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# The 50 Most Influential Pharmacists Of 1999

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**Can A New Bill Stop The Flow Of Customers To Canada?**

**New Abbreviations You Can't Survive Without! (SEE PAGE 46)**

**Clinton Rx Plan Under Fire**

**BONUS—3 CE CREDITS: Geriatric Drug Use, Xenical & Vioxx**



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**“All of our consultant pharmacists are clinically trained to minimize the number of drugs used and maximize positive outcomes.”**

—ARMON NEEL

ON THE COVER: NANCY ALVAREZ, CHARLES DANIELS, MARK GREGORY, BEVERLY SCHAEFER, NISHAMINI KASBEKAR, ANCELIO JOHNSON-FANNIN, GALEN JORDRE, TOM TEMPLE, LANCE GOEBEL. ABOVE: ARMON NEEL  
ILLUSTRATION: J.T. STEINY (P. 64)  
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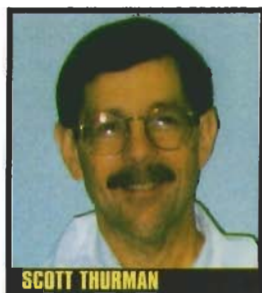


BEVERLY SCHAEFER

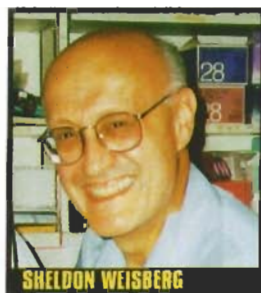


MICHAEL SCRIBNER

**"What people want now is to stay healthy and make good health choices for themselves. I see my role as personalizing this information for them."**  
—BEVERLY SCHAEFER



SCOTT THURMAN



SHELDON WEISBERG

**Beverly Schaefer**

**Co-owner, Katterman's Sand Point Pharmacy, Seattle, WA**

*"The biggest challenge pharmacists face is finding ways to offer health care directly to consumers."*

"I see pharmacy's niche as patient education and referral," says Beverly Schaefer, who concentrates her practice on providing personal patient care—specializing in bone density screening and immunizations. "What people want now is to stay healthy and make good health choices for themselves. I see my role as personalizing this information for them and their particular set of circumstances to help them make wise health choices." Schaefer takes particular pride in the fact she's been able to spread the "personal patient care" message to a slew of her colleagues in the Seattle area. "I think my biggest accomplishment this year has been getting at least 20 other pharmacies to perform patient care in their pharmacies and get paid for it," she says. "I'm moving pharmacists toward two areas of expertise: Bone density screening and immunizations." Schaefer says she sees a fertile future for pharmacists willing to add a personal touch to their jobs. "The thing I love about Internet pharmacy is that they don't get it," contends Schaefer. "They treat healthcare like a commodity—they don't understand that health care is personal. People can dial in and find all the information they want on any given drug or on disease

management, but what they really want to know is 'what exactly is going to happen to me when I swallow this pill.'"

**Michael Scribner, Pharm.D.**

**Co-owner, Colliers North Hills Pharmacy, Fayetteville, AR**

*"Pharmacists are going to have to get out from behind the counter and do more direct patient care and disease management."* "The biggest challenge I see the pharmacy profession facing is the resistance to change," says Michael Scribner, Pharm.D., who specializes in diabetes care at his pharmacy. "Everybody wants to continue doing things the way it's been, and sit back on their fannies and complain that nobody's getting paid. But nobody's willing to do anything to get paid." Well, you can't say that about Scribner. This year, he became certified by the Arkansas State Board of Pharmacy for disease state management of diabetes; he's also established a section of Colliers North Hills Pharmacy wholly devoted to diabetes products including insulin supplies, sugar-free treats and written information. Next up, he plans to "combine with some type of network" to work toward getting reimbursement for the disease state management services he's already providing.

**Scott Thurman**

**Eckerd Drug Patient Care Center, Marietta, GA**

*"The results we're getting with our patients are remark-*

able." "I can't think of any place I'd rather be than pharmacy," says Scott Thurman, one of three pharmacists at Eckerd Drug's patient care center, in Marietta, GA. It's that attitude, and a commitment to his patients, that has helped fuel the Center's success. Developed early last year, the Center has forgone traditional pharmacy and replaced it with drug therapy and disease management programs, including asthma, diabetes and hypertension. The pharmacists also provide immunizations. Working in conjunction with local physicians, "we assume responsibility for our patients' medications," Thurman says. "Initially, our patients don't expect us to become actively involved in improving their health. I want to raise their level of expectation." Thurman contends that pharmacists are going to be offering clinical services more and more in the retail setting. "Our value can't be tied to the product much longer," he says. "We have to do more clinical things, to branch out and change our identity. If we don't interact with the patients, in ten years we won't be the profession we are today."

**Sheldon Weisberg**

**Owner, Merit Woods Pharmacy, Grosse Pointe Woods, MI**

*"I have very good rapport and communication with my customers, which is probably why, as an independent, I've been able to compete with all the big boys."*

Sheldon Weisberg's indepen-

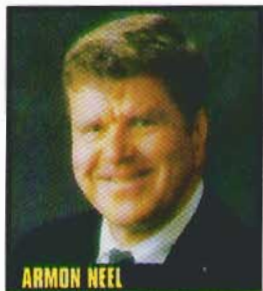
dent pharmacy continues to thrive and grow after 34 years, even though there are three chain drug stores within a four-block radius of his store. The reason? Customer loyalty. In fact, when *Detroit Free Press* columnist Bob Talbert wrote a series of articles last year about independent pharmacies, more than two dozen readers wrote in to praise Weisberg's service. One customer noted: "Purchasing prescriptions from Sheldon Weisberg is a holy experience, like going to church or temple." Still, Weisberg contends that the profession's biggest challenge is fighting a growing indifference on the part of new and younger customers. "Young folks today just want their prescriptions filled as inexpensively and as quickly as possible." Nonetheless, Weisberg says, "I still love my profession. I still like to counsel people and know what goes on in a family and what medications they're taking. Those things still mean something to me."

**THE CONSULTANT INNOVATORS**

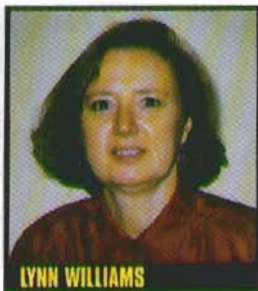
**Armon Neel**

**President, Institutional Pharmacy Consultants, Griffin, GA**

*"Pharmacy is going to have to realize you can open a pharmacy office and practice professionally without dispensing."* Armon Neel hasn't dispensed drugs since 1977, nor has his consultant pharmacy practice. "All we do is consulting," he says. That focus on pharmacy and



ARMON NEEL



LYNN WILLIAMS

**"A cheap drug isn't cheap if it's the wrong drug."**

—ARMON NEEL



NISHAMINY KASBEKAR



LEANNE KENNEDY

dietary consultation and medical management has paid off since the rise of the prospective payment system this year. Since Jan. 1, in fact, Institutional Pharmacy Consultants has increased its practice by 2,000 beds. "All of our consultant pharmacists are clinically trained to minimize the number of drugs used and maximize positive outcomes," he says. "We usually reduce the number of drugs for each of our patients by about 50 percent." One problem with today's healthcare system, says Neel, is that managed care develops formularies to reduce prices by getting special deals with manufacturers. "It's a quick fix," says Neel. "You reach a point where it doesn't save any more. Where you can really save money is in drug therapy management. A cheap drug isn't cheap if it's the wrong drug."

### Lynn Williams

Co-owner, Learning Solutions, Boulder, CO

*"We're moving beyond the notion that pharmacists are just dispensers, and toward the idea that we're stronger team members."*

Four years ago, Lynn Williams helped launch Learning Solutions with one goal in mind: To help train pharmacists to take better care of elderly patients in long-term care facilities, a goal she continues to take very seriously. "Any day and every day that I can make a difference in the life of a resident of long-term care by making sure their medications are appropriate, that's a

huge accomplishment," says Williams, who also helped launch last year The National Institute for Competence Assessment—a division of Learning Solutions. "We want to enhance the competence of healthcare professionals," says Williams. "So we've launched this competence assessment program. We will test a pharmacy's staff to identify areas in which they could enhance their learning. If they need more help in a specific area, we will give them specific materials and then reevaluate their skills."

### THE HOSPITAL INNOVATORS

#### Kathleen Bungay, Pharm.D.

Research Scientist, New England Medical Center Health Institute/Assistant Professor, Tufts University Medical School, Boston

*"There are many different factions within the profession with lots of different identities—there needs to be more common ground."* Kathleen Bungay is committed to mental health. So much so that she recently tracked 80 patients with depression and feels she made real progress. "They're some people that I really feel I've helped," she says. How did she play a role in their progress? "By helping them understand what their disease means, empowering them to take care of themselves and teaching them how medicine fits into their daily lives," she says. She credits this as her

biggest accomplishment of the year, as well as taking a leadership role in the National Institute Of Mental Health-funded grant that she and her colleagues were awarded. "It's a randomized control trial of a pharmacist-intervention vs. usual care intervention," Bungay says. While she doesn't know for sure what the next century will bring, she does have a wish list: "I hope that we will be recognized as an integral part of healthcare delivery. With so many changes in healthcare, we have a wonderful opportunity to integrate more than just at the point of dispensing," she says.

#### Nishaminy Kasbekar, Pharm.D.

Clinical Pharmacist, Infectious Disease, University Of Pennsylvania Health System/Presbyterian Medical Center, Philadelphia

*"Managed care actually offers a great opportunity for pharmacists to get involved and create a niche for themselves—not only in terms of cost containment, but also cost avoidance and patient education."*

When Nishaminy Kasbekar isn't busy working in the pharmacy at Philadelphia's Presbyterian Medical Center, she's racking up awards. This year, she won both the American Society of Health-System Pharmacists' Best Practice Award, and the Pennsylvania Society of Health System Pharmacists Innovative Practice award, for

a program in which pharmacists monitored antibiotic therapy in a community hospital. The result? "A higher cure rate with infection and a lower failure rate—these were statistically significant differences—and a significant trend toward appropriate therapy when we were involved with patient care," says Kasbekar. "The hospital viewed it as a huge success because in the initial cost evaluation, we'd expected to save \$150,000, but we ended up saving \$500,000." Her plans for the immediate future include making those awards work overtime for the community. "The award brought us a lot of attention, and we can use it to bring the issues of global resistance out in the community," she says. "We need to get out to the HMOs and give them strict formularies so we can decrease antibiotic associative resistance."

#### LeAnne Kennedy, Pharm.D.

Director of Oncology Pharmacy, Wake Forest University Baptist Medical Center, Winston-Salem, NC

*"It's important for the public to know what pharmacists do, and that we're out there as representatives and as advocates for them."* LeAnne Kennedy, a pharmacist who specializes in oncology and bone marrow transplants, has spent a busy year undertaking various research projects, working directly with patients and physicians in a hospital setting and precepting pharmacy practice