

EARLY ADOPTER OF INNOVATIVE HEALTH CARE ANALYTICS

TECHNOLOGY WORKS TO PREVENT PATIENT HEALTH CRISES

"We treat tens of thousands of people one at a time. That takes a great leap in technology. One measure of success is sophistication. When something becomes really sophisticated, it means it's easy to use."

That's according to James Doulgeris, founder and chief executive officer of New Jersey-based **OSLER HEALTH**, an independent physician association (IPA) and accountable care organization (ACO) with 125 primary care physicians in 27 practices at 63 different locations.

Since the founding of Osler Health in 2013, its leaders have focused on managing health care by endeavoring to make sense of their various health care data assets.

Founder and Chairman Dr. Tom Bellavia recognized that physicians couldn't accomplish population health management or meet the Triple Aim without converting data into usable information. "We

had to move from a one-on-one patient model to take care of populations at the same time without losing the personal touch. You could never do that with paper charts and without the advent of new technology," said Bellavia.

He and other Osler leaders also realized many physicians were confused and overwhelmed by the sheer volume of their data and complex reports. "It's hard to take a mountain of data and turn that into a small hill of information, and take that small hill of information to create actionable, impactful tasks, and then get them into the right hands," said Doulgeris.

Osler has made great progress toward data sophistication.

CONSOLIDATING REPORTS

Ron Manke, chief operating officer and vice president of provider support, explained that Osler has 20 quality measures across five contracts covering 86,000 attributed lives.

For a while, Osler issued care gap reports based on common measures across payers. They delivered a separate report for each payer. For example, a physician might receive one report listing patients covered by payer A in need of a mammogram and a separate report for patients covered by payer B in need of a mammogram.

"So we got rid of all that and said here's one list broken out by insurer — one list of patients who need mammography. Here's one list of diabetics. Here's one list of patients who need eye exams," said Manke. "That alone has just really improved the physicians' world so that they can just run down one list."

MAKING REPORTS ACTIONABLE

Even with consolidated reports, Osler leaders realized physicians don't always have time to dig through results. So they took the reports and turned them into tasks.

"Physicians might not have time to read a report. But they do have time to fit a familiar task into their workflow. We tell them the task they need to perform. We do the work for them," said Doulgeris.

That could include scheduling an evaluation of a patient identified as high risk through the use of predictive analytics.

"What we're really doing is taking this information in these reports and making the doctor more effective," said Doulgeris. "Rather than just seeing a string of random patients who come in, what they're doing is treating people who need treatment the most at the right time."

"If we catch one out of ten that saves us a hundred thousand dollars of acute episode or hospitalization, it is paying for itself time and time again in dollars and quality of life," said Doulgeris.

NEED FOR INTEGRATED DATA, ROBUST ANALYTICS

Despite these advances, Osler leaders were encountering limitations in the analysis of their data.

"Our previous platform didn't allow us to drill into the specialty care, see site of service or dive deeper into pharmacy cost. The better we got, the more inadequate the platform," said Manke.

There's also the issue of nontraditional health concerns.

"It's become very evident now that there are a lot of other factors required to deliver good outcomes for patients, factors like social determinants of health and behavioral health," said Bellavia.

Osler leaders realized a need to combine clinical and claims data with additional data sources to gain a more comprehensive view of each patient, provider and facility, as well as an aggregated understanding of their entire population and health network. They also realized that, through the application of advanced analytics, they could identify opportunities and patterns in their patient



populations and networks, confidently predict clinical and financial risk, then prioritize and coordinate the actions their physicians could take to improve future outcomes. They chose Optum analytics solutions to help them reach those goals and are in the process of launching the new platform.

Manke says the new platform — which is infused with OptumIQ™, the unique combination of Optum data and analytics and health care industry expertise — will make a difference.

"Now we will not only be able to see gaps in care, but we will be able to see our high utilizers. We will be able to spot trends and see where money is being spent," said Manke.

Osler leaders expect Optum analytics solutions to track and deliver information on the outcomes achieved and costs accrued by specialists to help guide referral strategies.

They are also looking forward to utilizing the same predictive models and methods that 20 of the top 25 health plans rely on to forecast cost and risk.

"There won't be discrepancies," said Manke. "We're going to have exactly what the insurer has and we will be able to deliver that directly to our physician owners so that we perform the best we can in this value-based program."

"We needed something that would scale for the next five to ten years, and Optum was the only platform that we felt comfortable with that could elevate our needs today and keep us in the game tomorrow," said Doulgeris.

"This is all about investing in the right patient care proactively by empowering primary care physicians to be clinical managers from their present role as service providers, a giant leap ahead of today's fragmented, reactive system," Doulgeris continued. "We don't measure success in dollars saved; we measure it in health crises avoided. Sharing savings with insurers funds the process, and everyone wins."

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