Walgreens Now Offering Diabetes Education

BY ALICIA AULT

Walgreens, the nation's largest drugstore chain, is dipping a toe into diabetes care by offering education and counseling in four metropolitan areas.

The company's Optimal Wellness program is based on the North Carolina Center for Pharmaceutical Care's diabetes project and also draws on a Walgreens pilot that was developed by the drugstore chain and Harvard's Joslin Diabetes Center, Boston.

The program initially will be offered in Indianapolis, Phoenix, Albuquerque, and Oklahoma City. These areas were chosen partly because of the large number of diabetic residents, said Dr. Jay Rosan, senior vice president of health innovation at Take Care Health Systems, a Walgreens company.

Dr. Mack Harrell, chair of the socioeconomics and member advocacy committee for the American Association of Clinical Endocrinologists, said the Walgreens program could be helpful but that the AACE believes that any assistance, education, or counseling should be supervised by physicians.

"I'm in favor of people getting all the education they need," Dr. Harrell said in an interview. But, he added, "what we've learned from a number of recent studies is that the degree of glycemic control has to be individualized. You have to know the patient, know whether they have comorbidities that put them at higher risk, and decide what degree of control is acceptable." These nuances are beyond the capacity of a nurse practitioner and reinforce the need for a supervisory physician, he said.

Dr. Rosan emphasized that the nurse practitioners in the Optimal Wellness program will not offer treatments, and that physicians will be relied on as primary care coordinators and supervisors.

The program is being rolled out in concert with major insurers. The insurers, who pay a fee to Walgreens, will identify diabetic patients for the chain. When patients go to Walgreens for supplies or a prescription, pharmacists will tell them about the program's availability and ask if they want to enroll.

If the store has a retail clinic, a nurse practitioner will offer counseling; otherwise, the pharmacist will conduct the sessions, Dr. Rosan explained. The pharmacists and nurses receive training through a Joslin program certified by the Accreditation Council for Pharmacy Education.

The aim is to give patients four 30- to 60-minute sessions over a year-long period, with the potential of up to 12 interventions. Patients will pay nothing or a small copay, Dr. Rosan said.

After each session, the counselor will contact the patient's primary care physician with information. "Our intent here is to make certain that this is not a fragmentation of the care," Dr. Rosan said. If the primary caretaker is an endocrinologist, the counselor will reach out to that physician. For those who do not yet have a designated primary care physician, the pharmacies will make referrals.

Dr. Harrell also expressed reservations about Walgreens' potential conflict of interest. "The pharmacy has a certain secondary gain from having the patient in there," he noted. For instance, the pharmacy could promote supplies or treatments that favor the pharmacy's bottom line but aren't necessarily the best fit for the patient.

Dr. Rosan acknowledges that there's an opportunity, at a minimum, to fill more prescriptions. It also expands Walgreens' growing role as a multiservice provider and gives it a chance to burnish its brand. "If we can help people get better outcomes, we think they'll have a tendency to use Walgreens more than other stores," he said.

But the program may also help improve the nation's health if more diabetics take responsibility for managing their own care, he added.

Optimal Wellness won't be available to the uninsured, at least not initially. Walgreens is courting pharmaceutical companies to subsidize that effort, he said.

Walgreens' diabetes education effort is likely to expand nationally sooner rather than later, Dr. Rosan said. Many insurers are interested in the Optimal Wellness program, he said. ■