

Improving Disease Management Program Enrollment Through a Provider Outreach Program

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Research Objective: The key to financial success of any disease management program is to accurately identify members at highest risk and gain their participation in the program's uppermost level of intervention (receiving regular contact and monitoring by program nurses). Maximizing enrollment penetration of these members is an ongoing challenge for both health plans and their disease management partners. In 2001, Providence Health Plans (PHP) launched a member-focused disease management program in collaboration with a national vendor. Disappointingly, after one year only 35% of members designated as high risk were enrolled in the program's nursing intervention. This paper describes a physician-to-physician outreach and incentive program that PHP implemented in an effort to increase the enrollment among this group of members.

Research Methods and Study Design: PHP identified 185 primary care physicians with a total of 462 high risk members who were either not enrolled or were under-enrolled in the disease management program. A plan was developed to educate these providers about the enrollment issues, elicit their assistance in improving enrollment among this recalcitrant group and to provide a modest financial compensation for their effort. Over the course of 6 weeks, a PHP medical director contacted each physician. He re-educated them about the program and asked the physicians to personally contact their members and ask them to reconsider program enrollment. A special form was provided to the physician to document the outcome of that contact or to provide other information on the suitability of the member for the program. In recognition of their assistance, physicians were compensated \$25 for each member contact.

Principal Findings: Of the 185 physicians contacted, 62% participated by returning the information form (accounting for 272 of the 462 initially identified members). Of these members, 45% were lost to attrition, leaving only 149 members eligible for the program. Ultimately, 24 members (16%) agreed to enroll in the nursing intervention within the disease management program.

Conclusions: The entire outreach program cost approximately \$5,000. Despite this relatively small investment in both time and money, 16% of these high-risk members were persuaded by their doctors to enroll into the nursing intervention of the disease management program. Any anticipated savings from

avoided medical costs of these newly enrolled members would far outweigh the costs of implementing this outreach program.

Implications for Health Policy/Health Care Delivery: A physician supported outreach program appears to be a successful means of persuading high-risk suitable members to enroll in a nurse-based disease management program. Anecdotal evidence indicated that physicians involved in the outreach program were not motivated to participate by the incentive payment they received but because they felt that the disease management strategy has merit and would truly benefit their patients. Additionally, a substantial side benefit of this effort was gained vis-à-vis updating the accuracy of the suitable members database. Other health plans should consider such an outreach program to bolster enrollment penetration among high-risk members eligible for disease management programs.

Primary Funding Source: Program costs were shared between PHP and the national vendor partner.