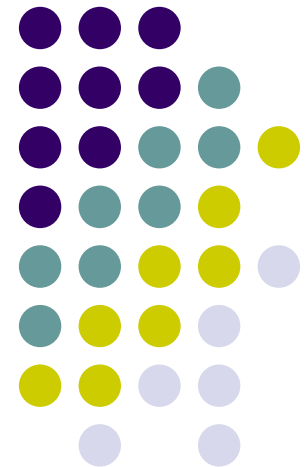


How are We Doing at Engaging
Patients to Adapt to Healthy Behavioral
Changes?
and

How is this Impacting Predictive
Modeling?

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Program Objectives

- Review challenges facing the US healthcare system
- Describe reason for sea changes occurring today and the expectations from consumers for a better healthcare system
- Collaborate to discuss innovative models that address ways to improve engaging consumers in adapting to healthy behaviors

Current State of 'Sick' Care



- **Healthcare spending by individuals, insurers and the government for health care hit almost \$2 trillion, or \$6,697 per person in 2006**
- **Chronic disease accounts for 70% of America's deaths**
- **90 million Americans live with one or more chronic disease**
- **Chronic disease accounts for 60% of the \$2 trillion spent annually in the United States on health care costs**

Source: Preventive Medicine: A Cure for the Healthcare Crisis: 3.17.06 Disease Management Supplement

What we have learned



- Failure to detect chronic conditions and initiate early interventions has resulted in a precipitous rise in the prevalence and severity of chronic disease
- Majority of chronic conditions can be delayed or progression limited by avoiding risky behaviors, increasing physical activity, and obtaining life saving screening services

Why Preventative Health is so far from where it should be?



In a study of 153,000 adults it was found that only 3% of US citizens adhere to four key healthy lifestyles characteristics:

- not smoking
- maintaining healthy weight
- eating adequate amounts of fruits and vegetables
- participate in regular exercise
- almost 10% respondents admitted they did not adhere to any of the four!

Sea Change is Occurring



- The projected impact of the aging “baby-boom” population
- The ever-escalating cost of providing healthcare
- The increasing role of consumers in managing all aspects of their health
- Ability to collect data and use that data to develop products to address these issues



The Dynamics

- 16% of the national economy is consumed by healthcare
- People over 65 occupy **40% of acute care beds**, **spend 50% of US health care dollars** and **buy 25% of prescriptions drugs**
- The number continues to rise for those without healthcare insurance to **46.6 million**
- Combined cost of Social Security, Medicare, and Medicaid, the foundation of health and economic security for older Americans, are on track to grow from \$1.1 trillion in 2006 to \$2.27 trillion in 2016

Source: AARP Bulletin February 2007

Who will adapt to change and embrace change behavior?



- **Businesses are seeking new partners and new options as they try to ease the burden of healthcare costs**
- **Some employers want all of their employees to participate in some aspect of health and wellness management**
- **In house clinics to address employee healthcare and wellness issues**
- **Minute Clinics to address consumers questions in a more relaxed and convenient setting**
- **Communities are offering challenges to residents. Example: *Swim the City of Plantation***

Who will adapt to change and embrace change behavior?



- Families, Union Workers, University students are forming a critical mass because they have recognized the urgency of the problems associated with an aging society and realization that it is time to discover and **DELIVER** solutions to healthcare and personal finance challenges
- AARP: has joined the Business Roundtable and the Service Employee International Union to ignite a national movement and search for solutions

Source: AARP Bulletin, Feb 2007

Lines of Defense



- Prevention
- Early detection
- Early intervention



**Who are the people that you can focus on
that will help?**



Integrated Health Management

Integrated Health Management



Allows Health Plans to manage risk across a population by:

- integrating data from disparate sources
- coordinating communications across health, wellness, and lifestyle programs
- delivering interventions that address the entirety of a members health needs

Integrated Care Management



A comprehensive, advanced care management program that incorporates all Medical Management functions (UM, CM, DM, Triage, & Prevention/Wellness) in order to manage and deploy resources to optimize clinical, quality, and financial outcomes.

Integrated Care Management



- It goes beyond traditional Case & Disease Management
- Proactive, Collaborative & Patient-Centric
- Is multi-disciplinary across all settings
- Enhanced communication & documentation through the integration of member data from one source to:
 - identify the right interventions
 - to bring together results of multiple programs
 - to report outcomes of health management strategy that focuses on improved health status and quality of care

*Source: Gaudet J. Integrated Health Management Changes.
June 2006*

Essential Functions for an Integrated Care Management System



General Functionality

- Patient-Centric:
 - View a Complete Patient Profile Across Different Diseases and for All Care Management Programs & Activities (UM, CM, DM, Prevention, & Triage) from 1 place
- Must be easy to access and navigate the system

Source: IT Tools for Chronic Disease Management: How Do They Measure Up?, California Healthcare Foundation, July, 2006.

Essential Functions for an Integrated Care Management System



Care Management

- Ability to Add or Modify Disease/Condition Protocols, Care Plans, Alerts/Reminders, etc
- Facilitate Communication & Collaboration with patients

Essential Functions for an Integrated Care Management System



Point-of-Care Functions

- Patient Summary Screen That Can Be Customized
- Current & Complete Display of Patient's Previous Care & Outcomes
- Pre-Built & User-Developed Documentation Tools, Templates, & Workflows

Essential Functions for an Integrated Care Management System



Decision Support Tools

- Access to Guidelines & Protocols
- Ability to Add or Change Them

Essential Functions for an Integrated Care Management System



Patient Self-Management

- Capture Data About Self-Care Behavior
- Provide Tracking & Documentation to the Patient

Essential Functions for an Integrated Care Management System



Population Management

- Configure Populations Using Standard Formats that Can Be Customized
- Track Populations & Provider Panels
- Accommodate Different Medical Conditions
- Initiatives to Track & Improve Patient Health



Essential Functions for an Integrated Care Management System

Reporting

- Produce Standard & Ad Hoc Reports at Individual & Aggregate Levels
- Monitor Quality and Track Outcomes



Examples of Programs Making a Difference

Acxiom Corporation

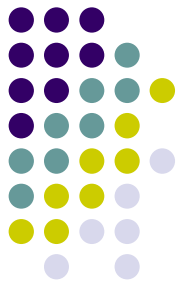


Acxiom Corporation integrates data, services and technology to create and deliver customer and information management solutions for many of the largest, most respected companies in the world

The core components of Acxiom's innovative solutions are Customer Data Integration (CDI) technology, data, database services, IT outsourcing, consulting and analytics, and privacy leadership

Founded in 1969, Acxiom is headquartered in Little Rock, Arkansas, with locations throughout the United States and Europe, and in Australia and China. For more information, visit www.acxiom.com.

Company Contact: Michael Hinton: Michael.Hinton@acxiom.com



Communication Science

- Company that works with patients to improve compliance and productivity through educational materials
- Website has interesting overview of the supply and demand of health coaches and the population.
- <http://communicationscience.com/presentation.html>
- Contact: Shirley Grey 866-766-5077 email: sgrey@communicationscience.com

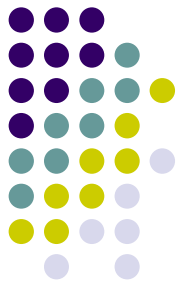
HEALTHY FUTURES INC



- A Disease Management & Preventive Care Organization based in Indian Wells, CA
- The business focuses on aging, health, lifestyle improvements, management of disease, nutritional counseling, marathon training, personal training, risk reduction, and wellness for individuals and organizations.
- Bruce Underwood:
doctor@bruceunderwoodrph.com

Office of the National Nurse

HR 4903



Create an Office of the National Nurse to Advocate for,
Educate and Empower Consumers

The primary job of the National Nurse Corp is to educate the public
about how to prevent disease and lead healthier lives

Terri Mills, the nurse who started this program, proposes the formation
of a National Nurse Corps that would organize nurses to work in
their communities to organize events to promote health care

Today, the Bill has over 50 members of the Congress and
Senate supporting the bill

Website: <http://www.nationalnurse.blogspot.com/>

Terri Mills: teri@nationalnurse.info

Case Management Society of America



- Case Management Adherence Guidelines (CMAG) developed in 2004
- First national based algorithm to assist case managers more effectively improve patient adherence to medication regimes
- The algorithm includes tools needed to evaluate patient adherence, along with guided interventions to help address patient adherence needs
- Introduce concepts and strategies that aid in assessing individual patient's medical knowledge and readiness to change
- The guidelines can be used to help patients become and remain adherent to their regimes

Source: www.cmsa.org

CMAG Continued



- The CMAG project is being promoted hand in hand with a decision support tool and data collection tool called CMAG Tracker
- The tool is a web-based program that includes all of the assessment tools and data collection forms that case managers need to implement CMAG and measure their impact on medication adherence.
- In 2006, this tool was upgraded to include adherence to medical treatment and lifestyle changes such as exercise, weight loss, smoking cessation and others through the same assessment and motivational interviewing tool

URAC

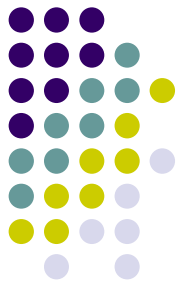


- Quality Improvement Projects
- Designed to assist organizations to implement strategies to improve performance
- Organizations must maintain no less than two quality improvement projects and focus should be on consumers
- Quality improvement project must focus on error reduction and consumer safety
- Web Site Accreditation

Joint Commission: National Safety Goals

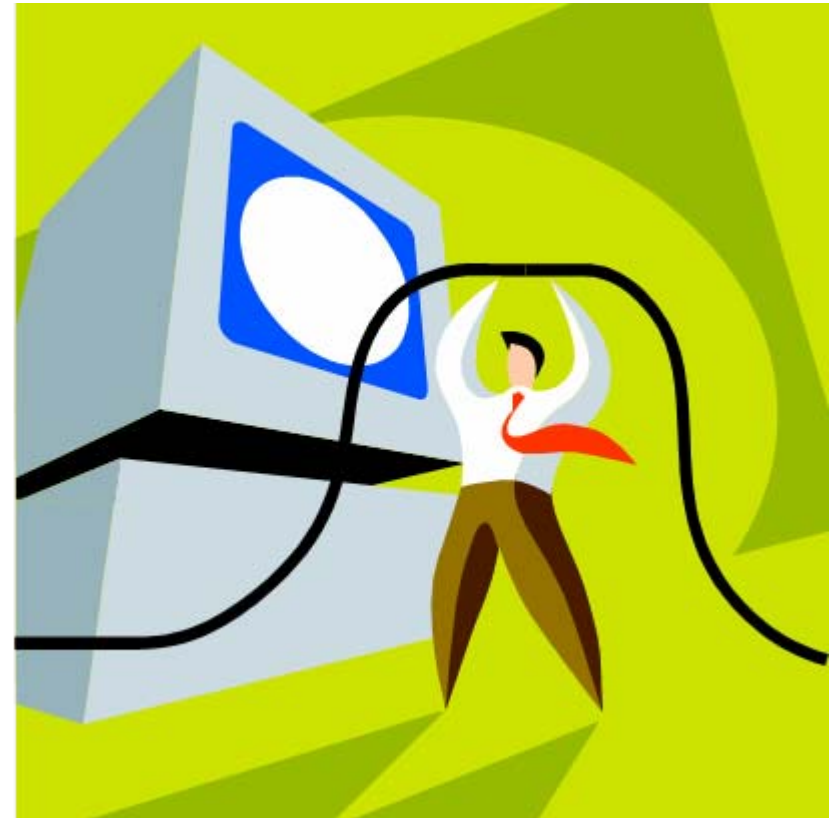


- Improve the accuracy of patient identification
- **Improve the effectiveness of communication among care givers**
- Improve medication safety.
- Reduce the risk of health care associated infections
- Accurately and completely reconcile medications across the continuum of care
- Prevent health care-associated pressure ulcers
- Reduce the risk of patient harm resulting from falls
- Reduce the risk of influenza and pneumococcal disease in institutionalized older adults
- **Encourage patient's active involvement in their own care**
- Identify safety risks inherent within the organization's patient population

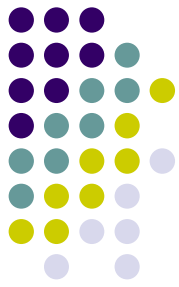


Educational Efforts

- Mainstream Media
- Schools
- Health Plans: Communicate outcomes to ALL Stakeholders
- Employers
- Professional Organizations Conferences
- Community Groups
- OTHER

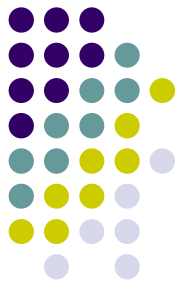


Predictive Modeling and Risk Adjustment Seminar



- April 19 to 20, 2007, Orlando, Florida
- DMAA and the Society of Actuaries (SOA) Health Section for their fourth annual Predictive Modeling and Risk Adjustment Seminar, in Orlando.
- Program will include three tracks focused on underwriting, outcomes measurement and provider contracting, as well as clinical applications.
- The SOA will release its risk adjustment study at the seminar.
- With content designed for the novice through experienced practitioner, attendees will gain a thorough understanding of predictive modeling applications for disease management, health care management and underwriting that reflects the latest advancements and matches their level of expertise.
- Sponsor: DMAA For more information: www.dmaa.org

Collaborative Practice Summit



- **Date: October 3-5, 2007**
- **Location: Mohegan Sun Resort & Casino
Uncasville, Connecticut**
- **Collaborative Practice Summit (CPS) where
leaders and innovators of the healthcare industry
will collaborate to build the future of America's
next generation healthcare system.**
- **Sponsor: Case Management Society of America**
www.cmsa.org



Thank You