UPDATE ON CLINICAL DISEASE MANAGEMENT

The Wellness and Care Coordination Program

ValueOptions' Partnership With McKesson

September 2011

Connecticut BHP
Supporting Health and Recovery

Behavioral and Physical Health Coordination Program Description

VALUEOPTIONS®
Innovative Solutions. Better Health.

MCKESSON
Empowering Healthcare

- ValueOptions has entered into an agreement with McKesson, a nationally recognized healthcare organization to pilot a project in Disease Management for the CT BHP
- That project, scheduled to begin in September 2011, will provide intensive disease management interventions to individuals identified as being at the highest levels of risk
- McKesson will receive member, provider, eligibility and claims information from ValueOptions as a pass through from the State of Connecticut and will use this information to perform a value-added Identification and Stratification of the eligible population, resulting in both member-specific medical history and associated risk scores
- Advanced Pharmacy Analytics, Predictive Modeling, Integrated Chronic Care Management Tools and Health Risk Assessment Content will be used to support coordination of care

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Condition Care Managers

Condition Care Managers will telephonically manage approximately 300 active members who are referred from VO. Those members will have both BH and PH issues, and the severity of either the BH or PH condition will have an impact on the member's ability to mange his/her condition(s) effectively.

- Management of the members will include initial assessment using the agent's blended co-morbid assessment process that identifies barriers to care, common care elements and condition-specific activities to develop a member-specific holistic care plan
- Following the assessment, a letter will be sent to the member's PCP or Medical Home informing that provider of the member's care plan, medications, lab and tests results, and other pertinent clinical information
- Clinical alerts to providers also will go to the agent's Condition Care Manager when clinical results/values exceed safe clinical ranges and require immediate attention of the PCP
- McKesson will share with VO the copyrighted, condition-specific educational materials that may be posted on VO MemberConnect and mailed to members after calls with the Condition Care Manager

Referral Criteria for the Wellness and Care Coordination Program

All members will be screened for the presence of BH and medical risk factors. That screening, coupled with our predictive modeling procedures, will produce:

- a prospective health risk assessment/profile for each member
- identification and stratification of high-risk members for Condition Care Management and disease management interventions
- identification of members who are at high risk for hospitalization/higher level of care or prolonged episodes of care, if their conditions are not addressed and stabilized
- identification of members who have not received services in accordance with best practice guidelines

Progress to Date

Sept. 1, 2011 -- The first 1,200 possible participants were identified

Month of Sept. – Nurses began calls to the possible participants. Not all the contact information was accurate, and not all those who were contacted have chosen to participate

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Progress (Cont.)

As of September 26, nurses have enrolled and completed assessments on approximately 40 participants, with several others just beginning the assessments

**Some people we have contacted have declined to participate, and some who agreed to participate have not completed the assessment*

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Medical Conditions Identified as Targets for the Program

- Asthma
- Coronary Artery Disease (CAD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Congestive Heart Failure (CHF)
- Hypertension
- Obesity