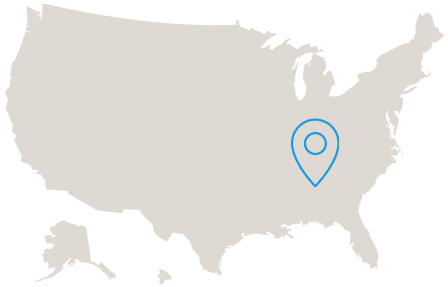
ChronicCareIQ

Case Study | Better Weighs to Better Health

Primary care practice scales chronic care and improves value-based performance with CCM, RPM, and APCM

The Breakdown

Location:
Athens, Alabama



The Details

- **1 Doctor**
- **3 Nurse** Practitioners
- **Codes** CCM, RPM and APCM

By the Numbers

271
Patients Enrolled

90%
Billing Percentage

$164/ho
Reimbursable Revenue Generated

Provider Background

Better Weighs to Better Health is a growing primary and urgent care practice in **Athens, Alabama,** one of the state's fastest-expanding cities. The practice consists of **one physician and three nurse practitioners** and serves a rapidly growing patient population of **5,000 patients (and counting).**

Led by **Dr. Melissa Gray and Kristy Townsend, LPN,** the practice emphasizes preventative and longitudinal care. In addition to primary and urgent care, Better Weighs offers wellness coaching, weight management, and hormone and IV therapies, with a strong focus on helping patients manage chronic conditions such as diabetes and hypertension

The Objective

As patient demand increased and local access to care remained limited, Better Weighs needed to **maximize clinical impact without overextending providers**.

Key challenges included:

- Managing CCM patients using **manual, color-coded Excel spreadsheets**
- Limited visibility into patient needs between visits
- Increasing provider workloads with limited time for care management tasks
- The need to optimize Medicare reimbursement while supporting long-term condition management

The practice sought to **operationalize and scale its chronic care programs**, improve efficiency, and support a transition toward value-based care.

"Our program has an incredible impact on patients, their families, and our office staff. What we do takes multiple tasks off of the entire clinical floor team on a daily basis."

— **Kristy Townsend,** LPN, CCM Program Director

The Solution

Better Weighs implemented ChronicCareIQ to support its CCM, RPM, and APCM programs, replacing manual tracking with a platform integrated with its EHR, billing system, and phone system.

With ChronicCareIQ, the practice:

- Automatically surfaced the highest-need patients each day
- Enabled care teams to begin work immediately using overnight and morning data
- Centralized documentation, outreach tracking, and time capture
- Supported continuous patient communication outside of office visits
- Branded its CCM program as **"primary care management"** to improve patient understanding and enrollment

The platform enabled Better Weighs to deliver proactive, continuous care while reducing administrative burden on clinical staff.

> "Today's landscape means providers are expected to see upward of 15 to 20 patients a day, so they just don't have the time to do the things that care management teams can when supported by technology."
>
> — **Kristy Townsend,** LPN, CCM Program Director

The Results

- **80% increase in MIPS scores**
- Improved identification of previously undocumented chronic conditions
- Greater care team efficiency, allowing providers more time for sick visits, lab review, diagnostics, and charting
- Expanded capacity to manage high-maintenance patients through dedicated care management teams
- Improved readiness for value-based care models

ChronicCareIQ

Schedule a Demo with us

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chroniccareiq.com