

Expert Perspective



A conversation with:

Mike Cunningham, Chief of Client Solutions — Optum

The evolution of population health management

In this edition of *Expert Perspective*, the Optum[™] Resource Center for Health & Well-being (ORC) interviews Optum chief of client solutions, Mike Cunningham, about the evolution of population health management in the direct-to-consumer age.

Optum Resource Center (ORC): Over the last several years, there have been multiple ways of defining total population health. How does Optum define it?

Mike Cunningham (MC): We view total population health as both a philosophy and a solution strategy for employers. Total population health is about supporting the whole person throughout their health care journey. It ensures all individuals receive the right care for their unique health needs — whether they are healthy, at-risk or dealing with a complex or chronic condition. The goal is to improve overall care, prevent disease and enhance quality of life for the individual in a cost-effective and coordinated way across a given population. We apply a consistent approach to behavior change to drive improved health outcomes.

As a solution strategy, we partner with employers to achieve total population health by helping employees choose their health care services wisely, providing them with the right care at the right time for the right cost, and fostering a culture of health that leads to healthier behaviors over time.

ORC: How does Optum partner with employers to achieve total population health?

MC: In our model, Optum and the client share the risk and reward. We work together to lower medical expenditures and improve health outcomes at an individual and population level.

This is achieved through a relationship with common goals and objectives delivered through a combination of Optum capabilities, technologies and analytics.

ORC: How is the Optum approach to total population health different from what is available out in the marketplace already?

MC: Population health management is not a new idea, nor is it a new product or service — for Optum and our employer partners, it's a new game plan.

Optum is uniquely positioned to deliver total population health because we have the assets needed to do it — from data and analytics, to care management programs, to our PBM (pharmacy benefit manager). We can deliver a comprehensive strategy across multiple carriers.

Our approach is different in three ways:

- 1. We have an engagement strategy that is designed to effectively and efficiently manage the risk profile of the population by leveraging online, telephonic and in-person support (face-to-face).
- 2. We have the capability to collect, aggregate and operate our programs with data from multiple carriers and vendors. Our ability to do this allows us to serve as a consolidated "hub" that defines how population health services are delivered and measured.
- 3. We are willing to put our fees at risk. We are so confident that our total population health strategy will work, that we are willing to put a percentage of our fees at risk, based on our performance.

ORC: Your engagement strategy sounds unique, how does it work?

MC: It is typical that approximately 5 percent of an employer's population will drive 50 percent of its medical costs. We have learned that engaging individuals who have certain chronic and complex conditions by telephone is not as effective as connecting them with a local care manager who addresses their health needs in person. We have taken this insight to heart and deployed care teams in the field. These teams are comprised of social workers, RNs, behavioral specialists and pharmacists who work together alongside the provider to support people who are at high risk for readmission to the hospital and those who have complex health care needs.

We engage individuals who are "high risk," through our telephonic coaching programs. These people have not yet developed a complex or chronic condition and can greatly benefit from proactive, primarily phone-based intervention.

For those who are healthy and are committed to staying healthy, we cultivate engagement through incentivized wellness programs offered online and on-site at the workplace.

ORC: The provider relationship has been absent in many previous total population health models. What is Optum doing today to nurture those partnerships and what is the vision for the future?

MC: Today, our total population health strategy leverages field-based case managers who are specifically equipped to build a partnership with the local care delivery team. They create an in-person relationship with the patient and locally based care team. These specially trained nurses are truly an extension of the provider's practice. They conduct a comprehensive assessment and create a follow-up plan that builds on in-office care while connecting the patient to community resources that may address non-clinical needs (such as transportation).

ORC: How do your unique field-based case managers drive better health care outcomes and reduce inappropriate utilization?

MC: One of the primary goals for these health care professionals is to start working with patients before they leave the hospital. They help patients understand their treatment plan, navigate the health care system and close knowledge gaps. Field-based nurses have been placed at select provider or hospital locations to facilitate a smooth transition home, to prevent readmission and to coordinate care for the most complex patients.

Today, we have nurses meeting with patients face-to-face in 21 hospitals, including those in Atlanta, Greensboro, Tampa, St. Louis, Fort Worth, Phoenix, Cincinnati and Denver.

Over the next 24 months, we will be expanding this program to additional markets.

The Optum Resource Center for Health & 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.

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ORC: What is it about Optum that positions you for total population health success?

MC: No entity is in a better position than Optum to deploy an end-to-end total population health strategy. Our strategy assumes Optum will work with and across multiple carriers and, in some cases, deliver through the exchange distribution channel. Bottom line: We have the assets, the coverage and the neutral cross carrier philosophy needed to address population health comprehensively.

ORC: How does Optum define success for total population health?

MC: We are successful when we achieve three primary goals:

- 1. Help people achieve their best health status and keep them out of the health care system
- 2. In the event an individual needs care, ensure they receive the highest quality and most cost-effective care
- 3. Ensure the health care delivery system operates at its highest potential in the delivery of services

ORC: What's next?

MC: Our products and services today help lower costs and produce better outcomes, but to materially impact population health, we need to expand our scope to include provider partnerships, network strategies and a willingness to share in the risk. Greater savings will be realized when interventions and services are deployed strategically to meet the unique needs of clients, populations and markets at the lowest cost — without compromising quality.

Demonstrating value and proving results through our strong existing client base allows Optum to extend to other markets and engage with other sponsors — governments and other payers, for example — who carry a risk burden regarding the health and well-being of a population.

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Closing thoughts:

By viewing care as an integrated experience that involves patients, employers, health management vendors and the local care delivery team, Optum continues to deliver value for employers through health care cost reduction and employee health improvement.



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