Achieving Quality in the Next Generation of Health Risk Management

POPULATION HEALTH &
DISEASE MANAGEMENT COLLOQUIUM
PHILADELPHIA, MARCH 3,2009

GAYE FORTNER
SENIOR VICE PRESIDENT & COO
HEALTHCARE 21 BUSINESS COALITION
GFORTNER@HC21.ORG

HealthCare 21 Business Coalition

- Founded in 1997 by ten Knoxville employers
- 501(c)(3) Tax-exempt – Non-profit
- East and Middle TN
- 90 + corporate members, multi-stakeholder
- 230,000 covered lives
- Member of the National Business Coalition on Health (NBCH)

HC21 Promotes

Value Based Purchasing

- Purchasing health benefits while considering a combination of price, service and quality.

Evidence Based Medicine/Performance Measurement

- Measuring the performance of healthcare and health benefit suppliers such as health plans, hospitals, physicians and brokers.

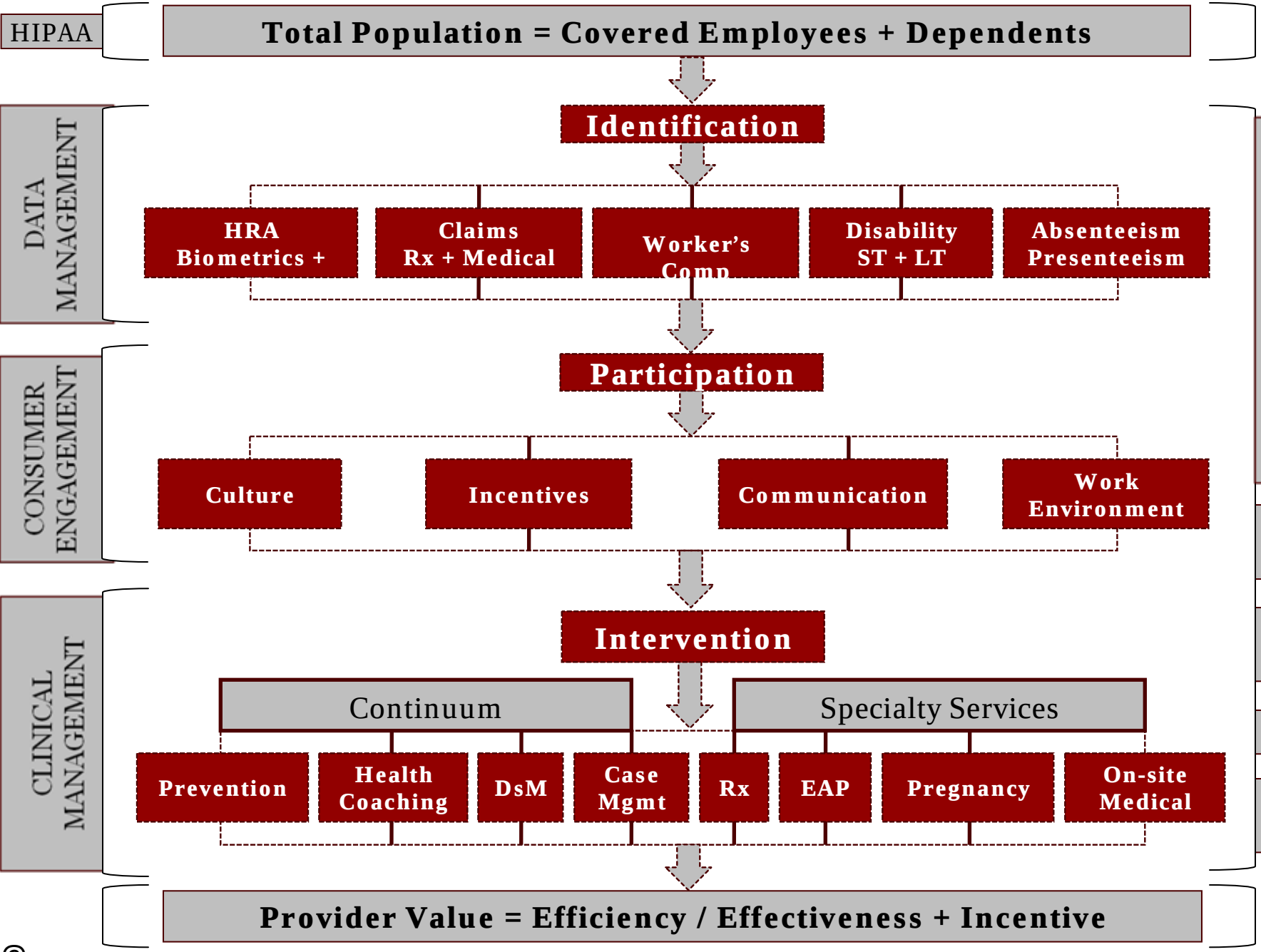
Consumerism

- Involving the consumer. When given the right incentives and information, consumers are adept at making value-based decisions and improving their personal health.

Chronic Care Focus

- Leading Causes of Death
- Rising in baby boomers and older
- About half of those with chronic disease have multiple chronic conditions
- ¾ of the more than $2 trillion in annual U.S. health care spending goes to paying the bills for chronic illness. *Health Affairs Policy Update, Jan. 4, 2009*
- Rx claims: three of four dollars spent on medicine for adults spent on chronic care

Health Risk Management Model



Early Work

- Concurrent or retrospective clinical reviews
- Clinical transition oversight
- Nurse M&M

Effective Disease Management

- Increased “Active Participation”
- Tracking of Clinical Markers
- Payment tied to outcome
- Motivational Interviewing
- High Touch (Face to Face); multiple touch

Step One: Identification

- Claims
- Rx
- Biometrics
- Data coop
- Referrals
- Health risk assessment

Effective Health Risk Assessment

- Employees & Adult Dependents
- 85% + participation
- “Gold Standard” Questionnaire
- Accurate Biometrics
- Follow-up Health Coaching
- Motivational Interviewing
- Face to Face
- Incentivized

Chronic Condition

Condition	Count	Paid	PMPY	HOSP Admits	Rx Adherence Rate	Rx Adherence BM	Percentage of Pop	Percentage BM	Percentage of Paid	Percentage BM
Coronary Disease	100	$2,315,934	$11,614	54			1.0%	1.0%	9.4%	6.3%
Diabetes	653	$5,245,108	$4,016	139	53.0%	51.9%	6.4%	4.8%	21.2%	15.4%
Hyperlipidemia	838	$5,393,056	$3,220	120	56.6%	58.8%	8.2%	9.9%	21.8%	22.8%
Hypertension	1707	$10,011,091	$2,932	256	69.3%	73.9%	16.7%	15.3%	40.5%	35.9%
Asthma	494	$2,807,441	$2,844	64			4.8%	5.4%	11.3%	10.2%
Depression	825	$4,430,971	$2,684	148			8.1%	7.1%	17.9%	16.6%

CARE GAP

DESCRIPTION (SAGE Rule Name)	CASES (population)	Care Gap (Goal: 0%)	Standard of Care (Criteria: Measure and Timeframe)
Asthma (Age 5-40): Use of Controller Medications	90	35%	Checks to see if a controller medication is being used on a chronic basis.
HEART MEASURES			
CAD: Use of Lipid-lowering Agents	100	40%	Determines if they had a Rx filled for a lipid lowering agent within the measurement year.
CAD: Lipid Profile	100	20%	Determines if they had a lipid profile test within the measurement year.
CHF: ACE Inhibitor or ARB Therapy (AQA-Pop)	20	23%	Determines if they are using ACE- I OR ARBs.
DEPRESSION MEASURES			
Depression (adult): Rx Acute Phase	341	22%	Determines if they had 3 Rx filled within 114 days for at least one antidepressant.
Depression (adult): Rx Continuing Phase	333	36%	Determines if they had 6 Rx filled within 231 days for at least one antidepressant.
DIABETES MEASURES			
Diabetes (all): Retinal Exam Every 2 Years	831	73%	Determines if a diabetic had at least one retinal eye exam within 24 months.
Diabetes and Hyperlipidemia: Statin use recommended	214	62%	Determines whether or not they are being treated with a statin.
Diabetes (all): LDL Cholesterol Test (AQA Pop)	521	23%	Determines if at least one LDL cholesterol test has been complete within a year's time.
Diabetes (all): HbA1c Testing (AQA Pop)	521	17%	Determines if at least one HgbA1c test has been complete within a year's time.
Diabetes (all): Microalbumin Screening (Pop)	521	6%	Determines if at least one urine MicroAlbumin test has been complete within a year's time.
Diabetes (Patients over 40- Type 2 only): Statin use recommended	363	71%	Looks at patients over 40 w type II diabetes to see if they are being treated with a statin.
HYPERTENSION MEASURES			
Hypertension: Thiazide Diuretics vs. All HTN Drugs	1,356	47%	Being treated with "low cost" thiazide diuretics, not incl combo Rx.
PREVENTIVE MEASURES			
Breast Cancer Screening (age 40-69): Bi-annual Mammograms	1,445	54%	Had a mammogram in the last two years..
Chlamydia Screening for Women : ages 16-25	187	58%	Had a chlamydia screening n the last year.
Cervical Cancer screening (ge 21-64)	1,309	45%	Had a Pap smear in the last three years.
Preventive Visits	7,179	73%	Had a "preventive" office visit in the last year.
Otitis Media (acute): Amoxicillin as Front-line Rx	798	51%	Children (0-12) treated w an antibiotic and if amoxicillin is being used as front line agent.
Pharyngitis (Children): Appropriate Testing (AQA- Compound)	675	34%	Had a strep test done within 3 days, and filled antibioitic Rx within 3 days.

Chronic Illness Management Report — Sample Company

CONFIDENTIAL: DO NOT REPRODUCE

Demographics							Chronic Conditions		Rx Adherence				Care Gaps													
patient	First	Last	Age	Sex	Rel	Paid	Severe	NotSevere	DEP	DIA	HTN	LIPID	ASTH	CAD (LP)	CAD (LL)	CHF (ACE)	DEP (3Rx)	DEP (6Rx)	DIA (A1c)	DIA (LDL)	DIA (MICROALB)	DIA (RETINAL)	DIA (STATIN)	HTN	LIPIDS
99999999999					SUBSCRIBER	$909	ASTH	LIPIDS				33%													
99999999999					WIFE	$2,318	DEP																		
99999999999					SUBSCRIBER	$614		ASTH HTN			50%													N	
99999999999					HUSBAND	$1,744	LIPID	DEP HTN																Y	
99999999999					SUBSCRIBER	$1,367		DEP LIPIDS				50%													
99999999999					SUBSCRIBER	$3,767	DEP	LIPIDS HTN																N	
99999999999					SUBSCRIBER	$945		LIPIDS HTN				50%												N	
99999999999					SUBSCRIBER	$755	ASTH																		
99999999999					SUBSCRIBER	$744	LIPID	HTN																N	
99999999999					SUBSCRIBER	$2,511	ASTH	LIPIDS HTN																	
99999999999					SUBSCRIBER	$451		HTN			75%	42%												N	
99999999999					HUSBAND	$7,970		HTN			50%													N	
99999999999					WIFE	$3,505	LIPID	HTN																	
99999999999					SUBSCRIBER	$4,566	DEP	HTN																	
99999999999					SUBSCRIBER	$10,681	DEP	ASTH																	
99999999999					HUSBAND	$2,778	DIA LIPID	HTN		75%	83%	33%							Y	Y	Y	Y	N		N
99999999999					SUBSCRIBER	$7,661	DEP																		
99999999999					SUBSCRIBER	$3,530	DEP										Y	Y							
99999999999					HUSBAND	$14,084	DEP LIPID HTN				67%	0%			N									N	
99999999999					SUBSCRIBER	$36,173	DIA LIPID HTN			0%	33%								Y	Y	Y	N	N		N
99999999999					SUBSCRIBER	$7,791	DEP																		
99999999999					SUBSCRIBER	$3,842	ASTH	HTN																Y	
99999999999					SUBSCRIBER	$1,963	HTN	DIA LIPIDS											Y	Y	Y		Y	N	
99999999999					SUBSCRIBER	$2,529	CAD																		
99999999999					SUBSCRIBER	$1,428		DEP LIPIDS HTN			50%													N	

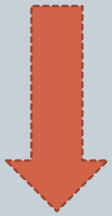
KEY: A "Y" indicates that the member qualified for the study rule and was in compliance with the measure.
"N" indicates that the member qualified for the study rule and was NOT in compliance with the measure.
BLANK means the member did not qualify for the study, however, this person may in fact have a condition and requires evaulation to determine if they are in compliance.

Step Two: Intervention

- Onsite vs. offsite
- Vendor ?
- Telephonic
- Chronic care center
- Evaluation

Emerging Change

Good News



Employers, Plans and Providers Getting on Board

Think About It……

Current System	Next Generation System
• Acute concerns priority • Brief visits with little provider planning • Stretched staff and resources • Little to no education offered	• Focus on chronic issues • Chronic population risk stratified to target interventions and resources • One member of a team focuses on pt mgmt • Collaboration, goal setting and self mgmt support provided along with education

Results: you get what you paid for!

Uninformed passive patient

and

frustration for everyone

Chronic Care Centers

HC21 pioneered the concept of "Chronic Care Centers" (CCCtr) as a highly effective intervention strategy for employers to manage the care of individuals with major chronic diseases; high risk lifestyle factors; and other conditions that have a high impact on productivity and costs.

Typical Chronic Conditions

Chronic Diseases:

Depression

Diabetes

Cardiac conditions

Asthma

High Risk Lifestyle Factors:

Smoking

Obesity

High Impact Productivity Factors:

Low Back Pain

GERD

Sleep Disorders

Chronic Care Centers

- Off site, not on site
- By appointment – outbound call
- Primarily face to face coaching
- Strong consumer incentives
- Provider pays for non-billable service
- Provider training
- Knoxville, Chattanooga and Cleveland

Chronic Care Center Operation

- CCCtr is owned by the provider
- Develop education and coaching guidelines with HC21
- Clinical oversight by MD
- Staffed by NP or RN, preferably with CDE
- Serves as patient advocate as they move through the health care delivery system.

How it Works

- Suggested guidelines for each clinical topic framed in a “coaching and education” presentation
- Based on national guidelines, Institute for Clinical Systems Improvement and provider feedback
- Identifies clinical markers/activities for measurement

How it Works

Diabetes

Intervention	High	Moderate	Low	Clinical Markers
Coaching	One on one with every visit monthly	Monthly group meeting	Every quarter	A1c-less than 7% Negative protein in urine Negative eye disease Negative foot exam for neuropathy Total cholesterol, HDL, LDL within normal limits ADA guidelines recommend the use of statins for people with diabetes over the age of 40 who have a total cholesterol level that is greater than or equal to 135 mg/dl. Annual influenza Immunization At least one lifetime Pneumonia vaccination given to diabetic adults. (if 65+ one time revaccination recommended if vaccine was given over 5 years ago) Blood pressure below 130/80 Negative for tobacco usage Positive medication adherence GFR
Med Adherence	Monitor and address monthly with BCBST data and/or other pharmacy data available. • Personal Health and Medication Guide – Booklet-Merck My Health Account: For Taking My Medicine – Booklet-Pfizer • October-National talk about prescriptions month.	Monitor and address quarterly with BCBST data and other data. • Personal Health and Medication Guide – Booklet-Merck My Health Account: For Taking My Medicine – Booklet-Pfizer • October-National talk about prescriptions month	As needed. • Personal Health and Medication Guide – Booklet-Merck • My Health Account: For Taking My Medicine – Booklet-Pfizer • October-National talk about prescriptions month	
Med Education	As needed Assess needs and document. Insulin: a booklet to learn more about why people with type 2 diabetes need insulin – Booklet-English/Spanish-sanofi Aventis Pharmacist referral if needed. Review OTC drugs & Dietary Supplement usage	As needed Assess needs and document. Insulin: a booklet to learn more about why people with type 2 diabetes need insulin – Booklet-English/Spanish-sanofi Aventis Pharmacist referral if needed. Review OTC drugs & Dietary Supplement usage	As needed Assess needs and document. Insulin: a booklet to learn more about why people with type 2 diabetes need insulin – Booklet-English/Spanish-sanofi Aventis Pharmacist referral if needed. Review OTC drugs & Dietary Supplement usage	

Employer Responsibilities

- Identify qualified participants
- Communicate and Incentivize
- Provider payment
- HIPAA compliance
- Member of HC21

Provider Responsibilities

- Provide chronic care following best practice
- Enroll individuals in program
- Provide data reports
- Operate at convenient hours
- Collaborate with HC21
- Joint ownership of policies/procedures co-developed
- Member of HC21

HC21 Roles & Responsibilities

- Assist with identifying participants, communications and incentive strategy
- Technical support & administrative oversight to ensure CCCtr functions meet the goals of employer customers
- Maintain provider network
- Market program
- Ensure evidenced- based protocols are followed
- Protect privacy information

Moving Beyond the $10 Gift Card

Stakeholders are waking up to the fact that cost shifting to employees will not control health care costs

- UnitedHealthCare pilot
- HCA
- Employer examples

Employer Example: small

30% Increase 2009.....years of double digit increases

- $1500 Deductible
- $3000 Out-of-pocket max
- $25 Office Visit Copay
- $100 ER Copay
- 80% Co Insurance

Prevention 100% Covered by Insurance

- Well Physical
- Chlamydia Testing
- Mammogram
- Colonoscopy
- Flu Shot
- Immunizations
- Biometric Screening
- Tobacco Cessation: Program & Rx (up to $100)
- Weight Loss Program (up to $100)

Health & Wellness Program

Health Risk Assessment & Biometric Screening

Full time or spouse on health plan

- Questionnaire (Health Plan) → Mandatory
- Biometrics (HC21 Forms) → Optional
- Health Coaching (HC21 nurse) → Optional
- $250 Employee → (MERP)
- $250 Adult Dependant → (MERP)

HC21
HealthCare 21 Business Coalition
FOUNDED 1997

Reducing Costs
Improving Quality
Creating Value

Your name_____
Please Print Full Name

Your Age _____(yrs) _____(mths)

Check ( ) Employee ( ) Dependent

( ) Spouse

Printed Name and Signature of healthcare provider who collected the information and date data was collected. _____
Date

_____
Printed Name

_____
Provider Signature

Should this patient be taking an aspirin a day?
___yes ___no

Should this patient be taking a folic acid tablet per day?
___yes ___no

Know Your Numbers For Better Health!
It's Up to *You*...

Knowing your numbers is an important part of maintaining good health. These numbers can help you and your doctor determine your risk and set goals.

Your Total Cholesterol:_____

Your LDL (Bad) Cholesterol:_____

Your HDL (Good) Cholesterol:_____

Your Triglyceride Level:_____

Your Blood Pressure Reading:_____

Your Fasting Glucose: _____

Your Body Mass Index:_____
BMI= Weight/Height (inches) X Height (inches) X 703

Your Waist Circumference:_____

Do you use tobacco? Yes No (Circle answer)

PRIVACY NOTICE

HC21 assures employees that all private health information is strictly protected in accordance with the Federal Law HIPAA. This means that information can be used for treatment, payment and operations of the health benefit but cannot and will not be disclosed to anyone else. If you have any questions please let us know.

HC21 HealthCare 21 Business Coalition
FOUNDED 1997

Reducing Costs
Improving Quality
Creating Value

2009 Guide to Better Health Self Assessment

If you <u>have not</u> met the following guidelines or consider the guideline as a contributing risk factor, please check the box:

Prevention:

Daily aspirin use (men 40+, postmenopausal women, & others at increased risk for heart disease) if physician recommended	☐
Colorectal Cancer Screening (adults 50+ routinely with FOBT, sigmoidoscopy, or colonoscopy)	☐
Influenza Immunization (adults 50+ yearly)	☐
Pap Smear (women 21+ or onset of sexual activity)	☐
Daily exercise (less than 30 min/day)	☐
Mammogram (women 50+ routinely screened)	☐

Safety:

Non smoker or tobacco user	☐
Use seatbelt at all times	☐
Follow proper speed limit	☐
Limit alcohol use (men <2 drinks/day, women < 1 drink/day)	☐

Biometrics:

Cholesterol (LDL < 100mg/dL, HDL > 60mg/dL, Total < 200mg/dL)	☐
Blood Pressure (BP 119/79)	☐
Fasting Glucose (< 100mg/dL)	☐
BMI (BMI< 30)	☐
Triglyceride Level (< 150mg/dL)	☐

PRIVACY NOTICE

HC21 assures employees that all private health information is strictly protected in accordance with the Federal Law HIPAA. This means that information can be used for treatment, payment and operations of the health benefit but cannot and will not be disclosed to anyone else. If you have any questions please let us know.

Sources: CDC.gov and Partnership for Prevention

Accountable Management

- Hc21 Team Bonus (1 of 10 objectives)
- “25% Reduction in Health Risk Factors”

  2009 Risk Factor Baseline: 37

Employer Example: Government

- $100 in HRA for non-tobacco use
- $216 in HRA for exercise 3 or more times per week
- Choose 1,000 deductible plan – receive $150 EE, $250 Family per year in HRA
- Participate in chronic disease management programs - $160/disease up to $560 in HRA
- Prenatal program - $200 in HRA (must enroll first 10 weeks)
- Onsite clinic
- Health coaching by nurse
- Reduced co-pays on medications for those in health coaching
- $240 toward diabetic supplies
- Covers 50% of weight loss Rx
- Covers 50% of smoking cessation Rx
- Compassionate contribution ($150/year if less than $28,600 or $75/year if $28,601 - $38, 500)

Mid-size Employer: Onsite Nurse

Healthy Lifestyle Incentives:

- Premium discount for not smoking
- Premium discount for participating in company wellness program
- Double discount for doing both ($416/yr savings)

Diabetes

- Employees or dependents
- Reduced co-pay on brand name diabetic medications and supplies to the tier 1 generic co-pay (generic co-pays are $10 for 30 day supply or $20 for 90 day supply)

Program Results

2008 Results

- 100% of targeted high risk employees are participating in individual or group sessions with onsite nurse (for diabetes, hypertension, and/or BMI)
- 93% participated in biometrics, HRA and health coaching

Weight Loss Results

- 51 people lost 651 lbs and decreased their BMI by 101.4 points=average weight loss of 12.76 lbs, average BMI decrease of 1.98
- 4 moved from the obese to the overweight category
- 1 moved from extremely obese to obese category
- 15 people lost in excess of 20 lbs in 7-month period

Smoking Cessation Results

FreshStart Smoking Cessation class was offered at Corporate. Seven associates completed the class and to date, 2 have stopped smoking (29%). Of the remaining 5, four have indicated that they have cut back from 1/3 to 1/2 of the original number of cigarettes they were smoking per day (80%).

Diabetes Results

- 100% now know their A1c number and voice understanding of the importance of maintaining a steady blood sugar and seeing their physician regularly
- 36% have lowered their A1c
- 43% have their A1c level in the normal range
- The 21% who were not checking their blood sugar are now doing regular checks and 14% were assisted to obtain a Glucometer and trained to use it properly
- 21% were not taking their medications but report that they are now taking their medications regularly
- 12.4 point drop overall in Alc levels

Multi-Site Employer: Mix and Match

- Offer to employees and spouses
- Aggressive telephonic management **OR**
  Chronic Care Center
- Targeted diseases based on Data Coop results
- Diabetes
- Asthma OR
  - Two or more of the following –
    - high blood pressure
    - high cholesterol
    - GERD (acid reflux/digestive disorder)

Incentive

- Generics go from $10 to 0; Preferred Brand Name goes from $30 to $15 and Non-Preferred Brand stays at $40.
- 90-day mail order does the same: Generic $10 to 0, $60 to $30 on Preferred Brand Name, and $80 (no change) on Non- Preferred.
- Free BP Monitors, Blood Glucose Monitors and Peak Flow Meters through telephonic program
- If the associate elects to drop out, either by choice or non-compliance, 30 days wait to re-enroll

Incentives: Mega Company

- Diabetes medication costs are covered through HealthMapRx
- Offer virtual health coach
- All company prescriptions are a zero co-pay
- If employee does not take the HRA, their monthly premium is charged an additional $50 ($600 per year)
- 96% participation rate

A Word About Incentives…

- Outcomes are clearly linked to cost savings
- Effective communication
  - Face to face
  - Telephonic
  - Onsite vs. offsite
  - Walk the talk
  - Explain the business case AND the benefit to employee
  - Seek feedback

What Consumers Want

- Simple to understand
- Effectively communicated
- Fair
- Highest degree of privacy and confidentiality

Employer Responsibility: 3 I's

- **I**NVOLVE
- **I**NFORMATION
- **I**NCENTIVE

Looking Ahead

- Employers continue to innovate
- Medical Home
- Plans align programs to support chronic management
- Patients actively involved in care

Thank You

Gaye Fortner
Senior Vice President & COO
HealthCare 21 Business Coalition
Knoxville, TN
865-292-2123
gfortner@hc21.org