

# Pharmacy *Today*

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# Helping patients 'take charge': Forshee creating new future for pharmacy practice

*Pharmacist-directed weight-loss program provides strategy for healthy lifestyle*

As someone who owned a pharmacy before he finished pharmacy school, D. Terry Forshee, BPharm, CDE, has always been ahead of the curve. Today is no different: For nearly a decade, he has been using a 13-week program, Take Charge, to educate his patients in Cleveland, Tenn., about a healthier lifestyle and encourage them to enjoy weight loss as a "side effect" of their better eating and exercise habits.

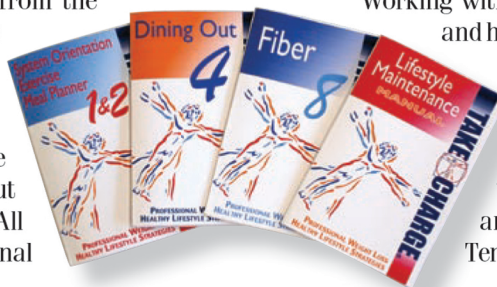
In the Take Charge program, it's not every patient whom Forshee will take. "I take about 50 patients per year," Forshee recently shared with *Pharmacy Today*. "That's one in five patients who requests the program. Patients pay out of pocket for Take Charge, and I don't want them to waste their money or to take up a spot that a more motivated patient could otherwise take."

What makes Take Charge different from the plethora of other weight-loss programs and plans available to Americans? Forshee believes it is the pharmacist: "I feel that pharmacists are among the best communicators in health care; we are accessible, we are trusted, we know about medications. People listen to what we say. All in all, I believe we are the health professional

During pharmacy school at the University of Georgia in Athens, Forshee and his wife-to-be figured out that, between pharmacy and nursing boards after they graduated, they would have no time for a wedding. So Terry and Angela married in September 1977—although it would be a weekends-together marriage until graduation the following June. During that final year of pharmacy school, an opportunity arose for Forshee to buy an independent pharmacy, and after studying the numbers and seeking advice from Jim Gore, a district manager for McKesson Drug Company in Chattanooga and developing a business plan, he worked with a bank to close the deal. Thus, by graduation day, Forshee was a married man and a pharmacy owner, ready to take on the world.

## TennCare prompts reassessment

Working with his current business partner Mike Carder and his brother Rick (who handles durable medical equipment), Terry toiled during the 1980s, building a strong community pharmacy practice in Cleveland, Tenn., and soon acquired a second location in Dalton, Ga. In 1987 he acquired a third location in Cleveland and purchased a fourth in Signal Mountain, Tenn., in 1991. But when TennCare came along



**"Studies have shown that a 7% weight loss will stop prediabetes in its tracks. That's the first goal for all my patients—just 7%."**

best equipped for this activity, and I really believe the Take Charge program has the potential to save independent pharmacy."

## Georgia roots

The son of Paul and Mary Helen Forshee, a fireman and a secretary, Terry grew up in the north Georgia mountain town of Dalton. He was only 13 when he began working in a pharmacy, beginning as a soda jerk at the nearby Tunnel Hill Pharmacy. By the time he graduated from high school in 1973 and completed junior college 2 years later, Forshee had worked for several pharmacists who are his professional mentors, including "Buddy" Helton and the late A.W. Smith, pharmacists he describes as "totally committed to pharmacy, always available for their patients, 24/7, and the people who made me want to become a pharmacist."

in the mid-1990s, he saw up to 40% of his prescription revenues evaporate overnight. He and Carder assessed the situation and decided to sell the Signal Mountain location to eliminate company debts and look for a different direction to take with the practice.

That quest led Forshee to focus on opportunities at many professional meetings he attended during this time, including those of APhA and the National Community Pharmacists Association. He soon heard about Take Charge from Mike Gilfillan of Bar Harbor, Maine, and that led him to talk with Tom Breslin, who owned Take Charge at the time. Forshee bought into the concept, and soon a big box of patient educational materials and foods was sitting in his pharmacy in Cleveland.

Trying to figure out what to do with those materials became Forshee's next challenge. "I spent more money in this phase than

the program cost me,” he noted. “I traveled around, talked with people using the program, and determined what worked and what didn’t. I even went to Red Wing, Minn., in January—twice—to connect with Gilfillan, who was there training [other pharmacists]. Mike became my best friend during this time, as he helped me understand how Take Charge worked.”

The Take Charge program offers a 13-week, one-on-one educational program that emphasizes nutrition and exercise and a menu of functional foods that patients use in revamping their diet. At the start of the program, body fat is analyzed and the patient completes a Lifestyle IQ inventory, which the pharmacist analyzes using Take Charge software to produce a report on the patient’s risk for Alzheimer’s disease, arthritis, cancer, diabetes, gastrointestinal disease, heart disease/stroke, liver disease, and osteoporosis. The report also identifies strategies for minimizing those risks. Twelve educational booklets are provided during the 13 weeks to help “FEED” the patient—through emphasis on functional foods, education, encouragement, and direction—organized as follows:

- Orientation, exercise, and meal planner
- Your self-image
- Dining out
- Body composition
- Fats
- Carbohydrates, protein, alcohol
- Fiber
- Vitamins and minerals
- Food additives

- A new image
- Your new lifestyle
- Lifestyle maintenance manual

Forshee added, “Education and motivation are the keys to this. I don’t even like to focus on the foods; they’re just crutches that help the patient get started. Real change comes from the information the patient gets during the program combined with a readiness to change.”

### First involvement, then commitment

Starting with Mike Usery, a pharmacist on his team in Cleveland and himself, Forshee implemented Take Charge in 1999 and began recruiting the first of the 400 patients he has now helped through the program. “In those early days, I had about a 30% success rate,” noted Forshee. “I noticed that the patients most likely to stick with the program for its 13 weeks of education were those who had been diagnosed with diabetes or dyslipidemia within the past 6 months. They were the most motivated to do something about their weight and lifestyle. I decided I would focus on those kinds of patients, because I wanted to help people succeed.”

Things moved along smoothly, with the program’s completion rate climbing to 75%. Forshee was soon generating a substantial proportion of pharmacy revenues through Take Charge. But in October 2005, Take Charge owner Breslin died suddenly, and 3 months later, Forshee learned that his widow Dale felt that she could not continue the company and planned to shut the program down. One thing led to another, and Forshee was soon driving a truck filled with Take Charge inventory back from Charlottesville,



Va., and preparing to buy the company. He went quickly from being involved to a full commitment to Take Charge.

Forshee has spent the past 2 years refining the Take Charge program ([www.takecharge.info](http://www.takecharge.info)), customizing software to show patients the progress they could make in 90 days, having software developed to generate research data, and recruiting pharmacists to license the program. The profession's adoption of medication therapy management (MTM) as its primary mission makes Forshee believe that Take Charge could be an integral element in success for many independent community pharmacists.

### Writing a new future for pharmacy

When Forshee began working in a pharmacy 40 years ago, he planned to pursue a career as a sportswriter. Instead, he now uses his vision from the cutting edge of practice to write a new future for pharmacy, one built on the professional and business model exemplified in the Take Charge program. He exhorts pharmacists to get involved in a new kind of practice: "Diabetes affects so many other diseases, so many other aspects of our patients' lives. Studies have shown that a 7% weight loss will stop prediabetes in its tracks. That's the first goal for all my

**"Patients pay cash for weight-loss programs. They pay Jenny Craig, NutriSystem, Weight Watchers—they pay all these organizations cash. Why not a health professional?"**

He explained: "The profession has been at a crossroads for 15 years. Everybody keeps telling us we need to do MTM. But pharmacy still lacks a good mechanism for payment for MTM services. However, patients pay cash for these kinds of services. They pay Jenny Craig, NutriSystem, Weight Watchers—they pay all these organizations cash. With data on Take Charge services, we can go to third parties and seek payments; we can show real completion rates and outcomes data. No other health profession is helping patients in an organized fashion with these important aspects of their lives, and I believe that pharmacists are perfectly positioned to step into this void, and by doing so, save the profession."

patients—just 7%. For the profession as a whole, if we could grab this niche, we could branch out into other diseases—cardiovascular, in particular—and now they're even showing that breast and other types of cancers are affected by obesity. This is the perfect segue for pharmacists to move from a dispensing, product-oriented practice, to one built on helping the patient avoid disease and thereby live longer, more productive lives and actually need fewer medications as they age."

Forshee's a believer—and he's out to convince you to join the effort!

—L. Michael Posey, BPharm



## Pediatric Pharmacy Operational Coordinator

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