

Partners Center for Connected Health

Community Healthcare Discussion Report

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The Center for Connected Health is engaging patients, providers and the Connected Health community to deliver quality care outside of traditional medical settings. For example, a simple set of technologies and coaching can help congestive heart failure (CHF) patients better manage their condition and keep them out of the hospital and emergency room, saving tens of thousands of dollars with each avoided hospital admission. Telehealth, remote care and population health management initiatives reflect the opportunities for technology-enabled care programs. The Center hosted an online Healthcare Community Discussion (*December 22-31, 2008*).

The premise of our online discussion was to address how Connected Health and its core tools (physiologic monitoring, patient feedback and education and data driven coaching) could play a critical role in transforming healthcare delivery, improving quality and expanding access to care throughout the U.S. As such, we view Connected Health as an integral solution to President-elect Obama's priority to ensure quality, affordable healthcare for all Americans.

Participants in our discussion ranged from academic and business leaders, technologists, physicians, health insurers and payers, to a patient with chronic kidney disease.

Summary and Recommendations

The focus of our online Healthcare Community Discussion was to explore the opportunities and advantages that connected health, population health management and participatory medicine can offer to healthcare reform.

The over 30 participants in our discussion share the belief that, while there is great enthusiasm – and need -- for health care reform, there should not be a disproportionate emphasis on increasing access to care through universal coverage and traditional health information technology, or electronic medical records (EMRs).

The challenge is that while EMRs are a critically important technology to improve quality, they support current workflow and reimbursement models which are tragically flawed and provide no incentive to rein in costs. They also support another outdated model, which keeps responsibility for health on the provider, while giving the patient no incentive or tools to be accountable for their own health.

True healthcare reform will require a broader policy palette, including incentives for providers to adopt more population health management tools and for patients/consumers to take more ownership of their health.

Data from a study published this month in the journal *Health Affairs* indicates a state-of-emergency for chronic disease prevention and management. Government survey data showed that, in 2005, 44% of Americans had at least one chronic medical condition, which could include diabetes, high blood pressure, cancer and heart failure. The percentage of Americans with three or more chronic illnesses is even more dramatic. Obesity contributes to many chronic conditions, including diabetes, which has increased about 90% in the past decade.

Recommendations

Focusing on how Connected Health strategies can effect improvements in access, delivery and the cost of quality healthcare, our recommendations to President-elect Obama's Transition Health Policy Team pinpoint opportunities to create a patient-centered care delivery system, true payment reform that features payment for quality and not units of service, and incentives for widespread adoption of population health management tools and strategies, including Connected Health technologies.

1. Give patients greater responsibility, and the proper information and tools, to better manage their own health:

“A patient, given the tools to empower self-management (diabetes monitoring, integration with sensor devices, health rewards, coaching, messaging), will be a better health care consumer.”

“It appears that electronic records, even including a simple and inexpensive disease registry, can offer benefits in chronic disease management... But the benefits depend on new patterns of managing disease including helping patients to be more involved as well as new patterns of monitoring and interaction by clinicians.”

“...in the rush to get things done now, in a bold, dramatic fashion, we will get bigger versions of bad solutions. This risk is lurking in health care: a big push for electronic health records, a perhaps necessary but insufficient condition for progress. But it will do absolutely nothing unless part of a massive

paradigm shift or two in health care... including making the patient part of the solution.”

“We have two decades of research that indicate that getting the right information to the right health care stakeholder at the right time, linked to decision support and an ability to ‘transact,’ saves money and lives. While infrastructural improvements like EHRs and health system enterprise deployments of care process improvement technologies are important, we should not and can not afford to overlook the deployment of emerging technologies like remote monitoring, interactive websites and ‘healthy-savvy’ cell phones to support health consumers directly in their move towards sustained health enhancing behaviors!”

“The solution is to build a partnership with employers, health plans, government and physicians... Implement a health information system... to collect data and drive reform including patient centered care and remote monitoring.”

- 2. Move from our current fee for service reimbursement model to one that pays differentially for high quality and for population management. This innovation in U.S. health care is necessary, especially in the context of extending coverage and a widespread EMR implementation, both of which are very costly.**

“A bold new idea behind health reform would be the use of medical expertise to address health-related issues on a group or population basis, rather than just one patient at a time.”

“No one, not the federal government, not private insurers, is adequately focused on the health outcomes of the patient or on the costs over the life of the patient or the course of a disease. Effectively managing with the long term in mind is what ‘value’ in health care should be all about – saving lives and saving money”

“Did we really need an EMR? Yes. But, in afterthought, we often realize that what we really needed was new technology to enable meaningful behavior change, both at the individual and collective (systemic) levels.”

“As has been proven by the spectacular EMC employee wellness program, these wellness programs have a positive impact not only on the employee but on their families as well (not to mention that EMC has reduced their health care costs by \$190 million since 2004).”

- 3. Create incentives for widespread adoption of population health management tools and strategies, including Connected Health technologies. Together with payment reform, the right incentive**

programs could result in a true transformation of our health care system as opposed to incremental innovation.

“Focus incentives on outcomes. Pay for the ‘what – the outcomes – not the ‘how’ – the method/system to collect information for the outcome. Also, invoke standards on the ‘what’ rather than the ‘how.’”

“There is undoubtedly a need for both ‘evolution’ and ‘revolution.’ The evolution element requires changes to the regulations, costing, delivery and management of the existing health care system. The revolution element builds on making widely available a number of relatively new initiatives able to help achieve a more sustainable health care system moving towards an acceptable cost-quality and or cost-productivity equation:

* deploy flexible, robust but non-expensive technologies...where automation and disease management is not only feasible but can also reduce operational costs at the same time as improving health outcomes

* incentive-based lifestyle change and early disease detection”

“Let us hope that policy makers focus on: bringing payment reforms in order to allow the use of technology more effectively; making patients and families part of the disease management process by bringing the right tools and technology into the patient home; utilizing technology to reduce inefficiencies in care delivery, and; managing healthcare costs with the use of telehealth and connected health tools.”

“I am a chronic kidney disease patient who strongly believes in Connected Health. Connected Health will reduce emergency department visits, ambulance runs to the emergency department, hospitalizations and enable people to self-manage chronic conditions at home, plus reduce the number of heart attacks, strokes and diabetes cases.... Unless we do something about the lifestyle diseases – smoking, poor diet and lack of exercise – we will still have a sick healthcare system where people drag their overweight bodies into the doctor to learn after the fact that they have a chronic condition that could have been avoided.”

Discussion Participants

- Michael Abramoff, MD, PhD, Associate Professor, University of Iowa
- David Bear, Founder, CMO, Senticare
- Cynthia Bouthot, Consul/Head, UK Trade & Investment, British Consulate-General Boston
- David Brunnen, ECHC
- Malcolm Burwell, Founder, Vivigor Health
- Conrad Clyburn, Co-founder, Senior Partner, The Clymer Group
- Michael Crampton, Independent Consultant, healthcare industry
- Jim Dunlap, Volunteer Outreach Coordinator, Family Medicine Residency Program
- Chris Ewin, MD, Past President, Society for Innovative Medical Practice Design
- Helene Fuchs, HF Associates

- Kishna Gazula, President & CEO, iHAS
- Robert Gillio, Chief Medical Officer, InnterLink
- Kurt Grossman, CEO, Doctors Telehealth Network
- Jerry Halberstadt, President, New Technology Publishing
- Ron Hammerle, Chairman, Health Resources
- John Haughton, CEO, DocSite
- Adam Hawkins, Director of Technology, VisionTree
- Joseph Humphry, Medical Director, Hawaii Med Service Association
- Thomas C. Jepsen, Chair, IEEE-USA Medical Technology Policy Committee
- Chris Johnson, Vice President, Business Development, Cypak; Chair, IEEE Medication Monitoring Board Healthcare Compliance Packaging
- Maryalice Jordan-Marsh, PhD, RN, FAAN, Director, Associate Professor, USC School of Social Work
- Steven Lynam, General Manager, Panasonic
- Richard May, President, HuTech Resources
- Patricia Mechael, Millennium Villages Project at Earth Institute
- Lady Murrugarra, Instituto de Medicina Tropical Alexander von Humboldt
- Joel L. Nitzkin, MD, MPH, Principal Consultant, MD Associates
- Jeremy Nobel, MD, MPH, Harvard School of Public Health
- Mark Osinski, Project Specialist, Partners/Massachusetts General Hospital
- Sepe Sehati, Consultant, Biomedical Scientist
- Susan Servais, Executive Director, Massachusetts Health Council
- Marc Stober
- Joseph L. Ternullo, JD, MPH, Associate Director, Partners Center for Connected Health
- Paul Wallace, Medical Director, Health & Productivity Management Programs, The Permanente Federation

For a complete summary of our online Healthcare Community Discussion, please visit the Center for Connected Health website at www.connected-health.org. A comprehensive overview and history of Connected Health can be found on Wikipedia at http://en.wikipedia.org/wiki/Connected_Health.