



Care Transitions: *The Employer Perspective*

**Payers are looking to
information technology
tools to rein in health
care costs**

by Bill G. Felkey



Employer health benefit managers increasingly want to hear about technology and how it can help them achieve their goals. For years, I have known that information technology is a common denominator in all health care disciplines and specialties. I recently returned from a business coalition meeting where I spoke in a special session with a pharmacist who was offering consultation services on contracting with and auditing pharmacy benefit managers. Though I have been invited to speak with attorneys who focus on health care, most of my perspectives focus on the health care provider mindset with pharmacists, physicians, hospital CEOs and their boards, nurses and nursing executives, and physician assistants.

There is a changing employer perspective that we need to consider. Why? Because these employers, like the government, are the ones paying all the bills and trying to figure out how to control their health care expenditures. For example, every automobile manufactured in the United States has between \$800 and \$1,500 in health care costs associated with each vehicle that comes off the line. The United Auto Workers (UAW) is actively negotiating with the automobile industry, which is carrying \$2 billion in health care fees for 135,000 employees and their families. Business coalition leaders are saying that health care suppliers keep raising their prices, and businesses just keep paying those prices. They are trying to figure out how they can slow this progression.

SHIFTS IN COVERAGE

How familiar are you with acronyms such as HDHP, HAS, and HRA? You live this every day, but I was surprised to learn from a national business coalition leader that 83 percent of all employers are now offering high-deductible health plans (HDHP) to their employees, up from 67 percent last year. Employee-owned health savings accounts (HSA) are now being used by 56 percent of U.S. business owners. And 18 percent of employers are setting up health reimbursement accounts (HRA). From a motivational perspective, this move means working with patients to make lifestyle changes, which can give them immediate monetary benefits. Becoming adherent to their medications and avoiding hospitalization brings about new opportunities to get patients' attention and help them manage their care transitions. You might be interested to know that specialty pharmacy was targeted as the latest out-of-control expense item.

So, what are employers seeking from health care providers? They are looking to form partnerships and gain advocacy relationships, replacing their health benefits with something they describe as the "employee experience." They have to recruit the best workforce for success, but the experience that workers have, including their health care, is what retains and promotes necessary innovation to change and stay

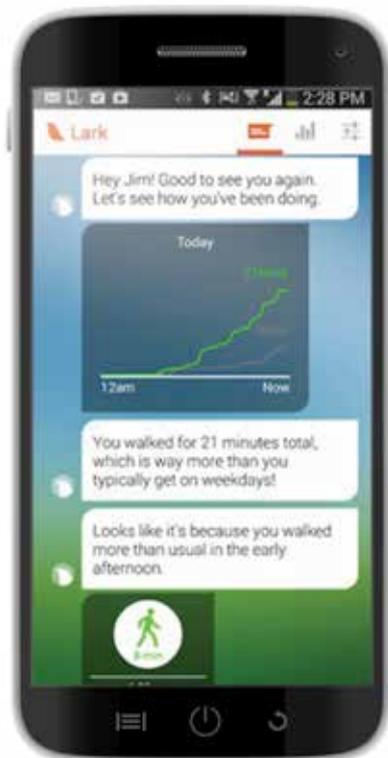


Figure 1. LARK is a free health coach app that can aid patients in the lifestyle changes mandated during transitions of care. It provides information, encouragement and logs activities, meals and outcomes data in a single place.

successful. A lot of what they see in technology includes using telehealth channels for their workforce. An organization called Doctors on Demand facilitates virtual visits and second opinions via smartphone. Do your local businesses know that a prescription can be delivered to the workplace to an employee who can stay on the job if that worker's non-infectious symptoms are relieved?

EMERGING TOOLS

Tools are emerging to assist in the well-being and preventative lifestyle changes that so many workers need. For example, I have been using a free health coach app called LARK. (See Figure 1.) It reminds me to log my meals and then rates them as being healthy, neutral, or unhealthy. It tracks my activity (automatically or by data entry) and connects to my blood glucose meter and the health app on my phone, which then connects to my digital scale and Bluetooth blood pressure cuff. As I am sitting here writing, my LARK app chimed and said, "I am saying this in love Bill, but I noticed that you have not moved in over two hours. What would you think about getting up and taking a short walk right now?" As for results, I have lost 26 pounds in the last 90 days. As one of my friends said, he knew he needed to do something when he got a shoeshine and had to take the guy's word for it.

The concept of OnSite/Near Site is another potentially effective method to produce that employee experience. When was the last time you went to a workplace and provided a health



Figure 2. PatientsLikeMe is a trusted health website that provides expert advice and allows for patients to share and connect with other people who are coping with the same health challenges they are.

screening, flu shots, or other health positive efforts that would be embraced by both employers and employees? Employers also believe that social networks and trusted health care websites are an important piece of the puzzle for controlling their overall costs. They do have concern about going too deeply into patient information areas. You are probably aware that patients fear their jobs will be terminated if they represent a large drain of health care dollars spent. You can serve as an intermediary who protects patient confidentiality by reporting group achievements for your partnering efforts.

GUIDANCE FOR PATIENTS

In my presentations, I pass out a homework assignment instructing every meeting participant to go to www.Patient-LikeMe.com and observe how patients who have been diagnosed in a primary care environment are being helped. Some of these are patients who have been dispensed prescription drugs from a pharmacy, creating new medication regimens that are unfamiliar to patients. Others have been discharged from an acute care setting and need to transition from that environment to self-care management. (See Figure 2.) Both scenarios can provide challenges for patients. The website addresses the reasons why patients typically fail in their self-care management: they don't know what to do, they don't know how to do it, and most difficult of all, they may not be motivated to make the changes necessary to achieve their best possible health status.

PatientsLikeMe allows patients to get useful information from experts. These experts also receive feedback about the advice they offered, with suggestions on how they might tweak/enhance the process to provide even better results for those seeking answers. For example, links to textual information can reduce uncertainty, but links to video resources can show people how to actually do the behavior they are being asked to model. And perhaps most importantly, patients who

have been newly diagnosed with a condition can partner up with other patients with the same or similar condition and get help, encouragement, and motivation to do the needed lifestyle changes, and then continue with these changes over time until they become a life benefiting habit. This website doesn't cover every condition, but you will see how to emulate what they do, and you can tailor an effort on the different diseases needed by your patients using their approach.

WHAT'S ON THE MINDS OF EMPLOYERS?

There are two other areas that impact you that are on the minds of employers. First, they believe health care needs someone to act as a concierge for their workforce. Can you see yourself, given the access that patients have to you, as somebody who can serve as a patient care coordinator? The internet is full of information about what patients at different ages need for their health at any given point in life. This is something health care benefit managers can hear from you, but they would also need to know that you are helping patients in this capacity. The second area involves the movement toward population health, where accountable care organizations (usually health systems) will sign on with em-

ployers to manage the health care of their entire workforce. ACOs will receive health care dollars (in some cases, directly from employers) without the need for insurance agencies to rake off administrative fees before any health care provider is reimbursed. In this scenario, every transition of care will come under the scrutiny of a provider network who is totally at risk for that population's health.

For employers to focus on success in their businesses, they need to control the dollar spend for their health care benefits. For an integrated provider network to be successful, it needs to be tightly affiliated or wholly own every part of the care continuum. In this environment, it would benefit you if both employers and health systems were aware of your interest in participating in these changing environments. If you have questions or comments, and especially if you are seeing your practice being impacted by these changes already, please feel free to contact me. I can be reached by email at felkebg@auburn.edu. Let me know how I can help. ■

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