GUIDE:

The four keys to leveraging provider technology and empowering care teams.

Fueled by an emphasis on performance and risk adjustment and coupled with increased technology use, providers are under more pressure than ever to make process adjustments at the clinical level. This demand on providers is also underscored by the duty to improve the quality of care for their patients. But how can all stakeholders in the healthcare continuum work together to ensure quality and risk adjustment data contributes to scalable processes across legacy technology such as EHRs? Technology plays a primary role in bringing together healthcare entities and their data that have traditionally existed from either side of a digital divide.

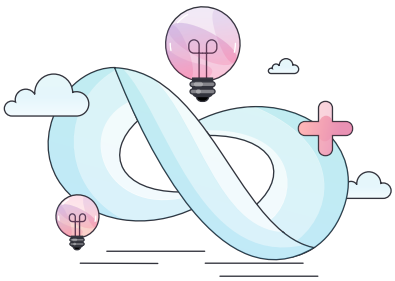
Read on to learn more about the keys to leveraging scalable technology to empower and engage care teams. →

1 Portals and spreadsheets do not equal connectivity - or engagement

Payers and data partners must be willing to share clinical and claims data with providers, but the status quo of provider facing spreadsheets and portals has not solved for true provider-enabling connectivity. Provider-facing spreadsheets or patient-specific lists, often delivered through secure email, are manual, time-intensive, and error-prone to work with. Although designed with the best of intentions, many payer portals add to an already burdensome administrative workload by requiring providers to log in and query outside of their workflow, which can drain valuable time from patient care activities. Single-payer portals struggle to engage providers, and even multi-payer portals add clicks and time to clinicians' and care teams' workdays.

Whether relying on portals or lists, payer-to-provider data transfer efforts that exist outside of existing workflows require substantial time and effort from provider teams and thus often leave quality and diagnosis gaps unmet. Instead of relying on portals and static lists, stakeholders should look for solutions that drop patient insights into the point of care so providers and care teams can gain valuable data and close gaps without having to shift their focus or leave their existing in-EHR workflows.

2 Surface insights within the clinical workflow for scalable outcomes



If patient information is not readily available where and when providers need it, it might as well not exist. The key is to meet providers where they are most engaged - in their EHR workflows. Providers need contextually relevant data at the point of care, not before or after, i.e., in portals, spreadsheets, and faxes. When health plans and data partners integrate data directly into EHR environments during patient-specific workflows they can better engage providers and improve the patient experience. Provider teams will be able to spend more time supporting patients and less time hunting down data from disparate sources.

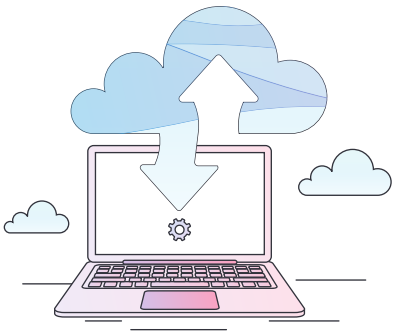
Providers can quickly and easily refer patients to high-performing specialists and address quality and diagnosis gaps at scale when insights are available at the point of care. By automating workflows in EHRs, payers and data partners like MSOs can benefit from two-way data communication. For example, when diagnosis gaps are presented at the point of care, they can be addressed and written into the EHR automatically or dismissed so that data partners gain awareness and tracking around this critical information.

3 Shared incentives and clear goals bring all parties to the table

As healthcare organizations shift from fee-for-service to value-based reimbursement, all parties must align on incentives and share accountability to achieve shared upsides and succeed financially. This may result in different financial arrangements depending on providers' readiness to manage risk, which can require a greater level of collaboration than in traditional fee-for-service models.

Health plans, provider groups, and other data partners seeking to support more of their network providers in the journey to risk and/or value-based care must provide clear targets and supportive infrastructure to enable success under more advanced contracts. Historically, support for primary care networks has taken the form of manual data transfer, some limited performance visibility, and on-the-ground clinical performance consulting. Increasingly, progressive organizations are finding success by embracing digital strategies and offering their networks performance enablement technology with enhanced quality and diagnosis gap data, workflow support, and greater performance visibility.

4 Respect implementation fatigue by moving on from time-intensive IT projects



Traditional integrations between payers, data sources, and providers have relied on legacy data transfer connections that require significant investments of time from already stretched provider IT teams. Months-long implementations get slotted into priority queues, and rollout calendars seem to extend endlessly. It's no wonder that providers are resistant to onboarding new technologies due to poor past experiences. A new generation of integration technology, powered by agent-based connections, robotic process automation, and dynamic API interactions, is dramatically reducing timelines and implementation effort required by IT teams. When used effectively, the results include direct clinical workflow connections for payers and data partners, radically lower burden for providers, and measurably accelerated performance and engagement across these quality and risk-bearing partnerships.

Providers are looking to move quickly and get back to helping their patients. Be a champion for change by enabling the adoption of the latest technology to establish true connectivity between patient data and care.

Next Steps

Primary Care Organizations

Power providers' in-EHR workflows and close more quality and diagnosis gaps with ease using Vim's point-of-care engagement and connectivity platform.

Visit getvim.com/quality_and_risk_adjustment/ for more information on how Vim automates in-EHR workflows at scale.

Health Plans/Insurers/Data Sources

Get streamlined and scalable digital connectivity to provider EHRs for your member panels through a single integration point using Vim's point-of-care engagement and connectivity platform suitable for any practice size or EHR. Let Vim surface relevant member data for providers during in-EHR workflows for improved quality and risk-adjustment performance.

How Vim is Powering the Future of Healthcare

Vim Diagnosis Gaps embeds suspected diagnoses directly into provider EHRs for enhanced awareness and increased provider engagement, and it digitizes workflows such as automated EHR write-back for accurate capture.

Vim Enhanced Eligibility offers at-a-glance confirmation of active insurance eligibility status and details on plan design - from plan coverage dates to out-of-pocket costs when available - saving pre-visit time and reducing visits to portals or calls to payer contact centers.

Vim Order Assist helps care teams select high-performing, in-network referral destinations during an EHR order with real-time data - this means fewer steps and more confidence in patient care plans.

Vim Patient Health History expands care team awareness of a patient's health journey with payer claims-based data summaries.

Vim Prior Authorization streamlines prior authorization processes through direct connections to payer rulesets and systems including automated prior auth checks and quick code lookup to case submission and status search and update – all without leaving the EHR.

Vim Quality Gaps places quality data, such as HEDIS, directly into EHR workflow for improved quality performance.

For more information, please visit getvim.com or contact info@getvim.com.