Much has been made of the power of Internet-based technologies to cut waste and boost quality in the health care arena. Most of these touted applications are essentially communications tools designed to arm clinicians with the information they need to better track and treat patients. Such tools do show promise. In fact, many have already proven to deliver the purported benefits. But what if the patients themselves were brought into the loop as well? Wouldn’t this be one more check in a system that is, admittedly, riddled with pitfalls including the prescription of medicines which are contraindicated, poor patient compliance, and too many missed opportunities for preventive care?

Administrators at PARTNERS National Health Plans of Indiana, a 76,000 member HMO, PPO, and POS based in South Bend, believe the answer to those questions is clearly “yes.” That’s why the organization is among the first in the country to link interested members with their own claims information as well as some customized clinical guidance.

The new service, launched in mid-September, is just the latest move in a process the managed care organization began more than two years ago in partnership with Resolution Health Strategies (RHS), a San Jose, CA-based health technology firm. What essentially began as a claims-generated alert system to physicians has now been extended to plan members in what PARTNERS suggests is one more way to make sure that optimal care is provided.

Getting the word out about this new option in a marketplace that is largely rural is proving to be a tall order. However, those driving the effort maintain that it is in keeping with an increasingly patient-driven environment. And, in addition to helping providers take better care of their patients, the plan is counting on the move to ultimately save dollars as well.

**Software scans claims records**

PARTNERS began looking into developing a better communications system when it became clear that some plan physicians were ignoring important claims information which was contained in quarterly reports. “The information in these reports was very good. We had a good idea at a very high level -- and at a physician-specific level -- of what was going on. But we realized that frequently that information, just like other information, was getting placed in a stack and was not reviewed,” explains Bruce Greenberg, CEO of PARTNERS. “We started to think with our software vendor (RHS) that maybe we could translate that data into targeted information.”

PARTNERS turned to RHS to come up with a system that essentially scans through all claims data to see if any locally established rules or national guidelines accepted by PARTNERS apply. “The big thing that happens here is the patient-centric assessment, where we look at the individual records of the patient, and the processing engines [provide] an automatic assessment to see if there are things that are being missed, things that are inappropriate, or poor compliance,” notes Harry Soza, founder and CEO of RHS.

For example, through claims and pharmacy information, the RHS system can tell when a pre-
scription has not been filled within 30 days, a scheduled lab test has not been performed, a contraindicated drug has been prescribed, or a preventive screening such as an annual mammogram is due for a particular patient.

Once this information became available, PARTNERS began generating patient-specific 4 x 6 inch notices that describe the lab test or problem the system has turned up. These notices are then mailed to the physicians involved. Greenberg notes that it would be far more cost-efficient to send these notices via e-mail, but initial surveys showed that only 10% of plan physicians maintain e-mail in their offices, and even fewer want e-mail used for this purpose. Consequently, Greenberg opted for a mail-based system that provides physicians with the adhesive-backed notices so they can be easily placed on a patient’s chart.

Members get access to claims info

In the two years that it has been in place, the mail-based reminder system has proven highly successful, enabling PARTNERS to boost its HEDIS scores. However, Greenberg felt that some problems identified by the claims data were still being ignored, and that more value could be obtained from the data-scanning system. “We thought, in an age of consumer empowerment, that we were missing a big piece. And we also made an assumption that the percentage of consumers on the Internet would be much higher than the percentage of physicians who were online in their offices,” explains Greenberg.

Consequently, Greenberg decided that making the same alerts the physicians were already receiving available to plan members via the Internet could result in even greater improvements in health quality. To accomplish this task, PARTNERS became the first plan to take advantage of www.wellpatient.com, the consumer-focused, web-based serviced offered by RHS.

The service, available free to all PARTNERS members, enables individuals to have access to their claims information. Further, when the claims-scanning software identifies an issue of concern relating to compliance, lab tests, or other health matters, a message is sent to the plan member suggesting that he access his personalized Wellpatient site to see what information has been provided. Greenberg notes that unlike the paper-based messages generated for physicians, the information provided through the Wellpatient site is provided in a consumer-friendly way -- free of the medical terminology and other professional jargon that might make the information difficult to understand.

Web sites provide prioritized ‘messages’

Members who choose to take advantage of the service must first read through and consent to the site’s online privacy policy. They are then given access to their own secure site. “The act of signing up to that site triggers the technology to come over into the PARTNERS Health Plan database and extract that member’s specific health care claims information, and put it into a personalized website on Wellpatient.com,” explains Greenberg. “It is encrypted information, but I am very careful to point out that it is not an electronic medical record. It is simply a claims history.”

Individual member sites contain a variety of features. For example, if a member clicks on the “messages for you” feature, he will be able to access whatever issues or alerts the claims-scanning software has identified. (See Figure 1.) These messages are prioritized so that a member can click on the most important messages first. Further, once the member has read a message, he can then select from a series of responses. For example, if the message suggests that a lab test should be performed, the patient can request that his doctor be notified. In that event, PARTNERS will make sure that the physician is notified via fax that the patient would like to have the test scheduled.

Alternatively, at any time members can click on a summary of any long-term chronic conditions they may be dealing with, and they can click tabs directing them to reference information regarding any specific condition. An itemized prescription history is also available, as is a two-year treatment history. (See Figure 2.) For further information, the member can then click any specific condition, procedure, or drug outlined in the claims history.

Members who take advantage of Wellpatient are encouraged but not required to fill out health profile information regarding family history, lifestyle issues, and other important background health information. This section is similar to the “new patient” forms individuals typically must fill out when visiting a new provider. Consequently, members can print out the information and take it with them on such occasions. Further, when the information is entered on the Wellpatient site, it can be scanned and considered along with the claims and pharmacy information for possible alerts or messages of importance.

Marketing a significant hurdle

In three months PARTNERS was able to get 2,500 plan members to sign up for the Wellpatient.com service -- twice as many people as
Greenberg had anticipated in that length of time. Given that PARTNERS serves a relatively rural population, Greenberg notes, it is important to be realistic about the number of plan members with access to the Internet.

To promote the new service, in addition to several promotional mailings and health plan newsletter articles, Greenberg has offered some incentives to get members to sign up. For example, during the initial enrollment period, PARTNERS offered $10 gift certificates to a local department store to the first 100 members to sign up, and Greenberg anticipates there will be more such incentive offerings.

PARTNERS has been especially aggressive in its efforts to notify members enrolled in any of its disease management programs about the service. These include members who are pregnant as well as those with chronic diseases such as diabetes, asthma, and depression. In many cases, these patients are contacted by nurses, who explain the Wellpatient.com program and encourage them to sign up.

Even with an admitted “huge” promotional effort, Greenberg emphasizes that there is much more work to be done in this area. “We think the service has tremendous value. And there has been a lot of national attention focused on this because we are the first to do it. However, I would still guess that at least half of our members have never heard about [Wellpatient.com], so we have to continue to find ways to market to them.”

Security a concern to members

From the initial stages of the PARTNERS effort, Greenberg has taken pains to address security concerns. For example, members are never sent their claims information. Instead, they leave their e-mail addresses with Wellpatient.com, and whenever there is new claims information for them, the service sends an e-mail message suggesting that they go to their secure site to see the information. Greenberg emphasizes that this sort of structure prevents the possibility that someone’s private health information will mistakenly be sent to the wrong person.

Despite these security measures, a few members have expressed concerns about having their health information on the web. In these cases, PARTNERS simply tells the members that their information will not be there if they decline to sign up for the Wellpatient.com service. “For patients who are adamant about [their security fears], we have just deleted their names from our reporting arrangements,” notes Greenberg.

More capabilities are planned

As long as physicians resist Internet-based communications, PARTNERS will stick with its paper-based notification system. Further, Greenberg is striving to accommodate physicians by identifying and addressing problem areas. “We still have physicians who don’t have fax machines. We have physicians with rotary phones in some of the outlying areas,” he explains, emphasizing that incentives may be necessary to get physician groups to adopt new technology. “There is no CPT code for e-mail consults, and I think until such a point that we can figure out a way to compensate physicians for their time, it is going to be challenging getting more of them to go online.”

Another consideration is the fact that for most of the physicians, only a portion of their practice involves PARTNERS members.
They are not going to want to have different systems in place for tracking their patients. “We have to try to figure out how to make things easier for physicians,” emphasizes Greenberg. “We have taken the approach that we are trying to help our physicians manage their patients better. We are trying to provide the tools for them to take better care of them.”

On the member end of the equation, however, Greenberg is already looking at making the system in place more robust. For example, in what Greenberg refers to as “phase two” of the Wellpatient.com service, he sees members being able to enter lab results data onto their web sites, and then have that information transferred in some fashion to a physician or case manager.

**Plan is counting on long-term results**

Over the short term, the Wellpatient.com service is likely to increase expenses at PARTNERS, but Greenberg cites compelling reasons to continue down this path. “It is the right thing to do from the standpoint of quality of care,” he says. “We are all betting long-term if we can avoid cardiac events with cholesterol reduction. Or, if we can avoid a premature birth or admission for an uncontrolled diabetic, this makes all the sense.”

Soza acknowledges that it can be difficult to document savings from the RHS system in traditional ways. “Cost savings can occur, but there is a question regarding who these savings benefit if they do occur. And we have found that the insurance constructs throughout the industry are so complex that even if you save $1 million, it is hard to show where the money is because of the various forms of risk pools, performance incentives, and withholds under capitation and partial capitation,” says Soza. “The bottom line is you can prove that you saved $1 million, but you can’t show where it’s at.”

However, Soza emphasizes that there is no dispute over the value of promoting wellness, and it is a concept that has wide appeal among health plan members. “The one argument that we never lose on is the idea that if a member of a health plan perceives that she is receiving a valuable service from that health plan, then the health plan is -- as they say in Indiana -- a partner in her health. And the chance of that member staying with the health plan longer, and of viewing the health plan favorably and possibly recommending the health plan to friends, is greater. And that is a clear positive,” explains Soza.

Further, Soza maintains that in the future, under a defined contribution model in which people are making choices about which plan they want to affiliate with, plans that effectively promote wellness are going to be increasingly attractive. “I believe it is going to be very important to offer a differentiated service that strikes right at the heart of helping to keep people as well as...
they can be kept by trying to stay in accordance with the proven guidelines regarding how they should receive treatment,” adds Soza.

Unlike most disease management programs, the Wellpatient approach is most effectively implemented on a large-scale, emphasizes Soza. “This needs to be applied across the whole population because it is a form of early risk management, or even pre-risk management where we are encouraging the right preventive care,” he explains. “The patient is probably the person who is most interested in doing something about his health, so this becomes a natural avenue of empowering him and giving him responsibility for somehow dealing with these issues by passing the information on to a provider of his choice.”

Editor’s note: For more information about Resolution Health Strategies, access the organization’s website at www.resolutionhealth.com. Also, to view a demonstration of the Wellpatient service, go to www.wellpatient.com.