





D P C
SUMMIT

INTRO TO IN-OFFICE DISPENSING

Michael Sparks, MD

1

- ▶ Navigate to <https://aafp1.cnf.io/> and tap the session titled "Intro to In Office Dispensing"
- ▶ OR just point your phone's camera at the QR code to join directly



2

Activity Disclaimer

The material presented here is being made available by the DPC Summit for educational purposes only. Please note that medical information is constantly changing; the information contained in this activity was accurate at the time of publication. This material is not intended to represent the only, nor necessarily best, methods or procedures appropriate for the medical situations discussed. Rather, it is intended to present an approach, view, statement, or opinion of the faculty, which may be helpful to others who face similar situations.

The DPC Summit disclaims any and all liability for injury or other damages resulting to any individual using this material and for all claims that might arise out of the use of the techniques demonstrated therein by such individuals, whether these claims shall be asserted by a physician or any other person. Physicians may care to check specific details such as drug doses and contraindications, etc., in standard sources prior to clinical application. This material might contain recommendations/guidelines developed by other organizations. Please note that although these guidelines might be included, this does not necessarily imply the endorsement by the DPC Summit.



3

Disclosure Statement

It is the policy of the AAFP and ACOFP that all individuals in a position to control CME content disclose any relationships with ineligible companies upon nomination/invitation of participation. Disclosure documents are reviewed for potential relevant financial relationships. If relevant financial relationships are identified, mitigation strategies are agreed to prior to confirmation of participation. Only those participants who had no relevant financial relationships or who agreed to an identified mitigation process prior to their participation were involved in this CME activity.

All individuals in a position to control content for this activity have indicated they have no relevant financial relationships to disclose.



4

Learning Objectives

1. Identify the essential equipment, skills, and operational considerations required to implement in-office medication dispensing in a Direct Primary Care (DPC) clinic.
2. Apply practical, step-by-step strategies for establishing and managing in-office dispensing while maintaining compliance and workflow efficiency.
3. Evaluate clinical, logistical, and patient-centered factors to determine when in-office dispensing is appropriate and when use of traditional pharmacy services is preferred.



5

INTRO

- ❖ Michael Sparks, MD
- ❖ Owner, SparksMD Family Medicine
- ❖ Sole Physician DPC (Becoming 2 Physician)

- Why dispense?
- How to dispense?
- Benefits?
- Risks?



6

What is in-office dispensing

- Dispensing vs Administering
- OTC vs RX Dispensing
- Common medications for DPC



7

Why consider dispensing

- Convenience
- Continuity
- Medication Adherence
- Transparent, predictable pricing
- Value add



8

Benefits to Patients

- Saves trips to pharmacy
- Transparent pricing vs PBMs
- Polypharmacy review in real time
- Education
- After hours access
- Value!



9

Benefits to Practice

- Value add-on for membership
- Keeps care in house
- Stand out from traditional models of care
- Revenue vs net zero



10

Types of Medications

- Acute Care
 - Antibiotic, Prednisone, Steroid creams, Zofran, etc
 - Rescue inhalers, migraine treatments
- Chronic Conditions
 - Blood pressure, cholesterol, diabetes, SSRI meds
- Non-controlled substances



11

What you'll need to get started

- Legal
- Limit Expenses!
- Basics:
 - Storage
 - Lockable cabinet vs room
 - Counting: Large bottles vs unit dose
 - Labels + Printer
 - Bottles
 - Record Keeping



12

Legal

- Verify your state rules
- Registration with state board(s)
- Requirements
- Inspections
- <https://www.dpcfrontier.com/dispensing-medications>



13

Physician Dispensing Regulations



<https://www.dpcfrontier.com/dispensing-medications>



14

What you'll need to get started

- Pill Counter vs Pill Jammer



15



16



17



18

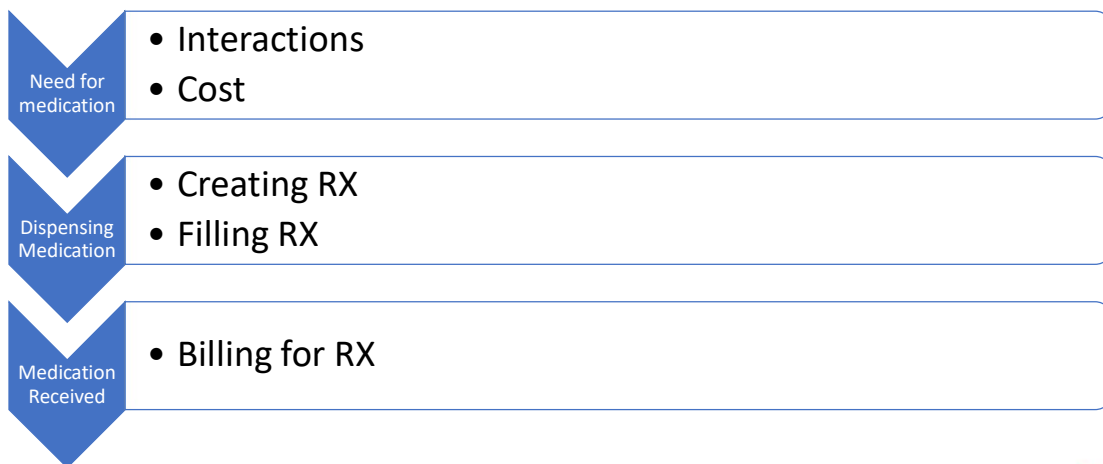
Suppliers / Sourcing

- Many options, pricing variable
- Anda Meds
- IPD
- Bonita
- McKesson



19

Workflow



20

Software

- “All-in-one”
- Stand alone systems + eRX
- Need:
 - Inventory management
 - “Written order”
 - Tracking what was filled (NDC, expiration, lot, etc – “who got what”)
 - Billing/Payment Collection



21

Labeling / Documentation

- Research your state specifics!
- Patient name, DOB
- Medication name
- SIG (Patient facing directions)
- Quantity
- Expiration date
- Physician name and contact information
- Fill record
 - Tracking Lot Numbers, NDC, etc



22

Pricing + Transparency

- Cost + 10%
- Each fill \$1 + Cost + 10%
- Some medications included in membership
- \$4 list of medications

- Transparency with your offering – spell it out

- What is your goal, net zero or profit?



23

Best Practices

- Sole physician clinic vs multi + staff
 - Who fills, keeps inventory, updates order
- When to fill maintenance medications?
- Stock only what you use
- Avoid high risk medications
- Staff education + reeducation
- Not a competition with pharmacies
 - Know pricing, volume pricing



24

Promotion

- Share the wins!
- “How we saved a patient with a UTI hours of her time...”
- Asthma rescue: Keeping child out of the ER with rapidly available / affordable inhaler / medications



25

Start Small

- Only a few medications to get started
- Start with acute care medications
- Reevaluate frequently



26

Live Content Slide

When playing as a slideshow, this slide will display live content

Social Q&A for Intro to In Office Dispensing



27

QUESTIONS?

Contact Information

Michael Sparks, MD
doc@SparksFamilyMed.com



28