

# Do Disease Management Programs Have a Future in Oncology Care?

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**D**isease management (DM) programs were developed to control the costs of several specific diseases, such as asthma, diabetes, cardiac disease, and renal diseases, which are generally very prevalent and/or expensive to treat. Although a generally accepted definition is lacking, DM programs can be described as a coordinated system of health care delivery interventions designed to help physicians and patients manage specific medical conditions.

DM programs have attracted serious interest from diverse organizations such as the Centers for Medicare and Medicaid Services (CMS), drug manufacturers, pharmacy benefit managers (PBMs), and managed care entities. In fact, CMS is currently involved in a number of new trial DM demonstration projects that are expected to support a common belief that the DM approach to chronic illness will deliver better outcomes at better prices.

While some health plans have switched over to DM, more than 1,000 managed care plans have not. For the most part, the managed care industry has avoided the focused management of cancer. However, because the number of Americans with cancer is expected to double within the next 20 years, many in the health care industry are looking at cancer rates to help illustrate the market potential for DM programs.

Quality Oncology (QO), Inc., provides DM services to 3.5 million members nationwide. Even some ACCC-member hospitals have embraced the DM concept. The Cancer Center at Tufts-New England Medical Center (NEMC) offers DM services to adult and


pediatric oncology patients.

DM looks like it is here to stay. In spring 2002, URAC (the American Accreditation Healthcare Commission) released a set of "Disease Management Standards" and developed the URAC Disease Management Accreditation Program. On August 6, URAC announced the first six companies to receive this distinction, with news that an additional seven companies have begun the accreditation process.

Still, not everyone has jumped on the DM bandwagon. Some express concerns because pharmaceutical manufacturers were the driving force behind the creation of disease management. In fact, several pharmaceutical firms have entered into partnerships to provide DM services.

On August 23, DM detractors may have received further evidence that disease management may not be the "fix" for our burdened health care system when the Employee Benefit Research Institute (EBRI) released a study citing that there is "no conclusive evidence" that DM programs generally improve health or reduce health

costs in the long-term. Still, EBRI did say that case studies on individual DM programs show success, and that "improved health and cost effectiveness may take from several months to a few years to become apparent."

While the debate continues, employers are increasingly using DM to control their health costs. And, because cancer meets most of the criteria for selecting a disease to be intensely managed (i.e., high prevalence, high-dollar-volume drug use, therapies with many treatment options, among others), DM programs may play an increasing role in cancer care and prevention. 



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Here is what you can do to help. Go to ACCC's web site at [www.accc-cancer.org](http://www.accc-cancer.org). On the home page, look for the news item in the center column about our Strategic Plan. Click and fill out the survey. It's that easy. You'll be asked to rate priorities for the coming year and provide creative suggestions of your own.

The Strategic Planning Committee will review all suggestions and submit ACCC's 2003-2004 Strategic Plan based on your input.