Osler Health Measures Success Not in Dollars Saved But in Health Crises Avoided

An early adopter of innovative healthcare 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.”

—James Doulgeris
Co-Founder/CEO
Osler Health
New Jersey

“We treat tens of thousands of people one at a time,” says James Doulgeris, co-founder and CEO of New Jersey-based Osler Health. “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.”

The leaders of Osler Health, an independent physician association and accountable care organization with 125 primary care physicians in 27 practices at 63 different locations, have focused on managing healthcare by endeavoring to make sense of its various healthcare data assets since the organization’s founding in 2013.

Tom Bellavia, MD, co-founder and chairman, recognized that physicians couldn’t accomplish population health management or meet the Triple Aim without converting patient 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,” he says. “You could never do that with paper charts and without the advent of new technology.”

Bellavia 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, turn that into a small hill of information, take that small hill of information to create actionable, impactful tasks, and then get them into the right hands,” Doulgeris says.

Osler has made great progress toward data sophistication.

Consolidating Reports
Ron Manke, COO and vice president of provider support, explains 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. The organization 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.

“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,’” Manke says. “That alone has just really improved the physicians’ world, so 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,” Doulgeris says. “We tell them the task they need to perform. We do that part of the work for them.” This might include scheduling an evaluation of a patient identified as high-risk through the use of predictive analytics.
“What we’re really doing is taking the information in these reports and making the doctor more effective,” Doulgeris says. “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 10, that saves us $100,000 of acute episodes or hospitalizations. It is paying for itself time and time again in dollars and quality of life.”

**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 specialty care, see site of service or dive deeper into pharmacy cost,” Manke says. “The better we got, the more inadequate the platform.”

There also was 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,” Bellavia says.

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 understood 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, and 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 a new platform.

Manke says the new platform—which is infused with Optum IQ, the unique combination of Optum data and analytics and healthcare 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,” Manke says. “We will be able to spot trends and see where money is being spent.”

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

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

“We needed something that would scale for the next five to 10 years, and Optum was the only platform we felt comfortable with that could elevate our needs today and keep us in the game tomorrow,” Doulgeris says. “This is all about proactively investing in the right patient care 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. 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.”

Visit optum.com or call (800) 765-6705 to learn more.