

COMMENTARY: CVS tobacco decision – applause, then a pause

BY DAVID HILL, M.D.

As primary care physicians who care for children, our first response to the recent announcement by CVS/Caremark that they would stop selling tobacco products in all their stores should be to applaud. As soon as we're done, however, we should ask ourselves: Why would the nation's second-biggest drugstore chain relinquish \$2 billion a year in sales? The answer to that question should be a wake-up call to us all.

First, the good news: Although pharmacy sales of tobacco reportedly account for only 5% of U.S. purchases, any time kids and parents in our practices can avoid the temptation presented by a wall of tobacco products is a good day. We can only hope that other pharmacies follow suit for fear that doctors everywhere

will steer patients toward CVS. Unfortunately, I suspect that the tobacco industry has little to fear from this development.



DR. HILL

Next comes the concerning news: Physicians' offices don't sell cigarettes, and comments from CVS president and CEO Larry J. Merlo make it clear that's where the company is heading with this.

"As the delivery of health care evolves with an emphasis on better health outcomes, reducing chronic disease, and controlling costs, CVS/Caremark is playing an expanded role in providing care through our pharmacists and nurse practitioners.

"Put simply, the sale of tobacco products is inconsistent with our purpose," Mr. Merlo said.

CVS already runs more than 800 MinuteClinics in 28 states and the District of Columbia, staffed by nurse practitioners. Additionally, they are the only pharmacy chain equipped with a huge pharmacy benefits management company, Caremark. CVS knows where the growth is, and it's not in a tobacco field.

Why do executives and shareholders seem so sanguine about getting out of the tobacco business? Because they are doubling down on their investment in our business. If that doesn't scare you just a little, you're either not involved in patient care, or you're not paying attention.

How are you going to compete with CVS/Caremark? Do you have walk-in hours? Late hours? Short wait times? Do your patients understand

the value of a patient-centered medical home with a board-certified fellow of the American Academy of Pediatrics at its helm? Are you joining an accountable care organization?

It will take CVS months to empty its stores of tobacco products. If you walk into one of those stores in the meantime, take a good look at the cigarette display and ask yourself, "What are they going to replace those with?" Unless you're prepared to compete, the answer may well be "your patients."

Dr. Hill is vice president of Cape Fear Pediatrics in Wilmington, N.C., and adjunct assistant professor of pediatrics at the University of North Carolina at Chapel Hill. Dr. Hill said he had no relevant conflicts of interest. Scan the QR code to read more commentaries at familypracticenews.com.



COMMENTARY: Tobacco ban shows CVS takes health care seriously

BY JON O. EBBERT, M.D.

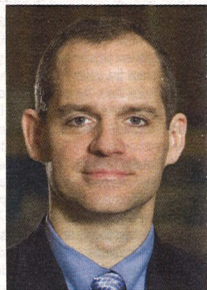
CVS Pharmacy, the nation's second largest pharmacy and 13th largest company in the world, threw down the gauntlet to other pharmacy chains and vowed to stop selling tobacco products by Oct. 1, 2014.

As a retail pharmacy division of CVS Caremark, CVS Pharmacy is a drug store chain, a pharmacy benefit manager, and a leading retail health care provider. They have the "MinuteClinic" retail health clinics and can provide assistance with blood pressure and blood sugar management. In this sense, eliminating the sale of cigarettes is akin to removing cigarettes from the gift shops of hospitals and medical clinics. The major difference is that hospitals and clinics carried cigarettes as convenience items; for a company such as CVS Pharmacy, tobacco provided more than \$1.5 billion in annual sales.

This is no small gamble. But it's one that will hopefully pay off.

First of all, it's the right thing to do in the interest of public health; 480,000 Americans still die of tobacco-related diseases annually. Second, the media attention and accolades received from President Obama, the American Medical Association, and the Campaign for Tobacco-Free Kids will, however short lived, bring recognition to the brand. CVS Pharmacy will now be identified as being concerned not only about pa-

tients who fill their prescriptions there, but also about the health and well-being of the communities in which the pharmacies operate. If another pharmacy chain follows suit, great, but CVS was first.



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This attention will also garner attention to the other health care services that the retail chain provides, and it will increase the likelihood that hospitals, clinics, and ACOs will partner with the company.

Retail pharmacies will undoubtedly be a significant player in the delivery of health care, and medical organizations should be partnering with these companies.

Unlike large medical institutions, which may be slow to action, a company like CVS could be more nimble and able to implement models of care in many of its more than 7,600 stores.

This could have a true population impact – arguably, more of an impact than training more physicians to provide care using traditional models. CVS's announcement demonstrates that they are a willing and able partner in improving public health and engaging in health care delivery.

Dr. Ebbert is professor of medicine at the Mayo Clinic, Rochester, Minn. He disclosed financial relationships with Pfizer and GlaxoSmithKline, manufacturers of tobacco-dependence treatments. Scan the QR code for more commentaries at familypracticenews.com.



COMMENTARY: CVS made the right move

BY DEBRA PATT, M.D.

For decades, it has been counterintuitive that pharmacies that deliver health promotion products and are Medicare and Medicaid providers also distribute tobacco products to their patients. That an average patient can get antihypertensive medications, cholesterol-lowering drugs, and a pack of cigarettes – all from the same place – is misaligned.

So it was the right move for Larry J. Merlo, president and CEO of CVS/Caremark, to announce that CVS pharmacy will stop selling tobacco products in their stores this October. Cigarettes, cigars, and chewing tobacco will all be phased out. This will occur in combination with efforts from CVS for a tobacco cessation program to help to promote wellness among their customers.

This is certainly in the best interest of their customers' health, but may come with some economic complications

for the company. Today, 19% of Americans smoke as compared with more than 40% in the mid-1960s, according to data from the Centers for Disease Control and Prevention.



DR. PATT

Despite the tremendous reduction in smoking prevalence, tobacco sales still comprise an important source of revenue for pharmacies. Discontinuing their sales may come with some economic burden.

As more pharmacies, and particularly CVS pharmacy, move to a model of facilitating wellness by offering retail health clinics, labs, and vaccinations, in addition to more traditional pharmacy services, it makes sense that they will make choices in alignment with patient-centered wellness. It is likely that other pharmacies will also follow CVS's lead. To not move in that direction of promoting health better would discredit the other service offerings to promote care delivery.

While this change today is

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the results researchers, doctors, mothers, and babies need.



Dr. Brabant and Dr. Elovitz had no disclosures. Scan the code for more blogs at familypracticenews.com.

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monumental, it is necessary to promote the health of patients. As a cancer care provider, I hope that all health care providers will act in alignment of promoting wellness and reducing the burden of disease from tobacco. It is likely that this decision

on the part of CVS to decrease pharmacy access to tobacco products will do more to reduce the burden of morbidity and mortality from tobacco use in the next decade than all of the drugs that they will distribute.

Dr. Patt is a practicing oncologist at Texas Oncology in Austin. She is the

medical director for both healthcare informatics and the pathways task force at the US Oncology Network/McKesson Specialty Health and chairs the cancer committee at the Texas Medical



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