

WEBINAR

OCTOBER 28, 2026 • 1:00 PM EDT

From Raw Data to Quality Care

Using Interoperability & Clinical Data Infrastructure to Close Care Gaps



Educational Webinar Series

PRESENTED BY



CO-PRESENTERS



STRATUM MED
30 YEARS



From Raw Data to Quality Care

Using Interoperability & Clinical Data Infrastructure to Close Care Gaps



Questions? Use the Chat

- ✓ Drop your questions in the chat at any point during the presentation. Keep them coming!
- ✓ The panelists will take audience questions together during the closing Q&A session.



Session Recording

- ✓ This session is being recorded live.
- ✓ A full recording and slide deck will be shared with all registrants after the webinar, so don't worry about catching every detail live.

Today's Panel

Featured Speakers

Jeramey Ward

Chief Data Officer



Chris DiBlasi

CPO & Co-Founder

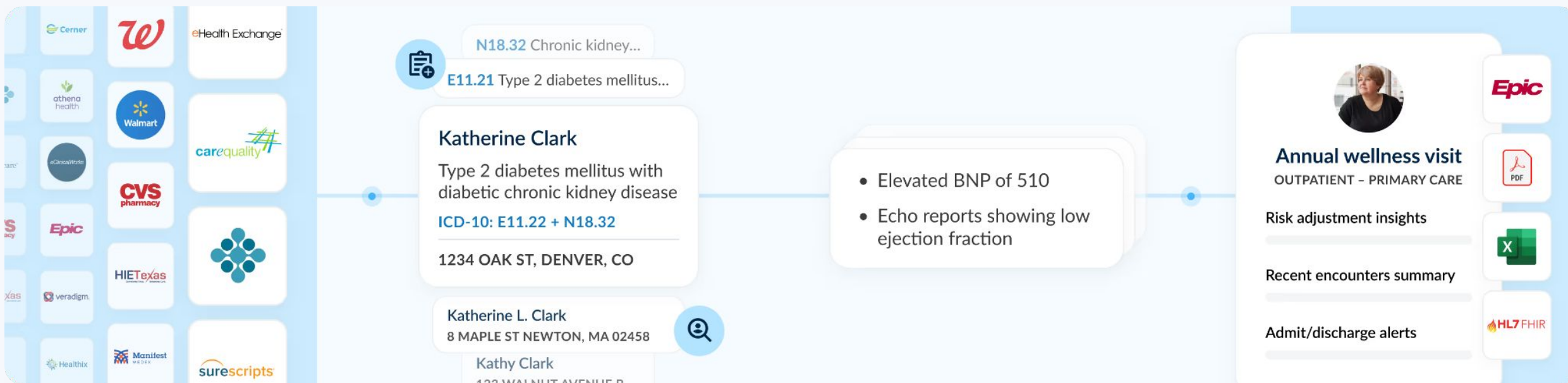


Paulo Andre

Chief Executive Officer



Connective Health: an interoperability platform for providers



Connect

Instant access to EHRs, HIEs, pharmacy claims and ADTs

Clean

Reconcile addresses, and deduplicate, augment and standardize clinical data

Curate

Clinical algorithms and AI comb through medical records to surface the right information

Close the loop

Make sure providers, payers and patients have the full picture

Current state: 30% of patient information is missing



Claims

Administrative billing data lacking rich clinical context and timeline precision.



Internal EHR

Medical records documented by onsite clinicians, care provided by external providers tends to be missing

Interactive Poll: What is the most common reason for missing medical information?

Future state: a complete picture of the patient



Claims

Administrative billing data lacking rich clinical context and timeline precision.



Internal EHR

Medical records documented by onsite clinicians, care provided by external providers tends to be missing



External EHRs

Isolated in proprietary clinical software architectures with varying formats.



ADT Networks

Regional exchanges with variable data completeness and participation gaps.



Pharmacies and Labs

Dispensing history and lab results disconnected from underlying diagnosis and care plans.

Interactive Poll: In your experience, how many organizations are able to pull together a complete picture of the patient?

The challenge is pulling it all together

1

Deduplicate

Removing redundant encounters and overlapping claims across disparate systems.

2

Normalize & Augment

Mapping naming variations to standard terminologies (LOINC, RxNorm, SNOMED).

3

Label & Categorize

Extracting hidden clinical values from notes and tagging thousands of test variations.

For example: treating heart failure



ICD-10 Codes

I09*, I11*, I13*, I27*, I28*, I50*



Abnormal Cardiac Imaging

Echocardiogram, cardiac cath,
lexiscan



Cardiology Notes

Screening for symptoms: shortness
of breath, pedal edema, orthopnea,
PND, rales, crackles



Lab Results

Elevated BNP lab results



Medications

Relevant medications (e.g. Diuretics, sacubitril /
valsartan, amiloride, bendroflumethiazide, etc.)

For example: closing A1c and colorectal screening care gaps

QUALITY MEASURES SUMMARY



Jane Doe (Female)

Patient ID: 123456

DOB: 1955-01-01 (70 years old)

Address: Po Box 121, Faulkner, MD

Mobile: 240-444-5555

Requesting Provider: Georgia Bewayo

Upcoming Visit: 2025-04-25

Vital Signs: University of Maryland Medical System (UMMS)

Height: 5' 5" or 165.1 cm (2025-03-26)

Weight: 219 lbs or 99.34 kg (2025-03-26)

BMI: 36.44 kg/m2 ▲ (2025-03-26)

Blood Pressure: 141/78 mm[Hg] ▲ (2025-03-02)

Heart Rate: 85/min (2025-03-02)

^ DIABETES

BLOOD PRESSURE CONTROL FOR DIABETICS (NOT CONTROLLED)	RESULT	DATE
Georgia Bewayo CRNP, Nurse Practitioner, University of Maryland Medical System (UMMS)	141/78	2025-03-02
Sagal Ali MD, Internal Medicine, University of Maryland Medical System (UMMS)	127/75	2025-01-22
Georgia Bewayo, Nurse Practitioner, La Plata	118/61	2025-01-14
Adrienne Caiado MD, Emergency Medicine, University of Maryland Medical System (UMMS)	139/81	2024-12-30
Adrienne Caiado MD, Emergency Medicine, University of Maryland Medical System (UMMS)	128/73	2024-12-23
Adrienne Caiado MD, Emergency Medicine, University of Maryland Medical System (UMMS)	112/62	2024-12-12

QUALITY MEASURES SUMMARY



Jane Doe (Other)

Patient ID: 123456

DOB: 1951-01-01 (75 years old)

Address: 123 Main Street, MISSOURI CITY, TX

Mobile: XXX-XXX-XXXX

Work: XXX-XXX-XXXX (alternate)

Requesting Provider: Shawn Burton, MD

Vital Signs: Houston Methodist

Height: 5'3" (160 cm) (2026-08-28)

Weight: 204 lb (93 kg) (2026-08-28)

Body Mass Index: 36.14 kg/m2 ▲ (2026-08-28)

Blood Pressure: 113/76 mm[Hg] (2026-08-28)

Heart Rate: 82/min (2026-08-28)

PREVENTION AND SCREENING

COLORECTAL SCREENING

DATE

Rukan Daccak MD, Gastroenterology Physician, Digestive System Healthcare Pasadena (11506-3: Progress note)

2023-11-01

Result (extracted using AI):

ABNORMAL

Snippet (extracted using AI):

1 polyp(s), ranging in size from 3-5 mm, removed by hot biopsy polypectomy.

Full unedited provider note:

Assessment: Assessment: 1. Colon cancer screening - Z12.11 (Primary) 2. Diverticulosis - K57.90 3. Benign neoplasm of ascending colon - D12.2 4. Internal hemorrhoids - K64.8 Plan: Treatment: 1. Colon cancer screening LAB: Surgical Pathology Procedure: Colonoscopy (Ordered for 11/01/2032) Notes: ___ Post Procedure Instructions: 1. Discharge home when all the discharge criteria are met2. To continue current medications as previously prescribed3. To continue current care and management4. To resume activities as prior to your procedure5. Do NOT drive, drink alcohol, or make important decisions today6. High fiber diet7. Notify physician if you experience any redness, swelling or pain on arm where IV was placed8. Belching and gas occurs after procedure9. Walking will help relieve gast discomfort or distention10. May experience mild abdominal discomfort11. Notify physician if it persists for more than 6 hours12. May experience minor bleeding. if this persists for more than 24 hours or increases notify, physician13. Notify your physician if you cough or vomit blood, fever greater than 101, or shortness of breath14. Please call the office with any problems or concerns at 713-910-777915. If you cannot reach a physician regarding your concerns please go to the nearest emergency room ___ 2. Diverticulosis Start Benefiber Powder, -, as directed, Orally, Once a day, 30 days, 760 Gram, Refills 3. Notes: Diverticulos Recommendations Increase fiber content in your dietIncrease water intake at least 8 to 10 glasses of water every dayFiber supplement of choice everyday Procedures: Procedure Performed Today : _ Colonoscopy with hot biopsy . Pre OP Details : Antibiotics Administered: No. Pre-operative diagnosis: average risk colon cancer screening. Last colonoscopy was performed: 10 years ago. Consent: Risks and benefits discussed with patient. Written consent obtained. ASA: III. Relative contraindications include: none. Sedation: MAC. Bowel Prep: _ . Prep Quality: Left Colon Good, Transverse Colon Good, Right Colon Good. Exam Remarkable for : Exam Toleration: good. Exam Difficulty: Without difficulty. ___ . - Digital rectal exam revealed: normal. ___ . - Anus: normal mucosa and vasculature. ___ . - Rectum: normal mucosa and vasculature. ___ . - Sigmoid Colon: normal mucosa and vasculature. ___ . - Descending Colon: normal mucosa and vasculature, severe diverticulosis, small medium and. ___ . - Transverse Colon: normal mucosa and vasculature, mild diverticulosis, small medium and. ___ . - Ascending Colon: normal mucosa and vasculature, mild diverticulosis, small medium and, 1 polyp(s), ranging in size from 3-5 mm, removed by hot biopsy polypectomy. ___ . - Cecum: normal mucosa and vasculature. ___ . - Terminal ileum: _ . Intended extent of today's exam was: cecum. Scope inserted: to the cecum, as confirmed by visual appearance, identification of the appendiceal orifice. Vital signs were monitored throughout the procedure and where stable .. The patient tolerated the procedure without difficulty .. No immediate complications were noted .. The patient was sent to recovery in stable condition .. Complications: none. Estimated Blood Loss: none. Grafts or Implants Placed? no. Post OP Details : Diagnosis internal hemorrhoids , diverticulosis mild right colon , diverticulosis mild transverse , diverticulosis severe left colon , # colon polyp(s) removed . Repeat Procedure: 7 years. Withdrawal Time: _ . Procedure Codes: 45384 Colon, w/ hot biopsy, Modifiers: QZ Follow Up: Follow Up 12/05/2025 at 12:30pm (Reason: To get the results of the procedure) Billing Information: Procedure Codes: 45384 Colon, w/ hot biopsy. Modifiers: QZ

When you have the full picture of your patient, it makes closing the loop with providers, payers, patients more impactful



EHR Care Delivery

Surfacing curated gaps directly inside physician workflows without portal switching.



Automated Translation

Converting documented clinical care into required payer formats (NCQA, HEDIS, QRDA).



Reimbursement Success

Ensuring clean data submissions capture true patient complexity and earn value-based incentives.

Interactive Poll: What are the most common treatment workflows impacted by missing medical records?

LIVE DISCUSSION

Questions & Discussion

Use the chat feature to ask a question or leave a comment for our panelists.

Stop by our VBC Exhibit Hall [booth!](#)

VBCExhibitHall.com



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CONCLUSION

Thanks for joining!
Please reach out to us.



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