Hello and welcome to the Rx Counter a podcast produced by student pharmacist at the University of Iowa College of Pharmacy, where we provide student insight into the pharmacy profession. I'm your host, Emily's dymo. And here today is Paul mcclenment, whose product is at chain pharmacies is putting patients at risk by Ellen gambler to the counter today. Paul, thank you for joining us. The counter is yours.

Thanks, Emily. So I came across this article by Ellen gambler a few weeks ago and it talks about exactly what the title suggests there's a chaos that changed pharmacies, and it's getting to be to the level that it's putting patients at risks. What would you guys say? Is your kind of read on chain pharmacy and how is it different than independent pharmacy?

Well, both chain and independence kind of metrics and metrics is not a bad thing, especially with a value based metrics. However, we have switched from value based volume based when you go to the chain pharmacies, the metrics are not patient safety metrics or quality assurance. They are more more and more prescriptions, less time little patient care spend with the patient. So the important thing that we need to take into consideration here is, what are we doing that's helping the patient? And what can we change in those chain settings to make it so we can still, you know, make enough produce enough prescriptions where you can stay afloat, you need to consider that at all times. But you also need to make sure the number one priority, excuse me patient saves.

And the metrics that they talk about aren't exactly like you said they're not centered around patient care. Their percent of total prescriptions for that are 90 days supplies that are coming from mail order. They're not ones that Medicare users were Are the people who are on diabetes meds taking status? Are there people who are at risk for falls taking high risk meds like benzodiazepines there's not the message that are centered centered around patient care. It's more so about getting the right getting the people that need drugs and most drugs as quickly as possible. They also overstep boundaries of the physician and primary care provider when they step right on the prescription, you know, supply within 30 days at a time. And then they go ahead and fill 90 days because they get a better reimbursement that way. And you say it's because the patient requested. We find out later on the patient never actually requested that. So it's unfair unjust for them to be doing that. It's not taking the patient's health into consideration, and it's overstepping boundaries with the physician.

So taking a step back, do we think this is one bad player one chain or is it just kind of manifestation of how healthy reimbursement is set up.

A good question right now, in the pharmacy as a whole is kind of fragile. It's fragile and you know, brand burstable tonight exactly where we want it to be. So from the independent perspective, you have pharmacists and pharmacies, trying to make the Patreon patient centric metrics in order to get good reimbursement. However, let's see the so the change becomes different because then we're involved with PBM that they also own. So let's put alkalized they don't have to worry too much about that. So then they have no, you know, that all they have kind of a different sort of leverage or they can force their pharmacists to do this. And that's just become something that the patients, you know, go along with because in a moment, unfortunately, the profession of pharmacy that we're in right now, we have a lot of graduates coming out and jobs are kind of scarce. So in pharmacies do try to stand up for themselves in the settings You can lose your job. Today, you can lose bonuses, which you talked about the article. And three, it's just, you know, scary. They have to provide for our family
to say what was it Walmart that was making cuts for senior pharmacists,

right? The most expensive 5% as they were making cuts on,

which is interesting because I remember back when just the kind of idea of going to pharmacy school was still just a tiny little thought in my head that they talked about how there was always a shortage of pharmacists, there were people that were signing bonuses because to is to start right away because there wasn't enough pharmacists to fill the pharmacy jobs needed. Because I think it was in what 9090 ish by the turn of Millennium there was a year without the pharmacist graduate because everything went from vs farm to farm D. So I think we finally hit the inflection point in terms of supply of pharmacies and demand of pharmacy jobs in our Going over that it's

a perfect storm for CBS. They have the lever, the leverage on the pharmacist because we look at 1020 years ago, there were 40 College of pharmacies 140 hundred 50. That means normal graduates have increased substantially. Jobs, although they had increased from that time period did not increase on that same level. So when they see this and they recognize, you know, you might not follow our rules or you might not like it, you can leave whatever, I'll replace you. It's not that big of a deal to me, that's their mindset. And you know, in pharmacies have those student loans that we have to pay out the other family at home that they have to pay for. All those things that they take into consideration. They have no leverage to negotiate. You can even look at it. When viruses came out on Facebook and all the social media is coming back and saying, Hey, we don't like this read the New York Times article. This is outrageous that we have to go through this CDs rebuttals and comes back says we fundamentally disagree with this recent assertion in the New York Times that patient safety is at risk and American pharmacies, and they go on to say patient safety is their highest priority. And they also talk about how employees are not complaining to them. And that if they that they have nothing to complain about because they have perfect work experiences we see right there on Facebook actually talking about and they said that not only just on Facebook, they write to read to regulators, they write to their own boards, they write to the proper authorities, quote, I am a danger to the public.

How is that not alarming? There's so many things we can take and consider a danger to the public bubble burst out to you get to take in consideration now we want to have patient care and what about the people have to go home at the end of the day they really satisfied with what they're doing with what they signed up for, for going to a doctor to agree to sit there and push drugs into patients, you know bag and then take them home and they had little education because they had no time to educate them because they're being held to different metrics. It's not where we want to deliver Obviously,

yeah, I've seen multiple chamber setup or something. So the other almost cry every day outward because

they're just they're not allowed

to do what they want to do and get the best patient care that they can. And it's just so sad.

So I think that kind of goes to where we could be going for the future of community pharmacy. There's this split that's happening, where it's just hyper focusing on getting drugs, prescriptions in drugs out the door prescriptions in drug out that are streamlining that process is much as possible. That's why the camp and it feels like that's where the Walmart's Walgreens, Sam's Club CVS are all trying to focus towards they're trying to be as efficient as possible. There's the other vein though that I feel like is where community pharmacy should be heading. stuff they cbsn is trying to do, where it's
focusing on the care that comes with the drug, not just product in product out. It's the care the services provided, whether it's immunization, whether it's having some form of CMR whether it's disease state management, I feel like that's the two main veins that pharmacy is headed and which Blaine we pick as a collective. That's possible, if not very difficult to figure out, at least at this point. So do

Unknown Speaker  8:21
you feel like this could be understand kind of the problem with this? Do we need regulations? Or do we just need more data supporting the vein that obviously, is focused on patient outcomes? What matters patient safety? Do we need the numbers to back it up to convert the big payers to this model? Is that how we're going to get some of the big retail chains the change? Are we going to have to go to a regulatory kind of stance for you know, I think an Illinois might have been recently where they just required pharmacists hack to take like a mandatory lunch break, you know, because they weren't getting a lunch break and a 10 hour shift or something like that. stuff like that, that we need to implement? Or is it more just, we need to completely flip the script? I

Unknown Speaker  9:05
think we had to completely flip the script. If you if we're holding, you know, managers and owners of these pharmacies to a standard of you better hold year or give your employee a lunch break, who's gonna come in every single day? Did you get a lunch break? That's not gonna happen. In law, we're hearing that people don't always follow exactly what it's supposed to be done. And that's just because sometimes, it's easier not to do that. And so saying, you know, there's a lot of do this as required to get a lunch break. People like businesses like CVS or just whatever, that under the rug here, we need prescriptions and introduced and they're going to have to do that. So if we flip the script, as Paul's talking to CVS and flip the pharmacy, there's all these opportunities that pharmacies have patients. I mean, at the end of the day, we still are probably one of the most utilized and accessible healthcare providers. And that's majority the independent baby sector and Suppose the chain they are still obviously available there, but the settings don't make it as as great for them. But we have such a unique stance to have a huge opportunity on patient lives, which eventually will lead down to reducing cost per page. So there's another article that came out and talked about nutritionist and imagine a grocery store, just hired a nutritionist, their only job that they got paid for was putting groceries into the bag into your cart, they never talked about what to do should be action taken to be healthier. Right now, that's the model we have in pharmacy. Your job was to put drugs in your bag and not talk to you about what you need to take in what you don't need to be taken. What can we do outside of medications, lifestyle, diet modifications, in order to make you know, better cholesterol,

Unknown Speaker  10:51
better metrics that we can be held accountable for.

Unknown Speaker  10:54
And always sit around here and talk about all the great things that we could do as pharmacist if we had all the time. But after this article came out, the public's perception of pharmacist is probably plummeted. And they see these big name chains like CVS and Walgreens. And they look towards their words is the umbrella of like, this is what pharmacists say. How do we get back to the public and say that pharmacists are not all CVS and not all Walgreens and we're not all

Unknown Speaker  11:31
bad? How do we change that?

Unknown Speaker  11:33
I wish it was as

Unknown Speaker  11:34
easy as going on a national television and having a forum about all pharmacists are not as bad as what CBS article is shutting us in the light to be. However, it's not that easy. What we can do is do one person at a time one family member, one friend, one person in the public, one person that we don't even know we just introduce herself and give them a little spiel about privacy is one person at a time and you know the power of one although doesn't Sunday can have a huge impact to do what we can

Unknown Speaker  12:04
never probably have a huge forum for us to go and talk to every single person in the country about what pharmacy they should go to and the things

Unknown Speaker 12:12
that you can do each and every single person unless we're having a lot of graduates coming out of these college pharmacies. We all just picked one person today to talk to, we're gonna have a huge impact. We need to make that dedication you can't just be that person who reads this article, closes the computer screen and goes out and day to day activities because that is not going to change anything if you are inspired by this article and any other articles that you read that pharmacy and the light and you should make a difference because reading it and doing nothing about it isn't

Unknown Speaker 12:44
even going past that instead, we can just do it. mean we're there's a few of us that are p threes that rotations around the corner, we can in the space of rotations, we can go in interactions we have with patients that are like oh you Really well educated, you seem very forthright with being smart or whatever, that I know, making sure that they know that I'm not alone. I'm not unique in my ability to provide this care. There's 100 other people in my class whether that's in if you're doing it through just to your community rotation if your night for you guys that for the P ones that have that coming up, I would say that showing our ability, as pharmacists in the normal course of practice, is also an important thing. Even if it is trying to go if you're doing a community rotation at a CVS, then you can very easily have still have that time because perfectly honest set out their metrics are worried about the person coming in for 120 hours across five weeks or whatever, or whatever the standard is.

Unknown Speaker 13:54
So what advice do you give to like a new graduate for these people that find themselves and they're right at a CVS at the Big retail places, you know, it's, I don't have a job, if I stand up for kind of what I believe, or, you know, then what I know I kind of think that it Prime's, us as students going out to the workforce that don't accept that position that, you know, isn't going to fit who you are, be open to innovation be open to new career pathways in pharmacy, you know, I think we have such a fixed mindset of what a pharmacist is just from what's developed from the big retail stores and talking about the flip the pharmacy and other new spaces. I think we have to be open to innovation and thinking about what more we can do or what tech start your own business, potentially, you know, stuff like that. I think that's what's going to fix this crisis of, there's too many pharmacies, that idea there's too many pharmacies for these jobs, but we just need to potentially create new opportunities.

Unknown Speaker 14:56
There's so much space for new opportunities that we know pharmacy students don't even recognize on a daily basis, whether that be just utilizing innovation by doing MTM remotely and connecting them via app similar to Uber or something like that. There's so many opportunities there. You just have to be thinking outside the box. But if you do, thank you no points, and I'm good at putting drugs in a bottle, and then dispensing to the patient. Well, then you're holding yourself to a low standard. And I'm not saying it's easy for you to just go up to the CVS manager and say, I know I'm done. Because at the end of the day, like we already mentioned, they probably have bills to pay for not everybody's an opportunity or the situation where they just quit their job. So if they are in that situation, women do have to work their eight, nine, maybe 10 hour days, trying to no free time in the middle that you actually have to think of a new route of revenue that you better. Think about some new innovation that you may be able to impact patient lives. Think about going to conferences, talking to network and hearing different people's stories because not everybody's stories similar. And you're going to learn so much more just by listening to people. So it is great that we're talking about the concerns that we're having at CBS. And that sucks. But at the same time, we need to open our ears and listen to people who don't work in that situation, and hear about what they're doing across the country. Because there's a lot of cool things happening. Opportunities for more cool things to happen, that we need to be honoring, in ready for when those opportunities present themselves. Yeah,

Unknown Speaker 16:30
you'd be willing to adapt as well, you know, that's that get focused on Okay, this is what Paris has done since the 80s. Let's focus on what we can make the profession.
And I think that goes to show the power that, like you said, the power of talking to one person and at a certain extent, that one person could be a legislator to because you have to not only know that, like we know what we can do, and there's people in the public their citizens that know that we can do but there sometimes there's Some sort of preventative framework between us providing that care and sometimes there's just not any infrastructure surrounding it. And I think that's where working at the end of regulations working at the end of legislation, that we can really have an impact with that one on one because the people that you vote for, or represent you are, their duty is to represent you. I feel like having that conversation will allow them

**Unknown Speaker  17:33**

to better serve, if you can just show up

**Unknown Speaker  17:37**
to show up and be passionate about what they're doing and about what they want to do. If you're not in a good situation, let's do something about it. And you know, that's can be easier said than done. But if you have even an hour free time, we even just one hour to figure out what you can do during that hour to change what you're currently so

**Unknown Speaker  17:59**

so why opportunities as students to we can't forget that, you know, we, I personally feel like I've grown a lot just because I've taken advantage of all the offerings that our college has. Ever since I was a p one. I was very timid kid and just wanted to sit there and be passed over and just kind of absorb things. And I did absorb a lot. And now we're here talking about all the great things we can see. I have an answer to where do you see pharmacy in the next five years, I never would have thought that I would have an answer to that.

**Unknown Speaker  18:42**
test to say it wasn't easy for you to do that. You had to sacrifice time, hours, days, weekends, sometimes longer than that when you went to conferences. It's not just you know, I'm gonna read this article and it's all going to come to me or I'm going to talk to this one person for 20 minutes and it's all going to come to me No, it's consistency. You have to go to these things as a show up. Sometimes your weekend is no longer there. Because you're spending your time learning and networking and collaborating with other people. It is a sacrifice. But if you really are passionate about this, and you really believe that you can make a difference in your own life and the patient's lives, and it's

**Unknown Speaker  19:18**
a sacrifice to be willing to make with the end, like trying to get out and just talking to like one person taking on a grander scale, how do you think people can push all these advocacy organizations that were a part of like a PHA? They're such a national organization? How can we get them to kind of mimic what we think?

**Unknown Speaker  19:41**

Dirty there? You might not see it here, there. He is there in CPAs. There is HP there. They might not you might not see it, but they're there. They're there a long time ago. They work they are ahead of us. I know this, my dad's on the Board of Trustees. Like kind of get things done. Guys, but they know about this. And unfortunately, having you know, just a big group of organizers, big Association, even that's not even big enough. So it is going to require a huge collaboration of all of us, but they are there. They know exactly what's going on. And if you talk to Kate Gaynor, they can reach out to her about this article. I think she said last like June, June last year, and so people know about this. It's just how do we get it to the general public now? Yeah, exactly. This new york times that's read by everybody in the general public. A PHA technically represents the general public, but really, they represent pharmacy consultants. So as a GP, and so does all those organizations so they can bring that to light to us pharmacists, but we know about it. So how do we find that routes and avenues that we can inform the general public is important.

**Unknown Speaker  20:53**

But at the same time, if you have an idea, never hurts to tell someone about it, because then they'll either say Wow, I've never thought about that before. Or I thought about that before. Let's talk a little more about it.

**Unknown Speaker  21:07**

Here's who's already doing that idea, right?
Unknown Speaker 21:12
So much of that is just building that network of connections to

Unknown Speaker 21:17
do that if you go to these conferences and a PHA is coming up, you just go there and talk to someone might not even
know who you're talking to. You might be talking to the president of the organization and just voicing your opinion. No,
but no, I agree with your haven't heard that. Yeah, I you know, I'm glad that somebody else said this, because I heard
this from somebody else as well. So like these issues, if it's on your mind, bring it up to somebody.

Unknown Speaker 21:40
Well, that's all the time we have. Thank you everyone for coming and sharing your ideas and for Paul for bringing the
article. We hope you learned if you did pass the lessons along to your friends and family. Thanks for listening and we'll
catch you next time at The Rx Counter.

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