

Revised Patient Attribution Approach Improves Quality of Care.



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What is Patient Attribution?

Patient attribution is the process of payers correctly linking a patient to the provider most responsible for that patient's care. Getting patient attribution right is vital in value-based care, especially for providers, as their compensation and quality metrics are based on correct attribution. The problem is that attribution is often difficult, especially when a patient is seen by multiple providers, or when systems are not updated with primary care information. When this occurs, payers must resort to administrative claims or imprecise data sources to estimate provider accountability for attribution.

A Failing Attribution Process.

A leading management services organization (MSO) was experiencing several attribution challenges among its regional network of more than 600 primary care physicians and 2,300 specialists. The MSO, responsible for the quality, efficiency and cost of healthcare for more than 40,000 members/patients in this region, found multiple inconsistencies in its attribution handling processes. Rather than operating based on a single best-practice attribution process, the MSO's attribution-handling was widely variable and frequently siloed. This led to lower quality metrics, a higher cost-per-member ratio, and lower compensation for providers.

To remedy its attribution issues, the MSO engaged Freed Associates (Freed) to create an integrated solution that could be applied system-wide. Freed, already familiar with the operations of this particular MSO, brought a wealth of process improvement knowledge and experience.

An Improved Attribution Process.

Freed began by meeting with key MSO stakeholders, as well as those from the MSO's two primary payers, to determine the current status of attribution efforts. The goal was to determine what parts of attribution processes were working well and retain them, versus those parts which were not working appropriately and refine or discard them.

First, Freed created a workgroup comprised of key MSO team members, providers, and payers to develop a new, integrated solution for attribution across the MSO's service region. Freed documented a series of future-state workflows for all MSO team members involved in attribution, and planned for piloting the new process. Freed's and the workgroup's efforts yielded the following results:

1. A pilot attribution process that allowed the MSO to sequentially escalate attribution issues, as needed.
Initial attribution determination would begin with MSO outreach to unattributed members.
Secondary attribution determination would require the MSO to direct a nurse to visit the unattributed members.
2. The MSO forged a partnership with all networked primary care physicians to conduct annual wellness visits with patients, to ensure attribution.
3. A new attribution inbox system, for handling inbound attribution analyses, to help ensure MSO/payer alignment.
4. New provider contracts that allowed more provider autonomy to manage their patient panel and improve their compensation based on quality metrics.
5. Several recommendations for improving payer/member communications.

Combined, the MSO and payers launched the Freed-designed pilot and analyzed the performance and results. The

initial pilot effort, involving a test of more than five dozen members requiring proper attribution to primary care physicians, proved successful

Based on the success of the pilot, the MSO formally launched this new attribution approach across its entire network.

Improved Quality Outcomes.

Freed's assistance in improving the MSO's attribution efforts proved successful all around, benefitting patients, providers, payers and the MSO. The attribution improvements led to hundreds of patients being assigned to PCPs.

- Patients enjoyed better care quality and health outcomes, plus reported higher levels of engagement with their primary care physicians.
- Providers noted improved quality scores, which in turn resulted in higher performance-based pay.
- Payers appreciated lower emergency room visits and a higher rate of PCP assignments, leading to better quality metrics.

Finally, the MSO immediately noted lower medical management costs and higher per-member/per-month payments from providers. This both decreased the MSO's expenses and increased its revenue.