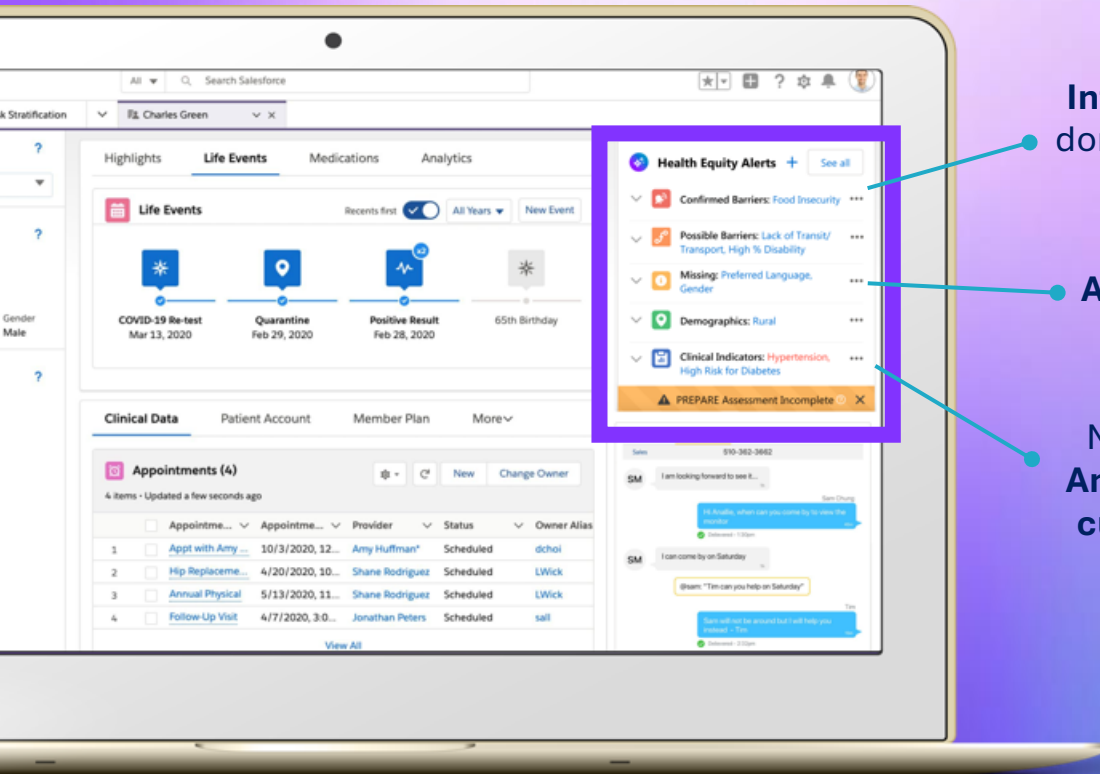




Health Equity Alerts

Alvee is a comprehensive AI-driven health equity tool that provides real-time patient specific notifications about **health inequity**, **social determinants of health**, missing **demographic information**, and **chronic conditions**



Integration so good that users don't know where their platform ends and alvee begins.

Activate your data with real-time insights.

Make the invisible – visible. **Anticipate** patient needs and **customize** their experience.



Example: Application installed in Salesforce Health Cloud

Health equity is everyone's job. Take every opportunity to address it.

- alvee is installed as an application directly into your EHR or CRM.
- The alvee rules engine and machine learning models run in the background to help you anticipate patient social needs and health risks.
- Data is organized to help speed up the time it takes to review pertinent information on the patient.
- Documentation on the alvee app automatically updates the EHR, eliminating double documentation or data inconsistencies.
- Predictively identify health disparities as well as possible gaps in care due to unconscious or implicit bias.



alvee PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a national effort to help health centers and other providers collect and apply the data they need to better understand their patients' social determinants of health, transform care to meet the needs of their patients, and ultimately improve health and reduce costs. PRAPARE is both a standardized patient risk assessment tool as well as a process and collection of resources to identify and act on the social determinants of health. [?](#)

FARM WORKER STATUS:

At any point in the past 2 years, has season or migrant farm work been tour or tour family's main source of become

- ☐ Yes
- ☒ No
- ☐ I choose not to answer this question
- ☐ Question not administered
- ☐ Skipped question

VETERAN STATUS:

Have you been discharged from the armed

- ☐ Yes
- ☒ No
- ☐ I choose not to answer this question
- ☐ Question not administered
- ☐ Skipped question

ENGLISH PROFICIENCY:

What language are you most comfortable s

- ☐ English
- ☒ Language other than English
- Language
- Selection from the list
- ☐ I choose not to answer this question
- ☐ Question not administered

Track barriers to care and SDOH

Full integration with existing CRM/EHR SDOH documentation

Connect patients to social needs resources

Food Insecurity

In the past year, have you or any family members you live with been unable to get FOOD when it was really needed?

Moderate Risk for FOOD INSECURITY. 40% of the population is enrolled in the Supplemental Nutrition Assistance Program (Food Stamps).

Open PRAPARE [?](#)

Delete Confirm issue

Status: Not Reviewed Priority: Normal Remind later: Enter Date Assign: Search

Comment: Text History: 9/15/2021: Nicole Cook added a date to remind later

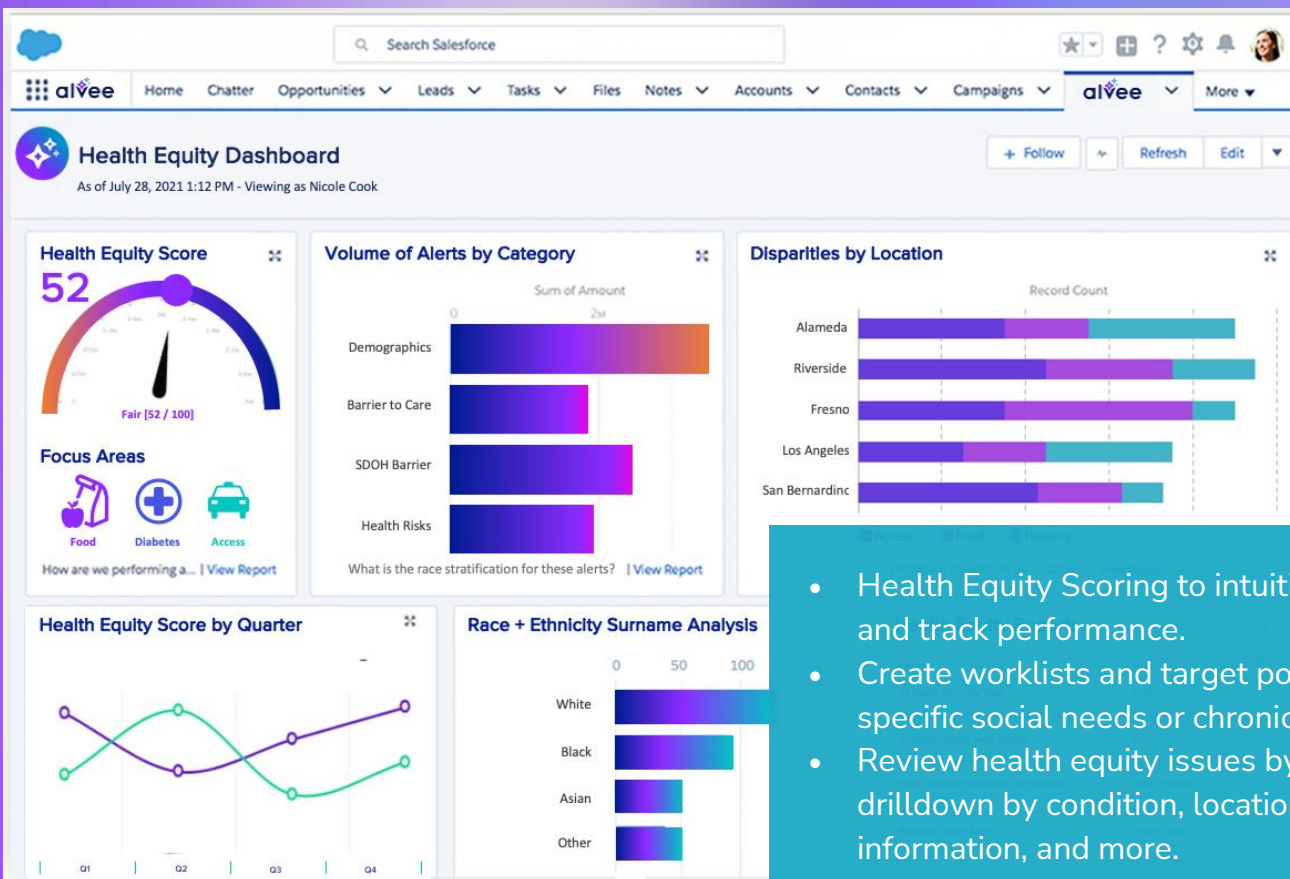
Possible Resources:

[Open Aunt Bertha](#) [SNAP Enrollment](#) [Medicaid Enrollment](#) [Refer to Care Management](#) [Print Community Resources](#)

[Find Food](#)

Cancel

- Use the built in PRAPARE assessment to screen for and identify social needs.
- Responses automatically update the patient record with applicable ICD-10 Z-codes and demographic information.
- Responses automatically create active barriers to care for you to monitor and track.



- Health Equity Scoring to intuitively measure and track performance.
- Create worklists and target populations with specific social needs or chronic conditions.
- Review health equity issues by type and drilldown by condition, location, demographic information, and more.
- Data is real-time and on demand.
- Stratify population by race and ethnicity.

