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SERVICES

Quatris Healthco and EqualizeRCM have worked together for over 10 years.

Common between our two companies is a desire to help our customers achieve their goals and drive excellence in Healthcare Solutions.

Driving Excellence in Healthcare Solutions

EqualizeRCM Services provides expert and highly trained revenue cycle management specialists for Hospitals, Physicians, Clinics, Providers, and Healthcare Organizations

REVENUE CYCLE MANAGEMENT

Provides expert RCM specialists for over 75 Hospitals, Clinics, and Healthcare Organizations as well as 1,600+ Physicians

MEDICAL CODING

Delivers high quality medical coding solutions with short turnaround time across all platforms and specialties

SOFTWARE SOLUTIONS

Our RCM automation platform seamlessly coexists with clients' existing infrastructure and help boost RCM performance to the next level

Quatris Healthco

- Corporate Headquarters in Bedford, Texas
- Offices in Sacramento, CA; Atlanta, GA; and Ft. Wayne, IN
- 130 employees nationwide
- Support 10,000+ physicians over 1,352 across the U.S.

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Hello

Dan Gallagher is Vice President of Sales with Quatris Healthco. With over 17 years' experience selling software to physicians, Dan Gallagher has produced solutions for a diverse array of medical practices — in both size and specialty.

in

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Population Health Management Strategies for Success in a Value-Based Care Environment

This webinar covers some essential population health management strategies and answers common population health questions:

- What are the main population health challenges for healthcare organizations?

- What are the keys to success in a value-based care environment?

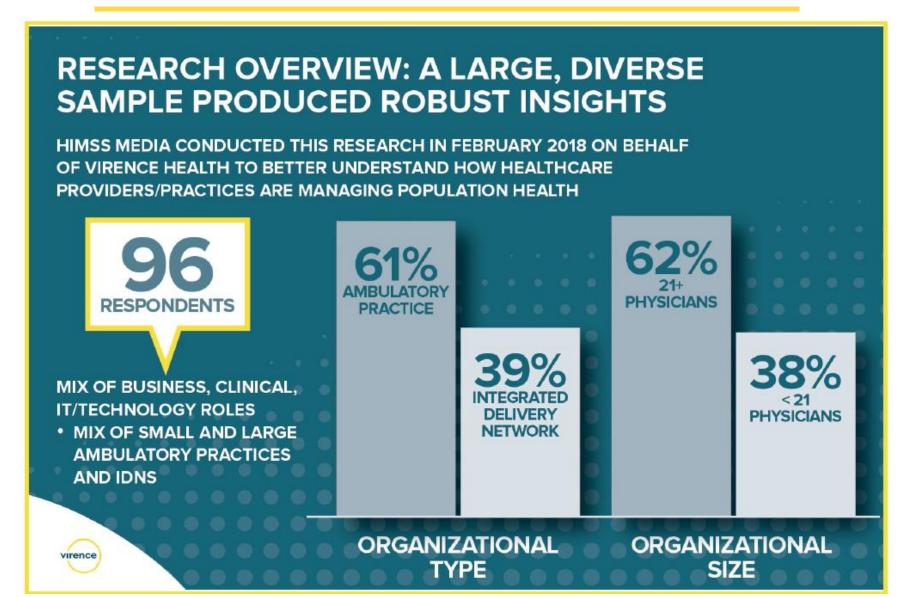- What advantages does a population health management tool provide?

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Population Health Overview

Population Health is a coordinated, team-based approach to proactively managing the care of a defined patient population with similar needs.

A Large, Diverse Sample Produced Robust Insights

Research Revealed the Top Population Health Challenges

Additional Burdens

Knowing some of the typical burdens and barriers may help you avoid them during your implementation:

- Increasing documentation requirements

- Changing regulatory requirements

- Disconnected systems and outdated data

- Lack of a central IT platform analytics and reporting stratification of risk-based populations or identification

of cohorts, care coordination, patient engagement

- Evolving care delivery and payment models

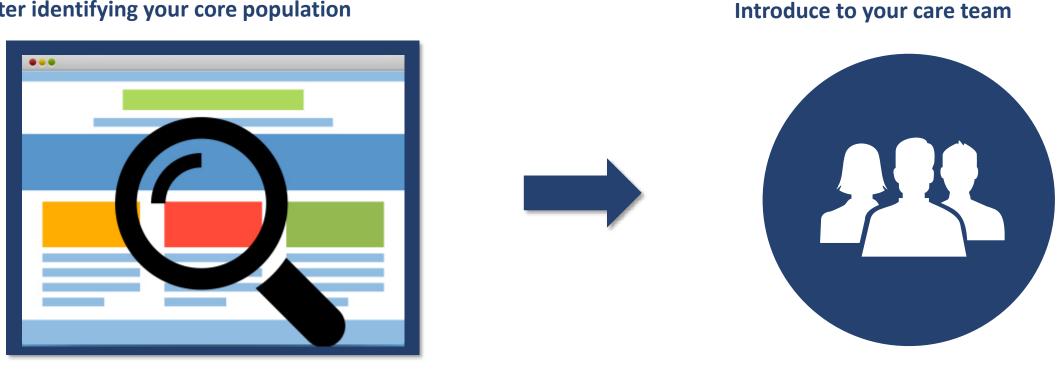- Unmanageable referral administration

- Low staffing levels

Defining Patient Populations

Define your patient panel
- From your medical records
- Attributed patient panel from insurers

Specify & stratify populations
- Healthy patients – need health wellness and prevention
- At risk for health problems – need screening and lifestyle changes
- Chronic conditions – need to prevent further complications

Identify most common comorbidities
- Inquiries based on diagnosis
- Start learning care management with this information

Introduction to the Care Team

After identifying your core population

Introduce to your care team

Creating such trust helps to continually move patients toward better health.

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Proactive Team-based Care

- Identify and communicate the need for change

- Create a strategic plan on how to achieve desired results

- Ask executive leadership to champion your initiative

- Start with a small pilot. Show wins to gain momentum and win over the physicians.

- Transition to a team-based care delivery model, which may require hiring additional staff

- Daily huddles

- Value-based care team that meets weekly and reviews progress

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Data Analysis

Data analysis is another key to succeeding on a broader level.

An analysis of aggregated data can help the practice prioritize efforts by identifying and closing various care gaps

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Picking the Right Technology and Partner

Virence Health's Ambulatory Population Health module includes a role-based care coordination workflow tool that helps teams collaborate and optimize the value of care delivered.

Questions

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