

transitions of care



ENSOCARE SDoH

POWERED BY



Address the social,
economic and behavioral
determinants of health.

When Discharge Ends, Care Gaps Begin

Patients' needs don't end at time of discharge, especially for those who are vulnerable to any number of social, economic and environmental factors that can impact health. Although many communities have stepped up to provide care for populations in need, having a way to connect people with those needed services has been problematic. Until now.

Ensocare, in partnership with Pieces Technologies, offers a fully-vetted, nationwide network of providers for both post-acute placement and community services, connecting patients to the services and care they need faster and with greater accuracy. Easy-to-use software designed for both hospital users and community service providers brings connectivity and visibility to the patient's care journey, even when that journey includes social or economic challenges.

Medical care is estimated to account for only 10-20 percent of the modifiable contributors to healthy outcomes for a population. The other 80 to 90 percent are sometimes broadly called the SDoH: health-related behaviors, socioeconomic factors, and environmental factors.*

* Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135.



ENSOCARE SDoH

Solves
common
challenges



relating to patient
oversight and care

- Quickly connecting patients with the care and services needed.
- Maintaining a line of sight once patients leave the hospital setting.
- Knowing when a patient stops following the recommended care plan and having a way to get them back on track.
- Compiling accurate, localized data about vulnerable populations to support community initiatives.

Real-Time Oversight and Management for Vulnerable Populations



A comprehensive solution for community health.



Connects healthcare organizations with community groups that look out for vulnerable populations.



Seamlessly refers discharged patients to community service organizations using a closed-loop system.



Natively curated and continuously validated referral directory.



Ongoing tracking of discharged patients' progress, even those with social or economic vulnerabilities.



Continuous monitoring and necessary alerts to signal care teams when interventions are indicated.



Detailed recommendations for safe, timely treatment with viable placement and referral options.



Data, reporting and analytics to gain the needed funding and support for ongoing community efforts.

Interested in learning more about how Ensocare's solutions, powered by Pieces Technologies, can help your organization manage and care for vulnerable populations?

Visit us online, give us a call or send us an email and ask for a demonstration!

ENSOCARE[®]

— Care Coordination Solutions —

Ensocare's **Transitions of Care** solutions eliminate costly delays, directly matching patients with the most appropriate care setting and providing technology-enabled solutions to reduce costs, increase satisfaction and improve outcomes.

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