

Overview of Disease Management

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OPINION

As we all are very much aware about increasing health disease. Now as days the management of diseases should by necessary to overcome the risk of increasing death rate. With the passage of time and increasing population the rate of chronic diseases was also increasing day by day. Many disease management programs and policies were launched by different countries to manage diseases. Disease management is an approach of medical healthcare which enables the patients to manage the chronic diseases. Patients learn how to manage themselves and avoid potential problems related to their health. Various health insurance companies focus on the management of diseases to overcome the health costs. Health policies, health insurances have been launched by many companies of the world to improve the quality of patient care. They build collaborative practice models, educate the patients, identify the target population which diseases should be addressed and to design such programs to teach self-management to patients. There are many conditions for disease management such as Heart diseases (coronary heart diseases, hypertension, congestive heart failures), Lung diseases (chronic obstructive, pulmonary disease), Diabetes, Cancer, Arthritis. Disease management programs is an important in care of management. It depends on factors like manager commitment, the change of management structure, organizational readiness to pursue the course and the performance of the process.

Earlier disease management programs don't show as effective response in controlling the costs but there was positive response in improving the quality of life and satisfaction of patients in disease management. As with reporting the patients with the control group found that there is no reduction in hospital admissions and emergency room visits as well no savings in Medicare expenditure for patients. But with the continue or randomized trials of disease management for chronic and pulmonary diseases it has been found a decrease in emergency room visits and hospitalizations along with cost savings.

Effective and the long-term conditions for management of diseases was evaluated main aim of which is to reduce the chronic diseases in adults and the pattern of health overcomes in chronic disease management inventions in adults with having physical health problems [1]. Self-management support is most frequent in chronic care inventions and proves beneficial. Crohn's disease which is a chronic inflammatory disease affects the gastrointestinal tract causes lesions from mouth to anus have been physically examined and manage by various medicare techniques and methods. If the disease was not controlled on time it will leads to cancer, anaemia, osteoporosis [2]. Management of diseases has two main aims first is to treat the inflammatory process and its complications and second is to manage the health by minimizing the negative effect of such diseases itself. Management of diseases in its initial stages reduce the further health problems. Disease management programs are recommended to improve the quality of health care and to solve the problems of patients. Such programs result positive for depression in the primary care and more effective than usual care [3]. Disease management implementation of interventions enhancing the self-management abilities of the patients by meeting their needs and make them proactive participants in poses a challenge. If the patient has better self-management abilities it can prevent themselves from worsening of a disease, which makes the patients to maintain their physical as well as mental quality of life and they're by relieving the pressure on the health care system [4]. Dealing with the illness or disease affects not only functional capacities but also the aspects of life [5]. Disease management improved the clinical processes of care for the heart failure, coronary artery disease, diabetes and depression. Some inconclusive evidence, insufficient evidence or evidence for no effect of disease management on health-related behaviors. Such management programs reduce the hospital admission rates for congestive heart failure, but increased health care utilization for depression, with inconclusive or insufficient evidences for the other diseases.

CONCLUSION

In conclusion, I hold my opinion that the systematics reviews of disease management programs and Medicare health centers have not properly shown consistency cost savings or improved patients health overcomes. They need to improve the disease management programs so they are more effective for the goals to achieve.

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