### **CASE STUDY**

# **Bluestem Health Partners** with **Engooden Health to** Manage Its Rising-**Risk Patients**

Program boosts patient engagement for chronic care management to drive better health outcomes and increase revenues

Bluestem Health offers primary medical, dental, and behavioral healthcare to over 19,500 patients regardless of their insurance status. Bluestem worked with Engooden to deliver a scalable, technology-enhanced chronic care management program to its Medicare patients in Lincoln, Nebraska and surrounding Lancaster County.



#### **KEYHIGHLIGHTS:**

80% 1.468 patients identified by Engooden for **CCM** enrollment eligibility

of patients were successfully notified of their eligibility

of eligible patients enrolled in the first 90 days

## THOUSANDS

of dollars in monthly revenue without additional staff or technology

turned to Engooden to make this goal a reality.

Brad Meyer, CEO of Bluestem, said, "The value that Engooden brings is so important. We didn't have the tech or staff to do it on our own."

#### **Outsourcing CCM to Engooden Health** for increased enrollments and better patient health

Bluestem partnered with Engooden to extend care to patients without putting a strain on any internal resources. To start the program, Engooden identified 1,468 patients out of Bluestem's 2,000 Medicare patients as eligible to enroll in the CCM program.

> "The value that Engooden brings is so important. We didn't have the tech or staff to do it on our own." **BRAD MEYER, CEO OF BLUESTEM**

Chronic care management (CCM) improves the health of Medicare patients with multiple chronic conditions by extending care beyond regular office visits. By partnering with Engooden Health to outsource its CCM program, Bluestem increased revenue, enrolled hundreds of eligible patients, uncovered patient care gaps, and improved patient satisfaction, loyalty, and retention.

#### Finding a sustainable CCM model for **Bluestem patients**

Bluestem Health provides comprehensive healthcare services to over 19,500 patients annually in Lincoln, Nebraska and Lancaster County, approximately 10% of which are eligible for traditional chronic care management services.

As Bluestem sought a way to implement its CCM program, the organization faced labor shortages and a high turnover rate among case managers, which made running its own program untenable. Bluestem evaluated many CCM solution vendors, but most did not provide a staffing model to help manage patient outreach and care plans on an ongoing basis. As CCM is a high-touch, resource-intensive healthcare service, Bluestem needed highly qualified care managers to deliver quality care and improve patient health outcomes. The organization wanted to build trust with its patients and

Engooden provided all the staff and technology necessary for Bluestem to launch a CCM program quickly and efficiently. Within the first 90 days of outreach, Engooden successfully reached 80% of these patients to notify them of their eligibility. While Bluestem anticipated a total of 500 patients would enroll, 752 of the 1,468 eligible patients (51%) signed up, far exceeding expectations.

"We anticipated maybe 500 people benefitting from our CCM program, but we're already at over 750 which is more than we ever thought we could enroll, thanks to Engooden," said Meyer.

As one patient told Bluestem about their Engooden care navigator, "This isn't the type of thing I thought my doctor's office could help me with you are my angel."

Engooden's highly trained care navigators conduct consistent patient outreach, building trust over time, on behalf of Bluestem at least once a month. The care navigators manage each patient's care plan, assist with scheduling additional appointments or tests, help with accessing medications, and offer a compassionate ear to support patients.

#### **THE RESULTS**

Of the 20 different programs that Bluestem offers its patients, staff at Bluestem hear the benefits of its CCM program directly from the patients themselves. Patients love their ongoing calls with the Engooden care navigators, who uncover care gaps while improving patient care plans and medication usage.

The consistent check-ins give patients a sense of ease in knowing if they are reaching health goals and whether or not they need to come into the doctor's office. They feel empowered to control more of their own care and have come to rely on the trusted and empathetic support their care navigators provide on a consistent basis.

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Bluestem is also changing its care delivery as a result. It is ramping up its value-based care initiatives, experiencing decreased ED utilization and reducing overall care costs.

#### ADDITIONAL BENEFITS INCLUDE:

- **51% of enrollment** within the first 90 days of the program launch
- Thousands in additional monthly recurring revenue through CCM with minimal overhead and upfront costs
- Low EHR integration costs
- Patients enjoy the monthly calls and the organization is seeing **increased satisfaction, loyalty and retention**

#### **PATIENT SUCCESS STORY:**

I have been working with this patient for the last 4 months, since I enrolled her. When we first started talking, she had lost a few pounds but was at a stall.

We have been working on hydration, walking more each day, and quality of diet. There is also a local nonprofit in her community that helps deliver fresh produce to community members in need that I was able to connect her with.

Talking to her today, she said she had lost total of 36 pounds since June and her BP is down 14 points from where we started! She told me that I really motivated her to keep going and that it really helped her when I told her not to just pay attention to the numbers on the scale, but to the way she feels and the way her clothes fit.

- Engooden care navigator

# In good hands, in good health.

