



Integrated clinical model helps plans
measure impact of interventions

Expert presenters

Dr. Scott Howell, Senior National Medical Director, Optum

Mark Anderson, Senior Vice President, Technology and Innovation Risk Solutions Group, Optum

Since the Affordable Care Act (ACA) was signed into law five years ago, health plans have been shifting their business models to accommodate risk sharing with providers and coordinate population health management functions to improve quality of care and lower administrative cost. As this effort continues and risk-sharing and value-based models take shape, plans should consider an integrated clinical model that leverages technology to better answer the questions about which interventions will yield the best results, according to Dr. Scott Howell, senior national medical director, Optum, who spoke at a recent Optum Perspectives webinar, “Accelerating the Progression Toward an Integrated Clinical Model.”

In this new model, Howell explained, health plans will need to upgrade their clinical management focus to support a care delivery performance approach that includes:

- Proactive engagement with the right members and providers — with the right intervention programs
- Coordinated processes across departments, including the underlying technology infrastructure to support integration
- Optimized performance-based results for quality, cost reduction and risk-based revenue

Reducing costs while improving care

Payers, providers and consumers all play a role in the post-ACA paradigm, Howell told webinar attendees. “Payers are talking about operational efficiency due to [medical loss ratio (MLR)] and regulatory requirements, while also improving clinical performance and investing in provider relationships,” Howell said. Providers moving to risk-bearing models, such as accountable care organizations (ACOs), are striving to reduce cost, measure performance and improve quality and outcomes, while consumers now require more information to make health care decisions.

Howell added to achieve the “triple aim,” plans and providers must work together to improve the experience of care and the health of populations and reduce the per capita costs of health care.

However, the road to that end game is seemingly long. A recent study conducted for the Optum Institute by Harris Interactive showed that only 43 percent of hospitals and 34 percent of physicians believe they are adequately prepared to take greater responsibility for managing patient care, and just 30 percent of hospitals and 16 percent of physicians state that they are adequately prepared to take on greater financial risk for managing patient care. Moreover, Howell explained, five years from now, willingness to accept performance-based risk likely will need to double among both groups.

Figure 1

Population health management

Adequately Prepared to Take:

Greater Responsibility for Managing Patient Care



Physicians



Hospitals

Greater Financial Risk for Managing Patient Care



Physicians



Hospitals

“People know that in five years they are going to have to accept some performance-based risk ... so what’s the plan for getting there within those five years?”

— Dr. Scott Howell
Senior National Medical Director, Optum



Physicians lag behind hospitals in their willingness to adopt value-based opportunities, primarily due to concerns about the complexity of these programs, their administrative costs and fear of taking on increased risk without adequate rewards, the Optum study found. However, there is no question that the pathway for all provider entities is headed toward managing risk among stakeholders.

“The whole spectrum — physicians, hospitals and hospital based physician groups — must be focused on better coordination of care, better coordination of outcomes, and the ability to take on some clinical risk and financial risk,” Howell said. “The next step is figuring out how you integrate all that from a technology standpoint, so that all of these different aspects can live in one single format.”

Integration leads to more evolved solutions

According to Mark Anderson, senior vice president, technology and innovation risk group, Optum, the best way to start is by leveraging Optum insights around value creation, quality and risk-reduction controls. Optum value-based reimbursement frameworks give health plans the ability to leverage core analytics into an integrated workflow, improve provider transparency and align to contractual performance, Anderson told webinar attendees.

“In this integrated clinical model, we have brought those insights into a very enriched service delivery structure that is very cyclical in terms of how we look at the impact on outcomes,” he said, adding that the business value delivered by the Optum analytics platform strategy starts with the data, which are transformed by

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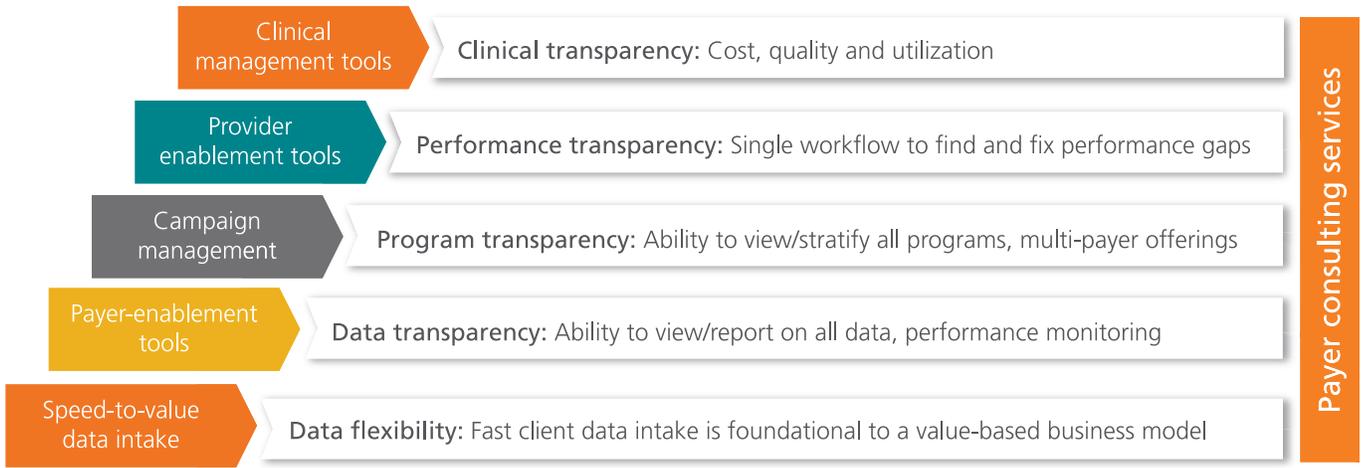
Senior Vice President Technology and Innovation Risk Solutions Group, Optum

Figure 2

Approach: Holistic approach to integrated clinical services



Clinical | Model



Optum analytics, and ends with a holistic approach to integrated clinical services.

“We think about all of this from a clinical care perspective because that’s where we can really start to drive transparency across cost, quality and care utilization metrics,” Anderson continued. “Continuous improvement helps us to look at the impact of the interventions that we are applying across population health both with the provider and at the member level, and [to analyze] how well those interventions are truly driving change and outcomes,” he said.

The differences between a traditional approach and the Optum clinical model are that a traditional model can be unconnected or fragmented, according to Anderson, and the Optum global clinical model is member-centric, focused on value, targeted across all dimensions, and well-orchestrated to manage and prioritize closing gaps. These differences will help “improve the accuracy of our risk premium focus, continually drive quality improvements, reduce utilization, improve satisfaction and provider abrasion, and importantly, drive return on investment,” Anderson asserted.

The Optum integrated clinical model framework “provides the right information at the right time with the right intervention to the right stakeholder that we feel can help drive the change or influence that change from a behavioral management perspective.” This framework integrates six core pillars into its foundation for clinical improvement:

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— Mark Anderson
Senior Vice President Technology and Innovation Risk Solutions Group, Optum

- Provider network management
- Cost and utilization management
- Integrated quality management
- Capacity and campaign management
- Holistic risk-adjustment solutions
- Value-based enablement

In addition to integrating services, the Optum framework also coordinates workflow, resulting in a patient-driven approach to provider engagement that cycles from risk-adjusted conditions to clinical quality to care excellence, closing gaps along the way and evaluating effectiveness for ongoing model refinement. Specific features of the Optum integrated clinical model include: physician extension/integrated care coordination; CRM desktop support for

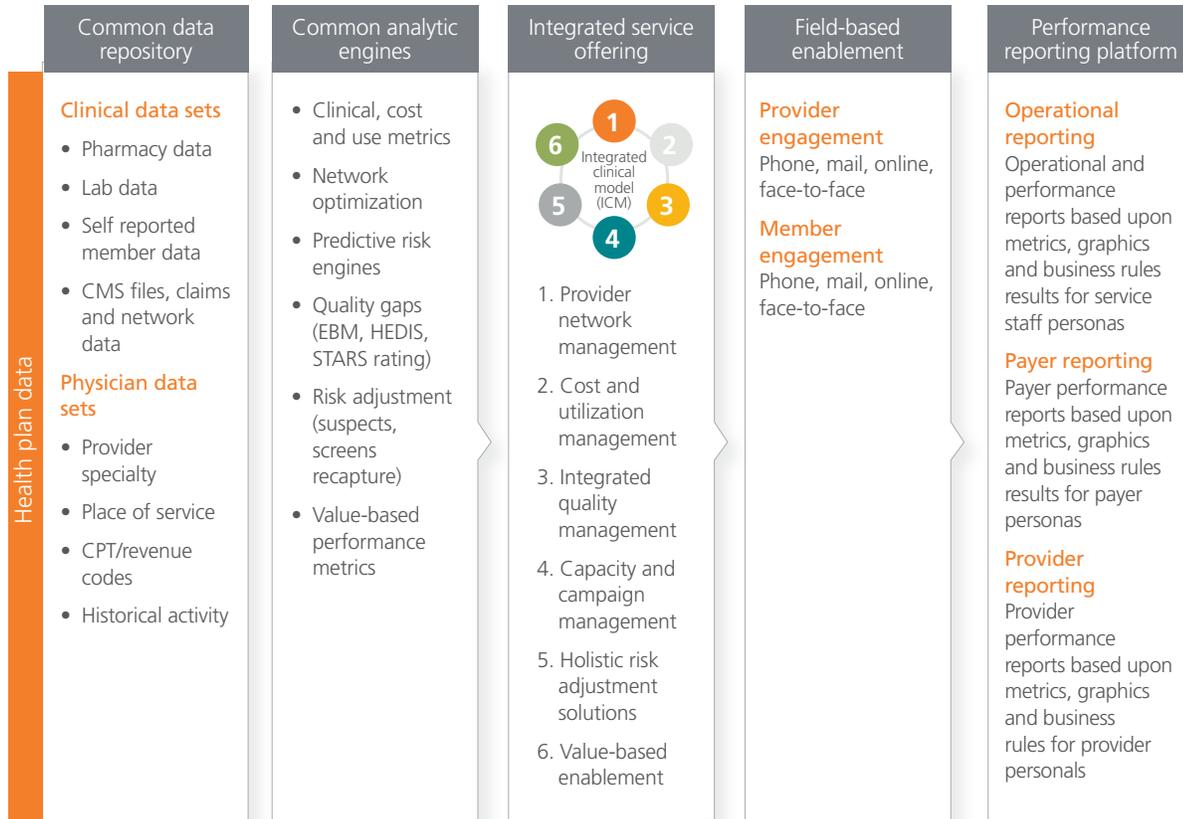
in-market clinical team; gap management provider interface to support clinical improvement; and integrated reporting.

“This strategy delivers by leveraging existing market leading IP, integrating provider and payer engagement, cost and quality, and

leveraging Optum analytics expertise,” he said. “Optum can help plans manage from end to end the quality of care that’s delivered not just at the point of care but also through member populations-based health solutions.”

Figure 3

Optum integrated clinical model framework



How Optum can help

To meet new market demands, health plans must push toward new business models and capabilities centered on comprehensive care of member populations. In this new model, health plans will need to upgrade their clinical management focus to support care delivery performance, Optum can help with:

- Proactive engagement with the right members and providers—with the right intervention programs
- Coordinating processes across departments, including the underlying technology infrastructure to support integration
- Optimizing performance-based results for quality, cost reduction and risk-based revenue

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