


# HealthLeaders *Media* FACT FILE

## Disease Management

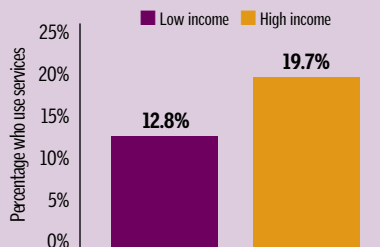
Traditionally, disease management programs have been narrowly defined: a strategy for improving the health outcomes of patients with specific conditions through the use of patient education and self-care techniques. But a host of other concepts, from wellness to health and productivity management, have emerged along with DM in an attempt to reach a set of common goals: improving health outcomes with a patient-centered approach to

care, lowering costs by avoiding poor outcomes and reducing unnecessary services, and providing a better measure of the value of services. Beyond providers and payers, employers are also joining the push to make employees more responsible for managing their own health. As costs continue to rise, the push to better manage conditions on the front end before hefty expenses result further down the line will only grow. 

### PREVENTION AND THE ELDERLY

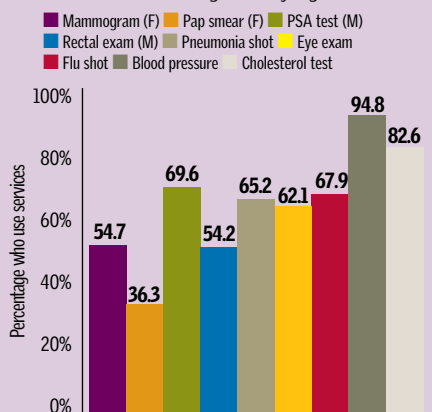
#### Income

A study by Thomson Healthcare and Cornell University that used *Medicare Current Beneficiary Survey* data for 11,158 Medicare recipients in calendar year 2001 revealed that elderly Americans underutilize preventive healthcare services such as Pap smears, flu shots and eye exams, even though these services are available under Medicare. This is especially true among Medicare recipients with annual incomes below \$25,000—only 12.8 percent of whom used such services. By contrast, 19.7 percent of those with incomes above \$25,000 used these services.



#### Specific services

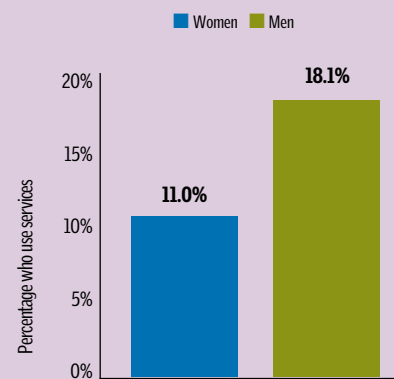
The study also showed that the percentage of respondents receiving any of seven select preventive care services ranged from approximately one-third to two-thirds for most services, with the exceptions of cholesterol and blood pressure screenings, both of which were administered at a significantly higher rate.



SOURCE: Thomson Healthcare

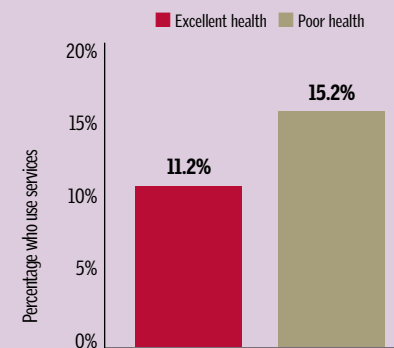
#### Gender

The same study of *Medicare Current Beneficiary Survey* data revealed that elderly women are significantly less likely to use preventive care services than elderly men



#### Relative health

Finally, the Thomson study found that the healthiest of elderly respondents were less likely to have received seven select clinical preventive services. Of the respondents considered to be in "excellent" health, 11.2 percent received all seven preventive services, while 15.2 percent for those in "poor" health status received these same seven services.



### DISEASE MANAGEMENT

NOVEMBER 2007

#### Measuring Results

Evaluating the results of disease management programs can be accomplished in multiple ways:

#### Performance indicators

Performance, or process, indicators measure the intermediate success of a specific action with regular assessments that compare performance to pre-defined indicators. For instance, performance indicators in a cardiovascular disease management program might measure blood pressures and lipid levels of patients over time. Such measures can be easily and quickly tracked, allowing DM programs to forecast anticipated outcomes.

#### Outcomes measurements

Outcome measures differ from performance indicators in that they aim to determine the action's end result. In the cardiovascular DM program example, outcome measures would include the incidence of strokes, heart attacks and death. Outcome measures take longer to measure and are thus more expensive to measure; most DM programs rely more heavily on performance measures.

#### Cost assessments

Disease management cost assessments include the cost of all inpatient and outpatient services provided to patients, as well as administrative costs. Because of the complexity of such assessments, specific methodology should be agreed upon before program implementation begins.

SOURCE: National Pharmaceutical Council

#### The Components of Disease Management

- Population identification processes
- Evidence-based practice guidelines
- Collaborative practice models to include physician and support-service providers
- 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)

SOURCE: Disease Management Association of America: The Care Continuum Alliance

#### Upcoming Topic:

» The Quality-Driven Consumer

### FACT FILE PARTNER:

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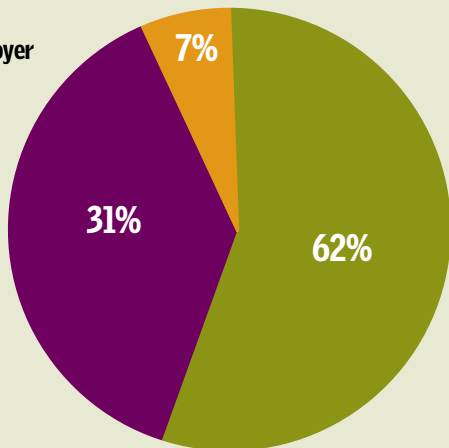


## SHIFTING EMPLOYER ATTITUDES

Employers have traditionally been reluctant to get involved in employees' personal health matters, but recent research shows employers' attitudes are changing as a growing number of companies use specific incentives, penalties and disease management programs to help control healthcare costs. In a survey of more than 100 top executives, 62 percent of respondents said they agreed with the premise that companies should require workers who exhibit unhealthy behavior to pay a larger share of their health benefit costs.

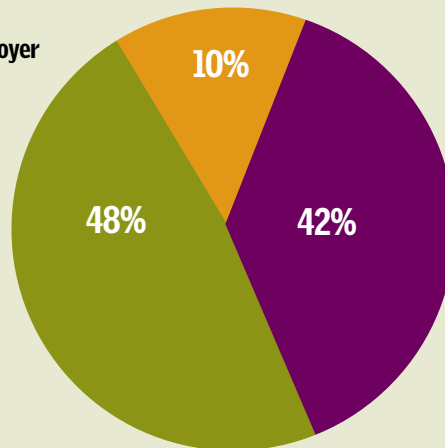
### 2007 Employer Responses

- Agree
- Disagree
- Neither/NR



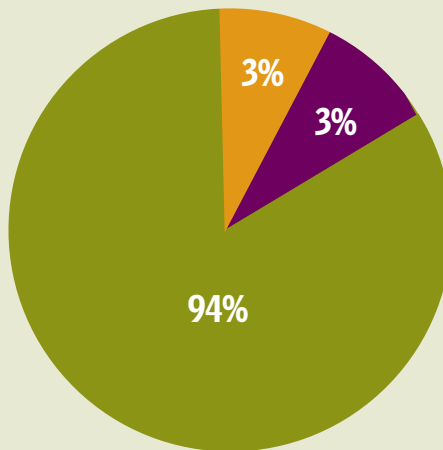
### 2005 Employer Responses

- Agree
- Disagree
- Neither/NR



Despite the growing emphasis on employees taking more responsibility for their own healthcare, the survey also showed executives believe employers could do more to help workers achieve this goal. When asked if employers can do a better job in supporting employees in managing their own health, 94 percent of respondents said yes.

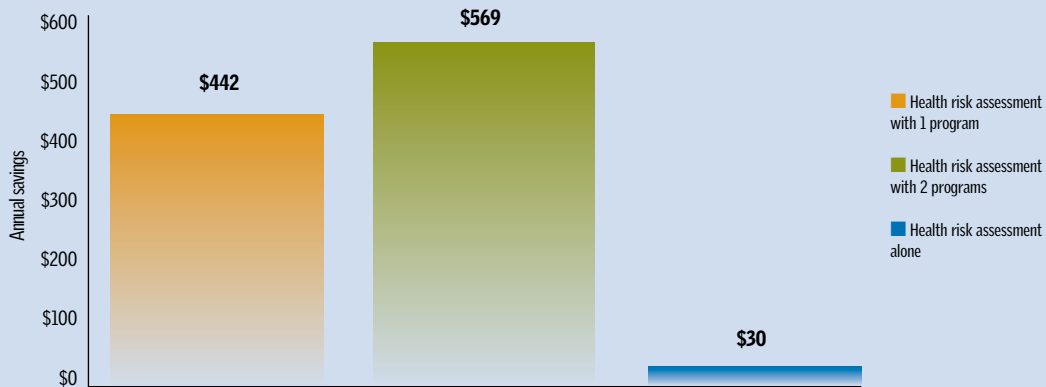
- Agree
- Disagree
- Neither/NR



SOURCE: PricewaterhouseCoopers 2007 Management Barometer Survey

## COST CUTTING WITH WELLNESS

A 2006 Thomson Healthcare study of employer-sponsored wellness programs offered to more than 59,000 retirees and aged dependents of a large employer found that such programs can reduce individual healthcare costs by hundreds of dollars per year. For example, those who participated in a health risk assessment plus two other program elements—such as telephone-based lifestyle management counseling or on-site medical screenings—had average annual savings of \$569.



SOURCE: Thomson Healthcare

