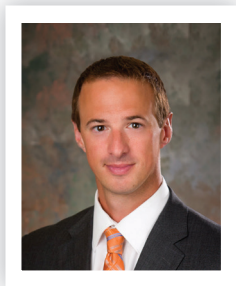


Expert Perspective



A conversation with:

Sean McNattin
VP, Optum Advisory Services Business

► Navigating the system with Health Care Advisors

In this edition of Expert Perspective, the Optum™ Resource Center for Health & Well-being (ORC) interviews Sean McNattin, VP, Optum Advisory Services Business, about how he believes health care advisors can help employees navigate the health care system, leading to higher-quality care for employees and lower costs for employers.

Optum Resource Center (ORC): You've worked in the health care industry for more than a decade. In your opinion, how has the health care consumer experience changed in the last 10 years?

Sean McNattin (SM): The health care system is still complex and fragmented. And consumers continue to struggle with finding the right care at the right time. One big difference, however, is that in today's world of high-deductible plans, consumers are more financially accountable for their health care. They are much more concerned about the type of care they get, where it is delivered and the cost. As a result, we have seen a shift in recent years to consumers being much more actively engaged in all aspects of their health care experience. In the past, a much more passive consumer relied on their primary care physician for information and answers. Today's engaged consumer has access to an infinite online library of health information and resources in addition to health apps and devices. But despite this influx of information, there is still a lack of transparency in terms of health care quality and price. This is a significant gap.

ORC: How do systemic challenges like lack of transparency, fragmentation and complexity affect consumer behavior? How do they impact employers?

SM: According to our research, consumers make less-than-optimal decisions about their health care 46 percent of the time.¹ The fragmented and complicated system makes it very challenging for consumers to make strong, evidence-based decisions.

Suboptimal health care decisions can result in over- or under-utilization of medical services and unhealthy outcomes, which in turn can lead to incremental costs for employers. For example, unmanaged chronic conditions and unwarranted surgeries can create less productive employees who generate excess health care costs which adversely impact their employers.

► *Continued*

ORC: What is Health Care Advisor?

SM: Health Care Advisor helps consumers find a clear path to the right health care by connecting all the dots in a fragmented system. Clinical and non-clinical advisors with knowledge in benefits and claims partner with consumers to answer their administrative, clinical, pharmacy, behavioral and financial health care questions. And the advisors can help with unspoken needs too — questions consumers didn't even think to ask. Bottom line, Health Care Advisor helps to enable smart health care decisions every step of the way.

Advisors provide multiple services including:

- Suggesting preventive care options
- Explaining and exploring treatment options
- Guiding consumers to a high-quality provider
- Identifying callers for condition management or wellness coaching services
- Coordinating referrals and well-being resources
- Providing cost estimates for medical treatments
- Resolving billing issues

ORC: How does Health Care Advisor fit into a total population health management strategy?

SM: Health Care Advisor is the front end to the population health management model. It's where consumers start when they enter the system. Advisors offer extensive support directly. If additional information or support is needed, they can connect employees to our care management programs, clinical professionals, pharmacy specialists, behavioral professionals and other resources. So it's an integrated approach.

One of the extended benefits of Health Care Advisor is that it triggers broader conversations with consumers. For example, someone might call to ask if her benefit plan covers a certain procedure she is thinking about having. That often leads to a deeper discussion about what is happening clinically, where a venue to have the procedure might be, whether there are treatment alternatives and what the potential costs are.

ORC: How is Health Care Advisor different from other advocacy approaches in the market?

SM: Our model is very data- and technology-driven, which allows us to personalize each consumer's experience. We bring a variety of data together to build a complete health profile of the consumer. We start with medical and pharmacy data and add attitudinal data, buying behavior information and health-risk assessment data. Information on each individual is available to our advisors on a common consumer dashboard that allows them to answer initial questions, create personalized navigation and proactively offer the most appropriate services and programs to meet the individual's unique needs. We also use this data to intelligently connect each consumer with an advisor best equipped to meet their needs.

ORC: What metrics are you tracking?

SM: We are seeing progress on several fronts — helping consumers find appropriate treatment options, receiving recommendations on high-quality providers, seeking the appropriate level of care relative to the clinical urgency, and achieving lifestyle improvements. We also track repeat use of Health Care Advisor very closely since that is an indication of loyalty and relevance.

Here are some important findings:²

- Increased engagement in clinical services by an average of 43 percent²
- 95 percent of participants say a health care advisor is a trusted resource to use for support in solving a health concern³
- Emergency room utilization was 23 percent lower than average²

The Optum Resource Center for Health and Well-being helps employers improve workplace productivity, health care costs and employee quality of life through research-driven insights, innovative perspectives and ideas focused on driving a culture of health ownership among employees.

▶ **Closing thoughts:**

For too long, the health care system has been siloed and segmented, forcing consumers to navigate a confusing maze. Optum Health Care Advisor targets that problem by combining resources through a single point of contact, enabling individuals to make smarter health care decisions that may result in better health outcomes and lower health care costs.

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Sources

1. Internal book of business analysis using 2010 claims data. Based on our analysis of 25 million decisions. A less-than-optimal health care decision is defined as one in which for the member there was at least one alternative decision that could have potentially resulted in improved health results over time.
2. Based on employer's historical experience and are not guarantees of future performance, actual results may vary. 2013 data.
3. Measured via UES survey, 1/13–11/13.



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