

Traveling far and wide to address members' health care



The Optum® HouseCalls program is an annual in-home clinical assessment for Medicare Advantage members of participating health plans. The 45- to 60-minute visit enables the advanced practice clinicians (APCs) to identify potential health issues and facilitate communication between members and their primary care physician (PCP). HouseCalls visits help health plans gain a deeper understanding of members' health care needs, enabling them to better manage care.

The in-home visits can help:

- · Improve health and well-being through care coordination and planning
- Reinforce the patient/PCP relationship
- Decrease the risk of serious health events by detecting undiagnosed health conditions
- · Prevent unnecessary emergency department visits and hospital admissions

Traveling network

The traveling network enables the HouseCalls program to reach members throughout the country, including those living in sparsely populated counties. The network is comprised of over 345 APCs who log thousands of miles every year visiting members in their homes.

The traveling network consists of three groups:

- · Single-state clinicians who cover one state
- Dual-state clinicians who cover two adjacent states
- · Regional clinicians who cover several states in a particular region

During the visit, members benefit from:

- · Physical examination
- Health assessment and appropriate labs, tests and screenings
- Review of medical history and current medications
- Educational materials tailored to their health care needs
- Assessment of social determinants of health
- Referrals to providers and care management programs as needed
- · Checklist to bring to next PCP visit

Flexibility

The traveling network of APCs allows the HouseCalls program to scale up on short notice to meet the needs of health plans and their members. Traveling clinicians often supplement staffing in markets experiencing significant membership growth, allowing HouseCalls to begin scheduling and visiting new members in a timely manner.

For example, suppose a health plan that is newly contracted with Optum needs HouseCalls to service its several thousand members in a particular region of a large state. And suppose that the volume of members initially exceeds the capacity of the existing HouseCalls network in that area to staff home visits. Optum can quickly divert state and regional traveler clinicians to the region to begin making the visits without having to wait until completion of the onboarding process of recruiting and hiring local advanced practice clinicians.

Traveling network benefits



Monitoring member health

The traveling APCs primarily visit members in rural counties where having a PCP or regularly seeing one is often a big challenge. Home visits to these members enable health plans to get a better grasp on members' health status and how they can improve members' care.



Improving access to care

The traveling clinicians often visit members who live many miles away from the nearest PCP, specialist or hospital. Over the course of a year, the traveling clinician may be the only provider the member sees. Even for members who have a PCP, challenges such as illness or lack of mobility may prevent them from keeping an appointment.



National network footprint¹

50 states covered

2,600+ APCs

2.1M+ yearly visits

631,000+ clinical and social referrals

99% member satisfaction rate

73 Net Promoter Score



Traveling network snapshot¹

345+ APCs

183 new counties visited in 2021

285K+ visits completed in rural* counties in 2021

 ${\rm *Areas\,without\,enough\,membership\,to\,warrant\,full-time} \\ {\rm APC\,staffing\,footprint}.$

"Many of our members in rural areas have chronic illnesses yet lack access to care. For instance, in some counties in South Carolina and other states where our traveling clinicians go, members may have to travel up to 90–100 miles to see a specialist. In larger states it can be more. **That's why it's so important that we visit these members in their homes**."

- Amy Freeman, HouseCalls Lead Clinical Team Manager



Closing gaps in care

Lack of adherence to medications is one the most significant gaps in care that traveling clinicians face. Roughly one in five new prescriptions are never filled, and among those filled, half are taken incorrectly.² Poor medication adherence results in worse patient outcomes and greater rates of hospitalizations and emergency department visits.³ To help close this gap, the clinicians strongly emphasize education – discussing with members the importance of getting prescriptions filled, why they take their medications, potential side effects and directions on when and how to take their medications



Addressing social determinants of health

Visiting a member's home gives traveling clinicians a unique perspective. The clinician gets a holistic view of the home environment, which provides insights beyond what can be ascertained from an office visit with a provider. They can identify various factors that significantly affect members' health and well-being, such as a lack of healthy food, inadequate or unsafe living conditions, inability to pay utility and other bills, a lack of transportation, or something as simple as a rug curling up that could result in a trip and fall.

How traveling clinicians help

The visits are designed to supplement – not replace – the care that members receive from their PCP. The APC's role is to conduct a clinical assessment, check medications, review diet, educate members on taking care of their health, identify gaps in care and facilitate communication between members and their physician.

Lisa Funston, MSN, FNP-BC, the director of clinical operations for HouseCalls said, "We don't have a treatment relationship with members. What we do is ensure that the provider who has a relationship with that member is aware of the issues we've highlighted that may need treatment."

Home visit reveals key information:

A common scenario:

At her annual physical exam, a member with diabetes tells her doctor that she can't understand why her A1c level is so high since she's trying to follow a proper diet. But upon visiting her house, the traveling clinician observes dozens of high-salt snacks and sugary drinks on the kitchen counter. That prompts a discussion between the clinician and member about proper nutrition and diet management, and perhaps a referral to a diabetes management program.

Making a critical difference in a member's life



Jessica, an APC, traveled many miles to visit a member living in a rural county. The member insisted she felt fine and even wondered why she needed the HouseCalls visit. But the physical exam conducted by Jessica revealed that the member's heartbeat was irregular and her heart rhythm was inconsistent.

Jessica educated the member about the condition and why she needed to act quickly.

She then called the member's PCP, arranged for her to be seen that day, and ensured that the member had transportation to get there. The member was diagnosed with atrial fibrillation and she then had cardioversion therapy. After recovering, the member contacted HouseCalls to share her appreciation for Jessica's expertise in identifying the condition.

As appropriate, the traveling clinicians can generate urgent and non-urgent referrals based on the level of support needed. Referrals may be routed to the member's PCP, the member's health plan or HouseCalls resources such as pharmacists, social workers and care managers.

For members living in food deserts, the clinicians may refer them to food banks, farmers markets, religious organizations and other community resources providing affordable and nutritious food. After the visit, assessment results are communicated to the member, their PCP and the health plan.

The traveling APC network enable health plans to extend their reach to even remote parts of the country. In rural areas where members typically must travel far for care, they may delay preventive exams or ignore worsening symptoms until a health issue becomes acute. The clinicians provide an essential, even lifesaving, connection between members and providers. By serving as providers' eyes and ears in the member's home environment, they help to identify care opportunities. No matter how far they have to travel, these clinicians take the time to really understand each member's true health situation.

Contact Optum to learn more today.

1-866-427-6804 ingenuity@optum.com optum.com/housecalls

Sources

- 1. HouseCalls 2021 program data.
- Neiman AB, Ruppar T, Ho M, et al. CDC Grand rounds: Improving medication adherence for chronic disease management innovations and opportunities. MMWR Morb Mortal Wkly Rep. 2017; 66. DOI: dx.doi.org/10.15585/mmwr.mm6645a2.
- Richmond LM. Top reasons patients don't adhere to treatment. MDLinx. mdlinx.com/article/top-reasons-patients-don-t-adhere-to-tre atment/2ErCU6RjuwcS9Cv19u4rT7. April 9, 2021. Accessed August 3, 2022.



optum.com

Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer. Stock photos used.