

# Going Beyond Risk Adjustment: A Holistic Approach to Provider Engagement

**Presented By:**

**Dr. Mary Morrisey**

Medical Director, Prospective Risk – Optum

**Stephanie Gardner**

Market Solutions – Optum



# Webinar Participant Tips

- All participant lines are muted. To protect your privacy, you will only see your name and the presenters names in the participant box.
  - To submit a question to the presenters any time during the event;
  - In the Event window, in the Panels drop-down list, select Q & A.
  - Type your question in the Q & A box.
  - Click “Send”.

**How would you describe  
your organization?**

- **Health plan**
- **Industry analyst**
- **Provider**
- **Provider-sponsored health plan**
- **Vendor**
- **Other**

# Industry landscape

## Staffing shortages

**3.2M**

estimated staffing shortage of healthcare workers by 2026<sup>1</sup>

## Artificial intelligence

**50%**

of health system leaders focus on optimizing clinical workflows as the main problem they want to solve with AI<sup>2</sup>

## Chronic conditions

**\$4T+**

in expenditures annually for people with chronic health conditions in the U.S.<sup>3</sup>

## Provider enablement

**24**

payer contracts per provider and an average of 18 risk-based contracts<sup>4</sup>

## Data accuracy

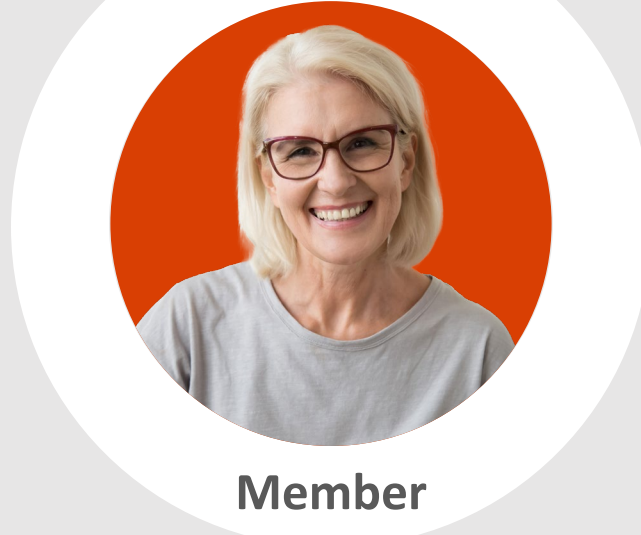
**55%**

of providers struggle with data accuracy and 45% of them lack comprehensive reporting tools<sup>4</sup>

# Payer and provider challenges — Driving the need for change

## Payer challenges

- **Moving from activity-based** to outcome-based and involving providers more in risk-sharing models
- **Increased regulatory and related costs pressure** to show demonstrated health care improvement
- **Solutions that address the full member and provider population** — segmentation means often narrow solutions that leave populations uncovered
- **Aligning program needs** and metrics with improved patient experience



Member

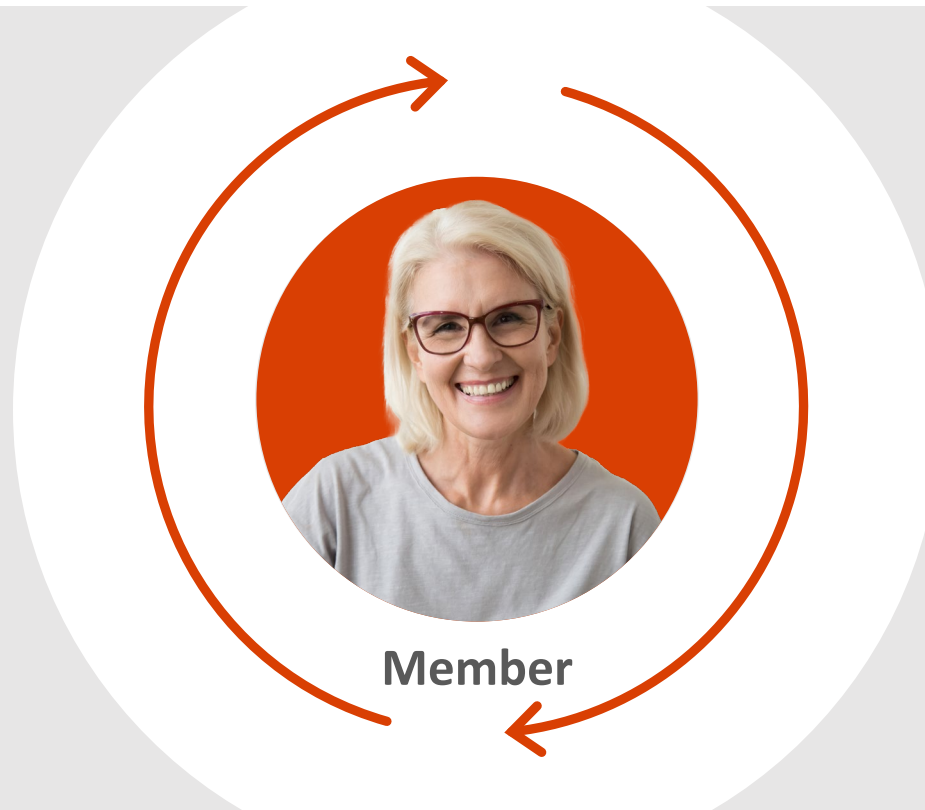
## Provider challenges

- **Increased administrative burden** on providers as they take on multiple payer contracts and manage various processes
- **Increased regulatory pressure** on providers to shift from fee-for-service to value-based care
- **Clinical data acquisition** methods continue to grow and change with emerging technologies
- **Provider burnout increasing** as providers spend less and less time on clinical activities

# Payer and provider solutions — Collaboration to better serve our members

## Payer solution

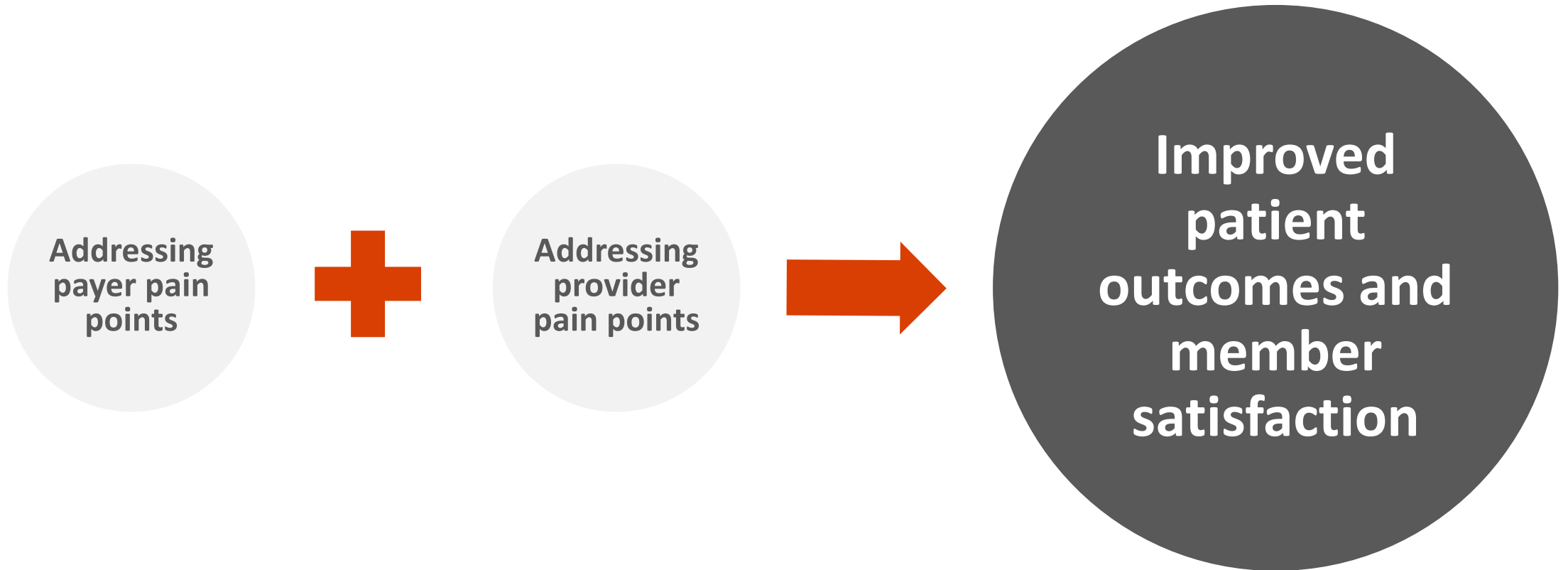
- Support providers in moving “up the curve” of value-based care ability
- Innovation and use of AI to create solutions that are scalable, address complex requirements and deliver differentiated value
- Look for point-of-care solutions that can be leveraged for adjacencies like clinical programs, SDOH, value-based care



## Provider solution

- Simplify and improve the value-based care experience
- Address administrative burden
- Deliver timely and accurate clinical data that supports member health
- Alleviate burnout and focus on patient care

# Payer-provider collaboration: A win-win



# Too many channels



**Native workflow  
integration**



**Paper/PDF**



**Integrated EHR  
applications**

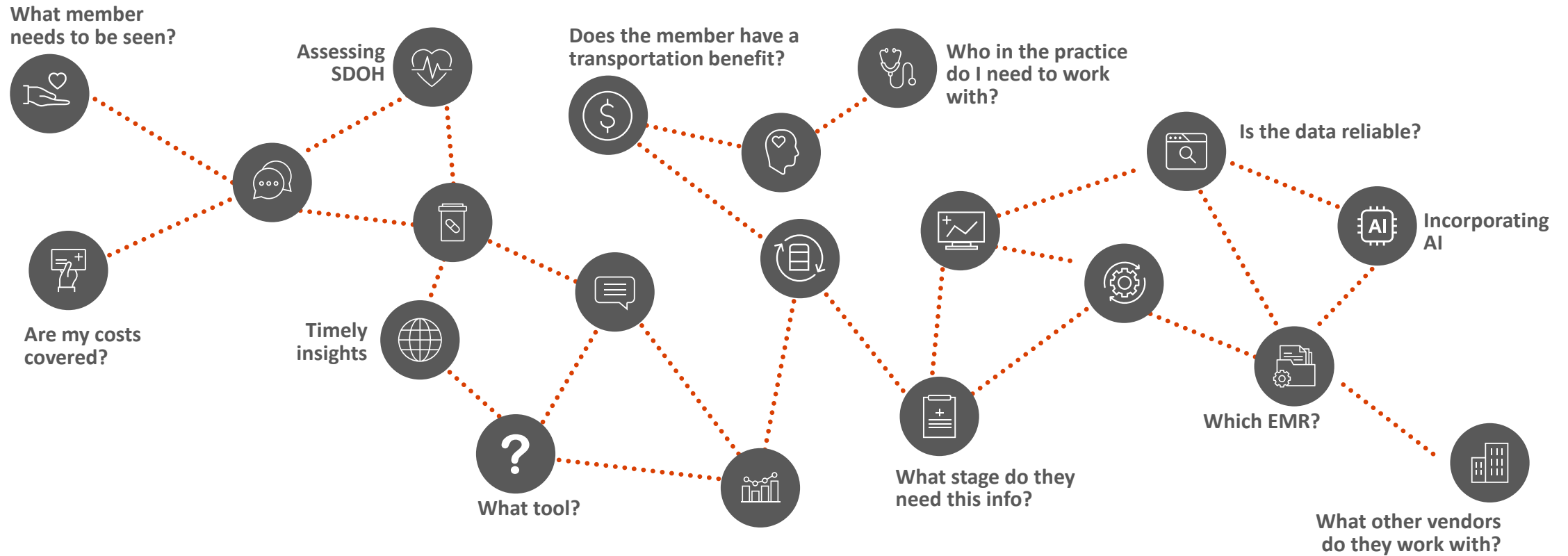


**Partnership  
integrations**



**Point-of-  
care tools**

# How do we get there?



**What is your top priority for addressing these complexities?**

- **Adopting AI**
- **Providing accurate coding**
- **Enhancing payer-provider relationship**
- **Enhancing provider workflow**
- **Improving analytics and reporting**
- **Improving provider engagement**
- **Restructuring incentive plan(s)**
- **Optimizing staffing resources**
- **Working with vendors/consultants**
- **Other**

# The right solution

Addresses administrative burden

Optimizes provider workflows

Compatible with different provider types

Provides accurate and transparent data

Supports better patient care

Moves providers from disengaged to engaged



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# Payer partnership: More than just gaps pushed to a portal



## People

- Skilled resource support for providers
- Variety of skill sets needed to support expanded scope and achieve true workflow transformation



## Processes

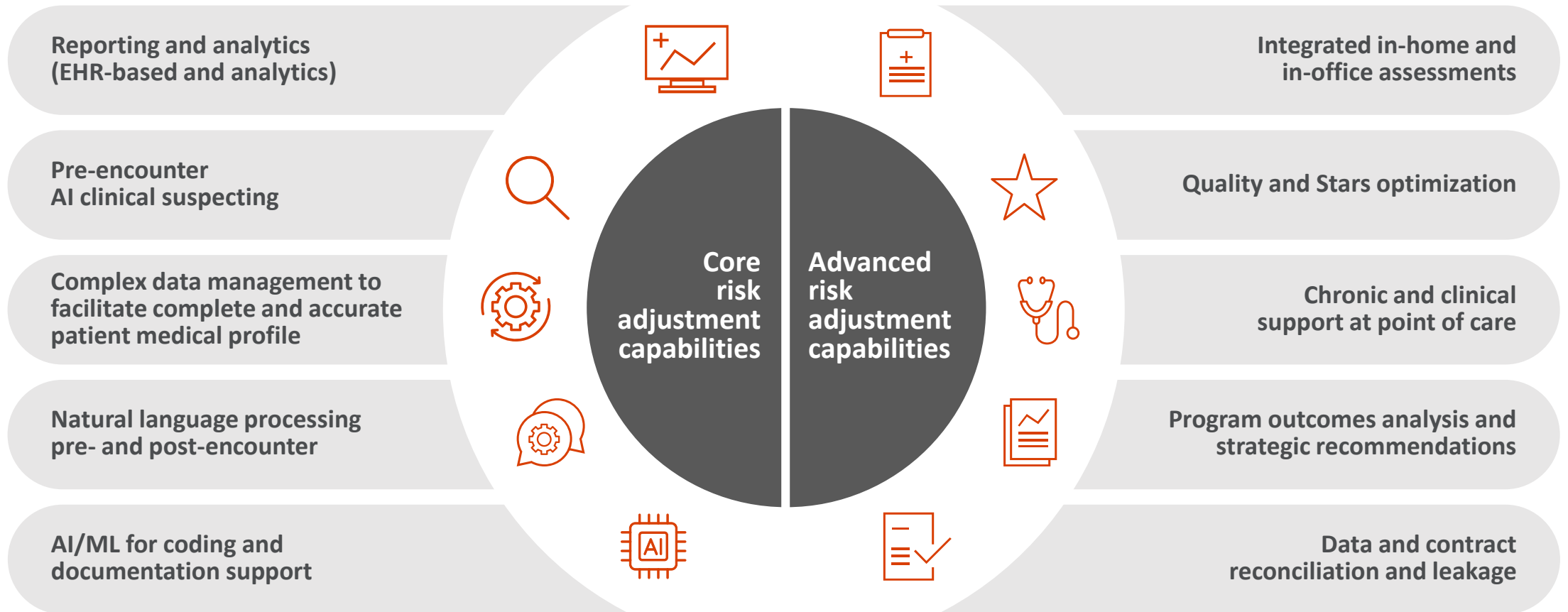
- Bringing tech and people together to achieve outcomes
- Support outcomes-based programs on a national scale across multiple payers



## Technology

- Dedicated platforms add an integrated layer to enhance overall program performance
- Scalability and timeliness using AI

# How technology is part of the answer



# Connecting the dots between “tech” and “touch”

Optum pre-visit notes with detailed evidence presented at point of care

● CMS-HCC 37 (v28): Diabetes with Chronic Complications Choose Diagnosis

NOTES  
NOTES  
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NOTES  
NOTES

OPTUM: Evidence note: V28:037, based on Other: CODE: E11.22 from 08/23/2023. Optum Nurse Coder, 01/28/2024

OPTUM: Evidence note: PCP Encounter/Note: AWW, HPI: #DM 2 on Basaglar 12 units-> A1c is due. Optum Nurse Coder, 01/28/2024

OPTUM: Evidence note: was switched from Basaglar to Toujeo from 08/23/2023 Dr.MARK TESTDOCTOR, MD. Optum Nurse Coder, 01/28/2024

OPTUM: Evidence note: PCP Encounter/Note: AWW, A&P: Chronic kidney disease due to type 2 diabetes mellitus not checking BS at home check labs from 08/23/2023 Dr.Dr.MARK TESTDOCTOR, MD. Optum Nurse Coder, 01/28/2024

OPTUM: Evidence note: PCP Encounter/Note: Follow-up, A&P: CKD d/t Type 2 DM -last A1c was done in 05/22 -6.4, her kidney function has been in stage II CKD, recheck GFR from 11/28/2023 Dr.Dr.MARK TESTDOCTOR, MD. Optum Nurse Coder, 01/28/2024

● CMS-HCC 93 (v28): Rheumatoid Arthritis and Other Specified Inflammatory Rheumatic Disorders Choose Diagnosis

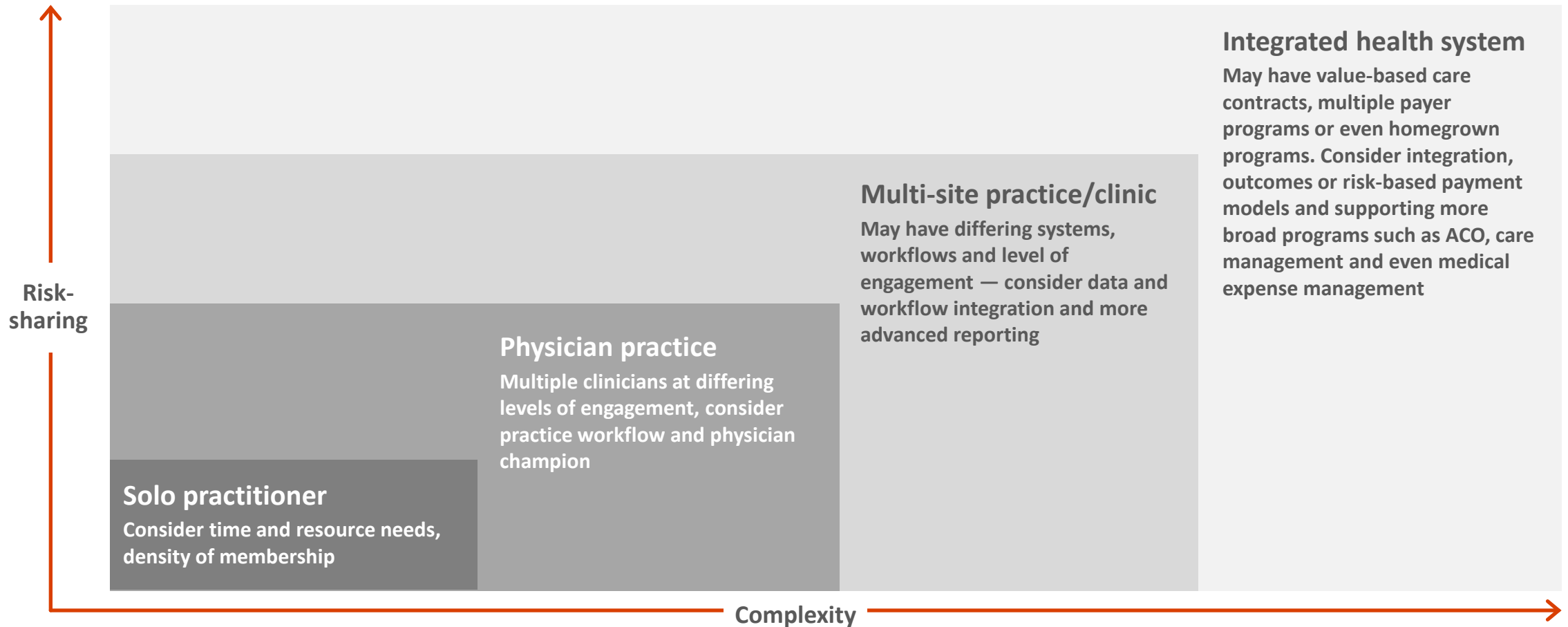
NOTES  
OPTUM: Office visit 05/18/2023 DrTest, . HPI - history of RA with complaints of low back pain radiating to LLE into his feet. ROS - reported: tingling.

Dismissed Diagnoses (2)

# Connecting the dots between “tech” and “touch”

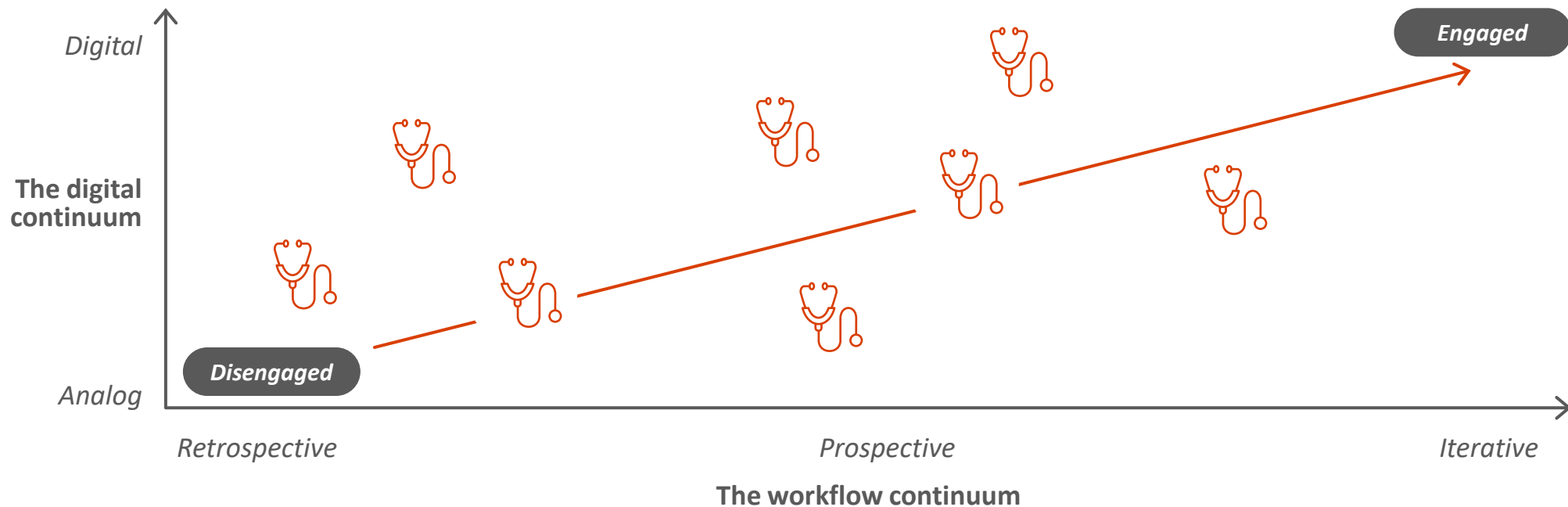


# Address different provider types



# Meet providers where they are and help them get where they're going

Digital and workflow capabilities have a positive correlation on the road to iterative gap closure



# Optimize workflow, technology and performance management to help improve provider and care team experience and member outcomes



Analytics



Member  
engagement



Provider  
engagement



Member  
information at  
point of care



Coding  
and quality  
assurance



Business  
intelligence



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# Keeping the member at the heart of value-based care

## Pre-encounter

### Patient history

Sara is a 35-year-old patient coming in to establish care with her new PCP, Dr. Martinez.

She is without a detailed problem list available in the EHR.

### AI advanced suspects

Deep learning model and advanced suspecting identified conditions from Sara's EHR:

- Evidence for sarcoidosis

### Pre-visit planning

The clinical team validated Sara for sarcoidosis and finds evidence for a related disease. She adds coding specificity and detailed pre-visit notes:

- Sarcoidosis with lung involvement **new**
- Sjogren syndrome, unspecified **new**
- Clinical notes: Visits with pulmonology and rheumatology in the past, previous fills of associated medications

## Point of care

### Provider view

Advanced suspecting module integrates pre-visit planning within the provider's EHR:

- Sarcoidosis with lung involvement **new**
- Sjogren syndrome, unspecified **new**

### Member visit

Dr. Martinez quickly focused discussion on Sara's need for medication refills and new referrals to local specialists.

She updated the problem list, evaluated and confirmed new conditions noted, added specificity to diagnosis and discussed care management plans with Sara for:

- Sarcoidosis with lung involvement **new**
- Sjogren syndrome with keratoconjunctivitis **new**



## Outcomes

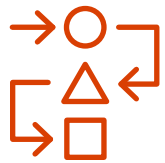
Improved patient care

Curated clinical insights

Engaged providers

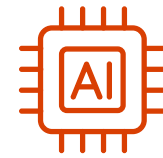
Member journey example for illustrative purposes only.

# Key takeaways



## Optimize workflows

Integrate clinical data in provider workflows; improved workflows for support staff; decrease administrative burden



## Leverage technology

Appropriate use of AI to generate more accurate and timely insights; digital integration of gaps



## Embrace payer-provider collaboration

Find areas of alignment to support better patient care



## 'Right-size' manual processes

Use technology to promote efficiency in processes that require human review

**Are you looking  
for solutions for AI?**

**Yes**

**No**

**On a scale of 1 to 5, does AI being a part of a solution make you more or less hesitant to implement?**

- 1. Very hesitant**
- 2. Slightly hesitant**
- 3. Neutral**
- 4. Not hesitant at all**
- 5. Undecided**

# Q&A



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# Thank you



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