

Closing the gap with 3M™ M*Modal HCC Management





The future of health care

It's no secret that value-based health care programs are changing how health care is delivered, and paid for. By 2030, more than 40 percent of patients will participate with a value-based risk plan.¹ These programs are ultimately designed to provide a model that:

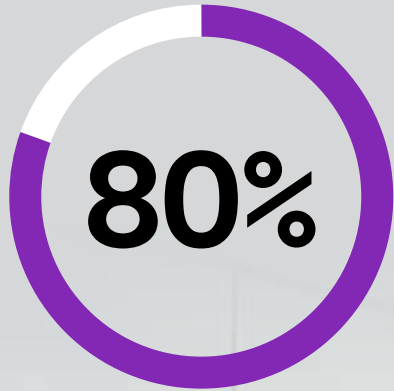
- 1 Improves patient care**
- 2 Reduces health care costs**
- 3 Advances population health management and outcomes**

Accurately predicting patient cost with HCCs

Health care organizations increasingly use hierarchical condition categories (HCC) risk-adjustment models to calculate risk scores and predict potential health care costs in multiple value-based reimbursement (VBR) programs.

HCC models predict health care spending for a specific patient population. This methodology applies risk adjustment toward a patient's chronic conditions and major complications, providing a more accurate level of expected health care expenditures across the continuum.





Percentage of patient care that occurs in the physician's office



The challenge of multiple care settings

Consistently and accurately monitoring HCCs across multiple care settings can be challenging. For example, based on a 3M aggregate data analysis², nearly 80 percent of patient care occurs in the physician's office, and many office-based physicians lack the support of qualified coders and clinical documentation specialists to routinely capture the full burden of illness.

With demands on physician time, disparate systems and documentation inconsistencies, it will be increasingly difficult to capture the full patient story and accurately predict the cost of patient care.

Changing the landscape of effective HCC capture

Developing an effective HCC capture process requires long-term vision, planning and time. Done right, it should provide a path to review the patient's chronic conditions and measure the organization's patient population across all care settings. This requires coordination and participation from key stakeholders, including physicians, documentation specialists, administration and others throughout the organization.

With artificial intelligence (AI) enabled technology and consulting expertise, available in the **3M™ M*Modal HCC Management** solution, you can build a strong foundation for your program. This comprehensive technology provides a process to improve risk-adjusted documentation and coding through patient prioritization and real time physician nudges at the point of care.



The nudge theory³:

By presenting options with relevant information at the right time, better decisions can be made without losing the freedom of choice.

Why this works

Proactive nudges based on past billing and longitudinal record documentation empower physicians to identify the most appropriate ICD-10 codes to efficiently capture the full burden of illness. This reduces rework and minimizes the need for retrospective queries.

Organization 1:

Health care system Mid-Atlantic region

 Real results with
3M HCC Management

The challenge

This organization is comprised of eight hospital sites, numerous health centers and physician practices. As an accountable care organization (ACO) participating in the Medicare Shared Savings Program, the organization needed a better process to improve physician documentation and manage its patient population risk adjustment factor (RAF) scores and HCC diagnosis capture rate.

The goal




Physician
engagement

Working with the 3M HCC Management team, this organization implemented a pre-visit clinical documentation integrity (CDI) review to focus on Medicare Advantage patient visits as the primary opportunity for diagnosis assessment. The technology enables physicians to review and sufficiently capture HCC opportunities within their workflow, during the patient encounter.


The results

With non-obtrusive, proactive physician nudges at the point of care this organization achieved:



 **7%**
in HCC coding
capture



 **30%**
in RAF capture
per encounter

Results based on seven months data

Organization 2:

Health care system Midwest region

 Real results with
3M HCC Management

The challenge

This organization had multiple risk-based contracts with a variety of payment models. Without proper management, this could stunt market competitiveness. The organization needed a solution to prioritize service lines within ambulatory office care settings, where the highest volume of reviewed encounters is tied to patients impacted by risk models.

The goal



Create an outpatient CDI team across multiple physician practices.

This team is primarily responsible for helping the organization focus on high impact opportunities, which requires analyzing and consolidating large amounts of information across multiple physician practices. To assist in this process, the outpatient CDI team leveraged the 3M HCC Management solution to identify and prioritize top HCC categories.

The results



Increased CDI efficiency

CDI specialists are twice as efficient completing longitudinal chart reviews as compared to simply using the electronic health record (EHR) and spreadsheet reviews.



Enhanced provider engagement

Provider adoption of messages from CDI is 20 percent greater with a nudge vs. receiving an inbox message within the EHR.

Partnering for success

 Real results with
3M HCC Management

An effective HCC solution is more than a physician tool or documentation program. It's a comprehensive system that integrates expertise across teams to better represent patient care and provide the information needed for managed care programs, all in a single closed-loop process.

Partnering with 3M empowers your organization with the right technology and expertise to create a comprehensive solution. With 3M you can have the confidence that your organization is prepared to successfully navigate the HCC landscape and accurately represent patient care.

3M HCC Management:



Improves prioritization for patient reviews so patients with the greatest need are reviewed first



Improves productivity, doubling the daily number of longitudinal chart reviews by the outpatient CDI team



Facilitates proactive scheduling, care coordination and complete and accurate coding



Increases physician adoption of HCC interactions. In some organizations, adoption increased up to 20% when comparing utilization of real time nudging compared to EHR inbox messaging



Drives the capture of accurate RAF scores to support appropriate risk-based reimbursement



Call today

For more information on how 3M products and services can assist your organization, contact your 3M sales representative, call us toll-free at 800-367-2447, or visit us online at www.3M.com/his.

References

- 1 [Penn LDI future of value-based payment white paper](#)
- 1 [State of Medicare Advantage Report](#)
- 3 Figure based on an aggregate data analysis of 3M clients
- 3 [The paradox of choice](#)
- 3 [Nudge](#)



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