SPECIAL REPORT

UnitedHealthcare: Integrating Data and Analytics to Achieve the Triple Aim

2012

eHEALTH INITIATIVE
Real Solutions. Better Health.

Table of Contents

Introduction 3
Background 3
Achieving the Triple Aim 4
  Measuring Performance 4
  Creating Transparency 5
  Empowering Consumers 5
Conclusion: Delivering Better Care 6

Introduction

In response to the growing need for health information technology solutions that help providers meet the objectives of the triple aim, UnitedHealthcare has developed and launched an integrated platform of comprehensive analytical tools to improve the transparency, measurement, and quality of care delivered nationwide. New scorecard and reporting initiatives are decreasing performance variation and improving the accountability of physicians and health systems. Payers and providers are standardizing benchmark levels for evaluation and comparison at the local, regional, and national level. This new performance data is helping consumers who need to make informed health care decisions regarding appropriate health procedures, providers, and coverage. [1] This white paper provides an overview of how UnitedHealthcare is addressing the triple aim framework through a new physician performance measurement system, and a quality transparency initiative that empowers health consumers.

Background

The rapid proliferation and evolution of health information technology is dramatically transforming the healthcare system in the United States. Data liberation and predictive analytics are filling in critical gaps of knowledge and practice to enable quality, safety, and efficiency of care. Today, electronic health tools harness robust, real-time data from clinical, claims-based, administrative, and patient-reported sources to provide actionable healthcare intelligence solutions.

The “triple aim” was a framework developed by the Institute for Healthcare Improvement that outlines an approach for optimizing health system performance by improving healthcare at an individual level, reducing per-capita costs and improving overall population health. [2] The triple aim framework formed the foundation of the Patient Protection and Affordable Care Act (ACA) passed in 2010, which aimed to meet the considerable challenge of providing value-driven, patient-centric, and quality care. The realization of the ACA provisions will depend upon the ability of health providers and patients to effectively integrate health information technology (health IT) and coordinate care across the continuum.

In the ACA, new groups called “accountable care organizations” (ACO) are defined. These new organizations will play a major role in reforming health care. An ACO is a provider organization that accepts responsibility for the cost and quality of care delivered to a specific population of patients, using data and information to assess performance. Rather than rewarding providers for the volume of care provided, ACOs compensate providers based on a balanced measurement of quality of care delivered and cost containment achieved. Created in the face of rising fragmentation and costs of healthcare in the United States, ACOs provide a teams-based, systems approach towards integrating health providers across disparate settings into a unified network. In doing so, the ACO structure contrasts significantly with the delivery and reimbursement model of the current healthcare system, which has been hampered by inefficient, unavailable or incomplete access and exchange of patient information at the point of care. However, ACOs have the potential to provide value to patients and providers alike through

care coordination, performance measurement, and quality improvement enabled by electronic health information that is monitored, analyzed, shared, and used by care teams.

Achieving the Triple Aim

The triple aim requires health care organizations to continuously improve their approach towards coordinating patient-centric care, bending the cost curve, and redesigning primary care to integrate prevention, wellness, and population health management. At the heart of each of these transformational processes is the actionable monitoring, use, and exchange of health data and metrics. As providers and payers converge to form new ACO partnerships, many hospitals and health systems are adopting and upgrading Electronic Health Records (EHRs) to not only qualify for federally defined Meaningful Use incentives, but to also expand their health IT capabilities and functionalities. Comprehensive EHR systems allow providers to access accurate, secure, and up-to-date patient records, which in turn can improve the individual patient experience of care, foster optimal patient outcomes, and avoid medical errors, waste, and misuse. A robust health IT infrastructure can paint a complete picture of a patient's health and medical history by collecting and sieving through vast amounts of clinical, administrative and claims-based data – a process which in turn can be aggregated to facilitate personalized medicine, risk assessment and stratification, and population health management.

By combining and analyzing data from disparate sources, providers and health systems can track performance and patient outcomes across the continuum of care to compare their metrics and trends with best practices, standards and evidence-based guidelines. On an internal level, these competitive benchmarks can in turn motivate health care organizations to strive towards continuously improving the delivery of care and reducing disparities. Public performance measurement and reporting can also empower consumers by informing their decision-making process and providing more transparency around the comparative effectiveness and costs of services delivered by providers. With this in mind, UnitedHealthcare has launched three illustrative programs to help meet the objectives of the triple aim.

Measuring Performance

United Healthcare's Premium Designation Program is a performance measurement and profiling program that assesses the quality and efficiency of care provided across 21 specialties, including family medicine, internal medicine, pediatrics, cardiology, orthopedic surgery, obstetrics and gynecology. Through the Program, 240,000 physicians and specialty centers are evaluated for individual performance and adherence to evidence-based medicine through a two-step process. In the first portion of the program, physicians are evaluated according to quality criteria developed from evidence-based, medical society, and national industry standards and guidelines from organizations such as the National Committee for Quality Assurance, Bridges to Excellence programs or Ambulatory Care Quality Alliance. These quality evaluations draw upon an analysis of 39 months of collected paid claims data to compare a physician's performance with a minimum of 5 unique patients and 20 quality measure opportunities to national benchmark rates among other physicians responsible for similar care. If the physician treats patients according to evidence-based guidelines at a rate similar to or exceeding the 75th percentile of the performance standard, that physician receives a designation for quality. In the second part of the

program, physicians that have received a quality designation are subsequently eligible for a cost-efficiency designation. To receive this designation, a physician must demonstrate episodic care costs across a minimum of 10 medical cases that meet or have lower than the risk-adjusted median performance of physicians in the same geographic area and specialty. Episodes include all of the services delivered to patient related to a specific procedure or treatment of a condition, such as prescribed medications, use and price of diagnostics testing, procedures, and follow-up care. All designations under the program are publicly reported in UnitedHealthcare's physician directories, which empowers consumers to make informed healthcare choices based on a physician's performance.[3]

Creating Transparency

UnitedHealthcare created a physician transparency initiative to improve quality and close gaps in care. Like the Premium Designation Program, UnitedHealthcare's efforts to improve quality and cost-efficiency at the provider level are informed by actionable information. Data from multiple sources, including evidence-based measures, regularly updated HEDIS measures, claims data, and radiology and pharmacy usage are collected and aggregated to establish quality improvement measures. After providers report their adherence to these measures through an online performance reporting system, analytic capability allows actionable suggestions to be sent to providers on how they can improve the quality of care delivered. These steps vary, from identifying patient-specific gaps in care to determining overuse of medical services. Following the implementation of these recommendations, physician-reported outcomes are re-entered into the system, providing additional data which can be used to refine quality improvement measures.

Empowering Consumers

Finally, UnitedHealthcare offers integrated patient-centric tools to empower the consumer by providing greater transparency about the cost of services at an individual and systems level. The myHealthcare Cost Estimator (myHCE) offers patient-, provider- and facility-specific information about estimated medical costs of more than 100 common treatments and procedures based on the patient's individual benefit plan. By comparing data from more than 500,000 physicians and hospitals, myHCE can project personalized out-of-pocket costs and suggest common alternate treatment options to educate a patient about their benefits and choices. Costs by provider are displayed as a range of selected services and are determined by fee schedules and contracted rates when available, or otherwise by a provider's claims average. Cost estimates by facility are determined by average cost for the type of facility in a given geographic area. MyHCE provides a comprehensive "care path" report that walks patients through the costs associated with each step of their care plan, and includes information about treatment options, related risks, and typical outcomes.[4] Combined with the quality performance information from the Premium Designation Program, myHCE offers patients a robust view of the cost and quality of the care they can expect to receive.

Conclusion: Delivering Better Care

The platform of UnitedHealthcare performance measurement and consumer transparency initiatives are important components of an integrated data and analytics-based system capable of achieving the triple aim. By prioritizing the quality and experience of care, UnitedHealthcare aims to reduce overall costs at both an individual and population level through the information measured and reported. The Premium Designation Program and myHCE empower consumers with quality and cost information to make informed healthcare decisions about procedures, providers, and prices. The performance measurement and quality improvement initiatives pinpoint gaps in care and offer actionable steps for providers to take to address disparities. Additionally, the program works to drive advances in population health by ensuring that every patient receives treatment informed by the best medical evidence and guidelines available. Consumers can use the myHCE and Premium Designation Program to list providers offering care at prices comparable to their peers, which also incentivizes providers and healthcare facilities to maintain competitive prices to attract and retain patients.

UnitedHealthcare's approach to the triple aim offers important lessons for other healthcare payers and providers seeking to improve both individual and population health while providing cost-effective care. Through extensive data analysis, UnitedHealthcare can examine the care protocols used by providers to determine the best approach to treating a number of conditions. Information from physician reporting provides powerful insight into usage patterns, cost, clinical effectiveness, and other trends that can indicate whether a particular treatment or measure is successful. Underperforming guidelines can be refined or eliminated, and useful approaches to care can be propagated to create a high performance network based on value rather than volume.

As an increasingly diverse patient population intersects with the healthcare system in different settings, it will be critical for analytic tools to be able to incorporate complex data feeds, facilitate interoperability and ensure that information can be moved and used seamlessly. Recent advancements in health IT have enabled the integrated platform of UnitedHealthcare products to combine information from multiple disparate sources for comprehensive measurement, monitoring, analysis and use. The disruptive effects of emerging areas such as big data, advanced predictive analytics, and mobile technology offer the exciting potential for extending the reach of value-based healthcare systems to rural areas and underserved populations, and promise a new frontier for healthcare systems as they leverage health IT to support value-driven approaches to care and achieve the goals of the triple aim.

---

[1] http://www.nbch.org/Physician-Performance-Measurement-Reporting-Introduction
[2] http://content.healthaffairs.org/content/27/3/759.abstract
[3] https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Premium%20Methodology/UnitedHealth_Premium_Summary_Methodology.pdf

[4] https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Health%20Resources%20for%20Patients/Enhanced_TCE_New_Health_Care_Cost_Estimator_Member_Tools_FAQ.pdf