Helping Physicians Overcome Barriers in Risk-Based Documentation and Coding

PART 1: THREE SOFT SIGNALS ABOUT WHAT MAY BE HOLDING YOUR PHYSICIANS BACK

Do you suspect physicians at your organization need additional risk-based documentation and coding training?

The answer is probably "yes," because thorough and accurate risk-based documentation and coding is a difficult and complex shift for physicians to make, and it is critical for organizational success under value-based care.

But what KIND of training will make a difference?

That is the harder question to answer–especially when everyone has been trained, to some extent, already.

To create a tailored, successful training program, you need to answer the most important question of all:

What specifically is holding these particular physicians back, at this particular moment in time?

This is the key to offering more effective training in future.

The Curation Health Platform is a clinical support tool that flags suspect chronic conditions for providers to consider and assess at the point of care. Also built into the system are analytics reporting and a feedback tool that provide visibility into the types of issues that may be constraining physician VBC performance.

Below are three meaningful 'problem signals,' surfaced by analysis of the Curation Health Platform, that offer helpful clues about the barriers that physicians are running into.

Soft Signal #1: Outside My Specialty Scope

> ## I am not this kind of specialist. Why am I being prompted to consider this code?

Early on in client engagements with Curation Health, physicians will ask questions such as: "I'm not an oncologist, why am I seeing this cancer code?" and "Why do I have to consider this behavioral health condition if the patient is also being seen by a behavioral health specialist?"

The root cause problem here tends to be that the physicians in question are newer to value-based care and have not been adequately trained to view their role as the 'The Quarterback' of a patient's total care plan. Providers cannot perform effective care management and documentation practices until they internalize this responsibility. A cancer diagnosis may not be the reason for a visit to Primary Care, but as 'The Quarterback' of a patient's entire care, a Primary Care Physician must consider their patient's diagnosis when planning and managing their care. A specialist plays a specialist's role in cancer care; but it is not the only role in that care.

Soft Signal #2: Isn't it all about HCCs?

> ## Why am I seeing a code for this condition? It isn't associated with an HCC.

When physician comments reflect some variation of, 'Why am I seeing this code for hypertension when it's not an HCC," the root-cause problem may be that that previous risk adjustment training focused too much on 'teaching to the test.' Many physicians with only a basic orientation to VBC initiatives incorrectly believe that their role in risk-based documentation and coding is limited to capturing Medicare HCCs. That impression creates a dangerously narrow view of the provider's clinical role, as well as an unwelcome compliance risk. In truth, there are many types of codes that are relevant in a VBC context. While hypertension does not have HCC value, for example, it represents a milieu in which clinical complications are common and rising risk should be monitored.

Soft Signal #3: When Prevalent Conditions Go Missing

> ## Conditions documented are not in line with actual incidences in the population

Our top example here is Morbid obesity. Morbid obesity consistently registers on lists of most-common conditions nationwide. However, when we analyze performance opportunities, we find that it is a commonly missed diagnosis. To address that, Curation Health recommends checking for disparities in actual vs. documented incidence of morbid obesity in the patient population.

When physicians systematically under-document morbid obesity, the root cause tends to be physician discomfort dialoguing with patients about long-standing health issues that carry some stigma. This is an area of discomfort that can be overcome with a variety of supports – not just training.

> *Stay tuned for Part 2, in which we address how to effectively address the root-cause barriers we have discussed here. Hint: It includes training—but not only training—to help physicians perform as well as possible when it comes to risk-based documentation and coding.*