



HOW CRM CAN FIX 'FOLLOW-UP FAILURE' IN BEHAVIORAL HEALTH CARE

Untreated conditions pose serious societal (and provider revenue) concerns

AXiOMEHR



Data tells the story.

Only 1 in 3 American patients who

make emergency visits or are

hospitalized for behavioral health

conditions receive follow up treatment

within 30 days of discharge.

We're all consumers, and being one can be a strange experience. Just glance at a product online, or even mention an item when your smartphone is within earshot, and the internet-selling machine will soon draw you into its clutches persuading you to buy something you don't need.

So it's inexplicable, arguably unforgiveable, that people in mental distress don't get the same level of follow-up from the behavioral health sector after signaling that they need help.

Consider an individual who's been discharged after an emergency room visit or hospital stay for a behavioral health condition. Or drifted away from treatment last year after hitting their coverage maximum. Or visited a community health center website. Or attended a free support group.

Often, providers, clinicians or case workers don't reach out afterward. These individuals are left to manage their conditions on their own. That's follow-up failure.

"Many people in these turbulent times need help but fall through the cracks, which is both a serious public health problem and financial sustainability concern for providers," says Khalid Al-Maskari, founder and CEO of Health Information Management Systems (HiMS) and creator of AxiomEHR.

In a 2023 report by Milliman, about 1 in 4 insured individuals had a behavioral health diagnosis in 2021, and only 1 in 3 of diagnosed individuals received treatment from a behavioral health professional that year. In 2022, approximately 150 million Americans reportedly lived in federally designated mental health professional shortage areas, according to the Association of American Medical Colleges.

Untreated mental illness negatively affects individuals, families, careers, communities, public safety, and taxpayers. Meanwhile, behavioral health care providers are hungry to sustain revenue and continue providing needed services. More effective follow up would mean more clients and income for a provider.

The solution? The same technology that manages interactions with prospects online: Customer Relationship Management, or CRM.

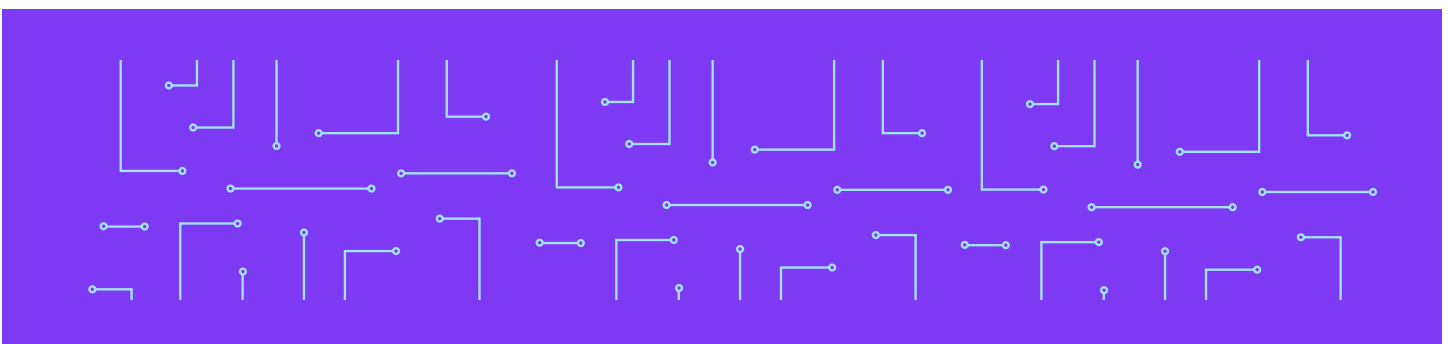
No one should be neglected

Why not embed CRM capabilities directly into the electronic health record software that drives a behavioral or integrated health organization? A few bold organizations have bolted name-brand CRM software onto their EHR with varying degrees of success. However, issues can ensue because conventional CRM software is designed for sales of everything from shoelaces to 18-wheelers. It's expensive, broad, and complex enough for a Fortune 500 global salesforce.

To effectively treat patients, the comprehensive follow-up capabilities of CRM should be tailored for behavioral and integrated health. It should be an integral part of EHR software and ready to capture inquiries or referrals about care (leads), follow up in a timely way (nurture the prospect), and stay connected to anyone who might need help (cultivate intent and convert) throughout the lifecycle of treatment.

Staying connected to prospective clients is important. Sales experts often say it takes seven touches to sell a product. Mental health care, with its lingering stigma, may be even more challenging. When a provider consistently follows up with prospective patients with tailored messages, the chance of helping them, and ensuring positive outcomes, is far greater.

On the other hand, many prospective patients aren't resistant to treatment all. They're just falling through the cracks of the health care system. As a result, follow-up is especially helpful for prospective clients who have been unsuccessfully searching for a provider they trust.



How CRM could work in your EHR

At HiMS, we're creating a CRM solution specifically for behavioral health care. For clarity, we're calling it PRM software, for prospective client management. Using PRM, behavioral health organizations will be able to help capture prospective patient information from any source such as a website visit, business card handoff, physician referral, agency referral, or phone call.

Providers will be able to easily tag these patient leads according to demographic traits, level of interest, concerns, and other characteristics, then consistently message them as a marketing segment. To protect patient confidentiality, the software will not accept personal health information.

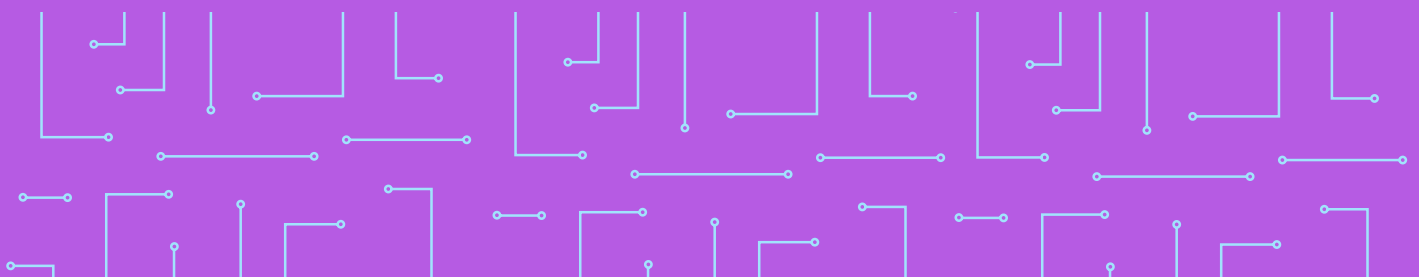
The prospective client's response – for example, responding or not responding, clicking links or ignoring messages – would further determine variable automated outreach. Missing appointments could also prompt automated messages to ensure retention.

By intelligently automating interactions with prospective patients, PRM will also help scale patient onboarding. Scale is especially

important for provider organizations that partner with businesses that want to offer behavioral health resources to their workforces. Using PRM, providers will be able to engage with more prospects and better manage intake, forms, resource allocation, and ongoing services.

Behavioral health is notoriously behind the technology curve, but it's time to catch up. Imagine at-a-glance dashboards, follow-up alerts, message templates, calendars, forms, and tools for reporting both internally and to payers. Imagine analytics continuously calculating conversion rate, churn rate, and other performance indicators, and recommending steps for optimization.

We believe our customers need functionality like this to ensure patients receive the care they need and deserve. We're being careful, however. We understand that providers are not internet sales organizations. Providers want to serve people who need help. With them in mind, the goal is to turn follow-up failure into follow-up success.



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