



How To Optimize Technology: An *OPEN MINDS* Seminar On Getting The Most Value From Your Technology Investments

The *OPEN MINDS* Management Best Practices Institute
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Overview

The Technology Planning
Process

Technology Selection &
Implementation

Case Studies

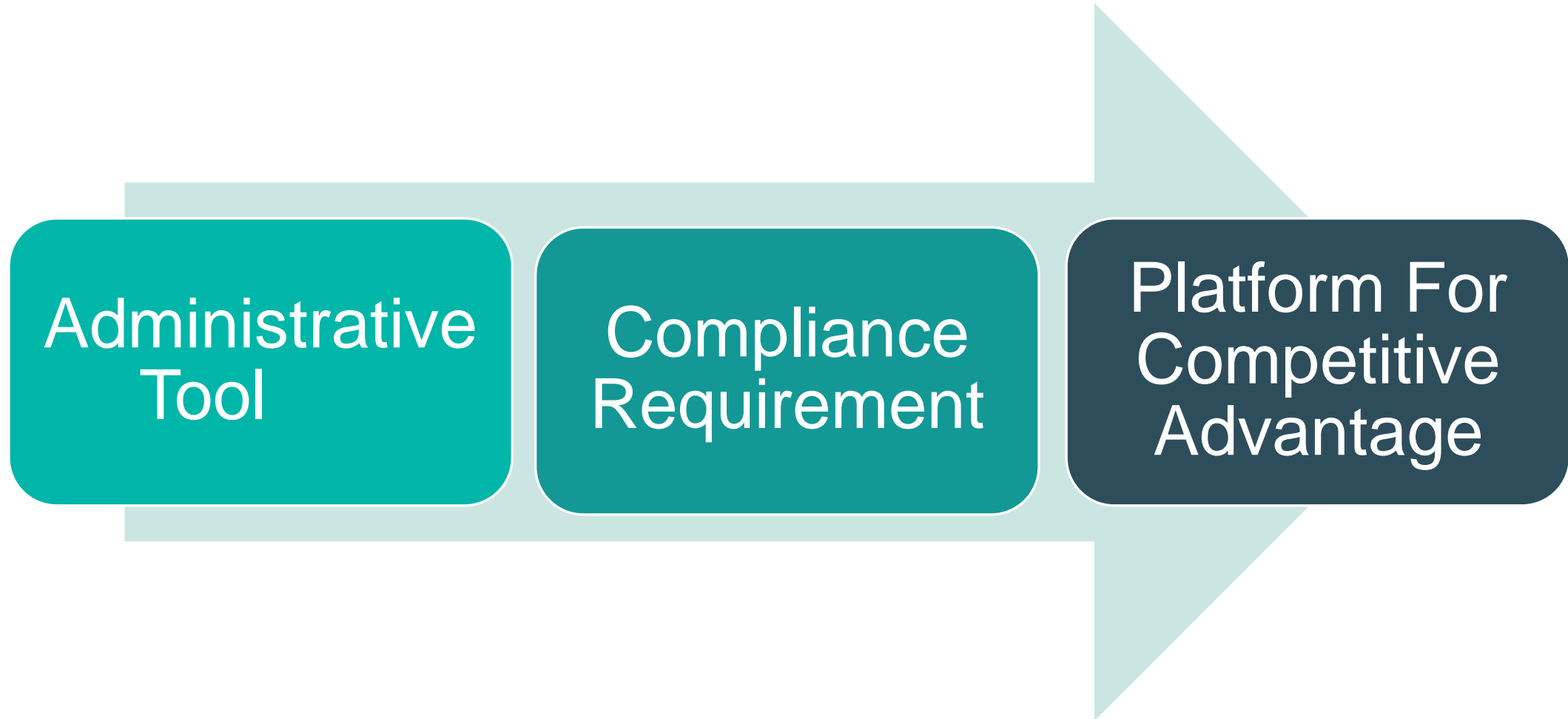
Agenda

Learning Objectives

- How to evaluate new technologies for your organization
- Engaging staff in a best practice technology evaluation process
- Determining anticipated financial and non-financial return-on-investments for the selected technology
- Moving beyond pilot to full implementation
- Ensuring implementation success

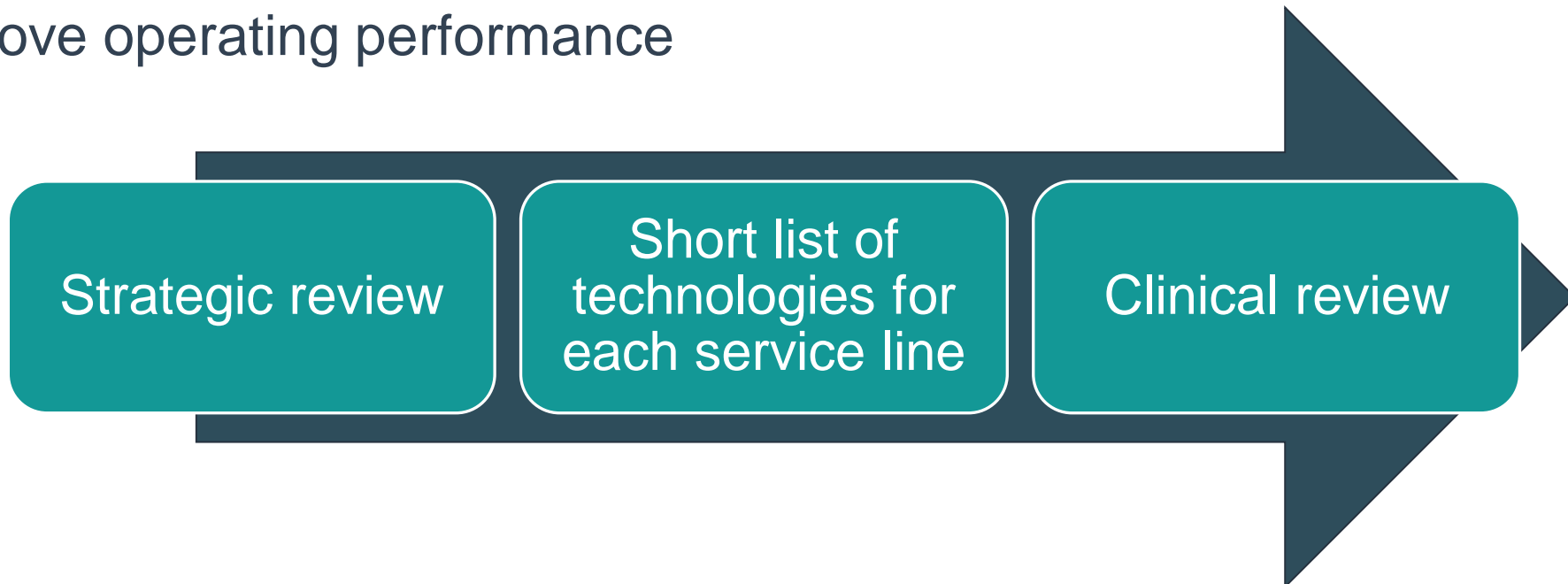
1. Overview

Shifting Role Of Technology In Health & Human Services

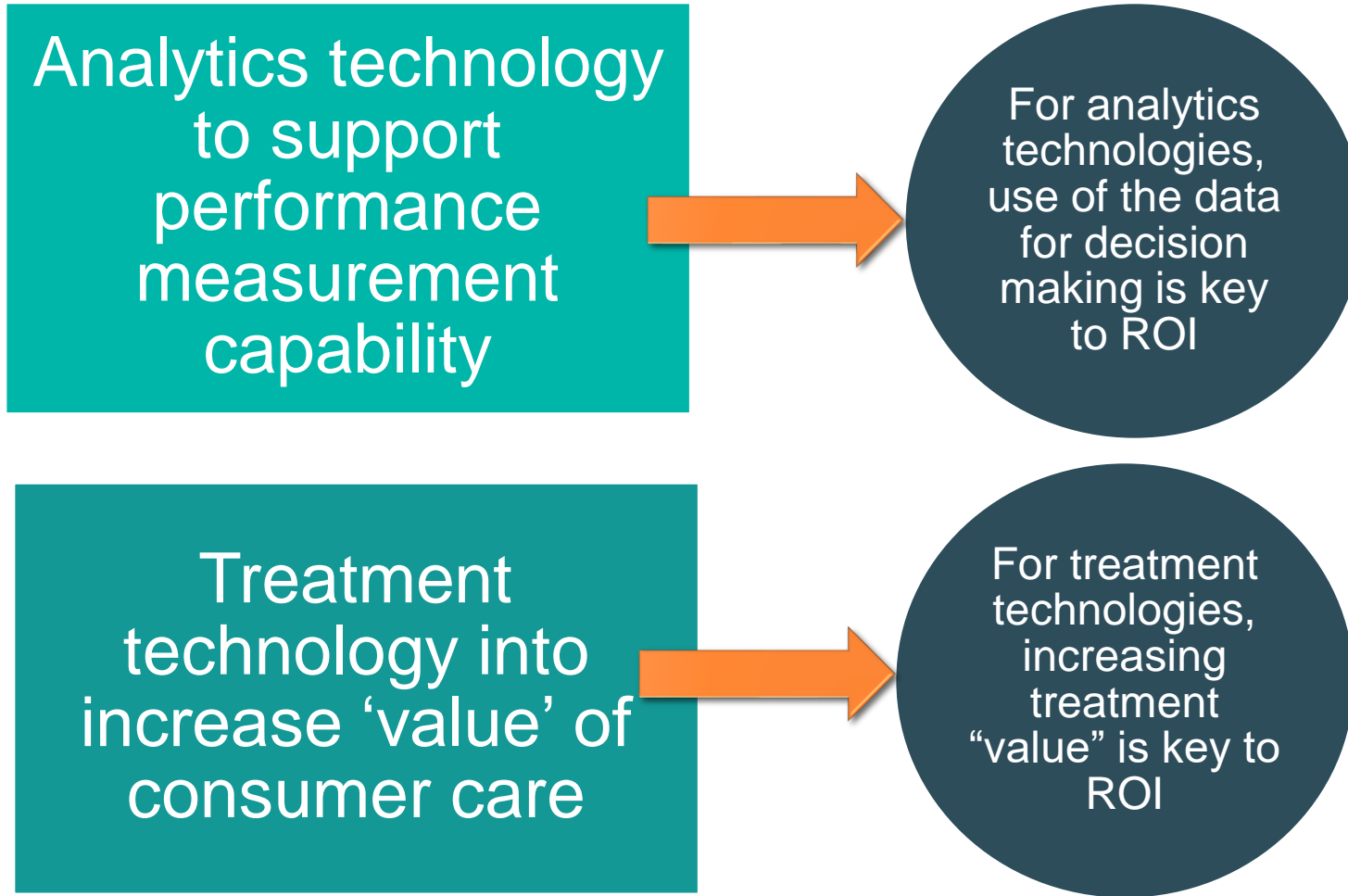


Technology Investment Serves Strategic Purpose

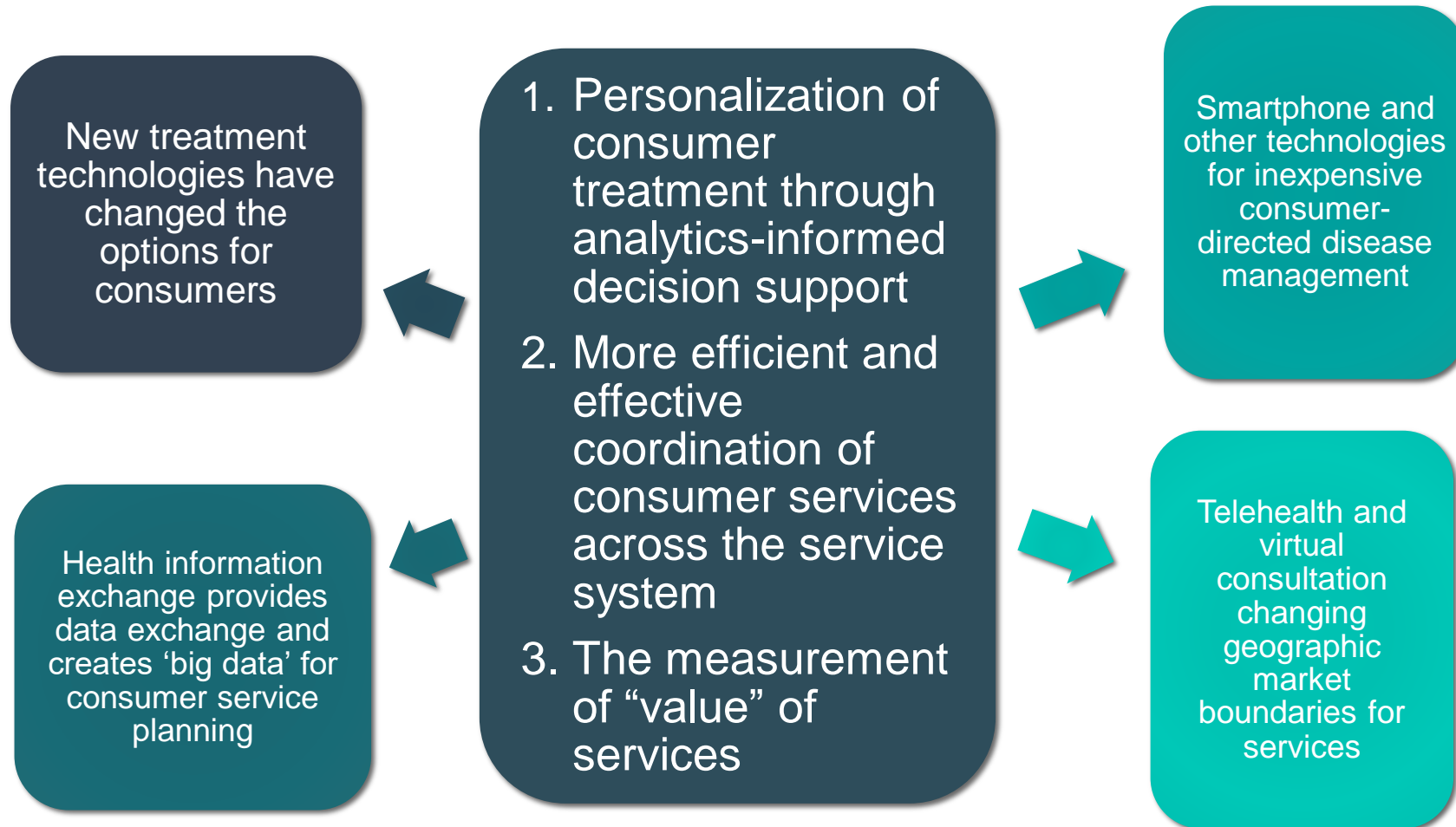
- Reduce cost of service per unit
- Reduce cost of service per case
- Improve payer preference
- Improve consumer preference
- Improve operating performance
- Improve consumer outcome or functioning
- Facilitate new consumer service
- Facilitate new payer relationship



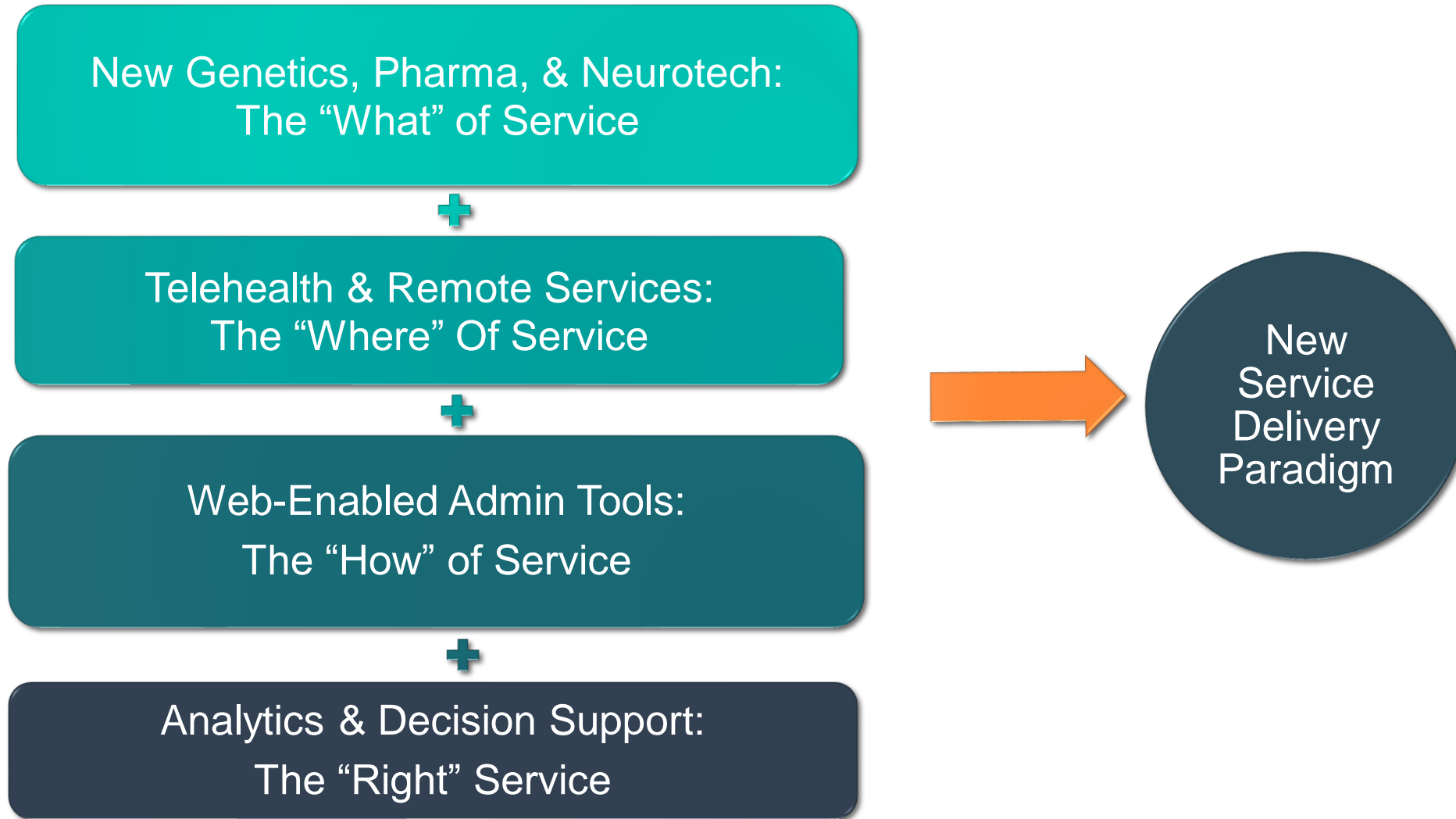
So Where Does Technology Fit In The Value Equation? Necessary To Manage Risk & Compete On 'Value'



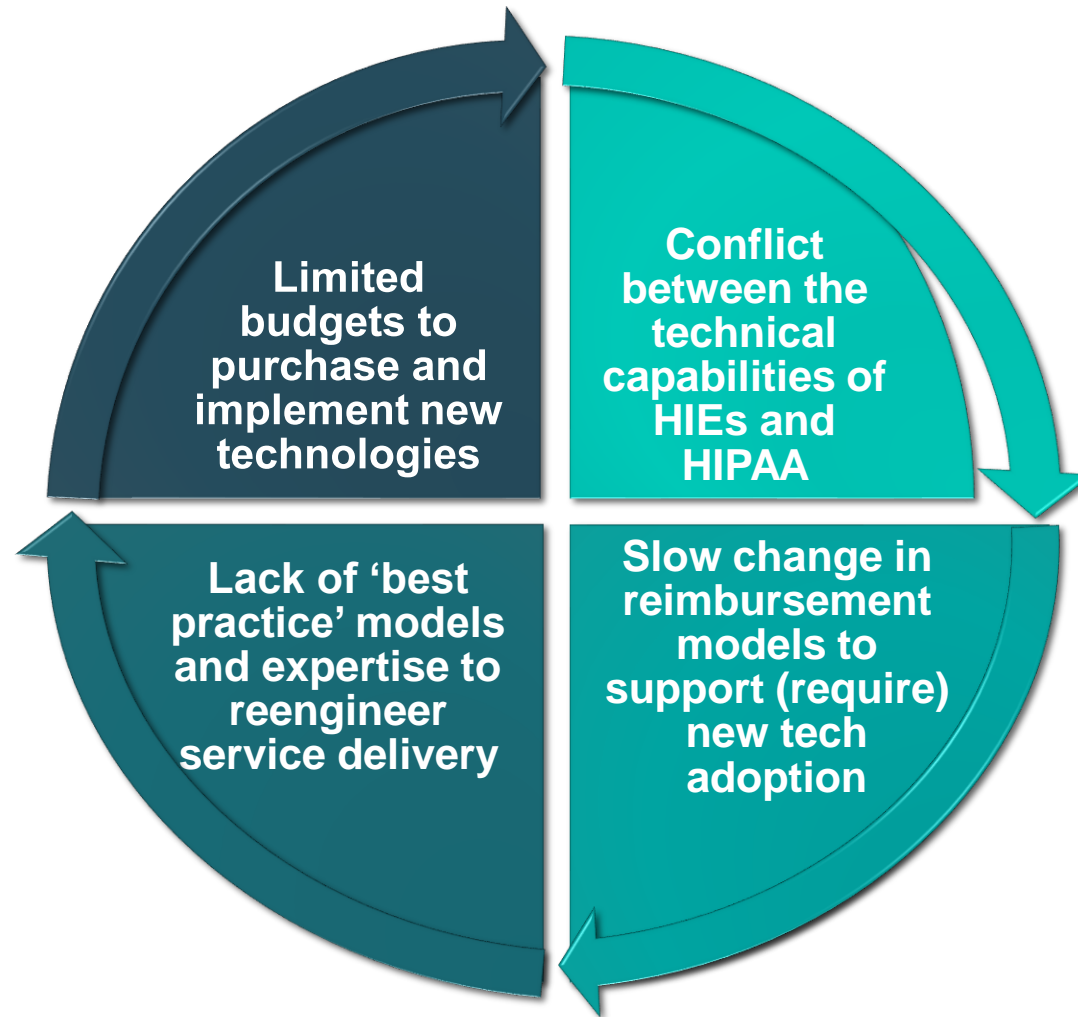
Technology Has Changed The Expectations Of Payers & Consumers



A New Market Model Is Emerging

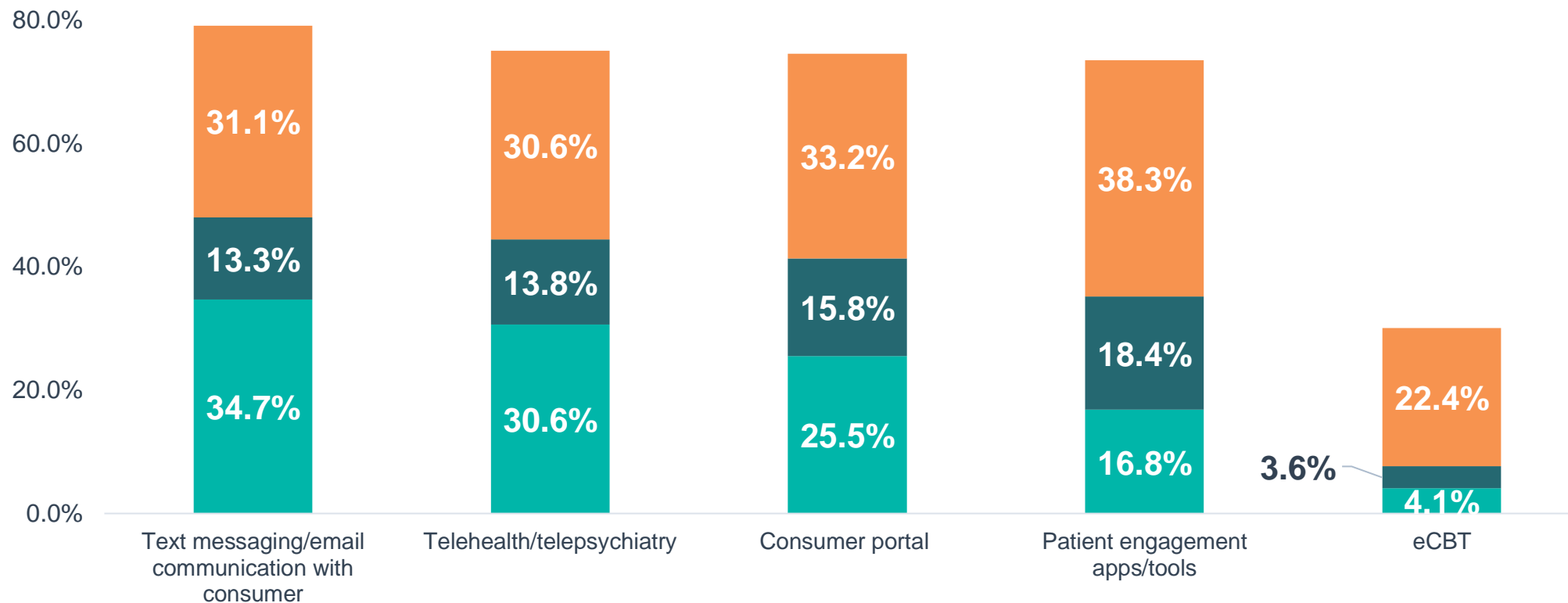


Technology Adoption In Health & Human Services Is Slow



Adoption Of Technology Innovations By Specialty Provider Organizations, 2017, %

■ Currently implemented ■ Implementation in process ■ Considering implementing in future



2. The Technology Planning Process

The Seven Steps of Technology Planning

First - Steps 1 to 3

Organization Strategy (Plan)

- Include a short description of the organization to set the context, including a summary of the current state of technology use in comparison with the rest of the industry.

Role of Technology in Strategy

- Describe the vision of how you see your organization using technology in light of its strategic and operational objectives.

Gap Analysis/Assessment

- Describe your current technology use and staff resources
- Future tech needed and performance expectations

Then - Steps 4 to 7

Review of Available Technologies

- Develop a bullet list of priority technology needs for the next 3-5 years, referencing how they support the strategic and operational goals. Focus on what you want to do with technology, not simply what you want to purchase.

Plan Development/Needs/Timeline

- Detail the proposed technology solutions as a discreet list of items

ROI Determination

- Develop a reasonable timeline to complete all phases of the technology plan. Set deadlines for phases and milestones.

Decisions on Investment and Budget

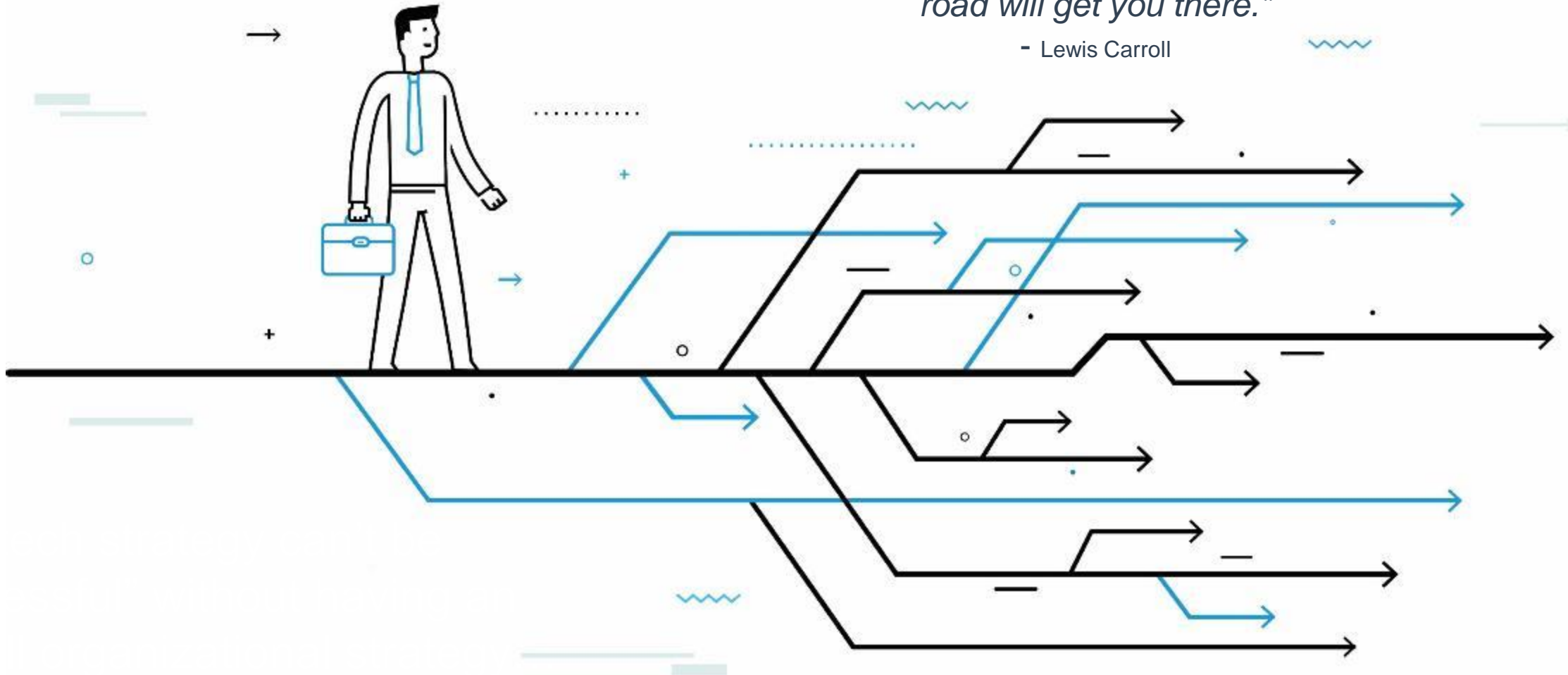
- Develop a budget for all of the items detailed in the technology solutions section.

Organizational Strategy

Technology Investments Must Be In Sync With Strategy & Strategic ROI

"If you don't know where you are going, any road will get you there."

- Lewis Carroll



The most frequent missteps made by leadership

- New tech for new tech sake
- New tech related to perceived competition (e.g., everyone has this so we need it too)
- New tech that is selected by the IT group
- New tech that is poorly implemented

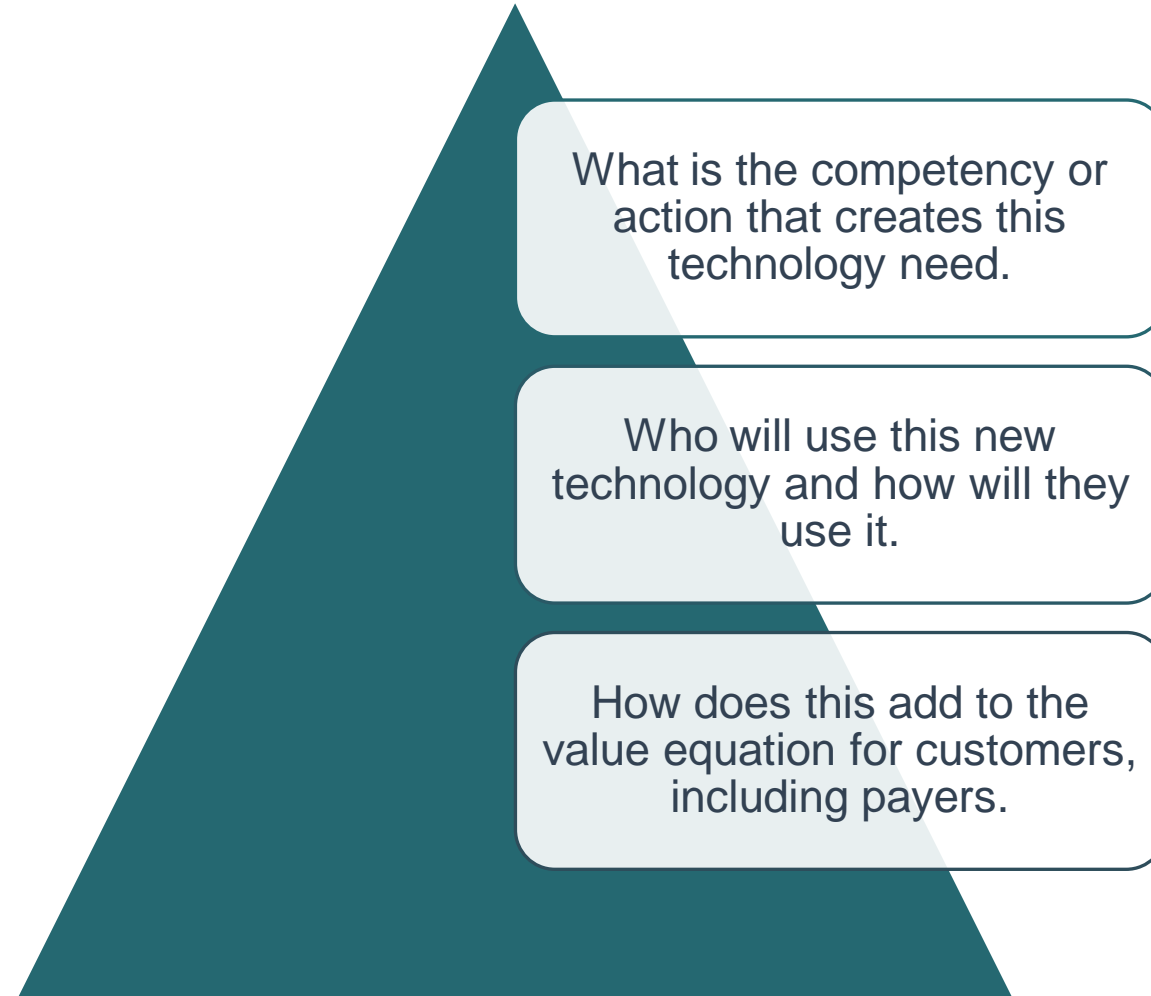
Role of Tech within Organizational Strategy

The Strategic Part Of Technology Planning

- The Strategic Technology plan identifies technological infrastructure needed for organization to reach its strategic objectives
- Should demonstrate (and quantify) that proposed technology investments deliver return in:
 - Increased revenues
 - Improved performance
 - Reduced operating costs
 - Improved stakeholder preference or market position

Strategic planning is your organization's process of continually assessing its internal capabilities and the external environment (payers, consumers, and competitors) in order to determine how best to use its limited resources to meet your strategic objectives.

Three Key Questions For Technology Evaluation



What Are You Looking For?

Health technology has exploded in recent years.

This makes it harder to choose the right tech and the right tech vendor.

So: What does success look like?

A Strategic Approach To Technology Investments

Technology planning should be a routine part of the strategic planning process:

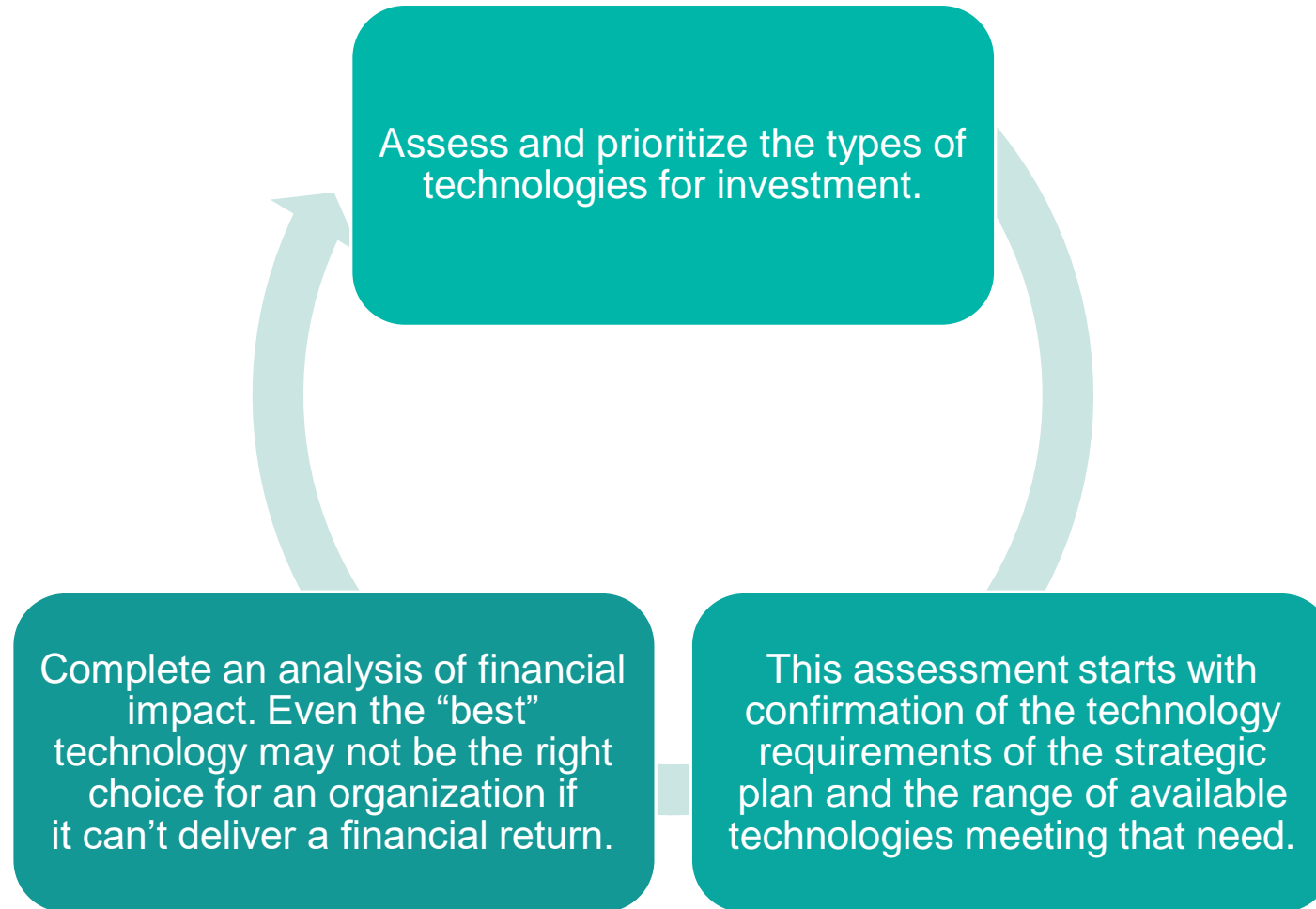
- This includes a detailed technology assessment to support the success of strategies

Technology is the responsibility of the entire executive team:

- Every part of the organization—clinical and support services, marketing, administrative supports, contract management, and more—has the potential to be optimized using technology

A two-step vetting process for technology investment—prioritization of investments and selection of technology partners—improves investment performance

Summary



Evaluating The Need For New Technology:

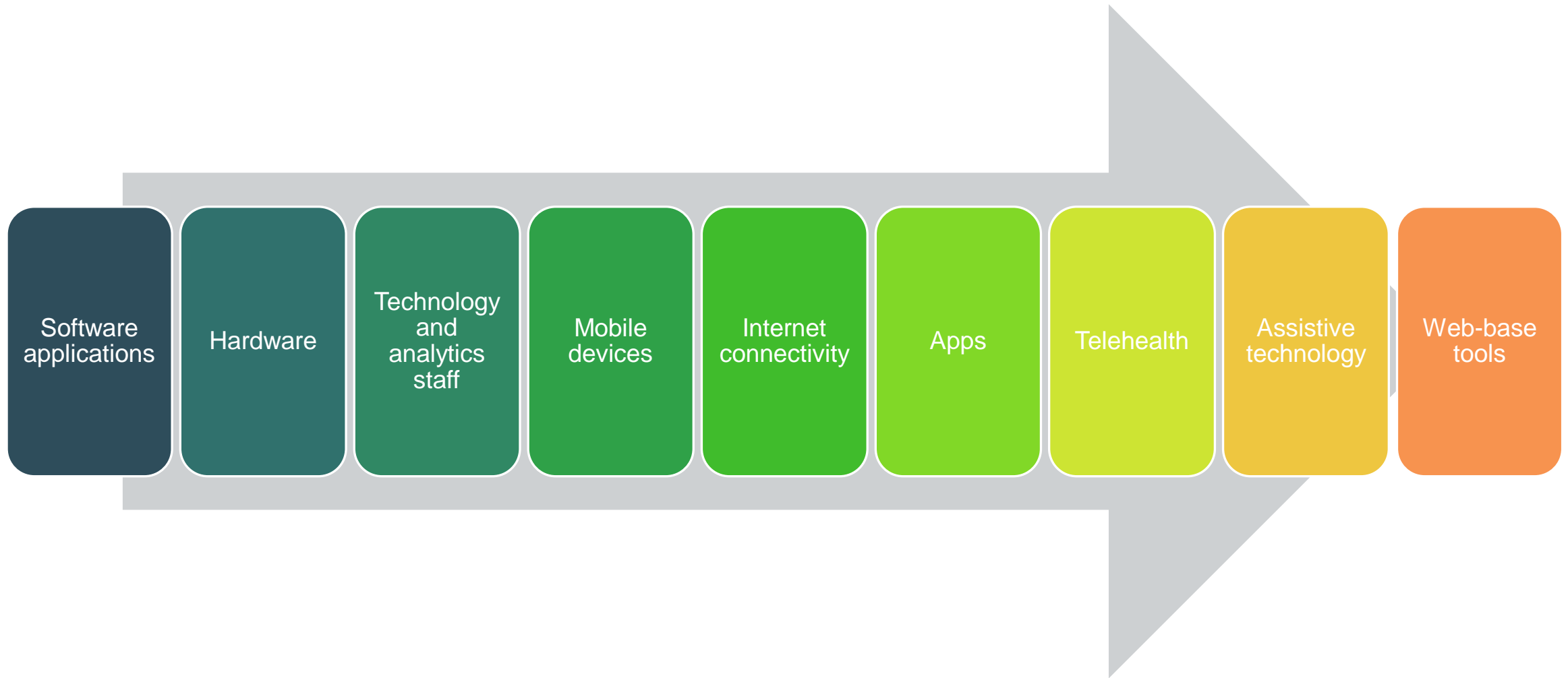
Gap Analysis

Gap Analysis

What do we
have now
and what do
we need?

- Software applications
- Hardware
- Technology and analytics staff
- Mobile devices
- Internet connectivity
- Telehealth

What do we have now and what do we need?



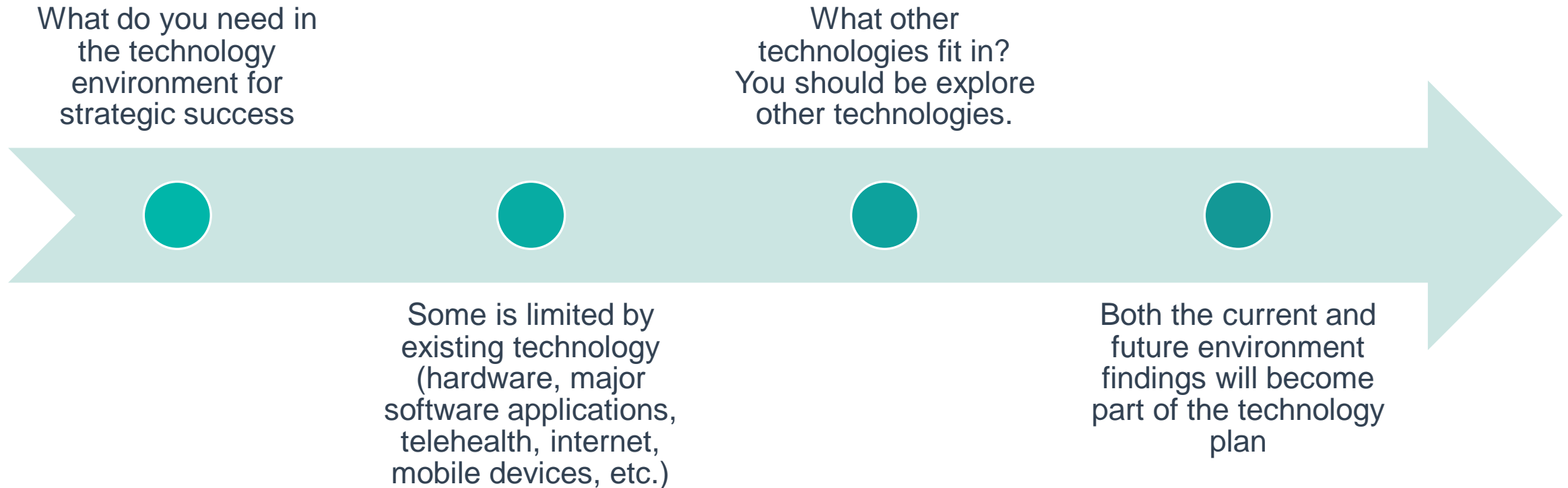
Projecting The Future?

Describe what you need in the technology environment for strategic success.

Explore other technologies in that may impact your technology environment needs.

Include current and future environment findings in the technology plan.

What Future Do We Want?



3. Technology Selection & Implementation

Review Of Available Technologies

Health Tech Navigator

- The Health Tech Navigator is an online resource laser-focused on connecting health and human service organization executives with the broad range of available technology-based solutions.
- The Health Tech Navigator database allows searches by 46 types of products in five key functional categories
 1. Data Management
 2. Population Health Management
 3. Customer Interaction\
 4. Administrative Cost Management
 5. Consumer Health and Human Service
- And also focused on key service areas like Mental health, Addictions, etc.

Broad Categories Of Technology Use In Behavioral Health Care

The Basics:

- Electronic Health Records
- Operations Software Applications

Telehealth Technologies

Consumer-Focused Technologies

Informatics, Analytics & Decision Support Technologies

The Basics

Electronic Health Records/Full Practice Management Capability:

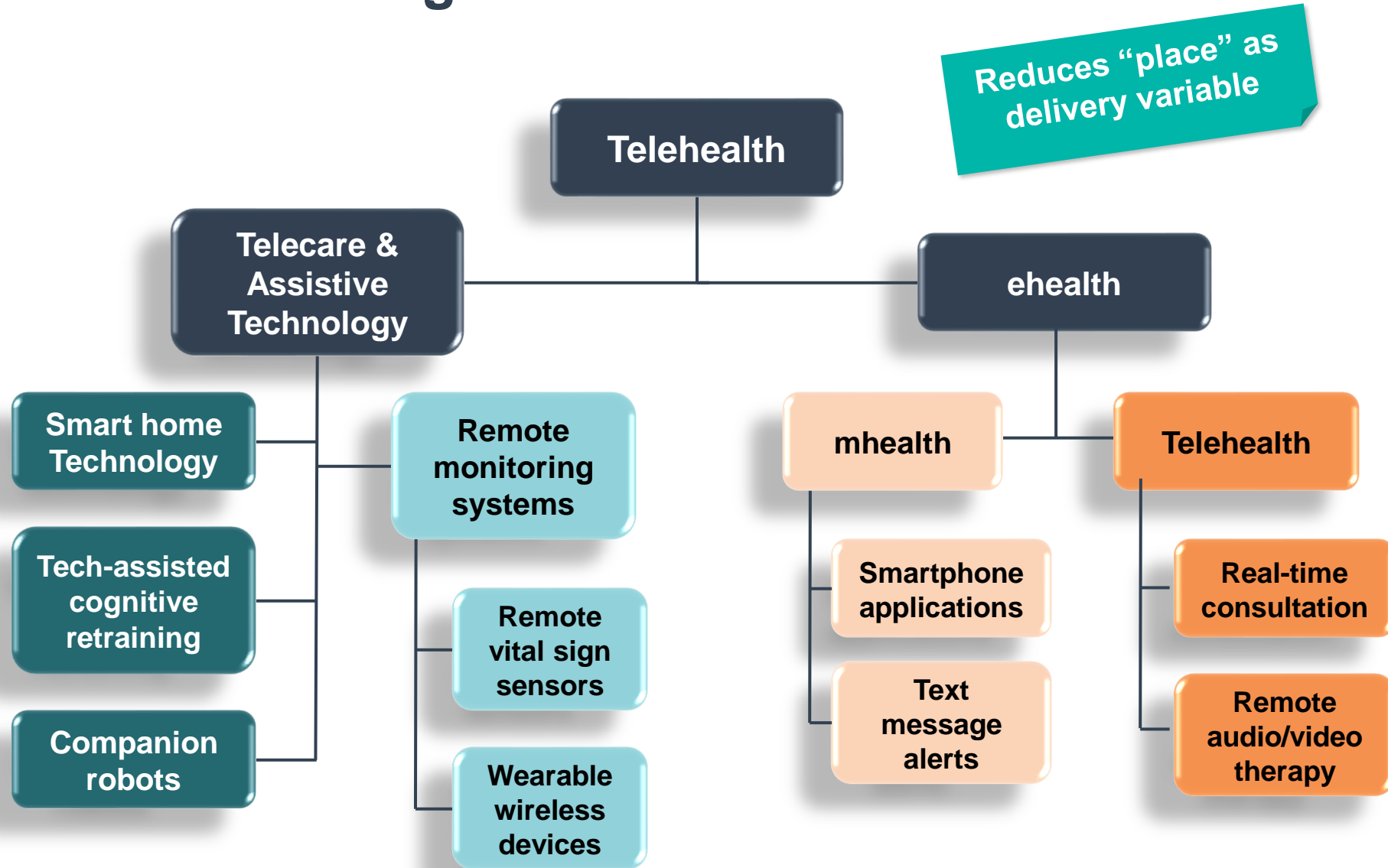
- Documentation
- Billing
- Compliance
- Quality



Operations Software Applications:

- Special billing capabilities
- Specialty clinical functionality (e.g., ABA, ASAM Assessments, etc.)

Telehealth Technologies



Consumer-Focused Technologies

Diagnostics



Consumer education



Treatment technologies



Cognitive function restoration



Early detection of relapse

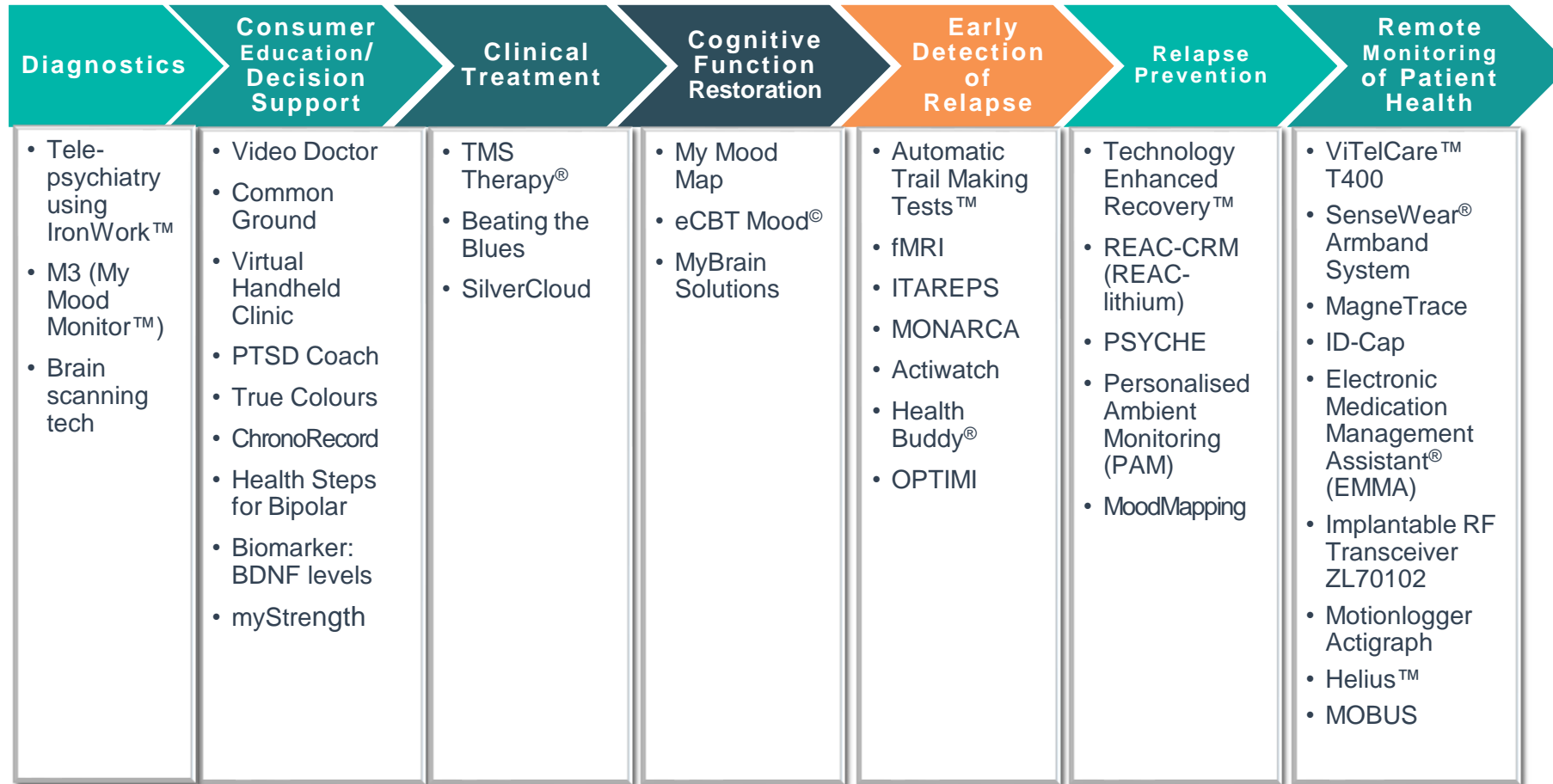


Relapse prevention



Remote monitoring

Consumer-Focused Technologies Available All Along The Service Continuum



Informatics, Analytics & Decision Support Technologies

Visualization
tools-PowerBI,
Tableau

Analytic tools-
SAS, R, SPSS

Data
warehousing/Data
infrastructure

In our appendix, we have included a list of software options in each category

Engaging the Team

Everyone Is A Stakeholder

- The second step is selection of a technology partner to fill each technology functionality role
- For each technology selection, executive teams should walk through a process that includes functional requirements development, a formal request for proposals, a short list of partners, and a structured evaluation process
 - *Tell the potential partners that you don't want to see every menu item from a pull-down list. Ask them to show you how the technology will solve the management problems you are looking to solve. How will it increase efficiency, improve compliance, make it easier for consumers to do business with you, demonstrate quality, or provide insights into performance? ...*

What Is The Worst Technology?

It is not congruent with your organization's work needs

It is too hard to use

The one that no one uses

Training requirements are a barrier

It is perceived as only having an administrative benefit and not a mission benefit

How To Start?

Use the end goal of your strategic plan and have stakeholders answer the question.

What does success look like?

Use the output to inform the creation of requirements and functionality.

Clinical Review Phase

- The technologies that meet the strategic review criteria form a short list for clinical review
- Review of clinical leadership of proposed technology:
 1. Clinical methodology and operational use of technology
 2. Scientific development and research data
 3. Outcomes and performance data
 4. Customer/consumer acceptance
- Select treatment technologies to build into service process

**Does the new
technology
meet your
organization's
clinical
standards?**

Technology Infrastructure Supports Performance Management

Getting The Necessary Data

Electronic health records

Health information exchange and data aggregation

Patient registries

Consumer referral tracking

Optimizing Organizational Performance, Care Coordination & Population Health Management

Performance monitoring and management tools

Consumer segmentation and health risk stratification

Care coordination platforms

Advanced population analytics and clinical decision support

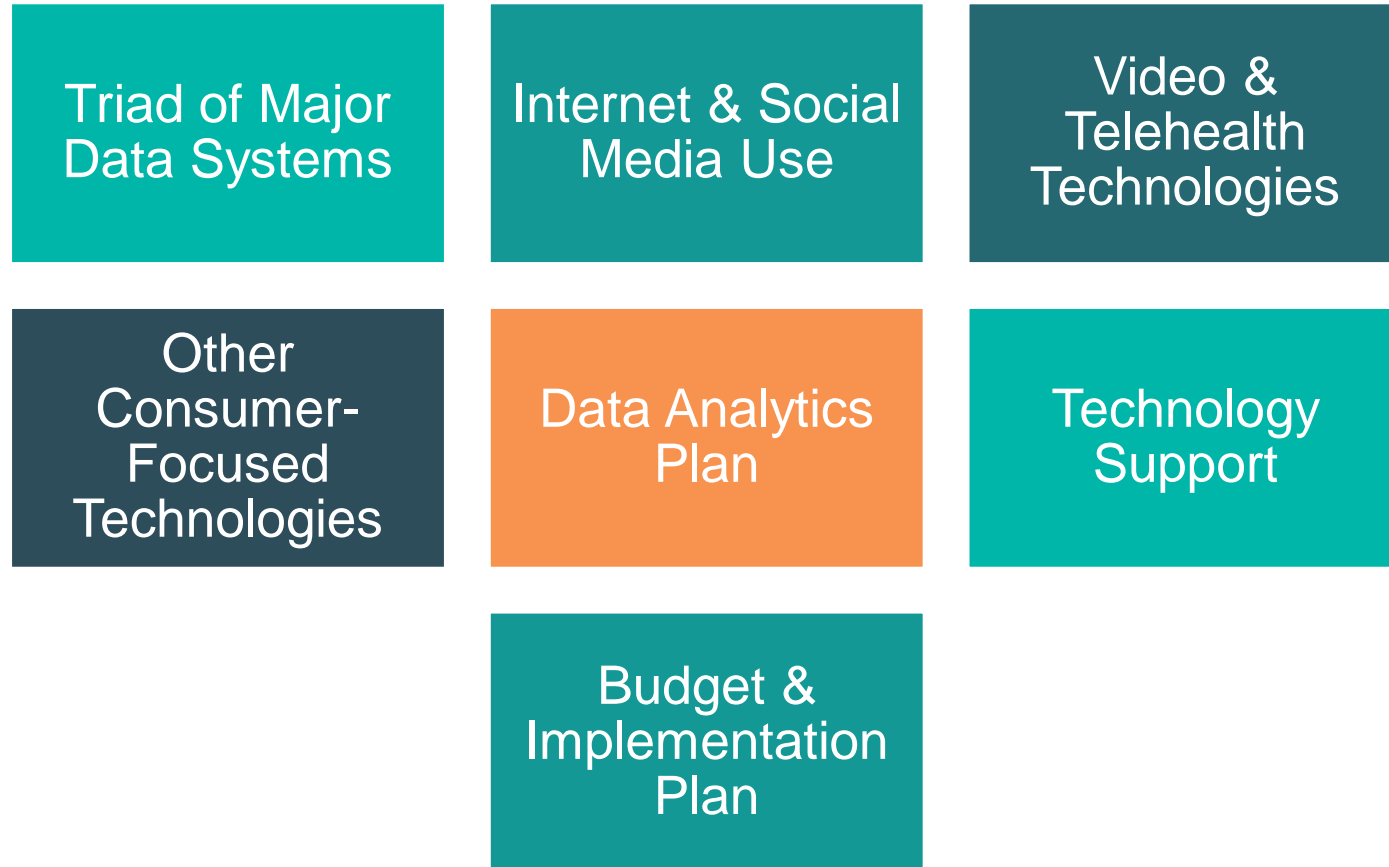
Selection Of Software

Sorting Through A Million Technology Choices

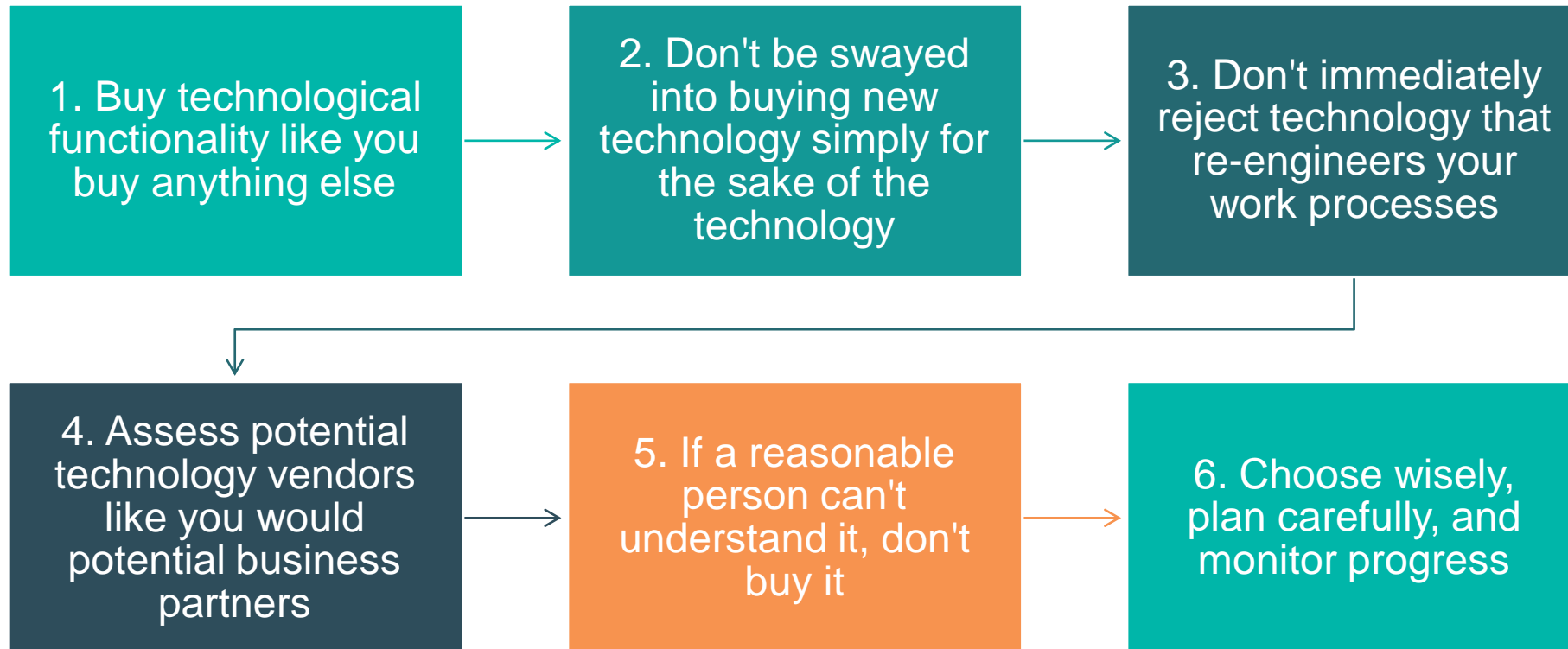
Our Health Tech Navigator database shows over 3,000 technologies in five functional categories—administrative cost management, consumer interaction, consumer wellness and treatment, data management, and population health management—available to health and human service organizations.

And this count doesn't include apps. There are more than 300,000 health apps and 340 consumer wearable devices with more being added every day.

Key Components Of A Technology Roadmap

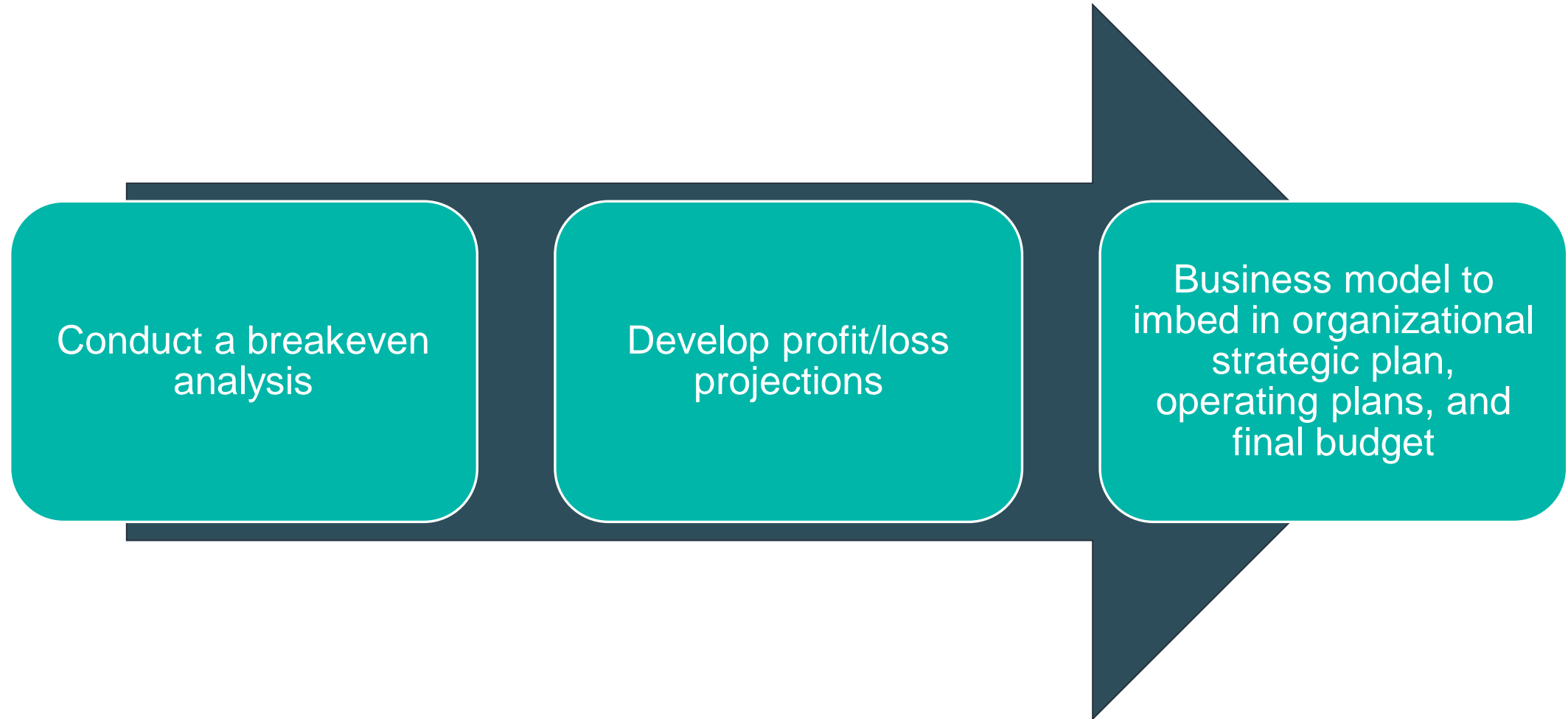


Six Simple Rules For Tech Investment



ROI: Financial & Non-Financial

Develop Financial Sustainability Plan For Business Model



What Is ROI?

Return-On-Investment (ROI)—a formal process for quantifying the anticipated costs and benefits of an investment and comparing the results to the anticipated costs and benefits if the investment is not made

Key Considerations:

1. ROI has a quantifiable aspect—ROI—Net Benefit/Total Cost compared to Current Costs
2. Needs to consider the cost of implementation over time compared to the current projected costs over time
3. The break-even point when the investment return becomes greater than the initial investment should be considered
4. ROI also has a qualitative aspect—some benefits related to improved service results, increases employee satisfaction and other factors may be hard to quantify

Technology Infrastructure To Optimize Value Of Consumer Care

Engaging Consumers

Patient portals,
websites, and
web-based
consumer tools

Automated
consumer outreach

Reducing Service Cost

Tech improving
admin
efficiencies

Tech-enabled
treatment

Telehealth and
telemedicine

Remote
monitoring

The Budget Issue ... Can You Afford The Technology You Need?

1. Capitalization of the initial purchase is smaller issue
2. The big question – on-going costs of technology and systems to support it
3. Part of financial analysis – breakeven points and on-going P&L
4. It's all about ROI

"Price is what you pay. Value is what you get."

Warren Buffet

Three Key Components Of Technology Budget

Technology Plan Budget

- Ensuring that technology aids in your objectives

Basic Expenses

- Covering all the basics to support infrastructure, applications, and staff

Routine Capital Budget

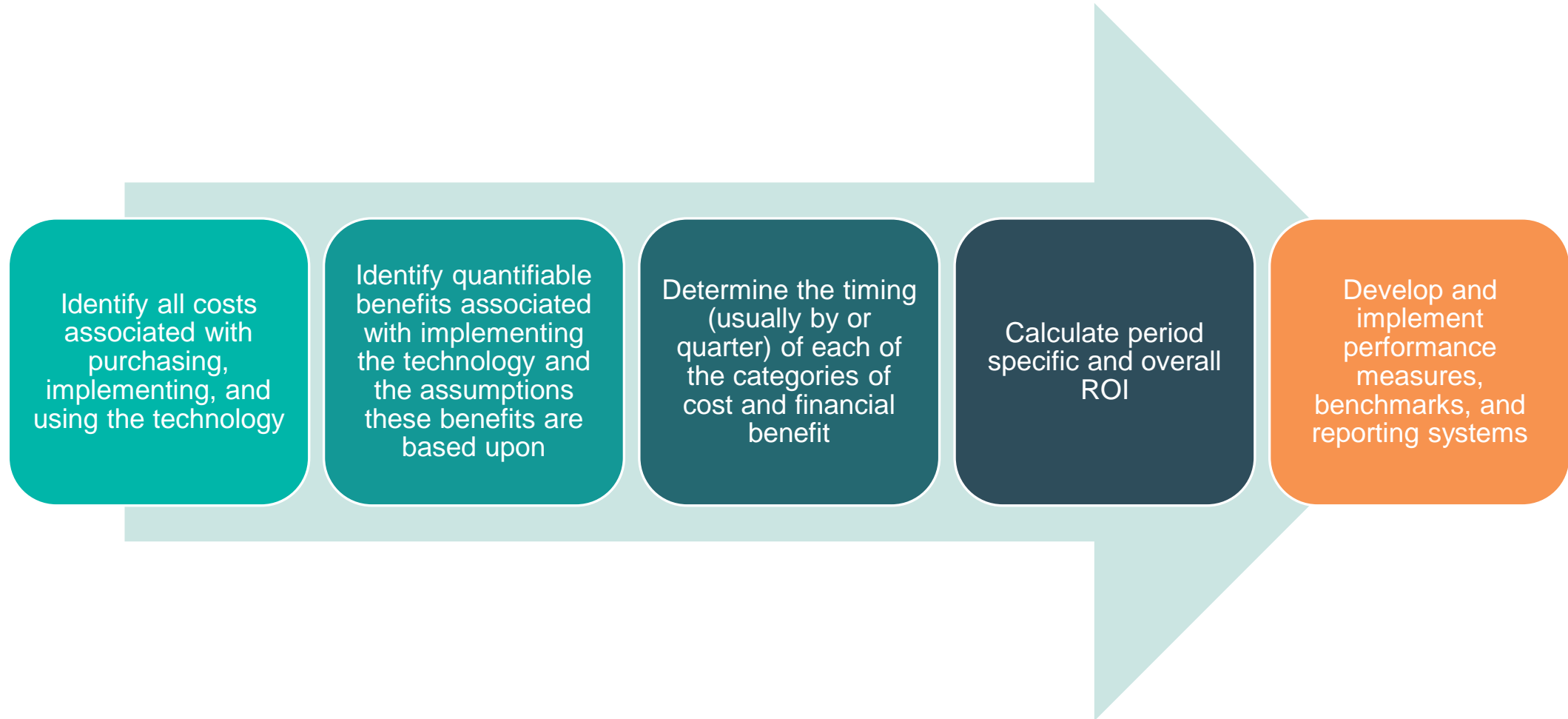
- Maintaining and enhancing technology infrastructure

Identification Of Quantifiable Benefits

Quantifiable benefits of a technology investment include measurable estimates of increases in revenue and cash, or decreases in expenses through efficiency, including:

1. Reduced labor costs through automation
2. Additional revenues through increased productivity
3. Reduced compliance and accreditation costs
4. Improved cash position through improved collections and a shortened payment turnaround time
5. Enhanced ability to participate a potential value-based purchasing arrangement—bundles rates, pay-for-performance or capitation

Steps For Performing A Technology ROI



ROI Example Using A Simple Payback Model

Organizational Revenue		\$ 25,000,000					
Initial Technology Investment		\$ 500,000					
Annual Costs		\$ 100,000					
Potential Revenue Increase		1%					
		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Projected Additional Revenue		\$ 250,000	\$ 252,500	\$ 255,025	\$ 257,575	\$ 260,151	\$ 1,275,251
Initial Technology Investment		\$ 500,000					
Projected Expenses		\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 500,000
Estimated Annual Return		\$ (350,000)	\$ 152,500	\$ 155,025	\$ 157,575	\$ 160,151	\$ 775,251
Estimated Cumulative Return		\$ (350,000)	\$ (197,500)	\$ (42,475)	\$ 115,100	\$ 275,251	\$ 275,251

Tips For Analyzing ROI

1. Start with a strategic focus on technology by asking how this specific technology will help your organization achieve desired strategic and operational objectives
2. Collaboratively bring technology, finance, and clinical operations staff together to develop the ROI assumptions and model
3. Be conservative in your assumptions of financial benefits
4. Build a technology implementation timeline that accelerates the time period when benefits begin to be achieved
5. Set clear milestones and performance metrics to ensure that the expected return and benefits are achieved
6. While it's complex to use methods and formulas to calculate ROI, your organization needs to identify whether the technology you assess increases your financial margin over the life of the investment

Conduct Breakeven Analysis

- Breakeven analysis answers question: At what level of revenue (how many consumers) will the program break even?
- Breakeven analysis is a supply side (i.e., costs only) analysis – does not address revenue side of the equation
- Construct breakeven analysis for the specific coordinated care business model both with and without organizational overhead

Key Breakeven Analysis Factors:

- Annual yield/productivity of service units (by type) per direct service (billable) clinical team member
- Average annual total compensation cost per direct service (billable) clinical team member

Assumptions In Breakeven Analysis:

- Constant fixed costs
- Average variable costs with assumptions
- Relationship of revenue to variable expense in assumptions
- Factors affecting assumption of yield/productivity of team members

Develop Profit/Loss Projections:

- P/L determines the margin of service line based on revenue projections and operating cost model
- Financial statement summarizing revenues (with associated costs and expenses) incurred during a specific period of time
- Illustrate the ability of the program to generate a margin by increasing revenue and reducing costs
- Revenue projections – and assumptions – are key element of P/L projections
- Typically, revenue projections in health and human services are created by payer/contract

Key Variables In Profit/Loss Projections:

- All services provided
- Number of annual unique consumers by payer
- Number of annual service units (by type) per consumer by payer
- Negotiated contract rate for each service unit, case, or population, by type and by payer
- Billing and collections yield (% of total units billed that are collected) by payer
- If P4P bonuses or penalties, the projected performance on each P4P performance measure

Analysis Of Program Business Model

1. Does the investment in technology achieve objectives and improve the performance of the service line?
2. Improve margin and sustainability?
3. Reduce costs to customers (payer or consumer)?
4. Improve performance or outcome in metrics that are of interest to customers?

If no demonstrable improvement in cost reduction, margin improvement, or revenue – no reason to invest in technology...

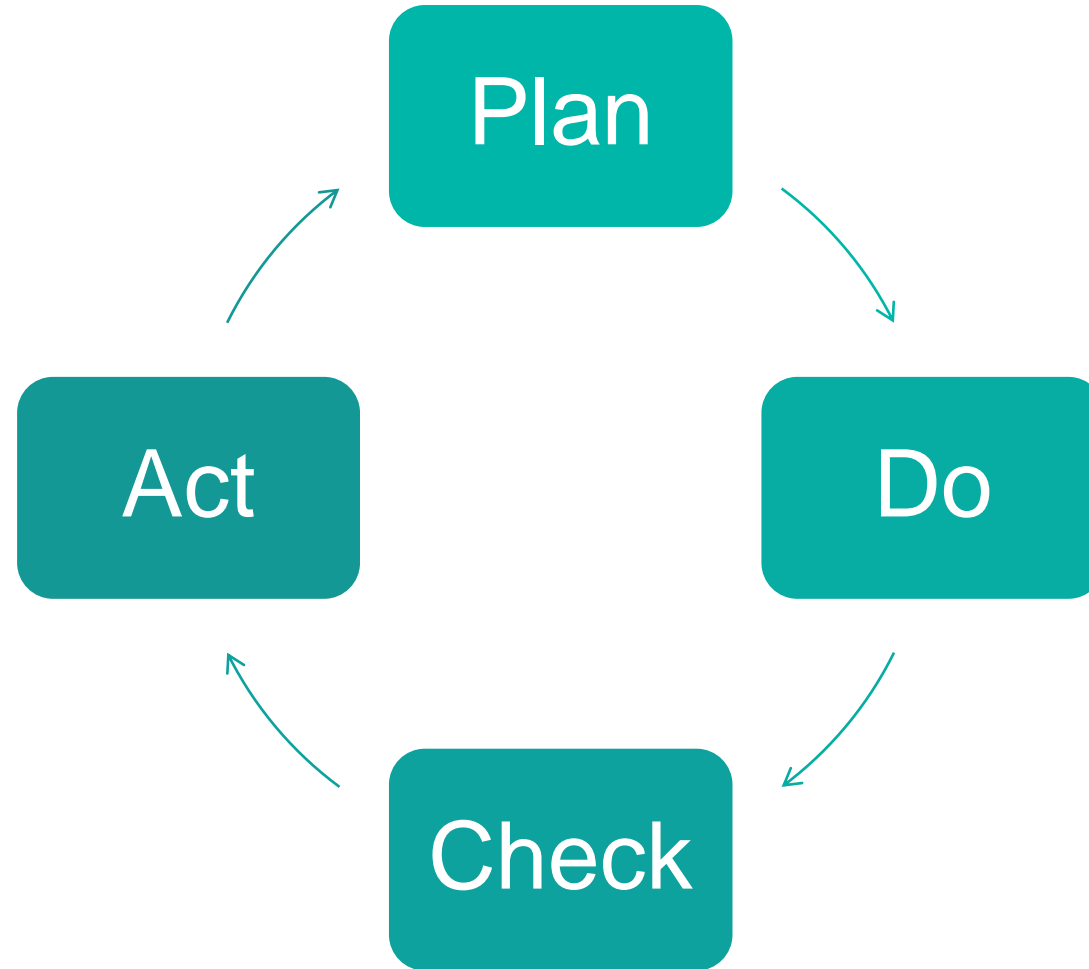
Other ROI Considerations

Establish performance benchmarks and goals that can help you determine the benefits from where any new technologies should help you gain efficiencies and help your organization gain competitive advantages

Don't forget to consider the "soft savings" of the technology. Soft savings are less tangible but equally important and could include lowered employee stress levels from task automation or better customer service and increased consumer satisfaction

Implementation

The Most Important Part Of The Technology Journey: Implementation



Helpful Steps For Implementation

Have a detailed implementation plan use date ranges and not specific dates

Assure that you have a wide representation on the project team

Assign a FULL TIME set of staff resources

Build a library of training materials and training supports team leader.

Plan for the unexpected

Be transparent with your success measurements

Measure, report, refine

4. Case Studies

Case Study #1:

Implementing Operational Changes & Technologies To Enhance Cost- Reimbursement Contract Management

Situation

- Multi-County Provider
- Annual Budget \$130 million
- 97 county contracts, the majority are line-item cost reimbursement contracts with performance reporting
- The organization put together a seven-component plan to be implemented over an 18-month period

Strategic Goals

Two Key Goals

1. Ensure the organization maximizes reimbursement by spending exactly the budgeted amount on each line item of each cost-reimbursement contract
2. Provide better data and reporting to financial and clinical staff to manage report financial and performance data on each contract

A Multi-Component 18-Month Solution

- Component #1: Implementing an electronic health record (EHR) to provide:
 - Data on consumer demographics and service delivery
 - Management reporting for operations
- Component #2: Restructuring the general ledger chart of accounts to:
 - Enhance financial reporting and projections
 - Allow the system to be used for reporting actual versus budgeted expenses for each contract

A Multi-Component 18-Month Solution

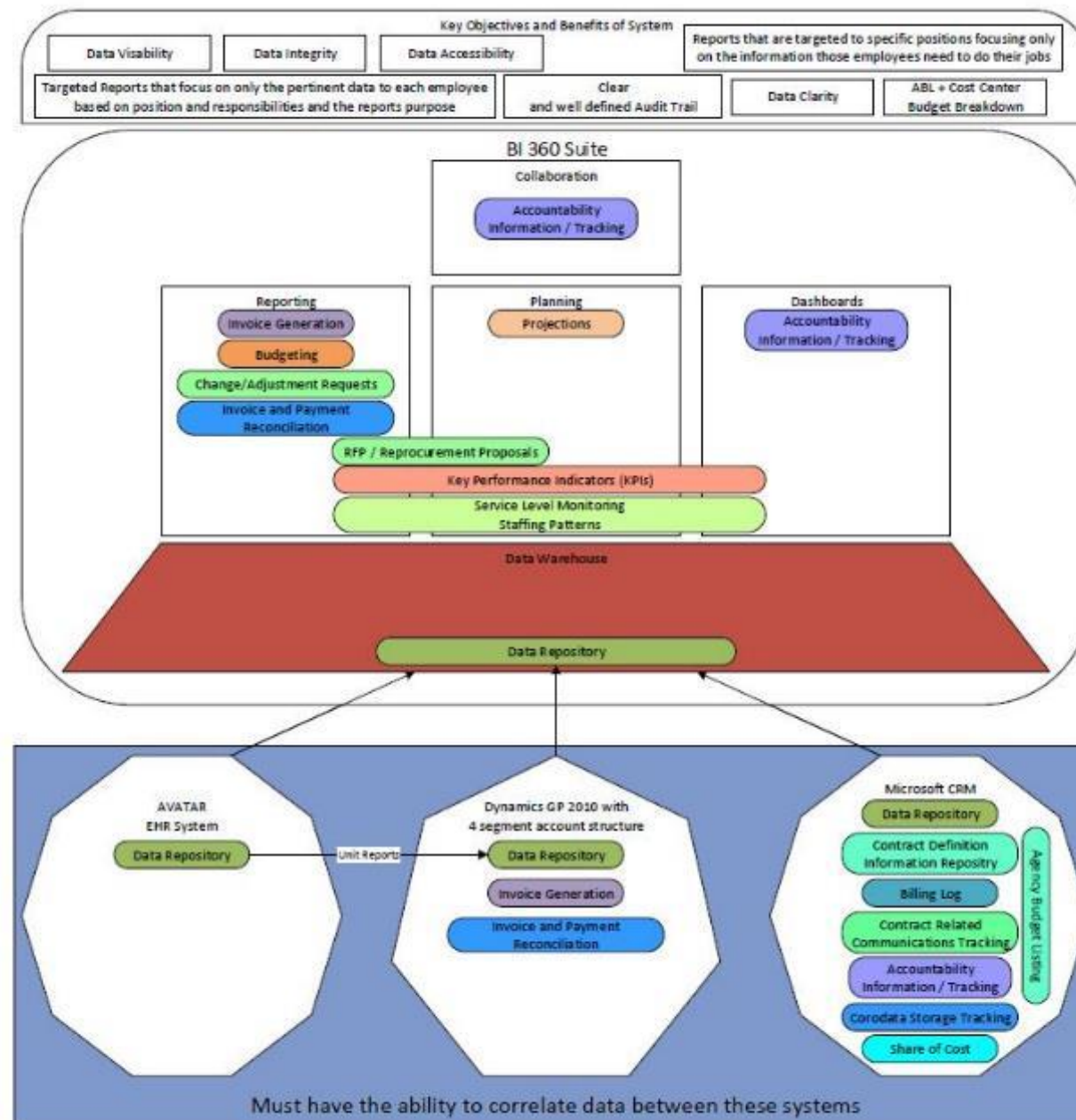
- Component #3: Implementing new A/P process to:
 - Allow scanning and electronic approval system for all accounts payable expenses
- Component #4: Designating financial analysts for each clinical program:
 - To coach program managers in using management reporting
 - To aid programs in managing expenses to hit budgeted numbers and service delivery to hit targets

A Multi-Component 18-Month Solution

- Component #5: Designing and implementing CRM-based software solution to:
 - Manage all RFP opportunities and proposal development and submission
 - Manage all current payer contracts, including contact information, billing and reporting, and summary actual versus budget expenses

A Multi-Component 18-Month Solution

- Component #6: Implement an overarching business intelligence tool on top of the EHR, GL, and CRM systems to:
 - Address the complexity of the contract financial performance reporting
 - Simplify the process of allocating shared expenses each month across contracts and programs
 - Generate required service and demographic reporting
 - Address executive and management metrics dashboard needs



A Multi-Component 18-Month Solution

- Component #7: Involving quality assurance and clinical leadership in providing oversight to ensure performance targets are achieved

Case Study #2:

Planning A Metrics Management Implementation

**Example From Large Multi-service
Provider Looking To Put Into Place
Better Management Reporting As Well
As KPI's**

Findings From A Technology & Operations Assessment

Findings From Assessment

- Finding #1: The agency was already undertaking a number of initiatives and investments with regards to its data systems and management reporting needs
- Finding #2: The agency needs to continue to make investments in the software applications and data systems that support the operations of its administrative departments to “right-size” administrative operations with the current size of its clinical programs

A Two-Phase Approach

- Builds upon current data system and management reporting initiatives and aids in prioritizing them
- The proposed approach includes not only completing and leveraging the electronic health record (EHR) system, but replacing both the current human resource and general ledger/accounting software applications

A Two-Phase Approach

- Only after all three of these major software systems are in place can the agency thoroughly evaluate and plan the needs for data warehousing and business intelligence tools for aggregate management and performance measurement reporting

Phase One Components

Component #1: EHR—This component involves completing the roll-out of the use of the current electronic health record system to all clinical programs as soon as possible

Component #2: Priority One EHR Management Reports—This component includes the first group of management reports as well as training and supporting staff in their use

Phase One Components

Component #3: General Ledger System & Financial Reporting—This component includes selecting and implementing a new or enhanced general ledger/accounting software application to enhance reporting, contract management, and financial analysis capabilities

Component #4: Preliminary Key Performance Metrics Reporting—This component includes beginning the monthly report of the performance metrics that are currently available

Phase Two Components

Component #5: Human Resource System & HR Reporting—This component involves selecting and implementing a much more robust HR software application

Component #6: Priority Two EHR Management Reports—This component continues the development of additional management reports

Phase Two Components

Component #7: Business Intelligence Tools & Key Performance Metrics Reporting—This final component is completed once all three major software applications are in place—the EHR, HR, and GL systems; it involved then determining what additional software tools or systems are required for aggregate reporting across the systems to meet management and performance measurement needs

Financial Performance Metrics

Budget variance year-to-date by program

Unit cost by service

Percentage of claims denied in previous month's billing by reason

Bad debt write-offs (in dollars) for the previous month by reason

Average days in the accounts receivable at the end of the previous month

Clinical & Quality Performance Metrics

Percentage of previous month's discharges that completed treatment goals

Percentage of treatment plan reviews completed on time

Percentage of treatment goals updates within guidelines

Percentage of discharges with full disposition plan

Percentage of discharges with symptom improvement

1. Number of referrals by referral category
2. Discharges by reason category
3. Average number of days to access care for previous month's admissions
4. Number of critical incidents
5. Percent of staff who met clinical productivity requirements by site in the previous month (for applicable programs)
6. First visit no-show rate by site in the previous month
7. Number of new hires
8. Number of terminations
9. Vacancy rate by job category
10. Rolling turnover rate (3-month) by site by job category
11. Number of staff development hours
12. Number of positive media mentions
13. Number of Help Desk calls in the previous month

Case Study #3:

Moving EHR Implementation From Pilot To Full Implementation

The Situation

- Large Mid-West Community Mental Health Center in 18 Counties
- Two Divisions – Developmental and Intellectual Disability Services and Behavioral Health Services
- Programs – 63 Combined programs
- Activities or Services – 198 Activities
- Locations – 31 Separate Locations
- Staff – 649 Staff Trained since going live

Preparations (Prior To Choosing An EHR Vendor)

- Assesses our current organization structure with the purpose of development and implementation of a strategic plan
- Part of the strategic plan was to address our IT infrastructure as we knew we were not going to be able to stay with our legacy platform due to an acquisition
- Upon conclusion of the organizational and IT assessments we brought our leadership together to re-define how we are going to structure our programs/locations and services

Strategy

- How would we address an implementation across a diverse array of services, spread across 10 counties and do so with as little disruption as possible?:
 - Two ideas quickly presented themselves:
 - All or Nothing
 - Rolling Implementation
 - Neither choice is ideal, but we chose what would best fit 80% of our centers
 - Determined that we would rather shoot for multiple small victories rather try the all or nothing approach
 - We had to assess where our challenges could become our assets and convert those challenges to assets

Strategy – Using Our Legacy System Limitations To Our Advantage

- We had locations and programs that received their referrals via a PDF or paper process. We would implement those locations and programs first. This would provide the least amount of disruption for our organization as a whole and particularly our billing staff
- We realized that the issue we had with our legacy system of our programs and locations operating in “silos” would allow for us to bring our locations onto the EHR and connect them to our intake office and one another without affecting the locations that were still using the legacy system
- This would also allow us to work out issues in the new system with a smaller data set across our full-service array

Decisions & Staging

- Determined that our Point of Entry was going to be our starting point as it was operating independently of our legacy system due to limitations in the legacy system
- Determined that our smallest location would roll out next
- Determined that we would also provide some additional clinical training while we were onsite with each location
- We coordinated the EHR training so that our clinical trainers would be able to utilize our new system to update our staff on proper clinical protocols as we rolled out CareLogic

Planning For Losses

- We knew that the disruption would be significant in each location during the days they were trained, however we were able to minimize the disruption by doing the following:
 - Planned to go live in what has historically been some of our slowest months
 - Staff at each location were not required to clear their entire schedule, just the times they were going to be training. They had no loss due to travel as well
 - IT Training staff would utilize the administrative staff at each location to provide coverage for front desk staff, allowing them to be trained with clinicians so that workflow issues would be addressed with all parties in the room
- Additionally understood there would challenges in billing two systems

Front & Back Office Support

- We planned to train our front desk staff first as much as possible. This would allow them to immediately start transferring existing scheduled clients into the new system while the clinical staff were receiving additional clinical training. (We waited until 14 days to go live to import demographic data from our old system to our new system)
- By having our point of entry go live first, we were also assured that any new clients presenting for service were going to already exist in the new system
- The back-office staff were on daily calls making sure that all services were being billed correctly

Training

- When training staff we split staff according to services provided or interaction with other staff:
 - Example – We trained case managers and mobile peer support staff separately from staff that were office based
 - Clinical staff that were office based were trained along with the front desk staff that supported them. This allowed each to see the importance of how their actions affected each other and how to resolve those conflicts correctly
- We had at minimum of two staff training at each location. Our allotted time was quite limited, and we needed a staff member that was a Driver/Presenter and a floater that assisted staff that were having issues
- Residential locations were trained in the same manner; we provided late night training as well for 2nd and 3rd shift staff

Lessons Learned

- When using this approach, it is important, based upon our experience to do the following:
 - Train to 80% of the scenarios that will occur daily. There will always be scenarios that cannot be anticipated or occur too infrequently to slow the process down
 - Train clinicians and front office staff together on at least the areas where they overlap (scheduling and appointment confirmation)
 - Train the back-office staff first – They are needed to make sure the financial disruption of a conversion is as minimal as possible
 - Don't stop. No implementation is perfect and stopping only loses momentum and buy in

What Would We Have Done Differently?

- Cheat Sheets – We developed a “manual,” but it is rarely accessed. We would advise single page cheat sheets to address areas that are cumbersome
- Use of Videos with those same areas, walking staff through areas that they don’t utilize daily
- Split our training staff earlier to address the smaller centers:
 - There were several locations where our go live consisted of very little support and simply just clearing support tickets and preparing for our next service location training

All At One GO LIVE

- Pros:
 - It is over quickly
 - Everyone experiences the change at once
 - Don't have to straddle multiple systems
- Cons:
 - Planning must be impeccable. Making multiple changes across several locations and programs is difficult at best
 - Significant strain on staff with training happening weeks away from go live

Rolling GO LIVE

- Pros:
 - Smaller footprints for rollout
 - Training occurs close to rollout
 - Easier to respond to changes with regard to payers/billing/workflow
 - Focus your resources on a small set of staff and increase staff support and buy in with small victories
- Cons:
 - Takes quite some time
 - Back-office staff must work in two systems for longer



Questions & Discussion

Appendix: List of Current Application Offerings

Administrative Cost Management

- **Accounting/Financial Solutions:** Claims payment, cash, and financial software for payers; billing and claims submission software for providers
- **Activity-based Costing:** Support for activity-based costing, cost accounting, management accounting, activity-based management, process costing, job costing
- **Compliance Solutions:** Compliance training, certification, documentation & demonstration software
- **Consumer Tracking/Consumer Relationship Management:** Client relationship management software offerings, both specific to health field applications and generic, but configurable to health care applications
- **E-Prescribing:** E-prescribing stand-alone and integrated products, e-prescribing tools for physicians, tools for controlled substances
- **Human Resource Management:** Software that supports or manages communication tracking and scheduling of clients and contacts
- **Medical Record Retrieval/Extraction:** Medical record retrieval/extraction, transcription, and session recording tools



Administrative Cost Management

- **Organizational Managed Care Readiness Assessment:** Support for organizational managed care readiness assessment tools, templates, and surveys
- **Patient Intake Management:** Support for patient intake management, e-forms & sheets, processing, coordination, case management
- **Revenue Cycle Management/Billing Systems/ Risk Adjustment Coding:** Revenue cycle management, billing systems, risk adjustment coding
- **Scheduling:** Scheduling, HR and appointment software solutions
- **Unit Costing Model:** Software for unit costing models, variable costing unit product costing, product costing models

Consumer Interaction

- **Consumer Education Platforms:** Web, video, awareness & direct-to-consumer outreach
- **Consumer Engagement/Consumer Activation:**
 - Tools for consumer engagement, and to allow for a consumer self-management experience
- **Consumer Experience/Satisfaction:** Tools to measure and improve consumer engagement, customer satisfaction
- **Consumer Outreach/Texting:** Consumer outreach, texting solutions, apps for smartphones, tablets, and PCs
- **Patient Portals:** Products to support patient portals, access and sign-in, security, registration, integration with enterprise systems

Consumer Wellness & Treatment

- **Caregiver Support:** Training, software and support for caregiver support—for family, hospice, clinic, or at-home care
- **Health Care Price Transparency:** Software and support for health care price transparency laws, policy primers, price rules & regulations support
- **Health Risk Assessment:** Health risk assessment, appraisal, or well-being assessment and screening tools
- **Imaging Systems:** Medical digital systems, medical imaging systems, MRI scanners, PACS, ultrasound, beam imaging
- **Remote Monitoring:** Devices, software and integrated systems for remote patient monitoring, remote monitoring and control, including self- monitoring
- **Self-Help Group Facilitation:** Support, training or tools for peer-based support, self-assessment, self- help, group facilitation techniques, group facilitation certification
- **Tech-enabled Treatment:** Artificial Intelligence, apps for Siri or Alexa, wearable devices, and medical devices
- **Tech-enabled Treatment Suites:** Integrated solutions utilizing tech enabled treatments
- **Telehealth/Telemedicine:** Software, apps, connectivity tools, and integrated systems for: telepsychiatry, telehealth, tele-pharmacy, telerehabilitation
- **Wellness Management/Consumer Self- Management:** Technology-enabled worksheets, online resources, and health management tools for consumers

Data Management

- **Analytics/Predictive Analytics:** Tools to drive big data, predictive modeling, prescriptive analytics, business intelligence, regression analysis
- **EHR/EMR Platforms:** Electronic health records and EHR products for hospitals, long-term care, rehabilitation, psychiatric and other facilities; electronic medical records and products for clinicians
- **HIEs/Data Aggregation/Data Mining:** Big data, data sharing, tools for HIPAA compliant de-identification or aggregation and security
- **NCQA-certified HEDIS Software:** NCQA-certified HEDIS® software
- **Outcome Measurement/Monitoring:** Outcome measurement/monitoring of mortality, readmissions, safety, patient experience
- **Patient Registries:** Organized way to collect standardized data about a group of people who are affected by a specific disease or medical condition
- **Reporting Solutions:** Solutions for safety reporting, event reporting, incident reporting, public reporting



Population Health Management

- **Capitation/Case Rate Pricing and Financial Performance Tracking:** Software and techniques for efficient managed care capitation, case rate pricing and financial performance tracking
- **Care Coordination Platform:** Support for care coordination platforms, coordination plan templates, best practice models, training
- **Clinical Decision Support:** clinical decision support tools, online HR training and reference solutions
- **Contract Management:** Software to support contract management, processes, policies & certification management
- **Eligibility Management:** Eligibility management software, portals & integrated solutions
- **Payer Claims Administration & Payment:** systems and support for payer claims and adjudication, encounter processing, billing & financial processing
- **Population Health Analytics/Segmentation/ RiskStrat:** Population health analysis, analytics tools, segmentation, risk stratification, patient risk levels
- **Provider Education Platforms:** Provider education platforms, video, web, cloud; curriculum & certification support
- **Provider Network Management:** Software for provider network management— integrated and stand-alone solutions
- **Referral Management/Facilitation:** Referral process management, referral facilitation, referral criteria systems
- **System Readiness Assessment:** Medical readiness, implementation, deployment readiness tools and methodologies

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