

Health Management Outcomes

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What the heck is Health Management?

- Synonyms: Disease Management, Health Maintenance, Patient Self-Management
- “Disease Management is a system of coordinated healthcare interventions and communications for populations with conditions in which patient self-education efforts are significant”

Disease/Health Management:

- Supports the physician or practitioner/patient relationship and plan of care
- Emphasizes prevention of exacerbations and complications utilizing evidence-based practice guidelines and patient empowerment strategies, and
- Evaluates clinical, humanistic and economic outcomes on an ongoing basis with the goal of improving overall health

A Unique Approach: AlphaNet/AlphaNet Canada (ADMAPP)

- Embarked on Health Management for Alpha-1 in 1999
- Committed to evaluating Outcomes throughout
- Focused on self-management through education
- Based on the Big Fat Reference Guide to Alpha-1 (BFRG)
- Trained individuals with Alpha-1 as Health Management Coordinators
 - Started with 3 Coordinators in 1999
 - Currently just under 70 Coordinators following nearly 7,000 individuals with Alpha-1 receiving augmentation therapy in the U.S. and Canada



One-year outcomes of ADMAPP

- Compared the year before ADMAPP introduction to year after
- 1,000 individuals
- Evaluated
 - ER visits
 - Hospitalization
 - Antibiotic usage
 - Exacerbations
 - Steroid usage
 - Quality of life
 - and more

Results

Alpha-1 COPD Patients Healthcare Utilization per 1,000 patients entered into ADMAPP

	Year 1 (Control)	Year 2 (Intervention)	Number Decrease in Year 2	Percent Decrease in Year 2
Hospital Admissions	208	185	-23	-11%
ER Visits	369	288	-81	-22%
MD Visits	6,446	5,872	-574	-9%
Antibiotic Days	27,309	24,335	-2,974	-11%

1-year Outcome Study showed no improvement in exercise/weight/nutrition

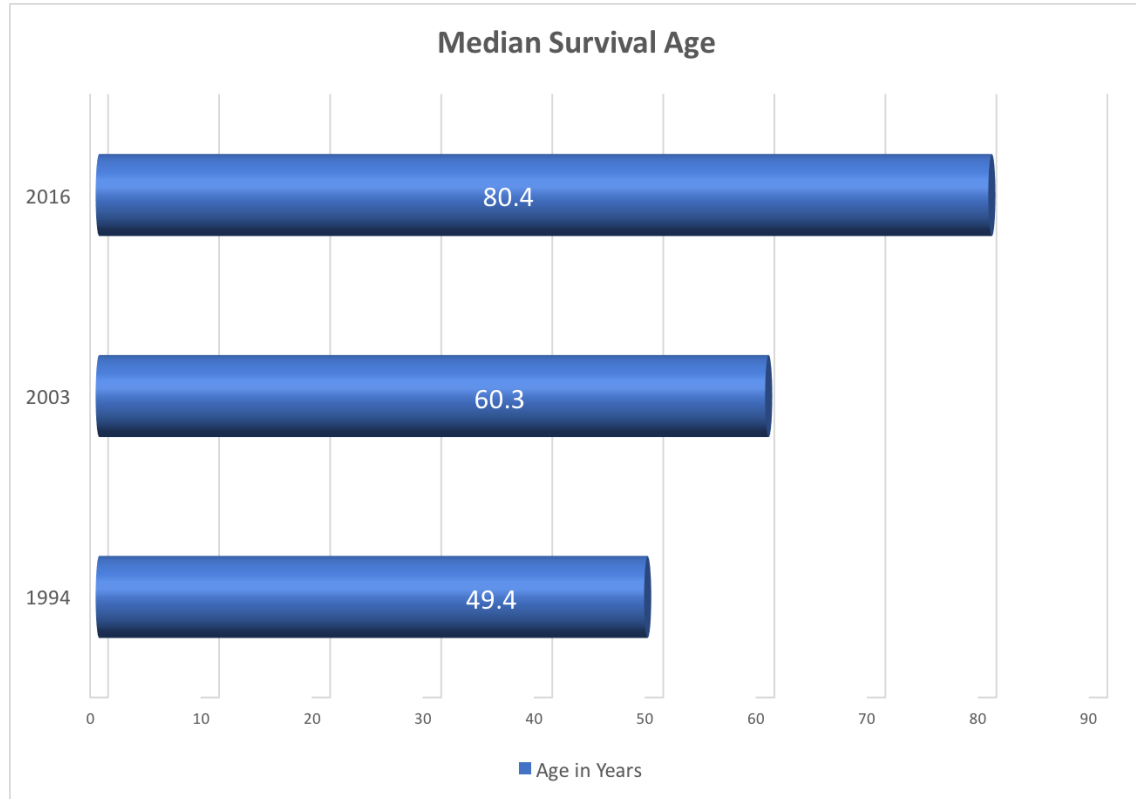
- Step Forward Study (SFS)

- 500 AlphaNet participants randomized 1:1 to receive either usual ADMAPP or ADMAPP plus VPR (virtual pulmonary rehabilitation)
- Outcomes: exercise minutes, movement toward ideal weight

- Results:

- VPR group had significantly higher exercise minutes
- VPR group had significantly greater movement toward ideal weight
 - Obese patients lost weight
 - Underweight people gained weight

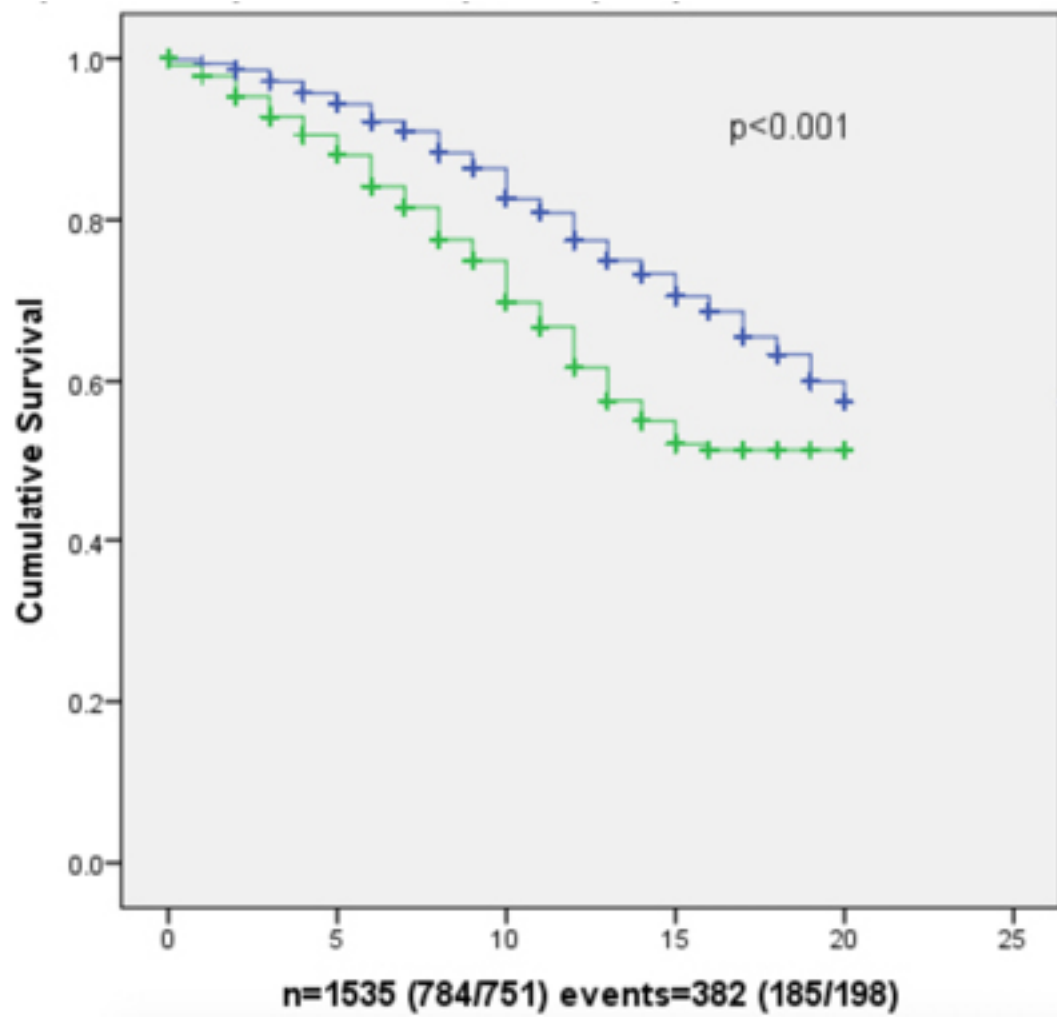
And now. . . Survival

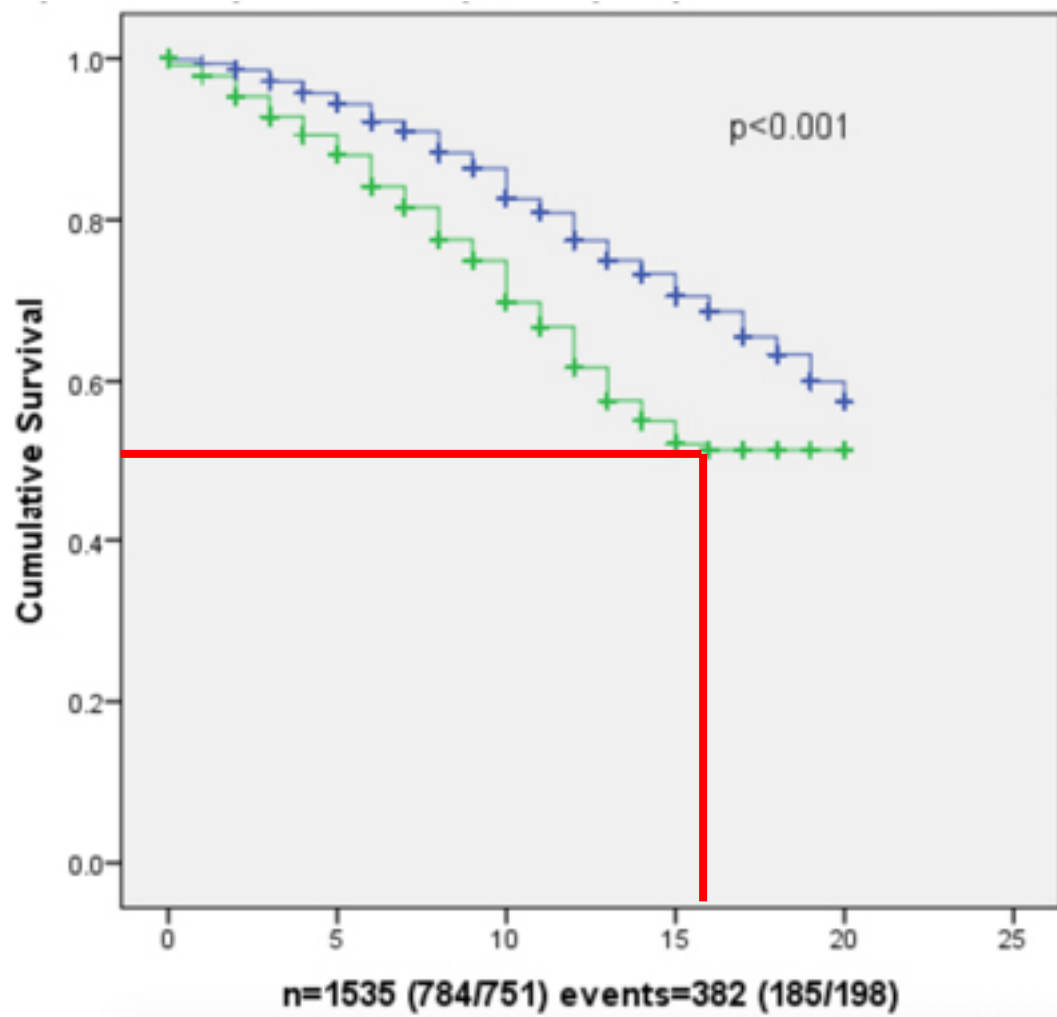


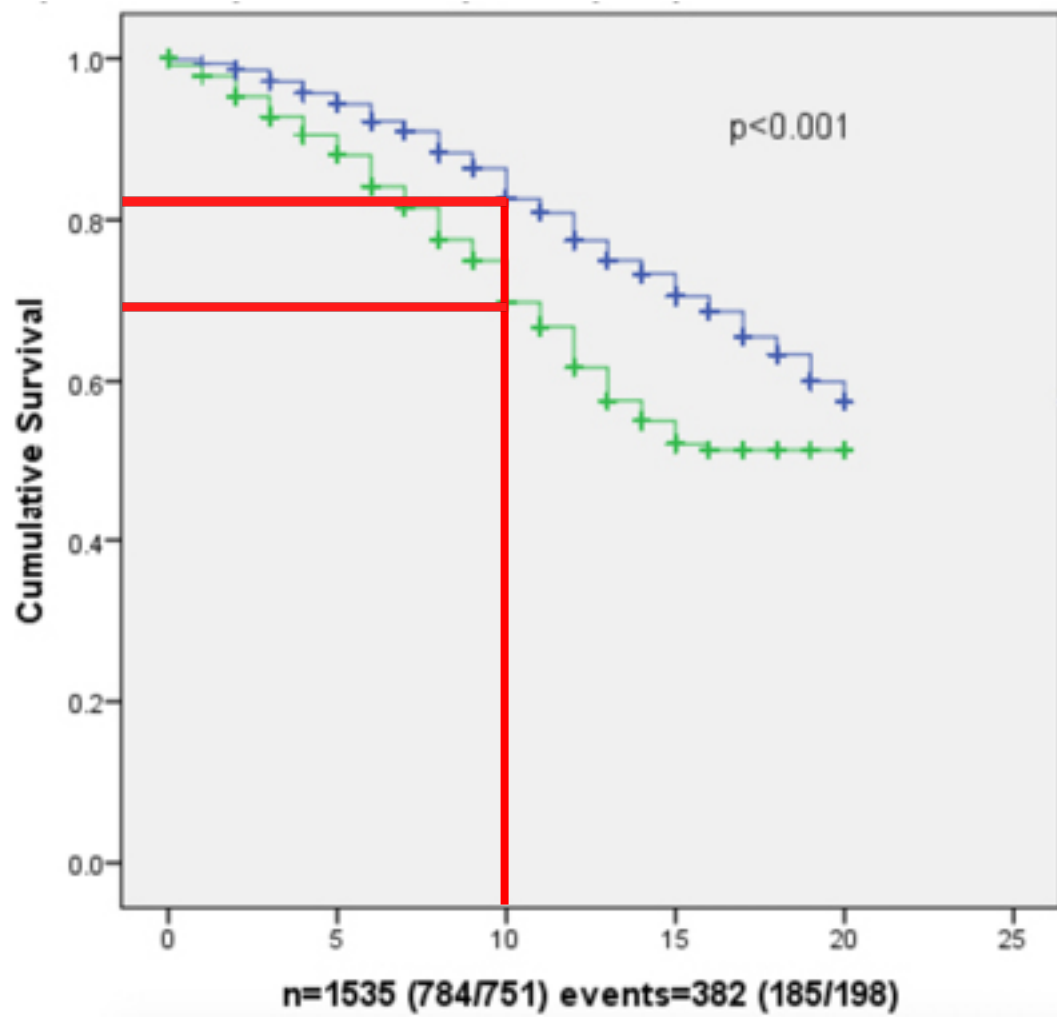
US/UK Survival Comparison

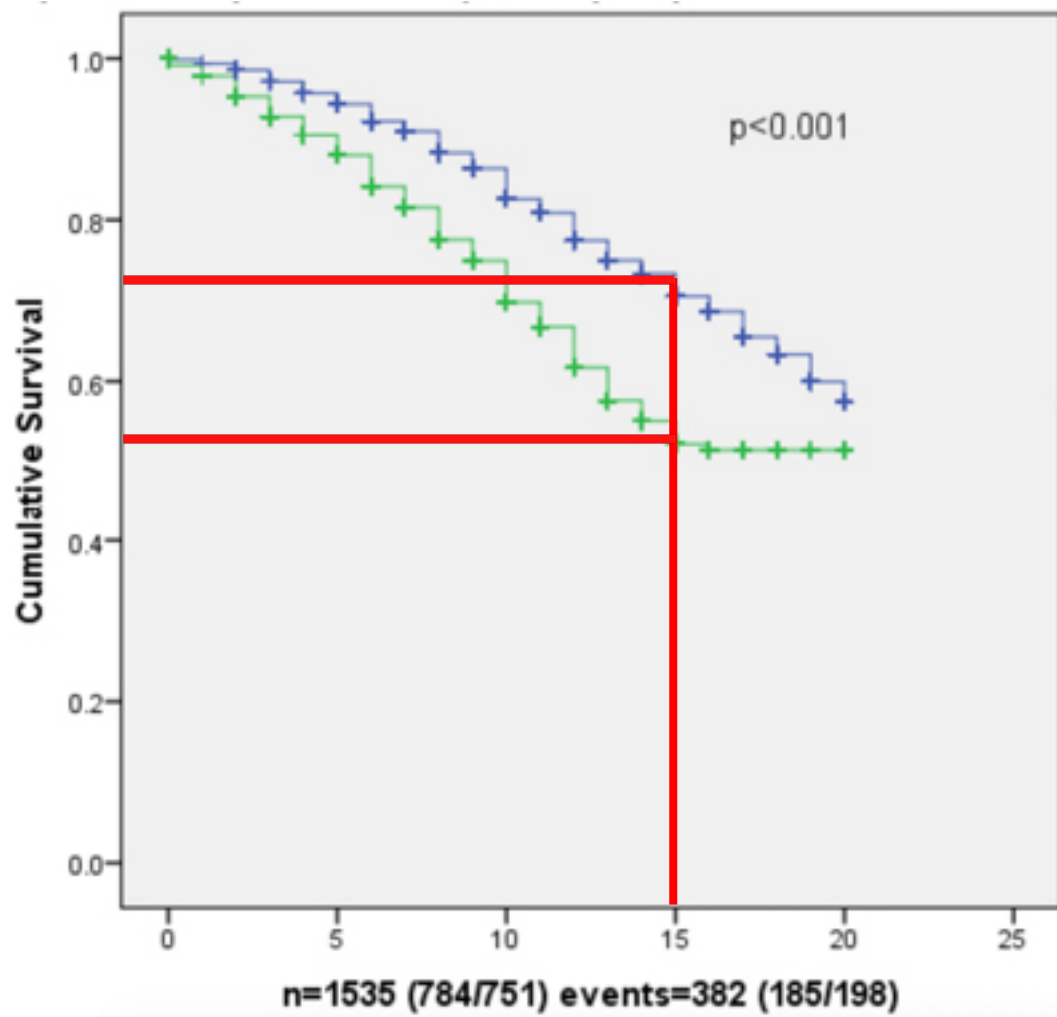
- Goal: Compare Alpha-1 patients in US and UK matched for age, sex, and severity of lung disease
 - Only difference* should be whether or not they are receiving augmentation therapy
 - Augmentation is approved and paid-for in the US
 - Augmentation is approved but not paid-for in the UK

*(many other differences likely)









Summary

- A program to promote self-management of individuals with lung disease due to alpha-1 antitrypsin deficiency has resulted in measurable improvements in healthcare utilization, quality of life, and, possibly, survival
 - We are now applying these principles to health individuals with Alpha-1 in the hopes of preventing or delaying the onset of disease
- A transatlantic survival analysis has (preliminarily) indicated that augmentation therapy appears to improve survival in patients with lung disease due to alpha-1 antitrypsin deficiency