

Strategic Plan PESTLE Exercise – 2019/2020

Political

- Clarity in roles of Board & Rx associations
- Misc associations involvement at this level
- **Pandemic impacts**
 - Pharmacists/pharmacies relied upon to maintain service and increase involvement with vaccination and testing
 - DHHS guidance that claims to supersede state regulations
- Challenge:
 - Expectations of any legislator authoring a law related to OBOP
 - Timeframe
 - Operational
 - Feasibility
- Lobbying/SuperPAC influence
 - Industry stockholders such as insurance companies, corporations, PHARMA, hospitals
 - National Landscape
 - Pharmacy/Healthcare
 - Access
 - Cost
- Opioid Epidemic
 - Discernment of “issues” and our ability create “Oregon” solutions
 - Or is this a “global/national” issue
 - **Worsening with pandemic impacts**
 - **Less attention to this due to pandemic**
- Rapid “swing” vs slow and steady
 - Ex: new governor, new president, new Board members
 - Board needs to outlast trends – but also evolve
- Competing pressures with multiple jurisdictions with variances in law creates confusion
 - Some are even polar opposite
 - **Conflicting state regulations difficult for employers to navigate**
 - **Federal intervention with pandemic also adds to confusion**
 - **Multi-state pharmacies/health systems must navigate**

Economic

- Decreasing cost/increasing access
 - Changing marketplace
 - Ex:
 - Rural access
 - Drug shortages
 - Copay/deductibles
 - “disruptors” such as Amazon
 - PBMs
- Anti-competitive/NC Dental Board (FTC)
 - Scope of practice/unlicensed practice

- “checks” on Board’s authority
- Credentialing/privileging
 - RPh payment structure
- Revenue driven care
- Costs of doing business
 - Downstream negating to patients
 - This increases cost and decreases access
 - Salaries
 - Regulations
 - State and Federal
 - Insurance
 - Medicare
 - Joint Commission
 - Deregulation or changes resulting in unsafe staffing levels
 - Supply and Demand
 - Decreasing RPh
 - Increasing CPT
 - Merging of retail clinics with PBMs
 - Drug costs
 - Specialty Pharmacy
- Pandemic and Wildfires
 - Economic hardship on individuals and businesses
 - Scope of practice issues/DHHS guidance
 - Which make sense to extend past PHE?
- Job Market Changes
 - Pharmacist surplus
 - Few jobs for new grads
 - Technician shortage(?)
- Need for telemedicine
- Recognize pharmacists as providers
- Geography/delivery of care/access
- COVID vaccine distribution and administration

Social

- Patient driven healthcare
- Direct to consumer advertising
- Social media influences
- “Fake news”
 - Anti-vaxers
- Changing demographics
 - Generational
 - Aging
 - Diversity
- Language barriers
- Geography
 - Rural

- Frontier
- Delivery of care to the poor, homeless
- Stratification of wealth
 - Increased healthcare costs
 - Regulating disruptors
 - Homeless ←-----→ The 1%
- Changing social norms
- Substance abuse
 - Opioid epidemic
- Public acceptance of unregulated drugs
 - Ex: CBD
- Job Growth
 - Perks for RPh
 - Growth for CPT
 - Costs of entry increasing
 - Supply decreasing
- Social acceptance of RPh role as a healthcare partner
- Public DEMAND for convenience
 - ie “real time” access
- Patient-driven care accelerating
- COVID-19
 - Employer responsibility for worker safety
 - More flexible work setting
 - Workflow changes
 - Strict rules in Oregon about how work is done in pharmacies
 - May be causing technicians to quit
- Cost of healthcare
 - Access in safe and comfortable atmosphere
 - Access to accurate information

Technology

- Our future
- Unintended consequences
- Challenge to regulate it
- Advancing at faster pace than Board can respond → we need to meet this challenge
- Diverse platforms
 - Not regulated
- Assists, does not replace people
 - DUR
 - Counseling
- Can improve access and safety
- Rx transmission reminders
- Changing social norms
- Drugs on the internet
 - Not regulated
 - Potentially unsafe

- Data security issues
- Drug delivery
 - Uber
 - Amazon
 - Etc
- Traditional versus automated dispensing
- Remote practices – this is an imperative/the future!
 - Order verification
 - (can't read the other word here)
 - No touch pick-up/delivery (curbside)
 - Online pharmacy
 - Workload increasing, staff not increasing
 - COVID demands (vaccination, testing)
 - Unintended consequences
 - Safety/compliance concerns
- Increasing technology and decreasing people
- Cost/investment in tech

Legal

- Understanding OBOP
 - Practices
 - Administration
 - Law
- Interstate practice
- Federal discussions around deregulation
- Compounding regulation
 - State versus federal
 - FDA MOU/NABP role?
- Opioid regulation
- Varying oversight of outlet versus people
- Legal role of the Board
- Removing barriers to licensure and/or practice
- Legislators utilizing position to improve healthcare access via different healthcare roles
- Pharma most profitable lobbying group/influence
- Continuing educations required by legislation
 - And/or educational training
 - “Board approved”
 - Definitions matter
- Slowness of the process
- DSCSA
 - Creates complexity around movement
- Lack of coordination between agencies (EPA, DEA, FDA, AG, etc...)
- State versus federal regulations – regulatory “muddiness” (state/federal/international)
- New administration in 2021 – changes ahead

Environmental

- Fragmentation of healthcare
- Social
 - Changing work demographics and expectations – “Boomers” getting older
- Drug shortages
- Natural disasters
 - Drug supply chain utilization
 - Civil unrest
- Staffing/workplace conditions
- Technician participation and RPh
- Education of techs
- Education of Rph
 - Surplus of RPh
 - Excess schools
- Public perception of RPh
 - Accessibility of services
- Board resources limited
- Healthcare is a profitable business
 - Patient safety may take a back seat
- Pharmacy inflated in non-healthcare settings
 - I.e. grocery
- Retail pharmacy access
- Compounding safety
- Intern training
 - Board oversight
- Delivery methods
 - Uber
 - Drones
- Remote supervision/operations
- Climate/environmental “footprint”
 - I.e. manufacturing
- Transportation/infrastructure
- COVID-19
 - Reliance on pharmacy profession for testing, vaccination, and safety of customers/staff
 - Which temporary authorizations to keep after pandemic?
 - Regulatory uncertainty