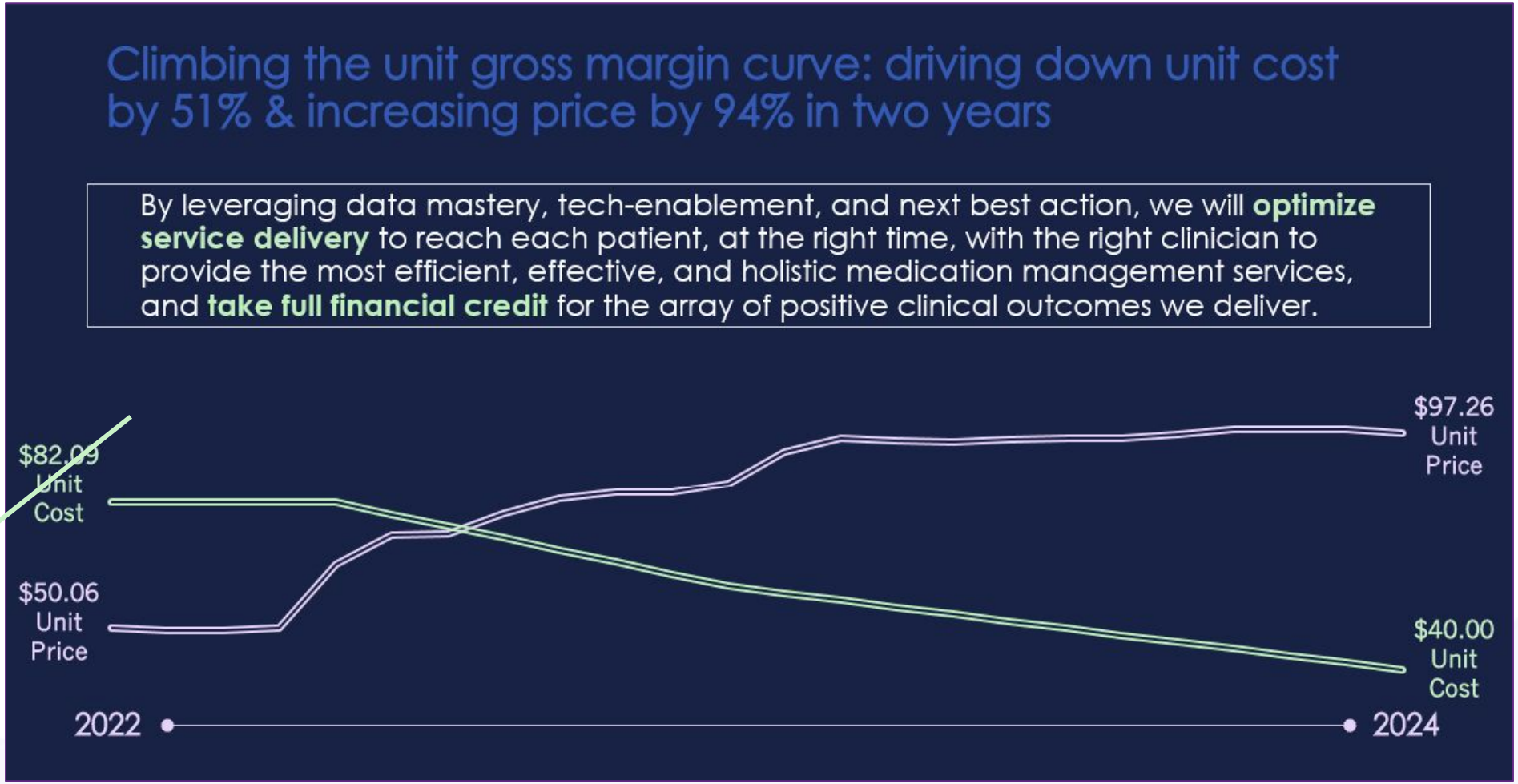
Plan to drive down MRP unit cost

maggie sherrill | june 2022

cureatr
comprehensive medication management

2022 Goal: Scale

The big picture: charge more for our service, spend less delivering it



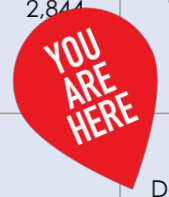
2022 Goal: Scale

Demonstrate patient visit margin of 40% by, e.g.

- Increasing avg. run rate price to >$100 while
- **Decreasing avg. unit cost to <$60**

The purpose of this deck is to outline the strategy and initial plan to decrease MRP unit cost to <$60 by year end while maintaining high quality clinical service.

	Growth				Scale
2022	$6.651M Total $2.849M Clinical Services Maintain Meds360 & Legacy				Burn <= $9.486M by adhering to department budgets without overage Demonstrate patient visit margin of 40% by, for example: • Increasing average run rate price to >$100 while • Decreasing average unit cost to <$60
	Pipeline *5 times the Opps needed 3 quarters from now*	***YTD Revenue***	***Patient Opportunities*** *(per month run rate)*	***Patient Visits*** *(per month run rate)*	
	170k patient opps	$6.709M overall $2.849M clinical services	17,000	8,164	
Q3	150k patient opps	$3.342M overall $646k clinical services	5,400	2,844	Implement Q2 project plan
Q2	130k patient opps	$2.055M overall $291K clinical services	1,500	1,000	Develop strategy and **project plan** to decrease costs per patient opportunity



Cost per Treated Patient per Customer: Today vs. EOY Target

	Today (Q2) *11 patients / PharmD / day* *40 enrollment attempts / CSS / day*			EOY *15 patients / PharmD / day* *45 enrollment attempts / CSS / day*			*Est. Change in Margin by EOY*
Customer	**Price per Treated Pt**	**Cost per Treated Pt**	**Margin**	**Forecasted Price per Treated Pt**	**Cost per Treated Pt**	**Margin**	
***redacted - customer 1**	$125	$92	**+26%**	$125	$72	**+42%**	***+16%***
***redacted - customer 2**	$40	$101	**-152%**	$100 min	$80	**+20%**	***+172%***
***redacted - customer 3**	$65	$97	**-49%**	$90	$76	**+16%**	***+65%***

YOU ARE HERE

SALES: Charge more for our service

PROD & ENG: Spend less delivering it

Process Analysis

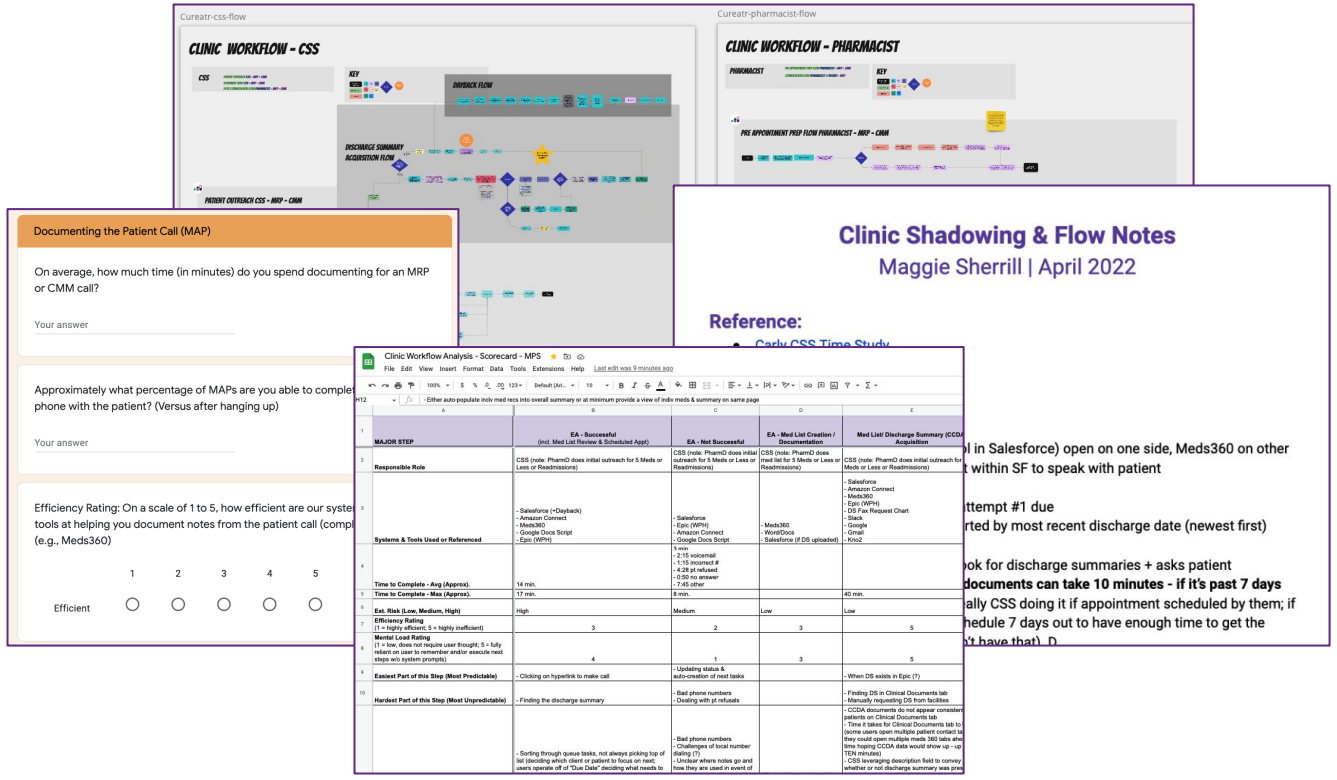
Figuring out where to start

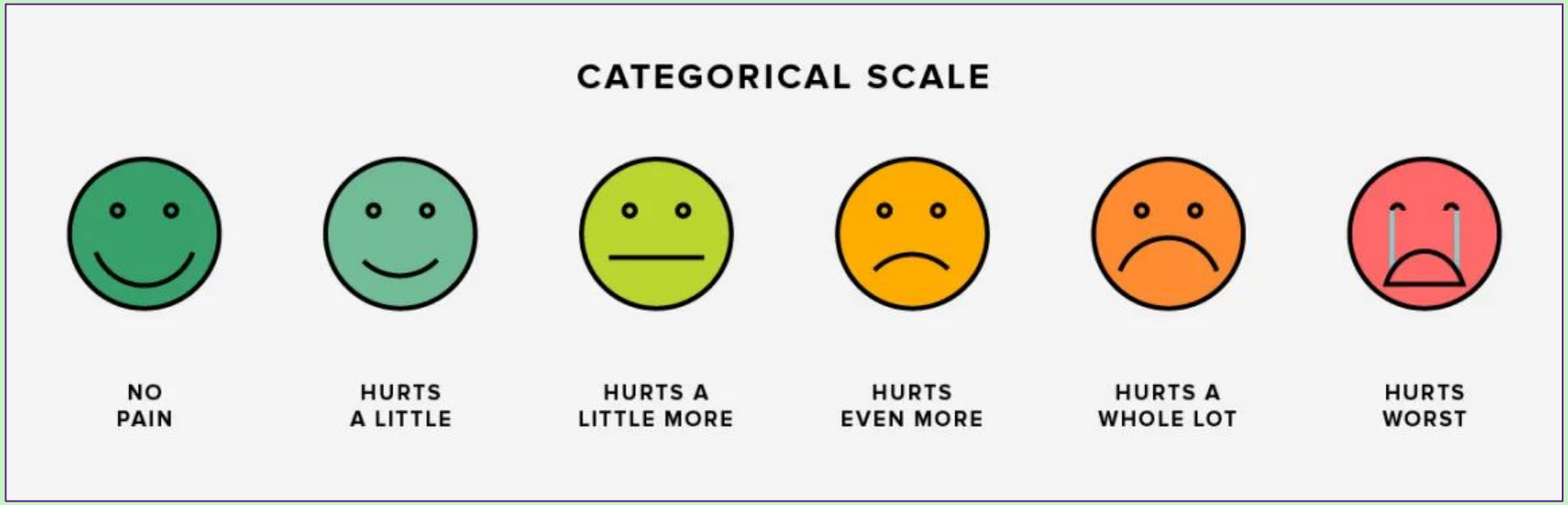
Gathering data & inputs:

- Cost data & cost model
- Interviewing CSS & PharmD
- Call shadowing
- SOPs on Pharmacist Portal
- Process mapping
- Time Study data
- PharmD survey

Initially focusing on PharmDs because:

- PharmD call prep + call + documenting = 60% of total cost of MRP delivery
  - Offers biggest opportunity to hit goal
- Lots of PharmD flows also impact CSS
- Q1-Q2 focus has been on CSS patient acquisition, allowing for Q3-Q4 focus on optimizing workflows & charting to scale



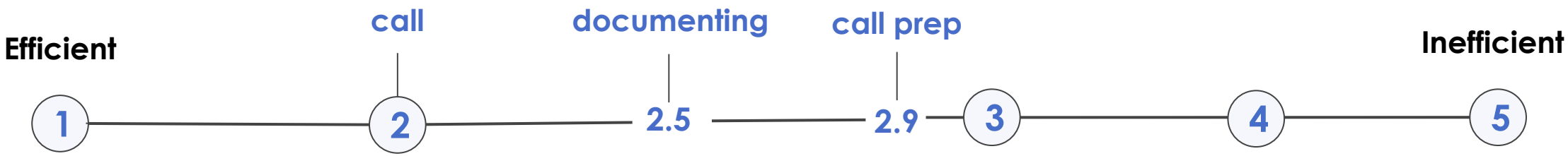


Poll: How would you expect our pharmacists to rate our overall patient visit process systems & tools?

PharmD Survey: May 2022

Prepping for a call is rated as *least efficient*, however the time to document after the call can take up to 30 minutes!

On a scale of 1-5, how efficient are our systems, data, and tools at helping you…



Time spent preparing for a call

~8 mins (MRP)
~10 mins (CMM)

Range = 2 to 15 mins

Time spent documenting

~14 mins (MRP)
~17 mins (CMM)

Range = 5 to 30 mins

What % of MAPs can you complete while on the phone

~30%

PharmD Survey: Summary of Findings

Prep for Call	Call Patient	Document Call
• **Lowest efficiency score** likely due to too much clicking, too many places to look for patient info & it being inconsistent • Prep can take up to 15 mins • **CCDA parsing is so slowwwwwww** & document availability & location within the Clinical Docs tab is seemingly random • CSS **handoff notes are critical** - but could they do more? be more organized? • Hesitation to claim a med list before talking to the patient because cannot unclaim it if patient doesn't answer > **reason for taking prep notes outside of Meds360**	• Most straightforward step and **highest efficiency score,** likely due to **ease of calling patient** through Amazon Connect • Varied feedback around frustrations, but include connectivity challenges, dealing with patients questioning reason for call, and no shows • Vaccination entry is time consuming on call	• Can take **up to 30 mins**; and **70% of visits requires addtl time to document** after the call • **SmartPhrases rock**, but copying & pasting from this doc and other personal docs is time-consuming • **Vaccination entry is frustrating** because nothing auto-populates and is all free-typed • PharmDs seem to organize the MAP differently - but mostly by priority and/or disease state • **Cannot clone another pharmD's MAP** leads to so much extra work if need to cover follow-up

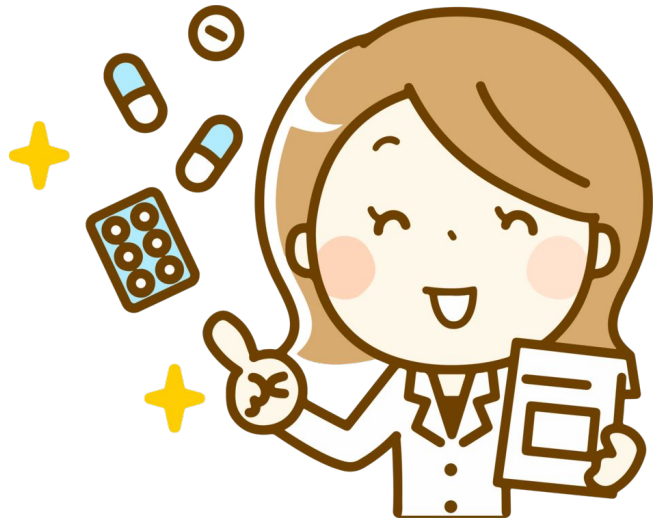
If you could wave a magic wand, what change would you make to Meds360 or Salesforce today?

Pre-populated counseling points for meds

Trigger/dot phrases in Meds360 10,000%

The ability to not lock out other users or clone other med lists

Make them talk to each other! If I update a phone or email, have it update in both places. If I finish a document in 360, have SF know that automatically.



Ability for immunizations to possibly be pulled over if information is available from a data point

Combining them together. Everything in one and integrated.

Being able to finalize med list and send to patient in the same workflow (i.e. work in flight for MAP automation)

Process Pain Scale

Least painful =
- *High efficiency*
- *Low cost*
- *Low risk*

Most painful =
- *Low efficiency*
- *High cost*
- *High risk*

*Step**	Enrollment Attempts	Med List Creation	Discharge Summary Acquisition	Call Prep	Patient Visit/ Med Rec Call	Charting / Creating MAP	Patient Issue Follow-Up	MAP QA	MAP Document Send
Cureatr Pain Rating									
Efficiency	**Medium**	**Medium**	**Low**	**Low**	**Medium-High**	**Low**	**Medium**	**High**	**Low**
Cost	**Medium**	**Medium**	**High**	**Medium**	**High**	**High**	**Low**	**Low**	**Medium**
Risk	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**	**Low**	**High**

Primarily from pharmD perspective - acknowledge this might be different from CSS view

*Major steps, not representative of all work by Clinic

Pt Visit Process Pain Scale

- No part of our process is 0/10 pain free…and no part of our process is a 10/10. Our current systems and tools *work* to deliver our service (we're seeing patients all day!). However, **we have not optimized them** to help our users be as efficient as possible.

- Most inefficient processes require users to
  - **reference multiple systems**
  - **manually remember** where to go, what to do next & figure out when something is done (high mental load)
  - **do duplicative work**

What to tackle first?

Because we have limited resources, we have to make some prioritization decisions…

	1	2	3
2022 Priority Order	**MAP Document Send**	**Discharge Summary Acquisition**	**Charting / Creating MAP**
Cureatr Pain Rating			
WHY FOCUS HERE?	• A highly-repeatable process begging for automation • High PHI risk (downloading MAPs to desktop & sending to wrong patient) • Not valuable patient-facing work!! We want our staff to focus upstream talking to patients!	• Highly unpredictable & inconsistent • Timing might be off here with Particle pulls • Can require extensive sleuthing & mental energy • Very manual process when DS not available • Required step for us to perform our service! (the gatekeeper)	• Lots of extra work (i.e. double documentation) • Huge driver of PharmD time & thus costs • We want our PharmDs talking to patients, not rewriting notes after calls!

Principles

When Designing Solutions for Pharmacists

We always keep these principles top of mind

01	Ease of Use	• **Prioritize my actions**, so I can prioritize my patients • **Reduce** the number of **decisions**/steps I have to make/take
02	Enhance Efficiency	• **Be my tech concierge**, so I can be a pharmacist • Make everything easily **accessible** and **obvious** • **Don't make me re-enter information** • **Manage tasks** and **information** for me
03	Elevate Engagement	• Remember **my primary focus is improving & saving lives** • Our patients are in an **acute**, **vulnerable** situations • **Every click/field reduces my ability** to connect with the patient
04	Empathize	• My **value is not my productivity** it's my ability to relate to patients • I want to remember my patient as a human, not their MRN • I am **affected by every patient I interact with** • I have **pharmacist specific needs** and **varied technology tolerance**

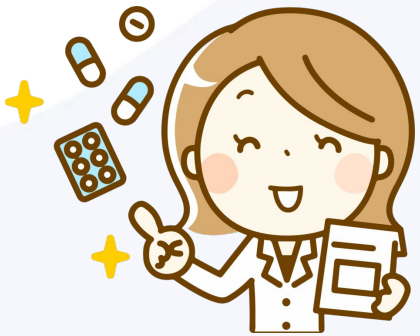
Decreasing unit cost: impact to Clinic staff

what it is

- Maintaining a focus on **positive impact** and high-quality service
- **More time with patients**
- **Fewer** clicks
- **Less** typing
- **Minimized** duplicative and administrative work
- **Lessened** mental load
- Finding the right ~reasonable ~ **balance** in your daily schedules
- **Collaborating** closely with Product & Design

what it isn't

- **Compromising care** of the patient at hand (EVER)
- **Avoiding complicated patients** or those that need more time
- **Eliminating** patient follow-ups
- **Skipping** breaks
- **Cutting** salaries
- **Prioritizing #s** above people
- Product solutioning without Clinic input



We will strive to decrease unit cost by **realizing efficiencies in our processes, systems, & tools**, allowing our clinicians to focus on **top-of-license**, **patient-focused work** - while *never compromising* on patient care, quality, and clinical standards.

Moving the needle:
Draft Plan of attack

Approach to reduce unit cost to achieve 20-40% margin by year-end

Two major focus areas for Q3 & Q4:

Streamline internal workflows

1. **Streamline internal workflows:** automating cross-team, cross-system processes

Reduce Charting Time

2. **Reduce charting time:** minimizing time to document patient visit

In order to:

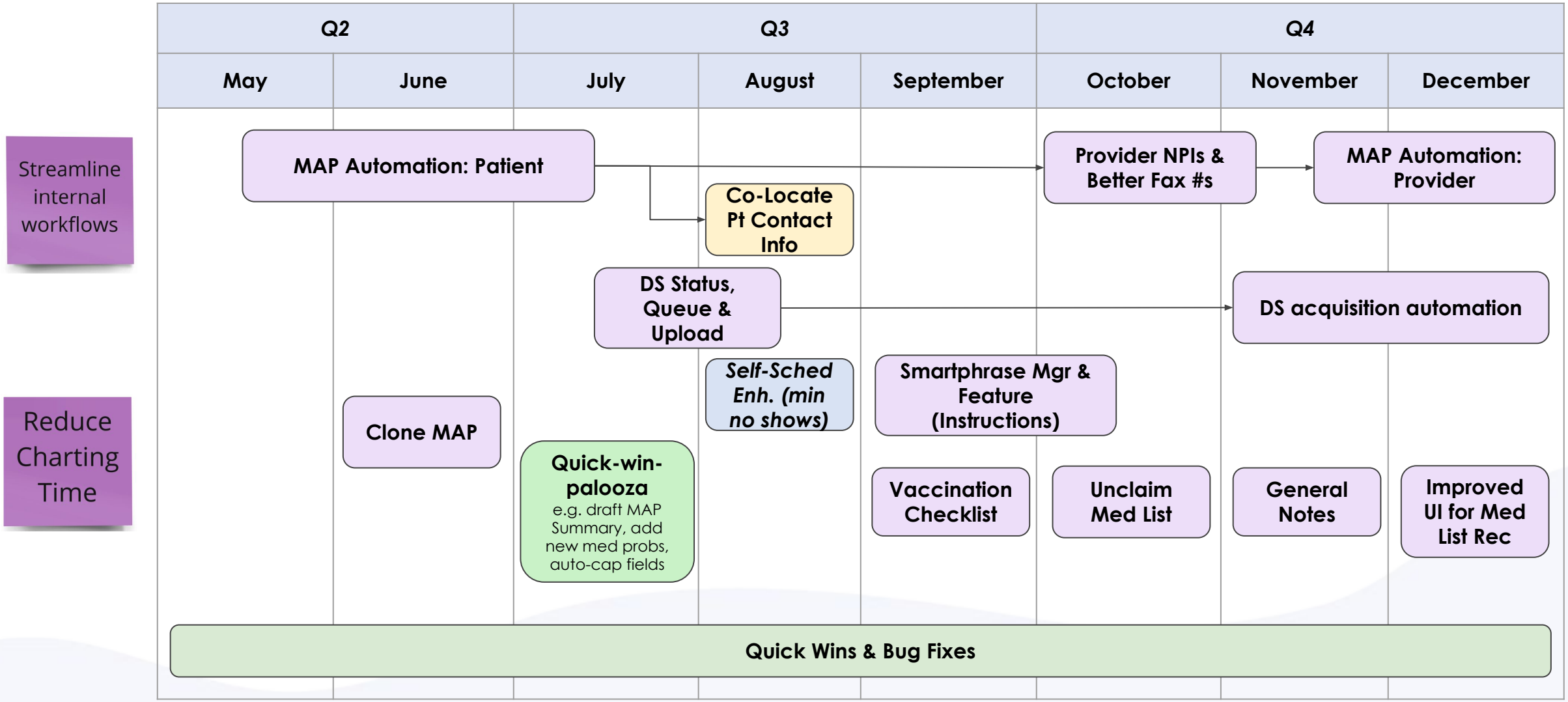
↑ Increase # patient enrollment attempts per CSS per day

↑ Increase # treated patients per pharmD per day

High-Level Plan to Reduce Unit Cost by 40%

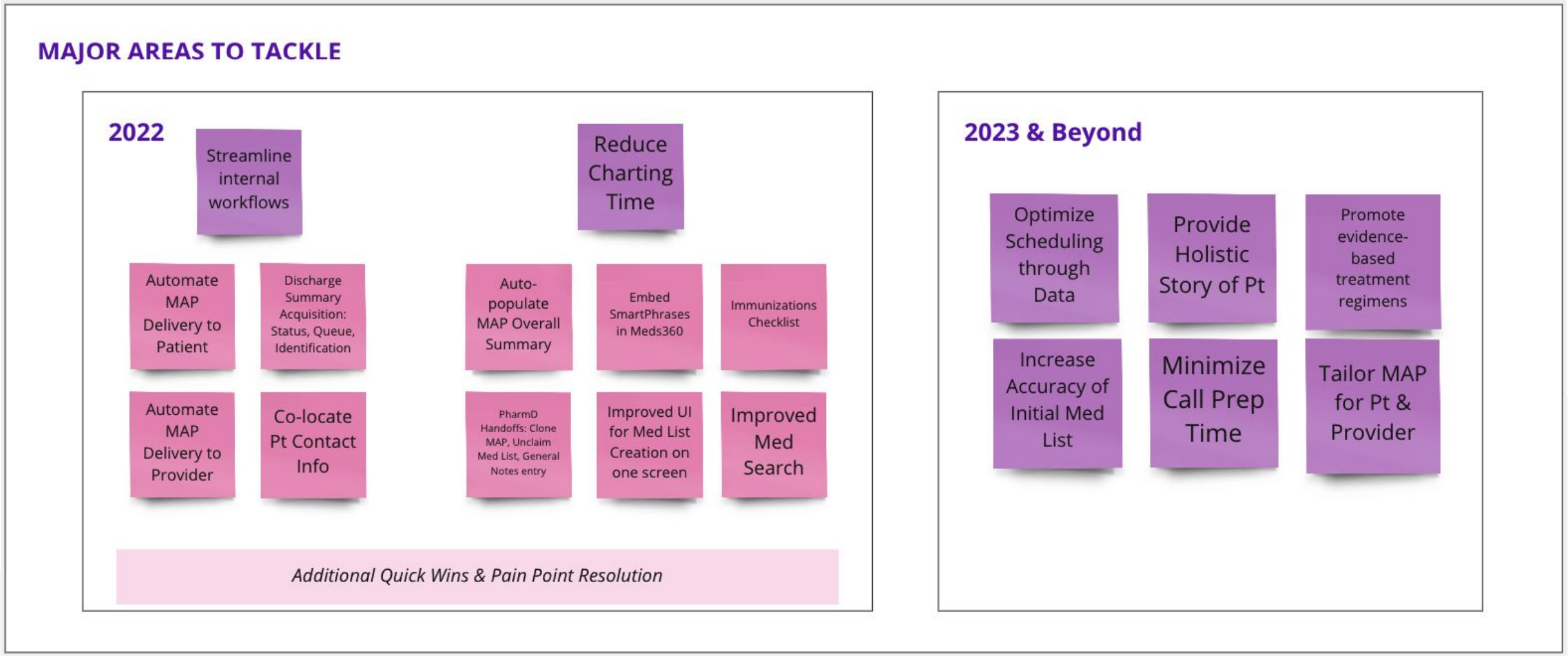
	Q2 2022	Q3 2022	Q4 2022	EOY 2022
	MAP Automation: Patient Discharge Summary Status & Queue Facilitate Pharmacist Handoffs Tackling Patient No Shows through Experimentation	MAP Automation: Provider Embedded SmartPhrases Integrate Checklists Schedule Optimization by Leveraging Pt Attributes	Provider NPI Lookup & Better Fax #s Auto-Parse Discharge Summary Data Addtl Charting Enhancements (General Notes, Pt Summary)	
# Treated Pts per Day per PharmD	10.5	12	15	**15**
Est. Savings per Treated Pt	$5	$10	$5	**$20**

2022 MONTHLY ROADMAP



Moving the needle: Sample Deep Dives

Focus Area Breakdown



Automate MAP Delivery to Pt & Provider

Streamline internal workflows

WHAT

LINK TO PLAYMAKER

💥**Phase 1** = Automate MAP sending to Patient via integrations with PFL (Direct Mail) and Paubox (Email)

💥**Phase 2** = Automate MAP sending to Provider via integration with Kno2

✅ Move MAP send flow to Meds360
✅ Eliminate log in to Gmail and Kno2
✅ Eliminate manual printing & sending
✅ Eliminate Document Send Tasks in SF *(keep on backend for reporting & billing)*

PFL

PAUBOX

Kno2®

WHY

📈Streamline internal workflows by eliminating steps, systems & clicks
📈 Free up staff for upstream patient-facing work
📈 Minimize risk of sending to wrong pt and downloading MAPs to laptop
📈 Save ~$2 per MAP
📈 Helps move away from Salesforce

Discharge Summary Status & Queue

Streamline internal workflows

WHAT*

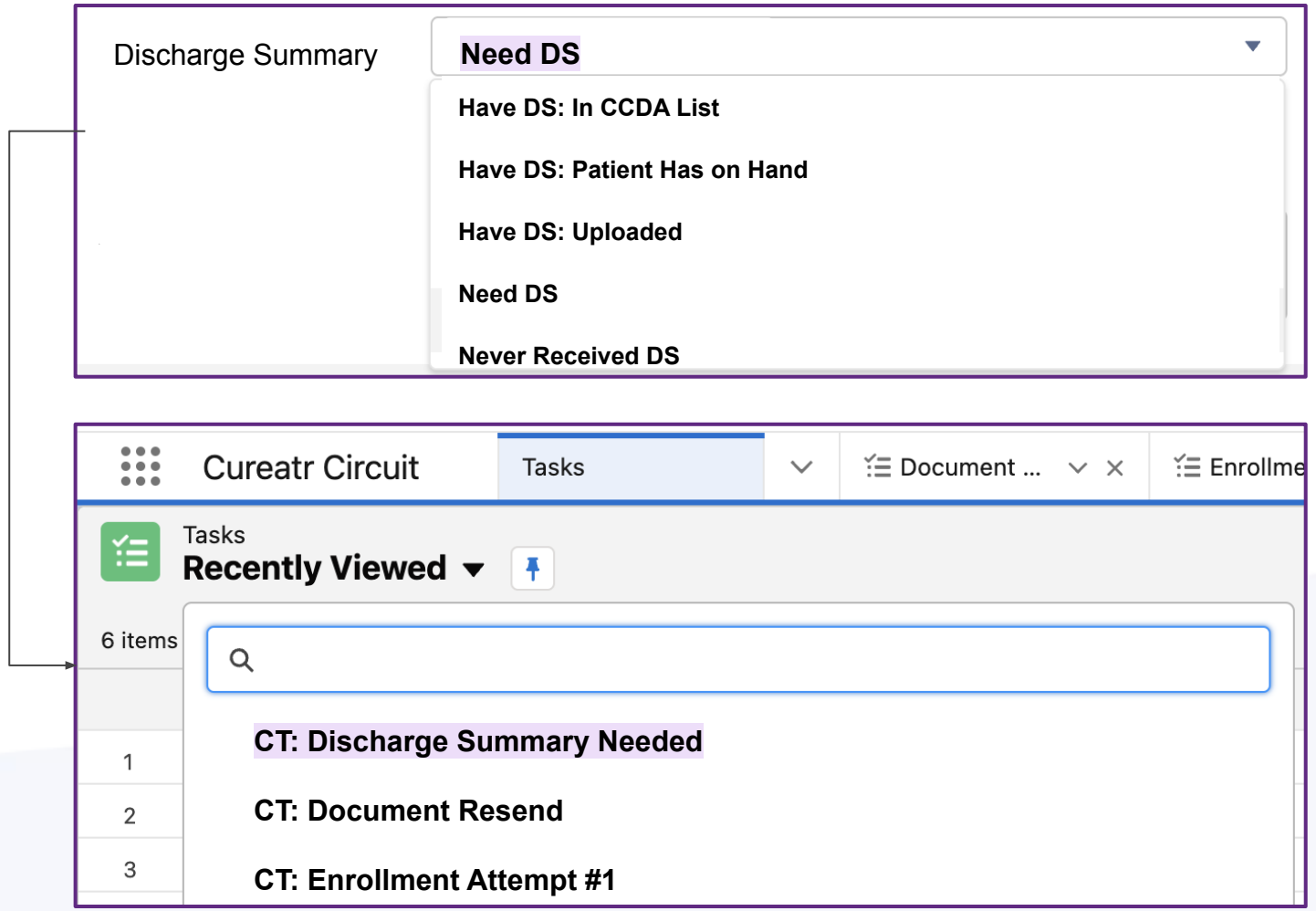
LINK TO PLAYMAKER

💥 Status dropdown to indicate if we have Discharge Summary for a patient or not

✅ New field for Discharge Summary status
✅ New queue for CSS for patients w/o DS
✅ Ability to identify appropriate DS for an event and also upload DS manually into Meds360
✅Better at-a-glance visibility in Meds of pt discharge data & facility

WHY

📈 Streamline current workflows by eliminating steps, systems & clicks
📈 Eliminate need to enter unstructured free text in Salesforce Description field
📈 Provide CSS & PharmD with at-a-glance status
📈 Get better data on when we do/don't have DS (to give feedback to Particle)
📈 Minimize risk in sharing patient IDs over Slack



Reduce MAP Creation Time

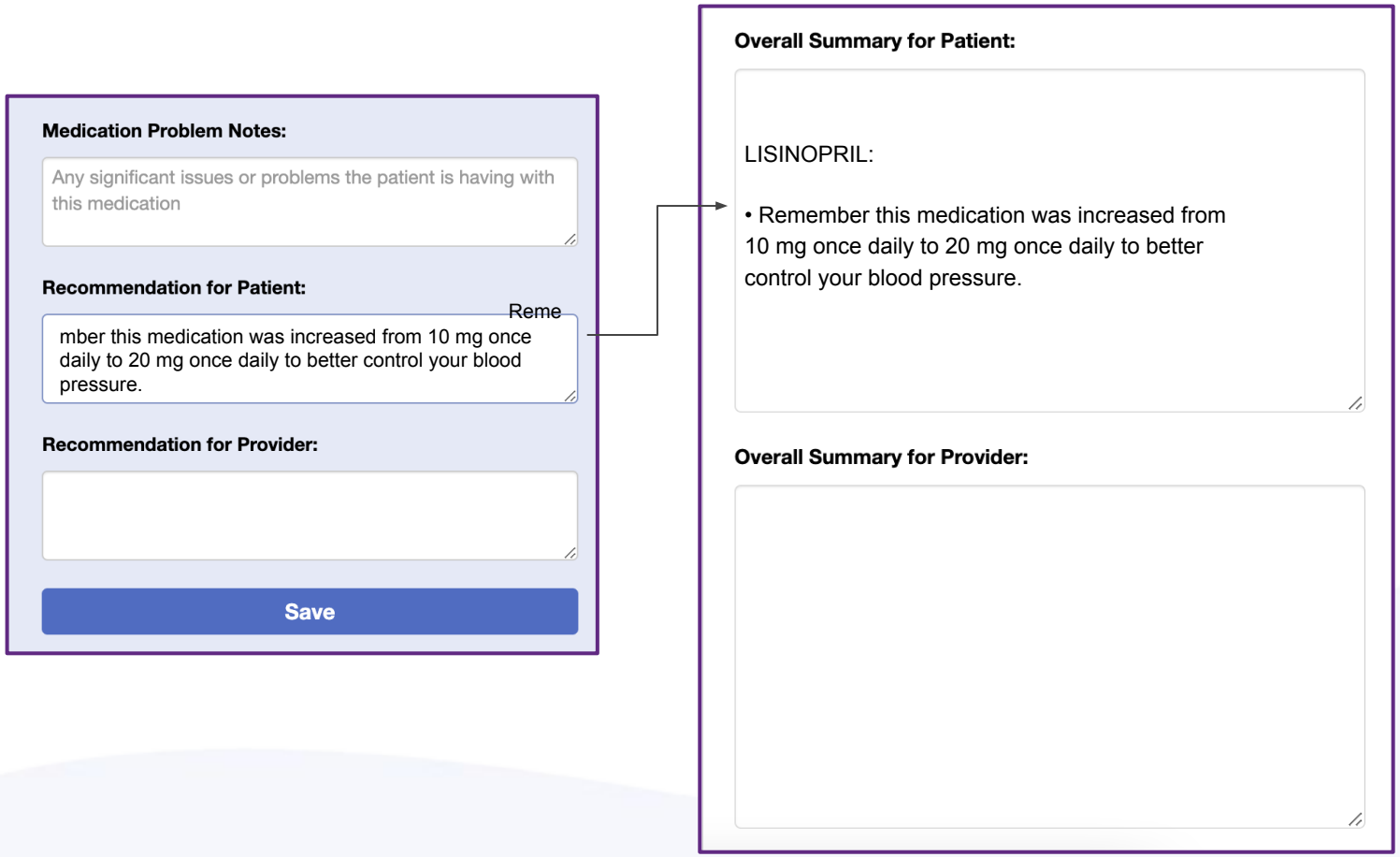
Reduce Charting Time

WHAT*

💥 Auto-populate Overall Summary for Patient and Overall Summary for Provider with standard text and summaries from individual meds

✅ ***V1 - Populate automatically by Med (Med Name + Med Recommendation)***
✅ ***V2/Later - by disease state? other ordering***
(Need to scope with Clinic based on ideal standard MAP Summary)

WHY
📈 Streamline current workflows by eliminating steps, systems & clicks
📈 Minimize documentation time to free up pharmacists for patient-facing work



**Initial ideas; pending Clinic input!*

Facilitate PharmD Handoffs

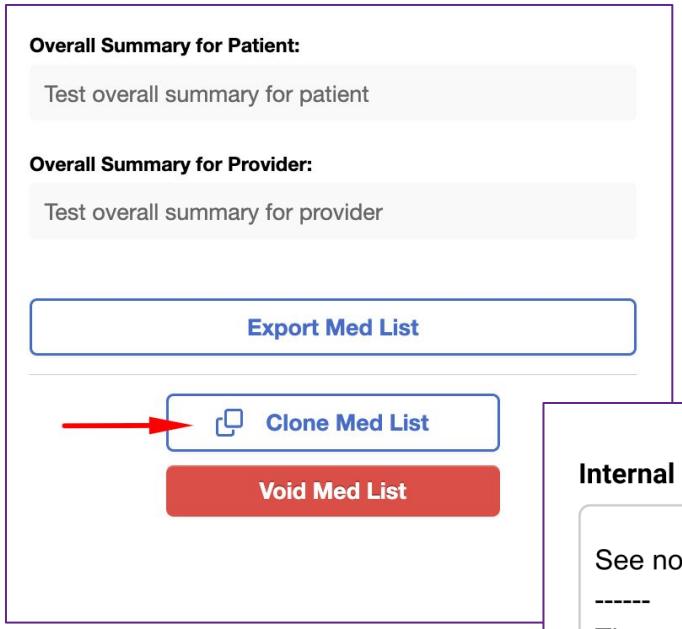
Reduce Charting Time

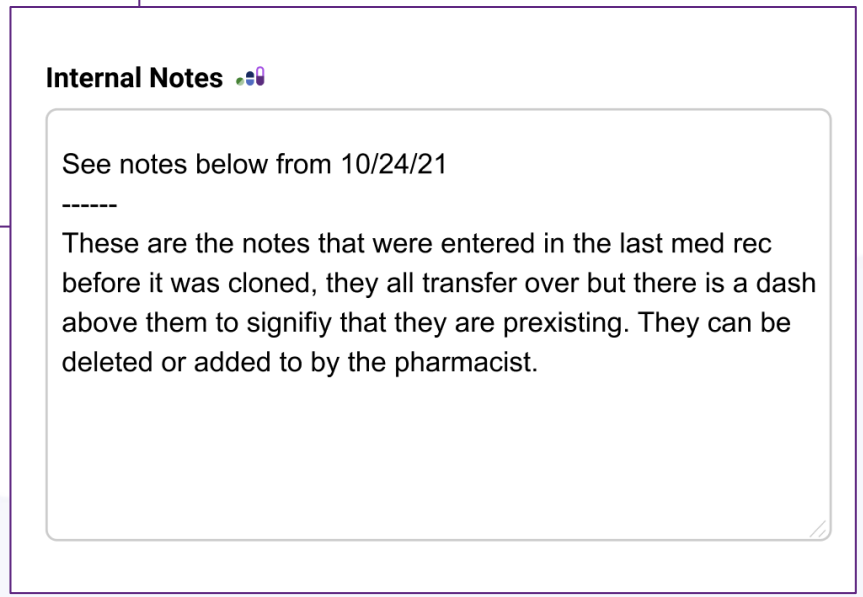
WHAT*

💥 Ability to clone another user's completed MAP
💥 Ability to unclaim a Med List claimed by another pharmacist (main reason why pharmacists don't claim a med list until the patient picks up the phone)
💥 General Notes area in Meds360

✅ Quick win to clone MAP **(DONE)**
✅ V1 of unclaim flow - clone without notification of reconciliation and general notes
✅ V2 - ability to reconcile new meds found & pull in net new meds as unreconciled + general notes entry area

WHY
📈 Facilitate handoffs from one pharmD to another when schedules change
📈 Make spaces for note-taking in Meds360 pre-call
📈 Minimize double/documentation time to free up pharmacists for patient-facing work





Initial ideas; pending Clinic input!

Reduce MAP Creation Time

Reduce Charting Time

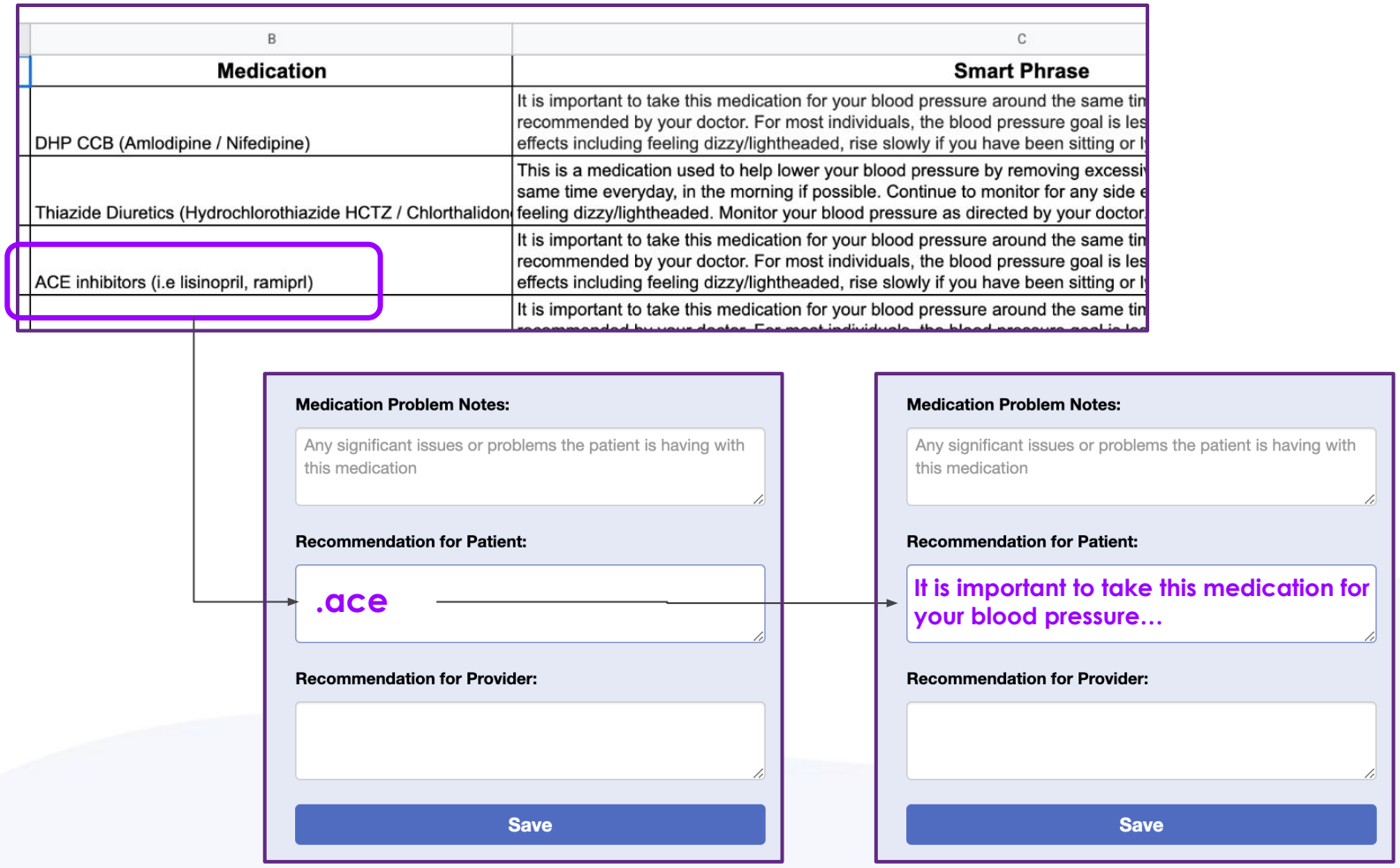
WHAT*

💥 Integrate Smartphrases into Meds360

✅ Auto-fill recommendations for patient when Med List is reconciled
✅ New shortcode capability to quickly populate instructions on per-med basis when free-typing

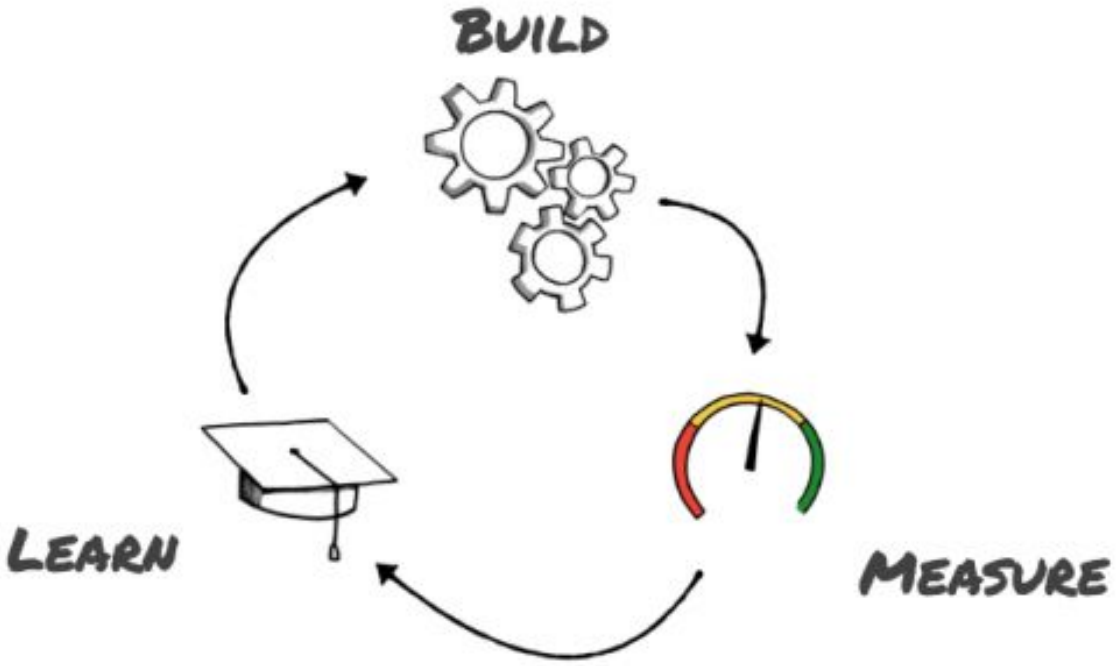
WHY

📈 Streamline current workflows by eliminating steps, systems & clicks
📈 Eliminate need to copy & paste from Google Sheets
📈 Standardizing MAP language
📈 Minimize documentation time to free up pharmacists for patient-facing work



*Initial ideas; pending Clinic input!

Even though we have a plan….



we won't let that stop us in re-prioritizing if opportunities that bring a higher ROI bubble up

we want to be agile & iterative