



Marketing to Healthcare Providers eBook Samples



Our Philosophy

At glassCanopy – we love eBooks.

They make ideal “bait” when trolling for top-of-funnel leads and create a great first impression for your brand – they also provide valuable collateral for your sales force. What’s more, eBooks can be easily chopped into SEO-optimized blog posts and provide the context needed to quickly create videos, datasheets, case studies, and other collateral.

However, to be effective, the research, writing, and overall quality of the eBooks must be top-notch. Nobody feels good about giving out their contact information in exchange for a thinly disguised sales brochure.

Many of our clients felt that no one outside their organization could write an ebook that wouldn’t come off as just marketing fluff. That was **before** they started working with glassCanopy. Quarter after quarter, we produce in-depth eBooks on technical and complicated subjects that our clients (and *their* clients and customers) love.

Here’s a taste of what we can do...

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Important Information Before You Read This Document

CBS Health provides a scientifically validated and objective measure of an individual's cognition; however, it is not a diagnostic tool. CBS Health should be used in conjunction with other information and clinical judgment to reach conclusions regarding an individual's health. Ultimately, CBS Health does not replace the judgment of a practitioner. Cambridge Brain Sciences does not assume responsibility for the outcome of decisions made based on CBS Health data.

The CBS Health Platform

COMPREHENSIVE ASSESSMENTS TO EVALUATE BRAIN HEALTH

CBS Health allows clinicians to administer 12 core tests of cognitive function as well as many standard questionnaires such as the Patient Health Questionnaire (PHQ-9), Geriatric Depression Scale (GDS-15) scale, Revised Stress Scale (RSS), Revised Post-Concussion Symptoms Questionnaire (RPQS), and many more.

CBS Health is an online brain health assessment platform that takes seconds to set up, is engaging and enjoyable for patients, and produces a reliable and scientifically validated cognitive assessment report in as little as 15 minutes.

Assessments are easy to administer and don't require clinical supervision. This means they can be performed in the traditional clinic setting or sent electronically by the patient in the comfort of their home. The tasks are highly gamified and engaging and take only 1.5 to 3 minutes to complete. They also adapt to the patient's abilities, becoming easier or harder depending on patient performance. In addition, there are near-instant problem sets within each task such that no attempt is ever the same, leading to strong test-retest reliability metrics and minimal practice effects.*

With a set baseline, clinicians can monitor patients consistently for performance stability and begin to track an objective indicator for cognitive change. In addition, numerous brain imaging studies have directly linked neural activity in specific regions with each task, giving clinicians the tools needed to connect performance with brain disorders and deficits.



*See [this study](#) for more information on test-retest reliability.

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IMPROVE MENTAL HEALTH DIAGNOSIS AND TREATMENT

It is abundantly clear that mental health conditions have significant impacts on cognitive function. Nearly every psychologist, psychiatrist, and neurologist has patients concerned of "brain fog" but these cognitive changes are sometimes subtle, often ill-defined, and rarely measured. Increased awareness about the tools that can support the public's mental health needs can help clinicians generate additional insights to provide the best possible diagnosis and treatments.

Furthermore, there's been a growing need for better mental health solutions:



Patients typically see a clinician when an event or episode has occurred, so clinicians do not have the data to determine if cognitive function has changed or is at its baseline level—data that could be crucial for a confident diagnosis. Once a patient has returned to a previously established level, the clinician's goals may change: Now they need to ensure the patient is remaining stable, ensure medications are not having undesirable side effects, or look for early objective signs that the patient needs more care, and proactively engage them as required to help further support recovery. In all of these cases, cognitive monitoring can improve diagnosis of mental health conditions with cognitive symptoms, then give clinicians more confidence that their patient's mental health is stable or improving, or the data needed to take action should the patient experience a decline.

Clinicians need modern tools to evaluate patients and provide the mental healthcare they need.

Want to learn more about how cognitive assessments can be used to support clinical decision-making?

Download our eBook: [Connecting Care and Cognition](#)

[Download Your Free eBook](#)



*American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision). Washington, DC: Author.
 **Mental Health Statistics. (2016). *Mental Health Statistics*. Washington, DC: Author.
 *Centers for Disease Control and Prevention. (2017). *Attention-Deficit/Hyperactivity Disorder*. Atlanta, GA: Author.
 *National Institute of Mental Health. (2014). *Attention-Deficit/Hyperactivity Disorder*. Bethesda, MD: Author.

For years, healthcare has been moving toward a more proactive, individualized approach to assessing and treating patients.¹ The rise of telehealth and remote monitoring has encouraged this shift across many specialties—but such positive changes in the cognitive care realm have lagged. Despite increasing awareness about mental health and cognitive care, there has been a lack of meaningful innovation in technology and attitudes supporting a more proactive care approach.

A large part of the problem lies in the nature of our healthcare system. By design, it tends to be reactive instead of proactive, and patients often visit their doctors when they have health problems to address. On the surface, the reactive approach seems less costly: Healthcare services are only administered when needed, saving limited resources. However, this reactive approach actually has the opposite effect and typically results in increased healthcare costs.^{2,3} When taking a reactive approach to brain health, action may not be taken until symptoms are obvious. Unfortunately, by the time a diagnosis is finally made, it's often too late to reverse the condition.

In contrast, a proactive approach may identify potential problems before a patient's quality of life is impacted. And that doesn't just apply to cognitive decline and neurological disorders—a proactive approach may also get ahead of mental health issues, which often impact cognition. A proactive healthcare stance gives clinicians the time they need to measure and compare cognitive function determinants if there is a significant change over time.

Clinicians have embraced early-detection measures like cancer screening and longitudinal methods like remote monitoring, which have proven to be the most successful at saving lives from most reactive needs. When it comes to the brain, though, it is rare to see measurements to assist in early detection. Does that mean signs of cognitive decline would go undetected until it's too late? Not necessarily. Proactive cognitive care can dramatically improve patient outcomes.

Many patients and clinicians expect an assessment and blood tests for general wellness only, not brain health and cognitive function. How can this be changed?

There are several ways to make this change:

Making a Case for Cognitive Assessments in Routine Healthcare

IMPROVE ROUTINE HEALTH PRACTICES

Implementing cognitive care protocols as part of standard practice provides long-term insights that can only be seen if they're measured in the first place. For example, patients can be monitored for:

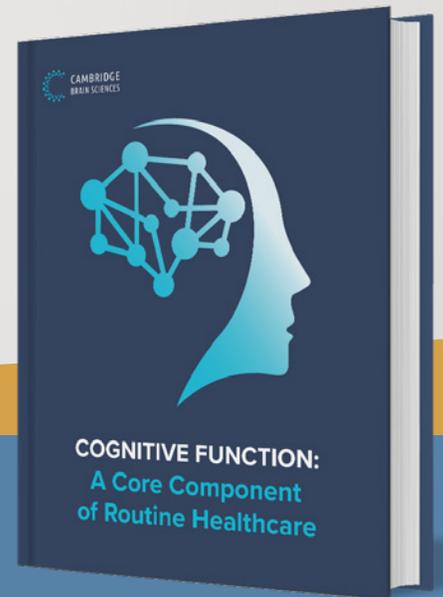
- General brain and mental health**, as you would other annual assessments like blood tests and physicals
- Long-term follow-up**, for people who have experienced cognitive issues due to a past event—like concussion recovery, chemotherapy-related "chemo brain," or "burnout"—issues after cardiac surgery—or whose treatment is ongoing, such as when taking medication for mental health conditions
- Post-treatment monitoring**, to ensure a return to a stable baseline
- Early warning signs**, for those with a family history of conditions like Alzheimer's or other cognitive impairments

It's hard to determine if there is a problem without a baseline measurement to compare to. Establishing a reliable baseline for a patient's cognitive function allows clinicians to easily perform all of the above and take a proactive approach to care.

By objectively measuring cognition regularly, clinicians can use active patient monitoring to offer better proactive care.



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Client: Cambridge Brain Sciences



What they do: Provide an online digital cognitive assessment platform



Summary: A discussion on how cognitive health should be integrated into traditional healthcare, and how this can be easily implemented by leveraging modern digital solutions.

Want to read the entire 19-page eBook?

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Self-Assessment Checklist Addendum

For your convenience, there are two main components to this Risk Management Self-Assessment Kit:

1) Three-Part Syllabus

This main guide includes a comprehensive description of the items the medical practice should evaluate, for safety and compliance:

- Office Systems
- Paper Medical Records
- Electronic Health Records

2) Self-Assessment Checklist

The criteria in the main overview guide are presented in checklist format in a separate booklet we've included in this packet. You may decide to use the checklist immediately to establish a baseline for your practice. Or the overview guide may become the focus of your next staff meeting, allowing you to use the checklist at a later date — after you've made the recommended improvements. It may also be a helpful tool for orienting new staff.

An emphasis on risk management and patient safety promotes an environment of caring, competence, and compassion. Prioritizing patient safety as the primary core value of your practice means that everyone wins!

Program Self-Assessment Checklist

Clinical and Administrative Policies

- Are prescription pads, medication/product samples, and syringes secured, out of sight, and placed away from patients — especially children?
- Are staff members working within the scope of practice of their licensure, certification and/or training?

The title "nurse" is reserved for NR, RN, LVN/LPN, and their governing body is the Board of Registered Nursing. For medical assistants, whether certified or not, the governing body is the Medical Board of California. Medical assistants are not allowed to conduct any patient assessment or triage.

Patient safety is jeopardized and the practice is exposed to risk when employees' activities exceed their education and training. Certifications and licensure for all staff should be periodically validated.

- Is there a procedure for addressing patients who "walk in" or have an urgent need to be seen?
- Do staff members address patients who are chronically early or late?

Staff may need to emphasize the actual appointment time. Some patients, however, may have a very good reason, such as reliance on a bus schedule for transportation.

- Is there a policy for the physician to determine if patients with unpaid bills will be seen?

A physician may choose to formally discontinue care of a patient with unpaid bills.

- Is there a procedure and established code word(s) for "person down" and other practice emergencies?

Calling the local Emergency Medical Services (EMS) response may be the best plan for most practices. However, practices that perform high-risk exams or invasive procedures may have an obligation to anticipate and be prepared for emergency situations where the staff are trained and qualified to use a crash cart. Is the crash cart appropriately stocked and maintained on a routine basis whether used or unused?

- Is the physician informed about patient complaints?

Welcome



Risk Management Self-Assessment Kit Checklist

Since 1977, the Cooperative of American Physicians, Inc. (CAP) has been a leader in providing superior protection to physicians practicing in the state of California. Risk management is a key component in our strategy to help member doctors keep claims and coverage costs as low as possible.

This checklist is included as part of CAP's Risk Management Self-Assessment Kit. See the main kit for additional notes on each section.

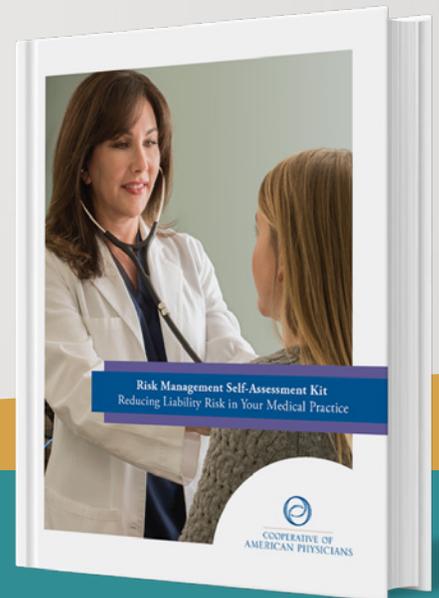
The checklist is intended to provoke additional questions and discussion. In general, if the answer to any given question is "no," then you have a potential risk management and/or patient service issue.

Members are encouraged to contact CAP's Risk Management & Patient Safety Department at 800-252-0555 for further information.

OFFICE SYSTEMS

The Patient Experience

	Yes	No
1. Is the practice clean, neat, and well maintained?	<input type="radio"/>	<input type="radio"/>
2. Is an air treatment method used to maintain fresh air quality?	<input type="radio"/>	<input type="radio"/>
3. Are magazines/brochures current and relevant to the patient population?	<input type="radio"/>	<input type="radio"/>
4. Are patient education materials, videos, and/or medical resource materials available?	<input type="radio"/>	<input type="radio"/>
5. Do staff members greet and introduce themselves, including their positions, to patients/visitors from check-in through check-out?	<input type="radio"/>	<input type="radio"/>
6. Are staff provided with or required to wear professional attire in the practice, including nametags with their name and position/title?	<input type="radio"/>	<input type="radio"/>
7. Do staff members assist and accompany very young, old, infirmed, or disabled patients?	<input type="radio"/>	<input type="radio"/>
8. Do staff members eat only in non-patient areas?	<input type="radio"/>	<input type="radio"/>
9. Do staff members keep track of arrival and departure times so patients waiting more than 15 minutes receive an explanation?	<input type="radio"/>	<input type="radio"/>
10. Are personal conversations limited to non-patient areas?	<input type="radio"/>	<input type="radio"/>
11. Are conversations conducted in a low-volume tone, inaudible to those in patient areas?	<input type="radio"/>	<input type="radio"/>



Client: Cooperative of American Physicians



What they do: Provide malpractice insurance to physicians in California



Summary: An eBook and printable checklist to help physicians and other healthcare leaders evaluate their risk exposure and explore the risk reduction strategies they can implement.

Want to see the entire 25-page eBook, plus bonus checklist?

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The Digital Therapeutic Landscape

The Rise of Digital Therapeutics

Since the concept of digital therapeutics was introduced, the field has seen an exponential increase in the number of active users. In 2022, the number of people using digital therapeutics is expected to reach 90.2 million worldwide, more than double the number of users in 2021.¹ These new digital medicine options expand opportunities for healthcare professionals and patients by providing access to data and resources that until now were unattainable.

Digital therapeutics have the potential to completely transform healthcare by increasing patient access and cutting costs.

In light of the increased use of DTx, legislative bodies are catching up by making these new treatment options available in the US healthcare system. For example, at the end of 2021, the American Medical Association (AMA) Current Procedural Terminology (CPT) Editorial Panel clarified the CPT codes for cognitive behavioral therapy (CBT) monitoring services.² Beginning in January 2023, this clarification will allow providers to code for DTx as part of CBT services.

And effective April 2022, CMS established a new HCPCS Level II code A9291, "Prescription digital behavioral therapy, FDA cleared, per course of treatment" to facilitate access to prescription digital therapeutics (PDtX).³ This indicates a significant change in recognizing the growing importance of DTx in patient care.



¹Statista Research, Number of People Using Digital Therapeutics Worldwide from 2020 to 2025. 2023. 2024. ²AMA. Current Procedural Terminology (CPT) Editorial Panel. "AMA Clarifies CPT Codes for Cognitive Behavioral Therapy (CBT) Monitoring Services." ³Centers for Medicare & Medicaid Services. "CMS Updates HCPCS Codes for Prescription Digital Therapeutics (PDtX)." ⁴AMA. "AMA Clarifies CPT Codes for Cognitive Behavioral Therapy (CBT) Monitoring Services." 2021. ⁵AMA. "AMA Clarifies CPT Codes for Cognitive Behavioral Therapy (CBT) Monitoring Services." 2021.

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Introducing Mahana IBS: Creating a Patient-Focused Experience

What is Mahana IBS?

Mahana IBS is the first FDA-cleared CBT smartphone app for IBS treatment. The 3-month app-based treatment delivers gut-directed CBT directly to patients and applies proven CBT strategies for any subtype of IBS. The easy-to-use mobile application is available on iOS and Android phones and tablets and provides a flexible, personalized treatment option that may be used along with other IBS treatments. It is an ideal adjunctive therapy for any IBS treatment and may enhance or improve outcomes of the current regimen.

Mahana offers a paradigm shift in how IBS treatment is accessed and delivered using a digital therapeutic—making it more widely available and affordable than ever before. Mahana IBS is a more automated solution that provides the same content patients would receive from a therapist but in a more convenient format that they can access at their own pace.

Mahana offers a flexible, cost-effective, digital form of CBT to reduce the impact that stress and other external factors have on gut health.

How Does Mahana IBS Work?

Understanding the Brain-Gut Connection

Studies have shown that the brain and gut are more closely related than any other organs in the body. There is a constant feedback loop, now known as the brain-gut connection, where the brain is constantly communicating with the gut. This means that cognitive function, mood, and stress all directly impact gut function and health. Patients under chronic stress or anxiety may experience severe GI complications and may even be at higher risk of developing IBS. The ways patients cope with anxiety and negative emotions, especially around IBS, can further exacerbate GI symptoms.

Therefore, CBT helps patients learn how to influence the brain-gut connection to minimize stress and triggers that may cause IBS symptoms. This noninvasive psychological therapy is an effective treatment approach for all types of IBS.

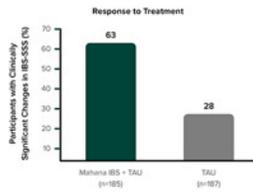
Mahana helps patients understand the thoughts and actions that impact their IBS symptoms then teaches them new skills and habits to effectively manage their condition.



The Science Behind Mahana IBS

Mahana IBS is a well-tested therapy that doctors can rely on and feel confident prescribing to their IBS patients. The Mahana program was tested in a large (N=558) randomized controlled trial of cognitive behavioral therapy for IBS (the "ACT-IB" Trial). Patients were enrolled from 74 primary care general practices and 3 secondary care gastroenterology outpatient clinics.

All patients in the trial remained on their current treatment as usual. TAU.¹ Patients treated with Mahana IBS had significantly lower IBS symptom severity at 3 months than patients on TAU alone (see figure). In the trial, 63% of patients using the Mahana IBS program (n=185) experienced significant clinical improvement in IBS symptom severity after the 3-month treatment, versus 28% in the TAU group (n=167).² In addition, there were no adverse events associated with Mahana IBS found in the trial. Based on this data, the Mahana mobile app received FDA clearance in June 2023.



A higher percentage of participants in the Mahana IBS arm had clinically significant improvement compared with those in the TAU arm at 3 months.²

¹Marling-Clemens, COVID-19: Accelerated Use of Digital Therapeutics and Consumer Issues and Regulatory Questions David Blum, *Drug Information Journal*, 2020.
²Wang et al. et al. Oct. 2019. 68-103-1023.
³Mahana Therapeutics & ACT-IB Trial, data on file.

Prescribing Mahana is Easy

- #### Send patient's prescription to Blink Pharmacy via:

 - EMR: E-prescribe to eRx: Blink Pharmacy Plus US in your EMR's dropdown menu
 - Phone: 1-844-764-0676
 - Fax: 1-866-343-7092
 - Form available on page 18

That's all! Then we take care of the rest.
- #### Blink Pharmacy contacts patient to review the prescription, answer any questions, and ensure that Mahana stays at zero cost to him or her

 - Once Mahana IBS has been prescribed for your patient, the patient will receive a text message from Blink Pharmacy with instructions on next steps.
 - After insurance information is processed, patients will receive an email from Mahana in 24 to 48 hours when the full program is available.
 - Patients can download the Mahana IBS app from the App Store[®] or on Google Play[™] to get started with the first session, even before the prescription is fulfilled.
- #### Patients start treatment immediately

 - Once patients download the Mahana IBS app, they can begin completing sessions, answering questions, and reporting their symptom severity.
 - After 90 days from the start of the prescription, the application will no longer allow progression or unlock new content. However, the patient may access existing content previously unlocked. Prescriptions can be renewed to unlock further modules.

Please refer to Mahana IBS Clinician Information Sheet for Indications for Use and Important Safety Information.

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Client: Mahana Therapeutics



What they do: App-based prescription digital therapeutics



Summary: An eBook campaign that provides an overview of prescription digital therapeutics including the legal landscape, why adoption rates are increasing, and support for incorporating these new solutions into healthcare practices.

Want to see the entire 19-page eBook?

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Introduction

Read any medical journal, physician blog, or even the mainstream news media, and you'll find them flooded with articles on physician burnout. There are innumerable stories about doctors giving up on the practice of medicine or overwhelmed with the prospect of unwanted acquisitions.

The overarching trend lines in primary practice are increasing expenses and paperwork but falling revenue.

As a result, many independent physicians feel that their choices boil down to working more hours, seeing more patients and spending less time with each, cutting their own compensation, or giving up their independence altogether. What's more, an increasing share of newly minted physicians see private practice as a dead end and head straight for employment by hospitals, large medical groups, or the government.

However, this is a false narrative. Physicians around the country are building thriving independent primary care practices in which they are able to provide outstanding care, nurture patient relationships, and be financially rewarded for their work. To do so, they have intentionally re-architected traditional practice structures with heavily staffed but highly patient-centric practice models that are supported, not hindered, by technology and emerging payment models.

Do You Hate Your EHR?

If you adopted an EHR or billing software during the gold rush and still find yourself struggling with it on a weekly or daily basis, it's time to dump it. You and your staff spend your entire day working within your EHR. You should love it, not loathe it or merely tolerate it.

It's easy to get lost in feature comparison charts, but checklists don't capture the day-to-day reality of using a given piece of software.

Luckily, evaluating your current clinical software is surprisingly simple. Does it do everything that you need it to do, and do you and your staff enjoy using it?

If the answer is "no," then get rid of it.

The days of hating EHRs are over. There's good, affordable software that will enhance and support your clinical practice.

You wouldn't tolerate a stethoscope that barely functions, needs constant maintenance, and looks hideous. Don't put up with it from your software.

See What a Thoughtfully Crafted EMR Looks Like

Get a 30-minute demo of Elation Health.

After struggling with other EMRs, Elation is like a breath of fresh air. Elation is the first EMR to actually make note writing, referrals, and prescriptions more efficient instead of bogging me down.



Alicia Cunningham, MD
Internal Medicine
Burlington, VT

Direct Care

Direct Care is a medical practice model where providers contract directly with patients. For almost all of America's history, Americans paid their provider directly for care. It was only in the 20th century that health insurance outpaced out-of-pocket pay as the primary revenue source for medical practices. But since the turn of the 21st century, direct care has made a resurgence.³

In 2005, there were fewer than 150 physicians practicing in direct primary care, concierge, and other direct care models. This number grew five times in the next five years, to 756 in 2010, and then even more rapidly to an estimated 6,500 direct-care physicians across the country by the end of 2015.⁴

For physicians, adopting a direct-care model can improve work-life balance, reduce practice overhead, bring higher per-patient revenues, and maintain physician autonomy.⁵

For patients, direct care can mean a greater degree of access to, and time with, physicians. Improved communication and more regular, engaged care leads to fewer unnecessary tests, less frequent hospital visits, and lower total cost of care.⁶

Want to know more about Direct Care?

We've created a Direct Care Playbook with all the information you need to build out or transition to a direct-care practice, from setting up technology and pricing models to marketing and launching the practice.

Download now

³ 301 Marks, The Convergence of Physician Supply and Demand 2017 Update: Projections from 2010 to 2019. Association of American Medical Colleges website.
⁴ The Physicians Foundation, A Survey of America's Physicians: Practice Patterns and Perspectives.
⁵ American Academy of Family Physicians, The Direct Primary Care Model: How it Works. American Academy of Family Physicians website. Accessed July 9, 2017.
⁶ Dubler & for the Medical Practice and Quality Committee of the American College of Physicians, Assessing the Patient Care Implications of "Concierge" and Other Direct Patient Contracting Practices: A Policy Position Paper from the American College of Physicians. Ann Intern Med. 2015;162:649-652. doi: 10.7326/M15-0306.

About Elation Health

Technology for the craft of independent medicine.

Elation Health is the trusted clinical system for primary care physicians across the country. A certified, cloud-based EHR system connects patients to their providers in a dynamic health information network, enabling providers in different organizations to share information and collaborate on mutual patients at the point of care. Elation is truly built with respect for the evolving physician workflow to support clinical collaboration and the delivery of exceptional patient care. Experience the difference of a clinical-first approach: www.elationhealth.com.



Advancing the craft of independent family medicine.



Client: Elation Health



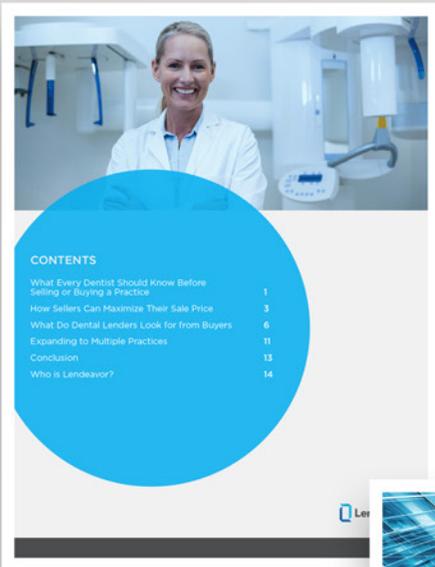
What they do: Electronic health record (EHR) system



Summary: An overview of how healthcare has changed and guidance on how embracing the right technology can help practices flourish.

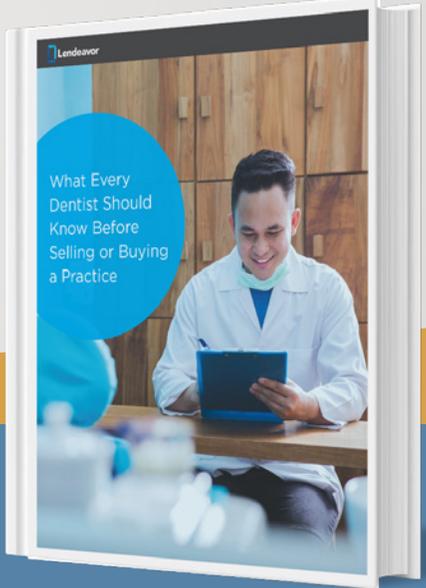
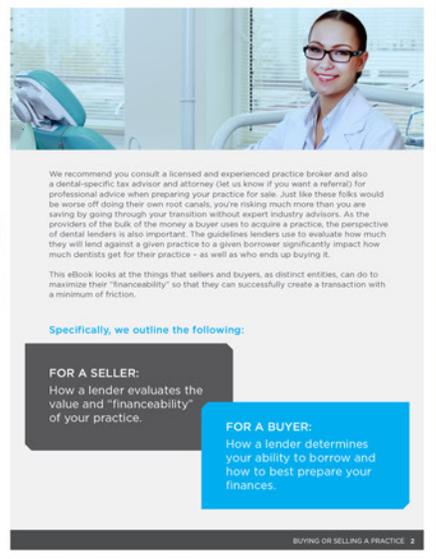
Want to see the entire 13-page eBook?

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Client: Lendeavor



What they do: Dental practice and equipment loans



Summary: A guide to buying or selling a dental practice for dentists.

Want to read the entire 16-page eBook?

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Why We Wrote this Book

Evaluating the performance of your current or prospective billing company is nearly impossible for most anesthesiologists. The truth is, medical billing isn't rocket science. But it's not a commodity product either.

No matter how hard you work, your total revenue is significantly impacted by the performance of your billing company.

We see too many anesthesiologists being taken advantage of by both the impersonal behemoths of the industry and smaller "discount" billing companies. These companies bill the easy money and leave the rest—up to 8-15% of the collectable total—on the table. That's your money they aren't collecting.

But realistically, most anesthesiologists don't want to dig into the mind-numbing minutiae of how their hard work and expertise gets translated into take-home pay. That's understandable. Luckily, you don't need to.

This eBook documents what should be happening behind the scenes at your billing company to ensure that your earnings get maximized and that payers actually pay you what they contracted for.

Take a look and then ask yourself if your billing provider is doing as thorough of a job as they should be.

If you think that maybe they're not, give us a call. We'll happily provide you with a comparative audit of your last six months clearly showing what your current company billed and collected versus what should have been billed and collected.

It doesn't take a lot of your time and most anesthesiologists are able to immediately increase their annual take-home by 5-15%.

What's that worth to you?

If Only Billing Was This Easy

Billing and revenue management for anesthesiology should be easy.

1. Anesthesiology services are performed.
2. The anesthesiologist writes up their notes by hand or in an EHR and hands it off to their billing company.
3. A coding technician looks up the appropriate billing codes and ships off a clean claim to the payer.
4. Payer and patients pay their bills according to their agreements.
5. Everything reconciles at the end of the month.

And it often LOOKS this easy from the outside, but...

The reality is that anesthesiology billing and collections require complex systems and sheer dedication to ensure that this seemingly easy process results in maximum revenue for the anesthesiologist.

Anesthesiology Expertise in Action

Our understanding of the anesthesiologist payer market is the most comprehensive in the market.

We leverage that to our clients' full benefit.

Here are some examples:

Anesthesia for Spine Procedures

Anesthesia for most spinal surgical procedures is valued at 8-10 base units. Alternatively, the ASA Relative Value Guide instructs to value anesthesia services at 13 base units whenever "the surgical procedure includes segmental or non-segmental instrumentation as defined in CPT or if the procedure includes multiple vertebral segments (minimum three vertebral bodies with the associated interspaces)."

Fusion Anesthesiology instructs providers to document the use of instrumentation and/or number of spinal levels involved in spinal procedures in medical records and billing documents to support charges for 13 base units whenever appropriate.

How are your claims currently valued for these services?

TEE

When an anesthesiologist performs transesophageal echocardiography intraoperatively, Medicare requires a documented diagnosis to support the medical necessity of the service. If an ICD-10 from the current Medicare-approved list does not appear on your claim, Medicare will not allow payment for the service.

Fusion Anesthesiology supplies providers with current Medicare policy documentation on this issue, allowing the provider to document appropriately and submit necessary data to produce a clean, reimbursable claim.

How is Medicare reimbursing your TEE claims?

Customized Real-Time Reporting

Accurate reporting and total transparency should be a critical deliverable for any billing company that you do business with.

- Reimbursement rates.
- Expected cash-flow for the month.
- Collected vs. expected.
- Days in accounts receivable.
- Year-to-date revenue comparisons.
- Provider comparisons.

Maybe you like to regularly review these numbers and maybe you don't. Either way they should be there for your personal. They should be up-to-date and available in near real-time.

Why? Because even if you're not looking at these numbers everyday, your billing company should be. Otherwise they can't do their job—maximizing your collections.

Collecting Maximum Revenue

The Billing Industry's 'Dirty Secret'

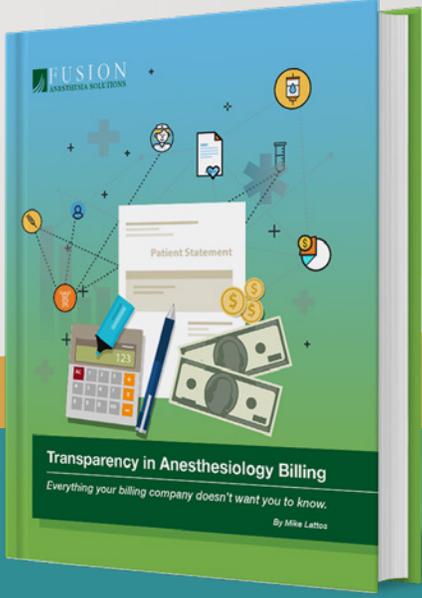
Payers don't pay in full according to their own agreements with providers. Sometimes the payments are a little more than the specified amount, and sometimes the payments are a little less than agreed. However, on average, most payers consistently underpay their contracted amounts.

This isn't a matter of rejected claims or coding disputes ... payers are simply underpaying clean claims compared to negotiated rates. It's really hard to see and to quantify because the contracts, claims, and random overpayments and underpayments create a huge volume of noise.

However, after analyzing hundreds of thousands of claims, Fusion Anesthesia can prove that anesthesiologists are consistently underpaid by most payers.

Most anesthesiologists (and most billing companies) are not in a position to correct every line item of every reimbursement form. So they take what they get and move on.

No one wants to talk about it because this sour reality makes payers and billers alike look bad. What's more, it requires a tremendous amount of resources to combat.



Client: Fusion Anesthesia

What they do: Billing and accounting services for anesthesiologists

Summary: A deep dive into all the secrets of anesthesia billing including how to submit a clean claim and evaluate your biller's reconciliation processes.

Want to see the entire 12-page eBook?

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About glassCanopy



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