



the formerly Allscripts Developer Program

A hand holding a smartphone is the central focus, with a blurred background of a person in a white lab coat. The image is overlaid with large, semi-transparent geometric shapes in shades of blue, red, and purple.

TOP HEALTHCARE APPS

OF 2022



In This Issue

Veradigm Connect fosters a culture of innovation by reducing barriers and risk associated with using innovative healthcare technology. This issue features the top healthcare apps from the past year and explores how each can help organizations of all sizes drive better, more connected care.

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Embracing digital tools to streamline the transition to value-based care

by Tina Joros



Value-based care promotes and enables a worthwhile aim: to improve patient health outcomes and reduce care costs. However, it has introduced new challenges for medical providers since value-based care ties compensation to performance metrics. This can negatively affect financials if providers fail to meet or exceed standards. Making the transition to value-based care has proven difficult for many organizations, due to overworked clinicians and software limitations.

That's why we're proud to partner with ThoroughCare, who offers a comprehensive care coordination solution that can streamline the transition to value-based care. But before we get into the value of ThoroughCare, it's important to truly understand the healthcare trends that can hinder organizations' financial success if not addressed properly.

New normal: Alternative payment models influence revenue

Value-based care and alternative payment models are here to stay. Health systems, physician groups, and accountable care organizations (ACOs) have to adapt and implement plans to meet the requirements of this new normal. A recent [survey of more than 500 U.S. healthcare executives](#) found that 99% project their organizations will derive a share of revenue from alternative payment models by 2023. Without a comprehensive strategy to implement these models,

providers could struggle to maintain a competitive advantage or adapt their processes quickly.

To meet, or exceed, core value-based performance metrics, clinicians will need effective tools to increase their capacity to coordinate care programs. Providers and their staff will need to do more with less to contain costs and deliver greater value to those they serve. Without an effective tool to streamline clinical operations, organizations could face the continued risk of staff burnout and gaps in care, both of which can also affect patient care.

ThoroughCare offers a digital solution to help providers implement value-based care

Care coordination solutions are cost-effective and enable providers to implement value-based care. This solution from ThoroughCare can minimize guesswork and streamline time-consuming tasks through automation, easing staff burnout. It can also simplify complex wellness programs that improve health outcomes, increase patient engagement and reduce overall care costs. By centralizing communication and tracking care activities, clinicians have a more holistic record of service. Lastly, it serves as a focal point to collect patient vitals through remote monitoring devices and analyze patient data across populations.

ThoroughCare provides clinician-friendly care coordination software

that revolves around a patient-centered care plan. This enables a personalized approach to value-based care, offering patients a tangible roadmap to address specific care concerns and goals. ThoroughCare's solution features automated workflows, ensuring staff and providers can streamline their processes efficiently and effectively. It can enable general care coordination services or simplify the administration of several value-based care programs offered by Medicare. Lastly, ThoroughCare's integrated healthcare analytics platform can help providers visualize and interpret patient data in real-time and address operational inefficiencies. Nearly 600 clinics and physician practices use ThoroughCare to improve patient health outcomes, engage thousands of patients in their own care and streamline their organizations' transition to value-based care.

Streamlining the transition to value-based care with ThoroughCare

[View the webinar](#), to learn how Allscripts clients are using ThoroughCare to embrace alternative payment models and enable their organizations to implement and drive value-based care.



[View the Webinar](#)



[Learn More](#)



Diversity, Equity and Innovation: ADP Empower

by Tina Joros

Addressing health equity and disparities has become increasingly important within the healthcare technology industry. Health disparities are rapidly becoming more and more identifiable by social, environmental, and economic inequities that can put under-represented populations at a severe disadvantage, and often lead to a higher risk of poor health outcomes.

In 2022, the Allscripts Developer Program (ADP) launched **ADP Empower**, a corporate diversity, equity and inclusion initiative. This initiative promotes diversity industry-wide and cultivates a community of innovators that represent the perspectives and needs of our clients and their patients.

A goal of ADP Empower is to plant the S.E.E.D. for entrepreneurs by providing resources and opportunities that will contribute to their ongoing successes.

- Support new technology
- Engage with a diverse community
- Educate to fuel innovation
- Deploy integrated solutions to patients and providers

At its core, ADP Empower helps these companies navigate the health IT industry through sharing insights and resources as well as collaborating on efforts to seamlessly deliver innovation to Allscripts clients. This initiative has already effectively responded to individual and communal health challenges by partnering with developers for better development support, marketing and connections to potential users.

Clients and interested developers are to contact us to learn about the progress the program has made and how its solutions help bridge gaps of inequity while encouraging meaningful patient-centered care.



[Learn More](#)



Optimizing TouchWorks® EHR with E/M Data Assist

by Tina Joros



Electronic health records (EHRs) have become the prime solution for tracking patient data within medical offices across the globe. Specifically, our App of the Month partner, VisitEase, has developed the E/M Data Assist application to enhance organizations' EHR solutions and help ensure that all claims get sent with the required documentation for medical necessity. With it, organizations can more easily generate CPT billing code assessments and patient visit summaries—all with the click of a button. E/M Data Assist works with your TouchWorks EHR to optimize workflows and drive better care delivery.

The value of E/M Data Assist

VisitEase developed the E/M Data Assist application specifically to work in tandem with TouchWorks EHR. With E/M Data Assist, your medical office can quickly generate summarized reports that:

- Include all steps taken during a patient visit to ensure a medically appropriate patient history and/or exam were achieved
- Support the medical decision-making (MDM) calculation process used by the physician
- Compare the billing code assigned by the practice with the billing code determined by E/M Data Assist via analysis of TouchWorks fields accessed during the visit

The E/M Data Assist application has the capacity to ID patient visits from the day they occurred and can also generate reports that include patient visits from last year. Additionally, each

generated report contains all data fields accessed during patient visits and can be printed or securely stored in your internal database.

The E/M Data Assist application has the capacity to ID patient visits from the day they occurred and can also generate reports that include patient visits from last year.

Adhering to the Health Insurance Portability and Accountability Act (HIPAA) standards is critical for all medical practices. E/M Data Assist helps maintain compliance by generating documentation of medical appropriateness, providing you with peace of mind knowing that you have access to all the data necessary to pass an unexpected audit.

When managing a medical office, you are most likely aware that insurance companies can reject medical bills for many reasons. Fortunately, the VisitEase software rapidly generates summarized reports with all relevant data to effectively dispute any insurance billing mishaps, saving you time and money.

Interested in learning more about E/M Data Assist? Watch the webinar and see how you can get your first two months of E/M Data Assist free!



[Learn more and watch the webinar](#)



Automate pre-visit screenings with CHADIS—The patient engagement and health questionnaire solution

by Tina Joros

Healthcare organizations are facing unprecedented numbers of new policies and regulations intended to save money and improve care delivery, but often, the result is staff and clinician burnout. In an ideal world, technology would save practices time and do some of the work to streamline overall efficiencies.

Veradigm Connect (formerly Allscripts Developer Program) is proud to partner with [CHADIS](#), a solution that offers user-friendly access to patient-generated data—all through an automated electronic questionnaire and patient engagement platform. With CHADIS embedded in the standard workflow, a practice can expect to gather more accurate and frequent patient data, while saving staff time: two important areas of focus for many physician practices today.

Whether an in-office or virtual visit, CHADIS saves valuable time by auto-assigning pre-visit questionnaires as well as key reminders for completion. The front-office staff no longer must send, score, or scan questionnaires: CHADIS does it automatically. The scoring is more accurate and provides real-time data for the clinician, so they can be prepared for their patients prior to the visit. This allows clinicians more time to concentrate on areas of concern without spending critical and expensive visit time assessing the data during the visit. The automation CHADIS provides is also more efficient when compared to manual assessments that clinicians may be using today.

[Access the CHADIS Time Savings Calculator](#)

[Calculate Your Potential Payments from Screening Patients with CHADIS](#)

While patient-generated data is important for the visit, it is also very important between visits. Clinicians can access important information from patients on a continual basis including depression screenings, general medication adherence, and chronic conditions such as asthma. Monitoring data between visits can improve health outcomes and has the potential to facilitate more “connected health” between patients and their care teams.

CHADIS features automated between-visit monitoring through pre-set triggered reminders for patients to complete questionnaires. Negative scores are flagged to attract the attention of the clinicians or staff members, and practices will see when the patient is improving or when additional care is needed. In an ideal world, the time spent caring for patients remains tightly focused on the patient. With CHADIS, time and income are boosted as the patient experience is improved.

To see how CHADIS can do some of your heavy lifting, view our webinar here and learn more about the CHADIS integration with TouchWorks® EHR, Veradigm EHR™ (formerly Professional EHR), and FollowMyHealth® MPE Mobile Check-in.



[View the Webinar](#)



[Learn More](#)

Fighting provider burnout and staffing shortages with intake note technology

by Tina Joros

EHR documentation can account for up to **50% of a provider's day**, often accomplished after hours, during clinicals, and sometimes before the clinic opens. This can contribute to exhaustion, depersonalization, and a sense of ineffectiveness – all symptoms of burnout. Today's healthcare staffing shortages can often exacerbate this problem.

Administrative support staff responsible for scheduling appointments, ensuring patients complete intake questionnaires, and completing check-in, are difficult to hire: a consequence of both the pandemic and the "great resignation," necessitating that healthcare provider practices find ways to do more with less or suffer the consequences.

Answers are written to related discrete fields in the EHR, completing up to 80%+ of patient charting ahead of a visit.

Provider burnout costs healthcare \$4.6 billion

Provider burnout is a serious concern that affects quality of care and patient outcomes. It also contributes to the growing cost of healthcare through impersonal care, accidental

misdiagnoses, inaccurate billing/coding, and cumbersome care navigation – to the tune of an estimated **\$4.6 billion per year**.

Several initiatives to mitigate burnout exist, including the presence of Chief Wellness Officers at large health systems and the American Medical Association's [Joy in Medicine program](#).

Trends to mitigate burnout include:

- Measures to improve working environments
- Initiatives that encourage politicians to consult with providers when policies are created
- Creating positive learning environments for healthcare teams

Unfortunately, technology can sometimes produce unintended pain points, but the right workflows can also help to alleviate them.

Reducing provider chart notes with technology

In a collective attempt to improve patient care, reduce documentation burden, and fight burnout, electronic health records (EHRs) are investing in UX programs and becoming more provider friendly. Providers are becoming creative in hiring virtual medical scribes to write notes, and transcription via voice

recognition tools is appearing in more offices. Health tech companies whose solutions integrate with EHRs are striving for tighter integrations that can further reduce paperwork requirements for patients and data entry for clinical staff.

[Health Note](#), selected as the June 2022 App of the Month, advances digital patient intake by directly integrating into TouchWorks® EHR, Veradigm EHR™, and Allscripts Practice Management(tm) with a "chatbot" that asks patients focused, dynamic, and conversational intake questions that a provider would ask. Answers are written to related discrete fields in the EHR, completing up to 80%+ of patient charting ahead of a visit. Healthcare providers are then empowered to confirm information during a patient encounter rather than inefficiently gathering, organizing, and documenting patient data at the same time, **saving an average** of 5-10 minutes per clinical encounter, or 1.5-3 hours per day if a provider sees 20 patients per day.

Watch our webinar here and learn more about Health Note featuring mutual customer, Springfield Clinic.



[Learn More](#)



ReferralPoint partners with Allscripts for access to a data-driven, fully automated referral management platform

by Kari Anne Fowler

ReferralPoint announced today that Allscripts has certified its application as part of Veradigm Connect. ReferralPoint is an innovative solution that enables Veradigm EHR™ and Allscripts Practice Management users to improve efficiency, reduce patient leakage and costs, and enhance the patient experience.

With the integration, users are prompted to select the ideal patient-provider match with the IdealMATCH™ feature. This single click also automates authorizations, scheduling, and closes the loop with patients and providers, regardless of the referred-to specialists' EHR system.

ReferralPoint Features:

- Utilize data to objectively rank providers and facilities
- Optimize referral networks based on data and organizational goals
- Refer patients to their IdealMATCH™ provider—high quality, low cost, in-network, patient preferences, etc.
- Eliminate manual steps with an Automated Referral Coordinator (SARA)
 - o Automate prior authorizations
 - o Automate patient scheduling

- o Automate closing the loop with the patients—show rates and capture experience

- o Automate closing the loop with the specialist—get consult notes back

- Gain 360-degree visibility into key referral metrics
- Staff extension model to outsource referral steps

“Joining Veradigm Connect will enable us to help provider practices ensure their patients are receiving the right care at the right time while supporting Fee-for-Service (FFS) and Value-Based Care (VBC) initiatives,” said Robert Harris, CEO of ReferralPoint. “We’re excited to give providers access to data-driven, fully automated patient referrals within their workflow.”

Veradigm Connect offers both proprietary and FHIR® enabled APIs to connect third-party applications, devices, and other innovative healthcare technologies with Allscripts products. Interested Allscripts users are encouraged view our webinar. Find more information about ReferralPoint on the Veradigm App Expo. Health IT developers can [create](#) a free

account at <https://developer.allscripts.com> to access our Open APIs and start building or connecting new innovations for Allscripts users.

About ReferralPoint

ReferralPoint provides fee-for-service and value-based care strategies that use data and automation to transform patient referrals. Unlike manual processes or disconnected tools that result in uninformed referrals, ReferralPoint leverages cost and quality data to rank specialists and facilities to build high-value preferred networks, then with one click, seamlessly presents the patient-provider IdealMATCH within the EHR workflow. This click also automates authorizations, scheduling, and closing the loop with patients and providers, regardless of outbound EHR.



[View the Webinar](#)



[Learn More](#)



Too many phone calls, not enough staff

by Tina Joros

Although I try to be as self-sufficient as possible online, I inevitably end up calling or talking to many practices to schedule visits for myself or my family or when I have a question that I can't find an answer to on their website or patient portal.

When I do have to call in, I look for a time in my schedule when I have at least a half hour in case I end up on hold or in a queue listening to a recorded message over and over. It's usually worth the effort, but it can be frustrating and time consuming when you don't have the time or the patience to wait for a live person to pick up the phone.

...the app documents the call in real time and puts all action items back in the patient's chart upon call completion.

Most practices, of all sizes, are looking for the best way to manage phone calls during the day and after hours. There are several factors that may affect a practice's ability to manage patient calls during the day, and most of them have to do with too many phone calls and not enough staff to cover them. One way to deal with a large volume of calls and not enough staff is to prioritize which calls get answered by a live person, and

which go to voicemail. However, this isn't ideal, because in this shuffle things can be missed. And while recorded advertisements for your practice are helpful while a patient is waiting to talk to someone, how many people stay on the line after the first few loops of the same message?

I'm happy our November App of the Month can help address some of these challenges.

Manage calls during the day

This solution enables users to dictate which calls go to a live staff member, and which calls can go to CallMyDoc to be transcribed and handled by either a call back to the patient through the app or a message to the patient through the patient portal. No more voicemail, no more looking up charts and no more writing things down.

Manage calls after hours

Medicare, commercial payers, and various state payers contractually require certain standards in responding to calls after hours. To help practices demonstrate compliance with their contractually required after-hours requirements, this service offers after-hours coverage procedures.

For instance, by using CallMyDoc, a practice can meet and exceed contractually required after-hours requirements. The app can set up what type of calls each provider receives as well as how and when they are notified. CallMyDoc also enables the provider to instantly see the patient's demographics and a transcription of why the patient is calling for easy determination of next steps. And with one click, they call the patient back or use the automated app call backs. CallMyDoc provides a summary of the three most recent visits and three most recent lab results and can send refills and new prescriptions with instructions on where to pick up. Finally, the app documents the call in real time and puts all action items back in the patient's chart upon call completion. These capabilities drastically reduce the time clinicians spend on phone calls after hours, while still ensuring the best care possible.

If you have been looking for a solution to help manage your call volume, view our webinar to learn more about CallMyDoc.



[Learn more and watch the webinar](#)

How Integrated Apps have shifted expectations in managing documents

by Tina Joros

The health care IT market has witnessed significant growth in recent years due to an increased demand for improving patient care and with that, a huge increase in patient documentation. Veradigm Connect (formerly Allscripts Developer Program) has hundreds of apps to help our clients, and those that focus on streamlining manual processes or making existing workflows more efficient are especially popular. InDxLogic has been providing health information management solutions to meet these demands since 2006. InDxLogic's health information management (HIM) platform automatically indexes patient documents. Documents are now in the right patient's chart, named correctly, with the right date of service, and without duplications. This can help patients to receive better and more efficient care from providers. With the speed and accuracy of the InDxLogic HIM platform, providers can consistently experience greater accuracy and faster availability of patient documents.

InDxLogic Features:

- eFax management tools that make it easier to prep unstructured eFaxes
- Index documents automatically
- Tag a document to an order automatically
- Route documents to correct healthcare personnel and chart
- Detect duplicate documents to eliminate multiple documents to the chart
- Evaluate objectively Management reporting of the scanning and indexing process
- Improve operational efficiency significantly

Dawn Buckley, RN, a customer of InDxLogic and COO of South County Internal Medicine in Rhode Island, says it best, "InDxLogic has done everything they said it would. It has been an absolute pleasure to work with their various teams to ensure our success

with their product." If your practice is spending more time than you would like scanning and indexing documents to include in the patient record, learn more about InDxLogic and find out how this solution can help your organization by viewing our webinar.



InDxLogic has done everything they said it would. It has been an absolute pleasure to work with their various teams to ensure our success with their product."

Dawn Buckley, RN
customer of InDxLogic



[View the Webinar](#)



[Learn More](#)



Eliminating Manual Test Entry

by John Lauraitis

Every year, billions of point-of-care test results (urinalyses, blood tests, etc.) are manually abstracted from paper printouts or screens into EHRs. This time-consuming process presents risk for human error, incomplete or incorrect result data, and potentially negatively affecting patient care.

When technology can help streamline so many tasks, why continue to enter these results manually when solutions are available to automate the process? That's why we chose [Relaymed](#) as our October App of the Month. This solution seamlessly connects point-of-care testing devices to Veradigm® EHR (formerly Professional EHR) to automatically match results to orders.

Counting up the wasted time

In a busy physician practice, time is the most precious resource. Manually entering a lab result into the EHR is a time-intensive process. Sandra Tomlinson, Head of Healthcare IT at Prairie Pediatrics, estimated each manually entered test took an average of 3-5 minutes, adding up to around 3 hours of wasted staff time each week.

When speaking with Relaymed, she stated, *"Once we calculated the cost of staff doing all this work manually, in terms of hours and dollars, switching to an automated solution just made financial sense."*

The EHR should be the data hub and single source of truth for providers as they enter the exam room to meet with a patient. Relaymed streamlines workflows that can slow practices down. This means clinicians have more face time with patients, which improves their experience.

Improving quality of care

Patients do not want to wait for lab test results or delayed patient appointments. They are behaving as consumers who

choose their healthcare. Timely, accurate lab results are an important part of the patient experience, especially if they can be delivered electronically.



Once we calculated the cost of staff doing all this work manually, in terms of hours and dollars, switching to an automated solution just made financial sense."

Sandra Tomlinson,
Head of Healthcare IT at Prairie Pediatrics

Opening the ecosystem

Just as Veradigm Connect, formerly the Allscripts Developer Program, offers first-class, open APIs, so does Relaymed, which has some of the leading medical device vendors on its lab interface platform. These interconnecting ecosystems are where the power of open, quality, and value all converge.

Please view our webinar and learn how our partner has helped organizations harness the power of connectivity with Relaymed and Veradigm.



[Learn More](#)

About Veradigm Connect

Veradigm delivers a unique combination of point-of-care clinical and financial solutions, a commitment to open interoperability, a large and diverse healthcare provider footprint, along with industry-proven expert insights. As a result, Veradigm attracts leaders in healthcare, technology, and innovation, seeking to work with us to deliver next-generation insights and solutions to benefit the healthcare ecosystem with the objective of improving healthcare quality while lowering the cost of healthcare.

Veradigm Connect helps advance health technology by reducing the traditional barriers and risks associated with integrating and using innovative solutions for patients and providers. Our community is made up of innovators who create applications with providers and patients in mind. Using FHIR, and our proprietary API Unity, hundreds of applications have been made to support the growing need for healthcare solutions. The Veradigm Developer Portal has all necessary integration tools and resources, including API documentation, sandbox environments, EHR user interface access, and user forums. Once certified, all applications have a spot on the App Expo for clients to find.

The goal of Veradigm Connect is to make integrating innovators' products with Veradigm EHR, Veradigm Practice Management, and Practice Fusion as well as other EHRs as seamless and user-friendly as possible.

Veradigm Connect Resources

- **Veradigm App Expo:** Features hundreds of certified applications and devices for Veradigm clients and other health IT professionals
- **Veradigm Developer Portal:** Sign up for a free account to explore available integration tools and resources, including API documentation, sandbox environments, EHR UI access, etc.

VeradigmConnect@veradigm.com - Contact our team to learn more



Veradigm® is a business unit of Allscripts