Critical Success Drivers within a High-Performing Health Assessment Program:

Improving Health and Performance Outcomes through Engagement, Clinical Pre-Visit Planning, and Comprehensive Scope

Presented By:

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Advantmed

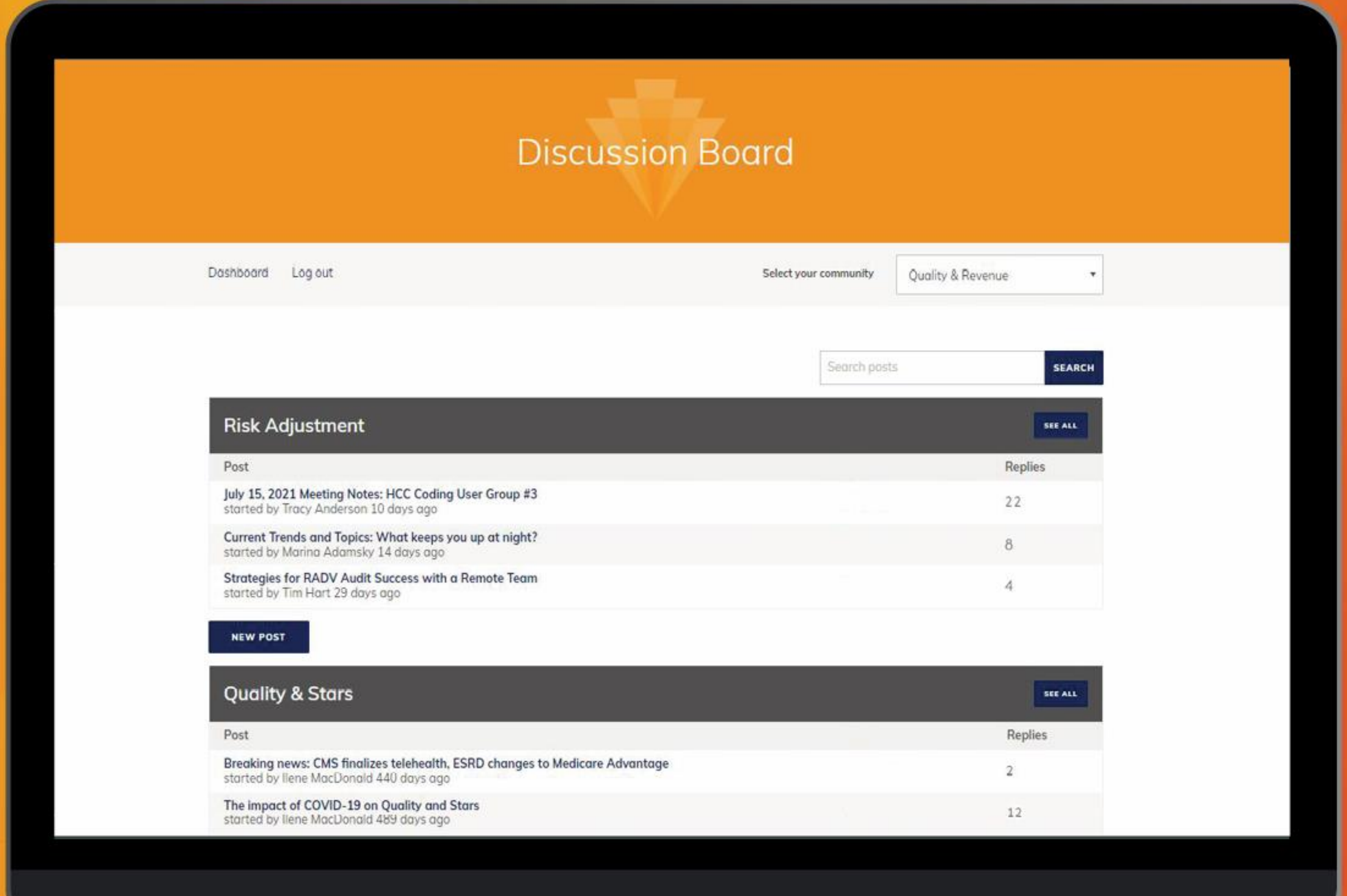
We are a network of health care professionals addressing the challenges posed by the emerging landscape of value-based care and government health care reform.

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

Why Health Plans, Health Systems, and Providers Have a Health Assessment Strategy?

- Members are not engaged, and not seeing their primary care provider annually
- Members prefer and/or need different platforms of engagement – through in-home and telehealth visit options
- Opportunity to supplement interactions within the healthcare delivery system with a traditional Annual Wellness Visit to increase visibility to a member’s general health, medications, identification of conditions, and more

Key Health Assessment Performance Drivers

Market-leading performance, driven by superior member engagement and clinical workflows.

Operational and Clinical Excellence

Member Engagement

- ✓ Data driven workflows
- ✓ Segmented outreach
- ✓ High-performing, mission-driven teams
- ✓ Relentless training and quality assurance
- ✓ Coordinated marketing

Comprehensive Health Assessment

- ✓ Pre-visit clinical preparation
- ✓ Point of care tablet with embedded workflows
- ✓ Comprehensive scope
- ✓ All identified gaps addressed
- ✓ Targeted screenings

Provider Feedback Loop

- ✓ Care documentation and gap closure
- ✓ Attestations and queries
- ✓ Performance management
- ✓ Focused training

Market-Leading Performance

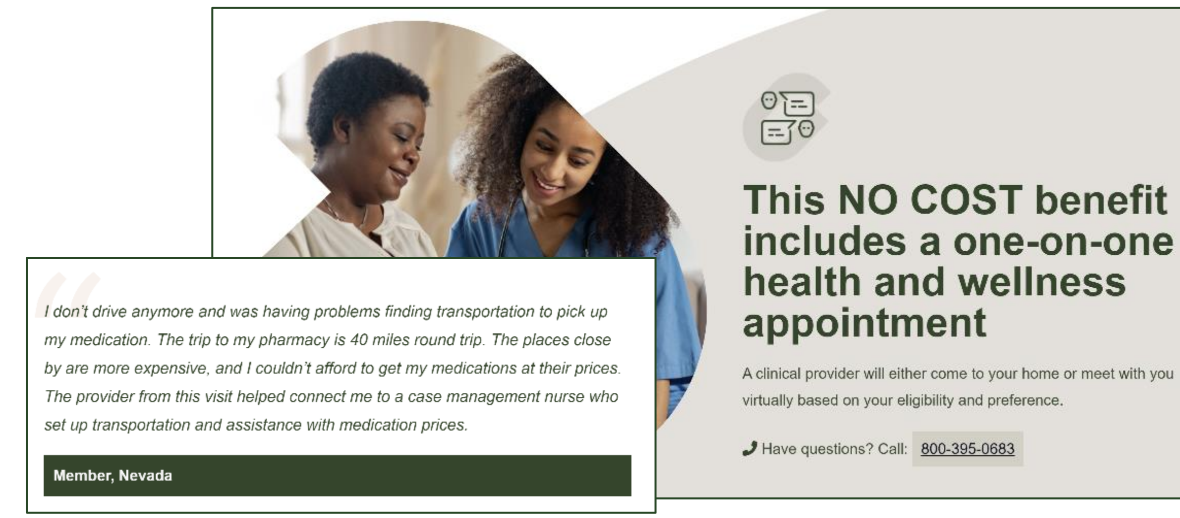
30+%	Medicare Advantage Completion Rate
14+%	Commercial (ACA) Completion Rate
20+%	Improvement in Gap Closure
98+%	Coding Accuracy
98%	Member Satisfaction

Member & Their Physician Engagement

Proven engagement tactics that get results

- Dedicated call center engagement team with a multi-lingual in-house staff and on-demand translation support
- Call sequencing and alternate phone number searches to maximize connection rates
- Appointment confirmation outreach to secure visits
- Personalized introductory letter campaigns and prescriptive outreach with conversational scripting
- Patient's Primary Care Physician Engagement

A dedicated member-facing website explaining the benefits of a health assessment



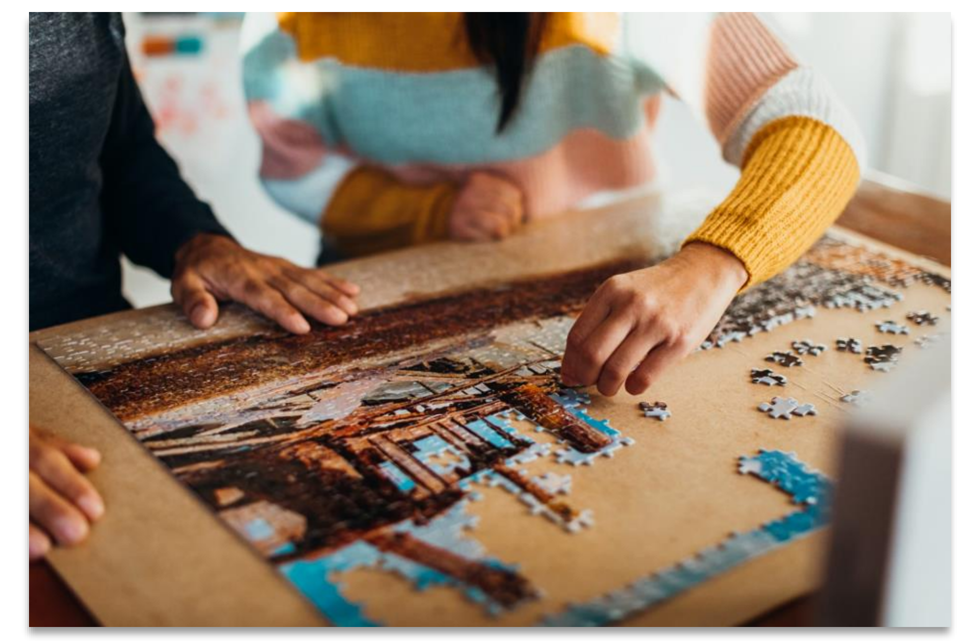
Clinical Pre-Visit Preparation

An extensive and rigorous clinical pre-visit preparation workflow, aided by provider supports, is critical to ensuring a comprehensive and actionable visit.

1. Credentialed and **highly-trained clinicians** reviewing information and providing **enhanced clinical evidence** to drive more actionable visit results

2. **Data from a variety of sources**, including Medical Records, Claims, Pharmacy Data, Laboratory Data..etc. (over an extensive time period) – to paint a more informed picture of a patient's health conditions, status, and healthcare delivery gaps

3. Actionable information **organized and prioritized** within our **point-of-care tablet** to easily address and document gaps in care



Clinical Pre-Visit Preparation: Examples

Clinical visit preparation to make gap closure more actionable, identify additional potential conditions, and significantly reduce false positives

Actionable guidance

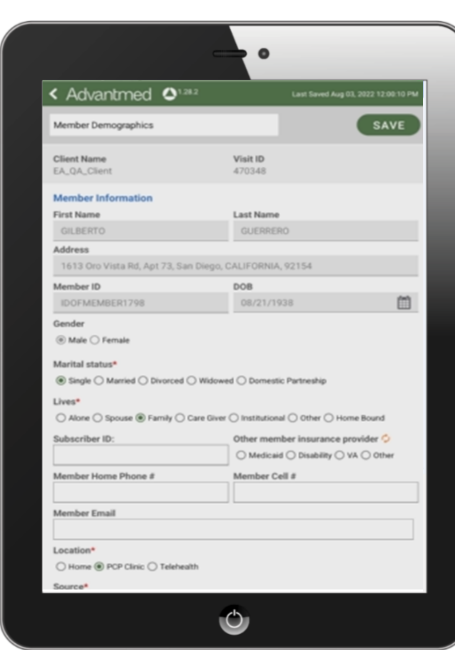
Condition		Guidance
Congestive Heart Failure	→	On diuretic/ heart failure medication/ has heart failure documented, please evaluate with ROS and NYHA classification for chronic congestive heart failure
Atrial Fibrillation	→	On a blood thinner for Atrial Fibrillation, please evaluate arrythmias, symptoms of palpitation, and medications

New Suspects

Condition		Guidance
Chronic Kidney Disease Stage 4	→	- Use eGFR to help specify the stage, Consider CKD Stage 4, given new laboratory Data - History of CKD Stage 3. Review PTH levels for evidence of hyperparathyroidism due to renal origin if PTH > 65pg/dl. - Document Diabetes with Chronic Kidney Disease in presence of abnormal albumin level (>30mg/24 hours) and low GFR.

Comprehensive Health Assessment

Our CHA incorporates embedded clinical workflows with point-of-care tools and a feedback loop designed to maximize visit impact and effectiveness



OnPoint™
Scheduling and Alert Application

CarePoint™
Visit Documentation Application

Comprehensive Visit

- Addressing quality and documentation gaps
- Medication review and reconciliation
- Medical and family history,
- Vital signs and physical measurements
- Depression and substance dependency screening
- Cognitive, fall risk, and home safety assessment
- Social determinants of health
- CAHPS

Optional Screenings

- Peripheral arterial disease: PAD test
- Colorectal screening FIT test
- COPD: Spirometry
- Bone density
- Diabetic monitoring and testing
  - HbA1C, Retina eye exam, Polyneuropathy: DPN check, and Microalbumin: urine test

Post Visit

- Assessments provided to PCP
- Care Management referral coordination
- Assessment data available to plan
- Emergent, urgent, and domestic violence escalations
- Member satisfaction surveys completed

Advantmed's high-performing pre-visit clinical workflow is built on accuracy and ease of use and interpretation. Thorough clinical assessment, interpretation, and communication is key to our differentiated success.

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 H HCC10 - 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 - Susp — AGREE

→

Quality Review + Feedback

- RISK VH HCC18 - Recap — DISAGREE
- RISK M HCC8 - Suspec — DISAGREE
- ~~QUALITY M CDC - A1C~~ — AGREE
- RISK VH HCC20 - Susp — 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

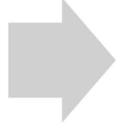
25

4

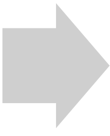
84%

Gap Closure Workflow: End-to-End Clinical Perspective

Pre-Visit



During the Visit



Post-Visit

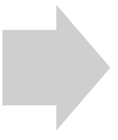
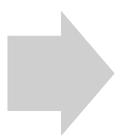
Example 1	Member has Topiramate in their medication reconciliation please consider Epilepsy or seizures as a diagnosis for this member.	Provider does not address the Dx related to the use of Topiramate	Clinical Review Team Notifies Provider Regarding Missing Dx - Provider: Member is taking Topiramate for Migraines. Have added that diagnosis instead.
Example 2	Member has Pramipexole in their medication reconciliation Please confirm if Patient has Parkinson's Disease (One healthcare provider noted Member to have PD)	Provider during the Health Assessment currently documents Member is on Pramipexole for Restless Leg Syndrome	Parkinson's Disease was a false positive diagnosis, it was removed from the diagnosis and ICD-10 coding the corrected ICD-10 was uploaded to client.

Gap Closure Workflow: End-to-End Clinical Perspective

Pre-Visit → During the Visit → Post-Visit

Example 3	Patient has a history of Morbid Obesity and Sleep Apnea (specialist medical records and DME order) Consider Obesity Hypoventilation Syndrome and OSA.	Provider addresses, assesses and documents OSA and Obesity Hypoventilation Syndrome in Medical Records including A/P	

Gap Closure Workflow: End-to-End Clinical Perspective

Pre-Visit  During the Visit  Post-Visit

Example 4		M0559 - Rheumatoid polyneuropathy with RA multiple sites as active in the medical condition, treatment plan comment "on methotrexate".	However, methotrexate is not documented in medication list. Please add Methotrexate in medication list and also consider assessing D84821 - Immunodeficiency due to drugs with Status and Treatment/Plan and add comment "Immunodeficiency due to Methotrexate" in notes if still actively on this medication. If member is no longer taking this medication please update treatment plan comment note for M0559

Results Communication & Reporting To Client

Member Engagement

- Introduction letter campaign
- Call center engagement team
- Appointment confirmation outreach

Member Profile and Pre-Visit Planning

- Historical chronic conditions
- Suspect HCCs
- Outstanding quality gaps
- Labs and screenings for members

Comprehensive Health Assessment

- 60+ questions
- ~45-60 minute visit
- Addresses social determinants of health, medical reconciliation, and other important health information

Results Communication

- **PCP verification**
- **Case Mgmt Referrals**
- **Post-visit PCP letters**
- **Member satisfaction survey**

Reporting

- **HCCs are indexed with hyperlinks**
- **RADV-auditable documentation**
- **837 submission**
- **Clinical and quality results**

Conclusion

Design your program with features that maximize health and performance outcomes

Create a prescriptive process to engage your members and their Primary Care Physicians

Inform assessments through actionable pre-visit clinical preparation

Design a comprehensive health assessment with a high-performing workflow

Incorporate a strong provider-feedback loop

Let's not forget why we are doing this.... For patients and their health and wellbeing first and foremost !!

QUESTIONS?

THANK YOU