Working to improve health in the central Appalachian region through the collaborative use of health information.
What Is CareSpark?

CareSpark is a not for profit organization committed to better health in the central Appalachian region through collaboration, innovation, and wise use of health information.

- 14 year history of health improvement projects
- Regional leaders concluded major improvements require regional health information exchange (HIE)
- 2 ½ years on current project; $600,000 raised in 9 mo
- Formed as 501c3 not for profit organization
Tri-Cities TN / VA
Regional Medical Service Area

Medical Service Area Statistics:
- Population = 700,000
- MDs = 1,200
- Hospitals = 14
TN / VA Regional Health Problems

Age-adjusted death rates by HSA, 1998-92

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TN / VA Regional Health Problems

Diabetes Mortality Trends
% of National Levels

- 75%
- 80%
- 85%
- 90%
- 95%
- 100%
- 105%
- 110%
- 115%

Years:
- 1969-1971
- 1972-1974
- 1975-1977
- 1978-1980
- 1981-1983
- 1984-1986
- 1987-1989
- 1990-1992
- 1993-1995
- 1996-1998
- 1999-2001

All Cancer Mortality Trends
% of National Levels

- 75%
- 80%
- 85%
- 90%
- 95%
- 100%
- 105%
- 110%
- 115%

Years:
- 1969-1971
- 1972-1974
- 1975-1977
- 1978-1980
- 1981-1983
- 1984-1986
- 1987-1989
- 1990-1992
- 1993-1995
- 1996-1998
- 1999-2001

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Worst Health Status in U.S. Drives Estimated $2,400 Cost PMPY

HEALTH STATUS OF VETERANS HEALTH ADMINISTRATION
VETERANS SF-36
PHYSICAL COMPONENT SUMMARY (PCS) SCORES BY VISN
1999 HEALTH SURVEY OF VETERANS

SCALE

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“Bedard [CEO Crown Laboratories] added that if he had known how unhealthy Johnson City was several years ago, he probably wouldn’t have moved his company here.”

Data source: CMS; Quote from the Johnson City Press, 3/3/05

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Delivering Healthcare Value –

The Whole Is Greater Than Any Part

Patient Healthcare Value

Home Care  Pharmacy

MD Office  Rehabilitation

Lab  Hospital

ED
Innovative Regional Cooperation
To Improve Health

- Active, representative membership, including
  - Eastman Chemical Company
  - Blue Cross Blue Shield, John Deere Health
  - Mountain States Health Alliance, Wellmont Health System, James H. Quillen VA Medical Center, Johnston Memorial Hospital, Laughlin Memorial Hospital
  - Frontier Health
  - Holston Medical Group, Highlands Physicians, State of Franklin Healthcare Associates, Mountain Region Family Medicine, Clinch River Health Services
  - East TN State University and Medical School
  - public health departments in TN and VA
  - Kingsport Tomorrow
Strategic Planning Process

Interim Board Work Groups

Clinical Technology
Finance Communications
Legal & Governance

Mission
Vision
Values
Goals
Principles

Core Strategies
Core Tactics
Strategic Plan
Implement

Continuous Improvement Cycle
better health through collaboration and innovation
Mission
To improve the health of people in Northeast Tennessee and Southwest Virginia through the collaborative use of health information

Vision
To be a world-class, quality-driven, clinically integrated, efficient health and wellness system for the people of our region
1. Provide health information on demand at the point of service
2. Encourage use of evidence-based guidelines defined by community consensus
3. Enable individuals access to personal health information through a secure internet interface
4. Provide selected aggregate data for regional improvements
The Decade of Health Information Technology

Office of the National Coordinator for Health Information Technology (ONCHIT)

• Appointed of first National Health Information Technology Coordinator on May 6, 2004
• Framework for National Health Information Infrastructure issued July 2004
• Alignment with four components of national framework:
  1. Inform clinical practice
  2. Interconnect clinicians
  3. Personalize care
  4. Improve population health

David J. Brailer, M.D., Ph.D.
Targeted health issues

We are targeting the health issues of greatest impact on quality of life and cost:

1. Diabetes
2. Hypertension / stroke
3. Cardiovascular disease
4. Lung disease / asthma
5. Preventive immunizations / screenings
To address health issues, we propose to provide technical capability and encourage clinical process improvement in the following areas:

1. Prescription Medication
2. Diagnostic (lab, imaging) Services
3. Preventive Medicine (immunizations / screenings)
4. Chronic disease management
Medication and Diagnostic Services
Improvement Savings Model Projections*

17.2% of Possible Savings

* Data sources: BlueCross BlueShield and John Deere
Opportunity: Programs Covered In This Model

**Medication Improvement**
- 1st of several “layers”
- 3-year cost: $12.6 M
- Technology required
  - Web-based electronic health record with e-prescribing capabilities
  - Health Information Exchange not required

**Diagnostic Services Improvement**
- 2nd of several “layers”
- Small incremental cost: $2.7M
- Technology
  - Physician Order Entry Module required
  - Health Information Exchange required
Cost-Benefit Projections*

* Includes medication and diagnostic services improvement only
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*pmpm = per member per month; pppm = per physician per month*
Progress to Date

- Technical inventory and feasibility study completed
- Strategic business plan developed
- Non-profit organization formed, board of directors in place
- Funding commitments of $77,500 (May 2005)
Next Steps

- Finalize partnership agreements (May – July 2005)
- Secure $3M in funding for development and execution through June 2006 ($600K by July 1, 2005; $2.4M by Sept 1, 2005)
- Secure staffing for development and operations (Executive Director, administrative assistant, project manager) by June 1, 2005
- Define technical specifications, conduct vendor selection process (July – Aug 2005)
Improving health in Central Appalachia

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