

Profile | CareHive

- Service forward, virtual-first care (V1C) patient navigation and chronic care management
- Artificial intelligence (AI)-empowered navigators; clinicians direct patients to timely, appropriate care

Value-add partnerships: How it works

payors, employers, and risk-bearing provider groups contract with CareHive to mine data – including claims, electronic medical records (EMRs), and prescriptions – to find and assess people who need help. This includes patients with undiagnosed conditions that would worsen if not treated, connecting them with their providers for ongoing care. Once patients have established care, CareHive helps providers load-balance by navigating patients to high-value services and appropriate levels of care.

Ken's Story



Intake and Onboarding

It's been years since Ken visited his primary care physician – he's been busy working and getting his children through college but, lately, he has been feeling run down. On behalf of his health insurance provider, he receives an outreach email from Carehive informing him that his medical history and labs indicate he is at risk for diabetes and hypertension and that he is eligible for preventive care. His worried partner convinces him to follow up and he completes the online clinical screening questionnaire.

Ken's responses, indeed concerning for rising risk of hypertension, trigger an alert to a CareHive navigator who calls Ken and gets him set up for a telemedicine visit that weekend with a CareHive physician. To complete a full picture of Ken's health needs, she orders a lab test collection kit to be delivered to his home. Armed with updated lab results and biometrics, the care navigator assists Ken in reestablishing care within his local care network and embarks on a personalized care plan. CareHive closes the loop with Ken's insurance company and in-network providers, providing a comprehensive view of his health conditions and risks to ensure a smooth transition into ongoing care.



Longitudinal Co-Management

Ken continues to check in on a regular schedule by CareHive through short, asynchronous interactions to monitor his hypertension and screen for developing conditions. When CareHive's algorithm detects an abnormality and triggers an alert to CareHive Navigator, the navigator confirms the clinical decision support and escalates Ken to a virtual visit with a CareHive physician. Upon reviewing Ken's responses and medical records, the provider notes they have maximally escalated therapy, and Ken requires specialist consultation. An e-consult request is created through the platform to one of CareHive's cardiology digital health partners. After the visit, Ken is notified that CareHive will continue to closely monitor his condition and will follow through on the cardiologist's recommendations. All this occurs within several days and without overburdening Ken's primary care practice or requiring him to travel or wait for cardiologist appointments.



Care Initiation and Onboarding

Since Ken has reestablished care in his network and is feeling better than ever, he is identified by CareHive's AI-driven platform as a candidate for evidence-based preventive colorectal cancer screening. Because there is a wide array of endoscopy providers in his market, Ken is thrilled to have the support of a CareHive navigator to find and schedule an appointment from the options that match his preferences and are rated by his insurance company as the highest quality and lowest cost providers. CareHive closes the loop with Ken's managing physicians, documenting the order in the EMR, and ensuring the results are flagged for any follow-up by the primary care physician (PCP).

“CareHive provides seamless, integrated, and caring communication with our clinicians and patients, ensuring that our practice remains the centralized medical home for our patients – even when patients experience after-hours medical needs.”

- Dr. Kevin Spencer, President and CEO of Premier Family Physicians, a CareHive partner

TAKEAWAYS FOR EFFECTIVE CARE TRANSITIONS



Partnering to Foster Awareness and Trust

Effective partnerships enable V1C practices to integrate with existing care networks by providing load-balancing clinical navigation and care services that augment rather than compete with patients' established care teams.

Partnerships with payors provide insight into the highest value vendors in any given market. V1C practices can add value by guiding patients to these downstream services, minimizing patient copays, and optimizing fulfillment of downstream referred services.



Clinical Integration

Investments in automation amplify the skills and coverage of a clinical workforce and ensure patients are monitored during the time in between office visits.



Bi-Directional Communication

Multichannel synchronous and asynchronous digital communication options encourage patients to connect and communicate with a care team at any time, so help is available at the most meaningful moments in a patient's journey, and care stays connected to their medical home.



Visit the [V1C Care Transitions Toolkit](#) or view additional [V1C Care Transitions Case Studies](#).