Services

Principal Care Management

ChronicCare offers Principal Care Management to patients in order to improve health outcomes, and quality of life while enabling practices to generate revenue without increasing staff workload. Our integrated approach allows us to deliver care to patients suffering from **one condition**.

Chronic Care Management

Chronic Care Management is the care coordination that is outside of the regular office visit for patients with **multiple** (2 or more) **chronic conditions**. Two-third of Medicare patients are eligible, which means many of your patients can benefit from our CCM services.

Remote Patient Monitoring

Remote patient monitoring services empower healthcare providers to remotely monitor vital signs and health trends. Remote Patient Monitoring enables daily measurement of patient health data, including vitals. This innovative approach enables health professionals to deliver personalized care and intervene early. We provide patients **free monitoring devices** such as glucometers.

About Us

Value-Based Care

ChronicCare partners with **physicians**, **hospitals**, **payors**, and **employers** to offer chronic care management services to their patients. We are dedicated to helping people improve their health and quality of life by maximizing healthcare outcomes.

Contact Us

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ChronicCare

ChronicCare helps providers maximize patient care management outside of clinical settings and offices in order to:

- Improve patient outcomes
- Reduce staff workload
- Increase practice revenue

Value-Based Healthcare

Physicians

Improve Care Coordination

ChronicCare can help improve care coordination and health outcomes. Care management is a proven approach to improving patient outcomes. A Medicare study found CCM increased Primary Care visits by **9.5%**, while decreasing ER visits and hospitalizations by **4.2%** and **5.6%**.

Support Patient Compliance

Some healthcare professionals have reported that making CCM services available to their patients has helped to improve their efficiency, improve patient satisfaction and compliance, and decrease hospitalization and emergency department visits.

Sustain & Grow Your Practice

Ongoing care management outside the in-person visit has not always been separately billable in payment, making it difficult for practices to sustain service provision. Offering care management activities CCM can provide you with additional resources to help your practice care for high risk, high needs patients.

Patients

Dedicated Healthcare Professionals

Services such as monthly check-ins and ready access to their care team, improve patient care coordination, including improved communication and management of care transitions, referrals, and follow-ups.

Comprehensive Care Plan

We help support disease control and health management goals, including physical, mental, cognitive, psychosocial, functional, and environmental factors. Patients may also receive a list of suggested resources and community services. Care plans also help caregivers who administer unpaid care.

Support Between Visits

Having a regular touch may can help patients think about their health more and engage in their treatment plan. Getting this help may also encourage patients to stay on track and improve adherence to their treatment plan. More frequent communication can also help make patients feel more connected to you and your staff.

Choose Us

Potential Revenue

Several variables account for how much revenue an organization can realize and how much it can keep as profit. Here's a formula for estimating the total potential revenue of an example program:

CCM Revenue Calculator

Number of staff overseeing CCM program	2
Estimate the number of patients each clinician will oversee in this program	250
Total number of potential participating patients	500
Estimate the number of months each patient will spend in the program	12
Per-patient, per month CCM revenue	$61.56
Total monthly CCM	$30,780
Total annual CCM revenue	$369,360

Why You Should Offer CCM

Primary and specialty care practices face various shifts in how healthcare is evaluated and reimbursed. Providers can begin to shift from episodic and reactive care to a proactive care management subscription model. Care management programs provide a fundamental transformation to address the increasing needs of an aging population living with more chronic illness.