

# **Broad Top Area Medical Center: Chronic Care Management System Solutions Document**

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# Executive Summary

The Broad Top Area Medical Center (BTAMC), a Federally Qualified Health Center (FQHC), is a community-based and patient-directed organization that provides comprehensive primary health care and preventative care services. BTAMC services Huntingdon county and surrounding regions with several locations. To better serve their community and expand their client base, they would like to strengthen their organization's support for Chronic Care Management (CCM). Federal standards exist for CCM implementation, care, and billing practices that are being considered while strengthening this support.

BTAMC is engaging with a student team in the Innovations for Industry (I4I) Fall 2021 class at Juniata College to help investigate and plan for a comprehensive CCM implementation. This group will steward the project to create and finalize two deliverables: a Requirements Document and a Solutions Document. The team has conducted the research necessary to identify CCM requirements and other associated considerations on behalf of BTAMC. These requirements are documented in the Requirements Document. In this Solutions Document, the team has identified potential solutions and written out extensive analysis on how well these solutions satisfy the requirements. The student team attended product demonstrations and included their notes on these demos in this document. These analyses on potential system solutions help narrow down what the best software is for BTAMC's CCM implementation by going into detail on what each software provides.

The solutions are ranked in the order which the I4I student team believes is best for BTAMC to consider implementing, from Most Satisfactory to Least Satisfactory of the requirements outlined in the Requirements Document. The comprehensive reasoning behind their order can be read in this Solutions Document's [Conclusion](#).

# Software Solution Analysis Overview

Each Solution has five sections of analysis. The Overall Analysis summarizes how well the software satisfies all requirements. The Technical, Functional, Financial, and Support Analysis sections each correspond with the requirements categories in the Requirements document and have descriptions on how well the software satisfies those specific categories of requirements.

## Solution 1: Medent

### Overall Analysis

Medent website: <https://www.medent.com/>

Article resource:

<https://www.multibriefs.com/briefs/cb-medent/dedicated-ehr-solutions-key-to-chronic-care-management.html>

Video resource: <https://www.youtube.com/watch?v=n8lyVclw9yA>

The Medent solution is the most simple and direct solution to BTAMC's CCM problem. Since BTAMC is already subscribed to Medent for their EHR/EMR technology, the steps to implement it with a CCM program are limited and there are no concerns about compatibility. Medent's CCM software is in-house. Medent is described by BTAMC as a reliable and widely-used software, which suggests that its built-in CCM is of good quality, in regards to reliability. Medent's CCM solution satisfies the most important requirements outlined in our Requirements Document, particularly being EHR certified, its compatibility with Medent, and its applicability for an FQHC.

However, despite the implementation time and cost savings, Medent has some shortcomings. It lacks patient accessibility (this may change with the planned upgrade that BTAMC has for a Patient Portal). Additionally, Medent is not as user-friendly as it could be. The BTAMC team has also expressed a lack of training and knowledge of its CCM functionality, which must be remedied through training with Medent's support team if its implementation is to be successful.

### Technical Analysis

The Medent software **meets** the following requirements:

1. EHR certified & FQHC compatible technology
2. Vendor assessment
  - Medent's CCM system passes the vendor assessment by default since the Medent software is already implemented by BTAMC.
3. Care plan display

- Medent has a CCM Plan of Care available that has the capacity to contain all of the necessary elements.
- CCM Flowsheet for documenting non-face-to-face care available.
- Existing documentation (chart layouts/triages) templates are built-in but also allow customization, so BTAMC can create their own document layouts to better-suit their efforts.
- This software is designed to establish, implement, revise, and monitor the care plan.

#### 4. Communication

- Medent does not have secure-messaging built-in, so communication with medical providers would have to be done via BTAMC's helpline/phone number.

#### 5. Billing

- Medent appears to be geared toward ensuring that all requirements are met for appropriate billing.
- Time-tracking in Medent's CCM appears to be wholly manual (no visible timers). This doesn't make it incompatible, just less user-friendly.

#### 6. Medent compatibility

The Medent software **does not meet** the following requirements:

#### 3. Care plan display

- Medent does not have an objectively appealing design and may arguably not be 'user-friendly.' However, it is familiar to BTAMC employees.
- Patients do not have access to their care plan via the CCM software. However, this may change with the implementation of the Patient Portal. Patients should receive a PDF or printed copy of their care plan from BTAMC to satisfy this need.

## Functional Analysis

The Medent software **meets** the following requirements by enabling documentation of their completion in the CCM software:

1. Initiating visit
2. Consent

3. Eligibility
4. Service Element Requirement

## Financial Analysis

Billing requirements are presumably **met** by the Medent software.

Budget requirements: the Medent software is the most budget-friendly solution for BTAMC since they are already subscribed and using the Medent EHR system. CCM capabilities are built-in, so there is no additional cost for implementation.

## Support Analysis

The Medent software **meets** the following requirements:

1. Vendor support
  - There does appear to be active support for Medent subscriptions. BTAMC is familiar with the quality of this support and how it is accessed.
2. Staff training
  - BTAMC expressed that there was a lack of training available.

## Solution 2: Phamily

### Overall Analysis

Austin Brune  
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[austin@phamily.com](mailto:austin@phamily.com)

Phamily website: <https://phamily.com/>  
917-765-4332

Phamily is one of the top solutions for BTAMC. It is a Chronic Care Management software that works separately from the primary EHR that BTAMC will use. It is web-based, therefore it can be used anywhere at any time. It has all the capabilities that a CCM is required to have and more. The software is Medent compatible, meaning that it can be used alongside the existing solution. However, this will involve a monetary cost, because this capability has to be added before it can be used.

Phamily promises a lot of features that will improve the work efficiency at BTAMC. This CCM is staff-driven, meaning that one person can manage 500 patients effectively. Because of this, the organization can have a specialized group that will work with the Phamily software consisting of 4 people. This is good because only those people will need to be trained in using the software. This is possible due to their text based approach compared to the normal call based one. Phamily has an AI engine that can use predictive analysis to look at past conversations with the patients, their conditions, and their care plan to come up with a custom SMS message to follow up with them.

The SMS-based approach is especially convenient for BTAMC because of the lack of cellular connections in the rural area. Calling patients on the phone will not work every time, because they may be out of signal reach. However, using the SMS based approach, the patient will receive the message as soon as they receive the cellular connection and can send a response on their own time. The software automatically documents all SMS conversations with the patients.

Another great feature of Phamily is that it can document the messages with patients automatically, meaning that care practitioners no longer need to spend time on filling out forms with information on what was discussed. Additionally, the software tracks time spent with the patient and adds it to the total CCM interaction time, therefore keeping track of this duration is also taken care of by the program. Only time spent on textual conversations and profile accesses is tracked, and all other kinds of conversations (ex. phone call) will need to be documented manually. As an added feature, patients can access their care plan via SMS.

## Technical Analysis

This software **meets** the following requirements:

1. EHR and FQHC compatible technology
2. Vendor assessment
  - Phamily's CCM system meets the vendor assessment.
3. Care plan display
  - Phamily provides a CCM system that makes CCM easy and contains all the necessary elements for a care plan.
  - They provide a comprehensive library of care plan templates covering all major chronic conditions.
  - Their system is customizable and can be shared with patients.
  - Check in regularly between visits and address any issues with automated suggested messages.
  - Feature to track time, document work, review progress, and bill every month.
  - Software estimates time spent in conversations and adds this time to the total CCM interaction time for the patient.
4. Communication
  - Phamily manages their clients by replacing 1:1 phone calls with AI-powered text follow ups and auto documenting every interaction.
  - Their goal to replace phone calls is to increase in caseload, revenue, and profit by reaching out to more people.
  - They switched to texting as opposed to phone calls (only 15% of the patients are using phone calls according to their data).
5. Billing
  - Phamily uses convenient automated (texting) time tracking and necessary billing is generated as a CSV file with their software.
  - Other time can be logged manually (like with other CCM software)
  - Clients can download care plan as pdf, send it as an SMS
6. Medent Compatibility
  - Phamily has not worked with Medent before, they can provide support for an existing EHR if they *can* integrate Medent. Else, they will have to operate independently.

## Functional Analysis

The Phamily software **meets** the following requirements by enabling documentation of their completion in the CCM software.

- Patient enrolled in person
- Systemic assessment and care planning



- Consent and Opting Out

## Financial Analysis

- Billing requirements are met by the Phamily software.
- Budget requirements might be the only constraint for BTAMC to consider Phamily even with their AI-integrated technology and user-friendly user-interface.
- They promise to manage up to 2000 patients with 4 FTEs, in six months.

## Support Analysis

Phamily's software **meets** the following requirements.


1. Staff Training
  - Phamily is positive about providing software training (depending on the subscription). BTAMC will find this helpful as the staff lacked sufficient support from their current vendor.
2. Vendor Support


## Demo Screenshots

Below are screenshots taken during the demos we had with Phamily. The first depicts an overview of services provided by Phamily.

## The Phamily Difference

Key Components for a Successful CCM Program

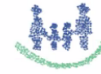




Services		Technology	
<b>Implementation</b> <ul style="list-style-type: none"> <li>❖ Project Management</li> <li>❖ Weekly Implementation Calls</li> <li>❖ Access to best practice CCM workflows</li> <li>❖ Identification of Eligible Patient Population</li> <li>❖ Launch Strategy customization and planning</li> </ul>	<b>Enrollment Support</b> <ul style="list-style-type: none"> <li>❖ Enrollment on demand</li> <li>❖ Outreach based enrollment</li> <li>❖ Virtual visit enrollment training &amp; best practices</li> <li>❖ In-office visit enrollment training &amp; best practices</li> <li>❖ Proven Scripting for Providers/Staff enrollment of patients</li> <li>❖ Education Materials, Consent Forms, Brochures necessary for Program Enrollment</li> </ul>	<b>Tech-Enabled Patient Engagement</b> <ul style="list-style-type: none"> <li>❖ Scalable, consistent outreach to patients via text and phone calls</li> <li>❖ Time-tracking for everyday activities</li> </ul>	<b>Care Management Content &amp; Cadence</b> <ul style="list-style-type: none"> <li>❖ Best Practice, Comprehensive Care Plans</li> <li>❖ Library of Check-Ins across all chronic conditions</li> <li>❖ Algorithmically Matched, Condition</li> <li>❖ Specific Check-Ins</li> </ul>
<b>Reporting / Metrics / Analysis</b> <ul style="list-style-type: none"> <li>❖ Weekly reports with enrollment / qualification / action items</li> <li>❖ Monthly reports with enrollment / qualification / revenue</li> <li>❖ Monthly review call with client Executive Sponsor</li> <li>❖ Quarterly Business Review with client Executive team</li> </ul>	<b>On-Going Customer Support</b> <ul style="list-style-type: none"> <li>❖ Weekly touch base calls to review enrollment + care mgmt - what's going well / what needs to improve</li> <li>❖ On-going project management</li> <li>❖ Product troubleshooting</li> <li>❖ Ad-hoc trainings as needed</li> <li>❖ Information re: billing codes / Medicare fee schedule changes</li> <li>❖ Best practice sharing &amp; customer to customer training</li> </ul>	<b>Analytics</b> <ul style="list-style-type: none"> <li>❖ Patient dashboard that can be filtered and sorted to drive workflow</li> </ul>	<b>Documentation &amp; Compliance</b> <ul style="list-style-type: none"> <li>❖ Well formatted documentation of all CCM activity</li> </ul>

The second screenshot below shows the comparison between the ideal competitors of Phamily. As seen in the image there are four factors that make Phamily better.

## CCM Implementation



Important to consider...	The Hard Way In-House (EMR + Phone Calls)	The Easy Way In-House (Using Phamily)	Outsourced (3rd party Call Center)
Who runs the program, engages patients?	<ul style="list-style-type: none"> <li>Your own, trusted staff</li> </ul>	<ul style="list-style-type: none"> <li>Your own, trusted staff</li> </ul>	<ul style="list-style-type: none"> <li>Third party Call Center Staff</li> </ul>
What is the primary form of communication?	<ul style="list-style-type: none"> <li>1 x Phone calls</li> </ul>	<ul style="list-style-type: none"> <li>6-8x messages, less calls</li> </ul>	<ul style="list-style-type: none"> <li>1x Phone calls</li> </ul>
Patients supported per 1 Medical Assistant	<ul style="list-style-type: none"> <li>100 patients</li> </ul>	<ul style="list-style-type: none"> <li>500 patients</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Documentation, Time Tracking and Support	<ul style="list-style-type: none"> <li>Manual, and mostly DIY</li> </ul>	<ul style="list-style-type: none"> <li>Automated, and fully supported with direct specialist</li> </ul>	<ul style="list-style-type: none"> <li>Outsourced with little transparency</li> </ul>

The screenshot below shows the dashboard of Phamily software. It is currently looking at a message from a patient. Phamily's user-interface allows various filters to manage the priority, conditions and updates for the patients. Here a person under the name Tod Dickinson sent a message with a medical issue (stomach ache). The AI suggests the correct response or the user can investigate further according to the description of the patient. The application also provides a general overview of the SMS interaction with patients.

The screenshot shows the Phamily software interface. At the top, there's a navigation bar with 'Phamily' and 'Inbox' tabs. Below it, a search bar and a list of unread messages are visible. The main content area shows a message from 'Tod Dickinson' with the subject 'Congestive heart failure'. The message text is 'Oh no, I'm sorry to hear that...'. Below the message, there's a list of unread messages from other patients, including 'Devyn Williams', 'Chris Medhurst', 'Elsa Satterfield', and 'Wayne Rohan'. On the right side, there's a sidebar with a 'New note...' dropdown menu and a 'RECENT UPDATES' section.

Alex Smith Clinic Staff	Plug it in and charge it. Then shut it down and see what it does	05/16/2019 4:22 PM
Alex Smith Clinic Staff	If that doesn't work call freestyle	05/16/2019 4:22 PM
Jane Smith Patient	Ok thank you I called they are sending out another one	05/16/2019 4:55 PM
Alex Smith Clinic Staff	Great	05/16/2019 6:07 PM

Name	Message	Date
Endocrinology Center Clinic Staff	Hi Jane, Ramadan Starts tomorrow. Our hours will be 9 AM - 5 PM Monday thru Friday. The doctors will have adjusted hours during this time. Can I help you with anything?	05/07/2019 5:07 PM
Jane Smith Patient	I just got a text message from everense? That they are going to be my new sensors so I won't use freestyle anymore?	05/08/2019 12:42 AM

Name	Message	Date
Endocrinology Center Clinic Staff	Hi Jane, Just checking in about your medication. Do you need any refills or help getting your prescriptions filled?	05/31/2019 1:56 PM
Endocrinology Center Clinic Staff	Hi Jane, Just checking in with you. How are you feeling today? Have there been any changes in your health recently? Remember to let us know if you notice any signs of flare-ups such as low energy levels, weakness, fatigue, dizziness, lightheadedness or changes in sleep.	05/28/2019 12:50 PM
Endocrinology Center Clinic Staff	Hi Jane, Good Morning! The office will be closed on Monday, May 27th in observance for Memorial Day. We will reopen on Tuesday, May 28th at 9 am. If you have any issues please call the after hours phone	05/23/2019 1:48 PM

	at 555-555-5555 In the meantime if you need refills or appointments please respond to the message and we will be glad to help you out. Have a wonderful day!	
Endocrinology Center Clinic Staff	Hi Jane, Just checking in about your blood sugar. What was your fasting blood glucose this morning? (e.g. 100)	05/21/2019 2:38 PM
Endocrinology Center Clinic Staff	Hi Jane, Just checking in about your appointments. Do you need help scheduling any follow-up visits or referrals?	05/17/2019 4:28 PM
Endocrinology Center Clinic Staff	Hi Jane, Just checking in with you. How are you feeling today? Have there been any changes in your health recently?  Remember to let us know if you notice any signs of high blood sugar such as increased thirst, hunger, blurred vision, headache or fatigue.	05/02/2019 3:03 PM

Name	Message	Date
John Smith Clinic Staff	spoke to patient today about the everense CGM and wanted to see if she was interested and to see what the coverage would be for her.	05/08/2019 3:39 PM
Alex Smith Clinic Staff	.Filled out medical letter of necessity for supplies and faxed to DME	05/02/2019 7:10 PM
Alex Smith Clinic Staff	Reviewed chart, revised and updated care plan and objectives. Reconciled medications thru external rx history. Checked rx eligibility and set formulary. Shared care plan with patient. Extracted outside documents via Eehr.	05/02/2019 2:50 PM

Name	Message	Date
Endocrinology Center Clinic Staff	Hi Jane, Here's your latest care plan with recommended goals and steps to best maintain your health!	05/02/2019 2:43 PM

The screenshot displays the Phamly app interface. At the top, a navigation bar includes 'Phamly', 'Inbox', 'Messages', 'Patients', and 'Care Management'. A search bar is present with the text 'Search patients...'. Below the navigation bar, a header section reads 'Let's Check-in with 1360 of Demo Medical's CCM, COVID Patients'. To the right of this header are 'RESET' and 'REVIEW' buttons. The main content area is divided into two sections. The left section, titled 'Auto-Suggest', contains the text: 'Let Phamly suggest relevant check-ins based on each patient's conditions, programs, and recent conversations.' The right section, titled 'Choose Your Modules', features four buttons: 'Symptoms', 'Appointments', 'Vitals', and 'Care Mgmt'. Below these buttons is a 'Preview' section showing three columns: 'Symptoms' (with items like 'New symptoms', 'Chronic kidney disease', and 'Hyperlipidemia'), 'Appointments' (with items like 'Follow-up (hyperlipidemia)', 'Follow-up (diabetes)', and 'Follow-up'), and 'Vitals' (with items like 'Blood pressure', 'Blood glucose', and 'Weight changes'). On the right side of the interface, there is a 'Recent Activity' section showing a calendar view and a list of activities: 'Appointments' (39), 'Care Management' (111), 'Care Mgmt' (26), 'Lifestyle' (322), and 'Medication' (400). A green circular button with a white speech bubble icon is located at the bottom right of the interface.

CCM, COVID

1 - 1 of 1 Patients

← Oct 2021 →

Download

NAME

Set as default

QUICK FILTERS

PATIENT ENGAGEMENT

Provider

NO PHI (11)

No Response

Low

Med

High

RESET

CCM

No Care Plan (1199)

Not Shared

New

Off track (1376)

Behind (4)

20+ (6)

15+

20+ & No Care Plan

Ready to Bill

COVID

New

SELECTED FILTERS Clear all

99490: More than 20 minutes x

Has Care Plan x

<input type="radio"/>	Last Name	First Name	DOB	Providers	Tags	Languages	Conditions	Programs	Est. Mins	Eng.	Last Contact	Care Plan	
<input type="radio"/>	Pritchard	Abby	01/01/1950	Nabeel Kaukab			Diabetes mellitus Obesity Asthma	CCM	20+	Low	Nov 10		Updated: Nov 8

## Solution 3: TimeDoc Health

### Overall Analysis

TimeDoc Health contact information:

Jarret Gustafson  
Sales Development Representative  
224-545-4311  
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844-794-0085  
[info@timedochealth.com](mailto:info@timedochealth.com)

TimeDoc Health website: <https://timedochealth.com/chronic-care-management/>

The TimeDoc Health CCM is a worthy solution for BTAMC. It would improve patient care with the CCM software and services TimeDoc Health offers. The services are customizable to fit the organization and its CCM program. Some extra services include optional staff augmentation (TimeDoc staff assisting BTAMC with CCM care), program enrollment, and program awareness. Although these are services that cost extra revenue, those services are not required for use of the CCM software. TimeDoc Health also offers other programs such as Remote Patient Monitoring (RPM) and Behavioral Health in addition to Chronic Care Management (CCM). Those programs do not have to be used but would exist on one platform for easy access, which may be favorable for BTAMC's future endeavors.

TimeDoc Health CCM software will allow teams to document time (alongside automatic tracking), identify high risk patients, manage patient profiles, and create metric reports for the best patient care. Easy documentation of time and the ability to push charges automatically would make billing more efficient. With all that TimeDoc Health CCM has to offer, it is a good and viable option.

Note that TimeDoc Health takes portions of the revenue and the patient cannot virtually access their care plan with it. The care plan would need to be shared by BTAMC with electronic PDFs or printed copies. TimeDoc Health CCM also uses a traditional approach for patient communication with a preference for phone calls -- it has a messaging option that is not popular for use and wasn't recommended during the demo. A remaining issue with TimeDoc, as with other solutions, is how well it can integrate with Medent -- if at all.

### Technical Analysis

The TimeDoc Health software **meets** the following requirements:

1. Ehr certified & FQHC compatible technology
  - “Turnkey FQHC/RHC Experience: We work with health centers across the country to implement and grow virtual care management programs, taking the strain off of leadership teams.”
  - FQHC/RHC experience. Partnered with several FQHCs.
2. Vendor Assessment
  - TimeDoc Health CCM system passes the vendor assessment.
3. Care Plan Display
  - “Use our physician-created care plans or create your own templates to upload into our platform that synchronizes with your EHR to automatically fill patient information to streamline the care planning process.”
    - Automate care planning since each care plan needs to be approved with the patient.
    - Autofill template of care plan based on illness that is customizable. (purpose to save time)
  - Ability to list those with 15 minute documented to get to 20 marker care. (need 20 min care)
  - Ability to see enrollment of patients in the patient chart.
  - Manage multiple programs in one platform such as CCM, Remote Patient Monitoring (RPM) and Behavioral health.
    - RPM choice if want to enroll, see those who participated/do not. (keep track)
  - Medication module: check up on patients, transparency and care. As some may not take medication as they should.
  - Low risk, high risk is categorized (prioritize those with high risk), sort and filter ability between illnesses.
  - Filter for calls based on availability. (morning only, daytime only, etc)
4. Communication
  - “We offer flexible services, where we can supplement your care coordination efforts by taking on any or all of the care provided to patients.”
  - “These practices can utilize our team of medically trained care managers as a remote extension of their practice to coordinate care.”
    - Staff augmentation: allows communication remotely with patient and care manager options to help with care. Add on service, done as reimbursement split.
    - Ability to set goals for care manager to hold them accountable.
  - No patient portal but care plan can be accessed by email (downloading as pdf), mail to home.
  - View message options: allow messages to be sent out between system and clinical team members. Not really used so not highly utilized.
  - Prefer method is phone calls
  - Any documentation is tracked incase of an audit. Download as csv files. Purpose is to show an encounter summary of time spent and save time.

- Built in care module (conversation with patient, follow up questions based on illness)
- Document time/note with patients
- Able to remind of upcoming patient appointment (office/virtual)

#### 5. Billing

- “Reduce time spent on CCM billing.”
- “Streamline end-of-the-month CCM billing with reports that automatically tabulate charges based on documented activities that post directly to your EHR.”
- “Advanced EHR integration gives you the ability to document directly from the patient chart so your clinical staff can efficiently log time spent with patients.”
- “We implement a process to push charges into your electronic health record system automatically.”
- “Our hybrid model can minimize your upfront costs by taking on all the care coordination your healthcare organization cannot handle independently.”
  - Possible low cost with the services since it can be scale up or down depending on choice
- Easily document time spent with patient
- Billing reports produced automatically. Charges are automatically push to EHR or as PDF

#### 6. Medent compatibility

- “Chronic care management platform that supports your existing technologies by seamlessly integrating with your electronic health records system.”
  - Tried to integrate with medent before. /t's on Medent to integrate
  - Option for no integration option, requiring manual work. Csv file has to be sent to platform for data to be refresh/updated
  - Time can be documented

The TimeDoc Health software **does not meet** the following requirements:

#### 3. Care plan display

- It does not have a patient portal which makes accessing care plans ‘live’ impossible. Care plans can be accessed through downloading pdf, email or mail.

## Functional Analysis

The TimeDoc Health software **meets** the following requirements by enabling documentation of their completion in the CCM software:

#### 1. Initiating visit

- Enrollment services
  - “take care of educating patients, obtaining consent, and mailing out care plans, ensuring Medicare compliance.”

- Provide education to patients
- 2. Consent
  - “Monthly encounter summaries, patient consent, and care plans are stored to be easily accessed in our platform with PDFs pushed into your EHR to assist in case of a Medicare audit.”
    - Eligible patient need consent, documentation of patient consent
    - Date of consent is tracked for Medicare compliance purpose
- 3. Eligibility
  - “Chronic care management refers to the ongoing patient care medical professionals deliver to individuals with two or more chronic illnesses.”
  - Dual eligible patient (2 or more chronic illness in past 12 months)
- 4. Service Element Requirement

## Financial Analysis

Billing reports are generated automatically and can be exported. They’ve had a 100% success rate in recent audits.

In terms of Budget, the TimeDoc Health software is an option but may not be the best choice. There are other services that can be included with the Chronic Care Management platform that TimeDoc Health offers but that means additional charges.

- Cost: 32 dollar per patient when reach 20 min of care
- Dual eligible: 20% co-pay for those without medicare, 13 dollar per patient a month
- Possible financial return for no show, etc benefits (have to wait for follow up)
- New reimbursement rate for CCM of 82- 83 dollar per patient in 2022



	Software Only \$	Hybrid \$\$	Full Service \$\$\$
Best For	Progressive organizations who do care coordination in-house but need an efficient way of reaching more patients.	Healthcare organizations with minimal capacity to take on care coordination in-house but would like to take on more of an active role over time.	Healthcare organizations who want to offer virtual care management but do not want to do care coordination themselves.
Implementation Fee	Free	Free	Free
Software	✓	✓	✓
Staff Augmentation	--	✓	✓
Client Success Manager	✓	✓	✓
Training & Education	✓	✓	✓
Medicare Audit Support	✓	✓	✓
Number of Patients	Unlimited	Unlimited	Unlimited
Advanced EHR Integration	Included	Included	Included
Push billing charges to EHR	✓	✓	✓
In-clinic Marketing Materials	✓	✓	✓
Care plan templates	✓	✓	✓
Quarterly program performance meeting	✓	✓	✓

## Support Analysis

The TimeDoc Health software **meets** the following requirements:

1. Vendor support
2. Staff training
  - Medically trained care manager for remote care.
  - Includes Training & Education (based on pricing model)

## Demo Screenshots

Below are screenshots taken during the demo we had with TimeDoc Health.

The first screenshot is the dashboard which allows visibility into the program size, patient population, and care management productivity. The functionality allows patient care to be prioritized/listed by risk, minutes documented, current problems, and more. It's great for easily sorting through patients with certain criteria.

The dashboard provides a comprehensive overview of patient care management. It includes a navigation menu with options like Dashboard, Patients, Encounters, and Patient Tools. Key metrics are displayed in a grid, including Today's Efficiency (0%), Minutes in November (40 minutes), and the number of patients in November (2 patients). A sidebar on the right shows patient counts for various categories: Unenrolled Medicare patients (0), Total enrolled CCM patients (0), Patients with issues to be resolved (0), and Newly Assigned Patients (68). The main section features a 'Follow-ups' table with columns for Patient, Date / Time, Status, Importance, Note, Cancel, and Complete. The table lists four follow-up tasks, all marked as 'Missed'.

Patient	Date / Time	Status	Importance	Note	Cancel	Complete
Kaleigh Schmeier	03/25/2020 9:21 AM	Missed	Normal		Cancel	Complete
Eldred Ruecker	03/27/2020 9:20 AM	Missed	Important		Cancel	Complete
Aliza Greenfelder	03/27/2020 9:22 AM	Missed	Normal		Cancel	Complete
Clarissa Nitzsche	03/27/2020 11:37 AM	Missed			Cancel	Complete

Below are the second, third and fourth screenshots that show more of the patient profiles. A timer is started automatically upon the profile being accessed and other time spent while on the phone with the patient, or spent completing other tasks, can be manually documented. These also show the process of care plans being created; includes the CCM minutes, CCM purpose, goals and more.

The patient profile for Giovanna Koch (DOB: 10/03/1919) shows a timer at 00:13. The profile includes a 'Care Programs' section with CCM, BHI, and RPM options. The CCM status is 'Enrolled', and the care plan is 'Approved'. The 'Care Manager Follow-ups' table lists seven follow-up tasks, all marked as 'Missed'.

Date / Time	Assigned To	Status	Importance	Note	Cancel	Complete
09/21/2021 3:30 PM	Chris Knoff Assigned By Chris Knoff	Missed	Important		Cancel	Complete
09/23/2021 10:40 AM	Chris Knoff Assigned By Chris Knoff	Missed	Important		Cancel	Complete
10/05/2021 12:00 AM	Chris Knoff Assigned By Chris Knoff	Missed	Normal		Cancel	Complete
10/05/2021 10:41 AM	Chris Knoff Assigned By Chris Knoff	Missed	Normal		Cancel	Complete
10/26/2021 10:41 AM	Chris Knoff Assigned By Chris Knoff	Missed	Normal		Cancel	Complete
11/17/2021 1:07 PM	Simon Baker Assigned By Chris Knoff	Upcoming	Important		Cancel	Complete

Patient Care
Practice Management
Manage

Giovanna Koch
102
02:28
MRN: MR-8-381
Billing Provider: Emma West
Zorder's Medical Emporium
Risk Score: 2.305
Current CCM Mins: 20
Show Event Timeline

No Preferred Pharmacy For Patient

**Problem List**
Edit

Type 1 diabetes mellitus without complications
Salmonella sepsis
Other giant cell arteritis
Polymyalgia rheumatica
Allergy, unspecified, initial encounter
Abnormal coagulation profile

**Message board**

Other

Total Minutes: 02:28

CCM Minutes
20

CCM Purposes
Nothing Selected
Auto Select

Addendum
Additional Call Attempt
Appointment Scheduled
Authorized Third Party Call
Care Plan Goals Reviewed

Patient Care
Practice Management
Manage

Giovanna Koch
102
01:24
MRN: MR-8-381
Billing Provider: Emma West
Zorder's Medical Emporium
Risk Score: 2.305
Current CCM Mins: 20
Show Event Timeline

Back To Top

Active Medications
Gaps in Care
Conditions Management
Patient Goals
Patient Barriers & Interventions
Services / Equipment Ordered
Patient Education
Key Lab Results

Updated on: Aug 27th 19:56 am

**Diabetes**

**Goals**

Improve understanding of your diabetes diagnosis, including monitoring and medication..Controlling the "ABCs" of Diabetes..A: A1C - The A1C test shows what your blood glucose levels have been for the past three months. The goal for most patients is an A1C below 7, although your physician might have a different goal for you..B: Blood Pressure - Controlling high blood pressure is very important for patients with diabetes. The goal for most patients with diabetes is below 140/90..C: Cholesterol - Cholesterol is a waxy substance found in the blood. Having too high of a level increases the risk of heart attacks and strokes..Preventing complications of Diabetes.

**OBJETIVOS:**

- Mejorar la comprensión de su diagnóstico de diabetes, incluidas la supervisión y los medicamentos.
- Controlar el "APCS" de la diabetes:
  - A: A1C - La prueba A1C muestra cuáles han sido sus niveles de glucosa en sangre los últimos tres meses. El objetivo para la mayoría de los pacientes es un A1C por debajo de 7, aunque su médico pudiera tener un objetivo diferente para usted.
  - B: Presión arterial - Controlar la hipertensión es muy importante para los pacientes con diabetes. El objetivo para la mayoría de los pacientes con diabetes es estar por debajo de 140/90.
  - C: Colesterol - El colesterol es una sustancia cerosa que se encuentra en la sangre. Tener un nivel demasiado alto incrementa el riesgo de sufrir ataques cardíacos y embolias.

**Steps**

Work towards important lifestyle changes, including: Eating Healthy Foods, Being Active, Stop Smoking, Losing Weight, and Avoiding Alcohol. Take medications for diabetes as prescribed. Take medications for high blood pressure and cholesterol. Monitor glucose levels regularly, as prescribed by your care team. Check blood pressure at home and report a BP of more than 160 mm Hg (systolic). Regularly attend scheduled office visits.

**PASOS:**

- Trabajar en función de realizar cambios de fumar, perder peso y evitar la ingesta de alimentos saludables, mantenerse activo, dejar

Completed
Priority
Delete

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Below are the screenshots of the billing during the demo. The billing can be viewed or downloaded as a pdf or csv. Billing is based on the CCM minutes and can be pushed automatically to EHR or downloaded (in the event that EHR integration isn't possible).

**Billing**

Organization: Athena Practice

[+ Generate Invoice](#) [+ Generate Bill](#)

Billing Report Charges

Bill Date	Bill #	Patients Billed	Minutes Billed	99484 Revenue	99490 Revenue	99439 Revenue	99487 Revenue	99489 Revenue	Total Revenue	Download	Invoices	Regenerate Bill
06/29/2021	0620211402	2	53	\$0.00	\$86.88	\$0.00	\$0.00	\$0.00	\$86.88	View PDF CSV	0001400003	Unavailable
06/14/2021	0620211401	—	20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	View PDF CSV		Unavailable
04/30/2021	0420211402	2	104	\$0.00	\$86.88	\$79.76	\$0.00	\$0.00	\$166.64	View PDF CSV		Unavailable
04/29/2021	0420211401	1	25	\$0.00	\$43.44	\$0.00	\$0.00	\$0.00	\$43.44	View PDF CSV		Unavailable
03/22/2021	0320211401	1	55	\$0.00	\$44.31	\$37.89	\$0.00	\$0.00	\$82.20	View PDF CSV		Unavailable
01/12/2021	0120211401	3	70	\$0.00	\$132.93	\$0.00	\$0.00	\$0.00	\$132.93	View PDF CSV		Unavailable
07/31/2020	0720201401	1	70	\$0.00	\$44.31	\$75.78	\$0.00	\$0.00	\$120.09	View PDF CSV	0001400002	Unavailable
06/30/2020	0620201402	1	30	\$0.00	\$44.31	\$0.00	\$0.00	\$0.00	\$44.31	View PDF CSV	0001400002	Unavailable
06/19/2020	0620201401	16	515	\$0.00	\$708.96	\$151.56	\$0.00	\$0.00	\$860.52	View PDF CSV		Unavailable
05/20/2020	0520201401	9	279	\$0.00	\$398.79	\$75.78	\$0.00	\$0.00	\$474.57	View PDF CSV		Unavailable

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Below are the screenshots of the reports during the demo. The report section shows the overall report of that month. Includes the minutes done in that day, month, efficiency in that month and patient in that month. Overall it is a highlight of how the CCM program is doing in that month, productivity wise.

**Reports**

Patient Care Provider Enrolled Details User Activity Encounters Productivity

User: All Nov 2021 [CSV](#)

**TODAY'S MINUTES**  
  
 Today: 0  
 Daily Goal: 480

**EFFICIENCY IN NOVEMBER**  
**1%**  
 Documented: 40 Mins  
 Logged In: 2,572 Mins

**MINUTES IN NOVEMBER**  
  
 Month to Date: 40  
 Monthly Goal: 10,080

**# OF PATIENTS IN NOVEMBER**  
  
 Completed: 2  
 Monthly Goal: 243.6

**PRODUCTIVITY IN NOVEMBER**

User	Today's Minutes		Today's Efficiency		Monthly Minutes		Monthly Efficiency		Quality Score		Number of Patients Completed	
	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual
Chris Knoff	Patient: 480	CCM:0	80%	0%	Patient: 10,080	CCM:20 BHI:20	80%	1%	95	-	Patient: 243.6	CCM:0 BHI:1.0 ENR: 1.0

1 of 1

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## Solution 4: Access Telehealth

### Overall Analysis

Access Telehealth contact information:

Email: [ldye@accessrpm](mailto:ldye@accessrpm.com)

Phone number: (844) 527-7669

We recommend scheduling another consultation on their website.

Access Telehealth website: <https://www.accessrpm.com/chronic-care-management>

Access Telehealth is a service which provides CCM to different medical practices. The software seems reliable and is visually similar to Medent, albeit more user-friendly. They claim capability to service FQHCs as well as other kinds of medical practices. They charge per patient. This seems like a promising solution, based on their website and our brief demo.

### Technical Analysis

Access Telehealth **meets** the following requirements:

1. EHR & FQHC Certified
  - They have worked with FQHCs before, but not often as they often have smaller budgets than private practices.
2. Vendor Assessment
3. Care Plan Display
  - Cloud-based with user log in a browser
  - Search for patient records
  - Can run queries for other things, like see everybody that's active on ccm/certain age/certain sex (different filter capabilities)
  - Search filters could be used to see if certain requirements aren't being met (ex. Filter to see who hasn't met the 20 minute mark for billing)
  - Timer automatically kicks on when a patient is accessed
    - System tracks where you go in the system while tracking the time
    - Timed Care section (really great timing functionality)
    - All notes and records are time stamped with the person's name
  - Customizable care plan can be downloaded in report form for patient to have
  - Allows note taking; timers can be added to notes for reminders
  - Patient provider can be notified (Reminder Alert)
  - Patients can log in on website or on the app and see messages, can connect devices (like Fitbit) to give data from, can see their care plan (rpm functionality).
  - Has alerts for if things/notes are unfinished

- Care plan downloadable for ccm
  - Radio buttons functionality available for care plan
  - Has ways to identify whether consent/eligibility is satisfied by a patient
4. Communication
- Has an app which can be used by patients, this app allows for messaging between care providers and the patient. Though most older patients tend not to use apps, communication will be mostly through phone calls, which the software will help track. Additionally there is the option for an add-on for televisit services.
5. Billing
- They do have billing reports for chronic care management that can be exported into a CSV file
6. Medent Compatibility
- Integration with Medent can be created, however creating an integration for Medent will be an added cost (as they have not had a client who uses Medent yet and will have to build the integration from scratch). They do have an export to PDF feature, which could then be stored in Medent as a work around to integration.
  - Short term solution
    - Document calls with patient
    - Follow care plan
    - Export pdf document

Access Telehealth **does not** meet the following requirements:

3. Care plan display
- Patients do not have live access to their care plan via the CCM software. Care plan is printed, or emailed as an attachment.

## Functional Analysis

Access Telehealth **meets** the following functional requirements when it is working with an EHR software:

1. Initiating Visit
2. Consent
3. Eligibility
4. Service Requirement

## Financial Analysis

Billing requirements are **met** by Access Telehealth.

- Billing reports can be generated and exported to a CSV file.

Budget requirements: Software is charged per patient, not per user. They do not receive much FQHC traffic because of the price.

## Support Analysis

1. Vendor Support
  - Access Telehealth claims to provide support to subscribers of their software.
2. Staff Training
  - Access Telehealth will train BTAMC staff in their software.

# Incompatible Solutions

Fully incompatible with Medent:

1. NextGen
2. Epic
3. Thoroughcare
4. HealthXL (could work on its own with a similar export/import process, but we didn't get a demo)
5. Carevitality
6. Allegiancemd



# Conclusion

The easiest solution to BTAMC's CCM software needs is Medent. Medent is their current EHR system with built-in CCM capabilities that satisfy the requirements outlined in our Requirements Document. With the implementation of Medent, there are no additional fees. There is also no need to download new software and there wouldn't be any of the risk associated with integrating a new vendor. It is a safe and familiar option that provides what is necessary for success. This is the only solution that is guaranteed to allow full integration with BTAMC's EHR records (other integrations may simply require manual exporting and importing, which is not an extensive process, but still inconvenient). Despite these benefits, we believe that the Medent CCM is not as efficient nor as user-friendly as it could be.

The Phamily CCM software solution is a highly-appealing and viable option for BTAMC to implement. Not only does the vendor seem eager to work with us, but the software they demonstrated is sophisticated and appears as though it would save BTAMC a lot of administrative time with its automation and use of artificial intelligence for communication. It satisfies all of the requirements in the Requirements Document and arguably exceeds some. The design is aesthetically pleasing and simple to interpret, making it user-friendly. It also allowed sending care plans to patients via text, making it easy for updates to be distributed in a timely manner. The disadvantages of using Phamily are shared with other solutions, including added cost and potential inability to integrate seamlessly with Medent (due to Medent's restrictive nature, not the fault of the Phamily vendor). Another potential disadvantage, which is dependent solely on how BTAMC is willing to evolve, is that Phamily is most effective when its texting capabilities are leveraged. If BTAMC does not want to engage with their patients via text, then what makes the Phamily software so appealing is largely lost. Embracing texting is a worthy venture, especially in areas where connective services are spotty. However, for patients who do not wish to text, the less-efficient but still plausible option of calling patients still remains applicable and can be documented in this software.

The Timedoc Health CCM software solution is another appealing and viable option for BTAMC to pursue. This software satisfies all of the requirements in the requirements in the Requirements Document. One unique advantage of Timedoc is that they have worked with FQHCs before, and have tried integrating with Medent, but were still utilized despite that integration not being permitted. This proven past contributes to their reliability and affordability. Timedoc also has an interesting option that BTAMC may or may not want to take advantage of since it could help to get the CCM program started: staff augmentation. The disadvantages of using Timedoc Health are shared with other solutions, including added cost (Timedoc takes a reasonable portion of revenue, if revenue is generated) and potential inability to integrate seamlessly with Medent (due to Medent's restrictive nature, not the fault of the Timedoc vendor). Timedoc Health would be a familiar solution that we believe the BTAMC team could easily adapt to for their CCM program.

The Access Telehealth CCM software solution is another viable option that is similar to Timedoc Health in terms of its capabilities. It satisfies all of the requirements in the Requirements

Document. Access' visual appearance is similar to Medent's layout and would probably be easy for the BTAMC staff to learn because of this. The disadvantages of using Access Telehealth are shared with other solutions, including added cost (Access noted that they haven't worked with FQHCs because they typically cannot afford their services) and potential inability to integrate seamlessly with Medent (due to Medent's restrictive nature, not the fault of the Access vendor). Access is another vendor that prioritizes phone call communication over text communication, but has the capabilities to document both.

In short, BTAMC can reliably implement Medent because it is familiar, meets the bare requirements, and there are no concerns as to how integration affects the CCM process. Even though Medent may not integrate with any of the other solutions listed, the lack of integration does not mean that using these vendors is impossible, since BTAMC would only need to export and import data between the two platforms. If BTAMC wishes to improve efficiency by prioritizing communication via text with their patients, they should pursue Phamily for its impressive automation capabilities. If BTAMC simply wants software that supports a CCM, and potentially RPM, program that mainly relies on phone calls, they should consider Timedoc Health, or Access Telehealth (pricier, least-recommended option). All of these softwares will enable appropriate Chronic Care Management. We encourage BTAMC to explore and pursue one of the new vendor softwares because their CCM applications seem to be more intelligent, user-friendly, and have more depth than their current Medent software.