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Population Health

Key Benefits

It is not just hospitals or large practices that can benefit from proactive care management. Although the main benefit of population health management is certain to be better patient care outcomes through improved patient care and compliance to guidelines for specific diseases, there are also specific benefits to the practice as well.

- Placing a focus on high-risk patients
- Increased patient compliance with CQMs.
- More appointment slots filled
- Additional revenue is generated by scheduling routine appointments that may have been overlooked
- Increased practice productivity by eliminating cumbersome notification
- Higher revenue by securing Medicare incentives and reimbursements.

Patient Engagement Metrics can be generated to reveal appointments made and revenue generated by outreach

To obtain maximum benefit, find a population health tool that has the modules your practice needs to thrive.

Understand, Engage, Measure

In most medical practices these days, the standard method of operation is to look at each patient as an individual with separately identifiable needs. The provider reviews the chart before the appointment, discusses current health issues with the patient, provides lifestyle education and prescriptions as needed, and annotates the chart properly. The chart is then either closed on the digital platform or returned to the file room, and is usually not referred to again until the next appointment, or the patient calls the practice for some reason.

Little thought is given to the practice's population as a whole. The provider may intuitively feel that there are a lot of patients with diabetes, or it might seem like patients are just not engaging enough in their own healthcare. Little attention is really paid to the matter, however, as the provider has to move on to the next appointment or deal with a claims payer on an insurance matter.

Population health is an approach described as "the health outcome of a group of individuals, including the distribution of such outcomes within the group." It is an approach that aims to improve the health of an entire patient population on an overall basis,

David Kindig, MD and Greg Stoddart, PhD,

The framework that provided the push for the term "population health" is the Triple Aim of Healthcare:

- Improving the individual experience of care
- Reducing per capita cost of care
- Improving the health of populations

in addition to working with the patients one-on-one to address individual health issues. Tools are now available which can assist the provider in easily reviewing the data, spotting health issue trends, and taking action to improve patient compliance with care activities.

A population health tool enables the practice to identify care gap trends based on care plans, identify individual patients with care gaps and those not meeting quality metrics, and proactively engage patients through automated notification tools. These remind the patient to take specific actions such as vaccinations or blood tests, or to call and schedule a needed appointment, which ultimately fills in empty appointment slots on the schedule and keeps the practice running at full capacity.

Talk to us about your Population Health needs.
Contact us: 877.634.2727 or visit www.amazingcharts.com

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Tools

Care Gap Analysis: Total patient population view of health care gaps so your patients won't miss important procedures to address preventative, critical or chronic health issues. It can be used to identify patients to address with preventative and critical care needs. It should also look for.

Chronic Care Management: By using incentives to improve levels of care - manage your population of patients for the Medicare CCM program. Enroll and track care interactions including non-face-to-face billable encounters.

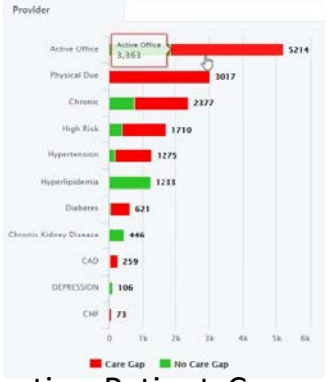
Clinical Quality Measures: Quality Management dashboard provides total patient view tracking and measure the quality of your care services for MIPS, CQM and GPRO. The practice benefits financially in the long run when it achieves the ability to receive payment adjustments.

Population Health Bundle: all modules combined for discounted pricing.

Understand, Engage, Measure

You are going to need more than just your EMR to understand, engage, measure and improve your patient population health care and risk stratification demands. Your EMR is great at analyzing a single patient but Population Health is about your practice as a whole.

Our Population Health gives you the tools to aggregate, analyze, alert and achieve results. Results like better patient care, proactive patient care, reduction in patient costs and an increase in practice productivity which leads to an increase in revenue. Designed to work across platforms, you can use ac Population Health in any office combination of specialties or EMRs.



Configurable screens makes analyzing data from your practice clear by using filters like payer, provider and category.

Proactive Patient Care and Risk Management is key to healthier and happier patients. But keeping up with which patients are due for which procedures can be a manual and laborious chore in an EMR. Practices have seen improved patient health outcomes along with increased practice profits.

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