

Glenbyrne Pharmacy Cardiovascular Care Program

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April 1, 2004

Executive Summary

Company summary. Glenbyrne pharmacy is an independently owned pharmacy that offers services that surrounding pharmacies do not offer. These services include a diabetes self-management program, cholesterol screening and customized fitting of support or compression stockings. The mission is to provide a comprehensive cardiovascular program for those at risk for and those who already have coronary heart disease. The following objectives have been set:

- Increase patient knowledge and decrease cardiovascular risk for patients enrolled
- Decrease cardiovascular morbidity and mortality for patients enrolled in the program
- Increase total pharmacy sales by 2% by January 1, 2006
- Increase total number of prescriptions filled in 2005 by 2 %
- Increase profitability of the cardiovascular program by its second year
- Increase net profits by 5%

Industry analysis. While no other community pharmacy offers a comprehensive cardiovascular care program, as we will, there still is significant competition. First of all, we need to convince our patrons that this is something that should be done in a community pharmacy setting. All of the services we will be providing involve things normally received at the doctor's office or at an outpatient lab. There are also community pharmacies that offer some of the individual parts that make up our comprehensive cardiovascular care program.

Target market. Heart disease affects all ages, races, cultures and leaves no one behind, nor does this program. Initially, we will target current customers of Glenbyrne Pharmacy. Then the market will be expanded to recruit patients of Toledo area doctors that specialize in cardiology, endocrinology, or internal medicine. Eventually, our target market will include the entire Toledo area up to and including patients from as far as Findlay, Defiance, and Monroe (MI).

Services. Patients will be educated on each of the risk factors for coronary heart diseases and how to modify their coronary risk through controlling these risk factors. Patients will also be screened for hypertension, hypercholesterolemia, and diabetes. For those that have diabetes, an educational program specifically for diabetic patients will be implemented. Our plan is to combine these with blood pressure monitoring, smoking cessation and a diet and exercise program to provide a comprehensive program for our patients.

The Plan for Glenbyrne’s Cardiovascular Program

Part I: Organizational Plan and Company Service Summary

Mission Statement	4
Background	4
Inventory	6
Location	6

Part II: Marketing Plan

SWOT Analysis	7
Market Opportunities	9
Market Threats	9
Target Market	10
Overall Industry Trends	10
Objectives	12
Strategy Statement	12
Marketing Target	15
Marketing Mix	16
Action Program	18

Part III: Operations and Management Plans

Part IV: Financial and Evaluation Plans

Financial Plan	21
Evaluation Plan	22

Appendix A	25
Appendix B	27
Appendix C	39
Appendix D	41
Appendix E	42

Part I: The Organizational Plan and Company Service Summary

Mission Statement

The mission at Glenbyrne Pharmacy is to create, provide and implement a comprehensive program to address the needs of the members of our community who are both at risk for and those who already have coronary heart disease.

Background

Glenbyrne Pharmacy is located at 1544 South Byrne Road, Toledo, OH. It is an independent pharmacy currently owned by Bill McCall and has been in operation for over forty years. Staff includes three full-time pharmacists, three technicians, a registered dietician, a registered nurse, a bookkeeper and two billers. Store hours are 9-8 Mon-Fri, 9-5 Sat and 10-2 Sun. Glenbyrne has been dedicated to the provision of service to both the customer and the community. The pharmacy has made donations to the Juvenile Diabetes Walkathon and has actively participated in legislation for pharmaceutical care reimbursement. This pharmacy has found its niche among the supermarket and drug store chains by implementing pharmaceutical care services and products that cannot be found elsewhere.

Glenbyrne is a full service pharmacy dispensing about 1500 prescriptions per week with free delivery to a limited area. Other items available in the pharmacy include a large selection of over the counter products, vitamins, herbals, greeting cards and small gifts. Home medical equipment including prescription braces, supports and ostomy and wound supplies make up a significant portion of store inventory.

A combination of specialized programs serving the medical needs of the community give Glenbyrne Pharmacy a uniqueness that sets it apart from other retail pharmacies. These services include a diabetes self-management program, cholesterol screening and customized fitting of support or compression stockings.

The Community Diabetes Self-Management Program is approved by the American Diabetes Association. Providers of the program include a certified diabetes nurse educator, a registered dietician/certified diabetes educator and a registered pharmacist. Group education classes are offered two and a half hours once a week for the duration of one month. Topics covered in group sessions include an overall view of diabetes, nutrition, monitoring, medications, personal care and potential complications associated with diabetes. Additional individual instruction is offered at an hourly rate as needed. Follow up blood glucose and HbA1C are checked quarterly at either the pharmacy or doctor's office and the patient is contacted by phone or mail to assess additional needs and to reinforce practices that have been effective in diabetes management.

Glenbyrne Pharmacy is active in educating its patients that cholesterol levels are an important key to cardiovascular risk reduction. Either total cholesterol levels or a complete lipid panel are performed with a Cholestec LDX monitor. Patient specific LDL goals are discussed and individual plans for dietary and exercise modification are suggested. Follow up letters are sent to the physician with cholesterol checks done typically at three months then every six months to one year.

Customers of Glenbyrne Pharmacy may choose from a large selection of over the counter support stockings. Three certified stocking fitters are also able to assist in the

custom fitting of both prescription and non-prescription garments. Many area hospitals request the service of Glenbyrne Pharmacy in fitting their inpatients with compression stockings.

A future service we plan to offer is a comprehensive program to assess and treat cardiovascular risk. Several of these programs currently exist as independent entities (i.e. diabetes management, cholesterol screening). The plan will combine these with blood pressure monitoring, smoking cessation and a diet and exercise program. These are the major, often modifiable, risk factors that contribute to the incidence of coronary heart disease as was evidenced by the Framingham Study.

Inventory

Glenbyrne Pharmacy carries a wide variety of items and effectively manages inventory in order to keep and adequately supply prescriptions and medical supplies. Our primary distribution source is Amerisource while much of our durable medical equipment is ordered directly from manufacturers.

Location

The current location at the corner of Glendale and Byrne will be used to house the new program. The space currently occupied is adequate for the projected needs of the program. There are individual counseling areas, a large room for group education sessions and all of the supplies needed for disease state monitoring (i.e. Cholestec monitor, HbA1C monitor). Projected costs of this location will be the utilities that are

currently paid and possibly an extra \$200 a month in phone charges. The building is currently owned so no additional charges as far as leasing will exist.

Part II: The Marketing Plan

SWOT Analysis

Service Strengths

Location. Glenbyrne Pharmacy is located at the intersection of Byrne and Glendale in south Toledo. This has been identified as the busiest intersection in Toledo. The general area is accessible not only to Toledoans, but also to those in the neighboring towns and counties.

Staff. Glenbyrne has three full time pharmacists, a full time registered nurse, and a full time dietician all experienced in diabetes education and available to contribute to this service.

Ownership. Glenbyrne is independently and locally owned and operated by Bill McCall, RPh, who also acts as one of the full time pharmacists.

Current services are already available and in progress at Glenbyrne. Diabetes education classes are taught along with a cholesterol monitoring service and compression therapy service.

Time. The current services are available at designated scheduled times and by appointment. Current operations would not be disrupted and other services would not be jeopardized with the implementation of this service.

Reputation. Glenbyrne was established in 1962. They have built strong relationships with customers, doctors, hospitals, and other pharmacies. They are well known in the community and in the profession.

Resources. The pharmacy owns a Hemoglobin A1C monitor, scale, blood pressure cuff, Cholestech LDX monitor and a variety of blood glucose monitors and supplies.

Building. The pharmacy consists of the regular store, fitting rooms, private counseling rooms, and a large education room all on a single story for easy accessibility. There is ample parking available in the front of the pharmacy.

Service Weakness

Space. There is currently enough space in the building to implement the current and potential services. However, if the potential service becomes very successful there will be limited room to grow at the current location.

Time. As with the space, current conditions are accommodating. However, if there is a positive response to the new service extra help may be needed. The new employees would need to be qualified to provide the services offered.

Reimbursement. It may be very difficult to get reimbursement from third party payers for this type of service.

Independence. Glenbyrne is an independent pharmacy. There is no corporation backing the pharmacy and the services provided.

Market Opportunities

Originality. Currently there are no other cardiovascular services offered like this one in the city of Toledo or in the neighboring areas. The service will be very novel in that it will provide continuing education and supportive care to patients with cardiovascular risk factors.

Relationships. Through this cardiovascular program, relationships may be built or strengthened with many doctors, hospitals, and customers.

Business growth. Potential new relationships may benefit the overall business by increasing participation in the education programs as well as increasing prescription and store sales.

Market Threats

Similar Services. Customers do not have to come to the pharmacy to get their cholesterol checked, to get weighed, to have their glucose levels checked, or to listen to risks and

prevention measures for their cardiovascular help. There are other diabetes education programs in Toledo, and there are several screening opportunities offered around the city throughout the year for cholesterol, weight and blood pressure management. Some physicians have cholesterol-screening machines and/or have access to a lab.

Low Interest. This may not be a program people will take advantage of. The cash price of the service may be too high for some people to pay out of pocket.

Reimbursement. The program may not be accepted by third party payers for reimbursement, which may limit the participation.

Target Market

Heart disease is the leading cause of death in the United States. Anyone at risk for developing or personally dealing with heart disease would benefit from this program. Heart disease affects all ages, races, cultures and leaves no one behind, nor does this program. Regardless of economic status or job everyone is welcome. This includes all surrounding cities, towns and counties in northwest Ohio and southern Michigan.

Overall Industry Trends

Our program collectively screens and monitors for the risk factors and conditions associated with cardiovascular disease. Individual services for each component to our program range in price depending on where the service or product is offered. Other pharmacies, medical supply stores, doctor's offices, hospitals, health clubs and the

Internet are the sources that will supply the components to the program. Blood glucose monitors vary in price from ~\$30 to over \$500, not including test stripes, lancing device, and lancets. Clinics may offer a single test for free or they may charge. Cholesterol monitors range between \$100 and \$200, and test kits with ~6 test strips typically cost over \$20. Clinic, doctor office, and hospital prices range from free to the going rate set by the institution. Blood pressure machines start at about \$35 and can reach as high as \$600. Professional education per hour was noted at \$60 to \$95. Websites offer educational information and tracking for free, while some offer year long subscriptions including activities to enhance education for \$300. Some websites also offer an assessment of cardiovascular risk for a small fee. This service was also offered at clinics for an average of \$10.

Since no other programs such as the one proposed exist locally, outside sources of information were used. Overall, when clinics offer this type of service it is often a one time event without the option of follow up monitoring. Also, the hours at clinics are often not convenient to those with jobs or other responsibilities. Buying individual care products and using these types of clinics may lack the service provided by the Glenbyrne program. The internet programs studied include those offered by the American Heart Association and Minneapolis Heart Institute Foundation. Again, these are reputable organizations, but they do not provide the personal contact needed to address concerns and problems adequately. These internet programs are also not accessible to those without internet access.

Overall strengths of the industry are individual quality products, established reputation of providers, large customer bases reached by the Internet, and pricing.

Weaknesses include few programs such as this one, lack of expertise with home products, lack of personalized attention with some products and programs, and pricing.

Pricing is both a strength and weakness in industry because products are easy to price, where services are not. They can be offered for free or a price can be set and then it is up to the customer to use the service if they think it is worth that price.

Objectives

The following objectives have been set for the cardiovascular program:

- Increase patient knowledge and decrease cardiovascular risk for patients enrolled
- Decrease cardiovascular morbidity and mortality for patients enrolled in the program
- Increase total pharmacy sales by 2% by January 1, 2006
- Increase total number of prescriptions dispensed in 2005 by 2%
- Increase profitability of the cardiovascular program by its second year
- Increase net profits by 5%

Strategy Statement

The goal of the program is to provide complete, comprehensive, cardiovascular care to those in the Toledo area at risk for coronary heart disease (CHD). This will be accomplished by increasing awareness of the disease state, identifying those with risk factors, educating how to live with the risks, and providing a singular location where patients can receive both medication and education needed to treat the disease state should he/she progress to that point. Each of the goals will require a major effort to

accomplish. The major efforts will be directed at promotion and product. Promotion will be used to get people into the store to find out about the program. Product is what will give the program enough validity to make people keep coming back to the store, while recruiting others by word of mouth. When these goals are accomplished, Glenbyrne Pharmacy will have separated itself from all other Toledo pharmacies in that it will be the only place that a patient can go to get complete cardiovascular care. This is expected to give Glenbyrne an advantage over any competitors in the recruitment of new customers.

In order to reach the goal of increasing awareness of the disease, advertising/marketing will have to be used. It has been decided that at first, flyers will be placed in the store and in all of the participating doctor offices within the city limits of Toledo, focusing on those physicians who already support and participate in the patient recruitment for the diabetes education program. The monetary cost for this advertising will be the same as the costs for advertising the diabetes program because the flyer will just be modified to include information about the cardiovascular program. Therefore this will add no excessive expense to the initiation of the program. However, there will be time costs associated with this plan. Employees will have to propose the purpose and goals of the program to local physicians in order to get the program some credibility in the medical community. Based off of past experiences, it is expected that some physicians will support the service and allow flyers to be placed in their respective offices. However, it is not likely that these physicians will recommend the program to potential patients until actual results of the program are seen. More than one mode of advertisement will be used for this reason. After some time, the program will start to be advertised on television. This method has been chosen for a few reasons. The first is that

television advertising will require no additional costs over the current advertising budget because Glenbyrne already advertises on television; therefore, all that will need to be done for this is to create a new commercial. Another reason is that this method has proven to be successful in the past. Television is viewed by a captive audience that can be persuaded by effective advertising. It is also broadcast over a large area, which is why the target market for this project can include Findlay, Defiance, and Monroe (MI). Hopefully, through these two methods, awareness of the disease will increase while also notifying patients of a place where these problems can be dealt with.

Two methods will also be used to identify those with risk factors. First, blood pressure, lipid, glucose, and hemoglobin A1C screenings will be used to promote the program in the store. The screenings would take place during a weekend of each month for a total of three months and would cost \$20.00 cash for all tests to be performed. The screening would be advertised both in the redesigned commercial and in flyers. These screenings would hopefully increase the number of participants in the program, as well as increase business on the days when the screenings are held. The pharmacy already has all of the equipment needed to run the screenings; so the only added cost would be extra staffing on these three days. This cost would be minimal and potentially offset by the cost of the screenings. Another way to find those with risk factors is through physician referrals. There is no other program similar to the one that Glenbyrne would offer, so there would be no other competition for referrals from physicians. The only hurdle would be to get the physicians informed that the program exists and to show a benefit of the program so that physicians would remember the program, and recommend it to their patients. As stated earlier, it is expected that physicians will support the service, but

unlikely that referrals will be given. The target market will come into focus once this goal has been achieved.

The primary goal of this service is to educate patients on how to manage their cardiovascular risk factors adequately. Patients that enroll in the program will receive guidance on all aspects that can improve cardiovascular health (blood pressure, diabetes, cholesterol, exercise, diet, stress, smoking cessation) from the staff of Glenbyrne, which includes both a full-time dietician and nurse in addition to the pharmacy staff. Monetary cost to the pharmacy will not increase here because no new personnel are needed at this time. Time will need to be budgeted better since the same amount of personnel will be performing more work. To try to lessen this cost, the program will be offered on an appointment basis only so that ample time can be put into the other responsibilities of the employees. In order to get the program started financially, options for obtaining money will be considered. Drug companies will be contacted about sponsorships and about providing any materials that would aid in the education of the patients. Internet searches shall be performed weekly to look for any potential grant money that the program would qualify for. This would allow enough funding to advertise the program effectively.

Marketing Target

Glenbyrne's initial marketing targets will be all current patrons of Glenbyrne Pharmacy first; then expanded to recruit patients of Toledo area physicians who specialize in cardiology, endocrinology, or internal medicine. With time, our market target will expand to include the entire Toledo area up to and including patients from as far as Findlay, Defiance, and Monroe (MI).

Marketing Mix

The product that Glenbyrne pharmacy will be providing will be a unique service that will provide those with CHD risk factors a singular location to manage all needs from actual disease states to lifestyle modifications. The service will include biweekly, prescheduled classes featuring extensive counseling/education over a one-month period on the following topics/risk factors: diabetes mellitus testing/management, lipid testing/management, hypertension testing/management, smoking cessation, and lifestyle modifications (diet, exercise, stress, weight loss). Patients will be able to enroll via two options. One will be to sign up for only the programs that he/she sees as applicable, while the other will be to enroll in the entire program and attend the specific modules that are desired. These two options will be priced such that after choosing two individual modules, it will be more cost effective to sign up for the entire program. This should encourage patients to attend modules that he/she would not have attended normally, but in reality may benefit from. There will be a high quality of service associated with the program. The lifestyle modifications module will be lead by a professional dietician that runs a similar program with the diabetes education currently offered to patients. The other modules will be run either by the certified nurse educator employed by the pharmacy or by one of the three full-time pharmacists. Since no new employees will need to run the program, there will be no extra monetary expenses for payroll. A negative to this is that the current employees will have less time to perform the daily functions that are currently needed to run the pharmacy. Having the program run on an appointment only basis will solve this problem. This will improve the service quality,

which will in turn increase the number of patients inquiring about the program. To aid patients in maintaining control over disease states, Glenbyrne will sell home monitors for both blood sugar and blood pressure. Patients can learn how to use each of the devices in the module for the respective disease state.

The promotion of the program will involve advertising, personal selling, and sales promotion. The advertising was described earlier as being through flyers and on television commercials. These two methods were successful for the promotion of the diabetes program; therefore, they will be more extensively utilized to promote the new program. Personal selling will occur in the pharmacy to candidate patients that have given the pharmacy permission to inquire about interest in the program. These patients will then receive periodic mailings regarding the cardiovascular program. Personal selling will also occur to all patients at participating physician offices via the flyers mentioned previously. Promotion will also include the three screenings previously mentioned that will take place during the first three months of the program. If the screenings prove to be successful, more can be offered based on the discretion of the pharmacy owner.

The price of the cardiovascular program will be difficult to set since no similar program has been offered. Initially, the cost of the entire program will be \$500 per year and the price for any of the programs individually will be \$200 except for the diabetes because it will be kept at its current price. The price may be adjusted based on profitability and patient interest in the program. This program will potentially save the patient future costs at the expense of current costs. Each module will give patients the knowledge to be able to avoid/delay hospital visits due to a cardiovascular cause, which

could prevent unnecessary cost for all involved in treatment. It is hoped that some patients will understand this potential benefit of the program and enroll. Payment terms will be to pay the full amount by the end of the first attended class. Third party carriers will be billed and patients will be reimbursed by the pharmacy upon any payment by these carriers. It is not anticipated that the claims will be paid, but this process will be tried regardless for each patient that enrolls in the program. There will be no discount allowances at the start of the program. Any given at a future date would be at the discretion of the owner/manager.

Action Program

Promotional efforts will be the first priority when initiating the cardiovascular care program. Efforts will begin immediately upon approval of the service by management and will include production and distribution of literature about the service to area physicians and current pharmacy patients as well as word-of-mouth promotion by all employees and, eventually, television advertisements. Literature should be provided to all interested parties and television advertising should be in effect by October 1, 2004.

A second priority in the initiation of the program will be gaining funding and possession of educational materials to be distributed to patients participating in the new program. This task will be designated to one of the pharmacy interns/technicians. These materials should be acquired by November 1, 2004.

Finally, all participating employees including the dietician, registered nurse, and all pharmacists will be jointly responsible for ensuring that all necessary supplies and

materials are available upon initiation of the program. The tentative date to begin patient participation in the promotional screenings and classes is January 1, 2005.

Part III: Operations and Management Plans

Equipment needed, will consist of a cholesterol monitor, glucose monitors, blood pressure devices (manual or automatic), scale and height recorder, and materials for blood sticks such as lancets. Glenbyrne currently owns all of this equipment, so new purchases are not necessary. There will also be no cost increases due to other factors. In regard to staffing, the pharmacy already employs a dietician and diabetes educator in addition to the regular pharmacy staff. It is therefore not anticipated that any additional staffing will be required to partake in this program in its initial stages. However, in the future this issue may need to be addressed. Since the components of the cardiovascular program exist mostly as individual pieces at Glenbyrne Pharmacy, additional liability insurance will not be required.

A complete cardiovascular care program has not been successfully performed in the past, so no model currently exists. What will be attempted is a blending of screening programs for cardiovascular risk factors with some of the programs that Glenbyrne already offers. The diabetes care program will be kept intact, as will the cholesterol program. The plan for the hypertension program will consist of initial screenings for high blood pressure, dietary modification, and exercise education. The smoking cessation portion will include education, nicotine products, and opportunities for outside support groups.

There are no additional credentialing or accreditation demands that need to be met by Glenbyrne. The diabetes program already meets standards of the American Diabetes Association to allow for reimbursement from Medicare. The cholesterol program has already been certified. There currently are no standards for hypertension, smoking cessation, or weight loss. No additional licenses or permits will be needed to run the cardiovascular program.

This program is expected to start out slowly and will be granted an initial two-year commitment. This is acceptable because the cost for the program is expected to be very similar to the costs for each of the current programs combined. The actual costs for these programs can be seen in the financial statements attached. As stated previously, the charge for the service will be \$200 for each individual program offered or \$500 for the entire program. At this time reimbursement will be up to the patient with their insurance and/or employer due to the infancy of the program. The benefit of the program will hopefully be reimbursement enough. If the program is unsuccessful after the initial two-year commitment, then the need for the program will be re-evaluated. If the program is successful and has grown over the first two years, it will be evaluated for possible expansion.

Efforts will be made to approach drug companies to provide informational brochures and handouts pertaining to some of the cardiovascular risk factors and their management. Brochures and handouts will provide information on the following: cholesterol management, weight reduction, smoking cessation, diabetic foot care, blood sugar monitoring, and diabetic “do’s” and “don’ts.” Such brochures will hopefully be available for distribution to all participating patients. This may lead to grant or funding

opportunities in the future. These opportunities will be searched for via the internet biweekly and through contacts involved with the aforementioned educational supplies.

Patients will be seen, due to staffing restraints, by appointment only. Patient progress will be communicated to the physician via their preference of either phone messages, mail, or fax. This information will include: pertinent lab values, program attendance, recommended changes in therapy or monitoring, and overall patient well being. Physician responses to these results will be one the factors evaluating these outcomes. Patient outcomes will also be evaluated through written, bi-annual surveys.

Part IV: Financial and Evaluation Plans

Financial Plan

As stated previously, a main objective in implementing the cardiovascular care program is to increase pharmacy profits. A detailed forecast of how Glenbyrne's profits will increase over the next three years is given in Appendices A-D. Appendix A is a balance sheet showing the current assets and liabilities incurred by the business, as well as estimates of future asset and liability projections for the next 3 years. Overall, these values show an estimated increase of pharmacy sales by 2% per year and an estimated increase in overall profits by 5 % per year following the initiation of the cardiovascular care program.

Appendix B is a profit-and-loss statement of the business showing the results of store operations, including the proposed program, for the current year and over the next 3 years. This statement shows a modest increase in money invested in salaries and supplies needed for the new program that, however, does not supercede initial profits expected for

the service. Overall, this statement shows a projected increase in total income of 2 % per year and an increase in net income of 5% per year.

Appendix C is a cash-flow forecast that charts the movement of money earned and spent for the current year as well as the next three years. This chart also shows how much cash is estimated to manage pharmacy services. Again, a small increase in money may be needed for salaries and supplies for the new program. However, the cash-flow chart shows that an increase in net profit by 5 % per year can be achieved due to the significant increase in accounts payable secondary to initiation of the program.

Finally, Appendix D is a break-even analysis estimating how long it will take for Glenbyrne to make a profit on the proposed program. It is estimated that projected revenue will supercede business costs associated with running the new program within the first year. This would certainly not be a realistic expectation if the current business did not already have the trained, available staff, equipment, supplies and space necessary to initiate the program. If these resources were not available, this program would not be expected to be initially profitable, especially due to the uncertainty of demand for this unique service.

Evaluation Plan

In implementing our service, we need to consider all of the stakeholders that may become involved. The pharmacy staff at Glenbyrne will be the primary provider of care for this service. People utilizing the program will include current pharmacy patrons and others attracted by our new service. Physicians, neighborhood organizations and providers of health insurance coverage will also benefit from effective management of

CHD in this patient population. Stakeholders are likely to have questions about CHD as a disease state, risk factors, goals of therapy and how Glenbyrne Pharmacy plans to manage this disease state in the affected population.

Several questions may be asked to evaluate the effectiveness of the program. Is the program profitable to the business and valuable to the patient? How will we assess value to the patient? Will we need to look at both objective and subjective data to see improvement in the disease state? Are the stakeholders satisfied with the quality of service they are receiving? Information provided by the evaluation will then be used to determine what aspects of the program are meeting and/or exceeding expectations of the stakeholders and define areas where improvements need to be made.

Evidence for success of the program will be obtained through the administration of a satisfaction survey upon completion of our initial assessment and education programs. Each patient will also be asked at the initiation of the program to set two realistic goals for therapy. All will be individualized but some examples include a ten-pound weight loss, reduction in total cholesterol to less than 200 or smoking cessation. Follow up will occur by phone at the end of three months to determine if goals have been met and to see if the patient is actually feeling better now than at program initiation. Sample initial and completion surveys are provided in Appendix E. Other evidence for success of the program may be seen in an increase in the number of patients entering into our program. The best advertisement is word of mouth. If we provide a quality service, we will be recommended by doctors, patients and other stakeholders who have completed or been affected by our program. Finally, we hope to see evidence for success of the program in increased pharmacy revenues and overall satisfaction of the pharmacy staff.

To ensure staff acceptance of the program, monthly staff meetings will take place where concerns may be brought forth and addressed. All data from observations will be organized into a database for further analysis and determination of program value.

Stakeholders will be involved in the implementation of program evaluation. An advisory board will be formed on a voluntary basis with no financial support for participation. Members will include a doctor, pharmacist, dietician, certified diabetes educator, psychologist, patient currently participating in the program, and a past program participant. This advisory board will meet on a monthly basis and as needed to share information and address changes that may need to be made to continue to make the program a successful venture for all stakeholders. Conflicts will be resolved by a majority vote. Feedback will occur at the subsequent meeting to assure problems are completely addressed and appropriate actions have been taken.

Appendix E

Patients Evaluation at Start of Program

We want this program here at Glenbyrne to be as beneficial as possible. There are many aspects of cardiovascular health that will be covered. We would like each patient to set 2 realistic goals for themselves that they will focus on throughout the program.

Please list your Goals

1. _____

2. _____

What are the current readings for these goals

1. _____

2. _____

Patients Evaluation at Completion of Program

You have now completed the cardiovascular program here at Glenbyrne. We would like your input on how we helped you with your cardiovascular concerns.

Please list your goals set at the start of the program.

1. _____

2. _____

What were the original readings of the goals?

1. _____

2. _____

What are they now upon completion of the program?

1. _____

2. _____

Are you satisfied with these results currently and do you feel you will continue working for these goals?

What information did you find most helpful?

Please rate the information presented as:

1 (totally new to you) to **5** (general knowledge you had learned previously)

1

2

3

4

5

Thank you for participating in our program. Feel free to comment further on this page. We will be contacting you in 3 months for a follow up.