



Leveraging Community Pharmacists and Convenient Care Clinics in an ACA World

September 9, 2011

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Agenda

- Drivers of Change
- Addressing High Cost Drivers
- Leveraging Community Pharmacists, Nurse Practitioners and Convenient Care Clinics
- Innovation and Collaboration



Cost Drivers of Healthcare



The High Cost of Treatment Non-Adherence



- Medication-related problems cost the U.S. population an estimated \$177B annually in healthcare costs.¹
- Responsible for more than \$100 billion in avoidable hospitalizations.¹
- Attributed to up to 11% of hospital admissions and 40% of nursing home admissions⁴
- According to CMS, half of patients cannot recall their discharge orders. Of those, 70% are likely to be readmitted to the hospital.⁵
- 24% of hospitals reported medication adherence is one of the greatest barriers to reducing readmission rates.²
- Patients do not fill 28.3% of new prescriptions.¹

1. Partnership for Solutions, Johns Hopkins University. *Chronic Conditions: Making the case for ongoing care*. Sep 2004 Update. Baltimore, MD.

2. Partnership to Fight Chronic Disease. *The Burden of Chronic Disease on Business and U.S. Competitiveness*. <http://www.fightchronicdisease.org>. Accessed October 19, 2010.

3. Center for Disease Control and Prevention, Fact Sheet, Diabetesatwork.org. www.cdc.gov/diabetes/pubs/factsheets/atwork. Accessed October 19, 2010.

4. Partnership to Fight Chronic Disease. *The Burden of Chronic Disease on Business and U.S. Competitiveness*. <http://www.fightchronicdisease.org>. Accessed October 19, 2010.

5. Jack BW, Chetty VK, Anthony D, et al. Are engineered hospital discharge program to decrease re-hospitalization. *Ann Intern Med*. 2009;150(3):178-187



Unnecessary Readmissions are Costly and Preventable

According to the New England Journal of Medicine, increased readmissions is one of the highest costs for hospital administrators.

- About 4.5 million patients are re-hospitalized within 30 days of discharge, with total hospital costs (not including physician services) of about **\$44B**.¹
- **Unplanned readmissions costs Medicare \$17.4B** annually, 13% of which are avoidable.⁴
- For every 1,000 Medicare patients, a hospital can expect annual avoidable readmission-related costs of **\$962,000**.²
 - The average cost of each readmission is \$7,400.²
 - 13% of Medicare readmissions are potentially avoidable.^{3,4}

| | Potentially Preventable Hospital Readmission Rates | | |
|--|--|---------|---------|
| | Patients readmitted to hospital within: | | |
| | 7 days | 15 days | 30 days |
| Rate of potentially preventable readmissions | 5.2% | 8.8% | 13.3% |
| Spending on potentially preventable readmissions (in billions) | \$5 | \$8 | \$12 |

Source: 3M analysis of 2005 Medicare discharge claims.

1. Steiner C, Barrett M, Hunter K. Hospital Readmissions and Multiple Emergency Department Visits, in Selected States, 2006–2007. HCUP Statistical Brief #90. Rockville, MD: Agency for Healthcare Research and Quality; 2010.
 2. Friedman B, Basu J. The rate and cost of hospital readmissions for preventable conditions. Med Care Res Rev. 2004;61(2):225-240.
 3. Minott J. Reducing hospital readmissions.
 4. Medicare Payment Advisory Commission. Report to the Congress promoting greater efficiency in Medicare:107-108



Access to Affordable Care Services Shortage of Primary Care Physicians



Data Source: Health Resources and Services Administration, January 2009. Map generated using Interactive Map web application, Center for Applied Research and Environmental Systems, University of Missouri.



**Remaking
Primary Care:**
A Framework for the Future



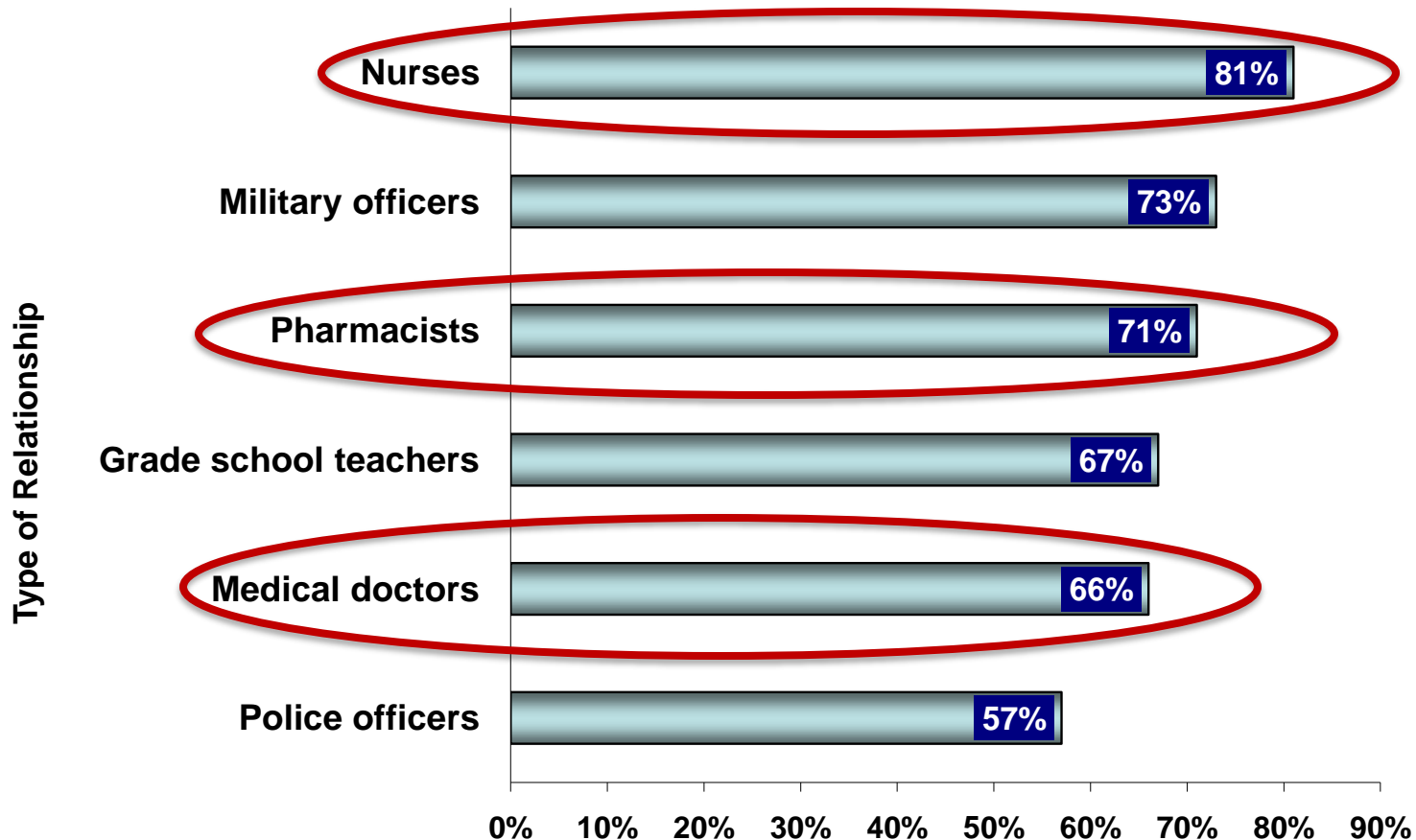


Addressing High Cost Drivers: Leveraging the Value of Community Pharmacists and Convenient Care Clinics





Nurses and Pharmacists and Doctors are Trusted Sources of Information

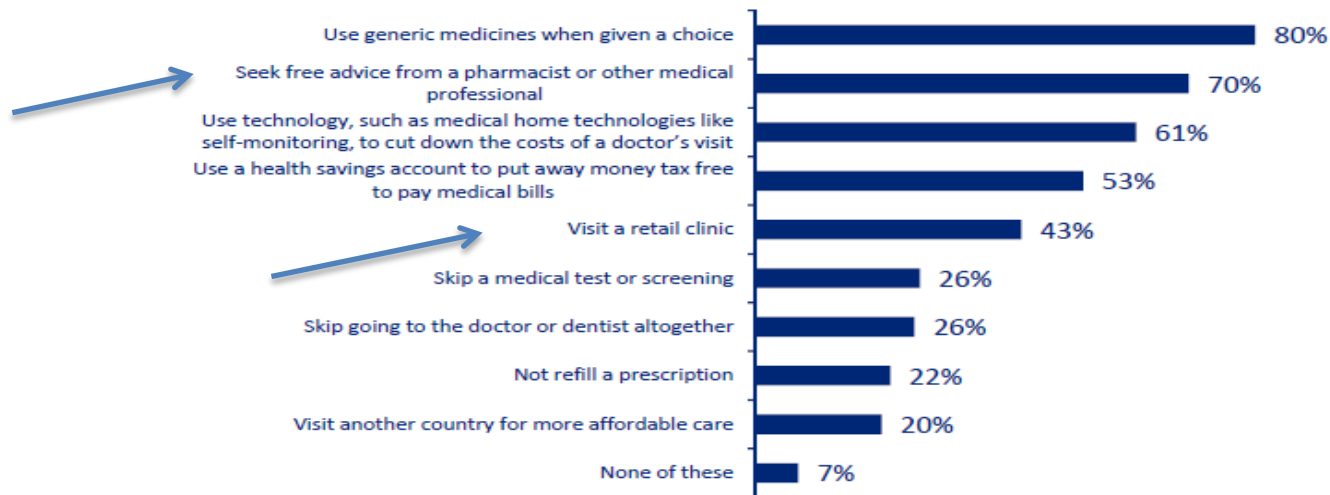


Source: Gallup's Annual Honesty and Ethics Survey, <http://www.gallup.com/poll/145043/Nurses-Top-Honesty-Ethics-List-11-Year.aspx>



Individuals Increasingly Willing To Consider Using Convenient Care Clinics or Pharmacies

Question: Would you consider doing any of the following if it would save money for health care?



- 65 percent of those with Medicaid would consider skipping a medical test or screening if it would save money for health care, which is statistically different from employer-sponsored coverage (26 percent), Medicare (20 percent), Military (18 percent), and uninsured (26 percent).
- 65 percent of those with Medicaid and 44 percent of the individually insured would consider not going to the doctor or dentist altogether if it would save money for health care, which is statistically different from employer-sponsored coverage (20 percent), Medicare (16 percent), and Military (9 percent).

Source: Harris Poll National Quorum® telephone survey of 1,008 U.S. adults 18+ years, September 29–October 4, 2010



The Role of the Community Pharmacist

Pharmacists are well positioned to offer the community and the healthcare system a range of services beyond simple dispensing and medication counseling. Pharmacists are now engaged in:

- Medication adherence
- Drug safety monitoring and identification of drug-drug interactions
- Education, patient counseling and chronic care management
- Participation in multidisciplinary clinical care teams
- Medication Therapy Management (MTM) and drug utilization review
- Formulary management
- Immunizations
- Biometric screenings and wellness education
- Diabetes education; HIV COEs





Extensive Literature Supports the Value of Pharmacist Care Service

The Asheville Project: Long-term Clinical and Economic Outcomes of a Community Pharmacy Diabetes Care Program

2003; 43:173-184

JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION

Clinical and economic outcomes of a community-based long-term medication therapy management program for hypertension and dyslipidemia

2008; 48:23-31

JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION

PharmacistCare: Description of a Pharmacist Care Service and Lessons Learned Along the Way

2008; 48:793-802

JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION



Extensive Literature Supports the Value of Pharmacist Care Service

Leveraging the Trusted Clinician: Documenting Disease Management Enrollment Disease Management

2007; 10:16-29

JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION

Leveraging the Trusted Clinician: Increasing Retention in Disease Management through Integrated Program Delivery Population Health Management

2008; 11:247-254

JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION

Patient Self-Management Program for Diabetes: First-Year Clinical, Humanistic and Economic Outcomes

2005; 45:130-137

JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION



Several Projects Demonstrate Value of Pharmacist Interventions

| Clinical outcome | Asheville Project Diabetes Program ¹ | | | Ten City Challenge Diabetes Program ² | | | PharmacistCare Diabetes Program ³ | | |
|----------------------------------|---|-------|---------|--|-------|---------|--|-------|---------|
| | Before | After | %change | Before* | After | %change | Before | After | %change |
| HbA1c (%) | 7.7 | 6.9 | -9.0% | 7.6 | 7.2 | -5.3% | 7.9 | 7.1 | -10.1% |
| % of patients with optimal HbA1c | 41.8% | 60.0% | +43.5% | 70.3%* | 91.2% | +29.7% | 78.0% | 94.0% | 20.5% |
| LDL mg/dl | 109.0 | 99.7 | -8.5% | 96.3 | 93.3 | -3.1% | 113.4 | 104.5 | -7.8% |
| % of patients with optimal LDL-C | 37.2% | 58.1% | +56.2% | 43.8%* | 57.7% | +31.7% | 38.0% | 49.0% | 28.9% |
| HDL mg/dl | 46.0 | 47.9 | 4.1% | | | | | | |

Note: The definition for optimal clinical results can vary from study to study.

* The asterisked comparisons are with HEDIS benchmark statistics, not Ten City data.

1. Cranor et al (2003): "The Asheville Project: Long-Term Clinical and Economic Outcomes of a Community Pharmacy Diabetes Care Program"
2. Fera et al (2008): "The Diabetes Ten City Challenge: interim clinical and humanistic outcomes of a multisite community pharmacy diabetes care program"
3. Garrett et al (2005): "Patient Self-Management Program for Diabetes: First-Year Clinical, Humanistic, and Economic Outcomes"

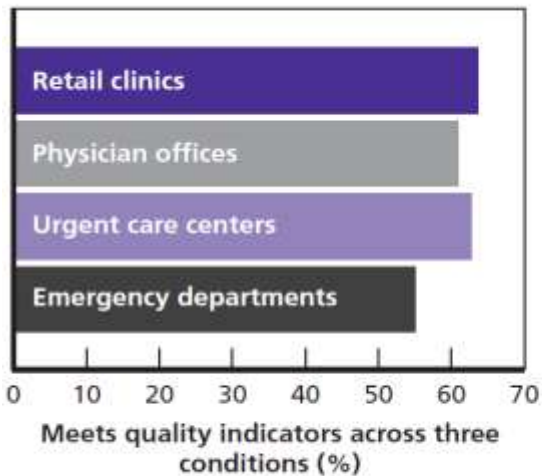


Convenient Care Clinics: A New Model for Care

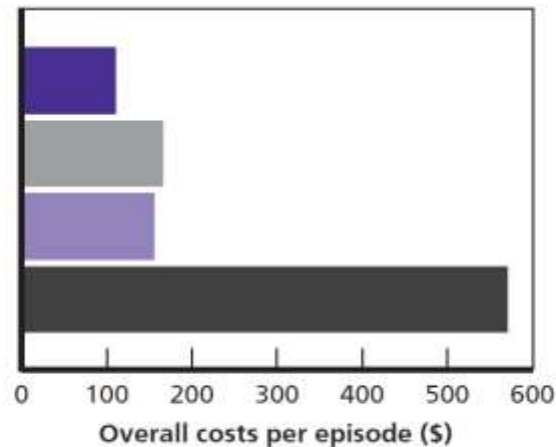


- Convenient care (retail) clinics offer a new model for ambulatory care
 - Significant growth since introduction in 2000
 - Services provided by Nurse Practitioner (NP) or Physician Assistant (PA)
 - Emphasize convenience with high-quality care and lower costs

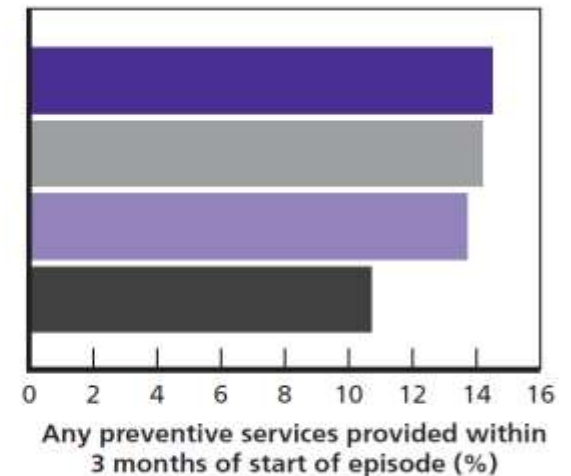
Retail clinics provide comparable quality...



...at lower costs...



...without discouraging preventive care



SOURCE: Based on data presented in Mehrotra, Liu, et al., 2009.

NOTE: Conditions studied were otitis media (inflammation of the middle ear), pharyngitis (sore throat), and urinary tract infection.

Health Care on Aisle 7; The Growing Phenomenon of Retail Clinics by Ateev Mehrotra, John L. Adams, Katrina Armstrong, et al, Rand Corporation 2010.

Convenient Care Clinics Offer an Alternative to the ED

By Robin M. Weinick, Rachel M. Burns, and Ateev Mehrotra

DOI: 10.1377/hlthaff.2009.0748
HEALTH AFFAIRS 29,
NO. 9 (2010): 1630-1636
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The People-to-People Health
Foundation, Inc.

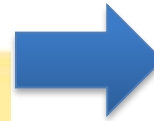
Many Emergency Department Visits Could Be Managed At Urgent Care Centers And Retail Clinics

Robin M. Weinick (rweinick@rand.org) is a senior social scientist at the RAND Corporation, in Arlington, Virginia.

Rachel M. Burns is a project associate at RAND, in Pittsburgh, Pennsylvania.

Ateev Mehrotra is an assistant professor in the School of Medicine, University of Pittsburgh, and a policy analyst at RAND, in Pittsburgh.

ABSTRACT Americans seek a large amount of nonemergency care in emergency departments, where they often encounter long waits to be seen. Urgent care centers and retail clinics have emerged as alternatives to the emergency department for nonemergency care. We estimate that 13.7–27.1 percent of all emergency department visits could take place at one of these alternative sites, with a potential cost savings of approximately \$4.4 billion annually. The primary conditions that could be treated at these sites include minor acute illnesses, strains, and fractures. There is some evidence that patients can safely direct themselves to these alternative sites. However, more research is needed to ensure that care of equivalent quality is provided at urgent care centers and retail clinics compared to emergency departments.



- 13.7-27.1% of all ED visits could take place at alternative sites.
- Potential \$4.4 billion in annual cost savings.

EDs and Urgent Care Clinics are Currently Treating Many Conditions in Convenient Care Clinic 'Sweet Spot'



| Condition (N) | Percent of Convenient Care Clinic visits | Percent of urgent care center visits | Percent of emergency department visits | Percent of emergency department visits not requiring emergency department care | |
|------------------------------------|--|--------------------------------------|--|--|---|
| | | | | Any time of day | When alternative site is typically open |
| N | 1,100,000 | 1,235 | 31,197 | | |
| Upper respiratory infections | 60.6% | 33.3% | 9.8% | | |
| Rhinosinusitis, laryngitis | 26.1% | 18.7% | 5.0% | 81.1% | 48.4% |
| Pharyngitis | 22.2% | 8.1% | 2.3% | 93.9% | 56.7% |
| Ear infections | 12.3% | 6.5% | 2.5% | 95.7% | 53.0% |
| Preventive care | 21.6% | 0.0% | 3.8% | | |
| Dermatological conditions | 0.7% | 9.7% | 7.8% | | |
| Cellulitis or abscess | 0.6% | 5.1% | 2.5% | 66.7% | 45.7% |
| Burns | 0.1% | 0.6% | 0.4% | | |
| Lacerations | 0.0% | 4.0% | 4.8% | 50.0% | 31.8% |
| Musculoskeletal conditions | 0.1% | 21.5% | 19.4% | | |
| Strain and fractures | 0.0% | 14.5% | 8.9% | 50.0% | 34.0% |
| Back pain | 0.0% | 0.5% | 2.8% | | |
| Joint and muscle problems | 0.0% | 3.0% | 2.7% | 87.5% | 58.3% |
| Contusions | 0.0% | 3.6% | 5.0% | 50.0% | 33.4% |
| Total of listed conditions by site | 83.0% | 64.5% | 40.8% | | |

Excerpted from: Weinick RM, Burns RM, Mohrtratra A. Many Emergency Department Visits Could be Managed at Urgent Care Centers and Convenient Care Clinics. Health Affairs. 29 No. 9 (2010) 1630-1636





Convenient Care Clinic Visits are Often Covered by Health Insurance

89% of retail clinic patients have health insurance

67% of retail clinic patients had their last visit covered at least in part by insurance

Insurance Coverage of Retail Clinic Visits

| Portion of Visit Covered | Patients |
|--|----------|
| Insurance paid all of the cost | 28% |
| Insurance paid some of the cost | 39% |
| Insurance paid none of the cost | 16% |
| I don't have insurance | 11% |
| I have insurance, but chose to pay with cash | 6% |

n=513

Saperstein Associates, Inc. The Retail Clinic Patient Study. Commissioned by Boehringer Ingelheim Pharmaceuticals, Inc. 2009.

Payers Play an Important Role in Educating Consumers on When to Use ER, Urgent Care or Convenient Care Clinics⁽¹⁾



ER, URGENT CARE, OR RETAIL CLINICS: WHAT'S THE DIFFERENCE?

When you're sick or injured, knowing where to go to seek care can make a big difference ... in how long you wait ... and how much you spend to feel better.

Determining Your Level of Care

Use this handy guide to determine which facility is best for you, depending on your needs.

Visit the **ER** for:

- » Difficulty breathing, shortness of breath
- » Chest or upper abdominal pain or pressure
- » Fainting, sudden dizziness, weakness
- » Confusion or changes in mental status
- » Any sudden or severe pain
- » Uncontrolled bleeding
- » Severe or persistent vomiting or diarrhea
- » Coughing or vomiting blood
- » Suicidal feelings
- » Unusual abdominal pain
- » Major broken bones

Visit an **urgent care** or **immediate care clinic** for:

- » Minor cuts, scrapes, bruises and rashes
- » Sore throat
- » Urinary burning
- » Ear pain
- » Sprains
- » Fever
- » Back pain
- » Eye irritations
- » Colds and flu
- » Minor fractures (finger)

Visit a **retail clinic (convenient care clinic)** for:

- » Allergies
- » Athlete's foot
- » Bladder infections
- » Cold and flu symptoms, sore throat, laryngitis, upper respiratory infections and sinus infections
- » Cold sores, eye or ear infections, and impetigo
- » Insect bites, poison ivy, minor burns and rashes, and minor sunburns
- » Ringworm
- » Swimmer's ear
- » Lab tests such as mononucleosis, pregnancy, or strep throat
- » Camp or sports physicals

Visit your **regular doctor**:

- » When you can wait for an appointment
- » For prescription refills

IMPORTANT BILLING INFORMATION FOR RETAIL (CONVENIENT CARE) CLINICS

SHOPKO FASTCARE CLINICS

Shopko FastCare Clinics are located in select Shopko stores. For FastCare Clinic locations in your area, select Convenient Care Clinic as your Provider Type in our Online Provider Directory/Find a Doctor function.

When you choose to receive care at a FastCare Clinic, you will be required to pay the FastCare Clinic fee at the time of service. At that time, ask the clinic to submit a claim to The Alliance, using the address provided on the back of your health plan identification card.

Payment will be made to the provider and you will be reimbursed directly. The Alliance is working with these providers to ensure that these refunds are made within 30 days of receipt by the hospital or clinic.

WALGREENS TAKE CARE CLINICS

Walgreens Take Care Clinics are located in Walgreens pharmacies and other locations throughout the U.S.

If you choose to receive care from a Walgreens Take Care Clinic, Walgreens will file a claim on your behalf. Any co-pay or deductible will be billed to the employee directly from Walgreens. You may access any Walgreens Take Care Clinic location throughout the U.S. and pay in-network charges.

If you do not present your health plan identification card, you may be required to pay at the time of service. In these cases, Walgreens will refund any payments to you as soon as they receive payment from your health plan administrator.

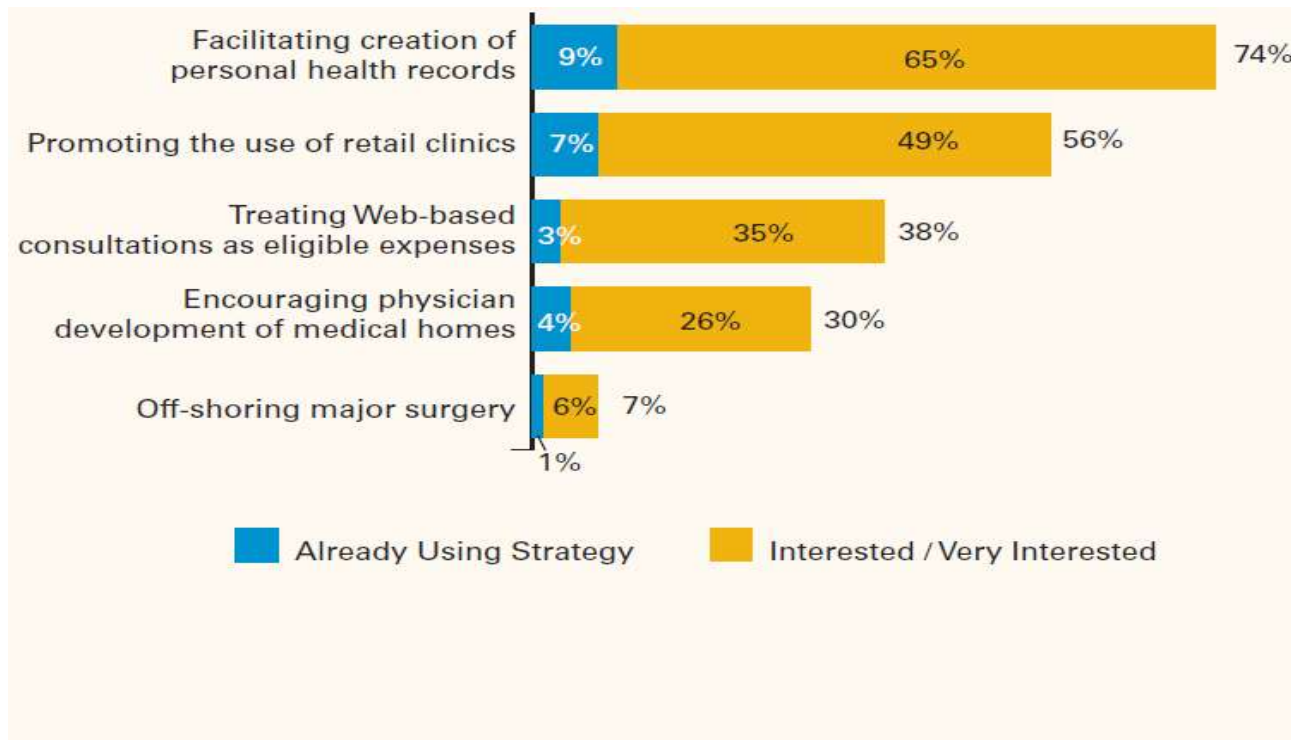
PO Box 44365 | Madison WI 53744-4365 | 800.223.4139 | 608.276.6620 p | 608.276.6626 f | www.the-alliance.org

⁽¹⁾The Alliance moves health care forward by controlling costs, improving quality, and engaging individuals in their health. An employer-owned, not-for-profit cooperative, our 160 members provide coverage to more than 83,000 individuals in southern Wisconsin and neighboring counties in Iowa and Illinois. TA53-1004



Employers Increasingly Appreciate Convenient Care Clinic Solutions

Employer Strategies for the Next Five Years



Source: Mercer, Inc. (2009) National Survey of Employer-Sponsored Health Plans: 2008 Survey Report.

Healthcare Trends in America; A Reference Guide from BCBSA, 2010 Edition



Pharmacists and Nurse Practitioners Address Healthcare Cost Drivers

| Causes | Consequences | Innovative Solutions |
|---|--|--|
| <ul style="list-style-type: none">• Medication Non-Adherence• Unnecessary Readmissions• Aging and Chronic Illness• Primary Care Shortage | <ul style="list-style-type: none">• Lack of Patient Access• Low Patient Satisfaction• Poor Quality of Care | <ul style="list-style-type: none">• Site of Care Changes• Use of NP and Pharmacist to Highest Level of Certification• Integrated Care Models |

Pharmacists and Nurse Practitioners CAN Provide Unique Value to Health Systems and ACOs under Healthcare Reform



- Current definition of ACOs is inclusive of broad range of health care professionals, including pharmacy providers in support of interdisciplinary care.¹
- Walgreens' broad geographic scope can support access to pharmacy, preventive services and care regionally and nationally:
 - Improved access to preventive services lead to higher quality of care and lower health care costs.²
 - Leveraging pharmacists and nurse practitioners to provide preventive, wellness and chronic care lowers cost of care with proven quality of care
- Access to data combined with a suite of robust clinical and financial analyses will support ACO metric requirements
- Experienced with dealing with and reporting to government and regulatory bodies: JCAHO, HEDIS, NCQA, HCAP

¹Texas Medical Association " Six Things to Know About Medicare ACOs

²Devers,K, Berenson, R. "Can ACOs Improve the Value of Health Care by Solving the Cost and Quality Quandaries" www.rwjf.org/files/research/acobrieffinal.pdf

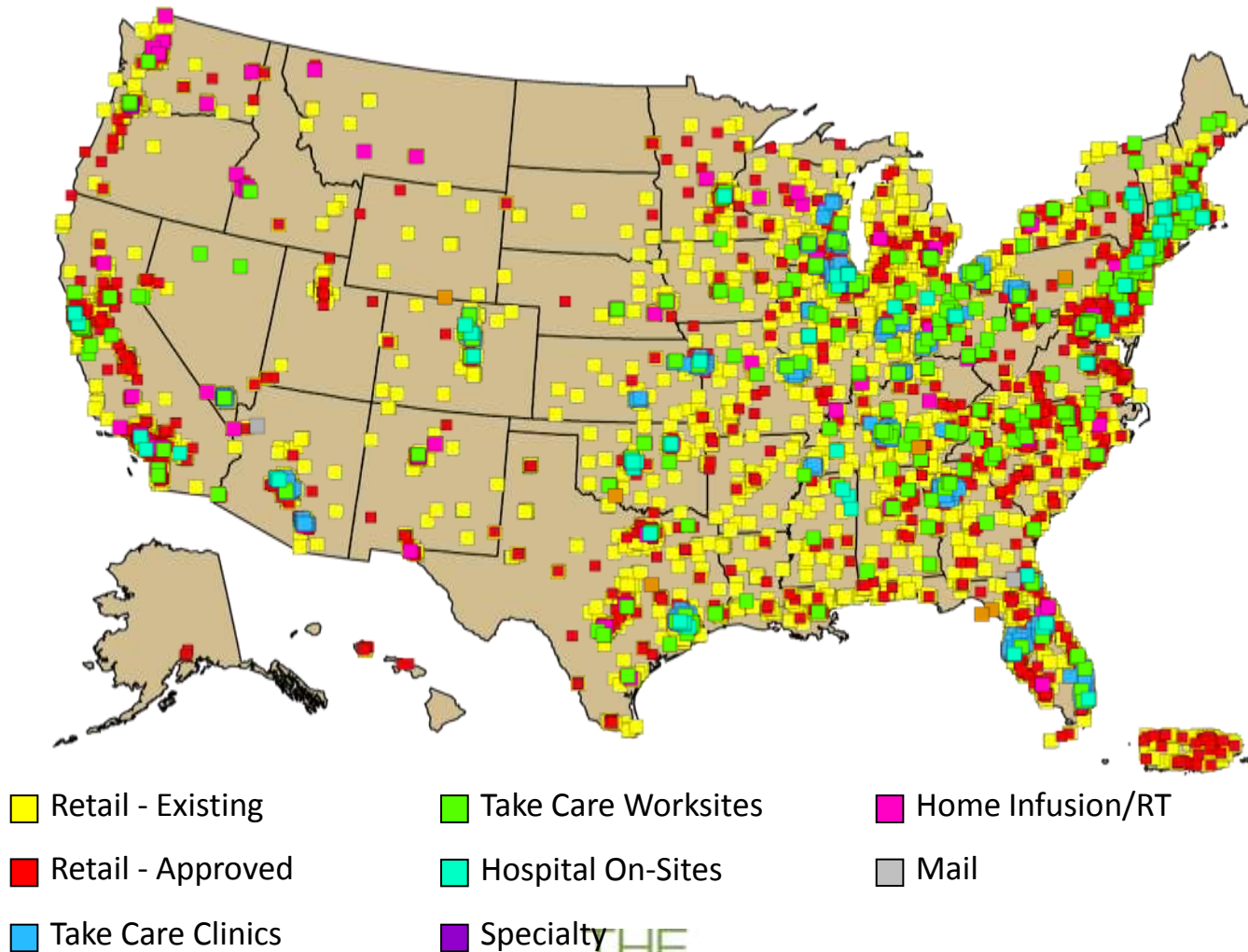


Walgreens Outcomes





Walgreens 8,500 Points of Care





350+ Convenient Care Retail Clinics

Take Care ClinicsSM are here for everyday family healthcare needs.

Conditions Seen at the Clinic

- Respiratory Illness
- Minor Injuries
- Vaccinations
- Physicals
- Screenings

Top Utilization Reasons

- Upper Respiratory Infections
- Sinus Infection
- Sore/Strep Throat
- Ear Infections
- Bladder Infections



Patient services at Take Care ClinicsSM are provided by an independently owned professional corporation

Keys to the Success of Pharmacist-Led Interventions

Convenient

- Access to a trusted clinical professional
- Highly trained and approachable
- No appointment necessary

Direct and Focused

- Face to face patient interactions help improve patient engagement
- Less pressured interaction
- Focus on education and actionable steps



Improved Pre/Post Diabetes Outcomes: Walgreens Pharmacist-led Diabetes Education Program at the Worksite



Program Goals

- Achieve and maintain HbA1c $\leq 7.0\%$
- Enhance patient adherence and self-care

Program Design

- Initial one hour consultation with pharmacist
- Monthly 1:1 follow-up consultations
- Incentives for participation



Outcomes included:

- 330 patients contacted/185 enrolled
- 91% remained actively engaged
- HbA1c values decreased from 7.72% to 7.05%
- HDL value increased from 42.75 mg/dL to 44.38 mg/dL
- 58% of patients achieved goal $\leq 7.0\%$ for HbA1c versus 48% at inception
- 100% patient satisfaction rate

Frazeo SG, Raulerson W, Schwab H, Broome R, Davis J, Patwardhan A, Murphy P. Improving Health Outcomes and Reducing Cost in Chronic Disease Management: Impact of a Pharmacist Led Diabetes Education Program at a Workplace Pharmacy. Health & Productivity Management November 2010 Vol 8, No 1-2, pg 32-36.

Walgreens Community Pharmacist Counseling Program Resulted in Greater Medication Adherence



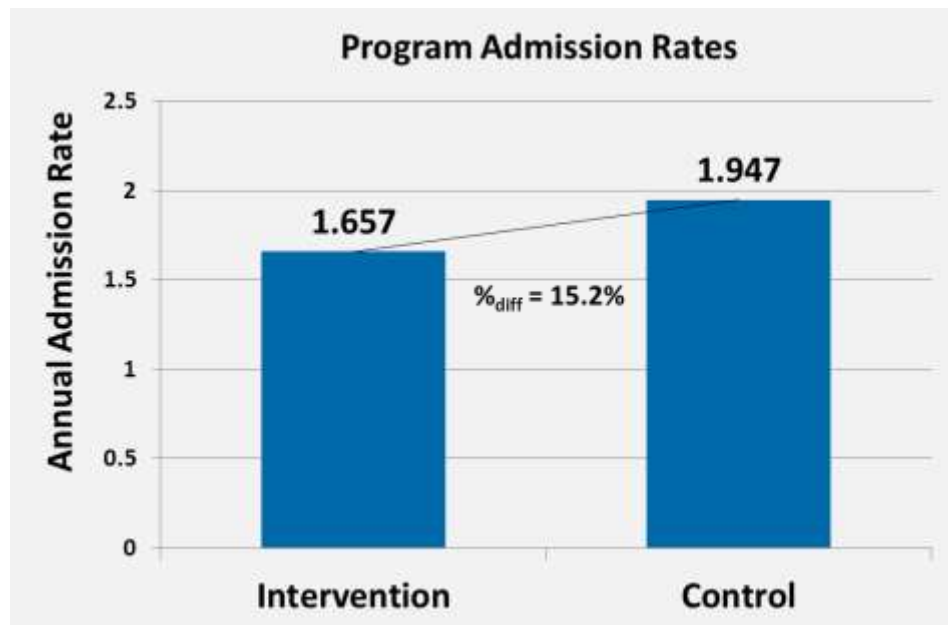
A comparison between adherence to statins and thyroid medications in two community pharmacies

- Face-to-face counseling by trained pharmacists at the site of care
- Counseling occurred when patients initially filled their prescriptions
- First refill rate = percent of patients who refilled their prescriptions within two weeks of expected refill date

| First Refill Rate | Pre | Post | χ^2 |
|-------------------|-------|-------|------------|
| Intervention | 55.7% | 70.4% | $p < 0.01$ |
| Control | 56.2% | 61.7% | ns |

Jiang, JZ, Khandelwal, N, PhD, Rudkin, K, PharmD, Duncan, I. "Impact of Community Pharmacist-led Counseling on Improving Medication Adherence." Abstract submitted to ISPOR conference 2011

Hospital Admission Reductions Among Stage D Heart Failure Patients Participating in a Home Inotropic Infusion Program



- The intervention effect was a significant reduction in admission rates by 0.295 per patient per year ($t = -3.223$, $p = .001$).
- For the 236 patients participating in the program, the admission savings was \$17,187 per patient and for the whole group sums to almost \$4.1 million.

Taitel, M., Meaux, N. Hospital admission reductions among Stage D heart failure patients participating in a home inotropic infusion program. *Heart Lung*. 2011;40(4):366.



Honoring Patient Preference at End-of-Life for Terminal Heart Failure Patients

| Place of Death | CDC Benchmark | | | WIIP |
|--------------------------------------|---------------|------------------------|--|------------------------------|
| | Rate | Rate, excluding NH/LTC | Rate, age/sex adjusted excluding NH/LTC (N=56,596) | Intervention Group (N = 217) |
| Home/Hospice | 25.9% | 40.9% | 35.9% | 64.5% |
| Hospital/Medical facility | 37.4% | 59.1% | 64.1% | 35.5% |
| Nursing Home/Long term care (NH/LTC) | 36.7% | 0.0% | 0.0% | 0.0% |
| TOTAL | 100.0% | 100.0% | 100.0% | 100.0% |

HF patients in the Walgreens Inotropic Infusion Program (WIIP) were more likely to achieve their preference to die in the comfort of their home (64.5%) than in a national sample HF patients (35.9%). This difference was statistically significant ($p < 0.0001$).

Taitel, M., Pegus, C., Meaux, N. Honoring patient preference at end-of-life for terminal heart failure patients. Heart Lung. 2011;40(4):366-367. (Abstract)





Value of Convenient Care Clinics: Walgreens Peer-Reviewed Outcomes

“Quality of care for two common pediatric conditions treated by convenient care providers” published in the *American Journal of Medical Quality* in January 2011.

- In a study of the quality of treatment for children with pharyngitis and Upper Respiratory Infection, Take Care Health Systems Convenient Care Clinics achieved:
- 92.72% compliance score for appropriate testing of children with pharyngitis
 - Greater than HEDIS (a widely-used measure of managed care plan quality) 90th percentile
 - Compares to HEDIS average rating of 74.7% in the commercially insured population
- 88.35% compliance score for appropriate treatment of children with URI
 - Greater than HEDIS average rating of 83.5% in the commercially insured population

Jacoby, R., Crawford, A.G., Chaudhari, P., Goldfarb, N.I. (2010). Quality of care for two common pediatric conditions treated by convenient care providers. *American Journal of Medical Quality*, 26(1), 53-58. doi: 10.1177/1062860610375106.



Value of Convenient Care Clinics: Walgreens Peer-Reviewed Outcomes

“Elevating the Patient Experience to a New Level at Take Care Clinics”
published in *Retail Clinician* in January 2010.

In a study of the patient experience, Take Care Health Systems Convenient Care Clinics achieved:

- Highest satisfaction ratings from 9 in 10 customers
 - Compares to 1 out of 3 for a typical company in Gallup database
- Customer engagement results in the top 10% of all companies measured by Gallup since 2003
 - Customer engagement measures emotional connections, which build stronger customer connections
 - Gallup’s database encompasses over 200 organization across 15 industries

Fraze SG, Fleming J, Ozan-Rafferty M. Elevating the Patient Experience to a New Level at Take Care Clinics. *Retail Clinician* January 2010



Innovation and Collaboration



Walgreens Collaboration with Northwestern Memorial Physicians Group on Coordinated Healthcare



Program Construct:

- Collaborative, coordinated care model designed to improve patient outcomes and enhance physician decision-making.
- Focus on 4 chronic disease states- Hyperlipidemia, Hypertension, Diabetes, Asthma.
- Walgreens and Northwestern Memorial employees with NMPG as their primary care provider.

Patient interventions:

- NMPG physicians designed an intervention plan for each disease state.
- Pharmacist interventions include a series of questions designed to maximize adherence and educate patients on their disease.
- Results of all counseling interventions shared electronically with patient's physician.
- Provides physicians greater insight into patient behaviors and facilitates focused physician-patient interactions.

Outcomes Study:

- Study compliant with IRB requirements.
- Outcomes analysis will address clinical outcomes and patient satisfaction

Walgreens Press Release June 13, 2011



Walgreens Collaboration with Healthcare Systems

Growing interest in collaborations. New programs include:

- Oschner Health System in Greater New Orleans Area (Announced 4/2/11)
- Memorial Health in Jacksonville, FL (Announced 5/7/11)

Program Objectives:

- Increase Opportunities for Clinical Collaboration
- Improve Patient Access to High-Quality, Convenient and Affordable health care options.
- After-Hours Access for Patients (7-days/week, evenings and weekends)
- Patient Education

Walgreens Press Release June 10, 2011

Walgreens Collaboration with LSU Health Sciences Center and LSU Healthcare Network



Components of the relationship between LSUHSC, LSUHN and TCHS will include:

- Development of an interface between each organization's electronic health record system to enable effective scheduling and information sharing between organizations.
- Opportunities for students in the LSUHSC Nurse Practitioner Training Program to precept at Take Care Clinics in the New Orleans area.
- Take Care Clinic participation in LSUHN's development of a regional medical plan for certain non-insured working persons.
- Establishment of a new Take Care Clinic in close proximity to the LSU Health Sciences Center.
- Participation of LSUHSC and LSUHN physicians as collaborating physicians for Take Care Clinics in the region.

Walgreens Press Release July 19, 2011



Cost-Effective Healthcare Solutions

Collaborative Care:

- Community Pharmacists
- Nurse Practitioners
- Convenient Care Clinics
- Alternate sites of Care and HomeCare

Walgreens