EVOLUTION OF COMMUNITY PHARMACY: OPPORTUNITIES IN PREVENTIVE CARE

Presented by:
Leslie Lake, PharmD
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 8th leading cause of death.
NUMBER OF DEATHS PER LEADING CAUSE

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

For every 100 prescriptions written:
- 50-70 go into a pharmacy
- 46-66 come out of the pharmacy
- 25-30 are taken properly
- 15-20 are refilled as prescribed
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:
  o health.gov
  o HealthyPeople.gov
  o healthfinder.gov
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:

<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Maternal, Infant, &amp; Child Health</th>
<th>Reproductive &amp; Sexual Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Preventive Services</strong></td>
<td>Mental Health</td>
<td>Social Determinants</td>
</tr>
<tr>
<td>Environmental Quality</td>
<td><strong>Nutrition, Physical Activity, &amp; Obesity</strong></td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Injury &amp; Violence</td>
<td>Oral Health</td>
<td><strong>Tobacco</strong></td>
</tr>
</tbody>
</table>
# LEADING HEALTH INDICATORS (LHI)

## Objectives

<table>
<thead>
<tr>
<th>Clinical Preventive Services</th>
<th>Nutrition</th>
<th>Tobacco</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal Screenings</td>
<td>Physical activity guidelines for aerobic and muscle-strengthening activity</td>
<td>Adults who are current cigarette smokers</td>
</tr>
<tr>
<td>Blood pressure control</td>
<td>Adult Obesity</td>
<td>Adolescents who smoked cigarettes in the past 30 days</td>
</tr>
<tr>
<td>A1c value &gt; 9%</td>
<td>Children and adolescent obesity</td>
<td></td>
</tr>
<tr>
<td>Childhood Immunizations</td>
<td>Total vegetable intake for persons aged &gt;2 years</td>
<td></td>
</tr>
</tbody>
</table>
Topics & Objectives

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

Each topic area includes an overview, objectives and data, and evidence-based resources.
Find evidence-based information and recommendations related to Nutrition and Weight Status.

<table>
<thead>
<tr>
<th>Strength of Evidence</th>
<th>Topic Area</th>
<th>Publication Date</th>
<th>Resource Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Nutrition and Weight Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults in Adults: Behavioral Interventions</td>
<td>2018</td>
<td>Systematic Review</td>
</tr>
<tr>
<td></td>
<td>U.S. Preventive Services Task Force</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Nutrition and Weight Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Celiac Disease: Screening in Children, Adolescents, and Adults</td>
<td>2017</td>
<td>Systematic Review</td>
</tr>
<tr>
<td></td>
<td>United States Preventive Services Task Force</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Nutrition and Weight Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diet, Physical Activity, and Behavioral Interventions for the Treatment of Overweight or Obese Children from the Age of 6 to 11 Years</td>
<td>2017</td>
<td>Systematic Review</td>
</tr>
<tr>
<td></td>
<td>Cochrane Review</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1 Objectives match your search

Diabetes

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

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  
Desired Direction: ↓ Decrease desired

About the Data
Learn more about Healthy People 2020 data and objectives, including when the data were last updated.

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

Data: Learn more about the methodology and measurement of this HP2020 objective

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
  o Reducing the number of objectives by half

• Recommendations:
  o Add objectives on the upstream determinants of health and well-being, health promotion, public health infrastructure and disaster preparedness, health equity, and health literacy

  o Add objectives on structural and systematic prejudices and discrimination through law, policy, and organizational practices

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

- Hemoglobin A1c
- Blood glucose
- Cholesterol
- Rapid strep test
- hCG
- Influenza A&B
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](http://Kroger.com/diabetescare)

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

Wellness Your Way
## Screening Results

<table>
<thead>
<tr>
<th>Free Cholesterol Screening</th>
<th>Free Diabetes Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 40,000 screenings</td>
<td>Over 41,000 screenings</td>
</tr>
<tr>
<td>64% female patients</td>
<td>63% female patients</td>
</tr>
<tr>
<td>55 years old on average</td>
<td>48 years old on average</td>
</tr>
</tbody>
</table>
FREE CHOLESTEROL SCREENING RESULTS

- 78% of screened pharmacy patients had **blood pressure** above normal range
- 43% of patients screened had **LDL > 100**
- 52% of fasting patients screened had **blood glucose** in the **pre-DM** range

506 patients referred to ER
FREE DIABETES SCREENING RESULTS

- 21% of screened pharmacy patients had **blood glucose** in the **prediabetes range**
- 32% of patients scored 5 or higher on **prediabetes risk test**
- 70% of patients were **not fasting**
NUTRITION PROMOTION
PHARMACIST’S ROLE

• Include in counseling
  o Pick your app(s)/websites
  o Know how, where, and to whom to refer

• Assess for health literacy, math skills, food insecurity, etc.
  o Familiarize yourself with SNAP

• Investigate insurance benefits

• Get ready for the future
Your OptUP Score

Based on the nutrition ratings of your purchases over the past 8 weeks.

634

600 Target

Purchases At-A-Glance

Swipe to explore a summary of your highest, medium, and lowest rated items

48% 41% 11%

Better For You

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple Truth™ Sweet Potato Chips</td>
<td>70</td>
<td>$2.79</td>
</tr>
<tr>
<td>Simple Truth™ Exotic Vegetable Chips</td>
<td>86</td>
<td>$2.79</td>
</tr>
<tr>
<td>Terra Sweets &amp; Beets No Salt Added</td>
<td>80</td>
<td>$3.19</td>
</tr>
<tr>
<td>Terra Sweet Potato No Salt Added</td>
<td>78</td>
<td>$3.19</td>
</tr>
<tr>
<td>Terra Original Sea Salt Vegetable Chips</td>
<td>74</td>
<td>$4.29</td>
</tr>
<tr>
<td>Off The Eaten Path Veggie Crisps Snacks</td>
<td>86</td>
<td>$3.69</td>
</tr>
</tbody>
</table>
VACCINATION DESTINATION
Noninstitutionalized adults vaccinated against seasonal influenza (percent, 18+ years) By Total


[Graph showing the trend of seasonal influenza vaccination from 2011 to 2017.]

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): 50.0 (2000) — 2020 Target: 90.0 Desired Direction: Increase desired

[Graph showing the trend of pneumococcal disease vaccination from 1996 to 2017.]

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

<table>
<thead>
<tr>
<th>Vaccination Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>• Customized product selection</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>• Recommended product/schedule</td>
</tr>
<tr>
<td></td>
<td>• At-risk populations</td>
</tr>
<tr>
<td>Herpes Zoster</td>
<td>• Series completion</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>• At-risk populations</td>
</tr>
<tr>
<td>Tdap</td>
<td>• Booster</td>
</tr>
<tr>
<td>HPV</td>
<td>• Catch-up vaccinations up to age 26 for both females &amp; males</td>
</tr>
</tbody>
</table>
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**\(^1\) When a person with **diabetes** gets the flu, they are **3x** more likely to be hospitalized\(^2\)

![6-10x](image) More likely to have a heart attack following an influenza infection\(^3\)

![8x](image) More likely to have a stroke following an influenza infection\(^3\)

- **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\(^4\)

---

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**
  - Each medication for appropriateness, effectiveness, safety, adherence
  - Health status, risk factors, data, and access
  - Vaccines and preventive care

**Plan**
- Develop plan in **COLLABORATION** with patient and other providers
  - 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
  - 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
  - Clinical endpoints, outcomes of care, and progress on goals
EVOLUTION OF CLINICAL ENGAGEMENT

Yesterday
- Opportunistic
- Scheduled
- Outside Workflow
- “Clinical RPh”

Today/Future
- Expectation
- Integrated
- Collaborative
- All Associates
HELPING PATIENTS LIVE HEALTHIER LIVES

Every Prescription · Every Patient · Every Time
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.

- **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.

- **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.

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

- **Hormonal Contraceptives**
- **Naloxone**
- **Tobacco Cessation**
- **Immunizations**
- **Travel Medications**
- **Other**
- **General Authority**
## What’s Happening Across the Nation

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