

The Crowded Desktop Problem

THE POWER OF POINT-OF-CARE GAP ALERTS

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Recent technological advances have sparked a [digital transformation in healthcare](#), where numerous new tools and applications have [helped to improve patient care quality and efficiency](#). However, the exponential growth of available technology has also created a significant challenge for modern clinicians: the “crowded desktop” problem. The crowded desktop problem refers to the fact that [many healthcare providers juggle 6 to 20 clinical support tools](#) in addition to (and external to) their electronic health records (EHRs).

The crowded desktop problem exists because third-party solutions, such as those delivering care gap information from payers, have demonstrable benefits. [Seventy-four percent of physicians using such tools](#) reported changing initial diagnoses or altering patient treatment plans based on insights from EHR-external solutions. These solutions provide information that providers need.

However, solutions external to providers’ EHRs are generally more difficult to access. As a result, most physicians avoid using them in favor of more familiar options found within their existing EHR workflow. In a recent survey of 250 U.S. clinicians:

- 80% reported that they avoid the extra steps required to access insights from tools external to their EHR systems
- 77% reported that learning to access and utilize different third-party solutions contributes to their feelings of fatigue and burnout

The crowded desktop problem often results in the failure to use EHR-external tools, which means numerous opportunities to improve patient care and outcomes are missed. In this same survey, [98% of physicians agreed](#) that they could “provide better patient care, save lives, and receive timely reimbursement if patient-specific insights were easier to access and use.”¹

In this white paper, you will learn more about the crowded desktop problem: Its cause, why solving it is imperative, and the essential elements of a successful solution.

THE IMPORTANCE OF CARE GAP CLOSURE

Recent research from the Agency for Healthcare Research and Quality (AHRQ) showed that only [8% of patients](#) receive all recommended screenings and other preventive care; [nearly 5% receive none of the recommended services](#). Identifying these and other potential care gaps—and communicating relevant information to clinicians—can help providers see a more complete picture of patient health. Addressing these gaps in care provides an important opportunity to improve patient care. [By closing gaps in care, providers can increase their ability](#) to catch potentially life-threatening illnesses in patients and coordinate patient care needs. Patients benefit from fewer unnecessary tests and improved health outcomes.

[Gaps in care refer to disconnects](#) between recommended patient care and the care patients actually receive—disconnects such as the broad patient population failing to obtain recommended preventive care highlighted by AHRQ. Payers can also identify potential care gaps based on claims data—potential patient health conditions for providers to consider based on information the provider might not otherwise be able to access.



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CURRENT DELIVERY OF CARE GAP INFORMATION

Payers accumulate a great deal of potentially helpful data about their members' health, which fuels the [increasing demand from payers](#) to present risk and care gap information to their providers at the point of care. Their goal is to inform providers of care gaps, ensure providers complete documentation associated with these gaps, and improve patient care. The problem is that [care gap information is currently delivered to providers](#) via multiple difficult-to-access external systems from multiple different payers, significantly contributing to the crowded desktop problem. Accessing patient care gap information demands provider time, takes time away from patients, and increases provider fatigue and burnout.

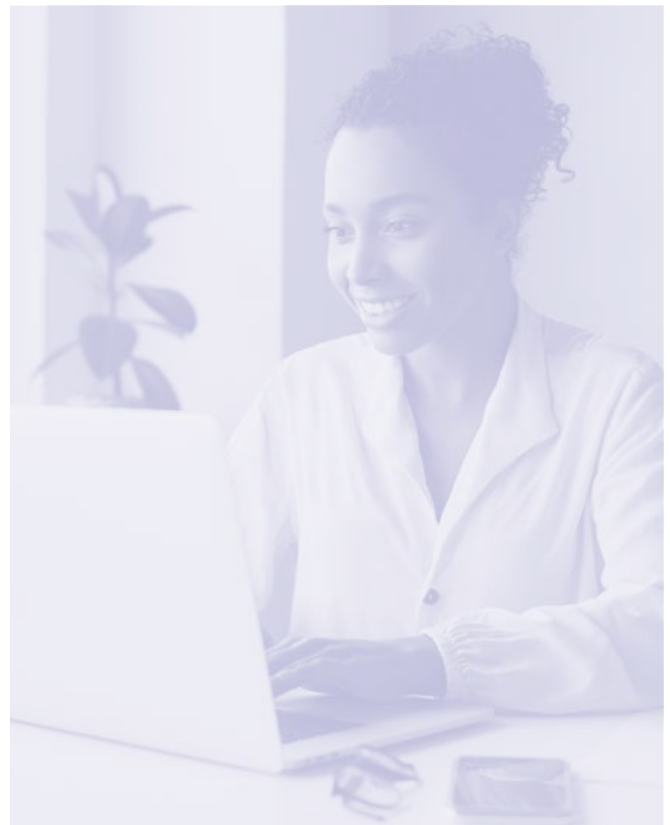
Gap closure is critical to improving overall patient care and outcomes, but healthcare providers aren't always aware of every gap that exists for their patients. If documentation of those gaps is not accessible at the point of care [during the provider's standard workflow](#) for the patient visit, the potential for a positive impact on care is significantly reduced.

ESSENTIAL ELEMENTS OF A SUCCESSFUL SOLUTION

For payers to effectively communicate care gap information with providers, it's critical that they do so in a manner complementary to providers' existing processes and workflows—not by adding more steps, more apps, and more tools that demand providers' time. Not by further contributing to the "crowded desktop" problem but by solving it. To reduce the current "crowded desktop" burden on practice staff and clinicians, it's critical to replace the disparate tools currently required to access care gap information and, instead, develop a means of [sharing information from multiple payers in a single aggregated view](#).

But what would that solution look like? Here are some essential elements to require when researching solutions for your crowded desktop problem:

1. A successful solution must consolidate information from multiple payers into a single common workflow.
2. A successful solution needs to be easy to use—which, in an ideal world, would include automatic setup, no need to install a new solution, EHR-agnostic, free for providers' use, and able to deliver care gap information to the point of care directly within the patient EHR record, to enable seamless care gap alerting.
3. Alerts delivered by a successful solution need to be relevant, patient-specific considerations for the provider to evaluate, respond to, and address with patients; they need to be delivered in a timely manner.



VERADIGM PAYER INSIGHTS (VPI)

[Veradigm Payer Insights \(VPI\)](#) was created to reduce “noise” at the point of care by providing a means for payers to deliver care gap alerts to providers within patients’ EHR records. VPI addresses each essential element of a successful solution, helping improve patient care while streamlining the provider workflow.



1) Consolidates Information from Multiple Payers into a Single Common Workflow

VPI offers payers a dynamic solution to deliver care gap alerts directly to providers via the patient’s EHR as part of a network of over 100 payers. [VPI consolidates information](#) originating from multiple payers into a single common workflow. VPI presents alerts regarding pertinent clinical information directly into the patient’s EHR record, so providers have easy access to this information while they are face-to-face with patients.

2) Easy-to-Use Solution

[VPI also helps alleviate provider frustration](#) by providing a free, user-friendly solution to a well-known challenge. VPI connects automatically to the practice’s EHR for Veradigm products (Veradigm EHR, Practice Fusion, Touchworks, and NextGen), enabling it to identify eligible scheduled patients. VPI is also EHR-agnostic in that it can function with EHRs beyond those in the Veradigm portfolio (although it is not pre-installed with non-Veradigm EHRs).

3) Timely Alerts with Relevant, Patient-Specific Information

VPI is unique in its ability to target alerts directly to a patient record within the EHR. Once care gaps or potential care gaps have been identified for a patient, a provider-facing alert is generated directly within the patient EHR record. To view the specific information related to that patient, the provider clicks the link to open the VPI module—without exiting the EHR.

With access to over 100 payers and your practice’s patients’ clinical records within the EHR, VPI can deliver gap alerts that are timely and patient-specific, as well as details from the patient’s claims and electronic health records.

HOW VPI WORKS

When used with Veradigm products (Veradigm EHR, Practice Fusion, Touchworks, and NextGen), VPI connects automatically to the practice’s EHR, enabling it to identify eligible scheduled patients. The payer or Veradigm analyzes claims data and patients’ clinical records to identify existing gaps in care.

[VPI converts this information into a provider-facing message](#) and presents it at the point of care, within the patient’s clinical record, as part of the provider’s native workflow. When the provider opens the patient chart, they receive an alert that open care gap information is available via VPI. The provider clicks the link to open VPI as a tool within the clinical record to display care gap information—eliminating the need to log into another portal or an outside website for care gap details.

Care gap alerts provide clinicians with relevant, patient-specific considerations to evaluate, respond to, and address with the patient. These alerts capture both suspecting and persisting diagnoses, where “suspecting” refers to a possible diagnosis identified for a patient based on claims and their clinical record, and “persisting” refers to those diagnoses that need to be reconfirmed annually, such as diabetes.

The provider can then collect supporting “MEAT” documentation (monitor, evaluate, assess, and treat) within the VPI module. When this information is submitted, it’s both saved in the patient record and sent to the payer with supporting documentation for soft closure of gaps. Payers receive details of the providers’ actions and supporting documentation for the encounter via an existing [Veradigm eChart Courier™](#) arrangement. Payers can then process the gap action for the soft closure of gaps.

VPI sidesteps the crowded desktop problem at every step by consolidating care gap alerts and delivering this information to providers via their standard EHR workflow.



[VPI provides] an advantage over the alternatives by being in the EHR and presenting things to providers as soon as they open up the chart. As soon as you have the chart open, it says there are care gaps here. Then you can immediately address them.

— RICHARD BURRIS, MD
DIRECTOR OF MEDICAL IT
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ENGAGING BOTH CLINICAL AND ADMINISTRATIVE STAFF

By providing care gap information for scheduled patients prior to their visits as well as when they are actually in the office, providers strengthen pre-visit planning while reducing the administrative burden. VPI also allows providers to enhance performance on key quality measures such as HEDIS scores and STAR ratings and delivers much greater accessibility to payer incentive programs.

However, delivering care gap information only for scheduled patients would be insufficient. There are also many noncompliant patients, with existing care gaps, who are not scheduled for appointments. Additional solutions are available as part of the Veradigm Network to allow practice administration to see what gaps exist within their patient population and assist with member outreach.

VPI PROVIDES A SOLUTION TO THE CROWDED DESKTOP PROBLEM

With VPI, you can satisfy the increasing provider demand for care gap alerts integrated directly into their existing workflow. Alerts integrated into providers' clinical workflow are more likely to be seen—and more likely to be addressed when they will be of greatest benefit. VPI enhances payers' ability to identify potential care gaps and communicate that information to their providers while enhancing physicians' ability to improve patient care and patient outcomes.

VPI enables bidirectional clinical data exchange with over 300K providers through the Veradigm Network. It enables the exchange of data with both Veradigm EHR products and non-Veradigm EHR platforms as well. With VPI, you can help improve outcomes and minimize risk for patients with seamless care gap alerting in the providers' EHR workflows.



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