

# Test Overview

Answer each question by number by saying what's wrong or indicating that it can be concluded, based on the data provided, that nothing major is obviously wrong. Keep it concise. Don't just automatically say no plausibility test

Scoring:

3 points for each item found which DMPC missed

2 points for each major item found

1 point for each minor item and watch-out found

0 points for each item where there was none

-1 point for each item found which were really OK enough to be plausible but which were identified

# Sending answers back if you are taking the test “for real”

- Use [diseasgmt@aol.com](mailto:diseasgmt@aol.com) for questions during the test. Answers if relevant will be sent to everyone
- Spot the issues and write your answers directly on the test questions. Use 781 239 0914
- The time-stamp must PRECEDE the time when you are re-joining the call to get the answers. If you need more time that is fine but then you cannot rejoin the call to get the answers

# Answer Sheet (if you are taking the test and want to be scored)

- Name \_\_\_\_\_
- Organization \_\_\_\_\_
- Email \_\_\_\_\_
- Phone \_\_\_\_\_

***Make sure to number each question and put the sheets in order on top of this one  
And just in case they get separated put your NAME or identifier on each page.  
Then clip them together at the end using the handy clip provided***

# Question 1 – comment on this website

Welcome to TrestleTree - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://www.trestletree.com/> Go

**TRESTLETREE®**

- Home Page
- ▶ For New Participants
- ▶ Active TrestleTree Participants
- ▶ For Prospective Business Clients
- ▶ For Prospective Health Coaches
- ▶ About Us
- Contact Us
- FAQs

*TrestleTree's* participants showed a **300% reduction** in illness-related *work absenteeism* last year.

Click here to view the study: [Disease Management with a Focus on ROI](#)  
(Note: The above document is in Adobe Acrobat 6.0 format. To view or print this document, you will need the FREE [Adobe Acrobat Reader](#))

*Our Mission:*  
TrestleTree exists to pursue health transformation in people. We use our knowledge, integrity, and influence to reduce healthcare spending while helping people achieve maximum health.

*Our Values:*  
TrestleTree seeks to hold persons involved with this company in trust.  
TrestleTree chooses to be an agent of influence, with full belief that growth and change are achievable and advisable to live healthier.  
TrestleTree seeks to influence with knowledge, expertise, empathy, and respect.  
TrestleTree celebrates life as a mosaic, rich with messiness, meaning, and texture.  
TrestleTree promotes life-fullness and joy as vital ingredients in our work with others.  
TrestleTree seeks integrity, honesty, and practiced ethical behavior in our work.

*For NEW Participants*  
Learn about TrestleTree for you!

*For CURRENT Participants*  
Log-in to TrestleTree for you!

*For Prospective Clients*  
How we can benefit your business.

*For Health Coaches*  
About TrestleTree staffing

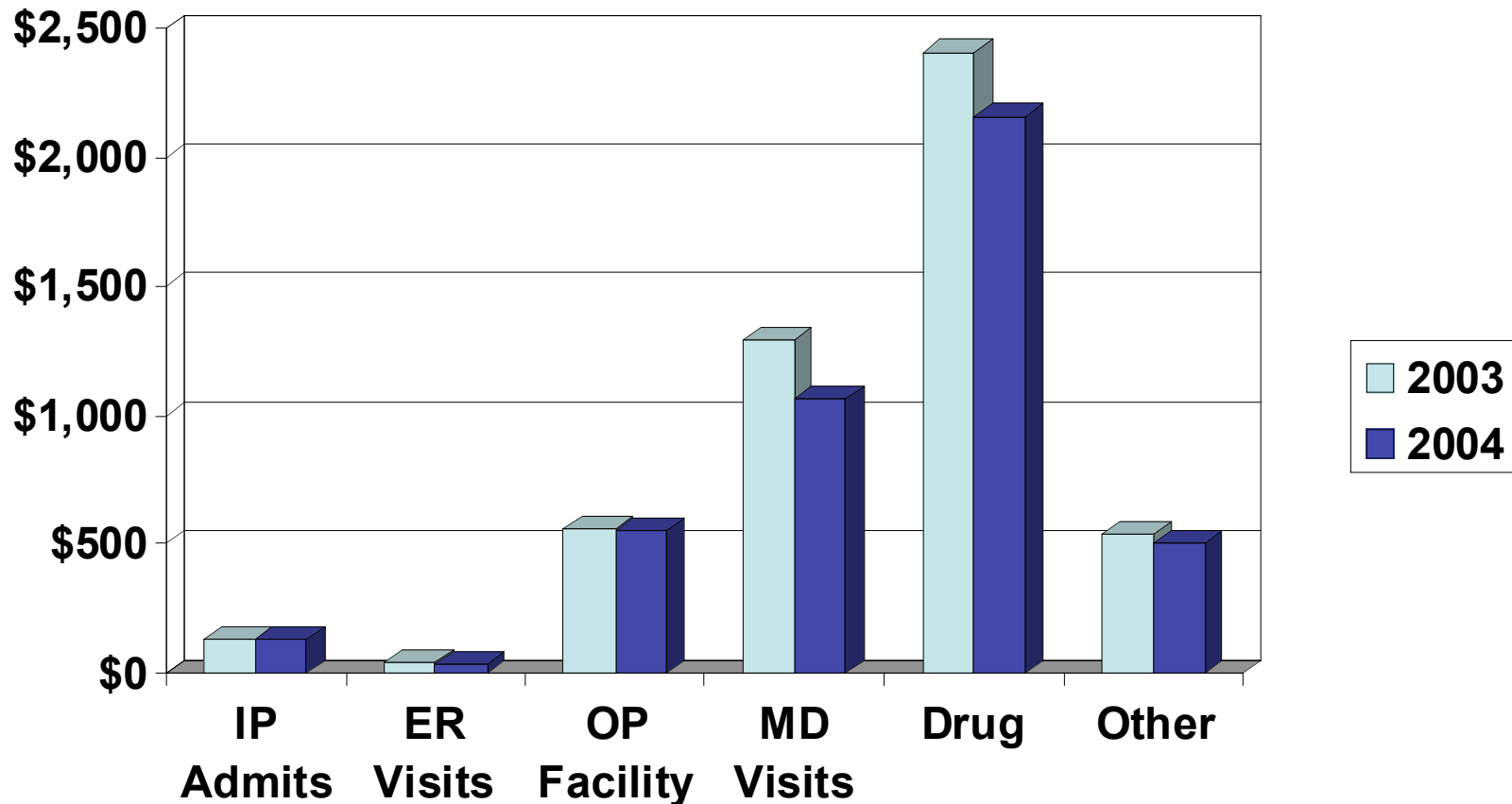
Internet

# Question #2

- In the following example, utilization figures were multiplied by the (assume to be correct) cost figures to get a savings
  - Note that the savings is the ***difference*** between the two bars
- Assume (correctly) no other changes were taking place
- Assume that inflation trend was taken into account between the two years

# Savings by Category of Utilization per 1000 members per month (2004 vs. 2003)

(note: The *difference* between the bars is the savings)



# Question 3

- Assume on the following slide, from a public presentation, that the admission reductions are calculated validly and are the result of the program

Question #3: Comment on the plausibility of this Cigna report (assume a reasonable valid methodology was used to calculate admission reduction)

Disease Category	All-cause Admission Reduction per disease member	All-cause Claims Cost Reduction per disease member
Asthma	2%	12%
cardiology	5%	15%

# Question 4

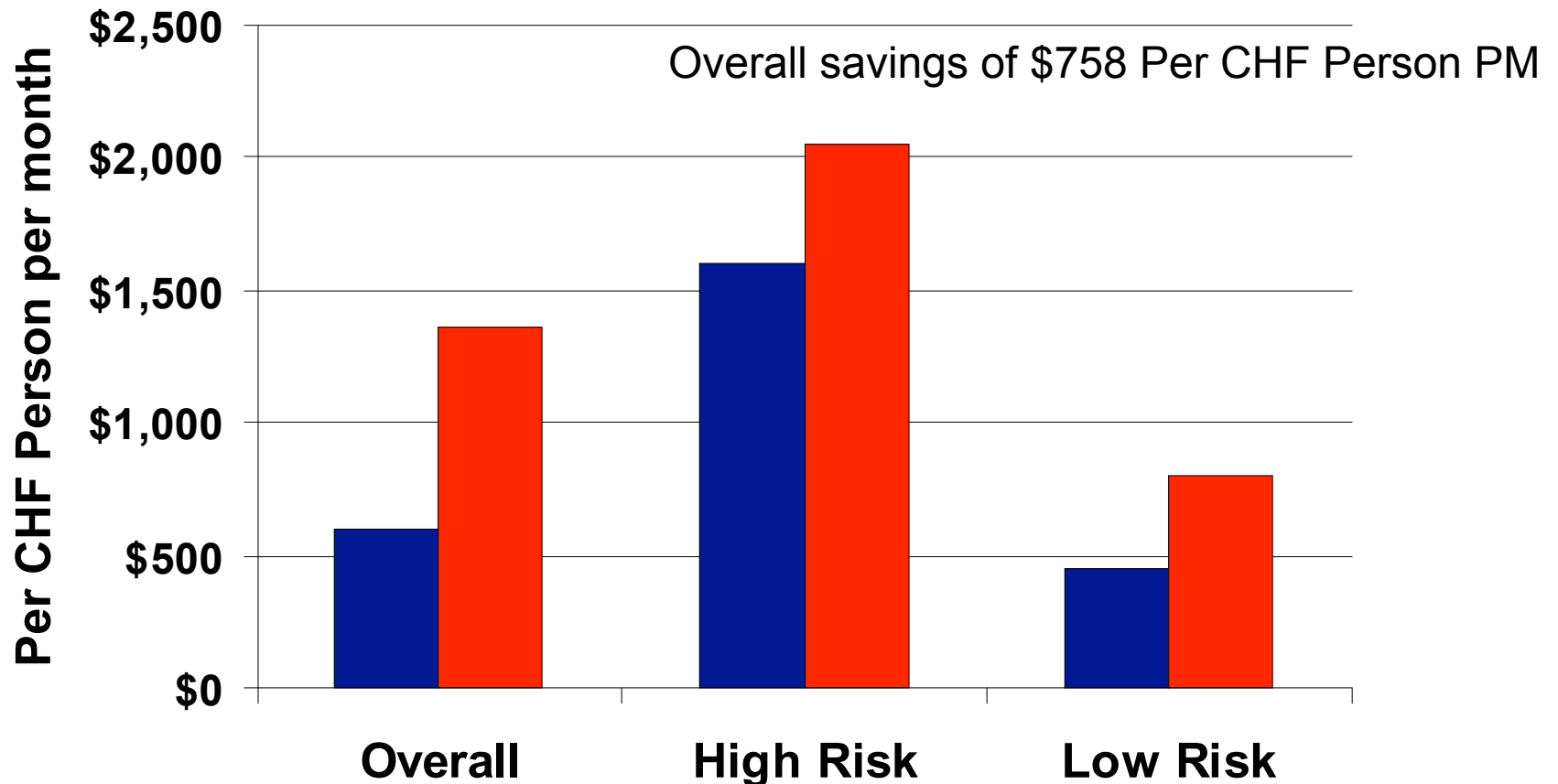
- Comment on the Indiana Medicaid results
  - The total (left bar) is the combined high- and low-risk populations (middle + right bars)
  - The claimed financial program impact is the ***difference*** between the two bars
  - The red group is control, blue group is study
  - Period of comparison is one year

Issue-Spotter #4: What if anything is wrong with this slide?

# Indiana Medicaid

CHF Study Group (blue) vs. Usual Care (Red)

*Total N = 186; high-risk = 60; low-risk - 126*

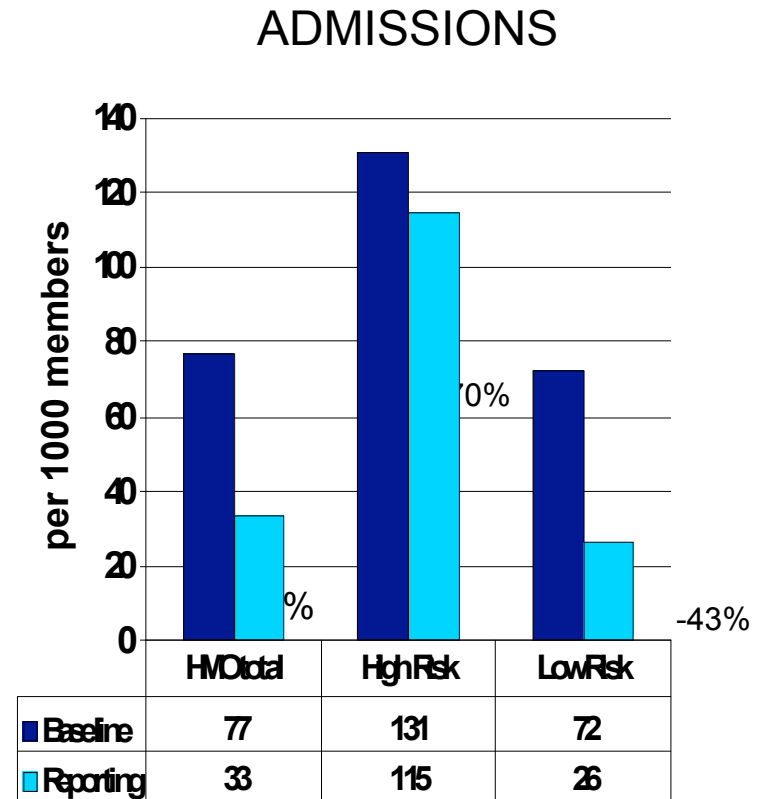
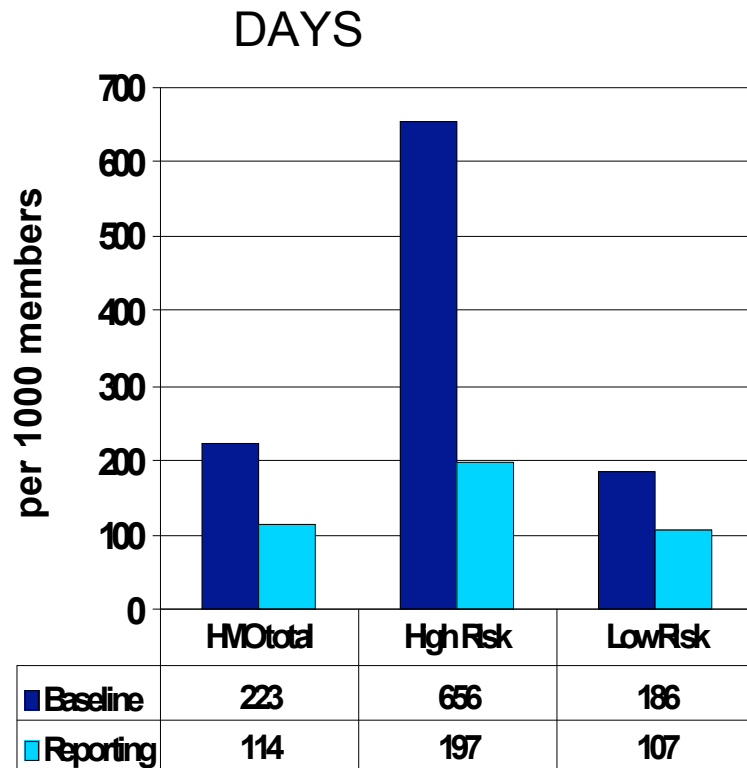


(c) 2008 DMPC  
www.dismgmt.com

# Question #5

- Comment on these results reported to a major employer
  - Assume here as in all cases that low-risk and high-risk sum to the total managed population AND that these are asthma-specific changes

# Asthma Hospital Days and Admissions



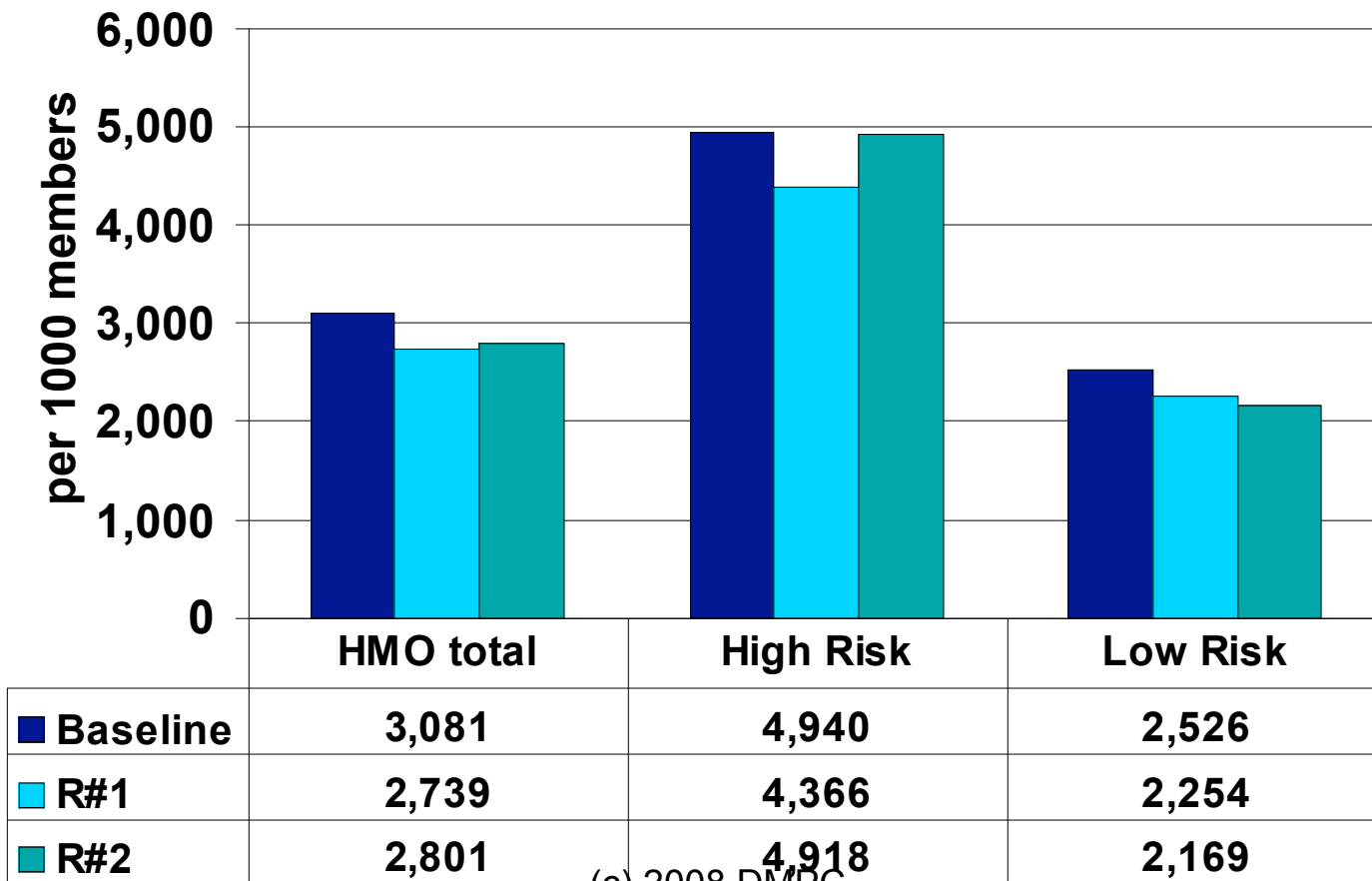
Note: Ignore percentages  
On this graph—I can't  
Remove them due to  
Ppt-pptx incompatibility

# Question #6

- The next two slides with all-in admissions and ER visits are from the same payor, same study
  - Find a major issue(s) which invalidates the result or indicate that the result is probably reasonably valid
    - “R#1” and “R#2” refer to reporting periods of one year each
    - As before the total is a weight-average of the high and low risk

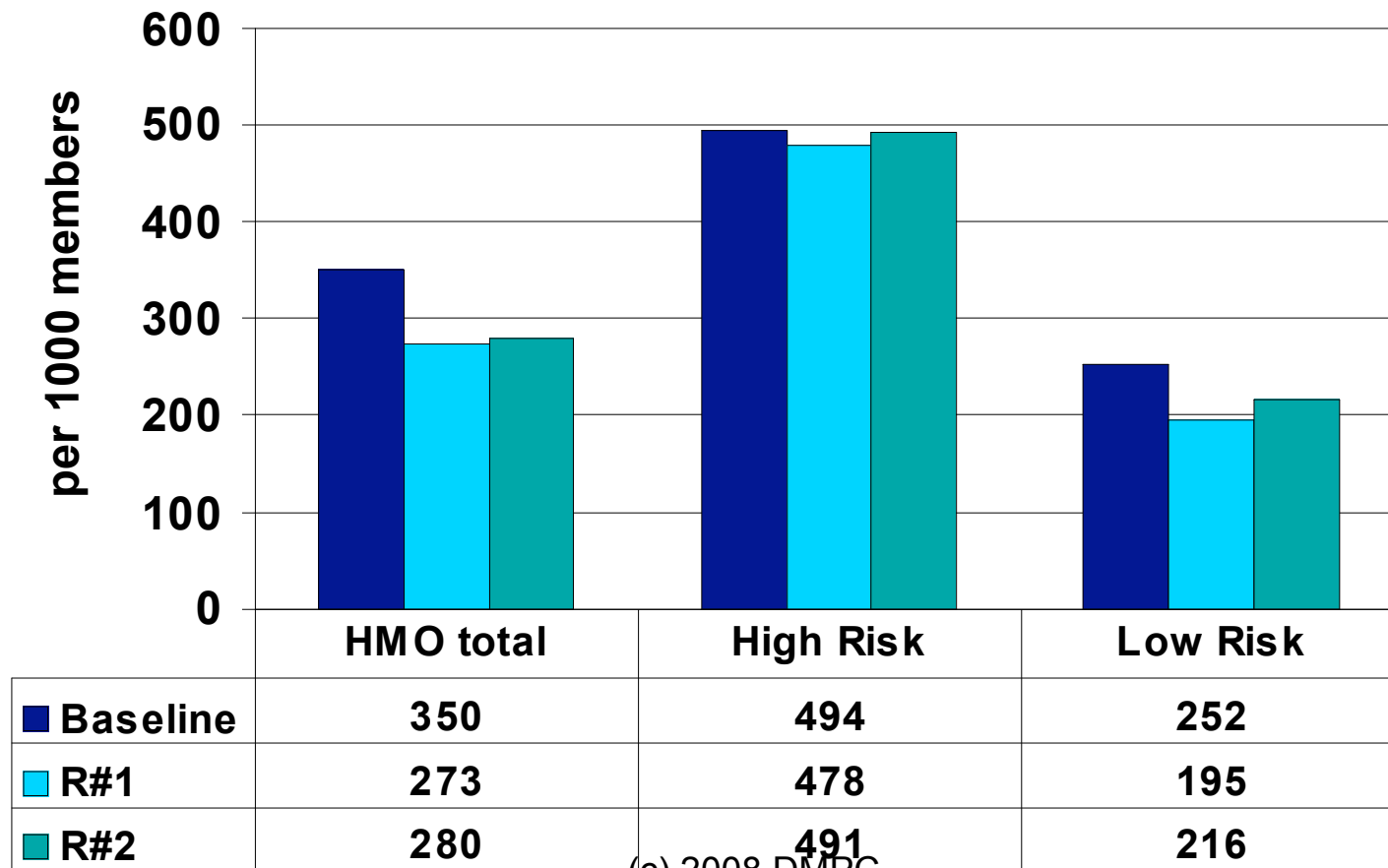
# CHF Group #1 Emergency Room Visits/Year

*Total N = 1166 High Risk N = 268 Low Risk N = 898*



# CHF Group #1 Inpatient Admissions/Year

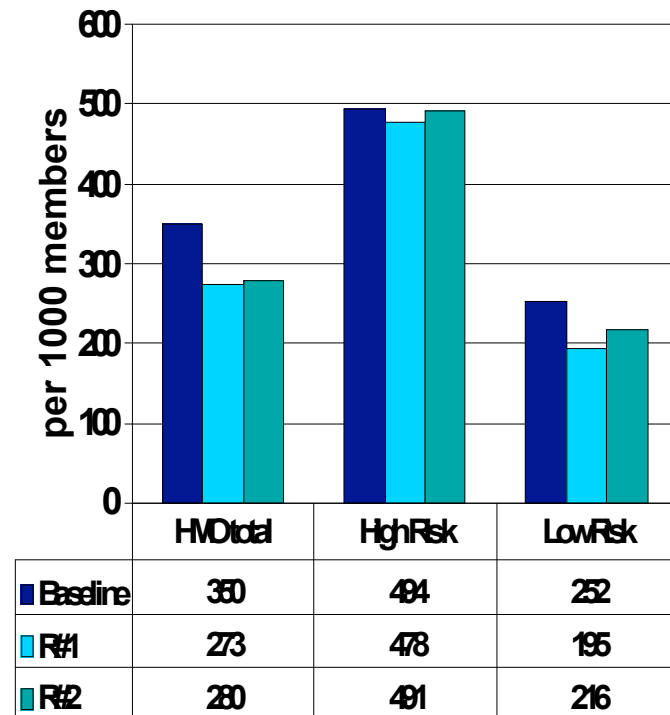
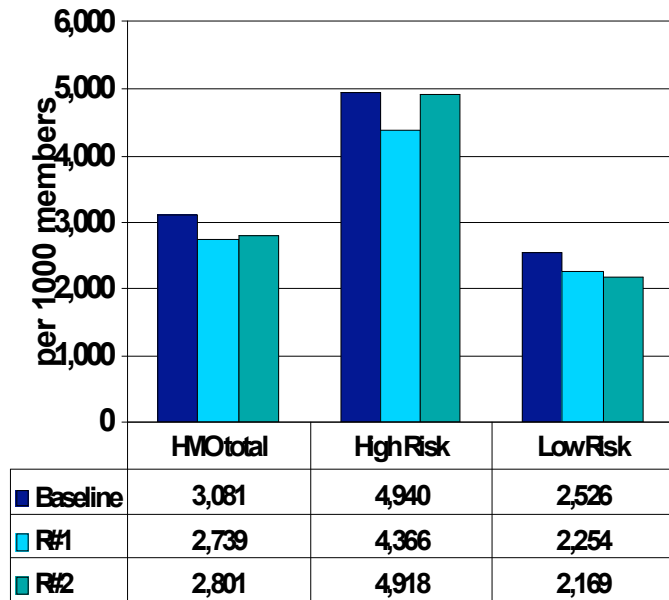
*Total N = 1166 High Risk N = 268 Low Risk N = 898*



# CHF Group #1

ER and Inpatient Admissions/Year on same page for convenience

**Total N = 1166 High Risk N = 268 Low Risk N = 898**



# Question #7

- Find the mistake(s) if any (assume inflation adjustment is done correctly)

# Pre-post comparison: Asthma Medicaid Disabled Population

	Baseline Period 1/03- 12/03 paid through 6/30/04	Study Period 1/04- 12/04, paid through 2/28/05
Member- months	15047	31884
Per Disease Member PM	\$432	\$391
Gross savings & ROI		\$2,400,125 2.72 to 1

# Question #8

- Comment on multiple issues on the following two slides representing the same study. Notes:
  - “Core Conditions” are the sum of the conditions above the line
  - “Extended Conditions” are managed conditions other than the Core Conditions
  - “Care Support” is disease managed group
  - Under each of the 3 categories, the two columns are comparisons between the baseline and reporting periods for the study and concurrent control groups

# Cohort Study Results (all claims, all members)

Condition	% Changes: \$PMPM		% Changes: ER Rate		% Changes: Admission Rate	
	Care support	Reference	Care support	Reference	Care support	Reference
Asthma	12%	17%	-17%	-1%	-3%	12%
Heart	2%	23%	-15%	3%	-40%	6%
COPD	19%	32%	-4%	6%	6%	40%
Diabetes	21%	19%	-7%	2%	7%	2%
<b>Core Conditions</b>	<b>2%</b>	<b>20%</b>	<b>-18%</b>	<b>1%</b>	<b>-25%</b>	<b>7%</b>
Extended	21%	21%	-15%	-3%	7%	7%
<b>All Conditions</b>	<b>17%</b>	<b>20%</b>	<b>-15%</b>	<b>-1%</b>	<b>-5%</b>	<b>7%</b>

# ROI and PMPM reductions at 6 Months

- Reporting Period
  - July - December 2002
- Base Period
  - July - December 2001
- Total ROI **2.48 : 1**
  - Extended Conditions  
**4.23 : 1**
  - Core Conditions  
**1.86 : 1**
- “Our Auditors validated a \$42 PMPM reduction due to this program”

# Combined for convenience

- Reporting Period
  - July - December 2002
- Base Period
  - July - December 2001
- Total ROI **2.48 : 1**
  - Extended Conditions **4.23 : 1**
  - Core Conditions **1.86 : 1**
- Auditors validated a \$42 PMPM savings

Condition	% Changes: \$PMPM		% Changes: ER Rate		% Changes: Admission Rate	
	Care support	Reference	Care support	Reference	Care support	Reference
Asthma	12%	17%	-17%	-1%	-3%	12%
Heart	2%	23%	-15%	3%	-40%	6%
COPD	19%	32%	-4%	6%	6%	40%
Diabetes	21%	19%	-7%	2%	7%	2%
Core Conditions	2%	20%	-18%	1%	-25%	7%
Extended	21%	21%	-15%	-3%	7%	7%
All Conditions	17%	20%	-15%	-1%	-5%	7%

# Sidebar Note

- Even though the previous slides were published I am not using the name because it wouldn't be fair to the health plan which has subsequently improved its methodology(ies)
  - So if you recognize it don't hold it against them. They would win a “most improved measurement” award

# Question 9

- Comment on the likely validity of the following slide

# Program Year One – Clinical Indicators

## Clinical Outcomes:

	Percentage of Continuously Enrolled Members		
	Base	Post Year 1	Improvement
% of CHD Members with an LDL screen	75.0%	77.0%	2.0%
% of CHD Members with at least one claim for a Statin	69.0%	70.5%	1.5%
% of CHD Members receiving an ACE inhibitor or alternative	43.5%	44.7%	1.2%
% of CHD Members post-MI with at least one claim for a beta-blocker	0.89	0.89	0.0%
Hospitalizations/1,000 CHD Members for a primary diagnosis of Myocardial Infarction*	47.60	24.38	-48.8%

\*measure based on total membership, not just "continuously enrolled" membership

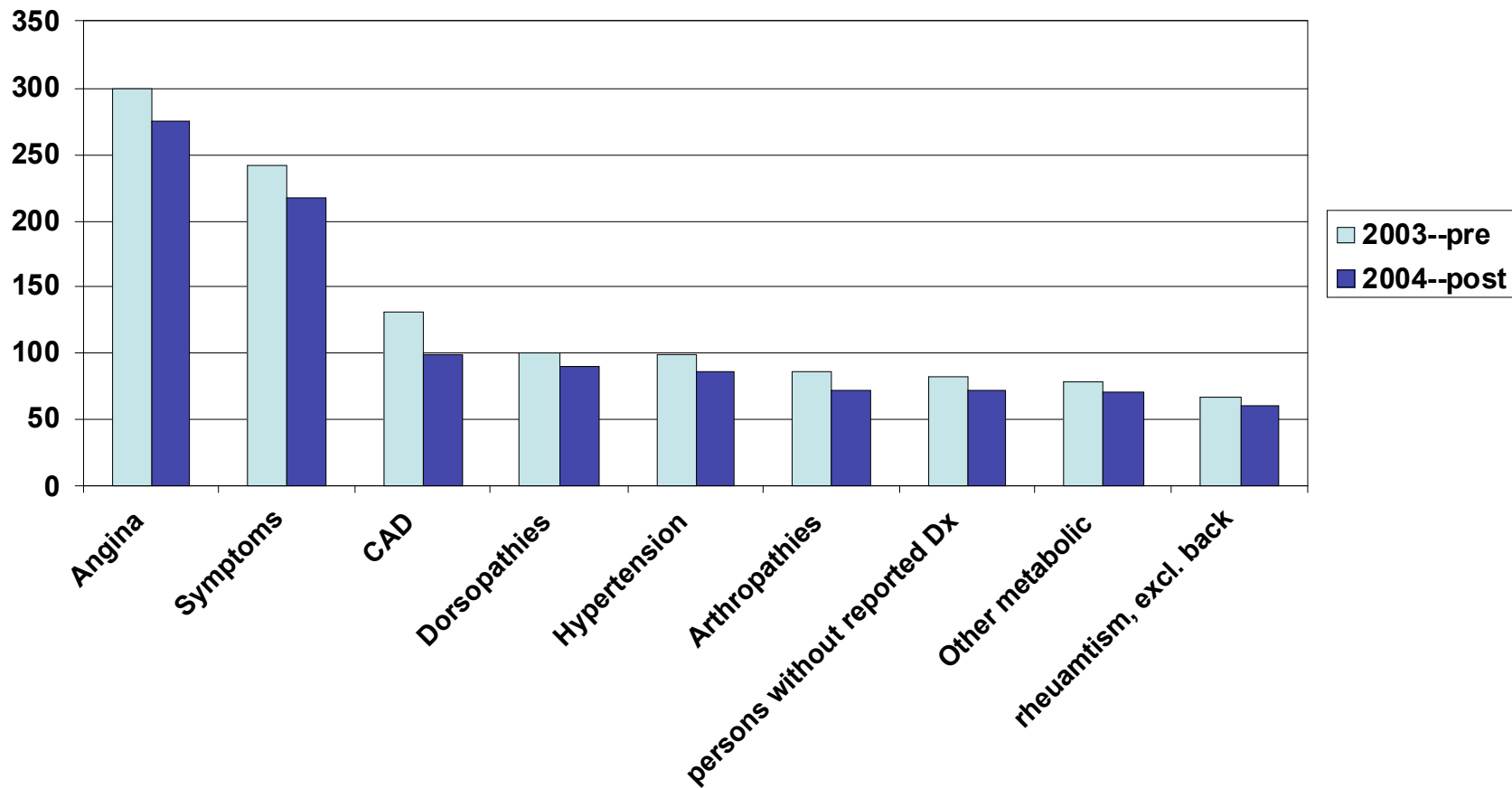
(c) 2008 DMPC

www.dismgmt.com

# Question #10

- Comment on the following slide – CAD disease management program

# Top Ten 2003 Diagnoses—admissions per 100 Cardio Disease Management Members (pre- and post-DM – savings is difference) Note: “Symptoms” really is an ICD9 code



# Question 11—Comment on CT Medicaid RFP

- May be a little hard to read
- Question: How can you be sure that these people have no clue about the economics of chronic disease and acute chronic events?

**APPENDIX XII – Disease Management Data**

Cardiovascular disease (cardiology, vascular diseases, vascular surgery, and  
Cardiopulmonary) 346

Below data is for State Fiscal Year 2005-2006

The below information for recipients with the diagnosis specified. One recipient may have more than one diagnosis and so would be represented in more than one cell below.

Congestive Heart Failure ICD-9 428			
<b>Under 21 yrs of Age</b>	Recipients	Units of Service	Amount Paid
Fee-for-Service	5	52	\$709
HUSKY A	41	385	\$13,630
21 yrs. or older			
21 yrs. or older	Recipients	Units of Service	Amount Paid
Fee-for-Service	1,314	67,929	\$793,970
HUSKY A	121	903	\$33,608

Other Heart Disease Diagnosis (21 yrs or older)			
<b>Fee-for-Service</b>	Recipients	Units of Service	Amount Paid
Dysrhythmias	4,160	234,723	\$3,077,251
current heart attack	904	194,390	\$2,221,051
Hypertension	18,350	796,318	\$10,233,495
Ischemic	6,863	425,910	\$5,731,919
<b>MCO</b>			
Dysrhythmias	640	8,201	\$418,374
current heart attack	73	12,487	\$174,012
Hypertension	5,945	30,717	\$845,856
Ischemic	851	18,320	\$845,800

Services covered include many types of care from a hospital day to a fifteen-minute home health service.

Excludes: Nursing Home Services and services to clients in Nursing Facilities the whole year.

## Question 12: Comment on this release

- IRVING, Texas--(BUSINESS WIRE)--Nov. 18 --A pediatric asthma disease management program offered by AdvancePCS saved the State of North Carolina nearly one-third of the amount the government health plan expected to spend on children diagnosed with the disease

# Question 13: Comment on validity of this statement by a major commercial health plan

- “Over a 10-year period, we have reduced the rate of heart attacks by 5 per 100 people”