Utilizing Technology to Optimize Risk Adjustment Workflow

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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

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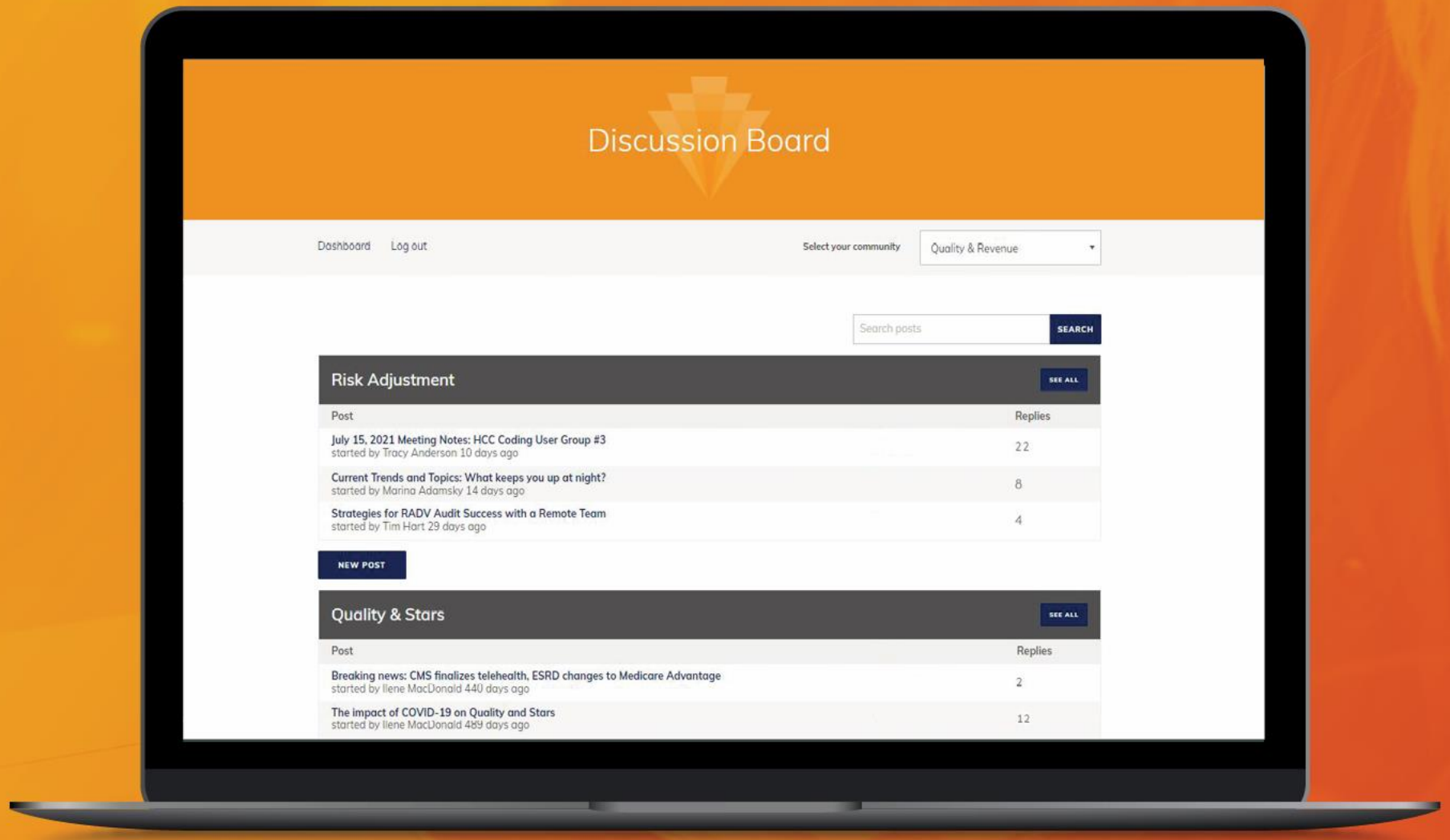
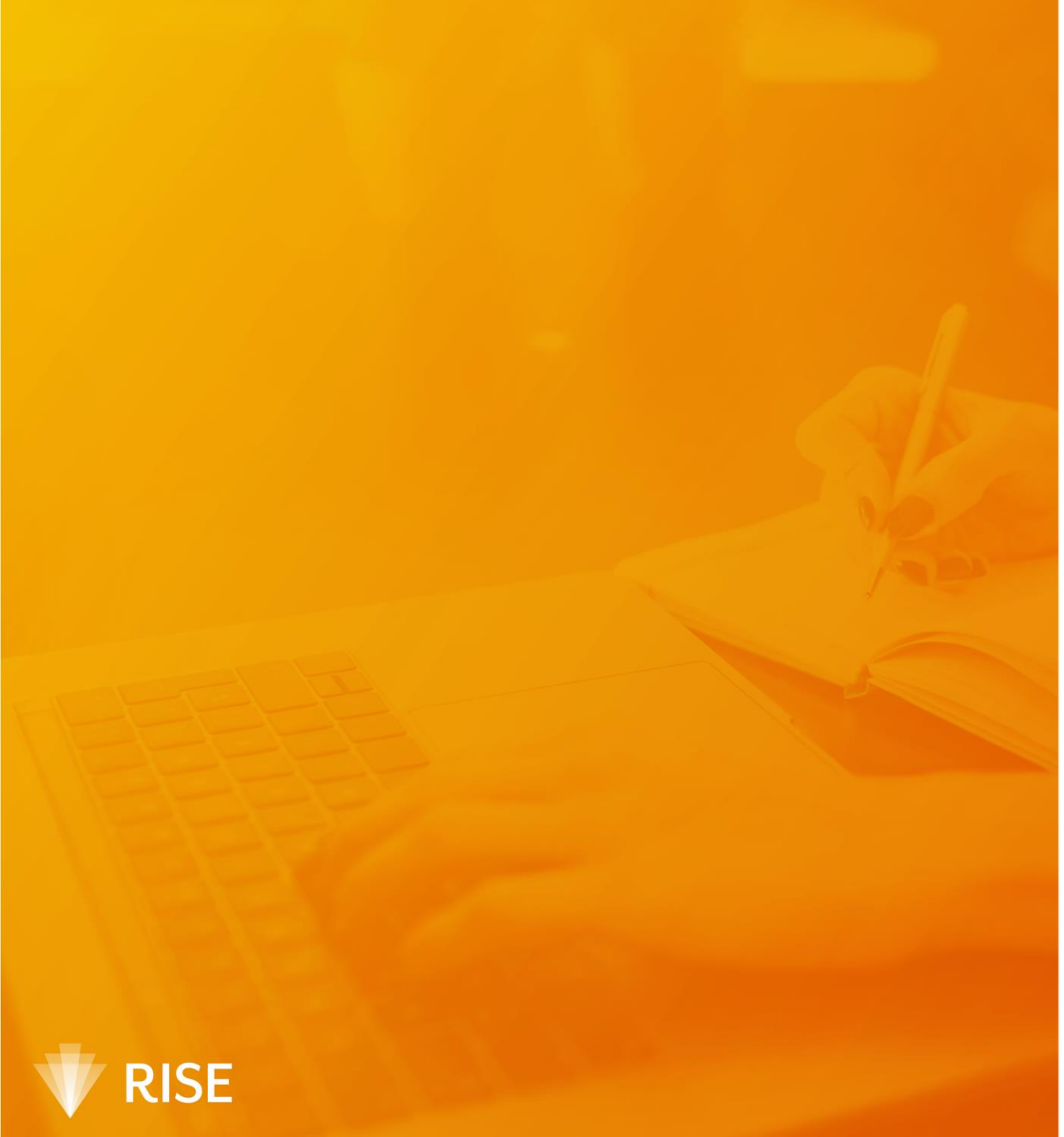


ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD



Agenda

- Risk Adjustment Workflow
  - What is your current state of your risk adjustment operations?
  - Buy vs Build
  - What about NLP?
  - Transition to Prospective

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Poll 1: Is your risk adjustment process efficient?

- Needs improvement
- Meets requirements
- Excels- best in class.

What is the current state of your risk adjustment operations?

Buy vs Build

Poll 2: Do you utilize NLP today?

- Yes
- No
- What’s NLP?

Natural Language Processing

Pt: [redacted]
DOS: [redacted]
[redacted]

CC: The pt is here today for f/up. He had recent lab work done, which revealed a fasting blood sugar of 133, hemoglobin A1c 6.5, creatinine 1.43, cholesterol 147 & urine microalbumin to creatinine ratio 54. The pt says he is having nocturia. He is on tamsulosin 0.4 mg 2 po qhs.

PMH, SH, FH, C MEDS, ALLERGIES: See updated medical record.

ROS: Normal hearing & eyesight. No shortness of breath, chest pain, nausea, vomiting, diarrhea, abdominal pain, dysuria, muscle weakness or sensory complaints.

PHYS EXAM:
VITAL SIGNS: WT 229. HT 74". BP 140/78. P 54. T 96.7. BMI: 30.
GENERAL: This is a pleasant white male, alert, oriented x 3 & in no acute distress.
HEENT: Unremarkable
NECK: Supple w/o JVD, bruit or masses.
LUNG: Clear
HRT: Regular rate & rhythm w/o murmur, gallop or rub.
ABD: Benign
NEURO: Intact

ASSMNT:
1. Diabetes mellitus w/ other specified complication.
2. Type 2 diabetes mellitus w/ diabetic polyneuropathy.
3. Interstitial pulmonary disease, unspecified.
4. Hypertension
5. Hyperlipidemia
6. Elevated creatinine
7. BPH

PLAN:
1. Refer the pt to urology.
2. Stool for occult blood.
3. The pt was referred for eye exam.
4. For elevated creatinine, we will do a bilateral renal u/s. Return in 3 mos time for f/up w/ lab work shortly prior.
5. For interstitial pulmonary disease, unspecified, we will monitor.
6. For type 2 diabetes mellitus w/ diabetic polyneuropathy, we will monitor as the pt is asymptomatic.
7. For hypertension, we will continue losartan 25 mg po qd
8. For hyperlipidemia, we will continue pravastatin 40 mg po qd.

[redacted]

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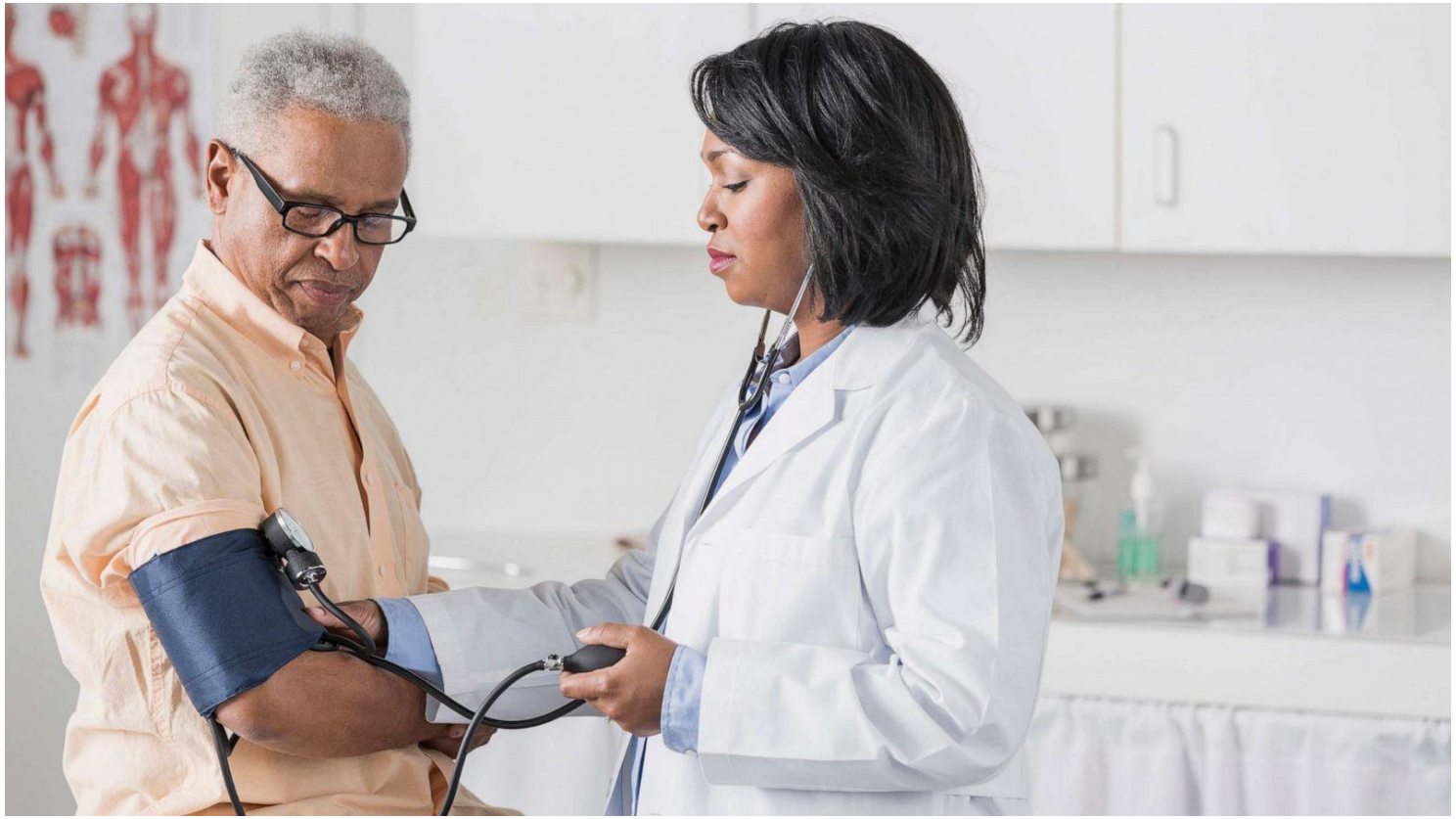
Poll 3: Do you leverage technology for your prospective programs?

- What's prospective?
- Very little
- Yes, large part of what we do

Prospective Risk Adjustment



Address Gaps at the Point of Care

Takeaways

- Process Improvement of current state vs future state
- Buy vs Build: Involving the right stakeholders.
- How do you maintain compliance while maximize value.
- How to integrate NLP.
- Including prospective in your risk adjustment operations.

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THANK YOU