Chronic Care Workgroup
Background and Options Briefing
Target Populations and Geographic Scope

Office of the National Coordinator for Health Information Technology
February 23, 2006

The following is a synthesis of data collected in collaboration with the co-chairs, expert members of the community, and other workgroup members. This information is for your careful review and intended to facilitate discussion and decision-making at the February 23, 2006 Chronic Care workgroup meeting. The goal of this meeting is to finalize the workgroup's recommendations regarding the specific charge for presentation to the Secretary and the American Health Information Community at the March 7, 2006 meeting.

Charges for the Chronic Care Workgroup

- **Broad Charge for the Workgroup:** Make recommendations to the Community to deploy widely available, *secure technology 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.

Approximately 60 million Americans live stably with at least one chronic condition --- most have more than one. This 20% of the US population interprets care which is safe, effective, efficient, timely, patient-centered, and equitable (the aims of the Institute of Medicine) broadly -- given that most of the care management occurs outside of the professional setting. Patients with stable chronic conditions manage a good part of their care themselves while managing diets, watching and controlling weight, checking blood sugars, adjusting blood thinners, titrating asthma medications, etc.

This population, above and beyond almost any other, requires frequent and easy communication with their clinicians for guidance and to make timely decisions so that their chronic condition can be better and more tightly managed in their home, work, and school environments with minimal disruption.

Multiple opportunities exist for health information technologies to better support this patient/clinician communication. Review of disease management programs for the top five common chronic conditions reveals that some of these opportunities are in current use, if somewhat limited to those with single chronic conditions and commercial health plan/employer coverage. These include:

- access to tailored patient educational materials
- telemonitor/messaging
- patient accessed and managed personal health records and careplans
- two way electronic communication with clinician and/or office

As the Chronic Care Workgroup makes recommendations regarding what aspects of secure messaging should be implemented within one year and the location and characteristics of target populations involved a number of considerations must be addressed. These are outlined below as both criteria for the specific charge, and several options that can be considered.

Critical criteria in development of specific charge recommendations:

- Feasible to implement in 2006.
- Accomplishes the specific charge, while facilitating the most direct path to the broad charge of deploying widely available, *secure technology solutions for remote monitoring and assessment of patients*
- Illuminates the significant barrier(s) that must be resolved to achieve breakthrough success (policy and technical).
- Delivers the value to the consumer over the next 1-2 years.
- Leverages all stakeholders, while appropriately balancing expectations, responsibilities and authority.
- Aligned with other breakthrough activities.

Definition of Secure Messaging

First and foremost, the workgroup must discuss and recommend the scope of secure messaging that best meets the above criteria. The approaches to be considered could include at least the following;

1. Secure email. Not necessarily limited to patients with a single chronic illness, proven to improve care indices in both commercial and medicare aged populations, has positive ROI with clinician reimbursement in commercial environments, maintains close relationship with primary care clinicians, high degree of patient satisfaction. Can include on line scheduling and prescription renewal functions. Needs HIPAA guidance re general email; limited number of vendors providing encrypted email through different avenues (offered through payors, embedded in electronic health records, available through physician organizations. Not reimbursed by Medicare.

2. Personal Health Record shared with disease management vendors or provider groups. Provides easy access to information, reminders, prompts, guidance. Does not engage primary clinician as integral to the communications process, but will direct patient to seek care in office setting as needed. Generally limited to specific populations defined by payers as being high risk (based on claims data)
3. Automatic telemetry of key data (i.e. patient weights, blood glucose readings) from monitoring device to clinician. Limited in scope of what can be communicated, relies on clinician to assess and respond in alternative ways, limited market at present.

Options

Within the context of scoping secure messaging, the following potential options are described in order to facilitate the workgroup's discussion for achieving the specific charge while adhering to the critical criteria and addressing the most appropriate geographical locations, populations, data elements, and technical and policy barriers. They should not be considered complete, nor exclusive of each other.

Option 1: The Disease Based Approach

Secure messaging is offered to a population of patients with a specific disease, recognizing that the most prevalent conditions may not be ones that disease management companies currently support. Hypertension, chronic muscular/skeletal/joint problems, and diabetes are among the most common. DM companies list management of congestive heart failure, chronic obstructive lung disease, diabetes, endstage renal disease (as opposed to the more common chronic renal insufficiency), and asthma as their top priorities..

- **Pros**
  - Easy to evaluate from a payer's perspective
  - Narrows scope of the specific charge

- **Cons**
  - Difficult to implement in the provider setting. Creates inconsistent workflows, especially if linked to e-scheduling and prescription renewal.
  - Does not control for environmental factors which may affect use
  - May encounter resistant clinicians
  - Most patients have multiple chronic illnesses.

Option 2: The Geographic/Provider Based Approach

The ability to engage in secure messaging with patients is offered to selected physicians in a particular geographic area.

- **Pros**

- Physicians who are interested will incorporate into their workflow for all patients.
- Can segment population by specialty physicians (e.g. nephrologists and internists see patients with chronic renal failure and end stage renal disease.)
- Can leverage in areas where secure email is supported by commercial payers.
- Focuses on e-communication processes across the spectrum of chronic illnesses.

- **Cons**
  - Need large numbers of physicians to engage in order to stratify results by population type (chronic conditions, acutely ill, well care maintenance, end of life.)

Option 3: Link secure messaging to other services, such as prescription renewal and scheduling and/or use of electronic "clipboard" and medication list

- **Pros**
  - Shown to increase use of information technologies offered
  - Naturally aligned as part of Personal Health Record development
  - Increased efficiency in administrative process for providers

- **Cons**
  - Difficult to establish value and ROI on specific charge.

Barriers

- Financing
- Authentication of patient
- Medical Legal risks
- Other