OCHIN

A driving force for health equity

THE COMPASS ROSE PORTFOLIO OF WHOLE-PATIENT CARE OFFERINGS

Improve Care Equity and Quality with Health and Social Insights

When you care for patients with complex health profiles or higher risk factors, OCHIN's Epic Compass Rose portfolio lets you combine key health and social insights into a more patient-centered, comprehensive record. This creates an advanced program structure with robust metadata that facilitates high-touch, whole-person support and interoperability.

Assess social determinants of health (SDOH), enroll patients in beneficial local programs, and track outcomes over time. Strengthen the circle of care and meet your Care Management requirements—while meeting the unique needs of your patients, organization, and community.

Tiered Selections Meet You Where You Are

No fee or statement of work (SOW) required for core programs.

Collaborative-Wide Programs

Address patient care needs based on timely OCHIN member feedback.

Examples:

High Risk of Hospitalization/ Emergency Department (ED)
Reduces or eliminates unnecessary hospitalizations by using predictive analytics.

(Additional programs are also being developed with each new Epic release cycle.)

CMS Programs

Augment supportive care initiatives from the Centers for Medicare & Medicaid Services.

CMS Chronic Care Management (CCM)
Supports Medicare beneficiaries.

Principal Care Management (PCM)

Psychiatric Collaborative Care (CoCM)
Supports Medicare beneficiaries.

Transitional Care Management (TCM)
Decreases readmission risk for hospitalized patients post-discharge.

State Programs

Address specific patient care-related needs and concerns at the state level.

CalAIM (California Advancing and Innovating Medi-Cal) Enhanced Care Management
Addresses the needs of high-cost, complex-need, managed-care patients through the collaborative coordination of services.

Member Program Requests

Submit a Member Program Request to tailor your support for programs in these core tiers. Anything needing four or more hours of work is charged via SOW.

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Identify Social Resources for Individualized Care

OCHIN enhances care access for your whole community by valuing care of the whole patient. Our offerings draw upon 20+ years of practice-based research and solutions expertise, reflecting the nation's largest collection of community health data.

Identify and track outside supports and services

Manage individuals with bulk enrollment, targets, tasks, and dashboards

Perform more detailed, patient-focused reviews

Ingest a payer's roster with roster engine management

Use an ecomap to visualize social resources and connections

Let your patients self-refer to qualifying programs by using MyChart

For details, please email
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