

Controlling chronic disease corrals costs and improves outcomes



SEP 29, 2023

Andis Robeznieks

Senior News Writer

If one were to design a health care program that improves patient outcomes, saves money and has high satisfaction ratings from both patients and physicians, it would probably look a lot like Ochsner Health's Hypertension Digital Medicine service.

The digitally enabled chronic disease-management program was launched with 104 patients in 2015 and designed to address the high rates of uncontrolled hypertension in Ochsner's home state of Louisiana.

This remote-patient monitoring program was providing care to 13,000 individuals in 10 states when it was examined in a 2021 case study included in the AMA Return on Health (PDF) report on telehealth and virtual care.

Ochsner's program has grown to include around 20,000 patients and—while the case study put the overall savings that resulted from fewer hospitalizations and emergency visits at \$77 per member per month compared to usual care—the savings for Medicare beneficiaries is now around \$350 per member per month, said Richard V. Milani, MD. He is chief clinical transformation officer at Ochsner Health, which is a member of the AMA Health System Program that provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

The case study noted that primary care physicians experienced 29% fewer visits with their patients who were enrolled in the program.

"We're making it easier for them to do their jobs, and—by virtue of offloading a lot of work that involves chronic-disease care—we're opening up slots for new patients to be seen," Dr. Milani said.

There are other benefits as well.

"I know that our leaders in primary care at Ochsner actually use this as a recruiting tool when trying to hire new doctors," Dr. Milani noted.



“As you’d expect, if you have better control over a long enough period, you’ll see the benefits of treating hypertension, including stroke reduction, fewer heart attacks, et cetera,” he added. “From a 360-degree perspective, it’s hitting on all cylinders.”

Dr. Milani, who is also vice chair of Ochsner’s department of cardiology, spoke during an “AMA STEPS Forward[®] Podcast” episode in which he looked back at the case study results, noted other areas his system is using digital health tools, and shared his vision for future uses of the technology. Listen on Apple Podcasts or Spotify.

Patients achieve BP control

Ochsner Health is a nonprofit, academic, multi-specialty, integrated delivery system based in New Orleans, with more than 1,800 employed physicians who serve some 700,000 patients annually at the system’s more than 90 clinics and 20 hospitals.

Of the patients enrolled in the Hypertension Digital Medicine program, 79% achieved BP control compared to 26% of those in a propensity-matched group that received usual care, according to the case study.

Each program enrollee is assigned a dedicated care team that includes a physician, pharmacist and health coach who are responsible for providing education, medication reconciliation and management, and lifestyle recommendations according to established hypertension-treatment guidelines.

Enrollees submit at least one BP reading per week. If they don’t send one for eight days, the enrollee receives a text reminder that a measurement is needed. Each enrollee receives a monthly progress report with tips for achieving better BP control.

Ochsner has used similar tools for programs to manage type 2 diabetes, chronic obstructive pulmonary disease, dyslipidemia and fall prevention.

Falls are responsible for the third-highest costs of care among Medicare enrollees after dementia and cardiovascular disease, Dr. Milani said.

“It’s a huge problem,” he said, noting the high costs of injuries and hospital admissions. “It’s also one of the leading causes of loss of independence.”

The system partnered with Bold, a digital exercise platform for older adults, to develop the Ochsner Connected Stability pilot, which included monitoring and fall-prevention interventions.

“At the end of the pilot—in which we had several hundred people—we demonstrated a 60% reduction in hospitalizations due to fall,” Dr. Milani said. “That was within six months, and that held up at the end



of a year as well.”

Results have been validated

Ochsner has contracts with several payers and employers who fully cover the costs of the program for their members or employees and, in some cases, even waive copays for program enrollees’ hypertension medications.

About one-third of enrollees are covered by Ochsner’s own health plan and, despite the system’s proven track record, some commercial insurers are reluctant to make the short-term investments necessary for long-term savings and health benefits.

“Typically, commercial insurance companies will want to see an ROI within a year,” Dr. Milani said. “But generally, chronic disease care does require a little bit of time to generate the benefit of better control.”

To help make their case, Ochsner frequently releases and publishes the health and economic benefits of their programs.

Most recently, Ochsner had its findings confirmed by the Validation Institute, a third-party evaluator of digital health performance. Validated findings included savings of \$204 per member per month for the digital hypertension program and \$163 for the type 2 diabetes program.

“We publish all of our findings, but they’ll want you to reproduce it all over again, once again and again and again,” Dr. Milani said of some commercial payers. “So you’re having to, and I use this phrase all the time, ‘reprove that gravity exists’ multiple times.”

Not all plans are reluctant, however, and in a deal that took effect Sept. 1, Ochsner is partnering with AlohaCare, a nonprofit health plan, to provide digital medicine to 80,000 Medicaid and 2,300 Medicare beneficiaries in Hawaii.

Problems immediately identified

A key direction for the future of digital health is identifying problems the moment they materialize, so they can be dealt with immediately, Dr. Milani said, and he cited examples of wearables or digital apps that can identify atrial fibrillation or gait abnormalities that indicate a person is at risk for falls.



New technology for identifying elevated blood sugar or high BP for patients who don't realize they are at risk for type 2 diabetes or hypertension is "coming around the corner," he said.

"They're making these things and people are purchasing them," Dr. Milani added. "I think the future of health care is going to be more in-the-moment, we're heading more and more closer to that, and I think that's good news for people that want to stay independent and stay healthy."

Tips for addressing hypertension are available through AMA MAP™ Hypertension, a leading evidence-based quality improvement program that provides a clear path to significant, sustained improvements in BP control. With AMA MAP BP, health care organizations can increase BP-control rates quickly. The program has demonstrated a 10% increase in BP control in six months with sustained results at one year.