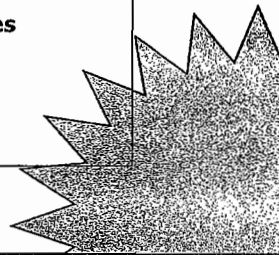
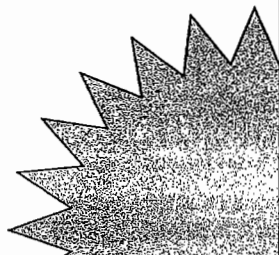


**An Ounce of Prevention IS
Worth a Pound of Cure
- The Asheville Project -**

**Barry A. Bunting, Pharm.D.
Clinical Manager of Pharmacy Services
Mission Hospitals
Asheville, NC**



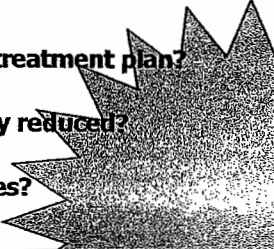
**DO YOU KNOW WHAT CHRONIC
DISEASES ARE CURRENTLY
COSTING YOUR HEALTH PLAN?**



**DOES IT COST LESS TO
KEEP PEOPLE WELL THAN
IT DOES TO FIX THEM
WHEN THEY BREAK?**



**REMOVING BARRIERS:
WHAT IF -**

- A health plan invested in long-term health rather than sick-care?
 - Patients received as much self-care education as they needed - - -
for as long as they needed it?
 - Patients had easy access to a knowledgeable health care provider
to ask even their "little" questions?
 - Patients were provided an incentive to follow their treatment plan?
 - Cost of medications for individuals were significantly reduced?
 - Patients were monitored frequently for key outcomes?
- 

**WOULD PEOPLE DO
BETTER?**

**WOULD HEALTH
CARE COSTS DECREASE?**



**THE ASHEVILLE RESEARCH
PROJECT
(1997-ongoing)**



CITY OF ASHEVILLE & MISSION HOSPITALS AGREED TO OFFER DISEASE MANAGEMENT PROGRAMS

- Began with diabetes program, added asthma, blood pressure, cholesterol
- Participants agree to complete self-care education classes + meet on a regular basis with a certificate trained community pharmacist
- Pharmacists provide 1-on 1 patient medication assessment/ counseling/feedback to physician
- Health plan covers self-care education, "coaching" sessions, & reduced co-payments for disease related medications & supplies

MODEL SUMMARY:

- INTENSE SELF-CARE EDUCATION
- FREQUENT FACE-TO-FACE CONTACT WITH A PERSONAL HEALTH "COACH" (specially trained community pharmacists/educators)
- FINANCIAL INCENTIVES TO ENCOURAGE PARTICIPATION

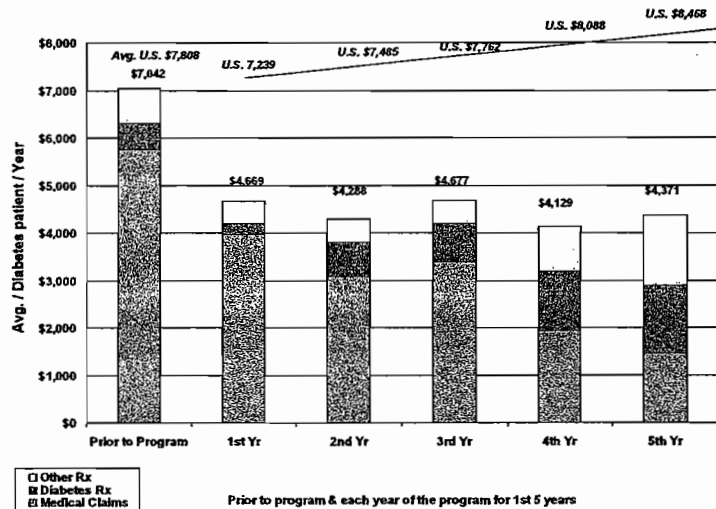
OUTCOMES IMPROVED!

- Net decrease in total health care costs avg. >\$2000/pt/yr (diabetes)
- Net decrease in total health care costs avg. \$ 725/pt/yr in direct costs for asthma & an additional \$1230/pt/yr in indirect cost savings (absenteeism, presenteeism)
- Diabetes: missed work hours decreased by 43%
- Asthma: missed work hours decreased by 4x
- Cardiovascular related medical costs decreased by 46%
- Heart attacks decreased from 25 in 3 yrs to 6 in 6 yrs
- Avoided 50 cardiovascular events in 620 patients over 6 yrs

OUTCOMES IMPROVED!

- 10% of covered lives enrolled in programs (13,000 covered lives)
- Mission's Hospital's total health plan costs rose 0% in 2004, decreased by 1% in 2005, and decreased 3% in 2006
- City of Asheville's total health plan costs rose 0% in 2004, 0% in 2005, and decreased by 2.6% in 2006
- Mission & City of Asheville have saved >\$6 million
- State of West Virginia offers program for all state employees w diabetes (3000 people enrolled), expanding to blood pressure and cholesterol
- North Dakota state legislature recently approved funding for diabetes program for state employees

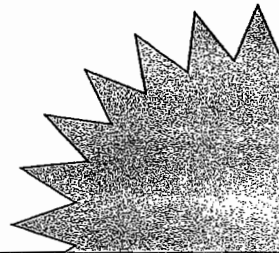
Total Diabetes Healthcare Costs City of Asheville & Mission Hospitals



How can public policy support these types of models?

- Fund similar programs as pilots for Medicaid & State Employee plan members (diabetes or other priority conditions)
- 100% coverage of self-care education
- Cover medication therapy monitoring by trained pharmacists
- Reduced co-payments on disease related medications (with strings attached)
- Require these types of outcomes data from any disease management programs your state funds currently or in future
- Future?? Consider raising out of pocket expenses for members unless they participate in available programs!

**HOW MUCH LONGER
WILL YOU BE ABLE TO
AFFORD HEALTH CARE?**



**IS IT TIME TO START
INVESTING IN THE
OUNCE OF PREVENTION?**

