

No news isn't always good news

You want to help your members achieve better health care outcomes. But this can be challenging when members receive care from multiple sources. Providers may not always receive clinical data from other health care sources, or they might have no clinical background on new members coming into their practice. This limited visibility can make it difficult for providers to know what open care gaps a member has or whether they have multiple chronic conditions.

Maximize member visits

Empower providers with the Optum® In-Office Assessment Program to have near real-time access to clinical data to use during member visits. The program aggregates clinical data from multiple sources and consolidates it into a single, comprehensive view. This clinical data gives providers and their staff an assessment of members' potential health care needs.

In 2019, an analysis of Optum data was conducted on approximately 500 provider groups participating in the In-Office Assessment Program. The analysis revealed:



Providers who used the In-Office Assessment Program clinical data during patient visits **increased chronic condition and quality gap closure rates by 6%.**¹



Each year, that equates to an average of **24 additional conditions screened per 100 patients**, with additional diagnoses captured when accurate.²

Imagine if that **newly assessed condition** were a life-changing diagnosis or screening?

Not just another quality program

The Optum In-Office Assessment Program provides actionable insights to support your goals and objectives. Your members can benefit from in-office visits and telehealth visits³ where time can be maximized with their provider. Using clinical data from the In-Office Assessment Program during the member visit can:



Reduce time spent on pre-visit planning

because much of the member's health care information is consolidated into a single view to show a comprehensive picture



Gain efficiencies through easy access to clinical data

as data is compiled into a single assessment from multiple sources



Drive better health outcomes

by helping to ensure screenings associated with identified conditions are ordered and completed



Decrease wait times for members (especially new members) by potentially reducing the need to fill out additional forms

Empowering provider success

The Toledo Clinic

A multi-specialty group practice founded in 1926. Its more than 235 independent physicians and associated health care professionals offer care to more than 250,000 patients.



The Toledo Clinic provides patients with personalized, affordable and quality health care in one of 40 medical and surgical specialties at more than 60 locations across northwest Ohio and southeast Michigan. This unique model has allowed The Toledo Clinic to provide state-of-the-art health care while maintaining an old-fashioned community doctor feel.

As every provider organization knows, it's vital to a patient's health to assess for chronic conditions and screenings on an annual basis. At one time, The Toledo Clinic found it challenging to quickly identify all potential conditions and screenings for its patient population. Even though it had the clinical data in the patient's electronic health record (EHR), the information was scattered throughout the system and difficult to retrieve.

A common finding of The Toledo Clinic patient surveys revealed that their patients were concerned that their provider may not have a complete picture of the patient's overall health.

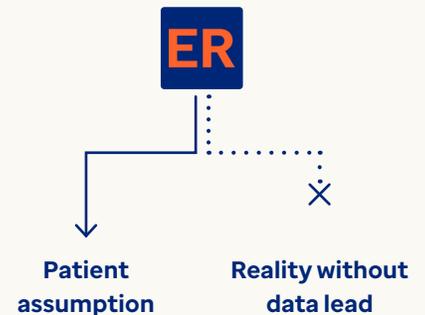
Enter Optum In-Office Assessment Program

In 2013, The Toledo Clinic implemented the Optum In-Office Assessment Program. Since then, the providers and staff have been using the program during the patient visit and the clinic is now taking full advantage of all the valuable data readily available at their fingertips. The Toledo Clinic staff is able to use data from the Optum program more prospectively and proactively than ever before.

- They're now able to review charts before a visit to look for gaps that can be closed, allowing the provider to be more efficient and provide better care
- They can remind patients that labs need to be done, or existing lab orders need to be completed, and get them done the morning of the appointment
- They're able to quickly identify the necessary preventive screenings and take action to ensure these screenings are completed

Example:

If a patient had an emergency room (ER) visit, the patient assumed their provider would be notified. However, the ER visit would remain unknown unless the provider was given the lead to retrieve that data.

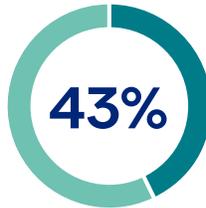


Today, the Optum In-Office Assessment Program is used across more than 40 different quality programs in over 27 offices throughout The Toledo Clinic. **The numerous benefits of using the Optum program have caused a 360-degree impact – from providers to office staff to patients.**

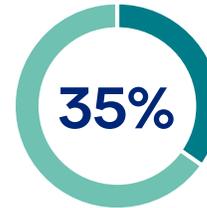
The program has helped:

Improve quality of care

The provider has a comprehensive picture of the patient's care. Since 2013 when the program was implemented, The Toledo Clinic saw an **increase in screening rates:**



in screening rates with diabetes controlled A1c



with colorectal cancer screening

Raise gap closure rate

Optum delivers the data needed to support gap closure. The Toledo Clinic saw a three-year **increase in revalidation percentage of:**



for COPD



for morbid obesity

Enhance productivity

Staff spends less time tracking down documentation for patient assessments, resulting in more **streamlined submissions to support gap closure.**

“

Just had to brag! Got all [the submissions] done except those I scheduled an appointment with!
Wow – how easy is this program!”

Office Manager,
The Toledo Clinic

1. 2019 Optum point-of-care pilot.

2. For patients older than 65 years, there was an average of four problems per visit. See Beasley JW, Hankey TH, Erickson R, et al. How many problems do family physicians manage at each encounter? A WReN study. *Ann Fam Med*, 2004;2(5):405-10. [ncbi.nlm.nih.gov/pubmed/15506571](https://pubmed.ncbi.nlm.nih.gov/pubmed/15506571).

3. For risk adjustment purposes, Medicare Advantage now deems telehealth as the equivalent of a face-to-face encounter so long as the telehealth encounter included audio and visual interactive capability. Telehealth encounters, conducted in accordance with state law licensing requirements for the provider, remain an acceptable encounter type under the Affordable Care Act Health Exchange plan risk adjustment model.



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