VALUE-BASED CARE SELF-CHECK

Do you know the REAL cost of data management with portals?

Mismatch between ACO expectations and clinic workflow.

CMM isn't alone. Across the industry, fragmented data, manual processes, and portal fatigue have made it increasingly difficult for physician practices to embed value-based care into clinical workflows—let alone scale it across contracts.

Most clinics participate in more than 1 ACO. Increasing workflow complexity with each new ACO.



STEP 1

Count your portals

CONTRACT (ACO / PAYER)	PORTAL	WHO LOGS IN	TIMES / WEEK
Total portals			

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STEP 2

Count the hours

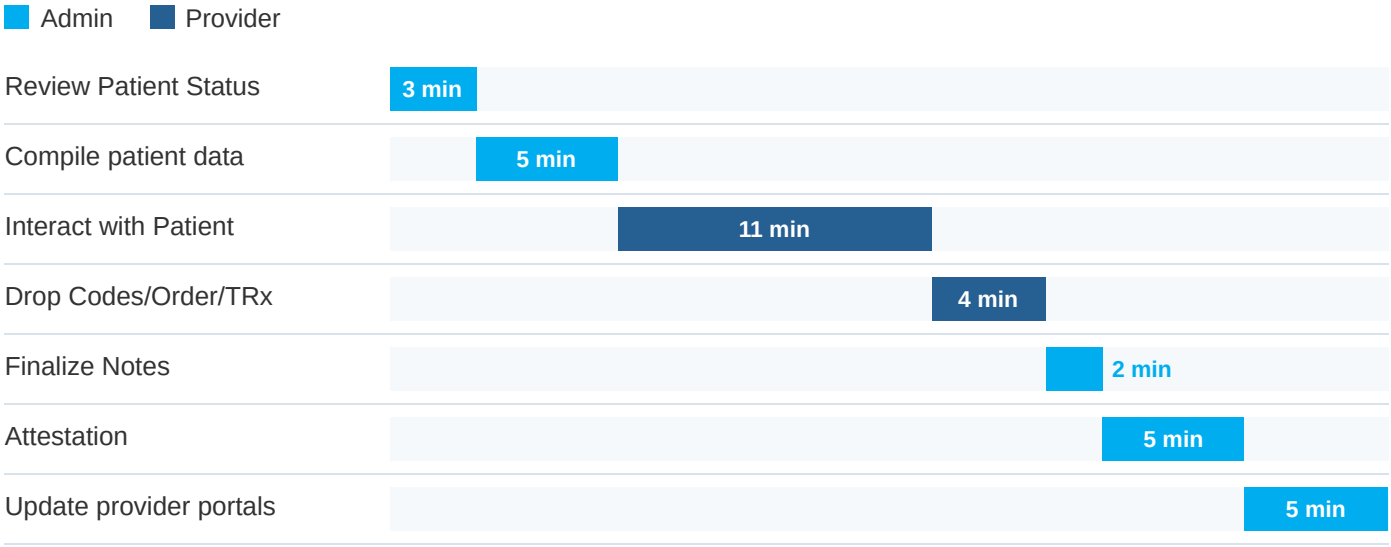
TASK	HOURS / WEEK	WHO DOES IT
Logging in		
Extracting diagnosis and care gap data		
Entering it into the EHR before the visit		
Manually reporting gap closure afterward		
Manually copy/paste diagnoses in EHR		
Manually "check boxes" in portals after an encounter		
Manual attribution management		
Total hours per week		

Total hours / week	÷ 40 = **FTEs**	× **loaded cost per FTE**	= **annual cost**
_____	_____	_____	_____

THE HIDDEN BURDEN

Actual Time Per Patient is Higher Than You Think

35 minutes total time per 15-minute visit



Source: time study conducted by a Smartlink partner with a primary care practice.

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STEP 3

What It Means for Clinics

The "Manual Effort" Model Doesn’t Scale · Check each one your team is seeing.

- [ ] Clinics have to prioritize ACOs
- [ ] A lot of ACO work doesn’t get done
- [ ] Inconsistent previsit planning
- [ ] Choppy ACO performance
- [ ] Frustration on both sides
- [ ] Each new ACO increases the risk of burnout
- [ ] Clinics say no to new contracts, even when financially sound

WHY YOUR PROVIDERS STOPPED OPENING THE CARE GAP REPORT

> **Surfacing an insight is not the same as finishing the work, and for years we paid for the difference in staff hours and provider goodwill.**
>
> — Dr. Anshita Chaturvedi, Cary Medical Management

The fix isn’t a better-looking report or a reminder email. It’s a harder question: does the work happen where the provider already is, or does it ask them to go somewhere else to do it?

You cannot ask providers to carry more administrative weight and expect them to stay.

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A DXINSIGHT™ AND GAPCHECK™ CUSTOMER SUCCESS STORY

Cary Medical Management

Before implementing the DxInsight™ and GapCheck™ solutions, CMM had to navigate seven different ACO portals— each with separate logins, workflows, and reporting requirements. The organization dedicated three full-time employees just to portal management, yet they could only focus on the two contracts with the highest patient volume.

171%

Between 2023 and 2024, CMM's shared savings increased from $700,000 to $1.9 million—a 171% increase.

$150K+

CMM reduced its staffing needs from the equivalent of 3 full-time employees to a fraction of 1, saving over $150,000 annually in direct staffing costs associated with ACO participation (based on loaded FTE cost estimates).

32%

CMM achieved a 32% total medical cost reduction across three national payer contracts.

IMPROVED PROVIDER ADOPTION

- Providers at clinics like Generations Family Practice and Rocky Mount Family Medicine have embraced the use of the solution, reporting increased compliance and ease of use.
- As of Q1 2025, risk assessment scores have trended upward across Blue Cross MA, Commercial, and MSSP populations, indicating better documentation and coding.

Disclosure: Cary Medical Management and Smartlink Health share ownership.

DATA EMPOWERS...WHEN IT'S IN THE EHR.

Smartlink Health Solutions puts payer and ACO data directly into the provider's EHR workflow. Clinicians confirm diagnoses and close care gaps in a few clicks, and completed work flows back to the portal automatically — no duplicate entry, no separate dashboard.

DxInsight — Improve risk adjustment without burdening your physicians.

GapCheck — Reduce administrative burden and close more gaps.

Visit smartlinkhealth.com to learn more or email info@smartlinkhealth.com to schedule a demo today!

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