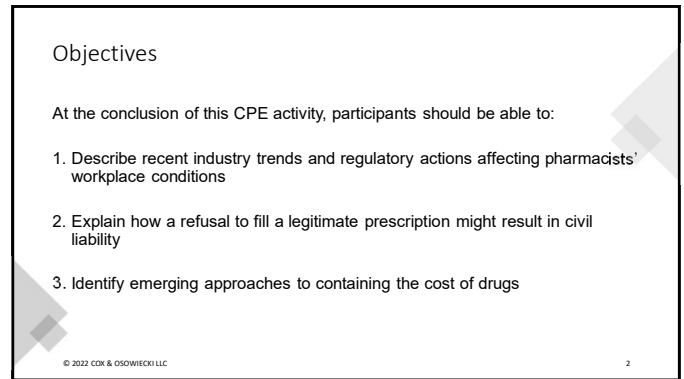
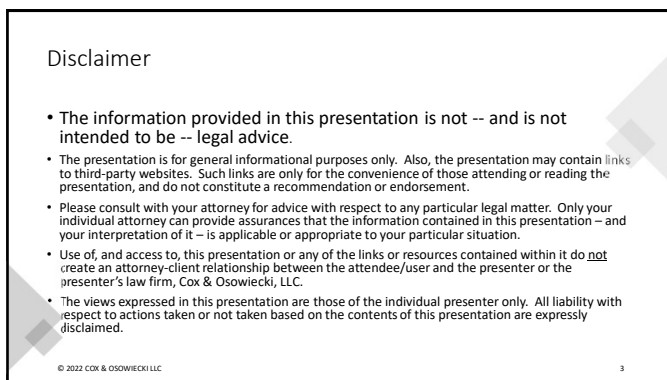


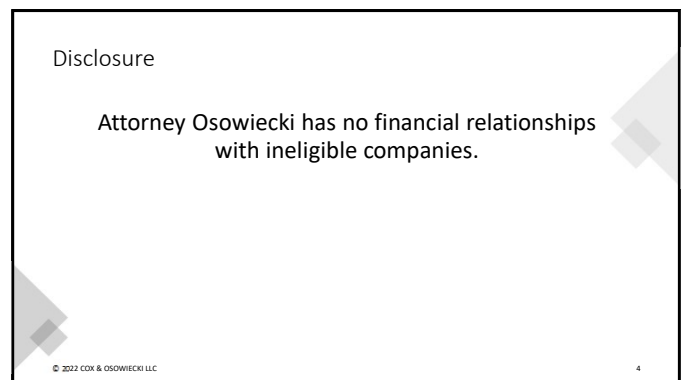
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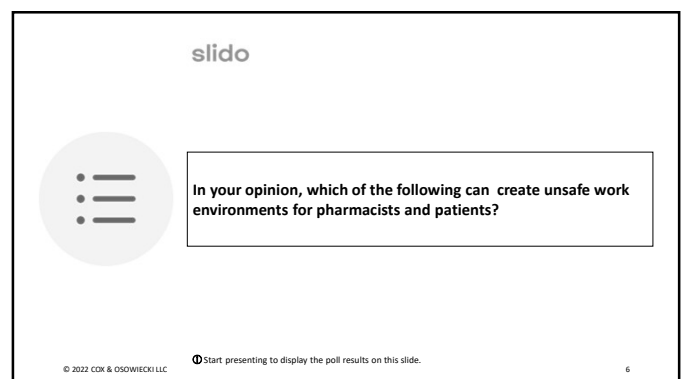
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6

Pharmacist Workplace Conditions – What do you think? (Select all that apply)

In your opinion, which of the following can create unsafe work environments for pharmacists and patients?

- High volume of prescriptions and corporate performance metrics (employer emphasis on speed)
- Inadequate technician staffing
- Pharmacist responsibilities in addition to dispensing and counseling (e.g., vaccination administration)
- Prior authorizations and other reimbursement tasks
- Patient & co-worker interactions

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slido

A pharmacist who is at risk for high distress according to the Mayo Clinic's "Well-being Index for Pharmacy Personnel" has a ___?___ higher risk of burnout.

Start presenting to display the poll results on this slide.

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Pharmacist Workplace Conditions – Impact on Burnout?

A pharmacist who is at risk for high distress according to the Mayo Clinic's "Well-being Index for Pharmacy Personnel" has a ___?___ higher risk of burnout.

- 2-fold
- 3-fold
- 5-fold
- 8-fold

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What is the State of Your Well-Being as a Pharmacist?

Recent research shows that over 60% of U.S. clinical pharmacists experience burnout. This distress is caused by a wide variety of systemic factors, including increased non-clinical duties, unachievable expectations, cumbersome technology, isolation, and others. Further research indicates that among health-system pharmacists surveyed, just 14.5% were aware of resources to help improve well-being at their organization.

Invented by MAYO CLINIC

Measure & Track Pharmacist Well-Being

The Pharmacist Well-Being Index is a validated self-assessment tool invented by Mayo Clinic that measures multiple dimensions of distress and well-being, including quality of life, fatigue, burnout, concern for a recent major medication error, and intent to leave the current job.

View validation & research articles

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The Mayo Clinic's Self Assessment Tool for Pharmacy Personnel
<https://www.mywellbeingindex.org/versions/pharmacist-well-being-index>

- Anonymous self-assessment tool
 - Individual doing self-assessment has to create an account
 - Having an account allows for repeated assessment
- Asks nine yes/no or slider questions
- Analysis provides comparison to national data
- Website also provides resources to help improve well-being

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Pharmacists at Risk for "High Distress"

- Mayo Clinic researchers found that pharmacists who are at a high risk for distress also have:
 - an 8-fold higher risk of burnout
 - a 3-fold higher risk of low quality of life
 - a 2.5-fold higher risk of high fatigue
 - a 2.5-fold higher risk of intent to leave their current job
 - a 2-fold higher risk of medication error

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Identifying and Measuring Pharmacist's Workplace Conditions

- In June 2021, APHA's President, Sandra Leal, PharmD, MPH, stated: "There is a direct relationship between workplace conditions and the ability of pharmacists to safely and effectively serve their patients."
 - Pharmacists and pharmacy personnel have expressed a desire to discuss and address workplace factors and concerns and possible solutions but do not do so because they are fearful of employer retribution
- In October 2021, APHA and NASPA launched "Pharmacy Workplace Well-being Reporting" (PWWR)
 - Confidential and anonymous reporting to the Alliance for Patient Medication Safety, a patient safety organization (PSO) that collects and analyzes data on the pharmacy workplace from pharmacists and other pharmacy personnel

Portal for reporting:
<https://survey.medicationsafety.org/index.php?r=survey/index&sid=159652&lang=en>


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PWWR Reporting and Analysis

- Accepts both positive and negative reports from pharmacy personnel across all settings
- Uses a federal PSO, which provides some confidentiality and privilege protections from subpoenas and depositions in legal proceedings
- Periodically issues analysis of aggregated, de-identified data
 - Analyses generated are NOT survey results
 - The reports can be accessed at www.pharmacist.com/pwrr
 - 3rd (and most recent) report issued August 2022

Period	Completed Submissions This Period	Cumulative Submissions Since Inception (October 2021)
10-6-2021 thru 12-10-2021	440	440
12-11-2021 thru 1-9-2022	528	968
1-10-2022 thru 8-11-2022	173	1141



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PWWR Insights from Latest Reporting Period

Negative experiences vastly outnumber positive experiences (~14:1)

Most common negative experiences reported concerned:

- Staffing/scheduling (129)
- Volume/workload expectations (126)
- Working conditions (104)
- Pharmacy metrics (98)

Notably, very few reports were about medication error or patient harm (13)

PWWR also includes data from reports of harassment in the following categories

- Verbal/emotional** (33) most instances were by patients/customers (but sometimes managers and coworkers)
- Sexual** (2) few reports, but all identified the source of harassment as a manager
- Physical harm – threatened or actual** (8) patients/customers were responsible for 2/3 of the reported harassment
- Discrimination or microaggression based on race, ethnicity, or gender** (14) only one patient/customer was the harasser; all others were manager/coworkers

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Chicago Tribune "Watchdog" Article [December 15, 2016]

The Chicago Tribune "tested" 255 pharmacies to see how often stores would dispense risky drug pairs without warning patients.

"Pharmacies miss half of dangerous drug combinations"

- Story link: www.chicagotribune.com/news/watchdog/druginteractions/ct-drug-interactions-pharmacy-met-20161214-story.html
- Direct link to video: <http://www.chicagotribune.com/news/media/92128156-132.html>

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How the pharmacies performed

The Tribune tested Chicago-area pharmacy chains as well as independent pharmacies. The list was compiled as a list of the store did not warn about the drug interaction and did not try to discuss it with the prescribing physician.

Pharmacy	Failure rate	Fails/tests
Independent pharmacies	72%	23/32
CVS/pharmacy	67%	18/30
Target*	62%	8/13
Walgreens	60%	18/30
COSTCO	60%	18/30
All chains combined	49%	159/223
Walmart*	43%	13/30
Avant/Disco	43%	13/30
MARLBOROUGH	37%	11/30
Walgreens	30%	9/30

*Reporters stopped testing at Target after its pharmacies were acquired by CVS
 Kyle Benfer/Chicago Tribune

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Why the "Failures"?

- "It is difficult to say why so many pharmacists failed the same test, but interviews and studies point to a possible explanation: the emphasis on speed."
 - The Tribune found that pharmacists frequently race through legally required drug safety reviews — or skip them altogether. According to Illinois law, pharmacies are required to conduct several safety checks, including whether the dose is reasonable and whether the medication might interact with other drugs the patient is taking.
 - Many pharmacists blamed volume of prescriptions and corporate performance metrics: "You get stressed, and it takes your mind away from the actual prescriptions," said Chuck Zuraitis, head pharmacist at a CVS in south suburban Park Forest and a union steward for Teamsters Local 727, which represents 130 CVS pharmacists in the Chicago area.

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Consequences
of the
"Watchdog"
Story? New
Rules in Illinois

**Illinois Department of Financial and Professional Regulation
Division of Professional Regulation**

Frequently Asked Questions (FAQs) on New Patient Counseling Rules

Effective August 18, 2017, the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation ("Division") adopted new rules related to patient counseling that will affect your practice of pharmacy. In mandating patient counseling on all new prescriptions, patients receive greater protection against potential problems associated with medications. A direct pharmacist-patient encounter also provides the pharmacist one final opportunity to ensure the patient is receiving the appropriate medication. Signage notifying patients of their right to counseling encourages participation in meaningful dialogue.

Answers to Frequently Asked Questions (FAQs) about these changes are provided below. These FAQs are NOT a substitute for reviewing the law in its entirety. For more information, please visit the "Laws and Rules" section of the Division's Pharmacy Home Page. [Link to FAQs](#).

1. When is a pharmacist, or student pharmacist directed and supervised by the pharmacist, required to counsel a patient?

Answer: A pharmacist, or student pharmacist directed and supervised by the pharmacist, must provide verbal counseling on pertinent medication information:

- Prior to dispensing a prescription to a new patient of the pharmacy; and
- Prior to dispensing a new medication to an existing patient of the pharmacy; and
- Prior to dispensing a medication where the dose, strength, route of administration, or directions for use has changed for an existing prescription previously dispensed to an existing patient of the pharmacy.

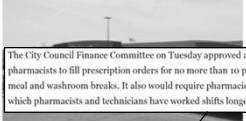
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More Consequences?

Chicago pharmacists NOT allowed to fill prescriptions for more than 10 patients per hour

Chicago moves closer to easing pharmacist workload



The City Council Finance Committee on Tuesday approved a measure that would allow Chicago pharmacists to fill prescription orders for no more than 10 patients per hour, as well as guaranteeing meal and washroom breaks. It also would require pharmacies to post a list in plain sight showing which pharmacists and technicians have worked shifts longer than eight hours.

By Ray Long and Steve Rife
CHICAGO (AP) —

Chicago has scored a step closer to placing more restrictions on pharmacist workloads in a bid to improve medication safety.

The City Council Finance Committee on Tuesday approved a measure that would allow Chicago pharmacists to fill prescriptions orders for no more than 10 patients per hour, as well as guaranteeing meal and washroom breaks. It also would require pharmacies to post a list in plain sight showing which pharmacists and technicians have worked shifts longer than eight hours.


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A Wave of Closures Has Left Some Neighborhoods in a "Pharmacy Desert"

Researchers point to a growing trend: fewer pharmacies in black and Latino communities, which could lead to a wider public health crisis.

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Even More Consequences?

<https://www.chicagomag.com/city-life/October-2017/A-Wave-of-Closures-Has-Left-Some-Neighborhoods-in-a-Pharmacy-Desert/>

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Pharmacist Workplace Concerns and Impact on Patient Safety

01/31/2020 – New York Times

"I am a danger to the public working for CVS," one pharmacist wrote in an anonymous letter to the Texas State Board of Pharmacy in April.

"The amount of busywork we must do while verifying prescriptions is absolutely dangerous," another wrote to the Pennsylvania board in February. "Mistakes are going to be made and the patients are going to be the ones suffering."



How Chaos at Chain Pharmacies Is Putting Patients at Risk


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Recent Research on Pharmacist Workplace Conditions

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9031369/>

- Jan-Jun 2019: Tennessee Board of Pharmacy surveyed actively licensed, practicing pharmacists
- Obtained 1,391 responses representing ~10.5% of the actively practicing licensed pharmacists in Tennessee
 - Most respondents were staff pharmacists or pharmacists-in-charge in community settings
- Adequate staffing for patient safety?
 - 23.2% community chain pharmacists agreed
 - ~55% of inpatient pharmacists agreed
 - 88% independent community pharmacists agreed
 - 95% of compounding pharmacists agreed




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Conclusions of Tennessee Survey/Study

"Our study focused specifically on perceptions of the workplace and patient safety. **It is unclear if pharmacists' perceptions reflect reality** (i.e., the perceived unsafe workplace is indeed unsafe as evidenced by higher error rates, lesser quality patient care, and vice versa)."




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02/11/2022

CVS Health to give pharmacists dedicated lunch break

Beginning Feb. 28, several CVS Pharmacy locations will close for lunch in order to give their pharmacists an uninterrupted break.

 Sandra Levy
Senior Editor

It's no secret that pharmacists have been tasked with additional duties amid the lingering pandemic.

CVS Health is aiming to ease their workload during the day with a new initiative set to begin very soon.

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Recent Regulatory Actions and Lawsuits

<https://www.wcax.com/2022/07/05/vt-regulators-file-charges-against-walgreens/> (07/05/2022)

VT Regulators file charges against Walgreens

Regulators in Vermont have filed charges against Walgreens over allegedly creating unsafe work environments in many stores for pharmacists and patients. The charges were brought by Vermont Office of Professional Regulation, which cited 70 different violations at 32 locations and requested the state Board of Pharmacy to have the stores reprimanded, their licenses revoked or suspended, and discipline the entire chain. Vermont Deputy Secretary of State Chris Winters said, "This is massive [in] scale and the number of complaints and the number of pharmacies implicated." The state said some Walgreens stores would close without notice because of staffing and other reasons, while some pharmacies operated without a pharmacist manager. Winters said, "We changed the law in 2020-2021 to allow for charges against the actual pharmacy corporation itself, the chain itself. We did it because we did a survey in 2020 that looked at working conditions in pharmacies across the state of Vermont." He added the state was already examining Walgreen's conditions prior to 2020 and the onset of the COVID-19 pandemic worsened existing issues. Winters said the charges against Walgreen's were filed on June 21 and Walgreens has 20 days from then to respond.

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October 26, 2022

Walgreens Sharpens Focus on Patient Care and Experience, Eliminating Task-Based Metrics for Pharmacy Staff Performance Reviews Chainwide

Company takes another significant step to create a differentiated working environment


SHARE



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Which of the following are TRUE? (select all that apply)

Start presenting to display the poll results on this slide.

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Pharmacist's Refusal to Fill a Prescription – What do you think?

Which of the following are TRUE? (select all that apply)

- A pharmacist may always decline to fill any prescription that, in the pharmacist's professional judgment, is inappropriate
- A pharmacist has a duty to refuse to fill a prescription that the pharmacist determines is illegitimate
- A pharmacist has the right to decline to fill any prescription that offends the pharmacist's morals or religious beliefs
- Some States specifically allow pharmacists to refuse to dispense contraceptives

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Dobbs v. Jackson Women's Health Organization

142 S.Ct. 2228 (2022)

6-3, opinion by Justice Alito on June 24, 2022

Holding: The Constitution does not confer a right to abortion; *Roe v. Wade* and *Planned Parenthood of Southeastern Pennsylvania v. Casey* are overruled; the authority to regulate abortion is returned to the people and their elected representatives

- Roe* and *Casey* were both grounded on the Constitution's Due Process Clause found in the 14th and 5th Amendments (i.e., before government can deprive an individual of life, liberty or property, there must be "due process" of law)
 - Due process can be "procedural" or "substantive"
 - Roe* balanced right to privacy vs woman's health & safety vs potential life of the fetus using "viability" (trimesters of pregnancy)
 - Casey* affirmed viability test, but also said "no undue burdens" on woman's right to have an abortion
- Underpinning *Roe* and *Casey* was *Griswold v. Connecticut*, which found a substantive right to "privacy" under the due process clause of the Constitution
 - Griswold*, decided in 1965 (7-2, opinion by Justice Douglas), struck down an 1879 Connecticut law that banned the use of any drug, medical device, or other instrument that furthered contraception
 - Griswold* held that the Constitution protected a marital privacy right against state restrictions on contraception
 - Griswold* is also important basis for:
 - Lawrence v. Texas* (striking down same-sex sodomy law applied to consensual adult sexual conduct in privacy of home)
 - Obergefell v. Hodges* (recognizing fundamental right to marry and giving equal protection to same sex couples)

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Implications of *Dobbs* and Other Laws (“Conscience Clauses”) adopted since *Roe*

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Since *Roe* was decided in 1973, many states have enacted laws that allow healthcare providers to refuse to provide reproductive health services, in particular related to:

- Abortion
- Contraception
- Sterilization

As of 11/01/2022:

- **46 States** allow individual healthcare providers to refuse to provide abortion services
- **Six States** explicitly allow pharmacists to refuse to dispense contraceptives (six more have broad refusal clauses that may apply)

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<https://www.hhs.gov/civil-rights/for-individuals/special-topics/reproductive-healthcare/pharmacies-guidance/index.html>
Issued July 13, 2022



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office for Civil Rights**

Guidance to Nation’s Retail Pharmacies: Obligations under Federal Civil Rights Laws to Ensure Access to Comprehensive Reproductive Health Care Services

Pharmacies—and the pharmacists they employ—play a critical role in the American health care system. This has never been more apparent than the efforts taken to administer vaccines during the COVID-19 pandemic, for which your continued partnership has been crucial.¹ As our nation faces another significant health care crisis, this guidance is to remind the roughly 60,000 retail pharmacies in the United States² of the unique role pharmacies play in ensuring access to comprehensive reproductive health care services. This guidance covers the nondiscrimination obligations of pharmacies under federal civil rights laws.

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OCR gives examples of prohibited discrimination related to pregnancy

Examples:

- An individual experiences an early pregnancy loss (first-trimester miscarriage) and their health care provider prescribes pretreatment with aspirin/ibuprofen followed by treatment with aspirin to assist with the passing of the miscarriage.¹¹ If a pharmacy refuses to fill the individual’s prescription—including medications needed to manage a miscarriage or complications from pregnancy loss, because these medications can also be used to terminate a pregnancy—the pharmacy may be discriminating on the basis of sex.
- An individual experiences severe and chronic stomach ulcers, such that their condition meets the definition of a disability under civil rights laws. Their gastroenterologist prescribes aspirin to decrease risk of serious complications associated with ulcers. If the pharmacy refuses to fill the individual’s prescription or does not stock aspirin/ibuprofen because of its alternate uses, it may be discriminating on the basis of disability.
- An individual presents to a hospital emergency department with chills, fever, and vaginal bleeding. The treating physician diagnoses a miscarriage complicated by a uterine infection (known medically as a septic abortion) and orders an antibiotic. If the hospital pharmacy refuses to provide the antibiotic required for treatment because of concerns that subsequent care may include uterine evacuation (via medical or surgical abortion), the pharmacy may be discriminating on the basis of sex.
- An individual who has been undergoing fertility treatments receives a positive pregnancy test. After the individual expresses concern with symptoms associated with an ectopic pregnancy,¹² their medical provider performs an ultrasound to determine where the pregnancy is developing. The ultrasound indicates the fertilized egg is growing in a fallopian tube. The medical provider orders methotrexate to halt the pregnancy. If a pharmacy refuses to fill the prescription because it will halt the growing of cells and end the pregnancy, it may be discriminating on the basis of sex.
- An individual with rheumatoid arthritis, such that their condition meets the definition of a disability under civil rights laws, is prescribed methotrexate by their physician’s assistant as a standard immunosuppressive treatment. If the pharmacy refuses to fill the individual’s prescription or does not stock methotrexate because of its alternate uses, it may be discriminating on the basis of disability.

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Andrea Anderson v. Aitkin Pharmacy Services, LLC dba Thrifty White Pharmacy; George Badeaux
No. 01-CV-19-1198, (Minn. Dist. Ct., 2022)

- Prescription for emergency contraception sent to pharmacy in Minnesota
- Pharmacist declined to fill based on his religious “beliefs” that the emergency contraception prescribed was an abortifacient
 - Pharmacist did not provide any alternative for filling the prescription
- 1999 Minnesota Board of Pharmacy newsletter described that pharmacist has an obligation to fill legitimate prescriptions, but noted an exception with prescriptions for emergency contraception. Minnesota pharmacist may refuse to fill, but must provide immediately available alternative staff or a pharmacy to dispense.
- Patient finally located a pharmacy 50 miles away that would fill the prescription
- Patient sued, alleging discrimination in violation of the Minnesota Human Rights Act
- Jury decided that there was no discrimination
- BUT the jury also awarded \$25,000 for emotional distress inflicted on plaintiff by pharmacist’s refusal to fill and failure to provide an alternative for immediate access to the emergency contraception

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Salier v. Walmart, Inc., No. 22-CV-0082 (PIS/ECW) (D. Minn. Aug. 19, 2022)

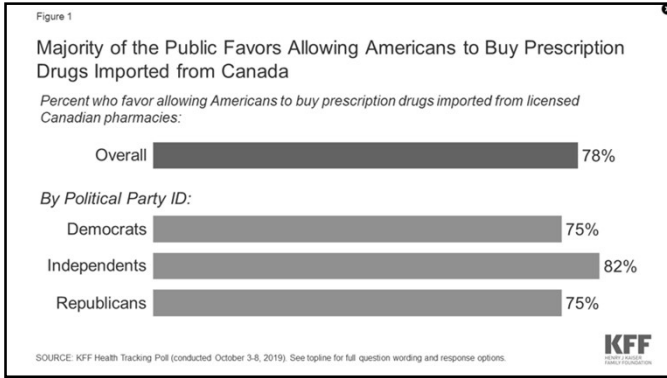
- In October 2021, Plaintiffs (in Minnesota) became ill with COVID-19. Treating physician (in Missouri via telemedicine) prescribed ivermectin & hydroxychloroquine.
- Walmart and Hy-Vee pharmacists refused to fill the prescriptions based on corporate policy and their professional judgment
- Plaintiffs sued alleging:
 - Violation of “common law right to self-determination”
 - Intentional infliction of emotional distress
 - Tortious interference with “contract” because refusal to fill impeded prescriber’s performance of obligations to provide “medical treatment to the best of [prescriber’s] knowledge, skills, ability, and experience.”
- Case dismissed August 19, 2022

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Inflation Reduction Act of 2022

Includes several provisions intended to reduce prescription drug costs for Medicare patients, including:

- Federal government negotiation of prices for some drugs covered under Medicare Part B and Part D with the highest total spending (beginning in 2026)
- Drug company rebates to Medicare if prices rise faster than inflation (beginning in 2023)
- Caps on out-of-pocket spending for Medicare Part D enrollees (beginning in 2024)
- Limits on monthly cost sharing for insulin to \$35 for people with Medicare (beginning in 2023)
- Elimination of cost sharing for adult vaccines covered under Medicare Part D; improved access to adult vaccines in Medicaid and CHIP (beginning in 2023)
- Expanded eligibility for full benefits under the Medicare Part D Low-Income Subsidy Program (beginning in 2024)
- Further delays implementation of the Trump Administration's drug rebate rule (beginning in 2027)

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"Price Disruptors"

— Mark Cuban

How are your prices so cheap?

Our prices are the true cost to get each medication from the manufacturer to you. We cut out the pharmacy middlemen and negotiate directly with manufacturers to get the best possible price. Then, we show you exactly how much you're paying for us to keep our business running and how much it will cost to prepare and ship your prescription.

We cut out the pharmacy middlemen

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CASH-ONLY

"Honest Rx"

"Honest Rx" in Staunton, Virginia - <https://youtu.be/8t7vP441mg4>

- Does NOT accept discounts or insurance of any kind
- Model: "Non-brand" drugs sold to patients at Wholesale Cost + 20% + \$6.50 dispensing fee
- Frequently asked patient question: "Is it legal to not accept insurance?"

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340B: The Unintentional Hospital and Pharmacy Profit Stream That Was Supposed to Help Patients

"They have really endless resources": Big Pharma spending \$263M to keep drug prices high

PBMs are inflating the cost of pharmaceuticals. They must be reformed.

Insurance Coverage and PBMs

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Upgrading Specialty Pharmacy Terminology for Medication Delivery and Drug Therapy Management

White Bagging

A specialty pharmacy ships a patient's prescription directly to the provider (Hospital or Clinic).

Transposition of drug problematic: Drugs can be sent from anywhere, arrive late, etc. Issue is fragmentation of care and negative patient experience. Multiple steps in the process.

Brown Bagging

The practice of patients requesting pharmaceuticals through their pharmacy benefit and bringing the drug to a physician's office or hospital to have them administered.

No longer legal in most places. Multiple failure points.

Clear Bagging

A health system's internal specialty pharmacy fulfills the patient's prescription, then transports the product to the location of drug administration. Effectively eliminates transparency among stakeholders.

Functional solution but lacks holistic healthcare approach; wedge movement only.

Gold Bagging

Incorporates transparent clear bagging approach AND emphasizes the gold standard of care. Committed to changing gold model performance through improved care process leading to better patient outcomes.

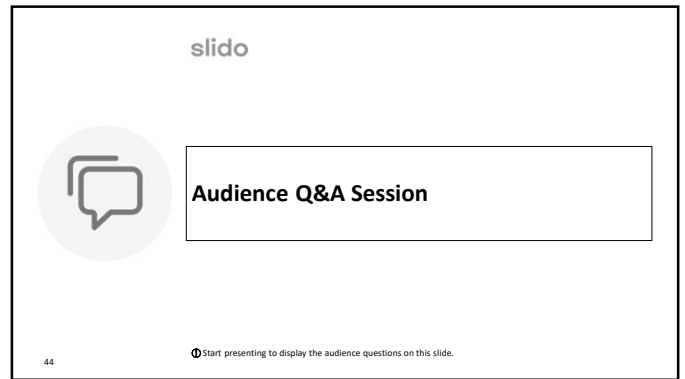
Robust, best practice approach. SP dispenses drug from their inventory to their clinic for their patient. More controlled, fewer failure points, greater transparency and EMR/ELR enabled and updated. Promotes health equity. Gold Bagging acknowledges essential value in the pharmacy process steps, which are typically not reimbursable. Clinical pharmacy steps include lab value monitoring and decide reduce prescription.

HOSP

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