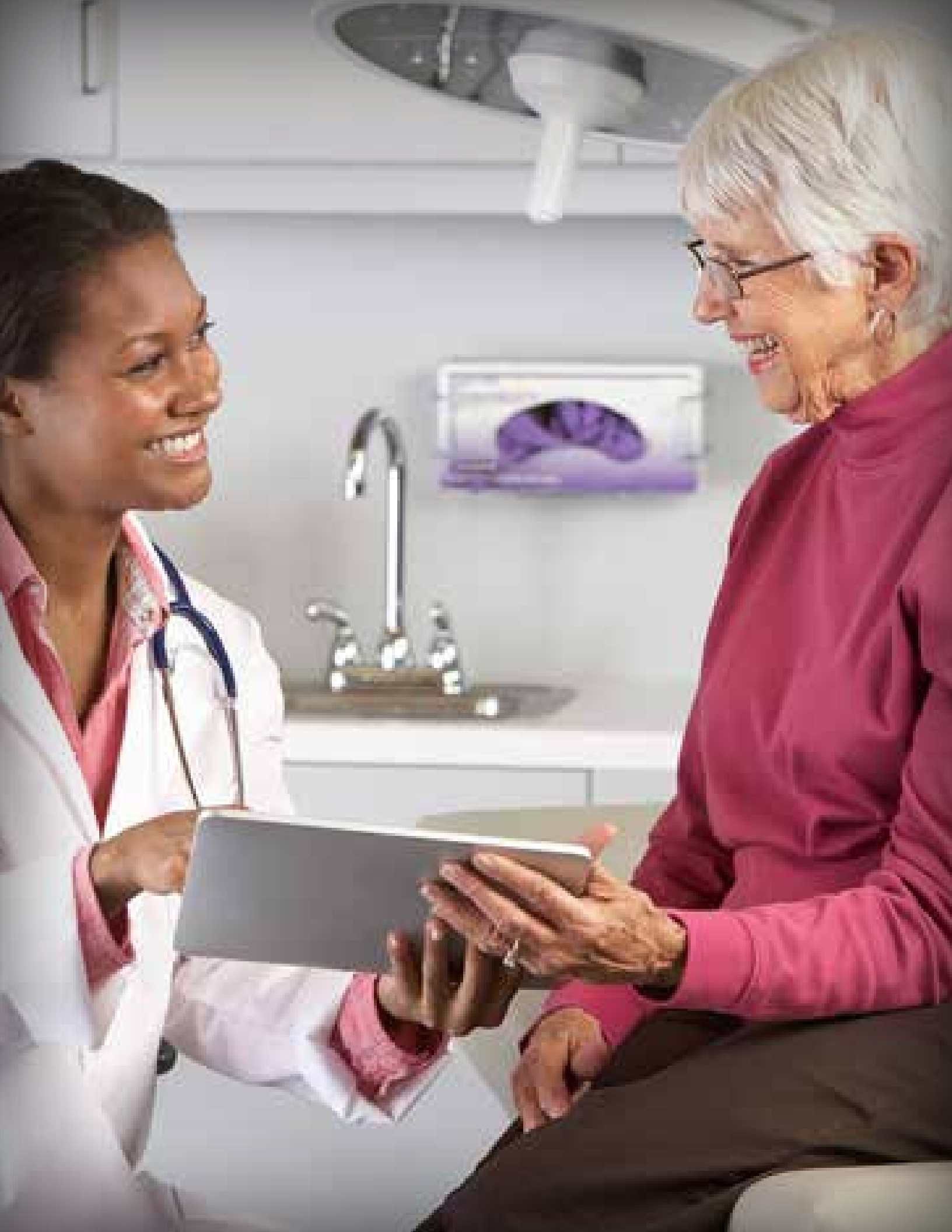
OPTUM®

Optum Care Coordination Platform

A collaborative care management technology platform



Health care organizations are serving a population that is growing, getting older, and becoming increasingly more complex.

Combine this population with dynamic health care market forces, fueled by delivery and payment reform, and it's even more challenging to make wise investments that support high-quality, cost-effective care. As federal and state reforms continue towards a model that rewards keeping people healthy, organizations need to be as good at delivering primary care and treating chronic disease as they are at performing complicated specialty procedures. They need to enable health, not just deliver health care.

This shift makes it crucial to have effective care coordination. Health care organizations need to understand and be able to manage where their patients are receiving care, what kind of care their patients are receiving, and the cost of that care. But just as care coordination is becoming more important, it's also becoming more difficult. Not only is the population growing and aging, patients are also getting more complex. Far more people have multiple chronic conditions compared to a generation – or even a decade – ago. These complex patients typically visit multiple practitioners, making coordination of care even more challenging.

Today's care may be delivered at a range of locations beyond the walls of hospital, such as a family health center, a doctor's office, a drugstore, or a patient's home. And, ultimately, most of the factors influencing a person's health are not related to access to care or the quality of care they're receiving. A Robert Wood Johnson Foundation study concludes that 80 percent of those factors involve environment, behavior, or economic situation, including unhealthy housing, poor diet, inadequate exercise, and drug and alcohol use.

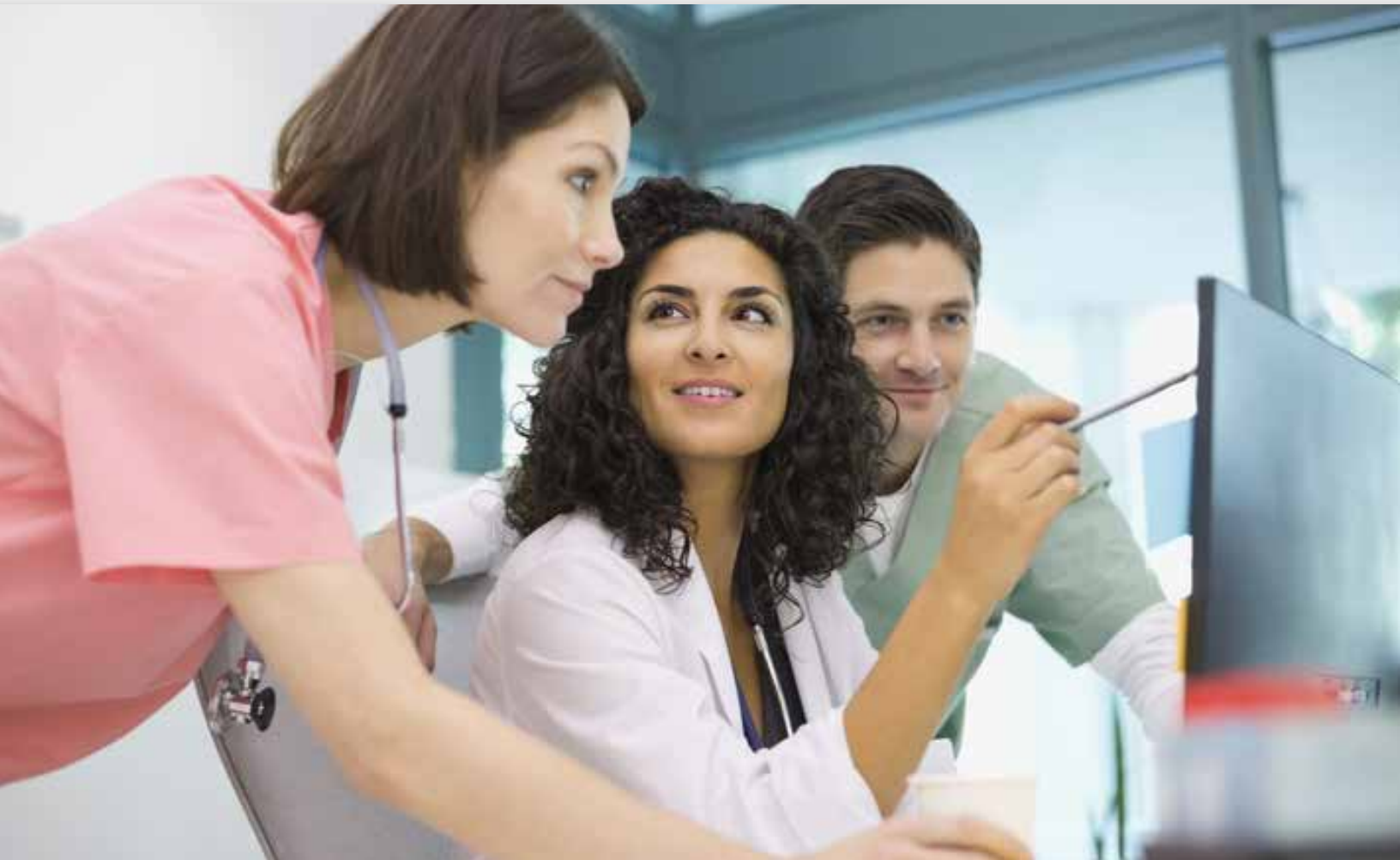
How can you coordinate and manage the care your patients are getting from multiple health care professionals in various settings? How can you help enable better health across the board? As they continue towards a model of value-based care, these organizations need to be able to connect and collaborate across the health care ecosystem and truly engage patients and their caregivers in their health care journeys to effect positive clinical and financial outcomes over time.

Manage patient care proactively across the health care ecosystem with Optum Care Coordination Platform

We've developed a solution for this kind of better health enablement, Optum Care Coordination Platform. With an integrated, comprehensive view of each patient, Optum Care Coordination Platform empowers health care organizations to manage patient care proactively and intelligently across the health care ecosystem, prioritizing interventions and allocating resources for at-risk individuals. Through intuitive, configurable workflow designs and performance dashboards, you can understand information critical to coordinating care, including key patient identifiers, gaps in care, improvements or declines in population health, and complications with chronic and complex populations. This at-a-glance insight lets care coordinators create personalized, patient-centric care plans that they can share with and collaborate on with all members of a patient's care team to help all constituents navigate the health system. With a long heritage in and deep understanding of population health management, Optum has helped every 4 out of 5 U.S. hospitals improve patient outcomes and care quality, identify opportunities for shared savings, build strong health plan and provider network relationships, and efficiently scale population health initiatives throughout their organization.

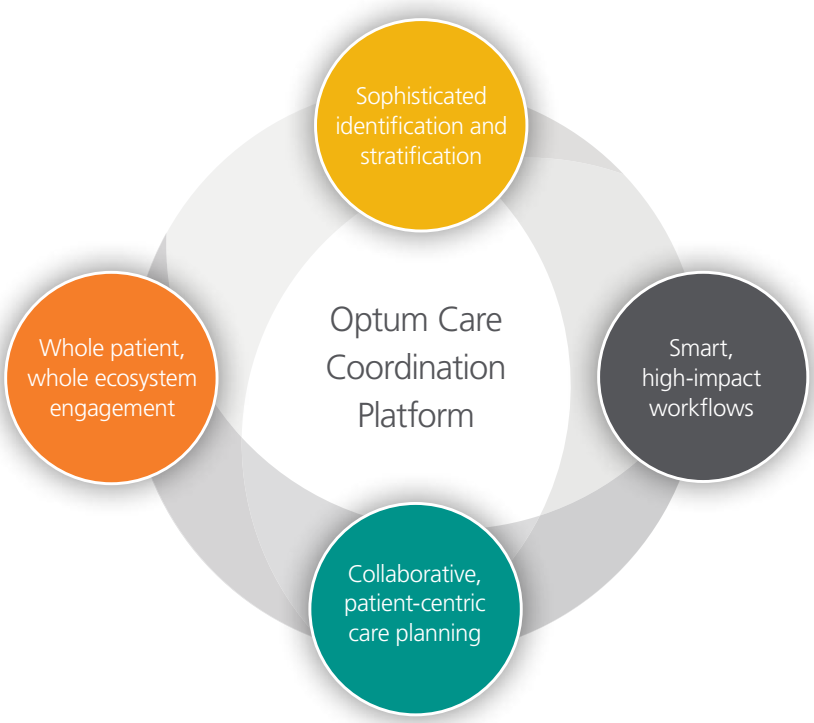
A proven track record in population health management

- **Frost and Sullivan:** Population Health Management Company of the Year, 2016
- **Everest Group's PEAK Matrix:** Leader in Health Care Information Technology and Consulting Services, 2017
- **Healthcare Informatics:** #1 Healthcare Informatics Company, 2015-2017
- **Fortune:** World's Most Admired Health Care Company in Insurance and Managed Care (awarded to Optum's parent company, UnitedHealth Group), 2011-2016



What You Can Do with Optum Care Coordination Platform

You can use Optum Care Coordination Platform to continuously improve your care coordinators' efficiency and effectiveness and drive program scalability and performance to improve outcomes.



Sophisticated patient identification and stratification

Whether your data comes from Optum Performance Analytics, a unified health care data and analytics platform that can accurately link and normalize your disparate data, or your own dataset, Optum Care Coordination Platform maps that data and allows you to stratify your patient populations and identify which patients should be addressed first. These capabilities can help you manage patient care proactively within Optum Care Coordination Platform, strategically prioritizing interventions and managing resources, to reduce admissions, bolster care coordinator efficiency, and enhance population health management efforts.

Work managed at-a-glance

Optum Care Coordination Platform delivers robust workflow and productivity tools to help ensure clinical programs can grow over time while meeting cost, quality, and efficiency goals. The home page of Optum Care Coordination Platform is a dashboard that provides a snapshot of your organization's care coordination program. These dashboards are configurable, allowing users to organize workloads and prioritize workflows and manage the care team's progress, on an individual and group level. Having at-a-glance access to operational details, including care coordinator workload, task performance, and team member availability is critical to managing resources and optimizing clinical programs.

Smart, high-impact workflows

When time and resources are limited, care coordinators should be spending their time with patients, not on administrative work. Optum Care Coordination Platform is designed for more caring, and less clicking. The platform supports an intelligent workflow, which launches assessments and care plans automatically based on customizable trigger criteria. Once care plans have been launched and assigned, these workflows auto-trigger tasks, which can be assigned to many different people on a patient's care team or the patient himself or herself, and generate precision interventions based on assessment results. With automated workflows designed to fuel greater efficiency and extend their reach, care coordinators can use Optum Care Coordination Platform to focus on the highest priority patients for the greatest impact on care quality and cost.

Sample Optum Care Coordination Platform use cases

- Complex care management
- Transitions in care management
- Gaps in care management
- Chronic condition management
- Readmission prevention

Collaborative, patient-centric care planning

Care coordinators can leverage a library of pre-built care plans in Optum Care Coordination Platform to drive standardization in tasks and steps for managing patient populations, or, for added flexibility, they can configure, edit, and/or create their own care plans to support their objectives and workflow. Care plans have three main components, goals, problems, and tasks, and are inclusive of the patient and all members of the patient's care team, including physicians, specialists, and ancillary providers, as well as designated family members. Care coordinators and/or the care team can set, prioritize, and flag patient and care team issues and goals, or have them pre-populated from an assessment result. They can also add tasks, actions, and plan around any barriers to care that the care coordinator may have identified. With all of this information in one place, care coordinators can easily track a patient's progress on his or her goals, and report on outcomes. And, in the spirit of collaboration, these care plans can be shared with patients and their caregivers so everyone is on the same page.

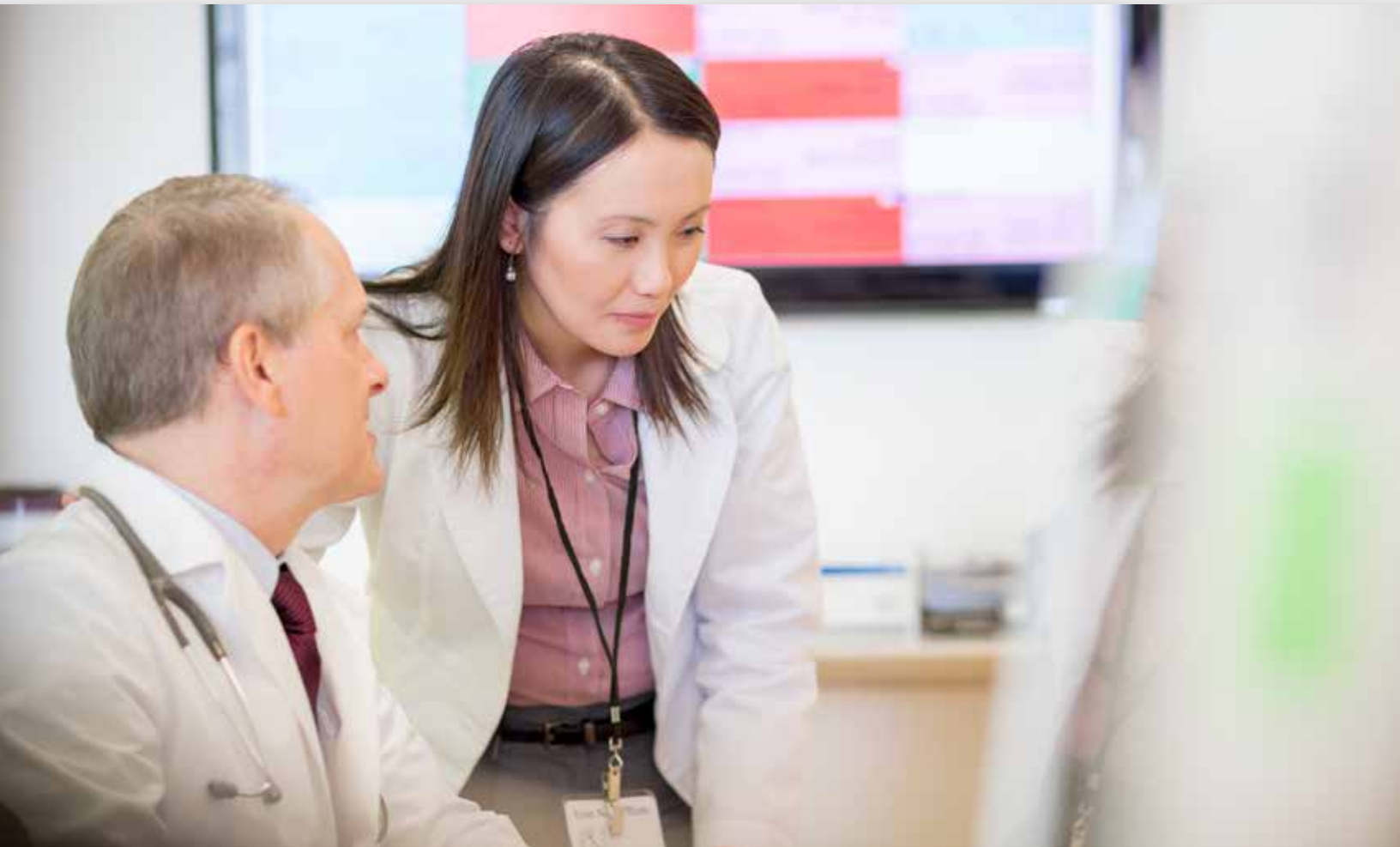
Whole patient, whole ecosystem engagement

Leveraging market-proven strategies and tactics for richer patient and care team engagement, Optum Care Coordination Platform connects patients and their caregivers in a private, personalized patient community on any device to support true engagement, with one team working in unison from the same playbook. In addition to care plans, tailored health educational materials and content can be surfaced to patients in this patient community, as well as comprehensive shared decision making aids that use videos and engaging images to guide people through the process of learning about their care choices, comparing risks and benefits, expressing their preferences, and making a decision that's right for them. A secure messaging system can be used by care team members to interact with other members of the care team to help make sure that everyone is current on a patient's health and care plan, and that problems/issues can be resolved quickly.

The Optum advantage

A comprehensive view with a complete, integrated health record

An accurate picture of your individual patients and attributed populations. Aggregating and normalizing your diverse clinical and claims data with a growing set of sociodemographic, behavioral and patient-reported data, Optum can give you a full, 360-degree view of each patient for whom you are coordinating care. Optum has a long history of merging clinical data from a diverse set of EMR systems and combining it with claims data and other sources into a single, validated dataset to give our client organizations the highest quality, most complete view of their patients and the interactions their patients have within the health system. Care coordinators are also able to capture personal patient data and information during a consultation that may not otherwise have been documented, but are important in the management of a patient.



A solution powered by multidisciplinary, multi-market healthcare expertise

Forged and honed through continuous, dynamic learning. Optum's 40+ year heritage in health care and extensive domain knowledge across the payer, provider, employer, life sciences, and government spheres have honed the health care intelligence in our products and services that we call OptumIQ™. OptumIQ gives Optum the unique perspective needed to build truly collaborative, complete, and effective solutions for health care organizations today, bolstering efficiency and spurring better clinical and financial outcomes. By tracking the performance of clients, Optum Care Coordination Platform can understand where and how organizations have succeeded, and then bring that knowledge back into the platform as data that can then be leveraged by other clients to enable a cycle of continuous, dynamic learning.

A demonstrable emphasis on interoperability

Scalable data and insights into your existing workflows and internal systems. Optum Care Coordination Platform is open and supports standards-based APIs, including HL7v2 and web services. This open architecture enables organizations to automate the sharing of data between Optum Care Coordination Platform and EMR(s) and/or other internal systems, allowing them to leverage existing investments and data infrastructure with Optum Care Coordination Platform to efficiently scale their population health initiatives throughout the enterprise. Collaborating with over 15 EMRs and 130 claims technology vendors, Optum is well-positioned to integrate relevant information into providers' other internal systems, like sending notes, care plans, and assessment back into an EMR, all in real-time.

A cooperative partnership model

Long-term, nurturing relationships to drive the success of your organization. Committed to helping our clients succeed and thrive, Optum can arm you with analytics and health management experts to help you collaboratively advance your business strategies and improve performance with techniques relevant to your mission and the constituents you serve. Partnering with a dedicated professional specially assigned to your organization, you can fully evaluate the opportunities provided to you within Optum Care Coordination Platform, together come up with a set of recommended actions based on your unique goals, and gain further understanding of your populations through custom dashboards built specifically for your organization. Whether you are looking to improve care quality or successfully enter into risk-sharing agreements, Optum has a seasoned staff on-hand to work closely with and advise you as you implement and adopt Optum Care Coordination Platform.

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with OPTUM IQ™

11000 Optum Circle, Eden Prairie, MN 55344