

WELLPOINT



Public Policy and Health IT: Activities to Create Value for All

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WELLPOINT **Health Information Technology for Economic and Clinical Health Act**



HITECH Act seeks to fundamentally change health care by providing clinical information at the point of care. Its ambitious objectives are clinical and economic.

- Requires Federal government to finalize data standards by 2010 to facilitate electronic exchange of health information to improve quality and care coordination
- **Invests \$38 billion** in health IT infrastructure and Medicare/Medicaid incentives to encourage doctors and hospitals to use health IT
 - Physicians eligible for **\$40,000 to \$65,000** over 5 years for demonstrating meaningful use of health IT
 - Hospitals eligible for >\$2 million dollars in Medicaid and Medicare programs
 - Federally-qualified health centers, rural health clinics, children's hospitals and others eligible for Medicaid funding
- Strengthens Federal privacy and security law to protect identifiable health information from misuse

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WELLPOINT **Congress and Obama's Goal for HITECH**

David Blumenthal; Newly named leader of the Office of the National Coordinator for Health I.T. (article in NEJM; March 2009):

- "One of HITECH's most important features is its clarity of purpose. Congress apparently sees HIT — computers, software, Internet connection, telemedicine —not as an end in itself but as a means of improving the quality of health care, the health of populations, and the efficiency of health care systems. Under the pressure to show results, it will be tempting to measure HITECH's payoff from the \$787 billion stimulus package in narrow terms—for example, the numbers of computers newly deployed in doctors' offices and hospital nursing stations. But that does not seem to be Congress's intent. It wants improvements in health and health care through the use of HIT."
- "Most commercially available systems do not have clinical decision support nor good quality improvement components"

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WELLPOINT **Health IT Policy Committee**

Health IT Policy Committee is charged with policy development for payment of the \$38 billion in Federal Health IT spending

There are 3 sub groups developing policy:

- Definition of meaningful use
- Definition of a certified or qualified system
- Definition of Health Information exchange

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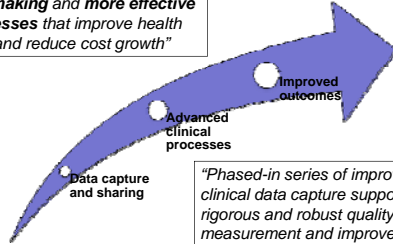
WELLPOINT **Achievable Vision for Meaningful Use by 2015**

- Prevention, and management, of chronic diseases
 - A million heart attacks and strokes prevented
 - Heart disease no longer the leading cause of death in the US
- Medical errors
 - 50% fewer preventable medication errors
- Health disparities
 - The racial/ ethnic gap in diabetes control halved
- Care Coordination
 - Preventable hospitalizations and re-admissions cut by 50%
- Patients and families
 - All patients have access to their own health information
 - Patient preferences for end of life care are followed more often
- Public health
 - All health departments have real-time situational awareness of outbreaks

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WELLPOINT **Health IT Must Support Transformed Health**
Achieving Meaningful Use of Health Data

"These goals can be achieved only through the effective use of information to support better decision-making and more effective care processes that improve health outcomes and reduce cost growth"



Improved outcomes

Advanced clinical processes

Data capture and sharing

"Phased-in series of improved clinical data capture supporting more rigorous and robust quality measurement and improvement."

Connecting for Health, Markle Foundation "Achieving the Health IT Objectives of the American Recovery and Reinvestment Act", April 2009. Proprietary Information Do Not Copy 6

WELLPOINT A Key Challenge: Significant Uncertainty For Value

National Academy of Science Report in February of 2009

- "Current efforts aimed at nationwide deployment of health care IT are not sufficient" and "may even set back the cause"
- "Specifically, success in this regard will require **greater emphasis on providing cognitive support for health care providers and for patients and family caregivers**."

The report's conclusions and recommendations are consistent with WellPoint experiences in E Prescribing and Personal Health Records

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WELLPOINT Integrated Delivery System Example: Collaborative Cardiac Care Service –Improved Cardiac Care with Health IT

One IDS has significantly reduced the mortality rate for patients with heart disease, which is the nation's number one killer for both women and men. Using team-based medical best practices and computer-supported care registries, doctors and clinical care teams reduced overall mortality by 76 percent and cardiac mortality by 73 percent. Cardiac mortality refers to all deaths related to heart events.

The program is driven by agreed-upon, consistent clinical care guidelines and protocols that are integrated into an EMR, PHR, and decision-support tools to guide the care teams, at the point of care, as they treated more than 12,000 CAD patients. Immediate access to reliable, evidence-based information at all points of care enables each care team member to support a given patient's care plan, encourage treatment adherence, and allow disparate care teams—from primary care to pharmacy to rehabilitation centers—to coordinate care, regardless of setting.

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WELLPOINT Health IT Can Deliver Health Care Value

Capabilities for health care value from Health I.T.	Capture data from source systems and display	Understand the data in the context of the patient's clinical status	Apply evidence base and business rules to data	Inform patient and doctor to take action as care occurs
Claim Data	<ul style="list-style-type: none"> • WLP MMHP • E-Prescribing-AIScripts, MedPlus, Prenetics... • CalRHIO • Google Health 	<ul style="list-style-type: none"> • RHI • ActiveHealth 	<ul style="list-style-type: none"> • RHI • ActiveHealth • E-Prescribing 	E-Prescribing
Clinical Data	<ul style="list-style-type: none"> • CCHIT Certified EMRs <ul style="list-style-type: none"> - E Clinical Works, - United's Care Tracker - EPIC • Most RHIOs 		<ul style="list-style-type: none"> • Kaiser KP Connect with Dz Registry • NY Health Information Exchange 	
Integrated clinical and claim data	<ul style="list-style-type: none"> • MS HealthVault • WebMD PHR • WellPoint's IHR 	WellPoint's IHR	WellPoint's IHR	WellPoint's IHR
Resulting Record	Unassembled jigsaw puzzle—narrow impacts to cost/quality	Assembled puzzle—cost and quality impacts likely	Actionable data to significantly impact cost and quality	Transformed health care industry

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WELLPOINT Fundamental Problem: Care Delivery Complexity

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WELLPOINT Complexity Crosses Institutional Boundaries

Providers deliver care across institutions yet institutions arrange their I.T. systems with an inward focus. Ability to integrate data to reflect how care is delivered is highly limited resulting in low quality, inefficiency, and general frustration

Systems

- Hospital 1, S.
- MD 1 EMR
- Pharmacy
- MD 2 EMR
- Radiology Center

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WELLPOINT Health I.T. Goal: Improved Utilization of Services via Care Coordination, Decision Support

WellPoint is pursuing two health I.T. projects: Basics from admin data (E-Rx, MMHP) and an advanced strategy (IHR) using integrated data from all sources—clinical and admin

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WELLPOINT HIE Example: Unassembled Data

HIEs create value by presenting more comprehensive data to the treating physician at the point of care

HIEs complement existing vehicles to present electronic lab data such as portals from lab vendors

HIEs add value primarily when a physician who did not order the test needs to see the result.

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WELLPOINT MMHp- WellPoint's Clinical Data-Sharing Utility

- MMHp is used by internal clinical staff for all clinical functions
- MMHp is being extended to hospitals, physician offices and select PHRs and can serve as a data source for HIEs
- Currently, we are averaging about 18,000 transactions / month

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WELLPOINT WellPoint-Allscripts Partnership

Providing information to physicians that is personalized, actionable, and representative of quality and financial (health plan) rules enables the optimal decision to be made for the patient. The result is better care, reductions in admin costs and "hassles"

Allscripts partnership offers physicians a no cost way to get started

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WELLPOINT Allscripts eRx Now and WellPoint Claim Data

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WELLPOINT Dayton Health Connect

DaytonHealthKonnekt replicates and improves upon the infrastructure Kaiser has used (KPCConnect) to achieve the results it has enjoyed

DaytonHealthKonnekt is a competitive response to Kaiser that can be transported to any Anthem state or region

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WELLPOINT Dayton Pilot: Individual Health Record (IHR)

The IHR integrates clinical and financial data on creating a comprehensive, shared clinical and financial record for patient and doctor

- A Personal Health Record (PHR) for the patient
- An electronic health record and ePrescribing
- A data exchange infrastructure allowing health coaches and physicians to use a common record
- A rules engine with evidence based medicine rules and benefit optimization rules
- In development: Health plan business rules that automate administrative functions

Dayton Health Connect is supported by a scalable and replicate-able appliance infrastructure

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WELLPOINT IHR Pilot: Population Analytics

Our Affiliated Health Plans:

- Have completed multiple pilots in Ohio, New Hampshire, and nationally; only ePrescribing and IHR have any evidence of impact to trend or quality
- Have partnered with Kettering Health Network in Dayton, Ohio to measure cost and quality impacts at the employer group level using IHR technology

Operating results over two years show IHR has preferentially attracted users with higher illness burdens and resulted in a reduced trend line compared with non-users despite higher illness burden

Continuous Enrolled Study Cohort			
Health IT Non-Users			
	2007	2008	Variance
Allowed Cost	\$ 9,077,150	\$ 11,661,058	28.5%
Mbrs	4126	4106	0.0%
MM	37134	37134	0.0%
Cost PMPM	\$ 244.44	\$ 284.03	28.5%
Avg DXCG		2.13	
Health IT Users (IHR)			
	2007	2008	Variance
Allowed Cost	\$ 1,839,258	\$ 2,236,974	21.1%
Mbrs	666	666	0.0%
MM	5994	5994	0.0%
Cost per Pt	\$ 2,762	\$ 3,344	21.1%
Cost PMPM	\$ 306.85	\$ 371.53	21.1%
Avg DXCG		27.2	

7.5% trend line reduction (indicated by red arrow pointing to 2008 Avg DXCG for Health IT Non-Users)

60 higher Risk score (indicated by blue arrow pointing to 2008 Avg DXCG for Health IT Users)

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WELLPOINT Preventive & Evidence Based Care: Significant Improvements

Measure	IHR User	IHR Non User	Difference
Colonoscopy	41.50%	25.60%	15.90%
Mammogram	10.50%	-11.20%	21.70%
Pap Smear	12.70%	0.80%	11.90%
PSA	62.50%	24.40%	38.10%
LdL Test	21.70%	1.10%	20.60%
Hemoglobin A1C	13.90%	2.30%	11.60%

Measured in year -over-year change

- Quality gains achieved despite IHR users having higher illness burden and an improved trend line
- Although only one employer group and delivery system, health IT could deliver potential - better use of evidence base, lower cost of care for sicker members and better prevention
- If results can be replicated broadly, may offer a path to health IT enabled transformation; looking for 5 additional pilot sites

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Problem List and Treatment Plans

expanded folder reveals procedures or tests that need attention

Test	Frequency	Last Exam	Next Exam Due	Status
Cholesterol	every 5 years	28 Mar 2008	Mar 2010	●
HDL Cholesterol	every 5 years	28 Mar 2008	Mar 2010	●

Cervical Cancer Screening

Test	Frequency	Last Exam	Next Exam Due	Status
Pap Smear	every year	unknown	Now	●

Breast Cancer Screening

Test	Frequency	Last Exam	Next Exam Due	Active
Mammogram	every 2 years	Family history of breast cancer	Mar 2009	●
Clinical Breast Examination	every year	Family history of breast cancer	Mar 2009	●

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WELLPOINT The Patient-Centered Medical Home

Reimbursement and incentive structure aligned to support practice transformation, clinical process/outcomes, cost of care and satisfaction. This creates a vehicle for virtual Kaisers.

Payment Methodology

- FFS
- Prospective Payment
- Pay For Quality

For services currently recognized through Medicare RBRVS system: potential for additional services

NQA's PPO Recognition: Care Coordination, Process Redesign, Health IT Evaluate Levels of Achievement

Clinical Process and Outcomes

Resource Use/ Cost of Care

Satisfaction

Pre-Assessment of Practice Readiness

Support from ACP, AAFP and AAP

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WELLPOINT Conclusion

Health IT offers a foundation to transform health care by offering a tool which can improve decision making and coordinate care. The result is optimized utilization and optimized care.

Medical Home and other Accountable Care Organization style entities provide the administrative and financial framework to replicate Integrated Delivery System performance

The stimulus funding provides sufficient funding to build the needed infrastructure.

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