



*Better care coordination
should be this simple.*

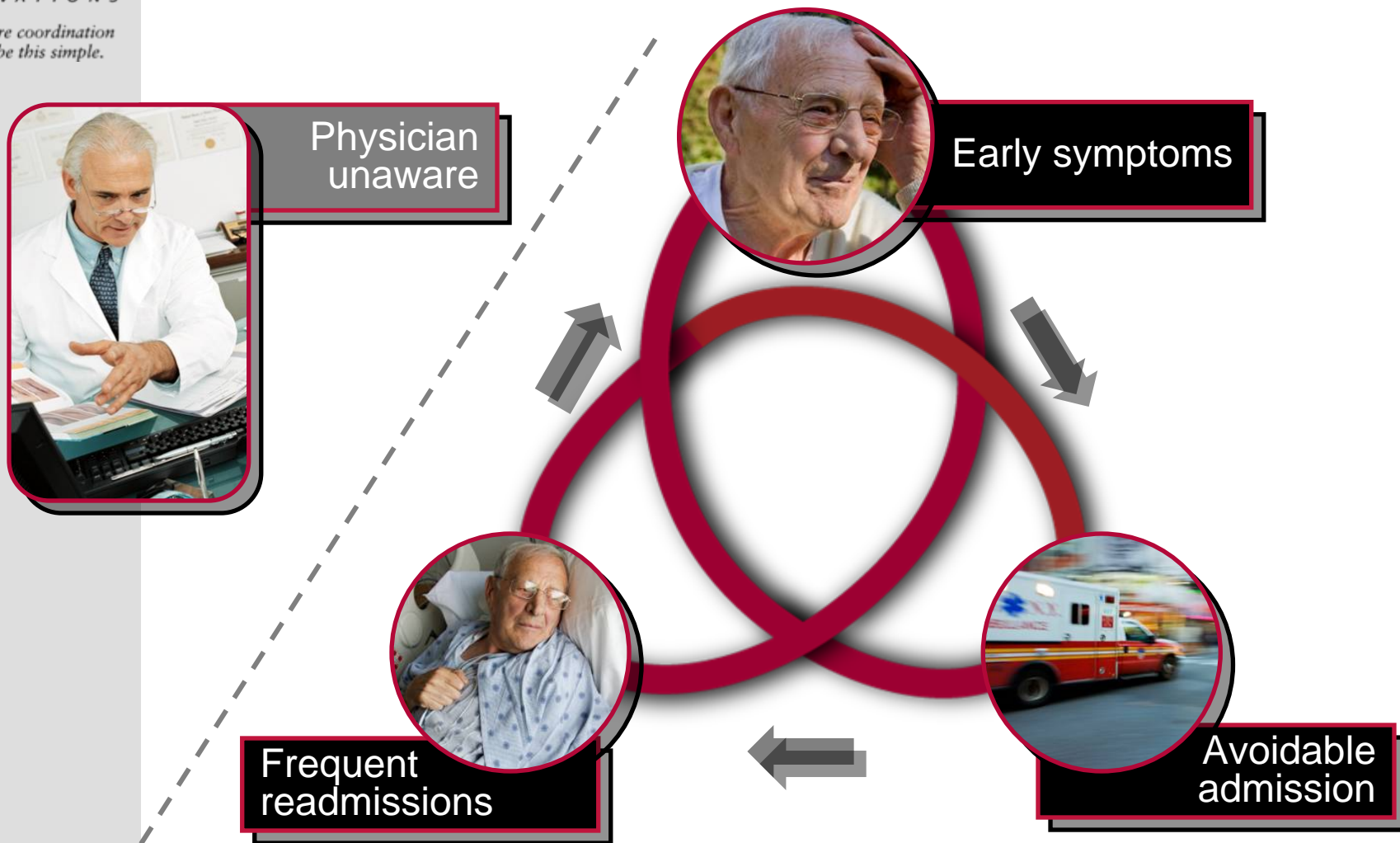
Assessing Technologies Against Key Patient Segments



**Reducing readmissions and
improving care coordination for
patients with chronic conditions
using simple, ubiquitous
telephony technologies**

**Randall Williams, MD, FACC
CEO, Pharos Innovations**

The Gordian Knot of Chronic Disease



The Gordian Knot of Chronic Disease



Patient

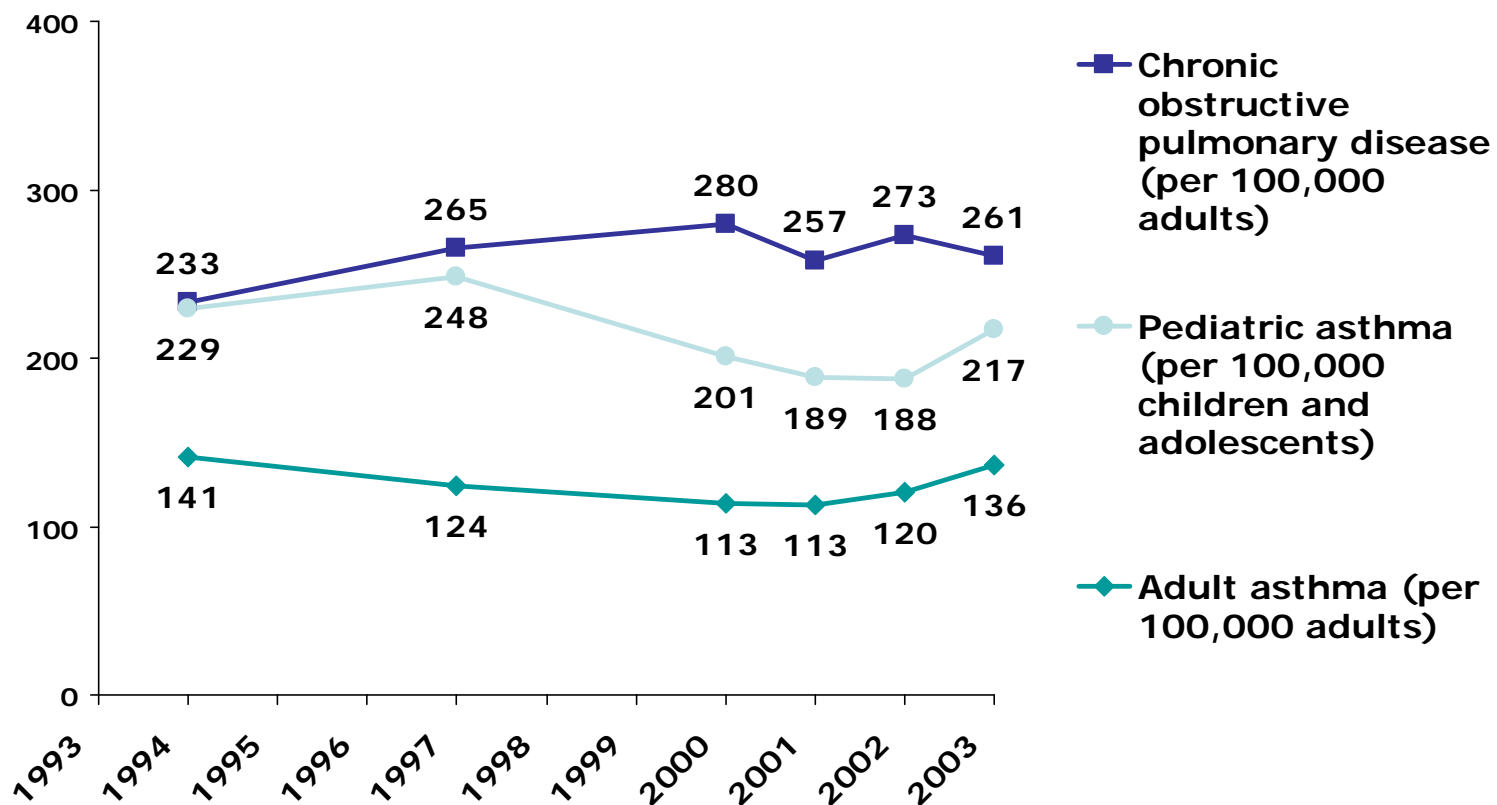


Care
Manager



Physician

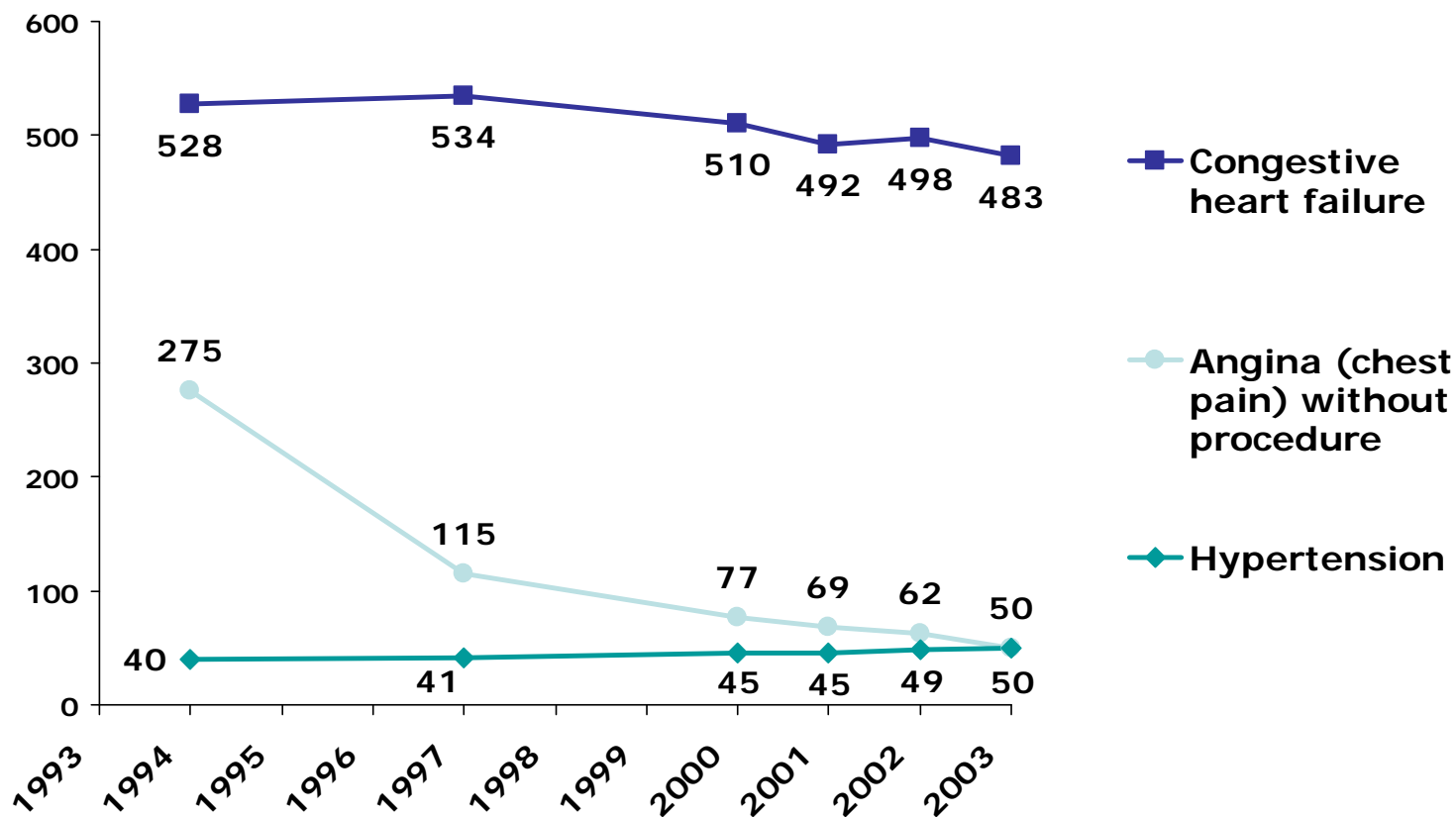
Hospital Admission Rates for Chronic Respiratory Ambulatory Care–Sensitive Conditions, 1994–2003



Data: Healthcare Cost and Utilization Project, Nationwide Inpatient Sample (Agency for Healthcare Research and Quality 2006). Rates were age- and sex-adjusted to the 2000 U.S. standard population. Adults mean the U.S. population ages 18 and older.

Source: McCarthy and Leatherman, Performance Snapshots, 2006. www.cmwf.org/snapshots

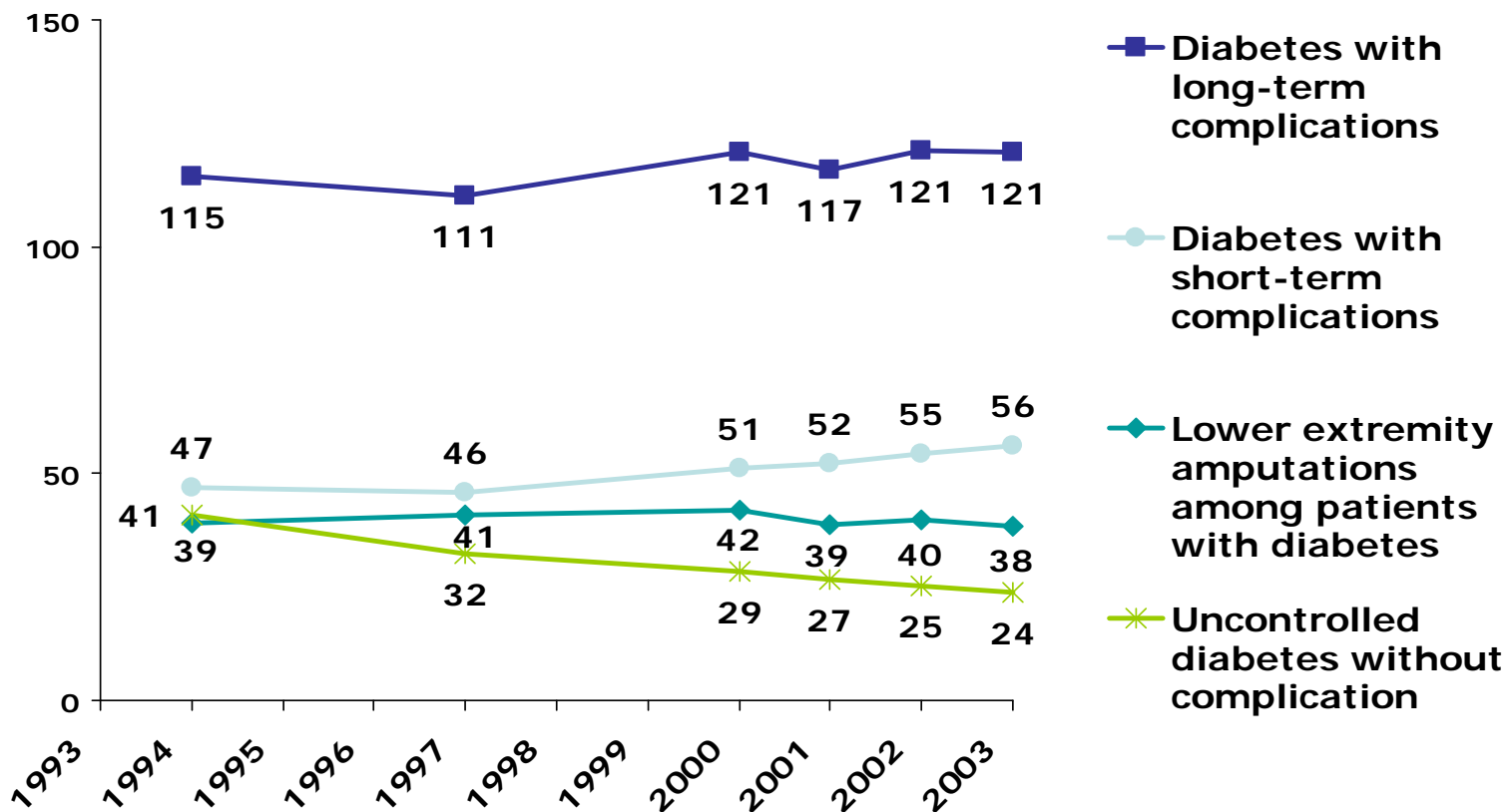
Hospital Admission Rates for Cardiovascular Ambulatory Care-Sensitive Conditions per 100,000 Adults, 1994–2003



Data: Healthcare Cost and Utilization Project, Nationwide Inpatient Sample (Agency for Healthcare Research and Quality 2006). Rates were age- and sex-adjusted to the 2000 U.S. standard population. Adults mean the U.S. population ages 18 and older.

Source: McCarthy and Leatherman, Performance Snapshots, 2006. www.cmwf.org/snapshots

Hospital Admission Rates for Diabetes-Related Ambulatory Care-Sensitive Conditions per 100,000 Adults, 1994–2003



Data: Healthcare Cost and Utilization Project, Nationwide Inpatient Sample (Agency for Healthcare Research and Quality 2006). Rates were age- and sex-adjusted to the 2000 U.S. standard population. Adults mean the U.S. population ages 18 and older.

Source: McCarthy and Leatherman, Performance Snapshots, 2006. www.cmwf.org/snapshots

Premier Hospital Health Care Quality Initiative – CMS Demonstration

- 🏠 260 hospitals, 5 conditions: Acute MI, Hip/knee replacement, pneumonia, CABG and Heart Failure
- 🏠 CMS paid 1-2% bonus to hospitals per DRG if they ranked in top 10-20% of the cohort, and in final year penalized 1-2% of payment if in bottom 10%
- 🏠 JHACO core measures for heart failure
 - Composite Measure = % having all 4 core measures documented

Premier HQI National Results

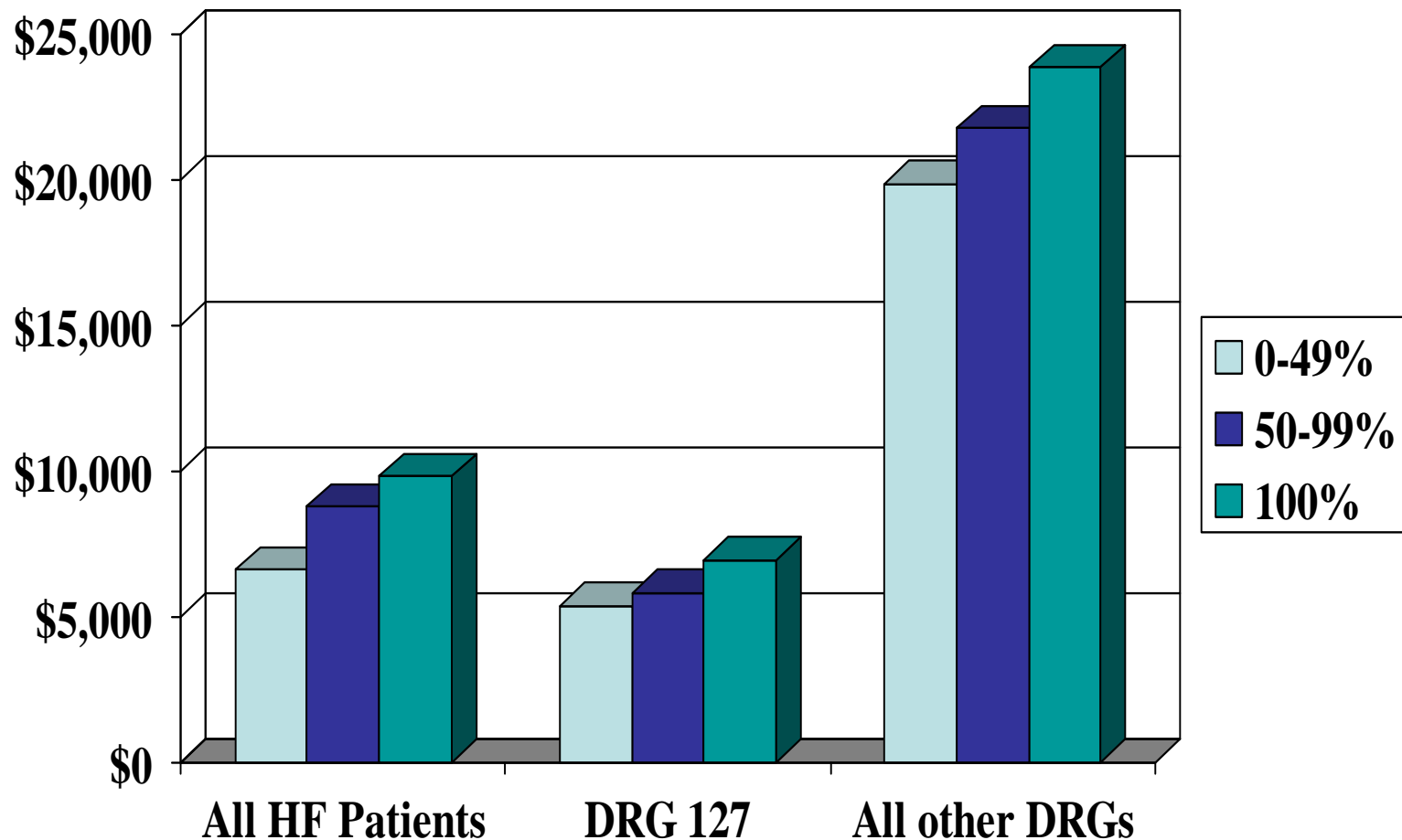
🚧 Total patients reviewed: 223,727

- Largest quality measure cohort published
- 74,000 Heart Failure admissions

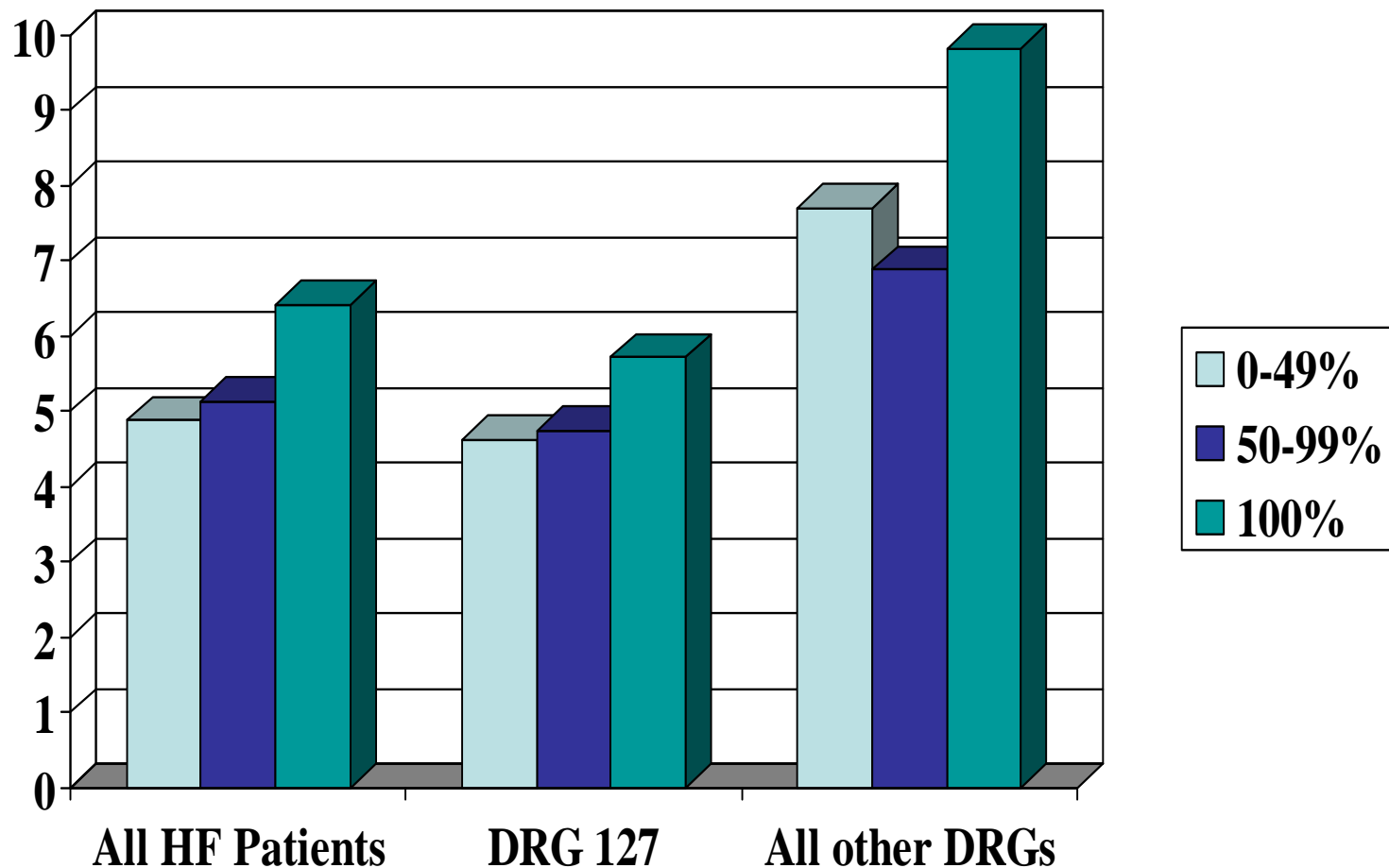
🚧 Over all conditions EXCEPT heart failure

- The better the quality, the lower the ALOS
- The better the quality, the lower the mortality
- The better the quality, the lower the 30 day readmission rates
- The better the quality, the lower the hospital costs of care
- The better the quality, the lower the complication rates

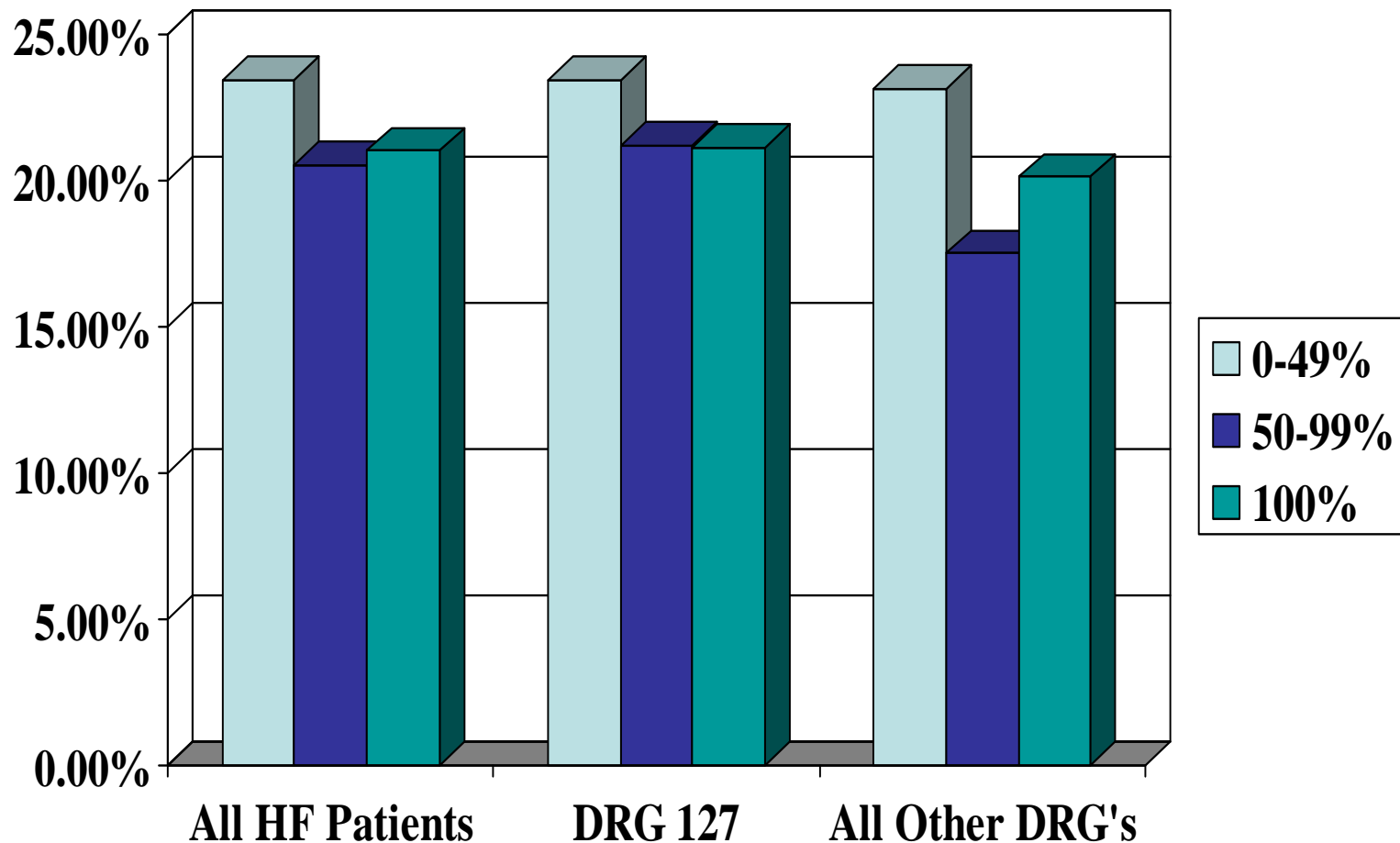
Premier HQI Heart Failure Results – Hospital Costs



Premier HQI Heart Failure Results – Length of Stay



Premier HQI Heart Failure Results – 30 day readmissions



Opportunity/Challenge

New England HC Institute
Research Update on Remote
Monitoring

RPM can
reduce
hospital
admits by
60%

Resulting in
\$6.4
billion/year
in savings

Slow
adoption due
to device
issues

Value of simple technologies



AHRQ

Evidence Report/Technology
Assessment: Barriers and
Drivers of Health
Information Technology

Systems
must fit
seamlessly in
daily
routines

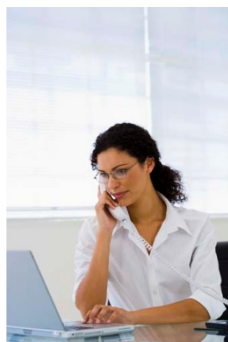
Must provide
a perceived
health
benefit and
be delivered
on familiar
devices

And provide
complete
feedback
loop

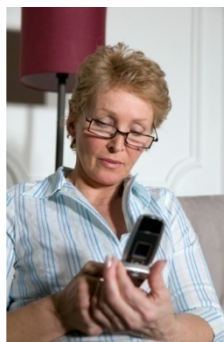


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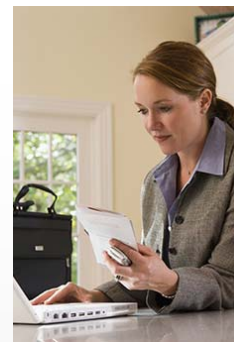
The Pharos Solution



Tel-Enrollment



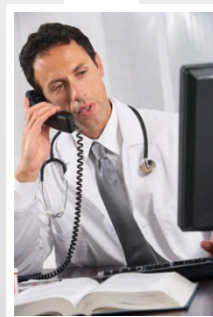
Daily Participant
Engagement



Care Manager
Access & Review



Retention
Services

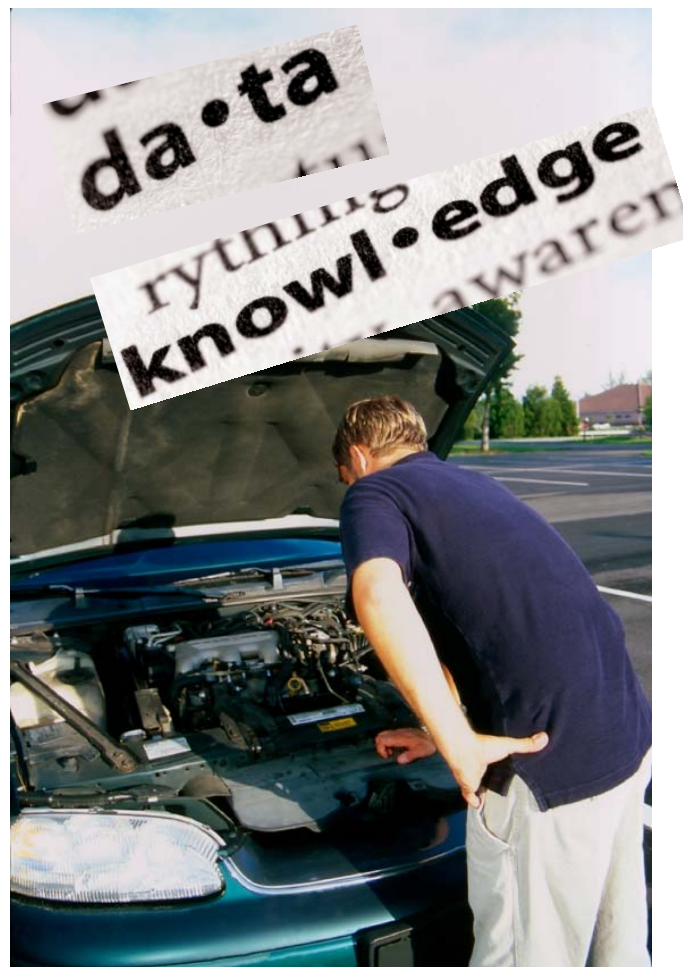


TREATMENT PLAN REINFORCEMENT

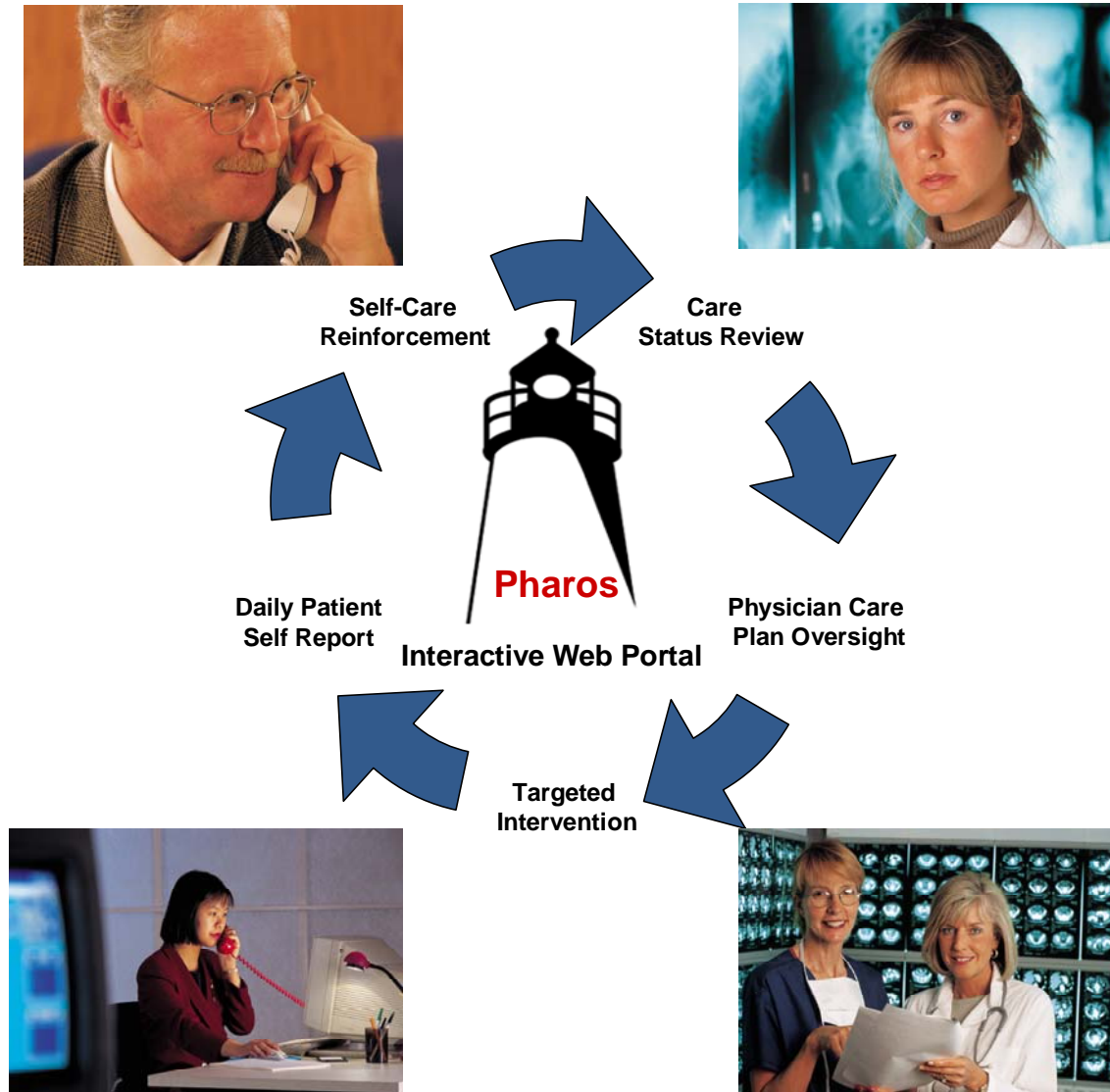


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Underneath the Covers

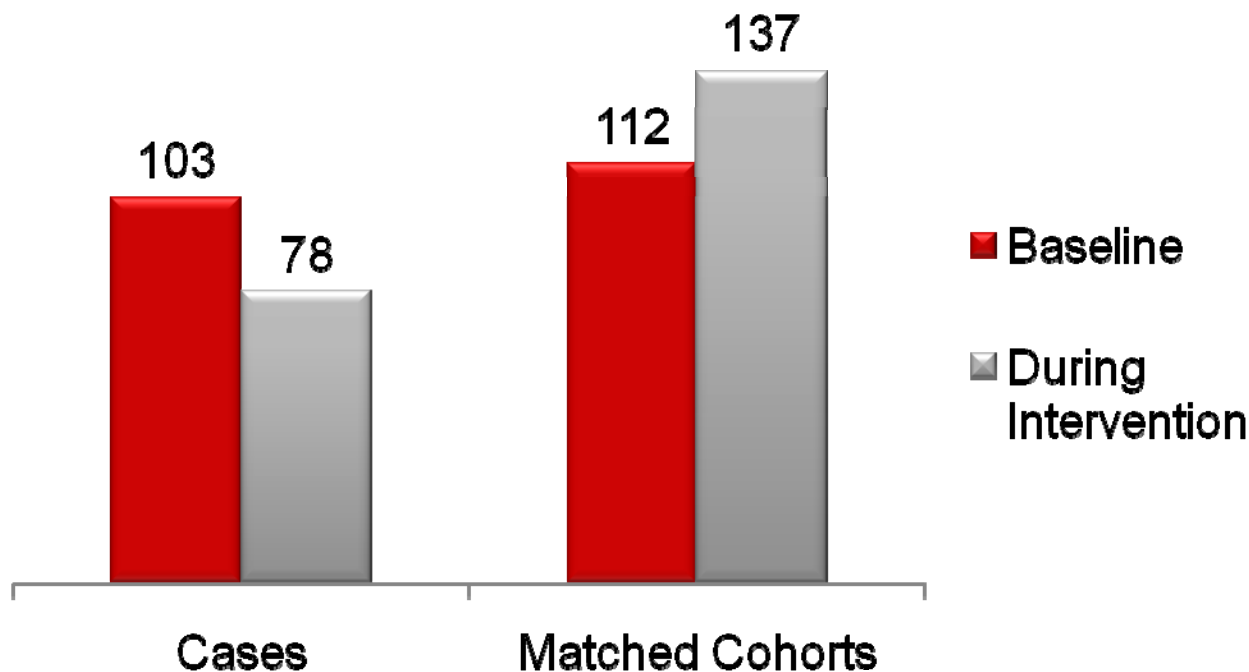


The Care Process



Iowa Medicaid Demonstration

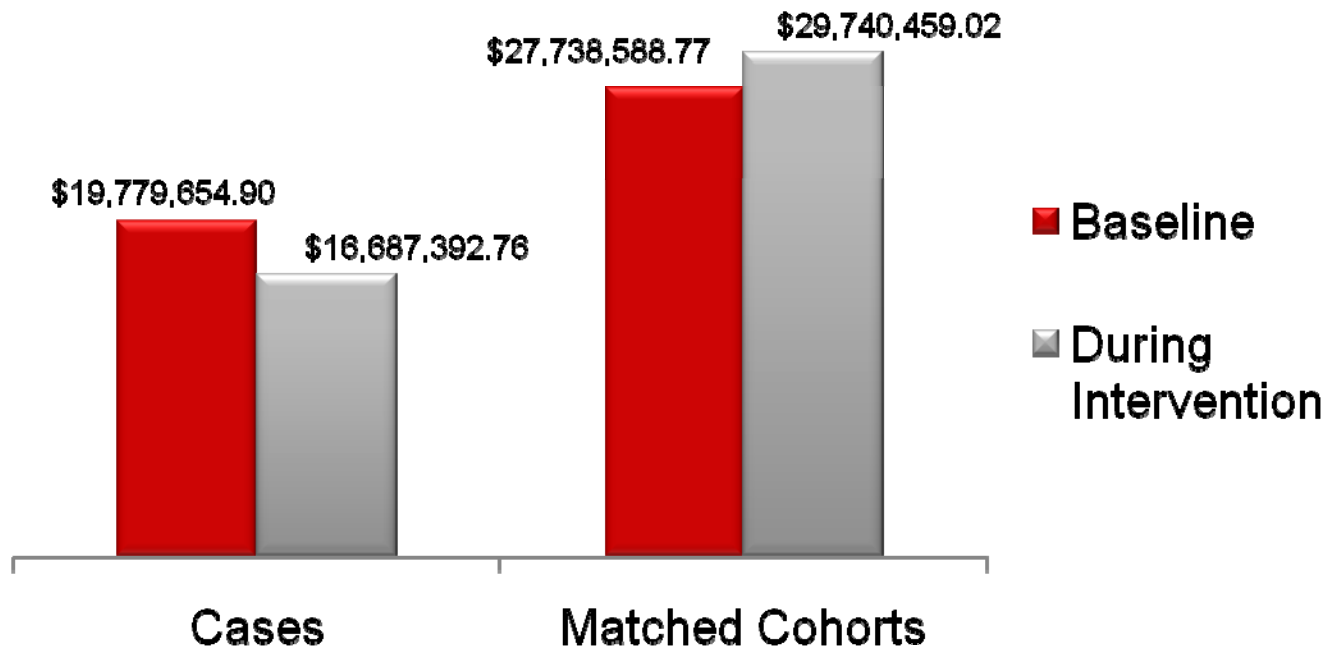
24% Reduction in
hospital admissions
22% Increase
for matched



Iowa Medicaid Demonstration

Results

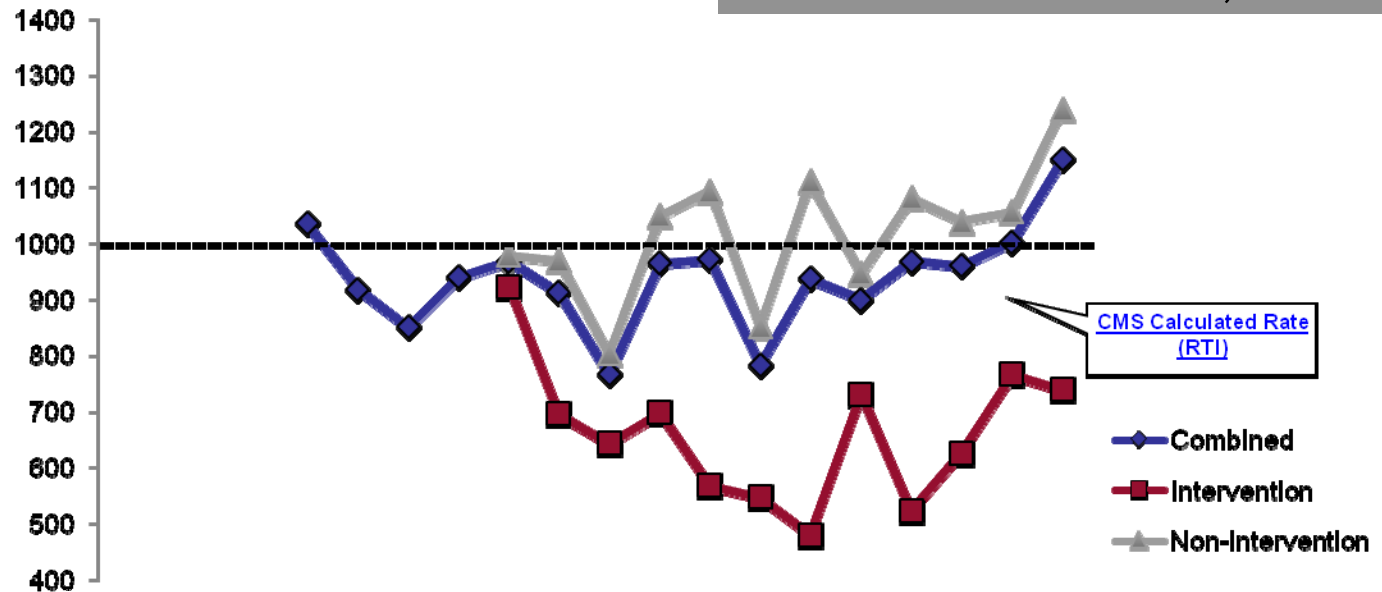
~ \$1,300 savings per member



CMS PGP Demo – Billings Clinic

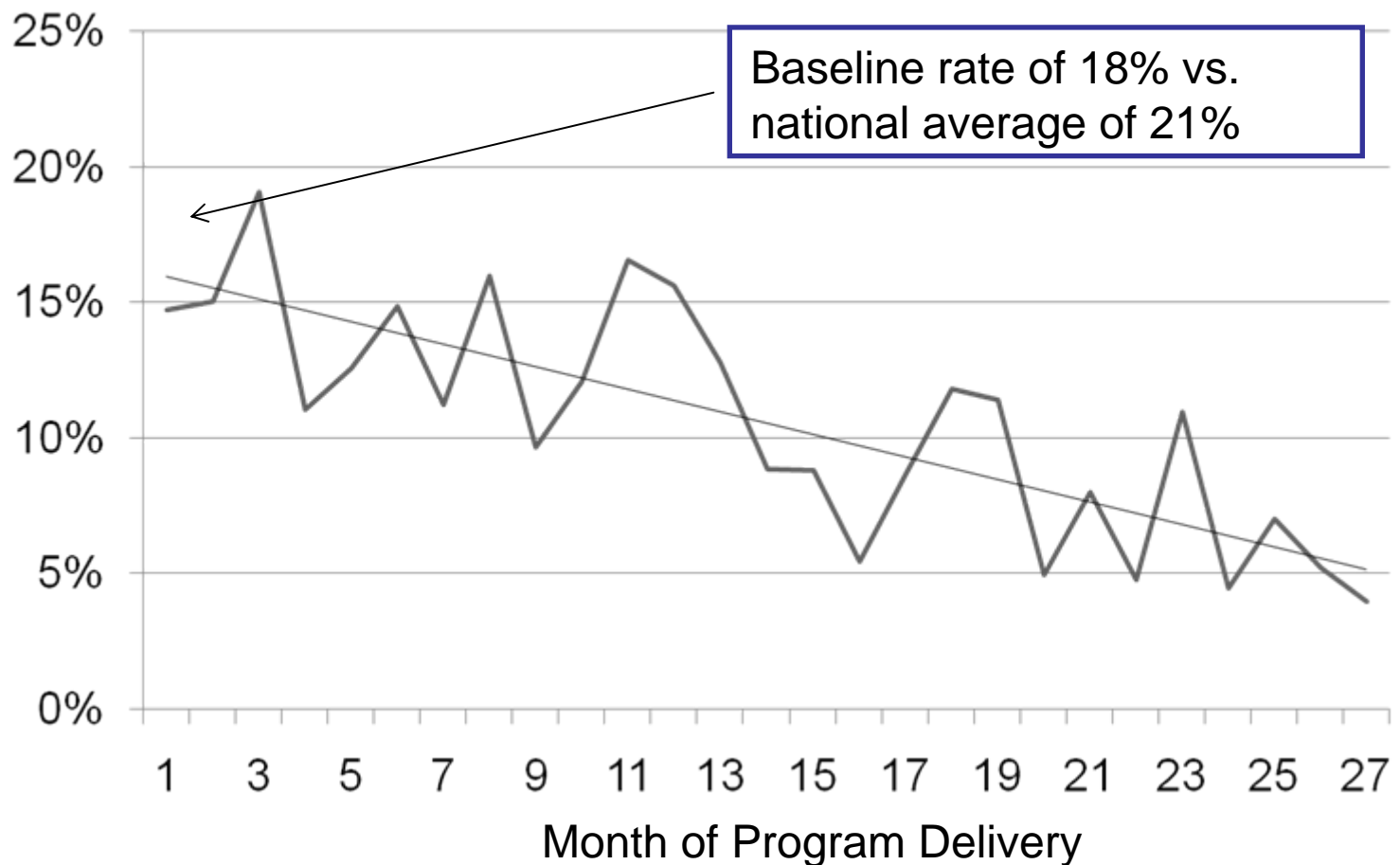
Results

All cause hospitalizations
dropped from 1.05 per year to
0.5 per year – from March 1,
2004 to December 1, 2008



Impact on Readmissions at the Organizational Level

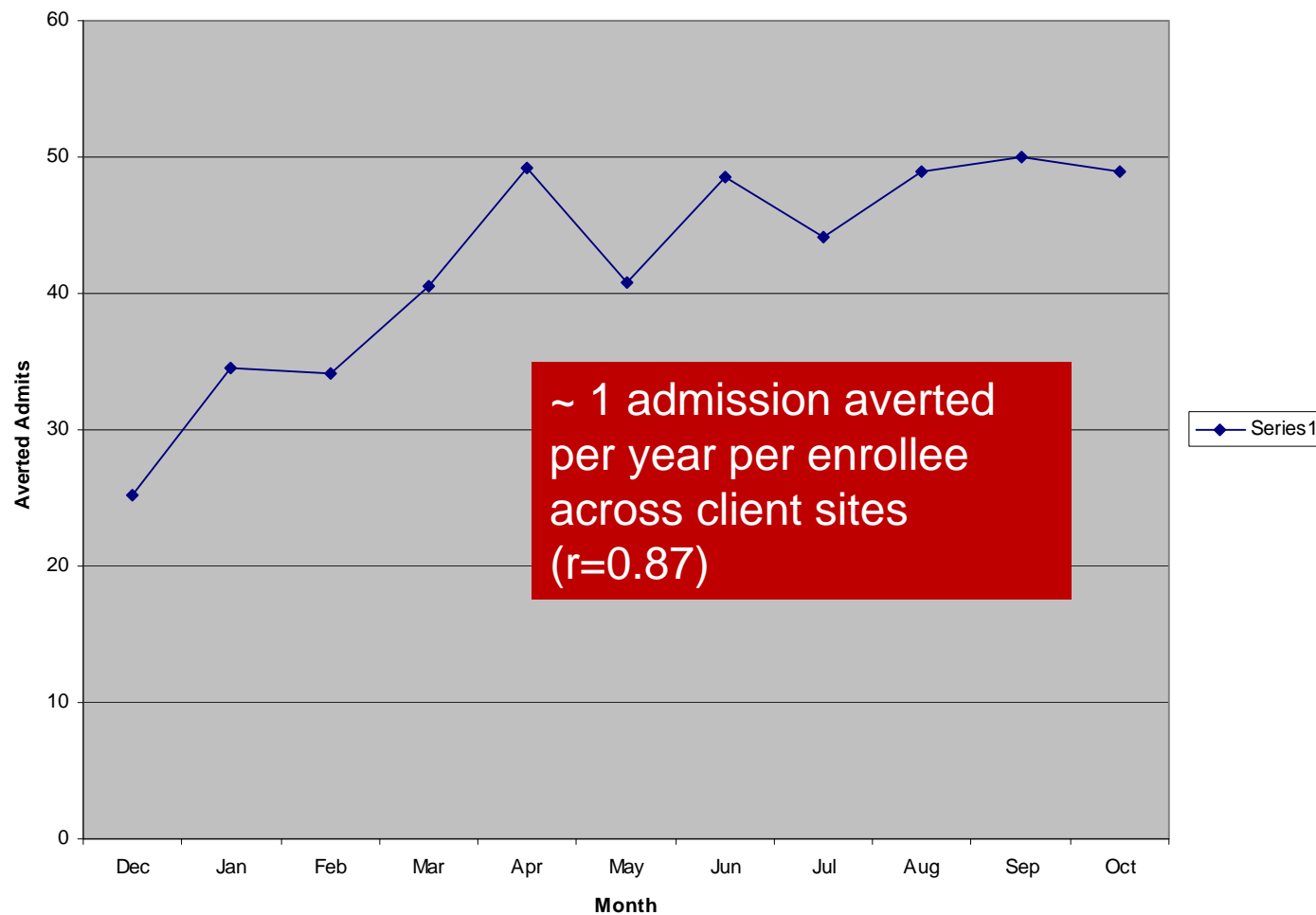
All Cause 30-Day Readmission Rate Following Hospitalization for Heart Failure



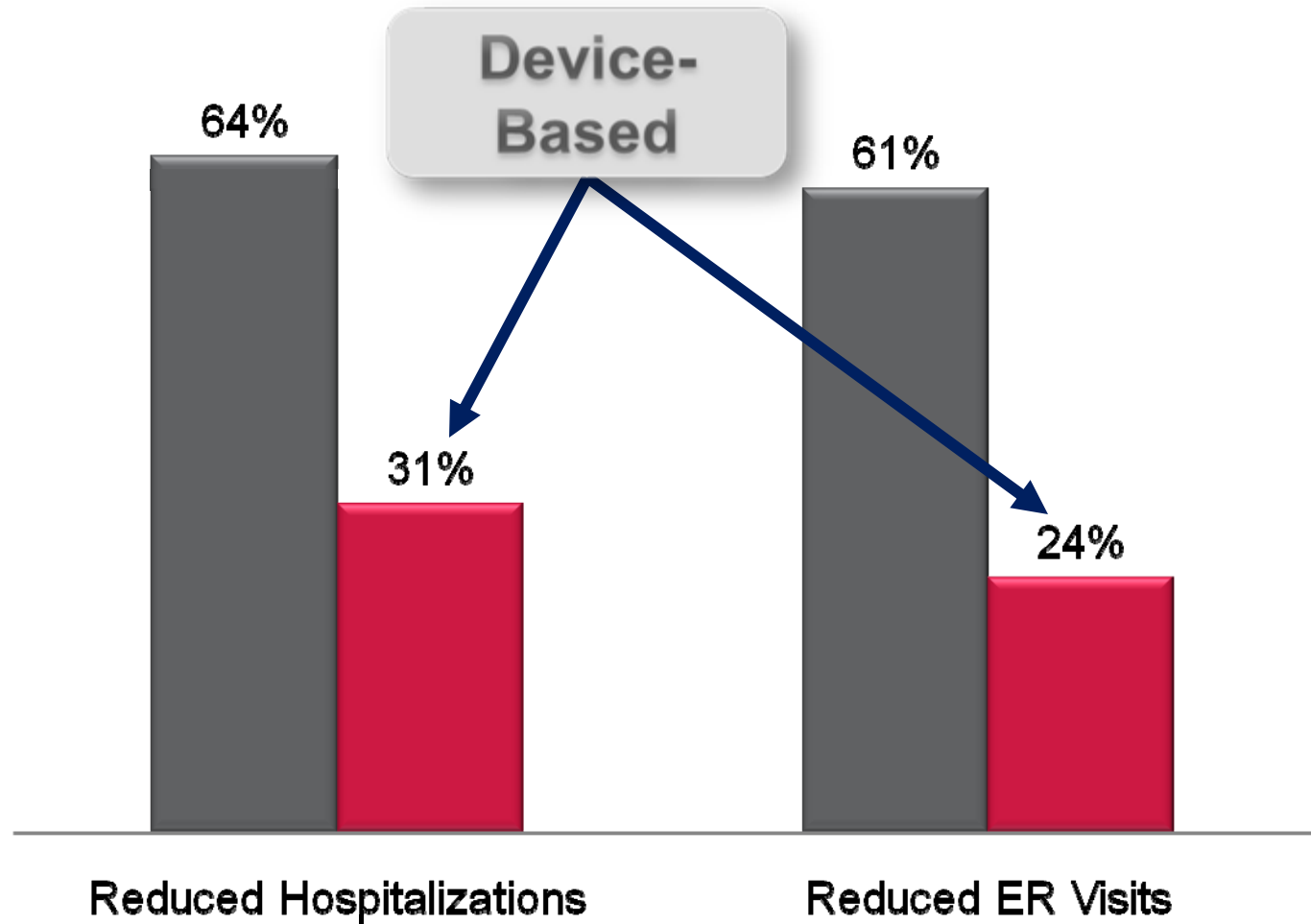


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Averted “All Cause” Admissions



Value of Device-Free



Device-free can double effectiveness

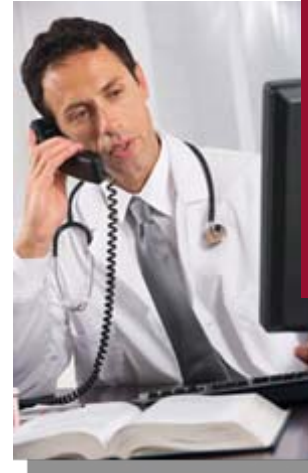
Who Benefits?



Patients are healthier,
out of hospitals



Hospitals ease capacity,
limit losses



Physicians are
more engaged,
care is improved



Payers reduce costs
for admits, ER visits



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About Us

Founded 1995

Goal

Reduce unnecessary chronic
condition hospitalizations

Awarded

National
Outcomes Award



Selected

Evaluation of
remote monitoring



California Healthcare Foundation

Chronic Disease in California: Facts and Figures

Gerard F. Anderson, Ph.D., and Katherine B. Wilson, October 2006

- ✦ Of the 38% of Californians with chronic disease, over 1/2 have one of 4 chronic conditions: heart disease, COPD/ Asthma, Diabetes, Hypertension
- ✦ Average annual per capita cost of \$6600 vs. \$2400 for average Californian, and approach \$40,000 annually if all four conditions are present
 - <http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=125683>

Challenging the Status Quo in Chronic Disease Care: Seven Case Studies

Robert A. Berenson, M.D., The Urban Institute, September 2006

- ✦ Features case studies of seven strategies for managing and improving chronic disease care.
- ✦ Examines unique, provider-based strategies that fall outside the prototypical models of disease management and clinic-based chronic care.
- ✦ Looks at the benefits, limitations, and policy implications of these alternative approaches.
- ✦ Notably, Pharos Innovations technology is featured in two of the seven case studies.
 - <http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=125226>