

Provider Customer Relationship Management (CRM) Capability Model and Glossary

HIMSS Exploring CRM Technology for Healthcare Task Force



transforming health through information and technology

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What is the Purpose of a Capability Model?

This capability model depicts how customer relationship management (CRM) technology can contribute to the healthcare ecosystem as well as provide a framework to relate use cases, requirements, and level of maturity.

A **capability** is defined as an ability that an organization, person, or system possesses ([TOGAF](#)). A **capability model** helps us to understand “what” functions an organization does to achieve a specific purpose, outcome or value. This is independent of “how” (e.g., resources, systems, assets, etc.) or “why” (e.g., strategy, financial growth, operational efficiency, patient satisfaction, etc.) an organization is capable of this function.

A capability model provides a central, functional, modular view of business processes. It creates a common vocabulary, consistent classifications and simple view of what capabilities an organization has or needs to have to fulfill its objectives or responsibilities. This is independent of business area, organizational politics, projects, and even the skills or competencies an organization has.

What Value Can I Get from this Model?

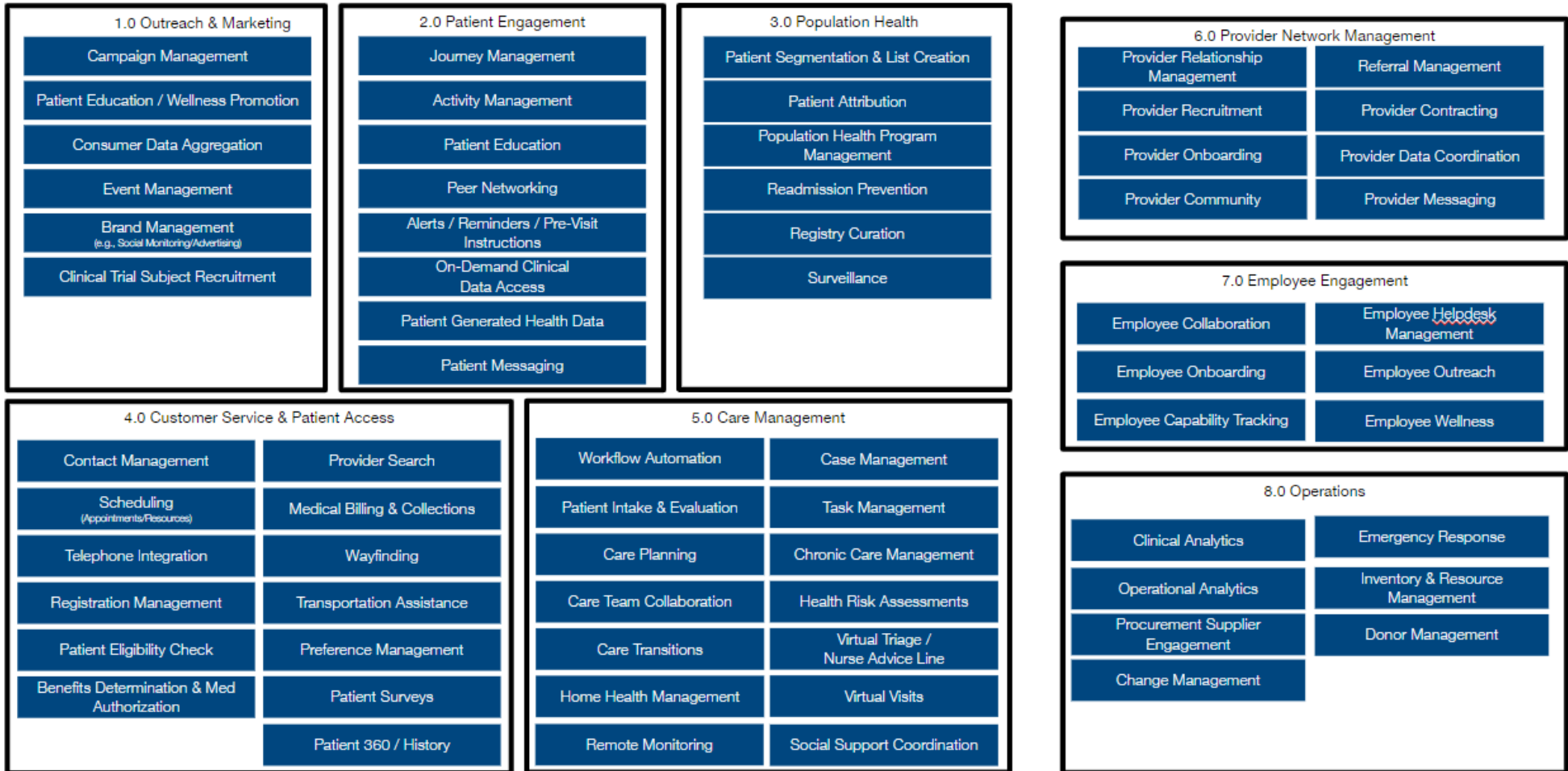
This capability model is specific to how a provider organization can use CRM. You can use this model as a reference for the types of capabilities that CRM can offer to a provider organization. You can also use the capability model to assess the readiness or maturity within an organization by color-coding the various boxes (also known as heat-mapping) or to align roles & responsibilities by team or business area.

Many organizations use this as a foundation for “what” they do and create a set of use cases, requirements, initiatives and roadmaps to enable one or more capabilities that align to its strategic objectives. You may also build blueprints or architectures (i.e., technical architecture, reference architecture, enterprise architecture, integration architecture, etc.) to represent the “how” that ties back to the Capability Model.

Note that specificity increases as you move further into the levels of the capability model. For example, Level 0 represents the capability groupings or logical separations (e.g., 1.0 Outreach and Marketing) which contain Level 1 capabilities (e.g., Campaign Management, patient Education/Wellness Promotion, etc.).

We have intentionally created this model to be platform or tool agnostic so that it can be used generically across organizations, regardless of what systems are in place.

Provider CRM Capability Model: Level 1



Provider Capability Model Glossary

The healthcare landscape is full of jargon and buzzwords. The Provider Capability Model Glossary provides us with common definitions and standard terms that we can use for each of the capabilities. Some definitions were developed based on the collective experience, while others have cited references.

Number	Capability	Definition	Reference(s) / See also
1.0	Outreach & Marketing	The act of engaging patients, prospective patients, family and caregivers with relevant information, including services available, reminders and promotions.	
1.1	Campaign Management	A set of marketing initiatives and interactions that target specific groups of patients or cohorts in order to drive the recipient to take desired actions. The goal of a campaign is to engage recipients for wellness, education and understanding of services available to drive overall health and wellness. A campaign can also be used to drive revenue to specific services. Campaign Management also includes the ability to track the status and effectiveness of campaigns, including measurements of return on investment (ROI). This allows a provider to target existing leads and contacts, then track response rates, conversion rates and other metrics.	
1.2	Patient Education / Wellness Promotion	The process of providing information and resources to enable people to self-manage their conditions, adhere to treatments and protocols and improve their health. This spans individual behaviors as well as social and environmental interventions in order to help close gaps in care. Education is geared towards both prevention and management of chronic conditions as well as general well-being through easy access of content & knowledge resources.	https://www.who.int/topics/health_promotion/en/
1.3	Consumer Data Aggregation	A marketing capability that empowers healthcare organizations to combine data from any source and deliver relevant marketing experiences to both known and unknown audiences leveraging internal and external data. This is typically done to acquire new patients, providers or introduce existing patients and providers to new services.	

Number	Capability	Definition	Reference(s) / See also
1.4	Event Management	<p>A capability that helps event organizers plan, manage, and process events. This includes the ability to store information related to an event, such as general information, logistics, registration, attendance and financial information. CRM provides the ability to associate events to leads and contacts in order to track how people engage with the organization outside of the typical clinical setting.</p> <p>An example of an event in this context is a prenatal care class hosted by a provider, not an adverse healthcare event.</p>	
1.5	Brand Management	<p>The ability to track and manage all the ways a person interacts with your organization and the use of that information to determine if their perception aligns with the organization's core mission, vision and values. The capability includes analysis and planning regarding how an organization is perceived in the market.</p>	
1.6	Clinical Trial Subject Recruitment	<p>The ability to track the strategy and tactics associated with attracting and retaining populations of patients to participate in clinical trials.</p>	
2.0	Patient Engagement	<p>Involvement of the patients and their caregivers in the healthcare decision making process to improve care and health outcomes. Patient Engagement includes the use of digital tools and techniques to get patients involved in their care and facilitate self-management. This may include different levels of empowerment and education for the individuals seeking a health or patient care option.</p>	
2.1	Journey Management	<p>Extension of Patient Engagement to a sustained level of involvement through the patient's entire healthcare experience. This means following and guiding the patient from early education and awareness of prevention and wellness, to discovery, testing, diagnosis, treatment, recovery or management and self-care. Journeys represent a workflow where patients move through a set of logical steps through which there is a known course to track where they are, with the ability to track outcomes for specific milestones. Journeys can be clinical (e.g., pregnancy) or non-clinical (e.g., scheduling, provider/employee onboarding) in nature. Patients may be part of one or more journeys simultaneously.</p>	

Number	Capability	Definition	Reference(s) / See also
2.2	Activity Management	<p>The ability to track and measure actions and interactions that are part of a care plan through status of specific healthcare parameters.</p> <p>Automatic assignment of activities to particular individuals is based on role and business rules (e.g., assignment of patient to cohort) as well as creation of workflows to automate these rules based on triggers are a common use of CRM.</p>	
2.3	Patient Education	<p>The ability to share contextually relevant information at the right time with patients and caregivers that contributes to a successful health journey. This should be done based on preferences, current health status and by request of the patient. Materials should be evidence-based, culturally, linguistically, and demographically diverse and at the appropriate literacy level (i.e., written in lay terms or understandable to general public). Generic education materials should be customized to the patient and their health status whenever possible.</p>	
2.4	Peer Networking	<p>The ability for patients and their families to learn about and discuss their health concerns and interactively engage with one or more people with common diagnoses, treatments, symptoms, etc. Online forums for this purpose have been shown to improve a person's quality of life, help promote healthy lifestyle choices, boost patient engagement, spread information and solicit feedback.</p>	https://blog.intakeg.com/online-patient-communities-are-they-worth-your-time/
2.5	Alerts / Reminders / Pre-Visit Instructions	<p>Messaging of information related to upcoming interactions with healthcare professionals within a health network. The messages are intended to decrease missed appointments and help patients plan their visits, including details on any prerequisite actions for the encounter. The details in the message may also help prepare the individual for the expected activities during the scheduled encounter.</p>	
2.6	On-Demand Clinical Data Access	<p>The ability to access one's health records (current and historical) at any point in time. This data could be for their own use or for sharing with additional healthcare entities for current or future medical encounters. On-demand access to clinical data is important for both patients and clinicians.</p>	

Number	Capability	Definition	Reference(s) / See also
2.7	Patient Generated Health Data (PGHD) Capture and Sharing	The ability to collect and share health-related data created, recorded, or gathered by or from patients (or family members/other caregivers) to help address a health concern. PGHD includes data about health history, treatment history, biometric data, symptoms and lifestyle choices. Data can be collected via surveys/assessments, connected devices and/or other self-reported mechanisms.	https://www.healthit.gov/topic/other-hot-topics/what-are-patient-generated-health-data
2.8	Patient Messaging	Secure electronic messaging to communicate with patients on relevant health information enabled via a variety of technologies, including authenticated web environments (e.g., portals), email, mobile messaging, SMS messaging or Direct messaging.	https://gpp.cms.gov/docs/pispecifications/Measure%20Specifications/2018.MIPS%20ACI%20Measure_Secure%20Messaging.pdf
3.0	Population Health	The focus on total health outcomes of a group (vs. an individual). This capability uses data & analytics to target at-risk patients and target services that reduce their use of expensive, low quality care. This covers identification and analysis of a group of patients as well as ability to segment them into risk categories in order to drive programs or campaigns with specific criteria to improve their outcomes.	
3.1	Patient Segmentation & List Creation	The ability to separate portions of the population into categories such as high, moderate or low risk “segments,” so that interventions that address the needs of that specific population segment can be made. Examples of segmented lists include patients with specific medical conditions, utilization rates, results of predictive risk modeling, etc.	
3.2	Patient Attribution	Process of assigning patients to physicians or care teams in population health programs. This is a key component of value-based contract design.	
3.3	Population Health Program Management	Collection and aggregation of patient data across multiple HIT resources, analysis of that data into a single, actionable patient record, and the actions through which care providers can improve both clinical and financial outcomes for particular patient segments to improve the overall health of a population.	https://www.wellcentive.com/what-is-population-health-management/
3.4	Readmission Prevention	Lowering the chance of a patient’s return to acute inpatient care after discharge to another care setting. CRM can support core discharge planning and transition processes to improve care coordination between care settings as well as enhance coaching, education, and support for patient self-management.	http://www.ihl.org/Topics/Readmissions/Pages/default.aspx

Number	Capability	Definition	Reference(s) / See also
3.5	Registry Curation	A registry is a collection of information about individuals, usually focused around a specific diagnosis, condition, or immunization. Curation of a registry involves managing and reporting on patients identified as meeting the specific registry criteria. Registries tend to be distinct, by diagnosis or condition, and do not account for co-morbidities in order to accommodate "clean" reporting to federal, state, and research-based stakeholders.	
3.6	Surveillance	Continuous and systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice for population health programs.	https://doi.org/10.4178/epih/e2012007
4.0	Customer Service & Patient Access	A category of CRM capabilities that focuses on serving the needs of the patients, families and referring providers. This covers inbound inquiries, registration, insurance verification, scheduling, call center operations and other activities where patients and caregivers require one-on-one interactions.	https://www.advisory.com/research/market-innovation-center/the-growth-channel/2014/08/patient-access-means-something-different-to-everyone?wt.ac=inline_mic_blog_access_pn_2016jul14 https://catalyst.nejm.org/holistic-approach-patient-access/
4.1	Contact Management	Using integrated multi-channel capabilities (e.g., phone, email, text, chat, video, social, web, fax) to get a complete view of your customers (e.g., patients, members) and partners (e.g., providers, suppliers, payers). This includes tracking of activity history, key contact information, contact preferences, ability to track relationships including caregivers and next of kin, as well as identify contacts by category or type (e.g., patient, employee/associate, provider).	Salesforce definition of Contact Management
4.2	Scheduling (Appointment & Resources)	The ability to allocate time and resources for a patient (or member) to engage with this desired set of resources (i.e., people, place, and supplies). Scheduling may include appointments with a provider of clinical care, patient education, financial assistance, etc.	https://www.mgma.com/getattachment/Products/Products/Maximizing-Patient-Access-and-Scheduling/PatientAccessSchedulingResearchReport-INTER_FINAL.PDF.aspx https://www.kareo.com/practice-management-software/appointment-scheduling

Number	Capability	Definition	Reference(s) / See also
4.3	Telephone Integration	The practice of connecting a phone system into a computer system or systems. This enables capabilities such as identification of incoming calls and routing of calls to the right extension, logging and storage of call information for quality assurance purposes, enabling of access to caller information to increase agent efficiency, measure performance, etc.	https://docs.microsoft.com/en-us/windows/desktop/Tapi/microsoft-telephony-overview https://www.zendesk.com/talk/features/computer-telephony-integration/
4.4	Registration Management	The practice of accurately identifying and verifying patient information and entering information into a computer system. The process to verify this information feeds into a back-end identity management service that "owns" the patient demographic attributes such as first name, last name, address, phone number, DOB, gender, etc. that other systems may subscribe to.	https://www.hyland.com/en/healthcare/content-services/health-information-management/paperless-patient-registration https://revcycleintelligence.com/features/what-is-healthcare-revenue-cycle-management
4.5	Patient Eligibility Check	Confirming that a patient has valid insurance coverage prior to their appointment or service and authorizing the patient for care at the institution.	https://www.outsourcestrategies.com/medical-billing/patient-eligibility-verification.htm https://www.healthnet.com/portal/provider/content/iwc/provider/unprotected/dashboard/content/jan_service_notice.action
4.6	Benefits Determination & Medical Authorization	A process used by a health insurer or plan to evaluate that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. The payer or plan may require preauthorization for certain services before a patient can receive them, except in an emergency. Preauthorization does not indicate that the insurance or plan will cover the cost.	https://www.healthcare.gov/glossary/preauthorization/
4.7	Provider Search	A tool to find a provider in support of clinical care. Provider search capabilities can be enabled for patient or caregiver use (e.g., to find a PCP or specialist in a given geography) or for healthcare professional use (e.g., to schedule an appointment, facilitate a referral, or send a message).	https://www.changehealthcare.com/solutions/provider-directory

Number	Capability	Definition	Reference(s) / See also
4.8	Medical Billing & Collections	A process whereby a provider transmits a claim to a health insurer for evaluation and payment, adjustment or rejection. Payment collection is the follow-on process whereby a provider either receives the approved payment or chooses to pursue an outstanding payment owed by either a Payer or a Patient/Member.	https://www.medicalbillingandcoding.org/introduction-to-billing/ https://www.medicalbillingandcodingonline.com/medical-billing-terminology/
4.9	Wayfinding	A capability to ensure that a patient gets to where they need to be on-time and with as little hassle as possible. This includes providing directions to the facility, efficient parking guidance and navigation assistance to find an appointment location within a healthcare facility.	https://www.modernhealthcare.com/article/20170107/TRANSFORMATION01/170109947/wayfinding-apps-finding-their-way-into-hospitals http://www.healthforum.com/connect/partners/gozio-health.shtml
4.10	Transportation Assistance	Supporting the patient by providing or arranging transportation in advance of a scheduled appointment or procedure. This includes providing available public transportation options as well as scheduling a ride share or taxi service on behalf of the patient. This can be included as part of a Patient Scheduling workflow.	https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-education/downloads/nemt-booklet.pdf https://www.lyftbusiness.com/healthcare
4.11	Preference Management	Recording and updating of preferences as indicated by the patient. This includes (1) preferred forms of communication (e.g., home or mobile phone, email, text), (2) various consent preferences (e.g., opt-in or opt-out to receive SMS messages or to share data with a State HIE) and (3) recording and managing releases of information.	https://www.cmo.com/features/articles/2013/5/6/5_reasons_why_enter.html#gs.95bb2w https://www.hipaajournal.com/hipaa-release-form/
4.12	Patient Surveys	Sending surveys to patients (e.g., HCAHPS) and collecting the results in order to report on experience of care, collect feedback and route as appropriate to inform process improvement efforts.	https://catalyst.nejm.org/patient-satisfaction-surveys/ https://www.medicare.gov/hospitalcompare/about/survey-patients-experience.html
4.13	Patient 360 / History	An ability to see a unified view of the patient, bringing together medical and non-medical data such as social determinants of health (SDoH), health insurance, etc. This supports an agent's (e.g., call center agent, care coordinator, bot) ability to interact with the patient.	https://www.mulesoft.com/resources/api/healthcare-single-patient-view https://www.healthitoutcomes.com/doc/utilizing-nlp-to-complete-the-patient-puzzle-the-degree-view-of-a-patient-0001

Number	Capability	Definition	Reference(s) / See also
5.0	Care Management	A team-based, patient-centered approach designed to assist patients and caregivers in managing medical conditions and co-occurring psychosocial factors.	
5.1	Workflow Automation	The ability to track the efforts of an interdisciplinary care management team through automatic triggers, orchestration, activity tracking (e.g., care plans), and tasks (e.g., phone call).	
5.2	Patient Intake & Evaluation	Assessments and reassessments completed upon arrival of the patient to address the client's needs for care management services as well as outcomes of services rendered.	
5.3	Care Planning	Care planning is a process of developing an agreement between a patient and care team regarding identified patient problems, goals to be achieved and activities or tasks to be accomplished by the patient and care team in support of goal achievement. The ability to capture assessment data at initial contact of patient with the health care provider(s) and the patient's ongoing ability to interact, for example digitally, with their care plan encourages active participation in care.	
5.3.1	Advanced Care Planning	The ability to coordinate information for end-of-life guidance, a process that allows the patient and healthcare providers to support the patient's care preferences by documenting and planning for their care prior to becoming unable to make decisions or speak for themselves. This includes patient-specific goals, preferences and priorities for care.	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909289.html
5.5	Care Team Collaboration	Allowing for multidisciplinary members of a team to share a common goal of efficient and effective care coordination across various care settings and populations.	
5.6	Care Transitions	A broad range of time-limited services designed to ensure health care continuity, avoid preventable poor outcomes, and timely transfer of patients from one level of care to another or from one type of care setting to another.	https://www.aacn.org/sites/default/files/documents/cctm-definitions.pdf

Number	Capability	Definition	Reference(s) / See also
5.7	Home Health Management	A wide range of healthcare services to help people recover from illness, injury or surgery, avoid unnecessary re-hospitalization and manage long-term conditions with nursing, therapy and other services at home while coordinating with physicians and other healthcare providers. CRM can play a role in authorization of services as well as allocating and routing resources to appointments in an optimized way.	
5.8	Remote Monitoring (RPM)	Using digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to healthcare providers in a different location for assessment and recommendations.	http://www.cchpca.org/remote-patient-monitoring
5.9	Case Management	A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet individual and family comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.	http://www.cmsa.org/who-we-are/what-is-a-case-manager/
5.10	Task Management	Assigning, organizing, prioritizing and visualizing work to be completed.	
5.11	Chronic Care Management (CCM)	In addition to office visits and other face-to-face encounters (billed separately), this capability includes additional communication with the patient and other health professionals for care coordination (both electronically and by phone), medication management and being accessible 24 hours a day to patients and care providers (physicians or other clinical staff). The creation and revision of electronic care plans is also a key component of CCM.	https://www.acponline.org/system/files/documents/running_practice/payment_coding/medicare/chronic_care_management_toolkit.pdf
5.12	Health Risk Assessments	One of the most widely used screening tools in the field of health and wellness promotion and is often the first step in multi-component health promotion programs. These are standard survey instruments which have been scientifically proven. The information can be used to support predictive modeling and analytics. This is also referred to as a health risk appraisal and health & well-being assessment.	https://www.cdc.gov/policy/hst/hra/frameworkforhra.pdf

Number	Capability	Definition	Reference(s) / See also
5.13	Virtual Triage/Nurse Advice Line	A phone number or other line of communication that can be accessed by patients when illness or injuries occur after hours or when the physician's office is closed. Professional nurses can assess a medical situation, advise as to where to seek care and suggest self-care options if appropriate. These can include emergency triage advice lines or more low-touch (i.e., minimal interaction) guidelines. Many organizations include automated, electronic logic to help triage and navigate patients to right location of care based on symptoms (e.g., chatbots) within this capability.	
5.14	Virtual Visits	Also known as telehealth, this is a phone, video, or internet-based episode of physician-patient interaction. Virtual visits can provide health services online and help in the management of chronic diseases.	https://medical-dictionary.thefreedictionary.com/virtual+visit https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf
5.15	Social Support Coordination	Coordination of services to meet a patient or caregiver's need for financial, social, educational and other services. CRM can provide the capability to know a patient's support network as well as social support needs that impact a patient's health status.	
6.0	Provider Network Management	This capability provides coordination of a disparate group created when a health insurer contracts with a select network of providers (e.g., hospitals, physicians, retail clinics, pharmacies and others) to provide medical care at negotiated rates to health plan members.	
6.1	Provider Relationship Management (PRM)	This capability is the availability of a centralized place that provides effectiveness metrics to determine where to focus provider relationship activities. PRMs include provider directories with practice/group lists, referral history, visit/claims and procedure volume tracking. A PRM logs all interactions with providers. It can also help a provider track and understand referral leakage from their network and perform root-cause analysis.	

Number	Capability	Definition	Reference(s) / See also
6.2	Provider Recruitment	The ability to attract, find and engage/contract/hire providers who add to a healthcare organization's mission and portfolio of services. Provider Recruitment includes tools that track leads and interactions with providers, as well as metrics on the success of the recruitment.	
6.3	Provider Onboarding	The ability to take the necessary steps for both the provider and the health system to be ready to support a new provider in the system. Tasks may include: contract negotiation, credentialing (background check, practice history, licensure, education and boards confirmation), training for policies/standards of care and clinical/administrative information systems use. These tasks often occur in a sequence and are managed with a centralized process tool where the different people performing these tasks can see a timeline of progress.	
6.4	Provider Community	The ability to foster collaboration and a sense of connection for providers in a central place. Peers can share their current and past experience with specific diagnoses, symptoms and treatments and can find others to share their stories and learnings.	
6.5	Referral Management	The process of how providers and staff select providers for referrals, submit referrals to them and track associated outcomes. Coordination of provider lists with details of specialties and locations is enhanced through a central point of information which can be dynamically updated and provide management metrics. This process can be automated electronically through workflows and business rules, but still often happens manually.	
6.6	Provider Contracting	The ability to classify services to allow a healthcare provider to bill for their delivery. This could include the need to coordinate between multiple entities, including but not limited to a Provider Contract Organization. Providers and Payers enter into contracts that govern the provision of and payment for healthcare services delivered to members of health insurance plans.	https://www.gartner.com/it-glossary/pco-physician-contracting-organization/
6.7	Provider Data Coordination	The process to ensure provider records reflect accurate and updated information. This would also include managing data pertinent to current location of practice, social profile, demographics, provider contracts, employment status, training records and system access configurations.	

Number	Capability	Definition	Reference(s) / See also
6.8	Provider Messaging	Usually informal, person-to-person communications optimized for exchange of short notes and possibly attachments. Clinical secure messaging (CSM) extends instant messaging with sufficient encryption and user-validation protections to satisfy requirements for secure transmission of communications from one authenticated user to another in support of health care services. CSM is further distinguished by its ability to handle sender/recipient identification, consent-to-share, message receipts, message alerts, non-repudiation, encryption, tracking, auditing, archive and other functions required or implied by legislation for electronic transmission of identifiable health information.	http://glossary.ahs-cis.ca/?=1514
7.0	Employee Engagement	The ability to identify, qualitatively and quantitatively describe, as well as influence the emotional commitment an employee has to the organization and its goals.	
7.1	Employee Collaboration	Ability for two or more people to engage in asynchronous and synchronous collaboration through digital tools (e.g., intranet, community board, instant messaging).	
7.2	Employee Onboarding	The business process that organizations execute from the point at which a job applicant has accepted an offer of employment to the point at which the new employee is productive at work. The onboarding software includes administrative activities, provisioning activities (e.g., assigning office space) and orientation. Some organizations include employee performance management as a part of onboarding.	https://www.gartner.com/it-glossary/onboarding/
7.3	Employee Training and Development	A process that allows employees to learn specific knowledge or skills to improve performance in their current and future roles. Development focuses on employee growth and future performance, rather than an immediate job role, while training is for their current role. CRM can be used to promote, schedule and track employee training to extend the value of a Learning Management System (LMS).	https://www.allencomm.com/what-is-employee-training-development/
7.4	Employee Capability Tracking	The ability to track and view the collective skills, abilities and expertise of an employee in an effort to maintain and build on existing employee skill-based attributes.	https://hbr.org/2004/06/capitalizing-on-capabilities

Number	Capability	Definition	Reference(s) / See also
7.5	Employee Help Desk Management	Centralized information and support services to handle a company's internal questions regarding policies, procedures or operational problems about IT-related processes, systems and usage.	https://www.gartner.com/it-glossary/help-desk-management/
7.6	Employee Outreach	A proactive and intentional effort that encompasses interactions with all employees and specific groups of an organization to engage every individual in the corporate community through creating and maintaining mutually beneficial and sustainable relationships between workers and the organization.	https://www.benefits.va.gov/WARM/S/docs/admin28/M28R/Part_VI/M28R.VI.A.5.pdf
7.7	Employee Wellness	Ability to facilitate and organize workplace health promotion activities or to establish evidence to enable changes in organizational practice or policy for enablement of healthy behaviors in and out of the workplace.	https://www.workplacewellnessonline.ca/
8.0	Operations	One of the major functions in an organization that allows for management of both the strategic and day-to-day processes and services. In the context of CRM, this involves the ability for a provider organization to provide services, report upon performance, and effectively manage resources.	
8.1	Clinical Analytics	Ability to analyze clinical data (patient, provider, treatment, medication, etc.) to be able to identify health trends, treatment effectiveness as well as perform predictive and prescriptive analytics for assessing trends.	
8.1.1	Patient Analytics	Ability to analyze patient's demographic and clinical data (current and historic) for the purpose of assessing treatment effectiveness, risk, adherence and population health trends.	
8.1.2	Provider Analytics	Ability to analyze provider data (e.g., demographics, treatments rendered, patient panel, claims, billing, specialty, survey, credentials, associations, sanctions, etc.) to be able to measure the effectiveness of treatments rendered for provider ratings, deriving fee structures for payer contracts and developing patient panels for PCP value-based contracts and enhance operational effectiveness of the healthcare facility.	
8.2	Operational Analytics	Ability to analyze non-clinical healthcare data to assess and improve operations (e.g., productivity, cost effectiveness, patient experience and satisfaction, supply chain, etc.).	

Number	Capability	Definition	Reference(s) / See also
8.2.1	Employee Analytics	Ability to analyze employee data for the purpose of improving productivity through the efficacy of health benefit and wellness programs.	
8.2.2	Call Center Analytics	Analysis and reporting of data acquired from customer service interactions. This may include calls, live chats, emails, chatbots, messaging, etc. It may also include call volumes, utilization, issue resolution, satisfaction surveys, etc. The primary goals of Call Center Analytics are to ensure peak performance, reduce wait times, reduce repeat calls for same issue, increase customer satisfaction, etc.	https://www.salesforce.com/products/einstein-analytics/products/service/
8.3	Procurement / Supplier Engagement	Ability to manage vendor or supplier relationships, contracting, and pricing structures. Tracking of the processes and workflows and automation of some steps in the process to ensure all contracts and commitments are fully executed and documented.	
8.4	Change Management (for CRM implementation and management)	A structural and management discipline that facilitates the transition of an organization to a “healthcare consumer” focused perspective by welding together the education, incentives and communication necessary to create a climate for organizational culture change where the CRM initiative will successfully blend changes in the business processes with the human perspective.	
8.5	Emergency Response	In compliance with CMS’s Emergency Preparedness Rule and the Joint Commission Emergency Management Standards, providers must meet requirements to adequately plan for both natural and man-made disasters in coordination with federal, state, tribal, regional and local emergency preparedness systems, documented in an Emergency Operations Plan (EOP). CRM can support workflows, procedures and communications around these requirements.	https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/emergency-prep-rule.html https://www.jointcommission.org/issues/article.aspx?Article=71/U9XNv6AAqIAw0TrAyIL8GcBhIqsmuz7II0ZhOvdI= https://www.jointcommission.org/emergency_management.aspx
8.6	Inventory & Resource Management	Tools and processes used to manage hospital inventory and other resources, including rooms, equipment, beds, medication, etc. This includes maintaining a master list of inventory, number of units available, scheduling and allocation of these resources to ensure maximum availability of these resources for patient care.	https://apps.who.int/medicinedocs/en/m/abstract/Js21565en/

Number	Capability	Definition	Reference(s) / See also
8.7	Donor Management	Ability to manage, organize and analyze a list of donors and donated body parts by organ, geographic location, demographics (e.g., race, gender, ethnicity), biometrics (e.g., blood type, existing conditions), as well as operational details like last date of blood donation, units of blood donated, etc. This may also include ability to match donors with recipients, as well as the ability to quickly respond to emergency situations.	

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