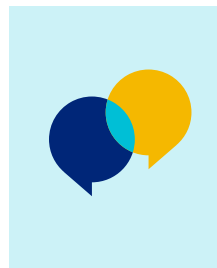# Point of Care Assist

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.[1] 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.[2]

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® which adds real-time patient information to existing electronic medical record (EMR) systems so health care professionals can see real-time care insights that align to a patient's specific coverage through their workflow.

"As the Quality Manager for Our Family Health Center, we are always looking for ways to improve on our patient care... Point of Care Assist is a great asset that we have added to our EMR system ..."

- Quality Care Manager, Our Family Health Center

Benefits of Point of Care Assist

Point of Care Assist benefits both the patient and health care professional relationship, as well as the health care professional relationship with UnitedHealthcare as the payer by:

Simplifying workflow by reducing manual requests between the health care professional and payer	Reducing administrative burden by streamlining prior authorization tasks	Improving clinical outcomes by identifying quality care opportunities	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

UnitedHealth Group is investing in this digital solution for the benefit of our health care professional network, at no cost to users or their organizations. 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
- Training is minimal. 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 EMRs to meet the unique needs of health care professionals

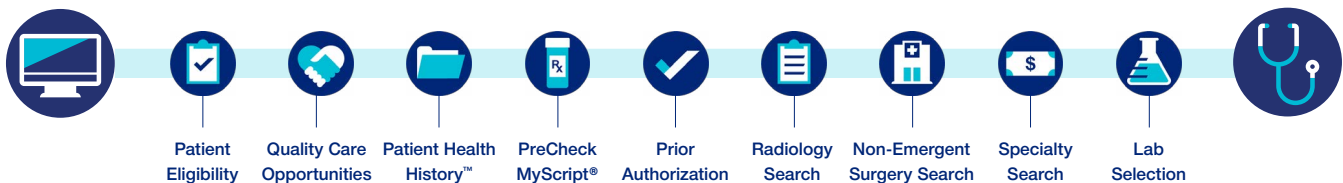**Over 120 million completed transactions through Point of Care Assist services in 2021.**

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 660,000 health care professionals currently use Point of Care Assist across 7,438 entities, with 7.3 million members nationwide across commercial and government lines of business.[3] Health care organizations that actively utilized Point of Care Assist in 2021 scored an average 10 points higher in Net Promoter Score (NPS) than those that did not.[4] Right now, Point of Care Assist integrates with 7 major EMRs, representing 80 percent of the EMR market (Allscripts-TouchWorks, athenahealth, Cerner, eClinicalWorks, Epic, NextGen and Practice Fusion) with plans to expand into more EMRs.

An analysis of one integrated health care network's UnitedHealthcare Insights* Dashboard shows that of the 165,600 prior authorization requests submitted in the last year, 1,700 did not need a prior authorization. In this case, had Point of Care Assist been utilized, they may have avoided those 1,700 unnecessary prior authorization requests. Additionally, had the organization utilized Point of Care Assist for those 165,600 prior authorization requests, they could have experienced a potential savings of over $1.4 million in administrative costs and 30,000 labor hours.[5]

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 Care Assist provide real-time patient-specific data throughout the workflow.

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

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

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 eligibilty checks alone, the industry wastes a projected $9.8 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 21 minutes per transaction.[6]

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.[7] By streamlining PA requests electronically and reducing unnecessary PA requests, the medical industry has the opportunity to save $437 million annually for prior authorization alone.[8]

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 16 minutes per PA submission and reduces the back and forth of collecting clinical documentation.[9] 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

Improve clinical outcomes by reducing unnecessary medical care

Understanding a patient's holistic health history can be critical to determining a care plan. However, this information is often incomplete and difficult for health care professionals to access. Forty-five percent of patients are concerned that there are errors in their personal health information that may negatively affect their care.[10] A 2017 study found that 20% of medical care provided was unnecessary and 38% of that was due to difficulty accessing medical records.[11]

Point of Care Assist's Patient Health History service gives providers a single at-a-glance view of a patient's health history, which can improve the accuracy and amount of detail shared between health care professionals.

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Reduce patient out-of-pocket costs by providing transparency

Medications are expensive and not knowing a patient's coverage and which alternatives exist is a challenging process that leads to significant waste. Between $230.7 billion and $240.5 billion is wasted each year on pricing failure alone.[12]

PreCheck MyScript, a service within Point of Care Assist, provides real-time medication cost and coverage along with alternatives that have proven to save members an average of $111 per script fill.[13] These features are saving health care professionals up to 50 minutes per prescription per patient by avoiding prior authorization.[14]
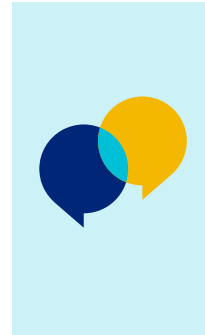
"We have had great success with addressing quality measures and suspect medical conditions with adding this feature to our workflow."
- Aimee Leazer, Quality Manager

Increase revenue by improving gap closure rates

Only 8% of U.S. adults attain all recommended preventive care services. The adherence to preventive care further decreased during the COVID-19 pandemic.[15] 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.[16]

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.[17] 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.

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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.[18]

Knee surgery
$528.85 savings

Colonoscopy
$250.17 savings

MRI
$471.23 savings

Endometriosis
$488.78 savings

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
POCAnationalteam@uhc.com

Visit **UHCprovider.com/poca**

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

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