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Sent: 2/17/2013 2:00:51 PM
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Subject: Market 5 Visit - 2/12 thru 2/14

Rick, Suzanne –

Below are the notes that I captured from our store visits. Please let me know if you have any specific questions or would like me to expand on a few topics.

Thanks.

-Mike

5453 - High volume POWER (Jan - 358 rx/day)

- Yelena, RPh
- \$25 on every transfer is on A-frame in front of store - does this make sense?
- ☐ Check with Justine

Layout

- ☐ Check with Heather on the standard G&S acrylic stand
- ☐ Need to look at mini-remodel for stores that will not be WE to change the experience
 - Need semi-private area to perform services
 - Use in-window where they have cut into counter to provide flu shots
 - Or cut into the pharmacy space and use for services
- Technician was aware of fast rack tote to help put these items away quickly
- No longer separated as part of daily delivery

CAP Blocks

- ☐ Pull ESI Cap Block
- ☐ Check with Jay on CAP block to tell patients about CAP blocks comment
- ☐ Check with Kristin Reber on utilizing Next Gen POS for CAP blocks (specifically "technician like CAP blocks")
 - Current RxAdvisor solution pushed back till next year
- Wording might not be clear on Nebulizer block (6 months since purchase of mask/tubing)
- ☐ Should we create broader categories of what the CAP block is on the Rx Advisor screen?
 - Ex: Quality/Revenue Generation/Regulatory/etc

Labor/Process

- Difficult to manage fluctuations in labor.
 - Stores 20 hours under do not hire in fear of having to reduce employee hours later
- Two biggest issues in centralization markets:
 - Low volume stores - how do we build business without additional labor?
 - High volume stores - does not seem to be enough labor to perform all the tasks
- Cashier role:
 - Used to be about filling prescriptions so easy for RPh to ring and fill scripts
 - Now with additional services (and more in the pipeline), they are struggling to perform both
 - ☐ Can we pilot cashier role in POWER or WE
 - We also has ratio issues that need to be solved

- Fatigue and sustainability of our pharmacists is a real concern
 - We're asking them to do a lot but how long can they continue?
 - When they don't meet the goals/standards on everything, they feel like they are failing

IT

- ☐ Nicole to capture and send me a list of high issue items in centralization markets that need to be addressed and I will sync this up with what work is currently on-going.
 - Can then send this back down to Nicole for her to share
- Lots of discussion on MobilePOS
 - Need to solve quickly
 - Numerous opportunities to drive customer service and change experience

Corporate related items

- High Value ESI Balance Reward calls are difficult
 - Sometimes comes across as solicitation
- Need to do a better job of communicating tasks that need to be completed at field level and by whom.
 - Doesn't always have to be the SM or RXM
 - Just define the right person and provide the right tools

13758 - Centralization on Demand (Jan - 201 rx/day)

- Ali, RPh
- Hybrid -COD store

COD:

- Doesn't use very much
- Utilized during busy flu season
- Could there be a status of whether it is on or off on the IC+ screen??

Assisted Living Pharmacy

- How do we sync up what Nicole is doing in Tucson with Daily Meds?
 - Mike Ellis owns Daily Meds
 - Start here
- Yuyama - has a machine that can automate daily med process

CAP Block

- NTT biggest driver
- Patients appreciate but no real feedback
- No negative feedback
- ☐ Phone numbers on NTT list do match IC+ profile
- Adherence CAP block

Check Weigh Scales

- ☐ Several stickers on what is double counted....
- Could we centralize?

3789 - Well Experience (Jan - 400 rx/day)

Health Guide

- Kiosk - need BR points

Workflow

- Difficult to run with 2 techs. Need 3 to run drive thru
- RPh desk:

- Need to customize space
- Makeshift DPI box

Phones

- 9 in this location
- 4 wired
- 6 wireless
- About 8 employees working, including HG

Health Tablet

- Not used...have the appropriate tools without

Daily Delivery

- Cardinal - getting things that we may have dispensed
- 6pm...Sunday issue?
- Are they going to CPO?
- Should we be able to review the Cardinal orders? (Brian Eliff)

CII

- Taking 4 pictures at VPR so hard copy doesn't need to be passed over

CAP Block

- High value patient block??? Mentions "make sure the patient is signed up for Loyalty"
- How do we print patient specific messages like Med Guides?

Production

- 14 ft of bays
- Compounding shelving down under counter? (See picture)

Training

- In measles approach to rollout, how do we train in new WE stores??

Miscellaneous

- ☐ Follow up with eCom/Regulatory on scanning prescriptions into mobile devices with patient bringing a prescription into the pharmacy

3477 - High Volume POWER/GFD (Jan - 480 rx/day)

- Not all ESI is back
 - i.e. Phoenix Health plan
- AARP Med D is pretty big


Layout

- Another pharmacy to potentially cut-in in-window. Lots of space.

Daily Delivery

- Another store:
 - Review is not until 6:30 or 7:00???
 - Two day turnarounds on out of stock
- This store seems to be getting their deliveries on time
- Overnight RPh will have less to complete...already impacted by POWER

GFD

- Pain clinic nearby (27th ave/)??
 - Dozen prescribers in this location
 - Seem to be a mix of good and bad patients coming out of this location
- Fake clinics
- Lots of **forgeries** at this location
- Seeing scripts from FL
 - Filled the first one, then declined after others were brought
- 3 Binders
 - Forgeries
 - Refusals
 - GFD put in patient comments
 - Did not delete out of the profile but had annotations
 - Probably turned away
- Refill too soon could be documented as refusal
- Reducing oxy 15 by a few bottles every week
 - Not impacted by ceilings
-  Tasha - Store walks ask about "is GFD being practiced?" Should communicate what we need to be looking for?