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Role of Healthcare Information Technology in Medicare and Medicaid Disease Management Programs



Breaking Through the Barriers of Healthcare Informatics: People Process & Technology
15th Annual Summer Institute in Nurse Informatics
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CENTER FOR HEALTH INFORMATION & DECISION SYSTEMS

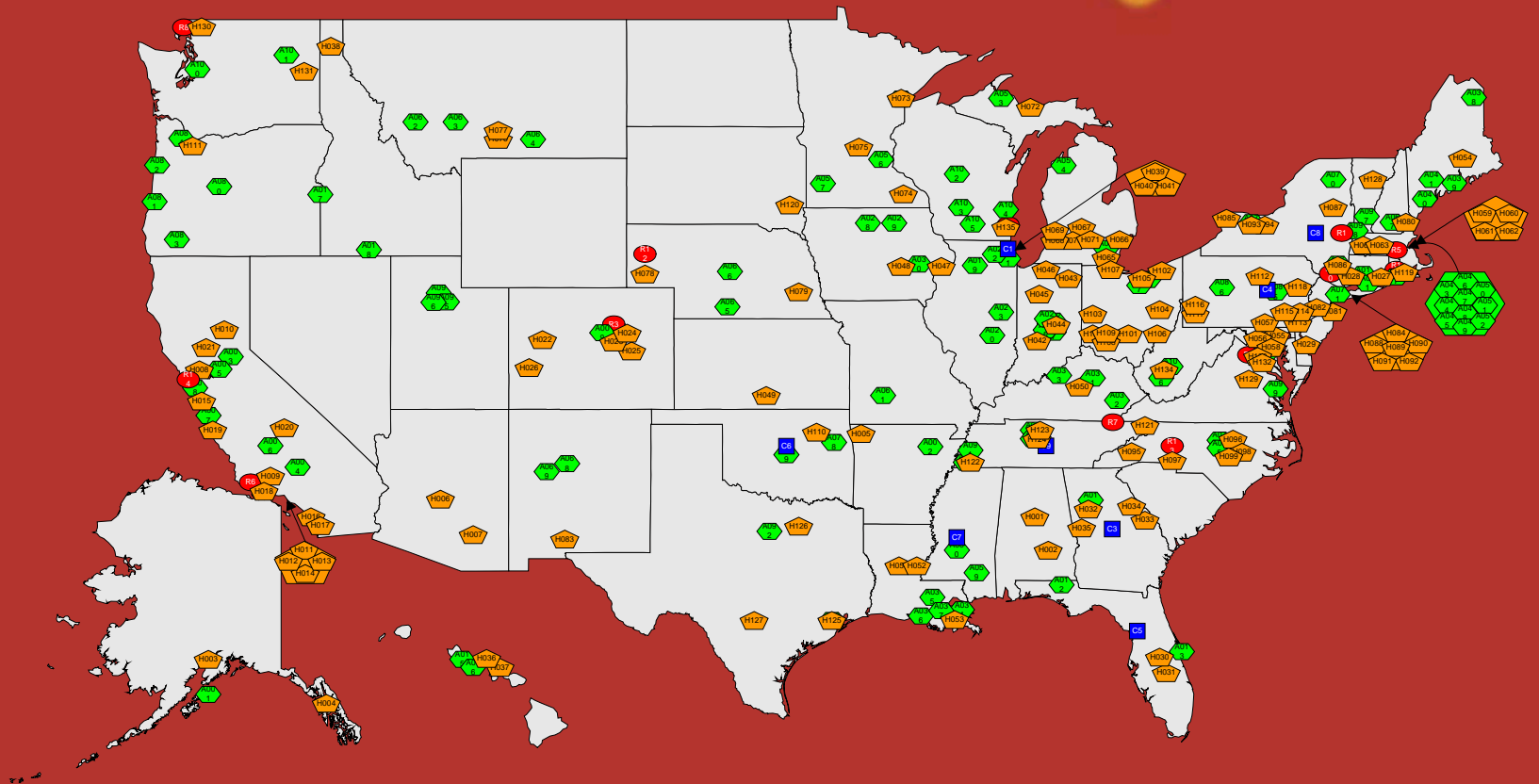
Presenters

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- Melissa Fannin, RN, MS, MBA, Center for Medicare and Medicaid Services
- Corey Angst, BSME, MBA, PhD candidate, Center for Health Information and Decision Systems



Health Information Technology

- HITbase
- Digital map



CMS/CCIP Demonstration Projects

- **CCIP-Related Projects:**
 - **Voluntary CCIP (fee-for-service)**
 - Medicare Advantage CCIP mandate
 - Coordinated care demonstration
 - Disease management for severely chronically ill
 - Physician group practice demonstration
 - Capitated disease management demonstration
 - End Stage Renal Disease, disease management
 - Medicare care management performance (P4P)
 - Care management for high cost beneficiaries



Voluntary CCIP - Description

- **Fee-For-Service CCIP**
- **Voluntary CCIP - created by Congress**
 - Can DM improve health care quality and reduce costs in the Medicare fee-for-service program?
 - Voluntary CCIP implemented in two phases.
 - Phase I - the initial, experimental stage beginning December 8, 2004 when qualified organizations run large-scale regional programs for 3 years with specific Medicare beneficiaries having certain chronic illnesses (CHF, complex diabetes, and COPD).
 - Phase II - take successful Phase I projects and expand them nationally to all of the Medicare fee-for-service program.



Voluntary CCIP - Goals

- **Stated goals - Improve clinical outcomes, reduce overall cost, and improve beneficiary and provider satisfaction.**
- **A review of RFP and Congressional Testimony reveal other objectives:**
 - Increase quality of care through greater coordination and communication, better use of evidence based medicine and prevention, and focus on outcomes
 - Lower costs by identifying appropriate care, reducing redundancies and altering utilization patterns, and requiring specific cost savings
 - Accelerate the adoption of HIT and integrate patient information across care settings (hospitals, physician offices, home health care, long-term care, community, or preventive services)
 - Performance-based reimbursement



Voluntary CCIP – Key Points

- If successful, the Medicare CCIP programs could turn the \$750 million nascent disease management industry into a \$5 Billion industry (for Medicare alone) over the next three to five years¹.
- Evaluations of the Voluntary CCIP will be performed on a regular basis and CMS will work with industry to disseminate the results².

¹ Private discussions with an organization that assisted with the evaluation of the Voluntary CCIP applications, and is continuing to work with CMS on the implementation and evaluation of the CCIP awardees.

² Discussion with Mark McClellan, Administrator Centers For Medicare And Medicaid Services, October 26, 2004.



Voluntary CCIP – The Players

- Aetna Health Management (partnered with LifeMasters)
- American Healthways
- Cigna HealthCare (partnered with American Healthways)
- Humana /Pfizer
- LifeMasters Supported SelfCare
- McKesson Health Solutions
- UnitedHealthcare Services
- XL Health



Key Insights

- Variety of models being tested: centralized, decentralized, high-tech, high-touch (outreach)
- Complete solution
- Proprietary and not fully integrated with other technologies
- Urban and rural settings
- Coordination with other CMS programs
- Results within 18 months of start



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