

# Engooden Health

## Chronic Disease Management Reimagined

### The Engooden Approach

- White labeled service is an extension of your care team
- Zero execution risk. Engooden recruits, hires and trains care navigators in partnership with your clinicians
- Scaled outreach to address mid and rising-risk populations
- Proprietary tech stack to enable our care navigator workflows
- Only human-to-human outreach to patients; no bots or automated services
- A major source of revenue without any upfront investment

### Enhanced Experience

- Engage patients telephonically each month, establishing trust-based relationships on behalf of your organization, leading to increased patient satisfaction and retention
- Task shift non-clinical work to help reduce provider and staff burnout
- Reach the “silent sufferers” who may be unaware, unable, or unwilling to access the care they need before presenting as high-risk
- Enhance other VBC initiatives by leveraging CCM as a building block

### Operating KPIs

- **Program Retention:** 88% year-over-year
- **Caseload Efficiency:** 300 patients : 1 CN
- **Enrollment:** 84% of all eligible patients reached
- **Identification:** 23% more chronic conditions
- **Engagement:** 93% monthly connection rate
- **Med Compliance:** 11% more compliant
- **Care Plan Adherence:** 54% more adherent
- **Total PMPM Savings:** \$247
- **Total HCC RAF Uplift:** 0.2 per patient
- **Annual Wellness Visits:** 41% improvement in AWV completion rate

### Quality and Compliance

- Care navigators are certified medical assistants with extensive primary care experience
- Engooden’s technology-driven workflows ensure we’re talking to the right patients, at the right time
- We maintain third-party information security certification (certified SOC2; HITRUST pending) as part of our program
- We only bill for the patients we reach and speak with each month
- All patient calls are recorded for compliance and quality assurance