

**Attachment A**  
**RAF Capture EFFORTS at Atrius**

	Factor Addressed	Method
Ongoing Activities since 2016	Organization RAF-Capture Rates	Regular monitoring of rates via <b>Top Tier Saturation Grid</b>
		In house analysis on specific provider/clinic rates
	Improve Diagnosis listed on HCC SmartForm	Pre-visit chart review and preparation by RN
	Provider Engagement	Education on role of RA-capture included in CODING training
		HCC Smart Form added to Epic 2016
		RAF Capture scores provided intermittently
Patient outreach	IM Staff outreach to patients with gaps for appointment	
NEW Programs 2021	Expand Risk Adjustment Technology	<ul style="list-style-type: none"> <li>• High Fidelity due diligence for post-encounter</li> <li>• Retro review for TMP</li> <li>• Data Reconciliation</li> </ul>
	Expand Risk Adjustment Analytics	Analytic platform to assess changes in risk scores
	MAGI Projects (Medicare Advantage Gap Improvement)	
	Address Patient Access	Home Visits to patients with gaps in RAF-capture
		Embedded NP to see patients with gaps in RAF-capture
	Address Low rates PAD diagnosis	Vascular Screening/Diagnosis of PAD with Quantiflow Technology
	Improve Diagnosis listed on HCC SmartForm	Coding
		Suspected Conditions
Patient outreach	Population Managers outreach to patient with gaps in RAF/appointments set	

**Attachment B**

## Interview Guide, RISK ADJUSTMENT

CLINICIAN NAME \_\_\_\_\_

YEARS with Atrius: \_\_\_\_\_

Clinic Location: \_\_\_\_\_

### QUESTIONS:

1. How well do you feel you understand what risk adjustment is and how it works?  
[On a scale of 1-5 (5 being very well, and 1 being not at all)]
  
2. How well do you think risk adjustment training is done at Atrius?  
[On a scale of 1-5 (5 being very well, and 1 being not at all)]
  
3. Do you think that technical jargon used such as HCC SmartForm and RAF Capture obscures the goal of risk adjustment?
  
4. Let's talk about the "Problem List" in Epic - How do you manage your problem list? Decide what to include, how to maintain it, when and who should clean it up?
  - a. Do you change problem list on patients to whom you are not the PCP?
  - b. Do you do "Problem Based Charting"? If not, how do you usually compose your notes?

CURRENT State	RAF Capture Rate
You	
Your practice overall	
Best Atrius practice	
Atrius overall	

### Back to RISK Adjustment documentation:

5. Do you use the HCC SmartForm? Never, Sometimes, Always

Your SmartForm Utilization	
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- a. When do you typically use/address the SmartForm?  
Before visit, during visit, after visit, other: \_\_\_\_\_
- b. If you use the HCC SmartForm, do you find it helpful?

[On a scale of 1-5 (5 being very well, and 1 being not at all)]

- c. Did you know that the HCC SmartForm is created from your Problem List? (Smart form also includes Obesity if BMI > 30, ESRD if GFR is low)
  
- d. How could the HCC SmartForm be improved?

HOW ABOUT....

- Pop-up at the beginning of visit?
- Able to edit problems directly from the SmarForm?

5. When do you typically address patient's chronic medical problems and risk factors?

	Always	Almost Always	Sometimes	Never
Routine annual visits				
Medicare Wellness Visits				
Chronic Disease Management Visit				
Problem Visit for your patients				
Problem Visit for another provider				
Other				

6. Is there specific diagnosis that you find more difficult to include than others?

7. What are your major barriers to increasing your rate of RAF capture?

8. What are facilitators that help you do RAF capture?

9. Would you like more training on how to best approach RAF capture?

10. How do you think we could improve rate of RAF capture?
  
11. Should rates of RAF capture be incentivized in some way? If so, how?
  
12. Do you have any questions about why it is important to accurately document each patient's illness and risk for illness on an annual basis?
  
13. Do you have anything else you would like to add?

Attachment C

Provider Characteristics: years at Atrius, FTE, and RAF Potential (proxy for panel size)

