

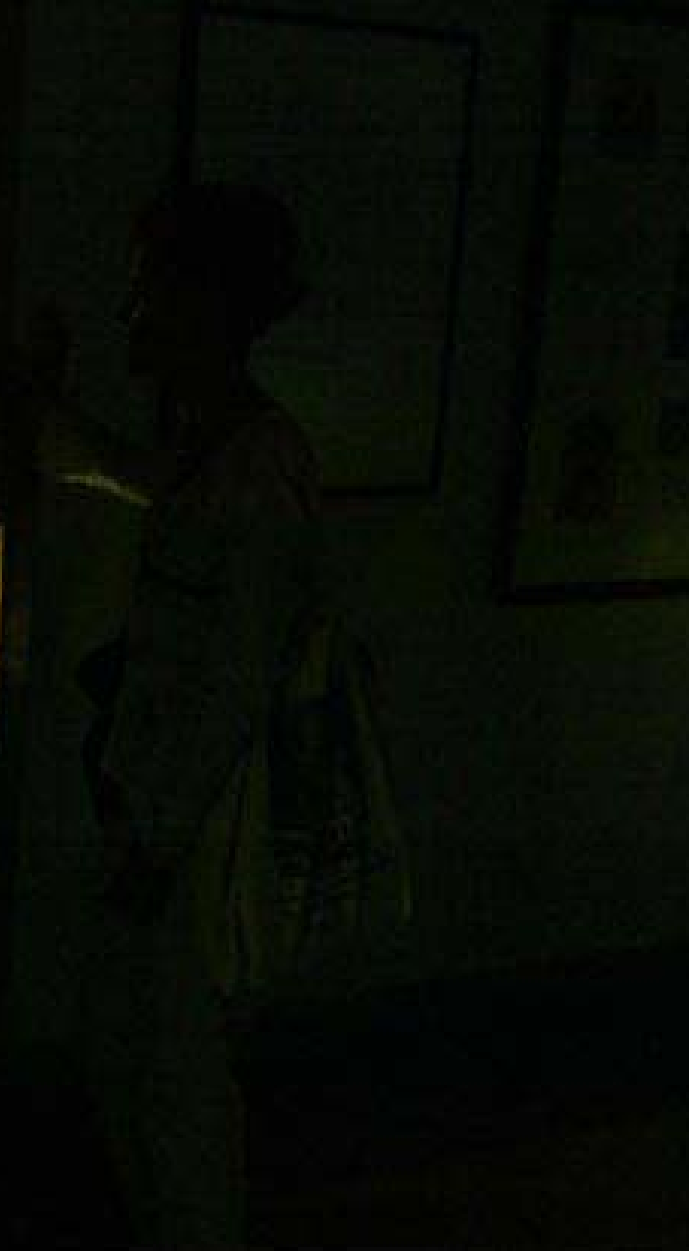
Disease Management as a Quality Strategy

Robert E. Stone
DMAA President
EVP American
Healthways



EXIT

EXIT



Failure of a System

“In a system with hundreds of critical components, the top priority of each is not to keep the lights on, but to protect itself from overload.”

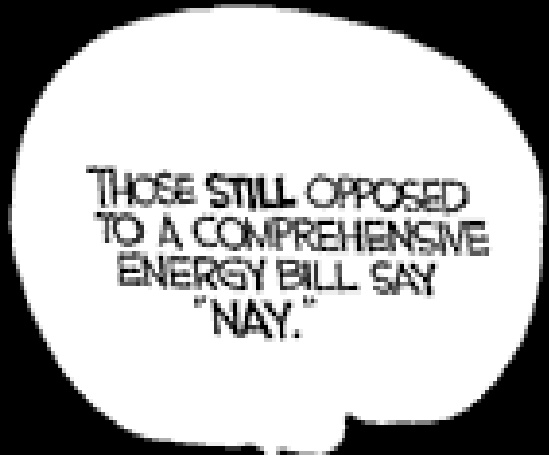
“This outage will cost consumers millions of dollars, and it would have been far less expensive if we had just made the system robust enough to meet their needs.”

Failure of a System

“We have a system built 50 years ago for an analog society, and it can't handle the demands of a digital society.”

“It's foolish not to have a system in place that could reduce our risk for these kinds of events.”

“Something's got to give sometime, because the system is really reaching its capacity in terms of what you'd like to have for a margin of safety.”



THOSE STILL OPPOSED
TO A COMPREHENSIVE
ENERGY BILL SAY
"NAY."





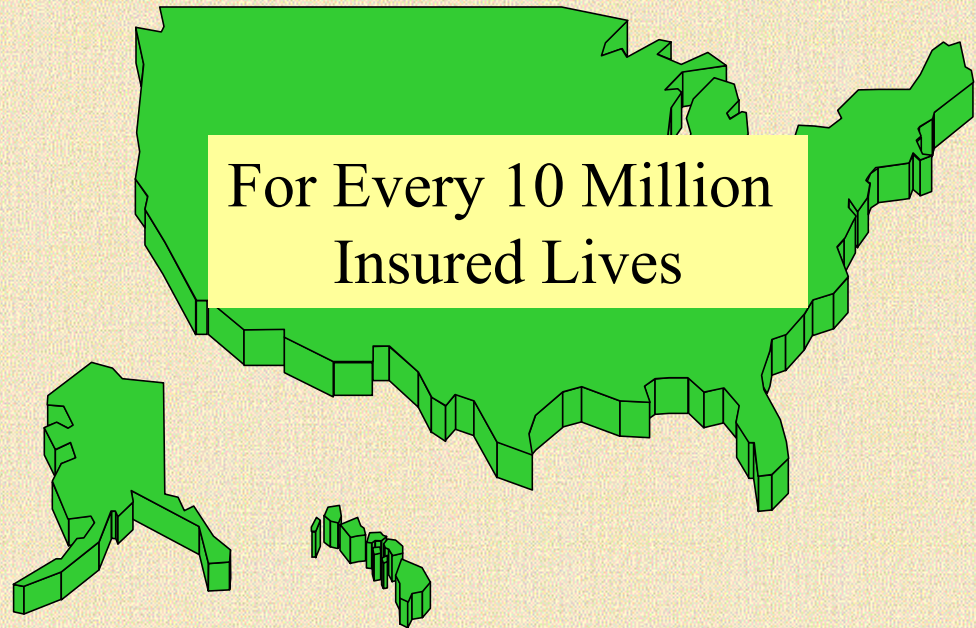
**Elegant
Simplicity**

***Healthier People
Cost Less***

The Health of Populations

300,000
Asthma

280,000
Diabetes



For Every 10 Million
Insured Lives

300,000
CAD/HF

350,000 with
Low Back Pain

Can be identified through administrative database queries

**Institute of
Medicine**

“Quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

**Institute of
Medicine**

“Providing patients with appropriate services in a technically competent manner, with good communication, shared decision making, and cultural sensitivity.”

**Institute of
Medicine**

***“Quality can be evaluated
based on structure, process
and outcomes.”***

www.DMAA.org

DMAA Definition

Disease Management is a system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant. Disease management:

- supports the physician or practitioner/patient relationship and plan of care,
- emphasizes prevention of exacerbations and complications utilizing evidence-based practice guidelines and patient empowerment strategies, and
- evaluates clinical, humanistic, and economic outcomes on an ongoing basis with the goal of improving overall health.

A Support System

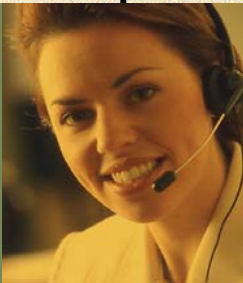
Working proactively with patients via telephone and at home to ensure their needs are met



Working with physicians to ensure their practice and their patients' needs are met



1.



Highly skilled nurses and dieticians reaching out

2.



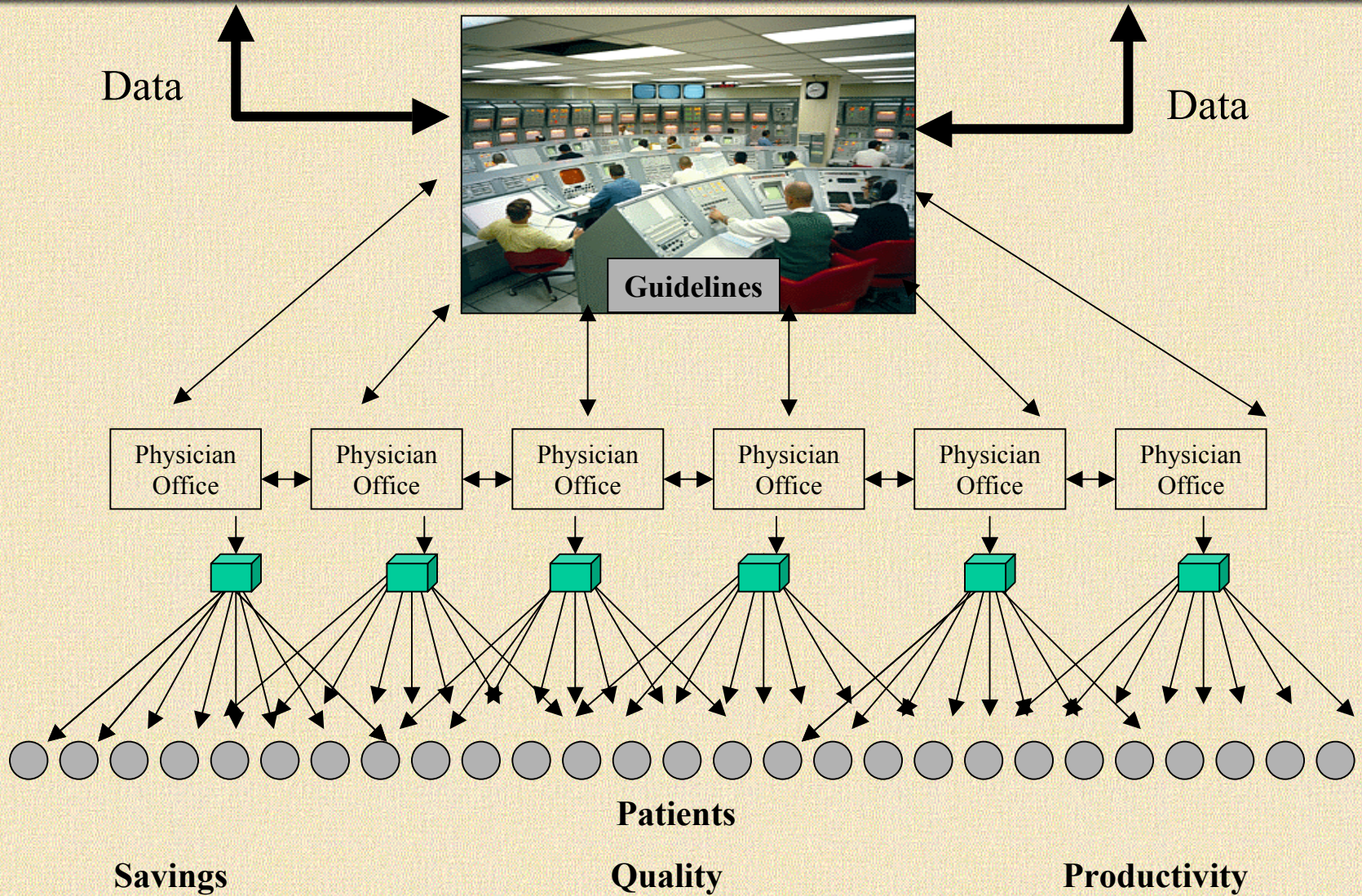
Utilizing clinical and IT tools to help patients and physicians adhere to standards of care

3.



Field-based nurses working face to face with physicians to ensure best outcomes

Payers

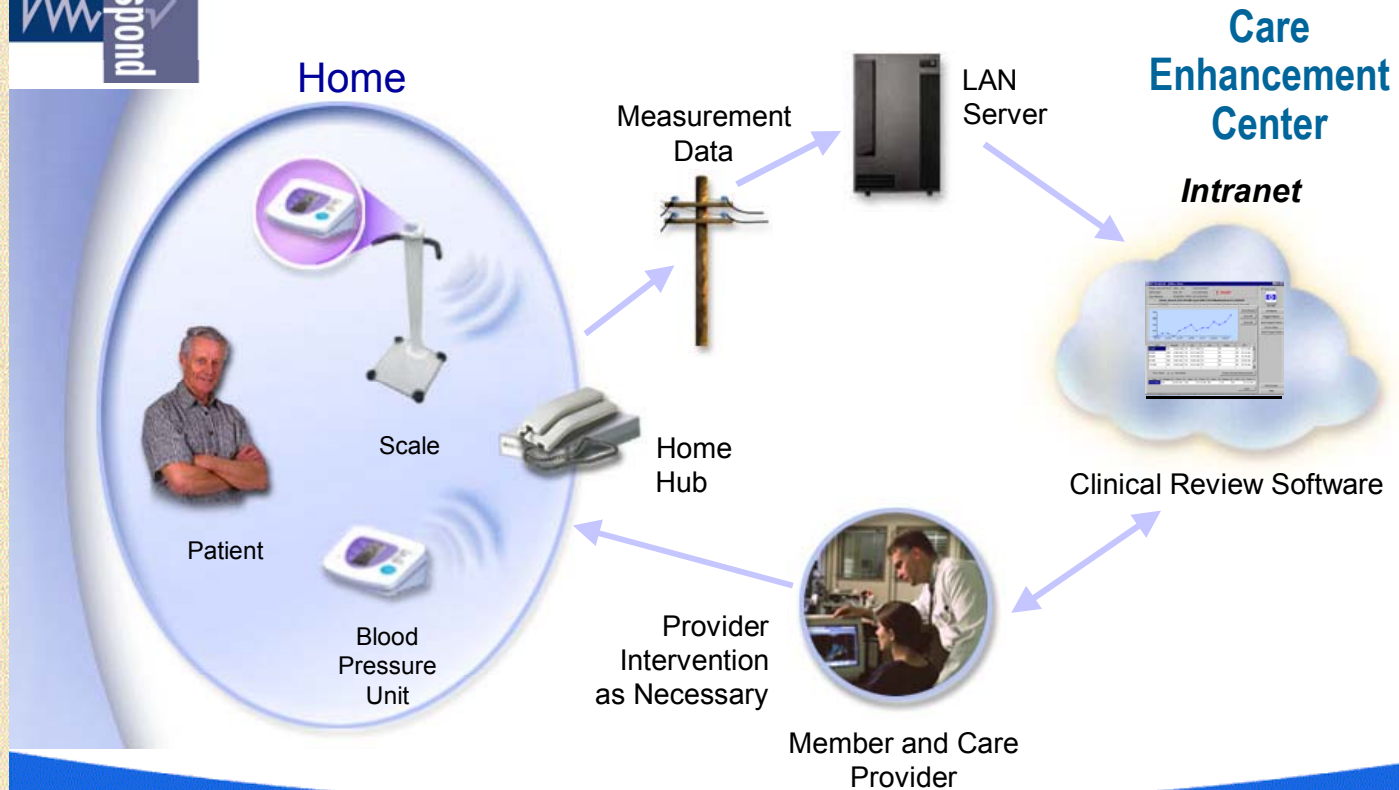




Leveraging Technology



Home Monitoring Overview

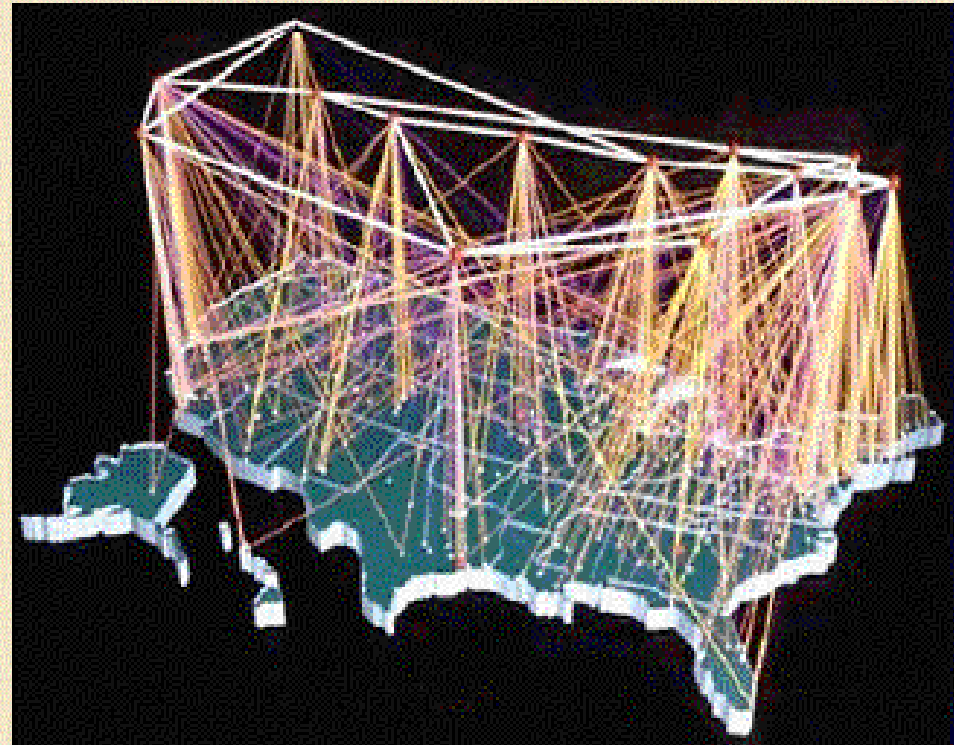
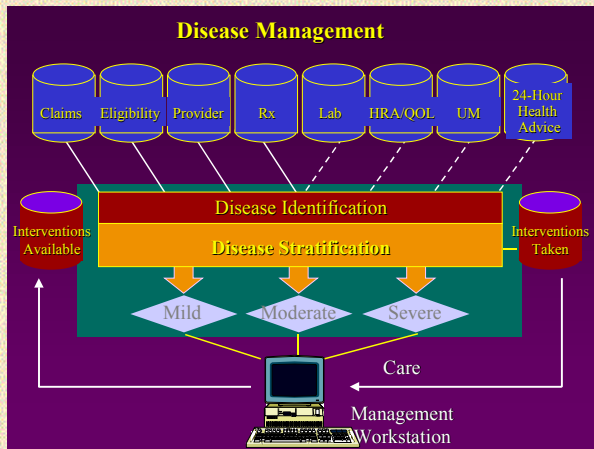


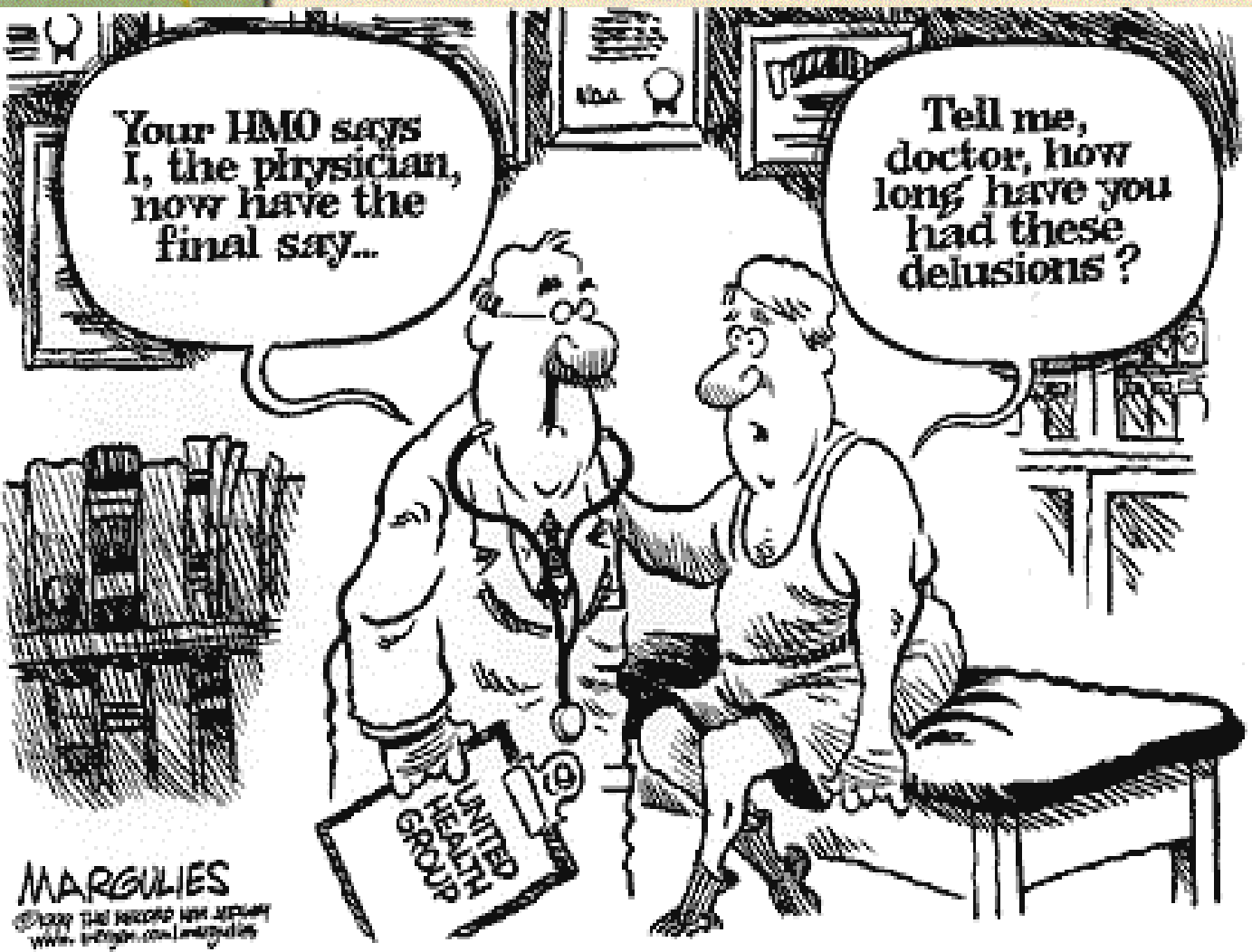
Let's make things better.



PHILIPS

Leveraging Data and Mass Communication Technology to Scale DM Operations





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Failure of a System

“In a system with hundreds of critical components, the top priority of each is not to keep the lights on, but to protect itself from overload.”



“We have a system built 50 years ago for an analog society, and it can't handle the demands of a digital society.”

Norman
Rockwell

BTech Accuracy, Reliability, Security
www.americanhealthways.com



FEDERAL
PRESCRIPTION

FOR REDUCING MEDICAL
ERRORS

R

Spina 100 1-1
W 100 2-20
Dir 100 -- 3/14-
100 100 -- 1/14
100 100

Three Legs of Credibility

- 1. Definition**
- 2. Quality Benchmarks**
- 3. Standardized Outcomes**

The DM Value Proposition

- Improved Health Status
- Improved Adherence to Standards of Care
- Improved Patient Satisfaction
- Improved Physician Satisfaction
- Reduced Cost

Rapid Adoption

- **Employers** – looking for a healthier more productive workforce and better control of health care costs
- **Health Plans** – looking for top line growth and solutions to positively impact health care cost trend and margins
- **Members** – looking for choice, easy access, empathy and quality
- **Physicians** – looking for better tools and processes to improve performance of their business and to regain control of care delivery
- **Government** – looking for solutions that will help them realize the clinical and financial benefits that have been achieved by the private sector

Why wait?



Failure of a System

***“Something's got to give
sometime, because the
system is really reaching its
capacity in terms of what
you'd like to have for a
margin of safety.”***

Transforming the Architecture

Traditional Settings of Care

Ideally suited for the care of acute illnesses

Leverages physician's skills in diagnosis and treatment

Reinforces physician's role

Logistics of patient care with current "architecture of care" is at maximum capacity

Expanded Settings of Care

Ideally suited for supportive care of the chronically ill

Promotes self-reliance for maintenance care

Promotes graduated autonomy

Expandable logistics with latitude to accommodate patient preference

Anywhere Anytime

- Enhanced access to supportive care
- Coordination of care of complex patients
- Modernization of the outpatient “architecture of care”
- Dissemination of evidence-based information to patients and physicians
- Expansion of physicians’ role beyond the confines of the office space

Thank you!

Copies of this presentation are available at
www.americanhealthways.com