



# NextGen Connected Health

June 2022



# Healthcare stakeholders face inertia in creating value from data



## Time to value is slowed by poor integration

As M&A in healthcare continues to accelerate, synergy capture is contingent upon unlocking value from data assets



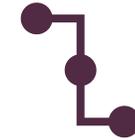
## Data assets are growing, but silos drive 'data rich - insight poor' situations

Data is locked in purpose-built stacks without broad availability to the rest of the organization.



## Poor access controls limit data liquidity

Data segmentation, consent, and permissioned access must be recorded, enforced, and exchanged



## One-off integrations are not a substitute for broad, multi-node, exchanges

Regional and national network interoperability is needed to accelerate clinical and administrative use cases.



## Patient ID challenges grow proportionally with scale and the number of connections

Identity management is more important than ever to ensure appropriate exchange and aggregation of use cases



## Care coordination challenges increase with network growth and underlying data complexity

Patient choice expands the network and heightens the import of care coordination and data at the point of care.



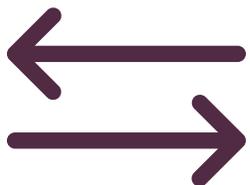
## No 'Big Bang' answers available - Legacy solutions must be integrated with new data solutions

The high cost of replacement, and vendor-lock, in requires new solutions to integrate bidirectionally with legacy platforms.

# Our Interoperability Capabilities

We support seamless, automated, and complete data exchange with all hospital EHRs, including Epic.

## Transactional Data Exchange



- Rosetta
- Mirth Connect
- Direct Messaging
- PDMP

## Data Aggregation



- Health Data Hub
- Identity Service
- Insights

## Plug & Play APIs



- Enterprise API
- FHIR

## National Interoperability



- NextGen Share
- Carequality
- Direct Trust
- Surescripts RLE
- eChart Extraction
- Diagnostic Hub

### **New Managed Service**

Our new Mirth Cloud Connect offering delivers a full end-to-end interoperability services: planning and project management; cloud hosting & scaling; interface design; deploy & go-live; maintenance; monitoring; and first line of support.

# Industry Leading Connectivity Options

- Local and Regional Health Information Exchange
  - 1/3 of State HIEs run on the NextGen interop platform
- State & regional immunization registries
- National Networks



- FHIR and API connectivity to trusted 3<sup>rd</sup> party apps & services
- In-office medical devices



- Point-to-point interfaces



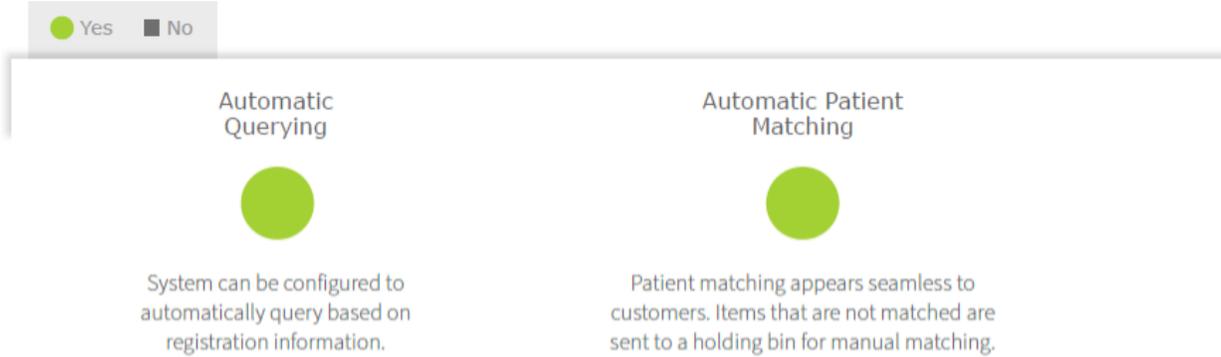
# KLAS Research Recognition



## Vendor Abilities to Make Shared Data Usable



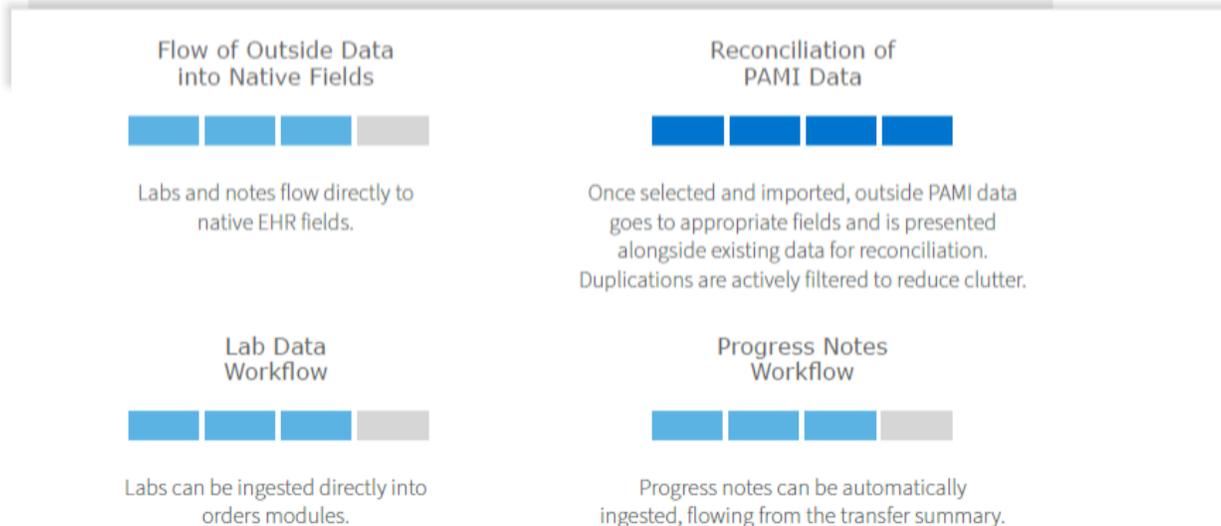
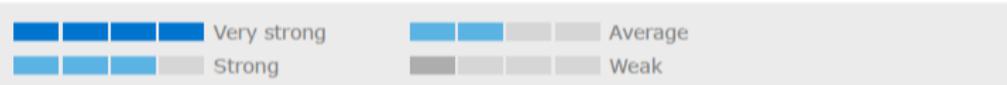
# KLAS Research Recognition



## Overall Usability of Shared Data (0-5 scale)



**What's Keeping NextGen Healthcare from a Perfect Score?**  
 Users must select data to import. Progress notes not placed in native fields.



*“NextGen Healthcare is the only ambulatory-specific EMR vendor to provide a strong usability experience for all interoperability workflows measured in this report. Over the last 18 months, NextGen has made significant progress in enabling data reconciliation and the ingestion of progress notes and lab data.”*

-KLAS Research Interoperability 2020 Report



# NextGen® Share Services

NextGen's interoperability hub in the cloud – supporting national interoperability.

## Benefits

- Fully managed data exchange services for the NextGen EHR
- Leading connections built on NextGen AWS infrastructure
- Connect to the largest national networks, exchange data with payers, and now supports lab integration

## National Networks

 carequality

 commonwell<sup>®</sup>  
HEALTH ALLIANCE

 DirectTrust™

 surescripts

## NextGen® Share eChart Extraction Service

powered by  veradigm.

 inovalon<sup>™</sup>  
HEALTH EQUIPMENT

 CIOX  
HEALTH

 WOMBA  
Powered by HeOnly

 Humana

 UNITEDHEALTH GROUP®

 Pulse8

## Diagnostic Hub

powered by  veradigm.

 ACL  
Laboratories  
We are a CS Advocate for our patients

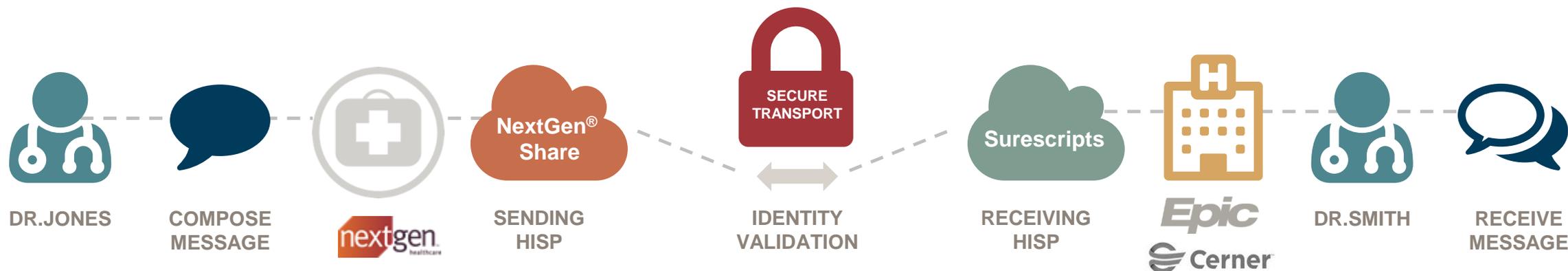
 EXACT  
SCIENCES  
LABORATORIES

 labcorp

 Quest  
Diagnostics

LabCorp and Quest coming soon

# Direct Messaging - PUSH



Real-time manual or automated push of data from NextGen EHR to any downstream EHR.

## Benefits

- Ability to send structured & unstructured data
- Supports provider-to-provider, provider-to-organization messaging
- Access to the largest searchable provider directory with 2.7 million recipients

# Carequality - PULL

Provides the ability to query and retrieve patient data from any other Carequality-connected system.

## Benefits

- Automation of data exchange
- Notification of new document availability from 3<sup>rd</sup> party systems
- Ability to preview documents prior to import
- Clinical data reconciliation

## CommonWell

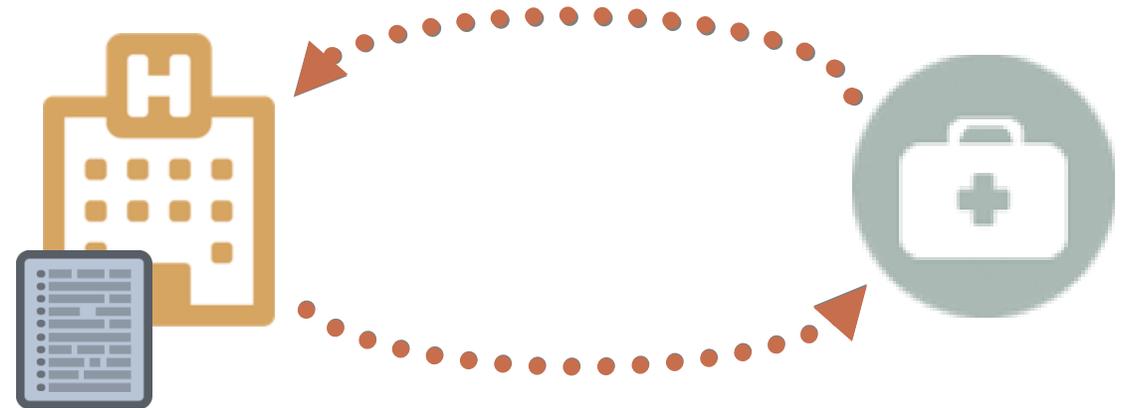
- We are actively working to establish full bi-directional exchange with Cerner across the CommonWell network.



### Patient discovery response

Yes, I have 1 record for John Smith, M (12/07/81)

**Patient discovery**  
Do you have a record for John Smith, M (12/07/81)?



### Document retrieval response

Here is the record for John Smith, M (12/07/81)

**Document Retrieval**  
Can I have the record for John Smith, M (12/07/81)?

# Carequality Adoption Status

## Live Implementers

**nextgen** healthcare *NextGen is a founding member of Carequality*



- Cerner
- Brightree
- Evident
- Greenway Health
- Meditech



- Homecare Homebase
- AdvancedMD
- DocuTAP



- MatrixCare
- Collective Medical
- Medchart
- ImageTrend



## Coming Soon

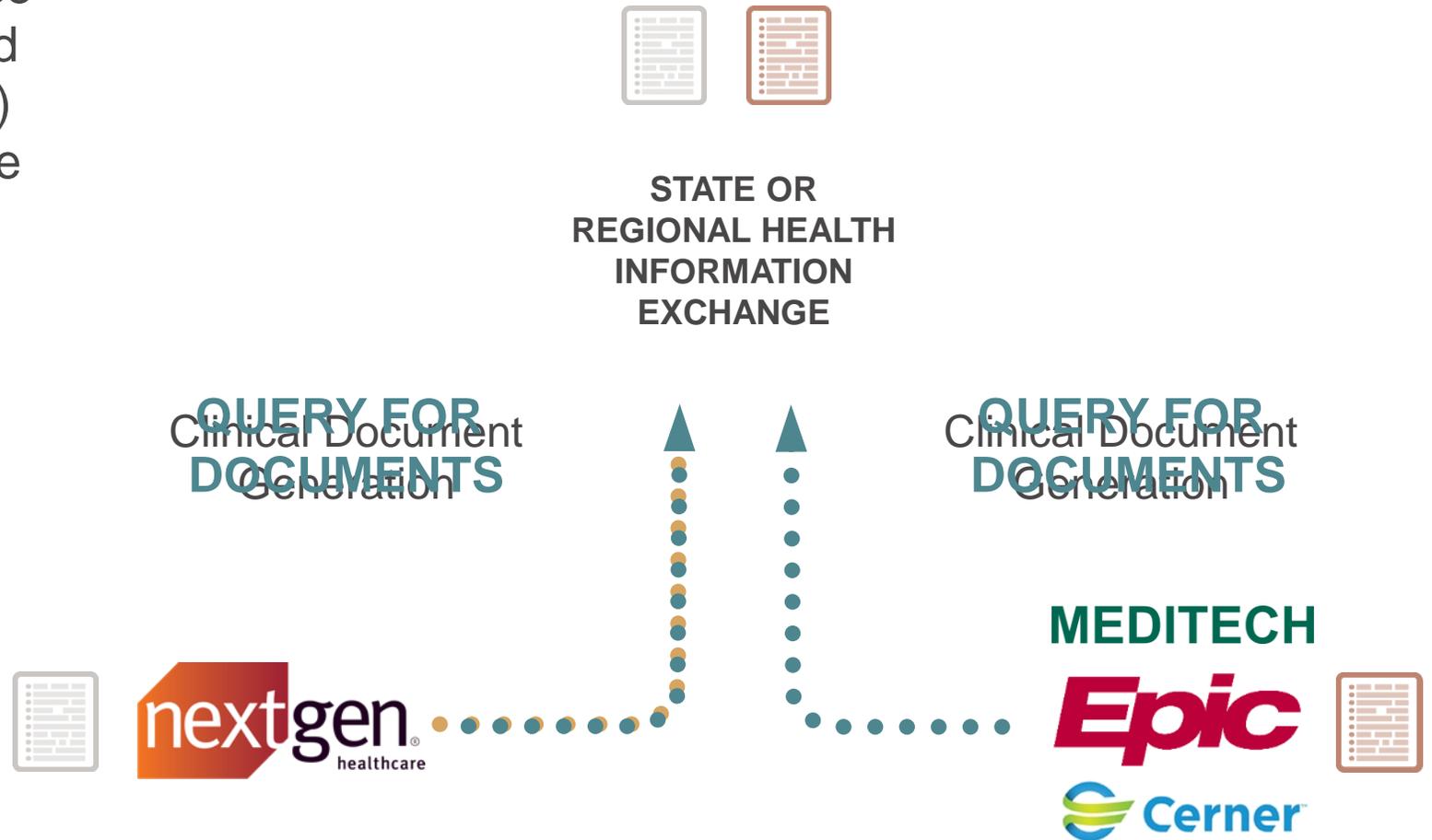


# Community Connectivity through an HIE

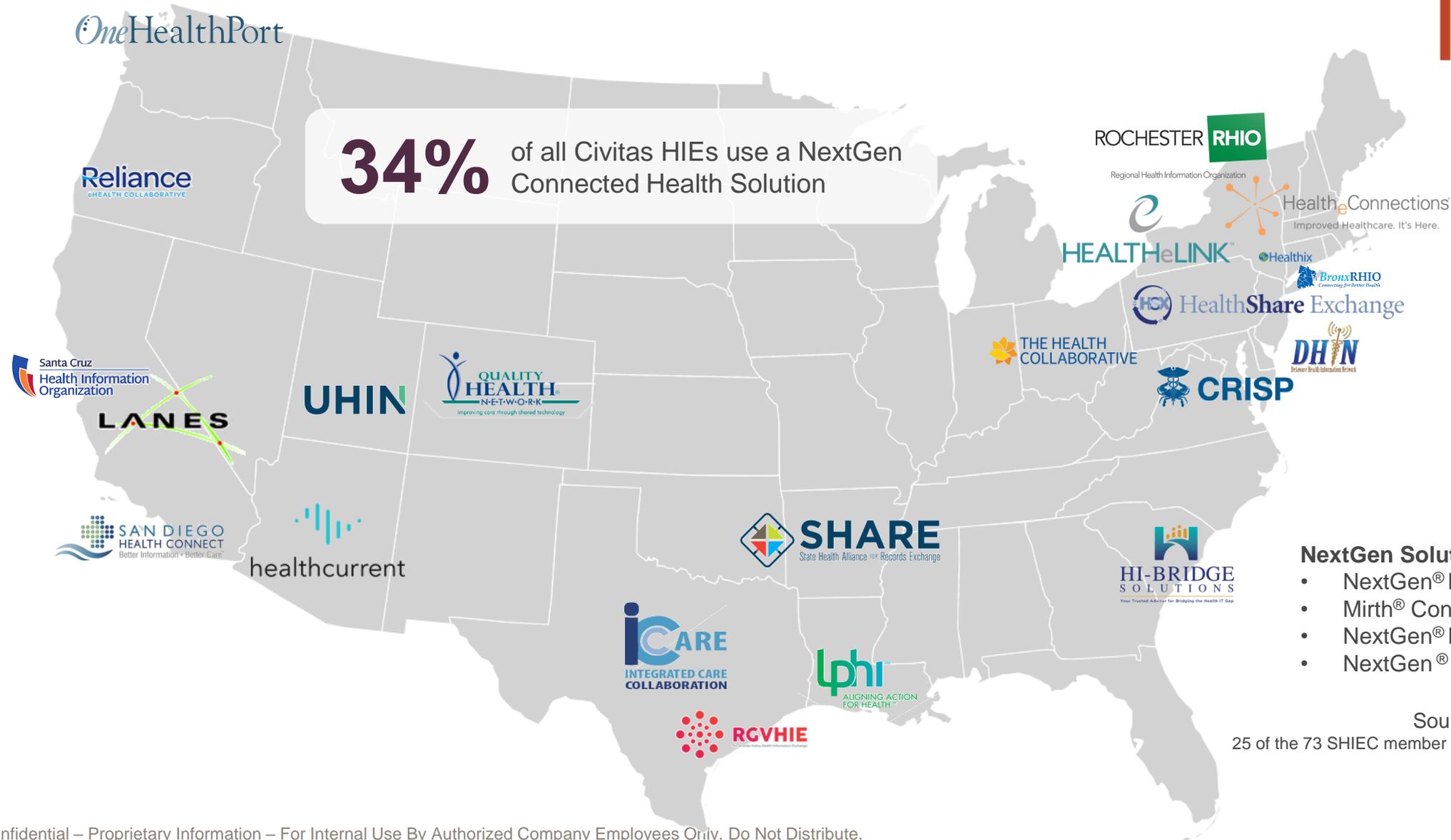
The NextGen EHR Clinical Interface Bundle supports demographics and document exchange (CCD/C-CDA) with a Health Information Exchange (HIE)

## Benefits

- Automation of data exchange
- Patient demographic synchronization
- Locked encounter document submission



# Public HIE Market – Relevance & Share



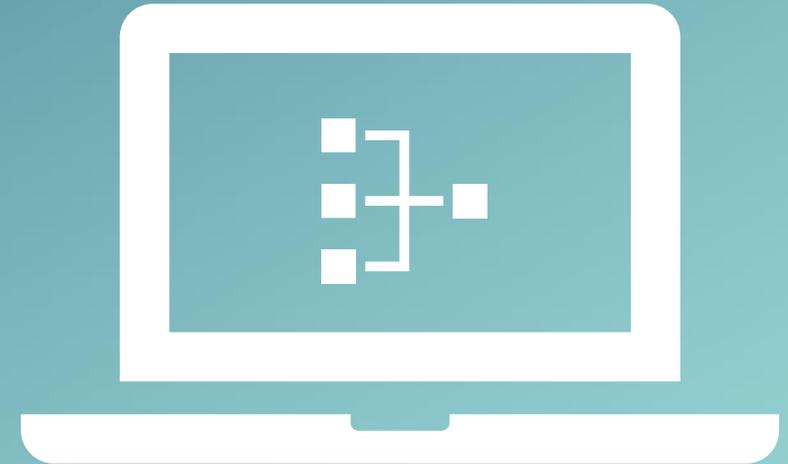
### NextGen Solutions for HIEs:

- NextGen® Health Data Hub
- Mirth® Connect
- NextGen® Direct Messaging
- NextGen® Results CDR

Source: [Civitas Member List](#)  
25 of the 73 SHIEC member HIEs use a NextGen Solution



# EHR & Data Usability Features



# The Challenge of Finding the Right Data *in* the CCD

- They are frequently too long, can be 10+ pages long (printed)
- They are hard to navigate
- It is difficult to find relevant & critical data
- There is a fixed order of elements and different specialties may need to focus on different information
- And more

**Demographics**

**Medications (21)**

**Allergies (10)**

**Problems (13)**

**Immunizations (3)**

**Meds Administered**

**Results (3)**

**Encounters (19)**

**Vital Signs (7)**

**Procedures (11)**

**Family History (7)**

**Social History (2)**

**Advanced Directives (1)**

**Medical Equipment (4)**

**Payers (3)**

**Reason For Referral (1)**

**Header**

This view reflects data relative to the document creation date of 11/06/2017. Click "Full View" to see the original document.

Demographics (Name: C-CDAVIEWER UGM, DOB: 1/1/1980) [Back To Top](#)

**C-CDAVIEWER UGM - DOB 1/1/1980**

**Address:** 795 Horsham  
Horsham, PA 19044

**Race:** White, American Indian or Alaska Native

**Ethnicity:** Not Hispanic or Latino

Medications

Medication Name	Directions
Spiriva Respimat 1.25 mcg/actuation solution for in...	inhale 2 puff by inhale
Crestor 20 mg tablet	take 1 tablet by oral n
albuterol sulfate HFA 90 mcg/actuation aerosol inh...	inhale 2 puff by inhale
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Sovaldi 400 mg tablet	take 1 tablet by oral n
OxyContin 40 mg tablet, crush resistant, extended r...	take 1 tablet by oral n
Crestor 40 mg tablet	take 1 tablet by oral n
Enbrel SureClick 50 mg/mL (0.98 mL) subcutaneo...	inject 1 milliliter by sul
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Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol...	inhale 2 puff by inhale
Viagra 100 mg tablet	take 1 tablet by oral r
Cialis 20 mg tablet	take 1 tablet by oral n
Stelara 45 mg/0.5 mL subcutaneous syringe	inject 0.5 milliliter by s

Allergies

Allergy Description (Criticality)	Onset Date
Wheat gluten extract	08/16/2017
soy	04/30/2017
A-ACETYLMANDelic ACID	02/29/2016
cow milk allergenic extract	07/02/2012
peanut allergenic extract	02/15/2011
Wheat preparation	11/18/2009

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+1-2156577011  
: +1-2156577014  
e Phone: +1-2156577010  
(rred)

Showing: All (21 of 21) [Back To Top](#)

Date Started	Date Stopped	? Status When Generated	? Current Status	Dosag	Comments
10/17/2017	02/08/2018	Active	Inactive	2 (puff)	
10/17/2017	12/29/2017	Active	Inactive	1 (tbl)	
10/17/2017	12/01/2017	Active	Inactive	2 (puff)	
10/17/2017	11/30/2017	Active	Inactive	2 (puff)	
10/17/2017	11/30/2017	Active	Inactive	1 (tbl)	
10/17/2017	11/15/2017	Active	Inactive	1 (tbl)	
10/17/2013	10/17/2013	Inactive	Inactive	2 (puff)	
09/01/2013	09/01/2013	Inactive	Inactive	1 (ca...	
07/10/2013	07/10/2013	Inactive	Inactive	2 (ca...	
11/06/2012	11/06/2012	Inactive	Inactive	1 (tbl)	
11/26/2009	11/26/2009	Inactive	Inactive	1 (tbl)	
02/24/2009	02/24/2009	Inactive	Inactive	1 (tbl)	
02/24/2009	06/02/2009	Inactive	Inactive	1 (tbl)	
03/03/2008	03/03/2008	Inactive	Inactive	1 mL	
05/10/2007	05/10/2007	Inactive	Inactive	1 (tbl)	
04/09/2007	04/09/2007	Inactive	Inactive	1 (ca...	
01/13/2005	01/13/2005	Inactive	Inactive	1 (ca...	
06/02/2004	06/02/2004	Inactive	Inactive	2 (puff)	and evening
06/29/2003	06/29/2003	Inactive	Inactive	1 (tbl)	hour before...
09/11/2002	09/11/2002	Inactive	Inactive	1 (tbl)	
09/01/2000	09/01/2000	Inactive	Inactive	0.5 mL	ants weigh...

Showing: All (10 of 10) [Back To Top](#)

(Severity)	? Status When Generated	? Current Status
pain (moderate)	Active	Active
vere)	Active	Active
sh (mild)	No Longer Active	No Longer Active
axis (severe)	No Longer Active	No Longer Active
pain (moderate)	No Longer Active	No Longer Active

Custom View Full View Import Reconciliation History

Demographics

Medications (21)

Allergies (10)

Problems (13)

Immunizations (3)

Results (3)

Vital Signs (7)

Family History (7)

Social History (2)

Advanced Directives (1)

Medical Equipment (4)

Reason For Referral (1)

Results Showing: Panel cbc (1 of 3) Back To Top

Panel Name	Collection Date/Time	Status
CBC W Auto Differential panel in Blood		Final

Component Name	Result	Units	Reference Range	Abnormal Flags	Observation Date/Time	Status	Comments
Erythrocytes [# /volume] in Blood	4.41	10 <sup>6</sup> /uL	4.3 to 6.2	N	6/14/2016 2:34 PM	Final	
Hemoglobin [Mass/volume] in Blood	12.5	g/mL	13 to 18	L	6/14/2016 2:34 PM	Final	
Hematocrit [Volume Fraction] of Blood	41	%	40 to 52	N	6/14/2016 2:34 PM	Final	
Leukocytes [# /volume] in Blood	105600	{cells}/uL	4300 to 10800	HH	6/14/2016 2:34 PM	Final	
Platelets [# /volume] in Blood	210000	{cells}/uL	150000 to 350000	N	6/14/2016 2:34 PM	Final	
Erythrocyte mean corpuscular volume [Entitic vol.]	91	fL	80 to 95	N	6/14/2016 2:34 PM	Final	
Erythrocyte mean corpuscular hemoglobin [Entiti.]	29	pg/{cell}	27 to 31	N	6/14/2016 2:34 PM	Final	
Erythrocyte mean corpuscular hemoglobin conce...	32.4	g/dL	32 to 36	N	6/14/2016 2:34 PM	Final	
Erythrocyte distribution width [Ratio]	10.5	%	10.2 to 14.5	N	6/14/2016 2:34 PM	Final	
Basophils [# /volume] in Blood	0.1	10 <sup>3</sup> /uL	0 to 0.3	N	6/14/2016 2:34 PM	Final	
Basophils/100 leukocytes in Blood	0.1	%	0 to 2	N	6/14/2016 2:34 PM	Final	
Monocytes [# /volume] in Blood	3	10 <sup>3</sup> /uL	0.0 to 13.0	N	6/14/2016 2:34 PM	Final	
Monocytes/100 leukocytes in Blood	3	%	0 to 10	N	6/14/2016 2:34 PM	Final	
Eosinophils [# /volume] in Blood	2.1	10 <sup>3</sup> /uL	0.0 to 0.45	HH	6/14/2016 2:34 PM	Final	
Eosinophils/100 leukocytes in Blood	2	%	0 to 6	N	6/14/2016 2:34 PM	Final	
Lymphocytes [# /volume] in Blood	41.2	10 <sup>3</sup> /uL	1.0 to 4.8	HH	6/14/2016 2:34 PM	Final	
Lymphocytes/100 leukocytes in Blood	39	%	15.0 to 45.0	N	6/14/2016 2:34 PM	Final	
Neutrophils [# /volume] in Blood	58	10 <sup>3</sup> /uL	1.5 to 7.0	HH	6/14/2016 2:34 PM	Final	
Neutrophils/100 leukocytes in Blood	55	%	50 to 73	N	6/14/2016 2:34 PM	Final	
Anisocytosis [Presence] in Blood	Present ++ out of ****			A	6/14/2016 2:34 PM	Final	
Hypochromia [Presence] in Blood	not detected			N	6/14/2016 2:34 PM	Final	
Macrocytes [Presence] in Blood	not detected			N	6/14/2016 2:34 PM	Final	
Microcytes [Presence] in Blood	not detected			N	6/14/2016 2:34 PM	Final	
Poikilocytosis [Presence] in Blood by Light micro...	not detected			N	6/14/2016 2:34 PM	Final	
Polychromasia [Presence] in Blood by Light micr...	not detected			N	6/14/2016 2:34 PM	Final	
Erythrocyte morphology finding [Identifier] in Blood	Many spherocytes pre...			A	6/14/2016 2:34 PM	Final	
Leukocyte morphology finding [Identifier] in Blood	Reactive morphology L			A	6/14/2016 2:34 PM	Final	
Platelet morphology finding [Identifier] in Blood	Platelets show defectiv...			A	6/14/2016 2:34 PM	Final	

Vital Signs Showing: All (7 of 7) Back To Top

Date	Time	B P	Temp F	Height in	Weight lb	Resp Rate	Pulse	Head Cir in	B M I	B S A
01/31/2017	9:56 PM	120/80	100.8	69.685	279.987		65		0.00	2.499

# Spring 2021 Release

- Lab Result Import from C-CDAs
  - One of our most requested interoperability ideas of all time.
  - This feature will allow you to clinical reconcile lab results from any properly formatted C-CDA.
  - Will work using the Custom View import features already in use today.
    - One click import
    - Section level reconciliation (i.e. by panel)
  - Ability to flag labs with a “reconciliation necessary” indicator

The screenshot displays a medical software interface with a sidebar on the left and a main content area on the right. The sidebar contains a list of medical panels with expand/collapse icons and status indicators (checkmarks or warning triangles). The main content area shows the selected panel's data, including a header with patient information and several data tables.

**Demographics**

**Header**

**Medications (6)** ✓

**Meds Administered (1)** ✓

**Allergies (74)** ⚠

**Problems (8)** ⚠

**Immunizations (13)** ⚠

**Results**

**Encounters (31)**

**Vital Signs** ⚠

**Procedures (10)** ⚠

**Family History** ⚠

**Social History (1)** ⚠

**Legal Authenticator:** NextGen Admin of Watertown Medical Center signed at October 25, 2018 10:57:41 -04:00

**Medications** Showing: All (6 of 6) ✓ 📄 📥 📄 📄 Back To Top

Medication Name	Directions	Date Started	Date Stopped	? Status When Generated	? Current Status	Dosage	Comments
✓ Cleocin 300 mg capsule	take 1 capsule by oral route 3 times every day if p...	09/01/2017		Active	Active		
✓ Cleocin 300 mg capsule	take 1 capsule by oral route 3 times every day if p...	09/01/2017		Active	Active		
✓ Cleocin 300 mg capsule	take 1 capsule by oral route 3 times every day if p...	09/01/2017		Active	Active		
✓ hydrocodone 5mg-aceta...	Every 6 Hours as Needed PRN For Pain	10/20/2015		Active	Active		
✓ Asmanex Twisthaler 110...		09/23/2015		Active	Active		
⊗ nadolo140 mg-bendroflu...	Take 2.5 mg by mouth once daily.	06/01/2007	11/04/2013	Inactive	Inactive		

**Meds Administered** Showing: All (1 of 1) ✓ 📄 📥 📄 📄 Back To Top

Medication Name	Directions	Date Stated	Date Stopped	Status	Comments
✓ Tylenol 325 mg tablet	take 1 tablet by oral route every 4 hours as needed	09/25/2017	09/25/2017	Inactive	

**Allergies** Showing: All (74 of 74) ✓ 📄 📥 📄 📄 Back To Top

**Problems** Showing: All (8 of 8) ✓ 📄 📥 📄 📄 Back To Top

Problem Name	Identified	Resolved	? Status When Generated	? Current Status	Comments
✓ Classical galactosemia, homozygous Duarte-type	04/25/2016		Active	Active	
✓ Migraine with aura	04/25/2016		Active	Active	
✓ Migraine with aura	04/25/2016		Active	Active	
✓ Fever	02/22/2015		Active	Active	
✓ Chronic rejection of renal transplant	12/31/2011		Active	Active	
✓ Primary hypertension	06/01/2007		Active	Active	
✓ Asthma - Status - Active	01/03/2007		Active	Active	
✓ Severe hypothyroidism	12/31/2006		Active	Active	

**Immunizations** Showing: All (13 of 13) ✓ 📄 📥 📄 📄 Back To Top

# Custom CDA Viewer – Discrete Data Import

- Imports can be done at the row level or section level.
- There are 4 icons available:
  -  - The item is available to be imported
  -  - The item already exists in the EHR
  -  - The item was ignored
  -  - The item cannot be imported due to missing data

## Sections which can be imported:

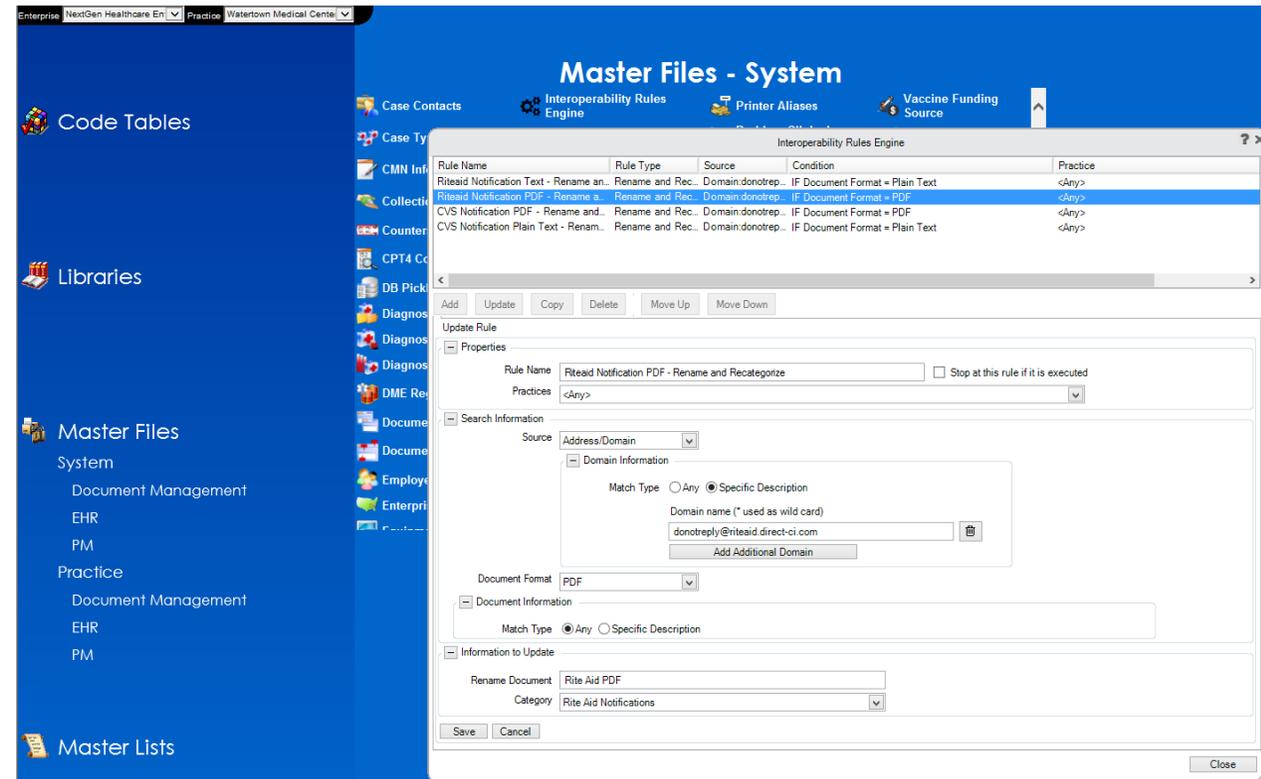
- Medications
- Meds Administered
- Allergies
- Problems
- Diagnosis Codes
- Procedures
- Immunizations
- Vital Signs
- Family History
- Social History
- Implantable Devices
- *Lab Results!*

# Interoperability Rules Engine

# Interoperability Rules Engine

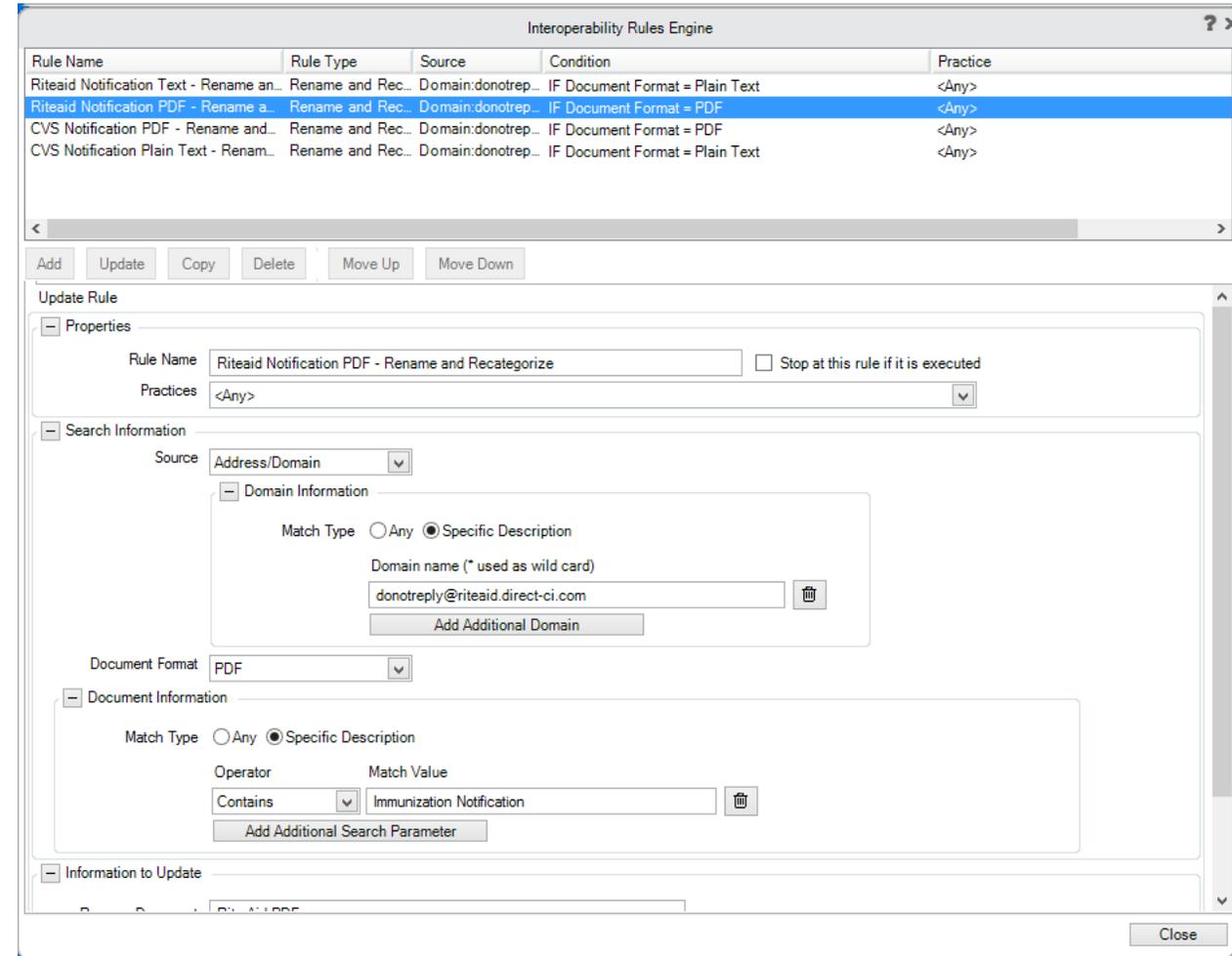
A built-in filtering and recategorization tool that improves data exchange in the EHR.

- Users can now create rules to recategorize, rename and/or bypass the PAQ for HIE documents
- This set up is done within File Maintenance and allows you to specify the search parameters



# Interoperability Rules Engine – Search Information

- When a document is received we will inspect the configured rules based on the information in the received document.
  - Source
  - Document Format
  - Sent Document Description



# Interoperability Rules Engine – Description Update (5.9.1)

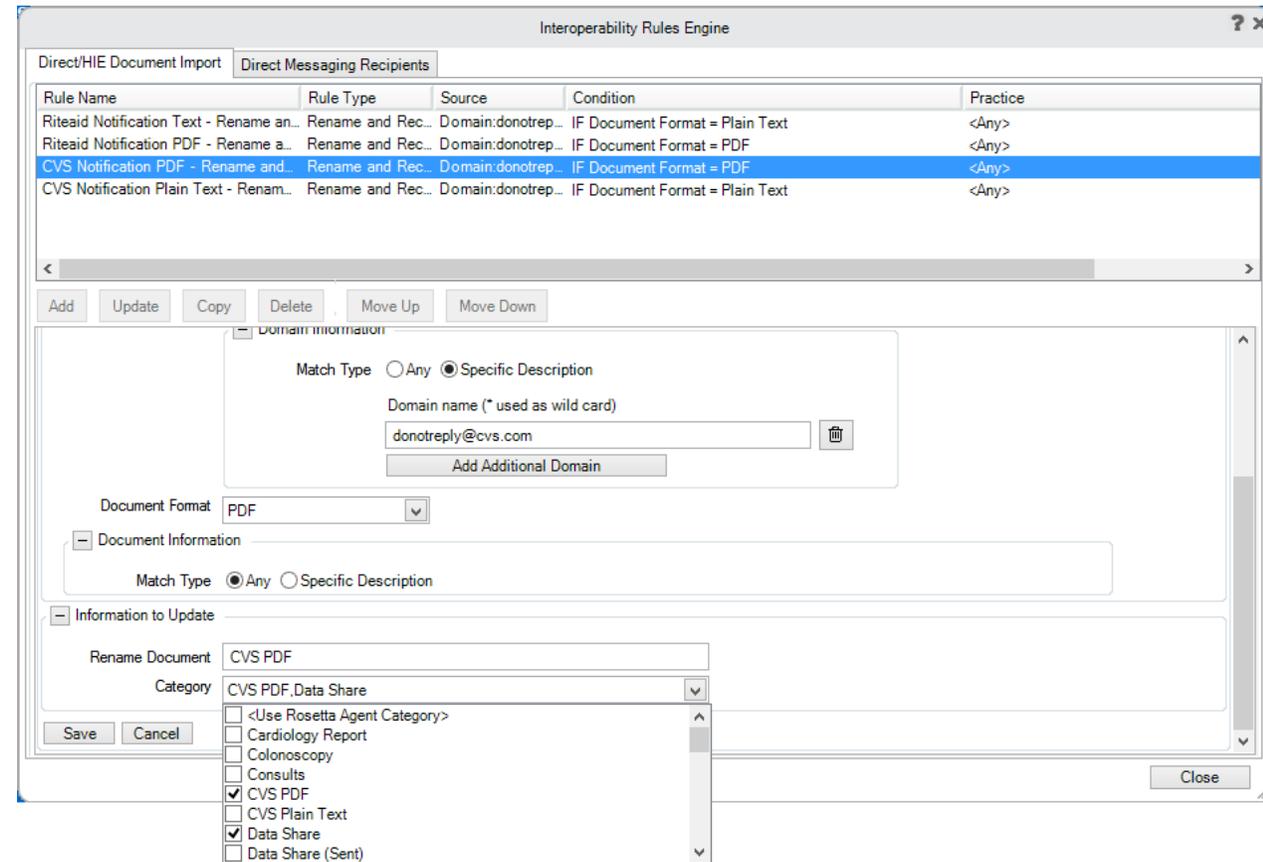
- The “Rename Document” field dictates what the user wants the new name to be. If nothing is defined, it will show <Use Existing Document Description> which will cause the document to not be renamed on import
- If the user wants append/prepend information to the existing name they can use a "<ExistingName>" value which if present will put in the existing document name.
- A value of <TodaysDate> is also available to use to add the current date to a name.
  - The value of <TodaysDate> can be used which populates when the document was received. For example, if the document was received on 11/01/2020 but committed on 11/02/2020, the date 11/01/2020 will be used.

The screenshot shows the 'Interoperability Rules Engine' window. At the top, there are tabs for 'Direct/HIE Document Import' and 'Direct Messaging Recipients'. Below the tabs is a table with columns: Rule Name, Rule Type, Source, Condition, and Practice. The table contains four rows of rules, with the first row selected. Below the table are buttons for 'Add', 'Update', 'Copy', 'Delete', 'Move Up', and 'Move Down'. The main area of the window is a configuration panel for the selected rule. It has a 'Match Type' section with radio buttons for 'Any' and 'Specific Description' (selected). Below this is a 'Domain name (\* used as wild card)' field containing 'donotreply@riteaid.direct-ci.com' and a trash icon, with an 'Add Additional Domain' button. There is also a 'Document Format' dropdown menu set to 'Plain Text'. Below that is a 'Document Information' section with a 'Match Type' section (radio buttons for 'Any' and 'Specific Description', with 'Any' selected). The 'Information to Update' section has a 'Rename Document' field containing 'Rite Aid Plain Text - <ExistingName> - <TodaysDate>' and a 'Category' dropdown menu set to 'Rite Aid Notifications'. At the bottom left are 'Save' and 'Cancel' buttons, and at the bottom right is a 'Close' button.

Rule Name	Rule Type	Source	Condition	Practice
Riteaid Notification Text - Rename an...	Rename and Rec...	Domain:donotrep...	IF Document Format = Plain Text	<Any>
Riteaid Notification PDF - Rename a...	Rename and Rec...	Domain:donotrep...	IF Document Format = PDF	<Any>
CVS Notification PDF - Rename and...	Rename and Rec...	Domain:donotrep...	IF Document Format = PDF	<Any>
CVS Notification Plain Text - Renam...	Rename and Rec...	Domain:donotrep...	IF Document Format = Plain Text	<Any>

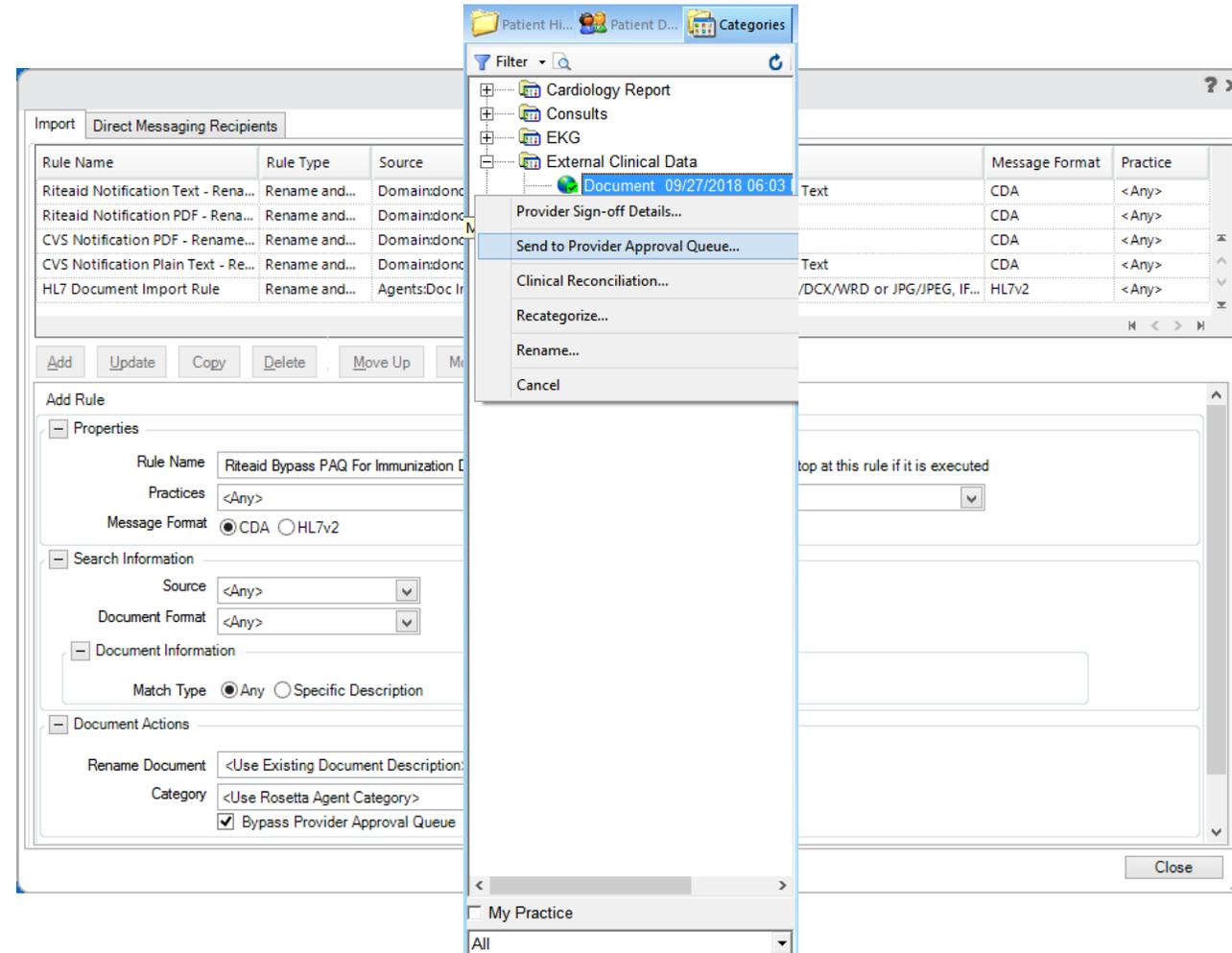
# Interoperability Rules Engine – Category Update (5.9.1)

- Users can also change the category of the received documents
- The Category field will allow the user to keep the category or change it
- If nothing is selected in this option, it will display <Use Rosetta Agent Category> which will cause the document to not be moved to a specific category on import
  - Users can select other categories including the existing category for the documents to be committed to



# Interoperability Rules Engine – Bypass PAQ (5.9.4)

- Users can also choose to have a document bypass the PAQ
- The “Bypass Provider Approval Queue” checkbox will allow the user to keep importing documents to the PAQ or bypass it for documents matching the rule
- If a document is bypassed, it can be sent to the PAQ for the provider on the document by right clicking on it and selecting “Send to Provider Approval Queue...”



# Interoperability Rules Engine

- This functionality can be used with the following components:
  - Direct Messaging/Carequality (Share)
  - Clinical Interface Bundle (previously EHR Connect)
  - Manual Import from MSU
  - CCD Import from HL7

# Interoperability Rules Engine – Default Recipients

- Users are able to setup their rules so one or more referral recipients can be identified as the default and will auto-populate the referral
- Rules can specify Specialty, Practice, Provider and Location
- Triggered when opening the Referral Template
- NGE 5.9.2+

The screenshot displays the 'Referrals Order' application interface. The main window has tabs for Assessments, My Plan, A/P Details, Labs, Diagnostics, Referrals, Office Procedures, and Cosign Orders. The 'Referrals' tab is active. The form includes fields for Insurance name (Blue Cross Of California), Policy # (541231457), and Specialty (Cardiology). A 'Preferred Provider Picklist' dialog box is open, showing a table of providers:

Is default?	Last name	First name	Organization	Address line 1	Address
N	Black	Cardiology	Black Cardiology		
N	Test	Channing	NextGen Medical Group	998 Collier Rd	
N	Default	Practice	Default Practice		

The dialog box also features a 'Refresh' button and 'OK'/'Cancel' buttons. The main form includes sections for Diagnosis, Services requested, Clinical indications, Clinical information/Comments, Instructions, and Referrals ordered. A table at the bottom shows the status of ordered referrals.

# Interoperability Optimization Project

# Optimizing Your Interop!

This services engagement is designed to help customers improve their use of our interoperability services.

- Discovery (set a baseline, determine your current usage)
- Optimization
  - Rules Engine, Automation, C-CDA Viewer Config, Workflow development
- Recommendations for Best Practice
- Maintaining the Interop Experience



# Interoperability via NextGen Share

These are many of the right services to have, but we can do better.

*Recommend:  
Add Carequality  
and Patient  
Matching Service*

Active Services
<ul style="list-style-type: none"><li>• Core Service</li><li>• Direct Messaging</li><li>• Record Locator</li></ul>

Inactive Services
<ul style="list-style-type: none"><li>• eChart Extraction</li><li>• Carequality</li><li>• Clinical Registry</li><li>• Patient Matching</li></ul>

Optimization Opportunities
<ul style="list-style-type: none"><li>• Interoperability Rules Engine</li><li>• Direct Messaging Automation</li><li>• Workflow Integration</li></ul>

Messaging Activity
<ul style="list-style-type: none"><li>• <b>3,713</b> Direct messages in the last 30 days</li><li>• <b>1,977,912</b> patients in the Record Locator Service</li></ul>

2% sent  
98% received

This client is mostly passively receiving data from external partners

These actions can substantially improve data exchange with local, regional, and national partners.

# Direct Messaging View

Row Labels	Careport	Carenet	Athletico	UC Hospital	North Western	ECW	Froedtert Hospital	Pmed	Unity Point	Northwest Rheumatology Specialists	SSM Health	Ability Lab	Epic	Trinity	Providence	Practice Fusion	Presence Health	Grand Total
	2870																	2870
	516	92	63	41	27		23	19	7		3				2			793
						24												24
									4									4
providers														2				2
											2							2
												2						2
											1							1
																1		1
<b>Grand Total</b>	<b>2870</b>	<b>516</b>	<b>92</b>	<b>63</b>	<b>41</b>	<b>27</b>	<b>24</b>	<b>23</b>	<b>19</b>	<b>7</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>3699</b>

# Opportunities for Optimization – Direct Messaging

## Problem

## Solution

Few exchange partners

NextGen Share Bulk Directory Search. Provide us an NPI list of referring & referred-to physicians and we will provide back their Direct addresses

Outreach project to identify high-value exchange partners.

Integration into workflows

Identify a physician champion for transition of care & referral workflows

Find the best workflow that is ideal for providers: Referral Management template, Medical Summary, or Referral template – or build / configure your own

Sending: setup preferred recipient lists for high-value exchange partners. Receiving: setup preferred referral manager group for inbound document routing.

# Optimization – Document Handling & Automation

<b>Problem</b>	<b>Solution</b>
Document handling	<p>Use the EHR's built-in Interoperability Rules Engine. Develop and implement automation rules for message routing and handling.</p> <p>Setup rules for document renaming and re-categorization (i.e. all documents from CVS can be routed to “pharmacy” category”)</p>
Usability of documents	<p>Ensure Custom View is the default for C-CDA documents. Setup practice &amp; provider level filters to show only the most relevant information.</p>
Automation	<p>Use the NextGen Express Engine to introduce automated document sending using NextGen Share. Configure preferred documents to attach &amp; share automatically upon referral completion.</p>

# Learn More

## Client / External

- NextGen Website
  - [Interoperability Page](#) (web)
  - [Connect Integration Engine](#) (web)
- [Four Considerations Around Sensitive Data](#) (pdf)
- [Elevate Healthcare Data Exchange with Frictionless Interoperability](#) (pdf)
- [Experience Flexible, Scalable, and Affordable Interoperability](#) (video)

**BELIEVE IN BETTER.®**



