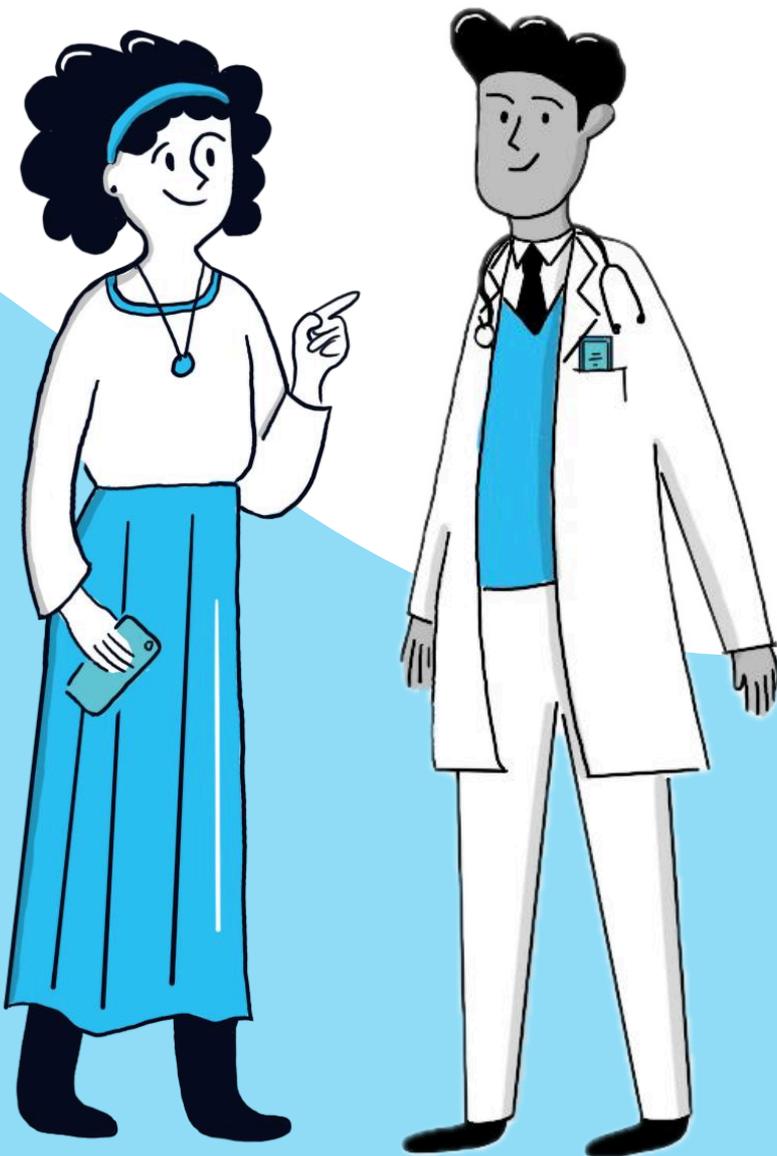


CASE STUDY

Same tool, different outcomes:
How rollout strategy determines HCC ROI



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Health plans can no longer afford low adoption rates when rolling out risk adjustment or documentation tools. Whether you're trying to boost HCC capture, prepare for RADV audits, or meet compliance goals, **success depends less on the tool itself and more on how it's implemented.**

This case study highlights three organizations that adopted the DoctusTech HCC Learning App. While their goals were similar, each took a different approach to rollout and their choices shaped adoption and compliance.

About the clients

The following snapshot introduce three very different organizations, each with its own size, care model, and mix of stakeholders. Together, they illustrate how the Learning App adapts to diverse environments and needs.



All three organizations had the same core goal:

Drive adoption of the DoctusTech education platform to improve HCC coding accuracy and compliance.

The challenges

A

Only one stakeholder (Coder Manager) tasked with rollout

No authority to mandate or enforce participation

No incentives or penalties tied to engagement

Doctors were not compelled to participate

B

No direct financial incentive or penalty

Needed to drive adoption without enforcing it financially

C

Scale: 2,000+ users made consistent rollout difficult

Autonomous clinics set their own rollout incentives

The ACO couldn't mandate or incentivize doctors

Needed to align clinicians with compliance goals



Key takeaway from Client A: You can't expect one person with no authority to drive organization-wide change.

Each organization approached their goal and challenges differently—with varying levels of success—based on how they rolled out the platform, who was responsible, and whether participation was incentivized or mandated.

The implementation approach

A

Monthly meetings

Internal engagement standards

1:1 quarterly reminders and top-down communication

B

Monthly meetings

Multi-stakeholder rollout team

Communication, follow-ups, and structured rollout plan

Provider bonuses were "gate kept" (conditional on participation)

C

Monthly meetings

Mandate: Clinics had to show 85% DoctusTech adoption to unlock shared savings.

The incentive was simply access to shared savings already budgeted.

Strong leadership alignment



Key takeaway from Client B: Even without money tied directly to training, strong team ownership drove adoption.

The results

A

50% of users engaged only after repeated reminders

Adoption was low and required ongoing manual effort

Limited impact due to lack of organizational support

B

98% of users engaged with minimal ongoing lift

High engagement due to clear responsibilities and coordinated communication

Demonstrated that incentives aren't always enough or necessary.

Ownership and follow-up matter

C

100% of clinics achieved their goals

Significant increases in coding performance:

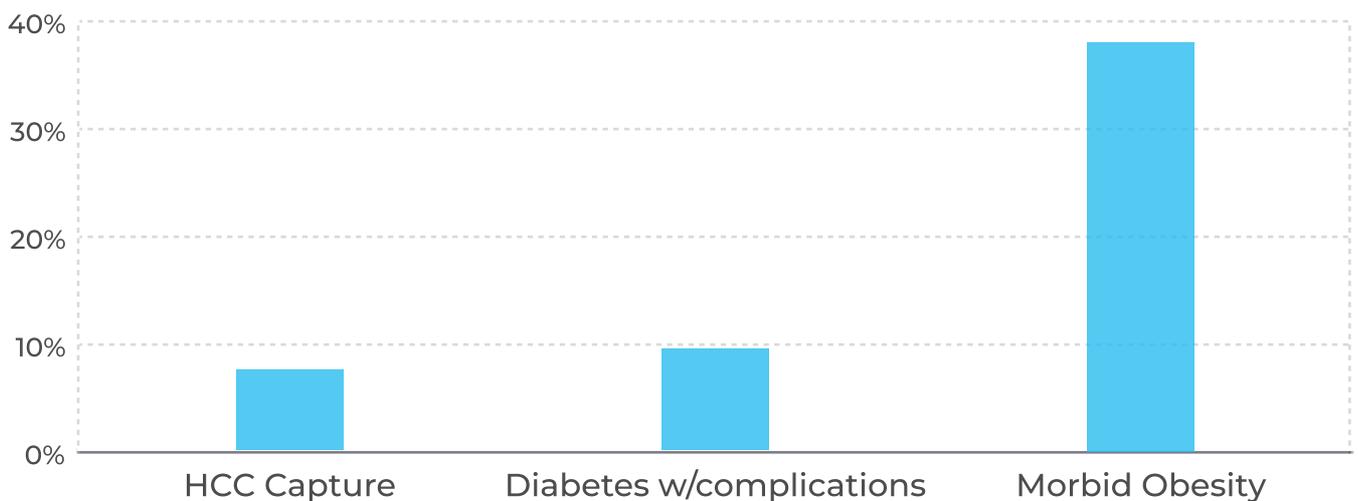
- HCC Capture: +~8%
- Diabetes w/ Complication: +~9%
- Morbid Obesity: +~39%

Model saved millions per clinic by tying education to compliance



Key takeaway from Client C: By gatekeeping access to shared savings, the ACO incentivized independent clinic operators to take ownership of adoption. Compliance and education weren't optional, they became the threshold for unlocking funds already budgeted, pushing operators to drive provider engagement themselves.

% Increase in recapture for the affiliated ACO model



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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