

Impact Intelligence®

Health care organizations continue to seek ways to improve the value they deliver to their customers and pinpoint opportunities to enhance performance. Accurately identifying trends in health care costs and the key drivers of those trends can help organizations meet their goals. Measuring and sharing information on provider and network performance can enhance provider communication and practice processes. Providing better information on disease prevalence, health risk, and quality of care can advance member health and well-being. And, offering insights into the value delivered by a health plan can enhance relationships with employers. In each of these areas, valid, consistent, and actionable information is the key to improved quality, efficiency, and value.

Optum™ Impact Intelligence® is a health care decision-support solution that combines leading-edge information technology with proven analytic methodologies. The result is reporting and analysis with greater depth, flexibility, and power.

With Impact Intelligence, organizations can understand trends in costs and use, disease prevalence and costs, and create a comprehensive, high-level understanding of the value delivered by physicians and hospitals. Impact Intelligence combines superior health care information content with a robust data mart and reporting system to provide significant advantages in meeting analytic and reporting needs. Impact Intelligence facilitates information sharing and collaboration across the extended health care enterprise—empowering executives, physicians, analysts, case managers, and members to make sustainable improvements.

Flexibility

Using Impact Intelligence helps organizations analyze and dissect data along a wide range of dimensions and measures. In addition, customized report views allow individual users to focus on the data they need most.

Security

Because of Impact Intelligence's embedded security, organizations can easily integrate it into their existing HIPAA compliance program. Critical components of the security infrastructure include role-based authorization, audit logs, and SSL encryption.

Ease of use

Impact Intelligence delivers complex information through an intuitive, easy-to-use, web-native interface that highlights key opportunities for change to maximize effectiveness.

Functional support

Impact Intelligence includes specific analytic methodologies designed to support the business needs of multiple functions within a health care organization including:

- Provider network management
- Physician profiling and quality improvement
- Employer group reporting initiatives
- Benefit design and actuarial planning
- Disease management program development
- Case management and utilization trends
- Plan management and pricing
- Consumer-driven health care initiatives

Product components

Impact Intelligence includes rich features that help customers evaluate, understand, and act on an individual or group's clinical health. These unique features include:

- **Processing engine**—Encapsulates the methodological and analytic steps involved in creating valid measures of cost, utilization, and quality of care, including the Optum Symmetry® suite
- **Data mart**—Impact Intelligence creates a robust, flexible data mart that organizations can integrate as part of their existing reporting and analysis system, or serve as a complete, stand-alone decision support solution
- **Reporting system**—Includes standard and custom approaches that leverage the information included in the data mart. The flexible reporting system supports a wide array of information needs. Key components include:
 - **Multidimensional analysis services cubes**—Supports in-depth, interactive analysis of the underlying factors that drive financial trends and utilization performance using a pre-aggregated, multidimensional structure
 - **Guided analytic reports**—Provides entry points into analysis of data that support a wide range of health plan management functions; powerful filters enable almost unlimited flexibility in report content
 - **Claim level drill-down functionality**—Provides access to the specific underlying claims associated with summary performance measures
 - **Report scheduler**—Allows you to schedule selected reports to run at specific times or with user-specified frequency, save to a variety of formats, and route directly to designated recipients

The Impact Intelligence processing engine encapsulates the methodologies, algorithms, and industry-standard categorizations that provide critical information to health care organizations. The data mart provides a robust repository for health care information supporting custom analytics. And the reporting system provides a wide range of “views” of the information in the data mart—each view provides new and unique insights to users and for more efficient analysis and reporting.

Advanced analytics—Impact Intelligence and the Symmetry suite

A key component of the clinical validity of Impact Intelligence is its use of the Symmetry analytic engines. Symmetry is a comprehensive suite of information products that includes Episode Treatment Groups® (ETG®), Episode Risk Groups® (ERG®), and EBM Connect®. These solutions support a wide array of business needs using a single methodological platform. With this common platform, organizations can consistently apply industry-accepted measurement and assessment standards across a number of domains including cost of care, health risk, and quality of care.

The Impact Intelligence processing engine integrates Symmetry engines. The data mart includes Symmetry outputs which serve as the basis for a number of the Impact Intelligence analytic modules.

Impact Intelligence uses Symmetry ETG to identify clinical episodes of illness and the services involved in their diagnosis, management, and treatment. Episodes of care provide a valuable unit of analysis to support transparency, measure health care, and provide incentives for high performance.

ETG combines related services into clinically homogenous units that describe complete episodes of care. ETG creates episodes by collecting all inpatient, outpatient, and ancillary services into mutually exclusive and exhaustive categories. It then categorizes episodes by condition and severity level, effectively capturing the impact of comorbidities and complications that dramatically change the patient's clinical profile, health care utilization, and costs.

ETG enables powerful, accurate case mix adjustment and provides a natural basis for health care analytics. The medical consistency within an ETG also contributes to treatment decisions, as all care providers use and understand the groupings. ETG covers the breadth of clinical medicine and measures both acute and chronic conditions for comparison.

ETG outputs include details on the assignment of each medical and pharmacy claims record into a unique episode of care. They also contain episode-level detail on the ETG assigned to the episode, episode severity, and other key information.

Impact Intelligence also uses Symmetry ERG to describe the relative health risk of individuals and populations. ERG uses an individual's observed mix of ETG episodes of care to determine their overall measure of risk. ERG calculates a retrospective and prospective risk score for each individual and time period. The solution describes risk and Impact Intelligence uses it to risk adjust measures to support valid comparisons.

Symmetry EBM Connect is an analytic engine that assesses a patient's care compliance with evidence-based medicine and care guidelines. EBM Connect uses information readily available from administrative medical and pharmacy data, enrollment, and laboratory results and generates outputs indicating the compliance of a patient's care with a guideline and supporting information.

EBM Connect includes more than 500 unique quality rules. Impact Intelligence uses these rules in a number of applications including provider measurement and quality of care at the population level. EBM Connect results lead to understanding of care compliance with accepted guidelines and standards, by geographic region, provider network, and specific programs. Impact Intelligence also uses these results to identify high-performing physicians and areas to recommend improved physician compliance with prescribed care.

EBM Connect identifies patients with selected clinical conditions and evaluates particular aspects of their care by applying a series of clinical rules. Two important concepts to

achieve this include clinical conditions and clinical rules. Clinical conditions are medical conditions, disease states, or preventive screening categories. Clinical rules are the backbone of EBM Connect and define whether treatments for patients with certain conditions did or did not occur. Each clinical condition has one or more rules. Optum follows a disciplined, multi-phased, and cyclic process to develop EBM Connect rules that involve clinical expertise, a review of the literature and the evidence basis, and constructing algorithms that support the implementation of rules.

In addition to the Symmetry tools, Impact Intelligence includes a series of rigorous proprietary algorithms, including physician measurement methodologies, disease prevalence, and standard measures of costs and utilization, each utilizing diagnostic, procedural, and pharmaceutical information available from claims data and lab results.

Analytic business solutions

The analytical modules in Impact Intelligence provide a context for both the methodologies applied and the results available in the data mart and reporting system. Each analytic module leverages the same enhanced set of claims, enrollment, episodes, quality measures, and business categorizations. However, each module recasts the information to meet a specific information need, including the application of further methodological steps to support concepts such as the attribution of measures to individual physicians or episode case mix adjustment. These modules include:

Provider network assessment—This module measures the quality and cost of care of the services delivered by primary care and specialist physicians. It supports both population and episode-based cost-of-care measures. The provider network assessment module is flexible in its selection of included providers and the approach to measurement. Outputs include overall quality and cost-of-care performance for individual providers along with information that organization's use to identify the key drivers of differences in performance and opportunities for improvement.

Facility performance analytics—This module measures the cost and utilization of the care provided by inpatient facility providers, including cost and length of stay per inpatient admission and re-admission rates.

Pharmacy analytics—The pharmacy analytics module provides pharmacy-focused analysis around the cost and use of pharmacy services for recipients, from a prescription, population, and episode-of-care context. Using the quality measurement module and EBM Connect rules, it supports measurement of performance around appropriate use of pharmacy treatments and appropriate follow-up to monitor medication use and complications.

Radiology analytics—This analytic module delivers focused analytics around the cost and use of imaging and other radiology services—from an encounter, population, and episode context.

Health risk analytics—This module supports relative ERG health risk for populations and sub-populations.

Quality measurement—The quality measurement module provides quality-focused analytics supporting assessment of the compliance of care with evidence-based and other national standard guidelines. Users can summarize EBM Connect results for all measures along different dimensions, including groupings of members by demographics, program status, geography, and other categorizations.

Care management—The care management module summarizes disease prevalence and costs for a large number of financially and clinically important conditions. This module models and subsets patients by condition and co-morbidity. It identifies costs, both overall for a population of patients and disease-related.

Employer group reporting—This module provides the key analytics and reporting functionality required to enhance communication with customers and to demonstrate value.

Impact Intelligence creates a number of measures that support analysis of health care data along different dimensions including services, populations, episodes of care, diseases and conditions, and inpatient admissions. Examples of available measures include:

- Cost and utilization per episode, overall and by type of service
- Cost and utilization per recipient per month, overall and by type of service
- Utilization of specific health care services, including patient visits, imaging and diagnostic tests, pharmaceuticals, emergency room, and inpatient admissions and days—measures per 1,000 episodes or per 1,000 recipients (annualized)
- Pharmacy measures, including generic prescribing rate, days supply, and metric quantity—per prescription, per episode, or per recipient per month
- Cost and utilization per inpatient admission
- Cost and utilization for recipients with specific conditions, overall and “disease-related” for services related to the condition and relevant co-morbidities (e.g., diabetes-related costs for a diabetic patient, CHF-related costs for a diabetic patient, and depression-related costs for a diabetic patient)
- The compliance of delivered care with evidence-based medicine and national standards and guidelines

Users can group each of the measures to produce tabulations by member, service, and provider characteristics, or they can cross-tabulate these measures to support analysis by combinations of these dimensions.

Provider measurement and reporting

Most health care organizations compare the quality and cost of care delivered by providers serving their members for improvement programs as well as demonstrating value to their customers. The provider network assessment module in Impact Intelligence examines provider performance through sophisticated analytic methods. It includes facilities for customization of the measurement methods because health care organizations can vary widely in their needs and use of analytics.

Impact Intelligence employs industry-standard approaches to provider measurement that leverage concepts such as episodes of care and quality measures, but users configure it around which providers it measures and how. The core methodologies for Impact Intelligence, including the Symmetry suite of analytic engines, create valid units of analysis that support measurement of providers along a number of dimensions.

Provider measures start with the processed and standardized information created by Impact Intelligence. These include results from the processing and standardization of enrollment, medical, pharmacy, and lab results data and the outputs from the Symmetry ETG and EBM Connect solutions.

Impact Intelligence then applies a series of analytic steps for provider measurement. Each of these steps is flexible in its use of cost and quality information. Customers can select:

- The units and dimensions of measurement employed, including episodes of care, populations, inpatient admissions, or specific procedures
- The individual providers for comparison and how Impact Intelligence compares them

Users can configure each peer group or specialty's "peer definitions." They can also select different methodological approaches for each comparison group around the following parameters:

- The providers included in a group of peers—often defined using attributes such as provider specialty and location
- The list of ETGs or EBM Connect quality measures used in comparing that group of providers
- Attribution—methods used in assigning physician responsibility to members, quality opportunities, or episodes of care
- The metrics for use in comparing providers, such as costs (overall or by type of service), utilization of specific services, or other metrics that users select from an episode, population, quality, or inpatient admission context
- The approach used to risk adjust for differences in patient morbidity or case mix across providers in a peer group, allowing a focus on those differences between providers that are likely due to differences in the practice of medicine
- Creating physician cost-of-care and quality-of-care results and enabling approaches for sharing these findings with providers and other stakeholders

Impact Intelligence includes a number of quality and cost-of-care metrics that support provider measurement including population-based, episode-based, and admission-based measures. Table 1 describes some of these measures and the different levels available to research and understand results.

Impact Intelligence makes aggregate and detailed provider results available in standard reports and also as part of the data mart to support custom analytics and research. The screenshots at the end of this document provide examples of the types of information available for each physician for analysis and reporting. The other analytic modules in Impact Intelligence provide similar reporting functionality, including the ability to assess both aggregate findings and detailed results.

Summary

Measuring and improving value in health care is a constant challenge for health care organizations. Organizations require timely and actionable information on trends in costs and quality, valid measures of provider performance, insights into the disease prevalence and risk of enrolled populations, and effective mechanisms for communicating with employers and demonstrating value.

Impact Intelligence combines superior health care information content with a robust data mart and reporting system that helps organizations meet their analytic and reporting needs with a flexible, secure, and easy-to-use solution. Information can only make an impact when it reaches the point of decision in a concise, accessible format and engages the decision maker. Impact Intelligence facilitates information sharing and collaboration across today's extended health care enterprise—empowering executives, physicians, analysts, case managers, and members to effect change.

Table 1

Impact Intelligence—provider performance measures	
Unit of analysis	
Population-based	Typically applied in comparison of primary care providers
Episode-based	Typically applied for both primary care and specialty providers
Admission-based	Typically applied for inpatient facilities; describing care during an inpatient stay
Metrics	
Cost of resources	cost PMPM, cost per episode, cost per admit, cost per day, cost per encounter
Utilization	including standard (E/M visits, lab procedures, imaging, inpatient days, inpatient admissions, length of stay, etc.) and specialty-specific utilization measures (CABG, angioplasty, echo, etc.)
Quality	including compliance with each measure at the rule and condition level
Level of detail	
Type of service	Can compare cost of care overall, or by type of service (e.g., ER, hospital, laboratory, primary care core, radiology, specialty care, pharmacy by therapeutic category)
Type of condition or disease	Can compare cost and utilization measures by condition or disease using ETG episodes of care, including: major practice category (e.g., cardiology), ETG family (e.g., CAD), and individual ETG (e.g., ischemic heart disease, excluding CHF, without AMI)
Type of EBM quality rule	For individual rules, conditions, and diseases, and rule types
Provider	Can compare cost and utilization measures for individual providers and any provider affiliations (e.g., peer group, locality, practice group, specialty, etc.)
Cost-of-care index	
For cost and utilization measures, case-mix/risk adjusted	
Observed and expected measures	Observed amounts describe the actual experience for a provider's patients, episodes or admissions <ul style="list-style-type: none"> The expected amounts describe the provider's experience for that same mix of members or episodes or admissions—if they practiced at a level consistent with the average for all providers in their peer group The expected amounts are case-mix/risk adjusted
Index	The ratio of observed to expected costs for a provider is the cost-of-care index <ul style="list-style-type: none"> A ratio greater than one indicates a provider uses a greater amount of resources relative to peers, after adjustment for case mix/risk Impact Intelligence can compute the cost-of-care index overall, or at any of the levels described above
Quality-of-care index	
For quality measures, rule-adjusted	
Observed and expected measures	The observed amounts describe the actual experience for a provider's mix of quality opportunities (patient and rule combinations) <ul style="list-style-type: none"> The expected amounts describe the provider's experience for that same mix of rules—if they practiced at a level consistent with the average for all providers in their peer group The expected amounts are rule adjusted
Index	The ratio of observed to expected quality for a provider is the quality-of-care index <ul style="list-style-type: none"> A ratio greater than 1 indicates a provider has a greater level of compliance relative to peers, after adjustment for rule risk Impact Intelligence can compute the quality of care index overall, or at any of the levels described above

Sample reports from the Impact Intelligence reporting system—provider measurement

Figure 1. The Impact Intelligence reporting system filters and sorts results to find higher performing providers and those providers presenting opportunities for improvement.

Physician list example:

Impact Analysis: Physician Quick List										
Export Data Total Rows: 577 << 1 of 3 >> 200										
Columns Filter Save										
Current report shows Provider Network Assessment that have Peer Definition (Level1) = Primary Care, Peer Definition = IA Family Practice and Number of Episodes equal or greater than 100. The report includes Provider Network Assessment that have any of the following Peer Definition items: "Primary Care", "Medical Specialty", "Surgical Specialty"										
Peer Definition	Provider ID	Provider Name	Number of Members, Population	Morbidity, Population	Number of Episodes	Case Mix, Episodes	Number of Quality Opportunities	Overall Cost Index, Population	Overall Cost Index, Episodes	Overall Quality Index
IA Family Practice	0014113667	Provider 0014113667	72	1.02	162	1.23	101	1.05	1.07	0.82
IA Family Practice	0018406068	Provider 0018406068	75	0.99	170	1.49	127	1.09	1.05	1.02
IA Family Practice	0063419812	Provider 0063419812	88	0.95	242	0.90	223	1.16	1.11	1.04
IA Family Practice	0083441995	Provider 0083441995	140	0.74	345	0.77	190	1.03	1.03	1.06
IA Family Practice	0093880072	Provider 0093880072	46	1.22	118	1.25	170	1.03	1.23	1.08
IA Family Practice	0143176764	Provider 0143176764	108	0.92	226	0.95	223	1.01	1.05	1.08
IA Family Practice	0190389655	Provider 0190389655	139	0.95	279	0.96	414	0.94	1.07	1.02
IA Family Practice	0197214331	Provider 0197214331	65	0.83	171	0.59	141	1.21	1.14	1.05
IA Family Practice	0229019551	Provider 0229019551	91	0.87	173	0.83	120	0.89	1.13	1.01
IA Family Practice	0233092033	Provider 0233092033	91	0.93	192	0.83	218	0.72	0.89	0.95
IA Family Practice	0235157255	Provider 0235157255	40	1.06	157	0.84	149	1.22	1.17	1.02
IA Family Practice	0235576690	Provider 0235576690	42	1.14	113	1.08	161	1.07	0.99	1.04
IA Family Practice	0237201648	Provider 0237201648	59	0.91	140	0.95	91	0.95	1.14	1.07
IA Family Practice	0242495411	Provider 0242495411	80	1.11	213	0.80	200	0.93	1.04	1.07
IA Family Practice	0255873520	Provider 0255873520	131	0.71	279	0.71	173	1.02	0.97	1.02
IA Family Practice	0258756168	Provider 0258756168	99	1.22	293	1.11	535	1.06	0.98	1.06
IA Family Practice	0279124333	Provider 0279124333	127	0.77	256	1.07	302	0.96	0.99	1.00
IA Family Practice	0293560214	Provider 0293560214	92	0.98	234	1.17	255	1.09	0.99	1.06
IA Family Practice	0378695349	Provider 0378695349	49	1.01	102	1.07	103	1.04	0.86	0.90
IA Family Practice	0406901161	Provider 0406901161	55	0.82	121	0.85	67	1.11	1.00	0.94
IA Family Practice	0410326691	Provider 0410326691	62	0.94	119	1.06	138	0.69	0.97	0.97
IA Family Practice	0446339292	Provider 0446339292	68	0.96	122	1.28	171	0.95	0.91	1.00
IA Family Practice	0446848152	Provider 0446848152	63	1.03	153	0.73	158	0.93	0.93	0.88
IA Family Practice	0455096397	Provider 0455096397	53	1.06	111	0.83	137	1.05	1.02	1.07
IA Family Practice	0467431471	Provider 0467431471	89	1.04	252	0.82	337	1.21	1.13	1.03
IA Family Practice	0476630475	Provider 0476630475	71	1.01	145	1.29	169	0.95	0.94	0.94

Figure 2. Impact Intelligence makes provider-quality results available by clinical condition, rule, and rule type. Users can get details on those members “without compliance” for a rule through a “click-through” report to individual patients.

Sample physician quality:

Clinical Condition	Case	Number of Quality Opportunities	With Compliance	Without Compliance	Provider Rate	Peers Rate	Quality Index	Health Plan Rate
Cardiology	Hypertension	53	51	2	0.96	0.87	1.11	0.78
Cardiology	CAD	16	15	1	0.94	0.80	1.17	0.75
Endocrinology	Diabetes	84	57	27	0.68	0.72	0.95	0.51
Endocrinology	Hyperlipidemia	68	68	0	1.00	0.92	1.08	0.88
Endocrinology	Obesity	5	2	3	0.40	0.79	0.50	0.34
Orthopedics and Rheumatology	Rheumatoid Arthritis	2	0	2	0.00	0.91	0.00	0.00
Orthopedics and Rheumatology	Acute Low Back Pain	4	3	1	0.75	0.93	0.81	0.73
Otolaryngology	Pharyngitis	4	0	4	0.00	0.53	0.00	0.00
Otolaryngology	Acute Sinusitis	32	29	3	0.91	0.91	0.99	0.86
Preventative and Administrative	Chlamydia Screening - HEDIS	1	0	1	0.00	0.35	0.00	0.00
Preventative and Administrative	Cervical CA Screening - HEDIS	23	14	9	0.61	0.80	0.76	0.46
Preventative and Administrative	Breast CA Screening - HEDIS	8	8	0	1.00	0.76	1.32	0.72
Pulmonology	Adult Asthma	2	1	1	0.50	0.55	0.91	0.25

Figure 3. Impact Intelligence makes provider cost-of-care results available by general clinical area, families of conditions (e.g., hypertension and diabetes), and by individual ETGs. Users can get details on the episodes and members comprising each result through a “click-through” report, including drill-through to individual claims.

Sample physician episodic analysis:

MPC	Family	Number of Episodes	Primary Care per Episode - Provider	Primary Care per Episode - Peers	Primary Care - Index	Specialty Care per Episode - Provider	Specialty Care per Episode - Peers	Specialty Care - Index	ER per Episode - Provider	ER per Episode - Peers	ER - Index	Radiology per Episode - Provider	Radiology per Episode - Peers
Cardiology	Hypertension	15	\$201.28	\$163.67	1.23	\$278.18	\$90.35	3.08	\$66.54	\$22.40	2.97	\$5.26	\$30.1
Cardiology	Valvular Disorder	1	\$40.56	\$48.83	0.83	\$629.60	\$568.05	1.11	\$0.00	\$26.18	0.00	\$0.00	\$107.9
Cardiology	Conduction Disorder	1	\$0.00	\$70.23	0.00	\$497.84	\$300.01	1.66	\$0.00	\$108.81	0.00	\$0.00	\$53.4
Dermatology	Infection of the Skin	9	\$70.84	\$42.49	1.67	\$14.58	\$38.18	0.38	\$0.00	\$5.68	0.00	\$0.00	\$0.4
Dermatology	Inflammation of Skin & Subcutaneous Tissue	11	\$39.28	\$30.40	1.29	\$130.67	\$63.30	2.06	\$0.00	\$4.96	0.00	\$0.00	\$0.4
Dermatology	Benign Neoplasm of the Skin	8	\$15.34	\$11.86	1.29	\$103.53	\$127.45	0.81	\$0.00	\$0.22	0.00	\$0.00	\$0.0
Dermatology	Minor Trauma/Burns	1	\$74.72	\$52.69	1.42	\$0.00	\$9.64	0.00	\$0.00	\$6.39	0.00	\$0.00	\$0.0
Endocrinology	Diabetes	2	\$418.38	\$234.92	1.78	\$29.56	\$104.14	0.28	\$0.00	\$44.99	0.00	\$0.00	\$30.9
Endocrinology	Thyroid Dysfunction	2	\$181.59	\$120.57	1.51	\$74.07	\$51.11	1.45	\$0.00	\$4.63	0.00	\$0.00	\$12.4

Figure 4. Impact Intelligence provides standard and specialty-specific utilization measures for both population-based and episode-of-care measurement.

Sample physician episodic analysis:

Physician Information														
Peer Definition: IA Family Practice			Provider ID: 0293560214			Provider Name: Provider 0293560214								
Number of Members, Population: 92			Morbidity, Population: 0.98			Number of Episodes: 234								
Case Mix, Episodes: 1.17			Number of Quality Opportunities: 255			Overall Cost Index, Population: 1.09								
Overall Cost Index, Episodes: 0.99			Overall Quality Index: 1.06											
<div style="display: flex; justify-content: space-between;"> Demographics Quality Population Cost Episode Cost Population Utilization Episode Utilization </div>														
<div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> MPC Family ETG </div>														
Family														
MPC	Family	Number of Episodes	Specialty Visits per 1000 - Provider	Specialty Visits per 1000 - Peers	Specialty Visits - Index	Other Provider Visits per 1000 - Provider	Other Provider Visits per 1000 - Peers	Other Provider Visits - Index	ER Visit per 1000 - Provider	ER Visit per 1000 - Peers	ER Visit - Index	Inpatient Days per 1000 - Provider	Inpatient Days per 1000 - Peers	
Cardiology	Hypertension	15	1,690	1,863	0.91	520	289	1.80	65	29	2.22	0	0	
Cardiology	Valvular Disorder	1	0	385	0.00	1,204	1,466	0.82	0	39	0.00	0	0	
Cardiology	Conduction Disorder	1	0	746	0.00	0	1,579	0.00	0	124	0.00	0	6	
Dermatology	Infection of the Skin	9	1,000	730	1.37	0	221	0.00	0	25	0.00	0	6	
Dermatology	Inflammation of Skin & Subcutaneous Tissue	11	727	500	1.46	455	598	0.76	0	17	0.00	0	7	
Dermatology	Benign Neoplasm of the Skin	8	250	186	1.35	375	584	0.64	0	1	0.00	0	0	
Dermatology	Minor Trauma/Burns	1	1,000	959	1.04	0	55	0.00	0	34	0.00	0	0	
Endocrinology	Diabetes	2	3,508	2,274	1.54	0	562	0.00	0	42	0.00	0	0	
Endocrinology	Thyroid Dysfunction	2	1,503	1,367	1.10	501	445	1.13	0	6	0.00	0	0	
Endocrinology	Obesity	5	1,200	683	1.76	200	648	0.31	0	16	0.00	0	164	

Figure 5. Impact Intelligence provides access to all levels of information including the individual episodes comprising a result and the claims that make up the episodes.

Sample physician list of episodes:

Impact Analysis: Episodes Quick List														
Export Data		Total Rows: 163123	<<< 1 of 816 >>>			200	Page:							
Columns	Filter	Save	The report includes Episodes that have any of the following ETG items: "Hypertension", "Diabetes", "Hyperlipidemia", "Sinusitis", "Acute Bronchitis"											
Episode ID	Claims	Member ID	Age	Gender	Family	ETG	Episode From (MM/DD/YYYY)	Episode To (MM/DD/YYYY)	Total Amt Allowed	Amt Allowed, Total Medical	Amt Allowed, Pharmacy	Health Risk, Retrospective	Provide ID	
1000074106		3928912996	32	M	Diabetes	Insulin dep diabetes, wo comor	1/1/2004	12/31/2004	\$146,228	\$146,228	\$0	10.86		
1000184080		9651110292	62	M	Hypertension	Benign hypertension, w comorb	1/1/2004	12/31/2004	\$82,612	\$82,612	\$0	23.87		
1000140177		7369142364	39	M	Diabetes	Insulin dep diabetes, w comor	1/1/2005	12/31/2005	\$81,045	\$81,045	\$0	33.33	6528572	
1000187699		9833918245	46	F	Diabetes	Insulin dep diabetes, w comor	1/1/2004	12/31/2004	\$57,481	\$56,214	\$1,267	28.49	5332771	
1887462		8362518450	33	M	Sinusitis	Acute sinusitis	4/16/2004	8/10/2004	\$55,549	\$55,135	\$414	19.76	8494882	
1000019540		1047596871	42	M	Hypertension	Malig hypertension, w comorb	1/1/2004	12/31/2004	\$52,684	\$52,684	\$0	24.80		
1000028845		1547300909	59	F	Diabetes	Insulin dep diabetes, w comor	1/1/2004	12/31/2004	\$51,392	\$51,392	\$0	17.85	7760470	
1000177164		9287918060	54	F	Diabetes	Non-ins dep diabetes, w comor	1/1/2004	12/31/2004	\$47,456	\$47,420	\$36	36.33	1439109	
2248425		9945135642	49	F	Sinusitis	Chronic sinusitis, w sur	2/11/2005	12/21/2005	\$44,034	\$44,034	\$0	1.71	9527227	
1000034740		1853196203	45	M	Diabetes	Insulin dep diabetes, w comor	1/1/2004	12/31/2004	\$42,715	\$41,746	\$969	23.71	8873507	
1000024808		1335169236	66	F	Hypertension	Malig hypertension, w comorb	1/1/2004	12/31/2004	\$42,667	\$42,240	\$427	18.45		
1000077217		4085961940	26	F	Hypertension	Benign hypertension, w comorb	1/1/2004	12/31/2004	\$41,989	\$41,989	\$0	26.33		
1000071079		3762903573	66	M	Hypertension	Malig hypertension, wo comorb	1/1/2005	12/31/2005	\$40,954	\$40,878	\$76	7.20	8632390	
1000067793		3586094441	70	M	Hypertension	Benign hypertension, w comorb	1/1/2004	12/31/2004	\$39,880	\$39,484	\$396	25.84	6524276	
1000019332		1034885603	33	F	Diabetes	Insulin dep diabetes, w comor	1/1/2004	12/31/2004	\$38,511	\$38,354	\$157	35.52		
1000112337		5917524129	58	F	Hypertension	Malig hypertension, w comorb	1/1/2005	12/31/2005	\$38,212	\$38,205	\$7	40.94	0879190	
1000071565		3787594085	54	M	Diabetes	Insulin dep diabetes, w comor	1/1/2004	12/31/2004	\$37,881	\$36,383	\$1,498	18.99	5430350	
1000114682		6042516788	30	M	Hypertension	Malig hypertension, w comorb	1/1/2004	12/31/2004	\$37,545	\$37,545	\$0	20.87		
1000135634		7129472241	81	F	Hypertension	Benign hypertension, w comorb	1/1/2005	12/31/2005	\$36,639	\$36,639	\$0	23.20	9377782	
112227		0522504691	63	F	Sinusitis	Chronic sinusitis, w sur	10/22/2004	3/7/2005	\$36,273	\$35,540	\$733	2.14	1985379	
1000034405		1837680666	62	M	Diabetes	Insulin dep diabetes, w comor	1/1/2004	12/31/2004	\$36,210	\$34,552	\$1,657	31.77	6952495	
1000120852		6358091061	52	M	Diabetes	Insulin dep diabetes, w comor	1/1/2005	11/30/2005	\$35,968	\$35,160	\$808	12.30	0501364	
1000031828		1705821721	59	M	Diabetes	Insulin dep diabetes, w comor	1/1/2004	12/31/2004	\$35,314	\$34,960	\$354	9.97		
1000031399		1683394947	35	M	Diabetes	Non-ins dep diabetes, wo comor	1/1/2005	12/31/2005	\$34,562	\$34,562	\$0	0.16	7932423	
1000034748		1853196203	45	M	Diabetes	Insulin dep diabetes, w comor	1/1/2005	12/31/2005	\$34,390	\$33,603	\$787	32.02	8873507	
1000169742		8902690502	36	F	Diabetes	Insulin dep diabetes, w comor	1/1/2004	12/31/2004	\$33,937	\$31,556	\$2,380	24.77	0106440	
1000077850		4117002349	58	M	Diabetes	Non-ins dep diabetes, w comor	1/1/2005	12/31/2005	\$33,871	\$33,871	\$0	19.25	6825361	

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