GGENETAPHYHEALTH VIRTUAL PATIENT MANAGEMENT

The GI Problem

Our Physicians Share a Problem



- GI patients have several GI-related chronic conditions that need to be managed.
- Gl's are **too busy**, and routine management is **not profitable**.
- Gl's need more **income repair** options.

The Solution

MetaPhy Virtually Manages GI Patients





MetaPhy virtually manages GI patients through our MyCare Program.

MyCare Program

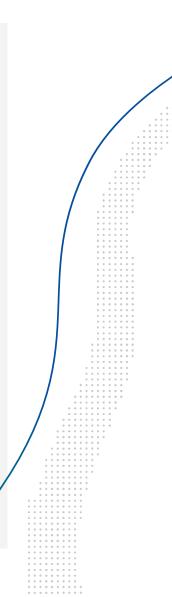
Chronic Care Management (CCM)



Chronic Care Management

GI Conditions We Manage Virtually

- Fatty Liver Disease
- Fatty Liver Risk Factors:
 - o Obesity
 - o Hypertension
 - o Hyperglycemia
 - o Hyperlipidemia
 - o Diabetes
- Irritable Bowel Syndrome (IBS)
- Inflammatory Bowel Disease (IBD)
- Ulcerative Colitis
- Crohn's Disease
- GERD







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How The Program Works

EXTENSION OF YOUR PRACTICE

MetaPhy is a physician services company providing chronic care management on behalf of the physician practice so that your patients can stay on track with their health goals in between regular office visits.

ENROLL PATIENTS

Patients who verbally consent to the program will complete an initial health assessment with their Care Coordinator to develop a patient-specific care plan.

IDENTIFY QUALIFIED PATIENTS

The practice will provide patient reports going back 12 months. MetaPhy will then scrub those reports to identify patients who qualify based on insurance and DOS.

PATIENT OUTREACH

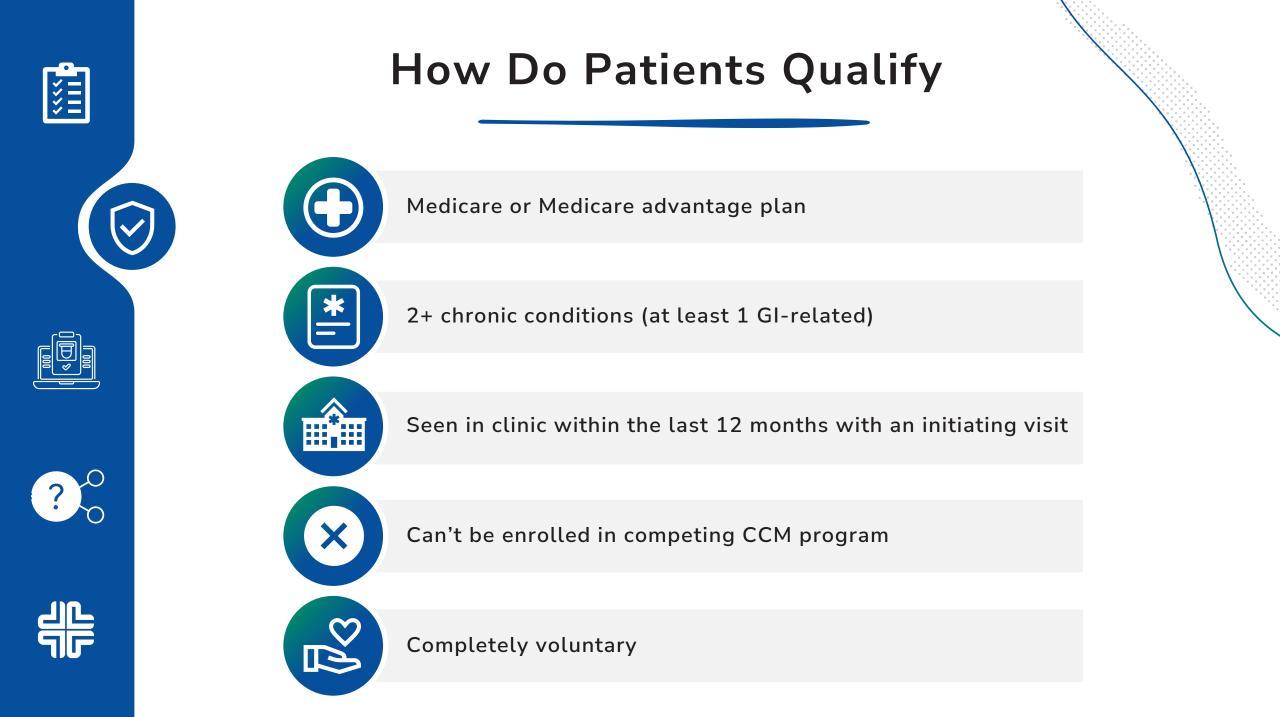
Qualified patients will receive a letter, text, and/or email letting them know about the program. Patients can expect no more than 3 initial outreaches.

VIRTUALLY MANAGE PATIENTS

Patients will participate in the MyCare Program for up to 24 months, or until they no longer need help managing their conditions and are ready to graduate from the program.

MONTHLY PROVIDER REVIEW

The program is conducted under your providers' general supervision. Providers must review and sign off on care plans each month.





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How Do Patients Enroll



METAPHY OUTREACH

- Data pull from EMR
- Initial letter, text, and email to qualifying patients
- Follow-up phone call



DIRECT REFERRAL VIA EMR

- Providers refer patients during an initiating visit.
- i.e. Utilize EMR task group called "MetaPhy Enrollment Referral" to have MetaPhy Care Coordinator to reach out following the patient's appointment











What The Patient Can Expect

Chronic Care Management

MyCare Coordinator

Monthly calls with their Care Coordinator to check in, review their care plan, and discuss their progress in the MyCare Journey. This includes lifestyle coaching, education, motivation, care coordination, and medication management. Care Coordinators also have access to specialists such as our Registered Dietitian, Exercise Physiologist, and Physician Assistant.

MyCare Journey

A 24-month educational e-course covering nutrition, fitness, and motivational topics that are delivered to patients on a weekly basis through videos, interactive games, and other online resources. These tips for incorporating healthier choices in the patient's daily routine are all provided electronically via text or email.

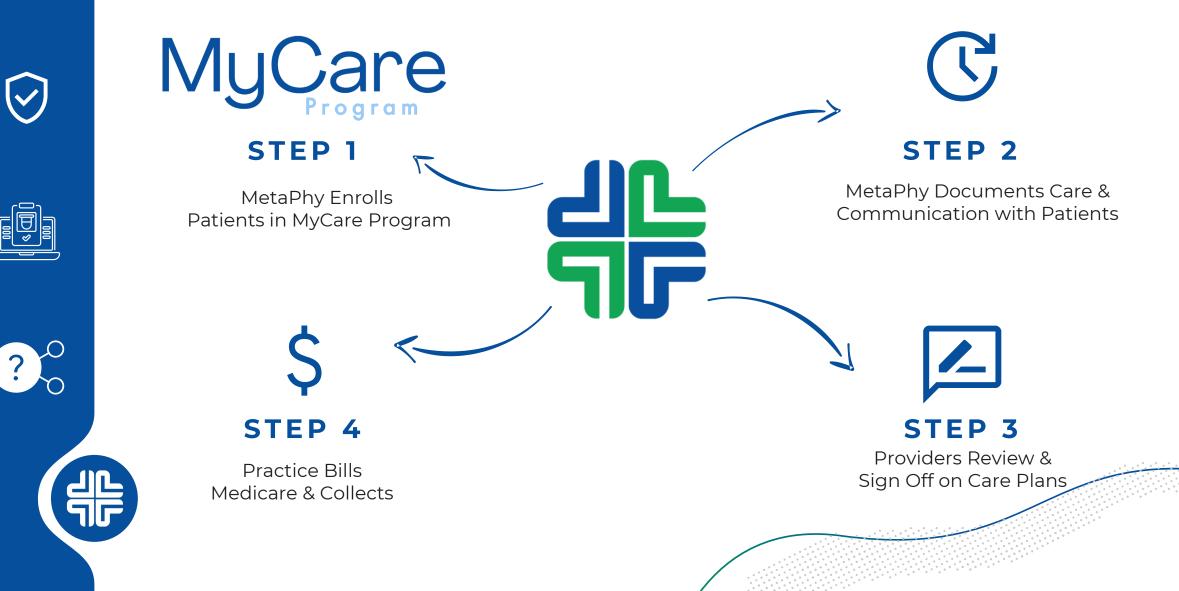
MyCare Device

If patients have a qualifying BMI, they are eligible to receive a preconfigured digital scale that automatically transmits their weight data back to their Care Coordinator. This helps the Care Coordinator more accurately track patients' progress.



The Monthly Process

Repeats Each Month

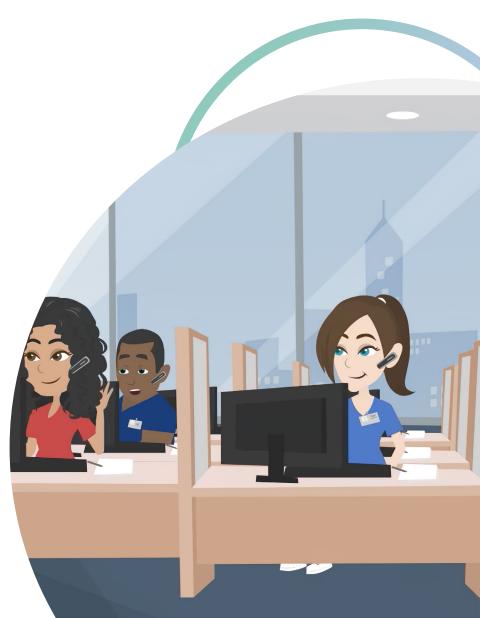


Who Manages The Patients

Virtual Care Team (VCT)

VCT IS MADE UP OF:

- LPNs, MAs, RNs, and PAs
- Registered Dietitian
- Exercise Physiologist
- Patient Experience Team
- Quality Control Team



What MetaPhy Does

Internal Program Process

QUALIFY PATIENTS

PATIENT OUTREACH

VIRTUAL PATIENT MANAGEMENT

UPDATE CARE PLANS

PROVIDE BILLING REPORTS & CARE PLANS

What Practice Does

Program Process

PROVIDE EMR ACCESS

INITIATING VISIT WITH PATIENT

REVIEW & SIGN OFF ON CARE PLANS

BILL & COLLECT

PROVIDE GENERAL SUPERVISION

How to Make the Most of Your Program

Provider Engagement is a Key Component to Success

INITIATING VISIT

Tell your Medicare patients about the program, give them a flyer, and let them know that a Care Coordinator will be calling them to follow up. A little bit of encouragement from the provider goes a long way in the overall success of the program!

REVIEWING CARE PLANS

Review and sign off on your patients' care plans each month. Please note that this is low-level clinical content based on diet and exercise, and therefore does not typically require a lot of indepth, time-consuming review.

GENERAL SUPERVISION

Provide any relevant feedback to MetaPhy regarding which patients are enrolled in the program, as well as the specific care and guidance that is being given to patients on your behalf.

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Engaged Providers = Engaged Patients

Meet The Team

Please Save These Contacts



LISA HARRIS VP OF PROGRAM OPERATIONS



KARL WEYENBERG

ACCOUNT MANAGER

Primary Program Contact operations@metaphyhealth.com



MIRA JACKSON REVENUE CYCLE MANAGER

Primary Billing Contact mjackson@metaphyhealth.com



CAILIN FOERSTER

PROGRAM OPERATIONS COORDINATOR

Launch Timeline

Four Primary Steps

Launch Day

25

The first day your patients will receive phone calls from our Care Coordinators about enrolling.

Pre-Launch Outreach

Qualified patients will be sent letters, texts, and/or emails about the program.

EMR Access

The practice will provide remote EMR access for our Virtual Care Team.

60-Day Implementation

The average time from kickoff call to beginning to enroll patients is 45-60 days.

QUESTIONS?