



Optum's National Association Forum

March 2015

Advisory Council Structure

- **Chiropractic Professional Advisory Council (CPAC)**

- 4 Hour Quarterly Meetings

- External Representatives

- James Bogash, DC - AZ
 - Joe Cipriano, DC - GA
 - Jay Greenstein, DC - VA/MD
 - Mike Goione, DC - NJ
 - Chris Jo, DC - MN
 - Joseph Merckling, DC - NY
 - Gert Bronfort, DC, PhD – Research Advisor

- **Physical Therapy Advisory Council (PTAC)**

- 4 Hour Biannual Meetings

- External Representatives

- Randy Boldt, PT - IA
 - Cathy Gates, PT – CO
 - Jeanine Gunn, PT, DPT - OH
 - Jeff Hathaway, PT – NY
 - Dennis Langton, PT, DPT - CA
 - Jason Richardson, PT, DPT - TN

2015 National Association Forum Structure

- **National Association Forum**

- 60 Minute WebEx Quarterly (March, June, September, December)

- 45 Minutes – new program, update, education presentation
 - 15 Minutes – Q&A via online submission
 - Follow up survey to all participants re: content, future issues
 - Presentations archived on the Optum Education Portal

- External Participants

- Executive Directors and leaders from state and national associations PT and DC
 - When relevant, invitation will request association members with expertise (i.e. coding, reimbursement, etc.)
 - External Subject Matter Experts invited to present as needed

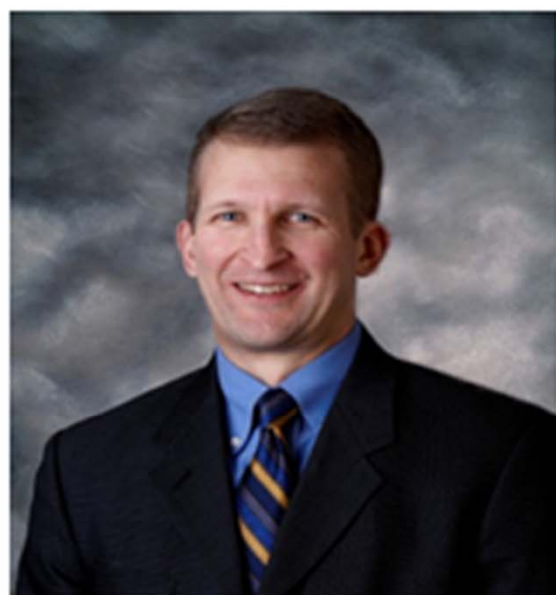
Benefits of Transition to National Association Forum

- Minimize time commitment of committee volunteers
- No travel needed for internal or external participants
- Increase participation across more associations and more specialties
- Expand the venue for socializing and gathering feedback on new products and programs
- Forum-driven agenda provides flexibility to proactively schedule separate or additional WebEx sessions to address specific concerns

Dr. David Elton

Dave Elton, DC serves as senior vice president of clinical programs for Optum Physical Health.

In this role, he works to support providers in their efforts to align care with best clinical evidence, leading to improved quality, and reduced variability in clinical decision-making.



Dave holds a doctor of chiropractic degree from Northwestern Health Sciences University. Prior to joining Optum, he served in a clinical leadership role within a multi-site, multi-state, multi-disciplinary physical rehabilitation company.

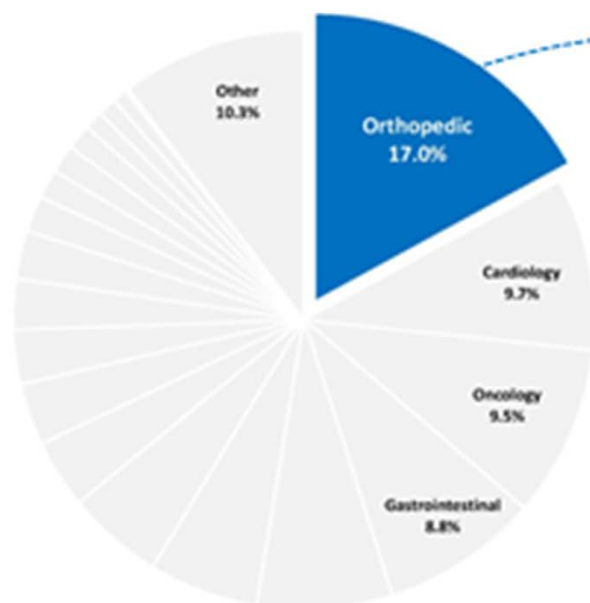
Importance of Musculoskeletal Conditions



1

Distribution of Health Care Expenditures

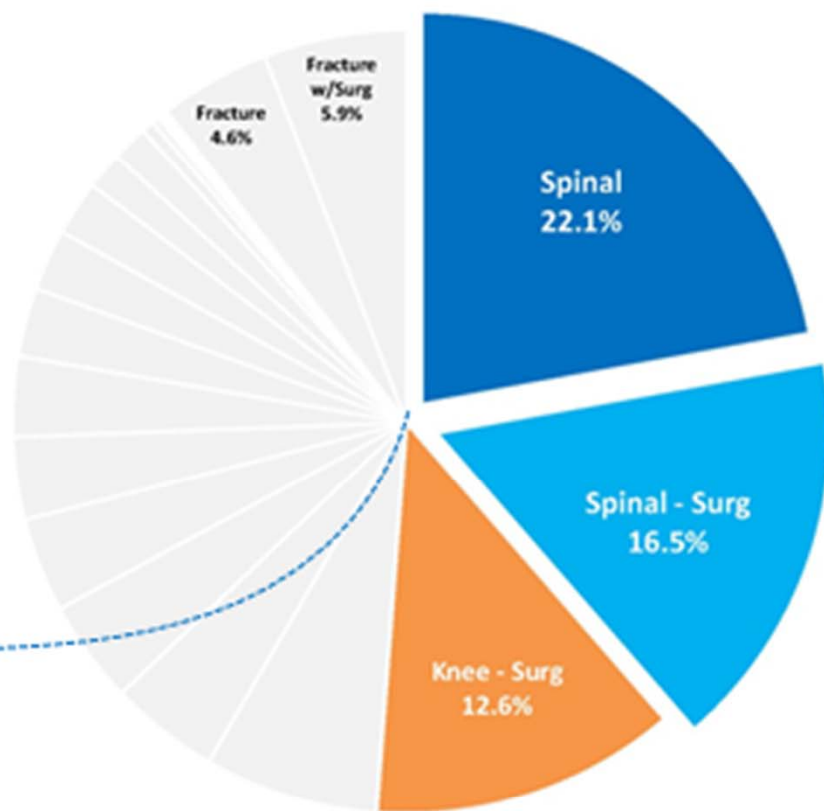
R12 Through Q2 2014
Nat'l (n=3,780,331)



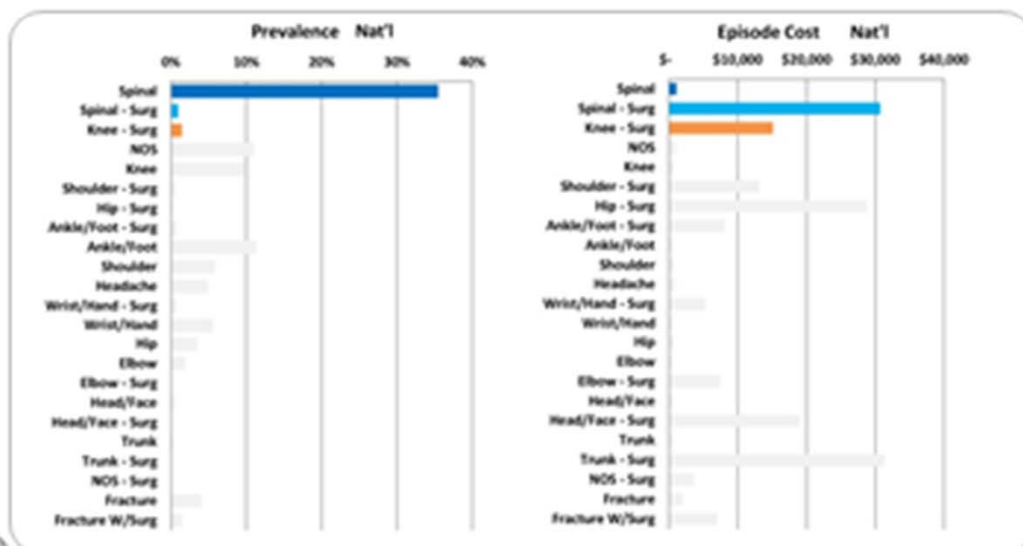
2

Distribution of Musculoskeletal Expenditures

Nat'l (n=\$44,624,153,805)



3

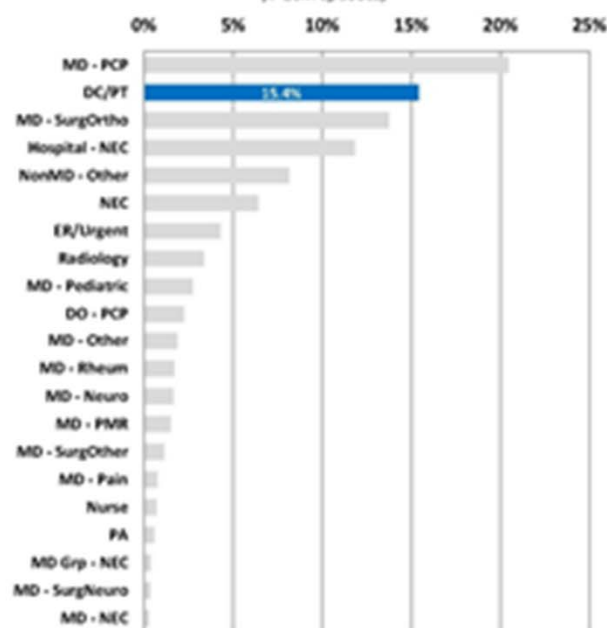


Participation of DCs and PTs



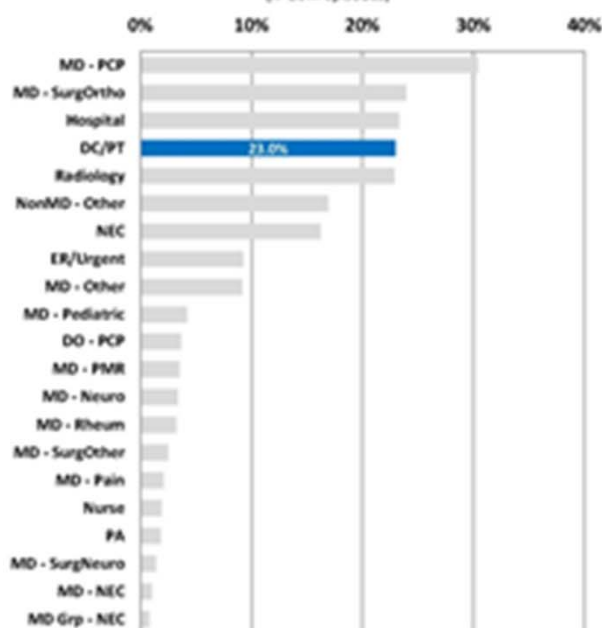
% of MSK Episodes Starting With Provider Specialty

(n=26M episodes)



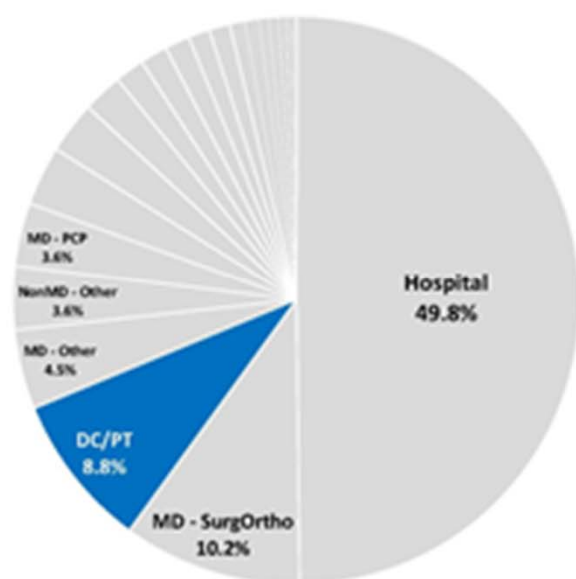
% of MSK Episodes Involving Provider Specialty

(n=26M episodes)



Distribution of MSK Expense By Specialty of Treating Provider

(n=\$44.4B and 26M episodes)



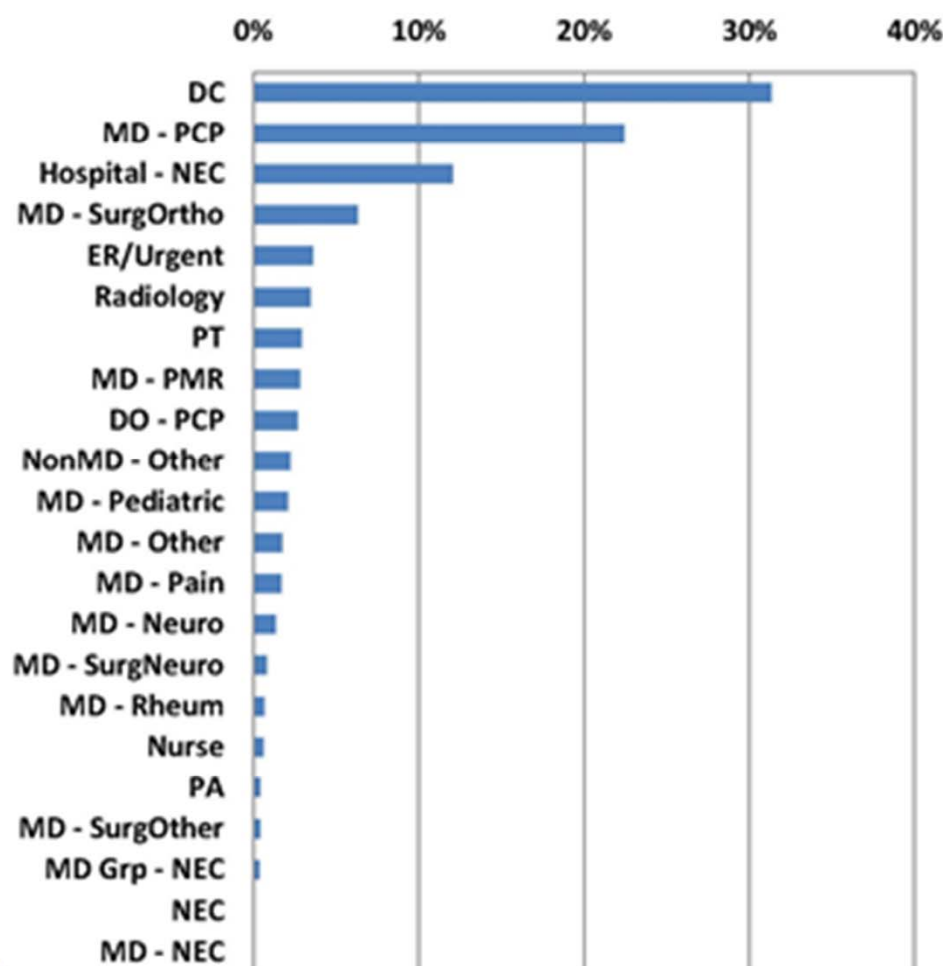
- **15.4%** of all MSK episodes start with a DC or PT, second only to episodes starting with a PCP
- **23.0%** of all MSK episodes involve a DC or PT at some point during an episode
- **8.8%** of total MSK expenditures are associated with a DC or PT

Who Is First Provider Seen For SRDs?

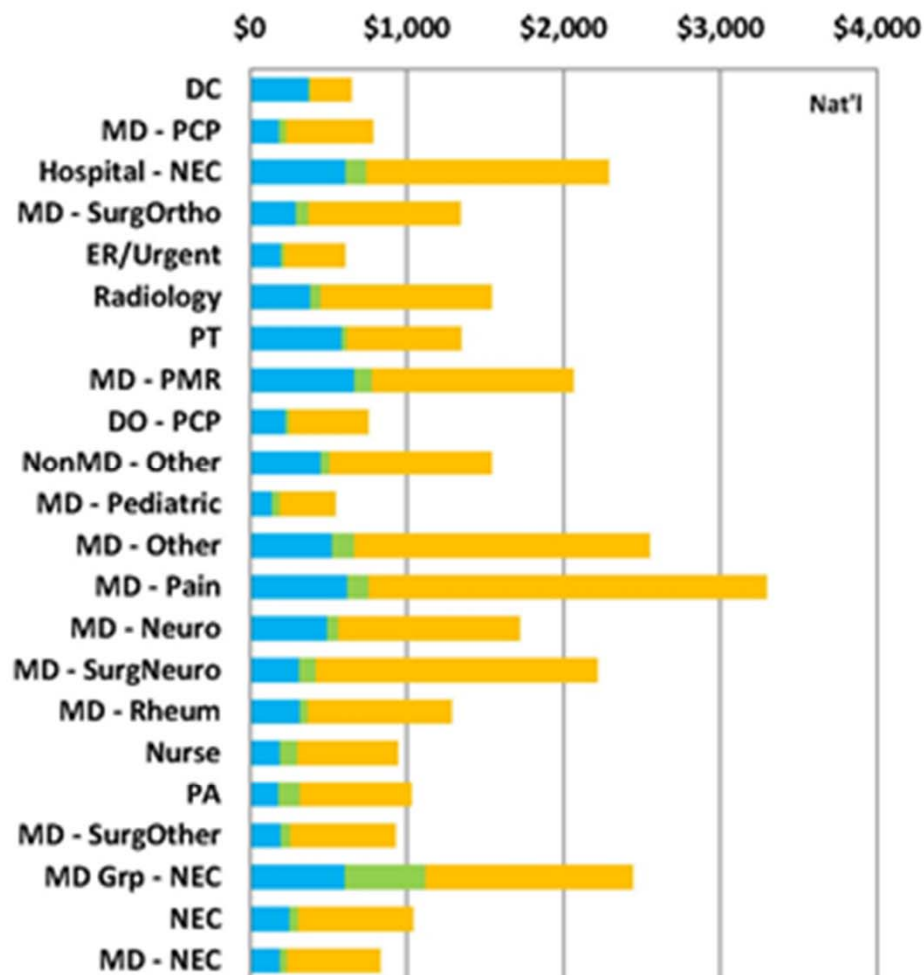


Non-Surgical Spine First Provider Seen

Nat'l (n=4,148,996)



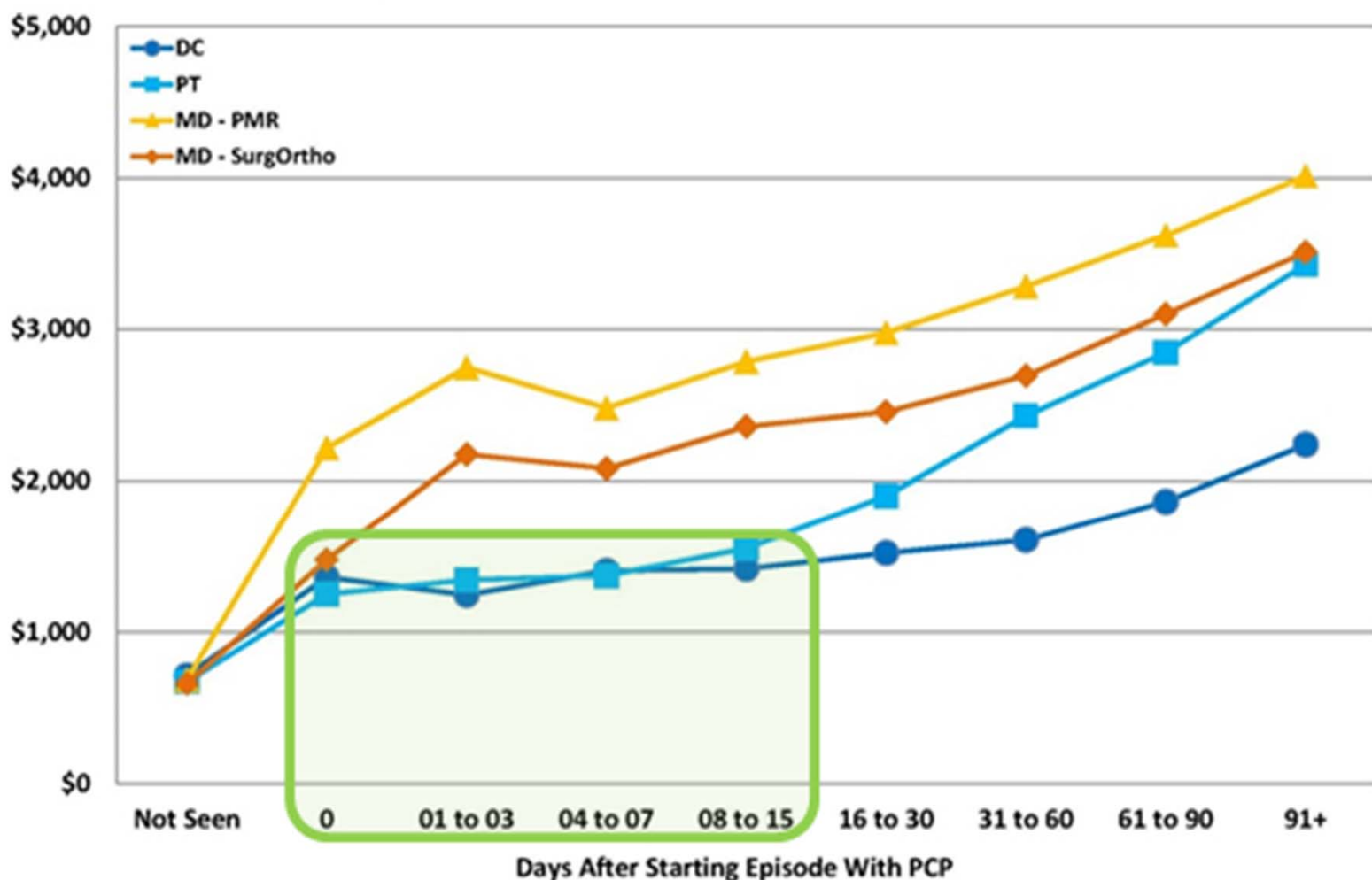
Non-Surgical Spine Total Episode Cost



Importance of Referral Timing



Non-Surgical Spine Total Episode Cost - *Episodes Starting w/PCP*
By Timing of Subsequent Provider Involvement



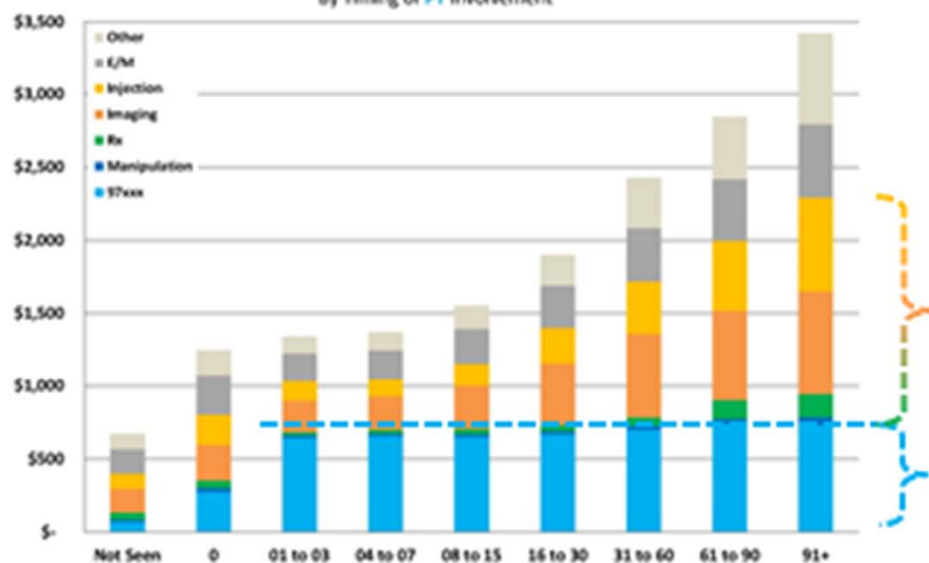
Whether due to clinical indications, benefit design, patient preference, etc., a **large % of patients with SRD will seek initial treatment from a PCP.**

For episodes starting with **PCP, Orthopedic Surgeon or PMR Physician**, referral for conservative care from PT or DC **within the first 2 weeks** appears to be associated with some benefits

Importance of Referral Timing



Non-Surgical Spine Total Episode Cost - Starting With PCP
By Timing of PT Involvement

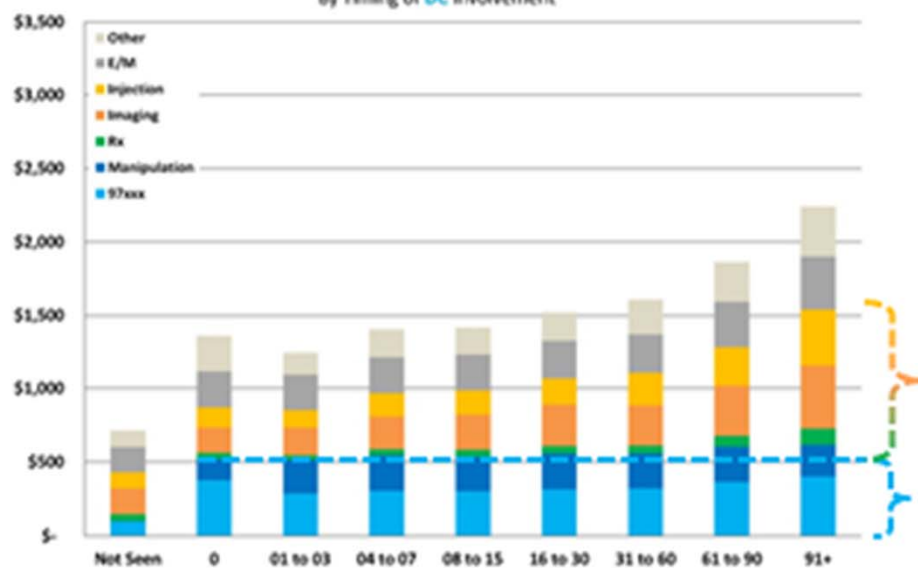


Benefits of early conservative care

Rx, Imaging, and Injection costs grow with delayed PT involvement

PT related costs are consistent throughout of timing of PT involvement.

Non-Surgical Spine Total Episode Cost - Starting With PCP
By Timing of DC Involvement



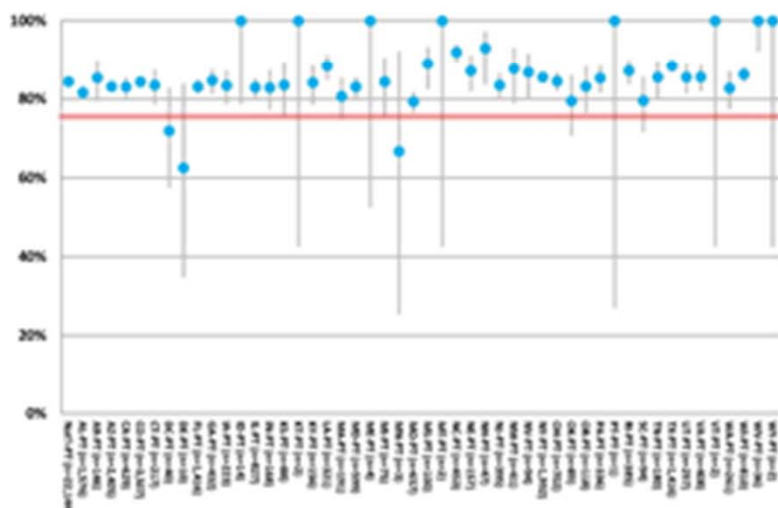
Rx, Imaging, and Injection costs grow with delayed DC involvement

DC related costs are consistent throughout of timing of DC involvement.

What Do Consumers Say

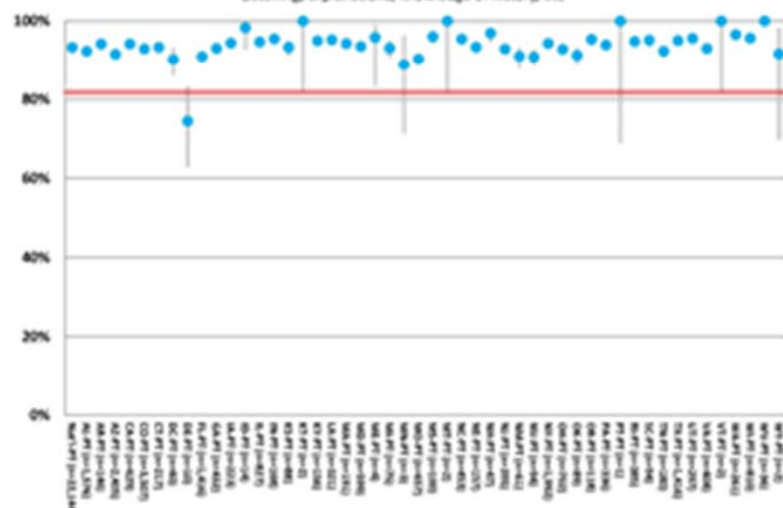


CAHPs Overall Rating - % 9/10 on 0 to 10 Scale



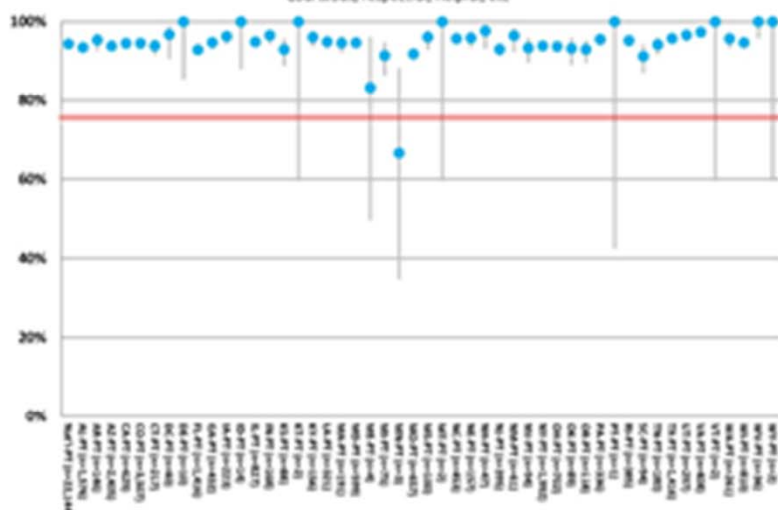
CAHPs Communication - % Always/Almost Always

Listening, explanations, knowledge of history, etc



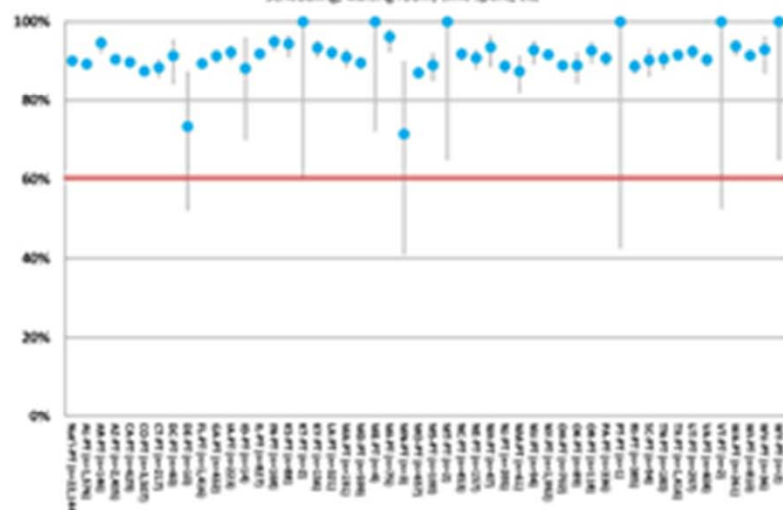
CAHPs Office Staff - % Always/Almost Always

Courteous, respectful, helpful, etc



CAHPs Timeliness - % Always/Almost Always

Scheduling, waiting room, time spent, etc



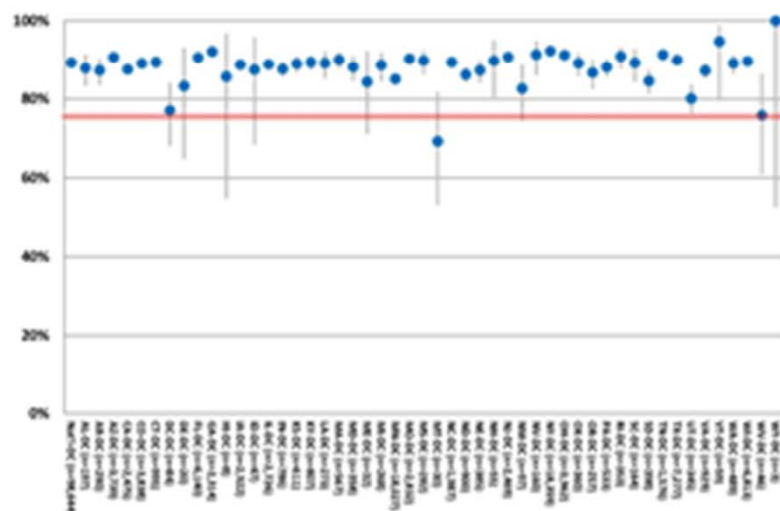
Sample of **>22,000** CAHPs surveys from **physical therapy** patients reveals **very strong scores** for **communication, time spent, staff and overall rating**

•CAHPS benchmark data (-) from https://cahpsdatabase.ahrq.gov/CAHPSIDB/Public/CG/cq_topcores.aspx

What About Time Spent On Patient Education?

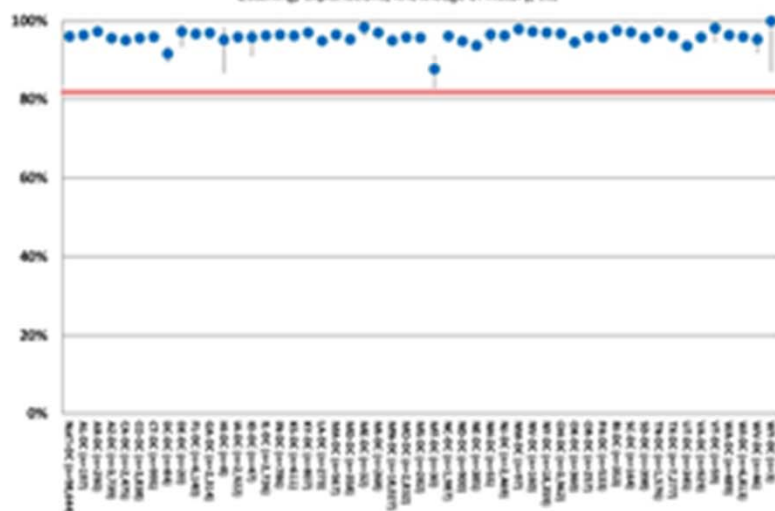


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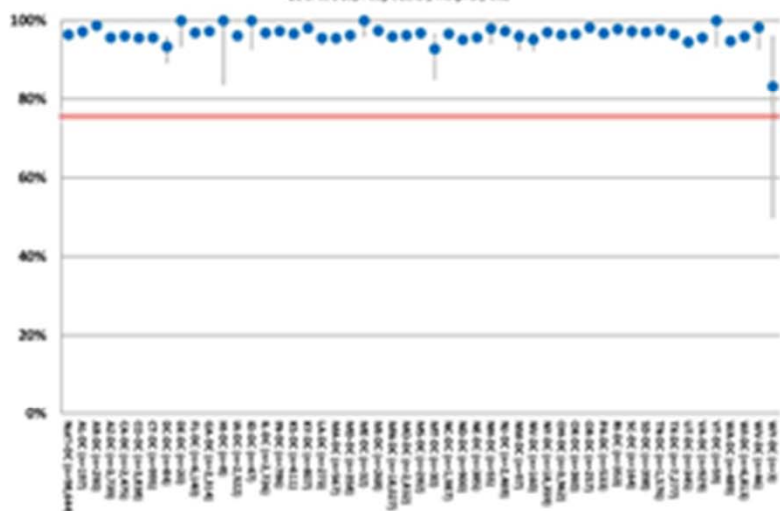
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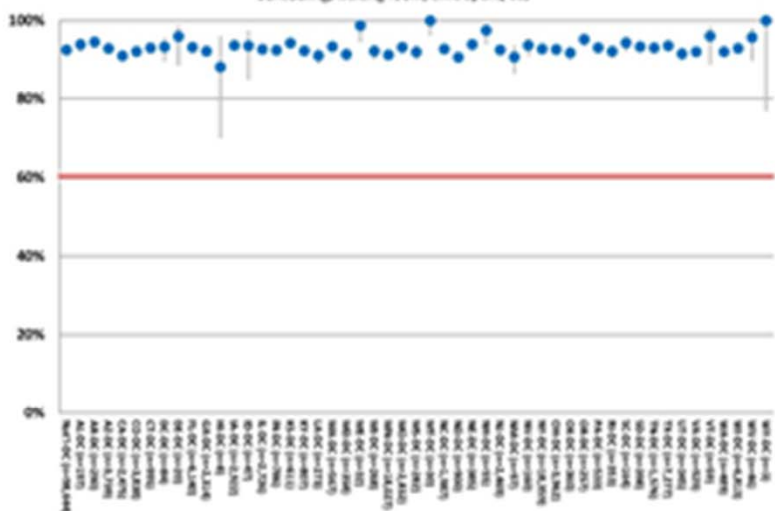
CAHPS Office Staff - % Always/Almost Always

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CAHPS Timeliness - % Always/Almost Always

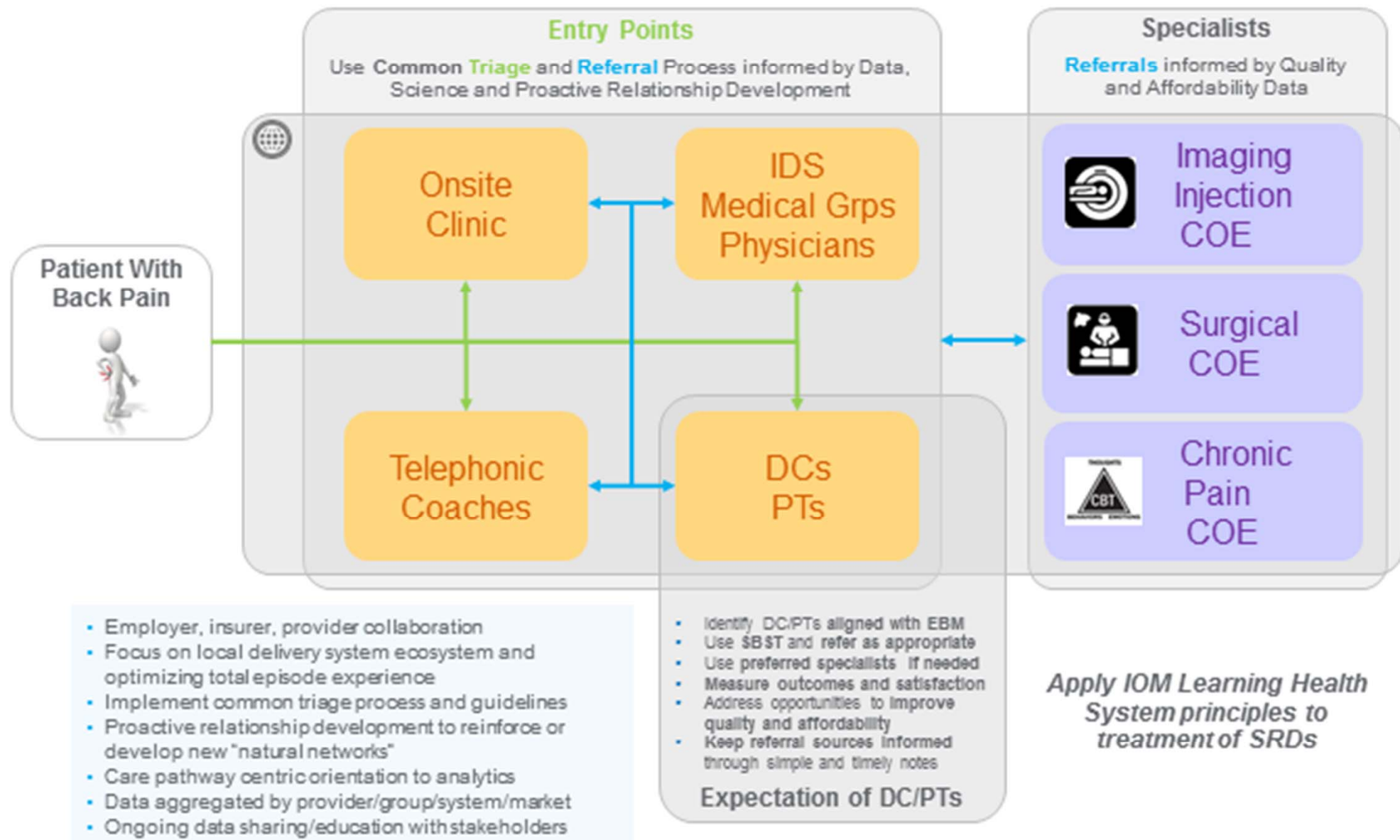
Scheduling, waiting room, time spent, etc



Sample of **>98,000** CAHPS surveys from **chiropractic** patients reveals **very strong scores** for **communication, time spent, staff and overall rating**

•CAHPS benchmark data (-) from https://cahpsdatabase.ahrq.gov/CAHPSIDB/Public/CG/cg_topscores.aspx

Local Care Delivery Framework



Transparency and Opportunities

- The NAF provides a venue to ensure our development, execution, and innovation benefits from your input and insights
- We appreciate your willingness to devote time to engaging with us and look forward to exploring opportunities:
 - *Pilot programs*
 - *Research*
 - *Distribution of content to your members*