

**Evaluating Disease Management
Return on Investment
“Lessons Learned”**

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Lessons Learned

- MAMSI Health Plans
- Health Plan Advantage
- Disease Management Programs
- Lessons Learned
- Evaluating DM ROI

MAMSI Health Plans

- **MDIPA**
- **OCI**
- **MLH**
- **Alliance PPO**
- **HomeCall, HomeCall Infusion and Hospice**

Health Plan Advantage

- **Integrated Structure versus Carve-Outs**
- **Build DM Programs**
- **Risk Stratification using Medical, Pharmacy and Lab values**
- **Teachable Moments**
- **Home Health Services including Infusion and Hospice Services**
- **Primary Care Physician (PCP)**

Health Plan Advantage

- Team Approach
- Use of “best” sub-acute facilities
 - Reduced readmits to acute care from 47% to 19%
 - Neurological Event Project
 - Rehabilitation Project
- Depression screening for all patients with chronic illnesses in Case Management
- New outpatient infusion center as alternative to home or inpatient care
- Medication Compliance

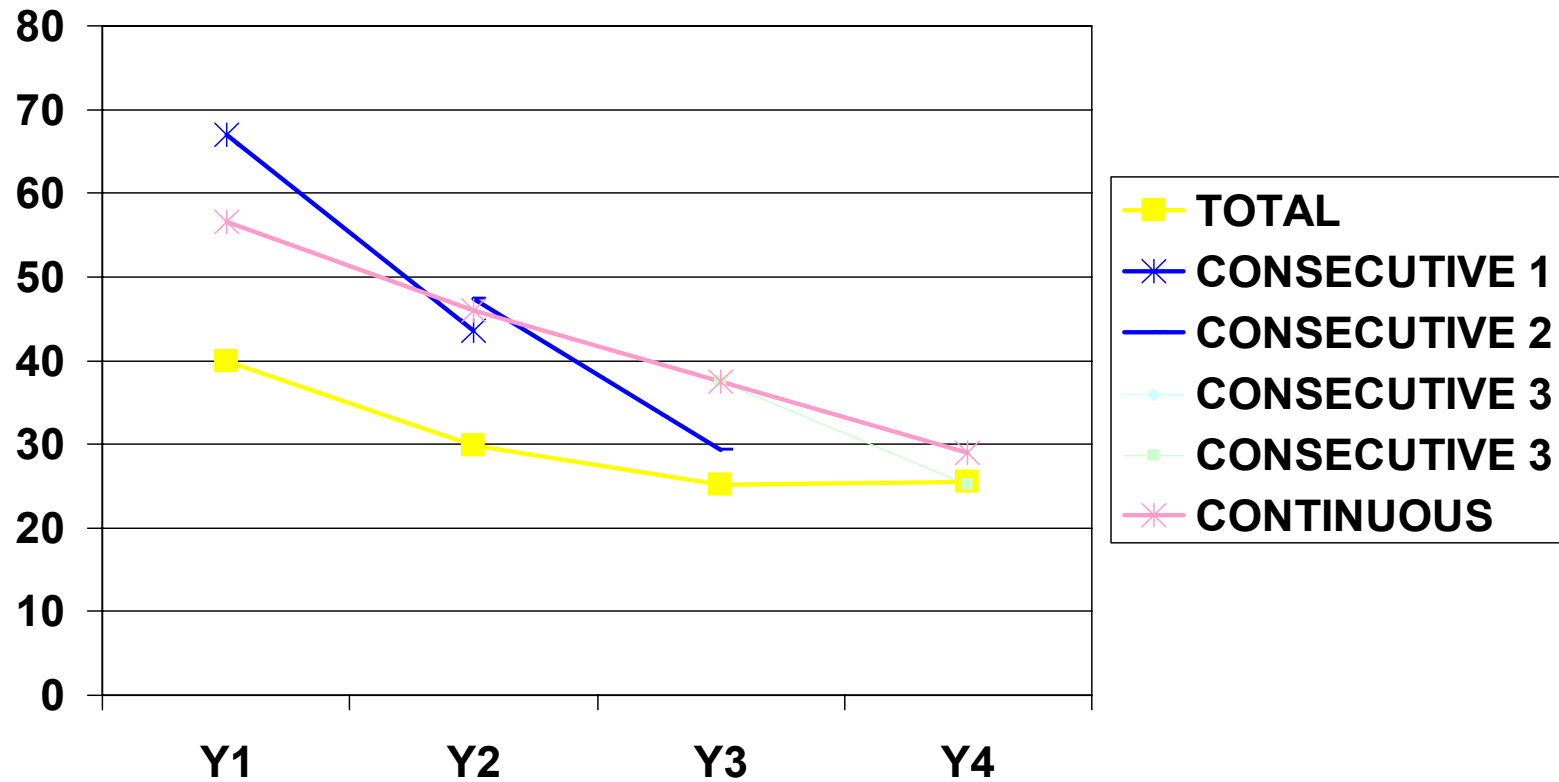
Disease Management (DM) Programs

- **Interventions stratified by severity**
 - **Post hospitalization to Case Managers (Level 3)**
 - **Repeat ER utilizers (Level 2)**
 - Telephonic support and education
 - Utilizing Readiness to Change Model
 - HomeCall
 - **Entire population (Level 1)**
 - Newsletters
 - Educational mailings
 - Glucometers and Peak Flow Meters
 - Reminders

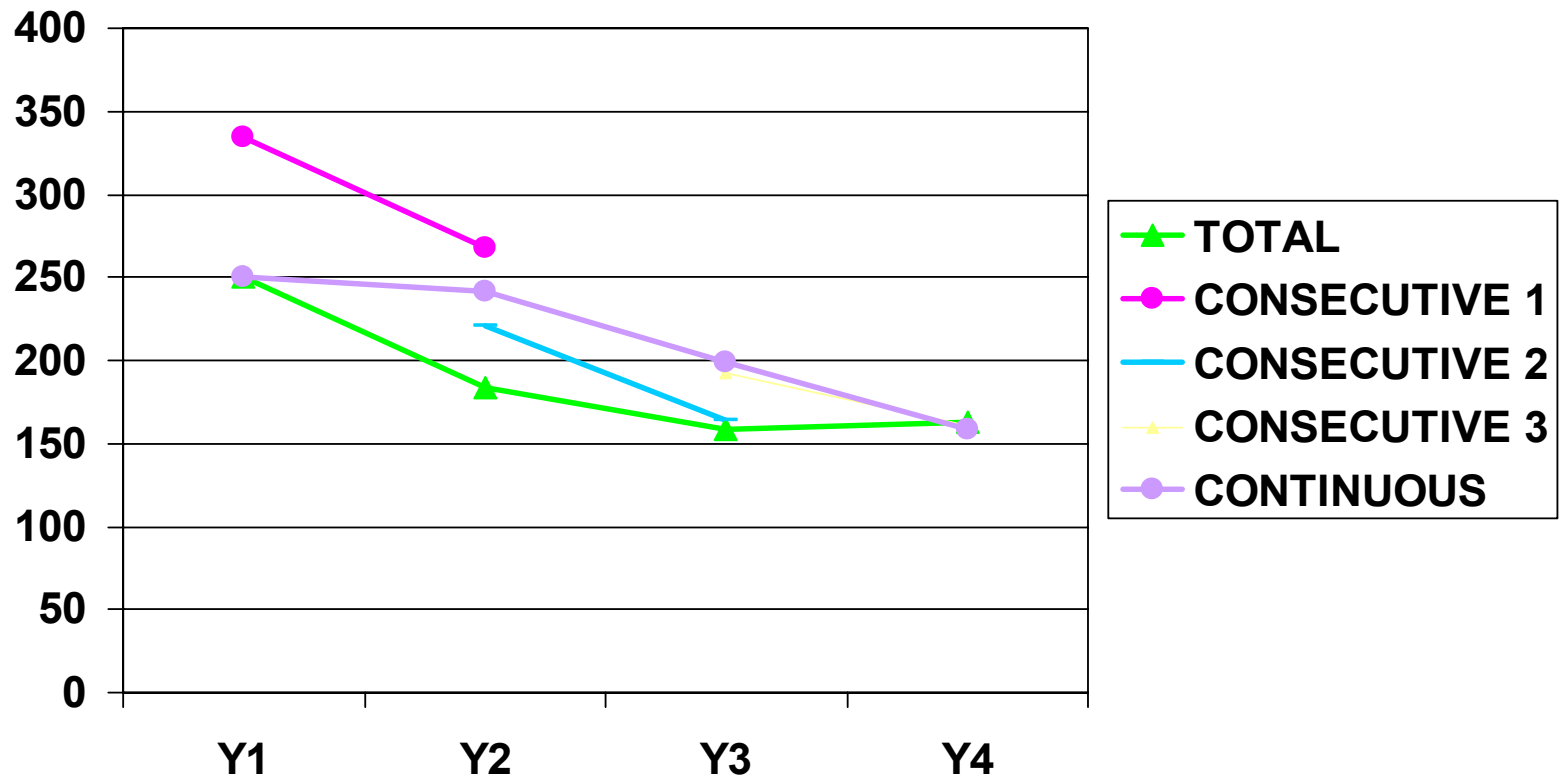
DM Programs

- Case Management
- Telephonic Support
- Computerized telephonic support for behavior change based on Readiness to Change Model
 - Diet
 - Exercise
 - Smoking
 - Cholesterol
 - Hypertension
- Worksite Wellness
- Home Health

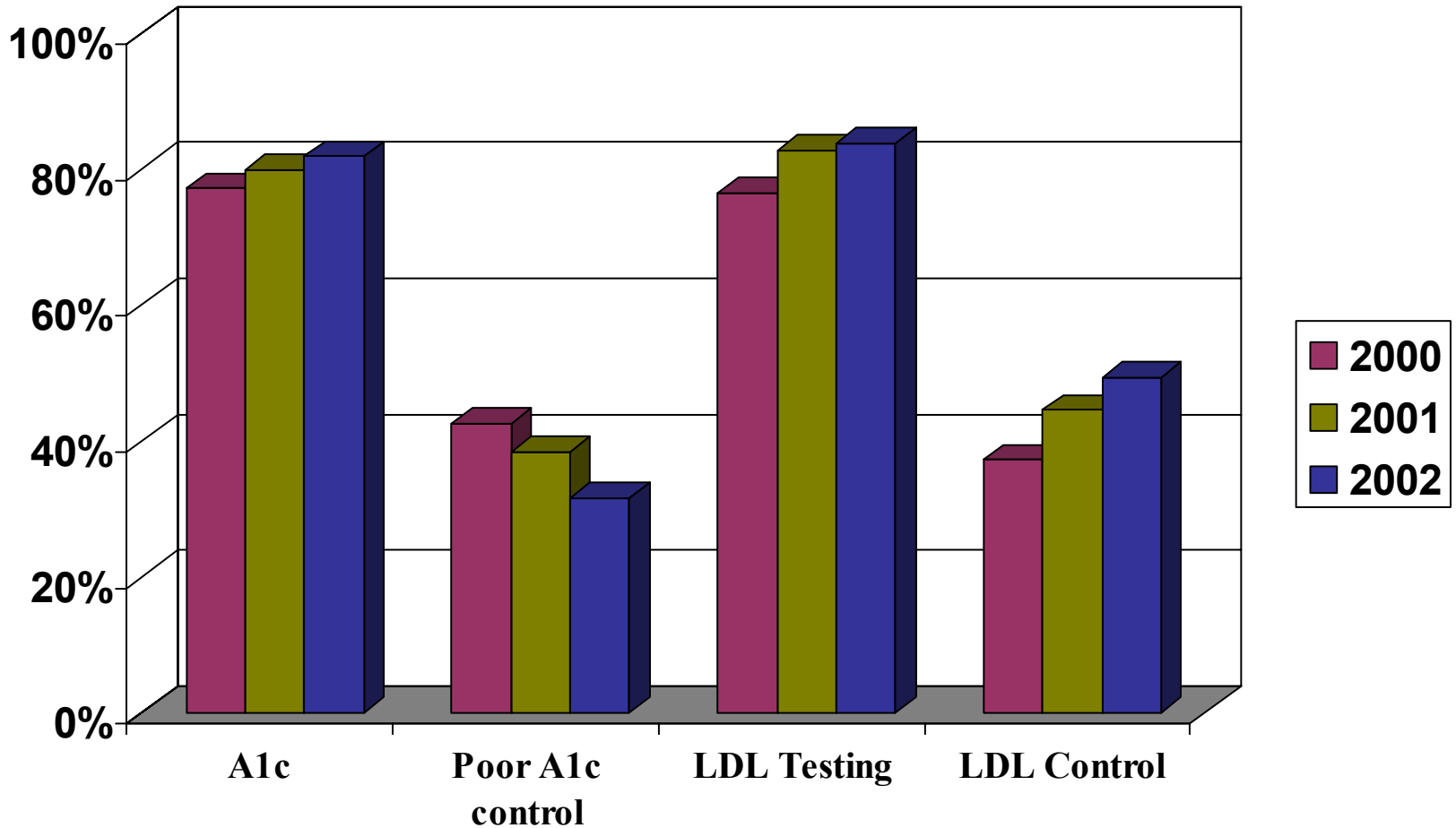
Asthma Admits /1000 Asthmatics



ER/1000 Asthmatics



Diabetes



Lessons Learned

- **Population Definition and Measurement**
- **Data Collection**
- **Contracting Issues- Build or Buy**
- **What Works?**

Lessons Learned

Population Definition and Measurement

- Enroll the entire target population
- Measure the entire population, the consecutive population and the continuous population
- Define measurable population and program goals
- Define enrollment of new members for quality purposes versus DM ROI purposes

Lessons Learned

Data Collection

- Measurement- utilization and cost
- Data – quality, validity and timeliness
- Predictive modeling
- Interventions- member and provider
- Data transfer to vendor
- Overall program goals

Lessons Learned

Contracting Issues

- **Build or Buy**

- Internal data capacity & resources
- Partnering with a third party

- **Funding**

- Risk Sharing Per Member Per Month
- Prospective or Retrospective payment

- **Outcomes**

- Cost Savings
- Utilization Shifts

Lessons Learned

What Works?

- **Health Plan**

- Defining the baseline costs and utilization
- Population based Programs
- Team Approach to Care Coordination
- Teachable moments
- Multiple contacts – newsletter, CM, Health Ed.
- Worksite Wellness

- **Physicians**

- **Members**

Evaluating DM ROI

- **Population – Do they really have the disease (or just allergies)**
- **Utilization shifts and Cost Shifts**
- **Baseline Utilization**
 - HMO versus PPO
- **Interventions**
 - accurate phone numbers
 - completed calls not attempts
- **Timeframe required to measure ROI**

Evaluating ROI

Bottom Line:

- **Who did the work?**
 - Health Plan
 - DM Program
 - Physician
 - Member
- **What worked?**
 - Pharmacy Compliance
 - Case Management
 - Physician Treatment
 - Behavior Change

Evaluating ROI

Bottom Line:

- **Can You Measure it?**
 - Data integrity
 - Chart Review
- **Can You Sustain the Program Over Time?**
 - Costs: Per Health Plan Member Per Month
 - Fees: Per DM Program Participant Per Month
 - Reconciliation: Cost Savings and Performance

Evaluating ROI Results

- **Asthma**
 - 42% decrease in hospitalizations
 - 49% decrease in ER visits
- **Diabetes**
 - >10% increase in sugar & cholesterol testing
 - >10% increase in diabetic control
- **Secondary Prevention of Cardiovascular Disease**
 - >10% increase in medication after heart attack
 - >30% increase in cholesterol control
- **New Prenatal and Neonatal Programs**
 - >30% decrease in NICU bed days between 2000 and 2002*