



RxIMPACT

Volume 4

A Drug Store News Special Report

March 2015

Community Pharmacy

**The face of neighborhood
health care in America**



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

If you could see what I see



**Editor in Chief
Rob Eder**

As the editor of *Drug Store News*, I am frequently reminded that the stories we report on extend far beyond the industry we cover. I often feel like if you could sit where I sit and see what I see, you'd find that the community pharmacist

is a greatly underutilized component of our nation's healthcare system; we could do a lot more to close the gap on provider access, lower the cost of care and ultimately improve health outcomes for millions of Americans just by enabling the pharmacist on the corner to practice at the top of their license.

That's why we put together this special edition of *Drug Store News*, RxIMPACT — to help bring greater awareness of the full impact community pharmacy can have as our nation tries to improve an overburdened healthcare system.

Pharmacists do a lot more than just fill prescriptions. They engage in a practice called medication therapy management and work

closely with patients to make sure that they take their medications the way they are supposed to. That is a major opportunity to improve health care — each year, our country spends almost \$300 billion in additional costs related to this problem of nonadherence. MTM alone is returning about \$12 in savings for every \$1 invested.

Today, about two-thirds of the nation's pharmacists are providing immunizations for flu and a number of other conditions — a role most could not fill about five years ago. Just using flu shots as an example, research conducted in 2012 demonstrated that immunizations performed in a community pharmacy setting, versus a physician's office, saved about \$31 per patient, and increased dramatically to about \$83 in the case of high-risk patients with poly-chronic conditions and \$107 per patient among seniors.

These are just two examples. In the pages that follow, we have compiled many others.

After reading this special report, I am certain you will see what I see — that community pharmacy can do a lot more to help improve health care.

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Putting pharmacy's 'Access Agenda' to work for America



NACDS Chairman of the Board John Standley, Chairman and Chief Executive Officer, Rite Aid Corp.

Thank you to the 114th Congress for welcoming the participants in the 2015 NACDS RxIMPACT Day on Capitol Hill! We appreciate the opportunity to meet with you and discuss the key policy issues that shape pharmacy patient care for your constituents.

As NACDS Chairman, I like to refer to these issues as our "Access Agenda." These are the issues that significantly affect the ability of patients and consumers to benefit from health-and-wellness solutions in pharmacies in every state and Congressional district.

The first component of the Access Agenda addresses the need to maintain patient access to pharmacies and to quality pharmaceutical care through programs like Medicaid, Medicare and TRICARE. Patients in these programs rely on their trusted pharmacists for prescription medications, and for information about taking these medications safely and most effectively. Factors like

prescription drug reimbursement rates, incentives tied to patient co-pays, and rules regarding pharmacy networks can profoundly affect pharmacy access — and thus patient health — in significant ways.

The second component relates to the need to expand patient access to quality health care through services — beyond dispensing prescriptions — delivered at our convenient locations. There are many opportunities on this front, and the momentum needed to make these changes is beginning to build.

One example is the introduction of the Pharmacy and Medically Underserved Areas Enhancement Act (S. 314 and H.R. 592), which would open state-approved pharmacist services to Medicare patients in underserved communities. This legislation would improve access to services like vaccination screening and delivery, chronic disease management, and preventive screenings like glucose, blood pressure and cholesterol tests.

Participants in NACDS RxIMPACT Day on Capitol Hill are excited to talk with you face-to-face about these and other issues — just as pharmacists assist your constituents on a face-to-face basis every day. We look forward to working with you to advance health care for all patients and the nation as a whole.



Companies participating in
RxIMPACT

March 25-26, Washington, D.C.

For pharmacy patient care, reports reflect real life



NACDS President and CEO Steven C. Anderson, IOM, CAE

A new report by the National Governors Association (NGA) is symbolic of the growing recognition of pharmacy's vital role in healthcare delivery. The report also makes several key points about what it will take to leverage pharmacy's value for the benefit of patients across the nation.

"The Expanding Role of Pharmacists in a Transformed Health Care System" — which NGA released in January — does a really nice job of describing the extensive and evolving professional education of pharmacists. It notes that "health care experts increasingly agree that including pharmacists on chronic care delivery teams can improve care and reduce the costs of treating chronic illnesses."

Directly related to the discussions that will take place during the 2015 NACDS RxIMPACT Day on Capitol Hill, the NGA report emphasized the importance of consistent government policies regarding pharmacy patient care; the need to

formally recognize pharmacists as providers, as appropriate; and opportunities to leverage technology to foster collaboration between physicians, pharmacists and other members of a patient's health team.

The observations of the NGA report build on a steady stream of recognition and recommendations that focus on the powerful role that pharmacy plays in improving and saving lives. The Congressional Budget Office has formally stated that better use of medications can generate cost savings by easing the reliance on costly forms of care. Senior officials at the Centers for Medicare and Medicaid Services have commented on the cost savings that result from better medication adherence — that is, patients taking their medications as prescribed, often as a result of face-to-face counseling with pharmacists. Several studies published in authoritative journals like *Health Affairs* back that up.

The simple point is that focusing on pharmacy can benefit patients and our nation alike. More and more decision-makers and policy-makers are talking about that, and acting on it. NACDS appreciates this opportunity to continue this discussion with members of Congress this week.

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As 'face of neighborhood health care,' America's pharmacies offer new solutions

Patient access, lower costs, accountability and collaborative care: those are the watchwords that define the nation's overextended web of health care in 2015. And community pharmacy — the true face of neighborhood health care — offers some timely solutions to all of them.

The U.S. health system is grappling with a daunting list of challenges as it lurches through a massive transformation to a more accountable, cost-effective and rational system of care. Among the most pressing of those challenges: the still-rising \$2.5 trillion annual healthcare bill, which now consumes roughly 18% of the GDP; an acute and growing shortage of primary care physicians that makes it tougher for patients to gain access to health services on a timely basis; and the growing strain on federal and state health resources as aging boomers and newly insured Americans rapidly swell the ranks of Medicare and Medicaid.

Amid those hurdles, pharmacists remain the most underutilized network of health professionals in the United States. This despite the fact that the pharmacy profession has undergone a remarkable transformation over the past two decades, and is poised to offer new and innovative solutions to some of the nation's most urgent healthcare issues.

It's a glaring disconnect. Even as pharmacists dramatically expand their clinical and preventive-health expertise and provide more patient-care services that improve the health and well-being of Americans — while lowering the costs of care for public and private health plans — the healthcare delivery system and government policies have not yet adapted sufficiently to maximize pharmacy's pro-patient impact.

Yet, pharmacy operators continue to pursue an expanded practice model, offering a more cost-effective alternative for a growing list of frontline health-and-



As one of the most trusted healthcare professionals — and arguably the most accessible — community pharmacists have emerged as the face of neighborhood health care.

wellness services. "We're looking for anything we can do to expand our outreach into the community and supplement the primary healthcare providers," said Dennis Wiesner, senior director of privacy, pharmacy and government affairs for San Antonio-based H-E-B and VP of the Texas State Board of Pharmacy.

"Pharmacists are helping to shape the healthcare delivery system of tomorrow — in partnership with doctors, nurses and others," said Steve Anderson, president and CEO of the National Association of Chain Drug Stores. "This collaboration with other healthcare team members can lead to better health outcomes for the ultimate good of the patient. As one of the most trusted healthcare professionals, and arguably the most accessible healthcare professionals, pharmacists are uniquely positioned to provide services to patients, particularly among those in underserved communities where healthcare may not be readily available," Anderson added.

Focusing on successful outcomes

The core of pharmacy practice remains the expert dispensing and management of

prescription drugs — and the counseling and medication therapy management that pharmacists provide at tens of thousands of community pharmacies every day.

It's a critical part of healthcare delivery. An estimated 82% of Americans use daily medications to manage their health, and 29% take five or more medications, according to the Centers for Disease Control and Prevention. Chain pharmacies alone, Anderson pointed out, "fill over 2.7 billion prescriptions yearly and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability."

For the nation's health system as a whole, the move to allow pharmacists to provide state-approved health services to underserved Medicare beneficiaries couldn't come at a better time. Pharmacists are tapping more of their full potential, meeting the needs of patients in new and exciting ways as they integrate services like immunizations, health screenings, medication therapy management, and diabetes management with the activities of other

health providers in collaborative care models and accountable care organizations.

"Our product used to be dispensing pills safely and efficiently, but today our product is that and much more," said Greg Wasson, recently retired president and CEO of Walgreens Boots Alliance. "Our product is an outcome — an improved health outcome — that only a face-to-face encounter with a community pharmacist can accomplish."

It's about telling pharmacy's story and demonstrating the pharmacy profession's value "one consultation, one vaccination, one medication synchronization, and one screening at a time," Anderson noted. "The American public will be the beneficiaries of greater efforts to realize the potential of pharmacies as the 'face of neighborhood health care.'"

Consider some recent examples:

- Rite Aid's Health Alliance leverages the combined expertise of community pharmacists and in-store care coaches in collaboration with physicians and local health systems. The goal: to provide "comprehensive care and support to individuals with chronic and poly-chronic health conditions," said chairman and CEO John Standley, "while helping patients "achieve health improvement goals established by their physicians."
- Iowa-based supermarket and pharmacy chain Hy-Vee partnered with the University of Nebraska Medical Center and Ferris State University to offer customers a point-of-care test for influenza and strep. Trained pharmacists administered the tests and filled prescriptions, when needed, under physician-set protocols.
- As a focus of its expanding pharmacy practice model, Walgreens Boots Alliance is moving pharmacists out from behind the counter to better counsel patients and expand clinical services, in line with its "Well Experience" store concept.
- CVS Health continues to expand

its Pharmacy Advisor program. "Pharmacy Advisor helps our PBM plan members with chronic conditions, such as diabetes and high blood pressure, by promoting medication adherence and closing gaps in care," said CVS Caremark EVP and chief medical officer Troyen Brennan. "Our interventions can also include reaching out directly to their doctors or referring patients to disease management programs."

- Minnesota-based drug chain Thrifty White has enrolled thousands of patients to its synchronized monthly prescription refill system. By doing so, the chain is shifting those patients to appointment-based pharmacy care.
- In Hawaii, pharmacists collaborate with inpatient hospital caregivers to provide a seamless transition for discharged patients back into the community. The program, called "Pharm2Pharm," was created to prevent gaps in care, provide continuity in patients' long-term treatment and wellness programs, and reduce hospital readmissions.

Teamwork: The new health paradigm

This dramatic evolution in pharmacy practice begins in pharmacy school, where six-year PharmD degree candidates undergo intensive training not only in chemistry, biology and the complex science of medication therapy but, more and more, in the hands-on care and management of patients and chronic disease.

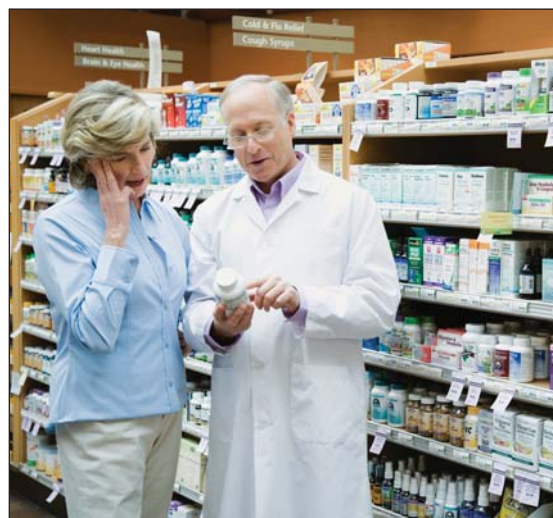
"Pharmacy education focuses to prepare future pharmacists to provide medication-related care directly to patients where and when they need the care. The care is ... conducted in collaboration with the patient's healthcare team with the goal

to assist the patient in achieving their healthcare goals," explains Melissa McGivney, associate professor of pharmacy and therapeutics at the University of Pittsburgh School of Pharmacy and director of Pitt's Community Pharmacy Residency Program.

For instance, said McGivney, "Our students begin seeing standardized patients by week six of the curriculum — and by the second semester, they are in the community meeting with people who have medication-related needs."

This team-oriented, outcomes-focused approach to patient health is deeply embedded in modern pharmacy practice, agreed Ronald Jordan, dean of the Chapman University School of Pharmacy in Irvine, Calif. "As health care evolves and communities become more aware and responsible for community health needs, pharmacists as the most accessible healthcare expert are superbly prepared to assist other healthcare team members and organizations in enhancing health and welfare of communities," Jordan said.

What's more, "As the most frequently encountered form of medical therapy, medication, especially if properly managed by a pharmacist, is probably the single biggest determinant of improving longevity and public health worldwide," Jordan added.



More and more, pharmacists are stepping out from behind the counter to better counsel patients.

By the numbers: How community pharmacists measure up

THE NUMBERS

Survey: How Americans rely on pharmacists

According to a recent 12-month national survey:

50% of respondents spoke to a pharmacist about a question they had about a prescription medication at a pharmacy;

47% of respondents spoke to a pharmacist about a question they had about an over-the-counter medication at a pharmacy;

29% of respondents spoke to a pharmacist about a question they had about a personal health question at a pharmacy; and

72% of respondents purchased such personal care products as cosmetics, shampoo, deodorant, toothpaste, etc. at a pharmacy.

Respondents also responded to the following questions:

- Regardless of whether or not you have a regular pharmacist, how often, if ever, do you talk to a pharmacist when you are choosing an OTC medication?
 - Always/sometimes — 40%
 - Hardly ever/never — 60%
- How important is the pharmacist's recommendation when you are deciding whether or not to buy an OTC medication for the first time?
 - Important — 72%
 - Not important — 28%

How do the nation's pharmacists rate with Americans? According to Gallup, the answer is very, very high year after year.

Each year, Gallup researchers conduct a national poll to gauge Americans' level of trust in the people engaged in a wide variety of professions, from doctors and police officers to business leaders and educators. And community pharmacists consistently rank at or near the top of the most trusted professionals.

In the latest Gallup Honesty and Integrity survey, released in December, Americans rated pharmacists second in terms of trustworthiness and ethical standards, behind only nurses and tied with medical doctors. That marks the 12th straight year in which pharmacists ranked in the top three of all professionals for trust and integrity.

"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 within the healthcare delivery system.

They are highly valued in neighborhoods across America, and particularly by those in the greatest need."

Americans also rank pharmacists high in terms of helpfulness and their contributions to overall health and wellbeing. A national survey of likely voters engaged and aware of current events, conducted on behalf of NACDS in 2014, confirmed that Americans rely on their local pharmacist not only for counseling on their health and medication use, but for advice on over-the-counter medicines.

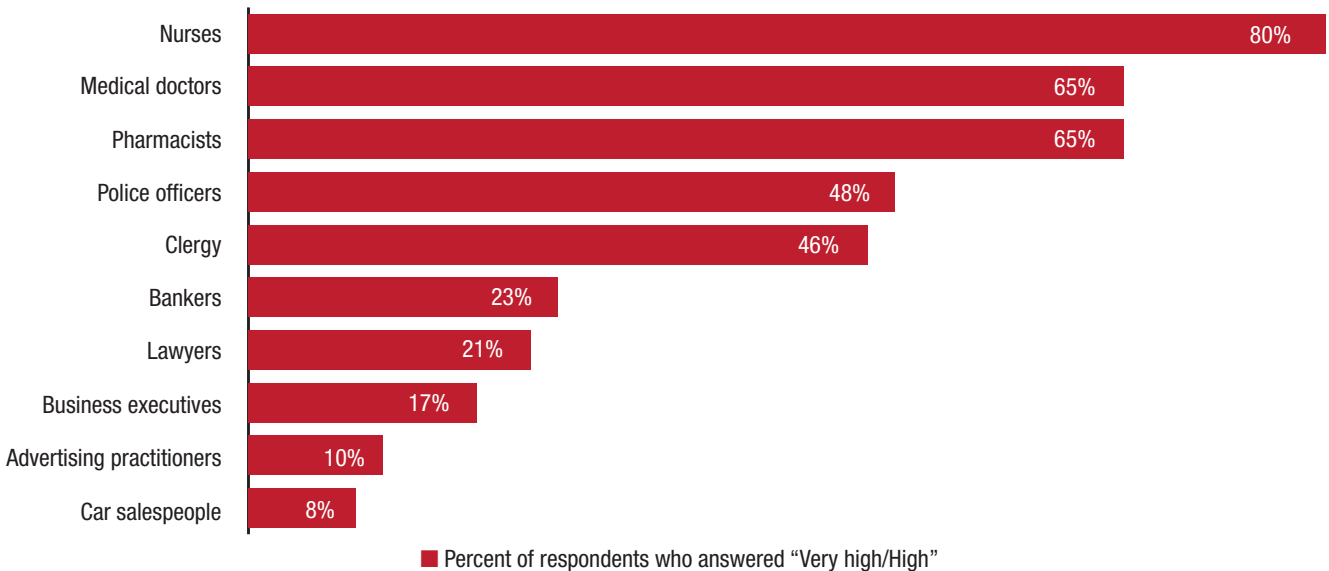
"We asked ... if people did various things in a pharmacy over the past 12 months," Anderson said. "About half spoke [with] a pharmacist about a prescription drug. And pretty much the same percentage spoke to a pharmacist about an over-the-counter product. More than 7-in-10 said a pharmacist's recommendation on an OTC [product] is important to them."

What's more, Anderson said, "3-in-10 spoke to a pharmacist about a personal health question. And — in a powerful statement about the relationship between the pharmacy and the front end — more than half said they purchased



As the face of neighborhood health care, the community pharmacist represents the final link in the chain of care that extends from physicians to patients.

HONESTY AND ETHICAL STANDARDS: HOW PROFESSIONS MEASURE UP



Source: Gallup poll: "Please tell me how you would rate the honesty and ethical standards of people in these different fields — very high, high, average, low or very low?" Dec. 8-11, 2014

food or groceries at a pharmacy."

"We used to debate about what to call pharmacy patrons: were they patients, [or] were they consumers? I think we can consider that debate closed. They are both patients and consumers," Anderson said.

The overall contributions to Americans' health and wellbeing made by pharmacists — not only in the vital medications they dispense but also in the counseling and preventive care services they provide — are almost impossible to overstate. As "the face of neighborhood health care," community pharmacists often represent the final link in the chain of care that extends from health providers to patients, and they're unquestionably the most accessible health professional available to the nation's 320 million people.

Roughly 9-out-of-10 Americans live within five miles of a community pharmacy, according to NACDS research. For those living in metropolitan areas, the average distance shrinks to 1.83 miles.

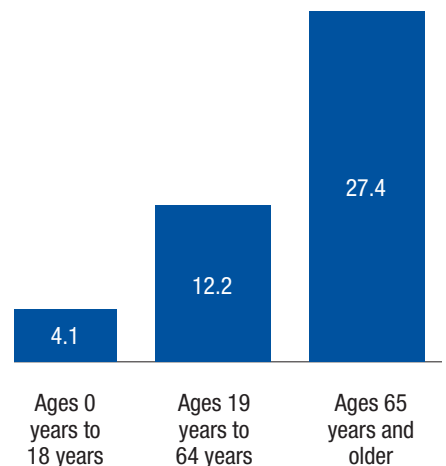
Besides being within easy reach of the vast majority of the population, the community pharmacy industry is one of the nation's biggest sources of

employment. Independently owned pharmacies remain strong, with some 23,000 locations nationwide. Chains, including traditional drug stores and supermarkets, as well as mass merchants with pharmacies, operate more than 40,000 pharmacies and employ more than 3.8 million individuals, including 175,000 pharmacists. They fill more than 2.7 billion prescriptions yearly and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability.

NACDS' 125 chain members span a diverse array of companies, from regional chains with a minimum of four stores up to the largest national pharmacy retailers. NACDS members also include more than 800 supplier partners and nearly 40 international members representing 13 countries.

The widespread expansion of community pharmacy to most Americans has put medication therapy and disease management services, immunizations, health screenings and other personalized patient-care services — not to mention vital prescription medi-

Rx DRUGS FILLED AT RETAIL PHARMACIES*



* Average number per capita per year, by age group
Source: IMS Health, U.S. Census Bureau, Kaiser Family Foundation

cines and counseling on their use — within easy reach of most Americans. That proximity of health professionals and medications is a big strand in the web of steadily improving health care that helped boost the nation's average longevity rate by some 30 years in the 20th century.

Pharmacies fill public health need as vaccination centers



More than two-thirds of the nation's pharmacists are trained and certified to provide flu shots and a variety of other vaccinations.

Beset by rising costs, a fast-growing elderly population and a critical shortage of primary care doctors, the nation's health system is desperately in search of ways to lower costs through disease prevention and better access to quality care. And one of the most effective tools for preventing disease among millions of Americans has been the expansion and widespread availability of vaccinations within tens of thousands of community pharmacies.

More than 200,000 of the nation's roughly 300,000 pharmacists — including virtually all pharmacists employed by Walgreens, CVS Health, Rite Aid and Walmart — have been extensively trained and certified to provide vaccina-

tions for influenza and a variety of other conditions. And those pharmacists have been authorized to provide at least some vaccination services in all 50 states and Puerto Rico.

"Highly educated to provide patient care services, pharmacists are well suited to help increase vaccination rates and further reduce the incidence of vaccine preventable diseases," notes the National Association of Chain Drug Stores.

According to the U.S. Centers for Disease Control and Prevention, roughly 1-in-5 of all vaccinated adults in the United States now get their flu shot at a pharmacy. That added up to some 25 million doses in the most recent flu season, and it makes pharmacies the most

common place to get influenza vaccination outside of doctors' offices and other medical facilities.

That's a testament to pharmacy's ability to develop solutions to the health system's urgent need for cost-effective, accessible sources of preventive care. And it's a remarkable accomplishment in its own right: just seven years ago, only a handful of pharmacists immunized patients for anything, even influenza.

"Today it is very common for people to get vaccinated in a pharmacy from the pharmacy professional," said Kermit Crawford, executive in residence at the University of Southern California School of Pharmacy and former president of pharmacy, health and wellness

for Walgreens. "It's more convenient ... and it's absolutely at a more affordable cost than going to the physician's office."

Cost is one of several factors driving the shift in vaccination delivery. Indeed, immunization programs conducted in a pharmacy versus a doctor's office save an average of about \$31 per patient, one study found.

Public and private health plans and payers — including the federal government — have embraced both the cost savings and the expanded patient access offered by pharmacist-provided vaccinations. The Department of Defense, for instance, has boosted coverage of the portfolio of vaccines that beneficiaries of the TRICARE military health plan can obtain from community pharmacies to include all CDC-recommended vaccines.

Behind that decision: potential estimated savings of \$1.5 million for the first six months of the pharmacy-administered vaccination program. "Significant savings were achieved ... when policies were implemented to allow TRICARE beneficiaries to obtain flu and pneumococcal vaccines from retail pharmacies," NACDS stated.

Besides lowering health costs for payers, pharmacies have also been instrumental in the effort to make immunizations more accessible to people where they live and work. One way to boost availability of vaccines and reduce incidence of flu, noted the CDC in a report, is "expanding access through use of nontraditional settings for vaccination [e.g., pharmacies, workplaces, and schools] to reach persons who might not visit a physician's office during the influenza season."

Efforts by national and regional pharmacy providers to expand vaccination services and remind Americans of their importance has helped raise awareness and national immunization rates for flu, whooping cough, tetanus and other infectious and common diseases. Those "collective efforts," the Department of Health and Human Services reported,

"have made a tremendous contribution to raising awareness and increasing access to vaccines."

"Your ability to target recommendations based on patients' health conditions [like] diabetes, heart disease, asthma and pregnancy, has significant potential to ensure vaccination of those at highest risk of severe illness," the agency noted in an open letter to pharmacists. "Research shows that your recommendation is vital to patients receiving needed vaccines."

"TODAY IT IS VERY COMMON FOR PEOPLE TO GET VACCINATED IN A PHARMACY FROM THE PHARMACY PROFESSIONAL. IT'S MORE CONVENIENT ... AND IT'S ABSOLUTELY AT A MORE AFFORDABLE COST THAN GOING TO THE PHYSICIAN'S OFFICE."

— KERMIT CRAWFORD, UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY, FORMERLY OF WALGREENS

Noting that "pharmacists have been instrumental in increasing the vaccination rate in the U.S.," federal health agencies including the CDC have "specifically asked the pharmacy community for their continued support and efforts to help address vaccination needs in their local communities," NACDS noted. "This is especially vital in rural and some suburban areas with limited physician access."

What's more, a study published in the *Annals of Family Medicine* found that nearly one-third of adults get vaccinations after hours, "when traditional vaccine providers are likely unavailable," noted NACDS.

The question of access isn't just a key plank in the nation's healthcare framework: it's critical to efforts to prevent or reduce disease and to lower health costs by billions of dollars. According to the CDC, flu vaccines prevented 5 million cases of influenza and 40,000 hospital-

izations in a single year.

In the 20th century — dubbed "the century of vaccines" by the Department of Health and Human Services because of their impact on health and longevity — "The life spans of Americans increased by more than 30 years in large part because of vaccines, and mortality from infectious diseases in the United States decreased 14-fold," HHS noted in its National Vaccine Plan. "A child born in the U.S. today can now be protected against 17 serious diseases and conditions through immunization."

Increasingly, patients themselves are embracing pharmacies as a vaccination destination. In a recent survey from Rite Aid and the National Foundation for Infectious Diseases, 79% of women polled said they would find an immunization evaluation from a pharmacy helpful.

"There is clearly a need to educate consumers and raise awareness about the importance of vaccinations," said Robert Thompson, Rite Aid EVP pharmacy.

Pharmacy providers like Walgreens are also harnessing the power of information technology to expand the benefits of their vaccination programs and connect them to the broader goal of a healthier America. Electronic health records and an "adult immunization assessment" provided to all those who receive vaccinations at Walgreens "give our pharmacists the ability to create a profile for their patients for all of their vaccines," said Crawford.

"We'll be able to notify the patient when they're due to get a vaccine, and who's eligible to get those vaccines," he said recently. "This will allow our pharmacists to play a greater role in the prevention of disease."

"All 27,000 of our pharmacists ... are certified immunizers," Crawford added. "And that's continuing to expand into other immunizations and vaccines. With this platform, we're able to reform how health care is delivered in this country when it comes to flu shots. And that's what pharmacy is about."

Pharmacy-based adherence efforts: The value of face-to-face interventions

“Drugs don’t work in patients who don’t take them.”

That obvious but overlooked truism, uttered by the late former U.S. surgeon general C. Everett Koop, sums up the nagging and very expensive problem of medication nonadherence. The failure of many patients to take their medicines as prescribed, abandoning prescription therapy in the course of treatment or failing altogether to even fill a written prescription, is one of health care’s most challenging choke points. It compromises successful health outcomes and costs an estimated \$300 billion a year in unnecessary hospitalizations, physician interventions and other costs.

Three-in-4 Americans admit in surveys that they don’t always take their medications as directed, according to the National Consumers League, and as many as one-third do not fill all their prescriptions. “The result is a high rate of both medication errors and readmissions to hospitals for patients whose illnesses could have been managed at home,” the University of California-San Francisco reported.

“Medication nonadherence is one of the greatest and most costly barriers in treating illness today,” said Kristi Rudkin, senior director of product development and adherence for Walgreens Boots Alliance. “By developing programs and services that can help reduce these barriers, and examining

ways to drive cost savings and improved health outcomes through better adherence, we can help more people get, stay and live well.”

Doug Long, VP industry relations at research giant IMS Health, says adherence breakdowns and medication errors lead to 4 million hospital admissions and 1.4 million outpatient visits per year. “Almost 10% of the 3.6 billion retail prescriptions written by physi-



“Pharmacists are a key go-to source for patients” to understand how to manage their medications, said AHA president of federal advocacy Sue Nelson.

cians [were] not dispensed to patients” in 2013, he said.

Indeed, some 25% of patients prescribed medications for a new illness fail to fill their initial prescription, and “half of patients taking maintenance medications for a chronic disease stop taking their medications within a year of starting therapy,” CVS noted in a report.

Pharmacists a ‘go-to source’

Faced with those daunting statistics, health plan

payers and health advocacy groups have turned to the nation’s 65,000 community pharmacies for help. “A patient with a chronic heart condition who does not take their medications as directed can clearly endanger their health,” said Sue Nelson, VP of federal advocacy for the American Heart Association. “Pharmacists are a key go-to source for these patients. They can arm them with

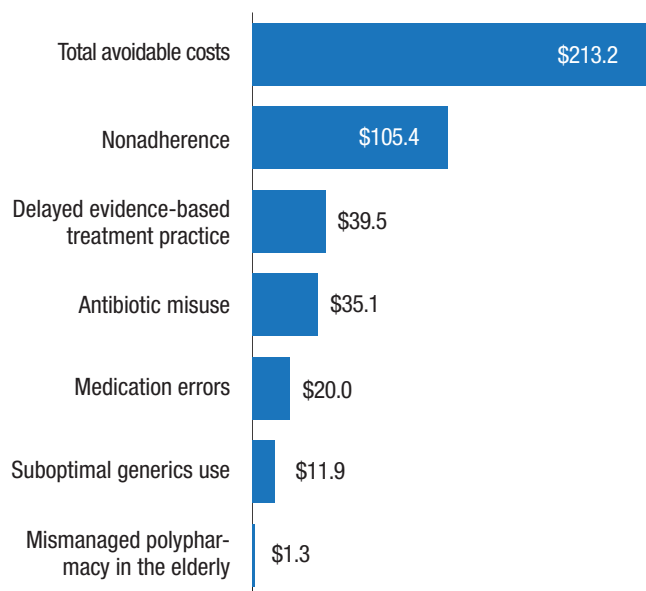
results by leveraging a core competency of community pharmacy — the trust patients already have in their local pharmacist.

Building on the relationships already established between patients and practitioners — and on powerful, computer-driven analytical systems that can identify patterns of nonadherence within patients’ privacy-protected prescription records — the pharmacy industry has emerged as the health system’s primary resource for improving adherence.

“Our research has shown that pharmacists are among the most effective health providers in encouraging medication adherence among patients,” said William Shrank, M.D., SVP and chief medical officer for provider innovation at CVS Health. “Many patients see their pharmacist more often than their doctor, and that face-to-face interaction and counseling can provide important insights as to why a patient isn’t adherent and how to address their issues.”

Extensive research proves the effectiveness of face-to-face interactions between pharmacists and patients in keeping people on track with their prescription therapy. One study in 2010 by a team of researchers from Harvard University, Brigham and Women’s Hospital and CVS found that “pharmacists at a retail store are the most influential health care ‘voice’ in

ESTIMATED AVOIDABLE COSTS*



* In U.S. billions in 2012

Source: "Avoidable Costs in U.S. Healthcare Study," IMS Institute of HealthCare Informatics

getting patients to take medicine as prescribed."

"Pharmacist contact with patients and their doctors increases patient medication adherence rates and physician initiation of prescriptions. The greatest improvements can be seen in patients counseled face-to-face at retail pharmacies," CVS reported.

The 2010 research, based on a review of more than 40 years of studies published in medical journals, showed that nurses talking with patients as they are discharged from a hospital are the second most influential voice encouraging patients to stay on their medicines. "Both in-store pharmacists and hospital-based nurses are more effective than pharmacists communicating to a patient via the telephone or doctors instructing patients regarding prescriptions," researchers reported.

Reducing expensive hospitalizations

"We know that pharmacists and nurses are among the most trusted healthcare professionals. Trust translates into effective patient communications," said Troyen Brennan, M.D., EVP and chief medical officer at CVS.

Walgreens' Rudkin agrees, "We feel that part of understanding why a patient doesn't take their medication — and part of the willingness of the patient to share that information — is based on that relationship with the pharmacist. That's not to say call centers aren't appropriate, but there's a lot of pharmacists who know their patients really well. And if we really want to solve the problem, we have to get to the heart of what the problem is, ... and identify gaps in care.

"We do other things, like automated refill reminder

calls, email and text reminders that do help patients without that personal touch," Rudkin added. "But it's really about deciding who we feel is at most risk, and what level of interaction that patient needs. Driving adherence is more about personalizing that interaction with the patient so that it's relevant to them, and then providing the pharmacist with that relevant information to have a good conversation with the patient."

Smaller regional pharmacy chains are no less determined to contribute to the adherence effort. Thrifty White Drug, the Plymouth, Minn.-based chain of 87 drug stores, has enrolled thousands of its patients to its synchronized monthly prescription refill system, which simplifies the refill process by letting patients pick up all their prescriptions in just one pharmacy visit per month. By doing so, the chain is shifting those patients to an appointment-based pharmacy care model, where patients come into the store for periodic, face-to-face counseling sessions with the pharmacist that not only improve adherence but patients' overall health, according to company president and CEO Bob Narveson.

Hy-Vee, the West Des Moines, Iowa-based supermarket and pharmacy chain, assigns each patient in its specialty pharmacy unit a Hy-Vee Pharmacy Solutions Pharmacist who provides personalized care and counseling, including providing refill reminders to "promote

greater adherence to prescribed therapy, improved health and faster recovery."

The results of all these efforts can be dramatic. One study from CVS Health and Brigham and Women's Hospital found that patients with coronary artery disease who take their medications correctly save the health system up to \$868 per patient per year. "Third-party studies indicate that \$1 spent on adherence produces anywhere from \$5 to \$10 in medical cost savings," CVS reported.

A survey from IMS Institute of HealthCare Informatics found that improving medication adherence rates was the most formidable "lever" available to the health system for reducing avoidable costs, with potential annual savings of more than \$105 billion [see accompanying chart].

Another study from the University of Arizona and Avella Specialty Pharmacy bears out those projections. The survey found that renal transplant patients who participated in an intervention program by pharmacists had a statistically significant improvement in adherence rates over patients in a control group who did not have a contract or receive support to ensure adherence to their monthly medication therapy. The study also found that patients who complied with their medication regimens had fewer in-patient and out-patient visits, and were 78% more likely not to be hospitalized, according to a report in *Drug Store News*.

Electronic prescribing yields a trove of benefits



Key to the goal of creating a more connected, better-coordinated, more collaborative healthcare system, has been the ongoing shift from paper prescriptions to electronic prescribing.

Connecting all the dots in health care. That's the ultimate goal in the health industry's migration to an electronic platform, where doctors and other prescribers write prescriptions digitally and send them — directly and immediately — to a patient's pharmacy for dispensing.

Key to that effort is the ongoing shift from paper prescriptions to electronic prescribing, by which prescribing doctors and other clinicians generate and transmit a new prescription electronically, direct to a patient's pharmacy of choice. At the pharmacy, the digital prescription is automatically queued up for dispensing by the pharmacy's computer system, simultaneously creating a record stored in that patient's electronic medical record (EMR).

The U.S. Centers for Medicare and Medicaid Services (CMS) defines electronic prescribing as "the transmission, using electronic media, of prescription or prescription-related information between a prescriber, dispenser pharmacy benefit manager, or health plan, either directly or through an intermediary, in-

cluding an e-prescribing network." That network "includes, but it is not limited to, two-way transmissions between the point of care and the dispenser."

"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."

— TOM SKELTON, SURESCRIPTS

Led by Delaware, Minnesota, Vermont, Wisconsin and Massachusetts — where nearly all physicians now prescribe electronically — all 50 states now embrace e-prescribing. In all, roughly three out of every four office-based physicians now prescribe electronically, generating more than 600 billion transactions a year, and 95% of pharmacies are equipped to receive and process those e-scripts.

That marks a dramatic gain from

2004, when just 4% of office-based doctors had converted to paperless prescribing, according to Surescripts, the largest health information network for connecting pharmacies with other health providers, benefit managers and health information exchanges.

Driving that rapid adoption of paperless prescriptions is a confluence of forces impacting all facets of healthcare delivery in the United States. Among the most pressing: the health system's unsustainable rise in costs, the clear need for collaborative-care and accountable-care models integrating all members of the health delivery team, and the urgent drive to connect all of a patient's health history with a comprehensive medical record that's privacy protected but accessible to both the patient and to his or her health providers.

The goal for e-prescribing, said Surescripts CEO Tom Skelton, is "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 in use today.

"There is no question that health care is going digital," said Skelton. "Providers across the country 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 health-care system multiply, while patients and providers demand easier access to health information."

Indeed, e-prescribing brings benefits to all participants in the care continuum — from patients and health plan payers to doctors, pharmacists, health administrators and care coordinators. By holding down prescription processing and dispensing costs and eliminating potential errors of handwritten prescriptions, it also benefits taxpayers who foot the bill for the nation's federal and state health programs.

For patients, the e-prescription software linking their individual medication use records can catch potential problems like drug-to-drug adverse interactions, while helping patients and their healthcare team keep track of all their medications within a comprehensive, individualized medical record.

Shifting from paperless to digitized prescriptions also yields another big benefit: giving pharmacists and prescribers a powerful tool to track and improve medication adherence rates. Said Kristi Rudkin, senior director of product development and adherence for Walgreens Boots Alliance, "E-prescribing has given us more insight into the problem of primary nonadherence, where the patient doesn't pick up that prescription.

"When scripts are handwritten, the pharmacy staff isn't aware of scripts that never make it to the pharmacy," said

Rudkin. "But with e-prescribing, if the prescription is coming right from the prescriber to the pharmacy, the pharmacy is at least aware that the patient should be getting this medicine, and can intervene."

Also add a safer pipeline of abuse-prone prescription drugs to the list of benefits. Electronic prescribing of controlled substances is now allowed in nearly every state and the District of Columbia, reducing fraud and diversion.

The National Association of Chain Drug Stores strongly endorses the concept. "E-prescribing holds great promise to generate a robust database of real-time information that could be used by DEA, state enforcement officers, pharmacies, insurers, wholesalers, and other partners to assist with the proactive identification of prescription drug abuse," NACDS noted.

Among the federal agencies promoting e-prescribing and the integration of patient-centered care is the financially stressed Medicare program. "CMS promotes this patient-centered approach to care and recognizes the downstream effects of having or not having certain critical pieces of information communicated across providers and settings,"

the agency has stated.

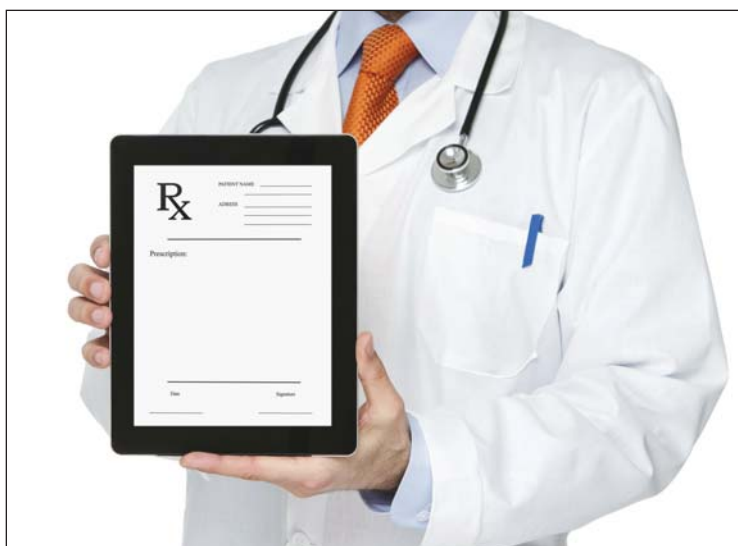
Embracing the benefits of e-prescribing, Congress in 2008 passed the Medicare Improvements for Patients and Providers Act (MIPPA), instructing CMS to promote adoption of the technology among physicians treating patients on Medicare.

"Going green with a paperless program can benefit patients [and] improve provider workflow," the agency asserts. "Gaps and duplication in patient care delivery can be reduced or eliminated through proven technologies, such as interoperable electronic health records, e-prescribing and telemedicine."

To encourage physicians to ditch the prescription pad and switch to prescribing electronically, the agency provided a diminishing series of payment incentives to participating prescribers, beginning in 2009 and ending last year. At the same time, CMS imposed a gradually escalating series of financial penalties, beginning in 2012, for those who refused to budge: a reduction in Medicare payments that reached 2% of a billable fee for beneficiaries receiving treatment in 2014.

"CMS encourages care coordination across the healthcare continuum and supports providers to care for patients with chronic diseases so they get seamless and effective care," the agency explained in a memorandum to caregivers.

"We know that people and organizations working together, across silos, will make healthcare more efficient, more effective and easier to navigate," Surescripts asserts. "We believe that healthcare is inextricably linked to technology, and if technology improves, healthcare will improve with it."



E-prescribing also holds significant promise as a database of real-time information to assist in the proactive identification of drug abuse.

Pharmacy education — toward a more clinical care model



In addition to more classroom coursework, the education of pharmacists is increasingly experiential, with about one-third of the curriculum learned at such practice sites as community pharmacies.

Six years. That's how long it usually takes for any candidate to earn the Doctor of Pharmacy degree, or PharmD, now required to practice as a licensed pharmacist. In addition, PharmD graduates also must pass state licensure examinations required by state boards of pharmacy in all 50 states.

That puts pharmacists on par with nurse practitioners and physician assistants in terms of the level of advanced classroom and residency requirements needed to achieve professional status as a health provider. And particularly since 2004, when the six-year PharmD degree was fully implemented as the minimum level of education required, pharmacists have broadened their scope of practice to include a wide array of clinical skills in such areas as preventive health care, disease management, medication therapy management, immunization therapy and wellness counseling.

"The education of student pharmacists is shifting to meet the envisioned and evolving role of the pharmacy profession," the American Pharmacists

Association reported. "As practicing pharmacists have assumed greater roles in patient care, ... introductory and advanced pharmacy practice experiences are now critical elements of future pharmacists' education and training."

Ronald Jordan, dean of the Chapman University School of Pharmacy, describes the demanding level of preparation required to reach professional status. "The Doctor of Pharmacy degree involves approximately eight semesters of rigorous training with approximately 140 graduate school-level required course credit hours of work," he explained. One-third of these hours are experiential in nature via prescribed types of clinical practice mentoring.

"This professional program is usually following a minimum of at least four semesters ... of required undergraduate college-level work in the sciences (chemistry, biology and psychology), math and [such humanities courses as] ethics, communications and economics," Jordan said.

This "minimum of six years of professional education ... reflects an evolution-

ary change for pharmacy education that mirrors the evolution in pharmacy practice to a more patient-centered focus," the National Association of Chain Drug Stores reported. "It is the goal of all pharmacy schools to prepare pharmacists who can assume expanded responsibilities in the care of patients and assure the provision of rational drug therapy."

Indeed, said Eric Wright, associate professor of pharmacy practice at Wilkes University, "schools of pharmacy in the United States have been training pharmacists to be active members of a patient care team since before the institution of the entry-level Doctor of Pharmacy degree over a decade ago."

"Our education is patient care-focused with the goal of producing competent pharmacists ready to work with the rest of the healthcare team in maximizing the benefits from the use of medications," Wright said. "In addition to more classroom coursework, the education of pharmacists is increasingly experiential in nature, with about one-third of the curriculum being learned at practice sites like

community pharmacies, hospitals, outpatient clinics and long-term care facilities.”

What’s more, said Javad Tafreshi, professor and chair of the department of pharmacy practice at Loma Linda University School of Pharmacy, “Recent trends in the pharmacy profession have seen more demands for pharmacists with additional training and experience over and above the PharmD degree.”

“The profession has changed substantially in the last decade or so,” Tafreshi said. “Years ago, the PharmD was recommended, but not required; now it is a basic requirement. Today, we are seeing more and more positions where both general and specialty residencies are required, along with the PharmD degree.”

The nation’s 133 schools of pharmacy — every state except Alaska and Delaware are home to at least one of them, according to the Accreditation Council for Pharmacy Education — have stepped up their degree requirements in direct response to the acute and growing demands by the U.S. health system for a more cost-effective, accessible and responsive level of patient-centered care.

“While we continue to prepare pharmacy students to provide medication-related expertise, we also prepare them to accept responsibility and accountability for the overall care of the patient,” said Scott Stolte, dean of the College of Pharmacy at Roseman University of Health Sciences. “Pharmacy students

learn aspects of public health, disease prevention, patient history-taking and interviewing, physical assessment and many other topics that prepare them to accept a role in affecting the health-and-wellness of the patients we serve.”

Increasingly, effective patient care is driven by a team-based approach, with pharmacists working with and sharing privacy-protected patient information with physicians, hospitals and other team members on behalf of the patient. Pharmacy education reflects that approach, Stolte said.

“In classroom and practice settings, pharmacy students now work alongside students of other health professions, including medicine,” he noted.

The new health paradigm puts patients at the center of this hub-and-spoke model of integrated care. “Modern doctor of pharmacy curriculums are designed to provide knowledge, skills and behaviors that put the patient and the public at the center of healthcare deliv-

“AS PRACTICING PHARMACISTS HAVE ASSUMED GREATER ROLES IN PATIENT CARE, ... INTRODUCTORY AND ADVANCED PHARMACY PRACTICE EXPERIENCES ARE NOW CRITICAL ELEMENTS OF FUTURE PHARMACISTS’ EDUCATION AND TRAINING.”

— AMERICAN PHARMACISTS ASSOCIATION

ery,” said Jeff Goad, professor and chair of the department of pharmacy practice at Chapman University School of Pharmacy. “The pharmacy school graduate today is both a self-sufficient independent provider and a valuable member of the healthcare team who expertly provides disease prevention and the pharmacotherapy of disease management.”

“Pharmacists also are lifelong learners who actively impact people’s lives in measurable consistent ways, from birth to death, and in every setting where pharmaceuticals are used,” Goad added. Recognition of pharmacists as fully qualified and highly trained members of the modern patient-care team will continue to grow as the nation’s health system continues to evolve, said Don Klepser, PhD, associate professor in the department of pharmacy practice at the University of Nebraska Medical Center College of Pharmacy. “Given their education and accessibility, pharmacists are an underutilized resource, but you can ... see that changing as those trained in modern pharmacy curricula begin to push for an expanded role in today’s patient-centered care teams,” he said. “A lot of the credit for that goes to pharmacy educators who not only train students, but also lead the research that shows how pharmacists can positively affect patient care when given the opportunity practice at the top of their license.”

Even before they’ve completed their PharmD requirements, said Michael Malloy, dean of the School of Pharmacy at MCPHS University, “our students are nationally certified while in school in the areas of immunization and medication therapeutic management.” That certification, Malloy said, “enables them to provide direct health care in conjunction with other healthcare professionals. If one combines this education and certification with the accessibility to patients via the community pharmacy system throughout the United States, we have created a professional who can meet the needs of our current and future healthcare system.”



Pharmacy students joined community pharmacists from all over the country in 2014 for a day of scheduled meetings with members of Congress and their staff.

Shelter from the storm: Reliable first responders, pharmacies provide critical disaster relief

When hurricanes, tornadoes, floods and other disasters strike, where do people turn for help? Retail pharmacies have become a critical community resource in times of great stress, offering food, water, emergency items, medical supplies and healthcare services when most other local businesses are still struggling to reopen or rebuild.

Time after time, those drug store, supermarket and discount-store pharmacies have provided vital relief during times of natural disaster. Setting up in temporary digs like trailers or buses — or bringing supplies and needed pharmaceuticals directly to a local emergency distribution center — community pharmacies have proven themselves as reliable first responders during times of emergency.

Retail pharmacy chains have been diligent not only in providing an immediate response when natural disasters and public health emergencies occur, but also in continued efforts to maintain public welfare in the aftermath of an emergency event. In the wake of Hurricane Sandy, for instance, Rite Aid worked quickly with local community organizations to provide severely impacted areas with water and emergency supplies. And CVS Health partnered with the U.S. Department of Health and Human Services, the New York City Office of the Mayor and the N.Y.C. Department of Health and Hygiene in order to waive co-payment deductibles and other financial burdens associated with prescription medicines for low-income patients in the New York City communities hit heavily by the storm.

When a series of tornados and storms ravaged Oklahoma and Texas in 2013, San Antonio-based supermarket and pharmacy chain H-E-B helped the local fire department set up a command center in the parking lot of its Cleburne location in North Texas to provide crucial aid to storm victims. Walmart sent associates into af-



Proving themselves reliable first responders, in the immediate aftermath of Hurricane Katrina, pharmacy chains worked together to set up emergency mobile pharmacy centers in the affected areas. Chains literally shared pharmacists to ensure critical medications got to the patients who needed them.

ected areas of Oklahoma from Arkansas, Texas, Missouri and Kansas to help staff their stores for the relief efforts.

For Walmart, that effort was nothing new. The giant mass merchandiser and pharmacy operator established an Emergency Operations Center (EOC) in the early 2000s, which staffs an in-house meteorologist who monitors weather patterns. The center also includes a team of associates trained to respond to disaster situations. Using this Emergency Operations Center, Walmart is able to assess specific needs and jump into immediate action when an emergency situation occurs.

Point-of-care facilities within retail pharmacies, such as CVS Health's MinuteClinics or Walgreens Boots Alliance's Healthcare Clinics, are staffed by nurse practitioners who can provide critically needed healthcare services during times of crisis, such as administering tetanus shots or dressing wounds. When tornados slammed Moore, Okla., in May 2013, two CVS stores in the town remained open 24 hours a day. Pharmacists and physician's assistants working at its MinuteClinic lo-

cation were able to provide much-needed medical care and advice to those impacted by the storm.

Pharmacy chains are also working with local relief agencies in joint efforts that will improve the access to healthcare services during times of public emergency. Rx Response is a charitable disaster response organization created in the wake of Hurricane Katrina in 2006 that helps provide coordinated support from an alliance of local pharmacies, government organizations and supply chain partners.

Rx Response provides crucial information that can benefit those affected by natural disasters and crisis situations. The program also gives emergency responders critical updates on the challenges facing supply chain partners relating to electricity, fuel and transportation issues.

Rx Open is a program designed by Rx Response that helps victims and evacuees find open pharmacies during an emergency situation so they can continue to fill needed prescriptions. The Rx Open tool was utilized during Hurricane Isaac in 2012 and also deployed in 11 states dur-

ing Superstorm Sandy's landfall in 2013. Walgreens was the first major retail chain to provide status reports on its pharmacies directly to Rx Response.

Walmart has also begun partnering with Rx Response and participating in its Rx Open program, a company spokesperson confirmed.

By responding rapidly to natural and man-made emergencies, America's pharmacy providers are filling a critical need, said Tim Belka, director of global secu-

rity services at Walgreens. "Medications, especially for those with chronic conditions, can be one of the most important healthcare needs that are difficult to meet in the aftermath of a natural disaster," Belka said. "By giving people a place to go for information and critical pharmacy or healthcare services during a time of crisis, Walgreens and Rx Response can help with disaster relief efforts for impacted communities. As a community health and daily living destination, our stores can

also serve as a convenient and centralized aid station during crisis situations."

Rx Response also allows for patients who may use a different pharmacy to fill out an "Rx On The Run" card, which helps people in severe public health emergencies to refill prescriptions at any available pharmacy. Using this tool, pharmacies can work together to create a continuum-of-care for people trapped in a natural disaster who need specific medicines vital to their well-being.

Mobilized health care: Putting pharmacy services on wheels

Pharmacies and clinics on wheels? That's the premise behind the growing effort by retail pharmacy and clinic providers to expand their reach via specially equipped buses and other vehicles that provide on-the-spot, temporary access to needed health services in hundreds of communities nationwide.

The literal rollout of mobilized health services is a promising method some retailers are using to improve the quality of care in neighborhoods across the United States. Deploying buses and other vehicles staffed by pharmacists, nurses or other clinicians, pharmacy chains and pharmaceutical wholesalers are bringing mobile prescription delivery, health screening services and health education directly to Americans where they live, work and play.

Ongoing initiatives, such as the Walgreens/AARP/National Urban League Way to Well Tour, McKesson's Better Health Tour and the Rite Aid Rite Track Diabetes Tour, have all highlighted the accessibility that mobile health vehicles can provide and the incredible number of people who can benefit from these health and screening centers on wheels. The Walgreens Way to Well Tour celebrated a major milestone last July

when it was announced that the six-year tour had provided health services and screenings to over one million people in thousands of communities nationwide.

Walgreens spearheads its mobile wellness tour, using custom-equipped buses staffed by trained medical technicians and pharmacists who have administered more than \$12 million worth of free health tests since 2006.

Rural areas could see the highest potential benefit, as underserved populations see their health care reinforced by mobile health services. Retail chains and wholesalers are leading the charge in bringing health screening services into rural communities. States like Nevada, North Dakota and Montana are seeing mobile treatment methods boost access to quality care.

Although pharmacy providers paved the way, other organizations and government entities have caught on. One prime example: every V.A. healthcare system in the country has some form of mobile care unit.

Mobile healthcare services are also a proven tactic pharmacy providers have used to deliver care during severe public health emergencies. During the relief efforts following Hurricane Katrina in 2006, CVS Health used two mobile pharmacy units to fill more than 20,000 prescriptions for 7,000 people who took shelter at the Astrodome in Houston.

"CVS/pharmacy utilizes mobile pharmacies for deployment in emergency situations to ensure continuity of pharmacy care when a pharmacy is temporarily shut down due to weather emergencies, natural disasters and similar events," said CVS spokesperson Mike DeAngelis. "Over the years, they have been deployed to markets impacted by Hurricane Katrina, Superstorm Sandy and most recently to Buffalo following heavy snowstorms in late 2014. They are important tools to help our pharmacy teams ensure that our communities have continued access to prescription medications."



Provider status legislation for pharmacists: Momentum accelerates with public support

With health reform and the shift to accountable, evidence-based medicine slowly but surely transforming the nation's massive but troubled healthcare system, new moves are afoot in both the legislative and executive branches of government that will further elevate the role played by the nation's 300,000 pharmacists. And, surveys show, those moves have the strong support of most Americans.

It's no secret that the U.S. health system is in trouble. Unsustainable health delivery costs, a dire shortage of primary-care doctors, the massive swelling of the Medicare rolls as 10,000 baby boomers a day turn 65 — all are stressing an already overtaxed system of care.

In turn, those forces are fueling the growing demand for alternative and more easily accessible sites of care, lower-cost delivery of front-line health services and new models of collaborative care. And retail pharmacists, conveniently located in thousands of communities and armed with years of training and clinical expertise in patient counseling, disease prevention and medication therapy management, are aligned perfectly to meet those demands.

Thrust into the spotlight, the pharmacy profession and the retail pharmacy industry have redoubled their campaign to achieve full health provider status that reflects the reality of today's clinical, patient-centered pharmacy practice. Over the past several years, they've found numerous champions in Congress who recognize the untapped potential pharmacy offers as a solution to many of the nation's critical healthcare needs. And consumer surveys over the past two years show strong endorsement by the public at large for legislation that would grant pharmacists the same professional recognition enjoyed by other members of the patient-care team, while assuring a fair and standardized reimbursement for medication therapy management and other health services.

In recent years, Congress has considered several proposals to grant pharmacists provider status. The most recent came in late January of this year with introduction of the Pharmacy and Medically Underserved Areas Enhancement Act [H.R. 592], sponsored by Reps. Brett Guthrie (R-KY), G.K. Butterfield (D-NC), Todd Young (R-IN) and Ron Kind (D-WI).

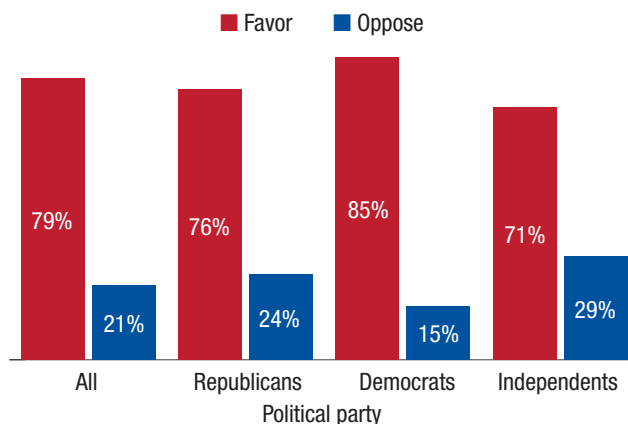
A companion bill (S. 314) emerged in the Senate one week later, introduced by Sens. Charles Grassley, R-Iowa; Sherrod Brown, D-Ohio; Mark Kirk, R-Ill.; and Bob Casey, D-Pa.

If passed and enacted, the new legislation would give Medicare patients — particularly those in medically underserved communities — greater access to pharmacists' expertise and pharmacy services, including immunizations, diabetes screen-

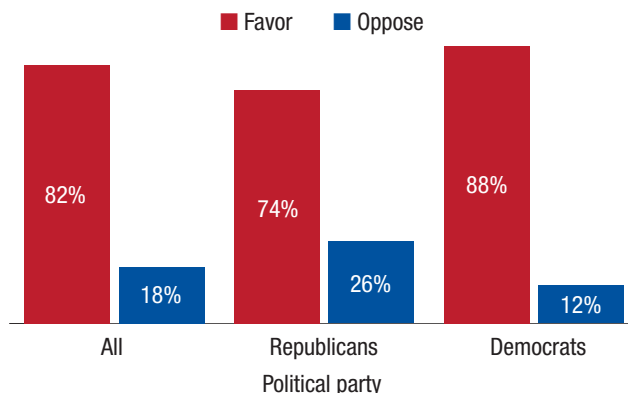


Granting pharmacists provider status — including the ability to provide immunizations, health screenings, disease management counseling and more — would expand access to health care in underserved areas.

PROVIDER STATUS LEGISLATION



MTM LEGISLATION



Source: Internet survey of likely voters who are informed and engaged when it comes to current events. The survey was conducted by Public Opinion Strategies on behalf of NACDS.

CONTINUED ON PAGE 22

Local store tours provide lawmakers, staffers, advisors first-hand look at value of community pharmacy

Community pharmacy leaders routinely host pharmacy tours in their stores throughout the year to help demonstrate firsthand to members of Congress and policy-makers the important interaction pharmacists provide patients every day, and the importance of supporting measures that help promote pharmacy to help expand patient access, improve health

outcomes and lower healthcare costs.

Last month, Kim Coalter, constituent services representative for Rep. Thad Cochran, R-Miss., toured a Fred's Super Dollar pharmacy in Jackson, Miss., as part of an National Association of Chain Drug Stores RxIMPACT pharmacy tour (pictured on page 22).

In 2014, NACDS chain member com-

panies conducted more than 100 Congressional pharmacy tours in districts across the country.

For information on how to set up a tour of a local community pharmacy in your district, contact Heidi Ecker, director, government affairs and grassroots programs, at Hecker@NACDS.org.

PHOTOS CONTINUED ON PAGE 22



U.S. Rep. Gene Green, D-Texas, at H-E-B



U.S. Rep. Suzanne Bonamici, D-Ore., at Hi-School Pharmacy



U.S. Rep. Joe Heck, R-Nev., at Sears Kmart Pharmacy



U.S. Rep. Leonard Lance, R-N.J., at Stop and Shop

Store tours

CONTINUED FROM PAGE 21



U.S. Sen. Al Franken, D-Minn., at Thrifty White



U.S. Rep. Duncan Hunter, R-Calif., at Costco



U.S. Rep. Henry Cuellar (right), D-Texas, toured a Lavernia, Texas H-E-B Pharmacy in August 2014.



Former U.S. Secretary of Health and Human Services Kathleen Sebelius visits a Rite Aid in Hoboken, N.J.



Kim Coalter, constituent services representative for U.S. Rep. Thad Cochran, R-Miss., at Fred's Super Dollar pharmacy in February

Provider status

CONTINUED FROM PAGE 20

ings and self-management education, cardiovascular screenings and behavioral therapy, in states in which pharmacists are allowed to provide these services. In so doing, it would also grant pharmacists with enhanced status as fully qualified healthcare providers, in effect recognizing the contributions community pharmacists already make in thousands of local settings each day.

"The provider status designation will amplify pharmacists' ability to do what they do best — serve patients and help them on the road to better health,"

noted NACDS president and CEO Steven Anderson. "The recognition by congressional leaders of pharmacists' increasingly important role in the delivery of healthcare services is growing, and important progress is being made for the ultimate benefit of patients."

Indeed, identical legislation introduced in the House last year generated a strong show of bipartisan support, with 123 cosponsors. Increasingly, Americans in general also support an elevated health provider role for pharmacists. A survey of informed voters in July 2014, conducted by Public Opinion Strategies and commissioned by NACDS, found that 79% of those polled voiced support for legislation

to confer provider status on the pharmacy profession, including 36% who strongly favor it. Support was widespread across the political spectrum, with 85% of democrats and 76% of republicans endorsing a provider status designation for pharmacists.

The public also voiced strong support for legislation that would direct the U.S. Centers for Medicare and Medicaid Services to expand medication therapy management services by pharmacists to Medicare Part D beneficiaries. A survey conducted in 2013 found that 82% of informed and engaged voters were in favor of MTM legislation, including support from 88% of democrats, 74% of republicans and 84% of independent voters.

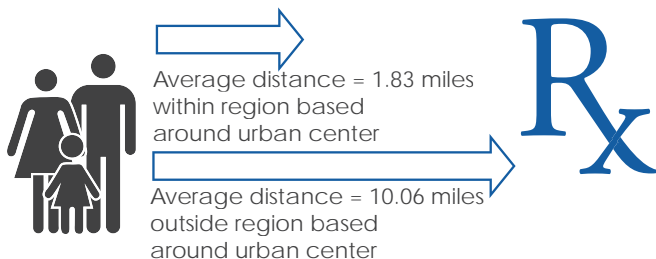
1 PHARMACIES HELP PATIENTS USE MEDICINES SAFELY AND STAY HEALTHY.

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 (89%) 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' 115 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 800 supplier partners and 60 international members representing 22 countries. Please visit nacds.org.

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