
OPTUM RESEARCH NOTE

OPTUM Assistance Alternative Resource Study: CLAIMS DATA CORRESPONDENCE WITH SELF-REPORTED DIVERSIONS FROM MEDICAL SERVICE UTILIZATION

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ABSTRACT

When OPTUM Assistance clients say they would have gone to a medical provider for service had OPTUM not been available to them, how accurate is this information? Did they end up going in to see a medical provider anyway? This study was conducted to test the validity of this self-report information.

The data is based on 1140 OPTUM callers from 6 UHC health plan accounts during the time period of February 9 through May 30, 1995. The statistic in question is that 24% of callers reported to a counselor at their first or second call that had they not called OPTUM to discuss their problem, they would have instead utilized one of three alternative medical resources. The medical claims history was examined for those callers who said that OPTUM was an alternative resource to other medical care services. Of the 273 clients in this group, 138 (51%) were identified in the UHC COSMOS claims database.

The results revealed that 92% of clients who said they avoided using a medical facility did in fact not use one of these three medical services on the same day that they called OPTUM. About 85% of these clients did not use one of these three medical services within 7 days following their call to OPTUM. Thus, self reported avoidance of other medical services by use of OPTUM member assistance service is valid for the vast majority of clients.

ANALYSIS METHOD:

- 1) Alternative resources data collected by counselors on client's initial call, or counselor's subsequent follow-up call.
- 2) For each client who indicated they may have used an alternative resource had they not called OPTUM, a search was conducted using COSMOS for any claims relating to services that took place within a seven day period following the OPTUM call.
- 3) Based on this claims data, services were classified into one of three groups; medical doctor, urgent care or emergency room, and the nature of the service was determined using ICD9 codes.
- 4) The nature of the client's initial call (presenting and assessed problem) was identified from case notes the VISION system. ICD9 codes and the presenting and assessed problem were then compared.

SAMPLE:

The analysis was based on calls from clients of 6 UHC plans; Medica, Ohio East and West, South Carolina, Georgia and Utah, between February 9 and May 30, 1995. The purpose of the study is to investigate the incidence of clients who within 7 days of their call to OPTUM used one of the alternative medical resources they indicated they would have used had they not made a call to OPTUM.

RESULTS:

Of the 1140¹ clients from these plans who contacted OPTUM to discuss a problem, 273 (24%) indicated that had they not called, they would have used 1 of 3 specific alternative medical resources (gone to their medical doctor, urgent care facility or emergency room). The remaining 867 clients (76%) indicated they would have either done nothing, or taken some other alternative action.

Of the 273 clients indicating their call to OPTUM was in place of one of the three alternative medical resources, 138 (or 51%) were members who could be identified from the UHC database. The remaining 135 were unable to be identified within the UHC system, (either due to anonymity or insufficient information), precluding any further analysis of this group.

The 138 identified members were further analyzed using claims data to assess whether they had in fact used any medical resources within the 7 day time frame, in addition to their phone call to OPTUM;

* 8 % of callers (n=11) did in fact have a claim for one of the three specific services on the day of their OPTUM call. Of these 11 clients, 6 used the resource they predicted they would have used, while 5 used one of the remaining two resources. Therefore 92% of callers who indicated they would have used an alternative medical resource had they not called OPTUM, had no claims for their medical doctor, urgent care or emergency room on the day of their OPTUM call.

¹ 2 clients with physical health complaints only were referred to Nurseline and therefore excluded from this analysis

* An additional 18% of callers (n=25) had a claim for one of the three specific resources within 7 days following their call to OPTUM. Of these 25 clients, 18 used the resource they predicted they would have used, while the remaining 7 used a different resource to that which they predicted they would have used.

In total, therefore, in the week following their call to OPTUM, 36, or 26% of identified members did in fact use one of the three specific medical resources that they had indicated would have used instead of calling OPTUM. (i.e. 26% of identified members made both a call to OPTUM AND a visit to either their medical doctor, urgent care facility or emergency room).

Of the 12 callers who used a resource other than that they had predicted would be an alternative to OPTUM;

- 5 who indicated they would have gone to their medical doctor went to urgent care
- 4 who indicated they would have gone to the emergency room went to their medical doctor.
- 3 who indicated they would have gone to urgent care went to their medical doctor.

A comparison was conducted to determine if the diagnosis of the service received subsequent to the OPTUM call was related to the presenting and assessed problems of the call. In 58% of cases (n=21 clients) the medical diagnosis (as indicated by ICD9 codes) and the problems presented and assessed in the OPTUM call were judged to be related (see Table below). This represents only 15% of all identified members who indicated they would have used one of the three alternative health resources had they not called OPTUM.

SUMMARY:

Thus, self reported avoidance of other medical services by use of OPTUM member assistance service is valid for 85% of callers. The implication is that when 24% of all callers report using OPTUM as an alternative to other medical services, *this percentage should be corrected to be about 20%* (i.e., 85% of 24% is 20%).

RECOMMENDATIONS TO IMPROVE FUTURE ANALYSIS:

- 1) Record the date of the client's initial call to OPTUM in addition to the date of the survey, if the survey isn't conducted on the first call.
- 2) Differentiate O (letter) from 0 (zero number) in the Vision ID (put a slash through the 0 to designate a zero) and if possible collect at least one other piece of information about the client (middle initial, age, suburb) in addition to their first and last name, to improve the ratio of callers that can be identified within the system and therefore improve the level of confidence in the results.

TABLE 1

COMPARISON OF THE NATURE OF OPTUM CALL AND MEDICAL CLAIM

RELATED CALL and CLAIM:

Case#	Days	Nature of OPTUM call	Nature of subsequent service
58	4	relational problem with husband	anxiety states
133	7	anxiety and depressive orders, family	mental disorders
189	1	relationship concerns	depressive disorder
209	1	workplace concerns, physical health	injury & poison, factors influencing health status
212	1	parent/child conflict, depressive disorder	mental disorder, and diseases of digestive system
277	1	physical health, depressive disorder	major depressive disorder
290	0	relationship, depression problem	brief depressive reaction, headache
316	0	anxiety problem	anxiety states
330	0	anxiety problem	anxiety states
520	2	anxiety disorder, adjustment disorder	migraine/ convulsions/ neurotic disorder
526	1	family, child concerns	neurotic depression
541	3	provisional, anxiety disorder	neurotic disorder, routine general medical exam
598	3	divorce, adjustment	marital problems
614	0	depressive disorder, substance abuse	major depressive disorder, onychia of finger
643	2	depressive disorder, anxiety disorder	major depressive disorder
697	5	marital relationship	v :factors influencing health status
763	0	family, parent child conflict, depressive disorder	gastritis & duodenitis/depressive disorder/malaise, fatigue
845	2	grief and loss problem	factors influencing health status
1000	0	anxiety disorder, grief and loss	anxiety states, other ill-defined causes of morbidity
1018	1	depressive disorder, physical health	diabetes mellitus
1354	6	depressive disorder, bipolar disorder	manic disorder

UNRELATED CALL and CLAIM

Case#	Days	Nature of OPTUM call	Nature of subsequent service
1224	7	conduct disorder	palpitations
68	5	parent child conflict, stress management	disorders of external ear
293	3	depression problem, workplace stress	abdominal pains, sprains/strains of sacroiliac region
558	0	possible mental health issues	sprains and strains of knee and leg
588	0	diabetes, benefits	open wound of eyeball
734	7	relationship-significant other	diseases of respiratory system
781	0	client wanted counselor for husband	multiple sclerosis
807	1	financial concerns, depressive disorders	diseases of nervous system & sense organs & ill-defined condition
911	2	job stress, alcohol abuse	acute upper respiratory infections
1254	5	divorce	vaginitis
593	4	job stress	mental disorders
737	1	relationship concerns, significant other	mental disorders
777	0	cancer	v: factors influencing health status & ill-defined conditions
877	0	relational, anger outbursts	nonallopathic
1164	5	child concerns, family	mental disorders