ACTIVEHEALTH MANAGEMENT®

Leveraging Information Technology for Evidence-Based Design

December 15, 2005

Introduction

- ActiveHealth Management Technology
- Evidence Based Formulary Program
- Lessons Learned

ActiveHealth Management

- It's About the Medicine
  - Getting care right is critical to saving money
- A Focus on Innovative Solutions Marrying:

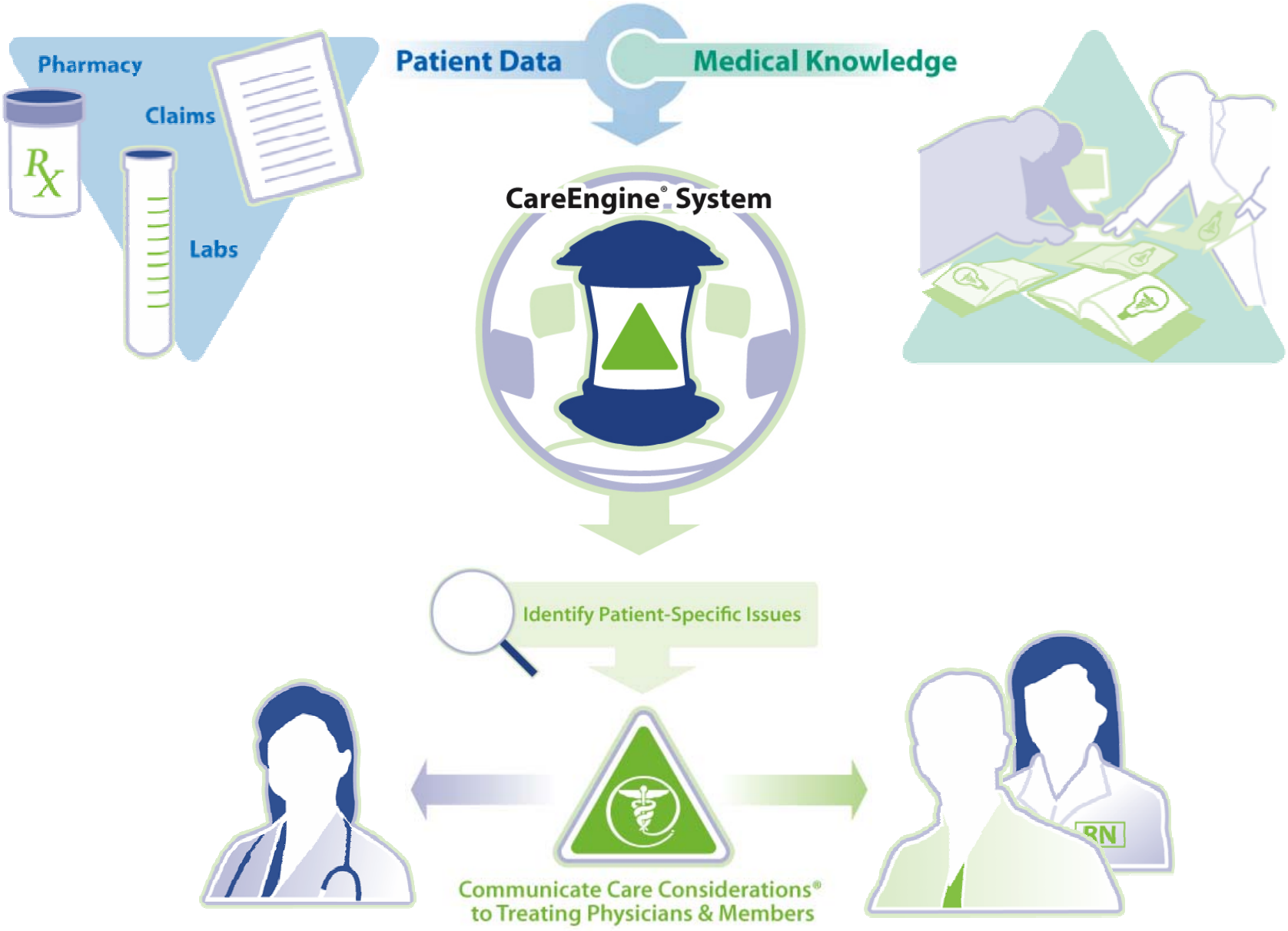
Evidence-Based Medical Information + **Technology** + **Patient Data**

- A Health Management Company
  - Our technology enables a broad range of solutions that look at 100% of a population, 100% of the time
  - Our data analytics enables us to look at aggregate clinical and financial issues across a population
- Demonstrated ROI
  - We have proven medical cost savings with our clients

Requirements for Value Based Plan Design

- Individualized, comprehensive electronic health record (drug data alone are insufficient)
- Digitized database reflecting evidence based and safety standards
- Analytic capability to:
  a. Identify absence of necessary drugs –enhanced plan design without prescription by MD won't help
  b. Identify presence of contraindicated drug despite presence of relevant condition.
- Risk stratify to define degree of physiologic benefit conferred to individual through use of drug
- Outcomes

It all starts with the CareEngine



ActiveHealth Management [CRS] - Microsoft Internet Explorer provided by ActiveHealth Management

ACTIVEHEALTH MANAGEMENT.

MAIN HISTORY HELP LOGOUT

Information Is The Best Medicine®

Patient ID 112 -298

- Diagnosis [119]
- Procedures [231]
- Lab Results [214]
- Drug Report [169]

PHARMACY

NDC	NAME	SIZE	DOSE	UNITS	OCCURS	STARTING	ENDING	DAYS SUPPLY	VIEW DETAILS
00169008481	Prandin Tablets	100	2	MG	1	02/07/03	02/07/03	90	☑
00087606313	Glucophage XR	100	500	MG	1	01/30/03	01/30/03	90	☑
00093104801	Metformin HCL	100	500	MG	1	12/03/02	12/03/02	90	☑
00378349501	Nfedpine ER	100	90	MG	1	12/03/02	12/03/02	90	☑
00045152550	Levaquin Tablets	50	500	MG	1	11/07/02	11/07/02	10	☑
00085119701	Nasonex	;	;	;	1	11/07/02	11/07/02	60	☑
00472162716	Promethazne with Codeine Syrup Cough	16 FLO	10;6.5	MG/ 5ML;M	2	12/05/00	11/07/02	12	☑
00085126401	Clarinex	100	5	MG	1	11/07/02	11/07/02	90	☑
00093104801	Metformin HCL	100	500	MG	7	04/03/02	09/22/02	30	☑
00376349501	Nfedpine ER	100	90	MG	25	08/01/00	09/22/02	30	☑
00169008481	Prandin Tablets	100	2	MG	11	10/25/99	08/30/02	30	☑
00087606005	Glucophage Tablets	100	500	MG	18	08/01/00	12/31/01	30	☑
00085119701	Nasonex	;	;	;	1	12/05/00	12/05/00	25	☑
00169008481	Prandin Tablets	100	2	MG	8	12/27/99	09/01/00	20	☑
00069267066	Procardia XL Tablets	100	90	MG	30	12/08/97	07/05/00	30	☑
00228226950	Metoclopramide Hydrochloride Tablets	500	10	MG	1	07/05/00	07/05/00	1	☑
00091440305	Colyte Powder For Solution Oral Flavored	4 L	Combo	;	1	07/05/00	07/05/00	1	☑
00087606005	Glucophage Tablets	100	500	MG	2	02/03/00	06/02/00	60	☑
00037606005	Glucophage Tablets	100	500	MG	1	04/04/00	04/04/00	0	☑
00026288569	Baycol	30	0.4	MG	3	10/27/99	03/01/00	30	☑
59772516305	Captopril Hydrochlorothazide	,	,	,	12	04/06/99	11/22/99	30	☑
00026288451	Baycol Tablets	100	0.3	MG	3	05/01/99	09/18/99	30	☑
00071053223	Accupril Tablets	90	20	MG	2	06/04/99	09/18/99	30	☑
00879052550	Doxycycline Hyclate Capsules	50	;	;	1	09/08/99	09/08/99	0	☑
00093117310	Pencillin V Potassium Tablets USP	1000	500	MG	1	06/09/99	06/09/99	4	☑
00049156066	Glucotrol XL	;	;	;	2	11/17/98	06/04/99	30	☑
60951073170	Captopril/Hydrochlorothazide	;	;	;	2	04/24/99	05/04/99	30	☑
00003039050	Capozide 50/25 Tablets	100	50,25	MG,MG	2	10/01/98	03/01/99	50	☑
55953034480	Glyburide	;	;	;	4	06/02/98	03/01/99	25	☑
00003039050	Capozide 50/25 Tablets	100	50,25	MG,MG	1	01/04/99	01/04/99	25	☑
00003517805	Pravachol Tablets	90	20	MG	2	05/02/98	11/30/98	30	☑
55953034480	Glyburide	;	;	;	4	09/01/98	11/30/98	30	☑
00536472901	Tri Tannate Tablets	100	;	;	1	11/14/98	11/14/98	30	☑
52152007702	Vitaplex Plus	;	;	;	1	11/14/98	11/14/98	90	☑

ActiveHealth Management [CRS] - Microsoft Internet Explorer provided by ActiveHealth Management

ACTIVEHEALTH MANAGEMENT

MAIN HISTORY HELP LOGOUT

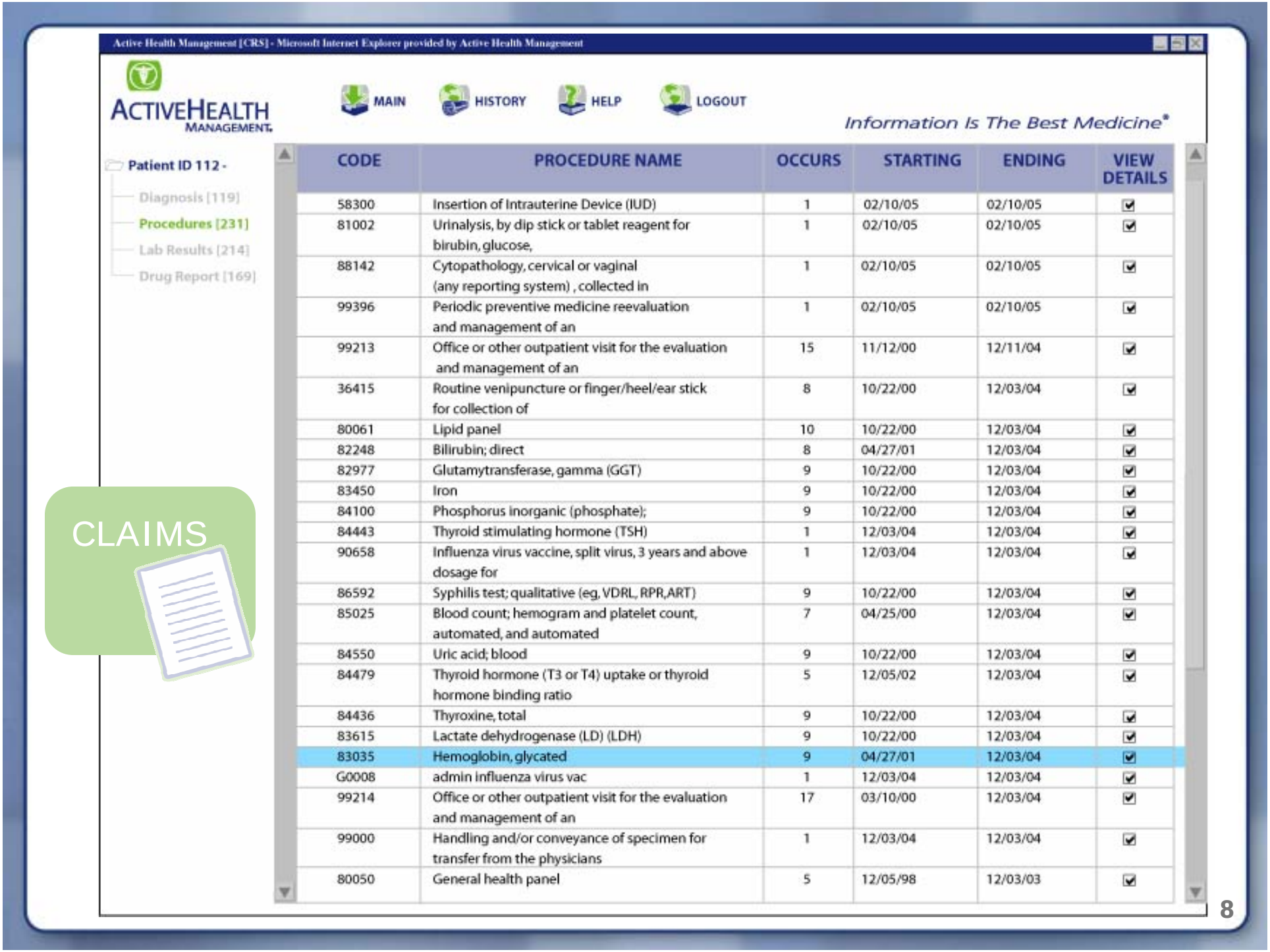
Information Is The Best Medicine®

Patient ID 112 -

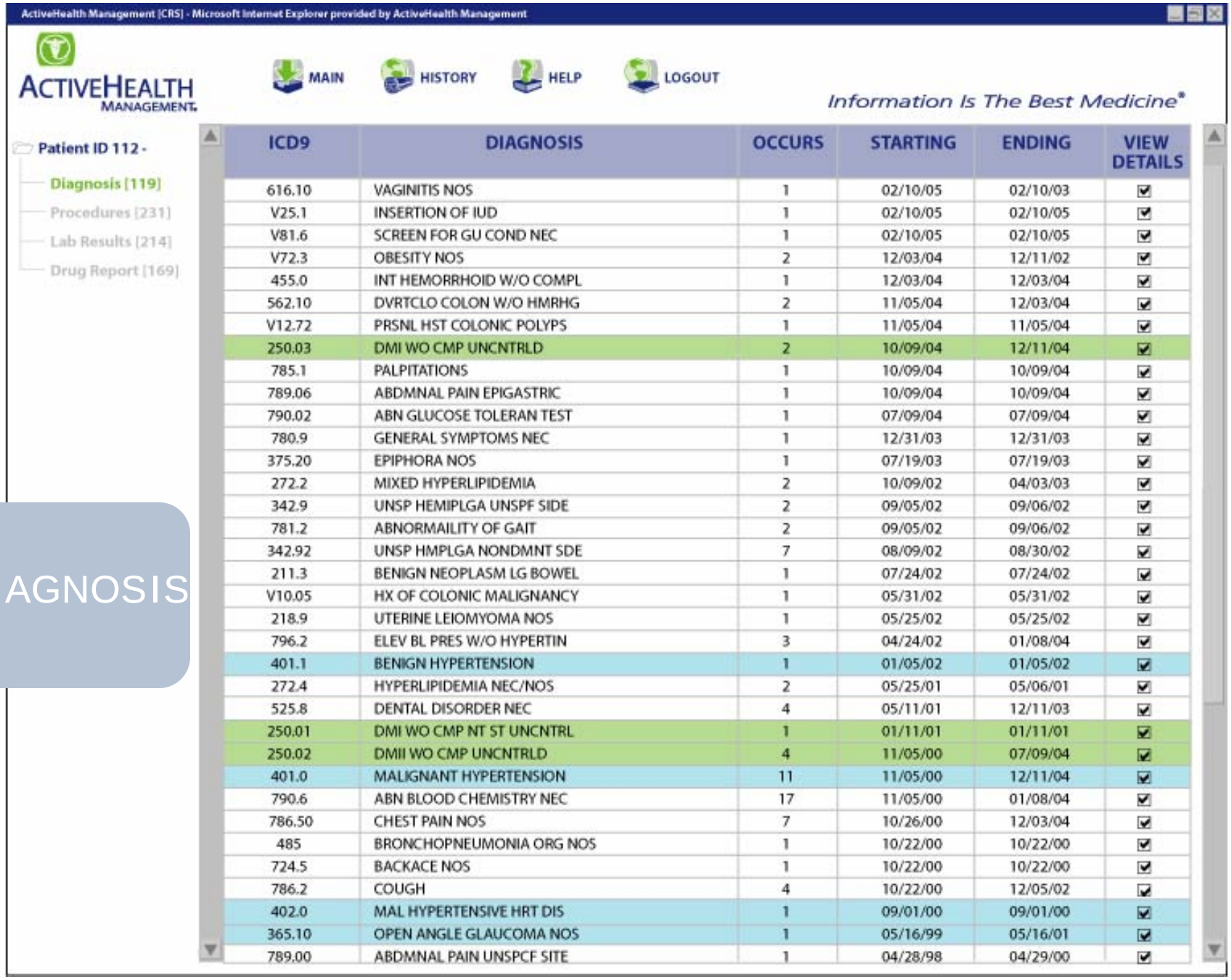
- Diagnosis [119]
- Procedures [231]
- Lab Results [214]
- Drug Report [169]

LAB

SERVICE DATE	LOINC	LAB	RESULT	LOW	HIGH	VIEW DETAILS
02/16/04	00000-0	FASTING STATUS	0	0.0	0.0	☑
02/16/04	00000-0	30677770	0	0.0	0.0	☑
02/16/04	1742-6	ALT	20	2.0	40.0	☑
02/16/04	1751-7	ALBUMIN	4.1	3.2	4.6	☑
02/16/04	1759-0	A/G RATIO	1.3	0.8	2.0	☑
02/16/04	1920-8	AST	15	2.0	35.0	☑
02/16/04	1975-2	BILIRUBIN, TOTAL	.31	.2	1.3	☑
02/16/04	2000-8	CALCIUM	9.5	8.5	10.4	☑
02/16/04	2028-9	CARBON DIOXIDE	24	21.0	33	☑
02/16/04	2075-0	CHLORIDE	106	98.0	110.0	☑
02/16/04	2086-7	HDL CHOLESTEROL	69	0.0	0.0	☑
02/16/04	2093-3	CHOLESTEROL, TOTAL	212	0.0	0.0	☑
02/16/04	2160-0	CREATININE	1.7	0.5	1.2	☑
02/16/04	2336-6	GLOBULIN, CALCULATED	3.2	2.2	4.2	☑
02/16/04	2823-3	POTASSIUM	4.2	3.5	5.3	☑
02/16/04	2885-2	PROTEIN, TOTAL	7.3	6.0	8.3	☑
02/16/04	2951-2	SODIUM	145	135.0	146.0	☑
02/16/04	3049-4	TRIGLYCERIDES	72	0.0	0.0	☑
02/16/05	3094-0	UREA NITROGEN	26	7.0	25.0	☑
02/16/05	3097-3	BUN/CREATININE RATIO	15.3	6.0	25.0	☑
02/16/05	6768-6	ALKALINE PHOSPHATASE	96	20.0	125.0	☑
02/16/05	6777-7	GLUCOSE	129	0.0	0.0	☑
02/16/05	9346-8	LDL CHOLESTEROL, CAL	129	0.0	0.0	☑
02/16/05	9830-1	CHOLESTEROL/HDL RATIO	3.1	3.2	5.6	☑
02/16/05	00000-0	SOURCE	0	0.0	0.0	☑
02/11/05	00000-0	PATHOLOGIST	0	0.0	0.0	☑
02/11/05	00000-0	ADEQUACY, FINAL	0	0.0	0.0	☑
02/11/05	00000-0	ADEQUACY, INITIAL	0	0.0	0.0	☑
02/11/05	00000-0	ADEQUACY, REVIEW	0	0.0	0.0	☑
02/11/05	00000-0	CATEGORIZATION, FINA	0	0.0	0.0	☑
02/11/05	00000-0	CATEGORIZATION, INIT	0	0.0	0.0	☑
02/11/05	00000-0	CATEGORIZATION, REVI	0	0.0	0.0	☑
02/11/05	00000-0	CLINICAL INFO	0	0.0	0.0	☑
02/11/05	00000-0	COMMENT	0	0.0	0.0	☑
02/11/05	00000-0	COMMENT, INTERNAL	0	0.0	0.0	☑

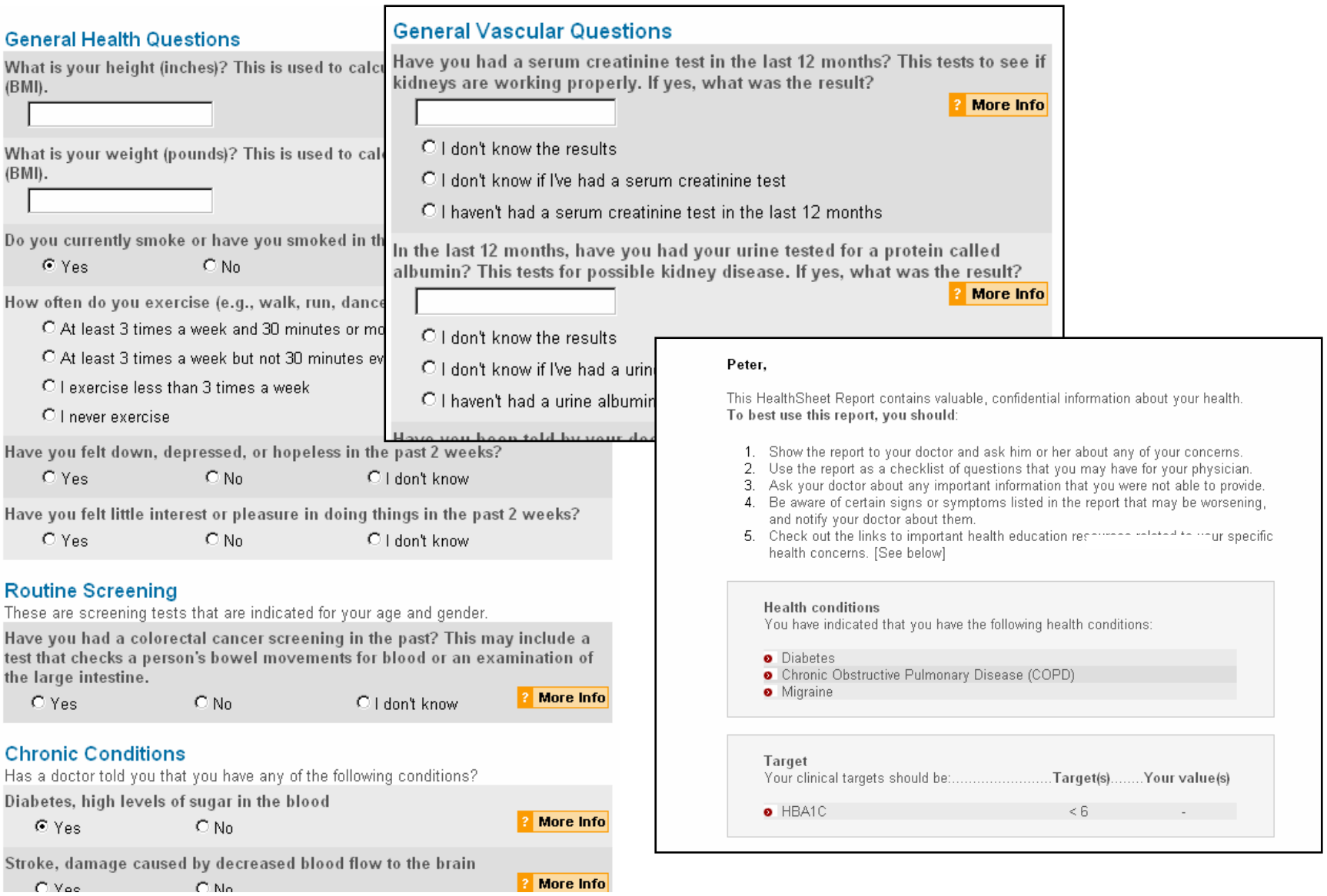


CODE	PROCEDURE NAME	OCCURS	STARTING	ENDING	VIEW DETAILS
58300	Insertion of Intrauterine Device (IUD)	1	02/10/05	02/10/05	☑
81002	Urinalysis, by dip stick or tablet reagent for birubin, glucose,	1	02/10/05	02/10/05	☑
88142	Cytopathology, cervical or vaginal (any reporting system) , collected in	1	02/10/05	02/10/05	☑
99396	Periodic preventive medicine reevaluation and management of an	1	02/10/05	02/10/05	☑
99213	Office or other outpatient visit for the evaluation and management of an	15	11/12/00	12/11/04	☑
36415	Routine venipuncture or finger/heel/ear stick for collection of	8	10/22/00	12/03/04	☑
80061	Lipid panel	10	10/22/00	12/03/04	☑
82248	Bilirubin; direct	8	04/27/01	12/03/04	☑
82977	Glutamytransferase, gamma (GGT)	9	10/22/00	12/03/04	☑
83450	Iron	9	10/22/00	12/03/04	☑
84100	Phosphorus inorganic (phosphate);	9	10/22/00	12/03/04	☑
84443	Thyroid stimulating hormone (TSH)	1	12/03/04	12/03/04	☑
90658	Influenza virus vaccine, split virus, 3 years and above dosage for	1	12/03/04	12/03/04	☑
86592	Syphilis test; qualitative (eg, VDRL, RPR,ART)	9	10/22/00	12/03/04	☑
85025	Blood count; hemogram and platelet count, automated, and automated	7	04/25/00	12/03/04	☑
84550	Uric acid; blood	9	10/22/00	12/03/04	☑
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio	5	12/05/02	12/03/04	☑
84436	Thyroxine, total	9	10/22/00	12/03/04	☑
83615	Lactate dehydrogenase (LD) (LDH)	9	10/22/00	12/03/04	☑
83035	Hemoglobin, glycated	9	04/27/01	12/03/04	☑
G0008	admin influenza virus vac	1	12/03/04	12/03/04	☑
99214	Office or other outpatient visit for the evaluation and management of an	17	03/10/00	12/03/04	☑
99000	Handling and/or conveyance of specimen for transfer from the physicians	1	12/03/04	12/03/04	☑
80050	General health panel	5	12/05/98	12/03/03	☑



ICD9	DIAGNOSIS	OCCURS	STARTING	ENDING	VIEW DETAILS
616.10	VAGINITIS NOS	1	02/10/05	02/10/03	☑
V25.1	INSERTION OF IUD	1	02/10/05	02/10/05	☑
V81.6	SCREEN FOR GU COND NEC	1	02/10/05	02/10/05	☑
V72.3	OBESITY NOS	2	12/03/04	12/11/02	☑
455.0	INT HEMORRHOID W/O COMPL	1	12/03/04	12/03/04	☑
562.10	DVRTCLO COLON W/O HMRHG	2	11/05/04	12/03/04	☑
V12.72	PRSNL HST COLONIC POLYPS	1	11/05/04	11/05/04	☑
250.03	DMI WO CMP UNCNTRLD	2	10/09/04	12/11/04	☑
785.1	PALPITATIONS	1	10/09/04	10/09/04	☑
789.06	ABDMNAL PAIN EPIGASTRIC	1	10/09/04	10/09/04	☑
790.02	ABN GLUCOSE TOLERAN TEST	1	07/09/04	07/09/04	☑
780.9	GENERAL SYMPTOMS NEC	1	12/31/03	12/31/03	☑
375.20	EPIPHORA NOS	1	07/19/03	07/19/03	☑
272.2	MIXED HYPERLIPIDEMIA	2	10/09/02	04/03/03	☑
342.9	UNSP HEMIPLGA UNSPF SIDE	2	09/05/02	09/06/02	☑
781.2	ABNORMAILITY OF GAIT	2	09/05/02	09/06/02	☑
342.92	UNSP HMPLGA NONDMNT SDE	7	08/09/02	08/30/02	☑
211.3	BENIGN NEOPLASM LG BOWEL	1	07/24/02	07/24/02	☑
V10.05	HX OF COLONIC MALIGNANCY	1	05/31/02	05/31/02	☑
218.9	UTERINE LEIOMYOMA NOS	1	05/25/02	05/25/02	☑
796.2	ELEV BL PRES W/O HYPERTIN	3	04/24/02	01/08/04	☑
401.1	BENIGN HYPERTENSION	1	01/05/02	01/05/02	☑
272.4	HYPERLIPIDEMIA NEC/NOS	2	05/25/01	05/06/01	☑
525.8	DENTAL DISORDER NEC	4	05/11/01	12/11/03	☑
250.01	DMI WO CMP NT ST UNCNTRL	1	01/11/01	01/11/01	☑
250.02	DMII WO CMP UNCNTRLD	4	11/05/00	07/09/04	☑
401.0	MALIGNANT HYPERTENSION	11	11/05/00	12/11/04	☑
790.6	ABN BLOOD CHEMISTRY NEC	17	11/05/00	01/08/04	☑
786.50	CHEST PAIN NOS	7	10/26/00	12/03/04	☑
485	BRONCHOPNEUMONIA ORG NOS	1	10/22/00	10/22/00	☑
724.5	BACKACE NOS	1	10/22/00	10/22/00	☑
786.2	COUGH	4	10/22/00	12/05/02	☑
402.0	MAL HYPERTENSIVE HRT DIS	1	09/01/00	09/01/00	☑
365.10	OPEN ANGLE GLAUCOMA NOS	1	05/16/99	05/16/01	☑
789.00	ABDMNAL PAIN UNSPCF SITE	1	04/28/98	04/29/00	☑

Patient Derived Data - Health Risk Assessment



General Health Questions

What is your height (inches)? This is used to calcu
(BMI).

What is your weight (pounds)? This is used to cal
(BMI).

Do you currently smoke or have you smoked in th
- Yes
- No

How often do you exercise (e.g., walk, run, dance
- At least 3 times a week and 30 minutes or mo
- At least 3 times a week but not 30 minutes ev
- I exercise less than 3 times a week
- I never exercise

Have you felt down, depressed, or hopeless in the past 2 weeks?
- Yes
- No
- I don't know

Have you felt little interest or pleasure in doing things in the past 2 weeks?
- Yes
- No
- I don't know

Routine Screening

These are screening tests that are indicated for your age and gender.

Have you had a colorectal cancer screening in the past? This may include a test that checks a person's bowel movements for blood or an examination of the large intestine.
- Yes
- No
- I don't know

? More Info

Chronic Conditions

Has a doctor told you that you have any of the following conditions?

Diabetes, high levels of sugar in the blood
- Yes
- No

? More Info

Stroke, damage caused by decreased blood flow to the brain
- Yes
- No

? More Info

General Vascular Questions

Have you had a serum creatinine test in the last 12 months? This tests to see if kidneys are working properly. If yes, what was the result?

? More Info

- I don't know the results
- I don't know if I've had a serum creatinine test
- I haven't had a serum creatinine test in the last 12 months

In the last 12 months, have you had your urine tested for a protein called albumin? This tests for possible kidney disease. If yes, what was the result?

? More Info

- I don't know the results
- I don't know if I've had a urin
- I haven't had a urine albumin

Peter,

This HealthSheet Report contains valuable, confidential information about your health.
To best use this report, you should:

1. Show the report to your doctor and ask him or her about any of your concerns.
2. Use the report as a checklist of questions that you may have for your physician.
3. Ask your doctor about any important information that you were not able to provide.
4. Be aware of certain signs or symptoms listed in the report that may be worsening, and notify your doctor about them.
5. Check out the links to important health education re... ur specific health concerns. [See below]

Health conditions
You have indicated that you have the following health conditions:

- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Migraine

Target
Your clinical targets should be:.....**Target(s)**.....**Your value(s)**

HBA1C	< 6	-

Evidence-Based Medical Knowledge

The NEW ENGLAND JOURNAL of MEDICINE

ACP JOURNAL CLUB

CLEVELAND CLINIC JOURNAL OF MEDICINE

JAMA®

Circulation

MMWR™
Morbidity and Mortality Weekly Report

ARCHIVES OF INTERNAL MEDICINE

cochrane

Mosby's Drug Consult™

Annals of Internal Medicine

BMJ Journals

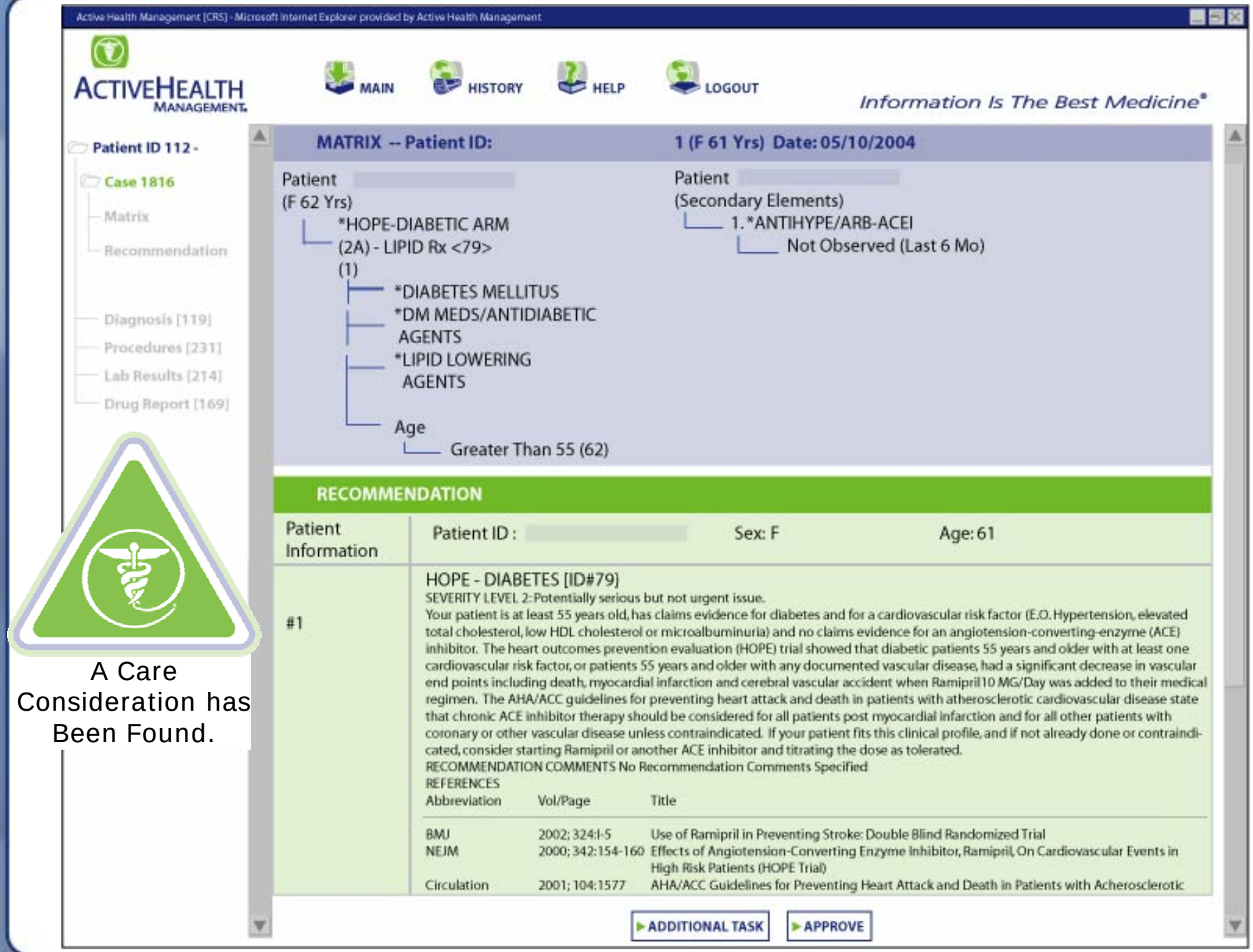
The Medical Letter®
A Nonprofit Organization

AHA / ACC Guidelines for Preventing Heart Attack and Death in Patients With Atherosclerotic Cardiovascular Disease: 2001 Update

A Statement for Healthcare Professionals From the American Heart Association and the American College of Cardiology

Sidney C. Smith, Jr, MD; Steven N. Blair, PED; Robert O. Bonow, MD; Lawrence M. Brass, MD; Manuel D. Cerqueria, MD; Kathleen Dracup, RN, DNSc; Valentin Fuster, MD, PhD; Antonio Gotto; MD, Dphil; Scott M. Grundy, MD, PhD; Nancy Houston Miller, RN, BSN; Alice Jacobs, MD; Daniel Jones, MD; Ronald M. Krauss, MD; Lori Mosca, MD, PhD; Ira Ockene, MD; Richard C. Pasternak, MD; Thomas Pearson, MD, PhD; Marc A. Pfeffer, MD, PhD; Rodman D. Starke, MD: Kathryn A. Taubert, PhD

Diabetes Management: Goal HbA1c < 7%	Appropriate hypoglycemic therapy to achieve near-normal fasting plasma glucose, as indicated by $HbA1_c$ Treatment of other risks (eg, physical activity, weight management, blood pressure, and cholesterol management.)
Antiplatelet agents/ anticoagulants:	Start and continue indefinitely aspirin 75 to 325 md/d if not contraindicated. Consider clopidogrel 75 md/d or warfarin if aspirin contraindicated. Manage warfarin to international normalized ratio=2.0 to 3.0 in post-MI patients when clinically indicated or for those not able to take aspirin or clopidogrel.
ACE inhibitors:	Treat all patients indefinitely post MI; start early in stable high-risk patients (anterior MI, previous MI, Killip class II [S_3 gallop, rales, radiographic CHF]). Consider chronic therapy for all other patients with coronary or other vascular disease unless contraindicated.
ß-Blockers:	Start in all post-MI and acute ischemic syndrome patients. Continue indefinitely. Observe usual contraindications. Use as needed to manage angina, rhythm, or blood pressure in all other patients.



A Care Consideration has Been Found.

NICP

Northwest Indiana
Cardiovascular Physicians, P.C.

Keith Atassi, M.D
G. David Beiser, M.D.
John A. Forchetti, M.D.
Fred J. Harris, M.D.
Akram Kholoki, M.D.
Daniel P. Linert, M.D.
Hector J. Marchand, M.D.
M. Satya Rao, M.D.
Michael L. Wheat, M.D.

Nancy George, B.S., M.P.A.
Chief Executive Officer

February 14, 2002

I had the occasion to see today, February 11, 2002.

Present Problem
As you know, I summarized his cardiovascular experience in my last communication to you. Since last seen, he has had no significant angina. He has a little bit of trouble breathing when he lies down and he feels like his heart is somewhat irregular. This does not happen frequently or regularly so we have not identified whether he is having PVCs at that time. As you know, he has GERD, hypercholesterolemia, non insulin dependent diabetes mellitus, and hypertension.

Medications
Currently he is on Terazosin 5 mg QHS, Plavix 75 mg QD, aspirin 81 mg QD, atenolol 50 mg QD, Norvasc 10 mg QD, Prevacid 30 mg QD, Celebrex 200 mg QD, Lopid 600 mg BID, vitamin E, vitamin C, multivitamin, Timolol eye drops, Xalatan drops, and Glucophage 500 mg two QD.

Physical Examination

VS:	Currently he has a height of 70 inches and a weight of 221. He has a blood pressure of 150/60 and a heart rate of 44.
Lungs:	The lung fields were exceptionally clear.
Heart:	He has a regular sinus rhythm with no gallops.
Extremities:	There was no edema.

Impression/Recommendations
I have no laboratory studies, but I have a communication from ActiveHealth Management. They have advised me that I don't have him on ramipril based on the HOPE study and I elected now to discontinue his Norvasc and put him on ramipril 10 mg QD. I made no other change in medications, suggested he see us again in two months at which time I would appreciate a CBC, comprehensive metabolic panel and coronary risk profile. I told him if his episodes of his heart beating irregular increase in severity and/or frequency perhaps a Holter monitor might be of some use and I remain.

Sincerely,

, F.A.C.C., F.C.C.P., F.S.C.A.&I.

JAF/ckp
cc: Jeffrey Jacques, M.D. - ActiveHealth Management

2000 Roosevelt Road • Valparaiso, Indiana 46383 • 219/531-9419 • (800) 727-6337 • Fax 219/531-9655

"I have no laboratory studies, but I have a communication from ActiveHealth Management. They have advised me that I don't have him on ramipril based on the HOPE study and I have elected now to discontinue his Norvasc and put him on ramipril 10 mg QD"

Jan 23 04 04:44p p.1

Care Consideration: QUINIDINE INCREASES MORTALITY

Your patient has claims evidence for quinidine and for conditions that may potentiate the risk of an arrhythmia. Quinidine may be associated with idiosyncratic arrhythmias (including torsades de pointes), syncope, and sudden death which are unrelated to the plasma quinidine concentration. Although these complications can occur at any time during therapy and irrespective of underlying ventricular function, they occur most frequently in the following contexts: (1) shortly after initiation of treatment with quinidine, especially in patients with atrial fibrillation; (2) in patients with impaired LV function; (3) in patients with hypokalemia and/or hypomagnesemia; and (4) in elderly patients. If your patient fits this clinical profile, and if not already done, consider reassessment of the risk/benefits of continuing quinidine.

NEJM Drug Therapy: Quinidine 1990;318(7):35
PDR 2000

Initial Rx 10/13/02

- I prescribed Quinine for leg cramps. Please let me know how long the patients medication profile reflects that he has been receiving Quinidine !!!?!
- I informed the patient + the drugstor.
- Initial Rx reads Quinine! Thank God the patient is alive and well. Thanks!

IMPORTANT PROVIDER FEEDBACK NEEDED
Please call (866) 376-4454 to speak with a Clinician or FAX Completed Form to:

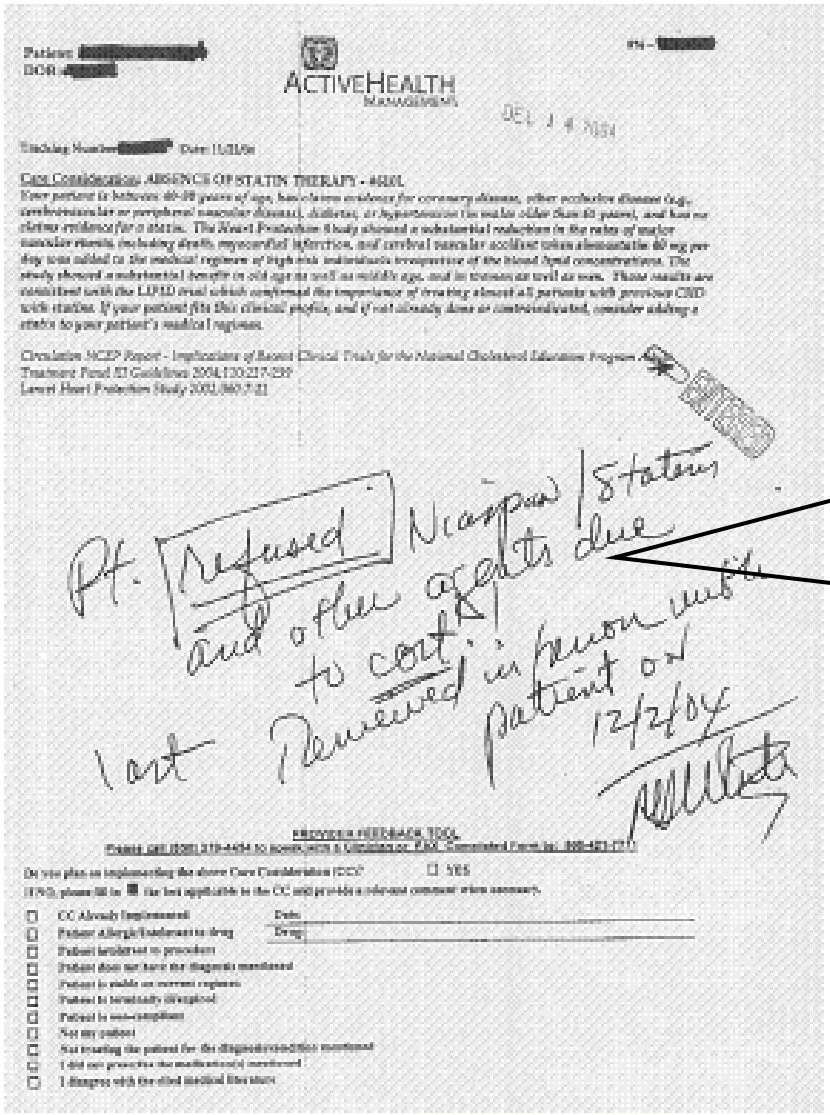
Do you plan on implementing the above Care Consideration (CC)?
- ☐ YES
- ☐ NO (If NO, please check the box (es) applicable or relevant to the CC and comment if needed)

1. ☐ CC Already Implemented: Date _____
2. CC Contraindicated:
   a. ☐ Patient Allergic/Intolerant to drug
   b. ☐ Patient intolerant to procedure
3. CC Not Applicable to this patient:
   a. ☐ Patient does not have the diagnosis mentioned
   b. ☐ Patient is stable on current regimen
   c. ☐ Patient is terminally ill/expired
4. ☐ Patient is non-compliant
5. ☐ Not my patient
6. ☐ Not treating the patient for the diagnosis/condition mentioned
7. X I did not prescribe the medication(s) mentioned
8. ☐ I disagree with the cited medical literature

The Opportunity for Evidence-Based Formulary

- The need for patient-specific, Evidence-Based Formulary is driven by:
  - Poor member compliance with chronic drug therapy is common
  - Poor compliance leads to increased adverse clinical events and increased cost
  - Several studies show that members are sensitive to co-pays, often resulting in even worse compliance

Example


Patient [redacted]
DOB [redacted]

ACTIVEHEALTH MANAGEMENT

DEC 14 2004

Tracking Number [redacted] Date: 11/23/04

Care Consideration: ABSENCE OF STATIN THERAPY - adult

Every patient is between 40-80 years of age, has evidence for coronary disease, other occlusive disease (e.g., cerebrovascular or peripheral vascular disease), diabetes, or hypertension (in males older than 40 years), and has no claims evidence for a statin. The Heart Protection Study showed a substantial reduction in the rates of major vascular events, including death, myocardial infarction, and cerebral vascular accident when simvastatin 40 mg per day was added to the medical regimen of high-risk individuals irrespective of the blood lipid concentrations. The study showed a substantial benefit in old age as well as middle age, and in women as well as men. These results are consistent with the LIPID trial which confirmed the importance of treating almost all patients with previous CHD with statins. If your patient fits this clinical profile, and if not already done or contraindicated, consider adding a statin to your patient's medical regimen.

Circulation NCEP Report - Implications of Recent Clinical Trials for the National Cholesterol Education Program Treatment Panel III Guidelines 2004;110:227-239
Lancet Heart Protection Study 2002;360:7-22

Pt. Refused Niaspan / Statins and other agents due to cost. Reviewed in person with patient on 12/2/04

PROVIDER FEEDBACK TOOL

Please call [redacted] to speak with a Clinician or Fax Completed Form to: [redacted]

Do you plan on implementing the above Care Consideration (CC)? ☐ YES

If NO, please fill in ■ the box applicable to the CC and provide a relevant comment when necessary.

- ☐ CC Already Implemented — Date: _____
- ☐ Patient allergic/intolerant to drug — Drug: _____
- ☐ Patient intolerant to procedure
- ☐ Patient does not have the diagnosis mentioned
- ☐ Patient is stable on current regimen
- ☐ Patient is terminally ill/expired
- ☐ Patient is non-compliant
- ☐ Not my patient
- ☐ Not treating the patient for the diagnosis/condition mentioned
- ☐ I did not prescribe the medication(s) mentioned
- ☐ I disagree with the cited medical literature

Patient refused statins and other agents due to cost!

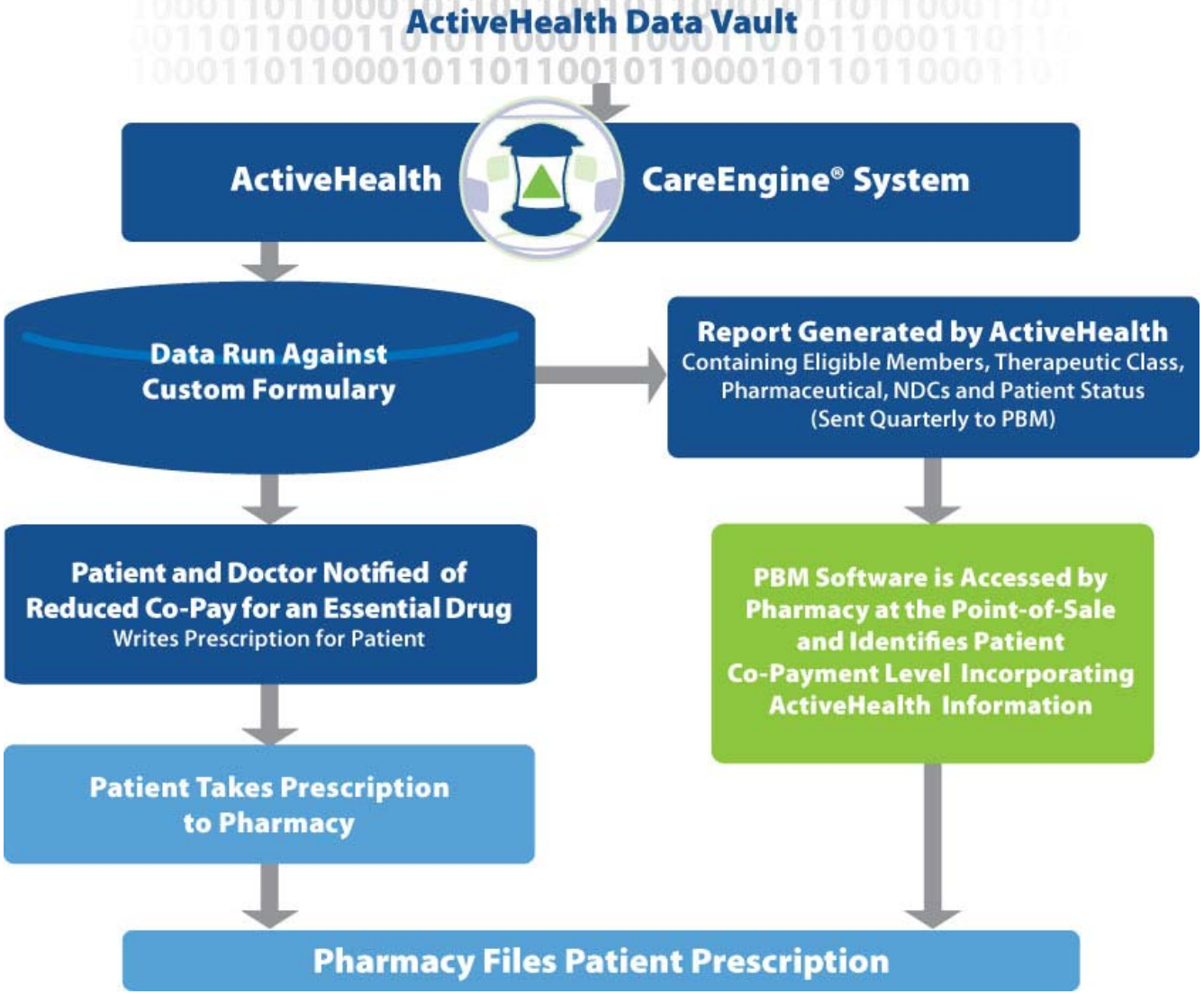
The Solution: A Custom Formulary Featuring Benefit-Based Co-pays

- Reduce co-pays selectively for patients with chronic conditions identified by ActiveHealth's CareEngine
  - Motivate patients requiring, but not receiving, essential drugs to begin taking them.
  - Motivate patients already taking essential drugs to remain compliant.
  - Identify contraindicated drugs

Evidence-Based Program Approach- Pilot

- Therapeutic drug classes for initial program
  - Statins
  - ACE Inhibitors
  - Diabetic therapeutic classes
  - Beta-blockers
  - Inhaled steroids
- Collaborate with client's PBM
- Identify members taking the drug(s) without contraindications and communicate program benefits/details to the patients
- Identify members not on the drug(s) who should be on the drug(s) based on documented presence of indication, and no contraindication
- Communicate to both provider and member

Custom Formulary Workflow



Overcoming Barriers

- Continuous identification and messaging to members and physicians on benefit design
- Incorporate incentives for compliance and adherence to medication regimen
  - HRA completion incentive
  - Disease Management enrollment and compliance incentive

Value-Based Plan Design

- Encourages the right medication for the right person
- Adjusts co-pays where appropriate – increasing patient compliance with prescribed medication
- Finds evidence-based opportunities through information gathered in the CareEngine® System
- Creates a win-win situation by improving the patient's health, and may reduce health plan costs
- Can be applied to other services - testing, procedures and therapies