

BEHIND THE DESK

Risks to Public Health,
Patient Privacy and
Drug Security under
Walgreens' New Pharmacy Model

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EXECUTIVE SUMMARY

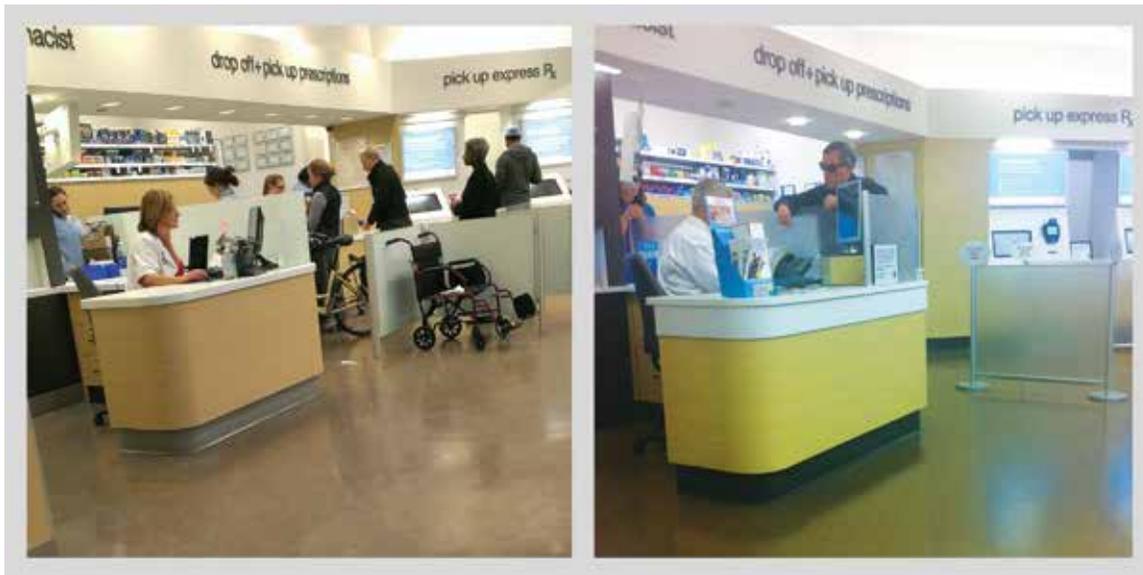
As pharmacies rapidly expand their health care services, America's largest drug chain, Walgreens, is beginning to implement a radical change to its pharmacies by removing pharmacists from their traditional work area and placing them at a desk "out in front" of the counter. The stated purpose of the model, branded "Well Experience," is to make pharmacists more accessible to patients and broaden the focus of the pharmacy by expanding services Walgreens can offer in its drug stores, such as vaccinations and acute and primary care. Today, the company has pharmacies with out-in-front desks in more than 20 states and has said it hopes to expand the model to every state in the country.

Pharmacy boards in several states have expressed concerns that, by relocating the pharmacist and changing the way pharmacists supervise the filling of prescriptions, the Well Experience model increases risks to the safe practice of pharmacy. To understand these issues, Change to Win (CtW) Retail Initiatives investigated Well Experience pharmacies in Illinois, Indiana and Florida—three of the largest markets for the new model—in June, July and August 2013. Field researchers made 100 visits to 50 stores and conducted more than 32 hours of observation.

The investigation's results identify risks this new model poses for medication safety and patient privacy, such as:

- **Increased interruptions and distractions for pharmacists.** Over the course of 32 hours of observation, field researchers noted 442 individual interruptions or distractions to pharmacists, and more than a third of these were specific to the pharmacist's new location in the Well Experience model. Research suggests that interruptions and distractions are related to increased medication errors.¹
- **Widespread violations of patient privacy.** Patient information was left unattended and visible to anyone in the pharmacy at 80 percent of stores visited. This included sensitive information about patients' prescriptions and medical histories, which pharmacies are required under federal law to protect.
- **Insufficient prescription medication security.** In 46 percent of stores visited, prescription medication was left unattended on or near the pharmacists' desks, within the reach of customers in the pharmacy waiting area. Insufficiently secured prescription drugs were frequently bottled and labeled for patients and included leaflets containing private health information. Medications left unattended included hydrocodone, formulations of which are schedule II and III controlled substances and frequently abused painkillers targeted in pharmacy robberies.

In the Well Experience model the out-in-front pharmacist uses a computer to check the accuracy of prescriptions by reviewing photos of medications and labels. The photos are taken by technicians filling prescriptions in a separate area. The new interruptions and distractions associated with the model's design could compromise the attention to detail required for this critical task. Additionally, medications such as liquids or tablets with small imprints may be difficult for pharmacists to identify on a computer screen. Removing the pharmacist from the pharmacy production area also diminishes the amount of direct supervision pharmacy technicians receive as they prepare medications.



In Well Experience pharmacies, the pharmacist sits at a desk out in front of the counter while technicians fill prescriptions in a separate area behind the counter, off to the far right (not visible in photo). Pharmacists, who check prescriptions for accuracy by reviewing photos on their computers, often work in busy waiting areas and face new kinds of interruptions specific to the model.

Despite Walgreens' suggestion that the relocation of the pharmacist facilitates more counseling, CtW's investigation did not find evidence of this. Only 8.2 percent of patients observed to be picking up prescriptions were observed to be counseled during field researchers' visits. Two studies in chain retail pharmacies using secret shoppers to measure offers of and completed counseling, not prompted by shoppers, found that rates of verbal counseling ranged from 27 to 53 percent, the lower counseling rate CtW observed raises questions about Well Experience's effectiveness at promoting consultations.ⁱⁱ

In light of this investigation's findings and objections raised by several state boards of pharmacy, Walgreens and state boards across the country should do a systematic re-evaluation of the Well Experience model. This review should ensure that Walgreens' plans to revolutionize the pharmacy does not interfere with pharmacists' ability to perform their core duties of providing safe prescriptions, counseling patients, protecting customers' personal information and keeping medications secure.

ⁱ Flynn EA et al. "Impact of interruptions and distractions on dispensing errors in an ambulatory care pharmacy." *Am J Health Syst Pharm*. 1999 Jul 1;56(13):1319-25. Westbrook J et al. "Association of Interruptions with an Increased Risk and Severity of Medication Administration Errors." *Arch Intern Med*. 2010; 170(8):683-690.

ⁱⁱ Allan EL et al. "Dispensing errors and counseling in community practice." *Am Pharm*. 1995;NS35(12):25-33; Flynn EA et al, "Dispensing errors and counseling quality in 100 pharmacies." *J Am Pharm Assoc*. 2009; 49:171-80.

INTRODUCTION

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Over the last decade, pharmacies have expanded the services offered to patients, an effort which is accelerating as the U.S. prepares for millions to become newly insured under the Affordable Care Act. In mid-2011, America’s largest drug chain, Walgreens, began what the company has called a radical change to its pharmacies—removing pharmacists from the traditional pharmacy area and placing them at a desk out in front of the counter. CEO Greg Wasson has said that the purpose of this model, branded “Well Experience,” is to make the pharmacist more accessible to patients and help the company more quickly expand “the scope of services we can offer in our drug stores, such as immunizations and vaccinations, and acute and primary care.”¹ Today, the company has pharmacies with out-in-front desks in more than 20 states and has said it hopes to expand the model to every state in the country.

However, some pharmacy boards have expressed concerns that, by relocating the pharmacist and changing the way pharmacists supervise the filling of prescriptions, the model puts medication accuracy, patient privacy and drug security at risk. To understand how the new model works in practice, Change to Win (CtW) Retail Initiatives conducted an investigation of 50 Well Experience pharmacies in Illinois, Indiana and Florida, visiting each pharmacy twice to conduct more than 32 hours of observation over a total of 100 visits in June, July and August 2013.

The results of CtW’s investigation raise serious questions about the risks this new model poses to public health. Interruptions to pharmacists have been associated with medication errors, and pharmacists working under this model were observed to face many new interruptions and distractions related to their location at public desks.² In 80 percent of stores visited, patients’ protected health information was left unattended on or near the pharmacist’s desk, and in 46 percent of stores visited, prescription medication was left unattended.

While Walgreens says that the relocation of the pharmacist facilitates more counseling, CtW’s investigation did not find evidence of this. Only 8.2 percent of patients seen to be picking up prescriptions were observed to receive counseling during field researchers’ visits. Academic studies of chain pharmacies, using secret shoppers to record both offers of and completed counseling, have found significantly higher rates of verbal counseling.³

While pharmacists in these stores are expected to provide more services than before and be more available for patients, generally there is not a second pharmacist behind the counter in Well Experience stores. The single pharmacist, now removed from the pharmacy production area, remains responsible for the accuracy of all prescriptions dispensed as well as maintaining patient privacy and drug security.

Even as retail pharmacy is changing and expanding its role in the health care system, millions of people continue to rely on Walgreens to provide safe prescriptions, protect their personal information and keep medications secure. Walgreens’ efforts to innovate should not compromise these core duties of the practice of pharmacy.

Well Experience: How it works and what it's for

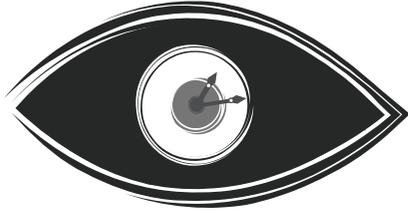
The Well Experience pharmacy changes the way pharmacists supervise the filling of prescriptions. Instead of being behind the counter to directly supervise pharmacy technicians and oversee prescription fills, pharmacists sit outside of the pharmacy's production area at a desk intended to be highly accessible to customers. Technicians fill prescriptions in a separate area by using barcode technology to generate labels and select stock medication. They photograph medications and labels as they work. Pharmacists remain responsible for final check of prescriptions before they are dispensed and conduct this check by reviewing on a computer screen at the desk the photographs taken by technicians. Additionally, some administrative tasks, including data entry and third-party adjudication, are done in centralized facilities off site.⁴

Moving some tasks off site is intended to reduce labor costs while freeing up the pharmacist to provide new services, in line with industry trends toward an expanding scope of practice.⁵ Walgreens has been at the forefront of broadening pharmacy services and is now the largest private provider of flu shots in the country. In 2011, Walgreens began offering health tests provided by pharmacists, including blood pressure checks, cholesterol screenings and glucose and A1C tests, used in the management of diabetes.

Expanding services and related traffic are good for Walgreens sales. For example, while flu shots cost private providers like Walgreens an average of \$13.04 per dose, the shot will typically run cash-paying customers \$31.99.⁶ Although insurers may negotiate lower payments, the *Wall Street Journal* reports flu shots carry profit margins of 30 to 50 percent.⁷ In addition to the margin on services themselves, the expanded scope of the pharmacy drives more traffic into stores and helps general merchandise sales as well.

Interruptions, distractions and challenges to supervision

CtW's investigation found the Well Experience model creates conditions that increase the potential for medication errors, which studies have associated with interruption and distraction.⁸ In the Well Experience pharmacy, pharmacists who perform the final check of prescriptions at the out-in-front desk are subjected to new interruptions and distractions related to their location, in addition to continuing to face many of the same interruptions and distractions found in traditional settings. A national study of medication accuracy estimated that there are 51.5 million medication errors each year in the US, including 3.3 million of clinical importance.⁹



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In over 32 hours of observation, field researchers noted 442 individual interruptions or distractions to pharmacists, and more than a third of these were unique to the Well Experience model. Some of the most common model-specific workflow disruptions were:

- Verbal interruptions from customers, including small talk and non-health care related questions, such as inquiries about the location of the bathroom or non-health care related products;
- Environmental interruptions and distractions, such as children playing in the pharmacy waiting area and customers hovering over the pharmacist's desk while he or she is working; and
- Pharmacists interrupting their work to greet customers, often when no other pharmacy staff are visible to the public.

On one visit, a customer began speaking to a pharmacist while the pharmacist was in conversation with a technician about the maximum dosage of a refill and working on his computer. The pharmacist repeatedly asked the customer to wait. In another visit, eight instances of model-specific interruptions and distractions were observed in a 19-minute period, in addition to six instances of interruptions and distractions associated with a traditional pharmacy workflow—for a total of an interruption or distraction roughly every 1.5 minutes.

Research suggests that interruptions and distractions are related to increased medication errors.¹⁰ For example, a 23-day observational study of hospital pharmacy personnel published in the *American Journal of Health-System Pharmacists* found that the error rate for prescriptions filled amid one or more interruptions or distractions was twice the overall error rate observed in the study.¹¹ In surveys, community pharmacists themselves have identified interruptions and lack of concentration as significant contributing factors to medication errors.¹²

The Institute for Safe Medication Practices (ISMP), a leading authority on medication errors, has recommended strategies for limiting interruptions and distractions, including identifying a “no interruption zone” for critical medication tasks and educating staff that the pharmacist should not be interrupted during final check of prescriptions.¹³ The United States Pharmacopeial Convention's best practices for promoting medication accuracy also emphasize minimizing interruption and distractions and specify that “interruptions and distractions can be prevented by providing staff with the ability to control and manage their exposure to these disturbances.”¹⁴ However, in the Well Experience pharmacy, pharmacists have little ability to protect themselves from interruptions and distractions while at the desk. In Well Experience stores visited, signage invites customers to “ask the pharmacist” for help, and there is not signage letting customers know that the pharmacist may be doing work that requires his or her full attention.

The potential impact of interruptions or distractions on pharmacists who are reviewing prescriptions remotely using computer images has not been studied. The pharmacist's ability to focus may be even more important in these pharmacies because some medications, such as tablets with very small imprint codes or liquid medications, may be difficult to identify using photos.

Well Experience and technician supervision

The Well Experience model removes the pharmacist from technicians' work area, which may require technicians to leave their assigned location behind the pharmacy counter to request guidance. By law, technicians must have supervision from a pharmacist when performing certain tasks and are not permitted to practice pharmacy themselves. In a traditional retail pharmacy set up, the pharmacist works directly with technicians to offer instruction and answer questions as technicians assist with the filling of prescriptions.

According to Walgreens' policies and procedures for Well Experience pharmacies, technicians only receive sustained direct supervision from a physically present pharmacist when there is a 1:1 pharmacist to technician ratio—meaning when only one technician is working in the pharmacy—or in the uncommon instance when there are multiple pharmacists on duty. When two or more technicians are working, the pharmacist moves out to the desk and is no longer in the pharmacy production area. The policies contemplate the model operating with a pharmacy to technician ratio as high as 1:6, which is higher than most states allow.

In fact, last year Walgreens supported a bill in the Florida Legislature that would have doubled the number of technicians a pharmacist can oversee from three to six, a move that was opposed by the Florida Pharmacists Association (FPA) and the Florida Society of Health-Systems Pharmacists (FSHP).¹⁵ In a letter opposing the bill, the FPA and FSHP wrote that they had “received overwhelming feedback from pharmacy stakeholders. . . .The vast majority feel that there would be patient safety concerns and unavoidable patient harm if the pharmacist to technician ratio were to be increased from 1:3 to 1:6.”¹⁶

Pharmacists are legally responsible

Regardless of the process for filling a prescription, state laws generally hold pharmacists legally responsible for any prescription dispensed on their watch. Pharmacists and pharmacy students commenting online about the Well Experience model have expressed concern that it creates liability for the in-store pharmacists and may compromise patient safety, with one writing “my main problem with this kind of model is the decreased level of supervision. As much as I support increasing time and resources for patient counseling and health services, I feel that there should still be a pharmacist in the pharmacy supervising dispensing directly.”¹⁷ The value of having a pharmacist within earshot and able to see what techs are working on should not be underestimated.

Breaches of patient privacy

In addition to issues with interruptions and supervision, widespread breaches of patient privacy were observed in Well Experience pharmacies visited. Patient privacy is protected by the Healthcare Insurance Portability and Accountability Act (HIPAA), which prohibits covered entities such as pharmacies from disclosing protected health information (PHI), except for clinical purposes.

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HIPAA requires covered entities to take affirmative steps to safeguard PHI. In a pharmacy, this includes sensitive information about patients' prescriptions and medical conditions. Because the Well Experience pharmacist's desk is directly adjacent to the customer waiting area and more pharmacy business is conducted within eyesight and earshot of the public, there is an increased risk of privacy breaches.

Unattended protected health information

While Walgreens' descriptions of the Well Experience model to state boards of pharmacy indicate that the desk will be attended by the pharmacist at nearly all times, pharmacists were frequently observed to leave the desk for a variety of reasons, such as to assist a customer in the aisle or to go behind the pharmacy counter.

Among the types of paper information unattended were doctors' prescriptions; completed health test authorization forms including patient medical history or test results; and patient call lists, listing patient names, telephone phone numbers, and prescribed drugs.

At 80 percent of stores visited, paper PHI was left unattended on or near the pharmacist's desk. This problem was prevalent throughout all the states visited, with unattended PHI in 90 percent of stores visited in both Illinois and Florida and 65 percent of stores visited in Indiana. In more than half of all stores visited, PHI was unattended during both visits CtW conducted.

At times, the unattended PHI would allow a layperson to easily discern the medical condition of the patient. For example, in one store a prescription for Methadone, often prescribed for opioid dependency, was left unattended and, in another, a prescription for Adderall, often prescribed for attention deficit hyperactivity disorder (ADHD).

Frequently, a significant volume of PHI was left unattended, such as bins full of patient paperwork. On eight visits, unsecured and unattended receptacles for disposed patient information (DPI) were visible under the pharmacist's desk. Field researchers did not note the presence of a secure DPI receptacle at or near the desk in any store visited, as required by law.

Additionally, pharmacists were observed to leave active computer screens unattended on 11 visits. In some cases, patient information was clearly visible on the screen. Although it is considered a best practice for healthcare providers to use privacy shields on their computer monitors, in 22 percent of visits, the pharmacist's computer screen did not have any privacy shield on it. In two stores in Florida, pharmacists were observed to remove the privacy shield from the monitor during the course of a visit. Privacy shields can darken screens, and pharmacists charged with reviewing photographs of medication and scanned prescriptions for accuracy may prefer to work without them. Pharmacists are asked to balance protecting privacy with catching potential medication errors.

Sensitive conversations and incidental disclosure

Pharmacists sometimes had sensitive conversations about patients at the desk, including telephone calls with doctors and third parties, without the patient present, making it impossible for the patient to consent to the disclosure of his or her personal information. During one observation, a pharmacist was overheard saying that a patient, whose full name was provided, had tried to get an early refill and should be watched for potential drug abuse. During another, a pharmacist made a call regarding a patient's prescription for Tylox (a combination of oxycodone and acetaminophen), again using the patient's full name.

Pharmacists also sometimes made refill reminder calls or follow up phone calls at the desk to patients with new prescriptions, creating an increased risk for these types of disclosures, without the patient's permission or knowledge.

Unattended mobile devices

On 10 percent of visits, iPads were left unattended on the pharmacist's desk. During one visit in Chicago, two iPads were unattended at one time. According to press reports, pharmacists use these iPads to review patient medication information. Walgreens policies indicate that users need a 4-digit code to sign in.

Beyond the store: Risks created by centralization

Patients may not be aware that when they fill a prescription at a Well Experience pharmacy their health information may be seen by many people outside the store, including employees who are working at home. Walgreens has said removing administrative tasks, such as data entry and adjudication with payers, from retail locations is a key part of the new model and the company operates centralized facilities in Florida and Arizona. In January 2009, the Arizona Board of Pharmacy granted Walgreens permission to use work-at-home technicians to perform data entry of prescription information.¹⁸ Walgreens has continued to advertise work-at-home data entry positions in Arizona and may be spreading this practice to additional states and types of work. The employment of work-at-home pharmacy personnel introduces new risks of incidental exposure of patient information and challenges to monitoring employees to ensure proper use.

Insufficient drug security

Field researchers observed prescription medication left unattended on pharmacist desks in nearly half of Well Experience stores visited. Traditionally, pharmacists examine medication behind the counter in a secure area. Pharmacists working in the Well Experience pharmacy often handle prescription drugs in public areas in full view of patients. Opportunities for drug security breaches occur when pharmacists are called away from their desks.

The problem of unattended medication was especially acute in Chicago-area stores, where prescription drugs were left unattended in 65 percent of locations visited; however, this problem was evident in all states visited. Medication was unattended in 35 percent of stores visited in Indiana and 30 percent of stores visited in Florida.

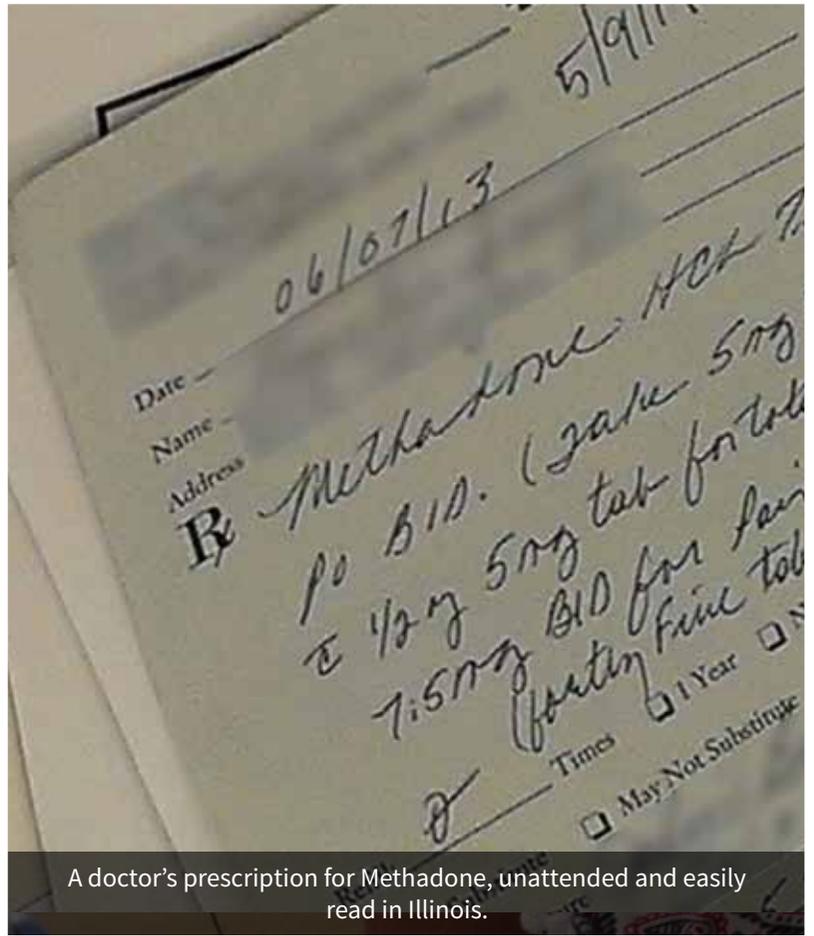
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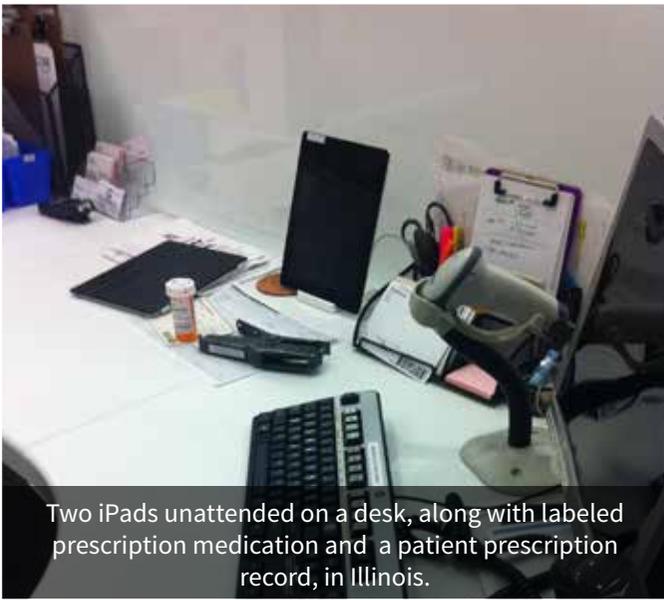
An unattended desk in Illinois including patient information and prescription medication in a bin (inset).



A doctor's prescription for Methadone, unattended and easily read in Illinois.



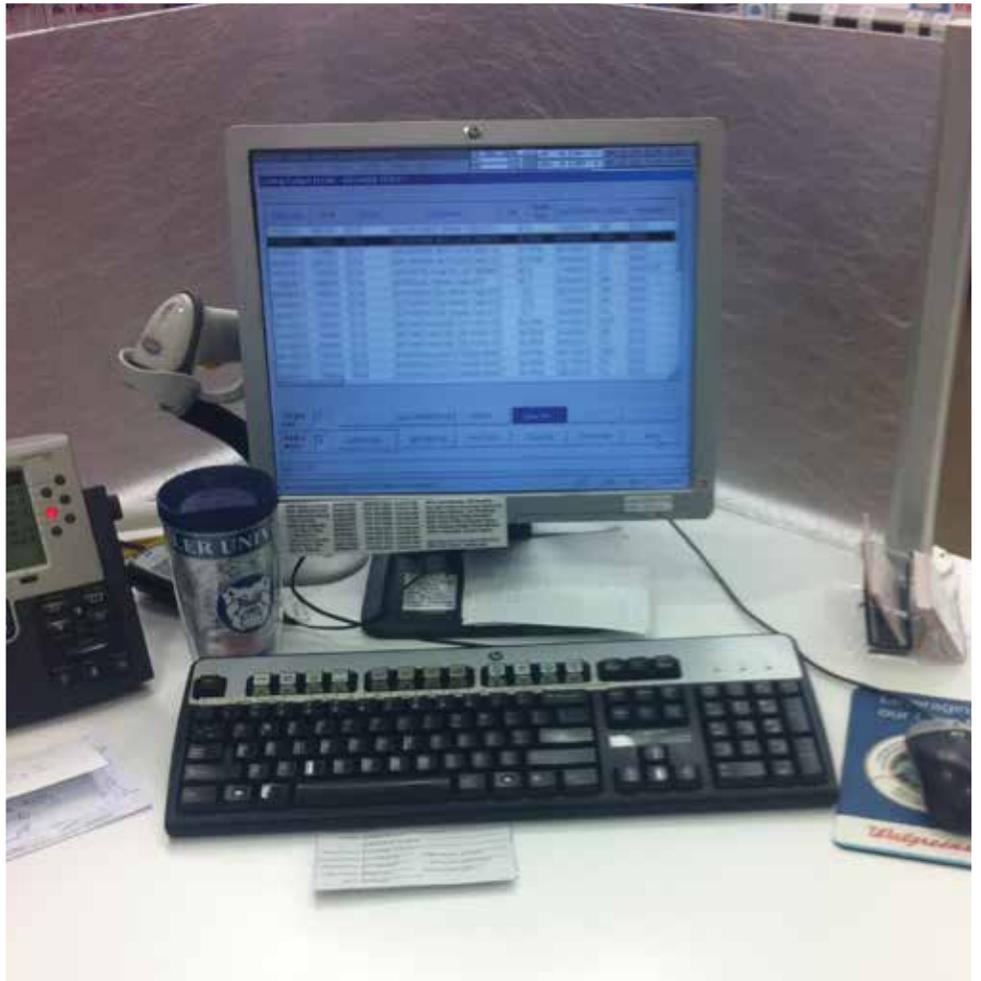
Several stock bottles of medication, including controlled substance hydrocodone, unattended on a desk in Indiana.



Two iPads unattended on a desk, along with labeled prescription medication and a patient prescription record, in Illinois.



Various documents, including a prescription with attached photo ID and medication therapy call list with multiple patients' prescription information, left unattended on a desk in Florida.



An active, unattended screen with patient prescription history in Indiana.

Some unattended prescription medication was bottled and labeled for patients and included leaflets containing protected health information. On other occasions, unattended prescription stock bottles containing large quantities of medication were observed. In one case, several stock bottles of hydrocodone were left on top of the desk while the desk was unattended. Hydrocodone formulations are schedule II or III controlled substances and frequently abused painkillers; the street value of a 100-pill stock bottle of the drug ranges from \$200 to more than \$1,000, depending on the medication's strength and the region of the country.¹⁹

Having pharmacists handle prescription drugs in a public area and decreasing physical barriers to medication may increase the risk of pharmacy theft. Pharmacy robberies are on the rise; between 2006 and 2010, the annual number of pharmacy robberies skyrocketed 81 percent, and the number of pills stolen nearly doubled.²⁰ Pharmacy robbery prevention guidelines published by pharmacist organizations and law enforcement agencies suggest deterrents, including keeping drugs out of sight or using safes to lock narcotics behind the counter. Meanwhile, Walgreens has introduced the Well Experience model in two states reported to have among the highest rates of armed robberies of pharmacies in recent years: Florida and Indiana.²¹

The drug security issues observed in Well Experience pharmacies is especially concerning in light of recent federal allegations that Walgreens “committed an unprecedented number of record-keeping and dispensing violations” under the Controlled Substances Act, including for drugs such as oxycodone.²² In June 2013 Walgreens agreed to pay \$80 million, the largest settlement paid by a pharmacy chain in DEA history, to resolve the allegations. Though investigations took place at field offices nationwide, the case centered on systemic abuses documented in Florida. According to the *Orlando Sun-Sentinel*, which obtained documents from the DEA, Walgreens did not take action after a manager from a distribution center warned the company about irregularities, and its own internal data showed significant increases in the number of oxycodone pills ordered by some of its Florida locations.²³ As part of the settlement, Walgreens acknowledged that the company had not met all DEA standards and that some Walgreens retail pharmacies dispensed controlled substances in a manner not consistent with its DEA compliance obligations.²⁴

Counseling infrequently observed

Walgreens has said that one of the goals of the Well Experience pharmacy is to make pharmacists more accessible for counseling. Counseling has a number of benefits for patients. It helps to ensure patients know how to take their medications properly and can help identify previously undetected medication errors.²⁵ Pharmacists are required by law to offer counseling to patients picking up new prescriptions.

Walgreens has said that pharmacists provide more counseling under the Well Experience model than in traditional Walgreens pharmacies and has provided various figures related to this claim. In March 2012, the company told the Virginia Board of Pharmacy that counseling has increased 12 to 40 percent under the new model.²⁶ In June 2013, a Walgreens executive told *Drug Store News* that 49 percent of patients in Well Experience pharmacies talk to the pharmacist.²⁷

However, store observations suggest that the model has not resulted in high levels of counseling of patients picking up prescriptions. Only 8.2 percent of patients observed to be picking up prescriptions were also observed being counseled during CtW's visits. Two studies in chain pharmacies using secret shoppers to measure offers of and completed counseling found rates of verbal counseling ranged from 27 to 53 percent.²⁸ Even allowing for the likelihood that some customers declined offered counseling, the significantly lower rate observed in Well Experience pharmacies raises questions about whether the model results in more frequent counseling.

Some elements of the physical design of the Well Experience pharmacy may actually discourage patient counseling. Patients picking up prescriptions at the counter must take extra steps to walk to the pharmacist's desk to be counseled, unlike in a traditional pharmacy where the pharmacist could meet the patient at the counter. Additionally, Walgreens intends for Well Experience pharmacies to provide more vaccines and health tests. These services could take the pharmacist away from the desk for several minutes at a time, more frequently than in a traditional pharmacy, and patients may be unwilling to wait for the pharmacist to be available for counseling.

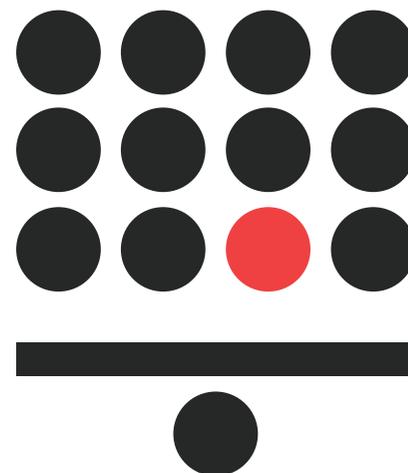
Regulator concerns about the model

State regulators have raised a number of concerns about the layout and workflow of Well Experience pharmacies, including those documented by Change to Win's investigation.

The Maryland Board of Pharmacy prohibited Walgreens from operating the Well Experience model based on concerns about supervision and the risk of medication errors, writing that it could not "contemplate how a pharmacist would be able to engage in direct supervision" of technicians.²⁹ The Maryland Board also cited concerns about the busy Well Experience environment and use of images, stating that "a pharmacist's final check of the medication is arguably the most important function a supervising pharmacist performs in a community pharmacy" and that the Board did not believe pharmacists working in the Well Experience model would "be able to perform an effective final check of a medication via a video screen, particularly given that the pharmacist would also be simultaneously providing clinical services to other patients."³⁰

State boards have also raised questions about privacy and security. In Pennsylvania, the Board of Pharmacy repeatedly raised concerns about the potential that the content of pharmacist computers would be visible and accessible, requiring design changes to address the issue.³¹ Pharmacy Board members in Hawaii raised concerns with "the security of the pharmacy premises" and "having the public within the pharmacy area."³² The Oklahoma Board of Pharmacy noted that the screen the pharmacist uses to view the pharmacy production area remotely is the same screen that is used for prescription review, and questioned the pharmacist's ability to provide "continuous real time oversight" of the pharmacy.³³ Neither board took an official position on the model. Despite the concerns raised, Walgreens continues to pursue its expansion through presentations to state pharmacy boards.

● = Roughly 1 in 12 patients



“ Only 8.2 percent of patients observed to be picking up prescriptions were also observed being counseled during CtW's visits. ”

In June 2013, *Drug Store News* reported that Walgreens is “working to overturn outdated and unnecessary state regulations governing pharmacy practice.” Nimesh Jhaveri, the company’s executive director of pharmacy and healthcare experience, described the company’s view of current regulations and the future of supervision this way: “Believe it or not, there are states that actually have indicated in their regulations how far a pharmacist can be from a technician. So part of this effort also is helping boards of pharmacy and legislators understand that if you want to advance health care and pharmacy, you have to be willing to move forward and train technicians to do more. And there’s technology today that will allow a pharmacist to supervise a technician and what they do with very little effort.”³⁴

Conclusion

As the U.S. healthcare system goes through dramatic changes over the next several years, there is little question that community pharmacies will play a bigger role in helping Americans manage their health. However, the issues identified in this report raise questions about whether Walgreens’ Well Experience model can provide expanded pharmacy services without compromising patient privacy and safety. State boards of pharmacy have expressed serious concerns about the model’s physical design and workflow, and CtW’s investigation exposes serious flaws in the model’s execution. Walgreens and state boards of pharmacy should do a systematic re-evaluation of the model to ensure that by carrying out its plan to “revolutionize” the pharmacy, Walgreens does not interfere with pharmacists’ ability to perform their core duties.

Endnotes

1. "Walgreens exudes confidence," *Chain Drug Review*, January 16, 2012.
2. Flynn EA et al. "Impact of interruptions and distractions on dispensing errors in an ambulatory care pharmacy." *Am J Health Syst Pharm*. 1999 Jul 1;56(13):1319-25. Westbrook J et al. "Association of Interruptions with an Increased Risk and Severity of Medication Administration Errors." *Arch Intern Med*. 2010; 170(8):683-690.
3. Allan EL et al. "Dispensing errors and counseling in community practice." *Am Pharm*. 1995;NS35(12):25-33; Flynn EA et al. "Dispensing errors and counseling quality in 100 pharmacies." *J Am Pharm Assoc*. 2009;49:171-80.
4. Based on Walgreens' description of the model in materials provided to state boards of pharmacy.
5. Walgreen Co. Q1 2009 earnings call transcript, December 23, 2008.
6. Centers for Disease Control data on flu shot costs, updated July 23, 2013.
7. "Flu vaccine sales could use a shot in the arm," *Wall Street Journal*, September 20, 2011.
8. Flynn EA (1999); Westbrook J (2010).
9. Flynn EA et al. "National Observational Study of Prescription Dispensing Accuracy and Safety in 50 Pharmacies." *J Am Pharm Assoc*. 2003;43:191-200.
10. Flynn EA (1999); Westbrook J (2010).
11. Flynn EA (1999).
12. Peterson GM et al. "Pharmacists' attitudes towards dispensing errors: their causes and prevention." *J Clin Pharm Ther*. 1999;24:57-71.
13. "Side tracks on the safety express; Interruptions lead to errors and unfinished...wait, what was I doing?" Institute for Safe Medication Practices *Medication Safety Alert*, November 29, 2012.
14. "Physical Environments That Promote Safe Medication Use," The United States Pharmacopeial Convention, 2010.
15. Florida Senate Bill 818 and Assembly Bill 617.
16. Letter to the Florida Senate Health Policy Committee from Florida Pharmacist Association and the Florida Health Systems Pharmacists, April 8, 2013; included in the Health Policy Committee Expanded Agenda Packet for April 9, 2013.
17. Comment posted to The Student Doctor Network pharmacy discussion board on topic of "Changing role of Walgreens pharmacists," March 8, 2013.
18. Arizona Board of Pharmacy meeting minutes for January 28, 2009.
19. "Prescription drug and trafficking and abuse trends," Drug Enforcement Agency presentation to EU-US Dialogue on Drugs, May 15, 2013.
20. "An epidemic: pharmacy robberies sweeping US," *NBCNews.com*.
21. "Pharmacies besieged by addicted thieves," *New York Times*, February 6, 2011.
22. "Walgreens Agrees to Pay a Record Settlement of \$80 Million for Civil Penalties under the Controlled Substances Act," DEA press release, June 11, 2013.
23. "Walgreens pushed pill sales, says DEA," *Orlando Sun-Sentinel*, June 28, 2013.
24. Settlement and Memorandum of Agreement between DEA, DOJ and Walgreen Co.
25. "Identifying factors that cause pharmacy errors," *U.S. Pharmacist*, December 1, 2008.
26. Virginia Board of Pharmacy meeting minutes for March 13, 2012.
27. "With its pharmacists moving out front, Walgreens boosts role for technicians," *Drug Store News*, June 10, 2013.
28. Allan EL (1995); Flynn EA (2009).
29. Maryland Board of Pharmacy meeting minutes for July 18, 2012.
30. Maryland Board of Pharmacy meeting minutes for September 19, 2012.
31. Pennsylvania Board of Pharmacy correspondence with Walgreen Co. between May 2012 and June 2013.
32. Hawaii Board of Pharmacy meeting minutes for January 17, 2013.
33. Oklahoma State Board of Pharmacy meeting minutes for June 20, 2012.
34. "With its pharmacists moving out front, Walgreens boosts role for technicians," *Drug Store News*, June 10, 2013.



Change to Win is a partnership of unions founded in 2005 that pursues initiatives to strengthen workers' rights and consumer protections, core pillars to rebuild the American middle class. Since its creation, CtW has been a forceful advocate on issues such as workplace protections, reform of pharmacy benefits management companies, consumer and patient privacy and shareholder rights.