VITAL INTERACTION™

FQHC GUIDE TO **PATIENT CONNECTIONS**

www.vitalinteraction.com

For Federally Qualified Health Centers (FQHCs), offering equitable, quality healthcare to their customers is a key priority. FQHCs are dedicated to empowering underserved communities by prioritizing preventative care, chronic disease management, and patient education.

With a focus on preventive measures and cost-effective care, these community health centers constantly aim to improve patient health outcomes while juggling business and healthcare industry challenges.

A Quest **FQHC Health Centers report,** identified some key issues facing community health centers:

ADDRESSING STAFFING SHORTAGES:

In a competitive healthcare market, staffing shortages remain a top concern for FQHCs. Retaining and attracting qualified medical personnel is a top priority especially as patient demand continues to rise.

IMPROVING PATIENT SATISFACTION & ACHIEVING VALUE-BASED CARE GOALS:

To thrive under value-based care models and better serve their communities, FQHCs must prioritize patient satisfaction. Secure messaging platforms can be a key tool, promoting communication, reducing no-shows, and encouraging proactive participation in preventative care like annual wellness exams.

GROWING PATIENT DEMAND & DECLINES IN QUALITY MEASURES:

A surge in patients with complex conditions and delayed care due to the COVID pandemic have forced FQHCs to play catch up by significantly expanding their clinical programs. More than ever, FQHCs need to prioritize offering essential services like routine screenings, chronic disease management, and vaccinations.

TRANSITIONING TO VALUE-BASED PAYMENT MODELS:

Thriving in a value-based healthcare system requires FQHCs to secure fair compensation that reflects their complex patient populations. This means navigating financial risk models and adapting to new reporting requirements. While data access and technology pose hurdles, prioritizing these areas is vital for successful program participation, ultimately leading to improved patient outcomes.

WHY PATIENT COMMUNICATION **TECHNOLOGY IS CRUCIAL FOR FQHCS**

As a tool that empowers FQHCs to fulfill their mission, patient communication platforms empower FQHCs by boosting productivity and streamlining operations through data integration, automation, and workflow tools. This frees staff for deeper patient interactions.

However, basic features aren't enough. A platform with hyper-personalization capabilities enables customized care plans and communication to individual needs, fostering patient engagement and transforming them into active participants in their health journey.

Additionally, EHR-integrated, hyper-personalized patient communication technology unlocks a key advantage for FQHCs: reaching hard-to-reach patients. By communicating with patients through their preferred channels (text, email, phone), they boost engagement and adherence to care plans, ultimately improving health outcomes.

The Value-based care model demands a shift for FQHCs. Patient communication technology empowers this shift, fostering proactive patient care through personalized outreach. By boosting engagement and impacting key financial metrics, this technology becomes a game-changer for FQHCs under this new healthcare model.

HOW HYPER-PERSONALIZED PATIENT **COMMUNICATION TECHNOLOGY HELP FQHCS OVERCOME KEY ISSUES**

CHALLENGE 1: **Addressing staffing shortages**

Hyper-personalized patient communication platforms can be a powerful tool for understaffed FQHCs. They enhance staff efficiency and streamline tasks to free up valuable staff time to concentrate on more critical tasks like patient care.

AUTOMATE TASKS:

- **Appointment reminders and confirmations:**

  FQHCs can experience substantial reductions in hold times and call volumes while reducing no-shows.

- **Consent forms or health questionnaires:**

  Send paperwork to patients to fill out before their visit, cutting down on administrative time during the appointment.

- **Prescription refill prompts:**

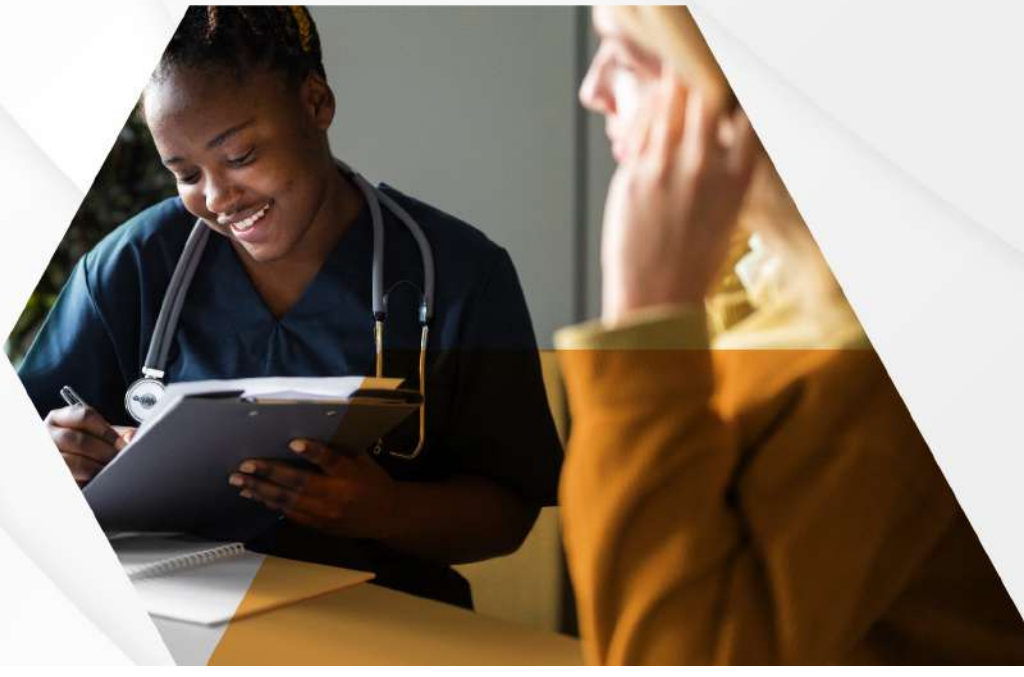
  Automate medication refill reminders, allowing staff to focus on complex medication management issues.

- **Routine health screenings & preventive care reminders:**

  Encourage patients to stay up-to-date on preventive screenings and immunizations, reducing the need for staff outreach.

- **Post-visit summaries:**

  Send patient education materials, follow-up instructions, including information on medications, reducing the need for follow-up calls from staff.



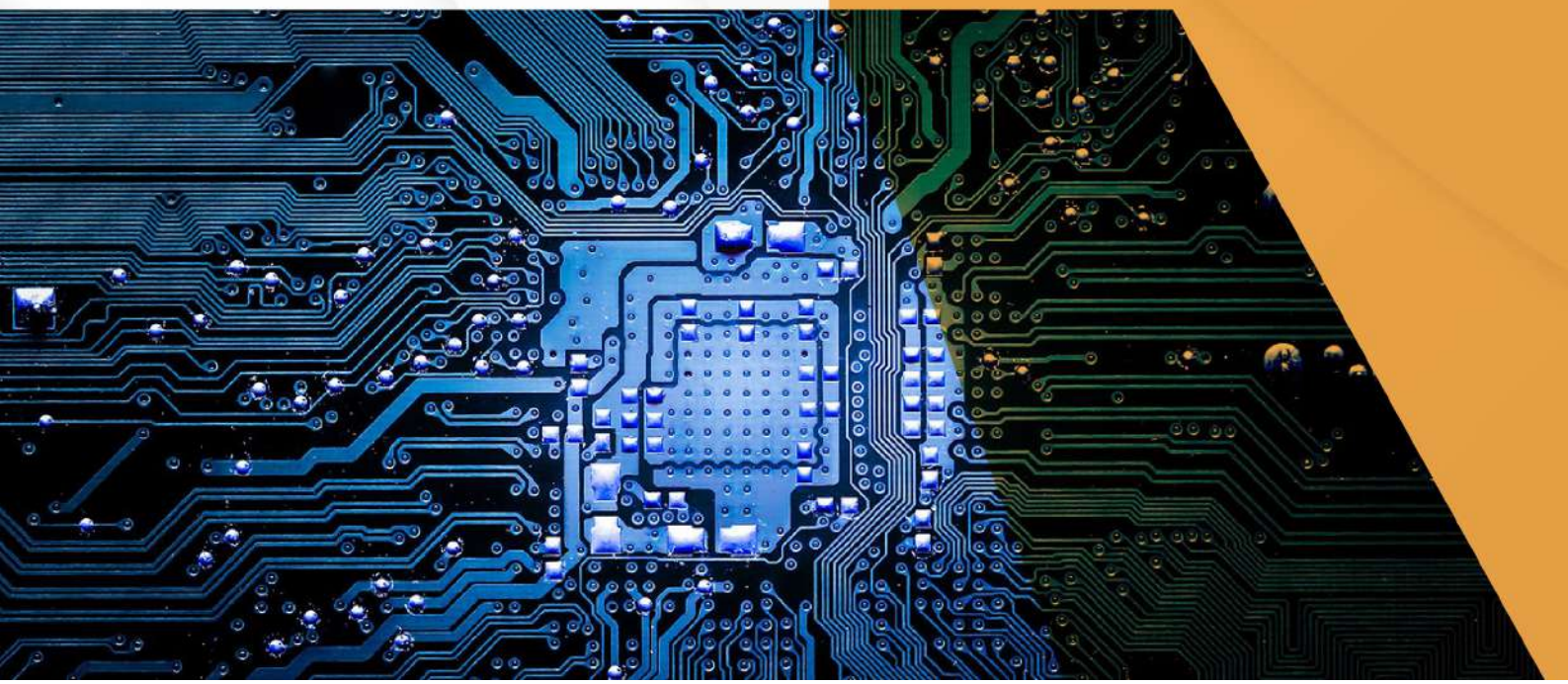
LANGUAGE SUPPORT:

Automated translation tools:

Enable clear communication with non-native speakers, reducing the need for additional language interpreters.

EASILY COMMUNICATE WITH LARGE GROUPS:

Eliminate the need for staff calls by sending mass text or email messages to specific groups for targeted marketing campaigns, payment collection or to easily reach a group of patients in the event of unforeseen schedule changes. Quick messaging features enable you to send office announcements, clinic directions, and other essential information.



CHALLENGE 2: **Improving patient satisfaction & achieving value based care goals:**

Patient communication technology offers FQHCs a powerful tool for boosting patient satisfaction and engagement which aligns with value-based care goals. For example, HIPAA-compliant two-way texting offers several advantages over traditional patient portals. Texting allows for quick, easy and real-time communication, enabling patients to respond without the need to log in to a portal or navigate a website. Since patients are more likely to engage in texting as it mirrors their everyday communication habits, two-way texting leads to higher engagement and a more responsive, active role in their healthcare journey.

By hyper-personalizing communication to a patient's specific health condition, demographics, and risk factors, FQHCs ensure patients receive relevant and actionable information. This fosters a deeper understanding of their health, promoting proactive participation in preventive care and chronic disease management – cornerstones of value-based care success. Ultimately, by enhancing patient satisfaction and engagement, FQHCs who leverage patient communication technology can achieve better health outcomes and thrive in a value-based care environment.

MEASURE PATIENT SATISFACTION:

Improve patient satisfaction scores by automatically sending HIPAA-compliant patient satisfaction surveys to ask patients to leave positive feedback on review sites.

PERSONALIZE PATIENT-PROVIDER CALLS:

Surveys have shown patients are three times more likely to listen to a voice-mail if it comes from their doctor. Some patient communication platforms like Vital Interaction offer personalized Provider Calling so doctors can send recorded voicemail messages directly to their patients.

PROACTIVE OUTREACH:

Analyzing patient data can help identify individuals at high risk of complications due to chronic conditions. Hyper-personalized outreach allows FQHCs to proactively reach out to these patients, offering preventive measures and early intervention strategies.

TAILORED CARE PLANS:

By considering a patient's medical history, preferences, and social determinants of health, FQHCs can develop personalized care plans that are more likely to be followed and result in better outcomes.

INCREASE SLOT **UTILIZATION & REDUCE NO-SHOW RATES**

Every missed appointment at an FQHC represents a gap in their ability to serve the community. FQHCs rely on patient visits to generate revenue, and frequent no-shows can create financial strain.

Send automated, personalized appointment reminders via text messages, emails, or phone calls to serve as proactive reminders for patients, and help to minimize the chances of missing appointments. When a patient cancels or requests to reschedule, appointment slots can then be automatically filled more efficiently to reduce no-show rates.

FOSTER PATIENT ENGAGEMENT TO ACHIEVE ANNUAL WELLNESS VISIT TARGETS:

Annual wellness visits (AWV) at FQHCs are much more than routine checkups. They're a critical tool for early detection of chronic conditions leading to better chronic care management and treatment outcomes while avoiding the need for future expensive interventions.

By promoting preventative measures and fostering patient engagement through targeted campaigns, AWVs keep patients healthier overall, reducing strain on FQHC resources and contributing to value-based care goals. Additionally, the trust cultivated through consistent check-ups and CCM strengthens the doctor-patient relationship, encouraging patients to stay engaged with the same provider in their long-term health journey.

CHALLENGE 3: **Growing patient demand & declines in quality measures:**

For FQHCs, providing routine health screenings, chronic care management, and implementing preventive care are top priorities. Patient communication technology can significantly contribute to these efforts, which are critical elements in improving HEDIS scores.

They help reactivate patients, boost follow-up visits, and improve chronic disease management—all crucial for positive health outcomes. This proactive approach translates to fewer hospital readmissions and lower costs, allowing FQHCs to deliver cost-effective care and potentially secure increased funding.

PATIENT REACTIVATION:

Leveraging patient data, these platforms proactively identify individuals due for screenings or vaccinations. Automated tools seamlessly reach out to inactive patients, encouraging them to return for annual checkups and immunizations through targeted reactivation campaigns. From prenatal care to postpartum follow-ups and pediatric reminders, digital tools streamline outreach, ensuring patients receive the preventive care they need at every stage of life.

RECALL PATIENT APPOINTMENTS:

Patient communication technology can automatically track all scheduled appointments and identify patients who canceled or didn't show up for their appointment and didn't reschedule. Integrating with the EHR also allows the platform to access appointment history and identify patients with a pattern of missed appointments. This information can be used to develop targeted outreach programs.

TARGETED COMMUNITY OUTREACH:

FQHCs can unlock a wealth of benefits, including patient retention, by tailoring outreach programs to the unique needs and challenges faced by the different populations they serve. This targeted approach empowers them to effectively promote preventive care initiatives and address specific health concerns prevalent in the community.

ACTIONABLE COMMUNICATION:

Hyper-personalized messages can address patients' specific concerns and barriers to care. Educational materials tailored to their health literacy and cultural background can improve medication adherence and self-management skills, leading to better chronic disease control reflected in HEDIS measures.

CHALLENGE 4: **Transitioning to Value-Based Payment Models:**

Value-based care aligns perfectly with FQHCs' mission of high-quality, cost-effective care. Patient communication platforms, already addressing key FQHC challenges, become even more crucial under VBC models.

These platforms fuel better communication, data collection, and patient engagement, empowering FQHCs to deliver superior care, improve outcomes, and achieve core VBC goals. By facilitating secure messaging and appointment reminders, they specifically enhance Chronic Care Management (CCM) for long-term conditions and improve Transitional Care Management (TCM) by ensuring smoother patient handoffs between providers.

IMPROVED CARE COORDINATION & PATIENT ENGAGEMENT:

Proactive Outreach:

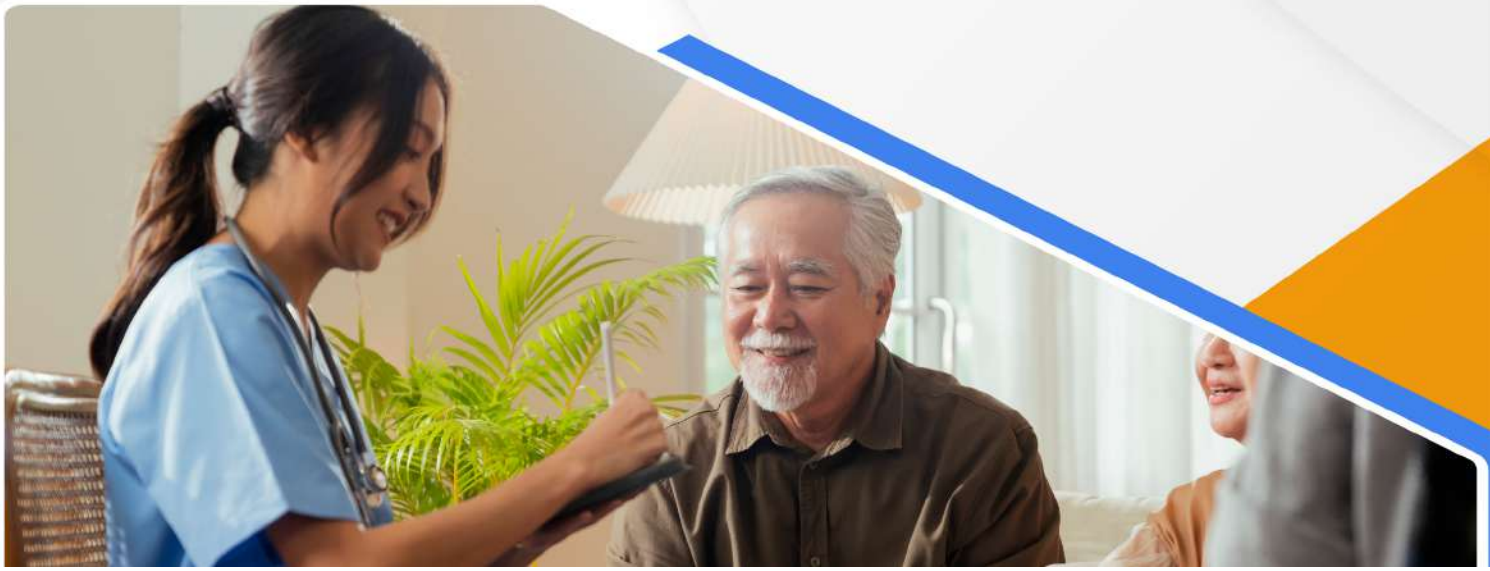
Platforms can identify patients due for screenings, vaccinations, or CCM. Targeted campaigns with personalized reminders encourage appointments, promoting preventative care and early intervention—markers of VBC success.

Two-way Communication:

Secure messaging allows real-time communication between patients and care teams. Patients can ask questions, clarify instructions, and report concerns, fostering better patient-provider relationships. This translates to improved TCM, better understanding of treatment plans, and ultimately, better health outcomes—a key factor in VBC reimbursements.

Care Team Collaboration:

Platforms facilitate communication and information sharing between various healthcare providers involved in a patient's care. This streamlined collaboration ensures a holistic view of the patient's condition, leading to more coordinated care plans and improved TCM.



DATA COLLECTION AND QUALITY IMPROVEMENT:

Patient-Reported Outcomes (PROs):

Platforms can collect valuable data on symptoms, health behaviors, functional status, and patient satisfaction. This data is crucial for measuring the quality of care under VBC models. By analyzing trends in PRO data, FQHCs can identify areas for improvement and demonstrate a data-driven approach to quality, which is essential for success under VBC.

REDUCED READMISSION RATES AND IMPROVED HEALTH OUTCOMES:

Automated Appointment Reminders:

Reminders with clear instructions reduce missed appointments and cancellations. This ensures patients receive necessary follow-up care and reduces preventable complications, leading to better overall health outcomes. Lower complication rates translate to potentially lower readmission rates, a key metric that directly affects VBC reimbursements.

CONCLUSION: **BETTER HEALTH OUTCOMES:**

Through its ability to facilitate effective communication, patient communication technology plays a pivotal role in enabling FQHCs to nurture patient-provider relationships that are critical to improving health education and encouraging proactive preventive care.

This connection results in potentially higher HEDIS scores, better health outcomes for the community, and ultimately contributes to the continued funding of FQHCs.

CASE STUDIES:

Capterra

RALEIGH OPHTHALMOLOGY, PC

Raleigh Ophthalmology sees 50% reduction in no-show rate with automated patient education campaign.

VIEW FULL CASE STUDY

STRESS CARE OF NEW JERSEY
We help our clients build healthy, stress free lives, and safe communities

Learn how Stress Care of New Jersey leveraged Vital Interaction's Smart List Engine to automate recalls and increase the number of patients scheduling follow-up appointments by 47%.

VIEW FULL CASE STUDY

Arizona Eye SPECIALISTS

Arizona Eye Specialists increase appointment volume by 38% by targeting overdue patients with automated reactivation campaigns built in Vital Interaction.

VIEW FULL CASE STUDY

Vital Interaction is an excellent partner. Our working relationship with Vital Interaction has been excellent. When we first started working with them, we were sure "it was too good to be true." They listened to our needs, worked with us through 2-3 iterations of the proposal, and helped me create the ROI script I needed to present to my CFO and CEO. The VI customers I spoke with before we signed the contract said VI is everything they seem to be. They even did a site visit and engaged our Quality Director and our Clinical Operations Director at the onset of our conversations with VI, and we had immediate buy-in. It was a surprisingly easy sell. VI allows us to move at our pace but holds us accountable to our goals. They scheduled and held a 3-month ROI presentation in which they shared "where we were" in several key areas pre- and post- VI implementation. It was impressive. I highly recommend Vital Interaction.

Tina M.
CIO
Hospital & Health Care, 201-500 employees
Used the software for: 6-12 months

5 Star

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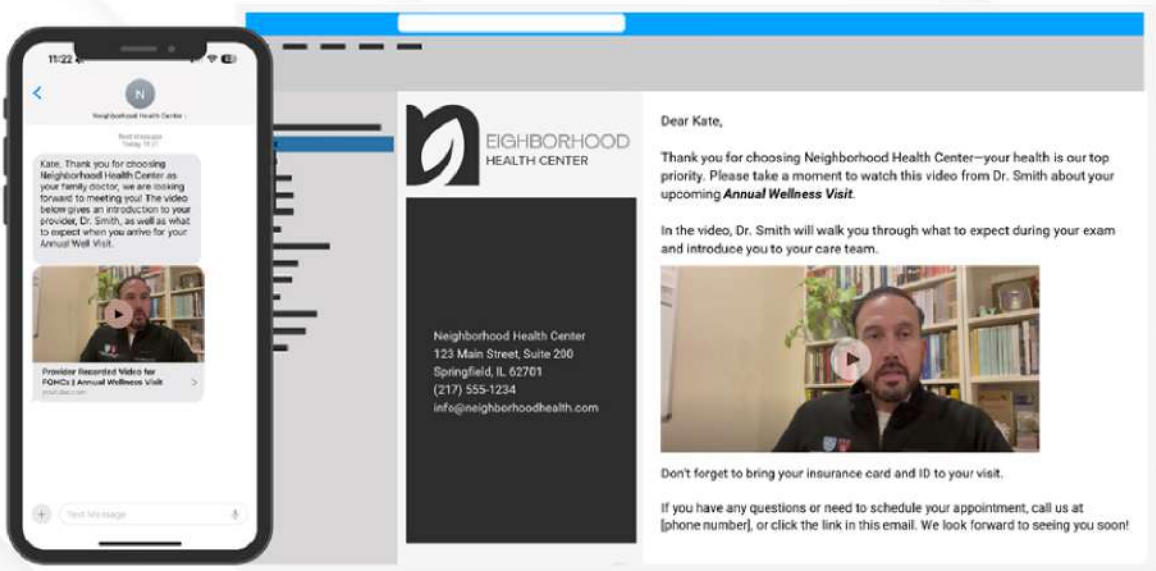

Empower Patient Connections.

Transform FQHC Communication for Seamless, Proactive Care.

Integrate Seamlessly with Your Practice Management System

Vital Interaction is designed to play well with your other systems. Our deep integrations with more than 35 practice management systems allow you to leverage your existing data in more powerful ways.

Build Data-Driven Reactivation Campaigns

Our Smart List Engine will constantly scan your practice management system using relevant criteria like appointment, clinical, and even billing data toidentify and reactivate patients. Eliminate gaps in care, improve patient outcomes, and increaseappointment volume with Vital Interaction's Smart List Engine.

Improve Care Coordination

Vital Interaction facilitates seamless communication between patients, providers, and care teams to foster better care coordination, ensuring patients receive the right care at the right time. This holistic approach to care management

Hyper-Personalize Your Patient Communication

By leveraging data, multiple modes of communication, and unique features like automated phone calls sent in the voice of your provider, Vital Interaction helps you create hyper□personalized patient experiences that your patients will love.

Vital Interaction helps **13,000+ providers** facilitate more than **40 million messages** to **5 million+ patients** annually.

On average our customers see

11% increase in Appointment Volume

20% increase in revenue from patient reactivations

21% decrease in No-show Rate

Streamline Patient Communications & Build Lasting Relationships

- Targeted List Building Library
- Automated Patient Messaging
- Patient Chat
- Group Patient Messaging
- Bulk Message Sending
- Reporting
- Custom Patient Satisfaction Surveys
- Custom Patient Forms Builder
- Provider-Recorded Calls

Schedule a demo >

www.vitalinteraction.com

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