

# THE SCBCH BULLETIN

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## HealthMapRx

HealthMapRx is a disease management program that originated in North Carolina as the Asheville Project. It was developed and implemented in 1997 by the University of North Carolina, the North Carolina Pharmacist Association and the city of Asheville, North Carolina. It is a multi-stakeholder approach that aligns incentives for optimal care, involving employers, payers, providers and patients. The program uses alterations in benefit design to engage consumers to participate in regular consultations with community pharmacists who act as coaches or mentors, helping patients set health and lifestyle goals and manage their diabetes effectively. Employees with chronic disease are enrolled in the program through their employer to achieve patient self-management knowledge about their condition and receive personalized coaching from qualified pharmacists at least once per quarter. Patients have their co-pays for diabetes medications and supplies waived as an incentive to participate. After five years of implementation, the city of Asheville and Mission Health & Hospitals (the area's largest health care provider), participating as an employer, saw significant results. The average cost of care for their diabetic population was reduced by an average of \$2,000 per patient per year. They also demonstrated a 50 percent reduction in sick days and no worker's compensation claims were filed by the diabetes patients in the program between 1997 and 2003.

Today, the Asheville Project has over 1,500 patients from ten employers enrolled for diabetes, asthma, hypertension, lipid therapy management, and depression. Employers have saved over five million dollars in health care costs. The APhA has expanded the project to other sites nationwide as the program called HealthMapRx.

The Lancaster County Business Group on Health in Pennsylvania implemented the program, calling it the Bridge Project. The program saved employers an average of \$5,812 per employee during the first year. The A1C and LDL levels in employees have both trended down, with the proportion of patients at highest risk level (A1C > 9) decreasing from 26% to 17%. Also, the number of patients with an LDL < 100 (the American Diabetes Association goal) increased from 38% to 67%. Participant satisfaction with their overall diabetes care has improved and satisfaction with pharmacist care was very high. The Bridge Project is planning to expand and

to enroll patients in a heart disease program followed by a program for asthma and depression over the next few years. To view a brief video of patient testimonials from the Bridge Project, please visit [www.scbch.org](http://www.scbch.org) and click on Current Initiatives and then click on the link located in the summary on Diabetes Disease Management Initiative.

The South Carolina Business Coalition on Health is proud to announce we have been rewarded grant funding from the National Business Coalition on Health in the amount of \$25,000. This grant will fund a portion of the administrative costs involved in implementing this program for our members. Greenville County is currently in the process of implementing this program and the following organizations have formed an implementation committee to develop a strategy for implementing as a Coalition: Michelin, Synalloy, AnMed Health, Greenville Hospital System, and Spartanburg Regional Health System. We will also be looking to form a Quality Assurance Committee to align the checks and balances of this program. We hope to recruit experts in the medical community (physicians, pharmacists, diabetes educators, hospital representatives, etc) to review the program's development and to make sure that it is compliant with HIPAA regulations. We would also like this committee to explore what else can we do to make this project more valuable to the patients and the community. To learn more about how your company can participate, please contact Pam Sawicki at 864-467-3255 or [psawicki@scbch.org](mailto:psawicki@scbch.org).

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## National Wise Health Consumer Month

February is National Wise Health Consumer Month. Wise healthcare consumerism involves teaching consumers how to interact with the healthcare system in a more knowledgeable manner. According to the American Society of Internal Medicine, 70 percent of correct diagnoses depend upon what the patient tells the physician. Some of the things that consumers can do to become more actively involved include: seeing their provider with a checklist, asking more questions, taking notes during their meeting, establishing a good relationship with their provider, accurately presenting their symptoms, and knowing their family's medical history. Wise healthcare consumerism also involves teaching employees to make more informed decisions about when they should seek medical assistance, what type of assistance to seek, and when they can treat themselves at home.

Here are some ways that employers can promote wise healthcare consumerism:

- Provide educational materials such as brochures, booklets, or books. These can help consumers determine what symptoms require medical attention and which ones can be treated using self-care.
- A self-care workshop can be offered to help recipients of the self-care guide make optimal use of it. These can be instructor-led, videotape, DVD, audiotape, or online seminar.
- A nurse advice line can be offered whereby employees can call a toll-free number 24 hours a day to speak to a registered nurse about their health concern.
- Self-care information can be put online or on a CD so consumers can access it through their computers.

Coalition members can request educational resources through the SCBCH Tool Chest. Please visit [www.scbch.org](http://www.scbch.org) and click on Tool Chest.

Sources: American Institute for Preventive Medicine and National Wellness Institute

## Best Practices for Comprehensive Tobacco Control Programs

Tobacco use treatment is more cost-effective than other commonly provided clinical preventive services, including mammography, colon cancer screening, Pap tests, treatment of mild to moderate hypertension, and treatment of high cholesterol. Interventions that increase quitting can decrease premature mortality as well as tobacco-related health care costs in the short-term. Quitting by age 30 eliminates nearly all excess risk associated with smoking, and smokers who quit smoking before age 50 cut in half their risk of dying in the next 15 years (CDC). Tobacco use screening and brief intervention by clinicians not only is a top-ranked clinical preventive service in terms of its relative health impact and cost-effectiveness but also is a cost-saving measure.

Cessation interventions should include both health care system-based interventions and population-based interventions (quit lines) that provide services to the individual smoker. System-based initiatives should ensure that all tobacco users seen in the health care system are screened for tobacco use. All tobacco users should receive advice to quit and counseling services (in person or via a quit line) and FDA-approved cessation medication. Cessation quit lines are effective in increasing successful quitting and have the potential to reach large numbers of smokers. Quit lines also serve as a resource for busy health care providers, who can ask patients about their tobacco use status and then link them to quit line cessation services for counseling. Optimally, quit line counseling should be made available to all tobacco users willing to access the service.

Here is a list of incentives that have been suggested by the CDC:

- Pay for counseling and medications together or separately
- Cover at least four counseling sessions of at least 30 minutes each including proactive telephone counseling.
- Cover both prescription and over-the-counter medications (including NRT, Bupropion and Varenicline)
- Provide counseling and medication for at least two smoking cessation attempts/year.
- Eliminate or reduce co-pays or deductibles.

An employer wanting to bring this benefit to its employees has a variety of options to administer these benefits including using its existing health benefits carrier/insurer. The employer may also decide to use a behavioral carve-out company, Employee Assistance Plan (EAP) or special wellness programs. Employers that offer a choice of benefit options may find that not all carriers offer a smoking cessation program. In this case, for consistency across plans, an employer may choose to use a carve-out company.

Employer demand for smoking cessation programs is relatively new and it is recommended that employers carefully examine the available prices and program designs. Employee benefits consultants and actuaries can help assess the costs, benefits, and potential benefit trades-offs as well as evaluate vendors' bids.

Sources: CDC and Milliman Consultants

## 2008 Strategic Plan

SCBCH has developed its 2008 strategic plan based on positive responses from initiatives implemented in 2007, feedback from member surveys, and decisions made in a Board planning session. The initiatives included in the 2008 strategic plan are designed to improve healthcare quality and efficiency, promote greater consumer responsibility in healthcare decisions, and to improve the overall health of South Carolinians and thereby improving our economic competitiveness and quality of life. We depend on our members to work collaboratively to pave the way to transparency in the healthcare system and create a healthier South Carolina. We invite all members to become involved in successfully carrying out the following initiative in 2008.

### Ongoing Initiatives

- Small Business Initiative: Hold one workshop for small businesses to help them control their health care costs.
- Hospital Performance Improvement Initiative: In consumer guide, report all 4 Leapfrog leaps, rank hospitals by safe practice score, add hospital infection rates, and include trends.
- Health Plan Performance Improvement Initiative: Participate in eValue8 and provide results to members to aid in vendor selection process.
- Data Cooperative Initiative: Implement a data co-operative for Coalition members.
- Annual Meeting: Develop compelling agenda and hold at new location May 20 (Carolina First Center) to accommodate 350+ registrants.
- CEO/CFO Meeting: Hold leadership interchange during week of Annual Meeting to engage member and prospective member's leadership.
- Member education: Hold one Purchaser workshop and one all-member workshop; continue providing webinars and other educational opportunities.
- Continue PBM Contract to help control pharmaceutical costs in SC.



# South Carolina Business Coalition on Health

- Hold planning meetings with each Coalition member to address individual needs and create additional value from Coalition membership. Help members with plan design, vendor management, use of data and incentives in program development, and use of relevant Coalition tools.
- Continue to add to tool chest and encourage member to use available tools for employers and employees.

### New Initiatives

- Partner with Activate Greenville and Activate Spartanburg to encourage Coalition members to participate in wellness programs
- Participate in Quality Treatment Task Force for Substance Abuse being convened by Greenville County
- Implement HealthMap Rx (Asheville Project) in Upstate to enhance diabetes management efforts
- Make claims audits available through HC21 and Artemetrx to identify duplicate and incorrect payments.
- Co-sponsor an actuarial study to quantify the cost and impact of the state providing stop loss insurance; depending on results, potentially pursue legislative changes to support this idea.
- Seek the designation of Chartered Value Exchange from Secretary Leavitt's Value Driven Health Care initiative to gain access to Medicare data and a new national learning network related to physician performance measurement.
- Develop a legislative task force to monitor policy issues and make recommendations to the Board for advocacy of specific issues.
- Develop a resource manual for Coalition members to include information such as legal guidelines for incentives, employer case studies, and best practices in value-based purchasing.

### List of Current Members

Purchasers
Bausch & Lomb
BMW
Bowater, Inc.
The Cliffs Communities
Contec, Inc.
County of Spartanburg
Furman University
GE Gas Turbines, LLC
Greenville County
Kemet
Leatherwood, Walker, Todd & Mann
Metromont Corporation
Michelin
Mitsubishi-Polyester Film
Synalloy Corporation
TIC Properties
Tire Centers, LLC
Non-Dues Members
American Heart Association
Communicare
Greater Greer Chamber of Commerce
Greenville Chamber of Commerce
Greenville County Medical Society
HealthCare 21 Business Coalition
P.A.C.E. Center of Mental Health America
Partnership to Fight Chronic Disease
United Way of Greenville County
Broker/Consultants
AON Consulting
Benefit Controls of SC, Inc.
Corporate Benefits, Inc.
The Ferguson Employee Benefits Agency
Wells Fargo
KMC Benefits, Inc
Health Plans
BCBS of SC
CIGNA
Hospitals
AnMed Health
Bon Secours St. Francis Health System
Greenville Hospital System
Mary Black Hospital
Spartanburg Regional Health System
Physicians/Medical Facilities
Cancer Centers of the Carolinas
Carolina Nephrology, PA
Palmetto Hematology Oncology, PC
Upstate Cardiology, PA
Other Medical
Boehringer-Ingelheim
Ethicon Endo Surgery, Inc.
Glaxo SmithKline
HealthSTAT, Inc.
Innervision
Merck & Co. Inc.
Novo Nordisk, Inc.

## YMCA Activate America

The Coalition has partnered with Activate Greenville, Activate Spartanburg, and Activate Anderson to encourage members to participate in this wellness program. These Activate programs are the new and improved version of Shrinkdown. Activate is a free year 'round healthy living awareness program. This program encourages participants to accumulate 30 minutes of moderate intensity physical activity five days per week. It will be easy to keep track of minutes by using the website. Not only can you keep track of your physical activity minutes and your weight loss on the website but you will also be able to access healthy living information released weekly. Articles on nutrition including a weekly meal plan complete with a shopping list, physical activity, weight management, and chronic diseases are just some of the information you will have access to. Weigh-Ins will occur every Friday for the first six weeks and beginning in March you'll weigh in on the third Friday of each month. It will be easy to remember by checking your online calendar on the Activate website.

There will also be a Company/Group Challenge. This year companies/groups will be rewarded based off of participation in the weigh-ins rather than actual weight lost. Once all your company/group participants have registered you can create smaller teams within your company/group on the website. Healthy lifestyles benefit everyone through improved productivity, reduced time away from work, and an enhanced quality of life. Don't hesitate register your group today.

Greenville website, [www.activateupstate.org](http://www.activateupstate.org)  
Spartanburg website, [www.activategreaterspartanburg.org](http://www.activategreaterspartanburg.org)  
Anderson website, [www.activateanderson.org](http://www.activateanderson.org)



If you have any **comments** or **questions** about the newsletter or have suggestions on story ideas, please **email** them to Pam Sawicki:  
**[psawicki@scbch.org](mailto:psawicki@scbch.org)**

## Upcoming SCBCH Events:

- MARK YOUR CALENDAR:  
SCBCH ANNUAL MEETING  
May 20, 2008

