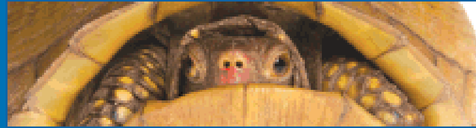

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The Case for Pharma's Participation in Collaborative Care for Chronic Disease

By Michael Solomon, for HealthLeaders News, Dec 05, 2006

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Managing chronic disease is a large and growing problem for the United States healthcare system. Almost one-half of the population has at least one chronic disease—a medical condition that is expected to last a year or longer—and fifty percent of these people are battling multiple chronic conditions. As the population continues to age overall, the number of people with a chronic disease will increase dramatically. These trends threaten to overwhelm the healthcare delivery system, which is designed to treat acute episodes of illness with a fragmented and uncoordinated web of suppliers and care providers.

As major stakeholders in the management of chronic disease, pharmaceutical companies are significantly and adversely impacted by this lack of coordinated care. Many people who are either at risk for developing a chronic disease, or who already show symptoms of a chronic medical condition, remain unidentified and/or untreated. Preventive care and disease management programs where medication therapies are a major element of the care plan could help these individuals. While direct-to-consumer marketing may generate initial inquiries by individuals regarding their symptoms and possible benefits of a particular medication, these pharmaceutical company-encouraged communications are typically not a part of managed care and physician care management programs and often cause confusion within the physician-patient relationship. The result is the minimal long-term impact of these programs on consumer compliance and retention. In fact, DTC messages may actually cause patient-initiated non-compliance. Why? Because of the one-way nature of this communication medium, patient reasons for non-compliance often go unreported.

Pharmaceutical companies can instead play a major, more integrated role in effective strategies in response to the chronic disease epidemic. Pharmaceutical companies share three common goals in chronic disease management with managed care organizations and healthcare providers: (1) early problem detection, (2) patient compliance with self-care regimens (e.g. medications), and (3) retaining the loyalty of patients and physicians. Recognition of these shared interests is the first step towards creating a coordinated approach to care management. The second step is to assess the readiness of the market for major change. Depending on the readiness of the market, pragmatic strategies

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for the active participation of pharmaceutical companies in a new model of care collaboration may reap significant benefits.

All three stakeholders are leveraging efforts to transform the chronic disease management paradigm. Until recently, physicians and individuals had no incentive to proactively manage chronic medical conditions, and an information technology infrastructure to make coordinated care management practical has been elusive. These have been persistent barriers to coordinated chronic disease management. Slowly but surely, such barriers are coming down. Pay-for-performance reimbursement, consumer-directed health plans, and electronic medical records are emerging as significant factors in the healthcare landscape. Healthcare providers and consumers increasingly have economic as well as quality reasons to invest in the active management of chronic medical conditions. Also, healthcare information technology that is now coming on line may be a significant enabler to realizing the rewards from these new incentives.

As more care delivery organizations implement electronic medical records, health information exchanges are emerging to enable the interconnectivity of different EMRs for the integration and presentation of a patient's record of care across the continuum, including self-reported health information. These electronic health record networks are new and potentially powerful channels for the exchange of information between pharmaceutical companies, managed care organizations, providers, and healthcare consumers.

A suite of data and application services enhances the EHR network to connect care managers, physicians and enrolled individuals into a network designed for health information sharing. Three major functional areas comprise a new IT model for collaborative care: (1) health risk assessment, (2) self-care management, and (3) a chronic care knowledge base. EMR and disease management systems of the participating providers and managed care organizations serve as foundational sources of information for collaborative care applications. Self-care management and chronic care "knowledge bases" are the capabilities that have the greatest near-term potential value for pharma.

Self-care management tools help improve patient adherence with prescribed medication regimens. The chronic care patient is able to use a Web-enabled device (e.g. PDA) to self-report changes in medication use. "Intelligent" medication usage analytics applications can mine the EHR for patient and clinician reported information, alerting clinicians to potential compliance issues. Patients are sent automated reminders of refills/renewals and alerts in the event missed doses are detected. Self-reporting of no symptoms or non-symptomatic conditions to the care team can trigger notices back to the patient, emphasizing the longer-term value of compliance. In addition to being tools for the proactive management of chronic care patients' prescribed regimens, these self-care transactions, as well as others beyond the scope of this article, are opportunities for the "transport" of pharmaceutical company-generated therapy guidelines, label information, and disease-specific notices to the patient and other members of the collaborative care team.

However, these knowledge bases should not be confused with materials distributed to providers and consumers in direct-to-provider and DTC campaigns. The clinical content provided by pharmaceutical companies as part

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Negatively, less than 10%
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Positively, less than 10%
Positively, more than 10%

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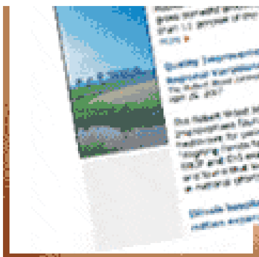

of a chronic care management program is compiled in the context of a specific chronic care problem. When delivered to a consumer enrolled in the program, the content reflects the individual's medical history, care plans (including medication regimens), and health status goals. The medication information made available to the patient and their physician is co-sponsored by the pharmaceutical company, care delivery organization, and managed care firm. This strategy establishes the credibility for an individual to view pharmaceutical company-supplied information as medically sound and in the consumers' best interest. Furthermore, the information received by the consumer is consistent with the clinical content consumed by the physician.

This "bidirectional" exchange of information among the members of the collaborative care team, including the patient and pharmaceutical companies, delivers benefits that cannot be realized with less integrated methods of communication. First, the capturing of self-reported usage information provides a higher-quality and more complete profile of patient medication behavior than alternative methods. For example, patterns of patient non-compliance can be discerned that are not evident in a retroactive review of claims-generated data. Consumption of samples is also captured. Second, applications supporting the collection of self-reported data are structured to enable targeted responses and precise analysis of the patient's self-care behavior compared to plan. A significant by-product of this self-reporting method is better data supporting an evidence-based case for formulary inclusion.

The path to achieving a collaborative system of care, however, is beset with major challenges. EMR implementation and the emergence of EHRs is a difficult and expensive proposition. Privacy and data standards are inconsistent and in various stages of maturity from region to region, and from industry sector to sector. Complex data ownership issues need to be resolved before elements of the collaborative care model can be implemented. Perhaps most importantly, pharmaceutical companies need to embrace a "coopetition" culture, collaborating with their competitors to provide universal services that will be accepted by the consumers of the information (e.g. physicians and patients).

The time is ripe for pharmaceutical companies to be major agents of change in the use of information technology to support chronic care management. Pharmaceutical companies can take a leadership role in helping advance industry understanding of the role of IT, by sponsoring the development of use cases and case studies incorporating concepts and elements discussed in this paper. Active participation in national standards development organizations and commissions to develop standards in support of chronic disease is essential to ensure that the industry's requirements are addressed. Finally, pharmaceutical companies should partner with healthcare IT firms and their customers. These partnerships would enable participation in targeted chronic care initiatives, to measure the effectiveness of IT applications in (a) improving medication adherence and (b) the reporting of adverse drug events.

Electronic medical record implementations by care delivery organizations and physicians are well underway. EHRs are emerging. While the healthcare industry is admittedly in the early stages of having robust EHR networks that can support the majority of individuals with chronic disease, this is the time when innovations are occurring and stakeholders are establishing their market

positions. Will the pharmaceutical companies have a role that reflects the magnitude of their resources and the market opportunity at stake? Stay tuned.

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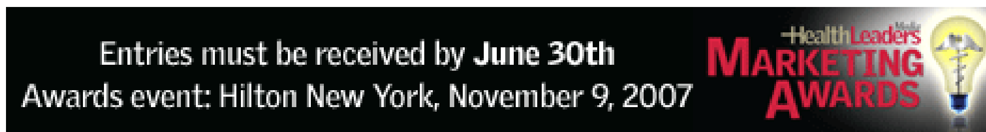

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