

# Point of Care Assist

It's no secret that health care professionals face an array of demands and complexities when delivering top-quality care to their patients. Research indicates that clinicians need help navigating the increasing volume of non-clinical tasks and are spending twice as much time on administrative work than on seeing patients.<sup>1</sup> In addition to these administrative burdens, regulatory pressures and consumer-driven needs for cost and quality transparency are becoming ever-greater factors in the day-to-day complexity of care delivery.<sup>2</sup>

At UnitedHealthcare, our goal is to simplify the health care system and address these challenges for health care professionals and their patients. That's why we've developed Point of Care Assist<sup>®</sup>, a digital interoperability tool integrated directly in the EMR, making it easier for provider and payer systems to communicate about patient health.

## Benefits of Point of Care Assist

Point of Care Assist benefits the patient, the clinician and UnitedHealthcare by:



Simplifying workflow by reducing manual requests between the health care professional and payer



Reducing administrative burden by streamlining prior



Improving clinical outcomes by identifying quality care



Reducing patient out-of-pocket costs by providing transparency



Saving patients money by referring to member benefit aligned site of care options

## Point of Care Assist is easy to implement and adopt

We're investing in this digital solution for the benefit of our professional and vast health care network. Our aim is to make life easier for all involved by providing a solution that simplifies workflows and reduces the burden of administrative tasks.

- IT setup is minimal
- Data is secure and private
- There is no specialized training required for Point of Care Assist since it integrates directly into the existing workflow tool, meaning there is little to no disruption
- We can customize or configure how the data appears within some electronic medical records (EMR) to meet the unique needs of health care professionals



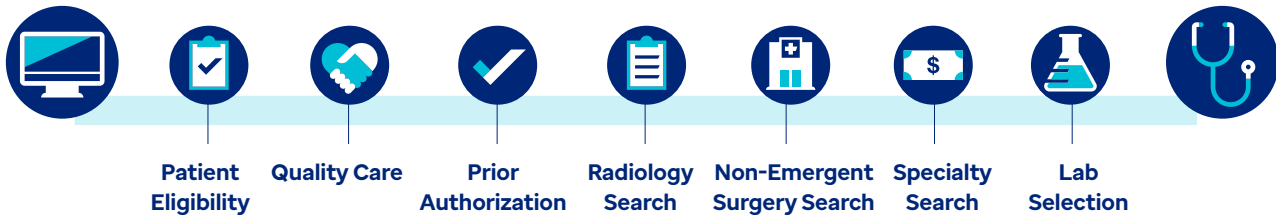
- **YTD 2023 104M transactions**
- **Over 225 million completed transactions through Point of Care Assist services since 2021**

## Health care professionals are realizing immense value

Point of Care Assist has seen steadily increased usage and recognized savings since its inception in 2018. Over 423,000 health care professionals currently use Point of Care Assist, with 6.6 million members and counting nationwide across commercial and government lines of business.<sup>3</sup> Right now, Point of Care Assist integrates with 5 major EMRs, representing 80% of the EMR market (Allscripts-TouchWorks, athenahealth, eClinicalWorks, NextGen and Practice Fusion).

## Point of Care Assist goes beyond digital portals by directly integrating into an EMR system

Point of Care Assist is not another digital portal. Our data integrates directly into the health care professional's existing EMR system, reducing the need to leave the EMR to find information. The following features of Point of



## Point of Care Assist offers unrivaled value to patients and health care



**Simplify the workflow** by reducing the number of benefit inquiries

The health care industry in the United States spends a total of \$350 billion dollars annually on health care administrative costs. On manual benefits and eligibility checks alone, the industry wastes a projected \$9.3 billion annually. According to a study by the Council for Affordable Quality Healthcare (CAQH), digital verification of benefits and eligibility can save health care professionals an average of 16 minutes per transaction.<sup>6</sup>

\* For more information on UnitedHealthcare Insights, visit [uhcprovider.com/insights](https://uhcprovider.com/insights)



## **Simplify the workflow** by reducing the number of benefit inquiries (cont.)

Point of Care Assist’s Patient Eligibility service takes this one step further by providing real-time, patient-specific coverage information integrated directly into the EMR so health care professionals don’t need to leave their workflow to check another portal or website.



## **Reduce administrative burden** by streamlining prior authorization tasks

Research shows that health care professionals who work with multiple payers struggle to know if a prior authorization (PA) is required and how to submit the required information for the PA. They also have limited visibility into the decision timeline. On average, health care professionals spend 13 hours each week completing PA requirements.<sup>7</sup> By streamlining PA requests electronically and reducing unnecessary PA requests, the medical industry has the opportunity to save \$494 million annually for prior authorization alone.<sup>8</sup>

Point of Care Assist’s Prior Authorization Quick Code Lookup service can tell if a prior authorization is needed based on the patient’s coverage. If a prior authorization is needed, the Prior Authorization Full Case Submission service automatically populates pre-determined patient and clinical information, saving time by not leaving the EMR to access the portal or call customer service for authorization. This service allows the option to submit a prior authorization directly through the EMR. This can save health care professionals an average of 11 minutes per PA submission and reduces the back and forth of collecting clinical documentation.<sup>9</sup> Point of Care Assist can help take this one step further as many prior authorizations can be auto-approved via Point of Care Assist, enabling quicker care delivery.



**“It [Point of Care Assist] also assists our staff in determining if prior authorizations are needed for testing.”**

- Aimee Leazer, Quality Manager

**“We have had great success with addressing quality measures and suspect medical conditions with adding this feature to our workflow.”**

- Aimee Leazer, Quality Manager



## **Increase revenue** by improving gap closure

Only 8% of U.S. adults attain all recommended preventive care services. The adherence to preventive care further decreased during the COVID-19 pandemic.<sup>13</sup> Additionally, health care professionals spend an average of 15 hours per week closing gaps in care and satisfying quality measures, a process made more difficult with inaccurate, siloed and dated information.<sup>14</sup>

In 2021, Point of Care Assist’s Quality Care Opportunities service saved provider groups over \$7.9 million in medical costs by identifying and notifying health care professionals of open care gaps in real time using quality patient data.<sup>15</sup> This results in increasing patient gap closure, satisfying quality measures and improving patient outcomes.



**“We see that patients sometimes forget medical events between appointments. These events include new diagnosis given by another provider, emergency room or hospitalization and testing they completed. Point of Care Assist is a great asset that we have added to our EMR system, as we are able to see all this information and more.”**

- Aimee Leazer, Quality Manager



## Saves patients money by providing preferred site of care options

Members are becoming conscious consumers of health care and are asking for treatment options. Health care professionals often don't have price and quality of care information for different facilities and therefore cannot provide options to patients.

With Point of Care Assist's Provider Search service, you can view higher-quality, lower-cost alternatives for radiology, specialty, non-emergent surgery and lab selection which automatically displays based on the member's benefit plan.

**This chart shows how much a member may save, on average, by health care professionals referring them to a lower-cost, quality alternative displayed through Point of Care Assist.<sup>16</sup>**



**Contact us today to learn more about Point of Care Assist**

If you have any questions or want to learn more, please email us at

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Visit [UHCprovider.com/poca](https://UHCprovider.com/poca)



**Together, we can make health care work better for everyone.**

<sup>1</sup> American Medical Association. December 2016. Allocation of Physician Time in Ambulatory Practice. <https://www.annals.org/aim/article-abstract/2546704/allocationphysician-time-ambulatory-practice-time-motion-study-4-specialties>. Accessed March 2022

<sup>2</sup> UnitedHealthcare. December 2020. Health reform provisions. <https://www.uhc.com/united-for-reform/health-reform-provisions>. Accessed March 2022

<sup>3</sup> UnitedHealthcare Internal Analytics - 2023

<sup>4</sup> UnitedHealthcare Strategic Insights Group Report - 2022

<sup>5</sup> UnitedHealthcare Insights Provider Performance Dashboard. 2021 CAQH Report

<sup>6</sup> Council for Affordable Quality Healthcare. January 2023. Accessed April 2023

<sup>7</sup> American Medical Association. January 2022. 2021 AMA prior authorization (PA) physician survey. <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>. Accessed April 2023

<sup>8</sup> Council for Affordable Quality Healthcare. January 2023. Accessed April 2023

<sup>9</sup> Council for Affordable Quality Healthcare report. Accessed 2023.

<sup>10</sup> Kaiser Family Foundation. March 2019. Data Note: Public's Experiences With Electronic Health Records. <https://www.kff.org/other/poll-finding/data-note-publics-experiences-with-electronic-health-records/>. Accessed March 2022

<sup>11</sup> PLOS ONE. September 2017. Overtreatment in the United States. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0181970>. Accessed March 2022

<sup>12</sup> JAMA. October 2019. Waste in the US Health Care System Estimate Costs and Potential for Savings. <https://jamanetwork.com/journals/jama/article-abstract/2752664>. Accessed April 2023

<sup>13</sup> Health Affairs. June 2018. Few Americans Receive All High-Priority, Appropriate Clinical Preventive Services. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.1248>. Accessed March 2022

<sup>14</sup> Managed Healthcare Executive. January 2017. Five ways to close gaps in care and build a successful quality improvement program. <https://www.managedhealthcareexecutive.com/view/five-ways-close-gaps-care-and-build-successful-quality-improvement-program>. Accessed March 2022

<sup>15</sup> UnitedHealthcare internal analytics, May 2021

<sup>16</sup> E&I MR/CT Member Centric OPH to RAD/OFF Redirection Opportunity dated 11.15.2021; E&I SOS Member Centric OPH to ASC Redirection Opportunity dated 11.8.2021; EnI SOS Member Cost Share Analysis - CMS ASC Surgical, Office, and MR/CT Codes