

How to engage providers to improve quality and risk adjustment performance



Health plan reimbursement for government-sponsored membership creates a significant burden for providers. Consider the situation from their point of view:

- There is no consistent experience to access actionable data about patients, particularly those managing chronic illnesses, to enable providers to accurately and effectively comply with payer quality and risk adjustment reporting requests.
- Each payer uses a different modality to exchange information with providers.

Payers that are able to help providers overcome these challenges with solutions that optimize their workflow are rewarded with optimized provider engagement, which delivers a new ability to comprehensively assess health conditions and to improve quality and risk outcomes.

WHAT IT MEANS TO OPTIMIZE ENGAGEMENT

PAYERS	PROVIDERS	MEMBERS
<ul style="list-style-type: none"> • Improved chronic care management • Improved risk and quality performance 	<ul style="list-style-type: none"> • Don't have to hire additional staff to deal with the administrative burden • Have more time to spend with patients • Have the information they need to provide comprehensive care 	<ul style="list-style-type: none"> • Are happy with the time and care provided • Receive connected care management programs to address their conditions

This white paper invites you to reimagine your provider engagement approach — to substantially improve quality and risk adjustment performance.

The power of three: A new model for provider engagement

With the increased pressure on providers to better manage patients with chronic illnesses, payers can't expect to improve their engagement without rethinking their approach. One emerging operating model from Optum® is showing high levels of success by addressing three critical areas.

Each part is important on its own; all work together to focus on each provider's needs to maximize participation and engagement results to improve quality and risk performance.



A new operating model for successful provider engagement

Part 1: The experienced field team

Influencing provider behavior starts with relationships. Optum has developed a highly experienced national field team that engages providers at the point of care to improve performance. These provider engagement experts work on behalf of multiple payers to focus on all of a payer's provider groups, not just the largest. The team includes:

- Medical directors
- Outcomes managers
- Provider support experts
- Practice management experts
- Medicare specialists
- Health care advocates
- Medical coders/abstractors
- Telephonic provider support staff

Provider engagement experts work directly with care providers within their workflow to identify members in need of preventive measures or complex condition management. This includes identifying the best method to share gaps in care information, accessing electronic medical records (EMRs) to push and pull data, training and coaching to change provider behavior, and preparing assessments.

Based on the engagement strategy appropriate for each provider, the support is designed to customize and optimize the provider's workflow.

Part 2: Technology enablement

To overcome the barrier of the uninformed patient visit, it's essential to have a technology solution that effectively facilitates accurate data sharing within each provider's workflow.

In the Optum operating model, the point-of-care platform enables a provider to:

- Readily share actionable data with any plan
- Close care gaps to meet quality and risk-based performance metrics
- Gain a real-time view of patient status, including during critical transitions

By simplifying multiple payer portals into one access point — helping reduce redundancy and inefficiency — providers can focus on reporting their metrics, not managing multiple payer systems. The Optum platform further supports providers with virtual training and 24/7 webchat or call center support.

Payers and providers find value in a unified platform.

Health plan clients tell us the platform has freed their siloed data and got it flowing into mission-critical applications. They note they now have timely insights into patient care that they never had before.

Care providers appreciate that the platform gives them live patient event and pharmacy data. One client noted that they are trending to 5 Stars for their Part D goals, including 86% diabetic wellness visits for the year, and have a line of site for all ED visits for their transient population.

Increasingly, providers are likely to ask payers they contract with what tools and services will be available to help better manage patients with chronic illnesses. They realize successful management of these populations requires real-time access to the right data — that shows whole patient health.

Part 3: Outcomes management

The outcomes management part of the model is vital to improve results: Payers set outcomes goals and a client outcomes manager aligns the model’s resources to help achieve those goals. This heightened accountability strengthens the efforts of the experienced field team and the effectiveness of the enabling technology.

Client outcomes managers ask and answer: Are the assessments comprehensive? Is the documentation thorough and accurate? What course correction may be needed to overcome performance barriers?

Additional responsibilities include:

- Daily tracking of program-specific key performance indicators such as data returns, completeness of assessments and documentation accuracy
- Prioritizing providers, members and suspects for provider engagement team
- Creating and managing a glide path for the overall program and each provider group
- Reviewing progress of provider engagement team daily
- Prioritizing workload for provider engagement team
- Adjusting field resource plan to help ensure each group stays on track

Formula for exponential success: Human engagement + technology + diligent oversight

Payers have traditionally employed aspects of this three-part model. However, technology without human engagement to drive the use of a tool or application is unproductive. A field team without outcomes management is not as strong as a team with active oversight.

It takes a combination of all three to form a highly effective model that serves provider groups in a way that can yield maximum participation, engagement and results.

Payers have seen these performance improvements as a result of the Optum operating model

Over 60,000 providers adopted our point-of-care platform, representing 2.5M members, with EMR integration for 71% of that membership. Results:

- 298% increase in gaps closed
- 30% increase in primary care visits
- 26% decrease in 30-day readmissions

*These numbers represent past performance and are not a guarantee of future performance.



UNLOCKED VALUE

LARGEST POSSIBLE NUMBER OF GAPS ASSESSED AND CLOSED

- Engaged and happy providers
- Increased participation
- Healthy and happy members
- Accurate documentation

Evaluating your engagement strategy: Six guiding factors

When considering a different or expanded approach to engagement, measure it against these factors, which have been instrumental in the Optum operating model.

- 1. Is your strategy outcomes-focused or activity-focused?** Are you able to manage and operate at gap level and align the incentives accordingly?
- 2. Does it have a short ramp-up time?** To achieve rapid deployment, it needs to integrate existing data and systems.
- 3. Can it show proven results?** How confident are you in its success, based on its past performance in improving Star ratings and achieving high provider participation?
- 4. Does it leverage existing provider relationships?** The more providers that are already engaged, the greater the ability to deepen and expand participation.
- 5. How easily can it acquire provider data and work within provider infrastructure?** Does it offer seamless provider connectivity to extract relevant Continuity of Care data (CCD) from the EMR/EHR?
- 6. Can the engagement approach be tailored based on provider micro-segmenting?** A multi-modal approach is essential to effectively target resources based on a patient segment's engagement propensity or provider likelihood to participate.

A playbook for success

Providers need payer support to better manage patients with chronic illnesses. To be effective, this support has to go beyond the fragmented efforts of the past. It takes a new operating model — a playbook for success — based on segmented field support, led by strategic oversight and fueled by flexible point-of-care technology to serve providers within their workflow.

How can your provider engagement strategy be strengthened? What areas of the three-part model are you lacking? What is the total value of your health plan's opportunity? Drawing on the experience of other health plans, Optum can apply our operating model potential to your provider assessment and determine the value of your total opportunity.

Authors:

Sam Diederich, Vice President, Strategy & Business Integration, Optum
Scott McFarland, President, HealthBI

About Optum

Optum is an information and technology-enabled health services business platform serving the broad health marketplace, including care providers, plan sponsors, life sciences companies and consumers.



Tips from the field: How to get providers to participate

- Be clear and highly specific about what is needed and what is measured.
- Share useful and impactful information providers don't have, to educate them about their population.
- Engage with providers in the way that works best for them.
- Be patient; provider behavior change may take longer than you expect.
- Make timely payments.

Learn more about this new operating model and how it can help your plan improve quality and risk adjustment performance.

Email: empower@optum.com

Phone: 1-800-765-6807

Visit: optum.com



11000 Optum Circle, Eden Prairie, MN 55344

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