

How a 250-provider MSO unified healthcare analytics across 3 EHR systems

Healthcare analytics for MSOs comes down to one problem: practice groups on different systems, all measured the same way. US Specialists Management was manually pulling data from separate EHR, practice management, accounting, and HR systems and consolidating it all into PowerPoint before every board meeting. See how automated dashboards across all 7 groups changed that.



US Specialists Management (USSM) is a management services organization that oversees 7 independent urology practice groups and roughly 250 providers. Each group grew on its own before joining the MSO, arriving with its own EHR already in place. That left reporting scattered across 3 systems, Veradigm, ModMed, and Athena, with no shared platform and no single view of performance across the organization.

Jonathon Graham, USSM's Vice President of Technology, is responsible for both the tactical and strategic technology decisions across all 7 groups. He already knew Focus through the Veradigm integration partnership, and since his own background is on the technical integration side of healthcare IT, that familiarity with Focus's data work was a natural starting point when USSM set out to solve its reporting problem.

“

The expertise across the team is very attractive and evident from early engagement. That's where Focus shines.

JONATHON GRAHAM

Technology Director | USSM

Organization: US Specialists Management (USSM)

Specialty: Multi-specialty

Size: 250 providers across 7 independent practice groups

Location: Multi-state, Southeast focus

EHR System: Veradigm, ModMed, Athena

Focus service: Analytics (Managed Data)

Challenge: 7 practices on 3 different EHR systems, all reporting manually, no unified view for leadership or board

Results: Automated dashboards across all 7 groups, single reporting view, projected tens of hours saved per group per month

The challenge

What reporting looks like when 7 practices never had to share a platform

Every practice in the MSO grew independently, each with its own systems and reporting, so when USSM needed a view across all 7 groups, nothing existed to support it. Each cycle meant pulling data by hand from every group's practice management system, then accounting, then HR, and assembling it in PowerPoint. A single board report could take days of staff time before anyone could start analyzing it.

Time wasn't the only cost. Manual consolidation introduces errors, and when leadership can't trust the numbers, board meetings get spent questioning the data instead of acting on it. And because every metric lived in 7 separate places, any change to a calculation had to be redone by hand in each one.

As Jonathon put it, the manual process made it hard to push a change across the enterprise:

something that should take minutes took hours, with no guarantee of consistency.

- **Every report required starting from scratch.** There were no automated pulls, no persistent dashboards, no way to get back to the same view next week without rebuilding it. USSM staff were spending tens of hours per group per month just gathering data before they could analyze anything.
- **Manual consolidation created errors that undermined trust.** Pulling from multiple separate systems by hand and combining them in PowerPoint introduced the kind of entry errors that are hard to catch and harder to explain at a board meeting. When the numbers don't hold up to scrutiny, confidence in the whole reporting process erodes.
- **Changes had to be replicated 7 times.** Any update to a metric or calculation had to be manually applied to each group's reporting separately. There was no way to make a change once and roll it out across the enterprise. This made standardization nearly impossible to maintain.
- **Leadership had no real-time visibility.** The only time leadership had a complete picture was the day before a board meeting, when everything was finally assembled. There was no way to monitor performance throughout the month or catch a trend early enough to act on it.



How we approached it

Multi-EHR data normalization across 3 systems, built by a team that understood what was being asked

The challenge at USSM wasn't just a technology problem. It was a data normalization problem. The 3 EHR systems don't store the same information the same way. A financial metric in Veradigm and the same metric in Athena might be calculated differently, labeled differently, and stored in different data structures. Building a unified reporting view means more than connecting the systems. It means building a data model that makes those systems comparable, so that when leadership looks at a dashboard, they're seeing the same metric calculated the same way regardless of which group it came from.

Focus began with discovery: working with Jonathon and the USSM team to map where data lived across each of the 7 groups, understand what KPIs leadership and the board needed to see, and establish the logic that would make cross-group comparisons trustworthy. From there, the work was sequential: connect the systems, normalize the data, build the dashboards, validate everything before it goes live.

Natalie Nelson, VP of Success at Focus, coordinated the engagement across all 7 groups. With 7 independent practices each requiring their own data connections to be established, tested, and validated, the project management layer mattered as much as the technical one. Jonathon called her out specifically, and extended the same observation to the whole team: the responsiveness, the expertise, and the willingness to work at whatever pace and depth each group required were consistent across everyone involved.

- **Secure data connections to each group's EHR, PM, accounting, and HR systems.** Each group's data sources were connected individually, tested, and validated before being brought into the unified model.
- **A normalized data model across all 7 groups.** Different systems calculate the same metrics differently. Focus built a unified model so every KPI is calculated consistently, regardless of which EHR it came from. That consistency is what makes cross-group comparison trustworthy.
- **MSO reporting dashboards** designed for how USSM leadership and the board use data. The goal wasn't generic reporting. It was building views that leadership could monitor throughout the month and walk into a board meeting with, without needing to format or assemble anything.
- **Automatic updates once dashboards are approved.** Once a dashboard is built and validated, it refreshes on its own. No rebuilding every reporting cycle. No manual pulls. The data is always current.
- **Changes that propagate across all 7 groups at once.** When USSM adjusts a metric or updates a calculation, it updates everywhere automatically. The change propagation problem that made standardization so difficult before is gone.



Shout out to Natalie specifically. She's super responsive, very organized and pleasant to work with. Building and normalizing the data with Will and his team — they've been very responsive and demonstrate a level of expertise that is reassuring that we've chosen the right partner.

JONATHON GRAHAM

Technology Director | USSM

What we built together

From a manual PowerPoint scramble to continuous visibility across 250 providers

The shift USSM is experiencing is both operational and cultural. On the operational side, the manual reporting work that was consuming tens of hours per group per month is being replaced by automated dashboards that stay current without anyone touching them. Across 7 groups, Jonathon noted that the combined time savings could offset an FTE or more of manual labor, a significant number for an MSO that was allocating real staff time to a process that shouldn't require it.

The cultural shift may matter just as much. When leadership can monitor performance throughout the month rather than scrambling to verify numbers the day before a board meeting, the dynamic of leadership conversations changes. Jonathon described the most noticeable improvement as the reduction in pressure: the data is already teed up, it can be monitored continuously, and the surprise and panic factor that used to define board prep day has been significantly reduced.



The most noticeable improvement is just the pressure side of it — having less reactivity. The fact that all of that is teed up regularly and can be closely monitored minimizes that surprise and panic factor towards board meeting day.

JONATHON GRAHAM

Technology Director | USSM



What this means as USSM continues to grow

One of the quieter advantages of a properly built reporting infrastructure is what happens when the next practice joins the MSO.

- ✓ The data model is already built.
- ✓ The dashboards are already designed.
- ✓ The normalization logic is already in place.

Onboarding a new group means establishing its data connections and validating the output, not rebuilding the entire reporting framework from scratch.

For a growing MSO that measures success by its ability to add practices without adding proportional overhead, that compounding efficiency is part of the value.

Jonathon also noted that USSM's relationship with Focus extends beyond analytics. The same team that built the reporting infrastructure is the managed IT partner supporting the operational technology that underpins all 7 practices. That integration across services means fewer handoffs, fewer accountability gaps, and a single partner who understands the full picture.

Managing multiple practice groups on different EHR systems? Here's what unified reporting looks like.

If your MSO is still building board packets by hand, replicating the same updates across multiple groups, or asking your team to spend hours gathering data before they can analyze any of it, that's time and accuracy you shouldn't be losing. A unified analytics layer built on a normalized data model changes both.

Focus works with urology and specialty MSOs that are ready to move from manual reporting to automated visibility. If you want to see what that looks like for an organization your size, let's talk.

