



## 50 Reasons Why SmartCare Is For You

### Big Picture Reasons

1. SmartCare is licensed for and can support an unlimited number of concurrent users at distributed locations sharing a network, or over the Internet using a Web browser.
2. No programming skills whatsoever are required. Ease-of-use for users with minimal computer skills is one of the cornerstones of its design. Everything is done through dropdown lists, checkboxes, and similar techniques for even the most complex queries and reports. These features are applied uniformly and consistently on all screens.
3. The software generates dozens of standard reports and thousands of ad-hoc reports.
4. SmartCare was designed to provide a mid-point between ad-hoc and standard reports. While there are standard reports and ad-hoc query modules, there are also a series of modules which essentially offer a standardized chart combined with a graph that is populated based on the user selecting the variables to use. As a result, the user is able to create literally hundreds of reports from the choices available on one screen.
5. One of the cornerstones of SmartCare's design is that it creates episodes-of-care and can track patients across facilities and over time. SmartCare contains its own episode grouper, which analyzes repeating patterns of all of the ICD9 codes in all 5 diagnosis positions chronologically, and simultaneously maps each code to the user-defined disease groups chosen by the user for each data mart (called "studies" in SmartCare).

### Data Warehouse Reasons

6. Designed specifically to both encompass and exceed the data contained by the HIPAA 837, UB-92 and HCFA-1500 formats. In fact, all of the fields on the UB 92 and HCFA 1500 forms were explicitly included as fields in our import files. Of particular significance is that the software can merge pharmacy data and lab test results along with medical records and claims as part of the episode, as well as incorporate membership and eligibility data.
7. Provides indexing methods for efficient processing of tens of million claims.
8. The software has tables, managed through the Administration Module, for creating and modifying user-defined diagnosis groups and user-defined resource categories, and mapping an unlimited number of codes into these categories.
9. Allows the creation of up to ten (10) user-defined disease group architectures with specified ICD (9 and 10) code mappings, i.e., you may map each diagnosis code 10 different ways. This enables you to build data marts with the most appropriate set of diagnosis groups.
10. There may be up to ten (10) user-defined resource category architectures, i.e., you may map each treatment code 10 different ways. This enables you to build data marts with the most appropriate set of resource categories.
11. Allows the ability to create new sub-populations from studies, even dedicating a module to this subject, the Risk Pools Module. Risk Pools can be based on any combination of user-defined criteria, and once created can be accessed directly in all of the modules.

12. SmartCare has 90 user-defined fields at the claim level, and another 30 at the individual procedure level, for treatment outcomes, lab test results, and other clinical data. Also, if any standard field is unused, it may be filled with other data and you can create multiple label sets which will appear on all screens.
13. SmartCare can export results to external data files.
14. Allows the selection of specific data elements (columns) for export, flexible claim (row) selection for data export, and the creation and saving of subsets (row and column) of data for detail focus.
15. Provides standard interfaces for using other statistical analysis and reporting tools (SAS, Crystal Reports, etc.) for conducting data analysis.
16. Able to integrate all third party risk adjustment/grouping severity software.
17. Vantage Point and 3M Health Information Systems have worked together to incorporate their Clinical Risk Groups (CRG) software. The CRGs is a severity adjustment algorithm for comparison of patients in bands of risk categories that analyzes historical claims data and then assigns each patient to one of over 1,000 severity-adjusted disease groups, with special emphasis placed on the assessment of multiple chronic conditions.
18. Saves queries/reports to run against other data marts within the data warehouse, and creates and saves queries and reports that can be rerun with variable input parameters.

### **Data Mining Reasons**

19. One of the strengths of the software is its ability to “drill down” into claims data to locate individual treatment codes of specific episodes and their associated descriptive and provider data.
20. One of the strengths of the software is its ability to “drill up” from a single condition, treatment code or other claim detail-level variable to a wider view of this condition across facilities and time.
21. Monitor changes in predefined health indicators or the emergence of any unusual morbidity, mortality or utilization of the healthcare system. One of the basic design goals was to enable the rapid identification of unusual resource utilization patterns, and provide an easy way to cross-tabulate specific variables against user-defined resource categories.
22. Forecast type and cost of care for services provided for specific conditions and across conditions.
23. Uncover trends with conditions, length of stay and charges over time. There is a “Longitudinal Tracking” screen devoted to this purpose. With it, you can select any two studies and thus track the episodes of patients in a common disease group, for example, over multiple years.
24. Allows concurrent usage of data by multiple licensed users without response penalty. The client/server architecture of the software was designed to minimize the load on the server, using it only for data retrieval and thus optimizing response time.

### **Reporting Reasons**

25. Provides a broad range of pre-defined detail and summary reports. There is a module, the Utilization Reports Module, on the main toolbar, dedicated just to pre-defined detail and summary reports. There is also a Membership Reports Module with standardized reports if plan membership and eligibility data is available, and this data can be compared to claims.
26. Allows for creation of a broad range of user-defined reports. There is a module, the Query Module, on the main toolbar, dedicated just to user-defined reports. This can be at the detail, episode, and summary levels. There are separate sub-modules within this main module, one just for analyzing detail level data, and the other just for analyzing episode level data. In both sub-modules, “Group By” reports can be defined to create summaries.



27. Understanding resource utilization was one SmartCare's most important objectives. There is an entire module, the Resource Utilization Module, devoted to this, and many of the reports and ad hoc queries in the system are designed to provide different ways of understanding the utilization of a particular resource from the standpoint of a particular variable or group of variables. Allows setup and execution of "what-if" scenarios using point and click activities. Creating "what-if" scenarios is an integral part of the software.
28. Can track and study re-admissions across facilities and physicians. This is dependent only on whether such data is included in the claims files.
29. Provides built-in mechanisms for measuring the quality of diagnostic and surgical health care.
30. Provides analysis of completeness of secondary medical coding for future remedial activities.

### **Forecasting Reasons**

31. Allows the study of underlying medical conditions along with primary reason(s) for treatment. As long as such data is present, for example secondary and tertiary ICD9 codes for each claim, the software can generate reports which include them, and any other data which may be available.
32. Allows the study of outcomes involving emergency room admissions versus others. Since outcomes data is not part of claims files (although the "Disposition" field on the UB 92 form is helpful), SmartCare was designed to incorporate outcome data with claims data.
33. Allows sophisticated mortality and risk studies across conditions and facilities (dependent of course upon the quality of the data and fields representing these issues). For risk analysis, the 3M CRG software is particularly suited to identifying high risk patients. Distribution tables and graphs of diseases by facility are produced in the same manner as other resource utilization reports and screens.
34. Utilization patterns can be cross-tabbed by any demographic factor, ICD9 code, diagnosis group, provider, facility, or over 50 other possible variables with the push of a button.
35. Benchmark datasets can be loaded like any other study in SmartCare and used for comparative purposes.
36. Includes an RVU values for all treatment codes, as well as the ability to define financial value constants for all procedures, drugs, etc., and a function to create new cost/payment models.

### **Statistical Analysis Reasons**

37. Allows a broad range of predictive tools for creative data analysis. SmartCare's internal predictive tools include a set of financial modeling features such as a global percentage increase/decrease button, carve-out and changed-unit pricing windows.
38. Includes time-series algorithms such as best-fit, min/max, and median formulas which can be used as part of a broad predictive modeling methodology. To make these more useful, the software offers single-click functionality to run any of these formulas, and then automatically superimposes the results of these formulas onto the graph already being displayed.
39. One of the strengths of the software is its ability to identify outlier conditions using proven statistical methods. SmartCare has a graphical toolset with statistical functions including standard deviation, which is primarily used for outlier identification.
40. Provides the ability to study outlier conditions or eliminate outliers from studies as appropriate, and also flags outliers on reports in a particularly effective way--items outside standard ranges are easily highlighted.
41. Provides age/gender/outcome specific studies for a wide variety of conditions and procedures, even dedicating a main module to this subject, the Age/Sex Module.



42. Provides the flexibility of exploring the data using a broad range of pre-designed algorithms. These begin with the algorithms for creating episodes of care, and extend throughout the analytical areas, such as the algorithm for computing the PMPM for any data mart based on member months, algorithms for computing case rates, the “per episode” and “per 1000” computations, an RVU cost-modeling algorithm, and many others. In the statistical realm, the totals, averages, sums, and the mean is shown with every results set.

### **Ease-of-Use Reasons**

43. All of SmartCare’s interactive analysis screens are in effect user-defined reports, because in every case users are presented with a topic-specific environment (i.e., Age/Sex, Risk Pools, PMPM, Treatment Code Patterns, etc.) in which they select from a broad range of fields to then retrieve a results set.
44. Every user-defined report can be saved as a template to be run against all other data marts.
45. The software is able to export data directly into other office applications such as spreadsheets and databases. There is a “Copy Table” button on every screen, which copies the rows and columns of the results set displayed in the table on that screen to a file or directly into office applications such as spreadsheets.
46. Allows for side-by-side display of inpatient/outpatient comparative studies of the same condition. The longitudinal analysis screen is also useful for selecting groups of patients in the same disease group and tracking inpatient vs. outpatient cost.
47. One of the strengths of the software is its ability to display data analysis results in graphs and charts. All results are displayed in graphs and charts, in most cases with a graph and a chart together, so that the user can click on an item in the graph and it will be highlighted in the chart, and vis-versa.

### **Online Help Reasons**

48. Provides online help with numerous examples and tutorials.
49. All documentation, including the 120 page User Manual, is provided as an MS Word2000 electronic document file at no additional charge.
50. The “Help” button on the main toolbar displays a fully indexed Windows Help window containing the entire User Manual, divided into the same sections

