The Pharmacist Activist

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Then you will have success if you are careful to observe the decrees and laws that the Lord gave Moses for Israel. Be strong and courageous. Do not be afraid or discouraged. I Chronicles 22:13

Resolutions With 20/20 Vision:

But What Pharmacy Needs Most is a Revolution!

New years' resolutions are often quickly ignored or forgotten. However, they do provide the opportunity to pause to consider what might occur if our resolve was strong and persistent. Other than the fulfillment of Biblical prophesies, I don't have a high level of confidence in the significance of "signs" and symbolism. But applying my 20/20 vision (I recently had cataract surgery) in the year 2020 provides added motivation for attaining greater success this year with my resolutions for pharmacy. So here they are.

1. Much more activism: Much less apathy – It starts with me/us. I need to do much more, and so do most of you, to be an advocate for our profession! I highly commend the pharmacists who have assumed leadership responsibilities and other pharmacists who have also been strong advocates for our profession. Most of them have provided services/advocacy on a volunteer basis, without a thought that they should be compensated for their time and efforts. Some have even had to remain anonymous while being advocates for our profession and our patients, because their positions with employers who don't share or object to their concerns would be in jeopardy.

The pharmacists described above represent a very small minority in our profession. I understand that there are times in every pharmacist's life when more important responsibilities (e.g., family) preclude the commitment of time to our profession that goes beyond that needed to fulfill our employment responsibilities. However, many pharmacists enjoy the comfortable life-style that our profession has provided, but have not given anything back. Our profession has provided us with certain privileges, and with those privileges come responsibilities. One of those responsibilities is to not only be a participant, but to be active in advancing the profession that has supported us. Do new pharmacy graduates have every reason to expect that their opportunities will be as good as those we have experienced? If I (and you) can't respond to that question with the confidence that I have done more than my "fair share" to make our profession better for those who follow us, I have not done enough, and must do more starting now!

2. Walking the Talk – Pharmacists are rightfully proud of our drug therapy expertise and our ranking among the most trusted professionals in public opinion polls. We enjoy speaking about the benefits and value of the services and counseling we can provide for patients. Using an increasingly popular refrain, we say we aspire "to practice at the top of our license." But to what extent can we and do we actually provide the information and services we say we are capable of providing? Pharmacists in mail-order pharmacies, and in many hospital pharmacies, don't because they don't personally see or otherwise communicate with the patients for whom they dispense medications. Pharmacists in chain pharmacies that are understaffed, stressful, and obsessed with metrics can't because they don't have time to do so.

I highly commend those pharmacists who have developed innovative and progressive practices and services, many of which go

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far beyond those for which their pharmacy education prepared them, and which required substantial self-learning. However, these situations are isolated and unknown to much of society, and do not represent the typical experience of pharmacists. I am particularly concerned about the circumstances in which many chain pharmacists work 8-, 10, 12-, or 14-hour days, as well as additional hours “off-the-clock,” at a pace that does not allow time to speak personally with their patients. I have suggested to some chain pharmacists that they make a note of several patients during the typical busy day who could benefit most from counseling and with whom they did not have time to speak. The pharmacists could follow-up (on their own time) with a phone call with these patients the following day or another time convenient for the pharmacist to discuss their medications. Some pharmacists who have done this have noted that this has become the most enjoyable and fulfilling part of their responsibilities. As individual pharmacists and as a profession we need to do much more of what we say we are capable of doing.

3. Organizational unity and effectiveness – Many local pharmacy associations are inactive or no longer exist. Many state pharmacy organizations are under-resourced, understaffed, and of limited effectiveness. Can we identify even five that are strong, effective, and politically influential in their states? Most national pharmacy organizations have reduced the number of staff but continue to be effective on behalf of their memberships. However, some of the smaller national pharmacy organizations are facing serious challenges.

On a number of previous occasions, my January editorials in *The Pharmacist Activist* and some earlier publications for which I served as editor were titled, “A new year – An Old Theme,” in which I urged the development of a stronger and more effective organizational structure for pharmacy. However, no actions have been taken in the direction I have recommended. I did receive occasional responses from pharmacy leaders, one of which was particularly noteworthy. The title and content of my editorial urged the merger of several of the largest national pharmacy organizations. The pharmacist who served as the chief executive at that time of one of those national pharmacy associations responded with the comments: “You have to be joking! My Board evaluates me based on membership growth, growth in services and programs, and the financial growth and stability of the organization.” It was not the response I was hoping for, but I appreciate his candidness. Yes, the criteria he identified are very important, but my attention pivoted to what should be the most important question. If the primary focus of our national pharmacy organizations is on their own self-preservation and growth, what organizations, if any, are protecting and advocating for what is in the best interests of the entire profession of pharmacy?

The alphabet soup of national pharmacy coalitions and alliances have been of very limited effectiveness. The ill-fated “Pharmacy’s Vision for 2015” should be a continuing reminder of what might have happened, and what still needs to be accomplished for the benefit of patients and our profession. For those who are not familiar with, or prefer not to remember, the “Vision,” some brief history is in order. In 2004 the chief executives and elected leaders of 15 national pharmacy organizations, under the banner of the Joint Commission of Pharmacy Practitioners, convened and developed the following “Pharmacy’s Vision for 2015:”

> “Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.”

This clear, powerful, and concise vision was enthusiastically endorsed by all of the major pharmacy practitioner organizations.

It is now 2020 and this vision is barely mentioned, rather than being fulfilled. Only *The Pharmacist Activist* took note of its demise (www.pharmacistactivist.com; March, 2015) with an editorial with a title on a tombstone: “Pharmacy’s Vision for 2015: 2004 – 2014: Rest In Peace.”

What happened? The Vision was brilliant! However, our pharmacy organizations failed! Following the initial celebration of what could be accomplished when the organizations worked together, they each went their individual and self-serving ways. Ten years in which to attain the vision must have seemed like a long time, but there was little or no collaborative follow-up action to accomplish the vision. Supposedly, in 2015 the Vision was quietly revised and a target date to attain it was deleted. However, it must have disappeared! Will some pharmacy organization leader locate it and publicize it? The original vision for 2015 is worth reclaiming, but we will only attain it if the national pharmacy organizations are committed to do it and work together in doing so!

My previous recommendations to establish a unified and stronger organizational structure in pharmacy have been ignored, rejected, and/or ridiculed. So I will try again with a recommendation that I consider less than optimal but perhaps one that will be easier for the pertinent organizations to consider. I recognize that this general concept was explored more than 10 years ago. Although that initiative was not successful at that time, it is worth revisiting and enhancing. The concept is that of a collaborative, cooperative, federated (or whatever better designation can be identified) structure that will include the current national pharmacy practitioner organizations.

The name of the new initiative will be the American Pharmacists Association. Yes, I know that name is already in use. However, the American Pharmacists Association is the largest national pharmacy organization with the most diversified membership, and the most widely-recognized name. Other current national pharmacy practitioner organizations (e.g., American Society of Health-System Pharmacists, National Community Pharmacists Association) that would be participants in the new structure would *retain* their current names, autonomy, policies, budgets, leadership, employees, programs, buildings/real estate, and anything else they value as an individual organization. An action-oriented, policy-making system would be developed for the new structure, with representation of the individual organizations based on their membership and resources. This would facilitate approval and implementation of policies and actions on behalf of the profession of pharmacy, rather than representing views of a coalition of individual and separate pharmacy organizations.

I acknowledge that this structure is very cumbersome and inefficient, but it may offer the most realistic hope for an organizational structure to which we can devote our efforts. With time, changes in leadership, and progressive ideas, the initial structure may become more consolidated and unified in a manner that would result in efficiencies (e.g., buildings/offices, computer/communication systems, consolidation of duplicative programs/services) that would provide more funding that can be devoted to the profession's highest priorities.

If you agree that this proposed structure has merit, please help in having it placed on the agendas for consideration by the individual national pharmacy practitioner organizations.

4. Save the independent pharmacists! (Please also see my editorial, "Independent Pharmacies and the Fight for Survival," in the February, 2018 issue.) Independent pharmacies have been the face and identity of our profession, and I will repeat my opinion that the extent to which the profession of pharmacy will be able to thrive is inextricably linked to the extent that independent pharmacists are able to thrive! But the large majority of independent pharmacies are not thriving. Many have closed and many are on the financial brink of doing so. It is not a coincidence that, as noted earlier, many local pharmacy associations are inactive or no longer in existence. It has been the pharmacist owners and staff of independent pharmacies who have been the leaders and active members of these organizations.

No other pharmacists have as many opportunities as independent pharmacists to establish professional relationships and friendships with patients, legislators, and communities, as well as positively influence young people to consider a career in pharmacy. As I write this, my wife came home from picking up our prescriptions from our local family-owned, operated, and loved independent pharmacy (Paoli Pharmacy). The woman who was already at the counter to obtain her prescriptions is an elderly widow who is moving to another state to live close to family members. The woman was so gracious in saying goodbye and voicing appreciation to the pharmacist (Nick Katra) for the advice, services, and kindnesses that had been provided her over many years that it brought tears to my wife's eyes. Nick was equally gracious and offered to help transfer the woman's prescriptions to her new pharmacy. When the woman left, my wife noted, "That's what makes your service worthwhile," and Nick quickly agreed.

All pharmacists should feel indebted to independent pharmacists for the positive services and relationships they have provided that are the most important factor in pharmacists ranking so highly in public opinion polls. We all benefit from that. However, the profession of pharmacy has provided too little support for independent pharmacists, and some have even predicted their obsolescence. We must not let that happen and must support efforts to increase the number of independent pharmacies. Yet some pharmacy organizations, colleges of pharmacy, and pharmaceutical companies provide prescription "benefit" plans for their employees that are administered by the same PBMs and health insurance companies that are most responsible for the financial crises that many independent pharmacies are facing. These employers should be confronted for using prescription plans that are so destructive for our profession, and urged to discontinue their participation and use other more patient-oriented and pharmacist-equitable programs.

Notwithstanding my very strong support for independent pharmacists, I must also voice concerns. Many independent pharmacists have never met with or even written a letter to their legislators, local newspapers, or civic, corporate, and union leaders (the excellent letters written by Pennsylvania independent pharmacists Michael Brundage and Peter Kreckel are noteworthy examples of what should be done).

The number of independent pharmacies has declined to the point that they are seldom in direct competition with each other. However, many are still indirectly competing with each other through their participation in a buying group/collaborative or affiliation with a wholesaler that strongly compete with each other.

Some independent pharmacists have attempted to cope with the challenges by dispensing more prescriptions faster. However, this is a losing battle for several reasons, most important of which is

it is at the expense of time spent with individual patients. Many pharmacists have wisely initiated medication synchronization programs that provide time, inventory, and financial efficiencies. But the most important intended benefit of these programs was to enable less frequent but comprehensive medication reviews and discussions with patients that would increase the appropriate, effective, and safe use of their medications. Some pharmacists are not having these discussions with their patients which not only is a disservice for their patients, but also reduces the opportunities in which patients recognize the value of the services and advice provided by their pharmacists.

Regrettably, a small number of pharmacists cheat the system and some try to justify it by responding that it is the only way they can financially survive in a system in which they are cheated by PBMs, etc. However, "short-counting" expensive prescriptions and submitting false claims represent fraud, and should be reported and penalized when discovered. I recently became aware of a scam in which claims in amounts of several thousand dollars for a 30-day supply were being submitted, and paid, for prescription multivitamin/mineral products. Because most prescription plans do not cover OTC products, the amount of folic acid in these products was increased so as to require a prescription that would be covered by the plans. Fraud must be exposed and penalized by our profession, as well as by regulatory agencies.

5. Non-negotiable, anticompetitive, inequitable, egregious prescription plans – The prescription "benefit" plans administered by the largest PBMs and health insurance companies are the most destructive forces of all with respect to the provision of services by pharmacists, the survival of independent and even some chain pharmacies, and the quality of drug therapy for patients. Pharmacists who own and are employed in community pharmacies are acutely aware of these severe challenges. However, many pharmacists who have other responsibilities within the profession seem to be unaware and/or silent regarding the importance of the impact of these prescription plans. Every pharmacist should spend a day in an independent pharmacy!

The specifics of the destructive impact of these prescription plans have been described in my previous editorials and elsewhere, including my 5-part series of editorials, "Our Profession's Own Pharmacy Care Administrator (PCA)," in the May through September, 2017 issues of *The Pharmacist Activist.*

PHARMACY NEEDS A REVOLUTION!

There are some encouraging signs! The Supreme Court of the United States (SCOTUS) has recently agreed to accept a case initiated by the Arkansas Pharmacists Association (APA) that challenges the PBMs and their predatory business practices. The National Community Pharmacists Association is working with the APA in presenting pharmacy's case, and a favorable decision will be of great importance in establishing regulations in states that could contribute toward transparency and fair competition. In addition to Arkansas, some other states (e.g., Ohio, West Virginia) have exposed anticompetitive and fraudulent PBM practices, and the Columbus (Ohio) Dispatch investigative reporters have provided excellent and extended coverage in bringing PBM abuses to the attention of the public.

However, as important as the SCOTUS decision and other legislative initiatives are, we must not overlook the likelihood that PBMs will find ways to circumvent new laws and policies, just as they circumvent the current ones. As another example, I strongly support the actions of the American Pharmacists Association and others to attain provider status for pharmacists. However, even when pharmacists attain provider status and submit bills for services, the authorization and availability of funding are not assured.

Pharmacy certainly needs external support from the courts, legislatures, and others. However, what Pharmacy needs most is an internal revolution that can start by addressing the five issues/resolutions discussed above. The recent establishment of Indy Health, an independent pharmacy owned health insurance plan (www.indyhealthinc.com) is a very important and encouraging action in this direction.

The Revolution must first occur within our profession and start with me/us! What will your role be?

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