

Testimony of UnitedHealthcare Community Plan of Ohio, Inc.
The Joint Medicaid Oversight Committee
March 18, 2015

Good afternoon Rep. Sears, Sen. Burke and members of the Joint Medicaid Oversight Committee. My name is Kim Crandall and I am Vice-President of Clinical Services for UnitedHealthcare Community Plan of Ohio, Inc. On behalf of UnitedHealthcare and our colleagues from The Ohio Association of Health Plans, thank you for the opportunity to discuss care coordination for Ohio's most vulnerable populations.

By way of background, UnitedHealthcare is part of UnitedHealth Group, a diversified *Fortune* 15 health and well-being company that includes not only UnitedHealthcare but also Optum, a technology and health services company. UnitedHealth Group has a workforce of over 170,000 people, including 28,000 doctors, nurses and clinical practitioners serving over 85 million individuals across all 50 states. UnitedHealth Group is proud to employ over 2,000 Ohioans, and we are honored to provide health care benefits to nearly 1.9 million individuals in Ohio.

For more than a century, the goal of care coordination has been the same—to synchronize and manage complex, fragmented health care services to help individuals while simultaneously controlling costs.¹ The care management model consists of several core components:

1. Identifying and assessing an individual's health care needs;
2. Engaging individuals and their providers to develop a Plan of Care; and
3. Implementing, monitoring, and revising of the Plan of Care throughout treatment.

Each of these components are made possible by state-of-the-art risk assessment tools, member outreach and engagement strategies, tracking appointments and test results, wellness and chronic condition management coaching, and working with providers to engage their patients in wellness activities.

Today, our care coordination team includes over 160 clinical professionals and experts in behavioral health and substance abuse treatment who are embedded in the communities we serve. Because we know that care management is not successful without the full participation of the people we serve, member engagement begins at the point of enrollment in the health plan and meets our members where they are. The following story of one of our members brings these components of care management to life.

Louise

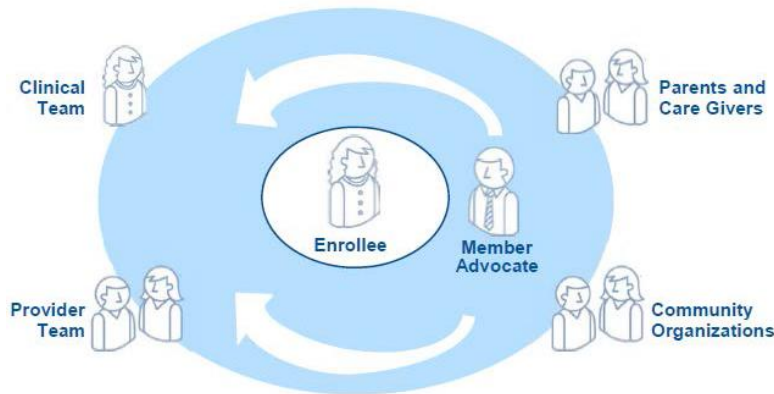
Louise (whose name has been changed to protect her privacy) is a member with complex behavioral health issues. Louise frequently threatened suicide but refused treatment from behavioral health providers and had difficulty maintaining relationships with other medical providers. Through committed and consistent engagement, one of our care managers worked with Louise daily to build a relationship with her and to help her effectively communicate with people around her. After a year of consistent care management, Louise is now seeing a counselor and psychiatrist, resulting in better adherence to treatment plans.

This “moment in action” underscores the fact that care management ultimately involves establishing honest, trusted relationships, ensuring that individuals are heard, and supporting them and their providers in developing a Plan of Care that is in the best interest of the patient. When this convergence happens, great things result: better health; reduction of emergency department utilization, inpatient stays and re-admissions (especially for the aged, blind and disabled populations); stabilization of chronic conditions; improved satisfaction and quality; and increased patient and family engagement. Finally, a reduction in costly medical services is also realized.

¹Kersbergen AL., Nurs Outlook. 1996 Jul-Aug;44(4):169-72.

Importantly, health care—and more specifically Medicaid—is rapidly moving away from a reactive clinical model focused on diseases to a more proactive patient-centered, medical-behavioral-social model of care that requires coordination across multi-disciplinary teams and the full engagement of the member in their health. At UnitedHealthcare, we are in the midst of evolutionary change in how we provide care management to our members. Improvements to our clinical model, which will be rolled out in Ohio in 2015, are centered on whole-person care – looking beyond traditional medical care and incorporating the holistic coordination of community based services. This model relies on partnerships with high performing providers, coordination and access to robust community based services, and health information technologies to capture and share information.

Figure 1. UnitedHealthcare’s Person-Centric Model of Care



We know that socioeconomic factors like food, transportation, shelter and safety also significantly impact health. To address these issues, we have incorporated community partnerships as part of our care coordination model. For example:

- We are proud to sponsor the Ohio Association of Food banks and its 12 member food banks, providing financial support to purchase fresh fruits and vegetables, statewide training for nearly 1000 navigators, and 60,000 backpacks to support of Gov. Kasich’s Summer Backpack Feeding Program;
- We are partnering with US Bank to provide \$8.9 million in equity financing through low-income housing tax credits to construct the Germantown Village community development project for moderate-to low-income families in Dayton;
- We have distributed laptop computers to community organizations throughout Ohio to provide neighborhoods with access to skills development, resume building and job search activities;
- We participate in the Ohio Offender Project to assist former offenders in re-establishing themselves in the community from a healthcare perspective; and
- Through a multi-year partnership with the Ohio Chapter of the American Academy of Pediatrics, we are working to increase adolescent well visits, raise adolescent immunization rates, and improve communications with patients and families on adolescent health issues.

Thank you very much for the opportunity to speak with you today regarding this important topic. We stand ready to assist the JMOC, the Legislature, the Governor’s Office of Health Transformation and the Ohio Department of Medicaid in any way we can as we look for transformational ways to meet the healthcare needs of all residents in our great State. I look forward to our continuing dialogue and would be happy to answer questions at the appropriate time today.