The Patient Self-Management Program (PSMP) is a promising approach to improving outcomes for patients living with type 2 diabetes through collaboration with qualified pharmacists. PSMP programs are versatile and efficient.

PSMPs have led to improved health. Project IMPACT, a PSMP at Zufall Health Center in Dover, New Jersey, found a 25% reduction in adverse events and a 30% reduction in potential adverse events over one year.

PSMPs have also led to decreased cost. The PSMP known as the Ten Cities Challenge reduced total costs per patient by $918 over a one-year period.

What is the Patient Self-Management Program (PSMP)?
PSMPs utilize qualified pharmacists to work with patients through consultations, clinical goal setting, monitoring, collaborative drug therapy management, and referrals to diabetes educators. PSMPs allow pharmacists to work directly with diabetic patients to provide education and counseling on disease management, as well as lifestyle change. For example, the Ten Cities Pilot grew out of the PSMP initiated in Ashville, TN. When the program achieved clinical and cost-saving success, it was expanded to employers in Greensboro and Wilson, NC, Dublin, GA, Manitowoc County, WI, and Columbus, OH. Using the methods described above, patients’ mean A1C levels decreased from 7.9% to 7.1%, and mean LDL-C (bad cholesterol) and blood pressure also decreased significantly. Eye examination rates increased from 46% to 82%, and foot examination rates increased from 38% to 80%. While total healthcare consumption increased, mean healthcare costs decreased by $918 per patient.

Why should New Jersey develop a PSMP pilot in Medicaid?
PSMPs help reduce the incidence of costly diabetic emergencies and complications. PSMPs also complement coordinated care models, such as Patient-Centered Medical Homes, being developed throughout the state. A PSMP pilot would provide a model for other health centers to follow while working out potential challenges in payment and methodology.

What should New Jersey do?
1. New Jersey Medicaid and Medicaid managed care organizations (MCOs) should conduct stakeholder discussions with representatives from the physician, advanced practice nurse, pharmacist, and federal-qualified health center (FQHC) communities.
2. Because many New Jersey FQHCs are developing Patient-Centered Medical Home care coordination models, FQHCs may be a good place to launch the pilot. Medicaid and the MCOs will need to agree on both payment methodology and payment levels.

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