UGM 26 • PRE-CONFERENCE RESOURCE

NextGen Gastro & Endoscopy Workflow Optimization Checklist

A practical pre-UGM worksheet for GI and endoscopy leaders evaluating clinic-to-procedure workflows, referrals, results and integration.

SPECIALTY WORKFLOW | NEXTGEN OPTIMIZATION | UGM 26

HOW TO USE THIS

Spend 5–10 minutes with 1–2 teammates. Don’t overthink the answers. Mark “Unsure” when ownership or data is unclear. Use the results to decide what questions you want answered in San Diego.

Prepared by Shared IT

How cleanly does work move from clinic to procedure to follow-up?

Rate the workflow as staff and providers actually experience it.

GI clinical documentation	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Endoscopy workflow	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Procedure scheduling	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Prep instructions	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Referral intake	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Pathology / results	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Orders	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Coding / billing handoff	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Interfaces	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Patient communication	☐ Working	☐ Mixed	☐ Painful	☐ Unsure

Where are workarounds hiding?

Check anything that happens outside the intended workflow.

- ☐ Clinic and endoscopy systems do not align
- ☐ Manual procedure handoffs
- ☐ Repeated demographic / clinical entry
- ☐ Referral packets require rework
- ☐ Prep instructions vary by workflow
- ☐ Results routed manually
- ☐ Pathology follow-up lives in inboxes
- ☐ Procedure documentation not standardized
- ☐ External systems require double entry
- ☐ Scheduling depends on tribal knowledge

Provider burden

Where are providers adding clicks, duplicate documentation, or manual follow-up?

Staff burden

Where are staff using spreadsheets, inboxes, paper, shared folders or memory to keep work moving?

Questions worth taking to San Diego

Use these prompts to decide what you want to validate, learn or fix.

1. Where does information get re-entered between clinic and endoscopy?

2. Are procedure workflows standardized across physicians and locations?

3. Can referral intake move directly into the right NextGen workflow?

4. Are pathology and results routed consistently with clear ownership?

5. Do our specialty templates match how our GI / endoscopy teams actually work?

6. Which interfaces or automations would remove the most staff touches?

Bring the workflow you most want to improve

One real workflow is more useful than a generic product discussion.

THE ONE WORKFLOW WE WANT TO PRESSURE-TEST

Shared IT / Shared Med IT has extensive NextGen gastroenterology and endoscopy experience, including specialty content and workflow work used within the NextGen ecosystem. The value is not just content—it is making the workflow fit the practice.

30-MINUTE GI / ENDOSCOPY WORKFLOW REVIEW

No demo required. Bring the workflow, bottleneck or question you want to unpack.