

Wellness Assessment Dashboard

Q1. How often is the Wellness Assessment Dashboard updated?

A1. The Wellness Assessment data is updated nightly, Sunday through Thursday nights. Wellness Assessments are typically available on the Wellness Assessment Dashboard within 24-48 hours of being submitted. The clinician effectiveness scores are updated annually.

Q2. Why can't I find some Wellness Assessments I submitted in the Wellness Assessment Dashboard?

A2. Wellness Assessments are typically available on the Wellness Assessment Dashboard within 24-48 hours of submission. If we encounter problems processing a Wellness Assessment, there may be a delay before the Wellness Assessment becomes available. Wellness Assessments may not appear on the Wellness Assessment Dashboard for a number of reasons, including:

- Poor fax quality or illegible handwriting prevents processing. When we can identify the sender, we return these for remediation and resubmission. We recommend use of the pre-populated Wellness Assessment form to avoid this problem. Pre-populated (demographic information already entered) Wellness Assessments are sent to you upon receipt of the baseline Wellness Assessment, and you can create pre-populated forms at providerexpress.com.
- Incomplete Wellness Assessments cannot be scored. This includes submissions with incomplete answers and those submitted with demographic information only (due to member refusal to complete).
- Some groups are managed by dedicated Optum care advocacy teams, and their data is not included in the Wellness Assessment Dashboard. While there are relatively few such groups, a clinician whose practice includes many members from one of these plans may be affected.
- The member is either a UnitedHealth Group employee or dependent.
- The Wellness Assessment Dashboard has a display limit of 500 members. In 2015, this limit will be modified, but until then, higher volume practice groups may encounter this limit, which will inhibit their ability to see all their submitted Wellness Assessments.

Q3. How do I create pre-populated Wellness Assessment forms online?

A3. To print forms with clinician and client demographic information already entered, simply log into the secured transaction pages at providerexpress.com. After logging in, the pre-population option is available from the main menu.

Note: A clinician number will be pre-populated on the form. For the confidentiality of those clinicians whose Tax ID is their social security number, all clinician numbers presented on these Wellness Assessment forms are Optum assigned numbers.

Q4. What are the editable Wellness Assessment forms on providerexpress.com?

A4. These are posted on the providerexpress.com > Admin Resources > Forms page allowing users to tab through the fields including both the demographic and the questions sections prior to printing. It is also acceptable to fill in just the demographic section, print and then have your patient complete the questions by hand.

Q5. Why is there Wellness Assessment data on some of my patients when I did not administer the Wellness Assessment?

A5. Optum mails Wellness Assessments directly to members four months after onset of treatment. Responses to the four-month follow-up Wellness Assessments are also included in the Wellness Assessment Dashboard.

Q6. I would like to track my patients' progress more often. May I submit additional Wellness Assessments?

A6. Absolutely. We require a Wellness Assessment be submitted at the first session and again at the third, fourth, or fifth session in order to obtain a minimal measure of change. However, we encourage more frequent measures in order to better monitor our patient's progress in treatment.

Q7. May I submit Wellness Assessments for my non-Optum patients so that I can track them in the Wellness Assessment Dashboard as well as have their data contribute to my effectiveness score?

A7. We are not equipped to accept Wellness Assessments for non-Optum members. You are free to use the Wellness Assessment for non-Optum members, but do not submit them since doing so would violate patient's rights under HIPAA.

Q8. What do the charts on the clinician summaries represent?

A8. The charts on the clinician summary section on the Wellness Assessment Dashboard are provided to give you a perspective on how your patients' scores in aggregate have changed in the core domains as measured by the Wellness Assessments. Comparing the mean scores on the initial Wellness Assessments to the mean scores on the last Wellness Assessment submitted for each patient, shows the extent of change your patients have reported.

A reduction in scores indicates improvement. We provide the mean scores for the network to give you context. Please note, a key consideration in making a comparison is the number of episodes contributing to the mean scores. We display your results even if you have only one episode with two Wellness Assessments. As the number of episodes increase, the variability in your results should decrease and your results should stabilize.

Q9. How are patient Global Distress scores predicted?

A9. We use general linear regression models to predict a patient's Global Distress score. The models factor in the patient's baseline severity and impairment as reported on their initial Wellness Assessment, as well as additional factors such as their demographics and the amount of time since the initial Wellness Assessment was administered. The prediction is based on our large, national database of more than one million episodes.

Q10. How do I interpret the graph that compares my patient's Global Distress score to the predicted score?

A10. By comparing your patient's change in Global Distress to what has been predicted, you can track whether your patient's progress is following an expected trajectory of change. Within your patient population, there will naturally be some variation between your patients' actual scores and the predicted scores. Two things

are important to consider when viewing these graphs. First, you want to see that directionally, the patient's progress is concordant with the predicted rate of change. So, if the curve for the predicted scores shows that global distress scores should be declining, you want to see that same trend in your patient's global distress scores. Second, you want to consider the difference between your patients' scores and the predicted scores. Generally, if the difference between your patient's Global Distress score and the predicted score is within 6 points for adults and 3 points for youths, the rate of change is within expected limits.

Research indicates that it is especially important to revisit the treatment plan or strength of the therapeutic alliance when an individual is reporting significantly less change than expected. Adult Global Distress scores that are approximately 7 points higher than predicted or youth scores that are approximately 4 points higher indicate significantly less change than expected and should be of special concern.

Q11. How do I report incorrect information on my patient's Wellness Assessment(s)?

A11. If you believe that we have incorrect information, you may send an e-mail to our designated outpatient care advocate team at WellnessAssessmentDashboard@optum.com. We will research the issue, which may take up to 30 days to resolve. Please provide the member's name, date of birth and the date of the Wellness Assessment in question in your e-mail. As an additional privacy protection, please do not include a member's or subscriber's social security number and do not send more than one member's information at a time.

Q12. Is the clinical severity of my patients factored into my clinical effectiveness scores?

A12. Yes. Severity Adjusted Effect Size (SAES) is a modification of traditional effect size statistics that incorporates case-mix adjustment. Effect size statistics are a common method for measuring the effectiveness of treatment in health services research. However, traditional effect size statistics do not factor in variations within the patient populations. In the SAES methodology, however, we have employed regression models that control for your patients' baseline severity, impairment, and demographics as well as the time between the first and last Wellness Assessment measurement. For more information on the methodology, please see the Severity Adjusted Effect Size (SAES) Methodology paper, link is located in the Wellness Assessment Dashboard Reference Library.

Q13. Why aren't all my patients included in the calculation of clinical effectiveness?

A13. Patients whose baseline score was not in the clinical range are excluded from computation. In order for Severity Adjusted Effect Size (SAES) to be computed, you must have a minimum of 10 treatment episodes in the past 24 months for which the baseline Global Distress scores were at or above the clinical cut-off (i.e., a clinical sample). If you have more than 30 treatment episodes in the past 24 months with baseline scores in the clinical range, you will be evaluated on the most recent 30 cases. For clinicians who see fewer patients, extending the measurement period for up to 24 months maximizes their opportunity to meet the minimal sample size. However, for those clinicians with a more than sufficient sample, limiting the measurement to the most recent 30 treatment episodes allows optimal opportunity to show more recent change over time measurements, as historical cases are not included in the measurement.

The SAES computation is limited to clinical episodes for two primary reasons. First, the Global Distress scale, like many outcomes instruments, has a floor effect that prevents it from adequately measuring change for patients at the lower end of the severity spectrum. Since we do not have an adequate measure of change for these patients, we cannot apply the SAES methodology. The second reason for excluding these patients is to create a more homogeneous sample of patients for all clinicians whose

effectiveness will be evaluated. For more information on the methodology, please see the Severity Adjusted Effect Size (SAES) Methodology paper, link is located in the Wellness Assessment Dashboard Reference Library.

Q14. What can I do to improve my clinical effectiveness scores?

A14. There is compelling research to suggest that measuring and monitoring the strength of the therapeutic alliance is an important factor in treatment outcomes. We encourage you to make use of one or more of the many tools available to measure therapeutic alliance such as the 4-item Session Rating Scale (SRS) developed by Johnson, Miller, and Duncan. Another consideration is that the clinical effectiveness scores are a statistic that is influenced by the sample size; many clinicians' clinical effectiveness scores have too much variance due to relatively small sample sizes for us to designate them as an effective clinician with 90% confidence. The best way to address this is to consistently administer the Wellness Assessments to new Optum patients (including both at the initial session and again between sessions 3 and 5) so that your clinical sample of episodes can grow.

Q15. How often will the Certificate of Clinical Effectiveness be updated?

A15. Certificates of Clinical Effectiveness will be available annually when the SAES scores are updated.

Q16. What resources are available to help me use the Wellness Assessment Dashboard most effectively?

A16. Additional resources can be found in the following locations: the Wellness Assessment Dashboard Reference Library includes a training guide, research support, additional reading, scoring guideline and more, the dashboard also has a help button providing information about the data being displayed.

Q17. Who do I contact if I have additional questions about the Wellness Assessment Dashboard?

A17. You may send an e-mail to the dedicate outpatient care advocacy team at WellnessAssessmentDashboard@optum.com. Please e-mail questions and, if applicable, include the specific member's name and date of birth. Please follow HIPAA guidelines for electronic communication. Do not include a member's or subscriber's social security number or include multiple members' names in a single e-mail.