Connections®
Disease Management and Decision Support

-A view from the trenches...

Es Nash, MD
Senior Medical Director
Health Management Programs
Introduction to Connections℠ Programs

• Timing is everything-Consumer-directed Health Care- how do DM/DS fit
• Timing is everything-medical management evolution and IBC’s integrated Disease Management/Decision Support
• Integration with member initiatives
• Integration with provider initiatives
• Q & A
Evolution of Healthcare Benefit Models

The Industry is in Transition

- **Traditional**
  - Discount Focus

- **Managed Care**
  - Supply Side Focus (Providers)

- **Consumer Driven Health Care**
  - Demand Side Focus (Members)
What is Consumer Driven Health Care?
(It’s More Than Spending Accounts)

Member Engagement
Engage individuals with information, flexibility and choice -- to help them better meet their needs.

Member Empowerment
Collaborative health care management -- if we provide the tools.

Member Involvement
Consumers play a more active role in healthcare process, sharing in decisions and cost.
Entire Package

- Comprehensive consumer-driven package which includes:
  - Medical coverage (health plan)
  - Spending account
  - Web and educational tools
  - Consumer involvement and decision-making
  - Cost-sharing
Consumer Driven Health Care

Product Strategy

Disease Management

ibx.com
Consumer-Driven Health Care – Consistent consumer message:

Knowledge. Choice.

Independence.

Choose Blue.

ibx.com
MEMBER SEeks CARE

MEMBER HAS HEALTH PROBLEM

MEMBER SEES PHYSICIAN

PHYSICIAN RECOMMENDS TREATMENT TO MEMBER

MEMBER EXPECTATIONS ARE FORMED

PHYSICIAN CALLS FOR AUTHORIZATION

TREATMENT COURSE BEGINS

PRE-NOTIFICATION / PRE-CERTIFICATION

PROACTIVE OUTREACH

CARE PLAN DEFINED

CARE PLAN INITIATED

APPROVE OR DENY BENEFITS

• CONCURRENT REVIEW
• DISCHARGE PLANNING
• CASE MANAGEMENT
  (HIGH RISK ONLY)
• DISEASE MANAGEMENT

CLAIM PAYMENT

MEMBER SEeks CARE PLAN

MEMBER SEES PHYSICIAN

PHYSICIAN RECOMMENDS TREATMENT TO MEMBER

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CLAIM PAYMENT

Past Medical Management Model

Member/Patient Experience Over Time
Lots of valuable outreach but....

- 24 hour nurse line
- Diabetes outreach-medical / Rx
- Education resources
- Preventive reminders
- CAD management
- CHF programs
- Asthma management
- Pharmacy initiatives
- COPD management

Member

Physician
DM – the forces converge...

- Consumer-directed health care
- Patient safety focus (IOM reports, Leapfrog Group)
- Accreditation standards
- Government sector interest-federal/state
- Collaborative approach with members/providers
- New medical management models

↑ Consumer / customer demand

↑ DM Momentum
Connections℠ Health Management Programs: Integrated Disease Management and Decision Support

- Disease Management for Chronic Conditions
- Decision Support for Significant Medical Conditions
- General Health Information and Support

Patient
Physician
Disease Management

Six key chronic conditions included in IBC Connections™ Program:

- Diabetes
- Asthma
- COPD
- CHF
- CAD
- ESRD as of 6/04
Disease Management
The Opportunity:

IBC has many members with chronic disease and they are costly

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<td>% of total medical costs</td>
<td>24%</td>
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Medical management-“value” to employers

Traditional view:
Value = control premium costs or medical costs

Current view:
Value =
• control medical costs
• control disability costs
• control worker’s comp costs
• reduce absenteeism
• reduce overtime pay
• reduce “presenteeism”

Estimated ratio: total illness burden to direct medical costs is 3 to 1.
Source: Institute for Health and Productivity Management 8/03
Disease Management

The Short Definition:

• “…a systematic, population-based approach to identify persons at risk, intervene with specific programs of care, and measure clinical and other outcomes.”
Help me with the jargon - please!

**Case Management** vs **Disease Management**

- One by one approach
- High cost/high complexity cases
- High coordination & navigation needs
- Top 1-5%
- Episode-focus
- Opt-in design

- Population-based
- Data-driven predictive modeling
- Long-term educational focus
- Skill transfer/member empowerment
- Designed for all levels of severity / opt-out design

**NOT Mutually Exclusive** – patient can receive both – referral processes built and working
What is Decision Support?

- DS is a process that supports informed health care decisions by providing members with information on:
  - their condition
  - treatment options, risks and benefits
  - support for identifying their own values and preferences.

Thus the concept of "Shared Decision Making".
What is Decision Support?- examples

• Major DS components:
  » significant medical condition treatment decision support (Health Coach, video, web)
  » Example: I have chronic back pain and my doctor has suggested surgery
  » 24/7 Health Coach symptom and information support
  » Example: my son has a bad bee sting-what can I do? Or I see my doctor for my arthritis next week, what should I ask?
  » Evidence-based health information via web (Healthwise encyclopedia), audiolibrary, video, print
Shared Decision-Making® Video Titles:

General
• Informed Health Care Consumer
• Peace of Mind

Arthritis
• Knee Osteoarthritis

Breast Cancer:
• Treatments for Breast Cancer: Adjuvant Therapy
• Treatments for Breast Cancer: The Surgery Decision

Cardiac
• Coronary Artery Disease
• Living with Coronary Artery Disease

Pain
• Low Back Pain: Herniated Disc
• Low Back Pain: Spinal Stenosis

Gynecologic
• Benign Uterine Conditions: Abnormal Bleeding
• Benign Uterine Conditions: Fibroids
• Ovarian Cancer

Prostate
• The PSA Decision
• Benign Prostatic Hyperplasia
• Prostate Cancer
Website “Crossroads”: Online tools organized around discrete decision windows

Follow these steps:
1. Select a condition
2. Select a decision crossroad

Health Coach bookmarks information

Select a topic and then choose the decision crossroad you are facing:
- Prevention and risk of back pain
- New back pain lasting less than 4 weeks
- Pain lasting 1 to 6 months
  - Imaging tests: back pain lasting more than 1 month
  - Herniated disc: treatment options
  - Spinal stenosis: treatment options
  - Back pain with nonspecific cause
- Pain lasting more than 6 months
- Pain after back surgery

"I had to learn to live a different life. I had to slow down and remember these are the things I had to do to help my back."
- Nanci J.

Foundation Contributing Editor:
Steven J. Atlas, M.D.
The Connections℠ Programs provide both DM and DS in an integrated program:

Better integrated care and greater impact on outcomes
Integrated access: Disease Management & Decision Support

- Program can be accessed directly by member or after physician recommendation 24/7
- Multiple datasets are mined to identify/stratify members for DM or DS outreach
- Interfaces/ referrals built for Healthy Lifestyles, case management, Baby Blueprints etc.
- Goal—seamless to members and providers

1-800-ASK-BLUE
Healthy Lifestyles

Incentives
- Fitness Program
- Weight Management
- Smoking Cessation
- Alternative Health
- First Aid and Safety

Information
- Personal Health Profile
- Stress Management
- Adoption Education
- Child Safety Education

Reminders
- Pediatric and Senior Immunization
- Adolescent Health
- Mammography Screening
- Colon cancer, cholesterol, etc.
Connections\textsuperscript{sm} Implementation Organizational Chart
(Nothing of this is easy...)

Independence Blue Cross Family of Companies

NMCM

EOC

Medical Management and Pharmacy Management Strategy Team

DMDS Quarterly Steering Committee

DMDS Monthly Steering Committee

DMDS Weekly Implementation Team

Network Development (All Regions)

Health Management Programs

Research and Evaluation

Commercial Member Services (All Regions)

Corporate Development (Ad Hoc)

Corporate Cost & Budget (Ad Hoc)

Health Dialog

Health Services IS

Actuary

IS / Web Planning

Medicare Member Services (PA & NJ)

e-Commerce (Ad Hoc)

Regulatory and Reporting (Ad Hoc)

RMS

Legal

Marketing Services

Finance

Quality Management (All Regions)

Corporate Communications (Ad Hoc)

Corporate Cost & Budget (Ad Hoc)

Preventive Services

Care Management and Coordination (All Regions)

Provider Communications

NMCM

Medicare (Outreach, Sales) (Ad Hoc)

Product Management (Ad Hoc)
None of this is easy...

Connections Health Management Programs Process Integration Summary

Provider

Member

Independence Blue Cross

HealthDialog

RMS

Connections Kidney Program to IBC Telephone Transfer Process

Connections Health Management Program to IBC Telephone Transfer Process

Connections Kidney Program

Connections Health Management Program

Other Areas includes:
- Healthy Lifestyles
- Baby BluePrints / Baby FootSteps
- Ancillary
- Behavioral Health
- Pharmacy
- CMI
- Connections Kidney Program
- Connections Health Management Program

Onsite Health Coach to complete and send appropriate I-WAY Form

E-mail to onsite (@IBC) Health Coach

Referral for services?

Yes

No

Referral for services?

Yes

No

Does member may need services from IBC / AH?

Yes

No

Does member need services from IBC / AH?

Yes

No

Connections Health Management Program

Connections Health Management Program

HIPAA Information

Claim

Eligibility

Load HRA

Process Authorization

Member Completes Personal Health Profile and HRA

Member Calls IBC

Complaint / Feedback Integration Overview

Care Management and Coordination Process*

Other Areas

Other Areas

Member Writes IBC

Load

Stratify

Update HealthCAM

Prioritize

Connections Health Management Program

Connections Health Management Program

BCAM Process

Load

Notify HSC

Clinical Risk Assessment / Stratify

Update MIST

Connections Kidney Program

Connections Kidney Program

Onsite Health Coach to complete and send appropriate I-WAY Form

E-mail to onsite (@IBC) Health Coach

Referral for services?

Yes

No

Referral for services?

Yes

No

Referral for services?

Yes

No

Referral for services?

Yes

No

Referral for services?
Intensive Interventions are Targeted to High-Impact Opportunities

Members with Chronic Illness

Predictive modeling, based on previous year(s)’ claims

High-Financial Risk Members (5-15% of identified members)

Real-time sifting of all members to identify clinical need

High-Clinical Need Members (additional 25-40% of identified members)

High-Intensity Interventions: Telephonic Outreach and Personal Health Coaching

Member achieves self-reliance or plateaus – minimal opportunity for further impact

All members with ≥1 chronic condition(s) receive Standard-Intensity Interventions
High-Intensity interventions - targeted members

- Members with high predicted financial risk will receive:
  - New member outreach call

- Members with high predicted financial risk and/or high clinical need will receive:
  - Flu shot reminder calls
  - Clinical marker calls (e.g., EF <40)
  - Clinical gap calls
  - High Medicare health risk assessment call
  - Member follow-up calls
  - Post-hospital discharge call
  - Referral calls: self, MD, CM, other health plan, etc
  - Patient-specific literature from Health Coach
  - Devices (scales, spacers, etc.)

1Depending on specific clinical need
Standard-Intensity interventions for all members with 1 or more of the 5 diseases:

• New member letter
• Condition specific booklet (if single condition) or
• Living Well brochure (if co-morbid conditions)
• Flu / pneumonia postcard
• Specific topic mailings (seasonal allergy, fluid balance)
• Clinical gap mailings
• Comprehensive Decision Support Services, including:
  – Support for significant medical decisions
  – Inbound calls for 24/7 symptom support and health education
  – Web access (the Dialog Center™, Health Crossroads™, and the Healthwise® Knowledgebase)
CONNECTIONS™ Health Coaches*

• Accessible
  – Phone/Internet, 24x7x365

• Dedicated personal coaches
  – Establish relationships
  – Follow up with member and provider
  – Comprehensive and confidential

• Specially trained
  – Licensed experienced clinicians
  – Shared decision-making
  – Behavior modification and listening
  – Treatment options and procedures
  – Certified educators

• Medical director oversight

• Computer support

*Provided by Health Dialog
Health Coaches educate and support individuals, using the principles of Shared Decision-Making® …

- Help individuals understand the importance of participating in the health management process.
- Help them develop and implement personal action plans.
- Support them as they digest the implications of the information that they have received.
- Help them prepare to discuss their options with their physicians.
Connections® Health Coach Computer Support

HealthCam II

Chronic Condition Guide

Healthwise® Knowledgebase

Dialog Center
## Example - Year One Interventions for a Member with Diabetes:

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How do the “new” Connections™ differ from prior internal IBC programs?

“OLD”
» Referred members-”opt in”
» Designed for sickest 1-5% of chronic illness members
» For episodic case management needs
» Single disease focus
» Retrospective stratification
» No decision support

“NEW”
» Includes all members except those that “opt out”
» Population-based --available to all eligible members
» Ongoing Health Coaching
» Co-morbidity management
» Predictive modeling to identify high risk members/ members with clinical care gaps
» Both disease management and decision support

Case management by health plan remains for appropriate members
Partnering with Providers

• NaviNet\textsuperscript{SM} - electronically links providers with IBC’s systems
• QIPS - PA PCP reimbursement based on HMO membership quality indicators
• QIPS reimbursement methodology extended to hospitals
• Disease management support and reporting benefit physician QIPS
Meetings with key network physicians and facilities provide an opportunity for integration.

In the three months prior to program launch, IBC Medical Directors personally introduced the program to >50 key physician groups.

Provider Advisory Boards
Dedicated Connections Provider Services Specialists

In the first 6 months of program operation, Connections PSS’s met with 546 IBC network physician practices.

Dedicated Connections Provider Support Line

Response by Provider Service Specialist within 1 working day.
The SMART™ Registry provides actionable information at the point of care.
IBC May 2004 SMART™ Registry Network Release

- Adult and Pediatric population; includes PA Medicare HMO/PPO and Commercial HMO/POS/PPO members
- Delivered to all IBC participating primary care practices (General Practice, Family Practice, Internal Medicine and Pediatrics)
- Covering services received by patients 1/1/2003 through 12/31/2003
- Number of IBC practices = 2,515
- Number of IBC members with chronic conditions = 150,779
- MD feedback due by August 1, 2004 to be reflected in next Network release in Fall 2004
Attributing PPO Members to PCP’s
(i.e. none of this is easy……)

- Test population of 100,000 HMO members
- Based on claims data, each member is attributed to a primary care provider and a location of care
- Four IBC PCP practices participated in a pilot to test the accuracy and validity of the PPO attribution logic
- Results validated the use of the methodology for the May 2004 SMART Registry

May 2004 SMART Registry Results

**PPO Medicare** - 70% of currently eligible chronic members were attributed to a PCP and location of care.

**PPO Commercial** - 68% of currently eligible chronic members were attributed to a PCP and location of care.
Connections℠ Kidney Program
24/7 Call Center (1-866-303-4CKP)

Members
Health Service Coordinator (HSC)

Providers

Dialysis Center
Ancillary Services
Hospital/Surgicenter

Community Resources

IBC Case Management /Healthy Lifestyles
Nephrologist & Other Specialists

Patients and Family
Disease Management/ Decision Support Implementation Timeline

- **7/1/2003**
  - PA Medicare HMO & PPO*

- **10/1/2003**
  - PA Commercial PPO*

- **1/1/2004**
  - PA Commercial HMO/POS*
    - Self-funded, by anniversary, beginning 1/1/2004*

- **6/1/2004**
  - Other HMO/POS, PPO, Medicare members*;
    - ESRD program all regions

*DM/CHF/CAD/COPD/asthma
Integration: Marketing

- Employer, Broker and Member Promotion
- Open Enrollment Direct Mail, Collateral, Seminars, On-Line Demo Capability
- Radio, Print Billboard, Advertising
- Extensive Sale Representative and Broker Training
New Medical Management Process
MEMBER EXPERIENCE OVER TIME

- Prevention
- Wellness
- 24/7 Decision Support/Health Information
- Disease Management (Broad Based)

- Prevention
- Wellness
- 24/7 Decision Support/Health Information
- Disease Management (Broad Based)

- Case Management

- Case Management

- Member Sees Physician
- Physician Recommends Treatment to Member
- Member Expectations Are Formed
- Member Sees Physician
- Physician Recommends Treatment to Member
- Member Expectations Are Formed

- Decision Support
- (Shared Decision Making)
- Pre-notification/Pre-certification
- Proactive Outreach
- Negotiation
- Authorization
- Treatment Course Begins
- Claim Payment and Profiling

- Discharge Planning
- Case Management (High Risk Only)
- Disease Management

- Decision Support
- (Shared Decision Making)
- Pre-notification/Pre-certification
- Proactive Outreach
- Negotiation
- Authorization
- Treatment Course Begins
- Claim Payment and Profiling

- Member Has Health Problem
- Member Sees Physician
- Physician Recommends Treatment to Member
- Member Expectations Are Formed
- Member Sees Physician
- Physician Recommends Treatment to Member
- Member Expectations Are Formed
Where do we go from here?

- Incentives for healthy behavior & program use
- More information to support consumer decisions (outcomes, provider info, costs)
- Expanded DM & DS Scope
- Sophisticated targeting of members at risk
In Summary...The Health Plan makes it happen:

• Connections℠ Programs:
  » Integrated Disease Management (6 chronic conditions) and Decision Support
  » Integration: Medical management, Provider Initiatives, Consumer-directed health care strategy/marketing/promotion
  » Members supplied tools to work with their doctors to make “the right decisions” for them and to improve care of chronic conditions.
Questions?

Thank you for listening!