

# Research Agenda

**May 9, 2007**

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# Who, What, Where

- Presenter: Gordon Norman, MD, MBA
  - CMO, Alere Medical, Inc. / former VP DM, PacifiCare
  - DMAA Board of Directors, 2003
  - Quality & Research Committee; Chair, 2007
  - Outcomes Steering Committee
  - Financial Metrics Workgroup
- Agenda
  - DMAA Research Mission, Structure
  - Quality & Research Prior Work
  - Current Work in Progress
- For more information, see [www.dmaa.org](http://www.dmaa.org)



# DMAA's Mission

- To promote population health improvement through disease and care management by
  - Standardizing definitions and outcome measures
  - Promoting high quality standards for disease management and care coordination programs as well as support services and materials
  - Identifying and sharing best practices of program components
  - Fostering research and exploration of innovative approaches and best practices for care models and disease management services delivery
  - Educating consumers, payors, providers, physicians, health care professionals, and accreditation bodies on the value propositions of disease management in the enhancement of individual and population-based health
  - Advocating the principles and benefits of disease and care management before state and federal government entities
  - Convening and aligning stakeholders in health care delivery, including international organizations and government entities
  - Promoting the six health care aims identified by the Institute of Medicine: safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness



# Labels May Change...

## *But the Essence Remains*

- “Disease Management” is a system of coordinated healthcare 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**



# Labels May Change...

## *But the Essence Remains*

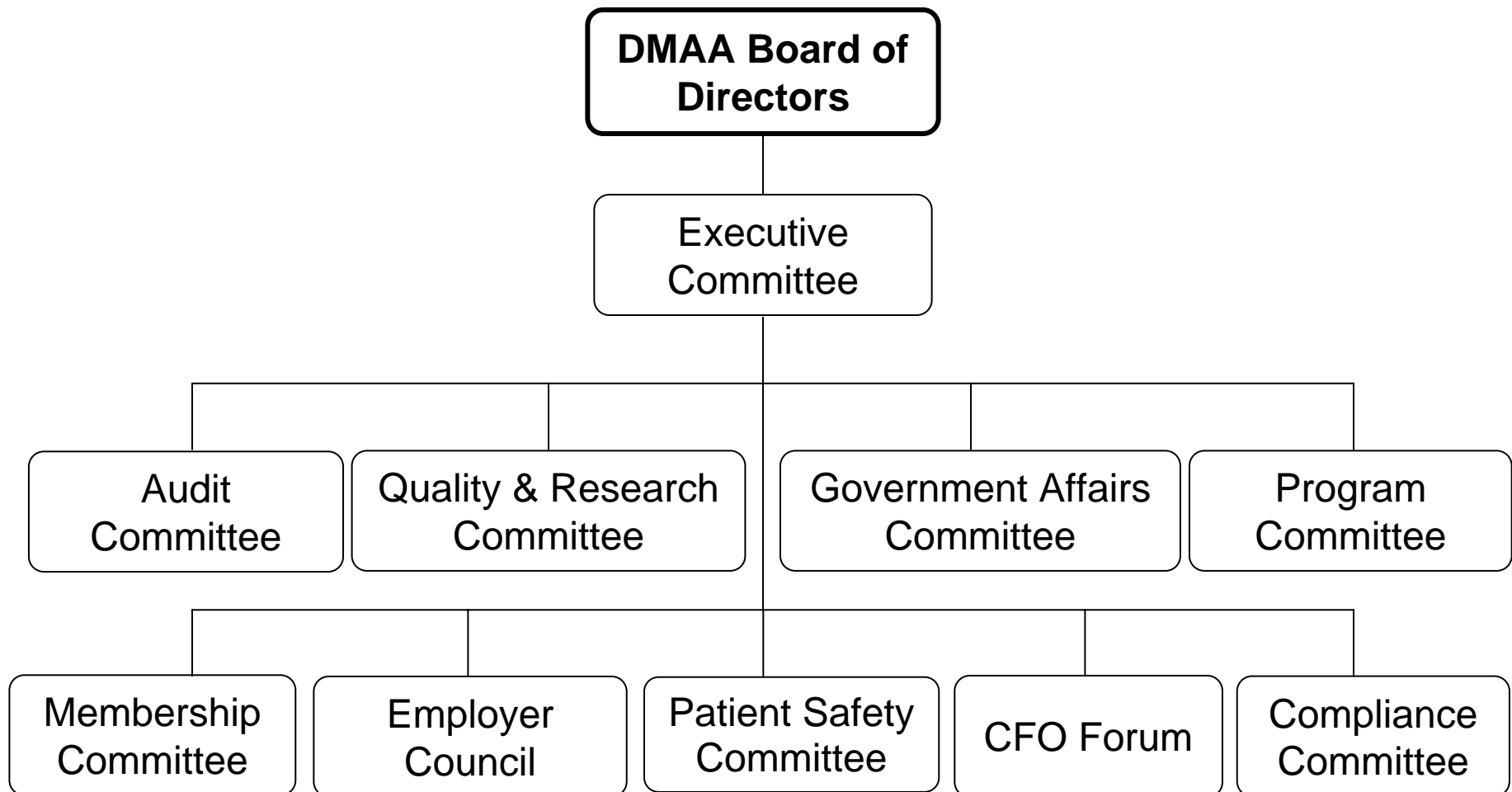
- “Disease Management” components include
  - population identification processes
  - evidence-based practice guidelines
  - collaborative practice models to include physician and support-service providers
  - patient self-management education (may include primary prevention, behavior modification programs, and compliance/surveillance)
  - process and outcomes measurement, evaluation, and management
  - routine reporting/feedback loop (may include communication with patient, physician, health plan and ancillary providers, and practice profiling)



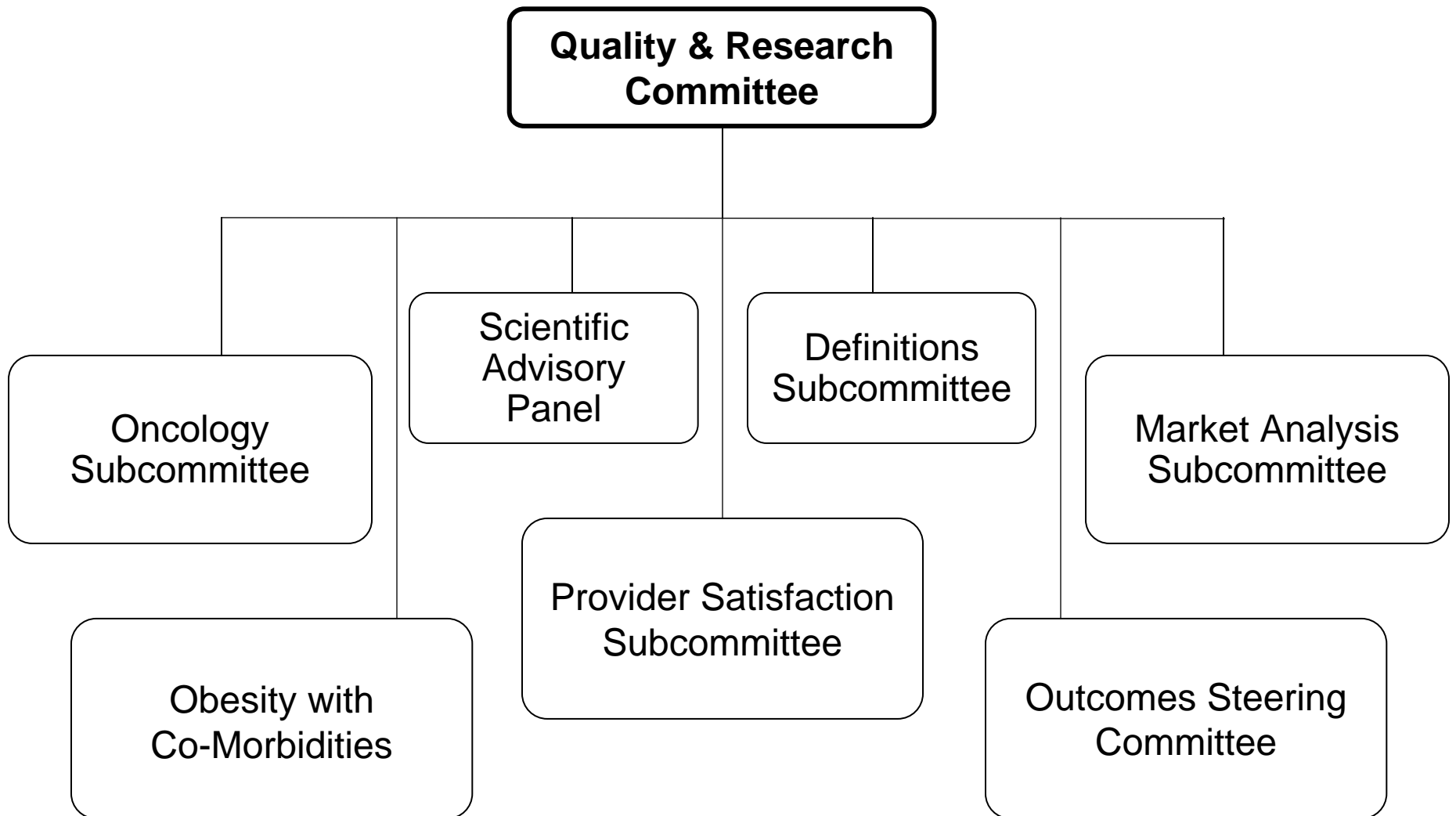
# Research Activities

- Research initiatives
- Research publications
- DM LitFinder
- Staff Support
  - Jeanette May, PhD, MPH, Vice President, Research & Quality – full-time
  - DMAA organizational support
  - Many energetic and committed volunteers from DM community

# DMAA Committee Structure



# Quality & Research Structure







# Past Q&R Activities

- Consensus Outcomes Measurement Guidelines
- Predictive Modeling Buyer's Guide
- Participant Satisfaction Survey & Usage Guidelines
- Obesity with Comorbidities Project
- Employer Toolkit on DM
- Patient Safety & Quality Coordination
- Revised Dictionary of DM Terminology



# Current Q&R Activities

## *Satisfaction Subcommittee*

- Goal: to work with external partners to develop a survey instrument and recommended survey process that would assess the level of satisfaction of providers involved in a disease management program
- Scope of Work
  - Perform thorough literature review on measurement of physician/provider satisfaction levels in general ambulatory environments, as well as literature covering physician/provider satisfaction in a disease management specific environment
  - Findings of the literature review will be used to form the beginnings of the topics that need to be addressed in the survey
  - Collect qualitative information from providers that will help the committee to develop the first survey draft
  - Test and validate the survey
- Deliverable
  - Survey Framework / Constructs developed by end of 2007



# Current Q&R Activities

## *Current Market / Industry Analysis*

- Goal: to develop a comprehensive market analysis that offers a clear and precise report on the state of the disease management industry, trends, etc.
- Scope of Work
  - Project will be completed with help of an external consultant
  - Workgroup will offer guidance, review guide at several stages
  - The Gantry Group has been selected as consultant
  - Survey instrument is being developed that will be used for data collection
- Deliverable
  - Year-end Market / Industry Analysis report



# Current Q&R Activities

## *Oncology Subcommittee*

- Goal: to understand the benefits of disease management for cancer patients
  - *Do participants of oncology specific disease management programs or participants of unrelated disease management programs undergoing cancer treatment have better health related outcomes then cancer treatment patients who are not involved with a disease management program?*
- Scope of Work
  - The workgroup would be asked to guide the project and review the study design, manuscript, etc.
  - Will analyze outcomes for participants involved in an oncology disease management program and for participants active in an unrelated disease management program who are diagnosed with cancer and going through treatment
- Deliverable
  - Completed report by end of year



# Current Q&R Activities

## *Obesity with Co-Morbidities*

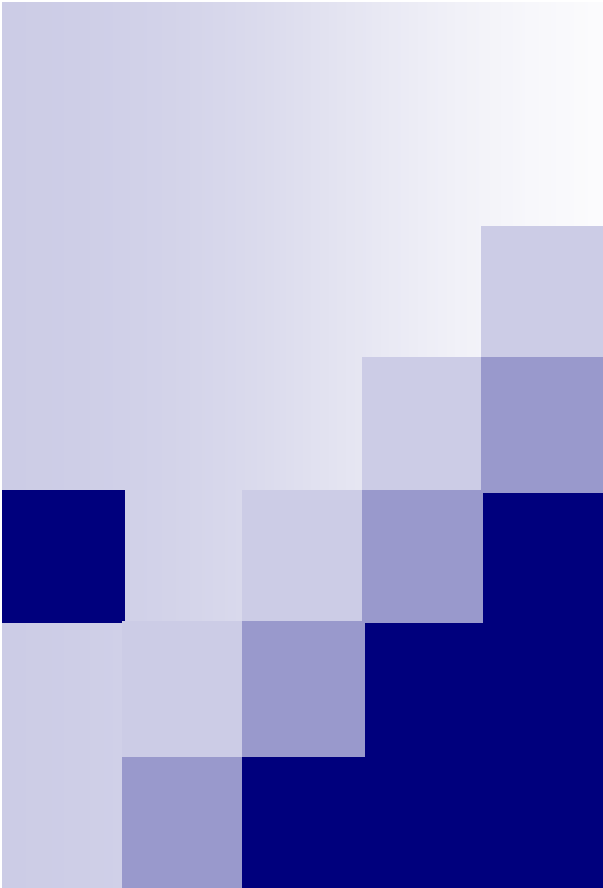
- Goal: to continue the 2006 work of the obesity group to advance the understanding of how disease management can be used to manage obesity and the co morbidities associated with it
- Scope of Work
  - Development of a series of articles related to obesity management programs specific to disease management
  - Meta-analysis focused on the attributes of successful disease management programs for obesity management
  - Online obesity management resource center
  - Development of a coalition of supporters to publicize and collaborate on future efforts
- Collaborators
  - Jefferson Medical College to help develop the comprehensive literature review on innovative obesity management programs and outcomes
  - Obesity coalition candidates are currently being contacted and invited to an introductory meeting followed by a full day conference in October
- Deliverable
  - All the above by year's end



# Current Q&R Activities

## *Productivity Measurement*

- Goal: to conduct research and analysis to improve understanding of disease management interventions on improved health-related lost productivity in workplace
- Scope:
  - Analysis will be completed by the DMAA and IBI staff and the workgroup role will be oversight and guidance at various stages of the project
- Collaborator
  - Integrated Business Institute (<http://www.ibiweb.org>)
  - Coordinate with Wellness measures from Outcomes Project
- Deliverable
  - Quality & Research Committee will be presented with the project study design for feedback and approval at its May meeting



# **DM Outcomes Guidelines Project**

# Advancing DM Rigor & Value

- Standardized, comparable metrics exist today for many aspects of health plan performance (e.g., HEDIS, CAHPS) but not for Health and Disease Mgt
- DMAA's work toward standardized, comparable outcomes represents a significant step toward this fundamental lack of performance transparency
- Public reporting of Disease and Health Management outcomes should be a shared goal for the industry
- Just as reporting of Effectiveness of Care measures has stimulated innovation and quality improvement for health plans, the same would be expected from Disease and Health Management suppliers



*DMAA publications supporting greater understanding, rigor, and standardization for the DM industry*

[http://www.dmaa.org/pubs\\_guide.asp](http://www.dmaa.org/pubs_guide.asp)

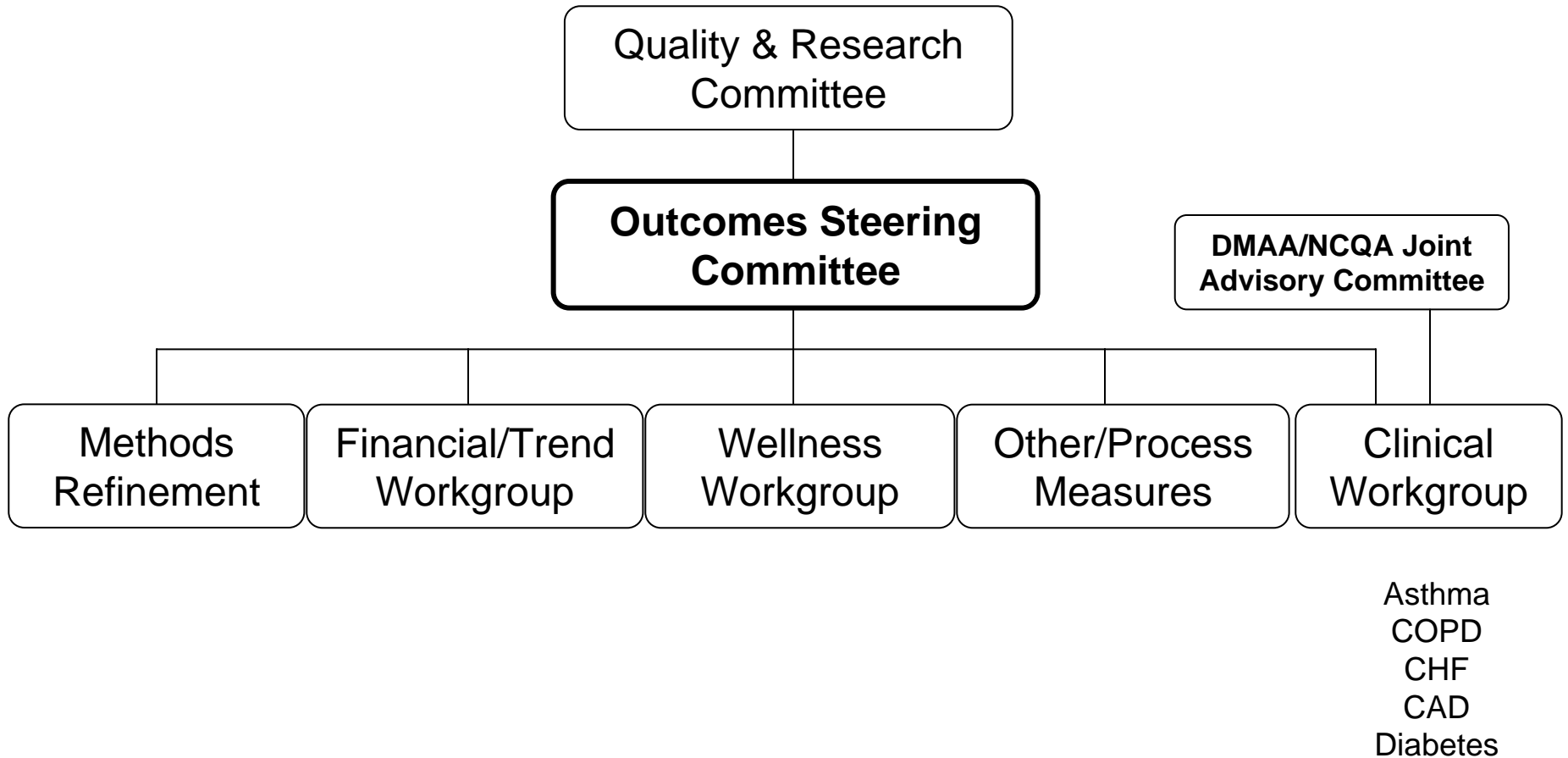




# Outcomes Guidelines Project

- 2000, DM Definition developed
  - DM components include: process and outcomes measurement, evaluation, and management
- 2004, published “Green Book” & “Blue Book”
  - Dictionary of Disease Mgmt. Terminology
  - Disease Mgmt. Program Evaluation Guide
- 2005-06, Outcomes Project, Phase I
  - Dictionary of Disease Mgmt. Terminology, Version II
  - Outcomes Guideline Report, 12/06
- 2007 Outcomes Project, Phase II
  - Multiple workgroups underway

# Outcomes Project Structure

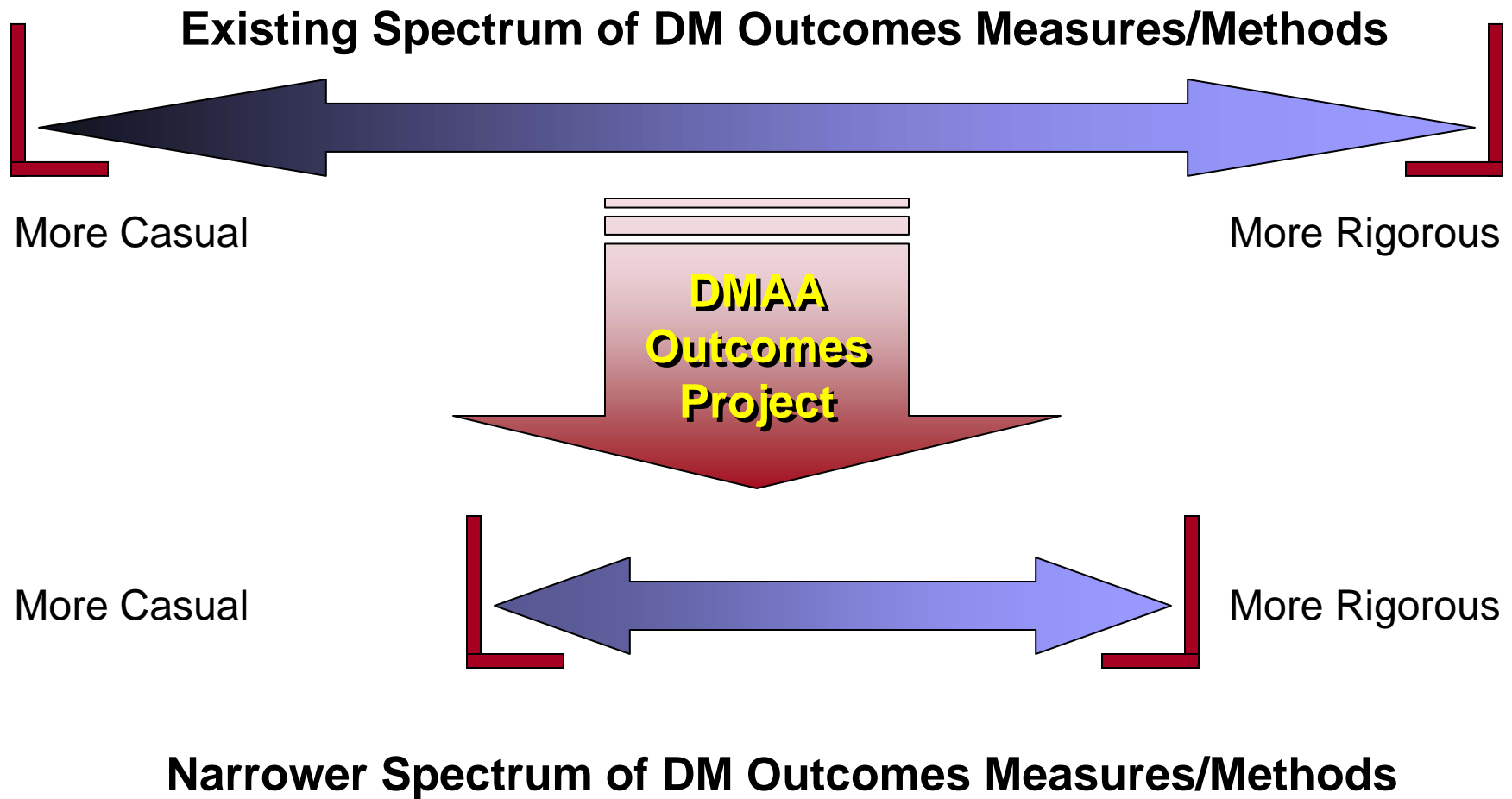




# Project Overview

- Goal – To develop a set of uniform evaluation guidelines for the disease management community to use for outcomes reporting purposes that are both defensible and practical (“GAAP for DM”)
- Justification – The development of a generally accepted approach, utilizing key statistical and actuarial practices, will permit health plans, employers, state and municipal governments, and others to more clearly understand the value of disease management programs

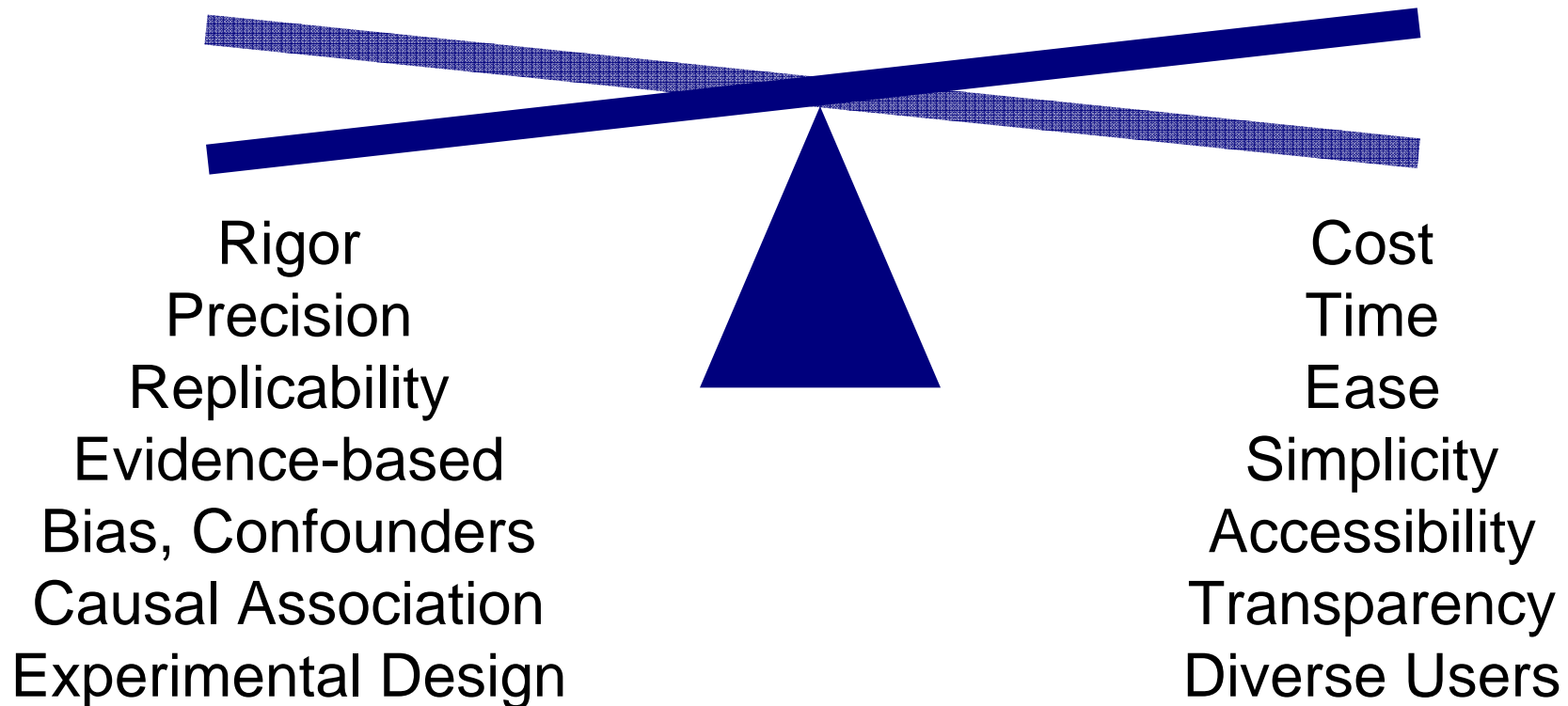
# “Squeezing The Bookends”



# Achieving Optimal Balance

**“Suitability”**

**“Acceptability”**





# Project Timeline

- 2005 – Plenary meetings, survey development
- January 2006 – Survey distributed to all DMAA members
- May 2006 – Data Analyzed by National Opinion Research Center (NORC)
- May-September 2006 – Guideline Development
- September-October 2006 – External Feedback
- December 2006 – Release of Version I
- January 2007 – Work on Version II begins
- September 2007 – Release of Version II



# Guideline Development, 2006

- Project overseen by Outcomes Steering Committee, with dedicated workgroups
  - Methods
  - Financial Measures
  - Clinical Measures
  - Additional Measures
- Iterative process for refining guideline recommendations, achieving consensus
- Input obtained from CMS, AHRQ, JCAHO, URAC, NCQA, CMSA, National Business Group on Health, National Business Coalition on Health, Kaiser Permanente, Fortune 50 employers, and many others
- Final approval by Quality & Research Committee, DMAA Board of Directors



# Phase I Outcomes Guidelines

## *What They Are*

- Consensus effort to create a standardized method for determining disease management outcomes that meet suitability and acceptability requirements across a wide range of populations and circumstances
- A standardized method that is based on current industry best practices
- An effort to better manage some of the most prevalent challenges currently encountered in determining disease management outcomes in non-experimental settings
- An intermediate step in evolving practical and reliable methods to facilitate comparisons of different programs' performance





# Phase I Outcomes Guidelines

## *What They Are Not*

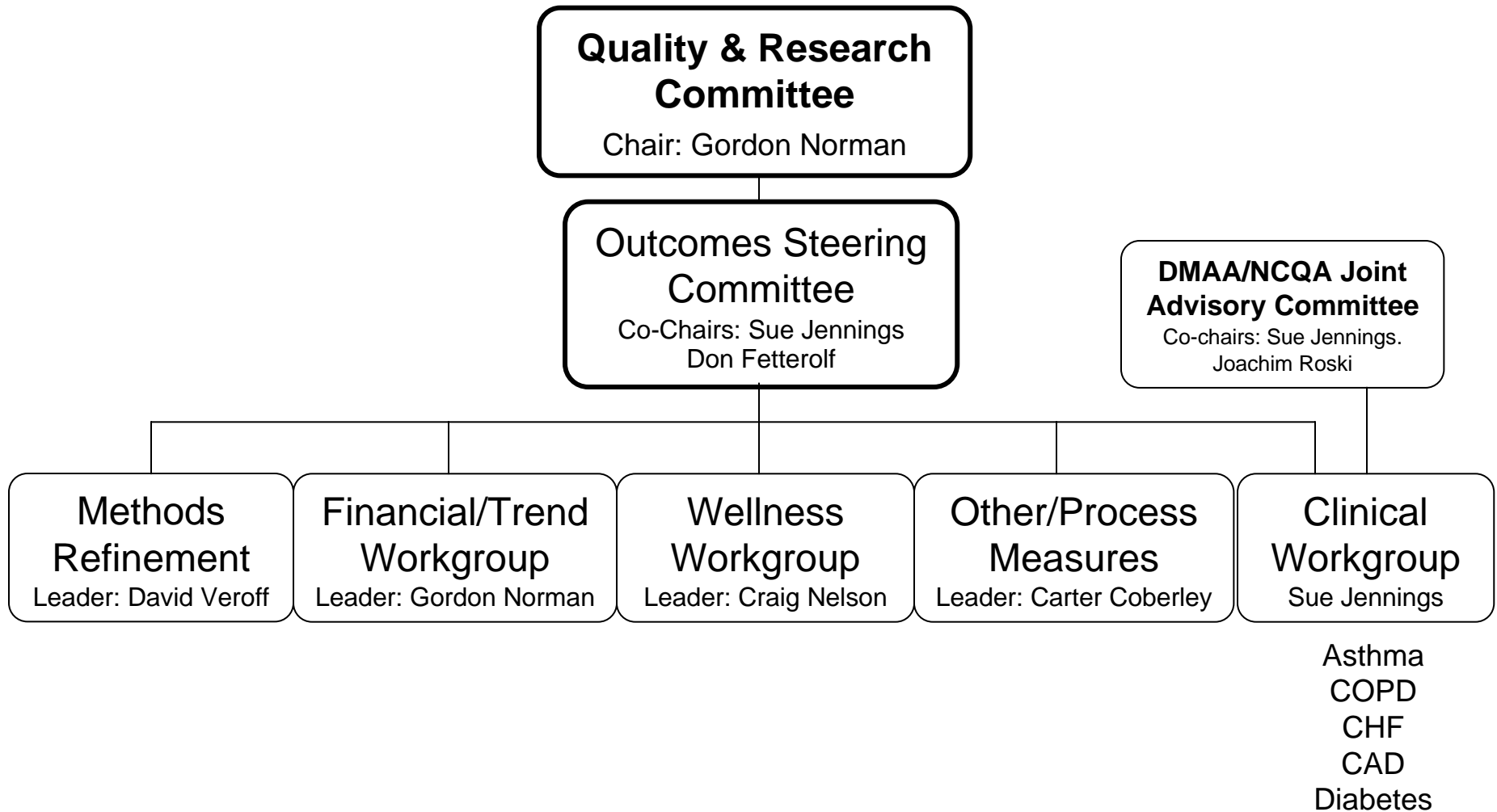
- A prescriptive method that is intended to replace all other methods for determining disease management outcomes
- A formulaic recipe for “plug and play” outcomes determinations by unsophisticated disease management program reviewers
- An ideal method for all populations under all circumstances
- The last word in evolving standardized methods that facilitate interprogram and intraprogram comparisons of performance



# Phase I Report – Reception

- Released at DMAA's 12/06 DMLF meeting to enthusiastic response
- Strong support received subsequently
  - From many industry stakeholders
  - From some skeptical industry insiders
  - With constructive feedback from critics
- Eager for DMAA to continue this work in 2007, adding more refinement, scope, specifics to next version
- Many industry groups interested in collaborating
- More volunteers active in 2007 process, groups

# Guideline Development, 2007





# Phase II Outcomes Guidelines

## *Work in Progress*

### ■ **Methods Refinement Workgroup**

- Goal: to review work done in Phase I and identify specific areas to be refined or expanded in Phase II
- Priorities
  - Stop-loss approach
  - Recommended evaluation design benefits
  - Population identification
  - Small sample sizes
  - Developing methods to compare disease management programs from different vendors
  - Narrative on developing an equivalent comparison
  - Program evaluation by individual disease vs all diseases
  - Methods applied to disease outside five common chronics



# Phase II Outcomes Guidelines

## *Work in Progress*

### ■ Financial/Trend Workgroup

- Goal: to focus on trend and other areas of financial measures from Phase I needing refinement or expansion, including utilization measures
- Priorities
  - Trend (refinement of 2006 recommendations)
    - Can we use relativity of historical chronic and non-chronic trends to adjust current year non-chronic?
    - If so, could we develop national database for reference?
  - Utilization
    - Proper role of event rates, including “plausibility measures”
  - Risk Adjustment
    - How to adjust for confounding factors beyond influence of DM without adjusting away intended impact?



# Phase II Outcomes Guidelines

## *Work in Progress*

### ■ **Wellness Measures Workgroup**

- Goal: to develop recommendations for the evaluation of wellness and total population management programs that would include both the methods of evaluation and metrics
- Priorities
  - Process Measures
  - Behavior change/modifiable risk factors
  - Utilization/medical cost
  - Productivity/quality of life



# Phase II Outcomes Guidelines

## *Work in Progress*

### ■ **Process Measures Workgroup**

- Goal: to develop process measures (e.g., activity or operational metrics) for Phase II
- This workgroup will collaborate with URAC
- Priorities
  - Identify categories of process measures
  - Identify and define process measure categories
    - Defining member touch and various levels of touch
    - Call center operational metrics



# Phase II Outcomes Guidelines

## *Work in Progress*

### ■ **Clinical Measures Workgroup**

- Goal: to identify and recommend effectiveness-of-care measures for five clinical conditions suitable for both evaluation and performance comparisons
- Collaborative effort with NCQA with Joint Advisory Committee (DMAA & NCQA appointees)
- Coordinates work of individual subgroups for diabetes, asthma, CAD, COPD, heart failure
- Priorities
  - Don't reinvent the wheel – adopt others' good measures
  - High degree of specificity needed for comparative reporting
  - Initial focus on small measure set with later expansion
  - Measures to be selected based on the ability of the DMO to affect the outcomes of the measure





# Phase II Outcomes Guidelines

*Work in Progress*

## ■ Patient Safety and Quality Workgroup

- Goal: to recommend a set of non-disease specific patient safety and quality measures for inclusion in the Phase II Guidelines
- Priorities
  - Care Coordination
  - Medication Adherence
  - Potential to avoid adverse events
  - Functional Status
  - Quality of Life
  - Smoking



# Phase II Outcomes Guidelines

## *Work in Progress*

### ■ **Clinical Specification Workgroup**

- Goal: to recommend algorithms for defining relevant cohorts for the five conditions for the Phase II Guidelines building on earlier work in DM Dictionary
- Necessary for comparable clinical & other outcomes (but not to be confused with operational mandate)
- Priorities
  - Focus on Asthma, COPD, CHF, CAD, Diabetes
  - Build on good work started in DM Dictionary
  - Utilize expert consultant(s) as needed



# Learnings to Date

## *“It’s Getting Better All the Time”*

- The market is demanding the DM industry provide greater outcomes consistency and comparability
- A higher degree of specification needed for comparable outcomes metrics than for independent program evaluation
- It’s OK for operational methods/specs and evaluation methods/specs to differ
- We can’t get there in just one or two steps; this work needs continual refinement by industry stakeholders
- There’s more consensus now than previously to help drive progress toward greater standardization
- We can’t let Perfect be the enemy of Good
  - How good is good enough? Who decides?