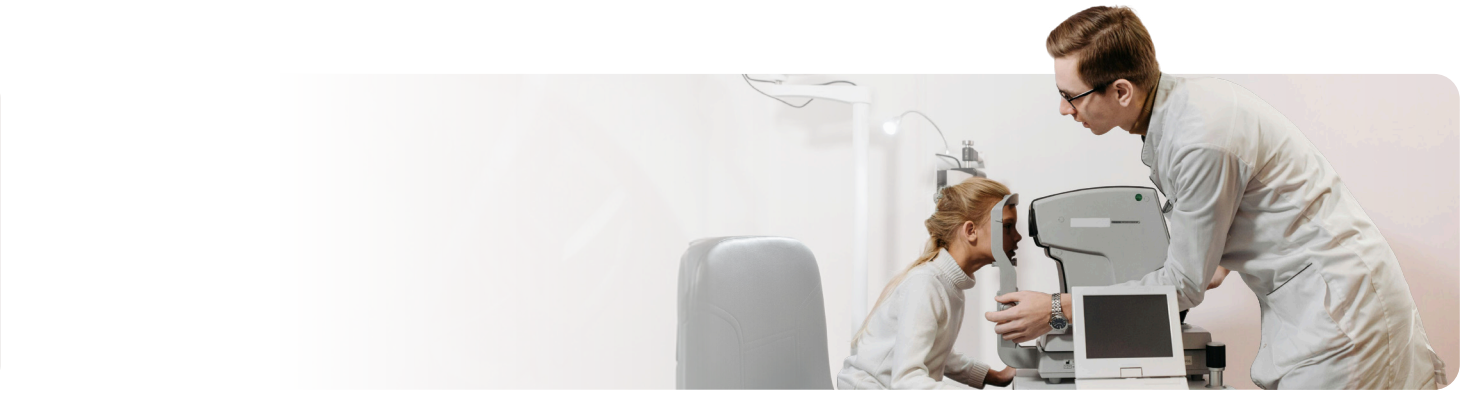
HEALTHCARE ANALYTICS CASE STUDY

Running a growing ophthalmology practice on ModMed and ready for the next level of reporting. This is what that looks like.

A 13-provider ophthalmology practice added dedicated analytics to their ModMed environment, built real-time leadership dashboards, solved a cross-platform recall tracking gap, and gave their team full reporting independence.



Dakota Eye Institute is one of North Dakota's leading ophthalmology practices, with 13 providers serving patients across 3 owned clinic locations, an ambulatory surgery center, and several satellite sites. The practice runs a multi-system environment: ModMed for practice management and scheduling, ModMed Gastro for the ASC, Compulink for optical, and Klara for patient communication and recall.

Aleesa Brorby joined as CEO bringing experience from a large multi-state hospital system in Bismarck, where sophisticated analytics infrastructure was part of how leadership operated. Real-time dashboards, filterable reports, cross-department visibility — those were standard tools in that environment. When she arrived at Dakota Eye, the clinical and operational foundation was strong. The practice ran well on ModMed. What she wanted to build on top of it was a dedicated analytics layer that could support the kind of data-driven leadership decisions she was used to making. She and her RCM manager began looking for the right partner to build it.

> **We were looking for a solution to have more real-time data that was more of a filtration system versus a manual pull each time.**

ALEESA BRORBY

CEO | Dakota Eye Institute

Organization: Dakota Eye Institute

Specialty: Ophthalmology

Size: 13 providers (5 MDs, 8 ODs), 3 clinic locations, 1 ASC, multiple satellites

Location: North Dakota

EHR/PM System: ModMed (PM), ModMed Gastro (ASC), Compulink (optical), Klara (patient recall)

Focus Service: Analytics (Managed Data / Insights)

Challenge: Needed dedicated analytics and leadership dashboards beyond what their EHR reporting module provided; no bridge between Klara and ModMed for recall tracking

Result: Real-time filterable reporting live, leadership dashboards built, recall tracking solved, full team data independence

The challenge

What a growing practice needs when it's ready to go deeper on data

EHR and practice management systems are built first and foremost to support clinical workflows. ModMed does that well for Dakota Eye across their clinical, surgical, and practice management operations. What Aleesa was looking for was something different: a dedicated analytics layer that could sit on top of their existing systems, pull data from across the environment, and give leadership and operations staff the kind of real-time, filterable reporting that dedicated BI tools are built to provide.

Beyond the analytics gap, Dakota Eye had a specific cross-platform challenge. Their patient recall program runs through Klara, but Klara and ModMed don't have a native integration that surfaces recall activity inside ModMed reporting. That meant the practice had no reliable way to see documented outreach attempts, track where individual patients stood in the recall pipeline, or pull a report showing recall progress across the practice. The team was managing it manually, working around the gap rather than through it.

What had to be solved

- **Every report was a manual build.** Without a dedicated analytics platform, every data pull required staff to start from scratch. There were no saved filters, no persistent views, and no way to quickly revisit the same report with updated data. The same information got reformulated over and over.
- **Deeper operational analysis required more than native reporting provided.** Metrics like cataract conversion rates, appointment slot occupancy broken down by location, and surgical capacity utilization are meaningful for running an ophthalmology practice at this scale. Getting to them cleanly required a more flexible data layer than was available through the existing setup.
- **Klara recall activity wasn't visible inside ModMed reporting.** Because Klara and ModMed operate as separate platforms without a native two-way integration for recall data, the practice had no centralized view of patient outreach history. Staff couldn't pull a report showing contact attempts, and leadership couldn't see recall pipeline status without manually assembling the information.
- **No leadership dashboards for quick operational snapshots.** Aleesa needed a way to monitor key metrics continuously, without running a new report each time. Cancellation rates, appointment occupancy, cataract conversion — those numbers should be visible at a glance for leadership. They weren't, which meant getting a current picture required triggering a reporting workflow that took time neither she nor her team had to spare.
- **The goal was data independence, not ongoing vendor dependency.** Aleesa and her RCM manager specifically wanted a solution their team could own. Being able to filter, modify, and build on reports without calling a vendor every time wasn't a nice-to-have. It was a requirement from the start of the search.

> **So many vendors seem like they're putting it in your court of 'it can be whatever you want.' Well, you don't know what that is. Sometimes you have an idea of what you want, but not necessarily how to get there. And you might be omitting things that are a great feature that you just don't know about.**
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> **ALEESA BRORBY**
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> CEO | Dakota Eye Institute

How we approached it

The ModMed data model, the Klara bridge, and why structure matters more than software

Dakota Eye found Focus at ModMed's Momentum conference. The connection came through reference — Aleesa and her RCM manager didn't just ask other practices whether they were satisfied with their analytics vendor. They asked whether those practices had built real data independence or were still calling their vendor to pull every report. That question cut through a lot of vendor marketing quickly. Focus passed.

The implementation was led by Jen and Will on the Focus analytics team. The first thing they brought was a framework: rather than asking Aleesa's team to define every requirement from scratch, the team came in with a structured plan, clear milestones, and specific deadlines for what the practice needed to have ready at each stage. For an organization that had seen vendors hand the definition work back to the client and call it flexibility, the contrast was immediate.

The data mapping work was the technical foundation of everything that followed. ModMed's data model is sophisticated, and getting clinical, scheduling, and financial data into a unified analytics layer requires mapping fields deliberately. Aleesa's RCM manager led the mapping work from the Dakota Eye side, with the Focus team providing field-level guidance and building the structure that made the resulting reports reliable. The quality of that mapping determined whether every subsequent report would be trustworthy.

The Klara recall gap required a different kind of solution. Without a native integration between Klara and ModMed for recall activity, the team built custom report structures within the Focus Insights platform that pull available ModMed fields in a way that makes recall tracking meaningful. The practice can now see documented outreach attempts, monitor where patients stand in the recall pipeline, and run their recall program off actual data rather than manual approximations. It isn't a clean plug-and-play integration. It's a thoughtful workaround that produces something genuinely useful.

The RCM background of the Focus team shaped the engagement in ways that went beyond the technical work. When the team shared what they had seen work at other practices, it was specific: how similar ophthalmology groups structure their cataract conversion reporting, why certain report designs create downstream problems, what best practices look like for practices at Dakota Eye's scale. That kind of input comes from a team that has done this work across many different practice environments, not from a software demo.

From there, we followed a clear path

- **Full ModMed data mapping across clinical, scheduling, and financial fields.** The foundation of every report that followed. Done right at the start, in collaboration with the RCM manager who knew the practice's data best.
- **Custom report builds for ophthalmology clinical operations.** Cataract conversion rates, cataract evaluation slot utilization, overall appointment occupancy and capacity by location, no-show and cancellation tracking. Built for how Dakota Eye actually operates, not for a generic practice template.
- **Klara recall bridge reports.** Custom report structures that surface documented outreach attempts and recall pipeline status from the available ModMed data, making recall management trackable in a centralized way for the first time.
- **Leadership dashboards built to stay live.** Set once, always current. Aleesa can check key metrics at a glance without touching anything. The dashboards she needed are there when she opens the platform.
- **Training built into the implementation from day one.** The goal was always for the Dakota Eye team to own their reporting. Biweekly calls during implementation gave way to a team that can now filter, modify, and build on existing reports without reaching out for help.

What we built together

Real-time data, live dashboards, and a team that runs their own reporting

The most immediate operational change was what staff stopped doing: rebuilding the same reports from scratch. With reports and filters already in place, getting answers now takes seconds instead of a manual workflow — changing how reporting fits into daily work. For Aleesa, the leadership dashboard delivered the outcome she had been seeking: a continuously updated view of key practice metrics, accessible without running reports or waiting for someone to build one. It's now how Dakota Eye operates. Recall tracking, once entirely manual, now has structure. The team can track contact attempts, monitor patient progress through the recall pipeline, and run the program using reliable data — a meaningful operational shift for a recall-driven practice.

Metric	Result
Reporting model before Focus Insights	Manual pull required every time, no saved filters
Reporting model after Focus Insights	Filterable live reports, always current
Leadership dashboards	Built and live
Cataract conversion rate tracking	Real-time, filterable by location and provider
Appointment occupancy and capacity	Monitored continuously without manual reporting
No-show and cancellation tracking	Automated, no reformatting required
Klara recall data bridge	Custom report structure built, recall pipeline now trackable
Team data independence	Full: staff filter and build their own views independently

Running on ModMed and ready to go deeper on data?

Here's what dedicated analytics looks like for a practice your size. Practices running clinical operations on ModMed and looking to add analytics, leadership dashboards, and cross-platform reporting need expertise to do it well. Data mapping, filterable reporting, and integration gaps are best solved before implementation, not during it. Focus works with ophthalmology and specialty practices to build on existing systems — not replace them. If you want to see what that looks like for a practice your size, let's talk.