UnitedHealthcare’s Network Solutions

ACO Collaboration

UnitedHealthcare Consultant Webinar
May, 23, 2017

http://consultant.uhc.com
The power of partnership: delivering results.

**Better Experience**
Simplifying and personalizing the health care experience.

**Better Health**
Providing access to quality care and integrated clinical/Rx programs.

**Better Cost Control**
Delivering strategies and tools to help manage the total cost of care.
Doug Arlich
Vice President, ACO Clinical
Transformation and Population Health
United Clinical Services

Scott A. Hewitt
Vice President
Value Based Contracting Strategy
UnitedHealthcare
Agenda

- Our Vision
- Embracing Value-Based Care
- Innovative Solutions to Support VBC
- Focus on Results
- Success Story
- Closing and Q & A
Our Vision

Better cost controls
CREATE
networks tailored to each market’s unique needs and competitive cost structure

Better experience
CONNECT
individuals with tools and information to engage them in finding the right providers and the right care

Maximizing new market opportunities to make health care more affordable are foundational to helping our members live healthier lives.

Better health
COLLABORATE
with providers to share data and insights to support consistent, high-quality clinical outcomes

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Our Commercial ACO Footprint

As of April 2017

We have over 85 commercial ACOs contracted today and expect to have 90 to 100 by the end of 2017.

- Current Contracted Shared Savings/Risk ACOs
- Planned Expansion Markets

As of April 2017
A new level of collaboration to help ACOs be successful

- Shared savings and shared risk arrangements
- ACO Activation Teams provide local support
- Optum® Link Electronic Gateway reduces administrative costs
- Quality measures incentives
- Population health risk assessments
- New product designs built on ACO “chassis”
Activation team supports success of each ACO relationship

Local ACO Team coordinates the overall relationship

Clinical transformation consultant
provides day-to-day clinical contact with the ACO. In partnership with ACO, prepares clinical action plans based on economic and clinical opportunities, and identification & implementation of process improvement activities.

Health care economics
supports contract negotiation, analytics and ongoing reporting. There are ACO HCE dedicated staff in each region.

Market medical director
is the primary clinical executive for collaboration with the ACO clinical leadership. Includes ongoing engagement with the Practice CMO and Clinical Transformation Consultant.

ACO account manager
coordinates our ACO relationship management and provides roster and member attribution management.
Putting our heart into achieving results

- Clinical consultants work side-by-side with ACO clinical teams and decision makers to align goals and outcomes, *design and implement new workflows*.

- Focus on the critical few opportunities with ACOs to drive results.

- Custom network analysis to improve network efficiency.

- Bi-directional data sharing to focus
1. **Improve high risk patient care**
   Identify the practice’s most fragile members and manage barriers to care, including determinants of health

2. **Improve access to care**
   Utilize practice scheduling data to improve same-day access and reduce member no-shows, site of service direction

3. **Reduce avoidable admissions**
   Leverage daily discharge notifications to manage post-discharge care transitions and reduce readmissions

4. **Reduce non-emergent ER visits**
   Leverage daily discharge notifications to manage care transitions and reduce avoidable emergency room visits

5. **Improve quality and coding accuracy**
   Use bi-directional data exchange to document risk prevalence and close care opportunities, optimize prescription utilization

6. **Improve growth and satisfaction**
   Create competitive products, benefits and services to attract and retain patients.
Alignment with the ACO and Care Management Activities

Identifying the people, processes and technology-based capabilities of the ACO to perform the following:

• Ability to identify and manage high-risk members and close gaps in care.

• Adherence to evidence-based medicine, quality measurements and risk adjustment clinical support programs.

• Care management pathways and protocols including in-home, high-risk patient assessment.

• Disease management and wellness support for populations.
Sharing Actionable Patient Data

PATIENT PROFILE (Jan 1, 2015 – January 31, 2017)

**Patient Profile**

- **Patient Name/Member ID**: [Redacted]
- **DOB**: 02/27/83
- **Age**: 33
- **Gender**: M
- **LOB**: Commercial / UHC
- **Future Risk Probability**: 99%

**PCP Name**

- **Last visit**: 11/02/16

**Specialty Provider Name**

- **Specialty A**: General Surgery
- **Specialty B**: Hematology and Oncology
- **Specialty C**: Pulmonary
- **Specialty D**: Nephrology

**Last Visit Diagnosis**:

- **Acute respiratory infection, Cough, Restriction in breathing, Acute upper respiratory infection, Congestion, Cough**

**No of Visit**

- **2015**: 4
- **2016**: 1
- **2017**: 3
- **PMPM**: 1

**Inpatient Visits**

- **ICU/CCU**: 07/30/16
  - **Discharge**: 08/05/16
  - **Primary Diagnosis**: Acute myocardial infarction
  - **Secondary Diagnosis**: Other pulmonary embolism and infarction
  - **Hospital Name**: Hospital

- **Medical**: 04/09/16
  - **Discharge**: 04/14/16
  - **Primary Diagnosis**: Restricted Information
  - **Secondary Diagnosis**: N/A
  - **Hospital Name**: Hospital

**ER Visits**

- **Visit Date**: 04/17/15
  - **Primary Diagnosis**: Other specified non-infectious disease
  - **Secondary Diagnosis**: None

**Quality Gaps in Care**

- **Comprehensive Diabetes Care HbA1c Test**
  - **Next Due Date**: 01/15/2016
  - **Next Due Date**: 01/15/2017
  - **Open Gap**: Y

**Optum Program Enrollment**

- **Cardiovascular Heart Failure**
- **Diabetes**
- **Transitional Care Management**
- **High Risk Care Management**
- **Advance Illness**
- **End Stage Renal Disease**

**Laboratory Testing**

- **Service Type**: Laboratory - Immunology
  - **Visit Date**: 04/04/16
  - **Procedure Description**: Allergan passive
  - **Primary Diagnosis**: Other respiratory infectious disease

- **Lab - Urology**: 06/08/16
  - **Procedure Description**: Uterine nodule x-ray
  - **Secondary Diagnosis**: Uterine nodule not specified

**Radiology**

- **Service Type**: Radiology diagnostic
  - **Visit Date**: 04/17/16
  - **Procedure Description**: X-ray of eye socket

- **Outpatient Surgery**: 06/08/16
  - **Procedure Description**: Contrast X-ray of brain

**Providers Seen and Why**

- **Inpatient Visits**
- **ER Visits**
- **Quality Gaps in Care**
Innovative Solutions for Results

Native iPad app to simulate savings opportunities

View utilization trends across five metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Actuals</th>
<th>Annual Potential Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Admits/1000</td>
<td>39.0</td>
<td>Actual 39.0, $0.00 PMPM Savings, 0.00% Improvement</td>
</tr>
<tr>
<td>Ratio Pcp To Spec Ov</td>
<td>1.3</td>
<td>Actual 1.3, $0.00 PMPM Savings, 0.00% Improvement</td>
</tr>
<tr>
<td>Acute Bed/1000</td>
<td>111.8</td>
<td>Actual 111.8, $0.00 PMPM Savings, 0.00% Improvement</td>
</tr>
<tr>
<td>Non Par Specialist Referrals</td>
<td>10.8</td>
<td>Actual 10.8, $0.00 PMPM Savings, 0.00% Improvement</td>
</tr>
<tr>
<td>Emergency Visits/1000</td>
<td>150.0</td>
<td>Actual 150.0, $0.00 PMPM Savings, 0.00% Improvement</td>
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</tbody>
</table>

Total Annual Savings Pool: $0
Explore Opportunities for Improvements & Savings

Actual performance of ACO based on their peers
High = Upper 25% and Low = Lower 25%

Slide the scale to simulate utilization improvements & reveal savings opportunities
## Select Targets for Improvements

### ACO Sample - Dashboard PMPM

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<td>Emergency Visits/1000</td>
<td>150.0</td>
<td>Medium 126.5, $2.50 PMPM Savings, 15.7% Improvement</td>
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**Total Savings Opportunity:** $1,571,580
Review Best Practices to Achieve Success

Emergency Visits Best Practices for ACO Sample

Development and implementation of a practice based Transitional Care Management process is the foundational element in the strategy to reduce avoidable hospital admissions and manage members requiring high acuity care.

Reduce Avoidable Admissions including Readmissions

Improve High Risk Patient Care

Identify the practice's most fragile members and manage barriers to care, including determinants of health

Core Interventions

High Risk/PSU engaged in care a minimum of every 90 days

Enhanced Interventions

Implement specialty care programs (ESRD, CHF, Transplant and Hospice Programs)

Recommended Checklist

Announcements
Value-based Care (VBC) is at the center of one of the biggest transformations currently underway in our nation’s health care system. Here’s how VBC is enabling UnitedHealthcare to work smarter and better with employers and providers to help people live healthier lives.

- **83%**
  - Commercial ACOs perform better than non-ACOs on 83% of the most common quality measures we monitor

- **10%**
  - Fewer hospital admissions and ER visits among top-performing commercial ACOs

- **$33 MILLION**
  - Treatment savings across 810 cancer patients using a bundled payment for all oncology services included in the treatment

- **74.7%**
  - The top 10% of commercial ACOs closed 74.7% of the care opportunities identified for patients, vs. 56% for non-ACOs

- **44%**
  - Lower costs for spine and joint procedures using a bundled payment and directing patients to centers of excellence for all related tests and treatments
Enhancing the patient experience …

Enhancing the Patient Experience…

Dr. Larry Blosser
Corp. Medical Director
Central Ohio Primary Care
Westerville, OH
What physicians say about our ACO approach

“One thing about UnitedHealthcare that we've come to greatly appreciate is they have outstanding data and analytics.” Learn More

- Michael Englehart, president, Advocate Physician Partners (IL)

“By working with UnitedHealthcare, we can continue to increase patient engagement to achieve better health outcomes and improve patient satisfaction, while reducing the overall cost of care.” Learn More

- Gary Weissman, M.D., chief medical officer, ProHEALTH Medical Management, LLC (NY)

“This partnership aligns with our emphasis on improving the quality and coordination of care. By focusing on several key quality measures, we hope to make a significant impact on patient health.” Learn More

- Kathy Davis, RN, senior vice president and chief nursing officer, Presbyterian Healthcare Services (NM)

“Primary care physicians are critical to assembling processes necessary to improve the value of how medicine is practiced in our health care system. UnitedHealthcare brings knowledge, tools and resources to help our organization achieve those objectives.” Learn More

- Lance Donkerbroek, chief operating officer, Commonwealth Primary Care ACO (AZ)

Learn more about these testimonials at UHC.com/valuebasedcare
Our Vision

Our efforts to make health care more affordable are foundational to helping our members live healthier lives.

**CREATE**
Reduce medical costs and medical trend

**COLLABORATE**
Deliver best quality outcomes

**CONNECT**
Improve population health and patient experience

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networks tailored to each market’s unique needs and competitive cost structure

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with providers to share data and insights to support consistent, quality clinical outcomes

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individuals with tools and information to provide them access to quality care

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