

The Future: Value Based Healthcare

Patient and Physician Collaboration, Case Study

Stephen Kardos, D.O. & Yinghong (Helen) Cheng, Ph.D. – Triveris LLC, Eatontown, NJ 07724

Overview

Introduction As health-care costs continue to increase at double and triple the rate of inflation in the U.S, the debate over health care reform is narrowing its focus to questions of access for everyone, affordability, sustainability, and quality. In recent years, traditional health care benefits have not successfully dealt with these objectives. As a result, a new approach has emerged, Value-Based Health Care, and it is taking hold quickly throughout the United States. These new Value Based Plans may actually transform health care and the practice of medicine as we have known them.

Theory Value-Based Health Plans are built on the theory that improved health status lowers medical expense. Value-Based Health plans design actually require plan members and their physicians to comply with well accepted national guidelines for high quality medical care. According to these health plans compliance to guidelines provides financial reward to plan members and their physicians. Guidelines include specific preventive medical care and treatment for chronic medical conditions put forward by United States Task Forces (USTF) for health.

Implementation All health plans provide a written benefit document (Specific Plan Document) that describes each health plan benefit. Health Benefits are a collection of rules that comprise a contract between the plan member and the plan sponsor. These rules outline who pays for what in health care. Historically, these benefits were not related to quality of care recommendations.

Accountabilities What is different about value-based plans is that not only does the plan pay for medical care, but also compliance by each plan member and their physicians with high quality health standards is required to receive maximum financial benefit from the plan for patients and physicians alike. Plan member benefit payments and physician payments may be based on measurements of success in following guidelines for preventive health and chronic disease management. **This new design** makes patients and physicians accountable to each other. Mutual accountability aligns the interests of patients and doctors to achieve improved health status by working together.

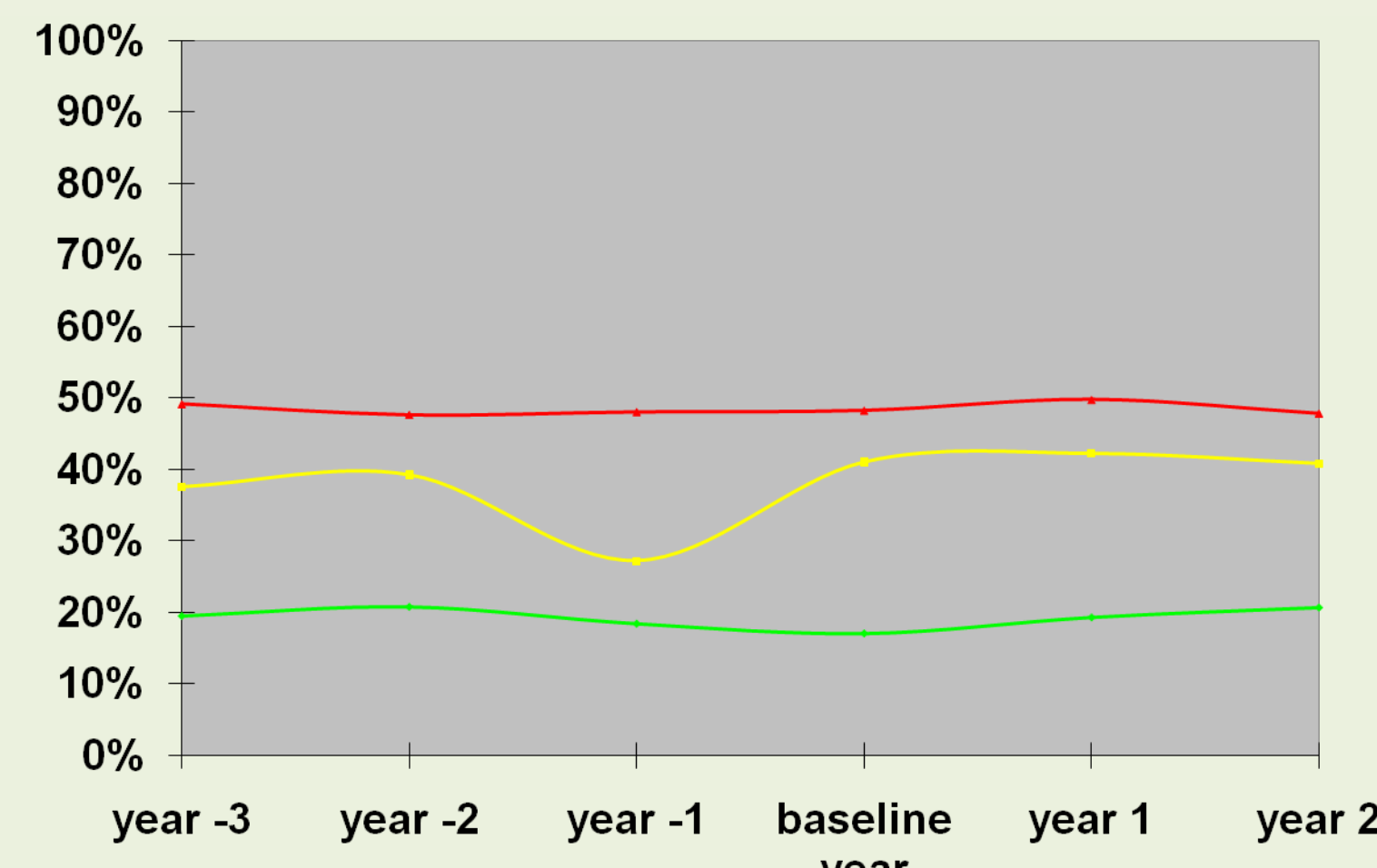
Communications Value based health plans require accurate up to date consolidated medical data for use by patients and physicians that is organized for action for each health plan member. Electronic Web Based personal health records, PHR, (Not electronic medical records EMR) are used to facilitate such information exchange between physicians and plan members. By sharing trusted information from a common database, physicians and patients collaborate effectively and become aligned to achieve improved member health status.

Outcomes Outcome measures for physician success is no longer just to check individual patient outcome. The new measure for success now becomes how effective physicians are in achieving improved health for all plan members (Patients) under their care. When implemented in large scale Value Based Health Plans will dramatically change how physicians treat patients and how medical schools educate physicians.

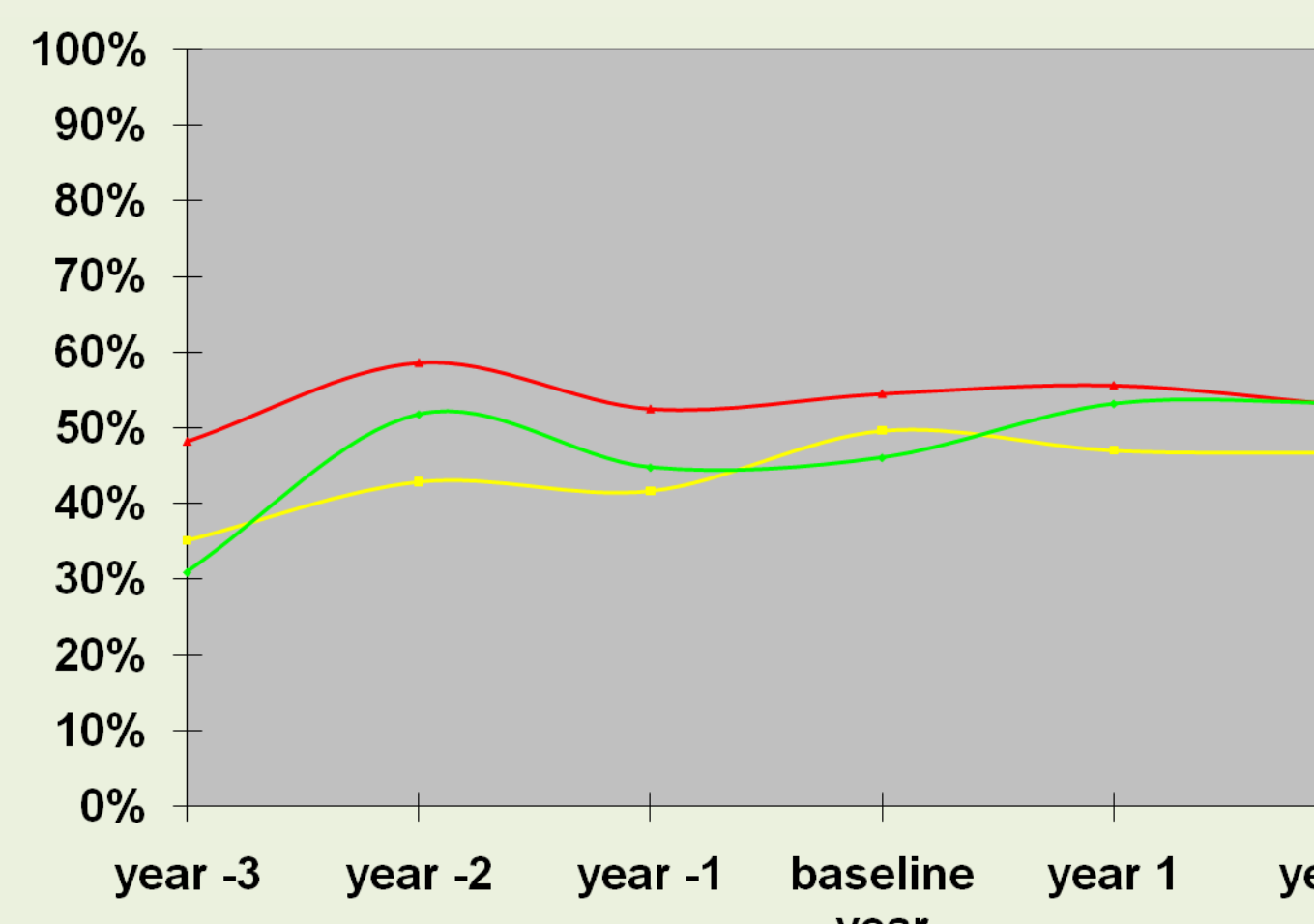
Preventive Health Effort

Traditional Health Benefit Plan Benefits Not Linked to Compliance

A Hospital health plan (~6,800 members)
Without Efforts towards value based recommendations

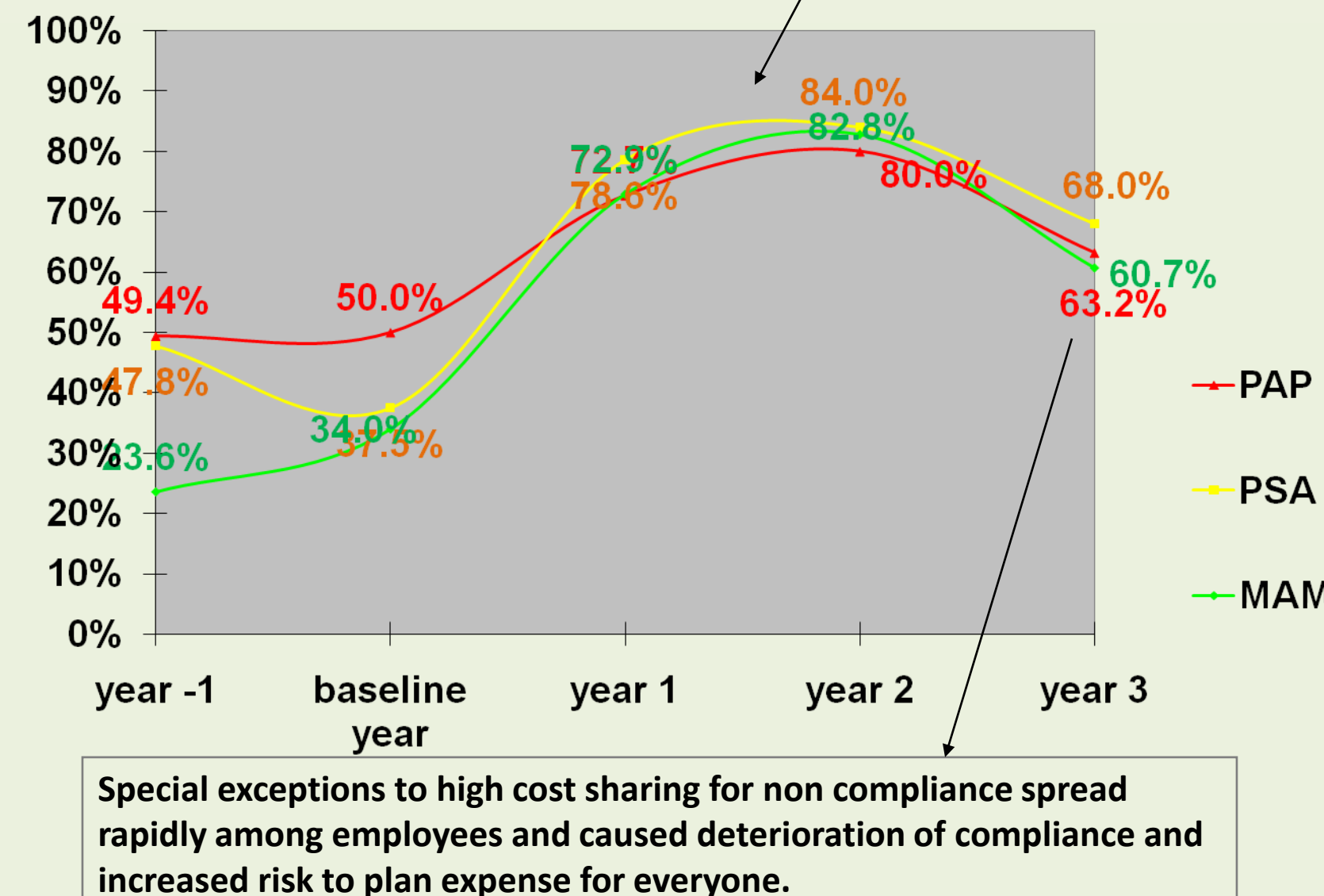


An University health plan (~1,000 members)
With Efforts towards value based recommendations



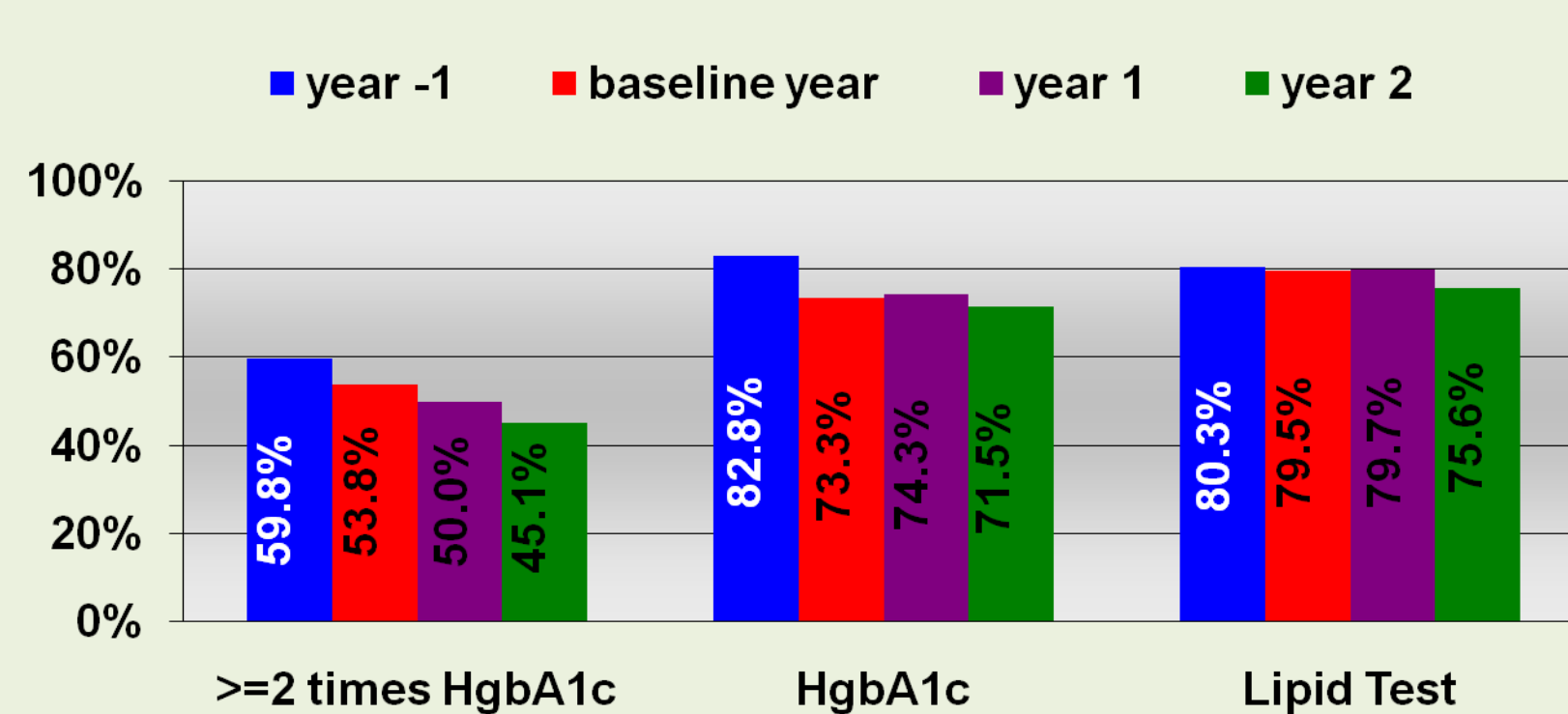
Value Based Health Benefit Plan Benefits Linked to Compliance

A Pilot Commercial health plan (~300 members)

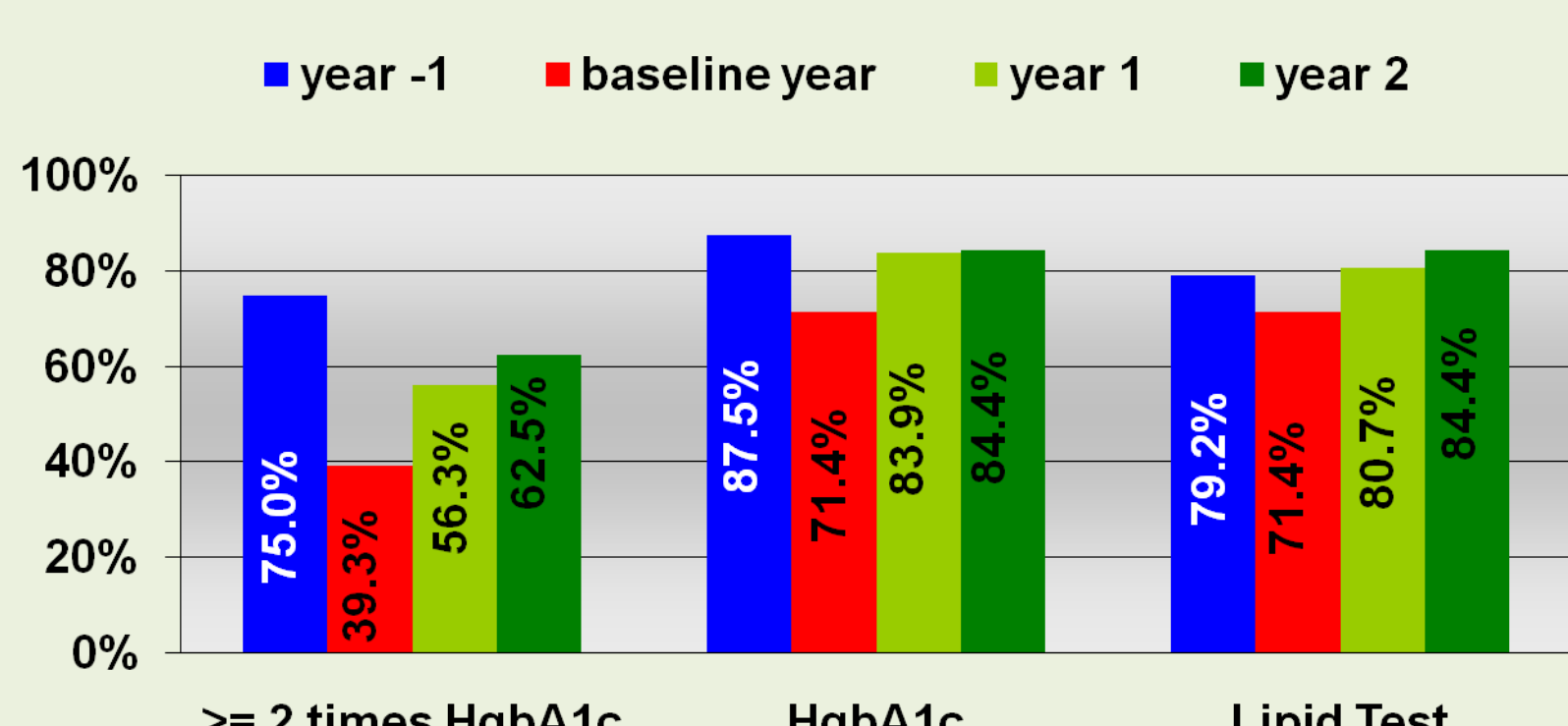


Chronic Disease (Diabetic) Management Effort

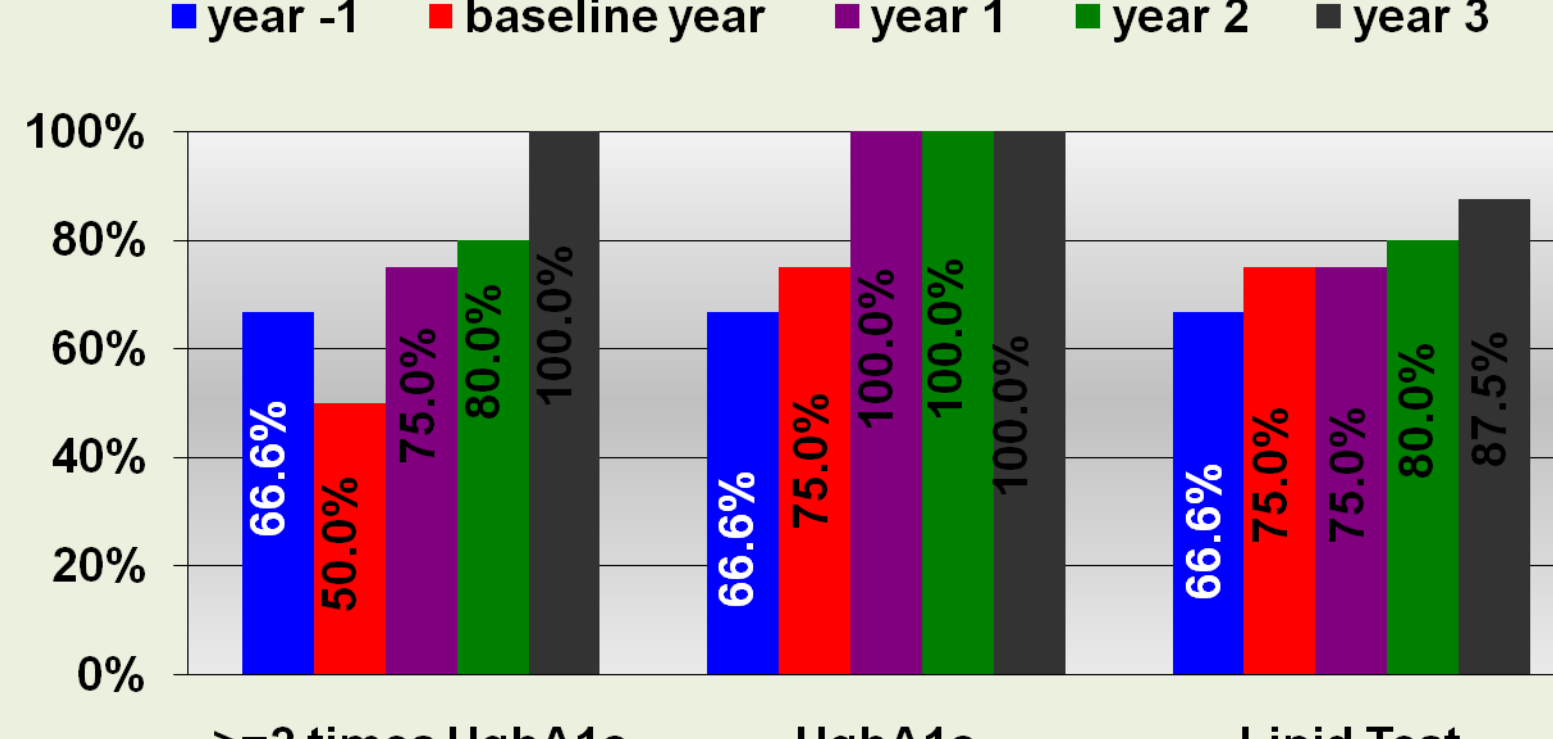
A Hospital health plan (~6,800 members)
Without Efforts towards value based recommendations



An University health plan (~1,000 members)
With Efforts towards value based recommendations



A Pilot Commercial health plan (~300 members)



Use of Advanced Information Technology

Electronic Personal Health Record

- Specific personal health record for each plan member
- Compiles Medical claims, laboratory, pharmacy, and patient input data into useful reliable and dynamic format

Reports on plan performance

- Facilitates patient doctor communication to align efforts for health status improvement
- Physician fee payments may be linked to compliance of physician's overall practice with guidelines.

Compliance Scorecard

2009 Compliance status for: SALLY SMITH

Compliance Requirement	Frequency	Last Completed	Next Due On or Before	Completed for Benefit Year
1. Doctor's Visit	2 per year	-	12/31/2009	!
2. Hemoglobin A1c	2 per year	-	12/31/2009	!
3. Blood Creatinine OR Urine test for Microalbuminuria	1 per year	01/18/2009	01/19/2010	✓
4. Blood Cholesterol (LDL)	1 per year	01/18/2009	01/19/2010	✓
5. Colon Cancer Screening	every 10 years	08/09/2008	08/08/2018	✓
o Colonoscopy OR	every 5 years	-	-	✓
o Sigmoidoscopy OR	every 5 years	-	-	✓
o Fecal Occult Blood Test	every year	01/18/2009	01/20/2010	✓
6. Mammogram	1 per year	01/20/2009	01/21/2010	✓
7. Retinal Eye Exam	1 per year	01/19/2009	01/20/2010	✓
8. Active Engagement with Weight Management Program	12 per year	-	12/31/2009	!
9. Declined Participation in OptumHealth Diabetes Care Program	-	-	Out of Compliance	!

Your Health Actions

The information displayed on this page is derived from a variety of data sources, including you. In some instances, electronic claims data for medical prescriptions and available laboratory claims may take several weeks to arrive. If you know your results before they show up on your record, please enter them directly yourself to see the impact of these results on your health status.

The information displayed on this page is NOT a substitute for medical care and should not be used to diagnose and treat health problems. Consult your physician before making decisions about medical care.

This should not be used to make any decisions about your care or to correct any incorrect information. If you know your pharmacy or lab results, you can put them in yourself anytime. View will follow.

Your information is CONFIDENTIAL and is only used to help you keep track and reach your health goals. This information will not be shared with anyone other than you. We urge you to share this information with your treating physicians.

Your Health Information

Your Health Actions

Your Medical Risk

Your Current Health Status

Your Recommended Preventive Health Actions

Your Recommended Medical Care Actions

Your Recommended Condition Management Actions

Your Recommended Preventive Health Actions

Your Recommended Medical Care Actions

Your Recommended Condition Management Actions

Your Recommended Preventive Health Actions

Your Recommended Medical Care Actions

Your Recommended Condition Management Actions

Your Recommended Preventive Health Actions

Your Recommended Medical Care Actions

Your Recommended Condition Management Actions

Your Recommended Preventive Health Actions

Your Recommended Medical Care Actions

Your Recommended Condition Management Actions

Your Recommended Preventive Health Actions

Your Recommended Medical Care Actions

Your Recommended Condition Management Actions

Your Recommended Preventive Health Actions

Your Recommended Medical Care Actions

Your Recommended Condition Management Actions

Your Medical History

Current smoker

Personal History

Drug Allergies

Medications filled, based on your recent pharmacy claim data

Diabetes

Hypertension

Diabetic Medications

Elevated Risk for Cardiovascular Disease

Risk Factor: High Blood Pressure

Risk Factor: Smoking

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Your Recommended Medical Care Actions

Completed Result Goal Next

Hemoglobin A1c Testing

BP over 130/80, Please See Your Doctor

Urine Protein Testing (Urine Microalbumin)

Dilated Retinal Eye Exam

Use of ACE Inhibitor/ARB

Potassium Test

Creatinine (Kidney Function Test)

Total Cholesterol

LDL

HDL

Triglycerides

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Controlling LDL Cholesterol To Less Than 100

Diabetic Medications

Glucose Test Strip Usage

Health Action Page

Weight: 157 (goal: from 125 to 169)

BMI: 23.2 (goal: from 18.5 to 24.9)

Moderate intensity aerobic physical activity at least 30 minutes of five days each week

What you need to watch

Blood Pressure: 158/95 (goal: less than 130/90)

Incomplete Preventive Health: See Your Recommended Preventive Health Actions

Elevated Risk for Cardiovascular Disease: See Your Recommended Medical Care Actions

Diabetes: See Your Recommended Medical Care Actions

Prostate Cancer Identification

Colon Cancer Identification

Coronary Artery Disease Risk Assessment

Total Cholesterol

LDL

HDL

Triglycerides

Blood Pressure (Systolic)

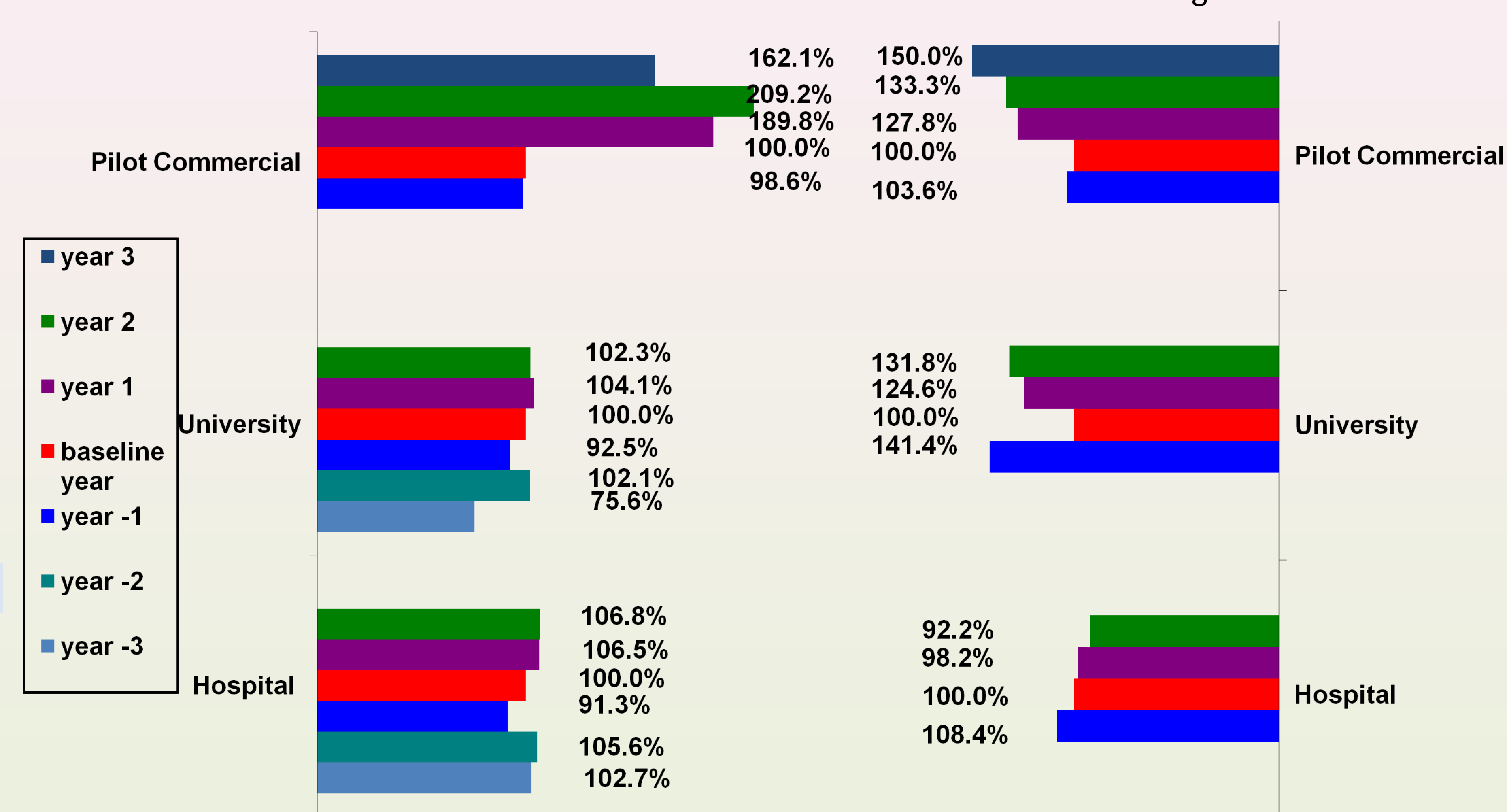
Blood Pressure (Diastolic)

Outcomes – Quality and Cost

Quality

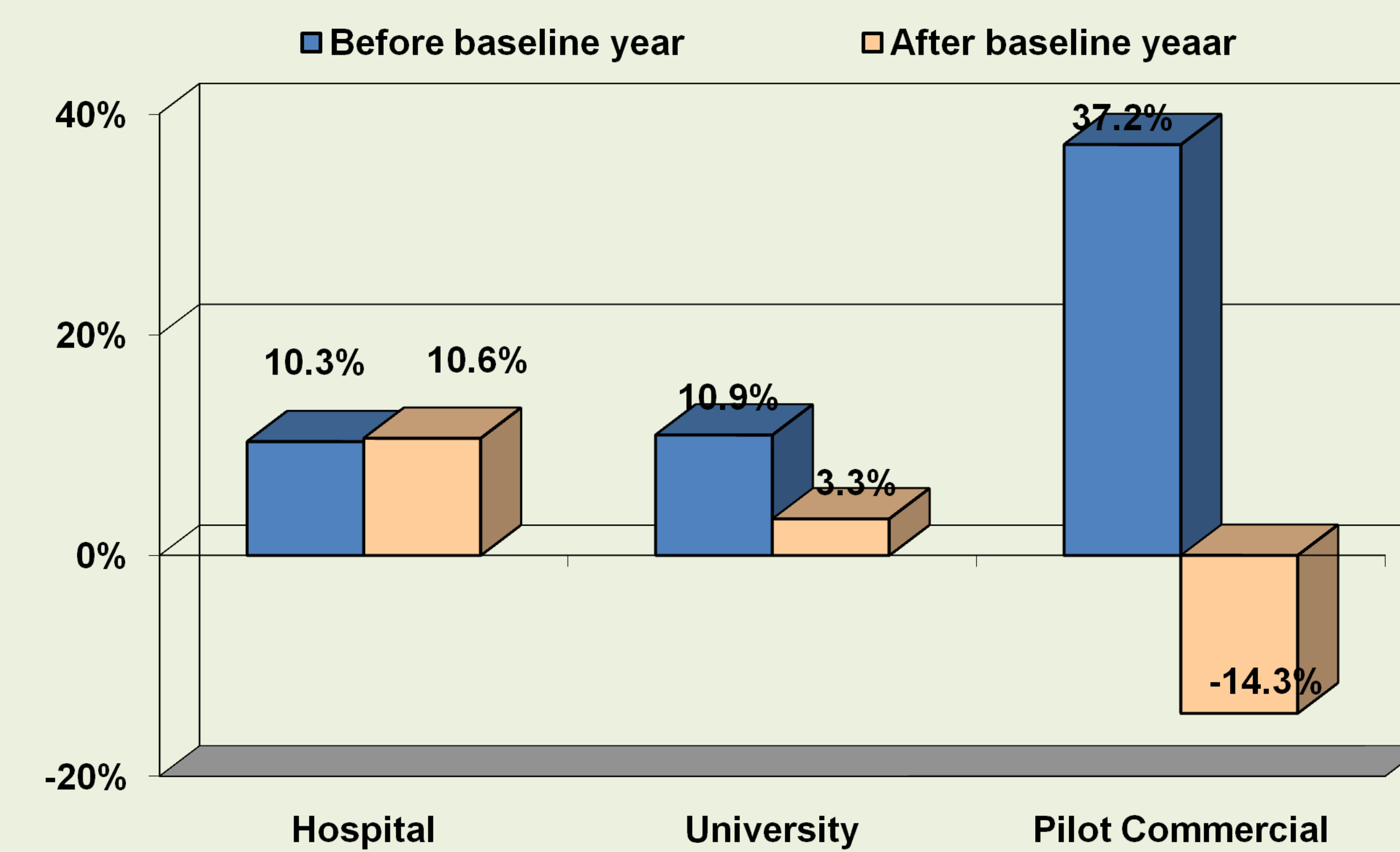
Preventive Care Index

Diabetes Management Index



Cost

Average Medical and RX Claim Cost Changes (without adjustment for stop-loss reimbursement)



Summary

- Improve health status of Value based plan vs. Flat Trends of Traditional plans
- Lower medical expense for employers and employees
- Improve Patient and Physician Compliance with recommended care standards
- Increase Measurable Physician Value (higher reimbursement opportunity; Pay 4 Performance)

Discussion

- Advanced interactive information technology, including Internet Based Personal Health Record (PHR) that facilitates high-quality, dependable information being exchanged among insurers, employers, plan members, and their physicians. The availability of this kind of technology is rapidly expanding and dramatically influences medical practice.
- Available, easy to understand, and trusted information is required to facilitate improved health care (Status)
- Physician and patient behaviors changed based on aligned interests
- Trusted and accurate measurements of effectiveness of doctor and patient efforts are used for continued quality improvement and financial rewards to patients and physicians.

Opportunities

Cancer Prevention

Cancer Predictions for a ~1,000 members health plan				
Cancer Type	Age Range	Actual	Expected	Potentially Undiagnosed