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High Impact Diagnoses: Some reason amidst the shouting!

by Gina McWilliams, CEO, RealTime Medical Data

All around the country, contentious Town Hall meetings have cranked up the volume on healthcare. Concerned voters have found it difficult to sort fact from fiction, but regardless of political affiliation, everyone still wants a healthcare system that is effective, efficient, and affordable. So why has this goal been so elusive? How do you develop a system that is based on value, best practice, and collaboration? This article hopes to provide insight into these important questions.

First, it is important to remember that healthcare is a business. As a result, it can benefit from the rigorous analysis that has allowed other industries to flourish. But Healthcare is also one of the few economic sectors that cumulatively represents the best of all possible intentions. It provides dedicated care and service, leveraging the talents of countless skilled practitioners. When most people enter the healthcare system they are often frail and vulnerable. As a result, it is important that the industry continually review it's practices so it can always improve.

Where do you begin?

An important first step would be to analyze the diagnoses that have the biggest impact in terms of volume and cost. This is where you can realize the greatest and most immediate outcomes. Figure 1 below describes the nine conditions known as "High Impact." These cases represent the majority of dollars spent from the Medicare Trust Fund. The graphic below represents inpatient visits related to these diagnoses, and are derived from claims paid by Medicare in Alabama. Though inpatient care is associated with hospital stays as indicated in the chart, these nine conditions require care across all settings, including physician's office, skilled nursing facilities, home health etc.

These cases are:

- Pneumonia & Influenza,
- Diabetes
- Acute Myocardial Infarction (Heart Attack)
- Renal Disease
- Heart failure
- Joint Disease/Arthritis
- Coronary Artery Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Cancer

Patients often have a combination of these diseases, thereby complicating delivered care. In 2006, the Center for Medicaid and Medicare Services (CMS) reported that these conditions accounted for \$123.5 billion dollars in reimbursement in the U.S.¹ This is an enormous cost by any measure.

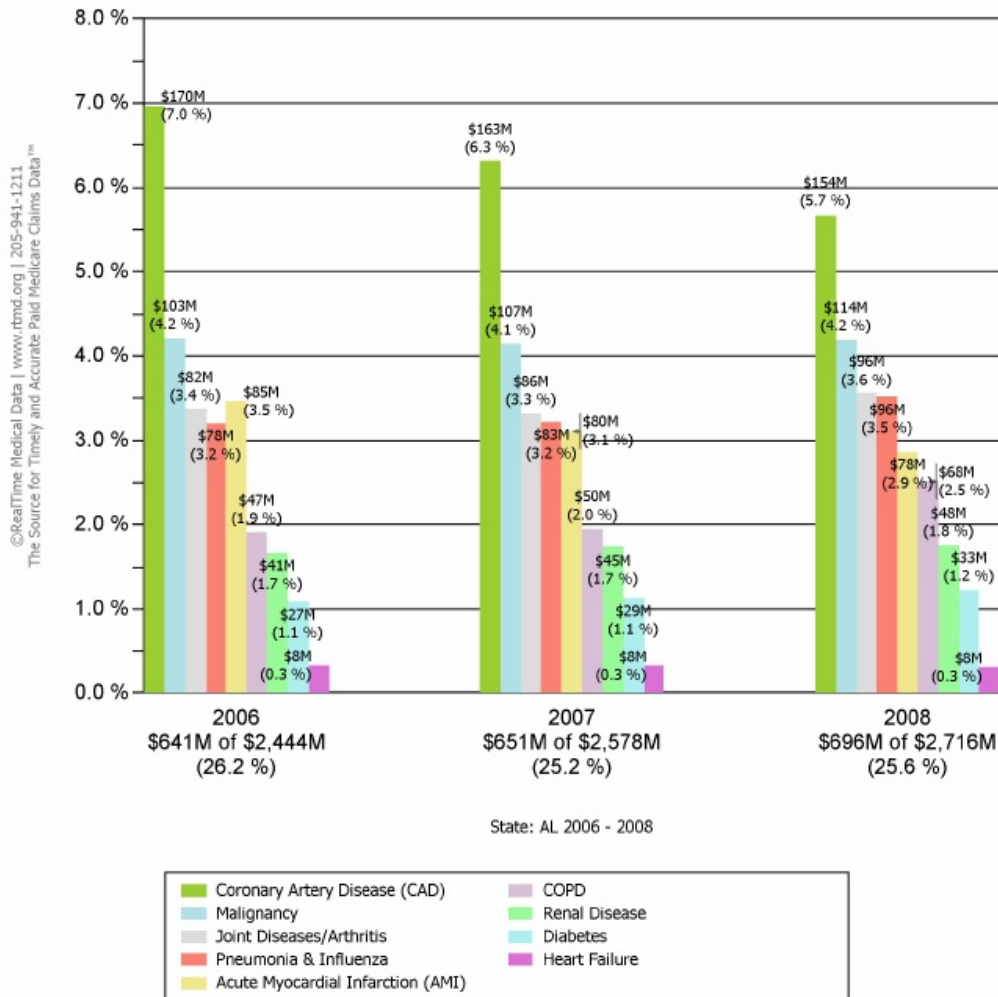


Figure 1: Top 9 High Impact conditions for Alabama for 2006-08 (courtesy of RealTime Medical Data)

Background

Your medical record is a detailed accounting of your medical history from vital signs to surgical procedures. This medical history is translated into codes (e.g. ICD-9CM codes) that describe the principal reason you needed care. This code is prominent on the claim form (or bill) submitted to Medicare and that form is recorded, tracked, and queried throughout the system. This is a sound business practice, and provides an efficient mechanism for quantifying patient care over time. So what are some specific ways in which that care can be coordinated to maximize benefits?

Pulling It Together

By making medical records available in an electronic format, vital patient information can be quickly accessed by all providers. As previously mentioned, the high impact conditions usually require care across many settings. With virtual records, coordination and communication between healthcare providers becomes easier and eliminates

redundancy or care that has been proven ineffective. Business analytics, over time, can reduce inefficiencies, applying lessons learned to streamline formerly non-integrated processes. If every provider, in each stage of care, could collaborate and communicate, then patient care could be optimized. In most industries, this is called due diligence.

Let's be specific

If the continuum of patient care could be streamlined, then decisions would be made faster, and urgent care applied more effectively—and more cost-effectively. This would allow for more transparency and responsibility for each stage of care. Patients could get appropriate care before their condition becomes critical. If such a system could be instituted, how would patient care change? How would that affect the High Impact conditions?

- What if a CT Chest Scan, as opposed to a Chest X-ray, was more definitive in diagnosing pneumonia? It would cost more upfront, but it could reduce cost and suffering over the long term.
- What if with the capabilities of electronic medical records allowed the monitoring and correlation of Congestive Heart Failure to a patient's daily body weight? If significant shifts happened, the earliest possible intervention could occur.
- What if the administration of an aspirin reduced the overall damage of heart attacks upon admission? Simple, cost-effective treatments could be immediately applied to all patients.
- What if the benefits of low-cost drug therapies (e.g. lipid management) could be quickly ascertained?
- What if flu vaccination programs were accessible and affordable?

Regardless of the reforms ultimately enacted, the healthcare system can always be improved without compromising patient care. By looking at healthcare as a business, fiscal health and patient health should not be in conflict, because good health is good business. We may find that the most cost-effective treatment is also the most ethical. And that should be everyone's goal.

Information supplied by RealTime Medical Data, the only source for complete, accurate, and timely Medicare claims data. Visit us at www.rtmd.org

Link to article on Birmingham Business Journal site:
<http://birmingham.bizjournals.com/birmingham/stories/2009/09/28/editorial2.html>

¹ Source: "Road Map for Quality Measurement in the traditional Medicare Fee-for Service Program" www.cms.gov