

The Role of Disease Management in the Private Sector

The Disease Management Colloquium, Philadelphia, PA 1 p.m.

Robert E. Stone Executive Vice President



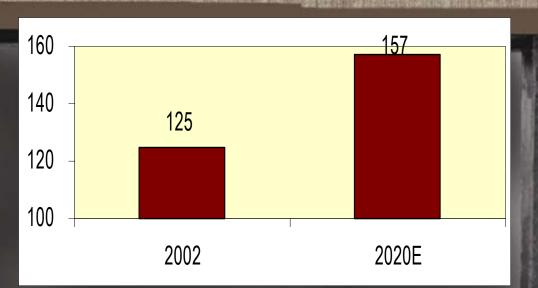
America's Health Care Expectations

 To be cured To be cured right now To be cured for free



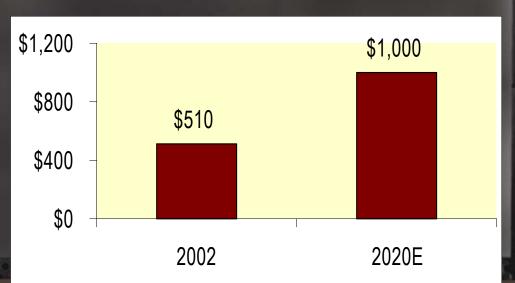
Growing Population and Costs

Americans with Chronic Conditions In millions



Medical Costs for Chronic Conditions In millions

Source: JPMorgan Disease Management Health Plan Survey



Something Important Has Changed

Historically, Disease Management Programs...

- Did not have a macro economic effect
- Had a credibility gap in value measurement
- Had no quality standards

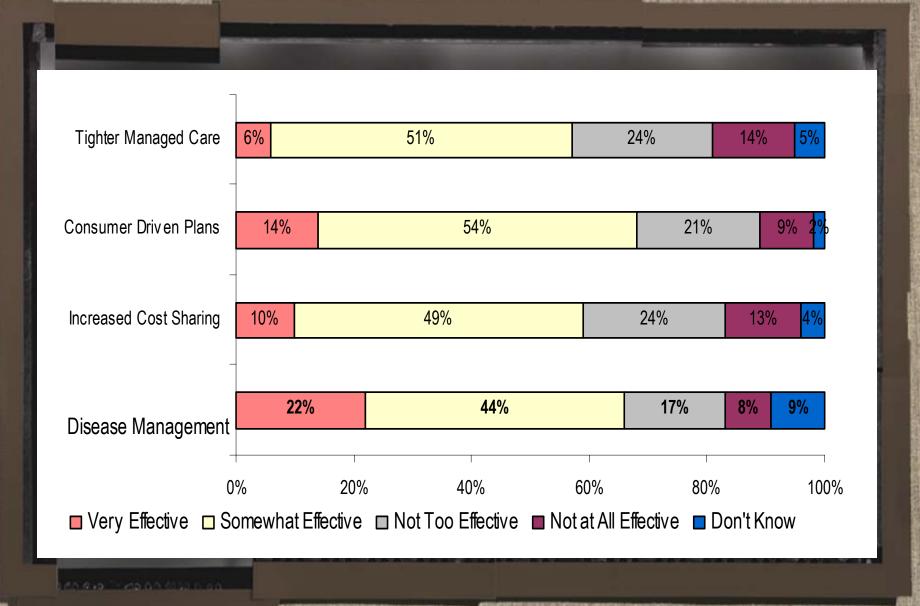
Disease Management is now a strategic imperative

Today it's a different story...

- Outcomes continue to show significant clinical and financial improvements among the country's chronically ill, impacting medical costs trends for health plans and self-funded employers.
- Standardized measurement methodologies are beginning to take shape.
- NCQA, URAC and JCAHO have established quality standards.



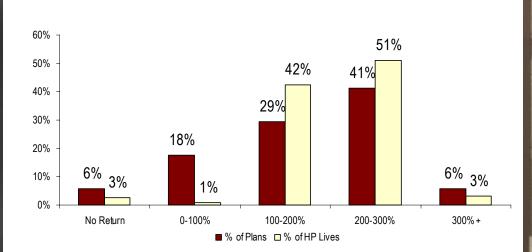
Employer Cost Containment Strategies

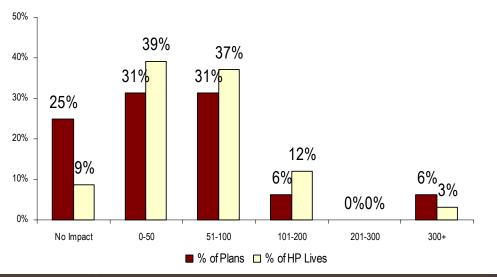


Healthy Returns

Health Plan ROI on DM Programs

Impact on Overall Medical Cost Trend, in basis points





From the Customer's Perspective

Why Disease Management is relevant

- Chief Financial Officers see the macro-economic effect
- Chief Medical Officers see improved quality and clinical outcomes
- Chief Executive Officers see differentiation which translates into top line growth, customer retention and market leadership
- **Employers** see reduced costs as a result of improved work force health and productivity
- Consumers see their way to a much better life
- Government sees the promise and has taken action



Value Proposition Aligned with Stakeholders

"Outcomes Improvement"

Improve health of populations,

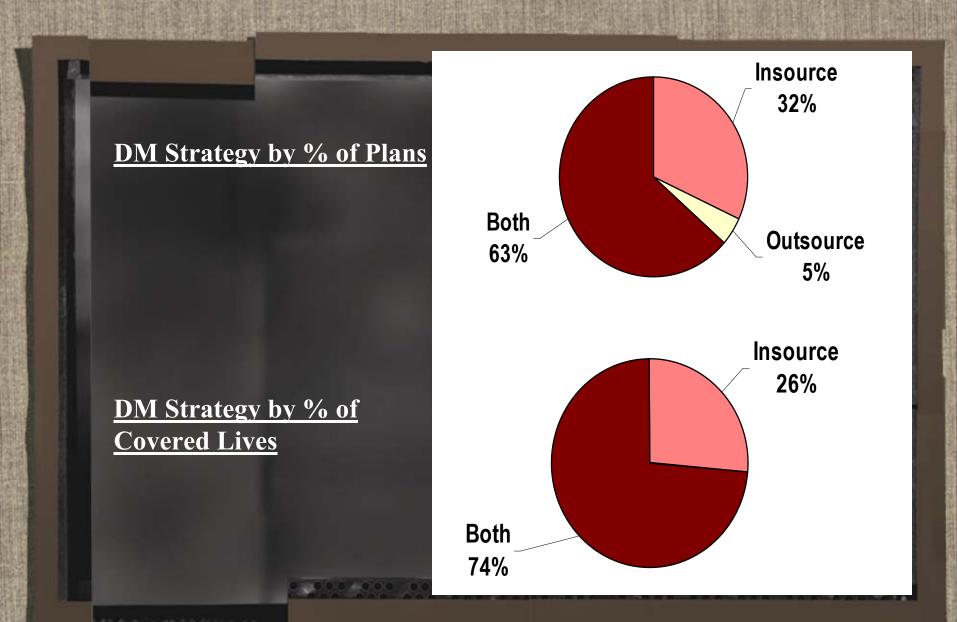
Enhance patient satisfaction & care experience,

Enhance physician satisfaction & delivery experience,

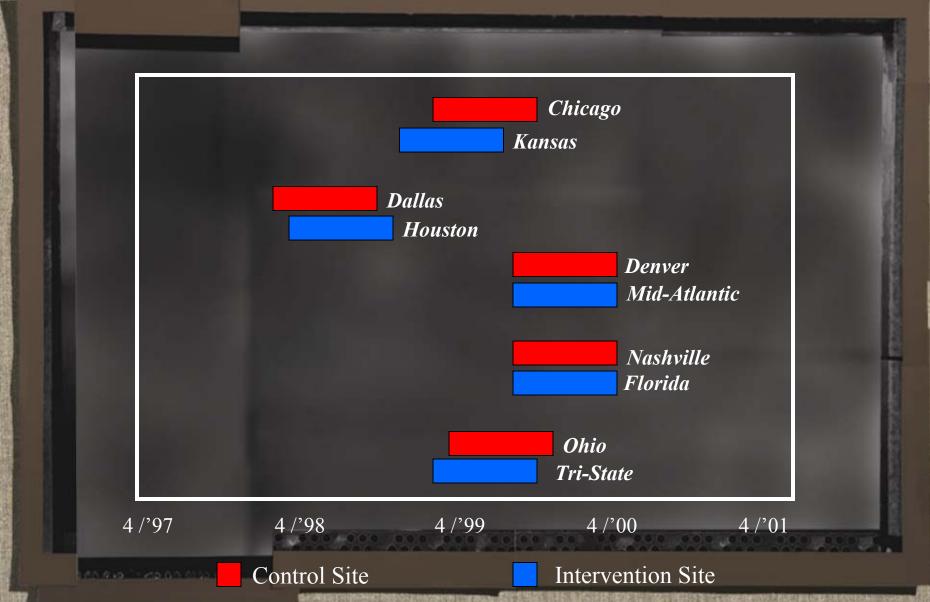
Reduce total health care cost, and

Improve work force productivity

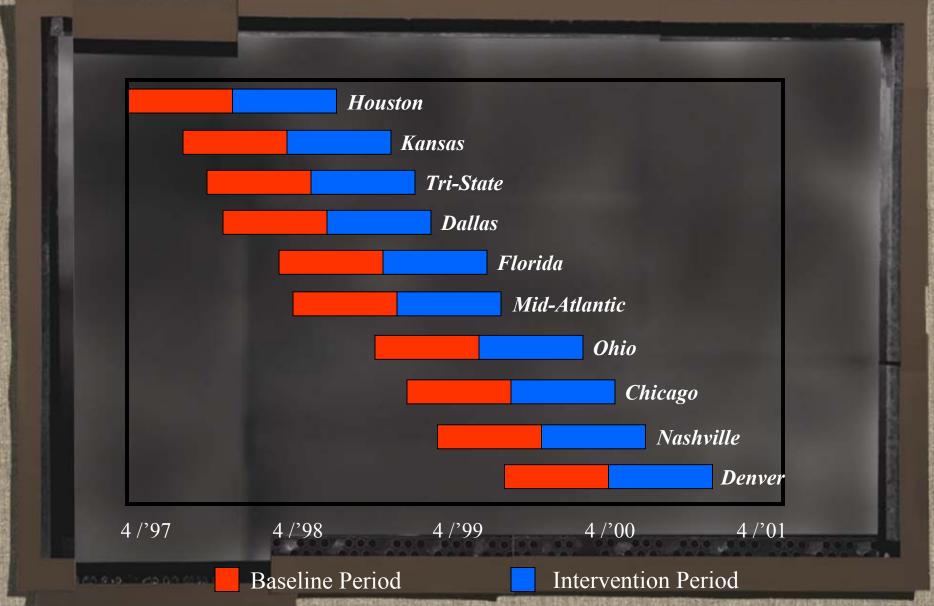




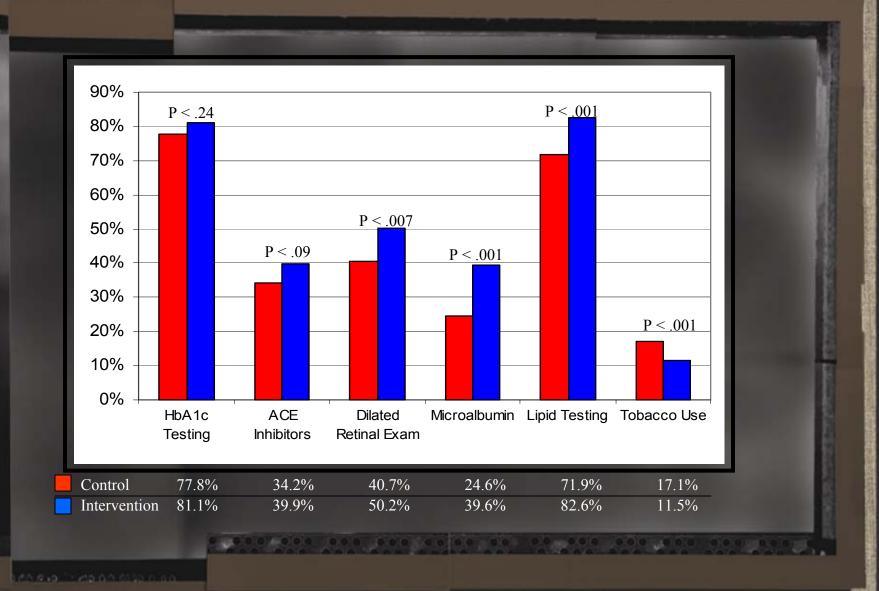
Parallel Group Comparisons



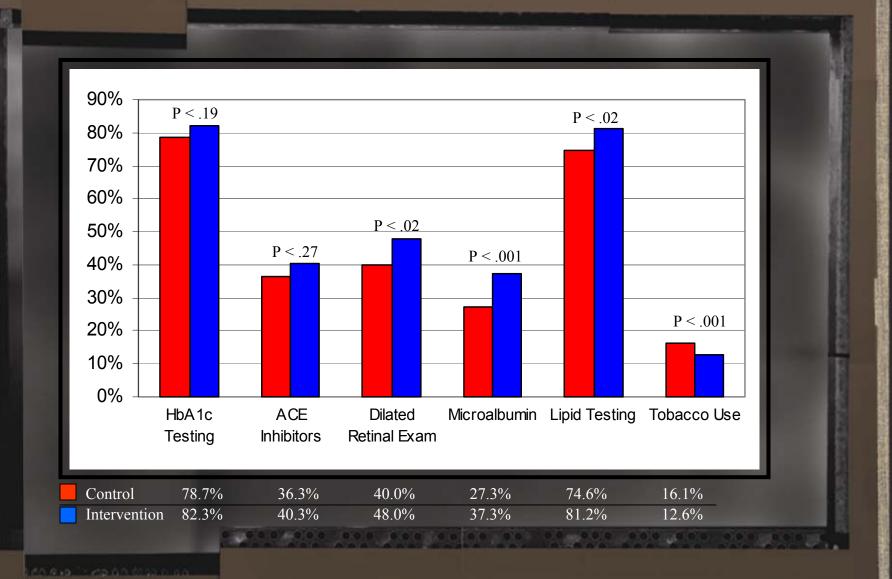
Pre-Post Comparisons



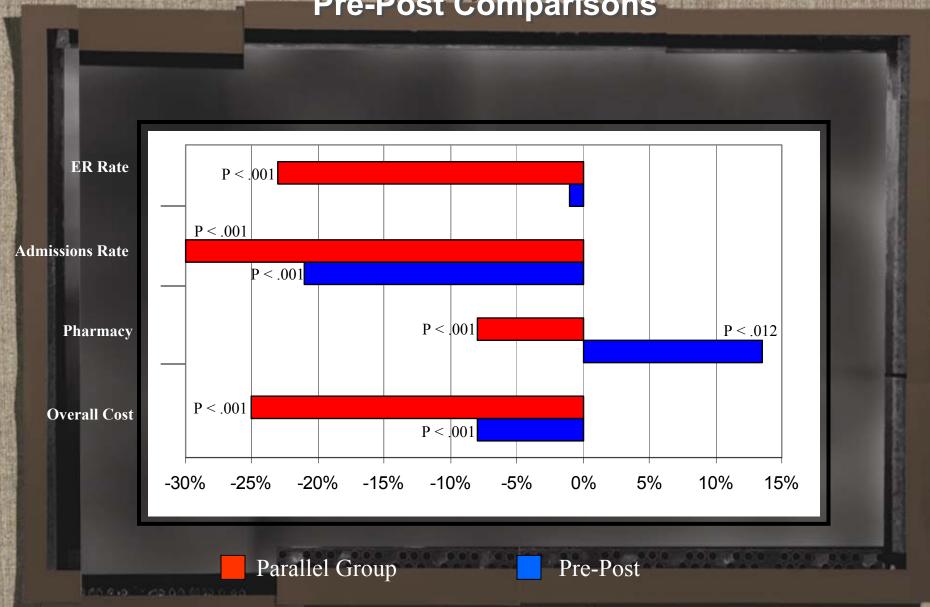
Quality Indicators: Parallel Group Comparison



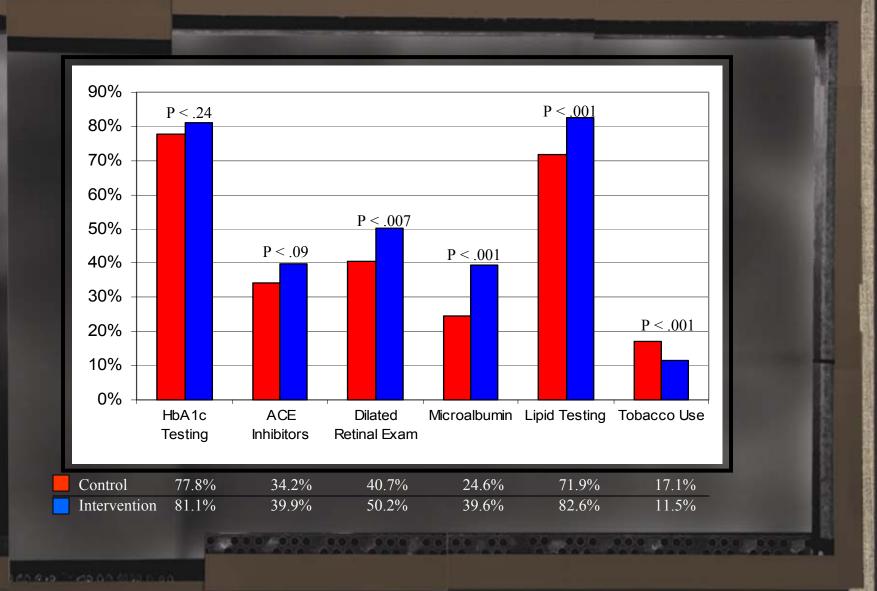
Quality Indicators: Pre-Post Analysis



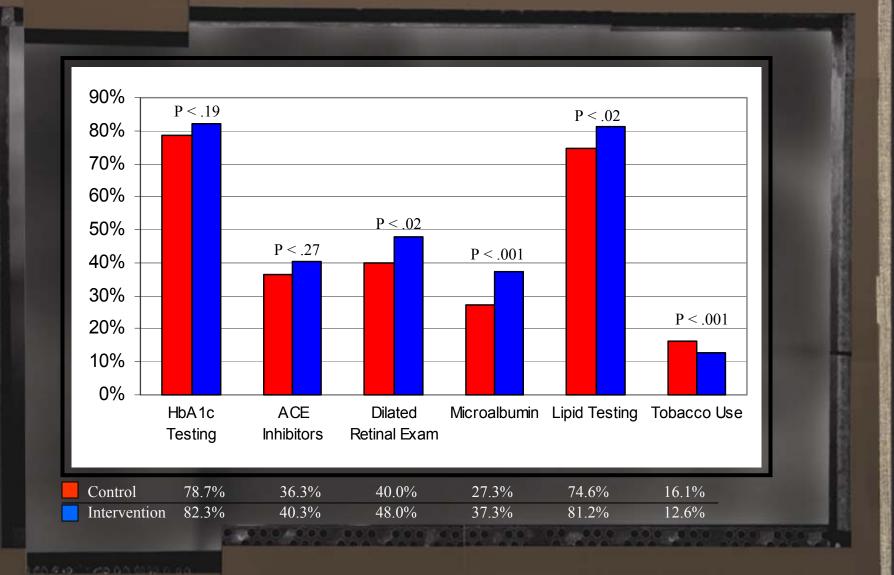
Cost and Utilization Changes Parallel Group and Pre-Post Comparisons



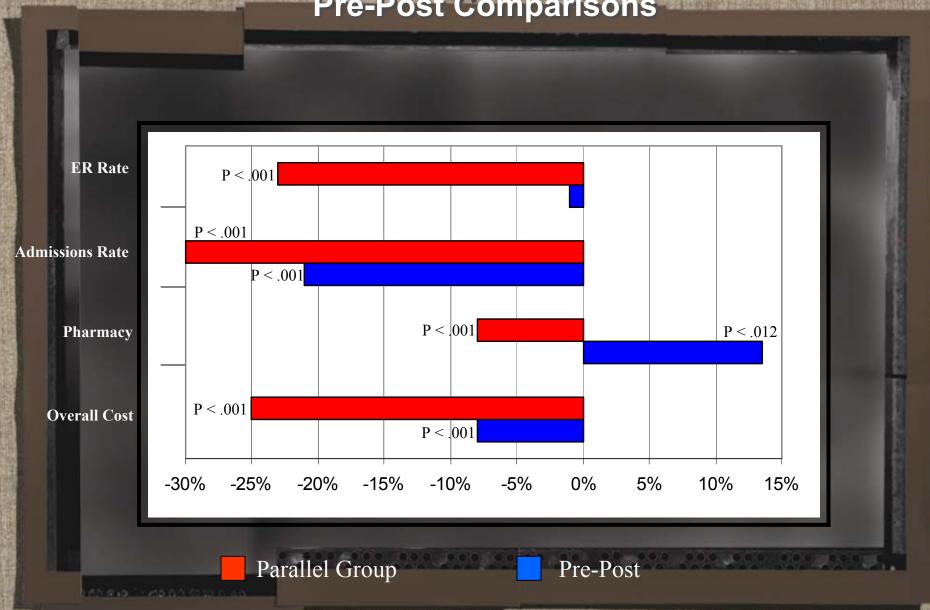
Quality Indicators: Parallel Group Comparison



Quality Indicators: Pre-Post Analysis



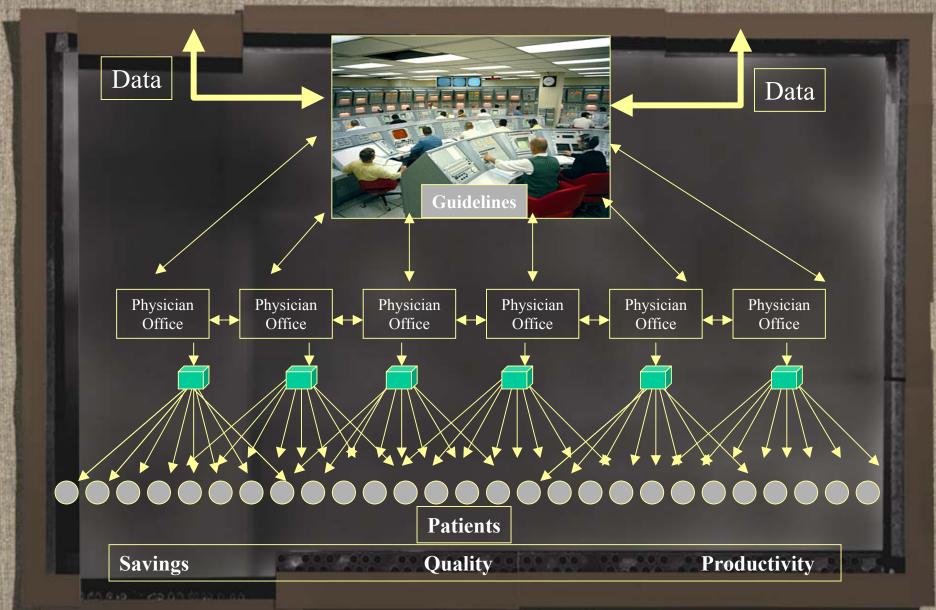
Cost and Utilization Changes Parallel Group and Pre-Post Comparisons



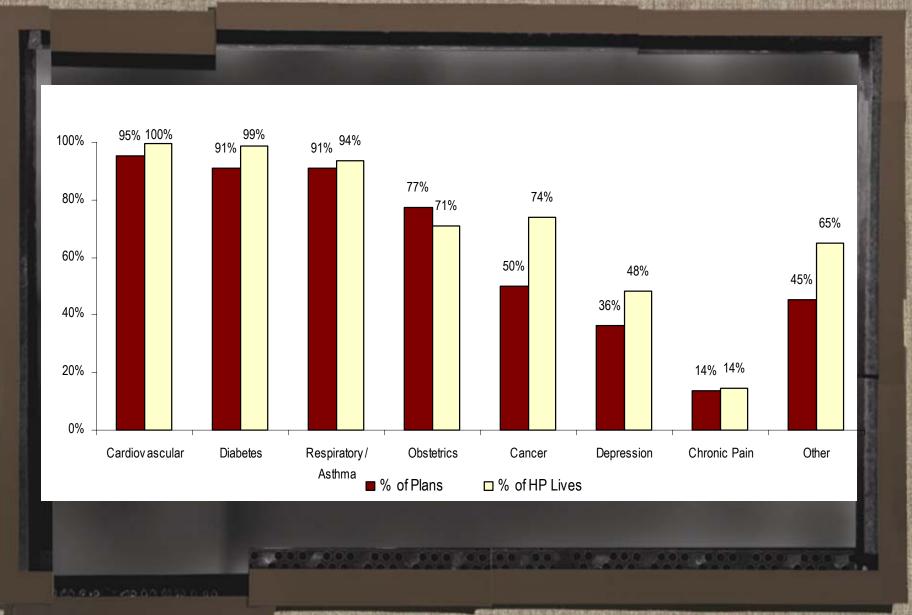
The Cohort Study

- Compares a population with disease enrolled in the program to a reference population with similar disease not enrolled in the program
 - Study Population Fully Insured members, excluding Public Programs, Atrium, and First Plan
 - Reference Population ASO (self-insured) members not eligible for care support during year 1
 - Both Populations
 - Continuously enrolled for 24 months (03/2001 02/2003)
 - Diseases identified by same algorithm
 - Members with the following age criteria
 - Asthma, age 5-64
 - All other conditions, age 18-64
 - All members have drug benefits

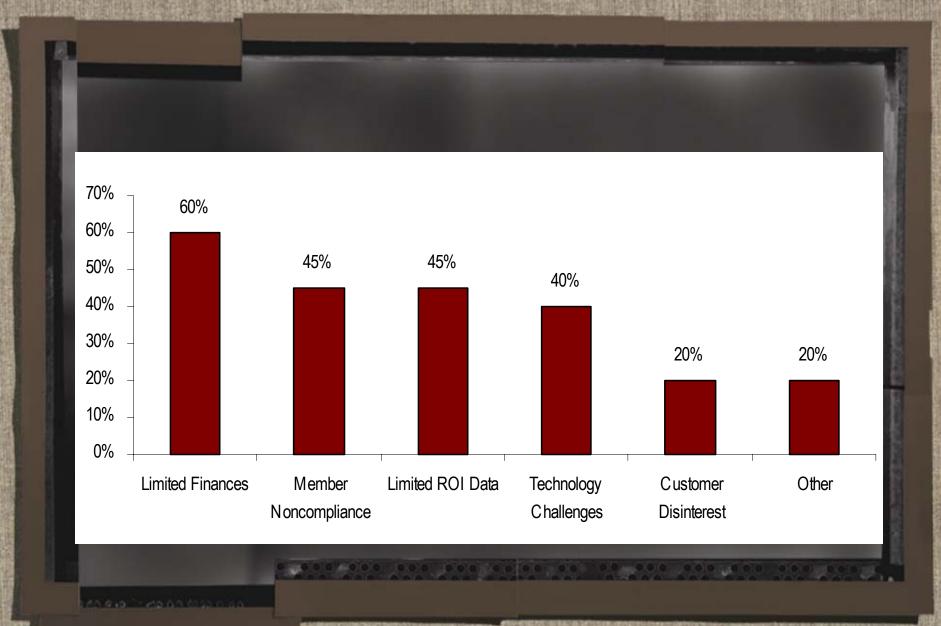
Effective, Efficient Translation



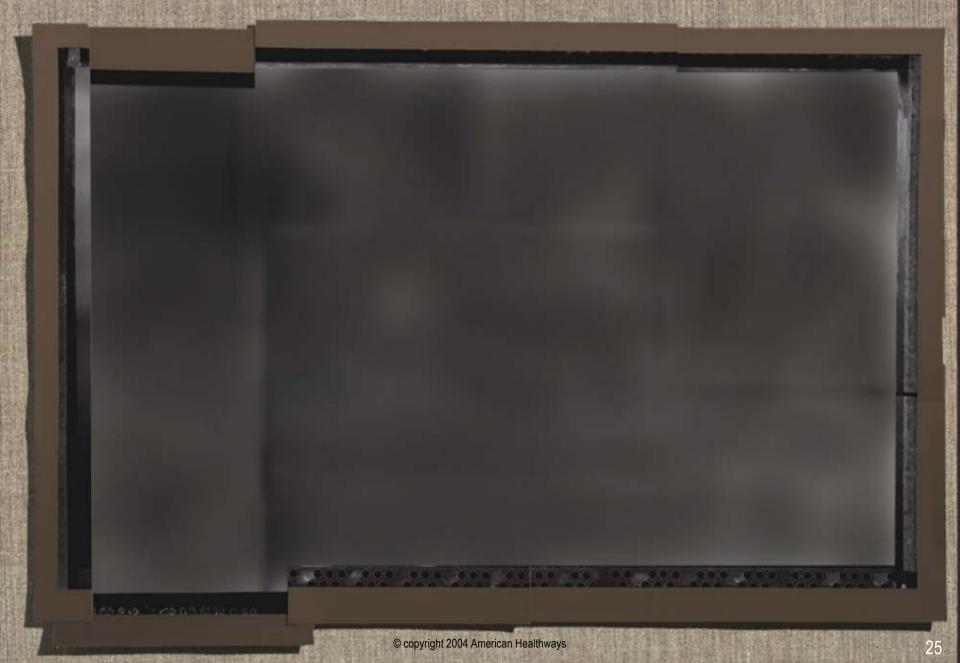
DM Programs Currently in Place



Challenges to Wider Adoption



The Next Frame



Thank You!

