



Saving Lives and Saving Money: Transforming Health and Healthcare in the 21st Century

Wayne Oliver

The Center for Health Transformation

woliver@gingrichgroup.com

www.healthtransformation.net

404-201-7907



CHT Project Driven Collaborative

At Risk Populations

- Elimination of Health Disparities
- Healthy Babies
- Insure All Americans
- Long Term Living

Disease / Condition Transformation

- Alzheimer's Disease
- Cancer
- Diabetes & Obesity
- Pandemic Influenza

State Transformation

- Georgia Project
- Medicaid Transformation
- Missouri Project
- State Transformation Project

Institution & Delivery System Transformation

- 21st Century Intelligent Hospital
- 21st Century Physician
- Healthy Workforce & Community

Policies & Issues

- Consumerism
- Health Information Technology
- Health Justice
- Health Savings Accounts
- Right to Know
- Wellness & Optimal Health Management



KEYS TO REAL CHANGE

“Doing more of what you are already doing and expecting a different result is a sign of insanity.”

- Albert Einstein

“*Real Change requires Real Change.*”

- Newt Gingrich and Nancy Desmond
The Art of Transformation

“Yes, *if* ” rather than “No, *because.*”

- Newt Gingrich and Nancy Desmond
The Art of Transformation



Creating a 21st Century Personalized Intelligent Health System with 100% Insurance Coverage

- **Premise:** It is possible to have 300 million Americans living longer and living healthier in a 21st Century Personalized Intelligent Health System with 100% insurance coverage, but it requires changing a lot more than just financing.
- **Predicate:** Solving the cost of health insurance cannot be accomplished by focusing only on financing the current system. That is a strategy for rising costs and declining health.



A 21st Century Personalized Intelligent Health System with 100% Insurance in a 300 Million-Payor System Requires Transforming Four Boxes:

4.

Financing to Enable
300,000,000-Payor
Insurance System

3.

Effective, Efficient and
Productive Health
Delivery System

2.

Maximize Cultural and
Societal Patterns
for a
Healthy Community

1.

Individual Rights,
Responsibilities
and Expectation
of Behavior



Overview of the CHT's Georgia Project

- **The Georgia Project is an initiative of the Center for Health Transformation. The purpose of the Georgia Project is to:**
 - Create a model to replicate in other states
 - Involve Georgia members in creating solutions and policies
 - Generate/monitor projects to test solutions

- **Georgia Project Vision**
 - A healthy Georgia with a 21st Century Personalized Intelligent Health System in which knowledge saves lives and saves money for all Georgians.

- **Georgia Project Driving Force: Basic Strategy**
 - To work collaboratively with CHT members, key private and government sector leaders in the state, with other states and with key federal government leaders to accelerate the creation and adoption of solutions, technologies and policies that drive system-wide transformation into a 21st Century Health System that saves lives and saves money for all Americans.



Overview of the CHT's Georgia Project

■ Six Key Georgia Strategies

1. Information rich HSAs
2. Right to know (ready access to information on cost and quality)
3. Move to electronic systems, including electronic health records and e-prescribing
4. A 21st century system of health justice and patient safety
5. 21st century affordable health care coverage for all
6. Prevention, early intervention and management of chronic diseases

■ Recognition, Advisory Appointments, Leadership

1. CHT Received Proclamation from the Governor for Leadership in Georgia
2. CHT Designated HHS Value Driven Health Care Community Leader in Georgia
3. CHT named Leapfrog Regional Rollout Leader
4. Newt and Nancy Desmond named to list of Georgia's most influential by *James Magazine*
5. Laura Linn serves as Ad Hoc Advisor to Georgia Health IT & Transparency Board
6. Wayne Oliver serves on the Georgia Commission for Men's Health



e-Prescribing Can Prevent Medication Errors

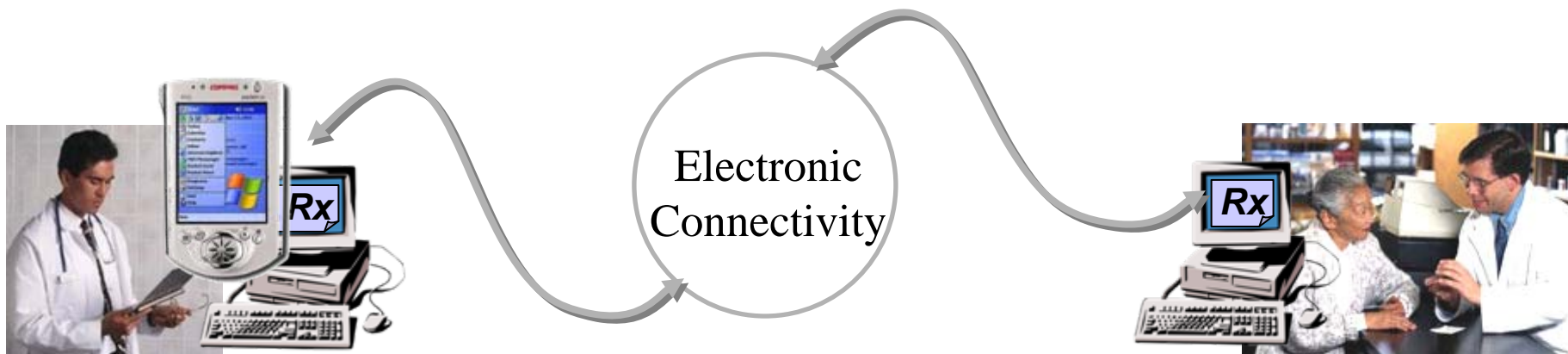
- Georgia became the 49th state to allow e-prescribing; Governor Perdue signed legislation allowing physicians and pharmacists to use advanced technology which became effective September 7, 2006.
- Georgia is still in bottom 10 states for adoption.
- More than 1.5 million Americans are injured annually by medication errors¹
 - Equivalent of over 200 Georgians killed and more than 45,000 injuries due to medication errors
- Medication Errors are costly for SHBP and Medicaid
 - Preventable medication errors result in unnecessary hospitalizations
- In July of 2006, the Institute of Medicine recommended that all prescriptions be written electronically by 2010¹



Melissa Beaudoin/AAFP

(1) Institute of Medicine. Preventing Medication Errors, 2006

What is e-Prescribing?



What the Physician Needs:

1. Electronic Prescribing Software
2. A high-speed Internet connection

Various clearinghouses provides the behind-the-scenes programs and networks that makes the two-way electronic exchange of new prescription and renewal information possible

What the Pharmacy Needs:

1. Pharmacy management software
2. An Internet or Intranet connection

Vision of the Georgia e-Prescribing Project

CHT Hosted a Georgia E-Prescribing Summit

- Help communicate the importance of building an electronic medical record which will result in a 21st Century Intelligent Health System which saves lives and saves money;
- Help bring together all of the affected parties in an effort to accelerate the adoption of e-prescribing in Georgia;
- Help develop transformational strategies to achieve the vision of 100 percent e-prescribing in Georgia.

Create a Georgia e-Prescribing Working Group



Georgia e-Prescribing Working Group

Bob Addleton, Medical Association of Georgia
Kate Berry, SureScripts
Fay Fulton Brown, Georgia Academy of Family Practice
Dr. Jack Chapman, Medical Association of Georgia
John DiNapoli, GlaxoSmithKline
Dr. Andrew Dott, Georgia OB-GYN Society
Jerry Dubberly, R.Ph., Georgia Department of Community Health
Judy Gardner, State Board of Pharmacy
Tom Groom, RxHub
Michael Heekin, Georgia Health Information Exchange
Caroline Holley, Blue Cross/Blue Shield
Jeff Lurey, R.Ph., Academy of Independent Pharmacy
Phil Mask, Georgia Power
Dr. Bill McClatchey, Piedmont Healthcare
Kirk McGhee, CEO, Health Plans of Georgia
Dr. Jim Morrow, North Fulton Family Medicine
Amy Odom, WellPoint
Dr. Elizabeth Ofili, Morehouse
Margaret Quattrocchi, Pfizer
Ron Stephens, R.Ph., Georgia House of Representatives
Martha Thorne, Allscripts
Sam Wilson, R.Ph., Walgreen's



Georgia e-Prescribing Working Group

The Georgia e-prescribing working group has identified the following challenges:

- **The Importance of Provider Education:** Physicians, other prescribers and pharmacists need continuing professional education to help accelerate the adoption of e-prescribing.
- **Development of Incentives:** The benefits of e-prescribing are numerous, however, there are currently very few incentives to reward pharmacists and physicians for adoption of e-prescribing technology.
- **The Issues of Connectivity for Providers:** Rural areas in Georgia often do not have access to high-speed internet connectivity. This lack of coverage is a significant impairment to widespread adoption of e-prescribing in many areas of the state.



Georgia e-Prescribing Working Group

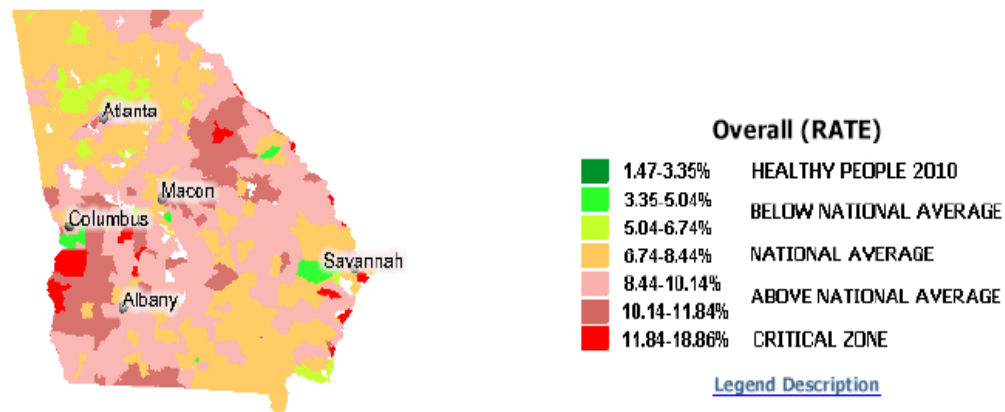
The working group identified the following challenges:

- **The Cost of e-Prescribing:** Practice management software with an e-prescribing component for private physician offices can cost \$50,000 to \$100,000. For many practices, such up-front costs make e-prescribing unlikely without the adoption of some sort of incentive package or increased third-party reimbursement rates for office visits. Pharmacies are charged on a per electronic prescription basis. Once again, without financial incentives, pharmacists may be unwilling or from a business perspective unable to accept e-prescriptions.
- **Identify Potential Pilot Project Sites:** One of the valuable lessons learned in other states is the importance of pilot projects for e-prescribing. By targeting specific geographic areas, pilot projects demonstrate the value of e-prescribing to patients, physicians, pharmacists, health plans, community leaders and employers.

Healthy Georgia Diabetes & Obesity Project

The purpose of the Healthy Georgia Diabetes and Obesity Project is to improve the treatment and outcomes for people with diabetes and to promote early diagnosis and prevention of diabetes, including decreasing the prevalence of obesity.

Diabetes Prevalence Map for the State of GA



[Click Here to Create a New Query](#)



Brought to you by the collaboration between NMQF, Amylin Pharmaceuticals, Inc. and Eli Lilly and Company



Healthy Georgia Diabetes & Obesity Project

CHT's BTE project largest in the nation (more than 1 million covered lives) and includes an extraordinary group of participating employers including:

- AT&T (BellSouth)
- UPS
- Southern Company
- State of Georgia employees
- GE
- IBM
- Synovus
- Xerox
- Gulfstream
- Marriott International
- ChoicePoint
- International Paper
- City of Savannah employees
- Savannah Business Group
- Atlanta Gas Light
- Georgia Ports Authority
- Chatham Steel
- Dixie Crystal Sugar
- Georgia Emergency Associates
- Interstate Paper Products
- Atlantic Wood Industries

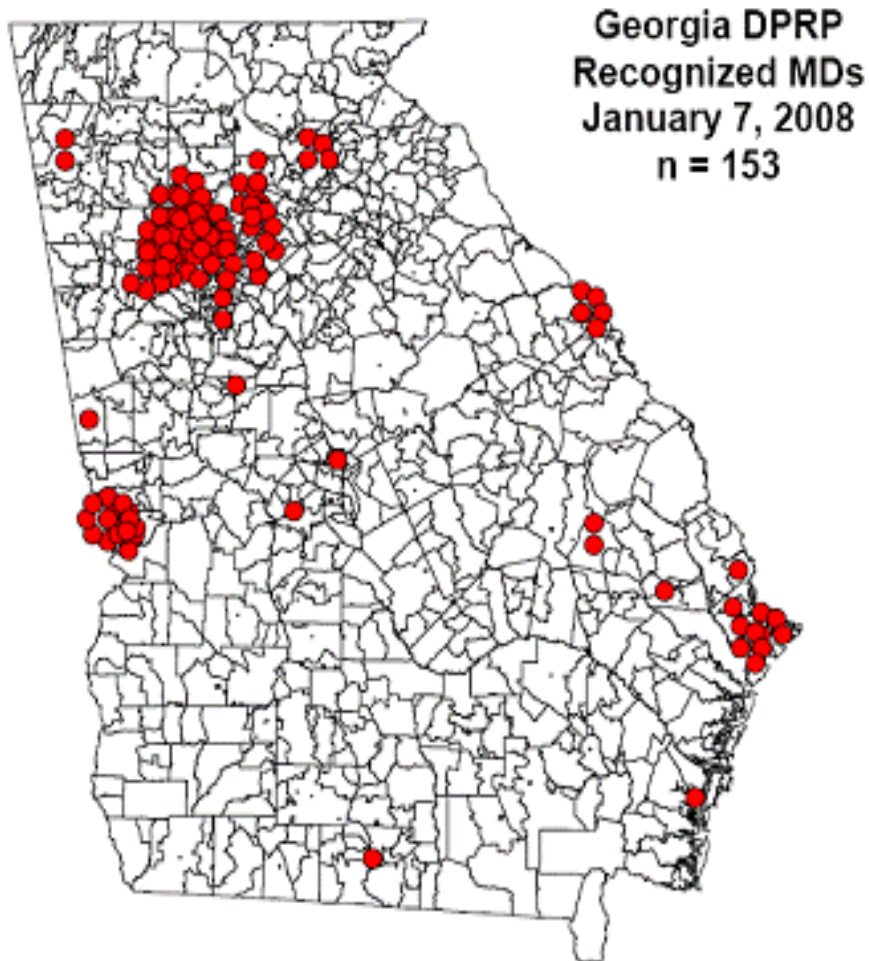


Healthy Georgia Diabetes & Obesity Project

CHT's BTE project has a steering committee & working groups which meet on a monthly basis:

- **Medical Providers**
- **Employers**
- **Insurers**
 - Aetna
 - WellPoint – BC/BS Georgia
 - BC/BS Alabama
 - Cigna
 - Humana
 - Kaiser
 - United Healthcare
- **Hospital Providers**
 - WellStar
 - Piedmont
 - Savannah, Columbus, Rome & Gainesville

NCQA Diabetes Recognition Program



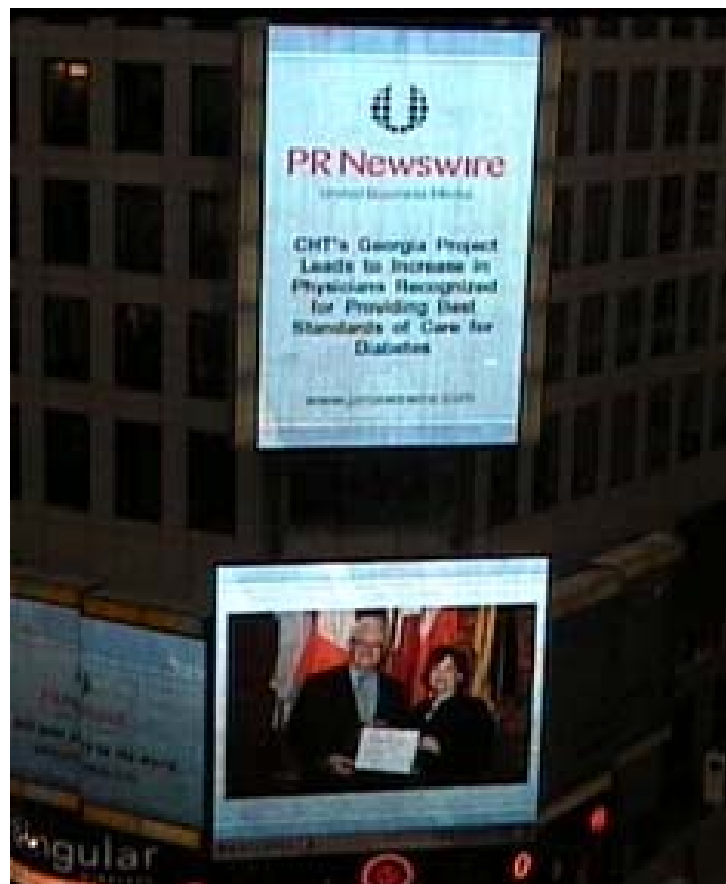
Status Update:

- Number of NCQA recognized Georgia MDs for diabetes care increased from 5 to 153 with major recruitment efforts underway in Atlanta, Columbus, Gainesville, and Savannah



CHT Reach & Mission Highlighted in NYC's Times Square

CHT's Georgia Project Leads to Increase In Physicians Recognized for Providing Best Standards of Care for Diabetes



Diabetes Awareness: Launch of 'Nique & Newt's Full Court Press on Diabetes

- Atlanta Black Arts Festival [July 2007] – Newt & Dominique Spoke
 - Over 900 individuals screened; 2,000 pedometers distributed with discussion of importance of exercise; thousands of pieces of information on diabetes distributed
- 'Diabetes University', Columbus GA – Dominique spoke to community [Oct 2007]
- 'HealthSmart Expo', Gainesville GA – Dominique spoke to community at breakfast event [over 300] and one on one at the CHT booth; live interview from Expo on morning radio. [Oct 2007]



The Columbus Georgia Initiative

Columbus, Georgia serves as a model for developing a '21st Century Healthy Community.' Several projects are underway to develop the models for creating that healthy community. Currently these projects include: 'Changing the Metabolism of an Entire Community,' a DPRP Recognition initiative, Medicare screening for diabetes, and a hospital based initiative to standardize insulin delivery.





Columbus, Georgia Initiative:

- Over 800 individuals have been screened for metabolic syndrome
- DPRP recognition of 27 MDs [Goal is to have largest percent in nation of MDs certified in one community]
- Medicare Screening Project underway
- Hospital In-patient insulin delivery standardized through use of common protocol on server.



Reference: *Clinical Diabetes* Feature Article: *The Columbus Program: Building a Community Model of a 21st Century Intelligent Health System.* Steven B. Leichter, MD, FACP, FACE, Newt Gingrich, PhD, Laura Linn, RN, MN, Barbara Butler, MNM and Sheree Griggs.



The Gainesville, Georgia Initiative

- Strategy Sessions with Nancy Desmond & Laura Linn
- Goal of group is to change the health of the community. CHT tipping point for initiative – “I think we can look back toward Speaker Gingrich's visit last year to Gainesville as a tipping point, and the involvement of his Center for Health Transformation has been critical in our progress.”

[Mimi Collins, Chair of Health Committee, Greater Hall Chamber of Commerce]

- Working through Greater Hall Chamber of Commerce Health Committee – aligned with Vision 2030 [Hall County 175,000]





ROBIN MICHENER NATHAN (The Times)

Gainesville HealthSmart Expo

- Several hundred attended event CHT sponsored Dominique Wilkins presentation to over 300
- Over 300 completed screening [BMI, blood pressure, glucose, cholesterol] by Institute for Wellness & Education provided glucose screening
- Launch of community wide walk event in Spring



21st Century Healthy Community Projects

WellStar Health System – 5 county footprint

- WellStar Institute for Better Health
- Adolescent Diabetes & Obesity Project
- DPRP recognition leaders [61 MDs]
- Community Diabetes Program
- JCAHO Certified Diabetes Disease Management Programs.
 - First in Nation to be certified by JCAHO.



2008 Goal is to develop a template for health screenings of high risk populations



Questions and Answers



Current System

Provider-centered

Price-driven

45 million uninsured Americans

Hidden price and quality information

Knowledge-disconnected

Slow diffusion of innovation

Disease-focused

Paper-based

Third party controlled market
(patient – provider – payor)

Limited choice

Punishment-driven

Predatory trial lawyer litigation system

Quantity and price measured

Process-focused & administered

Bureaucratic management

Overall cost increases



21st Century System

Individual-centered

Values-driven

100% coverage

Transparent price and quality information

Knowledge-intense

Rapid diffusion of innovation

Prevention and health-focused

Electronically based

Binary mediated market
(individual – provider)

Increased choice

Incentives-pulled

New system of health justice

Quality of care and quality of life

Metrics-led & outcomes-focused

Collaborative leadership

Overall cost decreases