

OCTOBER 4, 1999

# DRUG TOPICS<sup>®</sup>

<http://www.drugtopics.com>

THE NEWSMAGAZINE FOR PHARMACISTS



## AUTOMATION: PHARMACY'S FRIEND OR FOE?

### FEATURING INSIDE

**Millennium Extra:  
Top five milestones  
in pharmacy**

**Floyd's brutal blow  
to pharmacies**

**How to cut your  
losses from theft**

**APhA shifts attention  
to asthma pilot**

**Consumers urged  
to ask for their  
hospital pharmacists**

**FDA's Henney  
speaks out on  
on-line pharmacy**

### Clinical Highlights

**New drug helps  
kidney transplant  
patients**

**First-ever guidelines  
focus on sickle cell  
disease pain**

**Doctors push new  
ways to treat  
myocardial infarction**

**For 2 CE credits  
UNDERSTANDING  
PAIN MECHANISMS  
AND NEW PAIN  
THERAPIES**



## Two remarkable R.Ph.s

Who are the remarkable pharmacists who made a difference in pharmacy practice over this past century? When we posted that question on the *Drug Topics* Web site last month, we expected pharmacists countrywide to log on and tell us about their mentors—pharmacists who had truly inspired them. Instead, a single inscription graced *Drug Topics'* Web site. In it, Mimi Hollander, a pharmacist, paid tribute to her old college professor, Richard Wuest at the University of Cincinnati. Even 11 years after her

graduation, he had left an indelible impression on her consciousness. At pharmacy school, Wuest taught Hollander "what professionalism means" and that "balance is key." Hollander paid tribute to Wuest, noting, "Dr. Wuest was tough on us, but I think those things he was tough on are what made me a good pharmacist."

Tina Pugliese, a spokeswoman for the American Pharmaceutical Association, said the task of identifying truly remarkable pharmacists is a difficult one because so many phar-

macists are deserving of that title. Indeed, almost every other pharmacist has an owner or employee who is deserving to be called "a remarkable pharmacist," because pharmacists go the extra mile every day to make staying with a drug regimen a little easier for patients. Pharmacists are also networking and participating in the mission of pharmacy associations to improve the profession and the way that it is viewed. With that in mind, in the profiles that follow, *Drug Topics* pays tribute to Armon Neel and Winnie Landis—two pharmacists who are representative of the thousands of pharmacists who distinguish themselves and the profession simply by doing their best.



Neel

### Armon Neel Jr., R.Ph.,

Institutional Pharmacy Consultants, Griffin, Ga.

There are so many factors that make Armon Neel Jr. "a standout in the profession and a remarkable pharmacist," said Tom Clark, director of professional affairs at the American Society of Consultant Pharmacists. Neel is the fifth generation of pharmacist in his family—there has been a Neel in pharmacy since 1889. But more important still is the fact

that Neel has helped to pioneer pharmaceutical care—not in the 1980s and 1990s, but as far back as the 1960s.

Back then, Neel had his pharmacy set up like a physician's office, complete with a waiting room and a personal consultation with the patient. Patients arriving at Neel's pharmacy would give their prescription to the receptionist, who would pull their chart. While the pharmacy technicians turned their attention to preparing the patient's Rx, Neel would take the patient into a private counseling room and talk about the patient's disease state.

"I'm a strong patient advocate," Neel explained recently. "We'd work with the patients on how to maintain their health, how to take their medication, what they should include in their diet," he said. Besides diabetes clinics, obesity clinics, and hypertension clinics, Neel's pharmacy practice offered prenatal and postnatal programs for expectant mothers and new mothers to help them take care of themselves and their babies. "We did disease state management 30 years before it became 'the word' on what to do," he said.

"What we liked about the way we were able to practice was the clinical aspect of being able to work with the patients to control their problems. And we were very



Landis

### Winnie Landis, R.Ph.,

OSCO Drug, Lafayette, Ind.

When Winnie Landis entered her freshman year at Purdue University, nothing was further from her mind than a career in pharmacy. Landis was a music major with plans for a career as a concert violinist. But, within two years, she was to change her major and focus on pharmacy, graduating from Purdue in 1981.

"The thought of being a concert violinist was too stressful. I considered going into the Peace Corps, and then pharmacy seemed very appealing," she recalled. "Pharmacy is not stressful, there's never a dull moment, and in a way this is a little bit like the Peace Corps—I'm out there in the pharmacy and I can help my patients and I can help to mentor a lot of the students who now come through my pharmacy," she said.

That kind of thinking and her commitment to changing pharmacy for the better are qualities that have distinguished Landis. And, earlier this year, those qualities earned her the Distinguished Achievement Award in Community and Ambulatory Practice, a coveted award presented annually by the Academy of Pharmacy Practice and Management, a division of APhA.

Landis is the pharmacy manager and diabetes care specialist for American Drug Stores at OSCO Drug in Lafayette, Ind. She is also the newly elected president of the Indiana Board of Pharmacy and has just begun serving a three-year term as a trustee on the board of trustees at APhA. "Both appointments will keep me busy traveling across the country and to regular meetings in Washington, D.C.," she noted.

Landis admits to having "a passion for wanting



*Neel continued*

successful because physicians referred their patients to us to go through these programs after a diagnosis was made. We became an integral part of the decision for treatment with those patients and physicians, which was a new departure in the mid-1960s."

By the late 1960s, Neel was doing what many pharmacists practicing disease state management are still trying to achieve today—he was billing patients for his pharmacy practice services. "At that time, we were charging the patient \$4 a prescription, and that included a fee for counseling. It doesn't sound like much today, but in those days \$4 was a lot of money," he said.

While continuing to focus on disease state management, Neel developed an interest in long-term care, which was to develop into a business that today employs 40 consultants, including R.Ph.s, dietitians, nurses, administrators, and rehabilitation professionals. "We saw a tremendous need for pharmacy input in long-term care because here was a new industry and a new population of people who were being maintained under an old customary hospital environment, and it didn't fit," said Neel. "People of a certain age were not acutely ill, they were chronically ill, and drug therapy didn't work the same for them. We didn't know why it didn't work, and the literature couldn't tell us because nobody had the data."

By 1977, Neel had decided "we wanted to go strictly into consulting, strictly clinical, and not provide any drugs." He sold the community pharmacy office, joined a long-term care facility, and computerized the patient record and patient outcomes with drug therapy in the geriatric setting. "In 1977, we didn't plan to get big into long-term care, but we just grew," said Neel. In a bid to reduce the number of patients he saw for disease management counseling, he told patients he would begin charging a minimum of \$75 an hour for private consultations. To his surprise, "patients were not discouraged."

Through working with geriatric patients to improve their drug regimens, Neel found he had "a lot of data available that were not available anywhere else in this country because back then nobody had studied the impact of drug therapy on geriatric patients." Since Neel was achieving good outcomes, he was able to take the data and use them to prove he could deliver improved health outcomes. "We started billing on that," he said.

While Neel shrugs off the idea that he is a remarkable pharmacist, he acknowledges he's been a pacesetter in pharmacy. "What we did in the 1960s and 1970s was out of the box stuff that nobody had done before. We are still working on being able to develop out of the box stuff, because we live in a new world now. It's a new millennium and things have changed and will continue to change," he said.

*Landis continued*

pharmacy to change and wanting to help people," and, in keeping with that, she operates a diabetes care program at OSCO Drug and has plans to develop a similar program for patients with hypertension.

At OSCO, the approach to diabetes education is based largely on group sessions of up to 14 patients per class, but one-on-one consultations can also be arranged with patients who prefer them, Landis said. Because five OSCO Drug stores are located in Lafayette, the pharmacies share their resources, and the diabetes classes are held at Landis' store. Landis offers patients a series of four classes, providing information about diabetes and monitoring blood glucose, exercise and nutrition, medication, and the possible complications of diabetes. She said marketing diabetes programs to physicians' offices is difficult, "but, once you get physicians to buy into a program, things begin to take off."

While Landis clearly splits her time between managing an OSCO Drug store and official duties at the board of pharmacy and APhA, she is also constantly focused on helping underrepresented minority students and international students because of her conviction that a diverse pharmacist pool will be increasingly required to work with an increasingly diverse patient population. "I've traveled to about 17 countries, and I'm culture-sensitive to a lot of different groups," she said. During holiday celebrations, Landis frequently plays host to foreign students who are studying at Purdue University. "These are people who otherwise may not have a chance to get into the home of somebody who works here and lives here. Oftentimes, students from other countries feel totally isolated, even though they live and study here, so a lot of them end up getting hired into my store," she said.

Landis doesn't see herself as a remarkable pharmacist—"I'm just doing the best I can," she noted. Her personal mentor is Dennis McCallian, Pharm.D., the owner of Family PharmaCare Inc., a disease management-centered pharmacy based in West Lafayette. "Dennis is very innovative and far out in terms of what he thinks pharmacy can do and where pharmacy can go. A lot of people who are in an innovative mode are also very restrictive in their information—they'll have a great idea and keep it to themselves, but Dennis is not like that. His one big thought process is that pharmacy needs a critical mass, and so he always shares any information he has, and he always wants to help. That's the kind of pharmacist I admire the most and find quite remarkable," Landis said.

**Norma Beavers**

Based in New Jersey, the author writes frequently about pharmacy and health-care issues.

