How Chaos at Chain Pharmacies Is Putting Patients at Risk

Pressure mounts for CVS, many doctors and pharmacists say, to hire more pharmacists even more likely. "I am a danger to the public," one wrote to a regulator.

Video by Jessica M. Langer for The New York Times

Sean Gardner
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For Alyssa Wagman, the medication stop-ensure is pounding headache, nausea and dizziness. In September, Wagman, a 25-year-old from Connecticut, was about to take another anxious pill when she realized CVS had mistakenly given her blood pressure medication intended for someone else.

Edward Hudson, 39, waited in an emergency room, his eyes swollen and his throat closing, after a CVS pharmacy five days in November gave him a drug he had a reaction. A Walgreens in Illinois had accidentally supplied him with our drugs — not just drugs.

For Mary Schwarzman, 83, 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 a blood thinner because the doctor had prescribed. She died since two weeks later.

The people most surprised by such mistakes are pharmacists working in some of the nation's biggest retail chains.

In letters to state regulatory boards and in interviews with The New York Times, many pharmacists at companies like CVS, Rite Aid and Walgreens described understaffed and chaotic workplaces where they said it had become difficult to perform their jobs safely, putting the public at risk of medication errors.

They attribute to 60 prescriptions, plus the shots, read the drive-through, answer phones, work the register, control patients and fill out insurance paperwork. Many said CVS, Rite Aid and Walgreens racing to meet corporate performance metrics that they characterized as unreasonable and unsafe in an industry squeezed to do more with less.

"I am a danger to the public working for CVS," one pharmacist wrote in a complaint letter to the Texas State Board of Pharmacy in April.

"The amount of busywork we must do while verifying prescriptions is absolutely dangerous," another wrote to the Pennsylvania board in February. "Mistakes are going to be made and the patients are going to be the ones suffering."

[Read how you can protect yourself against medication errors.]

State boards and associations in at least two dozen states have issued warnings in the last two years, the Times found, with requests for refills that patients have accidentally left and should not receive. Such refills are closely tracked by pharmacy chains and can factor into employee bonuses.

Michael Jackson, chief executive of the Florida Pharmacy Association, said the number of complaints from members related to staffing cuts and worries about patient safety had become "overwhelming" in the past year.

CVS drive-thru signs at a store in New York on Oct. 7. CVS pharmacies have 60 prescriptions to fill, plus the shots. Jessica M. Langer for The New York Times

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 practices have led to overdoses and hospitalizations, and it has 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 out of them," said Dr. Bruce Schwartz, a psychiatrist in New York and the group's president.

A spokesman for CVS said it had created a system to address the issue, but Dr. Schwartz said complaints persisted.

Regulating the chains — five rank among the nation's 100 largest companies — has proved difficult for state pharmacy boards, which oversee the industry but sometimes allow company representatives to serve on the boards. Walgreens's board, for instance, includes a lawyer for CVS and a director of pharmacy affairs at Walgreens.

Aside from creating potential conflicts of interest, the industry presence can stifle complaints. "We are afraid to speak up and lose our jobs," one pharmacist wrote in a complaint letter to the board in a survey by the Missouri Board of Pharmacy. TO LEAD SELF

Officials from several state boards told The Times they had limited authority to dictate how companies run their businesses. Efforts by legislatures in California and elsewhere have been unsuccessful in substantially changing how pharmacies operate.

A majority of state boards do not require pharmacies to report errors, let alone conduct thorough investigations when error occur. Most, however, focus on pharmacists, not the conditions in their workplaces.

In public meetings, boards in at least two states have instructed pharmacists to quit or speak up if they believe conditions are unsafe. But pharmacists said they feared retaliation, knowing they could easily be replaced.

The industry has been squeezed amid declining drug reimbursement rates and cost pressures from administrators of pharmacy benefits, the middlemen between drugmakers and the five major players. About 70 percent of prescriptions nationwide are dispensed by chain drugstores, supermarkets or retailers like Walmart, according to a 2019 Drug Channels Institute report.

CVS pattern a quarter of the country's total prescription revenue and dispenses more than a billion prescriptions a year. Walgreens captures almost 20 percent. Walmart, Kroger and Rite Aid fall next in line among brick-and-mortar stores.

In statements, the pharmacy chains said patient safety was of paramount importance. They said they were improving medication dispensing. Investment in technology such as scanning has increased safety and efficiency, the companies said. They denied that pharmacists were under extreme pressure or faced reprisals.

"When a pharmacist has a legitimate concern about working conditions, we encourage them to speak up and we will listen and help," CVS said in a statement. Walgreens cited its confidential employee hotline and said it made "clear to all pharmacists that they should never work beyond what they believe is advisable."

Errors, the companies said, were regrettable but rare; they declined to provide data about mistakes.

The National Association of Chain Drug Stores, a trade group, said that "pharmacists consider even one prescription error to be one too many" and "seek continuous improvement." The organization said it was "committed to improving patient relationships" between errors and pharmacists' workload.

The specifics and severity of errors are nearly impossible to tally. Aside from few reporting requirements, many mistakes never become public because companies settle with victims or their families, often requiring a confidentiality agreement. A CVS form for staff members to report errors asks whether the patient is a "family member" or "friend" of the pharmacist. Rite Aid, which said in a statement it would not provide details on what it called its "escalation process."

CVS forms for pharmacy staff members to report errors asks whether the patient is a "family member."

The last comprehensive study of medication errors was over a decade ago. The Institute of Medicine estimated in 2006 that such mistakes harmed at least 1.5 million Americans each year.

Jonathan Lewis said he waited and had with 70 minutes late summer after discovering his antidepressant prescription had been refilled with another drug.

Ms. Lewis, 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," Ms. Lewis said recalling long lines inside the Las Vegas store and at the drive-through when he picked up the prescription.

Pharmacists have written to state regulatory boards about their safety concerns.

"My fellow pharmacists and pharmacy technicians are at our breaking point. Chain pharmacy practices are preventing us from taking care of our patients and putting them at risk of dangerous medication errors."

Note: Source: pharmacists

Too Much, Too Fast

The day before Wesley Dickman quit his job as a pharmacist at CVS, he worked a 12-hour shift with no breaks for lunch or dinner, he said.

As the only pharmacist on duty that day at the Leland, N.C., store, Dr. Dickman filled 332 prescriptions — about one every minute and a half, he calculated afterward. He also had to read the prescriptions and staffing the drive-through, he said. Partway through his shift the next day, in December 2018, he called his manager.

Wesley Dickman, who now runs an independent pharmacy, left a job at CVS because of conditions he described as unsafe. Jessica M. Langer for The New York Times

"I said, 'I am not going to work in a situation that is unsafe,' I shut that down and left," said Dr. Dickman, who now runs an independent pharmacy.

Dr. Dickman felt that the multitude of required tasks distracted from his most important jobs: filling prescriptions accurately and counseling patients. He had begun the practice manager to schedule more pharmacists, but the request was denied, he said.

CVS said it could not comment on the "individual concerns" of a former employee.

With more than 10,000 pharmacies across the country, CVS is the largest chain and among the most aggressive in imposing performance metrics, pharmacists said. Both CVS and Walgreens set bonuses to achieving them, according to company documents.

Nearly everything is tracked and scrutinized: phone calls to patients, the time it takes to fill a prescription, the number of immunizations given, the number of customers signing up for 90-day supplies of medication, to name a few.

Staff members were supposed to pressure 65 percent of patients into accepting 90-day supplies of medication, for example, according to a switch to 90-day supplies from 30-day, and 75 percent to have the pharmacy contact their doctor with a "proactive refill request." If a prescription was expiring or had no refills, the documents show.

Pharmacy staff members are often expected to call dozens of patients each day, based on a computer-generated list. They assessed on the number of patients they reach, and the number who agree to their requests.

Representatives from CVS and the Walgreens said metrics were meant to provide better patient care, not penalize pharmacists. Some are related to reimbursements to pharmacists by insurance companies for patient services. CVS said it had halved its number of metrics over the past 18 months.

But dozens of pharmacists described the emphasis on metrics as burdensome, and said they faced backlash for failing to meet the goals or suggesting they were unrealistic or unsafe.

"Any chance perceived by corporate is met with a target placed on one's back," an unnamed pharmacist wrote to the South Carolina board last year.

In comments to state boards and interviews with The Times, pharmacists explained how staffing cuts had led to longer shifts, often with no break to use the restroom or eat.

"I certainly make more mistakes," another South Carolina pharmacist wrote to the board. "I had two mistills in three years before corporate staffing and now I make 10-12 per year (that are caught)."

Much of the blame for understaffing has been directed at pressure from companies that manage drug plans for health insurers and Medicare.

Acting on middlemen between drug manufacturers, insurers and pharmacies, the companies — known as pharmacy benefit managers, or P.B.M.s — have pressured independent pharmacies the more than $100 billion spent on outpatient prescription drugs in the United States annually.

The benefit managers charge fees to pharmacies, and have been widely criticized for a lack of transparency and applying fees inconsistently, by a jump to the Department of Health and Human Services in September, a bipartisan group of senators noted an "increasing number of high-percent increases" in fees paid by pharmacies from 2010 to 2017.

While benefit managers have caused economic upheaval in the industry, some pharmacy chains are players in that market too: CVS Health owns CVS Caremark, the largest benefit manager; Walgreens Boots Alliance has a partnership with Prime Therapeutics; Rite Aid owns a P.B.M., too.

Walgreens Boots nearly 30 percent of the United States' total prescription revenue. Jonah Bloch for The New York Times

The Pharmaceutical Care Management Association, the trade group representing benefit managers, contends that they make prescriptions more affordable, and pushes back against the notion that P.B.M.s are responsible for pressure on pharmacies, instead of a competition market.

Pharmacists have written to state regulatory boards about their safety concerns.

"I am expected to make 50-100 phone calls in addition to answering phone calls, consultations, vaccinations and prescription verification. This has resulted in dispensing errors. A member of our staff enabled a narcotic prescription for immediate release rather than extended release which resulted lackluster patient fatigue, but it could have easily been deadly."

South Carolina pharmacist

Falling Through the Cracks

Dr. Mark Lapatin, a rheumatologist in Pennsylvania, says he is inundated with refill requests for almost every prescription he writes. At times Dr. Lapatin prescribes drugs intended only for a brief treatment — a steroid to treat a flare-up of arthritis, for instance.

But within days or weeks, he said, the pharmacy sends a refill request even though the prescription did not call for one. Each time, he said, he must call the pharmacy to confirm the request is warranted. About half are not, he said.

Aside from creating unnecessary work, Dr. Lapatin believes, the flood of requests poses a safety issue: "When you are bombarded with refill after refill, it's easy for things to fall through the cracks, despite your best efforts," he said.

Pharmacists told The Times that many unwanted refill requests were automatically generated by computers based on prescription sales. Others were the result of phone calls from pharmacists, who said they faced pressure to reach quotas.

In February, a CVS pharmacist wrote to the South Carolina board that cold calls to doctors should stop, explaining that a call was considered "successful" only if the doctor agreed to the refill.

"What this means is that we are overwhelming doctor's office staff with constant calls, and patients are often kept on medications that is unneeded for extended periods of time," the pharmacist wrote.

CVS says outreach to patients and doctors can help patients stop up-to-date on their medications, and lead to lower costs and better health.

Dr. Rachel Pedapati, a psychiatrist in North Carolina who says she sometimes receives refill requests for medications she has not put her patients on(as they never asked their pharmacy to contact her).

While Dr. Pedapati has a policy that patients must contact her directly for more medication, she worries about critics whose prescriptions may go rattler unanswered in a flurry of requests. They include people who have moved, people who are elderly ill — may continue taking medications unnecessarily, she said.

The American Psychiatric Association has been trying to tackle a related problem after hearing from members that CVS was giving patients larger supplies of medication than doctors had directed.

While it is common for pharmacies to dispense 90 days' worth of maintenance medications — to treat chronic conditions like high blood pressure or diabetes — doctors say it is inappropriate for other drugs.

For example, patients with bipolar disorder are often prescribed lithium, a potentially lethal drug it takes to excess. It is common for patients to take it for years, but doctors say it is safer to limit the number of pills dispensed at once, especially if the person is considered a suicide risk.

But increasingly, the psychiatric association has heard from members that smaller quantities specified on prescriptions are being ignored, particularly by CVS, according to Dr. Schwartz, the group's president.

Dr. Pedapati created a system where doctors can register and request that 90-day supplies not be dispensed to their patients. But doctors report that the registry has not solved the problem, Dr. Schwartz said. In a statement, CVS said it continued to "refine and enhance" the program.

Dr. Charles Dooley, a psychiatrist in Rhode Island, became so concerned by the practice that he started stamping prescriptions, "Do not fill before 90 days." Despite his explicit medical instructions, Dr. Dooley said, he received faxes from CVS saying his patients had asked for — and been given — 30-day supplies.

Dr. Dooley, who retired in December, said it was a "traditional lie" that the patients had asked for the medication, providing statements from patients saying as much.

"I am disgusted with this," said Dr. Dooley, who worries that patients may attempt suicide with excess medication. "There are going to be people dead only because they have enough medication to do the deed with."

'We Already Have Systems in Place'

Alisa James never learned that the mistake cause about that he says killed his 85-year-old mother, Mary Schwarzman, in 2010.

He knows he picked up the prescription at the pharmacy in a Walgreens in Jacksonville, Fla., and gave it to his mother, 85, in such morning. He knows that after six days, she turned pale, her blood pressure dropped and she was rushed to the hospital.

Mary Schwarzman died in December 2010 after taking a blood thinner that was mistakenly dispensed by a Walgreens pharmacy. Her son, Mr. James, filed a lawsuit accusing the company of wrongdoing. Scott Lewis, Associated Press

Mr. James remembers a doctor telling him his mother's blood had a very low concentration of a blood thinner, causing her cancer. But Mrs. Schwarzman died before learning that the wrong medication was taking an antidepressant. Mr. James said a pharmacy employee later confirmed that someone had mistakenly dispensed medicineteam.

Five days after entering the hospital, Mrs. Schwarzman died, with organ failure listed as the lead cause, according to medical records cited by Mr. James.

The Institute for Safe Medication Practices has warned about mistakenly dispensing blood thinners, a common practice that deadly when taken incorrectly. Mr. James reported the pharmacy's error to the group, writing that he wanted to raise awareness about the drug and pass Pedda, one of the country's largest supermarket chains, to "clean up" its pharmacy division, according to a copy of his report provided to The Times.

Terrell, a friend visit for the drug medicineteam, and he is unable to sleep nearly

The company acknowledged the mistake and offered a settlement, Mr. James wrote, but would not discuss how to avoid future errors, saying, "We already have systems in place."

Last September, Mr. James told The Times that Pedda wanted him to sign a confidentiality agreement prohibiting him from speaking further about his mother's death. Mr. James has since declined to comment, saying that the matter was "amicably resolved."

A spokeswoman for Pedda said privacy laws prevented the company from commenting on specific patients.

It can be difficult for patients and their families to decide whether to accept a settlement.

Last summer, CVS offered to compensate Kelsey and Donovan Wallace, who had been given a medication they were allergic to and had been giving their 4-month-old for two months was actually a steroid. To be safely weaned, the baby had to keep taking it for two weeks after the error was discovered.

"It was like he was coming out of a bag," Mrs. Sullivan recalled.

Kelsey and Donovan Wallace with their son, Finnegan. Last year, a CVS Pharmacy dispensed a steroid to the baby in place of a Pillsy antibiotic. Jessica Rinaldi, for The New York Times

The couple, from Minnesota, are still considering a settlement but haveof agreed to anything because they don't know what long-term consequences their son might face.

The couple accepted a $1,500 gift card to cover out-of-pocket costs, but refused a $25,000 settlement.

Walgreens, the Connecticut teenager with asthma, listed her camera name and medication, but the battle inside had someone else's name.

Directions on the prescription for Mr. Walker, the Illinois man who ate eye drops instead of eye drops from Walgreens, were clear:

The pharmacy staff at CVS Pharmacy in Jacksonville, Fla., where a mistake in dispensing medication for Ms. Wallace, the Connecticut teenager with asthma, listed her camera name and medication, but the battle inside had someone else's name.

"Instill 1 drop in both eyes every 6 hours." He later saw the box: "For use in ears only."

In September, Stefanie Davis, 31, got the right medicine, Adderall, but the wrong dose. She pulled over on the interstate after feeling short of breath and dizzy with blurred vision. The pills, dispensed by a Walgreens in Sun City Center, Fla., were each 30 milligrams instead of her usual 20. She is fighting with Walgreens to cover a $900 bill for her visit to an emergency room.

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Fixes That Fall Short

State boards and legislatures have wrestled with how to regulate the industry. Some states have adopted laws, for instance introducing mandatory lunch breaks or limiting the number of technicians a pharmacist can supervise.

But the laws aren't always followed, can be difficult to enforce or can fail to address broader problems.

The National Association of Chain Drug Stores says some state boards are blocking meaningful change. The group, for instance, wants to free up pharmacists from some tasks by allowing technicians, who have less training, to do more.

It also supports efforts to change the insurance reimbursement model for pharmacies. Health care services provided by pharmacists to patients, such as prescribing birth control, are not consistently covered by insurers or allowed in all states. But it has been difficult to find consensus to change federal and state regulations.

While those debates continue, some state boards are trying to hold companies more accountable.

For Mrs. Sullivan's infant to safely wean off the high-dose steroid he was given by mistake, he had to keep taking it for two weeks after the error was discovered. Nina Robinson for The New York Times

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Often when an error is reported to a board, action is taken against the pharmacist, an obvious target. It is less common for a company to be scrutinized.

The South Carolina board discussed in November how to more thoroughly investigate conditions after a mistake. It also published a statement discouraging quotas and encouraging "employers to value patient safety over operational efficiency and financial targets."

California passed a law saying no pharmacist could be required to work alone, but it has been largely ignored since taking effect last year, according to leaders of a pharmacists' union. The state board is trying to clarify the law's requirements.

In Illinois, a new law requires breaks for pharmacists and potential penalties for companies that do not provide a safe working environment. The law was in response to a 2016 Chicago Tribune investigation revealing that pharmacies failed to warn patients about dangerous drug combinations.

Some states are trying to make changes behind closed doors. After seeing results of its survey last year, the Missouri board invited companies to private meetings early this year to answer questions about errors, staffing and patient safety.

CVS and Walgreens said they would attend.

Research was contributed by Susan C. Beachy, Jack Begg, Alain Delaquérière and Sheelagh McNeill.

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