Lifestyle Medicine and Health and Wellness Coaching in Pharmacy Practice

Abstract: *Pharmacists are well positioned to promote lifestyle medicine through health and wellness coaching. Pharmacists are accessible, trusted, highly knowledgeable in chronic illness treatment and prevention, and are trained in applicable communication skills. While health and wellness coaching takes place informally in the pharmacy setting regularly, it is not often offered intentionally with measured progress. However, several successful pharmacy practice models with structured health and wellness coaching have been reported in the literature. The purpose of this article is to make the case for pharmacists as health and wellness coaches and describe successful models currently in place.*

Keywords: lifestyle medicine; health and wellness coaching; pharmacist; pharmacy

Medication is often viewed as the antithesis of lifestyle medicine. So, it comes as no surprise that lifestyle medicine counseling and health and wellness coaching seem an unlikely role for an expert in pharmacotherapy.

But pharmacists are well positioned to promote lifestyle medicine through health and wellness coaching and can be effective in doing so.¹⁻³ Pharmacists are an ideal fit for health and wellness coaching. Pharmacists are accessible,

underserved communities with limited access to other forms of primary care. Patients are visiting their pharmacies regularly to pick-up prescriptions and other over-the-counter items. In fact, there are roughly 13 billion pharmacy

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Pharmacists as Health and Wellness Coaches

Nearly 95% of the population lives within 5 miles of a pharmacy, making pharmacists the most accessible form of health care for many Americans.⁴ This is especially true for patients residing in

visits each year in the United States, which amounts to 3700 to 4000 pharmacy visits each week or an average of 530 to 570 visits per day.⁵ This type of convenience and high-touch is ideal for successful health and wellness coaching, which calls for frequent contact and accountability, especially in the beginning of a health and wellness coaching collaboration when motivation, diligence and follow-through tend to slip.⁶

Pharmacists are trusted. According to a recent Gallup poll, pharmacists are ranked second among health care providers in honesty and ethical

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standards.⁷ Pharmacists establish a strong rapport with patients, especially those with chronic conditions with whom they have long-standing relationships. Rapport and trust are both important character strengths of health and wellness coaches that are necessary to generate a productive change process.⁶

The perception of pharmacists is often limited to their role in dispensing medications. However, pharmacists are highly knowledgeable in the screening, prevention, and treatment of chronic conditions. Pharmacy students learn not only about the medications that safely and effectively treat disease, but the lifestyle modifications that can prevent and manage these conditions as well. This training allows pharmacists to bring a high level of expertise to the coach role, especially with those patients who are at-risk of, or living with, chronic illness.

Communication skills are a key element to the educational standards mandated by the Accreditation Council for Pharmacy Education.⁸ To address this standard, many schools of pharmacy include stand-alone communications courses in their curriculum in which communication techniques like motivational interviewing, open-ended inquiry, empathy, and active listening are taught. These skills are essential to a successful health and wellness coaching practice and pharmacists are using them daily as a part of their usual care.

Successful Pharmacist-Led Health and Wellness Coaching Models

While health and wellness coaching takes place informally in the pharmacy setting regularly, it is not often offered intentionally with measured progress. However, several successful pharmacy practice models with structured health and wellness coaching have been reported in the literature.^{1-3,10-13} Perhaps the best known example comes from the Asheville Project.¹ Launched in 1997 in the city of Asheville, North Carolina, The Asheville Project started as a diabetes wellness program for 2 local employers.

The program was run out of community pharmacies with curricula delivered by pharmacists. The program emphasizes setting and monitoring treatment goals including goals related to nutrition and physical activity. Program outcomes included a reduced mean HbA1c, reduced low-density lipoprotein cholesterol (LDL-C), higher rates of self-management goal setting and achievement, and a reduction in projected total direct medical costs for the employers.¹ Because of the model's success, the program expanded to address a number of other chronic conditions, including hypertension, hyperlipidemia, osteoporosis, depression, and Alzheimer's disease.⁹ The project has also expanded to other sites. The American Pharmacists Association (APhA) Foundation currently manages the project and partners with payers, healthcare providers and patient health organizations to implement the pharmacist-led program in other areas.

A second example is an employer-sponsored chronic disease management program at Creighton University in Omaha, Nebraska.² The program is run by pharmacists trained in health and wellness coaching and emphasizes lifestyle medicine, medication therapy management and care coordination for university employees with hypertension, hyperlipidemia, and diabetes/prediabetes. After just 1 year of participation in the program, employees experienced a decreased risk for cardiovascular disease, an increase in health-related quality of life, and an increase in medication adherence.¹⁰⁻¹² Lifestyle behaviors also improved.¹³ Participants reported increased levels of purposeful activity, increased fruit and vegetable consumption, and a reduction in stress levels. These findings were sustained after 5 years of follow-up.² Significant improvements in LDL-C, blood pressure, and cost savings for the university were also observed after 5 years of program participation.

Finally, the CDC recognized the value and effectiveness of pharmacists in using evidence-based lifestyle medicine to prevent or delay type 2 diabetes mellitus

through recently announced funding to expand the Diabetes Prevention Program (DPP) in community pharmacies.³ The funding will be used to offer the DPP to at least 7500 at risk adults residing in medically underserved areas with pharmacists delivering the curriculum. To ensure high quality, the CDC mandates participating pharmacists undergo training in lifestyle coaching and submit data every 6 months to provide evidence of progress.

Discussion and Conclusions

Pharmacists are an ideal fit for health and wellness coaching and have been shown to be effective in delivering lifestyle medicine through coaching. However, pharmacists offering health and wellness coaching services are limited. In order to expand health and wellness coaching in the pharmacy setting, a greater emphasis needs to be placed on preparing pharmacists to provide such services. A standardized approach to teaching and assessing lifestyle medicine is needed in pharmacy education. In addition, formal health and wellness coaching training should become more readily available for pharmacy continuing education. Finally, greater awareness of successful practice models and potential revenue streams for pharmacist-delivered health and wellness coaching are also needed to optimize this valuable patient care resource.

While pharmacists may be the experts in pharmacotherapy, the shared responsibility of all health care professionals is to promote health. Evidence-based nutrition and lifestyle practices play a pivotal role in ascertaining health and pharmacists can and should assist patients in incorporating healthy lifestyles through coaching.

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Trial Registration

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