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COMMUNITY PHARMACY FOUNDATION
COMPLETED GRANT SYNOPSIS

Cholesterol Management Program

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Objectives

- 1) Evaluate patients cholesterol levels at initial and follow-up visits
- 2) Provide patient education on cholesterol and lifestyle management on a fee-for-service basis
- 3) Collaborate with managing physicians upon patient consent

Methods

Design	Prospective convenience sample of 734 patients across four Walgreens pharmacies in the greater Chicago area and in Memphis, Tennessee.
Intervention	Selected patients were offered to participate in a fee-for-service (\$25 - \$30) cholesterol and lifestyle management program. Enrolled patients completed consent and intake forms and screening with Cholestech LDX lipid analyzer. After review of the lipid results at the initial visit, patients were offered a second visit with the pharmacist for 10 -15 minute diet/exercise counseling. Patients were also recommended to have a repeat lipid panel in 6 – 8 weeks. Communication with patients physicians’ was pursued per patient authorization.
Inclusion Criteria	<ul style="list-style-type: none"> • Age ≥ 20 years • Self reported dyslipidemia
Study endpoints	<ul style="list-style-type: none"> • Demonstrate feasibility of conducting a lipid screening and follow-up program in a community pharmacy • Demonstrate patients willingness to pay for pharmacists’ services • Develop and provide targeted pharmacist education services for dyslipidemia

Results

- Of the initial 734 screened patients, 180 returned for follow-up counseling
 - Some of these patients were already at goal lipid levels
 - Some patients returned to the pharmacy 4 – 5 times, recognizing the benefit that the pharmacists’ support and education can provide. These patients showed the greatest improvement
- Of the 17 therapy recommendations made to physicians, 12 were accepted

Conclusion

A cholesterol assessment program was developed and implemented across four different pharmacies. Patients were willing to participate in a fee-for-service pharmacy cholesterol assessment program. The follow-up was lower than expected. Patients declined physician contact because they did not have a physician, trying to reduce cholesterol levels before next physician visit or were verifying results of prior physician tests.