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AI alone won't get RAF accuracy: How clinician education helped boost recapture from 30% to 85%

scores. Recapture improved from 30% at baseline to 70% in Year 1 and 85% by Year 2. RAF scores rose in parallel — from 0.6 to 0.9 to 1.1, bringing the organization in line with market benchmarks.

Impact over two years:

Recapture Rates

RAF Scores

Engagement stayed high because education was manageable, linked to incentives, and reinforced in real time. Over time, providers not only used AI more effectively but also applied MEAT and HCC guidelines with greater confidence, making accurate documentation part of their daily routine.

AI alone won't get RAF accuracy:

How clinician education helped boost recapture from 30% to 85%

30% to 85%
Recapture rate increased over two years

0.6 to 1.1
RAF score increased over two years

About the client

This is a large, multi-specialty Federally Qualified Health Center (FQHC) with 180 employed clinicians. The organization is relatively new to value-based care, and therefore, all clinicians are initially incentivized around productivity, not outcomes.

As they start to care for more Medicare Advantage patients, it becomes clear that their documentation needs to better reflect the true complexity of the patient population.

180
Clinicians

The Challenges

Before adopting DoctusTech's solutions, the organization struggled with a central problem: low RAF scores. The main reason? Because they didn't have a way to present accurate data to doctors within their workflow.

Their EMR surfaced some prior diagnoses, but it didn't capture conditions outside their system or present accurate, actionable insights at the point of care. The result was fragmented, unreliable data that clinicians couldn't use with confidence.

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These struggles translated into three main challenges:

01- Low Recapture Rates:
Chronic conditions documented in previous years weren't consistently re-documented. Even when clinicians tried to "close gaps," they were only recapturing partial, outdated data, reinforcing an already low baseline RAF.

02- Low prevalence rates:
Many conditions went undocumented, especially behavioral health and endocrinology complications, lowering RAF scores and obscuring true patient complexity.

03- Poor technology adoption
Past documentation tools failed to gain traction. Clinicians saw them as slow, confusing, or irrelevant to their workflow. Combined with inconsistent HCC training, clinicians didn't trust the tools and adoption lagged.

> **Underlying issue:**
>
> Their workflows were inconsistent, providers lacked confidence with HCC and MEAT guidelines, and without reliable aggregated data, RAF scores lagged below benchmarks. So, **how could they turn this around? Only if they started using the right tools to make it work.**

The Solution

To address low RAF scores and poor adoption, the organization partnered with DoctusTech on a two-part solution: real-time workflow support and ongoing education. Together, these created a strong feedback loop that made documentation both easier and more meaningful for clinicians.

Real-Time AI support inside the workflow

DoctusTech's AI assistant sits inside the EMR, aggregating patient data and surfacing real-time suggestions. It makes documentation easier at the point of care and ensures clinicians capture codes hidden in notes.

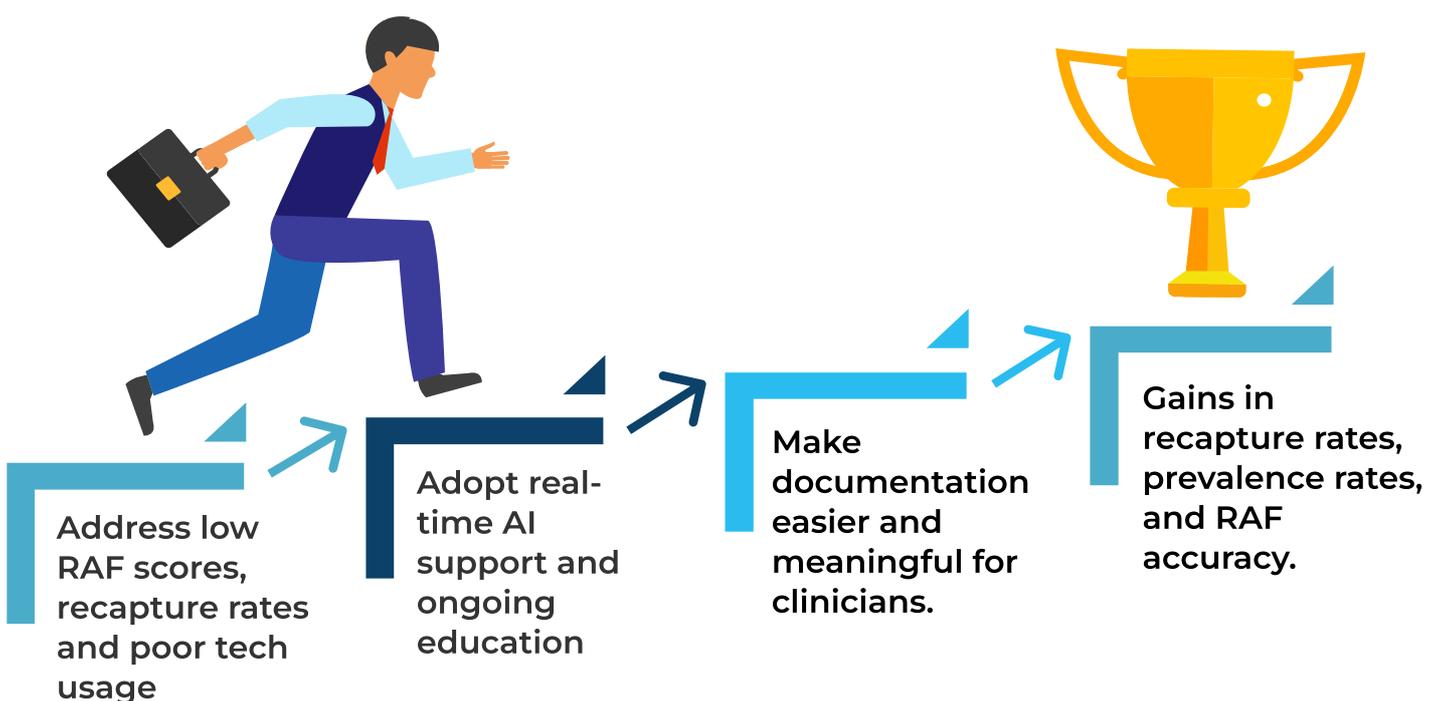**Continuous education through a mobile learning app**

To strengthen provider confidence, clinicians receive weekly, bite-sized lessons through DoctusTech's mobile app. This reinforces documentation best practices and shows clinicians why coding decisions matter.

Driving Adoption With the Right Incentives

This feedback loop approach — the AI diagnosis assistant plus the learning app — was reinforced by an incentive model. Drawing on experience across thousands of clinicians, DoctusTech helped the FQHC design a 2-year plan that aligned team effort with organizational goals.

- In **Year 1,** providers earned a $2,000 bonus simply for completing the education and using the tools. Essentially, the organization paid doctors to do the work to get them comfortable with the new system. (We know CFOs aren't always thrilled about paying more upfront, but it was a necessary investment.)

- By **Year 2,** that bonus became gatekept, meaning providers had to engage with the DoctusTech platform and complete education before they could earn their already budgeted shared savings bonuses. So, instead of spending more money, **this kept the program budget-neutral while ensuring long-term adoption.**

This approach drove strong engagement by starting simple and becoming part of the routine. With real-time AI, ongoing education, and tailored incentives, **the organization aligned clinician workflows with organizational goals,** paving the way for measurable gains.

Address low RAF scores, recapture rates and poor tech usage

Adopt real-time AI support and ongoing education

Make documentation easier and meaningful for clinicians.

Gains in recapture rates, prevalence rates, and RAF accuracy.

The Results

By combining real-time AI support, ongoing education, and an incentive plan tied to provider workflows, the organization built consistency into its documentation process. **Within the first performance year, that shift translated into measurable gains, and the improvements only grew stronger over time.**
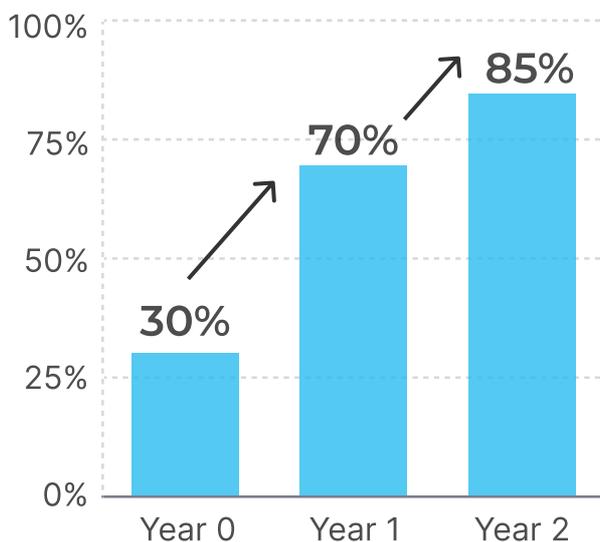
The results were evident across three critical areas:

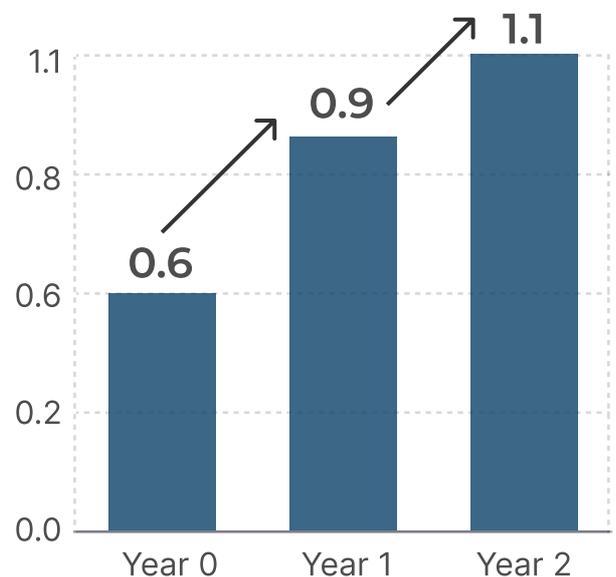## 1. Higher recapture rates and RAF scores

clinicians consistently re-documented chronic conditions, protecting RAF scores. Recapture improved from 30% at baseline to 70% in Year 1 and 85% by Year 2. RAF scores rose in parallel — from 0.6 to 0.9 to 1.1, bringing the organization in line with market benchmarks.

Impact over two years:

Recapture Rates

100%	
75%	85%
70%	
50%	
30%	
25%	
0%	

Year 0   Year 1   Year 2

RAF Scores

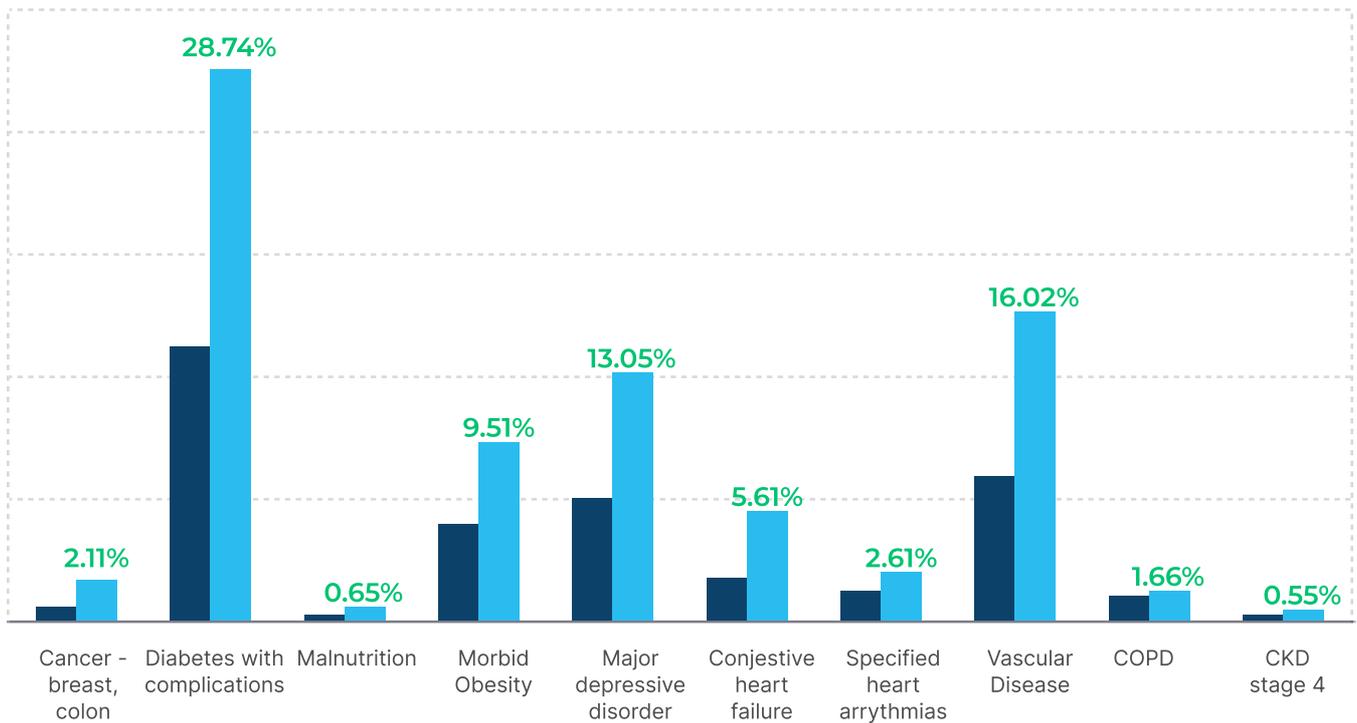|	
1.1	1.1
0.9	0.9
0.8	
0.6	0.6
0.2	
0.0	

Year 0   Year 1   Year 2

2. Stronger Tech Adoption

Engagement stayed high because education was manageable, linked to incentives, and reinforced in real time. Over time, providers not only used AI more effectively but also applied MEAT and HCC guidelines with greater confidence, making accurate documentation part of their daily routine.

3. Higher Disease Prevalence Rates:

More complete documentation revealed the true health challenges in the population, especially in under-represented categories like major depressive disorder, vascular disease, and diabetes with complications. **Providers who used both the AI and the learning app consistently outperformed those using AI alone, showing the value of combining workflow support with education** (see the chart below).

Impact over two years: Prevalence Rates

Bars labeled: 2.11% (Cancer - breast, colon), 28.74% (Diabetes with complications), 0.65% (Malnutrition), 9.51% (Morbid Obesity), 13.05% (Major depressive disorder), 5.61% (Conjestive heart failure), 2.61% (Specified heart arrythmias), 16.02% (Vascular Disease), 1.66% (COPD), 0.55% (CKD stage 4)

Legend: Only AI | AI + Learning App

Bottom Line: With the right tools and incentives, this FQHC turned low RAF scores into measurable improvements, proving that when technology fits provider workflows, adoption follows and results take care of themselves.

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To learn more about how DoctusTech can enhance clinical workflows with AI and bite-sized learning, contact us at salesteam@doctustech.com