Greg Milanich has worked as a pharmacist since earning a Bachelor of Science in Pharmacy from Ohio Northern University in 1980. He got his first pharmacy exposure employed by an independent community pharmacy while attending junior high school. He did everything from mopping floors to accounts payable. The pharmacy owner, known as ‘Doc’ by the community, mentored him in all aspects of business and retail pharmacy. Greg started practicing as a retail pharmacist employed by a regional pharmacy chain followed by practicing in an acute care setting for ten years. He was fortunate to have a mentor in a rapidly growing hospital pharmacy department. He was involved in program development such as starting an inpatient infusion program, various outpatient rehabilitation programs, outpatient chemotherapy, and formulary development.

Greg started his geriatric LTC pharmacy practice in 1989 with an independent LTC Pharmacy servicing approximately 24,000 residents in various settings from one pharmacy location. He started as a Consultant Pharmacist and was promoted to Vice President of Professional Services overseeing consultant pharmacists and their extenders, and was responsible for patient pharmaceutical care including disease management programs, formulary development, and interdisciplinary education. He has been a Certified Geriatric Pharmacist.

Greg’s current position is HCR ManorCare’s AVP, Pharmacy Services. HCR ManorCare is a national leading Nursing Facility (NF) and Assisted Living Facility (ALF) provider. Greg oversees a staff of Consultant Pharmacists employed by the provider that are responsible for Consultant Pharmacist’s services to approximately 230 NFs and ALF communities. He is involved with clinical services and formulary management for approximately 300 NF and ALF communities in 25 states. Greg is active with affecting change in our industry such as working with stakeholders to permit facility formularies to be used in Wisconsin and West Virginia, participation in a CMS Hospice stakeholder meeting resulted in significant change for mandated PDP prior authorizations, ongoing meetings with the DEA as a
member of ASCP’s DEA Task Force, and participation with ASCP’s Nursing Facility Special Interest Group meeting with CMS to discuss industry challenges associated with Specialty Medications. Greg also appeared before several Boards of Pharmacy, Boards of Medicine, and state legislative committees to discuss various senior care pharmacy issues. He also plays a role in overseeing services provided by a LTC Pharmacy provider.

Greg is active with ASCP. He has served on several committees in the past and currently serves on the Ohio Chapter Board of Directors, Government Affairs Committee, Nursing Facility Special Interest Group, and DEA Task Force. He is the Chairperson for AHCA’s Pharmacy Workgroup.

Greg believes that senior care professionals must both embrace and affect change adapting to future healthcare care challenges and ‘taking care of our patients’ will lead the industry to the best path for their future.

What will you bring to the table to help ASCP retain current members and attract new members?

Vision for the future including focus on patient care using available synergies and emerging technology, positioning members and our profession for Provider Status, and providing and demonstrating value to our ‘customers’. ‘Customers’ are our patients, employers, healthcare professionals, contracting entities, and payers of the future. I have demonstrated pragmatic leadership to strategically move from the status quo of a ‘pill and a bill’ to delivering and measuring positive outcomes demonstrating value. Assisting ASCP to provide essential insight and tools will aid both retaining current members and attracting new members from outside our current target membership.

What are your individual goals for ASCP and the region that you will represent?

Goals would include increase monitoring and engagement with federal, regional and state regulatory activities and changing healthcare environment that may have effects on our patients and industry and increase communication with members. For example, many states are quickly promulgating regulations addressing the “Opioid Epidemic” in their states. Little consideration is usually given to senior patients residing in communities, Nursing Facilities, or Assisted Living Communities putting these patients at risk of preventable pain. Increase communication with members regarding these issues would foster a more proactive engagement by members increasing visibility and bringing value to our ‘customers’.