



**HOW SERVICE
ACCESS & MANAGEMENT
MADE THE SHIFT TO
DATA-DRIVEN
DECISION MAKING**

AXiOM

You know you're doing good work, but you can't prove it. You know your patient has made significant progress, but compared to what?

The data should tell the story, but insufficient data is a challenge for many human services professionals. This burden has definitely weighed on Service Access & Management Inc. (SAM) case managers, who serve tens of thousands of mental health, intellectually disabled, and elderly patients across Pennsylvania and New Jersey.

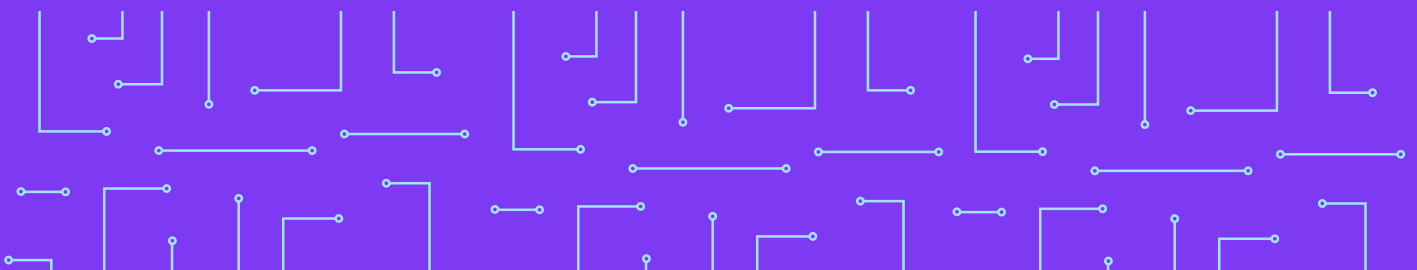
Data has been difficult for SAM to come by. Like so many other human services nonprofits, for decades, SAM has been forced to get by with older technology and manage patient records more as whole documents than structured data. Captured solely as documents, entire patient stories and plans were searchable only by filename. This was no foundation for data-driven decision-making.

Until late 2023, getting these documents into the SAM records system often required case managers to scan paper, a time-consuming drudgery that's all but obsolete in the internet age. Attempts to extract insights from scanned images have required days or weeks of staff time. Analysts waded through folders, case files, and service plans to manually pull numbers, scores, and categories. Then came the calculator work.

Without data capture and analytics, it has been virtually impossible for SAM to track patients' individual or group progress on any data dimension, whether diagnosis, date range, treatment modality, county, case manager, or intensity of need. There was rarely an objective basis on which to refine and optimize care. Any progress (or lack of it) was nearly invisible to service providers and management.

"We had trouble documenting outcomes," said Jill Beveridge, SAM's director of mental health. "We could not determine what population we were serving well, what population we needed to change our approach for, who was benefiting from the service, and how long that took."

If you can't track the progress a patient is making, then how do you know when to, say, discharge them?"



Seizing control of data

The organization needed to do better, and patients deserved better.

The solution was clear – to digitally transform operations in the same way that leading private sector organizations have done. If SAM could gain control of its data, that would a) improve the lives of SAM patients, b) enhance case manager productivity, and c) create additional value from every dollar spent on human services.

In 2021, while on the lookout for an EHR system that could do more, SAM leaders happened upon Health Information Management Systems (HiMS) executive Kirk Masters at a conference. He was explaining new EHR capabilities such as dynamic form-building; intelligent automation; flexible revenue cycle management; role-based configurability; and robust reporting for administrators, supervisors, and regulators. “What Kirk was saying checked all of our boxes,” said Beveridge.

She and her team invited HiMS and other EHR vendors from around the country to present and demo their products. Among other advantages, HiMS’ Axiom software was the only EHR solution designed for behavioral health, versus primary care.

SAM began working with HiMS in early 2022 to implement Axiom and “went live” in late 2022, with the software customized for each employee’s role. Axiom’s dynamic form-building is now the foundation of genuine data-driven decision-making. This difference is a major advantage over SAM’s old system, in which service providers chronicled their patient encounters in free-form narrative. When the narratives were imperfectly constructed, SAM could neither bill the county nor pay the case manager for the service. Supervisors spent enormous portions of their workdays scrutinizing these narratives for flaws to ensure all the billing criteria were met.

That problem, and many others, have been solved.



A world of difference

Today, with the help of Axiom, SAM's dynamic forms automatically collect demographics, services, date ranges, and progress. The system captures outcomes data along myriad dimensions, including social determinants of health (SDOH), DLA-20 (daily living activities-20), and the Environmental Matrix all with variables that can be scored and aggregated. The free-form narratives from the old system have been replaced by efficient checkboxes and dropdown boxes.

"We're now in a good place with our data collection, building a solid baseline with which we can soon quantify population progress and identify opportunities to improve," said Beveridge. "We are now moving toward

value-based care because we can document our value."

Axiom's ability to capture custom data has eliminated SAM's long hours of auditing case reports to ensure they are complete and billable. Supervisors and compliance professionals are happy with the timely and complete data. Patient consent forms can now be digitally and securely signed, and a patient portal makes it easy for patients and service providers. The new system also supports telehealth, which will be essential in the event of another pandemic. In the meantime, it enables client visits when the client is unable to meet in person.

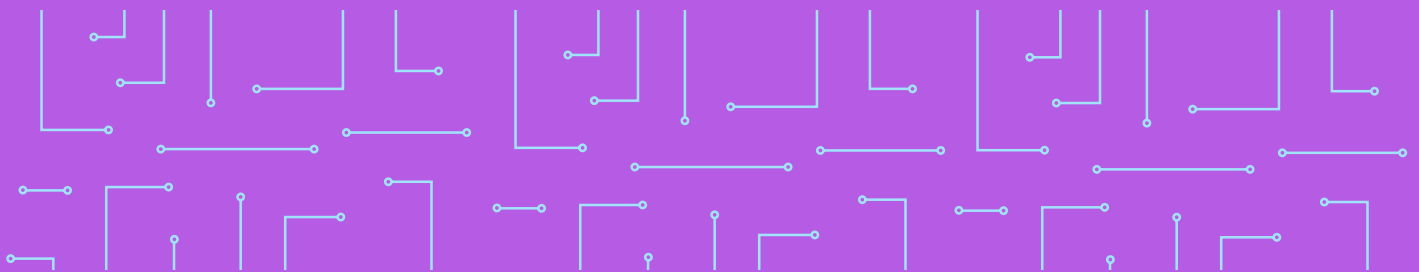
"We can't overstate the difference between the old and new systems," said Dylan Black, SAM onboarding, outreach and quality analyst.

"Before, a lot of our judgments were made by necessity on a gut level.

Now we can base decisions on data,

refining our processes as we go to benefit every

individual we serve."



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