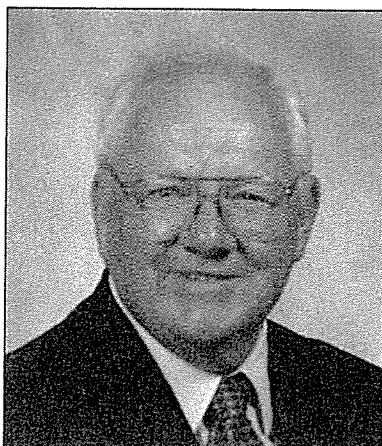
1999 Remington Medalist



CARL FRANKLIN EMSWILLER, JR.

Carl Franklin Emswiller, Jr. was born in Washington, D.C., October 21, 1935, and graduated with a B.S. degree in Pharmacy 1962 from the Medical College of Virginia. The same year, he joined Eugene V. White in Berryville, Virginia, as an associate pharmacist. In 1968, he purchased his own pharmacy in Leesburg, Virginia; in 1974 he moved his practice to the Jackson Professional Building in Leesburg converting it to a clinically oriented office practice which he operated until his retirement in 2000. He served as associate clinical professor for his alma mater's clerkship program 1973-2000; Northern Virginia Society of Pharmacists secretary-treasurer, vice president, and president 1963-1966; Virginia Pharmaceutical Association executive council 1965-1968; Virginia State Board of Pharmacy chairman 1991-1993; and American College of Apothecaries vice-president, president, and Board chairman 1990-1994.

Emswiller joined the American Pharmaceutical Association in 1962, serving APhA Academy of Pharmacy Practice executive board 1975-1979; *American Pharmacy* editorial advisory board 1977-1982; APhA Educational Affairs Committee chairman 1980; reviewer for several editions of the *Handbook of Nonprescription Drugs*; and was elected in 2001 to the APhA Foundation board of directors. He was also inducted into the National Academies of Practice in 2000 serving as Pharmacy Section vice chairman.

A Road Less Traveled

Carl Franklin Emswiller, Jr.

The 1999 Remington Medal was presented March 7, 1999, during the American Pharmaceutical Association annual meeting in San Antonio, Texas, March 5-9, 1999. Emswiller's address was published in the *Journal of the American Pharmaceutical Association*, Supplement 1, pp. 1-3, July-August 1999.

I have been fortunate in my career by having been associated with extraordinary people. The first was my dean, Warren E. Weaver. The second was Eugene V. White, a community pharmacist in Berryville, Virginia. The third is George Archambault, the 109th president of the American Pharmaceutical Association. These three have had a profound impact on American Pharmacy and it has been my good fortune to have known all of them on a very personal basis.

The 1999 Remington Honor Medal is the most significant recognition and honor that I have ever received. I was fortunate to have been a participant in the Remington Honor Medal program in April 1979 when the 1978 recipient, Eugene V. White, was honored. Having been an associate of Gene's for six years, I did not think I would ever be happier or more proud than I was for Gene that night. And I must admit, it was not a road that I ever thought of as one which I would ever travel.

I chose the title of my address, "A Road Less Traveled," based on the poem by Robert Frost entitled *The Road Not Taken*. In this poem, the speaker approaches a point where two roads diverge, and he chooses the "one less traveled," rather than the "road not taken."

The very first good thing to happen to me after I passed my state boards was to become associated in practice with Eugene White in Berryville, Virginia. Gene had already converted his pharmacy into an office practice when I joined him in 1962. His tutelage and leadership in the profession of pharmacy would set examples and standards for me that are still in place some 37 years later. Early in my career, through Gene's leadership and contacts, I was exposed to many other top leaders in pharmacy. It seemed like the whole world of pharmacy came to Berryville to see this new way of practice Gene had created.

For those who could not come to Berryville, the APhA and McKesson and Robins collaborated and built a prototype of what was then called "The Pharmaceutical Center" which premiered in 1965 at the APhA's annual meeting in Detroit. Seven pharmacists who were already practicing in this environment staffed the exhibit to explain the various areas of the practice in an office setting. I was assigned to the patient medication records area to explain the information pharmacists should collect from patients in order to use these records in practicing "clinical pharmacy" or "pharmaceutical care."

It was an exciting time in pharmacy. The profession was charged; you could feel it in the conversations at that meeting. Many pharmacists waited in long lines for hours to go through the exhibit again and again. Those of us who staffed the exhibit literally talked until we began to lose our voices. I can remember being especially impressed when one pharmacist told me, "This is my third time through this exhibit and I've got

just one more question." Just think of the hours this pharmacist waited to ask one more question. Now I realize that we were just beginning to learn what patient information we needed to gather and how to organize it and use it in a meaningful way.

Computers were still not in wide use, and the records we kept and used were manually transcribed.

Upon return from that exciting meeting in Detroit, Gene and I had conversations that led us to believe that all of community pharmacy practice would be in an office setting by the year 2000. After all, why not? Wasn't this a new opportunity to practice pharmacy as so many pharmacists said they wanted to practice? Wasn't this yet another road to travel?

I believed it was, and so in 1968 I left Berryville to purchase my own practice in Leesburg, Virginia. While the practice I bought was a traditional pharmacy, from the first day I took over I used patient medication records. It took some time for patients and physicians to understand how what I did in my practice could benefit them, and little by little they accepted the benefits. In 1974 a medical office building was constructed near the local hospital in Leesburg. Many of the physicians relocated their practices into this building, and they encouraged me to move my practice into the building. I did and made it an office practice. Nothing commercially on display. A truly professional environment.

I also added one more thing that I considered vitally important, a private area to talk with patients. This consulting office has been and is being used for various patient monitoring activities, such as blood pressure, glucose and cholesterol screenings. It has become a patient education area as well as a private consulting area.

I continued to develop and revise patient information forms that would help me to become a stronger and more useful part of the triage between the pharmacist, the patient, and the physician. While some of these forms are still used, there is no doubt that the use of computers has increased our capacity to perform important functions for the patient.

Now we are on the eve of the new millennium, but not all of community pharmacy practice is in an office setting. I have to wonder why? Was it that we did not really believe we could perform these new functions? Were we not educated enough in patient care to practice differently than we had in the past? Did all pharmacy practitioners, as well as academia, and industry, really believe this was the future of community practice?

If we did, then I am at a loss to explain where we are in community practice on the eve of the new millennium. We had 30 years to make beneficial and useful changes, yet it seems it was not until OBRA laws demanded that we perform certain functions that we even began to prepare for practice in the next century.

Pharmacotherapy should be our forte today, and I now believe that it will be in our future. It will happen as we continue to educate and train for it, and it is a natural progression of pharmacy practice. Our success may come down to convincing managed care payers that we are the very best there is in performing that function. I am convinced, however, that we will meet the challenge and overcome the obstacles.

I have now been in my current practice setting for over 25 years. I have been there because I chose to be there. I have been privileged to do what I have been doing and it gives me a great sense of pride to say that I am a community pharmacy practitioner. But not all pharmacists have traveled the same road. I am particularly saddened by those young pharmacists who after only a year or two in practice are so disillusioned that some even say, "I hate pharmacy."

Let's examine some of the reasons young pharmacists are disillusioned with their profession after only a short time in practice. "Not enough time." "The workload doesn't allow me to counsel patients about their medications like I know I can." I hear these comments from young pharmacists nearly every day.

Managed care has said that reduced fees can be made up in volume. However, this

practice only allows the pharmacist less time per patient and so we begin to take away the opportunities of what we are training pharmacists to do. The beginning of frustration!

Next, transmitting medication claims electronically sounds good until you can't get a claim through because of a returned electronic message that reads, "Patient coverage terminated," or "NDC not covered," or "Refill too soon," or "Use alternate brand," or "Brand name not covered." These are only a few of the reasons for unsuccessful adjudication of claims but each takes important time away from the pharmacist. Then there is the situation of a change in the patient's co-payment that no one has been advised of, or the patient has ignored, or is unaware of.

You can guess the conversation that occurs when a patient expects a $5 or $10 dollar co-pay and is met with a $20 co-pay. Again, pharmacist's time is taken up with dissatisfying functions. The result is, again, frustration. This is only compounded further by management and managed care both saying, "do more volume." But the economics of it say you must do it with less help because the economics of it does not allow for the help that is required. A frustrating situation. This situation must change and I believe it will. Managed care and insurance companies will eventually recognize the pharmacist's value and proper payment for these services will have to follow.

I am saddened also by what the pharmaceutical benefit managers, insurance companies, and managed care companies have done to our profession. I am concerned about the negative effect these forces have on health care in general. Patient's feel they are just a number and health care is no longer important.

While I do not pretend to know the ultimate road health care will travel, I do hope pharmacy will never lose sight of the fact that good health care, and, yes, good pharmacy care has and always will be a one-on-one situation. Whatever path we take to get us from where we are to where we are going will always require our efforts to be one-on-one.

That, I believe, is our great opportunity. It is a challenge, to be certain, with all that is going on within our profession, but it is also an opportunity. And that is where we can become very excited about the future of this profession. What is there to be excited about in the future? To name a few:

- Disease State Management: Asthma, diabetes, cholesterol, hypertension and anticoagulation management are but a few of the things in which pharmacists are becoming involved. While Mississippi is the first state to have Medicaid pay for the pharmacist's work in these areas, I am convinced others will follow. The next logical step is for private insurance to also cover these services.
- Prescribing Authority: Twenty-three states already allow pharmacists to write and change prescription orders under a physician's supervision. Nineteen other states have it under consideration. We have the documentation that proves we can save money in the health care system and can provide better patient care at the same time. But it cannot be done the way managed care is currently leading us. We must, therefore, take another road.
- Compounding: This has always been an exclusive legal right of this profession. We got away from it as manufacturers continued to proliferate, but there will always be a need to have a pharmacist individualize medications. Each person is different and so are their needs. Again, pharmacists have the skills to maximize medication outcomes necessitated by individual patient needs.

I believe that the opportunities for pharmacists in the next millennium will be exciting. I experienced that kind of excitement over 30 years ago when I entered this profession. Now I am near the end of my career, but if I were just starting out I think I could get just as excited now as I was then. There will be challenges and new destinations,

and there will be new roads to get us there, but I truly believe the best is yet to come.

I would be remiss at this time if I did not acknowledge the support, encouragement and love rendered me by my wife, Jewell. She has always been there and enabled me to do so many of the things in life that I have done. In many ways, she has been one of pharmacy's strongest advocates. She knew the story and never hesitated to tell it like it was. I am very thankful to her for the road we have traveled together. ■