

# Maturity Model



Health care providers want to expand their geographic reach, increase revenue streams, save time, and better prepare for patient encounters. Leaders can play a critical role in helping their organization reach these goals by implementing innovative solutions like remote second opinions (RSOs). Regardless of the goal for creating an RSO program, however, creating an efficient workflow is important. This maturity model will help you assess the components in your workflow and demonstrate how they can be more streamlined.

## What are RSOs?

RSOs allow specialists to review and consult on complex patients' cases without an in-person patient examination. Patients or referring providers request an RSO, the patient's prior records and physician notes are collected, and then a specialist or subspecialist reviews the case. From there, the specialist confirms a diagnosis and proposed course of treatment, or recommends further testing and treatment plans based on specialty expertise.

## How to use the maturity model

RSO programs can fall into three major categories: pilot, intermediate, and established. There are nine dimensions by which to assess where your organization currently is versus where it could be in the future. Your program may fall into different maturity levels across each dimension.

	<b>Pilot program</b> 	<b>Intermediate program</b> 	<b>Established program</b> 
<b>RSO workflow and timeline</b>	Supplements on-premise second opinions with manual workflow; timeline is dependent on prior record collection and availability of the reviewing specialist	Optimizes workflow based on initial experiences; timeline expectations are set on a case-by-case basis	Automates workflow with auto follow-ups and notifications; two-week turnaround expectation
<b>Pricing strategy</b>	Ad hoc; starts with loss-leader pricing strategy and adjusts pricing based on patient demand and internal costs	Establishes pricing with some variability based on specific patient needs	Offers prices on website with ability to accept electronic payment and potential for partial insurance reimbursement
<b>Return on investment (ROI)</b>	Invests in setup, technology, staff, marketing, and partnerships with specialists in anticipation of ROI	Fee-for-service covers ongoing costs and determines staffing expansion and scalability	Collects fees from procedures and admissions that exceed the cost of the RSO
<b>Legal considerations</b>	Focuses on patients in local area	Invites patients from expanded area	Invites patients from abroad and outside of current area with clearly established processes and selected territories of service
<b>Technological capabilities</b>	Uses a third-party concierge service to run program	Uses software system built specifically for RSOs to enable automated workflow processes	Uses "virtual front door" to capture all prior medical records and automates self-service patient intake; transfers records to core systems like EHR/PACS/pathology VNA
<b>Specialist/subspecialist participation</b>	Requests participation from the appropriate specialists to perform the expert consultation; might offer incentives for participation	Establishes set of specialists to consistently review several cases at a time	Gives appropriate incentives to specialists to participate in accordance with their service level agreement (SLA)
<b>Marketing services to patients</b>	None/word of mouth/ad hoc	Promotes services on webpage	Uses an integrated, patient-oriented strategy
<b>Interaction with patients</b>	Individually handles each patient through a third-party concierge service	Internally takes over some of the work that is done through a third-party concierge service	Supplements technology-enabled self-service with internal staff assistance
<b>Long-term impact on RSO patient relationship</b>	Limits RSO patient contact to RSO interaction	Receives the downstream procedure or admission of patient	Maintains ongoing patient relationship well past RSO procedure or admission (if applicable to your program goals)

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