

## An executive's guide to high-performance health care



### Advancing toward a modern, consumer-focused ecosystem

To remain vital, health executives are intensifying their focus on consumers. They are finding more ways to make health care more affordable. And as consumers take on more financial responsibility for care, they expect health services to suit their lifestyles, health goals and pocketbooks.

To satisfy consumers, health organizations must attend to them before they get sick. They need help navigating the care process, and they don't want to get stuck with unexpected bills. When health organizations know their consumers, they can anticipate and address their health issues.

Health plans and providers each possess the pieces needed to create an efficient, consumer-focused health ecosystem. Working together, they can eliminate administrative friction, reduce care variation and design an enhanced experience. Leaders can create the health care experience that consumers need by aligning performance objectives, data-driven insights, technology innovation and clinician engagement.

The key ingredient is collaborative leadership — across all health plan and provider organizations. If you are one of these leaders, your viewpoints are invaluable to the redesign process.

The following perspective will shed light on how health leaders can accelerate the journey to high-performance health care.

## Key components of high-performance health care



[Explore more](#) insights on how provider and health plan collaboration can efficiently deliver high-performance health care that enables achieving the Triple Aim.

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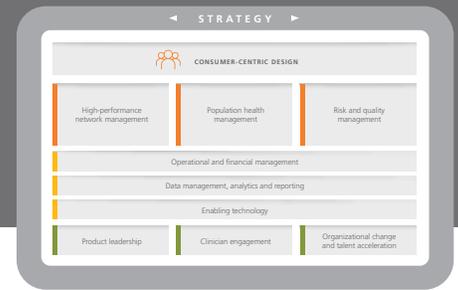
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# High performance starts with strategy



Success stems from a thoughtful approach. The planning effort begins with an outside-in perspective. It is grounded in market analysis, a deep view of the local consumer and a rigorous self-assessment. A high-performance strategy applies across the organization. It includes risk, financial and network management as well as population health and product leadership. It comes to life through strategic partnerships and integrated workflows.

## 1 Evaluate your competitive position amid changing market forces and your performance against industry trends

Strategic plans built with an eye on industry trends will help to ensure that you are well-prepared to respond at the local level.

### Key considerations include:

- New entrants, industry consolidation and a variety of [new payment models](#) are changing the competitive landscape.
- Technological innovations are changing the way consumers, providers and health plans engage and manage operations.
- Delivery systems are being reshaped through consolidation, collaborative alliances and provider/health plan convergence.
- The shift to ambulatory, virtual and retail settings is creating more integrated and efficient ecosystems with improved access and lower costs.<sup>1</sup>

## 2 Understand your local market

To best serve their local community, leaders need market data, industry benchmarks and insight about the consumers they serve. A well-developed market blueprint can eliminate intelligence blind spots. Insights include data on local populations, accurate valuations of provider networks and referral patterns. They also include delivery channels, infrastructure and competitors within the geographic footprint.

Using rigorous analytics and actuarial science, a market blueprint gathers those valuations into a clear picture. This allows leaders to:

- ✓ Assess how consumers and employers choose to spend their health care dollars
- ✓ Identify competitors with overlapping interests
- ✓ Track the momentum of local consolidation
- ✓ Measure the market's maturity for value-based arrangements
- ✓ Identify potential partners with strategic alignment
- ✓ Evaluate their value and relevance within the context of market dynamics



*A market blueprint presents a measured assessment of an organization's market position and relative advantages.*

### 3 Assess your internal ability to advance on your strategy

Your leaders' ability to make sound strategic decisions will rest upon a clear understanding of your current state and what opportunities exist for growth and improvement.

With a market blueprint and internal analysis in hand, leaders can identify where to invest, which business areas to protect and which partners can help achieve strategic priorities.

#### Questions to ask can include:

Enabling technology	Does your infrastructure support your strategic plan?
Data management, analytics and reporting	What is your capacity to exchange, manage and analyze data?
High-performance network management	Does your network design and performance deliver sufficient access, outcomes and costs?
Population health management	Do you have the analytics to identify and engage individuals in high-risk populations? Are you adequately able to decrease care variability?
Risk and quality management	Can you improve documentation to meet CMS and regulatory requirements, improve outcomes and mitigate financial risk? Do you have the technology, systems and processes to provide data-driven guidance within existing workflows?
Organizational change and talent acceleration	Are in-network physicians engaged and aligned to organizational strategies?
Product leadership	Can you refine care design, evolve your products and services, and get your internal teams on board with change?

### 4 Prepare to collaborate

[Successful health plan/provider partnerships](#) require an investment in time, strategic alignment and resources across organizations.

Here is a starter list of key considerations.

- How would this partnership advance your strategic plan?
- Are both parties willing to share clinical and financial data (where allowable)?
- Does your proposed partner share your growth objectives by product and populations?
- Are your cultures compatible or do they conflict? Do you share the same mindset?
- How will responsibilities, capital, people and technology be divided across the partnership? Are there non-core functions they could improve?
- Does what you're doing benefit the consumer?

Hear more from health leaders about how new financial models and contract negotiations are [encouraging collaboration among health plans and providers](#).



*Strategic partnerships expand your footprint, support a versatile workforce, accelerate development of new products and services, and help scale your top-performing care models.*

### 5 Turn strategy into action

Health plans and providers can come together to manage risk, improve health outcomes and lower costs. They can refine growth strategies together and partner in ways that will complement each other's capabilities — shifting business, process and care models to drive high-performance health care that better serves the community.



# Look through the eyes of your consumer



Individuals want to be empowered to make wise health choices. When that happens, costs go down, outcomes improve and satisfaction skyrockets. But this occurs only when health organizations know what their consumers need. Then they can create the responsive, information-rich systems that will serve consumers best. This depends on pathways that support informed decision-making from wellness through chronic care.

Many health organizations are just beginning to develop a consumer-centric experience. An internal audit can help size populations and track consumer engagement within your network. Health plans and providers can combine their knowledge and tailor their products and services to match consumers' geographic footprints, engagement preferences and care needs. Consumers may also need their help understanding financial responsibilities and avoiding unnecessary costs. Read more about how [data and analytics are helping to improve the consumer experience](#).

75%  of health care leaders say they expect more than half of their strategic plan to focus on consumerism within the next three to five years.<sup>2</sup>

## Meet consumers where they are

To improve relationships with consumers and pursue Triple Aim goals, health organizations can prioritize three areas:

1. Access to care services
2. Care coordination
3. Billing and payment processes



### 1 Care access

Easy access to the right resources is essential to improving outcomes, especially for vulnerable, remote or chronically ill populations. Consumers often prefer retail, in-home or digital options, which can be more cost-effective than clinic or hospital visits.

When you combine your own data with market information, you can gain insights on the consumers you are best suited to serve. You can evaluate their footprint with that of your network and digital services to make the adjustments that will improve engagement and growth.

Strategic partners who serve a common population can combine their channels to ensure that consumers have early, cost-effective access. This is especially important when addressing chronic or high-risk, complex ailments.

There are other ways to fine-tune access. By redesigning care management, you can reach patients earlier and through the best alternative channels.

80%  of patients say they select providers based on convenience.<sup>3</sup>

## 2 Care coordination

Implementing smarter communication and decision-making tools can strengthen the ties between consumers and caregivers. This improves outcomes, lowers costs and properly engages everyone in the care encounter.

By aggregating clinical and claims data with social, economic and behavioral data, value-based partners can create a more complete view of the patient. On modern platforms, smart workflows can trigger tasks and recommend precise interventions and patient-tailored care plans. With the technology to share these plans across the ecosystem, care coordinators can collaborate with social workers, pharmacists, care givers and family. This type of real-time, intelligent care coordination is more proactive, can improve care transitions and ensures the patient is getting the right care when and where they need it.

## 3 Care payment

Loyalty grows from easy access to quality services. Consumers are satisfied when they aren't faced with surprising costs or payment hassles.

Health plans and providers can come together to add transparency to the consumer's financial experience by [moving the authorization process earlier in the payment continuum](#). Intelligent workflows and analytics streamline financial clearance and automate fragmented patient access activities. By combining health plan eligibility with contractual allowable amounts, providers get a reliable estimate of what the patient owes. And artificial intelligence can guard against errors and omissions, automate tasks and ensure consistency. By putting consumers at the center of the revenue cycle, health organizations can offer the [price transparency](#) that consumers expect and build more integrity into the reimbursement process.



Patients who are satisfied with billing are **five times more likely** to recommend the provider than those who are not.<sup>4</sup>



# Three cornerstones of high-performance health care



## 1 NETWORK MANAGEMENT

Network performance has a direct impact on medical expense, outcomes and quality ratings. Quality networks are able to comply with the mandates of government and other value-based contracts. They recognize and close care gaps. They improve outcomes and the patient experience through well-coordinated care.

Here are two key areas to consider when building or refining your network.

### 1 Match your strategy

Leaders prepared with a market blueprint can assess how well their network capabilities align with the needs of their populations. Without this alignment, your consumers' health needs may go unmet, require costly interventions or get served by physicians outside of your network.

A market blueprint will also identify what added specialists, labs or pharmacies might be able to help. If they agree to connect and align with your ecosystem, these businesses can close gaps and complete the access and capabilities you need. Consider the assets you bring to this dialogue — like a modern infrastructure, quality data, proven care programs and aligned incentives. Depending on their strategy, these groups may be more agreeable if the partnership can help them remain independent or function independently within a larger system.

### 2 Measure performance

With the right infrastructure and analytics, leaders can evaluate existing networks on the efficacy of their delivery channels and care quality. Even some of the most respected physicians may not be meeting cost and quality standards. Using performance metrics, leaders can identify where costs are rising without a lift in quality. Sharing this information within clinical workflows can inspire discussions and help inform care decisions.

#### Questions to ask:

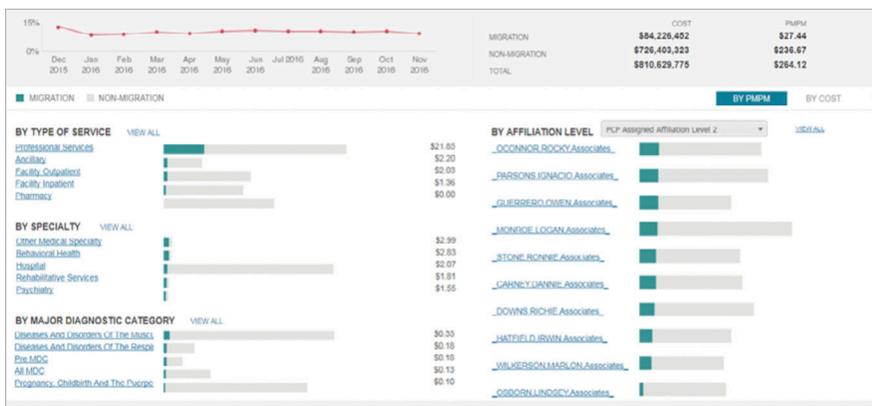
How well does your network match the geographic footprint of your desired consumer?

Do you offer the channels and access that your consumers prefer?

Does your network offer all the services and capabilities they need?

Have you pulled a valuation of your current network?

Have you identified the potential partners who might help you close gaps?



This level of insight derives from unified claims and clinical data that are amended with rich longitudinal data and well-developed analytic models. These capabilities allow you to identify opportunities for improvement and integrate insights into existing workflows.

### Opportunities for improvement include:

Physicians referring in network and recommending the most cost effective channels.

Leveraging insight to fill gaps and ensure your network is exceeding industry benchmarks.

Following evidence-based care protocols.

Focusing on a consistent culture of continual improvement.

Tracking and comparing physician performance by cost, quality and outcomes.

Managing all aspects of network performance in one place.



*Data is an invaluable tool to support patients with specialized care needs. [Read the story of one patient's complete health care journey to see how.](#)*

### POPULATION HEALTH MANAGEMENT

Organizations that excel in population health management (PHM) can improve care quality, streamline costs and achieve better outcomes for chronically ill and complex patients.

Leaders in the category equip care managers with data and analytics shared across platforms to prioritize prevention, prediction and management of disease conditions. They surround and support these consumers in acute, ambulatory and home environments — focused on the patient and their condition, not on a care episode or procedure.

[Advanced analytics with AI technologies](#) help to ensure faster up-to-date decision support for each caregiver. Automated insight reduces the total cost of care while producing the greatest clinical impact.

Shared intelligence leads to smart, meaningful clinical programs that prevent unnecessary or preventable system utilization. These programs can embrace coordinated care, achieve regulatory compliance and implement evidence-based guidelines. It is on this solid foundation that clinicians, patients and caregivers can personalize their approach.

### Questions to ask:

Does your data management analytics platform integrate clinical and claims data to best manage the risk and clinical demands of chronically ill or complex patients?

Can you stratify populations and analyze patients' risk profiles to determine immediate and impending care needs?

Can you identify gaps in care and track your performance on key quality measures?

Is it embedded and easily used in all the right workflows?

Early identification of chronic disease engages patients earlier, reduces late-stage costs and improves their quality of life. See how [Optum Kidney Resource Services](#) reduced ER visits, in-patient admissions and specialty visits.

## ☑ RISK AND QUALITY MANAGEMENT

Cohesive management of risk and quality along with enhanced network administration technology helps improve outcomes, decrease variability and support compliance. This in turn assists in the journey to value-based care. And just as health plans have grown by achieving quality bonuses, providers are seeking new ways to grow through value-based care.

Working together, they can create the ability to build complete patient profiles and then assess and adjust risk conditions. Clinical, claim and consumer data amended with the right analytics and algorithms can recognize high-risk patients, identify care gaps and alert clinicians to the full scope of their conditions.

These patients can then be connected to the right care management programs. When their full scope of needs is addressed early, outcomes improve, costs decline and reimbursements align with care received.



### Key considerations:

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The ability to collect information across the ecosystem impacts risk assessments, quality metrics and reimbursement. Audit all data assets to build a more accurate and complete picture of consumer health and provider performance.

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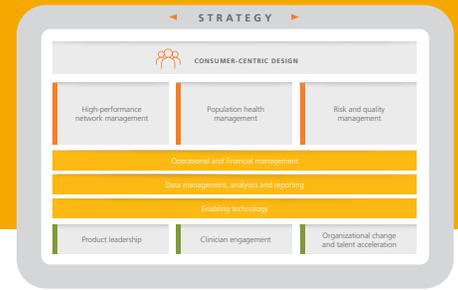
Many chronic conditions go undetected or have incomplete documentation. Examine the cost-benefit of interventions that ensure reporting is correct and complete. Evaluating consumer data can generate actionable clinical insights and confirm care delivery preferences.

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Physicians may not always be aware of care delivered in settings outside of their practice. And some chronic conditions don't present without a comprehensive evaluation. Consider programs that bring patients in for care. Encourage investments in health screenings to identify risk factors.



# Core competencies



## ☆ OPERATIONAL AND FINANCIAL MANAGEMENT

The journey toward a sustainable business model is a reconstruction. It optimizes financial performance through efficient workflows and business processes. It eliminates system friction and reduces administrative costs. And it's up to health plans and providers to work together to [simplify the payment continuum](#).

Many care systems contain hidden friction — embedded anomalies that frustrate consumers, hinder clinicians and strain health plan-provider relationships. Insightful process redesign can eliminate these costly obstacles and ensure satisfaction for all stakeholders.

**There are multiple data-driven opportunities for health organizations to improve. They gain operational efficiencies by automating processes, providing performance metrics and driving out variation. Key areas of opportunity include:**

- Enabling care coordination with insights embedded into the workflow to guide decision-making
- Modernizing administrative processes and contractual performance to adapt and thrive
- Accurately processing claims by enabling transparency and collaboration between health plans, providers and consumers

**See how health plans and providers can [collaborate for success and reinvent the payment process](#).**

## ☆ DATA AND ANALYTICS

[Sharing data and analytics is a crucial factor](#) in improving performances and making a difference in consumers' lives. Combining and integrating data from across the health ecosystem eliminates information gaps, errors, redundant tasks and rework. Embedding analytics into clinical and financial workflows transforms data integration into real-time decision support. Supplementing that information with nontraditional data sources [can provide health care professionals with even richer insights](#). All of this works to ensure that patients get the right care at the right time.

Artificial intelligence advances the process further by automating manual processes and proactively looking outward — illuminating clinical and financial issues that need to be prioritized for review.

This process also makes hindsight more valuable. It allows for more accurate measures of network performance, payment models, quality metrics and the sentiment of consumers. These insights help improve network performance, determine the right care and payment models, and support contract negotiations.

### Key considerations to optimize your financial flow:

Are you employing a standardized and automatable process to speed up claim payments and improve collection effectiveness at the point of care?

Is AI embedded within your workflow to ensure claims are complete and accurate when submitted?

Have you mutually agreed on documentation guidelines surrounding preauthorization requests, health plan specific rules and contractual terms for accurate billing and claim submission?

Are you utilizing AI to guard against denials due to administrative oversight, such as the wrong medical code or missing paperwork?

Can the process be automated for typical or straightforward submissions?

Are you sharing accurate insurance coverage and eligibility data with consumers to provide them with an early understanding of their financial responsibility?

Is care coordinated before, during and after a care episode in order to reduce care variation, improve policy compliance and influence site of service selection?

# Examples of system-wide improvements



## Questions to ask:

Have you identified and prioritized what problems you want data analytics to solve?

Have you set benchmarks for success? Identify key milestones and be sure to document and share the results.

Is your data properly curated? Data from disparate sources needs to be standardized and organized so it can uncover patterns and validate repeatable solutions.

Have you convened the right people? You'll need data scientists to translate and expedite results. You'll also need people in the field who can and will apply them.



## ☆ ENABLING TECHNOLOGY

Technology is the connective tissue that can modernize your system and make it more efficient. It facilitates information sharing and streamlines workflows. It's the pipeline that connects health plans, providers, pharmacists and consumers. It's the platform that allows for transparency, clear collaboration and better care coordination.

The shift toward a modern digital enterprise requires a cloud-based infrastructure. This reduces capital expenses, operational expenses and recurring investments. Migrating to the cloud shifts the focus from managing infrastructure to enabling providers and consumers. This also allows for easier upgrades, stronger security and an ability to keep pace with regulatory updates.

Organizations are seeking to evolve with an approach that interconnects stakeholders, invests in technology and embraces innovative strategies. Look for partners who recognize how to address risk through a connected cloud-based ecosystem. Read more about how your organization can [make the most of its IT investments and modernize its infrastructure](#).

### Questions to ask:

#### Can your organization rely on your partner(s) to:

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Combine disparate data sources on an open-source, API-capable data platform

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Help test new technologies in a sandbox environment

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Provide IT scale and innovation

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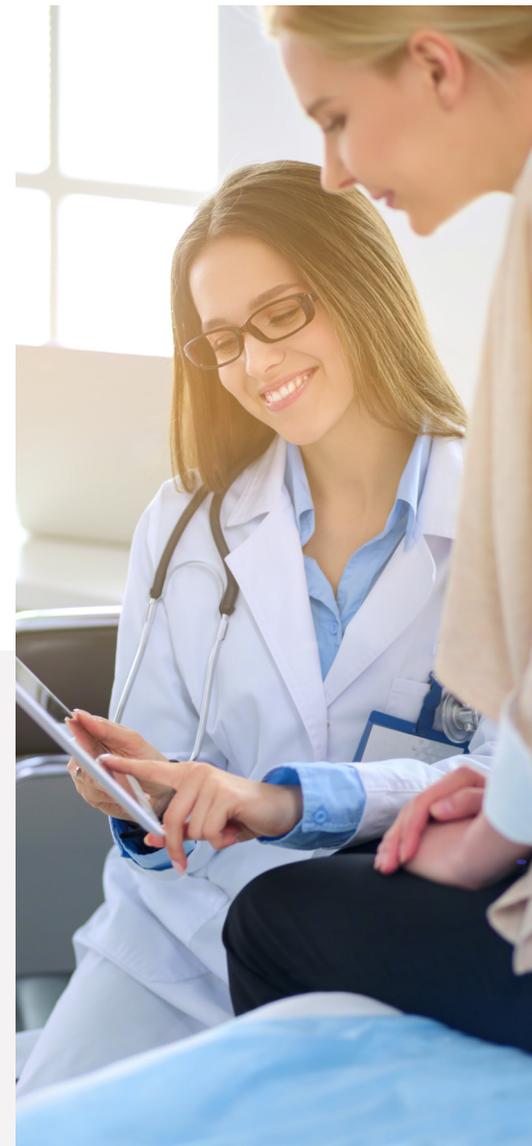
Support business objectives with flexible delivery models — consulting, ITO and BPO

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Provide health IT talent aligned to evolving technology

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Reduce capital investments on technology platforms and applications



# More core competencies



## ☆ PRODUCT LEADERSHIP

Getting consumers to switch health plans and/or networks is difficult. To examine the potential of these efforts, focus on populations that align with your organization's strategic imperatives. Then consider the share of those populations your competitors already have and assess your ability to create a product alternative that will entice these consumers to switch.

Of course, that puts the onus on your organization to design services with the consumer in mind. It means putting an emphasis on achieving quality across the ecosystem and ensuring cost-effectiveness. It also means testing new channels of care, such as telehealth, retail clinics and more.

These innovations and product design initiatives need to be based on local market insights to better serve consumers and help drive value-based success.

### Questions to ask:

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What is the competitor's reputation and why are employers or consumers attracted to them? Is it price, provider access, brand or quality?

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What products are available, or what products can you build to attract these consumers?

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Can you price the risk appropriately?

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Is it conceivable that you can gain substantial market share to make it worthwhile?

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How can you bring competitive discipline (for example, price, network, care management) to a market that lacks it and emerge as winner?

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To fill gaps, what investments do you need to make and when do you need to make them? New programs? New staff? Different types of staff? New engagement models? Are there areas where you can concentrate support?



## ☆ CLINICIAN ENGAGEMENT

It's worthwhile to engage clinicians up front and invite them to become willing champions of your strategies. When physicians lead a culture of innovation and continual improvement, an increase in quality is inevitable. Analysis shows that hospital quality scores are approximately 25% higher in physician-run hospitals.<sup>5</sup> Opportunities for improvement tend to hover around care variation, care gaps, out-of-network referral and costly utilization. But they can also be attached to value-based models and specific population health goals.

Under physician leadership, individual clinicians are also more likely to engage. They're the teams at the front line caring for the consumers. They have the unique insight and practical experience to design solutions and make improvements. Their recommendations rightly earn more credibility with the broader clinician audience because of their firsthand knowledge of the realities of the day-to-day workflow. If they don't have a voice in developing the programs, the likelihood for success is low.

### Questions to ask:

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Do you have clinician champions as part of your strategy team?

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Do your clinicians have a line of sight into both the clinical and financial impact of their decisions?

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Are your physician incentives properly aligned to high-performing care protocols?

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Do your clinicians have the tools they need to coordinate across your network?

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Do you have the physician leadership in place to guide ongoing improvements?

## ☆ ORGANIZATIONAL CHANGE AND TALENT ACCELERATION

Health care organizations and stakeholders are responsible for absorbing, interpreting and implementing change driven by data. Physicians can lead performance improvement teams to guide these conversations. However, they need to understand the rationale for any shift. They must have the tools to make it work and be rewarded for adjusting their behaviors to achieve better quality measures and outcomes.

**Here are five change management considerations to effectively reach your organization's goals and develop innovative strategies for care.**

1



**Identify a champion:** Having a leader who will promote and steward the transformation is critical to maintain direction. They are necessary to obtain buy-in from those who create, use and rely on this new data.

2



**Build the right team:** Managing complex change requires input from multiple parts of an organization.

3



**Communicate the mission:** Significant change is more easily implemented when those involved understand the background and rationale for a decision. Communication of such information is an important role of the sponsor, who champions large-scale decisions during a change event.

4



**Understand personal perceptions and anticipate reaction:** In addition to understanding the macro values for the organization or system, it's important to internalize personal benefits — including how each team member can contribute to the larger goal. Effective sponsors of change should develop strategies to assist their teams in understanding how to adjust their behavior, giving them time to adapt to new processes.

5



**Check in regularly:** Implementing significant change is not a one-time proposition. Powell recommends identifying — from the outset — the ultimate goal, including the key milestones that lead to it. Stakeholders from whom change agents should solicit feedback include individuals within the organizations implementing the change, as well as their customers, clients or patients.

### Questions to ask:

Have you identified key clinical, financial, operational and product leaders across your ecosystem? Are they actively collaborating?

Does your data provide the insight they need?

Do individual physicians have the tools and incentives they need to support behavior shifts?



# Collaborating to achieve high-performance health care

By coming together, health plans and providers can modernize their capabilities and deliver on Triple Aim goals.

Bringing together data, workflows and services can deliver an efficient, consumer-focused health ecosystem. Consumers are eager to respond to those who take the lead. And when strategy, data insights and technology innovation are infused across the ecosystem, this transformation is possible.

[Explore in-depth resources](#) on the topics behind high-performance health care.

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## About Optum

Optum is a leading information and technology-enabled health services business dedicated to helping make the health system work better for everyone. We deliver integrated solutions infused with [OptumIQ™](#), our unique combination of data, analytics and health care expertise, to help modernize the health system and improve overall population health.

## Sources

- 1 Abrams K, MD, Korba C. Deloitte Insights. Consumers are on board with virtual health options. Deloitte Insights health care website. <https://www2.deloitte.com/us/en/insights/industry/health-care/virtual-health-care-consumer-experience-survey.html>. Accessed November 11, 2019.
- 2 Castellucci M. Modern Healthcare. The consumer is wielding greater power, but hospitals aren't ready, CEOs say. Modern Healthcare providers website. <https://www.modernhealthcare.com/article/20171209/NEWS/171209866/the-consumer-is-wielding-greater-power-but-hospitals-aren-t-ready-ceos-say>. Accessed November 11, 2019.
- 3 Becker's Hospital Review. 2019: What's Next in Healthcare Consumerism. <https://www.beckershospitalreview.com/healthcare-information-technology/2019-what-s-next-in-healthcare-consumerism.html>. Becker's Hospital Review website. Accessed November 11, 2019.
- 4 Becker's Hospital Review. Patient satisfaction and the revenue cycle: Improving the billing process to generate 'net promoters' for your organization. Becker's Hospital Review website. <https://www.beckershospitalreview.com/finance/patient-satisfaction-and-the-revenue-cycle-improving-the-billing-process-to-generate-net-promoters-for-your-organization.html>. Accessed November 11, 2019.
- 5 Stoller JK, Goodall A, Baker A. Why the Best Hospitals Are Managed by Doctors. The Leadership page. Harvard Business Review website. <https://hbr.org/2016/12/why-the-best-hospitals-are-managed-by-doctors>. Accessed December 30, 2019.



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