Creating A "Technology First" Approach To Service Delivery

Meeting Dates: April 28th, 2022 1:00PM

May 3rd, 2022 10:00AM

Agenda

I. Electronic Record Keeping System

II. Hybrid Service Delivery Platform

III. Consumer Experience & Engagement Platform

Learning Objectives

- Identify the types of technology that are changing how health and human services are being delivered.

- Understand the role new role of "hybrid" services in the future delivery of services.

Two Key Questions For Creating A "Digital First" Approach To Service Delivery

1. What does our tech infrastructure need to be for success in this emerging landscape?
2. What will our organization's digital transformation look like?

Digital Transformation

The integration of technology into all areas of an enterprise that fundamentally change how business is done and how value is delivered to customers.

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The *OPEN MINDS* Tech Platform Framework
For Community-Based Specialty Provider Organizations

Integrated Data & Analytics For Decision Making   **Service Performance Optimization**

Competitive Advantage

Electronic Health Recordkeeping System

- Mobile
- User optimized
- Interoperable – integration of data – medical, specialty, social support
- Consumer assessment data, measurement-based care, decision support

Hybrid Service Delivery Platform

- Virtual – telehealth, secure text, self-directed
- Home-based – electronic visit verification, route optimization, remote monitoring, smart home
- Integrated – centralized online scheduling for consumers, online scheduling of team

Consumer Experience & Engagement Platform

- Optimized end-to-end virtual consumer experience – website, social media, information, data portal, scheduling, fee schedules, billing, communication
- App/smartphone connectivity
- Consumer decision making support and treatment tools
- Health and wellbeing management tools
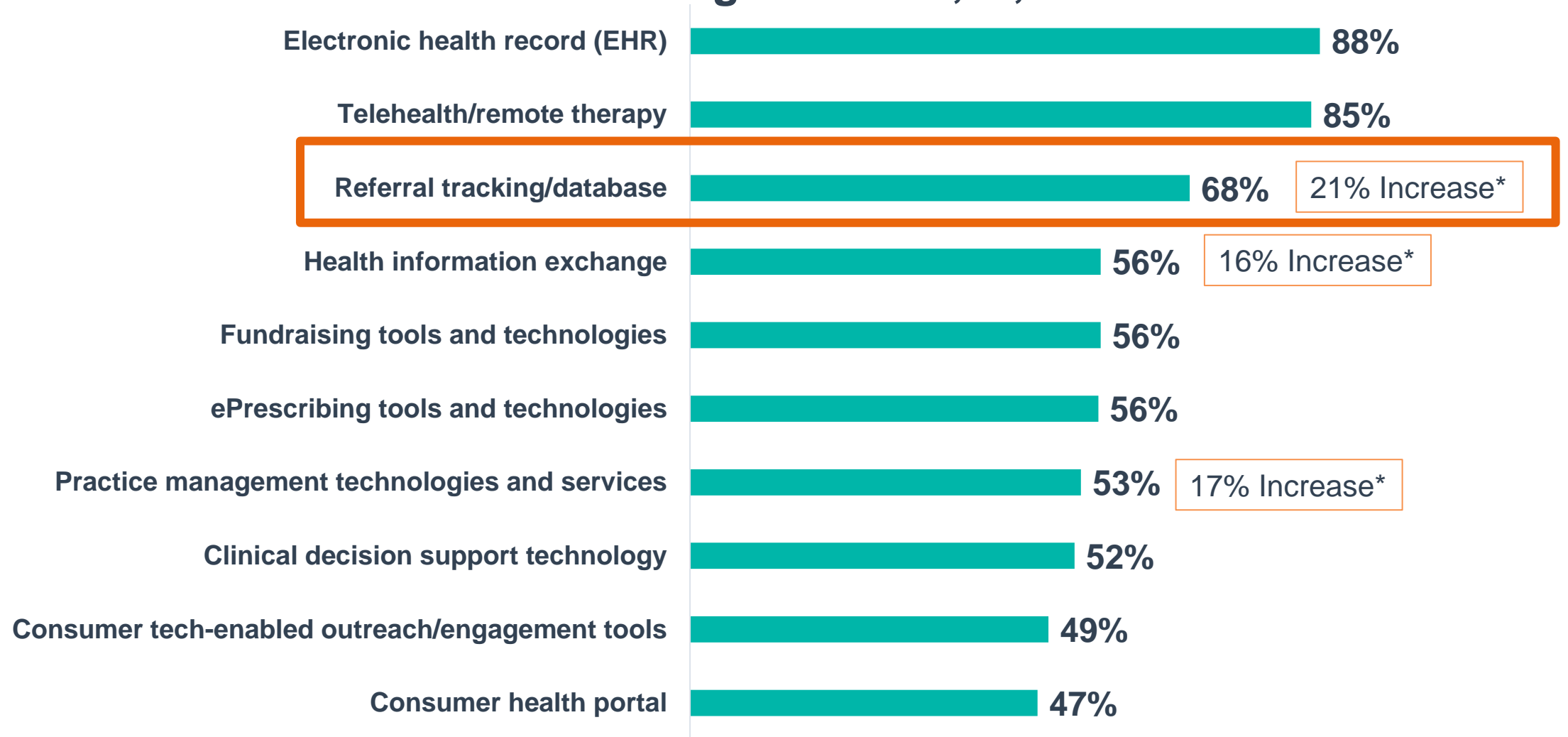
Value-Based/Risk-Based Reimbursement Platform

- Platform for tracking payer contract requirements and reimbursement
- Value measurement and financial risk management functionality
- Population health management tools and predictive analytics

Integrated Human Resources Information System & Financial/General Ledger System

- Financial/General Ledger System
- Automated end-to-end revenue cycle management
- Automated recruiting/talent credentialing and talent management
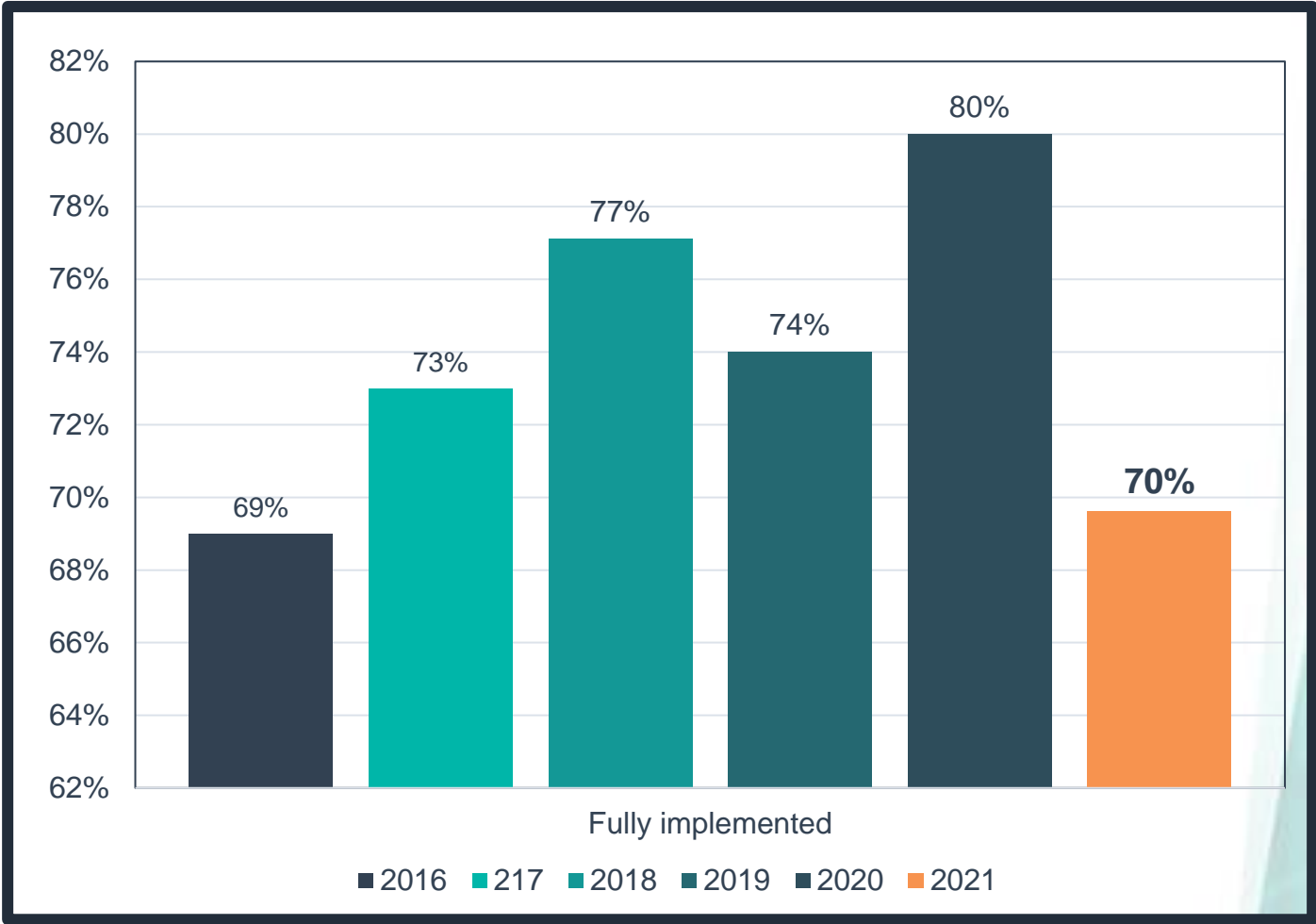- Schedule management/shift bidding

I. Electronic Record Keeping System

Top 10 Technologies Most Frequently Adopted By Specialty Provider Organizations, %, 2021
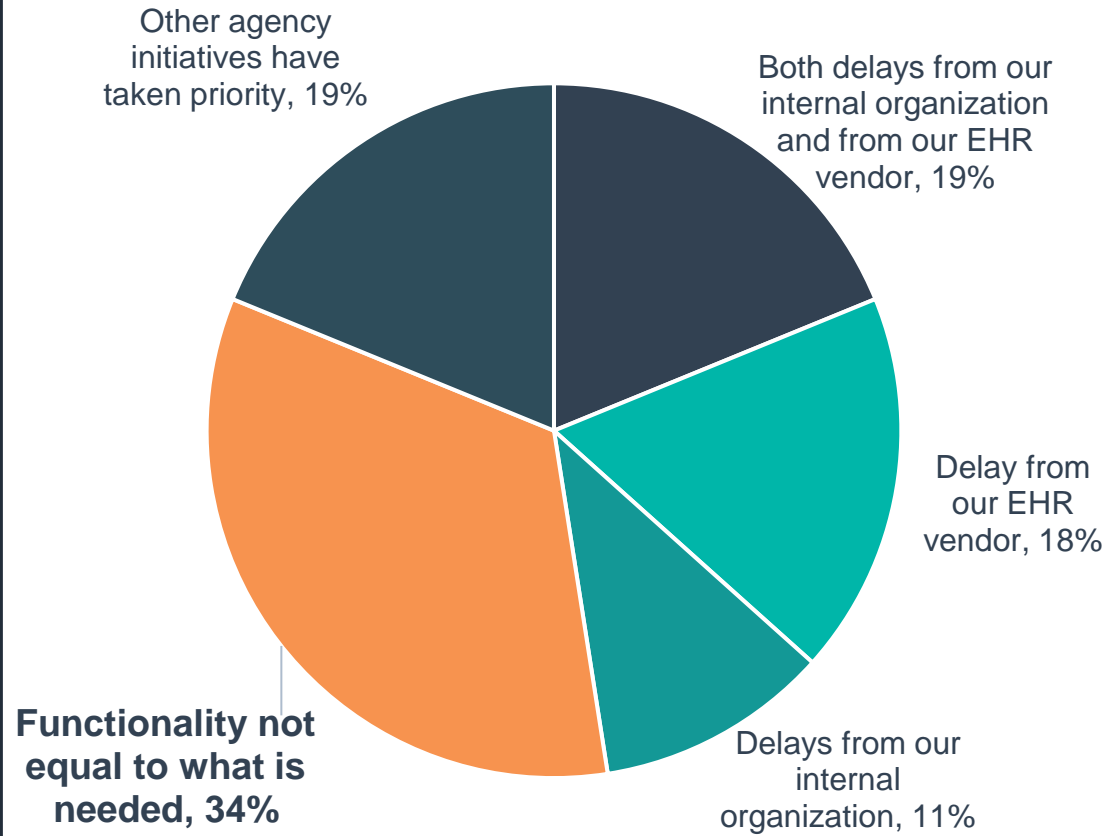
Technology	Percentage
Electronic health record (EHR)	88%
Telehealth/remote therapy	85%
Referral tracking/database	68% — 21% Increase*
Health information exchange	56% — 16% Increase*
Fundraising tools and technologies	56%
ePrescribing tools and technologies	56%
Practice management technologies and services	53% — 17% Increase*
Clinical decision support technology	52%
Consumer tech-enabled outreach/engagement tools	49%
Consumer health portal	47%

*Among organizations responding to the survey in 2020 and 2021.

How Much Optimization Is Happening?
Only 70% of Behavioral Health Organizations Report EHRs are "Fully Implemented"

Fully implemented

■ 2016 ■ 217 ■ 2018 ■ 2019 ■ 2020 ■ 2021

Reasons Behavioral Health EHRs Are Not Fully Implemented, 2021

- Other agency initiatives have taken priority, 19%
- Both delays from our internal organization and from our EHR vendor, 19%
- Delay from our EHR vendor, 18%
- Functionality not equal to what is needed, 34%
- Delays from our internal organization, 11%

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Behavioral Health Provider Organizations Reporting Functionality Not Meeting Needs, 2021

Functionality	Percentage
Patient Engagement/ Client Portal	34%
Mobile	28%
Value-Based Care Measurement & Reporting	27%
Reporting & Analytics	23%
Electronic Visit Verification (EVV)	22%
Telehealth/Virtual Care	22%
Integrated/Primary Care	18%
Management Of Medical/Health Homes	14%
Certified Community Behavioral Health Center (CCBHC) Functionality & Reporting	13%
Billing	10%
Scheduling	10%
Inpatient	4%
Clinical	4%

This List of Functionality Gaps Speaks to The Changing Landscape & Changing Requirements For Competitive Advantage

Key Components Of Electronic Health Record System

- Beyond "First Generation" EHR
- Integrated GL/HRIS System
- Optimized Consumer Experience
- Value-Based Reimbursement Compatible
- Hybrid Service Delivery Integration
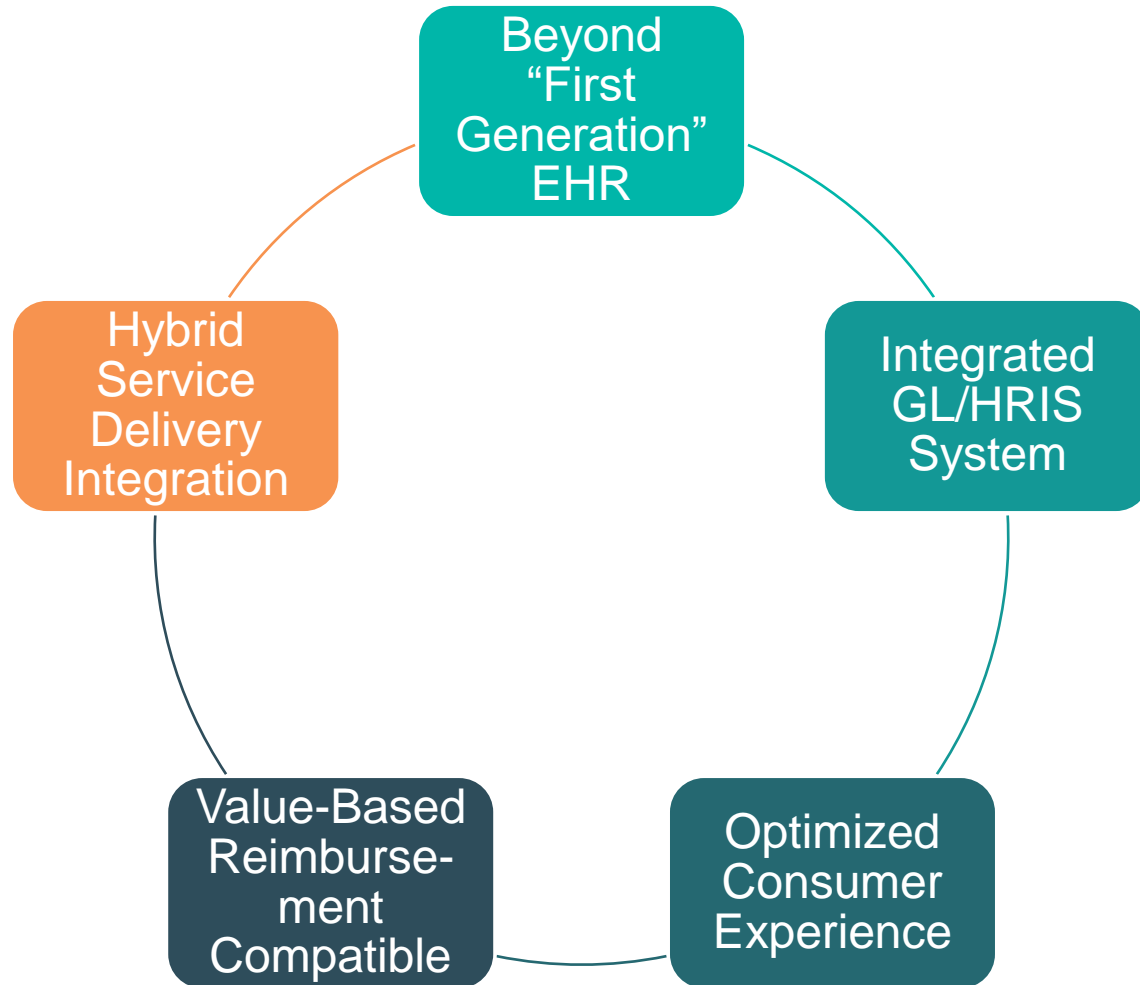
The technology platform enables digital transformation to take place - but a platform isn't digital transformation.

"Think of digital transformation less as a technology project to be finished than as a state of perpetual agility, always ready to evolve for whatever customers want next."
- Amit Zavery, VP and Head of Platform, Google Cloud

Beyond The "First Generation" EHR

Fully Functioning – (more than an electronic 'file box')

1. Mobile

2. User optimized – for clinical team and consumer

3. Interoperable - supporting integration of consumer care across primary care, behavioral, pharmacy, social, and long-term care

4. Has functionality to store and deploy consumer assessment data and measurement-based care data for decision support

5. Consumer facing accessibility for "ownership" of record

Integrated Human Resources & Financial/General Ledger System

1. Automated end-to-end revenue cycle management

2. Automated recruiting and talent credentialing process

3. Automated talent management

4. Centralized schedule management and shift bidding

5. Organization-wide performance reporting – across human resource, financial, and clinical data

Optimized Consumer Experience & Engagement Platform

- Optimized end-to-end virtual consumer experience via website and social media

  1. Self-serve information, including data portal

  2. Consumer self-scheduling

  3. Transparent fee schedules

  4. Billing and financial relationship

  5. Multi-channel communication

- App/smartphone connectivity to consumers

- Consumer decision making support tools – diagnostic algorithms, treatment tools, fee calculators, engagement tools/apps, health and wellbeing management tools

Value-Based/Risk-Based Reimbursement Platform

- Platform for tracking payer contract requirements and reimbursement

- Population health management tools – care coordination, medical/social necessity reviews, authorizations

- Value measurement and financial risk management functionality

- Predictive analytic software/programs tied to EHR/EMR data

Hybrid Service Delivery Platform

- Virtual – telehealth, secure text, self-directed

- In-office services

- Home-based service delivery – electronic visit verification, route optimization, remote monitoring and smart tools, smart home and in-home care units

- Integrated coordination across specialties and care delivery platforms – centralized online scheduling for consumers, online scheduling of team, notification of other care teams (when seen by another professional)

Strategy Planning Considerations

- A strategy initiative that reduces wasted time and increases productivity, helps clinicians work at the top of their license, and enhances employee engagement and satisfaction.

- Will require reengineering of service delivery processes to align with the functionality and efficiencies of the EHR.

- A fully functional EHR will become the basis for integrating other technology, and enable the organization to capture the data to drive clinical, operating and strategic outcomes.

- Planning considerations include assessment of the staff and talent needed for success, and capital required for the investment.

Electronic Record Keeping System

II. Hybrid Service Delivery Platform

Factors Driving The Market Change In Service Delivery Models

1. The factors driving market change are expected to accelerate as we move into the coming year:

   A. More value-based contracting

   B. New service demand

   C. Strained government budgets

   D. A boom in technology products that
   are changing how services are delivered

The pandemic has forced many service organizations to carefully assess their service delivery models, financial vulnerability, and sustainability in the face of unanticipated crises.

Definitions

Face-to-Face Services:

- These are the services the industry has been delivering for decades. Staff see consumers in the clinic offices, client homes, or the community. Typically, the service definitions are rigid and driven by billing requirements, e.g., 50-minute psychotherapy sessions.

Virtual Services:

- The most known virtual services are telehealth (video and audio) and telephonic (audio only). The use of these services sky-rocketed during the pandemic with payers allowing payment for the services, but still usually with standard service definitions.

Hybrid Services:

- These are a combination of both face-to-face and virtual/technology-based services.

The Transition To Virtual Services During The Pandemic

- Pre-pandemic use of telehealth was with less than 0.01% of total visits delivered virtually.

- In the first quarter of the pandemic 80% percent of behavioral health visits and approximately 70% of primary care visits were virtual.

- This was the crisis-driven rapid acceleration of virtual service delivery. And now we are pivoting to the post-pandemic landscape where consumers and payers expect that virtual and hybrid service delivery will just be a seamless part of the service delivery landscape.
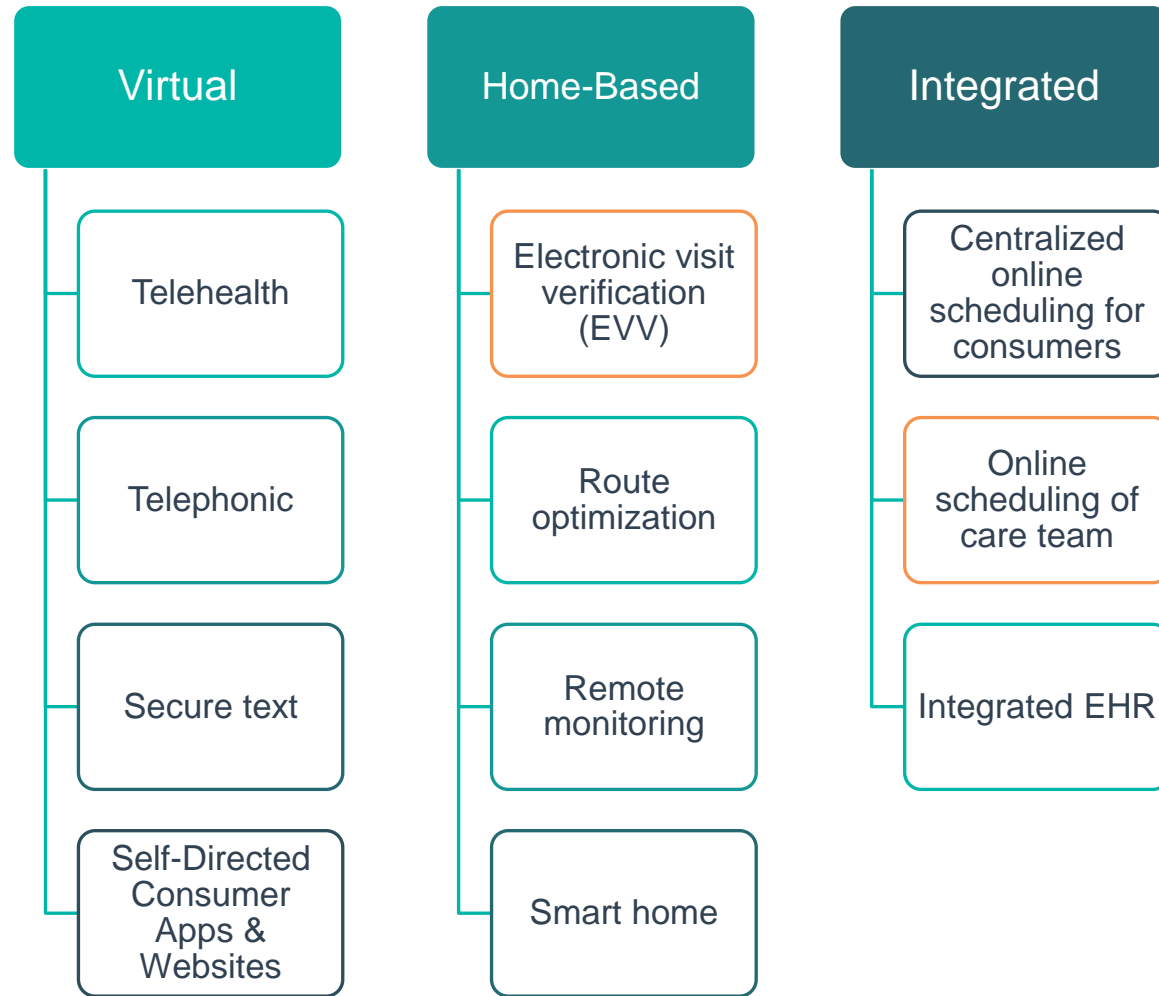
How To Plan Your Hybrid Future

- While there are many specifics about the "next normal" health and human service market that we don't know, there is one customer expectation that is clear—successful provider organizations will need to deliver "hybrid" services.

- Health plans and consumers expect services to be available in the clinic, in their home, and on-line—depending on what is needed and what is preferred. The challenge for provider organization executive teams is how to make that happen.

Hybrid Models May Include Service Model Changes In Addition To The Use Of Technology

- Hybrid models may include:
  - Less rigid service definitions – e.g., psychotherapy on demand for short sessions,
  - Leveraging consumer communication through texting, email, and consumer portals,
  - Asynchronous care,
  - Incorporating other tools for consumer support, education, and symptom tracking.
- Many of these are likely to require alternative payment or value-based reimbursement models (APM & VBR) with payers rather than fee-for-service.

Hybrid Service Delivery Model

Virtual

- Telehealth
- Telephonic
- Secure text
- Self-Directed Consumer Apps & Websites

Home-Based

- Electronic visit verification (EVV)
- Route optimization
- Remote monitoring
- Smart home

Integrated

- Centralized online scheduling for consumers
- Online scheduling of care team
- Integrated EHR

Identifying which consumer sub-populations can benefit from virtual or hybrid services and which cannot.

Developing and implementing the new operational models.

Ensuring payment for services and compliance with payer and governmental standards.

Key Challenges

Training the workforce in the new models of service delivery.

Ensuring consumers have access to the technology they need for virtual and hybrid care.

Broader competition as geography becomes less important.

The Challenge Ahead – Remaking The Service Delivery System

Hybrid Service Delivery Design Process – *OPEN MINDS* Best Practice Model

Step #1. Map out scheduling/access to care model for hybrid services

Centralized consumer scheduling function – in clinic, in home, virtual	Link to CRM/EHR re: consumer history	Link to payer benefits/eligibility verification process and contract databases	Link to clinician scheduling (in clinic, in home, virtual) with credentialing roster

Step #2. Map out customer-facing referral/intake function

Plan website functionality for referral/scheduling	Plan website functionality for consumer interface – historical information portal, information gathering pre-appointment, appointment reminders, billing and collections

Step #3. Map out changes in revenue cycle management

Contract changes needed	Coding and billing procedures	Collections procedure

Step #4. Design and go live with key performance indicators reporting for hybrid services

Step #5: Train and supervise the service delivery staff

Step #6: Process redesign of clinical operations to support the new model

Step #7: Map out changes needed to technology infrastructure in data collection and process support

Interoperability	Longitudinal consumer record	Remote solution

Step #1: Map Out Scheduling & Access To Care Model For Hybrid Services

Identify which consumers benefit most from or prefer to be seen face-to-face vs those who prefer virtual and/or who don't require face to face services.

Determine the best combination of face-to-face and virtual for each of these groups.

Implement the right technologies - from finding services online; to scheduling and intake; to medical records, billing, payment, and ongoing communication. Highly-convenient digital functions should be available in addition to traditional telephone-based and paper-based service administration.

Key components of a hybrid care model include:
- Centralized scheduling;
- Integrated consumer information (consumer referral data, EHR);
- Link to clinician credentialing and scheduling;
- Access to consumer benefits and payer requirements.

1. Ensure 24/7 access – via website and call center.

2. Implement on-demand services after initial screening; schedule appointment during first contact.

3. Enhance website functionality for referrals and appointment scheduling (historical information portal, assessments, appointment reminders, billing and collections, search engine optimization).

Step #2: Map Out Customer-Facing Referral & Intake Functions

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Step #3: Map Out Changes In Revenue Cycle Management

1. Identify what payer contract changes are needed to ensure payment for your new service model.

2. Implement needed changes to service coding and billing done for hybrid services.

3. Ensure that the billing module of your EHR has the capability to handle the required changes in service tracking, coding, and billing, and is properly configured.

4. Assess whether the process for accounts receivable management and collections will need to change.

5. Identify opportunities for negotiating new contracts with alternative payment models (APM) or value-based reimbursement (VBR) to allow for the more flexible components of hybrid care and the use of other technologies.

6. Make certain you are addressing all the compliance requirements from payers and regulators with your new model of care.

Step #4: Design & Go Live With Key Performance Indicators (KPIs) For Hybrid Services

Categories of KPIs for hybrid service models:

1. Convenience, Satisfaction, and Communication
2. Quality & Outcomes
3. Consumer Safety
4. Brand Preference
5. Efficiency & Cost Reduction
6. Increased Revenues

Step #5: Train & Supervise The Service Delivery Staff

Train and support staff in the new models of care:

- Clinical staff training in telehealth service delivery.

- Policies and procedures for handling enhanced consumer communication models. (E.g., how and when to respond to texts, portal messages, remote site monitoring alerts, etc.).

Develop operational mechanisms for supervisors that are overseeing the delivery of virtual and hybrid models of care.

Step #6: Process Redesign Of Clinical Operations To Support The New Model

1. Map the new model for all components of the clinical process:
- Referral & Intake
- Routine Care
- Transfer & Discharge

2. Identify all consumer "touch-points" and ensure that they are consumer-friendly and efficient.

3. Develop "disaster" plans for care delivery and consumer safety plans in case of technology failures.

4. Implement administrative department changes needed to support the model (Changes in human resource operations, quality, compliance, and finance).

Step #7: Map Out Changes Needed To Technology Infrastructure In Data Collection & Process Support

Get the right technology in place for hybrid care.

Assess both staff and consumer needs for the right tools (laptops, mobile devices, high-speed internet access) in order to participate in virtual and hybrid models of care.

Recognize the disparities in access to technology and internet for some populations and communities and build a plan to address them.

Determine what other technologies are needed - Remote home monitoring devices? Phones and apps? A consumer portal? Analytic tools? Other?

Strategy Planning Considerations

- A strategy initiative that addresses the preferences of consumers and payers, and provides more convenient, timely access to services;

- Will require reengineering of the client service delivery process with a digital technology focus – whether services should be face to face, telehealth, or in the home based on clinical protocols and consumer preferences;

- Has the potential to grow revenue either through increases referrals (expansion of current services to current consumers when, where and how they want them), or geographic expansion (expansion of current services to new clients in other areas) ;

- Requires technology for telehealth and a fully integrated EHR.

Hybrid Service Delivery Model

III. Consumer Experience & Engagement Platform

What Is Consumer Engagement In Health Care?

- Actions individuals take to become better informed and more directly and proactively involved in decisions and behaviors affecting one's health and well-being

- Communication, collaboration, and client engagement are keys to providing excellent health care

- Technology solutions can make that happen!

Bottom Line: Individuals taking action to control their health care decisions.

Improving Consumer Engagement

- Ensure costs are aligned with quality
- Implement consumer engagement technology
- Send reminders via phone, text, and email
- Have transparent information exchange with certain payers
- Be responsive to online and social media posts
- Follow-up on referrals ensuring engagement
- Ask the client(s) what would help increase their engagement
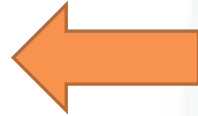
Measuring Consumer Engagement

- Measure treatment adherence

- Measure costs

- Measure quality

- Look at cost and quality together

- Look carefully at any consumer-facing technology and its usage

- Measure no-shows and related work process

- Monitor and measure follow-up post-discharge and care coordination

- Monitor and measure how your consumers rate you in online activities

- Ask payers for their opinion – especially on access

- Measure the use of information and follow-up provided to consumers

Where Technology Fits In & How It Enhances Consumer Engagement

- Speed and ease of access to care

- Providing care where consumers want it

- Automated check-ins & health reminders with mobile apps

- Easy access to health record information for consumers.

# Treatment-Enabling Technologies Along The Service Continuum

Diagnostics
- Tele-psychiatry using IronWorks™
- M3 (My Mood Monitor™)
- Brain scanning tech

Consumer Education/ Decision Support
- Video Doctor
- Common Ground
- Virtual Handheld Clinic
- PTSD Coach
- True Colours
- ChronoRecord
- Health Steps for Bipolar
- Biomarker: BDNF levels
- myStrength

Clinical Treatment
- TMS Therapy®
- Beating the Blues
- SilverCloud

Cognitive Function Restoration
- My Mood Map
- eCBT Mood©
- MyBrain Solutions

Early Detection of Relapse
- Automatic Trail Making Tests™
- fMRI
- ITAREPS
- MONARCA
- Actiwatch
- Health Buddy®
- OPTIMI

Relapse Prevention
- Technology Enhanced Recovery™
- REAC-CRM (REAC-lithium)
- PSYCHE
- Personalised Ambient Monitoring (PAM)
- MoodMapping

Remote Monitoring of Patient Health
- ViTelCare™ T400
- SenseWear® Armband System
- MagneTrace
- ID-Cap
- Electronic Medication Management Assistant® (EMMA)
- Implantable RF Transceiver ZL70102
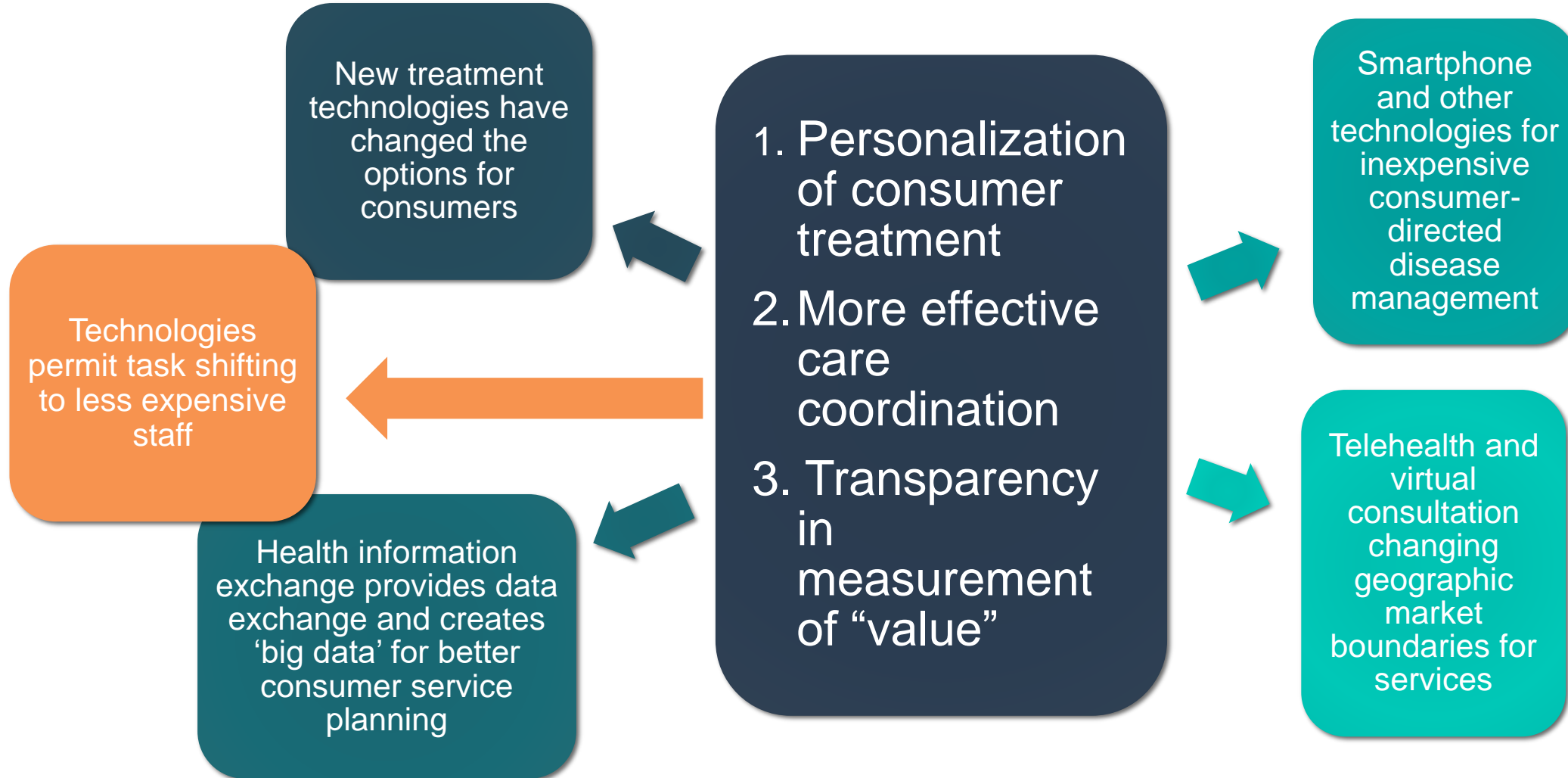- Motionlogger Actigraph
- Helius™
- MOBUS

Pear reSET – Digital Therapy Delivered As An App

New technologies increase consumer engagement and leverage the Impact of clinicians.
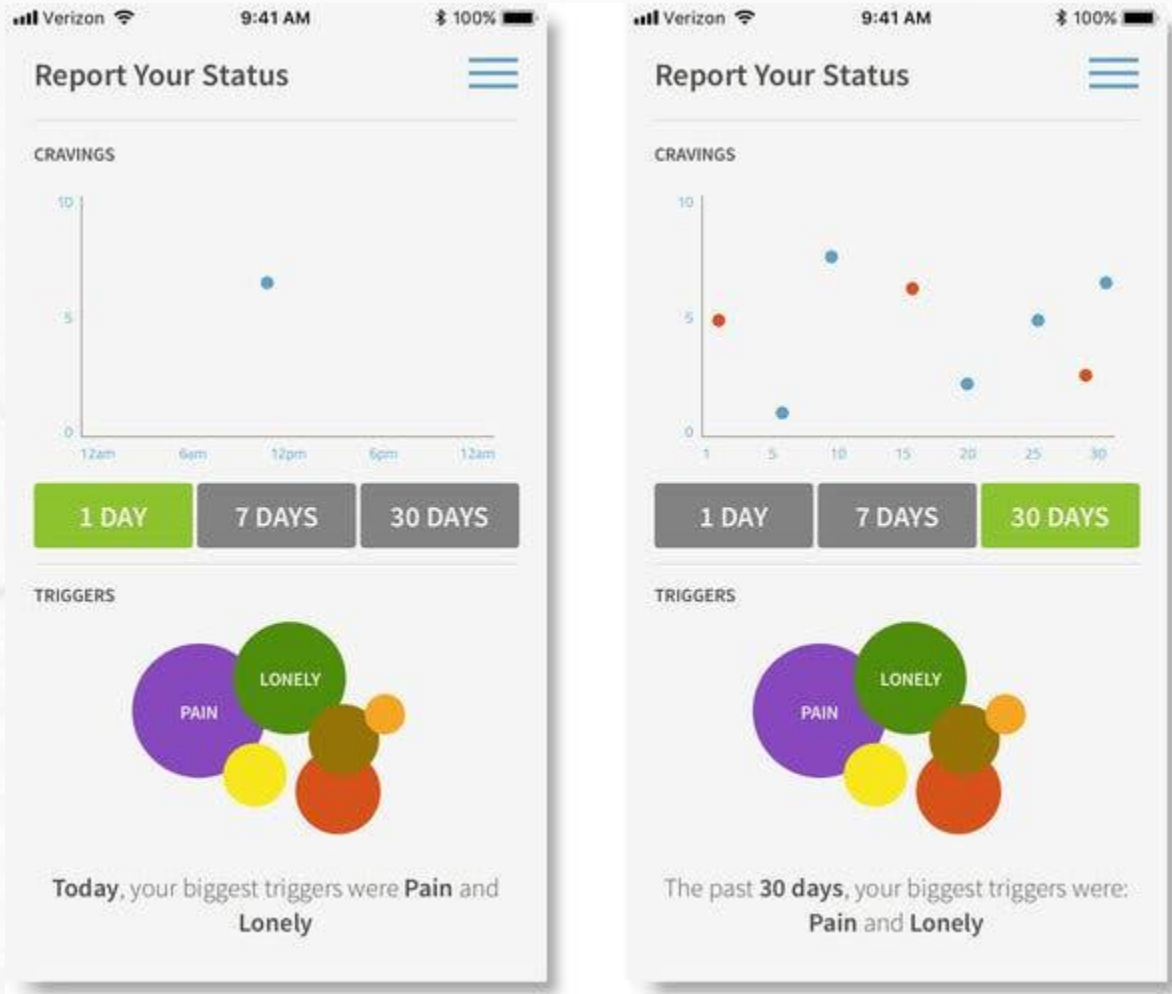
- 90-day prescription app that provides cognitive behavioral therapy for the treatment of substance use disorder
- Used in coordination with outpatient treatment
- Costs $1,665 for a 90-day subscription
- ROI: studies indicate that the app lowered overall healthcare spending by reducing emergency room visits and hospitalizations by $2,150 per patient

Leverage Of Technology To Reinvent Services Key To Long-Term Sustainability

New treatment technologies have changed the options for consumers

Smartphone and other technologies for inexpensive consumer-directed disease management

Technologies permit task shifting to less expensive staff

1. Personalization of consumer treatment

2. More effective care coordination

3. Transparency in measurement of "value"

Telehealth and virtual consultation changing geographic market boundaries for services

Health information exchange provides data exchange and creates 'big data' for better consumer service planning

Strategy Planning Considerations

- A strategy initiative that enhances consumer self-service, leverages clinician expertise and resources, and improves service outcomes.

- Requires a process to assess the return on investment of new consumer-focused technology as measures by qualitative factors of consumer engagement, clinician acceptance, and improved outcomes, and quantitative factors of increased revenue and profitability.

- Integrates innovation into the services to ensure that they remain "cutting-edge" and position the organization for competitive advantage.

Consumer Experience & Engagement Platform

Turning Market Intelligence Into Business Advantage

OPEN MINDS market intelligence and technical assistance helps over 550,000+ industry executives tackle business challenges, improve decision-making, and maximize organizational performance every day.

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