

AN ADMISSION AVERTED STORY

"It was subsequently learned that the wife was giving Mr. N. one of her medications to try to calm him down. Mr. N. was readmitted, but the wife was caught again giving Mr. N. her medication, and Mr. N. was hitting hospital staff. . .

THE STORY OF MR. N. - MULTIPLE CHRONIC ILLNESS PATIENT

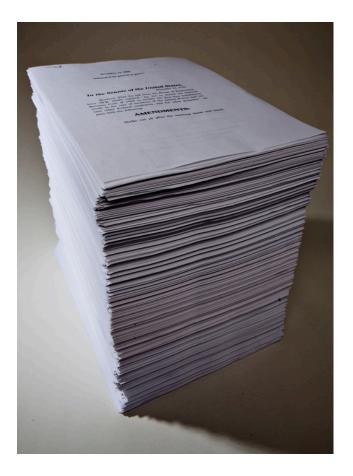
UNPRECEDENTED CHANGE



"When the winds of change blow, some people build walls and others build windmills"

- Chinese Proverb

THE NEW HEALTH CARE LANDSCAPE

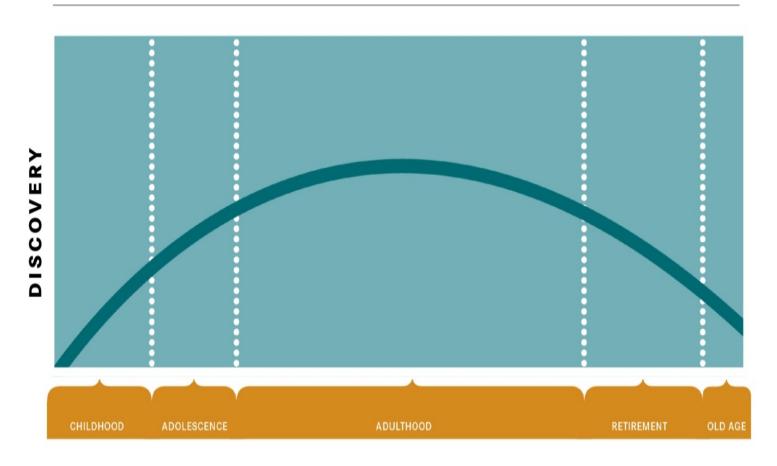


THREE WINDS OF CHANGE

- <u>Delivery system</u>: changing care delivery from silos of care to a continuum of care, emphasizing transitions between sites of care, and care at home;
- Payment reform: using penalties to drive change in incentives from more care to less care and thereby avoid unnecessary excess care;
- <u>Patient</u>: more than ever, the patient, family and caregiver are expected not only to be the center of care, but active participants in care.

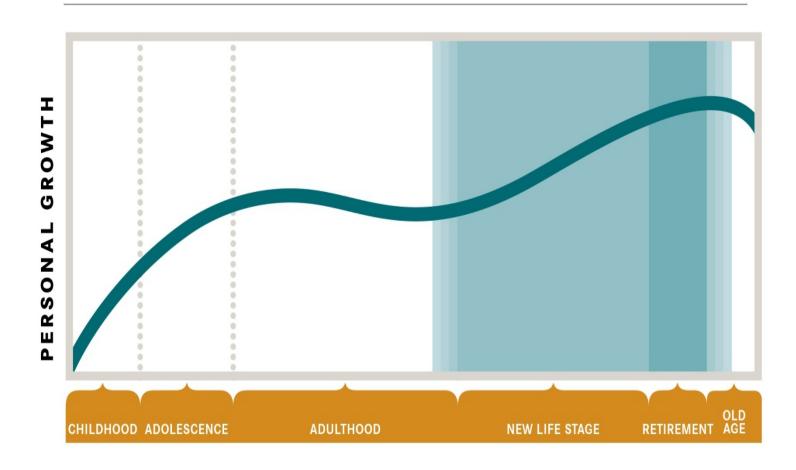
LIFE TRANSITIONS

Traditional View of Life



LIFE TRANSITIONS

New View of Life



KNOWING THE READMISSIONS POPULATION

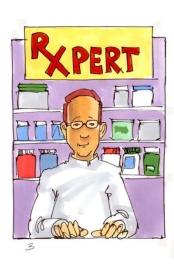
Navigating Health Care – Health Insurance Plan Selection





Maintaining Independence

Trusted Relationships





Barriers to Health care Planning and Purchasing



IV. Consumer Segment Snapshots Simple Chronic



Illness is Irritating

- Illness has not taken over their lives
 - · Still independent being healthy means:
 - · Having freedom
 - Being happy
 - In control
- Participate fairly regularly in annual screenings but less concerned with monitoring their health stats which they consider to be a hassle.
- 3. Frustrated with:
 - · Lack of coordination between doctors
 - Time constraints
- Feel that they should take care of self (exercise) and slow down
- Internet research helps them to make informed choices
- This segment focuses more than any other on understanding claims/bills & coverage
- Want personalized convenient one stop shopping – get in, get out, move on

What do they Need?

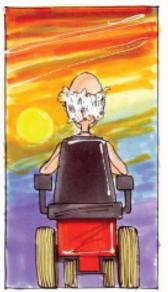
Convenient & Motivating Ways to Manage Illness













IV. Consumer Segment Snapshots Complex Chronic - Independent



Complex Conditions are Like a Business...

They take time, organization, effort and money!

- Want to have full active lives:
 - · Quality of life
 - Maintain independence
 - Slow aging
 - Live longer
- Group feels helpless, rushed and hassled & afraid but they want to feel confident, well cared for and strong
- Either don't or can't fully participate in what it takes to get well:
 - Get annual physical and better about taking prescriptive steps to get well and checking stats than Simple Chronic, but stats need to be better.
 - Some difficulty getting sleep & managing weight
 - Need help & motivation to eat right and exercise
 - Are used to Navigating the System, but want help with Coordination of Care. Specifically, help with Tracking and Sharing Medical Records
 - Also want Planning and Paying help:
 - Long Term planning
 - Understanding coverage
 - Paying for costs

What do they Need?

Personal Health Coach & Care Coordination Advocate

Long Term Planner & Social Director









IV. Consumer Segment Snapshots Complex Chronic - Dependent



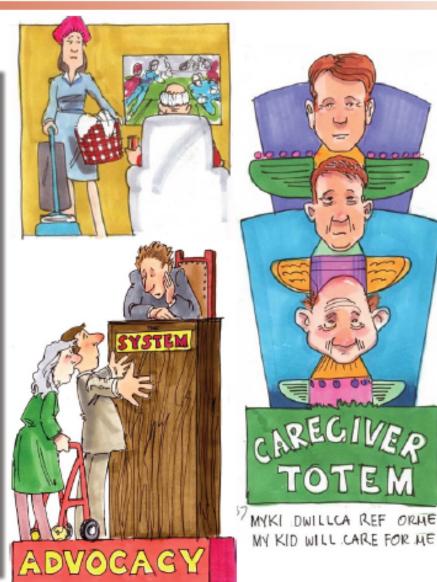
I Don't Want to Live This Way

- 1. Poor Quality of Life
 - Daily Routine is a struggle eating, bathing, sleeping
 - Reclusiveness embarrassment and concern for privacy
 - · Scared, Depressed, Confused
- In denial about how serious illness/situation is:
 - · Believe they will eventually get better
 - There is a magic cure out there just need to find it - surgery or pills, etc.
 - Want to feel Energetic & Active & In Control
- What Gets in the Way:
 - · Lack of Knowledge about Disease
 - Relinquishing Control (Don't tell me what to do)
 - · No coverage/ability to Pay

What Do They Need?

Relevant Education

Dedicated, Personalized Professional Support Coverage for Medical as Well as Basic Life Needs





IV. Consumer Segment Snapshots Chronic Looking for Help

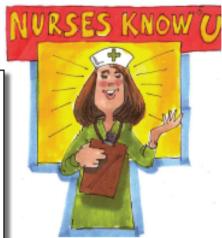


Empowered but Worried Don't Want to become Chronic & Dependent

- Trying to be and stay healthy, eliminate pain, remain functional and live full active lives;
- Maintaining physical independence is vital, and they regularly participate in activities outside of the home to help with this.
- Doing all they can to maintain their health; assume responsibility & compliant:
 - Regularly monitor health stats and get annual screenings (find this hassle but don't want help)
 - Very good about taking prescriptive steps to get well
 - · Actively attempt to choose the best treatment
- 4. Worried about the future/what may be inevitable:
 - · Want to overcome fear/helplessness
 - Don't want to be a burden
 - Lack of knowledge gets in the way of feeling in control & confident; seek information - try to solve for via internet research & social support
- Largest portion of paying for healthcare goes to other items & treatments
- These people really want more: Wish for personal health coach, personal records, and personal insurance planner.

What do they Need?

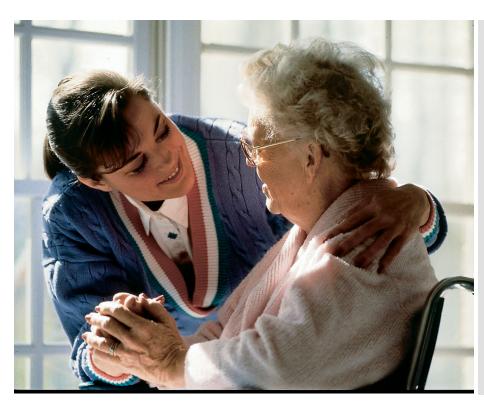
Decision Support. Options. Control Over their Records







THE CAREGIVER ANGLE



CARE GIVING BY THE NUMBERS

75 = the percentage of care provided in the U.S. by family and friends

375 = in billions of dollars, the estimated value of unpaid care in 2007 provided in the U.S.

33.6 = in billions of dollars, the net productivity losses to U.S. businesses from employees' family-care giving obligations

30 = in millions, the number of U.S. households providing care for a 50+adult. This number is expected to double over the next 25 years



B. Innovation Driver™ #6 My Health, My Control Chronic Journey Sherpa





NIEMAN MEDCUS.



Situation & Consumer Need:

 Educate me about the disease – HOW it works, WHAT I should KNOW and EXPECT HOW to MANAGE IT and WHY, etc.

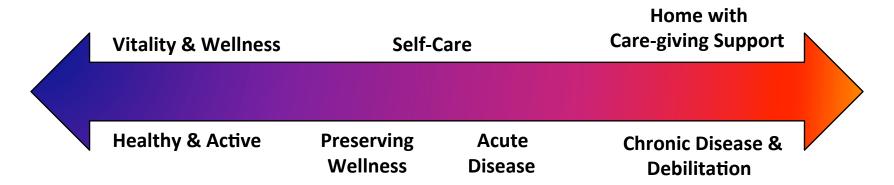
Easy to Access, Easy to Understand, Personalized

- Help me navigate the emotional journey Diagnosis Denial--Anger – Acceptance – Empowerment – later Depression/ Inevitability of Decline.
- Help anticipate, speed up and manage the transitions between these phases. Move me toward Empowerment, keep me from Depression.
- Help me manage expectations of what is next and what I should do: Chronic Care Checklists & milestones. Eliminate or reduce my learning curve by giving me the benefit of all of those that have gone before.
- Give me ADVICE, TIPS & SHORT-CUTS: Make it easy for me to live with my Chronic Condition (s)
- Help me find the right plan & resources, Help me calculate the cost of my condition

FROM MEDICAL MODEL TO CONSUMER MODEL

CONSUMER MODEL: "I can take care of myself."

"I need some tools/advice/guidance."
"I need a community to help me."



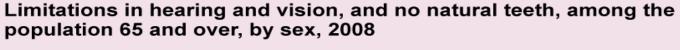
MEDICAL MODEL

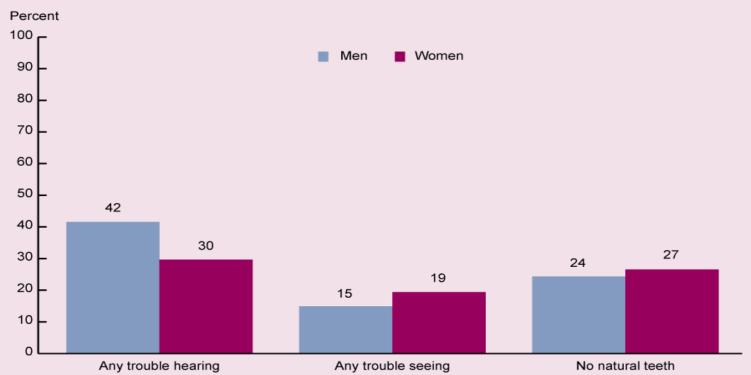
THE CHALLENGES: WE ALL AGE DIFFERENTLY



Being 65+ is a spectrum. One size does not fit all.

OLDER AMERICANS 1



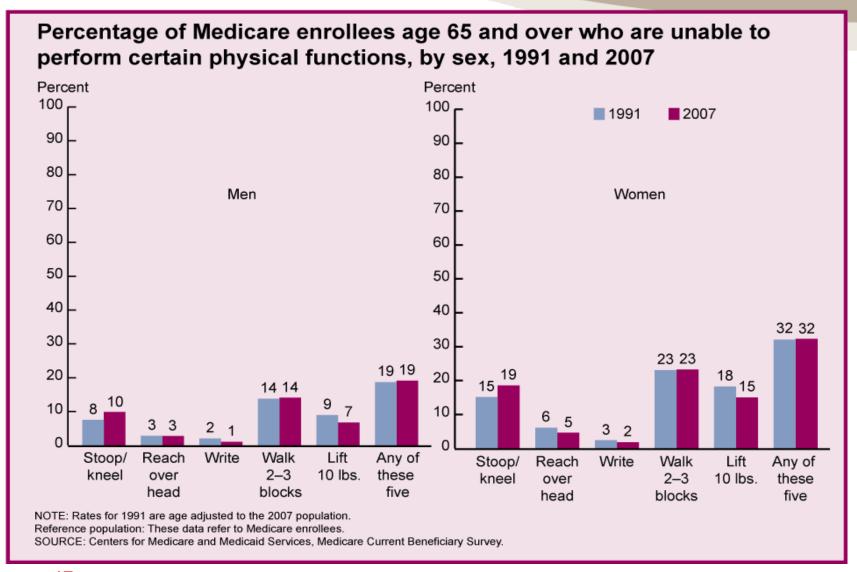


NOTE: Respondents were asked "WITHOUT the use of hearing aids or other listening devices, is your hearing excellent, good, a little trouble hearing, moderate trouble, a lot of trouble, or are you deaf?" For the purposes of this indicator, the category "Any trouble hearing" includes: "a little trouble hearing, moderate trouble, a lot of trouble, and deaf." This question differs slightly from the question used to calculate the estimates shown in previous editions of Older Americans. Regarding their vision, respondents were asked "Do you have any trouble seeing, even when wearing glasses or contact lenses?" and the category "Any trouble seeing" includes those who in a subsequent question report themselves as blind. Lastly, respondents were asked in one question, "Have you lost all of your upper and lower natural (permanent) teeth?"

Reference population: These data refer to the civilian noninstitutionalized population.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

OLDER AMERICANS 2



HEALTH LITERACY



- 40% of 75+ can't circle date of their next appointment;
- "once a day" means 11 x/ day in Spanish
- 160 is a very big number

Health literacy is not just about plain language, or right language. It is really about understanding what the patient understands.

THE PILOTS: INTEGRATED HEALTH CARE

Recognizing that an individualized, holistic approach to health care delivery is essential to health care transformation, UnitedHealth Group - in collaboration with AARP Services Inc - launched a series of care management pilot programs on December 1, 2008 for AARP members insured in the AARP Medicare Supplement Plan in Central North Carolina, Cleveland, Los Angeles, New York City, and Tampa. This program is provided at no additional cost to eligible AARP members.



Integrated Health Care Management Pilot Programs - Unique Opportunity

- Designed to improve health outcomes
- Determine if care coordination can be successful in a traditional feefor- service Medicare environment

THE PILOTS: THUMBNAILS

Chronic Illness / High Risk Case Management

Helping people identified at high predictive risk for catastrophic health events or deterioration through onsite and telephonic case management

Disease Management

Helping individuals afflicted with select chronic diseases reduce their risk of disease progression, future catastrophic events or deterioration

Integrated Pilot Program

Pharmacy Compliance Management

Helping people in tandem with Disease Management programs to comply with and adhere to evidence based standards of pharmaceutical care for their chronic disease

Depression Management

Helping people, physicians, and other caregivers identify depression, and to access educational resources, referral information, condition monitoring, treatment adjustment, and relapse prevention

HEALTH CARE TRANSFORMATION Early Results from the Pilots

- ✓ Valuable Insights about 65+ population
- ✓ Positive ROI in first year of Integrated Pilots
- ✓ Significant Patient (Member) Satisfaction with HCT activities

SUMMARY *My Three A-Ha's*



WRAP UP...ONE MORE STORY



QUESTIONS?



What's your windmill?