The effect of community pharmacy driven health screenings on patients seeking follow-up medical care after counseling on abnormal results: A non-randomized, retrospective, observational study at a chain supermarket pharmacy in central Texas

Rene Verduzco, PharmD1,2, James Wilson, Ph.D.1, Kenneth Lawson, Ph.D.1, James Weems, RPh2, Jose’ Cervantes, PharmD2, Donna Montemayor, RPh2, Nathan D. Pope, PharmD1.
1The University of Texas at Austin, College of Pharmacy, H-E-B Pharmacy
2College of Pharmacy, University of Texas at Tyler

Background

- Hypertension: 1 of 3 people in the United States have high blood pressure.1
  High blood pressure increases the risk for heart disease and stroke.1
  In 2010, high blood pressure cost the U.S. $76.6 billion in healthcare services, medication, and missed work days.2
  More than one in five people with high blood pressure don’t know that they have it.2
- Hyperlipidemia: 1 in 6 adults in the U.S. have high cholesterol3
  High cholesterol doubles the risk for heart disease compared to those with optimal cholesterol3
- Diabetes: Affects 25.8 million people.4
  In 2010, 7 million people were undiagnosed4
  Is a major cause of heart disease and stroke and the 7th leading cause of death in the U.S.5
- Health Screening Services: Currently HEB Grocery and Pharmacy provides monthly health screenings for blood sugar, total cholesterol and high blood pressure
  These services are offered at little to no cost to patients

Objectives

- To determine if community pharmacy driven health screenings influence patients to follow-up with a physician and receive drug therapy due to that visit
- To assess whether patients are utilizing the pharmacy’s prescription services because of screenings.

Methods

- Study Design
  Non-randomized, retrospective, observational study to review the information received from the pharmacist over the telephone follow-up survey.
- Intervention
  A central Texas supermarket chain pharmacy provides regular monthly health screenings at little to no cost to the patients
  Blood pressure, total cholesterol, and blood glucose are screened by a pharmacist or pharmacy technician.
  A pharmacist then evaluates the screenings for abnormal readings based on current guidelines for hypertension, hyperlipidemia and diabetes.
  Counseling occurs and a physician follow-up is recommended by the pharmacist for those patients with abnormal readings.
  A pharmacist then follows up with the patients via telephone survey to ask:
    - Whether or not patients visited a physician;
    - Received drug therapy because of their visit and
    - If the pharmacy’s prescription services were utilized
- Inclusion criteria:
  - 18 years and older
  - Blood pressure ≤140mmHg/90mmHg and/or Total cholesterol >240mg/dL
  - Blood glucose:
    - Fasting: >100mg/dL
    - Non-fasting: >140mg/dL

Limitations

- Limited generalizability
  - Small sample size
  - Single site
- Self-reported patient data
  - Not validated
  - Potential bias

Implications

- Providing health screenings can be a tool for early detection of common disease states.
- Community pharmacy-based health screenings provide patients with an affordable option to get an overall idea of their health status without needing to first see a medical provider.
- The role of community pharmacists will expand
- Patients’ quality of life can improve if disease is caught at early stages

Challenges

- Insurance coverage
  - Patients not able to visit physician
  - Patients not able to afford medications
- Health perceptions

Acknowledgements

Supported by: American Pharmacists Association Foundation Incentive Grant for Residents and their Preceptors

FIRST AUTHOR CONTACT INFORMATION
First Name: Rene
Middle Initial: A
Last Name: Verduzco Jr.
Email Address: rverduzcojr@gmail.com

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