

CARE PARTNERS

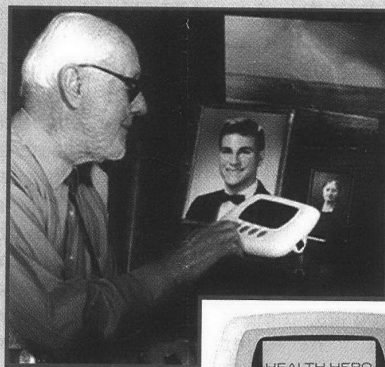
Eckerd teams up with Health Hero to offer Internet-based patient care program for home users

Imagine this scenario: A device the size of an answering machine is delivered to a chronically ill patient. The device, which the patient can easily hook up to a phone line, features an LCD screen that displays large, bold-faced letters. Easy-to-press, recessed buttons allow patients to answer questions posed on the screen about their condition. A Web-based site retrieves the answers. A pharmacist accesses and reviews the answers and makes recommendations to improve the patient's care.

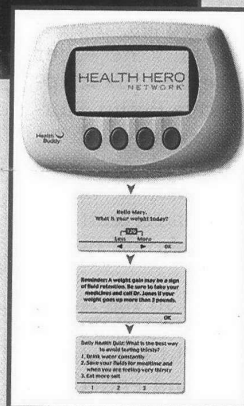
This scenario is becoming a reality for many chronically ill patients, now that Eckerd Corp., Largo, Fla., has teamed up with the Health Hero Network, a Mountain View, Calif.-based e-health company, to deliver its Eckerd Patient Care management services into the home. The program leverages Health Hero's on-line services and uses the firm's Health Buddy appliance. The intent is to help patients comply with their drug regimens, to promote early detection of adverse drug reactions, and to monitor therapeutic effectiveness.

George Kitchens, director of clinical services in branded pharmaceutical purchasing at Eckerd, told *Drug Topics* that the program will roll out within the next two months in Eckerd stores that have a clinical pharmacist. Tampa Bay, Fla., and two other undisclosed markets are targeted initially. "Pharmacists provide clinical services in our retail stores. This is a wonderful partnership with Health Hero to improve monitoring and follow-up of high-risk patients," said Kitchens.

Emphasizing that the device is not intended to diagnose disease or to be used as a 911 substitute for emergency responses, Kitchens said the



Eckerd's partnership with Health Hero may help chronically ill patients improve their conditions. Health Hero's consumer-friendly device can be used by patients at home to communicate with Eckerd pharmacists.



partnership is educational, with the focus on drug-therapy and behavior modification in relation to a particular condition. He gave the example of how the program helps diabetes patients. One question patients are asked is, Did you check your feet today? If they answer No, patients will be educated as to why it is important to do daily inspections for sores, and they will be given instructions on how to do these inspections.

"There are tons of literature that show problems with drug therapies; there's no monitoring or follow-up," said Kitchens. In addition to face-to-face encounters with patients, pharmacists now have "a device that helps with the educational component," he added. "Patients get daily feedback

on certain risk factors. It's a unique level of care. Pharmacists can refer patients back to their physician."

Kitchens said Eckerd's plan may include charging patients to use the program. However, he said, "it is more likely the fee will be included in some of the care we're already providing. We may not charge them, depending on the reimbursement we have in place with a payer. Based on managed care participation and patients' acceptance of our plan, we will continue to expand our clinical program."

In addition to helping high-risk patients, Kitchens said, the interactive home care program benefits a patient's caretaker, especially if the patient is on a complicated drug regimen.

Besides posing six to 10 questions a day, which are customized to an individual patient, the device has the ability to take glucometer readings and to download that information. Patients using insulin for the first time learn how to use a glucometer and can track how they are testing. Pharmacists can communicate that information to the patient's doctor, who can make dosage changes if necessary. "There's a huge opportunity to monitor and follow up drug therapy," said Kitchens.

Sam Kang, v.p./corporate development, Health Hero Network, said, "Pharmacy is one of the most efficient ways you can deliver care management. Pharmacists see the patient more often than physicians do. Pharmacists will be able to look for early signs of problems whether they be physiological or associated with pharmaceutical therapy that would indicate they are on a downward trajectory." Pharmacists will be able to notice early signs of noncompliance or misinformation on the part of a patient about his or her disease. "Pharmacists will be able to identify potential problems sooner and have the opportunity to intervene," Kang said.

Sandra Levy

SQUARING OFF

Plagakis continued

ical benefits of marijuana, who should? And if marijuana is going to be dispensed to patients who need it, who should dispense it? I have a sick feeling that it will be someone other than pharmacists.

I'm not going to list all the states that have legalized it. I know that it started in San Francisco, and doctors actually grew the herb and gave it to their patients. Apparently, it was still illegal to sell it. It is a great medicine as an herb, and you all know who can benefit from its use. It is now legal in Washington, and I do counsel patients on its use.

But get this! Marijuana is being used for medical purposes. Where are these patients getting it? They're not getting it from pharmacists, so they must be having their sons or nephews buy it from seedy characters in the back streets of the cities. There is something wrong here. If the herb is going to be used for medical purposes, then it should be sold by prescription, and the seller should be the person who dispenses prescriptions. Make it DEA Schedule II, have Philip Morris manufacture a standardized product with an ass-kickin' trade name like Medoweed, and stop pretending that the stuff is not a valuable medicine just because it has been used as a recreational drug illicitly for years. Pharmacists should be the only ones selling this herb. Period.

Years ago, when I sat with David in his living room. I was timid. The stuff wasn't legal anywhere for any purpose. What would happen to my license if I told him the truth and ended up with a cop knocking at my door? "Are you stonewalling me, Jim? Will marijuana help me or not?"

"It will," I said. "It is good medicine for you." David died about a month later. His sister looked me up. "Thank you," she said, her eyes wet. "David spent the last month of his life eating well and laughing while he watched cartoons on television."

THE AUTHOR is a community pharmacist in Bellingham, Wash.

What do you think?

Should pharmacists dispense marijuana for medical use? We want to hear what you have to say on this issue. Please e-mail your comments to: drug.topics@medec.com. Or send a letter to: *Drug Topics*, Five Paragon Drive, Montvale, NJ 07645-1742.

Jacobs continued

tory disease and lung, lip, mouth, and tongue cancer.

There are other significant short-term side effects and long-term risks linked to smoking marijuana. Smoking marijuana may weaken the body's antibacterial defenses in the lungs and introduce bacteria capable of causing serious infections in humans. It lowers overall blood pressure, which could adversely affect the supply of blood to the eye. It causes sudden drops in blood pressure; rapid heartbeat; and heart palpitations. It suppresses luteinizing hormone secretion in women, which affects the production of progesterone. It causes anxiety, panic, paranoia, and psychosis in some users because of its mind-altering effects. It produces dizziness, trouble with thinking, trouble with concentrating, fatigue, and sleepiness. It impairs motor skills. With this side effect profile and unproven efficacy, smoked marijuana remains unsafe for any use.

With one synthetic version of the main psychoactive cannabinoid in marijuana, delta-9-THC, already approved by the Food & Drug Administration in pill form (dronabinol, Marinol, Roxane Laboratories) and the potential for synthesis of others, why would anyone promote smoking a plant as medicinal?

Safe delivery systems for cannabinoids, which do not involve smoking marijuana, can be developed. The specific therapeutic compounds to be delivered must be identified, isolated, and purified in a manner consistent with current medical standards. Other potentially therapeutic cannabinoid drugs, including some without psychoactive properties, are in development and testing. Nicotine inhalers and nasal sprays already exist for Rx use, and metered-dose inhalers are common for delivery of bronchodilators and other drugs. This type of delivery vehicle amounts to rapid, needleless injection and may evolve as the system of choice.

The IOM report recognizes the potential for symptomatic relief from cannabinoid administration but notes that for nearly all symptoms, better drugs already exist. There are no adequate, well-controlled scientific studies proving marijuana is effective for anything. The fact that useful medicines may originate in the marijuana plant does not make smoked marijuana a medicine. Similarly, the fact that opium contains compounds that have become medicines does not make raw opium itself a medicine.

Unsubstantiated claims can mislead patients suffering from various diseases into experimenting with marijuana. Instead of being helped, they risk serious side effects. If they neglect their regular drugs while trying marijuana, the damage could be irreversible.

THE AUTHOR is clinical assistant professor in the division of addiction medicine at the University of Florida, Jacksonville.