



Sample Medical Marketing Writing

- Introduction of ePIMS Outpatient Pharmacy System
- Kaiser Permanente ROI - Levers Used to Drive Down Costs and Increase Value
- Member Transition from Brand Name to Generic Medications
- Ensuring Emails to Members Are Not Identified as SPAM

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Internal and external research, writing, editing, and on-going maintenance of Marketing Copy Bank (MCB), a digital repository of records detailing all aspects of Kaiser Permanente. I was part of the multi-year development team that established the current editorial style for content and use. MCB content is carefully researched and continually validated and updated for continued accuracy and for compliance to current KP branding and messaging standards. MCB content is used at the front line of marketing directly connected to all corporate and institutional business of Kaiser Foundation Health Plans (KFHP) of prepaid health and insurance plans.

Introduction of ePIMS Outpatient Pharmacy System

Question:

Please describe the ePIMS outpatient pharmacy system.

Answer:

Ensuring higher levels of member safety, convenience, and efficiency, we are introducing ePIMS (enterprise Pharmacy Information Management System), a new outpatient system, in all of our pharmacies across the country. The introduction of ePIMS also addresses several challenges from the use of the several legacy pharmacy software systems in use across the country.

ePIMS allows for greater connectivity with Kaiser Permanente HealthConnect®, the most extensive civilian electronic health record (EHR) system in America, as well as between individual pharmacy operations. This expanded connectivity gives our pharmacists access to a member's full medical record making it possible for them to work more closely with members in advising them about their medications and helping to identify treatment gaps and noncompliance in the member's treatment plan. Other features of importance to members include:

- Allows real-time pharmacy information on kp.org
- Standardized member services across all service areas
- Support for outpatient clinical services

This new system enhances and expands member safety protections and cost-effective pharmacy operations that help keep drug prices as low as possible. These features include:

- Enables electronic prescriptions for many controlled substances
- Enhanced verification of all credentialed prescription issuers
- Expanded data capacity supporting membership growth
- Improved brand-to-generic substitution for therapy-equivalent medications
- Increased mail-order options
- Standardized workflows and processes across all service areas
- Establishes the infrastructure for future mobility development

Ensuring the security of member's personal health and financial information

and the proper maintenance of our pharmacy operations, ePIMS will be completely compliant with regulations set by the Health Insurance Portability and Accountability Act (HIPAA), Payment Card Industry Data Security Standard (PCI DSS), International Statistical Classification of Diseases and Related Health Problems (ICD-10), and Sarbanes-Oxley Act (SOX).



Kaiser Permanente ROI - Levers Used to Drive Down Costs and Increase Value

Question:

What levers do you use to drive costs down while maintaining or increasing the financial and health care value to employer groups and members?

Answer:

Two of the primary ways we control costs are by engaging members to participate in their own health, and by reducing waste—helping healthy members stay healthy and motivating those with unhealthy habits to make positive lifestyle changes, and eliminating unnecessary procedures and reducing paper costs.

Unlike traditional health care providers, we offer a fundamentally different approach to care. Our health plan, doctors, hospitals, medical offices, pharmacies, labs, and more are all part of one organization. At the heart of our integrated care are our doctors: members have a built-in advocate with their primary care physicians who coordinates their care throughout our system. And because our doctors are salaried and measured according to how well they raise the bar for member health, our model frees doctors to focus on patients, not the itemization of services or the collection of claims.

Their personalized, dedicated approach to member health is supercharged with the incredible tools and information within Kaiser Permanente HealthConnect®. This award-winning system is at the fingertips of every caregiver in every one of our facilities.

Our investment in our industry-leading electronic health record (EHR) system is not only our most effective member engagement tool; it also reduces overutilization and maximizes information sharing. All Kaiser Permanente providers can securely access this system and view a member's previous test results and other physician notations, which help reduce duplication of lab tests, unnecessary medical visits, redundant utilization of services, and pharmacy errors.

With the coordinated care supported by our EHR, we are able to give members the right care at the right time. In fact, the California Department of Managed Health Care (DMHC) has honored Kaiser Permanente Northern and Southern California with the Right Care Initiative award, which recognizes national

performance in identifying and controlling blood pressure and cholesterol for cardiovascular, hypertensive, and diabetic patients. We are the only health care plan in California to exceed the 90th percentile nationally. This is our third Right Care Initiative award since the program launched in 2008.

A 2012 study conducted by the Centers for Disease Control and Prevention (CDC) showed that of the approximately 67 million Americans with hypertension, more than 53 percent are not aware of their condition or are not receiving proper treatment. Because of our focus on treating hypertension, in our Northern California service area alone, more than 87 percent of all members with hypertension are receiving appropriate on-going treatments. This has resulted in an approximate 24 percent over-all decrease in heart attacks and a 62 percent decrease in the most serious type of attacks.

While the far-reaching effect of a fully integrated care system is yet unknown, we do have very positive early return on investment (ROI) results identified. Benefits to-date include:

- Up to \$71.6 million annual savings in operating expense
- Up to \$12.5 million additional annual revenue
- Up to \$74.3 million capital cost avoidance

The first two savings alone will amount to \$841 million over 10 years. Our \$71.6 million operating savings comes from implementing our EMR and other new technologies.

With most providers, what you get is a fragmented system of care that doesn't use your health care premiums to deliver more efficient care. A Dartmouth study estimated that up to one-third of the care American patients receive is poorly coordinated, resulting in \$700 billion of duplicated tests, medical errors, conflicting medical advice, and medical treatments that can't be proven to improve health outcomes. And according to another study, only 55 percent of adults receive the medical care they need. Our EHR links all aspects of the care experience—from a member's medical information to test results, prescription refills, hospital registration, billing, and best-practices updates for physicians. It enhances medical safety by alerting physicians and pharmacists of potential drug interactions, while also providing overall cost savings by eliminating unnecessary or duplicate tests. By electronically linking all our facilities programwide, our EHR further advances our integrated approach to health care, eliminating gaps in care and overutilization. It also saves millions of dollars in printing costs and storage space. One area saw a \$1.4 million decrease

in printing expenses of annual outpatient forms alone.

Why Member Engagement?

According to Health Care Statistics, 80 percent of chronic disease is preventable—and these preventable diseases make up approximately 90 percent of all health care costs.

Our integrated model of care helps us keep employees healthy and engaged on the job. Largely preventable and highly manageable chronic diseases and conditions such as diabetes and obesity account for 75 cents of every dollar spent on health care in the United States. In contrast, less than 5 cents is spent on prevention. We're different; we emphasize keeping members engaged and healthy, with a strong focus on prevention. An important way we do this is by offering a broad range of Web-based tools to promote good health and encourage members to fully participate in their own health care. The tools we provide include:

- Healthy Lifestyles program - personalized interactive programs address health concerns for members on weight loss, nutrition, stress reduction, smoking cessation, depression, and chronic pain available at no additional cost
- Health education classes and self-care programs so that members can learn how to make healthier lifestyle choices
- Decision-support tools that empower consumers to make better health care decisions, resulting in better health outcomes and appropriate service utilization

Members have several healthy lifestyle programs available at kp.org. To decide which programs are right for them, members begin with HealthMedia Succeed®, an online total health assessment (THA), also known as a health risk assessment (HRA), that evaluates their needs, motivation, and ability to modify their behaviors. HealthMedia Succeed® generates a customized health guide to help members select programs that will be most beneficial to them. By the third quarter of 2012, over 316,000 members had taken a THA, and nearly 329,000 members had signed up for our online healthy lifestyle programs for weight management, smoking cessation, stress reduction, nutrition, support for chronic conditions and chronic pain, diabetes, depression, and insomnia.

Members receive follow-up e-mails to help them stay on track. Additional resources such as exercise videos and healthy recipes are available for download.

The results of these programs include:

- Among participants in HealthMedia Care® for Diabetes online program, productivity increased 5% after just 30 days in the program. Projected savings is several thousand dollars per year per participant
- Approximately 54% of members participating in the HealthMedia Breathe® program report that they've quit smoking
- Among members who participated in the HealthMedia Relax® program, 59% reported a reduction in their stress symptoms
- Of the members surveyed who completed the HealthMedia Balance® weight management program, 56% lost weight after participating for six months

We offer more than 3,800 classes and programs to help members lead healthier lives. Members can get information about classes at kp.org or by calling their local medical facility. Online, members search by keyword, class location, program type, or subject. Some classes have fees for attending, most are offered at no cost to members.

Our disease management program, Kaiser Permanente Complete CareSM, is a comprehensive, multidisciplinary approach to identifying and treating members with chronic health conditions and is seamlessly integrated into the member-centered, "whole person" continuum of care we provide. KP Complete CareSM addresses a range of acute and chronic conditions and comorbidities and focuses on prevention, risk reduction, and promoting self-care.

Complete CareSM is an automatic and integral part of member services. We use individual member health information, not dollar triggers, to identify at-risk members for Complete CareSM. Information monitored includes hospital and outpatient visits, pharmacy records, and laboratory results. With this information, our physicians can implement targeted interventions sooner and work more efficiently to improve outcomes and reduce hospitalizations.

Key features of Disease Management Program include:

- A team-based approach which includes primary care physicians, specialists (including behavioral health clinicians), registered nurses, social workers, dietitians, respiratory therapists, pharmacists, and clinical health educators
- Dedicated point-of-contact case managers who oversee the care of

- members with multiple conditions
- Decision-support tools, patient education materials, and evidence-based clinical practice guidelines at the point of care assist physicians in managing the complex needs of members with comorbidities

Positive results from Complete CareSM programs include:

- Our asthma management program has shown to reduce members' acute asthma episodes, Emergency Department visits, and hospitalizations. A National Hospital Discharge Survey found the national rate for asthma-related hospital admissions was 12.5 per 10,000 admissions; our rate was less than half of that, 5.4 per 10,000
- The ALL Initiative, pioneered as a part of our coronary care programs, established the value of three groups of medications: Aspirin-Lisinopril-Lovastatin (ALL). Computer models show that the use of ALL over 10 years for just 10,000 members with coronary artery disease would result in 4,063 heart attacks avoided, and 893 preventable deaths prevented, and a savings of about \$44 million

Our value as a provider of efficient and effective health care services has been repeatedly confirmed through independent surveys and studies. The 2012 Aon Hewitt Health Value InitiativeTM Benchmarking Study reported that for the fourth year in a row we consistently outperform other plans on a national level in clinical quality:

- 44 percent better than the average HMO
- 139 percent better than the all-plan average

The National Business Coalition on Health (NBCH), through its eValue8 survey, has ranked us first or second in quality in prevention and health promotion; pharmacy management; behavioral health; and consumer engagement and support.

We also offer online tools that save time and boost productivity. Our time-saving online tools include:

- Request prescription refills, access the drug encyclopedia, and view personal prescription history
- Request and cancel routine appointments and view future appointments online
- E-mail your doctor's office - members can contact their doctor while

at work, reducing unnecessary doctor's office visits and missing half a day of work

- Check lab results
- View past office visit information and recent immunization history
- Online access to information on health conditions through the health encyclopedia, helping members to manage their health care from their desktop
- Health and drug reminders

Reducing waste

The Rand Corporation and the Dartmouth School of Medicine estimate that 30 percent of current U.S. health care expenditures, or \$750 billion a year, is spent inefficiently on care that is not supported by clinical evidence. Reducing waste by 15 percent would result in a \$100 billion savings per year, or more than \$1 trillion over the next 10 years.

Since we launched KP HealthConnect across every service area, we've seen the following reductions:

- Lab utilization decrease of up to 7% in Colorado and Northwest
- Lab utilization decrease of 12% in Hawaii
- Overall decrease of up to 14% in radiology tests
- Decrease of 7% in radiology tests in Hawaii
- Dictation decreased by 36% (Hawaii) to 50% (Ohio)
- Reductions in paper medical record costs by as much as 64%
- Our physicians are 12% less likely to repeats tests or procedures than physicians at other large practices

According to the Institute of Medicine, it typically takes 5 to 17 years before a new best-care practice becomes the standard for even 50 percent of physicians in a given area of care. With KP HealthConnect we typically implement new best practices within a year. We currently operate the largest civilian EHR in the country. For pioneering the EHR, we were named on the Fast Company 2010 list of World's Most Innovative Companies.

In 2012, the national consulting firm Aon Hewitt conducted their annual Hewitt Health Value Initiative survey from their database of 2,000 health plans, 350 employers, and more than 6 million employees. Results confirmed that we are more cost-efficient and deliver significantly higher quality health care than our competitors. According to Hewitt, we are:

- 11 percent more cost-effective than the average HMO
- 19 percent more cost-effective than the average PPO/POS plans
- 16 percent more cost-effective than the all-plan average

In fact, we've been ranked more cost-efficient than competitor plans for 5 years running.

Our EHR, member engagement and preventive care efforts have all shown overwhelmingly positive results of a high level of positive medical outcomes and cost-effectiveness. As a plus for employers, keeping members healthier helps them to miss less time due to illness, and be more productive while they are on the job.



Member Transition from Brand Name to Generic Medications

Question:

How does your drug formulary transition from offering brand name medications to the generic form when they are made available?

Answer:

To ensure members access to a drug formulary that is clinically effective and cost-efficient, we have a systematic brand-to-generic conversion program that evaluates generic versions of name brand drugs when they become available. Our attention to prescribing generics means members pay an average of 80 percent less for medicines than if we prescribed only brand name drugs. We prescribe less-expensive generics 85 percent of the time (and 98 percent when they're available and appropriate), compared to an industry average of 80 percent.

Selecting generic substitutes

Unlike many health care plans with formularies not maintained at the clinical level and often with direct influenced by the drug companies, our physicians and pharmacists work together to implement brand-to-generic conversions. With input from our pharmacists, Pharmacy Committees at each of our medical facilities, and individual physicians, our Regional Pharmacy and Therapeutics Committees decide on all inclusions and changes to the formulary. Clinical efficacy, cost, safety, and inactive ingredients are considered for inclusion. Member acceptance of, and compliance with, the use of medications is also considered, so medications are also evaluated for their product labeling, ease of handling and use, and even product flavor and texture.

Physician education and E-prescribing electronic alerts

To ensure physicians are kept current with all changes to our formulary, including brand name to generic conversions. Physicians receive e-mails detailing formulary updates and drug education coordinators at each of our medical facilities conduct regular seminars to keep them informed. Physicians also get automatic electronic alerts from our point of care e-prescribing system to remind them of formulary changes that may affect the member's treatments.

Member education

Members taking brand name medications that are being transitioned to generic receive notifications by mail and at point-of-purchase describing the change

and gives information on the safety and efficacy of generics. Members are always encouraged to talk with their physician and pharmacist about any of the medications they are using. Members who refill their prescriptions by mail are provided with a toll-free number to call if they have questions or concerns about converting to generics.



Ensuring Emails to Members Are Not Identified as SPAM

Question:

What is done to make sure that emails sent to members aren't labeled as SPAM or are in some other way not delivered to a member?

Answer:

There are several procedures we use to ensure email messages from us are delivered to members in a timely and appropriate fashion. There are typically two types of emails sent to members. Emails with widely-broadcast information (seasonal flu shot reminders, etc.), often referred to as "ticklers," are carefully monitored for deliverability meaning the content has been written to avoid words or phrases that could cause it to be misidentified by email filter software as SPAM, unsolicited and unwanted email. The underlying code in these emails that allows them to display images to the recipient is also monitored so that it doesn't appear to SPAM filters as containing malicious code such as computer viruses or spyware.

Another type are emails sent from Kaiser Permanente HealthConnect®, our industry- leading electronic health record system. These messages are sent to members who have signed up to use KP Health Connect® and have agreed to accept messages. They are sent in plain code and contain links allowing members to use their username and password to log into their secure and private Health Connect® mailbox.

We make every effort to meet a member's email needs allowing them to opt-out of receiving "tickler" announcements and to notify us or their own Internet service provider (ISP) of problems with email delivery.

