

Driving better risk and quality outcomes

For every hour of patient face time, clinicians spend two hours on administrative tasks.¹ How can we relieve this burden to allow providers more time to spend on clinical activities?

The Optum® In-Office Assessment Program is a flexible prospective in-office and telehealth² provider engagement program. It offers a provider-first model of collaboration, actionable data and interactive technology, enabling better risk and quality outcomes for members, providers and health plans.



Analytics: Artificial intelligence algorithms and machine learning models are enabled by our experience with the largest clinical and demographic Medicare Advantage (MA) database in the industry. With over 14.1 million MA members, it represents 64% of the U.S. Medicare Advantage population.

During the analytics process, 700 risk adjustment rules and 200 quality rules focus on identifying, stratifying and targeting both risk adjustment and quality care needs.



Provider engagement: The In-Office Assessment Program is supported through a dedicated, collaborative, multidisciplinary field team. They help providers who require unique or intensive guidance and training. Engagement is further supported by tiered compensation options to help foster timely, comprehensive documentation and allow for the best level of flexibility.



Member information at point of care: Member data can be delivered through a provider's preferred digital modality, including data integration, portal or electronic health records (EHR). By leveraging digital assessments, Optum is able to provide near real-time risk and quality data within a provider's existing workflow.



Coding and quality assurance: A global team of AAPC- or AHIMA-certified coders helps support coding actual documented conditions to capture appropriate Hierarchical Condition Categories (HCC) and quality gap closures.

Optum data is continually analyzed to produce accurate and actionable insights*

20

of the top 25 U.S. health plans leverage Optum analytics

≈\$120B

billings managed on behalf of our Optum partner hospitals and physician practices

414M

lives of claims data in the U.S. processed by Optum analytics solutions for health plans

* Data as of Q1 2023.

1. Sinsky C, Colligan L, Ling L, Prgomet M, et al. Allocation of physician time in ambulatory practice: A time and motion study in 4 specialties. *Annals of Internal Medicine*. December 6, 2016. annals.org/aim/article-abstract/2546704/allocation-physician-time-ambulatory-practice-time-motion-study-4-specialties.
 2. For risk adjustment purposes, CMS now deems telehealth as the equivalent of a face-to-face encounter so long as the telehealth encounter included audio and visual interactive capability. Telehealth encounters, conducted in accordance with state law licensing requirements for the provider, remain an acceptable encounter type under the Affordable Care Act Health Exchange plan risk adjustment model.

Provider-first approach contributes to program success

Influencing provider behavior starts with relationships. The experienced Optum field team leverages their relationships, as well as our tools and analytics, to help change provider behavior in order to achieve results.

 **80%** of providers are satisfied with the In-Office Assessment Program³

In-office assessment team

- Client performance director
- Field market directors
- Field team managers
- Customer service
- Medical coding trainers
- Medical directors
- Health care advocate

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1,000+ field agents • **25K+** engaged provider groups • **3.5M** annual assessments

Benefits of working with the team

- Improve documentation and coding accuracy facilitated by regular training and education.
- Increase risk adjustment accuracy and completeness by closely monitoring gap closure.
- Strengthen HEDIS® and Star Rating results through proactive gap interventions and member activation.
- Boost provider engagement and program participation through close relationships and hands-on approach to help drive incentives.
- Enhance provider satisfaction rates because this efficient, streamlined program allows providers to spend more time with members.
- Reduce administrative burden on practices through consistent support to providers and staff.
- Ensure efficiency and prevent abrasion by using integrated reporting to coordinate visits.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

3. Optum IOA provider survey research, 2022. n=777.

Learn how Optum can drive better risk and quality outcomes for health plans, providers and members. For more information, visit optum.com/risk.



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Case study

Improving quality of care

Challenge: A common finding of The Toledo Clinic patient surveys revealed that its patients were concerned that their provider may not have a complete picture of the patient's overall health.

Solution: In 2013, The Toledo Clinic implemented the Optum In-Office Assessment Program. Since then, providers and staff have been using the program during patient visits. The clinic is taking full advantage of all the valuable data at its fingertips. The In-Office Assessment Program is used across more than 40 different quality programs in over 27 offices throughout The Toledo Clinic.

Impact: Since the program was implemented, The Toledo Clinic has seen an increase in screening rates:

43%

in screening rates with diabetes controlled A1c*

35%

with colorectal cancer screening*

* Results as of 2020. Your results may vary.