



HEALTH

Disease and Care Management Programs: An Overview

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The Need for Better Chronic Illness Care

- **Increasing prevalence of chronic conditions not just in industrialized countries**
 - Ageing populations
 - Lifestyle factors
- **Substantial impact on cost and utilization**
- **Current model of care delivery is ill-equipped to handle chronic conditions**
 - Most interaction is encounter-driven
 - Limited role for patient
 - Insufficient decision support

A Little History of Disease Management

- **Four origins:**
 - **Provider-driven efforts to improve chronic care**
 - **Patient self-management support**
 - **Case management services for high-cost patients, usually provided by health insurer**
 - **Attempts to increase adherence by pharmaceutical companies**
- **Historically, focus on CAD, CHF, diabetes, COPD and asthma**
- **More recent developments:**
 - **Emergence of products offered by free-standing vendors**
 - **Expansion to a broader range of conditions (back pain, mental health, cancer, maternity, autoimmune diseases, genetic disorders, etc.)**
 - **Expansion to a broader population (pre-disease states and risk factors)**

*Disease Management
means many things to many people*

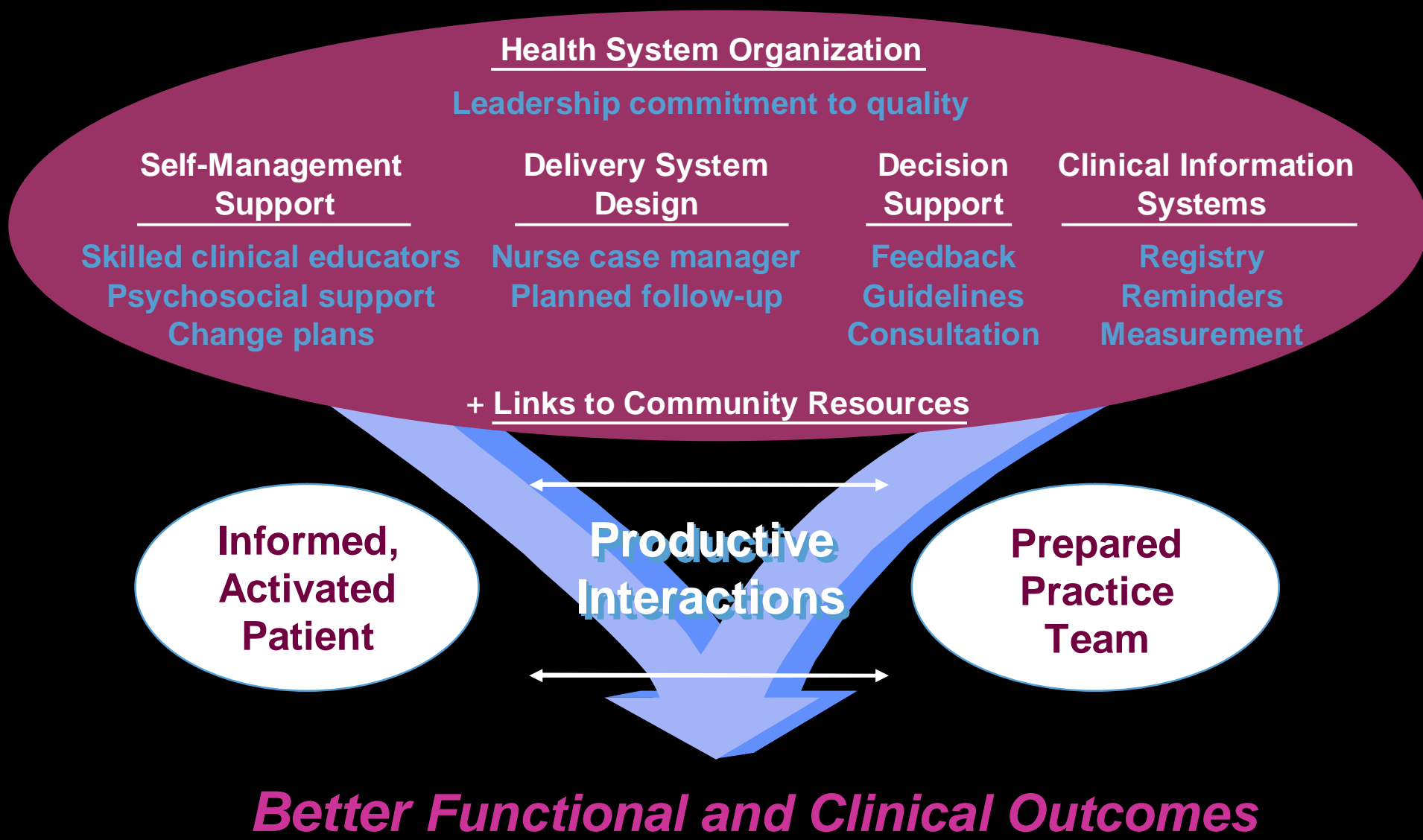
but two dominant models have emerged

The Provider-Centered Model

- **Disease management usually offered directly by local providers and usually includes face-to-face contacts**
- **A multidisciplinary team works with the patient to develop an action plan for collaborative goal setting, patient activation, education and communication**
- **Group sessions (group visits, classes, support groups) can be offered in these local settings**
- **Referrals to additional resources**

- **Program objectives are more likely to be framed in terms of quality rather than return on investment**
- **Current database and information technology constraints in many primary care practices may limit the availability of patient information to support the team's decisions**

An Example For The Provider Centered Model



The Third-Party Model

- **Disease management provided by an organizational entity external to the local provider and usually outside of the primary care setting.**
- **Support is delivered through face-to-face encounters, telephone interactions, and mass communication technology**
- **Typically standardized intervention**
- **Use of large databases for patient identification and tracking combined with sophisticated IT platforms to deliver intervention.**
- **Program objectives are likely to be framed in terms of return on investment as well as quality improvement**

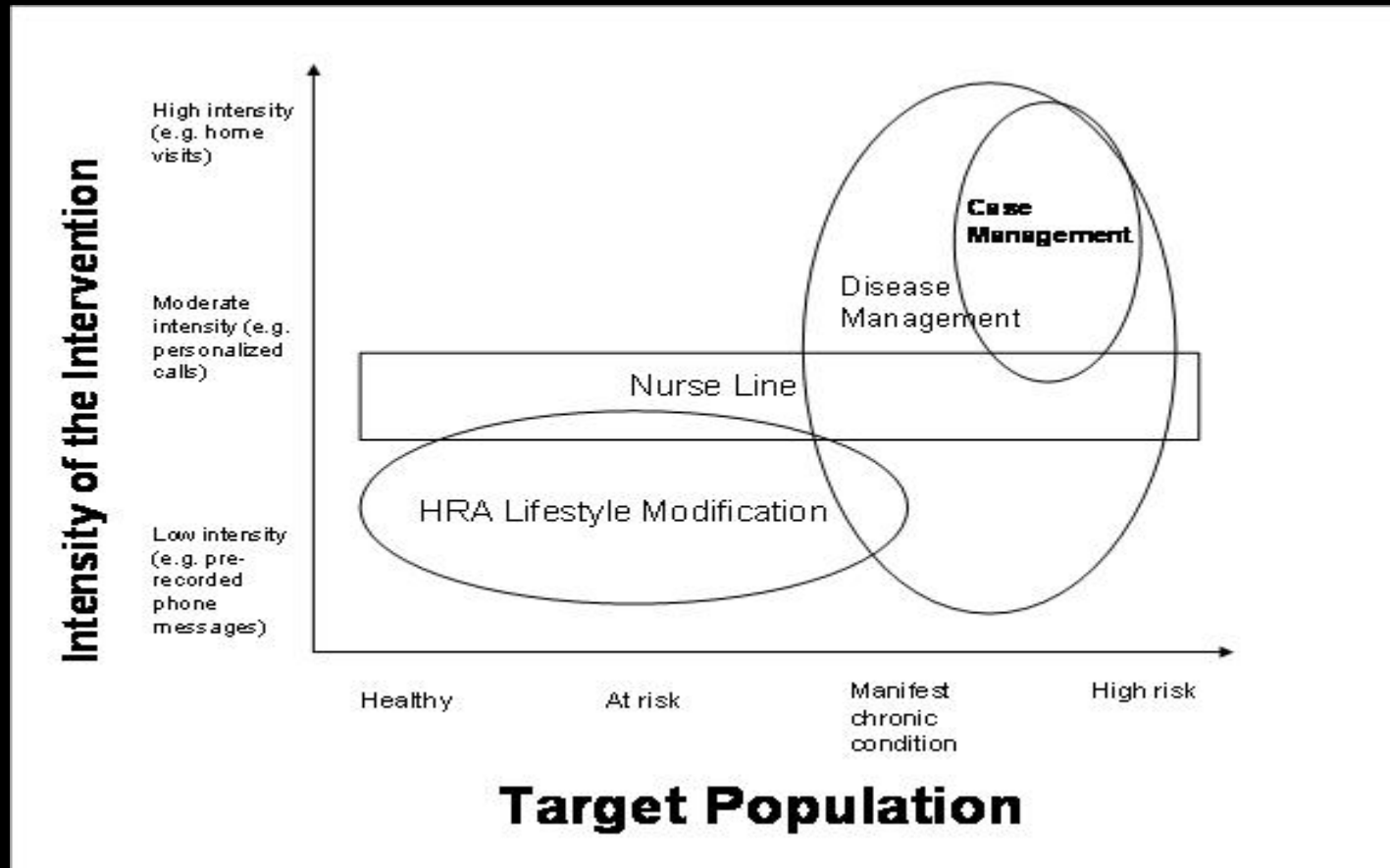
An Example



From Disease to Care Management

- **Early incarnations of disease management were typically single-disease programs**
- **Later, multiple disease programs emerged that also addressed comorbidities**
- **Scope of diseases increased substantially**
- **Breadth of programs increased as well**
- **Programs also go beyond individual diseases:**
 - **Management of risk factors and health-related behaviors**
 - **Management of high-risk, high-cost cases**
 - **Advice for acute health concerns**

The Universe of Care Management



And Does it Work?

- You will have to come to my plenary session tomorrow
- Overall, there is a scarcity of evidence and the available evidence is inconsistent
- Programs are very different
- Definitions of success are very different
- The answer depends on the question and the context



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