## **Accelerating Patient-Centric Primary Care**

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### Our approach to value-based care



Care delivery platforms



Platform integration



Enabling quality outcomes

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### Care delivery platforms

Goal of a comprehensive, connected health care delivery system



Primary, specialty clinics



Home & community



Behavioral health



Virtual care

# Primary & specialty clinics



Primary & Specialty Urgent Care Surgical Care Physician-led, ambulatory care delivery

Focused, evidence-based care

Increasing physician support with APCs and broader care teams

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# Home & community

Integrated in-home medical, behavioral and social care delivery

Annual home clinical visits identify gaps in care

Quality patient outcomes

Savings for payer partners



### Behavioral health

Integrate benefits management with personalized patient care

Align tools and clinical resources to integrate medical and behavioral care

Virtual capabilities to support flexibility

Broad network to support access

Advanced tools to proactively identify needs

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#### Virtual care

Simple and convenient virtual-first care system

24 x 7 access

Integrated care pathways

Connecting with patient's own providers

### Integrated care at work

56K+ Medicare Advantage patients

- ~29K dual-eligible patients
- 1,800 Optum Care clinicians
- ~40K home visits



Integrated care at work Pharmacist checks in with Bev, due to her history of discontinuing her expensive bipolar med when she starts feeling better Care Manager engages Community Health Worker\* and the PaPa Pals program \*(a social isolation program) and arranges for medical Bev uses Transportation benefit and completes her Annual Well Visit with transportation PCP or an in-home assessment is completed Bev is a 62year-old DSNP member. Bev An Integrated Care Team (ICT) conference is held to align on the POC HRA file indicated lives with her Bev had difficulty breathing and getting to her medical daughter who has been appointments. ID impacted by Strat identifies her BH Telehealth begins ongoing outreach. Bev is provided an iPad for her sessions CÓVID-19 high risk due to restrictions. medical and Bev has behavioral concerns severe COPD, heart disease, and bipolar Care Manager engages Pulmonologist adjusts her COPD meds as Bev feels that Bev and completes Integrated Care Plan. PCP engaged Bev with ICP disorder it makes her anxious An Integrated Care Team (ICT) SDoH needs addressed conference is held via community resources (transportation, med cost, to align on the POC **Optum** 

### Driving better outcomes for our patients

Optum Care patients vs. fee-for-service Medicare



~19% lower hospitalization



91% wellness visit vs. 84%

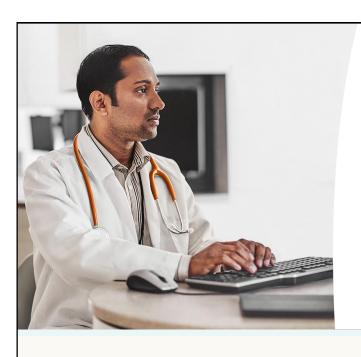


88% higher medication adherence for COPD patients



64% fewer complications leading to ER visits for **COPD** patients

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#### Addressing physician burnout

- Reducing administrative burden by leveraging technology
- Quality time with patients through value-based care

