

# MANAGED HEALTHCARE EXECUTIVE®

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**D**isease management is a growing industry with more than \$2 billion in annual spending, up from \$1 billion in 2005. While the four most common conditions among DM programs—diabetes, asthma, cardiovascular disease and chronic obstructive pulmonary disease—have remained steady, there are far more up-and-coming conditions with potential for DM investment.

Hypertension, gastrointestinal and HIV/AIDS patients stand to benefit from interventions similar to those in traditional DM programs, such as medication adherence, diet and exercise. As the base of clinical evidence grows around the world, a solid DM strategy has the capability to leverage evidence to improve patient outcomes.

With such prospects for disease management and its wider stance alongside wellness, the healthcare industry has placed great confidence in the concept and great hopes for its return on investment.

In 2004, MANAGED HEALTHCARE EXECUTIVE highlighted Leaders in Disease Management from health plans and disease management companies, largely based on their program size and commitment to DM. In keeping with the evolution of disease management and its ever-broadening scope, the 2008 list of MHE Leaders in Disease Management presented here is based on accomplishments in disease management rather than on program size. To make our determinations, we evaluated these leaders against objective criteria, such as blinded outcomes reports, while considering current industry activities.

The leaders generally fall into three categories—consultant/academic thought leaders, vendors and health plan or employer executives.

The question to answer: To what degree is the disease management field shaped as a result of this person's active involvement? Leading consultants and academics in the field who have authored DM research or achieved one-of-a-kind accomplishments qualified. Vendors with comparatively superior outcomes also qualified as leaders. Generally, the larger vendors have shown the most innovation and have the most experience.

Executives at regional and provider-owned health plans in particular—as well as a few among the national plans—have made the most progress toward greater accountability and greater innovation in disease management. To measure accountability and validity in health plans, we looked at third-party validations, such as recognition from the Disease Management Purchasing Consortium (DMPC); Health Industries Research Companies (HIRC); DMAA: The Care Continuum Alliance; or the Blue Cross & Blue Shield Assn. Outcomes reports delivered to employers were reviewed to be sure that they were actuarially sound.

Measuring health plan innovation can be subjective, of course. An innovation that appeared to deliver results and was at least in part an original implementation was deemed superior to a program that simply applied a typical product. In order to be named as an MHE Leader in Disease Management, health plan executives had to qualify for both innovation and accountability/validity.

Many physicians, executives and DM advocates submitted impressive credentials and success stories, but not all achieved the same level of industry leadership and influence. Those who have leveraged their knowledge and created clinical and financial value for members have been named among the 2008 MHE Leaders in Disease Management.

**2008**  
**Leaders**  
**in DISEASE**  
**MANAGEMENT**

—The Editors



## **JAY FELDSTEIN, DO**

*Corporate Chief Medical Officer*

### **The AmeriHealth Mercy Family of Companies**

As a Medicaid plan, AmeriHealth Mercy needs innovative approaches to treat its unique population—from a blended, holistic model offering members a single point of contact, to local community efforts. Through PerforMed, an in-house care-coordination program, the plan also sponsors a rapid response unit, eliminating barriers to care, such as lack of transportation.

Dr. Feldstein says that for the DM industry to grow, it must leverage technology to the best of its ability. For example, AmeriHealth Mercy members with diabetes can submit glucose levels via telephone, which are matched against a clinical

algorithm to determine appropriate care. He also emphasizes the importance of tailoring communication to individual members. Cell phone, text messaging and Internet devices increase self-care, and incentives help members achieve specific clinical goals.

Previously, Dr. Feldstein served as senior medical director for Aetna's Mid-Atlantic region. He is a fellow of the American College of Preventive Medicine. AmeriHealth Mercy was the first national Medicaid HMO to earn DMPC Savings Validity Certification. **MHE**

—*Mari Edlin*

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