

Improving Patient Outcomes with EMR All Access and Clinical Data Exchange

Agenda

- EMR Access and Clinical Data Exchange Benefits
- How Electronic Medical Records (EMR) Access and Clinical Data Exchange Works
- EMR All Access and Data Exchange in Action
- Patient Success Stories
- Resources

EMR Access and Clinical Data Exchange Benefits

Expanding Your View Into Patient Needs



Valuable patient information can help you create comprehensive treatment plans.



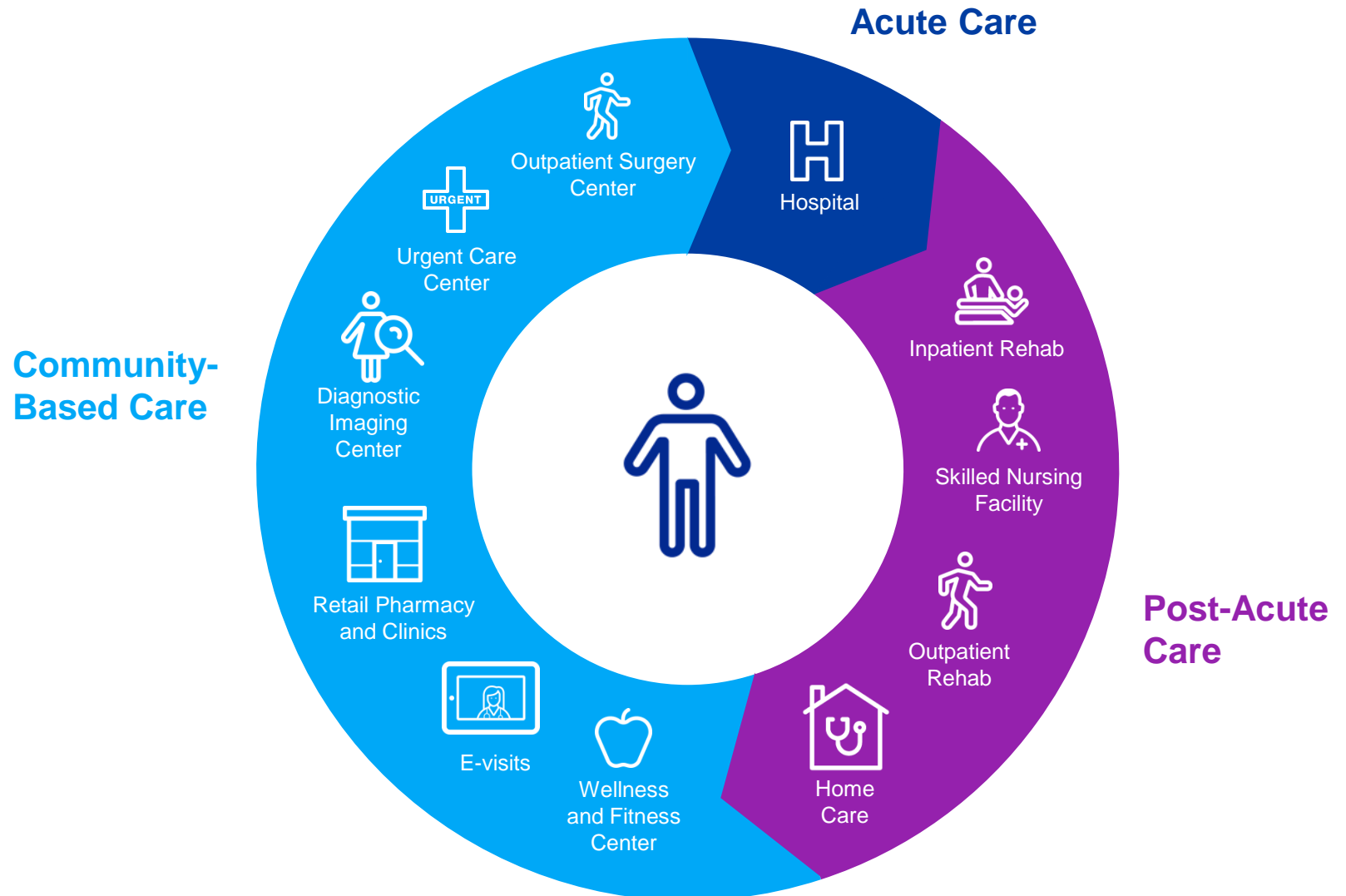
This data can include patient challenges, medications, coexisting conditions, benefit coverage and other factors.



That's why we're using real-time data exchange to help you:

- Get more insight into your patients' health care stories
- Collaborate with other care providers, patients and their families
- Drive better medication adherence and treatment outcomes

Sharing Clinical Data Across the Continuum of Care



How Data Sharing Works



Increased Insights

By directly accessing electronic medical record (EMR) systems, we help increase your visibility into your patients' medical needs – and make it easier to collaborate with other care providers.



360 Degree View

We provide a 360 degree view of your patient's health care story, including:

- Barriers to care
- Medications
- Coexisting conditions
- Coverage and benefits



Secure Sharing

Our interoperability technologies are secure and compliant with HIPAA and other regulatory requirements.

Care Provider Benefits

This EMR access and data sharing can offer at no cost:

- Real-time point-of-service benefit data
- Faster claim reimbursement
- Improved care coordination
- More informed patient conversations
- Timely follow-up care and interventions
- Increased patient adherence to your treatment plan
- Seamless transitions between facilities
- Faster clinical authorizations
- Lower administrative costs

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How Electronic Medical Records (EMR) Access and Clinical Data Exchange Works

Types of Data Exchange

Automated Data Exchange: Structured Clinical Data

You can easily and quickly send us Admit, Discharge, Transfers (ADTs), discharge summaries and prescribed medication lists to help us reconcile medications, coordinate follow-up care and lower the risk of readmission.

EMR All Access

We can safely and remotely retrieve clinical information such as progress notes, operation reports, labs, radiology results and more directly from your EMR – without interrupting you.



PreCheck MyScript

You can see patient copay and deductible information, drug costs and prior authorization requirements so you can prescribe the most appropriate and lowest-cost medications – before your patients leave the office.

These technologies comply with all privacy and security requirements, including the Health Insurance Portability and Accountability Act (HIPAA). Access is limited to the employees required to perform care coordination, utilization review and discharge planning activities.

Structured Clinical Data

When you participate in our program, we can exchange specific sets of patient data through secure and real-time automation.



Admit Discharge Transfer Documents (ADTs)

Our staff can address medication errors, educate members on their prescriptions, and lower the risk for adverse medication interactions – helping potentially avoid unnecessary readmissions.



Continuity of Care and Discharge Summary

Our clinicians automatically receive medication lists, helping us notify you of any potential prescription issues.



278N for authorization

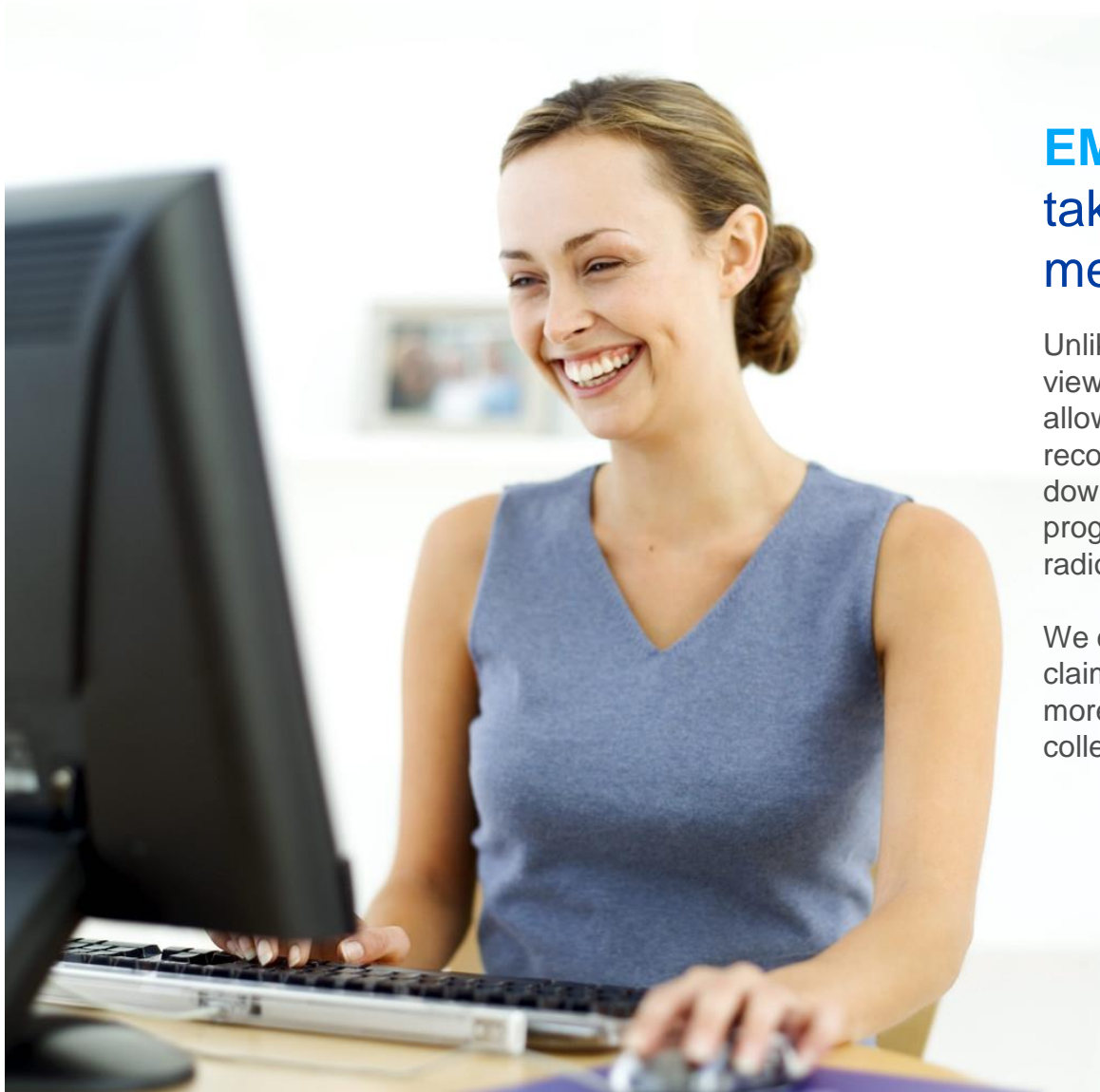
Eliminating faxed authorization requests, this technology helps you see faster authorization decisions.



Health Information Exchanges

Using an HIE, we can obtain and use ADT records and eligibility/authorization information for faster reviews.

EMR All Access



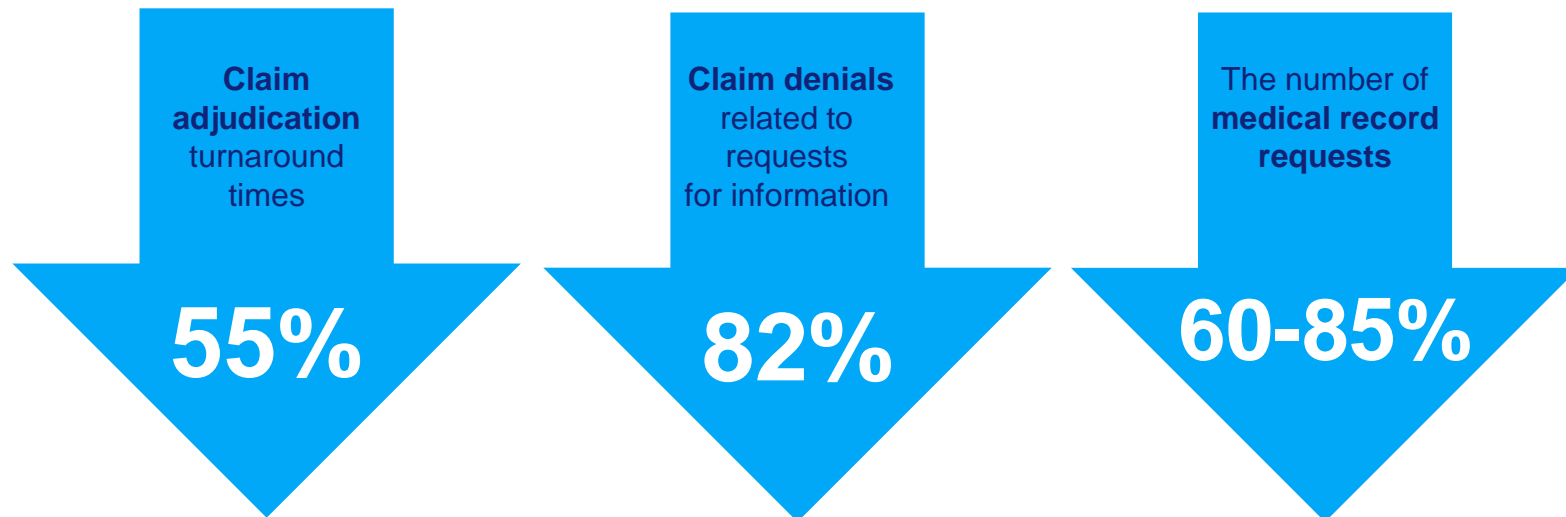
EMR All Access takes the hassle out of medical record collection.

Unlike technology that only allows us to view medical records, EMR All Access allows us to remotely retrieve medical records directly from your EMR – safely downloading clinical information such as progress notes, operation reports, labs, radiology results and more.

We can complete reviews and reimburse claims faster – and your staff can spend more time on patient care instead of collecting patient files.

EMR All Access Provider Benefits

Since the EMR All Access program was launched, care providers have seen a drop in¹:



“Since the EMR All Access go live, we have shifted the administrative burden of clinical data collection to UnitedHealthcare. Now claims are paying faster and earlier in their lifecycle.”

Centura Health, Colorado

¹UnitedHealthcare Payment Integrity

Point of Care Data: PreCheck MyScript

PreCheck MyScript lets you see useful patient benefit data while you're writing the prescription.



PreCheck MyScript

Real-time accurate coverage and
benefit data at the point of care

EMR All Access and Data Exchange in Action



CONTINUE

After a blood glucose level at her annual physical, Linda's doctor ordered a full A1C test and confirmed she has diabetes. To manage her condition, he would like to prescribe Actoplus.



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New Medication

PreCheck MyScript

Secure | <https://provider.linkhealth.com>

Results for ACTOPLUS MET TAB XR

Prior authorization is required on this medication.
Consider an alternative if available.

PRICING AND ALTERNATIVES

ACTOPLUS MET TAB XR 30-day supply PA required	\$792.00 per fill	Initiate PA
PIOGLITA/MET TAB 15-850MG 30-day supply No PA required	\$22.00 per fill	Select
METFORMIN TAB 500MG ER 30-day supply No PA required	\$7.07 per fill	Select

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Trial Claim Results

PreCheck MyScript flags Actoplus as a drug that requires PA and integrates with the patient's health record, health plan, eligibility and formulary data to run the Trial Claim process.

The doctor receives the Trial Claim result in the EMR workflow, including the patient's out of pocket costs.

The doctor is informed that prior authorization is needed, if a drug is not covered or preferred and if an alternative appropriate drug does not need prior authorization.



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EMR



Dashboard



Schedule



Patients



Charts



Tasks



Reports

PreCheck MyScript

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Prior Authorization Evaluation Questions

You must answer all of the following questions to complete the request.
If you do not answer the questions, your request will be delayed or denied.

Member Name	Medication	Case ID	PA Reference ID
	DULERA 200MCG/5MCG		

I certify that the standard turnaround time will be applied to this request and formulary/tiering exception review will not be considered. ***Please note: we do not accept expedited or formulary tiering exception requests using this method of submission. While OptumRx Prior Authorization department strives to review and respond to your request in a timely manner, any indication, expressed or implied, for an expedited or formulary/tiering exception review shall not be considered as valid. If you feel that applying the standard time frame to this coverage determination or not reviewing for formulary/tiering exception could seriously jeopardize the life or health of your patient or your patient's ability to regain maximum function, please contact us at 1-800-555-5555, instead of using this method of submission.

[I Acknowledge](#)

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If prior authorization is needed, a form allows the doctor to enter requested information.

The doctor enters the diagnosis and answers questions and attaches the medical record electronically when needed.

Patient information is pre-populated into the submission form.



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Yes

No



Your request has been approved.

Return to EMR

Submit questions

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After submission, the doctor receives a summary of information provided to ensure accuracy.

When appropriate, immediate approval can be given and the eRx is routed to the pharmacy.

When immediate approval is not available, the request is routed for clinical review.

Patient Success Stories



By supporting Joanne's post-discharge care, our team helped her avoid readmission – and stay on the road to better health.

Joanne C.

Joanne was discharged from the hospital after treatment for heart disease. A UnitedHealthcare nurse clinician wanted to ensure Joanne received follow-up care and that her new prescriptions didn't conflict with current prescriptions.

Solution:

Our automated clinical data exchange provided our clinician with Admit, Discharge, Transfers (ADTs) records and Joanne's discharge summary, as well as her prescribed medication list. He noticed her new prescription could lead to strong adverse interactions when combined with a medication she was already taking.

He reached out to her PCP to facilitate a new prescription that interacted well with her other drugs, then put together a care team to ensure Joanne attended follow-up appointments with her cardiologist and had the transportation she needed to visit providers and her pharmacy.



Collaborating with providers and Lyle's niece helped Lyle make a seamless transition into a facility where he felt comfortable and cared for.

Lyle G.

Lyle was experiencing mental delirium – but his care providers had a limited look into his decline and were unable to create a holistic care plan. A UnitedHealthcare nurse clinician analyzed his data and noticed Lyle's need for stronger care coordination.

Solution:

Our staff clinicians used claims and clinical data to form a comprehensive view of Lyle's mental state, his daily challenges and his trouble obtaining medications. We discovered that Lyle's niece was assuming guardianship of his affairs. We contacted her to help her navigate Lyle's benefits.

Our transition nurses reached out to the facility and family to help with Lyle's shift into different levels of care. We also matched resources to the options in Lyle's coverage and provided the staff with a list of appropriate facilities that met his needs and benefits. Lyle's care providers helped him make a comfortable transition into a facility that could provide the right care.



By sharing clinical data with providers, we helped Judy avoid readmission and become more engaged with her post-discharge care.

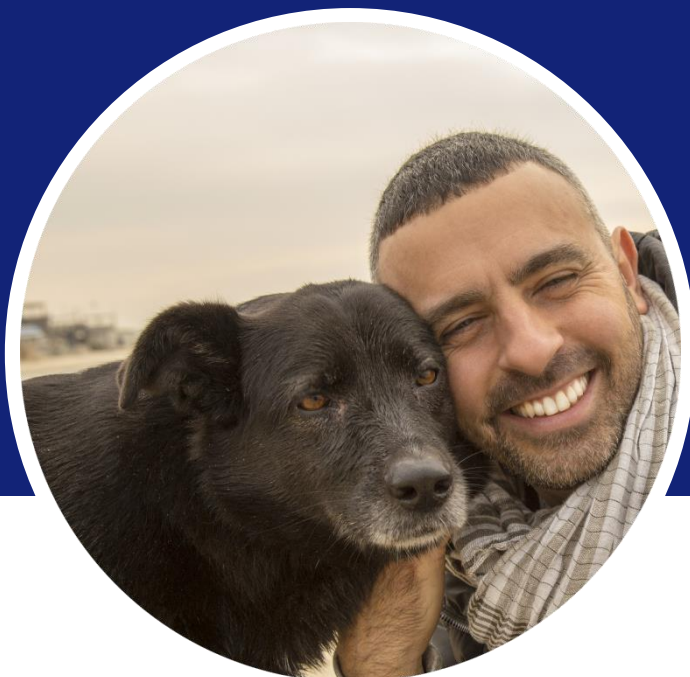
Judy P.

Judy was discharged from a hospital after being treated for pneumonia. Judy had a history of congestive heart failure and lived alone. When she was discharged from an earlier hospitalization, UnitedHealthcare did not receive a discharge summary and could not perform a medication reconciliation or refer her to other programs. She was readmitted within 30 days.

Solution:

Our nurse clinician obtained Judy's discharge summary and medication list and shared them with her PCP. Together they identified her discharge needs and coordinated her follow-up care, including a home health care referral and an appointment with her PCP.

Our care team supported Judy's post-discharge care by creating reminders to help ensure she attended follow-up appointments and had transportation. We also shared information with her home health care providers to help them offer Judy a more comprehensive treatment plan.



Today Dan is established in alcoholism recovery and actively engaged in his health care journey.

Dan Z.

Dan is a UnitedHealthcare member in his forties, who was hospitalized with several medical conditions. After Dan had a difficult hospital stay, our nursing manager looked into his history and found he had declined medical and social services, failed to follow up with recommended visits and was not complying with treatment.

Solution:

Our clinician paid Dan a home visit and found that his residence was filled with alcohol bottles and other indicators of a substance abuse problem. He created a dedicated UnitedHealthcare team to work with Dan and his family, assigned him a primary care provider (PCP) and scheduled a psychiatric evaluation.

Our care coordinators collaborated with a social worker and helped ensure Dan attended follow-up appointments. They also provided his providers with clinical information to help them design the most effective treatment plan possible.

Resources

Program Resources

- You can find out more about the program at UHCprovider.com > Menu > Resource Library > UnitedHealthcare Enterprise Medical Records Program.
- If you have questions about how our EMR All Access and Clinical Data Exchange Program works, please contact your Provider Advocate.
- To get started, try our Remote EMR Access tool on Link. To access the tool, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com.



Thank you.

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