

EVALUATION METHODS IN DETERMINING THE APPROPRIATE DM COMPANY

Navigating through the stormy sea of high healthcare costs, increased disability claims, and unscheduled absences can make it difficult for employers to anchor budgets. Supported by healthcare providers, employers, administrators, government entities, and consumer groups disease management (DM) programs offer information and strategies to steer the course of managing cost and improving health outcomes. DM is a program that can successfully identify and manage high-risk patients while improving patient care and health.

In summary, the scope of services under a DM program provide education for improved health and wellness, teach behavior modification and self-management tools, facilitate communication between each the member's health care providers, as well as offer clinical assistance to improve health status. Additionally, a disease management company will benchmark progress, evaluate the efficacy, and assess the need to continue the program. This is done at various intervals depending on protocol and occurrences. For example, the standard protocol for a member with allergic asthma is a seasonal evaluation. However, if the member has sought emergency care for respiratory distress, the occurrence would be evaluated to determine what might have triggered the event.

To date, a master guideline used by all DM companies does not exist. However, DM companies follow nationally accepted clinical protocols and develop 'best practices' while utilizing associations, trade journals, industry focus groups, membership organizations, and participating on expert medical panels and forums. Most companies have access to medical resources, advisory councils, and committees who provide reviews of individual cases and guidelines.

Since January 2002, the National Committee for Quality Assurance (NCQA) has begun offering accreditation for organizations that have a comprehensive DM program as well as certification for organizations that provide specific DM functions. NCQA posts information on those companies that are fully accredited, certified or scheduled for evaluation at www.ncqa.org.

URAC is a widely recognized independent health accreditation agency. In April 2002, they released their standards that require successfully accredited DM organizations to have established evidence-based guidelines, protocols, and organizational functions that promote quality, efficiency, and privacy. URAC posts those companies who have met the rigorous review at www.urac.org.

A DM company should adequately employ a medical staff of well-trained experts with management, personnel, clinical, operational, financial, and technical skills. Those skills include patient education techniques, service-oriented, and data assessment in all diseases. The DM company should provide ongoing education in all areas to meet changing medical environment and trends. The professional staff should have clinical experience, case management, and/or disease management experience. It is becoming increasingly important to have bilingual and, in some areas, multi-cultural nurses.



The anticipated return on investment (ROI) for a DM program is minimally 18 months and more reasonably three years. A DM company should have solid disease management experience with a demonstrated track record and client references. Demonstrating the ROI may be a challenge considering most DM companies have been in business less than 10 years with most operating less than five years. Regardless, the DM company should be able to provide some basic quality results.

The DM company should have a delivery of care model with a goal to 'graduate' the member from the program. This is achieved with the following structural components:

ASSESSMENT

1. Verify health status and enrollment in the DM program.
2. Obtain participation agreement from member.
3. Gather information from member about knowledge of the disease, medication, equipment, therapy, past self-management methods, co-morbidity factors, complications, and other risk factors.
4. Determine degree of willingness to make behavioral changes.

METHOD OF ESTABLISHMENT

1. Develop strategies for behavioral changes.
2. Implement an education plan geared specific to the member.
3. Employ an action plan to boost self-management skills.
4. Build methods to prevent complications and co-morbid conditions.
5. Prepare a compliance plan with medical protocols, including medications, physician visits, testing, and monitoring

ADHERENCE PLAN

1. Initiate a contingency plan with recognition that a relapse is common.
2. Consider failure as an opportunity to improve success track.
3. Implement a maintenance phase where change is thoroughly adopted.

PERFORMANCE OUTCOMES

1. Identify and monitor patient base and risk level.
2. Include a comprehensive data storage and retrieval system with demonstrated ability to measure competencies, integrate with the health plan's system, report and modify areas of failure and success as well as implement new processes for managing at-risk patients.
3. Ensure compliance with HIPAA privacy mandates. An agreement to contract with the DM vendor should include a guarantee that procedures are in place to secure member information obtained from medical claims, records, or any other source. Privacy assurance should be communicated to the member as well.

A successful DM company has an ability to identify and gain the right participation with the desired outcomes. There should be a range of communication tools focused on member participation with frequent interaction. Utilizing all methods such as telephones, mailings, website, company intranet, newsletters, surveys, email, and specific disease management tools such as diaries, fact sheets, calendars, and tracking cards is imperative to the first step of success.

Everyone has a stake in identifying, understanding, and managing chronic conditions. Making the necessary adjustments of financing and delivering care for chronic conditions requires a dedication to preventing diseases when possible, identifying diseases early, and implementing strategies to slow or prevent progression and limitations. The continuum of care can be achieved as employers, providers, patients, and insurers realize the importance of implementing integrated solutions such as disease management programs.