

Personal Health Management Conference Proceedings

Overview

On May 8, 2007 co-sponsors The Center for Connected Health at Partners Healthcare and law firm Proskauer Rose hosted 70 participants in their first joint conference, *Personal Health Management: Adoption of New Benefits, Tools & Technologies*. The event was sponsored by the Continua Health Alliance, the Boston University Human Resource Policy Institute, Towers Perrin, and PricewaterhouseCoopers. With a blend of presentations and interactive discussions, the conference examined innovative, consumer-centric approaches to managing health care costs and quality, with a focus on personal health management in the workplace.

Attendees included Fortune 100 benefits executives, health plan representatives, physicians, home care coordinators, health care technology vendors, and social media. In his welcome address, Joe Ternullo, JD, CPA, Associate Director of the Center for Connected Health and Vice President of Continua Health Alliance, spoke about the intentional diversity of invitees, saying, "Innovation often occurs and is accelerated through the mingling of different mindsets and the perspectives of divergent organizations and fields of study."

Rick Zall, JD, Member of Proskauer Rose, set the agenda for the day: to discuss the expanding authority and responsibility of consumers over their health care, to address an acknowledged need for consumer education and information and explore the power of technology to facilitate both. Attorney Zall advanced the idea that consumer involvement is both important and will change health care for the better. Central to the day's discussions were the notions of behavior as a primary determinant of health, consumer engagement as a transformative force and power shift in health care, and employers as investors in, rather than patrons of, employee health.

Benefits of Technology to Personal Health Management

Jeremy Nobel, MD, MPH, Faculty, Harvard School of Public Health, delivered the keynote address, "What Employers Want That Emerging Technologies Can Help Deliver" and theorized that technology-enhanced health care information exchange can create a central nervous system for health care, to mediating events ranging from the individual's experience of a health event, to physician office and hospital visits. Dr. Nobel viewed the integration of technology into personal health management as a model of care for management of specific conditions and general health, with a personal health record (PHR) at the center of the delivery model.

He identified the potential benefits of technology to personal health management: end benefits to employees, better information for providers and payers, innovative plan

designs, reductions in resource utilization with better outcomes, and avoidance of complications. Dr. Nobel emphasized employer-derived benefits, including automatic data aggregation and analysis, information delivery, decision support and efficiency, and better awareness of options.

Personal Health Management Today: Environment & Awareness

Ron Fontanetta, Principal of Towers Perrin, made a compelling economic argument for adoption of personal health management. Speaking on “Culture of Health – Today’s successes and Tomorrow’s Opportunities,” he noted that employer and employee health care spend were up 60% and 79% respectively over five years, while the number of employers offering coverage and the number of employee subscribers were down. He added that health care morbidity was rising while mortality was down, contributing to an overall increase in utilization.

Matthew Borsch, CFA, Vice President of Goldman Sachs, rounded out the economic perspective with a view from Wall Street. Mr. Borsch demonstrated that, in an atypical market reaction, health care coverage was eroding despite economic expansion, the commercial insurance population was aging, and growth in pretax underwriting costs had slowed. From Wall Street’s perspective, an abatement of medical costs could reverse those trends and reduce the prospect of new government controls over the health care sector. Erosion of the physician’s role in the traditional health care system is also of concern to Wall Street, according to Mr. Borsch, due to increased use of retail clinics and the trend toward spending on non-traditional health care services from dollars allocated to health care spending accounts.

In a further analysis of the changing role of physicians, Joseph Kvedar, MD, Director of the Center for Connected Health, moderated a panel that asked, “Who is caring for our chronically ill?” Lonny Reisman, CEO of ActiveHealth Management, said his integrated EHR and decision support system, rather than decreasing physician control and involvement, facilitated collaborations between physicians, patients and health plans. Jay Sanders, MD, FACP, President and CEO, The Global Telemedicine Group and President, Emeritus, American Telemedicine Association proffered that while web-based and other technology-driven systems had changed the “gatekeeper” role of PCPs, technology-driven care represented a valuable opportunity for primary care physicians. Michael Lynch, Ph.D., MBA, Director of ADT WellHealth concurred, stating that technology could facilitate a “multiple increase” in physician caseloads. Tony Merlo, National Practice Leader of Health Dialog, implied that some physician control will have to be ceded to patients to improve the quality of decisions made within the confines of the patient-physician relationship.

In his examination of government influences on innovation in health care, Atty. Zall depicted a positive climate for personal health management. A recently enacted HHS policy now requires the federal government to promote personalized care, including personal health records (PHRs), enhanced choice for consumers and telehealth systems.

Atty. Zall also highlighted a federal inducement for adoption of wellness programs derived from the HIPAA Non-Discrimination rule. The rule prohibits insurer discrimination against consumers based on their health status from certain types of wellness programs, and defines allowable uses of rewards in wellness programs. Atty. Zall reported on several relaxations or reviews of state law concerning wellness incentives. New health care spending account rules for 2007 were also viewed by Atty. Zall as a positive development.

These presenters agreed that health care is experiencing a climate of change. “There’s a growing awareness that we’re spending top dollar for services, and a knowledge that the money is not going where we want,” said Jeremy Nobel. “The money is really going for doctors, hospitals and disease. We would rather that the health care system be changed to create health in its beneficiaries.”

Dr. Nobel believed that consumer demand will ultimately transform health care, and challenged technology companies, employers and others to provide consumers with the necessary tools. However, there were different opinions about which tools are best for consumers. ActiveHealth’s Lonny Reisman said, “Any information designed to be provided to the consumer needs to be put in the context of decision support.” Other vendors opined that consumer incentives and games are critical. George Chedraoui, President, Bridges to Excellence and Program Manager, IBM Global Well-Being Services, focused on human element: “The fundamentals have to start with the relationship between the patient and physician,” he said. Mr. Chedraoui illustrated IBM’s commitment to this relationship in describing an Austin, Texas-based pilot program that contracted clinic physicians to provide prevention and disease management services to 10,000 IBM employees and their dependents, in addition to traditional primary care.

Characteristics of Early Adopters

Mr. Fontanetta spoke about the mindset of US employers in health and wellness, which he characterized as “an emotional play for employees.” He described a common culture of health among these early adopters, defined as “a management philosophy and comprehensive approach that encourages employees to be healthy, choose appropriate health care coverage and use health care services wisely.” Drawing from a study conducted by Towers Perrin, he said employers were engaging in “win-win” communications and population-based approaches to health care and wellness.

Fontanetta’s early adopters were using incentives and disincentives, intensified analytics, ROI-driven wellness programs, onsite care and data collection to sway employees – with the message emanating from the C-suite on down. They asked whether or not their population statistics fit the norm, introduced more affordable benefits and expected members to participate in risk management. These employers believed programs that actively engage employees have better costs outcomes. By comparing high- and low-cost companies on adoption of four measures of employee education, tools and information, the study provided early evidence that they’re right. Fewer health care partners also characterized early adopters in the Towers Perrin study.

Challenges to Incorporating Personal Health Management Strategies

The presenters described a number of challenges to the transformation of health care from the boardroom, not the least of which was getting employers on board. This obstacle was apparent in the number of benefits executives that commented on the difficulty of gaining support from their management team. Other barriers discussed were data efficiency and privacy, consumer receptivity to programs and tools such as personal health records, interoperability of devices, provider participation in health/wellness initiatives, and finally, the proactive belief in and ability to prove a return on investment in personal health management strategies.

But It Could Be Fabulous

In his luncheon keynote address, Jay Sanders scrutinized the failures of health care and technology. He called on the two disciplines to make health care more convenient, safe, and efficacious. While Dr. Sanders impugned both technology and health care for a failure to incorporate standards of care, he said, “right now we have everything we need to have a fabulous health care system.” Sanders summarized his expansive view of the future of health care with “the seven p’s:” predictive (genetically), preventive, personalized, participatory (referring to patients), pervasive, programmable (biologically) and perpetual (via extended lifespan).

Defining Success

While lack of a clear definition for success was a barrier to adoption for benefits executives participating in the conference, presenters and panelists – calling on research or personal experience within a proactive organization – offered an array of perspectives on evaluating the success of personal health management strategies. Jeremy Nobel posed the following attributes as defining successful healthcare information: immediate, objective, meaningful, actionable and rewardable. In terms of outcomes measures, he posited that avoidance of serious events and cost, and increased sense of control, could be used to quantify success. Employers in the Towers Perrin survey used process, utilization, clinical and financial metrics. However, Mr. Fontanetta said, employers needed integrated systems for “connected” health care delivery, plenty of data and support to facilitate their metrics.

The Leader Board

The conference “leader board” was represented by employers that have embraced personal health management, including American Standard Companies Inc., International Business Machines Corp. (IBM), Intel Corp. and EMC Corp. Ron Fontanetta also shared a few anecdotes emanating from the Towers Perrin study.

In sharing their histories, it was apparent that use of health risk assessments in combination with positive or negative incentives was common to many of the early adopters. A few companies with long-running programs reported stratifying HRA data to develop targeted outreach to sub-populations. While the drive to reduce cost was acknowledged as a motivation for nearly all employers, there were differences in emphasis. Exxon, a Towers Perrin study participant, was primarily driven to get involved by its interest in maintaining productivity, as were Intel and American Standard. EMC

and Bank of America, another Towers Perrin study participant, were most concerned with improving the health of employees, though the Bank's initial focus was financial. IBM emphasized cost and quality equally. Every one of the early adopter programs had a strong communications component.

Joe Checkley, Vice President of Corporate Benefits at American Standard, said personal health management "required evolving the role of the employer as an educator, facilitator and monitor," and that American Standard sought to leverage time at work as an opportunity to intervene. "The incremental cost to start was so low because MCOs were offering lots of piecemeal programs that weren't being used, and we consolidated," he said. "We also went after the high value opportunities first."

Ann Chapman, Senior Program Manager of Intel, was working on establishing pay-for-performance and collaborations with other employers to pilot awareness of Dossia, Intel's interoperable infrastructure for automated population of PHRs. Long-term, Ms. Chapman was working toward P4P contracts as well as national performance measurement and communications. Internally, her group was implementing HRAs, wellness programs and PHR awareness, as well as planning the expansion of personal health applications. Intel was also engaged in incentivized, on-site biometrics and health coaching, which were to be integrated into the company's benefits enrollment process.

EMC was in its fifth year of behavior change programming, and Delia Vetter, Senior Director of Benefits, had begun measurement. While initially, 4% of employees drove 75% of costs, she found that majority of today's costs rest with 15% of employees/family members. EMC's program was designed to provide employees "their own data in a personal way," supporting the company's philosophy of "high tech and high touch". The company's HRA was linked to a comprehensive database that also comprised a PHR, cost and quality comparison tools, disease information, and personal messages via an individualized health page. Ms. Vetter reported that the system improved employee understanding of health care costs via cost transparency features.

IBM's George Chedraoui said his organization was focused on interventions in employee behavior and primary care. IBM operated out- and in-patient programs in regions where the company had a large presence. The programs encompassed transparency, incentives and re-engineering of health care delivery in diabetes and cardiac care, with roll-outs in cancer, spine care and internal medicine planned for late 2007. Mr. Chedraoui said, "The health care system is doing a mediocre job of treating the 10% of sick people and doing nothing for the 90% who are healthy." Separately, IBM's condition management program, with 30,000 enrollees, had realized \$61 million in savings over two years, an 11% improvement in quality of life since 2003, and a customer satisfaction rate exceeding 90%.

Advice for the Novice

"Communicate" was the resounding advice for benefits executives new to personal health management. A good user interface, use of gaming tactics and entertaining, varied communications devices and incentives were counseled by technology vendors on a

panel designed to identify the best, and worst, self-help tools for consumers. Said Debra Richman, Executive Vice President of dLife, “Entertain, market, communicate.”

Concluding Thoughts

In his closing presentation, Dave Whitlinger, President of the Continua Health Alliance, placed the burden of progress on technology providers: “Behavioral modification is ultimately where we end up in trying to reach a consumer driven health care system....With technology, we could tighten the feedback loop to contribute to lasting behavioral change. This is the call to action; now we need to develop the tools.”