

Diabetes



SDMS DIABETES MANAGEMENT PROGRAM

The SDMS Diabetes Management Program sets the standard for controlling one of the most common, most complicated and escalating of diseases.

Our customized program focuses on positive diabetes outcomes that will help your organization:

- Accurately identify and index patients by severity of
- pure and related conditions
- Target interventions that educate and support the patient in management of their disease
- Actively guide and support the primary care physician
- Monitor outcomes to measure program success

For health care organizations that must manage risk within a specific population, this approach has resulted in:

- Decreased costs
- Reduced inappropriate practice variation
- Improved patient satisfaction and quality of life

Meeting Quality Improvement Goals

The SDMS program helps health care organizations fulfill standards for ongoing quality improvements. Specifically, SDMS is designing an outcomes reporting program for diabetes to support NCQA accreditation. Demonstrable quality improvements also help attract and retain business.

INTEGRATION AND INFORMATION SERVICES

Event Grouper™ Enhances Patient Identification and Indexing

The first step is to identify and index patients with this complex disease. To identify potential candidates for interventions, SDMS will analyze your claims data (medical, pharmacy and laboratory) then examine codes (ICD-9, CPT, NDC, and GPI codes) for both pure and co-morbid conditions.

Direct Costs of Diabetes¹

- Estimated at \$92 billion in 2002, compared to \$44 billion in 1997.
- Diabetes alone represents 11% of the US health care expenditure.
- People with diabetes have medical expenditures 2.4 times higher than they would if they did not have diabetes.
- \$40.3 billion was spent for inpatient hospital care and \$13.8 billion for nursing home care for people with diabetes.
- Diabetes-related hospitalizations totaled 16.9 million days in 2002.

SDMS then applies a proprietary event-grouping algorithm which translates medical and pharmacy claims into medical events. This allows for the creation of a complete medical history on each patient. We then index patients into five levels of severity: 1) at risk, 2) low, 3) moderate; 4) severe and 5) catastrophic.

INTERVENTION SERVICES

Providing the right care, to the right patients, at the right time.

SDMS diabetes Intervention Services are focused to teach diabetics and their health care providers about the disease and its management. Two template programs are available for Type 1 and Type II diabetes, customized to the individual needs of your health care organization. Education and assessment are the primary tools of the program.

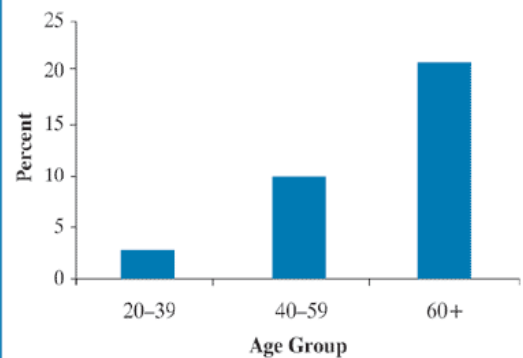
Provider Education

Physicians receive practice guidelines with formulary recommendations and appropriate clinical studies that support guideline rationale. Providers also receive a comprehensive educational program that includes problem-based learning, offering CME credit for participants; lecture meetings; articles in your organization's provider newsletter; and guideline adherence reports.

Patient Home Visits

A patient in the SDMS diabetes program will receive home visits by a program-trained nurse who conducts a thorough assessment of the patient's condition and reviews

Estimated total prevalence of diabetes in people aged 20 years or older, by age group—United States, 2005



Source: 1999–2002 National Health and Nutrition Examination Survey estimates of total prevalence (both diagnosed and undiagnosed) were projected to year 2005.

One of every five seniors in the U.S. has diabetes.²

If you were to consider related diagnoses—such as chronic renal failure requiring dialysis, blindness, neuropathy, infection and vascular damage leading to heart attack and stroke—Diabetes would be the most important cause of death in the US.³

Diabetes has serious complications of its own that can have catastrophic consequences—for one, diabetic coma if glucose levels are not monitored and maintained.⁴

Studies indicate the value of disease management to reduce hospital admissions for glucose control.⁵

instructions and educational materials with the patient and/or caregiver. The nurse also introduces the patient and/or caregiver to the individual Patient Control Plan. Provider follow up is made via fax after each visit.

Patient Education

Patients/caregivers receive monthly educational mailings as well as point-of-service materials to reinforce their diabetes management skills. These pieces, developed by specialists in diabetes patient care and education, offer facts and guidance on identification of symptoms, the importance of glucose monitoring, adherence to diet and other helpful tips. Group classes allow patients to exchange information and gain the vital emotional support of networking with fellow sufferers.

ONGOING OUTCOMES MONITORING AND REPORTING

SDMS will track and report on various outcomes measures so that you may gauge the effectiveness of our diabetes disease management initiative. Changes from baseline measures are tracked at regular intervals to assess clinical, financial, patient satisfaction and quality of life outcomes. Additional reports provide valuable information on expenditures for these services, impact on medical loss ratio, further opportunities for cost savings, provider links, intervention highlights and enrollment activity.

SDMS: AN IDEAL STRATEGIC PARTNER

The SDMS Diabetes Disease Management underscores our commitment to helping health care organizations achieve improved clinical, financial and humanistic outcomes. Our sophisticated, comprehensive approach ...our experience...and our focus on quantifiable results make SDMS an ideal strategic partner in the control of this most challenging disease.

Sources:

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3. SDMS Multidisease Analysis. 1997
4. McDonough, KL. Disease Management: A Complement to Case Management presented at thirteenth annual ROSE seminar. August 4, 1997
5. Rothman R, DeWalt D, Malone R, et al.: Influence of patient literacy on the effectiveness of a primary care-based diabetes disease management program. *JAMA* 292:1711-1716, 2004

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