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## The 2005 Disease Management Colloquium a Success

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*The 2005 Disease Management Colloquium was held at Jefferson Medical College in Philadelphia on June 21-24, 2005.*

*The Colloquium's goal is to better educate government agencies, the healthcare industry, employers, and the general public about the important role disease management programs play in improving healthcare quality and outcomes for persons subject to chronic conditions. The following are highlights from a number of the morning keynote presentations.*

### **Is There Long-term Value in Disease Management Programs? Reflection on the 2004 CBO Report**

*Paul Wallace, MD*

*Executive Director, Care Management Institute, Kaiser Permanente*

In 2004, the Congressional Budget Office (CBO) was charged with assessing whether disease management programs could "pay for themselves." The CBO concluded, "There is insufficient evidence to conclude that disease management programs can generally reduce overall health spending," but also noted "such programs could be worthwhile even if they did not reduce costs."<sup>1</sup>

How does one define the value of disease management programs? The answer will vary from stakeholder to stakeholder. "Value" is relative and subjective. Purchasers may define value by disease management's affordability, consumers by the care experience, and clinicians by the clinical quality; all will assess programs in terms of return on investment and cost-effectiveness.

Will disease management's goal of "mass customization" be met with a return on investment? Increasing numbers of consumers are diagnosed with chronic conditions, and simply "harvesting" the returns may lead to price relief or shareholder return in the short run. But only with the re-investment of these savings can disease management companies and each stakeholder group reap the rewards and recognize the "value" of these programs.

Is there long-term value in disease management programs?  
"Unequivocally: Yes."

### **References**

1. CBO. An Analysis of the Literature on Disease Management Programs. October 13, 2004. Available at: [www.cbo.gov/showdoc](http://www.cbo.gov/showdoc)

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## **The Impact of Information Technology on Disease Management**

*Jeremy Nobel, MD, MPH*

*Faculty, Department of Health Policy and Management  
Harvard School of Public Health*

Information technology (IT) has a major role to play not only in health care, but in disease management (DM). Traditional DM programs have created communication "silos," preventing optimal integration of care across stakeholders - DM companies, providers, payers, and consumers. Existing DM programs are faced with other barriers to delivering services, including standardized care vs. customized care (mass customization), person-to-person connectivity without IT (distance and time factors), and the high tech vs. high touch conflict.

Emerging healthcare IT has already begun to erode existing barriers and promote improved quality of care through such means as Web-based personal health records (PHR), home-based biometric devices (e.g., blood pressure cuffs that can send results directly to the PHR or the provider's electronic medical record system), and constant (24/7) connectivity to the care team. These advances promise to improve the exchange of key health information between patients, DM organizations, and providers. They can identify intervention opportunities that may have been missed without "real-time" feedback and communication. In the evolving world of healthcare consumerism, these technologies encourage more involvement by patients in their care.

Most Web-based health IT companies recognize that seamless transition to these tools and services has not and will not occur.

Factors that may impede full implementation include consumer receptivity, interoperability of various data sources, provider adoption and utilization, and return on investment. Yet, there is great optimism that IT can flourish in health care and further DM's quest for improved health outcomes.

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## **Disease Management National Policy Issues**

*Christobel E. Selecky*

*President, Disease Management Association of America  
Chief Executive Officer, Lifemasters*

Many policy issues impact the implementation of disease management (DM) within the current healthcare system. Cost concerns, demographic factors, societal changes and delivery systems, are key obstacles for all involved. Of particular interest to the DM industry is the underuse of evidence-based therapies for chronic conditions.

The major goals of DM are to close the gaps in access to chronic care and to support the control of rising healthcare costs associated with those chronic diseases. The

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Disease Management Association of America proposes to achieve this by introducing individual interventions at a population level through the use of evidence-based care plans and continuous patient monitoring.

Looking ahead, the DM industry must confront the challenge of using DM as a platform to reduce underuse or misuse of medical services, and address the issue of how DM can work in a consumer-directed healthcare system. The mandate is clear - to avoid the fate of previous medical management efforts by ensuring that, "when we grow, we grow responsibly."