

eORders™ - Features and Benefits

This document maps many of the eORders' features to specific benefits to Patients, Physicians and Healthcare Organizations.

Promoting Growth in Surgical Volumes

The following features make it easier for physician offices to do business with a facility that offers eORders, resulting in increased surgical and procedure volumes:

- OR Availability Broadcast – Provides facilities the ability to broadcast availability of OR rooms to all or selected physician offices to improve OR utilization. Particularly useful for advertising released block times.
- Surgery Grid View – Allows physician offices a view into the facility's surgery grid in real time. This provides physician offices a view into availability and occupancy of the OR rooms thereby drastically reducing the calls to the facility's scheduling department and streamlining the scheduling process. Particularly valuable for non block time physicians to be able to schedule cases without having to call the facility. Physician offices will not see any details of cases that do not belong to them.

[Click here](#) to refer to our customer's experience at the February 2017 OR Manager Business Conference in New Orleans.

Promoting Growth in Ancillary Business

- eORders is not just for surgery and invasive procedures; it can also be used to order diagnostic tests. Experience has shown that physicians that schedule surgeries and other invasive procedures using eORders are more likely to schedule the associated diagnostic tests at the same facility using eORders. eORders seamlessly integrates diagnostic test ordering into the scheduling process helping increase ancillary services volumes to a facility offering eORders.

Significantly Reduce Denials and Payment Reductions - Revenue Cycle

The following revenue cycle features supplement an organization's revenue cycle functions without replacing them:

- Insurance Eligibility and Benefits Verification – This transaction is automatically initiated at the time the surgery or procedure request is submitted by the physician's office. The outcome is displayed on both the physician and facility side. This can help identify insurance coverage inaccuracies, gaps or out-of-network situations and help inform a patient of their financial obligation early in the process.

- Precertification – For participating payers, this transaction is automatically initiated when the surgery request is confirmed by the facility and is within the specified timeframe. This reduces the risk of having to cancel or reschedule the case because of lack of precertification. The outcome is displayed on both the physician and facility side. HealthNautica is able to track precertifications to ensure timely completion helping to eliminate denials and payment reductions.
- CMS Medical Necessity – Executed at the time the surgery or procedure request is submitted by the physician’s office, helps reduce the incidence of failed medical necessity and the need for ABNs. The outcome is displayed on both the physician and facility side.
- CMS Medical Necessity Documentation Requirements – Triggered by CPT codes, enforces documentation of the necessity for Total Joint Knee and Hip Surgery, Vertebroplasty and Vertebral Augmentation (Percutaneous), Minimally Invasive Surgical Fusion of the Sacroiliac Joint, Lumbar Epidural Injection and Facet Joint Injection per CMS guidelines. This avoids the potential for RAC audit adjustment recoveries.
- CMS Inpatient List – Triggered by CPT codes, the physician office is alerted if the concerned surgery belongs to the CMS Inpatient List thus enforcing appropriate Level of Care. Such procedures are also visually flagged for attention. This eliminates denials due to inappropriate Level of Care.
- CMS First Assists Rules – Triggered by CPT codes, the physician office is alerted if surgical assistant services are inappropriate and will result in denial.
- Commercial Payer (e.g. United Healthcare) ASC Procedure Alerts – Triggered by CPT codes for specific payers, the physician office is alerted if the selected surgery is preferred by the payer to be performed in an ASC setting vs. Hospital setting. Such procedures are also visually flagged for attention. This eliminates denials due to incorrect facility setting for the specific surgeries or triggers the need to capture precertification.
- Detect and Handle Out-of-Network Payers – Physician offices as well as facility staff are alerted if the payer is deemed to be out-of-network (OON). On the front-end, OON detection is based upon payer name and member ID prefix patterns. On the back-end, OON detection is based upon insurance carrier codes received in the HL7 ADT upon patient pre-registration. This not only eliminates denials or payment reductions to the facilities and physicians but also avoids higher OON costs for the patients.
- Triggering of Precertification Rules – Provisioned precertification rules are triggered based upon insurance carrier codes received in the HL7 ADT upon patient pre-registration.
- SCIP Measures – eORders results in improved SCIP scores which impacts Facility Value-Based Purchasing Program (VBP) favorably.
- State Medicaid Preauthorization Requirements – Triggered by CPT codes, enforces documentation of the necessity for elective CABG and Spine surgeries per Illinois Medicaid guidelines.

Coordinating Care

Surgery is a complex event that requires coordination with multiple entities as described below:

- Payers – Insurance Eligibility Verification and Precertification are the two transactions that are conducted automatically with the payers through eORders.
- Vendor Reps – Surgeries may require one or more vendor reps for outside services (e.g. implants, navigation), in the OR room. Timely notifications of the event including changes or cancellation are very important to avoid on-time start delays and last minute cancellations. eORders allows both the provider and the facility to initiate electronic communication with the Vendor Reps. This can be read by the Reps on any device such as a mobile, tablet or PC. The response from the Reps is immediately conveyed to both the physician and the facility.
- PCPs – All surgeries require an H&P that is less than 30 days old. These typically come from the patient's PCP (and not the surgeon). Hence it is important to alert the PCP about the upcoming surgery and request the H&P in a timely manner to avoid unwarranted cancellations or reschedules. eORders initiates a notification to the patient's PCP requesting the H&P.
- Specialists – Based on organization protocol and patient comorbidities, an anesthesiologist's review of the incoming request, H&P, and/or the preoperative test results may dictate that medical clearances be obtained for the concerned patient. eORders will facilitate automatic alerts to the specialists for medical clearances. Such timely action will often avoid unnecessary cancellations or reschedules.
- Patients – eORders engages with patients, via email and text, from pre through post operative period to improve both the patient experience as well as care. In the preoperative period, patient is first alerted to the scheduled date of the procedure and encouraged to pre-register online. Later, reminders can be sent at appropriate intervals. Finally, typically the day before the surgery, the patient is alerted about the Arrival Time and Case Times along with a link to the Preoperative Instructions. In the post operative period, care instructions and surveys can be conveyed to the patients.
- Family Members – Communicating with a patient's family is often hit or miss. Clinicians often have to make multiple attempts to find family members and inform them of the status of the patient (entering the OR, out of OR in PACU, etc.) With eORders, patient status updates can be texted to the family members so they are constantly updated on a patient's status without having to be present in the family waiting room.

Improving Surgical Outcomes

The following clinical edits are embedded in eORders to improve surgical outcomes:

- VTE Measures – To ensure prevention of blood clots.
- SCIP Measures – To ensure timely start and termination of antibiotics.
- ACS NSQIP Measures – To prevent renal failures.
- SSI Measures – Clipping instructions to prevent surgical site infections.
- Protocols – To ensure initiation of appropriate care protocols e.g. ERAS
- Laterality Trigger Based Upon CPT Codes – To ensure additional safety.
- Customized Standing Orders – To ensure clarity for safety.

Reducing Reschedules and 24-hour Cancellation Rate

- Patient Readiness Tracking dashboard allows both the physician office and the facility to quickly identify and track patients that are not yet ready for their surgery. The items that are tracked are customizable but typically include: Insurance Eligibility, Precertification, Pre-Admission Testing, H&P, Clearances and Vendor Rep Notification. Patient Readiness status is also available to physicians on mobile devices through the free eORdersNOW app.
- Staying engaged with the patient and all other parties involved in the surgery is critical to ensuring that a surgery doesn't have to be postponed for avoidable reasons. The entailing reduction in 24-hour cancellation rates not only improves the financial bottom line for both the facility and the physician but also ensures a better experience for the patients and the providers.

[Click here](#) to learn our customer's experience at the September 2013 OR Manager Conference in Baltimore.

Improving Operational Efficiencies

- Facility
 - Configurable online surgery & procedure forms designed and tailored to fit facility's requirements and processes. Administrative and clinical edits and protocols (e.g. ERAS) are also enforced.
 - Automatic verification of insurance eligibility.
 - Automatic initiation and tracking of precertification progress.
 - Electronic notification to patients, via email and text messages, including:
 - Pre-Register online
 - Reminder notifications
 - Arrival Time, Case Time and Preoperative Instructions
 - Postoperative patient surveys as well as discharge care instructions
 - Postoperative ACS NSQIP survey
 - Patient consent printing for invasive surgery or procedure and anesthesia.
 - Enhanced alerts - Based on any of the data elements entered on the form, customizable alerts (e.g. malignant hyperthermia) can ensure that things don't slip through the cracks.

- Enhanced routing - Based on any of the data elements entered on the form, customizable worklists can be generated (i.e. Pharmacy, Radiology, Material Management, etc.)
- Non-urgent communication with the physician office via messaging.
- HL7 ADT integration (i.e. registration feed) results in automatic transfer of the encounter identifier (e.g. FIN) generated by the facility EMR to physician offices. It also triggers out-of-network detection and payer specific rules pertaining to precertification. Patient phone numbers and emails received are also very useful and made use of to communicate Arrival Time, Case Time and Preoperative Instructions to patients.
- Reminders to physician offices about upcoming surgeries and procedures is easily achieved through a real time display of the surgery grid to physician offices containing surgery and patient details of their patients only. This is achieved through HL7 SIU integration (i.e. scheduling system feed). There is no need for a call or a fax.
- Facilities typically have resource constraints (e.g. C-Arm, Anesthesiologist) other than the availability of the OR room itself. The physician office is not aware of the potential resource conflicts when booking a case. eORders manages potential resource conflicts right at the time a case is being booked by the physician's office thereby streamlining the scheduling process and avoiding a call to the facility's OR schedulers.
- Nurses at the facilities have to set up an appointment with the patient to go over the health history before the surgery. eORders provides a mechanism to allow physician offices to schedule a patient's appointment with the nurse at the time the case is scheduled and the patient is in the physician's office. This significantly reduces the burden on the nurses to try and get hold of the patients and schedule the appointment.
- Physician Offices
 - Interactive form and user interface to help get it right the first time. Ability to provide reference information to ordering physician based on data being entered.
 - Free mobile app displaying Surgery Calendar and surgery details along with the patient readiness status.
 - Single click cancellation and reactivation of cases.
 - Clearly tracked, highlighted and timestamped changes.
 - Authenticated access from any location and device with Internet access.
 - Electronic block release.
 - Customized standing orders and attachments.
 - Automatic verification of insurance eligibility.
 - Automatic initiation of precertification.
 - Automated checking of CMS Medical Necessity at the time of ordering.
 - Patient reminder notifications for surgery or procedure.
 - Patient consent printing for invasive surgery or procedure and anesthesia.
 - Cases started in HIS will appear in eORders automatically as a result of HL7 SIU integration. These can then be completed through eORders per facility's processes.

Promoting Standardization to Reduce Costs

eORders can easily enforce facility rules and guidelines in the following areas to encourage standardization and reduce costs:

- Implants
- Special Equipment

Improving Patient Experience

Staying engaged with the patient and all other parties involved in the surgery is critical to ensuring that a surgery doesn't have to be postponed for avoidable reasons.

- Preoperative – eORders provides a mechanism to physician offices to assist in the scheduling of a patient's appointment with the nurse at the facility at the time the case is scheduled with eORders and the patient is in the physician's office.
Later, as the date of the surgery or procedure gets closer, physician offices and facilities can send reminder notifications to patients.
- Pre-Registration – Patient is encouraged via both email and text message to pre-register as well as optionally provide health history online from any place that is convenient and private during a time that is best for them. The patient is allowed to start, save and come back later to finish and submit.
- Arrival and Case Time Notification – Not only is the initial patient Arrival Time and Case Time conveyed by both email and text but so are time changes if any.
- Preoperative Instructions – Customized preoperative instructions driven by type of anesthesia, level of care and CPT are conveyed via both email and text message. Patients can conveniently access and peruse the instructions. Patient retrieval is documented and can be reviewed by facility.
- Arrival – Patients can indicate arrival at the facility through the response to a text message.
- Patient Consent - Patients can sign the consent electronically either using the facility's tablet or using their phone through the response to a text message.
- Status Updates – Family members can be updated about patient status via text messages.
- Postoperative Surveys – Patients can complete and submit postoperative surveys (e.g. ACS NSQIP) online from any place that is convenient and private during a time that is best for them.
- Postoperative Care Instructions – Customized postoperative care instructions, if applicable, can be conveyed via both email and text message.