



The Pharmacist Activist

Volume 17, No. 4 • April 2022

“But let justice roll like a river, righteousness like a never-failing stream!” Amos 5:24

LIVE and IN-PERSON

I have been very fortunate in having had opportunities to attend and participate in many meetings of state and national pharmacy organizations. They have provided valuable learning experiences in not only the scheduled programs and educational sessions, but also in the personal discussions with other pharmacists who have become lifetime friends. I have often observed that I wish it was possible for every pharmacy student to attend an annual meeting of a national pharmacy organization. The enthusiasm, pride, and commitment for the advancement of our profession are inspiring and contagious.

In addition to the millions of deaths and lingering illnesses caused by the COVID-19 virus, the pandemic has resulted in many other important consequences and changes, some of which are

irreversible. Many businesses have been forced to close and others have needed to greatly change their operations, working conditions, and mode of communications. Schools have closed, events have been canceled or greatly restricted in attendance, travel has been curtailed, and many have transitioned to remote/virtual work and communication. Colleges of pharmacy have had to resort to virtual instruction and pharmacy organizations have canceled events or held virtual meetings.

At the same time the challenges and limitations of working and communicating remotely/virtually have been forced upon us, some have experienced conveniences and financial efficiencies of these strategies in fulfilling their responsibilities. Moving forward, we will likely have a hybrid of the previous workplace conditions and the

“best of” the new strategies. This approach can have certain benefits but is also associated with the risk of reduced interpersonal communication and services with patients and colleagues. In the pharmacy practice setting, this could further exacerbate the depersonalization of services and care for patients that have resulted from increased mail-order pharmacy and understaffed local pharmacies.

As soon as the in-person meetings were resumed, I traveled to the NCPA annual meeting in Charlotte in October and the APhA annual meeting in San Antonio last month. I value and learned from both events and, also importantly, was inspired and motivated through personal discussions with colleagues. If I as a pharmacist who is “semi-retired” can benefit from these experiences, the value for those with long-term careers ahead of them is far greater.

Daniel A. Hussar
DanH@pharmacistactivist.com

Editorial

Chain Lowlights

In addition to their self-promotional news releases, certain drug chains are frequently in the news for other reasons, many of which reflect their profit-driven agendas at the expense of the safety of their customers, the welfare and job-satisfaction of their employees, and which also damage the reputation of the profession of pharmacy. These situations are not covered in most pharmacy publications and may escape our attention when reported in the lay press. The following are the most re-

cent that I consider important:

“CVS settles opioid lawsuit in Florida”

This is the title of an article in the March 31, 2022 issue (page B3; Sharon Terlep and Michael Dabaie) of *The Wall Street Journal*, in which it was reported that “CVS Health Corp. will pay \$484 million to settle opioid-related claims by Florida...” The

Contents

Does Anyone Monitor the Regulators?..... Page 3

Visit www.pharmacistactivist.com for a FREE subscription

attorney general of Florida sued CVS, Walgreens, and several pharmaceutical companies alleging they “created illegitimate demand for dangerous opioids while unlawfully increasing the supply of opioids to meet that demand.” CVS will pay the amount over a period of 18 years but the settlement includes no admission of wrongdoing. “No admission of wrongdoing” can be interpreted as “there WAS wrongdoing but we will not admit to it because doing so may make us vulnerable to criminal charges and ineligibility to participate in government-funded healthcare and prescription programs. We can come up with whatever amount of money is needed to avoid that outcome.”

“Opioid-related claims” include numerous deaths resulting from opioid overdose and countless addictions and associated consequences. However, paying \$484 million means never having to say you are sorry, or admit to any wrongdoing. And this is just in one state for claims pertaining to just one class of dangerous drugs.

CVS is not the only large chain to be implicated in opioid-related deaths and addictions. The Florida lawsuit also included Walgreens, Teva, and Allergan as defendants; the latter two companies have also agreed to settlements but Walgreens has not, claiming that the recent claims were covered in a 2012 settlement and that the allegations were unjustified. A jury trial is scheduled to start this month.

Other states, as well as the federal government, have also sued the large chains, pharmaceutical companies, and pharmaceutical wholesalers with respect to the devastating consequences of opioid-related issues, and many more lawsuits can be expected. Federal charges against Walmart are pending in a case that originated in Texas in which concerns of Walmart pharmacists were ignored by individuals in Walmart management. The problems were so egregious and numerous that federal prosecutors and agents in Texas wanted to file criminal charges against Walmart, but were not permitted to do so by the Department of Justice. Civil charges are now being pursued and some are anticipating a settlement of approximately one billion dollars (please see the August 1, 2020 issue of *The Pharmacist Activist* for additional information).

“Walgreens turns to robots to fill prescriptions, as pharmacists take on more responsibilities”

This is the title of a commentary (Melissa Repko) on CNBC on March 30, 2022. The commentary includes the following observations:

Walgreens is opening robot-powered micro-fulfillment centers to fill customers’ prescriptions as the role of stores and pharmacists change. It plans to open 22 such facilities across the country.

Each robot can fill 300 prescriptions in an hour.
By 2025, as much as half of Walgreens’ total prescription

volume could be filled at the automated hubs.

This will free up more of pharmacists’ time to provide health care. The changes are being made so that the pharmacist has an easier job and can be building relationships with patients and interacting the way they were trained.

Walgreens is urging state lawmakers to provide a longer list of healthcare services.

The challenge will be convincing customers and insurers to pay – rather than expecting free advice.

A friend who is a healthcare analyst asked for my thoughts on this commentary and I provided the following response:

“I can support a role for the use of robots in the dispensing process. However, when the management of Walgreens or another large chain pharmacy states it is for the purpose of freeing up pharmacists to provide higher end services, it is my opinion that is a LIE. Whether the initiative is to use robots, increase the use of technicians, increase technician:pharmacist ratios, or central-fill, the real goal is to reduce the number of higher-salaried pharmacists. The fact that chains were cutting hours of pharmacists and technicians during the time in which workloads were increasing because of COVID-19 exposes their claims they want to free up the time of their pharmacists. It is also telling that Walgreens is urging changes in state laws and expecting customers and insurers to pay for increased services. I am not aware of efforts Walgreens has made to convince insurance companies they should pay more.”

Rite Aid deletes executives and wellness

In recent years there has been frequent turnover in the executive offices at Rite Aid, so the recent announcement that two high-level executives were leaving the company amid multiple changes did not come as a shock. One of the executives who was terminated had been one of my pharmacy students whom I hold in high regard. She is very capable and my hope was that her leadership role would be influential in advancing the roles and working conditions of Rite Aid pharmacists, and in policy decisions such as my recommendation that the sale of tobacco products be discontinued. When I learned that she had been terminated, I quickly sent the following message to her at her Rite Aid email address:

“I was interested to learn of the changes in executive positions at Rite Aid, but am sorry that you were one of the victims. I can’t say that I am surprised in view of the relative absence of pharmacists in executive positions in the large chains. There has been a revolving door in chain ‘pharmacy’ executive positions.

You are too good and too professional for Rite Aid, a company that has never recovered from the fraudulent and

illegal activity of Martin Grass from which the primary victims were Rite Aid employees. I anticipate that this transition will result in your obtaining a more professionally fulfilling opportunity, and I will be interested in hearing how your plans develop.”

Almost immediately I received the following response:

“Thank you for contacting the Corporate Office at Rite Aid. The party you are attempting to reach no longer works for the Company.”

The closest pharmacy to our home is a Rite Aid but we obtain our prescriptions and other pharmacy products at an independent – Paoli Pharmacy. My wife makes occasional purchases at Rite Aid and has a Rite Aid Awards account that results in her receiving promotional messages at least once a day via email. I read the fine print on a recent message and learned that it is not valid on purchases of tobacco products, alcohol, lottery tickets, or about a dozen other products including prescriptions. In reading farther, I learned that my wife received this message because she is registered for Rite Aid Rewards (*formerly Wellness & Rewards* [my emphasis]). I wonder why Rite Aid deleted “wellness” from this program? Could it be that Rite Aid executives finally recognized that a message of “wellness” can’t be reconciled with their continued sale of tobacco products?

“Walmart pulls back on cigarettes”

This is the title of an article in the March 29, 2022 issue (page B1; Sarah Nassauer and Jennifer Maloney) of *The Wall Street Journal*. Walmart accounts for about 5% of U.S. cigarette sales volume. An estimated 480,000 Americans die each year from causes linked to tobacco use and it is not unreasonable to suggest that Walmart is a seller/participant in the deaths of an estimated 24,000 Americans each year (5% times 480,000).

I was hopeful when I saw the title of the article but I didn’t have to read far to realize that a clearer title would be some-

(Continued on Page 4)

Does Anyone Monitor the Regulators?

I may have missed seeing it in pharmacy publications and announcements, but I just became aware of a shocking error that occurred last fall. More than 400 pharmacy graduates were informed by the National Association of Boards of Pharmacy (NABP) that they failed the NAPLEX exam when in fact they passed. The explanation is noted below:

“Approximately 430 NAPLEX candidates who took the exam between August 31 and September 8 received initial results that were incorrect. This occurred as a result of a system update that affected the NAPLEX scoring process. Those results were corrected and an email was sent on Friday, September 17, to all affected candidates with their correct results and our sincere apologies for this situation.”

The communication that NABP sent to the graduates who received incorrect results reads, in part:

“NABP writes to notify you that NABP conducted a review of your NAPLEX score results. We are pleased to inform you that NABP’s internal examination score review showed that you passed the NAPLEX you took in the last three weeks...NABP values its relationship with you and apologizes for any inconvenience this may have caused.”

This message was sent to 410 graduates who were told they failed when in fact they passed. Twenty other individuals were told they passed when in fact they failed the exam. Were their licenses retracted? The word “approximately” in the NABP explanation is also very disconcerting. Is the actual number of graduates to whom incorrect results were communicated not known?

The reference to “inconvenience” that may have been caused is disingenuous. Responses such as “panic” and “devastation” are far more likely for the individuals who were inaccurately informed of their “failure” or who may have experienced job offers being withdrawn or salary increases delayed. The weak apology is not enough.

I recommend that NABP compensate the graduates who were initially but inaccurately informed that they failed the NAPLEX in an amount equivalent to the costs of renewing their licenses for the next 10 years. Graduates who were informed that they passed the exam when they actually failed should be informed that their exam results will be “curved up” to a passing grade. The extent to which their results fall short of the passing grade is most likely a minor difference in comparison to the impact of what was experienced by those receiving inaccurate results.

Who monitors the regulators?

Daniel A. Hussar
DanH@pharmacistactivist.com

thing like, “Walmart hypocrisy regarding cigarette sales exposed again.” The following observations from the story summarize the limitations of the decision and the motivation for it.

Walmart Inc. is ending cigarette sales in some U.S. stores after years of debate within the retail company’s leadership ranks about the sale of tobacco products.

Cigarettes are being removed in some stores in California, Florida, Arkansas, and New Mexico. In some of these stores Walmart has rolled out a design with more self-checkout registers, as well as other items such as grab-and-go candy sold near the front of the stores in place of tobacco products. The tobacco products are being removed from select locations where Walmart has decided to use the space more efficiently, with a spokeswoman noting, “We are always looking at ways to meet our customers’ needs while still operating an efficient business.” She declined to say how many locations will continue to sell cigarettes but said Walmart isn’t halting all tobacco sales.

At Walmart, sales of cigarettes are generally less profitable than some other items sold near the front of stores such as candy. It is also an operationally complex sale, eating into profit. The redesign of some Walmart stores typically includes more self-checkouts to save money on staffing. When you have mostly self-checkouts, “tobacco becomes really problematic.”

Walmart executives want the public to think that it is increasing its healthcare initiatives. Their response that there have been internal discussions for many years about discontinuing tobacco sales is a long-running deceptive charade. Phrases in the current story such as “eating into profit,” “saving money on staffing,” “other more profitable products,” and “problematic tobacco sales,” reveal the actual motivation of Walmart executives in stopping the sale of cigarettes in a very small number of its stores. It is also noteworthy that the Walmart spokeswoman declined to say how many Walmart stores continue to sell cigarettes, which strongly suggests that the vast majority of them do.

Consumers should be strongly encouraged to not use Walmart, Walgreens, Rite Aid, and other retailers that have pharmacies and continue to sell cigarettes for their prescriptions and other healthcare products and services. Billboards should be rented near

Walmart stores that would include a prominent message such as, “Toxic products purchased at Walmart were implicated in the deaths of 24,000 customers last year.”

Shoplifting

Riots and rampant shoplifting have resulted in the closure of numerous pharmacies in the last several years, many of which are in neighborhoods with residents that have the greatest needs for medications and services of pharmacists. The closure of many Walgreens in San Francisco for this reason has been widely publicized. The problem has increased to such an extent that some retail organizations (e.g., chain stores, super markets) have revised their policies regarding shoplifting to reduce the risk of harm to their employees and customers. The following policy update of one of the large chains was recently forwarded to me:

“Members of store management are no longer allowed to attempt to recover product from customers who are shoplifting. Nor are they allowed to attempt to detain and/or apprehend customers that are shoplifting. Keep in mind that for non-management colleagues nothing has changed as you were never allowed to detain/apprehend or attempt to recover products from customers, but we want to make sure that you’re aware of this change in policy.”

The increase in crime, injuries, and deaths in our society is extremely unfortunate and of great concern. I wish that policies such as the above were not necessary, and I hate to see actions that could enable more theft. However, I do not think of better strategies to reduce the risk of harm for employees and customers. The following post of a pharmacist on social media captures multiple dimensions of this dilemma:

“Today was the first day in a very long time that I was able to work and not have to stress about people just coming in to steal.” It was like a weight off my shoulders because now, it just doesn’t matter. “Take whatever you like! No money? No problem, just come on in and grab whatever you desire. I won’t stop you! Don’t worry, not even the security guards will stop you – they’re just here to show face. Hope you have a wonderful day! Thank you for stealing at _____!”

Daniel A. Hussar
DanH@pharmacistactivist.com

Free Subscription
Go to www.pharmacistactivist.com
to sign-up for a FREE subscription.

The *Pharmacist Activist* will be provided FREE via e-mail to interested pharmacists and pharmacy students who request a complimentary subscription by signing-up online at:
www.pharmacistactivist.com

Author/Editor/Publisher – Daniel A. Hussar, Ph.D.
Dean Emeritus and Remington Professor Emeritus at
Philadelphia College of Pharmacy
Assistant Editor – Suzanne F. Hussar, B.Sc. (Pharmacy)

The Pharmacist Activist, 1 Boulder Creek Lane, Newtown Square, PA 19073
E-mail: info@pharmacistactivist.com

Distribution/Design Services provided by Jeff Zajac