

Efficient Powerful Patient Engagement

01

Why is Your Patient Engagement More Powerful and Efficient?

Within 4 rounds of outreach, we enjoy 60-80% engagement, far eclipsing the normal 3-4% engagement rate in dialing or other outreach methods traditionally used. We are much more effective in touching the patient and getting them to respond quickly and in a positive manner because we begin with a white labeled electronic outreach to the patient base. The look and feel of the doctor/organization affords the patient a much higher comfort level and allows us to quickly and significantly engage the population.

02

What are the first steps in Patient Engagement?

We offer a health risk assessment to begin, sent by text and email that enables us to capture from the patient in a simple manner, a current checkpoint of how they're feeling and what their conditions are. This approach is much more effective than going back to the health record because the patient may not have been into the doctor's office for six months or longer, something we've seen more since Covid.

Besides, myriad health changes can happen in six months, particularly for a Medicare age patient. So the health risk assessment then comes back to us and we stratify results as red, yellow, green. And if it's green, the patients in great shape and we revisit in 90 days and make sure you're still feeling great. If they're yellow, we encourage an appointment in the next three to four weeks, for this particular area that you identified, but it's not immediately urgent. If they're red, something that came out in the assessment that said they need to book an appointment in the next week. So that aids in our efforts to try and get the right patients to the right doctors at the right time. We are able to engage the patient that needs to be seen quickly in a way that helps the value based medicine approach and becomes more preventative before it becomes an acute situation.

03

Why do You Call Your Process Seamless?

We're working with you in a way that is in parallel, but not impacting the workload of your practice. So we're working outside of day to day staffing, structure and activities of a practice - so we don't negatively impact it. When that health risk assessment is returned, we can scribe into the electronic health record. A doctor spends 10-20 minutes reviewing the results of the risk assessment reviews. If there's a need for a care plan, they'll put a care plan in place based on the reports. The time they spend reviewing that assessment is available as a billable CMS event.

04

How Does Billing and Payment Work?

Medicare will pay the doctor for the above work and we will send them a bill for our staff effort to engage the patient and get that assessment returned. Billing does not occur unless the patient actually fills out the assessment. Anyone we've touched electronically but that doesn't fill out an assessment doesn't cost the hospital anything. It's only the people that return the assessment that we bill for.

Now, it turns out that the rate that we bill is substantially below what CMS pays. So this is where we begin to generate revenue very early in the process for the hospital. There is no upfront money - which we know is one thing that makes this program so popular and easy to say yes to.

05

What Services Do We Help With?

While there are dozens of areas we CAN help (and we ascertain that through conversations with your organization) - we have five major areas - the annual wellness visit, patient engagement, remote patient monitoring, transition care management and CCM.

We can provide services either through our own staff or we have partner vendors in the remote patient man, RPM TCM and CCM. We have partnered with vendors that can do those services very well, are certified by Medicare - and we have very large contracts with them. So they're very cost effective.

06

How Does Us Handling These Services Benefit the Hospital?

If a hospital engages us to perform all of these services, the revenue that we deliver to them is generally at about a 30% profit margin, increasing their yield per Medicare patient without adding extra work. That's huge for the hospital because they're used to generating on average, 10 to 15%. So, we're giving them revenue for twice or three times their normal operating margin. It's highly profitable, and it improves their compliance because when we do all of these things, they're getting after those 46 quality measures that CMS requires that they do. We're lowering their risk of being exposed to that 9% penalty and when we get them to the point where we want to get them to we're actually putting them in a bonus situation. And when they are bonused by CMS, we don't take part of that that's 100% their money. Another factor is that when we do patient engagement, we tend to generate appointments because of finding people that need to see the doctor. We're generating additional appointments, that tends to equate to a 20-22% increase in their office visits. That's revenue for the hospital or for the doctor's office. We don't participate in that that's 100% of their revenue.

So when you when you look at the the full spectrum of the services that we can perform, we're getting after the four big issues we're getting after patient engagement, we're helping them create additional revenue, we're improving compliance, and from a from a staffing standpoint, we're offloading some of the work needing done they couldn't achieve with current atmosphere/workload.

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I like your program because I want our patients to show up to their doctor's office in their car. I don't want them in an ambulance headed to the emergency room, because it's a lot more expensive and less successful to treat them there and then.”

- Large Hospital System CEO and client

What is the Net-Net of Working Together?

Our turnkey system allows doctors to spend more time with their patients using their experience and expertise, as opposed to worrying about doing checkboxes on the computer. There is also a much higher patient quality experience, and it's much better for the patient's health at the same time.

Additionally we drive new revenue at significantly higher margins, no upfront cost, we reduce risk of penalties and position and increase opportunities for bonuses - and place you as a leader in the move to value based medicine. So it is truly a win win win win.