Convenience Care: Is It Disease Management?

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March 2006 Gallup Poll

"Availability and Affordability of healthcare" is America's #1 concern

68% of Americans said they worried about health care a "great deal"

Healthcare was a greater worry than:
Social security(51%)
Affordability and availability of energy
Crime & violence
Possibility of a terrorist attack in the US (45%)

“Healthcare System is Dysfunctional”

Managed Care

- Increasing provider costs
- High non-urgent ER visits cost
- Growing demand by members/employers for cost-effective/convenient alternative healthcare delivery vehicle

Employers

- Skyrocketing costs for ER visits
- Expense of healthcare far outpacing inflation
- Lost productivity of employees with common ailments
- Growing expenditures for self-insured

“Healthcare System is Dysfunctional

Consumers / Patient

- Limited physician appointment availability
- Long wait-times
- Inflexible/Inconvenient hours for episodic care
- Increasing out-of-pocket expenditures
- Large population with limited / no health insurance (46MM)

“Healthcare System is Dysfunctional”

Physicians

- Capacity-constrained
- Lower reimbursement rates
- Increasing practice costs
- Pool of family practitioners is shrinking drastically

Nurse Practitioners

- Underutilized

Source: CBS News: Too Sick to Work, October 6, 2004

Convenient Care – Value Proposition

Accessible

- Low-cost access point for uninsured and those without primary care provider
- Care on a 'consumers' terms, not the "system's"
- No appointment / walk-in model

Affordable

- Cost savings to customers and industry – as much as 1/3 the ER cost
- Posted prices promote transparency
- Services delivered through a lower cost delivery model

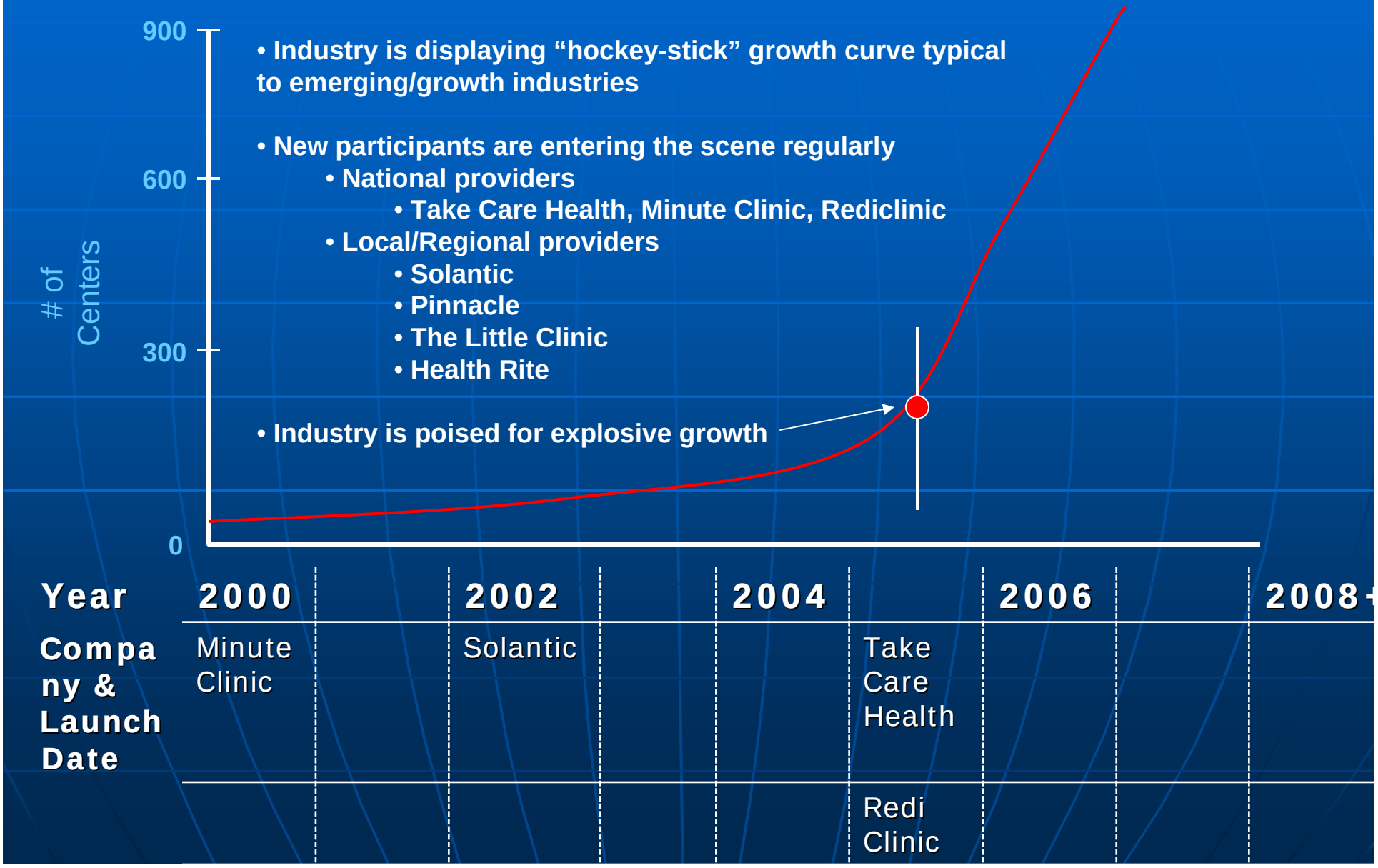
Convenient

- Evening and weekend hours, 7 days a week
- Located where you already shop
- One-stop for diagnosis and healthcare supplies
- Insurance or cash

High-Quality

- Protocol-based
- Strong Quality Management System
- Highly qualified caregivers (NP's)

Rapid Growth and Expansion



Growth Vignette - *Take Care Health*

Markets

- Chicago
- Kansas City
- St Louis
- Pittsburgh
- Milwaukee

Retail partners

- Walgreens Pharmacy
- Eckerd Pharmacy

Locations

- 50 Centers as of March
- 200+ by end of 2007, 1000+ over next two years

Patient Visits

- 1st location in Walgreens hit 20 visits 10 days after opening
- Expect 25-35 patient visits in all locations based on previous experience in the market
- Two exam room model offers flexibility on new offerings/managing peak demand


Services provided by
TakeCare HEALTH ILLINOIS
HEALTH CORNER
CLINIC
SIGN IN
Take Care HEALTH ILLINOIS
Taking Care of You...
That's What We Do.
Hours of Operation
SIGN IN

Convenient Care – Delivery Model

Care Providers

- Nurse practitioners *in collaboration with* physicians (most common)
- Physicians and Physician Assistants also used

Setting

- Retail locations
  - Pharmacies
  - "Big-box" retailers
  - Grocery stores
  - Other storefront settings

Scope of services

- Limited to "acute, self-limited, well-defined" healthcare ailments
  - Cold/flu, ear infections, UTI, poison-ivy etc…
- NP's can diagnosis ailments, prescribe medications and refer back to PCP when necessary

Disease Management Association of America

Disease management:

Supports the physician or practitioner/patient relationship and plan of care

Emphasizes prevention of exacerbations and complications utilizing evidence-based practice guidelines and patient empowerment strategies

Evaluates clinical, humanistic and economic outcomes on an ongoing basis with the goal of improving overall health

Guidelines for Disease Management

- Follow standardized, medically effective pathways in treatment of diseases
- Save money over varying treatment from patient to patient
- Establish interactive, consistent care throughout the continuum:

  diagnosis --> recovery --> follow-up
- Coordinate care among all providers for a patient
- Address high-volume or responsive diseases

Disease Management Goals

To increase the use of evidence-based care for people with chronic conditions

To support the control of escalating costs associated with the increasing prevalence of chronic disease

To help individuals with chronic disease achieve optimal health by

- Closing the gaps between recommended and actual care (evidence-based medicine)
- Encouraging patients to adopt a healthy lifestyle (self-efficacy)

Disease Management Components

- The components of a full-service disease management program include:

- Population identification processes
- Evidence-based practice guidelines
- Collaborative practice models to include physician and support-service providers
- Patient self-management education (may include primary prevention, behavior
- modification programs, and compliance/surveillance)
- Process and outcomes measurement, evaluation, and management
- Routine reporting/feedback loop (may include communication with patient, physician, health plan and ancillary providers, and practice profiling)

Services and Offerings

Common Treatments

- Strep Throat, Ear Infections, Mononucleosis, Sinus Infection, Pink Eye, Poison Ivy, Impetigo, Ringworm, Seasonal Allergies, Bladder Infections, Tick Bite, Early Lyme Disease, Cold Sores, Acne, Warts, Insect Bites, Skin Rashes, Eczema, Diarrhea, Nausea and Vomiting, Fever, Head Lice, Scalp Rash, Infected Cuticles, Swimmer's Ear, Swimmer's Itch

Screenings

- Blood Pressure/Hypertension, Blood Sugar/Diabetes, Sports/Camp Physicals, PPD/Tuberculosis, Pregnancy

Vaccines

- Hepatitis B, Tetanus-Pertussis booster, Flu, Meningitis, Tetanus Booster

Coming Online

- Gardasil (March 2007) / Travel Vaccines (April 2007)

Our Core Focus

- To provide our patients with the highest level of care with the patients' best interests at the center of our company and everything we do.
- To inspire and advance our Nurse Practitioners so they can provide the highest level of patient care possible.
- To ensure a team-based approach with the medical community to provide exceptional patient care and integration of care.
- To surround ourselves with inspirational thought leaders.
- To embrace new technologies and ideas to simplify and enrich the patient experience.
- To create strong collaborations, with a strong commitment to our business partners' success

Value Proposition – Patient

- Make healthcare more convenient
  - Provide healthcare services where the consumer lives
  - Reduce the time it takes to access and receive healthcare services
- Decrease the cost of care
  - Reduce the cost of episodic illnesses by providing services through a lower cost delivery model
  - Enable the consumer to leverage their healthcare dollar
- Provide a great service experience for patients
  - Comfortable environment, compassionate service
  - Price transparency
  - Engage the consumer in managing their healthcare
    - Copy of visit documentation
    - Integration with patient's primary care provider

Top Diagnostic Categories

- Acute sinusitis – 23%
- Acute pharyngitis – 10%
- Acute upper respiratory infection – 7%
- Acute bronchitis – 7%
- Otitis media – 6%
- Conjunctivitis – 4%
- Dermatitis – 2%
- Cystitis – 2%

Convenient Care Clinics

Access

- First point of care for those without access to regular provider, those without insurance or those unable to get the care they need in a timely fashion
- CCCs encourage a “medical home” and serve as an entry point into the health care system
- Can be “first responders” for vaccines, screenings, and other health care needs

Integration with Medical Community

- Integration of care with patients' primary care physicians/providers:
  - Copies of records to give to their primary care providers (fax possible as well)
  - Goal of access to visit records via Web based EMR
- Strong referral network for each center:
  - For patients outside scope of practice
  - For primary care
  - For low-cost care options
  - All patients advised to have "medical home"
- Communications To All Primary Care Providers in the Market to educate on the model

Consumer Overview
Key Users are Moms w/ Kids ; Young Adults

Gender	▪62% Female ▪38% Male
Age	▪30% Under 18 ** Overindexes ▪11% 19-25 ** Overindexes ▪18% 26-35 ▪17% 36-45 ▪13% 46 -55 ▪11% 55-plus * Underindexes
Top Ailments	Sore/Strep Throat, Sinus Infection, URI, Ear Infection, Bronchitis, Dermatitis/Poison Ivy
Top Reasons for Visit	▪More convenient than going to a doctor ▪Don't have insurance/regular doctor ▪Doctor closed/couldn't get appointment
Time of Visit	▪9 a.m. to 1 p.m. ▪4 p.m. to 7 p.m.

Referrals

- Current
  - TCNPs have list of contracted health plans, including website of plans' online provider directory to ensure referral to participating providers
  - Supplemental binder with additional referral resources (such as providers who will accept uninsured patients for services which we cannot treat)
- Near Future
  - Add links to health plans' online provider directories within EMR and/or Take Care Intranet

Referral Status

- Referred to PCP – 15%
- Referral to specialist – 18%
- Referral to ER – 12%
- Referral to Urgent Care – 5%

- Majority of referrals are to patients without a medical home

Alternative Sites of Care

- Where would you have gone if you could not have been seen here?
  - ER – 10%
  - Urgent Care – 30%
  - Wait for PCP – 50%
  - No treatment – 10%

Insured Status

- Insured: 65-70%
- Un/underinsured: 30 – 35%

Protocol Development Process

- Team of physicians reviewed literature for best available guidelines and established protocols.
- Protocols developed for TCHS setting, with emphasis on referring patients with symptoms/signs suggesting potential for more concerning or significant levels of illness out of centers.
- Evidence-based guidelines, such as those for otitis media and strep pharyngitis, incorporated unchanged into TCHS protocols.
- TCHS protocols reviewed by panel of expert clinicians and protocol developers.

Diarrhea

HISTORY

Ask about:
- Onset, duration and frequency
- Character of stools (liquid, bloody, fatty)
- Fever
- Other symptoms
  - Abdominal pain
  - Nausea/Vomiting
  - Seizures
- Urine output
- Recent travel/hiking
- Sick contacts
- Dietary history ***(Attachment 1)***
  - Undercooked meats/fish
  - Dairy products
  - Contaminated water
- Medications
- Hospitalizations
- Immunocompromised status

PHYSICAL EXAM

Key components:
- Vital signs/General appearance
- Signs of hypovolemia
  - Poor skin turgor
  - Dry lips/tongue
- Abdominal exam
  - Tenderness
  - Guarding/rigidity
  - Mass

RED FLAGS

Are any of these present?
- Age >70 or <2 years
- Bloody diarrhea
- Passage of ≥6 unformed stools per 24 hours
- Protracted or bloody vomiting
- Suspect medication induced (e.g. antibiotics)
- Suspect inflammatory cause ***(Attachment 1)***
- Recent hospitalization
- Immunocompromised status
- Mild diarrhea >2 weeks or severe >48 hours
- Suspect outbreak at healthcare or other facility
- No urine output for 12 hours
- Generally appears very ill
- Significant dehydration/hypovolemia
- Hypotension/tachycardia
- Temperature 38.5ºC (101.3ºF)
- Abdominal tenderness/guarding/rigidity/mass

Yes → **Refer** to Primary Care Physician or ER

No

SUSPECTED DIAGNOSES AND TREATMENT

Dx: Gastroenteritis- Low-grade fever, sick contacts, vomiting; **Food poisoning (non-inflammatory)**- Dietary history ***(Attachment 1)***
Mild traveler's diarrhea (bacterial)-low-grade fever, history of travel/unsafe water consumption

Tx: Treat with oral rehydration solution
- Encourage diet of starches (potatoes, rice) with salt
- Limit contact with others, particularly child and health care facilities
- Limit use of anti-motility agents (loperamide) to cases with NO fever
- Can use bismuth salicylate (Pepto-Bismol) for symptomatic relief

Refer if symptoms worsen or do not resolve in 1 week

- Zinc may be used
- Consider treatment of traveler's diarrhea in adults if symptoms are significant with a quinolone (e.g. ciprofloxacin) or azithromycin or rifaximin for 3 days - See ***Attachment 1*** for dosing)

FOLLOW UP WITH PCP, COLLABORATING PHYSICIAN OR OTHER REFERRED PHYSICIAN

Success Indicators

- Timeliness of handling Patient Complaints
  - Target: < 48 business hours
- NP Peer Review
  - Target: >75%
- CP Peer Review
  - Target: >75%
- Patient Satisfaction
  - Target: 95%
- Incident Reports
  - Target: <15%
- AMA/LWOT (Against Medical Advice/Left Without Treatment)
  - Target: <15%
- Brand vs Generic Rx vs OTC
  - Target: monitoring only
- E & M Coding Review
  - Target: 85%
- Patient left with Discharge instructions
  - Target: 100%

Prescriptive Authority

- Brand – 36.5%
- Generic – 63.5%
- %age with prescription – 70%

Costs

- Visits cost averages $59 to $74
- Most major insurance in a market accepted (70 to 90% covered lives at opening)
- Most patients pay Insurance Copay (70%)
- About 30% pay cash

- Considerable Savings to Industry / Individual versus ER

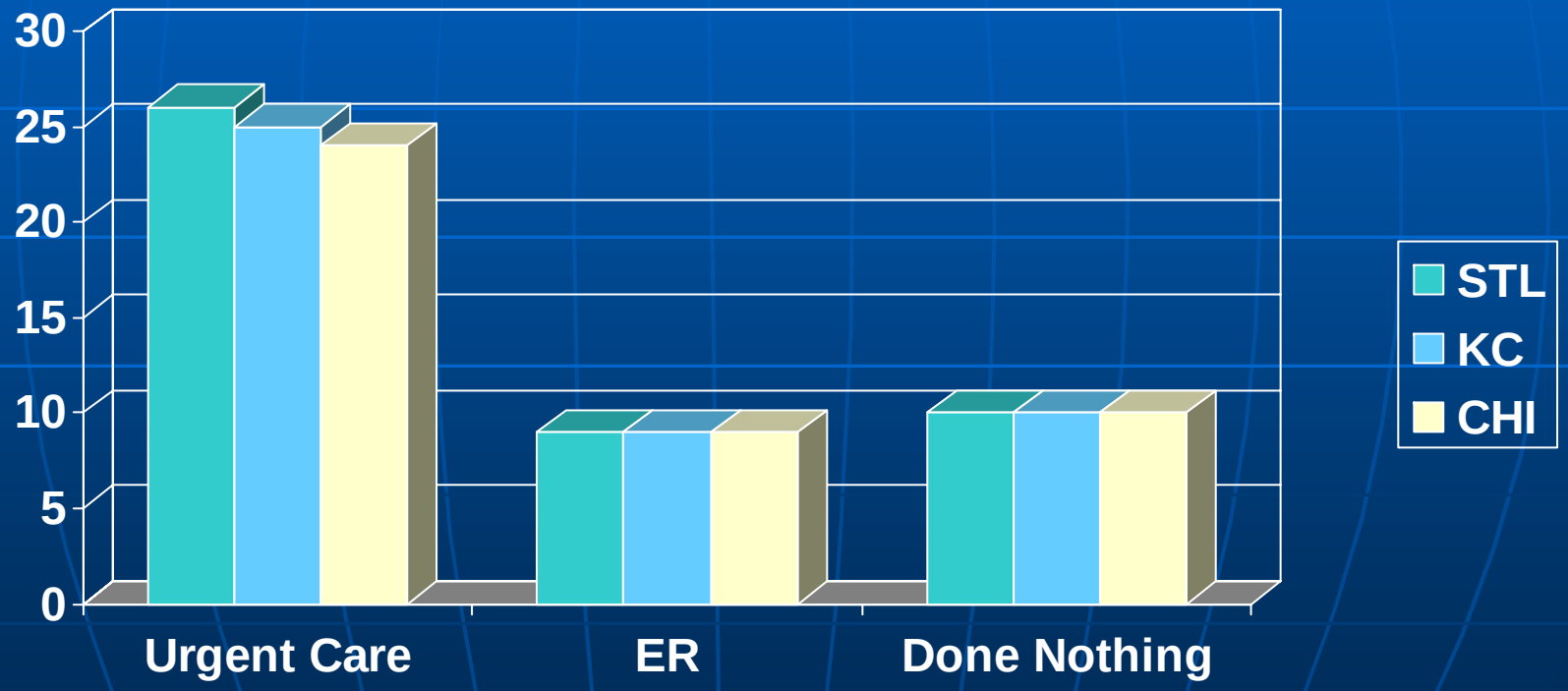
Cost to Treat Strep

Emergency Department	$310
Urgent Care	$106
Doctor's Office	$91
Take Care Health Clinic	$59 to $74

Source: Health Partners 2005

Clinics – Offer Health Care Cost Reduction

Over 33% of Patients would have gone to Urgent Care/ER
10% would have "Done Nothing" / potentially gotten worse



Stakeholder Reaction

- Strong Collaboration with National Physician Groups (e.g. AMA, AAFP) and Large Health Systems (e.g. Advocate)
- Once educated, local physicians largely supportive
  - 10% of KC Take Care volume being driven via physician referral
  - Vocal Minority opposed
- Significant Payer Coverage in most markets

Take Care Health Systems

- High-quality, low-cost, highly accessible heath care delivery system
- Patient-centered, team-based approach
- Advanced information systems
- Focus on quality and outcomes
- Utilizing NPs to manage carefully prescribed list of conditions/services
- Focus on acute, self-limited and well-defined illnesses and ailments

An Different Approach to Patient Care

- Success will depend on ability to “delight” patients
- Integration of care critical
- Advanced technology system
- Medical consultants: protocol guidance
- National Medical Advisory Board to ensure:
  - Highest quality of care
  - Feedback and Alignment with medical community