

## Chronic Care Briefing Document

Office of the National Coordinator for Health Information Technology

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In the following paragraphs and pages you will find the broad and specific charges to this workgroup, some definitions to assure consistent communications, and some background information. We have also included some questions that may be useful starting points for your discussion and ask that, working with ONC, you endorse final highly specified recommendations regarding what is to be accomplished by year's end, the specific populations which will derive benefit, and the critical actions that must be taken for successful implementation. Your presentation of these recommendations at the March 7<sup>th</sup> Community meeting will shape the intent of the Community in this area.

### Charges for the Chronic Care Workgroup

- **Broad Charge for the Workgroup:** Make recommendations to the Community to deploy widely available, secure technologies solutions for remote monitoring and assessment of patients and for communication between clinicians about patients.
- **Specific Charge for the Workgroup:** Make recommendations to the Community so that within one year, widespread use of secure messaging, as appropriate, is fostered as a means of communication between clinicians and patients about care delivery.

### What is already being done?

The AMA has defined patient-physician electronic mail as computer-based communication between physicians and patients within a professional relationship, in which the physician has taken on an explicit measure of responsibility for the patient's care. This definition is a part of guidelines issued by the AMA board of Trustees to aid physicians in communicating electronically with patients. AMA has also approved a CPT code for the reimbursement of online consultation. Clinicians and patients are gaining experience with online clinician-patient consultation, and more tools are becoming available to support these efforts. In addition, there is some evidence that using electronic communication is cost-effective to payers and appealing to patients and providers. There are two potential payment mechanisms: one relying on payers and the other relying on patients. According to a Harris poll, at least 40% of the US population would be happy to pay what amounts to a co-payment to get answers to their clinical questions online, rather than be forced to make an office visit, wait days or weeks, or miss work.

Additional studies that evaluate the benefits and cost savings in more detail could facilitate evidence based coverage decisions. In particular, evidence is needed to

understand the effect of clinician-patient electronic communication on the quality and costs of chronic care.

### Tools and Plans:

Several vendors are offering functionality which allows patients to upload their glucose meter reading and send it along with an e-mail to their physician. This enables regular monitoring of diabetic patients without requiring an office visit. Connecticare ([www.connecticare.com](http://www.connecticare.com)), a health plan in Connecticut, has implemented an online diabetes care service that is currently being evaluated in a clinical study. **The study is ongoing, and now expanding. Early claims-based data for the study group vs a matched control group of patients under the care of the same physician have demonstrated a 40% reduction in medication fall off rates among participants in the study group. In addition, a survey of patients in the study group revealed that 66% believe that the specific adherence messages that they have received help them better understand their medication and better manage their condition.**

**Several BlueCross BlueShield plans reimburse physicians for online consultations by using a provider of secure online healthcare communication services linking patients, healthcare professionals, payers, and pharmacies. This secure website and messaging platform supports electronic interactions between doctors and patients, checks patient eligibility with insurers' systems, and enables electronic financial transactions for payments. Doctors pay \$50 month.**

- Blue Shield of California announced plans last year to reimburse physicians for online consultations after a study commissioned by the insurer found that the plan could save more than \$1.92 per month per member through online consultations, with total savings of \$3.69. Blue Shield of California is now compensating physicians for the service, though the level of reimbursement varies and there have been challenges integrating it into the practice.
- [Blue Cross Blue Shield of Massachusetts](#) is reimbursing physicians for Web-based e-mail consultations. About 140 physicians and 2,000 patients are participating in the program, which allows physicians to receive patient e-mail through a secure platform. Eventually, the health plan hopes to have 500 doctors participating in the pilot and is targeting large provider groups across the state. Physicians are reimbursed \$20 for each online consultation in addition to the member's co-payment.

Kaiser Permanente Northwest has conducted a year-long study that allows patients to view portions of their medical record and send secure messages to their physicians online. The project is part of Epic System's MyChart service and is funded by Kaiser's national office. Under the study, 60 physicians at Kaiser's Tualatin and Sunset medical offices are exchanging secure messages with about 2,700 patients who are participating in the project.

## **Modeling the Project**

1. What are the critical characteristics that must be addressed to enable secure messaging between patients and providers that will maintain the ease and familiarity of email.
2. What other sources of information (e.g. monitoring devices) should be included and in what timeframe?

## **Defining the populations**

1. What parameters could we use to target population segments?
2. What considerations could be applied to targeting physicians?

## **Other**

1. What is the best way to authenticate?
2. How can this be financed?
3. Are there specific attributes that could define reimbursable remote (or virtual) care?