NCPA’s Mission

We are dedicated to the continuing growth and prosperity of independent community pharmacy in the United States.

We are the national pharmacy association representing the professional and proprietary interests of independent community pharmacists and will vigorously promote and defend those interests.

We are committed to high-quality pharmacist care and to restoring, maintaining, and promoting the health and well-being of the public we serve.

We believe in the inherent virtues of the American free enterprise system and will do all we can to ensure the ability of independent community pharmacists to compete in a free and fair marketplace.

We value the right to petition the appropriate legislative and regulatory bodies to serve the needs of those we represent.

We will utilize our resources to achieve these ends in an ethical and socially responsible manner.
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NCPA’s focus has centered on two goals. First, maximizing community pharmacy’s clout in today’s health care and political systems. Second, gaining recognition for the value of the prescription drug benefit and the services of the pharmacist in tomorrow’s health care system.

In late 2008, before President Obama even took office, NCPA and other pharmacy groups met with his health care team. We made the case that pharmacists are highly trained, widely accessible, and under utilized and that we can be an enormous help in improving patient outcomes and reducing costs. We haven’t let up since. In 2009, we met twice with White House health care czar, briefed the influential House Blue Dog Coalition, and testified before the powerful House Energy and Commerce Committee. Our National Legislation and Government Affairs Conference in May drew more than more than 400 community pharmacists from 45 states. To top off the conference, 80 NCPA members met with the chairman of the Federal Trade Commission to make a powerful case for a federal investigation of CVS Caremark, and we’re scheduling additional meetings for the future. And last but not least, we continue to lobby Congress for an equitable fix to Medicaid’s AMP cuts and to exempt pharmacists from the onerous Medicare DME accreditation requirements.

The commoditization of our industry didn’t occur overnight and it won’t turn around overnight. However, we have focused on a plan that step-by-step is bringing real world practice solutions to the marketplace with Surescripts, Mirixa, and Community CCRx.

NCPA has asked over the last few years to get engaged with e-prescribing. Now nearly 60% of our marketplace is engaged. NCPA and Surescripts will be working closely together on a number of initiatives to ensure community pharmacies realize the full benefit of the new lower pricing of e-prescribing.

I believe that medication adherence should be a core competency for every pharmacist.

Getting started is easy. All it takes is a commitment to “2 a day.” Start by committing to talk to just two of your diabetes or hypertension patients every day about the importance of staying on their medications. A tool that can help you document and gauge your success in keeping your patients adherent on their diabetes regimen, is Mirixa-Edge. To that end, I am also very proud of our new partnership with the American Association of Diabetes Educators. Community pharmacies will have a more accessible
From the Executive Vice President

path to being able to care for patients and bill Medicare for their diabetes education and training services.

...as we head into 2010, I challenge you to join me in supporting community pharmacy. I ask you to pledge to help lead the charge in our grassroots effort, help recruit new NCPA members in your area and make a difference with our political action committee and Legislative Defense Fund.

I compare reforming health care—which represents one-sixth of our total economy—to a marathon, not a sprint. From the opening gun, we’ve been in the race and not up in the bleachers. But aren’t you tired of doing it alone? We have accomplished so much with the commitment of so few. Now I need your help to find more of you.

So as we head into 2010, I challenge you to join me in supporting community pharmacy. I ask you to pledge to help lead the charge in our grassroots effort, help recruit new NCPA members in your area and make a difference with our political action committee and Legislative Defense Fund. And in return, NCPA will continue to strive as always to develop services and programs to benefit our membership of independent pharmacists and advance the pharmacy profession. In this report, we are pleased to share an overview of our progress during the past year and our direction for the future.

Sincerely,

Bruce T. Roberts, RPh
Executive Vice President and CEO
National Community Pharmacists Association
GOAL I

Increase Political Influence

Proactively shift the posture of passive allies – specifically politically unengaged pharmacists but also including other strategic alliances where there is a confluence with NCPA’s interests – to one that influences legislators and others who have leverage in determining community pharmacy’s fate.

GOAL II

Enhance Perception of Community Pharmacy

Create programs and services to eliminate barriers to enhancing the perception of community pharmacy with external (e.g., consumers, legislators, other health care providers) and internal (e.g., community pharmacists themselves) audiences.

GOAL III

Develop Business Solutions for Community Pharmacy

Shift to a new business model that recognizes the value the pharmacist currently provides in the provision of the product and recognizes and rewards the pharmacist for his/her value in providing pharmacist-provided patient services.

GOAL IV

Internal Development

Develop solutions to support all objectives and goals.

GOAL V

Stimulate Growth in Pharmacy Ownership

Make NCPA the “one stop shop” for all resources and services that stimulate growth in pharmacy ownership.

VISION STATEMENT

In a time of rapid change throughout the health care industry, the membership of NCPA will continue to play a key role in protecting the critical interests of the American public and the pharmacists who help patients use their medication appropriately. To these ends, the leadership of NCPA is committed to assuring that our nation’s community pharmacists are well represented in Congress and the state legislatures, as well as before all significant regulatory bodies.

The leadership of NCPA also is committed to progressively correcting the damaging influence exerted in the past decade by the uncontrolled expansion of the PBMs, assuring that these entities are repositioned into a more appropriate role, that of supporting the needs of pharmaceutical distribution without being intrusive into the care of patients provided by licensed health care professionals.

To assure that the public has a robust range of purchasing and advisory options, NCPA will take action to stimulate further independent ownership of community pharmacies nationwide and will facilitate individual success through enhanced professional education. Working directly with an expanding base of membership, the staff of NCPA will first identify and then assist with new business opportunities for community pharmacies as a whole.

In keeping with advances realized in the past planning cycle, over the next three-year period, NCPA will set a new standard for proactive communication to both the public and to those professional communities most likely to affect the future of NCPA’s membership. As a result, industry-wide awareness of NCPA will be enhanced, leading to a broad collaboration with NCPA programs.
Goal I  
**INCREASE POLITICAL INFLUENCE**

**Legislative and Regulatory Affairs**

NCPA continues to be your advocate on a litany of legislative and regulatory issues which threaten your livelihood and your patients’ well-being:

- In 2009, NCPA mounted a comprehensive lobbying campaign to ensure the voice of community pharmacy was not only part of the conversation, but also a driver. We were successful in lobbying for inclusion of key priorities in the House and Senate bills, including an AMP fix, a permanent DME accreditation exemption, an expansion of MTM services, and PBM transparency requirements. (At press time, Congress continued to debate these critical issues and final resolution was still pending.)

- NCPA successfully advocated for passage of H.R. 3663, providing for a temporary extension of DME accreditation requirements.

- NCPA met with members of the House and Senate to bring abusive PBM business practices to light. We were successful in applying congressional pressure on the Federal Trade Commission, which in part led to the FTC’s investigation of CVS Caremark.

- NCPA members will be faced with new privacy related compliance provisions in 2010. Through meetings with the Office of Civil Rights and letters, NCPA has been making HHS aware of the unique challenges faced by community pharmacies. Breach notification is the first new regulation to go into effect, and NCPA fought to support inclusion of a risk assessment that allows entities to provide breach notice only in situations that present a significant risk of harm, including financial or reputational harm.

- NCPA partnered with NACDS and other state-based associations and pharmacies to file lawsuits in 4 states challenging the states’ failure to take action to prevent pharmacies from being reimbursed at below cost for prescription drugs, in response to the AWP rollbacks that occurred in September. Also, we continue to work with CMS and state Medicaid directors regarding the impact on Medicaid patients and pharmacies and coordinate weekly with state pharmacy association executives on state-level lobbying activities and strategies to help states address Medicaid budget cuts.

- The FDA acknowledged changes need to be made to the written drug information currently provided to consumers, a position long advocated for by NCPA. NCPA worked closely with FDA to explore potential approaches that will result in a “one document” solution, combining Consumer Medication Information (CMI), Medication Guides and Patient Package Inserts. We also advocated for establishment of REMS that are least burdensome to community pharmacies.

- NCPA worked closely with CMS on changes that will occur in Part D program. Noticeably, CMS will clarify Fraud, Waste and Abuse (FWA) training requirements after hearing concerns from NCPA and will now require plans to send a consent notice to beneficiaries before transferring them to mail order.

- NCPA met numerous times with DEA officials to discuss the disposal of controlled substances, controlled substance prescribing in LTCF, telepharmacy and electronic prescribing of controlled substances, issues with much expected activity in 2010.

- NCPA partnered with nine other national pharmacy organizations in a Pharmacy Stakeholder Consensus Conference to secure commitment to the ongoing development and operation of a Pharmacy e-Health Information Technology Collaborative that assures optimal integration of pharmacy’s requirements, interests, and contributions into the HIT infrastructure. The organizations came to consensus that we need to move forward with this initiative with urgency in mind to begin building the case and technical standards for a pharmacy data set/pharmacy record and focusing on visibility and awareness of the MTM care process.

**NCPAPAC**

A key part of the government affairs team is the NCPA Political Action Committee (PAC) formed to help achieve advocacy priorities. NCPA PAC’s goal is to raise money to support Members of Congress who understand independent community pharmacy and the importance each of our pharmacists has in the community. This year, NCPA PAC has had receipts totaling over $665,000 and contributed over $1 million dollars to U.S. Senate and House re-election campaigns.

In this up-coming election year expectations will be higher, all 435 seats in the U.S. House and 1/3 of the Senate will be up for re-election, and our supporters need assistance in their efforts. To build on our record and meet new challenges we must maintain a vibrant PAC.
Print Publications

America’s Pharmacist, the voice of the community pharmacist and NCPA’s official magazine, is sent monthly to every independent pharmacy in the country with an attractive mix of in-depth feature and news articles, continuing education, and departments that owners depend on for the information they need. America’s Pharmacist is also available online to NCPA members only.

Electronic Communications

The NCPA Web site, www.ncpanet.org, is the main source of association news for NCPA members, media, educational institutions, and policymakers. It features the latest association information, industry news, and is a comprehensive resource for visitors to use 24 hours a day to stay informed of association activities. In 2009, new features on the Web site included expanded use of video and social media, including the launch and development of a new NCPA blog.

In 2009, like other associations, NCPA entered the social media space in order to reach existing communities of members; expand/create new communities; enhance/support existing message distribution efforts; observe industry trends; and increase overall Web market share of traffic. Community pharmacists were invited to join NCPA’s accounts on Facebook, LinkedIn, and Twitter.

NCPA also began a blog in 2009, titled The Dose, in which visitors can find updates and information on the value of, challenges to, and opportunities for independent community pharmacy today and in the future. Common topics include government and public policy related to pharmacy, NCPA activities and broader industry trends and updates from The Dose can be delivered directly to a subscriber’s email account.

Every Tuesday, the NCPA e-News Weekly updates members with brief reports on the latest issues affecting their business, profession, and patients with an e-newsletter delivered directly to their e-mail inboxes. Every Friday, members also receive Executive Update, a weekly e-newsletter from Executive Vice President and CEO Bruce T. Roberts, RPh, in which he shares his thoughts on the major issues of the day.
The Pharmacist e-Link network of community pharmacists enables manufacturers and suppliers to efficiently communicate with this very important market segment via its robust Web site and targeted communication conduits. Pharmacist e-Link offers online CE and Click-to-Learn programming; custom e-Alerts and content rich niche Web sites bring focused content to interested pharmacists in concise and powerful formats; and the Pharmacist e-Link daily news service—custom-edited, posted to the site, and delivered through e-newsletters—features pharmacy, pharmaceutical, and health care news and information, as well as product and other announcements from Pharmacist e-Link’s nearly 40 sponsors.

Meetings and Conventions

NCPA meetings and conventions throughout the year are excellent vehicles for elevating awareness and support of NCPA programs with members, non-members, pharmacy leaders, industry representatives, government officials, and the media. The year starts with the NCPA Multiple Locations Pharmacy Conference, an exciting event for owners/managers of two or more independent community pharmacy locations to expand their current practices, learn how to remain successful, and share the business concerns of multiple location pharmacy owners. Next, the Annual Conference on National Legislation and Government Affairs offers pharmacists the chance to be Washington, D.C. insiders and discuss community pharmacy issues on Capitol Hill with the people who can make things happen. Attendees learn from political analysts, industry experts, and fellow pharmacists how to effectively engage in the political process to help build the “community pharmacy majority” necessary for legislative success. The year culminates with the Annual Convention and Trade Exposition, a once-a-year opportunity for top-notch education, entertainment, exhibits, and networking with topical CE that enables the nation’s independent community pharmacists to improve patient care and business performance throughout the coming year.

Bookstore

NCPA, the leading continuing education resource for community pharmacists, offers its comprehensive library of business tools and educational materials at www.ncpanet.org. Pharmacy professionals can purchase a variety of how to guides, manuals, certificate programs, CDs, and digests, distinctive to the needs of current and future independent pharmacy owners. NCPA members receive at least a 10 percent discount on most items and free members-only products such as the 2009 NCPA Digest, sponsored by Cardinal Health. New bookstore products for the year include the CARE Quality Assurance Operations Manual.
Mirixa

Founded in 2006, Mirixa Corporation, sponsored by NCPA, is the leader in pharmacy-based health care technology and consumer health services. Mirixa was founded to offer patients a health care experience which caters to their individual needs and is provided by their preferred community pharmacist. MirixaPro is the Web-based clinical application designed to deliver these services to patients nationwide. Contracted with approximately 46,000 pharmacies nationwide, Mirixa has delivered over 500,000 targeted patient care interventions. Mirixa has also launched over a dozen targeted patient care programs for clients including health plans, pharmacy benefit managers, and pharmaceutical companies. These programs include comprehensive medication therapy management, formulary management, and medication adherence management to name a few. The majority of these programs include the opportunity to receive a personalized medication therapy review with recommendations, along with a personal medication record, delivered by the patients’ preferred community pharmacist.

In 2009 at the NCPA Annual Convention, Mirixa announced the launch of MirixaEdge™. MirixaEdge enables pharmacists to design their own patient care programs for any of their patients regardless of health plan, employer, or age. MirixaEdge provides pharmacies with a standardized platform on which to establish their unique pharmacy patient care programs, capture outcomes measurements, and use that information to educate patients about their health issues.

Training and Continuing Education

NCPA continues to offer training and resources for pharmacy owners and staff via the National Institute for Pharmacist Care Outcomes (NIPCO). Launched by NCPA in 1995, NIPCO is the national accrediting organization for pharmacist care education and training programs leading to the Pharmacist Care Diplomate credential. This year, NIPCO introduced two new programs on respiratory care and immunization. NCPA also launched an Immunization Information Resource Center through Pharmacist e-Link™, to provide tools, information, and education on immunizations.

Industry Partnerships

NCPA continues to participate in the Pharmacy Quality Alliance (PQA), an unprecedented collaborative effort among the pharmacy community, health plans, government, employers, physicians, and consumer groups aimed at improving health care quality. The PQA has since approved 35 key areas for quality measurement for pharmacies and pharmacists practicing in a variety of pharmacy care settings.

In 2009, NCPA continued to work with the other pharmacy organizations as part of the Joint Commission of Pharmacy Practitioners to articulate a Future Vision of Pharmacy Practice 2015 regarding the role of pharmacists and how pharmacy will benefit patients and society in the year 2015. And NCPA continues to be a driving force behind the Pharmacist Services Technical Advisory Coalition (PSTAC), a coalition of seven national pharmacy organizations founded to improve the coding infrastructure necessary to support billing for pharmacists’ professional services.

Information and Analysis

The 2009 NCPA Digest, sponsored by Cardinal Health is the most comprehensive portrait of the financial state of...
Community pharmacists continue to play a valuable role in working with patients to promote the optimal use of prescription drugs. Through such patient-centric services community pharmacists are able to help patients gain the most from their medication regimens, thereby helping to improve health while lowering overall health care costs. Many community pharmacies have found that by offering such specialized services and serving key niche markets, they are able to stay competitive and grow as a small business.

In 2008 independent community pharmacy represented an $88 billion marketplace, with 93 percent of sales for independents derived from prescription drugs. Although many independents continue to face slim margins from private third-party contracts and government reimbursement programs, independents have strived to reduce their overhead costs by operating a more efficient business, investing in labor-saving technologies, and keeping payroll costs down. In 2008 there were 22,728 independent community pharmacies employing over 260,000 workers and providing high quality services and niche markets which are greatly valued by patients.

Goal IV

INTERNAL DEVELOPMENT

Membership

As a membership organization, NCPA continually is reaching out to offer programs and services that will enhance member value and loyalty. NCPA strives to add new services and programs that will benefit its membership of independent pharmacists and advance the pharmacy profession.

In 2009, NCPA expanded its Protect Your Pharmacy Now! program with a new Prescription Disposal Program that offers information and resources for pharmacies to create prescription drug disposal programs for consumers. Protecting your pharmacy means protecting your staff, patients, and the community. With growing concerns regarding prescription drug abuse and drugs in drinking water, we at NCPA want to assist our members in taking action.

During the year, NCPA applauded the House of Representatives for its commitment to designate the third week of April as “Protect Your Pharmacy Week.” The resolution, sponsored by Rep. Michael E. McMahon (D-N.Y.) recognizes the growing trend of crimes against retail pharmacies and the need for pharmacists in all practice settings to take steps to improve pharmacy safety and security.

Another new benefit of 2009 was the NCPA Members Forum, a members-only live discussion series on topics of interest to members, as pharmacists and small business owners. The content of these conference calls and webinars is provided by NCPA staff and relevant experts. Over 1,500 pharmacy members have participated to date, on sessions covering a variety of topics including DMEPOS accreditation, HIT, marketing, workflow technology, 340B, weight loss, and competitive bidding. Future topics include pain management, immunization, OTC, MTM, and compounding.

Individual membership in NCPA grew by 10 percent in fiscal year 2009. Membership is on track to grow an additional 5 percent in 2010, including the addition of membership from the Louisiana Independent Pharmacies Association and wholesaler RxPlus.

NCPA Corporate members include, but are not limited to, pharmaceutical companies, independent pharmacy organizations (IPOs), wholesalers, and software vendors. Along with the IPOs, wholesalers and state associations continue to work closely with NCPA on co-marketing of our annual convention and membership. In addition, NCPA participates in several national and regional wholesaler and IPO conferences each year.
Pharmacy Ownership

NCPA continues to promote independent community pharmacy ownership via the Pruitt-Schutte Student Business Plan Competition, Ownership Workshops and the new Ownership Academy. Six years running, the Pruitt-Schutte Student Business Plan Competition motivates pharmacy students to create the blueprint necessary for buying an existing independent community pharmacy or to develop a new pharmacy. In 2009, a team from the University of Washington triumphed over nearly 30 entries.

NCPA Student Affairs offers pharmacy students a wide array of opportunities to broaden and enrich their educational experience, gain valuable real world skills, earn scholarships and set them on a successful path to ownership and generate the type of community activities that will improve the industry. Our mission is to encourage, foster, and recognize an interest in community pharmacy ownership and entrepreneurship among the future leaders of the profession.

NCPA Student Chapters are challenged in all their chapter activities to promote Neighborhood service, Create members, Promote independent pharmacy and Advocate legislative action. The NCPA Student Chapter of the Year is selected based on chapter reports of activity meeting these criteria. This past year, many colleges and universities introduced pharmacy schools and NCPA is working to start student chapters at those schools as well.

Two pharmacy Ownership Workshop programs were offered in Pittsburgh and Seattle in 2009. The workshop offers a unique opportunity specifically designed for pharmacists considering pharmacy ownership. The series includes one-day, two-day, and two-hour workshops and one-on-one coaching services for pharmacy owners.

Ownership Academy

The Ownership Academy is a “go-to” resource for NCPA members in all phases of community ownership. From exploring the community pharmacy path as a student, to tools to assist in pharmacy purchase, tools to enhance practice and profitability as an owner, and tools to transition out of ownership into retirement.

The Ownership Academy occupies an area of the NCPA Web site, www.ncpanet.org/ownership featuring online tools, CE, reference materials and links to the most comprehensive, members-only, financial, economic, demographic, marketing, management, and legal information available to help pharmacists make objective, informed decisions for their pharmacy business.
COMMUNITY CCRx℠ PDP

Community CCRx Prescription Drug Plans provide significant opportunities and a strong voice in Medicare for America’s community pharmacists. In 2009, NCPA continued its collaborative partnership with Universal American and MemberHealth®, LLC, the company’s pharmacy benefit manager (PBM) with responsibility for administering Community CCRx PDP and Medicare Advantage plans “powered by CCRx”. The original goal of the partnership remains unchanged: to create opportunities that allow pharmacists to make a real difference in the health of their patients.

Community CCRx laid the foundation for a new Healthy Collaboration℠ model in 2008. Over the past year, that collaboration gained momentum through a meaningful pharmacy engagement program, the expansion of a pharmacy medication management incentive program, and a support system that included Fast Pay, new member Welcome Reviews and sponsorship of a suite of programs through the MirixaPro℠ platform that help foster pharmacy involvement in patient care.

Growth and member retention programs developed in 2009 will continue throughout 2010. These programs are designed to strengthen development in priority markets and enhance customer relationships by providing total healthcare to members. Expanding its reach, growing its membership and retaining its base, Community CCRx continued to deliver on its Part D promise to improve patient outcomes through personal pharmacy care—without relying on mail order prescriptions.

This commitment is also reflected in a successful 2010 bid process that resulted in favorable outcomes relative to meeting regional Low Income Subsidy (LIS) benchmarks. Premiums for Community CCRx Basic (PDP) remained level while competitors delivered significant premium increases.*

Along with new programs, new faces emerged within the Community CCRx family over the past year. Among them was that of Gene Anderson, RPh, the Community CCRx National Top Pharmacy Award winner. Gene’s performance exemplifies the role of the engaged community pharmacist. Universal American is also pleased to welcome former National Football League star and TV broadcaster Pat Summerall to its team, as the new national spokesperson for Universal American Part D products in 2010.

SURESCRIPTS

Surescripts, the Nation’s E-Prescription Network, gives health care providers secure, electronic access to prescription and health information that can save their patients’ lives, improve efficiency, and reduce the cost of health care for all. Available during emergencies or routine care, the Surescripts network connects prescribers in all 50 states through their choice of e-prescribing software to the nation’s leading payers, chain pharmacies, and independent pharmacies. Through its work in standards, certification, education and collaboration at the national, regional, and state levels, Surescripts and its network have become the backbone that facilitates e-prescribing.

Surescripts’ overall efforts—which go way beyond operating a network and certifying software vendors—have created unprecedented demand for e-prescribing on the prescriber side. By the end of 2009, over 25 percent of all U.S. office-based physicians, nurse practitioners, and physician assistants were e-prescribing on the Surescripts network. That accounts for more than 155,000 prescribers nationwide—more than double the 74,000 active e-prescribers at the end of 2008. Prescribers use the Surescripts network to send e-prescriptions to any of 52,000 retail pharmacies, representing 85 percent of all retail pharmacies.

As tremendous as that growth is, Surescripts’ work is hardly done. Following years of no price increases, thanks to Surescripts ongoing commitment to operational efficiency, the economies of scale resulting from the 2008 merger with RxHub and Surescripts success in driving e-prescribing’s growth, the cost of e-prescribing is decreasing and Sure-
Surescripts is planning to pass these savings on to community pharmacy beginning in 2010.

Surescripts also understands that the price independent pharmacies pay through their pharmacy software vendor does not always reflect the Surescripts price. Equally important, NCPA and Surescripts are working closely together on a number of initiatives to help community pharmacies realize the benefit of these new savings.

COMMITEE REPORTS

NCPA’s Committee structure provides strength to the organization and direction for its work. Committee members dedicate valuable time to the furtherance of the profession, NCPA, and its mission. Each committee is charged with developing an initiative for the year and recommending a research project for fundraising consideration by the NCPA Foundation. The committees also lend their expertise to the association in the area of their charter for educational programming at the NCPA Annual Convention. We are grateful for the significant contributions of Committee members.

COMMITTEE ON COMMUNICATIONS

This committee addresses issues and opportunities relating to communicating the “independent community pharmacy” message and story to: the public, associated health care and business organizations, academia, and others. The committee also provides guidance on communications from the association to its members.

Chair: Keith Hodges, Gloucester, Virginia

NCPA SPECIAL COMMITTEE ON COMPOUNDING

This committee addresses issues relating to the practice of pharmacy compounding. Issues include the inherent right of pharmacists to compound drugs, legal and legislative concerns, and guidance and education to enhance the practice of furnishing medications to patients with special needs.

Chair: Jeff Carson, San Antonio, Texas

Vice Chair: Dorinda Martin, Dripping Springs, Texas

COMMITTEE ON HOME HEALTH CARE PHARMACY SERVICES

This committee addresses issues and opportunities relating to the provision of home health care services by independent community pharmacists. Regulation of home health care services and educational issues affecting the market are also addressed. The committee also provides guidance on NCPA’s services to members in the home health care field.

Chair: Kevin Nestrick, Prescott, Arizona

Vice Chair: Theresa Wells-Tolle, Sebastian, Florida

COMMITTEE ON INNOVATION AND TECHNOLOGY

This committee addresses the issues and opportunities faced by independent community pharmacists as they assess and implement new technologies in their pharmacy practices. The committee also provides guidance on education and program assistance, and works to circulate technology information among membership.

Chair: Bill Osborn, Miami, Oklahoma

Vice Chair: Timothy Davis, Beaver, Pennsylvania

COMMITTEE ON LONG-TERM CARE PHARMACY SERVICES

This committee addresses issues and opportunities relating to the provision of pharmacy services by independent community pharmacists to patients in the long-term care and related settings. It also addresses regulation of long-term care services and educational issues affecting the market. The committee also provides guidance on NCPA’s services to members in the long-term care field.

Chair: Sharon Sherrer, Atlanta, Georgia

Vice Chair: Michele Belcher, Grants Pass, Oregon

COMMITTEE ON MANAGEMENT

This committee addresses issues and opportunities relating to the management of independent community pharmacies. The committee also provides guidance on NCPA’s services in programs and education created to improve the management of independent community pharmacies.

Chair: David Smith, Indiana, Pennsylvania

Vice Chair: Erik Hamik, Kearney, Nebraska
COMMITTEE ON MULTIPLE LOCATIONS

This committee addresses issues and opportunities that affect the owners of multi-location independent community pharmacies. The committee also provides guidance on the special interests of independent chains and how they can be best served by education and association programs.

- Chair: Arthur B. Ennis, Vestavia Hills, Alabama

COMMITTEE ON NATIONAL LEGISLATION AND GOVERNMENT AFFAIRS

This committee addresses the issues and opportunities of independent community pharmacy as they relate to public and private third-party payers.

- Chair: Mark Riley, Little Rock, Arkansas
- Vice Chair: Dave Wilcox, Fresno, California

COMMITTEE ON PATIENT FOCUSED CARE

This committee promotes patient-centered and financially viable pharmacy programs to optimize therapy outcomes.

- Chair: DeAnn Mullins, Lynn Haven, Florida
- Vice Chair: Linda Garelts-MacLean, Spokane, Washington
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**LEGEND**
- Congressional Pharmacy Visit
- Pharmacy School Visit
- Industry Event
- Medicare Advantage CE Program
- NCPA Pharmacy Ownership Workshop
- State Pharmacy Association Meeting
- Major Speaking Engagement
- NCPA Meeting/Convention
- Multiple Events
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<td>West Lafayette, IN</td>
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NCPA Leadership Team

OFFICERS
- Joseph H. Harmison, President
  Arlington, Texas
- Robert Greenwood, President-Elect
  Waterloo, Iowa
- DeAnn Mullins, Secretary-Treasurer
  Lynn Haven, Florida
- David Smith, First Vice President
  Indiana, Pennsylvania
- Bill Osborn, Second Vice President
  Miami, Oklahoma
- Brian Caswell, Third Vice President
  Baxter Springs, Kansas
- Michele Belcher, Fourth Vice President
  Grants Pass, Oregon
- Hugh Chancy, Fifth Vice President
  Hahira, Georgia

EXECUTIVE COMMITTEE
- Lonny Wilson, Chairman
  Oklahoma City, Oklahoma
- Donnie Calhoun
  Anniston, Alabama
- John T. Sherrer
  Marietta, Georgia
- Bradley J. Arthur
  Buffalo, New York
- Mark Riley
  Little Rock, Arkansas
- Keith Hodges
  Gloucester, Virginia

Independent Community Pharmacy Today

INDEPENDENT COMMUNITY PHARMACY
- $88.2 billion marketplace
- Independent community pharmacy prescription sales: $82.3 billion
- Independents dispense 1.4 billion prescriptions annually
- 37 percent of retail prescriptions
- Prescription medicines are our business: 93.3 percent of annual sales are Rx medicines
- Average independent community pharmacy sales: $3.88 million
- Average prescription sales: $3.61 million
- The average pharmacy dispensed 62,379 prescription drugs annually
- There are 22,728 single-store independent community pharmacies, independent chains, independent franchises, independent long-term care and home IV. pharmacies, and independent pharmacist-owned supermarket pharmacies
- 38.2% of the nation's 59,549 retail pharmacies.

INDEPENDENT OWNERSHIP
- 25 percent of independent owners have ownership in two or more pharmacies
- Overall, the average independent owns 1.46 pharmacies
- Independent pharmacies offer a wide range of patient services
- The top services offered in 2007 were: nutrition (89%), delivery (81%), patient charge accounts (81%), durable medical goods (73%), compounding (67%), and hospice (62%).

INDEPENDENT COMMUNITY PHARMACY STAFFING
- Average independent employs 10.5 full-time equivalent (FTE) employees
- Average independent employs 2.8 FTE pharmacists (including owner)
- Average independent employs 3.8 FTE technicians

GENERIC DRUG UTILIZATION
- 65 percent of drugs dispensed by independent pharmacies are generics

Source: 2009 NCPA Digest, sponsored by Cardinal Health