Meeting Patients Where They Live
Conflict of Interest

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Has no real or apparent conflicts of interest to report.
Learning Objectives

1. Individuals will learn how mobile technology can be used to support individualized care plan development.
2. Individuals will learn how smartphones can enable more convenient patient engagement specifically for pathways involved in bundled payment programs like CJR.
3. Individuals will learn how the pathways supporting patients with chronic conditions are similar.
4. Individuals will learn how outcomes can be used to identify the patients that need special attention.
Wait for Star Trek to become reality?
Using technology to support individualized care

We don’t need Star Trek Technology to significantly improve the delivery of care today
First Principle of Navigation:

In order to get where you are going you need to know where you are....
A Brief History Lesson
Minnesota has a long history of innovation in health care.

The first integrated multidisciplinary practice of medicine
Minnesota has a long history of innovation in health care

The first open heart surgery

The University of Minnesota played a key role in developing many medical techniques. In 1952, C. Walton Lillehei and F. John Lewis conducted the first successful open heart surgery.

P. Almasy/World Health Organization
Minnesota has a long history of innovation in health care

The discovery of cortisone

In 1950, two Mayo Clinic doctors, Philip S. Hench and Edward C. Kendall, along with Tadeus Reichstein, won the Nobel Prize in Medicine for their discoveries relating to hormones of the adrenal gland. This work also included the discovery of cortisone and its biological significance.

Photos: Copyright © The Nobel Foundation
Minnesota has a long history of innovation in health care

Medical device innovation to improve the quality of care

Dane Coffey showcasing Virtual Prototyping using the MDC's 3D table. Nicknamed the “Coffey Table”

Medtronic’s miniaturized Micra™ transcatheter pacing system (TPS) is the world’s smallest pacemaker.
Minnesota has a long history of innovation in health care

But we have not successfully addressed our major health care needs
In addition to innovation in surgical procedures, medications, technology and organization we have tried:

- DRGs
- HMOs
- IDNs
- ACOs
- And more......
We have missed the target by focusing on:

- Specific diseases/conditions
- Organizational structure
- Payment policies
The next big thing: Value-Based Healthcare
From vision to implementation

It started in 2006

Delivering the best possible health outcomes at the lowest possible cost

Patient Value = Health Outcomes

...and took off

Health Outcomes

Cost

Value-Based Programs

The Wall Street Journal

Health Insurers Push to Tie Drug Prices to Outcomes

Cigna reaches value-based contracts for entire new class of cholesterol drugs

The Economist

A strategy for building a value-based care program

How data can help you shift from fee-for-service payment

CMS
Value-Based Healthcare/Bundled Payments

These new payment models are not going away; payers (government and non-government) are embracing them around the world.
What the industry is doing

Global device manufacturers, biotech and pharmaceuticals are embracing the approach

“Moving to a value-based healthcare system will take novel, innovative approaches and new forms of partnership between different stakeholders in healthcare. Bundled payment models, like those being championed by HHS, offer a concrete way to begin moving to value-based care. We feel that the appropriate application of technology can not only address inefficiencies in healthcare delivery, but potentially drive inflection points in value creation. We are pleased to see HHS’ leadership in this area, and we will continue to do our part to make efforts such as these successful.”

Medtronic Chairman and CEO Omar Ishrak

Harvard Pilgrim and Amgen recently developed a performance-based contract for the manufacturer’s new PCSK9 inhibitor, Repatha. If patients taking Repatha do not reduce LDL cholesterol levels in line with “what was observed in clinical trials,” Amgen must provide additional rebates to the insurer. And Amgen must increase rebates if patients use more than the “predetermined amount.”

Amgen Press Release
Tailoring Processes to Meet Today’s Challenges

**BUNDLED PAYMENT**

Bundled payment is a single payment to providers or healthcare facilities for all services to treat a condition or provide a treatment such as a knee or hip replacement. Bundled payments encourage better coordinated care and more efficiency, as providers won’t be paid more for delivering more of the services covered by the bundle. For consumers, it’s similar to a prix fixe dinner in that they know the entire cost of the meal.
Where are we doing this well?

Organizations around the world are working on different pieces of the puzzle.
It is all about the patient

The patient IS the outcome.
Why do we need to meet patients where they live?

- Improve patient engagement
- Individualize care pathways to create a tailored care plan
- Improve outcomes
It’s here already
The tricorder is here, amongst a lot of other wearables

This isn’t some futuristic vision, it is achievable using existing technology
Automating the complete, integrated care path

Example: CMS Bundled Payment care path. There is an obvious need to support patients throughout the care path, pre-hospitalization, within the hospital, and post-hospitalization.

Skilled Nursing Facilities are 2.5x more expensive than home health agency support.

On average, readmissions represent nearly 5% of costs.

70% OF COST
Technology meets process throughout the care path
To Recap: We Need...

An Integrated Approach

**Outcomes** that matter for the patient in his or her situation. Instead of looking only at aggregated data, we need to look at the desired outcomes for that specific patient.

Health care processes that start by **engaging** the patient as an **individual**, assessing their degree of **activation** and **health care goals**. How? By incorporating **risk assessment**, **shared decision making** and **geo-cultural best practices** guidelines.

**Remote monitoring** of patient progress through **wearables**, **connected devices** and **PROs**. **Automatic alerting** improves both patient and caregivers sense of **security**.

**EMR data** retrieved through **standards** like HL7 (FHIR) combined with patient generated data to inform care paths and **shared decision making**.

**Engaging** patients “**where they are**” by offering **flexible care paths**.
But in the end......

We need to influence patient behavior through remote monitoring using tools which are already a part of their lives. We need to effectively communicate by meeting the patient where they live.
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