Most Effective Way to Close Risk Adjustment Gaps at Point of Care

Presented By:

Dominic Henriques, *Chief Development Officer* – **Prominence Health Plan**

Akash Patel, *CEO* – **Advantmed**

RISE

THE RISE ASSOCIATION

We are a network of health care professionals addressing the challenges posed by the emerging landscape of value-based care and government health care reform.

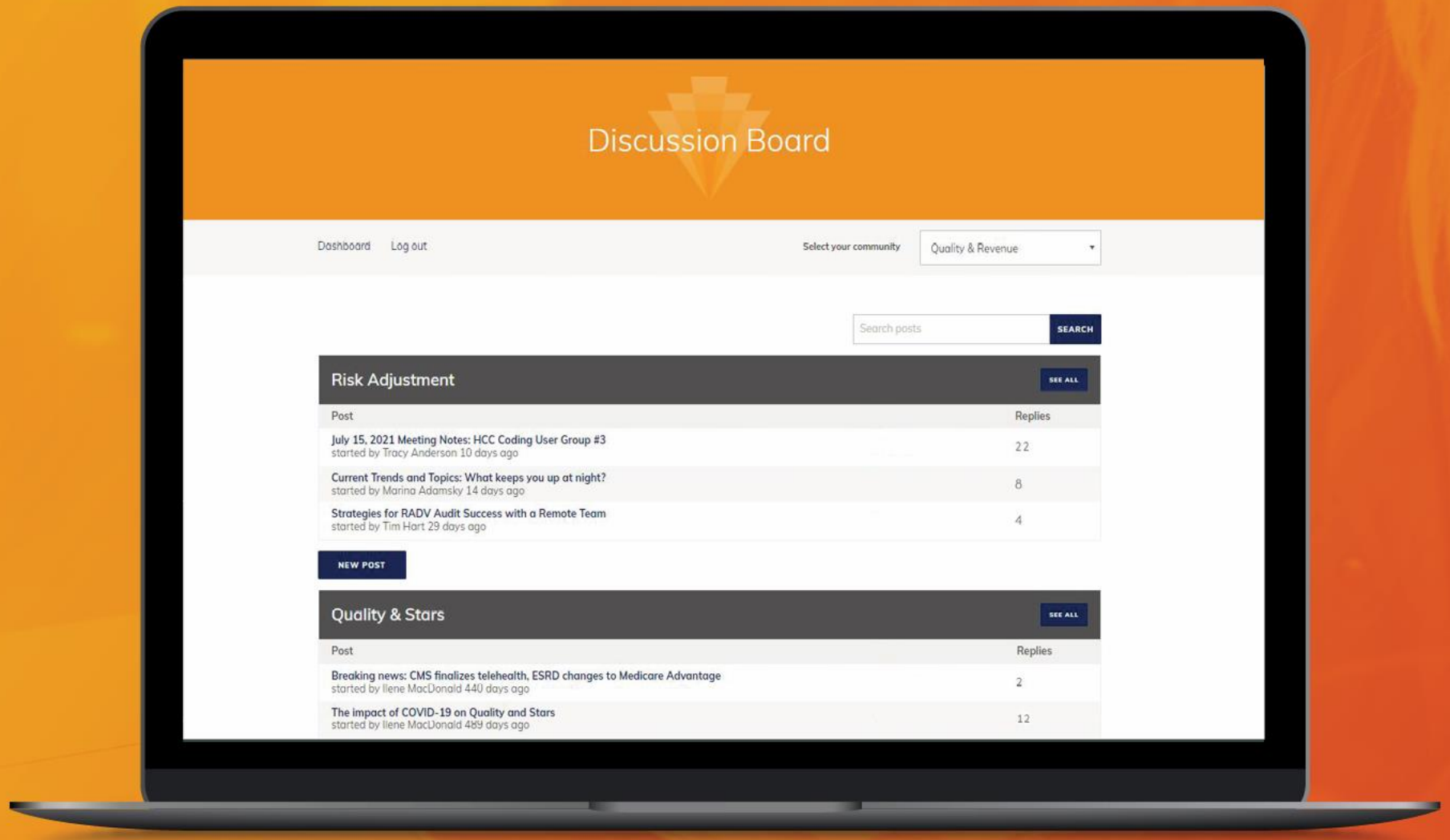
OUR MISSION

Our mission is to provide a community for like-minded professionals to come together for networking, education, and industry collaboration to stay ahead and advance their careers.

ONE ASSOCIATION

THREE COMMUNITIES

LEARN MORE AT THE RISEHEALTH.ORG/MEMBERSHIP



ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD

Problem Statement:

- Providers do not engage in my prospective care gap program.
- My prospective program does not generate the value I expected.
- The care gaps displayed to my providers are not accurate.
- The care gaps displayed to my providers are not considered valuable.

Factors for Success:

Accuracy of Information

- False positives, false negatives
- Freshness of data

Accessibility of Information

- Inserting into an organic clinical workflow is key

Ease of Acting on Information

- Supporting information/rationale
- User-friendly interface/format

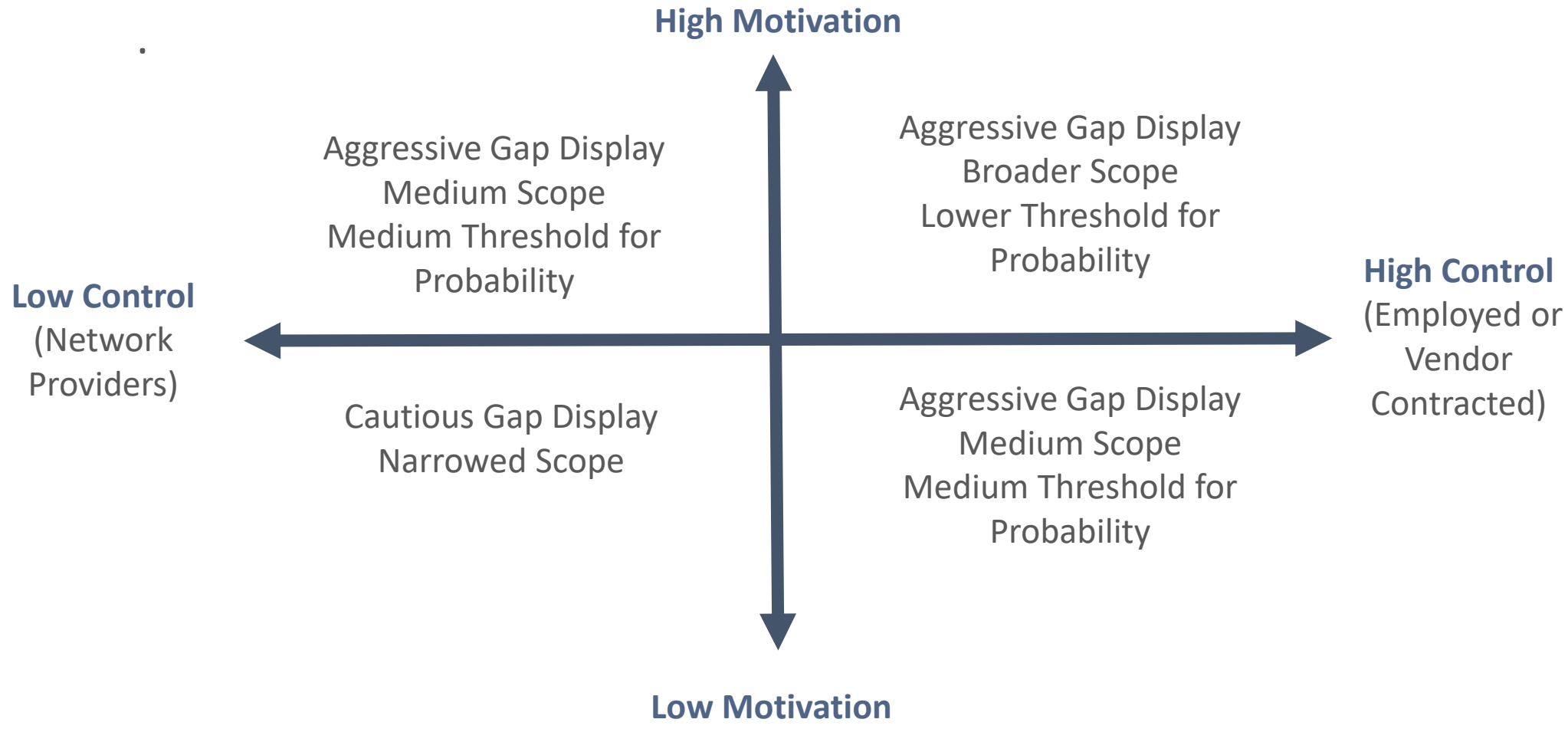
Transparency

- Full accounting for past work
- Clear visibility into status, outcomes, and impact

Underlying Considerations for POC Gap Programs

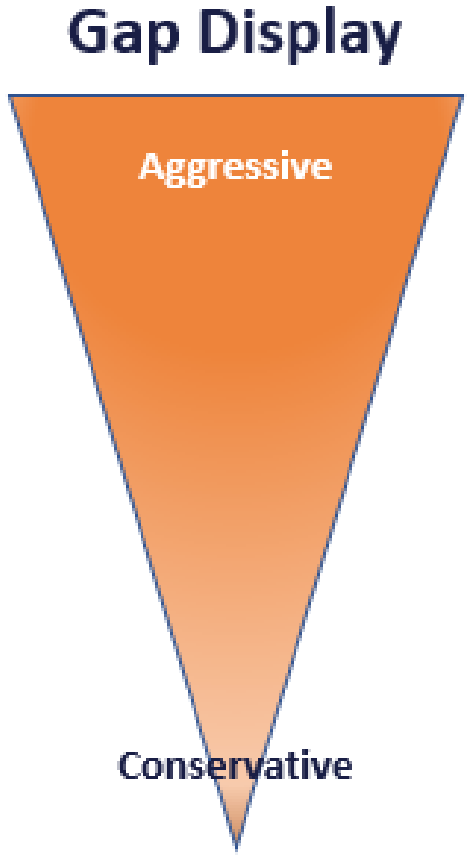
- Know your audience/consumers
  - Is your program staff or provider-facing?
  - What is your audience's savviness in documentation/quality?
- Anticipate the WIFM question – "What's in it for me?"
  - Is there contractual motivation to care (e.g., reimbursement, employment status)?
  - Does the individual doing the work directly or indirectly benefit?
  - Ultimately, is there incentive alignment from top to bottom?

Considerations – Motivations and Control



Throttling by Audience

- Consideration for audience/user base may support a dynamic gap display approach
- Generate confidence, hone the work, and reduce false positives with more sensitive audience groups
- Pursue more aggressive, lower confidence level opportunities in a more tolerant audience
- Incorporate feedback and adjust as needed



Contemplating “Gap Closure”

Hard Closure

- ICD-10 acceptance on a MAO-004 file
- HEDIS engine numerator compliance

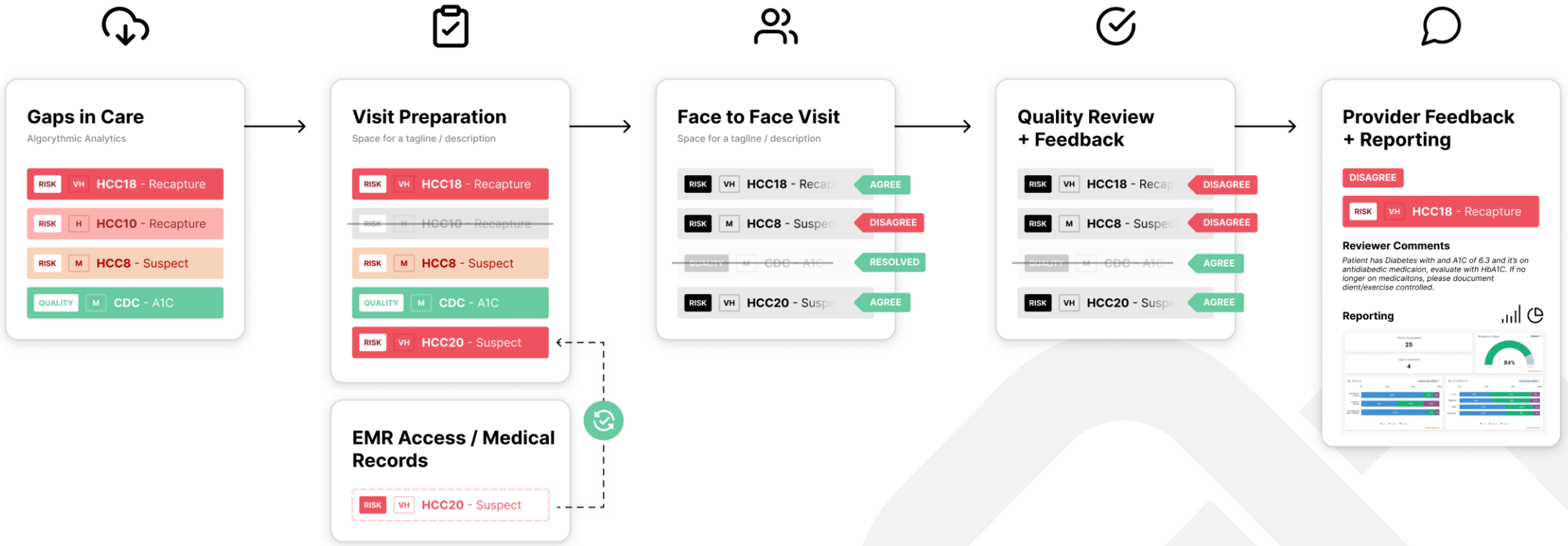
Soft Closure

- Actions taken in system
- Pre-claim
- Other meta-data

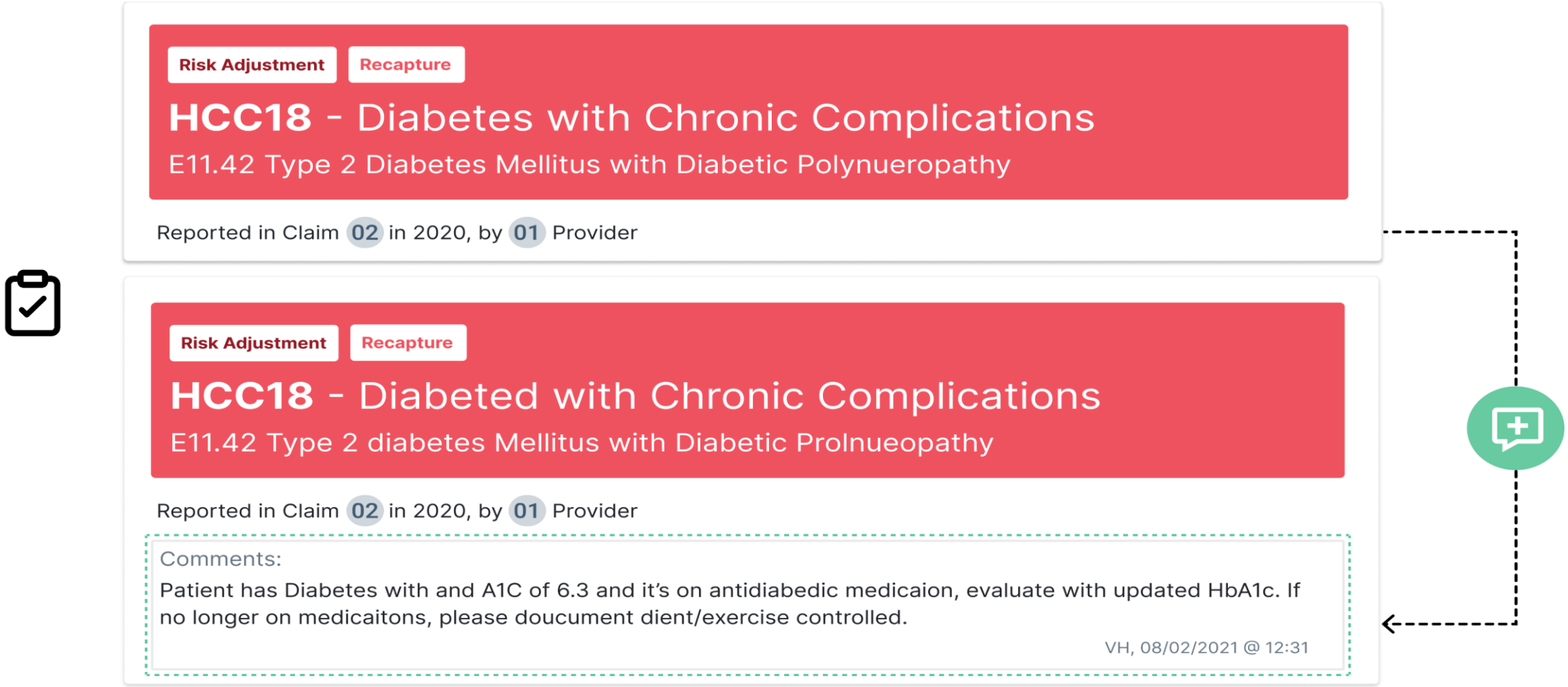
Improving Gap Closure @ the Point of Care

- Providers/NPs
  - Staff
  - Network
  - In-home/telehealth vendors
- Goal
  - Make it easier for providers to close gaps
  - Ensure appropriate documentation and support
  - Feedback/provider education
  - Account for every gap and report

Workflow


Gaps in Care
Algorythmic Analytics
RISK VH HCC18 - Recapture
RISK H HCC10 - Recapture
RISK M HCC8 - Suspect
QUALITY M CDC - A1C
Visit Preparation
Space for a tagline / description
RISK VH HCC18 - Recapture
RISK M HCC8 - Suspect
QUALITY M CDC - A1C
RISK VH HCC20 - Suspect
EMR Access / Medical Records
RISK VH HCC20 - Suspect
Face to Face Visit
Space for a tagline / description
RISK VH HCC18 - Recap AGREE
RISK M HCC8 - Suspec DISAGREE
QUALITY M CDC - A1C RESOLVED
RISK VH HCC20 - Suspe AGREE
Quality Review + Feedback
RISK VH HCC18 - Recap DISAGREE
RISK M HCC8 - Suspec DISAGREE
QUALITY M CDC - A1C AGREE
RISK VH HCC20 - Suspe AGREE
Provider Feedback + Reporting
DISAGREE
RISK VH HCC18 - Recapture
Reviewer Comments
Patient has Diabetes with and A1C of 6.3 and it's on antidiabedic medicaion, evaluate with HbA1C. If no longer on medicaitons, please doucument dient/exercise controlled.
Reporting
25
4
84%

Visit Preparation: Detailed Explanation



Visit Preparation: Removing False Positives

~~RISK~~ ~~Suspect~~

~~HCC78 - Parkinsons~~

~~G20 Idiopathic Parkinsonism~~

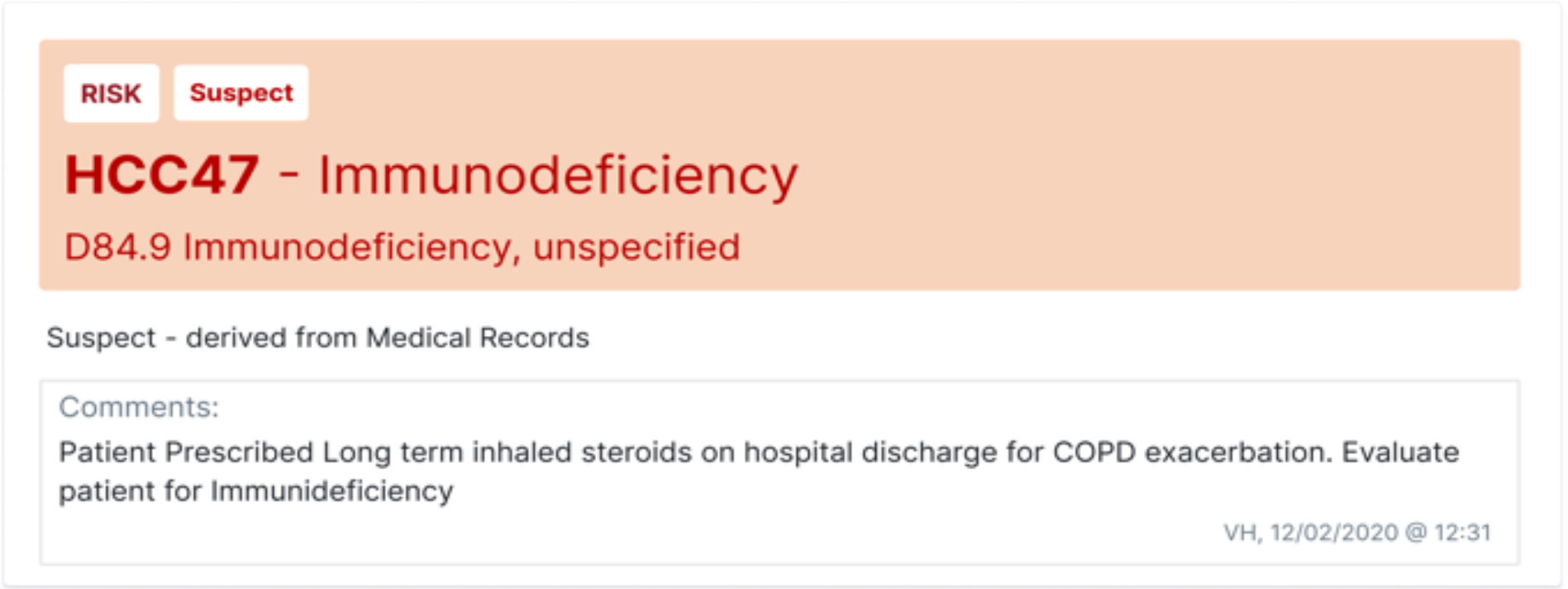
Suspect derived from medication: Requip

Comments:

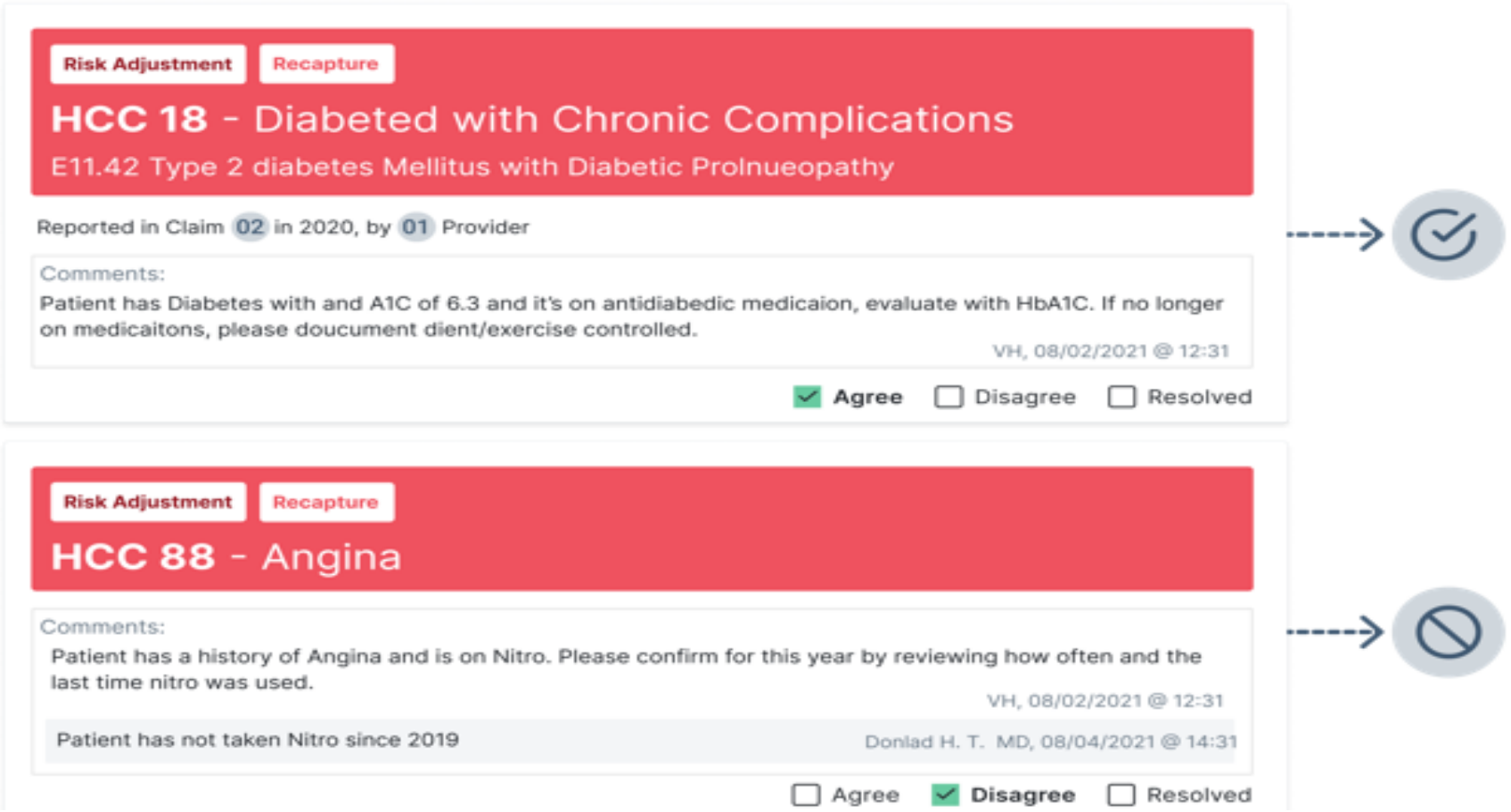
Removing HCC - 78 as false positive. Requip is indicated for RLS not Parkinsons as this medication does have FDA approvals for both conditions.)

VH, 08/02/2021 @ 12:31

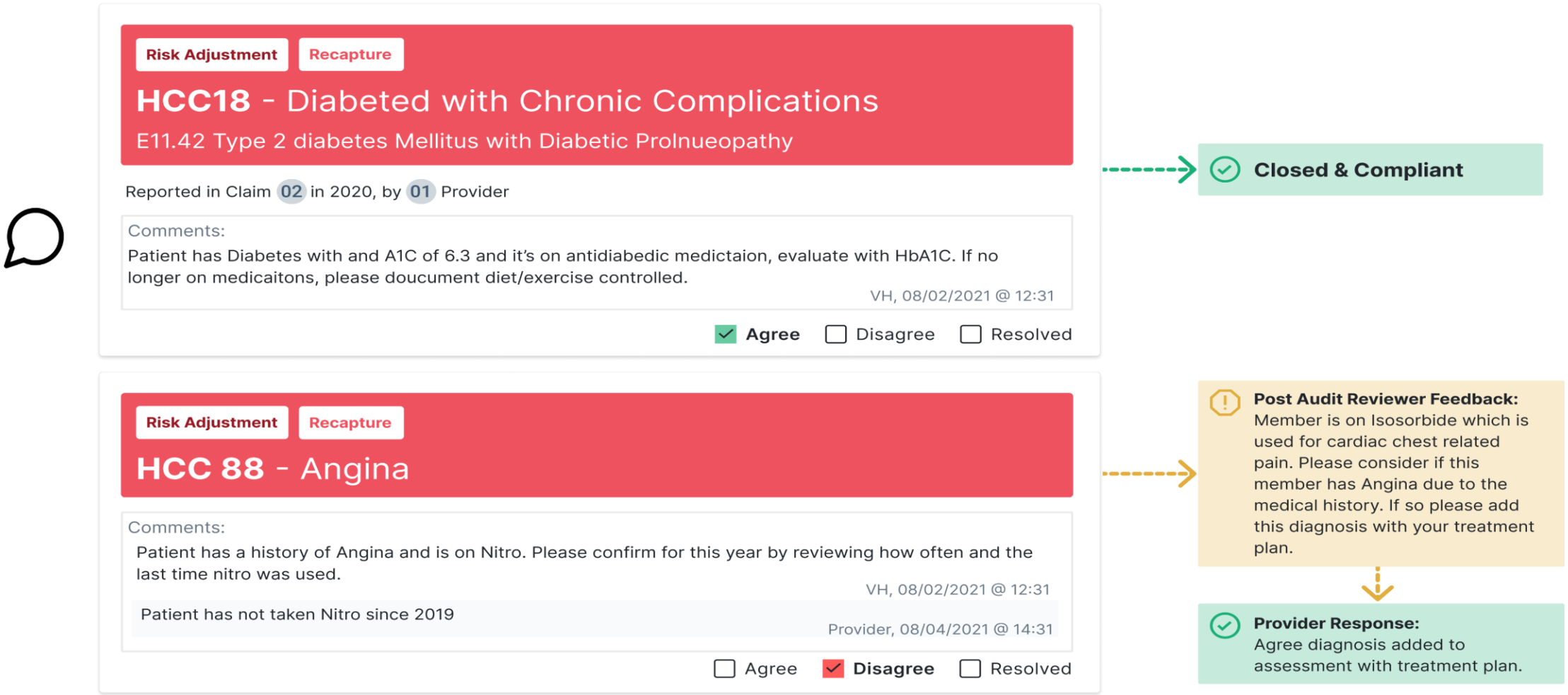
Visit Preparation: New Gaps from EMR



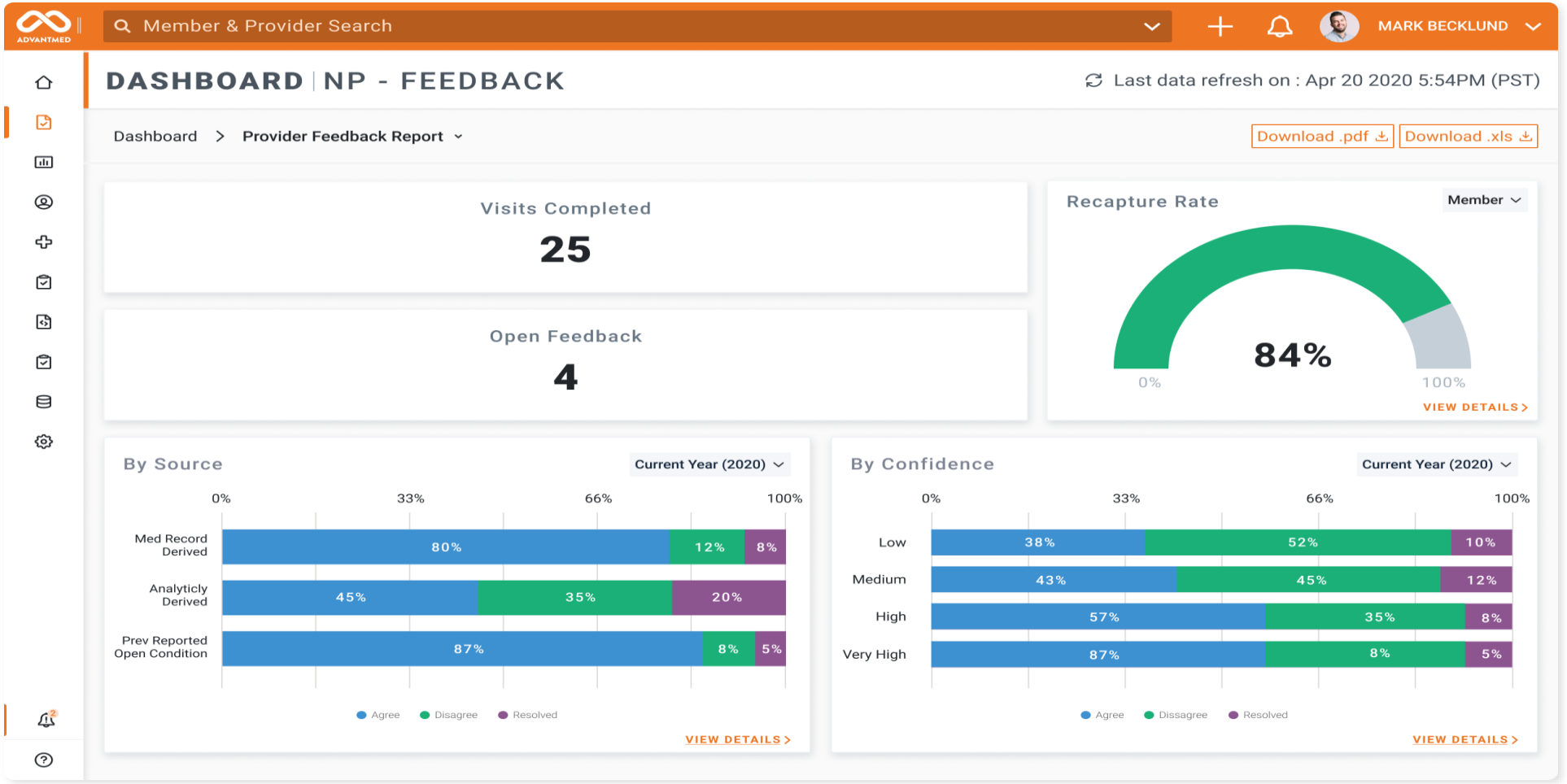
Face-to-Face Visit



Quality Review



Measure and Report



QUESTIONS?

THANK YOU