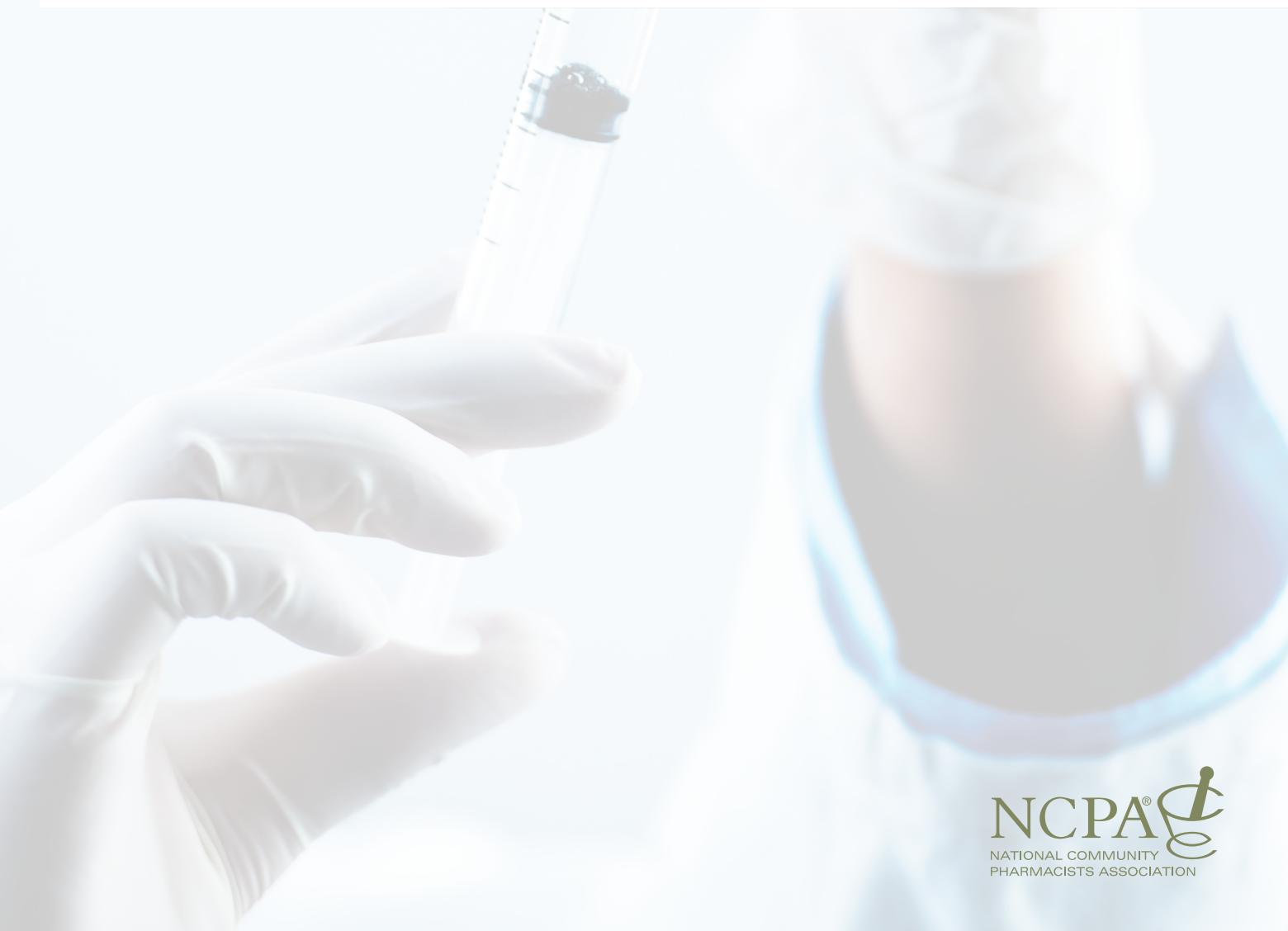




2021 NCPA

DIGEST

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NATIONAL COMMUNITY
PHARMACISTS ASSOCIATION

NCPA DIGEST, SPONSORED BY CARDINAL HEALTH

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION THE VOICE OF THE COMMUNITY PHARMACIST®

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Dear reader:

On Sept. 9, 2020, the U.S. Department of Health and Human Services issued guidance authorizing state-licensed pharmacists everywhere to order and administer the COVID-19 vaccines, the first of which would not receive emergency authorization for another 14 weeks. By September, many Americans had been locked down for six months. A front-page headline in the *New York Times* that day lamented the “ghostly offices” that haunted the world’s corporate headquarters. The City that Never Sleeps, in Sinatra’s classic tribute, was deathly quiet.

Fast forward over a year later and that authority granted to pharmacists has resulted in over 100 million doses of COVID-19 vaccines administered through the federal program by pharmacists or by pharmacy interns or technicians under the pharmacist’s supervision. The additional authority granted to pharmacists was successful in accelerating U.S. pandemic recovery and prevented thousands of hospitalizations and deaths.

During the darkest days of the pandemic, access to community health care services was sharply reduced. Doctors’ offices were closed. Dentists’ offices were closed. Non-emergency hospital facilities were closed. But even in the quietest places, there were signs of life in the local pharmacies. Pharmacists were among the only health care providers to remain open. What federal health officials saw on Sept. 9, 2020, was an army of local health care providers spread across country that never closed their doors. Such an army, they knew, would be necessary to defeat this once-in-a-century pandemic.

One of the great lessons of COVID-19 is that America’s vast network of independent pharmacies is a ready public health care infrastructure. Pharmacists who live in the communities they serve, who know the patients they treat, and who can move quickly and independently are a perfect health care strike force. Most have been immunizing patients for decades, so they have lots of experience. And they can do so anywhere – in their pharmacies, in civic centers, in places of worship, in offices, in parking lots, in nursing homes, in living rooms. Moreover, they are trusted within their communities because they’re not only health care providers, but they are also prominent local business and civic leaders. This is especially true in

rural areas and communities of color where they often have strong ties, and where they are very often the only accessible health care provider.

In the tables and charts that follow, the data tells a story: independent pharmacies mobilizing first to protect their patients and communities, and then to help drive back the virus that has killed more than half a million Americans.

Forty-seven percent of independent pharmacies are serving populations with a significant minority population. Nearly 75 percent operate in places with fewer than 50,000 people, with almost 40 percent serving a population of less than 10,000. Fifty-seven percent serve communities that rank high or very high on the Centers for Disease Control and Prevention’s Social Vulnerability Index. Over 50 percent of dispensed medications are to Medicaid or Part D populations.

The National Community Pharmacists Association and Cardinal Health are proud to bring you the 2021 *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,

A handwritten signature in dark ink, appearing to read "B. Douglas Hoey".

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

A handwritten signature in dark ink, appearing to read "Debbie Weitzman".

Debbie Weitzman, President
Pharmaceutical Distribution, Cardinal Health

Table of contents

Foreword	4
Executive summary	5
Methodology	8
The independent community pharmacy marketplace	9
Pharmacists as health care providers	13
Technology trends	16
Third-party prescriptions	17
Community pharmacy in the age of COVID-19	18
Plan sponsors and payers find success contracting with CPESN® networks	19
A snapshot of community pharmacy in America	20
Profiles	22

FIGURES

1. June 2021 retail pharmacies by state	10 – 11
2. CPESN networks as of July 1, 2021	19
3. Full-line independent community pharmacies	20
4. Local roots of community pharmacy owners and employees	21

TABLES

1. Independent pharmacy at a glance	5
2. Average annual sales (in thousands) per pharmacy location, 10-year trend	7
3. Averages of pharmacy operations, 10-year trend	7
4. Pharmacy staff	9
5. Pharmacy practice settings as of June 2021	9
6. Primary type of pharmacy operation	12
7. Average hourly wages	12
8. LTC beds/patients served by type of facility	14
9. Services included in medication synchronization	14
10. Emerging models — enhanced services pharmacies	15
11. Summary of patient care goods and services offered	15
12. Summary of wellness services	15
13. Percentage of pharmacies utilizing workflow technologies	16
14. Percentage of pharmacies utilizing emerging technology	16
15. Social media	16
16. Summary of third-party prescription activity	17



Foreword

This year's *NCPA Digest*, sponsored by Cardinal Health, is the most comprehensive report of the state of independent community pharmacy and the critical role it plays in providing convenient access to health care services in communities across the country. For nearly nine decades, the *Digest* has been looked at as more than just a resource for independent pharmacy owners; it is relied upon to demonstrate the economic vibrancy and innovative services found only in independent pharmacies to a variety of interested parties including the media and policymakers. This report identifies trends year over year, and demonstrates that independent pharmacies offer a great number of high-quality patient services aimed at improving the health of their patients and community.

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.

- **Progressive niches.** Trend analysis on the number of pharmacies that have collaborative drug therapy agreements, have access to electronic medical records, or participate in a transitions-of-care-program. These niches are helping owners differentiate their pharmacies in local markets and become better integrated in the overall health care system.
- **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.
- **Third-party prescriptions.** Statistics about third-party prescription activity including Medicare Part D.

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	2020
Average number of pharmacies in which each independent owner has ownership	2.1

Average number of prescriptions dispensed per pharmacy location	
New prescriptions	27,678 (48%)
Renewed prescriptions	30,000 (52%)
Total prescriptions	57,678 (100%)
Average prescription charge	\$55.96

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 2020 independent community pharmacy represented a \$67.1 billion marketplace, with 93 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.

The 215,000 full- and part-time 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.

In general, the average independent community pharmacy location dispensed 57,678 prescriptions (185 per day) in 2020, an increase from the 57,414 prescriptions dispensed in 2019. While prescriptions dispensed increased year over year, the trend has been a steady decrease. In 2016, independent community pharmacy dispensed on average

59,746 prescriptions per store. 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-two 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 nearly 90 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 2020 per location were \$3,459,814, an increase of \$60,123 from 2019.
- Gross profit margin decreased slightly from 22 percent to 21.9 percent between 2019 and 2020. While gross profit margin decreased, gross profit in terms of dollars increased \$11,029. Stagnant 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 13.1 percent in 2019 to 12.9 percent in 2020.
- In 2020, pharmacists' hourly wages increased slightly. The average pharmacist earned

\$58.20 per hour in 2020, an increase of 20 cents from the previous year. Pharmacy technicians and clerks also saw a slight increase in wages year over year. (Table 7, page 12).

- In 2020, 36 percent and 19 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. Thirty-five percent and 10 percent of dispensed prescriptions were other third-party and cash prescriptions, respectively. (Table 1 and Table 16. See pages 5 and 17, 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. Helping their communities stay healthy and thrive economically.

- Sixty percent of independent community pharmacies provide monetary support to five or more community organizations. Thirty-one percent of pharmacies provide support to between five and nine organizations, with an additional 29 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-eight percent of pharmacies have an owner and/or employee that is a member of the chamber of commerce and four percent of all stores have an owner and/or employee who holds an elected local or state office (Figure 4, page 21).
- Eighty-seven percent of independent pharmacies are enrolled as a Medicare Part B supplier. Of these pharmacies, 65 percent are enrolled as pharmacy, 64 percent are enrolled as mass immunizers, 46 percent are enrolled as DMEPOS suppliers, and eight percent are enrolled as an independent clinical lab.
- Ninety percent of independent pharmacies are offering some type of medication adherence program, an increase from 74 percent six years ago. Improving medication adherence aligns the interest of patients, payers, pharmacists, and plans.
- Seventy-five percent of *Digest* pharmacies offer a mobile app, 44 percent have mobile commerce/signature



Photo by Davis Marketing Company

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

2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
\$3,831	\$3,854	\$3,893	\$3,622	\$3,678	\$3,619	\$3,540	\$3,484	\$3,400	\$3,460

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

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Sales	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Cost of goods sold	77.1%	76.8%	76.7%	77.1%	77.7%	77.9%	78.2%	78.2%	78.0%	78.1%
Gross profit	22.9%	23.2%	23.3%	22.9%	22.3%	22.1%	21.8%	21.8%	22.0%	21.9%
Payroll expenses	13.4%	13.7%	13.4%	13.0%	12.8%	13.1%	13.0%	13.2%	13.1%	12.9%

capture, and 92 percent use a Facebook page to establish an interactive web presence with their patients and customers (Tables 13 and 15, 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 and its partners do 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, IQVIA, 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, IQVIA, 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 survey information on which the 2021 *Digest* is based was from the calendar year of Jan. 1, 2020 through Dec. 31, 2020. Results from prior issues of the *Digest* have been incorporated to facilitate assessing industry trends.



Photo by Max Schulte

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 and franchises. At the end of June 2021, there were 19,397 independent community pharmacies. Independent community pharmacy continues to represent a significant portion of pharmacies in the United States (Table 5).

It is important to note that no single pharmacy chain has more stores than all independents combined, which represent 34 percent of all retail pharmacies in the U.S. and a \$67 billion marketplace.

Other notable characteristics about independent community pharmacies:

- Between 2014 and 2020, 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 2020, independent pharmacy owners on average employed 11.1 full- and part-time workers (Table 4).



Photo by Megan Frazier Photography

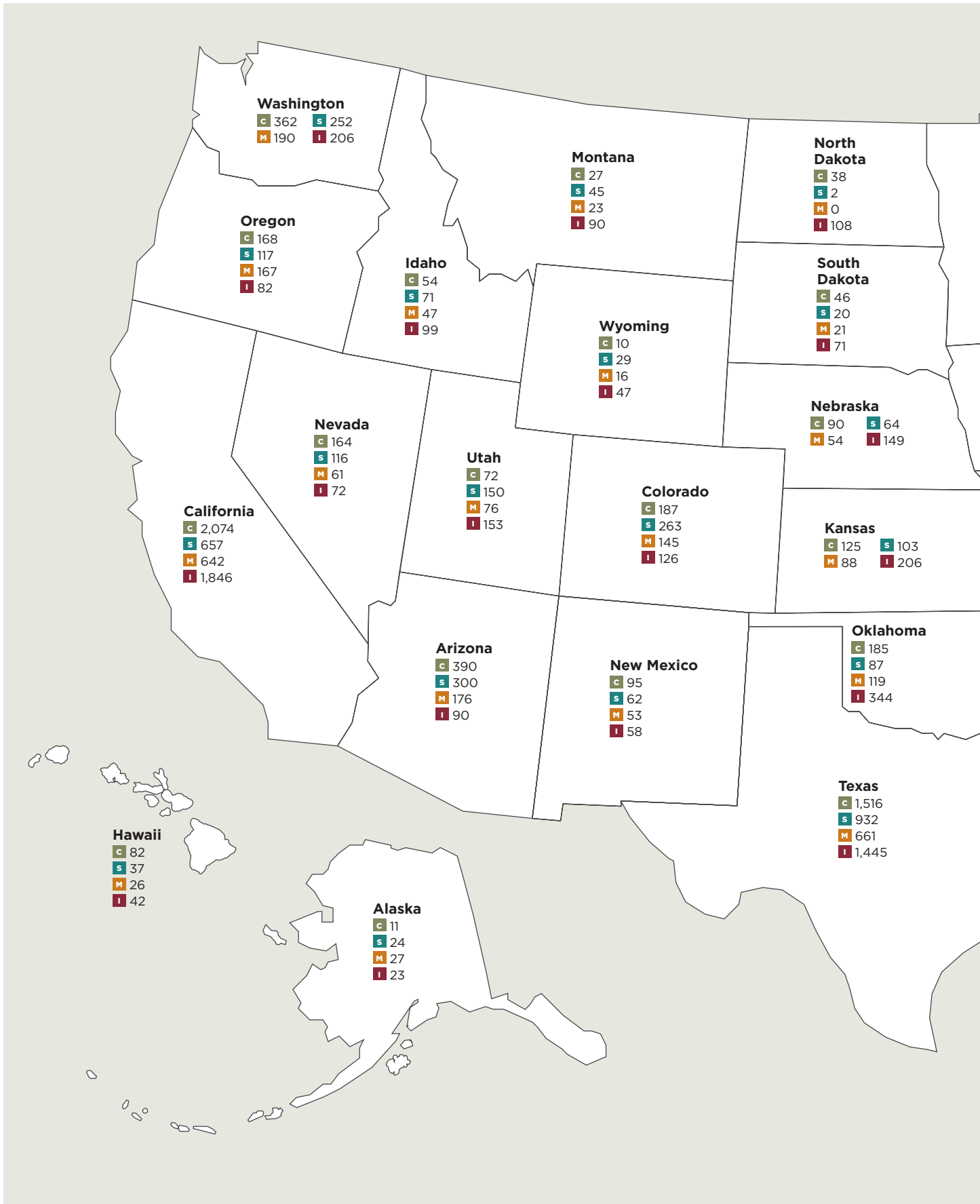
- Hourly wages for technicians and clerks/cashiers were up in 2020. Technician wages increased by 59 cents per hour to \$16.59. Clerk/cashier wages increased to \$12.00, and staff pharmacist wages increased by 20 cents to \$58.20 per hour (Table 7, page 12).
- The cost of dispensing for the average independent community pharmacy is \$10.80 down from \$10.93 in 2020.
- In 2020, 88 percent of independent community pharmacies identified their

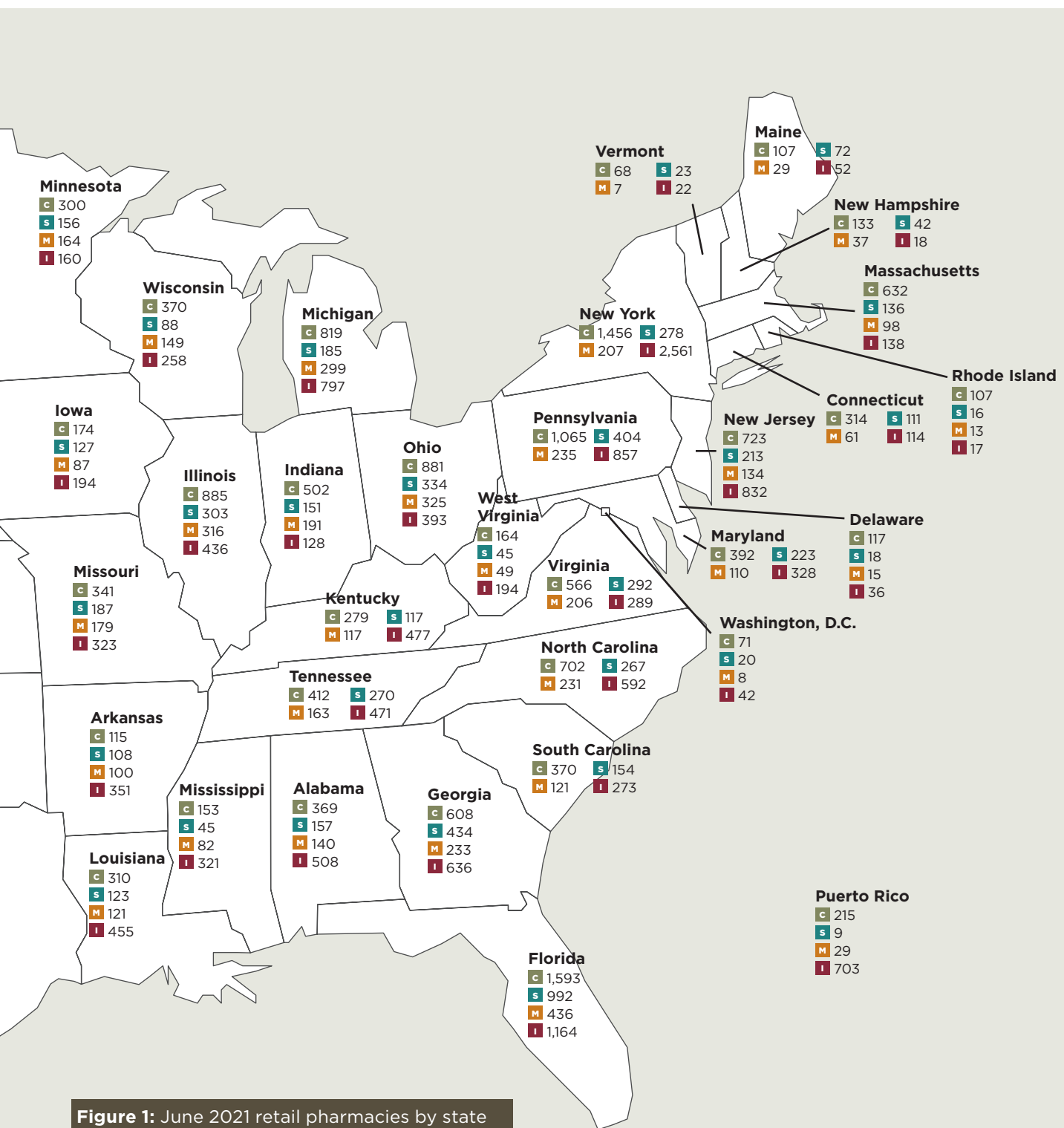
Table 4: Pharmacy staff

	2020
Full-time workers	6.7
Part-time workers	4.4
Total full- and part-time	11.1

Table 5: Pharmacy practice settings as of June 2021

	2021
Independents	19,397
Traditional chains	21,009
Supermarket	9,431
Mass merchant	7,284





LEGEND

- Traditional chain
- Supermarket
- Mass merchant
- Independents

Source: The store count data is reflective of the stores in the IQVIA Rx Universe as of June 2021 (www.iqvia.com)

primary pharmacy operation as retail pharmacy and seven percent identified as an apothecary. Nearly 5 percent identified their primary pharmacy operation as compounding, LTC, or specialty (Table 6).

Table 6: Primary type of pharmacy operation*

Full line (retail pharmacy)	88%
Apothecary	7%
Compounding	2%
LTC	2%
Specialty	0.2%

*Does not round to 100 percent.

- Forty-five percent of independent pharmacies are located within a stand-alone building and 22 percent are located on a “main street.” An additional 18 percent and 11 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 percent of independent community pharmacies are located in an area with a population of less

Table 7: Average hourly wages

	2016	2017	2018	2019	2020
Pharmacist	\$57.21	\$58.10	\$58.82	\$58.00	\$58.20
Technician	\$14.87	\$15.05	\$15.56	\$16.00	\$16.59
Clerk	\$10.95	\$11.05	\$11.37	\$11.90	\$12.00

than 10,000. These community pharmacies are providing vital services to very rural areas. Thirty-six percent are located in areas with a population between 10,000 and 50,000. Collectively, 74 percent of independent pharmacies are serving areas with a population less than 50,000.

- The majority (63 percent) of independent community pharmacies are organized as a small corporation (S-Corporation), followed by 21 percent which are a limited liability corporation (LLC). A little over 11 percent are organized as a C-Corporation.



Photo by Chorus Media Group

Pharmacists as health care providers

The COVID-19 pandemic pushed pharmacies' role in providing non-dispensing services forward at a rate that was likely faster than what would have happened without it. Vaccinations and point-of-care testing were center stage in 2020 as federal and state governments looked to pharmacies to be an important part of the country's response. 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 pharmacies into health care providers who do more than fill prescriptions is highlighted by the 100 percent increase in

the number of pharmacies that are CLIA-waived between 2018 and 2020. 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 54 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 2020, 47 percent of independent community pharmacists provided LTC services to their patients and serviced an average of 57 beds for skilled nursing facilities (Table 8).

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, 90 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 67 percent report calling patients 4-10 days in advance of the monthly pick-up date (Table 9).

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

Type of facility	Average number of beds in 2020
Skilled nursing facility	57
Assisted living	114
Residential facility	103
Correctional facility	56

Table 9: Services included in medication synchronization

	2019	2020
All chronic medications synchronized to a single monthly pick-up date	94%	94%
Patient is called 4 to 10 days in advance of the monthly pick-up date	61%	67%
Pharmacist meets with patient as needed to review medication use	59%	63%
Patient is called the day before the pick-up date	31%	40%
Med sync optimized geographically for delivery service	25%	22%

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. Thirty-seven percent of pharmacists have a collaborative drug therapy agreement with a physician, and 12 percent have a pharmacist on staff who spends more than 50 percent of their time as a clinical coordinator (Table 10). Seventeen percent of pharmacies report employing or contracting with a non-pharmacy health care professional in their practice (community health worker, nutritionist, physician's assistant,

PATIENT CARE GOODS AND SERVICES HIGHLIGHTS

- Table 11 shows that the top patient care goods and services offered are wound care products (91 percent), medication therapy management (73 percent), compression socks and hosiery (72 percent), smoking cessation aids (61 percent), and compounding (52 percent). These goods and 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, hearing aids, and ostomy supplies.

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 SARS-CoV-2 diagnostic testing (32 percent), blood glucose (24 percent), influenza (24 percent), and rapid strep (22 percent).

SPECIALTY MEDICATION

Five percent of independent community pharmacies dispense medications under a specialty pharmacy contract. Independents have a clear competitive advantage in dispensing specialty medications, but access to specialty pharmacy contracts and limited distribution drugs pose challenges to independents penetrating this market. Of those pharmacies that have a specialty pharmacy contract, the top disease state specialty medications dispensed by these pharmacies treat rheumatoid arthritis (71 percent), oncology (53 percent), non-RA autoimmune system (53 percent), hepatitis C (53 percent), HIV (47 percent), multiple sclerosis (47 percent), and fertility issues (35 percent).

Table 10: Emerging models — enhanced services pharmacies

	2018	2019	2020
CLIA-waived facility	26%	45%	52%
Collaborative drug therapy agreements	39%	43%	37%
Contract with non-pharmacy health care professional	21%	20%	17%
Clinical coordinator	12%	13%	12%
Community pharmacy residency program	5%	6%	6%

Table 11: Summary of patient care goods and services offered

	2018	2019	2020
Wound care	90%	91%	91%
Medication therapy management	77%	79%	73%
Compression socks and hosiery	71%	73%	72%
Smoking cessation aids	67%	63%	61%
Compounding	56%	49%	52%
Ostomy supplies	32%	28%	30%
Diabetic shoes	29%	23%	23%
Hearing aids			8%

Table 12: Summary of wellness services

	2018	2019	2020
Immunizations (flu)	76%	77%	84%
Immunizations (non-flu)	69%	73%	80%
Blood pressure monitoring	57%	54%	53%
Diabetes education and management	33%	30%	30%
Smoking cessation consultation	23%	22%	27%
Asthma management	13%	12%	15%
Weight management	11%	9%	9%
Lipid monitoring	7%	6%	7%

WELLNESS SERVICES HIGHLIGHTS

- Table 12 shows the top four wellness services offered are flu immunizations (84 percent), non-flu immunizations (80 percent), blood pressure monitoring (53 percent), and diabetes education and management (30 percent). These reflect the high prevalence of diabetes and cardiovascular disease and the emphasis on wellness and patient outcomes.
- Lipid monitoring, osteoporosis screening, and asthma management are all services that complement dispensing prescription drugs. Payment for these services may be paid for out-of-pocket by the patient, from employer contracts, or by third-party payers. These services are associated with better patient outcomes.
- It is important to note that the No. 1 wellness service offered is immunizations, highlighting the public health role of pharmacists. Many states are expanding the role of the pharmacist in immunizations.

Technology trends

Advancements in technological innovation offer pharmacy owners the opportunity to 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. To stay competitive independent pharmacy will need to continue to embrace advancements in technology, leading to lower health care costs and better health care outcomes.

Table 15: Social media

	2019	2020
Facebook	93%	92%
Mobile app	77%	75%
Twitter	18%	13%
YouTube	6%	7%



Table 13: Percentage of pharmacies utilizing workflow technologies

	2018	2019	2020
Point of sale	89%	89%	93%
Automated dispensing counter	64%	66%	67%
Telephone IVR	53%	52%	48%
Mobile commerce/signature capture	40%	47%	44%
Automated dispensing system	29%	28%	30%

Table 14: Percentage of pharmacies utilizing emerging technology

Online patient appointment scheduling	37%
Medication compliance packaging (robot)	16%
Mobile commerce site	14%
Exchanging clinical data via a health information network	10%
Videoconferencing for pharmacist-patient telehealth visits	6%
Remote monitoring (wearable monitoring)	1%
Digital therapeutics	0.3%

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. Ninety-three percent of pharmacies use point-of-sale technology. Forty-eight percent and 44 percent utilize telephone IVR systems and mobile commerce/signature capture devices, respectively (Table 13).
- Appointment scheduling, clinical data exchange, and telehealth readiness are foundational for advancing pharmacy practice. Thirty-seven percent and 16 percent of independent pharmacies utilize online patient appointment scheduling and a compliance packaging robot, respectively. Fourteen percent utilize an e-commerce site and 10 percent exchange clinical data via a health information network (Table 14).
- 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, expanding revenue opportunities by improving the patient experience. Ninety-two percent of independent pharmacies utilize Facebook, 13 percent have a Twitter account, and 75 percent offer a mobile app (Table 15).

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.

Pharmacy direct and indirect remuneration fees administered in Medicare Part D plans are one of the biggest challenges. These fees are recouped from pharmacies weeks or even months after a medication has been dispensed and the patient has left the pharmacy, often forcing pharmacies to dispense medications below acquisition cost. The fees, which result in higher out-of-pocket cost-sharing for beneficiaries, have harmed small business independent community pharmacies and threaten the existence of community pharmacy, particularly in rural and underserved areas of the country. Pharmacy DIR fees increased by 91,500 percent between 2010 and 2019.

Another major third-party payer challenge facing independent community pharmacy is pharmacy benefit managers forcing patients to use a specific chain pharmacy or mandatory mail order, and steering patients taking specialty medications. 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.



HIGHLIGHTS

- Medicare Part D and Medicaid cover 36 percent and 19 percent of prescriptions, filled in the average independent community pharmacy, respectively. 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.

Table 16: Summary of third-party prescription activity

	2016	2017	2018	2019	2020
Medicaid	16%	17%	17%	18%	19%
Medicare Part D	36%	36%	37%	37%	36%
Other third-party	39%	36%	37%	35%	35%
Non-third-party	9%	11%	9%	10%	10%

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 Sept. 17, 2020 to June 2, 2021, NCPA conducted a series of surveys of 8,000 members focusing mostly on COVID-19.

LABOR MARKET CONDITIONS

Key findings: June 2, 2021

- Eighty percent say they are having a difficult time filling open positions.
- Nearly 90 percent of respondents say they can't find pharmacy technicians, a critical position.
- Nearly 60 percent can't find front-end employees to run the cash register, track inventory, and manage other basic store operations.
- Twenty-five percent can't find delivery drivers, a big problem now that most local pharmacies expanded that service during the COVID-19 crisis.
- More than 13 percent can't find staff pharmacists to handle prescriptions and patients.
- More than 72 percent of respondents say they are

raising wages to attract workers.

- Fifty-six percent are offering more flexible work hours, and more than 20 percent are increasing benefits.

INDEPENDENT PHARMACIES, VACCINE ACCESS, AND VULNERABLE POPULATIONS

Key findings: April 13, 2021

- Almost half of independent pharmacists were not getting enough or any doses of the coronavirus vaccine to serve their patients.
- Forty-seven percent say they are serving communities with a significant minority population.
- Nearly 80 percent operate in places with fewer than 50,000 people, with almost 40 percent serving a population of less than 10,000.
- Thirty-nine percent of independent pharmacists say at least a quarter of the prescriptions they fill are covered by Medicaid.
- Forty-two percent described the communities they serve as mostly low-income.
- Roughly 48 percent said inadequate coronavirus vaccine supply was by far their biggest problem.

REPORTED PROBLEMS WITH MAIL ORDER PRESCRIPTIONS

Key findings: Dec. 9, 2020

- Ninety-eight percent of community pharmacists say they've heard from patients whose mail order drugs arrived late or not at all.

- Sixty percent say their patients' mail order drugs were left out in the weather, where the elements can alter the way medicines work.
- Forty-four percent say their patients received the wrong quantity by mail.
- Twenty-six percent say their patients received the wrong mail order medicine, and a quarter say their patients' mail order drugs went to the wrong address.
- Ninety-two percent of pharmacists who responded to the survey said they've had to give patients a short-term supply of medication while they waited for the mail houses to track down their orders.
- Seventy-eight percent say they've called doctors on behalf of patients for new prescriptions.

PATIENT STEERING

Key findings: Sept. 17, 2020

- Seventy-nine percent of community pharmacists say their patients' prescriptions were transferred to another pharmacy in the last six months without their patients' knowledge or consent.
- The median average of patients lost was 12.
- Nearly 78 percent of respondents have had patients who were transferred to a large chain without their knowledge or consent.

Plan sponsors and payers find success contracting with CPESN networks

As America's first accountable pharmacy organization, CPESN® USA continues to demonstrate its ability to local and national payers using local patient engagement with local relationships and local roots in the community. The company has led the way in securing direct contracts between plan sponsors or other payers and community-based pharmacies that provide locally-delivered care and focus on the patient. To date, over 100 national or local network contracts have been signed, completed or activated.

During the COVID-19 pandemic, CPESN USA was selected as partner in the Federal Retail Pharmacy Program. Through that program, its network pharmacies have administered over 2 million doses of the COVID-19 vaccines in communities across the country. CPESN USA and its local chapters also successfully facilitated vaccine procurement through state and local health departments.

Local CPESN networks continue to expand across the country. Fifteen states now have over 100 participating

pharmacies. Over 30 CPESN networks have enough participating pharmacies to earn them a seat on the CPESN governing board of pharmacist-managers.

The momentum continues to build. Visit cpesn.com to learn more.

THE NUMBERS BEHIND CPESN NETWORKS:

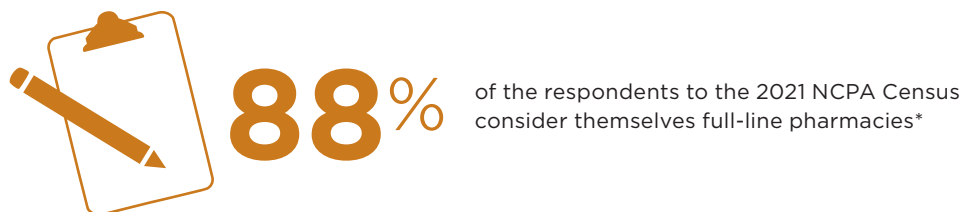
- 3,483 dedicated and capable pharmacies, an increase of 862 over the past nine months
- 49 local networks in 44 states across America, plus Washington, D.C.
- More than 83 percent of the country covered by hand delivery to the patient's home
- Over 2 million Pharmacist eCare Plans created by participating pharmacies, a differentiator requested by the majority of active programs with contracted payers
- More than 100 value-based contracting opportunities for CPESN USA or one of its local networks



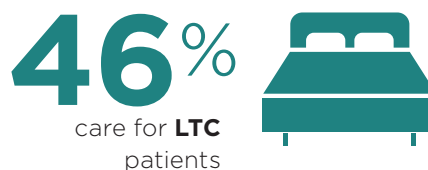
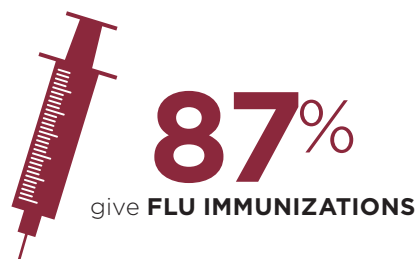
Figure 2: CPESN networks as of July 1, 2021

A snapshot of community pharmacy in America

Figure 3: Full-line independent community pharmacies*

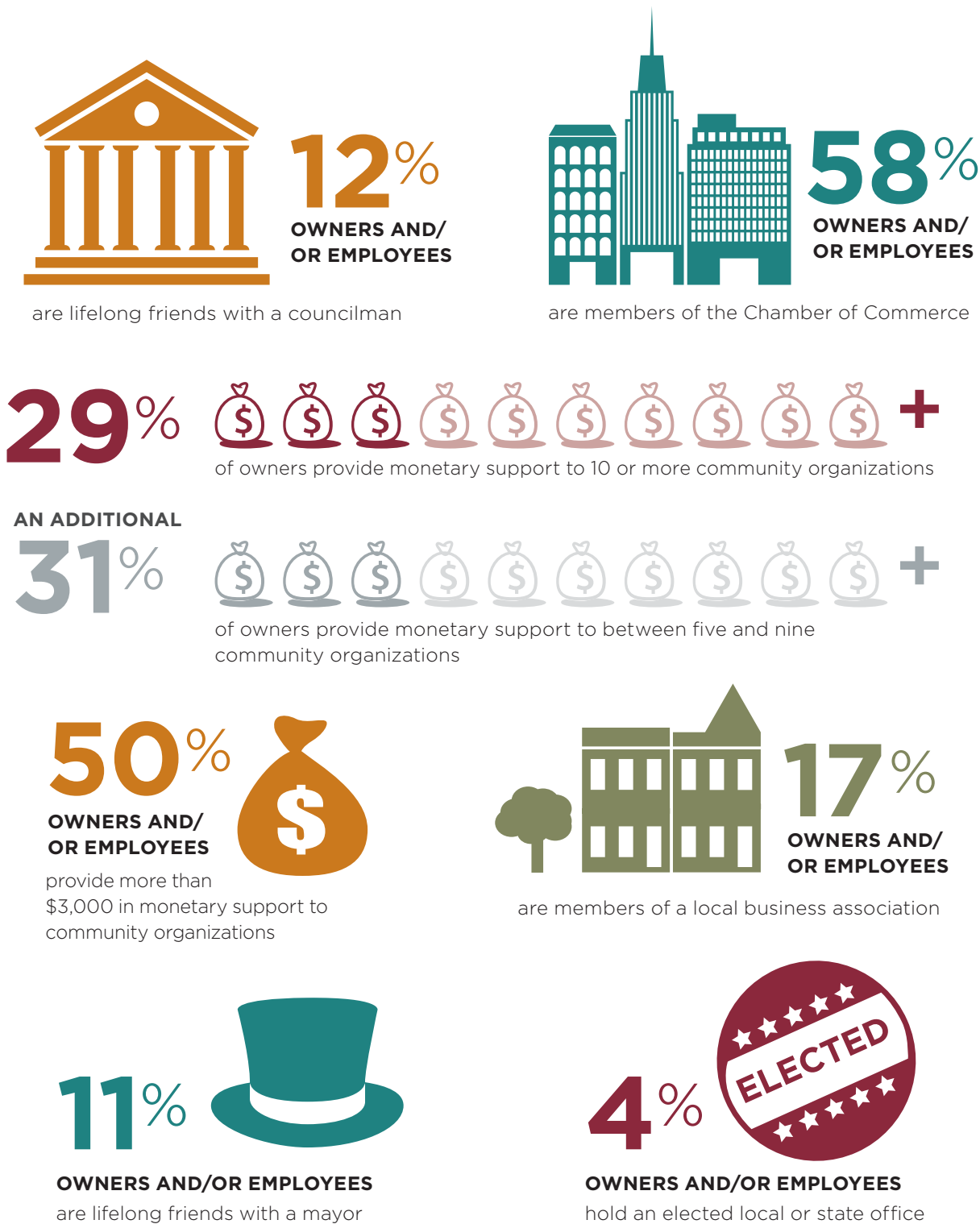


Here is what these full-line pharmacies are offering...



*The 2021 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 4: Local roots of community pharmacy owners and employees





2021 NCPA PROFILES



MEDICAP PHARMACIES | ALBANY, ORE.

Like many children of pharmacy owners, **Jennifer Garrison** eventually purchased hers from her parents to keep it within the family. She just took a bit of a detour getting there.

Garrison is the owner of two Medicap pharmacies in Albany, Ore. The original store (Medicap 8130) was opened by her parents in 1994, and she opened a second location in early 2021.

Initially, though, Garrison was going to pursue a career in psychology, having received a degree in that field in 1991 from Oregon State University. However, in the late 1990s she started helping out more frequently at the pharmacy and her interest grew. Eventually she went back to school and received her PharmD from Oregon State in 2007.

“The whole point of me going back to school was because eventually they would retire, and I would take over,” says Garrison, who was born and raised in Albany.

Garrison describes the pharmacies as typical retail

locations, dispensing about 4,200 prescriptions monthly. The staff rotates between the two locations. Along with herself, there are two part-time pharmacists, two full-time and two part-time technicians, one clerk, and a delivery driver. The pharmacy provides delivery, medication therapy management, health screenings, and immunizations. It also offers the Gvoke HypoPen, an autoinjector for low blood sugar. Additionally, Medicap does some compliance bubble packing for some group homes and the Linn County Department of Health Services.

About 25 years after the original store opened, Garrison started thinking about opening a second location. Then the COVID-19 pandemic arrived, and everything was put on hold. After about a six-month delay, Garrison revisited the idea. As she explains, the Willamette River splits Albany and North Albany. North Albany has its own commercial area with businesses, and farther north is residential.

“It’s not a big city, but you have to go over the river to get anywhere else and nobody likes going over the bridge because it’s always backed up with traffic,” she says.

Garrison learned about a vacant shopping center space in North Albany once anchored by a grocery store and a pharmacy. She discovered that a new grocery store had leased the location. Management did a complete remodel and provided space for

a pharmacy. Garrison was able to open her second store within the grocery store, saving money on remodeling and construction costs that typically come with opening a new pharmacy.

The new location opened in February 2021. The result is that North Albany residents don’t have to cross the river to reach her other pharmacy, and the pharmacy is near an urgent care center and several doctors’ offices.

“It’s doing well,” Garrison says. “I’m seeing a lot of people transferring their prescriptions to us. I was getting a lot of ‘I was tired of waiting in line,’ ‘I was tired of getting there and nothing being ready (at other pharmacies).’ I’m hearing a lot of that.”

Garrison says the pandemic certainly brought challenges, with the lobby closed for several months at one point. Fortunately, she says that with a drive-thru and with its delivery service the business was able to stay above water.

Garrison says that even with the challenges that come with running a pharmacy, it’s her patients that keep her going.

“They like that we know their names when they come in; they tell us about everything that’s going on in their lives,” she says. “That’s my greatest satisfaction — my relationship with my customers, and their trust in us.”



MULTI-PHARMACY OWNER | N.C. AND VA.

Ritesh Patel considers himself a dreamer and a visionary. His dream is to have more pharmacists working inside health clinics with physicians and other practitioners as a part of the clinical care team, and his vision is to see this concept become more commonplace.

What Patel does can't be summed up in a few words. He's a pharmacy owner, board-certified in advanced diabetes management, a certified diabetes care and education specialist, compounder, consultant, mentor, and innovator, to name just a few.

Patel is co-founder of VRX LLC, based in Raleigh, N.C., which owns and operates independent community pharmacies. This includes Hague Pharmacy, located in the Children's Hospital of the King's Daughters in Norfolk, Va. He is also founder and CEO of In-Clinic Rx, also in Raleigh, a privately-owned pharmacist collective that offers independent pharmacy, consulting, and clinical services inside established medical facilities. Under the In-Clinic umbrella, Patel serves as

director of pharmacy at Eastern Carolina Medical Center in Benson, N.C., with Avance Care Health in Raleigh, and Port Health Services in eastern North Carolina.

"We operate or manage pharmacies all over North Carolina and Virginia and consult with pharmacies within clinic systems to help them operate better, telling them how to utilize pharmacists inside the clinical workflow," he says. "We also place pharmacists inside of physicians' offices to do clinical work."

Patel says Avance is a prime example of his mission. It's primarily a closed-door pharmacy that has linked up with 22 medical clinics in North Carolina, working through collaborative practice agreements with about 60 physicians.

"We do complex patient care, mainly for those non-adherent patients that were referred from their chronic care management team to us so we could hold their hands together," he says. "We have chart access everywhere we go; that's one of the biggest things we demand when we work with the clinic system. If pharmacists aren't part of their charts, it's not conducive to what we want to do for health and patient care. Luckily we've been able to do that most everywhere we go."

The Benson location at ECMC is home base for Patel, large enough to support a full-fledged residency

program. They have been successful in placing residents into clinics when they graduate.

If all of that doesn't keep Patel and his colleagues busy enough, he and his team have been able to give more than 50,000 COVID-19 vaccines to the communities his pharmacies serve.

Patel admits there are "lots of moving parts and lots of different things that we do." He gives credit for his organizational skills to his time serving as a pharmacy technician in the U.S. Army. Born in India, Patel moved to Colorado as a teenager in 1992. He studied engineering for a few years at the University of Colorado, but found it wasn't for him. Patel eventually enrolled at the University of Florida and received his PharmD in 2006. (He's a huge Gators fan.)

Patel is also a proud luminary with CPESN® USA Virginia and CPESN USA North Carolina. He serves as the chairperson for the Independent Pharmacy Network with the North Carolina Association of Pharmacists. Patel also sits as one of the commissioners for the Public Health Commission in North Carolina.

Patel is quick to deflect praise for his success, saying, "It's important to have good people with you. My team is incredible. It's nice to have selfless teammates who really care and have the same vision as you have."



FITCHBURG FAMILY PHARMACY | FITCHBURG, WIS.

Thad Schumacher, owner of Fitchburg Family Pharmacy in Fitchburg, Wis., has a message he delivers to his staff on a regular basis.

"I tell them that if somebody comes here to ask for something, they've already been to three other places and have been told no," he says. "So if we can be the 'yes' answer, then they just won't go to those places anymore."

Saying "yes" has worked out nicely since the business opened in 2013. Along with traditional retail offerings and prescriptions, Fitchburg has been expanding its clinical footprint, and has gone all-in with COVID-19 vaccinations.

However, all of that was nearly washed away before it started. About nine months after Fitchburg opened its doors, on a cold January morning, a fire broke out on the third floor of the building where the pharmacy was located. Tens of thousands of gallons of water poured into the pharmacy on the first floor. All of the OTCs were ruined, the floor was torn up, and

the walls had to be cut open to dry the insulation.

Still, Schumacher vowed to push forward. "I think back to that time and for me the No. 1 priority was for us to never close our doors," he says.

Schumacher, a 1996 Creighton University pharmacy graduate, says it took several months to fully recover. After that it began to find its footing, starting to build its clinical business by giving non-vaccine injectables in the pharmacy.

By 2018 the business had grown to the point that more space was needed, so it moved to a bigger location, covering 2,100 square feet (compared to 1,700 square feet previously).

Schumacher says Fitchburg's COVID-19 immunization program kicked into high gear when it became part of the Federal Retail Pharmacy Program through CPESN® USA and was allowed to order large quantities of vaccine at one time. Fitchburg has given almost 13,000 vaccine doses, mostly Pfizer. The pharmacy has also done drive-thru vaccine clinics and remote clinics with employers, non-profits, and churches, ranging from 100 to 500 doses.

COVID also created a new revenue stream, as the pharmacy began doing TB skin testing. Schumacher says at the outset of the pandemic the University of Wisconsin at Madison School of Pharmacy needed a TB skin test for students

before they could go on rotation, and the health services center at the school was closed because of COVID. (Schumacher's wife Michelle Chui is a professor at the school of pharmacy.)

"We were asked on a Tuesday if we could do TB skin testing," he says. "We developed a protocol, were educated on how to do TB skin testing, got a collaborative practice agreement signed by a provider, and TB skin-tested about 200 students within about four days. After that happened, we just kept doing it. We probably do 12 per month, and it's all cash."

Community engagement is an integral part of Fitchburg's mission, and it is active in many local initiatives. Schumacher also serves on the board of the Boys and Girls Club of Dane County.

"We're huge supporters of that organization," he says. "I'm a bicyclist, and they have a bike ride every year and we have a team called the Fitchburg Family Pharmacy Pill-Peddlers, where we have customers, other pharmacists, and other medical providers ride on our team for charity to raise money. We've raised more than \$30,000 for them in the last 4-5 years. That's our biggest fundraiser."

Schumacher says the bottom line is taking care of patients.

"We have a willingness to meet people where they are, and take care of the services that they need," Schumacher says.



ALPS PHARMACY | SPRINGFIELD, MO. AREA

In the last 17 years Alps Pharmacy has built a thriving business, with three pharmacies in the Springfield, Mo., area.

What's the driving force behind that success? "That's easy," says **Don Savley**, who owns the business with his wife **Melody**. "It's people."

"We have an excellent team," he says. "Our people just make a huge difference in what we do."

Don and Melody opened their first store, Alps Pharmacy, in 2004 as a retail business with about 1,000 square feet located inside a grocery store in Springfield. Alps Specialty Pharmacy (closed door) opened in Nixa, Mo. in 2016, and Alps LTC Pharmacy (also closed door) opened in 2017 in the same building, sharing 7,500 square feet. The company had a 37.4 percent growth in 2019-20, and 70 percent between 2018-20. For 2021, projected revenue is expected to get another boost.

"We intentionally designed our company into three business elements because we wanted to be diversified to stay ahead of the

PBMs," Don says. "I don't know if we have conquered that, but we are growing quite rapidly, and have been one of the survivors so far."

The Nixa location also houses the company's call team, COVID-19 testing facility, functional medicine consulting room, and pick-up point. Immunizations and other injections are done in both Nixa and Springfield.

Don, a native of Nashville, Tenn., has an extensive background in the grocery industry and has held numerous executive positions in that field. He serves as president and CEO. Melody, a native of Dexter, Mo., who received her pharmacy degree from the University of Missouri-Kansas City in 1980, is chief pharmacy officer.

Don and Melody met about 20 years ago. Melody was working at a regional grocery chain. Don was the COO of the chain at the time and he and the president paid a visit.

"I made sure I met each pharmacist," he says, adding, "and I really liked her." On New Year's Eve 2004, they were married, and not long after they opened their first pharmacy.

Alps has 65 employees at its two locations. Melody says the retail business is "busting at the seams because we are a high-volume store." She and Don had plans in the works to address that, but the COVID-19 pandemic basically forced their hand.

The community pharmacy created a rotating schedule with two teams, with several staff working at the Nixa location, answering phones and entering prescriptions under pharmacist supervision. Having teams ensured that the pharmacy could continue to operate if one team had exposure to COVID. The other team is in the pharmacy at the Kearney Street location, filling prescriptions, consulting patients, and managing day-to-day pharmacy operations.

Don says, "It's really helped us grow and improve quality, and it's easy to measure."

The pharmacy's success has garnered some accolades of late. In May, the *Springfield Business Journal* awarded Alps Pharmacy with a spot in the "The Dynamic Dozen." This award recognizes 12 of the fastest growing businesses in the Springfield metropolitan area.

Melody was also honored with a "Women Who Mean Business" award by *Biz 417*, a business publication covering southwest Missouri. It is given by nomination to five businesswomen each year.

Don and Melody say having a customer service mindset is a key to success.

"We treat our patients with kindness, and we are a go-to pharmacy to help with insurance issues, copay issues, formulary issues or any other questions," Melody says. "We listen and are proactive. We look for solutions for our patients."



Like many pharmacists, **Jesus Rios Jr.** had a mentor when he was entering the profession. For him it was Lino Perez, longtime owner of Lino's Pharmacy in Roma, Texas. Lino's, which also has a location in Rio Grande City, Texas, has been a community staple for more than 45 years. In 2004 when Perez decided he was ready to retire and asked Rios if he would like to take over, there was no hesitation. He wanted to continue the legacy of community care that Perez had established.

"It was scary, but I was ready for it, for the challenge," Rios says. "I knew that my calling was to come back to my community and serve it as a pharmacist."

Rios was born and raised in Roma, a town of about 17,000 residents located in south Texas, just a few blocks from the bridge to Mexico. He left home to attend pharmacy school at the University of Texas at Austin, where he received his degree in 1997. After graduating he worked for a chain for several years but helped out at Lino's on his days off.

"I always wanted to be an independent pharmacist but it's hard to own your own business at first, right out of college," he says. After taking over the Roma store in 2004, Rios opened a second location in 2008 about 10 miles away. In 2018 Rios basically rebuilt the Roma store, expanding from 1,200 square feet to 4,000. The Rio Grande City location is 2,500 square feet. He has about 50 staff total.

As with everybody, the COVID-19 pandemic forced adjustments, and with Rios it was no different. When it became clear that vaccines would become available, he began planning. Rios says that Lino's transitioned to full vaccination mode by March 2021, providing both the Pfizer and Johnson & Johnson vaccines.

"We did a couple of big clinics with Pfizer and partnered with the city and the school districts to facilitate the vaccination clinics, and that was very rewarding," Rios says.

Rios knows that the chains get knocked for being sterile and looking all the same, but he says that's actually a strength for them in the sense that customers know that the same products are available in any store across the country. He's tried to emulate that model with his two stores, so if somebody is near Rio Grande City, they don't have to go all the way to Roma to get a certain product, or vice versa. Rios says he'll sometimes rotate staff between the two locations to help foster familiarity with patients.

"We try to mirror-image what we do in one location to the other," he says. "I think it's important that we have everything in place at both stores."

Expanding its clinical services offerings is a primary goal for Lino's. Rios says the pharmacy has a growing medication synchronization program, with about 800 enrolled in Roma and approximately 400 in Rio Grande City. Rios says compliance packaging has been a point of emphasis of late, and he's eager to get a formalized point-of-care testing program in place.

Rios says CPESN® USA's clinical focus was what prompted him to join the organization.

"They were a big help in getting us certified through the CDC as vaccinators," he says. "They have the right tools and they have the right training. We want to be part of a clinical setting and offer clinical services, and CPESN is the right partner to get us there."

Above all else, Rios wants to continue taking care of patients the way that Lino Perez did.

"When people come to Lino's Pharmacy, they are going to get somebody who is local and somebody who they know they can trust," he says. "It's satisfying knowing I'm taking care of the community where I was born and raised. Our priority is access to care."



MEDICAP PHARMACY | MULTIPLE LOCATIONS, IDAHO

When **Devin Trone**, PharmD, decided to become an independent pharmacy owner, he figured why settle for one store when you can start with two?

Well, that's not exactly how it happened. Trone, a native of Mesa, Ariz., and 1997 pharmacy graduate from the University of Arizona, opened his first store, Medicap Pharmacy 8362, located in Meridian, Idaho, in May 2005. Around the same time the owner of a pharmacy in nearby Parma was looking for an exit strategy, heard through the grapevine that Trone was opening a store and asked if him if he was interested in buying his pharmacy also.

"So, my start in independent pharmacy ended up being two stores," Trone says. "It worked out just fine because I had a pharmacist who was really looking for something like that, so before it even opened he came to me and said, 'Hey, I'll be your pharmacist there.'"

Growing up, Trone says he wanted to be in a profession "that made a difference." For years he says

he wanted to be a veterinarian, but after doing more research on pharmacy, he decided it was a good fit for him.

For about six months after graduating from pharmacy school, Trone did some long-term-care consulting and worked for Albertson's Pharmacy. He and his wife Becki then decided they wanted to be closer to her family in Idaho, so he transferred to an Albertson's there. After seven years in a chain environment Trone says he was bitten by the independent bug.

"As I learned the profession, I had some good experiences with some good pharmacy teams and I thought, 'Why don't I break off and do this on my own,'" he says. "I had moonlighted with a couple of independents and that kind of helped the bug bite me."

Trone's stores are located near Boise, the state's capital city. Since opening his initial two pharmacies, he has added two more and is planning to open another in fall 2021 in Caldwell, Idaho.

The Medicap 8362 location in Meridian is the main hub, Trone says. He has more than 40 employees total at his stores, and the pharmacies dispense a combined 16,000-plus prescriptions monthly.

Along with standard retail, Trone offers a number of other services through his pharmacy, including compounding and medication synchronization at all its locations.

One area that's become a steady revenue producer is CPAP (continuous positive airway pressure) supplies and services.

"I had several acquaintances that were big into CPAP and wanted to start a CPAP business with me at our main hub in Meridian," Trone says. "It took us several years, but we have figured it out and now have a solid CPAP business in tandem with our pharmacy."

Trone says the state has been helpful in allowing pharmacists to work at the top of their license, so he is working toward doing point-of-care testing, lab ordering and interpretation, and hormone and nutraceutical consulting.

When COVID-19 vaccines became available, Trone says his pharmacies were ready. They administered Pfizer, Moderna and J&J, and did 5,497 shots by the end of July.

Going forward Trone says he wants to continue adding more clinical programs, as he thinks that's the future for independent pharmacy.

"Volume is the name of the game, but then it is what do we do with those lives that come through our door," Trone says. "Do we let them zip in and out, or do we invite them to our other services? To me, community pharmacists are there for the patient and the community. They are focused on the patient and act as an advocate on their behalf."



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