

How Next-Gen CRM is Helping Drive Forward Deeper Engagement and Increased Return on Investment

Michael Shepherd, CMO, Franciscan Health

Gary Druckenmiller, Jr., General Manager CRM, Innovaccer



Introductions





Mike Shepherd
Chief Marketing Officer
Franciscan Health



innovaccer

Gary Druckenmiller, Jr. General Manager, CRM Innovaccer



Agenda

Franciscan's Patient Engagement Challenge

Operating, Technology & Data Silos

The "Solution Pathway"

- Democratization of Data
- Internal Governance & Champion Building
- Tight Program Planning

So......"What's Next?"

- Challenges & Roadblocks
- Planned KPIs & Building Blocks



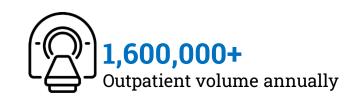
Franciscan Health Overview

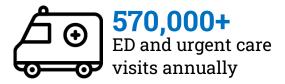
The Franciscan Health ministry began in Lafayette, Indiana in 1875. Today, Franciscan Heath is one of the largest Catholic healthcare systems in the Midwest with several nationally recognized centers of healthcare excellence.

www.FranciscanHealth.org

















Innovaccer Overview

About us



2014 started changing

healthcare

\$3.2B market capitalization 1,500+

employees across the globe

: one medical







Select customers















































*

Suki







health systems and plans connected for Interoperability

54M+

unified patient records

96,000+ providers

\$1B+ cost savings



KLAS 93.2 leader for Data Platform



#1 client rated

Data Activation Platform and Healthcare Data **Integration Systems**



by SecurityScorecard and Top of KLAS for cyber security





What is data democratization?

"Data democratization is the ongoing process of enabling everybody in an organization, irrespective of their technical know-how, to work with data comfortably, to feel confident talking about it, and, as a result, make data-informed decisions and build customer experiences powered by data."

- Amplitude.com



What was the patient engagement challenge at Franciscan Health?

Franciscan Health's Person-Centric Journey

Enterprise-wide Person-Centric Journey began in 2022 to deliver better experiences and outcomes.

CONSUMER EXPERIENCE

I have a lot of choice in seeking care. Loyalty to a single provider is not as important compared to convenience and cost. I am willing to switch doctors for greater trust, respect and alignment with brand purpose.

CUSTOMER EXPERIENCE

I demand a high level of service quality that makes healthcare easier to navigate and understand. Billing transparency and flexible payment options are critical. Easy-to-use self-service and human-guided assistance options are needed.



PATIENT EXPERIENCE

I am only a patient when I am engaged in receiving care. I demand easy and timely access to doctors and services. I need you to know me, advise me and value me through a care process that is complex and one I don't really understand.

CAREGIVER EXPERIENCE

I am part of the sandwich generation and working hard to care for my family and aging parents. I am an important, but often overlooked, member of the care team. I need your help to prepare, support and anticipate what lies ahead.

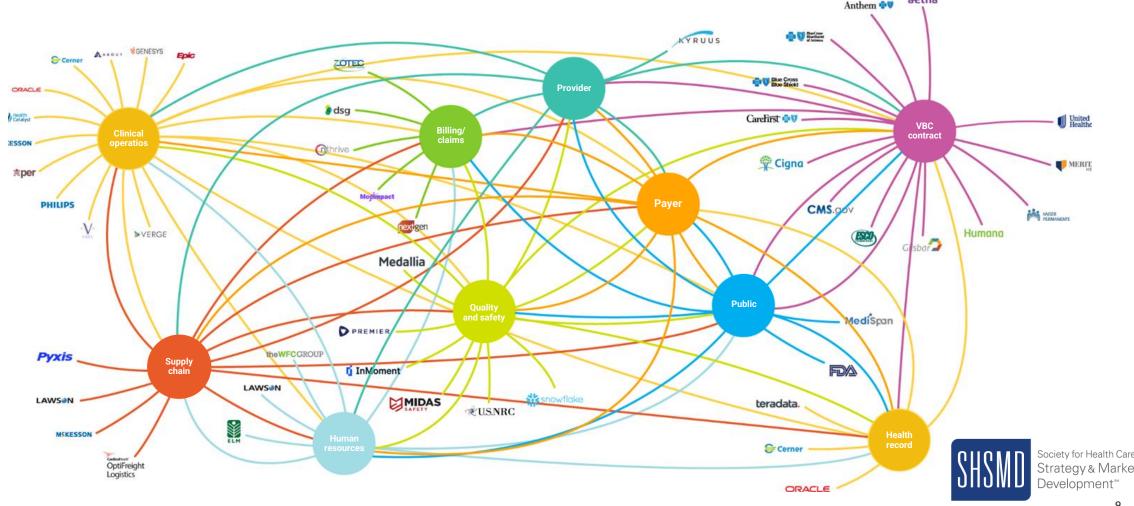
Challenge:

Data, operational and technology silos make it difficult to deliver person-centric experiences.

- A focus on person-centric means supporting multiple experiences, often taking place at once.
- Each experience is unique and demands solutions that are relevant and personalized.
- Relevant information is a determinant of health *a marketing and CRM opportunity*.



The "typical" health system IT infrastructure makes it impossible to harness the true value of data



Challenge: Data Silos

Disconnected data across systems made growth, retention and experience strategies difficult to achieve.



- Existing CRM marketing, sales and service clouds/data disconnected.
- Multiple records for same patients and prospects.



- Marketing has limited access to EPIC EMR clinical and financial data within CRM.
- Marketing ROI difficult to demonstrate.



- Marketing data fragmented with various marketing agencies.
- Data siloed from clinical and financial data.
- ROI impacted.



- Data silos make it impossible to provide a single view of patients and consumers.
- CRM Next-bestaction and retention efforts limited.



 ACO, population health, and marketing teams manage patient communications using disconnected data and insights and applications.







Challenge: Operational Silos

Strategic and operational planning silos made it difficult to scale experiences and best practices.



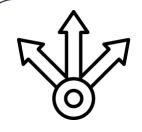
- Engagement
 Center built on
 CRM platform;
 however, 90% of
 agent work still
 handled directly
 within the EPIC
 EMR.
- "Chart-Diving"
 the EMR created inefficiencies and doubts about the value of CRM.



- Significant variation in how physician schedules are built within EPIC EMR.
- Provider-level control over templates limited appointment access (blocks, private slots, holds, etc.)



- Lack of clinical data led to marketing CRM operations focused on new patient acquisition.
- CRM patient retention and loyalty initiatives very limited – the opposite of how CRM typically starts.



- Multiple common, but unaligned, goals between marketing and population health (e.g., screenings, Medicare wellness visits).
- Lack of integrated strategic planning process creates poor experiences.

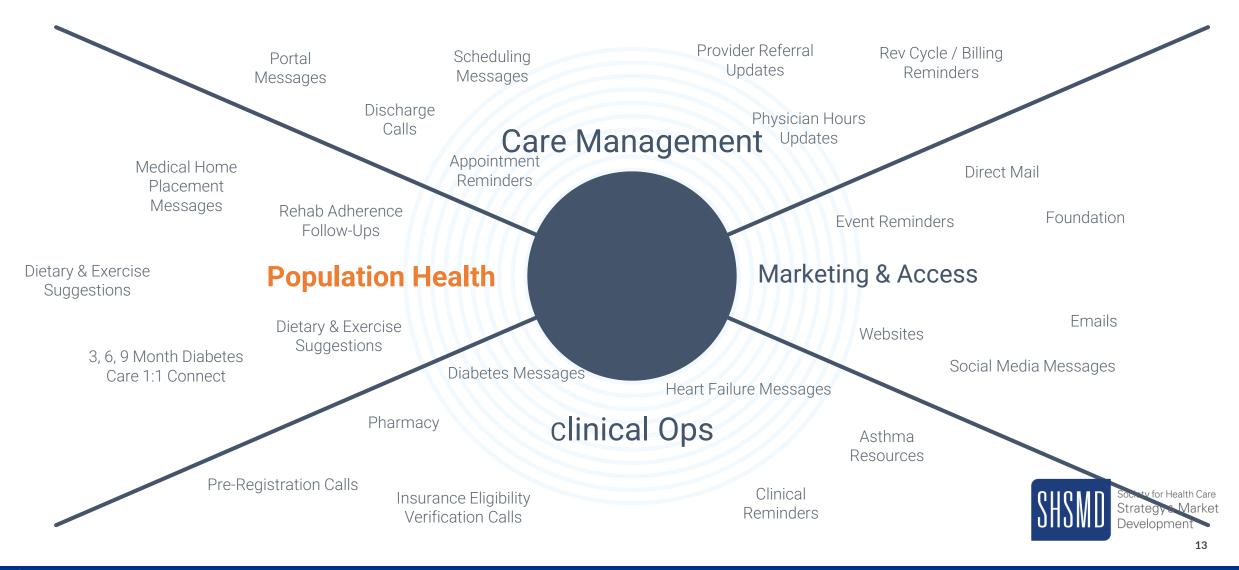


- Marketing process metrics strongly in place (efficiency).
- Marketing ROI difficult to demonstrate (effectiveness).
- Lack of finance partnership led to dependency on agencies for ROI measurement.





Lots of patient messages per experience



Challenge: Technology Silos

Marketing CRM not integrated with person-centric technology strategy.



- CIO, IT and clinical operations teams not fully invested in CRM strategy.
- Transactional relationship with IT (e.g., budget, tech support) needed to evolve to an interdependent partnership.



- Significant investment in marketing CRM technology with limited utilization of capability and value realization.
- Rising cost of marketing technology, especially CRM, became unsustainable.



- Governance model led to variation in technology selection, value realization, and utilization.
- Multiple email marketing, event management, etc., solutions utilized.
- Population health and ACO use different tools (e.g., EPIC, EMMI).





How are we solving the patient engagement challenges?



The greatest danger in times of turbulence is not the turbulence; it is to act with yesterday's logic.

- Peter Drucker

Franciscan Health's CRM Journey At-A-Glance

"Start by doing what's necessary; then do what's possible; and suddenly you are doing the impossible."

- St Francis of Assisi

What was Necessary?

- Customer Relationship Management (CRM) journey begins
- New patient acquisition marketing
- Engagement Center (Primary Care)
- Build customer database/insights
- Team knowledge and capability
- Data access very limited, especially clinical information. Siloed operations.

Achieve the Impossible.

- Reimagine our CRM and data platform strategy
- Connected experiences across marketing, Engagement Center and clinical operations (Person-Centric Journey)
- Retention and loyalty strategy
- Indisputable marketing impact (ROI)
- Democratization of actionable data.
- 1-to-1 patient experiences.

2018-2020

2020-2022

2023 and beyond

What was Possible?

- Engagement Center Expanded to specialty scheduling
- Marketing automation (limited)
- Email capability and journey building
- Optimize lead generation
- Marketing revenue reporting (limited)
- Data access and siloed operations continue to be a challenge.





Society for Health Care Strategy & Market Development™

Guiding Priniciples: Achieving the impossible

Create an experience that is connected; trustworthy; and delivers meaningful and measurable impact.

Forged partnership with C-suite executives from marketing, IT and clinical operations to set strategy.

Set priority to establish a common data platform as the foundation for engagement strategies.

Reimagine population health, marketing and engagement center applications on the common data platform.

Transform and redefine the role of marketing.

- Build an interdependent relationship between marketing and population health to accelerate value.
- Leverage the power of unified data to execute enterprisewide person-centric strategies (Health 1:1 journey)







Solution: Enterprise-wide CRM

Connected and aggregated data available and useful across the entire healthcare journey.



Single Consumer- and Patient-360 View

- EPIC clinical data
- Claims data
- Population health and value-based-care data
- Financial data
- Marketing data (e.g., campaigns, events, health assessments)
- · Marketing agency data
- Experian consumer data



Centralized Marketing Operations Solution

- · Email marketing
- · SMS and voice marketing
- Registry (list) builder with access to full data platform
- Journey building
- Campaign management
- Platform integration with agency operations
- Native and custom health risk assessments



Elevated Engagement Center Experience

- Agent access to full scope of platform data
- Reduced need to "chart dive" in EPIC
- Next-best-action recommendations
- Easy collaboration with care management teams
- Marketing acquisition, and retention campaign support



Indisputable Marketing ROI Model

- Integration of marketing campaign metrics (e.g., source, medium, clicks, leads) with clinical (e.g., appointments, procedures) and financial (e.g., net revenue, contribution margin) data on a single platform
- Dynamic campaign attribution reporting

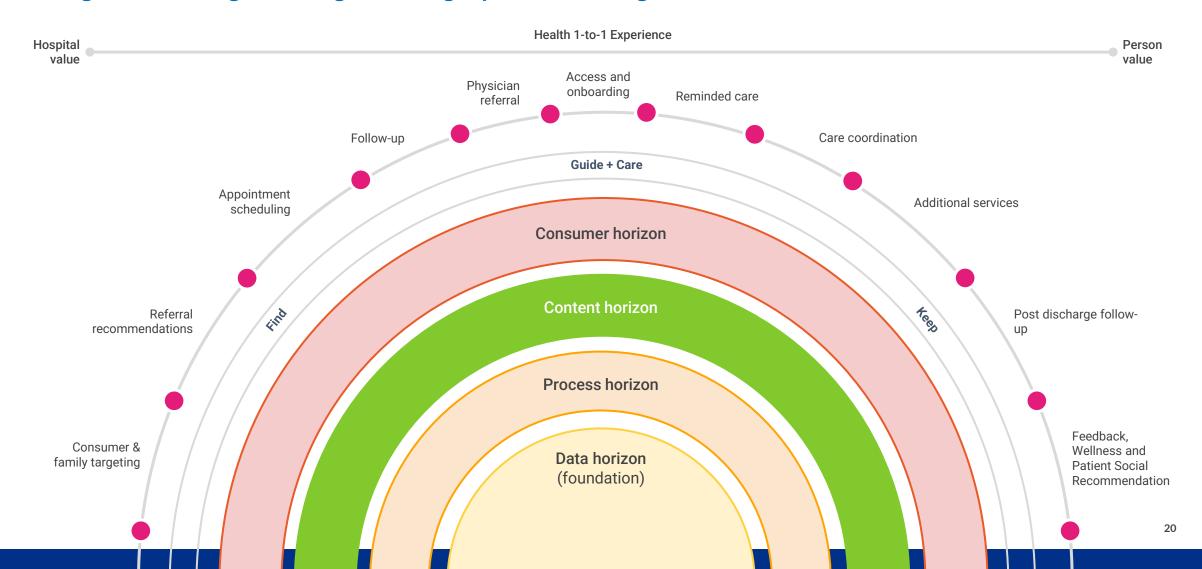




Society for Health Care Strategy & Market Development™

Enterprise CRM - The Health 1:1 Experience

The right data, the right message to the right person at the right time. All the time.



Beth, 67 with a heart condition and living alone

The reimagined automated patient experience:

Find, guide and keep patients for life



Beth submits a webform on health system website for information on heart health and possible consultation Proactive outbound call the next day regarding submission of the webform inquiry Contact center agent schedules an appointment with a PCP Receives a reminder 3 days and again 24 hours before her appointment At PCP, identified with elevated risk of heart disease and referred to an in-network specialist

In the same visit, allotted a

heart rate monitor and

email education series

enrolled in a heart health

Receives call for **HCAHPS** survey Post discharge, contact rehab program Post surgery, actively Care manager assigned to Beth due to high risk Cardiologist recommends heart surgery Following appointment, receives a call to schedule a consultation with a cardiologist

center agent calls to enroll in monitored by care manager

Gets coaching on diet and exercise on app Receives call from care manager when glucose levels are elevated Gets referred to diabetes buddy program in her community Quarterly health appointments with PCP to ensure care adherence

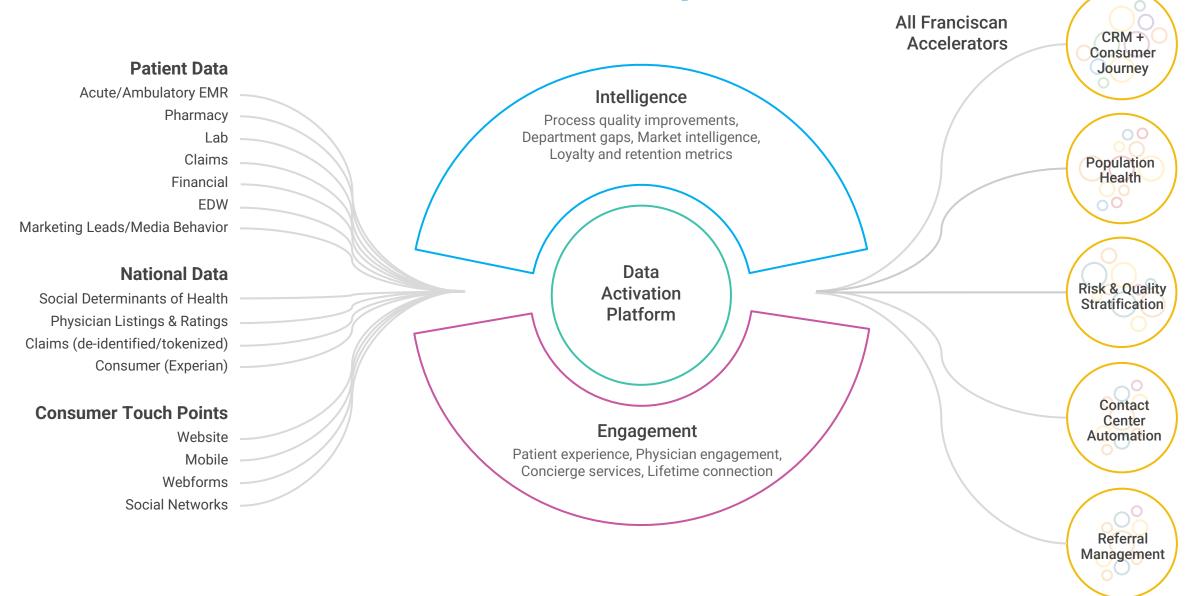
> Find consumers **Guide patients** Care for patients

Keep patients

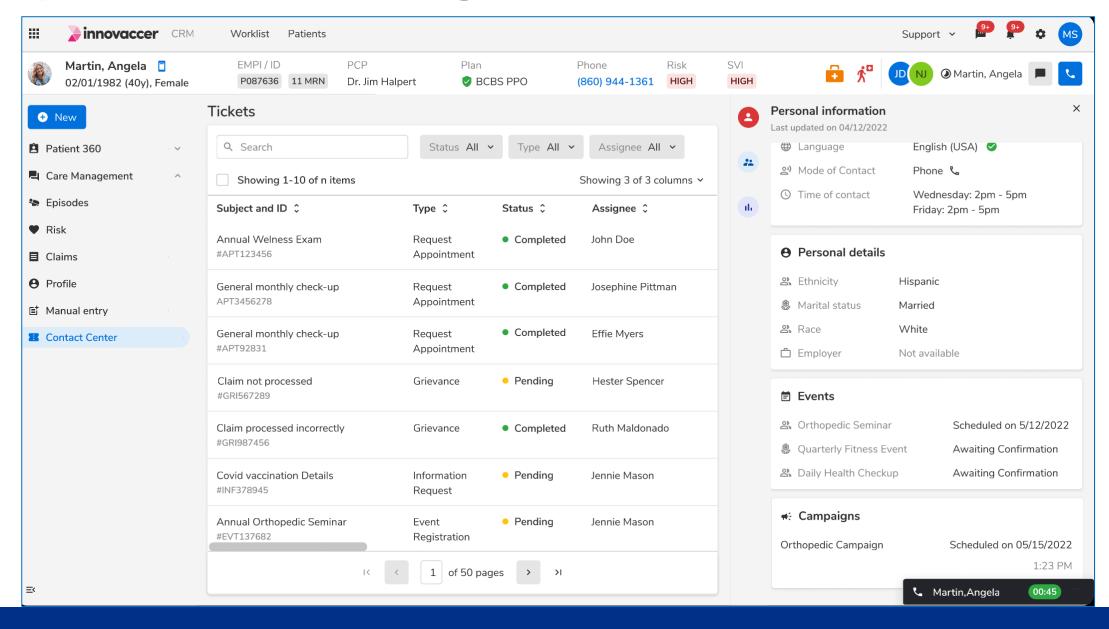


Society for Health Care Strategy & Market Development[™] 21

Health 1:1 accelerators on the platform



Experience Center: Single Pane of Glass



Leverage shared outreach tools for more impact

Active Outreach

Planned New Outreach

Opportunity

Quality Improvement & Wellness

Engage patients in activities to improve health and wellness

Breast Cancer

Screening

Colorectal

Cancer Screening

HbA1c Testing /

Eye Exam

(Diabetes)

Annual Wellness (AWV / CWV / Physicals)

Cervical Cancer

Overdue Refills (Med Adherence)

Education

Improve health literacy and care navigation

Know Before You Go (PCP vs. UC vs. ED)

In Network Provider Options

Service Line Welcome

(scheduling TY)

Growth & Loyalty

Messaging to influence awareness, activation, access, and loyalty

Establish PCP (e.g. Employee

Primary Care redirect (e.g. UC visits)

New Mover (Into or Within Service

Patient portal

Patients Lost to

Follow-up

Demand Gen

(individualized

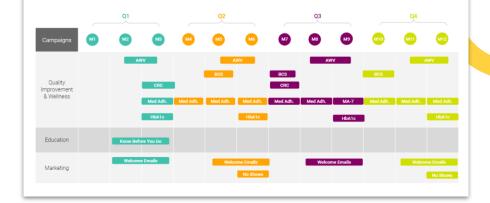
services rec.)

Scheduled Visit No Shows

Continuous Outreach Planning

How can we best support you in executing a continuous, year-round outreach strategy?

- Scheduled campaigns (example calendar below)
- Responsive messaging (real-time)
- Measured outcomes (VE value studies)





So, what's next?

How and where to get started

Phase 3.....and beyond!

- Holistic End-to-End Patient Journey
 - Predictive intelligence: Proactive outreach and response focused across multiple journey stages including acquisition, clinical and wellness.
 - Personalization: Personal content delivery and cross service line tracking and ability to target cohorts using clinical predictive models.
 - Seamless care management integration:
 Facilitate end-to-end care journeys across designated service areas and value-based care initiatives.
 - Ecosystem: Connect wide range of applications via APIs to expand 360degree profile and experiences.

Phase 2



- Campaign dashboards: Create robust KPI dashboards to track campaign performance and strategic service line growth.
- Referral and appointment management:
 Incorporate scheduling and referral capabilities into the engagement center platform to improve one engagement resolution.
- Agent upskilling: Empower contact center agents to help individuals beyond appointment scheduling with next-bestactions and health management.

Create an activation engine powered by Marketing Data Activation Platform (MDAP)

- Consumer data platform: Expand data pipeline; create 360-degree longitutidinal profiles combining marketing, clinical, financial, etc. data.
- Marketing agency integration: Create direct ingestion pipeline for third party agency data to bolster and enhance ROI model.
- Contact Center Agent desktop: Enable signature patient experiences by creating a single pane of glass interface complete with telephony and data platform integration.

IMPACT

Improve topline and bottomline Expand community impact



Person-Centric Value

Program Value

Phase 1

CRM: Tie Marketing Spend to Refined Clinical Outcomes

Tie campaign
performance metrics
to tightly defined
clincal outcomes – by
Objective, by Region,
by Procedure - that, in
turn, translate to
growth AND savings

Net Revenue by Channel

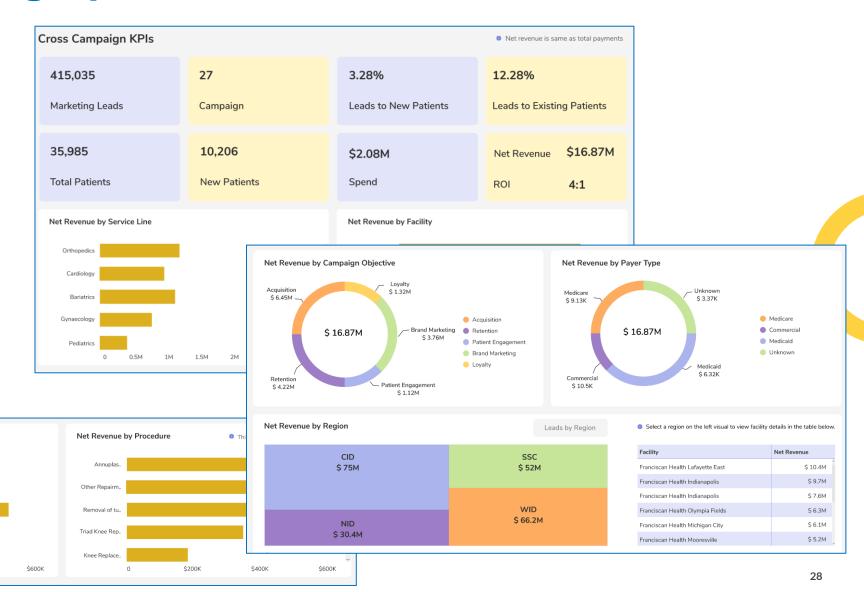
Paid Social

Outbound Call

Organic Social

\$200K

\$400K



Pop Health: Increase ROI through TCM workflows

Direct revenue generation (assuming 50,000 members)

Average Revenue Per Member	\$13.6
Total Revenue	\$680,641
Average TCM Bill Rate	\$197
# successful outreach for TCM	3,125
Eligible population for TCM	12,500

Additional impact: Reducing readmissions

Average cost of a readmission (per MSSP)	\$16,800
Expected Readmission Reduction	2%
Expected Reduced Readmissions with TCM	90
Total Savings	\$756,000
Average Savings Per Member	\$15.6

Cost assumptions

Total Cost	\$163,906
Tech Cost (total cost / % of total cost)	\$60,000 / 37%
Labor Cost (total cost / % of total cost)	\$103,906 / 63%

Total projected ROI = 8x

(\$s in TCM Billing + \$s in reducing readmissions) / (labor cost + tech cost)



Reminder: Health 1:1 goes wayyyy beyond marketing

VBC Operational Programs and Gainshare Revenue

Align operational programs with prioritized value realization and Increase shared savings PMPY.

Reduce SNF Spend

Manage Chronic Conditions

Improve Quality Measures

Optimize Coding Accuracy

Contract Negotiation

Payer Resolution Support

CRM Growth Programs and Gainshare Revenue

Align prioritized acquisition programs with measure value realization, reduce patient leakage and improve patient lifetime value.

> Lead Volumes & Cumulative Lead Growth

Lead Source Conversion Rates

Cost Per Acquisition

New Patient Conversion Rates

Existing Patient Conversion
Rates

Payer Mix by Converted
Patient Type

Revenue by Diagnosis and/or Procedure

VBCRM Operational Programs, Transactional Outcomes and Gainshare Revenue

Align operational programs to increase FFS and VBC outcomes, and increase shared savings PMPY while reducing patient leakage and improving patient lifetime value.

Reduce 30-Day Readmissions

Reduce ED Spend

Improve Health Equity

Reduce Patient Leakage

Increase Patient Lifetime

Re-Engagement Rates of Dormant Patients

Cost Per Clinical Conversion

Minimize Network Leakage

Annual Wellness Visits

Transitional Care Mgmt.

Chronic Care Management

Remote Patient Monitoring



You must create scalable and configurable "building blocks" to support your Growth and Value Based journey

CORE

Enterprise consumer data platform
Patient engagement
Patient segmentation
Referral management
Marketing automation & analytics

Quality gap analytics

BUILD

Care Management

SDoH or Health Equity

Risk adjustment

Quality Management

Utilization management

Medication adherence

Risk stratification (Advanced analytics)

TRANSFORM

Contract lifecycle management

Contract Modeling

Performance forecasting

Financial Reconciliation

Provider network management

Financial Risk Mitigation

Fee-For-Service

Pay for Performance

Shared Savings

Bundled Payments Partial / Full Risk

Global Capitation DCE / JV

Organization's Level of Risk



Questions?





Mike Shepherd
Chief Marketing Officer
Franciscan Health

Michael.Shepherd@franciscanalliance.org

https://www.linkedin.com/in/shepherd-michael-1b0a5a42/





Gary Druckenmiller, Jr. General Manager, CRM Innovaccer

Gary.Druckenmiller@innovaccer.com

https://www.linkedin.com/in/garydruckenmiller/







Questions?

Please be sure to complete the session evaluation!

