

COMMUNITY PHARMACY FOUNDATION
Grant #73 with the Saint Elizabeth Foundation
On behalf of the Community Asthma Education Initiative

Final Report/Second Grant Year

The following report gives a retrospective overview of activities and outcomes accomplished during the first year and first quarter of the second year of the two year grant period, with sequential goals and objectives which will allow you to see the progression of the project. Each quarter builds on the next and you will see that the interventions accomplished initially continue through each subsequent quarter.

Goals

- 1) A stakeholder group will provide the sites, commitment and support for a pharmacist intervention project.
- 2) A program of brief interventions with coordinating marketing, incentives, pharmacist prompts, and a variety of synonymous educational materials will be utilized.
- 3) Data collection should be driven by patient outcomes measurements, and be integrated into the pharmacist/patient encounters as part of the brief intervention.
- 4) A business plan for marketing the brief intervention program will have tiers to address pharmacists, grocery employees, and pharmacy customers.

Methods

- 1)
 - a) Recruit stakeholders to provide a group of sites to launch pharmacist interventions.
 - b) Seek a project champion within the stakeholder administration and a liaison to pharmacists.
 - c) Create a strategic plan that will be sensitive and responsive to the needs of the stakeholder community.
- 2)
 - a) Develop a template for 24 monthly brief interventions to nine pharmacies.
 - b) Design bag tags with coordinated educational materials for distribution. Correlate incentives with monthly asthma-related themes.
- 3)
 - a) Utilize the Asthma Control Test (ACT) in establishing a baseline with monthly follow-up at 6 and 12 month intervals.
 - b) Establish a protocol during brief intervention for monthly data collection for comparison of work/school absenteeism, hospitalizations and ED visits, exacerbations and symptom-free days.
- 4)
 - a) Develop and produce 24 monthly-themed collateral materials for use in promotion and implementation of the program.

- b) Familiarize pharmacists within Lincoln with the program details through newsletters and publications by the NPA.
- c) Create in-store signage to prompt the undiagnosed, and asthmatics who have not attended asthma management clinics.
- d) Expand World Asthma Day activities to market pharmacist activities to physicians and the general public.

Results

- 1)
 - a) The project was conceptualized by CAEI staff, presented as a proposal, and accepted by management at the B&R Stores pharmacy chain.
 - b) One pharmacist, a long-time employee, was approached and requested to assume the role of champion and accepted the task to lead the rest of the staff.
 - c) Each pharmacy was surveyed, soliciting suggestions from the focus group to establish process details that would meet the needs of employees and customers. The incentive program, originally designed for patients, was expanded to include a contest among the pharmacies. Collateral marketing materials were created to promote the program, being disseminated throughout the stores in the staff lounges and billboards. Quarterly assessments will be conducted to implement necessary amendments to the strategic plan to make the program proactive and responsive to pharmacy community.

- 2)
 - a) Topics were selected with attention to the need to distribute the most essential tools for asthma care within the 1st quarter (i.e. Peak Flow Meter Use, The Necessity of Spacers, and Asthma Action Plans.) Seasonal subjects follow (i.e. Cold Air Bronchospasms, Home Assessment, September Syndrome, etc.) The incentives correlated with the subject using Back-to-School kits in September, allergen dusters and bronchospasm-preventive face warmers for winter months, etc.
 - b) Background design is consistent, with changes in subject and color.

- 3)
 - a) During monthly visits for in-service to each pharmacy, data was assessed for completion and logged.
 - b) Each pharmacy was given a PowerPoint presentation (see attachment), giving them an overview of the literature search completed before program development, along with an outline of their role. Prompting, using bright stickers to be attached to the bag with each asthma prescription will allow reminders for techs and for pharmacists who serve customers at the pick-up window. Data collection was reviewed with techs and pharmacists, and forms and supplies were delivered to each location.

- 4)
 - a) Bag tags were designed and printed to reflect asthma-related monthly themes (i.e. cold weather symptoms (February), mold triggers (October), dust (March), flu shot reminder (November), etc.) Coordinating give away items were designed (i.e.- fleece air warmers (February), Tilex samples (October), allergen free dust cloths (March), etc. In addition, coordinating pharmacist incentives, store signage and events were

designed and organized to prompt pharmacists and technicians to the program including laminated “brief intervention question of the month” cards that fit in the POS, postings and stand alone signage for pick-up and drop-off windows.

b) The Nebraska Pharmacist Association (NPA) sent a letter complementing the pharmacists in this project on their involvement and commitment as a preview to an article highlighting the success of the program which will follow in upcoming quarters. Regular meetings with NPA officials were set to establish a business plan that could serve as the template for pharmacist throughout the state. All materials were made available to any interested pharmacist and will be marketed through the NPA communication network.

c) Graphic designers were employed to create store signage to advertise the program to customers and employees (see attachment.) Because of our non-profit status, we were able to obtain the design services pro bono, and consequently stretch our grant funding.

Conclusion

During the course of this study, the participating pharmacists found the program to be so successful that they requested additional materials to extend the program beyond employees only and began distributing the bag tags and asthma related promotional items to all their patients. Support from the alpha sites to remain in the program, while additional pharmacy chains have expressed interest, spurs our coalition on to expand the success of this work.

The qualitative analysis and the phenomenological implications of this study enthusiastically warrant continuation of the project. In addition, through the results of the body of quantitative data collected with each refill, and qualitative data assessed at baseline, 6, 12, 18 and 24 months, along with colloquial asthma surveillance conducted by The Community Asthma Education Initiative, an additional target group was identified. It appears that the geriatric age group suffers from the greatest mortality, along with the pediatric population which has the highest incidence of morbidity from asthma. The latest report from the CDC is that Nebraska ranks # 1 in asthma mortality.

Thanks to the generosity and foresight of The Community Pharmacy Foundation, the team approach to health care with the pharmacist as a primary participant has been realized with great success and unparalleled service to the community. The ground work for a new study sprung from the pharmacists’ enthusiasm and vigilant data collection. As discussed above, the identification of the geriatric population who suffer the greatest incidence of mortality along with our state’s unfortunate label of 1st in the nation for asthma deaths, has compelled our coalition to further our efforts in caring for these needs. It is our intent to create a business plan for our next application to The Community Pharmacy Foundation for program propagation. Thank you so much for believing in us and for your faithful support of this innovative collaborative endeavor!