

The Continuum

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Strategic Challenges Facing Chronic Care Outlined

Standardizing metrics, integrating the whole person concept into the medical care equation, demonstrating that disease management works, building collaborations, and developing end-to-end solutions—these are strategic challenges that will confront chronic care in coming years.

Sam Ho, MD, executive vice president and chief medical officer of UnitedHealth Group, posed those challenges during his keynote address on strategic challenges to disease management held yesterday morning in the Roman Ballroom.

Although the United States has the best health care system in the world, the numbers argue that it's time for change, he said. In a survey ranking comprehensive health care in the top six industrial nations, the United States finished last.

Most revealing of all was the fact that our per capita health cost was

more than double that of the other five nations. Added to this, major reports in 2000, 2001 and 2004 confirmed the diagnosis that our health delivery system is inefficient, broken, and in need of re-engineering.

From 2000 to 2006, health insurance costs increased 87 percent, while inflation and wages hovered around 20 percent for the same time frame. Fewer and fewer employers are offering health benefits coverage, and only about 50 percent of small employers still offer this employee benefit. This situation has to be remedied, he said.

What have disease management professionals been doing during this time? In the early 1990s, there were few single disease programs and pharmacy was the strategy of choice.

Beginning in 1996, a proliferation of organizations cropped up as one-stop shops and DMOs were introduced. By 2000, the one-stop shop had grown

even more, the call center model was introduced, accreditation began, and we started looking at such concepts as ROI, or return on investment. In 2005, the public sector began to get involved and government programs and pilots were introduced.

Proof of disease management's effectiveness is still not convincing, according to Dr. Ho. The challenge today is to prove the value of disease management, and in doing that it has to move away from being a cottage industry. For the next few years, disease management professionals will be occupied with integration, he predicted.

Proving value isn't easy, however, and it will require meeting many challenges, not the least of which will be how best to establish a more sophisticated reporting system.

Standardizing metrics is one of the key challenges to disease management
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Sam Ho, MD

Panel Discusses Future of Disease Management

A distinguished panel representing a broad spectrum of practitioners in the health care continuum provided an overview of the evolution of disease management and discussed the issues facing it at Monday afternoon's joint general session in the Roman Ballroom.

Jeremy Nobel, MD, moderated the session, which featured panelists Jaan Sidorov, MD; Ken Thorpe, PhD; and Robert Margolis, MD. Dr. Sidorov, a physician and pioneer systems developer, is an independent consultant. Dr.

Margolis is managing partner and CEO of HealthCare Partners, the largest health care provider in California. Thorpe is executive director of Partnership to Fight Chronic Disease.

Dr. Margolis explained that as an oncologist he long ago learned the importance of an integrated team-based approach to chronic care. Disease management is one of the tools for patient-centered, focused care, he said. The system, however, is disaggregated now, and an integrated system is need-

ed. The concern should be how to get there.

He also said he is concerned that incentives are not working in the nation's health care system.

Dr. Sidorov said it can be challenging to accurately measure the returns from disease management. Because of the nature of the data and the way it is stored, it's difficult to determine value without the necessary tools being in place. "Our definition of value has to change," he said.

Referring to a patient who is obese, he said that a loss of five pounds may not mean much to those collecting statistics when a 30-pound loss is considered success, but, he suggested "incremental changes are good."

In Vermont, they built a system of disease management from scratch, Thorpe said, using key building blocks. The program expanded to add Medicaid, state employees communities, and more. One problem is that the
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Jeremy Nobel, MD, MPH



Ken Thorpe, PhD



Robert Margolis, MD



Jaan Sidorov, MD

Strategic Challenges Facing Chronic Care . . .

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and is driven by today's vast proliferation of variables. Deciding what to use and how to measure quality, efficiency and trends is critical. Other considerations are standardization of operational data and patient/physician experience data.

Dr. Ho noted we have failed to capture the easy metric of patient-provider-physician satisfaction. If patient

satisfaction surveys were used, he said, we could gain a lot of knowledge. Every call center should use this measurement tool.

"The true issue is how to demonstrate value, and better, faster results are needed," he said. Integrating the whole person concept is also a "huge challenge," he said. It involves medical, behavioral and productivity issues. The goal is to have one composite report to

share. Proving that the concept of managed chronic care works, or demonstrating a positive impact, is just as big a challenge, he added.

"Collaboration is critical," Dr. Ho said, "but we haven't yet scratched the surface." Technology is helping us, however, he said. Collaboration has to involve providers, consumers and physicians, he explained, and should be patient-centered.

A final challenge involves creating end-to-end solutions. To that end, all the parties involved have to learn more about the agendas of the other groups. End-to-end solutions involve staying healthy, getting healthy, and living with illness.

Dr. Ho also said we need better insurance benefit plans that put the consumer more into it. A new and exciting concept is health incentives that reward employees, for example, who earn credit for improvements in cholesterol, blood pressure, body mass and quitting smoking.

These credits can be translated into cost reductions for them. Such benefit plans, or partnerships, are here to stay

and will likely expand, he said.

What all these challenges mean for disease management is that it needs a redesigned coordinated care model with greater physician involvement and a whole person approach that may be radical and that breaks the mold of the status quo.

Should hospital systems be brought into the disease management system? Dr. Ho noted that to date they have been largely on the outside and the focus has been on prevention, costs, and how to keep readmissions down. But hospitals certainly can have an impact on preventing re-admissions, he said.

Asked if claims data is too flawed to provide good measurement data, Dr. Ho admitted claims do have flaws and historically have been somewhat incomplete, but thanks to electronic record-keeping their reliability is improving.

On the other hand, data derived from doctor office records is even more incomplete. This is because of the heavy burden and high cost placed on the doctor and his office.

NAM Executive Opens Tuesday General Session

DMAA: The Care Continuum Alliance and the National Association of Manufacturers (NAM) share a goal of providing members the best tools and information for extending wellness and prevention programs into their business operations, an NAM executive said yesterday in her Integrated Care Summit general session remarks.

"We know how important health care is to our members and their employees," said Jeri Gillespie, NAM vice president for human resources policy. "As such, the NAM is very excited to have partnered with DMAA on our

first Integrated Care Summit."

Gillespie said that while the NAM has many recognized leaders in wellness and prevention programs among its membership, "we have significantly more small business members who are just starting to learn about these programs and their potential to have a positive impact on the workplace." Planning for the 2008 Summit, she said, will consider a track tailored specifically to small- and medium-sized businesses, she said.

Echoing NAM President and CEO John Engler's Monday speech to open the Summit, Gillespie said manufacturers are taking the lead in using innovation and greater efficiencies to drive up quality and lower costs, including in health care.

NAM health care priorities, she said, focus on free market reform initiatives, process improvement, consumer empowerment and innovative cost containment measures.

Gillespie also announced the DMAA and NAM joint development of an Employer Toolkit on wellness, disease and care management. "This valuable resource explains in plain language your options for helping employees improve their health and avoid chronic conditions," she told the audience during the morning general session.

DMAA and the NAM are offering complimentary copies of the CD-ROM toolkit to Summit participants (see story, page 3). "I encourage you to review the toolkit closely as you consider these important workplace initiatives," she said.



Jeri Gillespie

Disease Management Future . . .

Continued from page 1

reimbursement payment system Medicare uses doesn't work. It's based on a 1965 model, which isn't appropriate for today, he added.

Asked if disease management has delivered the value it promised, Thorpe said the "inside the Beltway" view is that it has not. "There's a lot of skepticism in Washington," he said. "The bottom line is that they don't feel it really saves money, that the case for cost containment hasn't been proved." It will be a challenge for DMAA and its partners to pull together evidence from best practices to change that view, he said.

"Medicare is way behind the private sector's pay for performance model," agreed Dr. Margolis. It still uses volume rather than outcomes.

Sidorov feels the future is very positive for disease management and that there will be a role for electronic record-keeping. Incentives are needed, he agreed, and the measurement unit should no longer be one-on-one.

Dr. Nobel asked what can be done to get closer to universal health coverage.

Thorpe said the reimbursement model for Medicare has to be changed and that more primary care doctors will be needed. Training, he added, is also an issue. Doctors will need to work collectively in teams and that's not what they're taught now.

Dr. Margolis agreed that incentives need to be improved and said we should look for simpler approaches. With more clinics the abuse of emergency room treatment might be curbed, he added.

"We've come a long way," Dr. Sidorov said, adding that electronic health record-keeping is on the cusp of revolutionizing medical care. It's still too much of a hassle for many doctors, but he's optimistic that will change. People are saying the right things about chronic care now, but we'll probably make some mistakes before we do the right thing, he added.

In response to a question from the audience about how primary care will fare in the future, Dr. Sidorov said he thinks a system will evolve that has team captains overseeing this care in clinical settings. "It will be radically different, a completely different kettle of fish," he said.

Dr. Margolis sees a continuing role for the "minute clinic," which, he says, has really caught on and changed the role of the primary health caregiver. He reiterated that it is imperative to change the reimbursement system.

Thorpe said it will be important to watch the upcoming Presidential election unfold as it deals with the chronic care and affordability issues. He urged DMAA members to help the candidates make the right choices about critical care management by gathering pertinent information and data, making it clear to understand, and then disseminating it.

Wednesday at a Glance

8 a.m.-2:30 p.m.	Registration	Palace Foyer
9-10 a.m.	Concurrent Sessions	Pompeian I-III
10:15-11:45 a.m.	Case Study Spotlights	Pompeian I-III
Noon-1:15 p.m.	General Session Luncheon	Roman Ballroom
●	Keynote Address: Noel Obourn, Chief Sales Officer, Rvolution Health	
1:30-2:30 p.m.	Concurrent Sessions	Pompeian I-III
2:30 p.m.	Integrated Care Summit Concludes	
3-6 p.m.	DMPC Workshop (Additional Registration Fee Required)	Pompeian I

CD-ROM Helps Employers Manage Choices

Toolkit on Wellness, Disease Management Released

DMAA: The Care Continuum Alliance and the National Association of Manufacturers (NAM) yesterday released a toolkit for employers to help them navigate the many choices for wellness and chronic disease management programs in the workplace.

“Wellness, Disease and Care Management: Background for Developing a Business Strategy,” offers comprehensive information, in CD-ROM format, on approaches to helping employees maintain and improve health, avoid disease and successfully manage existing chronic conditions.

Rapidly escalating health care costs nationally over the past decade have proved particularly burdensome on employers and their workers and dependents. By some estimates, employee benefit costs represent the typical company’s third largest expense, and health insurance is the fastest-growing component. A recent report suggests that soon, unless trends change, the average Fortune 500 company might spend as much on health benefits as it earns in profits.

In the face of rising costs, a growing proportion of employers are turning to integrated wellness, prevention and disease management programs that promote healthful lifestyle choices and identify workers with, and those at risk of developing, chronic conditions. The DMAA-NAM toolkit, which reflects the collective expertise of leaders in employee health and benefits, outlines in detail common approaches to pre-

venting and managing disease in the workplace.

Toolkit components include issue briefs on:

- common strategies for employee wellness and disease management programs;
- an overview of common tools and methods, such as predictive modeling and health risk assessments;
- a discussion of typical delivery model;
- employee education and engagement strategies;
- measuring return on investment; and
- legal and compliance issues in employee health promotion programs.

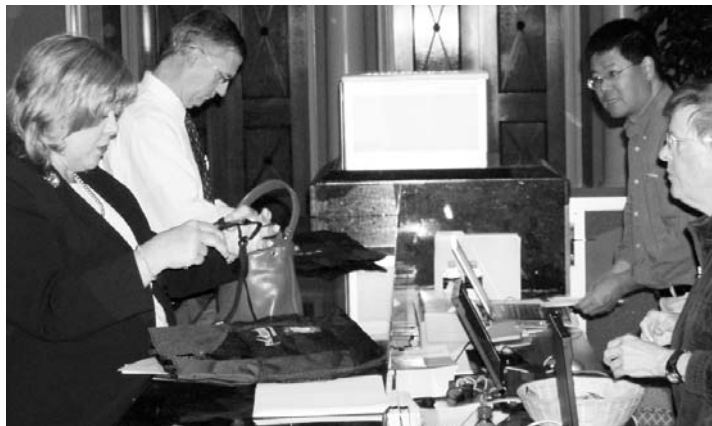
The toolkit also offers guidance on the RFP process for finding and contracting with disease management and other health promotion services, whether through a health plan or from a third-party vendor. This section arms employers with valuable questions to consider in the RFP and contract development process.

A case studies section provides real-world examples of employers who have successfully carried out wellness, prevention and disease management initiatives, using innovative approaches and forward-thinking strategies. Sample educational tools and relevant terms and concepts culled from the DMAA Dictionary of Disease Management Terminology round out the toolkit, which uses a convenient PDF format

for all documents.

Integrated Care Summit participants may pick up a complementary copy of the toolkit at the Summit

Registration Desk, in the Palace Foyer. DMAA and NAM plan to make the toolkit available online after the Summit, on their Web sites.



Record-Setting Attendance

Registration has been strong at this year’s DMLF and DMAA-NAM Integrated Care Summit. In fact, it has set a record with approximately 1,200 attending the programs.

DMAA Membership: Paying Your Dues Pays Off

DMAA membership means exclusive benefits, professionally delivered member services and a direct connection to the broader community of stakeholders in wellness, prevention and chronic disease care. No other organization represents the full continuum of care for chronic conditions—and works for you—like DMAA. Membership benefits are many:

Critical Information at Your Fingertips

From our weekly member newsletter to our bimonthly journal, Disease Management, to our content-rich Web site, we deliver the information you need to make sound business decisions and provide the best possible services and products to your customers. If it’s important to the chronic care community, you can count on DMAA to tell you about it.

The Best in Educational Programming

DMAA offers a wide variety of professional development opportunities, both onsite and online. As a DMAA member, you receive substantial registration discounts for our annual meeting and workshops, and exclusive access to Web-based presentations. You also can enjoy our periodic Webcasts on emerging issues and hot topics, including innovative technology and employer issues.

Develop Your Business—and Yourself

DMAA membership means significant discounts on exhibit space at our annual meeting, the best place to raise the profile of your services and products. It also means savings on key industry intelligence, such as our new comprehensive market survey. DMAA members also enjoy up to five free employment advertisements annually in our weekly electronic member newsletter and a 75 percent discount on any after that, compared with non-member rates.

Leading Research and Advocacy

Policy makers and other stakeholders turn to DMAA for the pulse of the industry. As a member, you can participate on the committees that guide our research and advocacy activities. DMAA leads the way in outcomes evaluation with its Outcomes Guidelines Report and sets the standard in other key areas, including satisfaction and productivity measures, compliance guidance and terminology. In addition to a place at the table, DMAA members receive discounts of up to 40 percent on research publications and first notice of their availability.

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TO PLAN AHEAD!**

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Meeting
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