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Connect Now: The New Imperative for Health Care

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The United States health care system is in critical condition. Consider:

- *Despite spending more per capita on health care than any other nation – currently a total of almost \$2 trillion a year – the U.S. ranks near the worst of industrialized countries in the health outcomes of its citizens ¹*
- *Despite the fact that government benefit programs account for nearly one-third of this spending, 47 million Americans do not have health coverage ²*
- *Despite repeated attempts to control health care spending, American businesses consistently cite it as their number-one cost concern ³*

Clearly, we can no longer afford to maintain the status quo. We must change, and we must change now. Each of us – members of the health care industry, employers, consumers – must transform the way we interact with the health care system. But where do we start?

One of the first steps we can take is to change how health care organizations connect with each other to share information and do business. We can adopt systems that use common technology standards – a common “language.” When hospitals, physicians, health plans and other industry

players can communicate without hurdling the barriers of disparate systems, the result is greater cost-efficiency. Connecting health care with technology speeds the flow of information, streamlines transactions and ultimately enhances the quality of care.

The challenge

Historically, health care enterprises have been slow to adopt new information technology. And when they have, they've often followed a homegrown approach – building their own systems, with proprietary data interfaces, which don't always work with those of other enterprises. But health care today is more interdependent than ever, and it is essential that information easily cross the boundaries of providers, payors and many other organizations. Clinical records must be shared easily between hospitals and physicians. Billing information must flow freely among multiple payors. Administrative data needs to be maintained consistently throughout the entire system. Unfortunately, we have much work to do before we can realize this vision.

One example of how far we have to go is the use of the electronic health record. The EHR presents a single, comprehensive, digital view of a patient's wellness and medical history, collected from multiple providers and payors – and their multiple information systems. When employed, the EHR can improve the quality of care, reduce unnecessary procedures and save precious time for patients and professionals.

The concept of the EHR originated more than 25 years ago as a paperless replacement for traditional medical charts. Since then, there have been attempts to make it a more integrated, more

holistic record. The industry has begun to develop standards for sharing certain types of clinical information, and in 2004 President Bush created a federal initiative to promote EHR adoption. But the President's vision is years away from fruition; there still is no truly comprehensive health record. And while the EHR represents only a modest investment – a state-of-the-art EHR can cost as little \$600 per month for a doctor's office – only one physician in four uses an EHR.⁴

Another challenge we face is the maze of information systems that health care relies upon to handle billing and administrative tasks. Most of us are all too familiar with the red tape involved in a hospital stay or in filing a health insurance claim. Even a brief interaction with the health care system can require repeated, manual entries of the most basic information, such as the patient's name, address and insurance plan number. And this manual work is often needless; many Americans already carry a benefit card that contains the information in a magnetic strip. However, incompatible technology and continued reliance on paper-based transactions can make the card useless. The result: errors, inconvenience and lost productivity.

The opportunity

Fortunately, the time is ripe for change. Politicians are proposing attempts to reform health care, while more and more consumers are demanding information about the quality and cost of the services they receive. You only need to pick up a newspaper to see that health care has re-emerged as one of the nation's most important issues. But as the sluggish adoption of the EHR demonstrates, we need to do more. To “connect” the health care industry, the health care industry – and the businesses and consumers it serves – must all work together as one.

We don't need to look far for results of such industry-wide collaboration. Think about your ATM card. This popular piece of plastic dates back to the 1960s, when banks introduced "teller-less service" to shorten the lines of customers waiting in their lobbies. But the original ATM cards only functioned in the banks that issued them. It wasn't until the 1980s, when the banking industry developed common data and connectivity standards, that the popularity of ATM cards soared. Today, an ATM card works anywhere in the world because the industry realized that if rivals cooperated to create a common system, they could turn a modest convenience into a major new revenue stream.

Standardized payment cards can bring the same convenience and paradigm-shifting benefits to health care. Like an ATM card, a health-related payment card uses common information standards to streamline the entire transaction of getting health care – from verifying insurance eligibility to automatically transferring funds to the provider. For example, the company I work for, Humana, is pioneering this innovation with the HumanaAccess VISA debit card. This card allows consumers to withdraw funds directly from their flexible spending accounts or health savings accounts to pay for health care costs. Typically, consumers have to pay their share of these costs out-of-pocket – then file a claim to obtain reimbursement from their FSA or HSA. With the HumanaAccess VISA debit card, the consumer simply swipes the card, and funds are transferred directly from the account to the provider. No one files claims and no one waits for reimbursement.

The clinical arena also holds promising opportunities to connect. For example, Humana is working with Blue Cross Blue Shield of Florida to deploy an EHR – today – using information that is

routinely captured in the claims process. This initiative brings together clinical data by leveraging a connection that already exists: the Availity Gateway, an electronic claims clearinghouse. By monitoring the millions of claim transactions that flow through the clearinghouse, the Availity health record also gathers important clinical information, such as the types and dates of service, provider identities and prescription information. This health data is delivered confidentially to appropriate providers via a secure internet-based information exchange, and is compatible with other EHR systems in development at the federal, state and local levels.

In Florida, 13,700 provider offices, all the state's hospitals and most of its health plans use the Availity EHR. And the Availity Gateway is available in nearly two dozen other states. We can make an immediate difference in the health care system by offering access to the Availity EHR for every payor and provider throughout the nation.

Getting started

As promising as these innovations are, connecting the health care system ultimately will require more. It will require change in the roles that each of us plays. Everyone – health care organizations, the business community, consumers – must be willing to embrace change and accept new ways of doing business. Everyone must step up and play a new part. Now.

Humana, other health care organizations and the business community are jump-starting this process of change through a new coalition, ChangeNow4Health. This is a coalition about action. It's about refusing to be constrained by conventional wisdom. It's about cutting through the lip service and

posturing to say, “We must do something meaningful, and we must do it now.” If you share our belief that change is needed, that it is possible for our healthcare system to “connect” and speak a common language, and that each of us can help make this happen, we invite you to join us.

For more information about how you can change health care now, visit ChangeNow4Health.com.

Notes:

¹ K. Davis, Commonwealth Fund, testimony before U.S. Senate, Jan. 10, 2007

² U.S. Census Bureau, press release, Aug. 29, 2006

³ Business Roundtable, CEO Economic Outlook Survey, 2002-2006

⁴ Robert Wood Johnson Foundation, press release, Oct. 11, 2006

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