

Demonstrating your Clinical Workflow

athenaClinicals Workflow Demonstration Guide and Best Practices

Initial Set Up (prior to demo):

1 Identify a test patient within your current database

2 Be sure to have an appointment already scheduled for your test patient

- Schedule Appointment
- Complete Check In Stage (Start Check In/Done with Check In)
- Prepare to walk through Intake, Exam and Sign Off stages-pull Pt. from calendar in the center of screen.

Key Areas of Focus during demonstration:

1 Abbreviated 5 Stage Encounter Workflow — Intake, Exam, and Sign Off

- a. Discuss the Clinical Inbox on the left hand side of the screen, value of seeing patient locations/status in center of screen. Pull patient from calendar.
 - Discuss approach to delegation and other methods of data capture pre visit (if you use Communicator it would be good to mention that data can be sent over via the portal)
 - Important to point out how you as a provider can determine what your MA/Nurses do prior to you seeing the patient. Very flexible in athena
- b. Locate the Encounter from the calendar as the Provider—pulls you directly to pt. chart/encounter
 - Discuss navigational tools such as Jump to
 - Discuss ordering of Encounter Sections – again flexibility of athena. You can control the order of the encounter

c. Locate and recall templates within the HPI, ROS, Phys Exam and Procedure sections.

- Notable functionality to include:
 - Saved Findings—can save both encounter and patient specific
 - Set To Previous Encounter
 - Access to global athenaNet Clinical Content. Important to mention how athena provides templates out of the box however you have the ability to tailor, add new ones, etc.

d. Assessment and Plan to include:

- Adding diagnosis code(s) and key notes
- Closing the loop on orders and alarms
- Various notation areas and accelerators

e. Sign Off Stage to include:

- Closing the Encounter and/or Co-Signature tool if applicable
- Completion of Billing Tab-discuss value of procedures pulling over to billing tab
- Creating and/or sending letters to outbound resources – point out how athena auto faxes

2 Overview of Clinical Inbox

- a. You should be demonstrating from the new homepage/ clinical inbox (appears on the left hand side)
- b. Task and document routing capabilities- Follow Up Bucket/ Closed loop orders
- c. Labs – how athena manages our interfaces and manages our faxes
- d. Mobile usage examples (can access the inbox from my iPhone/iPad)

Best Practice Guidelines

This list represents best practices that should be discussed during the demonstration. In addition, this list includes some tools that the athena demonstration team uses during demonstrations that will help provide a cohesive experience from what the prospect sees.

- 1 While sharing your specific workflow with prospects, it is always best to acknowledge athena's design and highlight the capabilities whether utilized or not.**
- 2 The demonstration should take place in the latest and greatest user experience that athena offers. For example, with purple, new homepages allow the doctor to start their exam from the calendar. Also, the clinical inbox should be used off of the new homepages.**
- 3 The demonstration team uses add-on features that are free of charge that show extremely well in demonstrations. If this can be weaved into your demonstrations this would enhance it greatly.**
 - a. Auto hotkey - <http://www.autohotkey.com/>
 - b. Once downloaded you can add as many macros as you would like so that the user only has to type something like . bp and the word blood pressure defaults.
 - c. Spell Check - <http://speckie.com/>
 - d. Once this is turned on athena has the ability to do spell check.
 - e. Dragon, Entrada or M-modal – if you use any voice to text in your documentation it is advised that you demonstration this. (Note – there is an extra charge for this service)

Note: With Streamline, both auto hotkey and speckie will not be needed.

- 4 Read all release notes prior to an upgrade and addressing what is appropriate for your practice and/or to have awareness should a prospect ask about feature/functionality.**
- 5 For any pricing questions, please defer to the Sales Executive. The SE is best to explain our cloud based service model.**
- 6 Reach out to us prior to any engagement or interaction with a prospect for any assistance needed. Always feel free to defer any activity or questions to any athena subject matter expert.**

Key Areas of Configuration and Data that Maven should be aware of even if they do not necessarily manage the Admin Tables themselves as they have impact to the 5 Stage Workflow

1. Clinicals Admin – Appearance and Presentation

- a. Encounter Layout design by specialty or appointment type
- b. Specialty specific history questions
- c. Specialty specific Clinical Content Templates (e.g. HPI, ROS and PE)

2. Clinicals Admin – Accelerators and Efficiency Tools

- a. Order Sets
- b. Saved Findings
- c. Set To Previous Encounter
- d. Assessment Templates
- e. Discussion Templates
- f. Diagnosis Notes field that carry forward (patient + diagnosis specific)
- g. Encounter Plans
- h. Charge Integration

3. Data Sources/References:

- a. Medications/Allergies lists and orders from First Data Bank (FDB) – updated weekly
- b. Healthwise for Patient Information orders
- c. All other orders maintained by athenahealth Clinical Content team, requests received via the CSC
- d. Global templates from athenaNet/MEDCIN library
- e. Quality Management and Pay for Performance Measures from payers directly

4. Data and Chart Management topics

- a. Ability to discuss various data migration/chart abstraction solutions
- b. Ability to organize chart appearance to include identification of chart data (e.g. face sheet, mini-chart, and document labeling)
- c. Ability to highlight the value in electronic results interface(s) to chart data (e.g. automation into flow sheets, graphing of specific analytes, and trending)

5. Clinical Inbox

- a. Ability to configure view to show desired usernames
- b. Ability to locate tasks to include: flags, inbox columns, or by total
- c. Ability to move tasks from one user to another AND aware that Task Routing can be designed behind the scenes via Admin Tables