Retain Staff, Maximize Revenue, Drive Outcomes: *OPEN MINDS*' National Study On Clinical Documentation & Technology

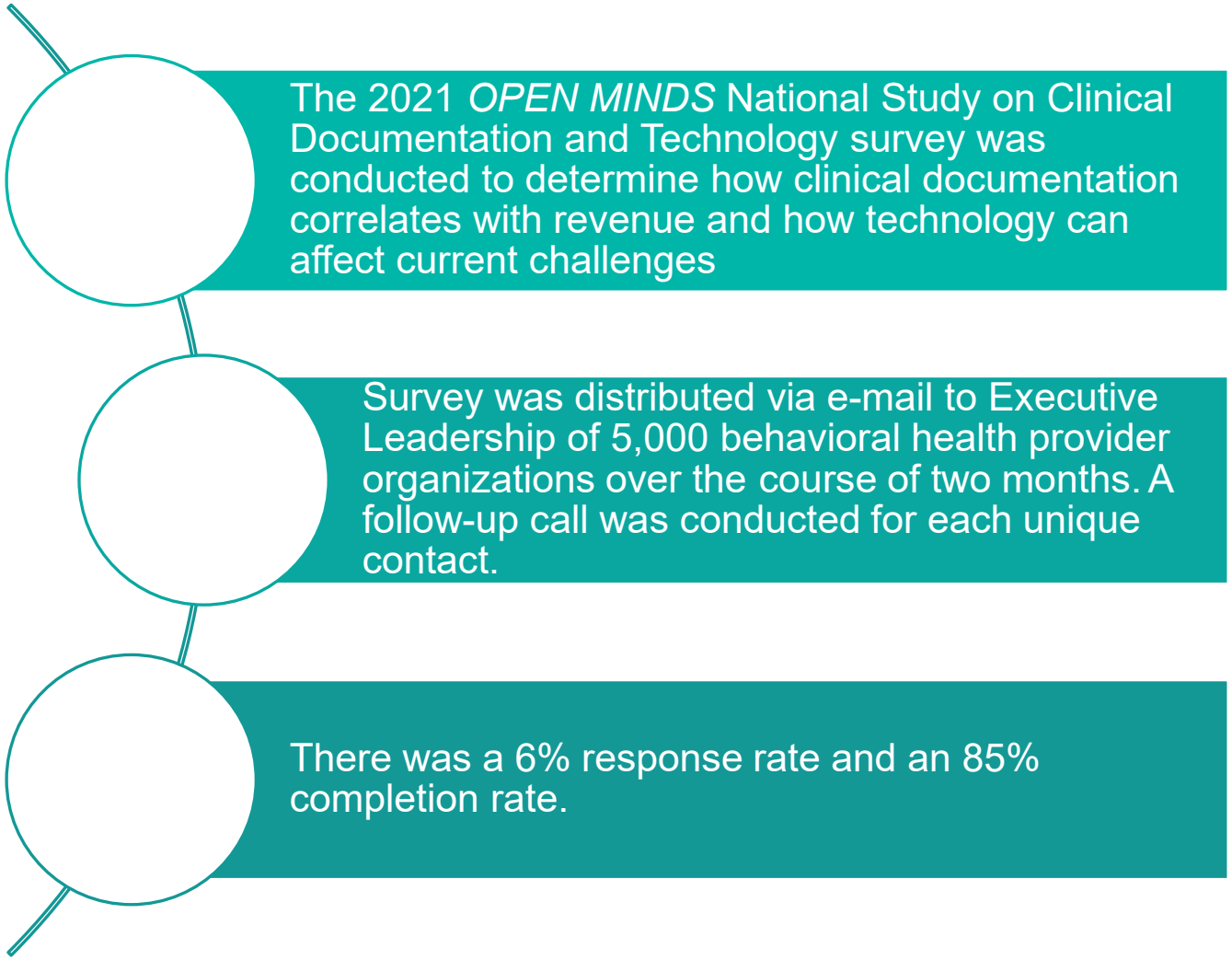
Sponsored By Remarkable Health October 6, 2021 – 1:00-2:00pm ET

Agenda

1. Findings from the 2021 *OPEN MIND's* National Study on Clinical Documentation and Technology
2. Impact of Poor Documentation for Providers
3. How Technology Can Help Improve Clinical Documentation
4. Case Studies
5. Discussion

I. Findings From The *OPEN MINDS*' National Study On Clinical Documentation & Technology

Survey Objectives & Overview

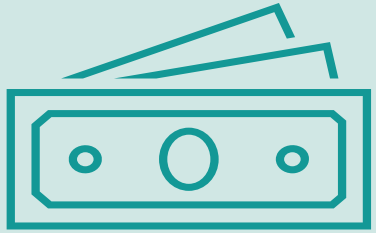


Four Key Findings From Behavioral Health Provider Organizations

20% of respondents said they are looking to buy a new EHR within the next two years but only 11% said they would recommend their current EHR.

Over 40% believe reducing clinical documentation time by 50% would have the greatest impact on the ability to bill near full utilization. 65% responded that their staff spends 7-11 hours a week on documentation.

Almost 70% of respondents expressed interest in purchasing an add-on to their EHR that improved clinical documentation issues and was easier for clinical staff to use.



Filling vacant positions seems to be the biggest challenge providers identify as having impact to their cashflow and profitability.

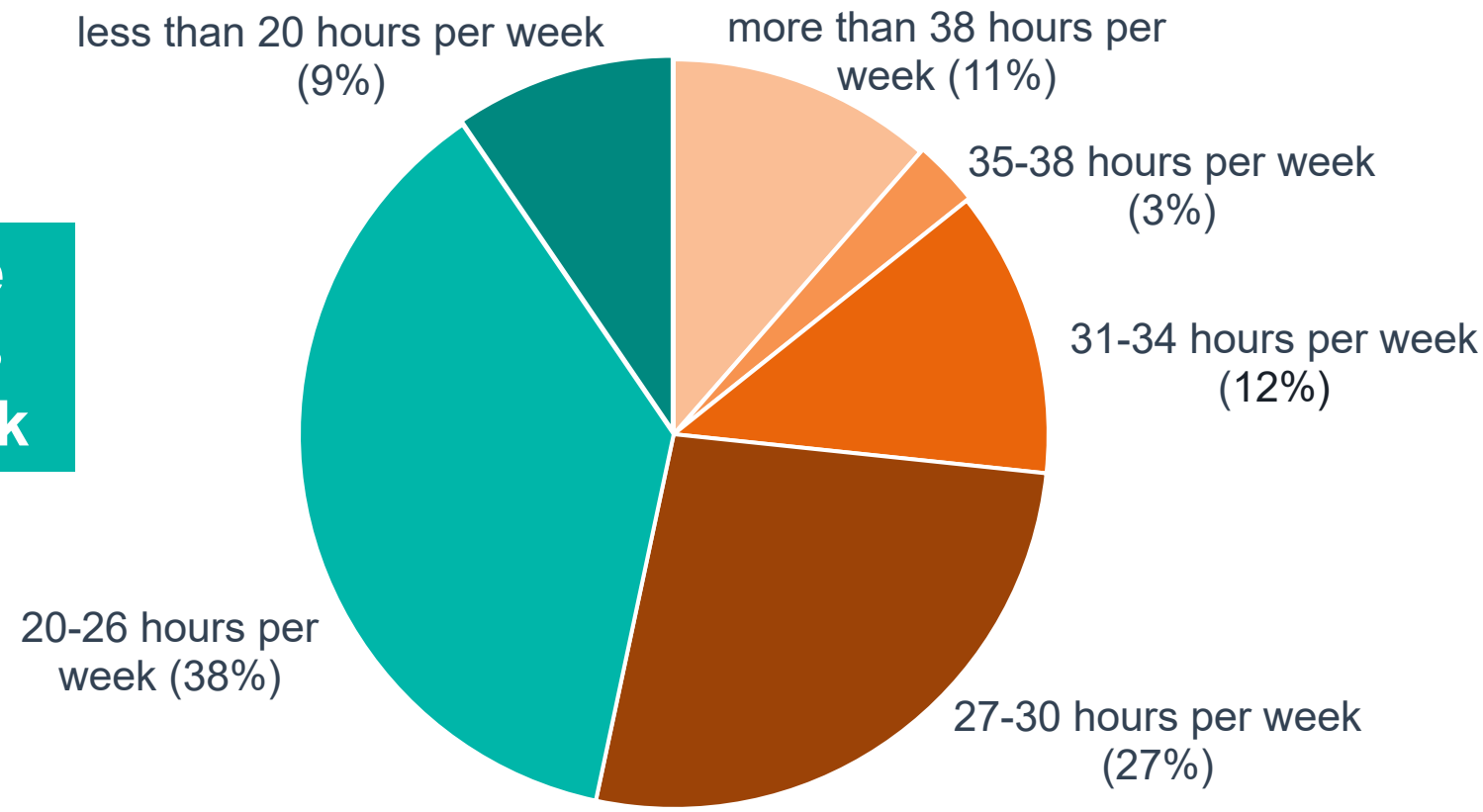
II. Average Amount Of Time Clinical Staff Spends On Documentation & How Executives Rate The Quality

Documentation

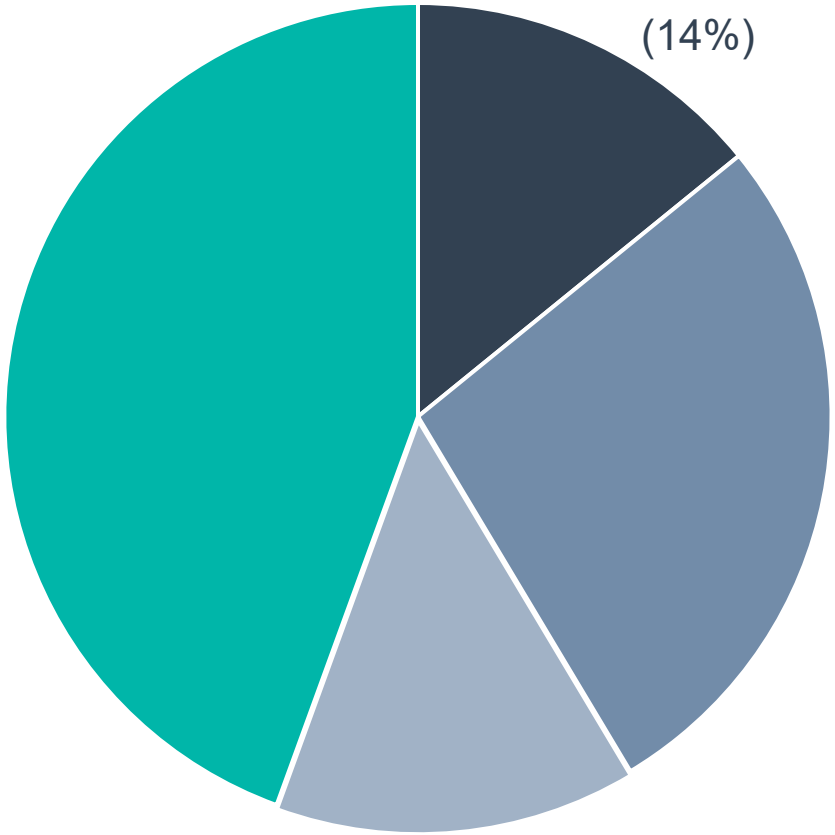
- Clinical team members spend an average of 40% of their time documenting their work, which amounts to **two days a week**
- Despite that large investment of time, studies show that 15% – 45% of clinical documentation has missing or erroneous information

Average Number Of Billable Hours Per Week For Clinical Team (Assume a 40-hour week)

47% of staff are billing 26 hours or less per week

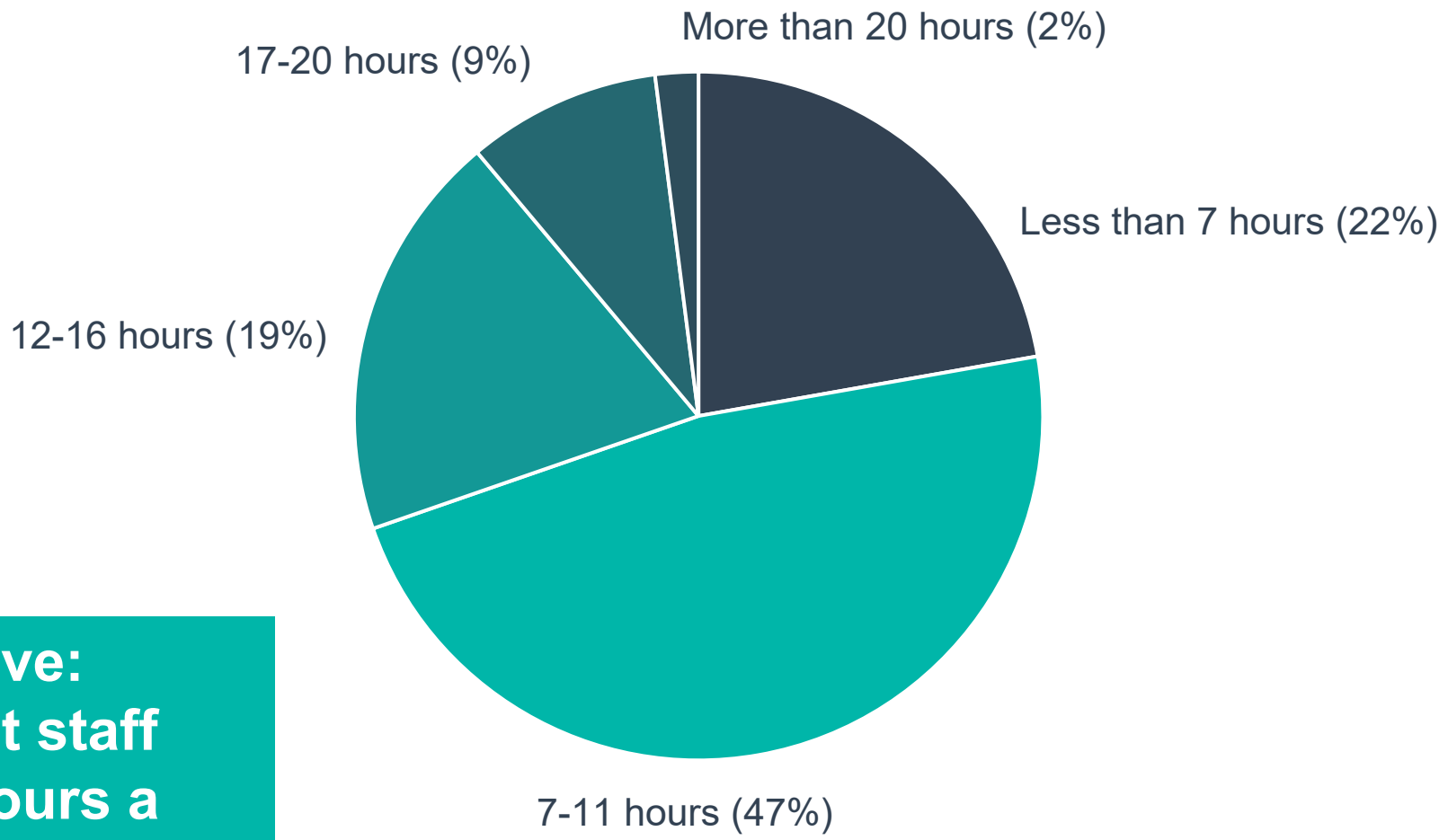


Biggest Impact On Increasing Clinical Staff's Ability To Bill At Near Full Utilization



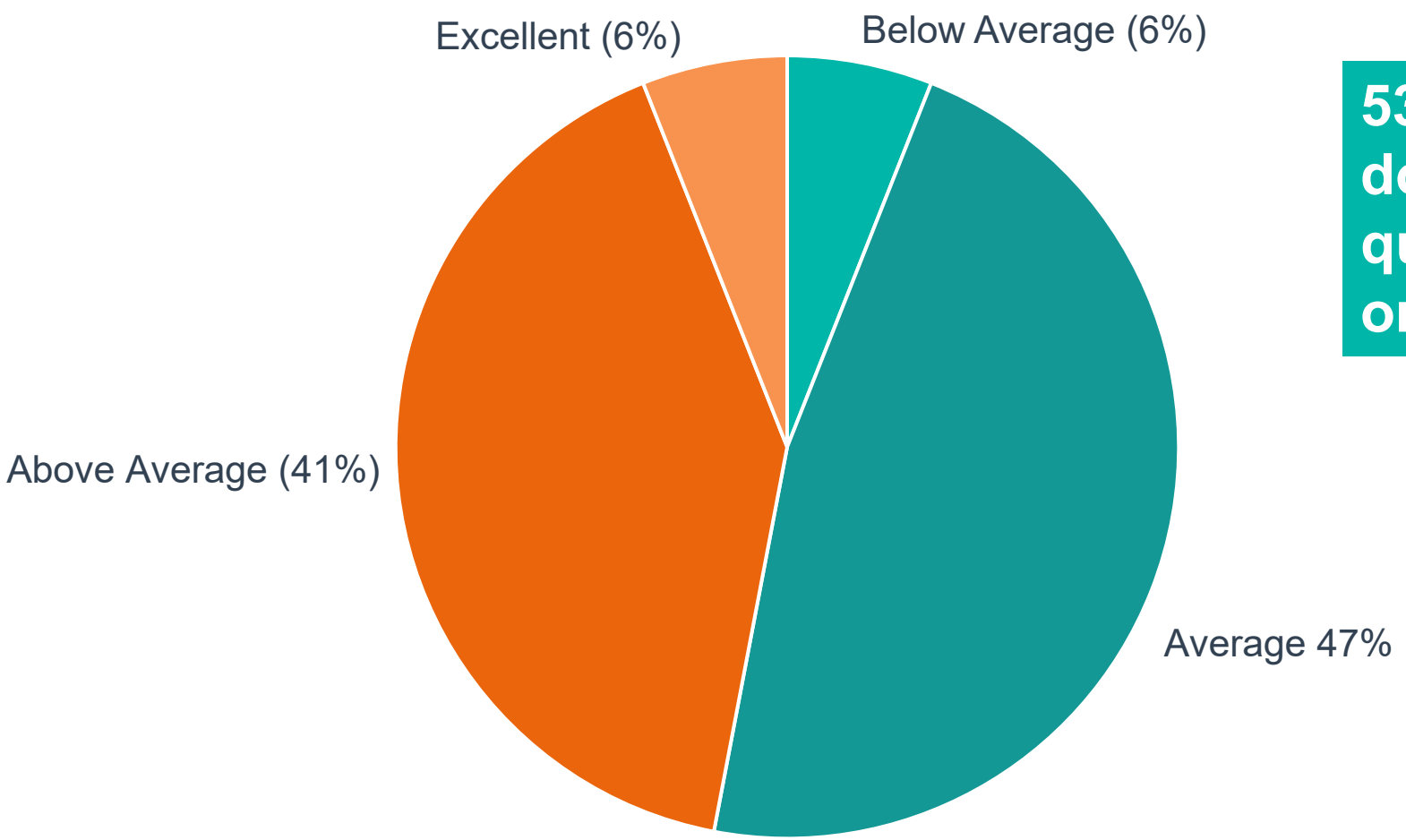
44% view reducing clinical documentation time by 50% to be the biggest impact

Overall Time Per Week Clinical Staff Spend On Documentation



CEO Perspective: 78% report that staff spend 7-20+ hours a week on documentation

Rating Of The Overall Quality Of Staff's Clinical Documentation Before A Quality Review

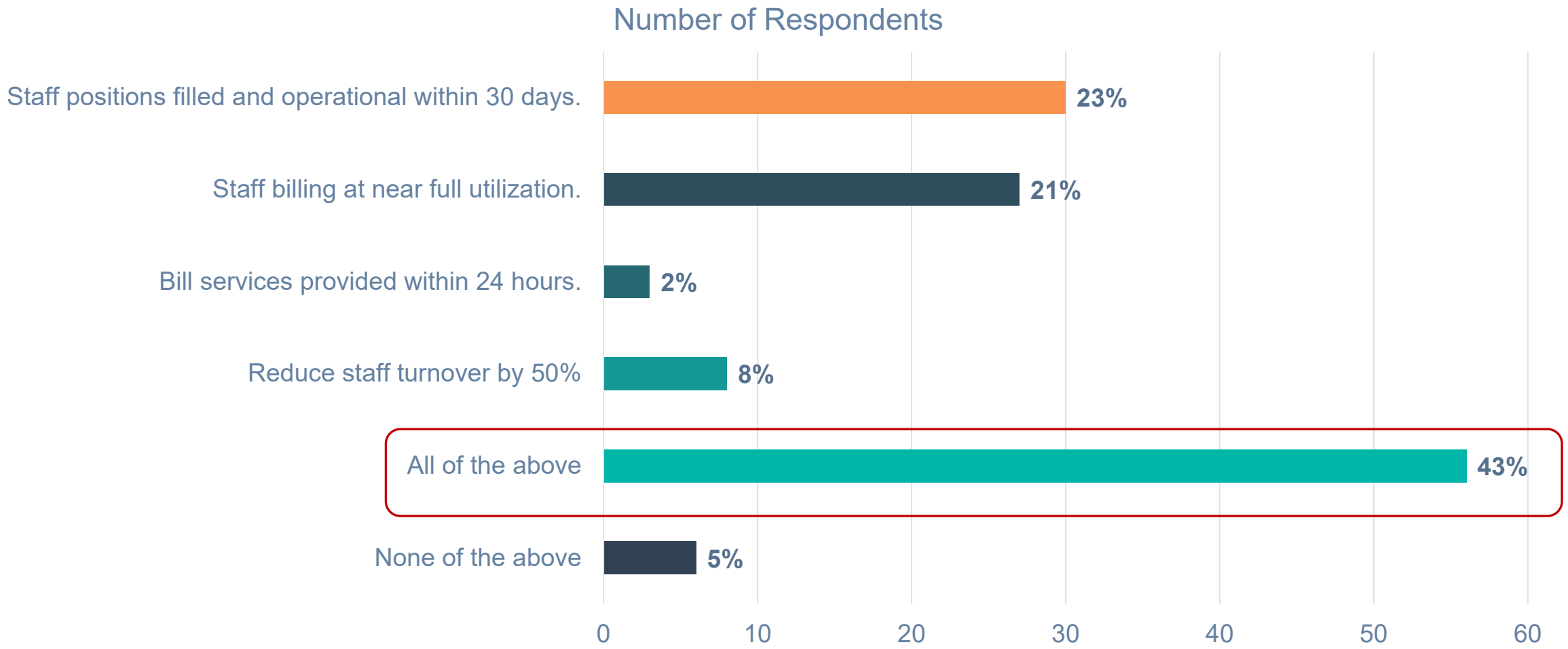


53% responded documentation quality is *average* or *below average*

But the question we should have asked is ”How Much Time Are Your Quality and Compliance Staff Spending Per Week to Review the Completeness & Quality of Clinical Documentation?”

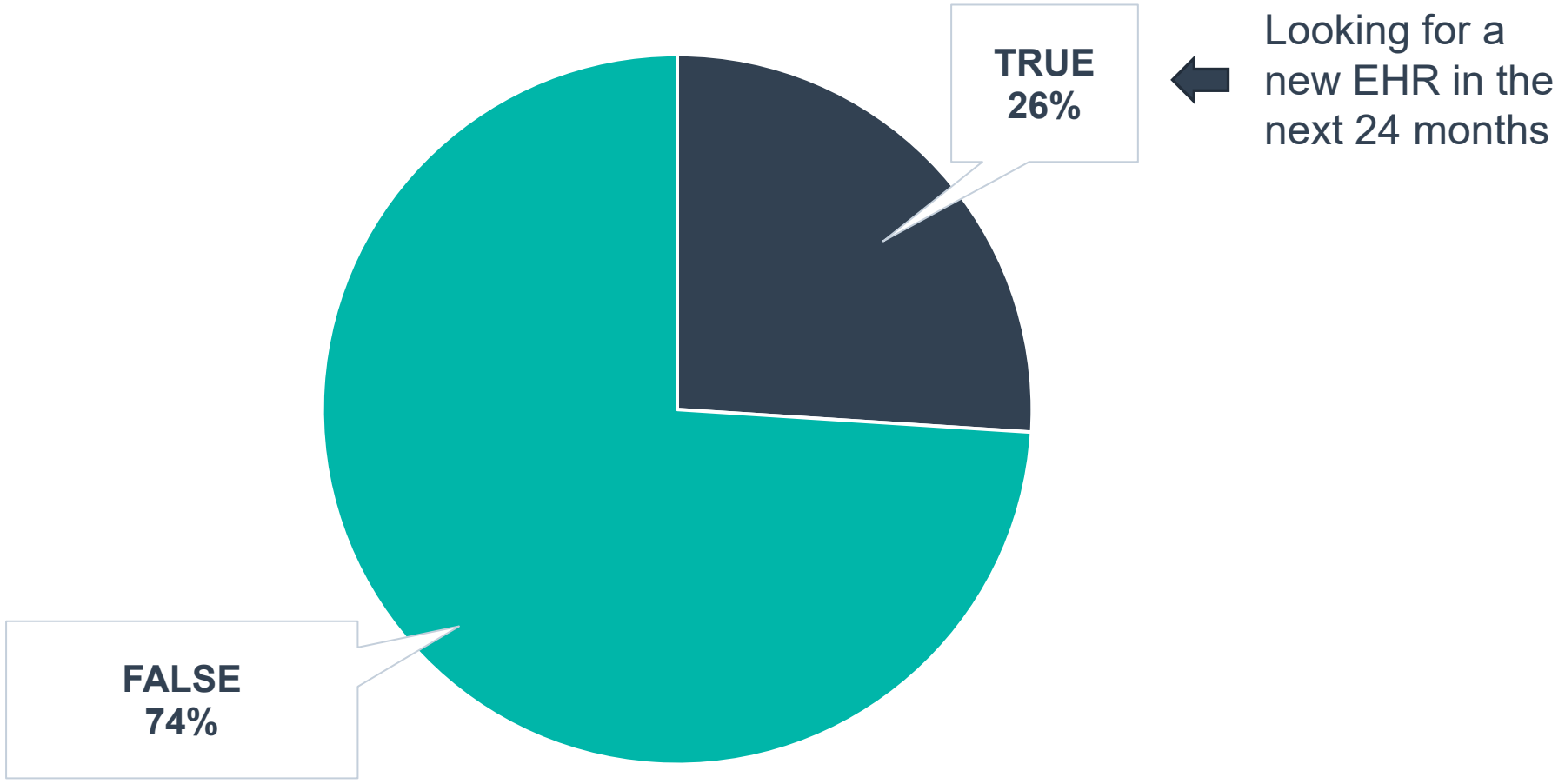
III. Factors With The Greatest Impact On Growing Revenue, Profitability And Cashflow To Provider Agencies

Factors With The Greatest Impact On Growing Revenue, Profitability & Cashflow At An Agency

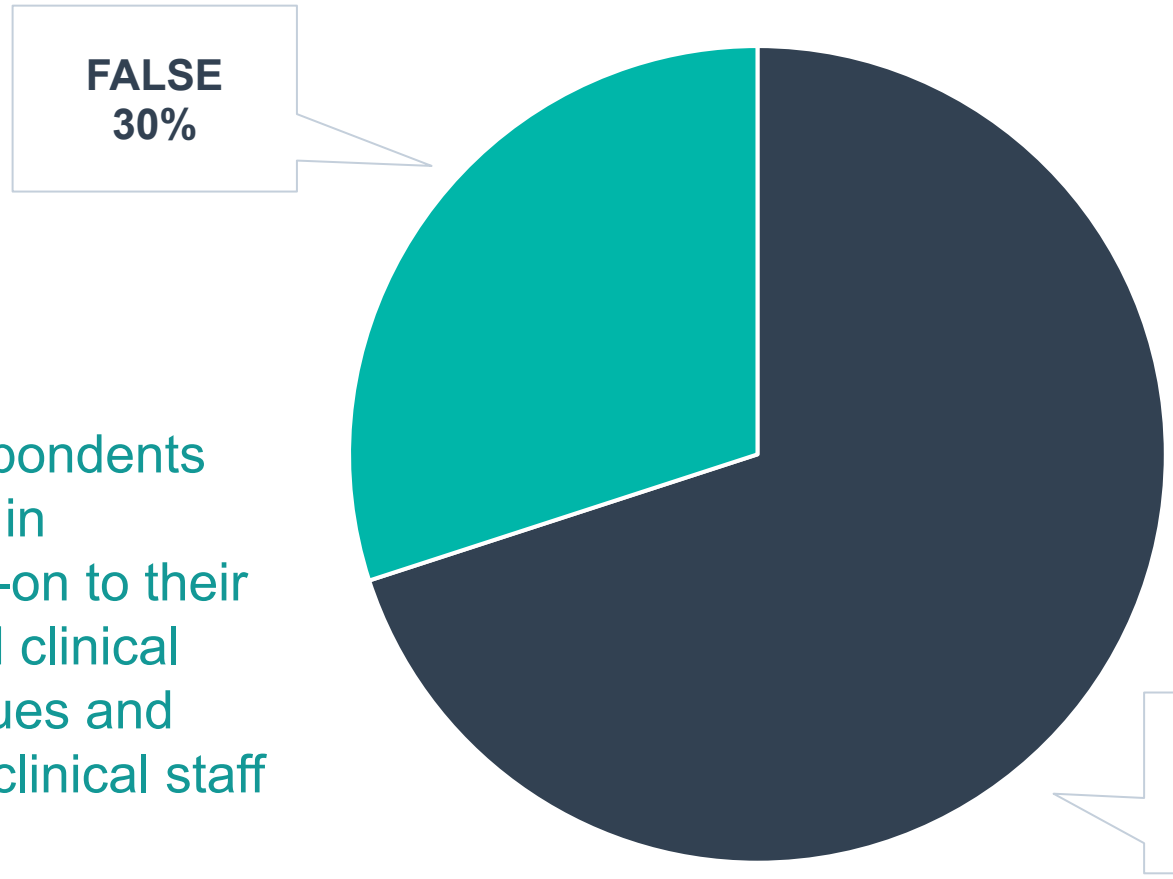


IV. EHR Satisfaction Conclusions

Your Organization Is Considering An EHR System Change Or A New Purchase In The Next 24 Months



Your organization would evaluate purchasing an EHR 'add-on' product that improved clinical documentation issues (efficiency, staff time, quality of note)



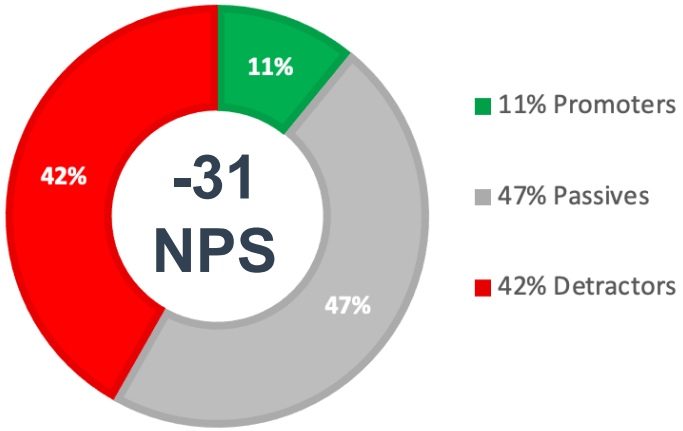
Almost 70% of respondents expressed interest in purchasing an add-on to their EHR that improved clinical documentation issues and was easier for the clinical staff to use.

Would consider an EHR add-on product that would improve documentation

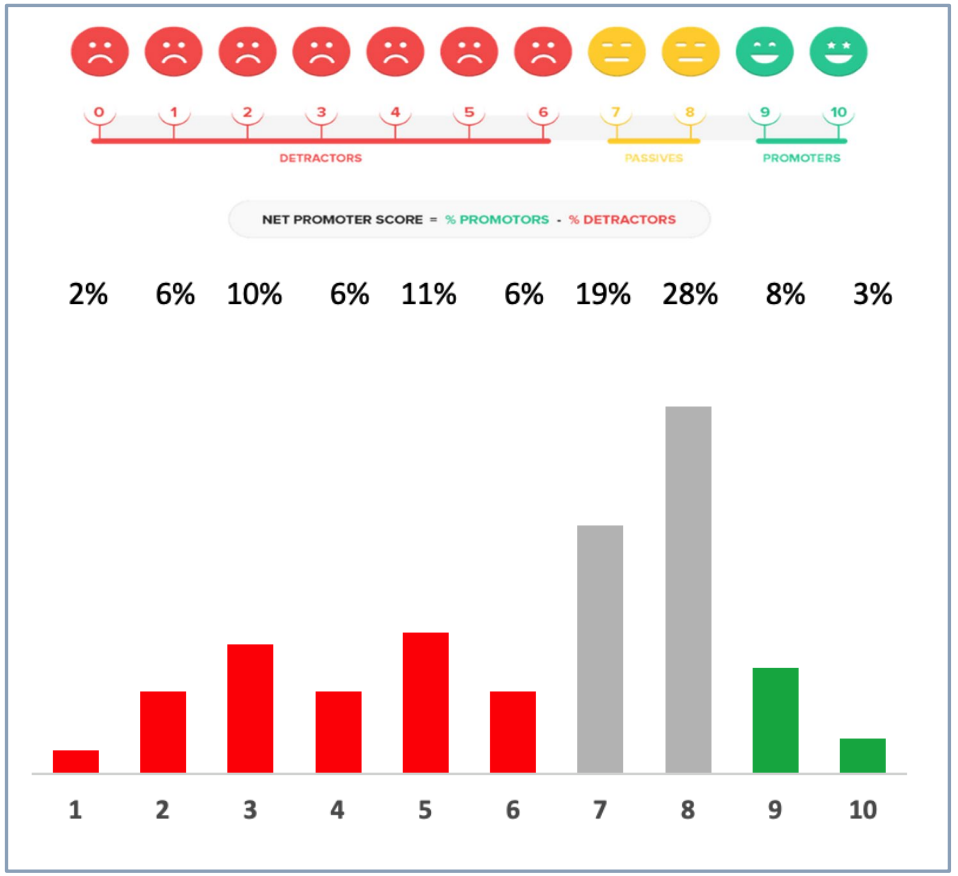
How Likely Would You Be To Recommend Your Current EHR To A Colleague?

NPS Range = -100 to 100

NPS Results = -31



Avg EHR Net Promoter Score



26% of respondents said they are looking to buy a new EHR within the next two years, but only 11% would recommend their current EHR.

So, What Does This Really Mean For Providers?

Agencies report that staff are spending too much time on documentation, and this impacts productivity (unit cost) and the quality of clinical documentation.

Conclusions

- Only 11% would recommend their existing EHR
- 26% of executives are looking to replace their EHR over the next 24 months
- 70% looking for clinical documentation product to layer on to their existing EHR

V. Impact of Poor Documentation for Providers

Challenges in Onboarding New Staff

- Having an EHR that takes longer for clinical documentation and does not aid staff in doing their documentation means that it will take longer to train new staff and get them up and running in their roles.

Less Time On Consumer Care & Poor Care Coordination

- Simply put, spending more time on clinical documentation usually means less time is focused on consumer care.
- Additionally, poor documentation makes it harder for other providers to understand the care delivered in order to coordinate care.

Staff Morale/Retention

- If clinical documentation takes a lot of staff time, it impacts their morale in doing their jobs and can even lead to staff leaving the agency to work elsewhere.
- Being frustrated with the EHR is a common problem for clinicians, and this is primarily about documenting services rendered.

More Time On Compliance & Quality Reviews

- Poor documentation results in quality assurance staff spending more time on reviewing the compliance and quality requirements for clinical documentation.
- It can also result in more time being spent by clinical staff to correct poor or insufficient documentation.

Revenue Leakage

- Poor or lack of clinical documentation means that services may not be tracked. This leads to the inability to bill for those services and the loss of related revenue.

Risk of Recoupment

- Lastly, lack of or poor clinical documentation significantly increases the likelihood that payers will recoup payments due to documentation problems for services rendered.

VI. How Technology Can Help Improve Clinical Documentation

Disconnected Mobile Solutions

- Ability to record and document services on mobile devices such as cellphones and tablet computers.
- Ability to record and document these services even without internet or cellular access and later synchronize the information with the full clinical record and EHR. (”the disconnected mobile solution”)

Clinical Decision Support

- A “smart” EHR helps clinician in treatment planning and documenting care delivered. This can include:
  - Providing documentation templates.
  - Aiding in diagnostics and treatment planning
  - Aiding in tying service documentation to treatment plan goals and objectives.
  - Assisting staff in using evidence-based practices (EBPs) and monitoring fidelity for required services.

Artificial Intelligence: Beyond Clinical Decision Support & Routine Documentation

- Technology that allows “in the moment” data capture for clinical staff:
  - Voice to text
  - Photo capture of notes or other information
  - Automatic text expansion
- Technology that helps write drafts of clinical documentation from captured notes.
- Technology that uses artificial intelligence to aid in writing notes that are compliant with clinical standards and payer and agency requirements.

VI. Case Studies

Wings FOR CHILDREN AND FAMILIES

Wings for Children & Families Case Study

Remarkable's Bells resulted in 30% increase in avg. revenue per provider

- **Situation**
  - Wings joined the Bells JDP looking to improve staff productivity and throughput on their notes
- **Solution**
  - Within 30 days, 100% of staff trained on Bells and doing 99% of their Notes in Bells
- **Impact**
  - Reduced Session-to-Sign time by 67% from 45 hours to 15 hours
  - Improved Note writing time by 72%
  - Avg. Direct Support Professional ("DSP") wrote 6 more notes a week, resulting in a 15% increase
  - Avg. weekly revenue per DSP increased 30%

"Bells has been transformational to our agency and staff in terms of revenue generated, staff productivity and note quality."

Trish Niedorowski
Executive Director, Wings

MHA of South Central Kansas
Empowering Lives. Impacting Community.

MHA of South Central Kansas Case Study

Remarkable's Bells resulted in 16% increase in avg. revenue per provider

- **Situation**
  - MHA joined the Bells JDP looking to leverage AI technology to improve staff productivity and increase revenue.
- **Solution**
  - Implemented Bells.ai to staff in 3 waves; early adopters, adopters and technology laggards. Used momentum of early adopters to encourage waves 2 and 3
- **Impact**
  - Reduced Session-to-Sign time by 50%
  - Improved Note writing time by 49%
  - Avg. Direct Support Professional ("DSP") wrote 28% more notes a week
  - Avg. weekly revenue per DSP increased 16%

"We are now getting new staff billing at full capacity in 3 weeks versus 6 weeks because of Bells."

Mary Jones
Executive Director,
MHA South Central Kansas

Discussion

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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