HENRY SCHEIN®
MicroMD
PRACTICE MANAGEMENT + EMR

Live Webinar

New Year's Resolutions = Smarter Solutions

Today's webinar is sponsored by:

HENRY SCHEIN®
MicroMD®

Simple. Customizable. Connected.

Simple, highly customizable software to help you run your practice, and connect with your patients.
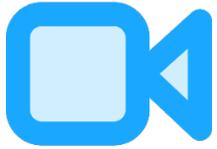
Webinar Tips for Attendees

Questions

You can submit a question anytime by using the "Question" area of your control panel. We will reserve time for Q&A at the end of the session.

Audio
Your audio will be streaming through your computer speakers.

Recording

After the webinar ends, registrants will receive a notification through email with a URL link of the recording for on-demand viewing.

New Year's Resolutions = Smarter Solutions

Live Webinar

Telehealth - Industry Update
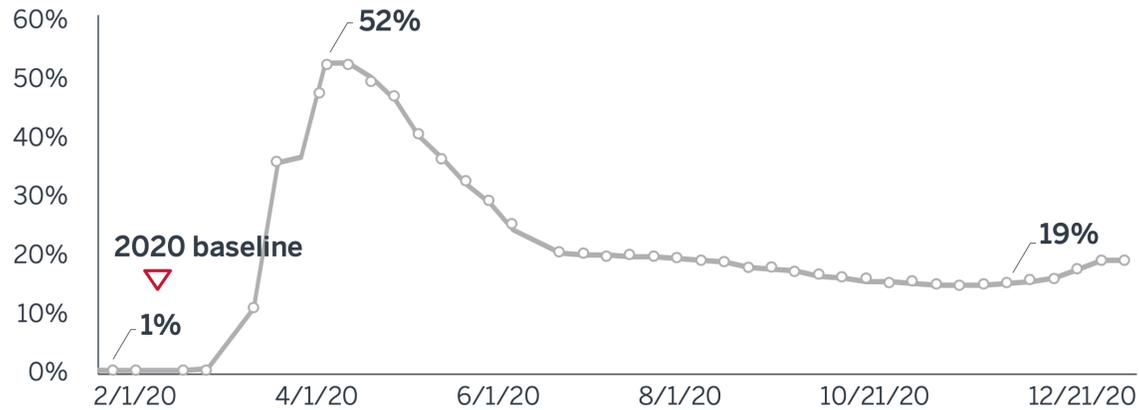Todd Stack, GM Virtual Health Solutions
Henry Schein

Lane Elliott
Solution Portfolio Specialist

Virtual Care Market Trends
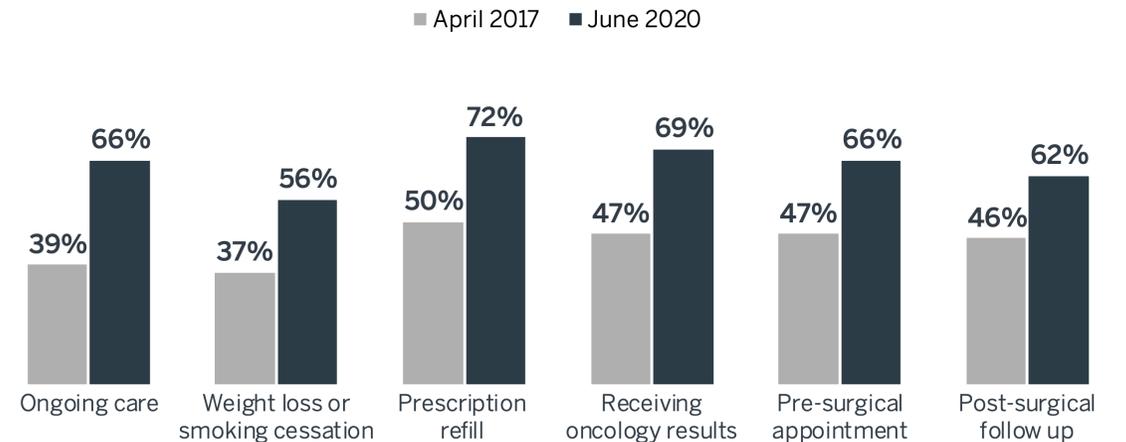
REMEMBER: WE STARTED AT (ALMOST) ZERO

Telehealth visits as percentage of total visits

- Pre-2019 telehealth visit were nominal
- 2020 Covid shutdowns drove 52% peak utilization
- 2021 stats show steady 15% + utilization that is here to stay

CONSUMERS WHO WOULD CONSIDER VIRTUAL CARE IN DIFFERENT SCENARIOS

n=7,452

■ April 2017   ■ June 2020

	April 2017	June 2020
Ongoing care	39%	66%
Weight loss or smoking cessation	37%	56%
Prescription refill	50%	72%
Receiving oncology results	47%	69%
Pre-surgical appointment	47%	66%
Post-surgical follow up	46%	62%

Source: Advisory Board Executive Briefing, May 2021

www.micromd.com

Virtual Care Market Trends

VIRTUAL VISIT TYPES REPORTED BY CONSUMERS

On-demand urgent care **21%**

Scheduled PCP **54%**

Scheduled existing specialist **42%**

Scheduled new specialist **13%**
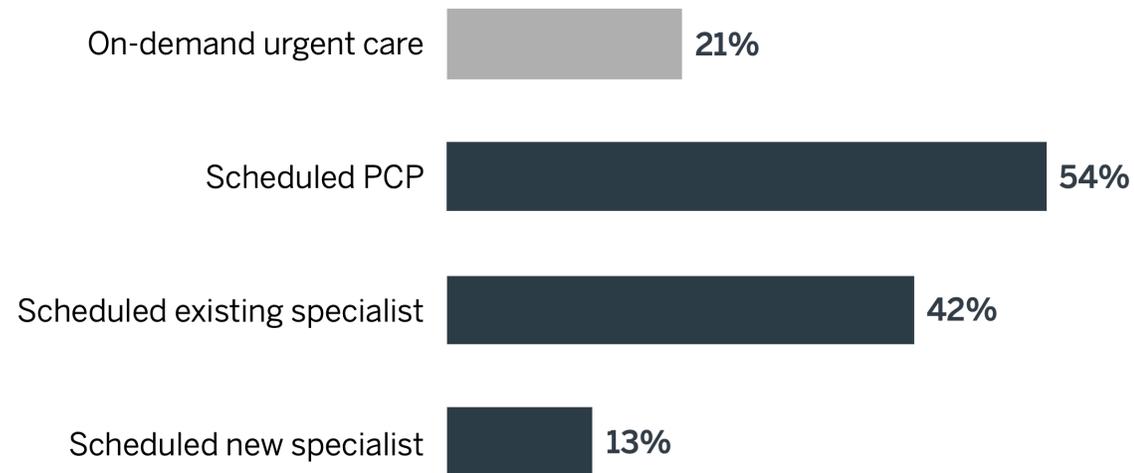
CLINICIANS ARE ADAPTING TO TELEHEALTH

Physicians who had done a virtual visit

2019 **22%**

2020 **80%**

Physicians willing to use virtual visit

2019 **69%**

2020 **96%**

Physicians who expect to use virtual visit in the next 3 years

2019 **50%**

2020 **70%**

Source: Advisory Board Executive Briefing, May 2021

Telehealth

Your practice's Telehealth strategy addresses 2 of the 3 consumerism factors - Convenience & Cost

6 Billion

in annual savings
To remain competitive every practice should include telehealth in their patient journey.

Source: Towers and Watson

Pandemic – impact of Telehealth

41% of patients say they lost confidence in their doctors during the pandemic

29% because of their providers' slow adoption
        of virtual care

53% Their provider rarely or never communicated
        with them about Covid-19.

24% because their providers did not take sufficient advantage of digital
        communication tools

Conversely,

59% of respondents who said their **confidence in their providers
increased amid the pandemic**,

61% credited that boost to their providers' rapid switch to
virtual care

58% credited the frequency of their providers' Covid-19 communications

47% credited their providers' use of digital communication tools, such as text and email.

Telehealth – virtual visits

Of the 19% of consumers who tried a virtual visit

for the first time during the pandemic,

47% **were Baby Boomers**

60% **of all consumers would consider a virtual visit if they had to wait at least**

a day to see their regular provider in person.

Source: Advisory Board

VIDEO ONLY

A direct to patient video consultation service for practitioners that's fully browser-based for easy virtual consultations — anytime, anywhere.

MOBILEDOC®

Robust professional tele-diagnostic capabilities packed into a carry-on bag. It's the ultimate portable practice.

STREAMLINE CART

Our streamlined medical cart enables high-quality, remote physician-patient encounters on par with a face-to-face visit, all with best-in-class tele-diagnostic devices.

SMART POWERED CART

For inbound patient applications, Medpod enables providers to break down the barriers of traditional care delivery and create new care pathways.

REMOTE PATIENT MONITORING

Anytime, anywhere chronic care for either post acute or inpatient monitoring as part of a value-based health care program.

LIVE TRANSLATION SERVICES

Remote video translation maintains high-level patient care with visual communication.

PORTABLE TRIAGE CENTER
Transforming Frontline Care

Setup an 8'x12' triage/exam room anywhere with a 110v connection or generator.

Medpod enables high-quality remote physician-patient encounters that are on par with a physical visit and are reimbursable as such in states with telemedicine parity laws.

Professional Telediagnostics

Local provider using otoscope on patient with remote physician on live audio video consult
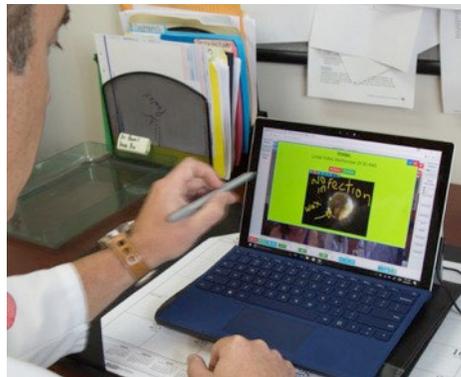
Remote physician annotating the otoscope image.

VITALS	VISION	PACS
STETHOSCOPE	RETINOPOTHY	ABI
EXAM CAMERA	ULTRASOUND	COLPOSCOPE
EKG	BONE DENSITY	DENTAL
SPRIOMETRY	HEARING SCREENING	CONCUSSION TESTING

POC LAB Tele-diagnostics

HORIBA MICROS 60 Hematology

QUIDEL TRIAGE Cardiac, Toxicology

ABBOTT PICCOLO XPRESS Chemistry

URISPEC PLUS Immunology

ABBOTT I-STAT Blood Analysis

CARDIOCHEK PLUS Chemistry

TOSOH AIA-360 Immunology

PTS A1CNOW Diabetes

- Integration with practice's schedule –
  - Patient specific virtual waiting room links sent to the patient
  - Integration with Digital patient intake tools to automate history and medical data collection, insurance and ID's, consent signatures and co-pay collection
- Bandwidth Correction – improved stable connectivity
- Enhanced Security and consent tools
- On screen patient guidance for a successful visit.
- Virtual links by email or text
- Integrated translation services
- Virtual Group visits – ability to invite up to 9 participants.
- Designed to work along side your EMR but capable if needed to record vitals, simple notes, capture images & download to EMR

Questions you should ask about Virtual Health solutions

VIDEO ONLY

- Does your telehealth solution allow you to scale from software-based video visits to level 5 billable tele-diagnostics and RPM?

- Does your Telehealth video solution provide advanced communication tools, does it allow flexible workflow where nurses and staff can engage with patients on video just like they would in the office?

- Are you leveraging your most expensive assets to provide true diagnostic virtual care while increasing patient access and practice revenue?

- Can the system capture real-time diagnostic data that connects to your EHR?

- Does the system allow you to provide virtual episodic, chronic and acute care?

Requirements for documenting patient care
Supporting clinical documentation and driving quality patient care

Clinicians are overwhelmed by documentation and quality requirements:

43% of a doctor's workday is spent on data entry

12,138 steps healthcare professionals take 2.3 times more steps per day than the average American

90% of all Medicare payments to be tied to quality or value by 2018

4,000 clicks for an average day of documentation

80% of doctors use a personal mobile device to communicate patient data

1/6 of day spent on administrative tasks—billing, financial management, and more

7.2 million words documented by a single doctor in just one year

89% of CIOs say portability is a key priority

88% of doctors report being moderately or severely stressed

Creating a World where Clinicians Take Care of Patients without Technology Getting in the Way

Speech Recognition –
    why cloud is better

All new –
Speech Activated Calculations
    using MDCalc

60

Input Example:

"In comparison with the prior examination dated June second twenty fourteen the heart…"

Previous Model

Decision based on:
- Acoustic model
- Language model
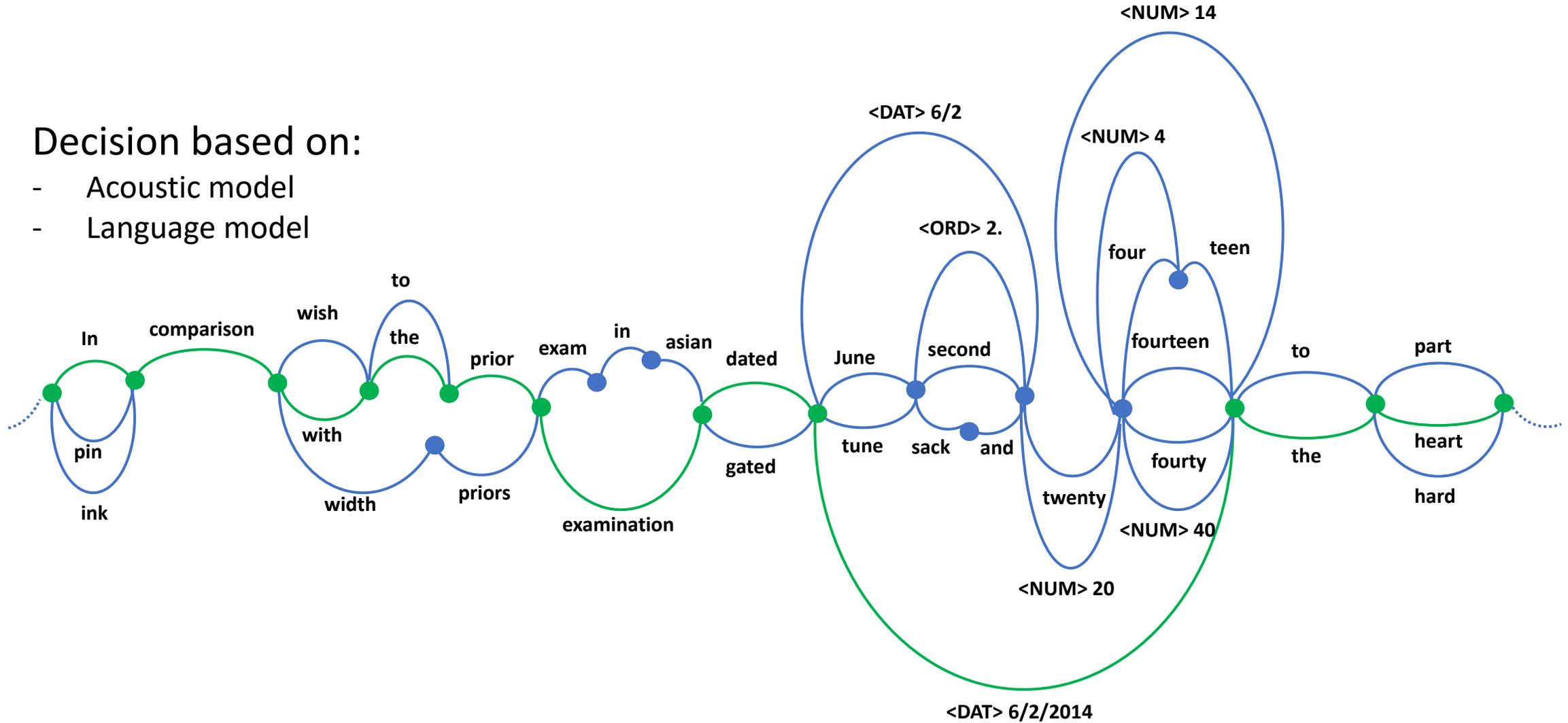
Previous Model

Context check that reached back to up to 4 words

"**In comparison with the prior** examination dated June second twenty fourteen the heart..."

1   2   3   4
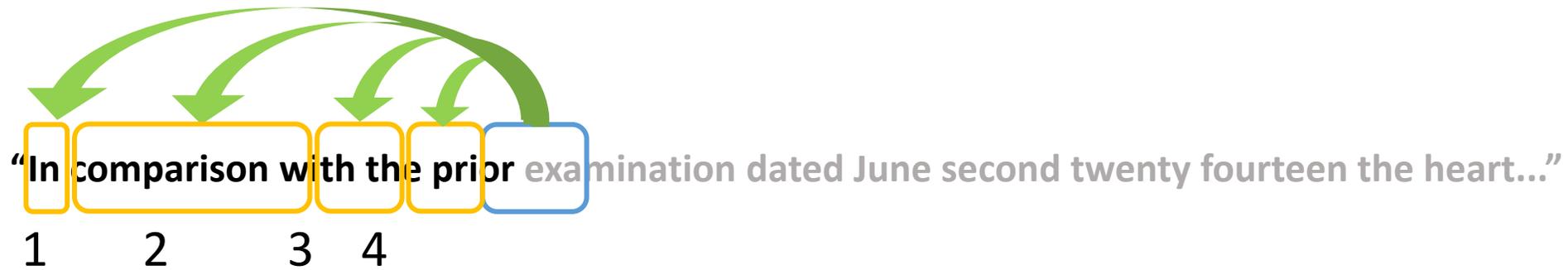
Previous Model

Not possible to check the context of the whole sentence

Outcome dependent on the last (up to) 4 words

"In comparison with the prior examination dated June second twenty fourteen the heart..."

Neural networks

Higher capability to cross check results

Previous Model:

Left-to-right
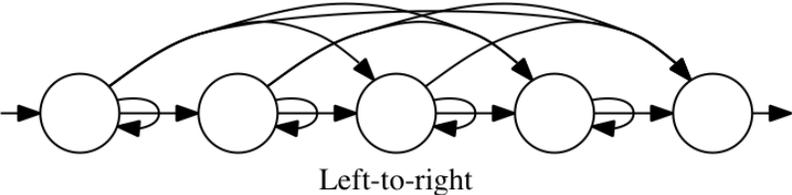
New Model:
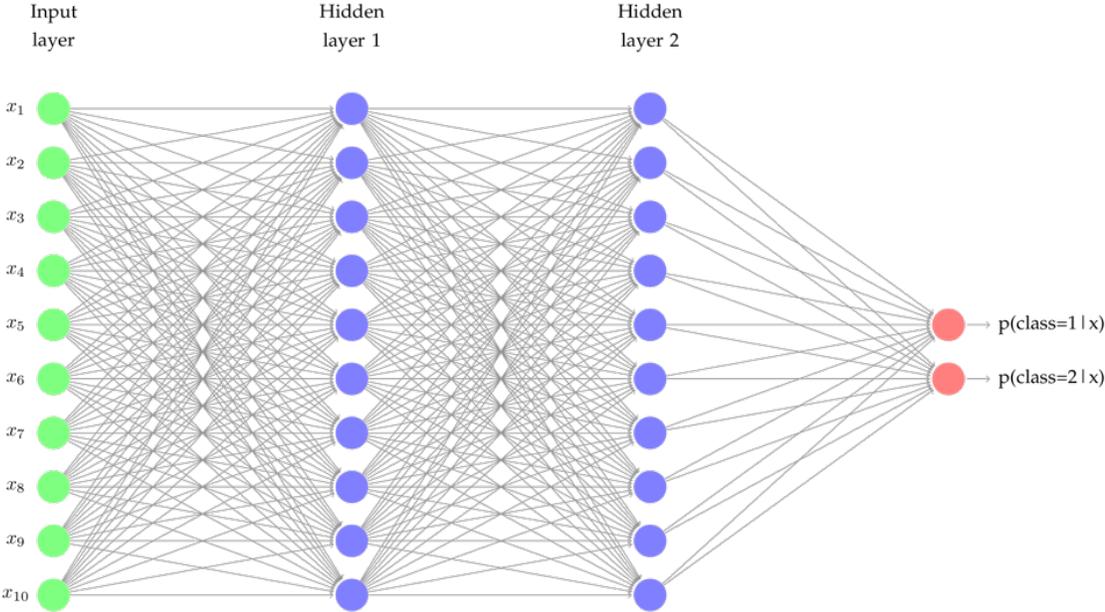
New Neural Network Model
More context, more scale, more accuracy

Outcome no longer dependent on only 4 previous words

"**In comparison with the prior examination dated June second twenty fourteen the heart...**"

PowerMic 4
High-quality physician dictation microphone with PC mouse functions

Buttons are hard plastic for easier wipe down

Smooth, matte finish allows for easier disinfection

"Track-point" controls the cursor to navigate screens and select functions

High pass filter provides clearer audio

Enhance productivity with ergonomic control of both standard dictation and speech recognition functions

USB connectivity for easy plug-and-play installation as well as eliminating the need for sound card-enabled PCs

Unidirectional microphone with noise-cancellation ensures higher accuracy in even the noisiest environments

Perfect companion to PowerMic Mobile, which turns smartphones into secure wireless microphones

Support individual clinician preferences and workflows by offering a mix of PowerMic 4 and PowerMic Mobile

PowerMic Mobile
Secure wireless microphone for iPhone and Android

Dictation Box

Dictate (Record)
Toggle on/off button

Tab backward

Rewind

Transfer Text

Tab forward

Fast forward
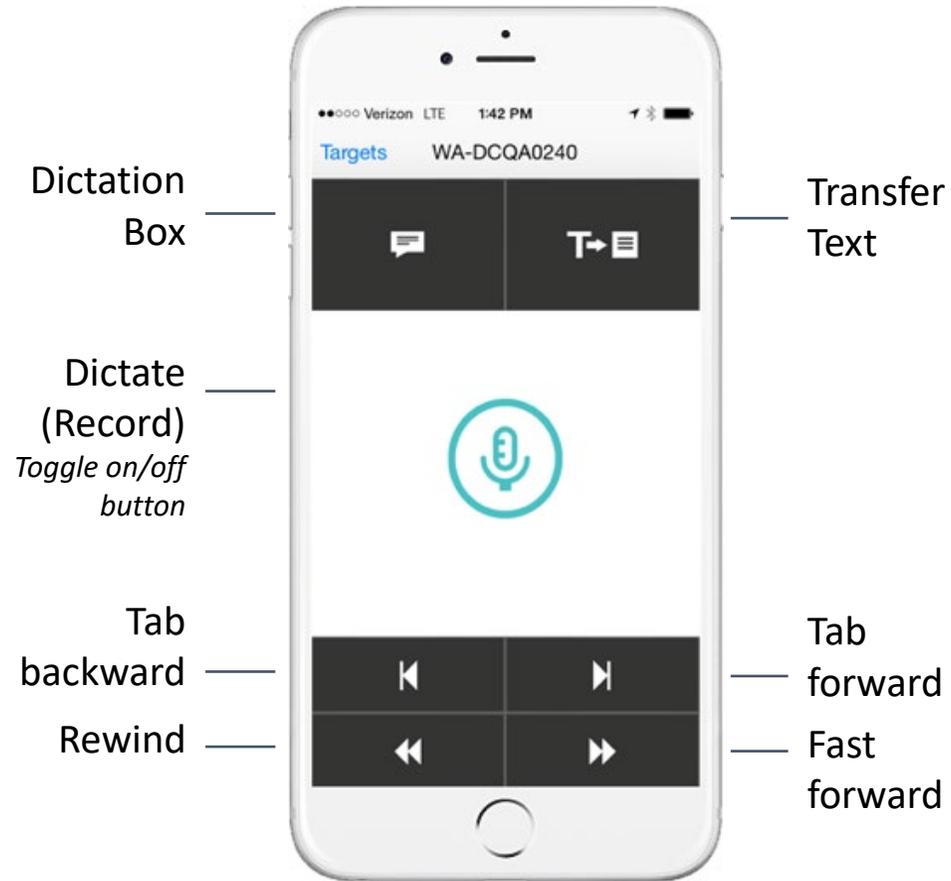
Turn any workstation into a Dragon Medical One documentation station

Can be used with any thin or zero client infrastructure and offers an optimized audio channel for true portability and reliability

Multiple organization and multi-workstation support with automatic workstation pairing

Customizable with up to 5 programable buttons

Centrally managed with full MDM support, including VMWare AirWatch, MobileIron, Cisco Meraki, Sophos and others

No passwords to remember, authenticates based on Dragon Medical One login

Can be used in conjunction with PowerMic III

MDCalc integration has arrived

Clinical decision support is an essential part of the clinician workflow. Whether determining appropriate dosing, calculating a risk score, or referencing diagnostic criteria—MDCalc tools support over 50 specialties, 200 patient conditions, and 650 calculators. Used by millions of medical professionals worldwide, MDCalc is proven to achieve better patient outcomes by providing evidence-based criteria when diagnosing, documenting, or developing a care plan.

*DMO V2021.4 or later

*MDCalc is integrated with DMO

Patient List | Signature List
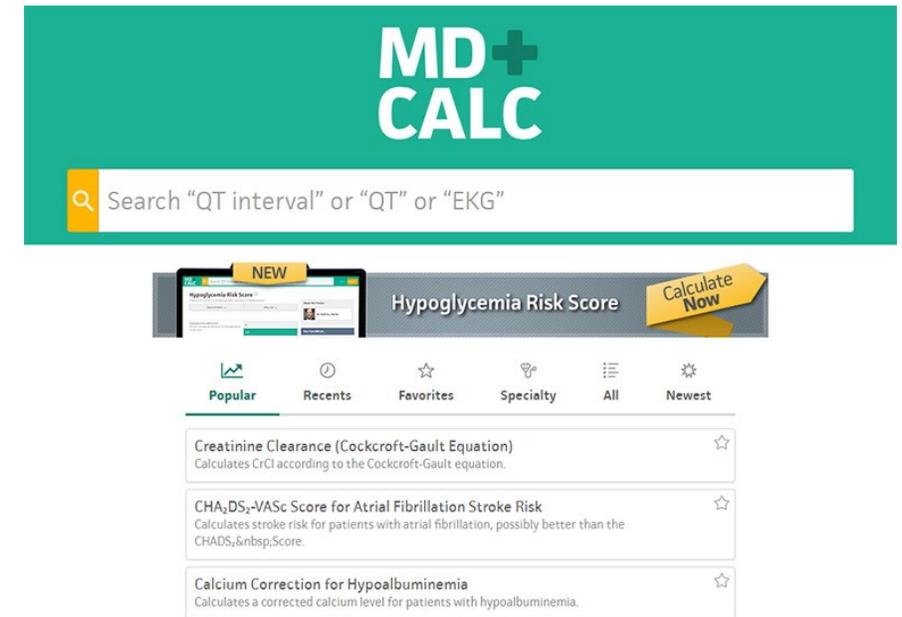
Marjorie Southerland [Visit Id: v1334647]

MRN:	mm1334648	Sex:	Female	Blood Pressure:	160/98mmHg
DOB:	5/15/1937	Height:	5' 8"	Pulse:	65
Age:	84 yrs	Weight:	152 lbs	Temperature:	99F

Name	MRN	Age
McPartland, Adele	mm1334637	87 yrs
Adams, Mark	mm1334639	59 yrs
Crane, Thomas	mm1334681	16 yrs
Briggs, Steven	mm1334641	71 yrs
Carpenter, Michael	mm1334643	44 yrs
Schneider, Bill	mm1334683	38 yrs
Southerland, Marjorie	mm1334648	84 yrs
Anderson, Dave	mm1334651	59 yrs
Bates, Charles	mm1334654	71 yrs
Cabot, Angelo	mm1334657	44 yrs
Ray, Douglas	mm1334660	84 yrs
Etheridge, Randall	mm1334663	79 yrs
Furman, Melissa	mm1334667	77 yrs
Gauss, Anja	mm1334671	70 yrs
Ulrich, Christopher	mm1334675	22 yrs
Danvers, Sophie	mm1334673	7 yrs
Edwards, Nancy	mm1334677	52 yrs
Ward, Laura	mm1334679	4 yrs

Note | Patient Summary | Problems

Arial | 12

B I U

00:00

Lesli_woodruff22

paste that

This voice command has been recognized.

Patient presents with fever, shortness of breath and dry cough. Symptoms star... ...for Covid that was positive.

CURB-65 Score for Pneumonia Severity from MDCalc.com on 2/16/2022
** All calculations should be rechecked by clinician prior to use **

RESULT SUMMARY:
4 points
Highest risk group: 27.8% 30-day mortality.

Consider inpatient treatment with possible intensive care admission.
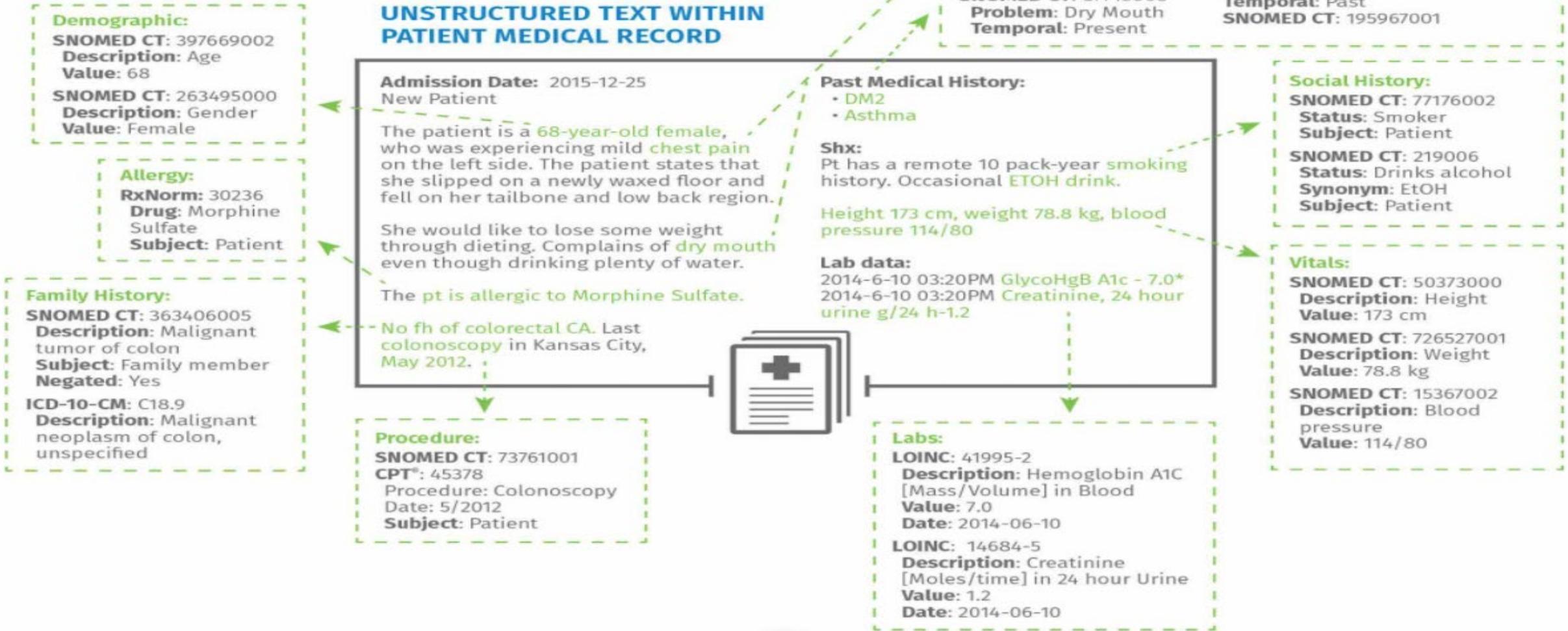

INPUTS:
Confusion —> 0 = No
BUN > 19 mg/dL (> 7 mmol/L) —> 1 = Yes
Respiratory Rate ≥ 30 —> 1 = Yes
Systolic BP —> 1 = Yes
Age ≥ 65 —> 1 = Yes

New Report

Title
r1334646 - 02/11/22 - 11:14 PM
r1334645 - 02/12/22 - 05:47 PM
r1334644 - 02/13/22 - 12:20 PM
r1334684 - 02/16/22 - 03:35 PM

Save | Sign

MicroMD
HENRY SCHEIN
PRACTICE MANAGEMENT • EMR

UNSTRUCTURED TEXT WITHIN PATIENT MEDICAL RECORD

Demographic:
SNOMED CT: 397669002
Description: Age
Value: 68
SNOMED CT: 263495000
Description: Gender
Value: Female

Allergy:
RxNorm: 30236
Drug: Morphine Sulfate
Subject: Patient

Family History:
SNOMED CT: 363406005
Description: Malignant tumor of colon
Subject: Family member
Negated: Yes
ICD-10-CM: C18.9
Description: Malignant neoplasm of colon, unspecified

Patient Problems & Diagnoses:
SNOMED CT: 29857009
Problem: Chest Pain
Severity: Mild
Laterality: Left
Temporal: Present
ICD-10-CM: R07.9
SNOMED CT: 87715008
Problem: Dry Mouth
Temporal: Present

ICD-10-CM: E11.9
Diagnosis: Type 2 diabetes mellitus without complications
Synonym: DM2
Temporal: Past
SNOMED CT: 44054006
ICD-10-CM: J45.909
Diagnosis: Unspecified asthma, uncomplicated
Temporal: Past
SNOMED CT: 195967001

Admission Date: 2015-12-25
New Patient

The patient is a 68-year-old female, who was experiencing mild chest pain on the left side. The patient states that she slipped on a newly waxed floor and fell on her tailbone and low back region.

She would like to lose some weight through dieting. Complains of dry mouth even though drinking plenty of water.

The pt is allergic to Morphine Sulfate.

No fh of colorectal CA. Last colonoscopy in Kansas City, May 2012.

Past Medical History:
· DM2
· Asthma

Shx:
Pt has a remote 10 pack-year smoking history. Occasional ETOH drink.

Height 173 cm, weight 78.8 kg, blood pressure 114/80

Lab data:
2014-6-10 03:20PM GlycoHgB A1c – 7.0*
2014-6-10 03:20PM Creatinine, 24 hour urine g/24 h–1.2

Social History:
SNOMED CT: 77176002
Status: Smoker
Subject: Patient
SNOMED CT: 219006
Status: Drinks alcohol
Synonym: EtOH
Subject: Patient

Vitals:
SNOMED CT: 50373000
Description: Height
Value: 173 cm
SNOMED CT: 726527001
Description: Weight
Value: 78.8 kg
SNOMED CT: 15367002
Description: Blood pressure
Value: 114/80

Procedure:
SNOMED CT: 73761001
CPT®: 45378
Procedure: Colonoscopy
Date: 5/2012
Subject: Patient

Labs:
LOINC: 41995-2
Description: Hemoglobin A1C [Mass/Volume] in Blood
Value: 7.0
Date: 2014-06-10
LOINC: 14684-5
Description: Creatinine [Moles/time] in 24 hour Urine
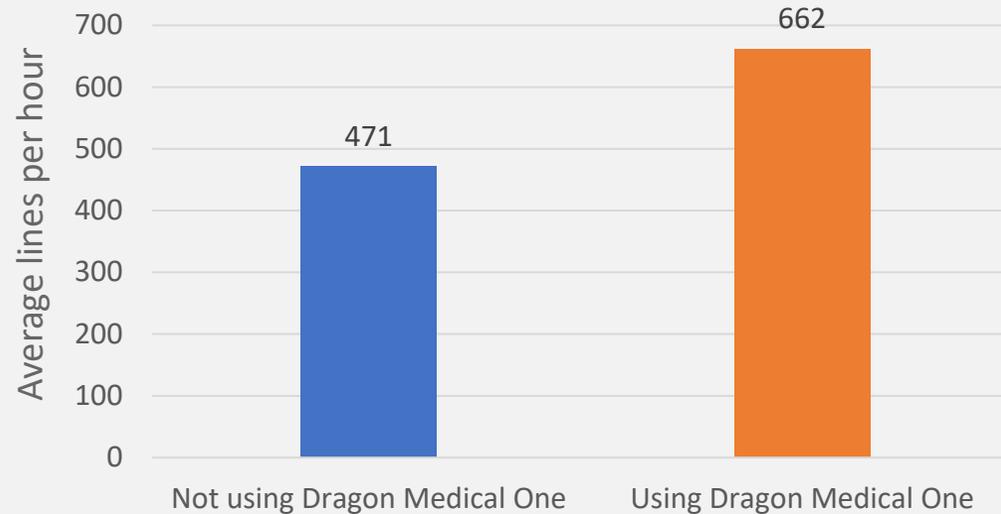Value: 1.2
Date: 2014-06-10

Outcomes through EHR optimization
Combining Dragon Medical One with EHR capabilities

41% More Productive in EHR
Dragon Medical One vs Non-Dragon Medical One

EHR Documentation Speed

Why Dragon Medical One?

Unsurpassed speech recognition accuracy across medical specialties

Up to **99%** **accurate** out-of-the-gate | Automated optimization, **no voice profile training**, **automatic accent detection** and **automatic microphone calibration**—optimal clinician experience from the start that continues to improve over time.

30% less errors than other platforms | Advanced technology—**recurrent neural net** (RNN) acoustic models and **deep neural net** (DNN) language models—result in **30% less errors** than other platforms.

38% greater specialty coverage | Optimized for **90+ medical specialties**—**38% greater coverage** over other platforms.

Unique healthcare professionals & provider organizations connected
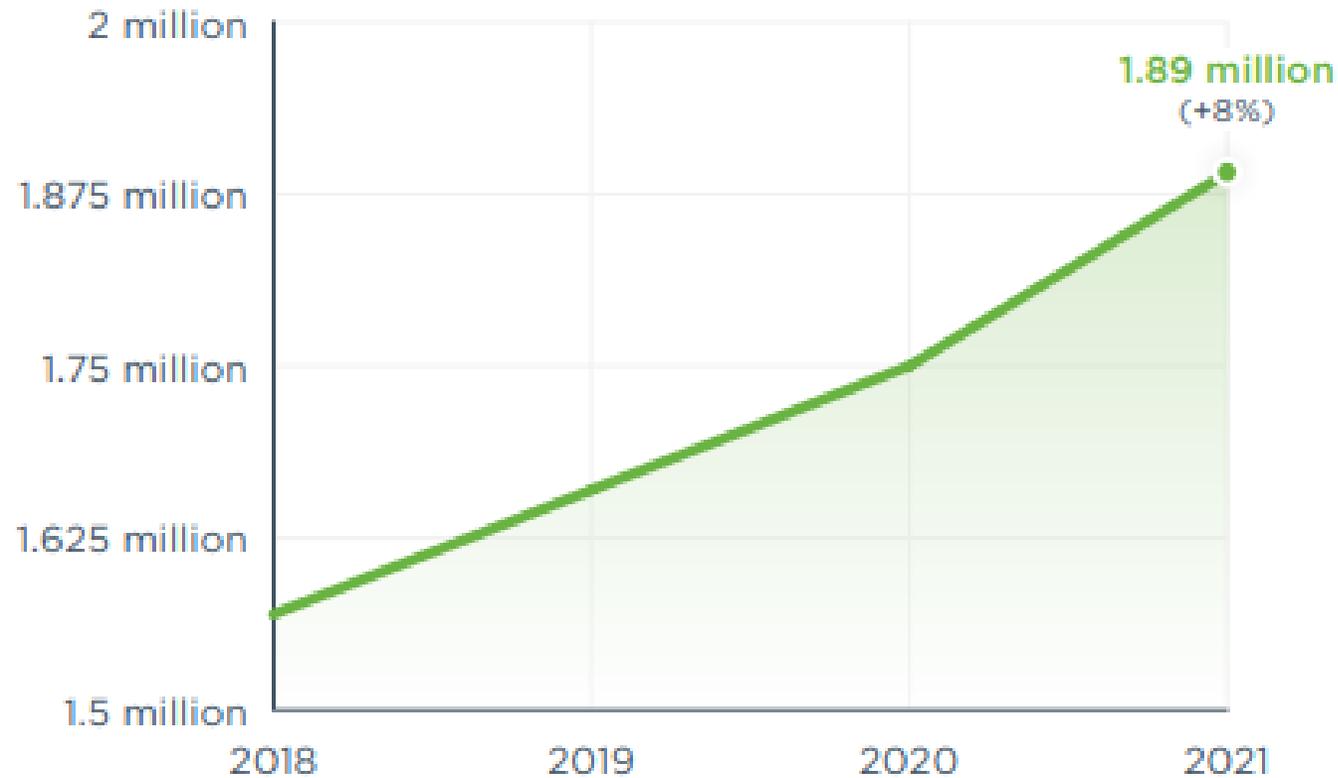
Note: Some individual providers have multiple provider IDs assigned by different states or software vendors. In 2021, our provider directory contained 2.17 million provider IDs.

Surescripts network alliance
2021 National Progress Report

E-prescriptions for controlled substances filled

256.9 million
(+26%)

260 million

210 million

160 million

110 million

60 million

2017   2018   2019   2020   2021
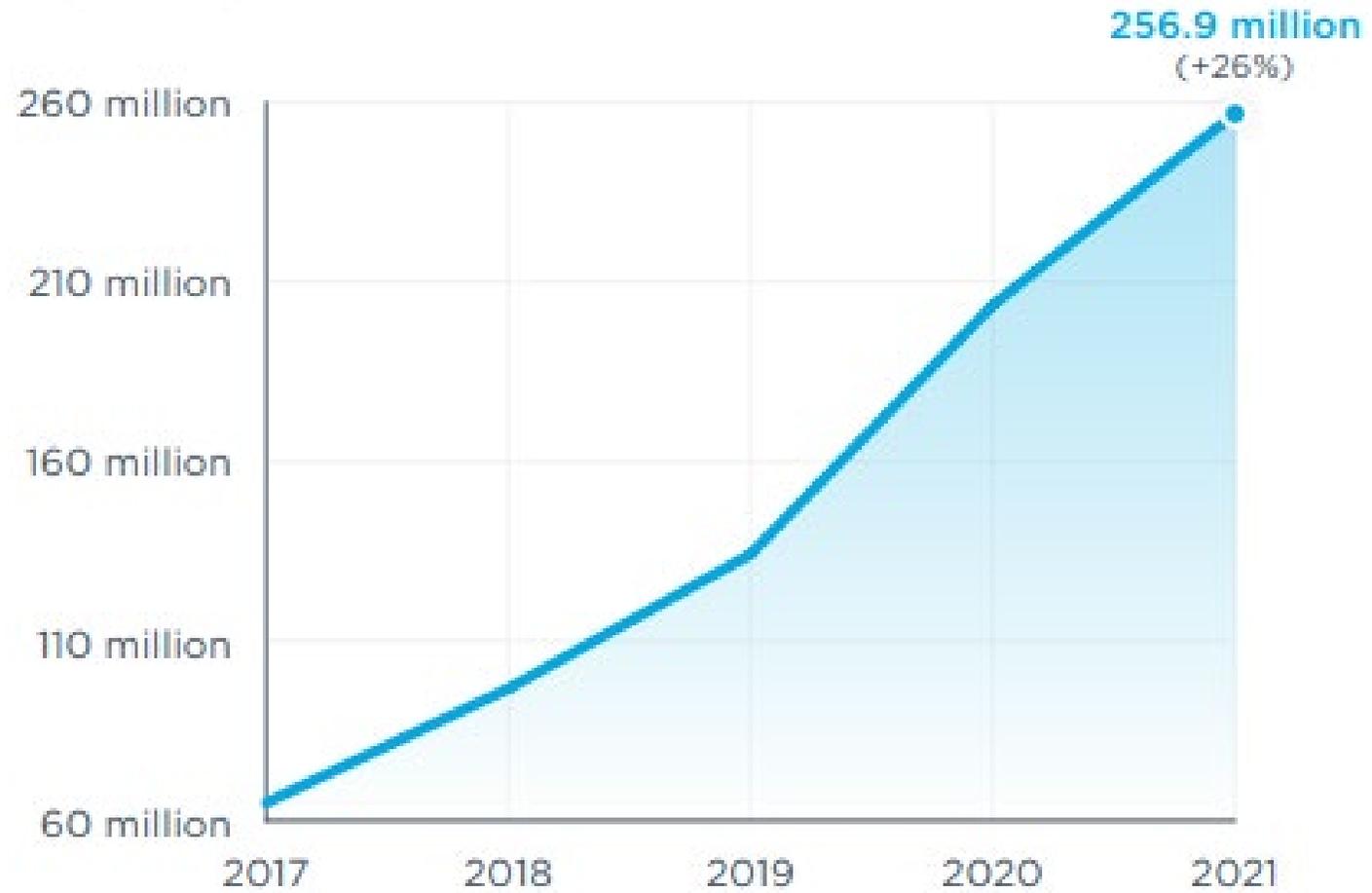
Where is e-prescribing required by law?

A Centers for Medicare & Medicaid Services (CMS) rule requiring that Part D providers use EPCS took effect January 1, 2021 (pursuant to the requirements of the SUPPORT for Patients and Communities Act), and state legislation continued moving forward throughout the year.

3 states passed mandates in 2021.

14 states had mandates take effect during 2021.

6 states had mandates take effect on January 1, 2022.

32 states have mandates in effect as of January 2022.

35 total states have now passed e-prescribing mandates.

75% of the U.S. population lives in states with mandates in effect.[6]
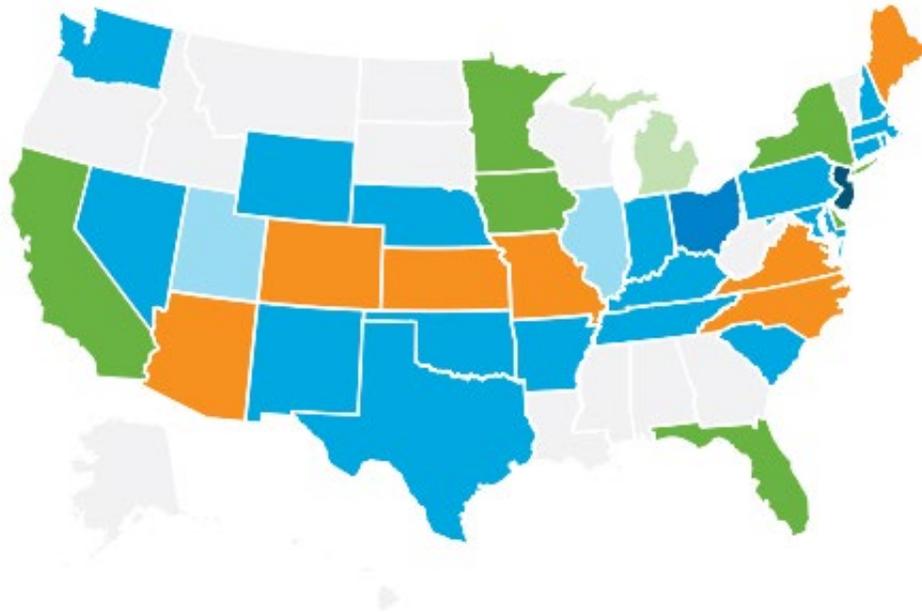
As of January 2022

- ● Currently required for all prescriptions
- ● Will be required for all prescriptions
- ● Currently required for all controlled substances
- ● Will be required for all controlled substances
- ● Currently required for some controlled substances (e.g. opioids, or all but Schedule V substances)
- ● EHR EPCS adoption required
- ● Legislation in progress

Requirements in Indiana and Washington were postponed to January 1, 2022. Michigan's requirement was postponed to January 1, 2023.

JAN 1 2023

COMPLIANCE DATE FOR THE SUPPORT FOR PATIENTS AND COMMUNITIES ACT (H.R. 6)*

ectronic prescribing for controlled substances for a covered
art D drug under a prescription drug plan or an MA–PD plan

FIVE NEW EPCS STATE MANDATES ARE NOW IN EFFECT:

JAN 1 2022

January 1, 2022
California, Indiana, Nebraska, New Hampshire, and Washington

FOUR EPCS STATE MANDATES ARE UPCOMING:

JAN 1 2023

January 1, 2023
Illinois, Maryland, Michigan, and Utah

STATES WITH PROPOSED EPCS LEGISLATION

NEW JERSEY

OHIO

WEST VIRGINA

EPCS PDMP

Electronic Prescribing Controlled Substance State PDMP integration – in provider's workflow

Securely& accurately reconcile medications with Surescripts RxHistory

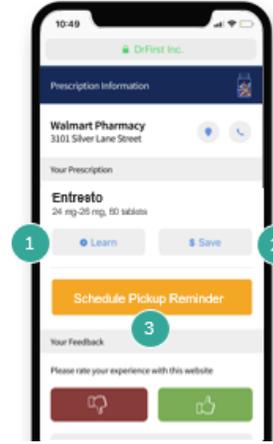Automatic PBM eligibility & formulary information

Realtime Prescription Benefits – Price Transparency- Insurance and Cash Pay

Electronic Pre-Authorization

Medication Information Physician Desktop Reference

RxInform

1. **Learn:** Address clinical concerns
2. **Save:** Overcome financial barriers
3. **Act:** Commit to pickup prescription

Fill Status Indicators, RX Cancel , RX Change

- Staff access, on behalf of permissions
- Ability to integrate with your practices' demographic software
- Simplicity of Use, Dosage Management

Structured Sig & Accuracy