Chronic disease management and managed care: specialists have an important role

Managed care, with its emphasis on wellness and prevention, has been called true health care, in contrast to the fee-for-service system, which has often been called "sickness care." Such a change in the health care system is an attractive and positive paradigm shift.

However, in its current incarnation, managed care has a major flaw: it fails to address the health care needs of people with chronic disease, for whom prevention is too late. So far, the current system of managed care, with its focus on minimalist care and short-term outcomes and its prejudice against using expensive specialists, has failed to address this unfortunate segment of the population, except to erect new and often obnoxious hurdles to block their access to necessary care.

Managed care fails to address the health care needs of people with chronic disease

MEDICAL SPECIALISTS ARE COST-EFFECTIVE

The new order views medical specialists as an expensive millstone hanging from the neck of the health care system, leading to a movement to have primary care physicians take care of most acute and chronic problems. "Too many specialists" has become the mantra of health care consultants, who portray specialists as using only the newest and most expensive drugs, while ordering too many tests and caring for too few patients.

It makes sense for primary care physicians to care for most acute illnesses, which are usually episodic, with outcomes that occur in the short term. The physician either cures the problem or it runs its course in a relatively short time. In other words, the patient either completely recovers or dies. As the former Sen. Jim Cooper (D–Tenn), a strong supporter of managed competition, noted in the case of the veterinarian whose hobby was taxidermy, "Either way you get your dog back," and the episode is over.

But evidence is accumulating that the cost may be lower and the outcomes better when specialists rather than generalists care for the patients with chronic diseases. The higher cost of treating chronic illness appears to reside in the disease itself, not in the physician who manages it. In fact, better knowledge of the disease and its complications makes for better management, but it is still more expensive than well-patient care.

The answer to the problem of how to deal with chronic disease in the managed care environment may lie in the emerging concept of "disease management."[1,2] This systems-based approach to health care delivery defines, among other things, the appropriate role for the specialist, and other team members in the managed care system,[3,4] and it identifies situations in which the educated patient should have direct access to a specialist. Moreover, it seeks to identify patients at risk for developing chronic disease and begins the surveillance and intervention at the earliest appropriate time.

CASE IN POINT: RHEUMATOID ARTHRITIS

A case in point is management of rheumatoid arthritis. In the past, good treatment meant conservative use of medications, such that

only that amount necessary to yield minimally tolerable discomfort levels was considered appropriate.

Over the last few years increasing evidence has accumulated that a more aggressive and broad-based approach may be needed to preserve function over the long term.[5,6] The use of corticosteroids and cytotoxic or immunosuppressive drugs, such as methotrexate, azathioprine, and even alkylating agents or cyclosporine, may be necessary to adequately control disease in many, perhaps most, patients. Disease management protocols constructed and carried out by teams of caregivers supervised by rheumatologists would certainly include these tools, which are clearly safest in the hands of experienced users.

Several recent studies have documented that better outcomes, with respect to both cost and disease control, result from the participation of the specialist, in this case the rheumatologist, in the patient's care.[7,8]

Good care on an ongoing basis should reduce the need for budget-busting, end-stage care

PAY NOW—OR PAY LATER

A disease management system identifies subpopulations of patients who have chronic disease. The size of each chronic disease subpopulation can be used to calculate and adjust for risk. Risk adjustment is an important concern for health care plans that employ adverse selection (exclusion of patients with pre-existing conditions).

It also provides a forum for the development and refinement of practice guidelines for disease management that are truly based on outcomes and evidence and not merely on cost control.[9,10] The "pay me now or pay me later" rule of car repair applies here; good care on an ongoing basis should reduce the need for budget-busting, end-stage care of patients ravaged by years of chronic disease. However, such a disease management system must be good quality care, not just rushing the patient out of the office.

By setting up disease-management programs, staffing them with specialists and other team members who stay abreast of the latest developments in their fields, collecting good data, setting up quality improvement mechanisms, and designing formularies well, the health-care plans can optimize their ability to deliver appropriate care to all their members. Rather than excluding patients with chronic disease based on pre-existing conditions, their identified presence in plan membership should allow adjustment of reimbursement to reflect their higher costs of care. This should save money and anguish in the long run.

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