

A3 Connectivity for California Consumers A pilot of consumer engagement across the lifecycle of health conditions	California Healthcare Foundation Ted Eytan, MD MS MPH	Signatures	
		Date	May 23, 2008

ISSUE

To improve chronic illness care for Californians through

- Partnering of community stakeholders (purchaser, provider, health plan, technology provider) to make connections that are meaningful for patients across the span of health management
- Patient and family involvement in their care via enabling, participatory, technology (Health 2.0)

FOCUS

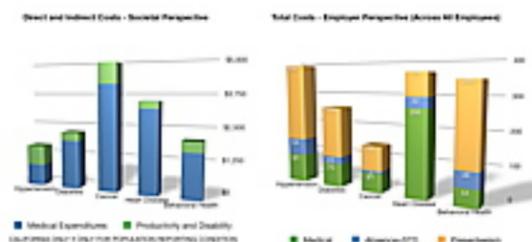
This Pilot is one of three emphases within the 2008 Strategic Plan for Patient Access:

- By 2010, 20% of patients with chronic illness in California will have access to an understandable version of their clinical information/data
- “California Healthcare Foundation will be a catalyst and partner for patient engagement”

CURRENT CONDITION

Gaps in Chronic Illness Care • Costs Diffusely Distributed

- 30 % of Californians have hypertension, 35 % with adequate control
- Hypertension is the costliest chronic illness for employers: \$392/employee/year (\$44,448 wage base)



Stakeholder engagement in portions of the care cycle

- EMC (Massachusetts), Intel, IBM (& Patient Centered Primary Care Collaborative), Google, Microsoft, other technology providers supporting community/participation

PROBLEM ANALYSIS

Gaps in Chronic Illness Care

- Physician recognition of mildly elevated (typically systolic) blood pressure
- Patient engagement outside of provider visits
- Participation of supportive stakeholders: “harm is only seen in the aggregate; responsibility is diffuse”

Technology

- Modeling of behavior by providers who use Health 2.0 technology is sparse
- Many solutions lack “connectedness” to different parts of the health system and to each other
- Current solutions are not cross platform
- Current solutions are not providing value to patients and payers yet
- Many concepts are theoretical and haven’t been tested yet

TARGET CONDITION

Functioning consumer connectivity solution to approach care gaps in a specific chronic illness; target condition is hypertension

ACTION PLAN

Activity	A	M	J	J	A	S	O	N	D
CASE BASED REVIEW									
CASE: EMPLOYER/PURCHASER CENTRIC	■	■							
CASE: PROVIDER CENTRIC		■							
CASE: CONSUMER CENTRIC		■							
DETERMINATION OF BEST FEATURES AND PILOT FOCUS		■	■						
IDENTIFICATION OF PARTNERS / ROLES		■	■	■	■				
POTENTIAL PARTNER MINI-SUMMIT AT CHCF			■	■					
APPROVAL BY BOARD						■			
AGREEMENTS IN PLACE							■	■	
BEGIN ACTIVITY (2009)									

COST / COST-BENEFIT / WASTE RECOGNITION

- Component connectivity
- Reduced unnecessary visits for routine blood pressure monitoring
- Increased necessary office visits for uncontrolled hypertension (if seen < 1 time in last 12 months)
- Reduced expenditure on 2nd or 3rd line agents
- Potential integration with P4P incentives - demonstration along with new measure

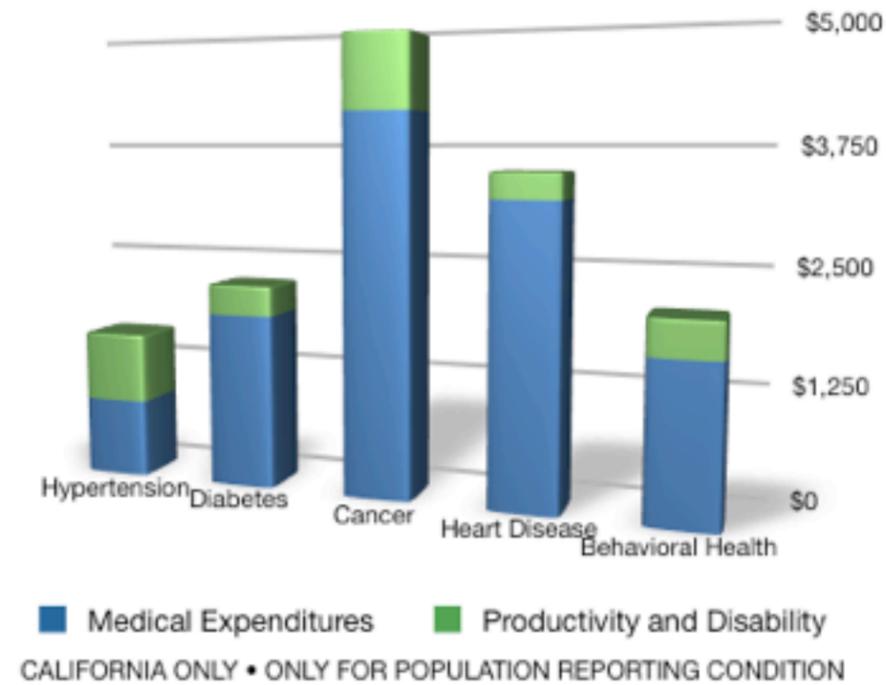
FOLLOWUP / UNRESOLVED ISSUES

Measures of success

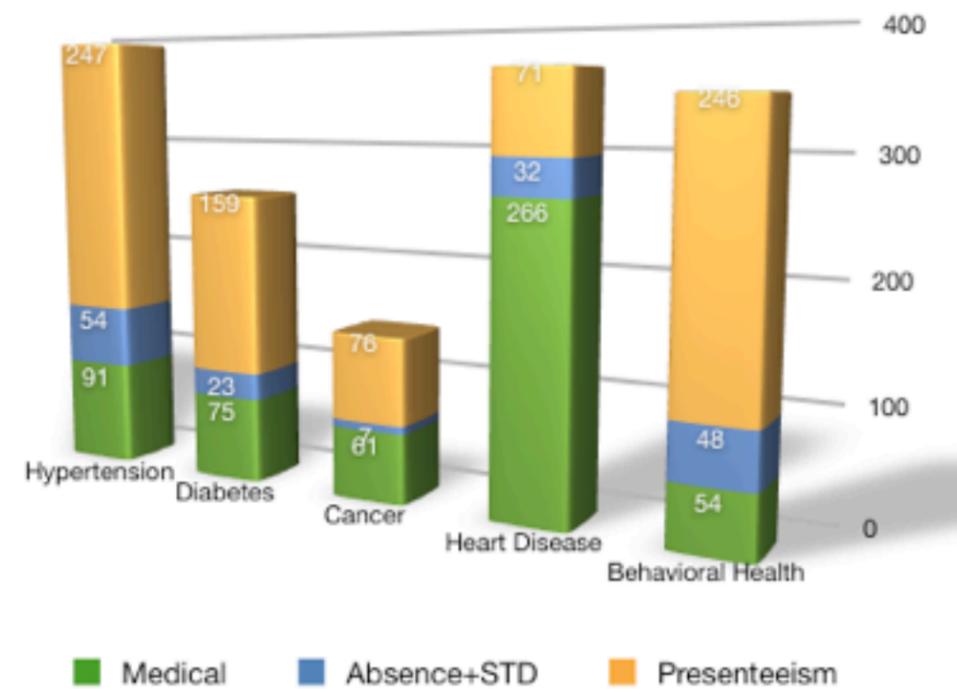
- Ongoing measurement of patient access/engagement - PBGH Survey In Development
- Clarification of P4P and HEDIS hypertension measures in 2009
- Clarification of measurement of productivity loss / presenteeism case - Retain Clinical Champion
- Partnerships and interest alignment - Due diligence on business models
- Availability of technology solutions by 2009 - Work with CHCF consultant to evaluate capabilities
- Eliciting patient engagement - Site visits to employers and recruitment of patient advisors to assist

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Direct and Indirect Costs - Societal Perspective



Total Costs - Employer Perspective (Across All Employees)



Sources: "The Economic Burden of Chronic Disease: California," <http://www.chronicdiseaseimpact.com/ebcd.taf?cat=state&state=CA>. (Millken Institute); Ron Z Goetzel et al., "Health, absence, disability, and presenteeism cost estimates of certain physical and mental health conditions affecting U.S. employers," *Journal of occupational and environmental medicine / American College of Occupational and Environmental Medicine* 46, no. 4 (April 2004): 398-412.