7.1 Pharmacists and Disease Management

Pharmacists can provide expertise for disease management programs, regardless of program sponsor. In particular, pharmacists can be used for activities such as:

- Patient education concerning drug use, especially in high-risk/high-use cases
- Compliance education and monitoring for selected populations
- Disease state monitoring (e.g., blood glucose, blood pressure, serum cholesterol)
- General wellness education
- Intervention with physicians to encourage adherence to drug protocols


7.2 Medicaid Disease Management in Pennsylvania

An innovative Medicaid disease management program that serves almost 240,000 Medicaid recipients has been developed through Keystone Mercy Health Plan in Southeastern Pennsylvania. After data analyses showed the prevalence and associated costs of sickle cell anemia for the defined population, a sickle cell disease management program was designed focusing on the importance of taking regular medication to help control the disease. Before the program was initiated, the 375 members diagnosed with sickle cell anemia had reportedly cost nearly $2 million in the first seven months of 1999, and were responsible for almost a third of all emergency department visits. Coordination of care, self-care education, and social support were important components of the program, and initial results showed a drop of almost 20 percent in inpatient utilization and 50 percent fewer emergency department visits associated with sickle cell anemia (Rabinowitz 2001).


7.3 Phases in Disease Management Program Development

According to the founder and executive director of the Disease Management Purchasing Consortium and Advisory Council, Alfred Lewis, current disease management programs have developed in three phases. Phase I (original programs through 1995) was mainly focused on the notion that pharmaceutical firms were interested in introducing disease management programs to health plans to save money. Health plans valued the premise that they could lower their costs by promoting better physician education, more effective physician prescribing patterns, and improved patient compliance. Phase II (1995 to 1996) reflected health plans’ disillusionment with the realization that disease management programs were designed to increase pharmaceutical sales. Health plans rejected disease management programs offered by pharmaceutical firms who tied disease management programs to placement of their drugs on formularies, and began to develop their own programs in-house. Finally, phase III (1996 to present) emerged with the realization that
internal disease management program development was difficult for health plans to manage. As a result, an independent industry for disease management businesses arose (Lewis 1998).


### 7.4 Pfizer in Florida

In Florida, Pfizer Inc. and Florida’s Agency for Health Care Administration are sponsoring a public-private initiative to address the care needs of the Medicaid population. Jackson Memorial Hospital in Miami will administer multiple disease management programs and employ care managers to work one-on-one with patients to improve management of chronic conditions. They will be supported by the Clinical Management System disease management software that will help them collect medical information, monitor symptoms, chart data, and retrieve information for patients. Pfizer has guaranteed that this program will save the state of Florida $33 million in Medicaid costs (Pfizer Inc. 2001).

Pfizer Inc. 2001. “Jackson Memorial Hospital Joins Pfizer and Florida’s Agency for Health Care Administration as First New Partner in Public-Private State Medicaid Program.” [On-line information; retrieved 2/13/02.]