



Bringing market intelligence, management advice, and strategic insights to the health and human service organizations serving consumers with chronic conditions and complex needs

Unlocking Value-Based Incentives: Leveraging Data & Technology To Maximize Outcomes

December 15, 2025

Meet Your Hosts



John Falsetti, Former Chief Information Officer, Maryville Academy

John Falsetti, an experienced health care leader with over 25 years of information services management experience, has deep expertise in technology and analytics management. In his role as the chief information officer at Maryville Academy, Mr. Falsetti is responsible for strategic planning, budgeting, business intelligence, infrastructure, and process improvement, as well as training and client services. Mr. Falsetti is also experienced in data security, regulatory evaluation, and compliance, as well as system and warehousing development.



Rick D. Gutierrez, Ph.D., Senior Associate, OPEN MINDS

Rick D. Gutierrez, Ph.D., brings over 20 years of clinical and operational experience to the *OPEN MINDS* team. His unique blend of experience has enabled him to drive impactful outcomes in the fields of developmental disability and behavioral health. Prior to joining *OPEN MINDS*, Dr. Gutierrez served as Vice President, Clinical Strategy & Operations at Easterseals Southern California. In this role, he oversaw the outpatient Applied Behavior Analysis provider network and Enhanced Care Management in partnership with Kaiser Permanente.



Lauren Frantz, Chief Revenue Officer, OPEN MINDS

Lauren Frantz brings extensive experience in marketing, business development, and growth strategy to the *OPEN MINDS* team. As Chief Revenue Officer, she leverages expertise in strategic business development and market expansion, go-to-market strategy, integrated marketing and sales optimization, brand engagement, and digital marketing.

At *OPEN MINDS*, Ms. Frantz has led enterprise consulting engagements, developed market-entry strategies for new products and services, and advanced initiatives to strengthen client positioning.

Objectives For Today's Discussion

- Explore data-driven approaches to track, analyze, and measure performance in value-based care models—ensuring transparency, accuracy, and improved outcomes.
- Learn how to better integrate technology to enhance staff productivity, streamline workflows, and reduce administrative burden.
- Explore how to use data to optimize care coordination and patient engagement to drive better clinical results and maximize your organization's value-based incentive potential.



Health & Human Service Market Verticals In Midst Of Chaos

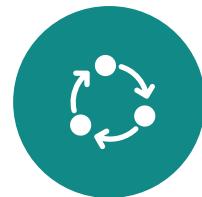
A New Administration In Washington

The New Congressional Budget Bill

Increased Opportunity & Competition For Value-Based Contracts

Market Disruptions From Tech & AI

Changing Payer Expectations



Whole-person care models that combine behavioral, medical, and social services continue to be a priority in healthcare plans.



There is a focus on integrating data at the patient level, with an increased reliance on electronic health records.



Additionally, aligning financial incentives with performance and outcomes is essential.



Price pressures are prompting more shared risk in relationships between providers.

Transactional Vs Relational Models With Health Plans

Transaction Models Emphasized Volume

- Transactional business relationships emphasize events such as sales, encounters, and visits
- The patient journey is viewed as a series of steps, including encounters and procedures
- Relationships with health plans involve negotiating rates and the volume of referrals

Relational Models Emphasize Value

- Relational business relationships prioritize long-term partnerships by understanding customer needs before making sales
- The patient journey emphasizes a continuous process that goes beyond symptoms to include tailored mental and physical health support
- Relationships with health plans focus on shared goals like cost control, access to care, positive outcomes, and patient engagement

The New 'Preferred Provider' In Value-Based Behavioral Health Care

A Preferred Provider Organization Understands Payer Goals & Expectations

Timely Access To Care

Delivery Of Quality Treatment Services

Coordination Of Client Care & Essential Social Supports

Measurable & Impactful Service Line Clinical/Financial

Focused Customer Service At Multiple Engagement Points: Payer, Client & Referral Source

Measurable Performance/Ability To Report Population Health Data

The Foundation: Metrics-Based, Data-Driven Management Practices & Culture

- Real-time, actionable data
- Leading indicators
- Tied to management, supervision, and compensation
- From top to bottom

1. Market-Driven Strategy & The Metrics Of Success

2. C-Suite Technical Assistance – Linking Strategy To Metrics

3. The “Wish List” Of Metrics – Prioritized With Feasibility Assessment

4. Select The C-Suite Base Metrics Set

8. Extend Data-Driven Decision Making Within The Organization – With Transparency

7. Add High-Value Metrics That Require Investment (The ROI Question)

6. Practice Data-Driven Decision Making At The C-Suite Level

5. Operationalize The C-Suite Base Metrics Set In An Automated Ongoing Reporting Format

9. Organization-Wide Education On Using Metrics In Service Delivery

10. Add Performance-Based Elements To Team Compensation

11. Share Selected Performance Data With External Stakeholders

12. Share Real-time Performance Data With Partners

Measurements For Value-Based Reimbursement Is Different

FFS Primary Focus – Outputs

- Staff productivity %
- No-show rate by clinician/time/day
- Confidentiality release on file
- Cost of service hour compared to the payment amount
- Person-centered plan completion rates
- % of denied claims
- Two QI projects per year

VBR Primary Focus – Outcomes

- % of follow-up appointments within seven days of hospital discharge
- Digital HEDIS measures
- Total cost of care per patient episode
- Stable employment by days
- % of SDOH screening completed
- >80% on all outcome measures

Understanding Measures: Standards-Based Vs. Quality Improvement- Based Measures

- **Standards Measures Are Lagging Measures**
 - Generally tied to regulatory, contractual, or accreditation requirements
 - HEDIS, JCAHO, NCQA, COA, SAMHSA, CARF
 - Represent process and outcome measures
 - System measures are payer-driven
 - They are reported annually as a look back
 - **Example:**
 - **Access:** What percent of people with an OUD diagnosis received MAT?
 - **Outcome:** What is the 30-day readmission rate per 100 patient population for each hospital?
- **Quality Or Process Measures Are Leading Measures**
 - Leading measures tell you what to do to impact/improve the lagging measures
 - They may or may not be standards-based
 - They are more about clinical care/decision support/clinical action at the patient level than system status
 - They are better used for performance improvement and benchmarking
 - **Example:**
 - Readmission reduction quality measures
 - **Warm Handoff:** Each person at the local hospital has a warm introduction to the receiving clinician at the point of discharge

Practice Data-Based Decision Making In The C-Suite



Data Governance: Establishing clear policies and procedures for data management, including data quality, security, and compliance



Data Strategy Alignment: Ensuring that data management practices align with the overall business strategy and objectives.



Data Security & Privacy: Implementing robust measures to protect sensitive data and ensure compliance with privacy laws and regulations.

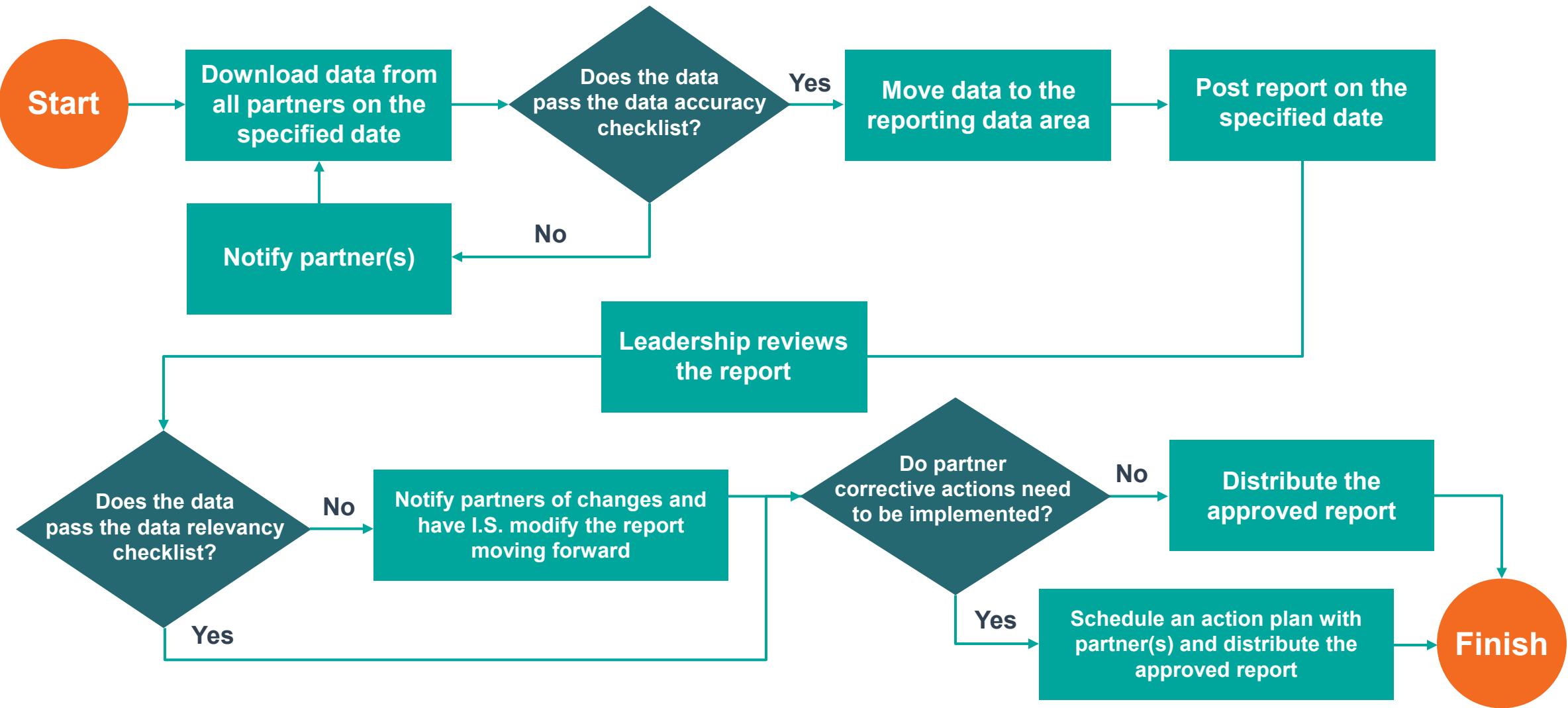


Data Analytics & Insights: Leveraging advanced analytics tools to derive actionable insights from data, supporting informed decision-making.

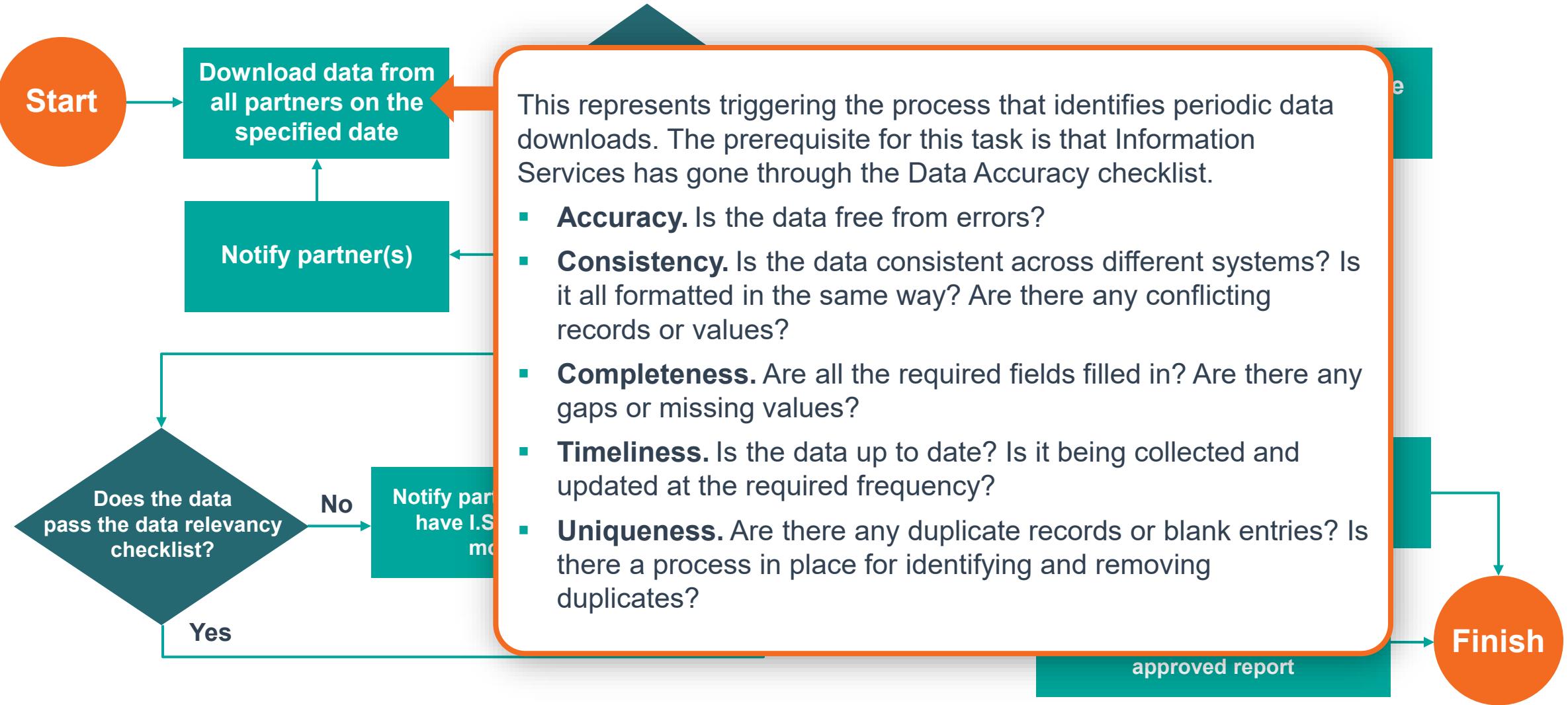


Change Management: Managing the cultural and organizational changes necessary to adopt new data management practices and technologies.

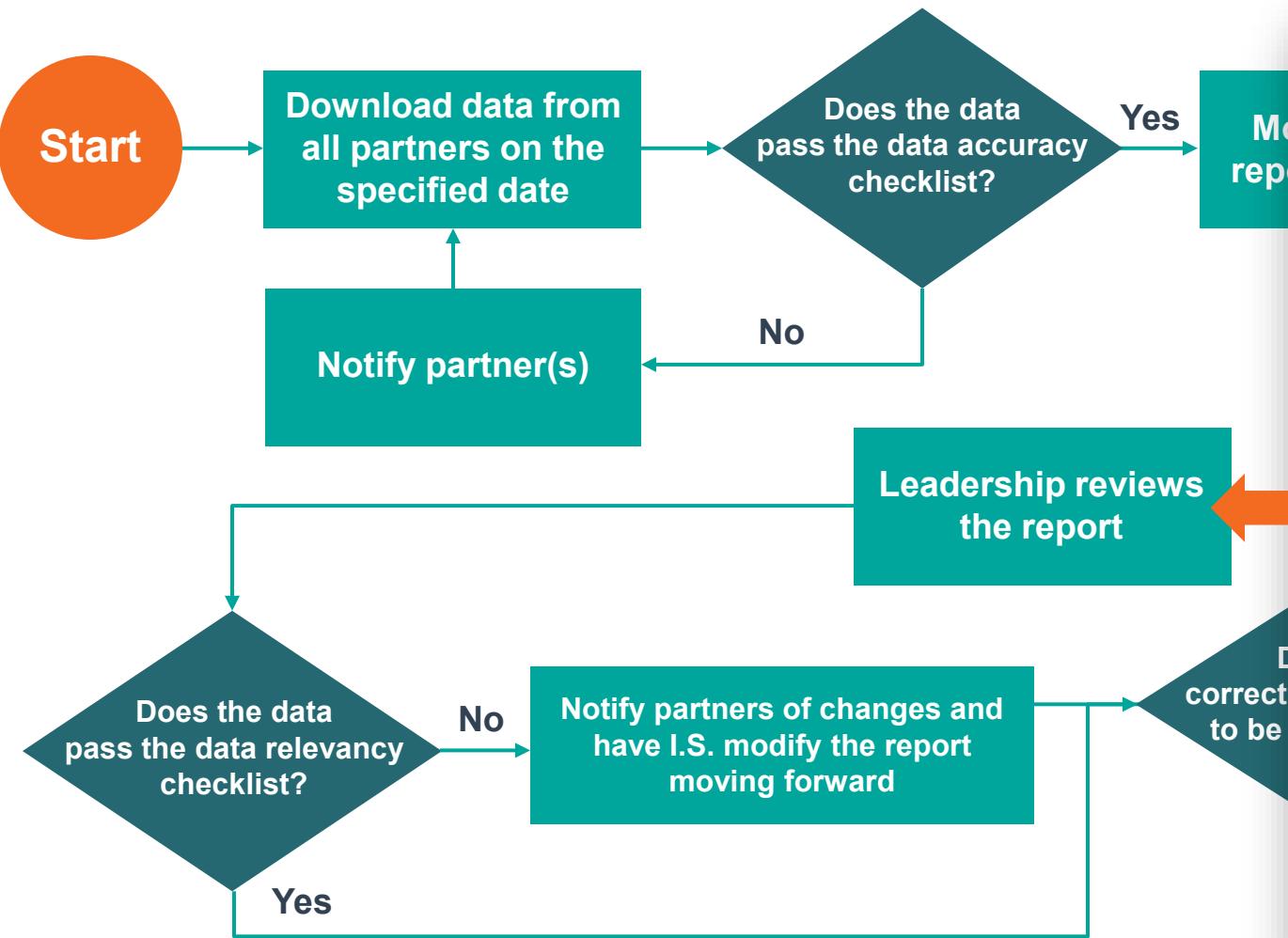
Methodology To Assure Timely, Accurate & Relevant Data Refreshes



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This represents triggering the process by which program leadership applies the Data relevance and compliance checklist.

- **Relevance.** Is the data relevant to the task or decision-making process for which you intend to use it? Are there any outdated or irrelevant data points that need to be removed?
- **Compliance.** Does the data meet any legal or regulatory requirements? Are there appropriate processes in place to ensure data privacy and protection?
- **Accessibility.** Is the data easily accessible to those with the authority to view it? Are there access restrictions in place to protect the data from non-authorized parties?
- **Traceability.** Can the source of the data be traced?
- **Data governance.** Review policy for data ownership and stewardship. Are there clearly defined and accessible rules and responsibilities for managing the data?

An Enhanced Tech Framework

The *OPEN MINDS* Tech Platform Framework For Community-Based Provider Organizations

Integrated Data & Analytics For Decision Making

Service Performance Optimization

Competitive Advantage

Electronic Health Recordkeeping System

- Interoperable, mobile
- User optimized
- Primary care/specialty care/social support integration
- Consumer assessment data, measurement-based care, decision support

Hybrid Service Delivery Platform

- Virtual – telehealth, secure text, self-directed
- Home-based – electronic visit verification, route optimization, remote monitoring, smart home
- Integrated – centralized online scheduling for consumers, online scheduling of team

Consumer Experience/Engagement Platform

- Optimized end-to-end virtual consumer experience – website, social media, information, data portal, scheduling, fee schedules, billing, communication
- App/smartphone connectivity to consumers
- Consumer decision making support and treatment tools

Value-Based/Risk-Based Reimbursement Platform

- Platform for tracking payer contract requirements and reimbursement
- Value measurement, financial risk management functionality
- Population health management tools

Integrated Human Resources Information System & Financial/General Ledger System

- Automated end-to-end revenue cycle management
- Talent credentialing, schedule management

Standardized Processes For Technology Strategy, Prioritization, Selection, Implementation, & Optimization

Strategy for using technology to meet your organizational objectives...

Technology strategy is a sub-part of your larger organizational strategy

Goal: Achieve required organizational performance

Required for competitive advantage and market positioning

Tech strategy won't be "successful" without having an overall organizational strategy...



Three-Phase Technology Review



Does The New Technology Meet Your Organization's Clinical Standards?

The technologies that meet the strategic review criteria form a short list for clinical review

Review of clinical leadership of proposed technology

Select treatment technologies to build into the service process

Clinical methodology and operational use of technology

Scientific development and research data

Outcomes and performance data

Customer/consumer acceptance

Successful Leadership & Management Through Uncertainty:

The *OPEN MINDS* Financial Sustainability Framework



Questions & Discussion

Upcoming Organizational Resilience & Sustainability Series Sessions

Hitting 93%: Revenue Cycle Management Best Practices

Improving Margins On Services With Fee-For-Service Reimbursement

Improving Organizational Margins With The Right Diversification Strategy – Assessing New Payers & New Geographies To Build Revenues

Turning Market Intelligence Into Business Advantage

OPEN MINDS market intelligence and technical assistance helps over 830,000+ industry executives tackle business challenges, improve decision-making, and maximize organizational performance every day.



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