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It's time for a new model of health management

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A NEW PERSONAL HEALTH SUPPORT MODEL IS EMERGING—a model that more accurately describes what we are able to do with individuals within the population. This approach moves well beyond simply targeting a few diseases to one that addresses the needs of more individuals within a health plan or employer group. It focuses on providing individuals with the tools, support and coordination of care necessary to affect health in ways that provide meaningful and lasting outcomes.

In the 1980s, single disease programs (“best of breed”) were developed and promoted as solutions to a health plan’s challenges. These programs proliferated until health plans realized they were not integrated in the solutions. Later these programs started coming under a single contracting organization as a collection of “best of breeds” united in a single company. Yet, these approaches continued to emphasize single-disease approaches without adequate attention to co-morbidity management. Certain high cost complex conditions were not adequately addressed.

In the late 1990s and early 2000s, total population health management (TPHM) became a popular strategy. TPHM was viewed as more comprehensive than those approaches that focused on managing members with chronic, primarily high-cost illnesses.

It implied interventions with a much wider participation of patients including healthy members, those who were at risk for disease, and those with high cost chronic illnesses.

While the TPHM concept is valid and goals admirable, the execution simply hasn’t met expectations. Employers and health plans want better results with more accountability, improved clinical outcomes and a system that provides the net savings that helps to justify expenditures. Today consumers are more mobile, require different interventions for change and continue to move away from the traditional land line as a primary means of communication. Employers and health plans are looking for the next generation strategy to meet the constraints of the economy, aging workforce and global pressures for more return on human capital.

As TPHM gained popularity, several new categories were added to the “big five” diseases. While an improvement, they simply addressed the needs of the few participants who enrolled. Unfortunately, one of the critical shortfalls of TPHM is that it never has truly managed the total population of a plan or group. TPHM primarily relies on reworked disease management (DM) programs and health coaching to address health conditions of those employees or members who agree to par-

ticipate. Only a minority of the total population becomes involved.

In addition, most companies that incorporate this approach are not actually managing care — only providers can provide care and only managed care organizations, such as health plans, manage care. What’s more, the primary method of communication within most TPHM programs is still telephone or mail. There is little to no actual personal contact with the targeted individual and there is minimal integration with physician or nurse caregivers.

As the shortfalls of TPHM have become more evident, the healthcare industry and businesses are looking for new strategies that will provide meaningful results and better outcomes.

In a personal health support model, the individual receives interventions based on his/her individual values and preferences during teachable moments when he/she feels the most willing and inspired to change. Instead of focusing on the disease of the individual, the goal of personal health support is to focus on a participant’s readiness-to-change and the promotion of realistic, manageable healthy choices. Instead of a modal approach of contacting individuals by mail or telephone, multiple approaches are used including an active, intelligent, bi-directional portal with the availability of a social and profes-

sional network. Approaches preferred by the individual include text, Web, telephone and in-person in the home, at convenient clinics or at work.

Personal Health Support incorporates:

■ **Wellness programs**—Give healthy plan members access to information that targets their specific needs and interests with incentives as part of the approach. These programs are often initiated after the individual has completed a personal health risk assessment (HRA) that has identified an area of interest or need. Through this process, as well as at work and at home biomarker health screenings (e.g. cholesterol, lipids, HgbA1c), individuals are more likely to become engaged. Examples include of these programs include not only cholesterol-lowering strategies but healthy pregnancies, nutrition and exercise programs.

■ **Closer collaboration and communication with physicians, nurses and care managers**—Help ensure effective care coordination and a more meaningful, targeted and integrated approach to helping individuals. This approach may offer the “virtual medical home” that involves the primary care provider.

■ **Health coaching**—Provides self-directed programs with trained coaches either on the Internet... via Instant Messaging...telephonically or in person. Achieving early positive experiences that build confidence and inspire individuals to sustain behavior changes over time is crucial to success.

■ **Disease-focused programs**—Certainly, some patients continue to benefit from “best of breed” disease-focused programs. For instance, heart failure is a “final common pathway” of multiple diseases and produces symptoms that must be managed aggressively to keep patients out of the hospital. Here, home biometric monitoring has been shown to have dramatically improved clinical outcomes and significant cost savings. Of course, even in these programs, key health issues, or co-morbidities associated with the disease are addressed and care is coordinated with primary care physicians.

■ **Complex care programs**—Assist individuals with advanced cancer or complicated conditions with multiple co-morbidities. Individuals may require in-person medical care and coordination of services among multiple providers.

■ **End-of-life programs**—Helps im-

prove the quality of life in the final stages, giving patients and their families the ability to face the end of life with dignity.

All of these components are supported and enhanced through technology that can help monitor and screen patients in an in-home environment. Health portals and communication tools also make connecting with caregivers easier than ever.

While it is a likely time to put traditional TPHM strategies to rest, the good news is the new personal health support model holds much promise for today’s health plans and employers.

Only by targeting the health of each individual can we create meaningful change in the “total” population. Most importantly, individuals who are encouraged to become and remain healthy now, will be less likely to have high cost illnesses in the future. This is a lesson not only for health plans, but for our nation as a whole as we seek to reform our current healthcare system.

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