

Editor's Note: *Alere was a sponsor of the Health 2.0 conference October 6-7 in San Francisco. Alere supports the mission of Health 2.0 and agrees with what Matt says in his article that total population health management (a.k.a. disease management) has been less than effective. Alere's personal health support approach is about getting closer to physicians and patients, encouraging greater patient participation and improved self-care using tools and technologies integrated into our broader set of services. Hence, our tagline: "leveraging technology to improve healthcare, one person, one touch at a time."*

Health 2.0 and Whatever DSM, DM, CCM, Or PHI is Called These Days

By Matt Holt

“When I was a young-ish grasshopper learning about healthcare consulting, my IFTF colleague Robert Mittman had a cool talk about the then new field of disease state management. Riffing off the leading two sports stars of the day he asked “Bo knows diseases, but does Bo know disease state management?” While injury resulted in Bo Jackson’s star diminishing as Nike’s pitcher, a certain basketball player’s star was rising to the point where we all wanted to “be like Mike”. Disease management, care coordination management, population health improvement or whatever it’s being called now seems to be trying a little too hard to be like the latest cool thing on the block.

As someone strongly identified with the latest cool thing, Health 2.0 (*I co-founded the conference of the same name of which Alere is a sponsor*), I thought that I’d take Alere up on their invitation to think about the evolution of disease management and how it relates to technology. But first, a touch of history as seen through my biased lens.

Disease management is a response to the failure of the healthcare system to systematically manage chronically ill patients. But the industry never really seemed to focus properly on that end. The “Bo knows diseases” crowd in the mid-

1990s were primarily drug companies (and their then subsidiary PBMs) who were trying to use what they knew about clinical science to move into clinical management. That was a pretty naked attempt to increase Rx volumes and protect margins. Its failure revealed the primary problem which continues for disease management today – it was something done to doctors, not with them.

Next the disease management industry started integrating itself with health plans, which also have a conflicted set of incentives, and also don’t work well with doctors. Then along came Medicare Health Support. Let’s not dwell on that debacle other than to note that it has put one company into bankruptcy and it too didn’t integrate enough with physician behavior. Somewhere alongside this came predictions of in-home disease management via monitoring devices dubbed *HealthCare Unbound* by Forrester with estimates of a \$32 billion market coming soon to a theater near you.

In all these cases, disease management hasn’t gotten close enough to the doctors or the patients. Now I’m not blaming the disease management industry for its fate. When even the President of the United States understands that we pay doctors, hospitals and everyone else for doing the

wrong stuff, it's not surprising that trying to graft the right approach onto that system is going to be tough sledding. And there are definite success stories out there in the VA and in some of the medical group-based Medicare pilots.

In contrast, Health 2.0 is primarily a technology-driven online phenomenon, consisting of search, communities and tools. Its main thrust is to allow consumers/patients to a) learn more appropriate content – increasingly from each other – and b) use tools to take (more) command of their own care. It's also enabling better communication between patients and physicians. But at its core, Health 2.0 is a reaction to a different failure of the healthcare system – its inability to properly engage and inform its users.

The beauty of Web 2.0 technologies is that they enable participation in ways that are simple. But before disease management tries to “be like Mike” and simply throws the Health 2.0 tools against the wall to see what sticks, it's worth thinking about what Health 2.0 and disease management share and what they don't.

To me this is pretty clear. They share the common desire to have patients self-manage, and they provide tools to help them in that process. They also share great uncertainty of the role of physicians in that management. But although Health 2.0 tools

and communities are making incredible progress, it's not yet clear how they can reach some of the trickier customers (e.g., frail seniors with multiple co-morbidities) which disease management has signed up to deal with. Nor is it absolutely confirmed that Health 2.0 tools make any difference to costs and outcomes – notice any similarities to disease management there?

So while the first tranche of Health 2.0 companies are having initial success offering content, communities and services direct to consumers, it's probably more helpful for disease management companies to think of Health 2.0 as a set of tools and technologies that help them get closer to the patient (and to the physician) as part of a broader set of services they're offering.

There is incredible potential to integrate the best of consumer self-service in Health 2.0 with the traditional supporting and coaching role disease management companies have played. But both Health 2.0 and disease management share one more thing, which is to live in a healthcare system that does not reward them for the innovation and improvements they create. So I believe we need a policy environment in which innovation is rewarded and in which institutions are created to manage the application of both disease management and Health 2.0. That is our joint challenge in the years to come.