

RX IMPACT

Volume 5

A Drug Store News Special Report

March 2016

COMMUNITY PHARMACY

Lowering healthcare costs
Expanding patient access
Improving outcomes





NACDS members operate pharmacies in every state and Congressional district.

Have you toured one in yours?

NACDS invites members of the 114th 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.

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RXIMPACT

Tuning into real health reform



**Editor in Chief
Rob Eder**

This year makes 19 years for me as the editor of *Drug Store News*. Looking back on it all, I have seen a lot change. In many ways, it reminds me of a series of TV commercials that was popular back then — AT&T's "You Will" ads.

Remember those?

"Have you ever borrowed a book from 1,000 miles away," the voice of Tom Selleck asked. "Have you ever crossed the country without stopping for directions? ... You will."

Today, e-books and GPS are pretty common; but 20 years ago, they seemed like science fiction.

The comparisons to the transformation of community pharmacy over that period are really quite remarkable.

When I started 19 years ago, it would have been impossible to imagine getting a flu shot from a pharmacist because pharmacists were not licensed to do. Today, pharmacists in all 50 states can administer flu shots and at least

two other vaccinations.

Back then, it would have been hard to imagine being able to receive 80% of your primary care needs in a community pharmacy setting — the retail clinic was very much still just a concept on a dry erase board. Today, there are more than 2,000 retail clinics in operation, with many more expected in the years ahead.

To be sure, as the editor of *DSN* I have seen the drug store re-emerge not just as a place that dispenses prescriptions, but as the center of health care in neighborhoods all across America.

I frequently tell people that if they could see what I see, if they could see how community pharmacy, in so many examples, is leading the way on lowering healthcare costs, expanding patient access and driving better health outcomes, they would have a pretty good sense of how to fix health care.

That's why we have produced this special edition of *DSN*. Just like those AT&T commercials, you may not have thought a lot about what community pharmacy could do to help fix health care was possible. But when you read this, you will.

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A look back reveals pharmacy's strides forward



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

It is amazing how a 2008 initiative has marked pharmacy's progress in helping to improve access to high-quality, cost-effective patient care.

Eight years ago, the National Association of Chain Drug Stores and allied organizations released a document entitled "Project Destiny," which sought to facilitate pharmacy's healthcare services beyond medications. The document stated: "Pharmacists ... are well suited for providing patient care that ensures optimal medication outcomes and can contribute to the lowering of overall healthcare costs. ... 'Project Destiny' has identified potential mechanisms for offering services to patients that are valued by the healthcare system which can be replicable, scalable and economically viable for community pharmacy."

Since that time, NACDS members have made tremendous strides in innovating healthcare delivery. Along the way, we have seen examples of how federal and state policies can help

foster these improvements, or threaten them.

Vaccinations present one example among many of how to leverage pharmacy's value. At the federal level, health authorities have lauded pharmacies as critical vaccination access points during flu outbreaks. The military's TRICARE program hails the success of its pharmacy-based vaccination program. At the state level, it is notable that in 2009 pharmacists gained the ability to administer the flu vaccine in all 50 states — when Maine took that step. Just last year, Georgia became the 50th state in which pharmacists can provide at least three vaccines.

Still, examples abound of the need to work continuously at the federal and state levels to preserve patients' choice of pharmacies in Medicare, Medicaid and TRICARE to meet their medication needs. NACDS members look forward to talking with U.S. Senators and Representatives about these challenges.

In many ways, this special edition of *Drug Store News* — which is being circulated during NACDS RxImpact Day on Capitol Hill — provides a kind of update on "Project Destiny" and the story of pharmacy patient care's evolution. It is up to all of us to ensure the positive story continues to unfold for the ultimate good of patients nationwide.

Pharmacy's grassroots presence is telling



BY RANDY EDEKER, CHAIRMAN, CEO AND PRESIDENT, HY-VEE; NACDS CHAIRMAN OF THE BOARD

Pharmacy's engagement with legislators through the National Association of Chain Drug Stores RxImpact grassroots program provides a window into the industry and the profession.

Face-to-face interactions between patients and pharmacists contribute substantially to pharmacy's value and position of trust. In a survey commissioned by NACDS last summer, half of respondents indicated that they had spoken with a pharmacist in the past 12 months about a question related to a prescription drug. They spoke with a pharmacist about an over-the-counter medication at the same rate. Three-in-10 spoke to a pharmacist about a personal health question.

Given that personal contact between patients and pharmacist is a hallmark of community pharmacies, it is only fitting that relationships between pharmacists and legislators help to develop policies that can improve access to health care.

Members of Congress have become familiar with NACDS

RxImpact Day on Capitol Hill, now in its eighth year. In 2015, NACDS members conducted 462 meetings during this "Hill day," reaching more than 85% of the U.S. Congress. Yet, the grassroots engagement of NACDS members goes beyond these meetings in Washington, D.C.

NACDS members last year hosted 156 pharmacy tours and other events for members of Congress in their states and districts. In addition, the NACDS RxImpact program invested in the future of pharmacy's grassroots engagement by conducting 24 grassroots training programs for member companies and for colleges and schools of pharmacy.

In 2016, NACDS RxImpact Votes — the bipartisan get-out-the-vote arm of the grassroots program — is focusing on educating pharmacy personnel about opportunities to make their mark on the elections by volunteering for, and building turnout for, the candidates of their choice.

NACDS members have a somewhat unique grassroots strength in that — collectively — they operate stores in every congressional district and state. Pharmacy's commitment to leverage this presence and to engage in productive dialogue with legislators reflects pharmacy's role as the face of neighborhood health care. We look forward to working with members of Congress on an ongoing basis for the benefit of patients and consumers.

Companies participating in*

RXIMPACT 2016

March 16-17, Washington, D.C.

Ahold USA
Albertsons Companies
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
Giant Eagle
H-E-B
Hi-School Pharmacy Services
Hy-Vee
Kinney Drugs
Klingensmith's Drug Stores
Meijer
Nucara Management Group
Quick Chek Corporation
REM Corp. Smart Pharmacies
Rite Aid Corporation
Shopko Stores Operating Co.
Southeastern Grocers
SuperValu
The Bartell Drug Company
Thrifty White Pharmacy
Wakefern Food Corp./ShopRite
Walgreens
Walmart
Wegmans Food Markets
Weis Markets

* Registered as of Feb. 19, 2016

Amid access and cost challenges, U.S. health system turns to pharmacy



It's time.

With the nation struggling to pay its massive health bill, medical schools turning out fewer and fewer primary care doctors, 10,000 boomers a day turning 65 years old and putting new stress on Medicare and health services, the Affordable Care Act demanding new cost-saving solutions to front-line care, and chronic diseases reaching epidemic proportions, it's clearly time to fully engage the nation's nearly 180,000 community pharmacists in the urgent campaign for a more effective, more accessible and less costly healthcare system.

The pharmacy profession — and the industry it drives — is up to the challenge. Armed with a doctorate in pharmacy and advanced training in pharmacology, population health, clinical care and patient counseling, today's community pharmacists are ready and able to do more to help relieve the stress on the nation's vast, overburdened and staggeringly expensive healthcare system.

Indeed, they've already stepped up as frontline providers of vital services like immunizations, medication therapy management, disease prevention, health screenings and healthy lifestyle coun-

seling. And with a fairer and more rational payment system for pharmacy services in place, they could do much more to improve Americans' overall wellness and curb the rising health cost spiral.

"Retail community pharmacists provide high quality, cost-efficient care and services, especially for patients with chronic conditions," noted Steve Anderson, president and CEO of the National Association of Chain Drug Stores. "However, the lack of pharmacist recognition as a provider by third-party payers, including Medicare and Medicaid, has limited the number and types of services pharmacists can provide, even though fully qualified to do so."

"Pharmacists play an increasingly important role in the delivery of services, including key roles in new models of care beyond the traditional fee-for-service structure," Anderson added. "Pharmacists are engaging with other professionals and participating in models of care based on quality of services and outcomes, such as ACOs (accountable care organizations). They're also partnering with healthcare providers working in nearby health systems and hospitals, serving as part of care teams to help improve patient

health and outcomes.”

NACDS calls pharmacists “the face of neighborhood health-care — the final link in a chain of care that extends from health providers to patients, and unquestionably the nation’s most accessible health professional.”

‘We need to make changes’

The growing reliance on pharmacists as fully engaged and clinically capable members of the modern patient-care team couldn’t come at a better time. Costs of acute care services and hospitalizations have skyrocketed. And the nation’s growing shortage of primary care physicians — traditionally the first line of care for most Americans — is reaching critical levels.

This growing squeeze on the number of primary care physicians has made access to affordable health care a hot-button issue. And it comes even as the U.S. health system is in the midst of a “back to basics” movement that’s “making primary care once again the critical touchpoint,” according to PriceWaterhouseCoopers’ Health Research Institute. “Besides elevating the role of primary care physicians, that movement is also elevating the critical importance of pharmacists, retail clinicians and other health professionals who extend and supplement the role played by family-practice doctors in a team-based, more collaborative network of frontline care,” PwC reported recently.

“America’s population is living longer than ever before; however, the number of people suffering from chronic disease is at an all-time high and growing,” noted Dr. Harry Leider, chief medical officer at Walgreens, in a report for the Congressional newspaper *The Hill*. “Almost half of U.S. adults — approximately 117 million

people — have at least one chronic disease, resulting in three-quarters of our nation’s annual healthcare expenditures going toward costs for treatment and management of these conditions.

“We’re also challenged with a primary care physician shortage that’s only supposed to worsen, with the Association of American Medical Colleges predicting that in five years there will be nearly 100,000 fewer doctors than the number needed,” Leider added. “And, of course, there is the influx of newly insured individuals into the healthcare system as a result of the Patient Protection and Affordable Care Act.”

“Against this backdrop, it’s clear we need to make changes to our system to counter these trends that will only continue to hinder patient access,” he noted. “One viable solution is to promote the important role that community pharmacists can play in providing patient care, in the same manner as other non-physician providers like nurse practitioners and physician assistants.”

Many of the stakeholders who will determine the future direction of health care in America are beginning to heed that advice. Government and privately run health plan payers, hospital-based health systems and time-pressed family physicians are turning to pharmacies nationwide to provide more cost-effective and accessible frontline healthcare services.

“It’s often said that pharmacists are the most underutilized healthcare professional in the healthcare system,” said Anne Burns, VP of professional affairs at the American Pharmacists Association. “That’s changing as policy-makers, media outlets, healthcare administrators, and physicians and other members of the healthcare team highlight the value that pharmacists can bring to improving patients’ health and medication outcomes.”

Open for business: Pharmacies respond to emergency

When Hurricane Sandy flooded the streets of big cities and beachside communities on the East Coast, when Winter Storm Jonas dumped several feet of snow on cities up and down the eastern seaboard, when tornadoes devastated towns in Texas and Oklahoma, and when floods in the Midwest turned streets into waterways, local pharmacies and national pharmacy retailers were among the first responders.

Retail pharmacies play an important role in disaster and emergency situations, often acting to provide first response aid for people needing food, water, medical supplies and healthcare services.

In recent years, the integrated efforts of the retail pharmacy community have led to an increased ability to react quickly and dedicate targeted aid during emergency situations.

“For our part, community pharmacies are a valuable emergency response resource for reaching the public with essential medications and vaccines,” said Kathleen Jaeger, the National

CONTINUED ON PAGE 9



Retail pharmacies are a valuable emergency response resource for reaching the public with essential medications.

Pharmacies emerge as centers for health screenings

One of the most promising recent developments in the nation's search for a more accessible and cost-effective healthcare system has been the rapid rise of health events and free testing services at chain and independent pharmacies. The events have boomed in popularity over the past few years, to the benefit of millions of Americans.

These "non-traditional mechanisms to engage patients," said Alex Hurd, senior director product development, growth and payer innovation at Walmart health and wellness, are helping hundreds of thousands of Americans spot potentially dangerous conditions like diabetes and high blood pressure early.

"Knowledge is the first step in your personal journey to health improvement, and you can't take action unless you know that you have issues," Hurd pointed out. "It's about early ... detection and prevention, and providing access points for health services for millions of Americans who normally don't engage with the system, either because they lack health insurance, lack the time or simply because they don't go.

"We've heard hundreds of stories of customers who sought out medical professionals [after being screened]," he added. "And from a public health perspective, if you look at the sheer amount of traffic we see, [with] 140 million customers every week ... it just makes sense."

Indeed, the positive impact that these health screenings are clearly having on population health are spurring companies like Walmart to expand the scope and frequency of the events. "They're not just important for Walmart; I think they're critical to the health of our country," Hurd asserted. "They represent one of the most exciting trends in health care in the last decade, and one of the simplest mechanisms out there for spreading massive health awareness. I am absolutely convinced that these types of community-based health programs will play a key role in creating a more sustainable health system for our country."

Added a spokesman for Walgreens, "the main focus ... is to bring needed healthcare services to where people live and work. The response has been extremely positive at events within our stores, as well as those we host within the community."

Here's a look at what just a few pharmacy chains are doing:

- Between October 2015 and January 2016, CVS Health hosted nearly 750 Project Health events at select stores in 20 markets, "delivering more than \$10 million worth of free health services to multicultural communities with a significant number of uninsured or underinsured indi-



Pharmacy retailers of all sizes are adding more in-store health events to the calendar.

viduals across the United States," said David Casey, the company's VP of workforce strategies and chief diversity officer. "Since 2006, Project Health has delivered more than \$80 million worth of free healthcare services to more than 845,000 people," Casey added.

- Walgreens hosts or participates in a variety of health events throughout the year, often in partnership with other national or local community health providers — and even with the federal government. "When appropriate, and as often as we can, we utilize our own providers for health events," a Walgreens spokesperson explained.
- Rite Aid rotates monthly health fairs through many of its more than 4,200 stores, offering screenings for conditions like osteoporosis, diabetes, hyperlipidemia and skin diseases, as well as counseling on healthy eating, heart health and smoking cessation. The chain also sponsors mobile screenings with specially equipped buses, staffed by physicians and nurses, that will park at store locations to offer free tests for skin conditions and diabetes, as well as free annual wellness screenings for patients age 65 years old and older.
- Costco Wholesale's pharmacy team organizes hundreds of individual store health events each year, offering free screenings for osteoporosis, heart and lung health and, most recently, diabetes.

Respond to emergency

CONTINUED FROM PAGE 7

Association of Chain Drug Stores' SVP of pharmacy care and patient advocacy. "Pharmacists are uniquely positioned to reach broad segments of a community, especially since 93% of Americans live within five miles of a community pharmacy."

Examples abound. Jaeger noted in an emergency preparedness forum sponsored by the Pharmaceutical Research and Manufacturers of America, "During the 2009 H1N1 influenza pandemic, pharmacists improved the capacity and reach of the public health system by administering more than 5 million doses of H1N1 vaccine in a matter of weeks. The partnership between pharmacy and the public health community that formed during this outbreak provided a foundation to strengthen and expand connections between public health entities and community pharmacies, and recognize the extensive reach and capacity of pharmacies as a vital component of emergency response."

"As we have witnessed from forest fires to hurricanes to broad pandemics," she added, "pharmacies play an essential role as a trusted access point for care and are committed to working ... to build a stronger healthcare preparedness system."

To that end, when natural disasters and public health emergencies occur, pharmacies work diligently to provide continued access to medicine for patients during times of crisis.

During the aftermath of Hurricane Sandy, CVS Health partnered with the U.S. Department of Health and Human Services and the N.Y.C. Department of Health and Hygiene to waive co-payment deductibles for New York residents affected by the storm.

Rx Response, set up by PhRMA in 2006, is dedicated to protecting patients' continued access to medicine during times of crisis. This charitable organization features an integrated network of pharmacy chains that can provide real-time information to help people find open pharmacies during emergency situations, so they can continue to fill needed prescriptions. In 2015, Rx Response changed its name to Healthcare Ready to reflect its coordination of the broader healthcare system and the public sector during natural disasters, terrorist attacks, disease pandemics and other emergency situations.

In a recent response to Winter Storm Jonas, Healthcare Ready activated its Rx Open online resource tool to provide information on open pharmacies in 17 states and Washington, D.C.

Apart from making major investments in relief efforts, retail pharmacy chains are establishing policies that will allow for maximized aid during times of crisis.

Walmart, with more than 4,500 pharmacies, has been operating an Emergency Operations Center at its headquarters in Bentonville, Ark., since the early 2000s. This facility is staffed

with an in-house meteorologist who monitors weather patterns and a team of dedicated associates trained to respond to disaster situations.

Last year, Walmart and the Walmart Foundation invested more than \$1.5 million, according to a company source, to "strengthen technological infrastructure for disaster response and resiliency, build capacity to facilitate skills-based volunteerism during disasters, and convene leaders in disaster relief to share best practices."

CVS Health, Walgreens Boots Alliance and other retailers have responded to disasters in part by setting up mobile pharmacy trailers in affected communities to fill prescriptions and offer essential supplies. Most recently, CVS Health, Walmart and other retail drug chains have rallied support for the Flint, Mich., community through donations, education and online services.

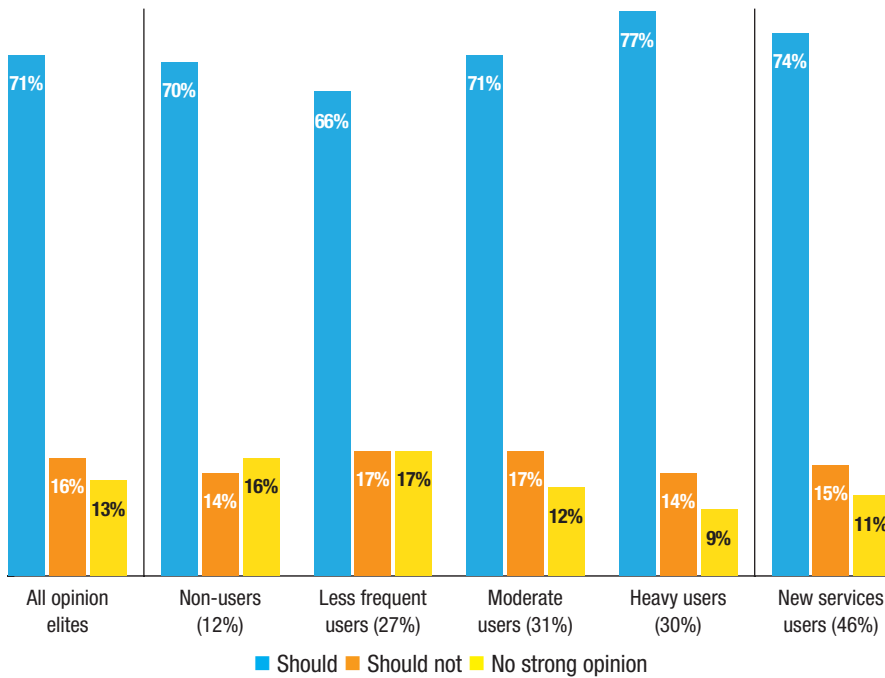
In addition, point-of-care facilities within retail pharmacies, such as Kroger's The Little Clinics, CVS Health's MinuteClinics or Walgreens Boot Alliance's Healthcare Clinics, are staffed by nurse practitioners who can provide much needed healthcare services during times of crisis. Those services can range from administering tetanus shots to dressing wounds. Retail clinics also can staff storm shelters with nurse practitioners from their in-store clinics to provide healthcare services during disaster situations.



During the 2009 H1N1 influenza pandemic, pharmacists provided 5 million doses of vaccine in a matter of weeks.

A reputation for honesty, trustworthiness

USERS WILLING TO ALLOW PHARMACIES TO OFFER NEW SERVICES



Note: Based on five services offered at pharmacies by pharmacy usage matrix and new services users; services listed in chart below
 Source: Public Opinion Strategies and NACDS National Opinion Elite Survey, July 2015

SUPPORT FOR PHARMACIES TO OFFER HEALTHCARE SERVICES

There continues to be overwhelming support for allowing pharmacies to offer each of these newer healthcare services, with notable increases since 2013

% of voters who believe pharmacies should offer	2013	2014	2015	CHANGE 2013 TO 2015
Administering basic healthcare services, such as checking your blood pressure or temperature	71%	80%	83%	↑
Administering vaccinations and immunizations for preventing or treating illnesses, such as the flu, hepatitis, pneumonia and tetanus	69	75	79	↑
Providing patients with access to basic primary healthcare services for treatment of illnesses like the cold or flu through a nurse practitioner or physician's assistant located at the pharmacy	61	66	71	↑
Providing diabetes and heart patients with health counseling services about their medications and health status, including nutrition, weight and lab tests to help these patients better manage their daily lives	56	65	64	↑
Administering tests such as blood, urine or strep testing and other simple rapid out-patient testing	49%	59%	63%	↑

Source: Public Opinion Strategies and NACDS National Opinion Elite Survey, July 2015

In the nation's hierarchy of most-trusted professions, where does the community pharmacist stand? Near the very top of the list.

Again in 2015, pharmacists ranked second only to nurses among all professions in Gallup's annual Honesty and Ethics survey. That makes the 13th year in a row that Americans have ranked pharmacists among the top three of all professions in terms of trustworthiness and ethical standards.

The annual poll was conducted Dec. 2 to 6, 2015, with a random sample of 824 adults, ages 18 years and older, living in all 50 U.S. states and the District of Columbia. More than two-thirds of all respondents gave pharmacists "very high/high" marks for honesty and ethical dealings, slightly ahead of medical doctors, high school teachers and police officers.

"Nurses, pharmacists, medical doctors and high school teachers remain untarnished at the top," according to the Gallup poll.

"The survey results reflect the remarkable trust that patients continue to place in their pharmacists, and for strong and important reasons," said National Association of Chain Drug Stores president and CEO Steve Anderson. "Pharmacists are highly educated and highly accessible professionals. They are highly valued in neighborhoods across America, and particularly by those in the greatest need."

In addition to the latest Gallup poll, "NACDS' own opinion research shows another interesting finding: that those who have more first-hand experience with pharmacist-provided services feel even more strongly about their value," Anderson added.

"These positive attitudes are translating into ever-stronger bipartisan support for pro-patient and pro-pharmacy initiatives in the U.S. Congress, as well as an expansion of the pharmacists'

scope of practice in the states," added NACDS' top executive.

Endorsing pharmacists as healthcare providers

"The positive, reverberating news about pharmacists marks a great beginning of the year for pharmacists, and gives well-deserved credit for the essential and expanding part they play as trusted healthcare providers, bridging gaps to care for the patients who need it most," NACDS reported. "The professional validation comes at a time when pharmacists are positioned extraordinarily well to fill gaps in patient access to care."

Indeed, national opinion surveys conducted on behalf of the pharmacy organization show that a large majority of Americans strongly embrace pharmacists' expanding role as healthcare providers for a wide array of walk-in services.

The most recent such poll, conducted via the Internet among 1,000 informed likely voters in late July 2015, asked respondents whether they thought a pharmacy should be allowed to offer several types of health services, and whether they would seek out those services within a pharmacy. The results were eye-opening: 83% of respondents view pharmacies as appropriate settings for basic health services, and nearly 8-in-10 voters see them as a source for vaccinations and immunizations. More than 7-in-10 of those polled support the use of pharmacy-based primary healthcare clinics.

"There continues to be overwhelming support for allowing pharmacies to offer ... new healthcare services, with notable increases since 2013," according to the polling organization, Public Opinion Strategies.

A separate poll last year also showed strong support among Americans for legislation that would give pharmacists full status as healthcare providers, with 82% of those surveyed expressing support for provider status legislation. (See full story on page 22.)

USE OF PHARMACY HEALTHCARE SERVICES

If needed, majorities of respondents continue to say they would be likely to use the new healthcare services tested

% of voters likely to use new pharmacy services	2013	2014	2015	CHANGE 2013 TO 2015
<i>Administering vaccinations and immunizations for preventing or treating illnesses, such as the flu, hepatitis, pneumonia and tetanus</i>	69%	66%	73%	↔
<i>Administering basic healthcare services, such as checking your blood pressure or temperature</i>	69	66	71	↔
<i>Providing patients with access to basic primary healthcare services for treatment of illnesses like the cold or flu through a nurse practitioner or physician's assistant located at the pharmacy</i>	67	60	68	↔
<i>Administering tests such as blood, urine or strep testing and other simple rapid out-patient testing</i>	59	53	61	↔
<i>Providing diabetes and heart patients with health counseling services about their medications and health status, including nutrition, weight and lab tests to help these patients better manage their daily healthy needs</i>	55%	48%	53%	↔

Source: Public Opinion Strategies and NACDS National Opinion Elite Survey, July 2015

Gallup's 2015 honesty and ethics of professions ratings

PROFESSION	VERY HIGH/HIGH	AVERAGE	LOW/VERY LOW
Nurses	85%	13%	1%
Pharmacists	68	27	5
Medical doctors	67	27	5
High school teachers	60	29	9
Police officers	56	29	14
Clergy	45	39	11
Funeral directors	44	41	9
Accountants	39	51	7
Journalists	27	42	30
Bankers	25	49	24
Building contractors	25	55	17
Lawyers	21	44	34
Real estate agents	20	53	25
Labor union leaders	18	41	36
Business executives	17	47	32
Stockbrokers	13	42	39
Advertising practitioners	10	46	39
Car salespeople	8	41	49
Members of Congress	8	27	64
Telemarketers	8	34	56
Lobbyists	7%	27%	60%

Source: Gallup, Dec. 2 to 6, 2015

Managing U.S. population health — pharmacy steps into frontline role

For decades, the pharmacy profession labored under a widespread, but inaccurate, public perception of pharmacists as little more than dispensers of prescription medicines and givers of basic counseling on their use. No more. Pharmacists today are highly trained, clinically engaged patient-care specialists making a huge and rapidly growing impact on population health management in communities all over America.

“The vast majority of pharmacists today are already doing much more than simply filling prescriptions,” noted Dr. Harry Leider, chief medical officer for Walgreens. “They’re helping patients manage chronic disease, providing medication management services, conducting health tests to diagnose conditions like diabetes or high cholesterol, and administering a wide range of immunizations. They’re also partnering with healthcare providers working in nearby health systems and hospitals, serving as part of care teams to help improve patient health and outcomes.”

It goes without saying that medication dispensing and counseling remain a critically important part of successful health outcomes. That’s even more the case in an era of increasingly specialized, highly targeted biotech drugs requiring careful administration, dosage management and monitoring of their effects.

“Medications play such an important role in the treatment of acute and chronic illnesses, but treatment regimens can be complex and patients often don’t understand how and why to use their medications appropriately,” noted Anne Burns, VP of professional affairs for the American Pharmacists Association.

“Increasingly, pharmacies provide vaccinations, health education and disease state testing and management,” the National Association of Chain Drug Stores reported. “Through personal in-



Pharmacy chains increasingly are providing cost-effective, accessible healthcare solutions, whether through in-store walk-in clinics or in-store health fairs that provide screenings to the underinsured.

teractions 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.”

As the practice of pharmacy has expanded and evolved, so too has the public’s perception of the pharmacist as a highly skilled, clinically trained frontline health provider. A large majority of Americans embrace the idea of getting vaccinations, point-of-care testing and other preventive health services from their local pharmacist, according to public polling.

In a nationwide survey of consumers sponsored by NACDS in 2015, 79% of respondents voiced support for pharmacists as a resource for “administering vaccinations and immunizations for preventing or treating illnesses, such as the flu, hepatitis, pneumonia and tetanus.” More than 7-in-10 also expressed support for using pharmacy-based retail clinics for primary healthcare services,

and nearly two-thirds of those polled said pharmacies should be allowed to administer blood, urine or strep tests.

U.S. consumers also are voting with their feet. Hundreds of thousands of Walmart customers flocked to the company’s first-ever chainwide wellness and screening event — held last October and dubbed “America’s Biggest Health Fair” — for free health tests, low-cost flu shots and counseling. “We did nearly 300,000 screenings, with [more than] 50,000 customers processed per hour,” said Alex Hurd, senior director of product development, growth and payer innovations at Walmart health and wellness. “We had nurses doing the screenings, and our pharmacists did about 52,000 immunizations.”

Among those screened were some 7,000 customers who had little or no insurance coverage. And some 3,000 of those screened were shown to be diabetic or at risk of having diabetes, according to the Walmart executive.

Pharmacy chains also are providing

cost-effective and accessible healthcare solutions through a growing network of in-store walk-in clinics staffed by nurse practitioners and physician assistants. More than 2,000 pharmacy-based retail clinics are now open nationwide, according to the Convenient Care Association. They're offering acute-care services for minor injuries, upper respiratory ailments and other conditions, along with an expanding menu of services to treat chronic disease, with no appointment necessary, at a fraction of the cost of a visit to a doctor's office or emergency room.

Americans' new vaccination resource

One of the primary ways community pharmacies now contribute to public health is through vaccinations against a wide variety of diseases. Tens of millions of Americans now get their annual flu shots at their local pharmacy, saving time and money and relieving the stress on the nation's overburdened family physicians and clinics.

Costco Wholesale's pharmacies alone provided some 700,000 vaccinations last year for influenza, shingles and other conditions, according to Michael Mastromonica, assistant VP of pharmacy for the wholesale club giant, and this year

its pharmacists have begun providing travel vaccinations, as well. He sees immunization and vaccination services as the point of the spear for the whole spectrum of retail health services now offered at community pharmacies around the country.

"You're starting to see all sorts of changes in the healthcare system that take advantage of the convenience of the pharmacy, with the low cost of a pharmacy relative to a doctor's office or hospital — and the whole process, I think, is driven by immunizations," Mastromonica said. "It's a high-touch [service]. It's one-on-one in a room, where you're talking privately about the patient's health. That whole scenario makes people think of pharmacists differently than they did previously."

Such pharmacy chains as Costco, Walgreens Boots Alliance, CVS Health, Rite Aid and Walmart have spent enormous time and capital to train and certify their pharmacists to deliver immunizations.

"Walgreens has 27,000 pharmacists, in addition to Healthcare Clinic nurse practitioners and physician assistants, who are certified to provide all CDC-recommended vaccinations, along with other healthcare services, such as blood-pressure testing," said a company spokesman.

In addition, he said, "Walgreens works with employers and employer groups across the country to have our pharmacists administer flu shots at work site locations. By offering flexible schedules, we can reach the largest number of people and ensure they get vaccinated."

According to the American Pharmacists Association, more than 200,000 of the nation's roughly 300,000 practicing pharmacists are already certified to provide immunizations.

In a national survey of practicing pharmacists, APhA found that "the availability of immunizations in pharmacy practices has increased, with 80% of practice sites offering immunizations on a walk-in basis, compared with 77% in 2013."

An expanding role in disease prevention

The positive impact that pharmacy-based immunization programs have had on preventive health efforts can hardly be overstated. With their ability to reach millions of Americans every day at retail pharmacy counters nationwide, drug, supermarket and mass merchandise chains have become the chief source for influenza vaccinations in the United States outside of doctors' offices. And besides their widespread availability, those vaccinations also are significantly cheaper when delivered in a pharmacy: an average of \$31 cheaper, according to one study.

Pharmacy retailers also collaborate with federal, state and local public health agencies, accountable care organizations and other entities to improve pandemic vaccine preparedness, noted NACDS president and CEO Steve Anderson. "Health authorities have credited pharmacies for improving the accessibility of immunizations, in times of public health emergencies and in meeting ongoing health needs," he said. The goal, he added, is "to drive population health by leveraging and magnifying the success of accessible, pharmacy-based immunizations in collaboration with other healthcare professionals for the good of patients nationwide."

In October, the Centers for Disease Control and Prevention commended the pharmacy profession for its efforts to advance immunizations through its pharmacist training and certification efforts. "Over the last 20 years, pharmacists have played an expanding role in reducing the risk of vaccine preventable illnesses," wrote Anne Schuchat, assistant surgeon general and principal deputy director of the CDC.



Rep. Buddy Carter, R-Ga., the only pharmacist in Congress, participated in a health fair on Capitol Hill sponsored by NACDS and other stakeholders. Providing flu shots and other diagnostic tests, the health fair highlights pharmacy's intrinsic role in accessible community-based delivery of healthcare services.

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 partnerships 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."

Also driving the transitions-in-care

movement are the health reform dictates spawned by the Affordable Care Act of 2010, including the focus on quality of care and the shift in payments by Medicare and Medicaid from fee-for-service to outcomes-based reimbursements.

“With value-based hospital payment penalties now in place for excessive 30-day readmission rates, and a call for improved care coordination by the Affordable Care Act, improved models of care are necessary,” noted the *American Journal of Managed Care*.

“The ACA added force to new payment models that reward outcomes and penalize poor performance, such as high rates of readmission and hospital-acquired conditions,” agreed PricewaterhouseCoopers in a 2015 report on new health trends. “The ACA fueled this trend. For providers, the law took steps to change how Medicare pays for care by offering financial incentives and penalties that encourage better care coordination, higher-quality outcomes and less fragmentation.”

Indeed, the White House is pushing for federal health reimbursement changes “that would put as much as half of what it spends on Medicare into alternative payment models by 2018,” PwC’s Health Research Institute reported.

That shift away from fee-for-service to outcomes-based payments 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 read-

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

Even at this late stage, however — more than two years after full implementation of the Affordable Care Act, and well into the quality- and outcomes-based health payment reforms mandated by the ACA for Medicare — not enough attention is being given to the potential contributions that community pharmacy can make to reducing the readmission rate for patients transitioning from hospital to home.

“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

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



65% 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

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

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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 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 Caremark, 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



Pharmacists can help patients stay adherent to medications, which improves patient health and drives down costs.

patients who were part of an outcomes study, according to the company.

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. “As our country moves to a value-based model that rewards better outcomes, it’s critical for community pharmacists to demonstrate and measure how they can drive medication adherence and improved health,” said Doug Hoey, CEO of the National Community Pharmacists Association.

To help drive the transitions-of-care movement, several pharmacy companies have partnered with leading healthcare organizations and universities to conduct major research efforts on the success of such programs, including:

- A collaboration between Walgreens and the University of Mississippi’s School of Pharmacy and Medical Center to examine the impact of

pharmacist-provided medication management on hospital readmissions. The project involves 20 local Walgreens pharmacies and the Mississippi division of Medicaid.

- A study of how pharmacists’ interventions and continuous care can reduce hospital readmissions among high-risk patients in Pennsylvania. Participants include Geisinger Health System, Weis Markets, Medicine Shoppe and Medicap pharmacies and Wilkes University College of Pharmacy and Nursing.
- An analysis of the impact of integrating electronic health information with pharmacist-provided medication management following a patient’s discharge from the hospital in several counties in Ohio. Partners include 45 Kroger pharmacies, the University of Cincinnati’s James L. Winkle College of Pharmacy, UC Health West Chester Hospital, Mercy Health Hospitals and the Greater Cincinnati Health Council.
- A study of emerging healthcare models — and their impact on patient outcomes — involves Thrifty White Pharmacy, Walgreens, the University of Iowa, University of Nebraska Medical Center, North Dakota State University, Blue Cross Blue Shield and OutcomesMTM.

CMS plan to boost MTM gains traction in Congress

“Better care, smarter spending, healthier people.”

Those were the goals set forth by the Centers for Medicare and Medicaid Services in September when it unveiled plans for a five-year federal experiment to gauge the effectiveness of expanded medication therapy management for Medicare patients. CMS’ Center for Medicare and Medicaid Innovation will launch the Part D Enhanced Medication Therapy Management pilot program in 11 states, beginning in January 2017, in a bid to spur Medicare Part D prescription drug plans in those states to boost their commitment to pharmacist-provided MTM services for their members.

The long-term goal, according to the agency, is “to test whether providing Part D sponsors with additional payment incentives and regulatory flexibilities will engender enhancements in the MTM program, leading to improved therapeutic outcomes, while reducing net Medicare expenditures.”

The push to expand MTM services has



Improved medication use leads to reduced mortality, the reliance on fewer healthcare services and more cost-effective treatment of chronic conditions.

gained traction at CMS — and within Congress — as its benefits as a tool for improving long-term patient outcomes and lowering health costs have become clear. Late last year, 44 members of the House, including 24 Republicans and 20 Democrats, sent a letter to Secretary of Health and Human Services Sylvia Burwell, urging the participation of retail pharmacists in the Enhanced MTM program, and the House

Committee on Energy and Commerce Subcommittee on Health held a hearing on “Examining the Medicare Part D Medication Therapy Management Program.”

In their letter to Burwell, the house members noted, “we believe the proposed enhanced MTM model to be a positive step forward in improving the Part D MTM program. However, we also believe that without participation of retail community pharmacists, the testing of enhanced MTM models will fall short of achieving the maximum potential in terms of positive outcomes and impact on beneficiary health.”

Community pharmacy advocates laud the moves. “Studies conducted by entities including ... CMS, the Congressional Budget Office and the Medicare Payment Advisory Committee show — among other results — that improved medication use leads to better health outcomes for patients, including reduced mortality; the reliance on fewer healthcare services, such as hospital readmissions and emergency room visits; and more cost-effective treatment of chronic conditions,” NACDS noted.

Syncing monthly prescription refills to boost adherence, outcomes

With medication nonadherence leading to enormous health complications for millions of Americans — and generating staggering and needless cost spikes that add as much as \$290 billion a year to the nation’s healthcare costs — the search for ways to get patients to take their prescription medicines as directed has become increasingly urgent.

One of the most promising breakthroughs to boost adherence rates has been medication synchronization. Simply put, med sync refers to the process by which a chain or independent pharmacy will give their patients the option of converting all their maintenance prescription refills each month to a single, once-a-month dispensing and pickup cycle.

Syncing up all a patient’s prescrip-

tions has become a proven tool for boosting adherence rates by making the refill process that much simpler. But it also yields other benefits, by giving pharmacies the tools to analyze patient compliance rates and other data on their patients for health plan payers.

Importantly, the program also gives those patients the opportunity for periodic, appointment-based counseling sessions with their pharmacist when they come in every month or two for their regularly scheduled prescription refill pickup.

One early innovator in med sync was Minnesota-based drug chain Thrifty White, which has enrolled thousands of patients to its synchronized monthly prescription refill system. By doing so, the chain has shifted those patients to appoint-

ment-based pharmacy care.

The program makes it easier for patients to comply with their medication regimens, said Tim Weippert, EVP of pharmacy. But it’s also served as a platform for monthly, face-to-face meetings between patient and pharmacist ranging from “a basic consultation...up to a full medication therapy management session,” he explained.

Rite Aid’s med sync program, called One Trip Refills, gives patients the “added convenience” of “picking up multiple medications once a month,” a Rite Aid spokesperson explained. But it also “provides us with an opportunity to interact with our patients and have meaningful conversations about their medication regimen, overall health and their individual needs and wellness goals.”

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-reforming 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 work-

ing 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.

"Integrated delivery models and team care are the wave of the future, and the way to ultimately control healthcare costs and deliver better care," said Robert Thompson, recently retired EVP of pharmacy for Rite Aid. "We're trying to have a broad range of capabilities to participate in that environment."

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, Thompson said.

"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 strategy and business development officer for Walgreens Boots Alliance. “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 last year 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, associate chief medical officer for CVS Health and MinuteClinic president and EVP.

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 level of patient care, 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 135 colleges of pharmacy. Once enrolled, they begin an intensive, six- or seven-year journey toward the doctor of pharmacy degree now 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] outside of class and replaces them with more interactive, team-oriented and critical-thinking activities." In this "new curriculum," said Russ Mumper, Eshelman's vice dean and professor, "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 College 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 curricula 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," the school reported recently. "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, both second-year pharmacy students at Washington State University College of Pharmacy, work with clinical assistant professor Kimberly McKeirnan, PharmD, to deliver health screenings at a local Albertsons pharmacy.

Elevated professional status drives patient access

Converging trends in health care, including a rapidly aging baby boomer population, a steady rise in chronic disease and massive policy changes such as those associated with the Affordable Care Act, are creating increased demands for patient care just as the shortage of primary care physicians continues to become ever more pronounced — in five years it is expected that the United States will have about 100,000 fewer primary care physicians than needed — and threatening to further compromise an already overtaxed healthcare system.

The Pharmacy and Medically Underserved Areas Enhancement Act — now pending in Congress as H.R. 592 and S. 314 — would address that by leveraging the convenience and the clinical expertise of the community pharmacist, helping to expand access to care for millions of underserved Americans, lowering the cost of delivery of critically important frontline health services and fostering new models for collaborative care.

The legislation “would designate pharmacists as healthcare providers in Medicare Part B — empowering them to deliver services to Medicare patients in underserved communities, according to pharmacists’ scope of practice laws in each state,” explained Steve Anderson, president and CEO of the National Association of Chain Drug Stores. He called the growing support



Provider status legislation would expand access to critically important healthcare services for millions of Americans.

for the legislation from Congress and within the U.S. population “just one example of the growing recognition of pharmacy’s value, and the ability of highly trusted, highly educated and highly accessible pharmacists to improve and save lives.”

The “lack of pharmacist recognition as a provider by third-party payers, including Medicare, has limited the number and types of services pharmacists can provide, even though they are fully qualified to do so,” Anderson said. “The adoption of policies and legislation to increase access to much-needed services for underserved Americans, such as ... the Pharmacy and Medically Underserved Areas Enhancement Act, would allow Medicare Part B to utilize pharmacists to their full capability by providing those underserved beneficiaries with services not currently reaching them.”

Among the nation’s pharmacy leaders, the bill is perhaps better known simply as provider status legislation. Why? It would confer professional status as healthcare providers on pharmacists who provide health services to seniors in need, putting them on roughly equal footing with other professional caregivers, such as nurse practitioners and physician assistants, as members of the modern, coordinated healthcare team.

“H.R. 592 and S. 314 would build on

existing law that allow nurse practitioners and physician assistants to be reimbursed by Medicare by covering services delivered by pharmacists,” noted the Patient Access to Pharmacists’ Care Coalition, an advocacy group whose members include NACDS, the National Community Pharmacists Association, the National Consumers League, the National Rural Health Association and many other groups.

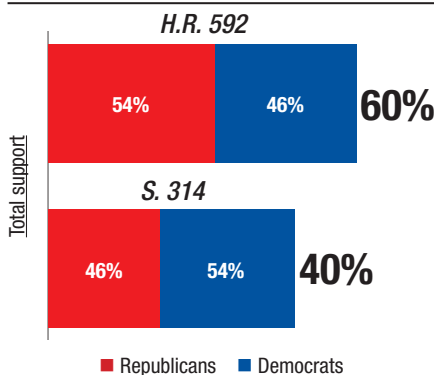
“Similar to the law for NPs and PAs,” added the advocacy group in a report, “the Pharmacy and Medically Underserved Areas Enhancement Act would limit rates to 80% or 85% of what would be paid to physicians, helping limit Medicare spending while improving access.”

Unleashing innovation in cost-effective care

Efforts to expand the pharmacist’s scope of practice have steadily gained traction in Congress. Prior to the end of the last session, H.R. 592 had drawn 264 Democratic and Republican co-sponsors in the House — more than 60% of the total membership — and 41 co-sponsors in the Senate.

Public support for elevated status for pharmacists also is solid. The most recent national opinion research poll from NACDS shows that more than 8-in-10 consumers are in favor of the bill. (For more, see “A reputation for honesty, trustworthiness” on page 10.)

PROVIDER STATUS SUPPORT



Source: Drug Store News

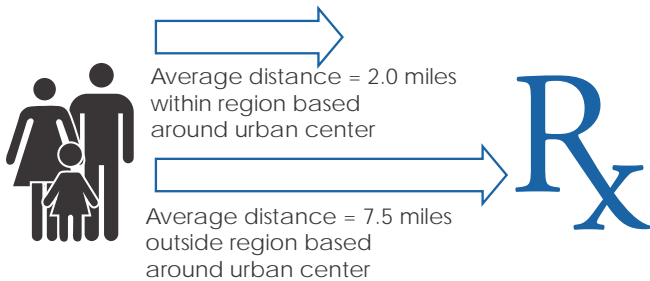
1 PHARMACIES HELP PATIENTS USE MEDICINES SAFELY AND STAY HEALTHY.

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 interactions.

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 (86%) 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' 107 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3.3 million individuals, including 179,000 pharmacists. They fill over 2.9 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 22 countries. Please visit nacds.org.

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