

## Reduce physicians' burden from coding, documentation and risk adjustment with these strategies



In addition to the many administrative tasks providers are required to do, payers are requesting more complete and accurate coding and documentation for risk adjustment. With the transition to CMS HCC V28, specifications about what to code have changed. And there's the ever-present issue of physician burnout with no end in sight.

It's no wonder practice leaders may be hesitant to add more operational burden, particularly related to enhanced coding, documentation and risk adjustment. Physicians—especially those who are salaried—don't have time to spend documenting conditions and reporting data for value-based payment (VBC) programs. Yet a practice's future is greatly impacted by how well it performs both these tasks. As the industry shifts to VBC payment models, physicians need resources to adapt to these changing demands.

## Engaging physicians in capturing risk

Addressing these challenges requires a strategic approach to making coding and risk adjustment practices more physician friendly. Consider these strategies to support physicians in more accurately documenting the risk profile of their patients.

### Train physicians on standard coding and documenting practices

Get all physicians on the same page in terms of process and workflows. Consistency is important because it reduces operational costs, allows for standardized training and helps establish expectations. Both the organization and the physicians will know exactly what is expected.

### Align physician compensation with VBC initiatives

Compensating physicians for their efforts is essential to obtaining physician buy-in and ongoing participation. Tying physician performance and compensation to overall organizational goals ensures shared accountability. Strategically designing compensation programs for both clinical and support staff can proactively counter the problems of physician burnout, declining retention and a growing shortage of talented physicians.

A base salary plus a gain-share bonus based on VBC performance gives physicians an incentive to accurately code and document for risk adjustment. It reinforces the message that executive leaders are aware of the extra time and effort improved coding and documentation requires.

### Maximize the electronic health record (EHR)

EHRs, on their own, do not sufficiently support coding and documentation to optimize VBC performance. However, solutions are available to help identify care gaps and facilitate accurate coding.

Physicians need help with this process, as risk adjustment coding is complex and cumbersome. In the V28 CMS risk adjustment model, roughly 7,700



ICD codes are grouped into 115 HCCs designated for risk adjustment payment. HCCs provide a complete picture of each beneficiary's acuity to effectively manage costs and provide high-quality care for high-risk patients while ensuring that the organization receives appropriate and accurate payment.

Providing this information for physicians in a useful format reduces the burden on them and improves performance in VBC, quality and risk adjustment initiatives. Work with your EHR vendors to optimize EHR performance, the provider experience and patient outcomes.

### Take advantage of programs that remove operational burden associated with risk

Consider working with a health plan on a plan-sponsored program for primary care physicians that is easy to use and provides support to physicians. Such programs can combine technology with clinical and administrative resources dedicated to medical practices.

These programs can help practices earn incremental revenue, improve outcomes, increase numbers of preventive health encounters (e.g., annual wellness visits) and improve performance in VBC arrangements.

Ideally, the health plan would provide real-time data so that physicians could understand care gaps for each patient and how well they are addressing gaps.

If health plans don't offer this option, consider developing a program internally, depending on your goals, available resources and competing priorities. In deciding whether to pursue such an approach, you would need to assess the potential benefits weighed against the costs associated with the required upfront investment and ongoing resources for program management, analytics and reporting.

## Help physicians capture and address social determinants of health (SDOH)

Medical care accounts for only 10 – 20% of the modifiable contributors to healthy outcomes. The other 80 – 90% are referred to as social determinants of health: the conditions in the environments where people grow, live, work and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. Examples of SDOH include housing and economic stability, literacy skills and access to nutritious food and physical activity opportunities. Because SDOH often can affect risk adjustment and, consequently, revenue, it is important for physicians to capture this information.

You can assist physicians in this effort by providing a framework and support for capturing SDOH. Successful programs include training clinical staff, providing access to local resources, developing workflows and promoting standard practices that help simplify the risk-adjustment process including allocating time during patient encounters for these critical conversations.

## Be transparent about the financial impact of physician performance in VBC

Given the significant impact physicians have on a practice's performance under VBC payment arrangements, share financial performance data with physicians (and potentially other staff as well). For some healthcare organizations, incremental revenue earned through participation in such programs can help them end the year in a financially positive position. Transparently communicating to physicians the financial impact of performance in VBC payment contracts, including positive results attributed to quality and risk adjustment programs, builds awareness, trust and engagement.



## Plan for success

VBC is a strategic imperative for the U.S. healthcare system. First and foremost, it requires physician engagement. Although you may be wary of asking physicians to take on the additional administrative tasks, physician engagement is an absolute requirement for accurately documenting care and adjusting for risk.

Physicians will likely become more receptive if they can be shown how better coding and documentation directly improves the organization's financial performance. Show how that translates into reduced pressures placed on physicians, as well as more satisfied patients whose conditions and care gaps are addressed regularly.

By examining and implementing creative and effective solutions aimed at easing the administrative burden on physicians, you can help them better meet the challenge of performing documentation and coding, while also demonstrating that the organization is on their side. The result is a win for patients, physicians and their practices.

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