

## CLINICAL POPULATION MANAGEMENT

### PHASE ONE | STEP 4

#### Select disease activity “signal measures.”

Note: The decisions in Step 4 are at the discretion of the physician. If you’re a practice staff member serving as the population registry coordinator, share the information below with the physician when building each separate disease module.

#### SELECTING SIGNAL MEASURES

Generating the data needed for Clinical Population Management (CPM) requires the use of at least one signal measure. This is simply a specific disease activity measure of your (physician’s) choosing that you consistently track and record for all patients with a particular disease. It’s critically important that every patient have at least one disease activity measure in common – otherwise the data you extract will be a mix of apples and oranges and have no value.

Some diseases have just one customary assessment measure, making it the obvious choice for your signal measure (ex: blood pressure for hypertension). Other diseases have multiple broadly accepted assessment measures (ex: rheumatoid arthritis), in which case you’re encouraged to choose just 1-3 measures as signal measures.

You can still use other disease activity measures with individual patients as you deem appropriate. What differentiates a signal measure is that: a) it’s done on every patient with that disease at every visit – or at a consistent time interval that you determine to be appropriate, and b) its score is recorded in your population registry.

If you’re not sure which disease activity measure(s) to select as your signal measure(s), here are a few pointers:

- Your signal measure choice does not have to be permanent. Select what makes the most sense to you at this time with the understanding that you can transition to or add a different measure later.
- Start with the measure(s) you currently use on the greatest number of patients.
- If trying to decide between two signal measures, many physicians find it helpful to capture both for a cycle or two of care and let the data reveal over time which one is more useful.
- For diseases that have multiple measures available (ex: rheumatoid arthritis), many physicians are finding it most useful to select three signal measures: one physician-generated, one patient-generated, and one objective measure. The capability to compare these measures at both the population level and the individual patient level provides valuable information, especially if there is discordance between them. Exploring the reasons for lack of alignment between the scores can lead to improved treatment.
- If using multiple signals measures feels overwhelming, start with one. You can always add others later.