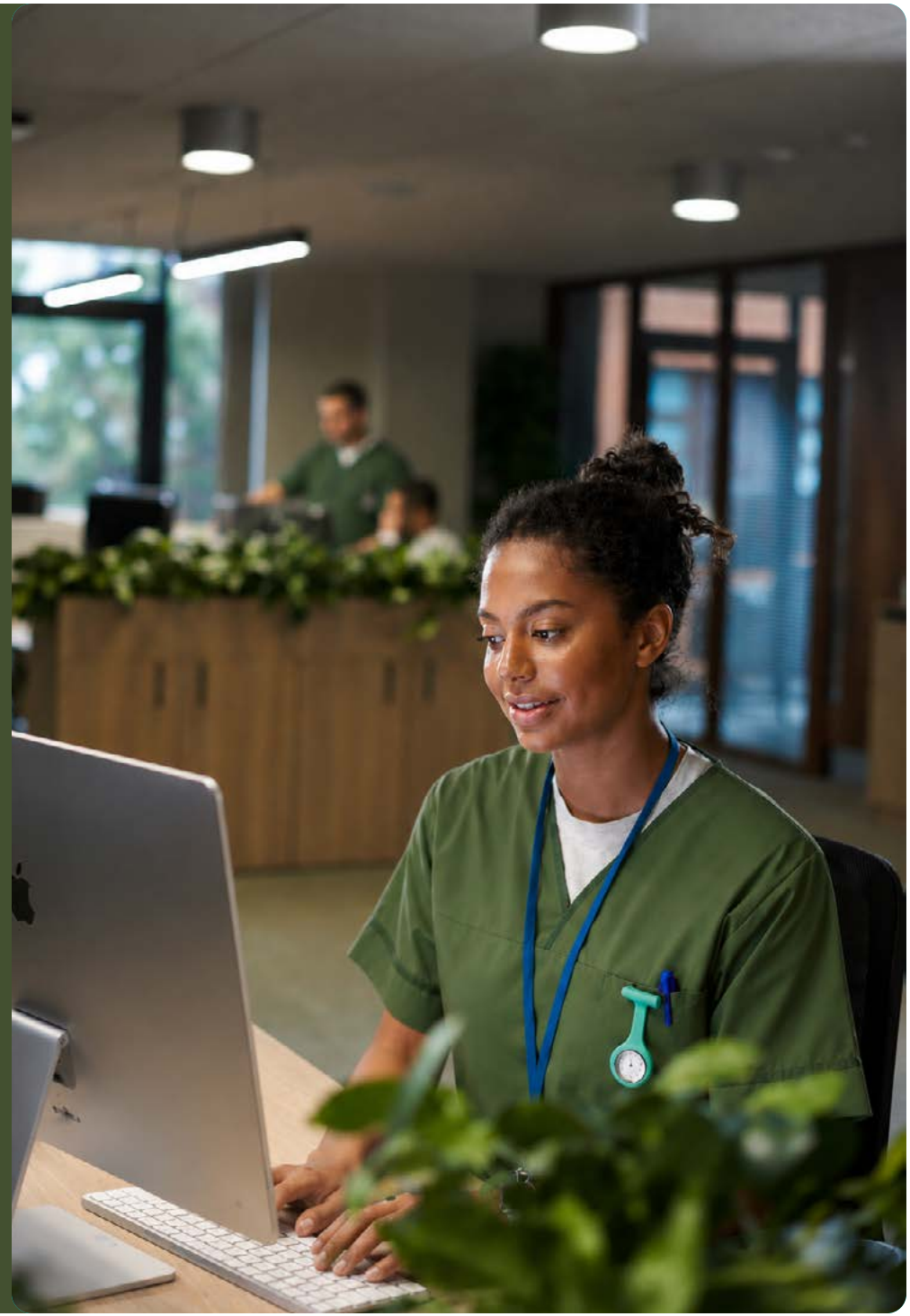
eBook

# Enter the Building Ready

How a unified practitioner platform delivers value from pre-visit prep to reimbursement

Get Started

PointClickCare®



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# Introduction: The Senior Care Health Tech You Already Know

Practitioners who serve skilled nursing facilities and senior living communities are already familiar with PointClickCare. It is the platform their partners use for care delivery, and it holds much of the patient information they rely on during every visit.

What many practitioners are not yet aware of is that PointClickCare now offers a dedicated, ONC-Certified EHR built for the practitioner, not the facility. Because EHR for Practice Groups is natively integrated with the same platform their partners use, the practitioner record and the facility data share one connected view. The result is straightforward: you enter every building already prepared, with the information you need surfaced before you arrive, so more of the visit is spent on the patient.

This guide follows the practitioner through the visit, from preparing before arrival, to the bedside, to documentation, compliance, and revenue, and shows how each stage is strengthened when the practitioner EHR and the facility record share one platform.

## Enter the building ready

**One connected record strengthens every stage of the practitioner visit**

### Before the visit

**One Patient Record**

### At the bedside

**Ambient Scribe**

### Seeing risk

**pRTH Risk Stratification**

### Documentation

**Quality Measures Dashboard**

### Revenue

**Export billing, RVU dashboard**

EHR for Practice Groups has passed ONC Health IT Certification.[1]

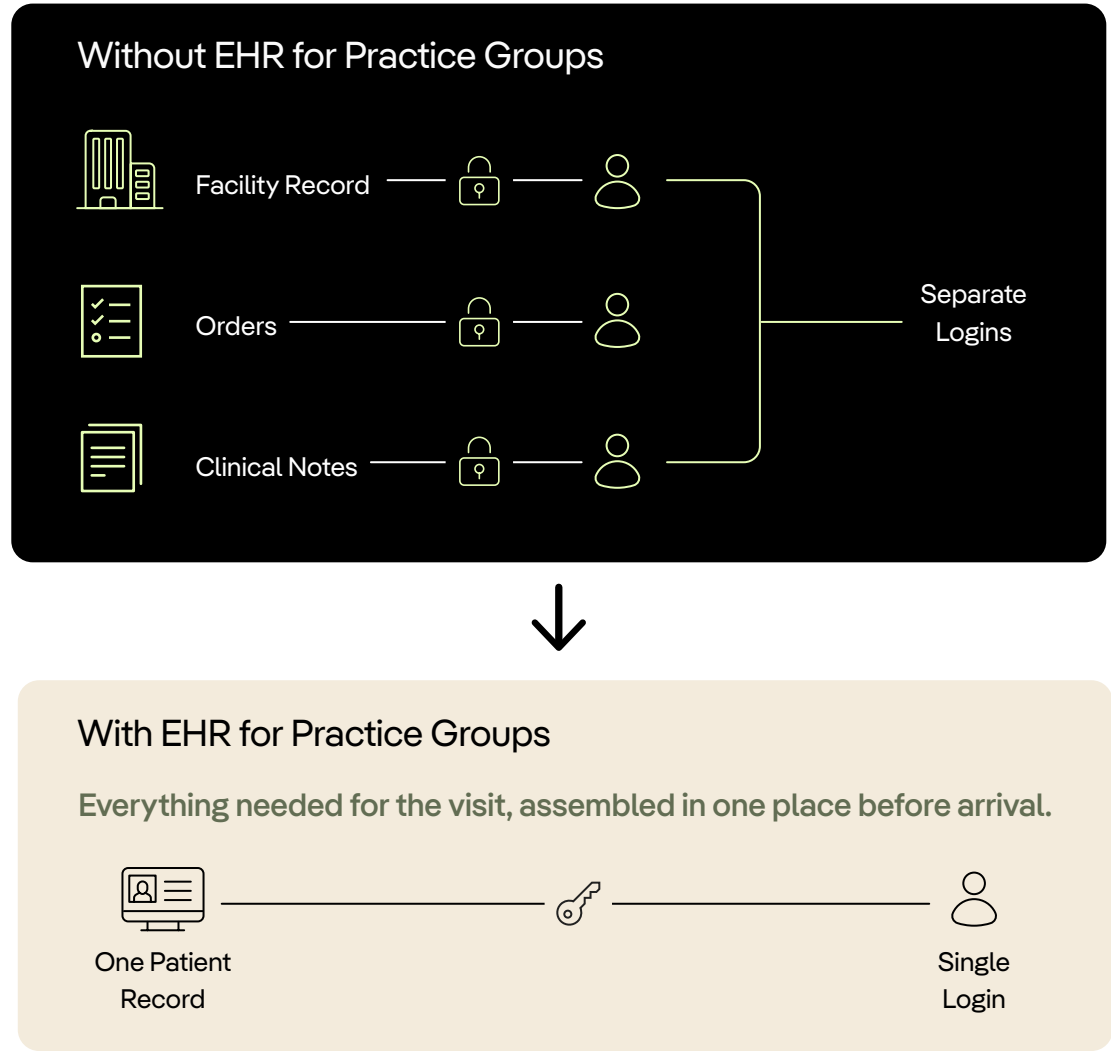
# Pre-Visit Prep Has Never Been Easier

Preparing for a facility visit often means gathering patient data spread across systems the practitioner does not fully control. The clinical picture, recent changes, and orders may sit in the facility record, while the practitioner works from a separate view.

One login and one patient record bring every patient across connected facilities into a single view, built for the practitioner. By providing a more complete picture before arrival, practitioners can spend less time piecing together information and more time focused on patient care.

## One Patient Record

A single integrated patient record across facilities, with one login. Practitioners view all relevant patient data in one place, curated for the practitioner rather than the nursing team.



# Keeping Focus on Patients Rather Than Documentation

Documentation pulls practitioner attention away from the patient during the visit. Time spent in front of a screen and on a keyboard is time not spent on the person in front of the practitioner, and it reverberates well beyond the visit itself. In a recent survey conducted by the American Medical Informatics Association (AMIA), 80% of physicians shared that they believe documentation tasks are interfering with patient care and 83% stated they did work late or after-hours due to excessive documentation tasks.[2]

Accelerated documentation is enabled by available templates, macros, smart actions and auto-populated patient data with problem oriented charting to speed note creation. The Ambient Scribe feature drafts clinical notes from the real-time patient conversation, so the practitioner can face the patient while the note takes shape. Ambient Scribe is available at an additional cost.

> With PointClickCare's Ambient Scribe, I am saving five minutes per note, and across a 25-patient day, that adds up fast and makes a meaningful difference. Since starting to use this functionality, my after-hours documentation has dropped significantly."
>
> **Wesam Moustafa Hussein, MD,**
> **Chief Medical Officer, Alliance Medical Team** [9]

## 80%

of physicians believe documentation tasks interfere with patient care, and 83% report working later or after hours due to excessive documentation tasks.[2]

## 15% reduction

in documentation time and a 10.6% increase in clinician eye-contact time with patients with ambient AI scribes. [3]

## From 51.9% to 38.8%

burnout fell among clinicians across six health systems after 30 days of using an ambient AI scribe.[4]

# Seeing Risk Before It Becomes a Readmission

The patients most likely to decline are not always the most obvious during a visit, and the early indicators are distributed across vitals, notes, and orders. Recognizing that risk earlier can prevent an avoidable transfer to the hospital.

AI-powered patient risk stratification, known as pRTH Risk Stratification (Predictive Return to Hospital), surfaces predictive risk directly in the workflow and prioritizes the patients who need attention first.
This is possible because the risk model draws on the shared facility and practitioner data within one connected platform, rather than a partial view imported from outside it.

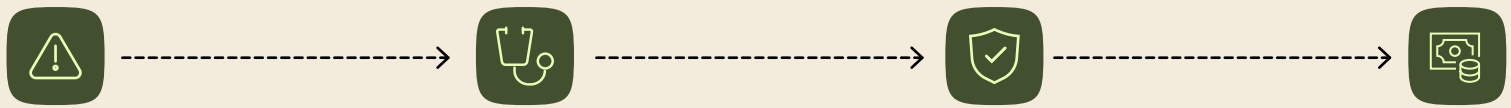
## About 1 in 4

patients discharged from a hospital to a skilled nursing facility (roughly 23.5 percent) is readmitted within 30 days.[5]

## $16,000

the average cost of a 30-day hospital readmission.[6]

## pRTH Risk Stratification



**Surface Risk**

**86%** of assessments exceeds nurse-leader predictive accuracy across **97%** of short-stay patients.[10]

**Clinician Acts**

The care team reviews the signal and intervenes earlier.

**Help Prevent Readmissions**

Proactive care can help reduce avoidable hospitalization.

**Protect Value**

**$16,000** at stake average cost of a 30-day hospital readmission.[6]

**AI supports earlier intervention**

# Documentation That Carries into Compliance and Payment

Practitioner documentation drives both Medicare Part B billing and MIPS performance. Much of the data behind that documentation originates in the facility, so a shared record protects the accuracy of the score as well as the accuracy of the claim.

The quality measures report and Promoting Interoperability reporting are built on ONC-certified capabilities and surface gaps in the encounter workflow, while the record is still current and easy to correct.

**Quality Measures Reporting and Promoting Interoperability Reporting**

Practice-selected quality measures and certified Promoting Interoperability reporting are surfaced in the encounter workflow, helping practitioners meet MIPS requirements and protect performance.

## 30 / 30 / 25 / 15

are the 2026 MIPS category weights for Quality, Cost, Promoting Interoperability, and Improvement Activities, unchanged from 2025.[7]

## 75 points

is the 2026 MIPS performance threshold, held through the 2028 performance year. Falling below it means a negative Medicare Part B payment adjustment of up to 9 percent.[7]

## Documentation to Score


Everyday documentation connected directly to compliance and payment.

# Complete Documentation That Supports Faster, More Accurate Reimbursement

Billing accuracy depends on complete documentation at the point of care. When the documentation is complete and current, supported by a single, integrated record, revenue reflects the care delivered, and the billing cycle moves faster.

Export billing sends signed encounter data, including CPT and ICD-10 codes, provider NPI, place of service, modifiers, and payer information, to the practice's revenue cycle partner as a file for claim submission. Visibility to note details and CPT codes, together with the RVU dashboard, connects daily clinical work to productivity and financial performance.

## Benefits providers can experience with EHR for Practice Groups

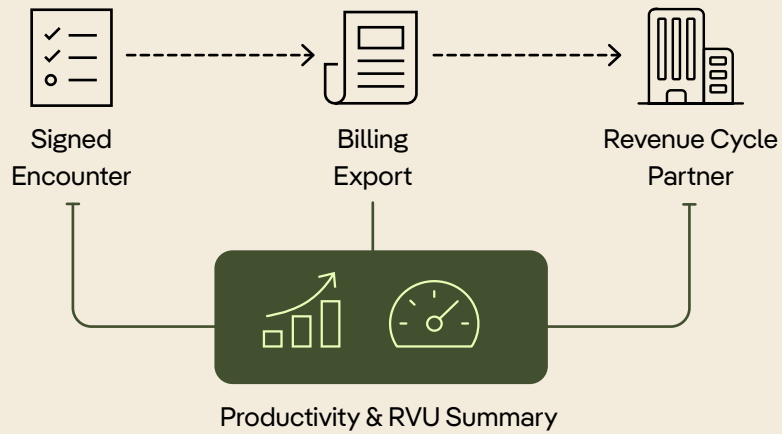
**30% increase**

in revenue with improved charge capture.[8]

**50% reduction**

in medication errors.[8]

## Revenue integrity




**Revenue that reflects the care delivered, captured as documentation is completed.**

"EHR for Practice Groups is an all-in-one solution—it connects us to the right data, improves our documentation and billing, and ultimately lets us treat patients better because we're not chasing information anymore."

**Dr. Rashid Atique, CEO,**
**Transitional Care Physicians**

# One Connected Platform That Compounds in Value

Followed end to end, the visit shows why a practitioner EHR matters most when it is natively integrated with the facility platform. A prepared arrival supports a more focused visit, earlier recognition of risk, more complete documentation, and more accurate compliance and payment. Each stage strengthens the next.

Additionally, the Practitioner application, built for use with EHR for Practice Groups, gives practitioners secure, convenient, anytime-anywhere access to a single patient record that streamlines documentation (including access to Ambient Scribe), and enables efficient, on-the-go management of chart reviews, progress notes, order completion, e-prescribing, and more.

Deep bidirectional integration connects patient information across facilities, providing practitioners with a more complete view of the patient journey and supporting better-informed care decisions.


See how EHR for Practice Groups helps practitioners enter every building ready.

**View the Infographic**

**Learn more about EHR for Practice Groups**

## Over 30,000

provider organizations use the PointClickCare platform, the largest and most widely used post-acute EHR in North America, with a marketplace of more than 400 integrated partners.[9]

# References

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PointClickCare is a leading health tech company with one simple mission: to help providers deliver exceptional care. With the largest long-term and post-acute care dataset, we power AI-driven healthcare to deliver intelligent transitions, insightful interventions, and improved financial performance. Enhanced by our Marketplace of 400+ integrated partners and trusted by over 30,000 provider organizations and every major U.S. health plan, we're redefining healthcare, so it doesn't just survive — it thrives.

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