



How New Technology Will Transform the Disease Management Process

2004 Disease Management Colloquium

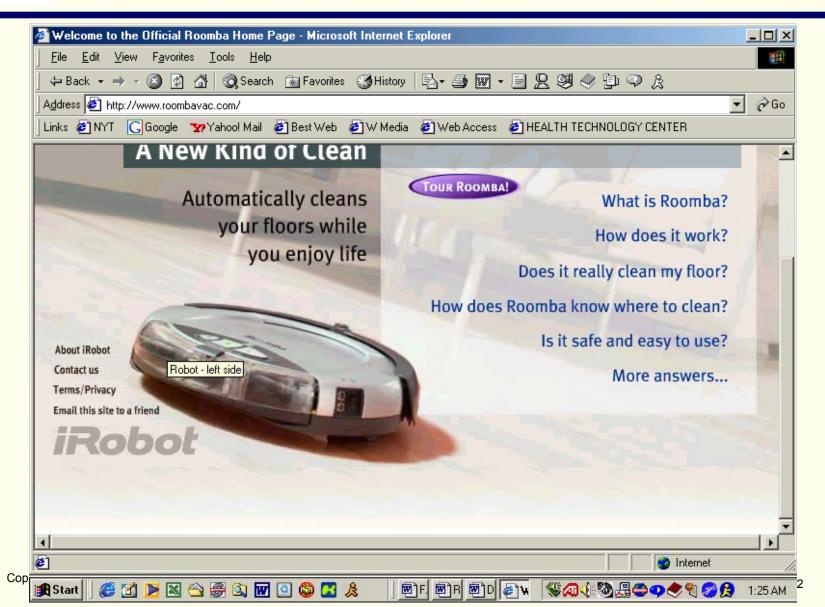
Molly Joel Coye MD, MPH Health Technology Center www.healthtech.org

Copyright Health Technology Center

1



Disrupting like the Roomba...





"Mrs. Marshall, get on the scale..."





www.healthtech.org

The Vision

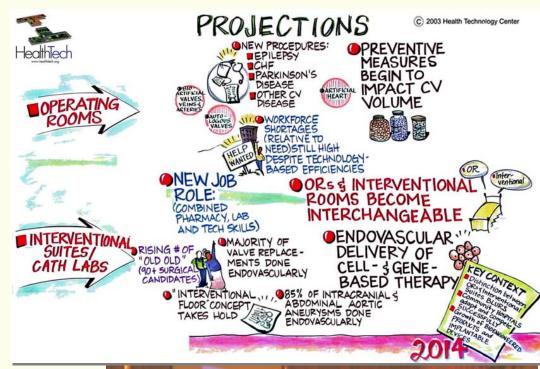
Advancing the use of new technologies to make people healthier.

The Mission

To create a trusted source of expert information about the future of healthcare technologies.

The Means

A <u>nonprofit pooled research</u> center for delivery systems and health plans. <u>Funding independent</u> of developers and vendors of technology.







HealthTech Partners

Ascension Health
Banner Health
Baylor Health Care System
Bon Secours Health System

CAPH

Carolinas HealthCare System

Catholic Healthcare West

Chinese Hospital and Health Plan

Centers for Medicare and Medicaid

Services (CMS) Federal Liaison

CHRISTUS Health

El Camino Hospital

Greenville Hospital System

Group Health Cooperative

Health Alliance for Greater Cincinnati

Hudson Health System

John Muir/Mt. Diablo Medical System

Kaiser Permanente

Lenox Hill Hospital

Lumetra

Medisys Healthcare System Methodist Health System

Mills-Peninsula Health Services

Overlake Hospital Medical Center

Parkview Health

Partners HealthCare System

PeaceHealth

Premier, Inc.

Presbyterian Medical Services

Providence Health System

The Queen's Medical Center

Ryan Community Health

Sequoia Healthcare District

Sutter Health

Texas Health Resources

UC-Davis Health System

VHA, Inc.

Veterans' Health Administration

WellPoint Health Networks



Innovation Is An Unnatural Act





268 Years Later...





Forces Driving Toward the Tipping Point

 The American health care delivery system is in need of fundamental change. The current care systems cannot do the job. Trying harder will not work. Changing systems of care will.

IOM: Crossing the Quality Chasm

- RAND: Almost half of all patients get sub-standard care
- IOM et al: One-third of healthcare expenditures are waste



IOM: Recommended Actions

- Chief <u>external</u> levers for change:
 - Support investment in information technology
 - Reform payment systems
 - Stop penalizing physicians and hospitals for quality improvement
 - Reward the behaviors and results you want
- Establish standards for clinical data exchange
- Remove legislative and regulatory barriers
 - Stark
 - Anti-trust



HHS Leadership Breaks New Ground

Secretary Thompson:

- "Grocery stores are more automated than healthcare"
- Announced Federal agencies will lead in adoption of data standards – using purchaser clout to drive the market
- Medicare Modernization Act of 2003 IT provisions
- Would use half of \$1.2 billion in fraud and abuse settlements for hospital IT investments
- Asked IOM, HL7 to define, develop standards for EHR functionality

President Bush:

- Executive Order
- National Healthcare IT Coordinator
- Reimbursement incentives
- Data exchange and connectivity

Copyright Health Technology Center



Gridlock beginning to loosen...

- Regional Data Exchanges
 - NEHEN, Indianapolis, Santa Barbara
- Federal Investment
 - \$150 m in 2004 budget, other legislation pending
 - HealthTech Policy Recommendation: <u>Spending Our Money Wisely</u>
 - Endorsed by HIMSS, NAHIT
 - eHealthInitiative Coalition: Investing in America's Health
- Reimbursement
 - CMS demos
 - IOM proposed work on payment reform options
- Employer, Coalition Voices:
 - Leapfrog
 - NEHI: <u>Advanced Technologies to Lower Health Care Costs and Improve Quality</u>
- Health Plans enter the fray:
 - Wellpoint distribution of IT/e-prescribing to 19,000 physicians
 - Disease Management third generation
 - Relay Health structured messaging between physician and patient



Better, cheaper care

- Joint findings: New England Healthcare Institute (NEHI), Massachusetts Technology Collaborative November 2003
 - ✓ Electronic communication between patients and their physicians
 - ✓ Electronic prescribing
 - ✓ Ambulatory computerized physician order entry
 - ✓ Inpatient CPOE
 - ✓ Regional data sharing
 - ✓ Intensivist onsite 24x7 in ICUs
 - ✓ Disease management
- Projected net annual benefit (75% adoption rate) for Massachusetts of \$2.48 billion



Increased workforce productivity

Our Partners are Adopting:

- Communication
 - Vocera wireless workforce communication tool
- Cost of labor
 - Service robots for delivery of materials
 - Point of care laboratory testing
- Throughput
 - Remote video translation services in ED
 - e-ICU
- Telemedicine services for institutionalized patients
- Passive RFID
- PACS-enabled reorganization of radiology services



Improved business processes

- Facility planning
 - 20-40% expansion in hospital capacity
 - No coordination between IT, facilities
 - Clinical process changes enabled by IT
- IT support for clinical devices
 - Emerging devices are unique combinations
 - Require real-time reading, action
 - Where will the 'hub' be built?









Better, Cheaper Care



Home-based Telemedicine for Uninsured, High-risk Diabetic Population

Inpatient Admissions

Emergency Room Encounters

Outpatient Visits

▼ 32%

▼ 34%

▼ 49%

(Diabetes Technology & Therapeutics Journal, 2002)

Asthma Self-management for High-risk Pediatric Population*

Activity Limitation

High Peak Flow Readings

Urgent Calls to Hospital

- (p = .03)

(p = .01)

- (p = .05)

(Arch Pediatr Adolesc Med. 2002)

Care Coordination: Hypertension, Heart Failure, COPD, and Diabetes*

Emergency Room Visits

Hospital Admissions

Hospital Bed Days of Care

Nursing Home Admissions

Nursing Home Bed Days of Care

▼ 40%

▼ 63%

▼ 60%

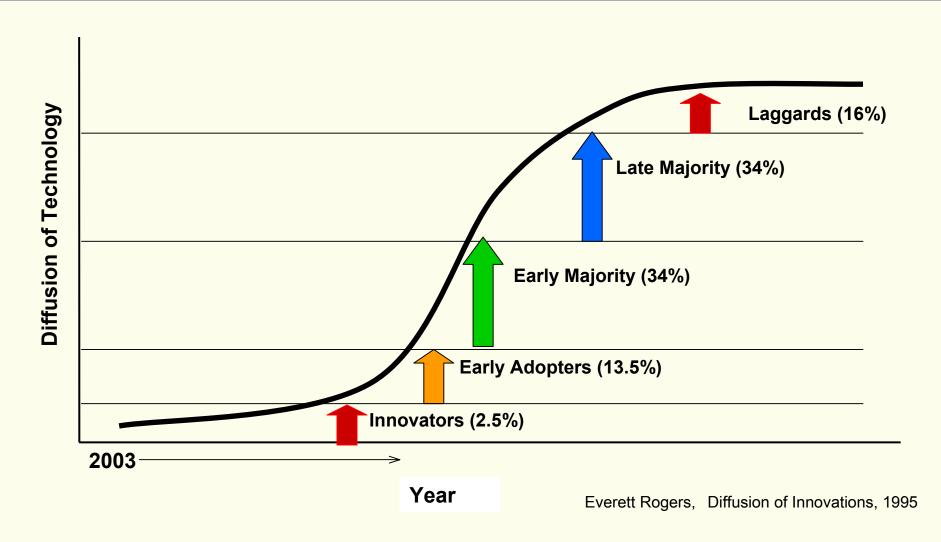
64%

▼ 88%

(Disease Management, 2002)



Find Your Starting Position...

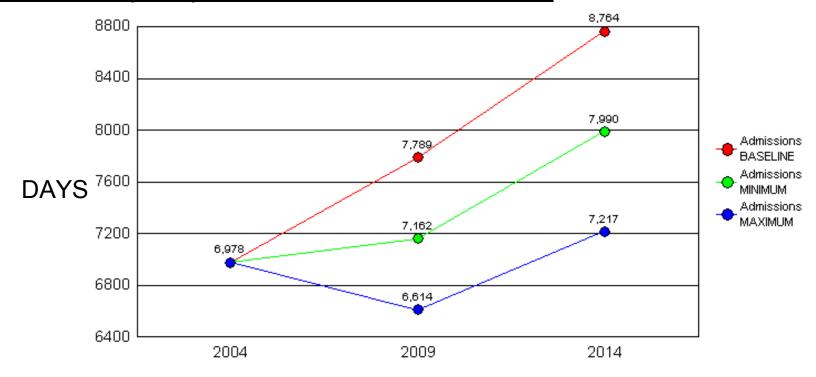


Copyright Health Technology Center



Diffusion Impact: Broward County

Closed-loop implants for cardiac disease



Broward County

Condition: 428-HEART FAILURE; Technology: Closed-loop implant; Market Availability Year: 2006; Implementation Year: 2008; Full Impact

Year: 2010



Delivery System Concerns

- Reduction in revenues:
 - Decrease in physician visits
 - Decrease in ED, hospital admissions
- Patient redirected to participating system
- ED Management of patients with devices
- Preparing for interface of devices, services, office EMR and IT
- Cultural issues of physicians and patients
- Training for personnel
- Threat of negative perception (low quality) for non participating providers
- Adequacy of reimbursement for participation in program
- Physician network relations





Physician Group Concerns

- Reduced revenue from office visits and follow up calls
- Possible loss of patients to carve out network
- Perceived "interference" with pateent management
- Capital cost of installing IT capacity to link electronically to care management program
- Care management program operations
 - Quality of service provided by program
 - Ability to incorporate patient information from care management program with physician records

Copyright Health Technology Center



Health Plan Concerns

- ROI
 - Patient disenrollment before initial investment recouped
- Costs of Emergency Care
- Quality of carve out programs
- Efficacy
- Differentiator in the market place (adverse selection)
- Lack of CMS reimbursement
- Promoting physician adoption
- Patient selection





Problems with Managing Healthech Chronic Disease



Data



People

Business



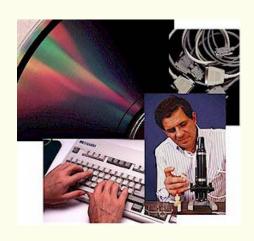


Data and Chronic Disease Management



Data Challenges...

- Accuracy
- Collection
- Access
- Presentation



What Technology Can Do...

- Improve quantity, accuracy and quality of data
- Reduce error
- Enhance data access & exchange
- Process and display in a more palatable way



People and Chronic Disease Management



People Challenges...

- Behavior Modification
- Coordination of care
- Culture
- Trust
- Workforce



What Technology Can Do...

- Improve coordination and communication
- Provide feedback
- May even build trust
- Support decision making



Business and Chronic Disease Management



Business Challenges:

- Poor efficiencies
- Alignment of incentives
- Ability to demonstrate ROI
- Reimbursement
- Population Stratification



What Technology Can Do...

- Increase efficiency
- Provide economies of scale
- Improve process



Monitoring and Measurement: Technologies



Physiological monitoring and measurement

	Challenges	Emerging Technologies (0-5 yrs)
	Data accuracy, quality and	POC Lab testing (iStat, Roche, Litmus Concepts)
	quantity	Sensors: Implantable & Transdermal (Medtronic)
		Mobile Computing (Palm, HP, Toshiba)
		• Robotics (InTouch)
ŀ		Remote Technologies: monitoring, management, and messaging (Relay Health, Agilent. Welch Allyn)
		Wireless: motes (Intel, Dust)
		Internet "port" (iMetrikus, HealthConnex)
	Self-assessments not	Wireless: motes (Intel, Dust)
١	Costly to transcribe	Remote Patient Management (HealthHero, HomMed, American
	Cognitive status difficult to determine	Telecare)

Patient-based psychological assessment



Monitoring and Measurement: Technologies (continued)

Professional assessment and observation

Compliance enhancement

Challenges	Emerging Technologies (0-5 yrs)
Shortage of skilled staff	Mobile Computing (Palm, HP, Toshiba)
• Cost	Wireless (Major service providers)
	Remote Patient Monitoring (American Telecare, HomMed)
	Point-of-Care Testing (iSTat, Roche, Litmus Concepts)
Data accuracy	Data mining of pharmacy information (Health Audit)
	Drug & detector combinations (Sequella)
	• Graphic presentation of progress and status (Accordant, Cor Solutions, American Health Patjways, iMetrikus)
	Reminder devices and systems (MedReminder, Cadex, MedReadt)
	Integrated Device & Web Portals (iMetrikus, Cerner, Welch Allyn)

Copyright Health Technology Center



Monitoring and Measurement: Forecast

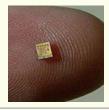
- Greatest area of technical development
- Large improvements in sensors
- **Implantables** will provide revenue potential for physicians and centers

with multiple co-

third party call

Physiological monitoring and measurement

- Comprehensive monitoring will be a challenge for patients morbidities.
- Data stream integration will be of increasing concern
- Call centers will proliferate.
- Personal baselines will emerge as trend in managing chronic
 disease
- Motes progressing rapidly
- Gateway products will proliferate





Patient-based psychological assessment Personal cognitive baselines



Monitoring and Measurement: Forecast (continued)

Professional assessment and observation

- These will be enabling technologies
- Aspects of care will increasingly be shifted to the patients caregivers

and

Compliance enhancement

- Growth area
- Integrated Web portals
- Drug & detector: Gating factor is Pharma
- Pill bottle systems will diffuse slowly due to costs and
- Other gating factors: Cost, flexibility for disease management demonstrated ROI

logistics

process, and



Underinsured and Scared





Billy Beane: The Innovator's Solution

Read Moneyball!

- Invested in players most others passed on
 - Used statistics on-base percentage, not slugging
 - Ignored the scouts
 - Tested for success in the hinterlands
- The technology is disruptive, but the implementation will often be incremental – until the tipping point is reached
- Find and invest in <u>early adopters</u>
- Michael Moritz (Sequoia):
 - "It takes a long time to build a company of value."
- IT, and IT-enabled devices, are the only counter to rising demand and costs in devices, pharma and biotech



The Early Adopter Unmasked

