

The Genesis Report[®]/MCx

Managed Care Strategic Briefing

Challenge of CHF Management: A Culmination of Precursors

EXECUTIVE SUMMARY

Rather than waiting for a diagnosis of congestive heart failure, pharmacy benefit management (PBM) firms generally try to identify people at risk post-myocardial infarction. Success has been reported from getting such patients onto hypolipidemic or ACE inhibitor therapy or beta-blocker use. Because CHF is such an integrated problem, some PBMs are wary of an external company managing CHF as a 'carve-out,' thought to detach patients from needed feedback.

HMOs are coming to realize they had better treat CHF patients, even though membership turnover means these patients may end up someplace else; chances are an HMO will get somebody else's patients down the line! A growing view is that if each HMO carried its fair share of the load, no one HMO would be hit hard with adverse selection.

Health plans ask: Is there a return on investment in pumping additional dollars into CHF programs? Yes, if you get patients with severe CHF stabilized on medication. But putting another dollar toward trying to wring an incremental gain out of patients who are stabilized is probably not money well spent. Employers, however, generally have a longer-term interest in employees, and may even see a role for health promotion in cultivating employee satisfaction, retention, and recruitment.

Provider groups operating under undifferentiated capitation needed outside help in designing cost-effective disease management programs. Capitation may be fading, but likely to be replaced by a

system that accommodates DRG categories. Physicians' office practices are usually not organized or staffed around a lot of proactive follow-up. Disease management vendors claim to attend to those details, proactively.

The value of in-home data export devices draws some skepticism. Will sick, elderly heart failure patients interact with daily monitoring technology? Yes, in the case of a talking scale, a small intuitive monitoring device for use at home. The patient responds to non-judgmental questions by hitting a yes or no button. The device automatically dials out to a central monitoring station and uploads that information.

Some drug manufacturer-sponsored interventions are attracting more interest from provider groups than from health plans. One manufacturer has developed a clinical management system — a proprietary software platform and the clinical programs that run on the platform. Evidence-based guidelines, though necessarily broad, can be adjusted to individual patients. It's crucial that the client have a case management and case-finding infrastructure in place.

Health plans tend to be reluctant to link their care management programs to the prior efforts of pharmaceutical companies, believed to emphasize product sales. Manufacturers are perceived as poised to deliver 'mailer'-type programs rather than tailoring care plans to individual needs, interacting with physicians, tracking patients, and having a home health component.

Office Visits at Home

The questions to congestive heart failure patients are customary, but the setting is unusual: "Are your clothes getting tighter at the waist?" "Did you wake up short of breath during the night?" "Are your ankles more swollen than usual?" "Did you take your medications today?" "How's the exercise program going?" The scene might not be the traditional office visit. More and more, such questions are being put to patients in their homes, through small, user-friendly network computers that "talk" to patients — in one case, a talking scale. After weighing oneself, the patient responds to various questions by hitting a YES or NO button. The weight and answers are automatically dialed out to a central monitoring station. In another application of daily monitoring technology, the patient uses radio-equipped home measurement instruments — a digital scale, a blood pressure cuff, and an EKG rhythm strip recorder.

Such is one face of the brave new world of CHF management. Although the value of in-home data export devices is not universally embraced, giving patients control of sending in information via unobtrusive monitoring devices at home apparently can benefit both patients and their families.

Cost-effective methods of managing CHF are taking on greater urgency as CHF case management becomes more labor intensive. Owing to the aging population, CHF is the only area in cardiovascular medicine for which all expenditures throughout — medical, pharmaceutical, laboratory — are increasing in the aggregate. CHF is the largest cost center for senior care. Three-quarters of the money spent on heart failure goes for hospitalization. One irony is that as other cardiovascular conditions — hypertension, myocardial infarctions — become amenable to better treatments, survivors are at the highest risk for congestive heart failure. CHF will loom larger down the line.

The problem is, a large number of health plans don't have the mindset to look at downstream clinical outcomes. And physicians' office practices have never really been organized or staffed around a lot of proactive follow-up. Hence a role for pharmacy benefit management firms, disease management vendors, informatics units, telephonic demand management organizations, monitoring device/service firms, and drug manufacturer initiatives. The perspectives of leaders in those fields were gleaned through interviews by **The Genesis Report/MCx** and are presented here as Part II of a two-part article on CHF management. Part I, in the September issue, highlighted views from clinical and academic settings and managed care organizations.

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Steve Brown, CEO
Health Hero Network, Inc

Health Buddy/Health Hero Network: An Information Appliance for the Kitchen

Steve Brown is CEO of Health Hero Network, Inc (Mountain View, CA), a privately held e-health company that provides a flexible Internet-based communications platform that enables disease management companies, in-house managed care providers, and informal caregivers to communicate daily with their patients at home. About his communications platform, he said there are two parts: Health Buddy, the patient interface, and Health Hero on-line service, used by the nurse or the case manager.

"Essentially, Health Buddy focuses on wiring the senior population to health-care services over the Internet through our extremely simple information appliance. The idea is finding a way to get to the point of self-care in the home, where patients are making decisions about their health, or taking their medicine, or doing some kind of self-care routine. At the touch of a button, the appliance sends information to a

care manager.

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"The Health Buddy information appliance for the patient's home," Brown continued, "can go anywhere from the kitchen countertop to the nightstand. It plugs into a phone line, and has four buttons and a display screen. It turns itself on, it lights up, and it asks you questions about how you're feeling. It collects data about symptoms, and it gives you educational information or feedback. To collect more data, it also has (pending FDA clearance) the capability of being an interface to a wide range of medical devices, whether that's a weight scale, a blood pressure cuff, or a blood glucose meter. It's a platform for focused, protocol-based com-

munication with the patient in the home, and it can work for just about any disease and any patient, depending on the kind of protocol assigned to it.

"It's kind of a little four-button consumer appliance. It's the simplest computing device in the world right now. A big part of this is making it extremely convenient for patients, not interrupting their daily routine. It's like E-mail. You're getting a little message on a display screen that says, 'How are you feeling today? Good? Bad? Did you have difficulty breathing last night? Yes? No? On a scale of 1 to 10, how difficult was your breathing?' And you can press in an answer.

Website for Stratifying by Risk

"The Health Hero on-line service," explained Brown, "is essentially an Internet-based communications platform that tells a nurse the status of her patients. The data are all graphically presented, so you see who's in the red zone, the yellow zone, the green zone, by different categories, like symptoms, behavior, or knowledge. Every time the patient answers a question, a risk score is attached to that answer, so the nurses have daily data on their patients, organized and risk stratified.

"A case manager has an account, and within that can create a protocol to assign to patients or groups of patients. Case managers can type in questions, or they can use the protocol that the medical director or perhaps a third party has created. So the case manager can say, 'I have 100 patients with congestive heart failure whom I want to enroll in our CHF program.' When the nurses want to add a new patient, they go to the Internet and push a button. We automatically ship to the patient and get them set up.

"It's an open system for communicating with patients, using a protocol. With 600,000 doctors and 2 million nurses in this country, there are a lot of different ideas about the right way to communicate with patients. So we made a flexible system that every doctor and every nurse can use to create their own protocols if they want to.

"We have the same customers, the same sites, using the same system for congestive heart failure, cardiovascular disease, coronary artery bypass, hospital discharge, diabetes, even transplants. Besides that, there's mental health, the frail elderly, disability, and short-term disability. Protocols for all those kinds of things are being developed by different groups. We have a library of sample dialogues, so you could give people a head start. But some groups are creating their

own programs. Whatever customers want to create protocols for, they can use Health Hero. We are creating the platform on which one can create one's own disease management program.

Less Slippage Through the Cracks

"Health Hero has customers that are assessing the outcomes as they go along," Brown added. "Since we have only anecdotal results so far, we haven't published any data yet. Last week I talked to the medical director of one of our customers and got forwarded E-mail from another. One said, 'We've prevented another hospitalization by detecting a problem sooner and just scheduling an office visit.' The other said, 'We've saved the first life using Health Hero because it was somebody who had really slipped through the cracks and was identified with their Health Buddy.'

"We have about 15 organizations that signed up for it so far, and we think we're going to have a number more soon. And all those organizations are developing their own programs based on the platform. How many Health Buddies get out there depends on how far those groups take their disease management programs." Brown noted that a Health Hero customer may be a managed care organization or a medical group as well as an employer.

"I think the big thing that's going to happen in the market is that medical groups are going to start doing disease management themselves rather than outsource. I think that ultimately the doctors and the nurses in this country will be the disease managers, and want to do that. But we need to help them get reimbursed appropriately for it; we're working on that."

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