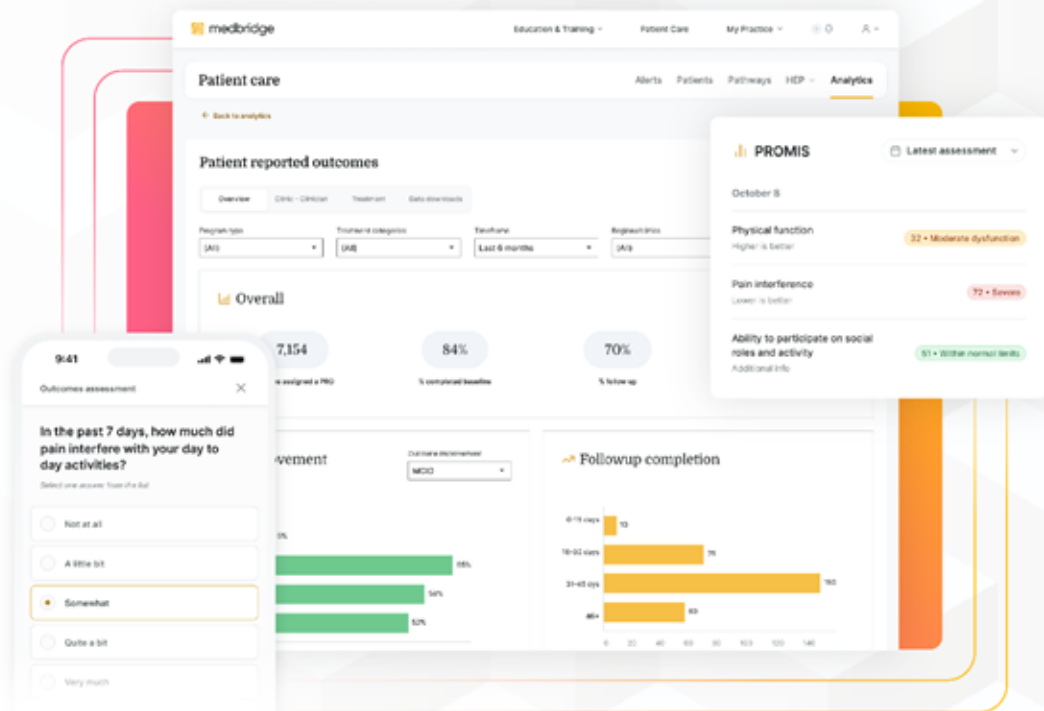


## PATIENT REPORTED OUTCOMES

# Outcomes collection built into your clinical workflows

Put outcomes to better use through an integrated approach that supports more personalized care and continuous improvement across your organization.

[www.medbridge.com/pro](http://www.medbridge.com/pro)





# Introducing Medbridge Outcomes

From Measurement to Care Intelligence

05/12/2026

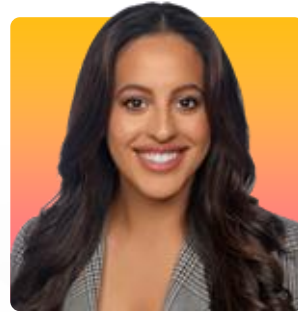
# Presenter Introductions

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**Donovan Campbell**

CEO



**Sarah Jacob Singh**

Chief Product &  
Technology Officer

# The CMS Pressure Wave

*Every new payment model assumes you can measure outcomes.*

## ACCESS

New CMS care delivery models being introduced

## MIPS/MVPs

Quality reporting tied to clinician payment

## TEAM, CJR-X

Bundled care models pushing performance accountability

## PRO-PM

Patient-reported outcome performance measures becoming required



# It's Not Just CMS Asking

*Your patient volume is becoming tied to the outcomes you deliver.*



## Referral Sources

Hospital systems and physicians want proof their patients improve before sending volume.



## Employer Partnerships

Direct contracts increasingly come with performance guarantees, not just rates.



## ACOs

Accountable care organizations need data showing therapy reduces total cost of care.



## Payors

Commercial plans want proof of impact tied to authorization and contracting.

# **Outcomes are no longer optional.**

They're becoming the foundation for  
how therapy is measured and reimbursed.

# The Old Playbook Is Outdated

---

*Bolt-on tools were built for compliance, not care infrastructure. This results in:*



## Low Adoption

Clinicians treat outcomes as administrative work, not clinical work. Effort goes up, engagement goes down.



## Negative Patient Experience

Patients get bounced between platforms, repeat themselves, and lose trust in the process.



## Limited Clinical Impact

Data sits in a separate system. Nothing changes at the point of care because nothing surfaces there.



## High Costs

Adds yet another partner to manage, increasing both complexity and cost.

# Three Characteristics of the New World

---

*Organizations need a solution that fits within their workflow and drives better care*

1

## Integrated

Outcomes collection in the patient and provider experience where care happens, every day.

2

## Flexible

A platform that supports the customizability and needs of your practice.

3

## Actionable

Insights that impact clinical decisions at the point of care.

**What the future holds...**

# The Referral Conversation

---

*From “trust us” to “here’s the data”*

“

Show me what your outcomes look like for post-op total knees, and I’ll send you my referrals.

Orthopedic surgeon, hospital network

## WHAT CHANGES

- You walk into referral meetings with condition-specific outcome data proving value.
- Performance benchmarks become a competitive differentiator.
- You can successfully partner and align incentives with referring partners as they manage ACO partnerships and new regulatory mandates such as TEAM and CJR-X.

# The Payor Renewal

---

*Negotiate from a position of evidence*

“

We'd consider a higher rate for clinics that can show functional improvement above the regional benchmark.

Commercial payor contracting lead

## WHAT CHANGES

- Renewal discussions move beyond unit rate to performance.
- Risk-adjusted benchmarks let you defend results in context.
- Value-based contracts become a real option, not a future hope.

# The Team Conversation

*From gut feel to quality improvement*

“

Our clinic is producing outcomes 20% above benchmark. Let's share the best practices across all locations.

Director of Clinical Operations

## WHAT CHANGES

- Variation across sites, clinicians, and conditions becomes visible.
- Best-performing approaches get scaled, not just celebrated.
- Mentoring and education target the conditions that need it most.

Outcomes as a Byproduct of Care

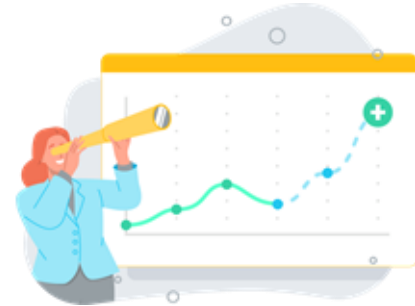
**A new standard,  
not a new platform.**

# Outcomes Closes the Loop Between Educate & Care

## Patient-Reported Outcomes



**Education**

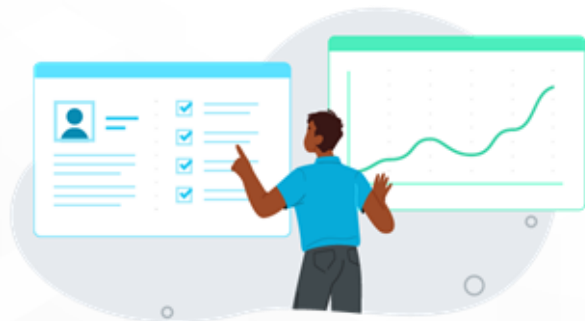


**Care**

**Understand the impact of your education and care initiatives.**

# Outcomes Shouldn't Live Outside Care

## THE OLD MODEL



### Outcomes lived outside care.

- Separate platform, separate logins
- Clinicians juggle two systems
- Patients answer surveys disconnected from their care plan
- Data lives where decisions don't

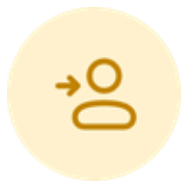
## THE NEW STANDARD



### Outcomes are integrated into care.

- One platform, one login, one workflow
- Assignment lives inside the care plan
- Patients complete PROs alongside their HEP
- Insights surface where decisions get made

# How It Works



## Assign

EMR-driven patient creation. Flexible assignment from within the care plan.



## Collect

Patients complete PROs through their existing Medbridge experience.



## Measure

Clinicians and admins analyze performance in real time.



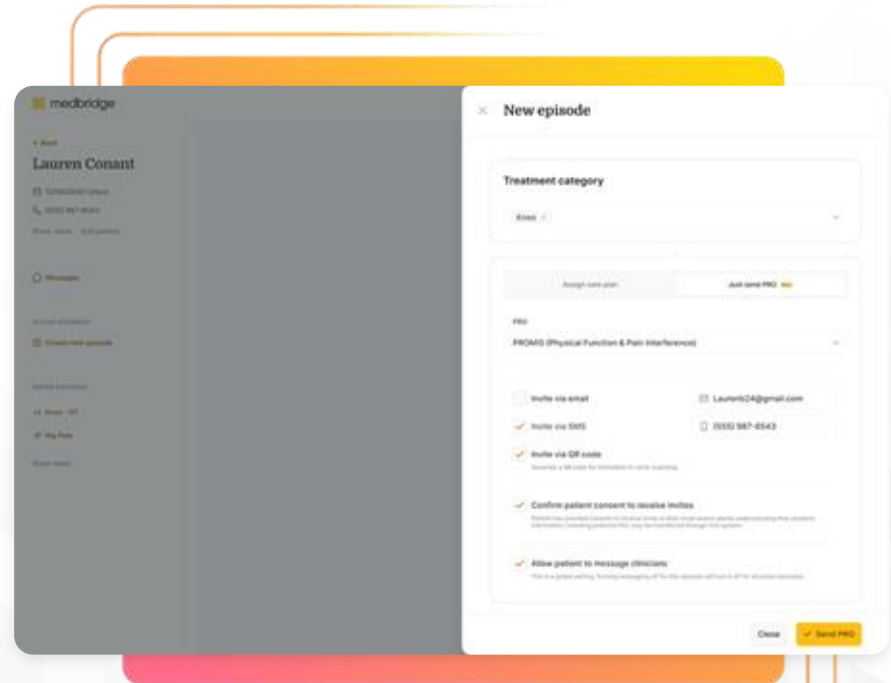
## Submit

Share data to payors, CMS, and referrers to showcase efficacy.

**All integrated into your One Care platform**

# Assign PROs From Inside the Care Plan

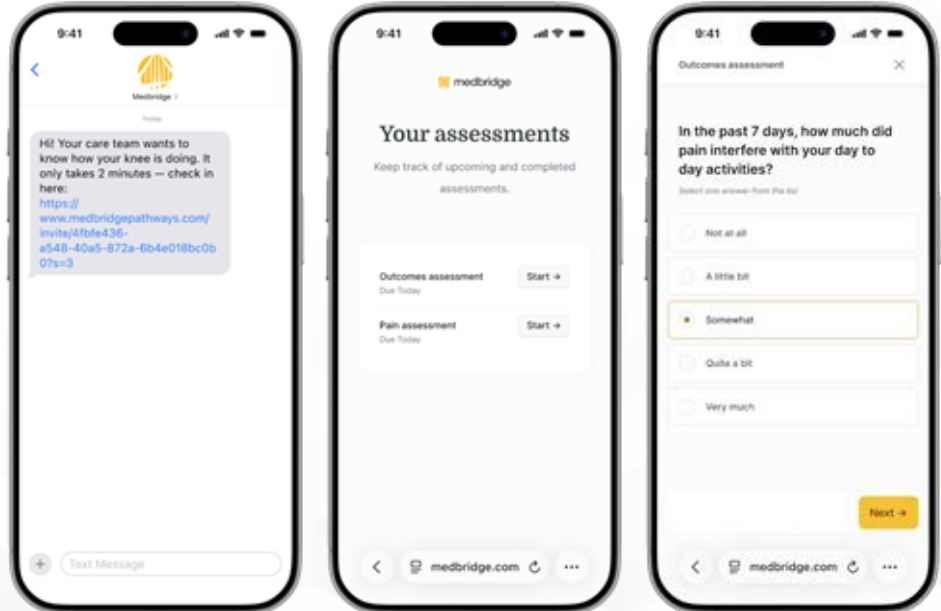
- Patient created from EMR, no manual setup.\*
- Assessment selected from the same place education and HEP are assigned.
- Choose delivery method that fits the patient: in-clinic, link, or app.



\* Available via Epic and Raintree. Additional EMRs available through Redox integration.

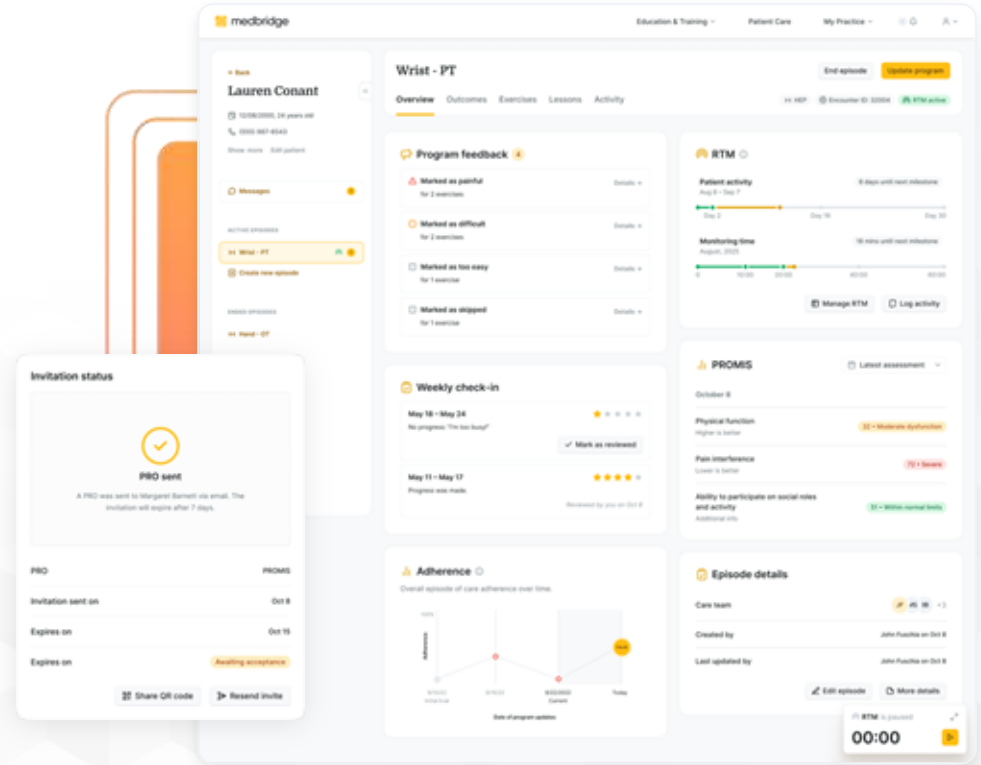
# Patients Complete PROs in Existing Experience

- Surveys feel like part of the care plan, not paperwork.
- Reminders, mobile-friendly UI, accessibility-ready.
- Multi-modal delivery of PROs via SMS, email, and QR code.
- Completion rates lift because friction drops.



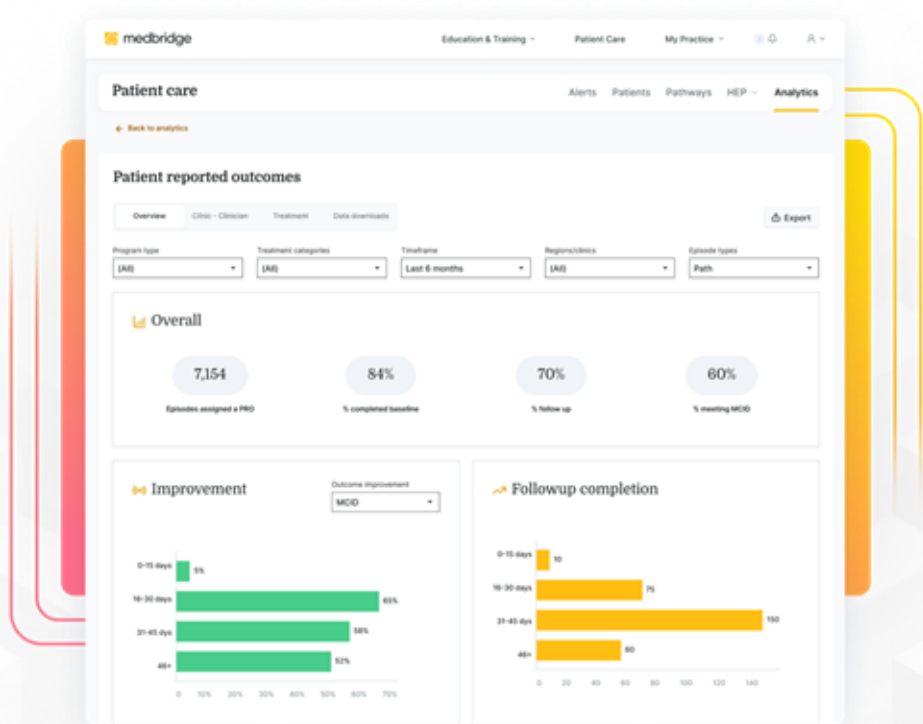
# See Completion and Progress in Real Time

- Patient dashboard shows assigned vs. completed at a glance.
- Ability to easily resend invite if awaiting response.
- Clinicians see the full clinical picture including outcome and engagement data in one view.



# From Completion Rate to Functional Improvement

- Capture rates by clinician, location, and condition.
- Percentage of patients achieving MCID, with trend lines.
- The data leadership needs to act on, not just report.



# Comprehensive PRO Library

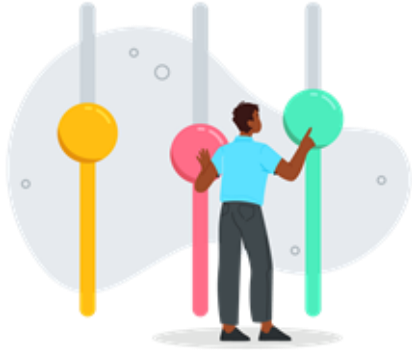
PROMIS CAT as the default with condition-specific alternatives across MSK, neuro, pelvic health, and more.

Treatment Category	Default Measure	Alternatives	Across all Treatment Categories
Shoulder	PROMIS UE & Pain Interference + NPRS	QuickDASH + NPRS	NPS + Risk Adjustment Scale
Knee / Hip / Foot & Ankle	PROMIS Physical Function & Pain Interference + NPRS	LEFS + NPRS	
Hand / Wrist	PROMIS UE & Pain Interference + NPRS	QuickDASH + NPRS	
Low Back	PROMIS Physical Function & Pain Interference + NPRS	ODI** + NPRS	
Neck	PROMIS UE & Pain Interference + NPRS	NDI** + NPRS	
Total Knee / Hip Replacement	KOOS Jr or HOOS Jr + NPRS	—	
Balance / Fall Prevention	ABC Scale*	—	
Pelvic Health	PFDI-20 / ICIQ-UI	—	
Other	PSFS, SANE, FES-I, ASES*, and FAAM*	—	

\* Listed measures are being added to the platform in Q3

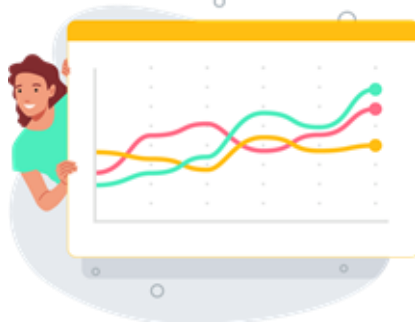
\*\* ODI/NDI are available at additional cost

# Risk Adjustment, Benchmarking, Regulatory Data



## Risk adjustment

Patient comorbidities, severity, and socioeconomic status factored in so your numbers reflect your population, not the easy cases.



## Benchmarking

Performance compared against clinics and against peers, by treatment category, to know where you stand.



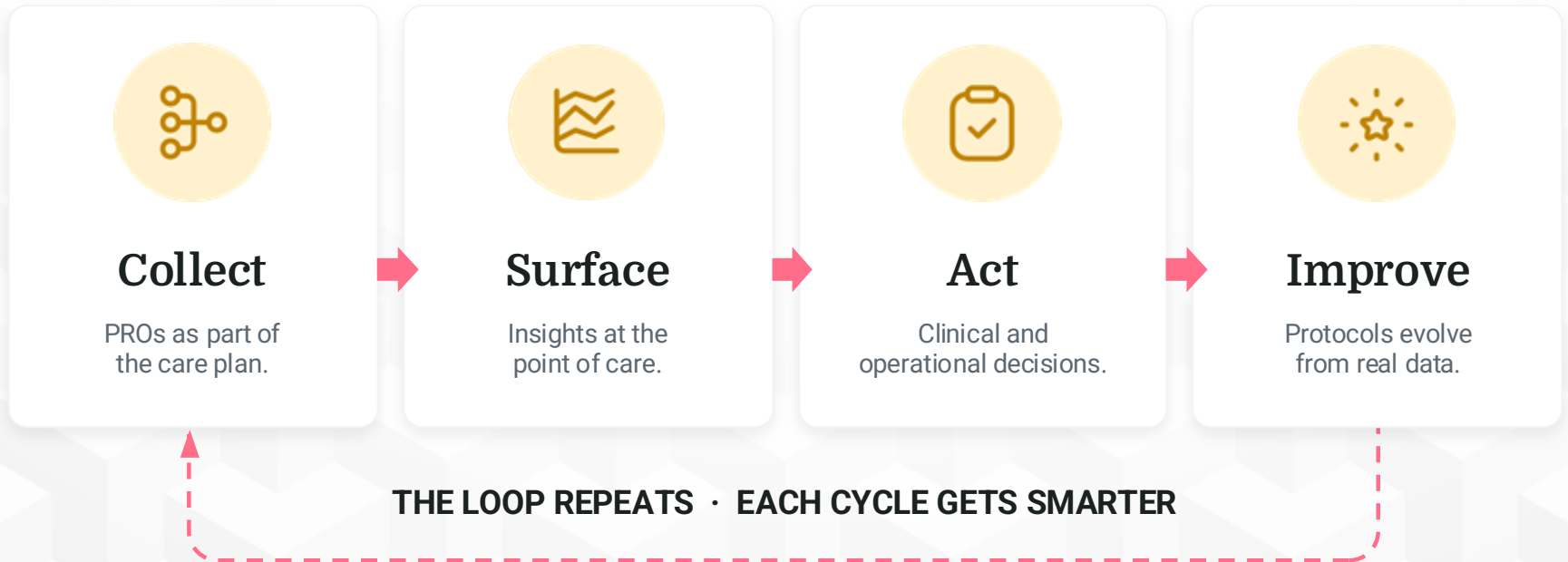
## Regulatory data

Partnership with QCDR to support MIPS reporting flows captured at the source.

**From outcomes collection  
to care intelligence**

# Medbridge Care Intelligence

Medbridge connects outcomes to education and care delivery in a continuous improvement loop, so your organization gets measurably better over time.



# Targeted Training, Driven by Outcomes Data

Your performance data tells us where to invest in your team.

1

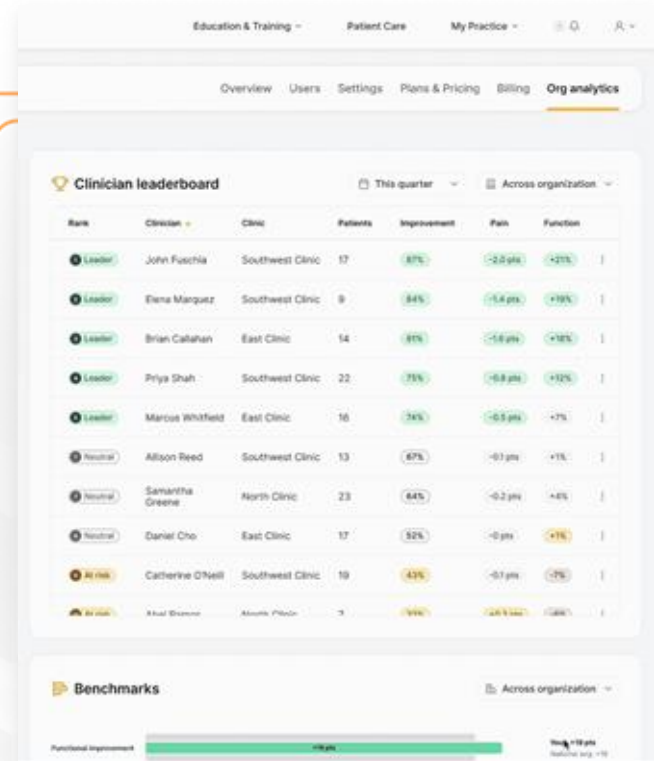
Surface the gap, automatically.

2

Match the gap to the right course.

3

Close the loop.



# The Right Message, at the Right Moment

*Patient engagement stops being a guess and becomes a recommendation.*

1

**Predict who's at risk of dropping off.**

2

**Trigger the right intervention.**

3

**Personalize the content.**

The screenshot shows a patient care dashboard for Margaret "Maggie" Barnett. The dashboard is titled "Pre-Op TKA - Ortho" and includes tabs for Overview, Outcomes, Exercises, Lessons, and Activity. The "Patient status" section lists several key metrics: KOOS Jr score decreased by 8%, Pain level reported 8/10, Progression assessment overdue (2 weeks), Patient reported exercise session difficulty, RTM billing milestones met for 98907, and RTM billing milestones met for 98990. A "Summary" section on the right provides a detailed overview of the patient's progress, noting that Maggie is in Phase 2 of Pre-Op TKA pathway showing severe clinical regression with reported pain (8/10) and decreased KOOS Jr score of 8%. It also mentions that adherence is at risk with an overdue progression assessment (2 weeks), difficulty performing exercises, and outstanding RTM billing requirements, while recent unread messages indicate the patient is actively seeking help. The dashboard also shows a "Last update" of 7 days ago and a "Last login" of 3 days ago. A "Care team" section lists the provider as The Bernard, Monica, Robert MD. A "00:06" timer is visible in the bottom right corner.

# Clinical Guidance, Surfaced at Point of Care

*Stop hunting for evidence. Treat with it at your fingertips.*

1

**Bring the evidence to the workflow.**

2

**Personalize to each patient.**

3

**Learn from what works.**

The screenshot shows a user interface for clinical guidance. At the top, it says "We might have the perfect pathway for Maggie: Pre-Op TKA". Below this is a button labeled "Review & assign pathway". The interface then lists key signals: "We pulled key signals to help you plan next steps: POD 7 • Pain 7/10 • Flexion 72° • Walker • Sleep poor". Underneath is a section for "Recommended training" featuring a video thumbnail titled "TKA red flags • escalation criteria" by John O'Halloran, with a 90-second duration. Below the video is a link to "View more education →". The "Quick prompts" section contains three text boxes with questions: "What red flags should I screen for today?", "Give me a 60-second coaching script for swelling + ROM.", and "What exercises should I emphasize if flexion is <80° at week 1?". At the bottom, there is a search bar with the text "What should I prioritize this week?" and a yellow play button icon.

**Your Partner for  
Continued Growth**

# Why Medbridge Is Uniquely Positioned

*Your partner for everything you need to deliver world-class care.*

**01**

## **Education**

15+ years of evidence-based clinical content used by clinicians and patients.

**02**

## **Care delivery**

HEP, pathways, and patient engagement embedded in real workflows.

**03**

## **Outcomes**

PRO collection, risk adjustment, and analytics built into the same surface.

# Medbridge Outcomes Ecosystem

## Medbridge One Care

### Outcomes Collection and Reporting

- PRO assignment in the care plan
- Multi-modality patient delivery of assessments
- Assignment & capture rate dashboards
- Outcomes analytics and reporting
- Care intelligence ecosystem

## Medbridge Analytics

### Risk Adjustment, Benchmarking, and QCDR

- Risk-adjustment & predictive analytics
- Cross-organization benchmarking
- MIPS / QCDR submission

# Next Steps

FOR TEAMS SWITCHING FROM ANOTHER PLATFORM

## A migration conversation

- Consultation on key differences and transition plan
- Dedicated migration support and timeline
- Structured transition from your current vendor

FOR TEAMS GETTING STARTED WITH OUTCOMES

## A starter conversation

- Onboarding of your existing One Care platform
- Scale as you're ready
- A foundation that grows into the full intelligence layer

Talk to your Account Manager, or schedule a demo at [www.medbridge.com/outcomes](http://www.medbridge.com/outcomes)

MEDBRIDGE CARE

# Deliver smarter, more connected care with One Care

Our unified platform empowers clinicians to provide personalized, evidence-based care through trusted HEP and Guided Pathways, with built-in RTM and Patient Reported Outcomes.

<https://www.medbridge.com/care>

