



CUMBERLAND, MARYLAND DIABETES TEN CITY CHALLENGE FACT SHEET

Program Overview

Western Maryland Health System (WMHS), the major health care provider in Allegany County, offers the Diabetes Ten City Challenge (DTCC) program to all 3,800-plus employees and dependents in its health insurance plan, including approximately 250 people diagnosed with diabetes.

The leading employer in the city of Cumberland (pop. 20,915), Allegany County (pop. 73,639) and the surrounding mountain region, WMHS understood the value of the DTCC model after experiencing cost savings in a year-long internal experiment with a pharmacist-led diabetes management program. Realizing that the structure and enhancements provided by the DTCC's self-management program would address many of their challenges and provide expanded options for participants, WMHS embraced the DTCC opportunity in 2006.

Program Facts

- ❑ Approximately 110 people with diabetes have enrolled in the program since its kick-off in summer 2006; 90 registered within the first three weeks
- ❑ Pharmacist coaches began meeting with patients in late August 2006; all participants have had at least one appointment, either at one of the system's two hospitals or in the community
- ❑ More than 30 pharmacists have been trained to participate in the program, including four hospital pharmacists employed by WMHS and 28 independent community pharmacists
- ❑ Pharmacists are certified in diabetes care through the American Pharmacists Association (APhA) Diabetes Certification Program, with training provided by the University of Maryland School of Pharmacy
- ❑ The program is known locally as the Maryland P3 Program (Patients, Pharmacists, Partnerships) and is coordinated by the Maryland Pharmacists Association in cooperation with the University of Maryland
- ❑ Additional resources available to participating patients include supportive diabetic teaching services and nutritional counseling through the WMHS Wellness Center

Program Partners

- ❑ The Maryland Pharmacists Association serves as pharmacy network coordinator, handling billing and reporting functions, establishing the pharmacist network and training pharmacists
- ❑ Management of co-pays is accomplished through the WMHS Pharmacy, which is the pharmacy benefits manager for the WMHS health plan
- ❑ Medical claims data are provided by HealthScope Benefits, the plan's third party administrator

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About Allegany County, Maryland

Population: 73,639

Households: 29,322

Median Age: 40.6 years

Median Household Income: \$33,317

Relevant Statistics

According to the **American Diabetes Association** and the **National Institutes of Health**:

- 23.6 million people – 7.8 percent of the U.S. population – have diabetes.
- 17.9 million people have been diagnosed and 5.7 million have not.
- 1.6 million new cases of diabetes were diagnosed in people aged 20 years or older in 2007.
- Diabetes was the seventh leading cause of death listed on U.S. death certificates in 2006.

About Western Maryland Health System (www.wmhs.com)

The Western Maryland Health System (WMHS) provides comprehensive healthcare services to residents in Allegany County, Maryland, as well as surrounding counties in Maryland, West Virginia, and Pennsylvania. The health system employs 2,400 people and includes Memorial Hospital, Sacred Heart Hospital, a nursing home, medical adult day care facility, outpatient diagnostic centers, a wellness center, and a network of urgent care clinics and physician practices. The mission of the Western Maryland Health System is to improve the health status and quality of life of the individuals and the communities they serve, especially those in need; WMHS actions are guided by core values of respect, integrity, quality, community advocacy and resourcefulness.

Quotable Quote

Mark Sullivan, Vice President Human Resources and Mission Services Western Maryland Health System

“As a large employer and the only hospital system in Allegany County, we wanted to be a key player when there was an opportunity to get into the Diabetes Ten City Challenge program. We had run a pilot program solely on internal resources in 2005 and saw it was beneficial, but also saw we needed additional infrastructure in order to make it work well. In that rough test of the model, our costs dropped about \$1,000 per person for those in the program. It validated for us that the results people were reporting from this program were high-potential results.”

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