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PHARMACIST

THE VOICE OF THE COMMUNITY PHARMACIST

PROMOTING HEALTHY LIFESTYLES

a **WEIGHTY** ISSUE



POS UPDATE •
STIMULUS 101 •
WINNING BY LOSING •

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Cover: Numerous studies have indicated that obesity is at epidemic levels in the United States. Terry Forshee, DPh, believes that pharmacists can enhance their bottom line through programs that help their patients lose weight and improve their health. (Photo by Solus-Veer/Corbis.)

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Ask Your Family Pharmacist®

a **WEIGHT**



by Terry Forshee, DPh, PD, CDE

HTV ISSUE

Pharmacists can tip the scales in the struggle with obesity

On a recent Tuesday a steady stream of patients filed into Cherokee Pharmacy in Cleveland, Tennessee. The first is a 315-pound, 55-year-old female facing double knee replacement surgery. She was referred by her orthopedic surgeon to get help in shedding 50 pounds before the surgery date. She is followed by a couple in their mid and late 70s, frustrated as their quality of life is decreasing due to obesity. An hour later a 42-year-old male who is more than 250 pounds overweight enters the office for his weekly visit.

Thus far he is remarkably free of the inevitable consequences of his poor lifestyle (except for a deep vein thrombosis that convinced his doctor that he needed to make radical changes). Immediately following is his 45-year-old cousin, equally overweight after he managed to defeat an earlier lap banding surgery. He is concerned that his children may have to grow up without their dad unless he is successful in making serious lifestyle dietary changes. Next up was a 33-year-old female who is having hormonal issues magnified by the fact that her poor lifestyle choices have allowed her to become more than 70 pounds overweight. Finally, a 28-year-old female enters who, after having her second child, has been unable to lose weight even though she “has tried everything.”



Terry Forshee (left) believes third party payment for pharmacist obesity counseling is imminent.

These examples are typical of the patients that I and my staff have seen for the past 11 years. I consider myself a typical modern independent pharmacist. I own two pharmacies in towns 30 miles apart, am a partner in a closed-door long-term care pharmacy, a home medical equipment company, and a compounding practice. The pharmacies are very active in immunizations, diabetes care, medication therapy management, lab testing, and basically any other pharmacy-related niche that can provide value added service to our patient base.

An Obesity Epidemic

In spending time with patients, it's apparent to me that the future of independent pharmacy is in addressing our nation's most urgent health care need—an increasingly obese nation. Familiar statistics show a population almost 70 percent overweight and 30 percent obese almost solely due to poor lifestyle choices. Almost all of these are at risk for lifestyle associated type 2 diabetes, high cholesterol, hypertension, and other cardiovascular diseases. I believe that pharmacists are in an ideal position to address and profit from the prevention and treatment of these conditions. Every community pharmacy in the United States has these same types of patients walking through their doors many times each day. If you really think about it, it is not difficult to see that the vast majority of prescriptions that we dispense each day are related to the obesity epidemic.

The “weight loss” industry is currently a \$60 billion business and is increasing yearly. If bariatric surgery

(which is admittedly a very small part of this number) is omitted, how much of this \$60 billion is being paid for by insurance plans? Almost none! The bulk of this expenditure is made up by mostly ineffective (long term) and sometimes dangerous herbal weight loss formulas, with the remainder being consumed by the Big Four of the industry; Weight Watchers, Jenny Craig, NutriSystem, and LA Weight Loss. None of these programs routinely involve a health care professional, and rarely will they take a patient with a “complicated medical history.” Due to the nature of obesity and the co-morbid conditions associated with it, a majority of these patients will be on more than one medication and will have what could be characterized as a complicated medical history. Where are these patients going turn to get help? In my opinion, the answer is—independent pharmacists! (being admittedly biased and with a self-preservationist slant).

What makes pharmacists the ideal health professional to address this condition? Well, we are great communicators. Along with nurses, pharmacists are the most trusted health care professional. We have knowledge of the whole patient and we communicate easily with physicians and other health care professionals to coordinate care. This is important and sets us apart in the weight loss segment because chances are that many of the patients will need to decrease dosage, change medications, or even discontinue them as their weight decreases and their health improves. Independent pharmacists are respected members of their communities and as a result are a key resource for our patients who will listen to our advice. Finally, we have the knowledge, skill, and training to counsel patients in the obesity-associated conditions of type 2 diabetes, hypercholesterolemia, hypertension, and cardiovascular disease because we deal with them every day. But how can these conditions possibly be effectively treated without addressing the root cause, which is a poor diet and sedentary lifestyle?

To emphasize this trend, it is important to note that states that are ranked high in obesity rates, such as Alabama and North Carolina, have passed resolutions to begin charging overweight people a surcharge for health insurance. It's a situation that is frustrating everyone, from our new president as he attempts to reform health care, to the National Institutes of Health and the Healthy People 2020 committee, to employers and third party payers as

they plead for someone to stem the continuing tide of obesity. As pharmacists, we can definitely have an impact, but we just have to recognize it and seize the moment.

Consistent, Systematic Approach Needed

In my opinion, a consistent systematic approach to the problem serves the profession the best. We are busy professionals, so for a program or system to be accepted and used in the independent pharmacy setting, it must be simple to implement, it must fit into our current workflow without adding additional personnel, it must return a significant profit for the time invested, and it must be respectful of our time. I am confident that my company, Take Charge®, meets all of these requirements and more. It is a 20-year-old program that I have used in my pharmacies for the last 11 years. Upon the passing my friend and former company owner Tom Breslin four years ago, I believed that the program should not fade away, so I bought it from Tom's wife Dale and began a process of building upon its past success by transforming it into a program that fit perfectly into a pharmacist's business.

A University of Texas study conducted in 2006 looked at the reasons that pharmacists do not counsel obese patients. The top three barriers found were lack of time (76.8 percent), lack of patient demand or expectations (55.8 percent) and lack of reimbursement/compensation (49.3 percent). Creating awareness among patients about pharmacists' ability to counsel obese patients was perceived as most important in overcoming barriers.

As a practicing independent for the past 31 years, I understand how valuable the pharmacist's time is. In the four-year process of re-engineering the company, that became my primary focus. I know how staff must be used to be involved in patient care, so Take Charge was designed with that in mind. Eleven of the 13 weekly visits take no more than 10-15 minutes of pharmacist time, and these visits are scheduled during time that the pharmacist chooses. Even during those appointments, on days when I worked on the counter, I was occasionally interrupted to check a prescription or speak to a physician, but most of the time my excellent staff handled issues for those few minutes. The other two visits, during the setup and re-check of their body composition, require slightly more time, but that is factored into their scheduled appointment. Ancillary staff can be used for the majority of even



Cherokee Pharmacy in Cleveland, Tennessee (above), is one of two pharmacies owned by Forshee.

this visit. As pharmacists learn to schedule their time, they will find that their issue is not one of lack of time but reluctance to let go of tasks that they find familiar. Once they understand the flow of the program, it becomes second nature.

With the nation's continued rise in obesity, the second issue, lack of patient demand, would seem to be a false perception. Pharmacists who have implemented the program have often added six to eight patients or more during the first 30 days. Patients are paying for this service out of pocket right now, with the major players in the industry seeing revenues rise yearly. The only reason pharmacists are not receiving a share of this \$60 billion industry is that we are choosing not to participate.

Reimbursement and Compensation

As for the lack of reimbursement/compensation objection, my response is that Take Charge is poised to answer this age old problem as well. I believe that initially, there is enough cash business walking through the doors of the average independent pharmacy to make involvement in obesity counseling worthwhile. If statistics hold true, two out of every three patients that enter the pharmacy are candidates for this service, with one out of three actually needing the service immediately. Once they find that pharmacists can help them, they will seek our advice. As for the ever present third

party reimbursement question, I spend the majority of my time working toward the acceptance of the profession's abilities by these payers. With the support and cooperation of industry groups such as NCPA and the American Pharmacists Association, independent buying groups such as APCI and EPIC, and state associations such as Texas (RxperTM), Michigan (Well Street), and Georgia (AIP), I believe that third party payment is imminent. Our Lifestyle IQTM Internet-based software accumulates and organizes data on the effectiveness of Take Charge pharmacists in addressing obesity and its co-morbid conditions such as type 2 diabetes, hyperlipidemia, hypertension, and other cardiovascular diseases. This data is available for use by industry groups that support the pharmacy care concept to analyze, study, and most importantly, to show third party and government payers that pharmacists can and are making a difference in their insured's lives and can positively affect the third party's bottom line. This is the track that all companies that have sought third party recognition have taken, and I believe the results will speak for themselves.

Studies such as the famous Asheville Project and more than 20 other studies have confirmed that pharmacists add value to the health care system when they use their minds to provide clinical services. So, why have third parties not recognized that pharmacists can provide these services? I believe that it is because of the old adage of the chicken and the egg. Which comes first? Do we sit and wait for them to pay us, or do we prove that patients value our services enough to pay for them first and let them be our advocates? I believe that we have been waiting on the first scenario for 15 years or longer, and by now we should realize that third parties are not going to pay us until pharmacy care gains enough penetration to become main stream. I have designed my company to address the second scenario. There are patients walking into pharmacies all over the country every day willing to pay for obesity/weight loss services, and we have proven it. However, to be attractive to third parties, there has to be penetration in a given market. Simply having



15 or 20 pharmacies in a state is not going to attract major payers. In re-engineering Take Charge, I believed that if I could provide enough revenue to be attractive to pharmacists, then they could buy into the concept knowing that they could make money without waiting on the government or an insurer to pay them for their time. Then, as penetration into a given state or metropolitan area becomes

a reality, and we begin to accumulate positive outcomes, then the payers will take notice. Almost every other effort to gain penetration into pharmacy care has been too fragmented to provide meaningful results on a large scale. Obesity is the mechanism through which we can achieve meaningful results, BUT the time is now for independent pharmacists to get involved.

Time Is Critical

After seeing the latest reimbursement cuts come across my desk in the first quarter of this year, I believe more strongly than ever that time is of the essence. Pharmacists are the true gatekeepers of our health care system. We are the most sought after professional for advice. As I travel around the country I see the small towns that rely on the pharmacist for their health care. I believe we always will need to be the watchmen over our nation's drug supply chain. However, the days of being well compensated for that job are nearing an end.

We have heard the cries from our academic institutions for years but have been doing so well financially with our current mechanism that they have gone virtually ignored. That mechanism for success is at the end. Obesity, because of the number of lives that it touches and the way it is interwoven into our current lifestyles, is our final frontier. And as pharmacists, we can be the ones to make a difference. 

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