

# Response of the Disease Management Community to the New Medicare Chronic Care Improvement Program

National Disease Management Audioconference:  
Update on the New Medicare Chronic Care Improvement Program  
Tuesday, May 25, 2004  
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# Disease Management Association of America (DMAA)

- Non-profit, multidisciplinary association
- Dedicated to advancement of DM
- Diverse membership
  - DMOs
  - Healthplans
  - PBMs
  - Pharmaceutical companies
  - Academic institutions
  - Provider groups and IDNs
  - Device companies
- Serves advocacy and educational function
  - See [www.dmaa.org](http://www.dmaa.org) for testimony and white papers on DM in Medicare

# Disease Management and Medicare

- Used extensively in M+C plans for years
- Variety of demonstrations already in place or in process in Traditional Medicare (FFS)
  - Coordinated Care Demos
  - BIPA Demos
  - Capitated Demos
- Until CCIP, however, FFS beneficiaries have not had access to DM on a large scale

# Many models possible in CCIP

- DMO stand-alone
- Healthplan with DMO subcontract
- PBM/DMO partnership
- Provider group/DMO partnership
- IDN with in-house DM
- Monitoring technology company/DMO

# Challenges for DM Community

- 100% fee risk (how to secure)
- Timing:
  - IMS and evaluator selection timeframe
  - Phase 1 RFP out April, first contract required December
  - Sequential rollout rather than simultaneous
- Scalability of DM industry for Phase 2
- Infrastructure of CMS
- Impact of Rx benefit mid-term
- Need for ongoing data interchange and data refreshes
- Not “true” population model – miss opportunity for longer term savings
- Physician communication and engagement
- Concern that desire for experimentation with different models will compromise outcomes

# Opportunities for DM Community

- Ultimately, up to 12 million fee for service beneficiaries with the common chronic conditions (Phase 2)
- Potential \$5 billion to \$10 billion new market for DM
- Budget neutrality with a randomized control methodology (although Phase 1 requires 5% net savings) provides opportunity to invest in quality
- Demonstrate quality improvement as a cost control methodology
- Increased opportunities for collaboration
- Early expansion of Phase 1 if successful