



Risk Adjustment and Medical Scribes

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Introduction

Healthcare organizations are increasingly incentivized to care for medically complex patients through the concept of risk adjustment. Hierarchical conditional coding (HCC) is a collection of 80+ chronic medical and mental health conditions used to determine patient specific risk scores and define reimbursement rates. Active HCC conditions must be addressed and documented annually. Medical scribes are a proposed solution to assist with the increased documentation burden associated with risk adjustment expectations.

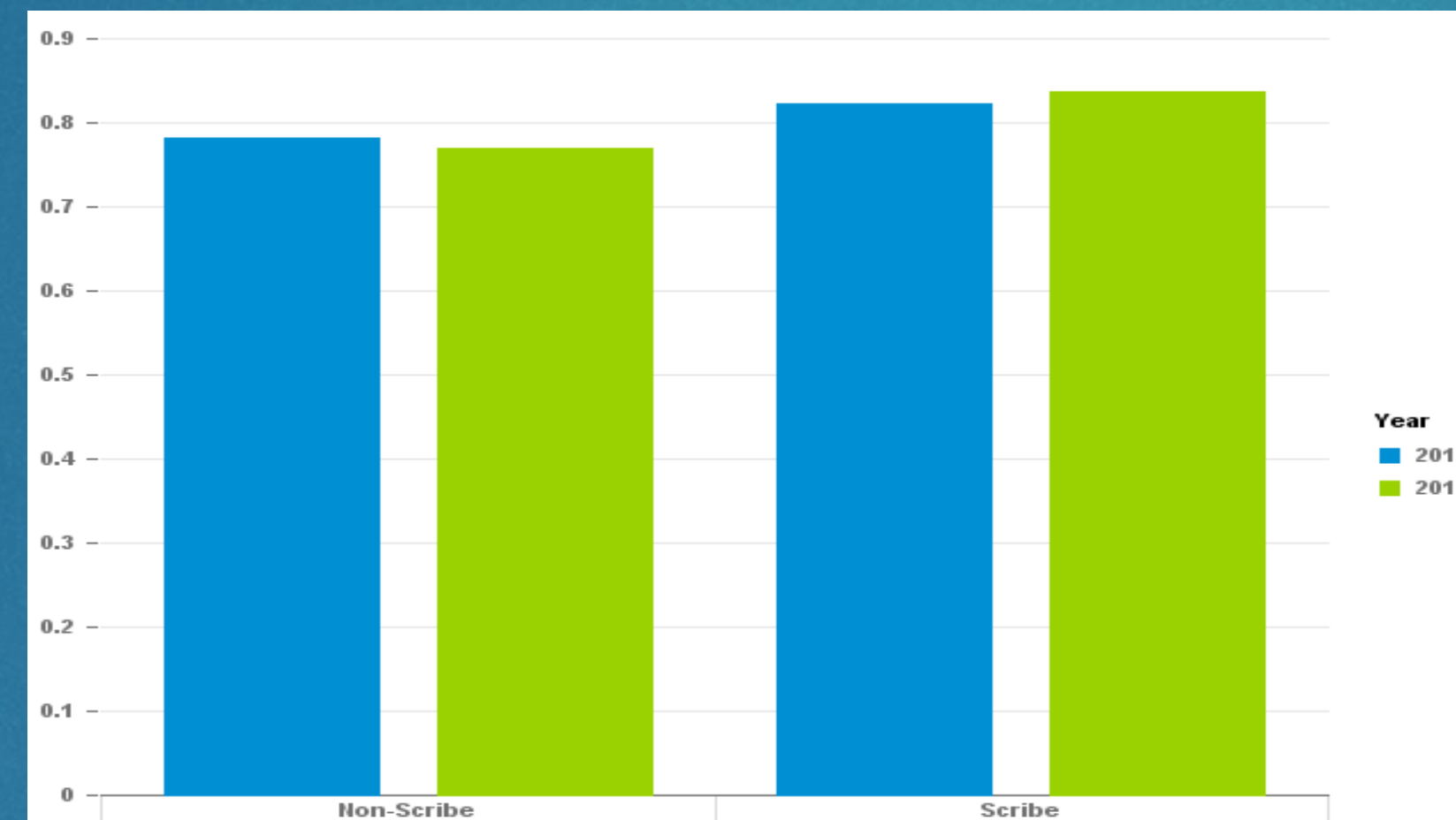
Objective

Assess the number of documented HCC conditions and the impact on our population's HCC risk score by deploying a standard documentation process using Medical Scribes for 41 primary care providers (PCP) in our organization.

Methods

Our organization's analytics department extracted visit diagnosis data from the electronic medical record (Epic) to determine the number and percentage of HCC conditions addressed and documented during a clinic visit. Data was collected for both study arms prior to, and after, the deployment of medical scribes for both PCPs supported by scribes and PCPs not supported by scribes. The average per-patient HCC risk score was also reported.

Percentage of Documented HCC Conditions



Study Arm	Patient count	Total HCC Conditions	HCC Conditions Documented	% Documented	Average per Patient HCC Risk Score
2014 (prior to scribe support)	10,266	13,231	10,335	78.11%	0.668
Non-Scribe PCPs					
Scribe Supported PCPs	2020	4,432	3,643	82.2%	0.998
2016	10,573	14,446	11,117	76.96%	0.77
Non-Scribe PCPs					
2016 - Scribe Supported PCPs	3,502	7,944	6,647	83.67%	1.14

Results

Scribe Supported PCPs:

Prior to scribe support in the first 6 months of 2014, PCPs addressed 3,643 of a possible 4,432 (**82.2%**) HCC conditions for an average per-patient risk HCC score of **0.99**.

After full deployment of medical scribes to these PCPs, in the first 6 months of 2016, 6,647 of 7,944 (**83.7%**) HCC conditions were addressed with a resulting average per-patient risk score of **1.14**.

Non-Scribe Supported PCPs:

During the first 6 months of 2014, non-scribe supported PCPs addressed a total of 10,335 of 13,231 (**78.1%**) HCC conditions for an average per-patient risk score of **0.67**.

During the same period of 2016, these PCP's addressed a total of 11,118 of 14,446 (**77%**) HCC conditions for an average per-patient risk score of **0.77**.

Discussion

In this study we deployed full-time medical scribe support to 41 primary care providers with the focus on improving the number of HCC conditions addressed for purposes of risk adjustment. As a result, scribe supported providers improved the rate that HCC conditions were documented during a clinic visit when compared to all non-scribe supported primary care providers in the organization. Additionally, the average patient HCC risk score also increased.

Total cost of care payment models increasingly rely on risk adjustment to determine the complexity of the patient population and determine financial reimbursement for care. Thus, improving risk adjustment through documentation of high risk conditions leads to significant financial opportunity for organizations who care for complex patient populations.

Conclusions

Risk adjustment offers significant financial opportunity to care for clinically complex patient populations. Yet, there is increased documentation expectations and burden, particularly for PCPs. Medical scribes help alleviate this burden. Improved documentation of chronic conditions through the support of medical scribes is a potential solution to improve metrics as they apply to risk adjustment