

What's Next? Podcast

Riley P

[Snip-it's from Podcast] Riley: You know, I'm looking forward to it. I think personally, I think that's what's, you know, the step that needs to be done is you have that vaccine out and readily available and not, not privatize or so that we're not paying. If you're uninsured, you shouldn't have to pay forty dollars for this vaccine. Everybody should be able to get this vaccine. We are extremely capable of doing that as a nation. And so, yeah, I I'm hopeful that we'll be able to do it and hopefully...

[Bouncy theme music plays.]

[Introduction] Welcome to the What's Next? podcast. Let me just start off by saying. Not everyone has the same background. There is no road-map for success. Life begins at the edge of your comfort zone. Leaning into your curiosities. It does suck when you grow up. We're all still figuring out who we are. You can't just sit back and be silent. Black lives matter. It is the little stuff that makes the biggest difference. Do you have another hour? [Laughs]

[Bouncy theme music fades.]

Cody: Hello, Beaver Nation, and welcome back to the What's Next? podcast. We've missed you the last few weeks, but are excited to be back with season two. Our theme this season is conveniently back to school, and it'll be largely the same as season one as we continue to focus on showcasing the stories of young Beaver alums.

But this time, each guest will be representing a different college at OSU. We're double dipping today with our first guest of the season as he is representing Oregon State's College of Science for undergrad and then also the Graduate School. He graduated with a bachelor's in general sciences in 2014, followed that up with a doctor and pharmacy in 2018, and then put the cherry on top in 2019 with an MBA. He's now an inventory and program manager at Salem Health. Riley Protz, thanks for joining us on the What's Next? podcast.

Riley: Hey Cody, thanks for having me. Well, a little daunting being your first guest of the season, but it's exciting.

Cody: Hey, we're excited to have you and representing two different colleges in our criteria.

Riley: Well, three college of business as well with an MBA.

Cody: College of oh, my gosh, we're knocking out all kinds of stuff in this first episode. So maybe we can start there. You did three different degree programs at OSU. You just couldn't get enough of OSU, you or what?

Riley: Yeah, yeah so basically glutton for punishment. Yeah, I like to tell people I think I probably have the most credits from OSU as possible and with that also the most tuition I paid. [Cody: Chuckling] But yeah, it was definitely the goal is always to be a pharmacist.

The MBA was something that I kind of just added on towards the latter portion of a pharmacy school.

Cody: Did you know, like going into undergrad, like I want to be a pharmacist or what was that path like?

Riley: I did not know. It's I wish I did. I wish I had a great story. I get asked a lot, you know, what brought you to pharmacy? Is this a passion, you know, to be in health care? And I really didn't have a passion that brought me to Oregon State for pharmacy. I went to I chose Oregon State because I was good at math and science as a high school student, I did a full IB program. And so they take a lot of your credits.

And then I was very fortunate that I had a good buddy from high school who knew he wanted to be a pharmacist and I kind of didn't know what I wanted to do. And so I followed in his footsteps a little bit and he had a specific advisor for pharmacy. So I just

did whatever his adviser told him to do. [Cody: Chuckles] I mean, he helped guide me through undergrad. Yeah.

Cody: That's great. And so then you added an MBA to the equation, to what was kind of the idea there, or why did you decide, like, oh, I'm going to add this business degree?

Riley: Yeah, I am. So by a time of pharmacy school, I had been in the world, the pharmacy as an undergrad and the first couple of years for about five years. And so I kind of knew by that point, you know, what being a pharmacist was. It's very patient care focused, and that's why I did love that about it. But I also was really drawn to the business realm of pharmacy. You know, they tried to be a pharmacist. A lot of people go out and they become a manager of a pharmacy [Cody: Mm hmm] at your retail pharmacy stores. And there's a lot of business involved in that. You know, you're managing your portion of it's your own store or a portion of, you know, a grocery store.

And so I was really drawn to those topics. And they were fortunate for me that Oregon State has a dual PharmD/MBA program. So you if you're a pharmacy student in your in Corvallis taking classes, you can take MBA classes for free. And so I took full advantage of, of those free courses. And that was that was definitely I probably would not have gotten the MBA if they didn't have that dual program, which was great.

Cody: Is that something that's unique, the dual program to you, or is that typically when you're looking at pharm schools, that's, that's something that's offered?

Riley: It's not unique, but it's also not very common. And so if someone is looking at school programs, I think that's something they should, especially if they're thinking, you know, they want to stand out as a pharmacist or as a pharmacy student looking into what secondary programs are involved. There's like other programs that offer a MHA or MS and there's different types of master's degrees kind of along with what you want to do. It if it's actually where you want to go with your career. You know, I wanted to be in the business realm, in the management realm. So an MBA made sense to me.

Cody: Right, yeah, and, and for myself and a lot of listeners, I'm sure that the pharmacy is some place that we only go only occasionally. So I want to get into some of the ins

and out of the pharmacy world and hear your take on it all. But maybe we can step back for a quick moment and just get a little bit more context on your time at OSU.

What would you say it would be like if you had to list one or two, like maybe formative or memorable experiences or opportunities you had at OSU? What would those things be? Or your mind ping back to anything that was especially formative during your time either in undergrad or grad school since you were there for multiple programs?

Riley: Sure. I mean, I don't think that's very unique. But the friendship that you get in your first year, you know, living especially people live in the dorms. I was just actually at a COVID friendly wedding a couple weeks ago with someone who lived on my floor of the dorms. [Cody: Mm hmm] And so a lot of great friends from that, which I think back like, wow, I gained all my friends from either high school or really the first year outside of high school, [Cody: Wow] which was crazy. And then I was also involved in a fraternity in undergrad Sigep or Sigma Phi Epsilon, which definitely shaped a lot of what I did as an undergrad student - just the intermural [sports] I was able to play in all of my extracurricular activities and things I did outside of school were focused around my friends and everything going on with the fraternity.

Cody: We're carrying this next question I'm going to ask over from season one, because I thought it had a lot of interesting answers and I'm interested to hear. But we're asking folks like, what was your welcome to "The Real World" moment? So this is like whether you had it like an apartment horror story, like first apartment out of college or your workplace realization, like first time in the real world. Do you have a specific thing that you kind of are like that was my welcome to "The Real World" moment?

Riley: I guess one of them would be when I finally finished up with pharmacy school. Okay, I said, well I had a couple more classes left at the MBA, but it's just kind of OK, it was the end of my paying money to get, to gain knowledge. And now I'm in the phase where I get to work and make money. But then looking at the disparity with the loans that I had to pay and OK, it's this much per month, but my salary is only this much per month. How am I actually going to end up paying that? It was it was a huge welcome, welcome to the real low moment for me.

Cody: Yeah, totally. And I think that's probably one that a lot of people have like, oh, here it is, like time to figure this stuff out.

Riley: Yeah. And I mean, I was told one of the reasons to go into to be a pharmacist is there's a great salary and there is, of course, but you, you pay for it with your graduate school tuition. And so it's, it's definitely a cost benefit analysis that everyone needs to take and say, hey, yes, you're going to make a six figure salary, but you're going to take in six figures of loans. And it doesn't take that one year of a six figure salary to pay off those loans because compound interest works. It works against you.

Cody: Right. What's the typical like if we have students who are considering pharmacy or other folks who are thinking of going back to school and pharmacies interesting? What's the typical, like career path for somebody like you? You mentioned earlier, like you see someone in a retail pharmacy. What do you do to gain experience? Like, are you a pharmacy tech or how, how do you, like, get work experience along the way as you're moving your way into school and then graduating and then continuing on?

Riley: Yeah, it's not required to have pharmacy tech experience or really you don't really need any pharmacy experience to get into pharmacy school. It definitely helps you. You'll be a more competitive candidate. It's not a requirement. I suggest it for people who you want to realize that this is actually built for you. I know people who went into pharmacy school thinking that health care and a good salary is the way to go. But some people don't enjoy being a pharmacist in a retail pharmacy. And that's primarily what you'll be coming out of pharmacy school, I'd say. [Cody: Mm hmm] I don't know the correct percentage, but it's definitely over 50 percent of individuals go into community pharmacy. And so that's the pharmacist. That's probably most of your listeners think of when they think of a pharmacy in their brain and how are portrayed in any types of TV shows or movies.

There's also another route in pharmacy and that is in the hospital setting. And so that's your pharmacists are more integrated part of the care team. They're going on rounds with the physicians and they're in the ICU and they're actually out in the hospital floors and seeing patients and verifying medications and making sure that the drugs are being delivered appropriately at the right times. And so in that that field of pharmacy generally

requires a residency which is very similar to your physician residence. And so that's what that's the route that I took. I did two years of pharmacy residency to work in the hospital setting.

Cody: Ok, and how was that in the hospital setting? Did you enjoy that? Was that like you were like, yes, I found my thing or tell me about that?

Riley: Yes and no. And so I was fortunate that so the residency that it was, was a two year administration focused residency and where I was able to complete the MBA. And so I knew that, yes, I was going to work in a hospital, but I was actually going to go one step further and more of a niche of administration in the hospital. So the leadership route, but the general pharmacists who go into a pharmacy residency are going to be just a one year inpatient residency where you're, you're more of that clinician. Unfortunately you know that's something that it's a cost. I don't get to see patients every day that most pharmacists in the hospital and in the retail setting get to do. But that's kind of that's what I chose.

[Bouncy theme music plays.]

Cody: Hey, listeners, this podcast is proudly supported by your local Toyota dealers. As the official vehicle of Oregon State Athletics, Toyota is a proud partner of Oregon State, both on and off the field and congratulates all OSU alumni for their accomplishments and achievements. Visit your local Toyota dealer or [Toyota.com](https://www.toyota.com) to find the perfect vehicle for you.

Now let's get back to Riley.

[Bouncy theme music plays.]

Cody: So your official title now is and correct me if this is updated, but inventory and 340B program manager. What does that all mean and what can you tell us about that?

Riley: [Chuckling] It's, it's confusing. People in the pharmacy world don't know what that means. So I don't want to make it even too specific. But I'm a pharmacy manager, which

first of all, it's the main thing that I'm doing. Management in pharmacy, which was always my goal, was so inventory portion of this. So I am at Salem Health, now in Salem Hospital. The inventory portion is just you know, we spend millions of dollars on drugs during the year and there's ways to do that more efficiently and ensure, you know, if there's drug shortages, that patient care isn't affected and things like around that. So that's that the one that I wear on the inventory side.

And then the 340B side is just in the realm of pharmacy and drug purchasing. If you qualify to purchase drugs at a 340B priced then you can purchase them cheaper and you qualify for that if you're caring for patients, a large percentage of patients who are uninsured or have Medicaid. And so the goal is that you're going to get these drugs at cheaper price. So then you can in turn give those savings back to those patients in need. So which is great. You know, I am in health care. I'm in pharmacy to help people and you'll give back to the patients. And so I am not directly doing that by any means with, with this position. But I can see, OK, we saved one hundred thousand dollars for directly implementing this program, getting the access to these patients so I can sleep happy at night. But I don't see that one patient and say, hey, you know, your diabetes match today that a lot of other pharmacies get to do, which I know they love.

Cody: [Mm hmm.] And so you're buying these big quantities of drugs, are you also I kind of the negotiator between these big pharm tech companies and, and like your hospital or how, how does that work?

Riley: Yes and no. So there's, there's contracts in place with generally you work through a wholesaler, so you're not buying directly from every drug manufacturer. You buy from your one main wholesaler and you have an agreed upon prices for their medications. But there's different accounts that you can purchase these drugs on at different prices. But there's other contracts are involved. So it, it becomes daunting. And that's why there's a lot of hospitals have a role specifically just for managing purchasing medications, which seems pretty simple. Yes, so I buy it and then I give it to the patient, but there's a lot to it.

Cody: Right. So I think for me to this is a whole new world. And but it sounds like just like if you were running a sporting goods store and you somebody is buying all your

basketballs, you want to make sure you have enough basketballs at the next day when you open, somebody can come buy another one. Is that it's a similar game, I'm guessing, or you want to make sure that you never encounter a situation where somebody needs a drug and you don't have it?

Riley: Yeah, exactly. I mean, we generally can get a drug within 24 hours and so a patient should never go and be needing. And we should be we should have more days on hand of a drugs that it never comes to that scenario where you're out. You want to, you know, you don't want to too much because then you might be wasting it and it could expire. But you don't want to have to little because that's going to affect patient care.

And then, you know, a shortage situation comes in and then you but you want to get more of a medication. But also you want to be fair because there's other hospitals in the area. So you kind of have to work together. And so having those partnerships with the neighboring hospitals because, yes, we might maybe run out of in a week. But if somebody is out today and they don't have something for the patients tomorrow, then you can work together to ensure that everybody has some medication. But if nobody has it, then we're, we're in trouble.

Cody: Right. That makes me think of like earlier this spring with like PPE and like making sure that different hospitals and clinics had enough protective equipment for not for drugs and for prescriptions, but for covid health care administration. That seems like it was the case that everybody was trying to share with everybody where they could.

Riley: Oh, yeah. We were in we were directly involved with that. We had a shortage of inhalers. You know, we had issues where the medication goes into the patient's room. Then we don't want it to come back out in case it's a, you know, a patient who is covid positive. And so we were wasting a lot of medications. And hand sanitizer came into play because that's something that the pharmacy we were able to, when I was I was back at Providence in the spring during the residency and, you know, partnering with a distillery for them to purchase hand sanitizer or make hand sanitizers and send it to us. So, yeah, the whole supply chain process it all pertains not just with drugs rather than supplies.

Cody: Did you think that when you started in pharmacy that you would be partnering with a distillery to provide something for the hospital?

Riley: Yeah, definitely not. You know, you see that and yeah, it's there's a local one in Portland. But you know, I'd seen that that alcohol before and you see that in the hospital is definitely a jarring sight for sure.

Cody: I think that's been something that's been interesting with this whole thing is I've gone to like or I've seen like different hand sanitizers around and it's funny to see different labels of, yeah, like breweries, distilleries or like other chemical manufacturing companies. But their label on like a bottle of hand sanitizer.

Riley: Yeah, exactly.

Cody: If you showed me this in 2019, I don't know if I would really understand what the world was happening.

Riley: Yeah I agree.

Cody: So I know that, like the whole world of drugs and prescription drugs is one that's interesting in our country and that drugs can sometimes be expensive and hard to access for some folks, like, what's your take on all that? Or what do you have as an insider view onto how like this stuff is happening or changing right now and access to drugs?

Riley: Yeah, I... It's tough for the patients. It's tough for our profession as well. We especially, for your frontline pharmacists or the retail pharmacies, you know, I was working there a couple of years ago. You really feel for these patients who are in need like for insulin. Insulin cost hundreds of dollars and its cost that much for decades, which doesn't make sense. You know, in time it should go down in price, but it doesn't. And, you know, I want to blame the drug manufacturers, but that's generally what is the cause of these issues. And so when you when you're we're so far downstream that, you know, it's painful because you see, you know, this patient can't pick up the medication or, you know, they're ready to fill it and they ask, how much does it cost my copay or my

insurance doesn't pay for all of that. And it's. We need to fix that, that model, you know, I don't have any right, solutions to do that and just the lack of transparency, I think is a huge issue that we've been fighting for in legislature, just transparency on where is the money actually going? There's these PBMs with the middlemen and they're pulling these fees that are hidden fees that you don't see until way later after the prescription.

So your pharmacy is not failing and your patients paying too much money as middleman is making money. And so you can't even blame the manufacturer anymore, even though you want to blame. And especially if a patient comes to the E.D. and you're seeing these reports, this patient survives or recovers from covid. They're in the ICU for a month. And here's your presence, a one million dollar bill. Yeah, the patients not, of course, paying for all of that. But where is the transparency? What percentage is the patient paying?

Cody: Right.

Riley: It's tough. It's very, really tough. And I definitely feel for the patients who it's either you can't pay it, you're not going to take the diabetes medication. It's going to cause complications down the line or you're going to pay it and you're going to be in a terrible financial situation and can't pay your rent or do other things. It's you don't want them to choose between medication and rent. But that's you know, I've heard horror stories for sure.

Cody: Right. And I think they're too what you pointed out, at least from like people like me or the consumer, I think it can be sometimes like you're finding out what that bill is like when you're at the pharmacy counter or that when you're calling in to talk about it or when you're just checking on online or whatever.

And I think like. The thing that you're coming in contact with is the pharmacist or the pharmacy, and so I think it's so easy to be like, oh, I'm so mad at them. Like, they just want their money. [Riley: Right.] When really actually, it sounds like what you're saying is the pharmacists themselves also is probably like, dang, I just want to give this person assessable drugs like and they're looking up to the next line up and saying, dang, I wish

I could have that for like more accessibility or cheaper. Is that kind of like the right takeaway there?

Riley: Basically, yeah. I mean and there's always, there's not always, but a lot of times there are opportunities to find a coupon or the pharmacy can work with you, especially if it's independent. There's a lot more freedom to do that. But sometimes your hands are strapped. If you're working a chain, say, hey, look, you put in the medication, you know, it goes there's an adjudication that goes to the insurance that you're just going to pay this amount and this is your copay. And there's really nothing else we could do to help you. You know, as a pharmacist, we can call your doctor again to see if they'll switch it to a cheaper medication. But your pharmacist doesn't even know if that cheaper medication is going to be covered by your insurance. And so it's definitely tough.

And, you know, that needs to be. It would help if those little things were fixed at the site of actually prescribing medication. If the physician but the physicians too busy to really know about that – does this insurance cover this medication. We love having pharmacists embedded in in primary care physician clinics because they can definitely help with that. They have a little more experience with that and they have the time. Another issue with your retail pharmacist is that they are standing for 10 hours straight in a day and they don't have the time to really. [Cody: Right.]. And then you're waiting for 30 minutes. You're thinking, why the heck am I waiting for so long? And you don't know it yet, their working for you. There's so many other things going on.

Cody: Are you telling me that even people in the health care industry aren't passionate about diving deep into insurance, small print?

Riley: Oh, yeah. No, we love we love sitting on hold for an hour just to hear. Not covered. Sorry.

Cody: [Chuckling] Uh, um, so you're on the business side of pharmacy at a time where our world is desperately trying to get a working covid-19 vaccine to market. What's that like? Or did you ever expect you'd be working in this industry during a global pandemic?

Riley: I know of course, never expected a global pandemic is. No, nobody did. I'm getting great experience, you know, being a new manager in this world. So there's a lot of takeaways that I can get from I obviously did not want this to occur, but I'm definitely learning a lot. And it's been helpful just in preparation for any type of maybe not a pandemic, but any situation where something large occurs, you know, knowing what steps to take to ensure that our patients are getting treated appropriately and everything is being done.

Regarding the vaccine, yeah, I mean, this is extremely important for pharmacists. We as, I think hopefully, you know, hopefully the listeners know that we can give vaccines in the community setting. You can go to your retail pharmacy, you can get your flu vaccine, and you can get your other vaccines that you need. And so the goal would be that they would be your front line individuals, they would be working hard to provide the covid vaccine when it's ready. So staying up to date for sure on, you know, what are the testing requirements? There's legislature that needs to be put in place to actually allow pharmacists to provide the covid vaccine and even testing right now, you know, it'd be great if you're this twenty four hour, you know, covid test could be done at the pharmacy.

Cody: Right.

Riley: But that's not readily available. There's a couple there's a couple of sites that I have the ability to do that right now in Oregon. And I know other places, states are doing it more. But I'm hopeful that by the time the vaccine is ready, hopefully within the next 12 months that the pharmacist will be right there providing those vaccines for the patients. And know their already prepared with the flu shots and so it shouldn't be too difficult to make this a similar scenario and I am sure that the manufacturers will want the pharmacies to be involved because manufacturers wanted to make money off of these vaccines. So hopefully it'll play itself out. But I don't know. There isn't a lot of information out there. You know exactly how the communication will work, how the partnerships will work or which, you know, there six, six vaccines that are kind of fighting to be the first one.

But if you're the first one, does that mean it's the most specific and sensitive test to ensure that the phase three testing is done appropriately and shows efficacy. A lot involved. But, you know, I'm looking forward to it. I think personally, I think that's what's the step that needs to be done, is you have that vaccine out and readily available and not privatize. So we're not paying. If your patient, if you're uninsured, you shouldn't have to pay forty dollars for this vaccine. Everybody should get this vaccine. We are extremely capable of doing that as a nation. And so, yeah, I, I'm hopeful that we'll be able to do it. I'm hopeful the pharmacist can be involved in as well.

Cody: Yeah, and I think one of the weirdest things that I saw the other day, which isn't actually weird, but it just struck me for a moment, was like I got some ad popped up on my social media that was like 10 stocks or 10 like pharmaceutical stocks to buy before the covid vaccine goes live.

And I was like, wow, like I mean, it's no shock, but it's also like, dang like this could be a money grab also if we don't play it right. And so I, I am thankful for your words right there of like wanting to make sure that the first and foremost this is something that we get out for the betterment of everybody and getting into a lot of as many hands as possible for those who want it.

Riley: Exactly. And that's why it's if it's available to get your pharmacist is your frontline caregiver, you can't get to an individual with a doctorate fast like you can get to a pharmacist at your grocery store. And so if you're able to get that vaccine there rather than, you know, setting up a PCP visit still two months away, whatever it may be. Just you want to get everybody the vaccine at affordable price as possible and as soon as possible.

Cody: Mm hmm. So I and I apologize. I keep picking your brain on everything covid right here. But while I have you, I think a lot of us are thinking that we'll get to 2021. We'll get we'll get a shot. We'll the breath of fresh air and then get back to life as it was in 2019. Is that really what's going to happen or is there a different timeline to kind of expect here as we you know, figure out life with the vaccine? Life, life after that.

Riley: Yeah, I think it depends on you know, I should preface this by saying I'm not really an expert in a scenario, so don't hold what I say to the...

Cody: I don't know if anyone is.

Riley: Yeah, that's true. You know, a small percentage of the population right now, we have data gets their flu vaccine. And so we can't trust that, you know, a hundred percent of population, even if it was available, we'd get the covid vaccine. And so I don't know what that would entail, requiring that for kids to go to school or things like, you know, that's different requirement for other vaccines for kids to go to school these days. Maybe a requirement for work situation, I don't know. Ensuring that most people can get as much as possible. You have to know that in the testing and then you'll know from once the vaccine is actually available, they'll be doing these post studies showing that someone actually isn't getting infected post vaccine.

You know, there's luckily there have not, you know, over the one hundred thousand people who've gotten covid so far, there isn't much data to show that people are getting re-infected, which means it's more like the vaccine will be successful because, you know, likely this vaccine is you're giving a dead portion of covid, essentially. So you're going to create antibodies and so on. If somebody already had covid, then they should have antibodies that prevent it from occurring in the future. I think experts are, I'm happy, and happy to see that it's more likely that a vaccine will be successful. I don't think that that means that everything is going to go back to normal, though, just because you can't trust that everybody will have gotten the vaccine. But hopefully it will be you'll be confident that if you've gotten the vaccine that you will not get covid in the future.

Cody: [Mm hmm.] Yeah, thanks for talking me through all that super interesting.

Riley: Yeah, hopefully, yeah. Put your fears to bed.

Cody: Yes, I was going to ask, too, are there any specific stories where your job so far has been especially rewarding? Like a journey and not just in the last year, but in the last few years as you've gone through the residency and then now as a program

manager. Like, are there any specific stories you have where you were like this was a really rewarding experience?

Riley: [Mm hmm.] You know, these days I don't get those individual patient interactions that I think give you that that jolt of rewarding-ness, I guess. You know, these days might get... The reward is seeing that, you know, this program is working and we've got data to show that, you know, of our diabetes patients of this new clinic that we've started a lot of their A1Cs are going down. So it's very population health data, which is, you know, the way that I want health care to go in the future. But, you know, it's not as rewarding when you open up a spreadsheet and seeing that number. As you know, when I was in residency, working the ICU, rounding on this patient every day, seeing a patient that was, you know, intubated and then coming out of intubation and saying, you know, you get to see their family and how happy they are. And then the patient recovers and then they move from the ICU to another floor. And maybe you see that patient for whatever reason, if you're on that floor. And so seeing someone become healthy again and go home.

And then even in the retail end, I love the patients. That's, you know, your monthly individuals. And so you write when they walk up to the counter, you already have their name, their name, data birth up on your screens. You know exactly what the medication is and you guys are talking about their family and whatever that may be. And they're more likely than to ask you health care related questions because they trust you, they know you. And so that was always a rewarding experience as well.

Cody: Right, the human side of it all.

Riley: Exactly. Yeah.

Cody: Yeah. And it sounds like to that these are just different roles, though, because, I mean, that number on the spreadsheet also, those are those are humans, right?

Riley: Exactly.

Cody: You're not seeing them face to face, but the impact still there.

Riley: That patients go into whatever pharmacy they're going to. They're talking to that pharmacist and hopefully that they have a great relationship and they have that, you know, they're talking about, hey, look, I'm picking up my medication and my diabetes is under control today. So maybe that pharmacist is getting that that rewarding experience. But I'm just seeing it this time on the back end. So it's cool to see, you know, the different areas where the patient reactions can be can be positive.

[Bouncy theme music plays.]

Ally: Hey Beaver nation, I'm Ally and I'm a 2015 OSU grad and part of OSU Next. Figuring out your journey post college in these times can be tough and it sometimes can seem like there's a lot flying at us all at once. We started the OSU Next LinkedIn group to be a place for Beavs to support Beavs. Whether you're looking for tips on negotiating your first promotion, hoping to connect with others in your area, or simply trying to stay sane while working from home, we're here for you. Join us by searching [OSU Next on LinkedIn](#). Now back to the show.

[Bouncy theme music fades.]

Cody: So I want to get into some fun segments here and...

Riley: Talking about covid, it's not fun to you? [Chuckling]

Cody: [Chuckling] No, these are super interesting. But before we do that, one thing is our podcast is called What's Next? And so we want to ask, like you've gotten to this place in your career so far, but maybe what is next? Like, do you have any personal or professional goals or something that you're striving for that you'd like to share with us? Like what's that next thing do you think?

Riley: I will say that I worked really hard to get kind of where I've been the last two months. Residency, is tough, pharmacy school is tough and so I'm enjoying - I've been in this role for six weeks now - so I'm enjoying actually being in the real world and kind

of making a real salary and being a true pharmacist [Cody: That's always nice.] rather than the resident. Yeah.

What's next, though? You know, I, I chose to go into the field administration because I love leadership and there's always areas to grow in leadership, you know. I think and a lot of a lot of people, especially in pharmacy, you know, you spent 20 years in school, you finally get your doctorate and then you're done. You're kind of, you're a pharmacist forever. There's really no areas to grow. So I'm very fortunate that, you know, with my residency training, having an MBA, it is helpful that in time I hope to grow into different positions, hopefully with the same employer. You know, a director of pharmacy down the line is something that I'm extremely interested in doing.

I also really think that's a side hustle or finding side areas of income is something that people should look into if they have the time and availability to do so. You know, it's risky just having one form of income. You know, if your employer doesn't want you anymore, then you're kind of you're not in a good place. And so I'm looking into areas, areas of doing that. I'm passionate about personal finance, especially for, I think the pharmacy world as pharmacy students or recent pharmacists who are graduating with little financial literacy and financial health. And so teaching them about income repayment programs you can do with all of your loans, the importance of a 401K, just that whole realm is an area that I would like to become more involved in, whether that's philanthropically just talking to people or creating a sort of business out of it is a short term goal of mine. We'll see if that comes to fruition.

Cody: Yeah, I love that, and that's stuff that's like, um, could be so beneficial if you're talking about it sooner with folks who have some coming out of school rather than 10 years down the line. So that's I love that you're thinking of how can you get back in that way.

Riley: Yeah, I mean, I'd love for students. I would tell a student to be aware of it right now. Be aware of that, you know. Yes, this is how much your tuition cost. Twenty thousand dollars. That means, hey, I'm going to go down to the bar and spend 20 bucks at the bar, and that means nothing. You know, when you're so far in the negative, maybe it doesn't, you know, show up to you as being, you know. But 20 bucks at the bar

each time if you're going, you know, to two days a week over and over again adds up. So I love, I love for students to know. But it's harder when it's not put right in front of you. And once you're out of school, you have to pay back those loans, then people are more likely to care about and to listen.

Cody: Right.

Riley: Yeah.

Cody: If you do the calculation of your five dollar Starbucks every day for 365 days.

Riley: I hate that people use that. That's the way they always say.

Cody: That's always the one, right?

Riley: If the millennial would just stop getting their Starbucks everyday they'd be able to buy that house. Or of course, that's not the case.

But, yeah, if you if you're budgeting and you say, oh, well, gosh, I'm spending this much when I'm going to Local Boyz, it's twice a week. Gosh, it's like that's twenty four bucks a week. That's maybe I could buy it myself. Who knows.

Cody: I think we have the most Local Boyz shout outs so far. This is the ninth episode. Tenth episode if you...

Riley: Really?

Cody: Yeah, Local Boyz. I think it made everyone happy.

Riley: Yeah. No one's going to say 'hey I mean when I used to go to Domino's every night I get five dollar pizza?' No one's going to shout Domino's out but they have good food.

Cody: [Chuckling] I love it.

All right. So those fun segments that I teased earlier, let's get into those. So these are for some of our listeners who listen to season one. We mix them up so they're not the exact same ones that you heard for those first eight episodes. But we're going to dive into it here with Riley to get a little bit more insight on who he is. So this first one is called Give Some, Get Some.

So the criteria here is imagine you just won ten thousand dollars. You get to donate half and then you get to spend half on something fun. And for this, you know, purpose, you can't say I'll put it in savings, even though that's very responsible.

Riley: I'd put towards my loans.

Cody: [Chuckling] So you have to tell us what you are going to do with it.

So other than your loans, you can't do that, you have donate half and spend half. What's one cause or organization that you would donate to or for the other half, what's something fun that you do with it?

Riley: All right, so I'll start with the donate, because I know my answer for that. The Bill Melinda Gates Foundation is my favorite foundation, charity or whatever you want to call it. I worry with a lot of foundations that you don't exactly know where their money is going and that it's actually going to be used correctly. They're a very transparent foundation. And I think they're tackling, you know, the health care issues that make the most sense, you know, I talk about, you know, think thinking, business oriented, thinking about population health, you know what, where can one dollar go the furthest? And they look at that, they say, OK, clean water in Africa. They say getting rid of polio in Africa, things that, you know, what's one dollar going to do to make the most benefit is how they approach helping others in health care. And so that's where I would donate. Five thousand dollars is not going to do a lot for them. They get a lot of money every year. But, you know, I'd feel great being involved in that.

Cody: Yeah.

Riley: And then I would never spend five thousand dollars on a single purchase of my own. I know that for sure. I so I just I just moved down to Salem and so I had to make some big purchases. I had to purchase a bed, a sectional. I have not purchased a TV yet. And so I am TV-less at the moment. I'm not going to spend five thousand hours on TV, but I'll spend, let's say, five hundred five hundred on TV and I drive a beater of a car. But so maybe I eventually will need to get a new car, probably sooner rather than later. But my requirement is that it has a dent in it. Just I feel safer if I hit something that I don't care. It's already has a dent in it.

Cody: So it's better when someone opens the door and puts a new one in.

Riley: Yeah, they hit me. I don't care. I already dent in the car, so I'll buy a five thousand dollar car that's already dented.

Cody: I love those answers. I originally was writing this question, I was saying, imagine you just won a million dollars and you have to donate half and spend half on something fun. And I was like, hopefully people aren't just chomping at the bit to spend five hundred thousand dollars on something fun.

Riley: Exactly.

Cody: Let's try to make this a little bit more being stewards of our money here. But yeah, that's a good answer.

Ok, so this next one is called My Quarantine Thing. So folks from all over are trying something new during the covid era - getting a puppy, cutting their own hair, trying out a new hobby - what's your new thing that you've taken on since this covid season hit?

Riley: You know, covid didn't it didn't really change my life, honestly, until I finished residency. I went to the hospital, I lived at the hospital, and I went home for a while. I never ate out. And so I didn't do many new things. My new thing was not working out. So that's what I, I've newly not been working out for the last few months.

But, you know, it's not due to covid. But just this is the first time in a long time that I've seen a new city. You know, I was in Corvallis for six plus years and I'm from the Portland area. So I've been here for a little over a month or a month and a half. It's only a third city I've ever really lived in. And so, you know, a new thing is just getting to see a new city that I live in. It's so being in Salem I'm looking at the parks and just other outdoorsy things. You know, of course, that you can do as much as you can do right now. So that's been nice. Is just being able to you know... Oh, I guess another new thing, is a road trip to MOAB and saw a couple national parks. I saw Arches and Canyonlands National Park. And that's the longest road trip I've done. But I was like, well, where else am I going to do with my two weeks off?

Cody: Yeah.

Riley: So, yeah.

Cody: That's great, and you did the whole two weeks doing that loop?

Riley: It didn't take two weeks. I planned on camping with my girlfriend for around two weeks. And then during the day it was 100 degrees and we're tent camping. And so we're like literally trying to find spots. We literally had to be in our car touring the national park or inside of a facility, which you couldn't. There weren't very many to do. So we cut it short a little bit and go do something else for the last few days. So I did not spend my two weeks in 100 degree heat inside the tent, unfortunately.

Cody: Yeah. Wow. That's cool, though, that you got the opportunity to do that.

Ok, this final one is a new thing we're trying out, so we're going to give you 30 seconds and actually, you know what? We're going to go forty five seconds. Let's that gives a little bit more buffer. And I'm going to throw some trivia, OSU trivia at you.

And we're going to keep a tally during this season of who gets the most of these. But we're going to switch them up. So if you're listening and then you're going to be on the podcast later, you can't just memorize these. I've got a good inventory here.

But anyway, we're going to give you forty five seconds and I'll tally up how many you answer. So, Riley, you ready?

Riley: Sure. I guess so. Actually, I'm worried. [Chuckling]

Cody: I'm going to grab a pen and paper. I need to make sure I tally.

Riley: I'm worried I'm going to be look like a bad alumni if I do poorly.

Cody: I mean, you're there for what eight years?

Riley: Exactly, I know. And people who've been there for two years are going to know or have been to more football games than I have.

Cody: Ok, I've got my timer set here for, let's see, forty five, are you ready?

Riley: Ready? Let's go.

Cody: OK. Name a professor you had at OSU,

Riley: Dr. Filtz.

Cody: Name a Corvallis zip code.

Riley: Can I pass?

Cody: Pass. OK, name a building where you had classes

Riley: Milam

Cody: What year was OSU founded?

Riley: I'm not even going to guess because I will look dumb.

Cody: What was one name that OSU was called before it was OSU?

Riley: Ummm...

Cody: What's the number of the highway between I5 and Corvallis?

Riley: Was that 99?

Cody: Not quite.

Riley: I'm the worst directions. If anyone I know listens to this podcast their going to laugh at me for that one. OK, sorry. Keep going.

Cody: All right, your time's up.

Riley: Oh wait! 97330. Is that right?

Cody: Oh, got it. OK. No Google search?

Riley: No, no, I didn't. I had to think of OK, where I lived. What's the old saying?

Cody: Your time was up. But I'm going to go half point, so

Riley: I'll take it.

Cody: the bar is set at two point five currently for the rest of our guests.

Riley: I want people to think... I want to have a low bar so every next guest can be the winner.

Cody: That's great, I dug into some ones there that I was trying to remember, like my addresses at different places in Corvallis, because at the end of my OSU career, my undergrad I could rattle them all off like boom, boom, boom, boom. And now I can't even think of them.

Riley: I could have done the streets north of...

Cody: Oh, yeah.

Riley: Monroe that's a good one. Now I'm taking up your time...

Cody: No, that's no, that's good. If anyone can do that, then I'm impressed.

Riley: And beer in Harrison, Polk, Taylor... Based off the presidents.

Cody: Yeah. I had to like I don't know if any other Beavs have had this after they've graduated, but like, sometimes when you apply for an apartment or a house or something, you have to list like your last five landlords or whatever or like they have space for it. That is, that is a test I had to dig through, like paper documents and like e-documents, email threads to try to find that stuff, which I think a lot of them don't necessarily require you to put every single one, but you don't have my first one.

I like I thought it was a requirement and I was like, I'm not going to get the apartment unless I do this, so.

Riley: Right. Yeah, I give, I give two and the second one I then I'll go just like, oh my parents, I just I had 10 plus years. They never get it now.

Cody: Call them. They'll vouch that I'm a good person. I'll clean my room. [Laughs] Ok, so that wraps up our fun segments. So Riley thanks for participating there.

Riley: Of course. Glad I could do poorly.

Cody: We'll see. We'll see. And it's true that maybe that's the bar right now. So we'll see how it goes.

But anyway, we really appreciate your time today telling us a little bit more about pharmacy and the whole journey and also the business side of things in that realm to

that was really interesting to hear about. So, yeah, thanks for sharing all those stories and appreciate you coming on.

Riley: Yeah, of course. Thanks for having me. This was fun. If you need people to come back for round two, to let me know.

Cody: We might have a like a trivia, you know, rematch with all eight guests on at the same time or to battle it out in real time. Yeah, they're all right.

Riley: I'm there!

Cody: We'll get that in the works. To all our listeners out there in Beaver Nation, thanks for tuning in for the first episode of season two. We'll see you on the next one.

[Bouncy theme music plays.]

[00:45:42] Hey, listeners, our goal at OSU next to the alumni association is to build community, and that includes creating connections and sharing these unique stories with the rest of the nation. If you found this episode of the What's Next? podcast valuable, you can help us achieve this goal by writing a quick review, leaving a rating and subscribing to the show in your preferred podcast player. We're thankful for your support.

[Bouncy theme music fades.]