



- ✓ Connect the Unconnected
- ✓ Leverage Healthcare Standards (C-CDA and Direct) to solve problems and save money





Estella, age 65, is a widower and lives in her government assisted apartment. Her primary care giver is her 45 year old daughter, Rebecca and Estella also has non-medical home care for cleaning personal care, including bathing. Estella is being treated for <u>renal failure</u> and is also suffering from <u>diabetes</u>, <u>related neuropathy and obesity</u>. Estella is restricted to a wheel chair and just recently she was diagnosed with <u>peripheral arterial disease</u> (PAD).

Rebecca recently had to take a second job and has not had time to visit Estella regularly and on a recent visit discovered that Estella's right leg is discolored and cold. Estella is <u>admitted to the hospital</u> and gangrene is diagnosed and her right leg is amputated below the knee. After <u>2 days in the hospital</u> Estella begins Physical therapy and <u>5 days after the surgery she is transitioned to a Rehab facility</u> and <u>21 days later she is transitioned to the Skilled Nursing Facility</u> because the wounds are not healing quickly enough to allow her to return to her apartment. She continues her dialysis treatment and is has regular visits to her various providers, which has recently be expanded to a <u>mental health counselor</u> due to depression from the loss of her lower right leg.

The Care Plan outlines Estella's goal to return to home and her cats. Estella's 40 year old son, Mike, lives 200 miles away and now wants to be more involved with his mother's healthcare and to have access to all of the information, so he set up a <u>personal health record</u> (PHR) in Microsoft Healthvault. Mike contacts Estella's providers and requests the progress notes and other documents be sent to Estella's PHR after each provider visit, using her Direct address.





Estella's care team now includes:

- Jennifer her Case Manager
- Rebecca her daughter
- Mike her son
- Dr. Smith her Nephrologist, EMR, connected to HIE
- Dr. Jones her Internist, diabetes, EMR and paper
- Dr. Wilson her Cardiologist, EMR, connected to HIE
- Sara her Physical Therapist, paper
- Dr. Simon, Behavioral health counselor, EMR and paper
- The nurses at the Skilled Nursing Facility, EMR and paper

Documents that need to be available

- Advance Directive
- Power of Attorney
- Transitions of care CCD (C-CDA)
- Therapy notes
- Medication lists and reconciliation
- Lab results
- ADT messages from the hospital
- Progress notes from each provider

Each provider wants their own complete record for Estella and currently they fax documents back and forth to each other, as needed prior to and after each office visit.

Problem

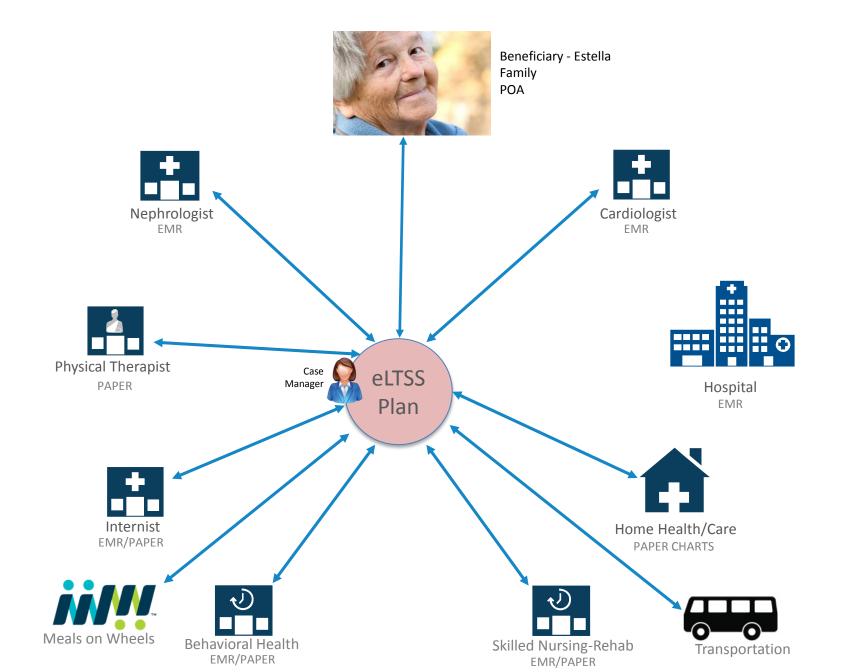
The context for Estella's office visits and her providers is manual and needs to be automated and available to all providers of her care.

Not all of the providers are using EMR's or technology equally. Only some are connected to an HIE if present and not all of the needed information is available in an HIE.

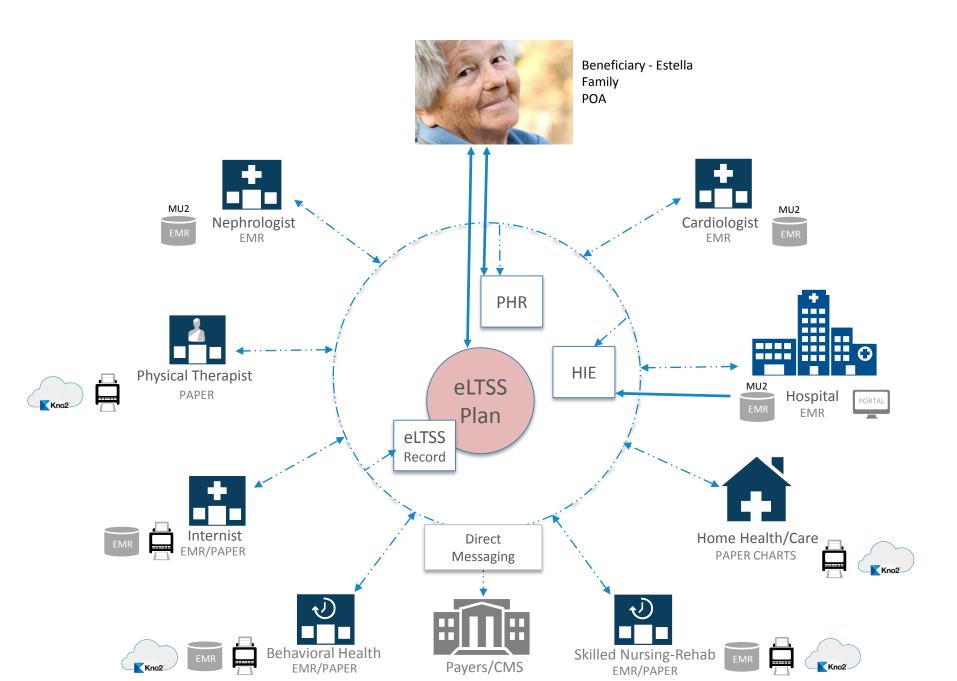
Solution

Direct messaging that works for everyone and everything.

Coordinating care with the Care Plan



Connecting the Community through Clinical Document Exchange





Consolidated CDA Guide - v1

- 1. Continuity of Care Document (CCD)
- 2. Consultation Not
- 3. Diagnostic Imaging Report (DIR)
- 4. Discharge Summary
- 5. History and Physical (H&P)
- 6. Operative Note
- 7. Procedure Note
- 8. Progress Note
- 9. <u>Unstructured Document</u>

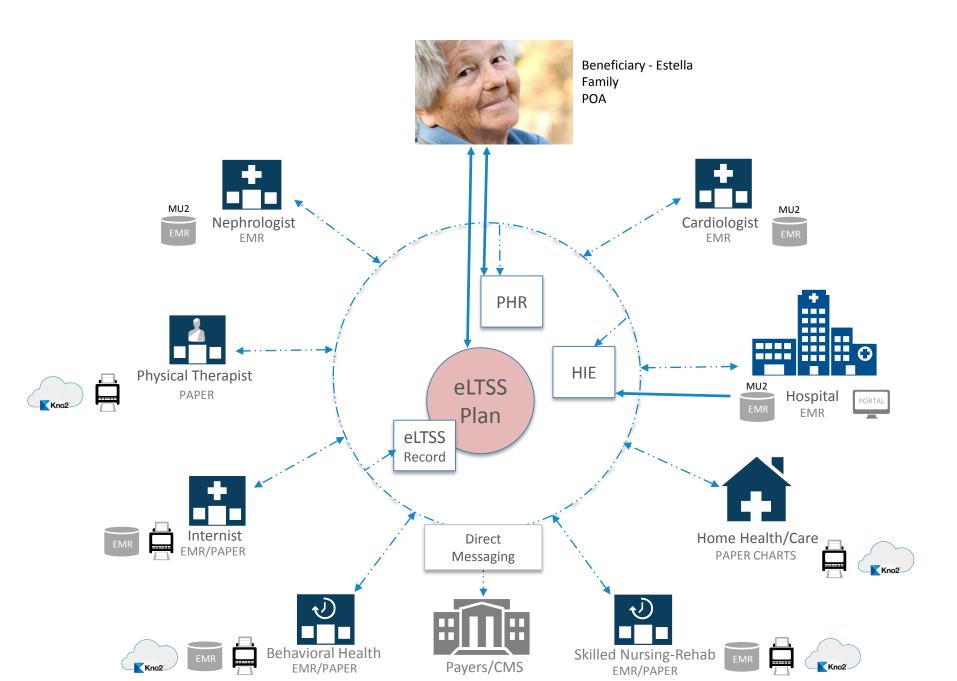
Direct message

Message Header

Payload

Message Text
Attachment
Patient Information

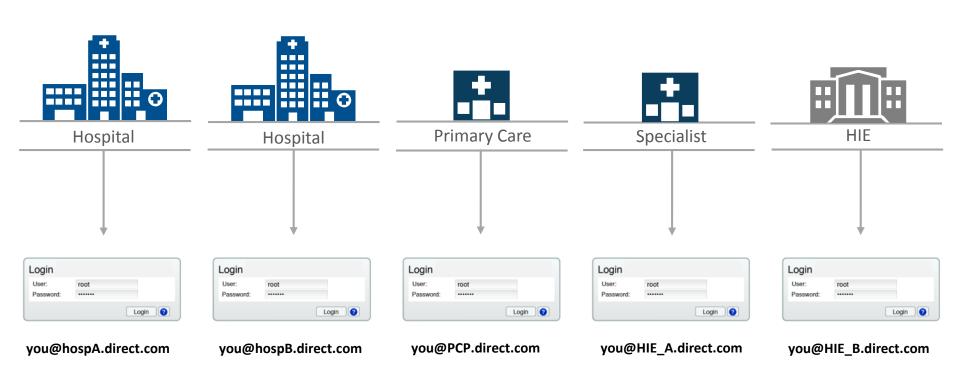
Connecting the Community through Clinical Document Exchange





Problem #1

Too many portals

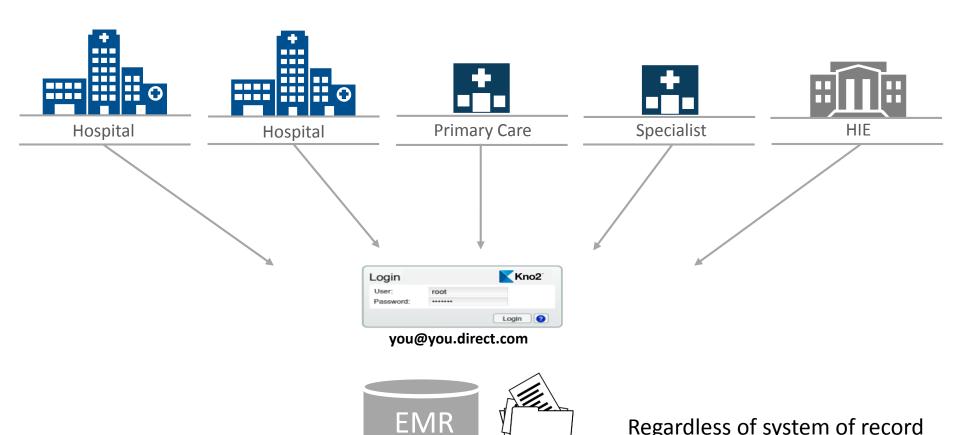




Use Kno2

Regardless of system of record

Take control – get your own address





Problem #2

Too many varieties Including paper



Patient Delivered



Mail/Courier



Internal Forms



Fax



Secure Email



Electronic Files



Digital Camera



Media (USB/DVD)



Direct Message



Mobile



Use Kno2

Intake

Getting Information into the Patient Chart

A patient's health story is complex and difficult to piece together. As a healthcare practice, receiving various clinical document formats from countless delivery methods is overwhelming and inefficient. It's far too easy to miss vital information.

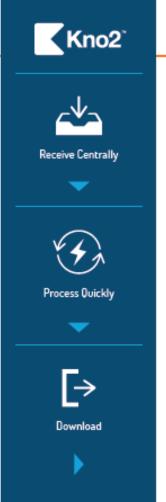
Kno2's patient intake allows you to seamlessly receive and transform disorganized health files, regardless of the format or source. The result is an accurate, centralized, and complete patient record.

Learn More at Kno2.com

ANY METHOD > ANY INFORMATION > Process Patient Delivered - Audits - Insurance Records Request Mail/Courier - Orders - Referrals - Request for Information Internal Forms - Transition of Care and more Document - Care Plans Secure Email - CCD/CCR - Immunizations - Lab Results Electronic Files - Orders - Outside Medical Records Digital Camera - Patient Consent - Prescription Order/Refill - Procedure Reports Media (USB/DVD) - Summary of Care - Medication List \bowtie Direct Message - Progress Reports

Mobile

- and more



EASY DOWNLOAD



Print Ready for Paper Chart



EMR-Friendly Patient Import Directories



EMR-Compatible CDA Format



Use Kno2

Release

Sending Patient Information

To build a meaningful patient health story, sending usable and sustainable clinical content is critical.

Kno2's Clinical Document Exchange (CDE) platform allows you to send documents from any source into a smart, healthcare compatible output. Kno2 simplifies and automates complicated, slow and frustrating healthcare workflow processes.

Learn More at Kno2.com



ANY INFORMATION >

Process

- Audits
- Insurance Records Request
- Orders
- Referrals
- Request for Information
- Transition of Care
- and more

Document

- Care Plans
- CCD/CCR
- Immunizations
- Lab Results
- Orders
- Outside Medical Records
- Patient Consent
- Prescription Order/Refill
- Procedure Reports
- Summary of Care
- Medication List
- Progress Reports
- and more

SMART OUTPUT

Output Method

- Direct Message
- Fax
- HIE Submission

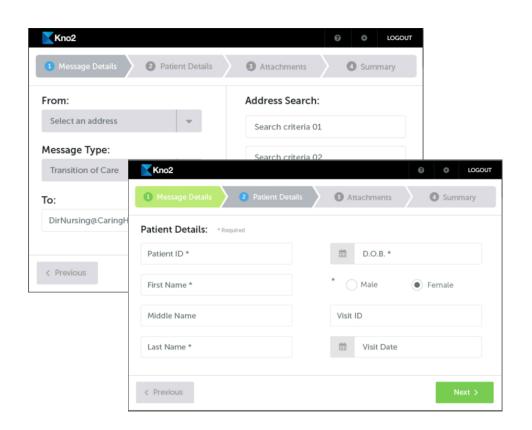
Destination

- Patient Portal
- Provider
- Registry
- Insurance
- Attorney
- and more



Solution #2 Use Kno2

Devices - Direct Enabled by Kno2™







Kodak alaris











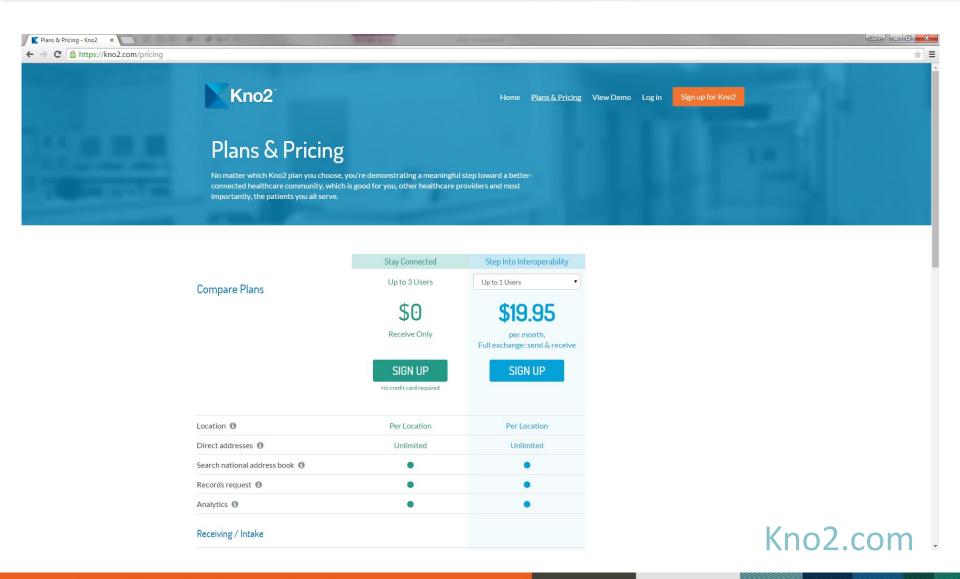
Why does Interoperability cost so much?

- Interfaces
- Professional Services
- Annual Support
- New versions
- 2nd Generation EMRs and systems





Use Kno2





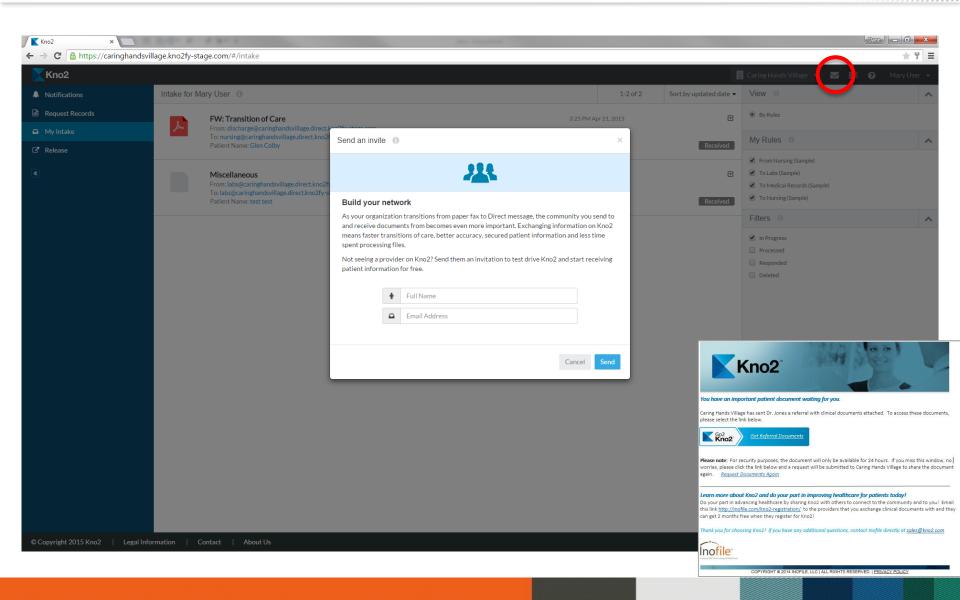
Problem #4 Faxing

- Beneficiaries do not have fax machines
- Faxing is not secure
- Faxing is not efficient
- Faxing is 50 years old!

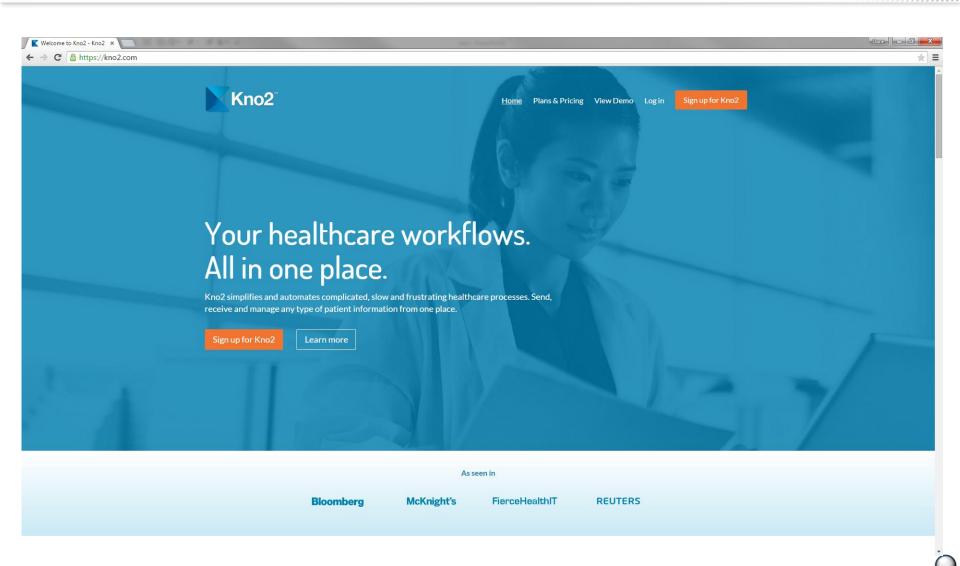




Use Kno2

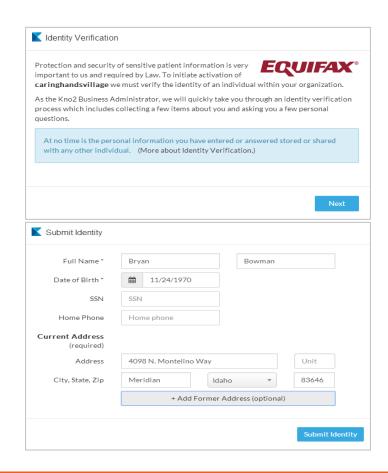


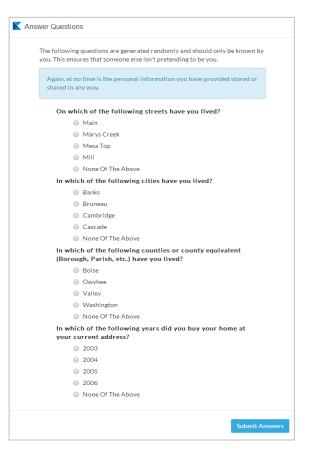




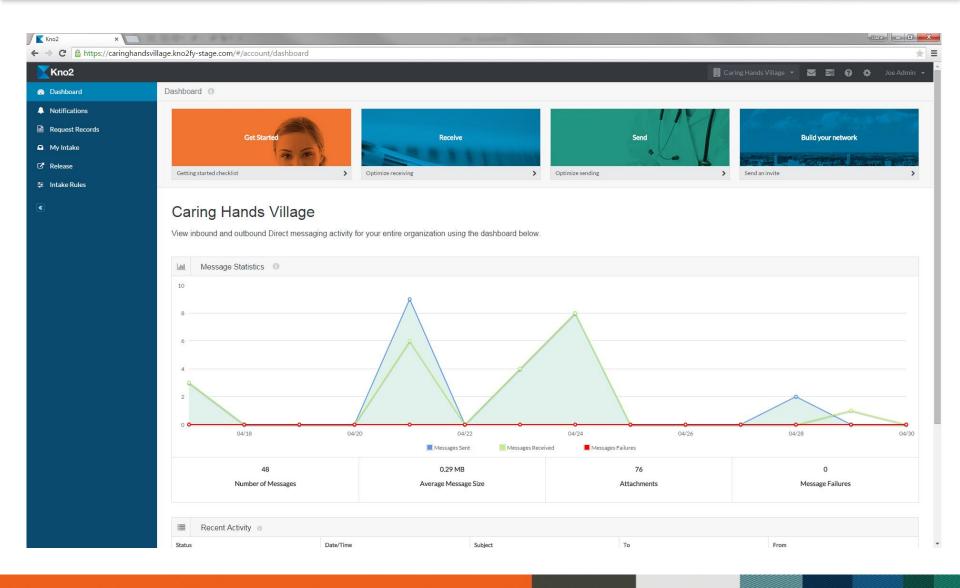


Automated Online Identity Proofing

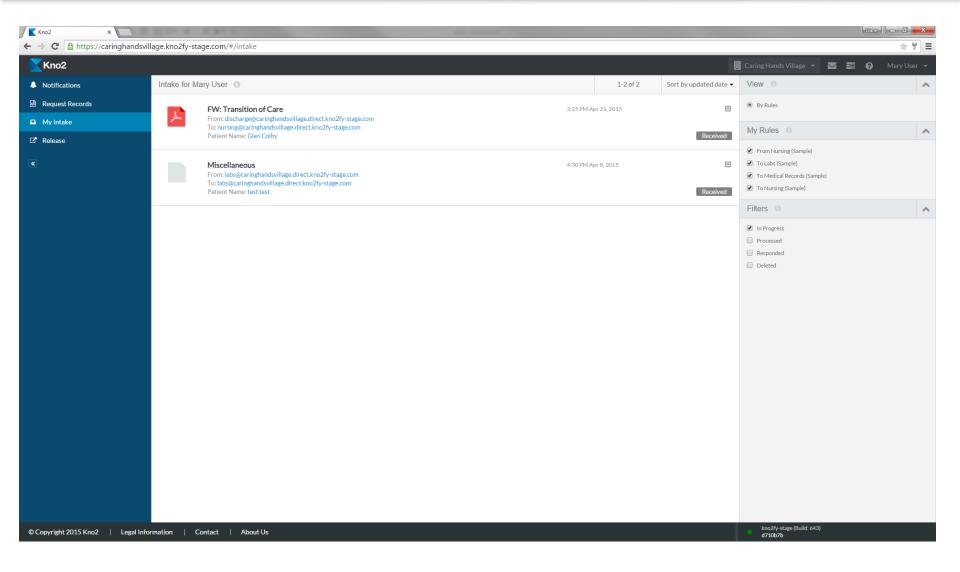
















Demonstration





Clinical Document Exchange

The Need for a Simple, Secure, Cost-Effective Solution

An IDC InfoBrief, sponsored by Inofile | April 2015





http://go.kno2.com/infobrief/



- Unlimited Direct addresses
- No transaction fees
- Surescripts HISP Trusted by Direct Trust
- Nationwide Directory of providers
- Built in records request
- Send Direct messages from scanners and copiers
- Free Receive only subscription
- Low cost Send and Receive subscription







Dane Meuler dmeuler@Inofile.com 208-830-8978

Inofile: About Us

We Simplify Healthcare

By creating common sense solutions that take common, often overlooked problems across all of healthcare and solve them through simple, inexpensive, easy-to-adopt solutions that effectively eliminate unstructured content.

We Connect the Healthcare Continuum

By creating healthcare-specific technology that unites an often disconnected community of healthcare providers















