

HP4LifeSM

“A Practical Health Coverage Solution for our Health Care Crisis”

Report #3

Health Plan for Life (*HP4LifeSM*)

**Workshop Charge Documents for Testing
and Refinement of *HP4LifeSM***

Welcome: Purpose and Tasks for the Health Plan for Life Workshop!

This Health Plan for Life (**HP4Life**SM) Invitational Workshop promises to be the two most intense and difficult days you've experienced in recent months.

You are a 'select' group – each person invited because of your unique experience, skills, and personality – you have come to South Seattle Community College for an especially important process based upon this premise:

“Good ideas are not self-fulfilling. Someone must act with great effort for results to emerge.”

You are that 'someone' chosen to act with great effort!

Hypothesis for the Health Plan for Life:

The **HP4Life**SM Model and Concept will stabilize the growth of health care spending and improve the health and health status of those people so covered.

HP4LifeSM Workshop – The Task!

The **HP4Life**SM Steering Group and Workshop Facilitators thank you for coming together to accomplish in two days what has been impossible the past 10 years. You will revise, modify, and refine the draft **HP4Life**SM Model. Today you will transform a “strawman” model and concept into a workable “ironwoman”. You will refine the draft **HP4Life**SM without primary regard for the financing sources of health care benefits and plans. You will do this because you have the knowledge, skills, and experience appropriate to the task having left your agendas and biases at the door. You need not deal with other 'large' issues such as federal tax credits; single payer reform; problems of HIPAA, Medicare reforms, comprehensive or total health system reform, etc. Tomorrow you will again be taxed to the utmost. You will decide what is to be done to propose the **HP4Life**SM Model and Concept for implementation as a testable demonstration. You will establish the overall benchmarks and outcomes to conduct rigorous evaluation of the demonstration under funded health services research. And, you will set out the processes and organization needed to put your recommendations and conclusions into action. You are the ACTION for what is possible and what needs to be done now.

The **HP4Life**SM Model and Concept produced by this Workshop will be placed in the public domain. Your deliberations, findings, and recommendations will be compiled in two public electronic documents – a comprehensive and detailed HP4Life Workshop Proceedings; and, a companion short summary document. Both will be distributed and made available to a wide audience.

Health Care Spending and Costs- A Working Assumption!

Here then is a general and useful equation that describes health care spending and costs. Its purpose is to serve as a working assumption:

Healthcare spending is a function of Utilization + Economic Friction.

Utilization is a function of (Population + Genetics + Environments + Supply + Demand + Technology + Capital + Culture + Prices) x (Economic Friction).

Our HP4LifeSM Workshop Objective:

Improve both cost outcomes and the health of people without destructive disruptions - without creating adverse turmoil in what now exists and consumes 15% of the nation's GDP.

- Construct a model that combines a version of CDHP with patient-centric effective demand management suitable for incorporation within most existing health insurance and related health plans.

- Propose a test of the HP4Life model and evaluate the model for these measurable outcomes –
 - Changes in health and health status
 - Changes in health spending by all payers
 - Changes in beneficiary/enrollee satisfaction
 - Changes in employer/payer/carrier satisfaction
 - Changes in hospital/physician/provider satisfaction

What the HP4LifeSM model is NOT:

- It is not a comprehensive health benefit!
- It is not a substitute for health insurance!
- It is not the source of financing of coverage!
- It is not a new type of ‘managed care plan’!
- It does not replace risk-based coverage!
- It does not replace effective medical case management!
- It does not replace patient safety and quality improvement systems!
- It is not the *Magna Therapia Sterilisans* for all that ails!

The HP4LifeSM model is:

- An option for a patient-centric, subscriber-engaging model!
- Adoptable within any current benefit, insurance, plan, or coverage!

Getting to Solutions:

The endless, too often fruitless debates over Health Care Reform compel posing this question – “What is to be done - not merely ask what might be done?”

Plausible arguments and convincing rhetoric alone should not be the primary basis for important policy decisions.

Implementing alternatives and examining rigorously the experience that results can show “What works and what doesn’t”.

Implementing “what works” and discarding “what doesn’t” will better guide policy decisions toward improved health and use of scarce health dollars.

The aim of the HP4LifeSM model is:

- To get to sustainable, workable solutions and results!
- To move from the rhetoric of paralysis, same old, recurrent distemper, blame casting, and endless tweaking to testing this *HP4LifeSM* model for effectiveness in real time!
- To restructure a small portion of the flow of health benefit dollars!
- To apply optimal, proven supply and demand health care cost management methods and strategies!
- To provide effective incentive-based population health management!
- To implement subscriber + enrollee-centric positive and negative incentives!

Housekeeping information:

Please sign the Registration Sheet both today and tomorrow!

Please turn off your cell phones – use the Board Room for calls!

Restrooms are right around the corner!

Be candid, be honest, be forthright, be solvers!

As for this *HP4LifeSM* Workshop – Failure is not an option!

Acknowledgements and Thanks!

The *HP4Life*SM Model and Workshop was made possible by:

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Evergreen Freedom Foundation-Grantor and Host
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Washington Policy Center-Sponsor
The Rainier Institute-Sponsor
Washington State Medical Association-Sponsor
Washington State Pharmacy Association-Participating Organization
Office of the Insurance Commissioner-Participating Organization
Workshop attendees and supporters of the HP4Life Process
HP4Life Steering Group members and Facilitators

And now Larry Chapman will review the Draft *HP4Life*SM Model and Concept.

Following his presentation and responses to your questions, there will be a brief Health Break at 10 AM.

Groups will begin their work at precisely 10:15 AM.

The lunch break is at Noon and group work will resume at 1:00 PM.

We will adjourn today at 4:00 PM to convene tomorrow at 8:00 AM.

The initial *HP4Life*SM Concept Paper reviewed by the Workshop participants follows. (Editors note: The PowerPoint presentation that presents the overview and rationale for *HP4Life*SM is in Report #5.)

DRAFT

*Health Plan for Life:
A Model Form of Health Coverage*

HP4Life

“A Practical Health Coverage Solution for our Health Care Crisis”

Concept Paper

Developed for the *HP4Life* Steering Group

August 25, 2003

Version 5.0

Prologue:

This model of health coverage and its companion preventive and health management interventions is offered as both a short and long term solution for the seemingly intractable problems of accessibility, quality and cost of health care. This model health plan design and its companion interventions can be adapted to the current health benefit coverage of individual employee groups of any size, multiple employer plans, health and welfare union trusts, beneficiaries of Medicare, recipients of Medicaid, military beneficiaries, special risk pool populations and retiree groups. ***HP4Life*** is designed to help counteract the significant market imperfections that exist in the American health care system. At its core, this plan combines an adjustable Consumer Driven Health Plan (CDHP) to fit different financial needs and current health coverage forms with an integrated set of state-of-the-art prevention and health management interventions. ***HP4Life*** is designed for all individuals and families who are capable of managing their own personal finances.

The core values that have shaped the design and development of ***HP4Life*** are:

- Primary reliance on market forces augmented by government regulation and subsidies for vulnerable populations
- Enhancement of consumer choices and creation of clear health care coverage options
- Creation of personal incentives to encourage saving for future health costs and efficient use of health care now
- Formal integration of prevention and health management as integral parts of the model plan design
- Concomitant need for at minimum catastrophic-style universal coverage for everyone
- Need for greater administrative simplicity in the financing of health care
- Need to implement and rigorously test this model plan design in controlled trial before widespread adoption

The various individual components of ***HP4Life*** have been tested and studied extensively, with the exception of the CDHP plan design.

However, the combination of plan design and health management interventions are seen as operationally inseparable. A full-scale independent trial of ***HP4Life*** is part of the future plans of the ***HP4Life*** Working Group.

What is HP4Life?

- ✓ ***HP4Life*** is a model form of health coverage that integrates a consumer-driven health plan design, that can be adapted to whatever the form of health plan coverage the individual or group currently has, along with the formal integration of a number of proactive prevention and health management interventions and incentives.
- ✓ ***HP4Life*** is not a financing mechanism for the economic risk of health care, nor is it a “one size fits all” form of a health plan. Some entity such as an individual, an employer or local, state or national government agency will still need to provide the financing for health care. ***HP4Life*** is simply a template that can be adapted to virtually any population that manages its own resources.
- ✓ ***HP4Life*** is a highly flexible model form of a health plan combined with a structured set of prevention and health management interventions.

- ✓ The short and long term economic effectiveness of ***HP4Life*** is based on two major premises:

One.... that when consumers spend their own money they spend it more wisely that someone else’s, whether that other entity is an employer, insurance company or governmental entity. Thus the consumer-directed health plan design of ***HP4Life***.

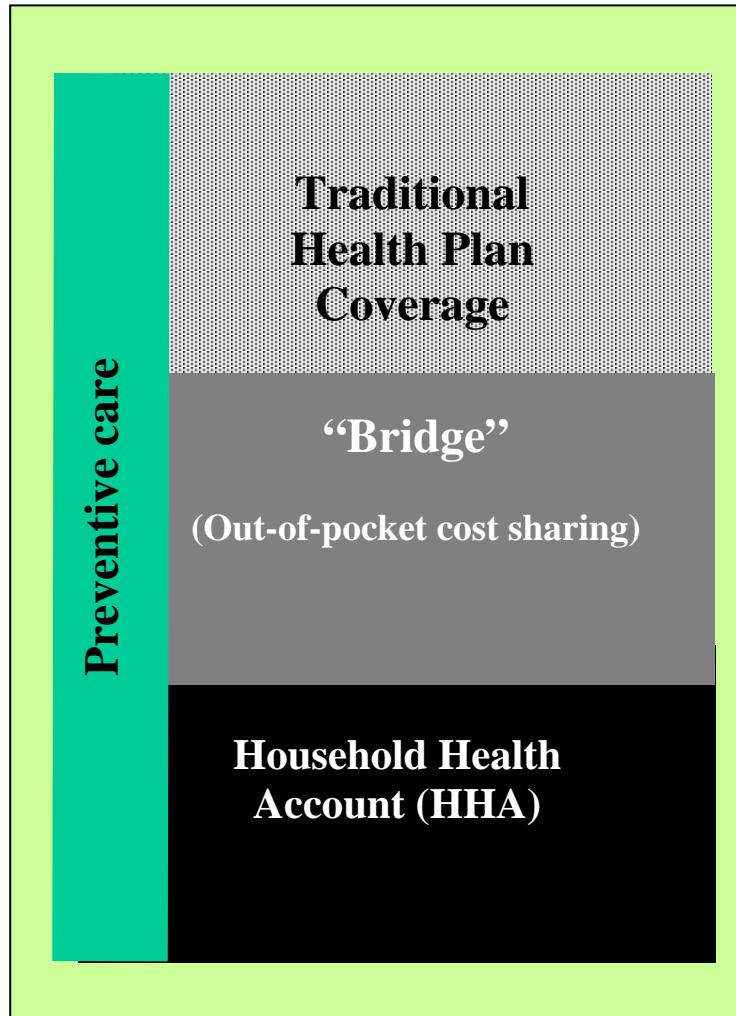
Two.... a very significant portion of health care use is potentially preventable, if the incentives are significant enough.

- ✓ ***HP4Life*** is not intended to make every stakeholder group in health care happy. It is our belief that it is politically and technically impossible to fix the mounting problems of our health care system and keep all the various stakeholder groups happy.
- ✓ ***HP4Life*** is intended to provide a solution that uses improved consumer decision-making and preventive interventions catalyzed by incentives and use of newer prevention technology.

HP4Life Overview:

The *HP4Life* model involves a...

Consumer Driven Health Plan (CDHP) and a set of Health Management Interventions



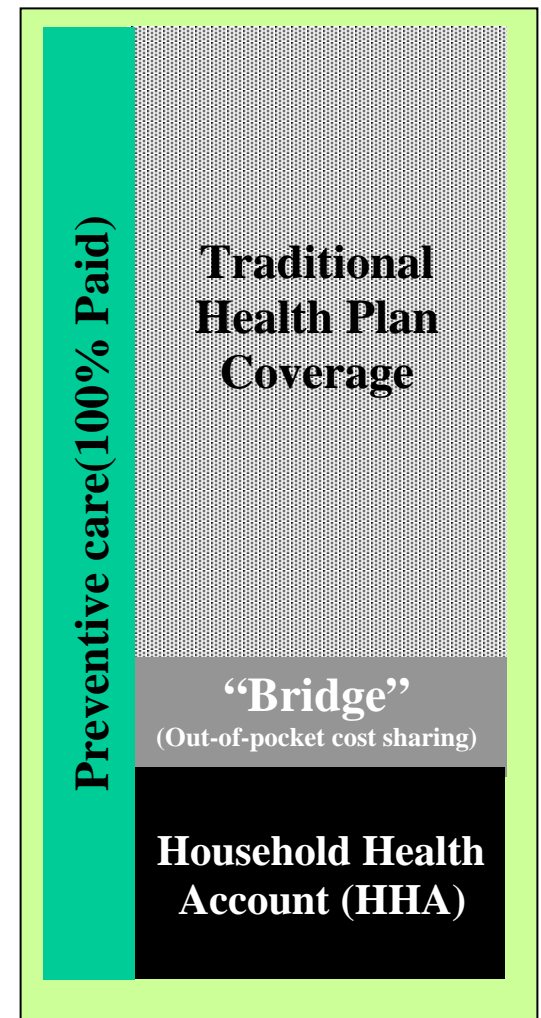
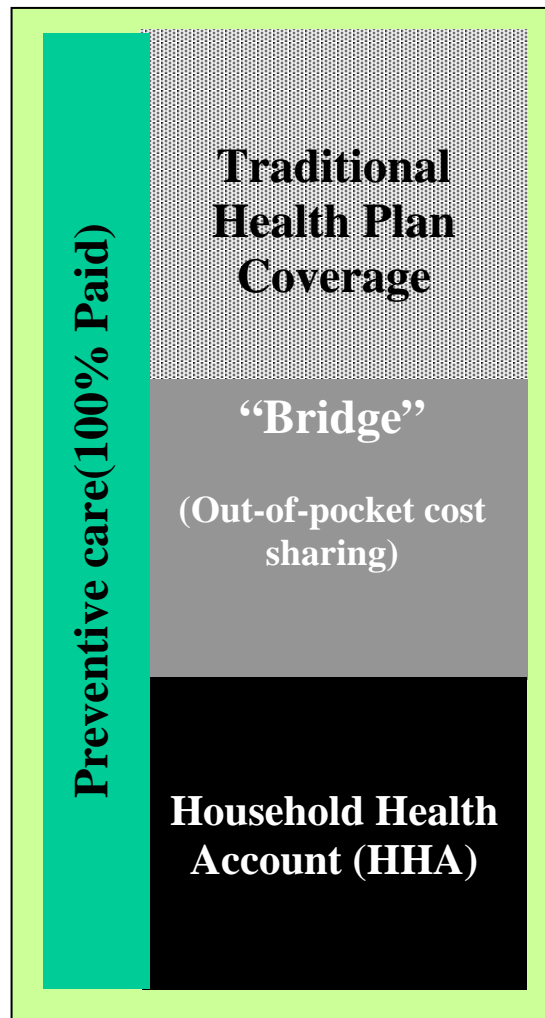
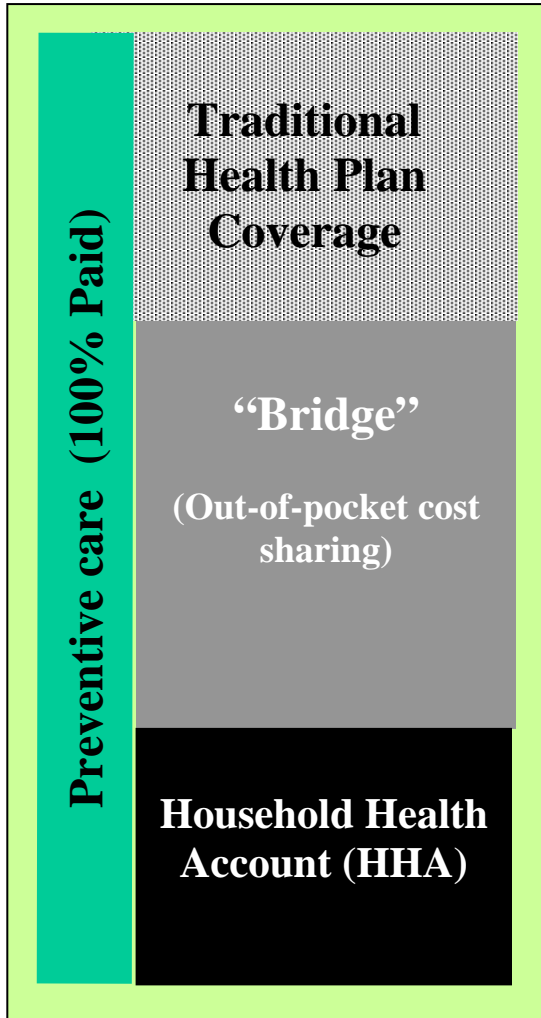
- ✓ "You Can Make a Difference" 2 hour workshop
- ✓ Annual health questionnaire (HRA) required
- ✓ Personal wellness report mailed to each individual
- ✓ Telephone follow-up for high risk and at-risk
- ✓ Wellness coach option for high risk
- ✓ Disease management for selected conditions
- ✓ Clinical summary page for physician from HRA
- ✓ Self-directed change materials sent on request
- ✓ Wellness newsletter mailed to home monthly
- ✓ Recommended websites for health topics
- ✓ Option for a wellness mentor
- ✓ Medical self-care book mailed to home
- ✓ 24/7 toll-free health advice line
- ✓ Health audio-tape phone library
- ✓ Full amount in HHA for receipt of preventive care
- ✓ Incentive for wellness achievements
- ✓ Targeted biometric screening
- ✓ Link to site-based health and wellness services

The CDHP is scalable or modifiable to fit the benefits and economic resources of the population involved. For example, the relative size of the various parts of the CDHP would vary in the following way for the three major groups identified below:

*Private Sector
Employer Version*

*Public Sector
Employer Version*

*Publicly Subsidized
Population Version*



How HP4Life Works.....

Version Private Sector Employer Version Public Sector Employer Version Publicly Subsidized Population



Family Characteristics

Consumer Driven Health Plan Features			
Annual Income	\$62,000	\$34,000	\$28,000
Individual Deductible	\$2,500	\$1,500	\$1,000
Family Deductible	\$5,000	Non-Applicable	Not Applicable
Maximum out of Pocket	\$2,000	\$1,000	\$500
Household Health Account (HHA)	\$1,500	\$500	\$800
Flexible Spending Account	Yes (\$1,000)	No	Yes (\$500)
Actual Medical Expenses	\$2,700	\$100	\$4,600
Actual out of Pocket	\$200	\$0	\$0
End of Year Amount in HHA	\$0	\$400	\$0

Health Management Interventions			
Attend 2 Hour Educational Workshop	Required	Required	Required
Annual Health Questionnaire	Required	Required	Required
Receive Personal Wellness Report	Yes	Yes	Yes
Telephone Call Follow-up	Yes	Yes	Yes
Wellness Coaching Options	Yes	Yes	Yes
Disease Management Program	Yes	Yes	Yes
Clinical Summary of HRA for MD	Yes	Yes	Yes
Self-Directed Material on Request	Yes	Yes	Yes
Receive Wellness Newsletter at Home	Yes	Yes	Yes
Recommended Wellness Websites	Yes	Yes	Yes
Wellness Mentor Option	Yes	Yes	Yes
Medical Self-Care Book	Yes	Yes	Yes
24/7 Health Advice Line	Yes	Yes	Yes
Health Audiotape Library	Yes	Yes	Yes
Full HHA Amount for Preventive Care	Yes	Yes	Yes
Incentives for Wellness Achievements	Yes	Yes	Yes
Targeted Biometric Testing	Yes	Yes	Yes
Linked to Site Based Prevention Activities	Yes	Yes	Yes

Details of the Consumer Driven Health Plan (CDHP):

The standard design features of the CDHP component of ***HP4Life*** follow:

- ✓ The CDHP provides the financial reimbursement for health care coverage for individuals in each covered household.
- ✓ The scope of covered services under the high deductible health plan coverage would include the types of medical and health services that are included in the replacement health plan and are entirely scalable or open to adjustment for the population involved.
- ✓ Each covered household would have a “Household Health Account”(HHA) that would be fully portable and any amount remaining at the end of the benefit year would roll over to the following year. The HHA would use a Section 105 Medical Reimbursement Plan vehicle, debit card or similar mechanism. Legislative reform of the Medical Savings Account (MSA) provisions of HIPAA could have an effect.
- ✓ The scalable HHA would be funded each year by the employer, state or the individual with tax deductible or tax-exempt dollars.
- ✓ The actual amount provided could vary according to the individual’s participation in the health management interventions.
- ✓ Each adult covered by the CDHP would need to complete a health questionnaire annually that would be used in several health management interventions and in a manner fully consistent with HIPAA privacy regulations.
- ✓ The maximum amount deposited in the HHA each year would be linked to the deductible and the Maximum Out of Pocket (MOP) levels of the Health Plan for each group of similarly situated individuals.
- ✓ All covered households under employer-sponsored benefits would have the option to use a health care Flexible Spending Account (FSA) as pre-tax dollars for expected health care expenses. (This provision would apply until legislative changes to MSAs occur)
- ✓ A maximum amount of \$200 a year for approved clinical preventive services would be provided for each covered individual paid at 100% by the CDHP plan vendor.
- ✓ The high deductible plan vendor would utilize proven accepted utilization management provisions for health care covered under the traditional health plan coverage.
- ✓ The MOP feature helps keep utilization within the preferred network if applicable.
- ✓ The HHA may apply to a broader range of covered health services than the high deductible health plan coverage, but would not exceed those “substantiated medical services” defined under Section 213(d) of the Internal Revenue Service Code.
- ✓ Withdrawals from an HHA for other than “substantiated medical expenses” would incur a tax penalty.
- ✓ Unused HHA funds in a calendar year will be carried forward to the following year.

- ✓ Single employees would have a small payroll contribution for the high deductible health plan
- ✓ Employees desiring dependent or family coverage would have a additional payroll contribution for coverage under the high deductible health plan.

Details of the Health Management Interventions:

The health management interventions of the *HP4Life* would include the following:

Name	Brief Description
✓ “You Can Make a Difference” 2 hour workshop	This two-hour ‘face to face’ workshop informs plan enrollees / consumers about the health care costs crises, and what they can do to be wiser health care consumers. Also this session can include information on medical self-care, preventive screening, avoiding patient safety problems and utilizing the many health interventions available to them.
✓ Annual health questionnaire (HRA) required	A 60+ question, computer processed, health questionnaire provides the core data on each adult participant, to include: demographic, cardiovascular health, medication history, medical history, current symptomatology, selected family medical history, preventive screening, overall health, men’s and women’s health concerns, exercise, nutrition, tobacco use, drug and alcohol use, safety, stress & happiness, lifestyle choices, medical care preferences, and biometric information. This information would be used for planning, individual interventions and program evaluation purposes.
✓ Personal wellness report mailed to each individual	Personal wellness report mailed to individual’s home should be a four color piece with high degree of personalization, website suggestions and a one page clinical summary to be given to the individual’s physician. Report should also include recommendations for participation in other health management interventions and preventive screening.

- ✓ Telephone follow-up for high risk and at-risk

- ✓ Wellness coach option

- ✓ Disease management for selected conditions

- ✓ Clinical summary page for physician from HRA

- ✓ Self-directed change materials sent on request

- ✓ Wellness newsletter mailed to home monthly

For those individuals with multiple health risks and specific health issues a telephone call would be made to their home in the evening offering them a follow-up coaching process for any health risks or health behaviors they would like to change.

For all individuals other than those involved in the high risk behavior category that desire telephonic coaching support for health behavior change this option would be made available on a periodic basis.

For approximately 5% of the population with high chronic disease costs a disease management phone consultation process would be provided. The diseases involved may include but not be limited to: diabetes, asthma, MS, cardiovascular disease, congestive heart failure and COPD.

The last page on the individual's HRA personal wellness report is separate and may be taken by that participant to their primary care physician. The purpose is to coordinate the information provided under the *HP4Life HRA questionnaire* with the *specific* patient's current care.

For those involved in a telephone coaching process: provide a variety of materials designed to help the individual manage his / her own health behavior change(s). Others would have a periodic opportunity to request these materials when they are motivated to change.

An attractive and well-written wellness newsletter would be sent 10 times a year to each household involved in *HP4Life*. The purpose of the newsletter: to provide scientifically sound

health advice, information on consumer health tips, injury prevention tips, seasonal health concerns. Also includes information for individuals in various stages of readiness to change. Website addresses would also be included along with thought provoking and humorous ideas.

A list of websites that provide sound health information would be provided to all participants in *HP4Life* and these would be included in a variety of informational vehicles reaching program participants.

Participants wanting a formal connection to a wellness mentor to follow a proven successful health behavior modification plan would be provided a mentor.

A medical self-care book that provides clinician-derived advice on dealing with the minor self-limiting symptoms would be distributed to each household participating in *HP4Life*. Additional medical self-care books that focus on appropriate health issues for the household involved would be distributed periodically.

A toll free, 24/7 health advice line would be made available to all participants in *HP4Life* and the line would provide a broad range of health information functions.

All participants would have access to a toll-free health and medical audiotape library where individuals can call in, request a specific tape and listen to it. (>450 health topics)

For those beneficiaries that participate by receiving all

✓ Recommended websites for health topics

✓ Option for a wellness mentor

✓ Medical self-care book mailed to home

✓ 24/7 toll-free health advice line

✓ Health audio-tape phone library

✓ Full amount in HHA for current preventive care

preventive screening, immunizations and tests recommended by their Primary Care Physician (PCP) by September 1st each year, they receive the full amount of contribution in their Household Health Account. If they do not provide a Preventive Care Certificate from their PCP then the amount in their HHA is reduced by 25%.

All participants meeting any 8 out of 10 wellness criteria by September 1st each year will receive an additional 25% in their HHA the following year.

For any participant whose HRA indicates that they need a follow-up biometric screening test, the individual will be contacted by telephone and referred to a site for testing.

To the extent possible, the health management interventions would be linked to site-based health and wellness services available at the worksite and at community locations. Referral information would be available by phone and through website provided information.

✓ Incentive for wellness achievements

✓ Targeted biometric screening

✓ Link to site-based health and wellness services

Note: All individuals enrolled in a ***HP4Life*** style health plan have access to all the health management interventions identified above but not all would choose to use or need these interventions. The only required interventions are the 2 hour workshop and the completion of the health questionnaire each year. The remainder of the interventions may be promoted to those individuals completing the health questionnaire based on their expressed or clinically determined needs.

The Economics of HP4Life

This model form of health coverage, based on a large body of scientific evidence, is expected to produce health cost savings for actuarially credible populations of 5% to 35% along with similar magnitude improvements in health status. The cost of administrative operation of the Household Health Account and the delivery of all the health management interventions is not expected to exceed \$300 per person per year or 5% of the cost of the average health plan expenses for the population involved.

Some of the articles used to formulate these economic hypotheses are as follows:

Anderson, D., & Stauffer, M. (1996). The Impact of Worksite-based Health Risk Appraisal on Health-related Outcomes: A Review of the Literature. *American Journal of Health Promotion*, 10(6), 499-508.

Christianson, J., et. al., (2002) Defined Contribution Health Insurance Products: Development and Prospects, *Health Affairs*, January/February, 21(10), 49-64.

Edington, D.W., Yen, L.T., & Witting, P. (1997). The Financial Impact of Changes in Personal Health Practices. *Journal of Occupational and Environmental Medicine*, 39(11), 1037-1046.

Editors (2003) Report of the U.S. Preventive Services Task Force. *Guide to Clinical Preventive Services* (3rd ed.). William & Wilkins, p. 953.

Friede, A. (1997). *CDC Prevention Guidelines: A Guide for Action*. Baltimore, MD: Williams & Wilkins, p. 1556.

Glanz, K., Sorenson, G., & Farmer, A. (1996). The Health Impact of Worksite Nutrition and Cholesterol Intervention Programs. *American Journal of Health Promotion*, 10(6), 453-470.

Goetzel, Ron Z., et al. (1998 April). Health Care Costs of Worksite Health Promotion Participants and Non-Participants. *Journal of Occupational and Environmental Medicine* 40, (4) 341-346.

Goetzel, Ron Z., et al. (1998 June). Differences Between Descriptive and Multivariate Estimates of the Impact of Chevron Corporation's Health Quest Program on Medical Expenditures. *Journal of Occupational and Environmental Medicine* 40, (6) 538-545.

Heaney, C., & Goetzel, R. (1997). A Review of Health Related Outcomes of Multi-Component Worksite Health Promotion Programs. *American Journal of Health Promotion*, 11(4), 290-307.

Hennrikus, D., & Jeffery, R. (1996). Worksite Intervention for Weight Control: A Review of the Literature. *American Journal of Health Promotion*, 10(6), 471-498.

Herzinger, R., (2002) Let's Put Consumers in Charge of Health Care, *Harvard Business Review*, July, p. 4-11.

Last, J., & Maxcy-Rosenau, (Eds.). *Public Health and Preventive Medicine* (13th ed.). Norwalk, CT: Appleton & Lange, p. 1257.

- Murphy, L. (1996). Stress Management in Work Settings: A Critical Review of the Health Effects. *American Journal of Health Promotion*, 11(2), 112-135.
- Musich, S., et.al., (2003) Examination of Risk Status Transitions Among Active Employees in a Comprehensive Worksite Health Promotion Program, *Journal of Occupational and Environmental Medicine*, 45(4), 393-399.
- Musich, Shirley A., et.al., (2000) Effectiveness of health promotion programs in moderating medical costs in the USA, *Health Promotion International*, 15(1): 5-15.
- National Manufacturers Association, (2002) *Health Care at the Crossroads*, Washington DC, p. 42.
- Newhouse, J., (1991) *Free for All? Lessons from the Rand Health Insurance Experiment*, Harvard University Press, Cambridge, MA, p. 438.
- Osinubi, O, et.al., (2003) A Pilot Study of Telephone Based Smoking Cessation Intervention in Asbestos Workers, *Journal of Occupational and Environmental Medicine*, 45(5), 569-574.
- Ozminkowski, Ronald J., et.al., (1999) A return on investment evaluation of the Citibank, N.A., Health Management Program, *American Journal of Health Promotion*, September/October; 14(1):31-43.
- Ozminkowski, Ronald J., et.al., (2002) Long term impact of Johnson & Johnson's Health & Wellness Program on health care utilization and expenditures, *Journal of Occupational and Environmental Medicine*, January; 44(1); 21-29.
- Roman, P, & Blum, T. (1996). Alcohol: A Review of the Impact of Worksite Interventions on Health and Behavioral Outcomes. *American Journal of Health Promotion*, 11(2), 136-149.
- Serxner, Seth, et.al., (2001) The impact of a worksite health promotion program on short term disability usage, *Journal of Occupational and Environmental Medicine*, January; 43(1): 25-29.
- Shepard, R. (1996). Worksite Fitness and Exercise Programs: A Review of Methodology and Health Impact. *American Journal of Health Promotion*, 10(6), 436-452.
- Wilson, M. (1996). A Comprehensive Review of the Effects of Worksite Health Promotion on Health-related Outcomes: An Update. *American Journal of Health Promotion*, 11(2), 107-108.
- Wilson, M., Holman, P., & Hammock, A. (1996). A Comprehensive Review of the Effects of Worksite Health Promotion on Health-related Outcomes. *American Journal of Health Promotion*, 10(6), 429-435.
- Wilson, M., Jorgenson, C., & Cole, G. (1996). The Health Effects of Worksite HIV/AIDS Interventions: A Review of the Research Literature. *American Journal of Health Promotion*, 11(2), 150-157.
- Woolf, S. (Ed.). (1996). *Health Promotion and Disease Prevention in Clinical Practice*. Baltimore, MD: William & Wilkins, p. 618.

Since all the combined components of **HP4Life** are not in operation anywhere at the present time, it is imperative that a rigorous research and demonstration project to test **HP4Life** be implemented.

Conclusion

HP4Life is a model form of health coverage that can mirror the features of the health plan it is replacing, but universally adds a larger financial role for the consumer than any existing health plan. In addition the consumer's financial responsibility can be scaled to their income level and family characteristics. The ability to carry-over unused balances in their Household Health Account (HHA) is intended to allow a significant level of savings for future health care expenses.

The wide range of “virtual” health management interventions do not require the individual to go to any particular physical location, but rather are intended to offer help, information and support to individuals in their homes. The only information needed to provide *HP4Life* is the individual's name, home address and home telephone number.

To reiterate, *HP4Life* is a health plan model that:

- ✓ Places the consumer in a much more powerful position to control their own health care choices and alternatives.
- ✓ Can be used to replace any kind of health plan with any level of benefits and coverage in both the private and public sectors.
- ✓ Provides a much more comprehensive set of preventive and health management interventions than any current health plans in the market.
- ✓ Combines the economic incentives with the resources and tools to achieve healthier people and healthier populations.
- ✓ Is based on a set of values that strive to balance cost, quality and accessibility of care.
- ✓ Provides a platform for virtually any range of scope of covered services and benefits.
- ✓ Provides a health plan vehicle for any form of risk assumption from fully insured to fully self-insured.
- ✓ Uses a set of “demand-side” approaches along with the traditional “supply-side” approaches to achieve long-term stabilization of health care costs.
- ✓ Lends itself to a high level of measurement and evaluation.
- ✓ Provides a solution for many of the most significant market imperfections that exist in the health care industry.
- ✓ Offers a consumer-centric solution to health care reform changes.

For more information on the Health Plan for Life (*HP4LifeSM*) visit the Evergreen Freedom Foundation (EFF) website identified below. You can download any of the following reports depending on your interest in this new model for health coverage. Go to [EFF's website](#) and download any or all of the following:

Report Number	Title	Brief Description	File Size
#1	Overview Graphic	A one page graphic of the <i>HP4LifeSM</i> health coverage model.	90k
#2	Background Document on <i>HP4LifeSM</i>	This report provides the rationale for <i>HP4LifeSM</i> and sets the context for why it was developed.	200k
#3	Workshop Charge Documents for Testing and Refinement of <i>HP4LifeSM</i>	This documents provides the workshop charge, objectives and plan for testing the soundness of the <i>HP4LifeSM</i> concept and sets the stage for the workshop event that happened in September of 2003. The original version of <i>HP4LifeSM</i> is included in this document.	400k
#4	Workshop Participants and Facilitators	This document identifies the individuals who participated in the Workshop including; Steering Group Members, facilitators and participants.	200k
#5	Summary PowerPoint Presentation on <i>HP4LifeSM</i>	This PowerPoint presentation presents the background, rationale and specific forms of the <i>HP4LifeSM</i> and completed note pages.	900k
#6	Workshop Summary	This is the annotated record and summary of the two day invitational workshop to review, refine and modified <i>HP4LifeSM</i> .	325k
#7	<i>HP4LifeSM</i> : Final Model and Concept Paper	This is the formal outcome of the refinements recommended by the participants at the invitational workshop on <i>HP4LifeSM</i> .	375k
#8	About the Workshop Sponsors	This document describes the sponsoring organizations for the <i>HP4LifeSM</i> invitational conference: Evergreen Freedom Foundation and the Washington Health Foundation	75k
#9 (all eight docs)	Full <i>HP4LifeSM</i> Report Package	This download includes all eight documents described above.	2.6meg

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