



# DEVELOPING AND VALIDATING DISEASE MANAGEMENT EVALUATION METHODS AND METRICS FOR EUROPEAN HEALTH CARE SYSTEMS



## Background

Chronic diseases place a substantial burden on individuals, their carers and society as a whole. They frequently go untreated or are poorly controlled until more serious and acute complications arise. Even when chronic conditions are recognised, there is often a large gap between the evidence base and current practice.

Structured management of chronic conditions has been proposed to enhance the quality and reduce the cost of care, and to improve health outcomes for the chronically ill. Many countries are experimenting with new models of healthcare delivery, frequently involving elements of structured disease management to better meet the needs of patients with chronic conditions. However, the evidence on the ability of such approaches to actually do so remains uncertain. Our understanding about the impact of structured disease management is mainly based on small studies on high-risk patients, often undertaken in academic settings.

## The DISMEVAL project

There is a need to learn more about the effects of large, population-based programmes using universally accepted evaluation methods that are scientifically sound and are also practicable in routine settings. DISMEVAL aims to support this process through

- reviewing current approaches to chronic care and explore the policy context for chronic disease management in Europe;
- assessing options for approaches to disease management evaluation;
- testing and validating methods and metrics for chronic disease management evaluation in a range of European countries; and
- identifying best practices and develop recommendations for chronic disease management evaluation for policymakers and researchers.

## Funding

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## Project structure

*Phase 1* reviews approaches to manage chronic conditions that have been implemented in 13 European countries and to assess whether and how countries evaluate such initiatives. It further assesses the policy framework for chronic care in selected European countries.

*Phase 2* utilises data from existing chronic disease management programmes, or their equivalent, to test and validate different evaluation options reviewed in Phase 1. Analyses are undertaken in six countries: Austria, Denmark, France, Germany, the Netherlands and Spain.

*Phase 3* summarises the findings of Phase 1 and 2 and presents best practice and lessons learned from work undertaken in Phase 2. It will also present validated recommendations on performance indicators and evaluation methods for disease management programmes or their equivalent.

## Evaluation of success and failure factors

DISMEVAL is in its second year, with work on testing and validating evaluation methods and metrics and the assessment of policy frameworks for chronic care in progress. This work provides considerable opportunities for contributing to European health services research. However, work undertaken so far has revealed challenges:

*Conceptually*, European countries vary widely in their approaches to what can be broadly subsumed under the heading of 'chronic disease management'. Thus, some countries have considerable experience in implementing such approaches, and the challenges related to this, while others are in the early stages of developing such approaches. *Methodologically*, challenges arise from the differences in the importance attached to robust evaluation research in different settings.

This diversity has implications for the development of common research protocols and the identification and accessibility of suitable administrative data sources. At the same time, the diversity of partners from different countries provides a productive environment for mutual learning and cross-fertilisation of ideas which has stimulated the development of analytic approaches to evaluation that are unlikely to have developed in isolation.