Health Systems & Pharmaceuticals: Best Practices for Population Health

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Agenda

1. Trump Administration’s Health Care Reform: Impact on Health Systems
2. Preferred Treatments in Health System Partial Risk Programs
3. Perspectives From Health System Stakeholders
4. Overview of Global Outcome-Based Contracts
5. Use of Electronic Health Records (EHR) to Enforce Health System Treatment Preference
Trump Administration’s Health Care Reform: Impact on Health Systems
We always overestimate the change that will occur in the next 2 years and underestimate the change that will occur in the next 10. Don't let yourself be lulled into inaction.

– Bill Gates
Everyone has a plan until they’re punched in the mouth.

– Mike Tyson
Three Major Areas of Impact

1. Increasing Patient Out-of-Pocket Costs

2. Increased Competition & Price Transparency

3. Shift Delivery to @Risk Health Systems
Increasing Patient Out-of-Pocket Costs

- Medicaid Block Grants to states (18M)
- Reduction in Health Insurance Marketplace (14M)
- Expansion of Health Savings Accounts
- Reduction in Essential Benefit Requirements
- Elimination of Individual Mandate

Increase number of uninsured patients and patient out-of-pocket costs such that uncompensated care increases
## American Health Care Reform Act: Congressional Budget Office Impact on the Uninsured

<table>
<thead>
<tr>
<th></th>
<th>Uninsured (total)</th>
<th>Uninsured (change)</th>
<th>Medicaid</th>
<th>Nongroup / Individual</th>
<th>Employers</th>
<th>&lt;26 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current</strong>¹</td>
<td>-23</td>
<td>+30</td>
<td>+16</td>
<td>+13.7</td>
<td></td>
<td>+2.3²</td>
</tr>
<tr>
<td><strong>2018</strong>³</td>
<td>-42</td>
<td>-14</td>
<td></td>
<td>-14</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2020</strong>³</td>
<td>-49</td>
<td>-21</td>
<td>-9</td>
<td>-9</td>
<td>-2</td>
<td></td>
</tr>
<tr>
<td><strong>2026</strong>³</td>
<td>-52</td>
<td>-24</td>
<td>-14</td>
<td>-2</td>
<td>-7</td>
<td></td>
</tr>
</tbody>
</table>

- Federal funding for State expansion
- Inside and outside the health insurance marketplaces, individual mandate, penalties, subsidies, pre-existing condition protection
- Mandate, penalties,
- Allow coverage under parent’s plan <26 years
- Shift to state block grants
- Eliminate mandate, reduce penalty, tax credits, stability fund
- Maintain pre-existing condition protection
- Eliminate mandate,
- No change

Note: All numbers are in millions and approximate.

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The Changing Health Care Legislative Landscape

- **Extensive**
  - Major Repeals – Replacements Likely Needed
    - Individual mandate
    - Public exchange premium subsidies
    - Medicaid expansion
    - Federal public exchanges
    - State public exchanges
    - Essential health benefit regulations

- **Limited**
  - ACA taxes
    - (Cadillac, device, etc.)
  - Research organizations
    - (e.g., CMMI, AHRO)
  - State innovation grants
  - No caps on lifetime / annual coverage

- **Potential for Repeal**
  - Potential for Repeal

- **Directional**
  - Saved & Potential New Major Regulations
    - Guaranteed issue
    - Medicare premium support (vouchers)
    - Medicaid block grants
    - Premium and medical expense tax deductibility
    - MACRA
    - High-risk pools
    - Medicare Advantage expansion
    - Expansion of HSA enrollment
    - Medicare drug price negotiation

- **Level of Congressional Republican Support**
  - Existing
  - Proposed

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Increased Competition & Price Transparency

- Regulatory reductions to increase competition from alternative providers and sites of care
- Forced price transparency
### Trump’s Love/Hate Relationship With Pharma

<table>
<thead>
<tr>
<th>Love</th>
<th>Hate</th>
</tr>
</thead>
<tbody>
<tr>
<td>“…slow and burdensome approval process at the Food and Drug Administration”</td>
<td>“…work to bring down the artificially high price of drugs and bring them down immediately”</td>
</tr>
<tr>
<td>“…keeps too many advances from reaching those in need”</td>
<td>Allow reimportation and increase competition</td>
</tr>
<tr>
<td>“If we slash the restraints, not just at the FDA but across our government, then we will be blessed with far more miracles”</td>
<td>Raise mandated rebates and negotiated prices</td>
</tr>
</tbody>
</table>

Pharmaceutical manufacturers will be tasked with articulating their value beyond the traditional payer stakeholders to government officials, health systems, and patients.
Rx Revenue – Prices / Utilization
## Cost Reductions

<table>
<thead>
<tr>
<th><strong>Price</strong></th>
<th><strong>Utilization</strong></th>
<th><strong>Costs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer driven</td>
<td>Patient-demand driven</td>
<td>Patients</td>
</tr>
<tr>
<td>Price setting</td>
<td>External utilization management</td>
<td>Employers</td>
</tr>
<tr>
<td>Market competition</td>
<td></td>
<td>Government</td>
</tr>
<tr>
<td>Negotiation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Bundled payments
Price Reduction

Expansion of 340B
• Pull back of 340B Program Omnibus Guidelines which would have narrowed the number of qualifying drugs

Reimportation allowance
Expansion of 23.1% to dual eligibles
Reference pricing
Indication-based pricing
Risk-based contracting
Eminent domain

Bully pulpit
Increase market competition via introduction of other products
• Eliminate regulatory barriers, close loopholes extending patient exclusively

Competitive bidding program
Negotiating prices (Government, increase GPO strength)
Utilization Management

- Increasing patient out-of-pocket costs through health savings accounts and limited insurance coverage

- Increasing payers' ability to more aggressively manage utilization
  - Medicare Part D elimination of protected classes
Preferred Treatments in Health System Partial Risk Programs
Shift Delivery to @Risk Health Systems

- Encouragement of integrated health systems that manage risk
- Promotion of focus on population health
- Shift of physicians to value-based care

Ability for health systems to manage population health
The Shift to Risk-Based Care

The concept of the Triple Aim
- Improving the experience of care
- Reducing the costs of care
- Improving the health of populations

Why the change in focus?
Compared to similar countries, the US has*:
- Lowest life expectancy (78.8 yrs)
- Highest % of people ≥65 with ≥2 chronic conditions (68%)
- Highest rate of obesity (35.3%)
- Highest health care spending as % of GDP (17.1% vs FR 11.6%)
- Highest per capita spending of $9086

Payers Control Costs by Increasing Provider Risk

Percentage of Humana Members, 2012

Medical Loss Ratio

- No Provider Incentives: 91%
- Stars/Reward: 85%
- Path to Risk: 84%
- Global/Full Risk: 71%
Value-based relationships includes providers participating in path-to-risk and shared-risk programs. Humana analysis on 2013 claims data for individual MA only, including delegated risk.

Implementing the Triple Aim Drives New Value-Based Payment and Value-Based Care Models

Care redesign is following changes in payment

New Value-Based Payment Arrangements
- Care management payment
- Shared savings
- Episodes of care payment
- Bundled payments
- Global payment

Value-Based Care Redesign
- Patient-centered medical home
- Clinical integration
- Care management
- Postacute care
- EHR
- Data analytics

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Health System Level of Risk and Control

FFS = fee for service; P4P = pay for performance; CI = clinical integration; PSP = provider-sponsored plan.
Perspectives From Health System Stakeholders
Respondents Expect a Steady Increase Over the Next 10 Years in Integration of Provider and Payer Responsibilities and Control

Q: Describe how integrated your health system currently is with regard to provider and payer responsibilities and control, from the present to 3, 5, and 10 years from now. (Please rate from 0 to 5, with 0 being low to no integration and 5 being highly integrated, e.g., Kaiser Permanente.)

![Bar chart showing integration levels from present to 10 years.]

- Present: 2.5
- 3 years: 3.7
- 5 years: 4.5
- 10 years: 5.0

N=27

Percent of Net Patient Revenue Attributed to Risk-Based Population Health Management

Q: What percent of your organization’s net patient revenue is attributed to risk-based population health management activities that have exposure to profit and loss?

![Bar chart showing percent of net patient revenue attributed to risk-based population health management activities](image-url)

- 22% for 25% or more
- 11% for 20%-24%
- 10% for 15%-19%
- 18% for 10%-14%
- 18% for 5%-9%
- 19% for 1%-4%
- 11% for 0%

n = 180

Status of Population Health Management

Q: What is your organization's status in managing the overall health of a defined population?

- Fully committed and underway: 47%
- Experimental or pilot program(s) underway: 29%
- Will pursue but have not yet begun: 11%
- Examining how or whether to pursue: 9%
- Do not plan to pursue: 2%
- Other: 2%

n = 305

Population Health Strategic Initiatives

Q: What strategic initiatives is your organization engaged in or exploring to improve the health of a defined population?

- Clinically integrated networks: 63%
- Patient-centered medical home-related: 57%
- Alliance of providers: 45%
- Health system-led ACO: 41%
- Merger with or acquisition of providers: 31%
- Expansion of ACO to nonhospital providers: 20%
- Not examining or underway with such arrangements: 3%

n = 298, Multi-Response

What are your organization’s 3 biggest barriers to successfully deploying population health programs?

- Up-front funding for care management, IT, infrastructure, etc.: 42%
- Engaging patients in their own care: 39%
- Aligning independent physicians/providers: 38%
- Financial risk assessment capabilities: 36%
- Getting meaningful data into provider's hands: 34%
- Aligning employed physicians/providers: 26%
- Data acquisition from provider practices: 22%
- Ability to model payer contracts: 21%
- Developing value-based performance metrics: 20%
- Don't know: 3%

n = 307, Multi-Response

Investment in Patient Engagement to Support Population Health

Q: In which patient engagement areas is your organization investing with the intent of supporting population health management?

- Patient portals: 83%
- Patient access to medical record: 64%
- Wellness- or condition-related outreach programs: 64%
- Telemedicine for clinician-patient consults: 51%
- Social media: 45%
- Systems to assess patient engagement levels: 43%
- Text message reminders: 33%
- Telehealth to track patient health status: 31%
- Remote monitoring: 31%
- None: 2%
- Don't Know: 1%

n = 307, Multi-Response

Many Respondents Believe That Their Health System Will Gain Increasing Control of Treatment Selections to Improve Outcomes

Q: What is/will be your health system’s ability to control treatment selections to improve your outcomes today and in 3 to 5 years? (Please rate from 0 to 10, with 0 being no current ability to control, 1 being a low ability to control, and 10 being a high ability to control.)

![Bar chart showing ability to control treatment selections](image)

- **Today:** 4.0
- **3-5 years:** 7.7

Recent Survey Shows 66% of Stakeholders Are Moving to Value-Based Care

What is your organization’s status regarding the transition from fee-for-service to value-based care?

![Bar Chart]

- Fully committed and underway: 35%
- Experimental or pilot program(s) underway: 31%
- Will pursue but have not yet begun: 17%
- Examining how or whether to purchase: 13%
- Do not plan to purchase: 2%
- Don’t know: 3%

Source: HealthLeaders 2017 Annual Industry Outlook Survey administered in October 2016. 310 surveys were completed by HealthLeaders Media Council comprised of senior leadership from operations, clinical, financial, and marketing departments from several industry stakeholders including: health plans, health systems, hospital and physician organizations, long-term SNFs, government, and academia.

Primary and Specialty Care Still Play a Critical Role in Value-Based Care

When considering the care continuum, which elements are very important to your organization’s strategy?

- Primary care: 84%
- Specialty care: 70%
- Acute care: 58%
- Home health: 54%
- Skilled nursing: 51%
- Palliative care: 44%
- Urgent care clinics: 43%
- Hospice: 35%
- Long-term rehab: 33%
- Long-term acute care: 29%
- Occupational therapy: 22%
- Assisted living: 22%
- Other: 5%

Disciplines Most Associated with Health Systems and Those Treatments Controlled Beyond Providers at a Health System level (PCPs, Cardiologist, Behavioral Health, Orthopedics, Oncology)

<table>
<thead>
<tr>
<th>Disciplines</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>20%</td>
</tr>
<tr>
<td>Heart/vascular</td>
<td>14%</td>
</tr>
<tr>
<td>Emergency department</td>
<td>12%</td>
</tr>
<tr>
<td>Behavioral health</td>
<td>11%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>10%</td>
</tr>
<tr>
<td>Wellness/preventative</td>
<td>6%</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>6%</td>
</tr>
<tr>
<td>Oncology</td>
<td>6%</td>
</tr>
<tr>
<td>Hospitalists</td>
<td>4%</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>3%</td>
</tr>
<tr>
<td>Bariatrics</td>
<td>2%</td>
</tr>
<tr>
<td>Urgent care</td>
<td>2%</td>
</tr>
<tr>
<td>Women's health</td>
<td>2%</td>
</tr>
<tr>
<td>Pain management</td>
<td>1%</td>
</tr>
<tr>
<td>Imaging/radiology</td>
<td>1%</td>
</tr>
</tbody>
</table>

Organizational Strategy and Pain Management

Three years from now, what service lines do you expect to be your leaders in strategic significance to your organization? (first-ranked responses.)

Risk- and Value-Based Programs Are Mostly Seen as an Opportunity...With Some Concerns

Does your organization consider each of the following to be mostly a threat or mostly an opportunity?

<table>
<thead>
<tr>
<th></th>
<th>Threat</th>
<th>Opportunity</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical integration</td>
<td>4%</td>
<td>91%</td>
<td>5%</td>
</tr>
<tr>
<td>Care continuum relationships, clinical</td>
<td>5%</td>
<td>87%</td>
<td>8%</td>
</tr>
<tr>
<td>Health information exchange</td>
<td>6%</td>
<td>84%</td>
<td>10%</td>
</tr>
<tr>
<td>Patient as consumer</td>
<td>9%</td>
<td>83%</td>
<td>7%</td>
</tr>
<tr>
<td>Care continuum relationships, financial</td>
<td>19%</td>
<td>66%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Shared risk, shared reward payments</strong></td>
<td>22%</td>
<td>65%</td>
<td>13%</td>
</tr>
<tr>
<td>CMS’ value-based payment efforts</td>
<td>31%</td>
<td>56%</td>
<td>13%</td>
</tr>
<tr>
<td>Provider consolidation</td>
<td>33%</td>
<td>51%</td>
<td>15%</td>
</tr>
<tr>
<td>Industry movement toward full capitation</td>
<td>50%</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>Retail healthcare (e.g., pharmacies, big-box stores)</td>
<td>51%</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td>Payer consolidation</td>
<td>63%</td>
<td>19%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Overview of Global Outcome-Based Contracts
State Medicaid Program Example

- In a 2001 arrangement with the Florida Medicaid system, Pfizer promised to achieve $33 million in cost reductions over 2 years in return for inclusion of all of its products on a new restrictive formulary

- Pfizer planned to achieve cost reductions through disease management, focusing primarily on 12,000 patients who were high utilizers and had chronic diseases such as diabetes, asthma, or heart disease

- Sixty nurse case managers used software designed for chronically ill Medicaid patients
  - Encouraged patients to take their medicines, follow diet and exercise regimens and have regular checkups

Pfizer claimed the program saved Florida $41.9 M over 27 months, serving 150K Medicaid pts
- Reduced- physician visits (4.3%), ER visits (5.7%), hospital stays (9.7%)
- Pfizer spent $19.2 M on case managers, equipment, and donated drugs
- Pfizer drugs increased 17% during the first year of the program

### Risk-Based Contracts Are Growing in Number: Outcomes Compared Against Competition, Hospitalization, and Adherence

<table>
<thead>
<tr>
<th>Year</th>
<th>Payer</th>
<th>Pharma</th>
<th>Drug</th>
<th>Disease</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>Cigna</td>
<td>Merck</td>
<td>Januvia</td>
<td>Diabetes</td>
<td>Glucose reductions</td>
</tr>
<tr>
<td>2009</td>
<td>Health Alliance</td>
<td>P&amp;G/Sanofi</td>
<td>Actonel</td>
<td>Fractures</td>
<td>Preventing fractures</td>
</tr>
<tr>
<td>2015</td>
<td>Harvard Pilgrim</td>
<td>Amgen</td>
<td>Repatha</td>
<td>High cholesterol</td>
<td>Reduction in cholesterol</td>
</tr>
<tr>
<td>2016</td>
<td>Harvard Pilgrim</td>
<td>Novartis</td>
<td>Entresto</td>
<td>Heart failure</td>
<td>Reduction in heart failure</td>
</tr>
<tr>
<td>2016</td>
<td>Harvard Pilgrim</td>
<td>Eli Lilly</td>
<td>Trulicity</td>
<td>Type 2 diabetes</td>
<td>Outperform competing drugs</td>
</tr>
<tr>
<td>2016</td>
<td>Humana</td>
<td>Eli Lilly</td>
<td>Effient</td>
<td>Platelet inhibitor</td>
<td>Reduction in hospitalizations</td>
</tr>
<tr>
<td>2016</td>
<td>Cigna</td>
<td>Novartis</td>
<td>Entresto</td>
<td>Heart failure</td>
<td>Reduction in hospitalizations</td>
</tr>
<tr>
<td>2016</td>
<td>Aetna</td>
<td>Novartis</td>
<td>Entresto</td>
<td>Heart failure</td>
<td>Reduction in hospitalizations</td>
</tr>
<tr>
<td>2016</td>
<td>Express Scripts</td>
<td>AstraZeneca</td>
<td>Iressa</td>
<td>Lung cancer</td>
<td>Payment based on those receiving the 3rd refill</td>
</tr>
</tbody>
</table>

Melvin D. Risk/outcomes contracting has finally arrived. February 2017 PM360 Magazine.
Pharma Shift to Value-Based Relationships

All health care providers are being shifted from FFS transitions to value-based relationships.

Health systems are moving from provider status to payer status through the acceptance of financial risk.

Pharma has a need to deliver value-based resources to providers, payers, and health systems via a range of offerings.
Pharmaceutical/Health System Relationship: Key Offerings

1. Offer resources for health systems to improve outcomes through better clinical integration and patient engagement
2. Provide value to health systems beyond their pill by offering services that enhance outcomes from their product
3. Engage health systems in meaningful value-based contracts

Note: There is a difference between value-based and risk-based contracts
## Value-Based Agreements

<table>
<thead>
<tr>
<th>Contract Type</th>
<th>Payers</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial arrangement</td>
<td>Risk-based</td>
<td>Value-based</td>
</tr>
<tr>
<td></td>
<td>Shared savings or pay back based on underperformance</td>
<td>N/A since providers are not directly paying for Rx</td>
</tr>
</tbody>
</table>

### Role & Responsibilities

<table>
<thead>
<tr>
<th></th>
<th>Payers</th>
<th>Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharma</td>
<td>Resources and services directly tied to treatment</td>
<td>Broad-based resources</td>
</tr>
<tr>
<td>Target</td>
<td>Forced utilization through utilization management process</td>
<td>Encouraged utilization through EHR/guidelines and prescriber incentives/ penalties</td>
</tr>
</tbody>
</table>
Level of Independence (LoI) of Pharma-Provided Value Resources

LoI: Payers/Providers

Free Standing

Integrated Into Payers/Health Systems

LoI: Pharma Product

Providers

Payers

Integrated with ‘Pill’

Completely Above Rx
3 Step Best Practice Model for Pharma

1. Account Planning
   - Understand health system priorities
   - Identify key contacts
   - Learn what is changing in their environment
   - Understand differences in culture and strategic objectives

2. Present a Strong Value Story
   - Describe how your product aligns with clinical guidelines, quality measures, and value-based programs
   - Describe how your products align with health system goals
   - Articulate how the value of your products compare clinically and financially with competing treatments

3. Offer Effective Programs & Tools
   - Offer resources that create value “beyond the pill”
   - Demonstrate how your resources are easy to implement, maintain, and how success is measured
   - Provide multiple areas of intervention, patient materials, HCP materials, EHR solutions, etc.
Population Health Program Offerings vs Typical Areas of Focus

**POPULATION HEALTH PERSPECTIVE:** HOW HEALTH SYSTEMS ARE MANAGING DISEASE

**TYPICAL AREA OF FOCUS**

- Genetics
- Environment
- Socioeconomic
- Lifestyle, diet, exercise
- Comorbidities
- Prior event
- Site of care
- Transition of care
- Adherence
- Follow-up visits
- Genetics
- Environment
- Socioeconomic
- Lifestyle, diet, exercise
- Comorbidities
- Prior event
- Site of care
- Transition of care
- Adherence
- Follow-up visits

Patient education tools and resources on the importance of diet and exercise for prevention of disease

Tool for individual IDN system analysis to identify treatment gaps and opportunities

“Best practice” scenario for avoiding readmissions

Field training on how best to present opportunities for promoting patient behavior change (shared decision making, motivational interviewing)

Communication tools on barriers to class adherence

Patient education tools and resources on the impact of comorbid conditions on disease

“Best practice” communication tool for Class

Patient tools and education emphasizing the importance of follow up visits, treatment adherence, and lifestyle choices

Patient education tools and resources on the importance of diet and exercise for patients
Articulation of Program Value to Providers/Payers: *Health Systems*

<table>
<thead>
<tr>
<th>COST</th>
<th>BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Identification</strong></td>
<td><strong>Improved Outcomes</strong></td>
</tr>
<tr>
<td>• Patient self identification</td>
<td>• Quality measures</td>
</tr>
<tr>
<td>• Provider process</td>
<td>• Total cost-of-care</td>
</tr>
<tr>
<td>• EMR guidance</td>
<td>• ‘Hot’ topics (eg, opioid utilization)</td>
</tr>
<tr>
<td>• Data analysis</td>
<td></td>
</tr>
</tbody>
</table>

- **COST (Administrative Burden)**
- **BENEFIT**
- **Intervention**
  - • Patient/provider engagement
  - • Adherence
  - • Guidance
- **Improved Outcomes**
  - • Quality measures
  - • Total cost-of-care
  - • ‘Hot’ topics (eg, opioid utilization)
Implementation:
Use of EHR to Enforce Health System Treatment Preference
Embracing EHR Technology to Forge New Customer Partnerships

Tim Van Aken, Health IT Lead
Session Objectives

1. Opportunity
2. Alignment
3. Case Study
Background

Rising Costs
Cost of Healthcare, Focus on Outcomes

Unsustainable Growth Rate
17% U.S. GDP in 2010, approaching 20% by 2020

Volume to Value
Shift from Volume-based Care to Value-based Care
The Opportunity

Organized Customers

EHR Adoption

60%

95%

Health System Employees

Define HCP and Health System Behavior


**Ambulatory and Hospital**

<table>
<thead>
<tr>
<th>Ambulatory</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longitudinal</td>
<td>Episode of Care</td>
</tr>
<tr>
<td>Note-Driven</td>
<td>Order-Driven</td>
</tr>
<tr>
<td>Cloud and Local</td>
<td>Local</td>
</tr>
<tr>
<td>eRx</td>
<td>CPOE</td>
</tr>
<tr>
<td>+400 -&gt; 6</td>
<td>Big 3</td>
</tr>
</tbody>
</table>
More EHR Differences

**Small Offices**
- Cloud and Client-Server
- Standard
- Out-of-the-Box
- Media

**Medical Groups/IDNs**
- License and Optimization
- Process for Changes
- Few (if any) Vendor Partnerships
- EHR increasingly mimics business
Areas of Alignment

**Health Systems**
- Increase Quality of Care
- Lower Cost of Care
- Improve the Patient Experience

**Life Sciences**
- Population Management
- Patient Insights
- Tools & Resources
Health IT Opportunities

**Identification, Screening, and Patient Lists**
Solutions to identify the “right” patients leveraging Health IT

**HIT Strategy**

**Patient Education and Health IT Communication Tools**
Opportunity to add content and Health IT-enabled communication tools, allowing clinicians to reach out to patients in a number of different ways

**Clinical Decision Support**
Tapping into Clinical Decision Support in its many forms can help to drive preferential clinicians and patient behaviors

**Adherence Solutions**
Solutions around adherence, compliance and persistence
Possibilities

Potential Solutions for EHR systems:

- Updates to the Medication Database
- Create EHR efficiencies
- Target Lists
- Outreach
- Screening and assessment tools
- Clinical Decision Support
- Patient Education

Kameleon can map the EHR System to each individual HCP / Health System
Product Launch Opportunity

Past

Place the drug on formulary, negotiate favorable access and features & benefits

Today

Product availability in EHR system, first impression, access, features, benefits, organized customers, order set management, “beyond the pill” solutions
ePrescribing - Favorites

Favorites Folder

- System Favorites
  + Atrial Fibrillation
    - Medication XYZ
  + Cardiovascular
  + CHF
  + Endocrine
  + E&M
  + Immunizations
  + Lab Orders
  + Office Charges

- My Favorites

- Organize Favorites Alphabetically

Add  Cancel
Target List

A list of patients that meets similar demographic and/or clinical characteristics

Commonly used to dynamically manage the care of a cohort of patients

• Examples of Target List opportunities:
  • List of all asthma patients 18 years or older with severe uncontrolled asthma
  • List of all asthma patients with comorbid xyz....
Patient Outreach

Once a Target List has been created patients can be reached by a number of means:

- Mailings can be created reaching patients with a customized resource (letter, folder, brochure, etc.)
- Patients enrolled in patient portals can receive patient portal messages
- Patients with phone numbers on file can receive a phone message
- Selected patients can be managed by a care coordinator or engaged by a nurse or other staff member
- A reminder, alert or order can be created in the EHR for selected patients
Clinical Decision Support

- Clinical Decision Support (CDS) provides clinicians, staff and/or patients with knowledge and person-specific COPD disease information to help drive improved patient outcomes.

- COPD Clinical Decision Support is customized to the organized customer’s workflow. Depending on the customer it can be a combination of CDS formats such as alerts, notifications, templates, reports, etc.
CDS Impact Example

Impact of generic substitution decision support on electronic prescribing behavior

"This study demonstrates a positive impact of e-prescribing decision support for generic prescribing and supports the use of electronic tools to improve prescribing safety and quality."

Source: Adapted from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3000753/ accessed on 12/14/2015
Success Factors

- **Focus**: EHR Optimization, Clinical Decision Support Rules/Logic and EHR Reports
- **Replicable**: Scaling and Implementation of Resources
- **Quality**: Clinical Quality Improvement
- **Disease**: Chronic, Rare, Oncology, Specialty, Device
- **Evidence-Based**: Evidence-Based Unbranded Recommended Assessment and Treatment
Summary - 3 Step Best Practice Model for Pharma

1. **Account Planning**
   - Understand health system priorities
   - Identify key contacts
   - Learn what is changing in their environment
   - Understand differences in culture and strategic objectives

2. **Present a Strong Value Story**
   - Describe how your product aligns with clinical guidelines, quality measures, and value-based programs
   - Describe how your products align with health system goals
   - Articulate how the value of your products compare clinically and financially with competing treatments

3. **Offer Effective Programs & Tools**
   - Offer resources that create value “beyond the pill”
   - Demonstrate how your resources are easy to implement, maintain, and how success is measured
   - Provide multiple areas of intervention, patient materials, HCP materials, EHR solutions, etc.
Thank you!

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