to other projects, allowing us to further improve care for all of our patients. ■

*The recipient of a BS in pharmacy from South Dakota State University, Dana Darger, RPh, has served as the director of pharmacy for Rapid City Regional Hospital since 2002 and has worked in hospital pharmacy since 1983.*