



## How a clinical triage service helped reduce physician burnout and nearly \$6 million in unnecessary medical spend

Integrated health care systems face many challenges in today's rapidly changing health care environment. Two of the most vexing challenges include:

- Higher costs driven by care delivered in high-cost settings when a lower cost setting is more appropriate
- Recruiting and retaining physicians burned out by long hours on the job

This paper explores how Optum® Patient Help Line, a clinical triage service, enabled a large northeastern health system to reduce unnecessary medical spend by nearly \$6 million and improve physician satisfaction. We analyzed 100 physicians who are employed by the health system and who practice as part of a risk-bearing, accountable care organization (ACO) affiliated with the health system.

### Physician burnout

At the same time, health systems struggle with managing physician burnout. According to a recent national survey of physicians, 44% report feeling burned out. Among physicians practicing family and internal medicine, nearly half report feeling burned out. A leading cause of burnout is "spending too many hours at work," according to the study.<sup>1</sup>

An estimated \$4.6 billion in costs related to physician turnover and a reduction in clinical hours are attributable to burnout each year in the U.S.<sup>2</sup>

Health systems leveraging Optum Patient Help Line have seen success in guiding their patients to seek care at the level that is most suitable for their health care needs. They also help address burnout by minimizing physicians' on-call responsibilities.



**An estimated \$4.6 billion in costs related to physician turnover**

## Patient Help Line

Patient Help Line from Optum is a private-labeled, telephonic triage service available to patients for their clinical and non-clinical needs on a round-the-clock basis. It is powered by OptumIQ™ and Optum® Care Coordination Platform. OptumIQ leverages advanced machine learning to collect and analyze multiple data points across populations. The Optum Care Coordination Platform is a powerful customer relationship management platform with electronic medical records integration capabilities. Patient Help Line is staffed by a dedicated team of registered nurses and call agents with real-time access to callers' electronic medical records.

The service is designed as a single point of contact for patients and can be customized to accommodate the preferences of the provider group. During normal business hours, Patient Help Line may handle calls regarding appointments, prescription refills and other non-clinical needs, while routing clinical calls to physicians' offices.

When the practice is closed — after hours, weekends and holidays — both clinical and non-clinical calls are routed to Optum nurses. While most clinical calls are handled by the nurses, they can connect callers with the on-call physician to address complex medical conditions or issues.

## Evidence-based protocols

Based on the caller's symptoms and guided by a comprehensive set of evidence-based medicine protocols, the nurse may confirm the caller's original intent, or recommend a different level of care. For example, suppose a caller wanted to go to a nearby urgent care clinic for his sprained ankle. Upon further discussion, the nurse learned that the swelling was minimal and that he was able to put some weight on the foot. So, the nurse suggested an alternative — icing his ankle every 20 minutes at home while elevating his leg. The nurse also recommended that he follow up with his primary care doctor. Accessing the patient portal, the nurse then scheduled the appointment with the doctor.

## Recurring on-call obligation

The northeastern health system is composed of nationally ranked clinics and hospitals and more than 4,000 physicians. Prior to implementing Patient Help Line, it used a traditional answering service in which clinical calls were routinely referred to the handful of physicians on call on any given night or weekend throughout the year. In acute situations when the on-call physician was not immediately available, the service would direct callers to contact 911 or proceed to the nearest emergency department. Typically, each physician fielded several patient calls while on call each night. This staff-intensive on-call model created a significant expense for the health system and a burden for the on-call physicians.

## Competitive threat

Located in a highly competitive market with several integrated health systems, hospitals and provider groups, the health system had trouble recruiting, hiring and retaining family medicine and internal medicine physicians. Their competitors didn't require their physicians to be on call nights or weekends.



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## 80% call reduction

In partnering with Optum to implement Patient Help Line, the health system sought to:

- Reduce on-call duties, thereby improving their physician satisfaction and retention rates
- Improve patient satisfaction and lower the cost of care by directing them to more appropriate levels of care

While retaining its existing answering service during normal business hours, the health system added Patient Help Line to handle all patient calls when the clinics were closed. Over the course of a year, Patient Help Line's ability to address patients' clinical calls resulted in an 80% decline in calls escalated to on-call physicians.

With only 20% of after-hour calls being escalated to the on-call physician, the health system centralized and reduced the schedule so that just one physician per night was on call across all its clinics, resulting in improved overall physician satisfaction. And, with far fewer physicians required to be on call, the health system also achieved significant cost savings.

## Appropriate level of care

To determine cost savings generated by Patient Help Line, patient calls were analyzed as follows:

- Identify the caller's intention at the beginning of the call (for example, to go to the emergency department or urgent care clinic).
- Compare that intention to the nurse's recommended level of care.
- Review claims to identify the actual services used by the patient following the call.

The nurses' recommendations to callers fell into three categories:

- Confirm caller's intended course of action.
- Advise caller to seek less immediate and intensive level of care than originally intended.
- Encourage caller to seek a higher level of care when they underestimated the severity of their condition.

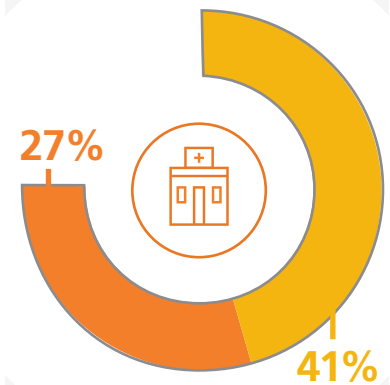
## \$5.7 million savings

The net savings derived from directing callers the study analyzed to appropriate levels of care totaled \$403 per call. Across the entire population served by the health system, the total savings was an estimated \$5.7 million by eliminating unnecessary medical spend.

## Additional benefits

- The health system saved an estimated \$1 million in recruiting and hiring expenses due to a reduction in primary care physician turnover.
- Physicians reported increased pride in working at the health system and satisfaction with their jobs.
- Among patients whose physicians practiced in the health system, those who used Patient Help Line were three times more likely to remain with their doctor than those who didn't use the service.

More than two-thirds (68%) of the nurses' care recommendations were different than the caller's initial intent.



In 41% of those calls, the nurses suggested a lower level of care (for example, to go to an urgent care clinic, make an appointment to see a doctor or apply self-care when the caller intended to go to the emergency department).

In 27% of those calls, patients were directed to a higher level of care by the nurse.

Nearly half of the calls in which the patient expressed an intent to visit the emergency department were more appropriately directed by the nurses to a lower level of care.



## One patient's experience

A woman in dire need of insulin at midnight discovered her insulin pen was malfunctioning. Desperate, she called her primary care doctor's office that uses Patient Help Line's after-hour service. The nurse reviewed the patient's chart, saw that her prescription was up to date, tracked down a nearby pharmacy and called the pharmacy for a new pen, which the patient then picked up.

### Results:

- The patient avoided the hassle and expense of a long wait in the emergency department for an unnecessary visit.
- The patient's physician avoided an unnecessary call in the middle of the night.
- The health system benefited from increased patient trust and loyalty.
- The patient was highly satisfied by her experience.

## Conclusion

Patient Help Line helped the health system extend physicians' reach by providing on-demand patient access to clinical staff around the clock. It also directed patients to appropriate, cost-effective levels of care, reduced physicians' on-call burden and helped boost patient satisfaction, enabling the health system to increase share of wallet through higher patient retention.

Visit [optum.com](http://optum.com) to learn more about how Optum can implement Patient Help Line in your organization.

### Sources

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2. NCBI. Deciding to visit the emergency department for non-urgent conditions: A systematic review of the literature. [ncbi.nlm.nih.gov/pmc/articles/PMC4156292/](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC4156292/). January, 2013. Accessed September 13, 2019.



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