



P³ (Patients, Pharmacists, Partnerships) Program™ **Frequently Asked Questions**

- I. [Program Overview](#)
- II. [Stakeholder Participation](#)
- III. [Program Enrollment](#)
- IV. [Pharmacist Participation & Services](#)
- V. [Pharmacist Visits](#)
- VI. [Program Costs](#)
- VII. [How does the P³ Program fit in to the larger healthcare agenda?](#)
- VIII. [Frequently Asked Questions from Third Party Administrators \(TPAs\)](#)

I. Program Overview

Q: *What does this program do for patients with chronic conditions?*

A: The P³ Program is a consumer incentive program that focuses on the idea of patient self-management education and techniques to help patients with chronic conditions improve health outcomes. The program matches patients to community pharmacist “coaches” who provide hands-on education, monitoring, and evaluation of health improvements.

Q: *What are the requirements for participating in the P³ Program as an employer?*

A: There are some key principles to the successful implementation of the P³ Program. Although not required, the P³ Program works best when:

- Employers have a minimum of 5000 covered lives (employees and beneficiaries).
- Employers are self-insured.

Some standards that must be met in order to implement the P³ Program include:

- A willingness to adopt the P³ Program turn-key model of care
- The ability to provide medical claim and prescription claims from your Third Party Administrator (TPA) and Pharmacy Benefit Manager (PBM) vendors to our chronic disease management system vendor.

Q: *How does the program work?*

A: Once an employer decides to implement the P³ Program, the employer and the P³ Program coordinator work out a schedule and process for program announcement and launch. Employers will advertise to their employee (and health plan beneficiary)

population about the program and begin enrolling participants for an agreed upon program launch date. Employers will customize template enrollment materials provided by the P³ Program to create enrollment packets for participants. Once enrolled in the program, patients will have their co-pays waived for diabetes medications and supplies (paid for by the employer) and attend education and self-management sessions with a community pharmacist.

Q: *How long does it take to plan for and launch this program?*

A: The P³ Program recommends that employers allow for at least 2-4 months for planning time and provider/participant recruitment before launching this program. Since the majority of the program materials are available to the employer as templates, only minimal time is required by the employer to customize and distribute to employees.

II. Stakeholder Participation

Q: *What is the role of my Pharmacy Benefit Manager (PBM) in the P³ Program?*

A: Since PBMs are primarily responsible for processing and paying prescription drug claims, employers will be required to work with their PBM to waive enrollee medication co-pays. Employers will also communicate with their PBM to reinstate medication co-pays if an enrollee drops out of the P³ Program.

Q: *Should an employer collaborate with its health plan/carrier in addition to its PBM?*

A: Yes, it is important to include health plans/carriers in this program. The health plan is responsible for providing medical claims data for analysis on six months basis during this program (the employer will need to request this data from its health plan). Otherwise, there are minimal efforts required by an employer's health plan/carrier.

Q: *What are the data specifics necessary to identify the population for enrollment?*

A: The easiest way to get the information needed to identify the population for enrollment in the P³ Program is to ask your PBM to run a zip code analysis of where people who are getting prescriptions for diabetes medications live.

III. Program Enrollment

Q: *How do participants enroll in the program?*

A: The employer will host orientation sessions for employees to learn about the P³ Program and will provide enrollment packets for interested employees. A participant must agree to the terms included in this packet in order to receive waived co-pays and any additional incentives. The employee will complete the forms enclosed in the enrollment packet and return it to the HR/Benefits Department, or other designated department, so that the necessary administrative items can be processed to alter the employee's benefits structure.

Q: *How are patients matched to a pharmacist provider?*

A: The participants are asked to select a first, second, and third choice pharmacist from the Pharmacist Directory. The P³ Program Network Coordinator will then make assignments based on the rank choice and the number of participants a pharmacist has agreed to see. Sometimes this is negotiated depending on the availability of providers and location of the participant. At times a decision is reached to have a pharmacist provider located at the workplace if appropriate.

IV. Pharmacist Participation & Services

Q: *What services do pharmacists provide to the P³ Program participants?*

A: Pharmacists follow the ADA guidelines when evaluating the health status of patients with diabetes. Using these guidelines, pharmacists set incremental health goals with the patient. In addition, pharmacists work with patients to set lifestyle goals in nutrition, exercise, and weight control. Pharmacists will record A1C levels, cholesterol levels, and blood pressure. Regular eye and foot exams will be recommended and recorded, along with an annual flu shot.

Q: *Why are pharmacists used as coaches in the P³ Program?*

A: Implementing the P³ Program involves collaborative efforts between multiple stakeholder groups: employers, pharmacist providers, patients, nurses and physicians. Coalitions and the Pharmacist Network Coordinator engage and align these stakeholders in their efforts to achieve the common goal of improving health outcomes for people with chronic disease.

Pharmacists serve as the catalyst for the P³ Program's patient-centered program approach. Referred to as "coaches" or "educators," these pharmacists meet regularly with individuals to evaluate health status and establish incremental goals to improve health outcomes. Because individuals with chronic conditions are more likely to have multiple prescription medications, the pharmacist represents an ideal vehicle for counseling patients on a frequent basis. Pharmacists are experts in medication management, working with individuals to ensure their medication therapy is optimal and properly managed.

Q: *What kind of training do the P³ Program Pharmacist Coaches receive before counseling diabetic patients?*

A: Pharmacists participating as coaches in the P³ Program must participate in the APhA Diabetes Certificate Training Program. The APhA Diabetes Certificate Training Program is an innovative and intensive certificate program that focuses on the pharmacist's role in the area of diabetes management. The program, which emphasizes a health care team approach, seeks to foster the implementation of pharmaceutical care interventions that will promote disease self-management. The program is accredited by the American Council on Pharmaceutical Education. Pharmacists may also participate in online programs through several schools of pharmacy. These online programs are supplemented by live skills training sessions and case studies.

V. Pharmacist Visits

Q: *How often will the P³™ Program participants meet with their pharmacist coach?*

A: Typically, a patient meets with the pharmacist on a monthly basis for the first three months of the program, and quarterly thereafter, unless otherwise directed by the pharmacist or employer. During the first few visits, the patient must complete a knowledge and skills assessment - the pharmacist will then determine their level (beginner, proficient, advanced). At this time, if the pharmacist feels that the patient requires additional education about diabetes, they will likely be referred to a diabetes education center to learn more.

Q: *Where do the P³ Program coaching sessions take place?*

A: The coaching sessions take place in designated, private counseling locations, which include community pharmacies, the workplace, or other specified location.

Q: *How are patients with diabetes who are using naturopathic treatments instead of traditional medicines treated in the P³ Program?*

A: Patients using naturopathic treatments for their diabetes should be encouraged to participate in the P³ Program. Pharmacist coaches are able to work with providers, both alternative and traditional, to improve a patient's continuity of care. Pharmacist coaches will document a patient's chart tracking potential herbal remedies and other holistic medicines that may impact adherence and care. This patient-pharmacist interaction is critical especially because patients may be receiving both western and alternative medications that could potentially interact. Along with counseling participants on proper medication use, pharmacists will coach the P³ Program participants (on both traditional and naturopathic regimens) on lifestyle changes that will help improve their chronic conditions.

VI. Program Costs

Q: *How much does the P³ Program cost?*

A: The P³ Program fees cover the administration and oversight of the program, payments

to the Pharmacist coaches, access to an electronic chronic disease management system, as well as clinical and economic reporting. An implementation timeline as well as a scope of services will be negotiated prior to finalization of an agreement. Fees typically average \$800 per participant in year one of the program with reduced rates in years 2 and 3 as the number of patient visits decrease.

A minimal commitment of 50 patients is required for participation in the program.

VII. How does the P³ Program fit in to the larger healthcare agenda?

Q: *How does the P³ Program contribute to the “medical home” concept?*

A: The P³ Program facilitates the concept of having a “medical home” by:

- Creating a connect-the-dots approach that links provider and services that already exist in communities.
- Significantly improving information exchange between providers.
- Significantly improving critical preventive care.
- Significantly improving outcome measures that assist physicians in hitting pay-for-performance or other incentive program targets.
- Enhancing the workforce by using underutilized resources in the community (pharmacists and educators).

The P³ Program directly supports the collaborative medical home model without a physician practice having to invest in changing office practice systems. The medical home is a model of care, not a building. The P³ Program is compatible and synergistic with the medical home model because it offers patients the resources and care they need, which is what the “medical home” is all about.

VIII. Frequently Asked Questions from Third Party Administrators (TPAs)

Q: *How involved is the P³ Program?*

A: The P³ Program requires a minimal time commitment from TPAs. P³ Program materials have been developed to help TPAs communicate and explain the program internally. The frequency of data pulls is low and the P³ Program provides dedicated contact(s) to help address carrier concerns and questions.

Q: *How am I going to “sell” this internally?*

A: The P³ Program materials have been developed to explain the program to internal audiences. Others are also able to assist in “selling” the program with very little internal strife – your Pharmacy Benefit Manager (PBM) may already be implementing P³ Program in another region.

Q: *What’s in it for me?*

A: There is an increased customer satisfaction with those TPAs/PBMs willing to assist with the P³ Program requirements. Employers have experienced reductions in costs through decreased hospital and emergency room visits.