Optum

Integrated In-Home and In-Office Assessment Program

2 solutions in 1 program offering

A flexible prospective in-office, in-home and telehealth provider engagement program that supports early detection and ongoing assessment of chronic conditions for health plan members. The program is supported by a multidisciplinary field team to help providers with guidance and training, coupled with tiered compensation options to allow for the best level of flexibility to support provider engagement. By providing options for in-home, in-office or virtual visits, members are more likely to schedule an assessment visit, which helps health plans manage care, improve quality and obtain more accurate reimbursement.

The program maximizes value by offering the following:

The integrated solution segments and prioritizes the best care modality for members and will move members from one modality to another with ease, utilizing one common data set to support both programs.

Common data pipeline:

- Data intake from clients will follow a common pipeline across both programs
- Outputs shared to clients will be integrated with supplemental data, charts and other insights
- Data orchestration strategy across IOA and IHA

Integrated reporting:

- Generate population reports and dashboards
- Integrated value-based reporting
- Clients and providers can both view member details through Practice Assist and Field Assist

Opportunity identification:

- AI-enabled capabilities help identify a member's likelihood to engage via in-home or in-office visit
- Evaluate initial target population and iterative population management
- Year-round member population management and evaluation to continually assess the best care modality for each member
- Client preference for care modality factored into member intervention assignments

Streamlined program management:

- Integrated business requirement document (BRD) enables cohesive program selections in one spot
- Streamlined client management approach with strong coordination across both programs
- Integrated implementation strategy across both in-home and in-office programs

Example of care modality iterative analytics

Care modality analytics help determine the right intervention for each member and suggest when to make adjustments throughout the year.

In-home assessment program

- Low likelihood of member going to the provider's office, but would accept a visit within their home
- Low likelihood of provider engaging in the program
- Member care barriers indicate need for additional health resources and support

40%

of members are directed to the in-home program*

In-office assessment program

- High likelihood of member going to provider's office
- High likelihood of provider engaging in the program
- No limiting member care barriers identified

40%

of members are directed to the in-office program*

Both in-home and in-office program

- Member has multiple clinical care opportunities that require both in-office and in-home interventions
- Members who have a change in condition throughout the year requiring both in-office and in-home intervention
- Both programs available to maximize value

20%

of members are directed to the in-home and in-office programs*

Both member and provider factors are considered when determining the best care modality.

Optum® analytics assess:

- What is the likelihood that the provider will engage with the program?
- What are the clinical care opportunities that may not have been addressed yet in the year?
- What are the open member gaps in care that require intervention?

See how Optum can drive better risk and quality outcomes for members, health plans and providers.

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 optum.com/prospective

* Subject to change based on client preference.

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