

## Identify High-risk, High-cost Patients, and Control Costs



**CareChain**  
Powered by **ARGO**



### CareChain software:

- Predicts patient risk based on 462 variables
- Stratifies risk in real time
- Offers a Patient Self-Care Attitudes and Practices (PSCAP) risk evaluation
- Helps organizations achieve the Quadruple Aim
- Supports Network Utilization
- Tracks Compliance and Quality

The healthcare organization can choose either an On-Premise or Cloud Deployment model for CareChain.

As accountable care organization (ACO) physicians transition from fee-for-service to value-based care, they require technology to help them identify and manage high-risk, high-cost patients to improve outcomes and contain costs for higher reimbursements and incentives.

To address these challenges, ACOs require a new approach to managing patients, as well as updated systems and processes. ARGO CareChain software delivers this approach through a comprehensive, flexible, and highly configurable system to effectively manage patient populations and provide better care, all while decreasing costs. Using CareChain, ACOs can:

- Identify High-risk, High-cost Patients
- Aggregate and Normalize Data
- Determine Gaps in Care and Engage Physicians and Patients
- Coordinate Care across the Continuum
- Refer Patients to Network Providers and Social Agencies
- Track Quality Measures and Outcomes

### Identify High-risk, High-cost Patients

CareChain uses revolutionary predictive modeling algorithms to identify patients at risk of avoidable utilization. When combined with Cohort Management functionality, the ARGO risk stratification engine helps focus care resources on high-cost, high-risk patients, helping to improve the health of populations and curbing costs.

### Aggregate and Normalize Data

CareChain's health integrated platform aggregates data in real time from clinical, social, and claims systems into a single, longitudinal patient record.

### Determine Gaps in Care and Engage Physicians and Patients

CareChain provides physicians and nurses access to the right data at the right time to ensure patients receive the care they deserve by performing dynamic and clinically driven assessments, generating care plans, and determining care gaps.

## Solution Brief

CareChain uses data to stratify patient populations, effectively coordinate care, empower patients and physicians, and track performance.

### Coordinate Care across the Continuum

Care Coordination provides comprehensive data from disparate systems, enabling case managers to provide treatments based on clinical evidence and guidelines embedded into the system. Automated care plans are triggered by the assessments and define patient acuity, helping case managers provide personalized care and improving patient satisfaction.

### Refer Patients to Network Providers and Social Agencies

Referral Management enables case managers to optimize network utilization. Using CareChain, case managers access detailed provider information and select follow-up care based on care needs, network, patient-physician relationships, insurance, and patient preferences. CareChain also provides tools for referrals to community service organizations.

### Track Quality Measures and Outcomes

Tracking CMS-defined measures helps ACOs assess the level of patient care and monitor outcomes and patient satisfaction. CareChain supports various quality measures.

ARGO CareChain delivers an integrated platform, containing longitudinal records with data from multiple sources. Using this information, ACOs can perform functions for Clinical Decision Support, Care Coordination, Referral Management, Quality Measure Reporting, and Physician and Patient Engagement. ARGO also provides ongoing consulting for Analytics, Clinical services, Reporting, and Operational Reliability.



## CareChain: Helping ACOs Manage their Patient Populations

