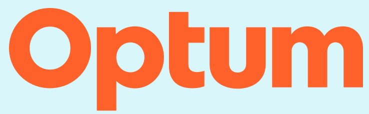


Achieving health equity: Actionable analytics unlock improved outcomes

With health equity, part of the challenge is deciding where to start. States have built programs for improving specific social determinants of health (SDOH). But without data-driven insights, it's tough to know how to prioritize and coordinate efforts.

By applying analytics solutions, states can create a comprehensive roadmap to better health equity. We see big opportunities for change with solutions that include integration, scalability and partnerships.

Rob Waters, with State Healthcare IT Connect sat down with **James Lukenbill**, PhD, Analytics Strategic Product Manager for Optum State Government Solutions and **Mylynn Tufte**, MBA, MSIM, RN Practice Lead, Population Health for Optum Advisory Services, to discuss achieving health equity: actionable analytics unlock improved outcomes.

By applying **analytics solutions**, states can create a comprehensive roadmap to **better health equity**.

Q: How should states be thinking about applying analytics to the challenge of improving health equity?

Tufte: The pandemic forced us to take a more holistic approach to health equity. It's also focused attention on the public health infrastructure, IT and data modernization crisis facing state public health departments.

Harnessing the power of integrated data sets across agencies, working with their federal, state, local and tribal partners will make a difference. It can help drive efficiencies that are difficult for one entity to achieve by themselves. Advanced analytics can help states improve access, better manage utilization of resources, and realize better health and quality outcomes for their population.

Lukenbill: Analytics don't just point out problems. They let states identify their greatest opportunities for leveling the playing field. With the right insights, states can choose how to dedicate resources. They can plan budgets and plot interventions.

"The pandemic forced us to take a more holistic approach to health equity."

– Mylynn Tuft, Practice Lead, Population Health for Optum Advisory Services

Q: How can states realize the full potential of analytics to affect health equity?

Tufte: First, they need good quality data and then they need a lot of it. When I ran the North Dakota Department of Health, we had access to multiple data sets, but few of them talked to each other. I didn't have access to the breadth of data that a partner like Optum would have. The ability to apply a data-driven approach across multiple data sets from transportation, housing, or from Medicaid would allow for more targeted interventions to address health disparities. When you can get large data sets together, that's when you can make a difference in achieving health equity. You can design and deploy programs best suited to your population and increase feedback.

Lukenbill: Collaboration is also essential, for example, in public-private partnerships. With support, states can build on the SDOH work they've already done and expand it. Partnerships tie to data access too. They allow for data exchange, which increases the amount of accessible data. The more data, the more we know about a population, and the more likely programs will be designed to match needs.

Q: The pandemic highlighted long-standing inequities and their effect on health outcomes. What lessons were learned?

Lukenbill: States showed what's possible in terms of improving equity and access to care, especially with data tools. States moved quickly to improve data exchange, cloud infrastructure, analytics and reporting to support underserved communities. For instance, some put in place vaccine dashboards capable of combining measures of SDOH. The dashboards found areas where people lacked transportation. Then leaders put vaccination centers in those communities.

Tufte: Speed and scalability are important too. One state – facing an issue that caused a backlog of lab reports that threatened to delay COVID-19 tracking – turned to Optum for help. In less than a month, the state and Optum deployed a solution that delivered reliable data and near real-time processing, increased processing capability and created a repeatable process ready for expansion.

Q: How can states build on these learnings?

Lukenbill: One approach is to consider Analytics as a Service. For example, Optum® Analytics as a Service – with SDOH and health equity models contained within it – can help public health officials and state Medicaid officials identify areas of greatest need. The speed to deploy such a service can accelerate time to insight.

Tufte: States can also look for new styles of collaboration. I'm really excited about the Optum Center for Health Equity. It's a physical space anchored in Washington, DC. It's a convener and a central hub, bringing together payers, providers, public health and academic centers to work on integrated, data-driven health equity solutions.

Q: What tools and capabilities can states expect to receive with an Analytics as a Service solution?

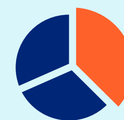
Tufte: Sophisticated analysis tools and a risk score model should be part of any Analytics as a Service solution. Then states can determine which populations are most likely to engage. States and other organizations with limited resources can benefit from knowing how to get the most out of their outreach efforts.

Lukenbill: With Optum, states can choose from eight different models covering issues like financial security, housing and social isolation. States can dig into the best interventions based on location, economics and education. We deliver regular reports, training, consulting services and more, all to make the insights as actionable as possible.

Q: How does Optum work with the Center for Health Equity and clients to deliver findings and strategic support?

Lukenbill: Optum provides the technical expertise to process data, secure systems and produce reports. The consulting services delivered by Mylynn and her team of experts at the Center for Health Equity can assist clients in realizing the benefits from their investment.

Tufte: We go from start to finish within the center, from ideation and understanding their data to strategy, all the way to implementation and monitoring. We walk alongside our partners and co-design programs, which we then help them implement. We share all the data that's developed or measured throughout the process.



"Analytics don't just point out problems. They let states identify their greatest opportunities for leveling the playing field."

– James Lukenbill, Analytics Strategic Product Manager, Optum State Government Solutions

Q: What becomes possible when states take advantage of everything that Analytics as a Service and the Center for Health Equity have to offer?

Tufte: Tighter integration of data and focused partnerships give states the tools they need to tackle tough issues around health equity. By bringing together expertise in public health, government, strategy, technology and analytics, our clients can get to the meat of the problem and address it in an all-inclusive way.

Lukenbill: Having clean, conformed SDOH data allows states to act instead of worrying about processing data and making reports. The Center for Health Equity and Optum Analytics as a Service are out-of-the-box solutions that can make a difference right away.

Mylynn Tufte, MBA, MSIM, RN

Practice Lead,
Population Health Optum Advisory Services

With more than 25 years' experience in health care, Mylynn helps organizations develop and implement solutions that improve health equity and social determinants of health. A former ICU nurse, she now leads the Optum Center for Health Equity. She is also a national speaker and instructor on population health policy and leadership. As the State Health Officer for North Dakota, she led the state department of health during the initial phase of the COVID-19 pandemic.

James Lukenbill, PhD

Analytics Strategic Product Manager,
Optum State Government Solutions

James has a unique combination of project management, business development and analytics skills. He has 15 years of experience in information technology, data warehouse and project and program management, principally with Medicaid. James holds a PhD. in quantitative methods and started his career by applying complex mathematical models to detecting fraud and abuse in Medicaid.

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