

# Episode 83

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## SUMMARY KEYWORDS

community pharmacy, Ohio Northern University, pharmacy deserts, PBM reform, independent pharmacies, healthcare access, Greenfield Ohio, pharmacist role, mobile health clinic, rural healthcare, prescription reimbursement, small town pharmacy, big box pharmacy closures, value-based care, repurposing vacant stores

## SPEAKERS

Jason Duff, Stuart Beatty, Ethan DeLeon

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**Stuart Beatty** 00:00

When you go into pharmacy school, just like most other healthcare professions, you're going into that because you want to help and take care of people.

E

**Ethan DeLeon** 00:14

Welcome to the Small Nation Podcast, brought to you by Coverlink Insurance, where people are more important than policies. On this show, we unpack lessons from entrepreneurs, break down development strategies, and do deep dives on small town success. Our goal is to provide value to our listeners by hosting conversations that teach, inform, and inspire. Hey everyone, my name is Ethan DeLeon and I'm here in the studio with the founder and CEO of SmallNation, Jason Duff. Today we're excited to be hosting the Dean of the College of Pharmacy at Ohio Northern University, Stuart Beatty.

S

**Stuart Beatty** 00:43

Stu's fine, we'll cut out the syllable. All right, call me Stu.

J

**Jason Duff** 00:46

Welcome, welcome to the show today.

S

**Stuart Beatty** 00:48

Thanks for having me, both of you.

**J****Jason Duff** 00:49

Yeah, I've been excited about this episode because pharmacy and the whole idea of pharmacy has been in the news a lot. Yeah, but for my 20 years of work that I do in small towns, when people talk about a positive memory or a pillar of a business in their community, you know, banks are really high on that list, but pharmacists are not too far below that. And so I'm just really excited to hear your perspective about what's— what are the history of pharmacy, but then also how the industry has evolved. And then we've certainly seen that there's a lot of changes happening in industry right now. So I'm just excited to unpack that with you. But before we jump into that, tell me a little bit about you, where you're from. And I know that we've talked about small towns and maybe a few of those small towns that you've experienced along your journey.

**S****Stuart Beatty** 01:43

Sure. So I'm from a small town. I'm from Greenfield, Ohio, which is one of the places you guys do some, some work. Yeah, it's great to kind of piece all that together when I came and visited here in Bellefontaine. I grew up on a family farm. My family, we actually just last weekend had our 200-year anniversary of family farm. Farm down in Greenfield. So, wow, 6th generation of a baby farmer down there. Um, so yeah, born and raised small town, um, small town Ohio. Um, when— as far as what's the pharmacy mean to me and, and thinking through small towns, um, my parents weren't pharmacists, um, but just had a feeling of, you know, that— and for us it was corner pharmacy. I have a good friend Eric Zint, um, who is the pharmacist there in town. He took over from his dad just a place you could go and if you needed medicine, you could get taken care of. But if you needed something else, you could go in there and they would take care of you. They'd answer questions. They'd recommend a medication for you. Even though I'm older, I'm not quite old enough to remember back when the pharmacies had like the fountain pop and stuff in them. But I know that that's— that was certainly a memory. And you'd get your peppermint sticks or different things. That's kind of part of the nostalgia of pharmacy. And a lot of that just comes from those independent owners or those small-town pharmacists. That are really just embedded in those communities. I think they're more than just a pharmacist. Often, you know, they're on the school board, they're sponsoring Little League teams. They're just doing all those things that happen in small towns that now that I'm older, I can certainly appreciate what all those things are all about and what being a small town, growing up in a small town is all about and what it's done for me as well.

**J****Jason Duff** 03:23

Well, Greenfield, For those people that have never been there, can you tell us a little about some of the things that the town's most known for or proud of?

**S****Stuart Beatty** 03:32

Yeah, so probably the thing we're most known for now is our high school. So it's Edward Lee McClain High School, even though it's in Greenfield. And Edward Lee McClain was an inventor, and he had some inventions back in the early 1900s and became very, very wealthy and gave a lot of money to have a school in the town., and that school is now a historical place. It's truly remarkable. It's like an art museum because he felt very strongly about having art and bringing vocational studies and bringing physical education, all those things together. So there's a swimming pool there.

**J****Jason Duff** 04:08

It was— I think it's the oldest natatorium in maybe the country.

**S****Stuart Beatty** 04:11

It's like one of the first 5 high schools in the country to have a swimming pool, 20-foot vaulted ceilings, original artwork, marble statues. So it's a very, very, unique place, um, and a really, really special place.

**J****Jason Duff** 04:25

The, the community I had a chance to visit about 3 years ago, and when Stu's talking about this being a special high school, he's, he's right. Um, it's actually like a historic high school. You know, so many, uh, school districts in small towns, they've chosen to maybe take down their historic building and build something new, and that's not the case in Greenfield. Like, they value their historic buildings. And then the artwork piece there is these mosaic tile walls that depict like really incredible scenes and really famous artists. So like you do feel like you're walking through a gallery. And it was special for me to be able to have a tour of that. And then we got introduced to the downtown by probably a mutual friend and mentor for definitely for me and maybe for you, but Dr. Steve Eisemann? Yes. Was Steve someone that helped you on your path, or did you run into him at all?

**S****Stuart Beatty** 05:19

Hope he's not watching. So I'm going to say nice things about him. Yeah, I've literally known Steve Eisemann my entire life. He graduated high school with my dad in the same class, and he has a family farm as well. He owns some property downtown, but he— his farm, my dad actually farms. So my parents were like in card club together, and I've known Steve Eisemann for a long time. And then when I came to Ohio Northern, I, you know, I didn't take his courses. I was in pharmacy instead of public relations. But he was, he was there. I'd go over to his house or if I needed something, he was, he was always around. So yeah, definitely somebody pretty, pretty special person. And his wife was actually my high school English teacher as well. So she played a big role.

**J****Jason Duff** 06:00

Yeah.

**S****Stuart Beatty** 06:01

As well in the high school. And she was a fantastic, fantastic teacher. So yeah, definitely, definitely special people.

**J****Jason Duff** 06:08

Well, you see how those connections— and that's the other thing when people ask me what's unique about living in small-town Ohio, it's those connections.

**S****Stuart Beatty** 06:16

Yeah.

**J****Jason Duff** 06:16

And, you know, Steve, when he became a professor, it was in PR and marketing and public speaking. And he created a club where, you know, PRSSA and other clubs on the campus that he would really pour into those students and then on a national level, encourage them to compete or go to competitions and Recently, I had the chance to attend one of those national events where, you know, he was recognized as a fellow, which is a very special role for PRSSA. But it just, you know, it's hard to believe someone like that stature and that credibility in the academic world and the impact they had on students actually grew up in a tiny little farm town in Ohio. Right. And that is kind of the neat DNA. But the thing about Greenfield is that they're ready for the next innovations and ideas to, to— they love their town, but they want to make it better. And so, you know, the interactions that we had is being able to travel there and meeting people like Todd Wilkins, who's the city manager and administrator, and several of the business owners. It was, you know, really trying to think about the next iterations with things like pharmacy or restaurants or, you know, ways to bring those big city amenities to a small town. But So you and Eric were friends through school, and it's a multi-generation pharmacy, right?

**S****Stuart Beatty** 07:40

So Eric's dad owned the pharmacy before him, and before that it was owned by another family in town who— the Seal cops— and Mike bought it from them as he kind of took over the pharmacy at that point. So yeah, it's been around. There may be another owner in there at some point. If Eric were here, he could fill us in. But yeah, it's been on this— it's called literally called Corner Pharmacy because it's on the corner of the two main streets of town. And it sits right there and it's, it's been there for a while for sure.

**J****Jason Duff** 08:08

Did that help? How did you decide to be a pharmacist?

**S****Stuart Beatty** 08:11

Yeah, so I, I honestly wasn't exactly sure what I wanted to do coming out of high school, but I knew I wanted to do something in, in science. I wasn't sure if I wanted engineering. I was pretty sure I wanted some kind of healthcare, but I didn't really know what. And one of the things that's actually unique about Ohio Northern still today is their pharmacy program. You can get into their pharmacy program directly out of high school. It's one of only a few programs in the country that allows cause that. Um, so I had gotten into the pharmacy program at Ohio Northern, still wasn't sure exactly what did I want, what I wanted to do. And my thought was like, well, I'll go to ADA, I'm going to take the same courses I would take if I end up doing medical school or something else, but I know I'm already in this program that's not easy to get into. So if I don't like it, then I'll just transfer out. If I end up liking it, then they're gonna have to kick me out because I'm already in it. There you go. And then I was fortunate enough that I, I really really love pharmacy and what they can do in the community, which is why I'm excited to be here. Obviously never left, and then I came back even to Ohio Northern, which wasn't necessarily something I thought would be on my career path. I'd done some various things as a pharmacist, had done some different leadership things around the state, and an opportunity was there for a new dean at Ohio Northern, and I kind of thought, well, if I was ever going to do that, it would be at my alma mater, it'd be at Ohio Northern. Pretty special place. And here I am.

**J****Jason Duff** 09:34

So that's awesome. And I know ONU has respect for me. You already mentioned some of the cool aspects about the program, the pharmacy program there. But tell us a little bit more about what that pharmacy program looks like today. I know there's some cool stuff happening with Healthwise and Healthwise Mobile Clinic. So maybe share a little bit about some of that.

**S****Stuart Beatty** 09:52

Yeah. So ONU, the College of Pharmacy has been there for— this is our 140th year. Wow. So it's been, it's been quite a while. We have more than 7,000 licensed pharmacists in the United States are ONU alums. So those would be our, I guess, our alumni that are still alive. We have almost 3,500 just in the state of Ohio. So it's a very, very well-respected pharmacy program across the country. We have graduates practicing pharmacy in all 50 states and in 20 other countries, and they're in all aspects of pharmacy. So they're working for drug companies, they're working for hospitals. Some of our folks are at the top of some of the biggest health systems in the country. Some are working on curing cancer. Some of them are working for some big corporations, some of those box corporations, like you say, we've got folks very, very high up there, as well as pharmacists that are in those stores and then our independent owners. So it's really kind of all over the place. Because we're rural, one of the things that the decision was made a few years ago to really help become a site for our students to learn because we're rural, we don't have a whole lot of other options. We don't have a major medical center across the street. Right. Or we don't live in a city where there's 5 pharmacies on every corner. So they made a decision to open a pharmacy inside our building. So we actually own and operate an independent pharmacy that would be just like Corner Pharmacy. It's open to the public. Anyone can get their prescriptions filled there. We also have a mobile clinic that I know we're going to talk a little bit about that actually goes around Ada to the 3 or 4 counties in that area. We deliver essentially primary care on wheels. We go directly into the small towns or into areas. Yeah. And provide care where no one else, no one else does. And it started as a really, really good learning opportunity for our students. But we realize now how much more that is. And we're kind of looking to take the next step with that. And we also have a call center that operates out of there. So that would be like a non-dispensing pharmacy. We have our students calling patients all over the country to go review their medications over the phone with them and see if there's any errors and see if we can make recommendations there. So all three of those things are kind of operating under the, under the roof of, of our College of Pharmacy there in Ada.

**J****Jason Duff** 12:01

It's pretty impressive that there's that many alums that are pharmacists around the country. We had a chance to interview one a few episodes ago, Rick Keys. Sure. Who was a pharmacist and graduate at Ohio Northern and now is the CEO of Meijer today. And so, you know, while he's not a practicing pharmacist, that education and that experience that he had is serving him well in the role of running one of the largest grocery chains in the country. Yeah, absolutely. Well, I know, you know, for those listening, we talk a lot about small town success and, you know, community development and things like that. And, you know, I want to make the connection here for people, um, you know, why we're talking about pharmacies today. So obviously the pharmaceutical industry has been in the news a lot recently, and we all have a pharmacy, uh, whether it's big box or a local pharmacy around the corner somewhere, and are very important community, uh, are parts of our community whether we realize it or not. But tell us a little bit about what's going on in the landscape right now. We're hearing some things about Walgreens and CVS and And this is, you know, newer to the bigger box pharmacies that we are seeing. But— And maybe if you can speak starting with the independents, like what, how they have shrunk and walk us through that.

**S****Stuart Beatty** 13:22

You might have a spinoff podcast here because this is— Yeah, I know, that's true. But I'll summarize here as best I can. There's really been some changes to the business model that have happened in pharmacy. So in addition to having like a shift in the demographics of people moving more to the cities and moving more to the south, which is, you guys are certainly aware what that does to small towns. That's done some stuff to small town pharmacy as well. But one of the things that's really hurt is the business model of pharmacy. And just to take you back, this has been going on for a little while, but it's really starting to hit a head in the past few years. There's been over 1,200 independent pharmacies that have closed from between 2003 and 2018. Now there's been others that have opened, that's nationwide.

**J****Jason Duff** 14:06

Okay.

**S****Stuart Beatty** 14:07

But that many have closed across the country. Wow. So you can see that this is kind of something that's been going on. Um, a lot of this kind of gets to the— that business model like I talked about, and it's been really squeezing these independent pharmacies. And if you think through healthcare, there's kind of two different types of, of, with, of payment within healthcare. There's the medical side, which is what most people are used to, which is kind of what pays the bills for the doctor's office and going to the hospital, and all that stuff kind of comes out of this bucket. And then there's the pharmacy side. Well, historically, pharmacists were getting paid out of the pharmacy side of the benefit. But if you look at that model, really what's— what you're paying for is the medication. So what they've done is they've continued to shrink the margins more and more and more on the medication to the point where now there's actually a lot of loss involved within that. We can talk through some examples if you'd like. So these pharmacists are having a really hard time keeping the doors open, and it's really, really detrimental to the towns, not just small towns, also in inner cities, and it's creating pharmacy deserts. All across the country, and that is impacting the healthcare and the health of those communities, whether it's a small town, whether it's sometimes out in an extremely rural area. If you go out, out west, like New Mexico, some of those areas, but also in the inner cities, there's some places where there is no pharmacy now within a 3-mile radius, which doesn't seem like much, but if you think like inner city Cincinnati, there's a lot of people that live in that area that now no longer have a pharmacy to go to.

**J****Jason Duff** 15:31

Yeah. So what is happening that those, you know, is causing those margins to get smaller and causing—

**S****Stuart Beatty** 15:37

Yeah, one of the— to be harder? Yeah, one of the biggest things, and we're trying to work on some things legislatively across the country, but it's been PBM reform. So pharmaceutical business managers or PBMs were created probably 30, 40 years ago, and they were kind of these middlemen that were really meant to come in and help negotiate prices and kind of help keep things even-keeled throughout the whole supply chain. Because within the supply chain, you've got the, the drug manufacturers who makes the drugs, and then those go to a wholesaler, which is typically like a McKesson, a Cardinal, and Amerisource. Those are the three big ones. And then that goes to the pharmacy, and you've got this payment to the patient who has to pay the insurance company. They have to pay the pharmacist a little bit. So there was this PBM that sat in the middle to kind of be like, we're going to help negotiate all the prices in here to keep everything even-keel for the insurance company. Well, over time what's happened, that's an extremely unregulated area and it's just kind of this black box. Yeah. So what started to happen is there's some people that got in there and realized that, and they really realized and took advantage of it to the point where now the pharmacists really aren't getting paid. Like I said, they're actually losing money on prescriptions, and it's hard for people to comprehend. I have to pay, or I know that my Ozembic cost \$500, whatever it is. If I go get my Ozempic, how are they losing money? Well, they may be paid \$550 for that. So every time they have that prescription, they're losing \$50. So if you think through that and you take that to like a bottle of Coke, if you're losing money every time you sell Coke at a gas station, you're going to be like, I'm not selling Coke anymore, right? Right. Well, it's really hard to do that in healthcare when you're trying to take care of people and you've got these contracts. You've got to take care of them the right way. So, you know, you got— you talked about Walgreens a little bit and they're under the same model because these PBMs sit in the middle of them. So on Walgreens call just recently, they said that 25% of their stores across the country, they have nearly 10,000 stores across the country. 25% of those stores aren't making a profit. Wow. So that's— you start to think about that. It does not work long term. So that's what's been happening to independent pharmacy for a long time. But it's been individual stores. So it's been really hard to see the scale. The scale and the scope of all of that. Yeah, you're bigger. It's really starting to hit ahead.

**J****Jason Duff** 17:55

Yeah, I think the other thing that we've seen, you know, a lot of the retail landscape has been changing, not just with pharmacy but a lot of businesses. And I guess the thing that I think about that probably were revenue centers within a pharmacist or pharmacy— photography used to be a really big thing. Yeah, before digital cameras, you needed a place to buy film and get your film developed. And so I just remember a lot of the pharmacies, independent, and then of course the big boxes really won on photos. And then once you had the assets, it's all the collateral, the, the, the photo books, the canvases. But you see in the internet, you know, with, with so many of new services, that's cut into a lot of that revenue. So maybe they were willing to lose, you know, some of the drugs being a loss loser to get you in the pharmacy if you would spend money on other stuff. Yeah, but, you know, I even noticed myself, like, sometimes the convenience— if I'm sick, jumping on Amazon and pressing the button for the cough drops and the things that I need, and in some cases it can be next-day delivery or even same-day delivery. So that is— I know that's probably a shift that, that they're facing as well.

**S****Stuart Beatty** 19:05

Yeah, there's more and more mail-order pharmacies, so medications that are going out. Amazon has been chomping at the bit. They're coming into the business. Who knows what that's going to look like? But, you know, Amazon's Amazon. And overall, I think that's fine to some extent. There is convenience that's there to not have to go to the pharmacy to pick up your medications. But what I don't know if people realize yet, and I want them to hopefully realize this before it's too late, is they may be losing the pharmacy, but what they're really losing is the pharmacist. And when you lose that pharmacist, that's your healthcare worker. That's the person that can answer your questions. That's the person that can tell you how to do an injection. That's the person that tells you, well, you need to make sure you don't take this medication while you're taking that medication because you're sick, or so on and so forth. They can do so much more. They're not just there— unfortunately, it's gotten to the point where people think, I go to the pharmacy just to get this little orange vial, right? And that's really not what it's about. It's about, I have a healthcare— actually, the most accessible healthcare professional in the entire healthcare industry is in that store. But because the model has been we just pay for on that pharmacy side of the benefit I talked about, they're just paying for this orange vial. There really hasn't been enough incentive in that to really utilize the full education of what a pharmacist can do. And that's what I'm afraid is going to get lost through all this.

**J****Jason Duff** 20:24

I think that's a really great point. Um, and the, the what— if you talk to people, and I have friends, you know, going to Ohio Northern, many of my friends were really passionate 20 years ago to go into retail pharmacy. And the reason why they wanted to do that is they wanted access to doing patient care and advising. And it seems like if you talk to folks today, how the business model has changed, the amount of prescriptions they have to fill and the amount of stress and anxiety, it has been challenging to find that focus. But how do we get that? Do you think the pendulum— you know, it's always funny in certain industries, the pendulum swings one direction, right? We realize we made a terrible mistake, and then the pendulum swings back. Do you think, or are you seeing signs of hope with that, or is there work we've got to do?

**S****Stuart Beatty** 21:14

There's definitely work that we have to do because again, you've got these, these things that are, that are closing left and right. I mean, I wrote the numbers down here. So just in Ohio, just since 2021, there's been 140 pharmacies that have closed. So that's not just independents, that's both independents and box stores. Wow. So that's just in the state of Ohio.

**J****Jason Duff** 21:31

Yeah.

**S****Stuart Beatty** 21:31

Now there's some new ones that are opening, but not nearly at that level because again, it doesn't make a whole lot of business since. And I know that where you live, you know Joe Kraft. So I talked about Greenfield a whole lot. I live in Plain City, another small town, even though it's quickly becoming a suburb of Columbus and Dublin, but a very small town. And unfortunately, just this year, Joe was one of the early ones that unfortunately this happened to, but it's been happening a lot this year. He had to close 4 pharmacies. So those are 4 pharmacies in small towns, and one of them was kind of in more of an inner city area that now don't have access to that pharmacist. Those people have to travel 10, 12 miles to get their prescriptions now, which doesn't seem like a lot, you know, when I— you drive 30 miles every day, 40 miles every day. But if you have transportation issues, if you have a truck that you've been driving for 30 years, it's not reliable, and you have to think about, I have to go do that, and oh, I forgot something from the pharmacy, so I have to go back the next day. I mean, that's a really big deal to not have access to those things right there. So I do think we need to do some things differently to try to protect just the pharmacists and those pharmacies to be in those stores and not create those pharmacy deserts. Part of that is we have to rein in and we have to get some PBM legislation passed. Unfortunately, the way legislation happens, we can pass it today and it won't go into effect until— when does it go into effect?

**J****Jason Duff** 22:51

Right.

**S****Stuart Beatty** 22:52

Yeah. So we definitely have to do some things to help prop up that industry. A lot of the states have done things on an individual basis. We haven't done as much federally yet. But just within the state of Ohio, they've been really active on, on PBM reform and trying to do things. It's a little bit like a shell game. As soon as we pass something here, they move it over there because it's so much of a black cloud. But we've been really trying to hone in on them and, and pass things across the states.

**J****Jason Duff** 23:17

All right, at this time we're going to take a quick break to hear a word from our sponsors. Brew Fountains, voted best beer bar in Ohio. Come visit their award-winning team in downtown Bellefontaine for a fresh local craft beer, soups, salads, sandwiches, wine on tap, and handcrafted cocktails. And they're always available to cater your next event with their box lunches and platters. Cheers to Small Nation! Come check out 600 Downtown Pizzeria in downtown Bellefontaine, where they cherish the art of making the most authentic, unique, and delicious world-famous and award-winning pizzas. Their team hand-spins each pizza the old-fashioned way and only uses the freshest of ingredients. Come see why they were featured on the Food Network.

**S****Stuart Beatty** 23:55

The other thing I think we need to happen— needs to happen is we need to incentivize those pharmacists to provide that higher level of care. So they're not just giving you the orange vial. They're actually talking to you about those medicines. They're actually talking through those interactions and saying, okay, maybe instead of just giving you this, maybe this actually isn't the right dose for you, or maybe it's not even the right pill. Let's actually talk to you and let— give me your blood pressure readings. And if you're not at goal, I'm a pharmacist. I know what medicines you need. I know what they — what can adjust your blood pressure rate. So incentivize me to actually provide that care to you instead of you just taking the wrong dose of a pill and maybe seeing your physician in 6 months when you can get back in and you've been on the wrong dose of a medicine the whole time. So we've got to incentivize that structure at the same time that we're making sure that you're not losing money on the actual product that's there.

**J****Jason Duff** 24:41

And how, how would that work, like, in, in your perfect world? I guess I'm curious, you know, because it makes sense. I, I have the same, you know, preconceived idea of a pharmacist. You go and get your prescription filled and that's about it. You know, you don't have beyond that interaction. So do you have any ideas on direction that you would like to see the industry go?

**S****Stuart Beatty** 25:01

Yeah. So when it starts to come to that, that's also kind of a legislative thing that we have to make sure that pharmacists have access to payment. I think that the payment can be in line with nurse practitioners, physician assistants, primary care physicians. We're going to have a huge primary care shortage in this country in the next 10 years. And as a result, there's a lot of people, um, they're starting to hire a lot of nurse practitioners and physician's assistants to do that. Well, they have access to some of those codes to get reimbursed for that care that I pointed out that a pharmacist doesn't have access to. And again, it doesn't really make sense. It's not about putting a pharmacist up against a nurse practitioner, a primary care physician, or a physician's assistant. To me, this is all about access, and it's all about the fact of I live in a small town, my parents live in a small town, I want them to have access healthcare. So where's the access going to come from? We've got someone that wants to open a store in a small town and wants to be part of this community, and they're not incentivized to actually take care of that person. So we've got to build that model out a little bit. There's again been some things that have happened on the state level. Ohio's done some things, a lot of other states have done some things to start to have that payment take place and that incentive take place. There needs to be some stuff federally, but we also need local employers and, and private insurance companies to come in who can make those decisions now and say, yeah, we think you can get better value care if you include a pharmacist in that model. They just need to flip the switch and say that they can start to do it.

**J****Jason Duff** 26:25

Yeah, we've seen innovations. I, I think here in our market, um, we were struggling with having enough primary care providers, and a group of doctors decided that when they were looking at their Medicare and Medicaid reimbursements, it just wasn't supporting their business model. So they broke out and created a direct primary care practice. It's called Hickory Direct Medical. Dr. Marie Barth, you know, kind of led that up, and her husband Steve ran the business side of it. And then they brought on other nurse practitioners to that practice. They have a membership rate, so you pay around \$41 a month to get access to the practice. And the level of care that they're able to provide Everyone raves about that. So it was kind of innovative, you know, 10 years ago, and, you know, everyone said, oh, there's no way this would work. Like, but when people started actually having the result, having better care, um, you know, I — my hope is, is there might be some innovations. Are you seeing— is that a model? I know compounding pharmacy is kind of another niche in itself, but are there creative ways that you're seeing in the marketplace that people are able to make money but also provide great care?

**S****Stuart Beatty** 27:39

Yeah. I mean, we've talked a lot about community pharmacy, and that is kind of the, the front face of what the profession is. But if you look in physician practices, you look in health systems, a lot of them have been able to take kind of these bundled payments or these value-based payments similar to what you're talking about, and recognizing that there's value to having a pharmacist on the team. So they're hiring a pharmacist to work directly in their office. So it's just kind of taking that model and saying, okay, what's the next step of that? Where's our access point? Well, it's in this pharmacy where they're all already coming to get the medications. It's in a mobile clinic where we're taking the care out to the patients. But again, let's not just incentivize them, the pharmacist, to give them the pill. Let's actually incentivize them to talk to the patient similar really to what you're talking about. It's all about being part of a team. So if I can gather something as a pharmacist and I can take care of that patient, that's great. I need to have the expertise to know, okay, you asked me a question or there's something going on here that's outside of what my knowledge is. I need to go ask somebody else. That's not any different than any other profession, right? That's how everything works. So we need to work as part of a team to do all that and kind of build those teams out across networks. And I think that that can start to happen. There are some small pockets of where that is happening and where pharmacists have been involved. It just isn't extremely large scale yet. I think a lot of that's just because the, the business of healthcare payment is— it's just so scrutinized, rightfully so. But it makes innovation hard sometimes because you have to have an initial investment, an original idea to say, is this going to work or not? Yeah. And sometimes it can take 5 years to— I mean, if you're talking about preventing a heart attack, the goal is that we never have a heart attack. So how much are you saving? How much money was saved in that whole thing can be really hard to kind of add up sometimes.

**J****Jason Duff** 29:19

Yeah, it gets complicated quick, I'm sure. One thing that I've been following is after COVID, I think there is kind of a focus that people are paying more attention to their health. Sometimes that starts with what they're eating or, you know, what goes into the foods that they're making or where their foods are from. And the same goes to maybe where and how they're exercising. With people focusing more on health in general, is that an opportunity? You're thinking about the future pharmacist and how we get more people, especially young people, wanting to pursue this as a career path. What are the selling points, do you think, of pharmacy?

**S****Stuart Beatty** 29:59

Yeah, I mean, I think it's exactly that. I think pharmacists, when you go into pharmacy school, just like most other healthcare professions, you're going into that because you want to help and take care of people. Pharmacists happen to have the expertise of the medication. So we have a lot of students that come in and say, I want to go into pharmacy because I want to be in healthcare, but I don't like blood. Um, there you go. Yeah, I mean, you know, you can still be involved in blood, but we don't even get into that right now. But still, like, there's, there's a need for all of that. So I think when you think about what is the future of pharmacy, what can this look like, like I'll just go back to the, to the corner pharmacy model. Again, I know Eric really well. Eric's super smart. I know how many people that live down in Greenfield or in that area he can help because he's got the knowledge to move medications around and get them on the right dose and follow up on those things if he's incentivized. But even beyond that, like why don't we think about, again, it might take 3 months to get in to see my regular doctor. Or a month or whatever that is because they don't have access to it. Well, what if those patients were going to Eric for those general follow-ups right there in the middle of town, and that frees him up to be able to see, I just got out of the hospital, I'm really, really sick, now I need to get in to see the doctor. Or what if you go into the pharmacy and say, I just kind of need like an annual checkup, I need you to make sure that all, all my screenings are clear, this and that. Well, I can do that at the pharmacy if I'm incentivized to do it. Or maybe I got a sore throat, I want to know if I have strep throat or not. Instead of having to go to urgent care, I have to go here. A lot of people just end up going to the emergency department, which just raises the cost through the roof. What if you go to the pharmacy? I can swab your throat, I can do a test, and within 10 minutes I can see if it's strep throat or not. If it is strep throat, here's your antibiotic, you're out the door half an hour later on the right medicine and you're getting better. So that's what I think pharmacy can be and should be. And I think it could really help the whole system out because again, it's not taking away from nurse practitioners, physicians, anybody like that. It's really just working as part of the team to allow them to see the people that need to see them. Let the ones that I can take care of come to me and let's all just work together on some of that health and wellness stuff and hopefully prevent some of those really tragic things like heart attacks and strokes from happening as much.

**J****Jason Duff** 32:09

Is there a market for an independent pharmacy pharmacist today? So do you have students And I guess what is a path if, if maybe your town is one of those deserts? Yeah. Like how do you try to attract an independent pharmacist to come and want to open up in your town?

**S****Stuart Beatty** 32:28

Yeah, this is one of the things that the profession's worried about are these pharmacy deserts. So I talked about all those pharmacies that are closing. I talked earlier about— I'll just use as an example, Walgreens has almost 10,000 stores. I saw on a call recently that almost 400 of those stores that Walgreens is the only pharmacy in that zip code. So even the big box stores are, are worried about this. Yeah. Um, I actually think the future of this, and, and kind of looking at the generation that's in school right now, they're a really entrepreneurial generation. They really want to do things differently. Um, I don't know how many of them want to go work for big box stores or for big companies. So I can see a, um, I can see entrepreneurial independent pharmacies really making a comeback. That's what I'm hopeful for, uh, because I think those people can realize with cost of living and everything else, like, hey, you know what, I can maybe go back to my hometown, or maybe instead of living in the city, I can live 45 miles outside the city in a small town, and I can still go to the city what I want, but I can have everything that I want right here, and I can build it my own way. I can be my own boss. I can provide care to these people that are in town. I can feel like I'm part of this community back like what it used to be like. And I think that that really can be a big part of our future.

**J****Jason Duff** 33:42

And there used to be, you know, I remember historically in a lot of the postcards and signs, they were, you know, for the grocery stores, it was IGA was kind of like one of the partner dealers. And then Rexall was a really popular name. About every small town had a Rexall, you know, pharmacy. Who are some of those players if you want to recruit an independent pharmacist or a chance to resell. Where would you even start to find some of those?

**S****Stuart Beatty** 34:08

Yeah. So a medicine shop was another one.

**J****Jason Duff** 34:10

Yeah, that was a big one. I remember that.

**S****Stuart Beatty** 34:12

Yeah. So now there's a few different things you can see. They're usually named, have a specific name like we talked about Corner Pharmacy. So we'll keep going there. But it's a, it's Health Mart. Health Mart Pharmacy is actually what it is. So the wholesalers all kind of have their own branding that goes along with it. So McKesson kind of has a Health Mart brand. And if you buy into that Health Mart brand, You can get some different things with drug pricing. They can do some different things with inventory control and management and some different tools that you have by being underneath that Health Mart sign and using them as a wholesaler. Good Neighbor is another one. You may see Good Neighbor Pharmacies around quite a bit, which are kind of going through the wholesaler. So you could go and talk to one of those wholesalers and say, what support do you have? What help do you have to kind of help me get on this path? And that, you know, maybe some branding that goes along with it. Or you can kind of go out and start your own thing if you want. There are some people that are doing unique things. Like I talked about the PBM, there have been some pharmacies that have opened which are essentially cost-plus, and they're just completely bypassing— similar to what you said in the physician world, there are pharmacies that are opening like, we're cash only and whatever our price is, we're just going to pass it on to you plus a fee. Like they determine what the fee is up front. Maybe it's, I don't know, \$5, \$10 per prescription, whatever it is. But you can go there And instead of having to wait through insurance and wade through all that stuff, they're like, if we have the prescription here, we'll have it, we'll give it to you, you pay cash only, we're not dealing with insurance. So some of those places are starting to open up as well.

**J****Jason Duff** 35:35

Wow, that's super interesting. And yeah, I think we are ready for some creative solutions.

**S****Stuart Beatty** 35:40

I think so too.

**J****Jason Duff** 35:41

Well, I know on the real estate front, we have been asking a lot of the questions with our friends and partners of what do you do with the old 8,000 to 12,000 square foot big box stores. Like, how can those be repurposed? Because they're oftentimes on a really prominent corner in a town, and they also have a drive-through component that's built into it. And, you know, usually alongside parking. And so I don't know if you've seen any— it's pretty fresh right now because a lot of them are closing. But yeah, there's a lot of questions right now. What do we do? And I know in Ada, Ohio, the campus of Ohio Northern, directly across the street is a Rite Aid. And it was a, you know, 15 years ago it was one of their brand new spanking best model stores. You know, that's an important fixture and building in the community and also right across from the campus. How do we repurpose those? Right.

**S****Stuart Beatty** 36:42

Yeah. Yeah. That's a question that's being asked right now. So it's a really good one. And those are, those are big square footage stores when you really start to look at those. I think there's some different things you can do with them. I think if you, if again, if somebody innovative could come in and have a pharmacy component to it, or have that start to look like a healthcare hub, whether that's a health system that comes in and buys part of that, but you could have part of that's a pharmacy. And instead of, you know, up front where they used to have all the candy and the chips and the over-the-counter products and stuff, you could really start to break that out a little bit into different potentially physician offices, maybe. Yeah, maybe you have a counseling center that's in there. Maybe you have a lab that's in there. So you can get some blood work and stuff that's done there as well. And that starts to take up some square footage pretty quickly. You obviously have to have privacy and things, or you would have to add to the store and do some remodeling to it. Then you could have a smaller section in the front that does have some of those over-the-counter products. So that's one example. I don't know that that takes up all the square footage within those stores. But again, it kind of gets back to this idea of it's not just a it's not just a pharmacy, it's a pharmacist that's in there. It's a health hub for this community. You can go there for all of these needs or for various needs, not just because you need to have a medicine. So it kind of gets to that whole health and wellness thing you guys talked about as well.

**J****Jason Duff** 37:58

Yeah, yeah, I appreciate you pointing that out. And I think we can understand the economics of it. It's never good news when, you know, businesses are closing their doors. But you pointed out that you're losing the pharmacist, you're losing that valuable person. Why, what makes a pharmacist such a valuable community member in your opinion?

**S****Stuart Beatty** 38:18

Yeah, well again, they're the, they're the most accessible healthcare professional when you look at those stores. A pharmacist, a lot of people don't realize, has been to school for a minimum of 6 years at this point. They have a doctorate degree in pharmacy, and pharmacists actually get more training on medications than any other healthcare professional does, including in medical medical school. Now medicine goes on to residency and so on and so forth, and they get a lot of additional training there. But if you look at the actual basis of, of medications, that goes to pharmacy more than it goes to anybody else. And if you look in the United States, 70% of office visits, there's at least one prescription. So 70% of office visits in the country have at least one prescription that has to be funneled somewhere through a pharmacy. Yeah. Why do you not want that healthcare professional more involved in the care for the follow-up of it, and then actually to see, is it the right medicine? Is it working? If it's not working, again, let's get you off of it quicker and get you on to something that is working instead of just being like, okay, we're on it. I mean, I used to work as a pharmacist in a physician office, and I can't tell you how many times we would come in and we would want somebody on dose X of a medication, but we have to start them here to start them lower and build it up. And they're coming back 6 months, a year later, and they're still here. Because they just missed their follow-up appointment or they never came in or they just kept getting it refilled. We're like, that's not even doing close to what we want it to do for you. No wonder your numbers still look bad. We need you up here. But there's no reason they couldn't have been going to somebody else that was more accessible in the meantime and that they trust to really get that, um, that care and get them to a healthier point.

**J****Jason Duff** 39:51

Yeah, I also think the accessibility— I love that, that point, and it's a big one, but it can be very intimidating for certain people to ask questions of their doctor, and it shouldn't be that way, right? But like, okay, the doc, if you're really sick and maybe you're even older and could be hard of hearing, there's a number of factors. But if you're prescribed, maybe you're taking 6, 8, 10 different drugs and being able to have a pharmacist look at that and try to understand if there's things that conflict, understand if there's side effects that maybe someone's having. But I do, like you said, it's such an important role from that standpoint. On the flip side, I will also share growing up in a small town, oftentimes some of the leaders that were in the Rotary Club or the Kiwanis Club or would, you know, fund and support sports teams or music activities, you know, pharmacists, you know, make good money. Like they're, they're a, they're a well-paid position and a position of, of respect. And they would give back. Yeah. And I think that's the thing that you start to lose those pieces and you start to lose the fabric of the people that hold, uh, all the things that we love dear. You, you, it challenges that.

**S****Stuart Beatty** 41:08

Yeah, yeah. There's just a lot of trust there too, the access point like you talked about, and being able to sometimes go in and talk to somebody that's not as busy, or at least is not perceived as busy. You don't have to have an appointment for, um, I know on our mobile clinic with our students there's been patients that come in and again we're taking the care to them, but we've essentially gone through and questioned people and taken their blood pressure and recognize that they're actively having a heart attack or a stroke right there, that they wouldn't have had that anywhere. I had one pharmacist in a small town tell me the story, um, about the— somebody from the store went to deliver a medicine, um, like they often do, free delivery in the small town. So they went and they're like, I don't know, something was not—

**J****Jason Duff** 41:46

I don't—

**S****Stuart Beatty** 41:46

something was off. I don't— didn't seem right. So the pharmacist called the person back and was like, hey, what, what's going on? They said something's not right. He's like, oh, everything's Everything's fine. It's just my, my foot. I couldn't get up as easy because my, my foot— I fell and my foot's been bruised. And he's like, well, they said it didn't quite seem right. So the pharmacist went over there and was like, I'm going to come over after work again. They're not paid for any of this, but they trusted him. Like, I want to come over after work and just take a look at it. And they're like, okay, that sounds fine. Push comes to shove. They go over there. This person's foot is like completely black and they can't feel anything on it. Wow. And they're like, I'm not going to the hospital. You're not taking me to the hospital. But the pharmacist, because they trusted them, like told them everything that had been going on. And they had essentially fallen like 6 weeks ago, had never told anybody, had never gotten it looked at, thought it was just a bruise. It was actually a really, really bad infection. Pharmacist finally basically forced them after 2 hours of being in their home after they'd already worked an entire shift to go to the hospital, and they ended up getting an amputation because the infection was so bad. Not to—

**J****Jason Duff** 42:47

probably saved his life.

**S****Stuart Beatty** 42:48

Yeah, I mean, not to dramatize it too much, but that person probably would have had an extremely significant infection, maybe died within I would say 2 to 3 weeks, like it was that bad.

**J****Jason Duff** 42:57

Wow.

**S****Stuart Beatty** 42:58

But that trust of that pharmacist and going to that home through that delivery and then linking that back to someone they trusted was like a huge part of that care for that person.

**J****Jason Duff** 43:08

Yeah, I love that. Well, I appreciate you kind of giving us the current landscape of the space. I know I definitely learned something and as well as highlighted a few opportunities in the space. I think, I think we're going to see in the next 5, 10 years more and more, you said nurse practitioners, PAs serving a lot of that, you know, front, front lines kind of service for people. And I think there is an opportunity to tap into our local pharmacies. But I guess looking forward, you know, what is— what does the future look like in pharmacy? What, what do you— what does it look like? And then what would you like to see happen?

**S****Stuart Beatty** 43:43

Yeah. Yeah. I'm really excited to be at Ohio Northern because I think we have a really strong foundation in place. We have this pharmacy, we have this mobile clinic where we're taking care out, and we have this call center, which is kind of all three of these little units.

**J****Jason Duff** 43:57

Yeah.

**S****Stuart Beatty** 43:57

And I really think we can start to bring that together and bring all aspects of that together to provide care in the Ada area and beyond and really start to show how you could be a healthcare professional. We can give you your medicines, we can make sure it's the right medicines. We can come and deliver the care to you and follow up on those and get you healthier. We can start to do services where it's not just once you have that disease, it's like maybe it's starting to prevent that. We can call you on the phone and follow up with that, but know that it's somebody that you already trust. It's not just some random call center wherever. Like, these are the same people that saw you 2 weeks ago or a month ago. Like, to me, that's the exciting piece of pharmacy. And I think that starts honestly in rural healthcare or in inner city healthcare where you've got these deserts that are already created. So I've had some people ask me like, why would this happen in Ada? Why would you be— why would Ada be the place where you could start doing this at Ohio Northern? And my answer is like, why not? Yeah, there's nobody else. There's no one else there that's doing it. You've got these medically underserved areas, you've got these deserts that are created. So it needs this innovation, it needs this spark to have somebody come in and be like, we want to provide care in this community, we're going to provide care here, we're going to take care of our folks. And to me, that's what's exciting, to try to push for that, to try to get to where that, that's what healthcare delivery is. And I think, again, that's why people want to go into pharmacy school to begin with. They want to take care of people.

**J****Jason Duff** 45:18

Yeah, I love that. Well, thank you again for sharing that. And I love that, that vision for what pharmacy could be, you know, and I think you are positioned in the perfect spot to make that difference with the backing of the university and just having, you know, honestly just being involved in that many lives of future pharmacists, right? Yeah. And even for the community of Ada, like with the Rite Aid closing.

S

**Stuart Beatty** 45:41

Yeah.

J

**Jason Duff** 45:41

Now that the pharmacy that you have with Healthwise, like, is, is going to be huge.

S

**Stuart Beatty** 45:46

Yeah, we, we will be one of 3 pharmacies in the county. So you talk about that pharmacy desert. If we close, there's a huge pharmacy desert that's right there in that town.

J

**Jason Duff** 45:55

Yeah.

S

**Stuart Beatty** 45:56

Cool.

J

**Jason Duff** 45:57

Well, thank you for the work that you're doing. I'm going to move us into a fun show segment here. It's our rapid-fire Q&A. Let's do this. Round 1.

S

**Stuart Beatty** 46:05

Uh-oh.

J

**Jason Duff** 46:06

If you had to choose a career completely unrelated to the work that you are doing today, what would it be?

S

**Stuart Beatty** 46:10

Oh, that's easy. I would have been an NFL quarterback.

J

**Jason Duff** 46:13

Yeah, right. Okay. Did you play football in high school or college or anything?

S

**Stuart Beatty** 46:17

No, I did play in high school, but I was not the quarterback. So, so no, I'm not. I don't really know what I would, what I would do. I think I mean, I do like teaching. I do like mentoring. So I could see myself being some kind of teacher or something like that.

J

**Jason Duff** 46:31

Yeah.

S

**Stuart Beatty** 46:31

Cool.

J

**Jason Duff** 46:32

Cool. Second question is, what is your favorite spot on campus?

S

**Stuart Beatty** 46:37

Favorite spot on campus? I think just the, I guess, the Tundra. I guess in general, when you walk out there, it's just a really nice walk. It's just peaceful as long as the wind's not blowing in from Indiana.

J

**Jason Duff** 46:50

There's a reason why it's called the Tundra.

S

**Stuart Beatty** 46:52

It's just really, really good green space to walk around out there. In the fall, it's beautiful when the leaves are changing. It's, you know, it's nice over the summer right now because the students aren't there. So you can go out and walk and it's pretty peaceful. But it's also fun once the students come back and you go out there and walk and there's just a lot of energy. Energy walking around as well.

J

**Jason Duff** 47:10

Yeah, college campuses tend to be magical in the fall.

S

**Stuart Beatty** 47:13

Yeah.

J

**Jason Duff** 47:13

Um, all right, last question here is favorite restaurant in Ada, Ohio.

S

**Stuart Beatty** 47:18

Favorite restaurant in Ada, Ohio. I'll go with— well, the Beagle's supposed to be opening back up.

J

**Jason Duff** 47:22

Rumors is it's going to be reopening soon. Yeah.

S

**Stuart Beatty** 47:24

So we'll have to see what that's like. Um, I'd say for, for right now, um, I'm kind of old school, so I— you can't really beat going to Padroni's and getting a pizza with a ranch sauce. And dipping it in there.

J

**Jason Duff** 47:35

They make their own ranch.

**S****Stuart Beatty** 47:37

Oh yeah.

**J****Jason Duff** 47:37

Which is just— I grew up on that stuff.

**S****Stuart Beatty** 47:39

It's amazing.

**J****Jason Duff** 47:39

It's amazing. That's great. Very good. All right. What is one professional development resource that was impactful for you along your professional journey?

**S****Stuart Beatty** 47:49

I think a professional resource— it's probably cheesy, but I would just say the people, which isn't really a professional resource. But I think the thing that makes a difference at Ohio Northern— and I had some people, other people not at Ohio Northern as well. But the people that made a big difference for me were just the people that would sit down and, and kind of see something in you that, that maybe you didn't see yourself and push you to do things. And I know I had that from some professors at the school. One of them unfortunately just passed away, Jeff Allison. He had a huge impact on, on many of us just because he was so positive and always believed in, in all of us. Karen, Karen Kier has been doing that for, for years now. And I had some people outside of Ohio Northern that provided that to me as well. Mary Alice Bennett would just believe in me when I was like, you know, I don't even know what I'm talking about. She's like, it doesn't matter. Just go out and do it. You got the right idea and you got the vision, so go for it.

**J****Jason Duff** 48:38

Yeah, we've talked about this in previous episodes here, but I want to dive a little bit deeper on what you're saying. Do you have any advice for younger professionals listening that they want to approach a mentor? Maybe they're intimidated or they don't know how to, or they feel like maybe their mentor is too busy. What advice would you give someone like that?

**S****Stuart Beatty** 48:54

I just do it. I think you just have to go in and ask questions. Especially if you have an idea and even if you don't have an idea, actually, if you're just kind of like, I don't really know what's going on, but I feel like this is a little bit off, or I want to hear like, how would you think about this problem? How would you solve this problem? And probably what's going to happen, I would say, if somebody comes and asks me that, I want to spin it back on them and be like, why? What's the— what's the question? What's the problem? And how would you solve it? And but just get them to have that creativity and the confidence to go out and start to believe in themselves and start to think, okay, I really can solve this problem and it may not be the 100% best way to do it, but at least I'm going to go out there and try to do it.

**J****Jason Duff** 49:30

Yeah, yeah. Good advice. And last question I have here for you is where can people learn more about you and follow what's happening in your program?

**S****Stuart Beatty** 49:39

Certainly they can go to the Ohio Northern website to the College of Pharmacy. They can find all the things there. We are on social media as well. So if you want to follow what's happening at the college, you can look at LinkedIn, Facebook, and Instagram. We're pretty active there. I'm pretty active professionally on, on LinkedIn as well, so you can certainly look there for what's happening.

**J****Jason Duff** 49:56

Awesome. I will link some of those in the show notes. Stu, thank you. It— I, I think the theme of the episode today, it's not about the pharmacy, it's the pharmacist. And absolutely, you know, there's a lot of talk in the news about buildings and enclosures, but it really is what are we doing to double down on people. And, uh, I think the, the mentors that you mentioned that poured into you and Of course, I think we can circle back to people like Rick Keys and others that just say, like, this pharmacy education is serving me well in what I'm doing to be a good human. And I also think it's a great pipeline for people that do want to help people. The pendulum, I think we know from what we've watched with a lot of other industries, will catch up. It's going to take some time. But if you're a young person or know of a young person in your life pursuing pharmacy school, you've got a great path with Stu and his program and getting plugged into, to what's happening at Ohio Northern. So thanks for sharing today.

**S****Stuart Beatty** 50:52

Yeah, thanks so much for having me. This was great. I really appreciate it.

**E****Ethan DeLeon** 50:54

Awesome. Thanks for tuning in on this episode of the Small Nation Podcast.

**E****Ethan DeLeon** 50:57

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