

The role of navigation in simplifying health care

How an active approach to advocacy
can improve member experiences
while driving down costs



Optum

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Introduction

The health care system in the United States is highly fragmented and not intuitive for the average health care consumer. Even with the advancements in care and technology, navigating the health system is more complex than ever. For members, there are challenges throughout the process, from scheduling appointments to paying medical bills to even understanding the benefits available to them.

In fact, a recent consumer survey found that **62% of consumers said the health care system feels like it is designed to be confusing** while **60% reported their medical bills felt more complex than a mortgage payment** and **66% reported feeling like a general contractor managing the many care related tasks they face.**¹

In this e-book, we'll outline current challenges, the downstream costs of this complexity and how advocacy solutions can simplify the member experience while driving down costs.



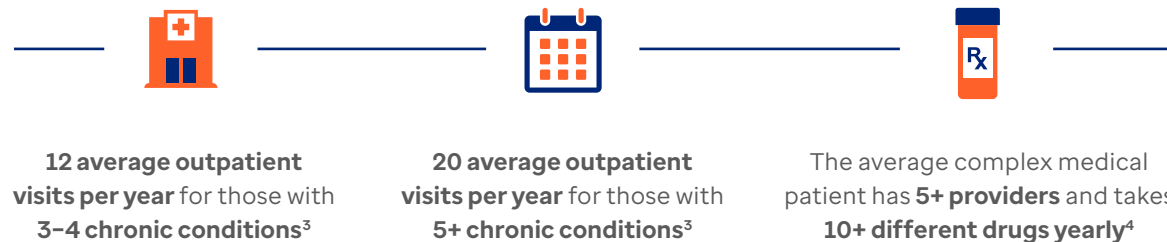
How personal circumstances can further amplify complexity

Chronic conditions

The last several years have seen a steady rise in the prevalence of chronic conditions in the United States, increasing by 7 to 8 million people every 5 years throughout the past 2 decades.² Currently more than half of adults in the United States are managing at least one chronic condition.³

Managing chronic conditions often involves ongoing medical care, and as a result, individuals with chronic or complex conditions are required to navigate more parts of the health care ecosystem, more often. Depending on their condition, they may require more provider touchpoints, see several specialists, be prescribed multiple medications or need regular testing – all while managing mental health, prior authorizations and medical bills.

Common health care experiences for complex patients



6 in 10

adults in the U.S. have a **chronic condition.**⁵

4 in 10

adults in the U.S. have **2 or more chronic conditions.**⁵

Social determinants of health

Social determinants of health (SDOH) can bring in additional layers of complexity for those trying to navigate the health care system. While SDOH are considered nonmedical factors, they can have a significant impact on a person's overall health and well-being. In fact, as much **as 90% of a person's health can be influenced just by an individual's SDOH, compared to just 10% influenced by medical care alone.**⁶ Many SDOH factors can also contribute to furthering complexity in patient navigation and access to care.



of Americans have at least **one social determinant challenge.**⁷



of Americans have **moderate-to-high SDOH risk** in at least one category.⁷



Common SDOH challenges



Financial insecurity



Social support



Housing stability



Food access



Transportation



Health literacy

Health literacy

One of the most influential SDOH is health literacy, which is the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others.⁸ The predominance of health literacy challenges is staggering, and low health literacy compounds challenges in navigating health care.



9 in 10

adults lack the skills needed to fully manage their health, prevent disease and fully understand and use the health care system.⁸



1 in 4

adults have both low understanding and high care needs, such as those managing chronic conditions.⁹



97%

of low-literacy consumers have at least a high school diploma.⁹

Many aspects of the navigation process can be affected by a person's level of health literacy, from interpreting terminology, knowing where to seek care, anticipating health costs, understanding bills and utilizing health benefits. When health literacy is low, navigating the health system can be more challenging than it already is, and it can be more difficult for members to make informed decisions regarding their care.

3x more likely to call customer service for those who have low health literacy⁹

\$26 more spent on administrative fees per person by employers for each person with low health literacy⁹



The cost of complexity

Complexity in navigating the health system has a cost. Without the tools to better understand health benefits and navigate care, significant human and financial costs emerge for both members and their employers.

While there are several costs to consider, Optum has identified some of the largest cost drivers in each of these categories that can be improved with the use of comprehensive advocacy solutions.



The human cost of complexity

Case 1: Unmet health needs

When members are tasked with navigating the health system on their own, there's inherent risk of opening the door for gaps in care.



Case 1 example

When a member doesn't know the next step to take in their care plan, appointments can be missed or not even scheduled. Gaps in care may also occur when members intentionally disengage due to feeling overwhelmed or frustrated.

When people are not engaged in their health they may miss or skip needed care. Concern about cost is also a barrier from seeking needed preventive and episodic care.



52%

of participants reported **scheduling difficulties** as the reason they skipped appointments.¹⁰



38%

of participants say **they put off treatment due to cost of care**, up 12% from 2021.¹¹



27%

of participants say **medical treatment was for a very/somewhat serious condition**.¹¹

The human cost of complexity

Case 2: Incomplete picture of health

When it's up to members alone to manage all the dimensions of their well-being – physical, mental, social and financial – it's easy for health needs to get missed.

Case 2 example

More than a third of the U.S. population lives in an area where there is a mental health professional shortage.¹² Someone living in one of those areas may incorrectly perceive that mental health resources are unavailable to them and forgo seeking treatment.

In addition, there are predictable pathways of care and comorbidities that individuals navigating their own care may be unaware of. For instance, a recent study suggests as many as 1 in 3 people with a long-term physical health problem also has a mental health condition such as depression or anxiety,¹³ so someone managing a chronic condition may want to consider integrating behavioral health into their care plan – and not necessarily know how.



54%

of consumers feel that their health care providers and insurers **don't have all the contextual information needed to personalize health care recommendations.**¹⁴

The financial cost of complexity

Aside from personal costs, there are also financial implications from ineffectively navigating the health system, which can impact longer term affordability of care.

We've highlighted two significant drivers of cost: employee health and optimal site of care.

Employee health

When people are unable to navigate their care effectively, there's room for error in the overuse and underuse of care, both of which can have a financial impact for members and their employers.

50%

of health plans attribute **underuse of preventive care** to increasing medical costs.¹⁵

74%

of health plans attribute **overuse of care** to increasing medical costs.¹⁵

\$36.4B

is the cost to U.S. employers due to 5 **chronic conditions** and risk factors that cause employees to miss work days.³

61¢

for every \$1 is spent on health **benefits** – the costs to employers due to illness-related poor worker health.¹⁶

Optimal site of care

Choosing the optimal site of care is one of the biggest cost drivers for both members and employers, and it's not always intuitive to know where to go for the right care.



144%

higher cost for common procedures performed in hospital outpatient departments in 2019 compared with ambulatory surgery centers (ASCs).¹⁷



56%

of routine procedures performed in hospital outpatient departments **are for noncomplex patients with access to lower-cost ASCs.**¹⁷

Improving the member experience through advocacy



Empower and enable members to proactively manage their health

- Supporting the health needs of members and their families
- Bridging gaps of health literacy
- Personalizing recommendations that account for SDOH



Educate members on the most effective, affordable paths to care

- Finding the best care aligned with health benefits
- Providing an omni-channel member experience
- Guiding them to the optimal site to receive care



Why employers should consider advocacy

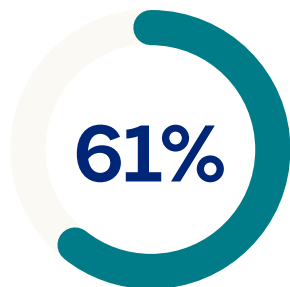
1. Improve population health through organizational health literacy

An effective advocacy solution can support organizational health literacy goals and should be considered in any complete benefit strategy.

Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand and use information and services to inform health-related decisions and actions for themselves and others.⁸

2. Create a simpler, better member experience for employees

When navigating care and health benefits is made easy for members, they become more engaged in their care. Better engagement leads to better health outcomes for people while driving down cost.



of consumers said they would visit their health care provider more often **if the communication experience felt more personalized.**¹⁴



of consumers said they wanted a care coordinator or navigator **to help orchestrate virtual and in-person care.**¹⁸

3. Stay competitive in recruiting and retaining top talent

Enhanced benefit packages that support employee health and well-being are in demand, and the number of organizations integrating advocacy solutions into their benefits packages are increasing.



41%

of respondents say they either **offer or definitely will offer** advocacy services.¹⁹



13

percentage point increase for that response since 2018, and continuing to grow year over year.¹⁹



Personalized benefits navigation is recognized as a **top 5 must-have benefit for 2023**, predicted by benefit-industry thought leaders.²⁰

Meet Optum Guide

Optum Guide™ delivers an active approach to advocacy that is powered by clinical and market expertise.

With Optum Guide, members receive:



Comprehensive support

Guided, handheld navigation support with a deep focus on issue prevention and resolution, and empathetic service.



Ecosystem connectivity

An ecosystem that integrates benefits across vendors and carriers to connect and coordinate across all aspects of care delivery.



Omni-channel access

A digital solution with a comprehensive view of benefits and care navigation. Members can easily message their care guide, find care and schedule appointments.



Personalization

Customized experience based on benefit eligibility, member engagement and health conditions across all touch points.





The member journey difference

Supporting a mom in search of pediatric behavioral health resources

See how a member was able to successfully use **Optum Guide** to find the right care for their child. Using Care Team expertise, Care Guides collaborated to provide comprehensive support for the member and ensure fast resolution.

Meet Kate



Kate is in search of a neuropsychologic testing providers for her **5-year-old son, Dylan**, because his teacher is concerned about his behaviors at school. She calls Optum and is connected with **Jan, a Care Guide**.

Jan searches for providers based on Kate's facility suggestions and is unable to find an in-network option.

Jan engages with **David, a Behavioral Health Advisor**, to learn more about this type of testing, specifically for a 5-year-old. David provides valuable information regarding in-network options, appointment times and availability. He shared that often neuro-psych providers are scheduling 6 to 12 months out, sometimes longer.



Jan relays this information to Kate, sharing realistic expectations for scheduling. **Kate** is concerned that the wait time could negatively affect Dylan's ability to stay focused and caught up in school.



Meanwhile, **David** researches and finds a provider who can potentially see Dylan earlier, 100 minutes away from the family's home. He passes the information to Jan and communicates that he will continue to look for other options.

Jan offers 2 options for Kate who chooses a provider 30 minutes from the family's home. They confirm an appointment for Dylan in only 6 weeks.



Are you ready to improve employee engagement in their health through a personalized advocacy experience?

To learn more about how our advocacy solutions can help your organization, contact your Optum representative or visit us online at optum.com/optumguide.

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