Healthcare Performance Management in the Era of “Twitter”

Harnessing the Social Networking Phenomenon
Executive Summary
At a time when health plan costs for employers and their employees are spiraling out of control, companies have a new secret weapon at their disposal: healthcare performance management (HPM). By freeing health data from silos and fostering sharing and collaboration across platforms and among patients and healthcare entities, it is easier to achieve the full promise of Health 2.0 initiatives: lower costs and better patient outcomes.

One key area of innovation in the healthcare arena is the advent of social media, which is fast becoming a tool for connecting healthcare consumers and providers. Such online collaborations are at the core of Health 2.0 strategies and are radically transforming the way patients, providers and researchers approach healthcare in everything from wellness programs to chronic disease management.

In this report, we will examine how social media and other Health 2.0 initiatives are transforming the healthcare marketplace and how organizations can leverage the power of HPM technology to connect plan sponsors, members and the provider community in a cost-efficient interactive healthcare system that promotes better health for employees.

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Transforming Healthcare With Social Networking

“Internet-enabled communities of patients and providers are coming together to communicate and collaborate,” explains Brian Klepper, Ph.D., Healthcare Analyst and Consultant, Health 2.0 Advisors. “In so doing, these virtual communities are reshaping the way that healthcare is delivered and consumed,” he says.

The numbers back up this bold assertion. According to a report last year by the Pew Research Center and the California HealthCare Foundation, 61 percent of Americans are turning to the Internet for health information — particularly for consumer reviews and comments. “The Social Life of Health Information” found that 59 percent of people did at least one of the following activities online:

- Read someone else’s commentary or experience about health or medical issues on an online news group, website, or blog;
- Consulted rankings or reviews online of doctors or other providers;
- Consulted rankings or reviews online of hospitals or other medical facilities;
- Signed up to receive updates about health or medical issues;
- Listened to a podcast about health or medical issues

“Technology providers and healthcare performance management companies recognize the transformational capability of these trends and are working to support them,” says Henry Cha, CEO, Healthcare Interactive.

One example of this is the Point to Point (P2P) Healthcare solution offered by Healthcare Interactive and WellNet Healthcare Group. That technology combines a repository for storing and analyzing medical and pharmacy data with an online social network that links a company’s employees with all of their care providers.

The goal is to promote employee wellness while eliminating waste and reducing excessive medical-benefit costs. The HPM technology enables plan sponsors to receive and evaluate medical and pharmacy claims data in a HIPAA-compliant manner, allowing companies to forecast and manage risk.

This is combined with an online healthcare social network through which employees may communicate securely with all their care providers, saving employees money and improving their health outcomes.

This approach has been proven in cases such as the Veterans Administration’s VistA healthcare system, which enables all its doctors to communicate online in a private, secure manner to coordinate care for the plan’s three million members. Use of VistA, VA officials say, has cut per patient healthcare costs by 30 percent because patients are more engaged, care is provided in a timely manner, and unnecessary tests and procedures are avoided.

“The goals are similar for P2P,” says Cha. “From a social media perspective, doctors are able to have direct interactions with patients about medication experiences, for example. Their responses can then be used to better understand what medicines and treatment protocols are working and which aren’t. Then this kind of collaboration can be used to improve outcomes,” he explains.

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PatientsLikeMe Blazes New Trail

"Healthcare social networks are springing up everywhere and one of the most successful is PatientsLikeMe, an online community for people with life-altering illnesses," says Klepper.

Healthcare consumers who use the site reported significant benefits in a survey published by The Journal of Medical Internet Research in June 2010.

Nearly 7,000 members from six of the site’s communities (ALS, Multiple Sclerosis, Parkinson’s Disease, HIV, fibromyalgia and mood disorders) were sent a survey invitation. Of the 1,323 respondents to the invitation, 72 percent said that the site was “very” or “moderately” helpful in informing them about a symptom they were experiencing, and 57 percent found it helpful for understanding the side effects of their treatments.

Use of the site was associated with increasing levels of comfort in sharing personal health information among those who initially had been uncomfortable. Overall, 12 percent of patients changed their physician as a result of using the site; this figure was nearly double (21 percent) among patients with fibromyalgia.

On community-specific questions, 41 percent of HIV patients reported having reduced their risky behaviors and 22 percent of mood disorder patients said they needed less inpatient care as a result of using the site.

But PatientsLikeMe is more than just a social community for patients.

"It enables greater collaboration throughout the healthcare industry where that information is needed most." says Klepper.

The web site itself takes information gained and shares it back to the research community to produce new kinds of protocols and benefits. And that value-added sharing of information doesn’t typically occur between healthcare providers and researchers, so there is significant benefit to such an application. Overall, the PatientsLikeMe survey is important because it quantifies some of the vast potential that exists with online data-sharing platforms. And the industry is only beginning to scratch the surface of that opportunity. A robust HPM-enabled technology platform can broaden the ways that information is shared in the context of social media.

And the value proposition doesn’t stop there. New applications will enable patients to interact with one another in an anonymous methodology and accept a corporate wellness challenge — receiving various incentives for adopting healthier behaviors and sharing best practices with one another.

In addition to engaging patients on a behavioral level, there are two other levels of engagement that also apply to providers: the incentive level and the collaborative level.

"Just as patients can receive incentives to engage in better health practices, so can providers be offered incentives to collaborate on patients, develop new protocols, comment on and create information, etc.," says Cha.

In such an arrangement, physicians could be compensated for answering messages in secure email or by following up with patients online; extending patient encounters
beyond traditional face-to-face appointments. They also can be compensated for keeping up to date on the latest developments in healthcare by accessing new research, obtaining information on clinical trials and seamlessly enrolling their patients in those clinical trials.

Streamlining Healthcare Delivery With Health 2.0

While most players in the healthcare industry readily admit collaboration is a worthy goal that can drive down costs while improving patient outcomes, current information infrastructures make that task challenging. Healthcare data traditionally has been stuck in an information silo, making it difficult for providers to collaborate with one another and for patients to access data and information.

“The ultimate solution will require robust systems that can allow for very flexible data to be shared, and accomplishing that goal will require business leadership,” says Cha.

“A linchpin of this strategy is the empowerment of primary care physicians as part of on-site employer health clinics and medical "homes" on the web," he says.

In that web environment, doctors can utilize analytical tools and resources to identify "at risk" patients among a company’s pool of employees.

"By collaborating on data with other physicians it is possible to not only identify which patients have risk factors and need to be focused on, but also which doctors and hospital services have the best outcomes and which need to be avoided," says Klepper.

One example of how such a system would work is the case of the Toms River School District in New Jersey, which opened an employee health clinic in October 2009. In the first three months of operation, the average health care cost per employee dropped by $1,950 — a premium reduction of 19 percent. At that rate, the school system is poised to save $2 million in its first year.

Creating an HPM system that could deliver metrics to empower the clinic’s primary care physicians was a big part of the success. By using that data, leaders were able to create incentives to increase the average clinic visit time from seven-and-a-half minutes to 20 minutes.

“This approach enables the physician to more actively monitor a patient’s health, which results in fewer visits to specialists and fewer medical tests and procedures, because doctors have more time to investigate medical issues,” says Klepper.

Compared with the standard 25 to 30 percent referral rate to specialists, the Toms River clinic’s referral rate is between 10 and 11 percent. And when a patient is referred to a specialist, the approach is more collaborative because the doctors are actively communicating with one another about the overall treatment plan of the patient.

Specifically, the data and analytics make it possible for providers to identify — and better manage — two types of patients: those with chronic diseases and those likely to develop an acute condition over the course of the next year. Of all the money employers spend on health benefits, 60 to 65 percent will be spent on the first category of patient.
When a chronic patient is identified, the provider can immediately pair them with a clinic nurse. This on-site disease management nurse (who also can perform wellness and prevention duties) has regular, face-to-face interventions with the chronic patient that are aimed at producing a behavioral change and improving health.

Patients in the second group are paired up with the doctor, who is instructed to do whatever is necessary to diagnose the patient and prevent a major — and expensive — health care crisis. The key to being able to support this kind of healthcare management is end-to-end, web-based health care information technology. This enables the consolidation of analytics with claims data; electronic health records (EHR), drug and lab data to deliver a comprehensive, actionable picture of what’s going on with each individual patient.

“The bottom line is that when patient information is more transparent, it enhances the delivery of healthcare, reduces costs and improves quality,” says Cha. “The information also is valuable for measuring what forms of treatment work well and achieve the most successful outcomes,” he says.

In other cases, social media can make great strides in promoting wellness. Blogs such as The Health Sensei, for example, empower consumers to take more responsibility for their health by providing resources for wellness and fitness. Another example of paradigm-shifting tools is the WellCentive Patient Registry, which combines the capabilities of a Web-based, community-wide, point-of-care all-patient registry system with custom interfacing, customizable alerts, targeted patient outreach, comprehensive reporting tools, secure messaging features and direct reporting of outcomes to a variety of payors. The system also incorporates patient outreach tools, including an integrated automated telephone appointment and care reminder system.

In the same vein as WellCentive, HCI’s Point to Point Healthcare program also leverages digital technologies and social networks to align employee health imperatives with organizational productivity objectives. For instance, it provides employers with a workflow engine that automates the launch and ongoing management of different types of member-based programs.

**Conclusion**

Social networking and Health 2.0 initiatives are transforming healthcare in many different ways. The new collaborative technologies and Twitter-like internet connectivity tools foster a cooperative environment that allows organizations — and the people who work in them — to gain much greater control over many important healthcare factors.

In helping people work together to achieve better healthcare outcomes (i.e. healthier lifestyles), organizations reap the benefits of improved productivity.

These Health 2.0 initiatives also create benefits for physicians, because communication and collaboration with their patients and peers enables better treatment outcomes. Additionally, that information can be shared with the research community in a manner that increases the efficiency of drugs by providing real-time input on side effects and performance.
Ultimately, however, the pay-off from these initiatives will manifest themselves by driving down healthcare-related costs while improving the quality of care. This is a task that becomes far easier once health data is broken out of legacy silos and shared securely across platforms. That is one of the biggest lessons — and benefits — that have come from the advent of social networks. It is why social media is changing the way millions of consumers and patients manage their own health. It represents a tremendous opportunity for organizations that want to take control of an exploding line item in their annual operational budgets and reverse the cost curve while improving the health of employees.
About the HPM Institute

The Healthcare Performance Management Institute (HPM Institute) is a research and education organization dedicated to promoting the use of business technology and management principles that deliver better and more cost-effective healthcare benefits for employers who cover their employees. The Institute’s mission is to introduce and develop the new corporate discipline, HPM, a technology-enabled business strategy that tackles the challenge of controlling healthcare costs and quality in much the same way that enterprises have optimized customer relations, supply chain management and enterprise resource management. HPM provides C-level executives with visibility and control over company healthcare benefits spending trends and risk-management postures, while protecting individual employee privacy.

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