

Consumer-Driven Health Care: Implications for Health Information Technology & Personal Health Records

Michael D Parkinson, MD, MPH EVP, Chief Health and Medical Officer





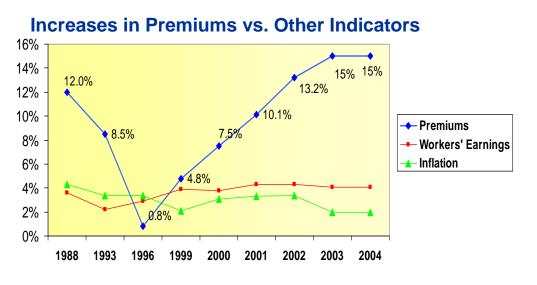








Cost Increases Not Sustainable For Employers or Nation



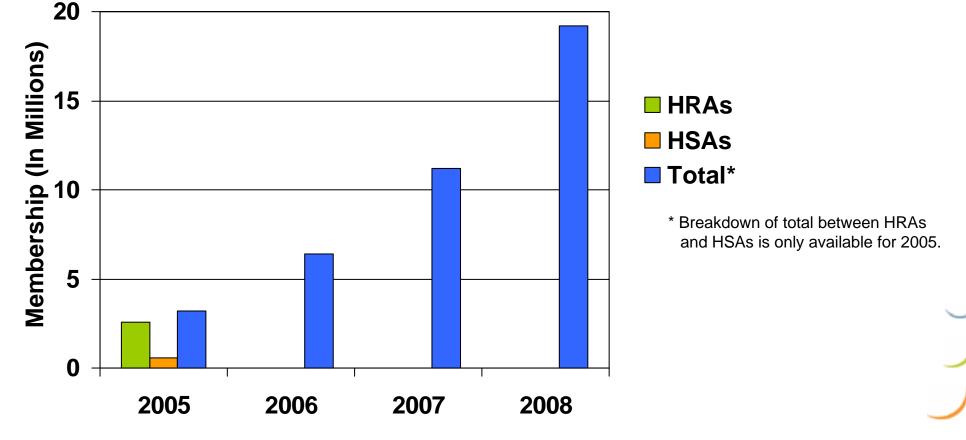
Kaiser/HRET and KPMG, 2001 Hewitt 2004 projections 2004 earnings and inflation estimated Employers are Tweaking Benefits and Increasing Employee Costs

- Increasing & adding deductibles (hospital)
- Increasing copays (office visit, Rx)
- Moving away from copays
- Increasing contributions
- Decreasing benefits

Growing realization that a fundamental change is needed... Legislative/policy changes will help transform the market...

2

CDHC Market Forecast: Growth in Membership



3

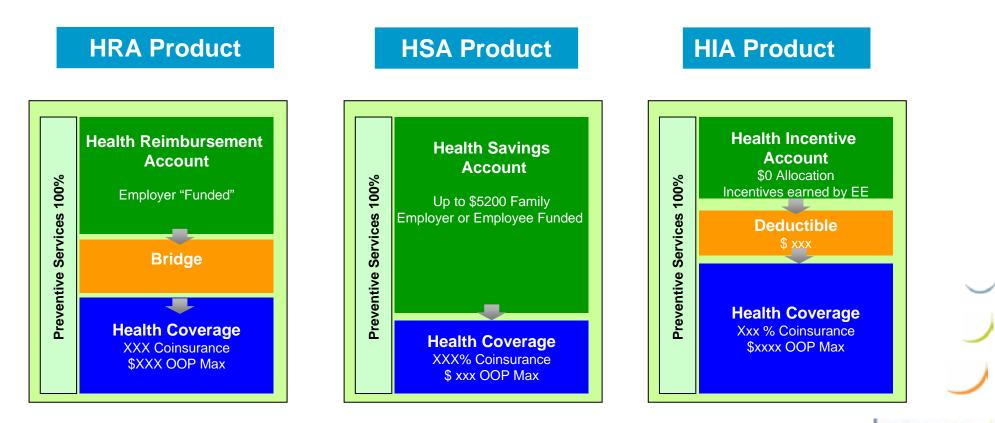
Source: Forrester Research, 2003 Inside Consumer-Directed Care, December 17, 2004 Lumenos

Selected Clients UNOVARTIS STANFORD **UNIVERSITY**» CORPORAT **Staples** PACIFICORP FUITSU National Office Supply Abbott Laboratories Company URS CLORO FroQuest[®], Rockwell 4 DTE Energy[®] WERNER Gerber 🗱 Frost Bank Ouest Diagnostics Fortune 100: PIV JTAL **Global Technology** bizjournals Company ompuCom. DELUXE **Nokia** Federated **BAYLOR HEALTH CARE SYSTEM** BELC A SI • 1 I TOCV'S UNIVERSITIES SPACE RESEARCH ASSOCIATION USR. Foth & Van Dyke Lumenos Caðbury Schweppes

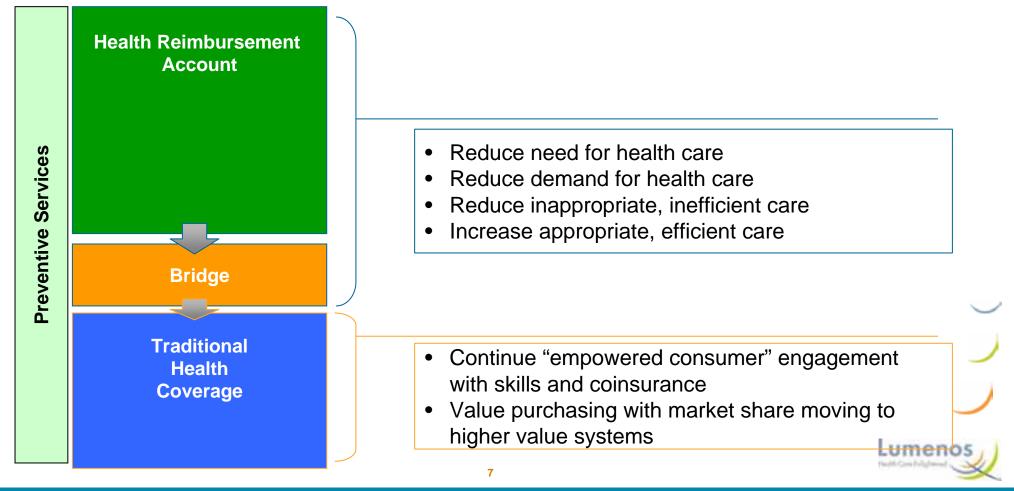
Selected Healthcare Clients



Account-Based Products



Trend Mitigation: Value Health Care Imperatives



Imagine If . . .

- Individuals saw the money spent from their paychecks and in their taxes for healthcare ... As their own (it is)
- Individuals knew that 50% or more of health and costs came from choices THEY made in how they lived their lives (they do)
- Individuals were incentivized to know and improve those behaviors (they never have been)
- Individuals knew that 35% of all care was wasteful . . And came ultimately from their pocket (it is and does)
- They had a health plan that made the <u>right</u> thing to do.
 The <u>easy</u> thing to do (they can, even with imperfect information . And they will drive better info faster)



The Cost: \$1,700-\$2,000 Per Employee Per Year

- Overuse
 - Antibiotics
 - Tranquilizers
 - Lifestyle drugs
 - Antiinflammatory drugs
 - Hysterectomies
 - Cardiac caths
 - GI endoscopy

- Misuse
 - Multiple uncoordinated visits
 - Duplicate tests, procedures
 - Medical and hospital error
- Underuse

9

- Vaccination
- Chronic care management e.g., diabetes, asthma, heart failure, cancer

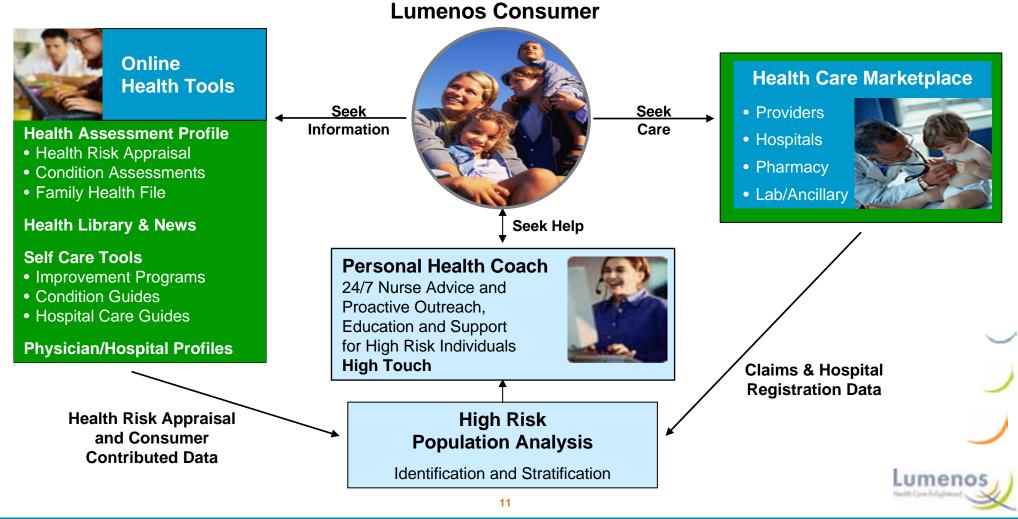


*Midwest Business Group on Health, Juran Institute study, 2002

"Engaged Consumer" Vision, Strategy, Tactics and Integration

- Vision: Create engaged consumers vs. passive patients
- Strategy: 5 elements of integrated health improvement
 - Assess and enroll high risk (3 or more, chronics, "poor")
 - Reduce demand for demand
 - Optimize evidence-based practice
 - Link to non-medical health producing resources
 - Measure and improve consumer-centric performance
- Tactics: 3 "engaged consumer competencies"
 - Seek info, seek care, seek help
- Integration: "high tech" and "high touch"

Consumer-Centric Health Improvement Model



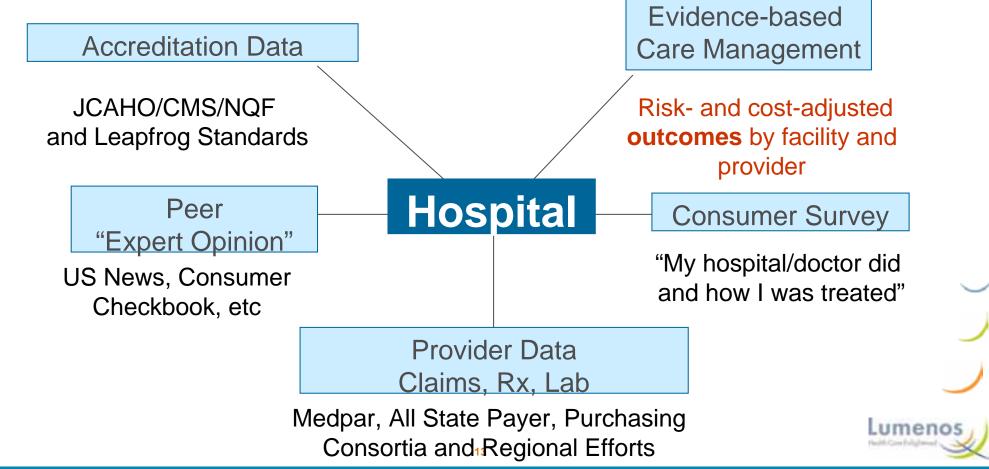
HIT/PHR Considerations In Consumer-Driven Health Care I

- Provider-centric data requirements do not capture critical consumer/patient outcomes
 - "Disease-specific patient competencies" for 15 IOM conditions not defined (but could be) and hence cannot be measured as "outcome" of care or quality of provider
 - Functional status and satisfaction with care
- Multiple vendors, proprietary systems make data integration even in rudimentary PHR, impossible
 - Health risk appraisals at worksite vice "integrated"
 Lumenos IT platform with WebMD and other tools
 - Onsite clinic occ med interactions with other physicians
 - Outpatient, inpatient, rehab (disability) transitions

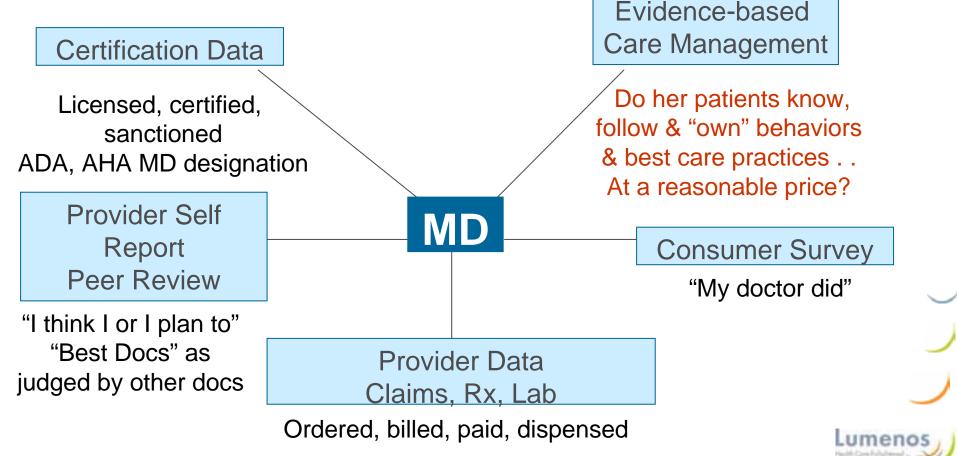




Consumer-Focused "360 degree" Hospital Quality Vision



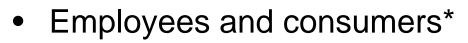
Consumer-Focused "360 degree" MD Quality Vision



"Pay for Performance" Perspectives

- WHO has to perform?
 - Lumenos pays consumers and believes that the market will then reward the best providers with volume and pricing
 - Consumer incentives should reflect provider incentives
- HOW should it be paid?
 - "Cash is King" and prompt rewards reinforce behaviors
- WHAT measures?
 - Consumer "mastery" of disease competency = "graduation"
 - Provider level metrics currently not uniform
 - Lumenos posting NCQA provider level recognitions for heart disease, diabetes and office-based quality tools/practices

Pay for Performance and Tiering Rollout "Feedback on Version 1.0"



- 70% don't believe such programs result in better quality
- 51% believe it's a good idea to offer "bonus pay" to docs (vs 84% for teachers and 87% for sales clerks"
- "I wouldn't BE with my doctor, if she was poor quality" (patient who's doc didn't make UHC's "top tier")**
- Physicians and providers**
 - No prior notice, 40% eliminated from process for "not enough data", proprietary claims methodology not shared, disrupting trusted specialty referral patterns

*Managed Healthcare Executive, December 2004

** "Health insurance program aimed at efficiency brings confusion, outrage", St Louis Post Dispatch, 2/13/05

HIT/PHR Considerations In Consumer-Driven Health Care II

- CDHC will drive quality movement and HIT/PHR faster than other benefit designs
 - "My money: I don't want to pay again when I don't have to"
 - Disease competency, outcome and satisfaction measures sought as "quality"
- Connectivity and transparency ARE valued and will make consumers "vote with their feet"
- "Pay for Performance" will only work if consumers know and understand outcomes they are differentially paying for "matter" to them: health, fewer mistakes, lower cost, greater "value"

17

Impact on Health Care Stakeholders?

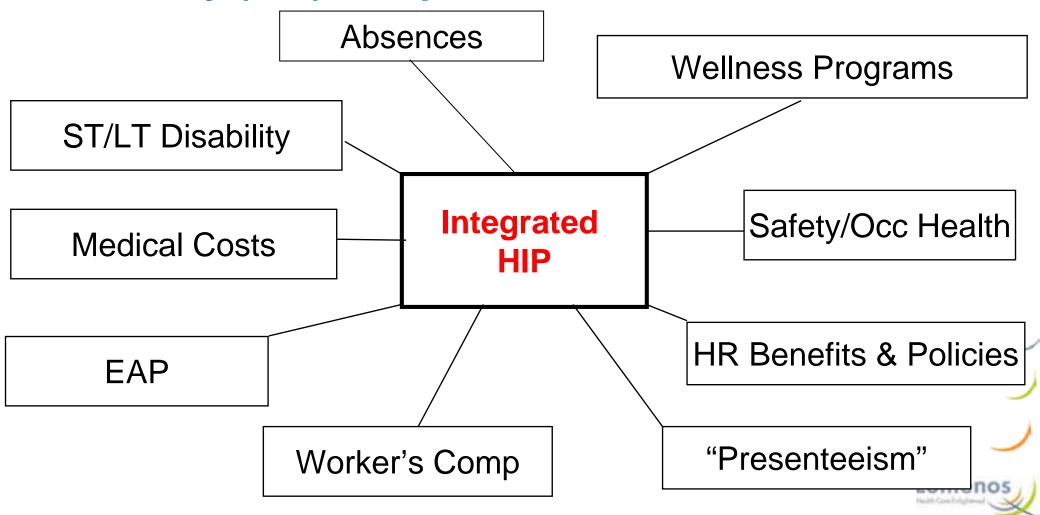
- "Medical-industrial complex" disruptions with "my own money"
 - Is the convenience worth 10X the cost? Generally "no"
 - New emphasis on "breakthrough" vice "copycat" R & D
 - All "middlemen" redefining value
 - Surgical hospitals and "Centers of excellence": lower (and transparent) unit costs and better outcomes?
- Hidden, shifted costs (& value questions) become explicit faster
 - How much are you willing (or should you) pay for GME?
 - Societal questions accelerated: end of life care, evidence-based vice usual care, "total cost of illness" vice "med loss ratio"
- Consensus on best of breed private, market-based functions vice public, "safety net" functions of government

National Lab Test Provider: Strategic Consumer-Driven Thoughts

- More testing may not be better particularly when I "see" and "pay" for each
 - Prescription drug use as "canaries in the mine"?
- Genetic and "biotech" revolution will be tempered by more sophisticated decision support tools
- Connectivity, technology, patient & provider joint visibility and ease of testing may be more valued
 - These products and support services well-positioned
- Consumers will become forces to remove legislative, regulatory, and "usual practice" barriers to greater convenience and lower costs

19

Integrated Health Improvement and Productivity (HIP) Components



HIT/PHR Considerations In Consumer-Driven Health Care III

- Next generation integrated health and performance models will require integration beyond "medical care"
- Uniform federal or "public sector" data standards are necessary for widespread PHR adoption portability & connectivity
 - Lumenos employers urged to become proactive
- Consumers can drive PHR adoption once they understand value to them personally . . Not "system"
- HIT/PHR infrastructure a public good not proprietary competitive advantage
 - Plaque in Union Station!



Thank You!

www.lumenos.com mparkinson@lumenos.com

