

Digital Disease Management Solution Improves Outcomes & Increases Revenues

Patients with multiple chronic conditions (MCC) account for 64% of all clinical visits and utilize 86% of all healthcare resources.¹ And for good reason – patients with MCC are considered high risk for having major health events that could lead to death. Despite their heightened risk, however, MCC patients only spend a few hours a year on average in a doctor's office.² This gap in care between visits leads to treatment plans not being followed and a weak support structure for building healthy habits. Indeed, one third of all prescriptions are never filled and over half are associated with incorrect administration.³ One Kaiser study distilled the most common factors leading to noncompliance: forgetfulness, lack of knowledge about medication and usage, denial or ambivalence.⁴ Salusive set out to help physicians provide care between visits to improve patient outcomes and increase revenues.

Healthier Patients

In 2017, Salusive Health was awarded an Innovation Grant by a large Bay-Area Health System, which enabled a proof of concept pilot. Results were promising and indicated that patients using the Salusive Health program were more likely to achieve desirable Blood Pressure (BP) ranges by at least 33% when compared to control groups (CG) as well as become 62% more engaged in their treatment. The aim of the pilot was to evaluate the performance of the Salusive Health program to address patients with uncontrolled hypertension (>140/90) over 60-days.

Working in collaboration with a Family Practice Physician in Roseville, CA, patients using the Salusive Health platform were compared against a CG1 who were given the practice's routine treatment plan. The plan included 30-day and 60-day reporting follow-ups. CG2 was instructed to maintain a daily journal of their BP, which was subsequently reviewed at 30-day and 60-day appointments. Despite best efforts to reduce friction in collecting 30-day and 60-day BP measurements by offering convenient collection options in the clinic and at home, CG1 and CG2 had a low response rate of 33% and 44%, respectively. Of the patients who responded in both CGs, 50% demonstrated the ability to control their BP to the desired range and half were unsuccessful. Low response rates reaffirm chief problems healthcare professionals have long battled – once a patient leaves the clinic, monitoring is challenging, and most patients become non-compliant.

Healthy habit formation was shown to be highly correlated with patients using Salusive, who took measurements an average of 1.4X daily with a 100% response rate. In contrast to the low response rates of CG1 and CG2, Salusive's ability to increase engagement was substantial. Because of this, patients were shown to be at least 33% more likely to manage their uncontrolled hypertension. Even more, the Salusive program indicated 36% of patients failed to respond positively to their originally prescribed medication regimen. Based on the feedback loop created by our platform, as shown in Fig 1., care providers were able to identify the issue and make adjustments to treatment plans in real-time.



Fig 1. – A feedback loop gives patients the support they need to build healthy habits so clinicians have the data they need to remotely diagnose.

Return on Investment

Clinics looking to deploy the Salusive program can leverage new Medicare programs that completely cover the costs in addition to incremental revenue stream. These Medicare programs include CPT code 99490 which focus on chronic condition management. A physician can make an additional \$88,000 annually based on a patient panel size of 368 patients. In addition, there are no upfront costs to deploy the Salusive program with optional EMR integration. As a result, clinics can realize the clinical and financial benefits of using Salusive the first month of billing.

Time Saved

By referring routine care of chronic conditions to Salusive, clinics can focus on the patients with the most need in the clinic. This can also free up clinic capacity to add additional patient load. Based on the patient panel used above, Salusive could save a physician up to 306 hours per month of routine follow-up using the Medicare programs described here.

1. Multiple Chronic Conditions Chartbook. A 2010 Medical Expenditure Panel Survey Data. AHRQ. April 2014 Pub No 14-0038. Pg 7.
2. "Automated Hovering in healthcare—watching over the 5000 hours." Asch DA, Muller RW, Volpp KG. N Engl J Med. 2012 Jul 5; 367(1) 1-3
3. "Patient Nonadherence: Tools for combating Persistence and Compliance Issues." Frost and Sullivan Whitepaper. Pg 3.
4. The B-SMART appropriate medication-use process: a guide for clinicians to help patients -- part 1: barriers, solutions, and motivation. E Oyekan et al. Permanente J. 2009;13:62-69.