TABLE 8-1 **Differences between Case Management and Disease Management**

Traditional/catastrophic case management	Disease management
Emphasis is on single patient	Emphasis is on population with a chronic illness.
Early identification of people with acute catastrophic conditions (known high cost or known diagnoses that lead to high cost in the near term)	Early identification of all people with targeted chronic diseases (20–40) whether mild, moderate, or severe
Acuity level of catastrophic cases is high; acuity level of traditional cases is high to moderate	Acuity level is moderate
Applies to 0.5–1% of commercial membership	Applies to 15–25% of commercial membership
Value relies heavily on price negotiations and benefit flexing	Value is result of member and provider behavior change that results in improved health status
Requires plan design manipulation (e.g., adding more home care visits)	Requires plan design changes that reward enrollment in DM and shrink drug copays
Primary objective is to arrange for care using the least restrictive, clinically appropriate alternatives	Primary objective is to avoid hospitalization *and* modify risk factors, lifestyle, and medication adherence to improve health status
Episode is 60–90 days	Intervention is 365 days for most conditions
Site of interaction primarily hospital, hospice, subacute facility, or HHC	Site of interaction includes work, school, home, and MD office
Driven by need for arrangement of support services, community resources, transportation	Driven by nonadherence to medical regimens
Outcome metrics are single-admit LOS and cost per case	Outcome metrics are annual cost per diseased member and disease-specific functional status and gaps in care

Note: HHC, home health care; LOS, length of stay.