A New Model for Chronic Care Management
A Community-based “Utility”

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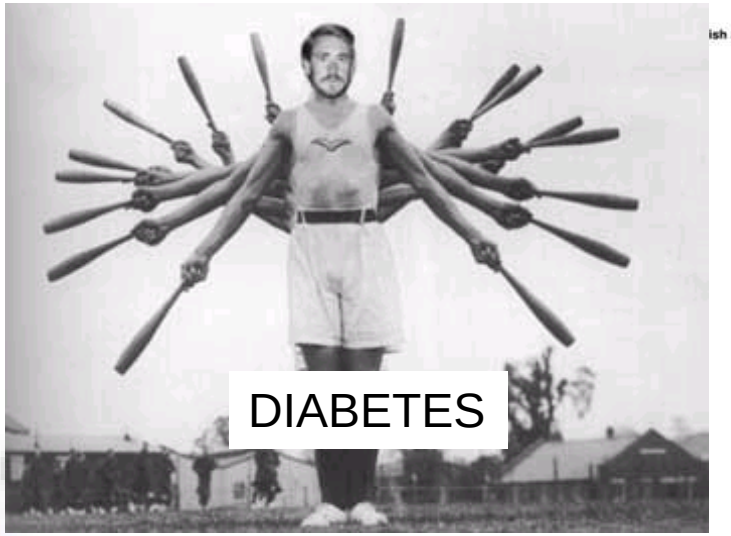
President
Health & Technology Vector, Inc.


Consumer Retail and Professional Distributor
Foot Care Products


The Balance of Good Health
Fruit and vegetables
Bread, other cereals and potatoes
Milk and dairy foods
Foods containing fat
Foods and drinks containing sugar
There are five main groups of valuable foods


DIABETES


M
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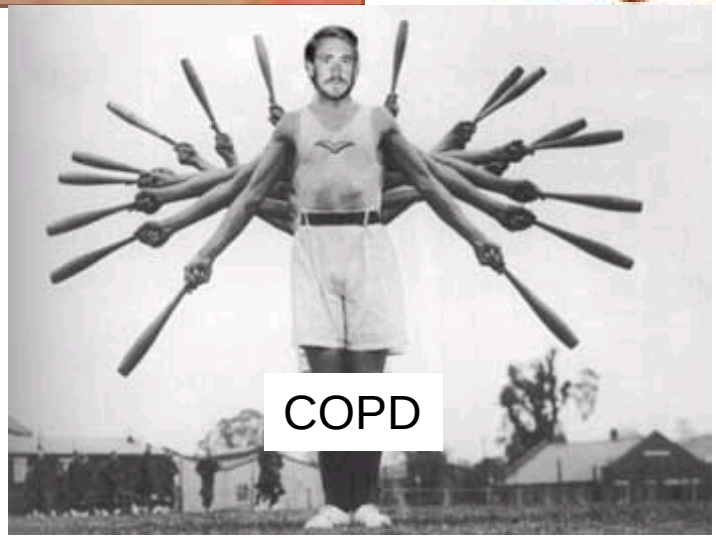
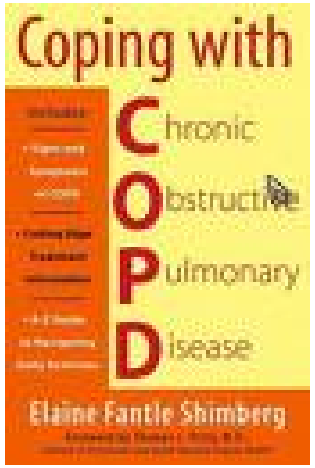
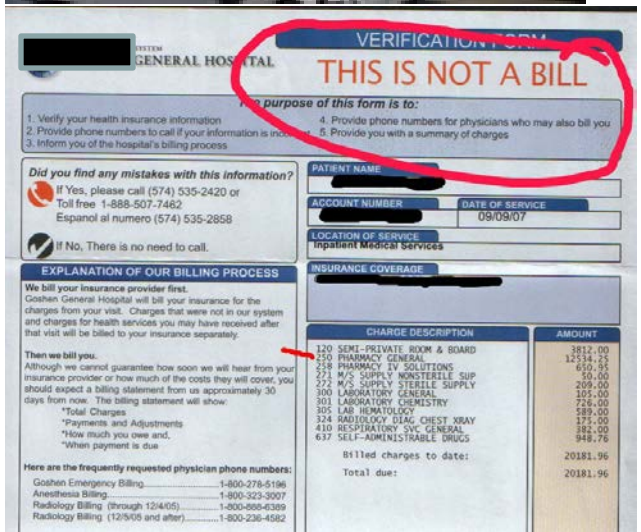
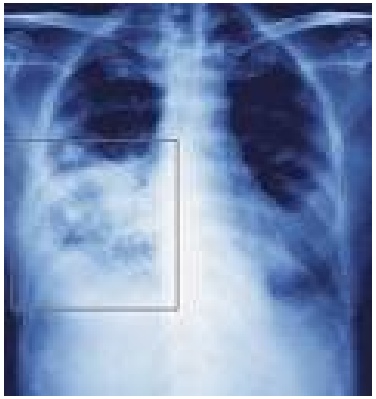

COPD

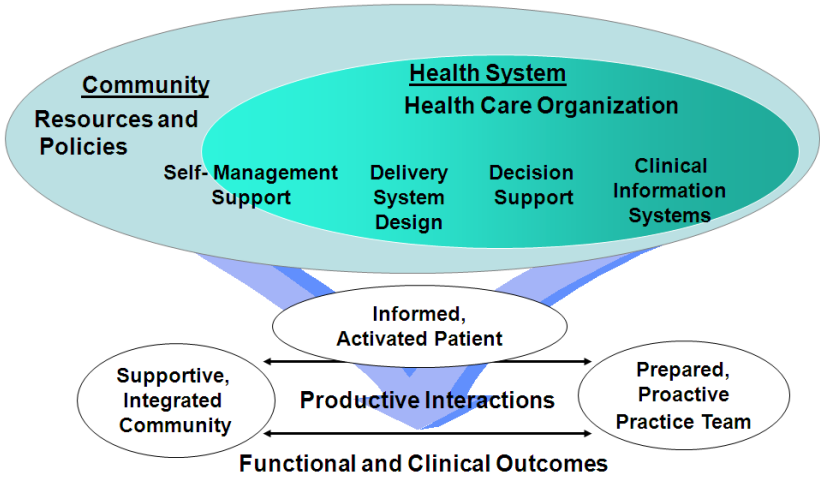

Coping with
Chronic
Obstructive
Pulmonary
Disease
COPD
Elaine Fantle Shimberg


[redacted] GENERAL HOSPITAL
VERIFICATION FORM
THIS IS NOT A BILL
The purpose of this form is to:
1. Verify your health insurance information
2. Provide phone numbers to call if your information is incorrect
3. Inform you of the hospital's billing process
4. Provide phone numbers for physicians who may also bill you
5. Provide you with a summary of charges
Did you find any mistakes with this information?
If Yes, please call (574) 535-2420 or
Toll free 1-888-507-7462
Espanol al numero (574) 535-2858
If No, There is no need to call.
PATIENT NAME
ACCOUNT NUMBER
DATE OF SERVICE
09/09/07
LOCATION OF SERVICE
Inpatient Medical Services
INSURANCE COVERAGE
EXPLANATION OF OUR BILLING PROCESS
We bill your insurance provider first.
Goshen General Hospital will bill your insurance for the charges from your visit. Charges that were not in our system and charges for health services you may have received after that visit will be billed to your insurance separately.
Then we bill you.
Although we cannot guarantee how soon we will hear from your insurance provider or how much of the costs they will cover, you should expect a billing statement from us approximately 30 days from now. The billing statement will show:
*Total Charges
*Payments and Adjustments
*How much you owe and,
*When payment is due
Here are the frequently requested physician phone numbers:
Goshen Emergency Billing 1-800-278-5196
Anesthesia Billing 1-800-323-3007
Radiology Billing (through 12/4/05) 1-800-888-6389
Radiology Billing (12/5/05 and after) 1-800-236-4582
CHARGE DESCRIPTION
AMOUNT
120 SEMI-PRIVATE ROOM & BOARD 3812.00
250 PHARMACY GENERAL 12534.25
258 PHARMACY IV SOLUTIONS 650.95
271 M/S SUPPLY MONSTERILE SUP 50.00
272 M/S SUPPLY STERILE SUPPLY 209.00
300 LABORATORY GENERAL 105.00
301 LABORATORY CHEMISTRY 726.00
305 LAB HEMATOLOGY 589.00
324 RADIOLOGY DIAG CHEST XRAY 175.00
410 RESPIRATORY SVC GENERAL 382.00
637 SELF-ADMINISTRABLE DRUGS 948.76
Billed charges to date: 20181.96
Total due: 20181.96



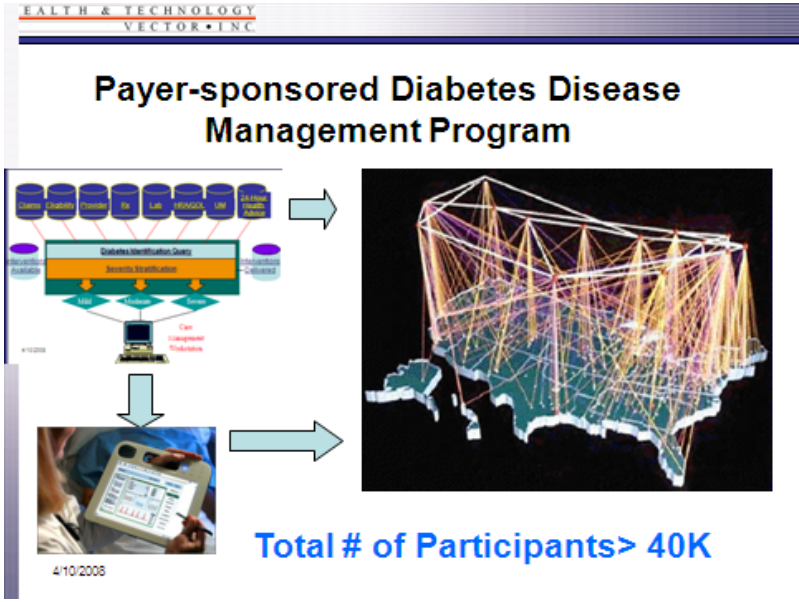
Two Models of Disease Management

Chronic Care Model



OR

Disease Management



Practice Centered
"MEDICAL HOME"

Payer Sponsored
"DISEASE MANAGEMENT"

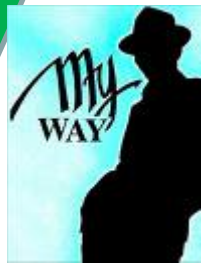
Characteristic	Chronic Care Model	Disease Management
Entity Name	Medical Home	Disease Management Organization (DMO)
Location	Clinic	Remote
Sponsorship	Demonstrations	Payers/purchasers
Pt. Identification	Registries	Claims
Care Managers	On-site	Remote
QI Data Source	Chart (including EHR)	Administrative + direct patients
Cost Data Source	Local-Partial	Payer-Global
Contents Core	EBM/Guidelines	EBM/Guidelines
Agency (represents…)	Treating provider	Payer
Payment Source	Demos	Employers, MCOs, Government
Coordination Capability	Limited, Intra-clinic	Limited- Patient driven
Coordination Technology	EHR (Limited)	PHR (Limited)/Payer portal
Practice transformation	High	Low
Care Teams	Local (intra-clinic)	Remote (patient-DMO)
Medical Cost Savings	Under-emphasized	Unproven
Patient Acceptance	High	Variable
Development Costs	High/duplicative	Low (already in place)
Physician Revenue	High potential	Low (P4P)
Linkage with Hospitals	Undetermined	No

Payer 1

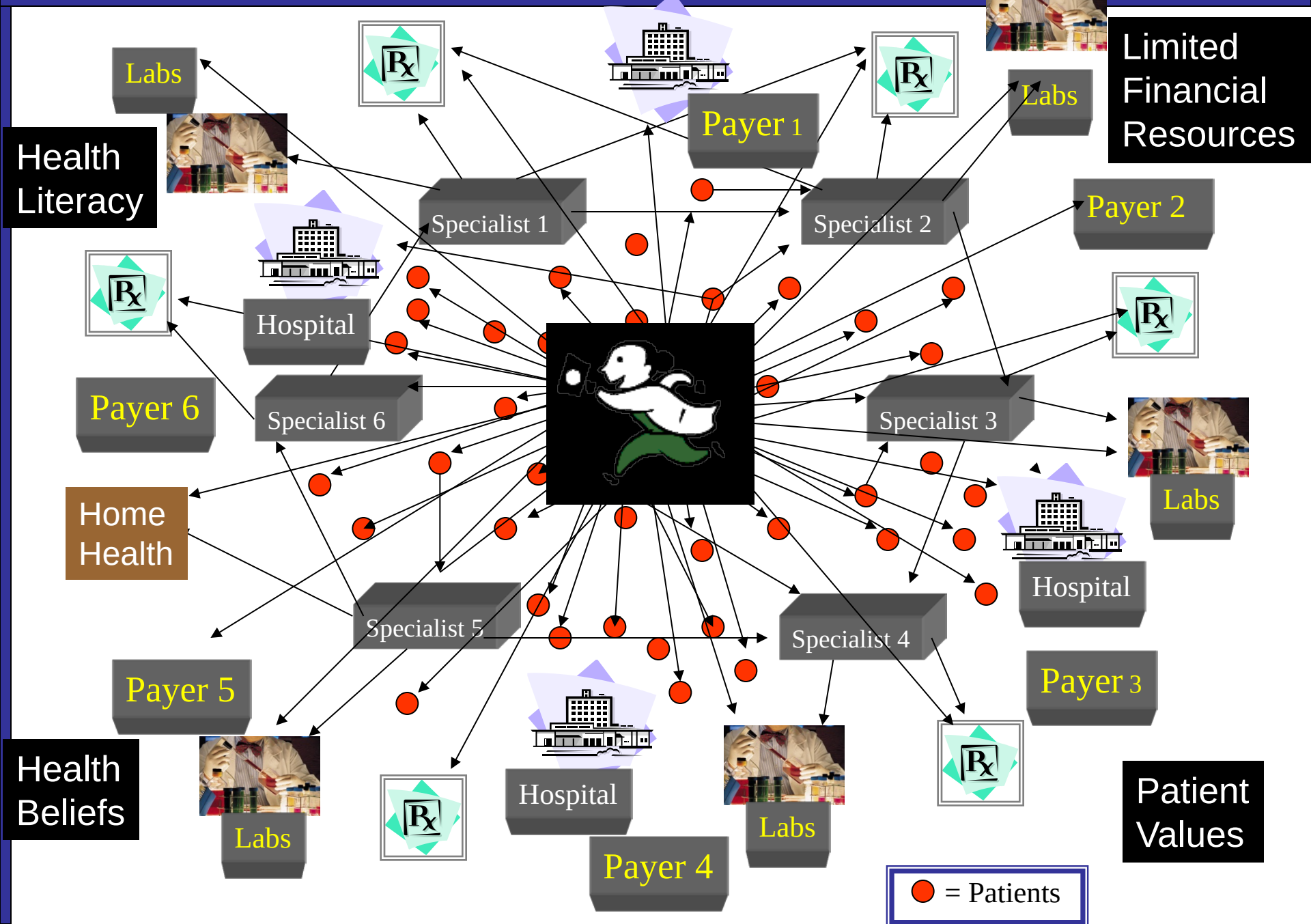
Payer 2

Payer 3

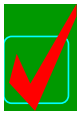
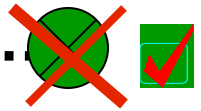
Payer 4



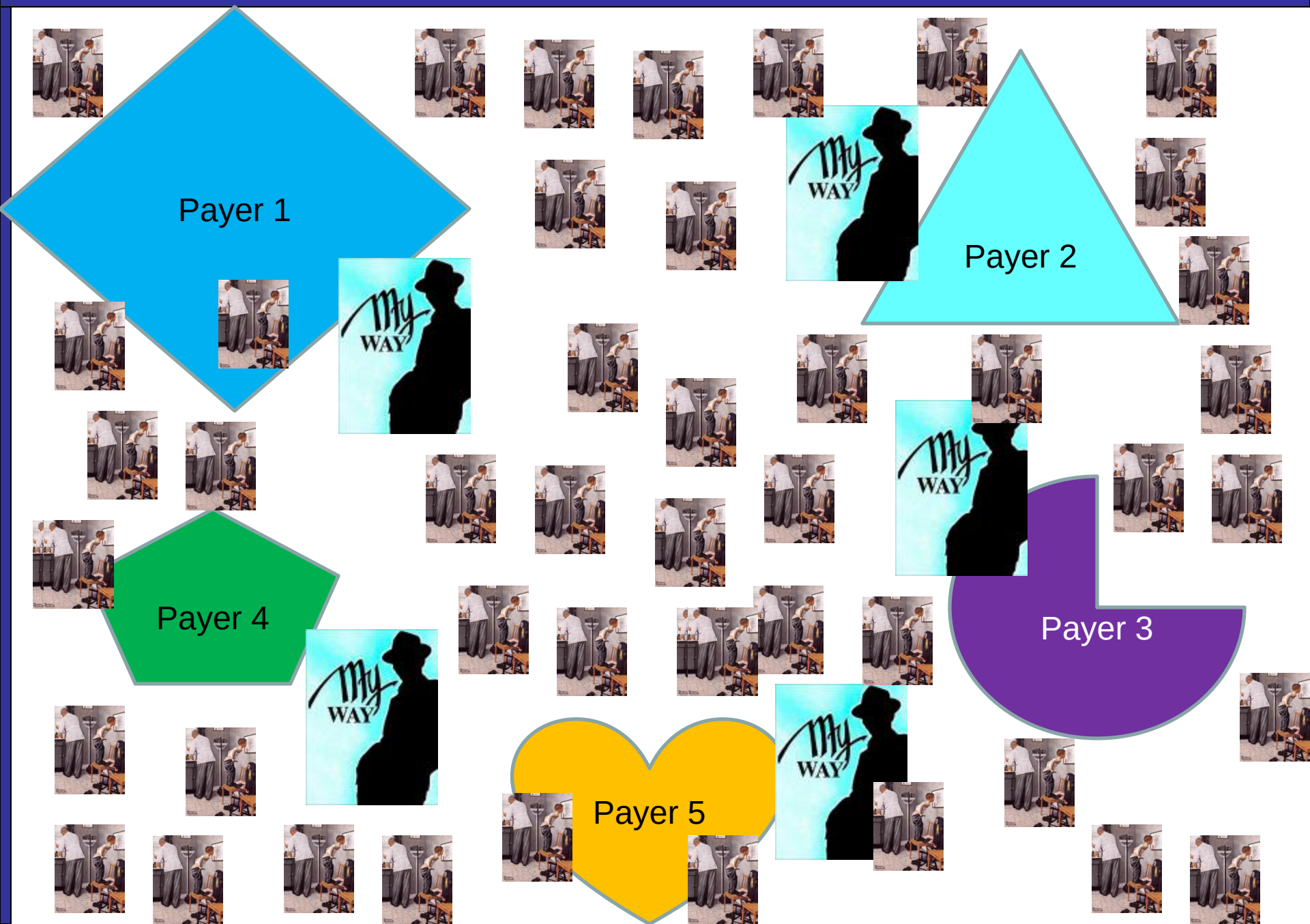
Payer 5

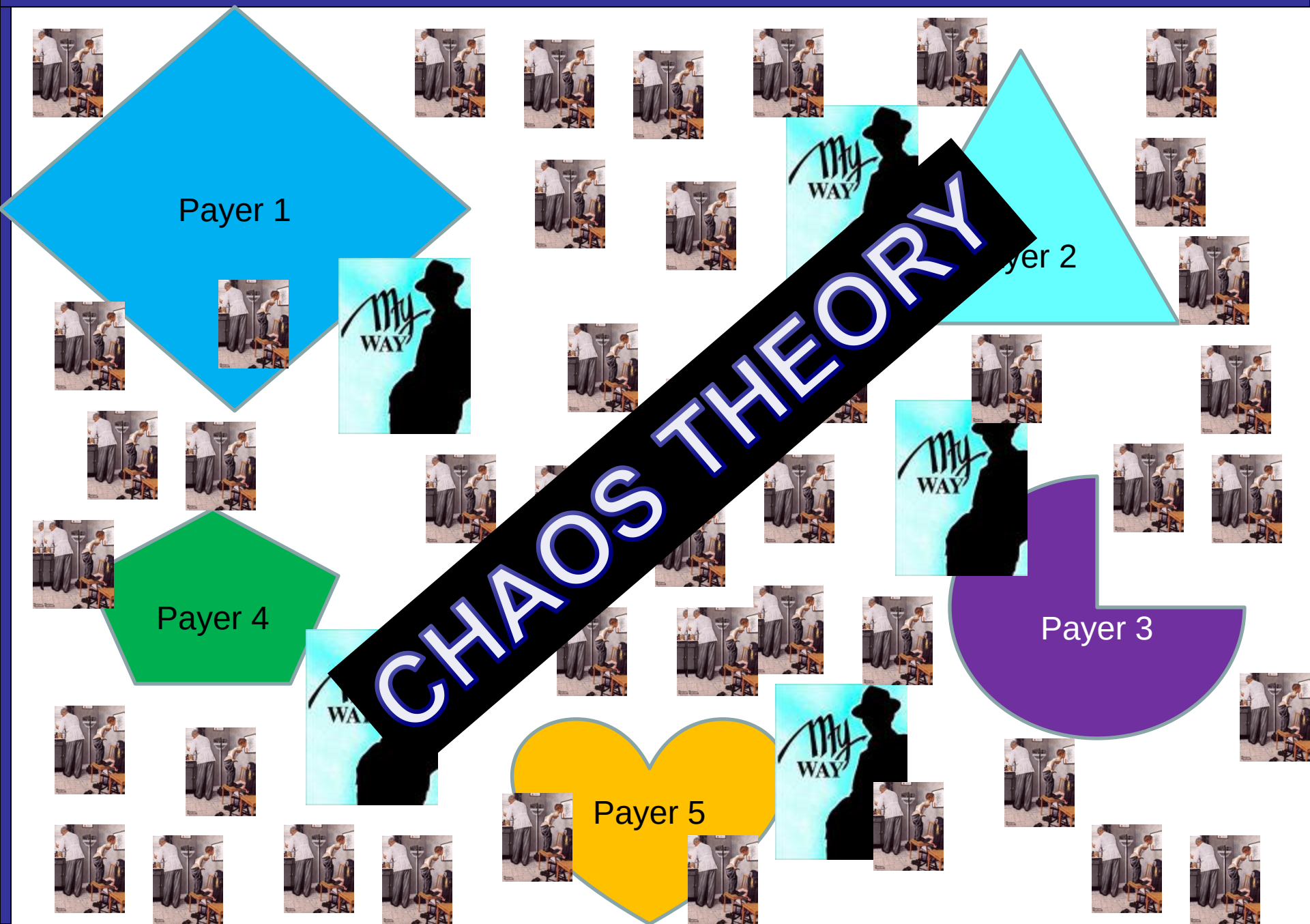

Limited Financial Resources
Health Literacy
Patient Values
Health Beliefs
Home Health
Payer 1
Payer 2
Payer 3
Payer 4
Payer 5
Payer 6
Specialist 1
Specialist 2
Specialist 3
Specialist 4
Specialist 5
Specialist 6
Hospital
Hospital
Hospital
Hospital
Labs
Labs
Labs
Labs
= Patients

The Complex Role of Primary Care Physicians

- **Delivery of Basic Primary Care……** 
- **Between Visits Supportive Care (DM)……** 
- **Coordination of Care……** 

  a) **No time**
  b) **No data**
  c) **No information systems**
  d) **No mass communication infrastructure**
  e) **Limited or no decision support**
  f) **Limited staffing**
  g) **No reimbursement**


Payer 1
Payer 2
Payer 3
Payer 4
Payer 5


Payer 1
yer 2
Payer 3
Payer 4
Payer 5
CHAOS THEORY

MEDICAL HOME

MEDICAL HOME

Payer 4

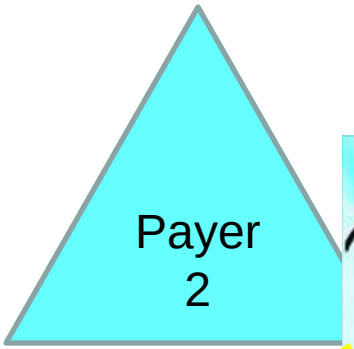
MEDICAL HOME

MEDICAL HOME

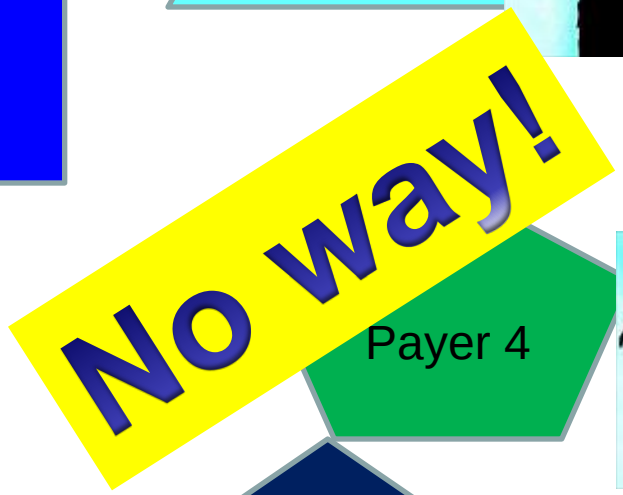
MEDICAL HOME


My WAY
Payer 5


MEDICAL HOME

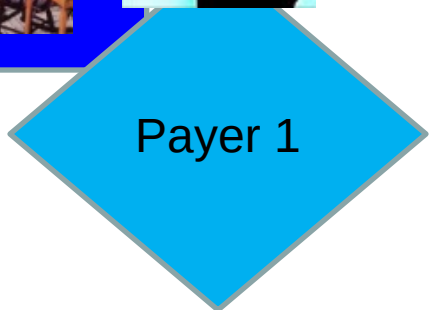

Payer
2


My WAY
EDICAL HOME


No way!
Payer 4


MEDICAL HOME

My WAY


Payer 1


MEDICAL HOME


My WAY


MEDICAL HOME


Payer
3
My WAY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Foot Care Products


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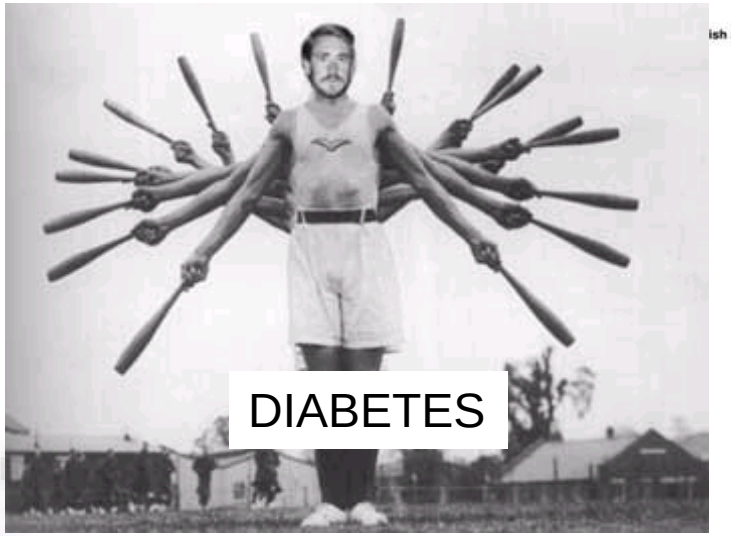
DIABETES


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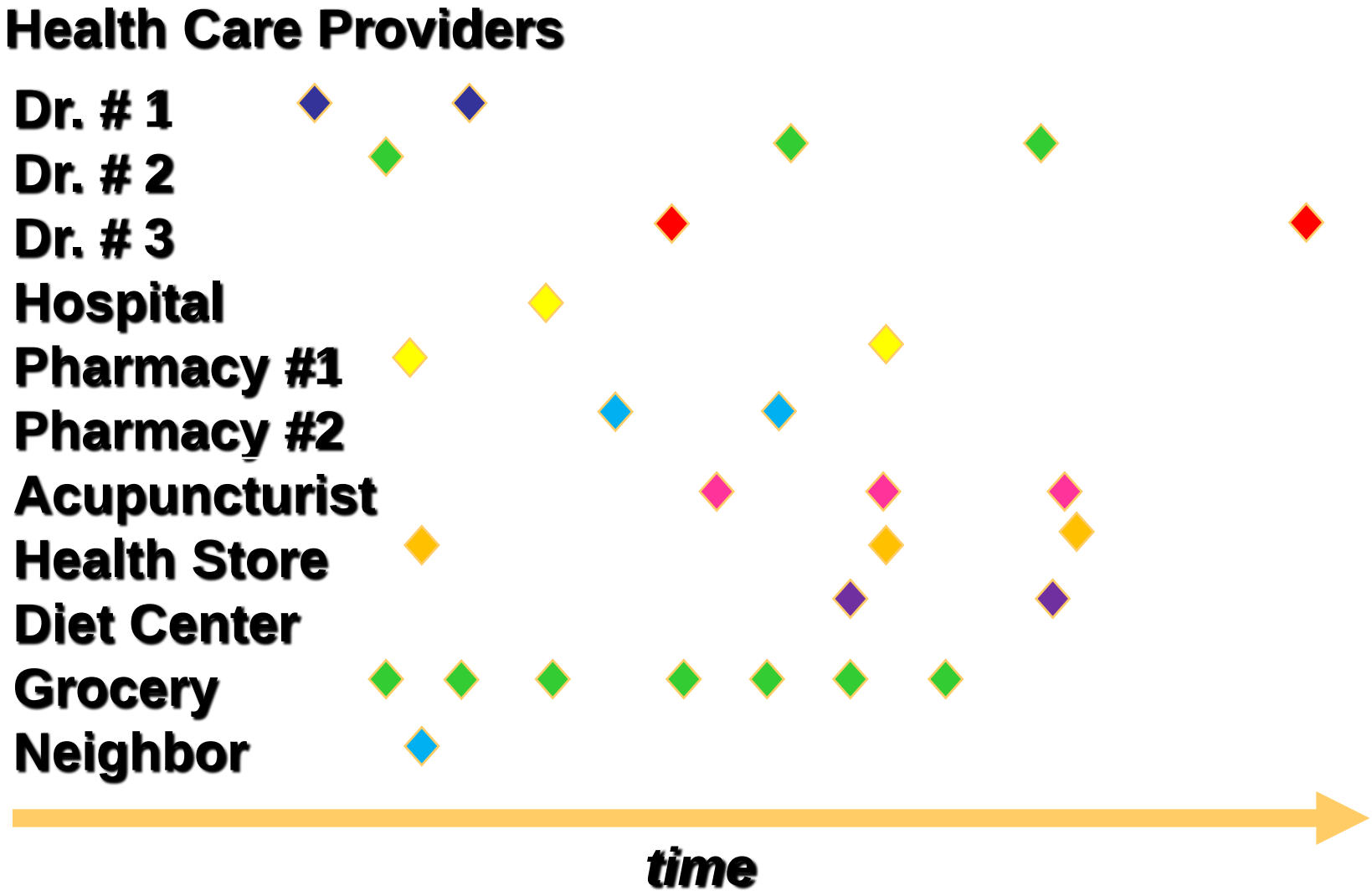
The Actual Patient Experience



Source: Dr. J.K. Jones, The Degge Group, Ltd.

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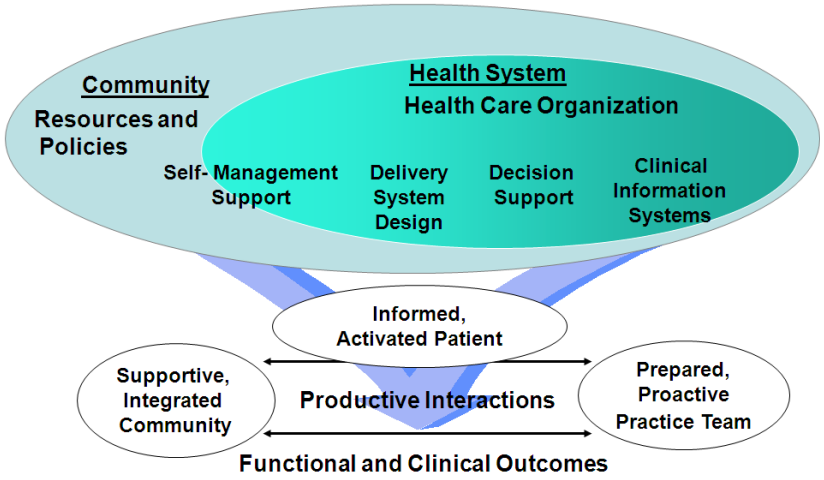

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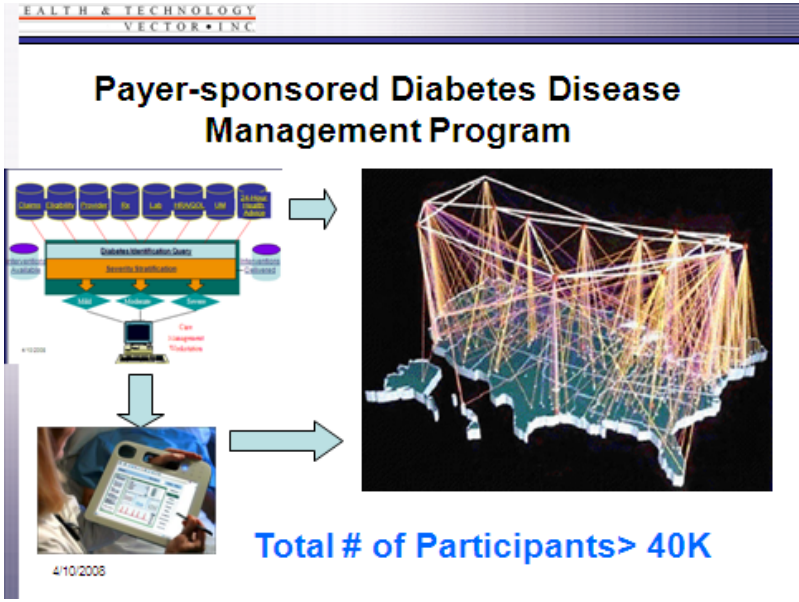

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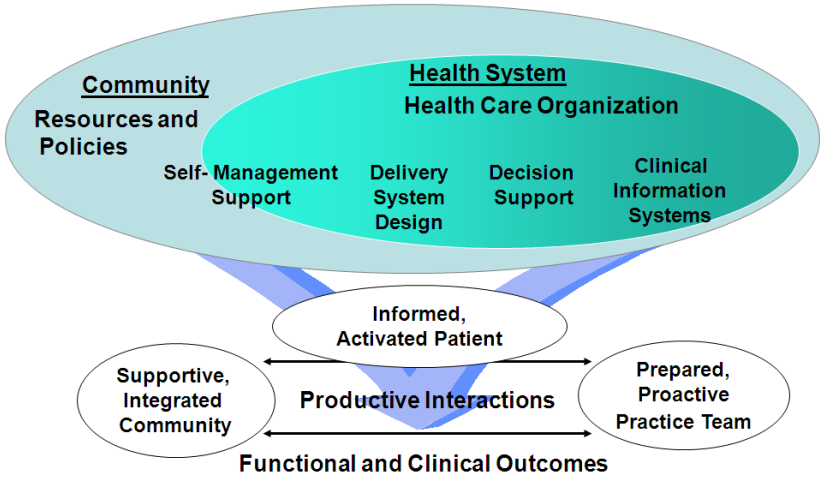
Combined Model of Care Management

Chronic Care Model



AND

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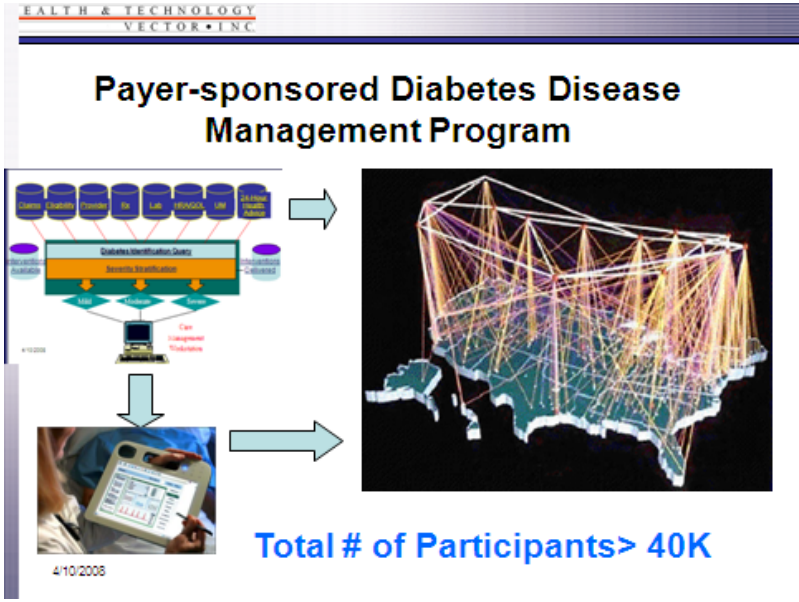


Practice Centered
"MEDICAL HOME"

Payer Sponsored
"DISEASE MANAGEMENT"

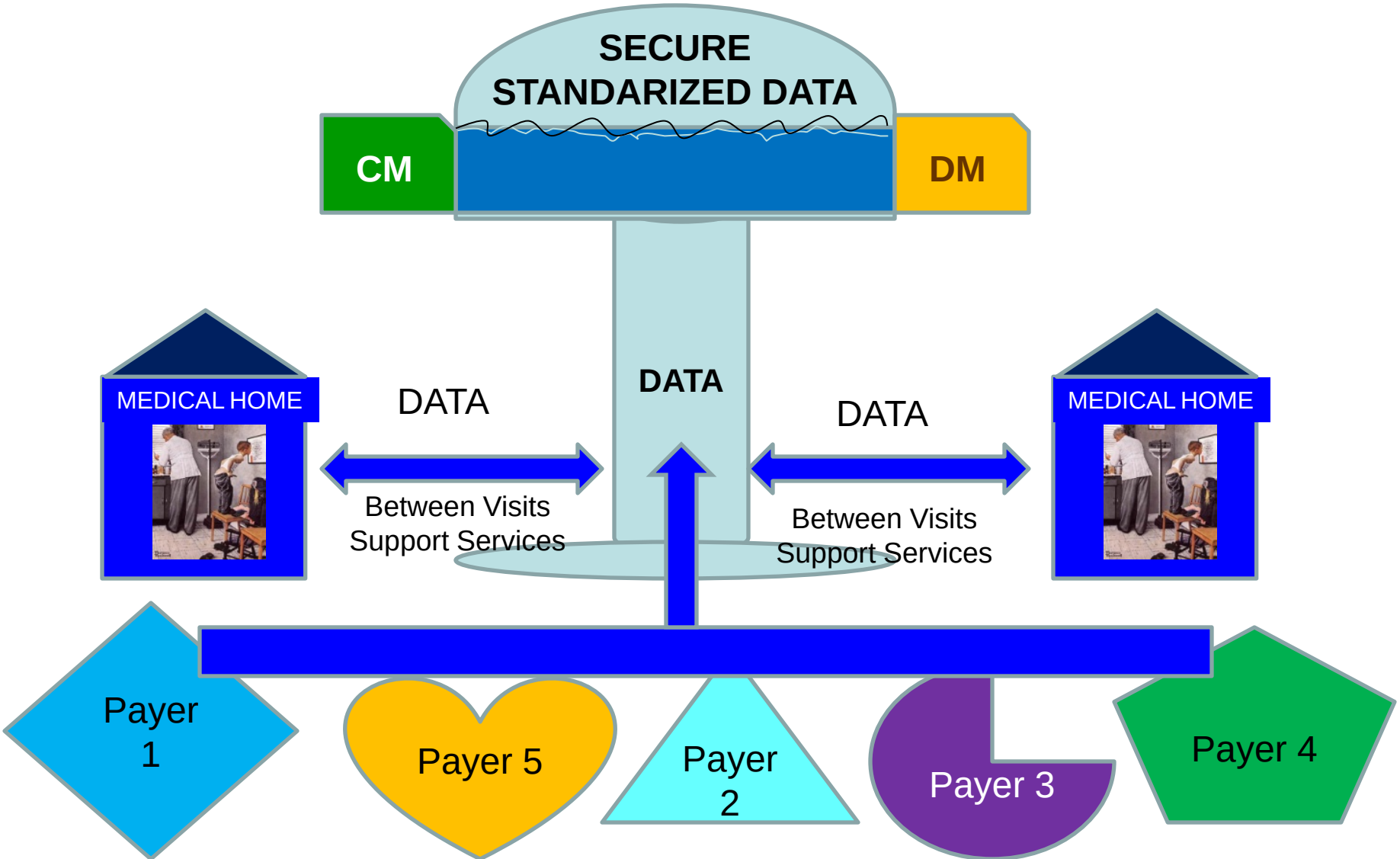

A Community-based
“UTILITY”

PROVIDERS

PATIENTS

PAYERS

A Community-based "UTILITY"



2.

DATA

3.

b .

DATA

DATA

d .

a .

DATA

c .

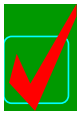
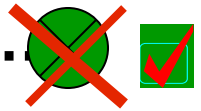
$

DATA

Funding for The Newly Insured

$

The Complex Role of Primary Care Physicians

- **Delivery of Basic Primary Care……** 
- **Between Visits Supportive Care (DM)……** 
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Open Issues

PROVIDERS

PATIENTS

- Role
- Rights
- Responsibilities

PAYERS

A Community-based
"UTILITY"

Questions?
Comments?