# Transforming health and care together

At Optum UK, we believe passionately in our mission to combine analytics and advisory services to help make health and care systems work better for everyone.

We provide comprehensive support to enable sustainable transformation, translating strategy into practical actions that focus on improving local health outcomes.

## Our Advisory Services enable ICSs to

- Develop shared accountability for local outcomes
- Focus on people rather than organisations, identifying and managing risks and variability within a population
- Make tangible and sustainable changes that improve people's access to, experiences of, and outcomes from care

## 3,200+

GP practices have placed their trust in Optum®

## 36

care systems use our services

**To find out more about PHM Advisory Services, contact us**

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PHM Advisory Services

# Working in partnership to develop local PHM capabilities

## Addressing Health Inequalities: University Hospitals Plymouth



### The status quo

## 40,000
patients on UHP waiting list at the start of the programme

The hospital is working to tackle health inequalities in their population while reducing elective backlog and emergency activity.

### Patient segmentation

- Health inequalities existed for people on the waiting list in terms of waiting time and emergency activity

- People with a **Learning Disability** are a key group who experience inequality in emergency activity

## 4 x
the amount of emergency care for patients with a Learning Disability compared to those without

### Getting to the core of the issue

- Targeted segmentation of the wider hospital population (learning disabilities with an emergency admission in the past 12 months) uncovered 434 individuals, **65% of whom were on a waiting list**

- The Optum Advisory team works closely with hospital doctors, community teams, and learning disability leads to discover pertinent initiatives that improve patient outcomes and seek to reduce emergency activity

### The result

## £1.4M
Hospital potential saving if people with a Learning Disability had equitable emergency activity

# Working in partnership to develop local PHM capabilities

## Getting to 100% of whole population linked data in under 10 months: Lincolnshire



### The status quo

🌐 **810,000**
registered population size

With an increasing number of priorities, limited capacity and unknown technical ability, the team estimated many years of local work to link data using internal resources.

### Connecting data and people

- Build a connected ecosystem including local primary and secondary care data, registered population lists, community and mental health data, social care data and resident list

- Generate interest and engage with GPs, acutes, community/mental health trusts, and local authorities that can now address their organisational and national priorities

### Insights for effective interventions

- Whole system linked data enables key workstream leaders to assemble managers, clinicians and analysts to support significant strategic priorities including prioritisation for 2023, frailty and high-intensity users

- Health and care analysts can provide existing and new workstreams with precise and up-to-date intelligence

- Pseudonymised data refreshed monthly will allow system to evaluate impact over time

### The result

**3 months**
to link >80% of registered population data*

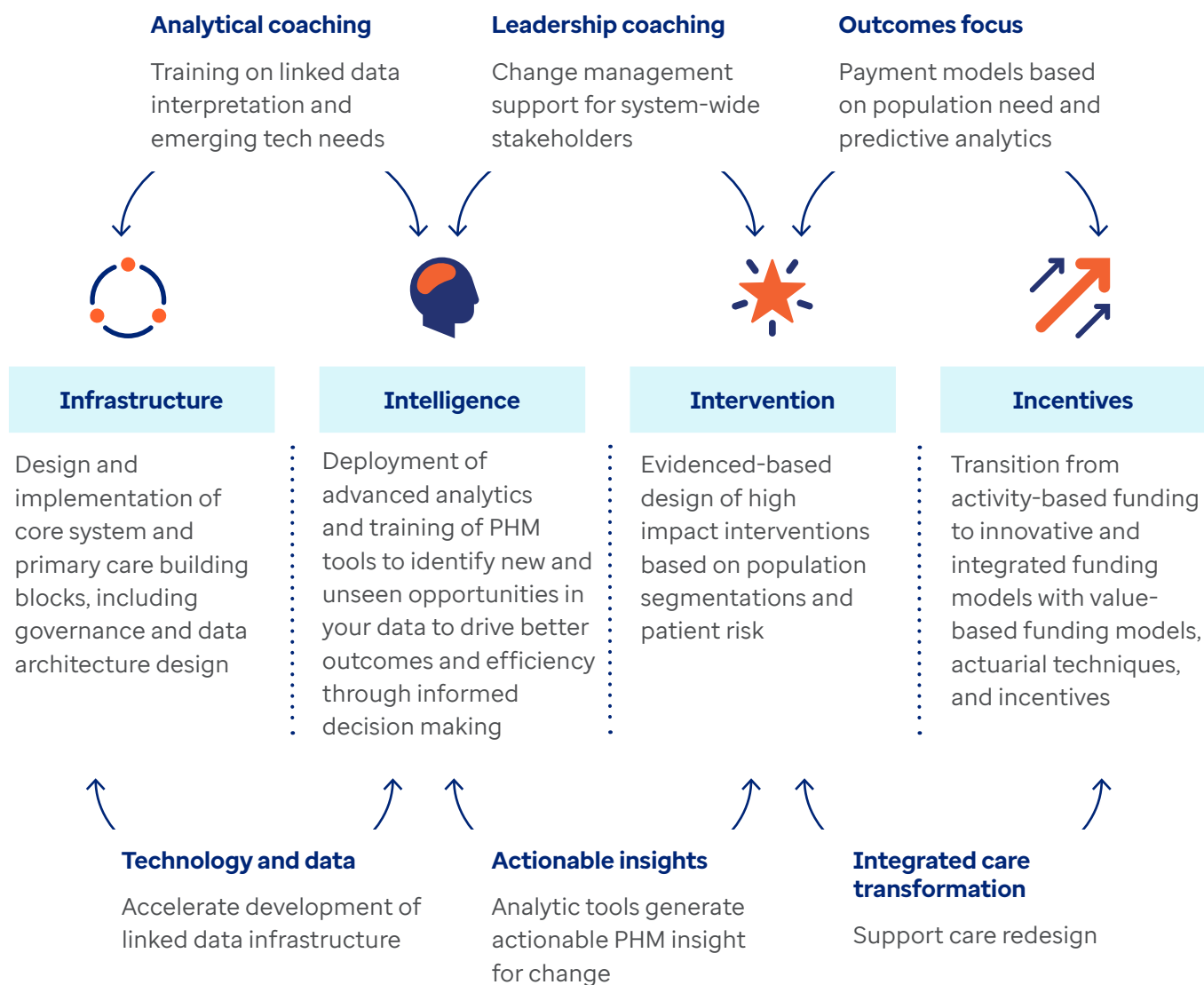*leading to 100% of population data linked in 10 months*

# Partnering with Optum — What our customers say

" [We wanted] Optum as a partner as they had established their credibility. I had explored with others, and it was quite clear that there was no one quite as well-placed as them."

" We were really pleased that we have Optum for three years. The value we get from them is tremendous. How we manage to benefit from that many staff and that level of expertise is amazing really, and the productivity is great."

" Optum helped us understand how to measure outcomes and the impact of the change we make. It is very rewarding to see measurable outcomes."

# Advisory Services for achieving real change in community care

### Analytical coaching
Training on linked data interpretation and emerging tech needs

### Leadership coaching
Change management support for system-wide stakeholders

### Outcomes focus
Payment models based on population need and predictive analytics

| **Infrastructure** | **Intelligence** | **Intervention** | **Incentives** |
|---|---|---|---|
| Design and implementation of core system and primary care building blocks, including governance and data architecture design | Deployment of advanced analytics and training of PHM tools to identify new and unseen opportunities in your data to drive better outcomes and efficiency through informed decision making | Evidenced-based design of high impact interventions based on population segmentations and patient risk | Transition from activity-based funding to innovative and integrated funding models with value-based funding models, actuarial techniques, and incentives |

### Technology and data
Accelerate development of linked data infrastructure

### Actionable insights
Analytic tools generate actionable PHM insight for change

### Integrated care transformation
Support care redesign