

Athenahealth

by Head of Technology

Telehealth Platform

Claims Management








Electronic Health Record

Headless EHR

Details

Review Date	11/21/2023
Purchase Date	Q2'22
Implementation Time	6 weeks
Product Still in Use	Yes
Purchase Amount	Flat fee per year
Intent to Renew	100%
Review Source	Elion

Product Rating

Product Overall		4.0
Use Case Fit		3.0
Ease of Use		3.0
API		4.0
Integrations		N/A
Support		2.0
Value		3.5

About the Reviewer

Product Oversight

Reviewer Organization

Home Healthcare Services

Reviewer Tech Stack

Quest Diagnostics

Other Products Considered

DrChrono

Elation

Epic

NextGen EHR

Summary

Product Usage: The product is used by healthcare providers for scheduling, consultations, telehealth appointments, claims billing, and member data management. **Strengths:** The strength is its API that performed well with 700 endpoints, enabling customization and enhancement by the company’s engineering team. **Weaknesses:** Weaknesses include problems with Careequality integration and occasional errors in API documentation that do not match returned data. **Overall Judgement:** Despite minor issues, the product is seen as a good fit for the company’s needs, providing the flexibility required for a unique digital healthcare model.

Review

So today we're chatting about athenahealth and how it's used at your company. Before we jump into that, could you give a brief overview of the company and your role there?

We are a value-based care, care navigation, and primary care provider. I'm the head of technology. I run our engineering teams and our IT department.

What was the need that drove you to look for a product like athenahealth?

We're a fairly new provider. We knew whatever product we went after would be the base of our provider operations, where all of our healthcare data was going to be housed.

What requirements did you have for an EHR and practice management system?

We broke them up into must-haves and nice-to-haves. Usability was a must-have: Could a provider be trained up on it in one week? Was it easy to onboard a provider? Did it help providers prevent errors? We also needed the ability for members to contact provider teams through the EHR. It had to have an API in order to build on top of it and export data. Obviously we needed to be able to document diagnoses, measures, notes, write orders for patients, and then have them sent out to referrals. In terms of transition of care, it needed to be able to perform and track medication reconciliation, so that we could ensure members didn't have redundant or conflicting medications. It had to be able to be used on a laptop or on the go. From a communication standpoint, we wanted to make sure there was a patient portal. Obviously it had to be HIPAA compliant.

On the revenue cycle management (RCM) side, we had to make sure that insurance would cover all services provided, and so that information had to be communicated via the EHR. And members needed to be able to pay copays or deductibles through the EHR.

Finally, we needed to have scheduling available through the system as well. Those were all must-haves.

Were you only focused on integrated platforms that would act as both the EHR and RCM, or were you looking at separated systems too?

We were only focusing on EHRs with an integrated RCM. Again, as a startup, we have a very small team. So the smaller the technology footprint at the beginning, the better for us.

What other vendors did you look at while evaluating products? How did they compare?

We looked at NextGen, Elation, DrChrono, and Epic. Elation had a third party RCM that wasn't integrated. The biggest deciding point for athena was the API. athena has about 700 API endpoints, and that was important for us to be able to build on top of it and continue expanding on their offerings with our own engineering team.

How was the onboarding and setup process?

I think they would have preferred a longer onboarding time! Their traditional timeline is about twelve weeks, but we shortened it to six because we were ready to see patients already. It was a bit rushed. But that was no fault of theirs.

They do provide a ton of resources for training, and you do have to put the time in to get trained, which can be difficult with the kind of business we're in.

What are the use cases and features of the product?

It's an all-in-one product. Athena has acquired so many companies over the years and it's all put together in this newer platform. We use it end-to-end. It starts with reaching out to members, or members reaching out to us, to get appointments scheduled. Then pre-encounter, our clinical team uses the integrated patient data sharing to make sure we have everything we need to know about the members before they come in for their first appointment. We do charting during the engagement, and we use it for telehealth appointments as well. We use the RCM for claims billing. We mostly use our reporting, but we do use their care gap reports. We get clinical data through them, and then we also have a Surescripts integration for the prescription side of the house.

How has the scheduling feature worked for you?

Their scheduling was not optimal for our use case, unfortunately. It's built for a more typical brick and mortar provider, whereas we have a more unique model with a lot of different types of care that we offer, and lots of them aren't within the walls of a traditional office. We actually wound up building our own scheduling application on top of theirs using their API. That way we could design in travel time optimizations for driving routes, and other features that we needed for our particular use case. So, out of the box it wasn't right for us, but we've been able to use their APIs to get what we need.

How have you found the quality of the integrations with HIEs for patient data interoperability?

The integration with CommonWell has been good, but the one with Careequality has not. It's an open issue that we're working on with them: the data is just not coming through as we expect it to, and we didn't know that we weren't getting that data for a while.

How has the data integration experience been between athenahealth and the HIEs?

I think the data is being received correctly for the most part. There is a reconciliation step for incoming data before it can be permanently added to a chart, and that can be a sticking point because it's one more step to go through and there can be a lot of data. I know there are other vendors that sit on top of athena that have tried to make it easier with AI, but out of the box, it can be a bit overwhelming.

Have you or your providers had any issues with clinical workflows?

No, it's pretty standard charting. I haven't heard any complaints about it.

How has the RCM experience been?

There have been some issues there with provider credentialing, we've had some back and forth with different claims. The support has been good, though, from the coding side of things. I don't think there have been a ton of issues with the system in and of itself, I think that sort of back and forth will happen a lot especially when you're onboarding into a new RCM.

Could you talk about the UI experience and ease of use of the product?

We haven't had to do any customizations of the UI. I feel like that in and of itself is a good indicator of ease of use. For the providers, I know that they do have integrations with dictations and other tools. Our practice manager has set up some macros as well, and that's made things easier for the providers.

What would you say are the relative strengths and weaknesses of athena?

For a very traditional brick and mortar provider, I think it can work very, very well. When you start getting into unique digital health care providers, there can be some things that are lacking out of the box. But their APIs allow you to then start building on top of it to bridge that gap. I think it's been very good in that sense. My engineers would probably disagree! They've had some issues with the APIs. Nothing we haven't been able to work around, but it's just taking longer than we would have liked.

Are you using the RCM system differently as a value-based care provider than a traditional fee-for-service business would?

Unfortunately, as of yet, we haven't been able to take full advantage of the RCM for risk-based contracts. So far we've used it under a fee-for-service model. That's just because of how our contracts have been structured so far. That's something we're looking to get into soon.

Can you talk about the ways you use the API and how it's integrated into your workflow?

We built patient registration with the API. At first it was just a very simple portal for our Member Services team, and then we rebuilt it as part of our scheduling application. That includes insurance validation and verification as well. We have built pre-encounter questionnaires that get sent out via SMS, and that information gets sent back to the chart via API. We've also built post-visit surveys that get sent out automatically. It's basically everything front-office, since we don't have any front office people, so we are trying to take that responsibility off our care team.

How would you characterize the documentation and developer experience?

The documentation is done well, but it doesn't always match what's returned by the APIs, and that can be frustrating for our engineers. Usually it's type mismatches: what should be an integer is showing up as a string instead.

Do you have any advice for other organizations looking to build on top of athena?

The best advice I have is to engage with their platform team. We have a platform support manager who makes our lives a lot easier. We meet with them once a week and they're able to answer any questions that we have. There's an approval process you have to go through to get an API turned on, and having somebody at the ready to help with that makes the process a lot easier. If you don't have that person, you get put in a queue and there is a longer turnaround time.

How has the account management and support experience been?

Our account manager has been really good. The support team has honestly been a bit lacking. I would have expected them to have a lot more information about what's available within the platform, and I'm not always getting the information I think I should be getting from them. I learned a lot of things at the athena conference, rather than from the support team. There don't seem to be any real experts.

Do you feel like your team made the right choice moving forward with athena?

I think so. Even for all its warts, it's still the best product for our needs, especially when we're looking to build on top of it as opposed to using it as a closed system. The only alternatives I would maybe look at more now are the headless EHRs, which obviously would take a bit more engineering resources, but would also provide you with a bit more flexibility.

Are there any areas for growth for athena that you'd like to call out?

I think just continuing to work on the APIs. They're good, but not great.

Do you have any advice for buyers who are thinking through their EHR choice right now?

Really just do your homework. Coming out of the pandemic, there are a lot of companies with resources that will help you do the legwork of comparing vendors a lot more easily. Make sure you know what your likes are and what your must-haves are. That's the best advice I have: do your homework, don't rush through it.