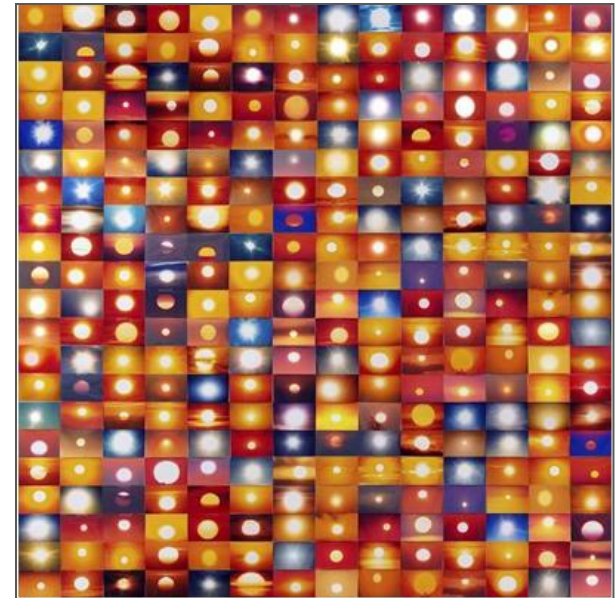


HIT Trends

October 2010



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Consultant report on payer aspects of e-prescribing and the EHR

Focus on E-prescribing

Payer-focused e-prescribing functions are not being well-implemented inside EMRs. Formulary and benefit checks are only optional meaningful use requirements until Stage 2 in 2013. Eligibility checking is not a requirement.

EHR users are turning off formulary and eligibility checking functions. Because formulary is elective and eligibility is not a requisite. Because some system response times are too long. Because many EMR solutions focus on internal workflows.

Why it matters to payers. Formulary functions drive prescribers to lower cost alternatives. Eligibility functions ensure formularies that are accurate and complete. The Southeastern Michigan ePrescribing Initiative found an average savings of \$4.78 per prescription from an eligibility-informed formulary. Other studies have found savings in the \$2.50 to \$7.00 per prescription.

How it benefits providers. It reduces pharmacy call-backs and inefficiencies for practices and hassle for patients. It helps providers meet Stage 1 of MU and qualify for pay-for-performance programs.



**Southeast Michigan
ePrescribing Initiative**

Editorial: There's good work on solutions to these issues being driven by Surescripts, its Center for Improving Medication Management and BlueCross BlueShield Association.

Practices using an EHR make more money

Focus on EHR

Independent practices had **\$49,916** more operating margin if they used an EHR.

Hospital-owned multi-specialty practices had **\$42,042** more operating margin if they used an EHR.

After five years independent practices reported a operating margins **10.1%** higher than year one.

Costs are highest in the first year. Medical records and transcription costs decrease in subsequent years.

Editorial: These are encouraging results that will add additional fuel to the market momentum.



Surveyed 1,394 members
from primary care and
specialty practices

Kaiser donates health terminology system

Focus on EHR

Kaiser is donating its Convergent Medical Terminology (CMT) system so HHS can distribute it in the US.

CMT includes 75,000 medical concepts and terms used by 15,000 clinicians in its EHR.

CMT links to SNOMED-CT for problems, LOINC for labs and other standard nomenclatures.

It allows for multiple clinicians and patients to refer to the same clinical concept, such as diagnosis, with different names.

Editorial: Kaiser has been working on this system for 16 years and has invested millions of dollars. It underpins its HealthConnect EMR based on Epic software. It is core to structuring, rationalizing and analyzing aggregated clinical data. Most of the EMR solution providers have some project in the works in this area. This donation should accelerate these efforts.



Modern Healthcare profiles physician societies and EHR

Focus on EHR

AMA. Offering a physician portal to members. Pilots in MI. Access to a collection of solutions including EMRs by Ingenix CareTracker and NextGen. E-prescribing by DrFirst. Quest's Care360 for lab and prescribing. WellCentive patient registry. Dell email, storage services and hardware discounts. Covisint technology underpins the platform.



AAFP. Invites vendors to certify to its ACID test of affordability, compatibility, interoperability and data stewardship. Program is being expanded to encourage vendors to build products for family practices becoming medical homes. For example, registries and gaps in care.



ACP. Launched AmericanEHR Partners with Cientis to help physicians with EHR decisions. Vendors pay \$7,200 for a listing. Site has 4,100 users representing 45,000 physicians.



MGMA and AMGA. Staying clear of business relationships with EHR vendors for now.

Editorial: While the societies may generate some income from this work, the intent is largely to help members chart a course to automation.

IHT2 forecasts future consolidation in the EHR market

Focus on EHR

Fragmented market. 400+ companies competing in the EHR market. 30 companies are dominant in terms of revenues.

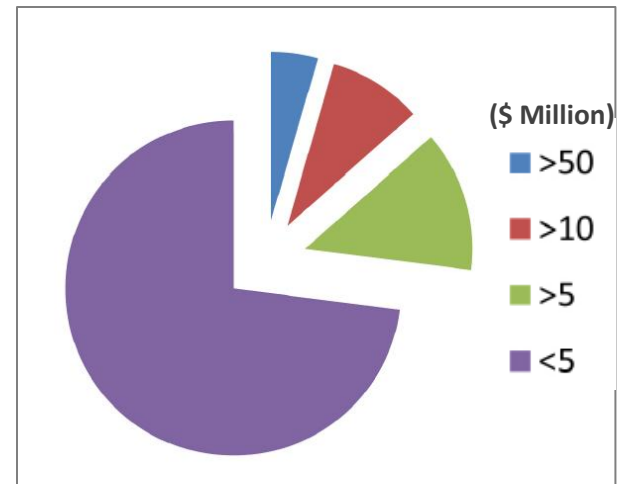
Market character. Natural segments by customer size, specialty and geography. Client server solutions vs. SaaS, internet-based products. Heavy government regulation. Growth mode.

EHR company valuations. Current equity prices factor in very optimistic future revenues. For example, Eclipsys is expected to grow 6X over the next year. Publicly traded EHR companies have held value during a very turbulent market.

Near term consolidation is strategic. Smaller companies are also being valued more for the strategic value of their intellectual property. Transactions are likely to be non-accretive. Companies with revenues > \$10M will participate in a strategic roll-up by market leaders.

Long term outlook is for increased M&A transactions and HCIT adoption.

Number of Companies by Revenue



Editorial: Current market forces do seem to be encouraging consolidation and anointing a few big winners. The authors also note there is still room for a disruptive product to enter change the landscape.

KLAS rates specialty EMRs

Focus on EHR

Specialty	Company/Product	KLAS Grade*
Cardiology	SRSsoft Hybrid Lite EMR (component)	B+
Ear, Nose and Throat	Greenway Medical PrimeSuite Chart	A-
Family Practice	Praxis EMR	A
Gastrointestinal	gMed gCare Ambulatory EMR	B
Internal Medicine	Amazing Charts EMR	A
OB/GYN	Greenway Medical PrimeSuite Chart	A-
Ophthalmology	SRSsoft Hybrid Lite EMR (component)	A
Pediatrics	Athenahealth athenaClinicals	A
Primary Care	ComChart EMR	A
Advanced Care (Acute)	SRSsoft Hybrid Lite EMR (component)	A
Advanced Care (Chronic)	E-MDs Chart and Athenahealth athenaClinicals (tie)	A
Multi-specialty	Epic EpicCare Ambulatory EMR	A-

*KLAS gave letter grades to the various packages based on client feedback and 25 performance indicators, which included quality of implementation, quality of phone or web support, whether a product worked as promised, ease of use, quality of training, and “money’s worth.”

Europe e-health summary outlines its leadership

Focus on EHR

All EU member states are working on national systems to make basic patient data available to healthcare professionals.

EHRs and patient summaries. High on the agenda. Sweden and England are in routine use. Five others are currently implementing with 18 more in planning stages.

E-prescribing. In use at a national level in Denmark, Iceland and Sweden. Belgium, the Netherlands, France, the UK and Spain have regional efforts moving to national. Pilots are underway in the Czech Republic, Finland, Italy and Poland.

Telemedicine. In wide use at a national level in the Nordic countries. Spain, Slovakia, Romania and Poland are working on national strategies.

Evaluation of e-health strategies. 21 European countries now actively evaluate their national e-health strategies.

Complexity is the challenge. Competitive IT suppliers, local and national alignment of priorities, interoperability and common medical terminology.



Editorial: Europe is a great source of recent experience about e-health. In some areas, its leadership will be instructive. For example, cell phone integration in the Nordic countries likely is leading edge.

CMS says EHRs are keys to successful Accountable Care Organizations

Focus on EHR

CMS comments on preliminary results of ACO demonstration projects. Goals include better care, reduced per capita costs and improved population health.

Mature EHR solutions and information exchange capabilities were key to success as an ACO.

5 of 10 ACO demonstration sites that use EHRs received most of the \$36M in program incentives.

Medical Home 1.0. EHRs. E-prescribing. Coordination of care. Patient care management.

Medical Home 2.0. Adds advanced clinical decision support and chronic care management.

Medical Home 3.0. Combines managing cost and population health with connectivity, community health and new business partners.



Anthony D. Rogers,
Deputy Administrator,
Center for Strategic
Planning

Editorial: Rogers' quote during Health Week in SF, "If that's not a business care [for EHRs], I don't know what is."

ONC tracks certified EHRs

Tracking HITECH

ONC launched a website that lists all certified EHRs.

Products listed were certified by CCHIT and Drummond, so far.

Each includes an ONC Certification Number, essential to getting incentives.

Products are certified as Complete EHR or Modular and linked to specific certification criteria.

Future updates will include which Clinical Quality Measures were demonstrated.



Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology

Certifying ATCB	ONC Certification #	Vendor	Product	Product Classification	Module	Product Version #
Drummond Group Inc.	09202010-8775-1	QRS, Inc.	PARADIGM	Modular	Ambulatory	8.3
Drummond Group Inc.	09222010-2627-1	ifa united H-tech Inc.	ifa EMR	Modular	Ambulatory	6
Drummond Group Inc.	09222010-15-1	ChartLogic, Inc.	ChartLogic EMR	Complete EHR	NA	7
Drummond Group Inc.	09222010-15-1	ChartLogic, Inc.	InSync	Complete EHR	N/A	5.4
CCHIT	CC-1112-2101-1	ChartAccess Health Systems	ChartAccess	Complete EHR	N/A	4.0
CCHIT	CC-1112-380800-1	Centricity	Advantage/EHR	Complete EHR	N/A	10
CCHIT	CC-1112-371480-1	The DocPatient	DocPatient	Complete EHR	N/A	2.0
CCHIT	CC-1112-657723-1	Cerner Corporation	PowerChart	Modular	N/A	Version 2007.19.12, P2 Sentinel Version 4.2.1
CCHIT	CC-1112-909422-1	SuccessEHS	SuccessEHS	Modular	N/A	6.0
CCHIT	CC-1112-470465-1	OE Healthcare	Centricity Advance	Complete EHR	N/A	10.1
CCHIT	CC-1112-239140-2	T-System Technologies, Ltd.	T SystemEV	Modular	N/A	2.7
CCHIT	CC-1112-115970-1	Intuitive Medical Software	UroChartEHR	Complete EHR	N/A	5.0
CCHIT	CC-1112-946650-1	WellCentive	WellCentive Patient Registry	Modular	N/A	1.0
CCHIT	CC-1112-789800-1	Sammy Systems	SammyEHR	Modular	N/A	5.0
CCHIT	CC-1112-574355-1	Epic Systems Corporation	EpicCare Inpatient - Core EMR	Complete EHR	N/A	Spring 2008
CCHIT	CC-1112-516500-1	Vision Infonet Inc.,	MDCare EMR	Modular	N/A	4.2

<http://onc-chpl.force.com/ehrcert>

Editorial: Simply done and clear.

Institute of Medicine will study health IT and safety

Tracking HITECH

The study will be comprehensive. Prevention of HIT-related errors. Reporting of any HIT-related patient safety issues. Potential effects of government policies and private sector actions.

Inventory knowledge of the effects of HIT on patient safety.

Identify ways to use HIT to promote safety and protect patients.

Identify ways to detect and prevent HIT safety issues.

Address the roles for organizations focused on accreditation, certification, patient safety.

Address the roles for FDA, AHRQ, and CMS.

The study will take a year and is funded by ONC for around \$1M.



Editorial: This is a great time for a more comprehensive look into HIT-facilitated safety issues.

AHRQ awards \$473M for comparative effectiveness research

Tracking HITECH

Research will focus on developing patient registries, clinical data networks, and other forms of electronic health data systems.

Goal is to generate data about treatment outcomes and options that can be compared by patients.

Federal language now calls this area “patient-centered outcomes research.”

Most awards are under \$5M individually. Exceptions include the recipients listed in the table at right.

AHRQ is also interested in making an inventory of relevant research available to the public on the web.

Editorial: The Feds see this area as providing evidence on the effectiveness, benefits and harms of different treatment options as a result of comparing drugs, medical devices, tests, surgeries or other health treatments in practice. The Affordable Care Act disallows certain methods of cost analysis.

Individual Awards > \$5M

AIR
Baylor
Buccaneer
ECRI
IMPAQ
Ingenix
Macro Int'l
Mathematica
Ogilvy
SAIC
SENPRO
Total Therapeutic

Surescripts expands its vision and offers an open platform for clinical information exchange

Focus on HIE

Connecting physicians, pharmacies, PBMs, health systems, EHRs and HIEs that want to send and receive clinical messages

Clinical Operability Services. Extended network connectivity that enables the exchange of clinical messages such as patient summaries.

Net2Net Connect . Connections for HIEs, IDNs and EHR networks to external participants through Surescripts. Available in December 2010.

Message Stream. Tools enabling physicians using EHR or HIE systems to electronically exchange clinical information. Available in December 2010.

Clinical Message Portal. Simple connectivity tools for providers without an EHR system to send and receive clinical messages. Available in January 2011.

Investment in Kryptiq. Combines Kryptiq messaging tools and last mile connectivity with the Surescripts network. Kryptiq services support 40,000 physicians with EHRs, IDNs and HIEs.

Experience at MinuteClinic. The parties have been demonstrating the model by sending patient summaries to primary care physicians for patients visiting 500 CVS Caremark Minute Clinics.



Editorial: This is likely game-changing and an entirely rational approach toward practical information exchange at this stage of our national HIT rollout. As first to market, it will likely cement its standing as the country's premiere neutral national network. It also enables a platform for additional web services from collaborating partners in the future.

Verizon expands its transcription medical data exchange

Focus on HIE

Verizon Medical Data Exchange. Formed this earlier this year for cloud-based exchange of transcription information by Medical Transcription Industry Association and medical transcription companies MD-IT, MedQuist, MxSecure, Sten-Tel and Webmed.



Additional Members announced.

Alert Notification, a personalized emergency notification and health records provider.

Amaji, a provider of digital clinical documentation services.

NLP International Corporation, a provider of natural language processing software.

Tolven Inc., a provider of open-source health informatics software solutions.

ZyDoc Medical Transcription, a provider of medical knowledge-management solutions.

Editorial: The addition of NLP and Tolven to the exchange may indicate that the group is exploring how to help structure the voice blobs. Nuance and IBM are exploring similar territory.

Expanding the message types to include laboratory and imaging results.

Epic has 75% of patient records in MN

Focus on HIE

Epic customers in MN formed a user group for patient data exchange.

Phased rollout of interoperability is complete for 8 health organizations.

Clinicians using Epic in one institution can see patient info in another if the patient consents via its Care Everywhere service.

Physician users of the service report positive outcomes and satisfaction.

Epic reports 225 customers representing 200,000 physicians.

Editorial: As Epic continues to dominate the largest IDNs with its EHR, its role as a leader in health information exchange will expand.



Minnesota Epic Users Group Data Sharing Network

Allina Hospitals & Clinics
CentraCare Health System
Essentia Health
Fairview Health Services
HealthPartners Clinics and
Regions Hospital
Hennepin County Medical Center
North Memorial Health Care
Sanford Health
Altru Health System*
Park Nicollet Health Services*

*To be added soon.

Automating care communications is now a payer medical expense

Focus on Care Communications

NAIC recommends certain HIT expenses be considered as medical expenses when calculating medical loss ratios under PPACA

HIT Support to... Improve health outcomes. Prevent hospital readmissions. Improve patient safety. Promote wellness and health.

Use HIT to improve quality...

Monitoring, measuring, or reporting clinical effectiveness.


Enabling communication of patient centered clinical info including sharing electronic health records between providers and patients.

Tracking treatments and services linked to outcomes.

Reporting to government agencies for public or population health.

Providing electronic health records and patient portals.

Specifically excluded... Costs associated with establishing or maintaining a claims adjudication system.




NAIC
National Association of
Insurance Commissioners

& The CENTER
for INSURANCE
POLICY
and RESEARCH

NEWS RELEASE

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FOR IMMEDIATE RELEASE

NAIC ADOPTS FINAL MEDICAL LOSS RATIO REGULATIONS
Recommendations To Be Delivered To HHS

WASHINGTON, D.C. (Oct. 21, 2010) —During a joint session today, the Executive and Plenary committees of the National Association of Insurance Commissioners (NAIC) voted to adopt a model regulation containing the definitions and methodologies for calculating medical loss ratios as required by the Patient Protection and Affordable Care Act (PPACA). The model will be delivered to Health and Human Services (HHS) for certification by the Secretary.

“I commend the work of our regulators and staff as we considered a number of very challenging issues as it moved through the committee process. The committee model regulation on MLR passed with only technical amendments, which is a testament to our inclusive and transparent process,” said Jane L. Cline, NAIC President and West Virginia Insurance Commissioner. “It is with a great deal of pride we present these recommendations to the Secretary.”



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Editorial: PPACA caps payer non-medical expenses at 15% for individuals and small groups and 20% for large groups. In the past much of care management, care communications and health IT was considered non-medical. This should make payer investments in wellness, care management and HIT easier.

Physicians don't use email

Focus on Care Communications



Study of US Office-Based Physicians by the Center for Studying Health System Change

34.5% have capability to communicate about clinical issues with patients by email.

6.7% use email routinely for clinical issues with patients. 61.8% view clinical results or 48.2% access clinical notes electronically, in contrast.

Routine use is low across all practice settings. In contrast with e-prescribing with utilization varying more by practice size. Even in HMOs with over 80% email availability, just over half use it routinely.

Editorial: Kaiser reports very high utilization of its email with patients. It estimates that 40% of patient encounters are now electronic. It is likely that in the Kaiser model and others with high email participation, the function is well integrated into clinical workflow and physicians trained in its effective use.

	E-MAIL AVAILABLE IN PRACTICE	PHYSICIAN ROUTINELY USES E-MAIL
AVAILABILITY OF ELECTRONIC MEDICAL RECORD (EMR) IN PRACTICE		
NO EMR, ALL PAPER (R)	22.7%	9.3%
EMR, PART ELECTRONIC, PART PAPER	39.8*	18.9*
EMR, ALL ELECTRONIC	52.8*	29.7*
PRACTICE SIZE AND SETTING³		
SOLO OR TWO-PHYSICIANS (R)	27.2	13.6
GROUP, 3-10 PHYSICIANS	28.3	11.7
GROUP, 11-100 PHYSICIANS	35.2*	19.1
GROUP, >100 PHYSICIANS	45.9*	23.7
GROUP/STAFF HMO	81.4*	50.6*
HOSPITAL ¹	38.2*	18.7
MEDICAL SCHOOL ⁴	57.8*	25.9*
PHYSICIAN SPECIALTY		
INTERNAL MEDICINE (R)	34.3	28.3
FAMILY/GENERAL PRACTICE	30.2	18.7*
PEDIATRICS	35.0	19.8
MEDICAL SPECIALTY	35.2	17.5*
SURGICAL SPECIALTY	35.1	17.8*
PHYSICIAN AGE		
<40 (R)	36.4	23.9
40-55	36.6	21.9
>55	28.9*	11.5*
PHYSICIAN COMPENSATION METHOD		
NOT A FIXED SALARY (R)	33.5	17.2
FIXED SALARY	37.4*	25.3*
PRACTICE LOCATION⁵		
METROPOLITAN (R)	34.7	20.3
NONMETROPOLITAN	29.2*	10.8*

CSC outlines 6 success factors for accountable care orgs (ACOs)

Focus on Care Communications

1. **ACO member engagement.** Active participation. Self-care. Wellness guidelines and screenings. Self-service scheduling, administration, provider communications.
2. **Cross continuum medical management.** Care coordination. Proactive and preventive care programs across the continuum .
3. **Clinical information exchange.** Patient summaries, orders/results, med lists, vitals.
4. **Quality reporting.** Likely similar to PQRI, meaningful use quality measures and others.
5. **Business intelligence, predictive modeling and analytics.** Population data. Internal and external. Patient-entered, e.g., HRA.
6. **ACO risk and revenue management.** Registration, revenue cycle, cost accounting, distribution, risk analysis.

Editorial: Elegant 6 factor model provides a logical HIT roadmap for developing ACOs.

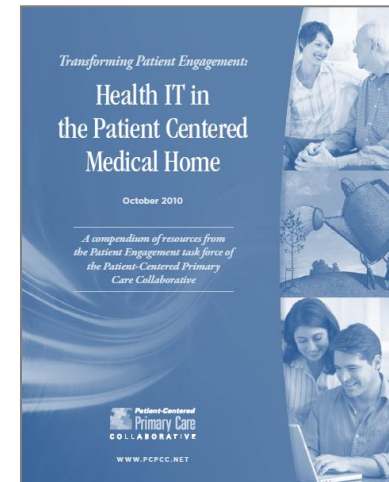
Success Factor	ACO Maturity and HIT Focus		
	Early	Developing	Mature
ACO member engagement	Episode of care; Call center support	Pre-care intervention; Member outreach; Social media (one to one)	Prevention; Lifestyle consultation; Remote monitoring; Social media (many to many)
Cross continuum medical management	Case management	Care coordination; Patient centered medical home	Disease management; Health maintenance
Clinical information exchange	Static; Read-only access; User request-based	Pushed (automatic); Continuity of care documents	Real time sharing across all venues; Patient access
Quality reporting	EHR (meaningful use stage 1)	EHR (meaningful use stages 2 and 3)	Real-time, dashboard/desktop, ad hoc reporting
Business intelligence, predictive modeling and analytics	Patient focused; Episode/encounter focused data; Retrospective; Clinical and financial	Population-based; Continuum of care data; Predictive health analytics	Social and network data; Behavioral analytics; Real-time
ACO risk and revenue management	Cost accounting across the continuum of care; Membership data management	Provider network management; Global contracting; Allocation of payment	Capitation management

How to get patients engaged in a medical home

Focus on Care Communications

A Resource Guide from the Patient-Centered Primary Care Collaborative (PCPCC)

Trinity Clinic Whitehouse	MedPeds
GroupHealth Cooperative	Duncan Medical
Dartmouth Hitchcock	University of Oklahoma
Medical College of Wisconsin	HealthPartners
Gundersen Lutheran	Seattle Children's
Franciscan Skemp	Marillac Clinic
Connemaugh Phys. Group	Parkside Pediatrics
Henry Ford	The University of Utah
Vermont Blueprint for Health	Fairview Health Services
Delta Health Alliance	Health TeamWorks
Annapolis Primary Care	Capital Health Plan



Editorial: A compendium of 15 essays by a diverse set of experts on different perspectives about using health IT to engage patients, plus snapshots of two dozen case examples (*listed at left*).

Clinical decision support (CDS) is a key IT function for medical homes

Focus on Care Communications

Five ways to implement CDS effectively according to the Patient-Centered Primary Care Collaborative

1. Integrating information at the right time and place in the clinical workflow.
2. Emphasizing alerts that deliver the highest value, with reduction and elimination of alerts of questionable value.
3. Reducing false positive alerts through improved algorithms, and by incorporating more complete and timelier patient data.
4. Incorporating medical and pharmacy benefit info, and alerting about patient out-of-pocket costs and pre-recorded patient preferences.
5. Implementing a quality program to correct opportunities for medical errors potentially introduced by the process change.

Editorial: This is a good overview of the issues surrounding the use of clinical decision support in health IT solutions in the context of a patient-centered medical home. Just because we can alert doesn't mean we always should.

Categories of Clinical Decision Support

Documentation forms or templates such as tasks by condition.

Order creation facilitators such as order templates and calculators.

Relevant data presentation such as pediatric-specific dosing.

Reminders and alerts such as drug to drug interaction checking when ordering.

Algorithms and protocols that guide a provider through use of a clinical practice guideline.

Reference information/guidance such as links to external medical references.

AxSys will automate diabetes management in Ontario Province

Focus on Care Communications

Part of \$46.2M project for a chronic disease management system project for diabetes in collaboration with CGI.



CDMS-Diabetes will impact 1 million Canadians.

Interactive, real-time information. Develop care plans and monitor clinical results to improve treatment. Integrate with eHealth Ontario's provincial identification and access systems infrastructure.



Comprehensive functions. Providers can manage care according to recommended guidelines. Use data from Ontario Health Insurance Plan (OHIP) claims and laboratory test results. Produce reminders, alerts and health reports.



US partnership with Health Access. AxSys Excelicare solution is also being rolled out in CA at the Santa Clara County IPA, representing 800 physicians and 8 hospitals as a first step in automating an emerging ACO. Health Access as also partnered with the California Association of Physician Groups.



Editorial: These technologies from AxSys and Access Health combine to provide a foundation for accountable care organizations.

Kaiser’s Panel Support Tool is effective in care management and prevention

Focus on Care Communications

The Panel Support Tool extracts information from Kaiser’s EHR and compares the care patients are receiving with what is recommended by national guidelines.

Increased care recommendations met for diabetes and heart disease. *American Journal of Managed Care* study found compliance increased from 67.9% to 72.6% among patients with diabetes and from 63.5% to 70.6% among heart disease patients.

Increased performance for preventative care. *Population Health Management* study looked at 13 different care recommendations and found that after 20 months, the PST improved performance from 72.9% to an average of 80%.

Also improved patient quality scores and provided more recommended care to patients.

Editorial: Kaiser’s EHR physician user interface is shown improve compliance with guidelines in two clinical studies. The tool monitors six chronic conditions and preventive measures. Patient notifications are sent via secure email. Most of the measures are NCQA recommended metrics.

The screenshot displays the Kaiser Permanente Panel Support Tool interface. At the top, it shows the patient's name (DEMO1010365934), MRN (10365934), age (64), sex (M), and date of birth (12/18/45). It also lists home and work addresses, PCP (DEMO DOC1), and last visit dates. A table shows the patient's status for six chronic conditions: DM (Y), CVD (Y), CHF (Y), HTN (Y), CKD (Gap), and Asth (Gap). The tool identifies several care gaps, including ACE/ARB, Beta Blocker, Statin, and BP Meds. A list of medications is provided at the bottom, such as METOLAZONE, FUROSEMIDE, and AMLODIPINE.

Chronic Condition	Y	N	Gap
DM	Y		
CVD	Y		
CHF	Y		
HTN	Y		
CKD			Gap
Asth			Gap

Medication	Dose	Date
METOLAZONE TAB 5MG	Daily	11/28/09
FUROSEMIDE TAB 40MG	Daily	11/25/09
AMLODIPINE BESYLATE TAB 5MG	Daily	4/27/09
DIGITEK TAB 0.125MG UD	Daily	4/24/09
CARVEDILOL TAB 3.125MG	Daily	4/21/09
FUROSEMIDE TAB 20MG	Daily	4/21/09
LISINAPRIL TAB 40MG	Daily	3/2/09
SIMVASTATIN TAB 80MG	Daily	3/2/09
TOLBUTAMIDE TAB 500MG	Daily	3/2/09

AT&T partners with WellDoc for mobile care management

Focus on Care Communications

WellDoc provides chronic care management services via wireless devices.

Its diabetes module is FDA approved.

AT&T will deploy it for its employees, followed by additional modules when approved. These may include heart disease, asthma, chronic obstructive pulmonary disease and oncology. AT&T employees, retirees and dependents number 1.2M people.

AT&T and WellDoc will jointly market and support mHealth chronic disease solutions. Includes payers, self-insured employers and disease management organizations. AT&T will also provide secure application hosting as well as sales, marketing, client support, distribution and billing.

Editorial: This is a natural relationship for AT&T. Use the service as a large employer and sell it to other like-minded companies. It's taking the same approach with the Dossia PHR. All telecoms are figuring out their mHealth strategies as the segment continues to attract interest and dollars.



Nuance and IBM partner to make dictated notes analyzable

Focus on Clinical Analytics

Companies will collaborate on Clinical Language Understanding (CLU) technologies.

Solutions automatically derive structured clinical data from dictated blobs.

Process, identify and extract problems, social history, medications, allergies, and procedures.

Nuance serves 10,000 healthcare provider organizations with 450,000 clinicians with its speech recognition products.



Editorial: Nuance has great assets in natural language processing. They recently added to their internally developed tools through acquisition of Language and Computing, Inc. They are also leveraging a partnership with Mass General which includes use of its Smart Dictation tools. This is an area Verizon may pursue as well with its dictation partners.

NYC ER physicians promote the Number Needed to Treat (NNT)

Focus on Clinical Analytics


The NNT communicates the benefit and harm of health treatments in easy to understand language.

The NNT asks, “How many patients does a doctor have to treat to help just one of them? A perfect NNT is one.

The measure uses absolute risk reduction as an outcomes goal, and not relative terms.

A comprehensive research methodology is deployed. Design favors systematic reviews. Cautious of industry-sponsored trial data. No composite end-points. Adverse effects data from observational data. Using absolute risk may overstate when pooling data.

TheNNT.com

Aspirin Given Immediately for a Major Heart Attack (STEMI) 

disclaimer

In Summary, for those who took the aspirin:

- 97.7% saw no benefit
- 2.3% were helped by being saved from death
- 1.1% were harmed by a minor bleeding event

In Other Words:

- 1 in 42 were helped (life saved)
- 1 in 167 were harmed (non-dangerous bleeding)

Editorial: As analytic capabilities expand, we'll generate lots of competing statistics about outcomes. Finding simple to use metrics to better understand the comparisons of treatment options is an emerging priority. This method looks promising and practical.

WSJ profiles how insurers and PBMs predict member behavior

Focus on Clinical Analytics

“The predictive initiatives are one part of a far broader category of programs... to identify gaps in existing care.”

Express Scripts. Predictors include prescription history, physician specialty, geographic economic data, children at home, co-pays > \$15.00 / month, minor diabetics. Prediction accuracy is 80% and 98% for the highest-risk diabetes patients.



UnitedHealth. Ingenix markets a diabetes-prediction service to insurers and employers. An example predictor is skin cancer as a predictor of non-sedentary behavior.



WellPoint. Models forecast candidates for high cost elective procedures. Examples for next year include senior candidates for certain back, knee and hip surgeries. Mail and phone outreach.



CVS Caremark. Researched drug compliance prediction models and is rolling out an adherence program next year that includes calls to physicians.



Editorial: Strong predictors will help us personalize interventions for best outcomes. For medication adherence, the first fill for a chronic medication is typically most important. These tools can also alert us to the individuals that haven't been in treatment and have care gaps.

Highlights from the Health 2.0 Conference

Focus on Health 2.0

Health 2.0 Model. Emerging *Unplatforms* are integrating info about a person, his population and his environment in a collaborative mash-up of open applications that enable health.

Government support. Federal CIOs at the Whitehouse, CMS and the VA are making patient data available and promoting the Blue Button, single-click download of PHR data. These guys generate excitement on stage.

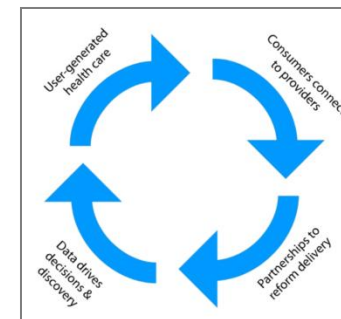
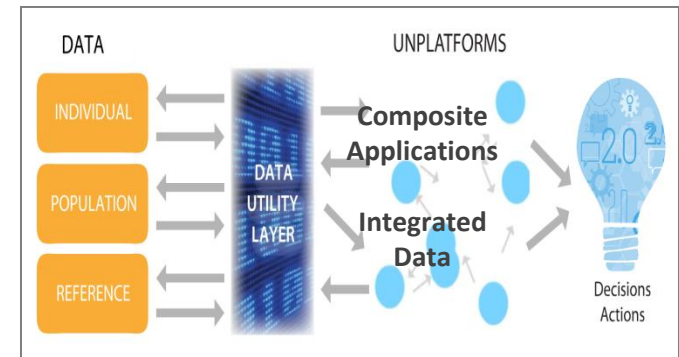
Demonstration of integration. Companies participating in the Health 2.0 Accelerator demonstrated a integrated solution including: SURVEYOR Health, Enhanced Medical Decisions, Humetrix, MedAdherence, AdhereTx.

Changing patient behavior. Consensus among expert panelists, led by the CEO of Eliza, that we need to “meet people where they are,” and that important life events need to be considered in tailoring interventions.

One hundred 5 minute demos. Standouts included TweetWhatYouEat (crowd-sourced calorie counter), Razoron (2d mobile bar codes), MedAdherence (wireless care management), Castlight (transparent medical costs), Bill-Doctor (online fee negotiations).

Venture capital is wait and see. Kapor, Venrock, Psilos, EDventure, West Wireless generally agree we’re still in the very early market without strong business models. There is some disagreement about consumer willingness to pay.

Health 2.0 Model Anchors the Conference



Health 2.0
New Progression

Editorial: This conference remains a unique event with 1000 participants engaged in a market conversation with dozens of companies about emerging technology that is likely to change the nature of healthcare in the future.

Sharecare is launched at Health 2.0 Conference

Focus on Health 2.0

Provides expert answers to healthcare questions.

Healthcare organizations. AARP, American Cancer Society, American Diabetes Association, American Heart Association, American Red Cross, Sigma Theta Tau International and the National Academy of Sports Medicine.

Large hospitals. Brigham and Women's Hospital, Cleveland Clinic, Johns Hopkins, The Mount Sinai Medical Center and New York-Presbyterian Hospital.

Knowledge partners. Colgate-Palmolive, Johnson & Johnson, the Medicines Company, Pfizer, Dove, UnitedHealthcare, Walgreens. Each paying \$1M-\$7M to provide answers.

TV personalities and authors. Drs. Mehmet Oz, Michael Roizen, Dean Ornish. Arianna Huffington.

Sharecare creators. Jeff Arnold, founder of WebMD, and Dr. Mehmet Oz in partnership with Harpo Studios (Oprah Winfrey), HSW International, Sony Pictures Television and Discovery Communications.

The screenshot shows the Sharecare mobile app interface. At the top, the Sharecare logo is visible. Below it, a teal header contains a magnifying glass icon and the question "What is prediabetes?". A filter bar below the header allows users to "Filter 5 answers by contributor:" and includes icons for adding, deleting, and other actions. The main content area displays four answers, each with a contributor profile picture, name, and "ANSWERED" status, followed by a brief text snippet and an "EXPAND" button.

- Dr. Robert S Kaufmann** Answered: Pre-diabetes is when the glucose (blood sugar) levels aren't quite high enough to be diagnosed as a diabetes, but they are still higher than normal. We do tests in our office called a glucose tolerance test where we give a patient a sugar load and monitor... [More](#)
- Dr. Jack Merendino of The Best Life** Answered: The term pre-diabetes refers to someone who has abnormally high blood sugar, but not high enough to meet the diagnosis of diabetes. There are several criteria that apply. A fasting blood sugar (taken first thing in the morning when you have not... [More](#)
- Honor Society of Nursing (STTI)** Answered: Pre-diabetes is a condition that causes higher blood glucose levels than normal. It's estimated that 59.7 million Americans over age 20 suffer with pre-diabetes and most do not know they are at risk for diabetes. That's because usually... [More](#)
- American Diabetes Association** Answered: Prediabetes is the state that occurs when a person's blood glucose levels are higher than normal but not high enough for a diagnosis of diabetes. About 11 percent of people with prediabetes in the Diabetes Prevention Program standard or control group

Editorial: This looks like a great way to connect healthcare brands with consumers. It's too early to judge whether the Q&A social media model will sustain.

Blue Button download promoted at Health 2.0 Conference

Focus on Health 2.0

Whitehouse announcement of availability.

VA. 1M veterans can now access the Blue Button at www.myhealth.va.gov. Includes self-entered health metrics (including blood pressure, weight, and heart rate), emergency contact information, test results, family health history, military health history, and other health-related information.

Medicare. 48M Medicare beneficiaries can get to it at www.mymedicare.gov. Download claims information, personal and health information such as emergency contact information, names of pharmacies and providers, self-reported allergies, medical conditions, and prescription drugs.

Markle Foundation study reports physicians and patients support the Blue Button.

70% of public and 65% of doctors agreed with the concept of a blue button that you can click to download your own health information.

62% of public and 49% of doctors said it's important for the federal program require providers to make e-records available to patients.

80% of public and doctors agree that privacy is very important.



*The Blue Button
is a single-click
download
capability for
personal health
information.*

Editorial: Federal agency CTOs are providing great promotion and support. Markle has signed up dozens of industry supporters. HealthVault announced its support this month as well. Adobe won an award for best application leveraging the capability.

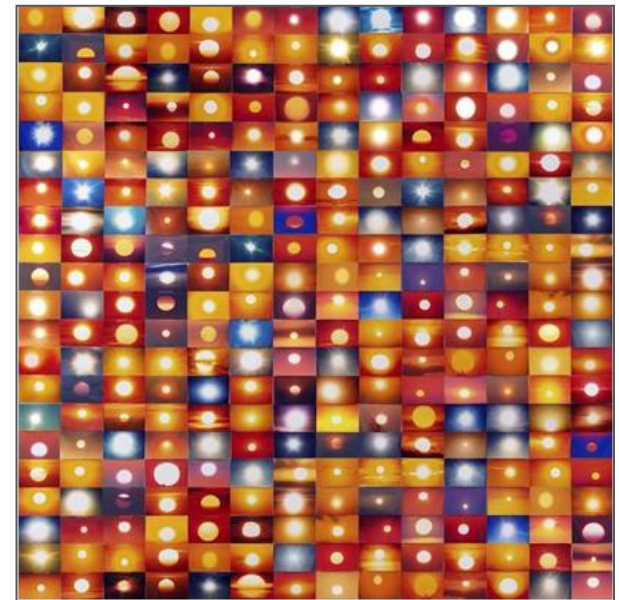
Commentary

Endnote

The emerging health information exchange (HIE) segment was center-stage this month with a game-changing announcement by Surescripts. It will combine its national physician directory and EMR connectivity with apps from its strategic investment in Kryptiq to offer physician-to-physician clinical messaging beginning in December, extending its dominant market position. The same is true for Epic for physicians connected to large IDNs. Its dominance is captured in the startling statistic that 75% of Wisconsin residents are in the databases of its state user group.

Another game-changing theme being confirmed this month is how EHRs and HIT have become central to transformation of clinical practice. One driver is the inclusion of HIT as well as wellness and care management as medical expenses for insurers under PPACA. This will drive investment. A CMS exec reported that practices with EMRs were getting all the incentives in recent ACO pilots. And CSC released a roadmap for HIT in ACOs.

And if it's October, it's Health 2.0 in San Francisco. This year showed more integration among apps and with institutions. Our government CTOs' set the stage for the meeting by open access to federal data and support for ideas like the Blue Button download. Sharecare announced a star-studded cast of experts for its health Q&A site launch by Jeff Arnold and Dr. Oz. Dozens of cool new companies show their ideas to the 1000 attendees, who like the crowd-sourced collection of sun photos from Flickr on the right, collaborate to make art.



*5,537,594 Suns From Flickr (Partial),
Penelope Umbrico, 2009.*

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