

Pharmacy Market **NEWSLETTER**



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Community Pharmacy Edition

Experts Discuss Effective Management of the Opioid Epidemic

During a recent *Pharmacy Times*® Peer Exchange, experts discussed the continuing opioid crisis, different management strategies, and naloxone education for health care professionals.



The panel included moderator Peter Salgo, MD, professor of medicine and anesthesiology at Columbia University Irving Medical Center and associate director of surgical intensive care at NewYork-Presbyterian Hospital, both in New York, New York; Jeremy Adler, physician assistant and chief operating officer at Pacific Pain Medicine Consultants in Oceanside, California; Charles Argoff, MD, professor of neurology and director of the Comprehensive Pain Center at Albany Medical Center in New York; Jeffrey Bratberg, PharmD, FAPhA, pharmacist and clinical professor of pharmacy practice at University of Rhode Island College of Pharmacy in Kingston; Joshua Lynch, DO, clinical associate professor of emergency medicine for University at Buffalo Jacobs School of Medicine and Biomedical Sciences in New York; and Theresa Mallick-Searle, nurse practitioner within the Division of Pain Medicine at Stanford Health Care in Palo Alto, California.

Although prescription opioid use has declined, Argoff noted that "CDC data and other data clearly state that the number of overdose deaths due to opioids is increasing, and data also suggest that these opioids are semisynthetic opioids...that are not coming from prescriptions."

Figuring out where the opioids are coming from is important, Adler said. "We had the synthetic opioids, which are illicit. These are not manufactured within standardized pharmacies," he said. "We also know from the governmental data that the majority of people who misuse an opioid get it without a prescription. They usually get it from a friend or a family member; there's diversion that occurs."

Lynch said he saw a lot of frustration in the emergency department (ED) when

patients would come in after their pain management doctors discharged them or stopped prescribing. In a worst-case scenario, a pain management practice is shut down for irregular behavior or prescribing—and its patients migrate to the ED. But many EDs are not prepared to deal with pain management appropriately or with individuals with opioid use disorder, Lynch said.

Naloxone Use and Patient Education

Regarding the impact of naloxone on overdoses, Lynch said, "The more naloxone that's out in the community, the more likely that folks [who] are experiencing an overdose will have access to it."

Mallick-Searle discussed the stigma attached to using opioids. "It's like being on antidepressants because you have a mental health condition," she said. "If you're starting to talk to patients openly about the use of naloxone, there's that fear that they're either going to

have the opiates taken away from them or [that] there's something wrong with them that they can't control their use."

Bratberg added that many individuals know about OTC naloxone, but there is a huge difference in what they want to openly purchase in a pharmacy and what they want to deal with at a front desk. "You still have to talk to a pharmacist or a pharmacy tech, and in our research, some [pharmacists] are extremely good about recommending naloxone for all those higher-risk prescription opioids or opioid-benzodiazepine combinations," Bratberg said. "Our research shows that universal offers work well, and I think that's what pharmacists and [providers] need to say; just offer it to everybody."

Management Strategies

Prescription drug monitoring programs (PDMPs) are an important tool. "I found them to be much more of an educational tool for good decision-making in patient care," Adler said, adding that PDMPs help identify drugs that have significant comorbidities with concomitant use, such as benzodiazepines. PDMPs are also helpful for printing out reports that can be given to patients so a health care professional can have a more open, in-person conversation about opioid use or misuse.

"We've identified many patients that come in looking for pain medication," Lynch said. "We print out the PDMP report, and now we have a serious discussion that takes us in a totally different direction, [which] hopefully can end up with [the patient] getting into treatment, getting [methadone-assisted treatment], or both." ■

Source: Murphy J. Experts discuss effective management of the opioid epidemic. *Pharmacy Times*®. 2021;89(4): 16-17.

Colorado Pharmacy Finds Niche in Veterinary Compounding

Trey Beattie, RPh, and his wife, Laurie, a compounding technician, are the proud owners of Beattie's Healthmart Pharmacy in Erie, Colorado.

Beattie graduated from pharmacy school in 1992 and accepted a pharmacist position at a local hospital, with the goal of making \$50,000 his first year out of school, which he accomplished. Although he was already working a 7-days-on/7s-day-off schedule at the hospital, he took a position at an independent pharmacy, working there on his days off. Seeing his potential, the owner encouraged Beattie to purchase a nearby store.

compatible with the compound, Beattie adds chicken flavor to appeal to the dogs' palates.

But working in a pharmacy also has its downside. "We were robbed at least once a year for 9 years straight," he said. "We were a target for robbers with the opioid epidemic going on." To protect the pharmacy and staff, the Beatties brought in Max, a 12-year-old golden retriever. They also brought in Jewel, an Airedale terrier who would bark and growl, but not at everyone.



In 1996, he opened his first pharmacy: Beattie's Community Pharmacy in Brighton, Colorado. Although it took a year and a half to turn a profit, Beattie was optimistic that the airport and housing being built and the large influx of new residents would be a boon to the neighborhood. He hired a local technician, Kay Gerhardt, and told her that they needed to fill 45 prescriptions daily.

"By the end of the year, we were at over 130 prescriptions per day," Beattie said. "When people moved in, we got business from the growth, and our counts went up exponentially—to about 280 prescriptions a day."

In 2009, he opened Beattie's Healthmart Pharmacy in Erie. He wanted to expand into compounding, and the location was perfect, with a lab, clean room, and drive-through window.

Beattie and his staff found a niche in veterinary compounding. They work with veterinarians in the area, compounding mostly for cats and dogs. Some of the most popular compounds the pharmacy makes are budesonide, cispripide suspension, clopidogrel, methimazole as a transdermal ear cream, mycophenolate, and prednisolone. When flavoring is

"The dogs have a good read on people. They know who is good or bad," Beattie said. "The dogs put us on guard and confirm our suspicions when we need them to."

After Max and Jewel died, the Beatties adopted 3 more dogs: Gracie, a golden retriever rescue dog; Klondike, an English golden retriever; and Lilly, a bird dog and a foster dog.

"Lilly loves to greet people at the drive-through," he said. "When a car pulls up, a sensor alerts, and Lilly runs to the window and waits for the car—then pops up to greet people."

Patients love the dogs and often bring them treats or stop to pet them, Beattie said. Recently, the pharmacy received some attention when a picture of their 3 dogs eagerly greeting their UPS driver, Theresa, was posted on the UPS Dogs Facebook page.

Patients are also welcomed into the pharmacy by large murals, which were hand-painted by a friend.

In addition, the pharmacy's employees are engaging and helpful. "Our customer service is stellar. Our friendly employees are our best asset," Beattie said.

Outside the pharmacy, the Beatties are raising animals and rescuing and rehabilitating horses. They started a 501(c)(3) nonprofit through which they take in horses, usually from slaughter auctions and overflow from other rescues, and they rescue, rehabilitate, and rehome them. They have a 5-acre property, complete with a farm.

In addition to dogs and horses, the Beatties' farm is home to alpacas, chickens, cows, donkeys, goats, and sheep. The Beatties welcome families to visit the farm, and visitors love to bring treats and spend time with the animals. "We have had children with autism and children with Down syndrome. It's therapy for the children and us as well," he said. "It's our retreat." ■

Source: Berger K. Colorado pharmacy finds niche in veterinary compounding. *Pharmacy Times*®. 2021;89(4):46-47.

Pharmacy Automation Is Critical



Over time, the pharmacy industry has seen a major shift, from pharmacists being the most accessible and respected health care professionals to essentially becoming short-order cooks: keeping their heads down, counting the pills, filling the vials, and repeating. Decades ago, it was common to visit the local pharmacist for answers to most general health concerns instead of going to the family doctor, and hospitals were often associated with an “end of the road” setting.

The local drugstore was the most accessible place for medical advice. In fact, many referred to their community pharmacists as “doc.”

To meet the needs of patients and stay competitive, pharmacies evolved to become fast and convenient, hence the growth of drive-through windows, \$4 generics, and extended hours. This forced pharmacists into an almost “assembly line” mentality.

But now pharmacists are starting to push back and, once again, provide valuable interactions to patients in the form of face-to-face consultations, home delivery, in-person medication reviews, and telehealth. The pandemic has reignited the connection between patients and pharmacists because patients are avoiding the hospital and their provider’s offices but still looking for professional advice. With 90% of the population living within 5 miles of a local pharmacy, the pharmacist is once again the frontline health care provider, particularly with an increased emphasis on improved adherence and their expanded role in the fight against coronavirus disease 2019 (COVID-19).

Patients now rely on pharmacists more than ever. This means that pharmacists must find the necessary resources, time, and tools to meet these demands. Enter, pharmacy automation.

Technology Support

Pharmacists have made monumental progress recently in coming out from behind the counter. In the wake of COVID-19, many pharmacies are turning to automation technologies to help pharmacists work at the top of their licenses, support operations, and take over redundant tasks. This means reallocating time for immunizations, with a goal of getting patients in and out of pharmacies most effectively. In a post-COVID-19 world, allowing automation to take the place of filling and supporting verification can help the pharmacy team focus their attention on patients, which most agree is far more impactful than just filling prescriptions.

Automating the fill process, which frees up pharmacy staff members, will allow pharmacies to start programs that add value to patients. For example, a robust home delivery program can result in significant growth in the customer base. With the help of the right technology, staff members can focus on business differentiators, such as building relationships within the community and increasing services. In addition, technology that supports adherence packaging is an advantage that builds customer loyalty and increases quality of care.

Planning for the Future

Although the expectations put upon pharmacies have changed dramatically this past year, the goals have stayed the same: being accessible frontline providers; helping to keep communities healthy; and putting patients first. Implementing the right automation now will thrust pharmacies into the future, give them a renewed focus, and continue to diversify the role of pharmacists. ■

Source: Pharmacists have a critical role in patient brain health. *Pharmacy Times*®. March 22, 2021. <https://www.pharmacytimes.com/view/pharmacists-have-a-critical-role-in-patient-brain-health>. Accessed 3/25/2021.

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