

CareChain

Care Coordination & Population Health

Features

- Uses predictive risk analytics to determine patient risk factors
- Identifies post-discharge risks and interventions
- Seamlessly integrates with electronic medical records
- Reduces readmission penalties
- Maximizes in-network referrals
- Enables access to a 360-degree view of patients
- Allows for sharing of information with care teams inside and outside the hospital
- Provides tools to actively involve patients in their care to increase engagement, satisfaction, and quality

Population health management software that provides predictive algorithms, patient risk stratification, and clinical insights across the continuum of care. CareChain's comprehensive, flexible, and highly configurable system helps organizations reduce costs, streamline operations, and achieve better patient health outcomes.

Population Health Management

Uses data to stratify patient populations, predict and track 30-day preventable readmissions, and monitor emergency department utilization.

- Clinical Decision Support
- Analytics-Driven Risk Models
- Cohort Analysis
- Population Health Measures

Care Coordination and Patient Engagement

Supports care management processes, including care transitions, referrals, and engagements to improve patient health outcomes.

- Risk-Stratified Patient Registries
- Program Design and Governance
- Health Assessments and Personalized Care Plans
- Patient Outreach
- Transitions of Care
- Dashboards and Key Performance Indicators

Data Aggregation and Integration

Collects and transforms data from multiple sources, creating information that helps organizations assist each patient.

- Longitudinal Records
- Patient Identity
- Flexible Reports





How CareChain Improves Patient Outcomes

Care Team



The care team includes case managers, schedulers, care coordinators, social workers, patient navigators, and physicians.

CareChain transforms data from patients, claims, clinical systems, and community service organizations to determine the next best action.



Cohorts



CareChain stratifies patient populations into cohorts based on their risk (low, medium, high, and very high).

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Community Service Organizations

Hospital/Post-Acute Care Facility

Accountable Care Organizations

Payors



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ARGO brings 38 years of experience successfully developing and implementing mission-critical applications. Applying this expertise, ARGO healthcare solutions address patient matching with biometric verification; duplicate record detection and prevention; post-discharge care management; and patient financing/provider cash flow.

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