

# EVOLUTION OF COMMUNITY PHARMACY: OPPORTUNITIES IN PREVENTIVE CARE

Presented by:  
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Kroger Health



# OBJECTIVES

- Describe the urgent need for **expanded roles** of the pharmacy team to provide greater **access to preventive care services**
- List **examples of screenings** that can commonly be conducted in pharmacies today to **enhance preventive care**
- Review **key takeaways** based on the **experience** of providing preventive care programs in community pharmacy and the potential **impact** on reaching national population health goals





# PRE-PROGRAM ASSESSMENT

## QUESTION 1

How many Americans have **prediabetes**?

- a. 25 million
- b. 51 million
- c. 84 million
- d. Over 100 million



## QUESTION 2

The HP 2020 **Leading Health Indicator** of persons diagnosed with diabetes whose **A1c is >9%** is

- a. Improving
- b. Getting Worse
- c. Little or no change
- d. Target has been met/exceeded



## QUESTION 3

**HPV vaccination** is recommended by ACIP for **boys/men** up to age:

- a. 45
- b. 26
- c. 21
- d. Not recommended for males





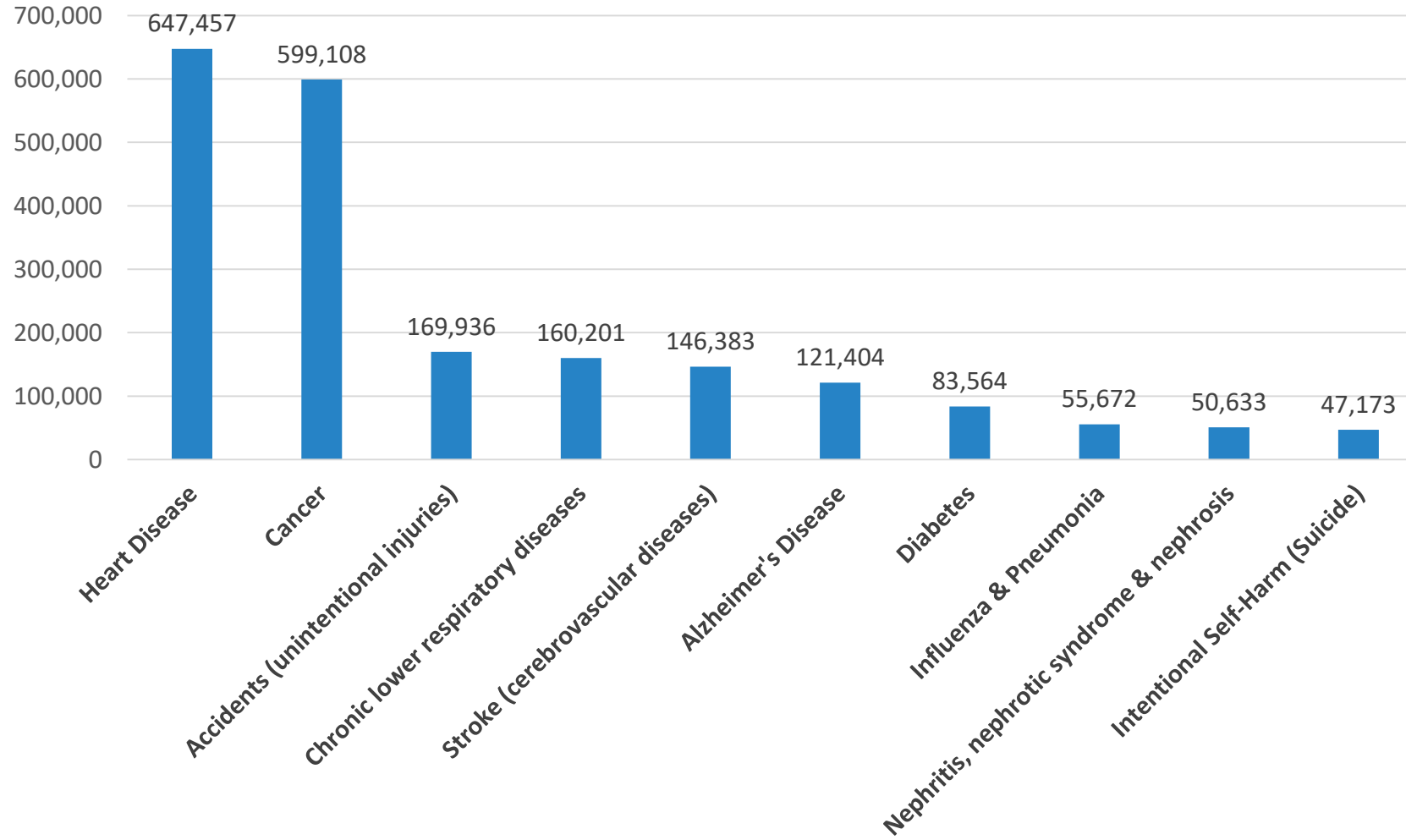
# CASE FOR PREVENTION

70% OF AMERICANS ARE ON 1 PRESCRIPTION MEDICATION  
**2/3 OF THOSE 65 AND OLDER USE 5-9 MEDICATIONS**  
45% OF AMERICANS HAVE AT LEAST 1 CHRONIC HEALTH CONDITION  
**25% OF AMERICANS 65 AND OLDER HAVE DIABETES**  
ALMOST 50% OF PEOPLE WHO TAKE MEDICATIONS FOR  
CHRONIC DISEASES DO NOT TAKE THEM PROPERLY  
**OVERALL HEALTHCARE SPENDING WAS \$3.3T IN 2016**  
**84M AMERICANS HAVE PREDIABETES**  
2 OUT OF 3 PEOPLE ARE OVERWEIGHT OR OBESE  
INFLUENZA AND PNEUMONIA ARE THE 8<sup>TH</sup> LEADING CAUSE OF DEATH





# NUMBER OF DEATHS PER LEADING CAUSE

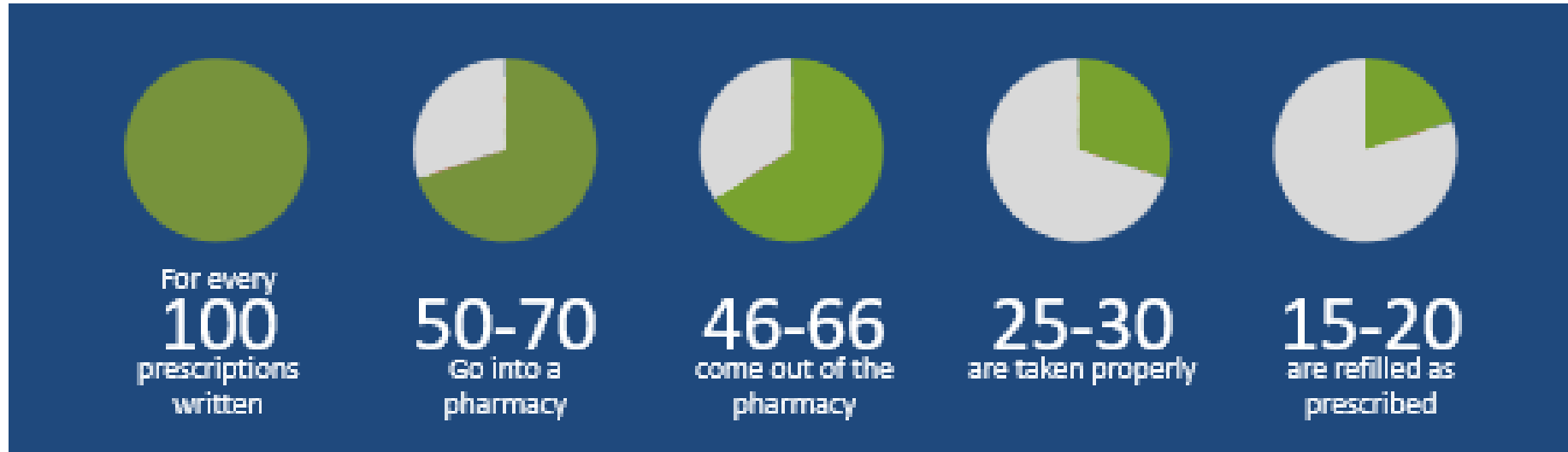


Deaths: Leading Causes for 2017, National Vital Statistics Report; Vol 68, No 6



# ADHERENCE IS A NATIONAL PROBLEM

- *Extent to which patients take their medications as directed by a health care professional*
- Consequences of nonadherence cost the U.S. healthcare system **\$100-300 billion annually** by **negatively impacting patient health outcomes**





HEALTH IMPROVEMENT

## WHAT IS HEALTH?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

WHO Constitution, 1946



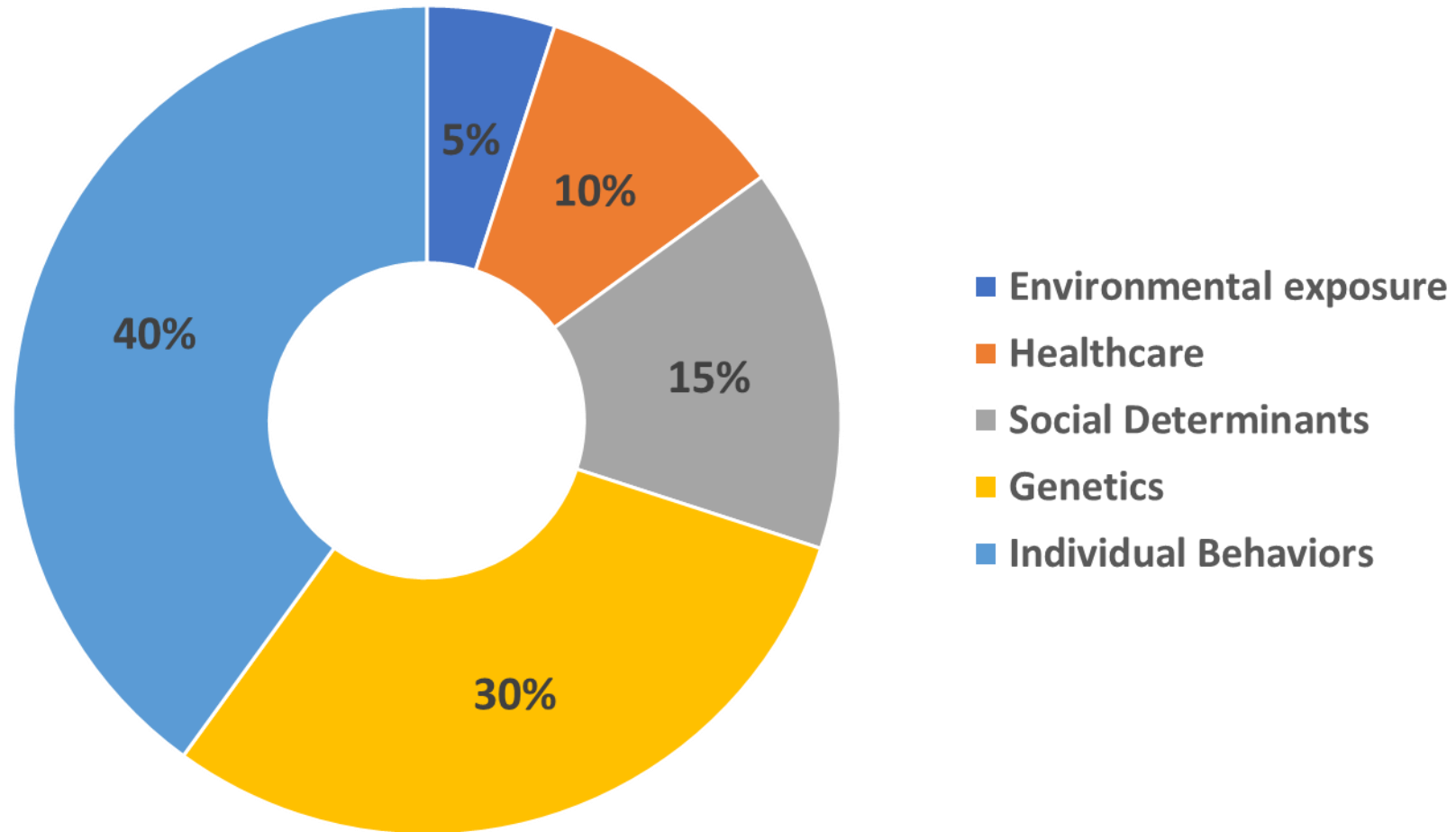
## WHAT IS HEALTH?

Health is the **ability to adapt** to one's environment. Health is not a fixed entity. It varies for every individual, depending on their **circumstances**. Health is **defined** not by the doctor, but by the **person**, according to his or her functional needs.

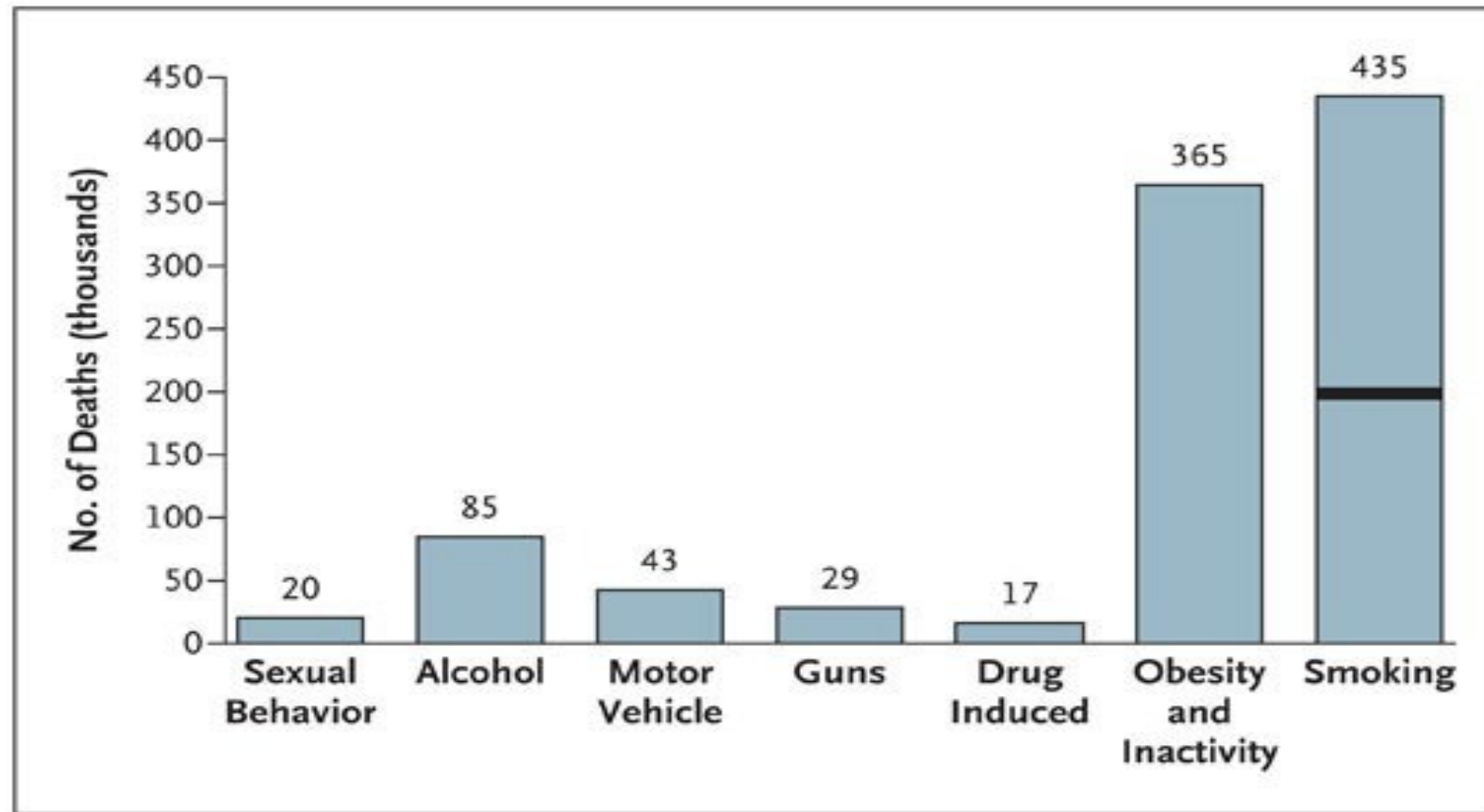
LANCET, VOL 373 MARCH 7, 2009



# CONTRIBUTIONS TO PREMATURE DEATH



# NUMBER OF U.S. DEATHS PER BEHAVIORAL CAUSE, 2000



# SOCIETAL DETERMINANTS OF HEALTH

- Include, but not limited to, factors commonly referred to as “**social determinants**”
- Conditions in the **social, physical, and economic environment** in which people are born, live, work, and age
- Consist of **policies, programs, and institutions** and other aspects of the social structure, including the government and private sectors, as well as community factors





# OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION (ODPHP)

- Part of **HHS** under the Office of the Assistant Secretary for Health
- Sets national health **goals** and **objectives**
- Supports programs, services, and education activities focused on **health improvement**
- Manages 3 **websites**:
  - [health.gov](https://www.health.gov)
  - [HealthyPeople.gov](https://www.HealthyPeople.gov)
  - [healthfinder.gov](https://www.healthfinder.gov)

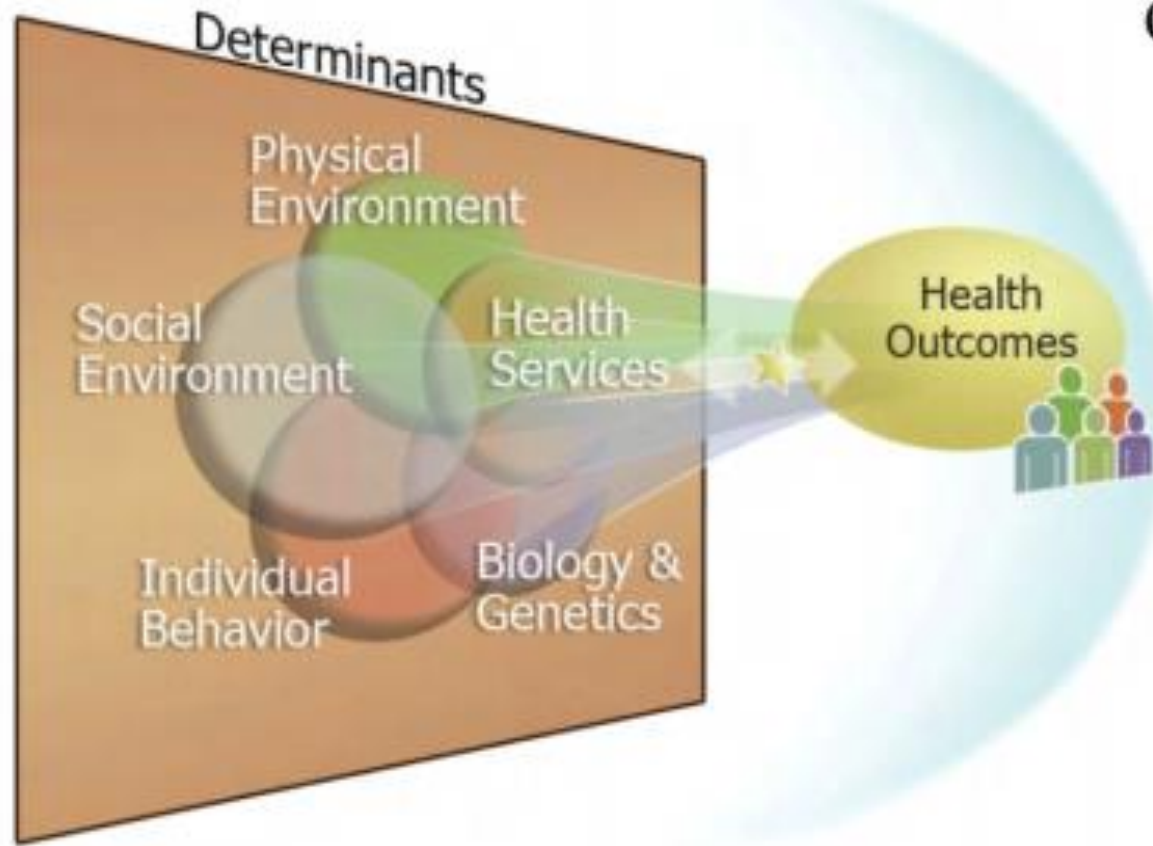




HEALTHY PEOPLE 2020

# Healthy People 2020

*A society in which all people live long, healthy lives*



## Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.



# LEADING HEALTH INDICATORS (LHI)

Topic Areas:

Access to Health Services	Maternal, Infant, & Child Health	Reproductive & Sexual Health
<b>Clinical Preventive Services</b>	Mental Health	Social Determinants
Environmental Quality	<b>Nutrition, Physical Activity, &amp; Obesity</b>	Substance Abuse
Injury & Violence	Oral Health	<b>Tobacco</b>



# LEADING HEALTH INDICATORS (LHI)

## Objectives

Clinical Preventive Services	Nutrition	Tobacco
Colorectal Screenings	Physical activity guidelines for aerobic and muscle-strengthening activity	Adults who are current cigarette smokers
Blood pressure control	Adult Obesity	Adolescents who smoked cigarettes in the past 30 days
A1c value > 9%	Children and adolescent obesity	
Childhood Immunizations	Total vegetable intake for persons aged $\geq 2$ years	





[Home](#) » [2020 Topics & Objectives](#) » 2020 Topics and Objectives – Objectives A–Z



## Topics & Objectives



Topic Area    Data Source    ?

Select one or more Topic Areas to begin.

filters

(#)

(#)

(#)

(#)

Group (#)

Agent (#)

(#)

**Now Online**

**Search the Healthy People 2020 Data.**

**Select a topic area from the list below to get started.**




Each topic area includes an overview, objectives and data,\* and evidence-based resources.



## Nutrition and Weight Status

[Overview](#)[Objectives](#)[Interventions & Resources](#)[National Snapshots](#)[Evidence-Based Resources](#)[Consumer Information](#)

Find evidence-based information and recommendations related to **Nutrition and Weight Status**.

Strength of Evidence ▼	Topic Area	Publication Date	Resource Type
 4 out of 4	<b>Nutrition and Weight Status</b>  <a href="#">Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults in Adults: Behavioral Interventions</a>	<b>2018</b>	<a href="#">Systematic Review</a>
	U.S. Preventive Services Task Force		
 4 out of 4	<b>Nutrition and Weight Status</b>  <a href="#">Celiac Disease: Screening in Children, Adolescents, and Adults</a>	<b>2017</b>	<a href="#">Systematic Review</a>
	United States Preventive Services Task Force		
 4 out of 4	<b>Nutrition and Weight Status</b>  <a href="#">Diet, Physical Activity, and Behavioral Interventions for the Treatment of Overweight or Obese Children from the Age of 6 to 11 Years</a>	<b>2017</b>	<a href="#">Systematic Review</a>
	Cochrane Review		



## Narrow Your Search

+ Topic Areas (1 Selected)

+ Data Sources (0 Selected)

+ State-Level Data Available (0 Selected)

+ Sex-Specific Objectives (0 Selected)

+ Age-Specific Objectives (0 Selected)

State Map Available

Health Disparities Data Available

LHI

Measurable Objectives

### About the Data

[Learn more about Healthy People 2020 data](#) and objectives, including when the data were last updated.

You searched: Diabetes × LHI × [Remove all](#)

**1 Objectives** match your search

Show Confidence Interval (if available)

Show Standard Error (if available)

## Diabetes


### D-5.1 Reduce the proportion of persons with diabetes with an A1c value greater than 9 percent LHI Revised

Persons with diagnosed diabetes whose A1c value is greater than 9% (age adjusted, percent, 18+ years)

2020 Baseline (year): 18.0 (2005–08)    2020 Target: 16.2 <sup>1</sup>    Desired Direction: ↓ Decrease desired

[Choose Years](#) ▼

POPULATIONS    ◀ 2005-2008 <sup>2</sup>    2009-2012    2013-2016    ▶

TOTAL    [View Chart](#)     18.0    21.0    18.7

[View data by group](#) +

#### Data Source:

National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

#### Data:

[Data Details](#)

[Learn more about the methodology and measurement of this HP2020 objective](#)

[Download](#)

[Download all data for this HP2020 objective \[XLS - 32.04 KB\]](#)







HEALTHY PEOPLE 2030

# HEALTHY PEOPLE 2030

- Secretary's Advisory Committee met initially in 2016
  - **Reducing** the number of objectives by **half**
- Recommendations:
  - **Add objectives** on the upstream determinants of health and well-being, health promotion, public health infrastructure and disaster preparedness, health equity, and health literacy
  - Add objectives on **structural and systematic prejudices and discrimination** through law, policy, and organizational practices
  - Consider an increased **focus on disease incidence**





HOW CAN RX HELP?

# HOW CAN RX HELP?

- Leverage **ACCESS**
- **ENGAGE** every prescription, every patient, every time
- **Identify** potential drug therapy problems and unmet health needs
- Use **Relationship Marketing** theory and **Motivational Interviewing** to offer solutions
- Perform **QUALITY** services
- **DOCUMENT**, follow-up, and monitor outcomes
- Share your successes

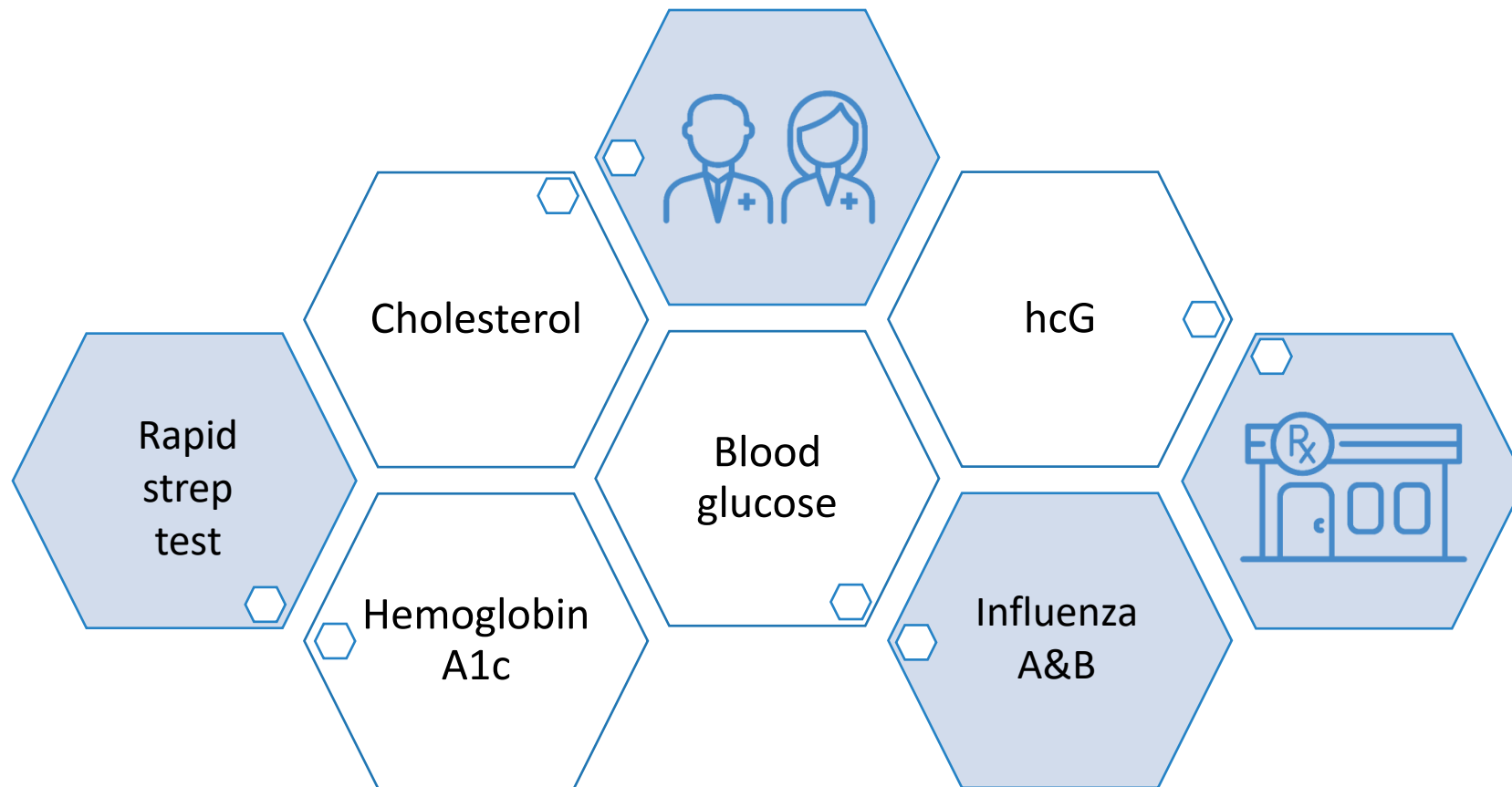




SCREENINGS

# CLIA-WAIVED TESTS

- Tests deemed by CMS, FDA, and CDC to have **minimal risk** when performed correctly



# IMPLEMENTATION

- **Free** screenings provided in **34 states** during February and June 2019
- Scheduled appointments or walk-in screening at **pharmacies and clinics**
- Available to **new and current customers**
- Funded, in part, by **sponsors**



**Schedule your *free***  
**blood glucose screening and**  
**diabetes risk assessment\***  
at [Kroger.com/diabetescare](https://www.kroger.com/diabetescare)

Ask me how to get  
a **FREE** cholesterol  
screening.

**Wellness**  
Your Way



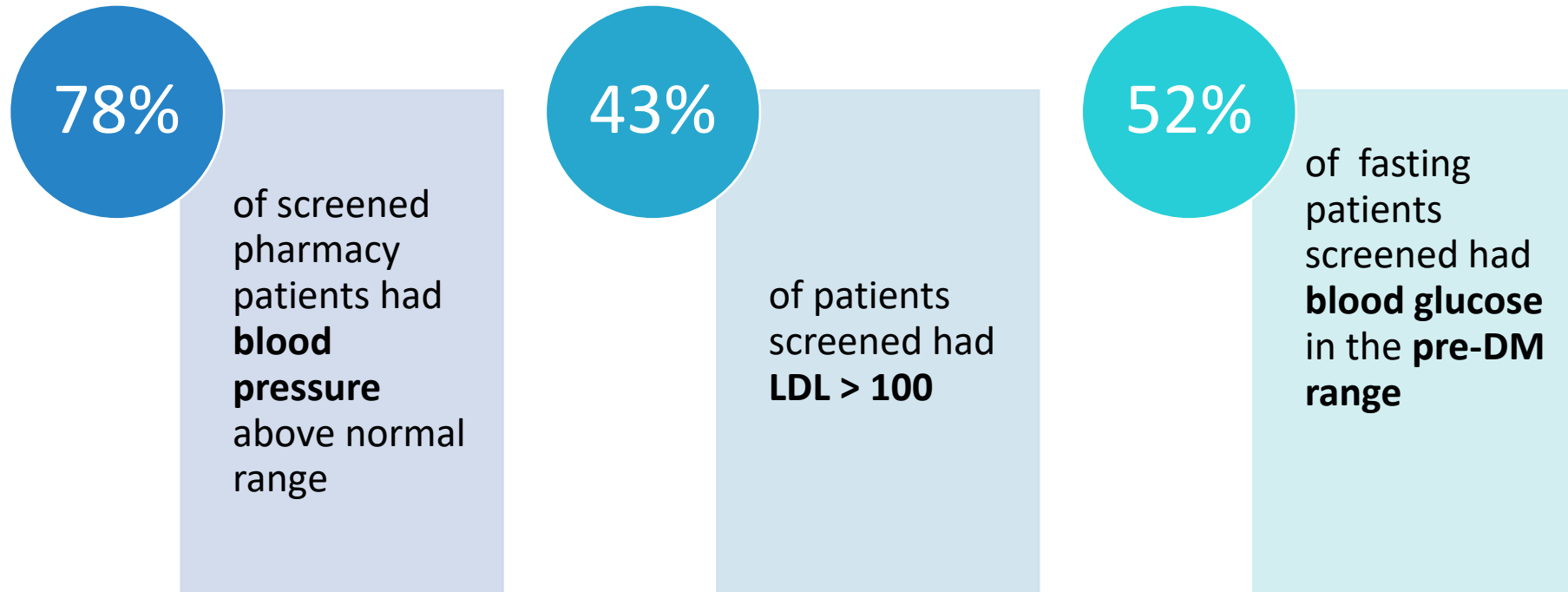
# SCREENING RESULTS

Free Cholesterol Screening	Free Diabetes Screening
Over <b>40,000</b> screenings	Over <b>41,000</b> screenings
<b>64%</b> female patients	<b>63%</b> female patients
<b>55</b> years old on average	<b>48</b> years old on average





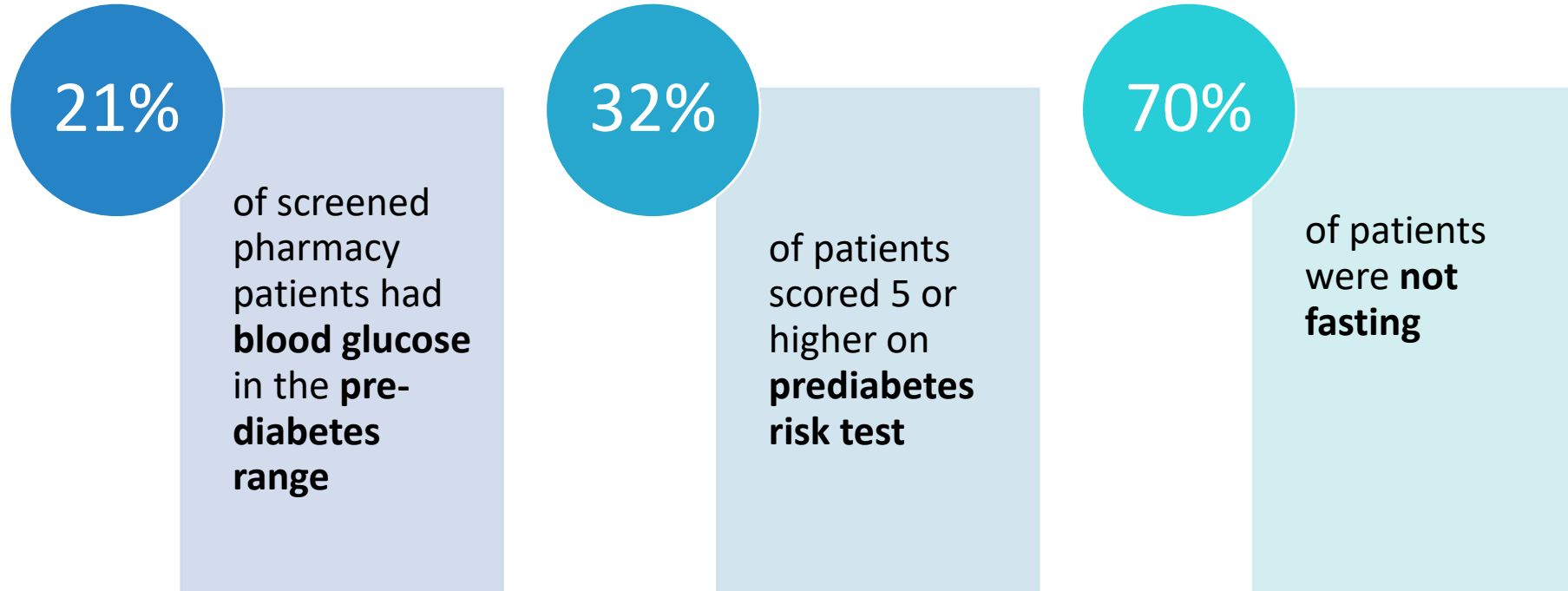
# FREE CHOLESTEROL SCREENING RESULTS



**506 patients referred to ER**



# FREE DIABETES SCREENING RESULTS





NUTRITION PROMOTION

# PHARMACIST'S ROLE

- Include in **counseling**
  - Pick your app(s)/websites
  - Know how, where, and to whom to refer
- **Assess** for health literacy, math skills, food insecurity, etc.
  - Familiarize yourself with **SNAP**
- Investigate **insurance benefits**
- Get ready for the future



Registered  
Dietitians



Opt**UP**

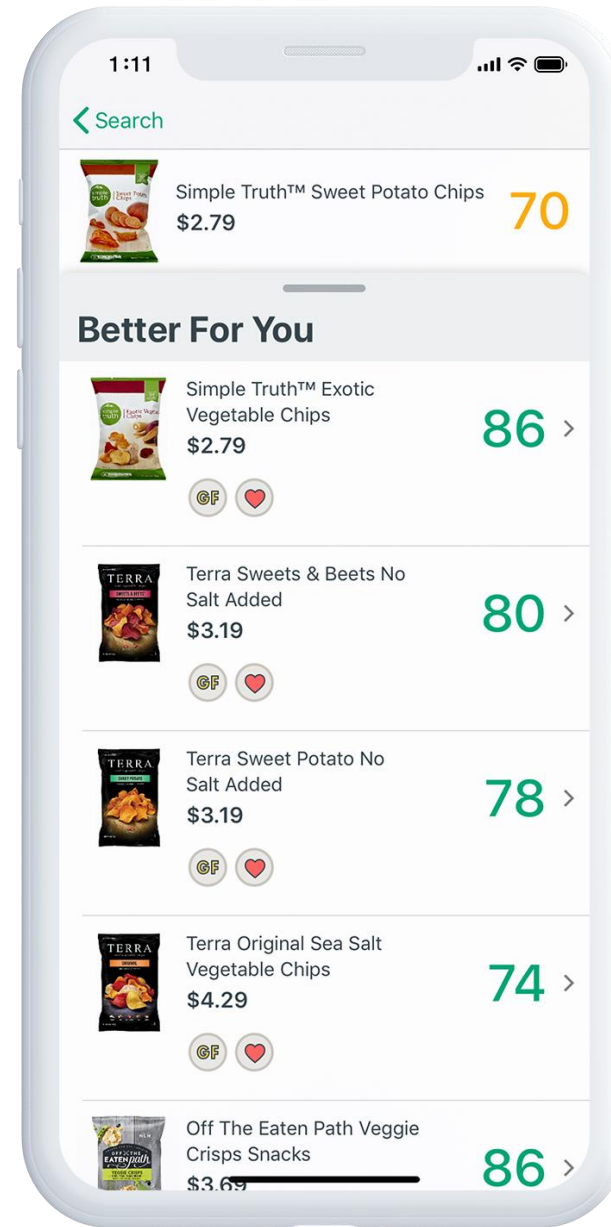
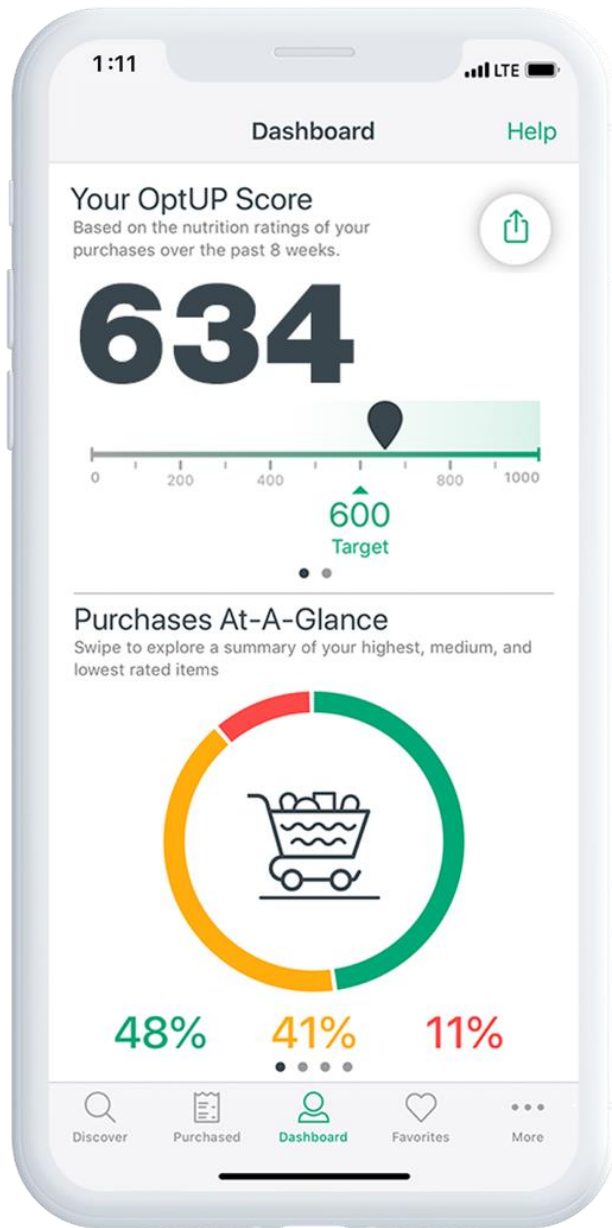
Nutrition  
Technicians





# NUTRITION TECHNICIANS







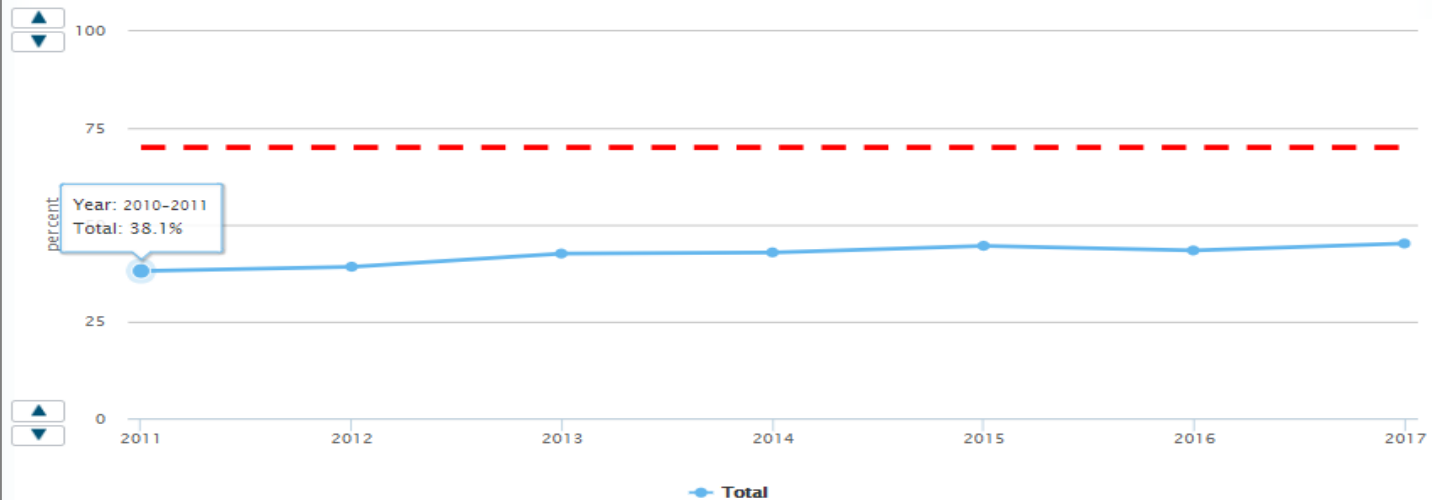
## VACCINATION DESTINATION



### Noninstitutionalized adults vaccinated against seasonal influenza (percent, 18+ years) By Total

2020 Baseline (year): 38.1 (2010–11)    --- 2020 Target: 70.0    Desired Direction: ↑ Increase desired

Auto Scale

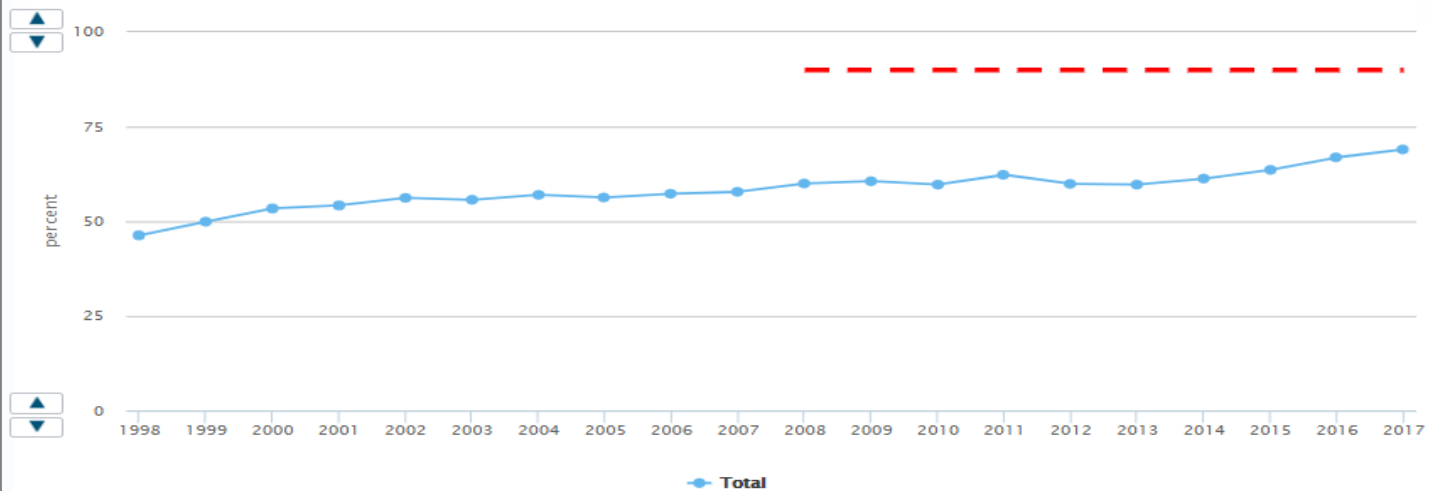


Data Source: National Health Interview Survey (NHIS); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS)  
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

### Noninstitutionalized adults vaccinated against pneumococcal disease (percent, 65+ years) By Total

2020 Baseline (year): 60.0 (2008)    --- 2020 Target: 90.0    Desired Direction: ↑ Increase desired

Auto Scale



Data Source: National Health Interview Survey (NHIS); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS)  
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.



# MORE THAN JUST THE FLU

## Influenza

- Customized product selection

## Pneumococcal

- Recommended product/schedule
- At-risk populations

## Herpes Zoster

- Series completion

## Hepatitis B

- At-risk populations

## Tdap

- Booster

## HPV

- Catch-up vaccinations up to age 26 for both females & males



# ROLE OF TECHNOLOGY

- Registry reporting/querying
- Targeting criteria to flag eligible patients
  - Waiting-in-bin reports
  - Clinical interventions/messaging within workflow
- Electronic structured assessments



# USE FACTS TO MOTIVATE PATIENTS

- Risk for heart attack **doubles** in the week following a respiratory infection in individuals with **heart disease**<sup>1</sup> When a person with **diabetes** gets the flu, they are **3x** more likely to be hospitalized<sup>2</sup>

**6-10x**

More likely to have a heart attack following an influenza infection<sup>3</sup>

**8x**

More likely to have a stroke following an influenza infection<sup>3</sup>

- **40-60% effectiveness** of influenza vaccines in preventing influenza illness among over all population during years in which influenza strains are well matched to circulating strains<sup>4</sup>

1. Corrales-Medina VF, Madjid M, Musher DM. Role of acute infection in triggering acute coronary syndromes. *Lancet Infect Dis* 2010; 10: 83-92.
2. Hulme KD, Gallo LA, Short KR. Influenza virus and glycemic variability in diabetes: a killer combination? *Front Microbiol.* 2017;8:861.
3. Warren-Gash C, Blackburn R, Whitaker H, et al. Laboratory-confirmed respiratory infections as triggers for acute myocardial infarction and stroke: a self-controlled case series analysis of national linked datasets from Scotland. *Eur Respir J.* 2018;51:1-9. 1701794 [https://doi.org/10.1183/13993003.01794-2017].
4. Centers for Disease Control and Prevention. Frequently Asked Flu Questions 2017-2018 Influenza Season. Available at: <https://www.cdc.gov/flu/about/season/flu-season-2017-2018.htm#effectiveness>. Accessed February 5, 2018

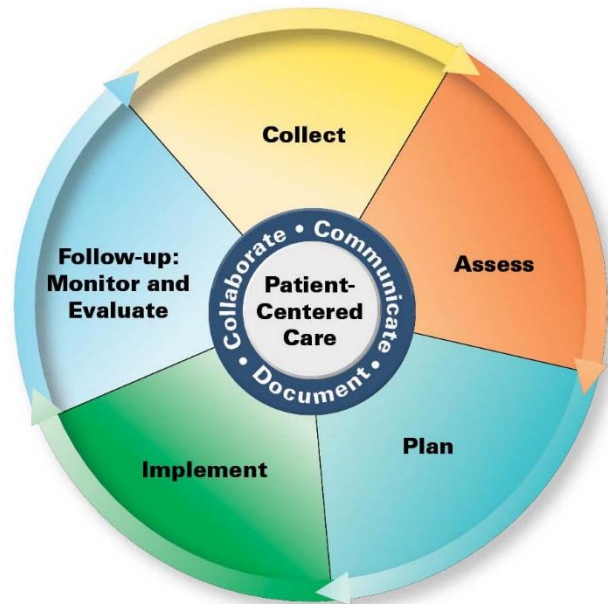




# ADHERENCE INTERVENTIONS

# PHARMACISTS' PATIENT CARE PROCESS

-JOINT COMMISSION OF PHARMACY PRACTITIONERS



## Collect

- Collection of **SUBJECTIVE** and **OBJECTIVE** information
- Current medication list and history, Relevant health data and physical assessment findings, Individualized patient details

## Assess

- Assess information collected and analyze therapy to achieve **optimal care**
  - ⑩ Each medication for appropriateness, effectiveness, safety, adherence
  - ⑩ Health status, risk factors, data, and access
  - ⑩ Vaccines and preventive care

## Plan

- Develop plan in **COLLABORATION** with patient and other providers
  - ⑩ Addresses medication problems and optimizes therapy; set goals and engage patient; support care continuity and transitions

## Implement

- Implement the care plan in collaboration with patient and other HCPs
  - ⑩ Address medication problems, engage in preventative care strategies, provides education and training, refer as needed, schedule follow-up

## Follow-up: Monitor, and Evaluate

- Collaboratively monitor and evaluate the effectiveness of the plan
  - ⑩ Clinical endpoints, outcomes of care, and progress on goals



# EVOLUTION OF CLINICAL ENGAGEMENT



YESTERDAY

TODAY/FUTURE

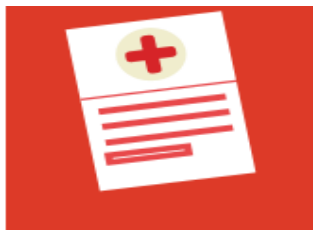








# PHARMACIST PRESCRIBING



# Statewide Protocols for Pharmacist Prescribing in the US

## Existing Statewide Protocol Topics



### Hormonal Contraceptives

California first authorized a statewide protocol for pharmacists to furnish hormonal contraceptives. Oregon passed similar authority and many patients have already received care.

8



### Tobacco Cessation

New Mexico has had pharmacist prescriptive authority for tobacco cessation drug therapy since 2004. California also has had successful legislation and it has been proposed in Indiana.

8



### Immunizations

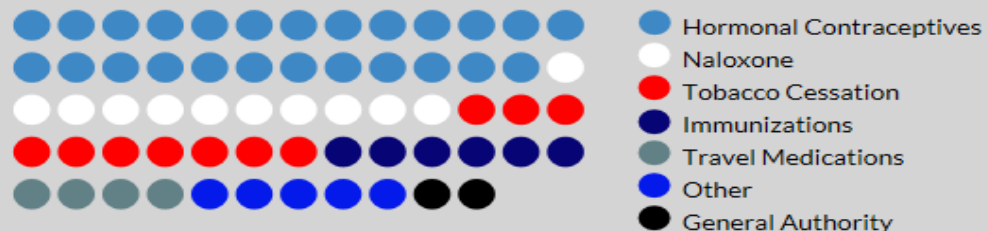
Eighteen states have given pharmacists prescriptive authority for at least one vaccine. Most often it is influenza but more are being added all the time.

18

## Others and Beyond

Statewide protocols (or outright prescriptive authority) for pharmacists also include naloxone, travel medications, TB testing, and fluoride replacement. In the future others may be considered for conditions that require no diagnosis, are easily diagnosed or are self limiting.

## Types of Statewide Protocol Bills Proposed in 2018 State Sessions



# WHAT'S HAPPENING ACROSS THE NATION

<b>Hormonal Contraceptives</b>	<b>International Travel</b>	<b>Naloxone</b>	<b>Influenza and Strep: POC and Treatment</b>
<b>TB Testing</b>	<b>Tobacco Cessation</b>	<b>Urinary Tract Infections</b>	<b>Yeast Infections</b>
<b>Diabetic Testing Supplies</b>	<b>Insulin</b>	<b>Epi-Pens</b>	<b>Inhalers</b>
<b>Emergency prescribing</b>	<b>Statin in Diabetes</b>	<b>Migraines</b>	<b>Oral Fluoride</b>
<b>Local Travel (US &amp; Canada)</b>	<b>Bee Stings</b>	<b>Bites</b>	<b>Burns</b>
<b>Swimmers Ear</b>	<b>Shingles</b>	<b>Cold Sores</b>	<b>Allergic Rhinitis</b>



# COMMITTED TO QUALITY SERVICES

CENTER FOR PHARMACY PRACTICE ACCREDITATION *Advancing Quality, Safety and Patient Care*



ACCREDITATION ABOUT OUR PROGRAMS NEWS  
RESOURCES CONTACT PRACTICES

## Kroger earns CPPA Community Pharmacy Practice Accreditation administered by NABP

August 01, 2019

MOUNT PROSPECT, IL — The CPPA Community Pharmacy Practice Accreditation, administered by the National Association of Boards of Pharmacy® (NABP®), was awarded to The Kroger Co., corporately located in Cincinnati, Ohio.

Kroger became the first national chain retailer to obtain community pharmacy accreditation from CPPA in 2016 with 15 community-accredited pharmacies. Earlier this year, Kroger implemented the accreditation corporate-wide, to bring their high level of clinical care and patient care services to each community they serve. Kroger selected the following clinical programs for the accreditation: immunization administration, medication therapy management, and health and wellness screenings (including point of care testing).

Search

AUGUST 2019 (2)

JUNE 2019 (1)

APRIL 2019 (1)

MARCH 2019 (2)

JANUARY 2019 (1)

2018 (6)

2017 (6)

2016 (13)

2015 (10)

2014 (9)



# SUMMARY

- Pharmacists need to understand HP 2020/2030 objectives and **get involved**
- **Screenings** can help identify patients at risk, create new opportunities, and build patient loyalty
  - And are a **viable** and **sustainable** service
- **Vaccinations** are a **core part** of our business
- **Nutrition and social determinants** of health are the next frontier





# LEARNING ASSESSMENT

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THANK YOU