

# From Risk to Reward:

## One Organization's Journey to Successful Chronic Condition Management

A large health system in the greater Midwest faced the challenge of accurately depicting the complexity of a patient population across a broad geographic spread of clinics staffed by hundreds of providers.

### The list of formidable obstacles included:

- + Ensuring chronic conditions of a broad demographic population were captured in face-to-face visits
- + Busy physicians overburdened with documentation, electronic records, and scheduling issues
- + An immature set of metrics for gauging progress
- + An uncertain blueprint for getting started

To accomplish this critical mission the organization contracted with Norwood in February of 2023.

### Success requires data and a plan

As with any project, it all begins with establishing the lay of the land through an assessment. Norwood established the organization's baseline HCC capture rate and how that compares to peers and national benchmarks. We collected data on how the organization scheduled patient visits.

Finally, we assessed the organizational alignment of population health, revenue cycle, and clinical and ambulatory operations.

### To succeed in this space, you must:

- Know who your patients are, what risk program they are in, and what clinical conditions they have.
- See your patients at least annually. Best practice is that organizations see their patients multiple times per year.
- Put processes in place to alert clinicians to known and suspected conditions and empower them to capture them.
- Aggressively monitor process and outcome metrics to ensure that patient complexity is fully captured.

Our assessment revealed considerable gaps and opportunities and formed the basis for a new outpatient CDI program with a specific focus on risk adjustment.

## Year-over-year results

The most effective way to gauge performance is with year-over-year comparisons. Q1 comparisons of 2023 to 2024 demonstrate substantial improvements and tangible return on investment. These included:

- + Enhanced patient scheduling:** Through 3 months the organization saw 46.2% of patients with chronic RAF, up from 43.8% in Q1 of last year. Additionally, future scheduled appointments improved from 37% to 42%.
- + Increased use of technology:** Year over year use of Epic BPA jumped from 56% to 65%. Primary care physicians took action 72% of the time. Importantly, providers used the N/A button to reject a condition more frequently, an indication of the use of clinical judgment and compliant practice of rejecting irrelevant conditions.
- + Improved capture rates:** Across-the-board performance went up and accelerated from prior years, closing in on a 50% goal for Medicare/MA capture in Q1.

In short, the organization is seeing more patients and capturing additional conditions that improve its risk scores. This has resulted in tangible improvements to the health of its patients and its organizational bottom line. Risk adjustment and outpatient CDI is a team game. We paused to celebrate all of the teams working across ambulatory operations, clinical operations, population health, and revenue cycle. The results speak for themselves.

## Future work: Incorporating Norwood's 45 Best Practices

As the Chief Medical Officer at one of the nation's largest healthcare organizations said, "Value-based care can't be a side hustle. You have to be all in." We agree, and to that end are building CDI 2.0 with our partner organization.

This includes full alignment with clinical staff, ambulatory operations, revenue cycle, and population health, with CDI as a component. The objectives are deepening patient outreach, improving provider engagement, greater utilization of point-of-care tools, and a commitment to proactive patient scheduling for care management. This remains an ongoing focus and objective of our future work.

Figure 1. Percentage of Chronic Risk Adjustment Factor (cRAF):

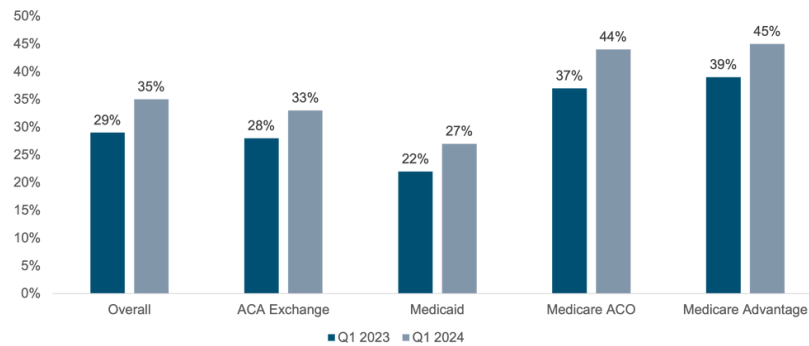
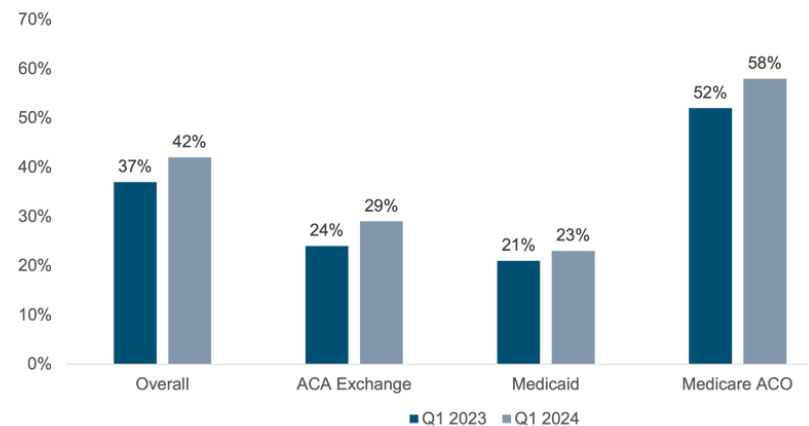


Figure 2. Percentage of Patients with cRAF with a Scheduled Upcoming Appointment:



## Start your journey with Norwood

If you're a CDI leader or HIM director, odds are you already know that you need an outpatient CDI program.

According to recent ACDIS survey data, only 20.6% of organizations have a standalone outpatient CDI program, but another 22% are planning to expand into OP CDI in the coming year.

Your journey can't start without a knowledgeable guide. We're here to create a map for an exciting new venture that will make you the hero of your hospital.

**To learn more, contact SVP of Solutions Jason Jobes at [jason@norwood.com](mailto:jason@norwood.com).**