

# The Top Six Challenges in Disease Management

## Table of contents

1. What *is* Disease Management Anyway?
2. The Rise of DM in the Healthcare Industry
3. Disease Management Moving to the Web
4. Disease Management a Plus, But More Can Be Done
5. Future Challenges in Disease Management

## What *is* Disease Management Anyway?

With the tremendous growth in disease management in the past few years, corporations can become confused about what constitutes a "disease management" program. However, the release of the first consensus definition of disease management should help you determine which components are necessary for a true disease management program.

Released by the Disease Management Association of America (DMAA), the definition describes disease management as a "multi-disciplinary, continuum-based approach to healthcare delivery" that proactively identifies populations with or at risk for established medical conditions. By definition, disease management:

- supports the physician/patient relationship and plan of care;
- emphasizes prevention of exacerbations and complications using cost-effective evidence-based practice guidelines and such patient-empowerment strategies as self-management education; and
- continuously evaluates clinical, humanistic and economic outcomes with the goal of improving overall health.

Furthermore, DMAA recommends all of the following components be in place for a program to be considered a disease management program:

- population identification process
- evidence-based practice guidelines
- collaborative practice model to include physician and support-service providers
- risk identification and matching of interventions with need
- patient self-management education (may include primary prevention, behavior modification programs and compliance/surveillance)
- process and outcomes measurement, evaluation and management

- routine reporting/feedback loop (may include communication with patient, physician, health plan and ancillary providers, and practice profiling)
- appropriate use of information technology (may include specialized software, data registries, automated decision support tools and call-back systems)

The association developed these criteria to help healthcare payors, providers and other organizations involved in disease management "understand what constitutes a comprehensive program versus what merely are supporting components," said Al Lewis, president of DMAA's board of directors.

*Sources: Wellness Program Management Advisor, Dec. 1999; Jenks Healthcare Business Report, Nov. 9, 1999*

## The Rise of DM in the Healthcare Industry

Two common themes emerge across rapidly growing DM programs, according to Lewis.

First, disease management results in the provision of more healthcare services, rather than fewer. Second, effective disease management programs rely on patient data to support physicians in diagnosing, treating and monitoring a patient's disease or condition.

"Disease management is one of the most important developments in healthcare delivery to emerge in the last decade. Healthcare payors, providers and even employers are exploring the concept of disease management because they recognize its potential to improve health outcomes across a health plan's or a provider's entire population, as well as lower its costs and improve satisfaction with care," added Lewis.

Some positive impacts of disease management, DMAA noted, include:

- Accordant Health Services, which specializes in managing rare diseases such as hemophilia and lupus, reported a reduction in hospital utilization ranging from 40 percent to 70 percent depending on the condition.
- Albuquerque-based Lovelace Health System's pediatric asthma program reduced lost work days for caregivers and decreased lost school days for children by 83 percent.
- A 61 percent reduction in inpatient healthcare costs and a 58 percent decrease in hospital days were reported last year in the peer-reviewed journal *Disease Management*.
- Ralin Medical Inc., through its subsidiary Cardiac Solutions, reported a reduction in medical costs of 52 percent for its heart failure patients and a reduction of more than 30 percent for post-myocardial infarction patients with coronary artery disease.

"The disease management industry is finally taking off. Health plans' information systems are at the point where patients who would benefit from disease management

programs can be identified and outcomes can be reliably improved and those improvements can be measured.

*Source: Wellness Program Management Advisor, April 1999*

## **Disease Management Moving to the Web**

The Internet is becoming the most favorable method for consumer access to disease management programs, according to ProMedex Inc.

After examining the consumer base for its Internet disease management programs, ProMedex found participants ranging in age from 14 to 96 and including patients from commercial health plans and Medicaid and Medicare beneficiaries increasingly are choosing Web-based preventive and risk reduction healthcare programs.

ProMedex's analysis of participation patterns shows as many as 33 percent of the members in some health plans choose Internet access over telephone and mail disease management programs.

"Of our three access methods — telephone, mail and the Internet — the Internet is the most cost-effective platform for deploying our services: data collection, custom education and communication between patient, physician and health plan," Dr. Pieter Muntendam, president of ProMedex said. Other conclusions drawn by ProMedex include:

- a combination of the three access methods improves participation compared to programs offering only telephone or telephone and mail access;
- up to age 60, the proportion of participants choosing Internet-based disease management is constant (in the over-60 category, the proportion of Internet participants decreases);
- the health status of Internet participants generally is comparable to that of participants using phone or mail; and
- self-management (knowledge of behaviors related to management of the condition) tends to be better among Internet participants

*Source: e-Healthcare Market Reporter, Oct. 1, 1999*

## **Disease Management a Plus, But More Can Be Done**

Disease management's philosophy and tools, such as clinical protocols, are helping bring about positive changes in physicians' modes of operations under managed care and are positively affecting medical outcomes, according to physician leaders interviewed for the "BD Report on Physicians in Managed Care."

In fact, today, an overwhelming majority of HMOs have disease-specific outreach programs as part of their effort to manage the health and utilization patterns of the populations they serve, according to the report, which was compiled by Becton, Dickinson and Company.

Disease-specific outreach programs are designed to contact and maintain continuous communication with patients with specific conditions, as well as prevent complications and acute-care events. The report, which incorporated data provided by SMG Marketing Group Inc., IMS Managed Care Services, William M. Mercer Inc. and the American Medical Association, showed staff-model HMOs were most likely to have implemented disease-specific outreach programs — 97.1 percent. Group-model HMOs followed at 92.9 percent. And, IPA- and network-model HMOs ranked third and fourth — 88.7 percent and 88.1 percent, respectively.

The data also showed four out of every 10 HMOs have implemented disease-specific outreach programs for asthma, diabetes, immunizations and maternity care (*see table below*).

### Percentage of HMOs That Have Implemented

#### Disease-Specific Outreach Programs

*Model Type*

Program Type	IPA	Network	Group	Staff	Average
Asthma	50.7%	45.9%	50.0%	34.3%	45.2%
Cholesterol	20.5%	10.4%	26.5%	14.3%	17.9%
Chronic Obstructive Pulmonary Disease	26.2%	7.4%	21.4%	8.6%	15.9%
Diabetes	53.5%	47.4%	58.2%	31.4%	47.6%
Immunizations	51.2%	46.7%	53.1%	31.4%	45.6%
Maternity	54.7%	53.3%	54.1%	34.3%	49.1%
Well-Child Care	44.9%	39.3%	36.7%	25.7%	36.7%

Source: "BD Report on Physicians in Managed Care," 1999.

In addition, the table above illustrates the amount of room left to grow with regard to the number of HMOs that have not yet implemented disease-specific outreach programs. For instance, asthma and diabetes programs are two of the most popular types of programs, yet more than half of HMOs have yet to implement a program for them.

*Source: The Executive Report on Managed Care, Jan. 1, 2000*

## Future Challenges in Disease Management

Disease management is not yet a panacea. In fact, many of the physician and other healthcare executives surveyed by BD expressed concern that disease management creates some new problems at the same time it solves some old ones. Future issues to overcome with regard to disease management programs include:

- **Fragmented care.** Primary care physicians worry a patient's care actually may become more fragmented if they are enrolled and treated in disease management programs that rely on specialist care.
- **Lack of standardization = confusion.** With no agreement among HMOs on standards of practice, a great deal of disease management programs force physicians to struggle to remember the rules, protocols, benefit coverage, procedures, paperwork and compensation levels for as many as 24 different programs.
- **Scope/variety of programs.** Overall, disease management is far from encompassing all of the conditions for which it might be successful. Currently, doctors are working to create guidelines for conditions as diverse as hemophilia, cystic fibrosis, multiple sclerosis and obesity.
- **Evidence is anecdotal.** Much of the evidence that disease management programs are affecting health and medical outcomes for the better remains anecdotal rather than quantitative. While health plans and medical groups are implementing systems to track patients over the long run, physician leaders surveyed said they believe it may be another five years before outcomes and health status data will be reliable enough to support conclusions showing desired results from disease management, the report said.
- **Costs to integrate online DM information.** The costs to integrate online information and advice into provider and managed care organizations' existing Web presences — not to mention the staffing and technological requirements of real-time interactivity and the investment in hardware and software needed to build the infrastructure of such systems — remains a barrier to interactive DM.
- **If you build it, will they come?** Despite the growth in interest in online DM and the corresponding explosion in fully interactive, DM-specific Web operations, lack of management expertise and confidence about consumers' and physicians' willingness to participate still is low.

*Sources: The Executive Report on Managed Care, Jan. 1 2000; e-Healthcare Market Reporter, Feb. 1, 2000*

## **Resources**

Disease Management Association of America, 70 Walnut Street, Wellesley Hills, MA 02481; (781) 239-8009, fax (781) 239-7553.

Becton, Dickinson and Company, One Becton Drive, Franklin Lakes, NJ 07417; (888) BD-CARES, [www.bd.diabetes](http://www.bd.diabetes).