



HEALTH

# *Introduction*

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# *We reviewed the available evidence for the impact of disease management on several outcomes*

<b>Disease</b>	<b>Clinical Processes</b> Adherence to evidence-based guidelines	<b>Health-Related</b> Changes in behaviors	<b>Disease Control</b> Changes in intermediate measures	<b>Clinical Outcomes</b>	<b>Healthcare Utilization</b> Changes in utilization of services	<b>Financial Outcomes</b>	<b>Patient Experience</b> Satisfaction, quality of life, etc.
<b>Heart failure</b>							
<b>Coronary artery disease</b>							
<b>Diabetes</b>							
<b>Asthma</b>							
<b>Chronic lung disease</b>							
<b>Depression</b>							

# *For most outcomes, evidence was lacking or inconclusive*

<b>Disease</b>	<b>Clinical Processes</b> Adherence to evidence-based guidelines	<b>Health-Related</b> Changes in behaviors	<b>Disease Control</b> Changes in intermediate measures	<b>Clinical Outcomes</b>	<b>Healthcare Utilization</b> Changes in utilization of services	<b>Financial Outcomes</b>	<b>Patient Experience</b> Satisfaction, quality of life, etc.
<b>Heart failure</b>							
<b>Coronary artery disease</b>							
<b>Diabetes</b>							
<b>Asthma</b>							
<b>Chronic lung disease</b>							
<b>Depression</b>							

# *In cases with sufficient evidence, we often found no effect or even a negative effect*

<b>Disease</b>	<b>Clinical Processes</b> Adherence to evidence-based guidelines	<b>Health-Related</b> Changes in behaviors	<b>Disease Control</b> Changes in intermediate measures	<b>Clinical Outcomes</b>	<b>Healthcare Utilization</b> Changes in utilization of services	<b>Financial Outcomes</b>	<b>Patient Experience</b> Satisfaction, quality of life, etc.
<b>Heart failure</b>							
<b>Coronary artery disease</b>		No effect		No effect			
<b>Diabetes</b>		No effect					
<b>Asthma</b>				No effect		No effect	
<b>Chronic lung disease</b>							
<b>Depression</b>					Increased utilization	Increased cost	

## *Some improvement was seen in clinical processes and disease control*

Disease	Clinical Processes Adherence to evidence-based guidelines	Health-Related Changes in behaviors	Disease Control Changes in intermediate measures	Clinical Outcomes	Healthcare Utilization Changes in utilization of services	Financial Outcomes	Patient Experience Satisfaction, quality of life, etc.
Heart failure	Improved		Improved		Reduced hospital admissions		Improved
Coronary artery disease	Improved	No effect	Improved	No effect			
Diabetes	Improved	No effect	Improved				
Asthma				No effect		No effect	
Chronic lung disease							
Depression	Improved		Improved		Increased utilization	Increased cost	Improved

## ***But what does this all mean?***

- **It does NOT mean that disease management does not work**
  - **Just that it is insufficiently researched**
  - **This is especially true for large, population-based DM programs in spite of their rapidly growing market penetration**
- **There is the potential that disease management can reduce cost and improve health outcomes**
  - **Most studies have not followed patients long enough**
  - **Some credible positive results have been reported**

## ***So what is a responsible purchaser to do?***

- **Healthy skepticism is in order**
  - **Not all programs work and not in all contexts**
  - **Vendors are selling a service for profit**
- **Vendor reported results need to be verified**
  - **This does not mean running clinical trials**
    - **Intensity of independent evaluation must fit purpose**
  - **But plausibility checks should be done at a minimum**
    - **If possible try to find reference groups**



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