Connective Health

FROM A $5,000 ERROR TO A $500 MILLION MISTAKE

Accurately Assessing Patient Acuity

Dr. James Taylor
Clinical Lead, Connective Health

Dr. Andrew Lundquist
CMO, Stratum Med & Mankato Clinic

Ryan Hess
CEO, Connective Health

VBCExhibitHall.com
Educational Webinar Series

Before We Get Started

A few quick notes so today runs smoothly

Questions? Use the Chat

- Drop your questions in the chat at any point during the presentation. Keep them coming!
- Dr. Taylor, Dr. Lundquist, and Ryan will take audience questions together during the closing Q&A session.

Session Recording

- This session is being recorded live.
- A full recording and slide deck will be shared with all registrants after the webinar, so don't worry about catching every detail live.

FEATURED PANEL

Meet Today's Speakers

Industry experts in clinical compliance and risk adjustment

Dr. James Taylor

CLINICAL LEAD, CONNECTIVE HEALTH

30+ years of clinical experience, including executive leadership roles at Kaiser Permanente.

Dr. Andrew Lundquist

CHIEF MEDICAL OFFICER, STRATUM MED & MANKATO CLINIC

Leads clinical and compliance strategy for a fast-moving, multi-specialty medical clinic.

Ryan Hess

CEO, CONNECTIVE HEALTH

Host for today's conversation on accurate, compliant risk adjustment and acuity documentation.

Today's Agenda

Accurately Assessing a Patient Acuity

1. What is Patient Acuity & why does it matter for clinical pathways?
2. What are the most important tools today?
3. Common Pitfalls: Where do clinical workflows often go wrong?
4. AI: Opportunities and risks?

What is Patient Acuity & Why Does It Matter?

Comparing clinical pathways and setting-specific acuity actions

Primary Care Acuity

Focuses on managing overall health, tracking chronic conditions, early interventions, and coordinates preventive health measures across diverse patient cohorts.

Primary Care Actions based on Differing Acuity

Determines visit frequency, dictates immediate care planning, and flags high-risk patients for targeted care management and specialized referrals.

Specialist Acuity

Addresses targeted organ systems, managing advanced or unstable disease states, complex comorbidities, and procedure-specific risk levels.

Specialist Actions based on Different Acuity

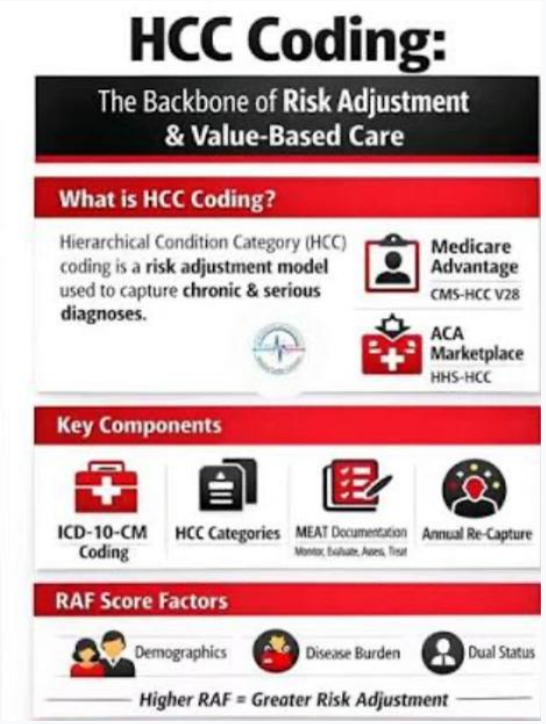
Guides advanced diagnostic intervention intensity, defines surgical eligibility, and establishes structured co-management protocols back to primary care.

Why Does It Matter – Reimbursement Version?

Understanding how payers reimburse based on coding and documentation

Codes for Billing Prolonged Office or Outpatient E/M Visits

Codes	Total Time Required for Reporting
99205	60-74 minutes
99205 x 1 and G2212 x 1	89-103 minutes
99205 x 1 and G2212 x 2	104-118 minutes
99215	40-54 minutes
99215 x 1 and G2212 x 1	69-83 minutes
99215 x 1 and G2212 x 2	84-98 minutes
99215 x 1 and G2212 x 3 or more for each additional 15 minutes	99 or more



INTERACTIVE POLL

What are the drivers of coding in your practice today?

What are your most important tools and processes in achieving accurate clinical documentation?

01

Pre-Visit Patient Engagement

Capturing patient-reported symptoms, health history, and intake details.

02

External Record Collection

Aggregating prior charts, specialist notes, and external health record systems across care sites.

03

Visit Discussions

In-person clinical dialogue, exams, and real-time decision making.

04

Tests & Diagnostics

Laboratory results, imaging reports, and diagnostic evidence.

The EHR Interoperability Reality Gap

87.7%

Face significant interoperability barriers

The vast majority of providers either **do not use interoperability features** or report that external health record systems are **too difficult to use** within clinical practice.

10.7%

Achieve Ideal Usability Rate

Only a small minority of physicians report being able to seamlessly **obtain, easily locate, and reconcile** external consultation notes directly in their EHR.

source: https://pubmed.ncbi.nlm.nih.gov/41231471/

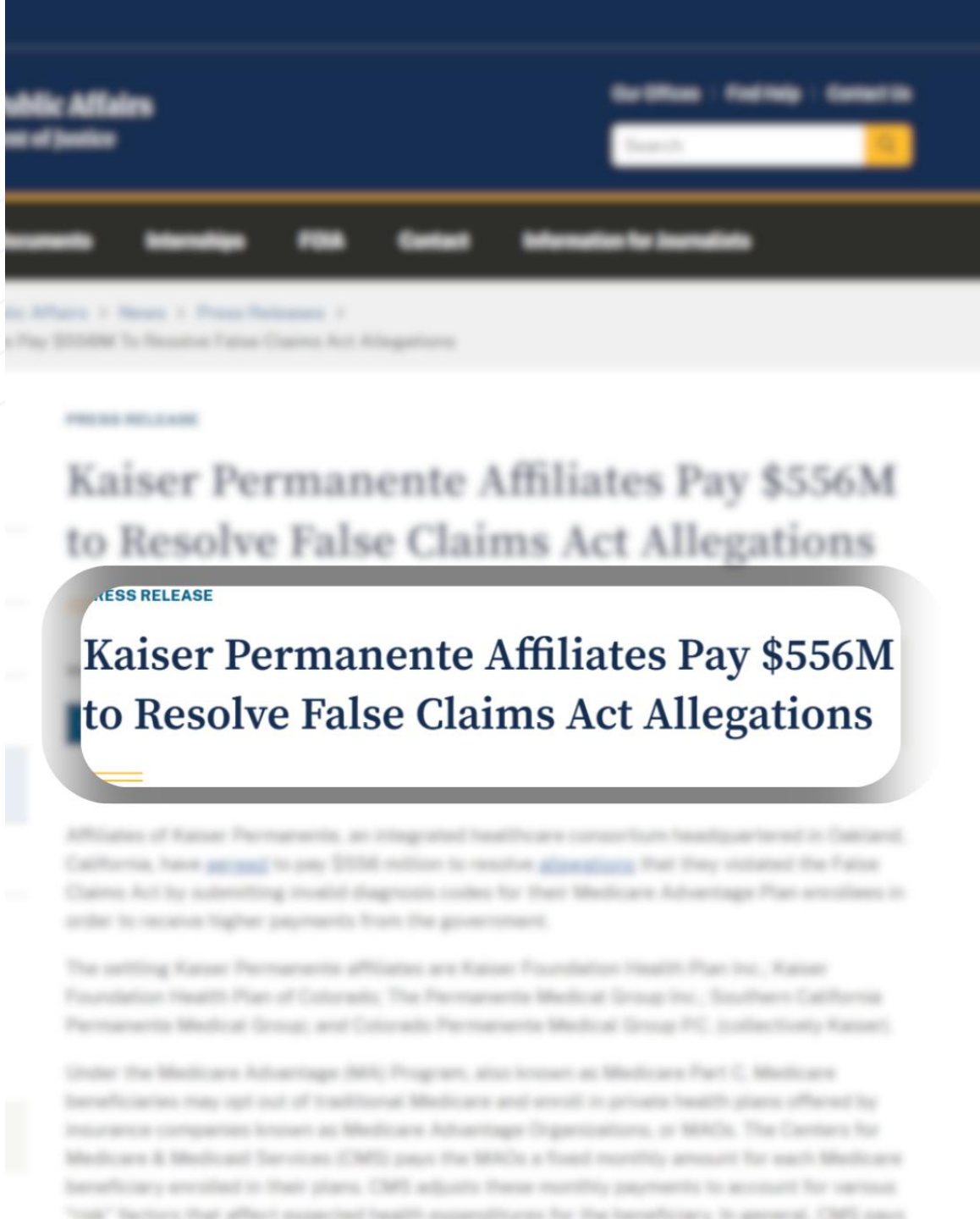
INTERACTIVE POLL

What are your most important tools and processes in achieving accurate clinical documentation?

Where does this go awry?

Key Failure Points:

- **Invalid Diagnosis Codes**
  Submitting unsupported or incorrect diagnosis codes for Medicare Advantage enrollees.
- **Incentive Misalignment**
  Prioritizing coding adjustments to receive higher government payments over clinical documentation accuracy.



What are the key actions and processes to ensure accurate clinical documentation?

01

Aligning the right incentives

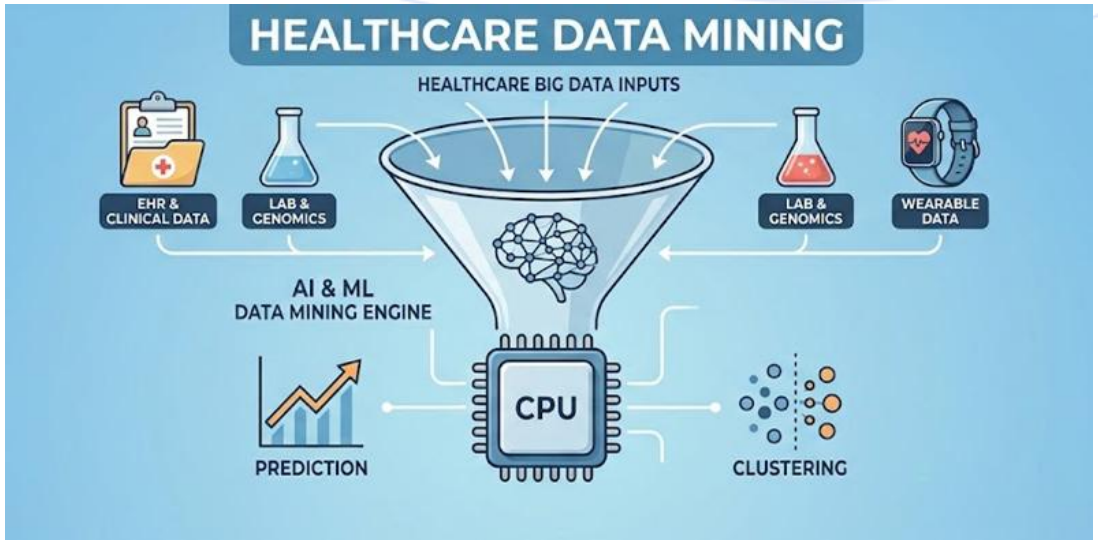
02

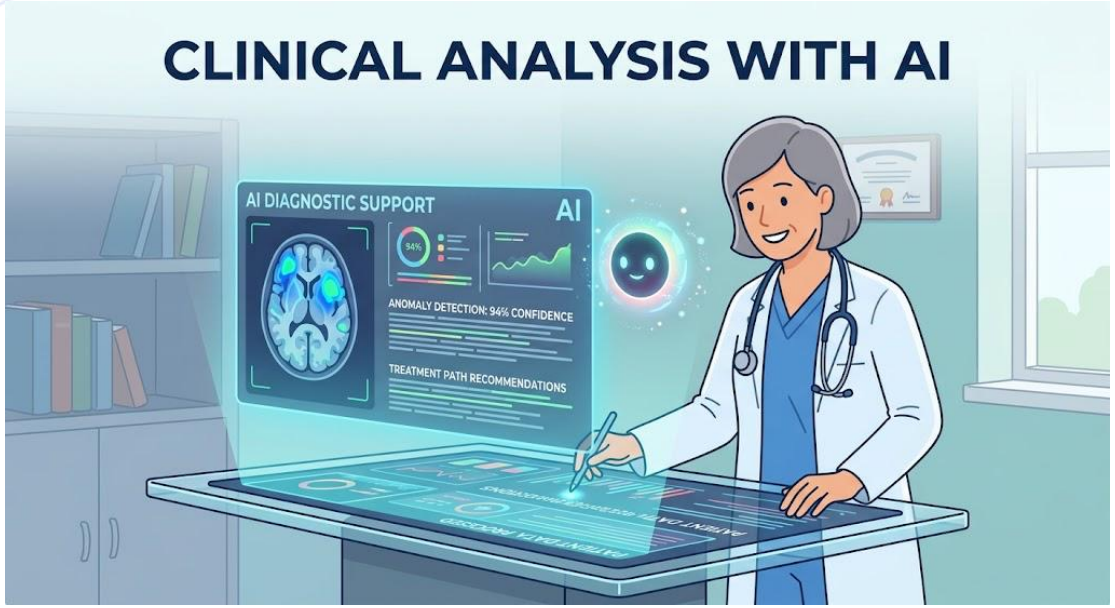
Providing the right tools

03

Checks and balances

How does AI improve documentation and how do you manage the risk?





INTERACTIVE POLL

What are the most common risks you face in clinical documentation?

The Connective Health Solution

A Unified Platform to Solve Your Greatest VBC Challenges

01 / Risk Adjustment

Address dropping reimbursements by ensuring diagnosis codes accurately reflect clinical complexity.

- **Net-New Suspects:** Surface missing diagnoses using multi-source records.
- **Compliance:** Ensure every code is thoroughly backed by clinical evidence.
- **300% Higher Code Capture** achieved on new patient assessments.

02 / Quality Performance

Close performance gaps at scale to secure maximum value-based care contract bonus thresholds.

- **Automated Tracking:** Seamlessly monitor eight critical HEDIS measures.
- **Point-of-Care:** Surface actionable clinical recommendations inside current charts.
- **10%+ Gap Improvement** driven by integrated clinical protocols.

03 / Cost Management

Control medical spend by delivering external patient insights and managing high-cost situations.

- **Real-Time ADT Alerts:** Instantly flag hospital admissions and discharges.
- **Utilization Tracking:** Monitor transitions of care and specialist activities.
- **Direct Intervention** to reduce readmissions and duplication of tests.

Questions & Discussion

We'd love to hear from you!

How to Participate

1. Use the Chat
Type your questions directly into the webinar chat panel at any time.

2. Upvote Peer Questions
Keep an eye on the discussion and highlight topics you want covered.

3. Follow-Up Materials
All discussed resources, Q&A transcripts, and the session recording will be emailed afterward.

Any Questions?

Our presenters Dr. James Taylor, Dr. Andrew Lundquist, and Ryan Hess are ready to answer your clinical compliance and risk adjustment inquiries.

Stop by our VBC Exhibit Hall booth!

VBCExhibitHall.com

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Connective Health

THANK YOU FOR JOINING

Reach out to us!

Ryan Hess
CEO
ryan.hess@connectivehealth.io

Shane Callahan
VP, Sales
shane.callahan@connectivehealth.io

David Theobald
VP, Business Development
david.theobald@connectivehealth.io

The Connective Health Solution

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