05/22/2024

The Next Level: Optimizing Chronic Care Management and Value-based Care for athenahealth Customers

Thought Leadership Series

ChronicCareIQ

The Next Level: Optimizing Chronic Care Management and Value-based Care for athenahealth Customers

The Background

On May 22, ChronicCareIQ conducted a specialized webinar tailored for Athena customers, focusing on the integration and utilization of the ChronicCareIQ platform in conjunction with Athena's healthcare systems. This webinar targeted healthcare organizations that utilize Athena for patient management, demonstrating how ChronicCareIQ's seamless integration can enhance chronic care management (CCM) and remote patient monitoring (RPM). The session emphasized the benefits of leveraging this integration to streamline patient enrollment, simplify care management workflows, and reduce the administrative burden on healthcare providers.

Our Goal

To illustrate the impact of integrating ChronicCareIQ with Athena on streamlining care management processes for healthcare providers. By showcasing the seamless interoperability between ChronicCareIQ and Athena, we aim to empower healthcare organizations to enhance their efficiency, reduce the time spent on administrative tasks, and focus more on patient-centered care.

ChronicCareIQ

Justin Barnes
Barnes Advisors

Matt Ethington
ChronicCareIQ

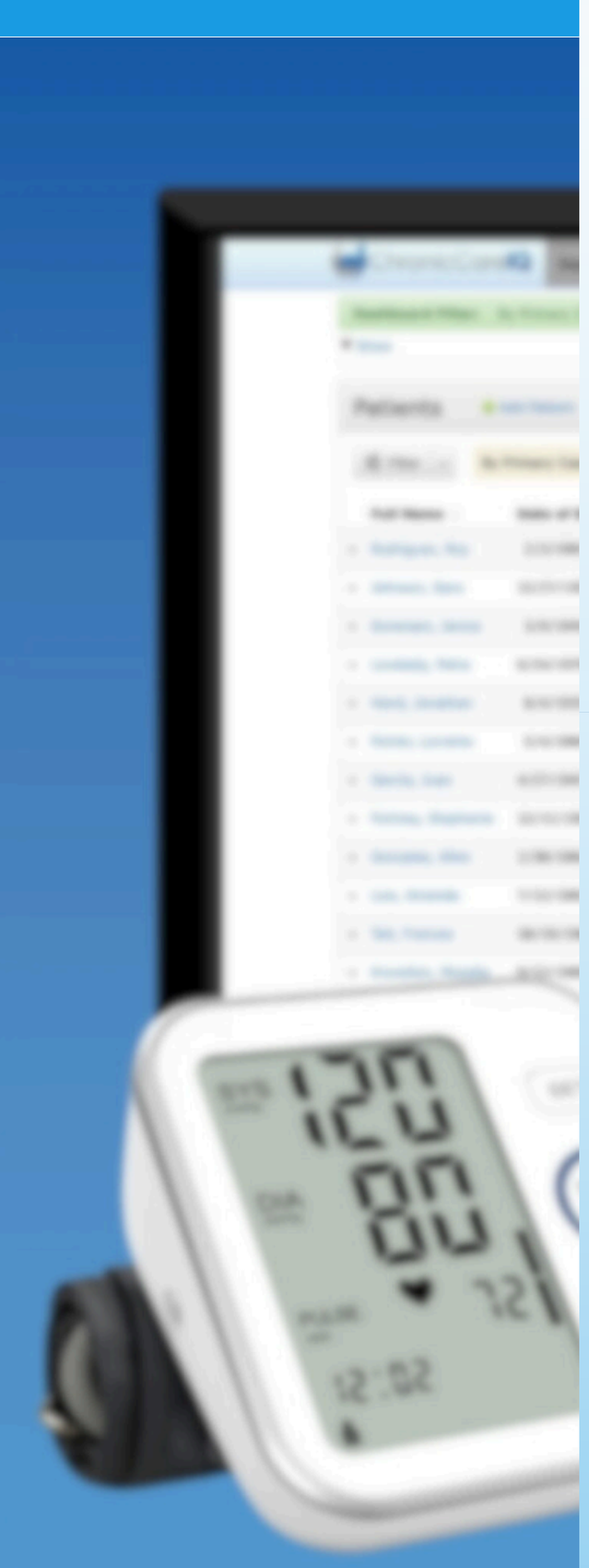
Fahad Saleem
ChronicCareIQ

You'll discover how to:

1. Leverage your existing systems
2. Make complex patients easier to care for
3. Automate time tracking
4. Achieve increased reimbursement by 5-25%+
5. Improve care quality scores
6. Decrease hospitalizations by 10-30%
7. Uphold HIPAA compliance

ChronicCareIQ

The Next Level: Optimizing Chronic Care Management and Value-based Care for athenahealth Customers



Introduction

ChronicCareIQ hosted a valuable webinar focusing on the effective management of chronic care through our platform. This discussion was specifically tailored for care management service providers who are actively involved in chronic care management (CCM) and remote patient monitoring (RPM), or those looking to adopt these practices.

Many providers invest considerable effort in managing daily non face-to-face interactions—such as monitoring digital communications and patient data—without fully capitalizing on the potential revenue. Our platform aims to transform how these essential tasks are recognized and reimbursed, ensuring that providers are rewarded for their comprehensive management efforts.

Background

Justin Barnes, is a healthcare innovation executive, corporate advisor and industry strategist. In addition, he's host of the weekly syndicated radio show "This Just In". Justin has formally addressed and/or testified before Congress as well as the last five Presidential Administrations on more than 20 occasions with statements relating to value-based care, chronic care management, virtual care, and more. As a recognized public speaker, Justin has contributed to over 3,500 media outlets, offering his expertise on a range of critical healthcare issues.

Matt Ethington focused his career in the healthcare IT space after being diagnosed with Type I diabetes in 2001 at the late age of 30.

Today he is a veteran patient and seasoned healthcare IT executive that has worked with providers and patients on two continents. His current company is used by doctors and health systems from coast to coast, in 14 specialties, to maintain status awareness of chronic patients between visits.

Fahad Saleem is a healthcare industry leader with over 12+ years of experience, and is known for driving customer success and revenue growth. His expertise in strategic planning, team development, and process optimization consistently delivers outstanding results. He excels in project management, customer relations, and operations optimization. Fahad Saleem is a dynamic leader poised to drive success in the healthcare industry.

CCM & VBC Update

- In 2024, more care providers are deploying chronic care management programs than ever before to augment current and future FFS reimbursement cuts

- Deploying chronic care management programs are foundational first steps for engaging value-based care

- In healthcare, with CMS and even many private payers, we've hit the the "tipping point" for these programs where the funding and investment is only increasing

Justin has been a key figure in advocating for improved healthcare reimbursement on Capitol Hill since 2005. He successfully countered reimbursement cuts from the late 2000s through 2021. However, with ongoing cuts to fee-for-service reimbursement, Justin has focused on identifying alternative revenue streams for providers.

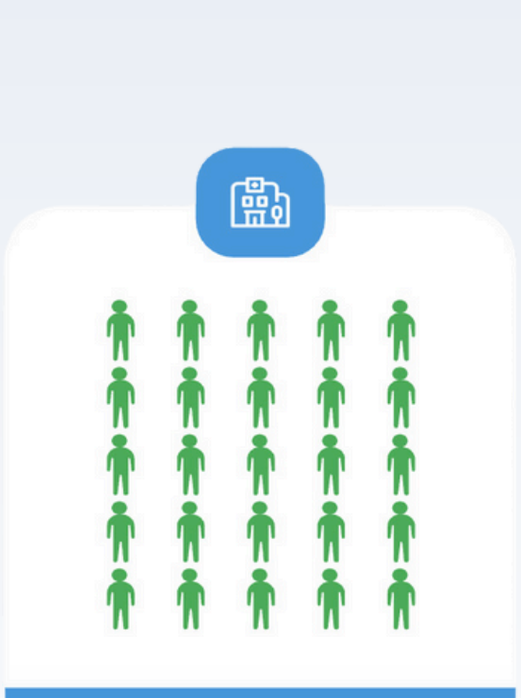
For Justin, this period represents an exhilarating shift as daily opportunities for new reimbursements emerge. He collaborates with practices experiencing **increases in reimbursement ranging from 5% to 40%** due to chronic care management—a substantial financial impact. Looking ahead to 2024, Justin anticipates a pivotal moment: an increase in the number of care providers participating in these programs, more comprehensive patient monitoring, and enhanced outcomes nationwide. A recent Sage Growth Partners study highlights this progress, with **94% of participants** noting **improved outcomes** through remote patient monitoring and **73% reporting a positive return on investment.** These practices consistently yield not only significant reimbursement gains but also reductions in unnecessary hospital visits and tangible improvements in patient outcomes, confirming the substantial return on investment in chronic care management.

CCM/RPM by the Numbers

The origins of ChronicCareIQ trace back to a pivotal moment in the life of its founder, Matt Ethington, who was diagnosed with type 1 diabetes at age 30. Despite being an active and healthy individual, his diagnosis in an emergency room setting ignited a resolve to never lose connection with his healthcare team. This resolve led to the development of healthcare technology solutions, starting with SimplifyMD and eventually founding ChronicCareIQ in 2014, initially aimed at monitoring heart failure patients post-discharge.

With the introduction of Medicare's chronic care management codes in 2015, ChronicCareIQ has shifted its focus from mere measurement to genuine care management. This was in response to the inadequacies of traditional healthcare models that typically involve patients checking in with their providers only every few months—insufficient for managing chronic conditions effectively. Chronic diseases not only account for **18% of America's GDP** and are responsible for **seven out of ten deaths** but also represent **86% of U.S. healthcare costs**. The real challenge is often not a lack of knowledge among doctors but rather the timing of interventions. ChronicCareIQ bridges this gap by providing continuous care and monitoring, which is crucial for managing the growing number of aging patients and the rising costs associated with their healthcare.

Why the Sick Keep Getting Sicker



In the hospital or practice patients are visible and actionable

Outside the hospital or practice, patients are invisible

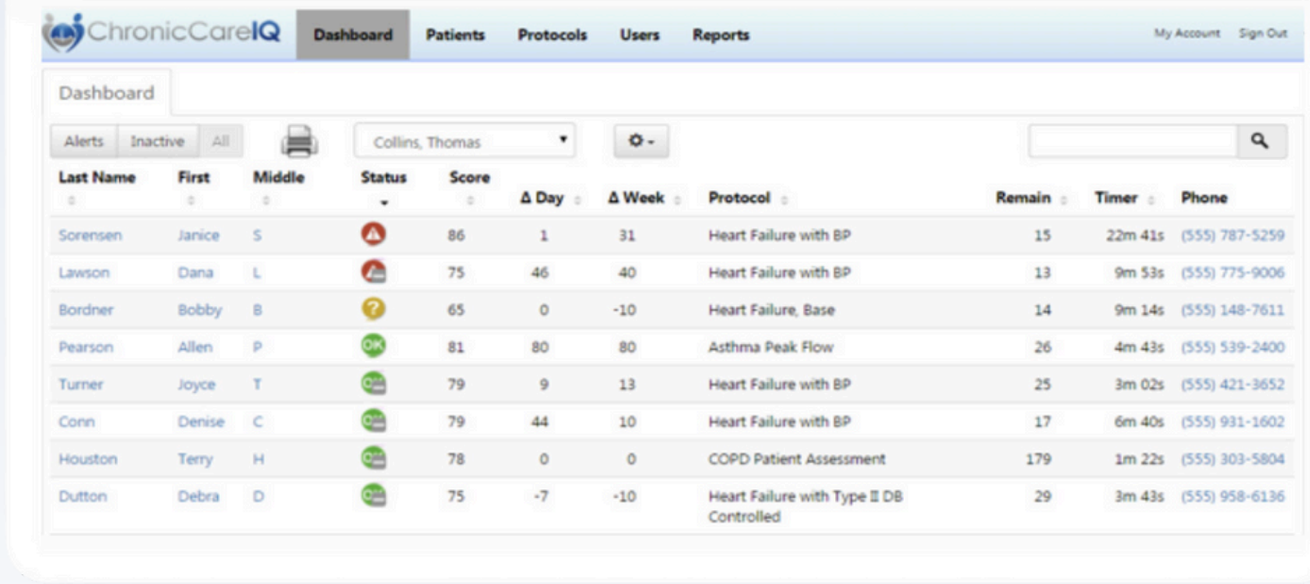
ChronicCareIQ illuminates patient status wherever they are

The recurring issue with chronic diseases lies in their tendency to worsen undetected because once patients leave the doctor's office, they often become "invisible." While many leave their appointments motivated to improve their lifestyles, daily challenges frequently derail these intentions, leading back to old, unhealthy habits. This invisibility hampers effective management of conditions that, by definition, cannot be cured but must be continuously controlled. Conditions like type 2 diabetes or hypertension may not show symptoms but can suddenly resurge if not regularly managed.

ChronicCareIQ is dedicated to solving this problem by enhancing patient visibility through continuous data collection. By capturing and analyzing health data regularly, healthcare providers can closely monitor their patients' conditions, enabling them to intervene promptly when a patient starts to deviate from their treatment plan. This approach not only helps healthcare providers identify patients who need immediate attention but also supports those who require encouragement to stay on track with their health goals. Moreover, real-time data facilitates early detection of potential health issues before they become severe, allowing for interventions that can prevent significant disease progression. Through this strategic visibility, ChronicCareIQ ensures that chronic conditions are managed more effectively, helping patients maintain better health between doctor visits.

Monitoring Patients

Your Dashboard Collated Patient Responses



- Situational awareness of those ‘at risk’
- For both chronic and discharged patients
- Displays patient trending speed
- Triggers text or email alerts
- Securely coordinates and incorporates relevant third parties
- Tracks required CCM & TCM billing threshold and penalty windows 30 days post-discharge

The key takeaway from the discussion is the critical importance of establishing regular communication with patients to effectively manage chronic diseases. Traditional methods like telephone calls are inadequate alone, as evidenced by the persisting challenges in chronic disease management despite their long existence. To address this, the implementation of automated systems is vital, allowing for efficient handling of patient responses. These responses are then organized on a color-coded dashboard, utilizing algorithms to score disease management protocols, which highlights patients needing immediate attention.

This streamlined communication not only benefits patients by engaging them in their health management but also significantly aids clinicians by providing situational awareness of critical patient needs. This system is instrumental in both chronic and post-discharge patient management, aiming to reduce readmission rates by offering real-time tracking of patient conditions and trends. Alerts can be sent to both healthcare staff and patients' loved ones via text or email, ensuring immediate action can be taken when a patient exceeds clinical thresholds, thereby enhancing the potential for timely intervention and reducing human suffering.

ChronicCareIQ

Thursday January 4th, 2024 12:05 PM

Total Projected Billing

Month	Active Patients	Billable Patients	Precentage Billable	Projected Billing Amount
Jan-23	242	233	96%	$33,893
Feb-23	241	215	89%	$28,058
Mar-23	243	227	93%	$30,834
Apr-23	244	225	92%	$27,543
May-23	245	230	94%	$30,814
Jun-23	246	219	89%	$28,141
Jul-23	240	224	93%	$31,246
Aug-23	230	217	94%	$31,677
Sep-23	227	199	88%	$22,945
Oct-23	225	200	89%	$27,703
Nov-23	227	177	78%	$24,637
Dec23	230	208	90%	$29,011

NATIONWIDE

$103 /patient/mo — Avg Reimbursement

73% — of patients billable any given month

athenahealth | CCIQ Integration

How it Works

One of the key reasons ChronicCareIQ has been successful with Athena users is the robust integration between the two platforms, greatly enhancing user experience and efficiency. This seamless integration includes a single sign-on feature that allows users to access ChronicCareIQ directly from Athena's interface, simplifying the user experience with bidirectional data flow that ensures continuous synchronization of patient demographics, clinical data, and other essential information.

This comprehensive data exchange facilitates the reduction of administrative burden by eliminating double data entry and streamlining care management processes. Care plans, crucial for chronic care management programs, are efficiently managed within ChronicCareIQ, drawing on comprehensive patient data from Athena. Additionally, provider information and updates are automatically synced, and comments made in ChronicCareIQ are seamlessly transferred back to Athena's patient charts.

The integration extends to claims management, where care activities are converted into CPT codes and claims are generated directly in Athena, significantly reducing the time associated with claims processing. Detailed audit logs of all patient interactions and care activities are also maintained and sent to Athena, providing a transparent and comprehensive record that supports compliance and auditing processes. This robust integration enhances workflow efficiency and is a pivotal reason for the success of the partnership in delivering effective patient care.

Customer Success

Athena customers find significant success using ChronicCareIQ (CCIQ) primarily due to the robust integration between the two platforms, which significantly reduces administrative burdens and simplifies workflows. This integration is highlighted by features like single sign-on, which streamlines access by eliminating the need to manage multiple sets of login credentials, enhancing both ease of use and security.

A major benefit of this integration is the streamlined patient enrollment and care management workflow. With demographic data flowing from Athena to CCIQ, the system automatically suggests patients who should be enrolled based on specific criteria such as diagnosis codes and insurance details, simplifying the patient selection process. Furthermore, CCIQ facilitates large-scale patient communication through digital campaigns, enabling practices to efficiently invite patients to enroll in care management programs via text or email.

The Caller IQ integration connects with a practice's phone system to automatically track and log the duration of phone calls with patients, converting this time into CPT codes and claims. This ensures that every minute spent on patient care is accounted for without manual entry. The integration also extends to handling clinical data, where prescriptions, lab results, and imaging reports from Athena are converted into actionable time entries in CCIQ.

Moreover, patient engagement is significantly enhanced through disease-based protocols that deliver tailored questions to patients, maintaining high engagement levels over time. This robust integration not only streamlines operations but also enhances the quality of patient care by ensuring continuous engagement and meticulous record-keeping.

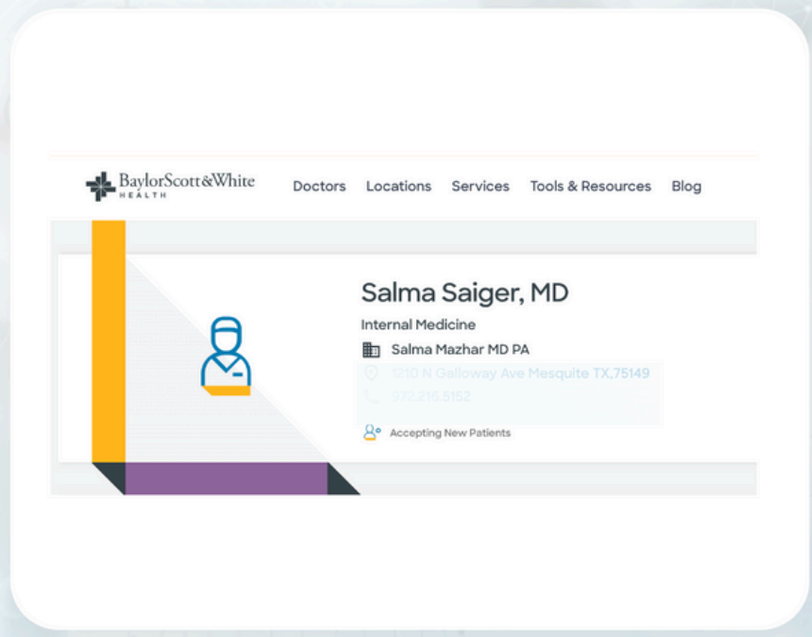
athenahealth Customer Case Study

The Results

25% Medicare Reimbursement Increase

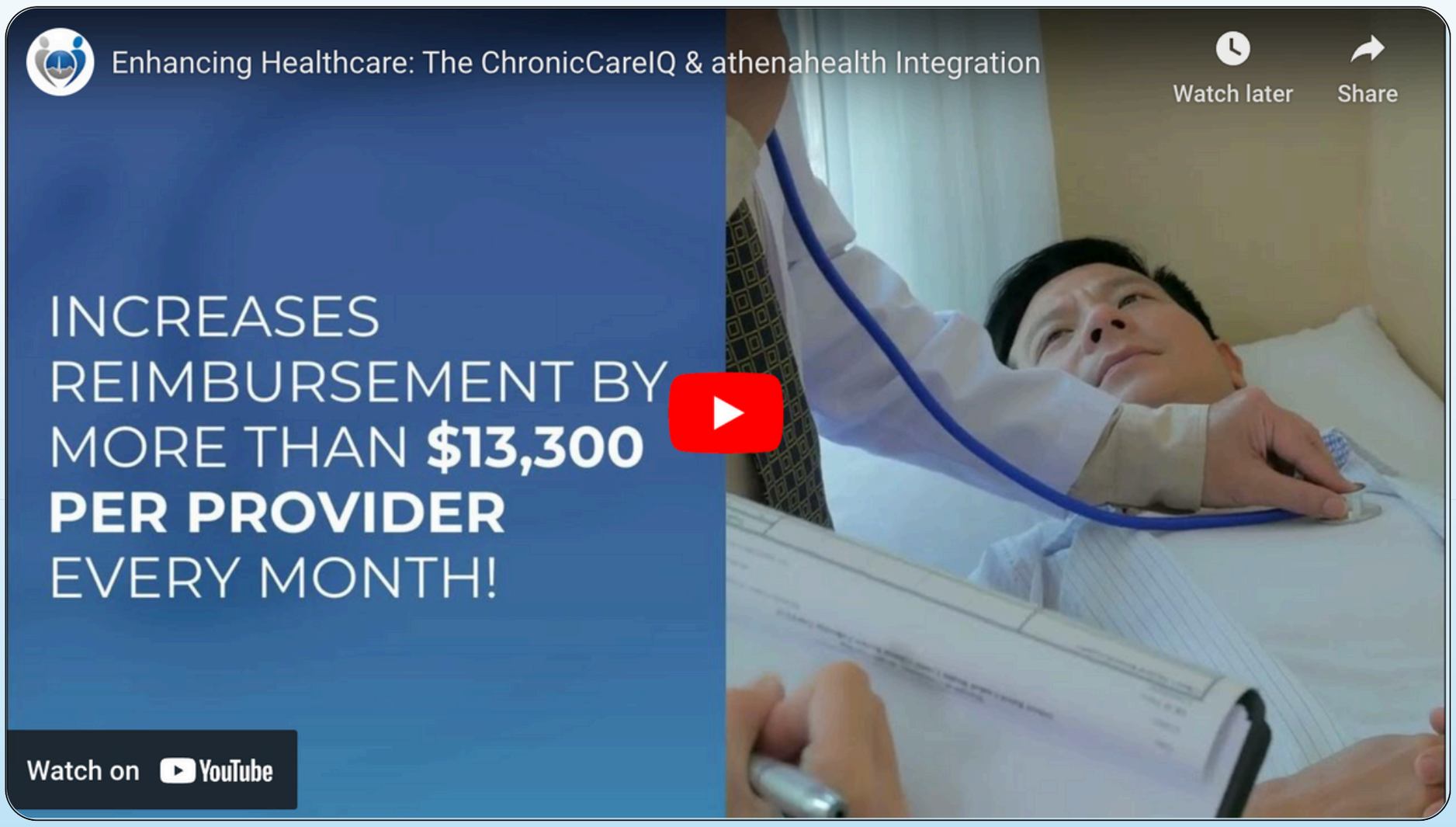
700+ Monthly Active Patients

4,200% CCIQ Platform Return-on-Investment



The proof is in the **RESULTS!**

Read the Case Study



Watch the Video

Conclusion & Resources

The integration between ChronicCareIQ and Athena exemplifies how technology can transform care management by seamlessly connecting patient data and healthcare workflows. This robust partnership reduces administrative burdens significantly, allowing healthcare providers to focus more on patient care rather than administrative tasks. The seamless single sign-on and automatic patient data synchronization facilitate a streamlined process for patient enrollment and continuous care management. By leveraging such integrations, healthcare providers can enhance operational efficiency, improve patient engagement, and ensure accurate tracking of health interactions, which are essential for effective chronic disease management.

If you are interested in how ChronicCareIQ can transform your operations and patient outcomes, we invite you to visit **ChronicCareIQ.com**. Explore our solutions and discover how we can help you achieve excellence in care management.

Talk To an Expert