

Client:
Franklin County
Memorial Hospital

Location:
Franklin County, MS

CARE MANAGEMENT PROGRAM

Improve patient health and grow revenue without increasing your workload

Rhonda Terrell, Practice Manager for Family Medical Group, two rural health clinics that are part of Franklin County Memorial Hospital, had recently joined an Accountable Care Organization (ACO). As part of the agreement, the ACO requires the implementation of a chronic care management (CCM) program. Family Medical Group's staff was too busy to plan, implement and manage a CCM program so they reached out to TruBridge. "It was an easy choice to partner with TruBridge," she says. "We were already familiar with TruBridge and knew their Care Management Program included an element for chronic care management. We were confident it would integrate seamlessly into our clinic as well as our Evident EHR."

Working with Terrell and team the transition was easy and it all came together to make a real impact on the health of patients and the well-being of the clinics.



33% of eligible patients are enrolled



88% of enrolled patients receive contact each month



300% increase in CCM visits in the first six months

THE SOLUTION

TruBridge's Care Management Program (CMP) coordinates care outside of routine office visits for Medicare patients. The program has two primary components, Annual Wellness Visits and Chronic Care Management services. Both are critical components of patient care that contribute to better outcomes and more engaged patients. The program is incredibly easy to implement yet creates significant opportunities to improve patient health and grow revenue.

The Chronic Care Management component includes identifying and enrolling eligible patients, making monthly calls to those patients who enroll, creating patient-centered care plans and continues through proper charging, billing and data analytics. "The best part is TruBridge partnered with us throughout the entire process," said Terrell, "ultimately ensuring the program continues to meet patient care and revenue growth expectations."

The Annual Wellness Visit component coordinates visits for eligible patients under the direction of facility providers. Not only is an Annual Wellness Visit an important check in for patients, typically there are many additional services that can benefit patients that result from the AWW. These services generate additional revenue organizations may not have had without the Annual Wellness Visit component.

THE RESULTS

According to Terrell, the implementation and rollout of the program was amazing. "The TruBridge team came out, met one on one with us to determine the workflow of both of our clinics. They met individually with the front desk staff, nursing staff, providers, IT and billing." Terrell went on to say, "They clearly explained the process, how it would work and what to expect and that's the biggest reason the program has been so successful."



33% of eligible patients have enrolled

In the six months since they've implemented the program, more than one-third of their eligible patients have enrolled in the CCM program.

"The TruBridge chronic care management team know our patients by name, they have access to charts, they do a medication reconciliation every time they talk with a patient . . . it's making a world of difference." Terrell went on to share that the TruBridge program includes setting up calls from a local number as well as ensuring care management nurses are local. Calling patients from a local number, with specialists who have the local dialect and accent, makes it easy for older patients to understand and trust them.



88% of enrolled patients receive contact every month

"Having the TruBridge team as an extension of ours has created the opportunity to reach 88% of our enrolled patients who have chronic conditions," said Terrell, "a metric we could never have reached with our own staff. Working with TruBridge has been incredibly impactful."

"Because of the regular contact our TruBridge team has with the patients, we're able to give providers detailed notes and care plans for each visit, including medication changes that they may not have otherwise known. We're also creating new opportunities to promote other available services such as transportation needs, meal plan options and medication discounts, all with the goal of improving the patient's health" says Michele Hand, TruBridge Senior Consultant and CMP Program Manager at Family Medical Group.



300% increase in CCM visits in six months

Over the first six months of the program, CCM visits increased over 300%, most of which occurred during a global health crisis. "Routine clinic visits had really decreased during the COVID-19 pandemic, so the increase in enrollments and the subsequent virtual visits and contacts with this segment of our patient population has been incredibly important." According to Terrell, the TruBridge staff is great to work with and always goes the extra mile, especially during the COVID-19 pandemic.

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According to Wiley, a patient in the program, "I actually look forward to my calls each month. Staying on top of my health conditions so I can live a longer and more prosperous life is a lot easier with the help of my care manager."



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