



The Pharmacist Activist

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**"I lift up my eyes to the hills – where does my help come from?
My help comes from the Lord, the maker of heaven and earth." Psalm 121: 1-2**

Editorial

Does Pharmacy Have **PLANS, STRATEGIES, AND LEADERSHIP** to Survive and Thrive?

Throughout my professional career, there have been multiple reasons for which I have strongly encouraged young people to study and practice pharmacy. One of the most important reasons is that the foundation of a pharmacy education prepares one to pursue numerous, diverse, and fulfilling opportunities within the profession of pharmacy and beyond, and additional opportunities emerge on a frequent basis. In the pharmacy practice setting, the greatly expanded roles and responsibilities in which pharmacists can influence and assure optimal drug therapy represent important advances for patients and our profession. Immunization programs have been of great benefit in protecting the health of the public, and many pharmacists have assumed highly specialized practice, research, management, and other responsibilities. Our professional associations have been productive in developing educational programs and services to assist pharmacists in both traditional and new roles. These are just several examples for which individual pharmacists and the profession of pharmacy should have reason to be positive and optimistic about our future. Many pharmacists, however, are not positive and optimistic about their employment and future.

I would love to give my primary attention to identifying and promoting the accomplishments of pharmacists and the potential for expanded future opportunities. Our professional associations and colleges of pharmacy are doing this well and this is an important component of their responsibilities. However, an overly optimistic view of the opportunities and the future of pharmacy may detract from recognition and action in addressing myriad situations that result in serious concerns and pessimism of many about the future of our profession. How well is pharmacy positioned to respond to serious concerns and establish positive and productive courses of action?

We know what the major challenges are, and a short list is included below:

- The power of the PBMs to determine the selection, use, and compensation for medications, and the non-negotiable terms of their contracts with pharmacists;
- The closure of many independent and chain community pharmacies, and the increased number of "pharmacy deserts" that disproportionately and negatively impact the elderly, minorities, and those living in

Contents

The Change Healthcare Cyber Attack Disaster – How has Pharmacy Responded?	Page 2
Would Eli Lilly Recognize the Company that Bears his Name?	Page 3

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rural areas;

- The high and often unaffordable costs of many medications;
- The stressful working conditions in many chain pharmacies that threaten the physical and mental health of pharmacy employees, and increase the risk of errors;
- The continuing, and likely increasing, number of harmful medication errors and other drug-related problems;
- The dependence on pharmaceutical companies in China and India for most generic drug products that are inadequately regulated and often of unknown quality and safety;
- Shortages in the supplies of numerous important medications;
- The complexity of prescription benefit programs and the time-consuming challenge for patients and health professionals to understand and interpret them;
- The decline in the number of applicants and enrollments in colleges of pharmacy;
- The apathy of many pharmacists and insufficient resources and strength of our associations.

I anticipate that most readers would agree regarding the importance of these challenges, and some are already adding to this short list and ranking their relative importance. I have made recommendations regarding many of these challenges in previous issues of this newsletter, but with no success and limited, but appreciated, responses.

I commend the national and state pharmacy associations that have been outspoken about these challenges and been active in developing strategies, legislative proposals, and other initiatives to address them. However, effective courses of action and positive results are the most important goals, and we have not achieved them.

To what extent has our profession been successful in responding to the challenges? If we haven't been successful, which individuals and associations should provide the leadership to do so? Have plans and strategies been developed that have a realistic potential for success on a timely basis? Is enough being done to reverse the downward spiral that exists for many of the challenges? Are there strategies and actions we have overlooked or ignored?

For several decades I have been a strong advocate for the establishment of an organizational structure that can best represent, advance, and promote the expertise, services, and interests of the entire profession of pharmacy. In my opinion, that structure does not exist now, and the structure we have is fragmented and often competitive rather than collegial. Establishing the most effective organizational structure is the challenge for which our profession has the best opportunity for progressive change on a timely basis. Strong leadership, courage, and concessions will be required!

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The Change Healthcare Cyber Attack Disaster – How has Pharmacy Responded?

In the March issue of *The Pharmacist Activist*, I addressed the damage and continuing risks resulting from the Change Healthcare/United Health/Optum cyber attack. The subtitle for my editorial was, "Pharmacy Associations Must Estimate the Costs of the Damage and Take Legal Action!"

This disaster is no longer in the headlines but the consequences and damage have not been resolved. Other than the confirmation that United Health paid a \$22 million

ransom to recover stolen data, what actions have been taken? I am not aware of actions, answers, or even additional information, but the questions persist and increase.

Are the allegations accurate that the Change/United data systems were substandard and did not include state of the art security measures to protect against cyber attacks and theft of personal information?

What actions has United Health taken to prevent

future cyber attacks?

Has United Health provided compensation or other support for patients whose confidential information was breached/stolen, or for pharmacists, physicians, and others who had to commit their valuable time and resources to attempt to resolve problems resulting from United Health's failed systems/programs?

What investigations and actions have been taken by federal regulators?

How has the profession of pharmacy responded?

Some pharmacy leaders have responded with strongly-worded statements and requests for regulations and other actions to prevent another crisis of this type. It may be that pharmacy associations are planning additional actions of which I am not aware, but the response so far is not enough. United Health is one of the corporations that have caused the greatest professional and financial

destruction of the roles and practices of pharmacists. The terms of their contracts and abysmal compensation provide no recognition or respect for the value of the services of pharmacists and the safety of patients in their prescription plans. Their plans and policies are non-negotiable and pharmacists who challenge them risk being excluded from their networks.

There have been no or very few situations in which the profession of pharmacy and our associations have been able to effectively respond to the failures and/or negligence of the PBMs and health insurance companies. However, the cyber attack and the resultant consequences would appear to provide the basis for legal action to recoup the value of the extensive time and resources provided by pharmacists to enable patients to receive needed medications in as timely a manner as possible. Are our associations planning or exploring this or other actions? If not, pharmacist members are entitled to an explanation for why they are not doing so.

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Would Eli Lilly Recognize the Company that Bears his Name?

Eli Lilly, his son Josiah, and grandson Eli were pharmacists. They were dedicated advocates for their profession of pharmacy and the highest quality standards for the manufacturing of pharmaceutical products in the company that bears their name which was founded by the senior Eli Lilly in 1876. Eli Lilly and Company provided an extensive line of medicinal products that included not only widely-used, more profitable products, but also infrequently used products that some patients needed, but which could not have been profitable for the company. Its corporate philosophy was characterized by integrity, quality, and professionalism, and a commitment to serve the drug therapy needs of patients.

For many years, Eli Lilly and Company only hired pharmacists to serve as their professional service representatives (salespeople). The company considered pharmacists to be the most knowledgeable individuals to discuss their

products with the physicians and pharmacists with whom they met on a regular basis. The representatives were well respected by the health professionals they visited and there was very little turnover in their ranks because the company treated them fairly and they did their job well. It was common for representatives to remain employed with Lilly for decades, and this provided strong continuity between the company and health professionals in community and hospital practice.

At one time, the large, research-oriented pharmaceutical companies welcomed/hosted visits of pharmacists and student pharmacists. These were very educational and enjoyable visits that contributed to the mutual respect that existed between company personnel with current and future practitioners. No other company was a better host than Eli Lilly and Company. For a number of decades they invited the senior classes of colleges of pharmacy to

travel to the company headquarters in Indianapolis for a several-day visit. Students were responsible for the travel costs to Indianapolis, but the company assumed the costs of the hotel, meals, and other amenities. The “Lilly trip” was a memorable highlight of their college experience for the pharmacy students who participated.

Lilly was the last company to give priority to hiring pharmacists as sales representatives, although numerous pharmacists do have other important responsibilities at Lilly and other pharmaceutical companies. The Lilly trips were discontinued years ago and most current student pharmacists are not aware they ever occurred.

Back to the present

Eli Lilly and Company recently announced the establishment of LillyDirect (Online Pharmacy Solution & Virtual Care). The announcement includes the following statements:

“We can help you find a doctor, navigate the healthcare system, potentially lower your costs, and get medications delivered directly to you.”

“Get answers, test results, care plans, and prescriptions. All without waiting rooms or traffic.”

“Talk to independent healthcare professionals who understand your condition.”

“Get care for Diabetes, Migraine, Obesity.”

“You can choose a doctor who is right for you with Healthgrades; an independent physician search tool.”

“Avoid possible traffic and long lines at a traditional pharmacy. LillyDirect can ship select Lilly

medications to you, if prescribed.”
“Prefer local care? Find it here.”

Another announcement is titled: “Eli Lilly partners with Amazon Pharmacy for home delivery of its weight loss, diabetes, and migraine drugs.”

Perspective

I marvel at the advances in technology and am humbled by my inability to keep pace. However, it is my observation that some of these “advances” are at the expense of the personal caring and touch of local pharmacists, physicians, and other health professionals in their relationships with patients. The healthcare system seems more like a battleground that is based on the economically-motivated self-interest and “turf wars” among its different sectors and memberships, rather than striving for an altruistic, collaborative, and synergistic system in which all would benefit and patients would be best served.

I have always viewed Eli Lilly and Company to be a leader among the pharmaceutical companies, and in many ways it is still highly productive and successful. However, LillyDirect is a self-serving venture that adds to the fragmentation that characterizes the provision of healthcare services and medications for patients, and betrays the profession of pharmacy that provided the foundation for its establishment. It is most detrimental to the health care, effectiveness and safety of drug therapy, and services for patients that are personally provided by local pharmacists, physicians, and others in their communities.

Eli Lilly would not recognize his company as it operates today!

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