



Comprehensive CARE COORDINATION

Holistic care planning for value-based success

An interactive care planning solution that improves clinical workflow to foster patient engagement and maximize Medicare reimbursement.



Build meaningful connections with patients through interactive assessments



Create personalized, measurable goals to monitor progress and track patient success



Empower patients to improve their health through clear, evidence-based interventions



Promote clinicians' abilities to meaningfully engage and educate patients simultaneously

Solutions to Promote Patient Success

- Clinician-friendly dashboards to easily navigate and assess care plans and relevant patient health information
- Guided clinical assessments to streamline workflow and enable patient-facing conversations
- Integration of data analytics to measure patient and care manager success through a variety of metrics

Access patient health information across goals, barriers, and interventions with a comprehensive dashboard.

Problems Current Program

Managing **CCM** **Condition**
Acid Reflux (GERD)

Managing **CCM** **Condition**
Hypertension (High Blood Pressure / HBP / HTN)

Proactively manage chronic conditions as part of a personalized care plan.

 Enrollment And Consent Status: Active Enrolled on: 02/07/2023 Patient is Billable: Yes	 Monthly Care Plan Review and Updates Signed on: 02/21/2023 Signed By: Anderton, Kathryn	 Re-assessment of Conditions (Optional) Reviewed on: 02/21/2023						
Problems	Goals	Barriers	Interventions	Clinical Review	Provider Review	Patient Vitals	Time Logs	Notes

Integrated, Collaborative Care

Empower Patients Across the Care Continuum

- Personalize care plans with health objectives and actions designed to support each patient's desired life goals and aspirations

Address Social Determinants of Health (SDOH)

- Assess patients' SDOH to ensure that care is considerate of all aspects related to their health and success in managing it

“ Care plan development and documenting outreach and interventions have enhanced our clinical workflow and operational effectiveness, enabling us to reach more patients and develop consistent standards of care across disease states and patient populations. ”

- Kristina Hahn RN, MSN
Executive Director of Population Health
Operations at Bridges Health Partners

