



# Point of Care Assist

Empowers quality patient care by delivering personalized, real-time patient data



Patient Eligibility	Quality Care Opportunities	Patient Health History	PreCheck MyScript®	Prior Authorization	Radiology Search	Non-Emergent Surgery Search	Specialty Search	Lab Selection

The 2020 Council for Affordable Quality Healthcare (CAQH) study found the United States health care system has saved \$122 billion annually by automating administrative tasks.<sup>1</sup> At UnitedHealthcare, we know our work is far from over and there are still significant cost savings available to health care professionals by continuing to reduce the administrative burden and provide workflow efficiencies. We launched Point of Care Assist® to help give health care professionals real-time data and insights within the electronic medical record (EMR) workflow. This additional information can help eliminate blind spots in care, avoid billing surprises and foster co-decisioning.

Point of Care Assist puts personalized, real-time patient data, including clinical, pharmacy, labs, prior authorization, eligibility and cost information, directly in your hands within your EMR at the point of care.



## The more you know, the more effective you can be



### Eliminate blind spots in care by identifying potential care opportunities



### Save time by reducing administrative work

- Check cost information to help patients choose appropriate lower-cost care options and find UnitedHealth Premium® Care Physicians who have met quality and cost efficient care criteria
- Instantly check Prior Authorization and referral requirements in real time within your EMR while the patient is in your office. This saves your staff time and prevents delays in scheduling necessary procedures.
- Get access to real-time, accurate information that helps reduce administrative burden and re-work
- Stay current on member plan benefit changes, providers in your patient's network and their expected out-of-pocket costs
- Information about Patient Health History reduces time spent on pre-visit planning and clinical staff's time with the patient reviewing their medical history
- Prior Authorization Case Submission is available in some EMR systems



### Together, we can make health care work better for everyone

Trust UnitedHealthcare for accurate, real-time member insights. Information is available in real time, when you need it, 24/7.

### With PreCheck MyScript, providing patient-specific data at the point of care, results showed (when available in your EMR):

- Greater prescribing convenience (up to 50 minutes saved by avoiding prior authorizations)<sup>2</sup>
- Increased cost savings (\$225 saved per script filled for patients)<sup>3</sup>
- Improved medication compliance (up to 4% improved adherence for diabetes, high cholesterol and high blood pressure patients)<sup>4</sup>



### Improve patient satisfaction and results

- Increase cost transparency to improve patient satisfaction
- Improve the quality of care, which may lead to higher Consumer Assessment of Healthcare Providers and Systems (CAHPS®) scores and Medicare and Medicaid Star Ratings
- Improve your ability to meet targets and earn incentives through your physician incentive program(s)



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<sup>1</sup>caqh.org/sites/default/files/explorations/index/2020-caqh-index.pdf

<sup>2</sup> Third-party analysis of OptumRx® claims data. September 2018–August 2019 based on 4.6 million members, 188,000 providers and 28.2 million transactions using PreCheck MyScript.

<sup>3</sup> OptumRx Analysis of full year 2019 trial claim and production claim data. January 2019– December 2019 based on 5.2 million members, >230,000 providers and 37.8 million transactions using PreCheck MyScript.

<sup>4</sup> OptumRx data. Measurement of PreCheck MyScript impacted scripts within the diabetes therapeutic class, the statin therapeutic class and the hypertension therapeutic class. Savings represents a pre-post methodology. Pre-period is October 2016–September 2017 and post-period is October 2017– September 2018. Population included in the measurement was continuously enrolled.

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