Effectiveness and cost-effectiveness of care management programs for the indications Alzheimer's disease and multiple sclerosis - Results of an empirical survey of the german statutory health insurance

Dr. Sarah Mostardt
Sonja Ivancevic
Lennart Weegen, M.A.
Lasse Korff, M.A.
Prof. Jürgen Wasem
Dr. Anke Walendzik
Research project

- **Aim:**
  - identification of effective and cost-effective aspects of existing care management programs

- **Selected indications:**
  - Alzheimer’s disease (AD)
  - Multiple sclerosis (MS)

- **Methods:**
  - standardized questionnaire

- **Sample:**
  - 40 largest of the totality of 144 statutory health insurances
  - selected by the number of insured population
  - selection contains 90% of statutory insured population
Institute for Health Care Management and Research

More than 90% of statutory insured population

questioned insurances
(n=40)

survey participation
(n=27)

no survey participation
(n=13)

response rate 68%

number of insurants ca. 54 Mio. (77%)

insurances not offering care management programs for MS or AD
(n=14)

insurances offering care management programs for MS or AD
(n=13)
Number of existing managed care programs for Multiple Sclerosis and Alzheimer’s disease

Insurances offering care management programs for MS or AD (n=13)

Care management programs for Multiple Sclerosis (n=7)
- Evaluation planned (n=1)
- Evaluation of program outcomes / cost-effectiveness (n=4)
  - No evaluation of program outcomes / cost-effectiveness (n=1)

Care management programs for Alzheimer's disease (n=6)
- Evaluation planned (n=1)
- Evaluation of program outcomes / cost-effectiveness (n=2)
  - No evaluation of program outcomes / cost-effectiveness (n=2)

Program being developed (n.a.) (n=1)
„Interdisciplinary Health-Care Model for Patients with Multiple Sclerosis in North Rhine“ Nelles et al. 2010

- 2-Year Follow-Up (pre-post comparison)
- sample: 319 patients
- results:

<table>
<thead>
<tr>
<th>patient treatment¹</th>
<th>before baseline</th>
<th>24-Follow-up</th>
<th>ARR</th>
<th>RRR</th>
<th>OR (Base/24M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>number of patients</td>
<td>319</td>
<td>319</td>
<td>0,00%</td>
<td>0,00%</td>
<td>1,00 [0,4;2,6]</td>
</tr>
<tr>
<td>special care/neurology</td>
<td>310 (97,2%)</td>
<td>310 (97,2%)</td>
<td>0,00%</td>
<td>0,00%</td>
<td>1,00 [0,4;2,6]</td>
</tr>
<tr>
<td>general practitioner</td>
<td>222 (69,6%)</td>
<td>251 (78,7%)</td>
<td>9,10%</td>
<td>13,10%</td>
<td>0,60 [0,4;0,9]</td>
</tr>
<tr>
<td>acut care hospital</td>
<td>82 (25,7%)</td>
<td>29 (9,1%)</td>
<td>-16,6%*</td>
<td>-64,60%</td>
<td>3,60 [2,2;5,5]</td>
</tr>
<tr>
<td>rehabilitation</td>
<td>30 (9,4%)</td>
<td>19 (6,0%)</td>
<td>-3,40%</td>
<td>-36,70%</td>
<td>1,60 [0,9;2,3]</td>
</tr>
<tr>
<td>social services</td>
<td>5 (1,6%)</td>
<td>8 (2,5%)</td>
<td>0,90%</td>
<td>60,00%</td>
<td>0,60 [0,2;1,9]</td>
</tr>
<tr>
<td>nursing home</td>
<td>2 (0,6%)</td>
<td>2 (0,6%)</td>
<td>0,00%</td>
<td>0,00%</td>
<td>1,00 [0,1;7,2]</td>
</tr>
<tr>
<td>self-help group</td>
<td>50 (15,7%)</td>
<td>38 (11,9%)</td>
<td>-3,80%</td>
<td>-24,00%</td>
<td>1,37 [0,9;2,2]</td>
</tr>
</tbody>
</table>

*p<0,05

¹ stated are the accountings of patients with at least one visit of the institution in the last 12 months.

ARR= absolute risk reduction; RRR= relative risk reduction
Discussion

- For both indications currently available evaluations do not allow a qualified assessment of the effectiveness of care management programs

- Low number of published evaluations:
  - sensitive data, only for internal use

- Possible causes for the failure of evaluation:
  - internal controlling is considered as sufficient
  - Publication bias regarding results which show no effectiveness

- Managed care programs in development
  - evaluation occurs with delay

- No involvement in evaluations of contractual partners or no information about results