

Partnerships among Insurers and Providers
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My company recently initiated a national program – where we took the lessons of Project RED and Project BOOST – both designed by nationally recognized academic medical organizations – each with the goal of reducing unnecessary hospital readmissions.

As an admitted small first step, we identified 122 large acute inpatient hospitals from across the country with the highest burden of avoidable re-admits. We're partnering with those hospitals to better engage our care management nurses with their discharge planners to assure that:

- each patient's discharge plan is complete and that gaps and barriers in post-discharge care are addressed before the patient leaves the hospital;
- the discharge plan is understood by the patient and his/her family; and
- the discharge plan is accurately communicated to follow-up physicians and other healthcare professionals in a clear and timely fashion.

We expect to expand these first steps to our entire network of hospitals throughout the next year or two.

These are critically important steps to providing good care. These are also important steps to reduce unnecessary re-work for extremely overburdened physicians, nurses, therapists and the like.

Managed care has been pilloried, at times rightly, for unnecessarily increasing the workload of healthcare practitioners and their office staff. We understand and we're working on solutions.

We've innovated to cut down time-consuming paper and telephonic administrative processes to make claims filing, payments, notifications, even appeals, web-based to cut down time-wasting paperwork and telephonic hassle for healthcare practitioners and their staff. Many health plans are doing the same.

We've assisted physician practices across Texas and the nation in supporting their start-up efforts to transition their practices to e-prescribing. Once adopted, most practices find they greatly speed up handling new and, especially, refill prescriptions – dramatically cutting down 'legibility' issues and making prescribing medications far easier.

UnitedHealthCare (UHC) is the first health plan to bring to market an inter-operative electronic medical record product, CareTracker EMR, that is affordable to the smallest of practices.

Perhaps most importantly, we recognize that healthcare professionals need new methods of reimbursement for services that go beyond transactional fee-for-service reimbursement.

Since long before there was such a term as "ACOs," UHC has been working with physician organizations that were willing to manage populations of patients in capitated contracts.

We're currently working with 25 medical groups, encompassing 7,250 physicians in piloting performance-based contracting.

We've piloted eight patient-centered medical homes nationally and hope to expand that into Texas sometime in 2011.

We have recently signed contracts for "up-front" bundled payments for oncology care with five oncology practices, one of which is in Texas.

We recognize that all of us – MCOs, physicians and other healthcare practitioners, hospitals – everyone engaged in providing healthcare needs to be increasingly innovative – looking at ways to cut hassle and rationalize reimbursement methodology, in order improve both access and quality of care while controlling its cost.

If we don't do this, none of us – our parents, our children and grandchildren – will be able to receive or to afford the care we need when we need it most.

References

Project RED (Re-Engineered Discharge)

<http://www.bu.edu/fammed/projectred/>

Project BOOST (Better Outcomes for Older adults through Safe Transitions)

<http://www.hospitalmedicine.org/BOOST>

CareTracker EMR

<http://www.ingenix.com/ehr/ehrhome/>