

# Focus time and resources where they benefit your community the most



Community Health Centers (CHCs) are dedicated to the mission of providing high-quality, patient-centered care at a low cost to the most vulnerable and underserved patients in our communities. CHCs are truly the pioneers of value-based care, and Virence Health is here to support your mission. To optimize operations, we're combining the tools for population health, care delivery, financial management, patient engagement, analytics, and connectivity into a single solution specifically designed for CHCs.

The comprehensive and sophisticated Value-Based Care Analytics component within our CHC solution transforms EMR data and claims-based data into insights you can use to make sure you're focusing resources on activities that deliver the highest quality care at the lowest cost. With areas specific to performance, utilization, patients, risk, and operations, you can easily identify patients who need care, providers who may need help, and business areas in need of intervention.

The strength of the CHC Value-Based Care Analytics module comes from its surprisingly simple, intuitive, and easy-to-interpret user interface. When data is visualized with graphs, charts, and statistics, users of all backgrounds can glean useful insights from the tool to improve patient care and uncover undocumented risk.

The solution **fully integrates** care coordination and the care plan so providers can see important information at the point of care instead of searching through disparate systems. With greater clarity and focus, your center can more easily optimize value-based payment capture and more effectively support your mission.

## Analytics Features

- **Provider performance area** provides insight on HEDIS, PCMH, and UDS so you can identify and coach those who need help earning incentives
- **Cost and utilization area** lets you view variability contributing to total medical expense
- **Unified patient registry** lets you identify high risk patients so you can prioritize their care
- **Pre-visit planner** helps the care team see care gaps before the patient appointment and facilitate the visit
- **Open risk indicator** visualizes suspected documentation gaps, helping practices accurately convey patient risk to payers
- **Day in the life views** of provider and staff activities track EMR usage and signal where workflow adjustments are needed

## Enhance Care Quality

**Prioritize care** – Easily identify high-risk patients and gaps in care to optimize impact of limited resources.

**Prepare for patient visits** – Pre-visit planner allows a view into patient needs before they arrive so time can be spent on critical elements during the visit.

**Access more complete data for clinical decision-making** – System integration synthesizes data from previous patient visits and other care settings into one view to get a more complete picture of the patient's health.

**Address gaps post visit** – A missed opportunities dashboard indicates post-visit care gaps, alerting staff to needed patient follow-up.

## Increase Provider Efficiency

**Accelerate care gap closure** – Providers can more easily identify care gaps for upcoming patient visits.

**Troubleshoot workflows** – Optional optimization services help you visualize patient flow through providers and support staff so you can identify providers in need of administrative, workflow, or training assistance.

**Anticipate patient needs** – Pre-visit planner offers information about the complexity of each patient visit so you can adjust the schedule and staff assignments to reduce time overruns.

**Improve provider performance and retention** – Provider performance area lets you track which individuals are doing well and identify those who may need feedback to help them earn incentives.

## Strengthen Financial Performance

**Ensure patients receive needed services** – Easy care gap identification promotes active measures to improve care quality and produce additional fee-for-service revenue.

**Keep revenue inside your organization** – Understand where providers are referring patients out of network to identify business opportunities.

**Simplify performance coaching** – Easily drill into quality metrics by patient, provider, or site to determine how you can better reach your targets.

## Lead the Transformation to Value-Based Care

**More easily achieve incentives** – Set quality goals consistent with incentive payments, visualize progress to goals, and easily report on key metrics important to CHCs such as UDS and HEDIS.

**Better manage risk-based contracts** – Leverage historical quality and cost performance information when negotiating terms.

**Reduce avoidable cost and utilization** – Easily spot variability so you can investigate the causes and deliver high quality, low cost care across the enterprise.

**Increase accuracy of risk premiums** – Infer uncoded conditions from EMR data so you can fulfill documentation requirements for appropriate payments.



Increased  
accuracy of  
risk premiums

**\$12**  
**pmpm<sup>1</sup>**

## Join us for the journey

Our new IT solution for CHCs is just the beginning of our commitment to you. It is the first step in an evolution into a comprehensive, fully integrated, interoperable, and intelligent cloud-based software solution that will combine decades of healthcare expertise with cutting-edge capabilities and a modern user experience. One that puts patients where they belong – at the center of care. One that only Virence Health can deliver.

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Any descriptions of future functionality do not constitute a commitment to provide specific functionality. Availability is subject to change. JB51389US(1)d

<sup>1</sup> Source: Average results for sample of 144 practices, with initiative periods ranging from 3-18 months based on project complexity.