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Todd Eury: Hey there Pharmacy Podcast Nation, Todd Eury here. Before you listen to the latest podcast, I want to tell you about the Avadim Health podcast series. Avadim Health identifies unmet needs and addresses them in a way nobody has with a portfolio of advanced safe product solutions across a broad range of health and wellness areas, including a well known product that has supported the Pharmacy Podcast Network for some time for your patients suffering with restless leg syndrome and muscle cramps, Theraworx relief. I use this myself.

Todd Eury: The Avadim Health podcast series is a three part series. Find it on Google by searching Avadim, spelled A-V-A-D-I-M, Avadim and search Avadim Health podcast. It's a really interesting discussion on non-opioid pain relief, which we all know we need more longterm non-opioid pain relief solutions. Check it out. And remember to subscribe on Apple podcast to the Pharmacy Podcast Network's entire library of content and thank you for listening to the Pharmacy Podcast.

Speaker 1: Welcome to the Pharmacy Marketing Simplified podcast, part of the Pharmacy Podcast Network. Pharmacy Marketing Simplified focuses on easy and proven marketing tips from pharmacy owners and industry experts to leverage in your independent pharmacy business. This podcast is all about pharmacy marketing and how to be successful in today's competitive marketplace.

Nicolle McClure: Welcome to the Pharmacy Marketing Simplified podcast, part of the Pharmacy Podcast Network. I'm your host, Nicolle McClure, President of GRX Marketing. Today we're going to be talking about the subject of a weight loss program for your pharmacy and the keys to developing a successful one.

Nicolle McClure: So excited to have special guest with me, Dr. Kathy Campbell, founder of Dr. Kathy Weight Loss program. Kathy, welcome to the show.

Kathy Campbell: Thank you, Nicolle. Really glad to be here.

Nicolle McClure: Before we get started and dive in, can you tell our listeners a little bit about yourself?

Kathy Campbell: Sure. Well, I'm Dr. Kathy Campbell. I'm an independent pharmacist. I consider myself a clinical community pharmacist. And it's just occurred to me really over the last few months that I've been in pharmacy 30 years. I've had the profound privilege to serve my small community in Owasso, Oklahoma as a pharmacist for 27 years, and I've owned my own Medicap franchise since 2001, so we're quickly coming to the 20 year mark for that as an owner.

Kathy Campbell: I'm a mom. I've got two great girls. I'm a wife to my husband, Royce, and we're partners in life and in this endeavor. But more than anything, I am a healthcare

provider. My passion is that my patients have great lives, and what I know is health is foundational to that. I have a certain skill set that I can support them with as a pharmacist. I have a unique palette to draw from with regard to my independent pharmacy. And so I utilize that to make my difference in the world and to support the people around me in my little independent pharmacy.

Nicolle McClure: Sounds awesome. And as we'll get into, your scope has definitely branched beyond just your little independent pharmacy now. You kind of touched on it, you've been in the pharmacy industry for a long time, but I guess just in the last five years, how would you say the pharmacy industry has changed that just made you look to ... you're like, "I know I need to do something beyond just filling prescriptions to make my business successful and really just what a patient wants beyond just here's your medications." So I guess talk about how you think the industry has changed to help you look at that decision.

Kathy Campbell: Sure. Yeah. I was thinking about this, and it's interesting that you had the five year mark because we've seen a lot of changes over the last, let's say 10 years, but five years ago is when it really hit me that we have a broken business model and there was not much that I was going to be able to do to control my profitability, control my destiny if I had no control over the margin. I have no real say on how much I purchase things for. I don't have any say on how much I sell things for. So when I got really clear about that, I started asking myself, how do you be a pharmacy and not sell prescriptions?

Kathy Campbell: Now on the other part, more closer to the patient, my patients weren't getting well. There was a progression of more and more and more medications with less and less health and that was not acceptable to me. I have always been somebody ... and one thing I didn't say about my own bio is I've had a lifelong exploration into weight. I'm going to put it that way. I was obese as a child. Have been morbidly obese the great majority of my life. I grew up in a family that was such. I had a 350 pound grandpa in 1933. Nobody weighed that much during the great depression, but our family did. Clearly we were going to be the last to survive any famine.

Kathy Campbell: So you put the shifting in the environment, plus the profound need for new solutions with regard to health, plus my unique point of view and having really explored it and studied it through my own life, it was a coming together of all these things. But really it was in the question, how do you be a pharmacy and not fill prescriptions that had me go into a different solution.

Kathy Campbell: One of the problems with pharmacy is that we're kind of a one product industry and the product has evolved into, for the most part being the medication. It wasn't always that way. A lot of times it was about care. But because we have seen this huge increase in prescribing over the last decades, we've been busy trying to make sure our patients did as well as possible and weren't damaged by

these medications. So we've been really busy, so I don't fault anything. We were just kind of swept up into this and that's part of the change.

Kathy Campbell: But five years ago I really started trying to ask that question. I realized that patients can't buy products we don't sell, we don't have available. So one of the first things I had to really make available were some different products. The first one I chose was my own time. I started doing consulting by appointment and that was my first new product. And then as, uh, kind of came upon, was I was challenged to develop a weight loss system, a weight loss approach. At the same time I was actually challenged by marketing, somebody in marketing who said, "Kathy, let's do this. I think it'd be a great product. You do the clinical, I'll do the marketing," and then away we went.

Nicolle McClure: I guess on the business side you saw that you needed to evolve. Do you feel like the patient's view on their health has changed as well in the last five years? What I mean by that is do you feel like people want to become more in charge of their health and try to take the preventative measures necessary to live a longer life and maybe on less medications?

Kathy Campbell: I really do think that that is part of the evolution, but I think it comes from some of the other evolutions that have gone on in the last decade. The number one being the fact we're all carrying a little device that has access to every bit of clinical information that's ever been available in the history of humanity. We all carry that around anymore. So the amount of information that is accessible to the patient is greater than ever.

Kathy Campbell: Some see that as a negative. I see that as a positive because while patients may have all this information, valid information, they often lack the ability to apply it to themselves or interpret it, and that's where they're looking for help. I love the fact they have access to all this information because an empowered patient, an educated patient is a healthy patient. I think that was a huge evolution in that patients have other options now and to some degree it's confusing. They are looking for somebody to support them that they can trust, that can help them figure out which of this information actually applies to them.

Kathy Campbell: I fundamentally assert, and this is foundational for me, that nobody wants to be sick and nobody wants to be fat. Nobody really signs up for those for the most part. And so if you take that approach, for me, patients are looking for to know what they don't know that would make a difference for them, and that's a part of the problems that I'm trying to help patients solve.

Nicolle McClure: So do you see today that they have this information they just don't know how to put it into action as opposed to maybe five, 10 years ago they didn't even know what to do?

Kathy Campbell: Yes. The part of what's your good and bad is there's so much information. I see patients overwhelmed with the amount of information, and they are not ... Pharmacists ... I'm guilty. I think all pharmacists are guilty. We forget how much we know. The things that we take for granted in our knowledge base, most people don't know and they don't know they don't know. So they are looking for help in determining which to this information is applicable and inappropriate and should they follow.

Nicolle McClure: Got it. Can you tell our audience a little bit about Dr. Kathy Weight Loss program? What the foundation is of it, how you decided to put it together, what steps you took to determine what the program would be.

Kathy Campbell: Sure. I think foundational to the program is that weight obesity is not the problem; it is a symptom. It is fundamentally the body doing whatever it needs to do to survive and that the obesity is actually appropriate to whatever the variables, the drivers, the pressures of the physiology are having to adapt to. That's very different than what a lot of approaches are.

Kathy Campbell: I actually have to work really hard to get people convinced that they're not failures, that they, even though they eat zero and have eaten zero for 20 years, eating very little, that their body is holding on or generating fat as a survival mechanism. And that actually the fact that they were sitting across from me is to be applauded that their body actually did survive all that it's survived. So I took that foundational assertion that the body is doing appropriate things to survive the environment or survive the situation, and then I went on about trying to answer it, well, what are those things.

Kathy Campbell: Fundamentally, Dr. Kathy Weight Loss is a health coaching program. I tell my patients what I know about your body isn't near as important as what you know about your body. And everyone's unique. Everyone's biochemically, genetically, socially, historically unique. So what it really is, is an empowerment program and an education program for the patient to really start to understand their machine and then start changing variables to see what will happen.

Kathy Campbell: The byproduct of a body that is healthy and working right is a healthy weight. So it's a very different approach to eat less, exercise more. That hasn't worked. And so it's kind of a paradigm shift. It's more in the metabolic medicine type of an approach.

Kathy Campbell: We start, we do look at nutrition and believe it or not, it's not eat less and exercise more. I actually think you got to eat a heck of a lot of the right stuff. I haven't had seven servings of vegetables for the last 50 years. Why? The culture doesn't make it very easy, and I've lived in a pharmacy and it was all I could do to get lunch. Right?

Nicolle McClure: Right.

- Kathy Campbell: The cultural phenomena has it that we are not getting the proper nutrition, the proper chemistry to run our machines.
- Kathy Campbell: We talk about nutrition. The food, I tell them is the easy part to do. It's not easy, but it's the easy part. We do cover that. We do look at detoxification. We encourage detoxification through the diet. We may use a detoxification protocol for that. I look at culture immensely, and we coach a lot on culture because culture is the water to the fish. What I mean by that is it's all the stuff around us that is pushing on us that we have to survive that often we don't even know is making a difference on our physiology. And so does the fish know he's swimming in water? Well, likely not?
- Kathy Campbell: So part of the program is for us to do a deep dive into to some degree their life. What are the stressors? What are the positives? What are the time constraints? What are the genetics? What are the medications?
- Kathy Campbell: Another key component that makes it such a perfect fit for a pharmacist to be involved, that's why I'm a huge advocate for pharmacists leading this, is the interactions of chemistry in this machine. We know medications make it worse. We know there are a lot of medications that create nutrient deficiencies. More than that, there are medications that overtly cause deficiency and cause the body not to function properly with regard to absorbing nutrients, and the side effect is obesity.
- Kathy Campbell: So pharmacists are uniquely situated. Once we can get them looking at that fundamental level, that chemical level, pharmacists are perfect to be able to help this.
- Kathy Campbell: We do a nutrient assessment and medication evaluation throughout the program. And then we talk about activity. I don't like the word exercise. Believe it or not, exercise was an artificial constraint that was created by man to compensate for the fact we don't have to use our bodies to live. What's interesting is people who routinely live to be a hundred around the world do not exercise. Now what they do do is move. They all have lives that nudge them into movement. So what we talk about is how do we create that culture, your own little insular culture that contributes to movement. I tell people, "The more fun you can have moving, the better."
- Kathy Campbell: Those are the fundamental tenants. The other thing is it's structured over 12 weeks. So there is an accountability component. There's also an enormous amount of support. People need help. That's what I have been told. Kathy, we are smart. We just need some help." Like I said, you can go to the internet and find out how to do this. I think the key is that relationship and that grounding where they know at any given time they're going to get support.

Kathy Campbell: I tell them, "Don't you come into this pharmacy thinking you're going to get shamed or blamed on that scale because that won't come from me. All we're doing is trying to figure out what your body is doing and how your hard part" ... I tell people, "You come in every two weeks and we correlate. We try to figure out, you did this and this is what your body did with it. And we figure out what the consequences of those actions are, good or bad. The hard part is you determining do you want those consequences. Okay."

Kathy Campbell: That's part of that coaching program and that support program. I've had people that did the program two and a half years ago that are still coming to me on a regular basis to check in because life will blow them off course and they want to get back on course for their commitment and they're looking for that support.

Nicolle McClure: Yeah. That's one of the questions I was going to ask is what the time length is. And after the 12 weeks can they continue to come in. Because it almost sounds like it's not just a health coach; it's a life coaching program, I mean, because you guys are diving into what are the triggers, and talking about culture and stress and things like that.

Nicolle McClure: So if somebody is not close to the pharmacy, can they still participate in the program? Do you guys do any over the phone counseling or do they have to come into your location?

Kathy Campbell: No, we've been very successful on some of our remote counseling. We've counseled from New York to Seattle. And they've been very helpful with it. There's some tweaks we have to do. People asked me one time, "Are you developed?" And I said, "We're developing every day." Every person's unique. Every program's personalized. And one more variable is, "Oh they're in New York."

Kathy Campbell: So with today's technology it's a very doable. Not only that, I think the client, the patient is up for that. They're not opposed to that kind of relationship either. And I tell you, they've been very rewarding.

Kathy Campbell: I had one of my clients who's been very successful and she actually, over the course of her transformation two years, she went from being sedentary and about 70 pounds overweight to running her second marathon, her Boston marathon. She has a young child, her youngest son, 16 is Down syndrome. Someone was following her on the Down syndrome as she was raising money with these marathons, and they contacted me because they have Down syndrome and that's a very challenging life for a parent to be concerned about the future of their child.

Kathy Campbell: That's one of those external influences that has a profound effect on the body and the chemistry the body makes because of that perceived stress. So that's been really rewarding to support someone in New York in that realm.

- Nicolle McClure: Yeah, that's awesome. I love hearing stories like that.
- Nicolle McClure: You kind of touched on it earlier; as far as being a pharmacist and in a pharmacy setting, it works well for a weight loss program. Anything else to touch on on why those two things work well together?
- Kathy Campbell: Well, I think it definitely works well because pharmacists one, we're really good at coaching. What we're not good is coaching beyond 30 seconds. We're really effective at a 30 second counseling, coaching session. The accessibility, the relationships that we are able to forge are the foundation of that trust, where somebody will come in and trust you with the vulnerability of their life in trying to change or alter their health projection, where they're going with regard to their health.
- Kathy Campbell: I'll tell you, most people come in to me, they let themselves step in the door because of weight, but they tackle the program because of health. Ongoingly most people ultimately tell me, "Yeah, I'd like to lose weight, but I really am more afraid for my health and I want that to be impacted." That's ultimately why I did it.
- Kathy Campbell: The interesting thing from a marketing standpoint is, Nicolle, you've known me for a long time, I've been working on the diabetes and diabetes prevention for years and I could not get the engagement or the listening from the population, but when I transferred the same kind of clinical skills to a weight loss program and marketed that there is something in the human psyche that says I'm a hero if I tackle weight.
- Kathy Campbell: So there is something very unique in that prevention message that I think pharmacists ... I think it would be really good for us to be on that side of. I said the last couple of times I've spoke, I really think the future of pharmacy is going to be dependent on our ability to keep our patients from needing pharmaceuticals. I know that's radical and I know that's kind of disruptive, but I don't want my patients to need pharmaceuticals. I want them to be healthy. And I think my patients will pay me to help them do that.
- Nicolle McClure: Yeah. I think so many great things that you can do that spawn off from that.
- Nicolle McClure: Let's talk about marketing a little bit. You mentioned that it sounds like it's easier to market a little bit because it hits on a psyche for a lot of people. How was your strategy different than marketing the pharmacy in those services for the Dr. Kathy Weight Loss program? What approach change did you take?
- Kathy Campbell: Well, it was actually very different. For most of my career I didn't have to market the pharmacy much. I actually had a franchisable name, so that was part of the marketing. It was about getting that name out. But for the most part, me



taking care of my patients well was adequate marketing and there was plenty of business because I did that.

Kathy Campbell: Now that started to change five to 10 years ago when the patients started to be steered away from me and not allowed to come to me. What was very challenging with the weight loss was the patient's public's perception. We had to overcome the perception that you would go to a pharmacy for that because it's a new paradigm. Right?

Nicolle McClure: Mm-hmm (affirmative).

Kathy Campbell: So we really had to spend actually quite a bit of money, quite a bit of effort to market this new concept called pharmacy based weight loss.

Kathy Campbell: Now I said I've been in my community a long time, I have always been on some local billboards, so when we shifted into this and linked a website to it, that was the big strategy. I had to get some real key experts and I had to pay for marketing. I invested quite a bit in it. But it was because it was so new that I had to really develop a community listening and awareness that you can go to a pharmacy and get this kind of expert support.

Nicolle McClure: So do you think what ultimately kind of moved the needle was it just the repetition of the message that people it started to sink in or was it word of mouth that others had gone through their program so you're getting some testimonials, or what was that?

Kathy Campbell: All of that. I had a good reputation and when I five years ago started asking the question how do I do this differently, one of the things I had to be real straight about was I didn't have a lot of resources. So I started looking around, what do I have that I'm not using that I could leverage into a different amount of production. I started doing seminars in my pharmacy on Saturdays. I basically got some chairs and started utilizing that space differently. I generated some income and awareness there.

Kathy Campbell: But I think the thing that I didn't use, that I started using and I would encourage pharmacists to consider, is our reputation. I had had a good reputation within my community for a long time for being reliable and conservative and helpful. So I started just telling people that I could help them and gave them a product that they could buy so that I could help them. So leveraging that reputation was probably one of the biggest things that I did newly.

Nicolle McClure: Well, and probably just that not giving up mentality of you can't just do it once ... do one billboard and expect people to come walking in the door.

Kathy Campbell: That's exactly right. Being persistent definitely was it. We did a lot of Google ads. We did do search engine optimization. We asked for and videotaped



testimonials. Our Google reviews, I'm very proud of. If you go to Dr. Kathy Weight Loss on the Google review, I'm very proud of the quality and the sharing and the authenticity that our clients are willing to share with their reviews.

Kathy Campbell: Those are very interesting because when people are looking online, they go immediately to those review boxes. That is very much a determinant on where they choose to make the next call.

Nicolle McClure: Absolutely. That's where it still fascinates me, the number of businesses that don't do anything with Google because it's such a powerful tool that you can have the reviews, you can post for people to see information that things are going on in the pharmacy and whatnot, plus it's free.

Nicolle McClure: There's pharmacy owners that are listening to the podcast are excited about this opportunity. Maybe they've been thinking about adding a similar type of program to their pharmacy. Now that you've been down the path and made a successful program, what advice would you give to another pharmacy owner looking to start his or her own program? And touching on any unanticipated challenge or roadblocks that you faced.

Kathy Campbell: Well, I think the first absolutely first step is that we as pharmacists have to get facile with selling our time. So if you do not have a structure and ability to sit down with a patient and charge them an office visit, that's a great first step to figure out and get comfortable with that model.

Kathy Campbell: Now I got to tell you, I had to get counseling to do this. There's a huge emotional barrier for pharmacists charging for their expertise and there's a huge structural barrier within our profession, so you have to deal with both. But I will give you a clue that we're all doing this thing called an MTM, and that is a great first step for people to get used to blocking out time, sitting down, having a conversation with a client, and then giving them a receipt for the value. It's very important that we start putting a value on our services.

Kathy Campbell: Now, we do proactive MTMs for our clients annually, but they get a receipt showing the dollar value of being one of our clients, one of our patients. Now I do get people who are in mail order who go to other pharmacies who come to us for that and they pay us, but that's only because we've created a structure for them to do that.

Kathy Campbell: So I think that is my initial coaching for almost all pharmacies who are wanting to go into this direction. You've got to get used to making an appointment, fulfilling on the appointment, providing value and then collecting on that appointment.

Kathy Campbell: I will tell you another trick on that. Where it really made it easier for me is when I handed that conversation to somebody else. My patients were used to

standing at the counter and really having some in depth conversations for way too much time. And so what I ended up doing in this transition was something like a conversation like, "You know Mrs. Jones, I think it's really important what we're talking about, and I think it would be better if you maybe get your labs and we sit down and look at this. If it's okay with you, I'm going to send you to my office manager, Dina, so she can look and see when a good time for that would be. Okay?"

Kathy Campbell: So I would hand the phone call off to my office manager. She would do a triage of everything the patient's wanting to obtain. She would let them know what they would need to bring or prepare or fill out, and then she would tell them the cost for the appointment. At that point they were free to choose to engage with the appointment or to look at their life and say, "I'm going to maybe come back another time."

Kathy Campbell: Once we started doing that kind of structure, we actually put it back and empowered the patient to choose. That really helped me because I didn't have an emotional breakdown trying to say, "That'd be \$50," or whatever, or \$200 or whatever it was. I didn't have to have that conversation and it really made a big difference in our mental point of view going forward.

Nicolle McClure: Yeah. And I think that's a great idea because I know so many pharmacists struggle with putting value on their time. I think it's just ingrained that they give advice, they give advice, they give advice. I can't ask anybody to pay for it. I'm in a low income area or nobody would want to pay for it, something like that. So I think structuring it that way is a huge first step.

Kathy Campbell: Well, and one other thing is I gave up a long time ago the arrogance of me knowing what my patients can't afford. It's not my job to manage their money. And it's also not my job to judge whether they can afford me. It's my job to give them the best opportunity and let them choose, to be clear about what I can and can't do, to create a product that is of value and then offer it to them and then give them the gift of choice, but not to second guess and rule that out before we ever have the conversation.

Nicolle McClure: Yeah. I love that. I love how you stated it. Because I think again, it's just there's that preconceived notion that oh, I'm in a low income area or my patients can't afford this when, yeah, maybe in reality they can. That's just something that's believed without really any foundational proof one way or the other.

Kathy Campbell: Yeah. The other thing is I would encourage our profession to charge more than a plumber. That's the other thing we want to look at. There are no other professions that don't really structure their time in some kind of reimbursable way.

Kathy Campbell: Now, once we were getting paid for the prescription and we had access to the prescription and we were watching all that, the margin used to be enough that we didn't have to do that. But when my patients were steered away from me and this pushed it too, they're getting all their medications mail order, but they're still calling me for the support, I said, "I would love to do this, but it's really not responsible of me professionally to make those kinds of recommendations without knowing your medication history. But if you'd like to make the appointment, we go over that, we'll be happy to." And many of them they want that because they're not getting it where they're getting their medications often.

Nicolle McClure: Yeah, for sure.

Nicolle McClure: So if a pharmacist is again, excited about starting a weight loss program, but maybe they don't really know where to start, do you offer Dr. Kathy Weight Loss as a program to other pharmacy owners?

Kathy Campbell: Well, I am working on that. I've been thinking about this for quite a while because I had many of my peers and friends kind of yelling at me saying, "Kathy, tell us what you're doing." I am running an independent pharmacy and I too have two teenagers, and I'm taking care of patients.

Kathy Campbell: But in thinking about how the best way to go, because this is a paradigm shift on how it thought process, for me as a pharmacist, I have to understand things clinically before I'm able to really be confident in my recommendations. That's just how I am. So I decided that the first step was going to be some educational platforms. I've teamed up with NCPA and we are developing some lifestyle and weight loss educational platform programs that'll be coming out later in the year. We just did a webinar that is the basics of weight loss that we just did and it's available on their website. So that might be a good first step. And then our target is to have an eight hour certificate day long program at the NCPA convention in San Diego later in October.

Kathy Campbell: That's the first step. I feel I'm compelled to get the clinical side out so that we can really start approaching this from a new way. The old way hasn't worked. And this newer way I've had great results with and I'm looking forward to sharing it with other pharmacists because I'm committed to creating a culture that produces health and I would love to have a lot of partners in that, a lot of pharmacist friends helping me with that.

Nicolle McClure: Yeah and I think you would definitely have a lot of them. Because you have been in the industry for quite a while, about 15 years now and you see a shift in thinking with pharmacy owners as well recognizing that the old ways don't work anymore, so I think you would have a lot in your corner wanting to adopt this type of program for their pharmacy.

Nicolle McClure: If there is a pharmacy owner listening that maybe just want some more information or just to talk to you about something, is the best way to get a hold of you just through your website or?

Kathy Campbell: Well yeah. drkathysays, D-R-K-A-T-H-Y-S-A-Y-S, is my Dr. Kathy Health website. Also Dr. Kathy Weight Loss is a great way to look at some of the stuff around that program. Feel free to contact us through that.

Kathy Campbell: We're also doing some fun stuff in the pharmacy that I'm really excited about with cooking demos and helping patients with food. It is a big obstacle right now, this whole food variable. The cooking demos have been incredibly fun and I'm learning a lot and I look forward to sharing that with pharmacists on how they could possibly bring that into their pharmacy.

Kathy Campbell: The drkathysays. The Medicap Pharmacy Owasso Facebook. We do a lot on our Medicap Pharmacy Owasso Facebook page. So track me down, you guys will find me. I'll be happy to visit with you.

Nicolle McClure: Perfect. Well, thank you again for your time. Before we wrap up, anything else that you want to add or tell our listeners before we go?

Kathy Campbell: Well Nicolle, I just want to thank you guys because GRX has been always incredibly supportive of me. I know you guys realize that we are pharmacists, we're not business people, we're not marketers. We know just enough to be dangerous. I always appreciate your patience and your understanding and your compassion and your persistence with us. I know I can be a little bit spastic I guess is one of the words that comes to mind, about marketing this and going forward, but your help has been critical in the persistence of this program and our pharmacy. So I just want to acknowledge you guys and thank you, actually you and Kelly.

Nicolle McClure: Oh well thank you. That's very sweet of you. It's been blast working with you and just watching the program evolve. And again, I think it's something that we're going to start seeing more and more of in other pharmacies throughout the United States.

Kathy Campbell: I look forward to it.

Nicolle McClure: Thank you for listening to another episode of the Pharmacy Marketing Simplified podcast. Be sure to reach out to us @www.pharmacymarketing.com.

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