UGM 26 • PRE-CONFERENCE RESOURCE

NextGen Rheumatology Workflow Health Check

A pre-UGM diagnostic for rheumatology practices managing complex medication, infusion, authorization, lab and referral workflows.

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

Where is coordination creating unnecessary work?

Complex care creates operational friction when ownership and workflow are not explicit.

Specialty documentation	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Infusion workflows	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Biologic medication workflow	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Prior authorization	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Lab monitoring	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Referral management	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Scheduling	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Patient communication	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Reporting	☐ Working	☐ Mixed	☐ Painful	☐ Unsure
Provider usability	☐ Working	☐ Mixed	☐ Painful	☐ Unsure

Where are workarounds hiding?

Check anything that happens outside the intended workflow.

- ☐ Prior auth status lives outside NextGen
- ☐ Infusion workflow requires duplicate entry
- ☐ Medication tracking depends on spreadsheets
- ☐ Labs require manual monitoring
- ☐ Referral intake creates queue backlogs
- ☐ Ownership changes by staff member
- ☐ Provider templates create extra clicks
- ☐ Patient outreach is manual
- ☐ Reporting requires one-off work
- ☐ Exceptions disappear into inboxes

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. Which rheumatology workflows create the most coordination work today?

2. Where are prior auth, infusion and medication processes disconnected?

3. Can we reduce manual lab monitoring or task creation?

4. Are specialty templates aligned with current provider preferences?

5. Which manual trackers exist because the NextGen workflow is incomplete?

6. Where would automation improve throughput without removing needed human judgment?

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

Our NextGen experience extends beyond packaged specialty content. Shared IT / Shared Med IT has worked with complex specialty practices on workflow design, templates, customization, interfaces and operational improvement. Rheumatology is a strong fit for this workflow-first approach.

30-MINUTE RHEUMATOLOGY WORKFLOW REVIEW

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