

THE HEALTH INDUSTRY
Forum
REQUEST FOR PROPOSAL

Assessing Components of Disease Management

Letter of Intent and Brief Proposals Due January 18, 2004

BACKGROUND

The Health Industry Forum is a new initiative established to engage leaders from across the healthcare community in constructive dialogue on strategies to improve the quality and value of health care. The Forum was originally established by Aetna in 1996 to enhance the relationship between academic medicine and managed care. The new Forum is based at Brandeis University and has been designed to include a broader range of participants from managed care companies, pharmaceutical firms, employer groups, policy research organizations and academic medical centers. The Forum convenes periodic conferences to bring together recognized experts from the policy community with industry leaders and health researchers. The Forum also manages a research fund and issues periodic RFPs to support research on critical health care topics.

The Forum's research fund is presently supported by six charter members: Aetna, Johnson & Johnson, HIP of New York, Merck, Novartis, and Wellpoint Inc. The Forum develops research topics through its advisory board which is chaired by Professor Stuart Altman and includes representatives from Forum member organizations as well as academic and policy experts. The Forum works in tandem with another nationally recognized Brandeis program – the Council on Health Care Economics and Policy – to evaluate the public policy implications of Forum research topics and bring together industry leaders and public officials.

In its first solicitation, the Forum has allocated up to \$800,000 to support research to provide insight into disease management programs and how they can be implemented most effectively. The Forum will consider proposals from academic institutions and from independent research organizations. Although the Forum will not make awards directly to disease management companies or health plans, it will consider collaborative proposals from partnerships between independent researchers and disease management sponsors. Proposals will be reviewed by staff based at Brandeis University with input from consultants and independent experts. Forum funders do not participate in the proposal evaluation process.

THE SOLICITATION

Public and private purchasers increasingly look to disease management (DM) to improve outcomes and increase the cost-effectiveness of health care. DM can be described as a system of coordinated healthcare interventions and communications for populations with conditions that require significant patient self-care. These programs are intended to

improve patients' health status by increasing the frequency of healthful behavior changes, use of recommended tests or procedures, ongoing disease monitoring, adherence to prescribed pharmacy regimens, and other evidence-based interventions. Use of DM has grown rapidly in commercial health insurance plans and is becoming more common in state Medicaid programs. Medicare will soon enroll approximately 200,000 beneficiaries in disease management through its new chronic care improvement program (CCIP).

Much of the current debate over DM centers on the extent to which these programs are able to reduce healthcare spending in comparison to the cost of the interventions. There is still very limited published evidence about the effectiveness of DM. This is partly due to a lack of agreed-upon standards for evaluating clinical and economic outcomes of disease management. Furthermore, implementing organizations are primarily focused on program execution rather than program evaluation. Medicare's CCIP program has been designed to support an evaluation using prospectively determined intervention and control groups. This study will provide substantial insight into the effectiveness of different programs and vendors. One goal of the Forum's solicitation is to sponsor research that will complement the CCIP evaluation.

DM programs are evolving rapidly. Most programs have a series of common components to address patient identification, enrollment, education and engagement, as well as provider interactions. Within each of these components, a range of strategies and tools are available. Yet the relative contribution of specific disease management interventions in improving clinical results and lowering costs is not known. Therefore, a key goal of this solicitation is to sponsor research that will expand the body of knowledge about techniques used by DM programs and their relative effectiveness. This information should be provided in formats that are useful to health care administrators, disease management planners, policy makers and purchasers. The Forum will consider proposals that address the following areas:

1. Documenting alternative approaches for improving patients' self-management of chronic diseases and evaluating the relative effectiveness of such approaches on care process measures, clinical outcomes, patient satisfaction, health care utilization, and health care costs.
2. Developing new information about how patients respond to disease management interventions that will help DM programs tailor interventions to the specific characteristics of individual patients more effectively.
3. Assessing strategies for disease management programs to work with physicians to ensure that patients receive appropriate evidence-based services.
4. Evaluating alternative methodologies to measure disease management outcomes in health-plan sponsored programs.

Proposed research projects should provide insight into how to design and execute effective DM programs. Strategies designed to be effective with elderly patients or those with multiple chronic conditions are of particular interest. Preference will be given to research that can be immediately useful to practitioners, purchasers, and the policy community and that is applicable to multiple organizations and settings. We are interested in developing a better understanding of large-scale payer-sponsored DM programs that have not been well documented in the research literature. We are also interested in learning more about provider-based programs that are scaleable across large delivery systems. The Forum will consider funding projects in the following four categories:

1. Evaluating the relative effectiveness of different techniques for patient engagement, education, and behavior change.

Interaction between nurse case managers and patients is the central feature of most disease management programs. However, little is known about which aspects of nurse-patient interactions are most important for improving patient outcomes. The Forum is interested in closer examination of these interactions, how they differ across programs, and what factors are associated with positive results. One potentially important element of DM programs is the effective use of supporting elements such as printed materials, internet-based tools, and automated telephone reminders that allow case managers to interact with larger cohorts of patients. Therefore, we are interested in evaluations of alternative techniques for patient engagement that include different types of nurse-patient interaction, varying physician roles, and different patient support resources. Examples could include comparing the effectiveness of:

- Office-based versus telephonic nurse case management.
- Telephonic case management combined with patient use of web-based tools or interactive voice response systems versus telephonic intervention alone.
- Telephonic intervention versus educational mailings alone.
- Customized patient engagement programs that reflect racial, ethnic, educational, psychological, or clinical characteristics versus a more generalized patient engagement approach.

The Forum is interested in identifying effective engagement techniques for low-income and elderly patients. It is also interested in use of DM strategies to reduce racial and ethnic disparities. Respondents to this RFP are free to suggest other aspects of patient intervention strategies to examine.

2. Measuring the relationship between patient characteristics and the effectiveness of disease management interventions

An important aspect of effective disease management is the ability to deliver appropriate interventions to the right patients at the right time. The ability to understand how different patients respond to specific interventions will help program sponsors target DM more effectively and develop more customized interventions. The Forum is interested in research that can help identify patient characteristics that correspond to positive DM outcomes. Characteristics may include but are not limited to:

- Socio-demographic characteristics including income, gender, race, and ethnicity
- Health literacy
- Severity of illness
- Number of chronic conditions
- Patient willingness or readiness to modify current behaviors

Respondents may suggest other patient characteristics they believe to be important.

3. Determining how disease management can be more effectively integrated with physician practice

Effective use of disease management in physician practices is considered to be beneficial for improving the quality of care for patients with chronic conditions. Yet recent surveys have shown only limited use of formal care management processes in physician groups. Some observers believe that effective chronic care will require substantial re-design of physician office practices including better use of information management and decision support tools. Investment in these activities is limited by high capital costs and lack of financial incentives or a business case for physician-sponsored DM. Most DM programs sponsored by health plans, disease management vendors, and government agencies have focused primarily on patient interactions because of the difficulty in establishing effective communication channels with physicians. However, sponsors of these programs have long stressed the desirability of better linkages with physicians.

The Forum is interested in sponsoring research that will help DM program sponsors (including health plans and delivery systems) work more effectively with physicians to achieve care coordination objectives -- particularly those in small independent practices. This would include identifying barriers related to engaging physicians in disease management and developing operating procedures to overcome barriers. These could focus on a variety of areas including:

- Financial incentives
- Information and communication technologies
- Physician office workflow design and staffing roles
- Physician culture
- Legal issues

The Forum would consider funding several types of projects to assess this issue. One would be a practical guide to integrating DM with physician practices that provides a detailed analysis of key barriers and operational strategies to overcome them. A second would be specific studies that provide useful information for DM programs such as a study of physician attitudes towards DM that identifies specific approaches to increase their participation. A third area would be design of pilot projects to integrate disease management with physician practices. A fourth area would be evaluating current programs to identify key success factors.

4. Evaluating alternative methodologies for measuring outcomes in health plan sponsored disease management programs

The Forum is currently exploring a project to bring together data from several national health plans that would be available for evaluating disease management outcomes. Should this project go forward, the Forum will issue a separate solicitation to select a contractor. However, as part of this RFP, the Forum will consider commissioning a paper that lays out a comprehensive methodology and study design for a multi-site evaluation of health plan sponsored disease management programs.

The Forum would like this paper to explore and assess various valid approaches to evaluating disease management outcomes including retrospective, prospective, and pre-post methodologies. The contractor should propose a variety of outcome measures that include process measures, clinical outcomes, patient satisfaction, health care utilization, and health care costs. The contractor should be experienced working with commercial health plan databases and should discuss the strengths and weaknesses of health plan data for conducting these types of evaluations. The paper should also examine options for supplementing standard health plan data with additional information about patient characteristics or clinical indicators to provide more robust outcomes measurement. Criteria for evaluating supplemental data should include the feasibility and cost of collecting it.

The final product should help move the disease management community towards a standardized evaluation methodology. It should review available literature on DM evaluation including the recently published Disease Management Association of America's (DMAA) Disease Management Program Evaluation Guide. Bidders should review and propose ways to expand the information provided in this guide. This should include a critical analysis of different evaluation methodologies. It could also include a practical guide that will help purchasers and policymakers more easily assess the results of existing studies and commission effective future DM evaluations. Finally, it should recommend a practical, methodologically defensible approach to conduct a multi-site evaluation of health plan sponsored DM programs.

PROJECT SIZE

The Forum will accept proposals in two different size categories:

- Small projects to be completed within 12 months (up to \$75,000). The focus of the small projects could include policy analyses, practical guides for purchasers or program managers, case studies to examine the early impact of newly implemented programs, surveys to understand patient or physician perceptions, and data analyses of existing programs.
- Large projects to be completed within 24 months (between \$75,000 and \$250,000). The focus of large projects could include more detailed program evaluations including development of prospective studies to measure the impact of specific disease management program components.

ELIGIBILITY CRITERIA

The Forum will award contracts to independent academic or research organizations. The Forum will not award research funds directly to commercial health plans or disease management vendors. It will consider proposals from research entities that operate under the umbrella of such organizations if they can demonstrate academic independence from the parent organization. It will also recognize reasonable costs incurred by health plans to provide data as part of research budgets. The Forum would like to encourage collaboration between operating entities and academic institutions or independent research organizations. Therefore, The Forum welcomes collaborative proposals where independent researchers analyze programs being implemented by health plans or DM vendors.

SELECTION CRITERIA

The Forum is interested in sponsoring projects of immediate value to policymakers and health care organizations and will give preference to projects that will produce timely and replicable results to inform policy or practice. Other selection criteria include:

- Relevance to the research objectives and principles described above.
- The generalizability of study results or new techniques introduced in the study.
- The significance of the proposed research for public policy decision-making or health care industry practice.
- Innovation and originality of proposed research.
- The quality and availability of the data to be used and the strength of the proposed methodology.

- The applicant organization's experience and qualifications for conducting the proposed project, and the qualifications and research experience of key project staff members.
- Willingness of contracted organizations to work collaboratively with Forum staff to ensure that project deliverables meet the Forum's needs.

OTHER REQUIREMENTS

Contracting with Brandeis

Funding will be released in accordance with a subcontract from Brandeis University, the institutional sponsor of the Forum. Recipient organizations will be required to comply with all Brandeis University contract provisions, including conditions related to financial reporting and record-keeping. Subcontractors will maintain full rights for data ownership and publication.

Institutional Review Board (IRB) Approval

Organizations receiving funding from the Forum will be responsible for obtaining approval from any relevant institutional review board (IRB) within their organization or site where they are conducting research. IRB approval is not required prior to award of research funding, however, IRB approval is required prior to commencement of the project and the release of funds from the Forum.

Reporting Requirements

The Forum will favor researchers that are willing to work collaboratively with Forum staff and provide periodic updates on project progress and briefings as required. For awards exceeding one year in duration, the Forum will require progress reports and a briefing via conference call at least every six months.

At the completion of the project, awardees will be required to provide a written report on their project and its findings suitable for public dissemination, as well as a one-page summary of the project's policy-relevant findings. These reports will be made available to the public on the Forum's website. These reporting requirements will not preclude awardees from publishing journal articles on their research in academic or industry publications.

HOW TO APPLY

Applicants must submit a letter of intent and an initial brief proposal, rather than a fully developed proposal. The brief proposal should be no more than four double-spaced pages and should contain the following information about the proposed project:

- The category of project (based on the 4 categories specified in this solicitation).
- A description of the topic to be addressed and its significance.
- A statement of the project's principal objectives.
- A description of the research or evaluation methodology (or demonstration approach) to be used.
- A description of the data sources to be used for the proposed project. Bidders proposing a quantitative analysis under Category 1 or Category 2 may attach a more detailed description of their data source as an appendix. If applicable, this attachment should describe how the bidder proposes to define the inception cohort for the study, the study timeframe, and endpoints including cost, utilization and quality measures.
- A description of how the project's findings would complement related work already completed or currently under way.
- The name of the bidder's proposed industry partner (if applicable) and a brief description of any prior working relationship with this partner.
- An estimated timetable and budget for completion of the project (a one-page budget may be included as an attachment).
- The qualifications of the applicant and key project staff members (brief biographical sketches of staff members may be included as an attachment).
- The name of the primary contact person and a working e-mail address where we may contact you.

Based on a review of information in the brief proposal, a full proposal may be requested. If this is the case, instructions will be provided at that time regarding how to submit a full proposal. All full proposals will be reviewed by several technical reviewers

Letters of intent and brief proposals **must be received by January 18, 2005**. Bidders must also submit an electronic copy of the proposal in MSWord or another standard word processing application.

Letters of intent and brief proposals should be mailed to the address below.

Health Industry Forum
c/o Pat Aloise
Heller School for Social Policy and Management
Brandeis University
415 South Street – MS-035
Waltham, MA 02454-9110

HEALTH INDUSTRY FORUM STAFF

Robert Mechanic, Director
Nora Zelizer, Ph.D. Program Consultant

Please direct questions about the solicitation, application process, and requirements to Ms. Zelizer at zelizer@brandeis.edu.

Additional information about the Forum is available at www.healthindustryforum.org

TIMETABLE

Letter of intent and brief proposal due:	January 18, 2005
Invitation for full proposals:	February 18, 2005
Full proposal due:	March 23, 2005
Project awards:	April 30, 2005