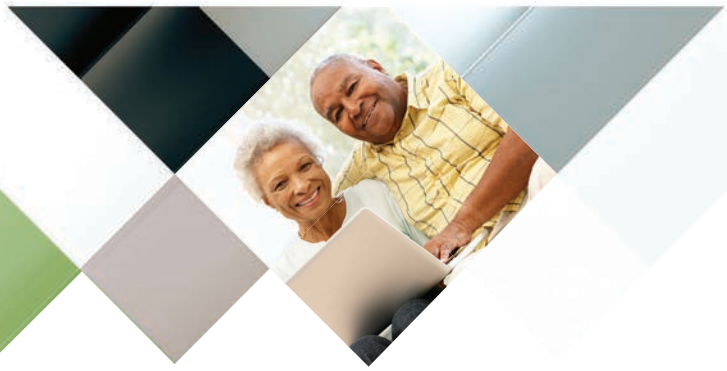
GEISINGER STUDY DEMONSTRATES REDUCED HOSPITAL READMISSIONS AND COST OF CARE

For Heart Failure Patients on AMC Health's Remote Monitoring Program



THE COMPANY: GEISINGER HEALTH PLAN

Geisinger Health Plan (GHP) serves approximately 470,000 members in Pennsylvania, Delaware, Maine, New Jersey and West Virginia and is ranked among the top health insurers in the country, according to NCQA.

THE CHALLENGE: REDUCE UTILIZATION AND COSTS OF CARE FOR MEMBERS WITH HEART FAILURE

Patients with heart failure face a progressively deteriorating course of disease, with exacerbations and the accompanying debilitating symptoms that require urgent medical attention and often lead to frequent hospitalizations and emergency department visits.

Patient self-monitoring of signs and symptoms offers a means to detect early signals of deteriorating conditions and the opportunity to intervene before urgent/emergent care and hospitalization is necessary. Although GHP has had a case management program in effect since 1998 for heart failure, the addition of telemonitoring was seen as a new tool to help extend the case manager's reach for monitoring individuals with often advancing heart failure.

THE STRATEGY: REMOTE MONITORING THREADED INTO EXISTING COMPLEX CARE MANAGEMENT

Remote monitoring of weight and self-reported symptoms was threaded into existing complex care management workflows to maximize care manager productivity and detect pre-acute conditions at the earliest opportunity. A within-person controlled study of 541 members with HF (with a minimum of 70 months of claims, 24 of which spent on remote monitoring) was conducted to compare actual utilization and cost while on telemonitoring to statistically adjusted expected costs for those same months.

THE SOLUTION: DAILY WEIGHT TELEMONITORING WITH IVR CALLS

HF patients receiving remote monitoring with existing complex care management realized 23% reduced probability of hospitalization and 44% reduced probability of readmission compared to complex care management alone. The study showed significant reductions in utilization ($p<0.01$) and cost compared to projections. Average relative cost savings of 11.3% ($2,592 per patient per year) delivered a Return on Investment of 3.3 to 1.