



Case Study

Co-pays reduced; possession/persistence rates up

Cleveland Clinic Health Systems Employee Health Plan uses value-based design to support persistence in chronic care management. “We’re a health system; it implies that there is a culture of health here. Our plan design reflects our desire to keep our employees healthy.”

Patricia Zirm is the Senior Director of Cleveland Clinic Health Systems Employee Health Plans (CCHSEHP), a system covering 12 hospitals within a self-funded and self-administered plan design. She oversees coverage and design for 28,000 employees and their dependents, and she wants what Cleveland Clinic wants for their patients: healthy outcomes and quality of life.

CCHEHP began data collection in 2002, overlaying it with drug information in 2004. They have a robust selection of

disease and care management programs, but, armed with the data, they learned that possession rates and persistence were not on track for appropriate management. While copays and reimbursement structures should have encouraged better possession, rates did not match desired outcomes. “That’s when we changed the concepts, and our early data (trend lines of about 6 months since inception) show that possession rates are increasing for people on statin medications (for high cholesterol). We expect the similar results across our other condition management programs.”

The plan:

1. Create an incentive for treatment compliance with statin medications: \$6.00- \$8.00 copay for 90 days.
2. Allow prescriptions to be written for pill-splitting, effectively creating a 180 day supply for the cost of the 90-day supply.
3. Include all office visits and supplies at low end of copay (often no cost at all).
4. Track progress/impact over time.

Quick glance: CCHSEHP is a model for health management

Cleveland Clinic is a leader in health care. Therefore, it makes sense that condition management programs would support improved employee health through the Cleveland Clinic Health Systems Employee Health Plan.

1. **Programs for high cost drivers.** CCF provides condition and disease management programs for Diabetes, Coronary Heart Failure) CHF, Hypertension, Coronary Artery Disease (CAD), Asthma, Migraine, Pain Management, and High Risk Pregnancy. Newest programs are for colitis and Depression [no data are available for the new

programs].

2. **Incentive: Medications are reduced to \$6.00- 8.00 copay from CCF pharmacies;** in addition, pill-splitting prescriptions are encouraged, reducing costs even further.
3. **Behavior change is valued:** Reimbursement of all disease management costs is achieved when milestones are met (such as reduction in HbA1c or LDL cholesterol).
4. **Education and accountability are rewarded:**Evidence-based

CEO and President Toby Cosgrove, MD, aligns values across the system, investing in a culture of health for employees and patients.

Jun 2006

Value-based health encourages persistence and compliance.

Shifting condition management Rx to single copay of 6.00-8.00/90 day supply is showing early results. The first model was for statin drugs.

- All statins are moved to 6.00-8.00/copay for 90 days through system pharmacies.
- Prescriptive-based pill splitting enables 180-day supply for same price.
- Data is trending to a substantial increase in possession of medication, a placeholder measure for persistence with treatment.
- Early results are trending the same for Diabetes mgt and Asthma mgt.

Who is Cleveland Clinic Health Systems ?

28,000 Employees
61,000 Covered Lives

Health Systems, which includes 12 hospitals, is a member organization of Cleveland Health Network (CHN). There are 9 more hospitals in the Cleveland Health Network (CHN).

Named one of America's top hospitals by US News and World Report, 2005

Self-insured and self-administered plan

For more information , email us at cyndyn@rivercityhealth.com or gjudd@biginsights.com