



# Proven Care Plans

HealthCall Care Plans are proven to consistently reduce readmission rates, shorten length of stay, improve adherence, and increase patient satisfaction. In population health studies of nearly 8,000 patients, HealthCall consistently outperforms the national readmission average, 20.2% versus HealthCall 9.7%. (London, Kenneth. "Dynamic Results in Reducing Readmissions in Patients with COPD..." Jan. 2016.)

The HealthCall proprietary platform enables patients to be managed in a collaborative, clinically driven process.

HealthCall offers a comprehensive suite of Care Plans, each serving as a guide to following best practices in the care and management of a health condition for both the care team and the patient. Through a system of education, coaching, and monitoring of signs and symptoms, HealthCall Care Plans engage patients, promote self-management and healthy living, and facilitate increased collaboration on behalf of the care team and providers.

## Example HealthCall Care Plans

- Behavioral Health - Major Depression / Suicide
- Behavioral Health - Substance Abuse
- Breathe Easy\*- COPD/ Pneumonia
- Heart Health\*- Chest Discomfort / HF/ CHF/ Heart Attack/ AMI
- Community Outreach
- Diabetic- A1C/ Homecare
- Enteral Nutrition\*
- High Risk Care (HRC)/ High Utilizer Group (HUG)
- Hospice\*
- Invasive Ventilation\*
- Joint Replacement- Post Surgical hip/ knee replacement
- Non-Invasive Ventilation (NIV)\*
- Oxygen therapy
- Pregnancy Program, High Risk

\* Denotes a series or multiple variants

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# Customizable Care Plans for better clinical outcomes.

Clients have the option of utilizing their own care plans or using HealthCall Care Plans as a framework for customizing their own care program.

Drawing on HealthCall-based studies and the successful implementation of hundreds of programs, HealthCall Implementation Specialists work with the Client's clinical team to ensure that key disciplines for success are incorporated.

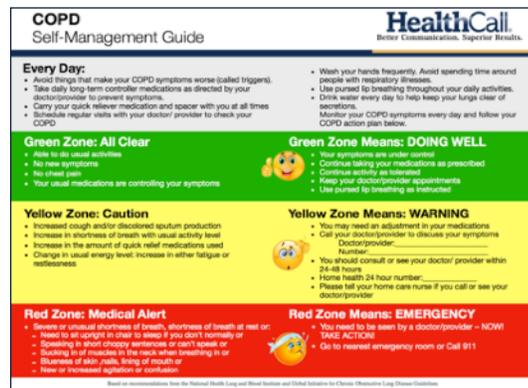
Once in production, care specialists and providers have the option to quickly and easily individualized Care Plans to meet unique patient needs. For example providers can add assessment questions, add baseline measures, adjust decision support tools, change outreach schedules and set communication preferences.

All elements of Care Plans are highly flexible and can consist of in-home encounters, phone encounters, as well as automated health assessments.

Care Plans are deeply integrated into all HealthCall systems.

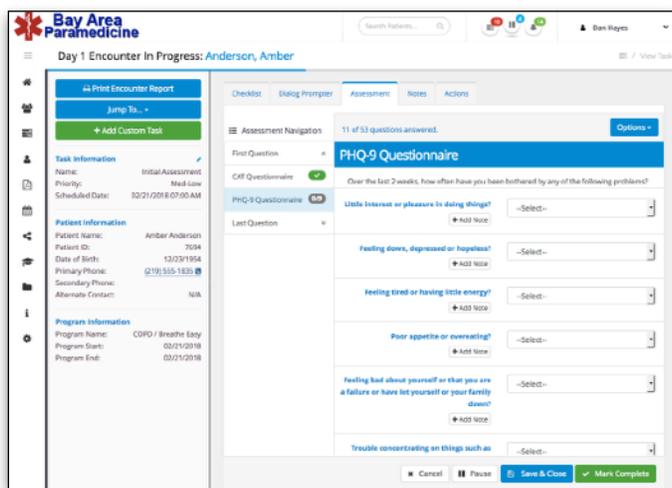
HealthCall patented Automated Patient Response™ (APR™) system is used by healthcare professionals throughout the US to automate patient outreach and to engage patients and enable communication of more timely and relevant health information between healthcare professionals and patients.

This improved clinical management and patient-centric approach consistently results in increased patient engagement, healthier self-care behaviors, and higher quality outcomes.



## Integrated Education Materials

Patient education and *self-management guides* are integrated within post-discharge Care Plans. Corresponding *Teaching Plans and Teach Back Questions* guide care team members in coaching patients.



## Comprehensive Assessment Tools

Most third-party assessment tools can be seamlessly integrated directly within the HealthCall Encounter Management tools. Shown is the PHQ-9 diagnostic tool (Patient Health Questionnaire-9). Note that assessment scores can be automatically calculated.

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