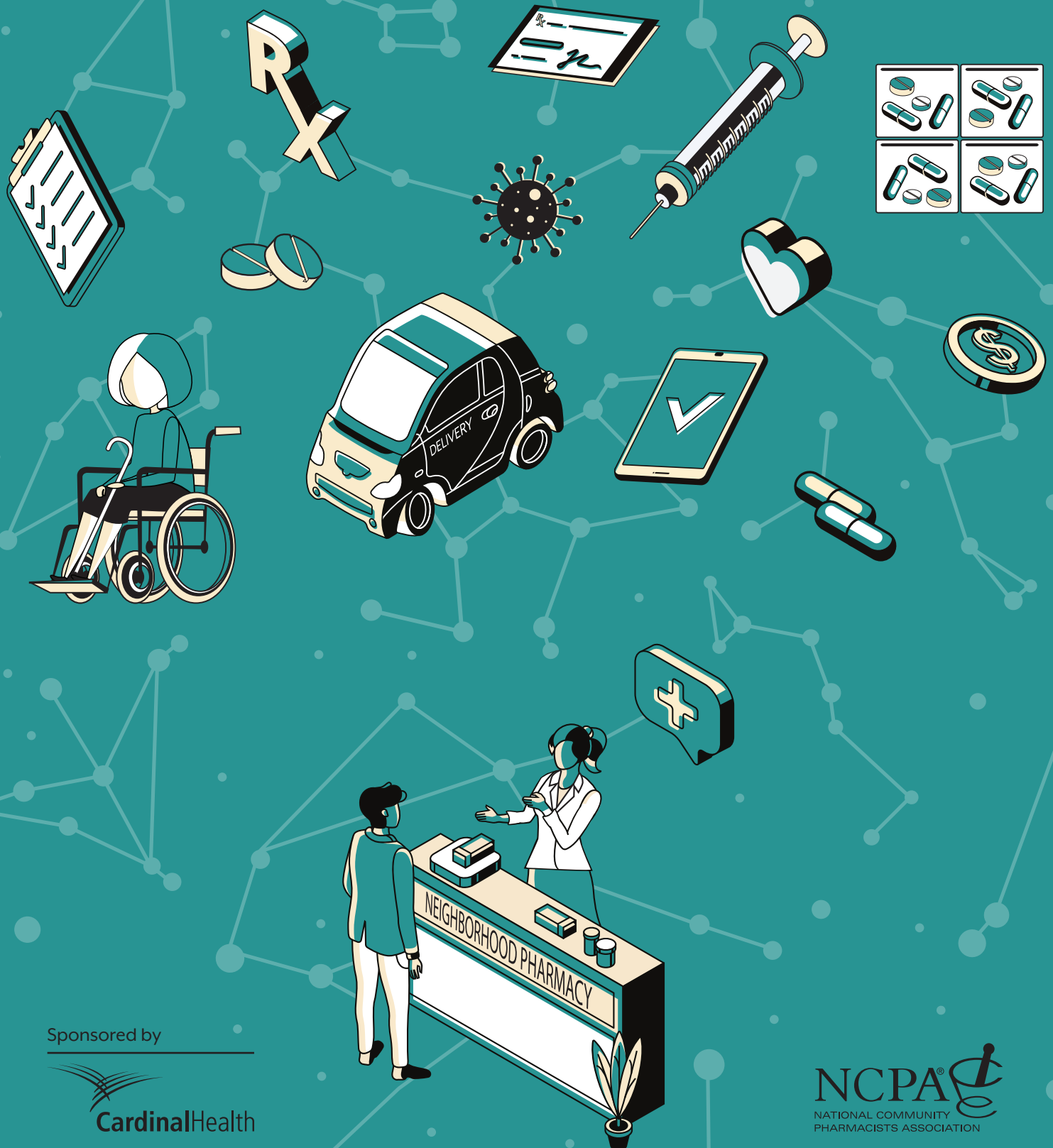


# 2020 NCPA DIGEST



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# ***NCPA DIGEST,***

## **SPONSORED BY CARDINAL HEALTH**

### **NATIONAL COMMUNITY PHARMACISTS ASSOCIATION**

#### **THE VOICE OF THE COMMUNITY PHARMACIST®**

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Dear reader:

For many communities, independent pharmacies are the practice site of the only health care professional, providing a patient safety net for millions of Americans. For these and all communities across America it is not unusual for patients to see their pharmacist more than they see their primary care doctor. These pharmacists are doing more than managing medications for their patients, they are on the front lines focusing on the chronic conditions of patients who need the most help and who cost the health care system the most money. They are taking the fight to COVID-19 by expanding home delivery, adopting curbside service, compounding hand sanitizer, and answering questions from anxious patients.

To continue the fight, pharmacists are evolving their pharmacies to create health care centers that are invaluable to all in their community, and especially to those who benefit the most from personalized care that addresses their needs. As you will read in this year's *Digest*, entrepreneurial pharmacy owners are helping millions of consumers by creating services for the unique needs of their communities.

The COVID-19 pandemic has magnified the importance of pharmacies to their communities. These locally owned small businesses are well positioned to play a major role in allowing Americans to get back to their daily routines and helping the economy thrive. These pharmacies are also in areas where health care options are limited. In fact, an NCPA analysis shows 20.5 percent of United States ZIP codes that currently have a retail pharmacy only have an independent pharmacy to serve the community.

Expanding the supply of recognized health care providers to include pharmacists is not enough to solve the health care problems facing the nation. Properly compensating pharmacists for the services they provide is the final piece of the puzzle that brings high quality health care to all Americans at an affordable price. This requires changing the pharmacy payment model from the current system that is confusing, complex, convoluted, and restricts compensation for value, into a model that is transparent, simple to understand, fair, and compensates for value. Changing the pharmacy

payment model is not just about the need to change how prescriptions are reimbursed. It is also about ensuring pharmacies are paid for the services they are providing, which research shows improves patient health outcomes.

The National Community Pharmacists Association and Cardinal Health are proud to bring you the 2020 *NCPA Digest*, the foremost compendium of data on independent community pharmacy. It is an important tool for pharmacy owners to test the strength of their business, for industry stakeholders seeking industry metrics, and for NCPA's advocacy work to pave the way for a future with strong independent pharmacies. Cardinal Health continues to support the *NCPA Digest*, demonstrating a commitment to independent pharmacy owners who care for their communities. Thriving, successful pharmacies mean healthier, happier lives for Americans.

Sincerely,



B. Douglas Hoey, RPh, MBA, CEO  
National Community Pharmacists Association



Debbie Weitzman  
President  
Pharmaceutical Distribution  
Cardinal Health

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## Foreword

This year's *NCPA Digest*, sponsored by Cardinal Health, is being published during the COVID-19 pandemic, which is proving to be a time filled with new challenges and opportunities. The financial pressures on independent community pharmacy continue to mount at the same time the health care system is realizing the potential contribution of pharmacists to improve care and lower total health care costs. This annual report on the state of independent community pharmacy continues to document current data and identify trends year over year.

For years, the *Digest* has shown how independent community pharmacies have evolved beyond a place for patients to get prescriptions filled to a health care destination for wellness. These data are relied upon by a diverse audience, including media and policymakers, to understand independent community pharmacy's place in the health care marketplace.

This year's publication continues to follow an easy-to-use format that includes information regarding:

- **Financial trends.** Information showing average sales, cost of goods sold, gross profit, and payroll expenses trended over 10 years.
- **The marketplace.** Information regarding employment trends among pharmacists and technicians, the number of retail pharmacies nationally, as well as pharmacist interactions with physicians.
- **Patient care services.** Charts that provide information about the services offered by independent community pharmacies, including point-of-care-testing, medication adherence, medication therapy management, and compounding.
- **Wellness services.** Charts that provide information highlighting the important health role of independent community pharmacies, including immunizations, blood pressure monitoring, diabetes training, lipid monitoring, and osteoporosis screening.
- **Emerging models of care.** Trend analysis on the number of pharmacies that have collaborative practice agreements, have access to electronic medical records, or participate in a transitions-of-care-program. These enhanced services are helping owners differentiate their pharmacies in local markets and become better integrated in the overall health care system.
- **Technology trends.** Information about trends in technology resulting as independent community pharmacies find new and innovative ways to increase their productivity and differentiate themselves from their competition.
- **Third-party prescriptions.** Statistics about third-party prescription activity including Medicare Part D.
- **COVID-19 surveys.** Information quantifying the impact the pandemic has had on independent community pharmacy.
- **Community involvement.** Data showing the strong bond independent neighborhood pharmacies form with their local communities. Statistics include the number of community organizations to which independent pharmacies provide monetary support, and local organizations of which pharmacy owners are members.

The *NCPA Digest*, sponsored by Cardinal Health, could not be published without the cooperation of hundreds of independent community pharmacies that confidentially completed the *Digest* survey. NCPA and Cardinal Health would like to thank those that provided financial data to make this year's *Digest* possible. Data for the *NCPA Digest*, sponsored by Cardinal Health, are obtained via fax, electronic surveys, and Excel worksheets sent to independent community pharmacies across the United States. Survey data are compiled and analyzed by NCPA, and the results are assessed for accuracy by the researchers at the University of Mississippi. The *Digest* is provided through the financial support of Cardinal Health.

# Executive summary



**Table 1:** Independent pharmacy at a glance

Year	2019
Average number of pharmacies in which each independent owner has ownership	2.1

Average number of prescriptions dispensed per pharmacy location	
New prescriptions	27,920 (48.6%)
Renewed prescriptions	29,493 (51.4%)
<b>Total prescriptions</b>	<b>57,414 (100%)</b>
Average prescription charge	\$55.86

Percentage of total prescriptions covered by	
Government program (Medicaid or Medicare Part D)	55%
Other third-party programs	35%
Non-third-party	10%

The *NCPA Digest*, sponsored by Cardinal Health, provides an annual overview of independent community pharmacy, including a 10-year lookback at sales and profitability.

In 2019 independent community pharmacy represented a \$73.7 billion marketplace, with 94 percent of sales for independents derived from prescription drugs. Net margins on prescription drugs continue to be slim due to third-party payer and government contracts that lack transparency on reference prices, performance incentives, and network access (DIR) fees. Independent pharmacies are responding to low reimbursements by forming networks of clinically integrated pharmacies to demonstrate their ability to provide high quality care and value to health insurers.

NCPA members remain interested in starting pharmacies from scratch, but the number of startups was smaller than closings



and the number of independent pharmacies has declined from 21,767 to 21,683 (Table 5, page 9). The approximately 200,000 full-time-equivalent workers employed in these stores stimulate local economies, pay state and local taxes, and provide high quality services that make a difference in the daily lives of patients. An overview of the average independent community pharmacy is provided in Table 1, on page 5.

In general, the average independent community pharmacy location dispensed 57,414 prescriptions (184 per day) in 2019, a decrease from the 58,823 prescriptions dispensed in 2018. Preferred or narrow networks and mandatory mail order may have contributed to a steady decline of prescription volume in these independent pharmacies.

Many independents continue to operate multiple pharmacies. Thirty percent of independent community pharmacy owners have ownership in two or more pharmacies and the average number of pharmacies in which each independent owner has ownership is 2.1.

Data for the *Digest* have been collected for over 80 years, providing the opportunity to look at long-term trends for independent community pharmacies. Tables 2 and 3 show the recent financial trends:

- Average sales in 2019 per location were \$3,399,691, a decrease of \$84,758 from 2018.
- Gross profit margin was essentially flat, with a negligible increase

of .2 percent in 2019. Simultaneously, gross profit in terms of dollars fell by roughly \$10,975. Falling gross profit is mostly the result of below-cost reimbursement in public and private third-party contracts combined with unpredictable pharmacy direct and indirect remuneration fees in Medicare Part D.

- Payroll expenses decreased from 13.2 percent in 2018 to 13.1 percent in 2019.
- In 2019, pharmacists saw their hourly wages fall for the first time since 2014. The average pharmacist earned \$58 per hour in 2019, a decrease of 82 cents from the previous year (Table 7, page 12). Nationally, the number of pharmacies has been shrinking and when combined with an abundance of pharmacy graduates, downward pressure on pharmacy wages is to be expected.
- In 2019, 37 percent and 18 percent of prescriptions in independent community pharmacies were covered by Medicare Part D and Medicaid, respectively. These government programs continued to account for more than half of all prescriptions sold in independent community pharmacies. (Table 1 and Table 15. See pages 5 and 16, respectively.)

Independent community pharmacies continued to lead the way in innovations that define the future of pharmacy practice. As Medicare Part D and other payers focus on quality of medication

use, independent community pharmacists are providing the patient care services to ensure optimal medication therapy. Neighborhood pharmacists are accessible and have the expertise to manage drug therapies. They are finding ways to be part of health care teams managing chronic patient care and facilitating transitions of care as patients move from inpatient to ambulatory settings. These small businesses not only affect their local communities by providing high quality care, but they also generate jobs and tax revenue and play a major role through civic contributions:

- Fifty-eight percent of independent community pharmacies provide monetary support to five or more community organizations. Twenty-eight percent of pharmacies provide support to between five and nine organizations, with an additional 30 percent providing support to 10 or more organizations. Fifty percent of owners provide more than \$3,000 per year in monetary support to community organizations.
- Fifty-nine percent of pharmacies have an owner and/or employee that is a member of the chamber of commerce and six percent of all stores have an owner and/or employee who holds an elected local or state office (Figure 5, page 21).
- Ninety-one percent of independent pharmacies are offering some type of medication adherence





**Table 2:** Average annual sales (in thousands) per pharmacy location, 10-year trend

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
\$4,022	\$3,831	\$3,854	\$3,893	\$3,622	\$3,678	\$3,619	\$3,540	\$3,484	\$3,400

**Table 3:** Averages of pharmacy operations, 10-year trend

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Sales	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Cost of goods sold	76.0%	77.1%	76.8%	76.7%	77.1%	77.7%	77.9%	78.2%	78.2%	78.0%
<b>Gross profit</b>	<b>24.0%</b>	<b>22.9%</b>	<b>23.2%</b>	<b>23.3%</b>	<b>22.9%</b>	<b>22.3%</b>	<b>22.1%</b>	<b>21.8%</b>	<b>21.8%</b>	<b>22.0%</b>
Payroll expenses	14.5%	13.4%	13.7%	13.4%	13.0%	12.8%	13.1%	13.0%	13.2%	13.1%

- program, an increase from 74 percent five years ago. Improving medication adherence aligns the interest of patients, payers, pharmacists, and plans.
- Seventy-seven percent of *Digest* pharmacies offer a mobile app, 47 percent have mobile commerce/signature capture, and 93 percent use a Facebook page to establish an interactive web presence with their patients and customers (Tables 13 and 14, page 16).
- Independent community pharmacists have proven throughout the years that they are resilient and will modify and reinvent their practices to adapt to economic challenges. They will continue to define the future of pharmacy by timely innovation and exceptional customer service. Most importantly, they continue to be vital health care providers to patients and dynamic leaders in communities of all sizes, including key locations in rural and underserved areas.

## Methodology

Independent community pharmacy owners who have completed at least one full year of operations were invited to participate in this study. Pharmacy owners or their designees were asked to complete the surveys. NCPA has exercised the utmost professional care in compiling the information received. While we have tested the information for clerical accuracy, the data supplied were not necessarily based on audited financial statements. NCPA does not make any assurances, representations, or warranties with respect to the data upon which the contents of this report were based. The information is provided for general education and information purposes only and is not an endorsement or recommendation by Cardinal Health or NCPA of any of the featured products or services. Although the content is based on reliable sources, the sources have not been fully examined or updated. Thus, neither Cardinal Health nor NCPA warrant that the information presented is accurate, current, or applicable for a particular use and accepts no responsibility or liability with respect to such information. The information on which the 2019 portion of the study is based was from the calendar year of Jan. 1, 2019 through Dec. 31, 2019. Results from prior issues of the *Digest* have been incorporated with the 2019 results to facilitate assessing industry trends.





## The independent community pharmacy marketplace



Independent community pharmacies are all privately held small businesses, but they vary in practice setting. They include single and multiple store operations. At the end of the first quarter of 2020, there were 21,683 independent community pharmacies. Independent community pharmacy continues to represent a significant portion of pharmacies in the United States.

It is important to note that no single pharmacy chain has more stores than all independents combined, which represent 35 percent of all retail pharmacies in the U.S. and a \$73.7 billion marketplace.

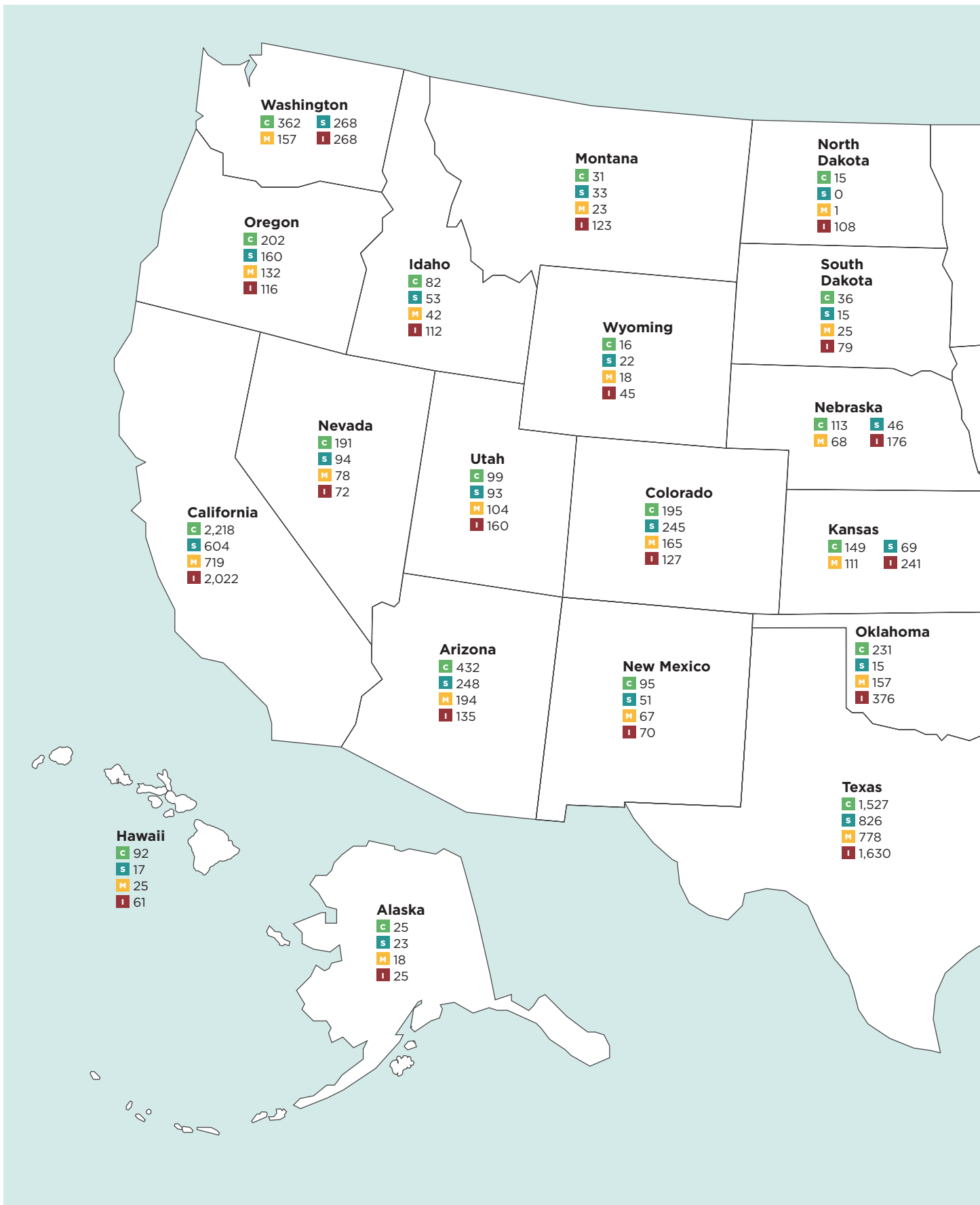
**Table 4:** Pharmacy staff positions

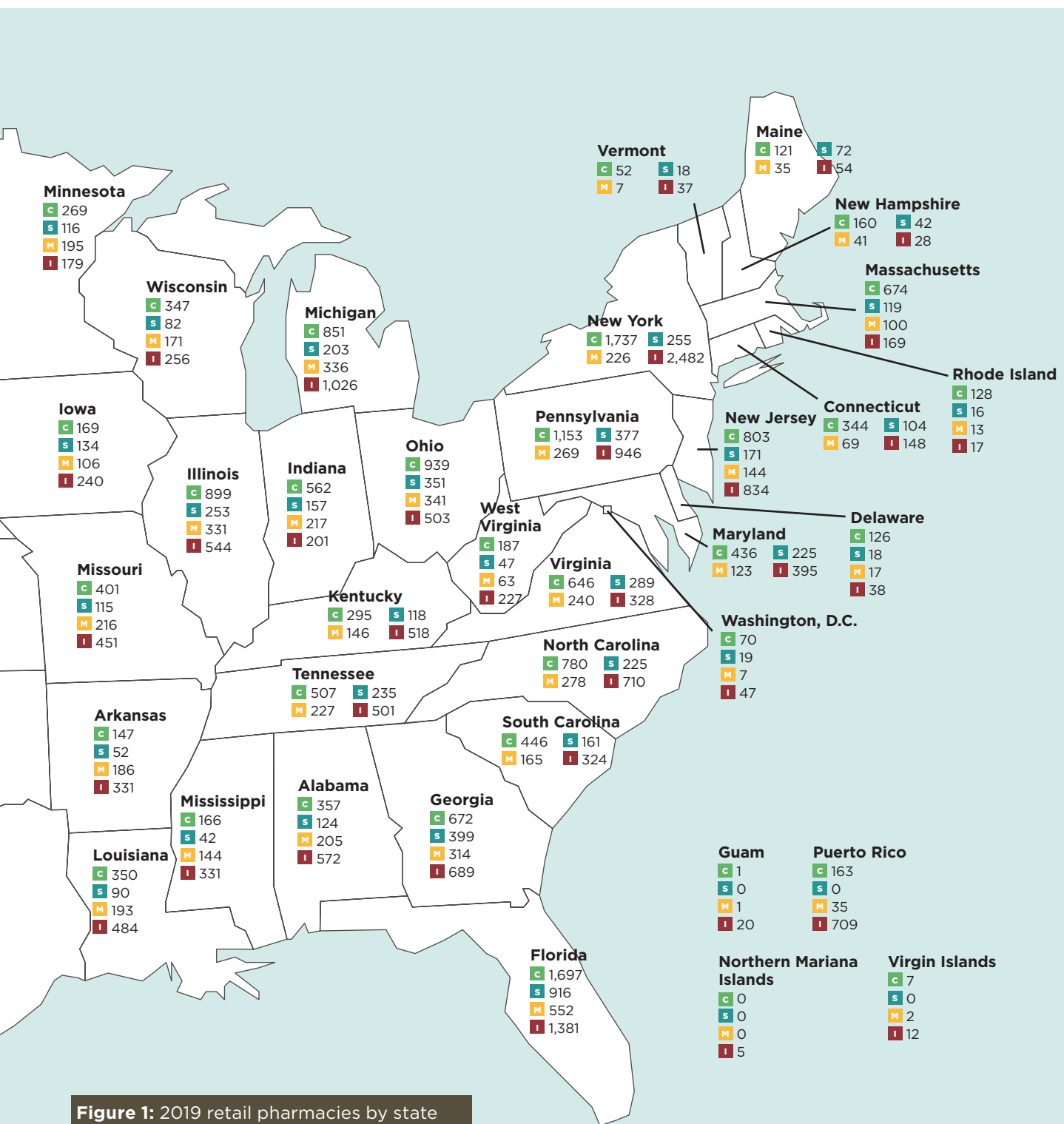
	2016	2017	2018	2019
Non-owner pharmacists	1.6	1.5	1.4	1.2
Technicians	3.1	3.3	3.4	3.5
Other positions	3.4	3.2	3.3	3.3
<b>Total non-owner employees</b>	<b>8.1</b>	<b>8</b>	<b>8.1</b>	<b>8</b>
Working owners-pharmacists and other positions	1.3	1.3	1.2	1.2
<b>Total workforce (full-time employees)</b>	<b>9.4</b>	<b>9.3</b>	<b>9.3</b>	<b>9.2</b>

**Table 5:** Pharmacy practice settings

	2015	2016	2017	2018	2019
Independents	22,160	22,041	21,909	21,767	21,683
Traditional chains	22,164	22,400	22,720	22,812	22,773
Supermarket	8,208	8,402	8,618	8,523	8,427
Mass merchant	8,477	8,640	8,873	8,698	8,597







**Figure 1: 2019 retail pharmacies by state**

#### LEGEND

- C Traditional chain
- S Supermarket
- M Mass merchant
- I Independents

Source: NCPA analysis of NCPDP data and NCPA research

Other notable characteristics about independent community pharmacies:

- Between 2014 and 2019, the generic dispense rate increased from 80 percent to 86 percent. Independent community pharmacies continue to lead the way in promoting lower-cost generic drugs over their higher-cost branded counterparts.
- In 2019, independent pharmacy owners on average employed 9.2 full-time equivalent employees per location, a slight decrease from the previous year (Table 4, page 9).
- Hourly wages for technicians and clerks/cashiers were up in 2019. Technician wages increased by 44 cents per hour to \$16.00. Clerk/cashier wages increased to \$11.90, and staff pharmacist wages decreased by 82 cents to \$58.00 per hour.
- The cost of dispensing for the average independent community pharmacy is \$10.93, up from \$10.85 in 2018.
- In 2019, 85 percent of independent community pharmacies identified their primary pharmacy operation as retail pharmacy and eight percent identified as an apothecary. Seven percent identified their primary pharmacy operation as compounding, LTC, or specialty.
- Thirty-nine percent of independent pharmacies are located within a stand-alone building and 22 percent are

**Table 6:** Primary type of pharmacy operation

Full line pharmacy	85%
Apothecary	8%
Compounding	3%
LTC	3%
Specialty	1%

**Table 7:** Average hourly wages

	2015	2016	2017	2018	2019
Pharmacist	\$55.89	\$57.21	\$58.10	\$58.82	\$58.00
Technician	\$14.37	\$14.87	\$15.05	\$15.56	\$16.00
Clerk	\$10.46	\$10.95	\$11.05	\$11.37	\$11.90

located on a “main street.” An additional 22 percent and 12 percent are located within a shopping center/strip mall or within a medical building/clinic, respectively. The remaining independent pharmacies are located within a grocery store or some other location.

- Thirty-eight and a half percent of independent community pharmacies are located in an area with a population of less than 20,000. These community pharmacies are providing vital services to very rural areas. The same

percentage is located in areas with a population between 20,000 and 50,000. Collectively, 77 percent of independent pharmacies are serving areas with a population less than 50,000.

- The majority (62.8 percent) of independent community pharmacies are organized as a small corporation (S-Corporation), followed by 21.2 percent which are a limited liability corporation (LLC). A little over nine percent are organized as a C-Corporation.





## Pharmacists as health care providers

Independent neighborhood pharmacies are continuing to expand from being a place to get prescriptions to a true health care destination in their community. With the rising costs of medical care and community pharmacists being the most accessible health care provider, the public is seeking to get more of their health care needs met in the high-value, convenient neighborhood pharmacy. Some of the first expansions beyond traditional dispensing were services associated with prescription medications, such as serving patients in LTC facilities and the more recent medical at home services. Also related to medications, pharmacists have made medication adherence services a core competency of their practice.

Beyond the prescription, independent community pharmacies are offering, and patients are utilizing, more health care services related to identifying, preventing, and managing acute and chronic health care conditions. The majority of pharmacies are involved in administering flu vaccines and are increasingly expanding that service into other immunizations at a steady pace. Point-of-care testing continues to grow as a service the public can conveniently access at a local community pharmacy. Immunizations and testing are proving to be tremendously valuable to the nation's efforts to address the COVID-19 pandemic. Importantly, these efforts demonstrate the potential of engaging the nation's independent community pharmacies in new ways.

This evolution of pharmacists into health care providers who do more than fill prescriptions is highlighted by the 56 percent increase in the number of pharmacies scheduling patient appointments for pharmacy services, from 36.4 percent in 2014 to 57.5 percent in 2019. The following pages show some of the top patient care services that independent pharmacies are providing their patients.

### LONG-TERM CARE SERVICES

Independent community pharmacists are true partners with staff in LTC facilities in caring for the nation's roughly 52 million seniors. Pharmacists provide medications and medication-related care for seniors in skilled nursing facilities, assisted living facilities, group homes, hospice, and home-based



care. They also provide specific services needed by many seniors, such as nutrition assessment and support, home infusion therapy, durable medical equipment, ostomy supplies, and pain management.

By building local relationships, independent community pharmacists provide needed services and improve their business financially. In 2019, 47 percent of independent community pharmacists provided LTC services to their patients and serviced an average of 59 beds for skilled nursing facilities.

### ADHERENCE SERVICES

Costs associated with chronic illness are a major driver of rising health care costs in America. For most of these chronic illnesses, medications are the most cost-effective course of treatment, yet many patients don't take their medication as prescribed.

To help combat the economic cost of the non-adherence problem in the U.S. and improve patient health, 91 percent of independent community pharmacies now offer comprehensive adherence programs, with nearly 79 percent offering medication synchronization services. Supporting patient adherence has become a core competency of independent community pharmacy.

The appointment-based model for medication synchronization is the process of aligning all of a patient's medications to come due on the same day of each month, coupled with a mini medication reconciliation a few days prior. Patients and pharmacies benefit from med sync programs. The med sync appointment date is used as a plan for a pharmacy visit, making note of any outstanding questions or clinical issues and maximizing the opportunity to provide beneficial pharmacy services. Ninety-four percent of independent community pharmacies offering med sync services report synchronizing all chronic medications to a single monthly pick-up date and 61 percent report calling patients 4-10 days in advance of the monthly pick-up date.

### SUPPORTING EMERGING MODELS OF CARE

To support their entry into emerging models of care, independent community pharmacies are integrating with other health care providers in new ways. Forty-three percent of pharmacists have a collaborative practice agreement with a physician, and 15 percent have access to electronic medical records (Table 10). One in five pharmacies report employing or contracting with a non-pharmacy

**Table 8:** LTC beds/patients served by type of facility

Type of facility	Average number of beds in 2019
Skilled nursing facility	59
Assisted living	138
Residential facility	85
Correctional facility	55

**Table 9:** Services included in medication synchronization

	2018	2019
All chronic medications synchronized to a single monthly pick-up date	94%	94%
Pharmacist meets with patient as needed to review medication use	58%	59%
Patient is called 4 to 10 days in advance of the monthly pick-up date	60%	61%
Patient is called the day before the pick-up date	34%	31%
Med sync optimized geographically for delivery service	18%	25%

### PATIENT CARE SERVICES HIGHLIGHTS

- Table 11 shows that the top patient care services offered are medication therapy management (79 percent) and compounding (49 percent). These services provide a competitive advantage for independent community pharmacy.
- As the population of Medicare beneficiaries grows, pharmacies are also increasing services to the elderly such as medical at home services and ostomy supplies.

### WELLNESS SERVICES HIGHLIGHTS

- Vaccines are one of humankind's greatest inventions, preventing infections that once caused significant morbidity and mortality. Pharmacy is playing an increasingly visible role in immunization administration. Seventy-seven percent of community pharmacies offer flu shots and 73 percent offer other types of vaccines. Patients will likely turn to their neighborhood pharmacist for insight on coronavirus vaccine safety and efficacy and to obtain immunization, when available.
- Pharmacies that offer lipid monitoring and blood pressure monitoring catch patients at risk of cardiovascular disease because high cholesterol and high blood pressure are often present without symptoms. These same services help patients and prescribers evaluate the effectiveness of prescription therapies.
- Diabetes can be associated with severe complications on its own, but it is also a risk factor for cardiovascular disease. Thirty percent of pharmacies offer diabetes training to help patients with prediabetes or diabetes learn to manage their blood glucose with diet, exercise, and prescription drugs when prescribed. Read more about the National Diabetes Prevention Program on page 15.

health care professional in their practice (community health worker, nutritionist, physician's assistant, nurse practitioner, registered nurse, respiratory therapist, registered dietitian, or other). Pharmacists are part of the health care team providing innovative services, transitions of care, and patient education.

## POINT-OF-CARE TESTING

As the emphasis on preventative care continues to grow, pharmacists are finding more opportunities to offer point-of-care testing. Offering these services provides opportunity for pharmacies far beyond the revenue generated from this service. Pharmacy-based point-of-care testing helps build a relationship based on trust between the patient and the pharmacist. The top four point-of-care services provided are influenza (22 percent), rapid strep (19 percent), cholesterol screening (12 percent), and hemoglobin A1C (9 percent). Although it's not reflected in the 2019 data, in the months leading up to the October 2020 publication of the *Digest*, scores of pharmacies have obtained a CLIA certificate of waiver to be prepared to offer point-of-care testing for the 2019 novel coronavirus (SARS-CoV-2) and SARS-CoV-2 antibodies.

## NATIONAL DIABETES PREVENTION PROGRAM

One in three Americans has prediabetes. While prediabetes is often asymptomatic, common comorbidities and complications of prediabetes may lead individuals to seek the advice of their pharmacist. The National Community Pharmacists Association, building on its strong network of community pharmacies, its experience activating diabetes self-management education and

**Table 10:** Emerging models — enhanced services pharmacies

	2017	2018	2019
Collaborative practice agreements	33%	39%	43%
Access to electronic medical records	24%	24%	15%
Community pharmacy residency program	8%	5%	6%
Transitions of care program	11%	8%	8%
Implemented convenient care clinic	3%	2%	4%

**Table 11:** Summary of patient care services offered

	2017	2018	2019
Medication therapy management	79%	77%	79%
Compounding	60%	56%	49%
Durable medical goods	53%	53%	53%
Ostomy supplies	37%	32%	28%

**Table 12:** Summary of wellness services

	2017	2018	2019
Immunizations (flu)	70%	76%	77%
Immunizations (non-flu)	n/a	69%	73%
Blood pressure monitoring	57%	57%	54%
Diabetes training	35%	33%	30%
Smoking cessation	24%	23%	22%
Asthma management	16%	13%	12%
Weight management	12%	11%	9%
Lipid monitoring	7%	7%	6%

support programming within the independent community pharmacy setting, and its strong partnerships with other National Diabetes Prevention Program champions, will implement a new and creative solution that builds upon established research around the National DPP, the role of community pharmacies as important health care, and the need for easily accessed community support to achieve the goals of the National DPP lifestyle change program.

Lifestyle change programs offered through the National DPP are designed to help participants make lasting behavior changes such as eating healthier, increasing

physical activity, and improving skills to cope with stress. Community pharmacies are in an ideal position to deliver and expand the National DPP.

NCPA, in collaboration with the Association of Diabetes Care & Education Specialists and OmniSYS, has launched a new Centers for Disease Control and Prevention-funded initiative to address the financial burdens associated with pharmacies obtaining recognition and get more pharmacies offering National DPP to their patients. NCPA has recruited 18 pharmacies to participate in this project.



## Technology trends

Technological innovation in pharmacy continues to advance, offering pharmacy owners the opportunity to dramatically improve business efficiency while at the same time personalizing the patient experience. The first wave of innovation included the use of computerized records and real-time claims billing. The second wave is improving accuracy, workflow, and inventory management. Now, the Pharmacist eCare Plan is on the crest of the next wave which will be interoperable health records seamlessly connecting patients and the members of their care team.

### HIGHLIGHTS

- Point-of-sale systems, telephone integrated voice response, and mobile commerce/signature capture are important tools pharmacy owners use to streamline workflow. These technologies improve pharmacy efficiency and reduce operating expenses, providing a boost to profits and better care for patients. Eighty-nine percent of pharmacies use point-of-sale technology. Fifty-two percent and 47 percent utilize telephone IVR systems and mobile commerce/signature capture devices, respectively.
- Independents continue to grow their use of social media platforms such as Facebook and YouTube. These platforms allow neighborhood pharmacies to easily communicate with their patients and advertise for new business. Ninety-three percent of independent pharmacies utilize Facebook, 18 percent have a Twitter account, and 77 percent offer a mobile app.

**Table 13:** Percentage of pharmacies utilizing workflow technologies

	2017	2018	2019
Point of sale	87%	89%	89%
Automated dispensing counter	60%	64%	66%
Telephone IVR	51%	53%	52%
Mobile commerce/signature capture	44%	40%	47%
Automated dispensing system	30%	29%	28%

**Table 14:** Social media

	2018	2019
Facebook	90%	93%
Mobile app	75%	77%
Twitter	18%	18%
YouTube	4%	6%

## Third-party prescriptions

Public and private payers account for 90 percent of all prescription drugs dispensed. In many cases these payers pay below-cost reimbursement, and pose additional challenges to independent pharmacy as well. Forcing patients to use a specific chain pharmacy, mandatory mail order, and steering patients taking specialty medications are just few examples of how these payers contribute to the negative growth in prescription volume at independent pharmacies. Changing the third-party payment model to one that is transparent, fair, simple to understand, and compensates for value is essential to the long-term viability of independent pharmacy.

**Table 15:** Summary of third-party prescription activity

	2015	2016	2017	2018	2019
Medicaid	17%	16%	17%	17%	18%
Medicare Part D	35%	36%	36%	37%	37%
Other third-party	39%	39%	36%	37%	35%
Non-third-party	9%	9%	11%	9%	10%

### HIGHLIGHTS

- Medicare Part D and Medicaid cover 37 percent and 18 percent of prescriptions, respectively, filled in the average independent community pharmacy. With over half of the prescriptions filled by independents being paid for by a government program, the reimbursement strategies of government programs significantly affect the financial viability of independent community pharmacy.
- Ten percent of prescriptions are paid by cash customers, indicating that there is a significant portion of patients who depend on independent community pharmacists to work with them and their physician to identify the most cost-effective, affordable medication therapy.

# Community pharmacy in the age of COVID-19

Since the early spring of 2020, independent pharmacies have been on the front lines of the historic COVID-19 pandemic. Many of their stories were featured in national and local news stories for the work they were doing in their communities to treat patients and provide crucial supplies to first responders and others. NCPA sought to quantify the impact of the pandemic on their businesses with a series of surveys that we have used to inform our advocacy and education efforts.

Between April 9 and Aug. 27, 2020, NCPA conducted a series of surveys of 10,000 members focusing on COVID-19.

## HIGHLIGHTS

### **How are community pharmacies positioned to deliver COVID-19 tests and vaccines?**

Key findings include:

- Eighty-six percent of respondents plan to administer a COVID-19 vaccine when available.
- Seventy percent currently provide immunizations in locations other than their stores, including businesses, schools, places of worship, community centers, prisons, LTC facilities, and other locations.
- Fifty-one percent of respondents want to offer COVID-19 tests but currently are not doing so for multiple reasons.
- The three most frequently cited reasons for why respondents are not offering COVID-19 tests are:

- Cannot obtain point-of-care test kits
- Waiting for point-of-care test kits to be authorized by the FDA
- Concern that third-party reimbursement will not cover their costs
- Seventy-nine percent of respondents serve communities with fewer than 50,000 residents.

### **How has the COVID-19 pandemic changed the practice of pharmacy and pharmacy customer behavior?**

Key findings include:

- Sixty-one percent of community pharmacists anticipate that more pharmacies will be offering point-of-care testing for various illnesses, including COVID-19.
- Sixty-one percent believe that consumer demand for online products will remain high even after the crisis abates.
- More than 82 percent expect expanded home delivery and curbside services, even after the pandemic abates.
- Nearly 60 percent believe they will keep the plexiglass barriers that they installed to protect patients and employees.
- More than 60 percent say pharmacy staff will continue to wear masks, gloves, and other protective equipment.
- Nearly 40 percent believe telehealth will expand.

### **What should Congress do to protect/assist community pharmacies as they continue operating as essential health care providers during the pandemic?**

Key findings include:

- Ninety-nine percent said Congress must protect independent pharmacy from frivolous lawsuits resulting from the coronavirus pandemic.
- Seventy-two percent of independent pharmacies are concerned about being named in a COVID-19 lawsuit.

### **How is the COVID-19 crisis affecting the business of pharmacy, and are community pharmacists applying for and receiving federal assistance under the CARES Act?**

Key findings include:

- Nearly 90 percent of community pharmacies will apply for small business federal aid under the CARES Act relief legislation to help them get through the coronavirus storm.
- Eighty-five percent of independent pharmacies report seeing an increase in the number of products reimbursed below acquisition cost since March 1, forcing them to dispense more prescriptions at a loss.
- Sixty-six percent are experiencing negative cash flow issues as pharmacy direct and indirect remuneration fees, decreasing reimbursement, and coronavirus-related expenses make it difficult to stay in business.

## Plan sponsors and payers find success contracting with CPESN networks

As America's first accountable pharmacy organization, CPESN® USA continues to lead the way in securing direct contracts between plan sponsors or other payers and community-based pharmacies providing locally-delivered patient care. To date, over 70 national or local network contracts have been signed and are active.

The demand for local roots in the community, local relationships, and local patient engagement has never been greater.

Local CPESN networks continue to expand across the country. Eleven states have over 100 participating pharmacies. Twenty-seven networks have over 40 pharmacies, earning them a seat on the CPESN governing board of managers. The momentum continues to build.

Visit [cpesn.com](https://cpesn.com) to learn more.

CPESN networks as of Sept. 1, 2020

- 2,621 dedicated and capable pharmacies
- 49 local networks in 45 states across America
- More than 75 percent of the country covered by hand delivery to the home
- 34.6 million rural Americans cared for by CPESN pharmacies
- 422,572 total Pharmacist eCare Plans transmitted by 1,968 CPESN pharmacies
- 18 technology providers with Pharmacist eCare Plan capabilities
- More than 100 value-based contracting opportunities for CPESN networks
- Most CPESN pharmacies with contracts have generated four-figure revenue, some with five- or six-figure revenue

**Figure 2:** CPESN networks as of Sept. 1, 2020





## NCPA research: Independent community pharmacy as safety net providers in rural and medically underserved communities

According to research published in *JAMA Network Open*<sup>\*</sup>, Medicare patients see their local community pharmacist significantly more frequently than their primary care physician (annually an average of 13 visits versus 7, respectively). Community pharmacies are generally more accessible than the doctor's office, and in thousands of communities, the community pharmacist is the only accessible health care provider. Community pharmacists are doing more than managing medications for their patients. They are forging stronger relationships with their most vulnerable patients by helping them manage their chronic conditions. They are creating clinically integrated networks of pharmacy providers that are integrating with their local health care team. They also play a major role in their community through their civic contributions.

Many of these pharmacies are in areas where health care options are limited. In fact, according to NCPA research, 20.5 percent of United States ZIP codes that currently have a retail pharmacy only have an independent pharmacy to serve the community. Most of these ZIP codes are located in rural or medically underserved communities.

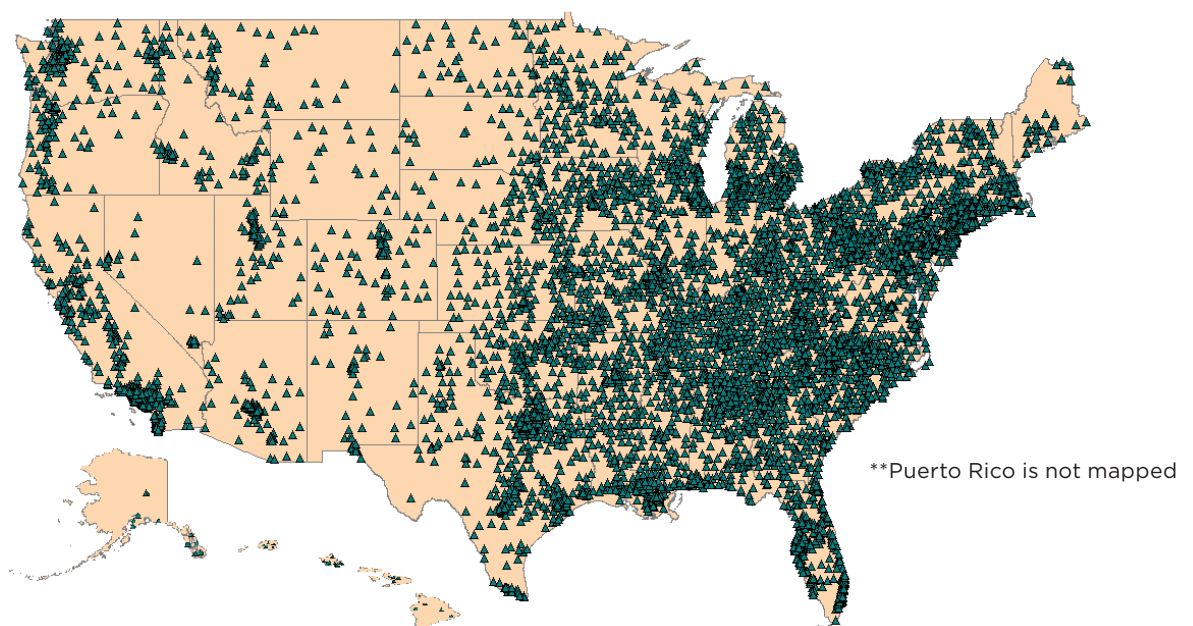
Pharmacies that immunize will be critically important to the national effort to battle COVID-19. The administration's Operation Warp Speed plans to develop and distribute 300 million doses of vaccine by January 2021. Without independent pharmacies, especially those in underserved communities, that ambitious goal will be difficult to reach. Overall, 77 percent of independents provide flu immunizations.

Of the rural ZIP codes that have a pharmacy, 60 percent have an independent pharmacy that immunizes. Twenty-nine percent have an independent pharmacy that immunizes where there are no chain pharmacies in that ZIP code.

Of the medically underserved ZIP codes with a pharmacy, 52 percent have an independent pharmacy that immunizes, and 15 percent have an independent pharmacy that immunizes where there are no chain pharmacies in that ZIP code.

Fifty-two percent of ZIP codes located in rural or medically underserved areas have an independent community pharmacy that immunizes. Figure 3 below shows where these pharmacies are located nationwide.

**Figure 3:** Independent pharmacies that immunize:  
*both rural and medically underserved areas\*\**



<sup>\*</sup>[jamanetwork.com/journals/jamanetworkopen/fullarticle/2768247](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768247)

## A snapshot of community pharmacy in America

**Figure 4:** Full-line independent community pharmacies\*



85%

of the respondents to the 2020 NCPA Census consider themselves full-line pharmacies\*

*Here is what these full-line pharmacies are offering...*



92%

provide **WOUND CARE** products

**MEDICATION  
ADHERENCE/  
SYNCHRONIZATION**



services are provided by

92%



76%

offer **HOME/WORK SITE DELIVERY**



**HEMP-BASED  
PRODUCTS**  
are offered by

71%



78%

offer **COMPLIANCE  
PACKAGING**



80%

give **FLU IMMUNIZATIONS**

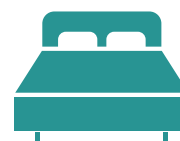


43%

have **COLLABORATIVE PRACTICE  
AGREEMENTS** with physicians

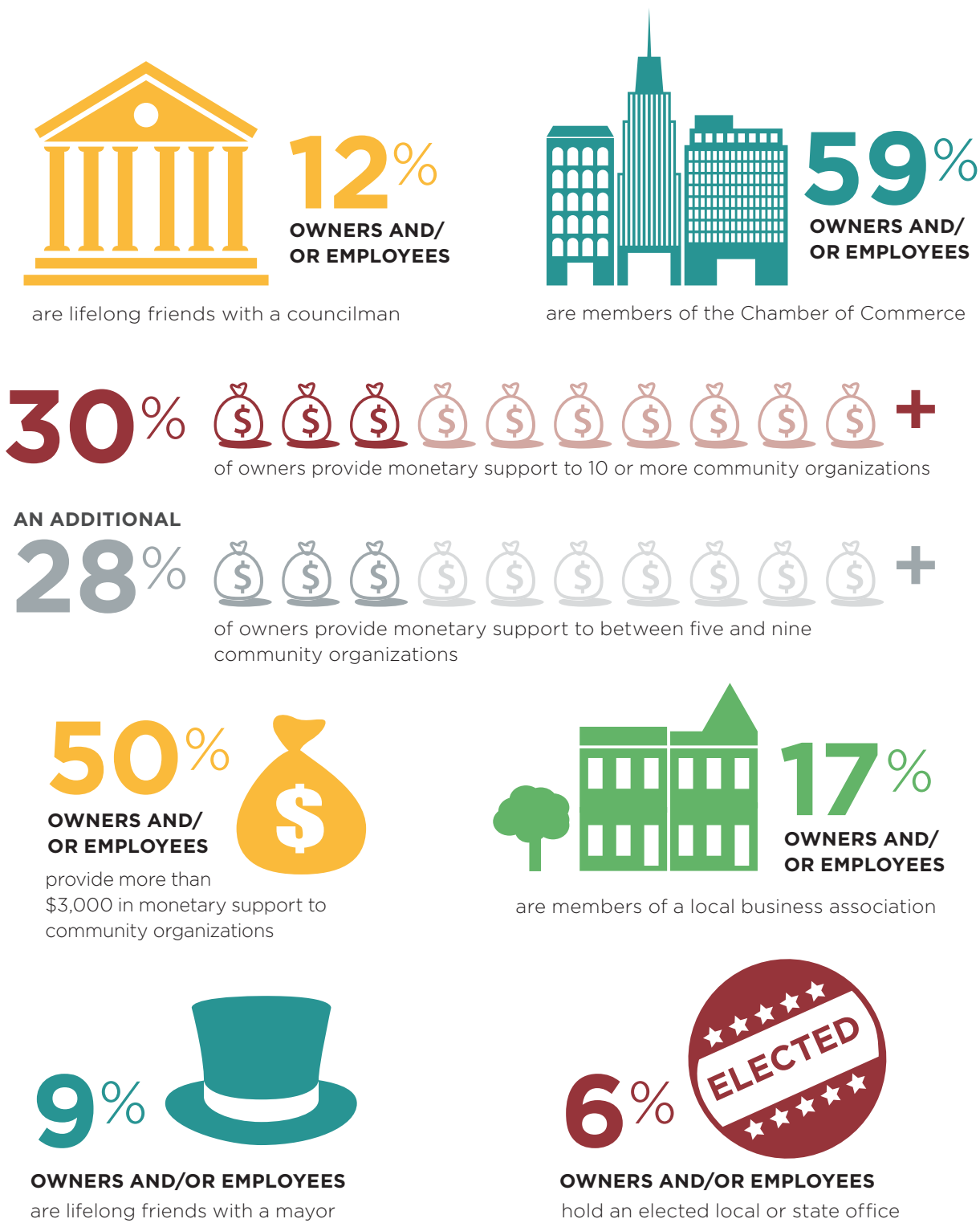
46%

care for **LTC**  
patients



\*The 2020 *NCPA Digest* findings are based on pharmacies that self-identify as full-line, apothecary, compounding, long-term care, or specialty stores. These data are for the full-line stores only.

**Figure 5:** Local roots of community pharmacy owners and employees



# 2020 NCPA PROFILES





## LIMA'S PROFESSIONAL PHARMACY | EUREKA, CALIF.

Perhaps the biggest selling point for independent pharmacy is its accessibility and personalized service. For Lima's Professional Pharmacy in Eureka, Calif., it's a no-brainer as a marketing pitch.

"You're not a number at Lima's – we know your name," says **Ramona Lima**, who has owned the pharmacy with her husband Robert for 23 years. "You are going to be a number at mail order. Are you okay with that relationship when it comes to your health? All we can do is educate patients and remind them that they have a choice."

Lima's Professional Pharmacy offers the standard retail prescriptions typical of most independent pharmacies, but Lima, like many of her independent colleagues, knows that path isn't sustainable.

"With less reimbursement, you have to re-invent yourself," she says. "Because we started a long time ago, we are able to maintain viability through compounding and the extra services that we can provide. We don't compete with the chains. We're lucky in

a sense because we are a small community, and people really value staying local and supporting local businesses."

Lima is originally from Texas, while her husband grew up in Humboldt County, where Eureka is located. They met at pharmacy school at the University of Texas and came to the area in the early 1990s after graduating. She and Robert became owners in 1997. There are 11 people on staff, including two full-time pharmacists and another part-time pharmacist. Robert works part-time and handles the business side as chief financial officer. Lima's has most of the services that are considered essential for independent pharmacy today, such as immunizations, delivery, medication synchronization, and medication therapy management.

Lima says she started doing compounding not long after taking over, and in the early 2000s she wanted to expand her knowledge base and expertise in specialty pharmacy and hormone replacement to become more of a resource for local physicians. "I made it a mission to make that a niche for us," Lima says.

Lima steadily collected credentials. Among these was becoming a fellow and a health practitioner diplomate through the American Academy of Anti-Aging Medicine, which was a multi-year process. Lima is also a longtime member of PCCA and stays current on new studies and information it provides.

Another of Lima's goals is to obtain an advanced pharmacist license. "It allows you to work more closely on a clinical level with the health care triad – the patient, the doctor and the pharmacist," she says. "That's where we are going to flourish, that's where we are going to beat mail order. We are going to have the advantage when we have more of those services. You are going to see our face, and you get to talk to use and look us in the eye. That personal connection is so important."

Eureka is located on the Pacific Coast about 250 miles north of San Francisco and 100 miles south of the Oregon state line. With that in mind, she says, "I would say we are in the forefront of compounding in the area, and we're the only resource for sterile compounding for a long way as we are mostly in a rural area."

Looking ahead, Lima says she would like to build on her expertise in hormone replacement and women's health by getting her advanced practice pharmacist license from the California Board of Pharmacy. She says that would open the door to more networking and collaboration with local clinics.

Other than that, Lima goes back to the concept of treating patients by name and not by a number.

"When you have complex disease states that need that extra attention, we can do that for those patients," she says. "It gives them piece of mind. That's what sets us apart."



## APEX PHARMACY AND APEX CARE SPECIALTY PHARMACY | WASHINGTON, D.C.

For **Tomi Akinyoyenu**, it was sort of a bittersweet anecdote that he shared when asked what independent community pharmacy means to him and his patients.

Akinyoyenu, owner of Apex Pharmacy and Apex Care Specialty Pharmacy in Washington, D.C., says he recalls receiving a message from a longtime customer informing him that her son, who was developmentally disabled, had passed away.

"It touched me that I was one of the first people she called," Akinyoyenu says, obviously saddened. "She looked at me as a partner. That's our mindset — that we are partners with patients for the best health outcomes they can achieve."

It's the sort of attitude that Akinyoyenu has instilled since opening Apex 16 years ago. When he received the news about his patient's son, it was too late to call her back. When he arrived at the pharmacy the next day, he found out that the staff had already arranged to deliver a condolence card to her. "That's part of the culture of care we try to instill with our entire staff," Akinyoyenu says.

Akinyoyenu was born and raised in Nigeria, and received his pharmacy degree there in 1989. Of his interest in pharmacy, he says, "It arose from my love of chemistry, coupled with the opportunity to serve my community."

In 1997, he came to the U.S. and settled in Washington. After completing his pharmacy equivalency exams and getting licensed, he went to work for Rite-Aid. That was followed by stints at Eckerd Drugs and then Giant, a grocery chain in the Washington metropolitan area.

During his time with the chains, Akinyoyenu was tasked with opening several new locations. Eventually he started to think about opening his own store.

"I said to myself that I can do this; I can tailor the services to give patients the kind of care I want to provide them," Akinyoyenu says. So in 2004 he struck out on his own with his store in northeast D.C. In 2012, Apex moved to a 3,000-square-foot location a short distance from the original store. It is a combo pharmacy with mainly retail and some long-term care business.

Apex has also found a niche in specialty medications, including injectable long-acting antipsychotics that it delivers directly to mental health facilities.

"The availability of long-acting antipsychotic injectables have helped improve treatment compliance and consequently treatment outcomes," Akinyoyenu says.

In 2014 Akinyoyenu opened Apex Care Specialty Pharmacy to handle its growing specialty business. The 900-square-foot facility has a healthy prescription volume, focusing on psychiatry, HIV, and sickle cell disease.

The two pharmacies have 19 employees, including four pharmacists, an office manager, six technicians, four pharmacy clerks, and four delivery drivers. Akinyoyenu says he fills in on occasion but he primarily manages overall operations.

Akinyoyenu says Apex tries to show patient appreciation with small gestures, such as sending birthday and Christmas cards, along with get-well cards and sympathy cards. Every school year, it donates a first-aid package to about a dozen elementary schools, and this year, with the pandemic, it donated PPE (masks, gloves, rubbing alcohol, and hand sanitizer) to the local police district to help support the important frontline work that it does in the community.

Akinyoyenu has a strong belief in the power of independent pharmacy. He has been a longtime investor in the NCPA Legislative/Legal Defense Fund and supports NCPA's advocacy efforts on behalf of him and others.

"Apex has given me such joy and satisfaction," he says. "We just want to continue to devote the time and attention needed to truly partner with our patients to help achieve the best possible health outcomes."



## GRX HOLDINGS, LLC | WEST DES MOINES, IOWA

Like many, **Cheri Schmit's** path to pharmacy took a familiar route, working at Nessen Pharmacy in Corydon, Iowa, where she grew up.

"The pharmacist (Mark Nessen) in my hometown when I was in high school is 100 percent the reason I am a pharmacist today," she says. "It was such a well-rounded experience, and I remember how valuable he was and how much people trusted and respected him. I remember thinking, 'Wow, if I could be like that someday, that would be great.'"

Today Schmit is director of clinical pharmacy for GRX Holdings, LLC, based in West Des Moines, Iowa. GRX Holdings is a holding company with 22 pharmacies located in central Iowa. The company is owned by Greg Johansen. The West Des Moines headquarters houses general support services, accounting, marketing and operations, the latter area in which Schmit serves.

Schmit, a 1993 University of Iowa pharmacy graduate who has been in her current role since November 2013, primarily provides assistance to the pharmacies under

the GRX umbrella. "I don't really have a typical day," she says. "I enjoy traveling to pharmacies and interacting with patients, but a lot of what I do is done from our home office. With the pandemic I can't travel as much, so we do a lot of Zoom calls."

Much of Schmit's role involves providing education and training to help in areas such as services and compliance. If a pharmacy is looking to expand its medication synchronization program, she can run reports from the central office identifying potential patients in that store's patient records.

The central office handles the administrative aspects of the business, and having numerous pharmacies grouped as a single entity helps simplify things, such as writing a single check to a vendor. Schmit says it helps pharmacists at the stores focus on patient care. "We're really trying to take things off of the pharmacist's plate that are not allowing them to be a pharmacist, so they can spend time being pharmacists and doing direct patient care."

That's the reason Schmit was drawn to pharmacy. "I've always had a passion for patients and providing services to them," she says. "I've always believed that pharmacists were underutilized in their knowledge and their ability to help patients improve their outcomes."

As it has for everyone, COVID-19 has presented challenges. With the flu season approaching, Schmit says she has been getting a lot of

calls about immunizations, and has been working on a pandemic plan for vaccinations.

"We are trying to see how to offer that service in as efficient a manner as possible, keeping both our patients and our staff safe," Schmit says. "We've had to rethink how we do everything."

Schmit serves as a luminary for CPESN® Iowa, and she sees the CPESN model as the path forward for pharmacists to demonstrate their value and be compensated for it.

"In a world with declining reimbursement and DIR fees, I'm confident in saying this is allowing us to stay in business, having that clinical service revenue," Schmit says. "It's long been known that the pharmacist is valuable, but it's kind of been a hodgepodge so far. I think CPESN is a way to get pharmacists across the country to work together toward a collective goal with cohesive programs that could be marketed to national payers."

Schmit says she has been fortunate in her career to be part of strong relationships with other health care providers.

"Once you have had that relationship where you can all be on the same team, and working to help the patient, as a pharmacist it becomes empowering and you think you can make a difference," she says. "I think pharmacy has a huge ability to lower the total cost of care, just by collaborating with patients and physicians."



## NORTH HAVEN PHARMACY | NORTH HAVEN, CONN.

"I really enjoyed the health care field, so pharmacy ended up being a very good fit for me," he says.

Of North Haven Pharmacy, Acampora says, "We really are your typical community pharmacy. In my view, what's best for our patients in the long run will be best for our pharmacy business in the long run."

Acampora says North Haven's patient base covers the spectrum, from senior citizens to families with young children. Among its offerings are vitamins and supplements, OTC medications, natural health, CBD products, gifts, stationery and craft supplies, and health and beauty aids. North Haven also provides medication synchronization services, immunizations, and online refills.

"I think people are looking for a pharmacy such as ours where they have a bit more personal attention," Acampora says. "Patients want to ask their pharmacists questions, they want to get the best benefits from their medications, and I think they believe they can get that at our pharmacy. That's very rewarding."

Acampora likes to say North Haven Pharmacy is "preferred" for all patients, but from a health plan standpoint, that's not always the case. He says some patients are willing to pay a bit more because they like the service. Acampora says the staff will work with patients on insurance and medication issues, such as contacting physicians about lower-cost alternatives.

Acampora says the pharmacy delivers to senior care homes in the North

Haven area, and he sometimes makes deliveries to people on his way home.

"If a patient needs medication and they aren't able to get to the pharmacy, we'll make it a point that they do get their medicine," Acampora says. "Those are the little things I like. Sometimes patients just want somebody to talk to, especially now when so many people are homebound. It's about being available."

The town of North Haven is just north of New Haven, and Acampora says the pharmacy does business with a number of clinics there, along with Yale University and Yale New Haven Medical Center. He says some of the patients who come to North Haven Pharmacy for medications have had transplants, including a bilateral lung transplant recipient.

Acampora is clearly a people person. He enjoys visiting senior centers and doing presentations at high schools promoting pharmacy as a career option. He also has students from nearby Quinnipiac University who work at North Haven to get a sense of what an independent pharmacy is.

Despite issues such as DIR fees and low product reimbursement, Acampora prefers to stay upbeat.

"I think having a positive attitude is a good way to be," he says. "If you are always down and out and saying, 'woe is this profession,' how successful can you be and how happy can you be? I'm very positive about the field of pharmacy. It has its challenges for sure, but it's been a good occupation and a good life for me."

There are family-owned businesses, and then there is North Haven Pharmacy, in North Haven, Conn. The pharmacy was opened in 1964 by Pasquale Acampora. In 1978 his son **Gerry Acampora** came aboard after graduating from pharmacy school. Then in 1986 Gerry and his brother Lawrence took over as part owners, with Gerry assuming full ownership when Lawrence retired in 2010. Additionally, Gerry's wife Kathleen is front-end manager, bookkeeper, and a pharmacy technician. Meanwhile, Gerry's daughter Lisa Awugah works as a pharmacist with him, and another daughter, Stephanie, works part-time as a technician. But there's more. Gerry's brother Paul, a retired emergency room physician, wanted something to keep him engaged so he puts in about 18 hours a week as a technician.

"I can never go out of business because the whole family would be out of work," Gerry says with a laugh.

Given that his father was a pharmacist, it seemed only natural that Acampora would follow in those footsteps.





## HOPE PHARMACY | RICHMOND, VA.

**Shantelle L. Brown, PharmD**, looks at herself in a number of different ways. Taking care of her patients is a given. But she also sees herself as a role model, a mentor, and a trailblazer. On the latter point, Brown says she is currently the only African American woman pharmacy owner in Richmond, Va. She hopes others will be inspired to follow.

"It's important for generations behind me to know that they can do it as well," Brown says.

As for mentors, Brown remembers the influence that Leonard Edloe, longtime owner of Edloe's Professional Pharmacy in Richmond, had on her and many others. She wants to pass that forward.

"Whatever we can do, we're here," Brown says.

Brown opened Hope Pharmacy in April 2019. It's in the Church Hill section of Richmond, not far from where Edloe's Professional Pharmacy was located. When Edloe's closed in 2012, it created a gap in an underserved section of the city.

"I knew there was a need when Dr. Edloe closed a few years ago," Brown says. "There was still a need here in this area to be serviced, and where else would people go other than big box chains? I don't think they would get the proper care that we are willing to give."

Brown, a Richmond native, received her PharmD degree from Howard University in Washington, D.C., in 2003. She returned to Richmond as director of clinical services at Edloe's. Brown then went to Ukrop's Pharmacy, and her most recent position was as pharmacy manager for Sam's Club Pharmacy.

Brown's ownership path started through her friendship with NCPA Senior Director of Strategic Initiatives John Beckner, a longtime Richmond pharmacist. Beckner introduced her to Steve Markel, vice-chairman of the Markel Corp. Markel and developer Norman Gold created the Market at 25th. The site contains a grocery store where Hope Pharmacy is housed, along with a Virginia Commonwealth University health hub and a culinary school.

Brown says that Hope Pharmacy is basically retail, but it is also increasing its long-term care presence. "That is our ultimate goal," Brown says. Hope is a member of LTC company GeriMed, and is part of its combo-med program.

Recent years have brought well-documented challenges to independent pharmacy. Throw a global pandemic into the mix, and it makes strategic thinking even more important, Brown says.

"This is a time when any business owner, pharmacy or not, needs to be able to pivot," she says. "This has caught all of us off guard."

Part of that pivot is looking for niches. Brown is hoping to tap into the pet boom by providing pet medications. She is confident it can provide a steady revenue stream.

"Around here there is a pet on every corner," she says. "The area is called Church Hill, but I call it Dog Hill because everyone is walking their dogs everywhere. You have to develop some type of niche that will bring cash into the pharmacy, where you don't have to rely on billing the insurance companies."

Patient relationships are essential, Brown says. Because of her accessibility, patients often come to her with health questions. When they need to see a physician, Brown wants to ensure that patients know what questions to ask and engage with their practitioners instead of being shuffled into and out of the office.

Brown says the neighborhood around the pharmacy is becoming gentrified, and her goal is to have Hope be a beacon of stability among the changes.

"We're hoping the pharmacy bridges that gap between the community residents who have been here for years and the new residents who have come in," she says. "Pharmacy doesn't have any color or discrimination against it. My goal is to bridge the gap in our community between the new and old residents."



## PHARMACY AT WELLINGTON | LITTLE ROCK, ARK.

When the COVID-19 pandemic began last March and people began hunkering down, it created obvious challenges for pharmacies as they had to become creative in providing prescription medication services while keeping patients and staff safe. For pharmacies that derived revenue from non-medication items such as gifts, it provided another dilemma — how do you sell those items when customers can't come into the store?

**Brittany Sanders**, PharmD, managing partner and pharmacist in charge of the Pharmacy at Wellington in Little Rock, Ark., came up with an idea. Through social media, the pharmacy spread the word about what items were in stock. When a customer called asking about a birthday card for his mom, Sanders says that the staff picked out several that they thought might be appropriate, took pictures of them, and texted them to the customer asking which one he preferred. Sanders says the card would then be delivered to the mom's door just as if it were a prescription.

"We've done tons of birthday items

that way," Sanders says. "We call it 'a very Wellington birthday.'"

Another idea Sanders had was to turn the pharmacy front counter backward so patients arriving for curbside pickup could be assured that items such as toilet paper and hand sanitizer were available.

"Another thing we did was put up a sign so if you were about the third or fourth car back to go ahead and call us in the store and let us know who you are and tell us if there is anything you need," she says. "We have a shopper in the store who can go and grab it. That makes it easier."

Sanders, a 2005 graduate of the University of Arkansas for Medical Sciences, grew up in Hot Springs, Ark., about an hour from Little Rock. When she was in ninth grade, her father's job took the family to Johannesburg, South Africa, where they lived for the rest of Sanders' high school years. It was a tough time to move, but she learned to adapt, a trait that would serve well in her pharmacy career. After college, Sanders worked at a pharmacy chain but didn't like the fact that her job stressed dispensing and not interacting with patients, which was the reason she chose the career in the first place.

"I always loved chemistry and I wanted to help people," Sanders says. "Ownership was always in the back of my mind. I took a leap of faith and decided to do it."

She didn't have to move far. Her former employer is located across the street. When asked what it's

like to be across the street from the chain store, she replies, "They make a mistake, and we get a new patient."

Patient care and accessibility, hallmarks of independent pharmacy, are the focus at Wellington.

"We have the time to develop relationships," Sanders says. "We try to meet the needs where they are. Some of our patients come in every day. Sometimes they bring cookies. We are open long hours because it's what our patients need."

Sanders not only wants the Pharmacy at Wellington to provide professional and friendly service, she also wants the pharmacy to be attractive and welcoming for patients. Among the personal touches she added were large photos on the walls. She hired a professional photographer to take photos of the staff interacting with families, friends, and customers. Sanders purchased the files from the photographer and then shopped for affordable canvas photo printing. The store's walls are painted restful green, and the OTC fixtures are a rich black.

When she started planning her move to ownership, Sanders attended an NCPA Ownership Workshop, an experience she highly recommends.

"It was very valuable," she says. "I created terrific connections. At every turn, NCPA has been there to provide the services we need."





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