

Immediate access to care leads to improved outcomes.



AristaMD is your partner to increase star ratings.

Access to timely care, improved care coordination, and reduction in avoidable hospitalizations and ED visits are tangible benefits of eConsults.

AristaMD Smart Care Platform connects primary care providers with specialists to consult on clinical cases; avoiding the need for a face-to-face specialist visit >70% of the time.

Star Measures C22 – Getting Needed Care and C23 – Getting Appointments and Care Quickly (These are CAHPS)

ISSUE	NORMAL DELIVERY SYSTEM	ARISTAMD DELIVERY SYSTEM
PCP suggests a specialist consultation to address a health care issue or complaint.	<ul style="list-style-type: none"> Unless the PCP did so, the patient has to find a specialist who participates in their health plan's provider network. Patient has to call and get an appointment, explain the reason for the visit, provide their insurance, etc., to book the appointment. They receive an appointment for weeks or even months away. They attend the appointment, fill out all the various paperwork necessary, sit in a waiting room for up to an hour, eventually see the specialist, and are told they will be calling the PCP to determine the best next steps in their treatment and care. The patient waits for a call from their PCP to discuss the plan of care or follow-up as a result of the specialist visit. The patient gets the call from their PCP and they may want the patient to come back for a visit. The appointment is scheduled 1 to 2 weeks out. The patient now discusses the issue with the PCP up to 3 months or more from the time of the initial visit. Patient receives a CAHPS survey and is disappointed with the time it took to get the specialist visit they believed they needed based on the PCP referral. They give the health plan low marks resulting in poor Star scores and the loss of Star bonus funds. 	<ul style="list-style-type: none"> PCP they will be reaching out to a specialist today and will get back to the patient tomorrow at the latest with the next steps in their care and treatment. The PCP consults with the specialist via the AristaMD solution and receives the advice they were seeking. The PCP calls the patient and they may want the patient to come back for a visit. The appointment is scheduled 1 to 2 weeks out. The patient discusses the issue with the PCP. Patient receives a CAHPS survey and is pleased that what used to take 3 months has taken a week or two. Their expectations are exceeded, they give the health plan high marks and excellent Star scores and bonus dollars result.



For more information or to request a demo, contact us at info@aristamd.com

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Star Measure C27 – Care Coordination (CAHPS)

ISSUE	NORMAL DELIVERY SYSTEM	ARISTAMD DELIVERY SYSTEM
PCP needs assistance managing a patient with Atrial Fibrillation, but wants to avoid the patient being lost in referrals to specialists.	<ul style="list-style-type: none"> The PCP sees the patient and wants the input of a cardiologist to ensure the AF is treated appropriately. The PCP refers the patient to a local cardiologist. After 2 to 6 weeks, the patient visits the cardiologist, likely with little to no workup or other medical history available. The cardiologist orders 5 lab tests, an ECG, and an EKG be performed, although unbeknownst, many of these tests were already performed by the PCP. The patient is asked to schedule a follow-up appointment to discuss their AF after all the test results come back. A few days later, the specialist office calls the patient and schedules a follow-up appointment in 4 weeks. The patient returns to see the cardiologist and is told all their tests came within acceptable ranges but they are going to be placed on a mild dosage of rhythm control medication. <p>It takes 8 to 11 weeks from PCP referral to specialist treatment.</p> <p>The PCP has no idea their patient had the tests run or that they have been placed on a new prescription. Little to no care coordination, repeated tests, and multiple office visits resulting in increased cost.</p>	<ul style="list-style-type: none"> The PCP sees the patient and wants the input of a cardiologist to ensure the AF is treated appropriately. The PCP reviews the eConsult Checklist for AF and a Cardiologist referral. The PCP orders two lab tests and an EKG as recommended to have a complete diagnostic profile. The PCP schedules an eConsult with the cardiologist who reviews the case and diagnostic results and recommends the patient be placed on a mild rhythm control medication and return to the PCP in 4 weeks for a follow-up check. <p>It takes less than a week for the PCP to obtain the information needed to treat the AF condition, get the input of a Cardiologist, and maintain coordination of the patient's care. It also costs less due to lack of multiple unnecessary tests and specialist visits.</p>

Star Measure C21— Plan All-Cause Readmissions (HEDIS)

ISSUE	NORMAL DELIVERY SYSTEM	ARISTAMD DELIVERY SYSTEM
Patient recently discharged from hospital – saw multiple specialists and a hospitalist and is confused about how to best manage her new diagnosis of Hepatitis C with these new prescriptions and increasing symptoms that have her scared.	<ul style="list-style-type: none"> The patient schedules a visit with her PCP two weeks after her discharge. The PCP is surprised to learn she was hospitalized and listens as she explains her new diagnosis. The PCP understands how fearful she is to this diagnosis and how to best treat it. The PCP recommends she visit a gastroenterologist she saw during her time in the hospital to suggest the best treatment options. The specialist visit is scheduled relatively quickly – two weeks after the PCP visit. One week after the PCP visit, the patient experiences severe abdominal pain and nausea and goes back to the ER and is readmitted to the hospital. 	<ul style="list-style-type: none"> The patient schedules a visit with her PCP two weeks after her discharge. The PCP is surprised to learn she was hospitalized and listens as she explains her new diagnosis. The PCP understands how fearful she is to this diagnosis and how to best treat it. The PCP decides to do an eConsult with a gastroenterologist. The PCP reviews the Hepatitis C and Chronic Abdominal Pain referral checklist while seeing which tests were recently performed by the hospital. The PCP determines that he has enough information based on the checklist and discussion with the patient. The eConsult is scheduled later that same day and it's recommended that a specific drug regimen be prescribed by the PCP and that the patient have an immediate follow-up with the PCP to understand the short-term treatment plan. The PCP meets with the patient two days later and carefully reviews her condition, the treatment plan, and how to reach the PCP should she experience any problems or have any questions. The patient is reassured with the treatment plan and medication and follows it, preventing further severe abdominal pain while long-term treatment plans are made for her Hepatitis C.