



UnitedHealth Group



## Measuring value to inform coverage decisions

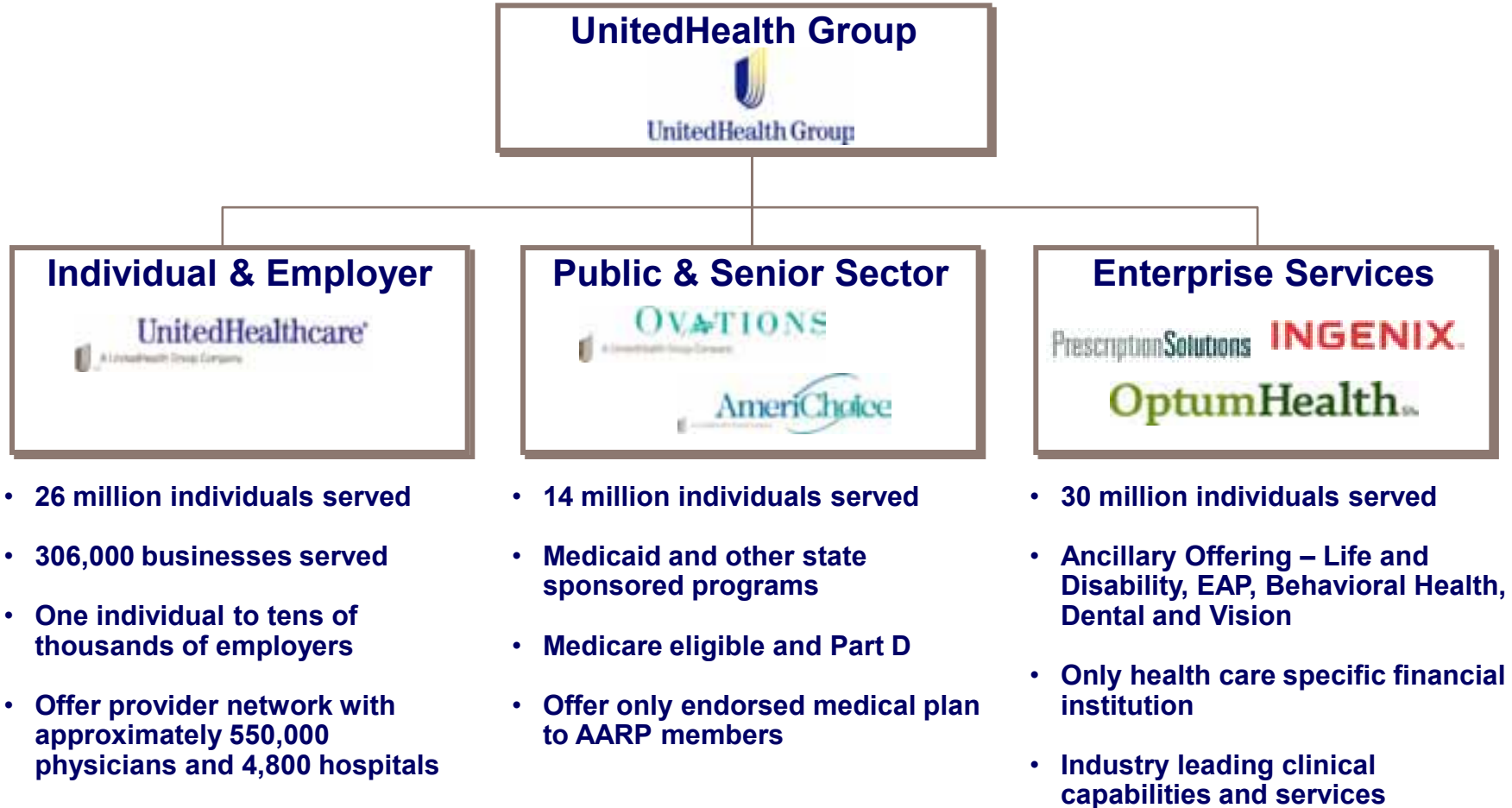


**NCVHS : Quality Measurement Roadmap**  
Hyattsville, Maryland – October 19, 2010

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**Senior Vice President for Clinical Data Strategies**  
**Enterprise Services Group**

# Improving Health Care In America

## *A Shared Responsibility*



**Over 70 Million Members Served**

## Promoting Strategies

David A Stumpf, MD, PhD is Senior Vice President for Clinical Data Strategies within the Enterprise Services Group of UnitedHealth Group (UHG), a Fortune 25 health and well being company serving 70 million Americans. He works with UHG subsidiary companies, Ingenix, OptumHealth, and health plans to maximize the value and usefulness of data and analytics in the clinical arena. This includes external activities with the National Quality Forum (NQF), Health Information Technology Standards Panel (HITSP), Physicians' Consortium for Practice Improvement (PCPI), Health Level Seven, and professional medical societies and alliances. He is a member of the NQF Board Health Information Technology Advisory Committee (HITAC). Previously he was National Medical Director for Physician Engagement and Improvement at UnitedHealthcare and the Illinois Medical Director. Dr Stumpf is also Professor Emeritus of Neurology at Northwestern University Feinberg School of Medicine where he served as Chair of Neurology for nine years. He is the author of over 100 medical publications.

- Assess the environment
- Identify gaps between existing and desirable capabilities
- Advise executives and business leads as they develop their strategies
- Assist business owners address the gaps
  - Provide education and resources
  - Connect them to experts
  - Direct them to acquisition targets of opportunity
- Advocate for diversifying the way we change

## The Charge for the Presentation

- The goal of this hearing is to gain perspectives on current activities necessary to support the anticipated medium term (3-5 year) needs of healthcare stakeholders in order to assess the success of health reform on both a population and individual basis. The hearing will focus on identification of critical path activities needed to advance quality measurement in support of health reform, including but not limited to future information needs and data sources.
- Requested of me: “How do you measure value and use it for decisions about coverage?”
- Merging these requests:
  - How do we presently link value to benefits?
  - What is an ideal future state?
  - What are the gaps, challenges and opportunities?

## Current State

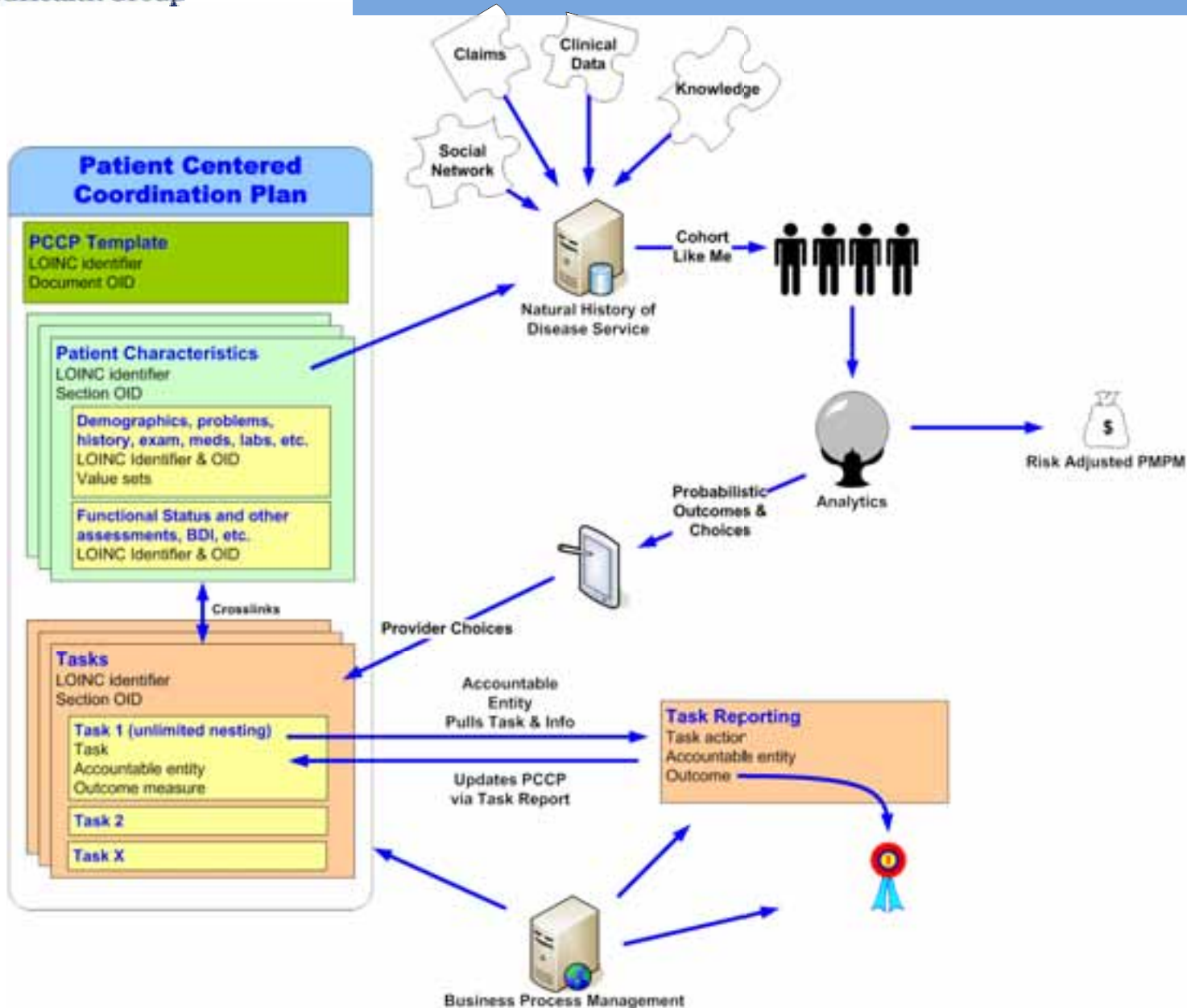
- Most contracting remains fee for service negotiated with providers and sold to employers
- There are many projects testing new reimbursement methods
  - Medical Home projects based on the NCQA requirements incorporating:
    - Fee for service
    - Flat rate PMPM
    - Shared savings
    - Incentives for population outcomes
  - LifePrint targets chronic disorders through an accountable care organization
  - Provider driven quality rewards programs receiving an incentive pool
  - Connected health initiatives incorporating push quality analytics, telehealth and meaningful use capabilities
- Targets of opportunity being addressed are aligned with national drivers

- Partially defined, works in progress, within UnitedHealth Group
- A few illustrative examples:
  - UHC Health Information Exchange principles: getting to value & sustainability
  - UHG Emerging Business Program: investments in innovation
  - Ingenix: point of care analytics, research, workflow enhancements
  - Corporate Development: acquisitions
  - UHG Information Technology: mobile devices, supercomputing, SOA
  - OptumHealth Financial Services: innovative financial services

## The Drivers of Change

- The Unmet Needs
  - National Priorities Partnership
    - <http://www.nationalprioritiespartnership.org/Priorities.aspx>
  
- Implementing COC
  - National Quality Forum Coordination of Care Model
    - [http://qualityforum.org/projects/care\\_coordination.aspx#](http://qualityforum.org/projects/care_coordination.aspx#)
      - List of preferred practices and performance measures
      - Full text narrative document should be available within weeks
  
- Implementing impactful technology
  - Health Information Technology Standards Panel
    - Meaningful use map of capabilities to requirements
    - [http://hitsp.org/education\\_outreach.aspx](http://hitsp.org/education_outreach.aspx) (see HITSP 09 N 447)
  - Focus on capabilities

# Implementing the COC Model using NHD





## Gaps, Challenges and Opportunities

- Workforce
  - Clinician informaticists are essential, but too dispersed, and too scarce
- Sociology
  - Culture eats strategy. Incentives need to be robust, pervasive and directional.
- Business process management
  - SOA orchestration is just emerging in health care
  - Triggers in CDS that may lead to standardized reporting require BPM
  - Merging workflows will result in simplification and better acceptance
- HIT Applications
  - We need a sustainable production environment where *professionals* develop templates permitting scalable, standardized data input at the individual level
  - We need to get to plug and play, enabling platform as a service strategies

## Examples of Data Requirements to Address these Gaps, Challenges and Opportunities

- Basic workforce data translated into useful knowledge
- Data about health social networks and their relationship to outcomes
- Business process data at the task level
- Catalogs of documents, values sets, services, and capabilities
- Cohort data accessible for real time probabilistic analytics

## The End

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