# Workforce Issues Among Sole Community Pharmacies

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## OVERVIEW

In just over one thousand small rural communities throughout the United States, pharmacy services are delivered through a single independently owned retail outlet. In recent years this group of pharmacies has been subject to increased financial pressures, while at the same time facing uncertain prospects for the future due to the changing demographics of rural America. To better understand the dynamics affecting rural pharmacy services, this team has reported data on rural pharmacy closures[1], described the clinical service roles of sole community pharmacies[2], and summarized issues identified by rural pharmacists relative to the implementation of the Medicare Part D program[3,4]. This Policy Brief focuses on workforce issues faced by sole community pharmacies. In 2008, we interviewed 401 pharmacist-owners of pharmacies that were located at least 10 miles from the next closest retail pharmacy, to determine their staffing levels and future plans for their pharmacies. We find there are common themes related to the challenges of maintaining the pharmacy workforce and patient access to pharmaceutical care in these communities.

## KEY FINDINGS

- Thirty-three percent of pharmacist-owners interviewed reported having one or fewer pharmacist FTEs on staff.
- Thirty percent of the pharmacist-owners would like to retire within the next 5 years.
- Among those wishing to retire, 77% would like to sell their store upon retirement, but only 16% were optimistic about their stores' prospects.

## CURRENT STAFFING IN SOLE COMMUNITY PHARMACIES

The majority (341 of 401) of sole community pharmacist-owners interviewed reported having no more than 2 pharmacist FTEs on staff, while one third (n = 131) of the pharmacist-owners interviewed reported having one or fewer pharmacist FTEs (Figure 1). The number of pharmacist FTEs on staff ranged from zero to 5. Pharmacist-owners reported an average of 2 pharmacy technician FTEs on staff, however this varied from zero to 11 FTEs.

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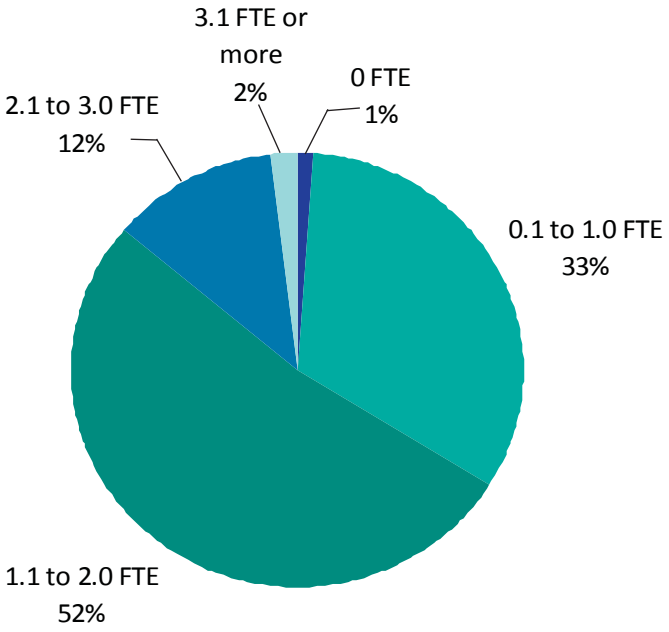
**Figure 1: Percentage of Pharmacist FTE in Sole Community Pharmacies**




## PHARMACY WORKFORCE ISSUES AMONG SOLE COMMUNITY PHARMACIES

Pharmacist-owners commonly reported a lack of relief pharmacists available in their community and believed that a shortage of pharmacists, along with difficulties in recruiting pharmacists to their communities, contributes to feelings of "burn-out" among those currently practicing in sole community pharmacies. This is especially problematic for the 33% of pharmacist-owners with one or fewer pharmacists FTEs on staff.

Several pharmacy-owners expressed an inability to compete with chain pharmacies when recruiting new pharmacists because they are not able to match the salaries and benefits offered by their larger competitors. Many pharmacist-owners also reported that they believed new graduates were not interested in owning their own stores; possible reasons included that current training programs focused exclusively on clinical training as opposed to the business aspects of the profession and that new graduates believe small independent pharmacies are incapable of providing a living.

Other reported barriers to recruitment and retention were directly related to location. Several pharmacist-owners believed they had difficulty recruiting because many pharmacists do not want to live in isolated communities. Even when the new recruits are willing to live in a small isolated community they are often unable to because their spouse cannot find adequate employment opportunities. In some cases, the pharmacist-owners themselves and/or their pharmacy staff commute an hour or more to the community to provide pharmacy services. Some pharmacist-owners voiced concerns that staff commuting from outside the community might not have a personal stake in the community and are not available to be on-call 24/7, which could affect access to pharmacy services for community members.

## FUTURE PLANS FOR SOLE COMMUNITY PHARMACIES

Inadequate workforce was also a factor in retirement plans. Pharmacist-owners were asked how long they would like to continue owning their store. Of the 397 who responded to this question, 118 said 5 years or fewer. Among these 118 pharmacist-owners, 110 told us what they intended for the future of

their pharmacies. Only 9 had firm plans for the future of their stores, with 3 already sold and 6 intended to be passed on to a family member. Of the remaining 101, 85 hoped to eventually sell their store, 12 had their store for sale currently, and 4 expected that their store would close entirely when they retired and had no intentions of trying to sell it.

While 16 of the 97 pharmacist-owners planning or trying to sell their stores remain optimistic about their plans, the majority foresaw barriers to selling their stores. Two main concerns voiced include financial issues (i.e., ability for interested buyer to secure financing, shrinking profit margins, and loss of volume), and workforce issues (i.e., recruitment and retention).

## POTENTIAL IMPACT OF PHARMACY WORKFORCE ISSUES ON ACCESS AND QUALITY

In addition to the personal concerns of pharmacist-owners who were uncertain of their store's future, many were also concerned for their community's continued access to pharmacy services. Fifty-one percent of the pharmacies included in this study have been providing pharmacy services to their communities for at least 50 years. In addition to concerns about retail access to prescription medications, the loss of the local pharmacy could potentially impact the sustainability of other local health care organizations as well as the sustainability of the local economy across all sectors.

Many pharmacist-owners were concerned about the quality of care provided by alternative sources for medications, such as mail-order companies. Although some residents of small communities are already obtaining their medications through mail-order, several pharmacist-owners reported problems with this method of delivery. Pharmacists reported having to provide counseling on medications received from mail order, as well as providing short term supplies of medications to patients when there were gaps in their mail order supplies.

## IMPLICATIONS

The findings from this study suggest there may be a future access issue in communities with a single provider of pharmacy services. Financial and workforce issues make the survival of many of these pharmacies less than certain. The survival of a sole community pharmacy not only ensures access to pharmaceuticals and patient counseling but, in many cases, to other important health care services that are particularly needed in communities with limited health care options.

Possible strategies for sustaining the rural pharmacy workforce and patient access to pharmaceutical care have been proposed, and some have been implemented. One such approach has been programs, both national and local, that incent student pharmacists to practice in rural areas. For example, several colleges of pharmacy have developed programs that either grant early admission to or provide specialized training for students interested in rural practice. The National Health Service Corps Chiropractor and Pharmacist Loan Repayment Demonstration used financial aid as a means to recruit and retain pharmacists in hard-to-employ locations such as rural areas. Communities are also making efforts to keep or attract pharmacists by providing incentives such as low interest loans and free rent for the pharmacy.

Although the strategies currently being implemented have helped to address workforce issues for rural communities, more could still be done to alleviate the current pressures. Policies could be developed that revise the current reimbursement structure for sole community pharmacies that would maintain access to pharmacy services by allowing pharmacies to be sustainable at lower prescription volumes. Continued support for the use of telepharmacy is vital to many rural communities as it will continue to

play a role in maintaining access to pharmacy services, though it will not fully replace all of the services provided by a local pharmacist. Maintaining the pharmacy workforce for these sole community pharmacies includes overcoming the financial and educational barriers to independent pharmacy ownership as well as the social and economic issues associated with practicing in a rural community. Without a sustainable workforce the survival of pharmacies in many small communities is threatened.

## STUDY METHODS

A semi-structured interview protocol was used in this study. To be included in the survey, pharmacies had to be independently owned and located 10 miles or more from the next closest pharmacy. A subset of pharmacies likely to meet these study criteria were identified using data from the National Council for Prescription Drug Programs, Inc, which contains information about the 74,108 pharmacies in the U.S. with active provider numbers. Pharmacies with the following characteristics were identified: independently owned (including franchise licenses); operating as a community retail pharmacy; the only pharmacy within its ZIP code; and the only pharmacy within a ten mile or more Euclidian buffer from the next closest pharmacy. Application of these criteria resulted in a final sample of 1,148 independently owned pharmacies. Eligibility to participate in this study was verified during the initial telephone contact by use of screening questions. The study goal was to complete 400 interviews. Attempts were made to contact the owners of all the pharmacies in the sample. No contact was made with 5 pharmacies (no answer or busy signal), for 151 pharmacies the pharmacist-owner was never reached in ten or more attempts, 43 stores were confirmed closed, and 68 did not meet the study criteria. Of the remaining 881 pharmacies, 401 participated for a response rate of 46%.

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