

RXIMPACT

Volume 6

A Drug Store News Special Report

March 2017



PHARMACY

The face of neighborhood
health care in America



NACDS members operate pharmacies in every state and Congressional district.

Have you toured one in yours?

NACDS invites members of the 115th Congress to experience first-hand the patient-care power of community pharmacies – the face of neighborhood healthcare.

Through an NACDS RxIMPACT Pharmacy Tour, you will see what your constituents see and take away insights about how:

- Pharmacies help patients use medicines safely and stay healthy
- Innovative pharmacy services do even more to improve patient health and quality of life
- Widely trusted and accessible, pharmacists are extremely valued by those in greatest need
- Pharmacy services improve healthcare affordability.

Please contact NACDS' Heidi Ecker at (703) 837-4121 or hecker@nacds.org.



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

President/Retail Group Publisher

John Kenlon

(212) 756-5238, jkenlon@lf1925.com
Publisher

Eric Savitch

(856) 489-3336, esavitch@lf1925.com
Associate Publisher/Editor in Chief

Rob Eder

(212) 756-5160, reder@lf1925.com
Managing Editor-Content

Brian Berk

(212) 756-5237, bberk@lf1925.com
Associate Managing Editor

Sierra McCleary-Harris

(212) 756-5208, smccleary@lf1925.com
Senior Editor/OTC & Natural Health

Michael Johnsen

(717) 820-4652, mjohnsen@lf1925.com
Associate Editor/Digital Media

David Salazar

(212) 756-5178, dsalazar@lf1925.com
Desk Editor

Maria Manlicic

(212) 756-5093, mmanlicic@lf1925.com

Designer

Calvin Anthony

(212) 756-5113, canthony@lf1925.com

Director of Continuing
Education and Clinical Content

Nancy Lyons

(317) 605-7257, nlyons@lf1925.com
Clinical Editor, Drug Store News CE

Vivian Lee

(212) 756-5246, vlee@lf1925.com

SALES AND BUSINESS

Northeast Manager

Alex Tomas

(212) 756-5155, atomas@lf1925.com
Central Regional Manager

Catherine Stephany

(312) 645-5081, cstephany@lf1925.com
Director of Media Operations

Teresa Dombach

(212) 756-5015, tdombach@lf1925.com
Media Production Assistant

Betty Dong

(212) 756-5134, bdong@lf1925.com
Director of Audience Development

Linda Moi

lmoi@lf1925.com

Chairman of the Board

J. Roger Friedman

President and CEO
Randall S. Friedman

PERMISSIONS

For permission to reuse material from Drug Store News/DSN (ISSN 0191-7587) please access www.copyright.com or contact the Copyright Clearance Center, Inc. (CCC), 222 Rosewood Drive, Danvers, MA 01923, (978) 646-2600, (855) 239-3415. CCC is a not-for-profit organization that provides licenses and registration for a variety of uses.

Pharmacy improves health care



Editor in Chief
Rob Eder

I have been covering the retail pharmacy business for the last 20 years. I often tell people that if they could see what I see; if they could see all that community pharmacy is doing — and could do to improve health outcomes, drive down cost and increase patient access to quality care — some of the answers about how to fix our country's healthcare system might seem more clear.

Consider these critical facts:

- Pharmacists are the most accessible of all healthcare professionals. More than 90% of Americans live within five miles of a community pharmacy;
- People trust the advice of the pharmacist. Pharmacists consistently rank second only to nurses among the most honest, ethical and trustworthy of all professions, according to an annual Gallup survey;
- Pharmacy lowers costs. Roughly two-thirds of likely voters say pharmacists provide credible advice that helps them save money;
- Pharmacy improves quality of care. To practice, pharmacists must complete

a six-year doctorate program. And pharmacists do a lot more than just fill prescriptions. Pharmacists provide flu shots and other important vaccinations; they provide important disease state management counseling and perform comprehensive medication reviews to ensure patients take their medications as prescribed; and many are working in partnership with local hospitals and health systems to help patients transition successfully from the hospital back into their homes, lowering readmission rates; and

- Pharmacy brings innovation to health care. The industry continues to work on cutting-edge patient care programs, including most recently a personalized medicine pilot that is using pharmacogenomic testing to match patients to the most effective and cost-efficient therapy. Another focuses on the testing and treatment of flu and strep in a community pharmacy setting.

But don't take my word for it. If you have not already, arrange a visit to one of the many community pharmacies in your own district, and see for yourself what pharmacy is doing to be the face of health care in the local community.

RXIMPACT INSIDE THIS ISSUE

Our goal: End-to-end healthcare solutions	4
See the face of neighborhood health care	4
Community pharmacy: A solution to the challenge of health cost, access	6
Provider status for pharmacists: Support grows for 'medically underserved' legislation	8
CDC study highlights gap in rural versus urban health care	9
Targeting better patient outcomes through transitions, adherence	10
Connecting the new healthcare team: Pharmacists, physicians advance new patient care model ...	14
Doctorate required: Pharmacy schools prepare students for advanced patient care, new clinical capabilities and collaborative practice	16
Americans trust their pharmacists	18

Our goal: End-to-end healthcare solutions



By MARTIN OTTO, CHIEF MERCHANT AND CFO,
H-E-B, NACDS CHAIRMAN

The National Association of Chain Drug Stores has a question for members of Congress: Are you ready for a different kind of constituent meeting? We are.

We want to collaborate for public policy solutions that will prove effective and sustainable for patients, for all segments of healthcare delivery and for our society across diverse issues. That is why NACDS has embarked on a new campaign to bring together think tanks, associations, patient advocates, government leaders and others to seek long-term, end-to-end thinking about health care and about the ways that health policy relates to other national priorities. You will be hearing more about this initiative, and we would love to partner with you.

To be sure, we recognize the pressing nature of issues before Congress right now. In this environment, NACDS has im-

mediate issues that we will bring to your attention. For example, amid any discussions of the Affordable Care Act, Medicaid and Medicare, we have specific input about maintaining patient access to pharmacy services — access that is essential for maintaining health and preventing the need for costlier forms of treatment. We also know the time is right to enact the Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592 and S. 109), which in the last Congress achieved the bipartisan support of half of the Senate and two-thirds of the House of Representatives.

Yet, even as we engage in the debates of today, we are working with other collaborators to help build mutual awareness of concerns, needs and opportunities as they relate to the sustainability of patient care. We are working to get beyond the “zero-sum game” that all too often picks winners and losers in health care, and to deliver efficiencies that prevent healthcare spending from crowding out other priorities.

We hope you will join this effort. If you are interested in advancing an innovative approach to public policy that has the potential to sustain and advance patient care and other diverse national priorities, we look forward to working alongside you.

See the face of neighborhood health care



By STEVEN C. ANDERSON, IOM, CAE, NACDS
PRESIDENT AND CEO

A decade ago, pharmacies — shockingly — were not widely viewed as vital components of the nation’s healthcare delivery system.

We have surveys from that time that show overwhelmingly favorable public opinion about pharmacies, and about individuals’ experience with their pharmacies. However, the surveys revealed that respondents had not spent much time thinking about pharmacy’s broader role.

A lot has changed since then. Today, there is greater understanding about the many ways that pharmacies serve as the face of neighborhood health care. There are a variety of factors that have contributed to this increased awareness.

Among these factors, pharmacies answered the call of the public health community during the H1N1 flu outbreak in 2009, and figured significantly in the national vaccination campaign at that time. The pharmacy community also made a

strong commitment to tell its story openly during the lead-up to the healthcare reform discussions, and ultimately throughout the Affordable Care Act debate. As changes in state laws have helped pharmacists practice in a manner that is more consistent with their high level of education, more and more patients have been able to experience first-hand the many ways that pharmacists can improve access to high-quality and affordable care.

NACDS RxIMPACT Day on Capitol Hill — when pharmacy advocates visit members of Congress — also has contributed significantly to conveying the very real narrative of pharmacy’s tremendous role in healthcare delivery. Beyond these vital meetings in Washington, D.C., some of the most powerful experiences occur when legislators visit pharmacies in their states and congressional districts.

We invite you to build on the experience of NACDS RxIMPACT Day on Capitol Hill by working with NACDS to tour a pharmacy in your state or district soon. You will come away with a real sense of just how much pharmacies do — and can do in the future — to improve patients’ lives and to improve healthcare delivery in ways that benefit the entire nation.

Companies participating in*

XIMPACT 2017

March 14-15, Washington, D.C.

Ahold USA
Albertsons Companies
Balls Food Stores (Four B Corp)
Brookshire Brothers
Brookshire Grocery Co.
Costco Wholesale dba Costco Pharmacies
Delhaize America
Discount Drug Mart
Food Lion
Fred's Pharmacy
Fruth Pharmacy
Genoa, A Qol Healthcare Company
Hannaford Bros., Co.
H-E-B
Hi-School Pharmacy Services
Hy-Vee
Kinney Drugs
Klingensmith's Drug Stores
Marsh Supermarkets
Meijer
Nucara Management Group
Quick Chek Corporation
Rite Aid Corporation
Shopko Stores Operating Co.
Southeastern Grocers
SpartanNash
SuperValu
The Kroger Co.
Thrifty White Pharmacy
Wakefern Food Corp./ShopRite
Walgreens
Walmart
Weis Markets

* Registered as of Feb. 13, 2017

Community pharmacy: A solution to the challenge of health cost, access

In times of doubt and uncertainty, it's good to know who your friends are.

Fortunately, lawmakers and health-care decision-makers are not without allies as they work to reshape and improve health care. Among them are the more than 60,000 community pharmacies that serve as the accessible and cost-effective "face of neighborhood health care" in nearly every U.S. community.

Indeed, in this "extraordinary political and public policy landscape," in the words of NACDS president and CEO Steve Anderson, the expanding menu of preventive and chronic-care health services readily available to patients at community pharmacies has never been more essential to the effort to fix the country's stressed health system.

"The importance of medication-related services and maintaining access to community pharmacists for the Medicare and Medicaid populations cannot be overstated," noted a coalition of pharmacy organizations in a letter to the newly elected president and congressional leaders. "As the ... administration and Congress consider potential changes to the Medicare and Medicaid programs, we ask that you ensure that beneficiary access to pharmacies is protected. Policies that reduce local pharmacy access lead to poorer health outcomes, ultimately resulting in increased future healthcare costs."

"As the demand for healthcare services continues to grow, pharmacists have expanded their role by collaborating with physicians, nurses and other healthcare providers to meet patients' needs," noted the coalition members, which included NACDS, the National Community Pharmacists Association, the American Pharmacists Association and the National Alliance of State Pharmacy Associations.



"Research has shown that patients with chronic conditions who receive support from pharmacists are more likely to reach their blood glucose, blood pressure and cholesterol goals," according to a Feb. 2017 report from CVS Health.

From 'sick care' to preventive care

According to the American Public Health Association's Center for Public Health Policy, the transformation of the nation's "sick care" system "into one that focuses on prevention and health promotion" will depend heavily on "a sufficiently sized, adequately trained workforce that can provide the community and clinical preventive health services that are needed to promote and protect the nation's health."

Who better to serve in that massive campaign than the highly trained, patient-focused community pharmacists who serve as the front-line access point for many healthcare services in thousands of communities across the United States?

"Pharmacists, thanks to their accessibility and frequent interaction with patients, are in a unique position to assist," CVS Health noted in a February 2017 report. "They help coordinate care with their other health providers, identify red flags early on and offer such solutions as prescription refill reminders to encourage patients with chronic conditions to stay adherent to their medication and treatment plans, which not only improves health but saves money. Research has shown that patients with chronic conditions who receive support from pharmacists are more likely to reach their blood-glucose, blood-pressure and cholesterol goals."

The contributions pharmacists can

make to improve Americans' health while lowering the nation's staggering healthcare bill are worth noting. Among other activities, pharmacies now serve as a primary source for immunizations against influenza and other diseases. They provide health screenings on potentially life-threatening conditions for millions of Americans each year, as well as medication therapy management; special monitoring and support programs for patients with diabetes, asthma and other conditions; mobile and online counseling and prescription refill reminders; lifestyle and disease-prevention advice; and even genetic testing to guide patients to the most effective medication therapy. Some also sponsor or co-sponsor classes for smoking cessation, nutrition, exercise and other pursuits aimed at bettering one's health.

"With proper medication management and routine preventive care — easily accessible at their neighborhood pharmacy — [patients] can keep their chronic diseases in check and stay healthier longer," CVS Health noted.

Pharmacy has stepped up in other ways, as well. A 2016 study from the CVS Health Research Institute found that medication reconciliation programs, in which pharmacists review patients' medication regimens and provide adherence counseling during the patient's transition from hospital to home, reduced risk of hospital readmission by 50%, and helped avoid unnecessary health costs.

"Thanks to their accessibility and regular interaction with patients, pharmacists also are in a unique position to identify potential drug interactions early on, and to educate patients on the proper use of medication," CVS reported. "These efforts have had significant impact on patient satisfaction and quality of care, and can help contain healthcare costs.

"Recent evidence also suggests that the addition of a pharmacist in a collaborative, team-based setting can improve

performance against quality indicators and national health goals," CVS reported.

Toward a patient-centered model

The entire pharmacy industry is on board with this new paradigm of front-line, pharmacy-based, integrated care. "One of our most critical strategic objectives has been to expand our offering to meet growing demand for convenient, affordable and high-quality health care," said John Standley, chairman and CEO of Rite Aid, the nation's third-largest drug store chain.

Acknowledging that the U.S. health system is currently "in great flux," Stefano Pessina, EVP and CEO of Walgreens Boots Alliance, recently stated his belief that "retail pharmacy in America can deliver much greater value to the communities we serve by allowing pharmacists to practice at the top of their profession."

Nevertheless, despite the fact that pharmacists' "role is evolving to include providing direct care to patients as members of integrated healthcare provider teams, ... several key challenges and barriers ... prevent the full integration of pharmacists into healthcare delivery teams," noted the National Governors Association in a report on the expanding role of pharmacists. The NGA noted that "restrictive laws and regulations, ... lack of provider recognition in federal and state law governing compensation of pharmacists who provide direct patient-care services, and limitations on pharmacists' ability to access health information systems," are among the hurdles that remain.

For the U.S. health system to succeed in this transformation to a more accessible, cost-effective, collaborative and patient-focused delivery system, it's critical that the reimbursement model for pharmacy-based clinical and preventive-health services catch up with and support the revolution that's occurred in pharmacy practice. One big step toward achieving that goal would

be passage of the Pharmacy and Medically Underserved Areas Enhancement Act. The bill would give underserved Medicaid patients access to pharmacist-provided services as allowed under state laws.

The potential rewards of giving community pharmacists a full seat at the health system's table of recognized providers are high. About 117 million Americans currently live with a chronic health condition, such as heart disease, diabetes, high blood pressure, high cholesterol, cancer and obesity, according to the Centers for Disease Control and Prevention. Those chronic diseases, the agency reported, are responsible for 7-of-10 deaths every year.

"However, only three cents of each healthcare dollar spent in the United States go toward prevention and public health, when chronic conditions — the most common, costly and preventable of all health problems — account for 86% of our healthcare costs," noted the American Public Health Association.

With health costs up 5.8% to \$3.2 trillion in 2015, according to the Centers for Medicare and Medicaid Services, or 17.8% of the nation's gross domestic product, that means the treatment of chronic diseases cost the nation \$2.75 trillion in 2015, the most recent year for which figures were available at press time. And patients are paying an increasing share in out-of-pocket costs: According to a new analysis of the health insurance marketplace by The Commonwealth Fund, 63 million Americans went without health care or medication in 2016 because of cost concerns. And "1-in-5 U.S. residents didn't go to a doctor when they were sick in 2016," the Fund reported.

The nation's healthcare bill is a staggering burden. But there are solutions that can help cut that price tag — and some are as close as the nearest neighborhood pharmacy where pharmacists are encouraged and compensated for practicing "at the top of their license."

Provider status for pharmacists: Support grows for ‘medically underserved’ legislation



A Thrifty White pharmacist in a Minnesota store checks a patient's blood pressure in a private consultation area.

Pharmacists are fully qualified, actively engaged healthcare providers. And in thousands of communities across the United States, they're already serving as the most accessible go-to health professionals for millions of Americans for a wide variety of preventive-care, screen-

ing and disease management services.

Recognition of the contributions being made by pharmacists — often in collaboration with doctors, hospital networks and publicly or privately sponsored health plans — is growing rapidly as pharmacy- and team-based patient care programs and pilot projects yield measurable improvements in health outcomes and reduce costs for health plans and payers.

Efforts by pharmacists to achieve health provider status and fair reimbursement for advanced clinical services continue to gain momentum, both in Congress and in the court of public opinion.

Under the umbrella group known as the Patient Access to Pharmacists' Care Coalition, such pharmacy organi-

zations as the National Association of Chain Drug Stores, the APhA and the National Community Pharmacists Association have advocated strongly for passage of the Pharmacy and Medically Underserved Areas Enhancement Act. The bill would give underserved Medicaid patients access to pharmacist-provided services as allowed under state laws.

Among those services are providing immunizations; helping seniors manage such chronic conditions as diabetes, heart conditions and asthma; conducting wellness or prevention testing; and helping patients take their medications correctly and as prescribed.

A large majority of Americans support full provider status for pharmacists, according to APhA. Indeed, "81% of vot-

"WE CONSIDER THIS BILL'S SWIFT AND STRONG RE-INTRODUCTION A CREDIT TO THESE LEADERS IN CONGRESS, A CREDIT TO PRO-PATIENT AND PRO-PHARMACY ADVOCATES AND A CREDIT TO THE POWERFUL STORY OF PHARMACIES AS THE FACE OF NEIGHBORHOOD HEALTH CARE."

— STEVE ANDERSON, PRESIDENT AND CEO, NACDS

ers agree pharmacists should be considered a part of each patient's healthcare team," the nation's oldest national organization for pharmacists noted.

Actually, a growing number of lawmakers in both houses of Congress already do. Many have signed onto the Pharmacy and Medically Underserved Areas Enhancement Act, which was re-introduced in the Senate Jan. 12 as S. 109 by a bipartisan group of lead sponsors including senators Chuck Grassley, R-Iowa; Sherrod Brown, D-Ohio; Susan Collins, R-Maine; and Bob Casey, D-Pa. A similar measure, H.R. 592 — sponsored by Rep. Brett Guthrie, R-Ky.; Rep. G.K. Butterfield, D-N.C.; Rep. Tom Reed, R-N.Y.; and Rep. Ron Kind, D-Wis. — is under consideration in the House of Representatives.

Pharmacy advocates vowed to continue their efforts to have the measure enacted. "We consider this bill's swift and strong re-introduction a credit to these leaders in Congress, a credit to pro-patient and pro-pharmacy advocates and a credit to the powerful story of pharmacies as the face of neighborhood health care," said NACDS president and CEO Steve Anderson.

A greater reliance on pharmacists' clinical training and patient-care efforts has been hugely beneficial to the nation's overburdened healthcare system. U.S. pharmacies across all retail channels offer point-of-care health screenings, both in stores and, in many cases, via mobile, self-contained health buses that tour the country. They collaborate with hospital systems, local health networks and such government agencies as the Centers for Disease Control and Prevention to combat the spread of HIV, the Zika virus, influenza and other diseases. And many pharmacy providers — from such big national chains as Walgreens and CVS Pharmacy to such local and regional operators as Fruth Pharmacy, which operates two dozen stores in West Virginia and Ohio — now provide pharmacogenomic testing using information about a patient's genetic profile to help



A greater reliance on pharmacists' clinical training and patient care efforts has been hugely beneficial to the nation's overburdened healthcare system.



U.S. pharmacies across all retail channels — drug stores, supermarkets and mass merchants alike — are offering point-of-care health screenings.

choose the medication that will work best for that patient.

What's more, pharmacists now administer roughly 25% of all influenza vaccinations in the United States, according to the CDC. To advance pharmacy's effort to improve immunization rates for influenza and other diseases, NACDS launched three demonstration projects in mid-2016 that involve a team-based approach among participating pharmacies, accountable-care organiza-

tions, public health agencies and local health plans or systems.

"These demonstration projects seek to improve public health by aligning the interests of healthcare partners ... across the country," Anderson said.

The group also has launched training programs for pharmacists to advance pharmacy-based pharmacogenomics, along with pharmacy-based point-of-care testing for flu, strep and other acute and chronic conditions.

Targeting better patient outcomes through care transitions, adherence



Community pharmacists collaborate with hospitals, physicians, nurses and other providers to counsel patients in an effort to improve adherence and facilitate the transition from hospital to home.

Here's a fact that keeps health plan administrators and anyone else responsible for budgeting health costs awake at night: 1-in-5 hospital patients ends up back in the hospital within 30 days of their discharge. And the biggest factors pulling them back all have to do with medications — either through medication errors, nonadherence or adverse drug events.

That's according to the Centers for Medicare and Medicaid Services, which put the cost of those revolving-door readmissions at \$25 billion or more a year. Other estimates peg the cost as high as \$44 billion, according to physician Stephen Jencks, a health consultant and

senior fellow at the Institute for Healthcare Improvement.

Many of those costly trips back to the hospital could be avoided, said Jencks and other health experts, if there were better systems in place for transitioning patients from the hospital to the home or long-term care center — and improved coordination of care between the hospital and a local safety net of health providers, including pharmacies, clinics and physician groups.

In recent years, a number of pharmacy companies, big and small, have stepped up to prove that theory correct, developing innovative partner-

ships with local hospitals and health systems, all built around one fairly simple idea: getting the community pharmacist more actively involved in a patient's transition from the hospital to the home, and helping them understand the critical importance of taking their medications as their doctors have prescribed. The results to date have been impressive, driving down 30-day hospital readmission rates about 50% for patients who have been part of these programs.

Plenty of factors are fueling the push for more coordination between hospitals, community pharmacies and other

health entities. Among them is the critical need among public and private health plan payers to curb the staggering costs of hospital care.

"High-cost hospital care ... is a major driver of national health expenditures," said Karen Utterback, VP of strategy and business development for McKesson's Extended Care Solutions Group. "If you want to tame national health expenditures ... you must lower inpatient hospitalization rates."

In addition, the general shift in health care from a fee-for-service to an outcomes-based payment model to hospitals is accelerating their urgent drive to discharge patients back into the community care setting more quickly and spread the risk burden among a team of community-based provider partners.

Pharmacists 'at core of transitional care'

The stampede toward a more seamless transition of care between the hospital and the home is right in line with what Paul Abramowitz, CEO of the American Society of Health-System Pharmacists, called the "continued movement toward quality and coordinated delivery of care."

"Studies have demonstrated that successful coordination and management of transition of care services lower costs by positively impacting hospital readmission rates," Abramowitz said. "When pharmacists are involved, access is increased, quality is improved and costs are reduced."

Anne Burns, VP of professional affairs for the American Pharmacists Association, agreed with that assessment. "We're moving to a value-based health-care system where providers, hospitals and other organizations are going to be paid based on their ability to both generate positive outcomes and control costs," Burns said. "New care delivery models, such as patient-centered medical homes, are expanding across the country. Pharmacists are increasingly being incorpo-

rated into these models as members of inter-professional healthcare teams that collaborate and better coordinate the care of their patients."

Still, given the impact proper medication utilization has on healthcare costs in general — and hospital readmission rates in particular — it is clear that the community pharmacy can play a greater role as part of an extended patient care team.

"Ineffective care transition processes lead to adverse events and higher hospital readmission rates and costs," according to a report from the Joint Commission's Center for Transforming Healthcare. "One study estimated that 80% of serious medical errors involve miscommunication during the hand-off between medical providers."

However, the commission noted, "readmissions within 30 days of discharge can often be prevented by providing a safe and effective transition of care from the hospital to home or another setting." And among the collaborative-care activities that can have "very positive effects on transitions," its report added, is "medication reconciliation, with the involvement of pharmacists."

NEHI, a national health policy institute, agreed. In a study, the group found that a large percentage of hospital readmissions are caused by medication-related adverse events. "Medication management is at the core of advanced discharge planning and transitional care," the health policy group reported. "This reflects three realities: adverse events are a major cause of avoidable hospital readmissions; more post-discharge adverse events are related to drugs than

other causes; and lack of adherence to medications prescribed at discharge has been shown to be a driver of post-discharge adverse drug [events]."

NEHI urged the creation of integrated, multi-disciplinary healthcare teams — including community pharmacists — to improve post-discharge patients' health and lower hospitalization costs.

Improved medication adherence reduces hospital readmissions

Much of the flow of patients back into the hospital can be traced to medication nonadherence. "The lack of adherence — not taking medications, not taking the right medications or taking the right medications the wrong way — is estimated to be the cause of nearly one-third of readmissions of patients with chronic

CONTINUED ON PAGE 12



Chain pharmacies are partnering with local hospitals and health systems, and positioning their pharmacists to help create a long-term, post-discharge safety net for patients as they transition from the hospital to the home, and back into the community.

CONTINUED FROM PAGE 11

medical illnesses," Utterback noted.

The nonadherence problem goes far beyond the post-discharge patient population, however. When patients fail to take their medicines as prescribed, or don't even have their prescriptions filled in the first place, it shortens lives for thousands of Americans and generates enormous extra health costs each year.

Poor medication adherence results in \$290 billion of avoidable costs in the healthcare system, according to NEHI. And the breakdown in a patient's planned medication therapy often occurs right after the doctor writes a prescription; according to NACDS, "25% of patients fail to pick up their initial prescriptions, leading to poor outcomes and preventable complications."

It's a problem that goes right to the heart of community pharmacy's core competencies. Boosting adherence levels — both among post-discharge patients and among the total population — is an increasingly critical focus for pharmacy providers.

Chain and independent pharmacies around the country are stepping up efforts to partner with local hospital groups and health systems in a massive campaign to create a long-term, post-discharge safety net for patients after their release from the hospital. National pharmacy providers, such as Walgreens, CVS Health, Rite Aid, Walmart and others, all have long-term initiatives in place to align with hospital systems and help patients transition back into the community, as do such regional players as Thrifty White and Hy-Vee.

Walgreens' WellTransitions program, launched in 2012 in partnership with local hospital systems in several markets, has shown solid results, yielding a 46% reduction in unplanned hospital readmissions within 30 days of discharge for patients who were part of an outcomes study, according to the company. Through WellTransitions, patients receive bedside medication delivery prior



"Medication management is at the core of advanced discharge planning and transitional care," health policy group NEHI reported. "This reflects three realities: Adverse events are a major cause of avoidable hospital readmissions; more post-discharge adverse events are related to drugs than other causes; and lack of adherence to medications prescribed at discharge has been shown to be a driver of post-discharge adverse drug [events]."

to discharge from the hospital, comprehensive medication review, and additional follow-ups from Walgreens pharmacists at nine days and again at 25 days after discharge to ensure that patients continue taking their medications as prescribed.

And Rite Aid has grown its Health Alliance transition-of-care partnership, which involves collaboration between some of its stores and several health systems around the United States. The program is reducing readmissions and improving patient outcomes through the formation of closer working relationships between post-discharge patients, physicians and Rite Aid pharmacists, said a company official, and through a careful tracking of all pharmacist-patient interactions and results.

With support from their wholesaler partners, many independents also are forming post-discharge patient-care networks.

35.1 million patients are discharged from the hospital each year.²




of those patients are discharged home.³



1-in-5 patients are re-admitted within 30 days of discharge.³

Source: Cardinal Health, 2) CDC, Hospital Utilization (in non-Federal short-stay hospitals, 2010; 3) Medpac, Medication Payment Policy, March 2012



He's 68 years old.
He had one heart attack and doesn't want another.
It takes two bus lines to reach his appointments.

WHERE CAN HE TURN FOR HELP?

The answer is clear: Seniors can turn to pharmacists for health care services including the management of chronic diseases, like diabetes and heart disease; health tests, such as glucose, cholesterol and blood pressure; and immunizations.

Pharmacists are trusted by patients and other health care professionals, and are ready to help.

The problem is – Medicare patients do not have access to pharmacist-provided services allowed under state laws.

Help seniors get access to the health care services they need.

PHARMACISTS  **CARE**
Learn more at PharmacistsCare.org.

Pass H.R. 592/S. 109, the *Pharmacy and Medically Underserved Areas Enhancement Act*, to provide Medicare coverage for pharmacist-provided patient care services.

Connecting the new healthcare team

Pharmacists, physicians advance new patient care model



"A growing body of evidence suggests that when physicians, nurses, pharmacists and other healthcare professionals work collaboratively, better health outcomes are achieved," said Steve Anderson, president and CEO of the National Association of Chain Drug Stores.

The future of American health care could be summed up in one word — "connection." To thrive in a fast-changing healthcare system that demands better patient outcomes at a lower cost, pharmacies, physicians, hospitals, health systems, outpatient clinicians and diagnosticians are going to have to connect much more effectively, both with one another and with the patients they serve.

This move to coordinated care is critically important to the nation's overburdened and overly costly health system. "A growing body of evidence suggests that when physicians, nurses, pharmacists and other healthcare professionals work collaboratively, better health outcomes are achieved," said Steve Anderson, president and CEO of the National Association of Chain Drug Stores. To

that end, he said pharmacists are "partnering with healthcare providers working in nearby health systems and hospitals, serving as part of care teams to help improve patient health and outcomes."

The nation's pharmacy providers are helping to drive the change. Wielding advanced automation and data systems, they're working hard to align their pharmacists' patient-care and disease-prevention activities with the overall clinical efforts of hospital systems, physician groups and other health providers. In the process, they're helping to build a new team-based, patient-focused model of coordinated community care.

In a growing number of stores and regions, "Rite Aid pharmacists and specially trained care coaches, located in Rite Aid pharmacies, work with the physician

and patient on an ongoing basis to improve the patient's overall health and self-management abilities. The care team members collaborate with the patient to establish health goals, eliminate barriers and create a personalized healthcare action plan in coordination with the patient's physician," noted a company spokesperson.

Through the company's Health Alliance program, local and regional health systems are beginning to embrace the idea by enlisting Rite Aid stores in a network of extended care for post-discharge patients with chronic conditions.

"It takes a village," added Jocelyn Konrad, Rite Aid's current EVP of pharmacy. "We want to collaborate, whether it's with other health professionals, employees, health plans — whatever that may be. We want to be part of that solution."

Linking 'the healthcare ecosystem'

This new health delivery paradigm is about being "a more integrated part of the healthcare ecosystem," noted Brad Fluegel, SVP and chief healthcare commercial market development officer for Walgreens. "Across the spectrum, we're trying to figure out how to help stitch together various parts of the healthcare system to deliver a better experience for the patients."

"A lot of what we've been doing as we talk with health systems, health plans and others is making sure that we can connect our process and our data with theirs, so that we can help improve adherence rates, close gaps in care that patients might be experiencing and use our digital health tools to create incentives for patients and consumers to take better care of themselves and remain adherent," Fluegel added.

Richard Ashworth, president of Walgreens pharmacy and retail operations, said the goal "is to leverage the assets that Walgreens brings — including our locational advantage and our core pharmacy capabilities — and to put those together with our other adjunct healthcare services ... in partnerships with local health systems."

Ashworth called those partnerships "one of the strategic pillars for our

healthcare strategy." And hospital-based health systems, he added, are "the crux of where care is really delivered, which is in the community, by hospitals and health systems and physicians."

To that end, Walgreens and other pharmacy providers are positioning themselves as the community-based health resource for patients after their discharge from the hospital. It's about extending and completing the web of patient care beyond the hospital or physician practice setting in a new "collaborative services model," Ashworth said. "This means we take the assets we have and the infrastructure we have, and work together with the local health system to better coordinate care."

Connecting the dots in health care can involve every aspect of a pharmacy organization. CVS Health, for instance, joined with the Department of Health and Human Services in 2015 in a partnership involving both its pharmacies and its more than 1,100 MinuteClinic in-store clinics. The goal: To promote an online information resource for Americans that "provides recommendations from government-recognized clinical experts for the personalized preventive services patients should receive based on their age and gender," according to the company.

"Many of these recommended preventive services are conveniently delivered at MinuteClinic, where we can coordinate with a patient's primary care physician," said Andrew Sussman, EVP and associate chief medical officer for CVS Health and MinuteClinic president.

Going digital

This team-based, coordinated network of care will require advanced automation to capture and share patient data and electronic health records in systems that protect patients' privacy, while still allowing all the members of their healthcare team — doctors, hospitals, clinicians and pharmacists — to share the information needed to make the best informed decisions on their behalf.

Pharmacies have been ahead of the automation and data-capture curve for decades. Their leadership in automated health information began with integrated pharmacy dispensing systems that link all stores within a pharmacy chain on a common information and record-keeping platform. And the rollout of electronic prescribing over the past 15 years strengthened those data connections, forging new links between pharmacies, prescribing physicians, health systems, health plan care coordinators and pharmacy benefit managers in a continuum of care.

All these connections are forging "a more connected and collaborative healthcare system with a technology-neutral platform that exchanges vast amounts of data across a disparate range of health technology systems," said Tom Skelton, CEO of e-prescribing platform provider Surescripts.

"There is no question that healthcare is going digital," said Skelton. "Providers ... are sharing critical information to coordinate patient care. Just as we've witnessed continued growth in e-prescribing, so too have we seen the complexity of the healthcare system multiply, while patients and providers demand easier access to health information."



Rite Aid Care Coaches, trained by the company's Health Dialog division, work with chronic and polychronic patients to meet specific health goals as defined by their physicians.

Doctorate required

Pharmacy schools prepare students for advanced patient care, new clinical capabilities and collaborative practice

Going back at least to the mid-1800s, many community pharmacists have been given the informal title of “doc” or “doctor” by grateful local residents, particularly in smaller towns and rural communities where the local pharmacist might be the only health provider within miles. These days, the title is more than honorary; it’s a requirement.

Before they even attend their first class, today’s prospective pharmacists have undergone the rigorous selection process required of any student applying to one of the nation’s 136 colleges of pharmacy. Once enrolled, they begin an intensive, six- or seven-year journey toward the doctor of pharmacy degree that is required to practice pharmacy in the United States. By the time a student has earned a doctor of pharmacy, they will have completed approximately 140 graduate school-level required course credit hours — about one-third of which are experiential in nature via prescribed types of clinical practice mentoring.

“The doctor of pharmacy degree program requires at least two years of pre-professional (undergraduate) study followed by four academic years of professional study,” noted the American Association of Colleges of Pharmacy. What’s more, said the organization, “a growing number of first-year students enter a pharmacy program with three or four years of college experience.”

Given the fact that pharmacists literally bear responsibility for the health, well-being and in some cases the lives of patients, it’s no surprise that they undergo extensive training and advanced education before donning the white coat. In addition, the field of pharmacy has become increasingly complex as advances in pharmaceutical therapy and genomics



About one-third of a pharmacy student's education is experiential in nature, working with a clinical practice mentor.

have taken hold — and as pharmacists’ patient-care activities have become more integrated with those of doctors and other members of the healthcare team.

Harry Leider, chief medical officer for Walgreens, said, “The level of education and training pharmacists receive has increased significantly in recent years. Pharmacy students are now required to earn a doctor of pharmacy degree (PharmD), which typically takes seven to eight years to complete — including undergraduate and pharmacy school education. Many pharmacists go on to receive additional specialized training in areas of growing need like immunizations, diabetes or HIV/AIDS.”

Learning to collaborate

“The role of the pharmacist is rapidly changing,” agreed the University of Pittsburgh School of Pharmacy in a mission statement. “Pharmacists are able to contribute to the healthcare team by

utilizing tools and skills that facilitate patient care. With significant national support for pharmacists’ ability to impact the healthcare of patients, there is an imperative need to address the significant gaps in access to patient care services.”

“Pharmacists are patient-care providers who focus on the appropriate, safe and effective use of medications while collaborating with members of a healthcare team,” added Pitt Pharmacy School dean Patricia Kroboth. “Changes in the U.S. healthcare system are driving an exciting evolution of responsibilities and roles for pharmacists. Our graduates practice in a variety of environments on the continuum of keeping healthy communities healthy to caring for the sickest of the sick.”

At the University of North Carolina’s Eshelman School of Pharmacy, the education of prospective pharmacists now features “more patient-care experience, expanded research ... and a flipped classroom that shifts the lecture[s] out-

side of class and replaces them with more interactive, team-oriented and critical-thinking activities."

In this "new curriculum," said Russ Mumper, VP at the University of Georgia College of Pharmacy, "the role of patient care ... will begin much earlier in the student's educational process."

According to Evan Robinson, founding dean of Western New England University School of Pharmacy, new educational guidelines from the American Association of Colleges of Pharmacy reflect the dramatic evolution of pharmacy practice. This expansion of pharmacists' expertise and engagement comes as pharmacists fill a broader and more clinical role as frontline patient care providers, working in partnership with physicians and health systems as part of an integrated care team focused on improving patient outcomes and long-term wellness.

"Pharmacists have been very effective communicators, and now the question is, 'How do we grow in our role as educators?'" Robinson said. "The goal now is to enhance our therapeutic knowledge to make us far more valuable as a member of the interprofessional team in collaborative services for patient care and outcomes management, whether it's in a patient-centered medical home, in care-based activities, etc."

The nation's schools of pharmacy have significantly expanded their curricula and community outreach, said the pharmacy educator, to give newly minted doctors of pharmacy the fully rounded, advanced-degree education in pharmacotherapy and health sciences they'll need for today's more complex and clinically oriented model of pharmacy practice. But today's pharmacy students also are gaining a deeper understanding of patient relationships, empathetic long-term care, counseling on healthier lifestyle choices for patients, the management of chronic diseases and the team-based approach to patient care that increasingly defines today's healthcare system.

"Our curricula have evolved in a

very solid, stepwise, evidence-based manner to try and find ways to capitalize collaboratively for patient outcomes," Robinson said.

'Redefining pharmacy's role'

Today's pharmacy curriculum is preparing new generations of community pharmacists for work as behavior management experts spending less time dispensing and more time on patient management activities.

"Communication skills are critical," said pharmacy educator Kimberly McKeirnan. "As pharmacists, we regularly interact with people who are faced with difficult situations like health concerns of their own, health concerns of a family member or financial difficulties."

As a result, "PharmD education includes training and opportunity to practice communicating — interviewing and counseling patients, effective communication with other healthcare providers," said McKeirnan, clinical assistant professor in the College of Pharmacy at Washington State University Health Sciences.

Pharmacy schools are aligning with the changes in pharmacy practice in or-

der to better prepare students for a more clinical and holistic approach to patient care by pharmacists. At the University of Iowa's College of Pharmacy, for instance, "classes are now organized by disease state and will be team-taught."

"PharmD students in small groups will learn about the scientific process, develop a scientific project and present findings," according to the school. "An essential piece of the [new] 'Learning and Living' curriculum is having pharmacy students and other health sciences students collaborate. There will be more flexibility for students seeking dual degrees and additional specialization."

According to Donald Letendre, dean of Iowa's pharmacy school, the college is "redefining the role pharmacy will play in tomorrow's healthcare system one outcome at a time, ... from the discovery of new drug therapies to groundbreaking delivery models for patient care ... advancing the world of pharmacy by achieving outcomes that matter."

"Our students are rubbing elbows with nurses and physicians every day," Letendre said. "We are always at the forefront of innovation."



Left to right: Alexa Mitchell and Holly Moore, then second-year pharmacy students at Washington State University College of Pharmacy, worked with clinical assistant professor Kimberly McKeirnan, PharmD, to deliver health screenings at a local Albertsons pharmacy.

Americans trust their pharmacists

Once again, in 2016, pharmacists ranked second only to nurses among all professions in Gallup's annual Honesty and Ethics survey. That makes the 14th year in a row that Americans have ranked pharmacists among the top three professions.

The annual poll was conducted Dec. 7 to 11, 2016, with a random sample of 1,028 adults, ages 18 years and older, living in all 50 U.S. states and the District of Columbia. Two-thirds of all respondents gave pharmacists "very high/high" marks for honesty and ethical dealings, slightly ahead of medical doctors, teachers, police officers and members of the clergy.

"Healthy majorities of the American public continue to show a willingness to trust the honesty and ethical standards of healthcare providers — nurses, doctors, pharmacists and dentists," according to the Gallup poll.

"The rating that pharmacists earned in this annual Gallup survey is built on established pharmacist-patient relationships in neighborhoods throughout the nation," said National Association of Chain Drug Stores president and CEO Steve Anderson. "The takeaway for policymakers is that the pharmacist-patient relationship has tremendous potential to do even more to improve patient health and well-being, along with the overall quality and affordability of health care."

"Pharmacists are highly educated and highly accessible professionals," Anderson added. "They are highly valued in neighborhoods across America, and particularly by those in the greatest need."

The Gallup findings are consistent with NACDS' opinion research. In a November 2016 survey of likely voters — commissioned by NACDS and conducted by Public Opinion Strategies — pharmacies achieved an overall 63% favorability rating. Further, respondents gave their own pharmacy a 75% favorability rating and their own pharmacist a 77% favorability rating.

VOTERS VALUE THE ROLE OF THE COMMUNITY PHARMACIST

Voters' views on pharmacy ¹	VERY/MOSTLY FAVORABLE	MOSTLY/VERY UNFAVORABLE
Pharmacies	63%	10%
Your pharmacy	75%	4%
Your pharmacist	77%	3%
% of voters who believe: ¹	TOTALLY CREDIBLE	TOTALLY NOT CREDIBLE
How credible are pharmacists when talking about opportunities for patients to save money?	66%	25%
% of voters who believe: ²	VERY/SOMEWHAT IMPORTANT	NOT TOO/NOT AT ALL IMPORTANT
How important is the pharmacist's recommendation when deciding whether or not to buy an over-the-counter medication for the first time?	73%	27%

¹ Morning Consult National Tracking Poll, February 2016

² Public Opinion Strategies and NACDS National Opinion Elite Survey, November 2016

Americans' ratings of honesty and ethical standards in professions

PROFESSION	VERY HIGH/HIGH	LOW/VERY LOW	AVERAGE
Nurses	84%	3%	13%
Pharmacists	67	8	26
Medical doctors	65	7	29
Engineers	65	5	29
Dentists	59	7	34
Police officers	58	13	29
College teachers	47	18	32
Clergy	44	13	39
Chiropractors	38	13	45
Psychiatrists	38	12	45
Bankers	24	30	46
Journalists	23	41	34
Lawyers	18	37	45
State governors	18	35	45
Business executives	17	32	50
HMO managers	12	31	48
Senators	12	50	37
Stockbrokers	12	39	46
Advertising practitioners	11	40	46
Insurance salespeople	11	38	51
Car salespeople	9	46	45

Source: Gallup, Dec. 7 to 11, 2016

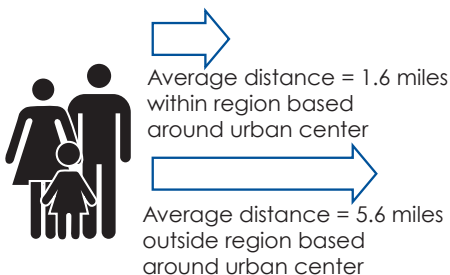
1 PHARMACIES HELP PATIENTS USE MEDICINES SAFELY AND STAY HEALTHY.

Pharmacies are best known for their commitment to medication safety and effectiveness: providing accurate prescriptions, helping patients take medications as prescribed and safely, and sharing knowledge on drug topics.

2 INNOVATIVE PHARMACY SERVICES DO EVEN MORE TO IMPROVE PATIENT HEALTH AND QUALITY OF LIFE.

Increasingly, pharmacies provide vaccinations, health education, and disease state testing and management. Through personal interactions with patients, face-to-face consultations and convenient access to preventive care services, pharmacies are helping to shape the healthcare delivery system of tomorrow – in partnership with doctors, nurses and others.

COMMUNITY PHARMACISTS LIVE, WORK AND SERVE PATIENTS IN EVERY STATE AND CONGRESSIONAL DISTRICT - INCLUDING YOURS



Nearly all Americans (91%) live within five miles of a community pharmacy. (NCPDP Pharmacy File, ArcGIS Census Tract File, NACDS Economics Department)

3 WIDELY TRUSTED AND ACCESSIBLE, PHARMACISTS ARE EXTREMELY VALUED BY THOSE IN GREATEST NEED.

Pharmacists rank consistently among the most trusted professionals, and among the most approachable and accessible in healthcare. People who take prescription medications regularly, manage chronic diseases, use emerging pharmacy services, and who are older have even stronger positive opinions about pharmacies. Particularly in rural and under-served areas, the appreciation for pharmacists proves particularly strong.

4 PHARMACY SERVICES IMPROVE HEALTHCARE AFFORDABILITY.

From helping patients take their medications effectively and safely to providing preventive services, pharmacies help keep people healthier. That prevents costly forms of care down the line. Pharmacists also help patients identify strategies to save money, such as understanding their pharmacy benefits, using generic drugs and obtaining 90-day supplies of prescription drugs in retail pharmacies.

ABOUT NACDS

NACDS represents traditional drug stores and supermarkets and mass merchants with pharmacies. Chains operate 40,000 pharmacies, and NACDS' more than 100 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ more than 3.2 million individuals, including 178,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 850 supplier partners and 60 international members representing 21 countries. Please visit nacds.org.



UPSHER-SMITH

Partners in Health Since 1919

Brought to you by
DRUG STORE NEWS
dsn