



Prospective (Pre-AWV) Chart Review

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Value Based Reimbursement Risk Adjustment

- Risk = Risk of incurring higher cost of care outside of preventive care & chronic disease management
 - treatment for disease complications
 - ER visits, hospitalization.
- Chronic disease burden (HCC Dx)
 - >> Complexity
 - >> Risk Scores



Value Based Reimbursement Risk Adjustment

- Value Based Care Reimbursement is dependent on predetermined performance measures
 - total cost of care - risk adjusted
 - Higher Risk >> Higher Cost of Care
 - Inpatient mortality rate - risk adjusted
 - VMC Mortality Rate Performance – “POOR”
 - Patient complexity not reflected in documentation



Value Based Reimbursement Risk Adjustment

- The Healthcare Industry is moving towards adjustment in Provider compensation based on the complexity of patient panel.
- Our patients are simple & healthy..... *NO!*
 - It is important to accurately reflect panel complexity by reporting all the chronic disease burden of your patients.



Commonly Missed HCC Diagnoses

- Severe Obesity (BMI 35.0 – 39.9) with Comorbidities

- Comorbidities

- DM, Hyperlipidemia, HTN, DJD, OSA....

A/P:

- Severe Obesity with Comorbidities. Hyperlipidemia controlled.



Commonly Missed Diagnoses

- Hypercoagulable State due to A. Fib

A/P:

- Hypercoagulable State due to A. Fib
 - A. Fib with rate controlled and on Coumadin due to high risk of hypercoagulopathy



Commonly Missed Diagnoses

- Immunosuppression/Immunodeficiency Due to Drug Therapy
 - Biologics including Enbrel, Humira, Simponi, Cimzia, Remicade, Cosentyx, Orencia, Actemra, Rituximab, Xeljanz
 - Others: methotrexate, leflunomide, azathioprine, sulfasalazine, prednisone (≥ 20 mg)

Commonly Missed Diagnoses

- Immunosuppression/Immunodeficiency due to drug therapy
 - Long term **use** of systemic **steroid** Z79.52
 - **Humira** long term **use** Z79.899
 - **Remicade** long term **use** Z79.899
 - **Methotrexate** long term **use** Z79.899
 - High risk medication use Z79.899

A/P:

- Immunosuppression due to drug therapy. On prednisone for Rheumatoid Arthritis.
- Long term use of systemic steroid



Commonly Missed Diagnoses

- Aortic Atherosclerosis/Aneurysm/Dilatation
 - Imaging Incidental findings
 - Visible to patients per Cures Act
 - Correlation with comorbidities (HTN, DM, Hyperlipidemia, CAD)

A/P:

- Aortic Atherosclerosis. Hyperlipidemia controlled.



Commonly Missed Diagnoses

- Statin NOT in CVD/DM
 - Statin Induced Rhabdomyolysis/Myositis/Myopathy
 - Myalgia due to Statin
 - Allergy to Statin
 - Adverse Effect of Statin
 - Hepatotoxicity due to statin drug
 - Statin Declined/intolerance

Other HCC Diagnoses

- Centrilobular Emphysema
 - Imaging incidental findings

A/P:

- Centrilobular Emphysema. Asymptomatic. Hx of tobacco smoke exposure

Other HCC Diagnoses

- Diabetes with Complication
 - Type 2 DM with hypertension
 - Type 2 DM with hyperlipidemia
 - Type 2 DM with cataract
 - Should have causality relationship
 - Need to comment on both diagnoses

A/P:

- Type 2 DM with CKD3: DM controlled. CKD stable.



Other HCC Diagnoses

- Patient on anticoagulant due to recurrent DVT
- Diagnosis on Problem List?
 - Recurrent DVT (HCC) >> current thrombosis
 - Hx of recurrent DVT >> no current thrombosis

Other HCC Diagnoses

- Toe Amputation/BKA
 - >> Fall Risk!
 - Need to code/report yearly
- A/P:
- Hx of BKA: no recent fall

Questions?



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