OPTUM®

The Optum care model

For members residing in a skilled nursing facility

The Optum care model provides health care delivery and preventive care management for the most expensive, medically complex members residing in skilled nursing facilities. What makes the care model unique is that it breaks the high-cost cycle by creating a personalized care plan that elevates care quality and reduces cost at the same time.

Value drivers

The Optum care model helps you save money while improving a member's health.

- Identifies gaps in care member by member
- Supports HEDIS and STAR metric improvement
- Proactive, preventive onsite care model
- High family satisfaction
- Enhances access to primary care
- Reduces hospitalizations by 60 percent and emergency room visits by 49 percent[1]
- Ensures appropriate CMS payment

Program overview

Optum clinicians help medically complex members residing in skilled nursing facilities receive the care they need before events escalate.

- Shared member identification among Optum, the health plan and skilled nursing facility
- Initial comprehensive assessment by an Optum clinician at bedside, driving care planning and ensuring accurate HCC coding
- Proactive, preventive/maintenance care plan developed collaboratively by an Optum clinician, care manager, primary care physician and skilled nursing facility
- Family engagement and support of advance care planning

Optum clinician	Fee-for-service clinicians
Completes a comprehensive assessment of geriatric syndromes and comorbidities during all visits.	Generally focuses on one condition per visit, creating a fractured approach that doesn't consider the whole person or the comorbidities from the geriatric syndrome in total.
Documentation is consistently evaluated for appropriate notation of chronic conditions.	Chronic conditions that are not noted as HCC coding is not captured as part of the visit.
Model of care focuses on relationships with key stakeholders in the skilled nursing facility, enhanced communication and buy-in to a treat-in-place model.	Focus is on generating as many billable visits as possible per day rather than focusing on staff development or collaboration.
Acts as a single touch point to track and account for chronic conditions. Supports navigation and guidance for the member. Allows for collaboration led by a single provider.	Multiple visits with multiple specialists, not coordinated, and not collaborative.

1. Impact of UnitedHealthcare's Nursing Home Plan on Hospitalization Rates and Nursing Home Reimbursement, OptumInsight, 2013.

Clinical program

Optum clinicians give each member a high level of personal attention, filling a gap not met by traditional fee-for-service primary care clinicians or nurse practitioner groups.

- Nurse practitioners have a small caseload and manage all enrolled members in each facility
- Preventive care provided at bedside to reduce unnecessary hospital and ER visits
- Clinical, environmental and psycho-social conditions managed to reduce hospitalizations
- Nurse practitioner and telephone support available 24/7, with full EMR and ER management
- Discussions on disease trajectory and care goals, leading to advance care directives
- Family, facility and health plan collaboration on potential return to home
- Family, facility and primary care physician collaboration on end-of-life issues, such as palliative or hospice care

Why Optum?

Optum makes a difference because of our quality care and experience. Our expertise serving in-facility geriatric and medically complex members, while substantially reducing costs, places Optum above the standard fee-for-service provider.

- **Creators of the proactive, preventive onsite care model.** Since 1987, the Optum care model (formerly known as Evercare) has been an innovator in changing the approach to clinical care to improve quality care in skilled nursing facilities.
- **Expertise.** Optum nurse practitioners and physician assistants provide bedside care and care management to more than 60,000 members[2] in more than 1,600 skilled nursing facilities[3].
- **Collaboration.** A key priority for our clinicians is collaborating with facility staff and the member's primary care physician.
- **Avoiding hospitalizations.** Hospitalizations are often traumatic to residents of skilled nursing facilities. Our clinicians are experienced in caring for the geriatric population, working with facility staff and reducing the number of avoidable hospitalizations.

2. Complex Care Management June 2018 Financial Results (internal report)
3. Complex Care Management Institutional Product National SNF Listing June 2018 (internal report)

About Optum

Optum is a leading health services and innovation company dedicated to helping make the health system work better for everyone. With more than 145,000 people collaborating worldwide, Optum combines technology, data and expertise to improve the delivery, quality and efficiency of health care.

Please contact us today to learn more about the Optum care model.

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