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SEBOK PHARMACY LECTURE
OHIO NORTHERN UNIVERSITY
THE RAABE COLLEGE OF PHARMACY
JANUARY 19, 2010

Thank you, Dr. Sprague. It is an honor to join with you – and the entire College of Pharmacy community – to institute this Sebok Pharmacy Lecture. And it is an honor to play a role in the ongoing celebration of the 125th anniversary of the College. The energy that all of you have brought to this celebration and to the creation of this lecture inspires current students and faculty … alumni … future students ... and your friends from throughout the profession as well. Congratulations on representing your College, and all of pharmacy, with such distinction and passion.

The fact that NACDS is part of this inaugural lecture, I think, is symbolic of the fact that pharmacy is a great

community. NACDS is a trade association, which means we serve as a collective voice for 154 pharmacy chains, including traditional drug stores, supermarkets and mass merchants with pharmacies – from regional chains with four stores to national companies. Our membership also includes more than 900 suppliers of pharmacy and front-end products. Chains operate 37,000 pharmacies, and employ more than 2.5 million employees, including 118,000 full-time pharmacists. They fill more than 2.5 billion prescriptions annually – more than 72 percent of annual prescriptions in the United States.

For those of you about to embark on your chosen profession and career, it may be encouraging to know you are part of something so vast, and so vital.

This afternoon, I would like to focus on answering one major question. And it is this: “Why are we here?”

Now, you might be thinking, "I didn't sign up for this. I want to be a pharmacist, not a philosopher." Well, I have news for you: I am not qualified to teach either of those topics. But having been involved in public policy and the trade association community for over 30 years, I can tell you this absolutely: correctly answering the question of "why are we here?" will directly affect your career, your profession, your patients and your country.

The answer to the question begins, appropriately, with Albert A. Sebok – who is really one of you. A large part of why we are here is to honor Mr. Sebok. And why is that? Why is he worthy of admiration? Why is he a source of inspiration? Again, why are we here?

We are honoring a man whose patient care and corporate career at Revco exemplified the value of pharmacy. Effective

consultations and wise operational decisions, stitched together over the course of decades, create an impressive career. But Albert Sebok has accomplished even more than that. His commitment to pharmacy goes far beyond talk of a distinguished career. It also defines what it means to be part of, and to advance, one's profession.

Albert Sebok is a man who did not just graduate from this great school and move on. He saw to it that he and this school moved on together. Over the course of 60 years, he has given back in many ways, including as an advisor and as a professor, and even as an innovator of a new course of study.

Similarly, we at NACDS are thankful for his engagement in our organization.

He chaired what was known as the NACDS Pharmacy Affairs Committee, and was highly involved in shaping

NACDS. In 1991, he was awarded the Harold W. Pratt Award – NACDS' highest honor. The Pratt Award is named for Harold Pratt, who dedicated his 43-year career at Walgreens not only to advancing Walgreens, but also to advancing all of pharmacy.

He was the first person in chain pharmacy to serve in the capacity of heading up professional services, and he became a sort of "dean" for the collection of those who served in that capacity in their respective companies. For this and more, Harold Pratt was asked to organize and chair NACDS' first pharmacy conference.

Think about that. At one point, a young man named Albert Sebok studied right here. And now his name is mentioned

among the names of other true leaders like Harold Pratt and Rudolph Raabe, for whom this College of Pharmacy is named. What is the common denominator in the lives of these individuals? It is that they did not act merely as individuals, but rather as part of something larger than themselves.

And though they have an award, a college of pharmacy, and now a guest lecture named after them, they did not seek to make a name for themselves, but rather to make a difference for pharmacy.

If you want to know what the future of pharmacy will look like, I can tell you. Pharmacy will become whatever people like you envision. And its advancement will reflect the energy with which you engage.

And that is really why we are here today. We are not here just to honor Albert Sebok by attaching his name to this lecture,

and to repeat this tradition once a year. We also are here to connect his legacy with ours, and to advance all of pharmacy through our daily actions.

If we can agree that living according to Albert Sebok's example is a key driver behind our reason for gathering here today, I would like to challenge you with four related thoughts in the time we have left. The first is this. We must commit to advance pharmacy. Without such a commitment, this advancement simply will not occur.

When I started in my current role as president and CEO of NACDS about three years ago, everyone told me that they hoped NACDS would do even more to promote the value of pharmacy, and to secure public policy victories that reflect this

value. It was pretty clear to me that pharmacy had an understandable chip on its shoulder that had grown throughout years of under-appreciation. I wanted to learn more about that, and I found some interesting insights in an article by Fred Gebhart of *Drug Topics*.

He wrote about the difficulty of communicating pharmacy's value. He referenced the observations of Florida pharmacist Patrick Ojo, who wrote a book on pharmacy's place in healthcare.

One of his comments really caught my attention. It just may help us understand why public policy decisions dating back to the beginning of the last century have not always reflected pharmacy's value.

Here is what Fred Gebhart wrote. His words, referring to the insights of Patrick Ojo:

I quote. "Not seeking allies was a problem back in 1910 … That was the year the Carnegie Foundation published a study of medical education by Abraham Flexner. The *Flexner Report* created a *professional framework for healthcare* that remains largely intact.

Sponsored by the American Medical Association, Flexner's report supported the *scientific supremacy* of allopathic medicine and created uniform educational standards for medical education." Endquote.

He went on to quote Patrick Ojo directly: I quote again. "Pharmacists missed the chance to push for their own future. Pharmacy ended up being classed with acupuncture, naturopathy, homeopathy, chiropractic, and other practices as

being nonscientific. It has taken us nearly 100 years to get to MTM [medication therapy management] – the first legal recognition of our own specialty area, pharmacotherapy.” End quote.

Can it be that one report, one hundred years ago, put pharmacy one giant step behind – a step that we have never regained?

As I said, if we do not work together to define our future, who will?

The second concept that I want to talk about is that we not only *must* do this, but we *can* do this. The opportunity to promote pharmacy’s value is great, because the story of pharmacy’s value is mighty.

We say that pharmacies are among the most accessible healthcare providers. That is true from a couple of perspectives. In terms of geography, most Americans live within five miles of a pharmacy. That is amazing accessibility. But also, pharmacies and pharmacists are approachable and esteemed.

In the annual Gallup survey of integrity across professions, the latest results of which were released last month, pharmacists ranked second in public perception, behind only nurses. Pharmacists have been in the top three each of the past seven years.

Our healthcare system is in dire need of accessible care. According to the American Academy of Family Physicians, the number of U.S. medical students entering primary care has dropped by more than 50 percent over the past decade. Increasingly, public policy needs to reflect the role of non-

physician providers, including pharmacists. Contrast this finding with a July 2009 report by PricewaterhouseCoopers, which reinforces the accessibility of pharmacists. Survey respondents reported the least amount of difficulty in accessing care from pharmacists.

So what does this mean for patients' health and for the healthcare system? As you know, one of the important terms in pharmacy is medication adherence. We believe the issue of medication adherence is vital for pharmacy.

Let me say this clearly: pharmacy needs to *own* the issue of medication adherence.

The problem is that this term is not widely understood among those in government. What if you asked a "person on the street" what adherence has to do with healthcare? I wouldn't be surprised if the person said adherence has something to do with

how well a Band-Aid sticks to skin. So, at NACDS, we often just talk about the importance of taking the right medications in the right way – and pharmacy's ability to help patients do just that. Getting better at adherence means improving one's health, and preventing more disruptive and costly forms of care later.

In short, America needs to do better in medication adherence.

In a July 2009 report, the New England Healthcare Institute estimated that failure to take medications as prescribed costs $290 billion per year, or 13 percent of total healthcare expenditures.

Not long ago, I heard a radio interview with a Congressman from Pennsylvania – Representative Joe Sestak. In discussing

the need for healthcare reform, which of course is before Congress right now, he cited a statistic. He said that the costs to the U.S. economy associated with the uninsured and underinsured amount to $260 billion each year. He mentioned this in support of his argument that covering more individuals is important from an economic, as well as humanitarian, perspective.

If that is the case, then I think it also makes sense to remedy the $290 billion in annual costs that stem from poor medication adherence.

I realize that once we get into the hundreds of billions of dollars, numbers get a little hazy. So, the research company IMS Health has some information that helps us understand the magnitude of non-adherence. In what he called they call the

"leaky bucket," they can tell us what happens to every 100 new prescriptions:

- Between 50 and 70 percent are actually relayed to a pharmacy.
- Between 48 and 66 percent are picked up from a pharmacy by the patient.
- Only 25 to 30 percent are taken properly.
- And only 15 to 20 percent are refilled as prescribed.

The concern is that patients who do not allow their medications to work for them suffer tremendously. They are more likely to wind up in an emergency room, or in the hospital for an extended stay. They have lower productivity, and simply enjoy life less. And, yes, non-adherence ends up costing more, too.

There are a number of studies that show pharmacy can help turn this around, through strategies such as medication therapy management. Even as we have to raise awareness among policymakers of medication adherence, we also have to raise awareness of those all-powerful initials: MTM. But I can tell you that eyes really start to open on Capitol Hill when we describe the potential of MTM.

For example, one study by Blue Cross/Blue Shield in Minnesota found that MTM programs helped reduce healthcare costs per-person by 31.5%, even as prescription claims increased 19.7%. We are showing that helping people stay on their medication therapies – and the right therapies – may increase prescription claims, but decrease overall health spending. Everybody talks about return on investment, or ROI. Well, in this study, the ROI was $12.15 for every $1 of MTM services provided.

I can tell you that when members of Congress hear data like that, they focus pretty quickly. I can't tell you how many conversations I have been in where we tell these stories, and the members of Congress say, "Wait a minute, what was that called – medication therapy management?"

They want to know more. That certainly has been the case during the current healthcare reform debate, in which MTM is picking up considerable steam.

And that brings me to my next point. So far today, we have talked about the need for pharmacy to tell its story, and the amazing story we have to tell. The third thing I would like to mention is that pharmacy's commitment must be a "forever" thing. We need to make a long-term commitment to revolutionizing healthcare through pharmacy.

Regarding healthcare reform, it is very, very important to keep something in mind: advancing pro-pharmacy and pro-patient policies in the legislation that is currently before Congress is a vital step, but it is not a final step.

For NACDS, the healthcare reform began well before last January's inauguration of President Obama and the swearing in of the new Congress. And it will continue well after any legislation is signed into law. In November 2007 – a full year before last fall's elections – NACDS published a full-page ad in *The Washington Post.* The ad urged the candidates to think seriously about pharmacy as a healthcare solution. This opened a new campaign of NACDS, in which we are branding pharmacy as the face of neighborhood healthcare. Not long after that, in the spring of 2008, NACDS announced its principles of healthcare reform.

Not only were we ready to go when the new President, and his Administration, and the new Congress kicked off their work, but we were ready to go before there was a new President, Administration and Congress.

And it is a good thing, because if we had waited, we likely would have been left in the dust ... again. Just like in that situation back in 1910 that I described earlier.

That is because even before the healthcare reform effort was launched, there were other opportunities for pharmacy to either win or lose. One example was the economic stimulus legislation. That piece of legislation included $2 billion in grants and loans to advance health information technology. And as part of that, there were related provisions – so-called "privacy" provisions. Unfortunately, the way the legislative language originally was drafted, these provisions would have dis-allowed things like refill reminders. Think back to everything that I said about the pharmacist's role in improving health through medication adherence.

Outlawing refill reminders is not a smart move. We had a big challenge on our hands to improve those provisions. And we did just that.

As a result of our advocacy, the stimulus bill also included a temporary increase in federal funding for state Medicaid programs. State budgets are in disastrous shape right now, and I feel that addressing state pharmacy reimbursement cuts for Medicaid is a major focus of NACDS, and particularly of our highly esteemed state association partners. Increasing this federal assistance was necessary to prevent additional cuts. I'm glad we were ready. Of course, to talk about state budget pressures is to understate the problem. When it comes to problems in the state budgets, it's not pressure – it's a crushing force. We will be working on this for quite some time.

Now, of course, we are in the thick of this healthcare reform debate. Should a final piece of legislation be enacted, it will have gone through many key steps. House Committee consideration. Senate Committee consideration. Action by the full House and Senate. The current haggling between House and Senate negotiators, which is necessary to develop one final bill. And then of course consideration by the President prior to potential enactment.

In the legislation as it currently stands, there are many issues that relate to pharmacy. Three of the issues that have required a great deal of focus include revising the Medicaid pharmacy reimbursement model, which is necessary to help preserve pharmacy access for Medicaid patients; improvement of the medication therapy management benefit in Medicare;

and ensuring that Medicare beneficiaries can continue to obtain durable medical equipment, such as diabetic testing supplies, from community pharmacies.

But this is where the long-term commitment comes in. Let's assume for now that Congress passes a final bill, and President Obama ultimately signs the legislation into law. That is not the end, but rather a new beginning. The way our system of government works, Congress writes the laws, but then it is up to the Executive Branch of government to implement them. Our attention will need to turn to the regulatory process, which will determine the specifics of how the law will turn into action. And, there will continue to be new legislation considered in Congress that will affect pharmacy. So, we will continue to have our hands full.

It is not enough to play the role of reformer at one point in time. A true reformer is a state of being, and that is our calling.

Having talked a bit about how we have to do this, how we can do this, and how we have to commit to keep on doing this, I now would like to conclude by talking about the specific role that you can play. Today. And every day as a member of the pharmacy profession.

You need to be active in your government. And, if this is new to you, you have to begin today.

Consider advocacy before the government as a form of counseling. Except in these consultations you have the power to shape decisions that affect patients by the hundreds of thousands, and even by the millions.

For now, let's talk about the national level – the federal government. Let me describe Washington, D.C. to you in a way that may demystify it a bit. There are 435 members of the House of Representatives, and 100 Senators. Of these 535 individuals, only one of them is a pharmacist. So, you are guaranteed to know more about pharmacy than 99.8% of the Congress.

While members of Congress do not have a lot of background in pharmacy, they also do not have a lot of time to learn about it. They are responsible for considering issues ranging from healthcare to agriculture, to trade, to the environment, to counter-terrorism, to defense spending, and now apparently whether there should be a playoff system for college football.

Their staff members are in a similar situation. A legislative assistant in the House of Representatives may have a list of about 15 major issues for which he or she is responsible. They may be about the age of many of you, and maybe they have not even spent much time in a pharmacy, let alone know what medication adherence means. They may be smart, but they can't know it all.

As I said before, pharmacy has a powerful story, and it needs to be told. You can be their source of information on these vital issues.

There is some truth to the saying, "It's not what you know, but who you know." We need to be the people who members of Congress and their staff know.

When an issue comes up in Congress that affects pharmacy, they need to have heard from pharmacists and pharmacy personnel from their states and Congressional districts.

When a Senator or Representative explains a vote on a particular issue, they will offer a few big-picture reasons about why a vote made sense, but they always want to tie it back to why the issue matters to the people at home. They want to explain who from the state or Congressional district they heard from on an issue, and why a given vote was important.

In 2009, NACDS launched a new grassroots advocacy program to make talking with Congress second-nature for those in pharmacy. The program is called RxIMPACT, and it is designed to help you and your colleagues in pharmacy take a stand for better healthcare.

In June, we held our first NACDS RxIMPACT Day on Capitol Hill. 150 pharmacy advocates from 30 states met with more than 180 Congressional offices, and with senior staff at the Department of Health and Human Services. These advocates included pharmacists, company representatives, pharmacy educators and students, and state pharmacy associations.

I am pleased to say that Ohio was well represented. Eric Graf, the CEO of Ritzman Pharmacies, participated. As many of you know, Ritzman is a 13-pharmacy chain based in Wadsworth – about two hours to the east of here. But in many ways the chain's heart is right here at Ohio Northern, as its founder and several family members are graduates of the pharmacy school, and as the company and the school have a history of collaboration.

Our friend Ernie Boyd, CEO of the Ohio Pharmacists Association, also participated, along with that group's director of government affairs and their intern from the University of Toledo. You see, these are people just like you.

We wanted to bring pharmacy's white coats to the Capitol, and that is exactly what we did.

Beyond this actual event, RxIMPACT also makes it easy to write letters to your elected officials. In fact, for those who could not be with us in Washington, D.C. in person in June, we created a letter-writing campaign. In the first 24 hours, even while our white coats were taking to the Hill, more than 1,700 letters were sent to Congress, and 300 followed within the next couple of days.

I am announcing today that the second NACDS RxIMPACT Day on Capitol Hill will be held March 11, 2010, with the event beginning on the evening of the 10th.

I am not here to make a hard sell. But I will say this. This year's NACDS RxIMPACT Day on Capitol Hill would be even better if all of you were there.

Today is January 19, 2010. Some might call it an ordinary day. But it does not have to be. This is the day on which this college of pharmacy, at this university, saw fit to begin honoring Albert Sebok in a special way. His legacy will be commemorated every year – forever – with this lecture. But to know Albert Sebok, and to truly honor Albert Sebok, commemoration is not sufficient.

The Sebok Pharmacy Lecture must transcend remembrance. It must pursue resemblance – resemblance of Albert Sebok's commitment to something larger than himself. Commitment to a profession, and to the patients and public which it serves. *That* is why we are here.

I want to thank you for the privilege and honor of delivering the first Sebok Pharmacy Lecture. All I ask is that you remember those four things about pursuing the example that Albert Sebok has set for us. They are simple.

We must do this. We can do this. Forever. Beginning Now.

Will you?