Unlocking Potential Through Better Payer-Provider Collaboration

Sharing data helps drive the transition to value-based care.

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CMO
Midwest Health Collaborative
Columbus, Ohio

As the healthcare industry continues its evolution toward value-based care, existing payment processes will be unsustainable. Payers and providers will continue to face challenges, including financial strains, as they embrace risk-based models—but they also face great opportunities. Through better collaboration and innovative use of data analytics technologies, payers and providers can work together toward improving quality of care and the patient experience at a time when both matter more than ever.

The urgency behind the need to collaborate more effectively is two-pronged, says Kay Kitajima, vice president, payer/provider collaboration, Optum Advisory Services: the rise in high-deductible health plans and an increase in consumer expectations.

“Patients today want accurate information delivered to them in a convenient fashion, and they are demanding better cost transparency prior to a service,” she says.

Recognizing the major implications for patient experience and care and for the revenue cycle, the following providers are seeking collaborative solutions while embracing value-based care.

Midwest Health Collaborative
For Columbus, Ohio-based Midwest Health Collaborative, having access to real-time insurance claims and clinical data is key to implementing the risk stratification models that help its care management teams better understand utilization trends, improve outcomes and reduce costs. The consortium of health systems, providers and clinically integrated organizations across the state that comprise the collaborative use the Optum One analytics platform. It compares cohorts of clinical and claims data from among its own members and identifies gaps in care within patient populations. Midwest Health Collaborative has achieved success using the analytics platform.

For example, data from the Optum platform and its predictive analytics capabilities led Midwest Health Collaborative to redesign its self-funded health plans to improve care for patients with low-back pain. The plans now include physical therapy at outpatient rates, which helps patients avoid surgery while keeping costs down.

“The data insights led us down a path where we could ask the right questions, come to the right conclusions and put interventions in place,” says Greg Long, MD, CMO, Midwest Health Collaborative.

Midwest Health Collaborative also has paired the Optum One Platform with two of the collaborative’s own value-based care tools: the Financial Predictability Model, which gives the organization an end-to-end look at its financials, including both fee-for-service and value-based care inputs, and its Population Health Engine tool, which provides visibility into all of its risk-based contracts. The former has helped Midwest Health Collaborative transition to more value-based care models and renegotiate contracts with its payers, while the latter helps the organization measure quality performance, another valuable tool when collaborating with payers.

Premier Medical Associates
Premier Medical Associates is a multispecialty group of approximately 100 physicians in the greater Pittsburgh area. To better manage its patients in its transformation to value-based care, it
needed insight into its patient populations, including utilization, outcomes and claims data.

Beginning in 2015, using the Optum One platform, Premier Medical Associates, in its work as part of a heart failure collaborative with approximately 18 other providers across the country, identified patients whose medications needed adjusting. At the start of the project, 25 percent of patients were found not to be on the appropriate, evidence-based medications.

“Within three or four months, 95 percent of patients were being properly prescribed,” says Frank Colangelo, MD, FACP, chief quality officer, Premier Medical Associates. The Optum tool also helped the organization identify those patients who were most likely to require an ED visit or hospitalization, so staff could “do more intense care coordination for them,” Colangelo says.

Premier Medical Associates also has improved its 30-day readmission rate for patients with heart failure. In 2015 when it began the heart failure project, the rate was 13 percent; it is now down to 8.8 percent. The organization is using the Optum tool to achieve similar improvements for its patients with diabetes.

Facilitating Payer-Provider Collaboration
As providers transition to value-based payment models, better payer-provider collaboration, with an emphasis on sharing valuable clinical and claims data, is essential. Optum Advisory Services’ Kitajima says her organization brings both sides of the industry together to deliver optimum patient experiences.

“We have a wide range of providers and payers we do business with, so we’re able to bring both parties to the table,” she says. “We try to simplify the exchange of information to improve quality. We can really be the facilitator of those conversations.”

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