

advancedmda.ikshealth.com/WorkAllocation

IKS Stacks

From Date: 02/05/2022 To Date: 02/11/2022 Status: Unallocated Allocated Show Moved Inventory

Provider: Select Some Options ML_Location: Select Some Options Description: Speciality: Select Some Options

Document Name: Select Some Options Pages In Document: 0 Document Criticality: Select Some Options Team Lead: Select Some Options

	Pages	Documents
Total Count	92656	35486
Unallocated	24145	8354
Allocated	68511	27132
Revoke	543	122
Reassign	3376	1114

Locations: Select Some Options


Apply Filter Dashboard

Batch Details Page_Filtered:24145 Doc_Filtered:8354 Page_Selected:0 Doc_Selected:0

Select All	Batch Number	Client Document Description	Scan Date	Location	Pages in Document
<input type="checkbox"/>			2/9/2022 11:32:28 AM		2
<input type="checkbox"/>			2/9/2022 11:40:32 AM		2
<input type="checkbox"/>			2/9/2022 11:39:10 AM		2
<input type="checkbox"/>			2/9/2022 11:36:29 AM		2
<input type="checkbox"/>			2/9/2022 11:39:27 AM		2
<input type="checkbox"/>			2/9/2022 11:41:37 AM		2

Windows taskbar: Type here to search, 17°C Clear, 08:01 11-02-2022

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Client Code

saniya.kinger

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Abstracting Discrete Clinical Data from incoming paper and populating that data into the correct field within the EHR simultaneously reduces the cost of care while improving clinical quality reporting.

IKS Abstract

The promise of a paperless healthcare system still alludes many who toil each day in the stacks and stacks of paper that inundate doctors' offices, hospitals, and other providers. Care team members would rather focus their attention on patient care, efficiency, value, and outcomes. In the real world of busy medical practices, health care still relies on paper as much as ever. Patient charts, referrals, consults, prescriptions, results—the busier the practice, the more complex the patient mix, the longer the paper trail.

As any healthcare IT or policy expert will say, the issue of data management is at the epicenter of population health management. A good part of the solution comes by managing our paper problem while we continue to move toward connecting electronically via EHRs and health information exchanges (HIEs) among stakeholders in the continuum of care.

Data management is to population health what an EKG is to a cardiologist. Without access to real-time, cohesive, efficient, and high quality data, how can healthcare leaders make crucial decisions and plan preventive clinical initiatives? Further, how can organizations expect to remain viable when their cash flow and viability are tied to the collection and reporting of this data? While providers and their teams struggle to manage stacks of paper and convert them into viable digitized EHRs, everyone suffers, leaving patients isolated from their providers and at risk for low quality care.

For the last decade, IKS Health, a leading service-enabled solutions provider to medical enterprises, has taken on the operational burden for providers, from the back office to the exam room. Knowing that time, attention to detail, and clinical talent are essential to the document management process, the organization deploys solutions to save physicians time in the exam room and improve quality reporting, data collection, and management process.

IKS Abstract Outcomes:

POTENTIAL VALUE BENEFITS*

BENEFIT	PER DAY	PER MONTH	ANNUALIZED
PER PHYSICIAN TIME SAVED	15 min	5 hours	60 hours
POTENTIAL ADDITIONAL VISITS / PHYSICIAN	1	20	240
POTENTIAL ADDITIONAL REVENUE / PHYSICIAN	\$150	\$3,000	\$36,000*
CLINIC STAFF TIME SAVED/MD	2 hours	40 hours	480 hours
POTENTIAL REDUCED COST / PHYSICIAN	\$42	\$833	\$10,000

ANNUALIZED BENEFITS*

	50 MDs	100 MDs	150 MDs	200 MDs
	3000 hours	6000 hours	9000 hours	12000 hours
	12000 visits	24000 visits	36000 visits	48000 visits
	\$1.8 M	\$3.6 M	\$5.4 M	\$7.2 M
	24000 hours	48000 hours	72000 hours	96000 hours
	\$0.5 M	\$1.0 M	\$1.5 M	\$2.0 M

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