



Selecting home health and hospice EHR technology.

With so many post-acute EHR vendors to choose from today, and each claiming to be "best of breed" technology, narrowing down the list of candidates can be a daunting task. It's important to understand early on what key features your agency needs and which questions you should be asking when evaluating a new partner. This is one of the most important decisions you can make for your organization, so choosing the right partner is critical.

SELECTING SOFTWARE

Clinical experience

Whether you're purchasing an EHR system for the first time or looking to replace or upgrade your current system, your practice has its own unique needs. To help make your selection process easier, we surveyed over 100 new customers to learn what questions they asked when vetting new technology partners. We narrowed down the questions to focus on the features that your next EHR system needs, such as interoperability and EVV. We've also created a comprehensive software checklist of key items you should be thinking about when considering a new EHR.

Are you asking the right questions?

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☐ How many experienced clinicians are on staff?
☐ Is the software intuitive and able to accommodate each type of visit and patient interaction?
☐ Are clinicians involved in the product development and testing?
\square Are your clinicians able to truly document at the point-of-care, even without an internet connection?
$\ \square$ Does your software have a history view from each assessment area within the visit notes?
☐ Does your software provide comprehensive clinical content based on best practice and industry standards?
Real-time documentation
☐ Does your software "flake out" if there is no Wi-Fi, requiring clinicians to finish documentation after visit?
☐ Can your software take photos and append them to the patient record?
☐ Can your software enter new admissions in seconds?
☐ Does your software require a bulky laptop that interferes with patient interaction?
Are your clinicians sacrificing family or personal time finishing critical documentation?
Ease of use/productivity
☐ Does your software allow clinicians to input information based on the flow of the patient conversation?
☐ How much training is required for clinicians to learn the software?
☐ Does your software ensure complete patient documentation without impacting productivity?
Scheduling
☐ Does you software's scheduling system prioritize what's most important for managing clinician workload, patients, and calendars?
☐ Are your schedulers able to easily see items that require their attention?

Billing
☐ Does your clinician point-of-care tools seamlessly integrate into your billing system?
Are there built-in rules and validations to ensure accuracy of clinician notes thereby reducing denials and take backs to increase cash flow?
☐ Does your EHR check eligibility within the software and save the results?
☐ Does your current EHR do batch eligibility checking at defined intervals without leaving the software?
☐ Can you check the status of your claims from your EHR without having to log-in to another system?
☐ Does your system have an automated eClaims process with 835 payment posting, 277 claim acknowledgment, and a 999 report?
Compliance and requirements
☐ Are there built-in quality controls to alert clinicians of all mandatory and missing information for visit documentation?
☐ Does your software require completed documentation before submission?
☐ Does your current EHR provide views into how well you are doing with five-star ratings and hospice KPIs?
Customer service
☐ Is your EHR customer support team structured to ensure your organization's success? How?
☐ Are you able to reach someone when you need to?
☐ Are there ongoing learning channels in place to assist you and your growing team?
Interoperability
☐ Does your software integrate with your key partner and supplier systems to improve efficiency and operational effectiveness?
☐ Does your system have interoperability strategies in place to connect critical patient information across all care settings for the best possible care for patients?
☐ Is your current system able to share data with your ACO or BPCI partners?



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