



Profile | V1C provider focused on COPD

- Virtual pulmonology care
 - Behavioral support, motivation, and goal setting
 - Chronic obstructive pulmonary disease (COPD)-specific education, group support, and community
 - Personalized exercise recommendations from a respiratory therapist

Carol's Story

Carol, a 70-year-old grandmother of three, lives alone in rural Iowa. She was officially diagnosed with COPD by a pulmonologist following years of increasing shortness of breath and fits of “bronchitis” that landed her in the hospital several times. Like nearly 20% of COPD patients, she has a [high risk of readmission](#) if she isn't connected with pulmonary rehabilitation to help her manage her condition.



Intake and Onboarding

Within 3 days of being discharged from the hospital, the care management team from Carol's primary care Accountable Care Organization (ACO) contacts her to offer the program. It enrolls her in the Wellinks virtual-first care (V1C) solution. Although her primary care physician will lead the management of her COPD, Carol is now supported by a team of high-quality clinical and coaching staff available virtually.

As a Wellinks member, Carol has a relationship with a coach, Emily, who works with her to set and work toward activity goals so she can travel to her grandson Jacob's graduation in June. Emily works with Carol to ensure she is taking her medication appropriately and logging her daily blood oxygen levels in the digital smartphone app. This enables her care team to provide personalized recommendations from a respiratory therapist, such as education for supplemental oxygen and exercise recommendations to avert exacerbations.



Longitudinal Co-Management

Before leaving for her trip, Carol works on an Action Plan with her therapist. At one point during her travel, the pollen count is high and her breathing becomes difficult, but she is able to use the Action Plan to manage her situation and avoid a visit to an emergency room. Carol knows when to use her nebulizer and she can contact her doctor to start prednisone while away from home. Once she returns home, she is connected to her pulmonologist for a very detailed appointment, for which Carol feels very well prepared to ask questions and discuss her health. Together, they make changes to her treatment, and she feels very confident that she is now managing her condition in the best way possible.

Since joining Wellinks, Carol's CAT assessment and quality of life scores have improved since baseline. She is regularly joining group exercise programs and hasn't had a single trip to the emergency department since joining Wellinks.

How it Works

Wellinks partners with Medicare Advantage administrators and ACOs through performance-based per-member per-month (PMPM) contracts that initially prioritize member engagement, then incorporate clinically validated patient-reported outcomes and costs as the patient progresses through the program. Patients pay nothing out-of-pocket.

“Value-based, goal-directed payment for whole person chronic care management - this is what the market wants.”

- Geoff Matous, Wellinks

TAKEAWAYS FOR EFFECTIVE CARE TRANSITIONS



Partnering to Foster Awareness and Trust

V1C programs enable ACOs to manage all but the most complex and severe chronic disease patients within primary care; for example, in COPD, this translates to ~80% of patients.

As partners, Medicare Advantage (MA) plans often have more sophisticated clinical informatics to identify eligible patients and can direct patients to enroll in V1C programs empirically by monitoring care transition triggers, such as admission/discharge events.



Clinical Integration

High-quality team-based care, while challenging to operationalize and rarely financially viable in traditional fee-for-service and bricks-and-mortar settings due to scale and staffing constraints, is a differentiator for V1C programs.

V1C providers focused on disease management can reinforce existing care plans with patients, taking the time for deep and frequent engagement that may be necessary to help them cope and stay connected through condition escalations and care plans' transitions to optimize outcomes.

Strong coaching relationships can improve patient confidence and participation as partners in their care.



Incentive Alignment

Wellinks partners with MA administrators and ACOs through performance-based PMPM contracts that initially prioritize member engagement, then incorporate clinically validated patient-reported outcomes and costs as the patient progresses through the program. Patients pay nothing out-of-pocket.

Multidisciplinary V1C disease management programs are purpose-built for performance-based reimbursement models that incorporate engagement, clinical outcomes, and costs.

MA providers operating under full capitation are strongly motivated to curate support services tailored to help their highest-risk patients avoid costly hospitalizations.



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