

Shaping a Health Statistics Vision for the 21st Century: A Health Plan Perspective

National Committee on Vital and Health Statistics

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A Contrast in Purpose

The Health Statistics Enterprise

- **Mission**
 - To efficiently provide timely, accurate, and relevant information that can be used to improve the nation's health
- **Conceptual Framework**
 - Focuses on health, the population and the community
 - Emphasizes distribution and level of health
 - Delineates major influences on health
 - Defines research agenda for improving the population's health
- **The primary purpose of data is to characterize the health of the population and the influences and actions that affect the health of the population**

A Contrast in Purpose

- Health Plan Mission (WellPoint)
 - The WellPoint companies provide health **security** by offering a **choice** of quality **branded** health and related financial services designed to meet the **changing expectations** of our diverse customers throughout a **lifelong relationship**
- Conceptual Framework
 - Focus on the individual's health security, not necessarily the individual's health status
 - Recognizes the importance of individual and purchaser choice and changing marketplace expectations
 - Reinforces the importance of lifelong relationships
- The primary purpose of data is to characterize the transactions between purchasers of care, payers (i.e. health plans) and providers of care as these transactions relate to services provided to *health plan members*

Orthogonal Approaches?

Population Health Information	Health Plan Health Information
<ul style="list-style-type: none"> • Level of analysis: population 	<ul style="list-style-type: none"> • Level of analysis: individuals or purchasers
<ul style="list-style-type: none"> • Enterprise-wide planning and coordination with multiple producers and users of data 	<ul style="list-style-type: none"> • Information systems structured to facilitate business functions with virtually all users internal to the organization
<ul style="list-style-type: none"> • Information needs typically, but not always, driven by research questions and require empirical data collection 	<ul style="list-style-type: none"> • Data and information needs derived from business operations which may or may not be empirically based
<ul style="list-style-type: none"> • Expectation of public access and public ease to data and information 	<ul style="list-style-type: none"> • Virtually no expectation of public access to data with certain Information explicitly protected from the public
<ul style="list-style-type: none"> • Data: surveys, Census data, federal and state required reporting, CMS claims? 	<ul style="list-style-type: none"> • Data: claims, pharmacy and laboratory results data, CAHPS and HEDIS surveys
<ul style="list-style-type: none"> • Data and information critical to the assessment of existing public policy and to support new policy development 	<ul style="list-style-type: none"> • No expectation of public policy use with a certain bias against use of such data for policy development

Orthogonal Approaches?

- Areas of Agreement
 - The value of data to measure and improve population health
 - The need for data standards
 - The need for strong but reasonable privacy and confidentiality standards
 - The need to recognize the influence of certain disease states on population health

Health Plans in Transition

- Health plans have no long term future solely as expert claims payers and payment negotiators
- Group purchasers are interested in their employees' health to increase productivity, reduce absenteeism and reduce their financial liability
- Health plans are devoting significant resources to characterize the health status of their members so that they may target products, services and interventions to meet member and purchaser needs (i.e. to establish competitive advantage)

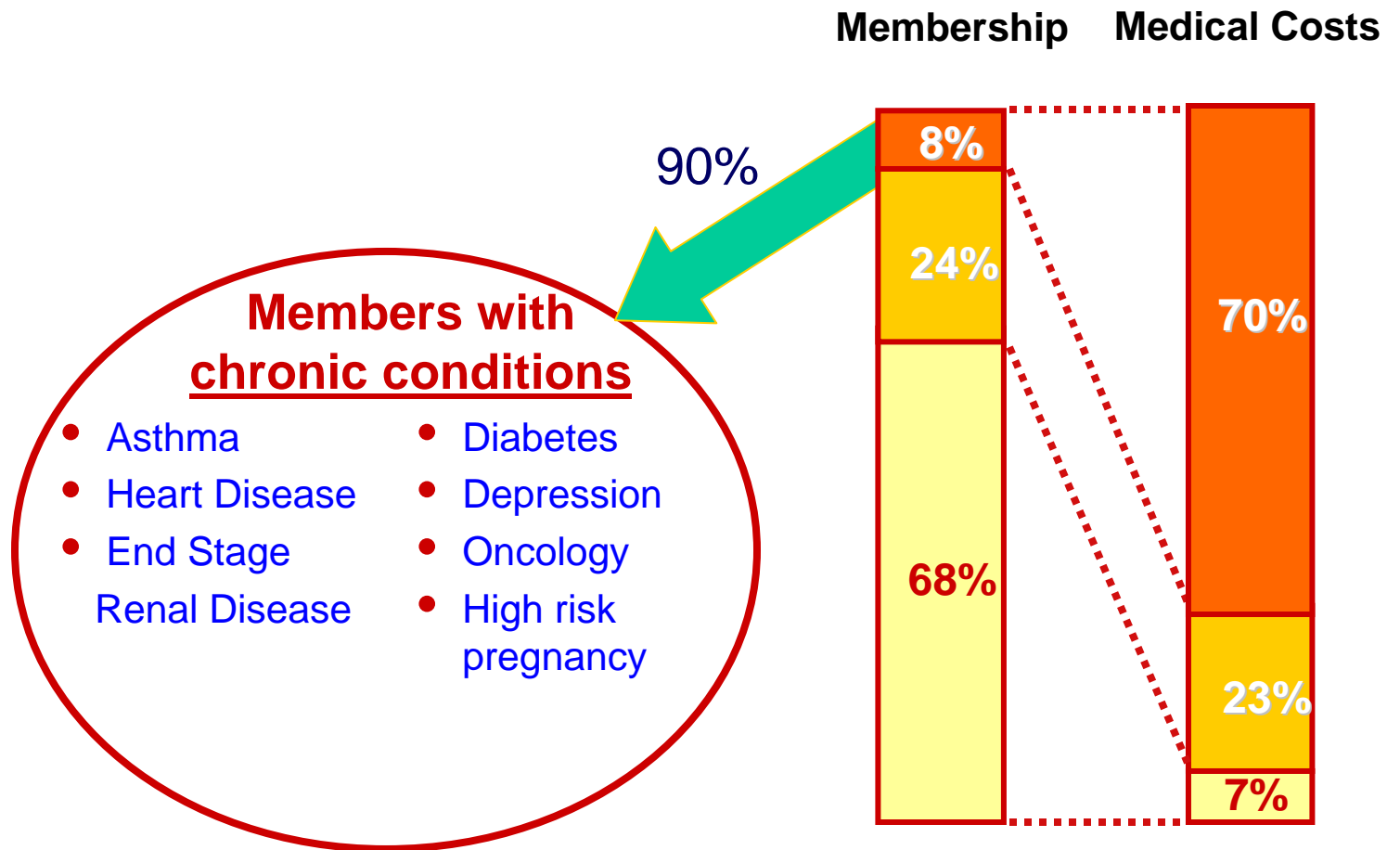
Population Health At The Margins

- **Health Plan Activities in Support of Population Health**
 - **Health Improvement Programs** (formerly known as Disease Management)
 - **Physician Quality Improvement**
 - **Appropriate Drug Usage: *Save Antibiotic Strengthsm***
 - **Early Epidemic Detection**

Perspectives in Transition

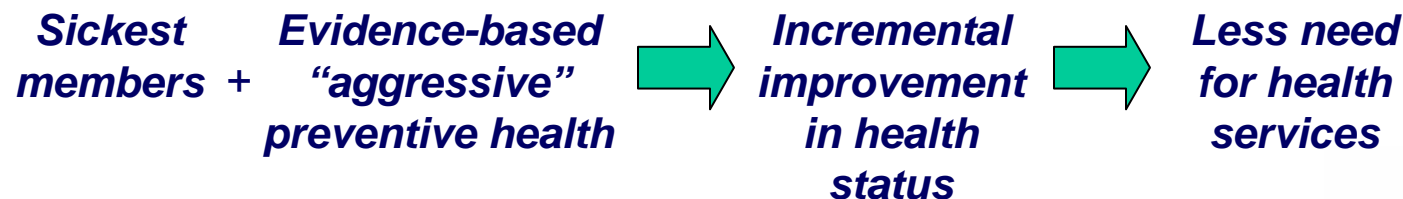
- Traditional *disease management programs* focus on medical interventions to improve the health status of the individual
- In today's *health improvement programs*, improved health status is still the goal, however, it also includes strengthening healthy behaviors that allow the member to live life more fully

Medical Costs



Belief

- Pro-active engagement of members
 - Experience with disease management
- Population based quality improvement
 - Understand the “portfolio” of disease burden and severity
- Work together with treating physicians
 - Services to supplement the medical care delivered by physicians
- Changing the cost-quality paradigm
 - Lower need for services by improving health:



Disease Management to Health Improvement

- Health Improvement Programs
 - Disease Management + Wellness and Prevention
- Infomediary
 - Plan role: to provide information to members and physicians that result in improved quality of care and health outcomes
- New *ABC's* of Medical Management
 - *Advocacy* = provide education and personal support
 - *Behavior* = work with member to change behaviors
 - *Concierge* = help navigate a complex system
- Managing the Care Continuum
 - Combine the guidance of healthcare specialists with member-driven behavioral change and self-care

Physician Scorecards: Tool for Improvement

- While not perfectly aligned, health plan programs designed to measure and improve the quality of care to its members are consistent with *Healthy People 2010*
- Strategies: Improvement through Selection
 - Making “in-or-out” choices
 - Patient decides which physician to engage
 - Physician decides specialists to whom patients are referred
 - Health plan decides with which physicians to contract
 - Regulator decides which physicians to license
- Strategy: Improvement through Change
 - Provide physicians with tools with which their performance may be benchmarked relative to peers or optimal performance

Measures Under Consideration

- Cancer Screening
 - Breast, Cervical, Colorectal
- Childhood immunization
 - VZV, MMR, DTP
- Chlamydia screening
- Diabetes
 - Lipids tested, Eye exam, HbA1c 2/year
- Hyperlipidemia
 - Lipid lowering drug compliance, Lipid screening if on lipid lowering drug

Measures Under Consideration

- Beta-blocker post-AMI
- CHF
 - ACE Inhibitor use, Beta-blocker use
- Atrial fibrillation
 - 6 Prothrombin times/INRs per year if on warfarin
- Asthma
 - long-term control drug use
- Depression
 - effective acute phase treatment, effective continuation phase treatment
- Appropriate treatment for URIs (pediatric)
- Appropriate treatment for pharyngitis (pediatric)

Save Antibiotic Strengthsm

Goal: Address the growing public health crisis of antibiotic resistance through campaign targeting national awareness of appropriate antibiotic use

- Effort established by CAQH – a multi-plan cooperative
- Communicated prescribing patterns to physicians
- Developed tool kit to help physicians educate patients about appropriate antibiotic use; distributed through local sites
- Established CDC partnership (media activities, conference outreach)
- Launched online CME/CEU available through September 2004
- Launched Employer Program to help employers educate employees about appropriate antibiotic use
- Measured impact of interventions

Bioterrorism and SARS

- Health Plans have near real time information for patient admissions, pharmacy and nurse call lines
- Large health plans such as WLP with 15m members can narrow the confidence interval to detect relatively small changes in utilization patterns for certain diagnoses and procedures
- As a demonstration project and in cooperation with CDC, changes in utilization patterns of certain diagnoses were modeled suggesting an epidemic of SARS or anthrax
- The sophistication of health plan data systems are such that they can be mined quickly and daily
- Utilization patterns suggesting an epidemic can be directed to the appropriate public health entity with relative ease

Areas of Future Collaboration

- Standard Quality Outcome Measures for both Physicians and Hospitals
- Standards as well as Reliable and Valid Strategies for the Collection of Race, Ethnicity, SEP and Primary Language
- Electronic Medical Records Standards
 - Ambulatory Care
 - Inpatient Care
- Expanding Health Improvement Programs to include education of key public health issues (e.g. obesity, smoking cessation, STDs)

Conclusions

- The vision outlined in the 2003 report probably has little practical utility for private health plans
- Health plans and their data may help articulate population health; however, it is likely to be a secondary function for health plans and a supporting role to the public health community
- The marketplace is beginning to value population health information
 - However, its application may be less rigorous and empirical than NCVHS and academic researchers might like
 - *Don't let the perfect be the enemy of the good*
- Health plans will continue to push forward in the areas of quality measurement and health improvement
- Health plan involvement in population health will continue to be driven by the marketplace