TRANSFORMING HEALTH
A Realistic Option

Washington State
Blue Ribbon Commission

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PeaceHealth
Who is “We”? 
Where is “Home”? 

Health broken between our organizations.

A role for government—to look at the whole.
Two Big Ideas

1. **Enable everyone to participate** as fully in their health and healthcare as they can.

2. **Support coordination and communication** across healthcare organizational lines—on the behalf of individual patients.
We can have the healthiest population of any state, at the lowest cost, with the most satisfied people, providers and employers.
The state government, with enlightened self interest, could lead the whole thing without mandating much of anything.

—Just do the these things for your employees and for those covered by state health plans.
Reason For Optimism

**Promising innovations from:**

1. Whatcom Pursuing Perfection Project
   - Chronic Conditions

2. Washington State Industrial COHE Project
   - Workplace injuries and disability

3. Advanced Employer-based Wellness Programs
   - Remarkable individual behavior change
   - Healthcare costs held flat for last three years
COHE

(Center of Occupational Health & Education)

• Evidence based medicine
• Great outcomes
• Significant cost savings every year for 3 years
• Satisfied workers, physicians, employers, and state
• Innovative approach to coordinating care across organizations.
  – Great software to coordinate action across organizations
    • Used by everyone, including the case coordinators
  – Strategic payment to physicians — pay more for what is needed to decrease the overall payment
Advanced Wellness Programs

E.g. SimplyWell (designed by physicians)

- Has decreased or held healthcare costs flat where others are experiencing double digit inflation
- Combines physical and laboratory evaluation with thorough medical risk assessment and history
- Gives the individual a dramatic projection of life expectancy based upon your specific situation
- Provides social and financial incentives
- Gives clear actionable advice
- Provides a coach
Our Story in Whatcom

• Institute of Medicine
  – Computer Based Health Record, 1990
    • Community Health Record
    • Whatcom Health Information Network (HINet)
    • Most wired healthcare community in the US
  – To Err is Human, 1999
  – Crossing the Quality Chasm, 2000

• Robert Wood Johnson Foundation
  – Pursuing Perfection (P2)—“Transform American Health Care”
P2 Participating Orgs

1. Family Care Network
2. Sea Mar Community Health Clinics
3. North Cascade Cardiology
4. St. Joseph Center for Senior Health
5. St. Joseph Hospital
6. Group Health Cooperative
7. Community Health Plan of Washington
8. **AND LOTS OF PATIENTS**
Two Strategies

1. We worked on changing our organizations
   - You all know how difficult that is.
   - Slow going. Not transformative.

2. We invited patients to participate
   They showed us what is transformative:
   - Give them what they need to **navigate** the non-system between our organizations (Clinical Care Specialist)
   - Give them the **information** they need to participate and partner. (Shared Care Plan)
   - Enable them **communicate** to HELP EACH OTHER and those they care about. (Shared Care Plan, group visits).
PATIENTS’ EXPERIENCE

http://www.wwpp.org/media/fla/whatcomProf/whatcomProf.html
Patient Action & Advisory Committee
Missing Conversations

• The focus shifts
  – from EMR
    • (organization specific business medical records)
  – to include PHR
    • (patient health records)
Shared Care Plan Printout Options (HELP)

Use the checkboxes to select the information you want to print. You may also choose whether to include any "private" records to which you have been granted access. If you choose to include private records, please be aware that not all Care Team members have access to this information.

- [ ] Care Team
- [ ] About Me
- [ ] Diagnoses
- [ ] Next Steps
- [ ] Health Log
- [ ] Medications: My Active Meds
- [ ] Medications: My Discontinued Meds
- [ ] Reactions: My Reactions
- [ ] History: My History
- [ ] History: Family Health History
- [ ] Include private records

[Select All] [Clear All] [Print]
Patient Designed Features

• Control of access
• Audit trail
• Advanced directives
• Printing for refrigerator, purse and glove compartment
• Printing for wallet
• Connection to EMR medications for “reconciliation”
  – AHRQ single accurate medication list
Having a Shared Care Plan makes me feel more confident when interacting with the health care system.
Effects

• Saved and average of $3,000 per person per year on ED and hospital stays.
• Had better clinical outcomes for diabetes – Even though they were the sickest.
• Had high patient and family satisfaction
• High acceptance by providers
Debilitating Assumptions

1. Chronic care and prevention is like acute care
2. Patients and old people are incompetent
3. Doctors and hospitals are the center of health caring
4. People cannot get access to the web
5. Business medical records must be adopted before personal health records/support systems
6. Everyone must adopt PHRs before they are useful
7. It’s OK for every business to “provide” a different personal health record
Current Situation

- Formal program is over
- **Olympic Health Care** (A Sterling Company) is adopting much of the learning and technology.
- Working with **INHS** to integrate the Shared Care Plan with their COHE “Athena” application for coordinating care.
- Working with **AAAs** and Olympic to provide similar services to Medicare populations
- **Shared Care Plan** is being used by 900+ people in Whatcom County. Plans to greatly expand this number.
- One **state** is exploring using the Shared Care Plan for the whole state.
- **WA HIIAB** has adopted much of the learning—you will see a recommendation.
Current Situation, cont.

• 2nd AHRQ Grant to connect SCP to EMRs for safer medication management

• Actively working to integrate Shared Care Plan with SimplyWell so employees have the benefit of both.

• Actively engaging patients in design and governance
  – We have 100 patients participating on design teams at the hospital this year.
  – There are patients on the Pharmacy and Therapeutics Committee AND the Medical Executive Committee has unanimously decided to have two patients on that important committee—these are likely firsts in the nation.
So...
The opportunity is to move these few innovations into the mainstream.

Patients, providers, and communities alike need this kind of help in order to decrease costs and increase health.
GENERAL SUGGESTIONS

• Tap the power and latent competence of the population at large
  – Provide the whole population with the information, tools, and coaching they need and want.
  – Professionals alone have been unable to effect the change needed (McGlynn reports)

• WA to lead the revolution of personal health management systems
  – Leverage the Health Sciences Fund
  – Provide Personal Health Record to everyone in the state
    • Starting with state employees and state funded health plans

• Provide advanced, integrated wellness programs to populations—starting with state employees
  – With coaches and personal health management support

• Support those with complex conditions with proven cost saving methods—navigator/coach and SCP
SPECIFICALLY

1. Support internet-based personal health management system (PHMS)
   - For everyone in the state (WA HIIAB recommendations)
   - Centers on the individual
   - Supports providers

2. Promote advanced group-based wellness programs
   - Integrated with PHMS—starting with state employees

3. For patients with complex conditions, use web-based workflow tools AND very focused “strategic” incentives for providers
   - Coordinate across home, multiple providers, and work
   - COHE innovations

4. Integrate these three with the Health Sciences Fund initiatives
   - Health Technology and Health Research

5. Build something by working with those who are experienced and interested
   - INHS, Whatcom County, MultiCare, Area Agencies on Aging, and others to make this come true

6. Develop pilots and then wide adoption
   - Start with those populations served by WA State Government and those interested large employers
Personal Health Management Systems

This strategy can be hugely successful when there are clear strategies for:

1. Individuals and their families
2. Those who pay the medical bills
   - Employers and government health plans
3. Those professionals who advise individuals
   - Physicians and nurses
   - Care managers
Realistic Promises

• Save the WA State millions of dollars a year
• Improve the health of the population
• Improve the satisfaction of patients, providers, and employers alike
Thank You

Please do call upon us to assist you. We will continue to support your efforts.

It is hard to imagine a more worthy undertaking than improving your constituents’ health and reducing the rising costs of healthcare.

This approach will work.
Ready Resources for You

• COHE
  – This is a WA State project and the state has all of this data
  – U. W. has done a great job of studying this pilot program which has spread to 16 counties
  – I have been working closely with Tom Fritz, Jac Davies, Dan Hansen to understand the INHS program. I am amazed. Olympic Health Care is currently working with INHS and Whatcom to integrate the innovations into their business.

• Advanced wellness programs
  – Reliably decrease healthcare costs by improving health
  – My own example is SimplyWell, originated by the physicians at the U. of Neb. I met the CEO James Canedy, MD when testifying for HHS a few weeks ago.

• Whatcom Pursuing Perfection veterans
My Recommended Links

- http://www.wwpp.org/media/fla/whatcomProf/whatcomProf.html
- http://www.wwpp.org/media/fla/BonnieWWPP2/TestVid.html
- http://www.wwpp.org/users/0000002/
- www.sharedcareplan.org
- www.wwpp.org
- www.connectingforhealth.org/resources/wg_eis_final_report_0704.pdf