OPTUM Serve™

Expert perspective:

Karla López de Nava, PhD

Vice President

Karla López de Nava, PhD, has extensive experience in quantitative and health care policy analysis, focusing on Centers for Medicare & Medicaid Services (CMS) contracts on Medicare payments, value-based care payment model design, operation, implementation and evaluation. She has over 10 years of experience managing federal and state projects, directing and overseeing multidisciplinary teams of senior researchers in advanced statistical analyses to address complex questions.

As an expert on Medicare payment policies, Dr. López de Nava provides subject-matter and technical expertise across all areas of the State Innovation Grant (SIG). She led the design of the methodology for estimating capitated payment approaches, including Vermont's ACO Benchmark and All-Inclusive Population-Based Payment (AIPBP). Dr. López de Nava leads the performance monitoring of Maryland's Total Cost of Care (TCOC) Model and oversees all activities related to implementation of the TCOC Model to ensure effective management across tasks and subcontractors, timely completion and quality of deliverables, and appropriate allocation of resources. On the Bundled Payment for Care Improvement (BPCI) initiative evaluation, Dr. López de Nava directed a team investigating the factors that explain variation in Medicare savings across participating providers. She also led the team that developed and implemented the comparison group for physician group practice (PGP) participants. She has employed a variety of quantitative and qualitative data sources, including Medicare claims and enrollment data from the Chronic Conditions Data Warehouse, Medicare claims from the Integrated Data Repository, Medicare Provider Enrollment, Chain, and Ownership System (PECOS), Salesforce, and survey data. She has also been the analytic lead and project manager of several CMS projects on the maintenance and development of outpatient quality measures. As part of her work, she prepares reports accessible to policy practitioners and presents and disseminates complex results in an accessible way to stakeholders and the public.

López de Nava received her Doctorate of Philosophy in Political Science from Stanford University.

Q&A

Q: What role, if any, do you expect health equity to play in the health care payment policy agenda in the next few years?

KL: The COVID-19 pandemic has highlighted the big disparities in care among the U.S. population. The number of infections, hospitalizations and deaths have been disproportionally higher among people of color relative to white people. These disparities have put health equity as one of the top priorities to address in the health care policy agenda.

A government Health Equity Task Force has been created to make recommendations that ensure, among other things, equitable allocation of COVID-19 resources, steps to improve data collection and use, and a plan to reduce disparities. However, these steps extend beyond the COVID-19 pandemic and will likely result in a push for public policies and payment models that focus on vulnerable populations and incentivize health care providers to address disparities and social needs. We are already seeing this focus in some of CMS alternative payment models, such as the InCK and CHART models. Through these payment models, CMS aims to address disparities among vulnerable populations by enabling and incentivizing providers to improve access to high-quality care, while reducing costs.

Q: What are some of the key challenges for reducing health disparities?

KL: One of the biggest challenges for addressing health disparities is the lack of reliable and complete data regarding vulnerable populations and social determinants of health. If one cannot easily or reliably identify vulnerable populations or measure the impact and drivers of health inequity, it makes it very hard to come up with effective policies to address the problem. Another challenge is the bias in measurement. Even with available data, there is evidence that there are health care algorithms that aim to identify at-risk or sicker patients that exacerbate gender and racial disparities, for example. The upside of this is that there is now more awareness about the need to collect better data and develop robust health care models that will lead to more equitable health care.

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OptumServe is the federal health services business of Optum and UnitedHealth Group (NYSE: UNH). We are proud to partner with the Departments of Defense, Health and Human Services, Veterans Affairs and other organizations to help modernize the U.S. health system and improve the health and well-being of those we collectively serve.

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