

Evaluation of a pharmacist-led, 6-month weight loss program in obese patients

Mark Harmon, Elizabeth Pogge, and Virginia Boomershine

Abstract

Objective: To evaluate a pharmacist-led weight loss program based on the general requirements set forth by the Centers for Medicare & Medicaid Services' (CMS) Decision Memo for Intensive Behavioral Therapy for Obesity.

Setting: Onsite Walgreens pharmacy located inside the main administration building of Maricopa County in downtown Phoenix, AZ.

Practice description: A prevention and wellness behavioral therapy weight loss program was developed for patients of the Maricopa County on-site Walgreens.

Practice innovation: Current pharmacy patients were recruited to attend 14 one-on-one, pharmacist-led, face-to-face behavioral therapy sessions during a 6-month period that addressed diet, exercise, and nutrition. Interactive PowerPoint presentations were used throughout the sessions.

Main outcome measures: The primary outcome was mean weight loss from baseline to the end of the study. Secondary outcomes included changes in body composition, changes in nutritional intake, and participant satisfaction.

Results: Of 12 enrolled participants, 11 (92%) completed the program. The mean weight loss from baseline to the end of the program was 5 kg ($P < 0.001$), representing an average 4.5% weight loss. There was a statistically significant decrease in body mass index (BMI), waist circumference, and percent visceral fat from baseline to the end of the study; however, the increase in percent muscle mass, decrease in percent body fat, and change in nutrition intake was not statistically significant. Overall, the participants rated the program highly.

Conclusion: Pharmacists are accessible health care providers who can effectively provide intensive behavioral therapy for obesity in a manner consistent with the CMS guidelines.

Keywords: Community pharmacy, weight loss, behavioral therapy, obesity, diet, nutrition, patient education.

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One of the goals of the United States Department of Health and Human Services' (HHS) Healthy People 2020 initiative is to promote health and reduce chronic disease risk through the consumption of a healthful diet and achievement and maintenance of a healthy body weight.¹ The Centers for Disease Control and Prevention's 2009–2010 National Health and Nutrition Examination Survey indicated that 33.1% of U.S. adults over the age of 20 years are overweight (body mass index [BMI] 25–29.9 kg/m²), 35.7% are obese (BMI 30–39.9 kg/m²), and 6.3% are extremely obese (BMI ≥40 kg/m²).²

A recent quantitative systematic review found that in the United States in 2008, the aggregated combined cost of overweight and obesity was approximately \$114 billion.³ Obese Americans are more likely to develop chronic diseases such as diabetes, high blood pressure, and heart disease. Nutrition and physical activity play a role in the development and prevention of chronic diseases.

The Centers for Medicare & Medicaid Services (CMS) has determined that sufficient evidence supports intensive behavioral therapy for weight loss. On November 29, 2011, CMS posted a decision memo stating it will cover intensive behavioral therapy for the treatment of obesity in patients who have a BMI ≥30 kg/m².⁴ Per the memo, the intensive behavioral intervention should be consistent with the 5-A framework recommended by the U.S. Preventive Services Task Force:

- **Assess:** Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods.

At a Glance

Synopsis: Current patients at an onsite pharmacy located in a county administration building in Phoenix, AZ, were recruited to participate in a pharmacist-led weight loss program consisting of 6 months of in-person behavioral therapy sessions. Based on guidelines set forth by the Centers for Medicare & Medicaid Services (CMS), the program addressed diet, exercise, and nutrition. All 11 participants lost weight by the end of the program, with a mean weight loss of 5 kg.

Analysis: *The incidence of obesity in the United States continues to rise—a problem acknowledged by CMS in a November 2011 decision memo concluding that intensive behavioral therapy is an appropriate therapeutic intervention and thus eligible for provider reimbursement. Pharmacists are not recognized as providers in the memo; however, the high retention rate and positive results of this pilot study, which was based on guidelines set forth by CMS, demonstrates that pharmacists could effectively facilitate such weight loss programs.*

- **Advise:** Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.
- **Agree:** Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change the behavior.
- **Assist:** Using behavior change techniques (self-help and or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social/environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.
- **Arrange:** Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.⁴

CMS' coverage includes one face-to-face visit every week for the first month, followed by one face-to-face visit every other week for months 2–6. At 6 months, if the beneficiary has achieved a 3 kg weight loss or more, CMS will continue to pay for one monthly face-to-face visit for an additional 6 months.⁴

CMS will reimburse primary care practitioners (i.e., primary care physicians, nurse practitioners, clinical nurse specialists, and physician assistants) for these visits.⁴ Pharmacists are not mentioned in the decision memo, most likely due to their lack of provider status. However, with the growing number of patients with obesity, pharmacists—among the most accessible health care professionals—can play a major role in such treatment.

A recent systematic review of the effectiveness of community pharmacy-based weight management interventions identified 10 studies involving 582 pharmacies.⁵ Five of the studies included behavioral change techniques; however, none was designed based on the CMS guidelines.

Objective

The objective of this 6-month pilot study was to evaluate a pharmacist-led weight loss program based on the general requirements set forth in the CMS Decision Memo for Intensive Behavioral Therapy for Obesity.

Methods

The study was conducted at the Maricopa County, AZ, onsite Walgreens pharmacy. Located inside the main county administration building in downtown Phoenix, this specialty pharmacy is exclusively for the use of Maricopa County benefit-eligible employees and their dependents. In addition to offering regular dispensing services, the pharmacy focuses on providing medication therapy management (MTM) services, immunizations, and health testing.

Pharmacy patients were recruited through the use

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