



2016 Sales Summit

October 13th 2016



The Henry Schein Medical Systems - Forerun Partnership

The Vision:

- *A single-platform solution for targeted specialties that seek to bridge the gap in the continuum of care and enhance engagement between the patient and physician*
 - *Walk-in services*
 - *Care continuum with consults*
 - *Chronic care management*
 - *Telehealth*
 - *Patient engagement tools*
 - *Outcome reporting*

- An integrated **Comprehensive Solution** specially **designed for Urgent Care clinics** that includes:
 - **MicroMD PM's:** *advanced practice management software*
 - **Forerun's EHR:** *electronic clinical documentation, workflow and decision support software*
- Complete solution **offered by Henry Schein Medical Systems**
- **Easily deployed**
 - **Cloud offering:** *Run it on any device or location with a browser*
 - **Intuitive User Interface:** *Physicians are up and running with ~ 15 minutes of training*
 - **Proven Results:** Clinics have already successfully deployed
- **Simplified pricing options:** *Pay-per-encounter model*

About Forerun

.....a SaaS digital healthcare company

- Founded in 2006- Waltham MA
- EDIS Technology spin out
- Deployed as a SaaS
- Transform disparate clinical data from patient records and episodic testing into critical, timely and actionable information.
- Allows health care providers to make better decisions about the clinical management of their patients
- Creates complete and appropriate documentation of the care provided while also addressing the growing revenue challenges of health care providers.

Foreun :Experts in Emergency & Urgent Care

Developed by an interdisciplinary team of emergency physicians and HIT specialists at Beth Israel Deaconess Medical Center

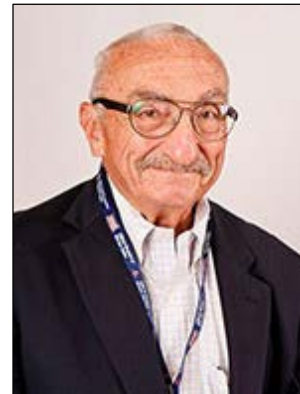
- Currently in use on the main campus and in BIDMC's and community hospitals EDs and UCs
- Nationally deployed in academic and large community EDs and UCs



Beth Israel Deaconess
Medical Center



John Halamka, MD
Chief Medical Information Officer



Peter Rosen, MD
Past Editor-in-Chief
Journal of Emergency Medicine



Richard Wolfe, MD
Chief of Emergency Medicine

Customer Testimonial: *Forerun's unique EHR Design*



- **USACS and Clinic 21**
- **Why EHRs matter**
- **Successful Deployment of the Forerun EHR**
- **Key features highlighted**



Christopher Corbit, MD, FACEP
Chief Medical Informatics Officer

About



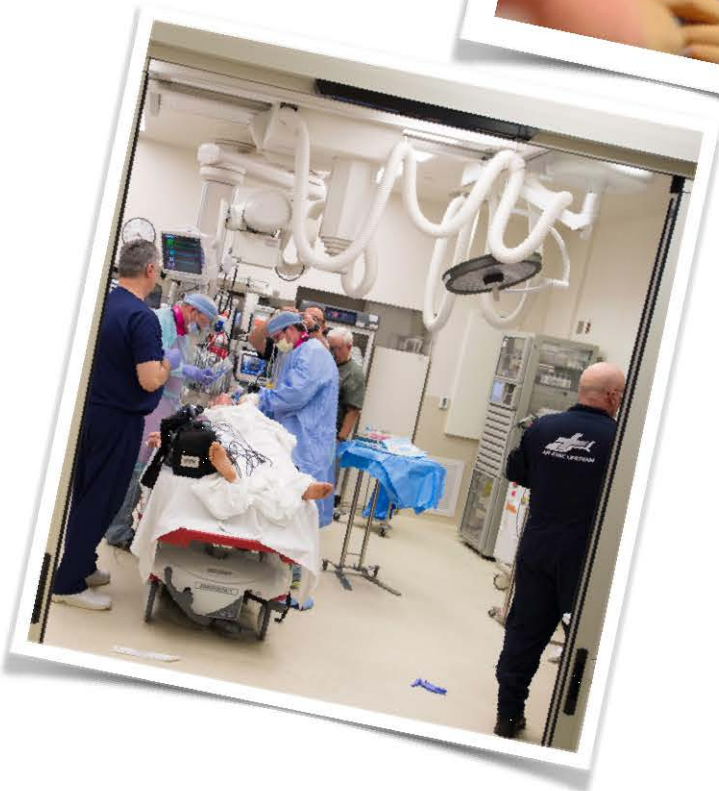
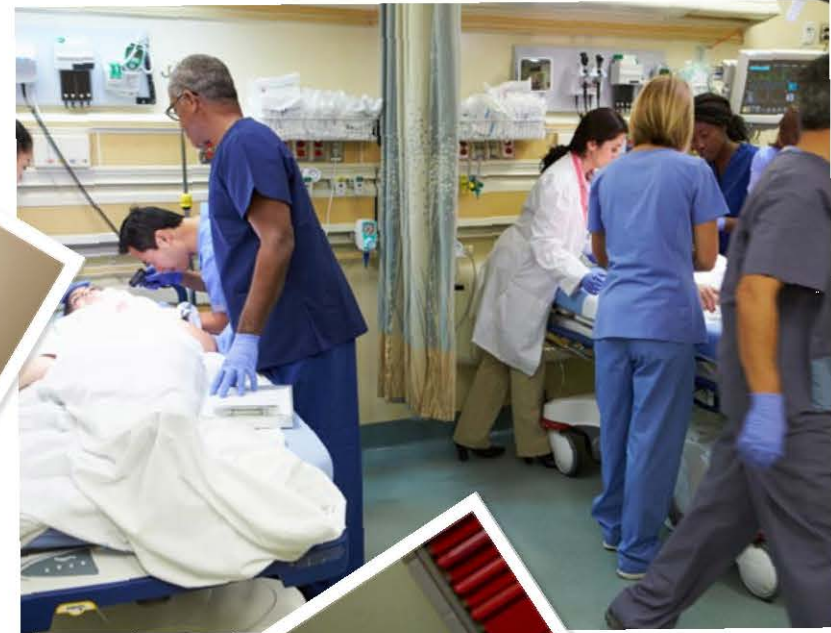
About USACS

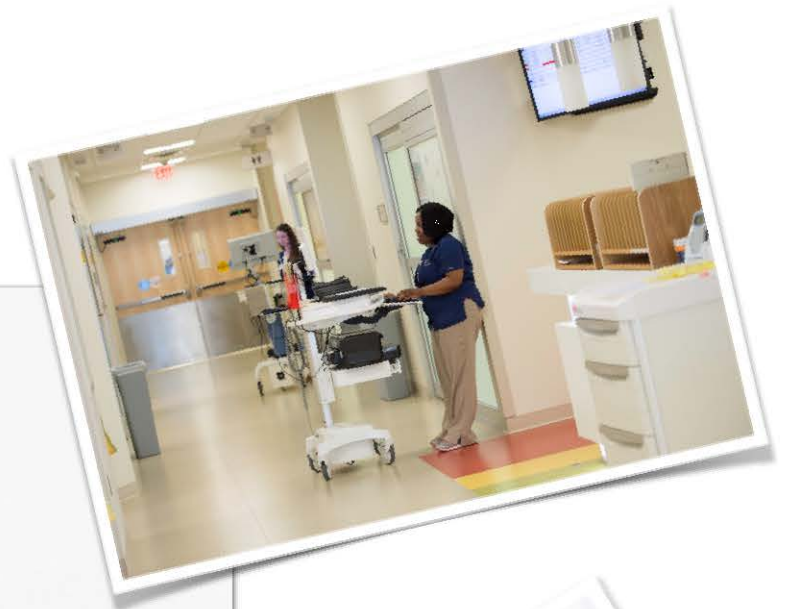
Founded by emergency medicine physician groups in Colorado, Florida, Maryland and Ohio and capital partner Welsh, Carson, Anderson & Stowe, USACS is the national leader in physician-owned emergency medicine, hospitalist and observation services. USACS provides high-quality care to almost 4 million patients annually at approximately 120 locations in 22 states, and is aligned with leading hospital systems across the country.



About Clinic 21

Founded by emergency medicine physician Clinic 21 offers thorough, convenient and accessible urgent care and emergency care without the long wait times of hospital based emergency rooms. Staff of board certified physicians and advanced practice providers trained in emergency care have extensive experience treating individuals in urgent or emergency medical situations.





How Providers Spend their Time



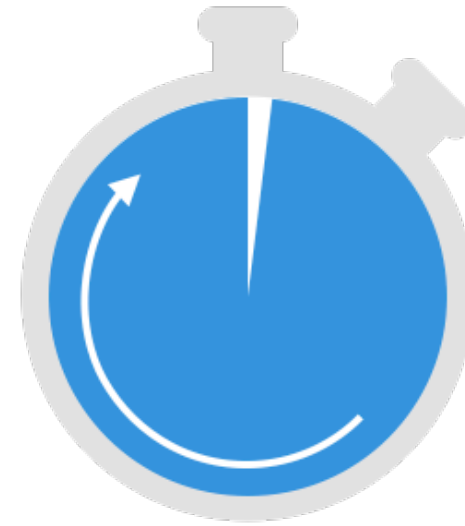
43%

Performing Data
Entry



28%

Direct Patient Care



4,000

Number of clicks in
a 10 hour shift

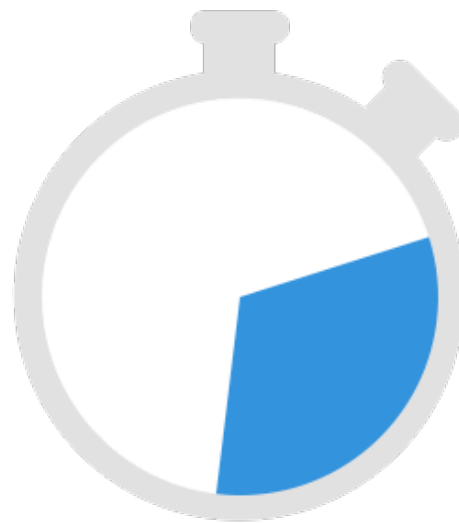
How Providers Spent their Time



1998

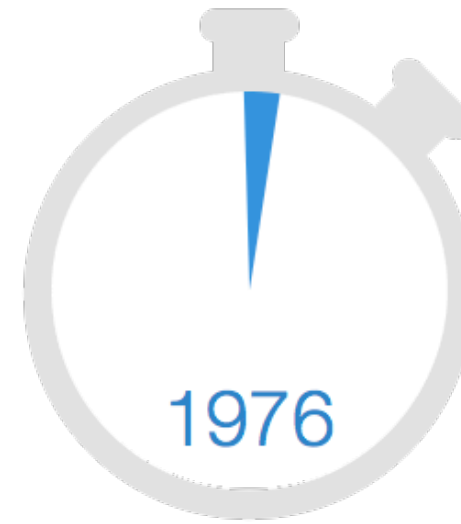
21%

Performing Data
Entry



32%

Direct Patient Care



1976

3%

Documentation/
Data Entry

Hollingsworth, Jason C et al. . How Do Physicians and Nurses Spend Their Time in the Emergency Department. *Annals of Emergency Medicine* . Volume 31 , Issue 1 , 87 - 91

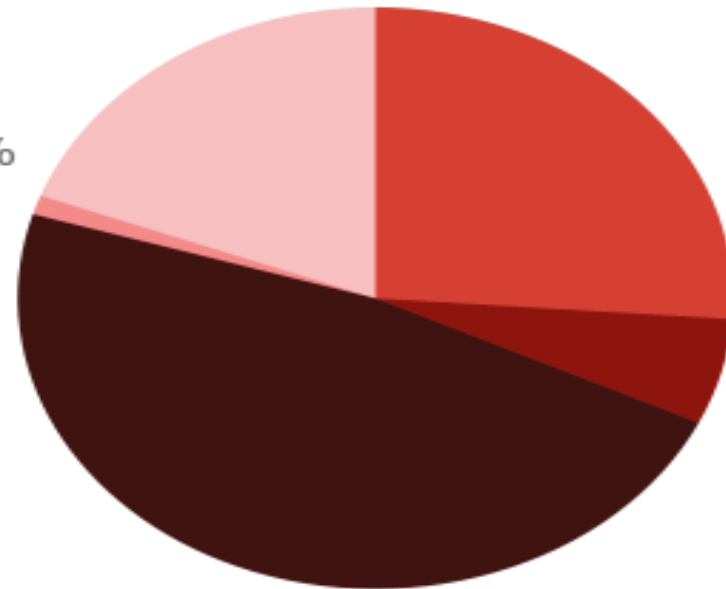
AM/As 5th Annual Invitational Policy Meeting: The Future State of Clinical Data Capture and Documentation. December 6-7, 2011. Washington, D.C.

Less Clicks = More Efficient = Higher Reimbursement

EHRs dominate docs' time

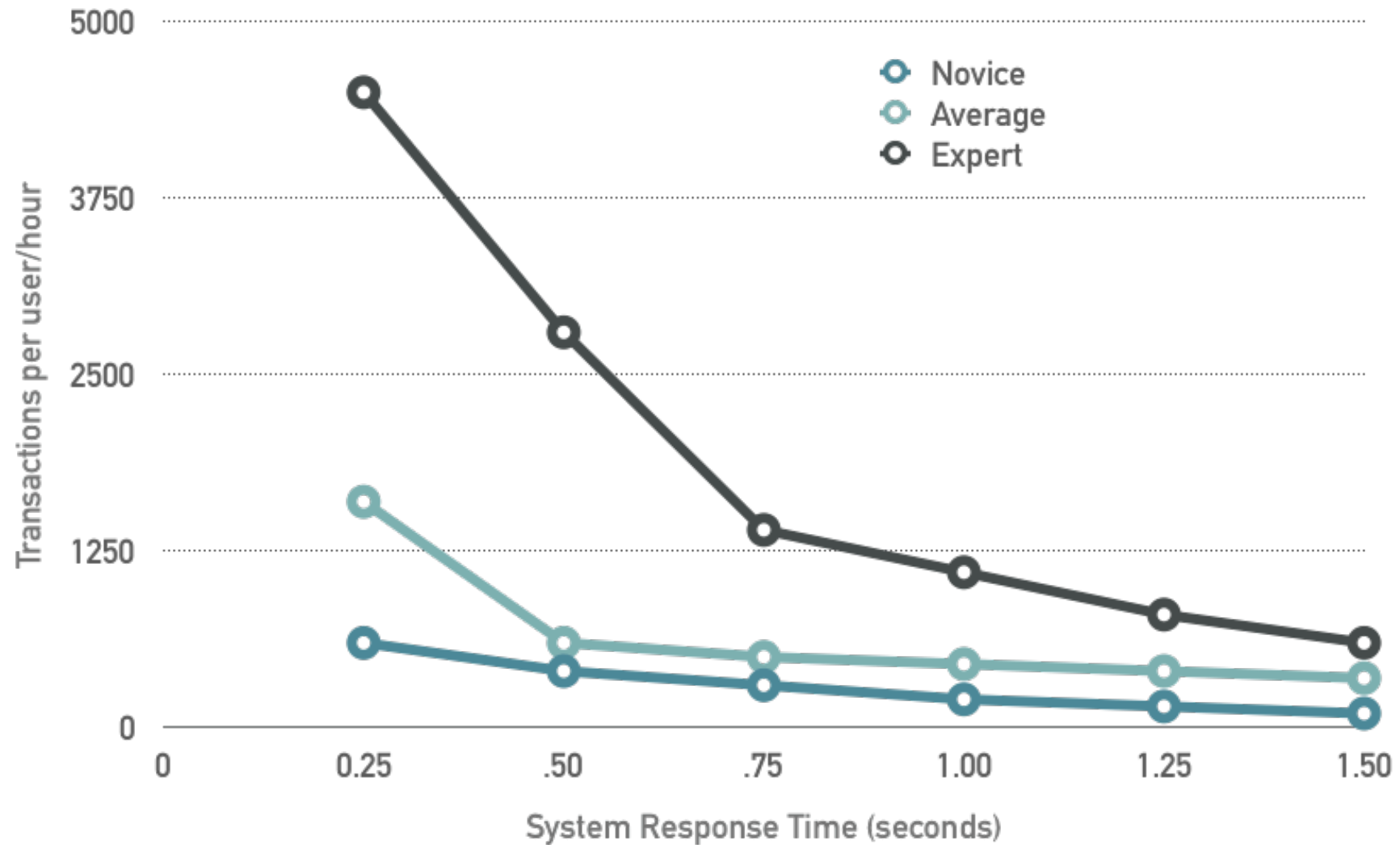
Physicians time allocation during office hours

- Direct clinical face time with patient, 26%
- Face time with staff, 6%
- EHR and desk work, 48%
- Administrative tasks, 1%
- Other tasks, 19%



Source: American Medical Association

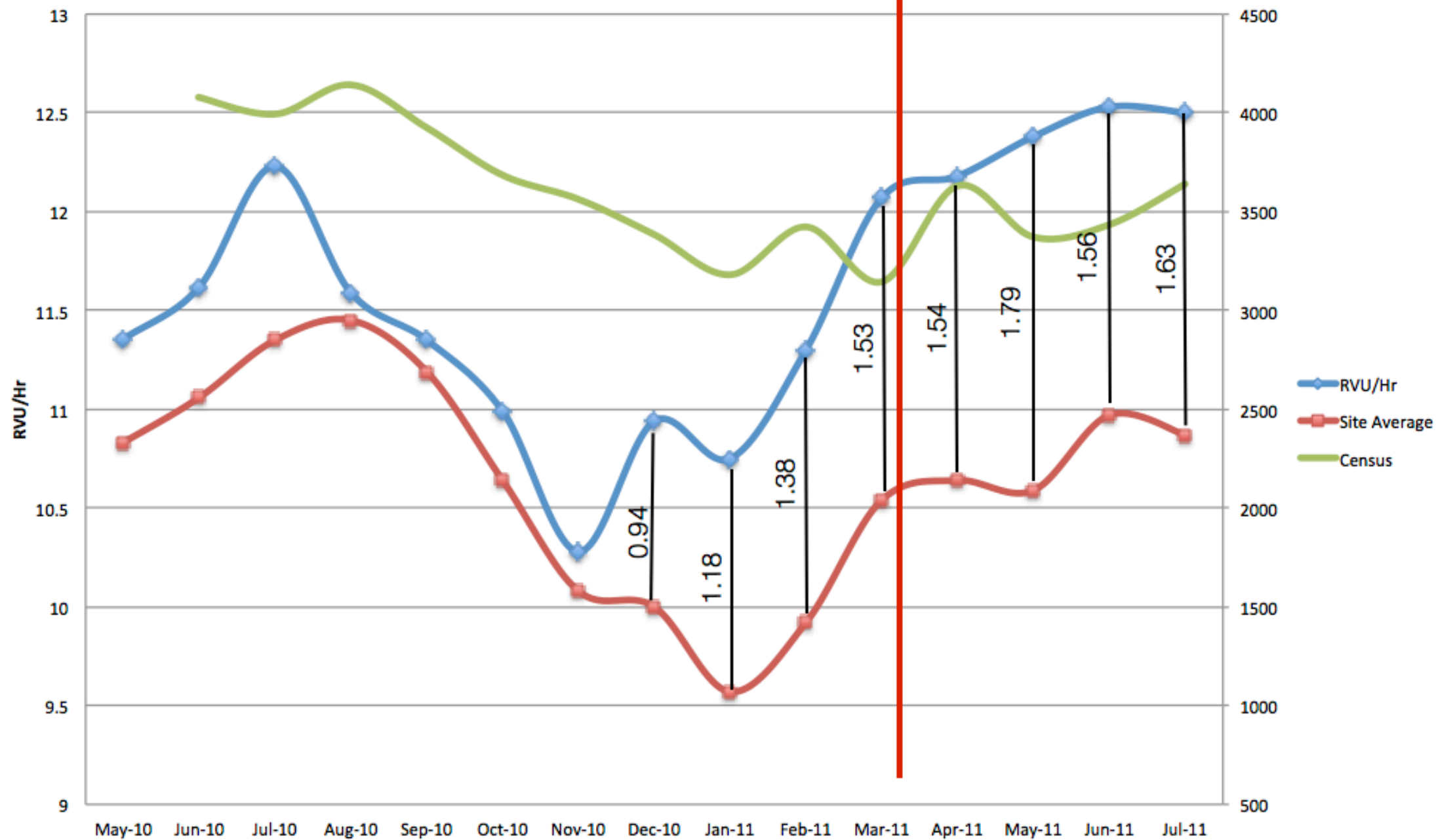
Speed Matters



....why we picked Forerun's EHR: Positive ROI

- \$ **Speed:** <1minute charting increases provider productivity
- \$ **Reimbursement:** Produces a quality chart and accurately captures charges
- \$ **Intuitive:** Minimal training time eliminates loss of productivity
- \$ **Knowledge:** Advanced Reporting allows to optimize operations

Start of
Flexchart



Effective Care: Less computer time = more direct patient care

- Dashboard overview alerts providers of patient and order status
- Clinical Indicators to avoid “near misses” and initiate decision support
- Proven physician adoption with increased levels of productivity

TID	Age	Sex	Rm ▲	Patient	Chief Complaint	Chart	Flags	Att	APP	Nur	L	X	M	N	Comment	Disp
26m	25	F	1	Phillips, Alexandra	Headache	NA	REF 72	Beckwith ⚙		Barton					----	D
26m	41	M	3	Smith, Jane	?Uti	NA		Beckwith ⚙		Beckwith					----	
25m	37	F	4	Thorne, Margery	Nausea	NA		Beckwith ⚙		Doucette					----	
23m	61	M	6	Campbell, Joseph	Chest Pain	NA		Beckwith ⚙		Barton	L	X	M		Patient to be transferred to ED	T
23m	27	F	9	Porter, Emily	Sore Throat	NA		Beckwith ⚙		Barton	L		M		----	
18m	27	M	10	Smith, Jason	Back Pain	N	 MRSA	Beckwith ⚙		Barton					----	
17m	73	M	5	Freeman, Wilson	?Uri	N		<Claim> ⚙							----	
2m	71	M	W	Remy, Gerald	Rash			<Claim> ⚙							----	
1m	12	F	W	Ortiz, Jane	Ear Infection			<Claim> ⚙							----	

Innovative EHR

- Fast and Comprehensive Charting
 - Designed by physicians
 - ChartStarters™: Maximize speed of chart completion while avoiding inaccuracies
 - Standard charts can be completed in less than one minute for routine cases
 - Individualized: Avoids Cloning risks associated with chief complaint templates
 - Built in Macro management for ROS, PE, MDM, and Procedures
- Easy User Interface
 - Users are up and running with ~15 minutes of training
 - Patient View Screen
 - Chart Management
 - Streamlined for maximum speed

1) The Power of ChartStarters Vs Chief Complaint Templates

2) Smart Use of Macros Allows for Fast & Compliant Charting

Urgichart
Carolyn Beckwith

Logout

Options

- My Patients
- Overview
- In Room
- Gone
- Chart Management
- Manage Chart Starter
- Analyzer
- Patient Follow-Up
- Functions
- Admin
- Reports
- Radiology
- Password

Timeout
300 min

UrgiCare MD

Christopher Parker [MRN1 / Fn2], 82 / M, d

Laboratory

Radiology

- Chest X-F
- CT Cervical
- Other (1)

☐ Image Reviewed

UC course / Tre

Pre-Defined Texts

Medical Decision Making

The patient's symptoms are consistent with most likely a viral syndrome. I'm not finding specific bacterial etiology, and no obvious signs or features of encephalitis, aseptic meningitis (meningoencephalitis), pneumonia, or other significant pathology at this time. They are encouraged on symptomatic treatment, including anti-inflammatories, p.o. fluid hydration, and advised to return if fevers over 102F or any localizing of the symptomology. They're given follow up with their primary care physician for repeat examination.

Re-Evaluation

Filter By --Show--

Chart Starter

Filter: ---- All ----

Create New Chart Starter Show hints

Chart Starters below are available for your use.

Title	Author	Type	Last Update	Share	Delete	Edit
Normal PE (V2c)	cbeckwith	PE	01/28/2015 14:33	☐	☐	Edit
Urinary Tract Infection (V2c)	cbeckwith	Whole Chart	08/29/2016 16:22	☐	☐	Edit
Bronchitis (V2c)	cbeckwith	Whole Chart	08/29/2016 16:24	☐	☐	Edit
Pharyngitis (V2c)	cbeckwith	Whole Chart	08/29/2016 16:24	☐	☐	Edit
Acute Pharyngitis (V2c)	cbeckwith	MDM	09/16/2016 14:49	☐	☐	Edit

Chart Starters below are ready to Adopt.

Title	Author	Type	Last Update	Role	Delete	Adopt
Pharyngitis (V2c)	mroshon	Whole Chart	12/26/2015 13:35	UCC Attending Physician	☐	☐
Bronchitis (V2c)	mroshon	Whole Chart	12/26/2015 13:53	UCC Attending Physician	☐	☐
URI (V2c)	mroshon	Whole Chart	12/26/2015 14:01	UCC Attending Physician	☐	☐

Capture Charges: Accurate and Seamless integration to PM-MicroMD

- EM Level Code guidance based on completed documentation
- Order Entry and Procedure Documentation drives appropriate charging
- Charges added to the MicroMD practice management from the clinical workflow
- Incorporate Physician friendly terms to help select ICD-10

E/M RESULTS | provider: Koshon, Michael |

History	Exams	Diagnosis	Data	Dx	Risk
2	4	0	3	3	2
E/M Level: 99202					

Critical Care Minutes: ☐ Revisit

Coding Summary

History	Exams
HPI: Less than 4 ROS: 2-5 PPSH: 1-7 This will support level: 2	Systems: 5-7 This will support level: 4

Medical Decision Making

Diagnosis	Data
Number of Diagnosis: 0 New Diagnosis: ☒ No further workup Self Limited or Minor Dx: ☐ One additional Established Dx: ☐ Stable Established Dx #2: ☐ Stable Total: 3	☒ Medications ☒ X-rays ☒ Labs ☐ EKG ☐ Additional History Total: 3

Risk

Minimal ☐ One self limited/minor problem ☐ Ultrasound, eg echocardiography ☐ Superficial dressings	☐ Lab tests requiring venipuncture ☐ Rest	☐ Elastic bandages ☐ Chest x-rays, EKG/EEG, Urinalysis, KOH prep, UA
Low ☒ Two or more self-limited or minor problems ☐ Clinical lab tests requiring arterial puncture ☐ IV fluids w/out additives	☐ One stable chronic illness ☐ OTC drugs	☐ Acute uncomplicated illness ☐ Minor surgery with no identified risk factors
Moderate ☐ One or more chronic illnesses with mild exacerbation ☐ Acute illness with systemic symptoms ☐ Minor surgery with identified risk factors ☐ Closed Tx of fracture or dislocation w/out manipulation	☐ Obtain fluid from body cavity (eg lumbar puncture) ☐ Acute complicated injury ☐ Prescription drug management	☐ Undiagnosed new problem with uncertain prognosis ☐ Two or more stable chronic illnesses ☐ IV fluids with additives
High ☐ Drug therapy requiring intensive monitoring for toxicity ☐ Parenteral controlled substances	☐ Decision not to resuscitate or to de-escalate care because of poor prognosis ☐ One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment	☐ An abrupt change in neurologic status, eg, seizure, TIA, weakness, sensory loss ☐ Acute or chronic illnesses or injuries that pose a threat to life or bodily function eg (multiple trauma, acute MI, pulmonary embolus)
Total: 2		

Clinical Details

Search Procedure

Procedure	Code
No Procedure Listed	

Diagnosis	Code
No Diagnosis Listed	

Laboratory

Study	Date & Time	Code
COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	2015-03-23 22:19:14	36415
HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE OFFICE TO A LA	2015-03-23 22:19:14	99000

Advanced Analytics: Manage Performance to optimize operations

- Track and report on utilization trends by physician and diagnostic groupings
- Robust reporting to drive improvement and change
- Report on quality measures & outcomes



Current Offering



Status	Deployed with MicroMD Henry Schein Medical Systems Customers
Key Selling Features	• New cloud-based specialty Urgent Care EHR solution that simplifies and speeds care and charting to create quick and efficient documentation • Seamlessly integrates with MicroMD PM • Pay only for what you use through a pay-per-encounter model • Exclusively offered by Henry Schein Medical Systems
Target Market	• Urgent Care • CHC • Walk-in clinics
Sales Collateral & References	• Available

ExpressCareMD: Coming Soon.....

ExpressCareMD

*ExpressCareMD will help meet the growing competitive demands on **primary care clinics**. Accommodate walk-in services, manage care continuum with consults, chronic care management, telehealth, patient engagement.*

Status	
New Features + UrgentCareMD	• Patient Engagement Integration • Care Management Enhancements for PCPs • Health Maintenance Tracking • “Chart View” to view History across multiple Visits
Target Market	• High Volume Primary Care • Cross-over Primary Care- Urgent Care
Pricing & Sales Collateral	• Soon to be released



Questions?

 HENRY SCHEIN®
urgiCare MD™