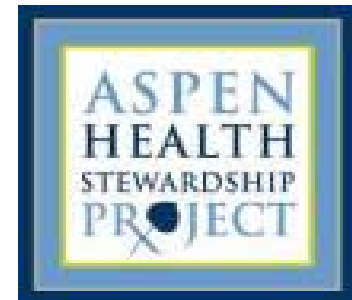




# Reinventing Health Care: The Barriers to Innovation

**March 2, 2012  
Washington, D.C.**



**Sam Nussbaum, M.D.  
Executive Vice President, Clinical Health  
Policy and Chief Medical Officer**

# A Tale of Health Care in Our Nation

***“It was the best of times...***

Unprecedented advances in medical technology, treatments, and pharmaceuticals can improve population health



***It was the worst of times...”***

The state of public health, unsustainable health care costs, the quality of medical care delivered and access to services challenge clinical care and overall health

*From “A Tale of Two Cities”  
By Charles Dickens*

# Challenges in the US health care system

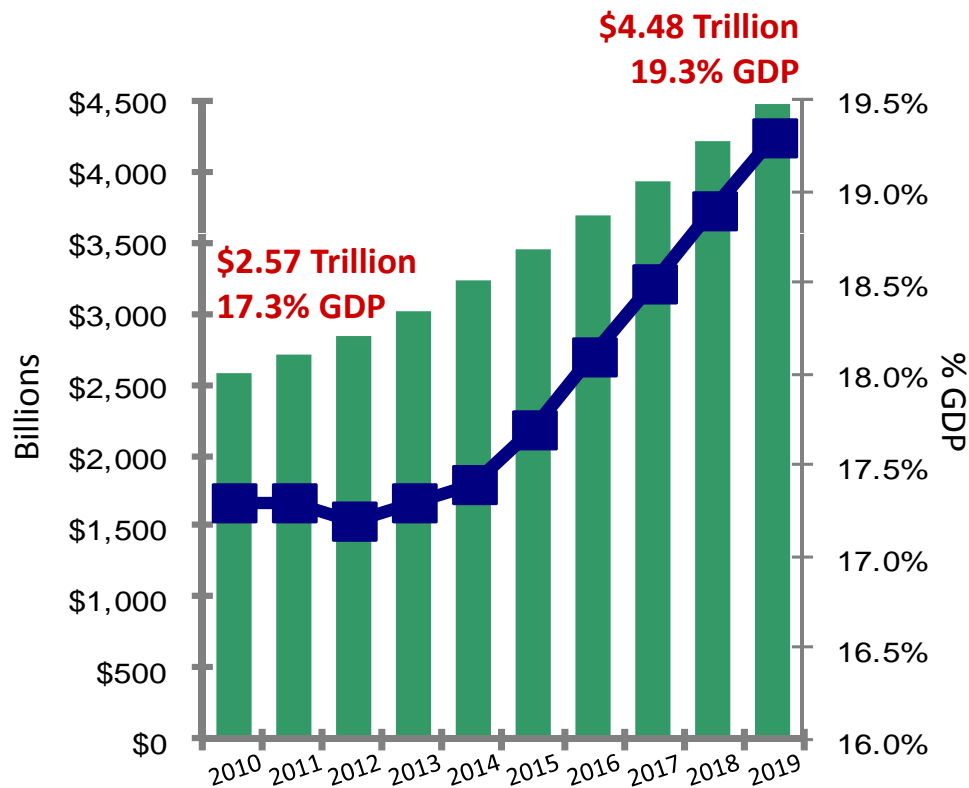
- **Ranks last or next-to-last on:**

- Quality
- Access
- Efficiency
- Equity
- Healthy lives\*

\*The Commonwealth Fund – June 2010

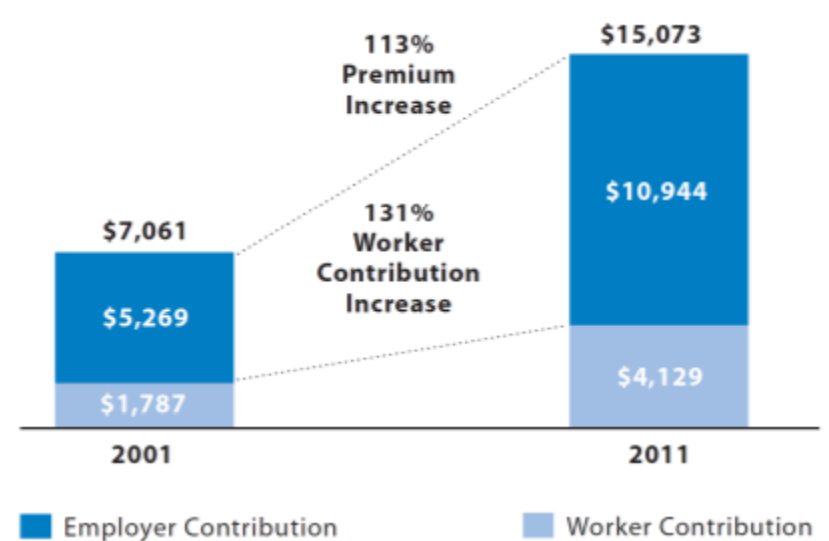
- **Variation in quality and safety**
- **Escalating costs/technology advancements**
- **Aging population and increased chronic diseases**
- **Lack of information and infrastructure for optimal care**
- **Primary care shortage**
- **Fragmented system**

# Health Expenditures



2008 version of the National Health Expenditures (NHE) released in January 2010

**Average Annual Health Insurance Premiums and Worker Contributions for Family Coverage, 2001–2011**



Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2001-2011.

# Invention Versus Innovation





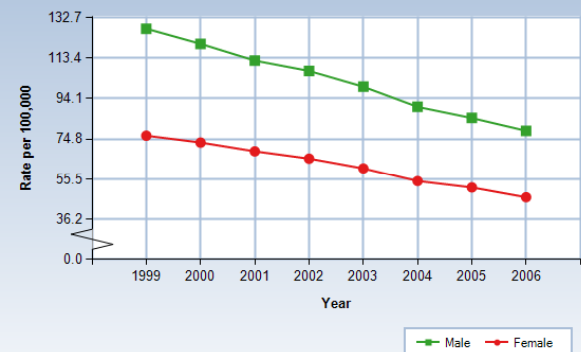
**Personalized  
Medicine**



**Statins reduce  
cardiac deaths**



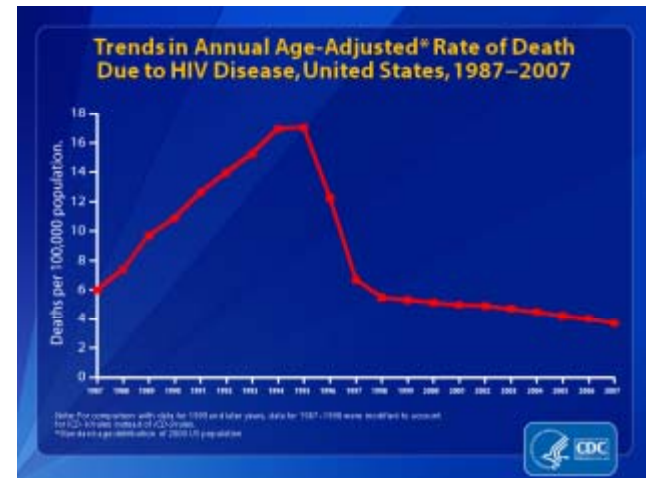
**United States - Acute Myocardial Infarction (Heart Attack): Mortality  
(Viewed by Gender)**



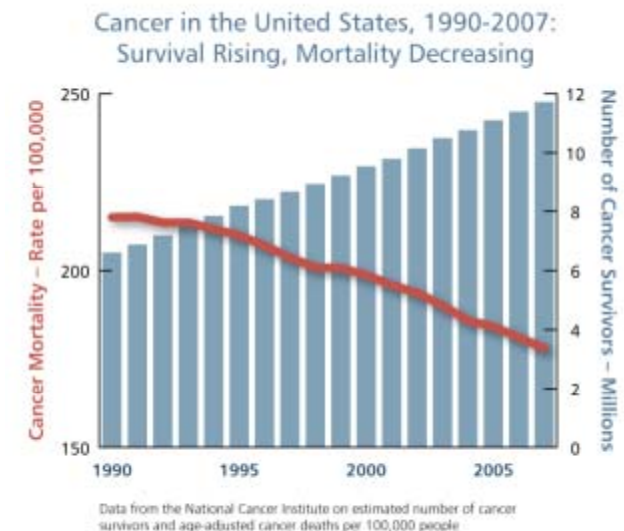
Suggested Citation: Division for Heart Disease and Stroke Prevention: Data Trends & Maps Web site. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Atlanta, GA, 2010. Available at <http://www.cdc.gov/dhdsp/>.



**HIV  
Medications**



**Improved  
screening and  
drugs**





# Discovery/Invention and Clinical Care Innovation



**Surgical  
Robots**

**Surgical  
Checklists**



**Payment Reform**

**Evidence-based  
decision-making**



**Genomics and  
Proteomics**

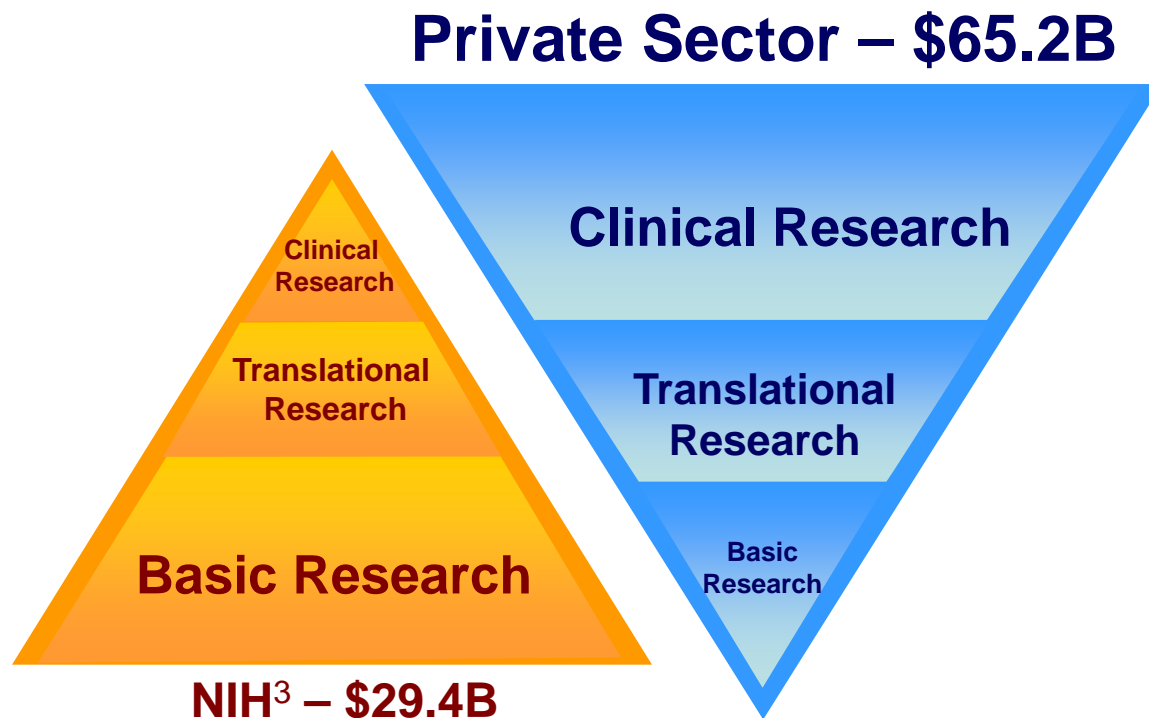
**Specialty drug  
treatments**





# Academia, Government and Industry Research and Development

- 6 of the top 10 companies in global R&D expenditures are biopharmaceutical companies
- Over 2/3 of US patents in biopharma were issued to US-based life science companies
- U.S. leads the world in drug discovery: 2/3 new drugs in last 10 years from U.S.; currently 82% of world's biopharma pipeline from US



*"There is an ecosystem of science and biotechnology. Public organizations, patient organizations, universities, Congress, FDA, all of this is an ecosystem that is envied in the rest of the world."*  
**E. Zerhouni, Director of NIH**

Sources: <sup>1</sup>Burrill & Company, analysis for PhRMA, 2005–2009 (Includes PhRMA research associates and nonmembers) in PhRMA, "Profile 2008, Pharmaceutical Industry;" PhRMA, "PhRMA Annual Membership Survey," 1996-2009; <sup>2</sup>Adapted from E. Zerhouni, Presentation at Transforming Health: Fulfilling the Promise of Research, 2007; <sup>3</sup>NIH Office of the Budget, "FY 2009 President's Budget Request Tabular Data", <http://officeofbudget.od.nih.gov/ui/2008/tabular%20data.pdf>

## **Increasing Specialty Drug Development and Associated Costs**

- **Highly sophisticated protein structures derived from recombinant DNA technologies, most often given by injection or infusion.**
- **Specialty pharmaceuticals now represent 24% of all drug costs, projected to 40% by 2014**
- **Expenditures exceed \$73 billion annually, rising at twice the rate of conventional drugs**
- **Average cost per prescription is nearly \$2,000, with annual treatment costs ranging from \$5,000 to \$350,000**
- **Over 600 specialty drugs in development for 100 different diseases, including**
  - 250 for cancer,
  - 160 for infectious diseases,
  - 60 for autoimmune diseases,
  - 35 for HIV/AIDS

# Payment Innovation: Improving Value and Affordability

## Old Model:

Rate increases not tied  
to value

Reward unit cost

Inadequate focus on  
outcomes

Payment sometimes  
aligned with quality

## New Model:

Rate increases tied only to  
quality, safety, and value

Align all payment  
with quality

Lower cost without  
adversely affecting  
outcomes

Improve quality



# Hospital Quality: Q-HIP® Hospital Quality Program

**Q-HIP® Hospital Pay-for-Performance rewards quality, safety, outcomes, and patient satisfaction**

## Patient Safety Section

(35% of total Q-HIP® Score)

- Computerized Physician Order Entry (CPOE) Adoption (Stage 1 Meaningful Use Criteria)
- IHI Improvement Map – Medication Reconciliation
- WHO Surgical Safety Checklist
- NQF Recommended Safe Practices
- NQF Emergency Care Standards
- NQF Perinatal Measures

## Member Satisfaction Section

(10% of Total Q-HIP® Score)

- H-CAHPS Survey Results

## Patient Health Outcomes Section

(55% of total Q-HIP® Score)

### PCI Indicators

- 4 ACC-NCDR/Indicators for Cardiac Catheterization/PCI

### Joint Commission/CMS Nat'l Hospital Quality Measures

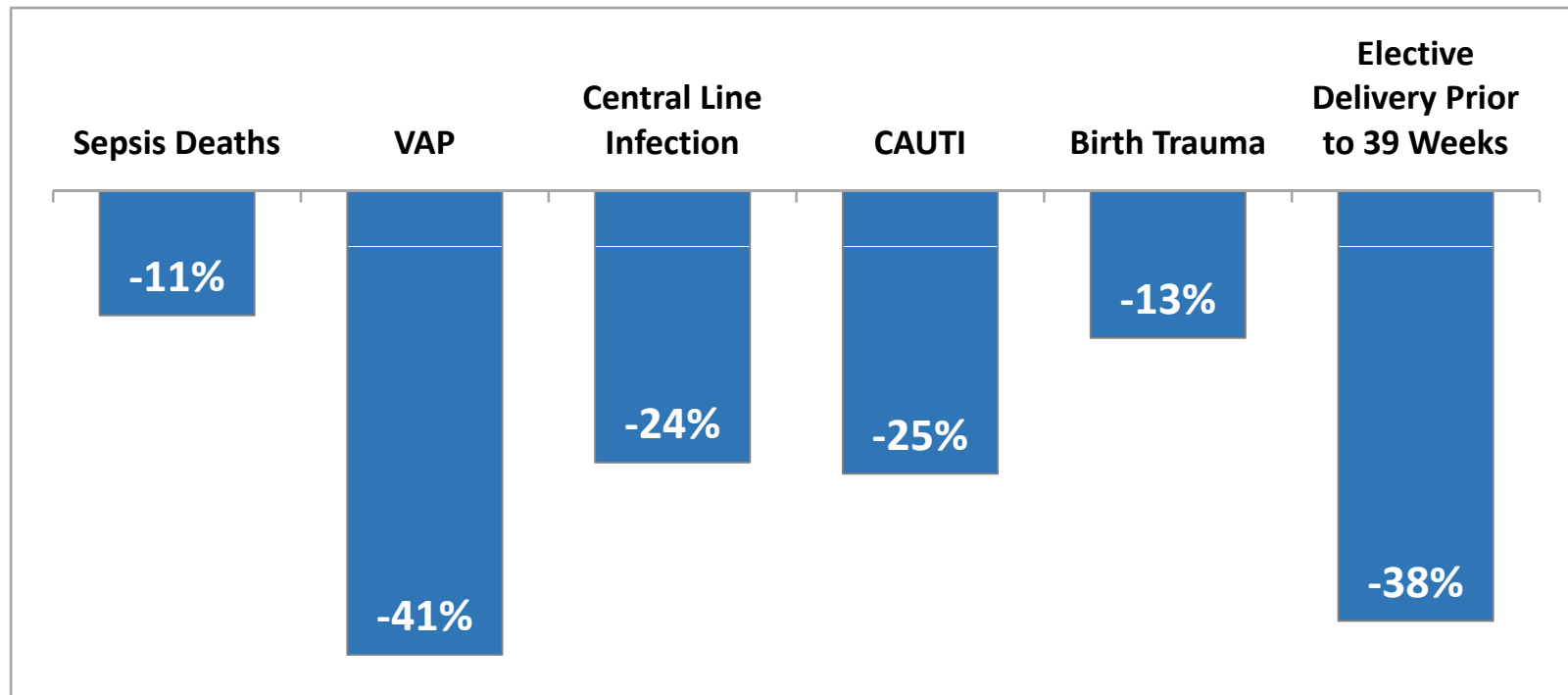
- Acute Myocardial Infarction (AMI) Indicator
- Heart Failure (HF) Indicator
- Pneumonia (PN) Indicators
- Surgical Care Improvement Project (SCIP) Measures

### NSC Indicators

- 4 JC/NQF Nursing Sensitive Care Indicators

### CABG Indicators

- 4 STS Coronary Artery Bypass Graft (CABG) Measures



## PCMH Results



NEW HAMPSHIRE

- Quality measures for diabetes care improved
- 32% lower costs compared to rest of New Hampshire
- 17% lower ED visits compared to rest of New Hampshire



NEW YORK

- Inpatient rate 12% - 23% lower for PCMH providers
- ER rate 11% - 17% lower for PCMH providers
- Total medical and Rx cost for PCMH members was 14.5% lower than for members seeing non-PCMH providers



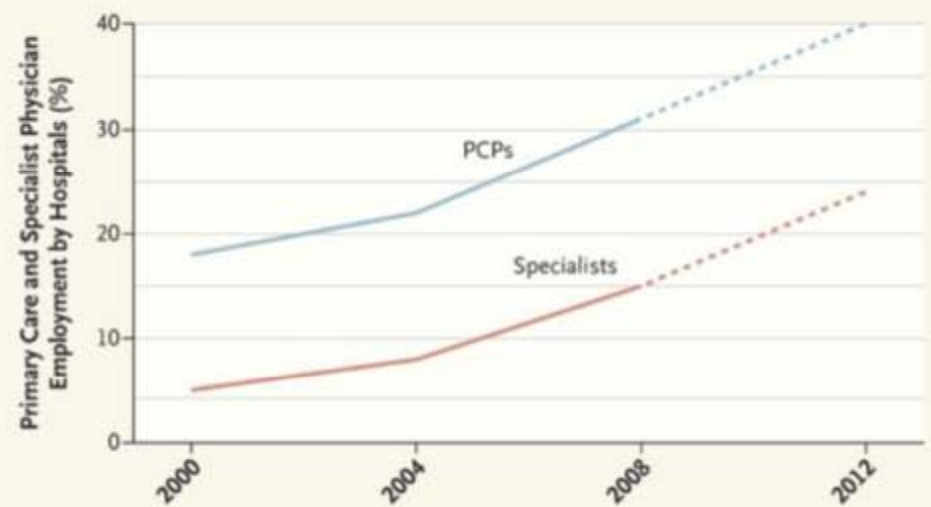
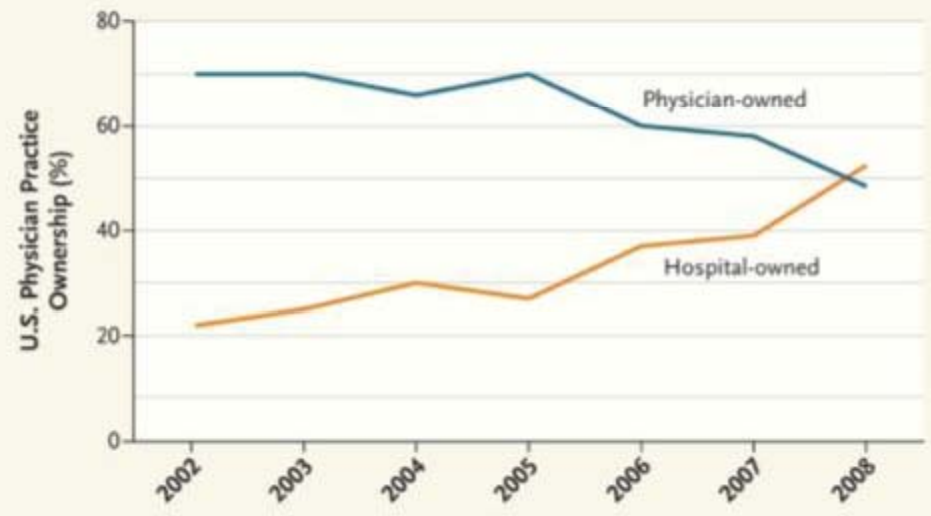
COLORADO

- 18% *decrease* in acute IP admissions compared to 18% *increase* in control group
- 15% *decrease* in total ER visits compared to 4% *increase* in control group
- Specialty visits remained flat compared to 10% *increase* in control group



# Hospitals and Physicians: An Evolving Landscape

- Half of US physicians are employed by hospitals/ integrated delivery systems
- MGMA: In 2009 more than 65% of established physicians and 49% of physicians post residency/fellowship placed in hospital-owned practices
- Hospitals lose \$150,000-\$250,000 per year over the first 3 years of employing a physician
- Hospitals absorb this loss to influence referrals to their specialists or to create ACOs



Source: Robert Kocher, M.D., and Nikhil R. Sahni, B.S. N Engl J Med 2011; 364:1790-1793 and MGMA Physician Placement Starting Salary Survey; 2010 Report based on 2009 Data

# Insurers and Providers: An Evolving Landscape



- \$475M contribution to 5-hospital West Penn Allegheny
- This “affiliation” will enable West Penn to move from fee for service to salaries for physicians and offer incentives for quality and efficiency goals



- 300 medical centers in 42 states; 240 worksite health-care facilities
- Will provide urgent care, wellness programs, and physical and occupational therapy to 3 million Humana members near a Concentra center



Monarch HealthCare<sup>®</sup>  
A MEDICAL GROUP, INC.

- United’s OptumHealth services unit acquires Monarch: 2300 doctors; 30+ urgent care centers; access to 20 hospitals in Orange County
- OptumHealth: previously entered into management agreements of two California groups, AppleCare Medical Group and Memorial HealthCare Independent Practice Association



CAREMORE  
It's what we do.™

- Provides Medicare Advantage coverage and coordinated care for 54,000 people in California, Arizona and Nevada
- CareMore’s 26 Care Centers are models for integrated health care and include a variety of services including medical evaluations and diabetes care

## Aligning economic incentives and providing tools for success



### Value-based reimbursement

- Fee Schedules
- Coordination fees
- Shared savings



### Expanded access, i.e. alternatives for visits “after hours,” virtual visits



### Payment for care management



### Exchange of meaningful information, i.e. identifying high risk individuals



- **Increased Quality and Efficiency Performance**
  - Increase compliance with evidence based care and preventive health guidelines
  - Reduction in avoidable ER, admissions and readmissions
  - Appropriate use of advanced imaging
  - Increase in persistent medication usage
- **Increased Care Management engagement and follow up**
- **Pharmacy utilization: Brand vs. generic**
- **PMPM Target Management**
  - Risk adjusted costs compared to established medical cost targets.
- **Increased Patient Satisfaction**

# Improving Primary Care: Comprehensive Primary Care Initiative

- CMS led private-public initiative testing a primary care service delivery and payment model in 5-7 locations
  - **Service delivery model:**
    - Risk-stratified Care Management
    - Access and Continuity
    - Planned Care for Chronic conditions and Preventive Care
    - Patient and Caregiver Engagement
    - Coordination of Care
  - **Payment Model:** monthly care management fee to primary care practices for fee for service Medicare beneficiaries; potential to share savings in 2-4 years; compensation from other private payers in the initiative





- ✓ Integrated Delivery System
- ✓ Academic Medical Center
- ✓ >1200 PCP's and specialists

## First Year Outcomes

- 5.81% decrease in acute IP admissions
- 18.0% decrease in ER visits where diagnoses have been flagged as "avoidable"
- 10.7% decrease in total ER visits
- Brand RX usage, measured by brand PMPM as percent of total RX PMPM, decreased by 2.9%
- 13.21% decrease in inpatient days
- Total PMPM reduction of 3.4% relative to projected costs





**“Medical home runs”: 4 primary care sites with 15-20% less cost (risk-adjusted) without lower quality**

**Common features:**

- **Exceptional individualized treatments for chronic illness**
- **Efficient service provision**
- **Careful selection of specialists**
- **Successful innovation in an unsupportive environment**

*Source: “American Medical Home Runs,” Arnold Milstein and Elizabeth Gilberston, Health Affairs, September/October 2009 vol. 28, no.5 1317-1326*

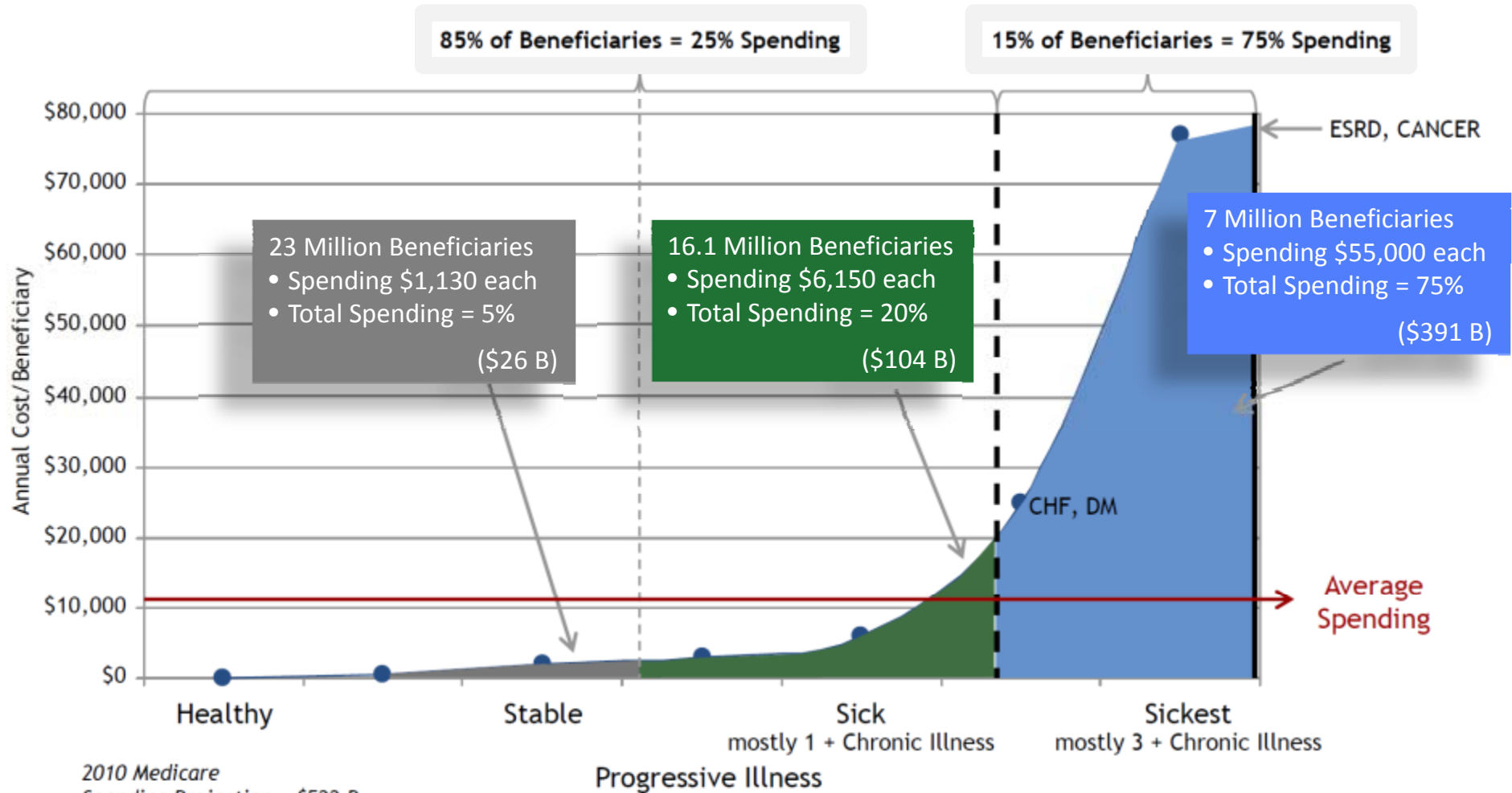
# Targeting Super-Utilizers, “Hot Spotters”



- **Atul Gawande\***: focus on “super-utilizers” to cut medical cost
- 1% of patients in Camden cause 30% of medical cost ; For WellPoint, 1% incur 28% of total costs
- A physician led team including a nurse practitioner and social worker helps super-utilizers with medical issues and preventive health efforts
- **Results for first 36 patients:**
  - 40% reduction in average monthly hospital and ER visits
  - 56% reduction in average hospital bills

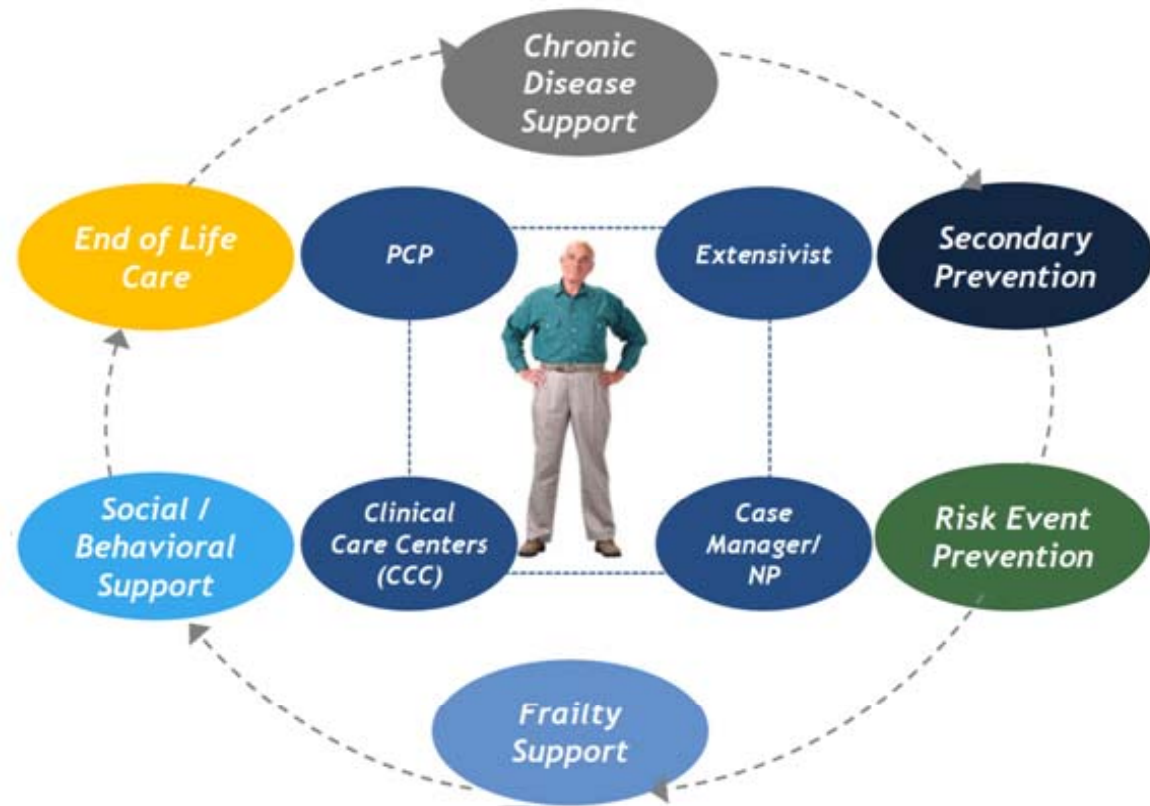
\* *The New Yorker*, January 24, 2011

# Healthcare Costs are Concentrated



2010 Medicare  
 Spending Projection = \$522 B  
 46 Million Beneficiaries  
 Spending Per Beneficiary = \$11,347

- Care Centers provide a “Healthy Start” initial evaluation and integrated care that combines wellness and medical supervision and offers personalized health planning
- Extensivists intensively manage chronically ill members
- Biometric monitoring applied to care management



# Dramatically Improved Outcomes for Chronic Diseases

## Diabetes



### Result

**7.08 average HbA1c  
for those attending  
our diabetic clinic**

## End Stage Renal Disease



### Result

**50% reduction in  
hospital admission  
rate in 5 months**

## Congestive Heart Failure



### Result

**56% reduction in  
hospital admission  
rate in 3 months**

## Results Demonstrate Model Efficacy

	CareMore 2010 *	Medicare FFS 2009
Days/1000	870	1842
Admits/1000	241	335
Average Length of Stay	3.6	5.5
Readmission Rate	14%	20%

Source: CareMore data

Source: Kaiser Family Foundation

\* CareMore statistics inclusive of ESRD, are adjusted for risk [1] and for prevalence of ESRD [2]

[1] Risk adjustment based on CareMore average Part C RAF score in CY2010 of 1.17 relative to an assumed Medicare FFS RAF score of 1.0

[2] CareMore has a higher prevalence of ESRD patients, about 1.8% of total members than Medicare FFS, which is about 0.5% of total eligibles.



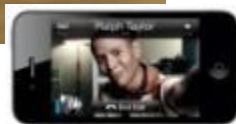
## Case Mgmt via Web Cam



## Wireless Biometrics



## Mobile-to-Mobile Video Chat



## HDTV Case Management

**LiveHealth**  
ONLINE

Home | My Agenda | Assessments | Provider Search | Message Center | My Health | My History | Help

Welcome Katherine L. Smith | My Account | Log Out

You are now connected to Otto Matic

Time Remaining: 3:50 [End Conversation](#)

**Video** [Disable Camera](#)



**SPEAKER VOLUME** **MIC VOLUME**

**Chat**

Otto M  
I will no  
Kather  
It really  
Otto M  
I have  
Ameri  
Otto Ma  
tab)...

Health History

Provider Entries

Conversation Info

## Provider Entries

### Provider Notes

Need to make sure her PCP is informed of the situation.

### Prescriptions

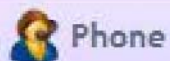
Code	Description
00378075110	Cyclobenzaprine HCL 10mg Tab TID 30

### Diagnoses & Procedures

Code	Description
492	Diabetes - gestational

### Follow-Up Suggestions

- Adult onset diabetes(Diabetes type II, Non-Insulin dependent)
- Conversation with Health Coach



**Phone**

[Connect via Phone](#)

☒ **Allow Phone** PIN: 1234

My number:

[Update](#)

Provider is available for a phone connection

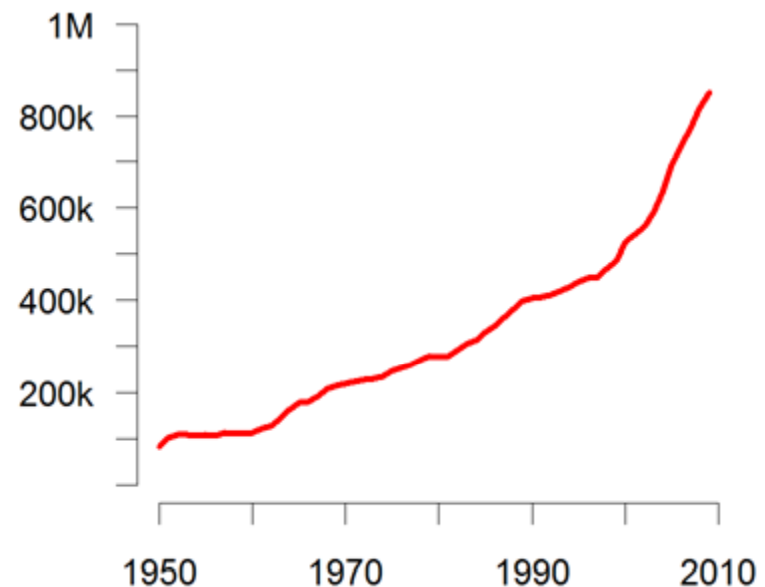
# Potential of Artificial Intelligence

## Artificial Intelligence offers unique value for clinical input

- Ability to manage **large amounts of unstructured data**, even in natural language form (e.g. a normal journal article or an MD clinical summary)
- Influence **evidence-based care** by providing real-time, value-added, actionable insights to clinicians
- Unique **capability to learn**, train, and optimize its own algorithms from historical decisions

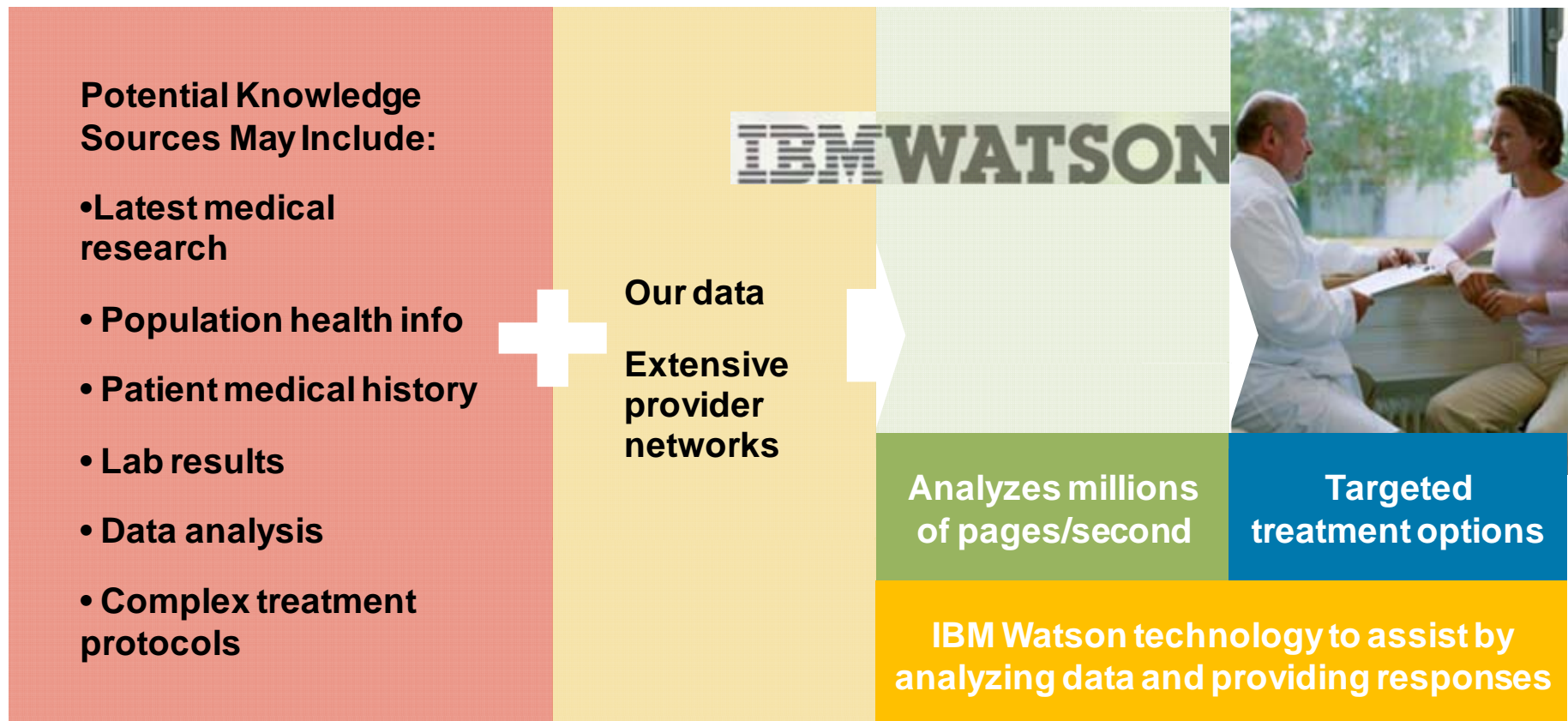
- ➔ **Probability based diagnosis and treatment recommendations**
- ➔ **Defined by Evidence Based Medicine**
- ➔ **Streamlined authorization/approval of procedures and treatment**

## MEDLINE-indexed articles published per year



- ➔ **Over 21 million articles in Medline**
- ➔ **Almost 1 million new articles per year**
- ➔ **1.6 billion searches in 2010**

# IBM Watson: Potential to Help Doctors Make Better Decisions—Faster



## History: Bone Marrow Transplant

- Bone marrow transplantation (BMT) for breast cancer entered medical market in the 1980s before meaningful effectiveness studies were done
- Between 1988-1998, 30,000 procedures and \$5 Billion in medical costs
- Congress and States enacted mandatory coverage legislation in 1994
- 1999 research showed no difference in survival and lower quality of life
- Delayed research and introduction of promising therapies

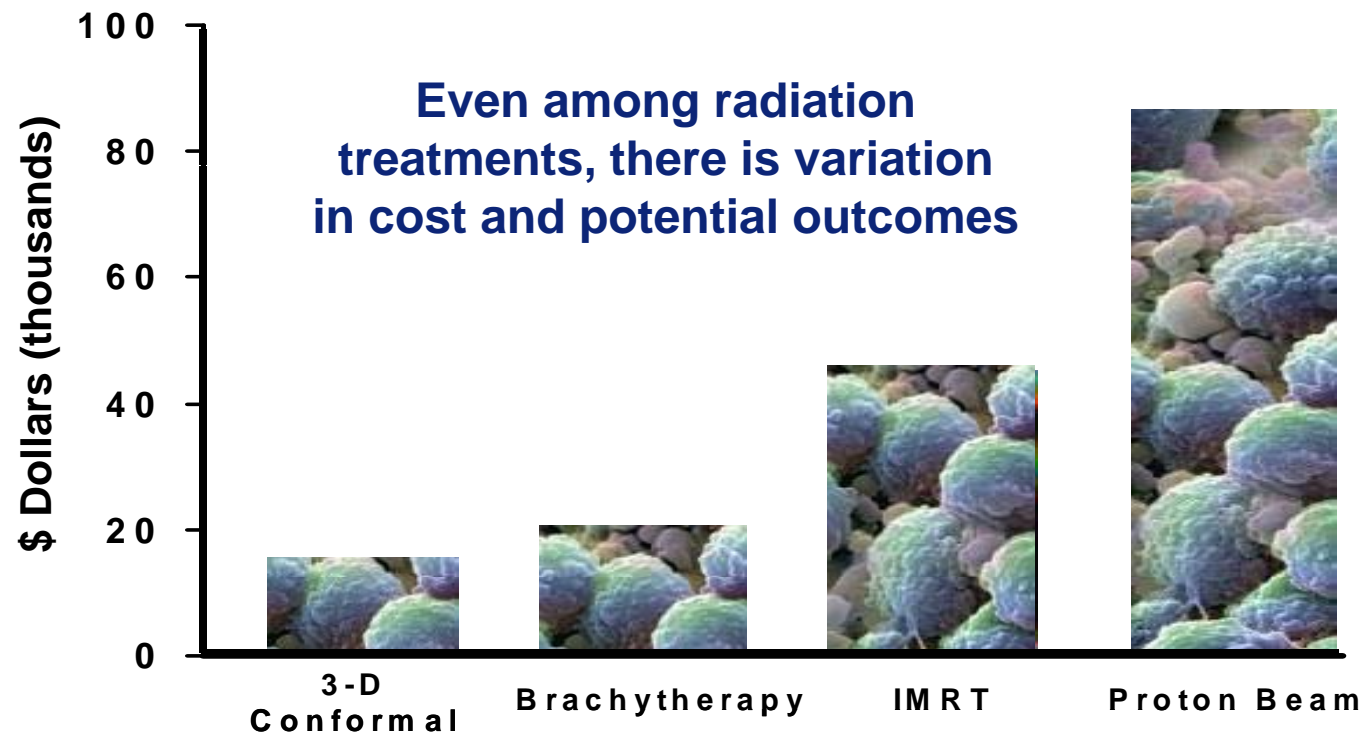
## Today: HER2 Genetic Testing

- 215,000 new breast cancer cases annually; 25-30% of women with breast cancer express the HER2 protein
- Trastuzumab (Herceptin®) is a recombinant DNA monoclonal antibody that targets tumor cells that over express the HER2 protein
- In 2005, two new major clinical trials expanded indications for this biotechnology



# Emerging Medical Technologies and Comparative Effectiveness

## Diagnosis and Treatment of Prostate Cancer is Controversial



Comparative effectiveness can assess outcomes, quality of life, and survival



# Back Pain Treatment Options, Risks, and Benefits

- **Facts on Back Pain**

- 9 of 10 Americans experience back pain
- #1 cause of lost work productivity
- \$90B spent nationally on treatment
- Most pain resolves within 6 weeks independent of treatment

- **Study of 172,000 Anthem Members in 6 States**

- 1,000 surgeries during first 6 weeks
- 35,000 imaging procedures within first 6 weeks
- Care dependent on initial treating physician

- **Value and Benefits**

- Collaboration with American Academy of Family Physicians
- New payment models including bundling of payments
- Educate members/physicians on treatment options



## WellPoint Position: CER Promotes Value and Innovation

**Collaboration amongst health care system stakeholders is central to making CER work**

- **Address unsustainable health care costs**
  - Limited resources threaten innovation
- **Help patients choose more effective treatments**
  - Fewer unnecessary services = health system savings
- **Quality first, then affordability**
  - Superior treatments deserve our nation's investment
  - Comparable treatments should be chosen on value
  - Selectively effective personalized treatments should be managed by physicians and patients
  - Remove inappropriate/ineffective treatments

**SUPERIOR**

**COMPARABLE**

**PERSONALIZED**

**INEFFECTIVE**



## Consumer Experience Tools





# Closing Gaps in Evidence-Based Care

Report of: Adam  
Birth Date: February 28, 1946

Member ID : 00123456-01  
Group Number: GRX 123456

## Your Medical & Prescription Claims

Your recent medical and prescription claims as of

May 23, 2008

## Suggestions for You

Suggestions are based on your available claims as of

May 23, 2008

Date	Service/Prescription	Qty	Days	Doctor/Prescriber(*)	Paid(**)
<b>Visits</b>					
05/23/08	Office Visit	--	--	Lyon, Samuel F.	\$95.00
05/17/08	Office Visit	--	--	Wilson, Michelle L.	\$95.00
05/15/08	Office Visit	--	--	Lyon, Samuel F.	\$95.00
04/15/08	Office Visit	--	--	Jones, Terry M.	\$95.00
02/02/08	Office Visit	--	--	Wilson, Michelle L.	\$105.00
<b>Prescriptions</b>					
05/01/08	Metformin - 500 mg	30	30	Jones, Terry M.	\$16.50
05/23/08	Metformin - 500 mg	30	30	Wilson, Michelle L.	\$45.50
02/10/08	Lipitor - 20 mg	30	30	Lyon, Samuel F.	\$95.95
01/10/08	Lipitor - 20 mg	30	30	Lyon, Samuel F.	\$95.95
03/09/08	Aspirin - 81 mg	60	30	Lyon, Samuel F.	\$95.99
02/10/08	Aspirin - 81 mg	60	30	Lyon, Samuel F.	\$95.99
01/10/08	Aspirin - 81 mg	60	30	Lyon, Samuel F.	\$95.99
02/10/08	Aspirin - 81 mg	60	30	Lyon, Samuel F.	\$95.99
01/10/08	Aspirin - 81 mg	60	30	Lyon, Samuel F.	\$115.99
01/10/08	Aspirin - 81 mg	60	30	Lyon, Samuel F.	\$115.99
<b>Other Medical Services</b>					
05/23/08	Cholesterol Panel	--	--	LabCorp Laboratories	\$115.40
04/09/08	Medical Equipment	--	--	Licensed Medical Mart	\$100.00
03/20/08	Ambulatory CR Visit	--	--	St. Luke's Hospital CR	\$200.00
03/09/08	Cholesterol Panel	--	--	LabCorp Laboratories	\$115.40
02/04/08	CT X-Ray, Abdomen	--	--	Radiology Assoc. - SPSL	\$204.35
01/10/08	CT X-Ray, Abdomen	--	--	Monk Hospital - Rad	\$204.35

\* Doctor/Prescriber listed may be neither name than that medical office/provider.

\*\* This amount is the total paid by you and your health plan.



### Ask your doctor about blood thinner medication (10000) \*

Your medical claims show you have a heart condition called atrial fibrillation, and your prescription claims show you are not taking a blood thinner medication. Atrial fibrillation is an uneven heartbeat that can cause blood clots and strokes. Blood thinners can prevent blood clots and lower your risk of a stroke. Ask your doctor soon if you should take a blood thinner.



### Keep taking Metformin as directed (118) \*

Your prescription claims show you take metformin. Although you recently refilled your prescription, your claims show you are not refilling it as often as you should. This drug can help lower your risk of heart disease, stroke and blindness. If you think your medication is not helping you, or if you are worried about cost or side effects, talk to your doctor soon. Keep taking metformin as directed until you talk to your doctor.



### Save \$396 - Ask your doctor about switching from Aspirin (3000) \*

Your prescription claims show you take Aspirin. You can save money if you take aspirin, a generic drug that is as safe and effective as Aspirin. Ask your doctor if aspirin is right for you.

Drug Name	Your Cost	Your Annual Cost	You Save
Aspirin - 81 mg	\$10	\$20	---
Aspirin - 81 mg	\$7	\$14	\$396




### More Information For You From Harvard Medical School

Visit <http://harvard.resolutionhealth.com/> and enter the number shown in [ ] to get information on your conditions, treatments and medications.




# Anthem Care Comparison: Cost and Quality Information for Consumers

**Anthem**  **MyAnthem™**

[En Español](#) [Contact Us](#) [Logout](#)

**Anthem Care Comparison**



## Anthem Care Comparison

We make it convenient to find healthcare providers and facilities that match your particular situation. However, it is important to note that you may need services from a provider such as a radiologist, an anesthesiologist, a pathologist or a neonatologist. Although we make every effort to ensure that these providers are participating providers, not all facilities may require these providers be in our network.

Therefore, please insure your provider is in network prior to receiving care by checking your online provider directory, calling the Customer Service number on your ID card, or by contacting the provider. Should you need the services of an out-of-network provider, you may be subject to balance billing (charges over and above the in-network rate).

Consumer can see side-by-side comparisons of inpatient and outpatient procedures; diagnostic tests and office visits; and provider service frequency.

Cost and Quality Included

**1 CHOOSE REPORT** — **2 CHOOSE HOSPITALS** — **3 RANK**

### Report on Spinal Fusion

This report compares hospitals within 30 miles of Washington, DC for Spinal Fusion, and is based on your selections and rankings. This is just one of several sources you should consult to select a hospital; always consult your physician about what decision is right for you.


**Find a facility for a procedure or condition...**

Select the type of service you are looking for:

☒ All Services ☐ Outpatient Services ☐ Inpatient Services

Select a body part or use the menus below to select a Category and a Procedure/Diagnosis:

MALE FEMALE



FRONT BACK

**Explanation**

The spine is made up of many small bones called vertebrae. Spinal fusion is surgery to join two or more of the vertebrae together. It is done to treat deformity, arthritis, and injury.

Category:

Procedure/Diagnosis:

Location (city, state or zip):  Within:  miles [CONTINUE](#)

**Summary** **Patients** **Mortality** **Complications** **Length of Stay** **Safety** **Patient Experience** [Related Reports](#)

Overall	Name	Patients/yr	Mortality	Complications	LOS
+	<a href="#">Baltimore Washington Medical Center</a>	<input type="radio"/>	+	+	+
+	<a href="#">Inova Fairfax Hospital</a>	<input type="radio"/>	+	+	+
+	<a href="#">Anne Arundel Medical Center</a>	+	+	-	+
○	<a href="#">Inova Fairfax Hospital</a>	+	+	-	○
○	<a href="#">Washington Hospital Center</a>	○	+	○	-
○	<a href="#">Georgetown University Hospital</a>	+	+	-	-
-	<a href="#">Virginia Hospital Center - Arlington</a>	○	+	-	○
-	<a href="#">Reston Hospital Center</a>	+	-	-	○
-	<a href="#">George Washington University Hospital</a>	○	-	○	-

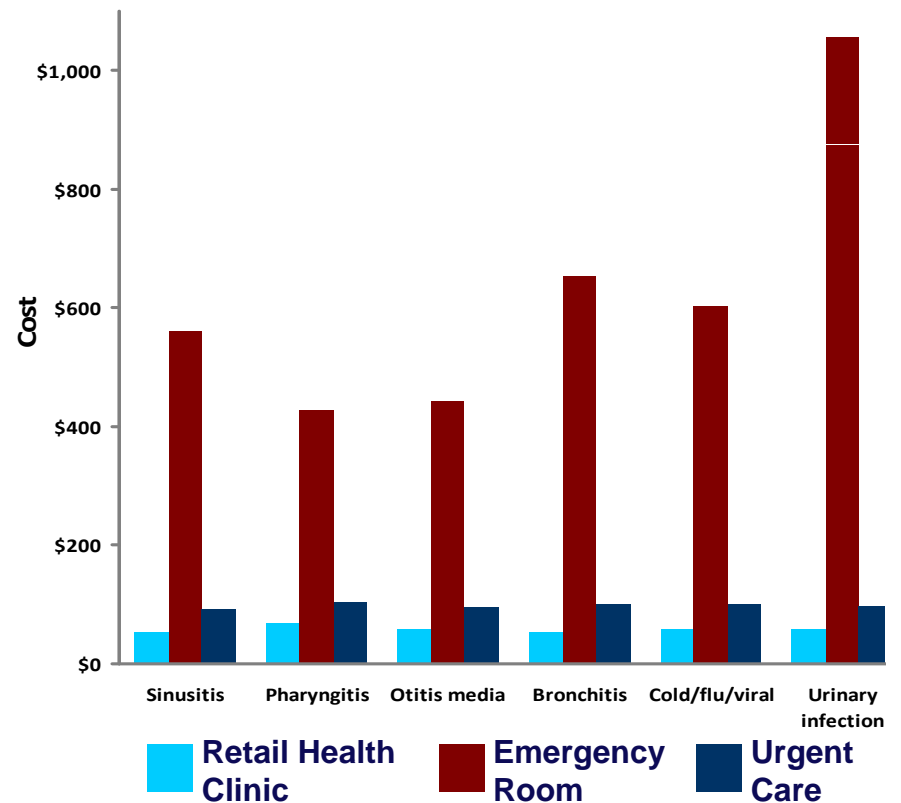
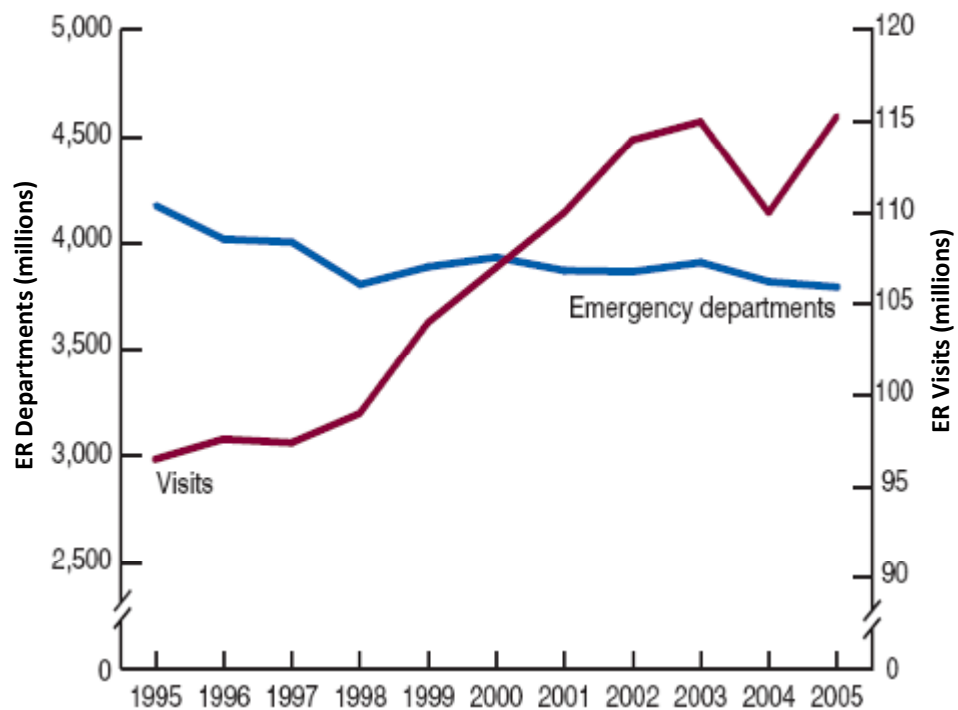
[About the Data](#) [Print report](#) [Email report](#) [Questions To Ask Your Doctor](#)

# Anthem Care Comparison: Variance in Cost for Spinal Fusion

This report compares providers within 5 miles of Washington, DC for **Spinal Fusion (Posterior)**. This is just one of several sources you should consult to select a service provider; always consult your physician about what decision is right for you.

Name	Location	Distance	Typical Cost Low	Typical Cost High	Number of Services/Year	Blue Distinction Center
						
George Wash Univ	900 23rd St NW Washington, DC 20037 202-715-4000	2 mi ( <a href="#">map</a> )	\$41,805	\$47,030	N/A	
Washington Hospital Center	216 Michigan Ave NW Washington, DC 20017 202-877-7000	2 mi ( <a href="#">map</a> )	\$41,805	\$47,030	N/A	
Georgetown Univ	3800 Reservoir Rd NW Washington, DC 20007 202-444-1400	3 mi ( <a href="#">map</a> )	\$62,707	\$67,933	N/A	
Montgomery General Hospital	18101 Prince Philip Dr Olney, MD 20832 301-774-8882	17 mi ( <a href="#">map</a> )	\$38,807	\$43,119	N/A	
Fair Oaks Hospital	3600 Joseph Siewick Dr Fairfax, VA 22033 703-391-3600	19 mi ( <a href="#">map</a> )	\$50,213	\$54,579	143	
Baltimore Washington Medical Center	301 Hospital Dr Glen Burnie, MD 21061 410-787-4000	27 mi ( <a href="#">map</a> )	\$25,921	\$29,624	N/A	
Saint Agnes Hospital	900 Caton Ave Baltimore, MD 21229 410-368-6000	31 mi ( <a href="#">map</a> )	\$47,350	\$51,654	N/A	
Mercy Medical Center Inc	301 Saint Paul St Baltimore, MD 21202 410-332-9000	34 mi ( <a href="#">map</a> )	\$34,436	\$38,741	N/A	
University of Maryland Medical Center	22 S Greene St Baltimore, MD 21201 800-373-4111	34 mi ( <a href="#">map</a> )	\$38,741	\$43,045	N/A	

# ER Appropriate Use and Cost Provides Opportunity for Alternate Sites for Care



Source: CDC/NCHS National Hospital Ambulatory Medical Care Survey, American Hospital Association



# Non-Emergent Care From ER to Alternative Sites

## Educate Members on ER-alternatives

- Video on member websites
- Educational brochures, letter, and e-mail
- 24/7 Hotline provides care guidance and educates on appropriate setting for condition

## Google-Map and Smart Phone Applications

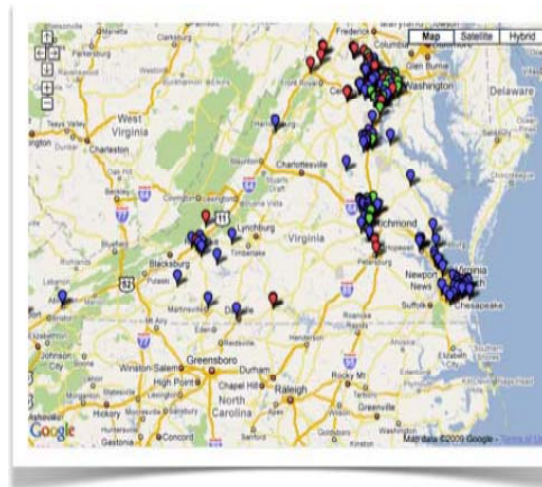
- Point-and-click contact info, hours, location
- Directions from home or location

## Member Incentives

- A co-pay increase for ER visits

## Results

- Non-emergent ER use decreased 20%
- Members in program twice as likely to choose retail clinic





**34 million members' claims, pharmacy, and laboratory data enables population safety and public health research**

- **FDA Vaccine and Biologics Safety Surveillance: H1N1 Vaccine**
- **FDA Drug Safety Surveillance**
- **More than 110 Research Projects Underway**
  - Breast cancer, asthma, rheumatoid arthritis, low back pain, multiple sclerosis

