



Is Disease Management “Ready” for Israel?

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The article by Arie Linden on Disease Management in this issue of *IMAJ* [1] addresses a subject that is of mounting concern both internationally and in Israel. The increasing burden of chronic disease is placing additional pressure on already economically strapped healthcare systems. This is certainly the case in Israel as we look at the rising prevalence of risk factors such as obesity and smoking [2] and upward trends in chronic diseases such as diabetes, asthma, chronic obstructive pulmonary disease and hypertension. World Health Organization projections of the future incidence of these diseases are dire unless we find a way to reverse the trends [3]. Linden presents an excellent description of disease management and its potential benefits as an approach to managing chronically ill patients.

The big question is how to successfully introduce DM tools into the Israeli healthcare delivery system. In his description of the advantages of the Israeli healthcare system for DM since the introduction of the National Health Insurance Law however, Linden neglects some of the major obstacles to successful implementation of DM in Israel such as:

- The initial investment required to successfully introduce DM is considerable. There is a great deal of literature in the United States testifying to the fact that health management organizations were staggered by the amount of initial investment required, and the failure to invest sufficiently reduced the benefits significantly. Where, in Israel, is the money going to come from? The health funds in Israel receive less money per capita every year since the implementation of the Health Insurance Law. The updating mechanism for the cost of the “basket of services” does not take into account the growth of the aging population, which constitutes the bulk of the chronically ill population. Is it realistic to imagine that the Ministry of Finance will be willing to reverse its long-term trend of financially squeezing the health system and invest millions of shekels in order to introduce DM?

- Linden underestimates the level of fragmentation in the Israeli healthcare delivery system. While the U.S. suffers from fragmentation in the financing of healthcare, the American family physician has the authority to be the integrator of the care his/her patient receives, including the care they receive in the hospital. Likewise, the HMOs exercise considerable control over what befalls their beneficiaries in all settings, including the hospital. This is not the case in Israel. The discontinuity between the community and the hospital is one of the major flaws of the system. It is exacerbated by the built-in conflict of interests within the Ministry of Health, which directly intervenes in contracts between health funds and hospitals.
- The Israel National Council of Community Health Care has rightfully identified the necessity for a “personal physician” for every citizen, particularly for those who are chronically ill. The system still has a long way to go in empowering the primary care physician to direct and manage the care his or her patient receives.

Linden's idea of DM organizations in Israel that would contract with the National Insurance Institute to implement DM programs similar to the CMS (Centers of Medicare and Medicaid Services) in the U.S. does not appear to make a great deal of sense in the Israeli context and indeed contradicts one of the fundamental tenets of the National Health Insurance Law – the responsibility of the health funds to provide and coordinate all the healthcare services in the public basket for their members. Since each HMO has its own unique group of providers, the more appropriate direction would seem to be finding a way to finance and provide incentives for the health funds to develop their own internal programs for DM.

That there is a crucial need to change the trends in chronic disease is indisputable. While DM has exhibited potential as

DM = disease management

HMO = health management organization

a tool for accomplishing this objective, "the jury is still out" on the issue because rigorous scientific studies of its impact are too few [4]. It would therefore be worthwhile for the Israeli government to appoint a special task force with the objective of examining the evidence on the relative effectiveness of the various approaches to DM and developing a strategy for adapting and adopting the disease management process for the Israeli healthcare system.

References

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