The Best of Both Worlds:
Uniting Retrospective and Prospective Strategies to Achieve Improved Patient Outcomes

Presented By:

Ashok Nadimpalli
Director of Product, Provider Solutions
Episource

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  - In the Event window, in the Panels drop-down list, select Q & A.
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Speaker Introduction

Ashok Nadimpalli

Director of Product, Provider Solutions

Agenda

01 Background and Introduction

02 Historical Journey

03 Why Prospective Strategies?

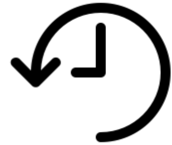
04 Understanding the Dual Approach

05 Concurrent Review

06 Case Studies

07 Next Steps/Pointers/Questions

Historical Journey



Dependence on **retrospective reviews**

- Limitations
  - Access to charts
  - Provider abrasion
- Insights **12+ months after visit**
- Provider education on outdated habits
- Limited ability to change outcomes

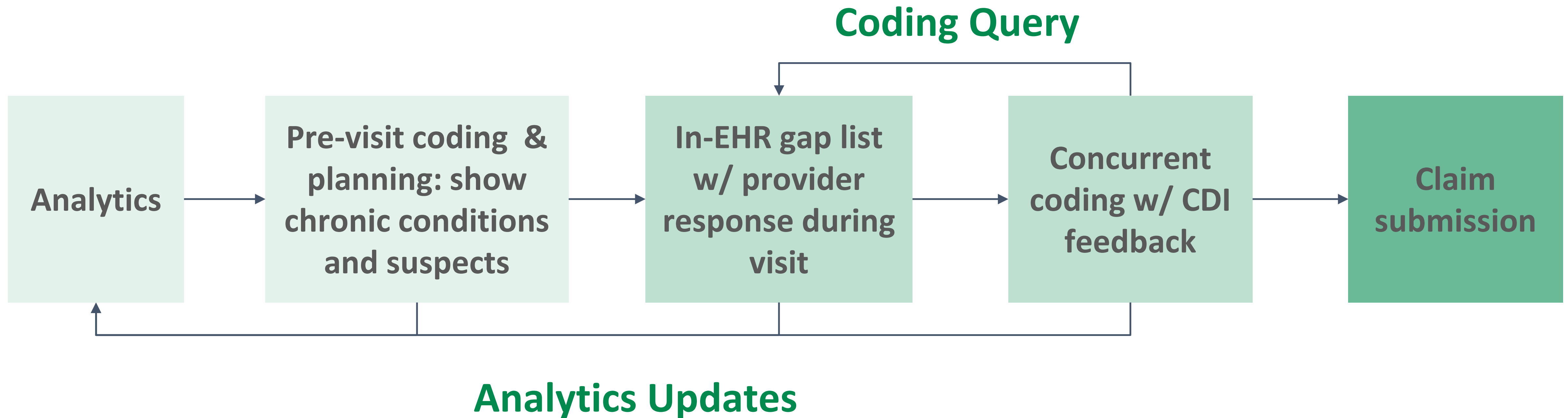
Beginning of **prospective**

- Creating **predictive analytics**
- Additional opportunities to get documentation right
  - Complete and accurate
- Immediate feedback loop

Embrace a Dual Approach

	Financials	Value-Based Care	Patient Health
Retrospective	Low cost allows broader intervention	Lower-effort onramp to VBC and faster ROI	More complete picture of conditions over time
Prospective	Improves documentation over time	Enables care coordination and preventive measures	Directly drive care; combine risk and quality initiatives

What Everyone Wants



Easier Said Than Done

- Not **"one-size-fits-all"**
- Providers set the tone
- Resources

Prospective Considerations

“Right” prospective strategy for a provider must consider:

- Panel size
- Provider incentive structures
- Acceptable time to ROI
- Number of EHRs
- Openness of EHRs
- Tech team capacity
- Willingness to invest in tech and tools
- Ability to use supplemental data (MA vs. Caid/FFS)

Solution Must Fit Provider

Independents

- Prospective panel size hurdle
- In-EHR solution unlikely
- No EHR
- Incentive program essential
- Retro vs. post-visit

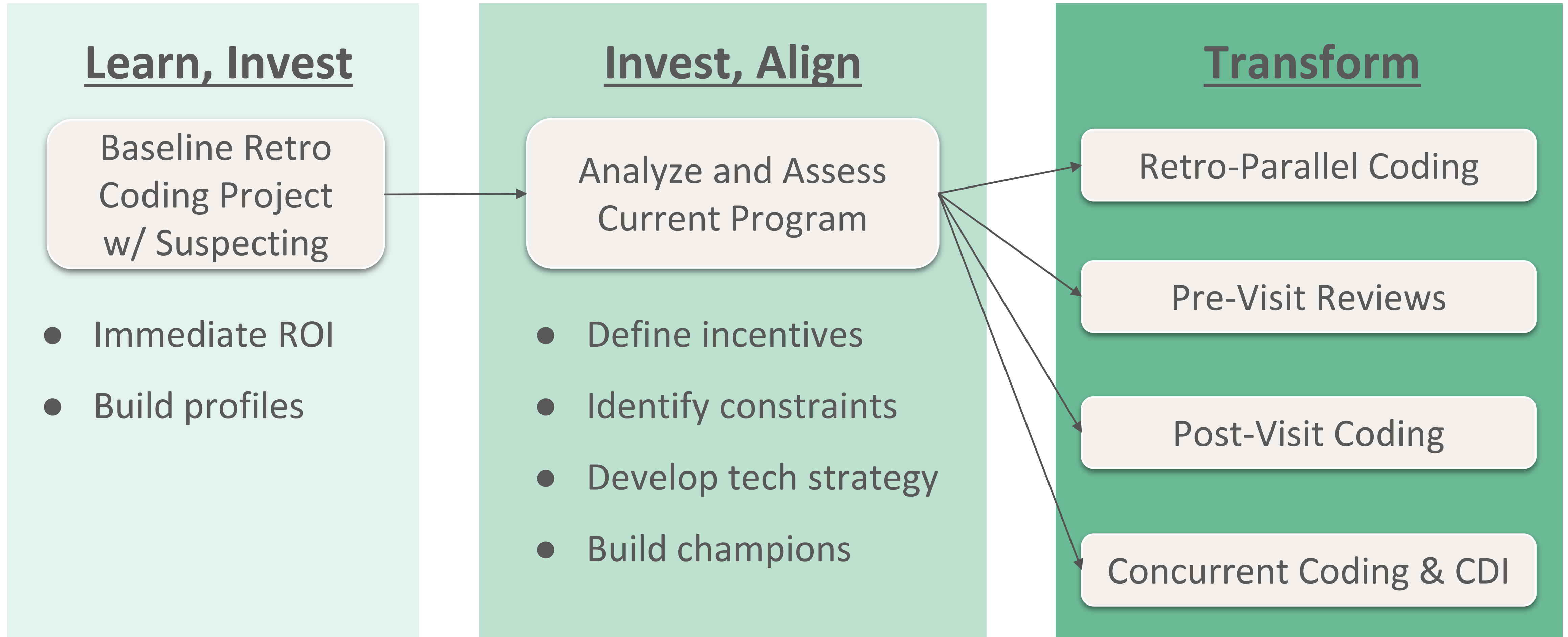
Aggregated Providers

- Flexibility required: varied provider needs
- Portal or portal/EHR hybrid
- Post-visit reviews harder, but possible

Integrated Providers

- In-EHR workflows
- EHR vs. vendor apps vs. interop vs. manual decisions
- Concurrent w/ CDI possible

Multi-Step Path to Prospective



Concurrent Coding

Coding and/or CDI professionals review the medical note prior to submitting the claim.

- Ensures most accurate code is selected
- Accurately reflects the care provided
- Ability to query the provider
- Timely review of pre-visit planning / prospective program success
- Pointed education to improve documentation

An Environment of Compliance

Combined strategies support increased oversight of risk adjustment data:

- OIG scrutiny
  - High-Risk Diagnosis Codes
- RADV audits
  - Appropriate documentation to support submitted conditions

Prospectively can **identify gaps** and **provide education** on complete and accurate documentation plus support accurate coding

Let’s Look at Some Case Studies

Case Study 1: Aggregated Provider

Client Need | Strategy | Reality/Lessons Learned

- **RBE Provider Group wants to take first step to prospective risk**
  - Aggregate of many independent primary care providers
  - Little funds to invest; needs to show year 1 ROI
  - Has RA analytics and wants to show gaps to providers
  - Worried about noise in risk analytics and need coder review

Case Study 1: Aggregated Provider

Client Need | **Strategy** | Reality/Lessons Learned

Consideration	Decisions
No record centralization: many EMR systems and versions	In-EHR workflows out of scope for now
No real time visibility on visit schedules	Retro program to replace pre-visit reviews
Has provider portal and incentive program	Portal primary channel for showing gaps–PDF backup

Case Study 1: Aggregated Provider

Client Challenges | Strategy | **Reality/Lessons Learned**

Solution: Retro-parallel program

Annual retro w/ coder suspecting → Prospective gaps in paper & portal → Providers submit charts for incentive (2x/yr) → Post-visit coding

Features:

- Coders directly update analytics
- Immediate ROI from retro program
- No IT integration

Challenges:

- Slower analytics updates
- High provider performance variability
- Higher transaction costs due to manual processes

Case Study 2: Integrated Provider Group

Client Need	Strategy	Reality/Lessons Learned

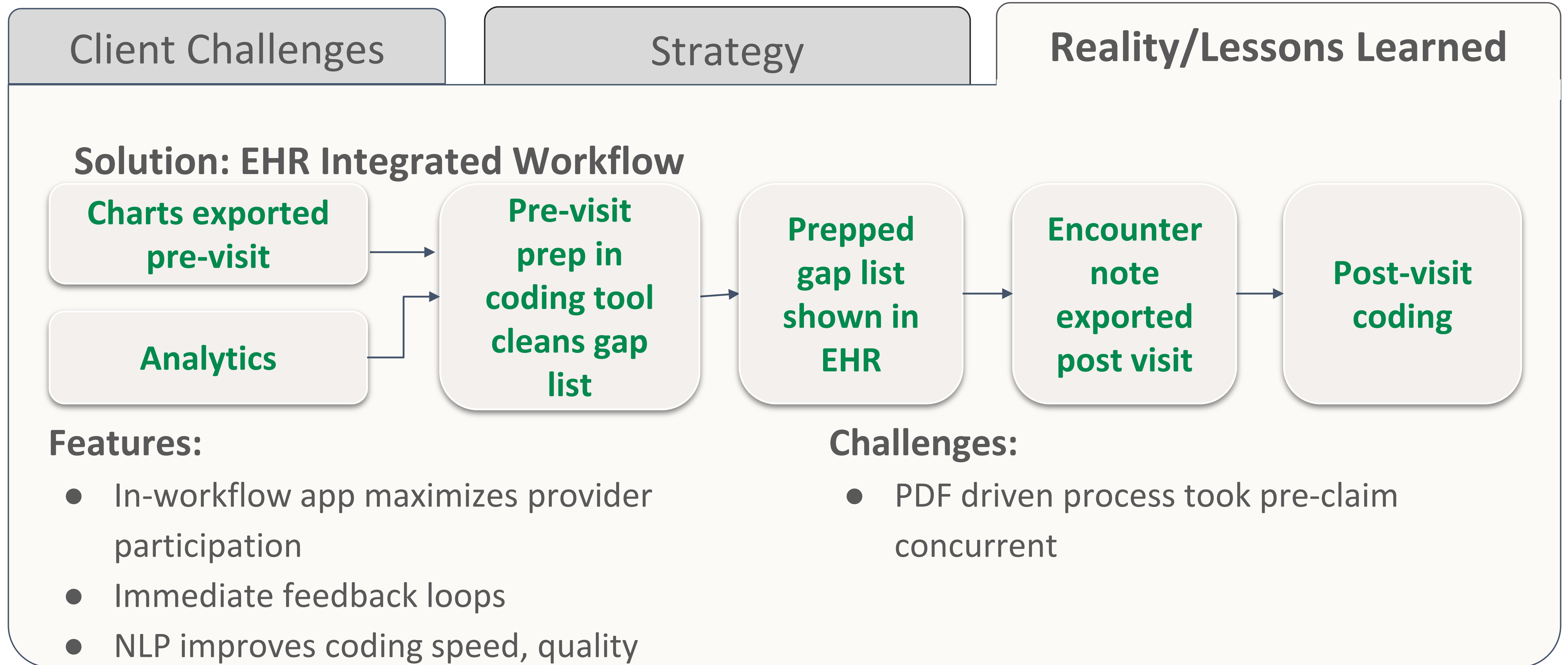
- **Health system looking for comprehensive prospective solution**
    - Have in-house CDI team working in EMR but want to expand to pre-visit and concurrent coding flows
    - Needed external coding teams to support additional volume but didn't want coders to access EHR system directly
    - Want to introduce NLP to the process

Case Study 2: Integrated Provider Group

Client Need | **Strategy** | Reality/Lessons Learned

Consideration	Decisions
• Small number of EHR instances, all same vendor	• Gaps to be shown in-EHR using purpose built app
• Desire to use NLP	• Pre/post visit coding in external coding tool
• Need for external coding resources	• PDF-driven coding process rather than EHR-integrated flow

Case Study 2: Integrated Provider Group



Case Study 3: Centralized EMR But…

Client Need | Strategy | Reality/Lessons Learned

- **Provider Group with Centralized EMR**
  - Stretched IT team and no integration budget
  - Has large coding/CDI team but struggling to coordinate them on pre-visit reviews
  - FFS membership requires correct codes submitted in claim

Case Study 3: Centralized EMR But…

Client Need | **Strategy** | Reality/Lessons Learned

Consideration	Decisions
• IT constraints	• Coders to manually add gaps to EMR
• Pre/post visit workflow coordination challenges	• Program driven via external workflow tool
• FFS Membership	• Concurrent (pre-claim) coding

Case Study 3: Centralized EMR But…

Client Challenges | Strategy | **Reality/Lessons Learned**

Solution: Manually-Integrated Workflow

Visit schedules exported → Workflow tool assigns charts, presents gaps to coders
Analytics → Workflow tool assigns charts, presents gaps to coders
Workflow tool assigns charts, presents gaps to coders → Coders directly add gaps to EMR → Workflow tool assigns post-visit review → Post-visit coding and submission

Features:

- Swivel chair integration bypasses IT constraints
- Gaps in EMR easy for providers
- Room for phase 2 automation

Challenges:

- Manually intensive
- Schedule synching is painful!

Next Steps

- How to get started
- Questions to ask yourself
- Assessing tech readiness
- Navigating personalities
- Outlining resource needs
- Internal vs vendor

Questions?

THANK YOU