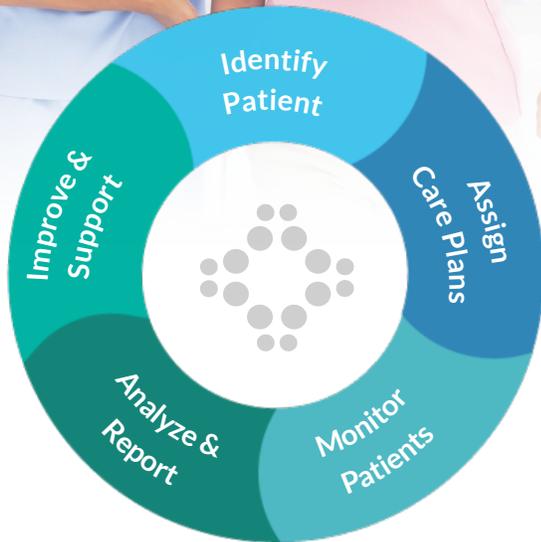


Comprehensive Care Management

Care coordination and patient engagement technology built in partnership with UCSF Medical Center



UCSF Medical Center



Perfectly coordinated care with a single, integrated platform designed for the future of healthcare delivery.

- 1 Identify Patients**
Set criteria for patient identification and enrollment eligibility. Pull data from your EMR(s), upload patient lists, or manually enroll patients into care plans.
- 2 Assign Care Plans**
Based on clinical data and patient dialogue, build a plan of care using our evidence-based care plans or your own that fits patient needs and drives compliance.
- 3 Monitor Patients**
Your multidisciplinary care team delivers coordinated care through assigned tasks and goals engaging patients effectively throughout their care.
- 4 Analyze & Report**
All feedback and data entry is captured to track team and patient progress and deliver actionable information, customized to meet all your reporting needs.
- 5 Improve & Support**
Add, modify, and prioritize interventions to address rising patient needs, ensuring that your team performs optimally while providing the best care.

Customized & Integrated Technology



Care Gaps

Use the power of big data to gather and interpret data from multiple sources to reveal insights into health gaps, population-specific trends and outcomes



Care Forms

Digitize every piece of paper used to collect or view data in your organization. Seamlessly create digital forms for any survey, checklist, signature, or data collection requirement

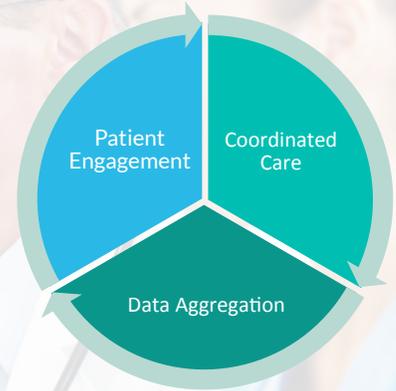


Atlas

Securely communicate directly with patients in real time, track tasks, set goals, and help drive higher levels of patient engagement and compliance to treatment plans

One Scalable Platform to Coordinate Care

CipherCareManagement seamlessly aggregates patient data from disparate sources to simplify care coordination across multiple care team members throughout the care continuum



Customizable to Meet the Goals of Key Government Programs and Risk-Based Contracts

Bundled Payments for Care Improvement (BPCI)

- Improved care coordination
- Visibility of patient touch points
- Enhanced quality of care

Medicare Shared Savings Program (MSSP)

- Coordinated care across providers
- Clinically validated care plans
- Enhanced patient engagement

State DSRIP

- Patient outreach and monitoring
- Seamless care transitions
- Care coordination and management

Chronic Care Management (CCM)

- Proactive patient outreach
- Staff time optimization
- Customized real-time reports for CCM billing

Transition Care Management (TCM)

- Enhanced coordination to bridge care gaps
- Interactive follow ups
- Smart alerting

Risk-Based Payer Contracting

- Care management for at-risk populations
- Improved workflow for care teams
- Comprehensive data analytics

Clinically-validated care plans and patient education materials

Care Management

Cognitive Impairment
Chronic Pain Self-Management
Social Services Coordination
Transitions of Care

Behavioral Health
Caregiver Support
Multiple Chronic Conditions
+ Others

Disease Management

COPD
Depression
Pediatric Asthma
Diabetes

Heart Failure
Hypertension
Substance Abuse
+ Others

