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Healthcare Providers Guide

Activate the Full Potential of Patient Encounters in Value-Based Care

Enhance patient outcomes with data-driven insights at the point of care.

For an industry driven by deadlines, the moment of truth in value-based care is the patient encounter.

The healthcare industry, and value-based care specifically, is driven by the calendar from enrollment through submissions. This schedule is largely driven by the complexity of payments and reimbursements, overpayment concerns by regulators, and the need to tightly monitor the cost of care. The US government spending on Medicare Advantage is predicted to surpass $500 billion[1] in 2024 and approach $1 trillion in the next decade. With so much money at stake, value-based care organizations are required to focus much of their time, resources, and budget looking backwards. They invest heavily in retrospective activities to prove whether patient care, patient RAF scores and reimbursement dollars all align.

However, value-based medicine is ultimately driven by patient outcomes and what happens at the point of care. The best time to confirm risk-adjustable conditions, evaluate disease progression, review suspected diagnoses, and close care gaps is during the patient encounter. For providers to succeed in value-based care, patient encounters must prioritize health outcomes, manage high-yield pathologies and support risk accuracy.

Optimizing patient encounters across a population requires risk stratification, proactive engagement, and personalized interventions with unique care pathways. Providers have been chasing these goals for some time. Today, AI is allowing value-based care organizations to approach them in new ways. With the right technology, providers can turbocharge their ability to care for high-risk populations.

Stratifying patients by undiagnosed conditions

Medicare Advantage patients are recommended to see their primary care provider at least twice a year for comprehensive assessments and care management, and all chronic risk adjustable HCCs must be documented annually. Regular encounters provide opportunities to identify and address potential health risks, update documentation, and ensure accurate disease burden. Before the encounter, providers must first identify where to invest patient engagement activities to set the foundation for an impactful patient visit.

A common approach is to stratify patients based on risk profiles and target those most at-risk for early outreach and intervention. One study found more than 30 patient risk stratification models used around the world[2], including Hierarchical Condition Categories designed by Centers for Medicare and Medicaid Services (CMS) to adjust capitation payments for value-based care enrollees. Despite some differences between different risk stratification models, they most commonly predict "future hospitalization, emergency department visitation, high healthcare utilization, and total cost," according to the study.

In value-based care, CMS has declared clinical documentation at the point of care to be source of truth when calculating patient RAF scores and reimbursements for care. The patient encounter is the opportunity to get conditions and treatments on the record. Care gaps found retrospectively are only as impactful as the ability to close them during the year through another encounter or home-health visit.

Since the first encounter is so crucial, optimizing patient encounters should be focused on driving insights to the point of care and prioritizing personalized engagement where it's most impactful. Because value-based care is built around HCC models, risk stratification strategies that reveal true health risk of individual patients would be valuable to providers prior to the encounter.

Today with AI, healthcare organizations can identify patients who have the greatest propensity for undocumented or untreated diagnoses that could lead to costly hospitalizations if unaddressed. Engaging high-risk patients proactively is essential to prevent adverse events and streamline the risk adjustment process after the fact. In value-based care, when providers stratify by undiagnosed clinical risk they can put insights into action quickly, as well as informing how to personalize the upcoming patient encounter.

In a data validation study on behalf of an accountable care organization, Reveleer reviewed a small cohort of 200 lives in Florida. The ACO wanted to confirm how well it knew the true risk profile of their patient population to help improve approaches to condition management. The company suspected that it lacked a holistic view of its members because Florida has a large seasonal population with residents likely to receive care out of state. Meanwhile, 6% fewer of Florida residents have a regular healthcare provider and 30% more postpone care due to cost than national averages.[3]

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This test revealed how much more the ACO could learn about the health of its broader patient population. It also surfaced actionable insights in the form of suspected undiagnosed HCCs for providers to review with patients during the encounter. When executed at scale, this approach highlights where provider groups should invest in proactive outreach and informs how to personalize each encounter.

Capabilities required to reveal suspected HCCs

Risk-bearing providers might struggle to develop the data aggregation and AI capabilities needed to surface undiagnosed conditions. However, the industry is investing heavily in AI. The global AI market in healthcare surpassed $20 billion in 2024 and is predicted to reach nearly $150 billion in the next five years.[4]

Despite widespread growth, few solutions are architected to aggregate data beyond the EHR, use multi-source data, and/or support native EHR integrations to surface potential, undiagnosed risk-adjustable conditions for risk-bearing providers. Value-based care organizations can use the following scorecard to quickly assess whether a solution is able to deliver clinical insights at the point of care.

Advanced Analytics for Real-Time Clinical Insights:

Real-time analysis beyond retrospective reviews to deliver actionable insights during the patient encounter. AI identifies suspected undiagnosed HCCs that might be missed by human reviewers, potentially uncovering:

- Undiagnosed chronic conditions, comorbidities
- Early signs of disease progression
- Potential drug interactions or adverse effects
- Opportunities for preventive care interventions

Interoperability & Data Integration:

Comprehensive data integration enables a more holistic understanding of patient health, supporting more informed patient encounters. Interoperability addresses the challenge of fragmented healthcare data by:

- Integrating data from multiple EHR systems, HIEs, and other sources
- Standardizing data from diverse sources to ensure consistent analysis
- Implementing security measures to protect patient privacy while enabling data sharing
- Providing a unified view of patient health that incorporates clinical and non-clinical data

Point-of-Care Integration:

Clinical insights are more actionable when available during the encounter, improving patient care and risk adjustment accuracy. Providers need to focus on delivering care, not administrative tasks, complicated IT systems and reporting tools, meaning insights must be accessible:

- In a concise, easily digestible format
- Backed by supporting clinical evidence
- Synced to update documentation in clinical systems in real-time
- Without disrupting their workflow

Audit-Ready Compliance and Governance

Audit-ready compliance is essential as CMS-HCC V28, RADV audits, and payer reviews put more scrutiny on prospective risk programs. Providers need confidence that every suspected condition is defensible, traceable, and aligned with current regulations.

- Linked to source evidence and dates
- Driven by transparent, clinician-authored rules
- Versioned to reflect regulatory changes
- Tested through RADV-style mock audits

Personalizing patient engagement to improve care

Despite the importance of patient engagement, many value-based care organizations struggle with low participation rates. Studies have shown that more than 50% of assigned patients may not be actively engaged with their care teams. This indicates a lot of missed opportunities to positively impact health outcomes, manage patient conditions and reflect patient risk accurately.

Patient engagement comes with a cost that is only predicted to grow. The patient engagement solutions market was nearly $6 billion in 2022 and is expected to surpass $18 billion by 2030.[5] The cost, in terms of dollars and bandwidth, requires tangible outcomes and ROI. Providers need to prioritize personalized, patient engagement strategies that move the needle.

In value-based care, uncovering a full picture of patient health and surfacing potential undiagnosed conditions can move the needle like nothing else. Clinical insights such as these when accessible pre-encounter immediately spotlight where to invest more attention and how to personalize the next encounter. Given the limitations of time and budget and the predicted growth value-based medicine, risk-bearing providers need to continually focus on personalization strategies that deliver clear value by optimizing the patient encounter.

1. Focus on health literacy

Personalized education and support programs tailored to each patient's health literacy level and cultural background can improve engagement and empower change. By equipping patients with the knowledge and resources to actively participate in their own care, provider organizations can build trust, improve adherence, and ultimately drive better health outcomes.

2. Engage the patient's support structure

When conducting outreach, it is important to engage not only the patients themselves but also their family members and caregivers. Mapping the patient's support network and involving them in the care process can significantly improve patient engagement and adherence to treatment plans, especially for individuals with complex health needs or limited ability to manage their own care. This may also involve using language-sensitive communication methods, such as multilingual staff or translation services, to ensure effective engagement with diverse patient populations.

3. Targeting readmissions

Provider organizations should prioritize outreach to patients recently discharged from the hospital, regardless of whether it is required by payor partners as a quality activity (MRP/TRC). Effective transition management is possibly the most effective intervention available today to improve outcomes and reduce healthcare expenses. In fact, there is an exponential decrease in likelihood of readmission the longer a patient is at home. The highest risk time frame from discharge from any given location are the first 48 hours[6]. Providers need to be informed without relying on outreach from patients, caregivers or facility staff. Instead care teams can leverage leveraging admission, discharge, and transfer (ADT) data to quickly identify patients who require post-discharge follow-up to help prevent readmissions.

4. Consider Social Determinants of Health that threaten the encounter

Food insecurity or housing instability and other non-medical factors known as Social Determinants of Health (SDOH) will impact health outcomes. This also may include transportation services and helping patients connect with the right services that are available. In fact, there is a large cohort of high-risk homebound patients that completely lack effective access to office-based care.[7]

5. Supplement outreach with digital engagement

At the same time, provider organizations must invest in robust patient engagement strategies that go beyond traditional outreach methods. This may include leveraging digital health tools, such as patient portals and remote monitoring devices, to facilitate continuous communication and data exchange between patients and care teams.

Innovation at the point of care

Patient encounters remain the cornerstone of value-based care, serving as the critical juncture where providers can significantly impact health outcomes, manage conditions, and ensure accurate risk adjustment. As value-based care grows, risk-bearing providers will increasingly need AI and data analytics to optimize patient encounters.

By stratifying patients based on undiagnosed conditions, providers can prioritize resources more effectively. This approach, coupled with proactive engagement strategies and personalized interventions, allows healthcare organizations to:

- **Identify high-risk patients** who may have undocumented or untreated diagnoses
- **Tailor outreach and care plans** to individual patient needs
- **Improve health literacy** and patient engagement
- **Target social determinants of health** that impact the patient engagement
- **Utilize digital tools** to maintain communication with patients

By embracing innovation and focusing on personalized, data-driven strategies, providers can improve patient outcomes and simplify the administrative burdens of value-based care.

Ready to enhance patient encounters with AI-powered insights?

By integrating AI and data analytics at the point of care, providers can turn each patient encounter into an opportunity for impactful, personalized care that drives success in value-based healthcare.

Request a demo to discover how our solutions can support proactive, impactful patient encounters that drive success in value-based care.

Request Demo

References

1. https://www.kff.org/medicare/issue-brief/what-to-know-about-medicare-spending-and-financing/
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8299990/
3. https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=StateHealth.Report
4. https://www.marketsandmarkets.com/Market-Reports/artificial-intelligence-healthcare-market-54679303.html
5. https://www.grandviewresearch.com/industry-analysis/us-patient-engagement-solutions-market
6. https://pubmed.ncbi.nlm.nih.gov/38321332
7. https://pubmed.ncbi.nlm.nih.gov/25561640/