



3 building blocks to rebalance your risk adjustment strategy

The intersection of health care quality, risk adjustment and financial sustainability is a hot topic in the industry.

Often, these conversations are focused on provider organizations that serve populations that need a high degree of complex care to manage chronic conditions. These health systems are working toward, or may have already mastered, the fundamentals of risk adjustment. Now they must then decide how they will deploy their resources to those activities across an entire year.

When building a risk adjustment strategy, it's important to focus on three things:

1. Understanding your patient population
2. Engaging your patients in the care continuum
3. Empowering clinicians to capture diagnoses

Each “building block” requires a combination of specialized expertise, time and capital. These are finite resources within most health systems.

Clients need to think strategically about how to maximize their efforts by closely monitoring their performance across the year. And they need to respond by directing resources to the parts of the strategy that will make the biggest impact.



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Building block 1

Understand your patient population

An often overlooked but basic tactic for success in a risk strategy is to understand which patients your organization is accountable for. A patient selects a network either by choosing a primary care physician or by frequenting one health system. This creates a relationship between the patient, the payer and the provider.

Within the industry, the population of patients within that provider's network is considered their "covered" or "attributed" lives. But some provider organizations have very little insight into:

- Who those patients are
- How they seek care
- What kind of chronic conditions they are being treated for

By appropriately stratifying risk and acknowledging disease burdens, you can group patients based on care management needs. This can help you create processes that ensure higher quality outcomes. That's a goal for both payers and providers.

Recognizing this seems fundamental. But executing this strategy can be surprisingly complex and require a high degree of payer collaboration. The most sophisticated provider organizations earmark resources to manage and maintain good relationships with payer partners. They also allocate technical resources to do the analytical work of understanding their patient populations' health needs.

Once you know which patients you're accountable for, you can deploy clinical resources to review each patient's medical record for known or suspect chronic conditions. This is a painstaking process. It involves carefully reviewing medical records to ensure accuracy and will only become more laborious as populations grow.

Since labor isn't an infinite resource, organizations are increasingly looking to technological solutions, such as natural language processing. This enables them to achieve greater scale.

A multidisciplinary approach involves an investment in human capital to work directly with payers and tech to ease the burden of review on clinical resources. This helps ensure your health system can effectively segment patient populations. You can hone in on those you're responsible for from a risk perspective.

Building block 2

Engage your patients in the care continuum

Once you know both who and how complex your patients are, the next step is to craft and manage processes that will engage them in appropriate care management. The challenge here is for the health system to pull patients into the care continuum and then use resources between visits to maintain care plan continuity.

Different populations respond to different outreach strategies. The way a patient seeks care depends on their disease burden and accessibility. Patients who have chronic diseases aren't usually seeking proactive care. Populations with a high burden of chronic conditions are typically reactionary. They go to the doctor when they get sick, as opposed to seeking care to stay well.



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Within risk-adjusted populations, health systems need to understand that treating sick patients is only one part of their mission. They must strive to keep patients healthy. Health systems need to create infrastructures to do things like:

- Proactively schedule (and often reschedule) appointments
- Enroll patients in chronic care condition programs
- Regularly and remotely monitor whether patients are adhering to therapy

This kind of outreach requires:

- Technology to scale and track patient engagement
- Clinical expertise for appropriate interventions and patient queries
- Education and change management for both the patients and the providers

Standing up and managing this kind of solution is an expensive undertaking and requires consistent maintenance. But it meets the patients where they are and delivers continuity and consistency of care.

Building block 3

Empower clinicians to capture diagnoses

Any organization executing an enterprise-wide risk adjustment effort will tell you that if you can't get your clinicians on board, you've failed before you've begun. That's why it's so important to enfranchise clinicians early and often. They will lead on-the-ground efforts to accurately record chronic conditions.

The most successful health plans have deployed accurate clinical information embedded into the provider EHR workflow. And it's directly available at the point of care.

This allows clinicians to access aggregated information from multiple care points. Internal care points include:

- Hospital
- Lab
- Radiology
- Notes from other clinicians

External care points include:

- Pharmacy
- Durable medical equipment
- Other payer-identified claims

This information allows clinicians to truly assess the conditions a patient may have. The key to this part of risk strategy is to give clinicians the information they need to provide informed care while they are with the patient. They also need to be able to fit that information within a workflow that doesn't dictate how a clinician practices or documents. It can be hard to thread the needle to do both.



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This tactic requires a heavy investment in electronic health record (EHR) optimization, clinician education and change management. You'll need to adjust workflows to maximize access to the right clinical information, at the right time. Throughout the life of the solution, clinicians will need continued education as coding guidelines and patient populations evolve.

Where do you put your resources for the biggest impact?

With the right analytics and performance management, health systems can easily shift focus or augment resources across the year to effectively manage all three. Optum can help you understand what works and how to effectively manage resources to achieve your long-term risk strategy goals.

To learn how to effectively rebalance your risk adjustment strategy, contact your Optum representative.



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