

# IL Pharmacists Network



## IPhA Patient Self-Management Program Overview for Diabetes

The IPhA Patient Self Management Program for Diabetes is a health care initiative that involves individuals who have been diagnosed with diabetes. This innovative program revolves around the coordinated efforts of each employer, local health care providers--including pharmacists, physicians, health educators, and health insurers to enable employees to better manage their disease. The program provides counseling, education and skill development training that leads to the award of a self-management credential. Financial incentives for participating employees, employers and health care providers underpin the program. Comparable to the Asheville Project© and the Diabetes Ten City Challenge: HealthMapRx™ that uses similar approaches, the data from this program has resulted in healthier individuals, fewer hospitalizations, reduced medical expenses, and reduced absenteeism.

The primary elements of the program include:

- Identifying and enrolling employees and beneficiaries who have diabetes, and are covered by the employer's health plan
- Contracting with a local network of pharmacists that will provide the appropriate pharmaceutical care and counseling to help patients effectively manage their diabetes
  - Assessing each patient's understanding of his/her diabetes
  - Tailoring and conducting an educational and skills training program for each patient
  - Preliminarily assessing each patient's health and reinforcing the physician's treatment plan and working collaboratively with the whole Diabetes Education Team
  - Periodically, evaluating each patient's knowledge, skills, and performance
  - Awarding a Patient Self-Management Credential upon demonstration of successful performance
- Establishing a secure collection mechanism and maintaining a confidential data source that can track and analyze aggregate outcome data for purposes of developing statistical comparisons of improved patient health and total health care savings for employer
  - Evaluating and reporting results of program.

What is exciting and different about this new health care program is that the success of the program, in large part, depends on the Patient's active participation in his/her own care. The program is designed to help Patients maintain good control over their diabetes by helping him/her learn how to better self-manage their condition.

Over a 12-month period, Patients will meet at regularly scheduled times with the health care team – the physician, pharmacist, and other specialists. The Patient will be a full-fledged member of this team and will help develop a treatment and education support plan that (a) meets his/her individual health care needs and (b) provides the education and skill training that he/she needs to earn the 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 the Patient's behalf, including those responsibilities that the Patient must fulfill. For instance, the pharmacist will keep the physician informed about services provided and their outcomes. The physician, in turn, may notify the pharmacist when a change in the treatment plan is indicated. When patients are referred to community health education resources for additional education and training, the provider will send progress reports to the pharmacist and physician. The Patient will be expected to keep the team informed as to his/her progress or problems that are encountered in self-managing diabetes.

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For additional information about the Illinois Pharmacy Network, please contact IPhA Director of Clinical Programs, [Starlin Haydon-Greatting](#), BSP Pharm, MS, FAPhA FASCP