

Testimonial

"We serve complex, high-cost clients. PCIC confirmed it. Now we clearly see the community providers that also serve our clients. The usage patterns and costs are staggering.

"PCIC provides a platform to develop systems of care coordination to improve health outcomes. This opens a brand-new door to preserve community resources and manage population health."

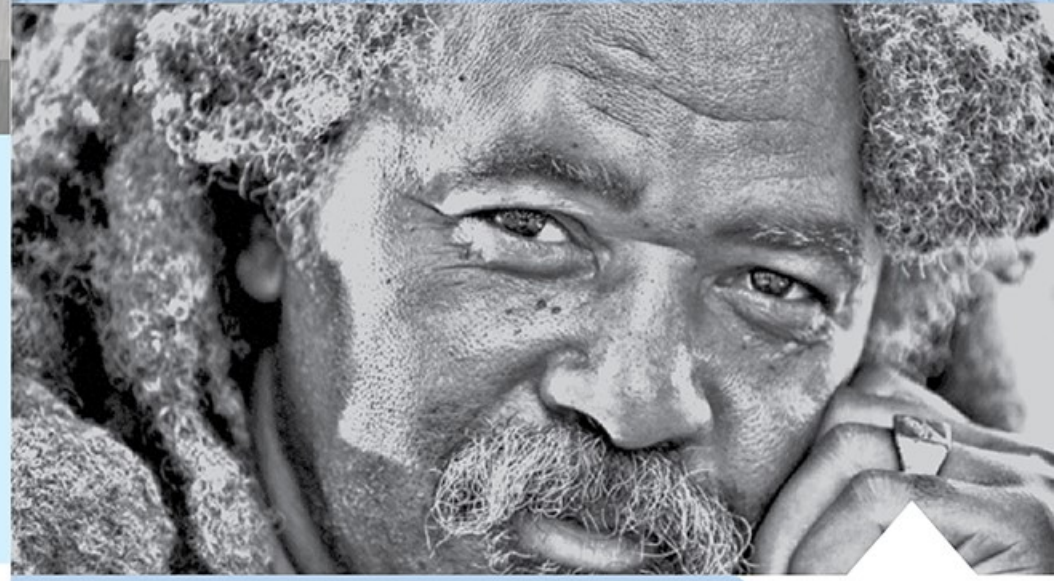
- Suzanne Jarvis,
Program Manager — Houston Recovery Center



Patient Care Intervention Center

"I don't trust everybody, and whenever my mind begins to wander, or I get sick, you all were just a phone call away. Thank you for helping me in almost my darkest hour"

- A PCIC Client



Our Generous Funders:

Baxter Trust	Joan & Stanford Alexander Family Fund
Cullen Trust for Health	Katherine & Larry Buck Fund
Episcopal Health Foundation	Meadows Foundation
Edith & Robert Zinn Foundation	Rockwell Fund
Houston Endowment	Simmons Foundation
Huffington Fund	

Contact Us to Learn More!

<http://www.pcictx.org>

info@pcictx.org

P - (281) 404-2379

3701 Kirby Dr. Suite 1133, Houston TX 77098

 www.facebook.com/pcictx

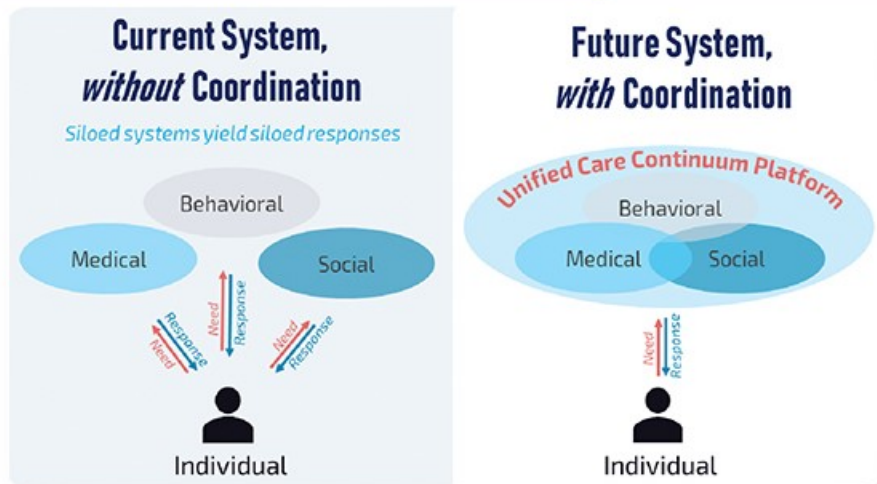
 www.linkedin.com/company/pcictx



Our Mission: To improve healthcare quality and costs for the vulnerable in our community through data integration and care coordination.

What we do:

PCIC leverages medical & social data to facilitate community-wide care coordination



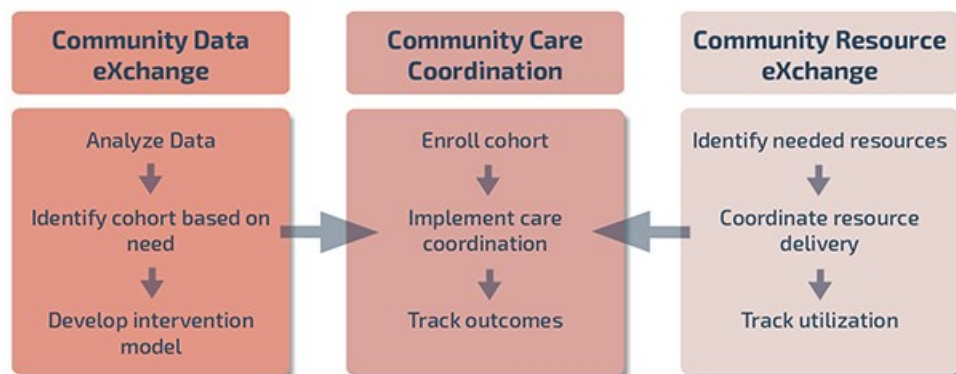
Individuals with complex needs receive care from a variety of providers, including emergency rooms, social service agencies, behavioral health organizations, and government benefit agencies.

Often, individuals receive duplicate services across siloed provider systems.

Our Unified Care Continuum Platform helps bridge these gaps in communication and accountability while equipping providers across multiple agencies with necessary tools to deliver holistic, patient-centered care.

Using service utilization as a proxy for complexity, our data analytics platform identifies the most complex and vulnerable members of a given population based on their demonstrated need. Through real-time referral functionality, this knowledge empowers agencies to provide targeted interventions for people who stand to benefit the most.

Unified Care Continuum Platform - 3 Components



Who we serve:

PCIC can help your organization improve health outcomes and lower costs for clients

Hospitals and Insurance Plans:

- We provide key data insights to identify your most socially and medically at-risk patients, using social determinants of health metrics that are unique to our system.
- We offer high-touch care coordination for your most at-risk patients to improve their health outcomes and reduce service utilization and costs:
 - 54% reduction in hospital visits for past clients enrolled in our program.
 - Over \$5M in savings for hospital systems during pilot program.

Social Service Agencies:

- Our Unified Care Continuum Platform can empower your team to develop care plans centered around client values and goals, while tracking and measuring the social and medical vulnerability of your client population.
- We generate valuable data insights that show how your programs impact your client population's utilization of social service, hospital, and criminal justice resources.

Local Government Agencies:

- Our Unified Care Continuum Platform helps communities address duplications in care delivery programs, reducing overall costs on the system while creating improved population health outcomes.

PCIC's Care Coordination Workflow

