

# Transitioning from Retrospective to Prospective Chart Reviews for Early Risk Identification

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12

ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD

# Agenda

- Risk Adjustment & Quality Vision
- Retrospective Pain Points
- Prospective Solution
- Q&A

# Risk Adjustment & Quality Vision

Simply stated:

“Achieve accurate risk and quality scores with minimal member, provider and payer abrasion.”



# Poll Question #1

Does your retrospective chart review process increase or decrease abrasion?

1. Increase
2. Decrease
3. Not sure
4. Don't do retrospective chart reviews

# Retrospective Chart Review Purpose



Gather member clinical records to search for Risk Adjustment & Quality information that are not included in existing data sets (e.g. claims, labs, etc.)



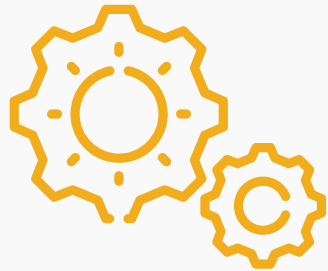


# Poll Question #2

What is your organization's chart review strategy?

1. Retrospective
2. Prospective
3. Both
4. Neither

# Retrospective Pain Points – Lost Opportunity



Waiting until the measurement period ends eliminates the ability to capture undocumented conditions

# Retrospective Pain Points - Cost



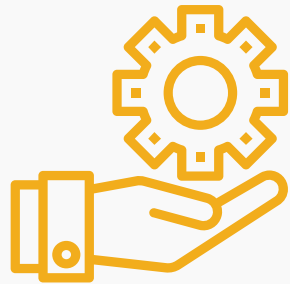
Charges per page can balloon with excessive chart size, even though additional pages may not add value

# Retrospective Pain Points - Quality



Poor copy quality increases costs and time spent without adding incremental value

# Retrospective Pain Points - Time



Office staff distracted from supporting clinical activities by having to assist with retrieval and copy process

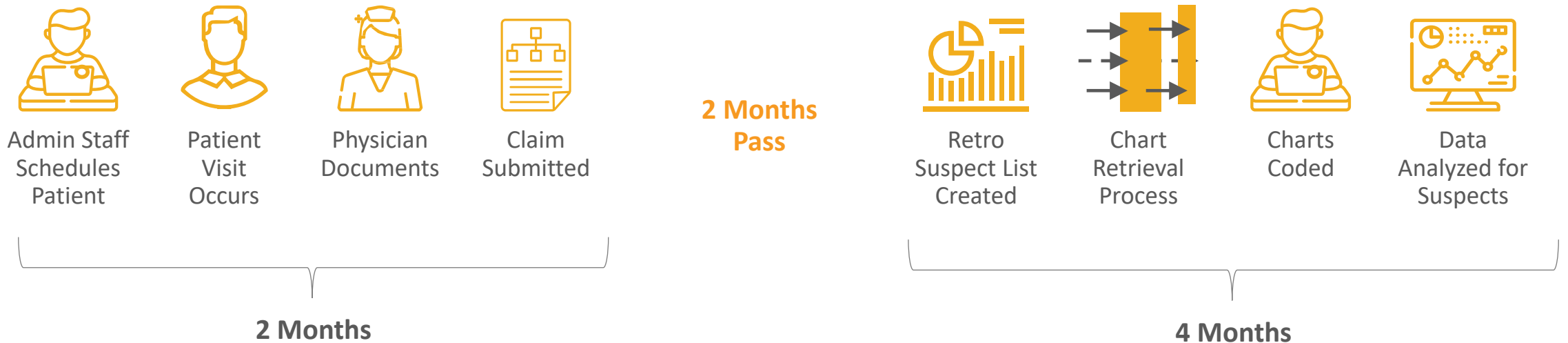
# Prospective Solutions - Overview



A prospective chart review process means retrieving and analyzing patient charts before a visit to ensure proper documentation of all relevant diagnosis codes

# Prospective Solutions - Overview

## Retrospective Process



**Unless you started before April, all you've done is identify missed opportunities in the current year and suspects for the next.**

# Prospective Solutions - Overview

## Prospective Process



**By putting chart review and analysis first, gap closure opportunities are accelerated into the current year**



# Prospective Solutions – Advantages

- Member and physician time are used much more efficiently
  - Gaps closed in the first exam instead of requiring a second visit
  - Ensures proper member stratification and focus
- Provides educational opportunities for physicians and coding staff that can be capitalized on in the current measurement period
- Aligns provider and payer incentives in the chart review process

# Prospective Solutions – Hurdles

One main hurdle remains:

When do you pull the charts?

# Prospective Solutions – Digital Transformation

- Retrieve charts ASAP after the DOS
- Archive all member charts anytime it is changed
- Bi-directional scan of new/updated charts with NLP
- All new codes added to suspect list and probability weighted
- Suspect lists refreshed and redistributed

# Prospective Solutions - Detail



**DIRECT  
BENEFITS**



Normalizes Data  
Across Different  
Platforms



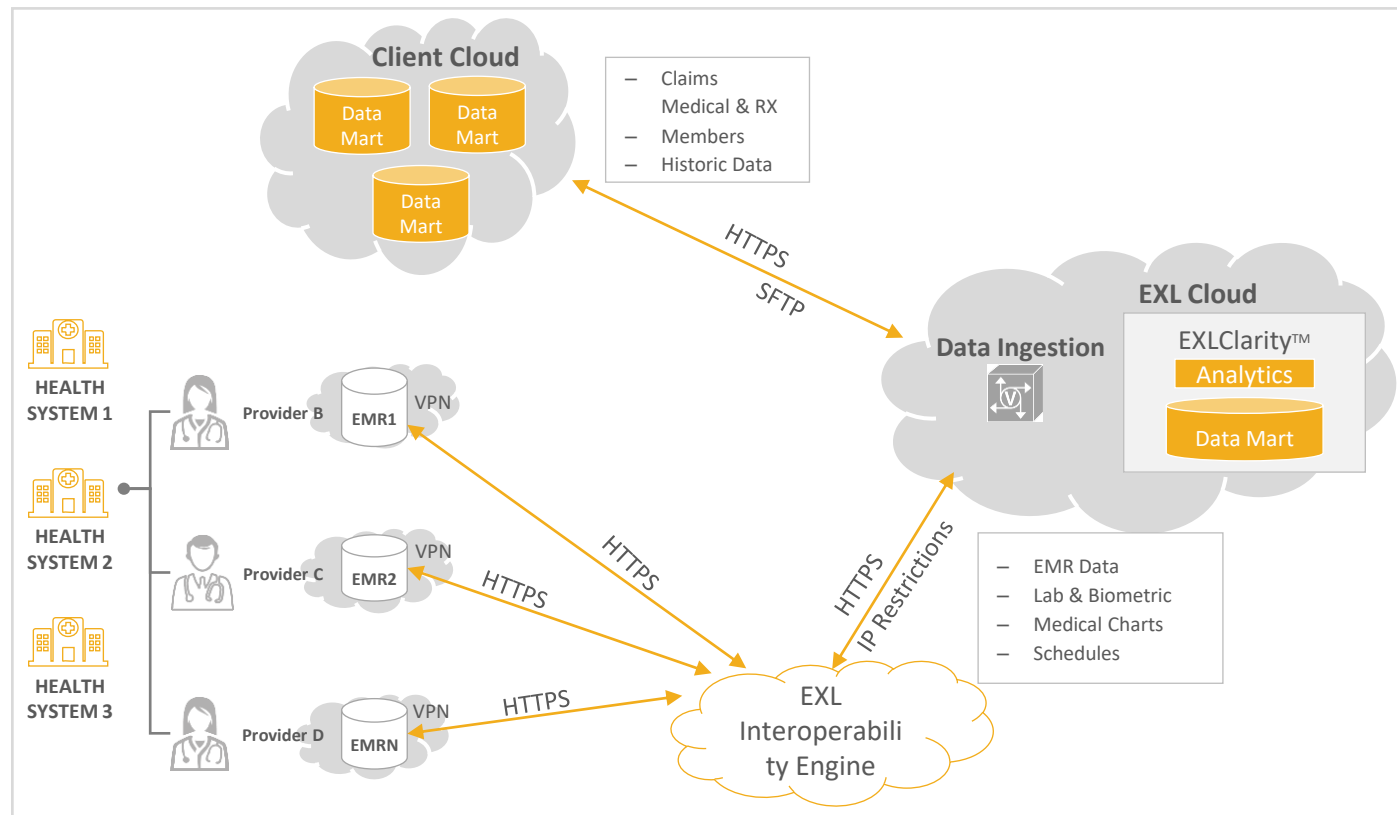
Eliminates  
Retrospective Chart  
Chases



100% RADV  
Validation



Early Intervention  
Improves Health  
Outcomes



- 1 Real-time chart retrieval eliminates the need for expensive chart chases
- 2 Near real-time quality & risk gap closure
- 3 Remove closed gaps, update suspects, new open gaps fed back into their care management ecosystem and/or provider outreach to support gap closure
- 4
  - Charts with newly captured HCCs sent for audit and archival
  - Unsupported HCCs sent to client for deletion
- 5 Members with new conditions sent to Case Management

# Prospective Solutions – Hurdles

## Transition timing

earlier in the year is better...but it's never too late

## Chase fatigue

without EMR integration, manual chart pulls may need to happen MORE frequently, increasing abrasion

## EMR connectivity

Provider organizations may not be willing to enable connectivity; connectivity also requires 3-6 weeks to establish

## Internal barriers

mindset shift required to make the transition; resistance from internal teams may also be a barrier

# Q&A



THANK YOU

