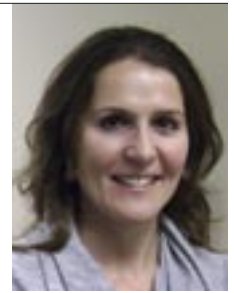


New Web Resource Improves Access to Disease Management Programs

By Tammy Fisher, M.P.H.



California health plans and physician groups are working together in a new way to meet the needs of chronically ill patients under their care. In May, the California Quality Collaborative (CQC), together with six of California’s largest health plans, launched a Web resource that includes comprehensive, standardized information on disease management programs offered by the participating health plans. CQC is a multistakeholder-leadership alliance of purchasers, health plans and physician groups. The program gives California physician groups a quick and easy single source for regularly updated information on key components of health plan disease management programs across a large number of disease states. It is part of a larger initiative aimed at improving coordination of disease management efforts between plans

and physician groups.

Early in 2006, the CQC Steering Committee recognized that no standard mechanism was then available to help plans and groups effectively coordinate disease management programs for their patients. The committee convened a task force, including representatives from physician groups and health plans, to develop a strategy that would give groups and plans the ability to (1) minimize duplication of services, (2) maximize use of administrative and IT resources and (3) optimize clinical outcomes. The task force recommended a two-pronged approach: (1) develop a disease management programs inventory to build awareness of plan disease management offerings and (2) start a disease management collaborative to identify “best practices” for how plans and groups

A patient called to ask for a nutritional referral, but I was quickly able to see that her health plan had a disease management program for her condition and I referred her to it. The tool has made it much easier for me to direct the patients who call me to health plan resources related to their calls. Thus, I have referred more patients than I could have before the tool was available.

— Health Improvement Department, Hill Physicians Medical Group

Figure 1

✓ indicates that the plan has a program for the disease state. Click ✓ to view a high level summary of the program and to access detailed program information.

	Asthma	Cancer	Chronic Obstructive Pulmonary Disease	Congestive Heart Failure	Coronary Artery Disease	Depression	Diabetes	End Stage Renal Disease	Heart Disease	Heart Failure	Lower Back Pain	Weight Complications	Multiple or Other Conditions
Aetna	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anthem Blue Cross	✓		✓	✓	✓		✓						
Blue Shield of California	✓	✓	✓	✓	✓		✓						✓
Cigna	✓		✓			✓	✓		✓		✓	✓	✓
Health Net	✓	✓	✓	✓	✓	✓	✓	✓			✓		
PacificCare (a UnitedHealthcare Company)	✓	✓	✓	✓	✓		✓	✓					

Figure 2

Disease State: Depression

[View Program Details](#)

Program Name: Depression Program

Program Type: Internal

Referral Contact: [Redacted]

Eligibility: HMO Commercial: Ages - (18+ years and older, with a new prescription of an antidepressant medication)
 POS: Ages - (18+ years and older, with a new prescription of an antidepressant medication)
 HMO Medicare

Stratification: **Precondition:** Commercial and Medicare members with a new prescription of an antidepressant medication.
Low Risk: Commercial and Medicare members with a new prescription of an antidepressant medication.
Moderate Risk: Commercial and Medicare members with a new prescription of an antidepressant medication.
High Risk: Commercial and Medicare members with a new prescription of an antidepressant medication.

Figure 3

Patient Services:		Pre-Condition	Low Risk	Moderate Risk	High Risk
Education Materials	Mailed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	One on One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	Telephonic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Reminders	Mailed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Coaching		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared Group Med. Appts.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The online programs inventory is a marvelous collaborative effort (I could say “masterpiece” among the health plans.) They need to be applauded for stepping up to the plate and providing such good resource material.

— Case Manager, Hill Physicians

with varying disease management capabilities can work together to provide seamless chronic care management for patients they share. A combination of an online programs inventory, a disease management collaborative and user groups to spread knowledge statewide, would support implementation based on current status and create a more consistent approach to disease management coordination across the network.

Central to the disease management collaborative is the development of a pilot program, including both groups and plans, to test different strategies for establishing the coordinated division of tasks related to disease management. Research supports the concept that the chronic care model and disease management, when used together in a coordinated way, provide an opportunity to improve patient outcomes dramatically (Casalino, 2005). When deployed independently, the result can be fragmented, uncoordinated care, as is often seen in our system today. Now, physician groups have instant knowledge about all the plan disease management programs available for their patients.

A large number of California physician groups have been successful in carrying

out one or more of the components of the chronic care model, and some have incorporated one or more components of disease management. Others have no programs in place. California health plans also offer a variety of disease management programs — some developed in response to NCQA accreditation and purchaser requirements. Never before have the plans’ programs been outlined in this kind of coordinated manner.

As the first step, the disease management programs inventory includes various levels of program detail. At the highest level (figure 1), physician groups can identify which plans offer which programs, categorized by disease state/condition. The next level of detail (figures 2 and 3) allows groups to obtain more granular information on:

- Patient program and referral contacts
- Patient eligibility and enrollment
- Patient stratification
- Patient services and resources
- Physician services
- Program outcomes

Within each of the above categories, additional detail is provided, such as whether costs/copays apply to programs, and whether complimentary tools and financial incentives are available to patients and physicians, respectively (figures 2 and 3).

Though still new, the disease management programs inventory collaborative appears to be filling an important need. Preliminary data and direct feedback from users show promise in bringing plans and groups together to create a burning platform for change in the way they approach disease management programs.

A teleconference on the DM programs inventory was attended by 47 California

organizations, and to date, 35 groups have registered to use the site. Of the 25 who completed evaluations, 90% stated that the program information in the programs inventory was good to excellent, and 90% also said the information was useful or very useful to their work. The majority of respondents reported that they have started making referrals into plan DM programs now that they are aware of what programs are available.

This disease management programs inventory is open to anyone from a California health plan or physician group. It is part of CQC’s continuing effort to improve the management of chronic disease for all Californians.

To register, log onto www.calquality.org and click on the “Disease Management Programs Inventory” link. For more information about CQC’s disease management programs inventory collaborative, please contact Cathie Markow at cmarkow@pbgh.org.

CQC is supported by a leadership alliance of purchasers, health plans and physician groups committed to improving health care value and reliability in California. CQC is endorsed by the Pacific Business Group on Health, CAPG and leading health plans in California including Blue Shield, Anthem Blue Cross and Health Net. For more information about the inventory, contact Cathie Markow at cmarkow@pbgh.org.

CQC would like to acknowledge the hard work by the six health plans and the exceptional work done of the task force. ■

Reference

Casalino, L.P. (2005). “Disease management and the organization of physician practice.” *JAMA* 293 (4). Journal of the American Medical Association, 293 (4), 485-488.