

Headlines Point to Continued Pressure on Pharmacy



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MY PLAN FOR THIS YEAR'S INAUGURAL COLUMN

was to provide insights and highlights from IQVIA's recent five-year industry outlook. Instead, several headlines have caused me to pause and reflect on how my pharmacy colleagues are doing as 2022 unfolds. It started yesterday, with an e-newsletter that drew attention to a looming pharmacy technician shortage, and was reinforced today with the FDA's approval of COVID-19 boosters for 12- to 15-year-olds as virus cases explode. Staff shortages combined with increased demand for COVID-19 boosters is causing the perfect storm, and stress levels in the pharmacy are higher than ever with potentially detrimental outcomes for patients.

The headline the National Community Pharmacists Association (NCPA) chose in their story was, "First, it was store clerks, then it was food service workers... now it's pharmacy technicians." They link to a Dec. 29, 2021, NBC news report looking at how burnout, low pay, workload, and stress are causing pharmacy technicians to leave their positions in record numbers. NBC's headline: "The latest worker shortage may affect your health: Pharmacies don't have enough staff to keep up with prescriptions." NBC reporters spoke to 22 pharmacy technicians in 16 states. Common themes that emerged were "unsustainable" levels of workload and stress as demand for COVID vaccines increased without corresponding staffing. The technicians

interviewed report feeling their working conditions had become unsafe because they are being pulled in several directions instead of being able to focus on the basic work of safely providing medications to patients. They report being days to weeks behind in fulfilling medication prescription orders, contributing to patient anger and complaints. Mistakes can and do happen. Mix-ups in administering COVID vaccines rather than flu vaccines, or the wrong type or dose of vaccine, mislabeled medications, or prescriptions given to the wrong patient are among the mistakes the technicians report (see references in sidebar below).

These mistakes have drawn the attention of state boards of pharmacy and Al Carter, the executive director of the National Association of Boards of Pharmacy (NABP). In the NBC story, Carter says patient complaints to the boards are increasing and that in some states you have "60 or 70 pharmacies that are closing for days on end" because of staffing. These stories are reflected in a Facebook group called "Pharmacy Staff for COVID-19 Support." Tales of patient complaints have exploded, especially as we enter a new year and so many patients change insurance and have unrealistic expectations that the pharmacy team should already know this. The posts have become increasingly distressed.

Is the story and are the posts reflective of the reality in today's pharmacy environment? What is your experience?

My experience says yes. In the past several months, I have worked casual relief shifts with no technicians because the pharmacy's entire technician team members have left or have worked extra shifts helping to get prescription processing caught up because of staff shortages, providing vaccines so the regular staff can focus on prescription processing and COVID paperwork, processing vaccine claims from external clinics, and because pharmacy team members have contracted COVID.

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Resources

The pressure pharmacy is experiencing has made national headlines.

See <https://www.nbcnews.com/health/health-news/latest-worker-shortage-may-affect-health-pharmacies-dont-enough-staff-rcna8737>

See <https://www.facebook.com/groups/187817265995139>

Every COVID-related announcement brings a new flood of calls and walk-in questions about rapid test availability and vaccine/booster availability that only adds to the workload and stress. I anticipate today's approval of boosters for 12- to 15-year-olds will create the same situation when I go to the pharmacy tomorrow. Consistency of messaging and communication from the government would certainly assist in helping the situation, but how much control does an individual pharmacy team have on that strategy?

CHANGE IS NEEDED

The situation cannot continue as it has, a thought echoed in the NBC report: "There is recognition from established industry groups that things can't continue as they are." The NABP has convened a task force to look at working conditions and related issues. On Dec. 17, 2021, the American Pharmacists Association (APhA) board of trustees issued a detailed statement with a press release titled, "Pharmacist Burnout Hits Breaking Point, Impacting Patient Safety." The statement discusses that the pandemic has only added to an increasingly difficult situation that has been building for some time. The board cites understaffing, unrealistic performance metrics, and a flawed payment system that "rewards volume and not value." So what are some solutions?

Some state boards are turning to disciplinary actions against employers. The APhA board is calling for employers to "immediately address working conditions" to ensure proper staffing, and asking boards of pharmacy to have conversations to help determine appropriate staffing levels for safety, address performance measures, and address policies and procedures that stand in the way of pharmacy teams focusing on providing patient care. The APhA is also engaging in conversations with chain community pharmacy leadership to address workload and well-being issues. Finally, the statement addresses underlying payment issues and provider status.

Round Table Resource

Access the round table discussion with *ComputerTalk* columnists on the trends of 2022 at:

<https://www.computertalk.com/refresh-the-pharmacy-best-ideas-for-2022/#>

All that is well and good on a national leadership level, but it does not immediately impact what I and my many, many colleagues will face when we practice our next shift. In some ways, we have become victims of our own success. Our profession-wide efforts to gain the legal authority to provide an expanded array of clinical services, including immunizations within the pharmacy, have been successful on many levels. Patients expect to walk in for any vaccine or point-of-care test at any time. During the pandemic, a variety of innovative delivery systems were put in place to help patients quickly and safely get their medications through delivery or drive-thru. But these very successes and related patient expectations are contributing to continued pressure at the pharmacy.

There are some practical steps I have seen my colleagues take to address this pressure. They have learned how many vaccines can be done per hour in order to keep up with the claims processing that must be done that day. They have moved to make vaccines "appointment only" as a result, and have worked with their operations and clinical supervisors to implement technology and outside clinics to support this. In some cases, they have closed the drive-thru when needed, making arrangements with specific patients for its use. More could be done: for example, signage at entrances and/or recorded messaging in the pharmacy phone system/apps that say "by appointment only" or provide information on COVID test availability. It is reminiscent of the tips that were recommended back in the late 1990s and early 2000s, when research provided best practices for implementing patient care services. A group of *ComputerTalk* contributors talked about this during a recently convened *ComputerTalk* roundtable discussion hosted by Will and Maggie Lockwood (see link in the box). I'd like to encourage *ComputerTalk* readers to think about one thing they could do in the new year to help address the current situation within the pharmacy environment. Just as the use of technology, e.g., outbound calling, helped create demand for clinical pharmacy services, technology can and should be adapted to manage that demand in today's environment. Think outside the box for what more may be helpful. Do one thing. Choose it. Do it. Share it. **CT**

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