



# Chart *Forward*

Evaluate your options and switch on your terms.



The speed with which health IT achieves its full promise depends far less on the technology than on whether the key stakeholders—government officials, technology vendors and innovators, healthcare administrators, physicians and other clinicians, training leaders, and patients—work together and make wise choices.

Robert Wachter

*Author of *The Digital Doctor**



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## Preface

# Time for a switch?

You did your due diligence. You investigated your options, found an EMR with the right features and functions for your practice, and had your entire staff trained. Some of your clinicians and staff think the EMR works well. Others complain it has turned them into data entry clerks, with little time to practice medicine. For now, your system serves its purpose and you don't need to consider making a change.

*Or do you?*

At this very moment, several of your clinicians may be reconsidering their commitment to practicing medicine, due to constant changes in documentation requirements and the difficulty of using your EMR. In fact, in a late 2018 study by Medical Economics, the EMR was cited as the second highest issue, after time spent at the computer, ruining medicine for practitioners.<sup>1</sup>

Over 80% of the physicians polled felt they spent too much time entering data unrelated to patient care and outcomes, and 65% said their EMRs disrupted practice workflow.<sup>2</sup>

Regardless of how you feel about your current EMR, there is a chance your vendor will merge with another, or your system will be purchased by one of the private equity firms investing in health technology to make a quick profit. EMR consolidation is rapidly reducing the number of EMRs in the market—by one count from over 1,000 to around 400 over the last ten years. It's unclear whether we'll see the promised improvements in efficiencies, interoperability, and patient care that are driving this acquisition trend.

It's also unclear whether the companies that acquire EMRs will continue to support them or will encourage their clients

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1. 2018 EHR Report Card, Medical Economics. Retrieved September 4, 2019 from <https://www.medicaleconomics.com/business/top-nine-issues-ruining-medicine-physicians>

2. 2018 EHR Report Card, Medical Economics. Retrieved July 25, 2019 from <https://www.medicaleconomics.com/ehr/2018-ehr-report-card>

to switch to a “new and improved” system. If or when this happens, you may not have the time you need to evaluate the benefits of the switch and cope with the disruption it will cause your practice.

## Sieze the opportunity

The good news is that there is a new generation of health technology solutions being developed to address the clinical burden current EMRs place on their users. Whether your EMR becomes obsolete in the near future or you want to stay current with the latest advances in health technology, today may be the perfect time to take measure of the industry’s progress and evaluate your options.

There is a new generation of technology solutions that address the clinical burden EMRs place on their users.

Unless you begin to think about your health IT tools differently than you have historically, you’re going to continue to find yourselves victim of tools that waste your time and drain your resources. It’s time to increase your expectations and change your perspective on what’s possible.

Ask yourself the following questions: Is your EMR system doing a great job supporting your health care decision process? Are your clinicians able to leave the office without taking charts

home to finish after the kids are tucked in bed? Are you confident that the codes you have entered in charts translate to accurate reimbursements? Can you integrate clinical and business functions within one platform without having to create time-consuming workarounds?

In 1971, Larry Weed, MD, pioneer of the SOAP note structure, said, “A doctor has to be a guidance system. He is not an oracle that knows the answers. And once he accepts the concept of being a guidance system, then he knows that the data system is the basis from which all his work must take place.”

Almost fifty years later, with major advances in technology, your data system should let you efficiently, safely, and accurately record and transmit the health information most vital to your patients' care. Documentation should not be a clerical exercise to satisfy bean counters. As a scientist, you should be empowered to treat it as evidence and use it to help move medicine forward. You deserve tools that help you do that.

There is no time like the present to consider a fresh start. If you begin with the hypothesis that technology can help improve patient care and experience, where might it take you?

*We invite you to contemplate the following questions as you read this book:*

**What would you like your practice to look and feel like in a few years?**

**What is your vision for yourself, other clinicians in the practice, and your staff?**

**How would you like your patients to engage in their own care?**

This guidebook is designed to help you switch your EMR successfully, because simply upgrading with add-ons or your vendor's newest app won't fix a system that is fundamentally broken. We give you the information you need to assess your capabilities with your current EMR, consider your future needs, and determine the gaps. There is better technology out there, and you deserve to have it.

One

# Building a Better Practice With Technology

To ensure your independent primary care practice continues to build and grow, you need a clear vision. This can include the kind of patients you want to serve, the quality of care you want to provide, the waiting room experience, the payment model(s) you plan to use, the work-life balance you want for your team, and the kind of culture you want to create within your practice.

When you work from a vision, you can create a technology roadmap that will help you align investments in new technology with your practice's needs and goals.

## **Start by looking at the capabilities of your current technology and determine:**

- What capabilities you want to retain that are working well for the practice
- What features you pay for but don't use
- What old technology (like fax machines) you can replace with new software
- What new capabilities you need or want, such as a way to compare chronic care patients to others outside your practice, a way to handle quality measurements for value-based care, or a way to reduce claim rejections.

You may not feel the need to invest in a new system at this point. However, as you identify new workflows to automate, you may consider upgrading the system you have with new functionality. While that may be an option, be aware that retrofitting your system with third party apps or even vendor-supplied add-ons can result in chaos. A comprehensive technology platform for primary care, which should include EMR, practice management, population health management and revenue cycle management programs, needs to share and process a lot of patient data without making

errors. Ideally, every module in the system should have the same patterns and use the same commands so it's easy to move from one program to another seamlessly, without the threat of losing data, confusing users, and potentially putting patient safety at risk.

**Before deciding whether to stay or switch, also consider the cost of doing nothing:**

- Does your current platform prepare you for the future you want?
- Will clinician burnout continue to threaten the health of your practice?
- Will you continue to waste valuable time on workflows that don't quite meet your needs?
- Will you keep missing opportunities to capture revenue that would not only pay for a new system but also improve your bottom line?
- Will you have the tools to move into value-based care and earn rewards for improved quality and cost efficiency?

## Imagine change that matters

The health IT industry is continuously developing new automation tools to streamline practice workflows and make them more effective, improve interoperability, and improve patient care and outcomes. Don't limit your aspirations to yesterday's tech solutions. Allow yourself to imagine your ideal practice and how technology might empower you to create it.

Take the time to poll each clinician and staff member in your practice independently to find out what areas of their jobs they think would benefit most from new technology. Have them consider what is working well now, where they waste time, and where they wish they could spend more time if certain functions were automated. Once you collect their feedback, you can create a grid of all the capabilities you can imagine your health IT system might offer and who they will benefit.

After you create your own wish list, you can check it against your current capabilities to determine if your EMR is meeting your needs or if it's time to invest in something that will give you a fresh start.



Two

# Finding Your Ideal EMR

With a comprehensive health technology checklist in hand, you can start investigating various systems in order to identify the one(s) that meet your criteria. Be aware there are over 1,000 companies selling EMR, practice management, and medical billing products. You may want to focus on those that serve the independent primary care market and provide personalized customer service, from data migration through go-live and beyond. The ideal is a company that has good experience migrating data out of your specific EMR and into their system, with a ready-built aggregator for the switch.

Many tech providers will fall short of delivering what they promise. The proof is in the research. The 2018 survey by *Modern Economics* found that 45% of physicians polled said EMRs had harmed the quality of care in their practice both practically and financially, while only 28% said they had improved it. Too many systems were developed to serve payers, not health care teams. Much of the documentation payers require is irrelevant when it comes to enhancing the clinician-patient relationship.

## Know what you want

If you begin your search with a very clear idea of the capabilities that will help move your practice forward, you can avoid having to settle for a system with “solutions” to problems you don’t have or that won’t measurably serve your goals. You can also avoid investing in a “complete” system that is actually a beguiling assembly of bolt-ons with integrations that may be too fragile to work effectively. In today’s competitive EMR marketplace, too many vendors are putting lipstick on the same old pig. Keep your focus on tools that will be meaningful in relation to your needs.

## Test drive your options

It won't be hard to find programs that promote the features you've included on your checklist. The difficult task is evaluating each program's ease of use, level of customer service, and ability to make a positive impact on both the care team and your bottom line. After narrowing down potential programs, plan to demo each one.

In fact, don't just demo. Take a test drive—or two or three! The only kind of demo that can really take the risk out of making a switch is a test drive on the roads you know—using your own patient data within the program. Scripted demos are designed to show off a program's best features. Ask to see how the programs work with your own data in it. A company dedicated to customer service should be willing to migrate a number of records into the program so you can get a true comparison between the new program and the one you are currently using.

Your first demo may last around 30 to 45 minutes. If you like what you see, you'll want more demos to evaluate all aspects of the platform. If it is marketed as intuitive and time-saving, make sure these qualities are consistent as you dig deeper into its different functions and features. Also use this time as an opportunity to evaluate the team you would be interacting with and whether you can trust them to have your back if you need help troubleshooting or installing upgrades.

Make sure you review the platform as a whole. Find out if the programs were created separately and then integrated or were conceived from the start as a unified system. Have your clinicians and staff members demo the programs they'll be using themselves and try to get a consensus on what platform stands out as the right one for your practice.

## Question the vendor's data migration process

Migration, migration, migration. EMR transitions live and die by the quality of the data migration process and the data being migrated. It's 80% of the challenge of implementing a new system. You may have heard a colleague complain of a massive Accounts Receivables pileup during their EMR migration experience. Why? Most likely because the new EMR didn't migrate payer IDs or

coverage correctly. Another peer may have lost a junior physician partner after the migration because the new EMR didn't transfer medication sigs or diagnostic reports over correctly and she felt unsafe using the new system without that critical information.

What exactly is data migration? It is the electronic transfer of your entire common clinical data set to the new live database, including electronic files, scanned files and audio files. It is definitely not a stack of pdfs of the visit notes from your old EMR that someone has to manually enter into a new system.

It's imperative that your new vendor is deeply experienced in data migration. Not just any migration. You want to know, specifically, how well your data will move from your current EMR to your new system. If a vendor has done thousands of migrations but never a single one from your system to their own EMR, it is irrelevant. If a vendor

If you're getting close to selecting your vendor, ask them to do a sample migration and show you your actual patients in their EMR

outsources migration to a consultant who has built hundreds of different EMR-to-EMR adapters, their experience is only relevant if they have created the adapter that migrates data from your current system to the EMR you've chosen.

Do NOT take their word for it. If you're getting close to selecting your vendor, ask them to do a sample migration and show you your actual patients in their EMR so there are zero unknowns and you can verify you'll have what you need. They don't need a commercial contract to do this, and if they have frequently migrated data from your EMR into their

platform, it should be a piece of cake. If they tell you they need a contract, or come up with other excuses for avoiding that sample, they are probably not to be trusted.

Also, be aware that if you use a third-party to handle

the migration, they may charge you for hosting archived data you may want to access again some day. If a migration is incomplete and you have to continuously refer to your old EMR in read-only mode, that can cost you both in hosting fees and time.

## Consider culture

Ideally, this will be the last EMR switch you make for years—or even decades—to come. In addition to loving the platform, you'll want to love and trust your EMR provider. For many independent practices, that means finding one with a similar outlook and culture so that they understand and appreciate what you're trying to accomplish. There can be major differences between a culture that uses technology to improve health outcomes and clinician satisfaction and another that puts its priority on technology for the sake of innovation and their own financial performance. You might also question a vendor that makes the majority of its revenue serving hospital systems. Do they really want to help independent primary care practices reduce utilization of those same hospitals? Conflict of interest, perhaps?

Sometimes, when two companies seem to offer very similar products, it matters who is behind the brand and what they stand for.

# Get References

Any reputable healthtech company should be able to supply references. Call or email references for each program you're considering and ask the following questions to get a full sense of their experience with switching, customer support, and the software systems they're now using.

1. What kind of practice do you have and how many clinicians?
2. What EMR did you migrate from?
3. What was the migration process like? Did you lose data that affected your practice? How long did the whole migration take?
4. Did the vendor supply all support or did you need to work with a consultant?
5. How long did the switch take?
6. Was the entire clinical data set migrated over?
7. What kind of data, if any, had to be manually re-entered in the new system?
8. Does the new system connect easily with your community resources, including labs, imaging centers and, if applicable, their ACO?
9. Were all clinicians and staff satisfied with the training—and how long did it take?
10. How smooth was the go-live process and was the vendor's staff on site for support?
11. Have you noticed a change in the way your practice operates?
12. Have you experienced any major glitches with the programs and the way they integrate with each other?
13. What do you like best about your new program(s)? Are you now automating specific workflows you couldn't before that you're especially happy with?

Three

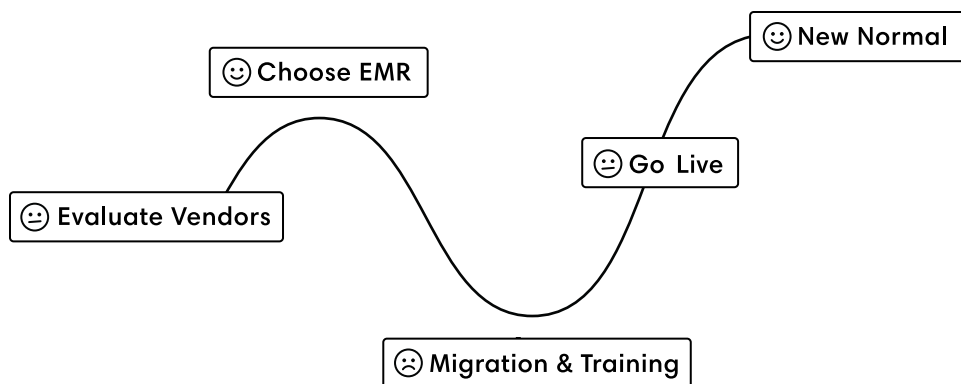
## Surviving the Switch

A health IT company that says switching your EMR system will be painless is a company you can't trust to be transparent. Migration is difficult, but done well, it can be as simple as having a small splinter removed from your finger. Done badly, it can be more painful than reconstructive surgery. It helps to have a plan but be ready to make adjustments as you progress. Managing your expectations is critical.

You'll start out with excitement, optimistic about your investment. At the point where data is migrating from the old system to the new, anxiety will build. You may have to reduce patient visits for the duration, and that may give you extra time to worry. Will you have all your data at go-live, including insurance coverage information, appointment information, and historical results? Will you have to switch back and forth between the old system and the new one, wasting your valuable time? Will you end up in front of a longtime patient with an empty chart and look like an idiot? You may second-guess your decision to switch.

The key to a smooth transition is to select a technology provider that has deep, provable experience in masterful data migration from your current EMR brand, and serves as your partner through all stages of the transition. This is a complex process and not one to trust to a remote and faceless vendor. Select a vendor that will not only manage the data migration and training with complete professionalism, but also be onsite to address all your questions and concerns and provide moral support.

As you approach go-live, if you've chosen the right partner, you'll begin to feel relief. The new system should execute a migration that's so good, you don't need to have the old system up and running. Period. And as your clinicians and staff get trained and thank you for making their jobs and lives better because your new EMR system is saving them time and giving them meaningful information, you'll begin to feel that excitement again.



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*It's typical to experience waves of excitement and anxiety as you navigate the switching process.*

## Negotiate the contract

Contract terms will vary from vendor to vendor. Before going forward, make sure you have a contract that spells out all costs, anticipated timelines, and potential issues. Negotiate any transition rights and obligations with your vendor, spelling out who is responsible for the cost of undue disruption to your practice or lost data, should that occur. The contract should also include the duration of your relationship with the vendor and what services (technical assistance, customer support, upgrades) are included in the price after go-live.

You might want to negotiate a renewal fee, so you protect yourself against future price raises. If renewal is automatic, as it often is with cloud-based vendors, make sure you agree on how they will communicate with you in advance of the renewal date. If the contract has a non-renewal clause, make sure the length of notice will be long enough to give you time to find another vendor.

Understand your software license and how long it will last if you do not renew. According to the Office of the National Coordinator for Health Information Technology, “The EHR vendor should grant you the right to use the software during a stated transition period following the end of the services (for a reasonable stated fee if necessary).”<sup>1</sup>

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<sup>1</sup> <https://www.healthit.gov/sites/default/files/playbook/pdf/ehr-contract-guide-chapter-9.pdf>

Also determine what kind of assistance the outgoing EMR vendor will provide if you need to transition to a new one. All vendors should agree to provide some level of help. If they don't, that is a sign they aren't a good partner for you.

## Cost of switching

Every EMR migration process is a little different and costs and outcomes can differ widely. While you should make sure all transition and setup costs are included in any contract you sign, the data migration cost won't tell you much about the quality of the process. This is one area where cost comparisons mean little. With the right partner, you might pay one-tenth of what another company is charging or you might pay ten times more. What's important is that you have chosen a partner you can trust to deliver what they promise and stay with you as your practice grows. It's hard to put a value on that!



## Best Practices

- ✓ Involve everyone in your practice in surveys, reviewing demos and providing feedback.
- ✓ Explain practice and financial benefits to everyone to ensure buy-in and tolerance for migration process.
- ✓ Acknowledge how hard this is for everyone.
- ✓ Assume nothing. If vendor uses tech jargon, ask them to speak in language you can understand.
- ✓ Know how you're going to connect electronically with your community partners (labs, imaging centers, etc.) and have these integrations working before go-live.
- ✓ Make sure all financial costs are transparent.
- ✓ Know exactly what workflows you're getting by experiencing them with your own patient data.
- ✓ Take the system on a test drive and see if you can break it. Find out if customization is required to maintain workflows you don't want to lose.
- ✓ Make the switch in a controlled and prepared way so that everyone is trained and confident they know how to do their job before go-live.
- ✓ Determine number of staff needed for conversion and assign tasks based on their expertise, including project management and any necessary data entry.
- ✓ Go live only when you're ready.

## Common Pitfalls

- ✗ Making decisions in small meetings so that you miss important input from staff who use the platform most.
- ✗ Making an executive decision that results in resentment and poor morale
- ✗ Ignoring the emotional side of switching and getting blindsided by frustration, anger, and fear.
- ✗ Failing to ask enough questions.
- ✗ Assuming you can make connections after go-live and suffering the consequences.
- ✗ Not getting all associated costs before you select your vendor, including license fees, revenue loss, potential double payment period for billing systems.
- ✗ Settling for video or live demos because the vendor makes it difficult to do a test drive with your data. Losing workflows you thought would be rebuilt or migrated over.
- ✗ Trying to use system before you're fully trained or all integrations are live.
- ✗ Waiting until transition to see who is available to help out
- ✗ Launching prematurely for the sake of "sticking to the plan."

# 8 steps to a successful migration

## 1. Preparation

*2-8 weeks depending on size of team.*

Before migration, assemble your teams, deciding who will be responsible for managing the module(s) that apply to their areas of expertise. Who will be the super users and who should be trained to be the go-to troubleshooter for the rest of their team? Also determine what data will transfer into the new system. This is the time to validate the integrity of the data you have and eliminate duplicate data. If your new system includes revenue cycle management, determine what financials you will need to access electronically and plan to migrate those over. Decide whether you want to include all patient insurance information—some of which may be old—or start anew and collect fresh information as patients come in for visits.

## 2. Data migration

*2-12 weeks depending on whether your new EMR has proven capability to migrate from your existing one.*

Good data is like premium fuel in a performance car. If the data you transfer and collect is bad, your EMR will be rendered useless. As noted earlier, data migration involves transferring the vast majority of your clinical and administrative data to the new live database, including electronic files, scanned files, and of course discrete data. Anything less than almost everything is not enough. Your patients' histories are one of your greatest assets. Don't leave any of them

behind, and don't trust vendors who say you don't need them. The last thing you want is to have to dig back into the old EMR system in "read only" mode to access the data you need for good medical decision making! It's a red flag if an EMR vendor claims they have advanced capabilities with a focus on quality improvement and then says you don't need or can't have all your clinical data native in the new system but can use the old system as your archive. Additionally, the vendor should ensure that protocols (Clinical Decision Support) are correct in the new system as a result of the underlying data being migrated correctly. You don't want to discover that your new EMR's default is to recommend colonoscopies for all adults and mammograms for all adult women. That's taking a step backwards.

### 3. Community integrations

*4-24 weeks depending on whether your community partners have done many integrations and your new EMR already has interfaces with those partners.*

During migration, you want to make sure that all the connections you had with labs, imaging centers, ACOs, or physician networks are made in the new system so that you can continue to send orders and communicate with these community partners seamlessly.

### 4. Content configuration and customization

*3-6 weeks, allowing for more than one iteration to test and validate the configuration.*

Patient records are not the only type of content your current platform manages. All the workflows you created in the old system need to be considered. Since those workflows were actually "workarounds" to give your old EMR additional functionality, this is an ideal time to optimize them. Your new EMR partner should have expertise in clinical practice optimization and be able to guide this process. They should NOT say "you can customize it however you want" and leave you to do it. That's cruel and unusual punishment, forcing you to make complex decisions without support.

## 5. Operational reporting

*2-4 weeks, depending on whether you already use standard MGMA and/or HFMA metrics and if your new EMR supports them. Plan on more time if you have custom financial or CQM metrics for unique value-based contracts.*

To ensure business continuity, all your financial reporting and metrics programs have to keep operating nonstop, which means setting them up in the new system before shutting the old system off. Define the reports you need and validate them prior to go-live, not after! You will run out current accounts receivable on the old system. The new system will pick up from go-live and generate new ones.

## 6. Training

*1-4 hours per person depending on their comfort level using technology.*

You want your clinicians and staff to be able to use the new system from the moment it goes live. So, in advance of or concurrent with the data migration process, the EMR vendor should provide articles, videos and simulations and or a sandbox/playground that your clinicians and staff can access on their own. They should also set up in-person training sessions using realistic scenarios and your own workflows that prepare everyone for success. The more intuitive the program, the faster training will go.

## 7. Testing

*2-6 hours of simulation exercises. More complex practices—e.g. those with in-house lab or behavioral health services—may require longer testing.*

After training, you want to evaluate how well your clinicians and staff understand what they were taught. It helps to go through team workflow simulations that may include referrals going out, reports coming in, and tasks getting handed off. You want to test the clinician's ability to use the EMR while talking with a patient. If you have invested in an integrated platform, include treatment orders and follow-up visits so you can test communications between the exam room and staff computers and how well the front and back office staff can handle scheduling new visits and claims billing through the system. Anything less is a recipe for anxiety and errors.

## 8. Go-Live

*1-10 days of onsite support depending on size of practice.*

This is the day you begin using your new EMR. If everything is done capably, then everyone in your practice should feel very confident that they know how to do their jobs with the new system prior to the first patient walking in the door. Anything less is a recipe for anxiety and errors.

# Conclusion

If you've read this far, it's safe to assume that your current EMR's days are numbered.

Perhaps your EMR was recently merged or acquired and you're wondering if it will be supported, sunsetted or rolled up with another product. Or maybe you're just sick of spending so much of your life charting instead of connecting with your patients and family. No matter the reason, you've started to think about what's next, and what's next is identifying EMRs for your consideration.

Because technology affects the work and lives of your clinicians and staff and the health of the patients you serve, you need to choose your EMR almost as carefully as you choose your friends. The information in this book should help you narrow down your selection and find a platform that makes sense for the size, needs, and culture of your practice.

There are the vendors we all know, but there are also promising upstarts and niche offerings that deserve your attention. If you take the time, you may discover solutions you weren't aware of that are dramatically better for your particular needs and practice.

Don't rely on advertising and three-minute demos to influence your decision. Go deep, kick the tires, get to know the people behind the product, and get as many references for the program as possible.

When you make your switch, we hope it will be one that empowers your practice to improve the care you provide. Yes, it will be a big project! But when you find the right partner, you can turn an ordeal into an organized process that sparks positive change and ensures your success well into the future.

A Letter from Andrew Hines,  
Founder & CEO of Canvas

# Chart Forward

As you navigate through the pages of your EMR, looking for the right drop down menus to access and the right selections to click on—countless clicks to get to where you want to go—you have to wonder if the program’s designers shadowed even one patient visit or got to know how clinicians do their work. Certainly, you may think, it wasn’t anyone with empathy for the end user.

The truth is, most EMR systems add burden for clinicians because they weren’t designed with the end-user in mind. At least not the right end-user. I’m a data scientist, not a clinician, but I live with one. I’ve spent a long time understanding how you work. I understand that the epidemic of burnout has been rightly classified as moral injury. From what I’ve seen, nothing about physician burnout has anything to do with working hard. Clinicians work 50, 60, 70, or 80 hours a week and that’s part of the calling. What really hurts and where the burn really comes from is not being equipped to do the right thing for your patient at all times.

The biggest source of pain is this piece of technology demanding your attention in what seems like meaningless or inappropriate work. If it wasn’t meaningless or inappropriate, if it wasn’t box checking and menu clicking, then there might be real value. There might be a way to empower autonomy and teamwork, a way to enhance mastery and safety.

I started to study this problem and why these systems are so hard to use. I eventually realized this is not just a usability problem, it is a real product problem. It is a real information architecture and data modeling problem. There are ways that statistics, artificial intelligence, and machine learning can help automate and streamline these workflows. I wanted to use them—not to replace you as a clinician— but to augment your capacity and remove the obstacles that derail you from your purpose of providing care.

## Value-based care requires technology that provides value

I founded Canvas Medical in 2015 to reimagine the EMR for primary care and help restore the joy of practicing medicine. Knowing that technology was part of the problem, I knew it had to be reinvented as part of the solution.

At Canvas, we focus on primary care practices because we believe you offer vital resources for our communities and are best positioned to manage patient care across the continuum. With better technology, we believe that primary care practices can operate more efficiently and profitably and resist buyouts by large corporate health systems.

What makes Canvas uniquely different from all the hundreds of EMRs out there is that we don't ask you to make an impossible trade-off. You should never have to choose between good care, good data, and a good life. Quality and risk adjustment protocols come standard, so you can measure clinical quality, act on the data you collect, and report quality measures effectively and effortlessly. And powerful population health campaigns are right at your fingertips. You can identify, assess, and engage any subset of your population in minutes. Plus, you're ensured top-notch revenue cycle performance with seamless scheduling and billing functions.

We partner with leading practices across the country for the collaborative advancement of independent primary care. While Canvas was developed after countless conversations with these practices, and with the guidance of practicing clinicians on our Clinical Advisory Board, we are continuously working to enhance the platform for you, the end-user.

## True integration

From the start, we wanted to create whole practice technology for whole person care. That involved integrating every aspect of primary care within the practice as well as integrating the practice with other offices, hospitals, clinics and labs.

The platform has been designed to provide patients with easy and convenient access to care. Communication between care teams and patients is seamless. Quality and efficiency is maximized



through smart documentation, helpful decision support, and accurate and real time evidence-based protocols. The typical visit cycle matches what the typical primary care practice offers.

We've seen a lot of smoke and mirrors and hand-waving from other EMR vendors that parrot a lot of the things we have developed in Canvas. They promise "enhancements" but just add veneer to the same products or attach third-party add-ons with faulty connections, creating new layers of complexity that make them harder to navigate.

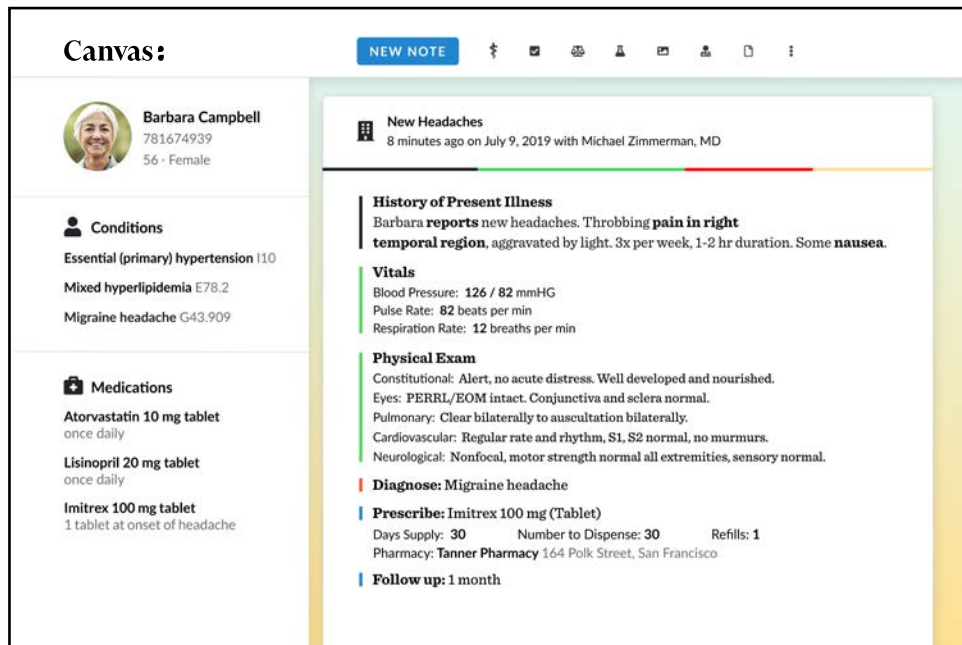
One of the key differentiators with Canvas is the ability to start with a clean slate. Canvas is built on a breakthrough innovation in charting that lets you work as fast as you can think. No more menus and forms to click on. No more worrying that you might click on the wrong field and compromise your patient's care.

With Canvas, we eliminated all the wasteful "workflows" that cause distraction and increase the chance of error when it comes to diagnosing and treating a patient.

You just tell the patient's story in your own words. Canvas understands natural clinical language and autocompletes your notes and orders as you go. We call this breakthrough Narrative Charting. It works a lot like Google search, where the technology learns from your previous entries. The more you use it, the more Canvas anticipates what you want to say and makes intelligent suggestions. As one physician described the experience, "It's like having branches on my thinking tree when it comes to describing a patient."

Since patients rarely divulge their issues in an organized flow of information, we made it so you don't have to wait to enter information in a rigid, pre-defined order. Canvas automatically structures your clinical data as the patient story unfolds, making it fast and easy to recall when you need it for decision making. For example, if a patient presents with abdominal pain and you want to determine if that is a recurring issue, just type the word "abdominal" and all previous observations will show up.

Structured data unlocks the power of modern technology to enhance and automate almost every workflow in your practice. You can create orders without having to leave the note by typing simple commands



Canvas' Narrative Charting interface is 3x faster.

Canvas automatically structures your clinical data as the patient story unfolds, making it fast and easy to recall when you need it for decision making.

directly in the narrative context of the note. Canvas recognizes the order and gives you the option to send it electronically to a pharmacy, lab, imaging center, or anywhere else it needs to go. Additionally, the document is collaborative, so patients, nurses, clinicians and office staff can all interact with it with the same ease.

### Value from end to end

Canvas empowers healthcare teams to provide value to patients, manage their chronic conditions, collaborate, and optimize value-based payments. We're going

to stay focused on doing this for the right reasons, being transparent about what we can and can't do.

We are not a vendor. We are our clients' health IT partner. Clinicians deliver the care and we support each other in achieving positive outcomes. We serve the small, growing, and future-facing segment of the market that's bought into this alignment and is willing to take a risk on a new way of doing business.

## An invitation to connect

We would, of course, love to show you what makes Canvas special, not as an EMR in the traditional sense but as a unified technology platform to support you, your team, and your patients in all aspects of primary care practice. Ultimately, we want to help you find the technology that will make your practice thrive. We're happy to just have a chat and provide what we know about other EMRs you might be considering and point you in the right direction.

Our fundamental purpose is to support the hard work of good people with exceptional technology. If that sounds helpful, I'd love to talk soon.

Thank you for your time and consideration,

A handwritten signature in black ink, appearing to be 'AH', with a long horizontal stroke extending to the right.

— Andrew Hines, *Founder & CEO of Canvas*

# Canvas:

## Schedule a demo to experience the power of Canvas.

We would be delighted to show you a demo, put you in touch with current customers, do a sample migration using your data, provide counsel on making the switch, and get you started with access to Canvas. Reach out with any questions, anytime.

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