Annual Visit Cadence

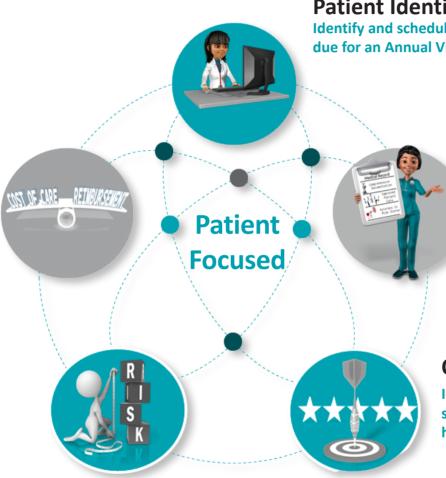## PROCESS

Patient Identification
Identify and schedule the patients due for an Annual Visit.

Reimbursement
Closing quality and chronic condition health care gaps drives accurate risk scores and reimbursement.

Severity Reporting
Document the patient's burden of illness to the highest level of specificity.

Patient Focused

Risk
Assessment of chronic conditions to reduce inpatient admissions and target patients for care management.

Quality
Identify and schedule any screenings needed to ensure high quality care.

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Annual Visit Value

PURPOSE

Preventive Care

Transition from episodic care to preventive care for improved outcomes.

Cultural Competency

Understand the diverse needs our patients, drives improved communication and trust.

Health Literacy

Preventive care drives patient education and increased participation in their care.

Social Determinants of Health

Identify the various social needs of our patients provides targeted and specific interventions.

Health Equity

These elements individually and collaboratively drive and produce health equity.

Achieving value-Based care & Improving population Health Outcomes

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