

Simplifying provider engagement for health plans



Meet Nancy and Dr. John

Nancy, 79, a retired schoolteacher managing multiple chronic conditions – diabetes, COPD and cancer – has required consistent, well-coordinated care for years. One of her biggest challenges is scheduling and attending appointments with various health care providers. With her age and the complexity of her conditions, she finds it difficult to manage her care schedule. This has led occasional lapses in treatment that can affect her health.

Dr. John, a dedicated and experienced primary care physician (PCP) who has been practicing for over 15 years. Dr. John is known for his compassionate approach and his commitment to providing high-quality, patient-centered care.





Before the visit



Dr. John’s office is onboarded to the Optum® In-Office Assessment Program, which includes Advanced Pre-visit and Clinical Suspecting, an AI clinical suspecting tool. These are with the health plan or value-based care partner to enhance patient care and streamline clinical workflows.



Dr. John and his staff meet with the Optum team to review how thorough pre-visit notes from Optum—highlighting patients’ gaps in care—are displayed in their EHR and point-of-care tools.



Dr. John’s office can access care gaps, evidence and clinical insights within their EHR and point-of-care tools. The cloud-based Optum® Practice Assist platform and provider reports includes patient details for pre-visit planning and follow-up.



With pre-visit review notes from Optum, Dr. John’s office has a thorough understanding of their patients’ care gaps, so they begin patient outreach to schedule office visits.



During the visit



Nancy has a prior history of diabetes and cancer. Dr. John schedules Nancy for her annual wellness visit.



Dr. John has Nancy’s condition list along with annotated evidence of her condition and pre-visit notes from Optum to help during the assessment. Based on these clinical insights, Dr. John assesses and confirms Nancy’s COPD is under control, but that her diabetes has progressed along with her chronic kidney disease.



With the available evidence, Dr. John has relevant information during the assessment to create care plans that help Nancy maintain consistent management of her chronic conditions.



Dr. John documents the care provided and status of Nancy’s diagnoses within the EHR. Dr. John can capture any changes or new diagnoses from Nancy’s assessment for thoroughness and precision.



After the visit



After Nancy’s appointment, Dr. John’s office signs the encounter record in the EHR. With bidirectional digital connections, Optum can retrieve the encounter record digitally, use AI to review assessment details, and highlight potential conditions that may need follow-up for further evaluation and management.



Details from Nancy’s encounter are reviewed concurrently to assist with documentation specificity. The encounter CCD is reviewed using risk and quality AI models and is coded. This helps minimize the need for supplemental data submissions and supports Dr. John’s office during audit reviews.



Once the medical record is returned post visit, it undergoes chart review for risk coding and quality abstraction. This process helps prepare the medical record for claim submission.



Optum remains engaged with Dr. John and his staff to assist with their program membership, address any concerns, and provide support to help improve performance.



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