

care spark

Virginia HIMSS
Conference
10-06-05

better health through collaboration and innovation

- **Why is health improvement a priority for our Central Appalachian region?**
- **What strategies are we undertaking?**
- **What progress has been made?**
- **What have we learned?**

Innovative Regional Cooperation To Improve Health



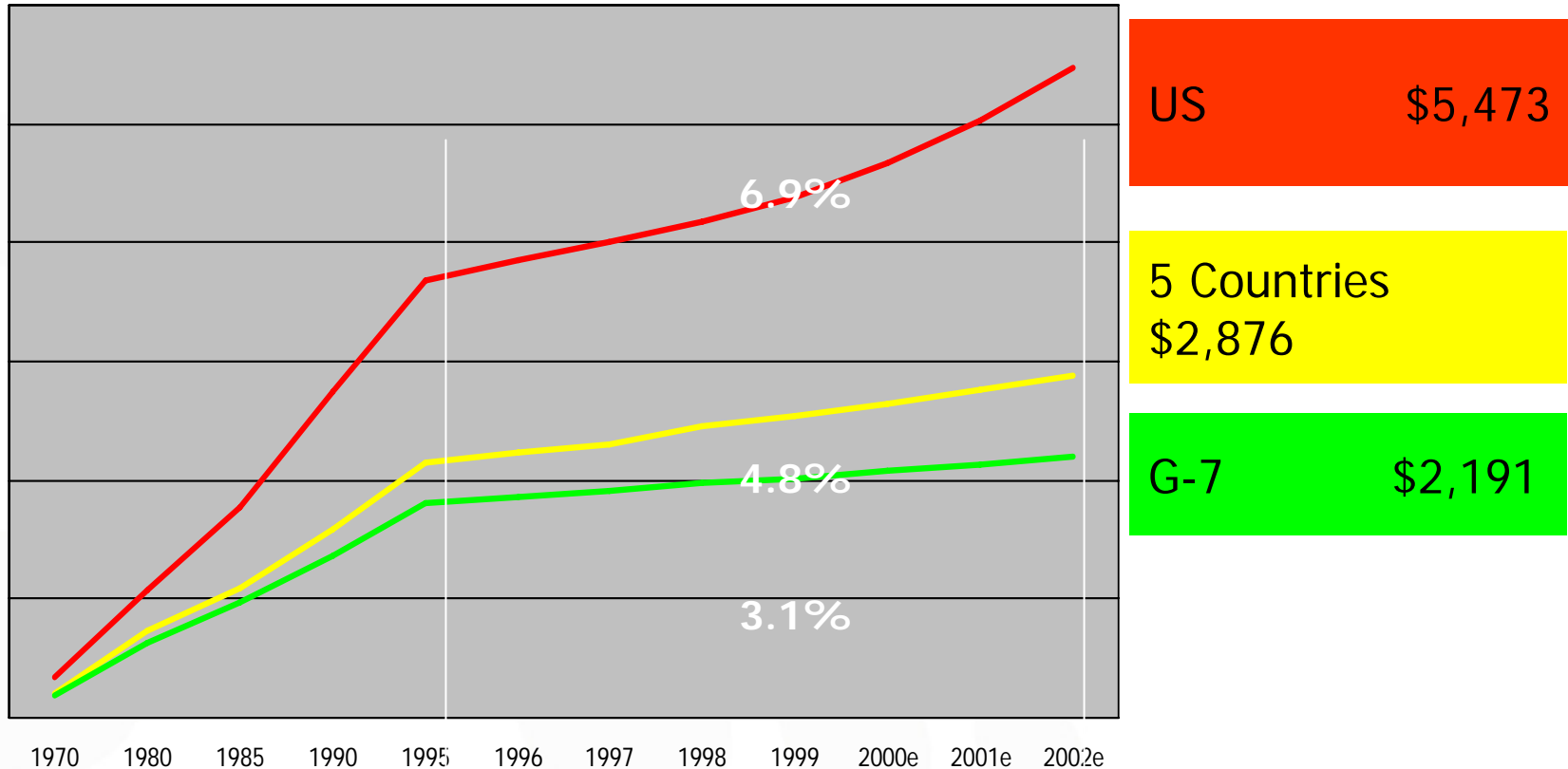
- Active, representative membership, including
 - Eastman Chemical Company, AFG, General Shale, Kingsport Foundry, BAE Systems
 - Blue Cross Blue Shield, John Deere Health
 - Mountain States Health Alliance, Wellmont Health System, Frontier Health
 - Holston Medical Group, Cardiovascular Associates, Brookside Medical Group
 - East TN State University, School of Medicine, College of Nursing, College of Public and Allied Health
 - Sullivan County and Northeast TN Regional Health Departments
 - Kingsport Tomorrow
 - American Heart Association, American Cancer Society, American Lung Association



High Cost of Health Care



Health Care Spending Per Capita



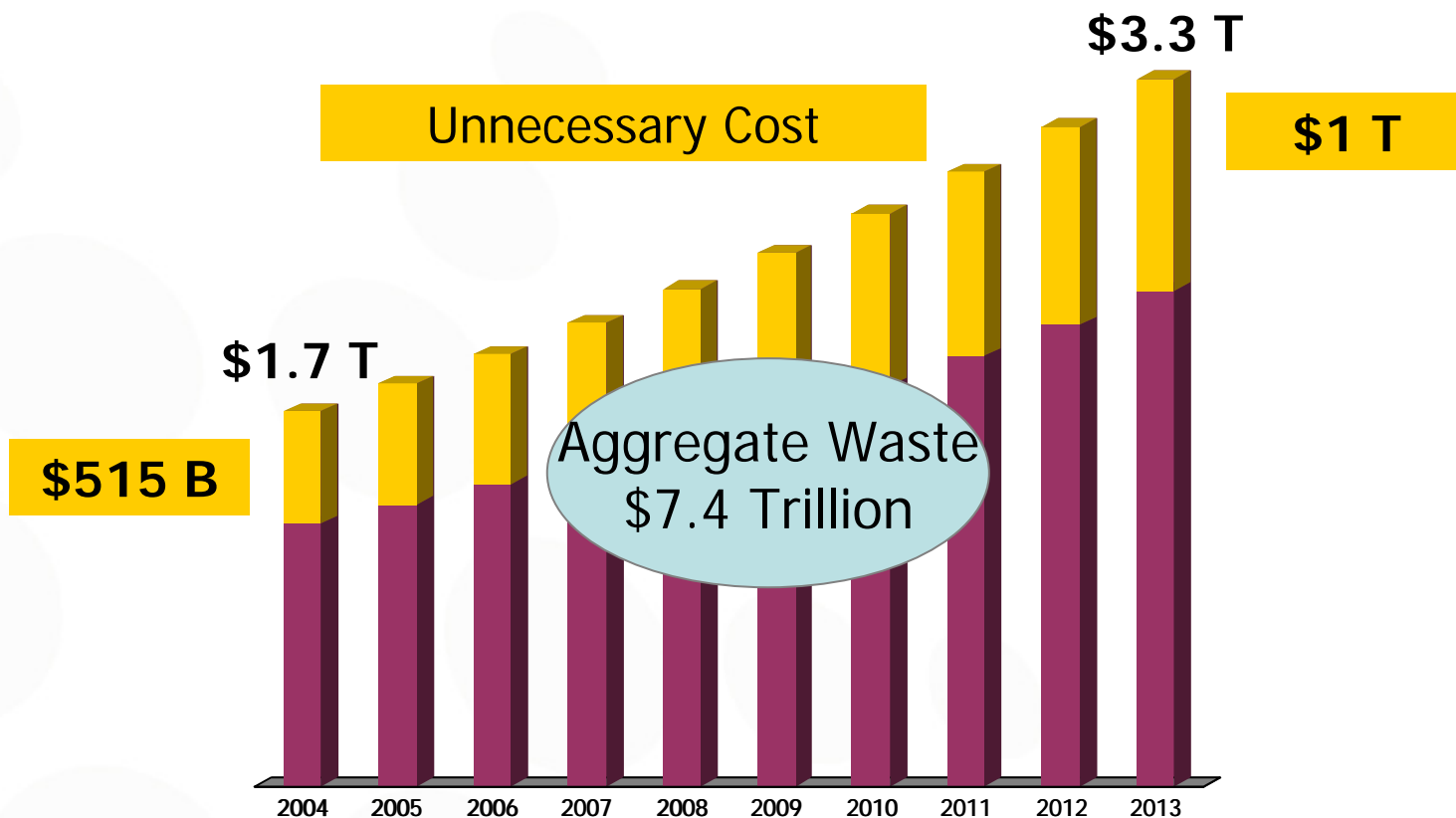
Source: *Health, United States, 2002*; HealthAlliant analysis
Five Countries: Luxembourg, Canada, Germany, Norway, Switzerland
G-7 Countries: Canada, France, Germany, Italy, Japan, United Kingdom

Health Care Costs are rising:

10% in 2004

9% projected in 2005

> \$500 Billion in Waste Annually

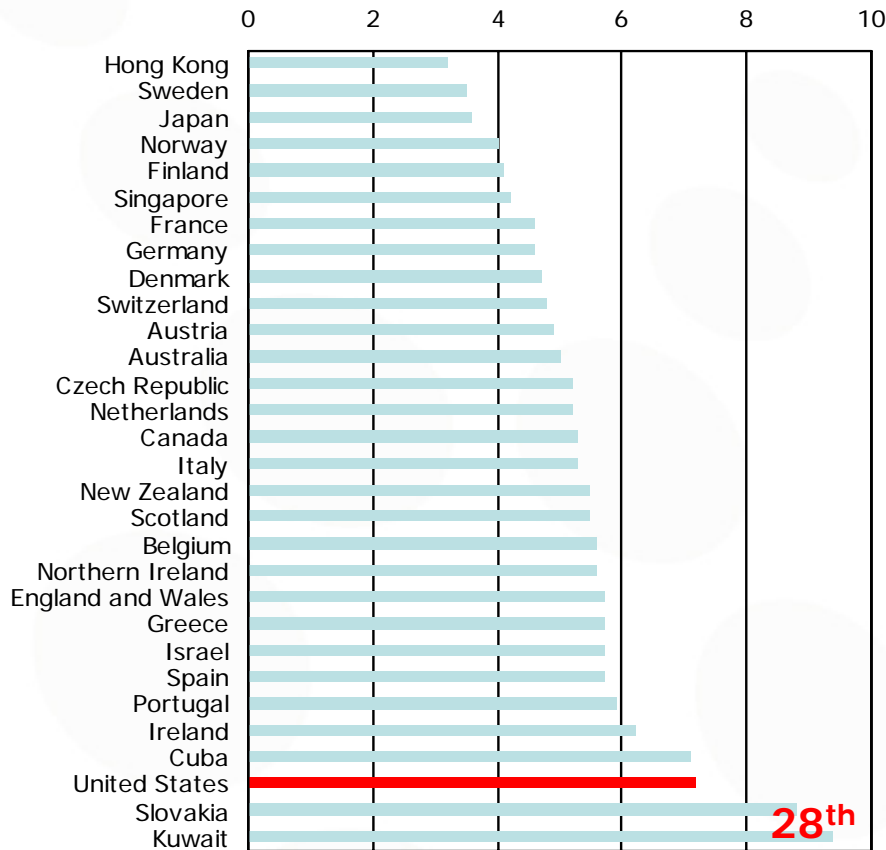


Source: U.S. Department of Health and Human Services, Gordian Project analysis

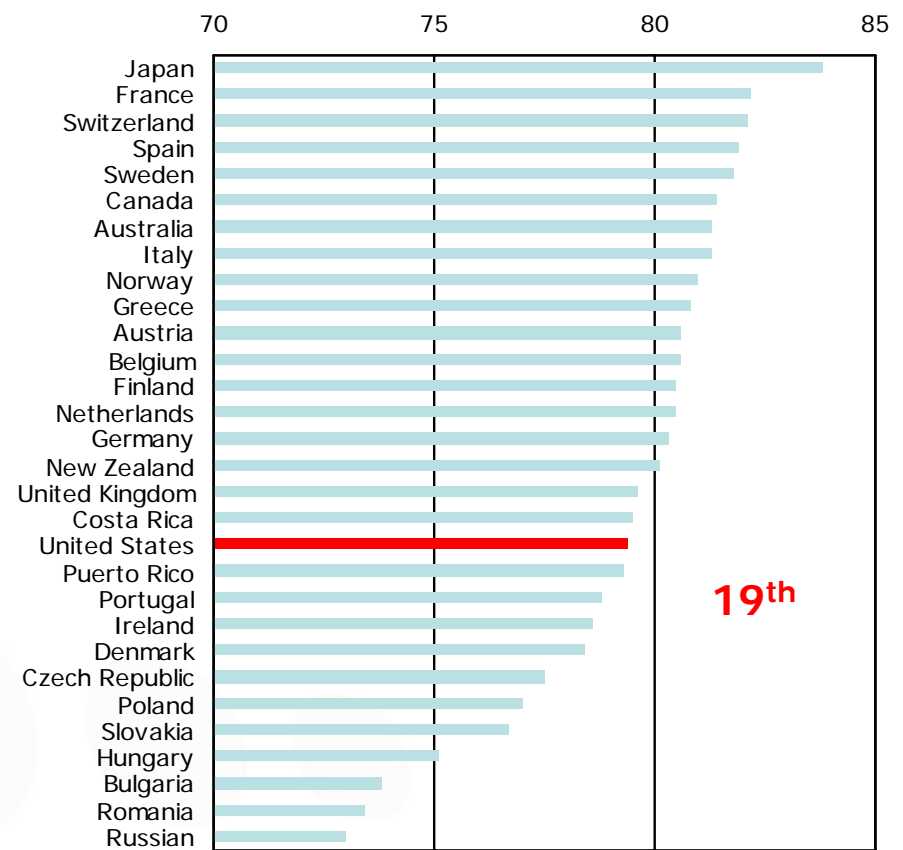
Poor Results



Infant Mortality

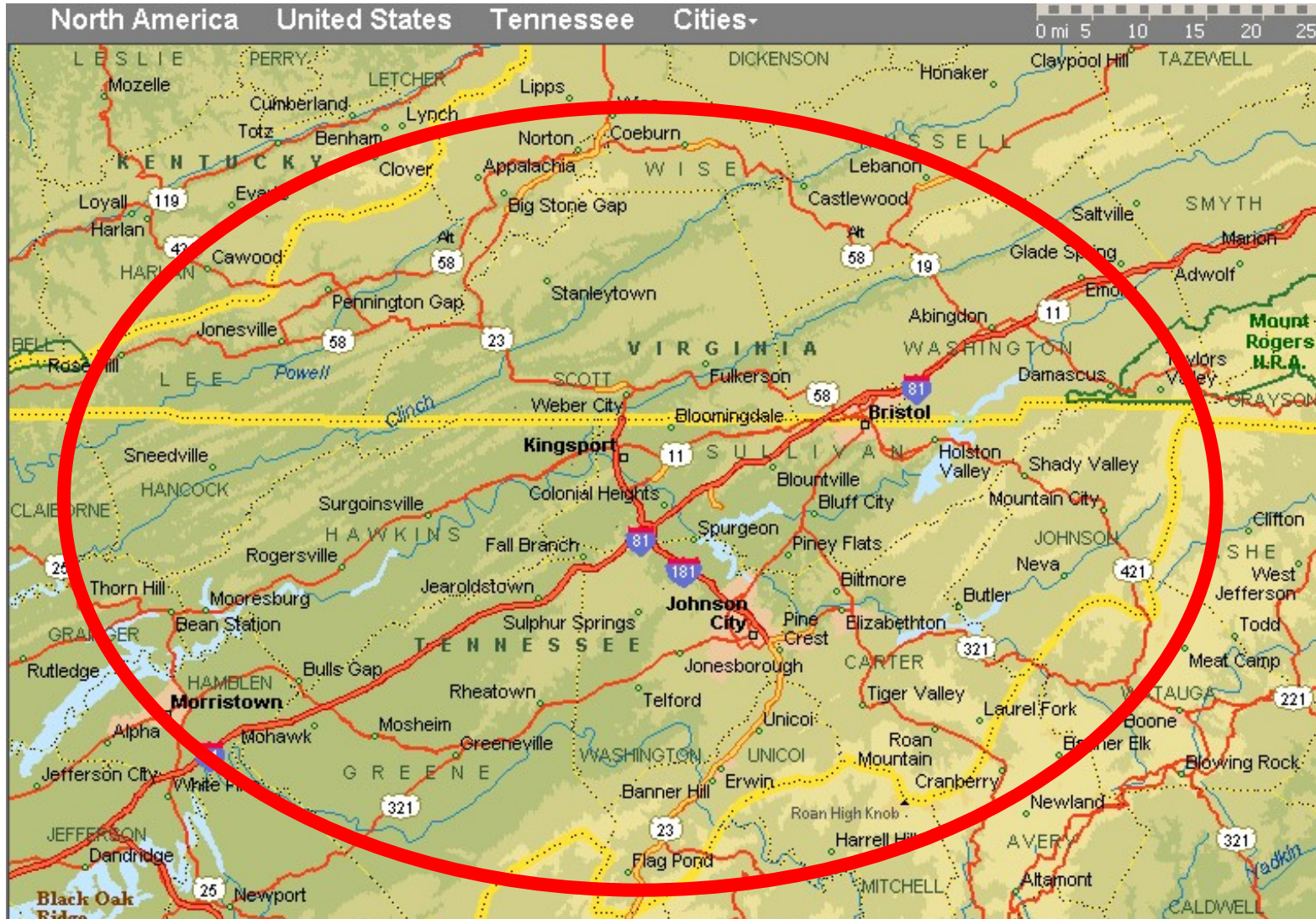


Life Expectancy at Birth - Females



Source: *Health, United States, 2002*, National Center for Health Statistics, U.S. Department of Health and Human Services

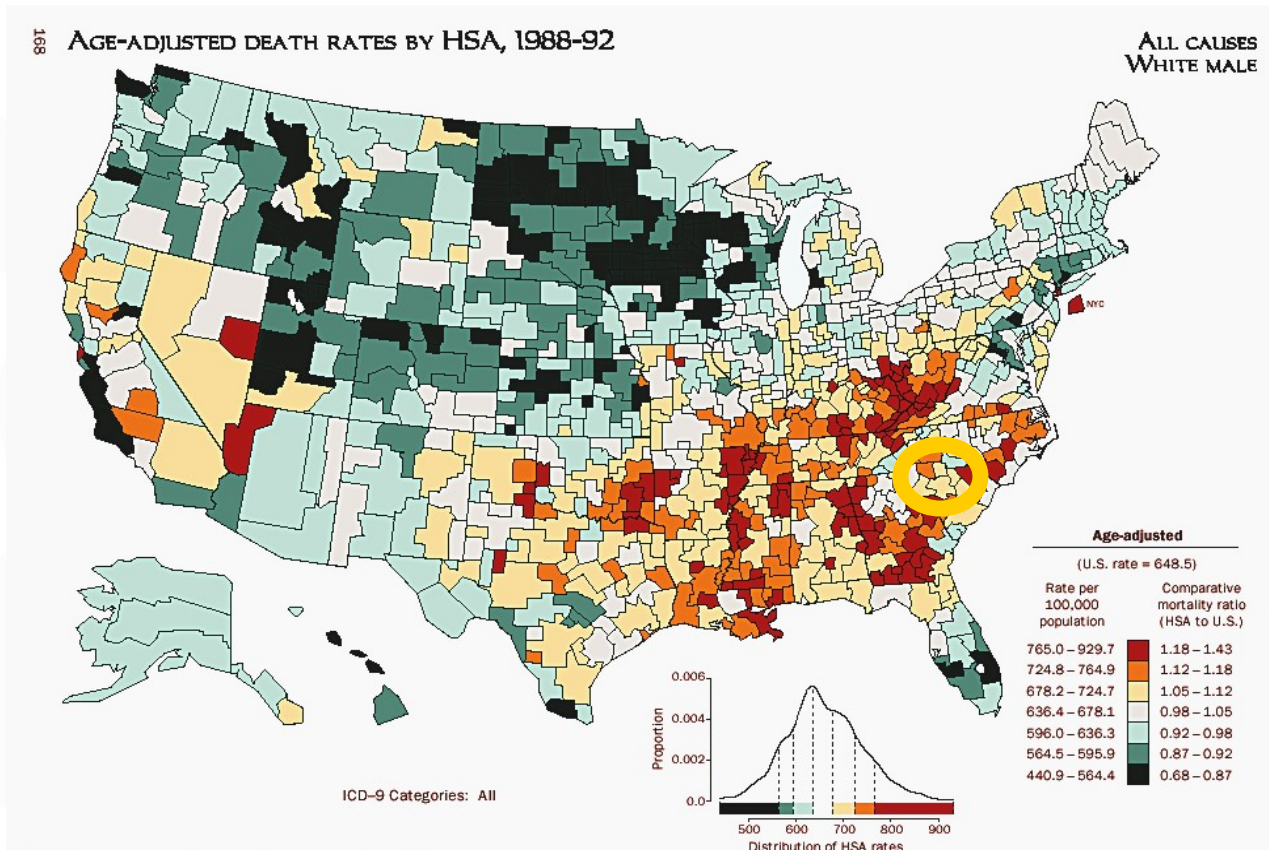
Tri-Cities TN / VA Regional Medical Service Area



**Medical
Service
Area
Statistics:**

**705, 000
patients
1200 MDs
16
Hospitals**

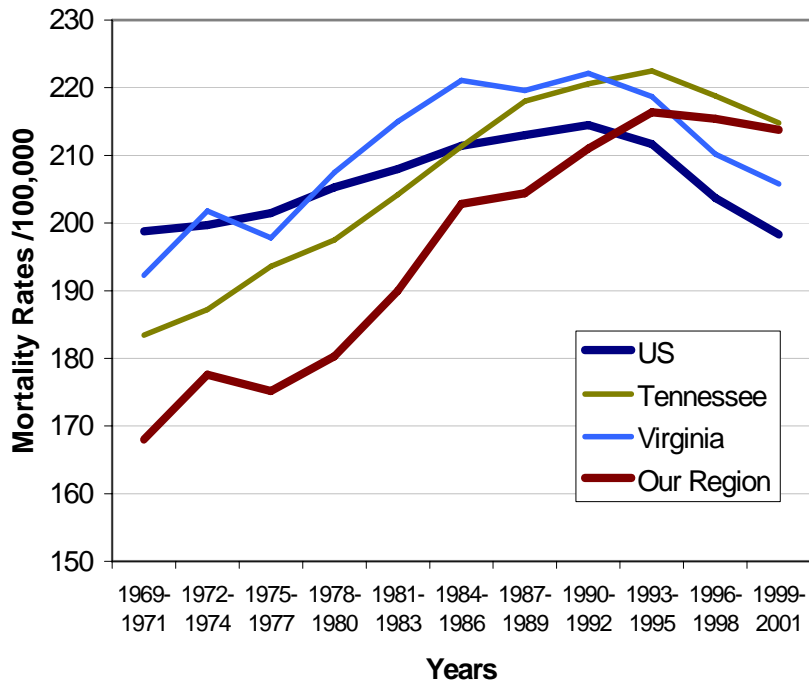
Regional Health Status



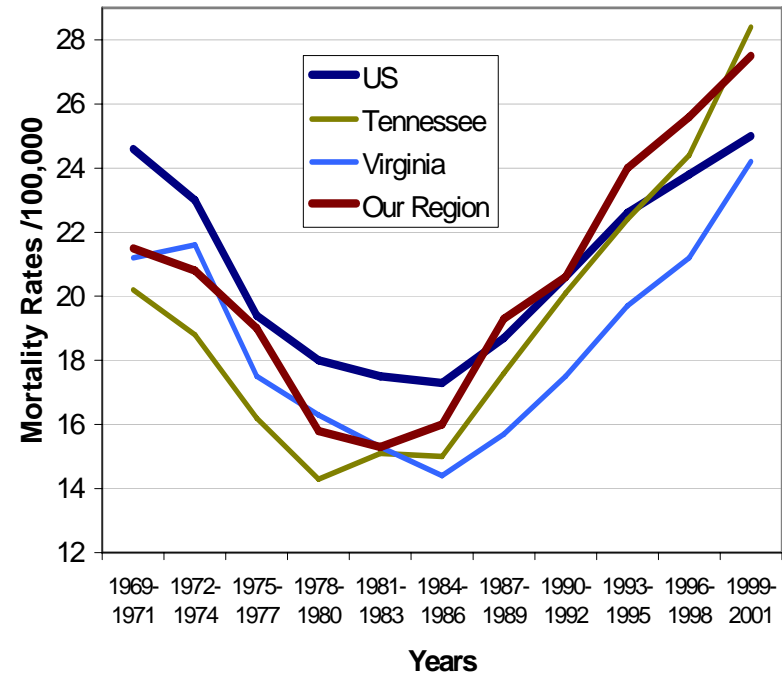
Regional Health Disparities



All Cancer Mortality Trends
Age Adjusted Rates



Diabetes Mortality Trends
Age Adjusted Rates



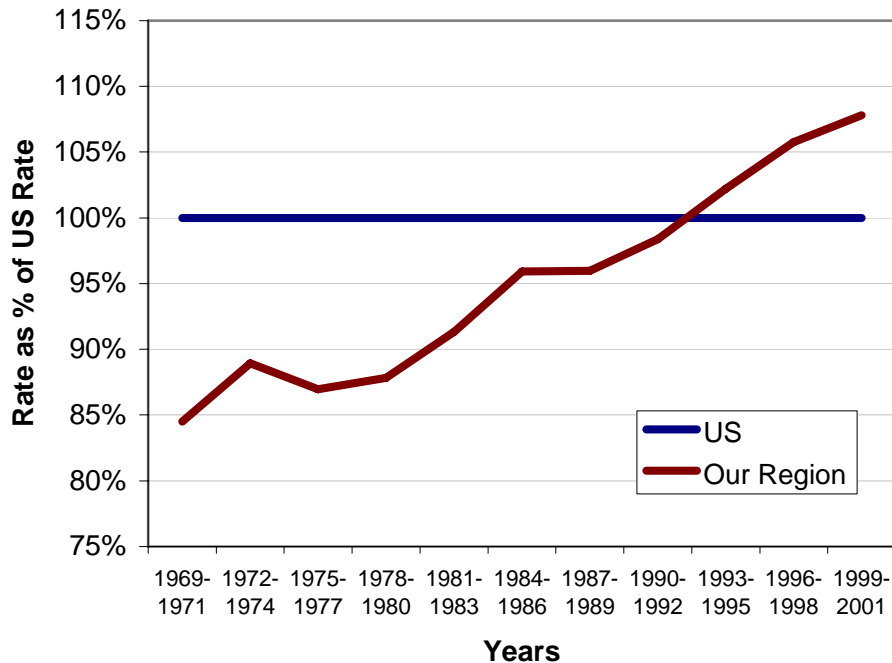
ETSU Rural Cancer Demonstration Project, 2004

Regional Health Problems



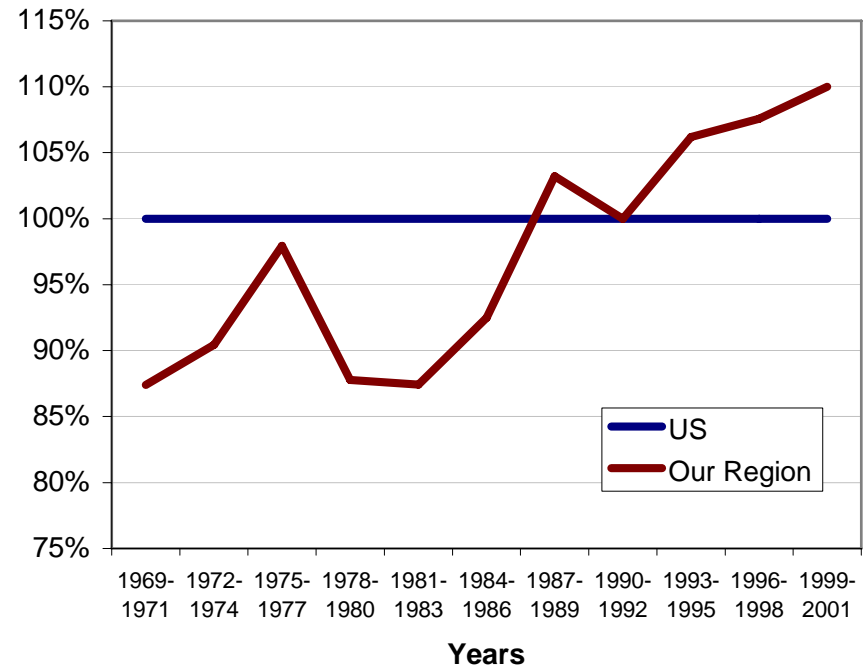
All Cancer Mortality Trends

% of National Levels



Diabetes Mortality Trends

% of National Levels

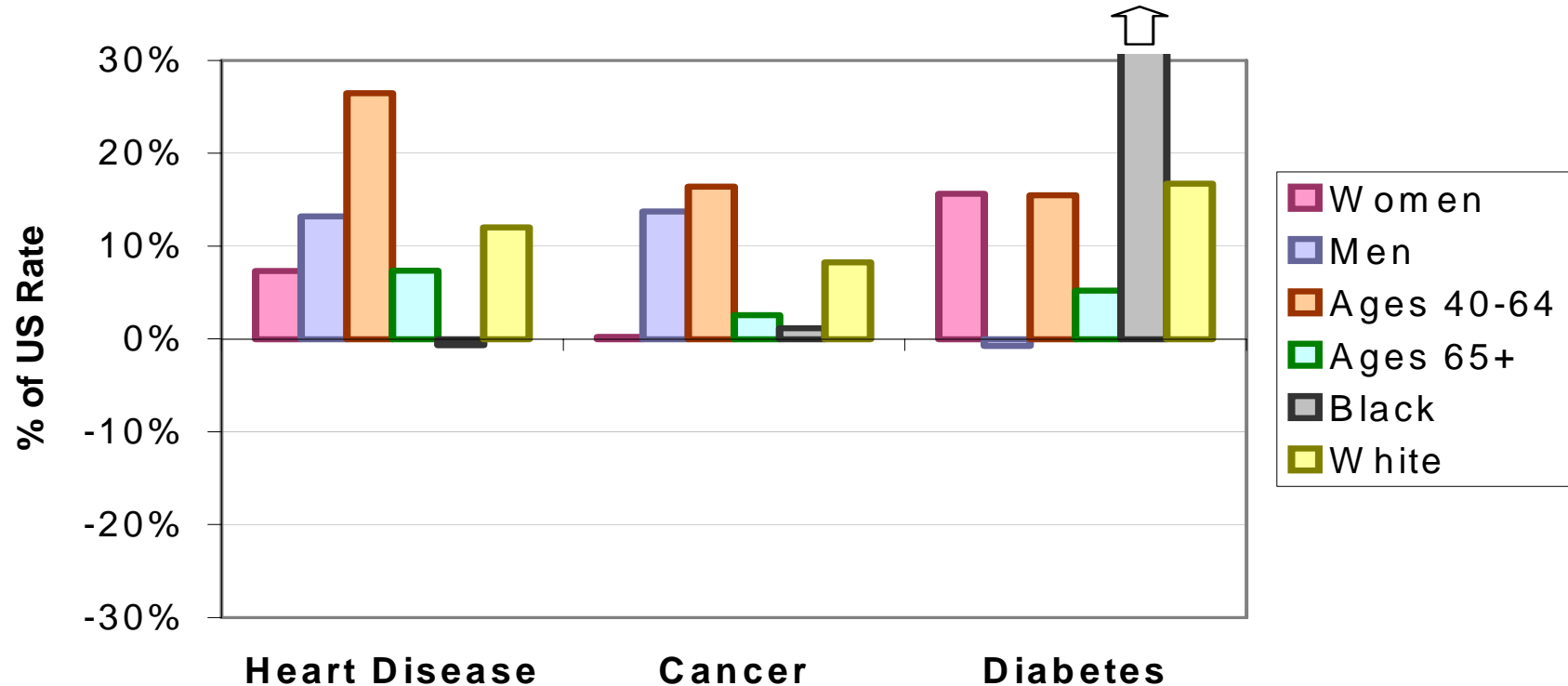


ETSU Rural Cancer Demonstration Project, 2004

Regional Health Disparities



1996-2001 Mortality Relative to US Rate
by Subgroups

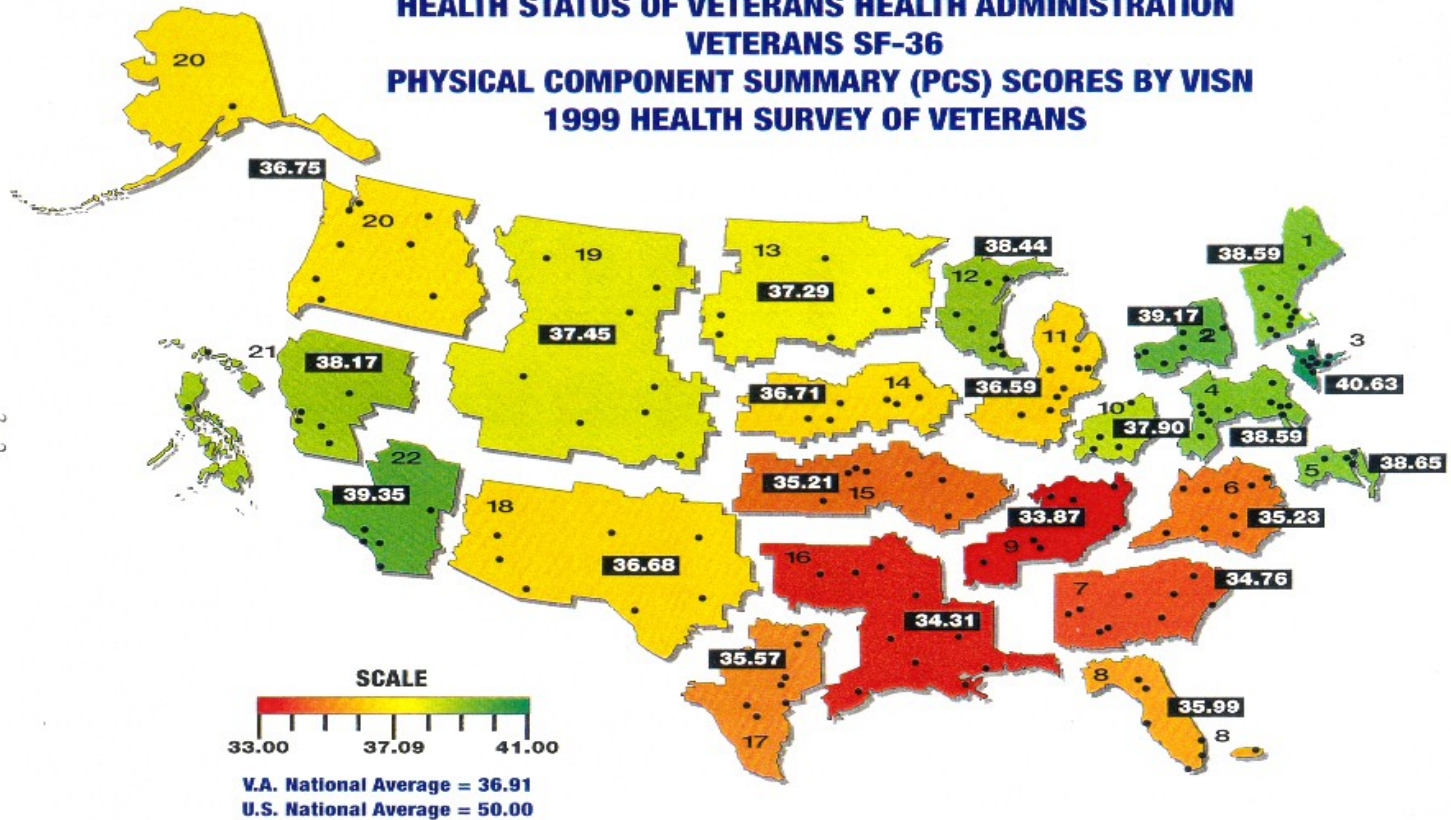


ETSU Rural Cancer Demonstration Project, 2004

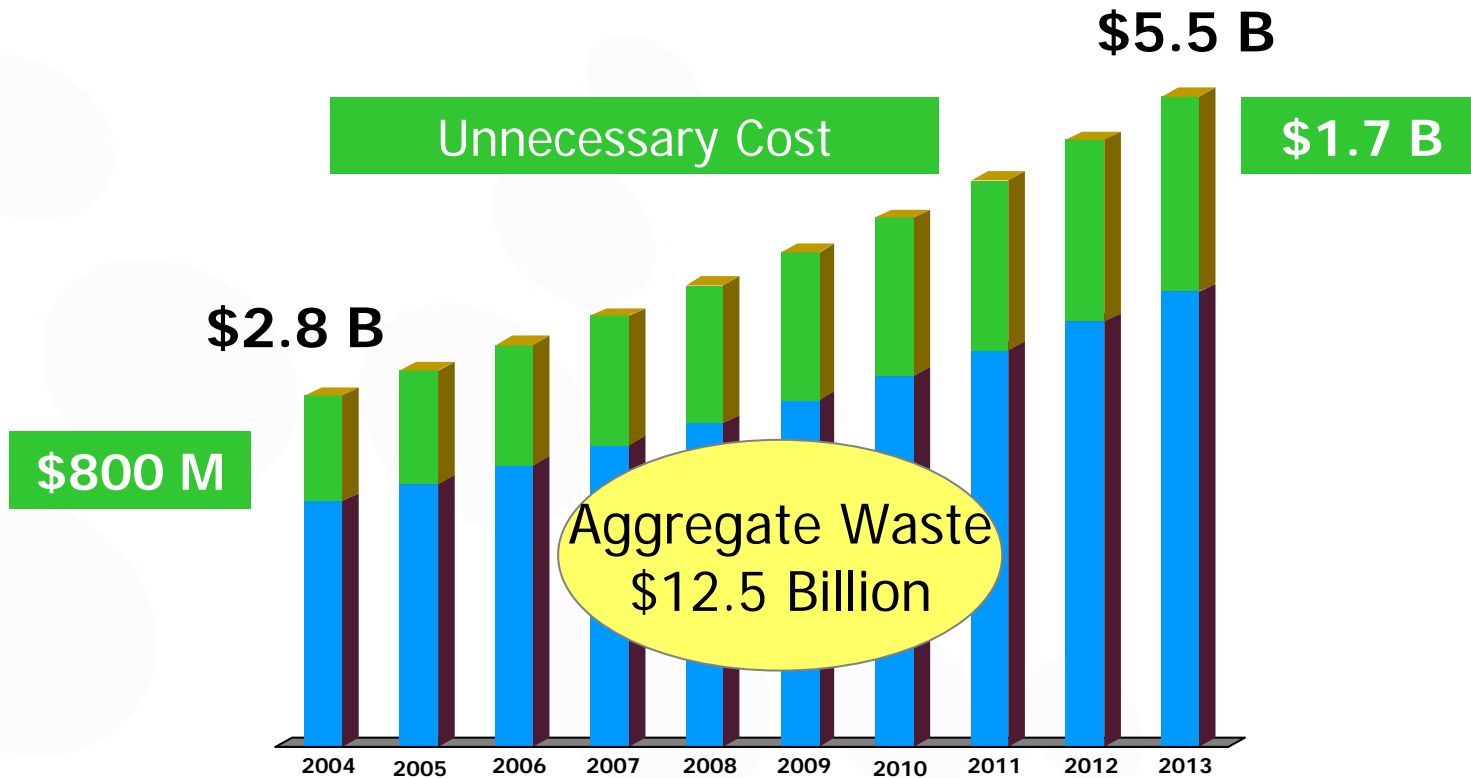
Poor Health Status means \$2,400 More Per Capita Annually



HEALTH STATUS OF VETERANS HEALTH ADMINISTRATION VETERANS SF-36 PHYSICAL COMPONENT SUMMARY (PCS) SCORES BY VISN 1999 HEALTH SURVEY OF VETERANS



Projected Cost and Waste in Tri-Cities TN / VA Region



Source: U.S. Department of Health and Human Services, Gordian Project analysis

**To become and remain
economically viable**

**Our region must use our
resources more efficiently
to improve health outcomes
and cost**

- **Fragmented system for Health Care Delivery**
- **Little Financial Incentive for Providers to perform Preventive Medicine / Disease Management**
- **Patient Education / Personal Responsibility**
- **10-15% Uninsured with limited access**

To address health issues, we propose to provide technical capability and encourage clinical process improvement in the following areas:

- 1. Prescription Medication**
- 2. Diagnostic (lab, imaging) Services**
- 3. Preventive Medicine (immunizations / screenings)**
- 4. Chronic disease management**

Mission

To improve the health of people in Northeast Tennessee and Southwest Virginia through the collaborative use of health information

Vision

To be a world-class, quality-driven, clinically integrated, efficient health and wellness system for the people of our region

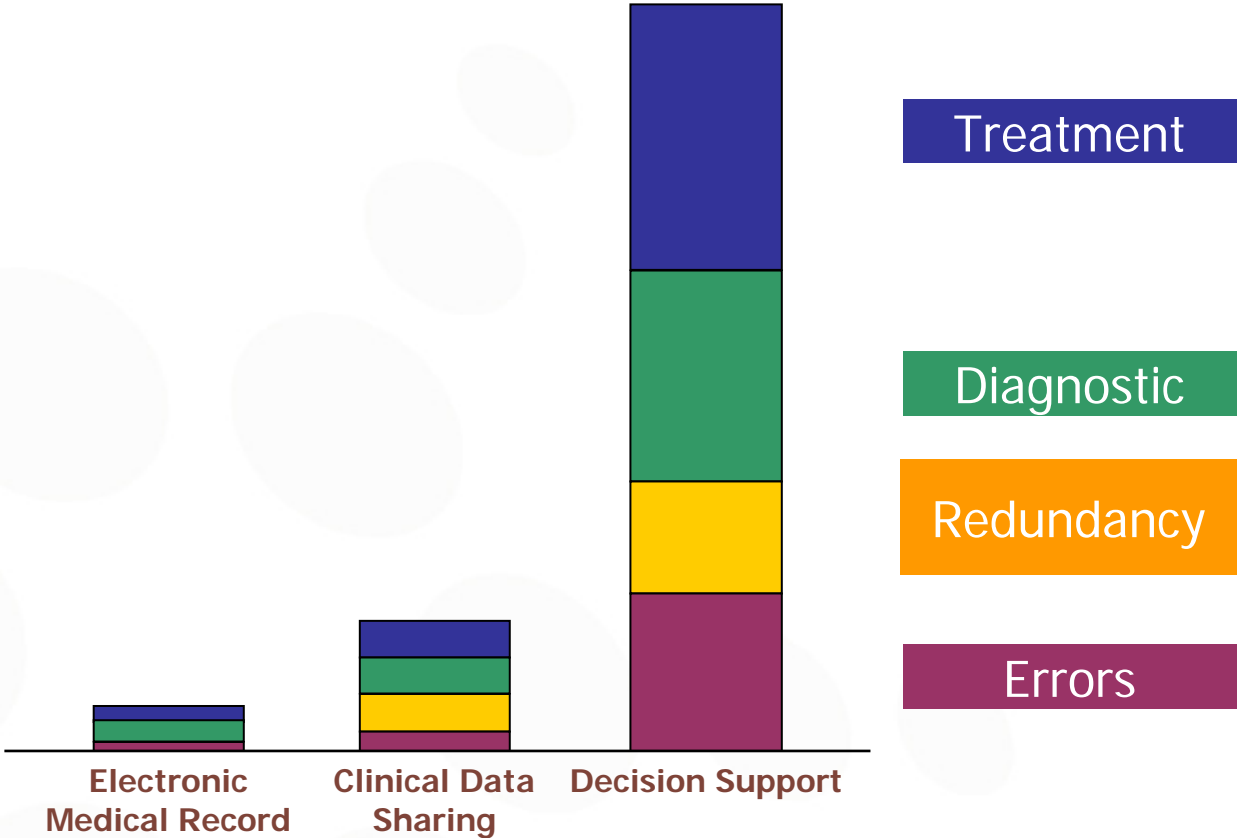
Values

Regional Cooperation
Community Accountability
Privacy
Integrity
Continuous Improvement
Inclusiveness
Stakeholder Parity

Goals

Improve clinical practice
Coordinate clinical care
Personalize care
Improve population health
Create an efficient health system

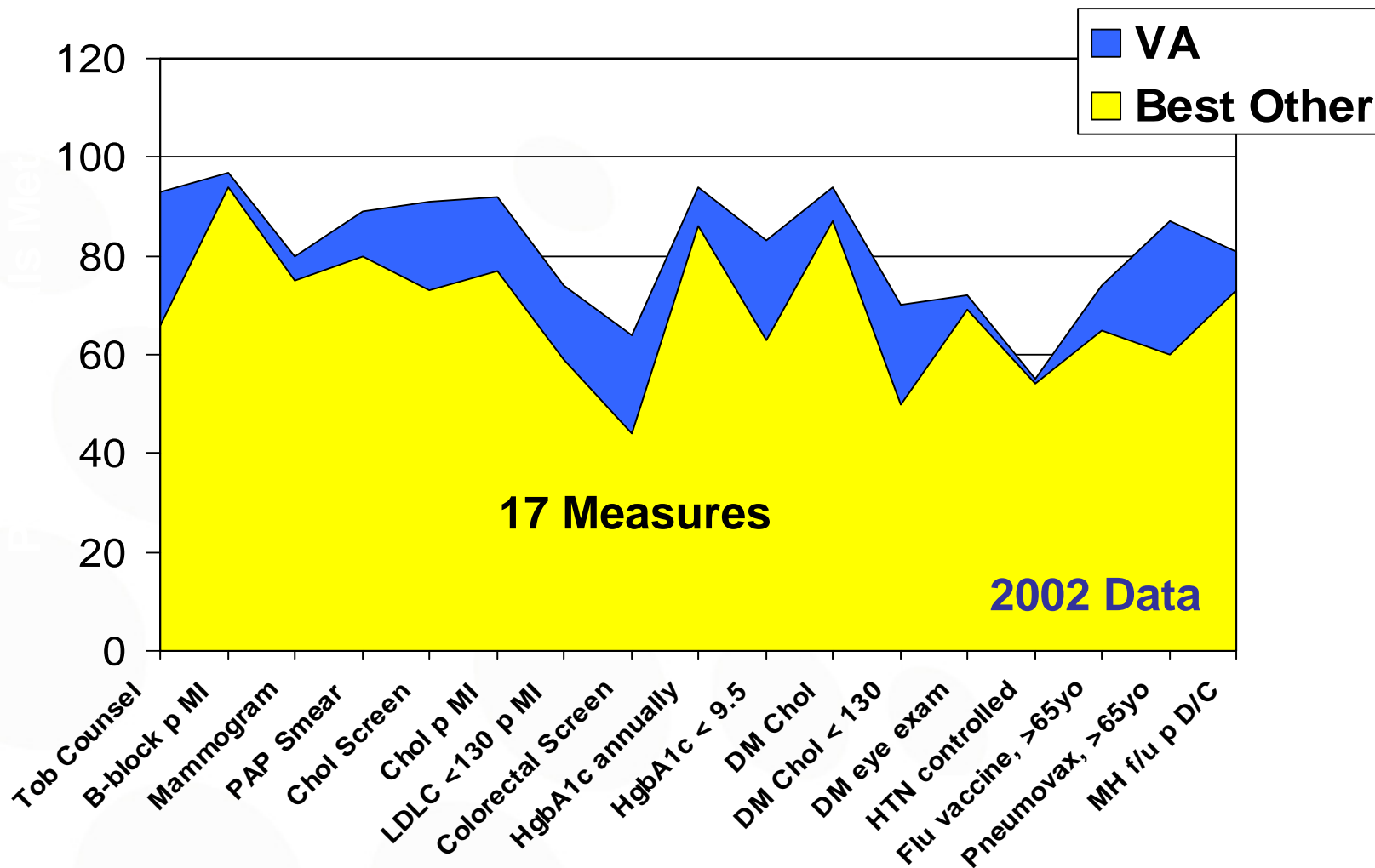
Benefits Arise from Better Medical Decisions



Source: SBCCDE, CITL, Gordian Project analysis

VA

Compared With Best Practices



BW1

dramatic improvement is achievable

Ben Wilson, 11/1/2004

- 1. Provide patient information on demand at the point of care**
- 2. Provide decision support information available at point of care**
- 3. Empower Patients to make healthy choices and informed decisions**
- 4. Provide selected aggregate data for population health improvement**

Office of the National Coordinator for Health Information Technology (ONCHIT)

- Appointed of first National Health Information Technology Coordinator on May 6, 2004
- Framework for National Health Information Infrastructure issued July 2004
- Alignment with four components of national framework:
 1. Inform clinical practice
 2. Interconnect clinicians
 3. Personalize care
 4. Improve population health

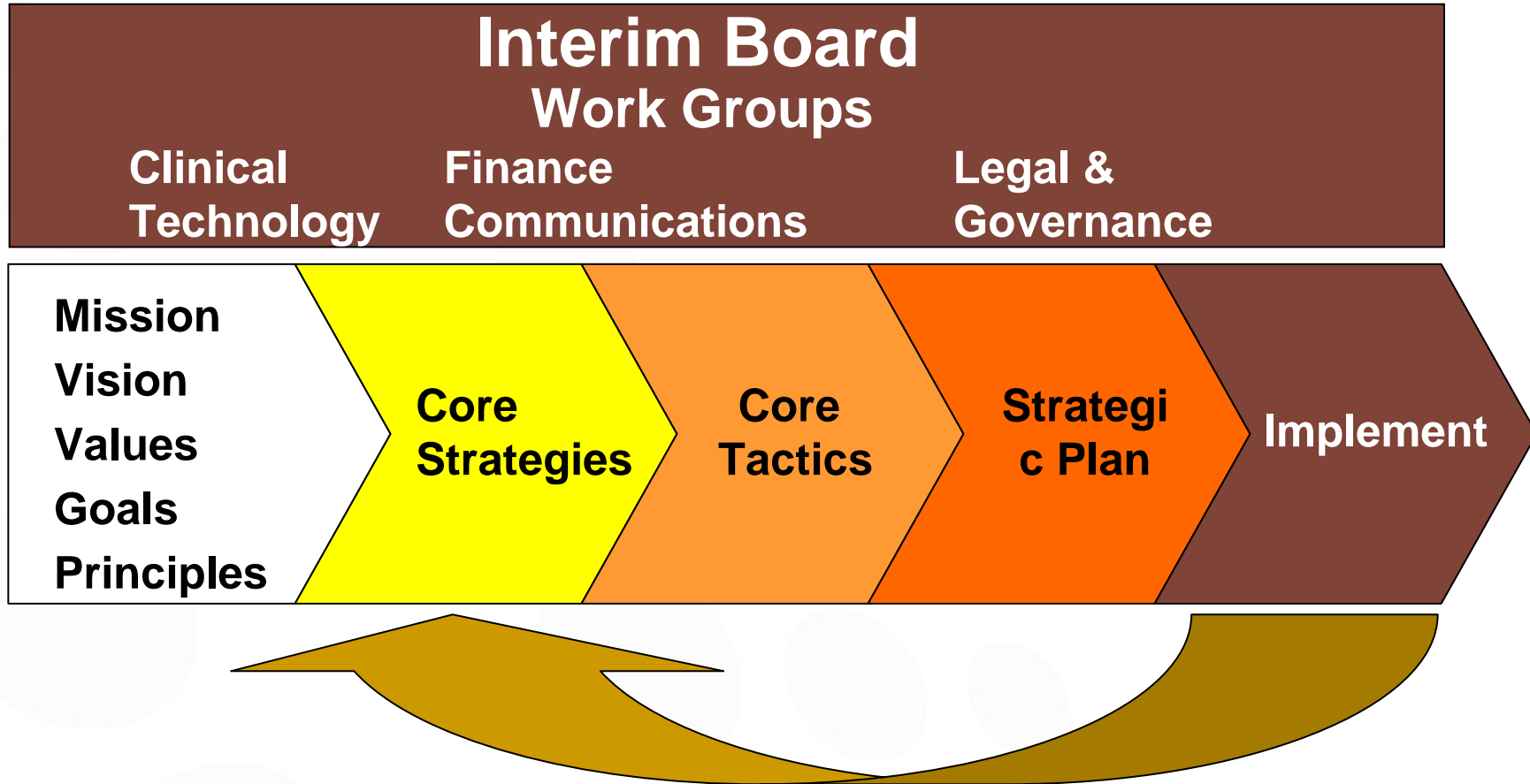


David J. Brailer, M.D., Ph.D.

- **“Harmonization” of state / federal / organization policies and regulations**
- **Move to establish data standards that support interoperability, certification for electronic medical records**
- **Pilots for financial incentives to encourage adoption and spur private investment**
- **Coordination through policy-making body: American Health Information Community**

- **Community-Based initiative**
- **Multi-state effort**
- **Focus on improved health outcomes**
- **Broad collaboration and commitment**
- **Extensive planning process**
- **Comprehensive strategy (long-term, broad participation)**
- **Sustainable business plan**

Strategic Planning Process



Continuous Improvement Cycle

better health through collaboration and innovation

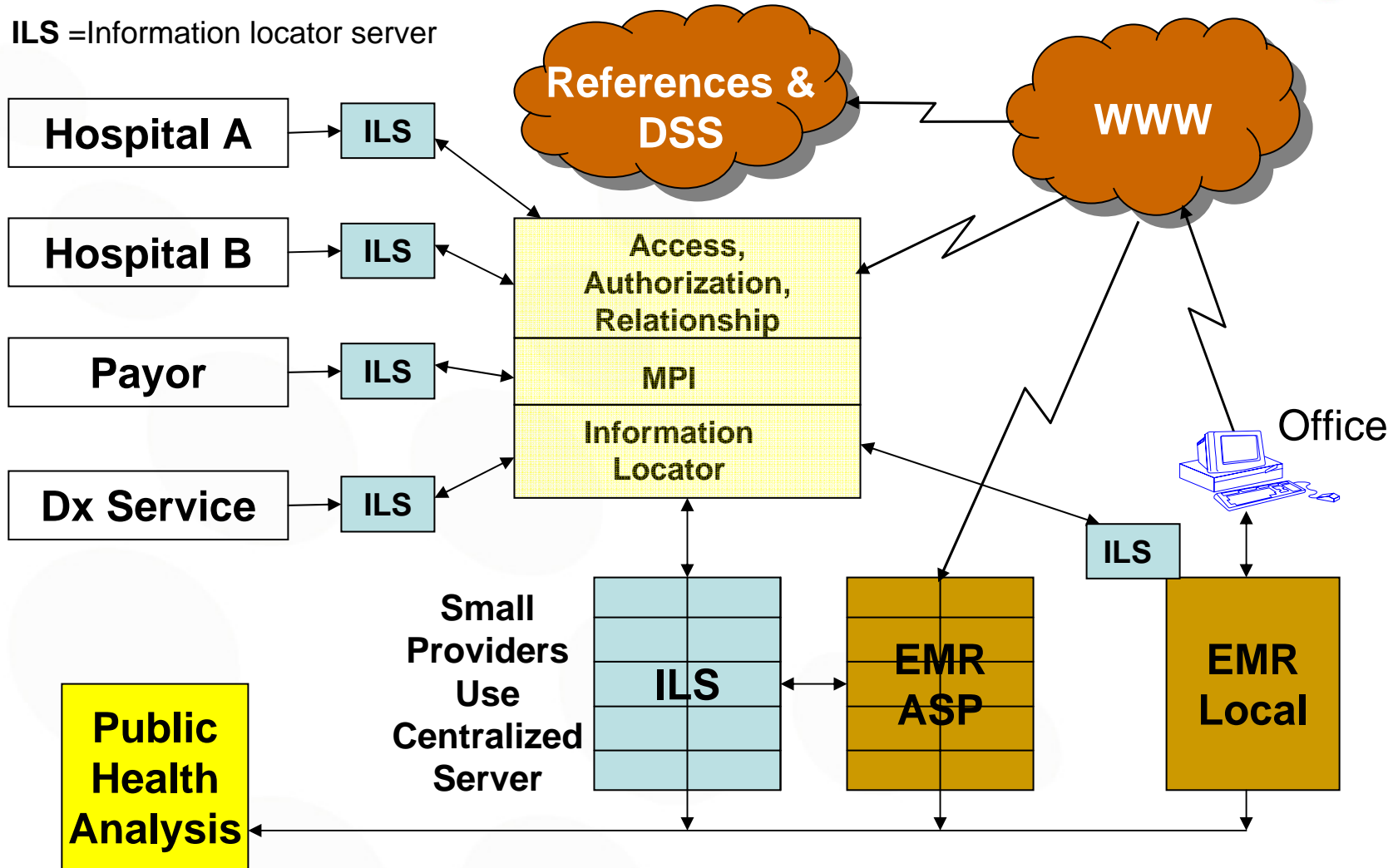
We are targeting the health issues of greatest impact on quality of life and cost:

- 1. Diabetes**
- 2. Hypertension / stroke**
- 3. Cardiovascular disease**
- 4. Lung disease / asthma**
- 5. Preventive immunizations / screenings**

Health Information Exchange



ILS = Information locator server



Aligning Community Interests & Resources



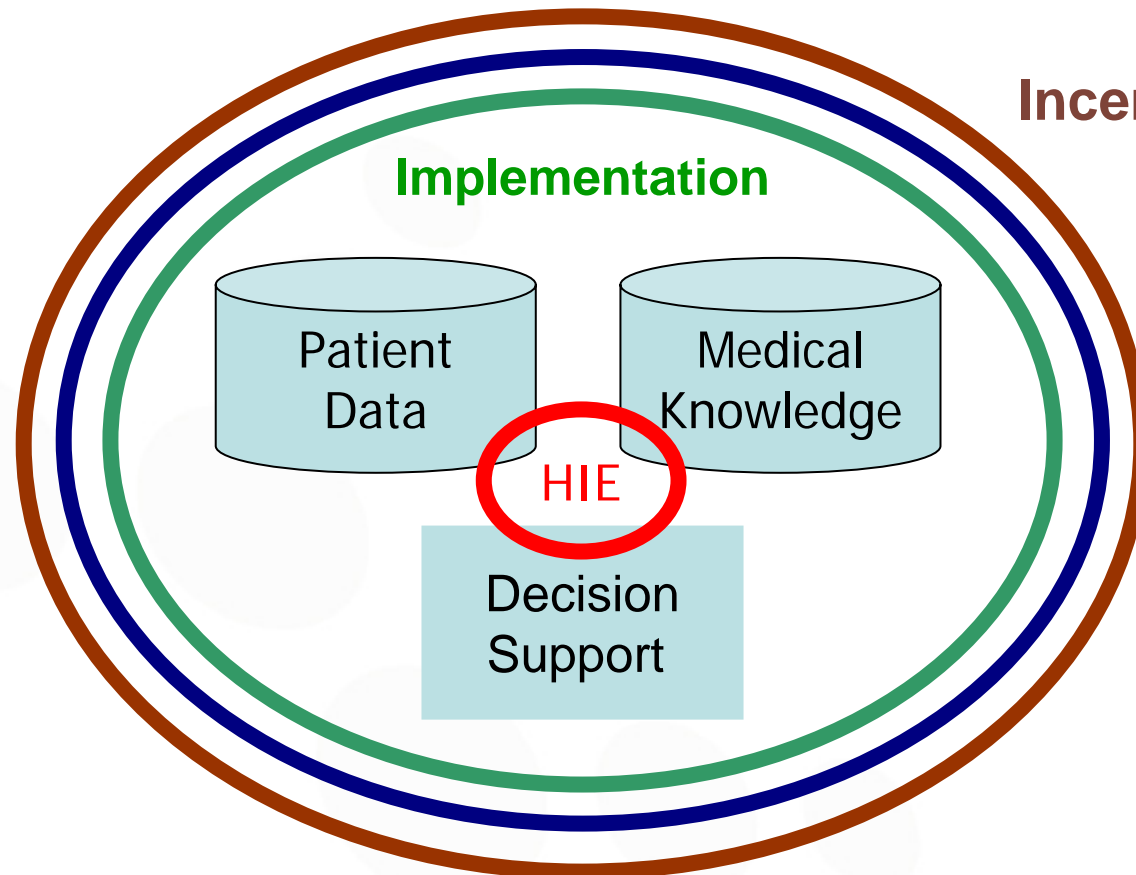
Savings



Local Governance

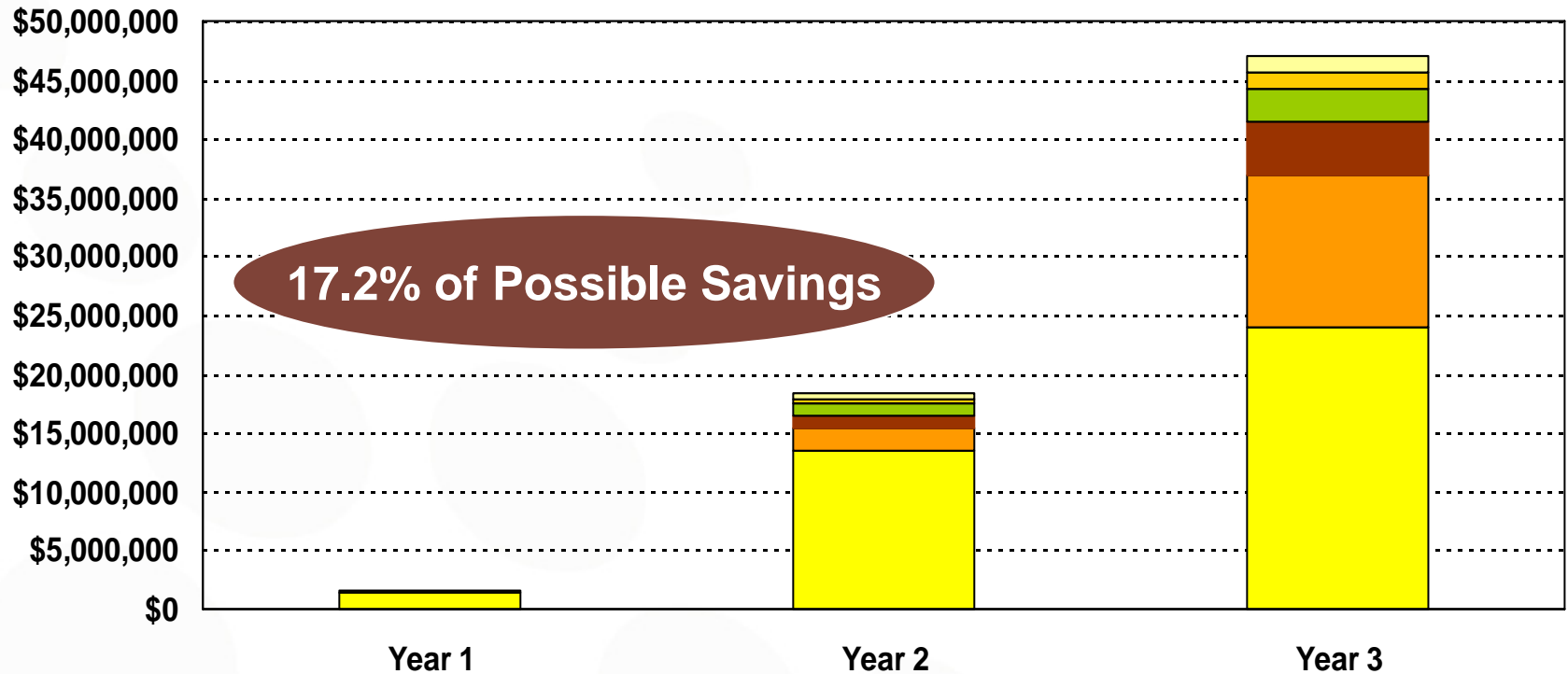
Quality Improvement

Incentives



Financing

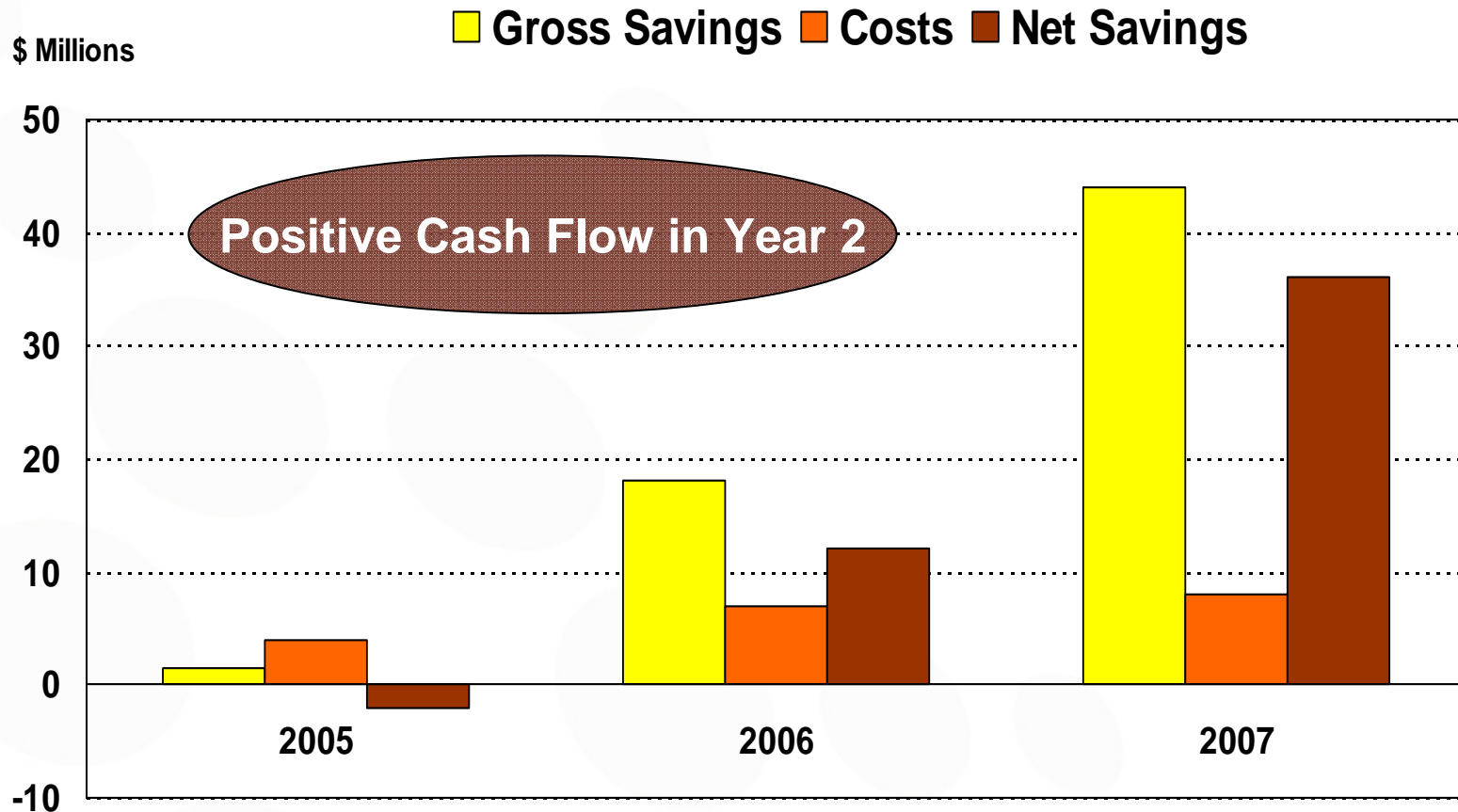
Medication and Diagnostic Services Improvement Savings Model Projections*



- Generic Substitution
- Rad Utilization
- Lab Utilization
- Adverse Drug Events
- MD Admin Cost
- Callbacks

* Data sources: BlueCross BlueShield and John Deere

Cost-Benefit Projections*



* Includes medication and diagnostic services improvement only

- **Technical inventory and feasibility study completed**
- **Strategic business plan developed**
- **Non-profit organization formed, board of directors, committees and staff in place**
- **Funding commitments of \$725,000 to date**

- **Secure \$4.5M in funding for development and execution through June 2006**
 - \$600K by July 2005
 - \$2.5M by Oct. 2005
 - \$2M by Jan. 2006
- **Secure staffing for development and operations**
- **Define technical specifications, conduct vendor selection process (Oct - Dec 2005)**
- **Finalize partnership agreements (by Jan 2006)**

National Visibility for our Initiatives

Coordination / Collaboration between

**North Carolina · Tennessee · Virginia
· Kentucky · West Virginia**

**Local Investment Leverages Other
Funding (federal / state / private)**

**Small Business Expansion / Creation of
High-Wage Jobs (Health Care,
Technology)**



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