



Welcome to the Maryland P3 Program for Diabetes that is being sponsored by your employer, the Western Maryland Health System. This project introduces a new type of health care program that has been carefully organized for you and your fellow employees who have diabetes. **P3** symbolizes the **P**artnership between **P**atients and **P**harmacists. Employees and dependents covered by the WMHS Health Plan are eligible to participate.

The Maryland P3 Program for Diabetes

What is exciting and different about this program is that its success, in large part, depends on your active participation in your own care. The program is designed to help you maintain good control over your diabetes by helping you learn how to better self-manage your diabetes care.

Over a two-year period, you will meet at regularly scheduled times with the health care team -- your physician, pharmacist, and other diabetes specialists. You will be a full-fledged member of this team and will help develop a treatment and education support plan that (a) meets your individual health care needs and (b) provides the education and skill training that you need to earn your patient self-management credential in diabetes.

Each member of the health care team will be responsible for keeping each other informed about actions taken on your behalf, including those responsibilities that you must fulfill. For instance, your pharmacist will keep your physician informed about services provided and their outcomes. Your physician, in turn, will notify your pharmacist when a change in your treatment plan is indicated. Should you be referred to a Diabetes Education Center (DEC) for additional education and training, the DEC will send progress reports to your pharmacist and physician. And you will be expected to keep the team informed as to your progress or problems that you encounter in self-managing your diabetes.

Completing your enrollment in the P3 Program

To complete the enrollment process, you need to complete all of the forms included in this packet. Descriptions of each form are provided in the following paragraphs. **The completed forms are to be returned to June Ward in the Human Resources Office.** By completing these forms and signing this participation agreement, you acknowledge that you have been fully informed about the program. You will receive notification of your entry into the program approximately one week after your complete application has been received by June Ward for processing.

Important elements of the P3 Program

1. Your right to confidentiality

In order to assure the confidentiality of the information you provide, a computer generated identification (ID) code will be used to identify you and data resulting from your participation in the program. Further, coded information and data will only be shared with those parties who have a need to know and for whom you give authorization to have access. Parties who will need to have access are trusted health professionals who provide care, pharmacy benefit managers who handle claim forms, and data processing personnel who will aggregate coded data about you and your progress with similarly coded data collected from other patients participating in the same program. Aggregated data will be used to evaluate the overall success of the P3 Program. Your name will not be associated with any published results. Your health information will be protected under this program according to the same HIPAA principles applied to patient data through the hospital and through your health insurance plan.

2. Employee incentive

As a participant in the program, the co-pays that you are now required to make when purchasing your diabetes medications and related supplies will be waived. Co-pays for other medications, such as those for blood pressure and cholesterol, are not included.

3. Clinical measurements and laboratory tests

To assure that your diabetes is controlled, at regular intervals your physician and pharmacist will conduct certain clinical measurements and laboratory tests. The exact nature of these measurements and tests will be explained to you as you begin participating in the program.

4. Risks, inconveniences, and discomforts

As is the case with all health care programs, you are reminded that there are potential risks associated with the treatment of any disease. Specific risks associated with your diabetes care will be discussed with you as appropriate. Further, you and your pharmacist may likely have to meet at mutually convenient times outside of your normally busy work schedules. Lastly, medical care does have its discomforts. For instance, not too many people look forward to having blood drawn for a laboratory test. You should discuss your individual concerns with your health care team.

5. Patient Self-Management Credential for Diabetes

As you participate in this program, you will become more knowledgeable about your disease and its treatment. The program is designed to initially assess how much you know about diabetes and its proper care. The results of this initial assessment will provide information that the health care team will use to tailor a specific program to fill in the educational and training gaps so indicated. As you progress through this

educational/training component of the program, you will receive continuous support from the health care team. Upon successful completion of a final assessment of (a) your knowledge of diabetes, (b) your skills at self-managing your condition, and (c) your performance as indicated by your record of maintaining good control of your diabetes, you will receive the Patient Self-Management Credential for Diabetes.

6. Right to withdraw.

Since you volunteered to participate in the program, you have the right to withdraw at any time. In the event you find that you are not able to participate in the P3 Program, for whatever reason, you should immediately notify June Ward in the Human Resources office at extension 4472.

7. Authorization to request medical information

Giving permission to enable your pharmacist to obtain confidential information about your diabetes from your physician, your health plan or other diabetes health care specialist whom you may be seeing, is important to assure the continuity of your diabetes care.

8. Selecting your pharmacist and scheduling appointment

During the enrollment period, you will be asked to make a 1st, 2nd and 3rd choice selection from a list of qualified pharmacists to be your PSMP for Diabetes pharmacist. Every effort will be made to honor your 1st choice selection. You will be notified of the name and location of your P3 pharmacist shortly after your application is complete. Please understand that, while you may select any of the participating pharmacists as your diabetes counselor, you are still required to obtain your medications through the WMHS Pharmacy to be eligible for the waiver of your co-pay.

9. Scheduling appointments

Your pharmacist is to contact you within one week after receiving notification of your enrollment. If you are not contacted by the pharmacist within one week, you should contact Human Resources. When your pharmacist calls you, you are to schedule the time for your initial visit.

During your initial visit, the pharmacist will review the P3 Program with you and answer your questions. Also, it is at this time that you will be asked to complete a brief set of questions that will provide the health care team an initial assessment of your knowledge of diabetes and its treatment. As indicated above, the results of this initial assessment will be used to develop an overall care plan that will state the specific treatment goals as determined by your physician, as well as the educational and skill training goals set by the entire health care team. The plan will include:

- A schedule of follow up visits at which times the pharmacist will provide indicated counseling, education and skill training
- A schedule of laboratory measurements for Hemoglobin A1C, blood glucose, (you will be provided with a glucometer and instructions on how to use it), and lipids
- Life style changes desired
- A plan for monitoring kidney, nerve and eye conditions

During the first 3 months of the program, you will meet with your pharmacist a minimum of once per month. Thereafter, you and your pharmacist will determine the frequency of visits, however it will be at least once each quarter.

10. Satisfaction Survey

To assist in the research component of P3, please complete the brief survey of your satisfaction with your current diabetes care. Follow-up surveys will be completed later in the program to measure progress.

11. Cancellations and Missed Appointments

Except in an emergency situation, you must give 24-hour notice if you are unable to keep a scheduled appointment with the pharmacist. (In the case of an emergency situation, you should notify your pharmacist as soon as possible.) If you do not provide the appropriate notice, you will be contacted by the pharmacist to determine the reason for the missed appointment. If you miss a second appointment without giving 24-hour notice, you will be contacted to discuss your continuing in the program.

In those instances when the pharmacist may need to schedule, or re-schedule, an appointment with you, the pharmacist will immediately contact you. If you are not available, the pharmacist will leave a message for you. It is very important that you respond to any message promptly. A second failed attempt to contact you will be reported to the Coordinator who will place a call to you. If you fail to respond to the Coordinator, it will be assumed that you do not want to continue and will be notified that you have been dropped from the program.

I, _____, understand what will be required of me to become a participant in the Maryland P3 Program for Diabetes. I agree to follow the stated policies and procedures as stated in this document and understand that my failure to do so may result in my being dropped from the program.

Participant Signature _____ Date _____
 (Or Parent /Guardian)
 Coordinator's Signature _____ Date _____