



# From Metrics to Meaning: The HiQ Impact Score and Technology- Enabled Outcome Measurement



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# Part 1 Framing the Need

The Case for a  
Unified Approach  
to Behavioral  
Health Outcomes



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## Introduction

Across behavioral health and healthcare more broadly, organizations are increasingly called to ensure the delivery of services, as well as a demonstration of measurable, meaningful, and mission-aligned impact. Despite advancements in the field, there remains a critical gap: no universal, validated, and strategic method currently exists to quantify an organization's contributions across access, clinical outcomes, and consumer experience. **Traditional approaches often focus on isolated metrics and often miss the interconnected relationships amongst these categories (Berwick, 2008).**

The HiQ Impact Score was designed to fill this gap. It provides a value-based, data-driven, and technology-enabled framework for capturing the structural, procedural, and clinical outcomes indicators that matter most. It delivers a single strategic score, unifying diverse metrics into a clear signal of performance, progress, and mission alignment.

### Value-based care

Value-based care (VBC) is a healthcare delivery model that rewards providers for delivering high-quality, equitable, and efficient care, measured not by the volume of services provided, but by the outcomes achieved relative to cost. Porter (2010) describes value in health care as “health outcomes achieved per dollar spent,” emphasizing a shift from activity-based reimbursement to outcome-based accountability and patient outcomes. At its core, value-based care realigns incentives to prioritize patient experience, quality of life, functional improvement, and long-term health sustainability over transactional service delivery.

Recent reviews confirm the global adoption of value-based healthcare frameworks, identifying common success factors including transparent outcome measurement, care pathway design, leadership engagement, bundled payments, digital infrastructure, and use of patient-reported outcome measures (PROMs) (Khalil, 2025; van Staalduinen et al., 2022). Challenges remain in implementation, particularly around professional resistance, interoperability, data quality, and organizational readiness. Successfully addressing these challenges requires more than technical fixes; it calls for a phased and intentional approach to organizational change. This includes aligning internal processes, culture, and infrastructure with the core principles of value-based care (da Silva Etges et al., 2025).

### Value-based care across sectors

Value-based care principles have been broadly applied across primary care, chronic disease management, maternity care, and surgical specialties. These sectors highlight clear outcome pathways and standardized metrics to support bundled payments and shared risk arrangements.

Providers often enter into risk-based contracts by sharing in savings for efficient care (shared savings), receiving a fixed payment per patient (capitation), or being paid a lump sum for all services within a defined care episode (bundled payments). According to a 2025 industry survey, more than 60% of health organizations anticipate increased revenue from value-based care contracts, with over 30% attributing at least one-quarter of their revenue to VBC arrangements (Fierce Healthcare, 2025).

The Centers for Medicare and Medicaid Services (CMS) and other federal bodies continue to support expansion through Innovation Center pilots and multi-payer models, placing greater emphasis on care coordination, social determinants of health (SDoH), and cross-sector partnerships (CMS, 2024). These models increasingly promote equity, real-time reporting, and the integration of physical and behavioral health services.

## Value-based care in behavioral health

Behavioral health has historically lagged in VBC adoption due to fragmented systems, limited outcome benchmarks, and difficulty aligning payment with client progress. A 2025 *Behavioral Health Business* report noted that fewer than 10% of behavioral health startups are positioned for value-based care, and only 3% have mature, scalable models (Hollowell, 2025). However, momentum is shifting. Recent literature highlights growing use of PROMs, integrated data tools, risk-adjusted outcomes, and value-based payment models specifically for mental health, serious emotional disturbance, and substance use disorder (SUD) populations (Hobbs, 2024; Hobbs Knutson et al., 2021; Lustig et al., 2024). Providers are increasingly being measured on timely access to care, treatment adherence, functional improvements, and reductions in high-cost utilization like emergency room visits. The Certified Community Behavioral Health Clinic (CCBHC) model, now supported in 12 states and expanding nationally, is a leading example of value-based care in behavioral health. It incentivizes integrated care, whole-person accountability, and transparency in clinical quality reporting (Substance Abuse and Mental Health Services Administration, 2023).

## Value-based care contracting

Value-based care contracting formalizes these principles into actionable agreements between providers and payers. Models range from fee-for-service with performance incentives, to case rates, shared risk contracts, and full capitation. In behavioral health, leading organizations are pioneering contracts tied to access to care, treatment adherence, reduction in emergency service utilization, functional improvements, symptom reduction, caregiver satisfaction, and social validity (Hobbs Knutson et al., 2021; Lustig et al., 2024; Miller et al., 2022).

Importantly, contracting maturity varies. The Health Care Payment Learning & Action Network (HCP-LAN) framework describes a continuum of readiness, and behavioral health organizations are gradually moving up this scale by building data infrastructure, integrating outcome tools, and engaging in cross-payer collaboration (Hobbs, 2024). Technology plays a critical role by supporting benchmarking, data visualization, and clinical decision-making that enables sustainable entry into VBC systems.

## **Conceptualizing outcomes with technology**

As a technology-enabled SaaS platform, Hi Rasmus enhances the integration of structure, process, and outcomes indicators within clinical workflows, providing organizations with near-real-time insights. Our outcomes ecosystem framework ensures that impact is conceptualized holistically across these domains. Structure indicators measure foundational elements of access, such as the ability to reach underserved populations and expand care into high-deprivation areas. Process indicators focus on the specific clinical actions performed by practitioners, including the delivery of learning opportunities and programmatic adjustments to interventions. Outcome indicators, in turn, capture the meaningful changes achieved for clients, such as the mastery of new skills or improvements in satisfaction and engagement.

To support the reliability and strategic use of these indicators, Hi Rasmus implements rigorous data validation processes. These processes ensure that all data is accurate, complete, and contextually meaningful before it is used for benchmarking, reporting, or decision-making. By emphasizing data integrity, we enable organizations to confidently utilize outcomes information in payer negotiations, accreditation efforts, and internal quality improvement initiatives. Technology, when paired with intentional data structuring and validation, creates a powerful foundation for transparent, meaningful outcomes measurement.

# Part 2 The HiQ Framework

## The Architecture Behind the Impact Score



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*The HiQ Framework represents a comprehensive, validated, and universal impact benchmark, integrating data across access, learner outcomes, and customer experience into a single strategic signal. Rather than relying on fragmented measures or self-reported outcomes, HiQ uses real-time, system-captured data, standardized normalization methods, and weighted contributions aligned to strategic priorities.*

## **A Framework Guided by Interdisciplinary Best Practices**

The HiQ Impact Score is intentionally interdisciplinary. The design draws from six leading fields to ensure both methodological rigor and real-world relevance.

**Impact measurement frameworks** offer foundational methodologies, emphasizing the importance of defining logical pathways between structure, process, and outcomes indicators, and prioritizing metrics based on evidence strength rather than ease of collection (Clark, et al., 2004; Ebrahim & Rangan, 2014; Impact Management Project, n.d.; Maes & Van Hootehem, 2023).

**Machine learning techniques** contribute sophisticated approaches to data normalization and variable weighting, ensuring that diverse metrics can be fairly and accurately aggregated without distortion (Bergstra & Bengio, 2012; Hutter et al., 2011; Snoek et al., 2012).

**The Balanced Scorecard (BSC) methodology**, widely used in business and healthcare management, promotes a multidimensional view of performance by balancing leading and lagging indicators across organizational domains (Abu-Allan, 2024; Clark, et al., 2004; Hoque & James, 2000; Kaplan & Norton, 1992; 1996).

Similarly, fields such as **Organizational Behavior Management (OBM)** highlight the importance of observable, measurable behaviors as the basis for evaluating and improving service delivery, while **Behavior Systems Analysis (BSA)** provides a systems-oriented perspective that examines the dynamic relationships among inputs, processes, and outcomes within an organization (Brethower, 2000; Daniels & Bailey, 2014; Diener et al., 2009; Maes & Van Hootehem, 2023; Vuong & Nguyen, 2022).

Finally, the development of **Behaviorally Anchored Rating Scales (BARS)** strengthens the reliability of subjective ratings such as satisfaction and experience metrics by tying them to specific, observable behavioral anchors. Collectively, these disciplines offer a rich theoretical and methodological foundation for building strategic, evidence-based approaches to impact measurement (Taticchi, 2010; Rarick & Baxter, 1986; Schwab et al., 1975; Smith & Kendall, 1963; Vuong & Nguyen, 2022).

## Why HiQ? Why Now?

The field of behavioral health, much like broader healthcare, is undergoing a critical shift toward value-based care models. Organizations are increasingly expected not only to deliver services, but to provide demonstrable evidence of clinical effectiveness, access equity, and client satisfaction (Nicholls, 2009). Outcomes-focused reporting is rapidly becoming an operational necessity.

*The HiQ Impact Score positions organizations to meet these emerging expectations with confidence and clarity. By offering a rigorous, benchmarked, and transparent framework, we empower organizations to advocate for equitable access, demonstrate measurable clinical excellence, build credibility with stakeholders and payers, and drive mission-aligned strategic decisions. The HiQ Score moves the field forward by ensuring that what gets measured gets improved, and what gets measured strategically transforms the future of care.*

# Part 3: Score Construction & Methodology

Designing for  
Accuracy, Equity,  
and Action



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## Research Aim

The primary aim of this project was to design and validate a comprehensive, interdisciplinary impact scoring framework that enables behavioral health organizations to quantify their contributions to access, clinical outcomes, and consumer experience through a single, strategic score. This framework sought to integrate structure, process, and outcome indicators using standardized, evidence-based methodologies drawn from diverse fields, including impact measurement science, machine learning, organizational behavior management, behavior systems analysis, and strategic performance management.

By creating the HiQ Impact Score, the goal was to bridge the longstanding gap between mission-driven service delivery and measurable, data-driven outcomes. The research objective extended beyond constructing a functional score; it was to develop a scalable, transparent, and practical model that organizations can leverage for benchmarking, strategic planning, payer engagement, and value-based care initiatives. In doing so, the HiQ Impact Score aspires to foster greater accountability, transparency, and continuous improvement across the behavioral health field.

## Methods

The HiQ Impact Score was developed through an interdisciplinary, data-driven methodology, integrating established frameworks from impact measurement science, machine learning, behavioral systems analysis, and value-based care modeling. The primary objective was to create a scalable, reliable, and strategic measurement system that organizations could use to quantify their impact across three critical domains: access to care, learner outcomes, and customer experience.

## Study Design

The construction of the HiQ Impact Score followed a structured process, beginning with the conceptualization of key impact domains, identification and weighting of metrics, normalization of diverse data inputs, and aggregation into a single, interpretable score. All underlying data were sourced from system-captured, real-time indicators within the Hi Rasmus platform, ensuring validity, replicability, and independence from self-reported data sources.

Normalization was applied to all metrics using formulas appropriate to their underlying distribution: min-max scaling for bounded metrics, z-score standardization for naturally distributed variables, and logarithmic transformation for highly skewed metrics. This approach ensured fair scaling across indicators and prevented larger numerical values from dominating the HiQ Impact Score.

Category-level weights were assigned according to strategic priorities identified through literature review and industry alignment. Access to care and learner outcomes were weighted most heavily (40% each), followed by customer experience (20%). Within each domain, individual metrics were further weighted based on their relative contribution to strategic outcomes.

### **Normalization Strategy**

Normalization was a critical step in the construction of the HiQ Impact Score to ensure that each metric, despite inherent differences in scale and distribution, contributed equitably to the final HiQ Impact Score. A metric-specific normalization approach was adopted to preserve the integrity of each data element. Metrics that were bounded within a known range, such as satisfaction scores, were normalized using min-max scaling, a widely used technique that transforms data into a uniform scale while preserving proportional relationships (Han et al., 2011). Metrics demonstrating approximately normal distributions were standardized using z-score normalization, converting raw scores into standard deviations from the mean and enabling fair comparisons of relative performance across metrics (Raschka & Mirjalili, 2020). For metrics that exhibited significant positive skew, logarithmic transformations were used to compress extreme values without compromising the relative positioning of each data point (James et al., 2021). The selection of normalization techniques was guided by empirical distributional analysis to ensure statistical appropriateness, reduce bias, and promote fairness across the aggregated components of the HiQ framework (Keeney & von Winterfeldt, 2007).

### **Weighting Strategy**

Following normalization, a hierarchical weighting strategy was employed to reflect the relative strategic importance of each domain and the embedded metrics. At the domain level, Access to Care and Learner Outcomes were each weighted at 40%, while Customer Experience was weighted at 20%. These allocations were informed by principles of value-based care, which emphasize early access and outcome-driven service delivery while maintaining attention to consumer engagement (Berwick et al., 2008; Porter, 2010). Within each domain, individual metrics were further weighted to proportionately distribute influence. In the Access to Care domain, for instance, metrics such as total client reach, employee growth, representation of underserved areas, and universal healthcare service coverage each received equal weights of 8%, while telehealth contribution and caregiver support engagement received weights of 4% each, reflecting slightly lower but still critical strategic emphasis.

Learner Outcomes domain metrics (i.e., rate of skill acquisition, assessment score improvement, and rate of learning opportunities provided) were weighted equally at 20% each, given their central importance to clinical progress. Customer Experience metrics, including Net Promoter Score (NPS) and satisfaction scores, were each weighted at 10%. This nested weighting model ensures that the HiQ Impact Score reflects both the breadth and depth of performance in a way that is strategically meaningful and operationally actionable (Keeney & von Winterfeldt, 2007).

## HiQ Impact Score calculation

The final HiQ Impact Score was calculated by aggregating the weighted, normalized metric scores across domains into a single composite value. Each domain-level score (i.e., Access to Care, Learner Outcomes, and Customer Experience), was first computed as a weighted sum of its normalized component metrics. Subsequently, the total HiQ Impact Score was derived using the following formula:

HiQ Impact Score=



This HiQ Impact Score results in a final value on a 0-100 scale, where higher scores indicate stronger organizational performance across strategic access expansion, learner outcome improvement, and client satisfaction dimensions. The calculation methodology ensures that the score is both interpretable and reflective of weighted priorities, offering a transparent and actionable tool for organizational benchmarking, strategic planning, and stakeholder communication.

# Part 4: Results and Use Cases

## Interpreting Impact in Action



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## Results

The HiQ Impact Score is composed of 11 normalized metrics organized into three strategic domains. See Table 1 for a visual of the HiQ Impact Score framework.

- Access to Care evaluates how effectively an organization expands and sustains service delivery, especially to underserved communities. It highlights the breadth, equity, and adaptability of care access.
- Learner Outcomes reflect the quality and effectiveness of clinical services based on observable client progress and learning.
- Customer Experience captures the lived experiences and satisfaction levels of clients and their families as they engage with services.

Table 1. HiQ Impact Score Framework

Access to Care (40%)	
Metric	Weight
Client growth	8%
Employee growth	8%
Universal access in rural and underrepresented populations	8%
Representation of UHC service coverage	8%
Telehealth contribution	4%
Caregiver support	4%
Learner Outcomes (40%)	
Metric	Weight
Rate of skill acquisition	17%
Assessment Score Improvement	17%
Rate of learning opportunities provided	6%
Customer Experience (20%)	
Metric	Weight
Net Promoter Score (NPS)	10%
Onboarding satisfaction score	10%

## Metrics

Each metric was selected based on its alignment with value-based care principles, relevance to operational and clinical excellence, and availability through system-validated data sources.

**Client growth** measures the rate of increase in individuals served over time, signaling expanded access and system capacity. This metric is guided by two growth models: the SaaS Client Growth Scale for Behavioral Health Platforms and the Client Growth Scale for Behavioral Health Organizations. The SaaS model outlines the strategic trajectory of a platform as it scales in technological adoption, operational maturity, and ecosystem-level integration. Tiers such as “early explorers,” “regional collaborators,” and “field definer” capture the evolution of system impact. The organizational model contextualizes client count as a proxy for strategic readiness, utilizing tiers such as “foundational stage,” “multi-site,” and “unified systems leader.”

**Employee growth** tracks the increase in clinical and support staff, signaling readiness to meet rising demand for services. This is supported by the SaaS Customer Growth Scale and the Behavioral Health Organization Employee Growth Scale. The SaaS scale maps workforce development from founding team to sector-shaping organization. The organizational scale outlines how workforce expansion reflects increased complexity and leadership capacity.

**Universal access in rural and underrepresented populations** evaluates the extent to which behavioral health services reach historically underserved communities, including rural regions, areas with systemic social disadvantage, and regions with limited health infrastructure. To ensure consistency and validity, it draws on nationally recognized indices that reflect geographic and socioeconomic disparities. The Multidimensional Deprivation Index (MDI) identifies regions experiencing overlapping forms of disadvantage, such as low income, limited education, poor housing conditions, and inadequate access to healthcare. It provides a composite picture of structural barriers that affect access to services (Alkire & Foster, 2011). The Medically Underserved Areas (MUA) designation, maintained by the U.S. Health Resources and Services Administration (HRSA), highlights regions where health services are insufficient due to a combination of provider shortages, low income, high infant mortality, and large elderly populations (HRSA, 2023a). This index is particularly important for identifying where gaps in behavioral health access persist despite growing service availability elsewhere. Together, these indices ensure that service equity is measured not only by volume but by geographic and demographic relevance, capturing how effectively care systems close access gaps for populations most at risk of being left behind.

**Representation of UHC service coverage** measures the breadth of service availability for clients covered under UnitedHealthcare (UHC) and other national health plans. Representation in UHC networks often serves as a proxy for payer inclusivity, socioeconomic accessibility, and alignment with public and private insurance ecosystems.

**Telehealth contribution** assesses how telehealth expands service availability, especially in remote or resource-limited areas. **Caregiver support** captures the availability and consistency of caregiver interaction, including service delivery, training, education, and resources to generalize and maintain skills over time. **Rate of skill acquisition** calculates the number of skill targets or goals a client masters within a given time frame, indicating measurable learning outcomes. **Assessment score improvement** measures the change in standardized or clinician-administered assessment scores over time, reflecting measurable gains in client functioning, skill acquisition, or reduction in clinical severity. **Rate of learning opportunities provided** per client measures the intensity and frequency of skill-building opportunities (e.g., learning trials) provided to each client, serving as a proxy for clinical dosage, instructional density, and engagement.

**The Net Promoter Score (NPS)** is a widely recognized metric for measuring customer loyalty and satisfaction. It is based on a single question: “How likely are you to recommend our services to a friend or colleague?”

Respondents are grouped into Promoters (9–10), Passives (7–8), and Detractors (0–6), and the final score is calculated by subtracting the percentage of detractors from the percentage of promoters (Reichheld, 2003). In behavioral health, NPS provides a family- and client-centered view of quality. High scores indicate not only satisfaction with services but trust, cultural fit, and alignment with caregiver priorities.

The **Satisfaction score** measures caregiver or client satisfaction with the initial intake and onboarding experience, including communication, clarity, and cultural responsiveness.

## Interpreting our Score

In Q1 2025, Hi Ramsus earned a HiQ Impact Score of 69.8, placing our software solution in the upper mid-tier. This is a designation that reflects high-moderate to strong impact across our service model. The Q1 2025 HiQ Impact Score signals meaningful, measurable progress in client-facing systems, clinical programming, and user experience. This score suggests that Hi Rasmus is not only aligned with its mission, but is also delivering tangible outcomes in key domains of behavioral health impact. Having moved beyond early-stage implementation, Hi Rasmus stands at a pivotal moment: the transition into performance optimization.

## Key Metrics from Q1 2025

Hi Rasmus was used in **83 countries**, across **6 continents** and all **50 U.S. states**, including regions of **high to severe deprivation**, reflecting **broad global reach** and **deep service to underserved communities**.

Clinicians dedicated **26,167 hours** to **caregiver empowerment**, delivering **guidance, support, and partnership** in care.

A record **58,181,830 learning opportunities** were delivered, showing an **exceptional level of instructional engagement** and **program intensity**.

Clinical efficiency improved, with a **12.2% increase in learning opportunities per client hour** and a **0.01 gain in skill acquisition rate**, pointing to **sustained learner growth over time**.

## HiQ Impact Scores Across Organizations

The HiQ Impact Score supports organizations across all stages of growth. Using a consistent composite scorecard, it enables benchmarking, performance optimization, and strategic alignment. This structure provides a scalable foundation for value-based care. The scores below are for illustrative purposes.

### Organization 1: Foundational Stage (11–25 clients)

In Q1 2025, Organization 1 earned a **HiQ Impact Score of 82.75**. Despite modest client volume, the organization demonstrated exceptional performance in underserved access, caregiver support, and learner outcomes. Notable scores include 95 in Universal Access, 93 in Satisfaction, and 92 in Rate of Skill Acquisition. These results illustrate how small teams can deliver meaningful, high-quality care when aligned with value-based principles.

### Organization 2: Enterprise Operations Stage (1,000–2,500 clients)

In Q1 2025, Organization 2 earned a **HiQ Impact Score of 76.15**. The organization demonstrated strong performance in reach and access, particularly in underserved and rural areas. Key scores include 90 in Client Growth, 90 in Universal Access, and 78 in Rate of Skill Acquisition. The results highlight both the scale of impact and areas for continued development, such as caregiver engagement and onboarding. The HiQ Impact Score enables organizations of this size to identify service variability and guide targeted improvements.

# Part 5: Strategic Applications

Guiding decisions  
through unified,  
outcome-driven  
metrics.



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## Discussion

The HiQ Impact Score is the result of an interdisciplinary design, carefully structured to ensure it is both rigorous and practical for real-world application. Rather than relying on a singular field of study, HiQ integrates methodologies across six critical disciplines, each contributing essential elements that strengthen its validity, strategic relevance, and operational utility.

**Impact measurement frameworks** provide the foundation for HiQ's structure. Drawing from established resources like the Impact Measurement Framework Guide and the Theory of Change methodology, HiQ captures the critical pathway linking structure, process, and outcomes indicators. It prioritizes measures based on evidence strength and real-world relevance, ensuring that the score reflects meaningful progress toward organizational and field-wide goals (Clark, et al., 2004; Ebrahim & Rangan, 2014; Impact Management Project; n.d.; Maes & Van Hoote gem, 2023; Nicholls, 2009).

**Machine learning techniques** informed the development of HiQ's normalization processes. Standard scaling methods, including min-max scaling, z-score normalization, and log transformation, were used to ensure that each metric (regardless of its natural range or distribution) contributed equitably to the overall score. This prevents distortions that could otherwise occur when aggregating diverse data types, preserving the integrity of the final impact signal (Bergstra & Bengio, 2012; Hutter et al., 2011; Snoek et al., 2012).

**The Balanced Scorecard (BSC) methodology** inspired the strategic weighting model used in the HiQ Framework. Inspired by Kaplan and Norton's (1992) work on multi-dimensional performance evaluation, the HiQ Impact Score assigns appropriate weights to leading indicators such as access to care and learner outcomes, while also preserving the importance of lagging indicators like customer experience. This approach ensures that organizations can focus simultaneously on proactive improvement and reactive validation (Clark, et al., 2004; Hoque & James, 2000; Kaplan & Norton, 1992; 1996; Vuong & Nguyen, 2022).

**Organizational Behavior Management (OBM)** contributed the emphasis on observable and measurable activities. Rather than relying on assumptions or intentions, HiQ grounds its metrics in behaviors that are objectively captured in real-time system data, such as rates of learning opportunities provided or telehealth engagement, ensuring that what gets measured truly reflects organizational action (Daniels & Bailey, 2014; Diener et al., 2009; Maes & Van Hoote gem, 2023).

**Behavior Systems Analysis (BSA)** shaped HiQ's systems-level view. By understanding organizations as dynamic ecosystems of inputs, processes, and outputs, HiQ ensures that interventions are targeted at the right leverage points, maximizing strategic efficiency and overall system improvement (Brethower, 2000)

**Behaviorally Anchored Rating Scales (BARS)** principles were incorporated into the customer experience component of HiQ. By normalizing subjective measures such as Net Promoter Scores (NPS) and onboarding satisfaction through structured behavioral anchors, HiQ increases the reliability and comparability of satisfaction data across time and organizations (Taticchi, 2010; Rarick & Baxter, 1986; Schwab et al., 1975; Smith & Kendall, 1963; Vuong & Nguyen, 2022).

Together, these disciplines converge to form a score that is not just statistically sound but strategically actionable. HiQ's interdisciplinary foundation ensures that organizations are empowered with a tool that reflects operational excellence, drives mission alignment, and meets the evolving demands of a value-based, outcomes-focused future.

## From Score to Strategy

The HiQ Impact Score serves not only as a measurement framework but also as a strategic catalyst for internal transformation and sector-wide advancement. Internally, the score aligns organizational decision-making with strategic priorities by informing growth trajectories, advancing equity initiatives, and shaping operational objectives such as OKRs and feature development. It also enables teams to prioritize system improvements and product enhancements grounded in real-time feedback loops and outcome disparities. Importantly, the score functions as a bridge to external stakeholders, anchoring discussions with payers, referral sources, and accrediting bodies in standardized, data-driven language that promotes accountability and partnership.

The implications extend far beyond the organization itself. When adopted across systems, the Impact Score lays the foundation for more strategic, coordinated, and transparent decision-making throughout the behavioral health field.

The Impact Score operationalizes value-based care principles by shifting focus from service volume to measurable outcomes, client experience, and equity of access, representing components that have historically been underrepresented in reimbursement and policy frameworks (Berwick et al., 2008; Porter, 2010).

With its ability to quantify dimensions such as access to care, outcome attainment, and social validity, the score provides a shared language and methodology for cross-organizational benchmarking. This not only supports continuous quality improvement but also paves the way for standardized reporting and impact evaluation across diverse provider landscapes.

## Strategic Imperatives for VBC Readiness

As the behavioral health field advances toward value-based care (VBC), a clear set of strategic imperatives is emerging for organizations aiming to build readiness and long-term success. These imperatives reflect both systemic challenges and emerging solutions, informed by current research, practical implementation experience, and the structural insights embedded in the HiQ Impact Score framework.

First, organizations must recognize the barriers that continue to hinder VBC progress. While enthusiasm for outcome-based models is growing, the field still lacks standardized methodologies for outcome attribution—particularly in complex care environments where multiple providers contribute to progress. Infrastructure gaps, such as limited access to interoperable data systems and underdeveloped performance tracking tools, remain widespread. These limitations are especially acute for smaller or community-based providers seeking to demonstrate value with limited technical capacity (Hollowell, 2025).

Second, VBC success requires more than strong clinical practices—it demands that organizations build the right foundation. This includes a scalable, repeatable service delivery model, reliable outcome measurement protocols, a clear understanding of their financial and operational logic, and aligned strategic partnerships.

Third, leaders must think long-term. VBC transformation is not achieved overnight. Even organizations not yet entering formal value-based contracts should begin laying the groundwork now: investing in outcome tracking systems, modeling care pathways that reflect functional gains, and exploring partnerships that promote measurement, equity, and sustainability. As the literature shows, successful VBC adoption is typically the result of deliberate, staged planning over multiple years (da Silva Etges et al., 2025; Fierce Healthcare, 2025).

Finally, the ability to leverage technology is paramount. Participating in VBC doesn't require every provider to be a data science expert—but it does require infrastructure that simplifies and automates processes like outcome normalization, attribution, and benchmarking. Scalable platforms like those offered by Hi Rasmus play a central role in lowering these barriers. By offering systems that quantify impact, ensure data integrity, and align clinical excellence with systems-level strategy, Hi Rasmus empowers providers to engage in VBC with clarity, confidence, and measurable results.

Together, these four imperatives form a practical and visionary roadmap for the future of value-based behavioral health. They underscore the importance of marrying strategic foresight with operational readiness—and reaffirm the role of thoughtful measurement systems like the HiQ Impact Score in shaping a more equitable, outcomes-driven future for care.

## Closing Remarks

The HiQ Impact Score was designed to transform everyday operational and clinical data into something more: a meaningful reflection of how organizations are advancing access, supporting learner outcomes, and strengthening the care experience.

By combining these three domains into a single, actionable signal, the HiQ Score supports data-informed decision-making at every level—from frontline clinicians to executive leadership. This framework reflects our ongoing commitment to transparency, accountability, and value-driven care. We invite researchers, payors, providers, and partners to engage with this work as we continue to refine and expand the ways we measure impact in behavioral health.

The HiQ Impact Score represents an evolving framework that is strengthened through continued inquiry, collaboration, and practical application across diverse service settings. We welcome academic institutions, clinical leaders, researchers, policymakers, payors, and system innovators to engage with this work.

The HiQ Impact Score is intended as a supportive tool, not a required standard. Its purpose is to inform, guide, and empower organizations seeking to understand and improve their impact, not to replace clinical judgment, regulatory requirements, or local standards of care.

If you are interested in contributing to the refinement or implementation of the HiQ Impact Score or in exploring partnership opportunities, please connect with us:

Inquiries & Collaborations: [hirasmus.com/support/contact-us](https://hirasmus.com/support/contact-us)

Additional Materials & Use Cases: [hirasmus.com/resources](https://hirasmus.com/resources)

Together, we can advance a shared commitment to transparency, accountability, and value-based behavioral health care.

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## Appendix

Table 1. HiQ Impact Score Framework

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Metric	Weight
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Telehealth contribution	4%
Caregiver support	4%
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Metric	Weight
Rate of skill acquisition	17%
Assessment Score Improvement	17%
Rate of learning opportunities provided	6%
Customer Experience (20%)	
Metric	Weight
Net Promoter Score (NPS)	10%
Onboarding satisfaction score	10%

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# From Metrics to Meaning:

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