2021 NCPA *Community Pharmacy* Start-up BENCHMARKING REPORT

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NCPA Community Pharmacy Start-up Benchmarking Report, *sponsored by Compliant Pharmacy Alliance*

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Introduction

This publication is the fourth edition of the benchmarking guide for pharmacy start-ups published by the National Community Pharmacists Association, *the Voice of the Community Pharmacist®*.

Prior to this report, start-up pharmacies had virtually no benchmarking data on comparable pharmacies needed to make financial projections and compare progress against other start-up pharmacies. For numerous reasons, pharmacies operating for more than five years perform at significantly different quantitative levels than new pharmacies and thus do not produce reasonable comparative tools for benchmarking purposes. Measures such as sales volume are significantly impacted by the longevity of the business, which impacts other measures such as total sales and number of full- and part-time employees hired. For these reasons it is imperative that start-up pharmacies have access to benchmarking data from their peers. This report is the only resource available that provides such data.

In a world of low prescription drug margins and excessive DIR fees, it is important that start-up pharmacies develop strategies for diversifying their revenue from the get-go. Offering specialized services tailored to the health care needs of their patients allows start-up pharmacies to grow as small businesses while demonstrating their value as health care providers. Specialized services might include point-of-care testing, compounding, adherence programs, immunizations, and disease management programs. CPESN® USA, a clinically integrated network of community-based pharmacies, is how high performing pharmacies can contract as a group to offer services that improve overall patient care, especially for those with complex, chronic illnesses.

Medicare and Medicaid continue to comprise over 55 percent of independent pharmacies' prescription business. Over 40 percent of the remaining independent prescription business is generated from other third-party contracts. With over 90 percent of prescription sales coming from government or private third-party contracts, a pharmacy's keen understanding of these programs and the contracts they offer is imperative for a start-up business to survive.

NCPA's Ownership Workshop and Enhanced Services Boot Camp programs continue to provide expert guidance to entrepreneurs desiring to open their first pharmacy, to chain pharmacists looking to be their own boss, and to current pharmacy owners interested in becoming a multi-store owner. Until this publication, there was limited data on those critical first years of business to incorporate with the techniques and business tools introduced to prospective and new pharmacy owners at the workshops. Another great resource for entrepreneurs is provided by NCPA's popular front-end guru and Senior Director of Store Operations and Marketing, Gabe Trahan. In his book, *Gabe's Favorite Tips,* he has compiled an extensive collection of tips and suggestions that experience tells him are the most important contributors to pharmacy success outside of the prescription department.

For the fourth year, NCPA has surveyed start-up pharmacies from around the country that have been open five years or less to accumulate this vital benchmark information specific to new businesses. We are proud to provide you with this fourth edition of the NCPA Community Pharmacy Start-up Benchmarking Report, sponsored by Compliant Pharmacy Alliance.

Methodology

Survey participants consisted of pharmacy owners or their designees representing pharmacies that began from scratch and have been in business for more than one year but no more than five years. NCPDP data was used to identify pharmacies that have been in business five or fewer years. NCPA invited these pharmacies to participate in the survey via an email campaign. Participants were provided the option of filling out an online version of the survey or completing a hard copy version. The survey closed on Oct. 22, 2021.

NCPA performed basic procedures to test completeness and accuracy of all surveys submitted. Of the surveys submitted, 102 had data that could be used in the analysis. Averages across measures were calculated and are presented in the tables that follow. This survey collected data from pharmacies' fiscal years 2016 – 2020. When possible, data from previous surveys were combined to generate the results for this study.

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 Compliant Pharmacy Alliance or NCPA of any of the featured products or services. Thus, neither Compliant Pharmacy Alliance nor NCPA warrant that the information presented is accurate, current, or applicable for a particular use and accept no responsibility or liability with respect to such information.

Pharmacy landscape

The NCPA Community Pharmacy Start-up Benchmark Report, sponsored by Compliant Pharmacy Alliance, provides an overview of start-up pharmacies and presents trends going back five years. The tables that follow include information regarding demographic characteristics such as community size and how pharmacy owners categorize their store location. Patient care and progressive niche services such as point-of care testing, long-term care services, and collaborative drug therapy management offered by start-up pharmacies are present. Financial information such as prescription drugs sales, cost of goods sold, and gross profit are provided for each year of business and financial ratios such as current and quick ratios and prescription inventory turnover are measured across all pharmacies that provided data.

Demographic characteristics

Tables 1 through 4 provide demographic characteristics of start-up pharmacies that have been in business five or fewer years. One of the first major decisions a start-up pharmacy may have to make is where to locate their pharmacy. Retail locations are available in many different forms, and each location has its own advantages and disadvantages. Picking the right location may mean the difference between the success or failure of start-up pharmacy. A shopping center storefront may have ample parking but also have size restrictions on the pharmacy's roadside sign. The ground floor of a medical office building may offer proximity to prescribers, but that doesn't guarantee referrals or collaborative practice activities. A growing trend that pharmacy owners have found profitable is to choose a location that allows access to a drive-thru window, something that probably paid off in the COVID-19 pandemic. A pharmacy drive-thru window has always been an advantage for patients with limited mobility and others such as parents with children.

Table 1: Pharmacy practice settings	
Within a shopping center or strip mall	45%
Stand-alone community pharmacy or in downtown block	32%
Within a medical office building	13%
Within a clinic	4%
Within a grocery store	4%
Other	2%

Thirty-two percent of the sampled start-up pharmacies choose to operate as a stand-alone community pharmacy, with an additional 45 percent choosing to operate within a shopping center (Table 1). Thirteen percent operate within a medical office building and another 10 percent operate within a grocery store or some other location setting. Picking the right location will depend on your community, budget, and the services your pharmacy plans to provide.

Table 2: Pharmacy's primary business	
Full-line pharmacy	85%
Apothecary	8%
Compounding	3%
Long-term care	2%
Specialty	1%
Telepharmacy	1%

Table 2 shows how pharmacy owners categorized the stores that they operate. The survey doesn't capture why owners choose one type over another, but an overwhelming majority open full-line pharmacies with prescription drugs, OTCs, first aid, and other offerings like gifts and greeting cards.

Eighty-five percent of sampled pharmacies operate a full-line pharmacy with an additional 8 percent operating an apothecary. Seven percent of sampled pharmacies opened a niche pharmacy. Of these pharmacies, 3 percent started a compounding pharmacy, and 2 percent opened a pharmacy focusing on long-term care. Two percent of sampled pharmacies focused on specialty medications or telepharmacy.

Table 3: Pharmacy community setting	
Population over 50,000	25%
Population from 10,000 to 50,000	41%
Population less than 10,000	34%

Table 3 shows the population of the community in which the sampled start-up pharmacies are located. Thirty-four percent of sampled pharmacies are located in communities with populations less than 10,000, with an additional 41 percent residing in communities with populations between 10,000 and 50,000. Small communities may be a great opportunity for a start-up pharmacy. Some small towns lose their pharmacy when the owner doesn't find a buyer to continue running the store. Some are growing and can now support a full-service pharmacy or perhaps an additional pharmacy. Small communities may be "medically underserved," an industry term of art that can signal an opportunity for a pharmacy to offer services that meet patient needs, improve access to health care, and provide professional fulfillment to the pharmacist.

Table 4: Average pharmacy footprint	
Prescription department	894 sq.ft.
Front end	934 sq.ft.
Total	1,828 sq.ft.

Table 4 shows the average footprint of sampled pharmacies. The average sampled pharmacy is 1,828 square feet, of which 894 square feet and 934 square feet are dedicated to the prescription department and to the front end, respectively. The modest front-end footprint suggests that start-up pharmacies were focused on prescription drug sales, as supported by Table 10. While the average start-up pharmacy has a small front end, a few start-ups have created front end niches, with front end square footage exceeding 3,000 square feet.

Pharmacy staff

Payroll is the second biggest expense of a pharmacy behind cost of goods. Given low prescription drug margins, it is crucial that start-up pharmacies avoid hiring more employees than necessary to profitably operate their small business. Looking to technology and outsourcing can be a cost-efficient way to control operating expenses and compete in a highly competitive environment. Table 5 shows the number of full- and part-time employees that an average start-from-scratch pharmacy employs. The study finds that the average start-from-scratch pharmacy in business five or fewer years employs 9.2 full- and part-time employees, with 5.3 of these employees being hired on a full-time basis. The typical start-from-scratch pharmacy employs one full-time pharmacist and one part-time pharmacist, and 2.1 full-time pharmacy technicians along with one part-time technician.

Table 5: Pharmacy staff

	Full-time	Part-time	Total full- and part-time
Pharmacists	1.0	1.0	2.0
Technicians	2.1	1.0	3.1
Other positions	1.2	1.4	2.6
Working owners	1.0	0.5	1.5
Total	5.3	3.9	9.2

Patient care services

Table 6: Patient services	
Refill synchronization	88%
Immunizations	84%
Medication therapy management	79%
Same-day home delivery	74%
COVID-19 vaccine	73%
Compounding	50%
Hospice	29%
Collaborative drug therapy management	22%
Point-of-care testing	14%
COVID-19 diagnostic testing	12%
COVID-19 antibody testing	11%
Pharmacogenomics testing	1%

With nearly 19,400 locations nationwide, independent community pharmacies are easily accessible health care providers that specialize in high-quality patient-centered care. One of the hallmarks of independent pharmacy has long been the services patients can access and receive in the pharmacy. Start-ups can leverage these services to establish their brand and generate revenue other than prescription sales. Some services are easy to roll out on day one, while others may get phased in when cash flow is established, patient demand is understood, or opportunities for collaborative care are presented. Examples of services that can be rolled out on day one are immunizations, glucose checks, lipid checks, blister packaging, and low-complexity non-sterile compounding. Services to develop over time may include diabetes self-management training, point-of-care testing with collaborative practice agreements to initiate therapy, complex/sterile compounding, and multi-dose compliance packaging. In addition, clinically integrated networks of community-based pharmacies, like CPESN, are responding to the demand for demonstrable value. These niches are helping owners differentiate their pharmacies in local markets while diversifying their revenues.

Table 6 shows that 88 percent and 84 percent of start-up pharmacies provide refill synchronization services and immunizations, respectively. Seventy-nine percent and 74 percent provide medication therapy management and same-day home or workplace delivery, respectively. While the survey did not collect information concerning fees charged for niche services, they can be an important source of revenue for both start-ups and established independent community pharmacies. Providing these niche services also establishes the independent community pharmacist as a health care provider rather than just a dispenser of medication.

Long-term care pharmacies

Table 7: Long-term care pharmacies	
Provide long-term care services	13%
Combo shop long-term care facility	88%
Closed-door long-term care facility	12%
Average number of beds, combo-shop	56
Average number of beds, closed-door	98

Long-term care is another niche that offers independents the opportunity to diversify their revenue while focusing on the health care needs of their local communities. Independent pharmacies play an important role in caring for the nation's roughly 54 million people over the age of 65. 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 many specialty services for seniors such as nutrition assessment and support, intravenous therapy, durable medical equipment, ostomy supplies, and pain management. In addition to the senior population, long-term care pharmacies may serve patients in a variety of special care settings including prisons, mental health and rehab facilities, foster care, boarding schools, and summer camps to name a few.

By innovating, independents provide needed services and improve their business financially. Thirteen percent of start-up pharmacies provide some sort of long-term care services (Table 7). Eighty-eight percent of start-up pharmacies that service long-term care populations do so out of the same pharmacy from which they dispense prescriptions to patients in the community. For these combination community and long-term care pharmacies (referred to as "combo shops"), the average number of beds serviced is 56. The remaining 12 percent of start-up pharmacies dispense medications exclusively to long-term care populations and are referred to as "closed-door pharmacies." If a start-up is classifying itself as a closed-door pharmacy and serving skilled nursing facilities exclusively, it is almost always because a combo shop has reached the threshold where this business can operate profitably on its own. Closed-door pharmacies may receive higher reimbursement for prescriptions and related services provided to long-term care settings.

Compounding pharmacies

Preparing compounded medications can provide a start-up business with a clear way to differentiate its services from those of its chain competition. Compounding prescription medications is often a source of professional satisfaction for pharmacists. Start-up compounding-only pharmacies are typically an offshoot from a full-service pharmacy that wants to establish a separate business identity for compounding services. Project costs for a start-up compounding-only pharmacy will differ because of specialized training and different equipment, inventory, supplier, and marketing expenses.

Compounding has come under increasing regulation, but still provides a promising avenue for pharmacies looking to diversify revenues and increase profits. The compounding common to the independent pharmacy ranges widely in complexity from non-sterile to sterile, non-hazardous to hazardous, and from full-line stores that compound to compounding-only pharmacies. Niches in compounding, such as veterinary compounding, are cash revenue niches that provide opportunities for reimbursements that are not dictated by third-party payer contracts.

Fifty percent of sampled start-up pharmacies stated that they compound. For sampled start-up pharmacies that compound, the average number of compounded prescriptions as a fraction of total dispensed prescriptions varied from a low of 1 percent to a high of 100 percent. Of these pharmacies, 3 percent compounded more than 85 percent of prescriptions that they dispensed. Another 77 percent compounded less than 10 percent of the prescriptions that they dispensed (Table 8).

Table 8: Compounded prescriptions	
Percent of pharmacies that compound	50%
Compound over 85% of total dispensed prescriptions	3%
Compound between 1-10% of total dispensed prescriptions	77%

Financial benchmarks

Financial statements are critical to assessing the viability of a pharmacy start-up project. Benchmarking reports such as this one help assess success relative to that of similar businesses.

Financial measures are standard accounting ratios that are commonly used to evaluate your pharmacy's financial health. Becoming familiar with these ratios and learning how raising or lowering one component of the equation affects your bottom line can mean the difference between success and failure. Start-up pharmacies must be diligent in understanding financial measures and how these measures impact their bottom line. Use your financial statements to assess your present situation and identify any significant trends compared to the benchmarking data that follows. Identify the strengths and weaknesses of your pharmacy and identify possible causes for the problems. Set goals for the year and develop a written action plan for achieving better results. Implement your plan and monitor its progress. Review the plan monthly, evaluate its performance, and focus on additional areas that may require improvement. Revise the plan periodically if necessary. Repeat the entire process, making corrections and adjustments for the differences between actual results and measurable goals. Financial management is an ongoing process, not a short-term project. Work with your fellow pharmacists, your internal management team, professional accountant, and outside business advisers to gain the most from their expertise. Use this report to help guide your pharmacy through a cutthroat competitive environment.

While there may seem to be hundreds of financial ratios to analyze, the most commonly used ratios fall into one of four buckets:

1. **Income statement ratios** that measure profitability. Commonly used income ratios include gross margin and net profit.
2. **Productivity ratios** measure the efficiency of staff and facilities. Productivity measures include sales per employee and sales per square foot.
3. **Balance sheet ratios** measure stability, and include the current ratio and quick ratio.
4. **Asset management ratios** measure the working capital cycle. Measures include inventory turnover, accounts receivable turnover, and accounts payable turnover.

Tables 9 and 10 provide a brief overview of start-up pharmacy operations by years in business. Sampled start-up pharmacies in business for one year on average dispense 15,814 prescriptions per year. These pharmacies dispense 8,873 new prescriptions and 6,941 renewed prescriptions (Table 9). The number of dispensed prescriptions steadily increased with years in business and the number of renewed prescriptions gradually increased relative to the total number of prescriptions dispensed. By the fifth year in business, the average pharmacy started from scratch dispensed 50,702 prescriptions, an increase of 221 percent relative to a pharmacy in business for one year. Pharmacies in business for five years, on average, dispense 25,790 new prescriptions and 24,912 renewed prescriptions per year.

Table 10 provides financial information by years in business. Average total sales increase from $1,020,342 after one year in business to $3,221,424 after five years in business. The percentage of revenue that is generated from prescription sales ranged from a low of 94 percent in year one to a high of 97 percent in year four. But the goal isn't to get this percentage as high as possible; a business needs diverse

Table 9: Average prescriptions dispensed per pharmacy location (by years in business)

	First year	Second year	Third year	Fourth year	Fifth year
New prescriptions	8,873	13,806	16,348	22,511	25,790
Renewed prescriptions	6,941	11,699	14,711	21,986	24,912
Total prescriptions	15,814	25,505	31,059	44,497	50,702

Table 10: Financial averages of pharmacy operations (by years in business)					
	First year	Second year	Third year	Fourth year	Fifth year
Prescription sales	960,621	1,447,359	1,909,047	2,658,397	3,110,582
All other sales	59,721	65,720	89,621	89,244	110,842
Total sales	1,020,342	1,513,079	1,998,668	2,747,641	3,221,424
Prescription costs	805,032	1,216,074	1,578,823	2,121,005	2,440,718
All other costs	41,688	46,016	62,653	64,501	78,014
Total cost of goods sold	846,720	1,262,090	1,641,476	2,185,506	2,518,732
Gross profit	173,622	250,989	357,192	562,135	702,692
Gross profit percent	0.170	0.166	0.179	0.205	0.218

revenue sources. By the fifth year in business, a typical start-up responding to the survey brought in $3,110,582 in prescription sales and $110,842 from other sales.

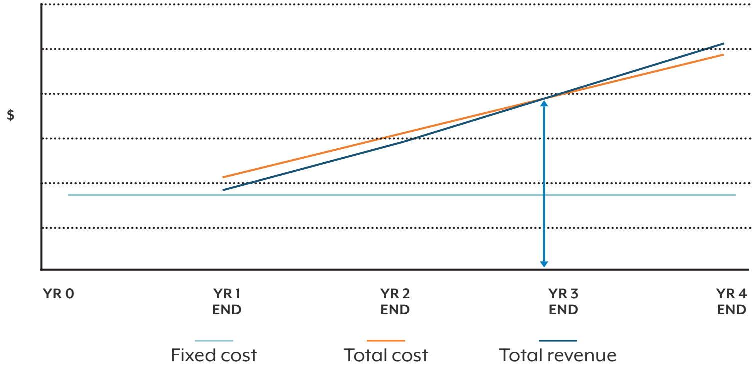
Table 10 also shows that gross profit increases with years in business. On average, sampled start-up pharmacies in business for one year generated 17 percent in gross profit, but by year five the comparable figure increased to 21.8 percent, a roughly 28 percent increase over time. Gross profit dollars also increased over this period by more 305 percent from $173,622 after year one to $702,692 after five years in business. While much of this increase can be attributed to rapidly increasing prescription sales as start-ups grow, it is important that start-up owners focus beyond growing sales by not dropping the ball on the purchasing side of business. Cost of goods sold is the number one expense of a pharmacy and must carefully be monitored if a start-up is to generate enough gross profit dollars to cover operating expenses and earn a profit. Joining a buying group can leverage scale, minimizing the cost of purchases and maximizing rebate dollars.

Owner's Discretionary Income (owner's salary plus net profit) is not reported here but would be the gross profit minus expenses of running the pharmacy business, such as wages, rent, utilities, office supplies, etc. The commentary that follows addresses the point in time at which the start-up records positive net profits.

Break-even commentary

A number very important to pharmacy owners who have just started business is the break-even point, where a business starts to turn a profit. One way to analyze the break-even point is to focus on total prescriptions dispensed. Because prescriptions dispensed represent over 90 percent of total revenue, total revenue can roughly be estimated by multiplying prescriptions dispensed by the average price of a dispensed prescription. The weighted average price of a prescription dispensed by the pharmacies surveyed for this report is $60.19. Figure 1 provides an illustration of break-even analysis utilizing prescriptions dispensed from Table 9 and prescription sales from Table 10. Figure 1 demonstrates that a typical pharmacy in business for one or two years records negative net profits because costs exceed revenues. But by around the third or fourth quarter of year three, revenues begin to exceed costs. For the average start-up, that occurs around 30,000 prescriptions. Most start-ups require financing to cover expenses in the first few years. Since most banks ask for three years of financial projections, it may be a useful exercise to estimate the fixed costs, variable costs, and total revenue over two, three, or four years to find the break-even point. It is difficult to predict what business will look like three or four years on, so revise these estimates every year with as much actual data as possible. Pharmacies that do not break even within five years should thoughtfully consider the future of the business. Bank financing usually has a five-year repayment schedule, making five years the latest reasonable point to break even.

Figure 1: Start-up pharmacy break-even point



Pharmacy owners looking for ideas to shorten the time to break even need to consider ways to boost non-dispensing revenue. One way to do this is by offering services that don't require inventory or expensive equipment.

Balance sheet ratios, productivity ratios, and asset management ratios

The amount of working capital, or cash flowing through the business, indicates liquidity. The current ratio is a common benchmark for measuring cash flow or liquidity. This ratio shows that sampled pharmacies have $2.1 in current assets on hand for every $1 in current liabilities (Table 11). A high value of the current ratio indicates that a pharmacy has enough liquidity to pay its current obligations. A current ratio of less than one indicates that a pharmacy may have problems meeting its short-term obligations.

The quick ratio measures the amount of liquid assets available to a pharmacy relative to the current liabilities held by the pharmacy. Assets that can easily be converted into cash are considered liquid, and a pharmacy's debts that are due within a year are considered current liabilities.

A quick ratio of one indicates that a pharmacy has exactly enough assets to be instantly liquidated to pay off its current liabilities. A quick ratio of less than one suggests that the pharmacy cannot pay off its current liabilities quickly, while a ratio above one suggests that a pharmacy can instantly pay off its short-term obligations. Sampled start-up pharmacies had an average quick ratio of $1.07,

Table 11: Financial ratios	
Current ratio	2.10
Quick ratio	1.07
Accounts receivable turnover	22
Accounts receivable turnover (days)	17
Accounts payable turnover	23.3
Accounts payable turnover (days)	16
Inventory turnover	10.73
Inventory turnover (days)	34
Prescription inventory	12.2
Prescription inventory turnover (days)	30

suggesting that for every $1.00 in current liabilities, the average start-up pharmacy had $1.07 in cash and accounts receivable on hand, providing enough liquidity to quickly pay off short-term debt.

The accounts receivable turnover ratio is the rate at which customer accounts receivables are collected by the pharmacy. The higher the turnover, the quicker credit is turned into cash for the pharmacy and can be expressed as a value representing the number of days needed for collection. The efficiency of a pharmacy to pay its creditors for inventory is measured by the pharmacy's accounts payable turnover. This measure can also be expressed as a value in terms of number of days needed to pay creditors. Across all sampled pharmacies, accounts receivable turnover days and accounts payable turnover days averaged 17 and 16 days per pharmacy, respectively.

The goal of inventory management is to minimize the investment in inventory while ensuring that inventory is available when needed. Inventory turnover measures the number of times inventory is sold or used in a time period such as a year. It is an important measure of how well a pharmacy generates sales from its inventory. It is calculated to see if a pharmacy has an excessive inventory in comparison to its sales level. Sampled start-up pharmacies had an inventory turnover of 10.7 and a prescription inventory of 12.2. Converting turnover into days per year shows that total inventory stayed in stock for an average of 34 days while prescription inventory stayed in stock for an average of 30 days, suggesting that prescription inventory turns more rapidly than OTC inventory.

A few tips to help run your pharmacy efficiently

Know your market. Location, location, location. The location of your pharmacy is tied directly to your success. This part of the process must be thoroughly researched. Are there other independents in the area? Are there any large chains? Are there locations near medical offices and prescribers? It is important to research your target audience and to understand your community and what services they need. And don't be afraid to walk away if the location isn't the right fit.

Do not sign your lease too early. The time it takes to open the doors for business in some areas can set a pharmacy up for failure from the start. Monthly lease payments with delays in opening for business can drain cash fast. Don't sign that lease until you have worked with your professional team (lawyer, accountant). Don't let a landlord or anyone else pressure you into signing a lease until you know it's the right time.

Do not underestimate the amount of working capital that is needed to operate a start-up. Being poorly capitalized will put a start-up pharmacy on the path to bankruptcy from the start. Doing due diligence, working with your professional advisers, and attending the NCPA Ownership Workshop are just some of the measures you must take to ensure you understand your working capital needs and why working capital is so important.

Think outside the box. If a start-up pharmacy is planning on simply filling prescriptions like its competitor, their business will find it difficult to survive. A start-up pharmacy owner must be entrepreneurial in their approach to differentiate themselves in the marketplace. This differentiation will drive traffic, word of mouth, and revenue/cash flow that are needed from the first day you open. Knowing everyone in town is not a business strategy.

Develop a marketing plan. As a startup you will want to get your name out there to increase your customer base and reach new patients. Before spending too much money on paper advertising, mailings, and radio ads, don't discount the importance of social media. Almost everyone is on some sort of social media these days. You can often market your business on these platforms with little to no cost. You must take advantage of this to reach your base. Be creative and capture the attention of potential patients. Consider having an app for your pharmacy to provide convenient services.

Conclusion

Pharmacists considering opening a pharmacy from scratch want to know how much money is needed to start a pharmacy and how long until the pharmacy records a profit. Owning a pharmacy is still very much a viable career path. Success as an owner requires commitment to high-quality patient care and the ability to stay on top of trends in health care that will affect the business. Breaking even in the third year of operations is typical and financial projections should be cast with this in mind. Operating for two to three years before recording a profit affects the amount of capital to which the owner needs access. This Community Pharmacy Start-up Benchmark Report, sponsored by Compliant Pharmacy Alliance, sheds light on the actual performance of the average start-up community pharmacy and serves as an important resource for benchmarking new pharmacies. Additional resources can be accessed by attending NCPA Ownership Workshops or by using items like *Gabe's Favorite Tips*.

Notes

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