



Prepared Statement

of

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Oral Testimony

Information Therapy: Prescribing information to tap the power of the patient

Mr. Chairman and members of the Committee,
My name is Don Kemper. I live in Boise, Idaho.
Thank you for this opportunity.

I have a simple message. The greatest untapped resource in health care is the consumer.

If we don't find a better way to inform and engage people in their own care, we will fall deeper and deeper into the health care cost crisis.

- More technology, alone, is not the answer.
- Shifting costs, alone, is not the answer.
- Transparency, alone, is not the answer.

The answer requires helping people do more for themselves.

- More to avoid illness
- More to avoid medical errors
- More to avoid unneeded health care costs
- And more to ensure that they get the care that will really make a difference

For the past 31 years I have led a not-for-profit organization whose sole mission is to help people make better health decisions. We create information that is used on the nation's most popular health Web sites, by 9 of the 10 largest MCO health plans, and by hundreds of hospitals across the United States.

For 31 years I have relentlessly sought ways to improve consumer health.

- In the 70s I helped start the medical self-care movement.
- In the 80s I helped start the wellness movement.
- And in the 90s I helped bring good consumer health information to the Internet.

Each of those efforts has made a big difference. But none have been enough.

The recommendation I would like to make to you today is the most powerful of them all.

It is simple—remarkably simple. But it has the power to impact the quality and cost of care like nothing else that has ever come before this Committee.

This is it: Prescribe information to every patient. Prescribe information to every patient, at every moment in their care.

Today, patients are left in the dark much of the time. Our doctors have neither the tools nor the time to help us learn what we can do for ourselves.

We forget half to four-fifths of what our doctors tell us—instantly. And, by the time we get home, much that we do remember, we remember wrong. The only way out of the health care cost spiral is to better inform and engage all of us—every patient.

Imagine this:

- Imagine a world in which your doctor prescribed to you the information you need to make better decisions.
- Imagine that you always knew your treatment options, and understood them.
- Imagine that your doctor prescribed decision aides and action plans that actually helped you improve your health.

What you are imagining is called “information therapy” or “Ix”. And, it is alive and thriving in, at least a few, leading health care organizations. Let me tell you how it works.

[Chart #1]

1. Ix starts with “**information triggers**” from the diagnosis and treatment codes already known about the patient.
2. The triggers predict the patient’s “**moment in care.**” As soon as a person’s moment in care is known, it’s easy to determine the questions she likely has and the decisions she is likely facing.
3. Then, the doctor or the system can prescribe **information** that helps to answer the questions and support the decisions.

Group Health Cooperative, in Seattle, gives information therapy prescriptions to every patient. Kaiser Permanente, the VA, and the DoD have all begun information therapy initiatives. Ix is coming. But, enlightened federal policy could help it reach the mainstream sooner.

My written testimony presents ten ways in which Congress could accelerate health care improvement through information therapy. [Chart #2] But if I had to pick a single policy area, I would focus on three changes within Medicare. [Chart #3]

1. I’d start by adding a consumer health portal to Medicare.gov—the only major American health plan that doesn’t have one.
2. Next, I’d prescribe an annual preventive services guide personalized to every beneficiary.
3. Finally, I’d prescribe a personalized self-management plan to every chronically ill Medicare patient.

For a modest investment in these three things, Medicare would gain a huge payoff in a short time. The consumer is the greatest untapped resource in health care. Information therapy will tap it. Thank you.

The Top Ten Ways for Federal Policy (and funding) to Improve Health Care Quality and Lower its Cost Through Information Therapy

1. Add Information Therapy (Ix) to Medicare.gov

Every major health plan in the United States is investing heavily in providing and prescribing consumer health information to its members. Medicare should do the same. The Medicare Ix Initiative should develop each of the following functions over the next 2-5 years.

- Create within Medicare.gov a robust consumer health information portal to serve the information needs of beneficiaries. The portal would begin with evidence-based medical information and decision guides accessible by anyone. Later, cost and quality information on hospitals, physicians, tests, and drugs would be added and integrated with core consumer health content. The portal would provide a single trusted source of information to support any health care decision or self-management plan.
- Develop an information service to provide each Medicare beneficiary with an annual, personalized plan for medical screening and prevention services. An updated plan would be delivered by mail or e-mail to each person in advance of their birthday each year. The plan would be based on both demographic parameters and the diagnosis and treatment data collected by CMS from the claims records. Beneficiaries would be able to access their plans at any time, correct inaccuracies, and engage, at their discretion, reminder systems for the timing of preventive services throughout the year. Anyone not wanting to use the system could opt out. However, some incentives might be provided to ensure a high level of participation.
- Deliver for each Medicare beneficiary with one or more chronic illnesses a personalized self-management plan that takes into account their co-morbidities, treatment histories, and self-management preferences. Each interactive plan would allow the beneficiary to control the frequency of messages to be received in support of the plan. The plan could be deactivated or reactivated at the control of the beneficiary. Consider such a plan as a part of one or more of the CCIP Medicare Health Support pilots now ongoing.
- For each CMS quality indicator identified within a disease category, develop predictive modeling strategies to select patients for whom the indicators are relevant. Then present decision support information therapy campaigns to the selected beneficiaries to encourage improved quality performance based on the indicators.
- Provide, as an administrative service, a method for each beneficiary to review their treatment history based on CMS claims data; and include with each claim

report information about the diagnosis, drugs, tests, or treatments involved. Beneficiaries should be given control over whether they would like notification when updates to the history are made. As e-claims submittal becomes common and the claims history service becomes closer to “real time,” the benefit to the Medicare members will grow rapidly.

- Allow physicians to prescribe information from the Medicare.gov Web site and provide economic incentives to encourage widespread adoption. CMS would work collaboratively with its information partners and the developers of physician office and hospital EMR and e-prescribing software to ensure compatibility and ease of use.

2. Add Ix to Medicaid

Medicaid beneficiaries are increasingly gaining access to Internet resources, either on their own or through friends and family members. While Medicaid is administered by the states, federal policy can encourage the use of information therapy services to both improve the quality of care received by Medicaid beneficiaries and to reduce the cost of unnecessary services. Federal policy should pre-approve waiver programs for states wishing to implement information therapy programs that would otherwise be blocked by federal mandates.

3. Add Ix Coding to EMR and e-Prescribing Standards

Federal grants and contracts through HRSA and other agencies are helping to establish long-needed technical and quality standards for the development and use of electronic medical records (EMRs), computerized physician order entry (CPOE) systems, and e-prescribing applications. In addition, federal funding is going to support regional health information organizations (RHIOs) and other health information exchange efforts. Unfortunately, virtually none of the RHIO efforts, to date, have focused on helping to get information to the patient. HRSA and others should designate some developmental funds for establishing quality and technical standards for consumer health information exchange to patients based on clinical encounter information delivered to or through the RHIOs.

4. Add Ix Within the FEHB Program

OPM should follow the lead of employer health coalitions around the country in requiring that health plan applicants in the FEHB program have robust systems for delivering evidence-based medical information to their enrolled members. At a minimum the same portal, preventive services plans, and self-management plans discussed for Medicare could be expected to be delivered by FEHB programs.

5. Expand Ix Within the DoD

The Medical Treatment Facilities (MTFs) of the DoD provide an ideal platform for the delivery of high quality information therapy to the service men and women and their families who receive medical services from them. The FY06 DoD Appropriations Bill includes a modest allocation for the development of an information therapy program within DoD Medical Treatment Facilities and

TRICARE. The Congress should encourage and support the DoD in expanding the reach and depth of the program to include the same elements as described for the Medicare program above. The Congress should also support the accelerated development by TRICARE of a Personal Health Record system that would allow information prescriptions to be triggered out of events recorded in the EMR. Because there is already a start for Ix within the DoD, increasing resources and focus can quickly add great value to our service men and women.

6. Expand Ix within the VA

The Veterans Administration has long been admired for its leadership both in electronic medical records and in quality improvement. The VA's VistA system combined with its MyHealthVet Web site provides the perfect foundation for a fully-functioning information therapy system. In a 2001 study, 62% of veterans reported that they had access to the Internet.

(<http://www.va.gov/vetdata/SurveyResults/nsv/final/ADA508f/INTRODUCTION.pdf>)

With more veterans going online each year, the threshold for a robust information therapy program has been reached. The Congress should continue support for further development and expansion of the groundbreaking MyHealthVet patient portal to ensure its universal availability for launching information prescriptions for veterans receiving care at VA facilities.

7. Ask AHRQ to Evaluate the Cost Effectiveness of Ix

Research will bolster the success of information therapy. The leadership of AHRQ has a clear view of the potential importance of information therapy to health care improvement. AHRQ has invited discussion about how best to engage mainstream medical researchers in Ix evaluation work. A conference of researchers and research sponsors has been envisioned but delayed because of limited resources. Supplemental funding to AHRQ could accelerate the creation of an Information Therapy Research Agenda and common metrics that could be used in all Ix research.

8. Ask HRSA to Help Extend Ix to Hard-to-Reach Populations

Most information therapy content has been developed for the mainstream, English-speaking American. HRSA would do well to allocate a portion of its research and development budgets to improving Ix content and learning what works best for different socioeconomic groups, ethnic groups, and other hard-to-reach groups. Our health care system supports diverse populations—so should our information therapy programs.

9. Allow increased HSA Contributions When Ix is Used

A weakness of the current IRS rules around HSA contributions blocks the ability to increase contributions for employees who are known to be suffering from chronic conditions. Because effective self-management of chronic illness is the only way to avoid or reverse the expected increases in the cost of chronic care, a rules change that would allow excess HSA contributions to be given as incentives to employees who

actively participate in disease self-management efforts would result in lower overall costs.

10. A Congressional Ix Appeal to All Americans

Health care is an issue of national economic security. When our congressional leadership comes together in solidarity with our administrative leadership to encourage every American to become better informed and more deeply engaged in their own health care and health behaviors, we will all win. The power of leadership can be significant.

State of the Art: Information Therapy in the United States today

The Center for Information Therapy

Professional development of the information therapy field in the United States is focused around the work of the Center for Information Therapy (IxCenter) in Washington, D.C. The IxCenter is an independent, 501(c)3 tax exempt not-for-profit that aims to advance the practice and science of information therapy to improve health, consumer decision making, and healthy behaviors. Launched in 2001, the IxCenter acts as a catalyst for health care delivery innovation by diffusing Ix strategies through research, education, and collaboration. A core function of the IxCenter is engaging with Ix proponents and industry leaders through its IxAction Alliance.

Current membership of the IxCenter Board (formerly known as the Information Therapy Commission) is made up of prominent thought leaders in health care including:

- **Susan Edgman-Levitan, PA** Executive Director, John D. Stoeckle Center for Primary Care Innovation, Massachusetts General Hospital
- **James L. Field** Executive Director, The Advisory Board Company
- **Alan Greene, MD, FAAP** Chief Medical Officer, A.D.A.M.
- **James F. Hereford** Executive Vice-President, Strategic Service and Quality, Group Health Cooperative, Seattle
- **Jessie Gruman, PhD** President and Founding Executive Director, Center for the Advancement of Health
- **Donald W. Kemper, MPH** Founder and CEO, Healthwise
- **Albert G. Mulley, Jr., MD, MPP** Chief, General Medicine Division, Massachusetts General Hospital
- **Annette M. O'Connor, RN, MScN, PhD** Canada Research Chair in Health Care Consumer Decision Support and Professor, University of Ottawa
- **Margaret E. O'Kane** President, National Committee for Quality Assurance
- **John W. Rowe, MD** Chairman and President, Aetna
- **Paul Wallace, MD (Chair)** Executive Director, Care Management Institute, Kaiser Permanente
- **Andrew Webber** President and CEO, National Business Coalition on Health
- **Gale Wilson-Steele** Founder and Chief Strategic Officer, MedSeek

IxAction Alliance

The IxCenter has created a membership program called the IxAction Alliance with a growing list of members in both the IxImplementers and IxSolution Partner categories as follows:

IxImplementers

- Aetna
- Cheshire Medical Dartmouth Hitchcock-Keene
- Group Health Cooperative (Seattle)
- Group Health Cooperative (Madison)

- HealthPartners
- Kaiser Permanente's Care Management Institute
- Massachusetts General Physicians Organization
- MGH's Stoeckle Center for Primary Care Innovation
- PCHI (Partners Community Healthcare, Inc.)
- Priority Health
- St. Alphonsus Regional Medical Center
- United HealthCare Group
- University of Wisconsin Medical Foundation

IxSolution Partners (organizations that provide vehicles for Ix delivery)

- Enhanced Medical Decisions
- Healthways
- Health Dialog
- Health Outcomes Sciences
- Healthwise
- HPN WorldWide
- MedSeek
- Resolution Health
- Rightfield Solutions
- Telemedik
- WebMD

In addition, the IxAction Alliance includes a group of IxSupporters including the eHealth Initiative, the Foundation for Informed Medical Decision Making, and other notable groups.

Annual Information Therapy Conference

Since 2002, the IxCenter has hosted the annual Information Therapy Conference in Park City, Utah. The dates for the 2006 conference are September 25-27. The Ix Conference provides the centerpiece of the IxCenter's efforts to exchange ideas, evaluate results, and develop opportunities in the Ix field.

International Interest in Information Therapy

The United States is currently a net exporter of consumer health information products in a small but fast-growing market. While U.S. consumers have always led the way for the world in the area of patient education and involvement, other countries are increasingly recognizing the value of an informed and engaged patient as a part of a cost-effective and modernized health care system.

Canadian Consumer Health Experience—The BC HealthGuide Program

The BC HealthGuide Program provides reliable health information and advice by phone, through handbooks and online, 24 hours every day for the people of British Columbia. Information is presented to help people understand, manage, and make decisions about

their health. While the information used in the program is licensed from Healthwise, a U.S.-based organization, it has been comprehensively localized to correspond to the health care system and information needs of Canadians.

UK Plans for Information Prescriptions

On January 30, 2006 the UK Department of Health released a major White Paper entitled Our Health, Our Care, Our Say: A new direction in community services. The paper proposes to “**give all people with long-term health and social care needs and their carers an 'information prescription'** “

Individuals and organizations both within and outside of the National Health Service have embraced the proposal and are working to make information therapy a reality within the NHS.

Other Indications of International Interest

Healthwise has been invited to present seminars and conference presentations in the UK, the Czech Republic, India, and the Netherlands. In every case, both public and private interests are focused on the potential for an informed and engaged patient to better manage medical decisions with their doctors and self-manage chronic illness at home. Currently there is opportunity for further exporting of health information abroad once the issues of localization and translation are resolved.

Information Therapy of the Future: A look ahead

While the technologies, infrastructures, and attitudes of today are adequate for launching comprehensive and cost-effective information therapy programs, three innovations expected to occur over the next few years will bring far greater value to the information therapy sector. Each of the three changes is discussed below.

1. Real-Time Information Triggers

A key part of prescribing the right information to the right person at the right time is getting the time right. Often a person’s need for information is very time-specific. You don’t need information on a back surgery decision until you are faced with the surgery, and then you need it immediately. That’s no problem when information therapy is delivered in a clinical setting with the help of an EMR—it happens at the right time. But, when the information description is delivered by a health plan, the currency and the accuracy of the information triggers become critically important. For example, if a patient doesn’t receive decision support information for a surgery until after the surgery is over, it can do no good.

A good number of health plans are now engaged in initiatives designed to reduce administrative costs by using Web-based, automatic claims adjudication systems. Physicians are given the incentive of being paid faster if they shift to the Internet. The shift will have exciting implications for information therapy. If the information prescription can get to the patient within 24 hours of a clinic visit, it has a much better

chance of getting both attention and results. If the information prescription can be sent instantly while the patient and the doctor are still together, it can provide for a smooth integration of clinic care and home care as one interconnected continuum.

2. A Personal Coach for Every Health Decision

In an ideal world, every individual would have a trusted nurse or doctor with the following characteristics:

- Always up-to-date on the medical issues involved with the health problem you are experiencing today and always ready to support you in making a decision.
- Knows you well and remembers everything you have said in previous appointments.
- Has earned your trust that he or she is focused solely on your best interests.
- Is available to you 24x7 and with no one ever in the waiting room.
- Has a kind, patient, and respectful voice and manner.

Rarely is the world that perfect. At best, you may be able to telephone your doctor for a quick discussion. Otherwise you likely need to go through the appointment process, which greatly increases both the time and cost commitment.

Enter the virtual coach. Through the use of an interactive conversation interface (iCi) that provides the pace and responsiveness of a real conversation, the patient is coaxed into dispelling the known belief that he or she is talking with a computer. These virtual conversations must be meticulously designed, developed, and refined. But with careful study and execution, they can become significantly effective—though never quite as effective as the ready professional in the ideal world. Within the next few years these virtual coaches will become commonplace and provide a great relief for the manpower shortages in health care today.

3. Cell-phone and PDA Delivery Anytime, Anywhere

The third transformational opportunity comes in digital cell phone technology. In the future many people will access the Internet not through a PC but through a cell phone. Already in India, 100 million people have digital cell phones, far outpacing the number of computer Internet hookups. The combination of a cell phone digital display and a voice-centered virtual coach guiding people through the information could produce a breakthrough that revolutionizes the patient's expectations regarding consumer health information.

Concluding Thought

Without a change in the patient's role in making informed decisions about care, the health care crisis has no plausible solution. Information therapy informs and engages the patient in a way that reduces waste and emphasizes getting the care that really makes a difference—to the patient. With an enlightened federal policy to promote the use of information therapy for everyone, we can improve the quality of care and lower its cost.

How Ix Works

- 
- Information triggers
 - ICD-9/10, CPT-4, SNOMED
 - Moments in care
 - Diagnosis, Treatment, Discharge
 - Questions & Decisions Faced
 - Information prescription

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Chart #2

Top Ten Ways for Federal Policy to Improve Quality and Lower Cost Through Information Therapy

1. Add Ix to Medicare.gov
2. Add Ix to Medicaid
3. Add Ix Coding to EMR and e-Prescribing Standards
4. Add Ix within the FEHB Program
5. Expand Ix Within the DoD
6. Expand Ix Within the VA
7. Ask AHRQ to Evaluate the Cost-Effectiveness of Ix
8. Ask HRSA to Extend Ix to Hard-to-Reach Populations
9. Allow Increased HSA Contributions When Ix is Used
10. A Congressional Ix Appeal to All Americans

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Add Information Therapy to Medicare.gov

- Start with a consumer health portal
 - Every medical condition
 - Every medical treatment
 - Every medical test
- Prescribe an annual preventive services guide personalized to every Medicare participant.
- Prescribe a personalized self-management support plan to every Medicare participant with a chronic illness.

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