

## PANEL ON HIGHLIGHTING INNOVATIONS IN PHARMACIST-DELIVERED CARE - Chronic Disease Partnership in Maryland: Patients, Pharmacists, and Providers

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**Overview:** The Maryland Department of Health and Mental Hygiene (DHMH) has sponsored The Maryland P3 (Patients, Pharmacists, Partnerships) Program™ since its inception in 2006. The program, managed by the University of Maryland School of Pharmacy in partnership with the Maryland Pharmacists Association, is an example of a successful public-private partnership which has broadened the role of the pharmacist while at the same time improving the health of the citizens of Maryland and the nation. Infrastructure grants from the Office of Chronic Disease Prevention and the Centers for Disease Control and Prevention, have supported the creation and implementation of chronic disease continuing education programs for potential P3 pharmacists. The Maryland P3 Program has provided self-insured employers a cost-effective way to help their employees better manage the complexities of their chronic disease. Over 500 employees have received pharmacist-provided patient-centered health education, medication therapy, and chronic disease management services in the mid-Atlantic region. Over 300 pharmacists in Maryland have been trained to serve as dedicated MTM specialists and self-management coaches for employees with chronic diseases such as diabetes and hypertension.

**Process of Pharmacist Care:** The strength of the P3 Program lies in the role of the pharmacist as the medication expert on the health care team and the strong relationships with health care providers and the patients. Through multiple face-to-face meetings, pharmacists assess each patient's understanding and ability to adhere to their medication regimen and management their disease. Guided by an action plan, the pharmacist coaches the patient in setting and pursuing measurable self-management goals. The interaction enhances the patient's understanding of the importance of medication adherence, routine medical visits, vaccinations, and other preventive care measures. Clinical care and outcomes are documented in a web-based documentation system.

**Clinical and Economic Outcomes:** Improved clinical outcomes and higher adherence to preventive care procedures when compared to other national and statewide groups were observed after 12 months. Improved blood pressure and lipid levels as well as reductions in hemoglobin (HbA1c) were documented. In 2009, P3 outcome data revealed that patients in the program when compared to nationwide commercial plans HEDIS standards document better outcome for HbA1c values, blood pressure and low density lipoprotein (LDL). Analysis of medical and drug usage costs for patients' pre- and post- intervention showed net savings of \$900 per enrollee (\$496 to \$3,281).

**Value-Added to Health Care:** Integrating P3-type programs in the current health care delivery system will improve outcomes and reduced cost of care. Pharmacists can reduce health care rising costs by improving medication adherence and decreasing costs of unnecessary medications, adverse events to medications and ER/urgent care visits. Their role in the Patient-Centered Medical Home, transitions of care and management of chronic diseases is critical. We must develop ways to allow their integration as essential members of the team, and develop appropriate financial models to allow this process.

**Lessons Learned:** The Maryland P3 Program is a unique example of the power of collaboration and partnership. At the DHMH, Office of Chronic Disease Prevention, we are pleased to extend our outreach to control and manage chronic diseases and its complications in Maryland.

The major challenges in implementing included the lack of familiarity by insurers, health care providers, and health care administrators of the pharmacist's clinical role. Significant challenges remain to establish financial models that compensate pharmacists for these services. We urge health care policy-makers and the Center for Innovation within CMS to incorporate programs such as the P3 Program in health care reform initiatives.