Capsule Commentary on Luo et al., A Comparison of Health Plan- and Provider-Delivered Chronic Care Management Models on Patient Clinical Outcomes

Jillian Harvey, MPH, PhD

Department of Healthcare Leadership and Management, College of Health Professions, Medical University of South Carolina, Charleston, SC, USA.

J Gen Intern Med 31(7):779

DOI: 10.1007/s11606-016-3666-6

© Society of General Internal Medicine 2016

Chronic diseases are costly to the health care system, highly prevalent, and result in seven of the top ten leading causes of death.¹ Improving chronic disease care and outcomes is a national priority.² For healthcare stakeholders seeking to better manage chronic disease, there are numerous approaches and the evidence on which model is most effective at improving outcomes remains unclear. Given the negative impact of chronic disease on healthcare outcomes and the substantial investments in care management interventions, it is important to understand the potential effectiveness of strategies.

The study by Luo et al. uses a difference-in-differences approach to compare the effectiveness of two care management approaches on improving clinical outcomes.³ Commercially insured patients were part of either a provider-delivered care management (PDCM) or health-plan–delivered care management (HPDCM) program. The study examines seven outcomes for patients with at least one of five chronic diseases (congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease, diabetes, or asthma). The actual effect of the care management programs was small and improvements were found in only a few outcomes after 12 months. The study found no significant differences between the two care management programs.

Care management programs may not be the cure-all for improving chronic disease outcomes. However, within 12 months, small gains were made in several clinical outcomes and further research is warranted. This is the first study to

compare the HPDCM and PDCM models. Given that it can take several years to see improvements in population-level outcomes,⁴ future research should build upon this work. In addition, the authors note that the implementations of the provider-driven approaches were highly variable across practices. Physician practices implementing care management programs should be mindful of the intervention dose and fidelity. Finally, both care management models are promising options to improve care for patients with chronic diseases. Providers should consider implementation of the approach that best meets the patients' needs, contextual needs of the practices, and most efficiently utilizes resources.

Corresponding Author: Jillian Harvey, MPH, PhD; Department of Healthcare Leadership and Management, College of Health Professions, Medical University of South Carolina, 151B Rutledge Avenue, B409, MSC 962, Charleston, SC 29425, USA (e-mail: harveyji@musc.edu).

Compliance with Ethical Standards:

Conflict of Interest: The author has no conflicts with this article.

REFERENCES

1. Centers for Disease Control. Chronic Disease Overview. 2016. <http://www.cdc.gov/chronicdisease/overview/>.
2. Agency for Healthcare Research and Quality. National Strategy for Quality Improvement in Health Care. 2011. <http://www.ahrq.gov/workingforquality/nqs/nqs2011annlrpt.pdf>.
3. Luo Z, Chen Q, Annis AM, Platt G, Green LA, Tao M, Holtrop JS. A Comparison of health plan- and provider-delivered chronic care management models on patient clinical outcomes. J Gen Intern Med. doi:10.1007/s11606-016-3617-2.
4. Roussos ST, Fawcett SB. A review of collaborative partnerships as a strategy for improving community health. Annu Rev Public Health. 2000;21:369–402.