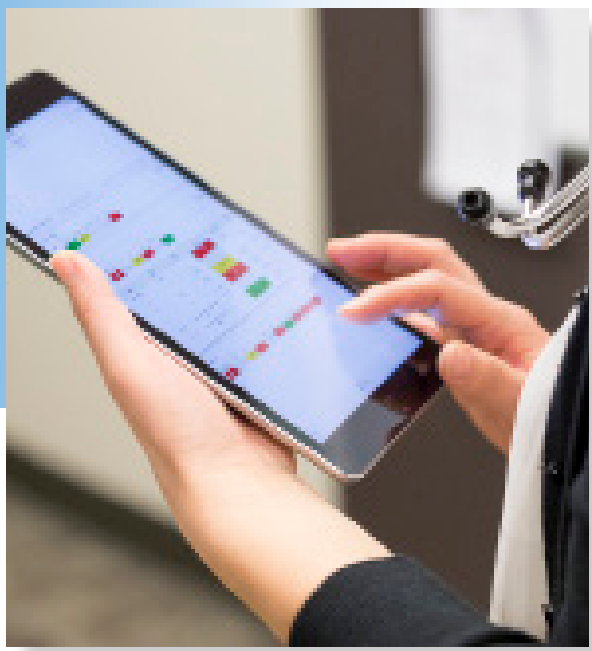
Product sheet

CAREMANAGER

CareManager Point of Care presents a visual representation of patient health status, rendered as a dashboard in the EHR, highlighting care gaps and opportunities based on clinical risk factors and the latest guidelines.



Assess population risk

Disease & Prevention Modules. 13 disease and prevention modules with codified clinical logic surfaces care gaps and risking risk populations. Providers can leverage clinical evidence to proactively manage common and costly disease states, and deliver care in alignment with priority care gaps and contract measures.

Risk Assessment Tools (HCC-DX, ASCVD Risk Calculator, PRAPARE, and more). Commonly used risk assessment protocols are applied to clinical data and can be used for risk stratification and cohort building. This ensures practices are using the specific risk calculators mandated and accepted by CMS and commercial payers.

Risk Stratification & Cohort Identification. Build cohorts with clinical data filter tools to target populations with priority care gaps or clinical markers, enabling the care team to quickly and reliably identify population and assess risk based on the latest clinical evidence.

Close care gaps

Patient-Friendly Care Plan. Individualized patient care plans that communicate health status and recommend actions based on EHR data and the latest clinical evidence.

Bulk Messaging & Dynamic Templates. Select from editable dynamic templates and send bulk customized secure messages to cohorts, delivered through an existing patient portal. This aids the care team in outreach and engagement efficiency.

Point of Care Decision Support. Assess care gaps and clinical risk through an award-winning and patient-friendly visual dashboard, embedded in the EHR or accessible through a webpage. Providers can easily glimpse opportunities in the exam room, within the workflow, to support care gap closure and reduce variations in care.

Measure clinical performance

Contract Performance. View performance reports on clinical and process-based payer contract parameters in real time, enabling action on poorly performing measures.

Provider Performance. Measure and view reports of provider performance based on the clinical performance of their panel, helping pinpoint variations in performance and care.

Clinic Performance. Access clinical performance by clinic or location of care, tracking location-based performance trends.

IDC	KLAS	Frost & Sullivan	Chilmark Research	Gartner	Black Book
Market Leader Population Health 2014-2019	Best in KLAS Population Health 2017, 2018, 2020	Enabling Technology Leadership 2016	Top Ranked Care Management 2016-2018	Coverage 2016-2019	#1 Care Coordination 2017 #1 Population Health 2018

The Enli® Value Navigator™ Platform & Applications

Value Navigator is a top-rated population health management platform according to KLAS, Chilmark, Frost & Sullivan, and IDC Health Insights. Applications on the Value Navigator platform help health systems monitor and predict financial performance under any risk-bearing agreement, identify levers that improve quality and utilization, and deploy care coordination programs that drive the greatest financial return.

Contract Intelligence

Predict the financial impact of achieving performance measures and identify the levers that improve quality.

Central Worklist

Care team tasking engine that coordinates care in alignment with priority measures and informs the team of progress.

CareManager

Clinical decision support tool rendered in the EHR that highlights gaps and supports evidence-based care delivery.