Physician Quality & Technology Initiative

Physician Technology Project

Presented by Woodrow A. Myers Jr. MD MBA
EVP and Chief Medical Officer
WellPoint
May 19, 2004
Agenda

- The WellPoint Way
- Technology Adoption Overview
- Paperwork Reduction
- Prescription Improvement
- Additional Package Benefits
- One Possible Future
- Summary
The WellPoint Way
As independent licensees of the Blue Cross Blue Shield Association, Anthem and WellPoint operate in separate states. Because Blue plans don’t compete with each other, our market share of Blue business will not increase in any state as a result of the merger.

Anthem markets primarily Blue products. WellPoint also markets non-Blue branded managed care and specialty products nationally through a subsidiary, UNICARE. If you compare local markets, there is very little overlap.

HealthLink offers rental networks to third-party administrators in AR, IL, IN, IO, KY, MO, VA and WV.

Excludes UNICARE states with fewer than 100,000 commercial members.
2004 WellPoint Goals

1. Market innovative products and services to increase customer value and membership
2. Assure quality and value for members through information-based relationships with healthcare professionals
3. Leverage technology as a service, cost and competitive advantage
4. Improve access to and affordability of health insurance
5. Be a trusted partner by honoring WellPoint’s commitments to our diverse customers, associates, shareholders and the community we serve
HQA’s Role in WellPoint

Six customers, thirteen million members

- **Facilitate** the success of WellPoint Business Units in their service to payors and individual members by the timely recognition of medically necessary healthcare services and the elimination of unnecessary and non-value added costs

- **Optimize** the quality of our healthcare networks in collaboration with our physician and hospital partners

- **Assure** that patients served by WellPoint products receive the information necessary to make the best decisions for themselves and their families
## Major HQA Functions

<table>
<thead>
<tr>
<th>Clinical Informatics</th>
<th>Clinical Management Systems</th>
<th>Strategic Business Support</th>
<th>National Medical Director</th>
<th>Finance</th>
</tr>
</thead>
</table>
| - Organize claims data for analysis and insights  
- Apply analytics to group claims into clinically relevant units of care for:  
  - Provider profiling  
  - Employer reporting  
  - Outcomes research  
- Use predictive modeling to identify members for health improvement programs and case management | - Medical and Credentialing Policy  
  - Medical Policy & Tech Assessment  
  - Credentialing  
  - Transplant and other COE’s  
- Health Improvement Programs  
- Clinical Therapeutics Management  
- Member Advocacy Services  
  - Case and disease management  
  - 24 by 7 nurse information line | - Strengthen relationships through collaborative, projects with:  
  - Physicians  
  - Hospitals  
- Promote business-related health care quality research with foundations and academic institutions  
- Manage internal and external HQA communication campaigns  
- Provide uniform HQA RFP support to business units | - Corporate Medical Directors  
- Investigate clinical aspects of:  
  - Fraud  
  - Abuse  
  - Other variations from quality medical care standards  
- Quality Assessment Systems  
- Accreditation efforts  
- Patient Safety Initiatives  
- Physician Review  
- BCC Non Delegated Network Support  
- Quality Improvement Programs | - Maintain HQA’s financial integrity  
- Monitor HQA’s internal controls  
- HQA Liaison to Corporate Compliance  
- Represent HQA Finance to corporation  
- Assist in costing of HQA services |
Technology Adoption Overview
Impact of Technology

Today

1. Research reasons for provider contact via reason codes
2. Assess cost per contact in current state
3. Define universe of transactions to be analyzed (incremental to EDI and current web traffic)

Tomorrow

1. Define universe of contacts to be delivered via web
2. Determine anticipated conversion/adoptions rate
3. Assess incremental costs for expanded internet solution
4. Calculate shareholder value (NPV)
Adoption Rate Challenge

Current

- Eligibility Verification
- Laboratory Orders and Results
- Prescription Orders
- Authorization
- Referral
- Health Claim Attachments
- Precertification
- Payments and Remittance (range of estimates from 10mm to 400mm)
- Physician Claims
- Hospital Claims

Characteristics of MD use of the internet

- 96% of MD practices use computers
- 85% of physicians have networked their computers
- 75% of MDs have internet access
- 35% of MD practices are connected electronically
- 23% of MD practices report someone using a handheld device
Adoption Rate Challenge

- Adoption rate is the primary challenge for attaining maximum value out of web transactions
- Claim submissions by non-physician staff are by far the most common electronic transactions
- In-office physician use is in its infancy; functionality is a critical challenge
Physician Quality & Technology Initiative

- Total WellPoint investment is $40 million with a retail value of $2,100/package
- The choice of two packages are available, at a discount, to all WellPoint network physicians
  1. Paperwork Reduction and Service Improvement
  2. Prescription Improvement Package and Computerized Physician Order Entry
- Distribute approximately 19,000 packages to network physicians (in good standing) in California, Georgia, Missouri, and Wisconsin
**Dow Jones Business News**  
*Wednesday, January 14, 2004*

**WellPoint to Give Doctors $30 Million in Computer Systems**

By Rhonda L. Rundle, Staff Reporter of The Wall Street Journal

LOS ANGELES -- WellPoint Health Networks Inc. (NYSE: WLP - News) said it will spend about $30 million to give roughly 20% of its network physicians either a computer system or a handheld device to facilitate electronic prescriptions for patients.

The offer amounts to roughly a $1,600 gift to each of about 19,000 physicians in California, Georgia, Missouri and Wisconsin. The purpose is to "help our network physicians more fully participate in the electronic medical community," said Leonard D. Schaeffer, chairman and chief executive of the big health insurer, based in Thousand Oaks, Calif.

**InformationWeek**  
*January 19, 2004*

**$40M Booster Shot -- Insurer offers free PCs and PDAs, hoping to spur tech adoption by doctors**

By Marianne Kolbasuk McGee

A few insurers are trying to lure doctors into the digital age. The latest-and largest-effort is from health insurer WellPoint Health Networks Inc., which last week offered to give 19,000 physicians free PDAs or PCs.

The technology, which will cost WellPoint $30 million and would retail for about $40 million, will let doctors in WellPoint's Blue Cross and Blue Shield networks in California, Georgia, Missouri, and Wisconsin reduce paperwork or file prescriptions electronically.

Insurance executives are convinced that having doctors use business technology will cut costs while improving care. But some doctors doubt they will see the benefit to be worth the extra work.

**ComputerWorld**  
*Thursday, January 15, 2004*

**WellPoint unveils $40M plan to furnish doctors with free computers**

By Bob Brewin

WellPoint Health Network Inc. has announced plans to jump-start digital health care with a $40 million plan to provide 19,000 of its contracting doctors with either a handheld-based e-prescription package or a desktop paperwork production package. Dell Inc. will provide both the handheld and desktop hardware.
No, we’re not a company that sells apples – we’re one of the nation’s leading health plans. And we want you to eat more nutritious apples because it’s a simple thing you can do to improve your health. If everyone made an effort to eat healthier foods, we could all help control one of the key factors that drives up the cost of health care for all Americans – poor diets. Meanwhile, we’ll focus on our efforts to contain rising costs by creating new ways to improve the quality and efficiency of health care. Like our Physician Technology Initiative, which helps doctors write more accurate, electronic prescriptions. So, listen to FORTUNE magazine’s Most Admired Health Care Company for six years running – and drop the jelly donut.
Physician Acceptance

<table>
<thead>
<tr>
<th></th>
<th>CA</th>
<th>GA</th>
<th>MO</th>
<th>WI</th>
<th>Total</th>
<th>% of Total Orders</th>
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</thead>
<tbody>
<tr>
<td>Prescription Improvement Package</td>
<td>520</td>
<td>387</td>
<td>64</td>
<td>74</td>
<td>1,045</td>
<td>10%</td>
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<tr>
<td>Paperwork Reduction Package</td>
<td>6,060</td>
<td>2,720</td>
<td>500</td>
<td>366</td>
<td>9,646</td>
<td>90%</td>
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<tr>
<td>Total Orders</td>
<td>6,580</td>
<td>3,107</td>
<td>564</td>
<td>440</td>
<td>10,691</td>
<td>100%</td>
</tr>
<tr>
<td>% of Total Eligible</td>
<td>57%</td>
<td>67%</td>
<td>31%</td>
<td>33%</td>
<td>55%</td>
<td></td>
</tr>
<tr>
<td>Total Eligible</td>
<td>11,488</td>
<td>4,612</td>
<td>1,805</td>
<td>1,315</td>
<td>19,220</td>
<td></td>
</tr>
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</table>
Short-Term Goals

Provide physicians with tools to more rapidly achieve the efficiencies, cost savings, and quality of care benefits available through information technologies. Specifically:

- Offer a choice of technologies
- Improve connectivity, reduce paperwork administrative cost, and improve patient service through increased access to the following:
  - ProviderAccess (physician website)
  - EDI
- The opportunity to use computerized physician order entry to write prescriptions (e-prescribing) to increase patient safety
Medium-Term Goals

Create a technology beachhead within the clinical practice of medicine that can be used for a variety of physician services

- Expand to include lab data and other key pieces of clinical data
- Expand to include physician performance information on key metrics
- Expand to include clinical research support for phase four trials, registries, patient recruitment opportunities
The criteria used was member office visits. This criteria helps assure that the initiative benefits the greatest number of WellPoint members. We expect that the highest concentration of eligible physicians will be in primary care specialties. The selected physicians’ member encounters are projected to represent 75% of the Blue Brand companies network office visits.
Medical Groups and IPAs

- Physicians who are employed by medical groups will have their awards administered by the medical group itself
  - Benefits recognized by the office will likely be higher in offices that have staff familiar with technology
- IPAs or other groups that aggregate physicians may choose to participate in this program by reaching out to physicians who received individual awards and implementing the solution on their behalf
  - The technology choices (PDA or workstation) can support multiple devices and thus physicians who work together may receive financial gain by aggregating their awards
Paperwork Reduction
Technology Package #1

The Paperwork Reduction and Service Improvement Package:

- Targets physicians not fully using information technology or the Internet on a daily basis
- Includes a professional-grade Dell computer, with Pentium 4 processor, Microsoft Windows XP, Dell laser printer and internet connection
- Provides the basic infrastructure to use:
  - ProviderAccess (the web site for network physicians and hospitals) – allows on-line information retrieval from WellPoint
  - Electronic Data Interchange (EDI) – allows the paperless submission of claims
The Paperwork Reduction and Service Improvement Package strives to promote quality by offering access to:

- Administrative and billing information
- Evidence-based clinical best practices and guidelines
- Quality metrics programs

All desktop package recipients will:

- Be issued ProviderAccess web accounts
- Receive a letter to introduce them to the ProviderAccess website features
Minimizes telephone time with Customer Service; physicians and hospitals can review:

- Eligibility
- Benefits
- PCP/PMG Information
- Claim Status
- Fee Schedules

Provider Home

Resources for our Physician, Practitioner and Hospital Partners.

ProviderAccess is your online connection to eligibility, benefits, claims status and other valuable resources. Blue Cross of California is working to reduce administrative hassles and making it easier for you to help your patients.

- Eligibility
- Benefits
- PCP/PMG Information
- Claim Status
- Fee Schedules
Pharmacy
Formulary

(Please note that any Formulary data displayed in this application is current as of 12/31/2003.)

The Outpatient Prescription Drug Formulary is a list of prescription drugs, that are preferred by Blue Cross of California for use as the first line of drug therapy. Some medications may require prior authorization of benefits, while others may not be covered by the prescription drug benefit.

Members should refer to their Evidence of Coverage for benefit details, exclusions and limitations.

Please click here to open a new window for BCC Formulary Selections.

For a copy of the RightPlan Generic Formulary, please click here.

Individual Senior Secure Formulary is annually approved by the Centers of Medicare and Medicaid Services (CMS). For a copy of the 2004 Senior Secure Formulary, (which will likely change in 2005), click here. For a copy of the 2004 Senior Smart Choice Formulary, click here.

The Pharmacy and Therapeutics (P&T) Committee updates the following Formularies quarterly: BCC Formulary, Medicare Supplemental, and RightPlan Generic Formulary. The Senior Secure Formulary is updated annually. The committee consists of practicing physicians and pharmacists. Formulary revision is based on objective evaluation of the efficacy, safety, and value of reviewed medications.
Medical Management

Information

A variety of medical management resources is available at the click of a mouse.

Medical Management

Resources for our physician and hospital partners

At Blue Cross of California, we believe effective medical management is a team effort. We are pleased to provide you with an array of timely resources that will enable your team to continue delivering excellent quality of care.

Adobe Acrobat Reader is required to view, print and search these PDF documents. Please download this free software on the Adobe Acrobat Web site. Please note that Blue Cross of California does not provide technical support for Acrobat Reader Software. For technical support, please contact Adobe.

Preventive Health

Guidelines
- Ages 0 - 9 years
- Ages 10 - 13 years
- Ages 14 - 19 years
- Ages 20 - 59 years
- Ages 60 - 64 years
- Ages 65 and over
- Pregnancy
- Diabetes

Breast Health
- Sample Physician Letter
- Sample Member Letter
- Sample Patient Reminder Letter
- Confused about Mammograms?

Disease Management

Programs
- Obesity
- Diabetes
- Depression

Permissions
- Accessibility
- Advertising

Health Education

- Arthritis
- Stress Management
- Exercise During Pregnancy
- Prevention Planning
- Smoking & Tobacco Screening
- Senior Nutrition Seminars
- Senior Nutrition Plan
- Stress Management
- Smoking Cessation (SPLS)
- Weight Management

HEDIS Updates

- Focus on Quality

Notifications

- PBMC/JPA Audit and Review Guidelines
- 2002 PBMC/JPA Reporting and Documentation Requirements
- Access Standards
- Affirmative Statement
- Information About GI Program
- Grievance and Appeal Process - HMO
- Grievance and Appeal Process - PPO
- Grievance and Appeal Process - Blue Cross Senior Secure
- HMO Provider
- HMO Practitioner
- HMO Guidelines
- Appropriate Use - Practitioners
- UM Operational Requirements
- Notification of How to Obtain UM Decision Making Calculations
- Pharmaceutical Management Procedures & Prior Authorization Process
- Physician Reviewers Available to Discuss UM Decisions
- Medical Records Standards
- Confidentiality - Member Statement
Welcome to the Blue Cross of California Medical Policy website. By placing these medical policies on our website, we are taking advantage of an important opportunity to share the information used in making coverage determinations. Please note that the medical policies contained on this website are designed to be an informational resource for both physicians and other healthcare practitioners and members, and should not be interpreted as an authorization, or an explanation of benefits or contracts.

These posted medical policies represent only a portion of the medical policies developed by Blue Cross of California. More will become available in the coming months. Additionally, due to the continuing evolution of technology, existing policies are routinely updated and subject to change. In the future, these new and revised policies will be summarized in the "What's New" section of the website.

The medical policies are designed to be a guide to coverage decisions. However, since all patients are individuals, actual coverage decisions are made individually, based on a patient's unique clinical circumstances, specific health insurance contract and range of benefits. For example, specific contract language, State or Medicare/Medicaid mandates will always supersede those medical policies.

Wellpoint's Medical Policy and Technology Assessment Committee provides guidance and validation of the medical policies. This Committee consists of physicians from various geographic areas throughout the country, including physicians in academic medicine, physicians practicing in the community and participating in our networks, and medical directors. The Committee meets three to four times per year to consider reports on new treatments, procedures and devices, which are developed by physician staff and consultants for the medical policy department. The reports are based on an evaluation of the evidence as reported in the peer-reviewed medical literature, minutes from Federal Drug Administration advisory committee hearings, and referenced policy statements and practice guidelines issued by relevant medical specialty societies and federal health policy entities. In addition, other expert organization's technology assessments may be reviewed. Based on this data, the Medical Policy and Technology Assessment Committee makes a determination regarding the investigational status and medical necessity of each technology, which is then summarized in the subsequent medical policy. Activities and decisions of this Committee are reported to the Physicians Relations Committee who oversees this activity for Blue Cross of California.
PQIP is designed to improve health care, increase customer value, and optimize the delivery of health services for our California members.
The scorecard and indicators provide benchmarks for:
- Key clinical process of care
- Administrative measures
- Pharmacy measures
It also provides feedback on performance and achievements

### PQIP Scorecard

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Your Result</th>
<th>Possible Points</th>
<th>Your Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Quality Indicators</td>
<td>47 Percentile</td>
<td>40</td>
<td>19</td>
</tr>
<tr>
<td>Tenure and Product Length of time contracted with BCC Contracted with other BCC products</td>
<td>19 years No</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Access to Care Practice open to new patients</td>
<td>Yes</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Board Certification</td>
<td>Yes</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Administrative Cooperation Electronic claims submission ProviderAccess use Credentialing and compliance</td>
<td>96% 0 hits Yes</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Pharmacy: generic prescribing</td>
<td>32 Percentile</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>60</strong></td>
<td></td>
</tr>
</tbody>
</table>
**Generic Prescribing**

**Pharmacy: Generic Prescribing**

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Your Rate</th>
<th>Average Rate</th>
<th>How You Compare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics</td>
<td>17%</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td>Anti-depressants</td>
<td>46%</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>Anti-hypertensive agents</td>
<td>32%</td>
<td>47%</td>
<td></td>
</tr>
<tr>
<td>Anti-hyperlipidemics</td>
<td>8%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Non-steroidal anti-inflammatorides (NSAIDs)</td>
<td>8%</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td>Anti-ulcer drugs</td>
<td>3%</td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>

**Physicians may click to see cited clinical rationale for each metric selected.**

**Physician:**
- **PHYSICIAN:** JOHN DOE, MD
- **SPECIALTY:** Internal Medicine

**Percentiles:**
- 10 - 25th
- 25 - 75th
- 75 - 90th

**Change Physician**
California PQIP: Generic Prescribing

<table>
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<td>3%</td>
</tr>
<tr>
<td>Non-steroidal anti-inflammatories</td>
<td>3%</td>
</tr>
<tr>
<td>Anti-ulcer drugs</td>
<td>9%</td>
</tr>
</tbody>
</table>

Questions about your ratings shown on this chart? Get more information on our Frequently Asked Questions page.

For this measure your rate is 17% or 17%

You prescribed 49 generic prescriptions (Numerator) = 49
You prescribed 287 total prescriptions (Denominator) = 287

49 / 287 = 17%

Your rate is a simple calculation:

\[
\text{Your Rate} = \frac{\text{Your Events}}{\text{Possible Events}} = \frac{49 \text{ Generic prescriptions}}{287 \text{ Total prescriptions}} = 17\%
\]

A minimum of 10 Prescriptions in the Drug Class is required to display "Your Rate"
Electronic Data Interchange

- Physicians can access the following EDI transactions:
  - Claims
  - Eligibility
  - Benefit Inquiries
  - Encounters (HMO only)
  - Claim Status Inquiry
  - Electronic Funds Transfer
  - Electronic Remittance Advice
Prescription Improvement
Technology Package #2

The Prescription Improvement Package and Computerized Physician Order Entry:

- A hand-held electronic prescribing unit with Microsoft software for electronic processing of prescriptions
- Includes a wireless handheld PDA, a wireless access point and a one-year subscription to an e-prescribing service
- Physicians can use this system to easily write prescriptions and either have them automatically faxed or e-mailed to the pharmacy of their choice
- Physicians can improve the quality of care and safety for all of their patients independent of the patients’ health plan relationship
E-prescribing a long way from standard practice

A new report said widespread use of clinical information technology by physicians remains a long way off. Surveys have found that 5% to 18% of physicians use some form of electronic prescribing system, depending on how the tool is defined, according to the report by eHealth Initiative, Washington. "While this represents a significant increase over the past three to five years, it certainly does not qualify electronic prescribing as a standard practice," the report said. A key barrier to adoption is that physicians often bear the cost of buying, installing and operating outpatient prescribing systems, while the benefits accrue to pharmacies, health plans and patients, the report said. It recommended that incentive programs be used to compensate physicians for such costs. -- by Modern Physician/MP Stat
WellPoint can improve formulary compliance, increase use of generics, and increase use of the mail order pharmacy via e-prescribing tools.

Kaiser Permanente reported its e-prescribing tool in the Northwest region generated a 20% reduction in pharmaceutical costs.
WellPoint may reduce adverse drug event frequency by influencing physician behavior

Brigham and Women’s Hospital reports their e-prescribing tool’s recommendations were followed 92% of the time by physicians
e-Prescribing Value Option

- Significant cost-savings and quality improvements have been reported by hospitals, health systems, and HMOs.
- Tufts Health System reports >2hr/day productivity gains for MDs using e-prescribing.
- CAQH initiatives may provide a stronger case for the use of these tools in a contracted network provider model.
Alarming Headlines…

- “An E-mail Cure for Doctor’s Chicken Scratch” The Associated Press, November 12, 1999.
- “Drug Name Confusion a Hazard; The Stakes are High; Errors Can Prove Fatal” Chicago Tribune, July 30, 2000
Perilous Mistakes

- An elderly woman complaining of fatigue and depressed mood was diagnosed with depression and prescribed Prozac. One month later, she fainted, hit the floor, and broke several ribs. She had also been taking a sedating anti-depressant, Elavil, for insomnia. Though her doctor knew this, he was not aware that Prozac can triple the concentration of Elavil in the bloodstream leading to dangerously lowered blood pressure.

- A 40-year old woman with bipolar disorder was prescribed Lamictal, a mood-stabilizing anticonvulsant, by her physician. When she came in for her two week follow-up, still agitated and complaining of irritability and insomnia, her doctor discovered that the pharmacist had given her Lamisil, an antifungal drug, instead of the prescribed drug.

Should We Be Surprised?

Mobic 7.5 mg

Provera 2.5 mg
Package Functionalities

Clinical Information Access
(lab results, patient lists, schedules, charge code capture)

Order Entry

ALERTS / Paging

Patient Safety Identification

Notes & Dictation Capabilities
(Voice Over IP, Speech to Text)

Voice Communications
(Voice Over IP & Paging capabilities)

Remote information collection (Vitals)
(Bluetooth enabled)

Inventory Management
Package System Configuration

PDAs and/or WorkStations

Server
(Local or Remote)

Practice Management System
- Patient List
- Schedule
- Charges

Pharmacy
- Retail
- Mail Order
Before/After

BEFORE

• High Handwriting Recognition Risk
• No Drug Utilization Review
• No Formulary Check

AFTER

• No Handwriting Recognition Risk
• Full Drug Utilization Review
• Formulary Check Completed
Additional Package Benefits
Technology Package Bonuses

- Physicians can access any health plan website to check member eligibility, claim status and medical policies
- Both packages include a three-year on-site warranty, free installation and free training
- Physicians can also upgrade the packages to meet their specific needs, including:
  - Building of patient registries
  - Preventive health care reminders
  - Additional future upgrades are possible
Technology Package Bonuses

- Hardware will be distributed through our relationship with Dell
- Software will be provided by a variety of software vendors
- Participating physicians will be supported by Microsoft for their software needs
Next Steps
WellPoint is currently investigating the use of a dedicated website to capture important pieces of information for WellPoint branded health plans:

- This website enables physicians to input important pieces of demographic information such as tax ID updates, address changes, affiliations, etc.
- An infrastructure is in place to enable a process to check the accuracy of our provider databases with this newly captured information.
- The anticipated result is improved data quality of our provider databases, a business result which will offer significant value for current WellPoint operations and future proposed plans.
Hardware vendor will report the rate at which physicians redeem their awards on a weekly basis
  - WellPoint will track the percentage of physicians who choose e-Prescribing versus paperwork reduction options
  - WellPoint will also track overall participation rate for managing the distribution of awards

The individual e-Prescribing vendors will track activity of the end-user (physician)
  - Physicians who show sudden declines or low levels of utilization will be contacted to evaluate what support needs they may have

WellPoint will have reporting processes which will address on-going physician utilization and satisfaction levels with the initiative
The Dream

◆ For Patients:
  - Reduced drug interactions
  - Less cost (lower copayments, avoids redundant therapy)
  - Increased safety

◆ For Physicians:
  - A tool to deliver better care through access to data on quality and clinical guidelines
  - Decreased paperwork
  - Reduced number of phone calls
  - Increased job satisfaction
Questions?