

# Impact of wellness coaching and monitoring services provided in a community pharmacy

Kristen L. DiDonato, Justin R. May, and Cameron C. Lindsey

## Abstract

**Objective:** To assess the clinical and patient-centered outcomes of health coaching provided in the workplace by community pharmacists.

**Design:** Prospective interventional cohort study.

**Setting:** 11 independent community pharmacy chain locations in northwest and central Missouri, from January 2010 to January 2011.

**Participants:** 81 benefit-eligible patients and 23 community pharmacy coaches employed by the self-insured pharmacy chain.

**Intervention:** Patients were stratified into monitoring groups according to baseline screening values for cholesterol, blood pressure, fasting blood glucose (FBG), body mass index (BMI), and waist circumference. Patients selected their pharmacist coach. Follow-up appointments occurred monthly to quarterly. Appointments consisted of education, goal setting, and monitoring through evaluation of treatment goals and physical assessment.

**Main outcome measures:** Change from baseline in mean total cholesterol, serum triglycerides, high-density lipoprotein (HDL) cholesterol, low-density lipoprotein (LDL) cholesterol, systolic blood pressure (SBP), diastolic blood pressure (DBP), FBG, weight, BMI, waist circumference, health-related quality of life (HRQoL), and patient satisfaction.

**Results:** Patients' total cholesterol, LDL cholesterol, HDL cholesterol, DBP, and FBG were reduced significantly. Mean changes in triglycerides, SBP, weight, BMI, and waist circumference were not statistically significant. The 36-Item Short-Form Health Survey version 2.0 showed improvements in both the Physical and Mental Component Summaries but did not reach statistical significance. More than 90% of patients were satisfied with the service and the care they received.

**Conclusion:** Wellness coaching by a pharmacist provided in a community pharmacy can result in significant improvements in cardiovascular risk factors, with a trend toward improved HRQoL. In addition, patients were satisfied with the wellness program from the start of the project.

**Keywords:** Worksite wellness, health coaching, community pharmacy, lifestyle modification.

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The health of our nation requires considerable improvement. In 2009, almost one-half of Americans were living with a chronic condition and more than one in four had multiple concurrent conditions. By 2020, estimates indicate that 157 million U.S. citizens will have more than one chronic disorder.<sup>1</sup> These chronic conditions cause 7 in 10 deaths each year in the United States.<sup>2</sup> The World Health Organization has estimated that if the major risk factors for chronic disease were eliminated, at least 80% of all heart disease, stroke, and type 2 diabetes would be prevented and more than 40% of cancer cases would be eradicated.<sup>3</sup> In 1979, the Department of Health & Human Services launched a collaborative set of objectives focusing on disease prevention and health promotion called Healthy People.<sup>4</sup> The mission to combat these rising health challenges has continued over the decades, with the fourth decade called Healthy People 2020.<sup>5</sup>

Chronic diseases are among the most prevalent, costly, and preventable of health problems. Employers are bearing the costs of chronic disease and obesity directly through employer-provided health care plans and indirectly through higher rates of absenteeism, pre-

senteism, disability, and injury. Wellness initiatives implemented at the workplace are a proven strategy to address rising obesity rates, sedentary behavior, and increasing prevalence of chronic disease.<sup>6</sup>

Identifying and addressing risk factors early can affect patient outcomes and health care costs. Health screenings, as an important part of preventive health care to identify risk factors and detect diseases, lead patients to make necessary lifestyle changes and seek treatment. Lifestyle behaviors are the main contributor to chronic illness, and evidence shows that optimizing these behaviors is a key determinant of preventing and managing chronic disease.<sup>7-9</sup>

Of note, an estimated 95% to 99% of chronic illness care is provided by the person who has the illness.<sup>10</sup> This makes it imperative that providers connect with patients on the basis of patient goals and not those of the provider, because the patient is the ultimate decision maker.<sup>11</sup> The motivational and interactive role required to manage chronic illnesses has led to interventions focusing on the health care provider as a “coach.”<sup>12</sup> The health coaching role includes holding another accountable for follow-through by being supportive and guiding individuals through the task at hand.<sup>13</sup>

With community pharmacists expanding their focus beyond dispensing to the broader goal of helping patients achieve health and wellness, they are positioned to improve community health.<sup>14</sup> Community pharmacies are easily accessible and most have extended hours. Further, patient acceptance of pharmacy-based wellness and screening services has been demonstrated in previous studies, including the willingness to pay out of pocket for such services.<sup>15,16</sup>

Previous research has documented the effect that pharmacist-directed services can have on patients’ clinical, humanistic, and economic outcomes.<sup>17-26</sup> This study intends to build on previous research efforts and to develop a program that can be marketed to community patients and external employer groups to improve health outcomes. Several key differences exist from previous research. None of the previous projects were performed on health care personnel specifically. This employee wellness program (EWP) was implemented in an independent community pharmacy chain, with patients primarily consisting of pharmacists and pharmacy technicians. The emphasis of the program was on coaching and monitoring, rather than disease management, in which higher-risk patients were closely monitored to promote accountability for making healthy choices.

## Objectives

The purpose of this study was to assess the clinical and patient-centered outcomes of health coaching provided in the workplace by community pharmacists. The study is ongoing, with this article addressing the short-term

### At a Glance

**Synopsis:** Significant improvements in cardiovascular risk factors with a trend toward improved health-related quality of life (HRQoL) were seen after an employee wellness program was implemented in a community pharmacy. Patients’ total, high-density lipoprotein, and low-density lipoprotein cholesterol; diastolic blood pressure; and fasting blood glucose values were reduced significantly. The 36-Item Short-Form Health Survey version 2.0 showed improvements in both the Physical and Mental Component Summaries, and more than 90% of patients were satisfied with the service and care received.

**Analysis:** This project suggests that coaching and monitoring provided in a community pharmacy setting can generate important short-term improvements in patient health. Point-of-care testing can be used to provide easy access to patient data, giving instant feedback on health status and resulting in increased patient awareness of lab values. This can lead to further discussion about ways to improve health and opportunities for immediate goal setting. This study used a training manual with disease modules, a clinical guideline review, and a hands-on training session on physical assessment. The positive effects shown here suggest that other than specific program training and pharmacy education, additional certification may not be necessary to provide cognitive services to community pharmacy patients.

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