Engaging the care community with mobile technology

Overview

- Case Management
  - Re-imbursement Changes in Healthcare
  - The Opportunity of Shifting Population Risk Profiles
  - Chronic Disease is a Major Cost Driver
- Broader Care Community
  - Tools are Required: Technology Supports Complex Decision Models and Efficiency
  - The Concept of an Ecosystem Approach to Care Management
  - How to Utilize the Broad Care Community for Engagement with Mobile Technology
- Lessons learned
- Q&A

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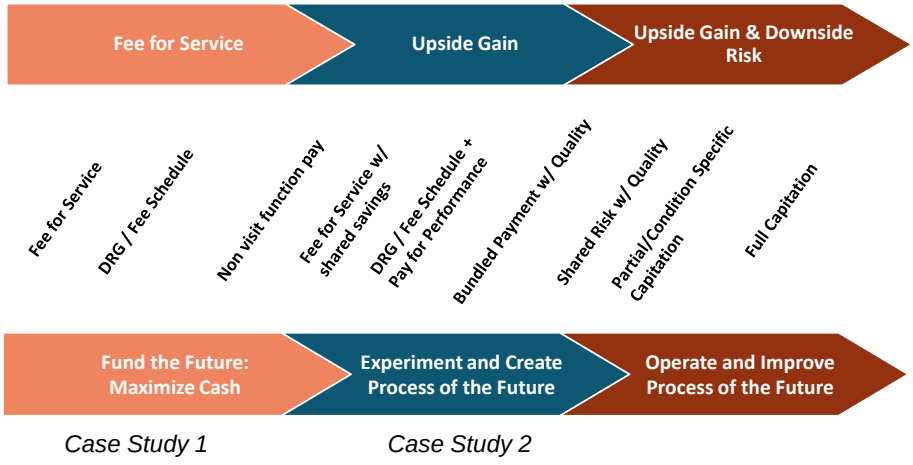
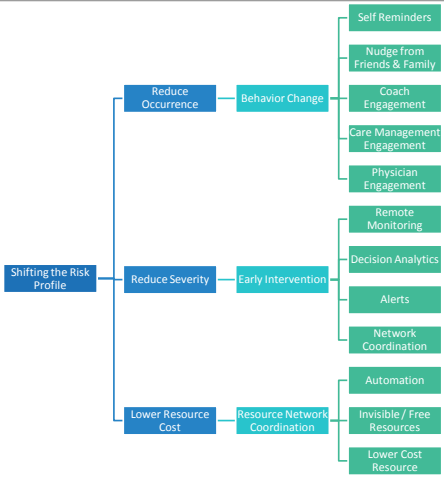
Re-imbursement Changes in Healthcare



Case Study 1 *Case Study 2*

The Opportunity Of Shifting Population Risk Profiles



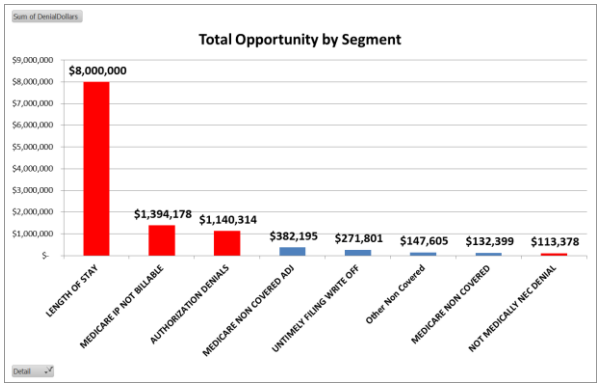
Problem: Current Process Has Significant Issues

Sample Problems Observed:

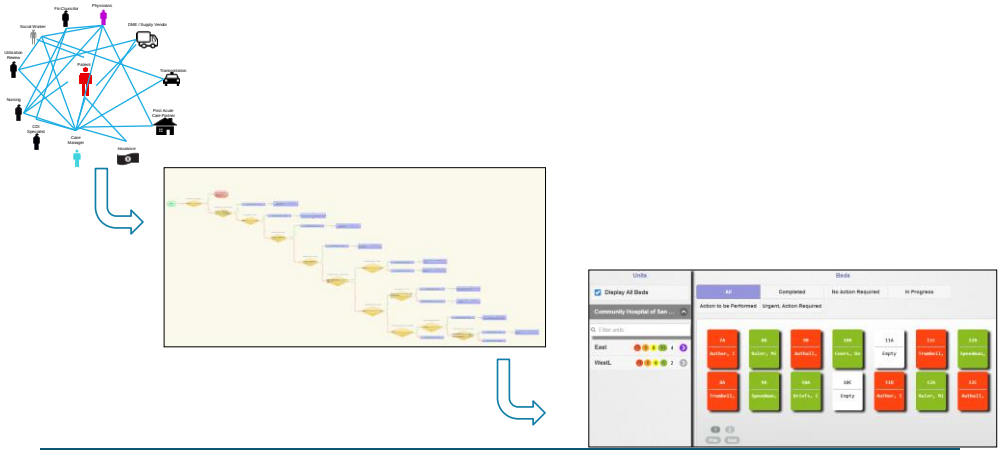
- Length of Stay too long
- Authorization denials
- Level of care denials (OBS/IP)
- Case Managers doing administrative tasks
- Poor coordination across care team
- Patients did not have what they needed when they arrived home
- Everyone did it differently
- Nursing hours overages

Summation of Causes

- No standard process
- No / Poor work management
- Poor metrics / metrics management
- Unclear roles & responsibilities
- Poor execution of tasks
- Short staffing
- Information not up to date



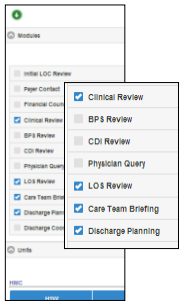
Tools Are Required: Technology Supports Complex Decision Models and Efficiency



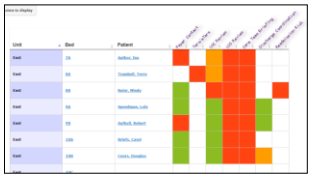
Work Management for Case Management
What resource works on what case at what time to minimize the total cost of delivery.

Mobile Technology Provides a Delivery Vehicle

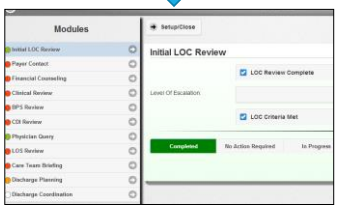
1. Select Responsibilities



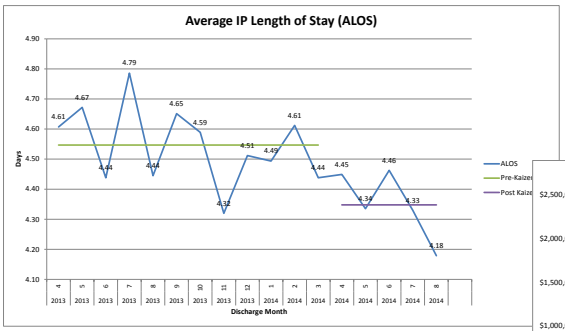
2. Review Priority

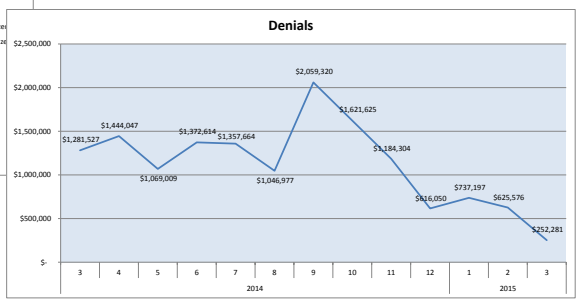


3. Work Case



The Project Delivered Significant Reduction in LOS and Denials

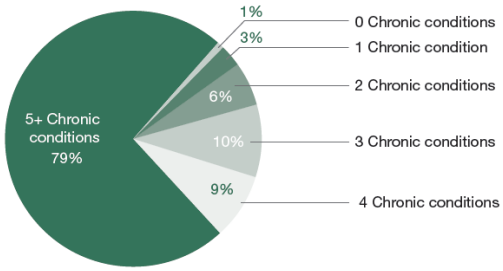




Chronic Disease Is a Major Cost Driver

Two-Thirds of Medicare Spending Is for People With Five or More Chronic Conditions

Percentage of Medicare Expenditures



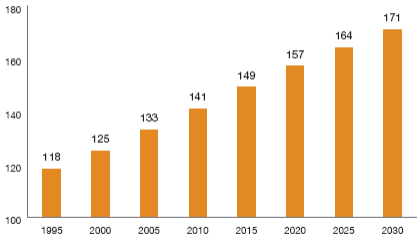
Source: Medicare Standard Analytic File, 2007

Robert Wood Johnson Foundation: Chronic Care: Making the Choice for Ongoing Care

Chronic Disease Management is Mission Critical

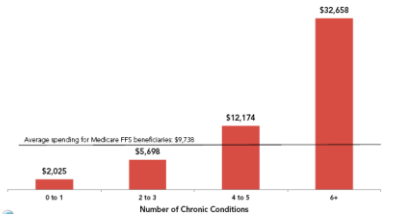
The Number of People With Chronic Conditions Is Rapidly Increasing

Number of People With Chronic Conditions (in millions)



Source: Wu, Shin-Yi and Green, Anthony. *Projection of Chronic Illness Prevalence and Cost Inflation*. RAND Corporation, October 2000.

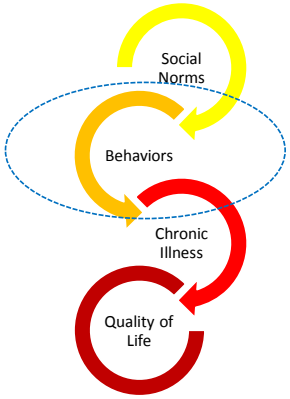
Figure 3.1a *Per Capita Medicare Spending for Medicare FFS Beneficiaries by Number of Chronic Conditions: 2010*



Source: Chronic Conditions among Medicare Beneficiaries, Chartbook 2012 Edition, CMS

Robert Wood Johnson Foundation: Chronic Care: Making the Choice for Ongoing Care

Behavior Change is the Holy Grail of Chronic Disease Management



8 behaviors & risks drive 80% of total costs for all chronic illnesses worldwide

"Behavior change happens mostly by speaking to people's feelings…" -- Kotter

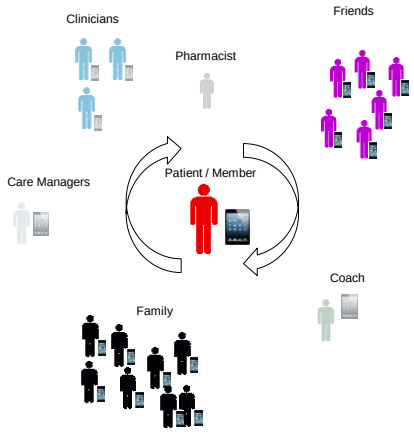
Chronic disease management and behavior change implications – successful vs. un-successful models

What has not worked:

- The white coat talk
- Providing 'information' to the patient
- Conflicting instructions from various clinicians

What can work:

- At least *39,000,000* non-clinical caregivers in the US.[1]
- A patients *social support system* is a key factor in defining their risk of readmission.[4]
- Socially isolated individuals incurred *24% higher costs* than socially connected individuals with an equivalent risk.[5]



Expanding the definition of care community to include family and friends

Keys to Change

A patients *social support system* is a key factor in defining their risk of readmission.

Socially isolated individuals incurred 24% higher costs than socially connected individuals with an equivalent risk.

At least *39,000,000* non-clinical caregivers in the US.

1. **Relate**
2. **Repeat**
3. **Reframe**

Examples

Delancey Street Foundation

- **N**ational Recidivism Rate: Approximately **68%** [5]
- Delancey Street Foundation Recidivism Rate : Approximately. **10%** [6]

Dr. Dean Ornish Coronary Artery Study:

- Typical behavior change rate after discussion with clinician: 10% [4]
- Behavior change 2 years after program ended: 77% [4]

Tools for Non Clinical Care Givers are Sparse

EMR: $22+ Billion

Source: Accenture: Getting EMR Back in the Fast Lane, 2014

- **Clinician focus**
- **Low frequency data**
- **Not useful in day to day management**
- **Complex and complicated to use**
- **No data with respect to behavior and lifestyle insights**

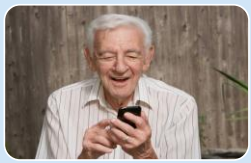
PHR: $400M?

- **Care community focused**
- **High frequency data**
- **Involvement of social environment**
- **Day to day behaviors & lifestyle management tool**
- **User friendly / character model friendly**
- **Motivational – more than a "commercial / business / serious" tool**

The concept of an ecosystem approach to care management

- Including all influencing aspects of care into one easy and simple solution.
- An ecosystem approach is inclusive of a series of persons and services that affect health.
  - Primary care physicians
  - Friends and family members
  - Specialists
  - Meal providers
  - Other community services

Mobile Technologies Can Benefit All Roles in Case Management



Members or Patients

- Provide a single location to track everything (medications, biometrics, support needs)
- Receive support successful behavioral changes for better health

Clinicians

- Have visibility to real time / continuous patient data
- Utilization of resources based on need
- Focus on patients with higher social risks
- Early intervention

Family & Friends

- Communication and coordination for supporting a loved one remotely
- Support loved one with "nudges" to behavior change
- Peace of mind

How to utilize the broad care community for engagement with mobile technology

Provide a series of enhancing functionalities within mobile technology

Reminders
Receive reminders to take your measurements and medications

Alerts
Receive alerts when someone forgets to take a medication or measurement

Logs
Track your measurements and medications

Requests
Request support needs from people in your community like rides, meals, and household help and provide support.

Data Governance/Access
Choose what information you want to share with each individual in your community.

Lessons learned

The Smart people curse: Simple is hard

Governance: Data ownership and access rights

System inertia: Focus on the future is difficult while trying to stay alive today

Chronic disease reality: It is not a one at a time game

Money matters: Affordable Technology with affordable resources

Care spans all generations, socioeconomics and psychographics: Character models matter in design

Technology versus Service: High Tech + High Touch is the recipe

Technology versus Psychology: Harnessing engagement and activation via motivation

Connected Devices: Seniors require total ease of use when it comes to using mobile technologies.

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Questions& Discussion