

The Future: What would an ideal report card look like?

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CUTTING EDGE of
TRANSPLANTATION

TRANSPLANT SUMMIT 2018

*Breaking Through Regulatory Barriers
to Unleash Transplant Innovation*

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ARIZONA BILTMORE • PHOENIX, AZ



Disclosure

I have no financial disclosures.

I have a really fabulous job!!

Our mission

UNITEDHEALTH GROUP



A diversified enterprise with
complementary but distinct
business platforms



OUR MISSION

Helping people live healthier lives and helping make the health system work better for everyone

OUR VALUES

Integrity

Compassion

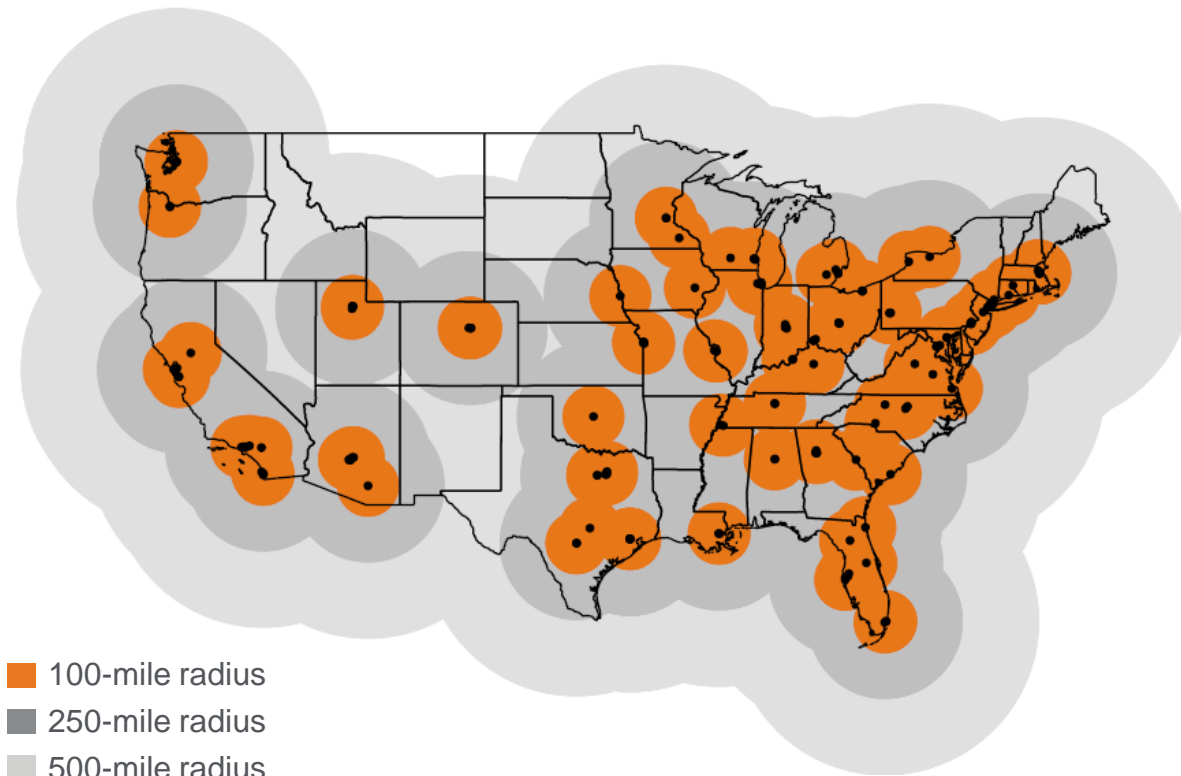
Relationships

Innovation

Performance

Optum Transplant Centers of Excellence (COE) network

Designed for access and choice



- 100-mile radius
- 250-mile radius
- 500-mile radius
- Transplant facility

Access to COE



80% within 100 miles

97% within 250 miles

99% within 500 miles

COE choices

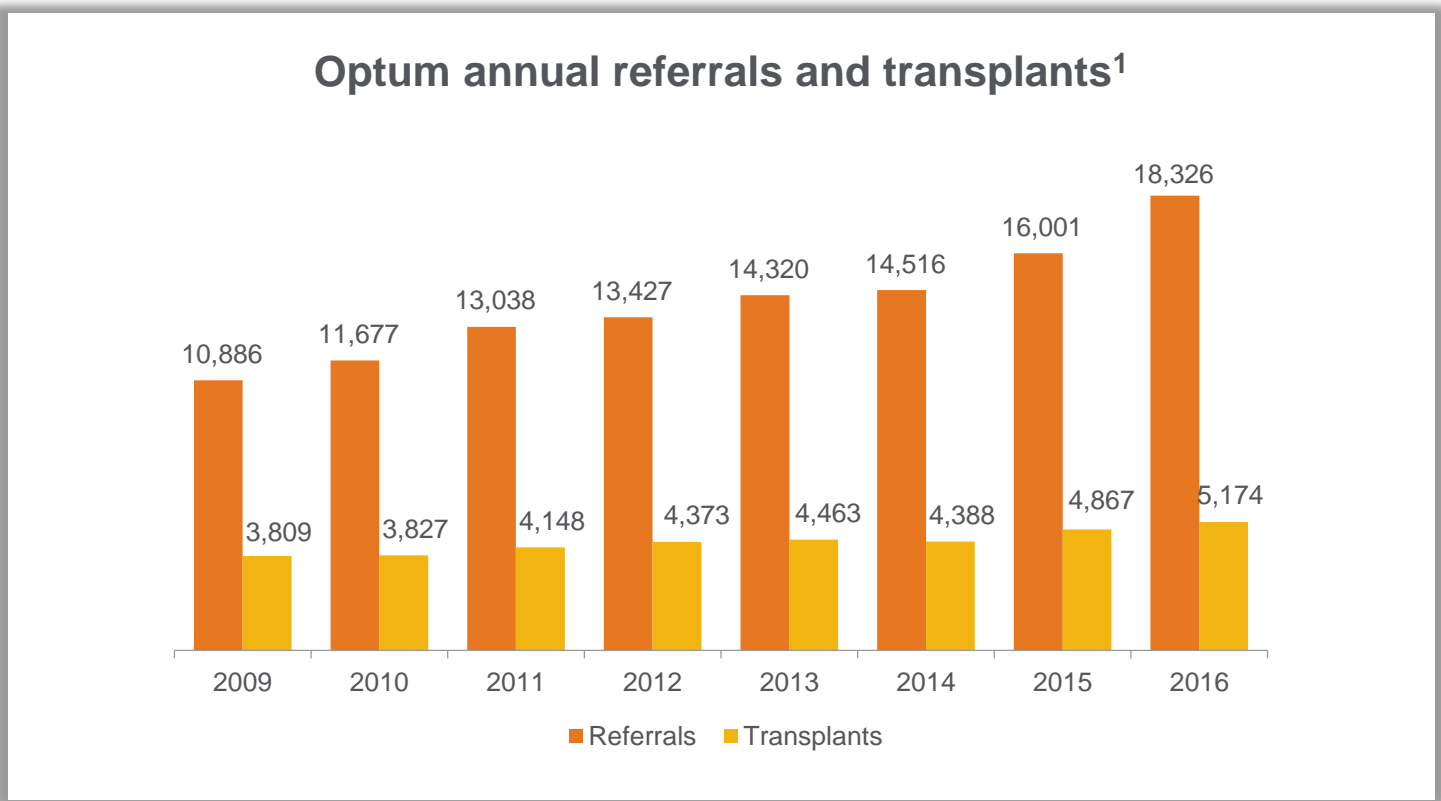


164 facilities*

880 programs*

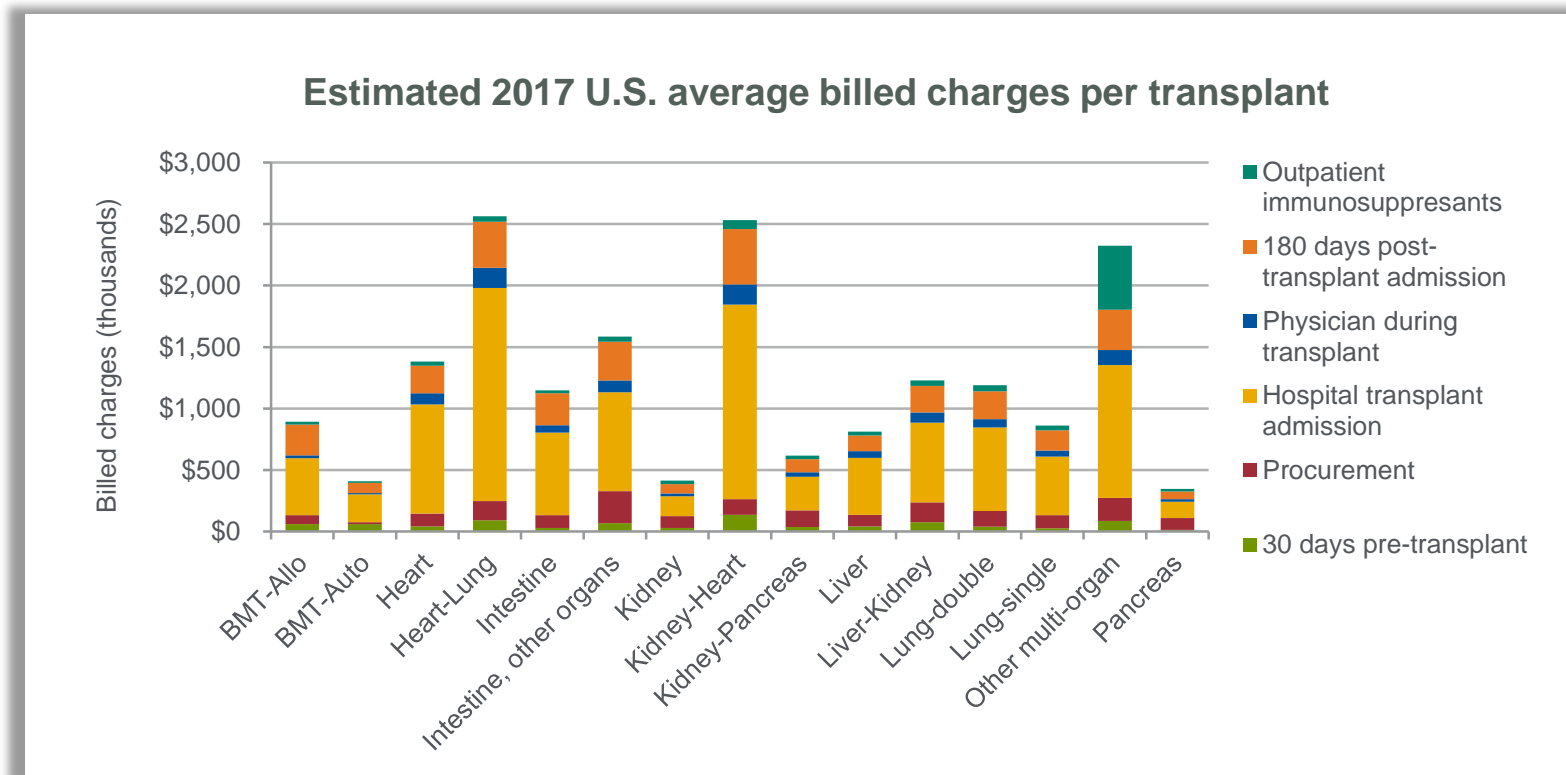
Transplant Solutions scale

With nearly \$4.7 billion of transplant claims processed each year, Optum continues to create value for clients by leveraging national volume and purchasing power.



Transplant costs are significant

- **\$657,142** = U.S. avg. billed charges 30 days pre- through 180 days post-transplant
- On average, hospital, physician, and procurement charges make up **69%** of total transplant charges



Source: Ruppert. Analysis of Bentley T.S., Phillips S. 2017 U.S. organ and tissue transplant cost estimates and discussion. Milliman, Inc. http://www.milliman.com/insight/2017/2017-U_S_-organ-and-tissue-transplant-cost-estimates-and-discussion/. Published August 3, 2017. Accessed August 15, 2017. Average transplant incidence and cost estimates based upon data from the population under 65 years old.

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The current state of transplantation

The holistic system of transplantation polices itself!

It is the most regulated and transparent area of U.S. healthcare.

BUT:

- How confident are we that this is working?
 - Monitoring by UNOS, OPTN
- Is what is currently provided adequate to differentiate centers?
- Should the PSR design benefit the facility, or the member?
 - Wouldn't look the same

What the payers need

- We need to look at a more “overall assessment of the center.”
- We need to look at both before and after the transplant event.
- We need to be able to assess VALUE!

Value = f (speed, efficacy, comfort/ price tag)

The current state of reporting

Pre-transplant metrics (universally agreed upon)

- Time from referral to evaluation to transplant
- Transplant rate
- WL mortality
- Offer acceptance rate

Post-transplant metrics

- Patient/graft survival
 - Clearly 1 year graft and patient survival don't tell a useful story.
 - Broader timeframes? 1, 3, 5, 10 years?
 - Real-time CUSUM?

A new way to look at metrics

Pre-transplant/transplant

Months/years of dialysis saved, #VADs avoided...

- Pre-emptive rates, efficiency of LD programs
- Use of high KDPI, higher acceptance rates
- Value metrics

Operational and process measures

- Client satisfaction
 - Ultimate client is the payer/employer
 - Net Promoter Scores (NPS)
- Fiscal responsibility
 - Timely claims processing enormously important to small payers and stop loss carriers
 - Avoid balance billing to members

A new way to look at metrics

Post-transplant

- Value metrics: outcomes/costs, driven by outcomes
- RTW rates
- QOL measures
- Post-transplant NPS

How can this work?

Collaboration among payers, programs, and societies

- Change paradigm on interpretation of outcome metric. Truly find what makes the most sense for the recipients and donors.
- Risk adjustment that makes sense.
- Truly compare apples to apples; censor the oranges.

We believe that all programs that meet the new metric thresholds should be able to participate equally and be the UM managers.

It needs to be made patient and client friendly.

For example...

Transplant program selection tool






Input parameters

Transplant type: Kidney
 Age range: Adult
 Meets COE: Yes
 No floor contract: Yes
 Housing: Yes
 Client ZIP code: 99983













































Search radius (select one):

- 25
- 50
- 100
- 250
- 500
- National

KEY

-  Strongly positive
-  Positive
-  Neutral
-  Negative
-  Strongly negative

Output of query

Kidney transplant program attributes	A	B
Distance to center		
Program integration		
One year patient survival – predicted (%)		
One year patient survival – observed (%)		
One year patient and graft survival trend		
Five year volume		
Volume trend		
Dedicated transplant housing on-campus		
Time from referral to start of evaluation		
Time from start of evaluation to decision/listing		
Time on wait list		
Appropriateness of organ selection and matching		
Complications during transplant admission		
Readmissions first year post-transplant		
Rejection rate one year and three year		
QOL one year, two years and three years		
Median billed charges (% OptumHealth national average)		
Variation in billed charges		
Clinical trial index		
Total cost of health care from referral to three years post-transplant		
Billed charges compared to Medicare economic adjustment		
Overall value		

Thank you

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