Web Based Decision Support Tools Providing Information to Empower Consumers

Consumer Driven Healthcare Summit
John Mills
Washington, DC
September 27, 2007



Now that's HEALTH PLAN OF NEW YORK

Overview

- About HIP Health Plans
- Consumerism in Healthcare and the Need for Transparency
- Types of Consumer Info Tools
 - Personal Health Records
 - Health Risk Assessments
 - Price transparency
- Conclusions
- Questions



About HIP

- HIP Health Plan
 - Founded in 1944
 - Affiliation with GHI approved in October 2006
 - EmblemHealth will be the name of the combined organization
- Current membership is more than 4 million
- Serves New York, Connecticut and Massachusetts
- Product offerings include
 - HMO and POS
 - EPO and PPO
 - CDHP
 - Government programs
 - Dental insurance
 - Pharmacy benefit management











Consumerism in Healthcare

- Consumerism in healthcare demands a greater understanding of plan design and cost information
 - HSAs and HRAs require access to both cost and quality information
- Emergence of the Internet has made health information more accessible to consumers and it can now be provided in an integrated and user friendly model
- Employers want their employees to be better informed about health care costs, prevention and treatment of illness



Consumerism in Healthcare

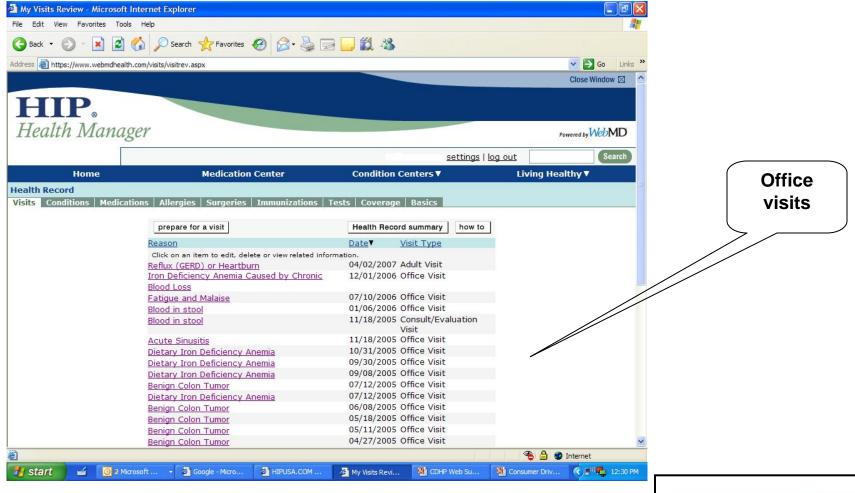
- Tracking Healthcare Information
 - Health Risk Assessments
 - Personal Health Records
- Network Quality Information
 - Hospital Quality Tools
- Transparency
 - Contracted Pricing Online
 - Benefit Decision Support Tools

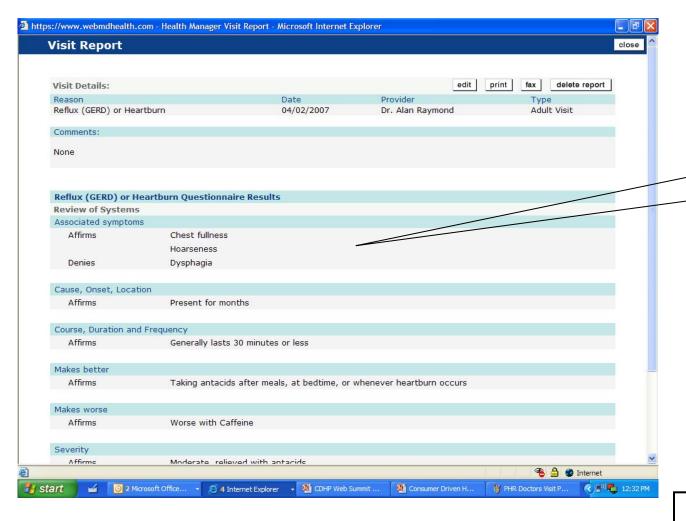


Personal Health Records

- Personal Health Record (PHR)
 - Patient geared tool which generally sits on either the health plan or employer website and provides a medical profile of the member
 - A set of consumer health related information used by the consumer and any other care or service providers as appropriate
 - Permits member and health plan to populate it with claims, lab and pharmacy data either manually or through a claims download
 - Can be thought of as a patient-owned Electronic Medical Record
 - Establishes personalization and consistency of care

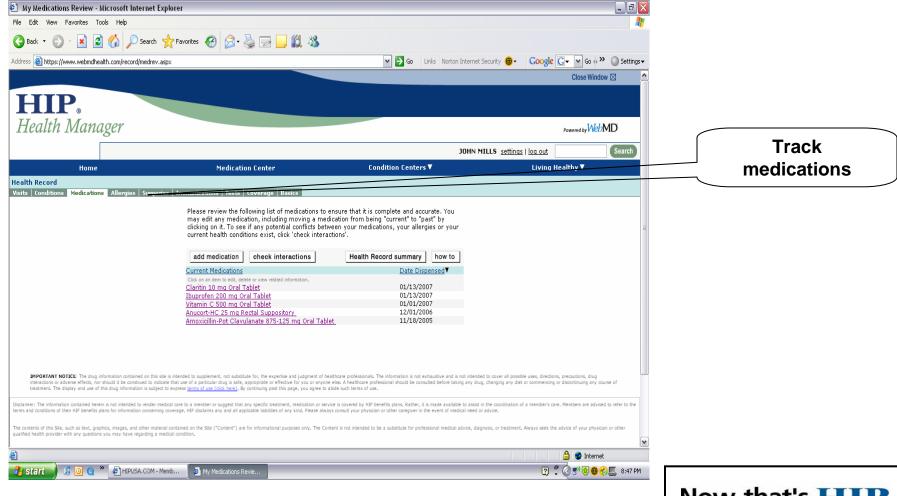


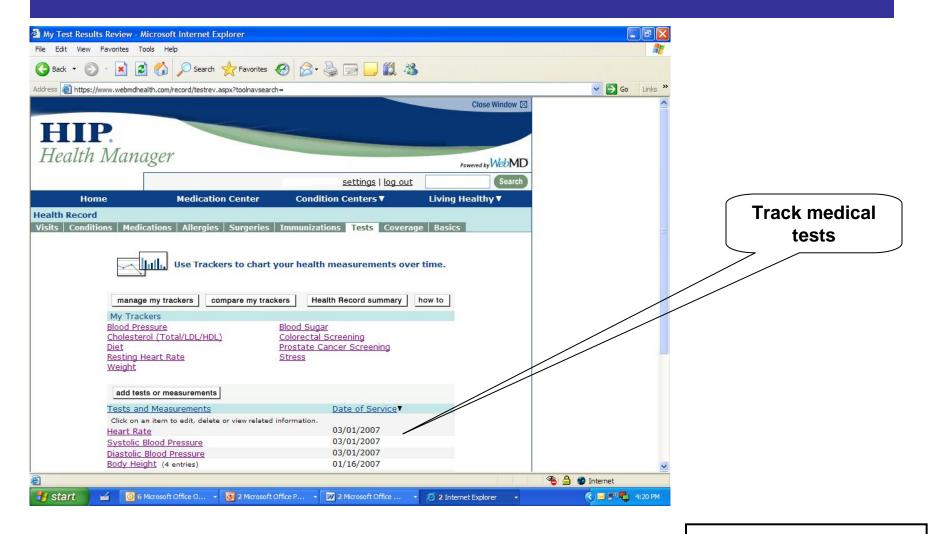




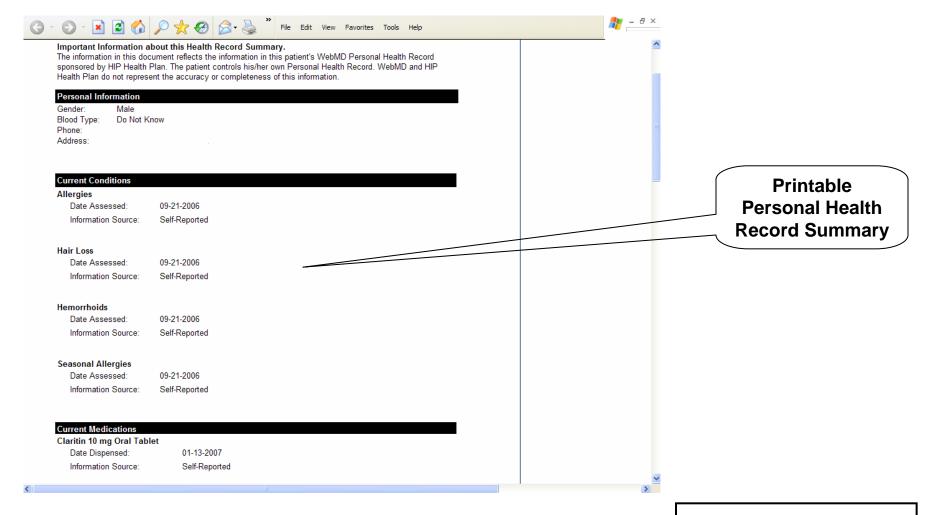
Condition detail from physician visit



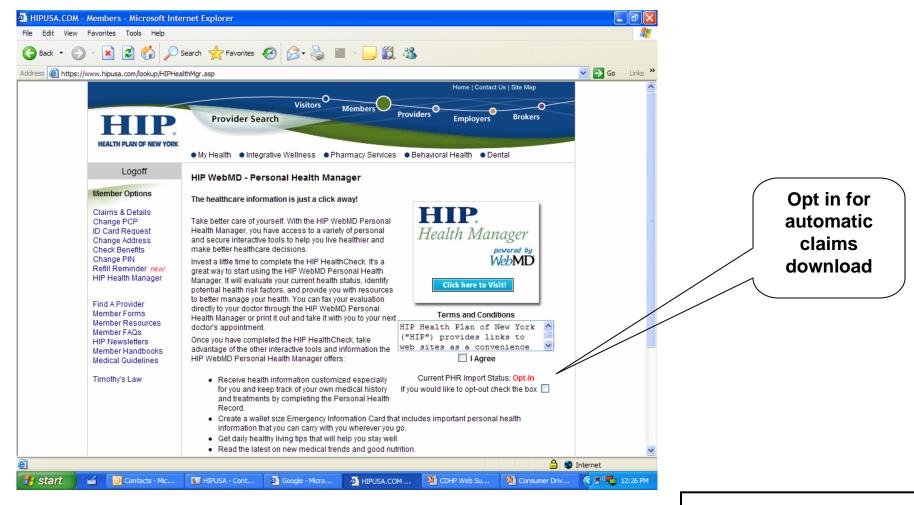














- Personal Health Records and Electronic Medical Records currently have no data or transmission standards
 - Every vendor has different fields and collect different data
 - Makes it difficult to transfer PHRs electronically or load information into an Electronic Medical Record
 - Lack of data and transmission standards is a major hurdle to increasing adoption of PHRs and EMRs



- Industry and government are trying to establish interoperability standards for both PHRs and EMRs
 - Office of Health Information Technology established to fund healthcare IT projects
 - RHIOs established to bring payers and providers together to facilitate better IT communication
 - Industry trade groups have been attempting to develop common data sets and transmission standards



- AHIP established a pilot project where they identified 10 core data elements for the transfer of data between health plans including:
 - Patient Information
 - Encounters
 - Medications
 - Providers
 - Facilities



- Eight participating health plans were paired up and asked to transfer 500 records among them
- Common data elements were provided and plans had to perform translation where necessary
- Pilot was a success with all plans successfully transmitting the data elements identified

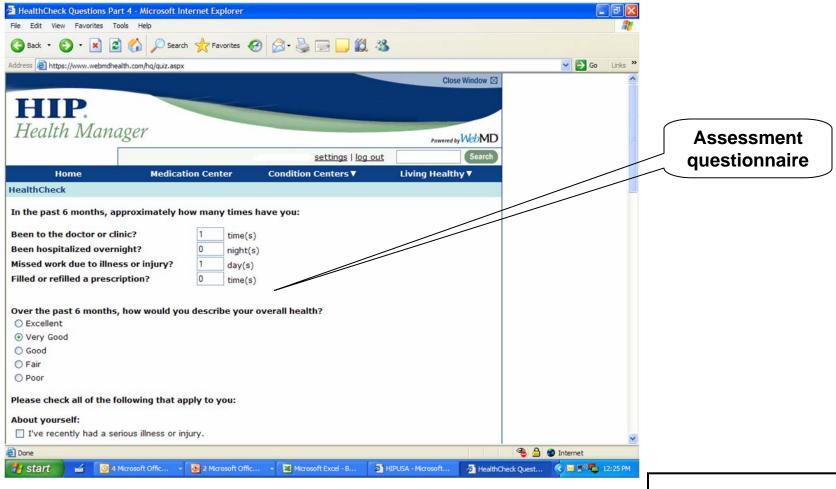


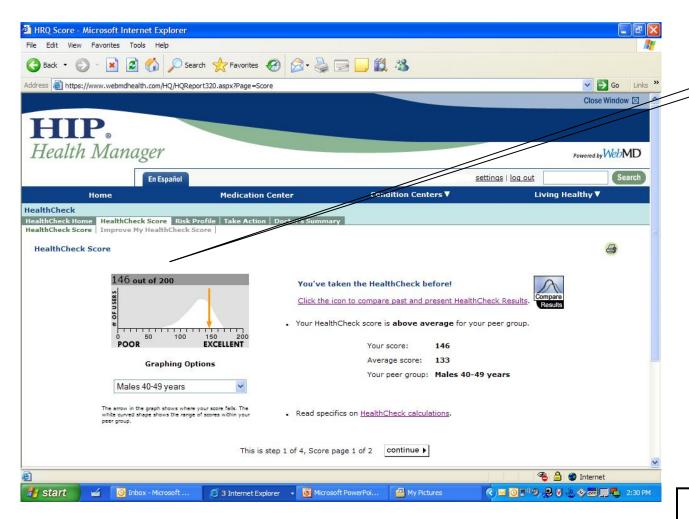
- Health risk assessments are used by the member to assess their behaviors and determine how those behaviors impact their health
- This tool will help plans meet the NCQA accreditation requirements
- Most health plans are using tools which encourage members to complete the assessment
 - Incentives for completion are sometimes provided
- The information collected is confidential and can only be used to improve a member's health through disease management or health coaching services



- The tool provides information to the health plan to help devise disease management programs for chronic conditions including:
 - Diabetes
 - Asthma
 - Smoking cessation
 - Obesity
- Health coaching can help members with or without chronic conditions who are looking to improve their health

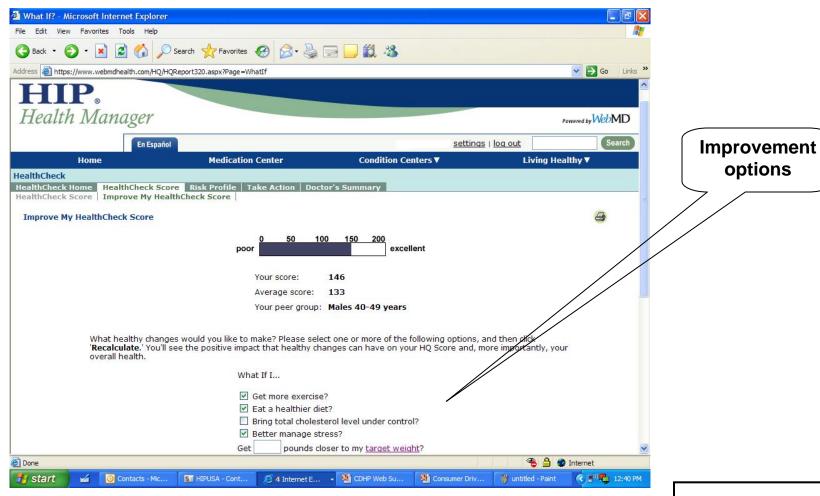


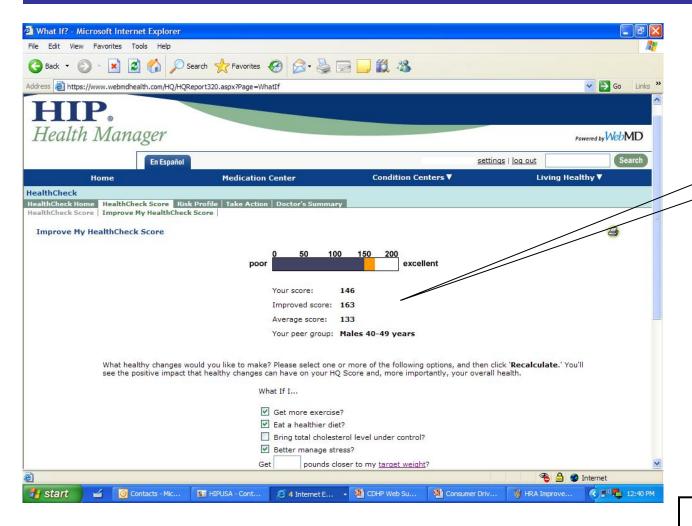




Results





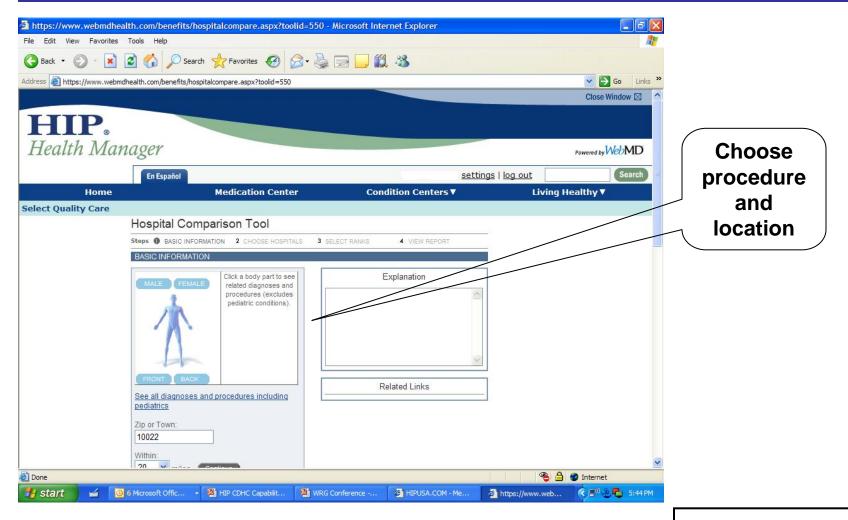


Improvement results

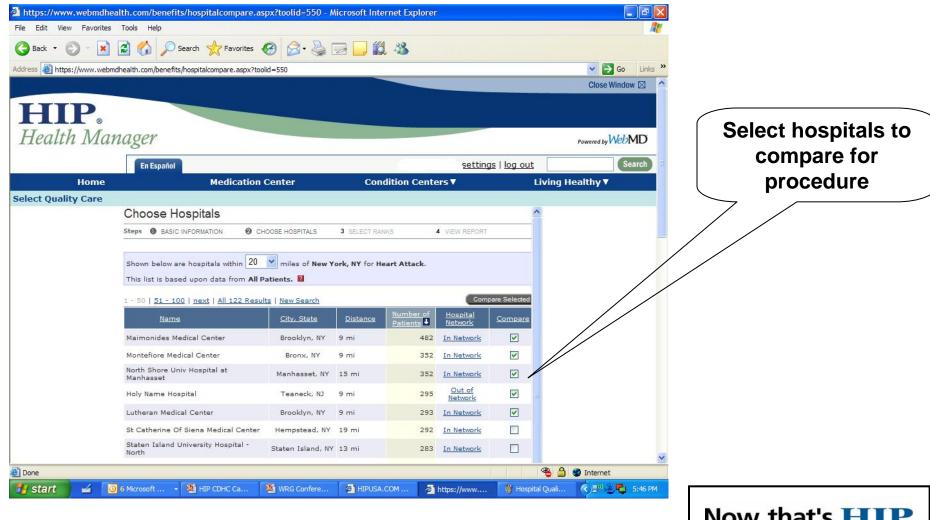


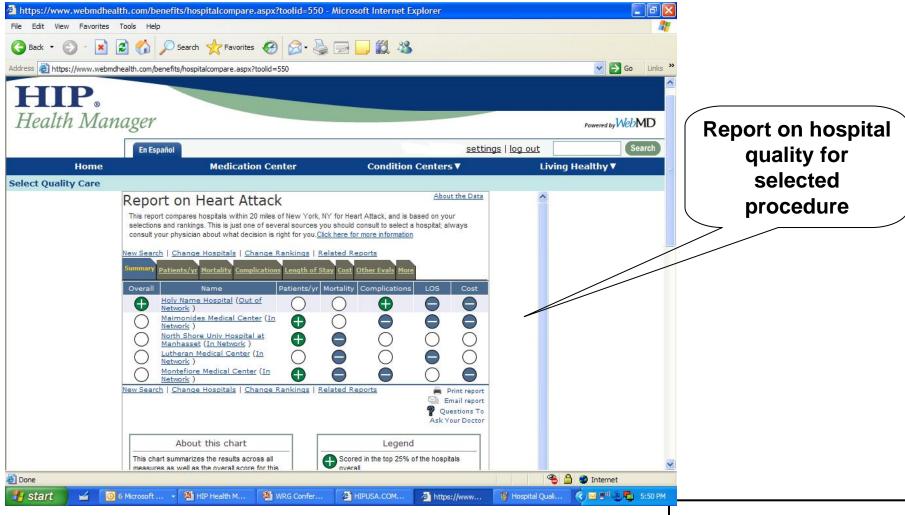
- HIP has implemented a hospital cost and quality tool (Hospital Comparison Tool) as part of the Health Manager suite.
- The Hospital Comparison Tool allows members to search hospitals by location and compare them on number of cases, mortality and complication rates, length of stay and cost for a given procedure.
- The Hospital Comparison Tool is available to members, prospective members on the hipusa.com home page.
- Consumerism in healthcare necessitates that more information be made available about the price and quality of health services











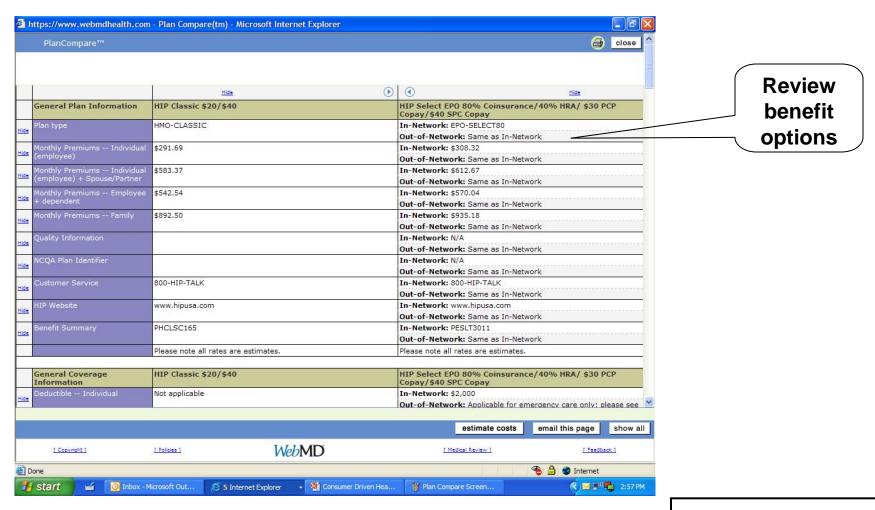
Price Transparency

- Consumer Driven Health Plans (CDHP) are a return to the old style indemnity policies from the pre-managed care era
 - Upfront deductibles which include all medical and pharmaceutical services
- Consumers are becoming more interested in the price and quality of health services
- This is a fledgling area since cost of services has only recently become an interest of consumers and purchasers due to increasing cost and greater member responsibility
- Pilots are occurring in different parts of the country where prices for certain procedures are being posted on the web

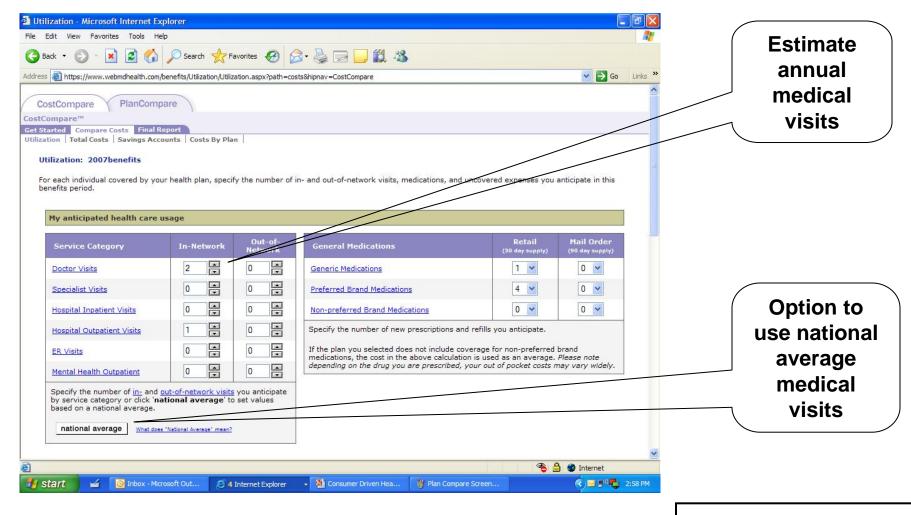


- HIP provides plan comparison and cost calculator tools
 - Can be setup to permit general use on health plan website
 - Can be customized to meet the specific offerings of an employer
- These tools permit members and prospective members to
 - Compare their health plan offerings
 - Enter their anticipated health care usage and review their expected out of pocket costs for the upcoming year
 - Estimate the amount of money they should set aside in either their Health Savings Accounts or Flexible Spending Accounts

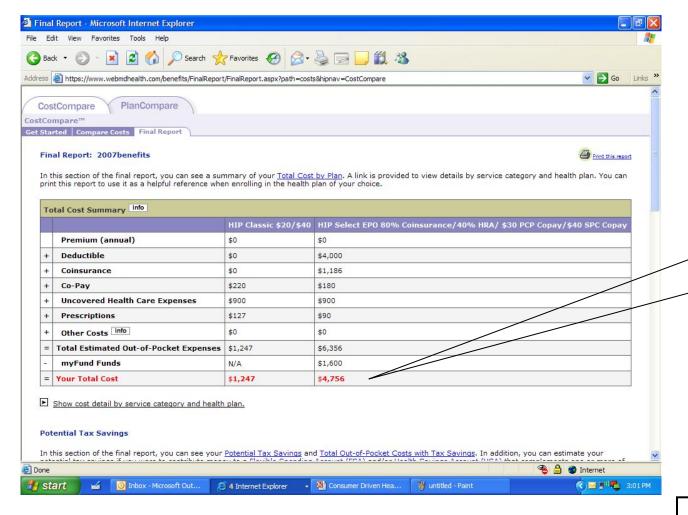






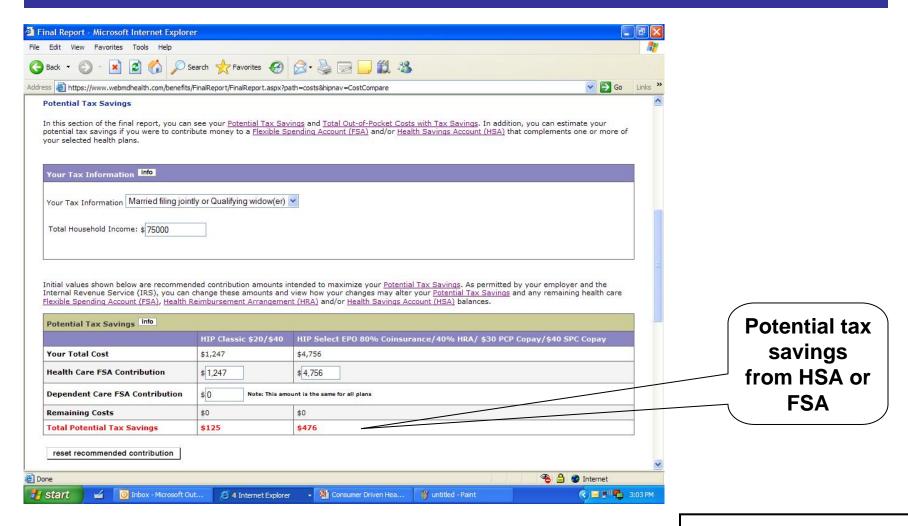






Compare estimated out of pocket expenses by plan







Conclusions

- Consumerism in healthcare is creating demand for more information about healthcare as costs increase and the market moves to HRAs and HSAs
- The Internet has created an opportunity to provide information and perform transactions that were too difficult and costly to organize in a paper environment
- Many health plans have made an initial investment in this area and will expand that investment as interest grows from consumers and employers



Questions



