

# No news isn't always good news

You want to help your patients achieve better health care outcomes. But this can be challenging when patients receive care from multiple sources – because you may not always receive clinical data from other health care sources. Or you may have no clinical background on new patients coming to your practice.

## How often do you experience one or more of the following?



You prescribe medications but are unaware if your patient fills the prescription or takes the medication.



You find out your patient sees other specialists and takes medications for an underlying condition but no clinical information was sent to your office.



Your patient reports a history of a medical condition, without providing further details. For example, “I was told I have a heart problem.” You’re left wondering if it’s heart failure, a heart attack, heart arrhythmia or something else.



Your patient tells you they were seen at an urgent care or hospital, but no clinical information was sent to your office about the patient’s visit or hospital stay.



You want to schedule a wellness visit with your Medicare Advantage patient, but they are unable to come into the office.

## Maximize patient visits

Empower your staff with the Optum® In-Office Assessment Program to have near real-time access to clinical data to use during patient visits. The program aggregates clinical data from multiple sources and consolidates it into a single, comprehensive view. This clinical data provides an assessment of your patient's 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 that providers who used the In-Office Assessment Program clinical data during patient visits increased chronic condition and quality gap closure rates by 6%.<sup>1</sup> **Each year that equates to an average of 24 additional conditions screened per 100 patients, with additional diagnoses captured when accurate.**<sup>2</sup>

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



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

## Not just another quality program

The Optum In-Office Assessment Program provides actionable insights to support your practice goals and objectives. Not only will your patients benefit from in-office visits and telehealth visits<sup>3</sup> where time can be maximized with their provider, but your staff can benefit as well. Using clinical data from the In-Office Assessment Program during the patient visit can:

- **Reduce time spent on pre-visit planning** because much of the patient'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 patients** (especially new patients) by potentially reducing the need to fill out additional forms

Please contact your health care advocate for resources to help your practice use clinical data from the Optum program during patient visits.

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.

## Spotlight

# 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.

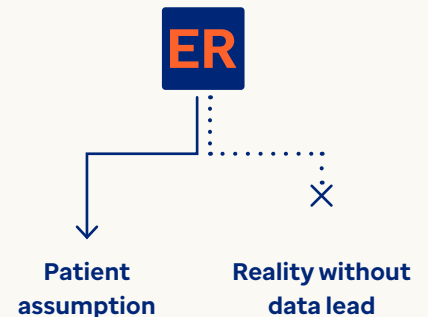
## Enter Optum In-Office Assessment Program

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 its provider would be notified. However, the ER visit would remain unknown unless the provider was given the lead to retrieve that data.

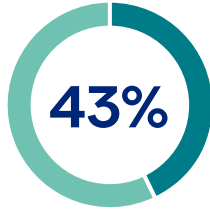


Today, the Optum In-Office Assessment Program is used across more than 40 different quality programs in over 27 offices throughout The Toledo Clinic. **The numerous benefits of using the Optum program have caused a 360-degree impact – from providers to office staff to patients.**

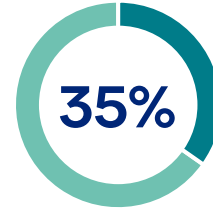
The program has helped:

## 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:**



with diabetes controlled A1c

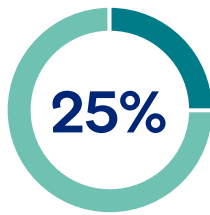


with colorectal cancer screening

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## 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

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## Enhance productivity

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

“

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

# Optum

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