

Disease Management Revisited

New Services Become Increasingly Common in a Walk-In World

At the end of 2007, disease management was one of the hottest things going in healthcare. The idea that nurses calling patients with chronic disease could save millions was hugely attractive. One of the hot disease management firms was American Healthways, whose stock peaked in early January 2008 at around \$70 per share. But by the end of that month, the hot streak ended when CMS informed Healthways that it was disappointed in the results of its program. It was the beginning of a number of disappointments with disease management firms. Healthways' shares plummeted and never recovered. Healthways shares trade today between \$10 and \$15.

But so long as the incidence and cost of chronic disease remain high, the concept of disease management will not go away. Today

the new hope for disease management is geared around hands-on monitoring and counseling. So it is no surprise that the concept is top of mind for retail clinic operators, drug store chains, health insurance carriers, health systems, urgent care operators, worksite clinics and fitness vendors.

But how disease management will play out over the next five years is a big question mark, if only because there are so many

We will open our symposium January 23-25 in Orlando with a session dedicated to chronic disease prevention and management services. We will look at specific tools that must be in place, examples of programs in the works, and even the changing forms of reimbursement.

Possible Models

The table on the next page lists some of the entities that are or

could enter the disease management space directly. Several entities could do it alone, but each one represents a partnership opportunity for another.

"Successful models for chronic disease management must involve a collaborative team approach," says Stewart Levy, president of Health Promo-

tion Solutions, a company that is working with the Convenient Care Association (CCA) and its members on how to more effec-

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Truckers are a difficult-to-reach population and most do not have primary care physicians. The Convenient Care Association and the Healthy Trucker Association have teamed up to provide health screenings to truckers via retail clinics.

different players looking at the space. And just by looking at some of the partnerships that are forming, the possibilities are beginning to take form.

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Lots of Players and Lots of New Models

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tively play in the disease management space. The CCA is the retail clinic trade association based in Philadelphia. “That means physicians, pharmacists, nurse practitioners, dietitians, health coaches and specialists. The potential for provider partnerships is pretty much endless because there are multiple members of a care team.”

As an example, Levy’s company is helping set up partnerships between trucking organizations and CCA members to provide millions of truck drivers an opportunity to get their U.S. Department of Transportation (DOT) physicals, drug screens and biometric screenings done at retail clinics. There are federally mandated health monitoring requirements for blood pressure, diabetes, and sleep apnea where retail clinics can support diagnosis, treatment, and disease management to keep drivers healthy.

According to National Institute of Occupation Safety & Health (NIOSH), the average life expectancy of truck drivers is 61, primarily because of chronic diseases. Think about it. Truckers are on the road all the time. Most do not have a primary care physician. And they can’t pull an 18-wheel semi into the parking lot of the local primary care doctor’s office. But they can pull an 18-wheeler into a Walmart or Kroger parking lot where they get their medical exam for acute or chronic conditions, and get referrals for conditions such as sleep apnea, which is a major DOT safety issue. And they don’t need an appointment.

“This is where the rubber meets the road,” says Levy tongue in cheek. “It’s all about getting to

Entity	Activity	Examples
Hospitals	Reaching into worksite care, urgent care and growing occ med practices	Carolinas Healthcare (Charlotte) and Health Partners (Minneapolis)
Urgent Care Clinics	Growing occ med practices; reaching into primary care, weight loss and health coaching	Patient First (Washington/Baltimore)
Convenient Care (retail clinics)	Screenings, chronic disease management, weight loss	MinuteClinic, Take Care, RediClinic
Worksite Clinics	Health risk assessments, weight loss, health coaching	All major vendors
Health Insurance Companies	Worksite clinics, multispecialty clinics, occ med and urgent care	Humana buys Concentra; UHC buys Southwest Medical Associates
Retail Drug Stores	Diabetes management	Walgreens and UHC; CVS and Aetna
Health Clubs	Weight loss, health coaching, screenings	Lifetime Fitness
Weight Loss Centers	Health coaching and screenings	Lindora

employers such as the transportation industry with hard-to-reach populations and finding a medical facility that meets their employee health needs.”

Levy will be facilitating the disease management session in Orlando along with Robin Foust, a leading expert in disease management. Foust is also a consultant to many hospital systems who are putting in place care management programs in advance of the coming move to risk-based care and population health management.

Foust says that aligning reimbursement with local accountable care models, either with commercial and or Medicare/Medicaid populations, is gaining momentum. Healthcare systems and employers are working together on achieving healthy organizational and population outcomes.

“To survive in the coming ACO world, health systems will be paid based on how healthy their patients are,” says Foust. “To survive they need to have an

affordable way to measure patient health outcomes based on very specific biometric and other patient-centric measures. That data needs to be available to multiple parties through a system that is both timely from the provider standpoint and private from the patient standpoint.”

One of Foust’s clients, Spartanburg Regional Healthcare System in Spartanburg, SC, with their affiliated physician hospital organization, Regional HealthPlus (RHP), built a patient-centric care coordination model to support primary care physicians. Chris Skinner, operations director, says that care coordination for the chronically ill is done through a team approach. But it all starts with the primary care physician.

“The care coordination team is centralized and currently supports almost thirty primary care physician practices with case management nurses, wellness coaches, and care navigators,”

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he says. "The basic idea is that everyone works at the top of their license."

The primary care physician (PCP) develops the patients' plan of care. Case management nurses work with only the most complex, comorbid patients. Wellness coaches provide patients with encouragement, some education, and accountability. Care navigators primarily assist with appointment setting, reminders, and transportation coordination.

"The key is that the team works in synch with the PCP to help patients improve their health," he says.

During the Monday afternoon chronic disease management session, Foust will also share how RHP has successfully expanded their model for their own covered lives to employers in their service area. She will share outcomes based on analysis on RHPs' and other Foust client populations.

Primary Care and Worksite Care

"I think the problem with disease management over time is it has been impersonal," says Rick Gantt, a vice president with Benefit Controls, Inc, a national health insurance brokerage firm that deals with both fully insured and self-insured groups. "Getting calls, e-mails, and letters just is not effective."

Gantt says that in the wellness world there are two ways to improve: compliance and health improvement. He says compliance, especially with diabetes, is the easiest to work with and typically his firm can get around 70 percent of the eligible participants to comply with various programs.

"But we all know real change

involves changing minds.... change your mind and change your world," he says. "So, the future programs will have more success with life and health coaches along with clinical outreach. We have worked with many companies, from truckers to lawyers, and have found it takes from two to three years to really start seeing good clinical and financial success. This can be done with an on-site clinic or on-site coaching."

Gantt will participate in chronic disease management panel discussion on Monday afternoon at the ConvUrgentCare Strategy Symposium.

Insurance, Pharmacies, Fitness

The notion that disease management must be hands on is underscored by an initiative launched by United Healthcare in April 2010 called the Diabetes Prevention and Control Alliance. The program has two components.

First, UHC's Diabetes Prevention Program with the YMCA puts people with prediabetes through a 16-session group training program with a lifestyle coach aimed at healthy eating, increased physical activity and other lifestyle changes. Second, the Diabetes Control Program, with retail pharmacies like Walgreens and Albertsons, provides education and support from trained pharmacists and nurse practitioners to help people with diabetes better control their condition and reduce the risk of developing complications, such as nerve, kidney and eye disease. The goal is for patients to improve blood glucose control. The pharmacy partners receive incentive payments based on participants' results, helping to drive performance.

Retail Clinics and Hospitals

CVS Pharmacy's retail clinic subsidiary, MinuteClinic, has been active in discovering chronic disease with their patients who come in with minor illnesses. And MinuteClinic's partnerships with a number of large health systems across the country illustrate one way that health system physician groups can reach into the community for more effective control and information sharing.

"We can provide tremendous value by uncovering patients with chronic disease," says Nancy Gagliano, chief medical officer at MinuteClinic. "Our role is less about managing and changing medications or starting medications, and more about being in the community and identifying chronic disease patients who are unidentified or undertreated."

Looking ahead, Gagliano says the company is in the middle of some pilot projects with health systems that have grown out their recent partnerships. She admits that getting the details right in these pilot projects is not always easy when it comes to workflow and outcomes. But she says those are the things that will lead to better outcomes and payment for performance. Gagliano also will be speaking at the symposium in January.

"The physicians within our partner organizations know that in the future they will get paid better if they demonstrate that their patients have had their LDL checks, or their blood pressure checks, or their A1C checks," says Gagliano. "Some of these pilot projects help them see firsthand that it can help them reach their pay-for-performance targets."

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Register Now for The ConvUrgentCare Strategy Symposium

The fourth annual ConvUrgentCare Strategy Symposium takes place at the Hilton Orlando January 23-25, 2012. The meeting registration fee is \$799 through November 30, after which it increases to \$899. The registration fee includes a welcome reception the evening of Monday, January 23, breakfast, lunch and dinner on Tuesday, January 24, as well as breakfast on Wednesday, January 25. Register for the symposium online at merchantmedicine.com/seminars.cfm, or by calling Merchant Medicine at (651) 483-0450. Space is limited and the symposium has sold out each year, so please register early. **Click here for a full brochure.**



Agenda

Monday, January 23rd, 1 pm

Welcome and Introductions, Tom Charland, Merchant Medicine

Evidence-Based Solutions for Chronic Disease Prevention and Management

Steward Levy, RPh, Health Promotion Solutions

Disease Management at Retail Clinics

Nancy Gagliano, MD, MinuteClinic

Care Management Opportunities for Health Systems with Payers and Employers

Robin Foust, Health Management Consultant

Why Disease Management Matters to Employers

Rick Gantt, Benefit Controls

Panel Discussion and Questions

Welcome Reception, Remarks by Reginald Allouche, MD, Ceprodi SA, Paris

Tuesday, January 24th

Continental Breakfast, 7 am

Excess Utilization and the Employer Revolt

Brian R. Klepper, PhD, Healthcare Performance Inc.

How the Primary Care Provider Shortage Continues to Fuel New Modes of Care

Scott Shipman, MD, MPH, Dartmouth Institute for Health Policy and Clinical Practice

Case Study: Bellin Health and the ACO Challenge

Pete Knox, Bellin Health

Tuesday, January 24th (continued)

BREAK/Deli Express Lunch

Case Study: Health Partners' Virtuwell, Limited-Scope Care using Nurse Practitioners and the Web

Kevin Palattao, Health Partners

Case Study: The MinuteClinic/Cleveland Clinic Partnership

Tod Podl, MD, MS, The Cleveland Clinic

Panel Discussion: Hospital Retail Clinic Operators

David Bensema, M.D., Baptist Health (Facilitator)

Janet Teske, Aurora Quick Care

Edward Epperson, Carson Tahoe Clinic at Walmart

Outdoor Reception and Dinner (weather permitting)

Wednesday, January 25th

Continental Breakfast, 7 am

Primary Care Everywhere?

Jane Sarasohn-Kahn, MA, MHSA, Think Health\

Avoiding Pitfalls in Pediatric Walk-in Medicine

Jason North, Executive Director, After Hours Pediatrics

PA and NP Attitudes toward Retail Clinics

Jennifer Ford, Senior Associate Editor, ADVANCE for NPs & PAs

Final Audience Discussion/Questions/Wrap up/Adjournment at Noon

Openings and Closings

OPENED (20)

MinuteClinic (13 CVS)

- Crestview, FL (Pensacola)
- Marianna, FL (Tallahassee)
- Tallahassee, FL (2)
- Orlando, FL
- Lakeland, FL
- Evansville, IN
- West St. Paul, MN
- Philadelphia, PA
- Harrisburg, PA (2)
- Myrtle Beach, SC
- Murrells Inlet, SC

Clinic at Walmart (3)

- San Jacinto Medical Grp, San Jacinto, CA
- Rocky Mt. Internal Medicine, Aurora, CO
- Adena Health, Chillicothe, OH

RediClinic (HEB)

- The Woodlands (Houston)

FastCare (3)

- Northwest Community Hospital, Palatine, IL (Jewel-Osco)
- Riverside Meical Center, Bourbonaise, IL (Walmart)
- Richelle Community Hospital, Rochelle, IL (Walmart)

CLOSED (13)

Clinic at Walmart (10)

- Eastern Maine Healthcare, Bangor (5)
- Jefferson Regional, Pittsburgh (2)
- Agnesian Health, Chilton, WI
- ValueCare, Miami
- Northwest Care Express, Pineville, MO

Sanford (Meritcare) Fastrack (Horbachers)

- Fargo/Morehead (2)

Heritage Valley Health (Standalone)

- Beaver, PA

By the Numbers

Retail Clinics on November 1, 2011: 1,341

Retail Clinics on October 1, 2011: 1,334

Net One-Month Change: +7

Retail Clinics on January 1, 2011: 1,218

Net YTD Change: +123

Retail Clinics on November 1, 2010: 1,201

Net 12-month change: +140

Clinics by Operator

Operator	1-Nov	1-Oct	+/-
MinuteClinic	550	537	13
TakeCare	355	355	0
The Little Clinic	80	80	0
Target Clinic	44	44	0
FastCare	35	32	3
RediClinic	29	28	1
Baptist Express Care at Walmart	16	16	0
Cigna Care Today	11	11	0
DR Walk-In Medical Clinics	11	11	0
Aurora QuickCare	10	10	0
Lindora Health Clinics	9	9	0
Avanti Medical Group	6	6	0
Alegent Quick Care	5	5	0
Cox Health at Walmart	5	5	0
Geisinger CareWorks	5	5	0
Heritage Valley Health at Walmart	5	6	-1
Access Health	4	4	0
Lancaster General Health Express	4	4	0
MedPoint Express	4	4	0
Mercy QuickCare	4	4	0
St Vincent Health at Walmart	4	4	0
Atlantic ImmediCare	3	3	0
Fairfield Medical Center at Walmart	3	3	0
Family Quick Care	3	3	0
Intermountain ExpressCare	3	3	0
MedCheck Express at Walmart	3	3	0
Memorial Care Health Express	3	3	0
Mercy Health of OK at Walmart	3	3	0
Northwest Care Express at Walmart	3	4	-1
OSF Medical Group at Walmart	3	3	0
Owensboro Medical at Walmart	3	3	0
Pikeville Medical at Walmart	3	3	0
Southwest Medical at Walmart	3	3	0
St Dominic Hospital at Walmart	3	3	0
Sutter Express Care	3	3	0
WellMed Family Care at Walmart	3	3	0
Walmart Partners/fewer than 3 clinics	67	73	-6
Other Operators/fewer than 3 clinics	33	35	-2
Total	1341	1334	7

Alphabetical List of Retail Clinic Operators

Operator	Retail Partners	Clinics
Alegent Quick Care	Hy-Vee, Pamida	5
ALMC ExpressCare	Hy-Vee	1
Atlantic ImmediCare	Rite Aid	3
Atlanticare Healthrite	ShopRite	1
Aurora Quick Care	Multiple	10
Avera Curaquick	Hy-Vee	2
Clinic at Walmart	Walmart	141
Community Express Care	Discount Drug Mart	2
CuraQuick	Hy-Vee	1
DR Walk-In Medical Clinics	Duane Reade	11
ExpressCare (Lincoln)	SuperSaver	1
Fairview Express Care	Coborn's	2
Family Quick Care	Meijer	3
Family Statcare	Buehlers	1
FastCare	Multiple	34
Geisinger CareWorks	Kings, Mr. Z's, Weis	5
Gundersen Lutheran	Festival Foods	2
HealthPartners Health Station	Coborn's, Cash Wise	2
Intermountain Express-Care	Smith's	3
Iowa Health Express Care	Hy-Vee	2

Operator	Retail Partners	Clinics
Luther Midelfort	Mega Foods	2
Mayo Express Care	Hy-Vee	2
MedPoint Express	Multiple	4
MemorialCare	Albertsons	3
Mercy QuickCare	Dahl's	4
Meritcare Fast Track	Hornbachers	2
MinuteClinic	CVS	550
MultiCare Express	Rite-Aid	2
Olathe Care Express	Price Chopper	1
PPH Express Care	Albertsons	2
Queen of Peace Express Care	Coborns	1
Access Health	Remedios	4
RediClinic	HEB	29
Solantic	Walmart	1
St. Alphonsus Express Care	Rite-Aid, Albertsons	2
St. Luke's Q-Care	Cub Foods	1
Sutter Express Care	Rite-Aid	3
TakeCare	Walgreens	355
Target Clinic	Target	44
The Little Clinic	Kroger, Publix	80
Valley Health Quick Care	standalone	1



ConvUrgentCare® Strategy Symposium

Orlando – January 23-25, 2012

Open for Registration

Our fourth annual strategy symposium will take place January 23-25, 2012, in Orlando, FL. Find out more online at www.merchantmedicine.com/seminars.cfm or call us at (651) 483-0450.



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