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July 22, 2020



State Board of Pharmacy

This letter has been sent to every Board of Pharmacy in the United States as this is a Nationwide CVS Problem

Attn: Executive Director

Let me start by saying to the Board, **OPEN YOUR EYES!!!!** Who will protect the Pharmacist and Technicians against unfair, understaffed, over worked, unrealistic expectations, if you don't?

As a Pharmacist working for CVS in Maryland, I cry on my way home and pray to GOD that I haven't made any mistakes that could cause harm to my innocent patients. When a Pharmacist works a grueling 13 or 14-hour shift, demand dictates that we check a prescription every 45 seconds. CVS does not allocate any time for the Pharmacist to have a break to eat, if we are lucky, we can grab a small snack at our station. In these long shifts, because of the work that is demanded by CVS I am lucky to go to the bathroom once, that is inhumane and degrading, not to mention very unhealthy. Food and rest even for 15 minutes fuels the brain, lack of fluid intake can lead to dehydration.

The American Psychiatric Association is particularly concerned about CVS, America's eighth-largest company, which it says routinely ignores doctors' explicit instructions to dispense limited amounts of medication to mental health patients. The pharmacy's practice of providing three-month supplies may inadvertently lead more patients to attempt suicide by overdosing, the association said.

"Clearly it is financially in their best interest to dispense as many pills as they can get paid for," said Dr. Bruce Schwartz, a psychiatrist in New York and the group's president. CVS paid its President and Chief Executive Officer, Larry J. Merlo \$21.9 million in total compensation for 2018 and \$36.5 million in 2019.

FOR WHAT AND WHY, what does Larry Merlo do that is worth that much money, when every CVS pharmacy is understaffed! Most of my Pharmacist colleagues have not had a raise in 3-4 years! But it is not all about the money, it's about the way we are treated if we voice our concerns. We are then targeted by our District Leader in unimaginable ways, threatening phone calls, texts and nasty snarky emails. As a CVS Pharmacist, you are expected to be on duty 24/7, 365 days a year, even if you are on vacation! I am not the only Pharmacist that is concerned, we are afraid to speak up and lose our jobs. And now with everything else we have to do, we are a COVID test center! Jeopardizing the health and wellbeing of our staff. Our technician hours have been taken away for this testing because we cannot process 40 tests in a day. This is Utterly ridiculous!

The amount of busywork we must do while verifying prescriptions is absolutely dangerous. Mistakes are going to be made, and the patients are going to be the ones suffering. In turn, the Pharmacist will be written up and very possibly terminated. Not to mention trying to live with the fact that they made a mistake that injured a patient, or even the unimaginable, caused someone to die...just because we are understaffed and too BUSY!

At CVS, we have the following stations: 10 telephone lines that ring constantly, Drop Off, Production Stations 1 and 2, Drive thru COVID testing, Drive thru Pick up, In store Pick up with 3 registers and customer pick up lines, Consultation, Immunization station, Visual Verify (RPH only) station, Bagging of prescriptions (RPH only). That is 8 technician stations and 1 Pharmacist station. In an ideal situation, we should have a minimum of 4 technicians

and 1-2 Pharmacists all day, every day. Most days we are lucky to have 5 technicians with various schedules throughout the day. On the weekend we are lucky to have 2 technicians to man all of those stations,

1 Pharmacist and the added burden of 150 or more telephone calls that have to be made. CVS wants to cut us to only 1 technician and 1 Pharmacist on the weekends. How are we to prevent mistakes when we are this understaffed?

We have a workstation assignment screen that pops up on the computer every 2 hours. It is there to assure corporate that we are doing everything under the sun in our day. One such day, in a 2-hour period the Pharmacist duties were as follows:

Drop off - QT – this is taking prescriptions from the customer and inputting the new prescriptions, Pick up, Drive thru, Production (which is filling the prescriptions), calling Dr. offices to ask to refill prescriptions that the patient DID NOT ASK FOR, PCQ calls - this is calling the customer and asking them to pick up their prescriptions. IN ADDITION to: Answering Dr. Calls, administering immunizations, helping customers with questions about their medications or OTC products, and vitamins. Oh, and verifying the prescriptions, bagging those prescriptions. Handling customer complaints about the long lines, the wait on a new dropped off prescription, checking email, completing tasks in the HUB, answering texts from the DL, monitoring the temperature of the outside COVID testing boxthe list goes on and on and it MUST STOP.

This crisis is not just in Maryland, it is in all the states that CVS operates. Here are just a few examples from customers:

Mr. X said he waited on hold with CVS for 40 minutes last summer, after discovering his antidepressant prescription had been refilled with another drug. Mr. X, 47, suspected something was wrong when he felt short of breath and extremely dizzy. Looking closely at the medication — and turning to Google — he figured out it was estrogen, not an antidepressant, which patients should not abruptly quit. "It was very apparent they were very understaffed," Mr. X said, recalling long lines inside the Las Vegas store and at the drive-through when he picked up the prescription.

For Al W..., the medication mix-up meant a pounding headache, nausea and dizziness. In September, Ms. W..., a 17-year-old from Connecticut, was about to take another asthma pill when she realized CVS had mistakenly given her blood pressure medication intended for someone else.

E W 38, landed in an emergency room, his eyes swollen and burning after he put drops in them for five days in November 2018 to treat a mild irritation. A Walgreens in Illinois had accidentally supplied him with ear drops — not eye drops.

For M Scl n, 85, the error was discovered only when she was dying in a Florida hospital in December 2018. A Publix pharmacy had dispensed a powerful chemotherapy drug instead of the antidepressant her doctor had prescribed. She died about two weeks later.

Just a few examples from Pharmacists

The day before W Hi quit his job as a pharmacist at CVS, he worked a 13-hour shift with no breaks for lunch or dinner. As the only pharmacist on duty that day at the Leland, N.C., store, Dr. Hi filled 552 prescriptions — about one every 43 seconds — while counseling patients, giving shots, making calls and staffing the drive-through, he said. Partway through his shift the next day, in December 2018, he called his manager. "I said, 'I am not going to work in a situation that is unsafe.' I shut the door and left," said Dr. h who now runs an independent pharmacy. Dr. Hi felt that the multitude of required tasks distracted from

his most important jobs: filling prescriptions accurately and counseling patients. He had begged his district manager to schedule more pharmacists, but the request was denied, he said.

As a happily retired pharmacist - 14-hour shifts and never eating, sitting or peeing is EVERYDAY for CVS pharmacists and staff. It is inhumane and needs to stop.

The public has no idea about the poor working conditions we endure. I also refrain from drinking because I do not have time to use the restroom. Breaks? Oh, that's nonexistent. I work 13-hour shifts with no breaks. Is that really comprehended? Have I complained? Yes. The answer I get is simple. Just take a break they tell me. Right! The minute I try to sit down the phone rings. It's a doctor calling in a script. I sit back down. Now it's a question from a patient "oh what can I take for my stuffy nose". Next... red basket customer doesn't want to wait. Sit back down again. Shingles shot now. It's never ending, and I only come back to an overload of prescription to fill because I sat down for 5 minutes. I fill over 400 prescriptions a day with no pharmacist overlap. Think about that people and make sure you double check everything. Oh, and please don't yell at me and call corporate because you didn't get the service you deserve. We only get reprimanded and written up. I'm hanging on a thread now just waiting to get fired.

As the husband of a pharmacist, they absolutely do lose sleep over it. She is constantly being hounded on for failing to meet impossible metrics while being understaffed (which they know). Part of the issue with understaffing is the fact that pharmacy technician wages start below that of a fast food or convenience store employee, yet they are expected to carefully handle potentially dangerous medications. The whole system is a mess.

As a former pharmacy tech, I can tell you that yes...it follows you home. You fill and count and label and stand there while people scream at you in your dreams, just like on the job. You remember random half-finished tasks from the time you leave until you walk back in the door. It's incredibly stressful and is steadily getting worse.

A year or 2 ago, Maryland sent out a survey about working conditions and to my knowledge nothing has been addressed. So WHY was that survey conducted? Below are just a few of the examples of the poor staffing concerns for CVS.

CVS Fined for Prescription Errors and Poor Staffing at Pharmacies **New York Times, July 16, 2020**

Regulators faulted four locations in Oklahoma, a rare action that followed complaints at drugstore chains across the country.

In a rare public rebuke of the nation's largest retail pharmacy chain, state regulators in Oklahoma cited and fined CVS for conditions found at four of its pharmacies, including inadequate staffing and errors made in filling prescriptions.

While the fine of \$125,000 on Wednesday was small for CVS Health — it paid its chief executive \$36.5 million in total compensation last year and is the country's fifth-largest company — the move validated concerns raised at multiple drugstore chains across the country by pharmacists and technicians who say understaffed workplaces are putting the public at risk.

CVS also agreed to distribute a memo to its pharmacists in the state, highlighting a law that requires them to take action if working conditions in their pharmacies could lead to problems safely filling prescriptions. The memo is to make clear that they are not to face retaliation for documenting and reporting such issues.

In a statement, a CVS spokesman said the company agreed to the terms to “avoid the time and expense of a protracted hearing process and to foster a positive working relationship” with the Oklahoma State Board of Pharmacy. The spokesman said the action did not constitute an admission of guilt by the company on all counts.

The state board inspected the four pharmacies from mid-2019 to early this year after receiving multiple complaints about errors and overwhelmed staff members.

One of those errors occurred last year when a developmentally disabled teenager received one-fourth of his prescribed dose of anticonvulsant medication from a CVS in Owasso, a suburb north of Tulsa, according to a complaint filed by the board. The boy took the incorrect dosage for 18 days, during which his seizures became uncontrollable, causing him to fall and hit his head, said his father, A B

The convulsions were “nonstop” and “violent,” Mr. B said. “You have no idea what kind of shame we feel about this — that we couldn’t figure out what was going on.”

As part of its agreement on Wednesday, CVS will pay a \$75,000 fine for that incident — the highest amount allowed under state law for this case — and its Owasso pharmacy will remain on probation for two years. While pleased the board had addressed the matter, the boy’s parents said they were worried that the action was not strong enough, and that it could allow other patients to be harmed in the future unless CVS made substantial changes to its business.

“A \$75,000 fine? That is nothing to them,” said the teenager’s mother, R B. “These things are going to keep happening if they don’t fix their staffing issues.”

Pharmacists in dozens of states have accused CVS, Walgreens and other major pharmacy chains of putting the public at risk of medication errors because of poorly staffed and chaotic workplaces, The New York Times reported in January.

In letters to state pharmacy boards and in interviews with The Times, pharmacists said they struggled to keep up with an increasing number of tasks — filling prescriptions, giving flu shots, tending the drive-through, answering phones and calling patients — while racing to meet corporate performance metrics they characterized as excessive and unsafe.

The pharmacy chains, including CVS, have pushed back on employees’ complaints, saying staffing is sufficient and errors are rare.

Most state investigations focus on pharmacists, not conditions in their workplaces. In Oklahoma, the state board has begun investigating broader workplace issues when responding to complaints and doing routine inspections.

In mid-January, two board compliance officers went to a CVS in Bartlesville, Okla., to investigate a complaint of a mislabeled prescription. There, they “witnessed a chaotic scene including the phones ringing almost all of the time, along with constant foot traffic and drive thru traffic,” according to a complaint filed against CVS.

The officers discussed the error with the head pharmacist, noting that she said “she had lost a considerable amount of her support staff, and that the pharmacy was operating with little help, so she was not terribly surprised that an error could have occurred.”

In an audit, the officers found an error rate of nearly 22 percent, or 66 errors out of 305 prescriptions. Some of the mistakes were minor and would not affect a patient — such as the incorrect name of a prescribing physician — but others were more significant, like instructions for medications that were unclear or substantially different from what they should have been.

Days later, a prescriber complained of insufficient staffing at a pharmacy in Moore, about 10 miles south of Oklahoma City, saying calls were placed on hold for up to 60 minutes. Compliance officers reported finding one pharmacist and one technician who had fallen behind on work.

The officers recorded a 6 percent error rate, according to the complaint. Some of the errors were substantial, including the wrong dose of an antibiotic for a 1-year-old, the incorrect frequency for an antiviral drug (every two hours instead of 12) and multiple errors involving the frequency of a narcotic.

There were several reported errors involving testosterone; in one case, the dose was doubled for a female patient. The compliance officers also noted mistakes related to blood pressure, gastric disorder and steroid medications that had been dispensed to or entered for the wrong patients.

Errors were also flagged in a complaint about a pharmacy in Choctaw, east of Oklahoma City, in February. Inspectors said a computer screen showed more than 99 prescriptions waiting to be filled and more than 99 calls needing to be made.

When asked about the backlog, the pharmacist said that employees were several days to weeks behind, according to the complaint, adding that they had been given an extra 17 hours of technician help but could not find anyone who would work only 17 hours.

Similar staffing concerns were detailed in the case involving the disabled teenager. The pharmacist on duty that day, according to the complaint, was responsible for checking 194 prescriptions in a six-hour shift, about one every two minutes.

The store's lead pharmacist told the board that he had no control over staffing, and that while he complained about the issue to his district leader, she also had no power to make changes.

That district leader, Al D , who is a pharmacist, told The Times in an interview this week that "district leaders were repeatedly voicing their concerns about the budgets" for staffing at CVS pharmacies last year.

Dr. Di said that many pharmacies in her 19 stores were short-staffed, that customer complaints were on the rise and that she was worried about patient safety. She had worked for CVS for almost six years until November, when, she said, she was terminated for a policy violation involving another employee, although she believes she may have been retaliated against by the company because of the board's investigation.

In its statement on Wednesday, M D , the CVS spokesman, said that "if a pharmacist has a legitimate concern about working conditions, we make every effort to address that concern in good faith." He added that any suggestion the company retaliated against a district leader was false.

In addition to the fines, the state board said it "strongly recommended" that the company follow through on nearly a dozen recommendations for all of its Oklahoma pharmacies, including increased training for technicians and changes to how staffing needs were determined.

The board also advised eliminating tasks that might overburden pharmacists and removing some metrics they are required to meet. Phone calls pharmacists often must make, it said, could be outsourced to a corporate call center.

Mr. Di said the company would review the board's recommendations, noting that CVS had reduced its overall metrics this year and was planning to increase staffing in the fall to help handle vaccines for flu season.

Understaffing at Pharmacy Chains Puts Patients at Risk

ASH Clinical News, FRIDAY, FEBRUARY 7, 2020

Pharmacists at large U.S. retail chains like Walgreens, CVS, and Rite Aid, are filing complaints with state regulatory boards about working in understaffed and chaotic environments, which they argue are putting them at risk of making medication errors.

Pressure from pharmacy benefit managers (PBMs) may be to blame for understaffing at chain pharmacies, and poor performance caused by pharmacists who are rushing to meet corporate metrics may be putting the public at risk.

"When a pharmacist has a legitimate concern about working conditions, we make every effort to address that concern in good faith," CVS said in a statement. Walgreens claims it made "clear to all pharmacists that they should never work beyond what they believe is advisable." Both companies declined to provide data about errors.

State boards and lawmakers are trying to keep companies accountable, with some adopting laws to introduce lunch breaks or limit the number of technicians each pharmacist can supervise. However, when a medication mistake is reported to a board, the board almost always acts against the pharmacist, rather than investigating conditions at the company.

Union alleges overwork and understaffing at CVS pharmacies

APhA, May 16, 2016

Teamsters Local 727, the union representing Chicago-area CVS pharmacists, warned of safety risks Tuesday from "management's mistreatment of overworked and understaffed pharmacists," allegations that come as the parties negotiate a new contract.

Teamsters Local 727, the union representing Chicago-area CVS pharmacists, warned of safety risks Tuesday from "management's mistreatment of overworked and understaffed pharmacists," allegations that come as the parties negotiate a new contract. Approximately 150 CVS pharmacists have been working without a contract since their last 3-year agreement expired on May 7. The union claims management has been unresponsive to workers' concerns about quality-of-life issues including uninterrupted breaks, preservation of the 9-hour workday, and the elimination of "superfluous tasks" that take time away from their primary responsibilities. The union has filed unfair labor practice charges against CVS, which said in a statement that it has had a long-standing and productive relationship with Teamsters Local 727 for many years and it looks forward to finalizing a new agreement. "Our pharmacists, including those represented by Local 727, are health care professionals who are given the flexibility to manage their work schedules in collaboration with their pharmacist colleagues to ensure that our pharmacies are properly staffed during operating hours," said spokesman M D "We want to preserve the ability for our pharmacists who choose to work longer shifts to do so."

CVS "skeleton schedule" leaves the pharmacy undermanned all day. No time to complete the behind-the-scenes tasks that are required because you are constantly helping customers and answering phones while being understaffed. Yet you are held accountable for those tasks. During rush hours, you are told to "multi-task" better,

because you can't fill scripts at the same time as serving customer after customer in line. Training is brief and haphazard. Pharmacists tend to be irritable because of lack of breaks and too many demands at once, and they take it out on the techs. Pay scale is lower than competitors. Medical insurance and Rx insurance for full-time workers is costly and doesn't cover well. Most pharm techs are doing their time until they can bail for a better company. Advice to Management

Pay attention to the well-being of your employees and you will have higher morale and lower turnover of employees. Organize your work environment so that there are fewer interruptions for the production and drop-off techs instead of accusing them of not being able to "multi-task" well enough. Consider employing retail sales associates to man the pick-up station to free up the certified techs to safely fill the scripts.

Welcome to a day in the life of a CVS Pharmacist:

My shift today is 8am to 9pm – I am the only Pharmacist on duty today

Today like every other day I arrive for my shift 30 minutes before we open to try to get a small jump on the day and I am NOT paid for that 30 minutes. Today is different in that its WAREHOUSE TRUCK DAY. So before I can even sign on to the computer, I must bring in 40 totes and 30 boxes of vials to the Pharmacy off the sales floor.

I finally get signed onto the computer at 7:50 and I have 7 pages (7 x 15 scripts per page = 105) to QV1 which means to visual verify the prescription for correctness, DUR if any, correct directions and day supply. My staff starts to arrive at 7:55 as there is NO extra time for them to help on TRUCK day due to our hours being cut. I have 7 technician workstations and only 3 technicians to cover all of them. Everyone is in stealth mode because we have 22 COVID-19 tests scheduled every 10 minutes starting at 9:00. This will mean that I am down to 2 technicians to run 7 stations, answer phones and wait on customers. Needless to say my day will be relentless. Here is what I have done today

RTS (14-day scripts return to stock) – 45 this is a technician function but since I only have 2 I am tasked with it
DR. CALLS – 15

PATIENT CALLS – (they just want to talk with a Pharmacist) 9

REGULAR PHONE CALLS – 9

VOICE MAIL RETREIVAL – 15

QT (entering prescriptions into the system) – 15

CHECK EMAIL – AM and PM

CHECK THE HUB – AM and PM

CII CYCLE COUNTS – 26

CHECK TEMPERATURE ON COVID-19 DROP OFF BOX – 3 times a day

RECORD ALL 3 REFRIGERATOR TEMPERATURES – AM and PM

PCQ CALLS – (14) Pharmacist calls customers to find out when they will pick up their prescriptions

CII ORDER ARRIVES – Check in, record, put away, finish paperwork

CII CYCLE COUNTS – 17 twice today

CII PRESCRIPTIONS – 30 – PHARMACIST FUNCTION ONLY – verify for correctness, open time limited safe wait 3 minutes open safe pull stock bottle, record on hard copy, print hard copy and backtag if it is not a hard copy from patient, verify correctness of the bottle pulled, count 2 times then back count and make sure the numbers are correct in the computer. Check the prescription again for correctness, verify in the computer, bag the prescription.

Pull drugs, scan the bottles in the computer for accuracy, count, label and then check the prescriptions (45)
 WAITING ON CUSTOMERS AT THE REGISTER – 20 BECAUSE CVS CUT MY HOURS
 PATIENT COUNSELING – 25
 OTC RECOMMENDATIONS – 12

MAKING KITS FOR COVID-19 TESTING – 20 (as I have only 2 technicians, I must pull myself away from my Pharmacist duties to make kits because we have 10 cars lined up in our drive thru waiting to be tested

Glue carpet squares down as myself and my technicians have almost fallen, and CVS has yet to send someone to fix the problem even after 3 requests and workorders.

In the midst of all this chaos, I get an email from my DL asking why I didn't complete a certain amount of phone calls!!!!

By this time it is 8:55pm – I am mentally and physically exhausted, I have had nothing to eat, only 2 small bottles of water and only had time to go to the restroom once and that was at 11:50AM. I have checked 537 prescriptions **THAT IS 1 PRESCRIPTION EVERY 41 SECONDS.....** I lock up, set the alarm and walk out the door extremely defeated. I get in my car and sit for the first time in 13-1/2 hours and my feet are killing me. I say a prayer to God that I did everything correct and I caused NO harm to anyone. I cry my way home!

In my opinion, Pharmacists have become nothing but robots in white lab coats. The next time you fill a prescription just look at our faces, we always appear to be in chronic stress, tired and look defeated. This is true of every CVS Pharmacist and Technician. We are all under so much stress that our health and home life suffers because of it. Something must be done to help rectify these horrible working conditions. For many years Pharmacists were regarded as the #1 most respected and trustworthy profession. In 2018 we dropped to #2 and in 2019 we dropped to #3, do you see a trend? I do, and it is because of the unrealistic demands that this company loads on us every day, as they continue to cut hours for staffing. As they cut these hours, it just means that the Pharmacist who is already overwhelmed, must pick up the slack, and that is extremely dangerous. If there is only one person doing all of the work on a single prescription, and God forbid, an error occurs, who is going to catch the error? It's highly unlikely that the error will be caught! Again, putting the patient in harm's way.

Obviously, I am voicing my concerns anonymously, as I am 100% sure that if CVS found out, I would be fired.

This dangerous cycle MUST STOP before it's too late!

If the Board is NOT there to protect the Pharmacists and the patients, who is?