

Walgreens Cholesterol Management Program

Grant Funding - Community Pharmacy Foundation

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Introduction:

Coronary Heart Disease (CHD) is the leading cause of death in the United States. There are as many as 12 million Americans that have CHD and as low as 4% of these patients are being treated and controlled adequately. According to the American Heart Association, close to 1 million Americans die each year from cardiovascular disease. This costs the United States more than \$298 billion dollars annually. Cardiovascular disease causes more death in women than all forms of cancer and is the most common cause of death among the elderly.

As previously mentioned, CHD is a major problem in the United States. A problem that is not being adequately controlled. With the July 14th, 2004 release of the National Cholesterol Education Program (NCEP) Report in Circulation (Implications of Recent Clinical Trials for the NCEP Adult Treatment Panel III Guidelines), we see that the classifications for "controlled" lipid levels are going to become even lower than they are currently. This will mean even fewer patients with adequately controlled lipid levels.

Background:

The Cholesterol Management Program (CMP) at Walgreens was established based on patient need and interest. Approximately 25-30% of prescriptions filled at the primary CMP location were medications used to manage/treat dyslipidemia. In addition, Walgreens patients responded favorably when polled as to their interest in a Cholesterol Management Program.

The program runs via two methods, a one-time screening or a screening with subsequent follow-up visit(s). The \$25-30 fee includes a full lipid panel, plus extensive diet and exercise counseling. This is a fee-for-service program.

January 13, 2003 marked the first day of the Cholesterol Management Program at Walgreens #2025. At this location, the program was promoted as a "management" program, focusing on multiple counseling sessions with each patient. Simultaneously, the program was launched by another investigator, with a more mobile approach. This mobile unit served primarily as a screening tool, offering patients their results while they waited, but not a through counseling session and follow-up.

Throughout the year, patient results and feedback were positive and the program was expanded in January 2004 to two additional sites in Valparaiso, IN and Memphis, TN. Each location offered the one-time screening and/or screening with follow-up visit(s).

Implementation:

The implementation of the program began with installation of the Cholestech LDX Lipid Analyzer in the pharmacies. This portable machine has the capacity to

perform full lipid panels (Total Cholesterol, LDL, HDL, and Triglycerides) as well as glucose and liver function (ALT) tests.

The pharmacists and pharmacy students working at the program sites were trained on the use of the Cholestech LDX and the program documentation forms. Continuing education programs on dyslipidemia and heart disease, diabetes, hormone replacement, and smoking cessation were also completed. Several of the investigators sought further education through the Midwest Heart Foundation's "Lipid Tutorial", a two day course focusing on managing the dyslipidemic patient and/or becoming credentialed in dyslipidemia through the National Institute for Standards in Pharmacist Credentialing (NISPC).

Women and men aged 20 years or older were self-selected for this program. Recruitment was conducted through marketing strategies to be discussed in the following section. Prior to conducting the cholesterol screening, the patient completed a consent form and an intake form providing some basic demographic information and the patient's physician contact information. At this point, the patient's blood sample was collected via a finger-stick. During the 5 minute processing time, the patient and pharmacist discussed the patient's risk factors (per the National Cholesterol Education Program) and completed a Framingham risk assessment. Each of the profile components (Triglycerides, HDL, LDL, and Total Cholesterol) were addressed with the patient and individualized goals were established using the NCEP guidelines.

After receiving the lipid panel results and individual goals, the patient was given the option to schedule an appointment with the pharmacist for diet and exercise counseling. Ideally each patient would return for this appointment. The follow-up appointment began with collecting blood pressure, weight, and waist circumference and completing a basic chart of medical and medication history. This was approximately a 10-15 minute process.

The foundations of good eating, including the food pyramid, how to read a food label, and portion sizes were discussed, as well as the basics of the Therapeutic Lifestyle Changes (TLC) diet. These include decreasing saturated fat and cholesterol intake while increasing fiber intake. A slow and simple approach was utilized to allow for patient questions. In addition, the patient was provided with many easy to follow education materials for at home reference.

Cardiovascular fitness is also important in reducing lipid levels. The patient was instructed to discuss exercise with their physician before starting a fitness program. Moderate physical activity, 20-30 minutes three to four times a week, was recommended. Also, the pharmacist stressed the importance of stretching and warm-up, prior to engaging in moderate activities.

Most patients, especially with goal lipid levels, did not return for the follow-up visit. Still others, did attend the follow-up visit with the pharmacist, but did not

have a repeat lipid panel in 6-8 weeks as recommended. Some patients returned to the pharmacy repeatedly, 4 or 5 times, recognizing the benefit that the pharmacist's support and education can provide. It was with these patients that the greatest improvement was observed.

	screening	screening with follow-up
store #2025 (Chicago)	171	76
mobile unit (Chicago)	477	93
store #3680 (Valparaiso, IN)	69	8
store #4628 (Memphis, TN)	17	3

Patient lipid panels were shared with physicians with patient consent. The vast majority of patients did not wish to have the results faxed to their physicians. Reasons cited - 1. patient did not have a physician, 2. patient was trying to improve lipid levels before next physician visit, or 3. patient was verifying that the last results received at the physician's office were correct.

When condoned by the patient, lipid panel results and pharmacist recommendations were faxed to the physician. As previously mentioned, this did not occur with the majority of patients.

	recommendations made to MD	accepted
store #2025 (Chicago)	9	7
mobile unit (Chicago)	4	1
store #3680 (Valparaiso, IN)	1	1
store #4628 (Memphis, TN)	3	3

Patients not at their individual goal were referred to their physician. If the patient did not already have a physician, the pharmacist recommended one.

	physician referred patients
store #2025 (Chicago)	67
mobile unit (Chicago)	65
store #3680 (Valparaiso, IN)	not available
store #4628 (Memphis, TN)	3

Marketing:

The Walgreens Cholesterol Management Program was marketed in various ways starting one month prior to the program launch at each location. In-store promotion included 8.5 X 3.5in fliers stapled on prescription bags and easel board signage (30 X 40 in poster), as well as the parking lot reader board. Phone messages were recorded periodically to inform Walgreens patients of this service. Area physician groups were detailed on the program and their feedback was encouraged.

By far and away the most successful form of publicity for the CMP was through the local newspaper. Unfortunately, this is the most costly form of advertising. For this reason, a partnership with the local Subway was formed. Determining the relationship as mutually beneficial, Subway paid for 50% of newspaper advertising costs over a 6-month period. The local restaurant franchise also promoted the program by distributing CMP marketing materials to their patrons. In return, all CMP patients were provided with education on healthy "eating out" foods, including Subway, and provided with several Subway coupons at the end of the session.

Cholesterol screening days held at various Walgreens (one day only), were promoted similarly to the permanent clinic locations. One-month prior to the screening date, in-store promotion included 8.5 X 3.5 fliers stapled to all prescriptions, a message on the parking lot reader board, and phone message. Brochures were distributed at all area Walgreens as well.

Allocation of Funds:

The majority of the monies were spent on the purchase of the Cholestech LDX machines (4) and start-up testing supplies. Each Cholesterol Management Program site was responsible for subsequent testing supply expense and Cholestech LDX repair.

Another large portion of the grant funding was spent on marketing. As discussed earlier, newspaper advertisement was largely successful and costly.

	Dollars Spent
Supplies	
- patient education	\$193.19
- testing	\$6,292.65
Marketing	\$4,071.47
Pharmacist training	\$250.00
Pharmacist salary	\$1492.69
TOTAL	12,300

Looking Back:

There are several things that could have been done more effectively to provide better outcomes for program participants. Patient participation in follow-up visits/tests was lower than anticipated. Reminding patients of the 8-week follow-up date via the telephone and postcards may possibly improve patient compliance. During the study, patients were only contacted via the telephone. In addition, increased physician collaboration would aid patients in controlling their lipid levels.

Collecting the patient data at the end of the study was difficult due to the various sites and investigators. In the future, monthly progress reports would help eliminate this problem.

Currently this program is fee-for-service. Third party funding would likely improve patient interest and follow-up. Financial assistance could be provided for the patient via the testing cost or decreased co-pays on lipid medications for program enrollees. Such funding for pharmacist provided Disease State Management programs would also greatly increase the success of future programs. Multiple states have pilot programs running with Third Parties to show patient's improved health outcomes and therefore establish reimbursement. Locally the Illinois Pharmacists for Quality Patient Care (IPQPC), a group of pharmacists in Illinois, are seeking a Third Party partner for a similar Disease State Management program pilot.