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PCEHR – benefits at stake and the role of Health Insurers

AHIA

Conference presentation
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Today's discussion about the PCEHR

What is the value at stake?

What will it take to realise the value?

How can Health Insurers contribute?

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There are 5 high-level categories of direct benefits for the PCEHR

Quality

Quality of care
- Improved assessment
- Improved treatment
- Increased consumer participation
- Improved preventative care

Safety

Safety of care and services
- Reduced errors
- Promotion of the health of the population

Access

Access to health services and care appropriate to patient needs
- Improved access to providers according to clinical and personal need
- Increased choice
- Increased responsiveness

Efficiency

Efficiency of care and services
- Higher clinical efficiency
- Improved use of funds
- Improved use of infrastructure

Population

Healthier and more robust population
- Support of government initiatives
- Increased innovation
- Enhanced workforce
- More resilient economy

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SOURCE: PCEHR benefits and Evaluation Partner

The PCEHR creates potential value oportunities for private health insurers and their members

In the short term

- **Improved continuity of care and health out-comes** for members that transition between care settings (e.g. chronic care patients, mobile patients, presenting to ED)
- **Greater member involvement with own health** and healthcare via update of consumer portals
- **Ability to provide timely recommendations to members** based on primary care data (e.g., “flag” to enrol in a program)
- **Streamlined administration**

In the longer term
(subject to legislation)

- **De-identified population data** analysis
- **Improved clinical decision support** for health service provision
- **Stronger relations with members** (through delivery of more value-added services and interfaces)

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Kaiser Permanente uses EHR to drive new program for patients with CAD

- Kaiser Permanente: One of the largest not-for-profit health plans in the U.S.

- 8.7 million insured and 40 billion in revenues

- Integrated Network with >14,000 physicians, medical centers & hospitals

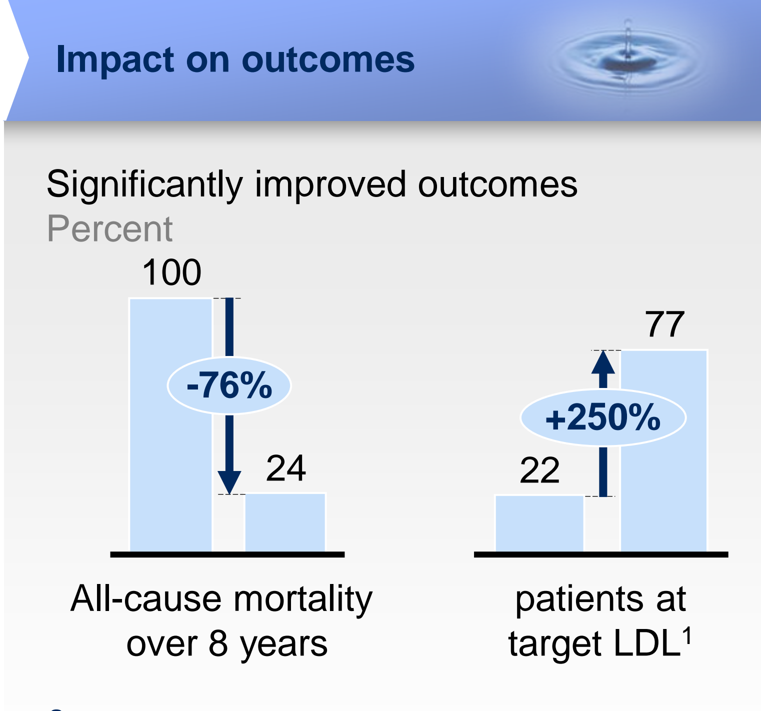
Key facts of program

- Collaborative Cardiac Care Service for patients with CAD
- Started in 1996, now 12,000 patients enrolled

- Care coordination by multi-disciplinary teams facilitated by integrated IT tools such as electronic medical records

- Real-time electronic medical record as key enabler
- Detailed tracking of pathways and performance

Impact on outcomes



- Annualized savings of $3m/year based on a reduction of 266 major cardiac events/year

1 Low-density lipoprotein cholesterol

SOURCE: Brian Sandhoff et al , "Collaborative Cardiac Service: A Multi-disciplinary approach to caring for patients with coronary artery disease," Permanente Journal, Summer 2008, Volume 12 No. 3; Interview with Hal Wolf

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Kaiser leverages the potential of an EHR with value-added enhanc for its members and network physicians

Information management

KP HealthConnect (EMR[1])

KAISER PERMANENTE HEALTHCONNECT

- All interactions, treatment choices, test results and medications documented
- Continuous tracking of outcomes to identify abnormal values and periodic review to reinforce prescribed therapies
- Scheduling of follow-ups according to care pathway
- Reminder system for patients

KP "My health manager"

- Online at-home access of personal health information for patients
- Self-scheduling of appointments

Impact on stakeholders

=

High satisfaction rate with care
Percent being (very) satisfied

	Patients	Physicians
Percent being (very) satisfied	95	88

1 Electronic medical record

SOURCE: Brian Sandhoff et al.; Holsclaw et al.: Assessment of Patient Satisfaction with telephone and mail Interventions provided by a Clinical Pharmacy Cardiac Risk Reduction Service, JMCP Vol. 11, No. 5 June 2005; Interview with Hal Wolf; Company website, McKinsey

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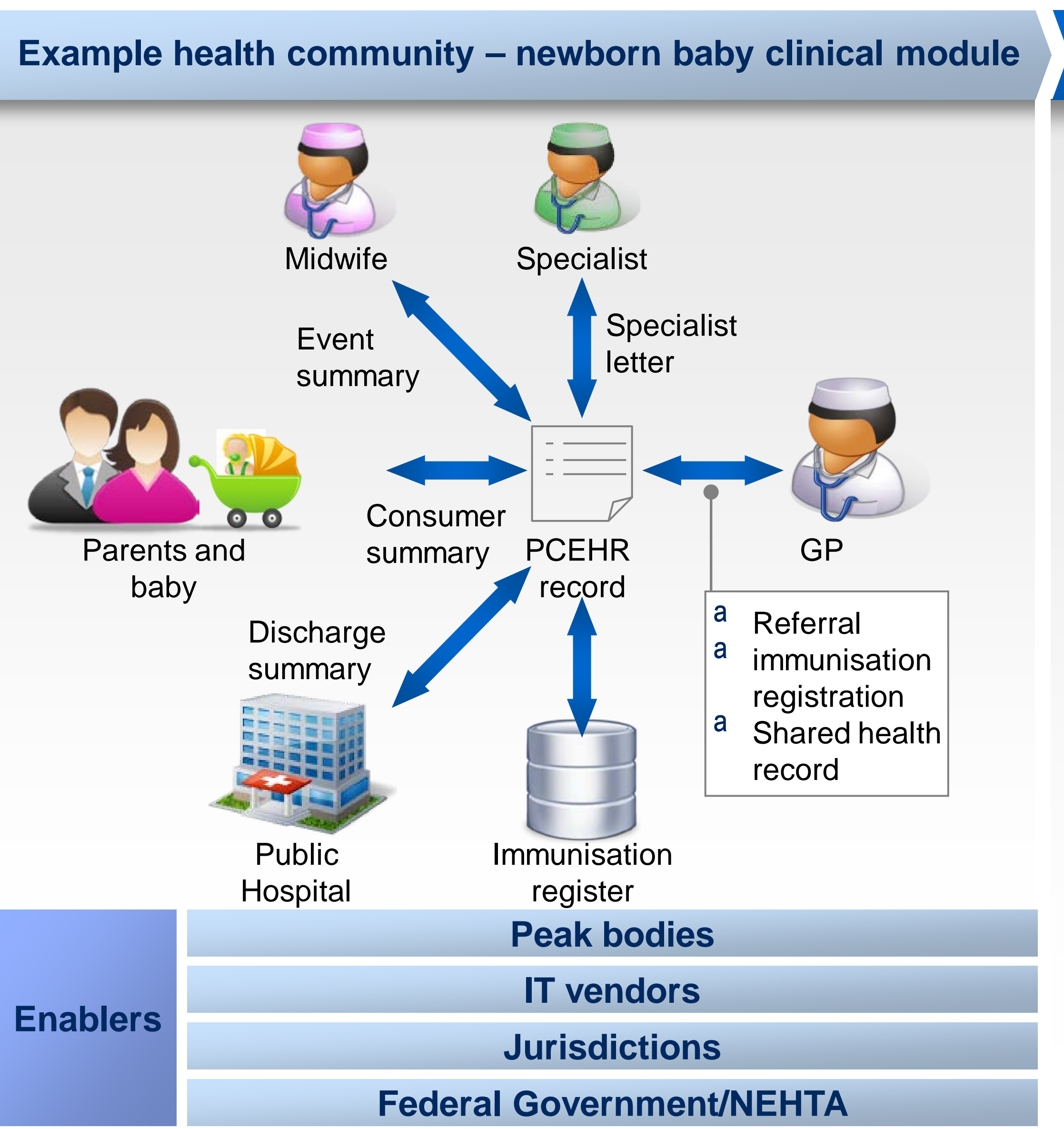
Benefits realisations requires coordinated adoption in local systems



Features of the system

- Geographical granularity – people see providers in their local area
- Requires coordinating multiple players
- Feedback loops – critical mass of stakeholders needed

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PCEHR adoption will be a journey

Usage and benefits will increase over time as:

- Adoption of current functionality increases (e.g., by consumers, GPs, AHPs)
- Additional functionality is incorporated in PCEHR National infrastructure or 3rd-party applications, e.g.
  - Clinical decision support
  - Broader medication management functionality (e.g., consolidated medication lists)
- New or improved models of care are designed and adapted, using PCEHR functionality

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How Health insurers can contribute to PCEHR adoption and benefits

Example actions

- Joint public statement of support
- Direct communication with members encouraging registration and sharing registration guidelines
- Assisting registration of members via existing support channels
- Sponsorship and development of consumer-side applications to enhance value to rest "at risk" members
- Making 3rd-party applications available to members (e.g., health assessments)
- Transitioning existing applications and databases to a conformant repository

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Questions?

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