Tech capitalizes on growing opportunities

Section by David Salazar

By now, the retail pharmacy industry knows that its place within the American healthcare landscape is changing. PricewaterhouseCoopers’ Health Research Institute has dubbed it the New Health Economy, and in May the firm highlighted the factors that are playing a key role in pharmacy’s transformation.

The confluence of increased emphasis on quality-based reimbursements by the Centers for Medicare and Medicaid services, a primary care physician shortage that the Association of American Medical Colleges projects could number as high as 31,100 and an aging population (Pew research estimates some 10,000 people will turn 65 years old every day for the next 19 years) has set the stage for a new era of retail pharmacy.

“Thanks to their copious assets and a shifting industry, retail pharmacies have the chance to redefine themselves, seizing more central roles as key players and partners in the New Health Economy,” the report said.

And as industry organizations push to have pharmacists as designated providers within Medicare, PwC reported that some 86% of pharmacists think they should manage their own patient panels, 62% want to perform patient assessments, 74% want to order and interpret lab tests and 77% said they should be able to initiate, adjust and discontinue medication therapies.

But with all of the potential and new services pharmacies can offer comes the need to free the pharmacist’s time to implement the services. Enter pharmacy technology — from platforms to help manage med sync patients to robots that can increase efficiency. With the market size for pharmacy automation set to hit $7.9 billion by 2018, according to Transparency Market Research, the New Health Economy is also presenting opportunities for automation and tech companies to work with retail pharmacy partners.

In this section, Drug Store News looks at some of the companies working to help pharmacies make the most of the opportunities to grow their businesses and improve patient health.

One of the main pain points that companies are working to address is will-call. Innovation, RxMedic and ScriptPro are on the forefront of addressing will-call issues by automating the process in distinct ways that can save pharmacies time and reduce dispensing errors.

Another area of focus is the influx of documentation that accompanies the increased number of services pharmacists provide. Both QS/1 and ScriptPro are set to introduce two new solutions that can help pharmacists manage documentation for MTM services, immunizations and specialty pharmacy. In an effort to help boost the front-end, Innovation is set to introduce the United States to a digital shelfing solution that includes back-end fulfillment and could solve various inventory issues that pharmacies face.

All of these innovations are taking place as software companies like VoicePort, QS/1 and Ateb work to strengthen their offerings. From VoicePort’s newly rebranded CLARO Pharmacy Solutions suite to Ateb’s robust data analytics and QS/1’s constantly evolving SharpRx platform, these companies are working to make sure that a pharmacy’s software is able to help its patients achieve healthy outcomes and deliver the level of innovation necessary in the New Health Economy.

“The result [of the health industry’s transformation] will be a more innovative, value-driven and nimble New Health Economy, better able to fulfill one of mankind’s most fundamental needs — to be and stay well,” PwC said in its report.

IMA North America debuts 3410-DRS EKC

LEOMINSTER, Mass. — IMA North America’s latest innovation in high-speed pill-counting technology, the 3410-DRS EKC, debuted in August. Designed for high-volume and central fill operations, the counter uses an electromagnetic field to count more than 500 pills per minute. The machine is almost immune to dust build-up, which the company’s automated pharmacy product manager Chris Comeau said reduces downtime for cleaning. The pill counter also can be calibrated wirelessly using a tablet, and through a recently announced partnership with Innovation, the machine will be integrated with Innovation’s high-volume pharmacy systems.

E.F. Bavis introduces BEAM at NACDS Total Store Expo

MAINEVILLE, Ohio — Pharmacy drive-through solutions company E.F. Bavis debuted the Bavis Enhanced Audio Module, or BEAM, in August at the NACDS Total Store Expo.

The solution can take incoming audio and eliminate echoes and such, repeating sounds as truck engines. BEAM can be used at drive-through locations using a microphone and receiver, locations that use such a phone system as the internal audio communication point and with systems that supply audio through a voice over internet provider (VoIP) system.
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As pharmacies fill more prescriptions, while also needing to provide specialty clinical services, pharmacy technology company ScriptPro is positioning itself as a provider of solutions that will ease common pain points that come with increased script volume and the influx of paperwork from clinical services. ScriptPro’s CEO Mike Coughlin shared two forthcoming innovations from the company with Drug Store News, one of which addresses pharmacy documentation needs, and the other of which will help with pain points in the will-call process.

“With central fill and IVR and medication synchronization, there’s a lot of pushing of patients to phone in early and get their prescription filled in advance, but with that comes more prescriptions waiting for pickup,” Coughlin said. “All these automated technologies are extremely important, and they solve problems that are fundamental to getting the work done, but they also push other things downstream that can cause problems.”

Two problems Coughlin identified that plague the will-call process are the potential for errors that are the result of staff picking up the wrong prescription from a bin and the possibility for diversion that will-call prescriptions represent.

To solve these issues and other pharmacy workflow difficulties, ScriptPro is developing its Storage and Retrieval System, which Coughlin said will begin alpha and beta testing in the fall, with a launch expected at the beginning of 2017.

“Our approach is to design an automated will-call system that allows the bags to be stored routinely as they’re filled, and then they can be dispensed to the service line staff that are serving the patients, or to a kiosk for a patient who wants to pick them up without waiting in line ... or even at a drive-up window,” Coughlin said. “Instead of having an approach where you have to decide where to put the bags to be picked up, our system will robotically hold those bags and make them available wherever they’re needed.”

The SRS reduces the footprint of a typical will-call area and, because of the robotic management of filled prescriptions, it reduces the possibility for errors. Coughlin said it also can be used to keep track of high-cost medications outside the will-call process. The SRS can help identify prescriptions that haven’t been picked up in order to streamline the return-to-stock process, or even allow the pharmacist to use those medications to fill more immediate prescription needs.

The SRS will be able to integrate with third-party software platforms and solutions, as well as with ScriptPro’s platforms, which Coughlin said can play a big role in combating diversion.

“It’s important to integrate these systems because anytime there’s a gap between two systems, there’s an opportunity for people to game these situations, confuse the interfaces and set up diversion schemes,” Coughlin said.

In addition to the SRS, ScriptPro is developing the Advanced Pharmacy Clinical Services tool, or APCS. This Web-based solution is currently in alpha testing at a major health system pharmacy, and it’s aimed at helping pharmacies manage documentation in various forms, pulling together patient health records from multiple sources.

Coughlin said APCS is designed to do high-level documenting for specialty pharmacy. Treatment plans are complex and must be organized and visible to be successful. He noted, “Our system will enable specialty pharmacies to build programs that combine pharmacy patient, dispensing data and clinical program documentation.” Other uses for APCS include medication therapy management and pharmacist prescribing.

“The basic tool can be used in a number of different ways that can be totally structured by the pharmacy to meet their needs,” Coughlin said. “These are things that, frankly, they’re either going to have to do on paper or ... use an electronic tool — and the tighter the electronic tool is integrated with their pharmacy management system, the better results they’re going to have and the more efficient they’ll be.”

“All these automated technologies are extremely important, and they solve problems that are fundamental to getting the work done, but they also push other things downstream that can cause problems.”
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RxMedic solutions work to increase will-call efficiency, provide flexible automation

As prescription volume increases, one of the hottest areas of pharmacy technology in recent years has been solutions for the will-call process, and RxMedic is looking to stay on the forefront of will-call solutions with its Automated Retrieval System, or ARS. The company also is working to provide dispensing and storage solutions that can adapt to reduce downtime for calibration and maintenance.

RxMedic’s ARS will-call system is built around improving the patient checkout function for pharmacy team members by identifying the bag or bags containing their current patient’s prescriptions by using a unique combination of identification lights on the ARS’ electronically activated hanging bags. Each has a unique barcode that is associated with the barcode of the prescription that a technician places in the bag. This makes storage easier than with will-call systems that rely on bins sorted by patient last name, according to RxMedic VP David Williams.

“The primary advantage is you don’t have to be concerned about alphabetizing or indexing prescriptions in any particular order,” Williams told Drug Store News. “When the patient comes in, all you do is do a name query on your pharmacy management system. … [You] tell the system that you’re going to checkout the patient’s prescriptions, and the bag with their prescription will light up.”

When a patient’s bag lights up, it displays a light or combination of lights that is unique to the technician retrieving it, a feature aimed at reducing dispensing errors. Even if a patient has multiple prescriptions that are ordered throughout the week, the various bags will light up, and pharmacies can set up the ARS so that a linked family member’s prescriptions also will light up when a patient picks up their own medication.

“It’s a very slick system,” Williams said. “It works very well, and another important feature that pharmacists will tell you about is that it greatly reduces dispensing errors, because with a manual will-call system, the opportunity always exists for a patient to get the wrong prescription. This system significantly reduces that risk.”

Manual will-call systems also bring with them the need to sort by hand and return to stock the medications that haven’t been picked up, Williams said that with the ARS, a technician can set up a parameter in their pharmacy management system for the ARS to identify all bags that have been there beyond a specific date, assigning that function a unique color.

“Think about 600 or 700 bags sitting there on a regular basis,” Williams said. “Somebody has to go through and physically handle each and every bag to decide whether or not it needs to be returned to stock, so consider the labor and time saved by using this particular feature.”

In addition to the ARS, RxMedic’s latest offering in pharmacy automation, the RM200, is a fully automated system filling up to two prescriptions a minute. With industry-leading auto calibrating cell technology, RM200 brings speed and accuracy, while automating up to 65% of pharmacies most common oral solids. The RM200 also is able to switch between different types of vials in a way that’s faster and less expensive than other systems, Williams said. As it is not built around a specific vial like many other automation systems, changing vial manufacturers or types is relatively simple, as well as inexpensive. In most cases, for less than $2,000 a pharmacy can switch the RM200’s vial compatibility by changing out a part.

RxMedic also offers remote video support for all of its accounts using a robot, allowing for quick response to issues that, in some instances, can take robots offline for an inconvenient amount of time.

“It cuts tremendous time off the wait time to get the robot back up running and operational,” Williams said. “If you spent over $100,000 for the robot, the last thing you want is for it to be down any longer than is absolutely necessary.”

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VoicePort looks toward comprehensive offerings with CLARO

VoicePort arrived in Boston for the National Association of Chain Drug Stores’ Total Store Expo this year with a new name for its suite of pharmacy technology offerings. The company rebranded its PharmaPhonetics property as CLARO Pharmacy Solutions — a name change aimed at highlighting the growth the company’s offerings have seen since starting out in 2003, according to VoicePort VP North American business development Alphonse J. Sasso.

“As an organization, we have expanded beyond traditional patient messaging, and we wanted to be sure that our branding reflected that expansion and more accurately expressed who we are,” Sasso told Drug Store News. “Our portfolio has expanded and is very diverse now, and includes turnkey patient interventions that are ready off the shelf or can be customized ... to target toward our pharmacy client’s individual strategies ... and give them the full suite of activity to make that happen.”

CLARO’s suite of solutions has a foundation in patient outreach, offering both inbound and outbound IVR, as well as patient segmentation and campaign management tools that allow pharmacists to drill down by disease state to help reach the right patients. These can be combined with such offerings as CLARO’s Immunization Intelligence Services. A valuable public health service, which through a partnership with Scientific Technologies Corp., can help pharmacies identify patients who would benefit from immunizations based on accepted clinical standards and their available vaccine administration history.

“The pharmacy can make automated notifications via CLARO to a patient, letting them know that they are in need of a specific vaccine and, if the patient indicates that they want to hear more information, that’s recorded in the portal,” Sasso said. “Then the pharmacy team can contact that patient to discuss and schedule the administration.”

Beyond outreach, CLARO can provide medication synchronization services that leverage an appointment-based model to help improve medication adherence. In addition to aligning a patient’s medications and making a monthly appointment with the pharmacist, the med sync solution opens up other opportunities for the pharmacist to offer information about other clinical services.

“It’s been used very successfully to keep patients on track with their multiple meds, picking them up once a month,” he said, adding that it allows “pharmacy team members to do more than just fill and bill, but to become very consultative and involved in the overall patient’s health by meeting with them once a month to address any needs like patient education, immunizations or MTM services we have available in our portal.”

Because a large component of adherence is understanding how medication should be taken, CLARO includes Meducation materials through VoicePort’s partnership with Polyglot Systems. The partnership allows CLARO partner pharmacies to offer medication instructions for 90% of the most commonly prescribed drugs in 22 different languages, as well as in varying font sizes.

“Right now, one-third of the United States is considered low health literate, meaning that when they get a prescription, they would benefit from simple-to-understand instructions aimed at proper administration and improved adherence,” Sasso said. “The Meducation tool is written at a 5th- and 6th-grade reading level, and makes use of pictograms to further reinforce dosing regimens.”

CLARO positions the pharmacy team to actively identify, manage and measure results for targeted populations based on the pharmacy client’s criteria and clinical objectives. Sasso also notes that though CLARO’s solutions are comprehensive, it’s possible for pharmacy partners to choose individual services and technology from among the suite of offerings.

“The nice thing is you can take a look at the entire portfolio or you can look at the a la carte options.”
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Having been around for 39 years, Spartanburg, S.C.-based pharmacy solutions company QS/1 has seen the pharmacy business change several times, all the while providing tools to help pharmacies navigate the changes and provide services to their patients. As pharmacy shifts its focus to outcomes and implements more clinical services, QS/1 knows that its latest solution will be able to assist in managing the increasing amount of documents pharmacies deal with on a daily basis.

QS/1 president Tammy Devine told Drug Store News that the company is anticipating a rollout of its latest solution, QS/1 Document Management, or QDM, later this year. Born out of an increasing amount of clinical services being performed by retail pharmacies, QDM is a solution seeking to help pharmacies keep track of the documents they’re receiving and creating by offering their patients immunizations or specialty drugs. Devine said QDM was well received at the company’s customer conference in July, and it expects to launch it in the fall.

“We’ve actually had it in some test locations, so we’re really excited about it for the retail market,” Devine said. “Long-term care has had document management for a long time, but there really haven’t been a lot of products utilizing that in the retail market.”

QDM will integrate with both of QS/1’s pharmacy management platforms, SharpRx, which it unveiled last year, as well as its established NRx platform. SharpRx can be operated using a touch screen, a keyboard or a mouse, based on a pharmacy team member’s preferences, and in the months since its initial launch, Devine said the company has been working on building up the platform’s capabilities and interfaces. SharpRx integrates with robotic systems and RxMedic’s RetrieveRx will-call storage and retrieval system, whose features include a one-click return-to-stock that reverses any claims, IVR outreach or workflow records on a prescription that hasn’t been picked up. Devine said the RetrieveRx system has seen increased demand recently.

“We’ve seen a lot of movement in pharmacies utilizing it because as they’re filling prescriptions they can track if the prescription was picked up,” Devine said. “It’s one of those things that’s been around for a while, but with the push on adherence and pharmacies doing medication synchronization, they’re trying to get ahead … which means you’re filling ahead more than you used to. If you’re doing that, you really need to be able to manage the will-call because you don’t want those prescriptions sitting there for two or three weeks and no one picking them up.”

SharpRx and NRx’s integration with RetrieveRx is only one of the several integrations and interfaces QS/1 has built into the platform as it looks to the future. Moving forward, Devine said that the company is looking to continue increasing its capabilities, which currently include the ability to be used in multiple locations. And as it builds up SharpRx, Devine said all of QS/1’s future offerings would integrate with both the SharpRx and NRx platforms.

“If people are comfortable using what they have, we continue to support that,” Devine said. “There are just a lot of tools that we can utilize within SharpRx that makes it a good platform for heading forward. We continue to support and enhance the existing products that we have, but we wanted to be able to offer a platform that has a newer look and feel to pharmacies.”

“Long-term care has had document management for a long time, but there really haven’t been a lot of products utilizing that in the retail market.”
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Innovation works to enable patient-facing care through efficiency, inventory solutions

Between its recently announced partnership with IMA North America and its Pharmacy Operations Symposium, held in April in concert with Binghamton University’s Watson Institute for Systems Excellence (WISE) — Innovation has had a busy year. And according to EVP global business development Doyle Jensen, there are numerous new projects that are ongoing at Innovation, as the company is expanding its solutions to help increase pharmacy efficiency, accuracy and inventory management.

Two of Innovation’s emerging solutions are the result of a partnership with one of the largest automation providers in Europe to bring widely utilized technology in two areas: digital shelving with robotic back-end fulfillment and an entirely new will-call experience. Jensen describes the first area as “new technology around merchandising that allows for digital shelving with back-end automated delivery of the product to the customer,” a solution that would be new to the United States. Jensen said that beyond capitalizing on its appeal to tech savvy shoppers, the solution will be able to provide an “endless aisle” that goes beyond the brick-and-mortar store to allow for in-store purchases of items from a company’s website.

“It creates a very efficient method to store scripts for pickup,” Jensen said. “It minimizes the space it takes to store them, and it’s a very efficient process to find the prescription. … [And] it distributes the script to those points when it’s requested.”

The prescriptions are stored centrally in the device, and Jensen said it has the potential to “increase access, reduce waiting times and add a level of security and control while improving efficiency behind the counter in the pharmacy, as well.”

And to further increase efficiency beyond the counter, Innovation is currently working on a new light-directed technology to improve production in retail pharmacies and high volume, central fill or mail-order pharmacies. The product line, called Light-Way, works to help pharmacy staff quickly identify where inventory or completed orders should be placed or retrieved during production.

“We believe it will improve the efficiency of the production process itself,” he said. “It will greatly reduce the time required for inventory put-away and for inventory picking for script production, and it will guide users for the correct placement and picking of inventory and completed prescriptions to make sure errors aren’t made.”

The potential workflow impacts of Innovation’s plans, like its solutions, Jensen said, “are centered around providing the technology that drives patient convenience and enables patient-facing care.”
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Ateb’s recent announcement that more than a million patients were enrolled and having their medications actively managed via its Time My Meds medication synchronization platform is big news, but the company isn’t about to rest on its laurels. Rather, Ateb is looking to use what it has learned from these patients to help pharmacies improve both their business and their patients’ outcomes.

“With the data we’ve ascertained from a million patients enrolled in our med sync program, we can start helping to identify and stratify the patients more effectively by using technology to keep patients adherent and improve pharmacy business, for example, by looking at DIR fees and remuneration issues,” Ateb president and CEO Frank Sheppard told Drug Store News.

Among the challenges facing most pharmacies identified by Ateb’s Data Analytics Team is an issue around patient retention. Sheppard said that at the beginning of a given year, the average pharmacy has a base of about 3,500 patients, one-third of whom will become inactive over the course of the year. At the same time, the pharmacy will serve a similar number of new patients, two-thirds of whom will not be retained by the pharmacy.

“Pharmacy is overlooking their opportunity with patient retention and patient management to pick up a lot of fills,” Sheppard said. “That is a huge opportunity for the pharmacies to engage, attract and build their business with the new patients they’re seeing.”

In order to help pharmacies retain the patients they have, while growing their base through retention of new customers, Ateb has put the appointment-based model at the center of its solutions, which begins with Time My Meds. But Sheppard notes that “the appointment-based model is broader than just med sync,” adding, “it focuses on identifying patients for whom a high-touch pharmacy intervention can help the patient achieve a better health outcome.”

Ateb’s strategic approach is to develop and provide pharmacy the tools and processes to become a vital resource in delivering affordable and effective patient disease management.

Sheppard pointed to Ateb’s proactive refill reminders and outbound notification calls to patients who have begun a new chronic therapy as a key touchpoint, adding a level of personalization and increasing the likelihood that a patient remains adherent by effectively a factor of two.

With 1-in-5 Medicare patients on average a factor of two. With 11,000 people turning 65 years old every day, an age group which fills more than twice as many scripts per year, the potential influx of patients with chronic conditions could bring more of these opportunities to the pharmacy. Plus this age group also may be eligible for such services as vaccinations, medication therapy management and point-of-care testing. With Ateb’s chronic care management programs, Ateb is well-positioned to be their strategic partner in providing care, while managing quality measures tied to reimbursements.

Ateb’s Patient Management Access Portal, or PMAP, is a single platform featuring a dashboard that illustrates a pharmacy partner’s performance on such quality metrics as Medicare Star ratings measures and EQuIPP ratings, offering actionable solutions to help maximize their reimbursements. It also allows access to such platforms as iMedicare for comparison of Medicare Part D plans.

With 1-in-5 Medicare patients on average being readmitted to the hospital within 30 days, Ateb is the bridge to connect its pharmacy partners to collaborate with hospitals in providing transitional care for recently discharged patients to prevent hospital readmissions and reduce Medicare readmission penalties, which are projected to cost hospitals $528 million in 2017.

Ateb also is working with its partners to release Connected For Life, an integrated smartphone app built around patient medication management that focuses on bidirectional interaction between pharmacy and patient, enabling the entire healthcare team to track and manage the patient’s health.

Additionally, the company has two dedicated teams to support its pharmacy partners to deploy Ateb’s solutions — a move that works to make Ateb a strategic partner.

“We’re dedicating our time and effort, not just to analytics for engaging patients, but also to the blocking and tackling it takes to make patients feel most comfortable with what a pharmacy is doing,” Sheppard said. “Sometimes the challenge is starting the conversation, and we continue to innovate and implement solutions to make it a seamless effort for the pharmacy team.”

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