

## Editorial

# Disease management programs in the USA and Europe are comparable (yet?) different

I recently attended the Third Colloquium 2006 of the Disease Management Association of America (DMAA) in Philadelphia. Over three days, more than 300 researchers, health care providers and policy makers followed nearly eighty speakers on many aspects of Disease Management Programs (DMPs). I was the only visitor from Europe. Being there I had feelings of coming home: DMPs are in some aspects comparable with those in Europe. I had also the sensation that I had arrived on another planet: DMPs are in other aspects totally different. Based on the experiences in Philadelphia, I have made a comparison between the USA and Europe [1]. This is, of course, only a comparison based on a three-day congress visit.

American and European disease management programs are focused on the same chronic conditions: diabetes (Greene), asthma (Tinkelman), coronary heart diseases (Oetgen, Shults) and heart failure (Barbell). On both continents, the first emphasis is on promotion of self management of patients by means of individual and group education and forms of feedback to the patients (Hunsaker, Steinberg). Another common aspect is the objective to reduce hospital admissions and emergency visits (Duncan, Lewis). Thirdly, a strong coordination exists in both American and European DMPs between the different professionals in primary health care and hospital care. Various mechanisms coordinate the DMPs: protocols, standards, case managers, and joint patient records (Cook). Modern health technology plays an important role into archiving and forwarding health information via the internet (Gill, Kardos).

One big difference exists between the USA and Europe. There, disease related integrated care is provided by independent, mostly commercial disease management programs. They do their work instead of regular primary health care and regular hospitals. In Philadelphia, this approach was at the centre of the congress. Not all speakers agreed with this outcarved, independent approach. Medicare's health care innovator, Linda Mango, preferred to embed DMPs within the regular structures, because persons with one chronic condition (still?) do need all types of services. In contrast, Wallstreet broker Brooks O'Neil has lost all trust in carers as usual, in regular primary care and

hospitals, and wants to invest as much as he can in commercial DMPs. He sees DMPs as a tool for a revolution to replace ordinary fragmented working doctors and hospitals.

During the colloquium a new type of economic evaluation was shown. whereby the Cost Effectiveness Analysis of single interventions is no longer important. At the core of the economic evaluation are the PMPM costs: the costs of care Per Member Per Month. When they are lower than the PMPM costs in a fragmented setting, for instance 10%, then there is a Return On Investment (ROI) of 10%. Linden and Lewis gave an overview of ROIs during the colloquium in Philadelphia. They emphasised that in economic evaluation, a lot of subjectivity is hidden. Linda Mango agreed with this opinion and asked for standardisation of economic evaluation of DMPs.

Who is the best: USA or Europe?

As editor in chief of this Journal, in the past five years I have seen many descriptions of European integrated care projects, which are comparable with American disease management programs. For instance, I remember the papers of Steuten [2], Eijkelberg [3] Dutch disease management, the paper on English stroke patients by Hamilton [4] and the paper of Hellesø [5] on ICT support during hospital discharge of Norwegian hospital patients.

After a three-day visit to the Disease Management Colloquium 2006, the only conclusion is that the Americans can learn from the Europeans and vice versa. October and November 2006 and January 2007 are busy months for disease management and integrated care promoters. In these months European professionals, researchers and policy makers will meet each other in Utrecht, London and Bonn. All meetings are organised under the umbrella of the International Network of Integrated Care. Hopefully, we will also meet many American disease management promoters here and hopefully, in 2007, I will not be the only European at the fourth Disease Management Colloquium in Philadelphia.

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## **References**

1. The Colloquium speakers I mention are all listed on the website of the DMAA [www.dmconferences.com](http://www.dmconferences.com). Their Power Point presentations are available on this website.
2. Steuten LMG, Vrijhoef HJM, Spreeuwenberg C, Van Merode GG. Participation of general practitioners in disease management: experiences from the Netherlands. *International Journal of Integrated Care* [serial online] 2002 Mar 1; 2. Available from: URL:<http://www.ijic.org/>
3. Eijkelberg IMJG, Spreeuwenberg C, Mur-Veeman IM, Wolffenbuttel BHR. From shared care to disease management: key-influencing factors. *International Journal of Integrated Care* [serial online] 2001 Mar 1; 1. Available from: URL:<http://www.ijic.org/>
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