

Practice of the future...now. For complex chronic disease patients.

COPD, CHF patients with 1000s of pages of documentation, frequent ER visits, hospital stays and readmissions.

Engage patients

ID high value actions

Prioritize patients

Outreach to engage

Skip hospice, dementia

Personalize scripts

Predict no shows

Optimize schedules

Balance provider loads

Prepare for visits

Read 1000s of pages of docs

Track sentinel events

Summarize history

Check progress metrics

Review vitals trends

ID performance declines

Note engagement pattern

ID concerning items

Synthesize patterns

ID barriers to progress

Shared decision-making prep

Conduct visits

Document notes

Capture vital signs

Document exercises

Get patient feedback

Med changes, concerns

Patient education

Assess comprehension

Input for billing

Get paid

Generate claims

Ensure requirements

Flag potential denials

ID missing elements

Suggest billing codes

Track payment by payer

Track issues by payer

Monitor denials

Clinical Resource Management

Track provider productivity

ID training needs

Suggest staffing changes

Monitor equipment usage

Practice of the future...now. For complex chronic disease patients.



Filled in = AI automation

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