

The value of telephonic health risk assessment (HRA)



The challenge of early identification

Today, more than ever, health plans need a way to identify and support those who can most benefit from a condition management program.

Here are just two reasons why:

- 5 percent of members drive 50 percent of costs¹
- 86 percent of all health care costs go toward treating people with chronic disease²

Goals

The Optum® person-centric approach focuses on optimizing an individual's health, regardless of limitations that may exist from their condition and other contributing factors.

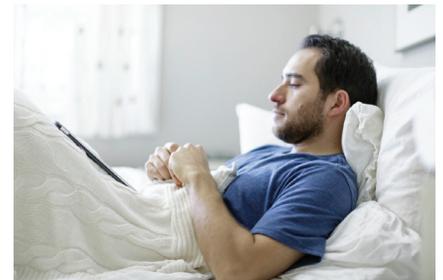
Participation in a condition management program can reduce medical service utilization among those with chronic conditions and improve the individual's quality of life — while cutting health care costs. Evidence suggests that the longer an individual is engaged in a condition management program, the better their gap closure rates.³ Gap closures equate to health care cost savings through reductions in the risk of events such as hospitalizations and acute medical situations.⁴

Therefore the sooner a health plan can identify members with chronic conditions and introduce them to condition management programs, the better the outcome for the member and the greater the opportunity to reduce and avoid costs.

The challenge is in identifying individuals with chronic health conditions.

Thinking beyond claims-based algorithms

Optum recently conducted a study to determine the value of telephonic HRA in identifying members with chronic health conditions versus just claims-based algorithms. Results of the study indicated that, overall, telephonic HRA enables significantly earlier identification of members for enrollment in condition management programs. In fact, more than 90 percent of all members indicating a chronic health condition on the HRA had insufficient claims-based evidence of a condition prior to their HRA response date.



Sooner is better — and more cost-effective

Claims-based identification of members who may benefit from condition management programs often occurs only after a significant time lapse. As this study demonstrated, telephonic health risk assessment (HRA) may be the best means to realize value through early identification.

Methodology

The telephonic HRA study involved the members of a large managed Medicaid health plan in the southeastern United States who purchased telephonic HRA services from Optum. The study used the following methodology:

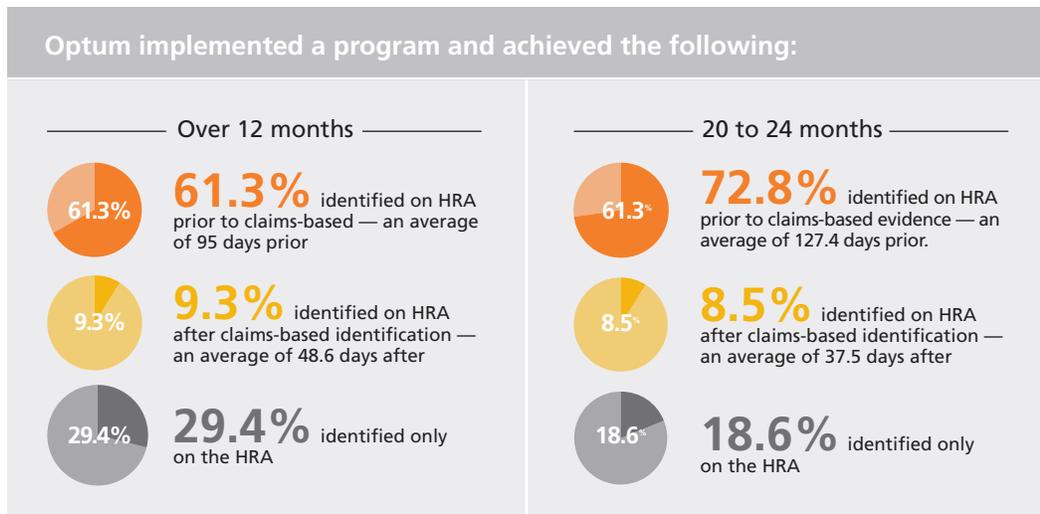
- A cohort was identified, consisting of newly eligible members who completed the chronic condition question on the telephonic HRA between September 20, 2014 and March 20, 2015, indicating that they had diabetes, asthma, COPD, CHF or CAD.
- Two separate cohorts were identified for evaluation:
 1. Members who were continuously eligible for 12 consecutive months
 2. Members who were continuously eligible for 20 to 24 consecutive months (depending on data availability)

Those cohorts were then examined for evidence of members meeting Optum claims-based criteria for any of the five chronic health conditions during each member's eligibility period.

Analysis

The telephonic HRA study analyzed members who self-reported at least one of the identified chronic health conditions via a telephone HRA to determine the number and percentage of those members who were also identified by claims data.

The study also determined when any such claims-based identification took place in relation to the telephonic HRA, and calculated the mean and median days between HRA self-reporting of the condition and claims-based identification.



Findings vary by self-reported condition. Certain conditions, such as asthma, CAD and CHF, have a greater percentage identified via telephonic HRA only. Other conditions, like diabetes, are more likely to be identified by claims data either prior to or after an HRA.

Results

While results varied among the various conditions, the overwhelming majority of the members were identified by the telephonic HRA prior to claims-based identification. Most were identified between 95 and 127 days earlier with the HRA.

Specifically:

- 60–70 percent of members with a chronic condition may be identified with telephonic HRA as much as 95–127 days sooner.
- After 12 months, 29 percent of members reporting a chronic condition in an HRA still have insufficient data for identification through claims.
- After 24 months, 40–46 percent of members reporting CAD and CHF in an HRA still have insufficient data for identification through claims.
- After 24 months, 13 percent of members reporting diabetes in an HRA still have insufficient data for identification through claims.



Conclusion

Overall, telephonic HRA provides for significantly earlier identification of members for enrollment in condition management programs. The ability to identify and enroll more members with chronic conditions earlier through telephonic HRA can translate into better outcomes — and more and earlier cost savings.

About Optum

Optum is an information and technology-enabled health services company serving the broad health care marketplace, including care providers, health plans, life sciences companies and consumers, and employs more than 30,000 people worldwide. For more information about Optum and its products and services, please visit optum.com.

1. United States Government Accountability Office. A small share of enrollees consistently accounted for a large share of expenditures. May 2015. gao.gov/assets/680/670112.pdf.
2. Centers for Disease Control and Prevention. Chronic disease prevention and health promotion. cdc.gov/chronicdisease. Accessed February 28, 2017.
3. Optum BOB analysis of 5,990 condition management participants with diabetes compared to 28,005 condition management non-participants with diabetes over a 12-month period.
4. Reed BN, Sueta CA. A practical guide for the treatment of symptomatic heart failure with reduced ejection fraction (HFrEF). *Curr Cardiol. Rev.* Feb. 2015; 11(1): 23–32. Accessed May 25, 2017. ncbi.nlm.nih.gov/pmc/articles/PMC4347206/



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