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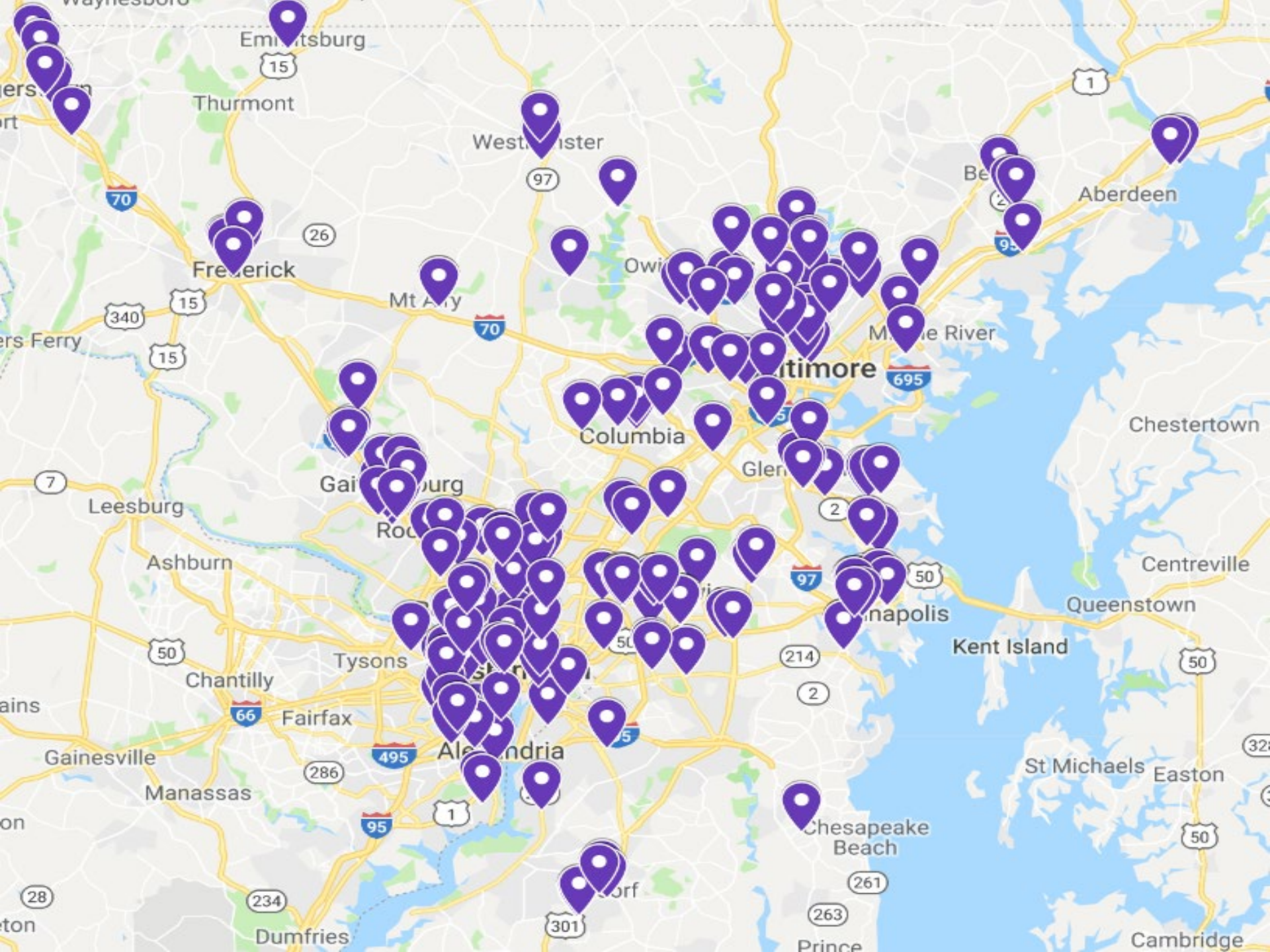
EMR Optimization:

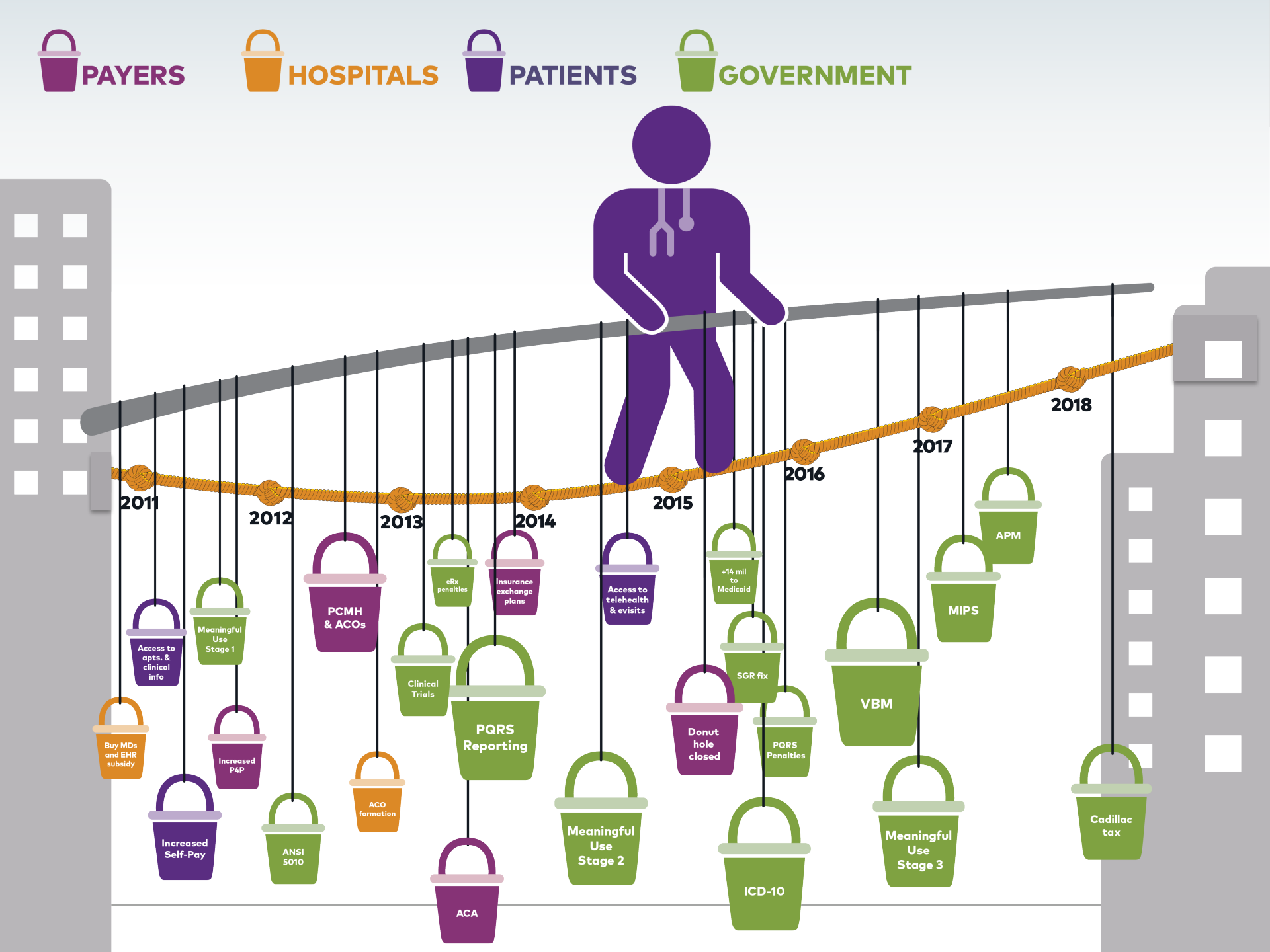
Leveraging Technology to Work For You, Not Against You

Chris Hernandez and Jesse Downes

Small Group Sales – athenahealth



Thurmont
Aberdeen
Columbia
Chestertown
Leesburg
Ashburn
Centreville
Queenstown
Kent Island
Tysons
Chantilly
Fairfax
Gainesville
Manassas
St Michaels
Easton
Chesapeake Beach
Dumfries
Cambridge


PAYERS
HOSPITALS
PATIENTS
GOVERNMENT
2011
2012
2013
2014
2015
2016
2017
2018
Buy MDs and EHR subsidy
Access to apts. & clinical info
Increased Self-Pay
Meaningful Use Stage 1
Increased P4P
ANSI 5010
PCMH & ACOs
ACO formation
eRx penalties
Clinical Trials
PQRS Reporting
ACA
Insurance exchange plans
Access to telehealth & evisits
Meaningful Use Stage 2
+14 mil to Medicaid
Donut hole closed
SGR fix
PQRS Penalties
ICD-10
VBM
APM
MIPS
Meaningful Use Stage 3
Cadillac tax

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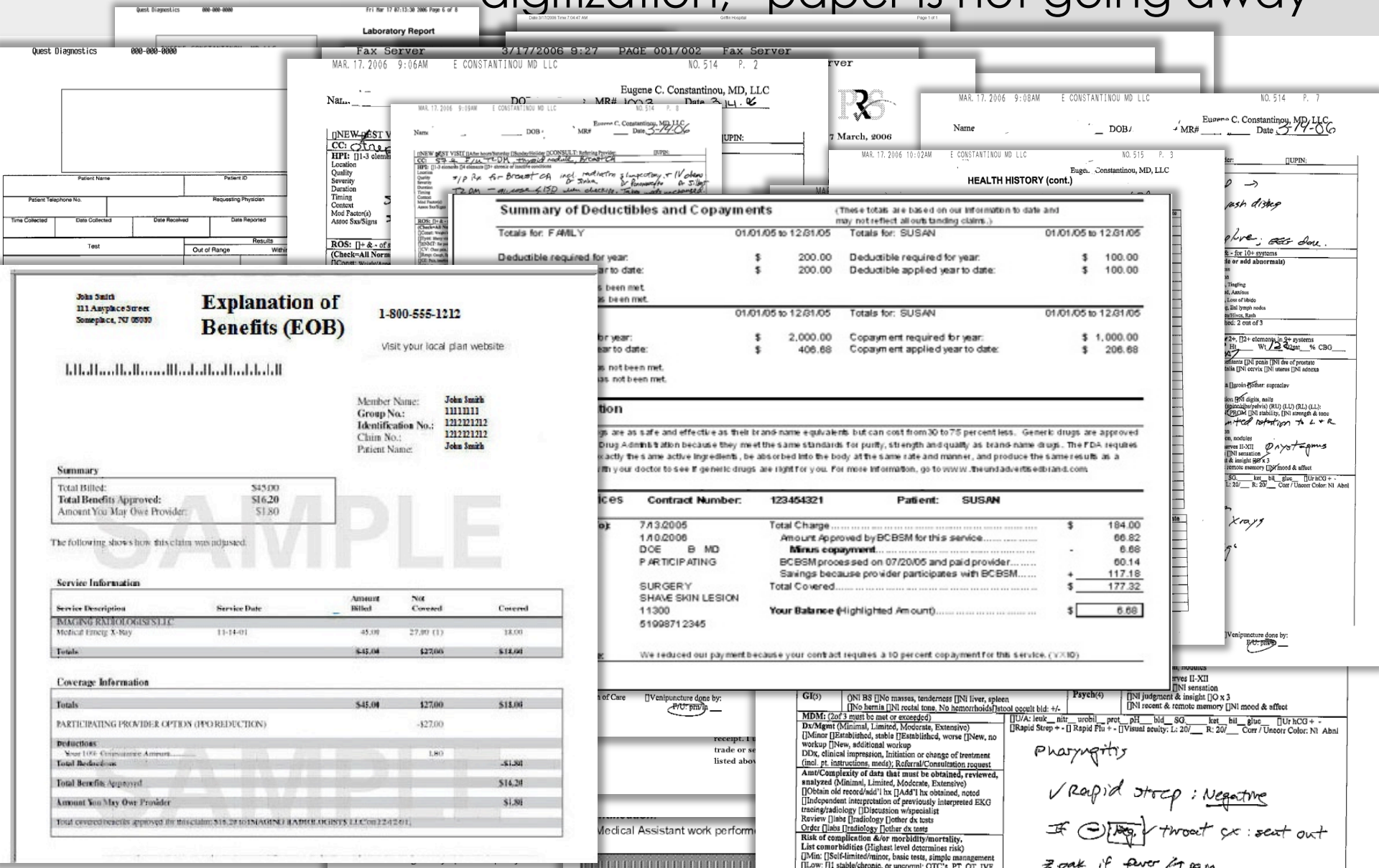
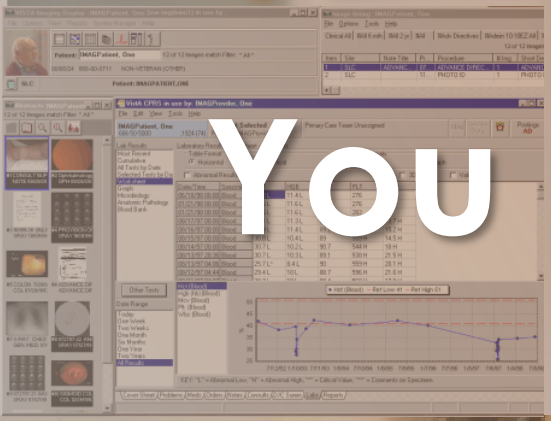
Though we're in the age of "digitization," paper is not going away



Value-Based Care

Value-based care is here to stay

By: Mark Caron Mar 30, 2017



ATTENTION:
Upgrade to version 14.0 now!

You deserve better.

What's **on the line**

Source: Jackson Healthcare; 2013 Physician Outlook and Practice Trends, http://www.jacksonhealthcare.com/media/191888/2013physiciantrends-void_ebk0513.pdf

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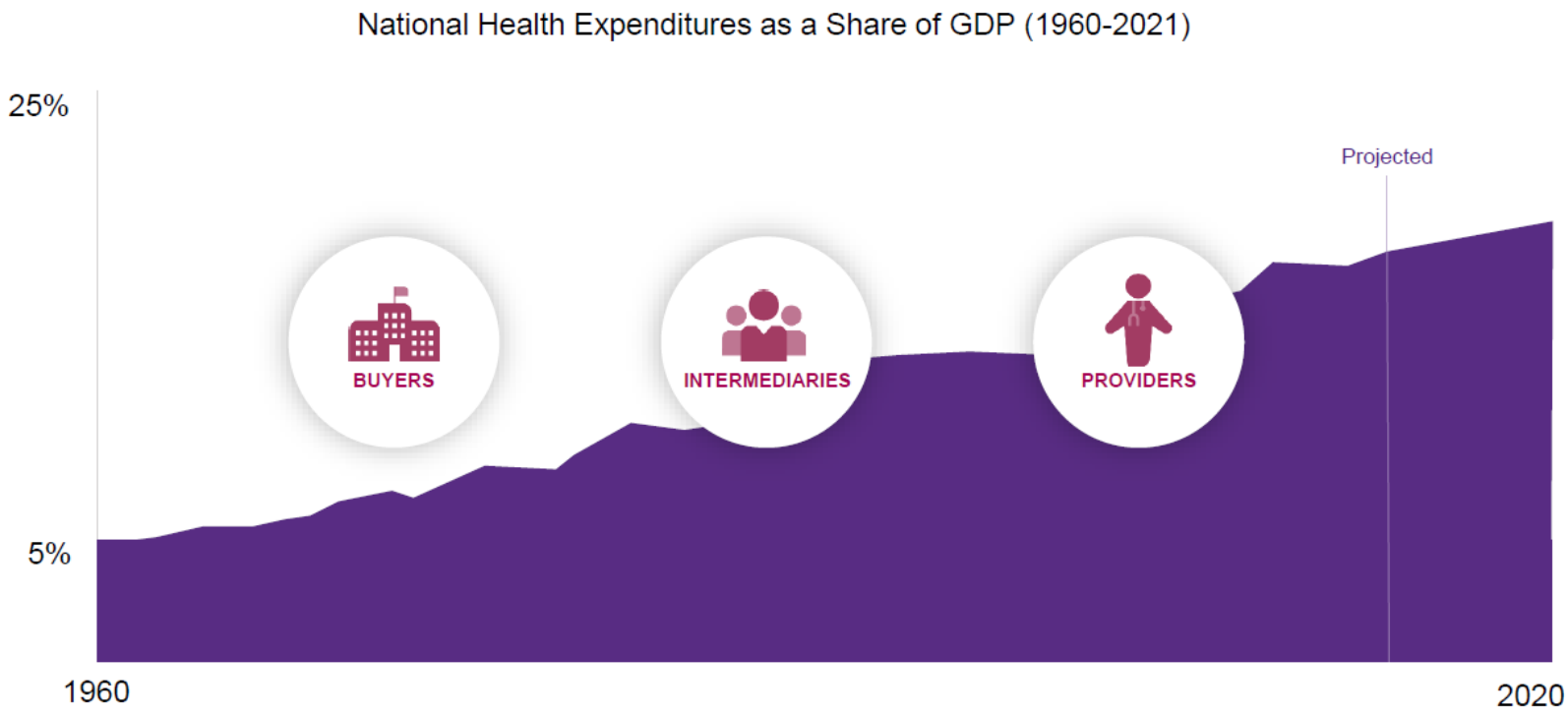
Healthcare spending is out of control

TREND #1

Cost containment



Get back to
what matters most

Clinical Efficiency

Physicians spend

27% of their day on clinical facetime with patients

versus

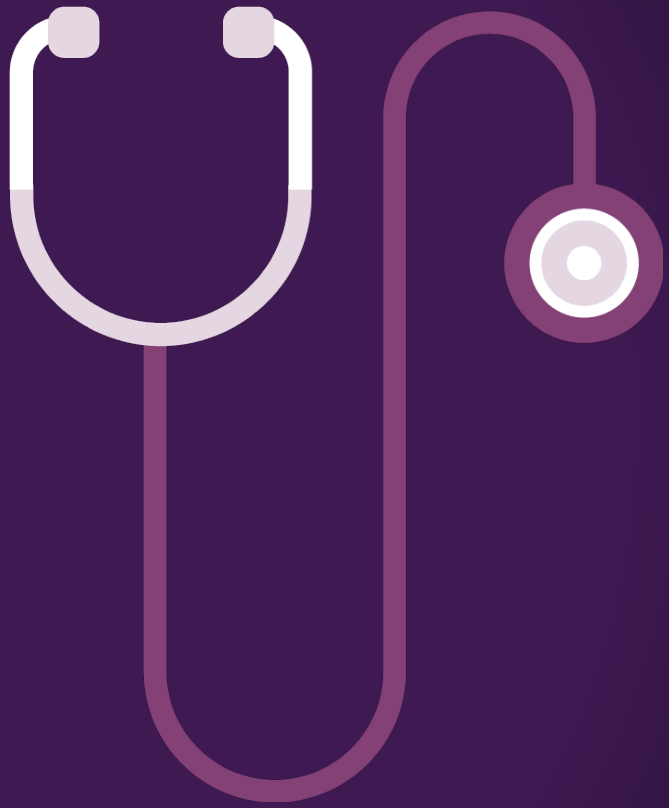
49.2% on EHR and desk work.

How often do your providers document after hours?

Care Coordination

The industry makes it difficult for patients to get the care they need.

Consult Notes
Lab Results
Imaging Results
Referrals



Are you still tracking orders manually? How do you know if a patient got their lab done?

Interoperability

95%

of physicians have experienced **difficulty delivering medical care** because patients' health records **were not easily accessed or shared**.

How do you retrieve records from hospitals and other care settings today?

Quality Programs

Clinical staff spend

785 hours

annually per physician tracking and reporting quality measures.

How is your vendor ensuring your success with these programs?

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Quality programs are burdensome

PHYSICIANS

By Lawrence P. Casalino, David Gans, Rachel Weber, Meagan Cea, Amber Tuchovsky, Tara F. Bishop, Yesenia Miranda, Brittany A. Frankel, Kristina B. Ziehler, Meghan M. Wong, and Todd B. Evenson

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NO. 3 (2016): 401–406
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The People-to-People Health
Foundation, Inc.

DATAWATCH

US Physician Practices Spend More Than $15.4 Billion Annually To Report Quality Measures

Each year US physician practices in four common specialties spend, on average, 785 hours per physician and more than $15.4 billion dealing with the reporting of quality measures. While much is to be gained from quality measurement, the current system is unnecessarily costly, and greater effort is needed to standardize measures and make them easier to report.

The number of quality measures directed at US health care providers tices in terms of understanding the measures, providing performance data, and understanding

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the Livingston Farrand
Professor of Public Health

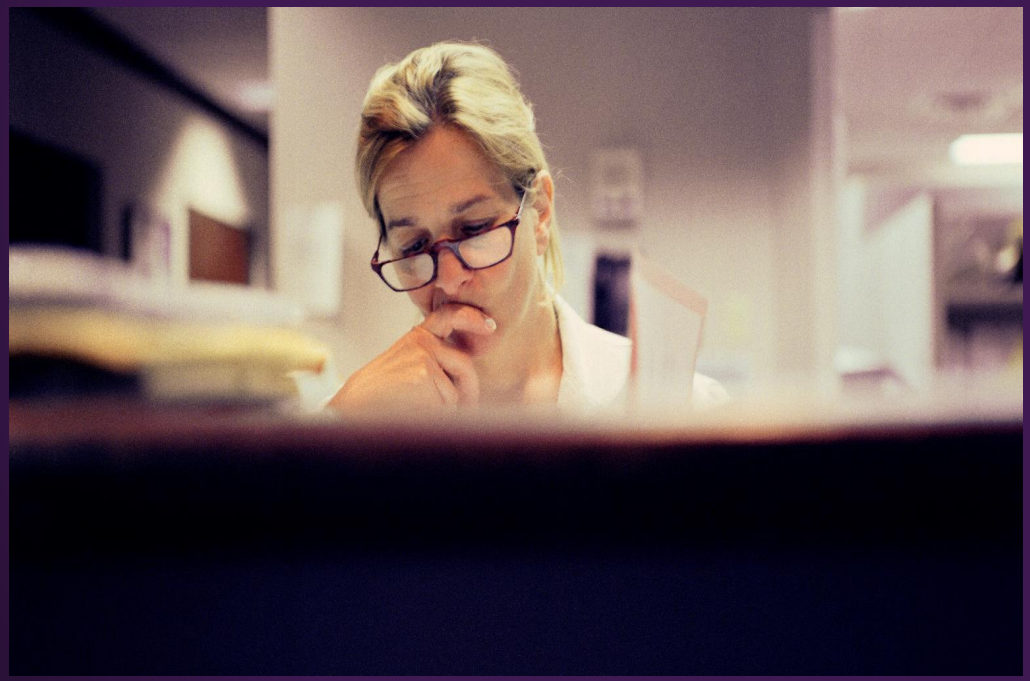
Document Management

Medical practices are
far from paperless.

Faxing, scanning,
stacking and organizing
is the norm.

How much time does your team spend
managing the fax machine or e-fax today?

Tired of your EHR working against you?



You succeed with the right **partner.**

Networks are constantly learning to let you outsource work at scale
AT&T
11:33 AM
UBER
PICKUP LOCATION
1901 NEWPORT BOULEVARD
San Diego Fwy
Adams Ave
Irvine Terrace Park
Peninsula Park
uberX
BLACK CAR

A NETWORK DESIGNED WITH YOU IN MIND

1. Efficiently document care to free yourself up
2. Succeed under any reimbursement model
3. Coordinate care seamlessly

The full picture of **driving clinical efficiency**

PRE-VISIT

- ✓ Gaps in care identified
- ✓ Outreach performed

VISIT

- ✓ Necessary information surfaced in the workflow
- ✓ Efficient documentation
- ✓ Engaged in the moment of care

POST-VISIT

- ✓ Automated results delivery
- ✓ Care coordination
- ✓ Fax management

ONGOING

- ✓ Easily comply with government programs
- ✓ Maintain a desirable work/life balance

Applying technology and the principles of comparative advantage to manual processes drives down costs

Document Management

200 hours saved per provider

5.9 minutes saved per visit

Authorization Management

$7.50 per manual prior authorization

0.5 FTE of work per provider

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Easily manage quality programs with built-in tools

Quality Management Tab

Patient-centric point-of-care alerts during the encounter

Performance Dashboards

Tracks status within programs like MU/MIPS

Quality Management Report

Aggregate real-time reports on quality metrics

Risk Scores in the Clinical Workflow

Surface and action HCC/RAF in the encounter

Care Management

CCM and TCM built into the EHR

The full picture of **maximizing revenue**

PRE-VISIT

- ✓ Automated appointment reminders
- ✓ Automated eligibility verification
- ✓ Online access for patients

VISIT

- ✓ Comprehensive self-pay tools
- ✓ Gain insight into outstanding patient balances

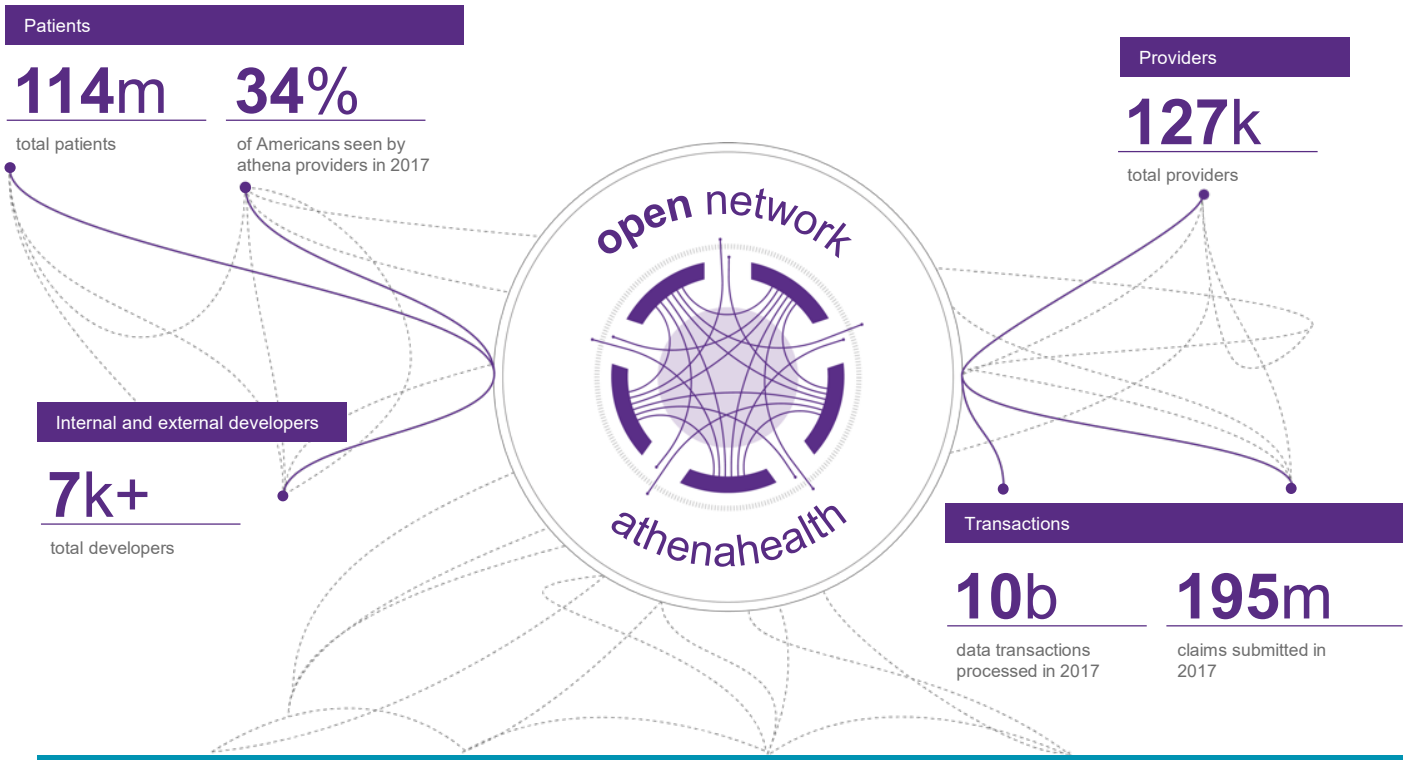
POST-VISIT

- ✓ Automated work such as claim submission, tracking, remittance processing, and patient outreach

ONGOING

- ✓ Detailed reporting capabilities
- ✓ Spend less time on phone calls with payers

The athenahealth Network



*KLAS 2017 Interoperability Report

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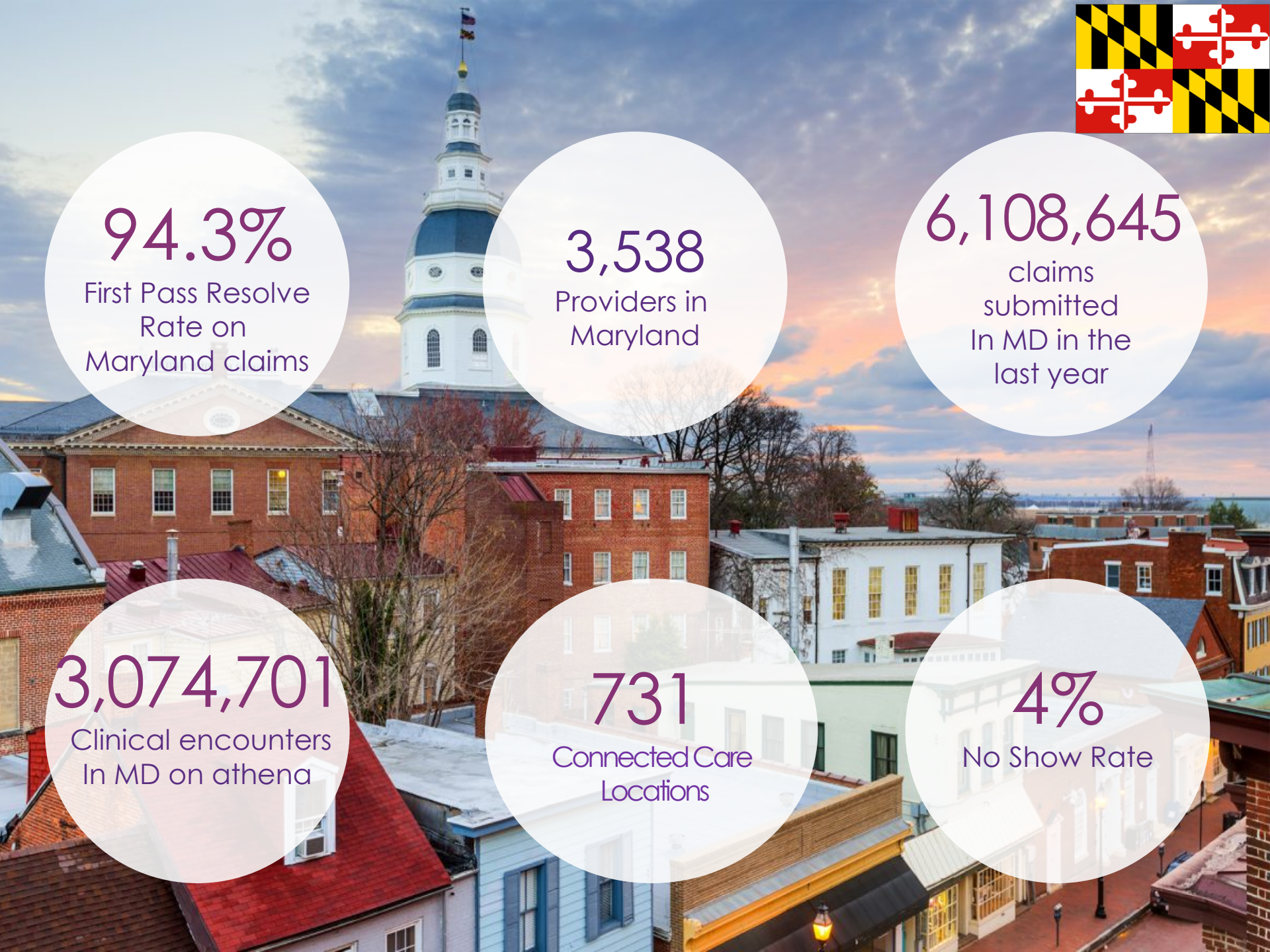
94.3%
First Pass Resolve Rate on Maryland claims
3,538
Providers in Maryland
6,108,645
claims submitted In MD in the last year
3,074,701
Clinical encounters In MD on athena
731
Connected Care Locations
4%
No Show Rate

What's next for your practice?