journey news from Nurtur

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Where disease management fell short

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A recent article in *Business Week* reignited the debate about the value of disease management (DM). The discussion centers on assertions made by DM companies around reduced healthcare costs. At all levels, the conversation sounds more like a political campaign complete with sound bites, half-truths, and value-laden opinions falsely portrayed as fact. It's time to get back to basics.

When high expectations meet reality

The premise of DM is simple – provide education and support for individuals with chronic conditions and their health will be favorably influenced by behavior change thus reducing their need for unnecessary costly services. The reality, however, is just not that simple.

There are four gaps where expectations have fallen short:

Engagement. Psychologists Prochaska and DiClemente did the DM industry a great service in defining "stages of change." Their research provided a basis for understanding the mindset of individuals eligible for DM programs. There is general agreement that people fall into one of four groups, namely those who:

- would change behaviors whether or not they participated in a DM program;
- are ready to change behaviors with a modest "assist" from a "someone";
- want to change behaviors, but simply can't make such changes a priority in their life;
- will never change their behaviors

The problem is that the DM industry has viewed itself as a clinical educator and advisor, which might work for the first group, but in reality, the other groups require far more than just clinical information. For them, DM programs are not a "Field of Dreams" where simply providing health and clinical education magically creates behavior change.

"Having seen the evolution of disease management over the last 25 years, there is increasing individual accountability for health and lifestyle choices. People need to be supported with both clinical education and behavioral motivation to make and sustain changes to improve their health"

Steve Meholic, Nurtur Chief Operating Officer

Predictive modeling. At a quick glance, another apparent problem with DM is its (in)ability to target the "right" people. There is a presumption that the "right" people are those with the highest clinical need. There are many tools that provide some insight into clinical risk through a retrospective review of medical and pharmacy claims, biometric data gleaned from health screenings, and answers to questionnaires or health assessments. Indeed there is even a presumption that measures of clinical need fall neatly into one of three "buckets" – high, medium or low. If only it were that simple.

What about the patient with clinical co-morbidities? What about the patient at high clinical need but who is part of the group that will "never" change… how can you know that, and what should you do then?

ROI. The financial expectation has been that DM would provide a net cost savings. Simply, every $1 invested in DM services should produce a commensurate reduction in medical claim costs thereby offsetting – preferably more than offsetting – the expense. Let's be clear: healthcare *costs* money.

Healthcare does not have an "ROI" in a strict financial sense. It costs money to treat people who are ill and it likewise costs money to work with people to keep them healthy. Does that mean our society should not provide healthcare in order to "save" money? Of course not. The challenge of DM is even more subtle and complex. How do you measure how many heart attacks, new cases of diabetes, or emergency room visits for respiratory disease were avoided as a result of a DM program? ROI, defined as savings divided by cost, isn't the most appropriate way to evaluate programs. At the same time, financial impact has to be measured as a means to demonstrate value. A new paradigm is needed to provide transparency and confidence.

Human behavior. Now, let's address the biggest and most overlooked gap of all. DM programs have been criticized for taking credit for fostering change in individuals who were going to change anyway. This one falls in the "no good deed goes unpunished" category. The plain truth is that DM programs work with real people, and people are unpredictable. Humans have choices to engage in unhealthy behaviors, eat poorly, live sedentary lifestyles, smoke cigarettes, etc. So, with all due respect to Dr. Prochaska and Dr. DiClemente, stages of behavioral change can be to engage in, rather than stop unhealthy behaviors, too.

If DM programs do nothing more than provide an avenue for people to get to better health – even if they are the same people who may have just enrolled in a gym because they were "pre-disposed" to exercise, does that render DM programs a waste of money? How does one isolate out the impact of the gym or the impact of a DM Health Coach? What about the impact of public health advertisements or the influence of friends who have adopted healthy lifestyles? Or the impact of financial incentives to motivate behavior change? As we move toward creating "cultures of health" at work and in society, it all matters.

Perhaps DM didn't fall short after all. Perhaps we have it all wrong. Perhaps it's not about managing diseases or risk factors. Perhaps, the answer to control rising healthcare costs is about *managing real people*. At Nurtur, we're closing the gaps in DM with a new paradigm for health, wellness and value. Oh yes, one more thing, for that group above who will "never" change? At Nurtur – we don't believe in the word "never." Find out more in next month's *Journey* from Nurtur.

quick links

Take Your Meds, Exercise – and Spend Billions
[read]

Prochaska and DiClemente resource
[read]

What's Your Optimal Level of Health [pdf]

fast facts

"It is my personal experience – and indeed passion – that if we solely focus on better clinical management of disease, we will never get at the root cause of our nation's healthcare issues. We must transform our perspective from healthcare to health; from disease management to *people management*." *Dan Cave, Nurtur CEO*

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Thanks for attending our March 17th webinar on *Mental Health Parity*. To request the presentation materials, click here.

Look for information on our second quarter webinar on Health and Wellness integration in our April issue of *Journey*.

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