Presentation to New England Medicaid Programs Lays Groundwork for Baseline Disease Management Benchmarks

PHI Institute reports Vermont Medicaid baseline patterns on disease-state resource use and expected turnover rates.

Newport, RI – October 21, 2005. The Population Health Impact Institute presented the results of a study utilizing Vermont Medicaid data to senior executives from New England Health and Human Service/Medicaid Programs and other attendees at the invitation-only meeting. The study was funded by a demonstration grant from the sponsor of the meeting, the New England States Consortium Systems Organization (NESCO), a membership organization composed of senior state Health and Human Service/Medicaid policy officials from Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont and the University of Massachusetts Medical School.

The study examined disease-specific baseline resource use among Medicaid beneficiaries with asthma, diabetes, COPD, or CHF; and disease and age-specific membership turnover over a three-year period. Three basic results were shared with the participants: 1) Cost patterns of these defined populations changed over time, even in the absence of disease management (DM) programs (programs being considered for implementation by the agencies in the future); 2) The direction and magnitude of that change was strikingly influenced by the methodology used to assess it; 3) The turnover rate in the populations varied by disease-state and, most dramatically, by age.

The principle take-away from the presentation was that Medicaid agencies must understand that measuring the effectiveness of DM (or other defined population health management programs) is dependent on the establishing credible baseline patterns that occur in defined populations similar to those that will be subjected to DM in the future.

The findings of the Vermont Study will be submitted to a peer-reviewed journal in the near future so other State Medicaid plans can benefit from this demonstration project. In addition, to keep abreast of the significance of these results for the New England Medicaid region -- especially the influence of methods themselves on the results -- the director of NESCO, Mr. Gerald Clay, will participate on the advisory panel of a grant-funded project awarded to the PHI Institute by Brandeis University. This project will examine the validity of methods that have been used by DM programs to assess their effectiveness in the health plan environment.

About Population Health Impact Institute:
The PHI Institute is a non-profit organization formed in 2004 in Loveland, Ohio to promote and conduct credible, transparent, and replicable evaluations of defined population health management programs for public and private sector organizations through education, research, and benchmarking services. During its first year of operation it has been awarded unrestricted educational grants from three non-profit organizations: The Health Industry Forum at Brandeis University, the Institute for Health and Productivity Management, and the New England States Consortium Systems Organization. For more information see: [http://www.phiinstitute.org](http://www.phiinstitute.org).

About the New England States Consortium Systems Organization (NESCO):
NESCO is a non-profit corporation organized by the six New England Health and Human services agencies and the University of Massachusetts Medical School. The mission of the organization is to foster communication and collaboration among its members through information sharing and joint projects. Its goal is to support the health and human services policy and system needs of the New England states by providing a framework for knowledge exchange in order to maximize policy, program and cost effectiveness. For more information see: [http://www.nesco.org](http://www.nesco.org).

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