

Disease Management In Medicare: Will It Improve Quality and Outcomes?

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The Problem

- Chronic conditions flare up
- We react to the flare-ups
- The silver tsunami

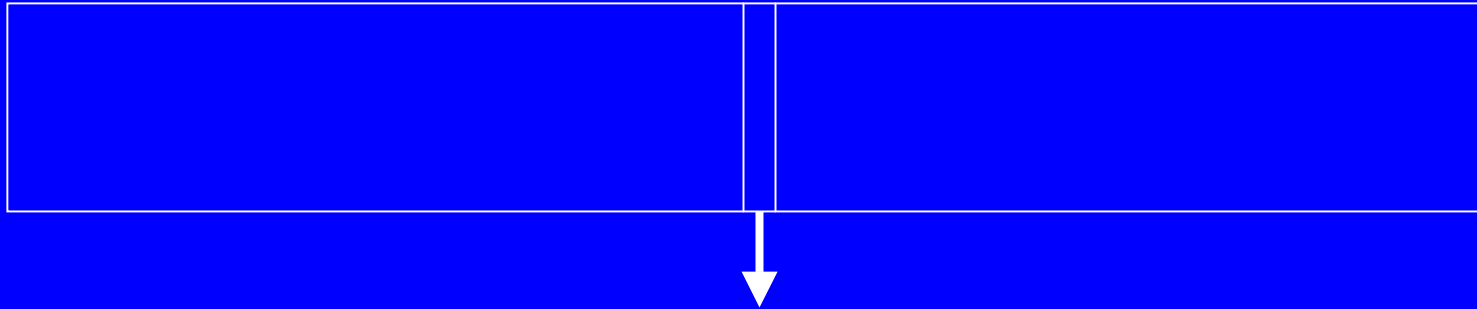
21st Century Care

- Proactive management of chronic conditions
- Coordinated partnerships: beneficiaries, families, physicians, “coordinators,” others
- Smooth, safe flow of information

The Path

- Education for physicians, nurses, etc.
- Motivation for beneficiaries and families
- Coordination of care
- Information sharing

Scope of Disease Management



Beneficiaries/families

Providers

equipment

education

guidelines

education

home modification

reminders

alerts

time

organization

monitoring

coordination

medications

motivation

transportation

phone consult

Beware

- Smoke and mirrors (“avoidable” vs. “sensitive” adm.)
- Historical controls (“before and after” studies)
- Bait and switch (population, intervention)
- “We do that too”
- Adding another fragment
- Exposure to liability

To Improve Quality and Outcomes in Medicare

- Programs should be designed:
 - to span the top 15 conditions
 - to collaborate with primary care
- Evaluation should be based on solid research designs:
 - valid comparison groups
 - detailed background data on each beneficiary

Summary

- DM could improve quality and outcomes
- Be realistic about its scope and impact
 - Promote care coordination, IS, and education
- Buyer beware
- Demand quality and value
- Consider a new name

(Care Information Program?)