

2008 ANNUAL UPDATE

ConnectionsSM Health Management Programs

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2008 ConnectionsSM Programs Annual Update summary

The 2008 Connections Annual Update highlights the accomplishments of our Connections Health Management Programs during the past year. Our Connections Program is a comprehensive disease management and decision-support program — which includes both the ConnectionsSM Health Management Program and the ConnectionsSM AccordantCareTM Program. Member participation in both programs is high — 98 percent of eligible members take part in the Connections Health Management Program and 90 percent in the Connections AccordantCare Program. Both programs are intended to improve the quality and reduce the cost of health care through more informed patient-physician communication. This is accomplished by providing individually tailored Health Coaching and support material to patients and by giving physicians clinical information that they can apply to their treatment plan.

These are robust programs covering a variety of chronic conditions and offering decision support and health information. The Connections Health Management Program focuses on common, chronic diseases such as asthma, coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD), diabetes, and heart failure. The AccordantCare Program supports members with one or more of 16 more complex, chronic conditions. Interventions include outreach phone calls, interactive voice messaging, and mail campaigns. Providers with patients in the Connections Health Management Program receive a semiannual SMART[®] Registry, a tailored medical report that aids physicians in better treating patients with specific health care needs.

This year's annual update provides general information on the Connections programs as well as information about new initiatives, new outreaches, and new tools to help you provide support to your patients, our members, with chronic conditions.

ConnectionsSM Health Management Program

The Connections Health Management Program, offered in partnership with Health Dialog, an independent company, provides disease management and decision support to eligible members 24 hours a day, seven days a week, through Health Coaches and online resources. For providers, it is a resource to help you and your patients better manage their asthma, CHD, COPD, diabetes, heart failure, migraines, hypertension, gastroesophageal reflux disease (GERD), and peptic ulcer disease (PUD).

The SMART[®] Registry

Independence Blue Cross (IBC) distributed two releases of the SMART Registry in 2008. The SMART Registry tracks important evidence-based aspects of care for patients with one or more of the following conditions:

- asthma
- CHD
- COPD
- diabetes
- heart failure

The SMART Registry is received by 3,938 IBC primary care practices and includes information on more than 263,966 IBC members. These reports offer practical, relevant information about your patients in a convenient format to help you stay informed about your patients and to monitor their care plans.

The June 2008 SMART Registry introduced the medication persistence report, an enhanced medication monitoring tool. This new report:

- helps you manage your patients with diabetes and cardiac conditions who are using ACEi/ARBs, beta blockers, and lipid-lowering drugs;
- tells you if your patients have ever filled a prescription for the recommended medication and if they are getting their refills.

A new report titled the *Medication Persistence Report* is located on the tab after the *Network Report* on the June SMART Registry. This new report provides you with the names of your patients with CHD, diabetes and heart failure, and their persistence rates — if these drugs are indicated — for ACEi/ARBs, beta blockers, and lipid-lowering medications. Only members with pharmacy claims information in our databases will be included in this report.

SMART[®] is a registered trademark of Health Dialog Services, Incorporated.

Patients with prescription fill rates of 80 percent or more are labeled as persistent. Patients with lower prescription fill rates are labeled as nonpersistent and may be flagged for follow-up. Poorly persistent patients are often good candidates for Health Coaching. Health Coaches are specially trained health care professionals, such as nurses, dietitians, and respiratory therapists, who provide support and health care information over the phone. This coaching benefit is provided at no additional cost to IBC members eligible for the Connections Program.

Please refer to your most recent SMART[®] Registry to update the clinical care your patients have received and to refer your patients who may benefit from Health Coaching to the Connections Program.

Provider Service Specialists support provider offices

Provider Service Specialists (PSSs) are local clinical professionals who provide support and offer information about the Connections Program. Your PSS can:

- help you understand the Connections Program and become an active participant;
- provide assistance and best practices for using the SMART Registry;
- provide you with clinical support tools to refer your patients to a Connections Health Coach.

Please call the Provider Support Line at [1-866-866-4694](tel:1-866-866-4694) for more information about how a PSS can help you or to schedule a visit from a PSS.

Asthma targeted provider outreach

In February 2008, the Connections Health Management Program began a targeted clinical initiative to address the needs of providers caring for patients with asthma. This initiative will run until January 2009 and focuses on patients who appear to have controller medication gaps and/or excessive use of rescue medication. As part of this initiative:

- PSSs meet with physicians and other clinical care practitioners to discuss the use of the SMART Registry and to provide clinical resources and referral tools for use by providers and patients.
- The PSSs provide practices with a printout of the practice's Registry, filtered to focus on patients fitting the initiative's criteria.

Many providers have found this initiative useful because the SMART Registry identifies patients who have not followed through with the recommended medication plan and the doctors are able to implement strategies to address this.

Tools and resources for providers who treat patients with asthma and other chronic conditions

A series of asthma management materials are now available to help support you and your patients with asthma — including customizable symptom response plans and controller medication information.

Tools and resources for your patients with asthma or other chronic conditions are available for your office. Visit www.ibx.com/providers/resources/connections.html to find tools such as the PHQ-9 depression screening questionnaire, diabetes and kidney disease brochure, the BMI card, diabetes and asthma template letters, a list of Shared Decision-Making[®] videos, and more. Paper copies of these materials are available by contacting your PSS at [1-866-866-4694](tel:1-866-866-4694).

Connections Health Management Program provider satisfaction survey

The fourth annual provider satisfaction survey for the Connections Health Management Program was conducted by an independent research company in the fourth quarter of 2007. For the first time, providers were able to respond to the survey online through a link in the *Partners in Health Update* (now available online). A follow-up survey was then mailed to nonrespondents. The survey found that awareness of the program was high among respondents. Other important results:

- Nearly 50 percent said patients had talked with them about the program.
- More than 75 percent said the program improved communication with their patients.
- Sixty-four percent found the SMART Registry to be a helpful resource.
- Sixty-six percent found the support from the PSSs to be helpful.
- Sixty-nine percent found the program helpful for their chronic patients who have used it.
- More than 50 percent said the program provided a more positive image of the health plan.

Member satisfaction survey

Each year, IBC surveys a sample of members to determine their levels of awareness, use, and satisfaction with the Connections Health Management Program. The survey is conducted by telephone by an outside company at the end of the year.

The 2007 survey sample population included members with and without one of the five managed chronic conditions, (asthma, CHD, COPD, diabetes, and heart failure), members who have had telephone contact with a Health Coach, and members who have never spoken to a Health Coach. The survey found that:

- Ninety percent of the respondents indicated that their impression of IBC was positively affected by Connections.
- More than 94 percent of the respondents would recommend Connections to family and friends.
- More than 85 percent of the respondents indicated that it is important that IBC continue to offer Connections.

The most frequently cited reasons for using Connections include:

- to obtain information about an illness or condition;
- to understand treatment options and choose among them;
- to help manage a chronic illness.

We encourage you to use the Connections Program to help you support your patients by calling [1-866-866-4694](tel:1-866-866-4694).

ConnectionsSM AccordantCareTM Program

The Connections AccordantCare Program is offered through a partnership with Accordant Health Services, an independent company, that is a specialized health management organization. The program provides resources to assist you and your eligible IBC patients who live with one or more of the 16 complex chronic conditions that the program supports.

The goal of the program is to work with you to improve the clinical outcomes for these patients. Prevention of complications is the cornerstone of the program. Healthy behaviors that address the whole person, including comorbidities, are promoted, and a support system is developed around each individual's unique needs. Accordant interventions are evidence-based, and the program has earned full accreditation from the National Committee for Quality Assurance (NCQA).

Knowledgeable, licensed AccordantCare nurses offer support to your patients through frequent assessments and 24/7 availability. Nurses emphasize and reinforce your treatment plan. Conversations are designed to detect changes in the member's health status. Nurses notify you of any important changes in your patient's health status.

Members receive customized educational mailings, specific to their conditions, that cover topics from preventive strategies to acute management. Social workers locate specialized resources, such as financial assistance and local support groups. Exclusive online health resources are provided for both members and their caregivers.

As with our other health management program, the Connections AccordantCare Program is designed to improve patients' compliance and self-management skills and to support your treatment plans.

More than 10,500 members were participating in the Connections AccordantCare Program as of April 30, 2008. More than 60 percent participated at an "interactive status" (active communication with an AccordantCare nurse and completion of quarterly assessments). Disease-specific mailings and access to an extensive web library are available to all participants.

Program diseases

The diseases covered by this program are:

- seizure disorders
- rheumatoid arthritis
- multiple sclerosis
- Crohn's disease
- Parkinson's disease
- systemic lupus erythematosus (SLE)
- myasthenia gravis
- sickle cell disease
- cystic fibrosis
- hemophilia
- scleroderma
- polymyositis
- chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- amyotrophic lateral sclerosis (ALS)
- dermatomyositis
- Gaucher disease

The Connections AccordantCare Program assists you by:

- offering support to your patients who have questions about their condition 24 hours a day, seven days a week;
- educating your patients through AccordantCare's informative website, www.accordant.com, monthly newsletters, and contact with AccordantCare nurses;
- improving patient compliance with your prescribed

treatment plan through educating patients and notifying you of pertinent changes in health status;

- conducting routine health evaluations with your patients by telephone or email to detect early warning signs of complications;
- providing you with access to AccordantCare's nationally recognized medical advisers who are available to discuss complex patient or treatment issues at no cost to you;
- offering specialized care coordination services to coordinate the care of critically ill patients;
- coordinating care among all members of the patient's health care team.

For more information, visit the AccordantCare website at www.accordant.net. If you have questions, call the Connections AccordantCare Program at 1-866-398-8761, 8 a.m. to 9 p.m., Monday through Thursday, or 8 a.m. to 5 p.m. on Friday, EST. Messages left after hours will be returned the next business day.

ConnectionsSM Kidney Program

Since 2004, IBC, in collaboration with RMS, Inc., an independent company, has offered the Connections Kidney Program to provide disease management services to our members with end-stage renal disease on dialysis.

Based on ongoing evaluations, we decided to discontinue the Connections Kidney Program effective April 30, 2008. Members enrolled in the program were assigned to case managers in IBC's Care Management and Coordination department to ensure that these members continue to receive the appropriate support.

To refer a patient on dialysis to the IBC Care Management and Coordination department, call 1-800-313-8628.