Healthcare Change: The Time is Now

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Healthcare Change: The Time is Now is based on a survey of a nationally representative sample of more than 2,200 healthcare providers representing a variety of specialties and disciplines. The research was conducted using an email invitation and an online survey format.

In addition to surveying healthcare providers, TeleVox also worked with Kelton Research to survey a nationally representative sample of 1,015 Americans ages 18 and older. The survey was conducted using an email invitation and an online survey format. Quotas were set to ensure reliable and accurate representation of the total U.S. population ages 18 and over. Results of any sample are subject to sampling variation. The magnitude of the variation is measurable and is affected by the number of interviews and the level of the percentages expressing the results. In this particular study, the chances are 95 in 100 that a survey result does not vary, plus or minus, by more than 3.1 percentage points from the result that would be obtained if interviews had been conducted with all persons in the universe represented by the sample.
Healthcare costs are climbing at rapid rates with expenditures in the United States nearing $2.6 trillion. Medicare costs alone are growing by three percent a year as more and more Baby Boomers become eligible for benefits. More than 10,000 baby boomers are turning 65 every day — that’s a rate of one person every eight seconds qualifying for Medicare. The program will expand healthcare coverage from 47 million people today to 80 million in 2030, and its costs are projected to balloon to $929 billion by 2020, an 80 percent increase over 10 years.

Medicare Enrollment (in Millions)

- The aging of the Baby Boomer generation is projected to boost Medicare enrollment from 47 million today to 80 million in 2030 — nearly double the growth rate of the last 20 years.

Medicare Spending (in Billions)

- Medicare spending is projected to increase from $519 billion in 2010 to $929 billion in 2020, taking into account changes to Medicare incorporated in the Affordable Care Act of 2010 (CBO, August 2010).
Clearly, the difficult straits the program is already in are only becoming more serious. Medicare faces trillions of dollars in unfunded liabilities — meaning that it will have to pay trillions of dollars more than the amount of money that is coming in. The annual cost for each new Medicare beneficiary is $7,700 — and rising. With these figures in mind, the Centers for Medicare and Medicaid Services predict the program will run out of money in 2017.

In order for the program to be economically sustainable, costs must be lowered without compromising care. Enter the Patient Protection and Affordable Care Act that was signed into law in 2010, which represents the start of an effort to improve success and productivity by linking patient payments to health outcomes. The hope is to improve the health of individuals and communities and slow the growth of costs in the United States, which spends more per capita on healthcare than any other advanced nation.

To realize these hopes, the healthcare industry must shift the focus away from primarily treating illness to a more holistic approach aimed at keeping people healthy, which among other things can reduce costly ER visits and hospital stays. That includes doing a better job helping Medicare recipients manage chronic conditions, which account for as much as a third of all spending growth in recent years. Roughly 70 percent of Medicare beneficiaries had at least one chronic condition in 2008, while as many as 38 percent had between two and four chronic conditions, and seven percent had five or more.

Helping patients lead healthier lives will be even more important as more Boomers enter the Medicare program. The TeleVox Healthy World Report, Healthcare Change: The Time is Now, revealed more than half (56 percent) of American Baby Boomers already do not feel their overall personal health is in good shape, and one in four (26 percent) say they’re struggling to be healthy. Regardless of age, patients can reduce their risk of disability and chronic illness by knowing how to take better care of themselves and getting the appropriate preventive screenings.

56% Baby Boomers who do not feel their overall personal health is in good shape.

26% Baby Boomers who say becoming healthy is a struggle.
Opportunities Await, But So Do Challenges

This all adds up to a wakeup call highlighting the importance of prevention and care, and of changing the culture of reimbursement so that healthcare providers are motivated to provide wellness care. For example, different groups of providers now can join together to form accountable care organizations, in which they can work cooperatively to try to save money for the Medicare program and, in return, get to keep some of what they save.

Doctors are being reimbursed by Medicare for regularly engaging patients with information and education that will help them develop healthy behaviors. The new Medicare wellness benefits task doctors with creating personalized prevention plans tailored to each patient’s daily routine, mental health and family life.

That’s all to the good, but things are off to a slow start. Patients simply aren’t scheduling wellness visits. During the first nine months the benefits were in effect, only 1.2 million Medicare beneficiaries went in for wellness visits. Many patients aren’t even aware that they are entitled to such a benefit, which is meant to begin an ongoing conversation between patient and doctor regarding disease prevention. And, some physicians are hesitant to proactively communicate the benefit to their roster of patients because they are concerned about the financial impact on their practices. In addition to creating complex billing challenges for the office, wellness visits require a significant amount of time spent assessing each patient’s health and creating tailored treatment plans specific to his or her lifestyle, level of risk and mental state. The visits include a basic check of patients’ weight and blood pressure, updates of family and personal medical histories, assessment of cognitive abilities, identification of health risk areas, and a discussion about how to stay healthy.

Other Medicare beneficiaries are aware of the benefit, but they are confused about the difference between an annual wellness visit and a complete physical. Most patients are used to getting a complete exam during a physical, and they don’t understand that the annual wellness visit is not a checkup. In some cases, patients expect and demand a checkup as well, and then are surprised when they get billed for the physical examination, which is not included with the wellness visit benefit.

They also need to be alerted that the wellness visit is just the first step in an overall care strategy. The larger—and most critical—piece of the patient care strategy is the personalized wellness plan. Based on identified areas of risk, physicians are expected to work with their
patients to schedule the appropriate preventive benefits. The free preventive benefits provided under the Patient Protection and Affordable Care Act include services such as flu vaccines; smoking-cessation counseling; regular mammograms and preventive screening for diabetes, colon cancer, and prostate cancer; and free screenings for blood pressure, body mass index and depression issues, among other services.

Developing a plan of preventive care is new for patients— and for physicians too. But it’s essential to the health of the population and the fiscal health of the nation. Preventing chronic disease among the Medicare population would not only improve their health and quality of life, it could help save an estimated two-thirds of the $2 trillion the U.S. spends treating preventable long-term illness today.

*Healthcare Change: The Time is Now*, however, revealed healthcare practitioners aren’t prepared to meet the demand of the millions of Medicare beneficiaries who are now eligible for these wellness visits. In fact, two in three (66%) healthcare practices involved in the study report being ill-prepared to create personalized prevention plans that are tailored to each individual patient’s daily routine, psyche and family life.

The simple truth is that physicians are used to treating people who are sick. They aren’t accustomed to improving their patients’ daily routines to promote overall health. This isn’t a skills issue — physicians certainly have the skills required to discuss and manage preventive care with their patients. It’s a change management issue — and change is hard.

One of the best ways to drive behavior change is to change the setting that so often dictates peoples’ actions. Physicians need to make it easier for themselves, their staff and their patients to focus on preventive care. They need to think about what, exactly, they want the members of their staff — and their roster of patients — to do and whether the office environment around them supports that behavior.

Time is also a challenge. It takes time — sometimes a lot of time — to develop personalized prevention plans that include a written screening schedule for the next 5 to 10 years. Currently, the medical staff working for healthcare providers, as well as the existing structure for setting appointments and seeing patients, is not...
aligned with providing preventive care. It’s calibrated for treating sick patients. When physicians have back-to-back appointments scheduled around this structure, wellness visits throw a wrench into the day-to-day flow of the office. This reality requires that physicians re-think not only the office structure but the typical appointment, scheduling process, and patient engagement strategy.

However, despite the fact that doctors are now being reimbursed by Medicare for talking with patients on an ongoing basis about healthy behaviors, 71 percent of healthcare practices surveyed for the study report being unprepared to engage patients throughout the year with communications that help them adhere to their personalized prevention plans. Patients know they have to take responsibility for their own health, but they need support and collaboration from their healthcare providers that goes beyond a prescription and some advice.

Providing this degree of support seems daunting, at first. But, with the right office realignment strategies and technology, doctors can provide this level of patient care without adding more work to their already busy schedules. For example, doctors know wellness appointments are going to take longer than usual, so why not leverage the skills of other staff members — physician assistants, nurse practitioners, clinical nurse specialists — to conduct those patient visits? That way, the patient can get the time he needs even as the practice increases the number of appointments scheduled every day.

With physicians already stretched for time, they will need to be innovative in order to achieve this goal. There are simply too many patients.

Healthcare practices involved in the study who report being ill-prepared to create personalized prevention plans that are tailored to each individual patient’s daily routine, psyche and family life.
Increasing Patient Preparedness

Remember — this isn’t about working more; it’s about working differently and more effectively. Doing so starts with avoiding patient confusion and frustration. Medicare patients require advance education about the purpose of the wellness visit. They need to know what the appointment will include: an assessment of their medical history, functional ability, preventive care, and risk factors.

Also when scheduling wellness visits, it is important that medical practices ensure patients understand the Medicare Annual Wellness Visit is not an annual physical, and is not intended to be a visit to assess a specific medical condition.

Additionally, since wellness visits are expected to require significantly more time than traditional healthcare appointments, medical practices need to make sure their patients complete assessment form(s) prior to the visit. Here is a sample form; these forms may include some or all of the following:

- Medical history
- Family history of illness
- A list of current providers and suppliers of medical care
- A list of all prescribed and over-the-counter medications
- A wellness questionnaire

Here is another sample Medicare Wellness Visit template that can be used for Medicare Wellness Visits.

Ideally, patients can complete the necessary forms online so the information can automatically be uploaded to their electronic medical records and used to automate personalized wellness plans that can be created instantly based on the patient data entered into the online form.

In situations where patients are unable to complete the online forms, physicians could consider the most effective way to gather this required information – whether that’s reviewing the completed forms during the visit, having patients mail in the required forms before the wellness visit is scheduled, or arming staff with iPads or other handheld devices that allow them to capture this information electronically during the visit.

Additionally, when scheduling wellness visits, medical practices could ask patients to bring with them all of their medications, copies of any Advanced Directives, and documentation of their Healthcare Power of Attorney, if appropriate.
Automating Personalized Prevention Plans

During the Medicare Wellness Visit, physicians or other qualified healthcare professionals check the patient’s blood pressure, take height and weight measurements, calculate body fat, and assess mental health. Additionally, they evaluate each patient’s functional ability and level of safety. After age 65, the risk of Alzheimer’s disease doubles every five years, so almost half of all people suffer from this disease by 85. So, during wellness visits, physicians are tasked with detecting any cognitive impairment patients may have.

They also walk through the patient’s medical history, and identify areas of risk, talk about recommended prevention strategies or treatment options, and discuss screenings that will be appropriate during the next five to 10 years, as well as review any necessary treatment options and their associated risks and benefits.

Then, based on the patient’s physical and mental health status, screening history, and age-appropriate covered Medicare services, the physician establishes a personalized care plan for each patient, including a screening schedule, appropriate immunizations and prescriptions, if necessary.

Personal prevention plans can be automated based on the individual’s specific conditions and risk factors, once the patient has completed the required wellness forms and patient data is entered into the patient’s electronic medical record. For example, Connor, Dr. Smith’s patient completed his forms. He indicated he is diabetic, and has a family history of cardiovascular disease. On the day of his visit, his measurements for blood pressure, height and weight are taken. They are 120/80, 5’8”, and 200 lbs respectively. Based on his measurements and his family history, Connor’s prevention plan would include dietary changes to lose weight and maintain healthy blood sugar levels, and exercise three days per week for 30 minutes.

Doctors then select a pre-packaged series of automated reminders that match that patient’s treatment plan, and then technology does the work of providing patients the support they need to stay on track between office visits. For Connor, in this example, reminders for pre-hypertension and diabetes could be selected. Connor also could receive reminders regarding the importance of maintaining a healthy diet, and so forth.

To achieve success in today’s outcome-based care, after all, physicians must engage patients between visits with information that will help them understand the
state of their health and their personal role in becoming healthier. Regular communications offering information, encouragement and ‘just-in-time’ reminders will help them stick with treatment plans between appointments. Given that patients ultimately own responsibility for their health, it’s also important to give them access to self-management tools such as food diaries, online goal trackers, or an online diabetes log such as dia-log.com. Collaborative self-management programs encourage dialogue and agreements between the provider and patient that define problems, set priorities, establish goals, create treatment plans, and solve problems.

By scheduling a series of personalized, automated emails, voicemails or text messages that serve to remind, educate and motivate their patients in making the necessary changes to become healthier, doctors can easily support patients as they form new habits and work to become healthier individuals. Today, sadly, only five percent of healthcare professionals gave those in their care “A” grades for adherence to their directions about becoming healthier, which jeopardizes the entire premise of outcome-based care. But the opportunity is there for care providers to help patients do a better job of living up to their good intentions by giving more attention to continuity of care, to encourage the right behaviors, solicit questions, and even remind them to take medication between appointments, with the help of automated, personalized and scalable technology solutions.

As medical practices adapt to the new healthcare requirements, they also will be expected to proactively manage preventive care by leveraging these same automated technologies to ensure that patients get recommended tests and follow-up interventions. The manual work and live calls it takes for that kind of outreach alone could consume enormous amounts of time every day for staff such as nurse practitioners and case managers at busy practices. Using the right technology to automate follow-ups with patients about colonoscopies, blood pressure checks, mammograms, and pap smears, will make this all easier to handle.
Preparing for the Onslaught of Baby Boomer Patients

By the time the majority (two-thirds) of baby boomers turn 65 and qualify for Medicare, they are expected to have five or more chronic diseases, see 15 physicians and average more than 40 doctor visits a year. That’s a lot of doctor visits!

With this in mind, medical practices should consider ways they can deliver a high-tech human touch, so that in-person office visits become just one option for patient care. Medical practices that incorporate “virtual” patient interactions involving phone calls, e-mails, text messages and communications through online patient portals will enable physicians to provide care to exponentially more patients. Thousands of patients ask the same questions about their health and corresponding care plans, for example, so medical practices should develop a list of questions that are frequently asked by their patients and build a library of videos, voicemails, emails or text messages that answer them. Patients can access that information through online portals or by phone, even getting answers as automated personalized responses the physician only had to create once.

Leading healthcare systems are using automated notifications technology to improve care for millions of patients across the country. This technology is helping medical practices keep patients engaged in their personal health and wellness, reduce operational expenses, and increase revenue by reconnecting with past-due patients to schedule preventive, well care and follow-up office appointments. This technology helps physicians improve patient accountability by reconnecting with their patients to:

- Schedule wellness visits and annual checkups
- Arrange recurring diagnostics such as mammograms and prostate exams
- Recall patients treated for conditions that require regular monitoring such as cancer, stroke or heart attack, or diabetes

At the end of the day, healthcare is all about people. Funny, fickle, flawed people. People who forget to take medication, who don’t show up for appointments, who prefer to ignore a call for a mammogram rather than deal with the procedure. People who avoid pain in everything they do — even if it has catastrophic long-term implications.
It takes many people ten, twenty and even more messages and discussions before they finally accept and understand that a plan to address heart disease is a priority. Or that engaging in a smoking cessation program is a necessity. Or that taking medication on time in the right dosage will improve their overall quality of life. Activating patients requires physicians to connect, engage and educate their patients with relevant, just-in-time communications.

<table>
<thead>
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<th>Percentage</th>
<th>Description</th>
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<tr>
<td>70%</td>
<td>Medicare beneficiaries who had at least one chronic condition in 2008.</td>
</tr>
<tr>
<td>38%</td>
<td>Medicare beneficiaries who had between two and four chronic conditions in 2008.</td>
</tr>
<tr>
<td>7%</td>
<td>Medicare beneficiaries who had five or more chronic conditions in 2008.</td>
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Creating a Healthy World

No matter your age or gender, preventive action will not only improve patient outcomes and reduce healthcare costs, but it will also improve quality of life and save lives. Patients want to be involved in their own care, but need the tools to stay educated, encouraged and motivated to follow through for their own health. Text messages, phone calls and emails from physicians get patients’ attention while providing this desired support and involvement.

Increasing patient communication efforts will require forward-thinking healthcare practitioners who understand that their continued involvement is critical to ensuring a healthy future for our patients. Many physicians understand that engaging patients between office visits can inspire them to embrace and build the habits to follow through with treatment plans. They know personalized, ongoing engagement can activate positive lifestyle changes that will help people lead healthy lives.
About Healthy World

A healthy world, while global by definition, actually happens one person at a time. It is driven by forward-thinking healthcare practitioners who understand their involvement is critical to ensuring a healthy population.

The Healthy World initiative, launched by TeleVox, aims at helping people — young and old — be healthy!

Three imperatives for creating a healthy world — one person at a time

1. Touch the hearts and minds of patients to drive positive behavior change.
2. Engage patients with information and encouragement between visits.
3. Activate patients to make positive behavior changes for a healthier life.

The driving force behind the goal of creating a healthy world are the healthcare professionals who take the time to engage patients with personalized, thoughtful, ongoing communications that encourage and inspire them to embrace and follow ongoing treatment plans.

They know every communication with a patient — including those that take place between office visits — is an opportunity to help that person understand the importance of good habits like nutrition, physical activity, taking their medications as prescribed and following new treatment recommendations. Engaging patients and their families between visits through proactive, relevant communications helps them to wake up and stay focused on positive behavior changes is the way to create a healthy world — one patient at a time.
About TeleVox

TeleVox is a high-tech Engagement Communications company, providing automated voice, email, text and web solutions that activate positive patient behaviors through the delivery of technology with a human touch.

Since 1992, TeleVox has been creating a comprehensive approach that breaks through and motivates people to live healthy lives. At TeleVox, we understand that touching the hearts and minds of patients by engaging with them between healthcare appointments will encourage and inspire them to follow and embrace treatment plans. We know personalized, ongoing patient engagement will activate positive lifestyle changes. TeleVox helps healthcare professionals touch, engage and activate every unique patient to lead healthy lives.

TeleVox. High-tech, human touch to create a healthy world — one patient at a time.
Our Healthy World Initiative utilizes ethnographic research to uncover, understand and interpret the patient point-of-view when it comes to managing their health. We focus on studying how people interact with healthcare providers and how they behave between doctor visits. As part of this program, TeleVox delivers research reports that provide healthcare professionals with timely insight for helping patients make healthy changes in their lives, follow treatment plans, and take accountability for improving their personal health.