

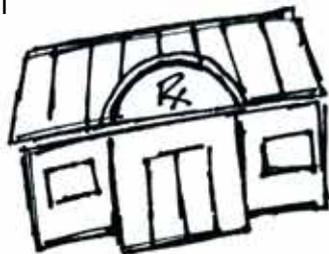
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Help lawmakers understand our complex issues by inviting them to your pharmacy.

Caption: NCPA has been working with industry partners to speak with a coordinated and unified voice to Congress and government agencies on issues facing independent community pharmacy. However, we must also remember the famous saying often associated with former Speaker of the House Tip O'Neill that "all politics is local." With that in mind, NCPA has made it a priority to increase the number of legislators who visit an independent pharmacy and appreciates the many NCPA members who have hosted such visits to help localize these issues.

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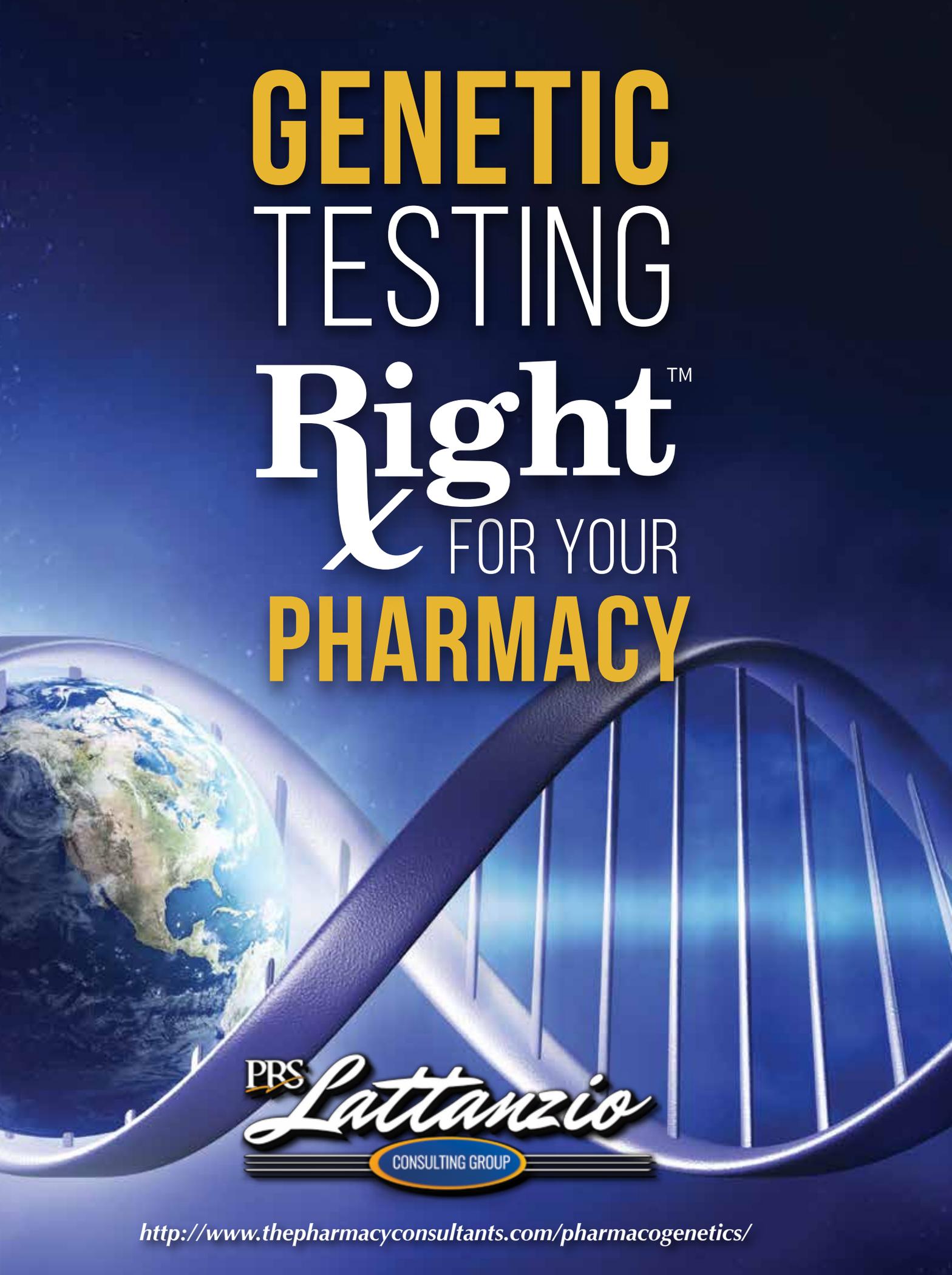
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Ask Your Family Pharmacist®

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Your Annual Convention: Opportunities, Solutions, Profits



We've made some adjustments to this year's NCPA Annual Convention, which will be held Oct. 15-19 in New Orleans, to present solutions in a format that is slap-your-forehead easy to digest and implement. We understand that the challenges you face daily are not one dimensional, and neither are the solutions. This year's programming brings you multi-dimensional solutions, opportunities, and profits to cover all aspects of your store. The three dimensions are the front end, expanding patient care opportunities, and the back office.

Importantly, peers will share their successes in money-making, high-margin, health and wellness-focused niches; show you how to capitalize on profitable opportunities to expand your practice into a variety of clinical services; and give you insights on the "stuff they didn't teach us in pharmacy school" parts of running a business. Each program has a purpose, and just in case it's not clear, each program describes what you will "Walk Away With."

The humorist and author Mark Twain once said, "I have never let my schooling interfere with my education." Likewise, pharmacists should not let continuing education prevent them from learning something that helps them be more successful running their business, caring for the people in their community, and squeezing out more personal time for themselves!

Several of the educational sessions will include 20- or 30-minute discussion periods at the end so attendees can exchange their success secrets.

The NCPA Annual Convention will still have CE opportunities, but more than ever we'll have a mix of non-CE programs for you to choose. Not advertorials, but programs where successful pharmacy owners have the freedom to share what products and services helped them build their businesses.

We're also expanding the opportunities for idea-sharing at this year's event. The weekend will kick off with a large knowledge-sharing session on Saturday afternoon featuring a room full of successful business owners from all over the country describing their profit ideas and stories. Several of the educational sessions will include 20- or 30-minute discussion periods at the end so attendees can exchange their success secrets. You're guaranteed to pick up a tip or two during the convention that will save or make you money in your pharmacy business.

And that is what makes the NCPA Annual Convention truly unlike any other conference you will attend this year: people like YOU who have discovered new products, implemented

new methods of accomplishing tasks, and learned valuable insights along the way. Success walks the hallways of the NCPA Convention because you are there. It is an investment in your business that will pay you dividends. Learn more at www.ncpanet.org/convention. ■

Best,

B. Douglas Hoey, Pharmacist, MBA
NCPA Chief Executive Officer



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NCPA Q&A

What impact are DIRs having on pharmacies nationwide?

Michele Belcher, Board of Directors
Grants Pass Pharmacy, Grants Pass, Ore.



Personally, here in southern Oregon, DIRs certainly are having a negative impact on our pharmacy. The NCPA Board is made up of pharmacy owners so we face the same challenges and opportunities as the membership. A recent member survey NCPA did confirms we're all in the same boat. Almost 60 percent of respondents said that when DIR fees

are extracted, net reimbursement is below acquisition cost more than 20 percent of the time. Another one-third said they were underwater between 11 and 20 percent of the time due to DIRs. Close to 90 percent said post adjudication reimbursement adjustments were "significantly" affecting their businesses. Rest assured, your board members see this as a top



ADVOCACY ALERT

De-Fanging Clawbacks

Louisiana has a new law that will prohibit health insurers and PBMs from directly or indirectly charging or holding a pharmacist or pharmacy responsible for any fee related to a claim that is not apparent at the time of claim processing; is not reported on the remittance advice of an adjudicated claim; and after the initial claim is adjudicated. **NCPA is ready to help** other states replicate this success.

House Community Pharmacy Advocates Win Primaries

Pharmacy champion Rep. Doug Collins of Georgia swept to victory in his 9th congressional district Republican primary winning 61 percent of the vote in a five-way race. Collins is the **chief sponsor of H.R. 224**, MAC transparency legislation. Two other pharmacy champions in Georgia also had easy days May 24. Rep. Buddy Carter (R-1st), the only pharmacist in Congress, did not draw a primary opponent. Rep. Austin Scott (R-8th) cruised to a win with 78 percent of the vote. The trio is supported by NCPA.

priority and know that our NCPA staff is making this hidden pharmacy fee a top priority, too. For example, recently we got 16 senators and 30 House members to urge Medicare that for Part D these DIR "fees" should be reflected or estimated at the point of sale instead of clawed back months later. That's a start.

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First Fill Follow Up— Making Strides to Improve Therapeutic Outcomes

by Courtney Johnson

Medication non-adherence plays a critical role in health care costs' constant rise, and pharmacists can assist in a major way to slow this trend. Morbidity and mortality increases can be seen in correlation to patients who are non-adherent to medications that have been prescribed for chronic conditions. According to the American College of Preventive Medicine, about 20-50 percent of patients are non-adherent with their medications. For every 100 prescriptions that are written, 50-70 make it to the pharmacy, 48-66 make it out of the pharmacy, 25-30 are taken properly, and only 15-20 are refilled as prescribed. Various barriers to medication adherence need to be addressed to strive for better health outcomes in those with chronic disease states. Community pharmacists are able to interact with patients at one of the most important

points in their health care. It is the pharmacist's duty to provide quality care to patients, and the implementation of a first fill follow up and monthly outreach calls can be effective adherence interventions.

When a patient fills a prescription for a newly diagnosed chronic condition, it is important that the pharmacist counsels the patient about the importance of remaining adherent to his medication. Although it seems this initial encounter should suffice in encouraging patients to do their part in managing their health, sometimes an additional reminder is needed for reinforcement. A follow-up call or face-to-face interaction at the pharmacy to inquire about how patients are doing on their medication and if they are ready for a refill can help reduce the non-adherence rate.

If the patient is non-adherent for any reason, the first fill follow up with the patient allows the pharmacist to address reasons or concerns behind being non-adherent. Whether the patient is experiencing a common side effect of the drug or just forgetting to take the medication due to multiple daily dosing, the pharmacist can assist with providing a solution.

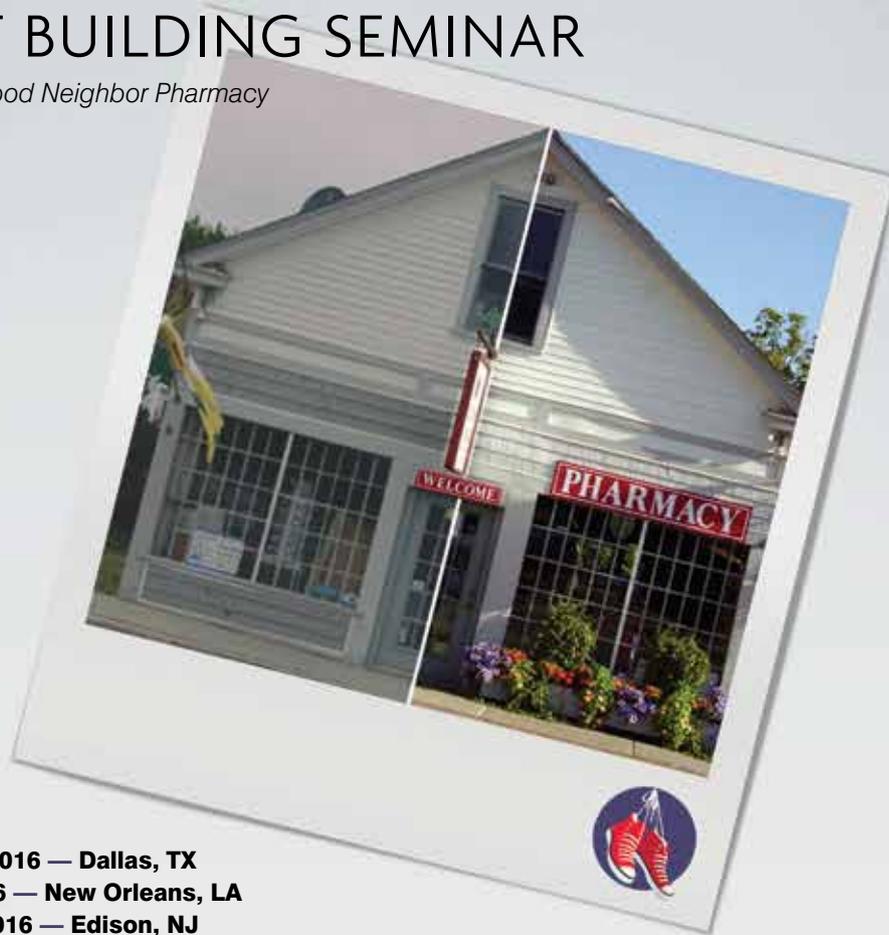
Whether a prescription for a maintenance medication is dropped off or a physician sends it to the pharmacy electronically, it is important to encourage patients to enroll in an adherence program. If patients elect not to enroll in an automatic refill program, their name should be added to a rolling log kept by the pharmacy which can serve as a reminder that those patients can benefit from monthly outreach calls. These outreach calls can serve as a consistent reminder for patients to refill their medications. Many patients appreciate when a pharmacy team member reaches out to them showing concern for their health. This might be the motivation they need to remain adherent to their therapy regimen.

Pharmacists can play a vital role in controlling the costs that stem from medication non-adherence. Whether the interaction between a pharmacist and patient is 60 seconds or 60 minutes, the discussion can have a positive impact on a patient's entire course of therapy, and lead to better therapeutic outcomes. It is important to empower patients and motivate them to self-manage their health. ■

Courtney Johnson is a 2017 doctor of pharmacy candidate at the Howard University College of Pharmacy.

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Mefloquine and Malarone— Not the Same Antimalarials



The Food and Drug Administration and the Institute for Safe Medication Practices have received reports of errors associated with the wrong frequency of administration with mefloquine as well as wrong drug errors in which mefloquine was dispensed instead of the intended **MALARONE** (atovaquone/proguanil). Both mefloquine (previously marketed as **LARIAM**) and Malarone are approved for use in the treatment and prophylaxis of malaria, but they each have different dosing regimens.

One report described two patients for whom mefloquine 250 mg was prescribed to be taken daily instead of weekly for malaria prophylaxis. After taking mefloquine daily for 11 days, both patients experienced a “cloudy head,” dizziness, nausea, and vomiting that persisted for more than 10 days after mefloquine was stopped.

Three reports described prescriptions written for Malarone, but the pharmacy mistakenly dispensed mefloquine. The first patient, an 18-year-old man, took four tablets (1 g) of mefloquine daily for 2-3 days instead of the prescribed Malarone and developed a headache, nausea, vomiting, and confusion. In the other two events, the dispensing error was caught by the patients prior to taking the incorrect medication.

Health care providers may be unfamiliar with antimalarial products due to infrequent use. Further, mefloquine and Malarone have overlapping tablet strengths and similar approved uses as antimalarial products, making confusion more likely. Mistakenly believing that mefloquine and Malarone are the same or that they have the same dosing regimen for antimalarial prophylaxis and treatment may lead to serious adverse events including vomiting, syncope, QT prolongation, paranoia, anxiety, depression, or inadequate prophylaxis.

Health care providers should consider the following recommendations to reduce the error risk.

- **Include brand and generic name.** Prescribe Malarone using both the brand and generic names, Malarone (atovaquone/proguanil), to provide redundancy and greater differentiation from mefloquine.
- **Include the indication on the prescription.** Prescribers should indicate whether the prescription or order is for prophylaxis or treatment of malaria.
- **Verify every order.** Verify prescriptions for antimalarial prophylaxis and treatment, which may not be commonly dispensed. This includes confirmation of the drug, frequency of administration, and dosing regimen of Malarone or mefloquine with each order or prescription.
- **Set frequency limits.** In order entry systems, establish an alert that will appear if mefloquine is prescribed daily and if Malarone is prescribed weekly.
- **Provide counseling.** Counsel all patients prescribed antimalarial products regarding its purpose (prophylaxis or treatment) and directions for use. Advise patients to read the medication guide when dispensing mefloquine, and to call their health care provider if they have any questions.

BLUE DYE ALLERGY

ISMP received a report from a family member of a resident in a long-term care (LTC) facility who had a severe allergy to blue dye. Despite documentation of this allergy in the electronic health record (EHR) at the facility and in the pharmacy computer system, a pharmacist dispensed a medication that contained blue dye for this resident several times. While nurses at the LTC facility didn't notice the blue dye allergy in the EHR, the resident was alert and reminded nurses about the allergy. Although not common, an anaphylactic reaction can be triggered by the color dye used in drugs in a patient with an allergy to the dye.

Continued on page 47 ►

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Using Niche Services to Create a Blue Ocean

by Liz Tiefenthaler

In 2005 a revolutionary book came out: *Blue Ocean Strategy: How to Create Uncontested Market Space and Make the Competition Irrelevant*. Eleven years later, the message is still just as powerful, if not more powerful, particularly for independent pharmacy. The book encourages companies to break out of the “red ocean” of bloody competition and create their own market space, or blue ocean, out of untapped market space. In a blue ocean, the competition is irrelevant and there is a potentially untapped market of new customers with better opportunity for profit and growth.

As competition gets increasingly heated in pharmacy, with chains, mail order, and the cost of doing business being out of the average store owner's control, the successful pharmacies of the future will find new market niches that don't have to play by the same set of rules. I talk to entrepreneurial independents across the country daily who have discovered their own blue oceans and are growing because of it.

When creating your own blue ocean, ask this question: what is the best value proposition I could develop that will appeal to the greatest number of people? Those pharmacies that have learned how to market wellness are discovering that their age demo-

Break out of the ‘red ocean’ of bloody competition and create [your] own market space...

graphic just got younger. Now, there is an opportunity to provide a younger customer base with clinical grade vitamins and supplements while expanding sales to prescription patients by helping them with nutrient depletion. Not having to deal with insurance companies while helping patients get healthier is rewarding on both fronts.

Transition of care is another blue ocean opportunity. Physicians and hospitals alike are looking for ways to keep their patients from being readmitted, and you can help them. Pharmacies with a robust transition of care program that includes a clinical pharmacist who works with the patients and communicates directly with the physician offer a service that is nearly impossible for a chain or mail order to replicate. Some of the most innovative independents offer patient home visits along with organizing and coordinating all of the medications patients take with whatever they were sent home with from the hospital. Readmissions drop dramatically and these pharmacies are able to prove their value with real data.

It is important to remember that any blue ocean can become a red ocean. Innovators need to constantly be aware of new markets. They also need to be honest about the dedication it takes to launch a new product or service and the possibility of over-saturation in any marketplace. Compounding has certainly seen that in the last few years as big players entering the arena have resulted in a tightening of regulations and greater competition. Many compounders I speak with have shifted their practice emphasis to veterinary and dental, where the competition is much less and insurance less important.

Everyone has blue ocean opportunities. Listen to your customers' needs, look at your own niche offerings, and get ready to innovate. ■

Liz Tiefenthaler is the president of Pharm Fresh Media, a full-service marketing company focused on helping independent pharmacies gain new customers and build loyalty with their current customers. She can be reached at liz@pharmfreshmedia.com.

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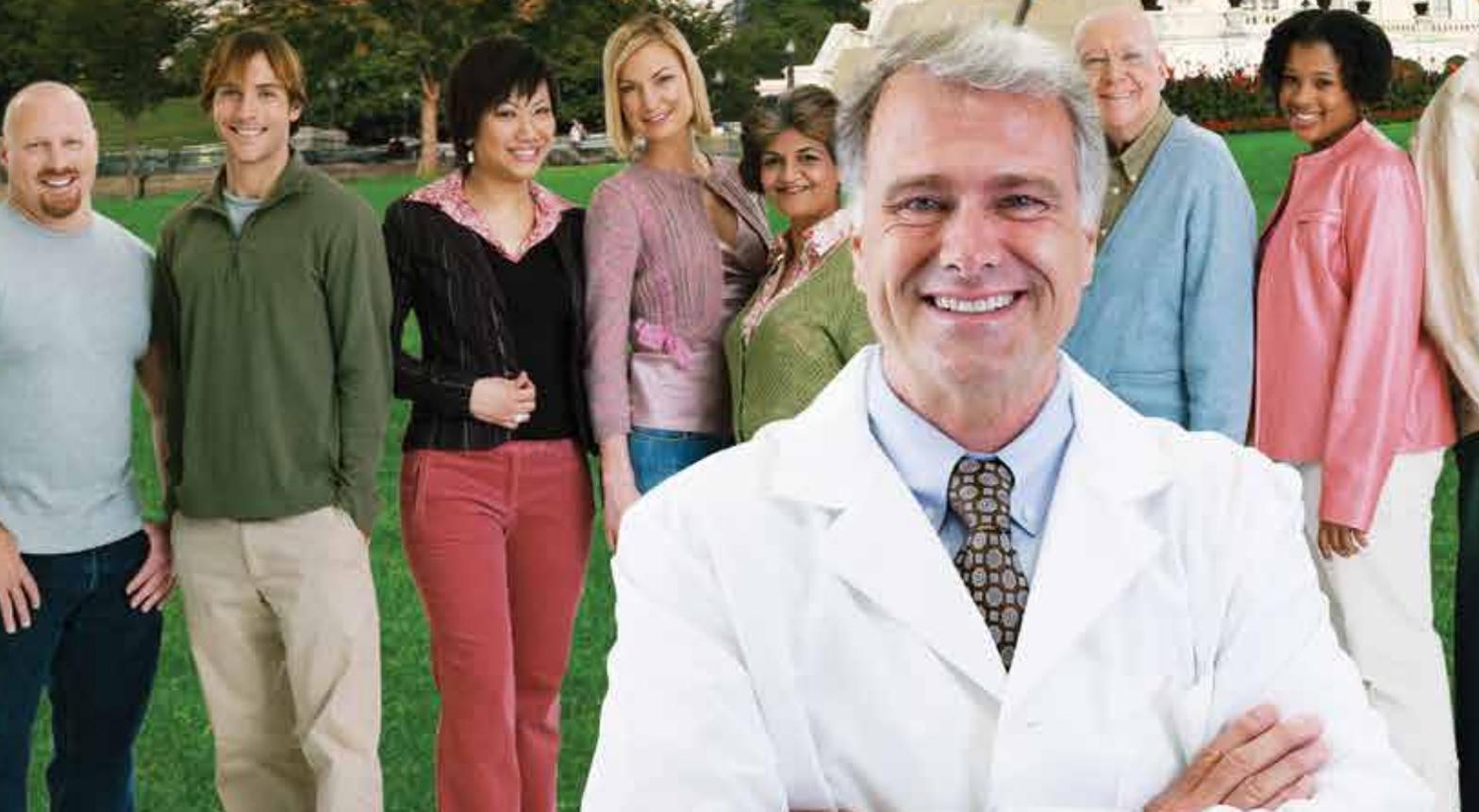
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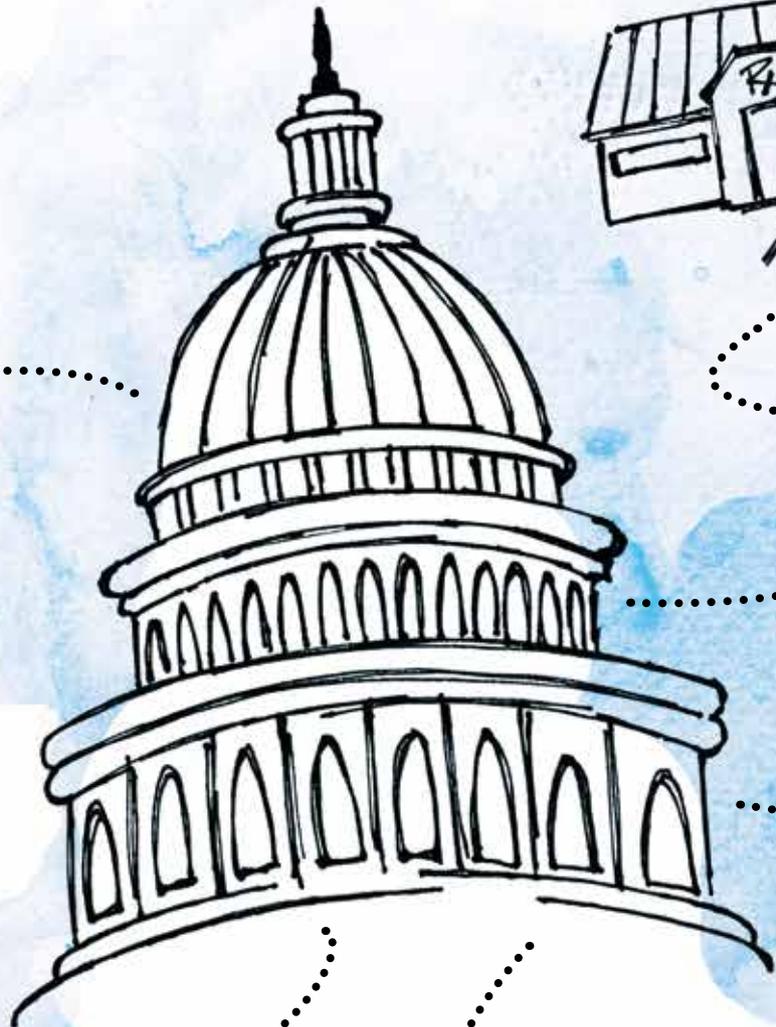
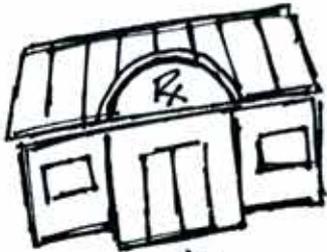
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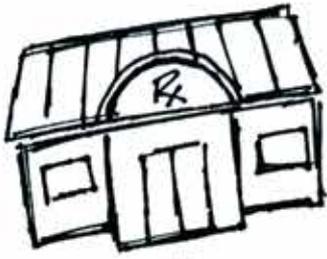
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Keeping Politics Local





Help lawmakers understand our complex issues by inviting them to your pharmacy

by Michael Rule



Some Helpful Tips for Arranging a Congressional Pharmacy Visit

- Request the visit through the legislator's district office closest to your pharmacy instead of his or her Washington office. You can find contact information for each office on the NCPA Action Center <http://bit.ly/actioncenterncpa>. A sample email you can use to request the meeting is also available at <http://bit.ly/visitinvite>.
- When requesting the visit, emphasize that you are a small business owner in the district and provide some details on how many people you employ and patients you serve. Suggest the visit as an opportunity for the legislator to get a first-hand look at the role independent pharmacy plays in the health care system.
- Let the office know some of the legislative issues you would like to discuss. You can find information on each legislative priority on the NCPA Federal Advocacy website <http://bit.ly/ncpaadvocacy> or you can contact NCPA Government Affairs Staff at (703) 683-8200.
- Once scheduled, inform NCPA of the upcoming visit by emailing Michael Rule at michael.rule@ncpanet.org. He will provide you with talking points and other information that will be helpful in your visit.
- Be sure to take photos during the visit and share them with NCPA afterward along with details of how the visit went and any specific items NCPA should follow up on with the legislator's office.
- Additional tips are available on the Pharmacy Visit section of the NCPA webpage <http://bit.ly/pharmacyvisit>. You can also contact NCPA staff with any questions.

Note that 2016 is an election year, with Election Day on Nov. 8, and Congress will be taking extended recess periods to allow time for campaigning. They will be away from Washington the entire month of August through Labor Day and will again be on recess the month of October until Nov. 14. These are tremendous opportunities to invite your legislator to a pharmacy visit. If you are unable to host a visit, it is still important to remain engaged. NCPA has created a toolkit of sample materials you can use to advocate for independent community pharmacy, available at <http://bit.ly/2016ncpatoolkit>.

NCPA has been working with industry partners to speak with a coordinated and unified voice to Congress and government agencies on issues facing independent community pharmacy. However, we must also remember the famous saying often associated with former Speaker of the House Tip O'Neill that "all politics is local."

The premise of this adage is that politicians rely on local voters to get elected, and voters are more likely to support complex legislative initiatives if they can directly associate how it affects their local community. This principle is also true for constituents communicating with Congress: elected officials are more likely to support complex legislation if they understand how it affects their constituents back home.

Many of the legislative issues facing independent community pharmacists are indeed complex. It's difficult for a legislator to grasp the need for generic drug pricing transparency or the nature of direct and indirect remuneration (DIR) fees without details on

how they affect local small businesses and patients in the community. NCPA has made it a priority to increase the number of legislators who visit an independent pharmacy and appreciate the many members who have hosted such visits to help localize these issues.

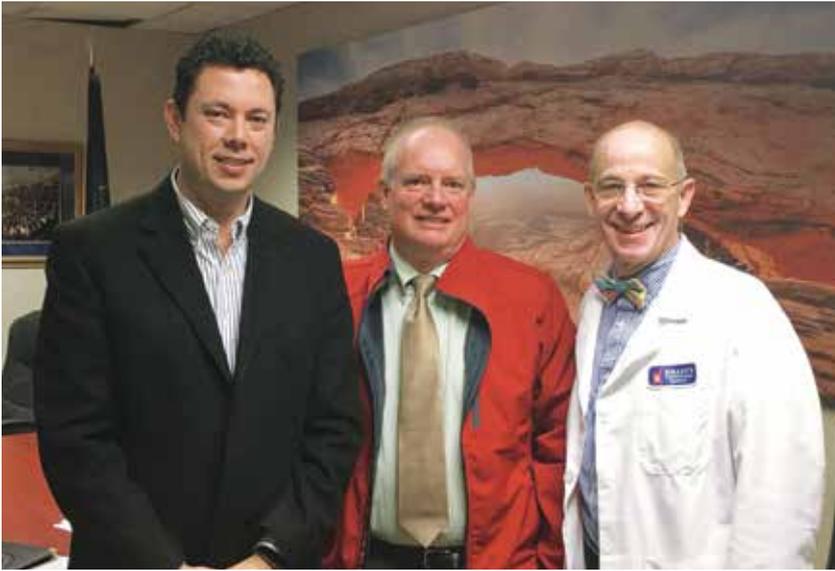
NCPA has made it a priority to increase the number of legislators who visit an independent pharmacy and appreciates the many members who have hosted such visits to help localize these issues.

Several visits were highlighted last November (<http://bit.ly/capitolhill-summer>) and since then there have been many others. For example, in Virginia, Rep. **Bob Goodlatte** (R-Va.), chairman of the House Judiciary Committee, visited Broadway Drug Center in Broadway, Va. Goodlatte is a cosponsor of H.R. 592, the Pharmacy and Medically Underserved Areas Enhancement Act, and H.R. 793, the Ensuring Seniors Access to Local Pharmacies Act. This visit was particularly timely as it occurred the day prior to a hearing of a key Judiciary subcommittee that looked into the relationship between PBM corporations and independent community pharmacies. Goodlatte asked several questions during this hearing in favor of independent community pharmacy based on what he learned from his pharmacy visit, including a MAC example.

Similarly, Rep. **Jason Chaffetz** (R-Utah), chairman of the House Oversight and Government Reform (OGR) Committee, took time to meet with Dean Jolley and Darryl Wagner



Rep. Bob Goodlatte (R-Va.) visits Broadway Drug Center in Broadway, Va.



Rep. Jason Chaffetz (R-Utah) meets with Darryl Wagner and Dean Jolley.

of Jolley's Compounding Pharmacy in Salt Lake City. This visit occurred shortly before an OGR committee hearing to investigate rising generic drug costs and provided an opportunity for participants to discuss priority legislation with Chaffetz.

Additionally, one of patients' and independent community pharmacy's biggest supporters, Rep. **Doug Collins** (R-Ga.), visited Madden's Pharmacy in Elberton, Ga. Collins is a lead sponsor of H.R. 244, and cosponsor of H.R. 592 and H.R. 793. He aggressively questioned representatives of Express Scripts and CVS Caremark during the aforementioned House Judiciary subcommittee hearing, and has spoken before the full House expressing the need for legislation to level the playing field between independent pharmacies and huge PBM corporations (a video compilation of his statements is available at <http://bit.ly/repcollins>). While Collins is well versed in the issues facing independent community pharmacy, this visit allowed those attending to discuss another issue of importance, DIR fees.

Also in the Peach State, Rep. **Buddy Carter** (R-Ga.), the only pharmacist

currently serving in Congress, visited Altama Pharmacy in Brunswick and Bennett's Pharmacy in Nahunta. Carter has cosponsored all three of NCPA's priority bills. While Carter has firsthand knowledge of many of these issues, these visits provided an opportunity to hear from other independent pharmacists in the district on the challenges they face.

Likewise, there were similar visits in Tennessee where Roller Pharmacy in Erwin hosted Rep. **Phil Roe** (R-Tenn.), and Clinton Pharmacy in Clinton hosted Rep. **Charles Fleischmann** (R-Tenn.). Both Reps. Roe and Fleischmann are cosponsors of H.R. 592 and H.R. 793. These respective visits were opportunities to thank them for their support of these important bills and to ask them to support H.R. 244.

Similarly, Rep. **Barbara Comstock** (R-Va.) visited Rotz Pharmacy in Winchester, Va. Comstock is also a cosponsor of H.R. 592 and H.R. 793, so again much of the discussion focused on H.R. 244, and other MAC issues, and DIR fees, which are the pharmacy's third-highest expense. In addition to discussing issues, Comstock experienced independent



Rep. Doug Collins (R-Ga.) visits Madden's Pharmacy.



Rep. Buddy Carter (R-Ga.) visits Altama Pharmacy in Brunswick.



Rep. Phil Roe (R-Tenn.) visits Roller Pharmacy.



Rep. Chuck Fleischmann (R-Tenn.) visits Clinton Drug Store.



Rep. Patrick Murphy (D-Fla.) visits Palm Beach Compounding Pharmacy.

pharmacy services firsthand when she received a flu shot.

Finally, in Florida, Rep. **Patrick Murphy** (D-Fla.), who is currently a Democratic candidate for the U.S. Senate, visited Palm Beach Compounding Center in Palm Beach. During the visit, pharmacist-in-charge Rick Upson discussed key legislative issues. Murphy is a cosponsor of H.R. 592. Upson also took the opportunity to show Murphy the videos of "Phil My Pockets," a humorous take on how PBM middlemen interfere with the patient/pharmacist relationship (available at www.whorun-smydrugplan.com).

While these are examples of the local message being delivered at home, it can also be effectively delivered in Washington, D.C., as evidenced by the more than 350 attendees of this year's

Congressional Pharmacy Summit. During the course of this event, attendees met with more than 250 congressional offices, both House and Senate, and put a local face and story on the most pressing issues facing independent community pharmacy.

NCPA has also recognized the importance of a localized message and has begun targeting greater resources into advertising in local media outlets to draw attention to important legislation and to urge key members of Congress to support these measures or to thank them for doing so. Legislators are more likely to pay attention to ads mentioning them in local outlets viewed by their constituents as opposed to Washington-based publications.

While these are just some of the local successes, there are still many mem-

bers of Congress who have not visited a local independent pharmacy. However, this being an election year, many lawmakers will be spending much of their time in their district campaigning. This provides a great opportunity to invite your member of Congress visit your pharmacy. NCPA has tips and resources available for you to on our website at <http://bit.ly/pharmacyvisit>, or you can contact NCPA for assistance. Don't assume someone else will share their local story. Make sure your legislators know yours. ■

Michael Rule is NCPA associate director of public affairs and grassroots advocacy.

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Summer Spruce Up:

An Investment in Success

**Five 'cleanups' that will help
secure your future**

by Benjamin D. Coakley, CFP, ChFC, CLTC



Success always begins with avoiding the phrase, “I don’t have time.”

As a pharmacy owner, your first step on the path to success was taken when you purposefully made time for pharmacy school. Some five years later, you then invested time and effort in practicing your skills while figuring out how to buy a pharmacy.

Knowing how things are in the world of pharmacy ownership, it is probably safe to assume that from one second after you purchased your first pharmacy to this very moment today, you’ve been caught in a time-consuming whirlwind of doing everything it takes to make your business a success. If you are like most pharmacy owners, you never seem to have quite enough time for what needs to be done, let alone time for those things you would like to get done.

And that’s how it goes. Life in pharmacy is a demanding and relentless task-master that won’t take “no” for an answer. Its needs consume your needs. Its crises become your crises. Its success becomes an increasingly demanding burden on your time.

When it comes time for life after pharmacy, it is not uncommon for a former pharmacy owner to need a little encouragement to explore new interests. Single-mindedly reacting to the needs of the pharmacy may seem like the best way to succeed. The truth is, it is the best way to fail. If you want to enjoy a great life after pharmacy—and perhaps enjoy a great life outside of pharmacy during your active career—you must purposefully make time once again. Just as you made time for pharmacy school, as soon as you take on the mantle of ownership, you must make time for taking care of you.

That’s where some late summer cleaning comes in. Yes, we hear about spring cleaning all of the time, but any time is the right time for sprucing up.

Here are five “cleanups” you can take care of this summer to help ensure you enjoy the best possible outcomes in return for dedicating your life to pharmacy ownership. And, as you take each of these cleanups on, I guarantee you will be pleasantly surprised at the positive impact they have on all aspects of your personal, financial, and ownership success.

1 **CLEANUP NO. 1: DEFINE YOUR PLAN FOR INDEPENDENCE**

Like beauty, independence is in the eye of the beholder. What you value now and what you wish for in the future can be yours if you create a plan for independence. Think of independence in two modes: the ability to do what you want while working in pharmacy, which means taking care of your life outside of pharmacy, and the ability to enjoy a meaningful, fulfilling, and comfortable life after pharmacy.

When you can answer the following four questions in a manner that is clear and gives you tremendous confidence, you will be well on your way to achieving an inspired level of independence. The work you must do to answer these questions with clarity and confidence is one of your life's most important cleanups.

- What does independence mean to you now and in the future?
- What is your plan for financing your independence?
- What role will your pharmacy play in that plan?
- Is your retirement plan helping or hurting you?

2 **CLEANUP NO. 2: CREATE A DYNAMIC LEGACY FOR TODAY AND THE FUTURE**

The word legacy typically conjures up images of inheritances, endowments, and philanthropy. Basically, we think of it as rich people giving money to heirs, churches, alma maters, charities, communities, and the arts. For most pharmacy owners toiling away at their businesses, thoughts of legacy usually do not extend very far. Most are satisfied knowing that when the last prescription is filled and they head off into the sunset, there just might be something left over for their children and grandchildren.

Unfortunately, even that simple wish is often unfulfilled. No matter what you

want your legacy to be, finding the best possible answers for these four questions will help ensure your legacy has the best possible chance of being realized.

1. What do you want your legacy to be?
 - For your family?
 - Your pharmacy?
 - Your community?
 - Your wisdom?
2. Is your pharmacy prepared to succeed without you once you start your life after pharmacy?
3. Is your family prepared to succeed once you start your life after pharmacy?
4. Do you have the right documents in place?

3 **CLEANUP NO. 3: CONTINGENCY PLANNING IN CASE YOU SUDDENLY CANNOT WORK**

"Something like that will never happen to me."

A pessimist would say those will likely be your famous last words. When it comes to creating a contingency plan, the old truism, "Plan for the best. Prepare for the worst." is time-tested wisdom. Creating a contingency plan for protecting the financial viability of the pharmacy in case you cannot show up for work is one of those cleanups that all pharmacy owners know they should complete. Trouble is, expediency rules and contingency planning is seen as a luxury you cannot afford, until something happens... Here is a brief description of how to put an effective contingency plan in place.

What is a Contingency Plan?

- A contingency plan is created to address an exceptional risk that, though unlikely, would have catastrophic consequences. One of the valuable outcomes of contingency planning is the immediate identification of strategies for reducing the chances of a catastrophe in the first place.

How does it work?

- While fires, floods, or tornadoes are things we often connect with contingency planning, the type of planning most essential to your success is planning around people. What happens if you are unable to work for an extended period? What happens if your key employees are unable to work for any reason? What happens if your junior pharmacist suddenly decides to leave?
- These things can cause confusion, disorder, loss of income, and even the demise of your business.
- Your best bet is to make contingency planning a normal part of the way your business works.
- Start with a thorough assessment of the risks your pharmacy faces and how these risks could impact critical pharmacy functions (remember to include the risk of losing key people as discussed above).
- Don't get too carried away; a truly thorough risk analysis will give you a huge list of potential threats. Prioritize by determining which threats are most likely AND which ones would have the most dire impact on your success.
- The end result of a risk analysis is usually a huge list of potential threats: if you try to produce a contingency plan for each, you may be overwhelmed. This is why you must prioritize.
- Consider contingencies you can put into place today that would reduce the impact of the prioritized risks and incorporate them into your business.

As stated earlier, the most important part of your contingency plan is being prepared to handle an unforeseen death or disability to you or any of your key employees. This is a common reason mentioned by pharmacy owners for not reaching their ownership potential and hitting their ownership goals.*

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Don't Wait Until it Happens

*Are you open for business?
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These are some of the questions your customers, employees, and you will ask if the unthinkable happens. Plan ahead so you can respond: **“Yes, Yes, Yes!”**

Independent community pharmacy owners now have a new integrated resource for consolidating their disaster preparedness, response, and recovery procedures. This integration will result in a **faster business recovery after calamity.**

The Pharmacy Disaster Support Center is supported by the National Community Pharmacists Association Foundation and Pharmacists Mutual Insurance Company.

Why participate?

Enrollees of the Pharmacy Disaster Support Center will benefit from a streamlined communication process during the chaotic aftermath of a calamity and appreciate having a centralized hub for insurance and vendor contacts. What's more, the non-financial business data collected during the enrollment process will help in the coordination of assistance that's specific to your unique business needs.

Visit www.rxdisaster.com, email ncpaF@ncpanet.org, or call **844-811-2345** for more details about this program designed for owners aiming to strengthen their business-continuity procedures.



** Contingency planning and buying disability insurance, business overhead expense insurance, or key employee life insurance are two separate things. Insurance can provide much needed capital to an unfortunate situation, but it does not resolve the issue of determining the essential things that must be done at the pharmacy to survive until you or the key employee can return to work or a replacement can be found.*

4 CLEANUP NO. 4: ADDRESSING LONG-TERM CARE RISK IN YOUR INDEPENDENCE PLAN

The thing to remember about long-term care (LTC) insurance is that by the time you really need it, it's far too late to buy it.

Here are some basic facts to help you manage the expense of long-term care should you require it during your life after pharmacy.

- There are two separate parts of a long-term care plan: the transitions of care (how care will be delivered at each stage) and the funding (traditional long-term care insurance and other options).
- Both are equally important, but how care will be delivered is the often overlooked part of the plan. In our opinion, this should be the first part of any plan. Once this is completed, then funding should be determined.
- You must be healthy to qualify for any form of long-term care insurance. Since your health changes as you age, it's prudent to consider LTC insurance way before you retire. Most pharmacists look into LTC insurance in their early 50s.
- There are many forms of LTC insurance on the market today and the costs vary greatly. A good advisor can show you the different options and work with you to find the option that best fits your goals and budget.

- Another reason to shop around is that health qualifications vary significantly from one insurer to another. Be prepared to share information with an insurance professional. You want them matching you with the company offering the best protection for the best price.
- Make sure you plan to pay these premiums (or fund LTC another way) in your retirement budget for the rest of your life. This is the biggest threat to your retirement nest egg.

5 CLEANUP NO. 5: GET YOUR PERSONAL CASH FLOW UNDER CONTROL

Joe Dominguez championed living a simple and frugal life. Dominguez, who died in 1997, was an author and speaker in the Voluntary Simplicity movement. He spent years urging Americans to save money by cutting their rampant consumerism. We like to ask a simple question when we work with pharmacy owners: How much is enough?

If you think about how much income your pharmacy has to make to generate the money you take out of it for personal expenses, every dollar you spend can be traced back to many, many more dollars earned.

Dominguez proved that when you pay attention to how you spend money, you spend less. And, when you spend less, you have the freedom (independence!) to work less. When you work less, you have the time to focus on things that mean more to you than accumulating possessions.

This is perhaps one of the most immediately effective strategies for realizing your plan for independence during your life in pharmacy.

By examining your answers to these five questions, you will most likely be

able to identify ways you can immediately gain greater control of your cash flow.

- Do you know how you spend every dollar you bring home?
- How well does your pharmacy budget work?
- Do you evaluate all of your service providers every year for cost savings opportunities?
- Do you have a personal budget?
- What guidelines are in place to help you control your personal spending?

We all dream of having a clean house... but who dreams of actually doing the cleaning? The fact is, we don't have to dream about doing summer cleaning, because the work is always right there waiting for us. What we need is the will (and perhaps courage) to make the time for getting down to work.

Doing your summer cleaning by taking on these forms of strategic planning means confronting the forces of expedience that dominate the lives of most pharmacy owners. What we have seen time and again is that avoiding a necessary confrontation eventually leads to making poor choices.

Roseanne Barr once said, "The day I worry about cleaning my house is the day Sears comes out with a riding vacuum cleaner." Unlike Roseanne, your success and your ability to achieve true inspired independence is not possible until you take on the need to do a little summer cleaning. ■

Ben Coakley is a partner at Waypoint Pharmacist Advisors. As co-creator of The Inspired Independence Program, Coakley works with independent community pharmacy owners to ensure they achieve personal, financial, and ownership success.

Producing *Independent Leaders*



Karl Fiebelkorn (far right) with Christopher Daly, Clare Carroll, and Christopher Diehl as they are honored at UB's annual awards night for students and alumni. The three finished third in the 2011 Good Neighbor Pharmacy NCPA Pruitt-Schutte Student Business Plan Competition.



University at Buffalo's Karl Fiebelkorn devoted to grooming the next generation of community pharmacists

by Chris Linville

As a pharmacist and an educator, Karl Fiebelkorn has some basic concepts that he tries to instill in his pupils.

"I am trying to produce students who are leaders," he says. "And when you produce students who are leaders, you produce pharmacists who are leaders. And those are the people who help lead and make the changes."

It is a theme he has been emphasizing for some 25 years at the University at Buffalo School of Pharmacy and Pharmaceutical Sciences (UBSPPS) in Buffalo, N.Y. In 1991, Fiebelkorn began teaching a pharmacy management elective class at UBSPPS, recognizing that students who wanted to own their own pharmacies needed fundamentals to run a business effectively. Drawing on his own experience working for independent pharmacies and a regional chain in western New York, Fiebelkorn tried to give them a well-rounded foundation beyond simply filling prescriptions.

"They (UBSPPS) needed somebody to teach a business class," says Fiebelkorn, who received his B.S. in pharmacy from UB in 1978. "It was an elective, but it was a popular elective. Out of 100 students, I always had 30-50 taking the course."

Fiebelkorn, who received an MBA from UB in 1988, joined the school's faculty full-time more than 20 years ago, and since that time he has pushed for the course to become mandatory. Finally, about three years ago the Accreditation Council of Pharmacy Education mandated that students learn management, and UBSPPS made it a required part of the pharmacy curriculum. Fiebelkorn has since



added a spring independent pharmacy course to complement the fall course, which covers general management concepts. This course, PHM 637 Pharmacy Management, has 125 students. Students groups must comprise a business plan based on a theoretical pharmacy case. "I give them a scenario that I make up, it's broadly written, and you have to act like you are approaching a bank to make the business case," he says. "You have to figure out how much money you are going to need, and how you are going to go about it. How are you going to improve this business, or sell it, or do something else? A lot of them come up with some pretty good ideas about how they are going to go about it and what they are going to do, and a lot of them think out of the box. That's what I encourage."

The spring elective course, PHM 638 Independent Pharmacy, meets two hours once a week and consists of seminars, pharmacy visits, lectures, case studies, entrepreneurialism, and anything else related to independent pharmacy. The class, which enrolls about 25-30 students, is run in a seminar format. The students are divided into teams which visit 3-4 pharmacies each. They interview the pharmacist owner to evaluate how the business is doing and if the students can come up with ideas for improvements. The teams then formulate a PowerPoint presentation which is presented in the class using tools learned in PHM 637 the previous fall.

The 2007 UB team members work on the presentation that would win that year's Good Neighbor Pharmacy NCPA Pruitt-Schutte Student Business Plan Competition. From left are Alexandra Centeno, Liliana Yobonn, Fiebelkorn, Kathryn Jones, and Christina Ramsey.

"In PHM 637 I tell them this is how you have to do things, and finding a way to get paid for it," Fiebelkorn says. "In the spring session, PHM 638, I expect the students to analyze real pharmacies and come up with real ideas."

Along with teaching, Fiebelkorn has been the advisor for the UB NCPA chapter for more than a decade, assisting student teams competing in regional business competitions and the annual Good Neighbor Pharmacy NCPA Pruitt-Schutte Student Business Plan Competition. (See sidebar.)

Brad Arthur, 2015-16 NCPA president and co-owner of Black Rock Pharmacy in Buffalo, has known Fiebelkorn for almost 30 years and has always admired his dedication.

"Having started out as a community pharmacist, Karl always possessed an appreciation for the human side of the patients we serve," Arthur says. "It takes a champion to instill the spirit of independent community pharmacy

Helping Plan for the Future

For the last decade Karl Fiebelkorn has been the advisor for the University at Buffalo School of Pharmacy and Pharmaceutical Sciences NCPA Student chapter. He said when he started, the chapter was almost dormant, with a just a few students.

"My first year was the second year that NCPA had the business plan competition (Good Neighbor Pharmacy NCPA Pruitt-Schutte Student Business Plan Competition: www.ncpanet.org/students/business-plan-competition), and I had students who came up to me and said they wanted to enter," he says. "I didn't even know anything about it."

After finding out more about the competition, he asked his students, "Okay, what are you going to do? They did not even have that much of a management background. So we all spent a lot of weekends together and a lot of nights during the week figuring out what to do and how to approach this thing. I had to teach them business skills. And that first year we entered (2005) we came in second. So that really set the fire for NCPA here, and now we have 50 or 80 members in the active chapter. I started a local competition, which I call the 'local NCPA competition' a few years ago with three teams competing to be the NCPA team."

"The Pharmacists Society of the State of New York (PSSNY) heard about my success with the students so they started their own business plan program, which also helps prepare and motivate students for the NCPA competition," Fiebelkorn says. "In the last event, PSSNY had a few of its pharmacists get together and write a case study that was extremely vague by design."

"The reason they did that is they wanted to see how much out of the box the students could formulate and do, and it was based on getting 'x' amount of money and asking what you would do with it with an independent pharmacy. My team came in second in that competition so they did okay."

By 2007, that extra experience paid off as the UBSPPS team won that year's competition in Anaheim, Calif.

Fiebelkorn says the caliber of the competition has become much better compared to the early years. (The event was started in 2004.)

"I think the teams have been getting more sophisticated in what they are doing, and the students are getting more sophisticated in what they are learning," he says. "The first few years I was kind of disappointed in what some of the teams were presenting. As time went on, it got better and better. Doug Hoey (NCPA CEO) says to me, 'Karl, your team has been setting the standard, every time your students present, all the other

schools scramble. And the next year everyone is brought up to speed.' With the more recent competitions, they are getting much more sophisticated."

Fiebelkorn takes pride in the success his former students have enjoyed after competing in the competition. Among them being Patrick Comerford, PharmD, a co-owner with Mobile Pharmacy Solutions, a Buffalo-based pharmacy with a focus on in-home consultative and transitions in care services. Comerford participated in the 2006 competition.

"The business plan competition certainly ignited a fire for independent retail pharmacy that has never gone out," Comerford said in a September 2014 *America's Pharmacist* profile. "The ability to put together mock plans and develop some of the skills needed to operate in the independent setting has certainly come in handy."

Along with Comerford, Fiebelkorn referenced another former student who held on to her business plan until it was ready to be put to use again, even if it was years down the road. She was a student about 8-9 years ago and is now a clinical pharmacist at a Florida hospital. She called Fiebelkorn and said the hospital's health system director announced that it needed a new clinic, and somebody to develop it. She raised her hand and said she could do it, but wondered when they would need specific figures and numbers.

"She was asked if she could have it done in 6-8 weeks, and she said they could have it to them by the next week," Fiebelkorn says. "She said everything was ready because she had already done it for the business plan. She had it all laid out, she had all of the plans, because she says I made them do all of that," he adds with a laugh.

The result? "She now runs the clinic. And it's very successful, so it is being entrepreneurial even if you don't open your own pharmacy. I tell students that you do not even need to have a pharmacy to open, you could open a clinic or anything like that. A lot of pharmacists have other businesses and are still their own boss."

"Karl was instrumental in drumming up support for the Pruitt-Schutte Business Plan," says longtime friend Brad Arthur, 2015-16 NCPA president and co-owner of Black Rock Pharmacy in Buffalo. "Without his efforts the UB School of Pharmacy and Pharmaceutical Sciences would not likely have had such a vibrant student chapter of NCPA nor would they have finished so strong in numerous years of competing in the challenge."

ownership in young students, and Karl has filled that role with enthusiasm.”

Another friend, Steve Giroux, 2007-08 NCPA president and owner of Middleport Family Health Center in Middleport, N.Y., says, “Karl is a strong advocate for independent ownership as a career path for pharmacy students at UB. He has had a tremendous influence and impact on a new generation of pharmacists interested in or pursuing a career in independent pharmacy ownership. He represents the kind of faculty that NCPA would like to see at every pharmacy school in the country.”

“Having started out as a community pharmacist, Karl always possessed an appreciation for the human side of the patients we serve.”

PHARMACY ADVOCATE

Trying to pigeonhole Fiebelkorn into any simple category is basically impossible. Yes, he’s a teacher and champion for student pharmacists. But he’s also a certified pharmacist immunization trainer, a certified medication therapy management trainer, and a board certified asthma educator. Fiebelkorn speaks regionally and nationally on a variety of subjects. He is active with local and state pharmacy associations in New York and with NCPA. He pushed for immunization rights for pharmacists in New York and is a strong proponent of enhanced physician/pharmacist collaboration efforts.

Under Fiebelkorn’s guidance, students formulated a proposal that was passed by the Pharmacists Society of the State of New York (PSSNY) House of Delegates and now sits as a bill in both in the New York State Assembly and Senate to allow pharmacy students to immunize under the direction of a pharmacist. Fiebelkorn’s efforts have been recognized with many awards—too many to list in this space. Narrowed down to the most recent, they include the 2014 Bowl of Hygeia Award from PSSNY, the APhA Foundation, and the National Alliance of State Pharmacy Associations; and the 2013 PSSNY Distinguished Pharmacy Educator award.

Perhaps more than anything, Fiebelkorn can be described as an advocate for all things relating to independent pharmacy.



Stacy Fredrick (left) and Laura Bielecki are joined by Fiebelkorn after their second place finish in the Pharmacist Society of the State of New York’s 2016 Business Plan Competition.

“From everything that I have seen in all the years I have been a pharmacist, change comes from the little guys, it comes from the independents; it does not come from the chains,” he says. “The chains don’t wake up one morning and say, ‘Let’s do this.’ It actually comes from some independent somewhere, and the chains are copying it. The chains might do it better at a larger scale, but that does not mean they invented the thing. It is the independent who is thinking out of the box, given their flexibility.”

Fiebelkorn received his first taste of independent pharmacy while growing up in Dunkirk, N.Y., a town some 50 miles southwest of Buffalo situated on Lake Erie. At 14, he landed his first pharmacy job at an independent store, and worked there for six years, including weekends when he started his education at a nearby community college.

After graduating from UBSPPS, Fiebelkorn went to work for an independent in Buffalo for 3-1/2 years, then moved on to Fay’s, a regional chain in western New York, where he stayed for some 16 years in various managerial roles. Western New York has been a hotbed for community pharmacy leadership, and it was during this time that he developed relationships with area independent owners



A glass cabinet on display at the school is what Fiebelkorn calls the “NCPA” shrine, with plaques honoring each of UB’s Good Neighbor Pharmacy NCPA Pruitt-Schutte Student Business Plan Competition teams since the schools first competed in 2005.

such as Donald Arthur, his son Brad, and Steve Giroux. Donald Arthur served as NARD (now NCPA) president in 1988-89. Brad Arthur became president last October, thus becoming the first father and son to hold that position in the association’s 118-year history. Fiebelkorn also started working on a part-time basis at UBSPPS as a clinical instructor before joining the faculty full time in December, 1995. Fiebelkorn’s wife Tina is also a pharmacist, specializing in long-term care.

STRESSING CREATIVITY AND REALISM

Being creative and thinking outside the box is something that Fiebelkorn emphasizes with students, but he’s also looking for realistic ideas.

“I ask them, ‘Does this really make sense to you? If you were a patient would you really pay that? Would you come to the pharmacy because of that?’ ” he says. “Sometimes they have blinders on, saying, ‘Oh yeah, absolutely! Yeah!’

Then I say, ‘Think about this now, ask around, and go to your pharmacist and ask him.’ Then they come back a week later and say, ‘No, that’s not going to work.’ I want them to figure things out. I’m not going to give them the answers, they have to learn all of that – balance sheets, income statements, all of those kinds of things. They have to do all the research. I also tell them the idea has to be practical, and it has to be payable. It’s nice to be able to provide a service to help the community, but you still have to pay your bills.”

Another tendency that Fiebelkorn tries to steer student pharmacists away from is simply looking at dollar signs. For example, when he asked students during their pharmacy presentation if they had \$30,000 to invest, in which pharmacy would they invest?

“Some of them say, ‘Oh this is the biggest pharmacy, I’m going to invest in that,’ ” he recalls them saying. “And I tell them that you are putting money into a pharmacy that does \$6 million in revenue a year, and if you only have \$30,000 to invest, so how much do you think you are going to have? You will have about 2 percent of that pharmacy. Contrast that to another pharmacy that is making much, much less because it’s a small place. There are a



RDC Supports Independent Pharmacists Through Fiebelkorn Award

Since 2013, Rochester Drug Cooperative (RDC) has pledged support to aspiring independent pharmacists through the Professor Karl D. Fiebelkorn Award in Independent Pharmacy. The award annually supports two University at Buffalo School of Pharmacy and Pharmaceutical Sciences (UBSPPS) PharmD students drawn to independent community practice. Candidates also demonstrate financial need and are active in the NCPA student chapter at the university. RDC has committed \$25,000 to support the awards, named to honor Fiebelkorn, associate dean for student affairs and professional relations, for his advocacy and support of community pharmacists.

"We made this gift to recognize Karl's passionate commitment to independent pharmacies and his longtime success as an outstanding professor," said Larry Doud, RDC president and CEO.

Fiebelkorn said UBSPPS is grateful to RDC, which is a longtime annual supporter of the school's golf tournament and has been "overwhelmingly supportive of our students, especially in regard to the Good Neighbor Pharmacy NCPA Pruitt-Schutte Student Business Plan Competition," which UBSPPS has entered since 2005. Lindsey Feuz and Samantha Mattison were the first recipients in the 2013-14 academic year. They were followed by Brian Bowman and Charlie Hinton in 2014-15, and Bowman and Ali Scrimenti in 2015-16.

lot of things you can do and fix, and with \$30,000 you are going to get a bigger chunk of that business."

Fiebelkorn says that it is important to know what is and is not allowed in your state. In some states, immunizations by pharmacists are restricted to the pharmacy, but in New York clinics can be held almost anywhere.

"So we could vaccinate at the airport, or the train station, or set up shop in downtown," he says. "For one competition, a group decided to design a mobile immunization unit in a van. New York State would allow that. They called it 'The Pharm Squad' (a play on 'Geek Squad') and had it on the side of the van. They didn't win, but they came in the top five that year. It was almost like a food truck. People come in, get immunized, and get their blood pressure done. I thought that was a pretty good idea."

Speaking of immunizations, Fiebelkorn and a pharmacy owner friend, Dennis Galluzzo, were among those who helped the push to make it legal for pharmacists to provide them in New York.

"We actually ran the first immunization clinic at his independent pharmacy in February 2009," he says. "The next thing we needed to do was get paid for it. We are not going to just give this away, we are going to justify that, so we went to Independent Health and they paid for it. Then we went to the Blues (Blue Cross/Blue Shield), and they paid for it. Then I worked with four other faculty members who justified payment from Medicaid in New York (state). We received a very good payment from Medicaid. In fact, Medicaid is probably one of the best payers for vaccinations in New York now because reimbursements are so low. So if you are doing a lot of Medicaid immunizations, you are doing very, very well. And Medicaid likes the idea since it keeps patients out of the hospitals."

LEARNING 'SOFT SKILLS'

Along with clinical and financial know-how, Fiebelkorn says budding independent owners need to develop what he calls "soft skills." It's basically the art of engaging with people effectively.

"If you are going to be an independent pharmacist, you have to have very good soft skills, because you are going to be applying for loans, dealing with people constantly on business levels and you need to know how to handle that," he says. "It is even critical when dining out with a client or business associate. Having very good soft skills will take you even further, faster, than anyone else, because people remember that. The PHM 638 course culminates in a professional dinner at a local restaurant where the owner discusses proper business etiquette."

Fiebelkorn cites Arthur as someone with extremely good soft skills. "He comes into the class and talks to them, and the students say 'He's really polished, he's so polite.' My response is, 'He makes a good impression, doesn't he?' And they say 'Yes.' Well, he has great soft skills."

Fiebelkorn says these are all things that have to be learned, whether it's the proper way to write an email, or sending a thank you note. "So we work on those things," he says. "The students become very polished, and I receive feedback from preceptors and business owners saying, 'This student was very impressive.' It turned out that they took my independent course. The students aren't coming out of school opening independent pharmacies, but they probably will 5-10 years from now when their finances are a bit better. And having these skills will definitely help."

ADDRESSING CONCERNS

Fiebelkorn knows that many students are interested in owning a pharmacy. He also knows that they are worried about massive student loan debt (sometimes in the \$200,000 range) by the time they graduate. He understands that most graduates will not be in a position to consider ownership immediately. And frankly, he says there is an oversupply of pharmacists coming out of schools, so students are also concerned about finding a job.

In response, Fiebelkorn says they have a number of options. A junior partnership, which typically does not require a heavy upfront capital investment, is one. Another is to start as a staff pharmacist and build a nest egg.

"You can go on and obtain a position at a chain pharmacy and make some money, though they are going to dictate what you need to do," he says. "But if you live simply, you can make a lot of money for a couple of years, and save that for a down payment on an independent, but at the same time, keep notes on everything the chain pharmacy does. You might say, 'That's not a good idea, but this is – how they keep their books, how they do advertising, and then you come out and do it better.'"

Fiebelkorn says that pharmacy is not what it was 30 years ago, when independent stores were trying to compete by selling lawn mowers and the trash cans.

"If you try to compete head on with a chain, you cannot do that," he says. "Chains have this massive buying pow-

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er. I said you have to wine and dine people on the service. Everybody now has insurance for prescriptions, everybody pays the same, so you have to knock them dead on the service; that's where the chains are losing."

As an example, Fiebelkorn cited how another independent owner friend of his, Marty Pietruszewski, responded when a Rite-Aid opened across the street from his store.

"He said it was wonderful they were opening there because people will flock to this area because of Rite-Aid," Fiebelkorn says. "He then said they will see me across the street and they will come to me because the Rite-Aid pharmacist is not going to have time for them. I know I can service them better."

Fiebelkorn also points out that many independent pharmacies are becoming smaller. "The newer ones like Dennis Galluzzo owns are small shops," he says. "I don't think his is even 600 square feet. It's just a little professional place, and all he sells are pharmacy items, OTC,

stockings, medical equipment, things like that. He does a pretty robust prescription and immunization business. He has low overhead because he's small, but he's right next to a grocery store. People see him next to the grocery store and walk right in. He also uses sandwich board advertisements outside with information about flu shots and other services. He has a good rapport with the grocery store next door, so everybody at the grocery store shops there, and he does pretty well. He is in a very popular strip plaza, so he has an ideal spot for that business."

The bottom line for Fiebelkorn is to see his students follow their passion in whatever they do.

"I stress to my students that if you really put your mind to something, and you really, really like what you are doing, then you can do it," he says. "Even if you start slow and get crumbs, crumbs can work out to pennies, pennies can work out to dimes, and you just gradually work your way up." ■

Chris Linville is managing editor of *America's Pharmacist*.

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The Pharmacist's Role in Transitions of Care for Heart Failure Patients

by Elisabeth Wygant, PharmD



Editor's Note: For information on references used in this article, contact Chris Linville at chris.linville@ncpanet.org.

BACKGROUND

The leading cause of hospitalizations in the U.S. for those 65 and older is heart failure. Approximately 5 million Americans are affected by heart failure, and more than 1 million are newly diagnosed on a yearly basis. Medicare spends approximately \$17 billion annually on newly diagnosed patients with heart failure, and a total of \$34.4 billion on direct and indirect costs. About one-fifth of the Medicare beneficiaries who are discharged after treatment for heart failure from the hospital are re-hospitalized within 30 days. Because of these alarming statistics, along with preventable causes for readmission, heart failure was included in the Centers for Medicare & Medicaid Services Hospital Readmissions Reduction Program (CMS HRRP). Readmission for heart failure is defined as any unplanned readmission within 30 days post-discharge of heart failure; planned readmission is not included. The readmission measure includes incidences with heart failure as the primary cause, a contributing factor, or any other readmission unrelated to heart failure occurring within the 30-day window following initial discharge.

A substantial portion of hospital readmissions are related to medication-related adverse events. Approximately 19 percent of patients who are discharged from the hospital experience an adverse event and of that, two-thirds are medication related. Adverse events as a result of medication non-adherence occur in one-third of patients readmitted to the hospital. For heart failure, medication non-adherence results in 20-64 percent of readmission cases.

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The National Community Pharmacists Association Foundation preserves the legacy of independent pharmacy through programs that improve the success of independent pharmacy and enhance patient care, community health awareness campaigns, scholarships to NCPA student members, and disaster aid and resources to independent pharmacy owners. All this is made possible by the generosity of individual and corporate donors.

Donations by check or credit card are accepted, but so are other methods of giving. A noncash gift should have a market value that is higher than the cost to ship, transport, or liquidate the item.

Noncash gift examples include:

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PHARMACISTS' ROLE IN PREVENTION OF READMISSION

As health care providers, pharmacists are the front line of care for many patients, especially in regard to their medications. There are several documented studies that describe the vital role pharmacists play in the care of patients with heart failure. The most extensively researched setting involving a pharmacist's role with heart failure patients is in the community. For example, two randomized controlled studies, Varma et al. and Gattis et al., focused on outpatient clinical services in the community setting. The study purpose for both was to show the benefits of a pharmacist-patient interaction on a patient's outcomes. The interaction included education on heart failure, its medications, symptom management, physician recommendations, and a guide for patient follow-up.

In Varma's study, patients had an improved exercise capacity, better compliance with drug therapy, and fewer hospital readmissions. In Gattis's study, there was a reduction of clinical events, hospitalizations, and rates of death. These studies underscore the necessity of pharmacists' involvement to improve medication adherence and reduce hospital readmissions for this patient population. Pharmacists who are actively engaged in efforts such as medication reconciliation, patient education, and collaborative medication management will help to reduce readmissions while improving their patients' outcomes.

When discussing transitional care, the community pharmacist can be the patient's liaison to communicate with other health care professionals and provide thorough management of the patient's heart failure. The pharmacist responsible for transitional care should always recall that the activities described previously

should be conducted with and for the patient. In other words, they should be patient-centered. By delving into appropriate counseling sessions with the patient it will improve their medication adherence and consequently improve their quality-of-life and reduce their risk of hospital readmission.

Upon discharge, all heart failure patients will be educated on weight management and the importance of daily weight monitoring. This is where you, the community pharmacist, can be instrumental in assuring the patient understands these instructions, has an accurate and readable scale at home to monitor any fluctuations in weight, and understands the importance of reporting these fluctuations. As the pharmacist, you should also consider other comorbid conditions your patient may have that may affect their new lifestyle goals and changes. It is important to also consider immunizations for this patient population in order to maintain their health. The two most important vaccinations are the influenza and pneumococcal vaccines. Finally, nonpharmacological measures should always be taken into consideration, especially for those with heart failure. These include smoking cessation, salt restriction, alcohol restriction, and maintaining appropriate fluid intake to improve recovery.

CONCLUSION

Pharmacists are essential when discussing the impact of patient care within the care transition team; this is especially true when considering the community pharmacist's role

with a heart failure patient. Three major areas pharmacists can help in transitions of care involves thorough medication reconciliation, patient education, and medication management between the patient's health care providers. There are many avenues that a community pharmacist can travel when counseling a patient on heart failure and its intricacies. For example, this might include assessing comorbid conditions, immunizations, and diet limitations. By providing these consultations for the heart failure patient population, it will aid in reducing hospital readmission rates and, most importantly, provide an enhanced quality of life for these patients. ■

Elisabeth Wygant, PharmD is a 2016 graduate of Palm Beach Atlantic University and was a fall 2015 APPE Rotation Student at NCPA.



Editor's Note: This is the second of a series of six articles that will be published in America's Pharmacist covering various health issues surrounding transitions of care when patients are discharged from hospitals, and how community pharmacists can help ease the transition and play a key role in avoiding costly readmissions to hospitals. Access NCPA's Transitions of Care toolkit at www.ncpanet.org/toc.

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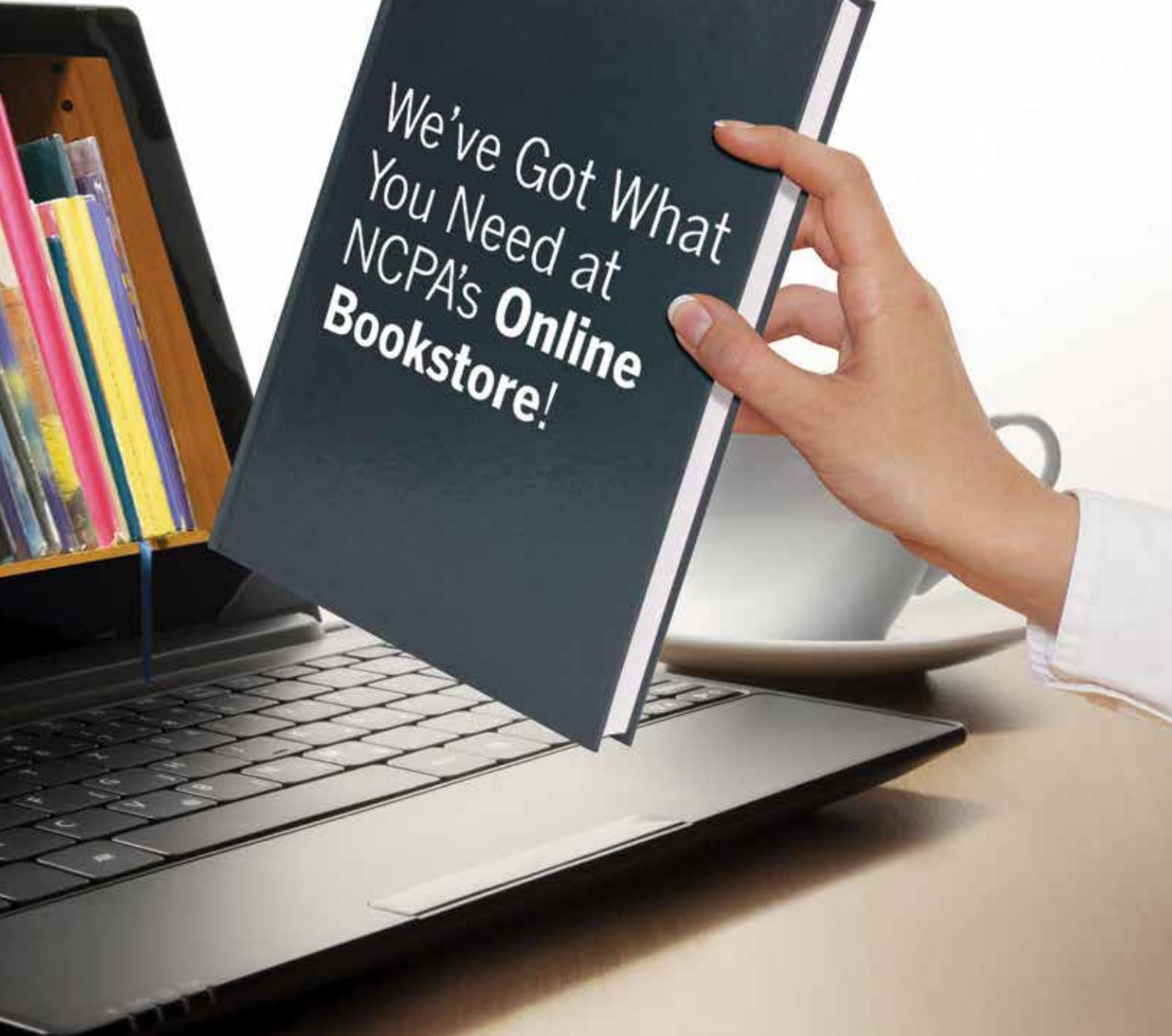
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► *Continued from page 12*

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This article is from the Institute for Safe Medication Practices (ISMP). The reports described were received through the USP-ISMP Medication Errors Reporting Program. Errors, near misses, or hazardous conditions may be reported at www.ismp.org. ISMP can be reached at 215-947-7797 or ismpinfo@ismp.org.

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Sometimes the Bad Times Are the Best Times for Change

by Gabe Trahan



The exterior of Farmacia Nueva in Moca, Puerto Rico before renovations.

When I first met Luis Marrero, PharmD, I was pretty sure he was a little too enthusiastic. Marrero, owner of Farmacia Nueva in Moca, Puerto Rico, told me he had big plans for his store; he wanted to give his town a store to be proud of and he was ready to spend the money. “Wait until you see what I do with the front!” he said.

I was skeptical. If ever there was a bad time to make major changes to one’s community pharmacy in Puerto Rico, it is right now. Shrinking profit margins, a stagnant economy, a government dealing with bankruptcy, the spread of the Zika virus on the island, and stiff competition from 18 other pharmacies in the town of 40,000 people are plenty of reasons to stick with the status quo and wait out the storm before moving forward with major renovations.

But Marrero changed my mind. His 35-year-old store has seen few changes over the years, but Marrero has been charging ahead with his vision ever since he bought the store from his mother in 2014. Within the last year, Marrero has added compounding, vaccinations, and long-term care services to his pharmacy’s offerings. Just recently, he spent more than \$50,000 on an exterior store face lift—and that doesn’t include the cost of the lighted digital sign he also installed. Marrero is especially excited by how attractive the sign looks lit up at night.

Marrero also enhanced the parking area on the side of the building to make the drive-thru more visible. He tells me with a hardy laugh, “We always had a drive-thru, but no one could find it. Now, it’s always busy!” Along with an interior remodel, Marrero is planning to better use planograms, inventory management systems, and pricing strategies to control costs and boost sales.

When I asked Marrero if his business had grown a bit after all of these changes, he replied, “No, it’s growing a lot! I see new customers in my store all the time. People in Moca want to come into a nice, new-looking store.”

Marrero is passionate, energetic, intelligent, brave, and anything but overeager. Leave it to a community pharmacy to offer a ray of sunshine when it is most needed in a community. Thanks, Luis, for reminding me that sometimes the bad times are the best times for change. ■

Gabe Trahan is NCPA's senior director of store operations and marketing. Gabe uses nearly 40 years of front-end merchandising experience to help NCPA members increase store traffic and improve profits. Visit www.ncpanet.org/feo to watch videos, read tips, and view galleries of photo examples by Gabe. Follow him on Twitter @NCPAGabe for additional tips.



Farmacia Nueva's updated exterior includes more visible signage and enhanced parking.

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