



WHEN THE GOING GETS TOUGH

In 2021, independent community pharmacy continued answering the call to service

by Chris Linville

To say that the world that everyone awoke to on Jan. 1, 2021, was vastly different than the one that dawned 365 days earlier is just a slight understatement. What kind of year was 2021? Well at least it wasn't 2020. If 2020 was about getting punched in the gut by a health crisis on a scale not seen in more than 100 years, with independent community pharmacists trying to adapt on the fly on the front lines as health care providers, then 2021 was settling in for a long haul, but with glimmers of hope.

Looking back at 2020, a few positives occurred in December, with several COVID-19 vaccines being authorized on an emergency basis. That was the good news. The more challenging aspect was, at least early on, community pharmacies having difficulties obtaining vaccines when demand was at its peak. Once the supply issue eased, independent pharmacists went into action, vaccinating millions of patients.

Around the same time that the vaccines were being authorized, the Supreme Court gave community pharmacy an early Christmas present, on Dec. 10 issuing its landmark ruling in *Rutledge v. Pharmaceutical Care Management Association*, which upheld an Arkansas state law regulating the abusive practices of PBMs. Then, in November, the U.S. Court of Appeals for the Eighth Circuit handed down its decision in *PCMA v. Wehbi*, which held that states have wide-ranging authority to regulate other aspects of the relationship between PBMs and pharmacies.

“That was a really good result,” says Matt Seiler, NCPA vice president and general counsel, as it was a key test case after *Rutledge*.

Additionally, a new presidential administration took office, and NCPA’s advocacy team worked hard to develop relationships and gain face time with key cabinet and regulatory agency officials to explain the pressing issues facing independent community pharmacy and affect policy changes.

Thus 2021 began with some cautious optimism, while recognizing that huge challenges remained. All the while, community pharmacists stood ready to serve. To use an old cliché, when the going gets tough, the tough get going.

REFLECTING ON THE TIMES

A year ago, **Jim Hrcir**, owner of Las Colinas Pharmacy, Compounding & Wellness in Irving, Texas, was optimistic the pandemic would soon be winding down.

“My emotional state and that of my staff had been, ‘We got this’ when planning for a finite period of time,” he says. “With the resurgence of COVID through variant infections, I was forced to accept the alternate reality of a more prolonged pandemic and how to manage the fears and anxieties of our staff and patients.”

Jennifer Palazzo, owner of Flatirons Family Pharmacy in Longmont, Colo., says, “COVID has lasted longer than most of us anticipated, and it still feels unpredictable as we navigate vaccines, boosters, and new strains all while trying to return to some sense of normalcy.”

Jana Bennett, owner of Medicine Shoppe Pharmacy in Denton, Texas,

says nearly two years into the pandemic, she’s convinced more than ever that the profession is absolutely essential.

“How was whether or not community pharmacists are essential ever even a question? To anyone?” she says. “We have proven over the past couple of years that we belong on the team. Heck, the team might as well not even show up if we aren’t on the front line.”

Once COVID-19 vaccines were authorized, availability seemed to vary. Bennett says her pharmacy was lucky, as it was allocated 700 doses of Moderna in week two of the initial rollout, receiving it just before Christmas 2020.

“We weren’t expecting it so we had to scramble,” she says. “We were determined to make it an orderly process and we succeeded. I administered every dose of that first batch (except for my own dose) myself and by New Year’s Day, I was totally exhausted. We all were.”

But by the time the second doses were due four weeks later, Bennett says the billing had been figured out, the workflow was smooth, and five of her technicians had been APhA trained and had completed their CPR training and were certified immunizers.

“We had our scheduling portal chugging along without a hitch and we were setting the bar pretty high for how this whole thing should be done,” Bennett says. “We’ve never looked back. My technicians run the show now. It’s wonderful! And my technicians are so much happier and more fulfilled.”

For Hrcir, unfortunately the process wasn’t quite as smooth. He says the enrollment process to become

a vaccination site was frustratingly difficult and time consuming.

“Highly qualified independent pharmacies like ours were ready and willing to immediately help our communities, but we were often staged behind chain pharmacies lacking the personnel to administer the vaccines. When we finally started receiving vaccine orders, we were limited to small quantities which were administered immediately and were aware of huge wastages among big-box stores.”

Katie Bass, who owns two pharmacies, San Joaquin Pharmacy and Yosemite Pharmacy, in California’s Central Valley, says she signed up with the state and as a federal partner as soon as she could, adding that the state was quicker than the federal programs at getting them started in vaccinating. Bass attributes this to a good relationship with the local public health departments.

“Both my pharmacies are in rural areas, so it was helpful to the county to offer vaccines. When we first started vaccinating there was a supply issue, so we held large clinics on the weekend (around 300 doses),” she says. “It was definitely a scenario where as soon as we got them in, we had a clinic and were out of doses again. Our first two or three months of vaccinating were like this. My staff was amazing and was working six days a week to provide vaccines. As demand lessened, we worked them into our weekly workflow and did a max of 15-20 shots a day depending on the day of the week. My technicians are trained, and we have a great system in place now.”

Palazzo said her pharmacy was late to the game because its orders were continually rejected.

"It seemed other health entities in our state were getting priority over pharmacies," she says. "We were even featured on the news for our inability to get vaccines and all the requests we had to provide them."

Once the pharmacy did start receiving vaccines, Palazzo notes they got plenty and we were able to run many large community events to help people in the county get vaccinated.

"It was a truly rewarding experience for my staff, and they are to be commended on how hard they worked on this effort."

Amy Miller, owner of Lula Pharmacy and Foothills Gift Shop in Lula, Ga., says, "It was very stressful when the vaccines were hard to obtain. Many of my patients did not understand why the big chains could access the vaccine and their own pharmacy could not. As the year has progressed, we have implemented many safeguards for vaccine administration as our volume has increased."

PERMANENT CHANGES

When the full scale of the pandemic became understood, community pharmacies had to reorient their business and service models. Curbside delivery and touchless transactions became the norm. New protocols were put in place to protect both staff and patients. Medication synchronization programs were enhanced not only to help patients stay adherent to their medications, but as a way to reduce trips to the pharmacy, especially for those patients wary about venturing out. Virtual became a buzzword and a tool for pharmacist-patient consultation, and social media became more important than ever in keeping patients informed about products and services and any other important information.

There seems to be a greater awareness of pharmacist capabilities from the general public during the pandemic, and pharmacists would like to see some of the services they have been providing on an emergency basis be allowed after the pandemic, with greater integration into the health care universe as a provider (and being compensated appropriately for their work).

"I have learned that my patients crave communication that they can trust," Bennett says. "What started out as a sign-up form for COVID-19 vaccines on our website evolved into a sign-up form for a weekly(ish) newsletter that I send out to about 1,600 people. I use it to communicate all kinds of things to my patients and the feedback I've gotten from them has been phenomenal."

The consensus seems to be that the changes instituted with the pandemic will likely be permanent.

"I do think it will continue in that direction," Bass says. "I think everyone is much more cognizant of how easily we leave ourselves exposed to illness. I wouldn't be surprised if patient barriers, social distancing, and mask wearing become a more normalized feature of our culture."

Before vaccines were developed, independent pharmacists were given the opportunity to do COVID-19 testing in addition to other point-of-care testing offerings. There seems to be a greater awareness of pharmacist capabilities from the general public during the pandemic, and pharmacists would like to see some of the services they have been providing on

an emergency basis be allowed after the pandemic, with greater integration into the health care universe as a provider (and being compensated appropriately for their work).

"Pharmacists proved their value as providers during the pandemic," Hrnrcir says. "This makes me even more hopeful for recognition among major medical insurance payers as to value and reimbursement for pharmacist provider services."

Miller agrees. "At this time, it is very apparent that independent pharmacies have stepped up to take care of their communities," she says. "I wish that the government would recognize that and do what is necessary to rein in the PBM abuse."

OPPORTUNITIES

Nobody wanted a pandemic, but COVID-19 seemed to provide a creative boost for many independent pharmacies, as they were motivated to expand programs and provide more clinically-oriented patient service options.

"The pandemic has pushed me to practice at my top level. I am doing things that I probably wouldn't have

thought of doing pre-pandemic,” Bass says. “For example, testing and vaccinating for COVID have been a huge part of our pharmacy model. Those two services alone have brought in more patients than any amount of advertising we have done in the past. Patients come into the pharmacy for their booster or test and see the great service we offer and want to transfer their medications or get their other vaccines here.”

Hrncir says he purchased a strip-pack compliance packaging machine to help patients better manage their combined nutritional supplement and prescription medication regimens.

“Our patients feel strongly that ethical supplements support their health,” he says. “To aid them in their decision process, I researched and wrote short white papers.”

Hrncir also says that Las Colinas Pharmacy employs a service offered by Liberty Computer Systems that makes automated, prioritized supplement recommendations, including CBD, based on drug-induced nutrient depletions and support of medical conditions (ICD-10s).

“Supplement sales have blossomed based on increased patient demand and education,” Hrncir says. “We are expanding our med sync program into a much more extensive clinical follow-up program for many of the therapy choices we offer.”

Miller says her pharmacy tweaked a lot of what it was doing to accommodate COVID-19, including remodeling the pharmacy to allow better employee distancing and for more efficient curbside delivery, and have kept the improved efficiency practices.

“The advantage a small business has is that we can make adjustments on the fly,” she says. “We have tried many practices. Some were abandoned within a day or so. Some are still ongoing.”

Palazzo describes her business as “a very non-traditional hybrid pharmacy, so we are always introducing new programs.

“For us our main focus is growth in functional medicine and consults to help people take charge of their own health and wellness,” she says. “And in spite of the pandemic we have still been able to grow this business over the last two years and utilize virtual consults.”

Bennett says her mindset has shifted from “where can I find a new revenue stream” to “which of the many, many opportunities available to me do I want to add as my next great profit center? Do I want to offer boosters onsite to local businesses, do rapid COVID testing, offering monoclonal antibody treatment, oral COVID therapy ... the list is long and growing. The choice now becomes ours to make. Where do we want to focus our efforts? How hard do we want to work? How far are we willing to stretch our clinical muscles?”

The opportunities are just about endless.”

COUNTING BLESSINGS


For independent community pharmacy the last two years have been difficult, taxing, and stressful. But the commitment to service has not wavered.

“My faith in the compassion and courage of my staff was validated as we endured the longer than expected pandemic,” Hrncir says. “Sure, they had hard days and needed support but, by gosh, they showed up every day, worked extra hours without complaint when coverage was needed for each other’s sick days and despite it all, took great care of our patients.”

Bennett tries to emphasize the positive as well.

“What a great time to be a community pharmacist!” she says. “My days are filled with my team coming to me with new ideas and plans and patients wanting more and more clinical services. It’s still exhausting but in a new and exciting way!” ■

Chris Linville is managing editor of *America’s Pharmacist*®.



In the January 2021 edition of America's Pharmacist® we asked independent community pharmacists to reflect on 2020, a year that tested everybody, and pharmacy especially, in ways hardly imaginable. We revisited many of those same pharmacists and asked them to look back at where they were last year at this time, and how they forged ahead in 2021 to continue serving their patients' health care needs as the pandemic persisted. For a look back at where they were a year ago, visit bit.ly/pharmbreakout