CONNECTIONS 2020:

Viewing guide to the virtual mini-series

Building a better health system

OptumLabs CONNECTIONS 2020 is a virtual mini-series bringing industry leaders together around big ideas to make the health system work better for everyone.

Major themes are:

1. **Designing for health equity**
2. **Integrated behavioral health**
3. **Health in the home and telemedicine**
4. **Chronic kidney disease and the polychronic population**

A fifth program also features some of the best research coming from OptumLabs partners in 2020 in a wide array of categories from transgender health to low value care to opioid tapering.

We're sharing these highlights along with the links to the session videos because we want to encourage you and your colleagues to tap into these important industry voices on action frameworks in some of the most important topics in health care today.

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October 2020

Designing-in health care equity to make the system work better for everyone

SESSION 1, PART 1 (58 minutes)

Keynote: Answering the call for equity in a post-COVID world

"There are years that ask questions, and years that answer them," says Giselle Corbie-Smith, physician and director of UNC's Center for Health Equity Research, quoting world-renowned writer and anthropologist Zora Neale Hurston. Corbie-Smith suggests that the current tumultuous environment — due in large part to the health inequalities that the COVID-19 pandemic has exposed — is the perfect time to actively look for opportunities to ensure equity through a systems approach.

Corbie-Smith calls for a shift in perspective from thinking about inequalities and disparities through a deficit lens to centering equity and leveraging the strengths and voices of the community to promote recovery and resiliency. This idea of **centering equity** is essential in every aspect of health care from leadership and policy implementation to research and community-based care.

Hidden in plain sight: Reconsidering the use of race correction in algorithms

There is an ongoing tension between genes and race. Leo Einstein, a physician at NYU's Langone Medical Center, and a team he worked with at Harvard Medical School recently published "Hidden in Plain Sight: Reconsidering the Use of Race in Algorithms" in New England Journal of Medicine examining clinical algorithms that often adjust outputs based on a patient's race or ethnicity. They argue that in many instances these adjustments are inappropriate and can be among the most insidious manifestations of the **gene/race conflict.**

These algorithms exist throughout nearly every specialty including nephrology, cardiology and obstetrics, where there are already disproportionate rates of maternal mortality among Black patients.

View session 1 video:

"There are years that ask questions, and years that answer them."

– Zora Neale Hurston

SESSION 1, PART 1 (58 minutes), continued

"By embedding race into the basic data and decisions of health care, these algorithms propagate race-based medicine," says Einstein. "The main concern we raise in our paper is that many of these race-adjusted algorithms guide decisions in ways that may direct more attention or resources to white patients than to members of racial and ethnic minorities."

The Harvard team suggests three questions in evaluating whether inclusion of race variables is appropriate:

1. Is the need for race correction based on **robust evidence and statistical analyses?**
2. Is there a **plausible causal mechanism** for the racial difference that justifies the race correction?
3. Would implementing this race correction **relieve or exacerbate health inequities?**

SESSION 1, PART 2 (55 minutes)

Action plans for social justice

Drs. Ana Fuentevilla of Optum Population Health Solutions, Elena Rios of the National Hispanic Medical Association and Chyke Doubeni of the Mayo Center for Health Equity and Community Engagement Research gather for a panel focused on multiple action frameworks to combat racism and health justice.

Addressing health inequities demands a multi-faceted approach. Connect with this video to hear discussion about:

- Enhancing opportunities for **training and mentoring**
- Improving accessibility to preventive services and telehealth
- Working **translation** that is **culturally appropriate** (more than just language)
- Embedding health equity into organizational culture
- **Being intentional** about discussions of racism and **working the inclusivity** issue
- **Identifying the outcomes you want**/actively designing the pathway to get there
- **Digging into data** to look across the continuum of care and identify areas for improvement

November 2020

Integrated behavioral health

SESSION 2, PART 1 (58 minutes)

Keynote: Integrating behavioral health to drive the quadruple aim

As a psychiatrist, Jurgen Unützer of University of Washington School of Medicine began to wonder whether we should be integrating behavioral health services with general medical care more than 20 years ago. He and his team then proceeded to work to develop many approaches and research their effectiveness.

Unützer sets the stage around the need for mental health care in the U.S. with a few stats: "About 25% of all **health-related disability** is caused by mental health and substance abuse conditions. This causes five times more health-related disability than diabetes or heart disease and that's 15 times more disability than is caused by cancer."

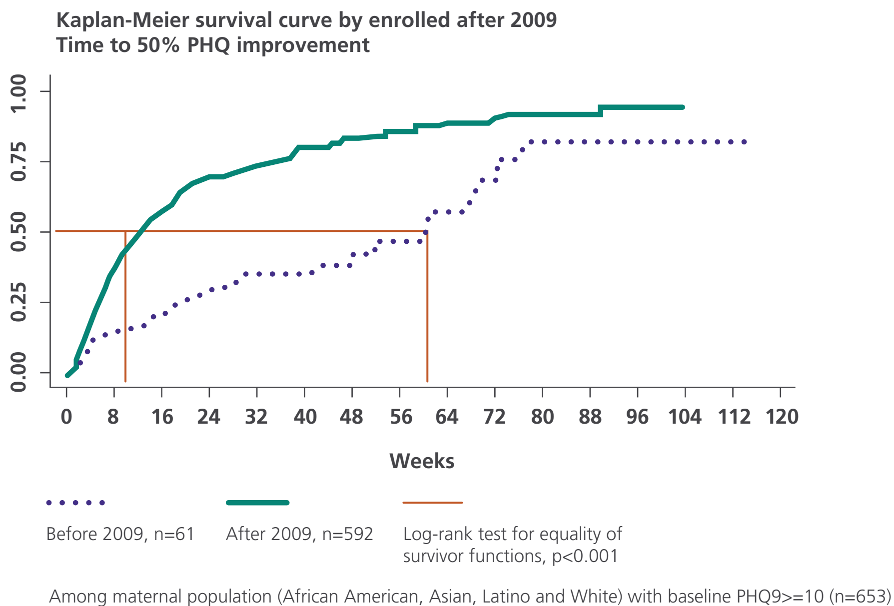
For many, the early onset of mental health issues is a big factor in producing a large cumulative burden over individual lifetimes. Only one out of five people with a diagnosable condition see a mental health practitioner in a year; about 40% will be treated in primary care. We have **large access and capacity issues** in serving the needs of patients.

But there are solutions, some of which have emerged very recently. "I think through the pandemic, we've all learned about: how easy it really is to put mental health professionals into pretty much anywhere you have **internet access;** the other strategies involved; and partnering people with technology," says Unützer. He also cites years of success though better partnering in a "systematic organized way" with primary care through **collaborative care models.** Brief, evidence-based psychotherapy interventions for common mental health conditions work well in these collaborative peer models with telehealth and mobile as part of the solution. Working more effectively upstream of serious mental illness is key as well.

View session 2 video:

SESSION 2, PART 1 (58 minutes), continued

Collaborative care model, Seattle and King County Public Health, study of 2,500 women in community health clinics



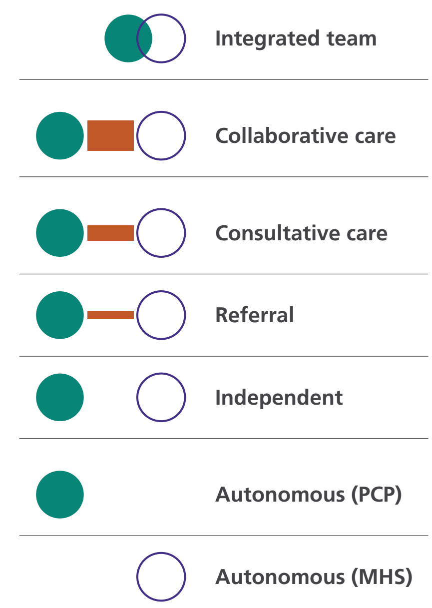
Keynote: Top issues in behavioral health and general health integration

Harold Pincus of Columbia University and the NY State Psychiatric Institute works the health policy and system issues associated with behavioral health integration. He discusses the cohesion we need to enable integrated behavioral health. **"The bottom line is we have to eliminate this mind/body duality, and really think coherently and, from an integrated care perspective, at a practice level and at a policy level."**

Pincus poses a set of **big questions** about planning for and operationalizing integrated behavioral health which he then goes on to answer in his talk.

1. Why the behavioral health/ general health interface?
2. Why not? What are key barriers?
3. Who are the integrators?
4. How is measurement-based care core to clinical quality?
5. How is shared accountability a core concept?
6. How do we build integrated quality measurement capacity?
7. How do we apply multi-level strategies?

How are providers connected?



Talk: A comprehensive behavioral health solution

We now see reports that **one in three people are now experiencing depression and anxiety** and there's a lot more substance abuse and substance misuse, a situation that has been exacerbated by the pandemic. Recently we've moved from lots of people googling for "mental health near me" to searches for "virtual mental health." Reena Pande, cardiologist and chief medical officer at AbleTo, describes a suite of solutions tailored to patient needs. **"Mental health is not one thing,"** says Pande. We need **hybrid models** that balance technology and people. Digital solutions or digital plus cognitive behavioral therapy (CBT) delivered through an app that may be supported by a coach in the background are emerging as an important part of the treatment toolkit. Many with more complex needs benefit from regular clinician and coach-suppported CBT delivered via phone and video.

SESSION 2, PART 2 (55 minutes)

Integrated behavioral health panel

This five person panel of psychiatrists, psychologists and an emergency medicine physician covers a range of relevant topics around making behavioral health integration work. The panel includes Martin Rosenzweig, Optum Behavioral Health, Sam Nordberg, Reliant Medical Group, Charlotte Yeh, AARP Services Inc., Katherine Knutson, Optum Behavioral Care and David Mohr, Feinberg School of Medicine, Northwestern. Connect with the panel to hear about:

- Moving beyond the behavioral health cast that mostly occurs in inefficient settings
- Primary care embedded **mental health triage partners as the lynch-pin** and gateway to the integrated model
- Creating a **digital front door** to provide access to a digital mall for patients and escalating to clinicians as needed
- Reducing the focus on deficits and building on the **power of resiliency**
- People, purpose and possibilities and the **positivity** that can come with aging
- Collaborative care models in primary care and value-based contracts
- Digital solutions that **"fit into the fabric of people's lives"**
- Focusing on **micro-interventions** that can be used quickly and simply
- Increasing **engagement** by including the human being behind the app

November 2020

Virtual ideas exchange — OptumLabs project showcase

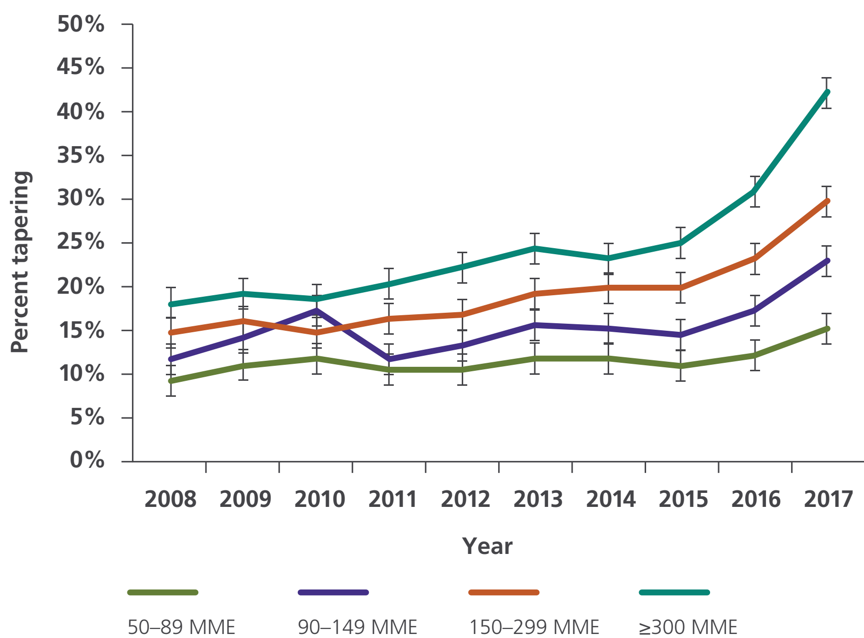
SESSION 3 (100 minutes)

View session 3 video:

In our Virtual Ideas Exchange (VIE), seven researchers from OptumLabs partner organizations showcase their **novel and high-value use of OptumLabs data.** Each tells the story of how the data is helping generate new actionable evidence and insight to help improve the health care system.

1. Josh Fenton from UC Davis shares his research on opioid dose tapering among long-term users. Dose tapering has increased over the past several years. It is challenging in certain circumstances and can be associated with increased risk of overdose and mental health crises as well as reduced adherence to medications for chronic diseases.

Age- and sex-standardized rates of dose tapering among patients using long-term opioid therapy by baseline dose, 2008–2017

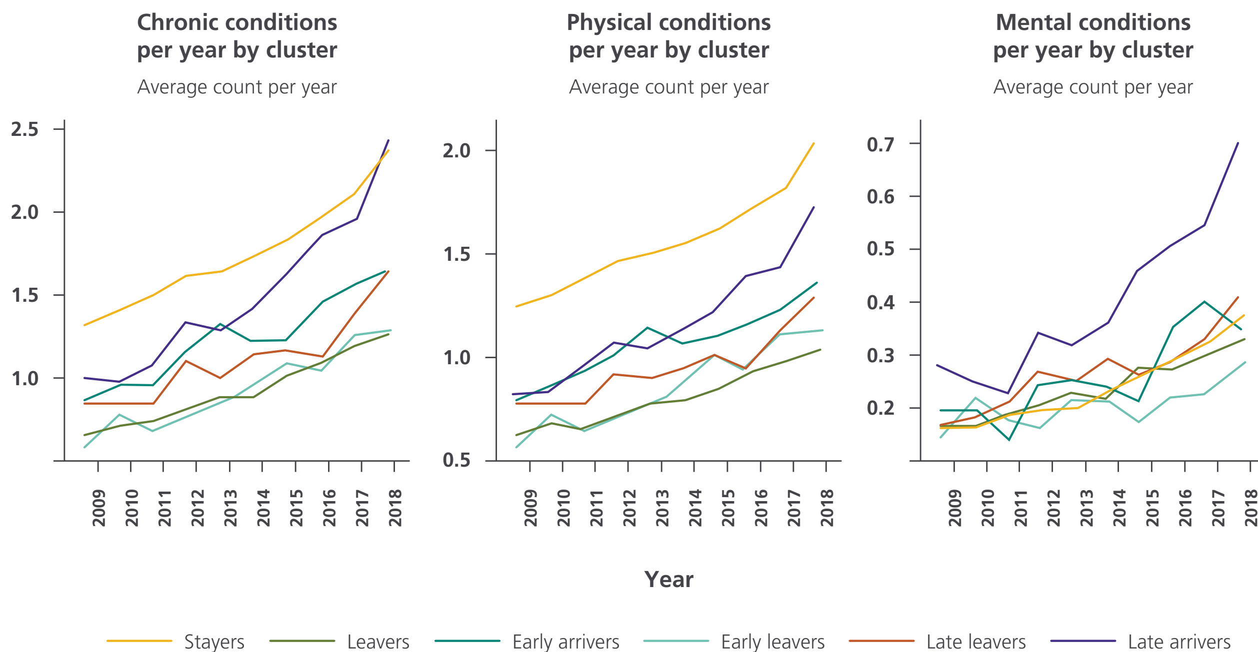


SESSION 3 (100 minutes), continued

2. Che Ngufor from Mayo Clinic shows how his team is using OptumLabs data to characterize medical travel behavior to identify complex and seriously ill patients who "wander" in the healthcare system in what they characterize as **"diagnostic odysseys."** This research is aimed at identifying predictors of these complex care situations that can drive earlier interventions to improve care pathways.

3. Mariana Arcaya at MIT shares her analytic approach to understanding the **health selective migration, shocks and neighborhood effects** in an effort to understand reciprocal relations between health and place.

The healthiest leave their neighborhood

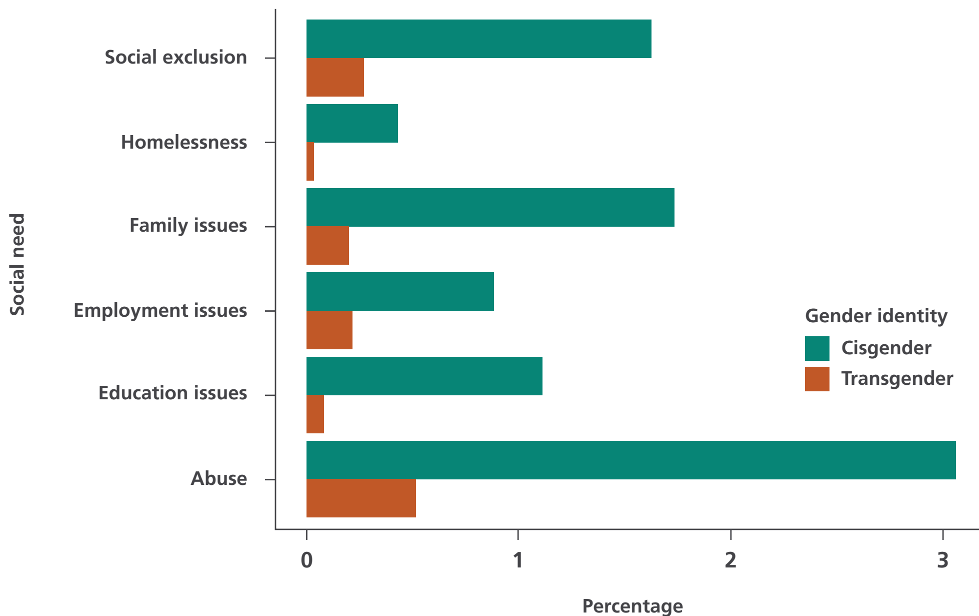


4. David Jiang from Mayo Clinic shares insights into his early-stage project looking at the **distribution of costs among those in the 80th to 95th percentile of medical spend** and demonstrates how OptumLabs data is uniquely suited to answer his questions.

SESSION 3 (100 minutes), continued

5. Kellan Baker from Johns Hopkins talks about his research exploring what OptumLabs data can tell us about **transgender health,** including differences in health care needs, cost and use between transgender and cisgender enrollees and the mediating role of social needs and minority stressors in driving these differences.

Prevalence of minority stressors in ICD-9 and ICD-10 codes



6. Glenn Yiu from UC Davis discusses the opportunities of **tele-ophthalmology** and his preliminary research using OptumLabs data to determine if its use can contribute to better clinical outcomes and/or value in eye care.

7. David Kim at Tufts Medical Center demonstrates how **patterns in low value health care utilization have shifted during the COVID-19 pandemic,** citing opportunities to consider approaches to preventing a resurgence in the use of low value care post-COVID.

November 2020

Living better through health in the home

SESSION 4, PART 1 (58 minutes)

Keynote: Enabling health at home — History and opportunity

Bruce Leff is a geriatrician and health services researcher at Johns Hopkins who has spent his entire career designing innovative models and delivering care to older adults focusing on **home and community-based funnels.** He speaks about three main aspects of interest in discussing this domain:

1. Recognizing the homebound population at risk
2. Enabling a spectrum of home-based services through what can largely be **"good disruption"**
3. Bringing it together as a continuum of services

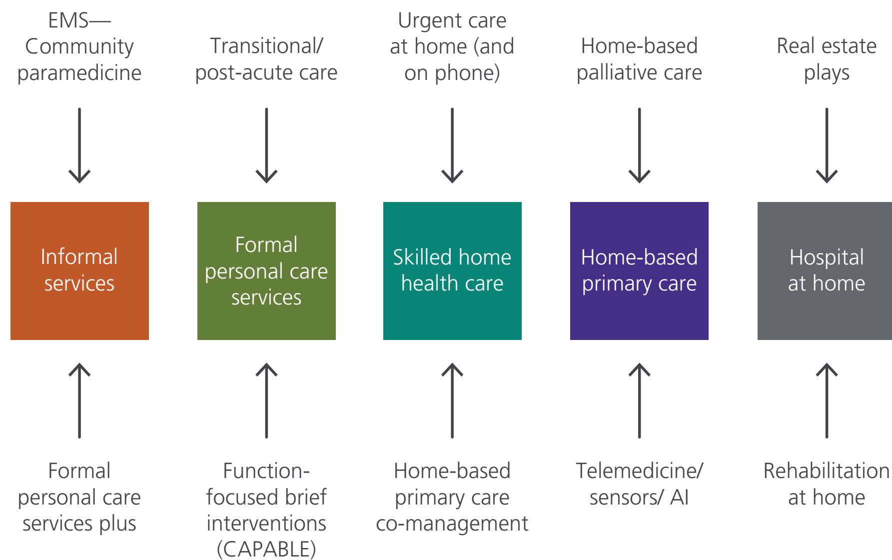
The number of homebound in the U.S. has reached 7.5 million people or 20% of the Medicare population. This population includes those who are completely homebound or mostly home-limited who occasionally get out with the assistance of others. Most self-score their own health as "poor" or "fair" and have significant functional impairments, low social capital and are more likely to have depression and dementia.

Leff outlines the **changing spectrum of care,** including bringing the hospital to home for the most acute situations. The care map is being disrupted in many ways including personal "formal care services plus" that can be ordered Uber-style and subject to surge pricing. We are also seeing an emphasis on functionally-focused brief interventions with nurses, occupational therapists and handymen that can bring 10:1 returns. Many other innovations are emerging.

View session 4 video:

SESSION 4, PART 1 (58 minutes), continued

The field is expanding and being disrupted



Leff uses the metaphor of the **backward bicycle** which makes change especially hard when things are so hardwired. Leadership and the embrace of cultural change are key to enable the emergence of the full continuum. The supply chain needs perfecting. AI needs to help deliver the most important signals to providers at the right time. **"We need dynamic assessment and recalibration of targeting to be able to track changes in status and enable better service delivery."**

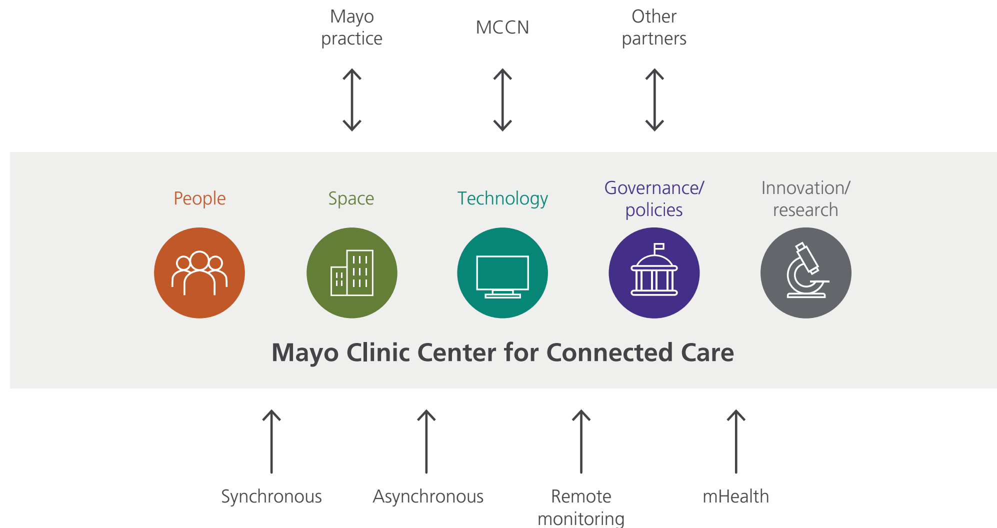
Keynote: Health in the home

Steve Ommen, a cardiologist, leads the Center for Connected Care at Mayo Clinic which was formed eight years ago to **"meet patients where they are"** to help facilitate **active participation by patients** in their own care. It involves combining synchronous, asynchronous, remote monitoring and m-health elements.

In designing new connected care models, providers often want to start with conducting more on-demand, real-time video telemedicine, says Ommen. But COVID has taught us there are **lower-touch,** less complicated methods for connecting with patients. Innovations like **interactive care plans** delivered through a mobile phone, EHR portal help with symptom checking and new applications of **remote monitoring** for patients who are COVID-positive have all demonstrated early success.

SESSION 4, PART 1 (58 minutes), continued

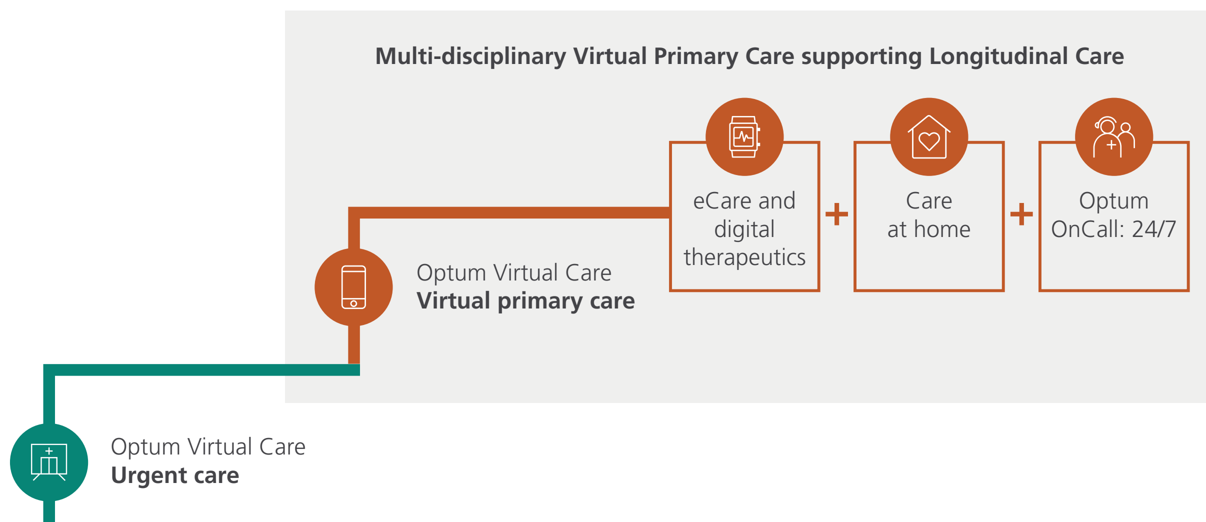
Mayo Clinic **configured existing technologies** to meet the COVID demand in a multitude of ways. They're now seeing more and more clinical departments define use cases for remote monitoring for unique subsets of patients, as care continues to move to more connected models.



Talk: Change management and scaling digital health

Sonia Samagh leads the Digital Acceleration Team for Optum and is a practicing hospitalist. She tells the story of onboarding 10,500 OptumCare physicians to deliver telehealth in the first two months of the COVID pandemic via a **digitally enabled care service,** not just tech. It initially involved activating multiple telehealth vendors in many geographies and evolving toward a set of preferred vendors to scale using a set of **guiding principles.**

Optum Virtual Care builds on lessons learned



SESSION 4, PART 1 (58 minutes), continued

A center of excellence has emerged. Nearly 1.3 million video visits have been enabled through 15,000 providers, **matching capabilities to what local care delivery organizations wanted.** The broad solution spans urgent care and scheduled video visits with PCPs, specialists and hospitalists/SNF-ists through remote patient monitoring, virtual care management and symptom checkers, messaging and triage tools.

SESSION 4, PART 2 (55 minutes)

The telemedicine explosion panel

The COVID-19 pandemic has catalyzed the telemedicine movement in many new and **high-response** ways. A panel of experts pushing the possibilities of telemedicine from their vantage points on behalf of the Native American population, an integrated health system in NYC, Optum and national quality measurement standards discuss the opportunity and far-reaching impacts in front of us. Key themes from Mitch Thornbrugh of the Indian Health Service, Brendan Carr of Mount Sinai, Kristi Henderson of Optum and Peggy O'Kane of NCQA include:

- Thinking of **telehealth as health care**
- A **digitally-enabled care ecosystem**
- Sorting people as early as possible through **forward triage**
- How do we embed these tools in our clinical delivery system and **redesign the models of care?**
- What's the **new baseline?** What should it look like a year from now?
- **Telehealth via telephone**-only in rural America
- **Long tail or regression back** to the way we had been delivering care?
- Telemedicine as a **solution for clinician burnout**
- Care team **redesign for the digital journey**
- **Coordination of care** in the new ecosystem
- **Rethinking data capture** and documentation and serving up what's actionable that's coming from surveillance
- Nimble **interfaces** to enable the follow-up labs and imaging
- **Decision making that is iterative** and responsive to the timing of access to information
- Eliminating barriers across state lines
- **Health resource stewardship**
- **Adapting quality measures** (HEDIS) for telemedicine models

December 2020

Kidney disease innovation

Session **05**

SESSION 5, PART 1 (58 minutes)

Keynote: Kidney disease now

View session video:

Chronic Kidney Disease (CKD) is a "quiet disease" that is highly prevalent in the U.S. population, affecting 37 million people. It is unrecognized 90% of the time. Half of those approaching End Stage Renal Disease (ESRD) don't know they have kidney disease. CKD is a **disease-multiplier** that makes underlying co-morbid conditions more costly. In fact, **one in four Medicare dollars** are spent on patients who have CKD.

Sharon Pearce, policy spokesperson for The National Kidney Foundation (NKF), cites 2019's Advancing American Kidney Health Initiative as one of the only disease-specific executive orders that has ever been put in place. Considerable work is being done to support **better standardized management of kidney disease in primary care** and co-management of the disease between PCPs and nephrologists to slow its progression.

Other parts of the initiative are focused on reducing the risk of kidney failure, **improving access to treatment options for those with late stage disease** including pre-emptive transplants and home-based dialysis. We're seeing new models of care **encouraging movement from in-center dialysis** that include incentive payments and proposed reforms in organ procurement and support for increasing living donors.

Are you the 33%? is NKF's new multi-media communications campaign with HHS and the American Society of Nephrology aimed at increasing public awareness of kidney disease.

SESSION 5, PART 1 (58 minutes), continued

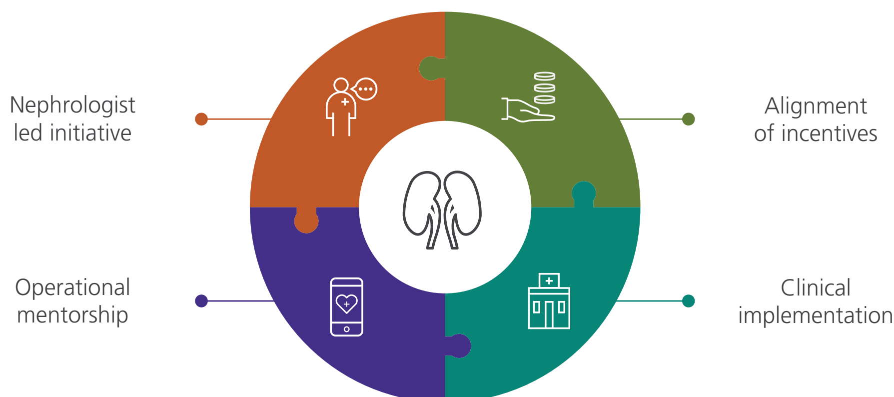
Keynote: CKD population health gaps and priorities

Research over the past several years has brought us much further in understanding what's important in the management of kidney disease. Consumers can take action to discover their personal risk for kidney disease using a simple survey tool—risks may include high blood pressure, diabetes, obesity and family history. Kerry Willis, Chief Scientific Officer for NKF speaks about how **"CKD is becoming increasingly modifiable"** highlighting new drug therapies being applied to kidney disease (SGLT-2 inhibitors, Finerenone) and multi-disciplinary care models that include dieticians, pharmacists and nephrologist working together.

NKF, in collaboration with others, is developing a national registry of kidney patients and has also worked to develop risk stratification methods to support the development of care plans for people in various stages of the disease. Increasing rates of detection are key and NKF is working with Johns Hopkins on algorithms for albumaria measurement in clinical practices and methods to incorporate risk predicting into EMRs. Much work remains to reduce gaps in care and better bridge patients to appropriate services.

Talk: End stage renal disease in the Medicare Advantage population

The 21st Century Cures Act will increase the options for patients with ESRD, enabling all to enroll in Medicare Advantage (MA) Plans effective Jan. 1, 2021. For Jay Agarwal, a nephrologist at NAMM, an OptumCare practice in California, this represents **new opportunities to support ESRD patients** with models of care that his practice has evaluated involving **multidisciplinary care plans orchestrated by nephrologists,** not just in the dialysis center but also holistically.



Results show more patients on dialysis being treated in the home and reductions in inpatient admissions and readmissions. Brian Phillips, Optum consultant, cites limits on out-of-pocket spending and improvements in transportation benefits for most MA beneficiaries as key factors that will motivate movement to MA plans.

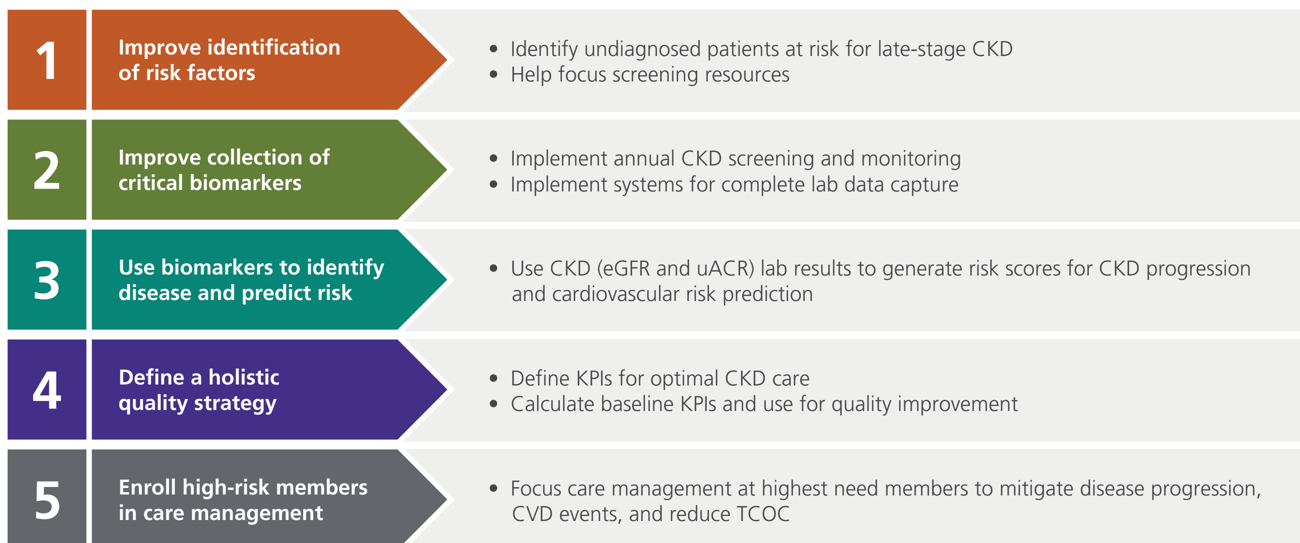
SESSION 5, PART 2 (55 minutes), continued

Kidney disease research panel

OptumLabs has hosted a CKD Research Collaborative aimed at driving opportunities in identifying, managing and paying for kidney health. Stephan Dunning leads this initiative and speaks about the many projects across the kidney care continuum and OptumLabs partners involved in this effort. Three of these projects are discussed by the research panelists in this section of our Kidney Innovation program.

Amar Desai, president of OptumCare California and nephrologist, moderates the research panel and the accompanying Q&A.

OptumLabs is working with partners to improve kidney disease identification and drive translation opportunities. Optimizing screening and monitoring will capture the right data to drive improvements in CKD care.



Unrecognized progression to late stage CKD/ESRD

OptumLabs is working with NKF and Optum on a project that aims to identify the **predictors of late stage disease to assist in intervening early to slow progression.** Using both machine learning and the literature to inform an approach to competing risk analysis, Donna Spencer, senior scientist at OptumLabs, describes the project and early results.

Kidney health evaluation for people with diabetes

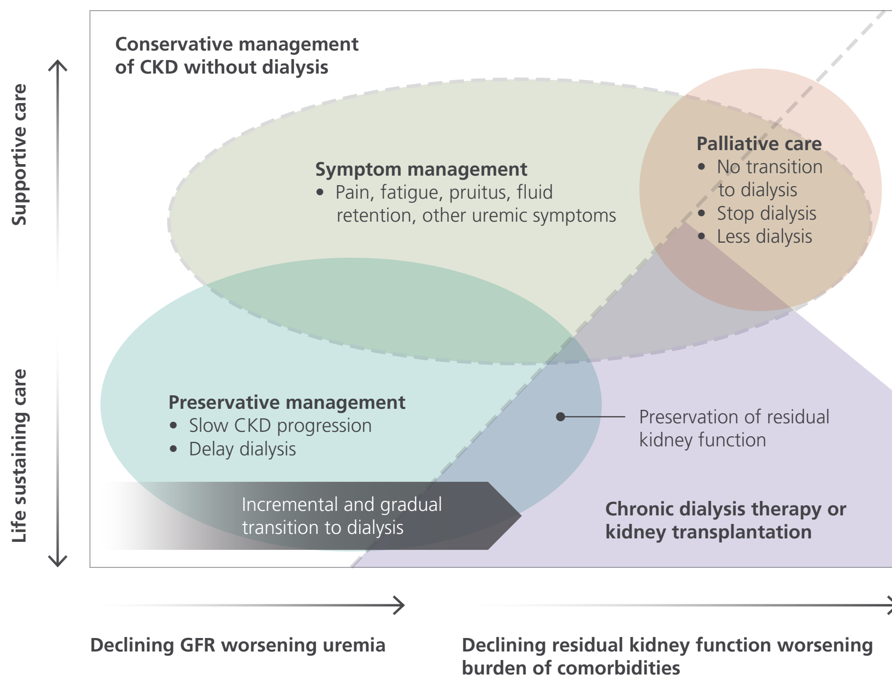
Dan Roman, director at National Committee for Quality Assurance, discusses the **need to improve primary detection and management of kidney disease** to decrease cardiovascular complications and reduce irreversible damage including kidney failure among those with diabetes. In collaboration with NKF, **a new kidney health evaluation measure** has been introduced as a HEDIS metric beginning this year.

SESSION 5, PART 2 (55 minutes), continued

Optimizing care choices for those with late stage disease

The research team of Connie Rhee and Kam Kalantar at UC Irvine has worked for years on an array of projects focused on transitions in care through the United States Renal Data System Special Study Center at Irvine. **Many of those on dialysis report low health-related quality of life.** Rhee speaks about the importance of **shared decision-making** with patients around treatment options and says **the conservative care option remains underacknowledged in the U.S.** The team will use OptumLabs data on a new comparative effectiveness study that will evaluate outcomes associated with conservative care involving palliation vs. dialysis for ESRD.

Conceptual Model of the Conservative Management of Advanced CKD



Kalantar-Zadeh et al, N Engl J Med. 2020;383(2):99-101. https://www.nejm.org/doi/full/10.1056/NEJMp2001794

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