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### Background:

This investigation assesses MedEncentive®, a web-based software program that issues "information prescriptions".

"Information prescriptions" are a form of information therapy, a tool for primary care physicians that might improve patient knowledge, patient compliance, health outcomes, and reduce healthcare costs.

**Problem Statement:** High costs from medical noncompliance and inappropriate emergency room use is a significant issue affecting patients, physicians, government, and third party payers.

### Objectives:

1. Determine provider & patient participation.
2. Determine if patients consuming information had improved pharmaceutical adherence and compliance with evidence-based care guidelines.
3. Analyze the potential impact on health encounters and office related costs per person.

### Methods:

**Human Subjects Review:** Issued by the KUSM-W Internal Review Board approval level f(5) as an expedited study.

**Design:** A retrospective cohort was created from employee health claims and self-report data for secondary analysis.

**Setting:** The intervention was implemented in a large community, ambulatory, multi-specialist medical group with a large primary care employee base.

**Patients or Other Participants:** MedEncentive was started in mid-year 2007. All employees and dependents covered under the health plan of the medical group were eligible for inclusion (n=1,275 average monthly enrollment). Patients were self-selected (N=1,347 for study period) if they participated in MedEncentive after a primary care office visit during the study period (2008-2009).

**Intervention/Instrument:** The intervention was MedEncentive® information prescription(s) including patient education and evidence-based recommendations for each patient's condition.

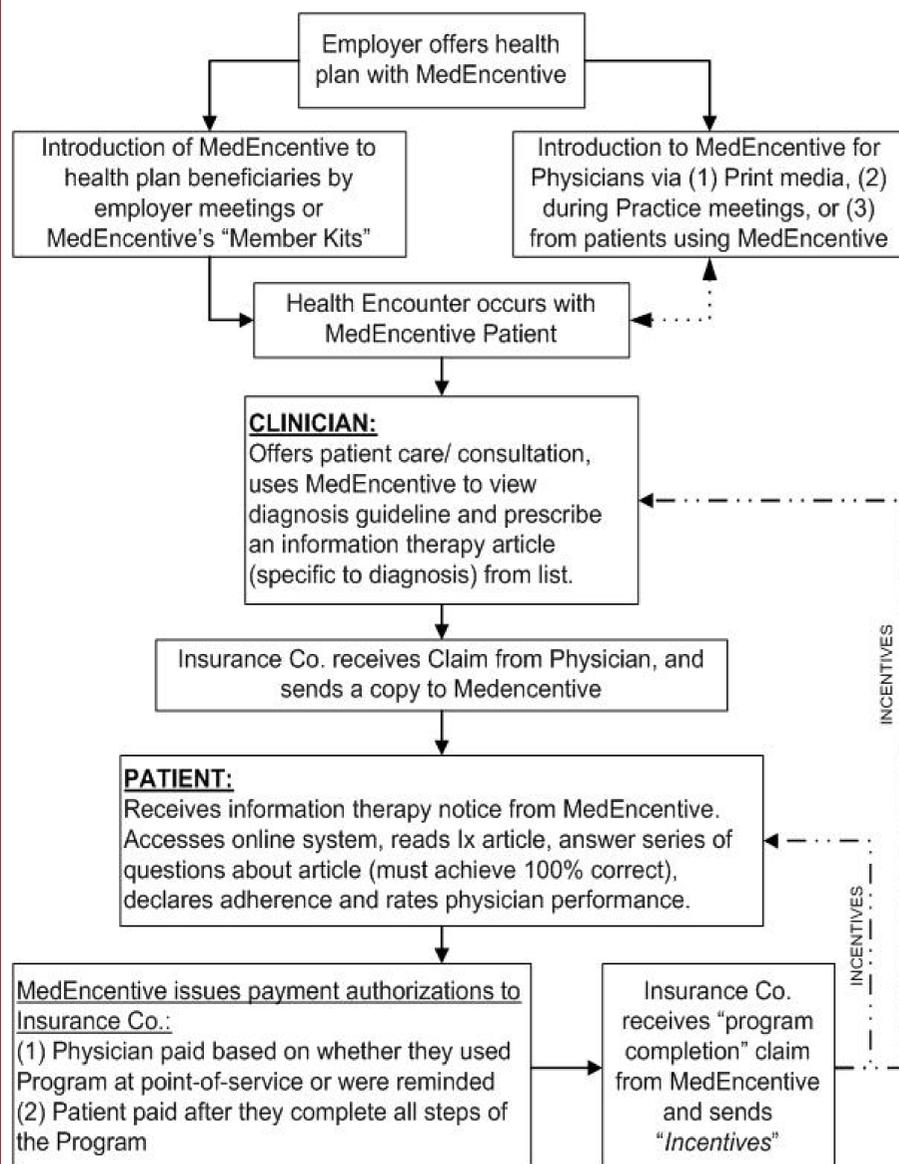
**Table 2: Patient Self-Reported Adherence & Use of EBC Guidelines**

Pharmaceutical Adherence		Compliance with Evidence-Based Care Guidelines	
2008	93.1%	2008	84.6%
2009	93.8%	2009	83.9%

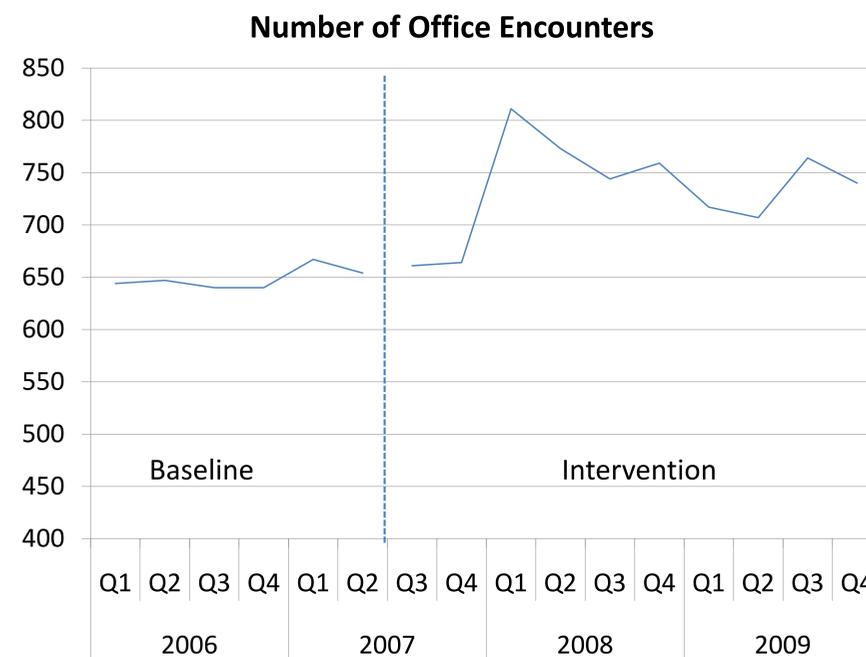
### Preliminary Results:

- (1) Provider and patient participation rates increased from 2008 to 2009
- (2) Number of office encounters increased by 113% and hospitalizations decreased by 55% on average from baseline to intervention years
- (3) Patient self-reported pharmaceutical adherence and compliance with EBC guidelines remained high during both intervention years
- (4) Cost analysis is still in-progress and results have not been concluded

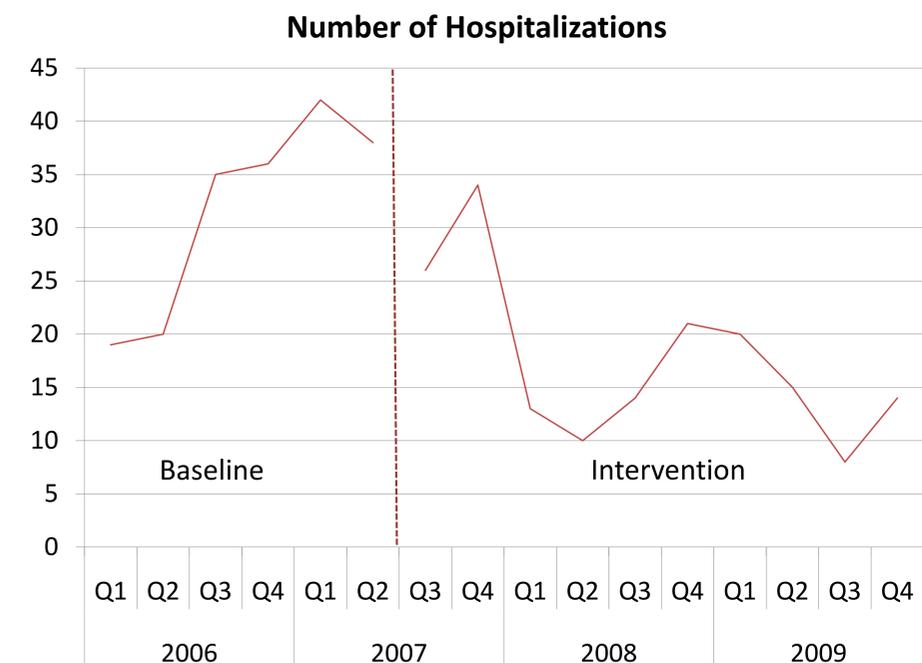
**Figure 1: MedEncentive® Information Therapy Process**



**Figure 2: Number of Office and Hospital Encounters**



**Figure 3: Number of Office and Hospital Encounters**



**Table 1: Provider and Patient Participation**

	Provider			Patient		
	Number of Physicians	Number of Physicians in MedEncentive	Participation Rate	Number of Claimants Making at Least 1 Office Visit	Number of MedEncentive Survey Participants	Participation Rate
2008	214	169	80.0%	1248	887	71.1%
2009	208	194	93.3%	1201	916	76.3%

### Limitations:

The data gathered from self-reported surveys has limited validity. Future analyses of MedEncentive program effectiveness should include other objective measures to assess pharmaceutical and EBC guideline compliance. It is not yet clear which, if any cofounders may have also influenced the number of hospital and office encounters.

### Conclusions:

Preliminary analysis indicates the utilization of information prescriptions in the primary care setting positively impacts healthcare adherence and utilization.

### Acknowledgements:

This project was funded by KUSM-W through an Institutional Pilot Seed Grant

Abstract: 283/300 words/Unstructured

**Title:** Does MedEncentive® Work?: An Assessment of the Utilization of a Web-based Software Program to Deliver Information Therapy in the Primary Care Setting

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**Context:** This investigation assesses MedEncentive®, a web-based software program that issues "information prescriptions". "Information prescriptions" are a form of information therapy, a tool for primary care physicians that might improve patient knowledge, patient compliance, health outcomes, and reduce healthcare costs. Patients and doctors are financially incentivized to use the MedEncentive® system to deliver information prescriptions and report adherence to evidence based guidelines and healthy behaviors. **Objectives:** 1. Determine provider participation. 2. Determine patient participation. 3. Determine if patients consuming information had improved adherence and use of evidence-based care guidelines. **Human Subjects Review:** Issued by the KUSM-W Internal Review Board approval level f(5) as an expedited study. **Design:** A retrospective cohort was created from employee health claims and self-report data for secondary analysis. **Setting:** The intervention was implemented in a large community, ambulatory, multi-specialist medical group with a large primary care contingent. **Patients or Other Participants:** All employees and dependents covered under the health plan of the medical group were eligible for inclusion (N=1,275 average monthly enrollment). Patients were self-selected (n=1,347 for study period) if they participated in MedEncentive® after a primary care office visit during the study period (2008-2009). **Intervention/Instrument:** The intervention was the MedEncentive® information prescription including patient education and evidence-based recommendations for each patient's condition. **Main and Secondary Outcome Measures:** Primary outcomes are measured as: participation in MedEncentive®, self-reported patient adherence, and aggregate healthcare cost. **Anticipated results:** Preliminary results indicate patient perceived adherence is an important factor in achieving self-management in many ambulatory conditions managed by a primary care doctor. Additionally, the degree that physicians and patients both participated in the program is a key component. Results suggest improved cost containment for the employer. **Conclusion:** Preliminary analysis indicates the utilization of information prescriptions in the primary care setting positively impacts healthcare adherence, use and costs.