APhA
American Pharmacists Association

APhA Community Pharmacy Workplace Summit

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APhA Community Pharmacy Workplace Summit

APhA convened the Community Pharmacy Workplace Summit to begin the process of allowing stakeholders to collectively address drivers impacting community-based practice. The summit brought together pharmacists, pharmacy employers, and pharmacy stakeholders and organizations to discuss the challenges of community-based pharmacy providers in serving the health care needs of individuals and communities, especially during the pandemic. The discussions focused on identifying practical approaches to improve the community-based pharmacy workplace, practitioner well-being, and patient care expectations, as well as to address challenges in meeting health care needs. This Summit served as a beginning of the process for stakeholders to collectively address the drivers within their individual operations and settings.

Forty-six diverse individuals representing more than 30,000 community pharmacy sites and the perspectives of community chain and independent pharmacy practice management and pharmacists, student pharmacists, and pharmacy technicians, gathered in Washington, DC, on February 22-23, 2022, for discussions facilitated by Michael D. Hogue, PharmD, FAPhA, APhA immediate past president and dean of the Loma Linda University, School of Pharmacy. In his opening remarks, Hogue described the summit as a discussion among the pharmacy family and a safe zone in which to have open and frank discussions. He encouraged participants to tell their stories and utilized a process where participants could share ideas or concerns anonymously.

Quick view - Bright ideas!

During the Community Pharmacy Workplace Summit, participants identified the following ideas and approaches for stakeholder consideration in addressing workplace and well-being issues within community pharmacy practice. The ideas below were identified by participants based upon what their practice site(s) were currently doing or could do to address the issues impacting community pharmacy practice and pharmacy team member well-being. Recipients of this report should review the identified issues and ideas for jointly addressing the issues by management and their pharmacy teams.

- Utilize the Pharmacist's Fundamental Responsibilities and Rights principles document to facilitate open and safe discussions between management and pharmacy team members.
- Stop unfunded government mandates and demands.
- Provide pharmacy technicians with a living wage and recognition as valued pharmacy team members.
- Promote pharmacists' autonomy and professional judgment.
- Support pharmacists' decisions.
- Empower the Pharmacist-In-Charge (PIC) to make necessary practice decisions.
- Review and advocate for standardized role and autonomy of PICs.
- Educate on the appropriate use of technology to support pharmacist's ability to provide patient care.
- Utilize mechanisms to reduce distractions (e.g. ringing phone) to pharmacists providing patient care.
- Eliminate metrics and quotas that increase stress on pharmacy teams and jeopardize patient safety.
  - Recognize the differences between practice sites and the needs of communities/patients served, and engage pharmacy teams in the identification of appropriate metrics.
- Provide lunch breaks and other necessary uninterrupted times to de-stress, prepare for incoming patients, and catch up on work.
- Address payment, reimbursement, and access to care challenges.
- Gather and tell pharmacists' stories demonstrating not only the positive impact of the pharmacy teams on patient care and community health, but also the challenging situations pharmacy teams are working within and the help that is needed.
- Provide tools to assist in facilitating discussions and working with pharmacy teams to develop solutions to issues identified through those discussions.
- Address pharmacy faculty and community pharmacists' negative perceptions of community pharmacy practice and their negative impact on student pharmacist and pharmacy technician recruitment.
- Analyze the workplace and well-being status of pharmacy teams within states that have progressive and permissive pharmacist's authority or regulation.
- Institute and/or maintain appointment-based provision of care, similar to the models utilized by other members of the healthcare team.
- Acknowledge the value of pharmacy team members in the care of individuals and communities.
- Educate the public regarding the role of pharmacy team members and the challenges of community pharmacy practice.
- Encourage corporate management to spend time within the pharmacy practices to personally observe what pharmacy teams are dealing with and have open and safe discussions with pharmacy team members.
- Facilitate on-going conversations with summit participants and with their individual teams, as the summit is just one step in the process.

Next steps

The next steps identified by participants for post-summit activities conducted by all stakeholders included:

- Ask all stakeholders to identify ideas or factors contained within this report for open and safe internal discussions between management and pharmacy team members that result in improved workplace and team member well-being.
- Facilitate on-going conversations with summit participants and with their individual teams.
- Provide tools to assist facilitation of discussions and assist pharmacy teams to develop solutions to issues identified through those discussions.
- Gather and tell pharmacists' stories regarding not only the good they are doing for patients and communities but also the challenging situations they are working within and the help that is needed.
- Challenge all to assume the best intentions in both employees and employers.
- Amplify the concerns of community pharmacy stakeholders to decision makers and the public that result in action to resolve identified issues.
- Leverage and address the issue of health equity by organizing and showcasing COVID-19 pandemic community outreach efforts, offer services to the community and convey what pharmacists do for patients and the public.
- Conduct additional summits and surveys to identify ongoing and additional issues in addition to tracking progress regarding the identified issues.

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SUMMIT REPORT

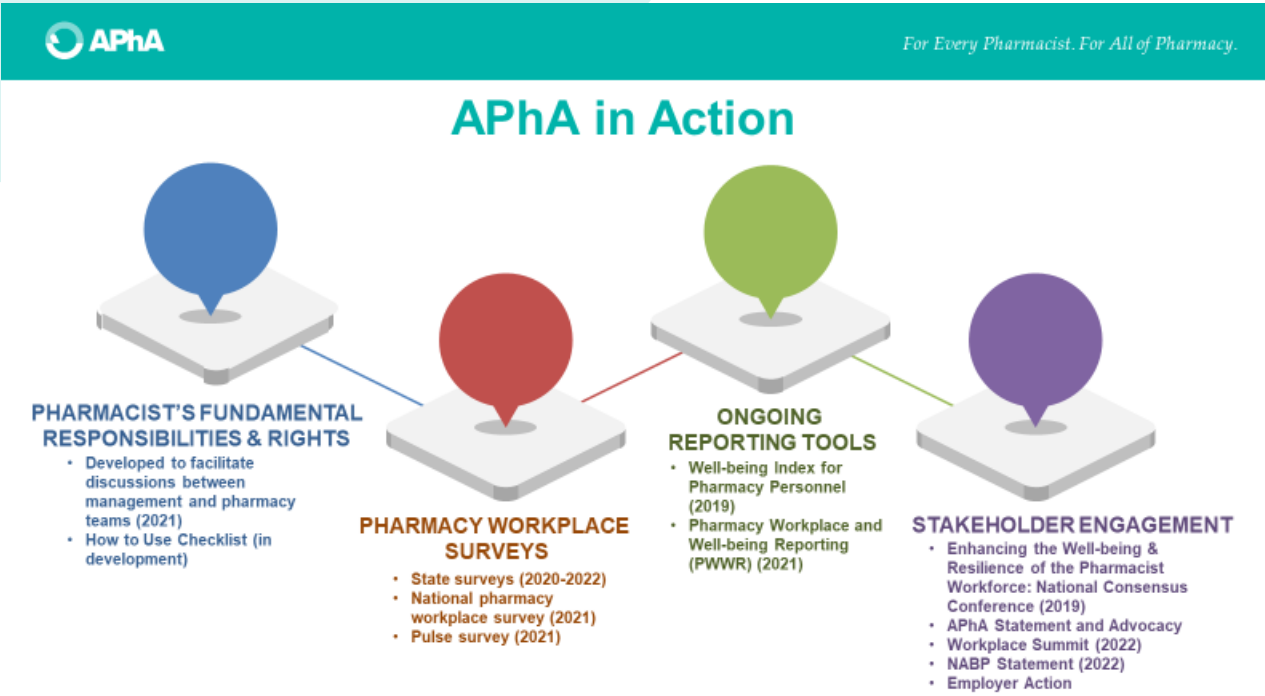## Welcome and setting the stage

Scott Knoer, MS, PharmD, FASHP, APhA executive vice president and CEO, welcomed participants and recognized them for their dedication to patients prior to and during the COVID-19 pandemic. Over the past 6 months, Knoer has traveled around country to meet many inspiring pharmacy teams and started by providing his observations from his travels. He shared that these pharmacy team members were focused on providing exceptional patient care and services. He noticed the competing demands that pharmacy teams were managing yet working together to ensure every single patient's need was met. However, these contributions will go for naught if we cannot make our services sustainable. There is agreement that the payment model must be changed to achieve business and patient care goals, but it will not solve all the issues. He told the audience that there is no magic wand to quickly fix all the root causes; instead, we must maintain our focus on supporting a resilient and productive workforce in community pharmacies that meets patient care needs and operates under a sustainable business model without stress and burnout in the workplace. Knoer articulated that pharmacy team members want to safely take care of patients, with work-life balance, and most of all want to feel appreciated. He encouraged the participants to bring their passion, dedication, and positive intentions to fulfill a shared goal of safe and optimal pharmacy work conditions. These open and honest discussions begin the process of developing an understanding on actionable approaches that support the safe delivery of patient care, meet public health demands, and recognize the contributions and needs of the pharmacy team.

Prior to the summit, participants were provided several background documents to review including surveys, reports, and documents published by APhA and other organizations related to the pharmacy workplace and well-being of pharmacy team members. In addition, participants received historical information on activities conducted prior to the COVID-19 pandemic. Alex C. Varkey, PharmD, MS, FAPhA, chair of the APhA Well-Being Steering Committee and APhA Trustee, reviewed highlights of the pre-assigned reading material.

Items reviewed included information and data from (see Figure 1):
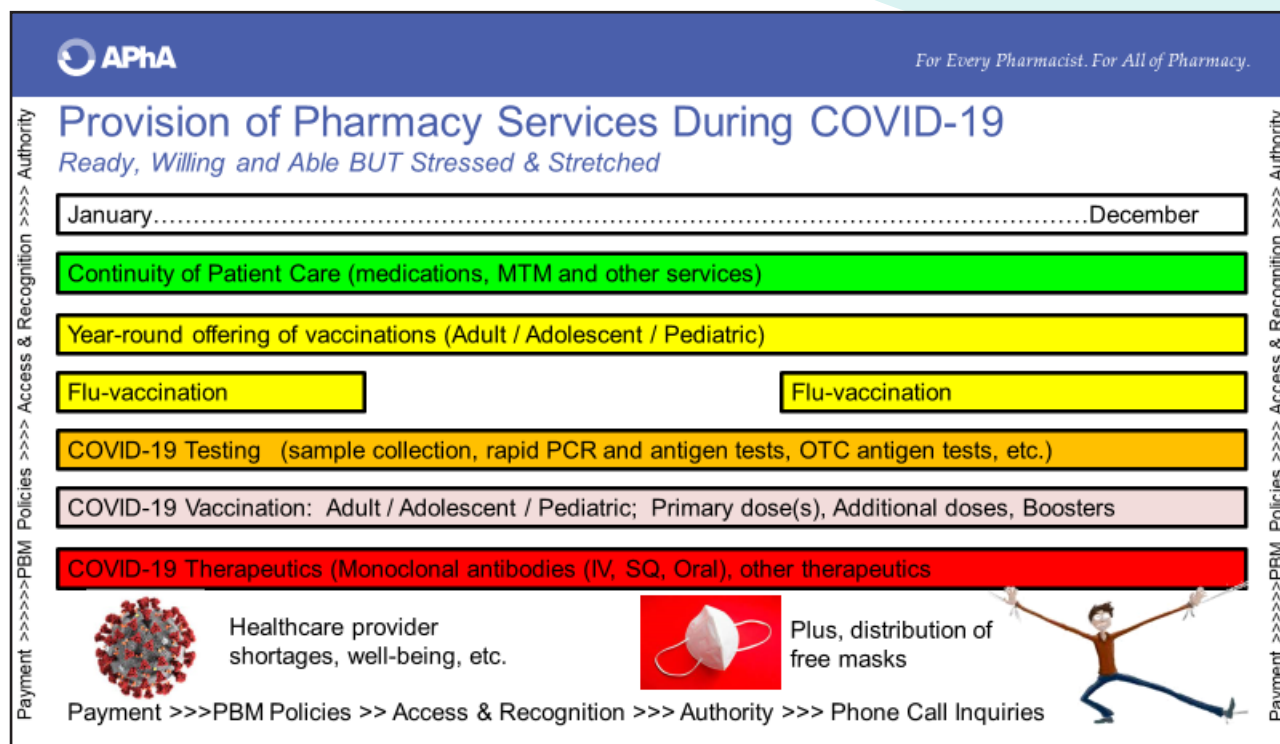
- Well-being Index for Pharmacy Personnel
- Pharmacist's Fundamental Responsibilities and Rights
- APhA/NASPA National Pharmacy Workforce Survey
- Pharmacy Workplace & Well-being Reporting Service (PWWR)
- APhA Pulse Survey on COVID-19

Figure 1: APhA's actions to address pharmacy well-being 2018-2022

Summit participants completed a pre-meeting survey regarding what they considered to be short-term (within 6 months) and long-term (over the next 3 years) issues that should be addressed regarding key factors (Figure 3) impacting community pharmacy workplace and well-being. The items are listed in rank order in Table 1.

Table 1: Participant responses regarding which key factors should be addressed.

Short-term (next 6 months)	Long-term (next 3 years)
Workload	Payment policies (e.g. PBMs and payer policies, reimbursement, DIR fees/clawbacks)
Patient Safety	Board of Pharmacy Regulations
Corporate policies impacting staffing levels	Unreasonable metrics & quotas
Harassment and demands from patients/consumers	Patient safety
Payment policies (e.g. PBMs and payer policies, reimbursement, DIR fees/clawbacks)	Workload
Unreasonable metrics and quotas	Corporate policies impacting staffing levels
Available resources	Administrative burdens
Communications between pharmacy teams and management	

Varkey described the current state of community pharmacy practice and reviewed the demands placed upon pharmacy teams as portrayed in Figure 2.

Figure 2: Additional COVID-19 demands of pharmacy personnel on top of existing workload has overwhelmed an otherwise capable pharmacy workforce response.

Note: Figure 2 portrays activities across a calendar year (January–December) and the patient care activities that community pharmacy-based teams have been managing throughout COVID-19. The ability to provide these services has been impacted by payment policies, access and recognition, authority to provide services, and continuous interruptions from telephone calls and other demands.

As the participants prepared for discussions at multi-perspective roundtables, Hogue reviewed the various factors that are impacting the operation of community pharmacies and pharmacists' efforts to meet their ethical obligations to "promote the good of every patient in a caring, compassionate, and confidential manner," and to serve individual, community and societal needs. Figure 3 highlights activities impacting business operations, delivery of patient care, and the ones that overlap the two perspectives.

Figure 3: Key factors impacting operation and patient care delivery within community pharmacies

Expectations of the summit

Participants were asked to provide their expectations from the Summit. Feedback received included the following, organized by topic:

Action desired

- Take action. We are at a tipping point. The timeliness of the Summit is critical. We will be successful if we establish actionable steps that impact pharmacist well-being and patient safety, as well as increase retention.
- Obtain information so each organization can develop their own workplans.
- Identify common regulatory obstacles to patient care. Spearhead innovation–tell a story of what pharmacy has done.
- Acknowledge that this has been going on for a long time, not just during the COVID-19 pandemic. Pharmacists need to feel empowered to advocate for themselves and for pharmacy technicians to their respective employer.
- Create short-term and long-term plans for action, with actionable steps to help address the issues and increase employee retention.
- Get key stakeholders committed to change and to actively participate in discussions on what already has been done-or what can be done-to relieve pressures at the store level.
- Identify opportunities for positive change-unite pharmacy-and decrease segmentation and silos.
- Find a handful of action items to implement instead of trying to do everything at once.

Open discussions

- Have open discussion on underlying issues. Address hard questions and increase understanding of all perspectives.
- Be honest about workplace problems and identify everyone's roles in addressing those problems.
- Honesty about what is working and what is needed to work toward change.
- Have collaborative, noncontentious discussions and find regulatory changes that are easiest to fix while also increasing public awareness.

Understand each other

- Seek better understanding of each stakeholder's concerns. Find actionable steps to increase retention.

Students

- Seek student pharmacists' input. Student pharmacists' perspectives are essential to influence the future of community pharmacy.

Patients

- Identify strategies to influence patients' understanding of what pharmacists do and the challenges experienced by the pharmacy team.

Technicians

- Address the impact on technicians and increase awareness of technician shortages.

Collaboration

- Collaborate across organizations and roles.
- Reach across the table and determine what we can do right now.
- Move toward consensus and a renewed focus on employee and patient safety to ensure pharmacists understand they are being heard.
- Make meaningful changes that come from us uniting as professionals and care givers.

Safety

- Prioritize both safety and support for patients and pharmacy staff.

Teams

- Increase awareness of each pharmacy team member's role.
- Increase awareness of the stress experienced by all team members.

Passion and pride

- Share passion and pride and bring both back to the profession.
- Regain hope and passion. Remind the team of their "why."
- Encourage the next generation of pharmacists.

Respect

- Achieve respect for each other and from patients (who may not fully understand pharmacy staff's roles or challenges).

Leadership

- Take leadership and responsibility.

Culture

- Start the process to change culture. Develop agreements on a safety and patient-focused culture.

Road map

- Develop a framework for the road map forward.
- Seek to have follow-up meetings. This is just the beginning, not the end.

Review

- Take a deep look at what has happened over the last 2 years for the good, the bad and the ugly.

Perspectives of student pharmacists and pharmacy technicians on community pharmacy practice

Kennedy M. Erickson, a student pharmacist from Washington State University and APhA-ASP president-elect, and Stephanie Rice-Erlenbusch, CPhT, a pharmacy technician from Oregon, each delivered a presentation to describe their respective perspectives on community pharmacy as individuals working within community pharmacy. Their presentations were followed by a group discussion. Both the challenges of recruiting students into pharmacy as well as the recruitment and retention of pharmacy technicians, were discussed.

During the pandemic there has been increased demand for pharmacy interns and pharmacy technicians, leading to increased stress and burnout of current interns and technicians. The challenge for students has been balancing academics, extracurriculars, increased job demands and family responsibilities. Students and pharmacy technicians are afraid of harming patients as a result of insufficient staffing needed to ensure safe dispensing, counseling, and patient care. Both students and pharmacy technicians believe that distractions, unnecessary metrics, and inadequate break time are contributing to burnout. There is also a general fear of repercussions for speaking up about workplace concerns. For those exposed to the current community pharmacy workplace, it has led to a reluctance to enter the workforce as a pharmacist or desire to remain as a pharmacy technician.

Pharmacist morale is also negatively impacting student perspective. An example was provided in which a student pharmacist was warned by eight different practicing pharmacists to not go to pharmacy school. Pharmacy technicians desire to receive appropriate recognition for their contributions as part of the pharmacy team and to eliminate the description of being "just a technician" from the vocabulary of management, other members of the pharmacy team, and pharmacy technicians themselves. These participants acknowledged concern with pharmacy team members stepping away from the profession and the importance of showing "hope" as we work our way out of the current situation. Proposed recommendations identified in the group discussion included the following, organized by topic:

Students

- Make it so experiential education faculty/staff and chain management are able to have open discussions without a concern of losing experiential sites.
- Encourage academia and faculty members to celebrate community pharmacy and its value to communities and the pharmacy profession.
- Address discouragement by some in academia regarding community pharmacy practice. Students are concerned with disappointing faculty if they pursue community pharmacy.
- Address overwork. Some employers are placing increasing demands on interns by asking student pharmacists to work more than 40 hours per week when students are also returning to in-person classes as full-time students.
- Re-educate at the College of Pharmacy level for all the positive aspects of community pharmacy (e.g., Flip the Pharmacy).
- Recognize the importance of improving the pharmacist's well-being. Reduce pharmacists' discouragement of students from going into pharmacy.
- Stop overreaction to market forces. Supply and demand for pharmacists are cyclical, so overacting can have long-term negative impact.
- Provide stories versus data on the rewarding impact community pharmacists have. Identify opportunities to share stories of positive interventions pharmacists at pharmacies or other locations have made.

Technicians

- Give pharmacy technicians living wages.
- Encourage pharmacists to coach technicians on how to treat patients.
- Value pharmacy technicians first then work with them on how to treat patients.
- Stop saying "just a tech" and support pharmacy technicians if they need to step away from a situation.
- Engage pharmacists at the practice level regarding how technicians will be utilized in those settings and how the pharmacy techs should be empowered. The ratios of pharmacists to pharmacy technicians are not "one size fits all."
- Effectively utilize and empower pharmacy technicians in terms of salary and development.
- Address pharmacists feeling devalued by other health care professionals as well as sensitizing them so they do not do the same to their pharmacy technicians.
- Acknowledge how visible the economic divide can be between pharmacists and pharmacy technicians and how that can create frustration within teams. (e.g., driving expensive car vs. not having transportation).

"Control the things you can control so that the things you can control can be addressed"

Addressing Key Factors

Participants reviewed the key factors (Figure 3) and discussed what actionable steps could be taken in their practice site/organization to achieve the principles in the Pharmacist's Fundamental Responsibilities and Rights, as well as actionable, meaningful steps that can be taken in their practice site(s) to address the key factors. Included in submitted "bright Ideas" were items that are currently being implemented. There were two roundtable discussions considering this question from their own perspective and then from the perspective of their counterparts.

The following ideas were identified during discussions among participants. Stakeholders at the Summit, as well as those receiving this report, are encouraged to review the ideas identified and work with teams, management, and constituencies to implement short-term and long-term solutions. The ideas are a compilation and do not represent the position of any particular organization.

Advocacy

- Send frontline pharmacists to RxImpact and state advocacy days rather than corporate leaders.
- Employers should promote professional association participation and advocacy efforts.
- We need to tell the story of what pharmacists do. Also have patients tell their stories about the impact of pharmacists on their health and lives.
- Unite on how we speak to stakeholders and how we speak to decision makers. It's a whole profession and team approach.
- Sell our vision of the profession to stakeholders.
- Use the Fundamental Responsibilities and Rights document to help create and engage in discussions and action.

Board of Pharmacy Regulations

- Desire to see visible buy-in from top-level leadership of the National Association of Boards of Pharmacy (NABP) and their board members.
- Remove perceived conflicts of interest by board members.
- Explore whether there are any differences among states regarding regulations and workplace/ well-being issues. Are pharmacy team members happier in those states that address pharmacy personnel well-being issues or have more empowering practice regulations?
- Place more shared responsibility on employers versus the PIC being held responsible.
- Standardize Pharmacist-In-Charge (PIC) requirements, authority and training.
- Remove technology regulatory barriers but do not allow technology to replace pharmacists.
- Create uniform technician regulations.
- Utilize a standard of care approach to regulation.
- Encourage NCPA, APhA, AACP, NASPA, ASHP, and other pharmacy organizations to collate and share member feedback on regulatory obstacles to NABP to provide areas of opportunity for addressing issues.
- Staffing policies and regulations should state that "No pharmacist is to work alone."
- Find/study data to determine pharmacist to technician ratio – does the ratio help or hurt pharmacy's efforts?
- Conduct Summits with Board of Pharmacy and pharmacy practice stakeholders.

Breaks/Schedules

- Pharmacy technicians should have set schedules that do not depend on projected prescription volume.
- Pharmacy personnel should have lunch breaks (like those in other health professions have) and their timing. Pharmacists and team members must be educated regarding the importance of taking their breaks for well-being management and patient safety.
- Provide uninterrupted time for administrative work and catch-up.
- Use appointment-based model within pharmacies to better manage patient demand.
- Push back on beratement by the public when a pharmacy closes for breaks or because of staff or other resource issues.

Clinical Competence

- Encourage chain pharmacy entities to begin or increase the number of pharmacy residency programs.
- Correctly define "clinical" in that it does not mean specialist; community pharmacists are clinical and provide clinical services.
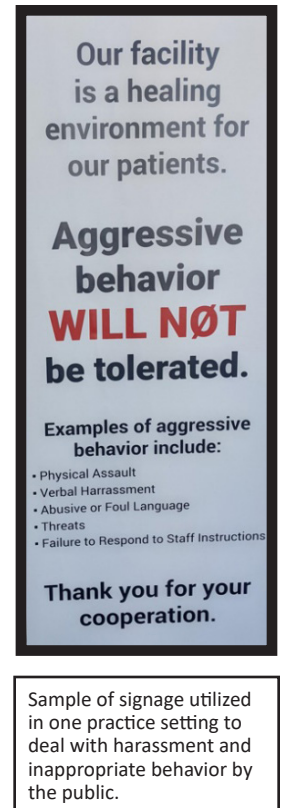
Communication

- Train district pharmacy managers to listen and communicate.
- Improve transparency and two-way communications.
- Use "Dr." when referring to pharmacists that have attained the Doctor of Pharmacy (PharmD) degree.
- Foster positive role models to discuss the importance of paying forward a positive mindset to student pharmacists and pharmacy technicians because it's a leadership skill.
- Emphasize communications between the following:
  - Pharmacists and management.
  - Pharmacists and pharmacy staff.
  - Pharmacists and Boards of Pharmacy
  - Associations to the public.
- Focus discussions on addressing priority issues.
- Examine the JCPP Vision for Pharmacy Practice and the Pharmacists' Patient Care Process, and support for pharmacists being accountable health care professionals.
- Protect pharmacists' voice so their needs and stories will be heard.
- Utilize Fundamental Responsibilities and Rights as discussion framework and for planning actionable next steps.

Lack of Recognition/Patient-Public Expectations

- Greater recognition by corporate leadership for pharmacy teams regarding team value.
- Create a media campaign to explain the role of the pharmacist and align with public health campaigns. There is an opportunity for chain pharmacy organization and pharmacy associations to collaborate on a unified public awareness campaign that values the importance and work of the pharmacy team.
- Encourage the pharmacist voice and engagement with pharmacy associations.

- Promote appointment-based models to set patient-public expectations of pharmacy staff.
- Creation of in-store messaging that promotes pharmacy team member value and appropriate interactions. This would educate customers about responsibilities of pharmacist, explain what happens behind the counter, and demonstrate appreciation to pharmacy staff.
- Pharmacy organizations and associations should highlight the work of pharmacists, technicians, and interns when discussing and demonstrating each principle within the Pharmacist's Fundamental Responsibilities and Rights.
- Provide pharmacists with nametags that include Pharmacist, PharmD or "Dr." to let patients know who the pharmacist is and what we do. This will help to align the pharmacist as being a knowledgeable health care provider in the patient's mind.
- Demonstrate the extent of pharmacists' abilities to the public. Patients need to experience what we say we do/can do so it becomes an expectation if we are going to grow as a profession.
- Support and align incentives to pharmacy team members for outreach activities to communities (to churches, etc.) to talk about what pharmacists do.

Our facility is a healing environment for our patients.

Aggressive behavior **WILL NØT** be tolerated.

Examples of aggressive behavior include:
- Physical Assault
- Verbal Harrassment
- Abusive or Foul Language
- Threats
- Failure to Respond to Staff Instructions

Thank you for your cooperation.

Sample of signage utilized in one practice setting to deal with harassment and inappropriate behavior by the public.

Management Support
- Increase leadership and empathy skills of middle management.
- Address the culture within community pharmacy practice and engagement of pharmacists with management to rebuild pharmacy team passion in their work.
- Send corporate level staff into stores to experience negative treatment.
- Involve pharmacists, students and techs in decision making. Facilitate leadership roles
- Create the goal for supervisors to know about employees a person and how they want to be recognized in public and in private.
- Encourage upper-level supervisors to ask bench level employees "is you direct supervisor supportive?" in a safe space.
- Conduct a gap analysis on how teams are functioning regarding the principles contained within the Fundamental Responsibilities and Rights document.

Medication Dispensing Needs
- Advocate more plans to cover a 90+ day supply of maintenance meds.
- Set precedent for prescribers to add enough refills for a year or until next appointment.

Non-Pharmacist Managers
- Make it so only pharmacists oversee pharmacists.
- Promote pharmacist autonomy and professional judgment. Support pharmacists' decisions.

PBM and Payor Policies

- Reform PBMs.
- Help management see what stores are dealing with.
- Eliminate patient steering in order to preserve pharmacist-patient relationships.
- Allow pharmacy innovation and provide the resources needed to innovate.

Pharmacists in Charge (PIC)

- Identify a consistent purpose, definition and list of responsibilities of a PIC within community pharmacy practice.
- Limit PIC liability and responsibilities to those things that they can control. PIC scope and responsibility should only apply when they are working, not when they are off.
- Create/provide PIC training.
- Remove PIC punitive culture and empower the PIC to utilize their professional judgment to do what is best for patient care and practice. Give pharmacists autonomy to decide when to close or reduce hours due to staffing or other concerns.
- Offer flexible incentive packages/options to individuals assuming PIC roles (e.g., extra paid time off, first choice of vacation, administration time).
- Consider PIC's shared responsibility and the staff they manage by putting less of an administrative barrier between different levels of practitioners.
- Be mindful of PIC's role. For example, should inventory management be a PIC responsibility?
- Create a "PIC for the Day" model which de-regulates the traditional model.

Pharmacy Technician Shortage/Inadequate Staff Support

- Provide better compensation for pharmacy techs including increasing hourly rates, quarterly bonuses/retention bonuses, and increasing training for better confidence in the role.
- Formalize training, establish minimum requirements and develop professional development tracks. View technicians more than "just a tech" or a "hired hand."
- Eliminate clerks – they all should be techs.
- Identify technicians' levels and responsibilities.

Reimbursement/Government Demands

- Stop unfunded government mandates. Do not give away our services.
- Address PBM reimbursement problems for medications. Fix inequitable reimbursement payment for pharmaceuticals.
- Create visibility and transparency to the reimbursement rates for pharmacy team members.

Staff Training

- Train pharmacists, technicians, and interns on how to handle confrontation.
- Assure staff feels trained to address internal and external conflicts.
- Educate pharmacy teams on purpose of "provider status".
- Establish a "training pharmacy" which is an actual dispensing location where new hires can spend time to become competent before going to the home store.
- Conduct "soft skill" training: business, personnel management, managing conflicts, etc.

Technology

- Use technology as aid for (not a replacement of) pharmacists.
- Provide access to electronic health records.
- Offer remote virtual assistance.
- Utilize pharmacy apps to relieve pressure on teams.
- Invest in technology without removing labor to pay for it.

Telephones and Distractions

- Decrease barriers to allowing interstate management of phone calls via call centers.
- Triage phone calls to relevant audiences/topics. Adequately train call center staff to manage phones/patient inquiries.
- Provide headsets to each staff member.
- Minimize distractions from interruptions (e.g phone calls, computer notices, drive-through)
- Use patient-portals, two-way texting and QR codes.

Unreasonable Metrics

- Realign productivity metrics with patient care.
- Remove inappropriate metrics. Each practice's needs and demands are different, and metrics need to take that into consideration (for example, practice with patients who have greater issues and need more attention). Metrics should be less on speed and more on quality and accuracy of the services provided. Also, when appropriately used, metrics can be used as a guide to determine staffing needs and models.

Workload

- Delegate more administrative burdens from pharmacists to others. Lighten tasks to focus on clinical services/patient care.
- Closed-door pharmacy hours (i.e. 1 hour prior to opening with no distractions/phone calls, etc.) to prepare or catch-up. Pharmacy teams should be compensated for this time.
- Appointment-based models for patient care activities.
- Increase pharmacist overlap time (i.e. based on average number of NEW prescriptions filled per day and patient population complexity, to allow for proper DUR resolution / counseling).

Other

- Look at North Dakota model of pharmacy ownership, as well as patient, and staff engagement.
- Understand frontline concerns and solutions.
- Have a pharmacy technician on corporate pharmacy advisory councils.
- Encourage academia to work on setting realistic expectations around practice, teaching, management and leadership. Promote community academia for future students.
- Show how APhA has affected change in the profession.
- Consider possibility of unionizing if situations do not improve.
- Give opportunities for pharmacists to address community health issues.
- Have APhA provide more continuing pharmacy education opportunities concerning leadership and management.

Participants also provided additional insights into concerns stakeholders have that they were not comfortable or unable to publicly articulate. These include:

- Not having a job if technology use increases and a need to continue to engage pharmacists in clinical projects and services.
- Consolidation of the industry and pulling care delivery from the local level.
- Equity of care access.
- Patients not having a "medication home."
- Metrics caused by management fear of not knowing what teams are doing.
  - Need to engage store leaders in corporate conversations, such as via direct phone calls.
- Having the wrong incentives, such as a metric on the average hold time on telephones, can be de-motivating.
- Reasonable expectations for pharmacy teams (e.g. business and patient care,alignment with patient care expectations).
- Going out of business.
  - Before COVID-19 staffing was reduced due to decreasing reimbursements. Payment model needs to be solved. Inadequate reimbursement across health care is impacting providers.
- It is not an either/or scenario; need viable payment models and improved working conditions/ work-life balance.
- Implosion of the entire profession if community pharmacy goes under, which will impact the entire profession.
- Should consider the "optometrist model" in which clinical service and products are separate.
- Need time to do "clinical."
  - What's our value if we don't do it?
- De-regulation and/or overregulation
  - Is there a potential tie to workplace satisfaction and state laws, regulations and authority?
- Fears of where we will end up at the end of the day.
- Fears of the advancing roles of technicians and potentially eliminating pharmacists.
- No profession, no members
  - Organizations need to be united and aligned.
  - Pharmacy has a lot more in common than not, which has especially been shown during the pandemic.
- Desire for a new future but are tightly holding onto the past.
- Cherry-picking patients (loss of equity and access).
- Need to move away from what we are afraid of, and ask the question, "what do we want to stand for in 2025?"
- Need to take responsibility/action
  - If pharmacists do not step up, someone else will. There will need to be "drug experts" to address medication use issues, etc.
- Automation and the Mark Cuban model impact on health equity and access and disruption of the medication home.

Next steps

The next steps identified by participants for post-summit activities conducted by all stakeholders included:

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- Facilitate on-going conversations with summit participants and with their individual teams.
- Provide tools to assist facilitation of discussions and assist pharmacy teams to develop solutions to issues identified through those discussions.
- Gather and tell pharmacists' stories regarding not only the good they are doing for patients and communities but also the challenging situations they are working within and the help that is needed.
- Challenge all to assume the best intentions in both employees and employers.
- Amplify the concerns of community pharmacy stakeholders to decision makers and the public that result in action to resolve identified issues.
- Leverage and address the issue of health equity by organizing and showcasing COVID-19 pandemic community outreach efforts, offer services to the community and convey what pharmacists do for patients and the public.
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