

Doing More with Digital Clinical Data:

How Health Plans add value from Chart Retrieval by using Structured Data

Presented By:

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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.

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THREE COMMUNITIES



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12

ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD

What You Will Hear About Today

- Why are PDFs “still king” today
- How Automation, Big Data, and AI Fit In – In the Future!
- The Benefits of Getting Data rather than PDFs Today!
- What is “Good” Data?

Introduction



- Adam Sinensky – Snr Director at Ciox, a Datavant Company
 - Focused on Digital Record Retrieval for Payer Organizations
 - 20 Year Career in Healthcare across Life Sciences, Provider and Payer
 - MBA, The Wharton School at the University of Pennsylvania

Why are PDFs “King”?

Regulatory Rules

Regulatory bodies have not comprehensively adopted a “structured data” standard that is permissible for auditing purposes (litigation, etc.).

It’s Human Readable

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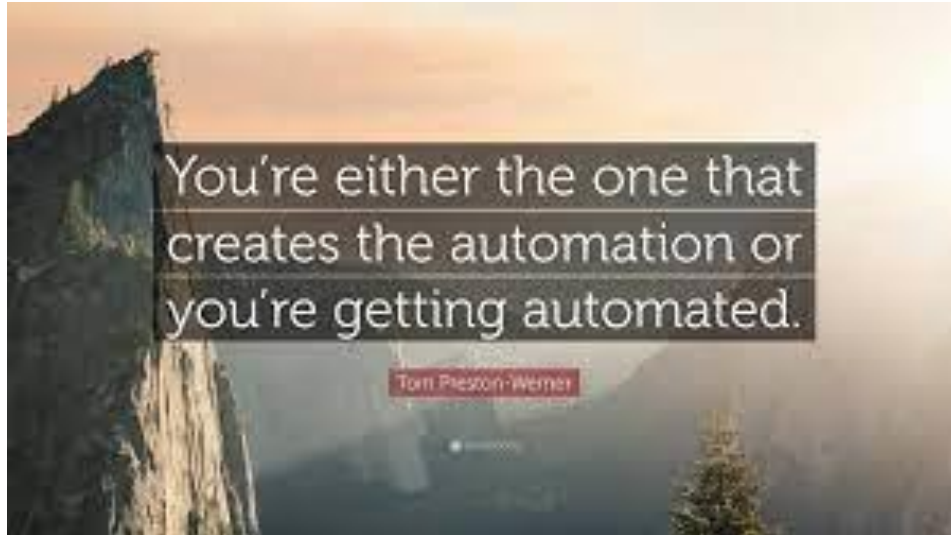
Today, Risk Adjustment, the primary driver for record retrieval, is performed by human coders – This would give you a headache to read!

Poll Question #1

What is your experience with getting Charts not as PDFs?

1. My organization only uses PDFs and I have not heard of any thoughts to change
2. My organization currently only uses PDFs but we have thought about getting structured data
3. My organization receives structured clinical data for our membership from EMRs, but it is others who use it
4. My organization receives structured clinical data for our membership from EMRs and me or my team have used it.

A potential Future for Risk Adjustment



- Automation is coming but
 - Responsible automation is a cohabitation of machines and human effort
- When Might it Come for Risk Adjustment
 - CMS Regulation changes
 - Natural Language Processing (NLP) for those pesky Unstructured Notes

How NLP Get's Tripped Up – an Example

Chart for Patient A

“... confirmation that the patient does not have asthma...”

It is obvious to us that this patient should not have an asthma diagnosis

Chart for Patient B

“... there has been no change to the patient's asthma severity since last visit...”

It is obvious to us that this patient should have an asthma diagnosis

If computer is just looking for keywords – both of these contain the word Asthma. And both contain the word “no” or “not” – so a computer needs to understand the structure and sequence of the entire sentence like our brains are able to

Normalization - Another Challenge (even with structured data)

- Different code-sets (ICD-10, ICD-9)
- Different units of measure (how many ways can A1c be documented?)
- That pesky unstructured data – which of the many ICD-10s for asthma is right to ‘use’ for what was in the unstructured data?

FYI, this is not the full list...

- **J45:** Asthma
- **J45.2:** Mild intermittent asthma
- **J45.20:** Mild intermittent asthma, uncomplicated
- **J45.21:** Mild intermittent asthma, with (acute) exacerbation
- **J45.22:** Mild intermittent asthma, with status asthmaticus
- **J45.3:** Mild persistent asthma
- **J45.30:** Mild persistent asthma, uncomplicated
- **J45.31:** Mild persistent asthma, with (acute) exacerbation
- **J45.32:** Mild persistent asthma, with status asthmaticus
- **J45.4:** Moderate persistent asthma
- **J45.40:** Moderate persistent asthma, uncomplicated
- **J45.41:** Moderate persistent asthma, with (acute) exacerbation
- **J45.42:** Moderate persistent asthma, with status asthmaticus
- **J45.5:** Severe persistent asthma
- **J45.50:** Severe persistent asthma, uncomplicated

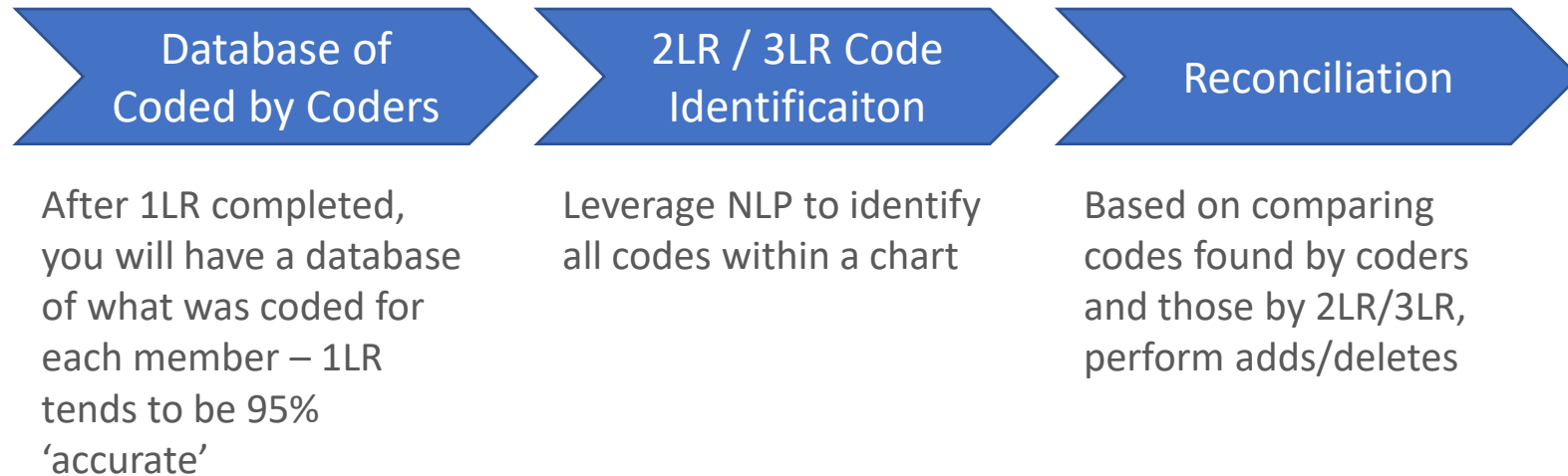
..But data can play a valuable role in Risk Adjustment..

- 1 2nd level review
- 2 Better Deploy your Coders
- 3 Prospective Risk Adjustment
- 4 Clinical Document Improvement with Providers



..But data can play a valuable role in Risk Adjustment..

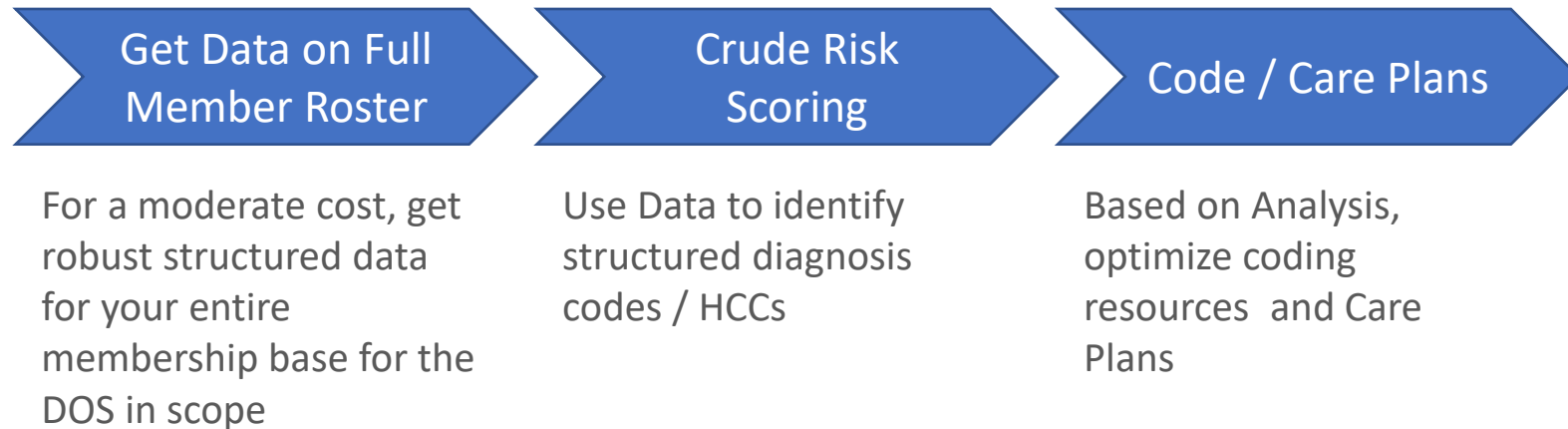
1 2nd and 3rd level reviews



..But data can play a valuable role in Risk Adjustment..

2

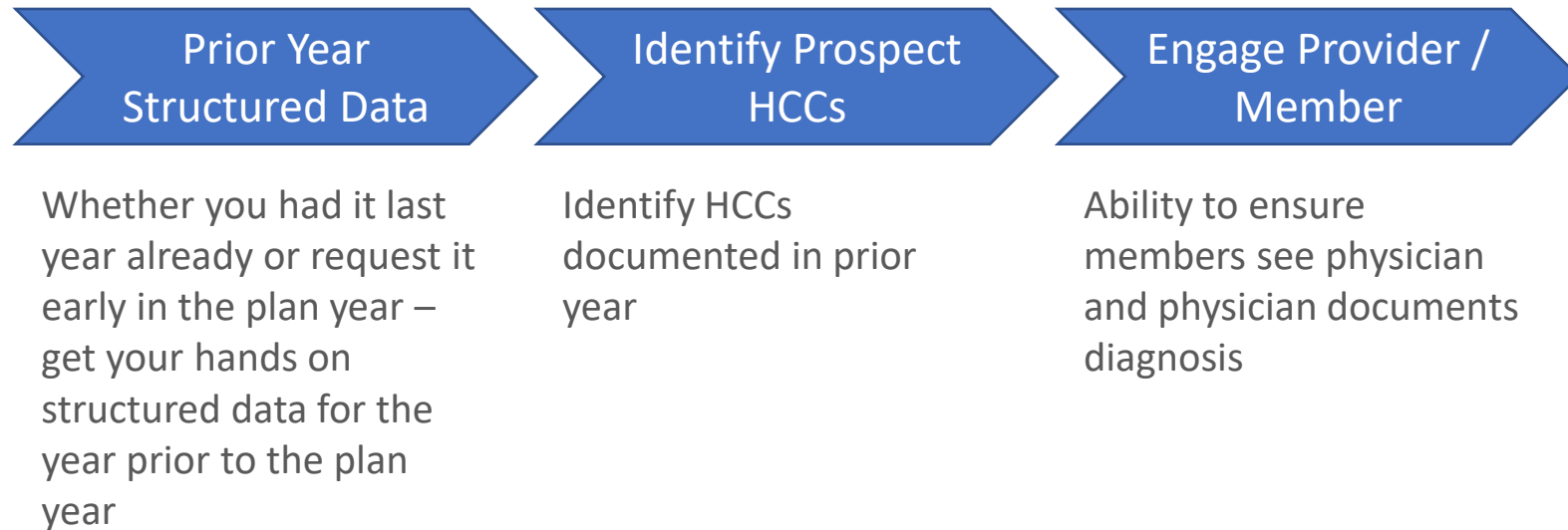
Better Deploy your Coding Resources / Case Mgmt.



..But data can play a valuable role in Risk Adjustment..

3

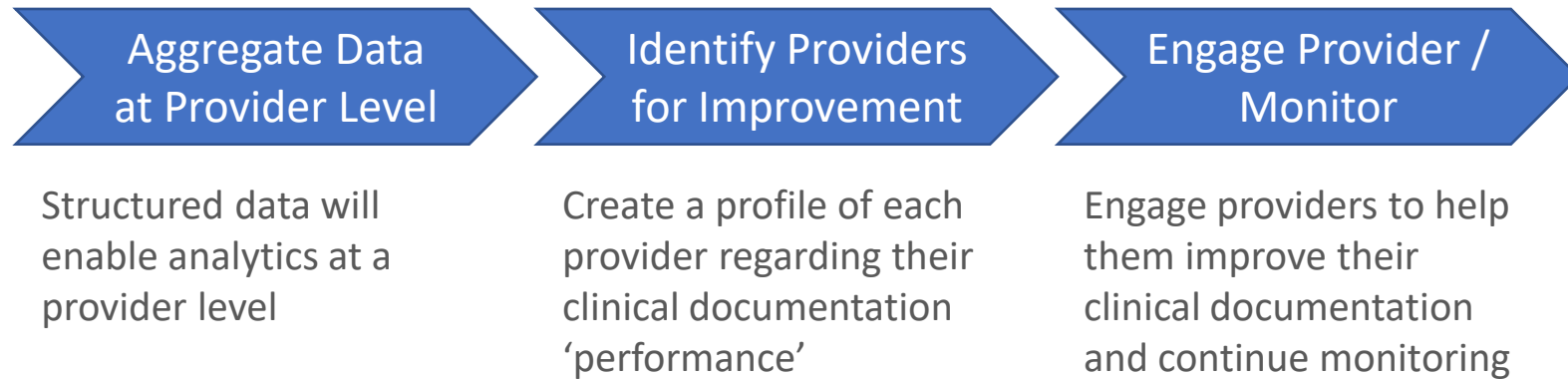
Prospective Risk Adjustment



..But data can play a valuable role in Risk Adjustment..

4

Clinical Document Improvement with Providers



Poll Question #2

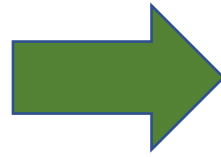
Do you have an enterprise data strategy to share member data across teams (e.g. with Quality, Care Management, etc.)?

1. Yes, and I think it works well.
2. Yes, we do, but we don't have a good way to actually share the information
3. No, but we have been discussing it
4. No, and I haven't heard any discussions about it

Risk Adjustment -> Whole Member Care

Risk Adjustment

Critical because it ensures we are properly funded to care for the complexity of our membership



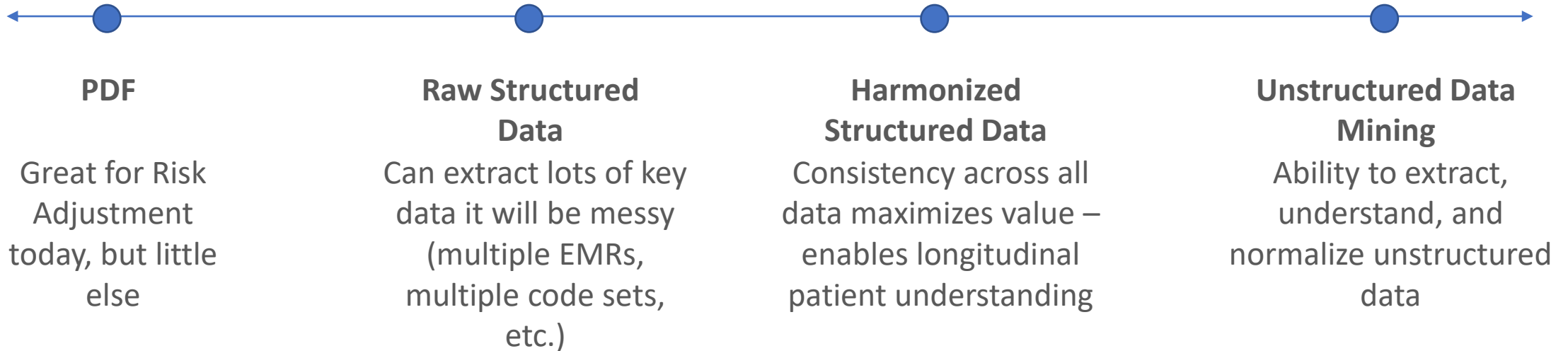
Whole Member Care

Critical to retain membership in a Value Based Care world and to ensure that the RA funding is deployed to drive clinical and cost effective efforts

Whole Member Care is driven by Data

- ✓ Risk Stratification
- ✓ Social Determinants of Health
- ✓ Chronic Care Programs
- ✓ Episodic Interventions (e.g. post-discharge)

A Data Strategy is a Journey



Takeaways

- Structured data can improve your Risk Adjustment projects immediately
- Now's the time to start thinking about future automation for Risk Adjustment
- Retrieve clinical data once, use many times across your organization (as PDF or structured data)
- Data Transformation is a journey that takes time – no better time to start than today

THANK YOU



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