



Vim Care Collaboration

Connecting Patients to the Right Care at the Right Time

Vim's Care Collaboration solution enables providers to identify and enroll eligible patients into care programs directly within the EHR. With a network of **100,000+ providers** and **15M+ patient visits annually**, Vim activates care opportunities where they matter most — at the point of care.

How It Works

- 1. Embedded in the EHR** - Program eligibility is surfaced directly in provider workflows.
- 2. Real-Time Opportunity Identification** - Eligible patients are flagged automatically during visits.
- 3. One-Click Enrollment** - Providers review details and submit enrollment within seconds.
- 4. Seamless Coordination** - Vim sends the enrollment to the partner, who completes the process and initiates outreach within 24 hours.

Key Advantages

- **Easy integration** via API or flat file
- **Minimal lift** for providers; Vim manages setup and training
- **End-to-end workflow** from EHR activation to data transfer
- **Proven scale:** 100K+ providers and 15M+ visits annually

Value Delivered

- **Providers:** Simplified, in-workflow enrollment
- **Payers & Partners:** Higher conversion and faster engagement
- **Patients:** Recommended for programs and services that might otherwise be missed, since opportunities are surfaced to providers in real time at the point of care

Example in Action

A provider sees a Vim Care Collaboration card showing a patient's eligibility for a Chronic Care Management program. They confirm enrollment in one click. Vim transmits the data to the partner, who completes enrollment and begins care coordination within a day.

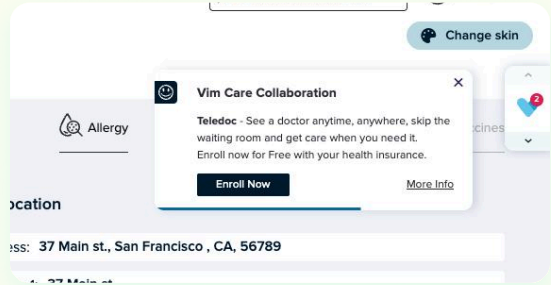
The screenshot displays an EHR interface for 'Health Sandbox EHR'. The patient profile for 'John Test' is visible, including personal information, demographics, insurance, and contact details. A 'Vim Care Collaboration' card is overlaid on the right, showing a patient's eligibility for a 'Teladoc Health CCM Enrollment' program. The card displays the patient's name 'Margaret Anderson (Demo Data)', age '66 years old', and MRN '458923'. It also indicates 'High Risk' and 'Patient Eligible' status. A list of 'PROGRAM BENEFITS' includes 24/7 access to care team, monthly care coordination, medication management, personalized care plans, remote monitoring, and care transition management. 'CHRONIC CONDITIONS' listed are Type 2 Diabetes Mellitus, Hypertension, and Chronic Kidney Disease (Stage 3). An 'Enroll in Program' button is prominently displayed at the bottom of the card.





Vim Care Collaboration Application Flow

Push Notification on Relevancy



App Overview



One Click Enrollment

