



STANSON HEALTH
A PINC AI™ SOLUTION

**Care More, Code (More) Accurately with Guidance
Delivered Directly to Providers at the Point of Care**

BJC's Approach Focused on Provider Engagement is Key to Success

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BJC Accountable Care Organization

Housekeeping

- Speakers will present for approximately 45 minutes
- Q&A will take the remainder of time
- You can submit written questions using the Questions tab on your dashboard to the right of your screen at any time during the webinar
- During the Q&A session, you can use the “raise hand” feature on your dashboard to ask a live question
- Webinar is being recorded
- Slides and recording will be available on the NAACOS website within 24 hours. You will receive an email when they are available



**BJC Value Based
Care Journey**



**Prior HCC Coding
Initiatives**



**Successes
and Challenges**

HELLO

I AM BJC ACO

AN ACCOUNTABLE CARE ORGANIZATION

WITH

37,442

BENEFICIARIES

AND

850+

PRIMARY CARE AND SPECIALTY PROVIDERS

SERVING BENEFICIARIES

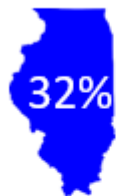
TOTALING **106,493**

SINCE INCEPTION

IN

2012

BENEFICIARY LOCATION



58%

OF BENEFICIARIES
ARE

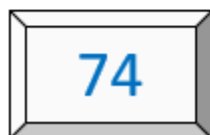
FEMALE

2,707

ARE **DISABLED**



AVERAGE AGE



% OF BENEFICIARIES WITH CHRONIC DISEASE

HYPERTENSION

32%

OBESITY

11%

DIABETES

23%

COPD

11%

ESRD

4%

CHF

12%



132

PHYSICIAN PRACTICES

56% PCPs



30

SNF AFFILIATES



ACHIEVED QUALITY SCORE OF 85.01% IN 2021



2012

30,073

2013

31,252

2014

39,552

2015

38,709

2016

31,459

2017

39,262

2018

40,551

2019

39,319

2020

39,234

2021

39,109

2022

37,442

2023

35,619



LEARNING OBJECTIVES FOR TODAY

1

How to engage providers to operationalize coding approach

Provider Engagement

2

Helping physicians get involved in the coding process in the EHR at the point of care

Coding in Workflow

3

Delivering the right alerts at the right time to the right provider

Avoiding Burnout & Fatigue

4

BJC shares their journey for HCC success

Change Management

5

Discuss how HCC solution can provide smart coding, backed by AI, NLP and ML

HCC Solution

6

Improving HCC coding even without incentives

No Incentives



HCC MARKET CHALLENGES



Enrollment escalating, currently accounting for **48%** of all Medicare beneficiaries



Traditionally, payers and providers have not worked collaboratively together



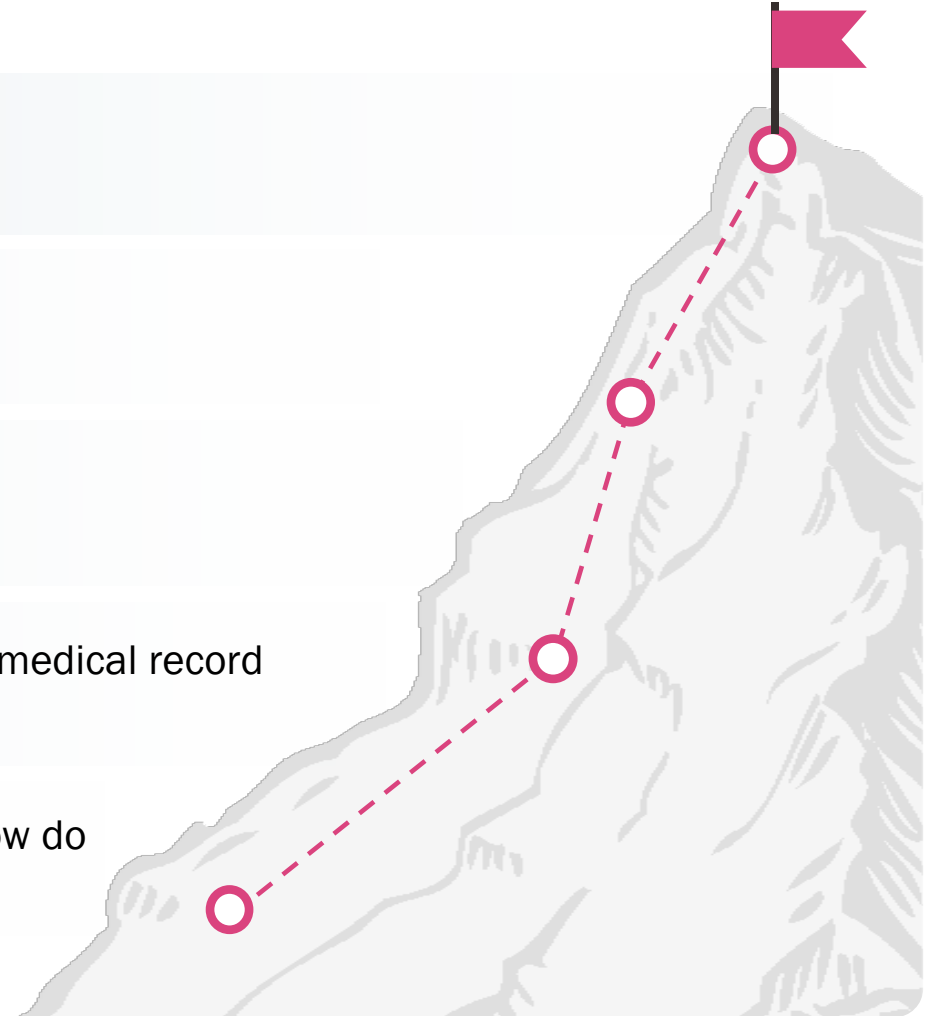
Capturing accurate/specific HCC diagnosis is vital for appropriate staffing and reimbursement



The CMS also wants risk adjustment diagnosis to be based on medical record documentation from face-to-face encounter



Getting physicians involved in coding process is a 'must' but how do we do so, without adding significant burden?





POLL QUESTION

Which programs are a high priority for HCC coding?

- + ACO
- + Medicare Advantage
- + Both



BJC AND STANSON HCC-CDS COLLABORATION



Collaborating to implement EHR-embedded point of care solution

- + Real-time approach and results
- + Provider workflow
- + Analytics to monitor performance, adoption, outcomes

High-level impact

- + Improve risk scores
- + Improve reimbursement
- + Facilitate appropriate services for patients

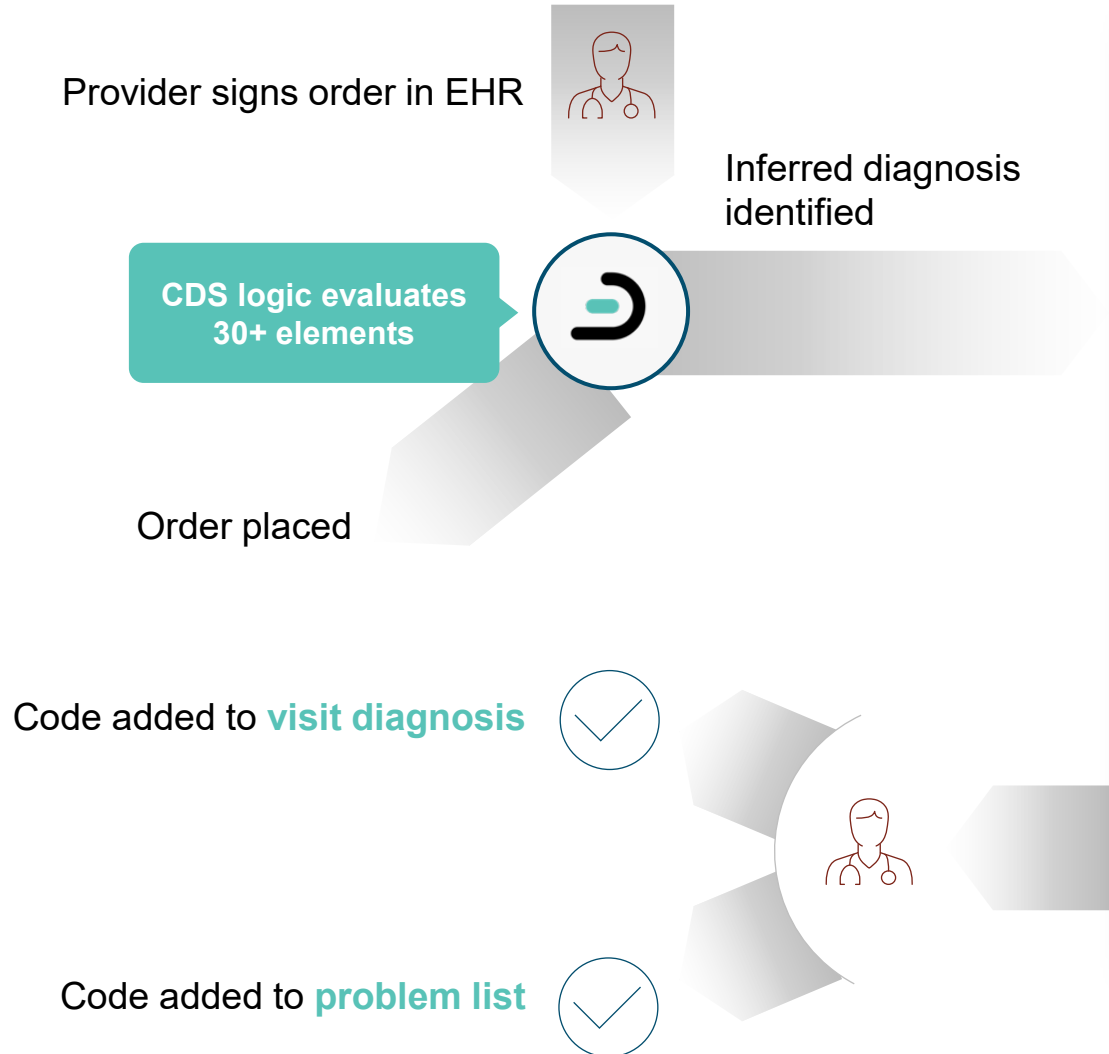


HCC IMPLEMENTATION APPROACH & STRATEGY AT BJC





SUSPECT DIAGNOSIS CODE INTEGRATED INTO PROVIDER WORKFLOW



BPA Example

HCC code (E22.1 Hyperprolactinemia) may be applicable to your patient.

Provider: You may wish to evaluate whether adding one or more of these HCC diagnosis codes to your encounter diagnoses and problem list would be appropriate in your independent clinical and coding judgment. If so, we recommend addressing your diagnosis in your progress note

Most Recent Prolactin: 31 ng/mL (10/8/2021)

Acknowledge Reason:

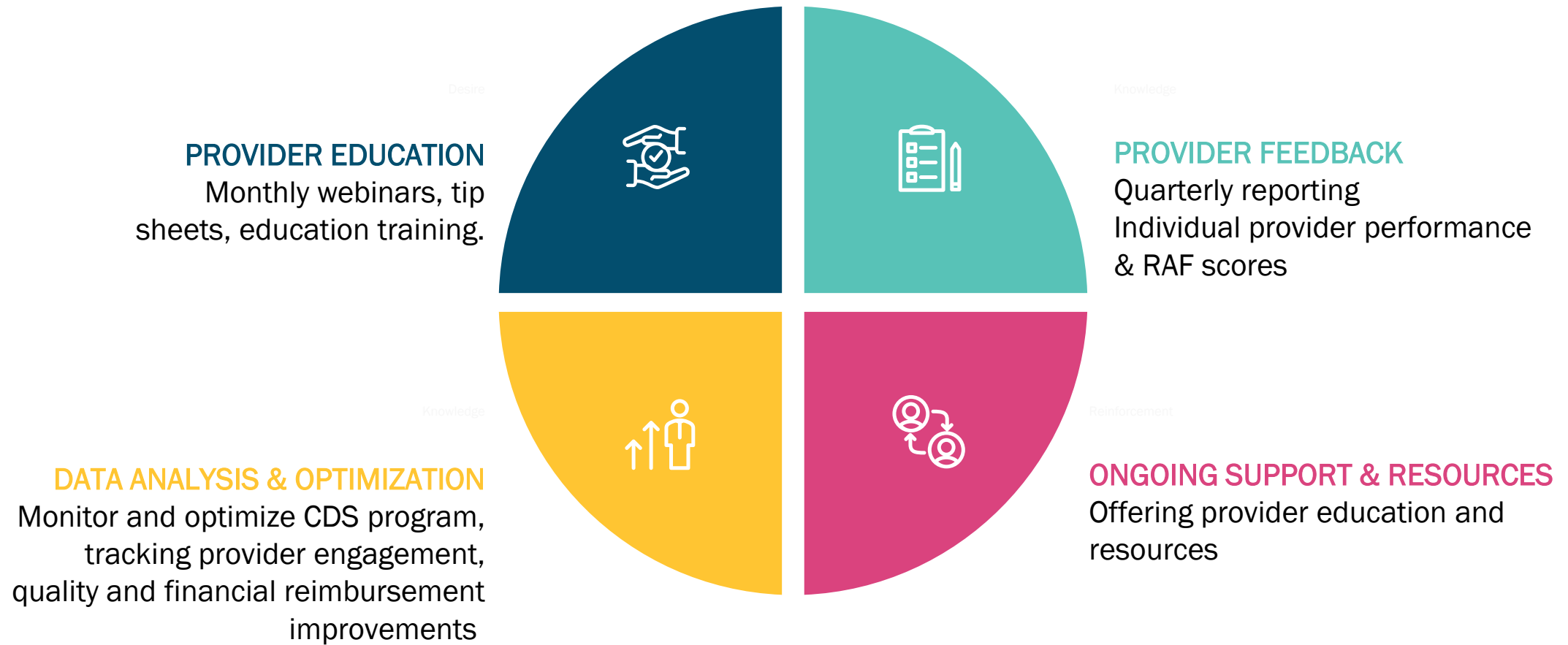
Doesn't have hyperprolactinemia Other (please specific)

Add to visit diagnosis and problem list Do Not Add

45+ HCC BPAs ranging from Diabetes, Morbid Obesity, CKD

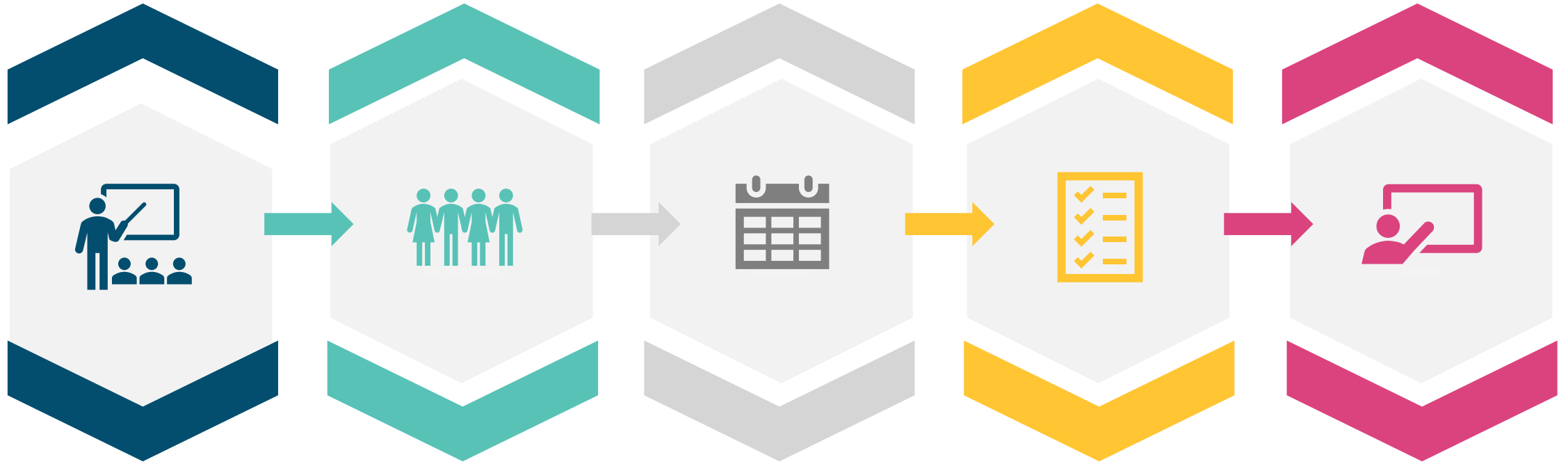


KEYS TO PROVIDER ENGAGEMENT & ADOPTION





CURRENT EDUCATION



CDI 30 Minute Sessions focused on a single HCC opportunity

New Provider Orientation high-level overview of risk adjustment and outpatient HCC coding

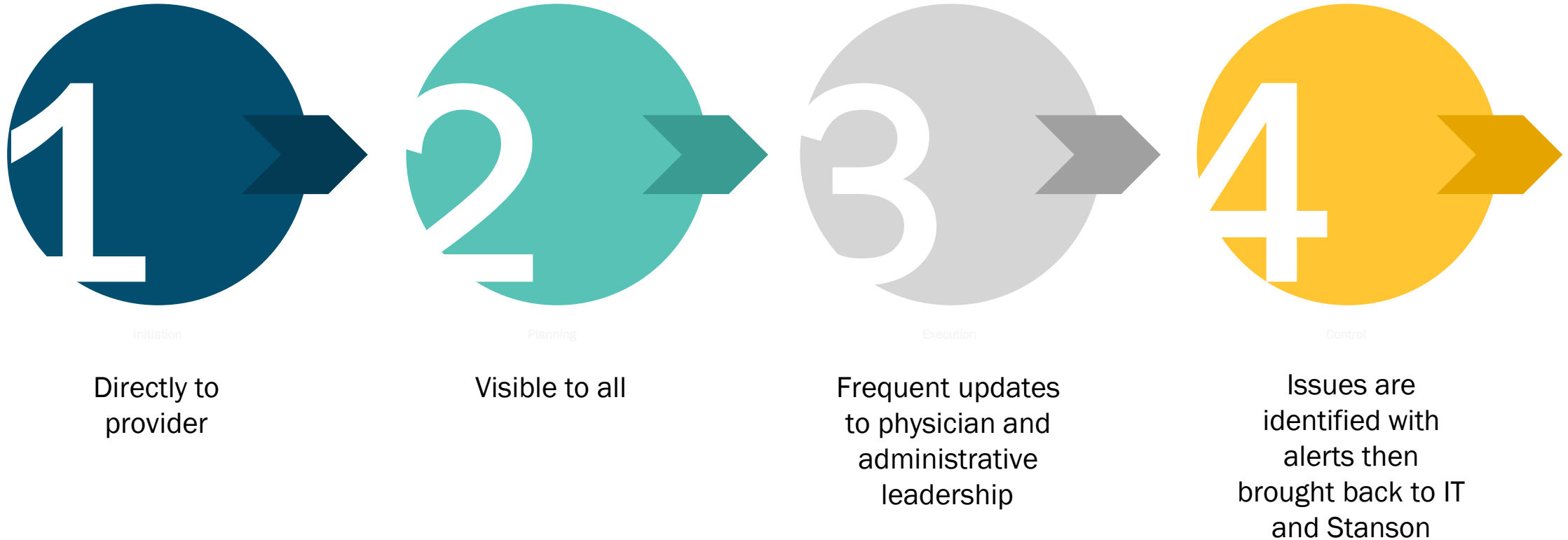
Primary Care Post-Onboarding Sessions presented to providers after 6 months to review HCC “hot topics” and FAQ

Monthly HCC Coding Tips emailed to providers

Ad Hoc Refresher Session with primary care practices



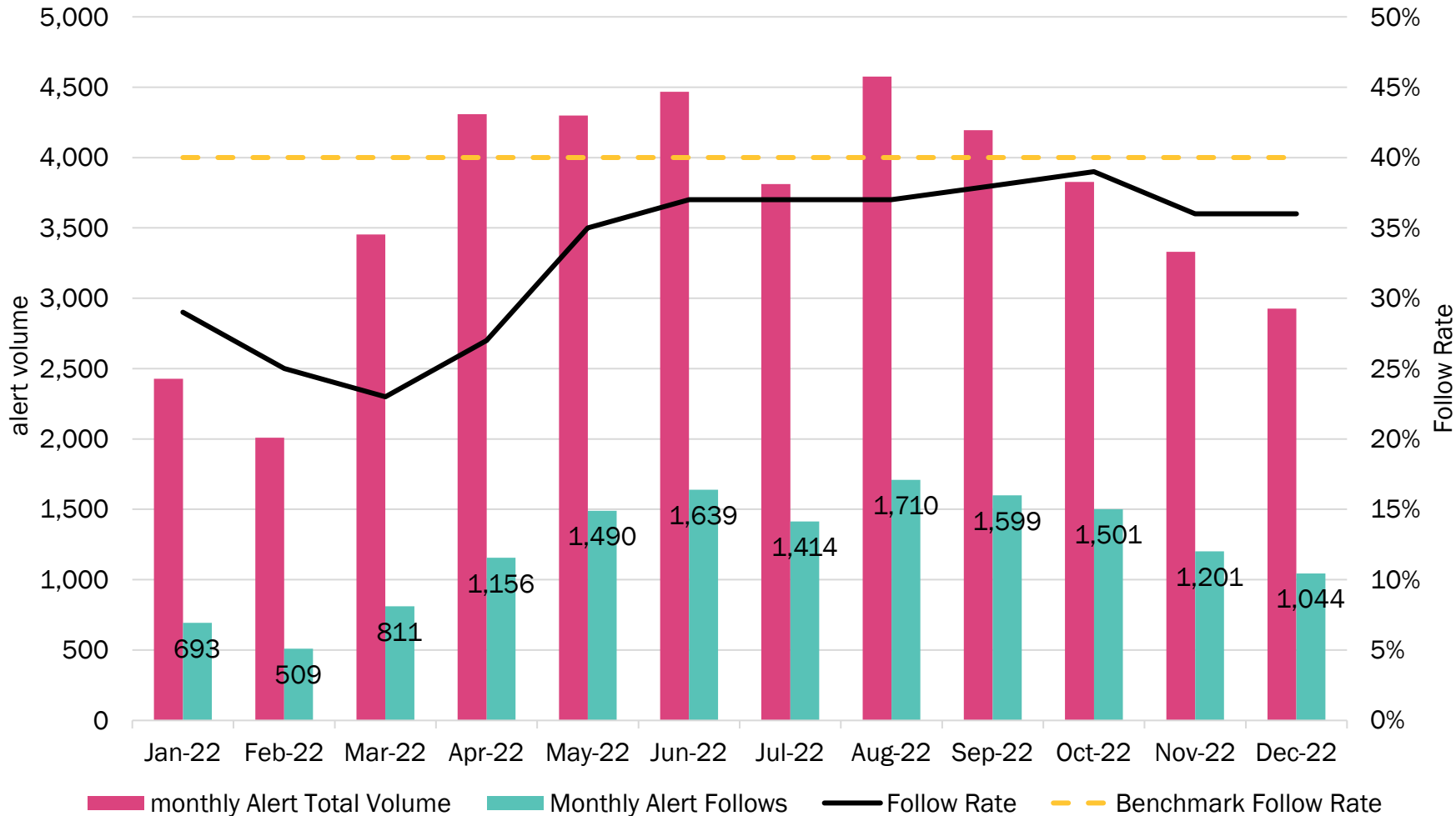
PROVIDER FEEDBACK PROCESS





STANSON HCC ALERT PERFORMANCE & DRIVING PROVIDER ADOPTION AT BJC

Stanson HCC alerts



Key Initiatives



Monthly Provider Tips/Webinars



Provider Feedback

Key Outcomes

13K HCC codes added

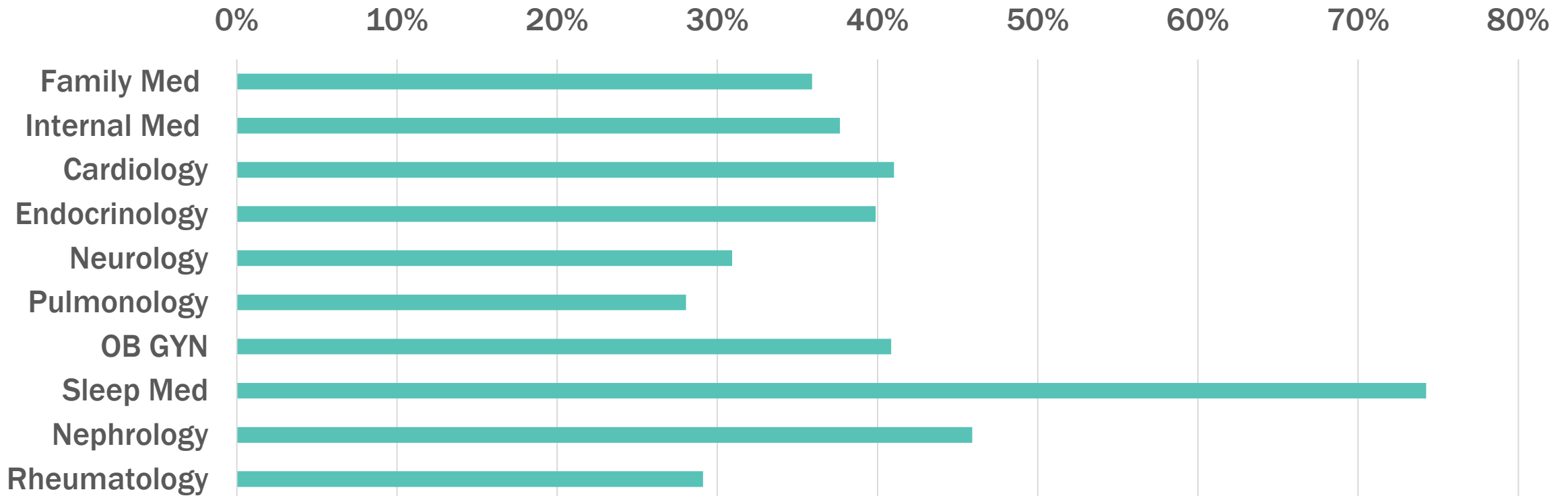
25% Improvement in Provider Adoption (follow rate)



PCP & SPECIALISTS PROVIDER ADOPTION: TOP 10 DEPARTMENTS BY VOLUME AT BJC

Specialists must be part of any value-based care strategy going forward to meaningfully reduce costs and improve population health¹

HCC Codes Added (% Followed)



Date Range: 7/1/22 - 12/31/22 (6 months)

Stanson HCC Alerts

¹ Furr-Johnson, R. and Wirth, C. (2021). *HCC capture: How to engage specialists and succeed in value-based care*. Advisory Board.



HCC KEY RESULTS & OUTCOMES AT BJC

Q1 - Q4 2022

13,754

Distinct HCC Codes
Documented at BJC

36%

Average follow rate across all
live Stanson HCC alerts at BJC

44

Number of live Stanson HCC
alerts at BJC
(out of 45 total alerts)

Potential Revenue Impact

\$4.4 Million

For VBC Population

Assumptions:

- 10% of population in VBC
- \$1,035 avg PMPM

Date Range: 1/1/22 - 12/31/22



POLL QUESTION

How many of your plan partners have Medicare Advantage / risk-based contracts that would utilize HCC coding?

- + 1
- + 2
- + 3
- + 4
- + 5+



QUESTIONS?