



evolve
excel





About DMAA

DMAA: The Care Continuum Alliance convenes all stakeholders providing services along the care continuum toward the goal of population health improvement. These care continuum services include strategies such as health and wellness promotion, disease management and care coordination. DMAA: The Care Continuum Alliance promotes the role of population health improvement in raising the quality of care, improving health outcomes and reducing preventable health care costs for people with chronic conditions and those at risk for developing chronic conditions. DMAA: The Care Continuum Alliance represents more than 200 corporate and individual stakeholders, including health plans, disease management organizations, health information technology innovators, employers, physicians, nurses and other health care professionals and researchers and academicians. Learn more by visiting DMAA online at www.dmaa.org.



transition

2007: A Year of Transition, a New Vision

With an eye toward the future for population-based care, the Disease Management Association of America announced a new name in September 2007: DMAA: The Care Continuum Alliance.

With the new name came a new mission and vision for DMAA—that all stakeholders in the health care continuum align toward optimizing the health of populations. This simple statement and the announcement of the new name at the 2007 Disease Management Leadership Forum belie many months of thoughtful deliberation by DMAA leaders to ensure the organization evolves in step with its members and the broader population health community. Our more than 200 organization and individual members represent a diverse mix of services across the "care continuum," a phrase that captures the many population-based approaches to keeping the healthy well, preventing disease and helping the chronically ill manage their conditions.

Disease management, no doubt, remains an important part of what we do. But with the clear evolution of the industry toward the breadth of

population-based care, DMAA identified the need for a name and brand to convey this and, at the same time, honor our rich history of accomplishments as chronic care management's leading advocate.



DMAA President and CEO Tracey Moorhead announces the organization's new name at the 2007 Leadership Forum.

“Change is the law of life. And those who look only to the past or present are certain to miss the future.”

– John F. Kennedy



How We Achieved a New DMAA

Early in 2007, DMAA launched a rebranding project after much discussion among its leaders, industry observers and others about the limitations of "disease management." With the help of experienced brand development professionals, DMAA analyzed its current name and brand, surveyed and interviewed internal and external stakeholders and developed name and brand recommendations.

DMAA emphasized a transparent process throughout. In August 2007, DMAA reached out to its full membership through an audio conference and Webcast to explain the project, survey findings and a proposed name as approved by the DMAA Board of Directors. With that call, DMAA began member balloting to formally adopt the new name; member ratification came in late fall.

New Name, New Look

Our new logo reinforces the continuum theme, with concentric circles of gradually increasing weight toward the center to visually convey the spectrum of services in population health improvement, from broadly applied programs, such as wellness, to complex, individualized interventions.

Our vibrant new look extends to all our print and electronic products and signals our renewed commitment to representing all stakeholders in population-based care.

Consistent Service amid Change

With its new name and mission, DMAA continues to deliver the same valuable benefits and high level of service its members have come to expect since 1999. Learn more in these pages about how DMAA worked throughout 2007 to meet its members' needs and champion high-quality, cost-effective care for the populations they serve.

mission vision

Our Mission

We believe the highest achievable health status is attained through the promotion and alignment of population health improvement by:

- Promoting a proactive, patient-centric focus across the care continuum;
- Convening health care professionals across the care continuum to share and integrate practice models;
- Emphasizing the importance of both healthful behaviors and evidence-based care in preventing and managing chronic conditions;
- Promoting high quality standards for and definitions of key components of wellness, disease and, where appropriate, case management, and care coordination programs as well as support services and materials;
- Identifying, researching, sharing and encouraging innovative approaches and best practices care delivery and reimbursement models;
- Establishing consensus-based outcomes measures and demonstrating health, satisfaction, and financial improvements achieved through wellness,

Our Vision: All stakeholders in the health care continuum are aligned toward optimizing the health of populations.

disease and case management, and care coordination programs;

- Supporting delivery system models that assure appropriate care for chronic conditions and coordination among all health care providers including strategies such as the Chronic Care Model, the physician-led medical home concept, and the disease management model;
- Encouraging the widespread adoption and interoperability of health information technologies;
- Advocating the principles and benefits of population health improvement to public health officials, including state and federal government entities;
- Underscoring the level of commitment to population health improvement and timeframes necessary to realize the full benefits.

Our Strategic Vision

- Advocate population health improvement as a tool to improve the quality of health care and health care outcomes, and reduce preventable health care costs.
- Research and identify best practices for wellness, disease and care management programs.
- Convene and share best practices to aid in the continued evolution of population health improvement.
- Demonstrate the value of the population health improvement model programs to health care providers and consumers.
- Promote DMAA to retain and grow membership and strengthen the organization.

A MESSAGE FROM THE CHAIRMAN AND PRESIDENT

The Greek philosopher Heraclitus said nothing endures but change. We embraced this simple truth in 2007 with a new name and vision for the future of population health improvement: DMAA: The Care Continuum Alliance.

Changing the name of such a well-known and respected organization was not a decision taken lightly. We understood the challenges and potential pitfalls. But more important, we understood the imperative to align the DMAA name with our evolving membership base, which has expanded far beyond traditional disease management to encompass care not only for the chronically ill, but also for the well and for those simply at risk of a chronic condition.

This recognition of chronic care across the “continuum,” from wellness to complex, individualized care, inspired our new name and now serves as a touchstone for our vision and strategic direction.

Even amid this dramatic change, DMAA emphasized continuity in other areas. We produced a second volume of our landmark Outcomes Guidelines Report, adding important clinical measures to the financial guidance of Volume I. We developed these clinical measures with the National Committee for Quality Assurance, one of many key relationships DMAA forged in 2007. Another was with the Partnership to Fight Chronic Disease (PFCDD). As a PFCDD partner organization and advisory board member, DMAA raised awareness of chronic disease prevention and care among presidential candidates and policymakers, and we continue that important work today.

Particularly significant among our collaborative efforts was that with the National Association of Manufacturers (NAM). Together, we co-hosted our first Integrated Care Summit and published a toolkit for employers on population-based care. DMAA and the NAM will host a second Summit in 2008, and we look forward to this continuing collaboration.

Our research activities in 2007 produced not only a second volume of the Outcomes Guidelines Report, but made important strides in other areas. We sharpened our focus on quality with a reorganized research committee structure, including a new Quality Improvement Committee. In 2008, DMAA will continue its vigorous promotion of high-quality, evidence-based care.

We continue to place a high priority on providing our members with value for their dues dollar. In November, we announced a partnership with HealthSciences Institute to make its Chronic Care Professional Certification program available at significant discounts to DMAA members. We also formed a strategic alliance with the American Association of Preferred Provider Organizations to make AAPPO educational programming available at preferred rates to our members.

The annual DMAA Forum again surpassed expectations. Our outstanding keynote speakers, including former Surgeon General Richard Carmona, MD, and health policy expert Ken Thorpe, and exceptional educational programming raised the bar for meetings and exhibits in population health. Our tradition of premier education and exhibit events continues in 2008 with The Forum 08 and a second Integrated Care Summit, Sept. 7 to 10, in Hollywood, Fla.

DMAA, like its members, is evolving to meet the needs of the healthy, at-risk and chronically ill. Change does endure, as does our commitment to delivering the best possible research, education and advocacy to our members and the populations they serve.

Sincerely,

William C. Popik, MD
Chairman

Tracey Moorhead
President and Chief Executive Officer

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DMAA

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APS Healthcare



membership

Our Strategic Vision: Promote DMAA to retain and grow membership and strengthen the organization.

DMAA: The Care Continuum Alliance represents more than 200 organizations and individuals from all aspects of population-based care, including nationally recognized health plans; wellness, health promotion and disease management organizations; pharmaceutical manufacturers and pharmacy benefit managers; and technology leaders. DMAA also counts among its membership employers, physician groups, diagnostics suppliers, quality and accrediting bodies, individual professionals and other stakeholders in chronic disease prevention and care.

In 2007, DMAA:

- Added more than 45 new organizational and individual members.
- Improved service to members through the addition of a vice president of membership and marketing and a new membership coordinator.
- Introduced valuable new member benefits, including:
 - » Discounts of 25 percent for individuals and up to 40 percent for groups on Chronic Care Professional Certification, through a partnership between DMAA and HealthSciences Institute.

- » Access to American Association of Preferred Provider Organizations (AAPPO) member rates on AAPPO educational programming.

DMAA members receive a generous package of benefits, including:

- Print and online access to the DMAA peer-reviewed journal, *Disease Management*, and weekly delivery of the *DMAA eNews* electronic newsletter.
- Access to DM LitFinder, a periodically updated, online database of more than 230 citations and data from studies in population-based care.
- Substantial discounts on leading research and reference publications, including the acclaimed “Outcomes Guidelines Report,” the “Dictionary of Disease Management Terminology” and the new “Managing Disease: A Comprehensive Guide.”



DMAA Members

Accordant, A CVS Caremark Company	Central Virginia Health Network	Independence Blue Cross	PricewaterhouseCoopers LLP
ActiveHealth Management, Inc.	Centric Health Resources, Inc.	Independent Living Systems, LLC	Principal Financial Group
Aetna	CHD Meridian Healthcare, An I-trax Company	INSPIRIS, Inc.	PSIMedica
AIDS Healthcare Foundation	CIBC World Markets	Integrated Benefits Institute	QualityMetric Inc.
Air Products	CIGNA HealthCare and CareAllies	Iowa Chronic Care Consortium	Qualsa Health Care
Alere Medical Incorporated	Clinidata Corporation	Johns Hopkins HealthCare	Quantum Health LLC
AllOne Health Management Solutions	CNR Health Care Network	Joint Commission	Quest Diagnostics, Inc
AlphaNet, Inc.	Comprehensive NeuroScience, Inc.	Kaiser Permanente Health Plan Inc	RAND
American Medical Group Association	Corphealth, Inc.	LifeMasters Supported SelfCare, Inc.	Reden & Anders, Ltd.
American Pain & Wellness	D2Hawkeye, Inc.	Longitude Health, Inc.	Regence Group
American Specialty Health	Deloitte Services LLP Life Sciences & Health Care	Louisiana Health Care Review, Inc.	Renaissance Health Care
APS Healthcare, Inc.	DxCG	Magellan Health Services	Resolution Health
ArztPartner Alameda AG	Emed Health	Matria Healthcare, Inc.	Revolution Health Group
AstraZeneca	Enfold, Inc.	Mayo Clinic Health Solutions	ROMIT Disease Management
Avidyn Health	Enhanced Care Initiatives, Inc.	McKesson Health Solutions	Saint Patrick Hospital And Health Sciences Center
AvMed Health Plans	Family Physicians Group	MedAssurant, Inc.	sanofi-aventis
AxisMed Gestao Preventiva Da Saude SA	Focused Health Solutions	Medco Health Solutions	SHPS, Inc.
Baptist Health Home Health and Hospice	ForeSee Health, Inc. a Subsidiary of Mercy Health Plans, Inc.	MEDecision, Inc.	Silverlink Communications
Benefit Management Services	Geisinger Health Plan	Medical Cost Management Corp.	Solucia Consulting
Blue Care Network	Green Ribbon Health, LLC	Medical Mutual of Ohio	Sompo Japan Research Institute Inc.
Blue Cross Blue Shield of Alabama	Halleland Health Consulting	Medical Network One	StayWell Health Management
Blue Cross Blue Shield of Arizona	Hazelden Foundation	Medybiz Private Limited	SummaCare
Blue Cross Blue Shield of Louisiana	Health America	Meiji Yasuda System Technology Company, Limited	Swiss Center for Telemedizin MEDGATE
Blue Cross Blue Shield of Massachusetts	Health Care Service Corporation [BCBS TX, NM, OK, IL]	Merck & Co., Inc.	SynCare LLC
Blue Cross Blue Shield of Michigan	Health Dialog, Inc.	Milliman, Inc.	TrestleTree
Blue Cross Blue Shield of Minnesota	Health Hero Network, Inc.	Motion Picture & Television Fund	Trion
Blue Cross Blue Shield of North Carolina	Health Integrated, Inc.	National Association of Manufacturers	Tufts Health Plan
Blue Cross Blue Shield of Rhode Island	Health Management Corporation	National Committee for Quality Assurance	Unity Health Insurance
Blue Shield of California	Health New England	National Pharmaceutical Council, Inc.	Universal American Financial Corporation
BlueCross BlueShield of Tennessee	HealthMedia, Inc.	Nationwide Better Health	URAC
Bluegrass Family Health	HealthPartners	Neighborhood Health Plan of Rhode Island	Vangent, Inc.
Boston Medical Center Healthnet Plan	HealthSciences Institute	Network Health Plan	Varolii Corporation
CalorieKing	Healthways	Noblis	VillageHealth Disease Management
Capital Blue Cross	Hewitt Associates, LLC	Novo Nordisk	Vision Service Plan
Capital District Physician Health Plan	HHS Health Options	Nurtur	VisionTree Software, Inc.
Cardiocom Multi-Disease Management	Highmark Blue Cross	Optima Health	Wellmed Medical Management, Inc.
CareGuide	Honeywell HomMed FOCUSED CARE	Optum	WellPoint, Inc.
CareSource Management Group	Horizon Blue Cross Blue Shield of New Jersey	ParadigmHealth	WellSpan Health
Catholic Health Association	Humana, Inc.	Partners HealthCare, Inc.	Whole Health Management, Inc.
	Huntsville Hospital	Pfizer Health Solutions Inc.	Xilas Medical, Inc
	IBM	Pharos Innovations	XL Health
		Pitney Bowes, Inc.	Zorgplan BV

research

Our Strategic Vision: Research and identify best practices for wellness, disease and care management programs.

DMAA: The Care Continuum Alliance continued to set the pace for research and industry guidance on population health improvement in 2007, reaffirming its leadership in these areas. In September, at the ninth annual Disease Management Leadership Forum, DMAA released Volume II of its Outcomes Guidelines Report, the recognized consensus document on approaches to measuring outcomes in population health improvement programs.

Quality Improvement: The Ultimate Goal

Through its research activities in 2007, and in earlier years, DMAA has carefully laid the groundwork for an approach to population health improvement that makes quality

paramount in all aspects of care. At an organizational level, DMAA reinforced this commitment to quality with the creation of the Quality Improvement Committee. This new committee will sharpen the organization's focus on quality improvement information and tools, collaborations and recognition of successful initiatives to enhance quality care. Other strategic changes to the DMAA research committee structure will further strengthen the organization's work toward high-quality, population-based care for those with, and at risk of, chronic conditions.



Quality Through Evidence-Based Research

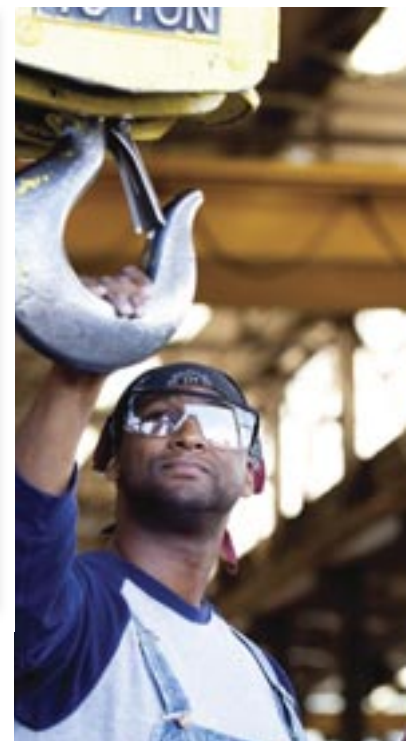
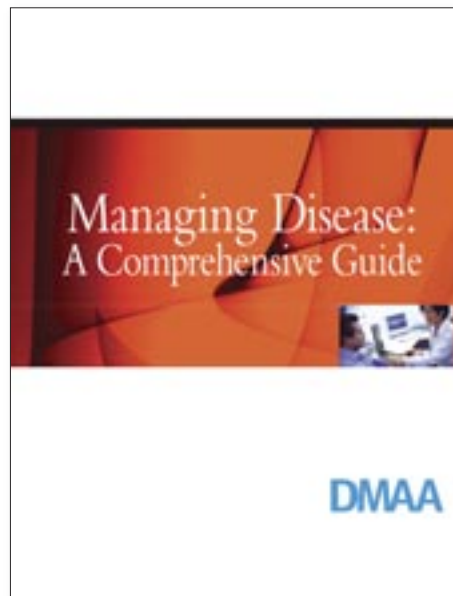
An evidence-based, consensus process underlies all DMAA research efforts, and nowhere is this better demonstrated than in the ongoing development of the acclaimed Outcomes Guidelines Report.

At the core of the Volume II Guidelines are key clinical outcomes measures, developed in collaboration with quality and accrediting leader the National Committee for Quality Assurance (NCQA). The document also reflects contributions by other nationally recognized quality improvement organizations, including URAC, and representatives from more than 100 DMAA corporate members and partners. Volume II also includes a wellness program model and definition and recommendations for evaluating impact on small populations, two key areas for development identified through stakeholder comment on the first volume.

Even as it released the Volume II Guidelines, DMAA began planning for a third volume in 2008. This next installment will continue the collaboration with NCQA and other contributors to expand and refine measures in all areas—in particular, methods and measures that allow meaningful comparisons across programs.

Managing Disease: A Comprehensive Guide

This definitive text, written by leading authorities in population health improvement and edited by Joel Hay and Donna Rindress, provides a detailed account of the origins, current state and future direction of chronic disease care. Throughout the book's 12 chapters, readers will find in-depth discussions of key concepts in disease management and perspectives on population health improvement in the context of patient safety, government regulation and other timely issues.





advocacy

Our Strategic Vision: Advocate population health improvement as a tool to improve the quality of health care and health care outcomes, and reduce preventable health care costs.

DMAA made important inroads into the federal health policy process in 2007 and reaffirmed its role as the leading advocate for population health improvement. Tackling issues as varied as health information technology standards, IRS regulations and Medicare managed care, the DMAA Government Affairs Committee, member advocates and staff worked to protect the interests of DMAA member organizations and the populations they serve.

Medicare

In 2007, DMAA responded on several fronts to the government's ongoing examination of population health approaches in the Medicare program.

- Federal officials responded positively to calls to make budget neutrality the financial performance threshold for Medicare Health Support (MHS), a development of great benefit to MHS Organizations.
- DMAA issued a series of policy papers on MHS, including measuring success in Phase I and performance targets, service areas, beneficiary eligibility and contractor qualifications for Phase II.
- DMAA reached out to key congressional offices, Centers for Medicare and Medicaid Services (CMS) personnel and other policy makers to raise awareness of these positions and support a successful outcome for the MHS pilot.
- DMAA joined an industrywide action to oppose Medicare Advantage cuts that threatened care for the chronically ill and disadvantaged populations.

- DMAA responded decisively to an initial CMS report on the MHS pilot. The DMAA perspective, reported in key health policy publications, including *Modern Healthcare*, the Bureau of National Affairs *Health Care Daily* and *Disease Management News*, effectively countered the report's minimally supported assessment that the pilot had not achieved early goals.

In Other Achievements:

- DMAA testified before the American Health Information Community's Chronic Care Work Group and won appointment of two prominent population health professionals on the panel.
- An IRS ruling on hospitals that provide health IT to staff physicians responded positively to calls by DMAA and other stakeholders for a broadened definition of covered technologies and donors.
- DMAA leaders briefed Capitol Hill staff on the evolution of population health improvement and its successful application in federal programs, such as Medicaid.
- DMAA strengthened its advocacy presence with the addition of a former top congressional aide and seasoned government affairs professional as public policy director.
- DMAA joined the Healthcare Leadership Council-chaired Confidentiality Coalition to preserve HIPAA provisions permitting exchange of protected health information for care coordination and disease management.

education

Our Strategic Vision: Convene and share best practices to aid in the continued evolution of population health improvement.

DMAA surpassed even its own high standards for educational programming in 2007 with the Ninth Annual Disease Management Leadership Forum and first Integrated Care Summit, co-hosted with the National Association of Manufacturers (NAM). Both events, Sept. 16 to 19, in Las Vegas, attracted record attendance and delivered content unparalleled in its variety and quality. DMAA continues its tradition of premier education and exhibit events with The Forum 08 and second Integrated Care Summit, Sept. 7 to 10, 2008, in Hollywood, Fla.

The 2007 DMLF

The 2007 Forum drew nearly 1,200 population health professionals and more than 80 exhibitors to Caesars Palace Las Vegas for two-plus days of industry leading educational content and general session keynote presentations by health care's brightest minds, including former U.S. Surgeon General Richard Carmona, MD, nationally recognized health policy expert Ken Thorpe, PhD, and Intel Corp. Chair Craig Barrett. The 2007 Forum also provided the setting for major DMAA announcements, including the organizational name change and release of a second volume of the acclaimed DMAA Outcomes Guidelines Report.

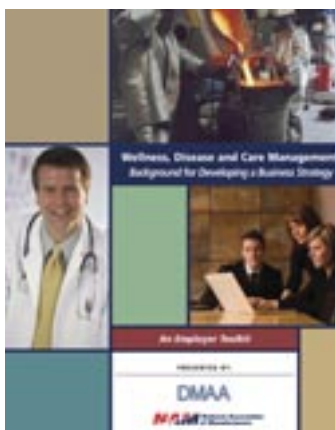
The Forum once again offered exceptional post-conference programming, including a well-attended and enlightening Outcomes Symposium and second Obesity Management Summit, sponsored by sanofi-aventis.

Promoting Chronic Care Training

DMAA forged an important new partnership in 2007 with HealthSciences Institute (HSI), the recognized leader in certification of chronic care professionals. Under their agreement, the HSI Chronic Care Professional Certification program carries the DMAA brand and is now available at substantial discounts to DMAA members, both individuals and groups. This partnership reflects DMAA's commitment to promoting the highest level of care quality in population health.

“DMAA's commitment to fighting chronic disease is clear in the quality of its educational programming.”

– Ken Thorpe, PhD



Engaging and Educating Employers

The Integrated Care Summit capped a year in which DMAA made significant strides in reaching out to employers and benefits professionals. The Summit, which immediately followed the DMLF, brought together corporate health leaders and their wellness and disease management providers for focused presentations on winning approaches to improving employee health and reducing costs. NAM President and CEO John Engler kicked off the Summit with a keynote speech on health care innovation in the manufacturing sector.

At the Summit, DMAA and NAM released an important new resource for employers: a toolkit to help navigate the many choices for creating successful population health programs. "Wellness, Disease and Care Management: Background for Developing a Business Strategy," provided to all Summit attendees on CD-ROM and available as a download from the DMAA and NAM Web sites, includes issue briefs, guidance on the RFP process for finding and contracting with population health services, sample employee educational materials and other practical tools.



DMAA Leadership Awards

As it has done every year since 1999, DMAA honored excellence in population health improvement at the 2007 DMLF with organizational and individual Leadership Awards. For the first time ever, and to recognize the key contributions of medical professionals to chronic condition care, DMAA awarded two Physician in Practice awards. One went to the late Neil J. Grey, MD, a pioneer in diabetes management; and the other to disease management champion George Rust, MD, of Atlanta's Morehouse School of Medicine.



DMAA on the National Stage

DMAA joined with a broad-based coalition of prominent national organizations as a partner organization and advisory board member of the Partnership to Fight Chronic Disease. The group, headed by Ken Thorpe, PhD, and former Surgeon General Richard Carmona, MD, both 2007 DMLF speakers, formed to make finding solutions to chronic disease a central issue in the 2008 presidential campaign.

Other Key Alliances

Also in 2007, DMAA outreach extended to:

- National Committee for Quality Assurance—DMAA collaborated with NCQA on clinical measures for Volume II of the DMAA Outcomes Guidelines Report.
- HealthSciences Institute—DMAA and HSI agreed to brand the HSI Chronic Care Professional Certification program with the DMAA name and offer it at substantial discounts to DMAA members.
- The Case Management Society of America—in March 2007, DMAA signed an alliance letter of intent with CMSA to collaborate on educational products development and distribution and on public policy initiatives. DMAA and CMSA are collaborating on an electronic library of educational resources and programming.
- American Association of Preferred Provider Organizations—DMAA and AAPPO agreed to make certain educational programming of each organization accessible by members of the other.
- National Quality Forum—DMAA underscored its commitment to care quality and patient safety with a membership in the nationally recognized NQF.
- Center for Health Transformation—DMAA joined this high-profile policy institute established by former House Speaker Newt Gingrich.



partnerships

Our Strategic Vision: Demonstrate value of the population health improvement model programs to health care providers and consumers.

Partnerships with prominent external stakeholders formed a common thread through many DMAA activities in 2007. From leading physician organizations to broad-based coalitions working to heighten awareness of chronic conditions, DMAA raised its profile significantly throughout the health care and policy community with key strategic alliances and collaborative outreach.

Physicians as Partners

Physician engagement framed much of DMAA outreach activities in 2007. DMAA, through its newly formed Physician Advisory Committee, undertook a coordinated initiative to demonstrate to physicians the value its members provide in promoting a physician-guided delivery system for chronically ill populations. Significant research, policy and outreach activities toward this goal in 2007 included:

- **Population Health Improvement Principles**—In December 2007, the DMAA Board of Directors approved a significant new document, “Advancing the Population Health Improvement Model.” This policy paper,

representing many months of careful deliberation, codifies the DMAA belief that managing health requires the active, integrated involvement of all health care professionals coordinated with the patient and their caregivers and families.

- **Physician Satisfaction Survey**—DMAA began important new work in 2007 as follow-up to its successful Participant Satisfaction Survey of 2006, this time to develop a provider satisfaction survey instrument. DMAA hosted the first of three planned focus groups with members of the Georgia Academy of Family Practice Physicians to gain attitudes and insights toward population health programs. Two additional focus groups will inform the work of the Satisfaction Subcommittee as it works to draft the standardized survey tool, expected for release in late 2008.
- **Patient-Centered Care**—Throughout 2007, DMAA supported efforts to focus attention on the patient-centered medical home and, in particular, the contributions of chronic care professionals to the medical team. Through work with leading primary care physician organizations and membership in the Patient-Centered Primary Care Collaborative, DMAA added the voice of population health to the ongoing discussion of patient-centered care.

"DMAA is a leader among leaders. As Chairperson of the Partnership to Fight Chronic Disease, I have been inspired by DMAA's leadership within PFCD and its dedication to increasing disease prevention and health literacy throughout our nation."

— Richard H. Carmona, MD, MPH, FACS

communications

DMAA has long served as a central source of information on population health improvement for corporate and individual members, policy makers and the broader health care community. Through a coordinated approach to member communications, media relations and marketing, DMAA works to ensure awareness of population health improvement's contributions to wellness, prevention and chronic condition care.

In 2007:

- DMAA worked throughout the year with media representatives from leading trade publications and national outlets, including *Disease Management News*, National Public Radio, *The Washington Post*, *Modern Healthcare*, the Bureau of National Affairs, The McClatchy Company newspapers and others. These contacts generated regular print coverage of DMAA activities and health policy perspectives.
- DMAA published its first annual report, a polished 16-page document that chronicled numerous accomplishments in 2006, including significant research, education and advocacy activities.
- The DMAA Web site, www.dmaa.org, continued to add new content and won recognition as a 2007 winner in the Horizon Interactive Awards, a leading international interactive media awards competition.
- DMAA actively participated in the communications efforts of the Partnership to Fight Chronic Disease, contributing to partnership outreach. At the 2007 Disease Management Leadership Forum, DMAA organized a media briefing with PFCD Executive Director Ken Thorpe, PhD, and the chief executives of PFCD partner organizations DMAA and the National Association of Manufacturers, Tracey Moorhead and John Engler.
- At the 2007 DMLF and Integrated Care Summit, DMAA published a full-color, four-page conference daily newspaper, *The Continuum*, the most extensive publication of its type ever produced for a DMAA annual meeting.
- *DMAA eNews*, redesigned to incorporate the organization's new logo and color scheme, completed a sixth successful year of weekly publication. DMAA also published a second year of the *Employer Update*, a quarterly newsletter targeting corporate health benefits professionals.



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DMAA: The Care Continuum Alliance
701 Pennsylvania Ave. N.W.
Suite 700
Washington, DC 20004

(202) 737-5980
(202) 478-5113 fax

dmaa@dmaa.org

www.dmaa.org