ENGAGE
WEBINAR SERIES

The Future of Rural Care Coordination

Improving Outcomes While Reducing Cost and Complexity

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Agenda

Dr. Riya Pulicharam, MD, CPI
Chief Medical Officer

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- Dr. Riya Pulicharam is a nationally recognized pioneer in population health management, health economics, and clinical outcomes
- She currently serves as Chief Medical Officer of Caret Health and Chief of Population Health at Cibolo Health. She also brings more than two decades of leadership experience from Healthcare Partners/DaVita Medical Group and Optum
- Dr. Pulicharam has driven large-scale care delivery redesign efforts focused on improving quality metrics while reducing the total cost of care
- She specializes in automating clinical care pathways for patients with multiple chronic conditions using advanced analytics and algorithm-driven interventions

The Future of Rural Care Coordination: Improving Outcomes While Reducing Cost and Complexity

Session Description:

As rural and Critical Access Hospitals face rising patient acuity, workforce constraints, and mounting financial pressure, traditional care coordination models are no longer sufficient. Forward-thinking health systems are adopting next-generation care coordination strategies to proactively identify high-risk patients, intervene earlier, deliver better outcomes, and reduce total healthcare costs without adding operational burden.

In this webinar, the Chief Medical Officer of Caret Health shares real-world insights and proven approaches drawn from partnerships with more than 50 rural and Critical Access Hospitals nationwide. Through case studies and evidence-based strategies, attendees will learn how leading organizations are transforming fragmented care coordination into a streamlined, scalable model.

Key topics will include how to:

- Identify and manage high-risk patients earlier across the care continuum
- Eliminate redundant workflows and reduce the cost of care coordination
- Strengthen performance in Chronic Care Management (CCM) and Transitions of Care (TCM)
- Optimize swing bed utilization through remote management strategies
- Expand access to Remote Patient Monitoring (RPM) without adding internal staffing burden

Recommended Audience:

Hospital CEOs, CNOs, CFOs, Clinical and Physician Leaders.

Key Takeaways:

Rural hospitals can improve outcomes, reduce costs, and ease staffing burdens by adopting a fully integrated, next-generation approach to care coordination that proactively manages high-risk patients across the continuum.

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Bundled Care Coordination Solution For Rural Hospitals

Dramatically Improve Hospital and Clinic Performance

Eliminate Vendor Silos. Improve Outcomes. Strengthen Financial Sustainability. Caret Health delivers a fully managed care coordination platform that improves quality, reduces outmigration, and strengthens financials—all while minimizing staff burden. Our turnkey solution combines technology, clinical services, and operational support into one seamless offering.

Affordable Patient Engagement Platform Providing Comprehensive Care

Eliminate vendor silos and staff burden while capturing additional revenue:

- **Quality Improvement:** Closing care gaps and boosting quality scores.
- **Annual Wellness Visits**
- **Chronic Care Management (CCM):** Continuous support for high-risk patients.
- **Transitions of Care (TOC):** Timely discharge follow-up to slash readmission rates.
- **Remote Patient Monitoring (RPM):** Monitor and engage patients while improving health outcomes.
- **Clinical Triage:** Patient engagement handled by Caret Health's experienced team.

Reduce Burden, Enhance Efficiency

- **Zero Added Headcount:** Deployment is turnkey and requires no additional hospital staffing resources.
- **Expert Clinical Triage:** Caret Health's experienced clinical team actively monitors patient data, triages alerts, and handles patient engagement.
- **Workforce Relief:** This model enables your existing staff to focus on top-of-license clinical work, reducing burnout while improving patient outcomes.

Proven Results Across 60+ Rural Hospitals

Currently implemented in over **60 rural hospitals across 10 states.**

>50%	**20%**	**Under 5%**
Increase in Quality Scores	**Reduction** in Outmigration	Total **Readmission** Rate

Bundled Care Coordination Solution for Rural Hospitals (cont'd)

Case Study: Rough Rider Network

ROUGH RIDER NETWORK

We partnered with Critical Access Hospitals in the Rough Rider Network to improve metrics and ensure patients receive high-quality care locally. The initiative resulted in a substantial reduction in preventable readmissions, improved patient retention, and strengthened financial performance through better reimbursement.

Improvements of Key Clinical Metrics

Preventative Screenings: **+301%** for Cervical (CCS); **+32%** for Breast (BCS); **+16%** for Colorectal (COL).

Pediatric Care: **+121.8%** increase in Well Child Visit (WCV) attendance.

Chronic Management: **+22.8%** improvement in Hemoglobin A1c control for diabetic patients.

Patient Retention: **+19.7%** rise in ambulatory visit continuity during pilot periods.

Baseline Annual Financial Impact per 1,000 Patients

>$418,000 Total Value delivered through revenue generation and cost avoidance.

>$120,000 New Revenue generated from front-end visits and ancillary "Halo Effect" services.

>$300,000 Labor Savings by avoiding excess nurse labor costs via centralized engagement.

>$28 PMPM total value delivered at the individual patient level.

Alignment with RHTP Objectives

Caret Health's platform directly supports Rural Health Transformation Program goals:

- **Modernization:** Leveraging technology for rural healthcare delivery.
- **Sustainability:** Strengthening long-term financial and workforce stability.
- **Efficiency:** Safe discharge follow-up to slash readmission rates.
- **Establish a Scalable Foundation for Value-Based Care**

For more information or to request a case study:

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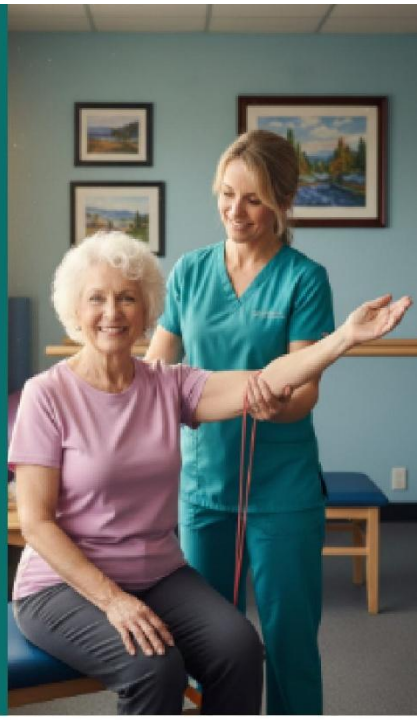
Increase Swing Bed Volumes and Revenue



The Opportunity for Critical Access Hospitals

Swing beds represent one of the most strategic revenue and community-impact opportunities for Critical Access Hospitals (CAHs). Yet many CAHs experience underutilized capacity, lost rehab patients to regional systems, and limited proactive outreach to discharge planners and families.

The Caret Health Solution

- **Dedicated, highly trained Patient Engagement Agents**
- **Proactive outreach to patients, families, and case managers**
- **Structured referral redirection strategy**
- **Seamless transfer coordination and documentation support**
- **Full staffing support with performance tracking**

Why Patients Choose Local Swing Bed Rehab

- **Recover close to home with family access**
- **Familiar providers and personalized care**
- **Reduced travel burden and stronger emotional support**
- **Community-based recovery environment**

Increase Swing Bed Volumes and Revenue (cont'd)

Financial Impact for CAHs

- Increased swing bed occupancy and reimbursement utilization
- Improved downstream service capture
- Enhanced Medicare cost-based revenue optimization
- Stronger long-term patient retention

Accelerate Your Swing Bed Strategy. Keep Patients Local. Strengthen Your Community Hospital.

Caret Health's Patient Engagement and Care Coordination Solution empowers Critical Access Hospitals to proactively capture post-acute volume and maximize swing bed utilization with measurable, accountable results.

"Caret Health has done great work in Rolla! 🤩atients are staying local, no workflow changes or hiring of new staff, care gaps are getting closed, patients are being taken care of and revenue is generated with the Caret Health model. This is the future of rural healthcare and I am glad and excited to be a part of it.

Gabby Wilkie,
Finance Director at SMP Health – St. Kateri

For Partnership Inquiries:

Caret Health | Patient Engagement & Care Coordination Solutions

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How a Rural Hospital Partnership Transformed Patient Engagement to Elevate Quality and Curb Outmigration

Quality Improvement Program: **Impact Case Study**

Driving Clinical Gains, Financial Value, & Sustainable Engagement

Hospital
SMP Health – St. Kateri
A member of the Rough Rider High Value Network

SMP Health
St. Kateri

Care Coordination Partner
Caret Health (by way of **Cibolo Health**)

Program Duration
Calendar Year 2025

Total Lives
1,241

Transformative Results in a Rural Setting

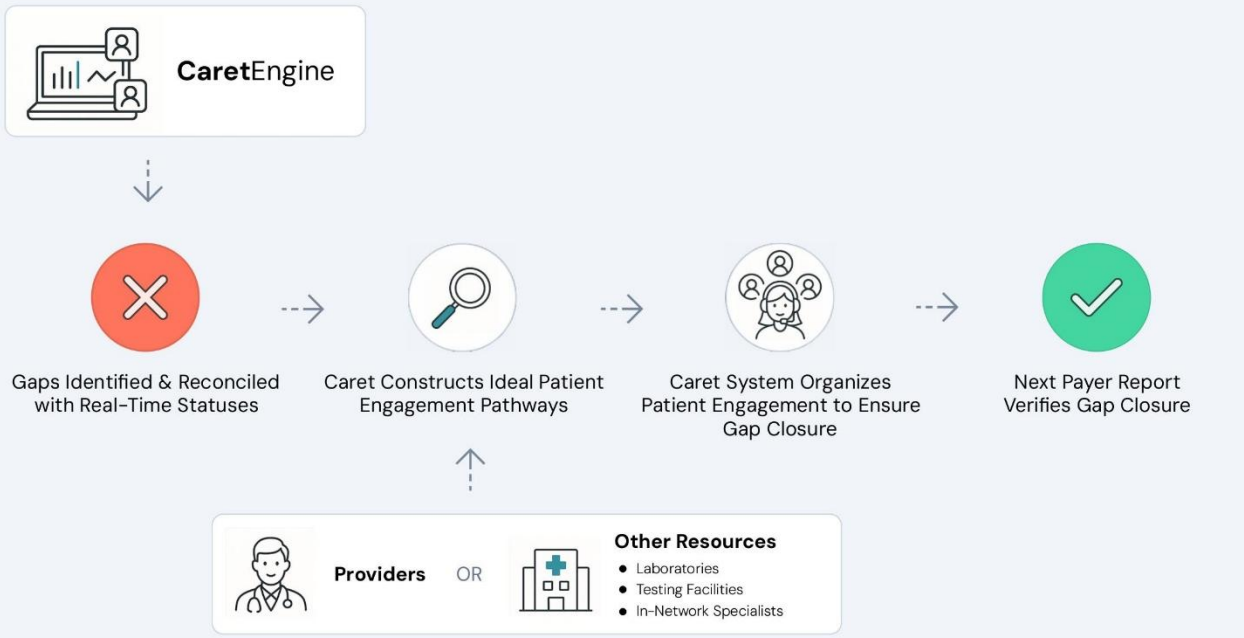
SMP Health – St. Kateri launched a quality improvement program in 2025 alongside its care coordination partner, Caret Health. The program has achieved measurable clinical, operational, and financial success within a short implementation window. This pilot demonstrates how targeted outreach, proactive scheduling, and population health engagement strategies can close quality gaps and generate lasting value in rural communities, particularly for Medicaid populations.

Impact Case Study (cont'd)

Program Goals

1. Improve quality gap closure
2. Increase patient retention
3. Reduce administrative burden
4. Support financial sustainability

Quality Gap Workflow (via Caret Health)



Key Clinical Outcomes

Transformative Results in a Rural Setting

Measure	Pre-Intervention	Post-Intervention	% Change
Breast Cancer Screening (BCS)	56.52%	74.84%	**+32.41%**
Cervical Cancer Screening (CCS)	3.77%	15.14%	**+301.59%**
Colorectal Cancer Screening (COL)	54.83%	63.89%	**+16.52%**

Chronic Disease Management

- Hemoglobin A1c control among diabetic patients improved by **22.89%**, indicating more patients achieved healthy glucose levels through improved engagement and follow-up.

Impact Case Study (cont'd)

Pediatric & Adolescent Preventive Care

- Well Child Visit (WCV) attendance rose by **121.88%**, from 64 to 142 visits.
- Outreach targeted families with multiple children, identifying hidden risks and coordinating family-style appointment booking to maximize attendance.

Adult Patient Retention

- Continuity of care increased, with a **19.75%** rise in patients returning for ambulatory visits during the pilot period.

Financial & Operational Impact

Front-End Revenue Generation

- Increased attendance for preventive appointments (adult and pediatric) has generated **$40,921.58** in new revenue as of July 2025. On an annualized basis, this equates to **$70,151.28**.

Ancillary Service Revenue ("Halo Effect")

- Ancillary services resulting from wellness visits (labs, follow-ups) yielded **$29,918.98** as of July 2025 boosted by enhanced screening rates and better care coordination. On an annualized basis, this equates to **$51,289.68.**

Operational Efficiency – Labor Savings

- Through an efficient and centralized engagement team, set up in conjunction with Caret Health, the clinic avoided **$173,264.00** in excess nurse labor costs as of July 2025.
- Annualized, this equates to a **$297,024.00** savings for three full-time RNs, enabling internal clinical teams to focus on higher-acuity care delivery.

Total Value Delivered

On an annualized basis, the program has delivered **$418,464.96** in value from revenue generation and excess labor cost avoidance

On the patient level, the total value delivered equates to **$28.06 PMPM**

Human Impact: Stories That Drive Change

Patient Case Spotlight

A 46-year-old woman completed her first-ever mammogram through the outreach team's efforts. The exam uncovered a suspicious finding, leading to follow-up care and a high-risk designation by her provider. She is now on track for annual screenings.

Family Outreach Success: Well Child Visits

The outreach team conducted a focused outreach campaign to close Well Child Visit gaps. Results from a parent focus group revealed:

Impact Case Study (cont'd)

- **50%** had not seen a provider in over a year
- **50%** were unaware their children were overdue
- Every respondent said they would be more likely to maintain annual visits moving forward based on the outreach and education they received from the program

Why It Matters

Beyond closing measurable care gaps, this pilot delivered:

- Higher-quality care for patients of all ages
- Revenue gains and cost savings for providers
- Sustainable improvements in patient engagement
- Proof that even small, rural clinics can make large-scale improvements with the right support

The rural engagement model developed here is scalable, cost-effective, and designed to meet the unique needs of underserved populations. This case offers a powerful blueprint for driving improvement in both quality scores and long-term community health.

Conclusion

Over the last year, we have been working with Caret Health and Cibolo Health to drive improvements in rural healthcare by expanding access, improving outcomes, and supporting local economies. With leadership from Dr. Clint McKinney, CMO of Cibolo Health, and Dr. Riya Pulicharam, CMO of Caret Health, we have implemented a highly efficient care coordination program that facilitates timely screenings, wellness visits, and early interventions.
The program combines telemedicine, real-time analytics, and automated workflows to empower rural providers—bridging substantial gains to quality scores and revenue generation while mitigating provider shortages. We strongly believe this is a huge next step to advancing clinical quality and sustainability across underserved communities.

Let's talk

about your roadmap for quality and financial sustainability

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thrive
Shaping the Future of Patient & Employee Engagement
November 9-11, 2026
at the Grand Sierra Resort
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HCSEC
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Notes:

Participant Experience Feedback

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The Future of Rural Care Coordination: Improving Outcomes While Reducing Cost and Complexity

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Date: April 24, 2026

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1. There are approximately _____ number of employees in our organization.
2. For me, the most valuable idea I learned and intend to use is:

   _____

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3. What I would tell others about the quality of the speakers and value of the content:

   _____

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4. Presentation improvements I would suggest:

   _____

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5. On a scale of 1 – 5, this presentation: (Met My Expectations) ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 (Did Not)

Please ☑ where applicable:

6. ☐ Enter a draw for **two (2) scholarships** to attend the 26th annual HealthCare Service Excellence Conference (November 9 – 11, 2026, in Reno, NV).