

# Disease Management Overview



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# Leveraging ETF Market Power for Our Members' Benefit



In 2009, ETF chose 5 clinical interventions of interest and encouraged all Plans/PPOs to adopt them. Each program had been proven to accomplish one or more of the following:

- ✦ Improve patient and/or caregiver satisfaction
- ✦ Improve patient safety
- ✦ Improve clinical outcomes of importance to patients
- ✦ Decrease the overall cost of health care

# The Initiatives



- **Improve cost-effective utilization of elective, high technology outpatient radiology (RAD)**
- **Improve Coordination of Care (COC) around hospital discharge**
- **Improving care for Low Back Pain (LBP)**
- **Graduating from informed consent to Shared Decision-Making (SDM)**
- **Improving End of Life Care (EOL)**

# Why Implement Cost Effective Measure for High Technology Outpatient Radiology?



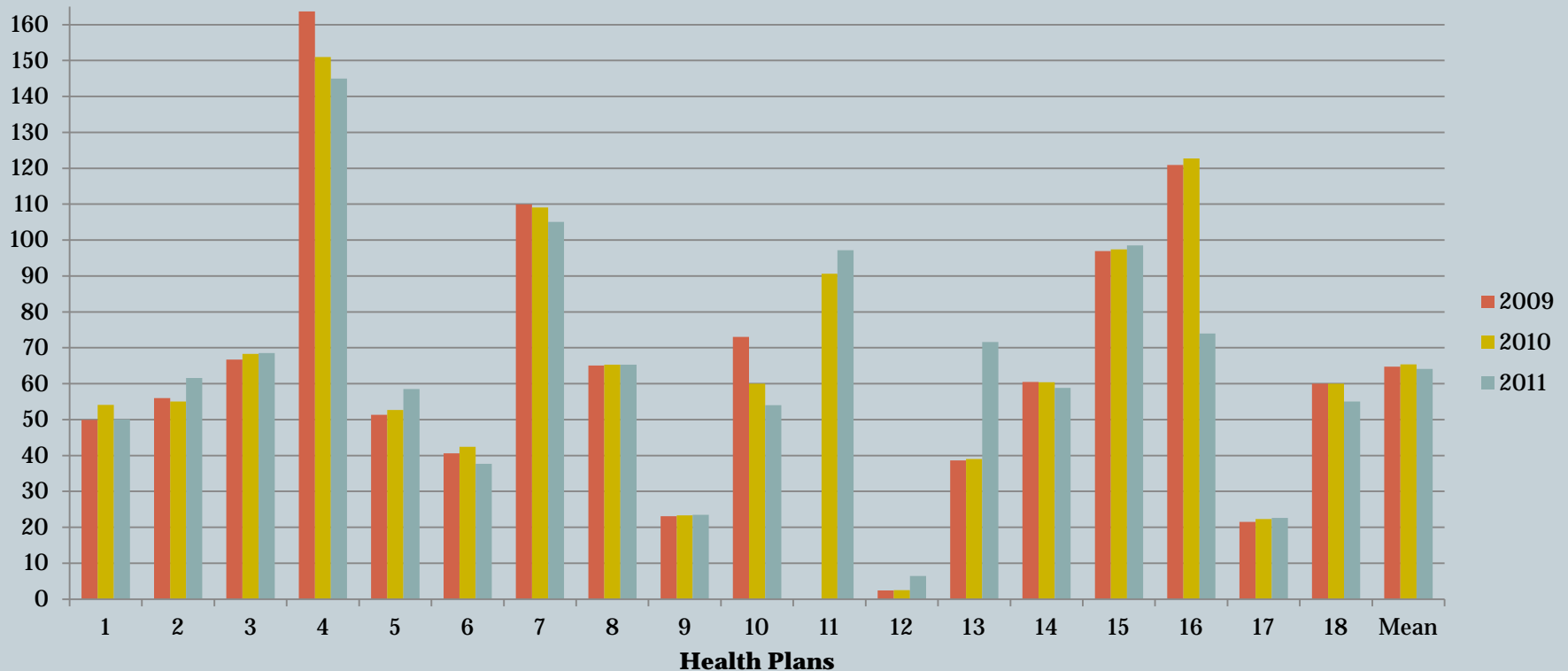
- Decrease unnecessary radiation exposure
- Decrease wasted patient time and co-pays
- Avoid chasing “incidentals”
- Slow or decrease the rapid rise in cost due to these expensive studies



# History of Outpatient MRI Utilization by our Health Plans 2009-2011



## Outpatient MRI/1000 Members/Year

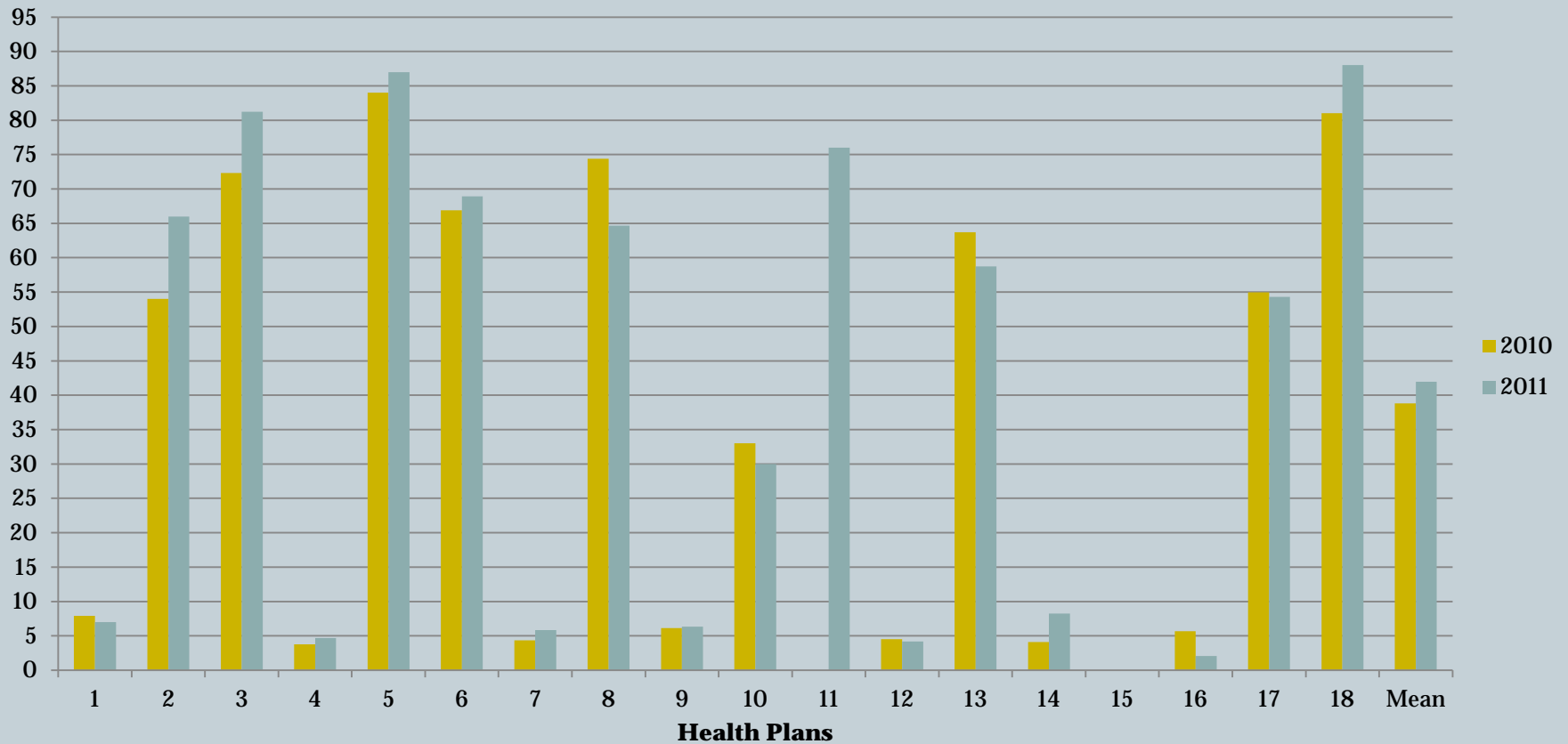


**All Plans/PPOs must prior authorize elective outpatient CTs, MRIs, PET scans and nuclear stress tests beginning 01/01/13.**

# Improving Coordination of Care Around Hospital Discharge



## Re-Admissions Within 30 Days/1,000 Members/Year





A Middleton VAH study utilized a nurse to call patients discharged from hospital within 2-3 days of discharge.

- The call accomplished the following:
  - ✦ Education regarding medication changes
  - ✦ Medical/surgical follow-up visit in place
  - ✦ Education about how to recognize if the patient worsened
  - ✦ Education regarding whom to contact if problems arose

# Study Outcome



- Outcomes of the intervention:
  - 47% of patients had medication errors corrected
  - 1/3 fewer readmissions within 30 days in the intervention vs. the control group

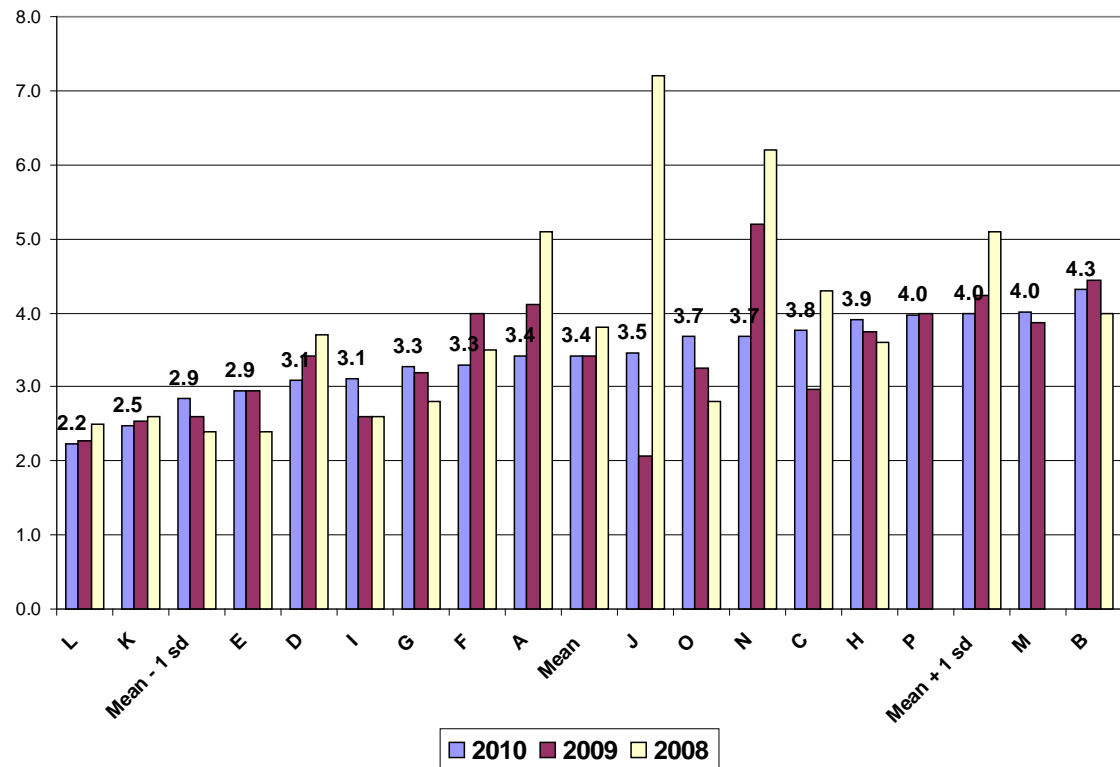
**All Plans/PPOs must provide a similar program for patients discharged with CHF, MI or CAP, at the minimum, beginning 01/01/13.**





Back Surgery Rates  
2008-2010 Per 1000  
Members (Dr. John  
Hansen, 2010).

**All Plans/PPOs must  
prior authorize  
referrals to  
Orthopedists/Neuros  
urgeons for potential  
lumbar surgery  
beginning 01/01/13.**



**Improving Care for Low Back Pain**

# Shared Decision-Making (SDM)



Patients frequently do not understand the risks, benefits and impact of procedures on themselves and their lifestyles of elective, preference sensitive procedures.

- 69% of patients with terminal lung cancer and 81% with terminal colorectal cancer accepted a course of chemotherapy because they felt it might cure them
- Patients "appropriate" for TJR at GHC-Seattle elected 38% fewer TKRs and 26% fewer THRs after making informed decisions based on their own preferences



“It’s not a good idea to operate on patients who would not accept surgery were they better informed”



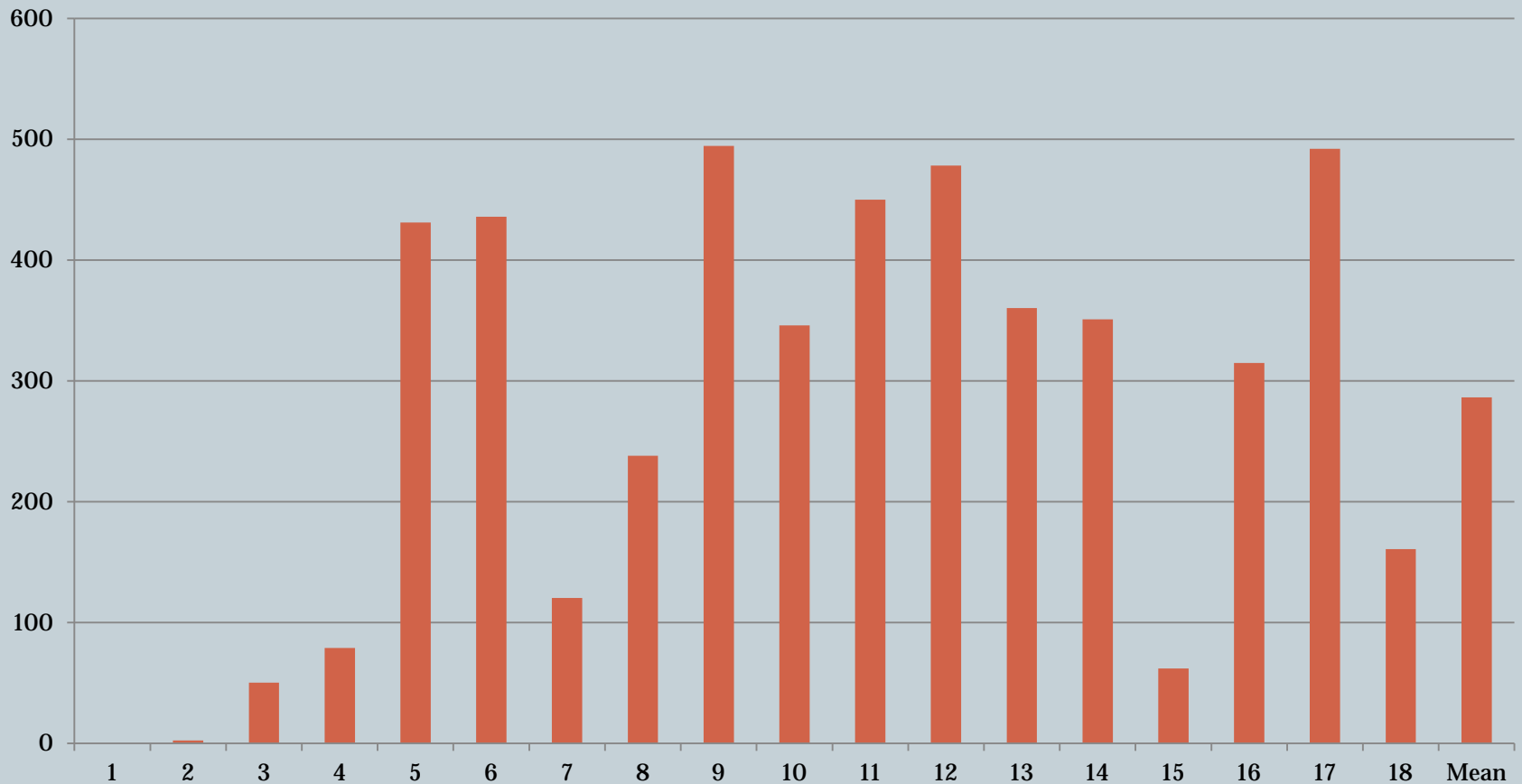
**QUALITY SDM PROGRAMS ACCOMPLISH THE FOLLOWING:**

- Increased patient satisfaction
- Decreased patient decisional conflict
- Improved patient knowledge of risks and benefits of intervention
- Majority of studies demonstrate that patients involved in SDM elect aggressive treatments at least 20% less than those who received standard informed consent

# Example: PSA/1000 Males >50



## Results by Plan from 2012 DM Survey:



# Graduating from Informed Consent to SDM



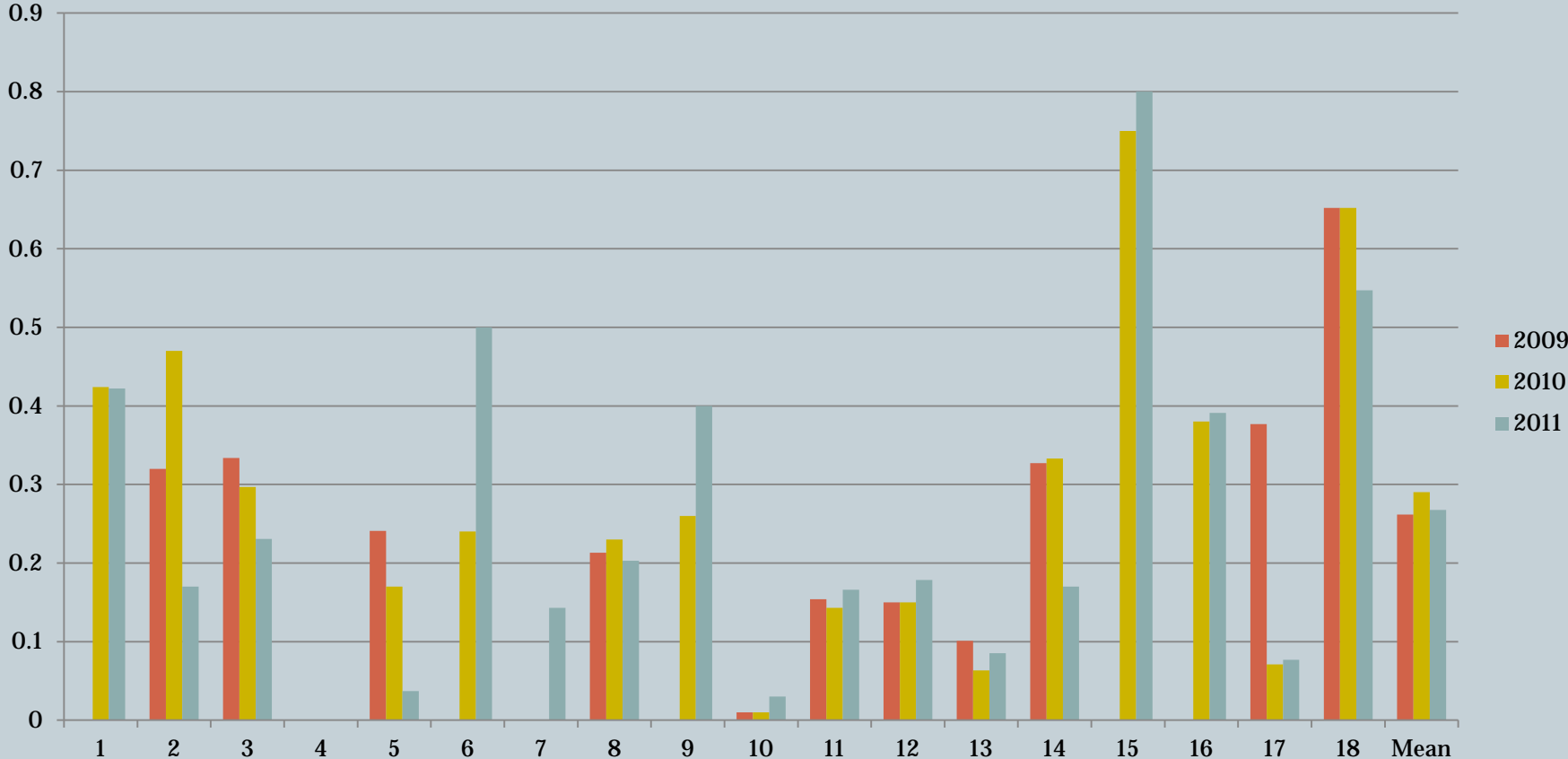
- The content of the benefit package will be determined by ETF
- The clinical appropriateness of an intervention will be determined by medical experts
- Medical necessity should be based on patients' preferences, established through high-quality SDM

**ETF is convening a committee of Plan medical directors and practicing physicians to discuss what such a SDM program might look like for 2014.**

# End of Life Care



## % Members with Hospice LOS of 5 days or Less



# Improving End of Life Care



- A 2010 study published in the NEJM offered patients with terminal lung cancer either "standard care" or palliative care consultation plus the option of "standard care."
- The study compared outcomes for the 2 groups of patients
  - Offered Palliative Care Consultations
  - Those Not Offered Palliative Care Consultations

(Temel JS et al. Early Palliative Care for Patients with Metastatic NSCLC. NEJM 363;733-742, 2010.)

# Improving End of Life Care



- Those offered palliative care consultation experienced statistically significant:
  - Higher QOL scores
  - Fewer depressive symptoms
  - Longer average hospice LOS
  - Fewer ER visits and/or hospitalizations
  - Less chemotherapy near the EOL



**And, those receiving palliative care consultation lived an average of 2.7 months longer than those receiving "standard care" only!**



# Improving End of Life Care



## A local example:

Agrace Hospice of Madison annually discharges ~ 15% of its patients admitted with < 6 months to live because a significant minority of patients with terminal cancer survive longer when futile chemotherapy and/or radiotherapy are stopped.

# Looking Ahead...



- **Monitor Effectiveness of High Technology Radiology Interventions**
- **Continue to Improve Coordination of Care Requirements**
  - **Monitor Low Back Pain Management with new Prior Authorization and Conservative Care Treatment Requirements**
- **Potential Shared Decision-Making Requirements for 2014**
- **Will ETF contractually require its Plans/PPOs to provide credible EOL programs in the future?**