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Imagine a Time

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Imagine a time when every patient has access to all the information needed to make sound health and healthcare decisions. A patient would leave each physician visit with a summary of that interaction, including self-management advice. In such a time, if the patient must learn skills or change behaviors as part of controlling a chronic illness, evidence-based, personalized information and tools would be immediately available for understanding, planning and learning.

Expand this scenario for a moment and imagine this patient retains all this information and has access to these tools on her own personal medical record, auto-populated with her unique health information and capable of incorporating her self-entered data as well. Claims information, lab results and pharmacy data from her clinical history, along with easy to understand consumer information that helps her understand all that is in her record.

Surely you would agree this scenario holds promise for truly making the patient a real partner in care. Timely and complete information, individualized programs for managing illness, all given to the patient by the person she trusts most with her health—her doctor.

Too good to be true? Far too difficult to execute? We could never get our doctors to do this? Who would possibly pay for this?

What if I told you such programs are already in place, and the adoption and satisfaction rates—for patients as well as their physicians—are absolutely sky-high? This is true, but with a very big “but.” At major, closed-panel HMOs facilitation of doctor/patient communication like this happens every day. Seattle’s Group Health Cooperative and Kaiser-Permanente have been rolling out programs such as this for years now. According to a Kaiser study some 63% of their members saved at least one physician visit as a result the program, and 52% felt more positive about Kaiser after the program.^{1[1]}

Sure, you might say, it’s easy for them: their doctors see only Kaiser or Group Health patients, and they have the systems in place to make this work, personal health records (PHRs) on their patient portals, common repositories of claims and other data, etc. But, how would this work in a world where doctors see patients

^{1[1]} Healthwise Success Stories, Kaiser Permanente 1992: 2024-011707

from a multitude of plans, where they have little technology available and—in most cases—find that licensing of such content and tools is financially prohibitive?

Well, here are the answers I propose:

- A smart health plan pays for the PHR and licenses the content and tools.
- The sponsoring plan then allows all providers in the network to give both the PHR—without health plan branding—to all patients, regardless of plan affiliation, thus mimicking the behavior of the successful closed-panel systems.
- The sponsoring health plan then “details” providers to educate and engage them in this endeavor.
- There are no infrastructure costs for the provider, the content and tools licenses are absorbed by the health plan, and physicians could get reports on the progress and success of patients using the PHR.

What's in it for program participants?

For the patients, they get what they need to play the central role their own in decision making and health management—and they get it from their doctors.

For the physician, they get easy access to information that not only improves doctor/patient communication, but the health of their patients. And, they get better visibility into patient care through member reports. These reports can help in a number of ways, including P4P programs across their contracted plans.

For the health plan? Well, they pay a bit more for expanding provider access, but surely enabling providers participate and recommend their interventions will result in more robust outcomes for their members. With access to member data, when a PHR is integrated with their medical management system, the sponsoring health plan can move from a high-tech system, to a high-touch intervention solution—giving members more that a PHR when they need it.

Finally, such programs enable health plans to be “relevant” in the lives and the health of the member. With competition from non-traditional players (such as, WebMD, Revolution Health, Fidelity, etc.), health plans are at risk of losing the member relationship. This program promises to let plans use their strengths—large pools of members, large networks of providers, access to large amounts of data about each—to add meaningful value in ways that are simply not available to the new arrivals.

Doing something for a non-member has always been difficult for health plans. Providing “smart” PHRs to their members; populating them with timely, personalized information and tools, and fundamentally enabling consumers to play their rightful central role in overall health management, then making this package available to all patients of doctors in their network, re-established the plans central role in the health care delivery system. At a time when all plans are under pressure to be relevant, the industry will rise or fall as one. The wise health plan knows this is the time for different thinking, and this is one idea they should think about.

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